FASCIAL MANIPULATION for Musculoskeletal Pain

by LUIGI STECCO
Foreword by JOHN V. BASMAJIAN
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NEW!

The fascia, with both its macroscopic and microscopic structure, is the map that can help to orientate any research into the origin of locomotor apparatus disorders. This book, which is the outcome of thousands of treatments carried out over the last twenty-five years, provides the necessary guidelines for reading this map. Up until now, perhaps due to its intrinsic complexity, the role of the fascia has been relegated to that of containment.

The book illustrates:

- The connections of the fascia with muscles, bones, articulations, and nerves (anatomy of the fascia)
- The coordinating function of the fascia with regards to all components of the locomotor apparatus (physiology of the fascia)
- The way to manipulate densified or condensed fascia in order to restore it to its physiological state (treatment of the fascia).

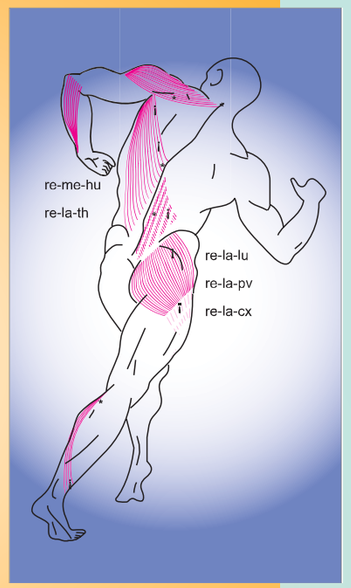
This new vision of the anatomy, physiology and histology of the fascia allows one to have an effect on soft tissue dysfunctions in an efficient and long-lasting manner.

Fascial Manipulation analyses muscles from a functional viewpoint rather than from their external structure:

- It assembles unidirectional motor units (mono and biarticular fibres) into myofascial units
- It describes the precise location of the centre of coordination (CC) of each myofascial unit
- It highlights the correspondence that exists between each CC and the respective trigger points and acupuncture points of each muscle.

In the first part of this book the relationship of the endomysium, perimysium and epimysium with the deep fascia is analysed; this analysis is extended to all of the 84 myofascial units (mf) in the human body. It is the continuity of the fascia that regulates and coordinates the tensioning of the muscles spindles and Golgi tendon organs located within each of these mf units.

In the second part the macroscopic structure of the fascia is analysed. The intermuscular septa form compartments that surround the unidirectional muscular chains or myofascial sequences. The mf sequences that control movement on one spatial plane are all connected together by the fascia, allowing for synchronised maintenance of the body's verticality.

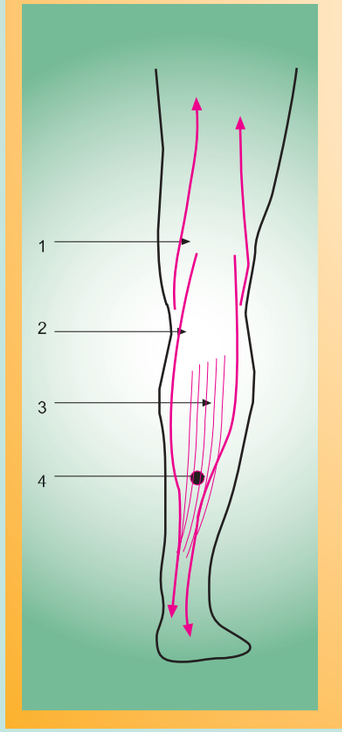


The third part of the book highlights the arrangement of the endofascial collagen fibres. There are longitudinal fibres arranged according to the traction of the mf sequences as well as spiral form fibres, which have assumed this type of arrangement due to traction of the oblique muscle fibres involved in complex motor activities.

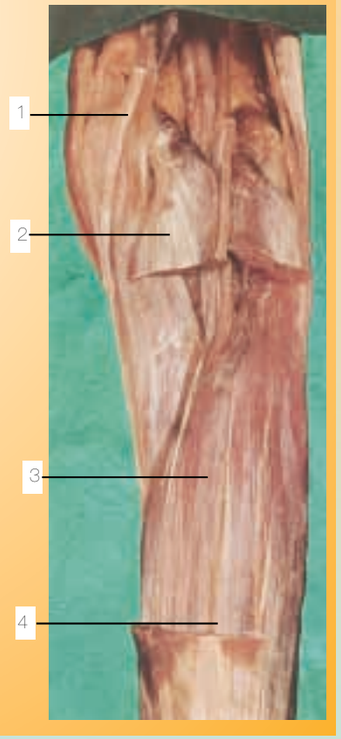
This volume not only presents an in-depth analysis of the fascia but also offers useful indications for identifying the origin of its dysfunctions. A particular method of data collection that can provide immediate indications of the points to be manipulated is proposed.

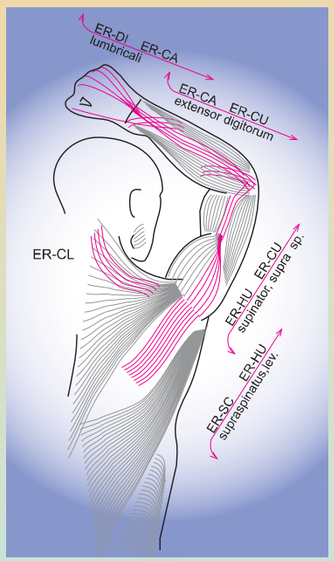
- If pain is present in only one body segment then identification of the exact part of the joint where the disorder is manifest will indicate the dysfunctional mf unit.
- If pain is present in a number of segments and analysis demonstrates that their distribution corresponds to a particular spatial plane, then treatment aims at re-equilibrating postural alignment.
- If the pain is poorly defined and exacerbated by complex motor activity, then the particular mf spiral, which is dysfunctional during that specific motor activity or gesture, is identified and treated.

These innovative theories are supported by many citations from anatomical texts in order to highlight the marvellous structural design that exists within the fascial system.



Epimysial fascia of the soleus and diagram of the tensile concatenation of the retromotion sequence.
1, The semitendinosus tendon which, together with gracilis, tractions the popliteus fascia proximally (deep lamina); the latter is continuous with the fascia of the leg (deep lamina) that terminates in the medial part of the talus (me-ta); 2, Sectioned medial head of gastrocnemius highlights the underlying soleus covered by its epimysial fascia, or retaining fascia. The gastrocnemii are inserted onto the popliteal fascia (superficial lamina) and they tension it distally. 3, the epimysial fascia of the soleus with its collagen fibres aligned according to traction of the underlying muscular fibres; they are all longitudinal, unlike the multi-directional fibres of the deep fascia (superficial lamina). The fascia is less transparent here due to hypertrophy of the collagen fibres; 4, the myofascial vectors of retromotion talus (re-ta), formed by biarticular fibres (gastrocnemii) and monoarticular fibres (soleus), converge at this point; this cc appears to be over the musculotendinous part of the gastrocnemius but, like all segmentary cc(s), its location is in relation to the monoarticular fibres, namely the muscle belly of soleus.





Fascial Manipulation for Musculoskeletal Pain *presents to all people dealing with* ***Rehabilitation*** *a new therapeutic tool which gives very good results for the treatment of musculoskeletal pathologies. Such pathologies usually involve joints, nerves, muscles, yet a proper therapy should first of all focus on the most malleable tissue: the fascia. Fascial manipulation is indeed the best treatment for the rehabilitation of patients affected by myofascial pain and fibromyalgia, which are the most common impairments reported by patients to* ***Rheumathologists****.* ***Sport physicians*** *and* ***Physical Education Teachers*** *as well take often care of athletes suffering from musculoskeletal recurrent diseases. In this book they will find the necessary know-how to efficiently take care of the underlying myofascial structures. By knowing the origin of the problem, they'll be able to give proper instructions to modify the athletic gesture and prevent recurrences. As* ***Acupuncture*** *researchers have found, there is a parallelism between the meridian path and the nerves, veins, and lymphatic vessels paths. The Author's innovative proposal in Fascial Manipulation is that each space direction corresponds to a meridian. Hence the motor impairment towards a certain direction can be a guide to locate the blocked point to treat. Last but not least* ***Family Physicians****, who are daily confronted with patients suffering from musculoskeletal pain, will find in Luigi Stecco's book the opportunity to go beyond the usual radiological exams and drug prescription by inserting also manipulation in their therapeutic approach.*