



Fascial Manipulation - Practical part

Luigi Stecco, Carla Stecco

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Welcome to an exciting new field in musculoskeletal therapy: the fascinating world of fascia.

Fascia forms a continuous tensional network throughout the human body, covering and connecting every single organ, every muscle, and even every nerve or tiny muscle fiber. After several decades of severe neglect, this ubiquitous tissue has transformed from the “Cinderella of orthopaedic science” into an almost super star position within medical research. Starting with the first few years of this 21st century, the number of research papers on fascia in peer-reviewed journals experienced an almost exponential increase. The 1st International Fascia Research Congress, held at the Harvard Medical School in October 2007, was celebrated with worldwide acknowledgement. Similar to the rapidly growing field of glia research in neurology, there is now a global recognition that this underestimated contextual tissue plays a much more important role in health and pathology than was estimated during previous decades.

As every medical student knows and every doctor still remembers, up to now, fascia has been introduced in anatomy dissection courses as the white packing stuff that one first needs to clean off, in order “to see something”. Similarly, anatomy books have been competing with each other, in how clean and orderly they present the locomotor system, by cutting away the whitish or semi-translucent fascia as completely and skilfully as possible. While students appreciate these appealing graphic simplifications, with shiny red muscles, each attaching to specific skeletal points, frustration is certain when these simplified maps have almost nothing to do with how the real body feels and behaves, be it in medical surgery or during therapeutic palpation.

The simple questions discussed in musculoskeletal textbooks “which muscles” are participating in a particular movement thus become almost obsolete.

Muscles are not functional units, no matter how common this misconception may be. Rather, most muscular movements are generated by many individual motor units, which are distributed over some portions of one muscle, plus other portions of other muscles. The tensional forces of these motor units are then transmitted to a complex network of fascial sheets, bags, and strings that convert them into the final body movement. Into how many ‘muscles’ each of them has been divided by our historical textbook authorities, depended more or less on their manual skills with the dissection knife. Their distinctions have little to do with the question about which movements these structures can perform.

While not everybody will be happy with this new terminology, it offers many important advantages for the field. Rather than having to draw most often arbitrary demarcation lines between joint capsules and their intimately involved ligaments and tendons (as well as interconnected aponeuroses, retinacula and intramuscular fasciae), fascial tissues are seen as one interconnected tensional network that adapts its fiber arrangement and density according to local tensional demands. This terminology fits nicely to the Latin root of the term ‘fascia’ (bundle, bandage, strap, unification, binding together) and is synonymous with the non-professional’s understanding of the term “connective tissue” (in contrast to medical and biological scientists, which include cartilage, bone and even blood as connective tissue).

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