

Fascial Manipulation[©] (FM) Series

The Fascial Manipulation course program consists of three level intensive hands-on courses, combining theoretical lectures, demonstrations, and practice between participants throughout each course day.

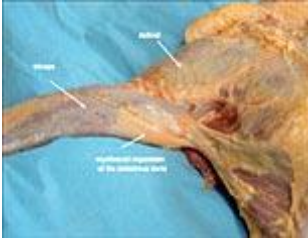
Participants will learn to evaluate musculoskeletal dysfunctions with specific reference to the human fascial system, and to apply the Fascial Manipulation method as taught by Luigi Stecco, PT. Lectures include the anatomy and physiology of the fascial system, an explanation of the biomechanical model used in application of this technique, and the anatomical localization of key fascial points. Emphasis will be placed on the evaluation of musculoskeletal dysfunctions (from history taking, to a hypothesis, to a verification and treatment) together with a methodology and strategy for treatment.

This course series consists of three levels: FM-1: Level 1 Fascial Manipulation and FM-2: Level 2 Fascial Manipulation and FM-3: Level 3 Fascial Manipulation. Each level is divided into two parts, FM-1a and FM-1b, FM-2a and FM-2b, FM-3a and FM-3b. Successful completion of FM Level 1 is required before being able to attend the FM Level 2 course as well FM level 3. Completion of the FM Level 1 does provide clinical proficiency for a wide range of common dysfunctions.

Each level is designed to give participants adequate time (4-6 weeks) to practice the newly acquired assessment and treatment techniques before returning to the second half of the course for fine-tuning of the method.

The Fascial Manipulation course series is intended for physical therapists, osteopaths, chiropractors, medical doctors, and other licensed health care practitioners with a good working knowledge of musculoskeletal anatomy, physiology and notions of postural analysis. Massage therapists with a minimum of three years of experience may be eligible but need to contact us prior to registering to review their eligibility.

FM-1: Level 1 Fascial Manipulation



The FM-1 Level 1 Fascial Manipulation course consists of two three-day courses that need to be taken within 4-6 weeks of each other to assure a good understanding of the underlying biomechanical rationale and mastery of the techniques.

Course FM-1a will review the **basic principles of Fascial Manipulation**, including an introduction to fascial anatomy, and the biomechanical model employed in this method. The myofascial units that form the myofascial sequences of the upper limbs, trunk, and the lower limbs in the sagittal and frontal planes will be presented. The Assessment Chart used in Fascial Manipulation© will be reviewed in detail.

Course FM-1b will consist in the **physiology of the fascial system and the assessment and treatment of the myofascial units** for the upper limbs, trunk, and the lower limbs in the horizontal plane. At the completion of FM-1b all participants will be capable of utilizing the Assessment Chart for a 3D examination of the human fascial system. Proficiency in the comparative examination of Centers of Coordination will be stressed, as well as streamlining of treatment strategies.

Each day will begin at 8:30 am and finish around 6:00 pm. Each level will conclude with an examination to appraise the level of understanding and skill level.

FM-2: Level 2 Fascial Manipulation®



In the FM-2 Level 2 Fascial Manipulation course, participants expand on their understanding of the biomechanical model to treat patients with multi-segmental dysfunctions more efficiently.

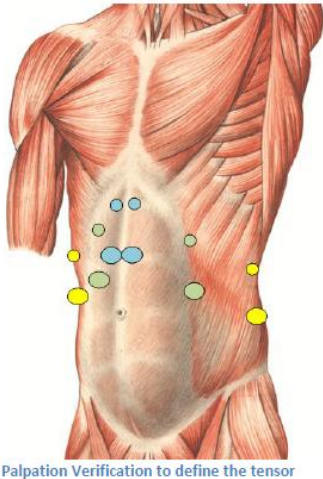
As part of the learning process, Level 2 students will be required to present Assessment Charts of cases treated after Level 1 for discussion.

Level 2 also consists of two three-day courses taken within 4-6 weeks of each other to allow time for clinical experience and practice and to assure a mastery of the technique as a whole.

Course FM-2a will focus on **the role of Centers of Fusion** as part of the biomechanical model and the formation of Myofascial Diagonals. Elements of comparative anatomy studies will be introduced to assist the evaluation of adaptive compensations within the fascial system. The involvement of fascia in motor control will be discussed and the Assessment Chart used in Fascial Manipulation® will be updated with new elements.

Course FM-2b will introduce **the Myofascial Spirals** to complete understanding of complex movement patterns and mechanisms and the latest fascial research projects will be presented. Numerous treatment demonstrations and practice will highlight this course as comparative assessment of Centers of Coordination and Centers of Fusion, Assessment Chart analysis, clinical reasoning, hands-on skills, and treatment strategies will be emphasized.

FM-3: Level 3 Fascial Manipulation®



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In the FM-3 Level 3 Fascial Manipulation course, participants expand on their understanding of the internistic dysfunctions and alteration of the superficial fascia.

Course FM-3a will focus in the **Tensile structure**, **Apparatus**-fascial sequences and catenaries. Tensile structures extend over body cavities guaranteeing the patency of their internal space, which allows both motility and mobility of the organs contained within. At the same time, tensile structures must allow adaptation to external stress and to the motor needs of the musculoskeletal system. A can alter due to densification of the external fasciae, due to a problem within the musculoskeletal system, or due to an internal organ dysfunction that reflects its tension onto the container (wall of abdominal canister) via its fasciae. Organ dysfunction manifests with pain and symptoms that are often generic but they can be located within the body segment that contains the organ.

Course FM-3b will introduce the **Quadrants** and the **Systems**.

Anatomical divisions of the superficial fascia form a quadrant. These divisions, both in horizontal and longitudinal directions, are due to thickenings of the retinacula cutis that cause adhesion to the deep fascia. The area of a quadrant usually corresponds to the distribution of the cutaneous nerves and the angiosomes. Within each quadrant, there are the three superficial components of the three internal systems: receptors, lymphatic vessels and adipose cells

FM Course Objective

The primary objective is to develop an understanding of the Centers of Coordination (CC) that are responsible for the normal function of related monoarticular and biarticular muscles. By the end of the course, clinicians will:

- Learn anatomy and physiology of the fascial system.
- Learn how to evaluate myofascial planes: upper and lower extremities, spine.
- Determine functional testing of areas of complaint.
- Develop skill and understanding to assess abnormal functional findings with fascial points of involvement to restore normal function.

Can you give an example of how Fascial Manipulation works?

Tough question to answer in short form. Here are some general points:

1. Thorough case history emphasizing past, concurrent and present complaints. It is often necessary to evaluate and treat older injuries since the current complaint may be compensatory.
2. Functionally evaluate areas of complaint (active, passive, resistive) to determine which areas require treatment.
3. Decide what fascial plane or planes appear to be most involved.
4. Palpate FM points that relate to the painful movements for densification, tenderness and referral pattern (referred pain may occur after a few minutes of manipulation).
5. Decide what plane you will treat based on the most involved points. Also, palpate antagonists of plane or planes we decide to treat.
6. After treating each point that was related to a painful functional test, do a post-check to see if the painful movement was relieved.

Fascial Manipulation® assessment and treatment

Assessment of the presenting problems is very important and may consist of several parts -

- history taking to understand the unique set of circumstances that you and your body have experienced throughout your life
- movement tests to understand how your body parts move in relation to each other
- testing of muscles and joints for strength and range of motion
- manual palpation of very specific regions of the body in order to determine the location of fascial alterations which may be involved with your problem

Pre-treatment and post-treatment assessments give us subjective (what you feel) and objective (what we measure) verifications of the outcome of treatment.

Treatment consists of deep tissue manipulation of very specific and focused areas of the deep fascia where muscular forces converge in order to move body parts in specific directions or in complex patterns. Some are located in the muscles themselves, others around the tendons, ligaments and joints. Treatment may be targeted at a single area of the body or it may be necessary to treat several areas in order to achieve balance within the system.

Why is the treatment sometimes painful?

The areas that are manipulated during treatment, where the fascia is “stuck”, contain the very same kind of nerve endings that were described earlier - including free nerve endings that transmit pain signals. When we find a densification, we compress the tissues enveloping it and move back and forth to create friction, heat and gliding. This helps to change to consistency of the chemical substances within the fascia that are responsible for its gliding characteristics from a sticky glue-like state to a fluid lubricating state – thus restoring freedom of movement between the layers of fascia. As this freedom of movement is restored, the pain transmitting nerve fibers become unrestricted and quit sending nociceptive (pain) signals to the nervous system.

A mild inflammatory state occurs after manipulation. This is a normal part of the healing process and is necessary for the body to bring in various substances and specialized cells to clean up, nourish and rebuild the injured loose connective tissue and collagen fibers that make up the fascia.

Fascial Manipulation

It is important to avoid strenuous activity after a treatment, although most patients experience a great deal of relief immediately afterward and want to get back to curtailed activities as soon as possible. Mild exercise is fine – we want to move the affected structures to aid in restoration of normal movement – but too much may complicate recovery.

Why are you work far from the region of the symptoms?

Sometimes the area of treatment is distant from the area of pain, discomfort or disability. The reason for this is that the fascia forms a very intricate network throughout the body and each area of the body is connected in some way to every other area. We want to find and treat the root cause of an ailment - not the symptoms related to it. The symptoms are merely the feedback systems of the body letting us know something is wrong. Treating a symptom without addressing its root cause may leave underlying problems undetected, which could allow recurrence of the problem or other future complications.

Wrapping it all up.....

The uniqueness of Fascial Manipulation® is that we are looking at the body as a whole, not just "where it hurts" or where the problems appear to be. Most of the time, fascial alterations away from the affected painful area are the actual cause of the problem. In most cases, we are able to treat acutely painful conditions and not even touch the area that hurts. In other words, the fascial structures in other areas may be causing abnormal (or unbalanced) pull or stress on the muscles, joints or nerves that cause you to feel pain, limited movement or even altered sensations in a different part of your body. Your therapist or doctor may be testing and treating areas that you might think have nothing to do with your problem, but since the body is one complex and complete unit, it is very important to assess all aspects of the workings of the body in an effort to achieve balance and allow the body to do the job of healing itself more accurately.

For more information, including how to find a qualified Fascial Manipulation® practitioner in your area, please visit the official website – <http://www.fascialmanipulation.com/en/>