Fascial Manipulation© technique: anatomical basis and clinical implications

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BACKGROUND: Classical anatomy still relegates muscular fascia to a role of contention, an apparent incongruity for such a highly innervated and intricately structured tissue. A series of hypotheses concerning the function of this resilient tissue has led to the formulation of numerous soft tissue techniques for the treatment of musculoskeletal pain. The biomechanical model of one such manual technique, Fascial Manipulation©, provides interesting indications for research. These include the possible role of fascial innervation in nociception and referred pain, and the hypothesis that the myofascial expansions onto the deep fascia (Figure) are directly involved in safeguarding a perceptive and directional continuity along a specific myokinetic sequence. Dissections and histological studies demonstrate this anatomical substratum.

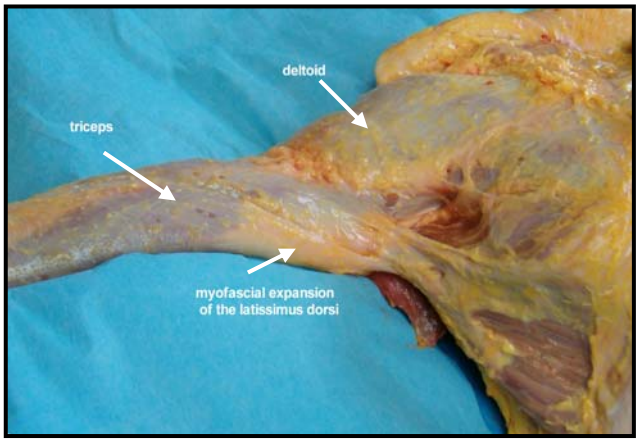

Figure. Deep fascia, posterior upper limb

METHOD: This paper examines the application of the Fascial Manipulation© technique in 28 subjects [mean age 62.7] suffering from chronic posterior brachial pain. The practical aspect of this method involves a deep, kneading of muscular fascia at specific points, called centres of coordination, along myofascial sequences. In this pilot study, three treatments of Fascial Manipulation© were effectuated. Visual analogue scale (Vas) measurements of pain intensity were administered prior to the first session and after the third session. These results were subsequently compared with a follow-up evaluation at three months. The anatomy of the deep fascia is also described, with particular attention to the myofascial expansions in this region.

RESULTS: Mean value of Vas prior to the first session was 77 mm; following the third session, the mean value was 32.8 mm. and, at a follow-up evaluation at three months, the mean value of Vas was 38.2 mm. There was significant improvement in the pain component ($P< 0.0001$) after three sessions, and maintenance of this result at the short-term follow-up ($P >0.05$).

CONCLUSION: These results suggest that the application of the Fascial Manipulation technique may be effective in reducing pain in chronic musculoskeletal dysfunctions. Future research could consider this method’s impact on range of motion and the incidence on recurrences over an extended time range.