

Treating patellar tendinopathy with Fascial Manipulation©

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BACKGROUND: Etiology and structures causing pain in patellar tendinopathy are all debated in literature, but consensus has not been reached so far. Exercise therapy to strengthen the quadriceps is often prescribed, though its efficacy is still debated. Current therapeutic protocols are characterised by wide variability, ensuing from anecdotal experience rather than evidence. According to Luigi Stecco's Fascial Manipulation© theory, patellar tendon pain is often due to uncoordination in quadriceps contraction and to the different fascial tensions of the thigh.



Treatment will not, therefore, be focused on the patellar tendon, but will involve a research on the thigh for the cause of this uncoordination. Fascial Manipulation© acts specifically on the muscular fascia, through extended frictions (5-7 mins); the intent is to restore sliding between the deep fascia layers, where the ground substance is densified. Through a specific objective assessment, we will locate one or more points to be treated. L. Stecco describes a map of hundreds of points (Centers of Coordination or CC), overlapping with acupunctural points. According to Fascial Manipulation©, myofascial tensions connected with specific articular movements converge on such points. METHOD: This pilot study aims at describing the efficacy of this method, applied to 18 patients (13 M, 5 F, age 17 to 42) suffering from patellar tendon pain. Treatment focused on one Center of Coordination only, in one session. The point chosen was AN-GE (see picture), which in clinical practice has proven to be the CC most involved in this dysfunction. Pain was assessed (in VAS) before

The CC is over the

(mean VAS 68/100) and after (mean VAS 31/100) treatment, plus a

vastus intermedius

follow-up evaluation at 1 month (mean VAS 23/100).

muscle, midway on

RESULTS: Results were very significant; they showed a substantial

the thigh.

decrease in pain right after treatment ($P < 0.0001$) and remained unchanged or improved in the short term ($P > 0.1$ after one month), probably thanks to the improvement of the motor act, following the restoring of a correct tensioning of the thigh's fascial structures. In 4 cases only, results were not fully satisfying: pain decrease (VAS) only from 8 to 6.75 ($P > 0.1$). It's probably because these patients suffered from pain in more than one segment, which indicated a wider unbalance in the fascia. These cases therefore needed the manipulation of more CCs (global treatment). CONCLUSIONS: by explaining the simplest Fascial Manipulation© treatment (one CC only), this study aims at encouraging the reader to deepen their knowledge on this new and effective method that can be also applied for more complex disorders. The results suggest that the attention should not be concentrated on the patellar tendon, considered to be the Center of Perception (CP) in Fascial Manipulation© theory and a mere consequence of motor uncoordination. Attention should therefore be focused on the Center of Coordination, whose alteration is the first cause of the pathology. Further adequately powered studies that include appropriate randomisation procedures, standardised outcome measures and long-term follow-up are required, applying these concepts to other segments as well.