SDSF Spatial Dynamic Stimulation of Fascia induces balance recovery in Duchenne muscular dystrophy? Case report 'adult female carrier'

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BACKGROUND Duchenne Muscular Dystrophy (DMD) is X-linked disease by deletion, duplication or point mutations in dystrophin gene [1]. Symptomatic female carrier is rare. We described a woman, 64, myopathic gait with walking stick, retractions popliteal and aquilian tedons, Gowers (+) in a chair, impossible to stand up of the floor; diabetes type 2, global chronic pain and depression. Treatment: From 02/11/2014 to 03/03/2015; 40 weekly sessions of SDSF Spatial Dynamic Stimulation of Fascia, manual biotensegrity therapy, which amplifies the compressive-expansive rhythmic movements of the fascia with non-invasive stimuli, leading back to the state of fascial readiness.

METHODS: Baropodometry and Stabilometry [2]: Bipodal static posture, loose arms, barefoot, open eyes, 26ºC. Time: 20 seconds. Platform: Footwork 3.7.5.0 series 0189072F1400002E. RESULT:

Baropodometry

The foot plantar pressure (kpa), support base (cm) and the surface of plantar feet (cm2) increase and decrease rhythmically both in pre- and post-sessions. Trend lines show stabilization.

Estabilometry

At T0 the right foot surface was 4 times larger than the body; At T11 was 58% higher. From T13 on: body exceeds feet. Left foot is more stable. The post-sessions increases seem to prevent dysfunctional imbalances at the centers of force.

CONCLUSION: Patient with Gowers (-) on chair, raises soil (+), reduced pain and imbalance complaints; uses walking stick in open spaces, floating sensations after evaluations that increases. The data suggest SDSF sessions produce increased space in the body; it follows self-reorganization balancing expansion-compression, enhancing comfort and functionality. More studies are needed.
