



Myofascial Manipulation

Theory and Clinical Application

Third Edition

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Foreword

If you have picked up this book, chances are high that you are not a greenhorn in the field of rehabilitation and manual therapy. Most likely you belong to the most experienced and knowledgeable bodywork practitioners in your community, or are on your way there. Or—less likely—you chose this book as an attempt to boost your image in the eyes of your peers. The book you have selected is one of the absolute masterpieces in the field. The previous edition sits on the bookshelves of virtually all the leading massage and bodywork schools worldwide and decorates the desks of hundreds of ambitious authors and teachers within this field.

Most massage and other manual therapies direct their techniques toward enhanced functioning of muscular tissues; improved vascular, lymphatic flow; or better skeletal positioning. Myofascial therapies, on the other hand, target more specifically the muscular connective tissues (myofasciae). These tissues include broad sheets of dense connective tissues such as the fascia lata of the lateral thigh or the plantar fascia of the sole of the foot. They also include a complex network of thin connective tissue bags and sheets on the insides of muscles as well as surrounding the muscles. Most muscle electromyography experts agree that muscle activity at rest is electrically silent. The passive tissue stiffness of muscles at rest therefore appears to depend to a large degree on the local properties of this fascial network. One of the advantages of myofascial therapies, as described in this book, is that they include a detailed repertoire of working techniques for addressing fascial contractures and adhesions, which often underlie musculoskeletal pain problems.

For several decades, fascia has been neglected as the “Cinderella” of orthopedic medicine. Medical doctors were introduced to this tissue by learning to “clean it off” in their dissection courses to reveal the distinct organs enveloped within. These colorless tissues were regarded mainly as packing material, which sometimes assists the muscles as passive force transmitters. However, during the last few years, new measurement tools have shown that fascial tissues serve many important functions in the body and contain some surprising tissue properties. The First International Fascia Research Congress, held at Harvard Medical School in Boston in 2007, signaled an important turning point and was celebrated with worldwide acknowledgment. There is now global recognition that this underestimated contextual tissue plays a much more important role in health and pathology than was estimated during previous decades.

Among the many surprising fascial properties that are now being discovered and investigated are two that I would like to mention briefly: the proprioceptive importance of fascia and the discovery of active fascial tonicity. Although in the past it was often assumed that mechanoreceptors in joint capsules and associated ligaments were the main input devices for proprioception, more recent investigations have revealed that these “joint receptors” are mostly stimulated only at the end ranges of available movements and provide very little input during regular everyday movements. In contrast, fascial membranes are often positioned much farther away from the movement axes and are therefore in much better positions to register smaller movements around these joints. These sheets are densely populated by sensory nerve endings, which are excellent input devices for proprioception. It has therefore been postulated that myofascial manipulations may largely work by stimulating those fascial receptors, with resulting physiological as well as neuromuscular responses from the central nervous system. If you want to study the specific fascial mechanoreceptors in detail—for example, to direct your manual techniques more specifically toward their different subtypes—this book provides detailed information. Chapter 6, “Muscle Pain Syndromes,” in this new edition contains the best description of fascial innervation that I have seen.

The other property I wish to mention is fascial tonicity. Recent evidence suggests that fascia contains its own active motricity; it can contract and relax autonomously, independent of the skeletal musculature. Laboratory work with rat as well as human fascia by our group (Fascia Research Project, University of Ulm, Germany) and by the group working with Ian Naylor (Bradford University, United Kingdom) has shown that fascia contains contractile connective tissue cells, called myofibroblasts. The cells enable fascia to actively contract, both in the form of smooth muscle–like temporary contractions and in chronic tissue contractures that include tissue remodeling (as in frozen shoulder or Dupuytren contracture). How to best influence the active tonus regulation of fascia therapeutically—via mechanostimulation as well as other means—is currently an exciting subject of interdisciplinary research.

In contrast to most fields of academic exploration, the field of myofascial therapies continues to be dominated by the existence of so-called schools. Each school is organized around a charismatic founder and emphasizes a specific manual modality and a particular explanatory concept. Although such distinction served well in providing followers with an almost tribal social affiliation, it has also attenuated a healthy culture of questioning, cross-pollination, and mental collaboration. This book is one of the rare exceptions in the field. Rather than focusing on only one school and providing a semireligious body of congruent belief concepts (and ignoring contrasting concepts that are taught elsewhere), it describes with academic precision the different schools and concepts that have been able to describe their work in an anatomical language. It clearly distinguishes proven facts from current assumptions and provides accurate references behind the different sources of information. Nevertheless, rather than being an academic textbook only, it is written

in a practical and reader-friendly manner and does include several excellent practical descriptions of clinical working approaches.

Be warned, dear reader—and I am writing that of course with a twinkle in my eye—that if you are looking for a cozy home to help you feel superior and safe with one newly learned method of fascial manipulation and one related belief concept, this book will not help you sleep more comfortably. However, if you have picked up this book as an experienced practitioner who is interested in expanding your understanding of fascial manipulation, and if you seek to be exposed to an internationally recognized, state-of-the-art review of different techniques and concepts, then you have found the true masterpiece within this field.

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