

About the Fascial Distortion Model

The *Fascial Distortion Model* (FDM) is an anatomically based perspective for envisioning and treating orthopedic injuries and certain medical conditions that until now have been either resistant to treatment or healed slowly or incompletely with current methods.

The clinical significance of the FDM is that through its manual application it can bring rapid and complete recovery to a large number of previously inadequately treated musculoskeletal injuries such as pulled muscles, ankle sprains, frozen shoulders, knee strains and a whole host of other athletic injuries. The FDM, however, is far more than just a collection of new manipulative techniques. Instead it is a comprehensive and entirely fresh perspective of envisioning and understanding injuries that competitively challenges current approaches and is poised to revolutionize the practice of medicine.

So What Is The Fascial Distortion Model?

The fascial distortion model as stated above is an anatomical perspective for envisioning a wide range of orthopedic and non-orthopedic injuries and conditions. In its briefest description the FDM is comprised of six *pathological components* – called *principal fascial distortion types* (described shortly). Since fascial distortions obviously occur in fascial tissues (the primary connective tissue of the body that makes up tendons, ligaments, retinacula, fascial bands, myofascia, adhesions, and other tissues that surround and engulf muscles, bones, nerves, and organs), they are almost universally misdiagnosed as muscle tears, pulled muscles, strains, sprains, tendonitis, bursitis, arthritis, fibromyalgia, etc., which leads to the often prescribed and ineffective treatment regimen of resting and anti-inflammatory medications.

As distinct as a sprained ankle may seem from a pulled muscle, in the FDM both are considered to be comprised of fascial distortions which can be effectively treated so that there is an *immediate, objective and obvious* clinical result. However, it should be realized that each type of fascial distortion is a distinct pathological entity with its own signature clinical presentation and therefore a successful treatment outcome only comes about from the application of a specific directed course of treatment which is anatomically designed to eliminate the physical injury. Thus, for doctors utilizing the FDM, the first rule of treatment is identification of the distortion. Whether it be an ankle fracture, a dislocation, an acute lumbar strain or fibromyalgia, FDM doctors look for, identify, and treat one or more of the following fascial distortion types on every injured patient.

Fascial Distortion Types

1. Triggerband: Distorted fascial band – The most common of all, triggerbands are twisted or wrinkled fascial fibers that cause a burning or pulling pain along fascial structures that are comprised primarily of linear fibers (such as fascial bands, ligaments, and tendons). When verbally describing their discomfort, athletes and other patients with triggerband injuries subconsciously make a sweeping motion with their fingers along the anatomical course of the injured fascial fibers.
2. Herniated Triggerpoint: Abnormal protrusion of tissue through the fascial plane – Rarely found in extremities, HTPs are tiny pathological herniations of tissue through a fascial plane. The associated patient body language is a pushing of the tender area with the fingers (subconscious attempt at reduction of the herniation).

3. Continuum Distortion: Alteration of transition zone between ligament, tendon, or other fascia and bone – Continuum distortions hurt in one spot and patients tend to point with one finger to a specific point of discomfort (but do not push on it or rub the involved area).
4. Folding Distortion: Three-dimensional alteration of fascial plane – Folding injuries commonly occur in tissue around joints, and are similar to what happens to a road map that unfolds and then refolds in a contorted condition. Chief verbal complaint expressed is "aching pain deep in the joint."
5. Cylinder Distortion: Overlapping of cylindrical coils of fascia – Cylinder distortions cause pain in non-jointed areas (and to a lesser extent in jointed areas) which cannot be reproduced or magnified with palpation. They are also responsible for a wide range of seemingly bizarre symptoms, such as tingling (paresthesia), numbness (diminished sensation), and pain that spontaneously seems to *jump* from one location to another.
6. Tectonic Fixation: Inability of fascial surfaces to glide – When patients complain that their joint is stiff, they are describing a tectonic fixation. Thrusting manipulations (as performed by chiropractic adjustments or osteopathic high velocity manipulation, as well as orthopedic manipulation under general anesthesia) are typical current and widely practiced methods of correcting tectonic fixations. However, in the FDM other manipulative, non-manipulative, medical and surgical approaches are being designed and applied so that even the most stubborn frozen shoulders or stiff backs can be quickly and adequately treated.

Summary

In its most narrow application, the fascial distortion model is a competitive and effective method of envisioning and treating a wide range of musculoskeletal injuries (as well as some medical conditions). However, the broader implications of the FDM are that it offers anatomical insight (and thus predictability) into other current treatment methods and will, in the future, stimulate the development of even more effective medications, surgical procedures, and manipulative therapies.

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