

Incorporating the Fascial System into a Clinical Reasoning Framework

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Purpose

To explore the anatomy and biomechanics of fascia as an additional conceptual framework to supplement traditional manual therapy.

Relevance

Joint mobilization / manipulation and exercise are excellent tools in the treatment of biomechanical dysfunction yet there are many patients who still have pain and functional limitation despite having been exposed to what the evidence says is the best available treatment.

Description

Fascia is ubiquitous throughout the body. It is innervated with mechanoreceptors and nociceptors and appears to have a proprioceptive function. It also transfers force and load giving it a large mechanical role. Historically fascia has been largely ignored since medically the body has been compartmentalized deemphasizing its continuity. It is also considered difficult to research due to its ubiquitous nature. However, a recent scientific conference at Harvard University dedicated to fascia research indicates a shift to mainstream science. A brief review of current fascia research including anatomical dissection photographs will be presented.

Observation

Patients often continue to experience symptoms despite having full articular range of motion and reasonable motor control. Critical thinking would suggest there are other factors not yet addressed with this approach. Recognizing the continuity of fascia and its potential for causing pain and restricting motion allows for an additional knowledge organization strategy that can influence clinical decision making. Joint movement and muscle extensibility can be retested once fascial planes have been engaged. This can uncover restriction that when mobilized seems to decrease pain and improve function. Case examples will be presented to outline the reasoning process and to illustrate incorporation of the fascial system into patient management.

Conclusions

It is important to build on what we have learned with traditional manual therapy using sound clinical reasoning. Adding fascial anatomy and biomechanics to the conceptual framework underpinning clinical decision making may supplement the clinician's tool kit and improve patient outcomes.