

Fascias are creating a furore

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The world of physiotherapy, osteopathy and soft tissue massage has long regarded and treated fascias as all-rounders, but it is only now that medical professionals and researchers are also beginning to show an interest. The various aspects of connective tissue, the extracellular matrix and the fascias have always played a central role in traditional Chinese, Tibetan and Ayurvedic empirical medicine.

Muscle-fascia chains, the connections between muscle, fascia and pain radiation and their functional significance for better and holistic forms of treatment are one of the most important and most urgent goals of future research. Apart from modern musculofascia research, far-reaching opportunities are opening up that will help improve public health, successful causal treatment of chronic painful conditions, fibromyalgia syndromes, muscle pain, fascia pain, spinal disorders, osteoarthritis and much more besides. The fascia researcher, Prof. Robert Schleip, has therefore been recommending active stretching of the myofascial chains during KiD exercises for the past 20 years. Connective tissue, the extracellular matrix and the musculotendinous

bone junctions can be treated by mechanical stimulation with the mechanotherapeutic approach of cell biological regulation medicine using Bio Mechanical Stimulation device.

Two case reports from professional football

Professional footballer (20 years old)

| Poor sleep, headache, neck pain, poor performance

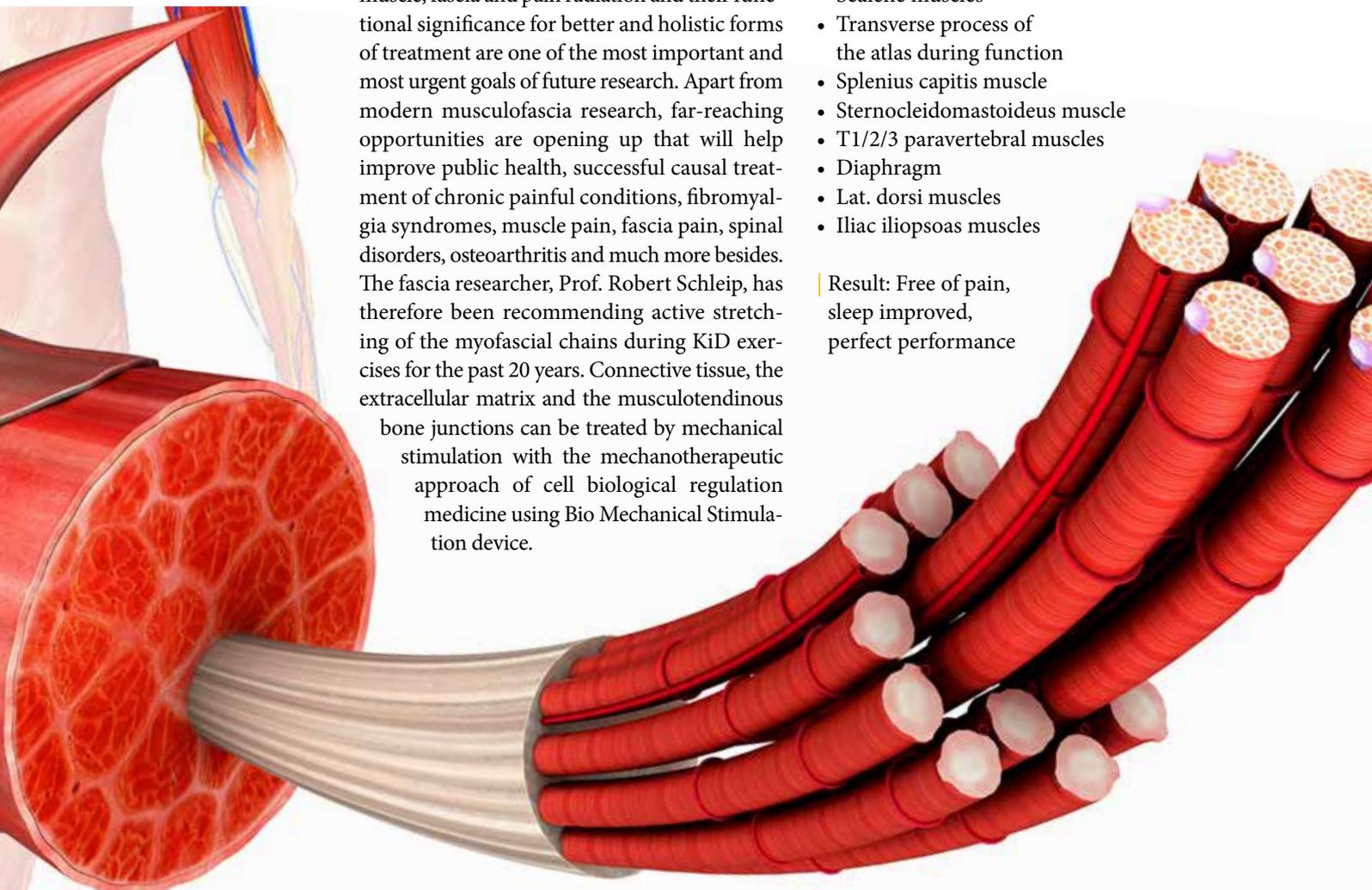
| History: Experienced bullying in his previous team

| Analysis: MISS syndrome, trapezius muscle syndrome, cervicogenic headache

| Strategy and treatment:

- Scalene muscles
- Transverse process of the atlas during function
- Splenius capitis muscle
- Sternocleidomastoideus muscle
- T1/2/3 paravertebral muscles
- Diaphragm
- Lat. dorsi muscles
- Iliac iliopsoas muscles

| Result: Free of pain, sleep improved, perfect performance



Professional footballer (25 years old)

| Thoracic spine pain, pain in the buttocks associated with a dragging pain radiating to the groin and adductors, irritation of the sacroiliac joint.

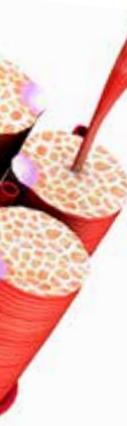
| History: Back pain at the level of the lumbar spine, cervical pain radiating to the shoulders and upper thoracic spine.

| Strategy:

- Scalene muscle, transverse process of the atlas
- Splenius cervicis muscle
- Subscapularis muscle
- Lat. dorsi muscle
- Obliquus internus muscle
- Iliac iliopsoas muscle
- Pectineus muscle contralateral
- Gluteus maximus muscle contralateral
- Tensor fasciae latae muscle

| Result: Free of pain, full loading capacity and completely free of symptoms.

Conclusion



Causal manual pain management is very quick, successful and sustainable. It requires the appropriate integration of the interaction and interplay of nerves, muscles and fasciae. Even clinical courses which have been difficult to treat in the past become predictable using the biokinematic control system, functional anatomical forms of treatment and physical vibration stimulation. Individual, complexly located disorders, imbalances, pain and weaknesses can be efficiently managed or avoided with myoreflex therapy, osteopathic treatment concepts and biomechanical stimulation. If various specialties such as fascia research, biokinematics, myoreflex therapy and sound fundamental research on anatomy as well as on the extracellular matrix all come together, new and clinically relevant findings will result. The wealth of different experiences, which becomes enriched by true exchange, provides knowledgeable and experienced hands with vast opportunities for truly effective forms of treatment. With all parties working together at the outset, individualised prevention training and more efficient regeneration can be put into practice in a predictable manner, alongside successful therapy, rehabilitation as well as early detection of hidden anatomical weaknesses.