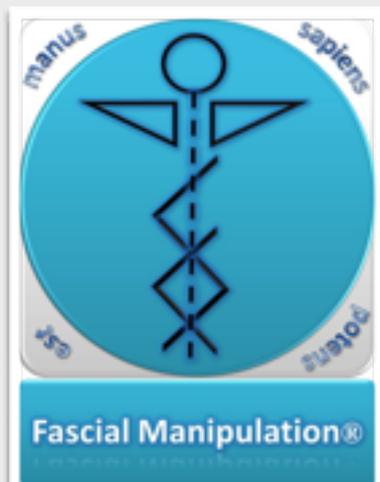


# FASCIAL MANIPULATION®



## FM® Stecco Method

Fascial Manipulation© is a manual therapy method that has been developed by Luigi Stecco, an Italian physiotherapist from the north of Italy. This method has evolved over the last 40 years through study and practice in the treatment of a vast caseload of musculoskeletal problems. In the last twenty five years the research is focused also in the approach and treatment of the **internal dysfunctions**.



## “MANUS SAPIENS POTENS EST”

«“A knowledgeable hand is powerful”, this is the FM motto. The more a therapist’s hand is supported by specific knowledge, the more effective it will be. A therapist’s hand will only be able to treat internal dysfunctions appropriately after comprehending the importance of the fasciae in the physiology of organ-fascial units, apparatus and systems »

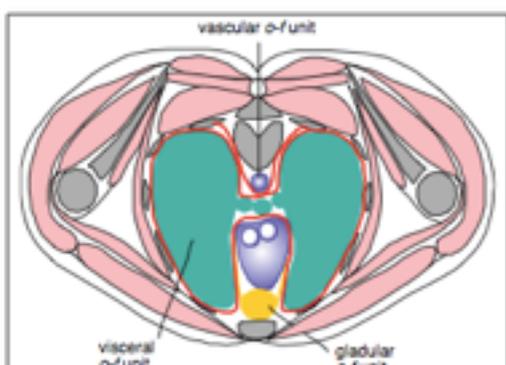
Luigi Stecco

## What's the aim of FMID?

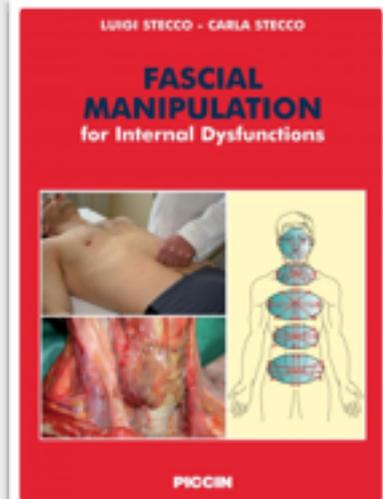
Various osteopathic techniques, first and foremost Visceral Manipulation by Barral ( who wrote the foreword of the Stecco's book), describe specific manual approaches to help patients with internal dysfunctions. Acupuncture is also applied to a lot of the internal problems. **Nevertheless, the scope of this course is not do duplicate other work but to link internal dysfunctions to "DENSIFICATIONS" in the superficial, deep, visceral, vascular and glandular fasciae.**

### What's new?

The treatment approaches presented here utilize the same points as those used in treatments of deep fascia but the manual techniques are different, as are the combinations of points. Fascial Manipulation (FM) for the musculoskeletal system acts on the muscular fascia and the somatic (voluntary) nervous system via muscle spindles. Fascial Manipulation for Internal Dysfunctions (FMID) aims to restore function within the autonomic (involuntary) nervous system. For dysfunctions within the components of the musculoskeletal system (joints, muscles, ligaments, etc.), strategies suitable for rebalancing the myofascial (MF) unit, the MF sequence, or the MF spiral are employed. In FMID a new biomechanical model and a new functional unit are introduced. **The organ-fascial units (O-F units)** correspond to the myofascial units for the musculoskeletal system. **The new biomechanical model is the tensile-**



**s t r u c t u r e** (engineering model). From this new point of view, and with a new reorganization of the inner fasciae's anatomy, the attention will be



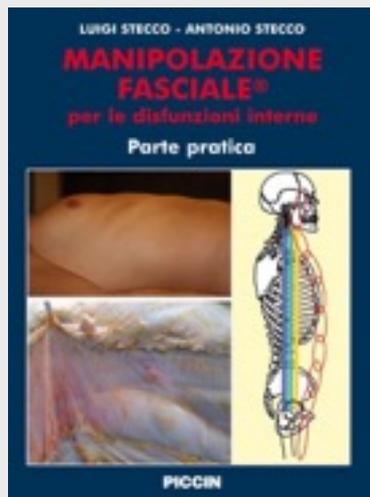
### Foreword...

...but this is the first book to provide a overview of all the internal fasciae...it proposes a biomechanical model that defines the specific relations between organs, fasciae and musculoskeletal system ...

Initially, the reader may be somewhat disconcerted by the numerous different manual approaches...it will be comprehensible that they are all useful for the treatment of the clinical variations that any single patient may present...

Last, I would like to underline the clarity with which Stecco has described the autonomic system and its affiliations with the internal fasciae...

**JP Barral**



## Foreword...

In this book Luigi Stecco will explain why the human musculoskeletal system can impact the internal organs, and how to act on visceral dysfunctions

The internal fasciae biomechanical model introduced by Luigi Stecco, gives for the first time a unitary vision of the internal fasciae and their role in physiology and pathology of the internal organs.

This treatment does not cure a single muscle or organ, but the whole person.

**Marta Imamura,  
MD, PhD**

moved from the content (the organs) to the **container (the trunk)**. For dysfunctions within the body's internal components, strategies to either rebalance tensile structures that contains the O-F units or to restore fluidity within quadrants of the superficial fascia (connected to the systems) are applied.



FMID acts both internal organ dysfunctions and dysfunctions of vessels, glands and systems. For this reason, the term "internal dysfunctions" has been used, rather than "visceral dysfunctions", which would have been too limiting.

## How to plan a Treatment of FMID?

The main steps of the session are the same of FM : data collection, filling in the assessment chart, movement verification (if it's possible), palpation verification and treatment.

### *Data Collection*

It is the the patient's history that lead the clinical reasoning and the manual approach. The recent history, above all in situations of chronic disorders, can find in the remote one its origin. The difference from the treatment of the musculoskeletal system is that also the history of the internal problems or surgery now is very important.

After filling in the assessment chart, the therapist elaborate his first pathophysiological hypothesis, and narrow the number of segments to inspect.

### *Movement and Palpation Verification*

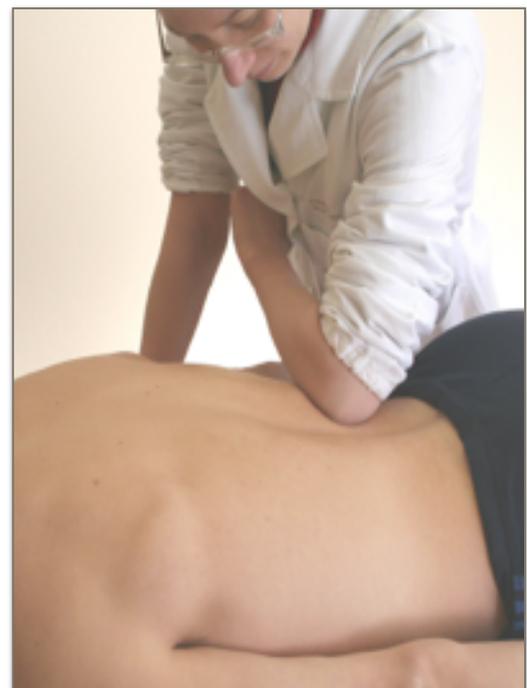
The movement verification is not so important in FMID because the aim of this treatment is an internal dysfunction and often there is not a movement painful, or, conversely, too many movements painful. If there is a pain in the musculoskeletal system associated or as a consequence of an internal dysfunction should be useful to do the movement verification to retest the patient at the end of the session. The palpation verification is the real mean that therapist has to decide the points that ha to be treated. It is the crucial step of FM's session and of FMID to. With a precise manual the aim

of the palpation verification is to find the most important densifications.

### *The Treatment*

The purpose of the treatment is to recreate a balanced condition of the fascial system to permit the right functionality of the internal organs, vessels and glands. The manual and the periodicity will be different, it depends from the kind of disorder and from patient to patient.

**The Fascial Manipulation course for Internal Dysfunction is divided into two/three parts. The first and second one, of four days, for the tensile structures and the apparatus, and the third one, of three days, for the systems.**



## FIRST PART

In the first part, single organs and their connections with surrounding fasciae are discussed. Together these structures form o-f units. Organ peristalsis can be restored by acting on the tensile structures forming the four segments (neck, thorax, lumbar and pelvis) of the trunk wall.

## SECOND PART

In the second part, the apparatus are studied. Fascial sequences connect the organs of a single apparatus together. The treatment of the apparatus focuses on the forces that invest the entire trunk wall (catenaries and distal tensors).

## THIRD PART

in the third part, the systems are analyzed. Systems are composed of internal and external components that are connected to the superficial fascia. Treatment of the systems focuses on quadrants of the superficial fascia. These quadrants can act as “peripheral receptors” for the internal autonomic ganglia.

## TARGET OF THE COURSE

Give the students the means and the knowledges useful to the treatment of the internal dysfunctions. During these 4 or 7 days the timetable will be divided into theoretical and practical parts:

- Theoretical lectures about anatomy, physiology of the inner fasciae
- Theoretical and Practical lectures about the treatment modalities, the new points, the different disorders, etc.
- Practical exercises between students
- Treatment of clinical cases

