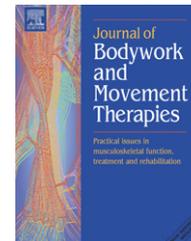




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EDITORIAL

JBMTs new section with a fascial focus — Starting 2012

Previous editorials have emphasised the importance of the role of fascia in our attempts to better understand human function and dysfunction. In March 2012 the Third Fascia Research Congress, in Vancouver Canada, will once again bring together scientists and clinicians in a unique example of collaboration and enquiry across professional boundaries. <http://www.fasciacongress.org/2012/>.

JBMT and its publisher, Elsevier, have actively supported the work of these conferences, and as a further demonstration of this, starting with the first issue of 2012, JBMT will include a section dedicated to both clinical fascial approaches, as well as pure science research, into fascia. A number of leaders in this field have agreed to contribute to this new section, and it is hoped that the special focus that this feature offers will encourage other researchers and clinicians, to do likewise.

Among papers that will appear in this section in the first few issues of 2012, currently either in preparation or already *In Press*, are the following:

- **Nigel Simmonds DC (in press)** and colleagues, from the Anglo-European College of Chiropractic, propose that a biologically plausible mechanism that may generate a significant component of the observed effects of manual therapies of all descriptions, is the therapeutic stimulation of fascia in its various forms within the body. They have set out a what they state is a testable framework which links fascia into the therapeutic benefits provided by either high velocity, low amplitude manipulation, as well as soft tissue and mobilization approaches. This paper is *In Press* — available on ScienceDirect
- **Hans Chaudhry** and colleagues have developed a mathematical model to determine the relationship between stretch and the orientation of fibers in the fascia. This paper is an example of a scientific approach where the clinical implications can be translated from the findings. Since it provides a means to model manual therapy interventions in both longitudinal and transverse directions, this may allow more precise

specification of manual therapy techniques — such as myofascial release methods. This paper is *In Press* — available on ScienceDirect

- **Geoff Bove PhD and Susan Chapelle (in press)** RMT have studied the possibility of using manual techniques to both prevent and treat abdominal adhesions. The results of their work has demonstrated that, in a rat model, "*visceral mobilization may have a role in the prevention and treatment of post-operative adhesions*". (This paper is *In Press* — available on ScienceDirect
- **Moshe Solomonow PhD MD(Hon)** and colleagues, from the University of Colorado, Denver, have compiled a review of extracted data from Solomonow's over 25 years of (animal and human) research into what he terms *Acute Repetitive Lumbar Syndrome*, something the authors note to be "*common in individuals engaged in long term performance of repetitive occupational/sports activities involving the spine*". Solomonow et al hypothesise that repetitive flexion strains damage collagen fibres in viscoelastic structures, together with simultaneous changes in reflexive neuromuscular function, and consequent stability problems. Inflammation and degenerative changes follow, leading to disability. Finally suggestions are offered relevant to prevention and treatment. This paper *Acute repetitive lumbar syndrome; a comprehensive insight into the disorder* — is currently being typeset
- **Robert Schleip PhD** of the University of Ulm, has studied the effects of isometric stretching on the stiffness of lumbodorsal fascia. Simply stated, stretching that does not produce microtrauma results in extrusion of fluid leading to reduced stiffness, which is subsequently taken up again, restoring stiffness, sometimes more so than was previously the case. The conclusions suggest that tissue hydration is a major feature in tissue stiffness, something of considerable importance in the stability of the low back. The clinical implications of these studies — relative to the lumbodorsal fascia of humans — remains to be confirmed, as the fascia in these reported studies were either murine or porcine.

However, as Dr Schlep points out, there is supporting evidence deriving from MRI studies of the Achilles tendon showing water extrusion during loading followed by subsequent rehydration (and stiffening). This paper: *Strain hardening of fascia: Static stretching of dense fibrous connective tissues can induce a temporary stiffness increase accompanied by enhanced matrix hydration*, is currently being typeset

A number of additional papers, where fascia is the main focus, are being reviewed or prepared for publication.

This issue of JBMT contains another example of fascial focus, in a clinical setting.

Tozzi et al. (2011) employed dynamic ultrasound evaluation to demonstrate that gentle manual methods [*“low load, long duration stretch along the lines of maximal fascial restrictions”*] are capable of releasing areas of impaired sliding fascial mobility, while also modifying pain.

The list of papers summarised above should offer a clear sense that while fascia/connective tissue features large in all of them, their range and variety demonstrate that they

have clinical relevance in almost all manual and movement therapies – which is precisely the objective of the new fascia section.

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