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EDITORIAL

# Learning about fascia

When I was reminded that the 3rd Fascia Conference is just over a year away (March 2012), I reflected on just how much we now know about fascial structure and function — as well as on the large gaps in our knowledge, that remain. Hopefully many of these gaps will be filled when this gathering takes place next year.

When I was studying osteopathy, many years ago, fascia entered into the lessons and lectures as a somewhat mysterious (and seemingly unimportant in clinical terms) part of the economy of the body. Certainly it featured large in the historical aspects of osteopathy's evolution, with early pioneers referring to its all-pervading nature. Fascia was everywhere, and there were theories and assertions as to its relevance, but there was a very little that was rooted in science. (Still, 1902) So, the question remained — what did fascia do? What was fascia *for*?

As my studies progressed, and as the years went by, it became ever clearer that fascia was not just a background material, with little function apart from its obvious supporting role, but rather a widespread, tenacious, connective tissue involved deeply in almost all of the fundamental processes of the body's structure, function and metabolism.

For example, in therapeutic terms, as well as anatomically, there is little logic in trying to consider muscles and joints as separate structures from fascia, because they are so intimately related. Remove connective tissue from the scene and any muscle left would be a jelly-like structure without form or functional ability, and joints would quite simply fall apart.

We also now know that there exists a tensegrity-like state of structural and functional continuity between all of the body's hard and soft tissues, with fascia being the ubiquitous elastic — plastic, gluey, component that invests, supports and separates, connects and divides, wraps and gives cohesion, to the rest of the body — the fascial, connective tissue network.

Any tendency to think of a local dysfunction, as existing in isolation should be discouraged as we try to visualize a complex, interrelated, symbiotically functioning assortment of tissues, comprising skin, muscles, ligaments, tendons and bone, as well as the neural structures, blood and lymph channels, and vessels that bisect and invest these tissues — all given shape, form and functional ability by the fascia (Schleip et al., 2006; Ingber, 2008; Solomonow, 2009; Myers, 2009).

And what has emerged from the first two Fascia conferences — Boston 2007 and Amsterdam 2009 — suggests that there is far more to learn.

These conferences brought clinicians of all schools, together with scientific researchers, in the hope and expectation that this would lead to a cross-fertilization, in which the clinical needs, confusions and questions of practitioners and therapists would inform researchers, who in turn would help clinicians to better understand the real nature of fascia in relation to their therapeutic efforts. It was further hoped that researchers would be spurred to new directions of study of fascia.

And this has happened, and continues, with studies emerging at a remarkable pace, that have clarified the nature and multiple functions and roles of fascia in the body — many of these being reported or published in JBMT — for example the studies by Standley and Meltzer (2008).

JBMT has been a supporter of the two previous Fascia Research Conferences, and will actively support the 3rd Fascia Research Congress — that will take place in Vancouver, Canada between 28th and 30th, 2012.

The theme of the 3rd congress will be:

*What Do We Know? What Do We Notice? Continuing the Scientist/Clinician Dialogue*

The conference proper will be preceded (March 23–27) by a Fascial Dissection Workshop, with a range of additional pre and post-conference workshops, on March 27th and March 31st.

At this early stage the planning for the Vancouver conference is already advanced.

For example, among the confirmed keynote speakers (note that the topics listed alongside the names are tentative at this stage) are:

- Cesar Fernandez de las Penas DO PhD: Myofascial Pain
- Al Banes PhD: Mechanical loading and fascial changes — tendon focus
- Karen Sherman PhD: Existing trials on fascia in the context of manual therapies


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- Carla Stecco MD: Fascial anatomy overview
- Dr. Rolf K. Reed: Fluid dynamics (lymph, circulation etc)
- Mary Francis Barbe PhD: Changes in fascia related to repetitive motion disorders

A number of panel sessions are also in the planning stage that will highlight the needs and interests of all clinicians.

The conference website is http://www.fasciacongress.org/2012/.

There has been a call for Abstracts — and guidelines are to be found on the website.

As the organising committee have said

*"The 2012 Fascia Congress will centre on the latest and best research on human fasciae. Additionally-and recognizing the interests of clinicians in gaining insights that will bear on practical applications-the program will be designed to include more presentation time to relating the research findings to clinical issues."*

JBMT will carry regularly updated advertisements for the Vancouver event, and intends to publish review papers on their keynote topics, by a number of presenters.

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