

MyoRehab "Fascia is Alive" By Victoria L Magown



GOT PAIN? Call MyoRehab at 505-872-3100 and make an appointment today to get your pain under control. You can find us at www.myorehab.net and we are conveniently located at Granada Square, 4263 Montgomery Blvd. NE, #200, ABQ, NM 87109.

yofascial — Myo (muscle) and Fascia (connective tissue). Where is your pain coming from? Muscle or Fascia?

In this issue, we will share with you, information about the latest research on Fascia. You'll learn about Joyce, a patient at **MyoRehab**, who's Plantar Fasciitis is completely gone after suffering for 20 years with hip, knee, ankle and foot pain.

Fascia is Alive! The role of the connective tissue has traditionally been relegated to the job of deftly holding our 'parts' together (as though that wasn't enough). On October 4-5, 2007, the First International Fascia Research Congress convened at Harvard University in Boston, at which the finest scientific minds in the world came together to tell us otherwise.

George S Pellegrino, LMT, CMTPT

Fascia is much more alive than was previously assumed. Fascia has the capacity to actively contract! Fascia is a sensory organ which is densely innervated with many sensory nerve endings, which can be a source for acute Myofascial Pain.

Joyce, 53 years old, came to **MyoRehab** with what she called "plantar fasciitis". About twenty years ago, Joyce decided to start power-walking — long distances, at a very fast pace. Shortly thereafter, she "shattered" her ankle, and had plates and screws on both the tibia and the fibula, on both sides of the ankle.

The plantar fasciitis began around that time, and had persisted for the last 20 years till now, and nothing relieved it. She has tried custom orthotics, which didn't help. Her foot pain interfered with her ability to walk, and she frequently had to stop walking due to the pain. She had been preparing to leave on a 3 week trip to Italy, which would involve lots of walking. Her greatest concern was that she would not be able to walk for long periods due to the plantar fasciitis pain.

Joyce was evaluated with Morton's Foot Structure (long second metatarsal) and fitted with Posture Control Insoles. Because we had previously addressed her hip/low back and leg pain in prior treatments, I decided to work in a detailed fashion, inch by inch along the top and bottom of her foot and ankle...searching for any possible issues that could be contributing in the fascia, muscle and joint pain.

With regard to fascia restrictions, I noticed two key areas in particular; both of which had an interesting reflexive involuntary reaction/leg twitch — referring from her foot up through the entire leg and thigh. One area was on the bottom of her foot just below the first metatarsal joint (great toe knuckle), and under the ball of the foot (flexor hallucis brevis). The other area was on the top of her foot over the extensor hallucis brevis. Light to moderate pressure on these areas created a significant reflexive "twitch" of the entire leg. The fascia and muscles in these two key areas were treated, including Passive Dynamic Release (movement during treatment) until the twitch was gone.

I treated progressively from the foot toward the scars on the ankle where the plates and screws were located. The lateral ankle scar was quite free. However, the medial ankle scar was entirely adhered to the medial malleolus (inside ankle bone), as well as the hardware under the tissue. The scar was treated with both index fingers approximating the scar, and also using the Deep Fascia Manipulation "S" technique.

I palpated what felt to be migratory adhesions travelling posterior and inferior from the medial malleolus approximately 1/4 to 1/2 inch. The most interesting thing about this part of the treatment, was while I was palpating/treating/releasing the scar, I observed a distinct line of pull in the fascia from the scar to both areas on the top and bottom of the foot which caused the reflexive twitch to her leg and thigh.

The scar was successfully released from the bone and metal hardware under the skin. I then gently tractioned and mobilized the ankle, mid-foot, tarsals and metatarsals. For the first time in 20 years, her "plantar fasciitis" pain was gone, even though I didn't address the plantar fascia directly.

For 20 years, it was adhesions in the fascia of the medial ankle scar that caused her "plantar fasciitis". I've seen her twice since that treatment, and the pain still has not returned. She is now walking every night and her feet are pain-free!

Joyce is a patient of Melissa Hernandez, LMT, CMTPT, one of **MyoRehab's** therapists. All our therapists keep up-to-date with training in the latest research in Myofascial Pain and Dysfunction.