

An Interview with Luigi Stecco & Julie Ann Day

Fascial Manipulation© is a manual therapy that has been developed by Luigi Stecco, an Italian physiotherapist from the north of Italy. This method has evolved over the last 30 years through study and practice in the treatment of a vast caseload of musculoskeletal problems. It focuses on the fascia, in particular the deep muscular fascia, including the epimysium and the retinacula and considers that the myofascial system is a three-dimensional continuum.

We are glad that we are able to have an interview with Luigi, with the help of our fellow Australian, Julie-Ann Day.

Interview with Luigi Stecco

When and How did you decide to become a bodyworker?

I am actually a physiotherapist and I studied in the North of Italy, completing a Diploma in Physiotherapy in 1975.

How did you come up with the fascial manipulation concept.

I was essentially unsatisfied with what physiotherapy treatments were offering at the time, using a lot of electrotherapy treatments, whereas I was more interested in manual techniques and movement. The local "bone setters" working in my area also fascinated me. They were generally unqualified, with manual skills handed down from generation to generation and I was curious about what they did and how it worked but they were not able to give me any scientific explanations. However, I had already started applying connective tissue massage and I was convinced that the fascia was the key tissue. I then started to map out points that had been particularly effective in resolving problems and it



Julie Day and Luigi Stecco.

was a surprise to find these same points often corresponded with acupuncture points. There is a definite overlapping of myofascial sequences or myokinetic chains and meridians. Study of Dr. Travell's trigger point work as well as Ida Rolf's intuitions also contributed to the elaboration of the concept of the Myofascial Unit, the basis of the myofascial system.

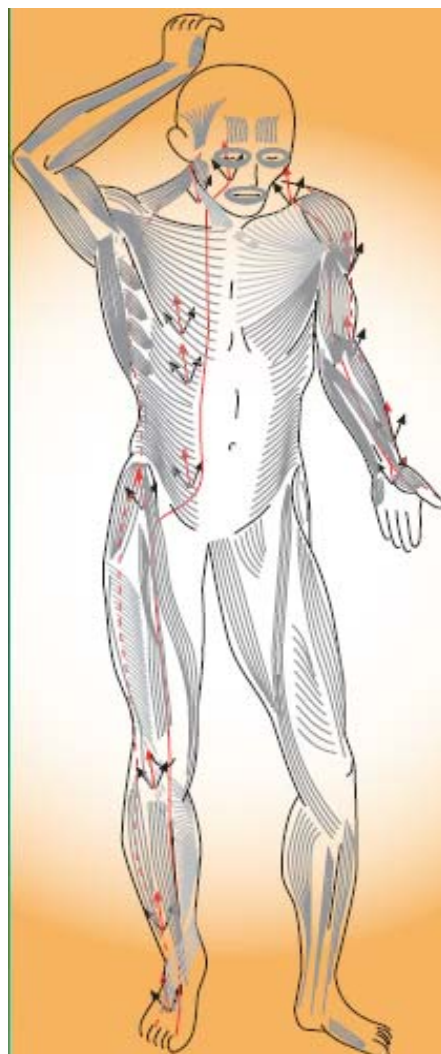
I noticed that the Stecco family is involved in the Fascial Manipulation work. Can you tell us about the family involvement.

Carla, my daughter, is a medical doctor and her thesis was about the fascia. She then went on to qualify as an Orthopaedic surgeon and is currently an Assistant professor at The Anatomy and Human Movement Faculty at the Padova University here in Italy. My son, Antonio, is also a medical doctor and is currently specialising in Physiatry at the University of Padova.

In your book, there's lots of beautiful dissection. Can you tell us about it. Who made the dissection and what did you discover.

In 2003, during Carla's Orthopaedic internship, she had the opportunity to spend six months in Paris dissecting unembalmed human ca-

davers at the Renè Descartes University. This was a fantastic opportunity because dissection of fresh cadavers is very limited here in Italy and the fascia can only be appreciated when the tissues are still fresh. She has been back several times now, both with my son Antonio and on another occasion, I was able to assist her as well. Our discoveries are mostly published in scientific journals whereas the photographs in the latest book speak for themselves. It was encouraging to find that so much of what I had deduced from my studies really existed. The myotendinous expansions that link adjacent segments together and their constancy confirmed the concept I had



Interview with Luigi Stecco

Should bodywork move into the direction of evidence-based medicine where everything has to be research proven?

We certainly need to strive to give plausible anatomical and physiological explanations about how our therapy may work.

How did you see the blend between research and manual therapy.

At present, our research largely involves the anatomical aspects of the fascia. By studying the anatomy of the fascia, we can understand more about how a wide range of therapies may work. I am also working on a new volume about the treatment of the visceral fasciae. I have been testing out these theories concerning the visceral fasciae for several years now and so far have held two courses in this visceral technique for therapists already qualified in Fascial Manipulation.

Can you tell us about the Fascial Manipulation Association in Italy.

The Association formed in 2008 and the founding members consist in seven senior teachers of the Fascial Manipulation technique, my son, my daughter, and myself. The aim of the Association is to promote research into the fascia and to monitor the quality of the Fascial Manipulation courses. This technique is currently taught in Italy, France, Portugal, Spain, Poland, Argentina, and Brazil by a total of 12 qualified teachers and we are all working on rendering the educational process uniform. The Association held its first National Congress in 2009 with almost a hundred participants. We are also organizing a course of Fascial Manipulation (in English) that will be held in Italy at the Stecco Medical Centre in June 2010.

Our web site www.fascialmanipulation.com has all the information.

What advice you can give to fresh massage therapists who wish to make a career out of it?

Study, listen to your patients, study again, listen and go back and study again.

Interview with Julie Day



You are originally from Australia, can you tell us how do you become involved with Fascial manipulations?

I studied physiotherapy in Adelaide, completing my Diploma in 1977 and I've been living and working in Italy since 1984. I have always used Connective Tissue Massage in my practice and I met Luigi Stecco in 1991 in Milan, at a congress about fascia. However, I didn't get around to doing a course with him until 1999. On that occasion he asked me if I could help him translate a few lines.

I've been collaborating with him ever since and have gone on to become an instructor in the Fascial Manipulation technique. Together with other instructors, I have taught courses in Italy and Poland. In 2007, I was part of the group that won the best poster award at the 1st Fascia Research Congress in Boston and this year I'll be presenting a one day workshop with Dr. Carla Stecco at the 2nd Fascia Congress in Amsterdam. In May 2010, I'm scheduled to give a talk and mini workshop at the Massage Therapy Foundation Conference, in

Seattle and I'll be talking at the World Massage on-line Conference in November.

Luigi Stecco doesn't like travelling at all so we are also organizing a course in Fascial Manipulation in English for June 2010 at the Stecco Medical Centre, in the north of Italy, so people can meet him in person! As you can tell, Fascial Manipulation helps to keep me busy.

You translated 2 of Stecco's Fascial Manipulation book into English. It must take a lot of effort.

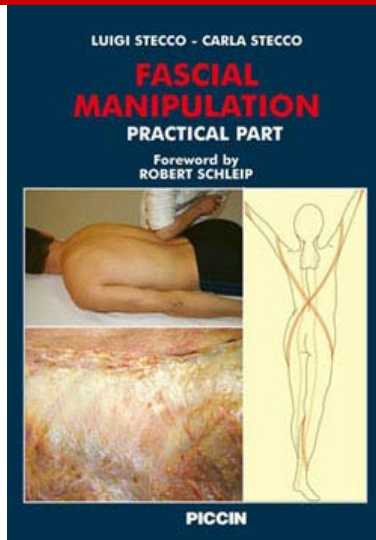
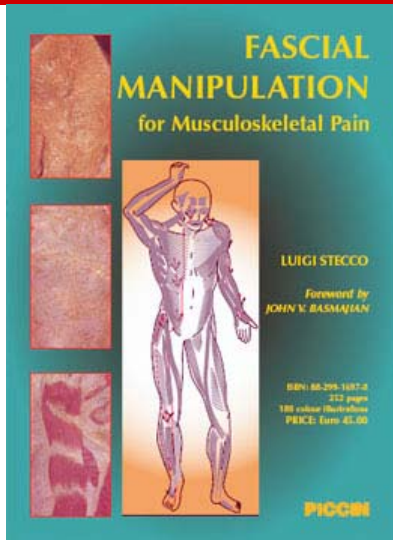
It was a great learning process and it certainly forced me to contemplate all aspects of the model elaborated by Stecco in great detail. The Italian version of Fascial Manipulation for Musculoskeletal Pain was published in 2002 and the English edition in 2004. There is a new Italian edition of this volume at the publishers right now so I hope to get the chance to do that edition too so I can improve on the original translation! It was particularly difficult because of the responsibility of inventing new English terms for the new terms that Stecco has coined.

Fascial Manipulation - Practical Part was published in 2007 in Italian and the English edition in 2009. This volume was easier because it has a lot of photographs and the terminology had already been established.

In the Fascial Manipulation theory, it said that it is hypothesised that fascia is involved in proprioception and peripheral motor control in strict collaboration with the CNS. Can you elaborate more on the role of fascia in connection with CNS.

Great question!
The role of the CNS in motor control is well documented but not that of the fascia. 70% of the transmission of muscle tension is directed through tendons, with a definite mechanical role, but 30% of muscle force is transmitted throughout the connective tissue

Interview with Julie Day



surrounding the muscle, that is the deep fascia and intramuscular connective tissue. It is hypothesized that fascia contributes to proprioceptive information via its rich innervation (mechanoreceptors and free nerve endings). The capsules of these receptors are closely connected to the surrounding collagen fibres. These nerve endings could be stretched, and activated, each time the surrounding deep fascia is stretched. However, it is more probable that the ondulation of the collagen fibres inside the deep fascia and the minor presence of elastic fibres infers an initial adaptation of the fascia, so only when the collagen fibres have lost their crimped conformation, the receptors would be activated. This mechanism could be considered a sort of "gate control" on the normal activation of the intrafascial receptors. If the fascia is overstretched then these receptors could signal pain.

Larger nerve fibres are often surrounded by different layers of loose connective tissue that preserves the nerve from traction to which the fascia is subjected. If this mechanism is altered, we could have a compressive syndrome.

Regional differences in anatomy of deep fascia exist and therefore proprioceptive activity differs somewhat. In the trunk, where the muscles and fascia have a very intimate relationship, the fascia is immediately stretched by the mus-

cle contraction and so the activation of specific pattern of receptors is possible. Different portions of muscular fibres are activated according to the degree of joint movement, and so different patterns of receptors are activated according to the ROM, and the specific direction.

In the limbs, the deep fascia is relatively separate from underlying muscles due to the epymysium and it has aponeurotic type characteristics. However, some muscles do have fascial insertions. In correspondence with these insertions, the deep fascia presents a thickening, therefore these regions of the fascia could easily perceive the state of contraction of the underlying muscles. Nevertheless, the most important connections are provided by myotendineous expansions into the fascia. The most famous expansion is surely the laceratus fibrosus, an aponeurosis that originates from the biceps tendon and then merges with the antebrachial fascia. Many other myotendinous expansions have also been recognized. When these muscles contract, not only do they move the bones, but thanks to these fascial expansions they also stretch the deep fascia and, consequently, with the activation of specific patterns of fascial proprioceptors, permit the perception of the movement direction.

Every time that we move a limb, myofascial sequences are

stretched and so it is possible to recognize the precise direction and position of the limbs through the spatial afferent information received from the fascia and integrated with other afferent information being sent to the CNS.

You just came back from the 2nd Fascia Congress in Amsterdam. Can you share some of your experiences.

Yes, there's a four-day program full of high quality presentations kept us busy. The latest trends include new studies with evidence of fascial involvement in myofascial force transmission processes, and the role of fascia in motor control. I found particularly interesting papers given by surgeons who are beginning to recognize the importance of fascia in plastic surgery and tendon transpositions.

At this Congress, our Fascial Manipulation group had a total of 3 presentations, 2 posters and a full-day workshop entitled "The Fascial Manipulation© technique and its biomechanical model - a guide to the human fascial system". We were very busy networking all day and were pleased to see that our workshop was sold out by the 2nd day of the Congress!

The primary intent of the workshop was to provide direct access to new information about the anatomy of the human fascial system, considered to be potentially useful in the application of a variety of manual techniques. In fact, this workshop attracted a wide range of professionals from remedial massage, physiotherapy, chiropractic, osteopathy, rolfing, bodywork, and physiology.