

Fascial Distortion Model Manual Therapy and MRI Changes in ACL Tears

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BACKGROUND: The Fascial Distortion Model (FDM) is an anatomical perspective originated by the American physician, Stephen Typaldos, DO, wherein “the underlying etiology of virtually every musculoskeletal injury (and many neurological and medical conditions) is considered to be comprised of one or more of six specific pathological alterations of the body’s connective tissues (fascial bands, ligaments, tendons, retinacula, etc.)” [1]. The FDM is differentiated from other approaches by the main reliance on interpreting the patient’s hand signals when describing their symptoms as one or more of the six fascial distortions, which then leads to treatment.

APPROACH: Two female patients, ages 54, and 38, respectively, were treated with FDM manual therapy after suspected ACL tears from ski accidents. Knowledge of the imaging results combined with the mechanism of injury and clinical and functional tests showed that FDM manual therapy would be appropriate directed near the ACL’s femoral attachment. It was the intention of treatment to decrease the ACL laxity with the FDM manual therapy by applying force through soft-tissue to the femoral ACL attachment site.

RESULTS: Patient 1 had a full return to sport at 2 months post-injury with only 13 visits of PT and FDM. The follow up MRI showed significant positive changes in the ACL from week one (figure 1) to one year post-injury (figure 2). Patient 2 had a return to sport in 4 months, also with positive changes shown in the ACL on MRI (Not shown here)

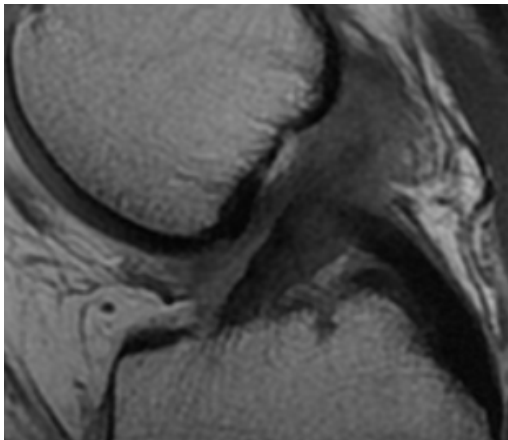


Figure 1

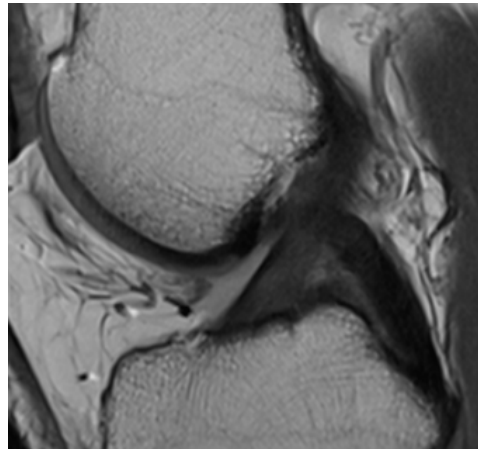


Figure 2

CONCLUSIONS: Both patients had positive changes in function and on MRI beyond normal expectations of a non-surgically treated ACL tear. Further investigation of FDM treatment for ACL tears is warranted.

REFERENCES:

[1] Typaldos, S. FDM: Clinical and Theoretical Application of the Fascial Distortion Model Within the Practice of Medicine and Surgery. Bangor, Maine: Typaldos Publishing Co., 2002, p 3.