

## VAHL & VAHL—MYOFASCIAL

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ast. Therefore, he was very familiar with neuromusculoskeletal dysfunction, pain and trauma. He pioneered several areas of manual medicine techniques for the lymphatic and circulatory systems, postural patterns of distortion, and the fascial system for which he is probably the best remembered today.

### Needing a better understanding

The standard bone-muscle-neurological concept of dysfunction that has been and is still being used, separates discrete function of the body and its segments into separate movements. That concept may have certainly been useful to some degree in understanding individual body segment movements and in teaching them. However, in actuality, the body really does not work that way. The standard anatomical texts and lectures used by chiropractic and medicine, unfortunately still emphasize this same old standard model with the fascial system stripped away even though the seamless integration of movement in the living body in actuality functions by mediating this very important myofascial and fascial connective tissue system as well.

This analogy is reminiscent of Descartes' and daVinci's ideas of separating the mind from the body supposedly to simplify the study of human beings, when in fact the two are inseparable.

Likewise, functionally one of the major tissues that can mediate this responsiveness in the human body are often one of the more important parts of the overlooked myofascial connective tissue system. In fact, as an educator of chiropractic, athletic trainer, personal trainer and sports medicine specialist, I (Richard Vahl) often refer to this system as the "Rodney Dangerfield of anatomy." Even some former student's and doctors may remember hearing those remarks to emphasize the fact that the fascial and myofascial soft tissue system was and continues to be very often overlooked in the field of anatomy and physiology.

Very often in the evaluation of dysfunction and movement in the living body we overlook the valuable contributions of this myofascial connective tissue system. This important oversight can result in a less than accurate evaluation and cause of the physical function, dysfunction and neuromusculoskeletal reality of bodily function and especially movement or motor mechanics.

### An overlooked factor in analyzing gravitational stress

This overlooked system also deals with the concept of how a gravitational stress system acts upon the physical body. The stress vectors through the body ideally establish and reinforce the physical structure. This is implemented through the myofascial connective tissue component. In fact, this centrality issue of myofascial connective tissue has been a major impetus for understanding the myofascial connective tissue system.

These continuous network linkages of fascia and muscle that affect the osseous system as well, wind through the body, connecting head to toe and the core to the periphery, orchestrating the organization of gravitational and mus-

cular forces necessary for stability and movement. They represent a simple lattice of tensional bands and bony spacers that account for much of the functional posture and for many of the pains of distortion and dysfunction that unbalance the biomechanics of the living body. Their result therefore may represent an illustrated vision of the web that does not tend towards an evaluation of correct posture, but rather towards a vastly different perspective of the full complexities of a body in dynamic action rather than the static model so often used by chiropractors in the past as well as many who still prefer to use static models at the present time.

Using only the traditional anatomical attitudes about connective tissue do not give us a more accurate living picture of the dynamics involved in the dysfunctional changes or the corrections we may see in our analysis and use in our work-ups.

### Structural compensations

What really interested us about the myofascial connective tissue system is the body's apparent great capacity for structural change. As chiropractors we are confronted daily with a wide variety of variation or deviation from the standard anatomical description in people who are able to function perfectly well despite various anatomical variations. In other words, people look very different even though they are made of the same neuromusculoskeletal components. Therefore, we have come to a working hypothesis that variability is a function of certain properties of the myofascial connective tissues that is best illustrated by its development from embryonic mesoderm into mature tissue.

Even when we focus on the aim to improve a patient's structure and function, our objective is usually to focus on one or a few things at a time. However, this may not often be how the body reacts to trauma and/or stresses. The actual kind of connectedness that often takes place is especially easy to understand in impact or collision injuries. For example, from our experience in biomechanics, engineering mechan-

ics and aerodynamics, we can understand that from a myofascial standpoint, when an impact occurs in one part of the dynamic body or a structure, the injury or trauma can and usually does resonate through the entire body.

For instance, an acceleration-deceleration impact to the head can travel all the way to the lower extremities and visa versa. Another simple but good example of this concept is when we injure a foot. The pain in the foot may make us not want to support our normal weight on that foot due to increasing pain or injury. Therefore, the entire body may shift to another posture or compensation other than normal in an attempt to shift the weight of the body to avoid feeling the pain. However, this shift in weight may often affect the biomechanics of the entire body.

This action and the reaction therefore, as we are now aware, can and will affect more than just the muscles and bones like we might have concluded in the past. Instead, we now know that the fascial and myofascial network as well will be affected, all of which act as guide wires for the structure. Therefore, even though the injury and pain may be felt in one part of the body, correction or treatment may often involve other areas that may be often overlooked.

How often have you wondered why a certain subluxation keeps on reoccurring despite continual care and attention to the area of involvement? The above fact may be the reason.

### The old school method of correction

If we only adjust the bony structures we may miss some of the main structural components and the malfunction or dysfunction can either remain or will often keep returning. This concept adds further thought to the concept of adjusting the fascial components as well as correct the dysfunction.

In addition, we may not always be aware of this. This compensation in posture may persist long after the injury and can even exist long after the pain has resolved. Therefore, it can and often does become a permanent change in structure, involving the bo-

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