The Fascial Manipulation Association has been formed to serve as a point of reference for research concerning the fascia, myofascial pain, and visceral dysfunctions related to the physiology of the fascia.

FASCIAL MANIPULATION©

Workshop

Dr Antonio Stecco M.D.

Surg Radiol Anat
DOI 10.1007/s00276-011-0784-z

ORIGINAL ARTICLE

RMI study and clinical correlations of ankle retinacula damage and outcomes of ankle sprain

Antonio Stecco · Carla Stecco · Veronica Macchi · Andrea Porzionato · Claudio Ferraro · Stefano Masiero · Raffaele De Caro

Received: 22 September 2010 / Accepted: 14 January 2011

MF unit of an-ta

Site of pain or CP: in the anterior region of the ankle (tendinitis of tibialis anterior or extensor digitorum), sprains or tibiotarsal joint fractures.

Origin or centre of coordination: the extensor tensors become inflamed when the altered, overlying mf unit causes them to work in a non-physiological manner.

Movement verification: Ask patient to walk on tiptoes and then on their heels to verify if pain accentuates during active contraction (shortening) or stretch of the mf unit.

An-ta

Ask patient to walk on tiptoes and then on their heels to verify if pain accentuates during active contraction (shortening) or stretch of the mf unit.

MF unit of re-ta

Site of pain or CP: Achilles tendinitis, heel pain, plantar fascitis... these are some of the diagnoses typical of disturbances in this mf unit.

Origin of dysfunction or CC: the Achilles tendon sheath becomes inflamed if it is misaligned and this occurs if the muscle fibres contract asynchronously.

Movement verification: Ask the patient to walk on tiptoes (specific for tendinitis) or on their heels (more specific for heel spurs or periosteal pain).

Re-ta

Patient prone, therapist manipulates with elbow over myotendinous passage of the triceps surae at the centre of the two gastrocnemii heads, insisting more towards the lateral head.

MF unit of la-ta

Site of pain or CP: pain and motor impediment is localised around the lateral malleolus; these disturbances are often sequels of fractures or sprains.

Origin of dysfunction or CC: lateral deviation of the talus is determined by the extensor muscles and peroneus tertius; manipulation acts on these myofascial structures.

Movement verification: Ask patient to walk on the external border of feet, soles facing inwards. This creates tension in the mf unit of lateromotion talus. In this case, the dysfunction is more evident with stretch rather than on contraction.

La-ta

Patient side lying; therapist uses knuckle of index and middle finger immediately anterior to the fibula, directly over the muscle belly of the extensor digitorum longus. Manipulate this point longitudinally as well as transversally.

MF unit of me-ta

Site of pain or CP: Achilles tendinitis, medial gastrocnemius cramps, plantar fasciitis, medial ankle sprains: these are the more frequent dysfunctions of this mf unit.

Origin of dysfunction or CC: the cause of this tibio-tarsal instability is often located in the muscle belly of the medial gastrocnemius.

Movement verification:

Ask patient to walk on the inner borders of their feet; observe any asymmetry between the two feet with this active stretch of the two mf units of mediomotion talus. The patient may feel that one foot is more rigid than the other foot.

Me-ta

Patient side lying; therapist uses elbow or knuckle between the gastrocnemius and the soleus muscles, near the myotendinous junction, slowly manipulating the point until local hypersensitivity diminishes.

MF unit of er-ta

Site of pain or CP: tenovaginitis of the peroneal muscles or ankle pain with post-traumatic algodystrophy

Origin of dysfunction or CC: ankle sprain often involves the fascia of the peroneal muscles as well; however, pain does not manifest halfway on the lower leg, the dysfunction is felt in the ankle joint.

Movement verification: Ask patient to rotate their foot outwards against resistance placed externally; if the peroneal tendons are inflamed movement is impeded, but if ankle pain is due to the extensor muscles this movement is not painful.

Er-ta

Patient prone; therapist uses knuckle or elbow halfway on the lower leg behind the fibula, directly over muscle bellies of the peroneal muscles; manipulate this point, alternating with other points along the same sequence.

MF unit of ir-ta

Site of pain or CP: patient feels sharp, shooting pain in the medial ankle region whenever they knock their foot against something hard.

Origin of dysfunction or CC:
tibialis posterior and flexor digitorum muscles, which intrarotate the ankle, connect with the deep interosseus fascia.

Movement verification: Ask patient to push their forefoot against the therapist's foot. Evaluate force of movement and note any ccentuation of pain.

Ir-ta

Patient in side lying; the therapist uses knuckle, or fingertip, behind the tibia in the proximal third of the leg; palpate the fascia for any alterations, moving in a distal direction for several centimetres.