Introduction to Fascial Distortion Model (FDM)

Byron E. Perkins, DO
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Name of CME Activity: 2016 AOA/ACOFP Osteopathic Medical Conference & Exposition (OMED)

Dates and Location of CME Activity: September 17-20, 2016 – Anaheim Convention Center, Anaheim, California

Topic: Introduction to Fascial Distortion Model (FDM)

Name of Speaker/Moderator: Byron Perkins, DO

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Signature: Byron Perkins, DO
Date: 8/21/2016

Please fax this form to 847-852-5116, or e-mail to joank@acofp.org as soon as possible.
Deadline: Friday, August 5, 2016
Fascial Distortion Model

- Anatomical perspective in which most musculoskeletal injuries and certain medical conditions are envisioned as consisting of one or more of six principal fascial distortion types - each of which have signature clinical presentations.
**Founder**

**Steve Typaldos, DO**

- Published in AAO Journal 1994 and 1995
  
  **FDM: Clinical and Theoretical Application of the Fascial Distortion Model Within the Practice of Medicine and Surgery**

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**Introduction to the Fascial Distortion Model**

- Based on simple principles of personal experience and observation
- Patients intuitively know what needs to happen to feel better
- Patients communicate this through consistent verbal and body language
- This system of knowing and communicating is inherent in the Fascia, and is universal.
Fascial Distortion Model

• Anatomical perspective in which most musculoskeletal injuries and certain medical conditions are envisioned as consisting of one or more of six principal fascial distortion types - each of which have signature clinical presentations.

Fascial Distortion Model

• The Fascial Distortion Model is a patient-centered, symptom-based modality, useful to diagnose and treat painful musculoskeletal and other medical conditions.

• In this model, the patient becomes the “expert”, skilfully guiding the trained physician to the FDM diagnosis and treatment.
In the manipulative practice of the FDM, each injury is envisioned through the model, and the subjective complaints, body language, mechanism of injury, and objective findings are woven together to create a meaningful diagnosis that has practical applications.

In the FDM approach, treatment is directed to the specific anatomical distortions of the capsule, ligaments, and surrounding fascia, physically reversing them.

When the fascial distortions are corrected, the anatomical injury no longer exists, the patient can resume normal function and is pain free.
Fascial Distortion Model

• This model allows for strikingly effective manipulative treatments for diverse, and often difficult to treat conditions such as pulled muscles, sprains, fractures, frozen shoulders, and other soft tissue injuries.
• It is effective in the treatment of other musculoskeletal and neurologic conditions with heretofore limited treatment options.

Results of Treatment in the Fascial Distortion Model

• Immediate
• Measurable
• Objective
• Obvious
• Predictable
• Reproducible
Six Principal Types of Fascial Distortions

• Triggerband
• Herniated Triggerpoint
• Continuum Distortion
• Folding Distortion
• Cylinder Distortion
• Tectonic Fixation

FDM Approach to Diagnosis

• History and Mechanism of Injury
• Body Language and Verbal Associations
• Physical Exam-Before and After
• Establish Treatment Goals-How will the Pt know it is better, what will the patient be able to do without pain that they cannot do without pain before the treatment
**Definition of Body Language: “Kinesics”**

- Body Language, or *Kinesics*, is the study of nonverbal communication
- Body Language is both a learned and instinctual process
- Some is hard wired (instinctual) and therefore the same (universal) in all humans
- The rest is variable (learned) depending on how and where a person was raised (cultural)

*How to Read Body Language, Sharon Livingston, PhD; Glenn Livingston, PhD Psy Tech Inc. 2004*

**Body Language in the FDM**

- Body Language in the FDM is postulated to be instinctual and intuitive
- The majority of people exhibit body language clues without being aware they are doing so
- Much of the behavior is either autonomic (hard wired and reflexive), or so highly conditioned that it occurs without thinking.
- FDM Body Language is consistent & reliable across cultures, and as such, is Universal
Universal Body Language

• The concept of a Universal Body Language for pain is not new
• Universal sign of Myocardial Infarction
• Universal sign of Choking
• Universal signs of Stroke
• The study of Body Language and Facial Expression of emotion is well established

Primary Objectives for Today's Presentation

• Gain basic understanding of the model as an anatomic perspective
• Develop working knowledge of the Six principal types of Fascial Distortions
• Introduce nomenclature and terminology of the FDM
• Appreciate historical and international significance of the FDM
• Spark an interest to Renew your Passion and Renew your Purpose
**Ultimate Goal**

- Provide you with an amazingly powerful tool that can change the way we practice medicine.
- Spark your interest to the point that you will want to become a part of the spread of the FDM throughout the USA and world.

**Videos**

- Watch for body language
- Listen to description of pain
- Ask yourself which fascial distortions are present
- Think about what FDM techniques will likely be most successful
- Carefully observe techniques used
- Duplicate techniques in practice session
FDM Techniques

• In this program, you will be introduced to numerous fascial distortion model techniques. However, please keep in mind techniques that you are already familiar with and contemplate the anatomical effects of those modalities through the fascial distortion model.

Summary:
What is the FDM?

• An anatomic model for envisioning, diagnosing and treating mechanical soft tissue injuries, based on 6 specific fascial distortions, each with their own signature verbal and body language.

• The model allows for a better anatomic understanding of, and therefore predictability in, diagnosing and treating previously difficult to treat (and often inadequately treated) soft tissue injuries.

• The model has practical applications in diagnosing and treating other painful medical conditions.
Six Principal Types of Fascial Distortions

- **Triggerband**: Distorted banded fascial tissue (TB)
- **Herniated Triggerpoint**: Abnormal protrusion of tissue through fascial plane (HTP)
- **Continuum Distortion**: Alteration of transition zone between ligament, tendon, other connective tissue and bone (CD)
- **Folding Distortion**: Three-dimensional alteration of fascial plane (FD)
- **Cylinder Distortion**: Overlapping of cylindrical fascial coils (CyD)
- **Tectonic Fixation**: Alteration in ability of fascial surfaces to glide (TF)
**Triggerband**

- Etiology - distorted fascial bands (twisted fascial fibers)
- Body language - sweeping motion with fingers along painful linear pathway
- Symptoms - *burning, pulling, tight*
- Tx - Triggerband Technique
  - use thumb to untwist the twisted fibers and iron out the wrinkled tissue

**Triggerband Technique**

- Corrects distorted fascial bands by physical force from physician’s thumb
Herniated Triggerpoint

- Abnormal protrusion of tissue through fascial plane

Herniated Triggerpoint

- Etiology - protrusion of tissue through fascial plane
- Body language - pushes thumb, fingers, or knuckle into protruding tissue
- Symptoms - ache between neck & shoulder (SCHTP), aching pain in buttock (bull’s eye), flank aching/renal colic (flank HTP)
- Tx - Herniated Triggerpoint Therapy
  - push tissue back through fascial plane
Herniated Triggerpoint Therapy

- Technique used to correct herniated triggerpoint in which physician’s thumb pushes protruding tissue through fascial plane

SCHTP

- Supra-clavicular herniated triggerpoint
- Number One cause of loss of:
  - 1. Shoulder abduction
  - 2. Shoulder internal rotation
  - 3. Cervical rotation
**Continuum Distortion**

- Alteration of transition zone between ligament, tendon, or other fascia and bone

![Diagram showing transition zones between ligament, bone, and continuum distortion](image)

**Continuum Distortion**

- Etiology - alteration of transition zone between bone and ligament or tendon
- Body language - points to *spot of pain* with one finger
- Symptoms - hurts in one or more spots
- Tx - Continuum Technique
  - apply force with thumb to force transition zone to shift
**Continuum Technique**

- Force is applied by physician’s thumb directly into injured transition zone and held until osseous components are forced to shift.

**Folding Distortion**

- Three-dimensional alteration of fascial plane.
Road Map Analogy

- FDM: Clinical and Theoretical Application of the Fascial Distortion Model Within the Practice of Medicine and Surgery
  4th edition Textbook 2002

Folding Distortion
Folding Distortion

- Etiology - three dimensional alteration of fascial plane
- Body language - places hand over affected joint, or pushes fingers into intermuscular septum or interosseous membrane
- Symptoms - aches deep in joint or injured folding fascia
- Tx - Folding Technique

Two Subtypes: Unfolding and Refolding Distortions

- Unfolding - Subtype of folding distortion in which folding fascia has unfolded contorted, and can’t refold completely

- Refolding - Subtype of folding distortion in which folding fascia is over-compressed and can’t unfold completely
Two Subtypes:
Unfolding and Refolding Distortions

• Unfolding: pain worsened with compression and lessened with traction
  – Tx: Modified traction with traction/thrust
    • Inversion therapy for stubborn cases

• Refolding: pain worsened with traction and lessened with compression
  – Tx: Modified compression with compression/thrust

Folding Technique

• Modified traction approach which is designed to unfold distorted folding fascia and allow it to refold normally, or

• Modified compression approach which refolds distorted folding fascia and allows it to unfold normally
Cylinder Distortion

- Tangling of cylindrical coils of fascia

CyD Slinky Toy Analogy
Superficial Fascia

Cylinder Distortion

• Etiology - tangling of cylindrical coils of fascia
• Body language - repetitively squeezes affected body part, sweeping motion with palm over symptomatic area
• Symptoms - often bizarre; patients have difficulty pinpointing source of pain and pain jumps from one location to another; numbness or paresthesias
• Tx - Cylinder Technique
  – Thumbs, hands or suction cups are used to untangle cylindrical coils
Double Thumb Cylinder Technique

- FDM: Clinical and Theoretical Application of the Fascial Distortion Model Within the Practice of Medicine and Surgery
  4th edition Textbook 2002

Tectonic Fixation

- Inability of fascial surfaces to glide
Tectonic Fixation

• Etiology - inability of fascial surface to glide
• Body language - stiff joint movement
• Symptoms – stiffness, “feels like it needs to pop”
• Tx - Tectonic Technique
  – pump fluid through joint and force fixated surface to slide

Facet Tectonic Fixations

• Most High Velocity-Low Amplitude (HVLA) treatments anatomically correct facet tectonic fixations
• Thrusting chiropractic spinal manipulation also treats facet tectonic fixations
**Slow Tectonic Pump of Shoulder**

- Useful in treatment of so-called adhesive capsulitis frozen shoulder
- These shoulders have thick synovial fluid that can be pumped through the joint to improve gliding motion
- Slow tectonic pump must be done *slowly*

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**Questions?**
Side Effects of FDM Treatments

- Pain/discomfort during treatment
- Erythema of the skin
- Bruising
- Hemorragic petechae
- Rebound tenderness
Side Effects of FDM Treatment

Side Effects of FDM Treatment
**Side Effects of FDM Treatment**

*Each physician should use his or her best judgment before employing these (or any other) treatment modalities*

**Relative Contraindications**

- Infectious arthritis
- Open wounds
- Osteomyelitis
- Phlebitis
- Poor doctor/patient rapport
- Pregnancy (treatment of abdomen and pelvis)
- Previous strokes
- Skin Wounds
- Vascular diseases
- Aneurysms
- Arteriosclerosis
- Bleeding disorders
- Cancer (with boney Metastasis)
- Cellulitis
- Collagen Vascular Disease
- Edema
- Hematomas
- Infections
Disclaimers
Textbooks
Association
Teaching
Website: www.AFDMA.com

FDM 4th Edition Textbook

FDM: Clinical and Theoretical Application of the Fascial Distortion Model Within the Practice of Medicine and Surgery

www.triggerband.com
Why Does it Hurt?
The Fascial Distortion Model:
A new paradigm for pain relief and restored movement

• **Why Does It Hurt** presents a whole new viewpoint on the way our bodies work using FDM, the Fascial Distortion Model. Fascia is the fibrous connective tissue that permeates our bodies and holds everything together. Distorted fascia is often the cause of pain that may not respond to traditional treatments of physical therapy or anti-inflammatory drugs. Thanks to FDM, patients stooped over from chronic back pain now stand straight, and athletes sidelined with sprains quickly return to the game and perform as if nothing happened. **Why Does It Hurt** explains how, in case after case, FDM dramatically shortens healing time, reduces the need for tests and drugs, and restores movement and well-being to patients who had given up hope.

• Todd A. Capistrant, DO, MHA with Steve LeBeau

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FDM Text Resources

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**FDM**
An Introduction to the Fascial Distortion Model
Repairing the Fascia
Eliminating Pain
Restoring Function

**Which Way is Up When You Are Upside Down?**

Marjorie A. Kasten, PT.
Fascial Distortion Model (FDM)

FDM is a model of thinking that provides a framework to view the function of the body. Fascia is the "wrapper" of our bones, muscles and organs, and is an integral part of the body's nervous network. Treatments in the model focus on the fascia and restoring its function by focusing on correcting distortions in the fascial system and thereby eliminating pain. The model can be used to diagnose and treat various musculoskeletal injuries.

- **Triggerpoints (TP):** Tense or wrinkled fascial fibers that cause a burning or pulling pain along the course of a fascial band.

- **Herniated Triggerpoints (HTP):** HTPs are pathological herniations of tissue through a fascial plane. Pain from HTPs is often described as a deep ache.

- **Folding Distortions (FD):** These injuries are similar to what happens to a road map that wrinkles and then ripples in a contralateral condition. Folding distortions hurt deep in the joint.

- **Continuous Distortions (CD):** Injuries of the bene fascia transition zone. Tissue is identified in one spot. These are commonly seen in plantar fascia and spinaled ankles.

- **Cylinder Distortions (CD):** Anatomically reminiscent of a tough, slippery toy, cylinder distortions cause deep pains in predominantly non-jointed areas. They are also responsible for a wide range of seemingly bizarre symptoms, such as tingling phenomena. Treatment often involves simple oral measures that, in most cases, spontaneously resolve. When present, they are often accompanied by trigger points.

- **Systemic Flations (TF):** When patients complain of joint stiffness, they are describing a tissue problem. TF's are facial surfaces which have lost their ability to glide.
FDM Resources

FDM Worldwide presence

FDM is a model of thinking that provides a framework to view the healing or the body. This is the "core" of my practice, where we use a network of small points on a deep network in the body’s nerve network. The model has three main components: FDM presence and FDM being able to diagnose and treat various forms of pain and injury effectively.

What to expect with FDM treatment:
- The process of recovering from the treatment can be very short, even days or less, and can be seen as a permanent condition. FDM treatment can help in reducing pain, deep in the joint, and can also be used to treat acute, sub-acute, and chronic conditions.
- Follow-up with your doctor if you develop any new symptoms or additional symptoms. The goal of FDM is to fix distortions in the nervous system with the best outcome. However, more complex treatments may require additional medical care.

For more information please go to www.fdm.com
FDM International Certificate

American FDM Association

7th International FDM World Congress

Cologne, Germany

September 22-24, 2017

Registration opens: January 1, 2017
**AFDMA Upcoming Events**
(www.AFDMA.com)

• Module 1
  – Gaoua, Burkina Faso Nov 9-11, 2016
  – Vacaville, CA Northbay Wellness Center Jan 20-22, 2017
  – Scottsdale, AZ Mayo Clinic February 17-19, 2017
  – Cleveland Clinic April 21-23, 2017

• Module 2
  – Anchorage, AK Jan 27-29, 2017 ProvAK Fam Practice
  – Colorado Springs, CO AAO Convocation Mar 19-21, 2017

**FDM Advanced Course**

**Things You Won’t Find in Module 1-3**

**June 18-25, 2017**

Depart and return from Galveston, TX with stops in Grand Cayman, Cozumel, and Jamaica.
Anticipated 14 credits of CME
Questions?

In Memory of
Stephen Typaldos, D.O. Founder
March 25, 1957-March 28, 2006

www.fascialdistortionmodel.com
www.afdma.com
www.Typaldos.org
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