



**LUIGI STECCO    ANTONIO STECCO**

**FASCIAL  
MANIPULATION**  
for Musculoskeletal Pain

**THEORETICAL PART**

**Second Edition**

Foreword by

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# FOREWORD TO THE SECOND ENGLISH EDITION

As a clinician for much of the past 50 years, I have paid particular attention to the effects of manual load on soft tissue. I realized early in my career its relation to function and pain, spending years studying most soft tissue methods and contributing many articles on soft tissue, including three editions of a textbook on the subject. In 2009, Luigi Stecco sent me his first edition which explains the reasoning and procedures behind Fascial Manipulation® (FM). To say the least, I was overwhelmed. No earlier soft tissue methods had described the fascial system in such detail. No other method explained a full body connective tissue approach to treatment that included the myofascial kinetic chains. Never again would I emphasize treatment only at the site of pain or treat randomly just to relieve pain. No other method gives us tools to relate patient symptoms to earlier causes and, most important, treatment procedures that are based on the myofascial chain. We now evaluate the myofascial chain functionally and are able to track the healing progress effectively both during and post treatment. As a member of the Fascial Manipulation Association, I have been continuously updated on the scientific progress of FM. FM as different from most soft tissue methods is a work in progress. Scientists world-

wide continually contribute to improve the quality of FM. Among many researchers, both Carla Stecco, MD, PhD, and Antonio Stecco, MD, PhD, have continued to write peer reviewed literature proving the validity of FM.

But of course, the originator, Luigi Stecco, PT, has not stood idly by. In this long awaited text he has updated his own research to explain the evolution, anatomy and physiology that underlies the FM biomechanical model. He advances his recent research so that current practitioners of FM and others interested in manual therapy may benefit from his continuous dedication to the healing of mankind.

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- i Hammer WI. Functional Soft-Tissue Examination and Treatment by Manual Methods, 3rd ed., Jones & Bartlett, Sudbury, MA, 2007.
- ii Stecco L, Stecco C. Fascial Manipulation, Practical Part, Piccin Nuova Libreria, Padova It., 2009.
- iii Stecco C. Functional Atlas of the Human Fascial System, Elsevier, 2015
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# FOREWORD TO THE FIRST ENGLISH EDITION

In spite of my amateurish command of the Italian language, several years ago I recognized immediately that Luigi Stecco had produced an Italian masterpiece with the help of Piccin Nuova Libreria. Reproduction in an English edition seemed a mandatory next step and I urged it to be done. Now my pleasure is redoubled as I read through the excellent translation that captures the true essence of my esteemed colleague's ideas and recommendations.

Few books achieve the fond hopes of their authors and their admirers. This is just one that succeeds, making a genuine and profound contribution to the fields of biomechanics, orthopedics and

rehabilitation. It moves with easy grace from any topic to its neighbor, shedding warmth and life to them all.

As one who has experienced both the high and low points of medical writing and editing over several decades, I see in these pages a true work of genius. It deserves a very wide readership and enthusiastic application of its lessons.

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# ABBREVIATIONS

10	Maximum intensity of the symptom	la-pe	Latero-pes, widen toes
1	Minimum intensity of the symptom	la-pv	Latero-pelvis, weightbearing stability
1 x m	Once a month the symptom aggravates	la-sc	Latero-scapula, scapular abduction
an	Ante, antemotion	la-ta	Lateromotion talus, lateral deviation
an-ca	Ante-carpus or flexion of the wrist	la-th	Latero-thorax, lateral flexion
an-cl	Ante-collum or anterior neck flexion	Lower	Refers to the lower limb
an-cp	Ante-caput with three sub-units	lt	Left, limb or one side of the body
an-cu	Ante-cubitus or elbow flexion	lu	Lumbi, lumbar segment
an-cx	Ante-coxa or forward movement of thigh	m	Month, period of time since pain onset
an-di	Ante-digiti or closure of fingers	me	Medio, mediomotion, medial
an-ge	Ante-genu or knee extension	me-cl	Medio-collum, central alignment
an-hu	Ante-humerus or glenohumeral flexion	me-hu	Medio-humerus, glenohumeral adduction
an-lu	Ante-lumbi or crunch from supine	me-ta	Mediomotion talus, internal deviation
an-pe	Ante-pes or dorsal flexion	Mf	Myofascial: unit, sequence, spiral
an-pv	Ante-pelvis or anterior pelvic rock	mn	Morning, morning pain and/or stiffness
an-sc	Ante-scapula or forward movement	nt	Night, period in 24 hr. when pain is worse
an-ta	Ante-talus or dorsiflexion	p	Posterior
an-th	Ante-thorax or bending forward	PaMo	Painful Movement
an-la-cl	Motor scheme of ante-latero-collum	Par.	Paraesthesia, pins and needles
an-la-di	Motor scheme of hand grip	PC	Pericardium Meridian
an-la-lu	Motor scheme of ante-latero-lumbi	Pes	Foot, tarsus, metatarsus and toes
an-me-	Motor scheme of ante-medio-...	pm	Afternoon, time period when pain is worst
bi	Bilateral, both right and left	Prev.	Pain(s) previous to present pain
ca	Carpus, wrist	prox.	Proximal, nearer to the centre of the body
CC	Centre of coordination of a mf unit	Pv	Pelvis, pelvic girdle
cl	Collum, cervical region	rt	Right, limb or one side of the body
Cont.	Continuous, persistent pain	re	Retro, retromotion, backwards
cp	Caput, face and cranium (head)	re-ca	Retro-carpus, extend the wrist
CP	Centre of perception of a mf unit	re-cl	Retro-collum, extend cervical segment
Cu	Cubitus, elbow	re-cp	Retro-caput, look up
Cx	Coxa, thigh-hip	re-cu	Retro-cubitus, extend elbow
d	Day, 1 or more days since trauma	re-cx	Retro-coxa, hip extension
di	Digiti, I- II -III -IV-V (of the hand)	re-di	Retro-digiti, ulnar deviation of 5th finger
dist.	Distal, away from the centre of body	re-ge	Retro-genu, knee flexion
er	Extra, extrarotation, eversion	re-hu	Retro-humerus, glenohumeral extension
er-ta	Extrarotation talus, eversion, supinat.	re-lu	Retro-lumbi, hyperextend lumbar region
Fne	Free nerve ending	re-pe	Retro-pes, plantar flexion
ge	Genu, knee	re-pv	Retro-pelvis, retromotion of pelvis
Gto	Golgi tendon organ	re-sc	Retro-scapula, push scapula backwards
hu	Humerus, distal part of the shoulder	re-ta	Retro-talus, extend ankle
ir	Intra, intrarotation, inversion	re-th	Retro-thorax, extend thoracic segment
ir-ta	Intrarotation talus, inversion, pronat.	Rel.	Relapse, pain that reoccurs
la	Latero, lateromotion, lateral flexion	re-la-	Motor scheme of retro-latero-...
la-ca	Latero-carpus, lateral deviation of wrist	re-la-cl	Motor scheme of retro-latero of the collum
la-cl	Latero-collum, lateral neck flexion	re-me-	Motor scheme of retro-medio-...
la-cp	Latero-caput, to look sideways	sc	Scapula, proximal part of the shoulder
la-cu	Latero-cubitus, lateral stability of elbow	SiPa	Site of pain as indicated by patient
la-cx	Latero-coxa, hip abduction	ta	Talus
la-di	Latero-digiti, widen fingers	th	Thorax
la-ge	Latero-genu, lateral stability	TP	Trigger Point
la-hu	Latero-humerus, glenohumeral abduction	Upper	Refers to upper limb
la-lu	Latero-lumbi, lateral flexion	y, 10y	Year, 10 years since pain began