



Mountain Land
PHYSICAL THERAPY

FASCIAL DISTORTION MODEL

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FASCIAL DISTORTION MODEL

The fascial system in the body builds a three-dimensional continuum of soft, collagen-containing, loose and dense fibrous connective tissue that permeates the body and enable all body systems to operate in an integrated manner. Injuries to the fascial system cause a significant loss of performance in recreational activities.

TYPES OF DISTORTION

- ✓ Herniated Trigger Point
- ✓ Trigger Band
- ✓ Folding Distortion
- ✓ Tectonic Fixation
- ✓ Folding Distortion
- ✓ Cylinder Distortion



PICTURE

In this model of manual treatment, the theory is that any injury, even a minor one such as a muscle strain, causes a distortion in the fascia, which is a significant cause of pain. The patient becomes the expert, not the therapist. It postulates that they subconsciously know what needs to be done to fix them and will then communicate this to you by specific word choice and gestures when describing their pain. The fascial distortions are then treated with specific manual techniques that are proven to be effective with no significant side effects.

WHY IS IT IMPORTANT

This is fantastic because you can treat pain regardless of the cause/source of pain, regardless of the diagnosis. There are very few contraindications and no significant side effects. You can have immediate results in pain reduction impacting improvements in range of motion, strength, coordination, and overall function. It has been proven to be more effective than traditional exercise and manual therapies alone, while also reducing dependence on medications.

PEDIATRIC HEALTH THERAPIST



Jesse Sampogna, PT, DPT, Cert. DN Clinic Director, Physical Therapist

Jesse completed his Doctorate in Physical Therapy in 2020 from Idaho State University. He currently carries additional certifications in Blood Flow Restriction therapy, the Fascial Distortion Model of Manual Techniques, and Dry Needling.

Jesse is skilled in reducing pain due to (and decreasing recovery time following) any injury, surgery, or many other conditions. He prefers to address pain and tissue dysfunction through manual therapy, utilizing therapeutic exercises and activities to help patients achieve their functional goals.

Jesse became a physical therapist because he enjoys being able to help people in a direct, tangible way so they can return to doing the activities they love.

In his free time, Jesse enjoys playing just about any game with friends and family, including cards, dice, sports, and board games. He has an extra passion for soccer (playing indoor year-round), skiing/sledding (including Calvin and Hobbes-style death-defying sled runs down the mountain at his in-law's cabin in Cascade), and dancing (swing, blues, and tango). He is also known to celebrate weird/fun national holidays and is slowly growing his collections of jokes/puns and fun socks.

NAMPA CLINIC

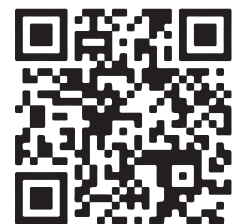


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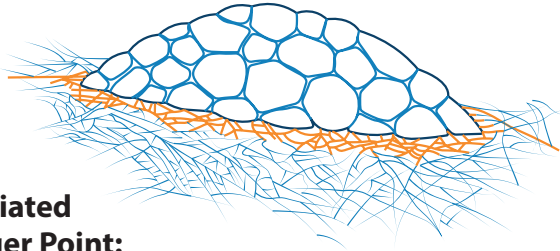
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DIAGRAMS

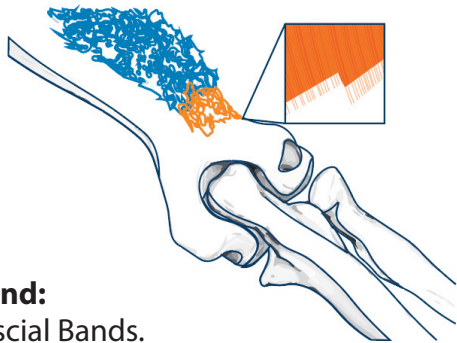


Herniated Trigger Point:

A protrusion of soft tissue through a fascial plane. This can occur on a macro or microscopic level.

Tectonic Fixation:

A lack of ability for fascia to glide, becoming stuck.

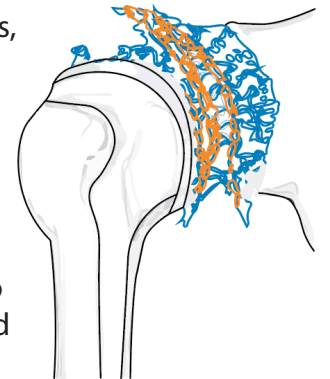


Trigger Band:

Twisted Fascial Bands. Imagine a piece of ribbon that you wrap a present with that has become twisted, wrinkled, or "curly cued"

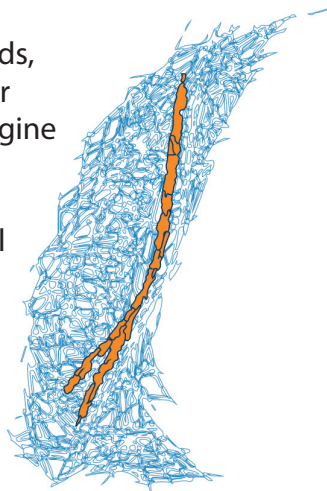
Folding Distortion:

Alterations to fascial folds, usually due to traction or compression forces. Imagine an accordion, which can be pulled apart or compressed with several folds, but it gets twisted and can't go back to its original pulled or compressed form.



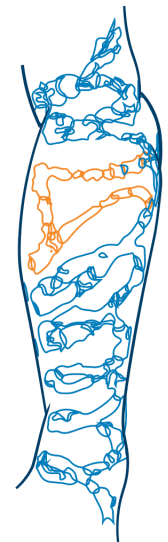
Folding Distortion:

Alterations to Fascial Folds, usually due to traction or compression forces. Imagine an accordion, which can be pulled apart or compressed with several folds, but it gets twisted and can't go back to its original pulled or compressed form.



Cylinder Distortion:

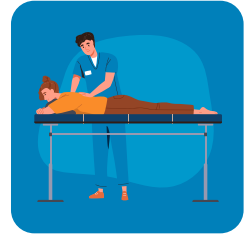
Alterations to cylindrical coils of fascia, similar to a slinky with a kink in it.



FREQUENTLY ASKED QUESTIONS

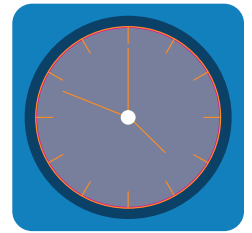
Q: What do the treatments consist of?

A: FDM utilizes manual techniques to correct alterations to the fascial planes. Most of the treatment is performed solely with the therapist's hands, but occasionally may employ cupping or other instrument assisted techniques.



Q: How long does it take?

A: The treatments are often completed in minutes or seconds, depending on how many distortions the patient has in the current presenting layer.



Q: Does this cure the patient?

A: Not necessarily. While it may solve the underlying cause of pain in some cases, more often the injury/condition is still there. This is simply a great treatment model to help decrease the patient's pain faster and promote faster tissue healing as well. For instance, if a pt has an acute ankle sprain, these treatments can greatly reduce or eliminate their pain, allowing them to return to sport in the same day, however their ligaments/tendons got strained and stretched, and allowing a time for therapy to re-stabilize the ankle is advised.



Q: Are these treatments all the patient needs?

A: No. These treatments are done in conjunction with other traditional PT techniques, including functional activities, exercises, and soft tissue manipulation.



Q: Can this be used for ANY type of pain?

A: Yes. FDM techniques can be very effective regardless of the source of pain or condition. Frozen shoulder, diabetic neuropathy, headaches/migraines, labral/tendon/ligamentous tear, muscle strain, sprain, joint replacements, etc. Even broken bones or bizarre pain descriptions can receive pain relief from these treatments.



SCAN OR VISIT TO LEARN MORE



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