



Book review

Chaitow Leon. (Ed.), Fascial Dysfunction: Manual Therapy Approaches, 2nd ed. Handspring Publishing (November 2018). 408 pp., ISBN-10: 1909141941, ISBN-13: 978-1909141940

The 2nd edition of “Fascial Dysfunction: Manual Therapy Approaches” is the last publication in Leon Chaitow's remarkably productive career, during which he inspired many a student and colleague far beyond the realms of his own osteopathic profession. Updating a 2014 edition and maintaining an open-minded multi-modal approach, Chaitow sadly passed away in September 2018.

Whilst the body of the book is a collection of therapeutic approaches to fascial dysfunction, in section 1, Chaitow sets the tone by discussing physiological principles and basic fascial anatomy. Right from the start, Chaitow's extensive experience as a clinician makes the text accessible and relevant. Drawing on clinical, anatomical and in-vitro research, the second chapter outlines changes in fascial tissue that contribute to dysfunction. The underlying theme is adaptation through overuse, misuse, trauma, and lack of use, all of which are deemed to cause unfavourable structural and functional patterns. The introduction is complemented by two chapters on postural assessment, which will make the reader return to practice with a fresh or revived look on patients' posture, taking into account body-wide fascial links and global compensatory patterns.

Throughout the book, frequent reference to existing research is made - an honourable mission that proceeds not without complication in the tensional field between anecdotal clinical practice and scientific research. For example, the introductory discussion of the potential role of mechanotransduction, i.e. the ability of cells to sense and respond to tensional forces in their direct environment, critically states: “*It is reasonable to question to what degree the forms of externally applied load – as used in manual therapy and exercise – are transmitted to the mechanosensitive cells in the tissues*” (p.10). As the book proceeds to the discussion of a variety of assessment models, including Zink's and Janda's compensation patterns in chapter 4, the evidence for the involvement of fascia gets thinner. Now, statements of manual therapy authorities are used uncritically as references, and the rather unspecific notion that

fascia is “*likely [...] involved in almost all aspects of dysfunction and disease*” (p. 7) predominates. Similarly, studies on cells are used frequently to explain subjective treatment benefits and palpatory experience; a leap that, to some, might appear a little large. Whilst the endeavour to critically reflect and appraise evidence shines through repeatedly, it cannot hold up against an apparent lack of evidence for some of the claims made.

The collection of treatment modalities that makes up section 2 is to be understood as an offer to the reader: A broad overview of what has been developed to treat fascia, for you to explore and discover. The extent of this overview is remarkable, including 16 chapters reaching from Bowen Therapy via Stecco's Fascial Manipulation® to Trigger Point and Dry Needling approaches. Whilst Chaitow authored most of section 1 and some of the therapy chapters, several other renowned authors feature in section 2. Noteworthy is a chapter by Robert Schleip, who provides an overview of his fascia-oriented training concept; a well-written reminder that fascial treatment can include more than hands-on manipulation.

With its short-paragraph structure and frequent bullet-pointing, the text is generally accessible and lends itself to cross-reading. Images and figures are clear and abundant. The logic of the introductory chapters is, however, not always easy to follow, and significant overlap between paragraphs means that ideas are touched upon frequently but not necessarily in much depth. This problem reappears in section 2, where concepts deemed relevant to the treatment of fascia crop up repeatedly, often without adding new insight. Also, for readers familiar with popular myofascial or manual therapy approaches, such as Myers' Fascial Trains, Positional Release, Muscle Energy Techniques etc., the respective chapters may seem familiar.

The value of this book lies, nonetheless, in bringing many prominent authors together and providing them with a platform to share an updated view of their works. Given the broad spectrum of approaches covered, the reader can be sure to come across new ideas. Whether a recent-graduate or a fascia-veteran, the reader will find valuable pieces of information, lots of food for thought, and a range of clinical approaches which inspire attempts to try something new.

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