

Fascial Distortion Model (FDM) Treatment of an Axillary Herniated Triggerpoint Acquired Following Mammography in a Patient with Fibromyalgia: A Case Report

Byron Perkins, DO, Medical Director, Cornerstone Clinic: Center for Osteopathic Research and Education
1825 Academy Drive, Anchorage, AK 99507 Ph: 907-522-7090 Fx:907-522-7095, bperkins@christianhealth.org

- **BACKGROUND:** The Fascial Distortion Model (FDM) is an anatomical perspective, originated and developed by US physician Stephen Typaldos, D.O., in which “the underlying etiology of virtually every musculoskeletal injury is considered to be comprised of one or more of six specific pathological alterations of the body’s connective tissues (fascial bands, ligaments, tendons, retinacula, etc.). As a model, the FDM is an abbreviated interpretation of the pathology of fascial injuries and contemplates the structural consequences of orthopedic, medical, surgical, and manipulative interventions.” [1]. Specific diagnoses in this model are made through the patients’ subjective complaints, body language, mechanism of injury, and objective findings. Treatment is directed at correcting these anatomic distortions, 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. The results of treatment are immediate, measurable, objective, obvious, predictable and reproducible.
- **CASE REPORT:** A 62 yo C female presented with 2 week history of R axilla pain, onset following a routine mammogram. Past medical history was significant for Fibromyalgia Syndrome of 12 years duration, stable with medical treatment utilizing pregabalin and duloxetine. Physical exam revealed vital signs to be stable. Distal neurosensory exam was normal, and there was no axillary or supraclavicular lymphadenopathy. Shoulder range of motion was full to 180° abduction and 90° external rotation bilaterally, but with localized pain in the R posterior axilla. Internal rotation was to T5 L, and limited to T7 R. Cervical rotation was symmetric but limited to 80° bilaterally, cervical flexion and extension were full. She had a painful 1 cm nodule in the posterior axilla near the origin of the trapezius and the insertion of the subscapularis. FDM diagnosis was a Subscapularis Herniated Triggerpoint. Patient was treated utilizing herniated triggerpoint technique with successful reduction of the herniated fascia, accompanied by immediate relief of pain and return to full range of motion in the shoulder. Follow up at 2 weeks showed continued resolution of symptoms without recurrence.
- **DISCUSSION:** In the FDM, the Herniated Triggerpoint is defined as an abnormal protrusion of tissue through a fascial plane. The associated body language is a pressing of fingers or thumb into the soft tissue (as in an attempt to reduce it). The associated verbal description is of a local dull ache, catching, pinching, or pressure. The physical findings include a palpable knot in the soft tissue, restricted range of motion in one or more planes, often with “stepping” through the range of motion. The mechanism of injury in this case appeared to be the compression forces applied during mammography, inducing the fascial herniation in the axilla. The treatment results were immediate, measurable, and objective. The patient’s symptoms were unrelated to her Fibromyalgia diagnosis.
- **FUTURE CONSIDERATIONS:** Despite 20 years of clinical application, the theory behind the Fascial Distortion Model requires additional research. Anatomically, the fascial layering system supports the model’s approach. Ultrasound has been shown to be effective in visualizing fascia in vivo [2, 3]. Ultrasonography and MRI scans[4] may be useful to visualize the fascia before and after treatment, documenting fascial distortions postulated by clinical findings and treatment results in the FDM.
- **REFERENCES:** [1] Book: *FDM: Clinical and Theoretical Application of the Fascial Distortion Model Within the Practice of Medicine and Surgery*, 4th edition 2002, Stephen Typaldos, D.O. p.3
[2] Journal: *Plantar Fasciitis: Sonographic Evaluation. Radiology* October 1996 201(257-259)
[3] Journal: *The Correlation Between Plantar Fascia Thickness and Symptoms of Plantar Fasciitis; J. Am. Podiatr. Med. Assoc. September 1, 2011 101:385-389*
[4] Journal: *Clinical Utility of Sonography in Diagnosing Plantar Fasciitis J Ultrasound Med. 2005 Aug;24(8):1041-8.*