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Dr. Voyer on the Fascial System

By Warren Hammer, MS, DC, DABCO

Several months ago I attended a four-day course ("Fascial Anatomy of the Lower Extremity") at the University of Toronto. The lecturer was Guy Voyer, MD, DO, from Marseilles, France. He was a student and eventual colleague of I.A. Kapandji (whose text many of us studied in college). He is a natural anatomist who has studied the fascial system for years and lectures worldwide on fascial analysis and treatment. He recently lectured to French surgeons in Paris to help them avoid dysfunctional postoperative fascial adhesions.

Dr. Voyer is probably the most knowledgeable person I have encountered on the fascial system (internal and external), having dissected and treated the fascia for many years. The following are some tidbits about the fascial system from his course that you might find interesting: The fascia is that band or sheet of areolar or fibro-elastic tissue which envelopes the body beneath the skin (superficial fascia), which forms the covering (deep fascia) for the muscles and the other organs, separates the muscles into layers, and surrounds the structures known as nerves, blood vessels and lymphatics.

Specialized fascia such as plantar, iliotibial, gluteal, thoracolumbar, cervical and cranial aponeurosis stabilize and maintain standing posture. Dr. Voyer refers to these as "postural fascia," and they serve a special function, being the first to display changes with postural faults. I have found that releasing these particular fascial planes and other areas often improves chronic cases of those faults. Changes in tension due to postural imbalance, the pull of gravity, trauma or inflammation are basic factors involved in physiological changes and relate to original causes which must be taken into consideration in the etiology of disease.

Dr. Voyer listed some functions of the fascia:

- It limits a muscle or group of muscles within a given area.

- It prevents muscles from tearing and breaking, and also prevents muscle hernias. If muscles were not surrounded by fascia, their action would not be even and coordinated, and they would rupture and tear. They would not reach the strength or power that they are capable of achieving.
- The elastic property of the fascia helps to push on and maintain venous openings after they have been squeezed by contraction. Lesions of the fascia and the adjacent muscle inhibit venous return and lead to congestion and eventual pathology. The movement of venous blood and lymph depends to a large degree on muscular activity that works against and along the fascial planes. Thickening and/or shortening of the fascia combined with insufficient muscular activity slow the influx of blood and lymph.
- Fascial thickening develops as a response to forces of tension and mechanical demands. Excessive thickening is frequently accompanied by shortening, which results in excessive restriction so that movement in the area becomes restricted, and the integrity of the relationships is compromised. Movement at the individual vertebral levels is decreased, and this continues until the restricted tissue is "normalized" to the point where harmonious muscle action becomes possible.
- The state of the myofascial tissues is directly related to the structure and function of the musculo-osseous and articular structures.
- Fascia includes the immediate environment of every living cell in the body, and consequently we can see why it influences directly or indirectly the cellular metabolism. Abnormal pressure or tension will affect the diffusion of the nutritional elements of the body, and, in turn, will alter the functioning of the cells. The fascia taken as collagen fiber tissue can be seen as enveloped by a basic substance that is an amorphous semi-liquid gel. The colloid gel may be the universal internal environment with which every living cell is in contact. The application of pressure is in fact the addition of energy to the colloid tissue. It is well known in physics that the addition of energy can transform a colloid gel into a colloid "solution" which explains the structural changes that occur with fascial treatment.

Dr. Voyer travels to Toronto and gives four-day workshops each year. There are 12 "somatotherapy" courses. Each course is divided between lecture and "hands-on" practical training. One upcoming course features myofascial stretching, where each of the stretches uses a specific fascial chain, acting from below to stabilize one spinal segment and a second specific fascial chain acting from above, to distinguish the superior spinal segment from the one below.

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