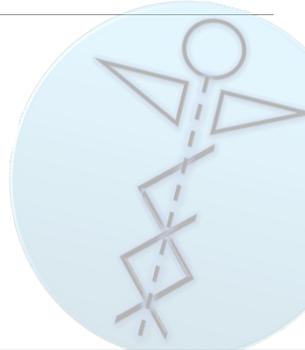


The **Assessment Chart** in Fascial Manipulation ®

what is and how you can fill it in



Andrea Pasini PT

CONTRAINDICATIONS

ABSOLUTES:

fever and / or septicemia
Phlebitis
Important anticoagulation
Serious depression of the immune system

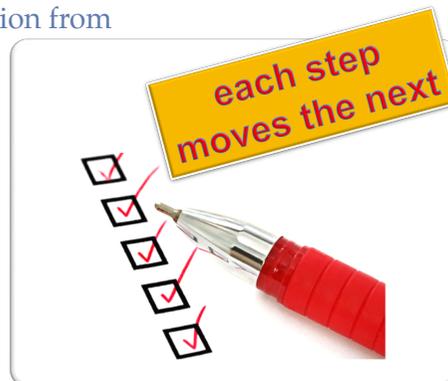
RELATIVES:

Malignant carcinomas
Pregnancy
Inflammation
Stage III lymph edema
Suspected fractures
Burns / sores in the acute phase
and / or healing



THE STEPS OF A SESSION

- Collect data and information from the patient
- Hypothesis
- Movement verification
- Palpation verification
- Treatment
- Recheck and warnings to the patient



THE **ASSESSMENT CHART** OF FM

DATA	SiPa	PaMo	Surg.
Pamax			
PaConc			Trau./disl. Fract.
PaPrev		Note:	
Paraesth	CP:	DI:	PE

- It 's a model for rapid consultation, synthetic, reproducible, functional ...

DATA COLLECTION

- Master Data
- Work
- Sport
- Diagnosis



SIPA: SITE OF PAIN

- segment
- Localization
- Side
- Chronology
- Intensity
- Cause
- Frequency

DATA	SiPa	PaMo	Surg.
Pamax			
PaConc			Trau./disl. Fract.
PaPrev		Note:	
Paraesth	CP:	DI:	PE

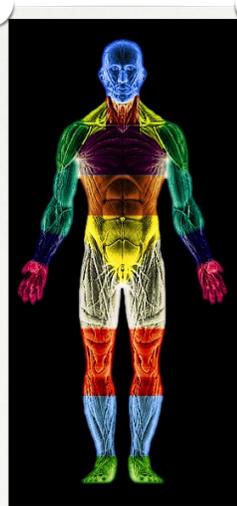
the recording mode of the data remains the same for:
Pa max(Si pa, Pa conc and Pa prev

SEGMENT

- It is indicated by the abbreviations in Latin of the segments used in FM

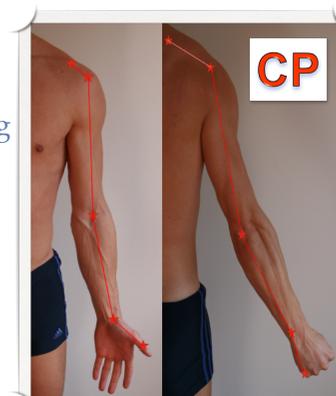
DI, CP, CX, CU ...

- Key question: "Which part of your body hurts?"
- If the pain interests more segments? indicate the searching area:
Cervicobrachialgia: cl-ca,
Headache "helmet": cp3, 2



LOCALIZATION

- Used to locate better the symptomatic area
- It is indicated by the abbreviations of MFS (myofascial sequence) along the line where the pain occurs:
AN, RE, IR ...
- Key question: "Can indicate exactly where feel bad?"
- NB: It does not indicate the right Fascial Plan to treat!



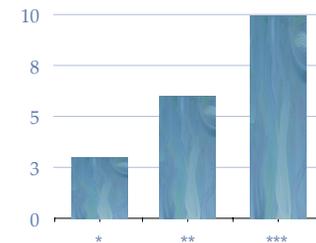
CHRONOLOGY

- "How long time do you suffer of this pain?"
- It indicates with the abbreviations: *d, w, m, y*
- If the data is generic is indicated by the double letter: a few year (*yy*), month (*mm*) ...
- Fundamental to the clinical reasoning of cause and effect (*global*)

1y	3m
8d	3w
yy	mm
gg	3/4y
18m	2/3m

INTENSITY – SOCIAL IMPACT

- Int: visual analogue scale VAS (0-10)
- Soc Imp: it uses 1, 2 or 3 stars

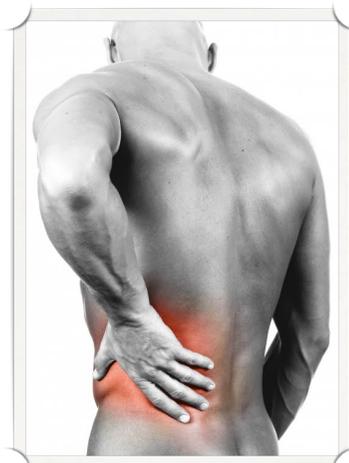


*	**	***
Moderate pain	Medium pain	Unbearable pain
Can't do sorts	Not able to work	Impossible to have a normal life
Can sleep	Sometime wake up	Can't sleep

CAUSE

- Indicates the source of the disorder
- Use to use Abbreviations like: *trau., sprain, disl., fract.* etc....
- If the pain is not of traumatic origin we can hypothesize:

Compensation, Overuse,
or Posture



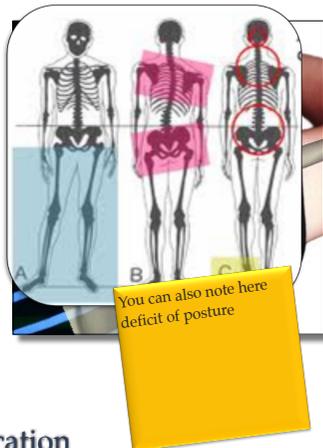
FREQUENCY

- provides information on the symptom
- We usually use some abbreviations: *1xm, 4xy, 1xw...*
- could be a measure of the **clinic evolution**



PA MO

- Is the mode of onset or remission of painful symptoms
- Is indicative for clinical reasoning
- If you can indicate one movement direction, otherwise write down the description of the gesture
- Essential for monitoring the clinical course



N.B.: is not the movement verification

THE MAIN PAIN (MAX)

DATA	Si pa
Main pain (Pa max)	The worst pain, the problem why the patient come



Pa Mo

Main pain (Pa max)	<ul style="list-style-type: none"> -where it hurts? (ask to show the area of the main pain, more precisely as possible) - the pain is still or spread? -where? - how long time ? - how it hurts , from 0 to 10? - is the first time that you feel it? 	<ul style="list-style-type: none"> -when? -Which - mode -Movement -position...? - Pain come/grow/ reduce
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THE "PA CONC"

DoConc	The worst of concurrent pains	mode of onset
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	<ul style="list-style-type: none"> - -In addition to the main pain (Pa max) do you have any more pain in other areas? - the pain is localized or it is irradiated ? -Where? - how long it hurts? -how much it hurts, from one to ten? - It 's the first time that this problem occurs? 	<ul style="list-style-type: none"> -- when? -Which - mode -Movement -position...? - Pain come/grow/ reduce
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THE "PA PREV"

PaPrev	Pains occurred before to the Pa max
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	<ul style="list-style-type: none"> -Before of these pains (PaMax e PaConc) -Did you have pains (today resolved") in another part of the body? -which areas? - when?
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TRAUMATIC EVENTS, DISLOCATION, FRACTURES

Trau/Disloc /Fract
-have you ever had trauma? (sprains, dislocations, cuts, large burns, tears / strains, contusions, whiplash...)?
-In which areas? - When?

(have you ever had a cast?
How long did it take to heal?)

Trau./Dislc.
sprain, trau, disloc, burn, deep cut (or gash)
Fratt.
Bone (periostium)



- Long healing times can make us to hypothesize fascial compromise.
- Recurrent events, joint instability may indicate that the segment must be investigated

SURGICAL OPERATION

Surgery.
If they have interested the fascial planes

Surgery.
-Which operation suffered
-In which areas
- When
- Why was operated

- Surgeries and segments involved
- Tonsillectomy (tons): CL, CP3
- Appendectomy (app): PV
- Mastectomy (mast): TH / SC / HU
- Inguinal hernia (i.h.): PV / CX
- Herniated disc (d.h.): CL, TH, LU

PARAESTHESIA

Parae. 👉👈👉👈	CP: problems of perceptions/movements of MFU of the head	DI: problems of perceptions/movements of MFU of DI	PE: problems of perceptions/movements of MFU of the PE
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Parae. 	CP: - do you suffer from headaches, sinusitis, TMJ problems? Tinnitus, dizziness, eye problems ...?	DI: - do you suffers from tingling (pins and needles), trigger finger, calluses, deformities, nail problems ...?	PE: - do you suffers from tingling (pins and needles), hammer toes, calluses, deformities, nail problems ...?
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- The data relating the extremities, are indicative of the MFS that might be involved
- They are to be confirmed, like the other elements of the hypothesis, by **Palpation Verification**

VARIOUS NOTES



Notes:
various notes

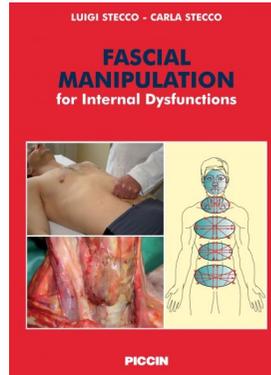
Notes:
- uses of drugs?
- wear orthotics/byt



- Have you got examinations for this problem?
- Can it support or allow own approach?
- Internal diseases...

INTERNAL DISEASES

- The visceral fascia (investing) are in continuity with deep muscular fasciae by insertional one (ligaments, mesentery)
- Compensation can be distributed from the apparatus within to the skeletal muscle, and vice versa
- So many missed or partial results may rather respond with a good internist classification
- To be continue the journey ...



write down in the assessment chart

COMPLILATION

E.G.1

- Bilateral Pubalgia (adductor insertion), prevalent on the right, from 2 years. Occurs after 20 min of running and kicking stronger with medial part of foot. Patien can play only with painkiller(drugs).
- The pt reports stiffness in his left ankle, fractured 6 years before
- Present calluses on both big toes

DATA	SiPa	PaMo	Surg.
Pamax	cx me <rt 2y*	20' running, Kicking sidefooted	
PaConc	ta lt 6y* fract	rigidity	Trau./disl. Fract.
PaPrev		Note:	
Paraest h	CP:	DI:	PE 1° bi calluses

THANKS FOR
YOUR
ATTENTION