

Preface

The idea for this book originated many years ago. Practical experiences, reading specialized literature, attendance at seminars, and conversations with colleagues and specialists from other disciplines showed us time and again the significance of the locomotor system.

Daily clinical routine showed us in the course of years that the same lesion patterns tended to occur over and over. Years of intensive observation and investigation as well as thorough literature research confirmed that our observations agree with reality and are not just wishful thinking.

Not only osteopaths, but also posturologists and manual therapists, speak of motor patterns, using different explanatory models for the development of these patterns. In a course on muscle energy techniques, both *Dr. F. L. Mitchell Jr.* and *Dr. Ph. Greenman* referred to a universal pattern. Both agree on the existence of a universal pattern, because in the case of dysfunction in the motor system other body parts always adapt with identical patterns. Similarly, the entire organism follows certain patterns in physiology; examples include processes like walking or breathing. The common embryologic origin of all tissues, the connections of the connective tissue, and the organism as a hydropneumatic system all support this theory. The endocrine system is also a good example of holistic behavior.

The holistic principle, highly prized by the osteopath, as well as embryologic, physiologic, and neurologic axioms offers explanations for the origin of certain patterns. In our opinion, the nervous system and the myofascial structures play key roles in this process as organizer and as executing organ respectively.

We have compared different models of muscle chains and different osteopathic working models, looking for commonalities. Consequently, we have realized that all these models share a basic premise, but from different perspectives.

In this book, we present a model of muscle chains that is based on the two motor patterns of cranial osteopathy, namely flexion and extension. Because the organism consists of two halves, it has two corresponding chains of flexion and extension.

Littlejohn's model of the “mechanics of the vertebral column” and the “Zink patterns” of the American osteopath *Gordon Zink, DO* have inspired us to divide the torso skeleton into units of movement. Much to our surprise, we realized that this division into units of movement correlated closely with the division of neurologic supply of certain organs and muscles.

We provided both chains with muscles, understanding that this can only be incomplete and theoretical. We ask the reader to keep this in mind. Nevertheless, because the organism only recognizes motor patterns, but not individual muscles, this is somewhat irrelevant.

In the second part of the book, we present a number of treatment methods for the myofascial structures. For this purpose, we describe trigger point therapy in great detail because it is invaluable in clinic. We have purposely limited this presentation to the mechanical aspect of osteopathy because it is significant for posture and can therefore be applied in diagnosis.

For physiologic cranial dysfunctions, we have chosen a mechanical model to attempt an explanation. We have, however, refrained from presenting visceral dysfunctions in detail, in spite of the fact that they quite clearly follow the same patterns. Structural disturbances manifest in malposture through direct fascial trains and particularly through viscerosomatic reflexes. Following the holistic principle, the organs adapt to the “container,” the motor system, in the same way that postural disturbances affect the location and function of the organs (adaptation of function to structure).

Our model of muscle chains is only a working model, just like many others; we do not lay claim to completeness. We were able to realize in clinic, however, that diagnosis as well as treatment of patients can become much more rational and effective when they originate in this perspective. This applies in particular to chronic and therapy-resistant cases.

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