BACKGROUND Repetitive patterns of movement will lead to specific patterns in fascia bonding which, if it exceeds a specific limit, will lead to injury. When body segments are pulled out of place and muscles are required to keep static positions — either stretched/contracted (“locked long”) or shortened/contracted (“locked short”) — we see increased fascia bonding and trixotropy of the surrounding intercellular matrix [1]. For athletes, training at elite level, volume and intensity of training are continuously increasing which requires repetition of exercises and specific movements numerous times. The athlete is also confronted with the reality of pain, but often decides to “work through the pain”, leading to ‘locked’ fascia lines. Therapists working in the athletic environment are challenged to find means and ways to not only assess and measure fascia dysfunction, but also to restore functional strength by manipulating the fascia back to its neutral position. Only when the total “body-suit” of fascia is neutral and fully mobile, can the athlete train without the fear of injury and perform at optimal level.

METHODS The “Bunkie” method was developed over a period of 12 years to measure the function of the specific fascia lines in athletes. The word “bunkie” is used by international athletes for the Afrikaans word “bankie” which means bench. A bench between 25 and 30 cm high is used for all the exercises and athletes use their own “bunkie” at home to test and maintain function. Numerous athletes from various sports were assessed and treated, which included chronic hamstring injuries in 30 provincial and national level male rugby players, Achilles tendon injuries in 30 distance runners, back injuries in 10 provincial and international level male and female tennis and cricket players, and knee pain in 20 cyclists. The “Bunkie” method was used to assess the functional strength and the functional length of the 10 fascia lines. Athletes performed isometric holds in ten different positions with their feet supported on the 25 cm bench, and their upper body supported on their elbows. Scoring for each line consisted of holding the position for 20, 30 or 40 seconds, depending on the level of performance of the athlete. After assessment, manipulation of the fascia through a technique similar to that of Rolfing was used to restore function to ‘unlock’ the affected lines.

RESULTS Abnormal fascia patterns could be easily identified by using this “Bunkie” method, and the neutral fascia patterns was restored on average within 2 weeks, whereafter the athletes could resume their conditioning program. Once the athletes completed their conditioning program, programs of maintenance was started, using the same Bunkie technique once a week or monthly, depending on their level of training, to prevent the recurrence of injury.

CONCLUSION The “Bunkie” method, which enables the therapist and the athlete to accurately test the alignment of their fascia lines and their optimum functional strength, has showed over the past 10 years to be an essential tool in the rehabilitation and prevention of injuries in elite and recreational athletes.

REFERENCES