Practice of DBM Fasciatherapy for Low Back Pain

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BACKGROUND: Low back pain (LBP) is a common disorder and a worldwide cause of disability. There are 4 phases: acute (aLBP), sub-chronic (scLBP), chronic (cLBP), and rehabilitation (rLBP). Previous research suggests that fascia is involved in LBP[1]. Areas studied are: morphological changes, ischemia[2], innervation changes, loss of gliding[3], mechanical changes[2, 4]. DBM Fasciatherapy is a body/mind approach focused on fascia. It is a manual, exercise, and meditation therapy which takes a holistic approach to LBP. This research was conducted using DBM Fasciatherapy physiotherapists.

METHOD: A questionnaire about DBM Fasciatherapy with 4 sections: how patients consult, characteristics of the session, techniques used, and evaluation of the training, was sent to 365 practitioners. Analysis was conducted on the 118 completed questionnaires.

RESULTS: Practitioners had a mean of 44 (σ=30.3) patients a week, including 16 (σ=17.9) LBP patients. They saw LBP patients in direct access exclusively (n=5, 4.2%) or frequently (n=52, 44.1%). Patients requested DBM Fasciatherapy exclusively (n=39, 32.8%) or frequently (n=22, 18.5%). 72% of patients (n=85, 72%) never requested a different therapy. DBM Fasciatherapy was used for aLBP (94.1%), scLBP (89.1%), cLBP (92.4%), and rLBP (72.3%). The number of sessions was:
- aLBP - 1 to 5 (89.1%)
- scLBP - 1 to 5 (71.7%)
- cLBP - >5 (60.6%), >10 (30.3%)
- rLBP - 1 to 5 (75.7%)

Fasciatherapy was used mainly to alleviate pain (n=68, 57.6%); more for aLBP (n=39, 34.8%) or scLBP (30.4%) than for cLBP (18.8%) or rLBP (16.1%). Manual therapy was used most (96.6%). Exercise was used by 57.1% of practitioners to complement manual therapy. Meditation was barely used (14.3%). The musculoskeletal and visceral approaches of manual therapy were the most used (92.4% and 84%). Exercise was used most for cLBP (54.6%) and rLBP (52.9%).

CONCLUSIONS: There is strong patient demand for DBM Fasciatherapy, which they are prepared to pay for. The pain relief may be explained by the action of DBM Fasciatherapy on fascia, but also by the effect of DBM fasciatherapy on psycho-emotional factors[5]. Meditation is not used much by the study’s practitioners.
REFERENCES: