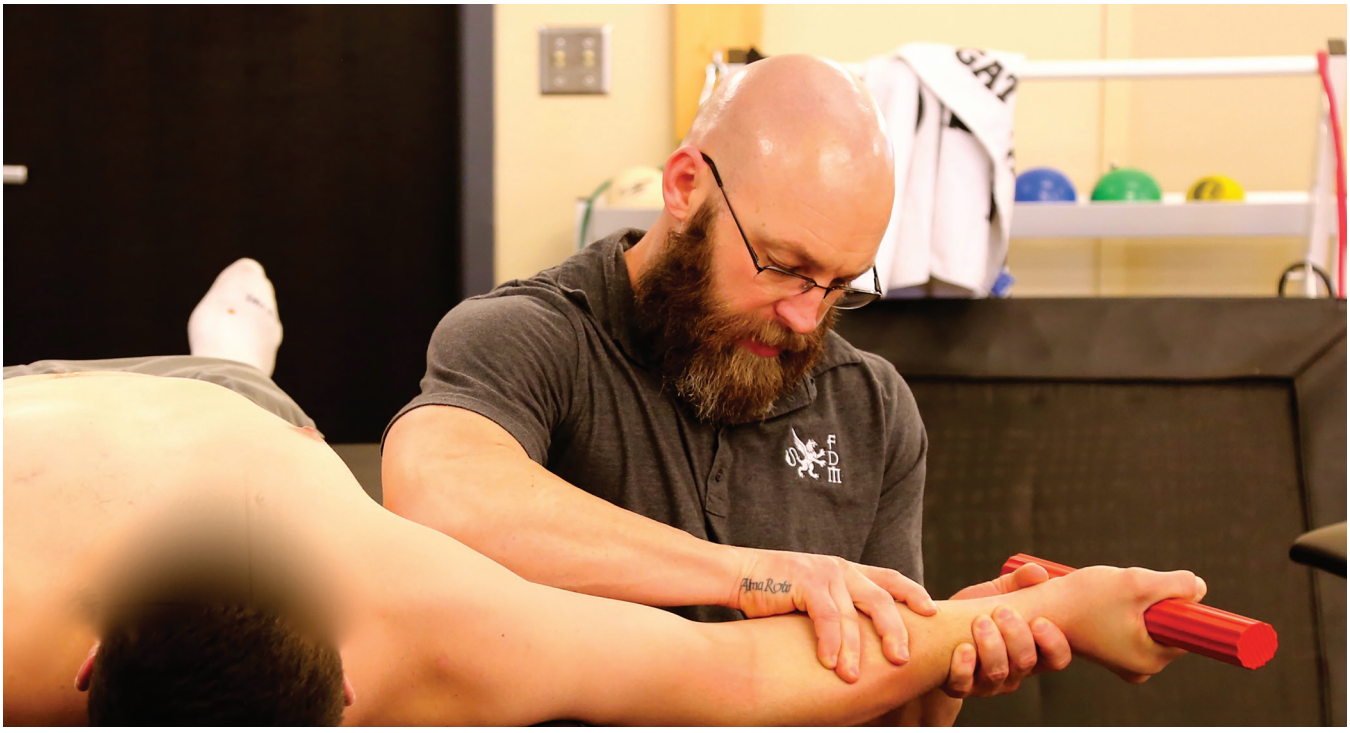
INTERVIEW

Enhancing Soft Tissue Recovery with the Fascial Distortion Model

Interview with C.Tyrel Hummel, DC

By *The American Chiropractor*



Dr. C. Tyrel Hummel

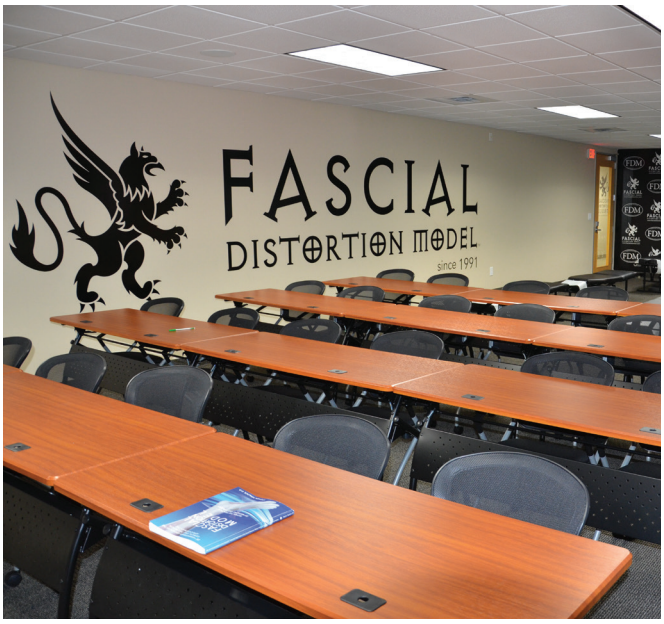
C. Tyrel Hummel was an accounting major at Abilene Christian University in Abilene, Texas, while also playing defensive back on the college football team. The quick recoveries that he was able to realize, in order to get back out on the field, grew a deeper interest of the underlying mechanisms of what it was that helped to accelerate his recovery from week to week. This interest ultimately led to him completing his bachelors in Anatomy and Exercise Science, as well as his Doctor of Chiropractic degree from Parker University. Dr. Hummel became the first chiropractic fellow to be trained in the Chiropractic Fellowship program, at the Texas Back Institute, and has developed a passion for teaching what he considers to be "the truth" as has been revealed to him through the Fascial Distortion Model (FDM). In an interview with The American Chiropractor *Magazine (TAC), Dr. Hummel (CTH) explains a bit about his journey, shares glimpses of the Fascial Distortion Model, and what it is that makes this technique so effective.*

***TAC*: Do you have any mentors who influenced your treatment style?**

CTH: I was very fortunate to have had many influences early in my career, like Paul Poe, DC, Lee Summers, DC, and Ben Storey, DC. I've always been an observer and purposefully try to learn something from everyone I come into contact with. To this day, I tell people Darran Marlow, DC, is the best adjuster I've ever been around. He was my boss at the Texas Back Institute in Plano, Texas. Troy Van Biezen, DC, in Dallas, Texas made me work on him relentlessly until he finally turned me loose in the clinic. Robert Schleip, PhD, Thomas Myers, Antonio Stecco, MD, Warren Hammer, DC, Gray Cook, PT, Ken Crenshaw, ATC, and, of course, Stephen Typaldos, DO, are all huge influences for me.

***TAC*: How long has the Fascial Distortion Model (FDM) been around?**

CTH: It was created back in the late eighties by an osteopath named Stephen Typaldos. He was actually a Logan chiropractic student before leaving for DO school.



Fascial Distortion Model Training Center - Irving, TX

BlueChip Spine - Wichita, KS

***TAC*: How does FDM continue to evolve?**

CTH: Unlike the entities that have taken his work and tried to call it their own, we were given the legal right to advance Typaldos's principles to another level. I know his family is proud of that. Our collaboration with major sports teams and universities across the country is a testament to his foundation. I see a parallel from his early days similar to our partnership now with True Science Alliance, the organization that has solved the global crisis on antimicrobial resistance. The paradigm shift that is coming will echo the cynics of his day. Integrating FDM with the most advanced medical technology of our time may sound just as crazy as Typaldos talking about fascia in 1989, but the results speak for themselves. We continually evolve this model by embracing the unfamiliar. We're not afraid to investigate.

***TAC*: What makes FDM different from a typical chiropractic technique?**

CTH: The simple answer is that FDM isn't a technique; it is a treatment model guided by the patient that provides the clinician with an array of treatment options. Chiropractors have a head start within the model because two of the six fascial distortion categories fall into the manipulation section where chiropractors can select whatever adjusting technique is most appropriate for them and the patient.

***TAC*: How does this change the evaluation process?**

CTH: Our evaluation process utilizes the same orthopedic evaluations we all learned in school, except the diagnosis is simultaneously galvanized with the most appropriate corrective approach. We lean heavily on the patient's body language and verbal description to assist in the overall evaluation of the condition. The significance of the evaluation is that the patient knows their body better than we do. We just have to learn how to adapt to each individual.

For example, say that everyone reading this article has tennis elbow and there is a positive Mill's Test on evaluation. In the notes, we state the positive orthopedic test and establish lateral epicondylitis as our diagnosis. The corrective measures at that point become variable, traditionally. In the example, every person reading this article would have the same clinical diagnosis, but not everyone would have the same clinical presentation. The standard orthopedic tests don't tell us how to treat the diagnosis. As a result, things like symptom-pattern charts and protocol-driven systems are limited. You know the old saying, "If the only tool you have is a hammer, eventually everything looks like a nail"? FDM's process not only changes the way you interpret the evaluation, but it also changes the way you think. In the above example, the same diagnosis will present in one of six ways, or a combination of the six, allowing the clinician to select the appropriate corrective approach and maximize outcome reproducibility.

***TAC*: How long does the typical FDM treatment take?**

CTH: Treatments in my office are 20 to 30 minutes, but every clinician can utilize the skills they learn through this model to fit their personal style. In the sports arenas, we may do quick cleanups in the middle of an inning or during a timeout. The approach is completely adaptable to nearly any situation.

***TAC*: Do you use any other modalities with it?**

CTH: FDM's approach allows the clinician to select the most appropriate tool at the most appropriate time. Many modalities fall into one of six categories of distortion and can be utilized based on the clinician's level of experience or comfort for each patient. Obviously, modalities that promote blood flow, circulation, and pliability are fair candidates.

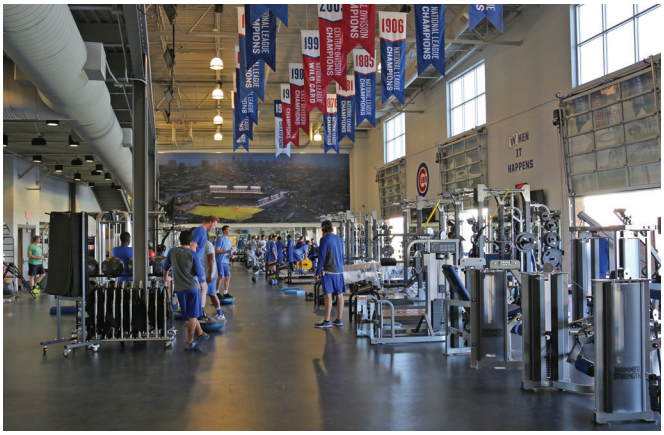
Things like RockTape, TheraBand equipment, floss bands, and foam rollers are often utilized to assist treatment or as homework for the patient.

***TAC*: What kind of tools are necessary for FDM?**

CTH: The most important tool necessary for FDM is confidence. This begins with the proper identification of the patient's presentation. Your hands are the tools, but we also shed light on when and where certain tools, like cupping, tool-assisted techniques, scraping tools, belts, mechanical tables, etc., would be most effective. Clinicians don't have to forget the "tools" they already have. We simply show them how to best utilize them. It's not rocket science. It's rocket fuel.

***TAC*: Can you tell us what you learned as a chiropractic fellow at the Texas Back Institute? How did that shape your treatment approach?**

CTH: Having a yearlong fellowship at one of the most prestigious surgical spine centers in the country allowed me the opportunity to see the whole clinical picture. On a weekly basis, I scrubbed in during surgical cases and watched many different surgeons perform all types of spinal surgeries. I hung out with the pain management doctors once a week during injections, picked the radiology techs' brains during X-rays and MRIs, and finished my Fridays by assisting the PT department. I had clinical responsibilities as a chiropractor



Chicago Cubs Seminar

New York Yankees Seminar

each day and was required to give periodic presentations to local DFW doctors and surgeons on various topics. I was one of six fellows, but they were all surgeons, so just imagine the type of conversations that went on. It was a true "put up or shut up" experience for me.

My treatment approach was shaped at TBI when I came across an FDM article while collecting content for one of my research projects in 2006. I utilized the cadaver lab on Monday evenings that year to see what I was feeling and fine-tune my location. The doctors at TBI allowed me the freedom to practice different types of soft tissue approaches with pre- and postsurgical spine patients. Dr. Marlow taught me rather quickly that "you don't treat the films; you treat the patient." I learned how to listen to the patient back then. Patients with eight screws and two rods in their back—definitely a trial-by-fire type of experience.

***TAC*: Why do sports teams tend to be so interested in this approach?**

CTH: I'll let a few of our sports colleagues answer that; *"The big thing for us is that the athlete knows their body really well and can articulate a presentation; we just treat it accordingly. I also think the long bone Folding Distortions are valuable for the everyday grind we experience, and that's not a technique you learn anywhere else. The Continuum Distortion is a valuable tool that is very different from anything we've been taught. The bottom line is that we're a results-oriented business and FDM gets results."* – Neil Rampe, Head ATC – Los Angeles Dodgers

"Staying on the cutting edge is tough. FDM provides a framework for resolving injuries in a manner that is quick, reliable, and reproducible so that our athletes can keep doing what they love." – Saul Luna, Head ATC – Texas A&M

"FDM brings together a variety of soft-tissue skills into one approach instead of a dogmatic, one-technique-fits-all. The instructors truly want to make sure you understand the approach." – Keenan Robinson, High Performance Director – USA Swimming

"FDM offers practitioners a very simple, intuitive diagnostic and treatment capability that is specific and gets right to the heart of the problem. That is extremely important when faced with treating multiple athletes in a short period of time." – Alan Palmer, DC – Professional Baseball Chiropractic Society/Professional Hockey Chiropractic Society

***TAC*: Is this something that is physically demanding on the chiropractor?**

CTH: Not any more than what the traditional chiroprac-

tor goes through. You get conditioned to it like anything else. I would say FDM is more physically efficient on the chiropractor.

***TAC*: So, is FDM a certification program?**

CTH: Yes, we conduct live courses on a monthly basis at our facility in Irving, Texas. We have online courses and offer CEUs, but we do not have a recertification policy. We expect the outcomes people achieve will keep them connected. I think it's absurd to force people into contracts, or have to take out a second mortgage just to stay current. Our people know we're here to help. The *Online Living Manual* is an invaluable resource.

***TAC*: What does your clinic's patient demographics look like?**

CTH: My clinic is full of proactive individuals of all ages; people who want to be part of the solution. We do specialize in sports-related injuries, but a hamstring is a hamstring, whether you have a jersey or an employee identification number. I think right now our youngest patient is 14 months and our oldest is a married couple pushing 90.

***TAC*: Is it safe to say FDM treatment would be suitable for the general population?**

CTH: Of course. Just look at the "exceptional patient outcomes" that are touted by Airrosti. Their foundation is based on FDM. As a chiropractor utilizing this treatment model, we can just about work on anyone with a spine!

You may learn more about the Fascial Distortion Model, or talk with Dr. Hummel by e-mailing info@fdmseminars.com **855.486.9431**