The Main Osteopathic Principles and Standardization in Osteopathy and Osteopathic Education

L. Lasovetskaya
Russian Academy of Osteopathic Medicine
St. Petersburg
Russia


Osteopathic educational standards
Evidence based medicine
Evidence based osteopathic research
Evidence based osteopathy
Clinical guidelines
Standards of medical education

Osteopathy - part of Clinical medicine (that means - part of Allopathic medicine)

Clinical recommendation

Standards of diagnostic routine

Standard treatment protocols for “osteopathic syndromes”

Standard protocols of scientific researches

=

OSTEOPATHY
(PATIENT ORIENTED,
HOLISTIC,
VITALISTIC, SUBJECTIVE)

Evidence-Based Medicine

Definition of somatic disfunction

Somatic disfunctions:

Impaired or altered function of related components of the body framework system:

skeletal, arthrodial and myofascial structures, and their related vascular, lymphatic, and neural elements. It is characterised by positional asymmetry, restricted range of motion, tissue texture abnormalities, and\ or tenderness.

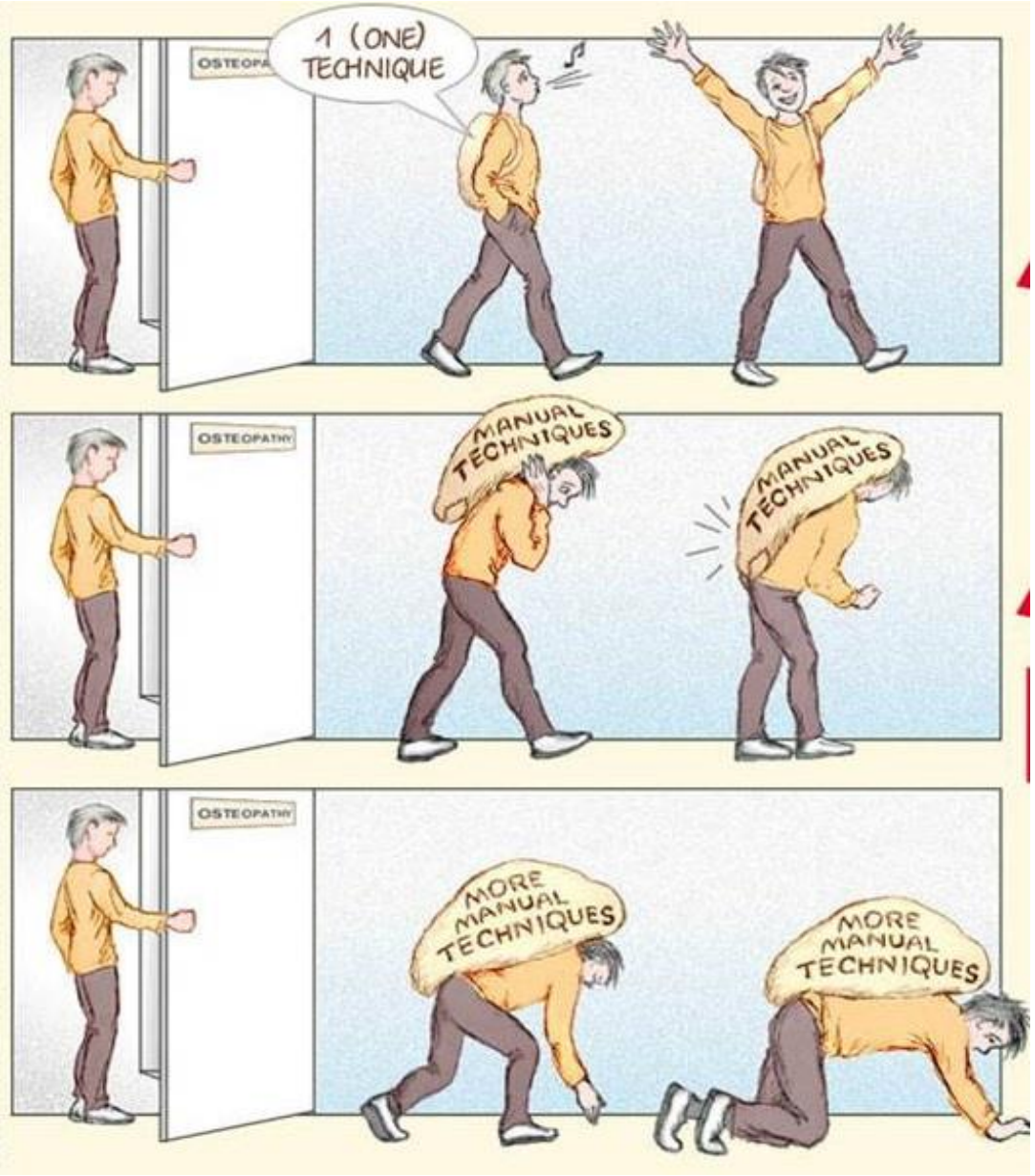
SOMATIC DYSFUNCTION: FUNCTIONAL CONDITION INVOLVING A BIOMECHANIC, A RHYTMOGENIC, AND A NEURODINAMIC COMPONENT:-

BIOMECHANICAL ASPECT OF THE SOMATIC DYSFUNCTION IS A FUNCTIONAL CONDITION INVOLVING ALTERED MOBILITY, COMPLIANCE, AND BALANCE OF HUMAN BODY TISSUES

RYTHMOGENIC ASPECT OF A SOMATIC DYSFUNCTION IS A FUNCTIONAL CONDITION INVOLVING ALTERED GENERATION, TRANSMISSION, AND ACCEPTING OF ENDOGENIC RYTHMS

NEURODYNAMIC ASPECT OF SOMATIC DYSFUNCTION IS A FUNCTIONAL CONDITION INVOLVING ALTERED NERVOUS REGULATION

Guisti, R. (ed.) (2017) *Glossary of Osteopathic Terminology*. 3 ed, Chevy Chase MD: AACOM



When an osteopath triggers a negative response or an aggravation through treatment:

A. If you have overtreated.

When an osteopath triggers a negative response or an aggravation through treatment:

- If you have broken the adaptation.

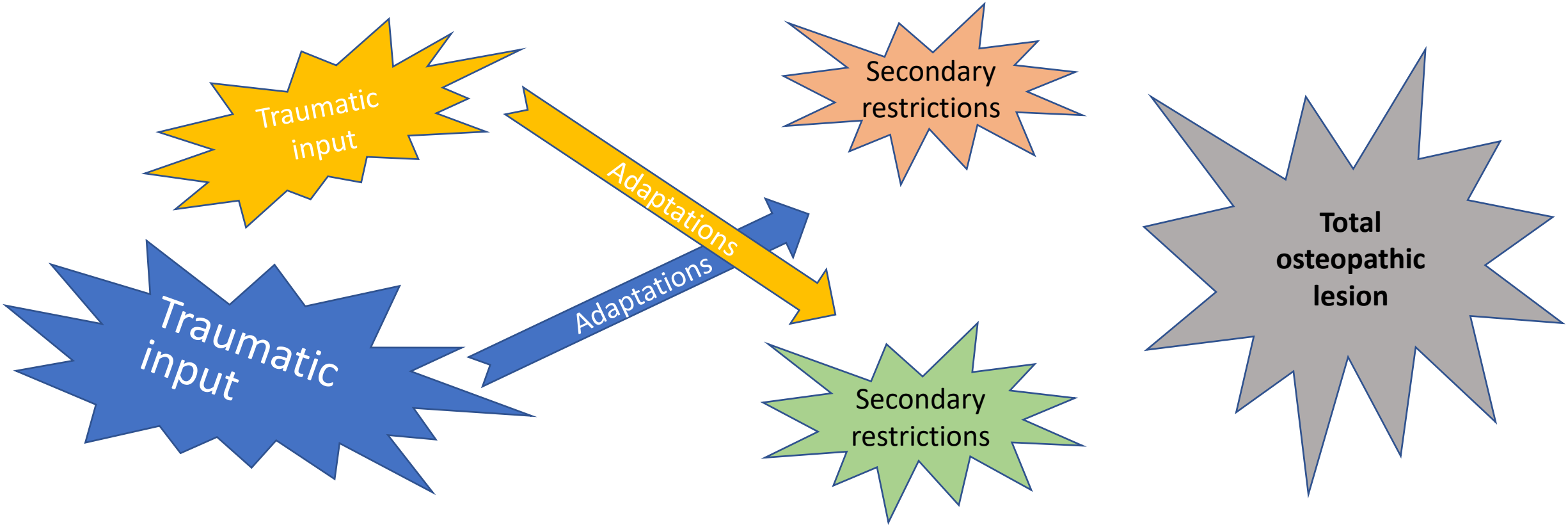
Fundamental osteopathic principles:
HOILZM,
VITALIZM,
STRUCTURE/FUNCTION INTERDEPENDENCE,
(+ RULE OF ARTERY)

- are taught as the basis of osteopathic philosophy,
- Are not always perceived as a working guidance, because they
- are followed by disciplines focusing on the structural dysfunctions of individual regions or systems, and on how to correct them.

Students believe that a local dysfunction can exist without influencing the entire body in its structural complexity or that this influence can be restricted to a particular anatomic region.

Any traumatic input has global influence trough its adaptations and compensations (principle of holism)

Adaptations and compensations allow us to keep optimal level of health (principle of vitality)



Main osteopathic conceptual models

- Biomechanical
- Neurological
- Respiratory-circulatory
- Metabolic
- Biopsychosocial

MODELS !!!

Somatic disfunctions (by WHO):

Impaired or altered function of related components of the body framework system:

skeletal, arthrodial and myofascial structures, and their related vascular, lymphatic, and neural elements.

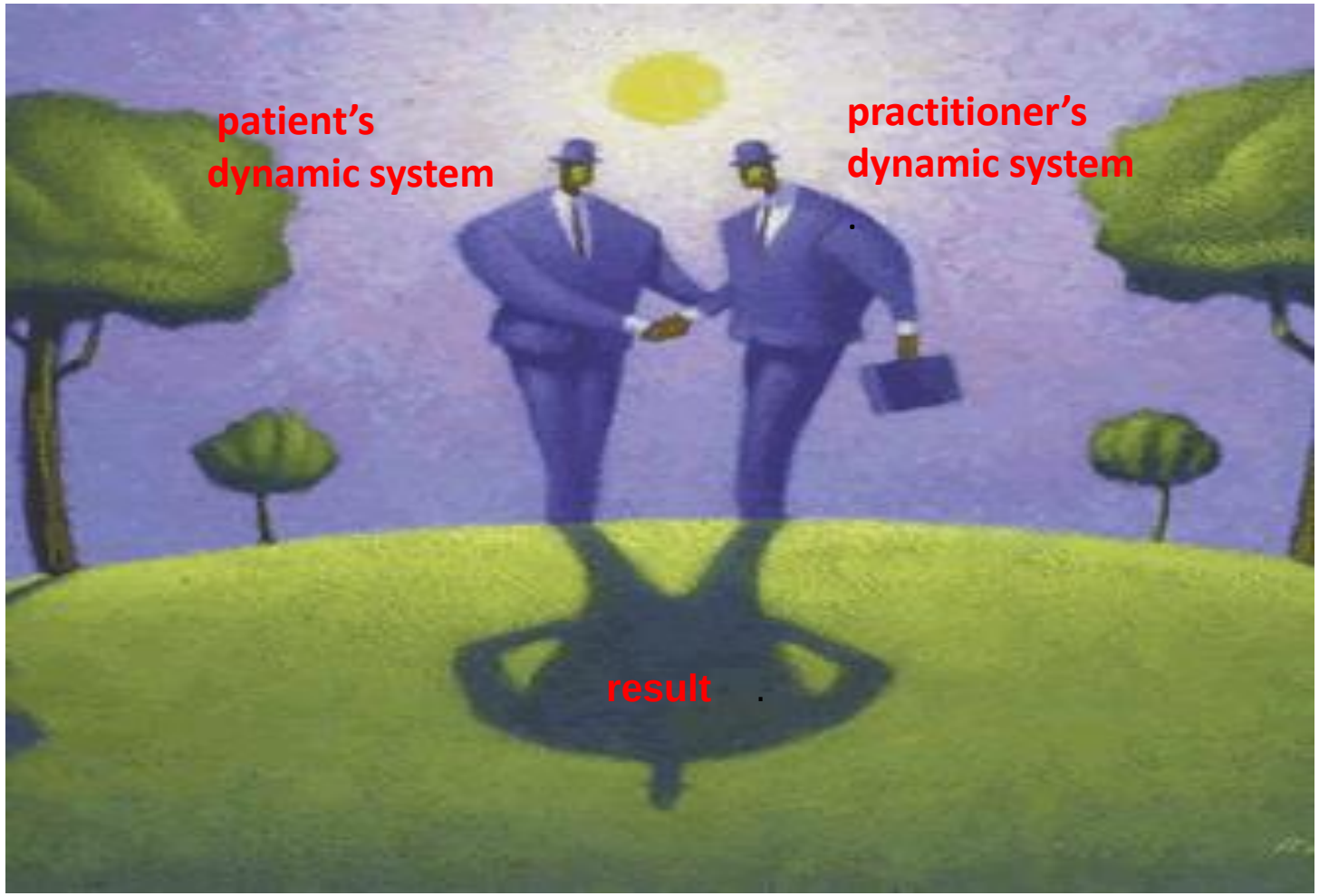
It is characterised by positional asymmetry (QUANTITY. ASYMMETRICAL landmarks may be NORMAL)

restricted range of motion (QUANTITY. But quantifiably smaller range of movement is not indicative of a restricted motion) ,

tissue texture abnormalities (QUALITY),

and\ or tenderness (QUALITY feeling by patient)

Osteopathic /diagnosis and treatment is the unique process of interaction



- Osteopathic diagnosis is based on subjective palpatory assessment of an abnormal quality of motion, with the ability to identify the distribution of those abnormalities, and the degree of engagement and linkage of different structures as part of an osteopathic pattern.
- Osteopathic treatment is based on the perception of the practitioner and their therapeutic intention rather than on osteopathic techniques.
- In pharmacological terms, an osteopathic method or technique is the method of administering a “therapeutic agent”.
- Each osteopath’s palpatory “vocabulary” contains individual interpretations of their perceptions based on personal experience and coming from tactile interaction with the patient through the osteopath’s personal receptive field with personalized ways of collecting and primarily converting external stimuli

Annex No. 25
to Order No. 834н by the Ministry
of Health of the Russian Federation
dated December 15, 2014

Information Leaflet Form No. 1

INITIAL OSTEOPATHIC EXAMIMATION

1. Date: day_____month_____year_____
2. Complaints on first visit:

□ musculoskeletal system dysfunction □ respiratory system dysfunction
□ gastrointestinal system dysfunction □ urinary and genital system dysfunction
□ cardiovascular system dysfunction □ pain syndrome
Additional information:

3. Somatic status:
3.1. Overall condition: □ fair □ poor □ severe □ critical
3.2. Body type: □ normosthenic □ hypersthenic □ asthenic
3.3. Skin: □ clear □ rash □ excoriated
□ wet □ dry
3.4 Mucous membranes: □ clear □ rash □ wet □ dry
3.5 Breathing: □ puerile □ vesicular □ stiff □ decreased; crackles: □ none □ wet □ dry
3.6. BP _____mmHg
3.7. Radial artery pulse_____bpm;
□ rhythmic □ arrhythmic □ symmetrical □ asymmetrical □ tense □ not tense
3.8 Abdomen: □ soft □ rigid □ deep palpation possible □ non-tender □ tender upon palpation

3.9. Unconditioned reflexes (for infants under one year):

□ rooting reflex	□ stepping reflex	□ Babkin reflex
□ suck reflex	□ Bauer crawling reflex	□ Babinski reflex
□ tonic neck reflex	□ plantar reflex	□ Moro reflex
□ grasp reflex		

3.10. Psychomotor development (for children): □ age-appropriate □ age-inappropriate
For children under one year:

□ head up in prone position	□ walks holding onto one hand
□ up on elbows in prone position	□ walks without support
□ rolls over supine to prone	□ smiles socially
□ rolls over prone to supine	□ differentiates between parents' faces and faces of strangers
□ grasps toys	□ babbles
□ sits supported	□ fixes and follows an object
□ gets to sit	□ coos
□ creeps	□ jargons
□ crawls	□ pronounces basic defining words
□ grasps objects and does simple actions with them	□ knows names of basic objects and search for them
□	
□	

5. Osteopathic conclusion.

Level / Dysfunction		Biomechanical, Points	Rhythmogenic, Points		Neurodynamic*, Points		
	Global	1 2 3	Cranial 1 2 3 Cardiac 1 2 3 Respiratory 1 2 3		Psychoviscerosomatic 1 2 3 Postural 1 2 3		
	Regional	Region:	Structural part	Visceral part		Viscerosomatic component	Somato-visceral component
		Head	1 2 3		Cr C1—C3	1 2 3	
		Neck	1 2 3	123		1 2 3	1 2 3
		Upper extremities	1 2 3		C4—C6	1 2 3	1 2 3
		Thoracic	1 2 3	123	C7—Th1	1 2 3	1 2 3
		Lumbar	1 2 3	123	Th2—Th5	1 2 3	1 2 3
		Pelvic	1 2 3	123	Th6—Th9	1 2 3	1 2 3
		Lower extremities	1 2 3		Th10—L1	1 2 3	1 2 3
		Dura	1 2 3		L2—L5	1 2 3	1 2 3

	Local	Individual somatic dysfunctions are indicated (acute or chronic):
	Prevailing somatic dysfunction:	

*Global neurodynamic dysfunction is not evaluated in children under one year. Postural dysfunction is evaluated in children from 12 years.

6. **Diagnosis:** Primary condition: _____
_____ICD-10 code _____
Complications: _____
Co-morbidities: _____ICD-10 code _____
_____ICD-10 code _____
7. Treatment plan: _____
8. Sick leave, certificate: _____
9. Recommendations: _____
9.1. Specialist advice:
□ neurologist □ GP □ pediatrician □ orthopedist □ ophthalmologist □ dentist
9.2. Tests:
□ complete blood count □ urinalysis test □ biochemical profile_____
□ X-ray_____ □ ultrasonography: _____
□ MRI:_____ □ CT: _____
Additional diagnostic techniques: _____
9.3. Drug treatment:
9.4. Additional drug-free treatment modalities: □ rehabilitation exercises □ massage □ physiotherapy □ reflexotherapy
9.5. Motion regime recommendations: _____
9.6. Dietary recommendations: _____
9.7. Re-examination in_____days Osteopath:____(_____)

4. Osteopathic status
4.1 General exam

4.1.1. Indicator evaluated:	symmetry / positioned at one level	asymmetrically / positioned at different levels
Anterior:	□	□
head position	□	□
interpupillary line	□	□
auricle position	□	□
mandible angle position	□	□
shoulder height, shoulder girdle muscle knots	□	□
clavicle level and symmetry	□	□
thoracic rotation and shape	□	□
thoracic excursion during tidal breathing	□	□
waist triangles;	□	□
upper extremity position	□	□
navel position	□	□
iliac crest position	□	□
anterior superior iliac spine position	□	□
pelvic rotation	□	□
lower extremity position (external or internal rotation, length)	□	□
patella position	□	□
foot arch position	□	□
Posterior:	□	□
head and cervical spinal cord position	□	□
mastoid bone level	□	□
shoulder height, shoulder girdle muscle knots	□	□
scapula level	□	□
spinal cord in coronal plane	□	□
waist triangles	□	□
iliac crest height	□	□
posterior superior iliac spine position	□	□
gluteal fold symmetry	□	□
pelvic rotation	□	□
leaning on the foot	□	□
heel position	□	□
	□	□

4.1.2. Barré's vertical evaluation: □ deviation □ no deviation
4.1.3. Spinal curves in sagittal plane:
cervical lordosis □ preserved □ reduced □ increased
thoracic kyphosis □ preserved □ reduced □ increased
lumbar lordosis □ preserved □ reduced □ increased
4.2 Muscle tone: □ symmetrical □ asymmetrical
Additional information: _____
4.3. Active tests:
general flexion □ not restricted restricted: □ in cervical □ in thoracic □ in lumbar region
general extension □ not restricted restricted: □ in cervical □ in thoracic □ in lumbar region
right lateral flexion □ not restricted restricted: □ in cervical □ in thoracic □ in lumbar region
left lateral flexion □ not restricted restricted: □ in cervical □ in thoracic □ in lumbar region
Additional information: _____ □ restricted □ not restricted
4.4. Global flexion test (for children under one year): □ to the right □ to the left
4.5. General listening: □ to the front □ to the back
Additional information: _____
4.6. Flexion test:
standing: □ negative positive □ «+» □ «++» □ □ on the right □ on the left
«+++» □ on the right □ on the left
seated: □ negative positive □ «+» □ «++» □ «+++»
4.7. Supine leg length evaluation:
□ equal
□ shortened on th
□ shortened on tl

4.8. Joint and surrounding soft tissues rigidity:
4.8.1. Lower extremity and pelvic joints:

Joint evaluated:	rigidity and restriction	no rigidity and restriction
sacroiliac	□	□
hip	□	□
knee	□	□
ancle	□	□
subtalar	□	□
cuboideonavicular	□	□
intercuneiform	□	□
metatarsophalangeal	□	□

4.8.2. Shoulder girdle and upper extremity joints: □

Joint evaluated:	rigidity and restriction	no rigidity and restriction
sternoclavicular		
acromioclavicular		
shoulder		□
elbow		
wrist	□	□

4.9. Translation evaluation:
pelvis □ not restricted □ restricted on the right □ restricted on the right □ restricted on the left □ restricted on the left
lumbar region □ not restricted
thoracic region □ not restricted □ restricted on the right □ restricted on the right □ restricted on the left □ restricted on the left
cervical region □ not restricted
4.10. Passive flexion and extension evaluation:
lumbar region □ no restriction □ flexion restricted □ extension restricted
thoracic region □ no restriction □ flexion restricted □ extension restricted
4.11. Evaluation of visceral mass shift in sagittal plane:
middle and lower abdominal cavity □ not restricted □ ventrally restricted □ dorsally restricted
upper abdominal cavity □ not restricted □ ventrally restricted □ dorsally restricted
thoracic cavity □ not restricted □ ventrally restricted □ dorsally restricted
4.12. Evaluation of visceral mass shift in coronal plane:
middle and lower abdominal cavity □ not restricted □ restricted on the right □ restricted on the
left upper abdominal cavity □ not restricted □ restricted on the right □ restricted on the left
thoracic cavity □ not restricted □ restricted on the right □ restricted on the
visceral space of the neck left □ not restricted right □ restricted on the left □ restricted on the
4.13. Three-Sphere Test (evaluation for children under one year)

head and cervical region volume:
□ no restriction
thoracic volume:
□ ventrally restricted □ dorsally restricted
□ ventrally restricted □ dorsally restricted
□ ventrally restricted □ dorsally restricted
□ no restriction abdominal and pelvic volume:
□
□
□ abdominal cavity restriction

4.15.1 Cranial rhythmic impulse:_____per minute; range_____; intensity _____
4.15.2. Cardiac rhythmic impulse:_____per minute; range_____; intensity _____
4.15.3. Thoracic rhythmic impulse:_____per minute; range_____; intensity _____
4.15.4. Radial artery pulse: symmetrical □ yes □ no rhythmic □ yes □ no
4.15.5. Posterior tibial artery pulse: symmetrical □ yes □ no; rhythmic □ yes □ no
4.16. Additional osteopathic tests: _____

- How can we create the diagnostic examination routine, which is based on the proved part of osteopathy and doesn’t contradict the osteopathic principles?

- How can we teach the treatment strategy with a forecast of its influence on the global function?

- How can we reconcile our students with the contradictive explanations of similar diagnostic data and tests given by different lecturers?

- How can we form the critical attitude to the present models and allow to feel what is really there rather than what is written in textbooks?

- How can we make students ask the question: how exactly a local situation / function change the global function if you apply a particular technique to a particular place? And how can be teach the students to foresee the effect of every osteopathic influence on an individual patient?

Many definitions have been formulated and published to the world. Each one tends to limit one's conception of osteopathy in some particular. A definition always limits the thing defined, therefore, no definition of osteopathy can be complete, because we are dealing with a principle, the universality of which no one knows.
Dain L. Tasker

THANK YOU FOR YOUR ATTENTION