



Becoming an Osteopath

COTHERAPY

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- **Internship** → observe and work along side a practicing osteopath D.O., once students join College Sutherland Amsterdam
- **Cotherapy** → work indepently in consulting patients, only after examinations

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- What is it and how did it grow/arise?

→ learn to apply their gained theoretical and practical knowledge

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- Students that have studied a **BIG** registered profession in health care
- **BIG** (Beroepen Individuele Gezondheidszorg) → **medical doctor, pharmacist, physiotherapist, psychologist, psychotherapist, dentist, obstetrician, nurse**
- Without **BIG** → secondary school or pre-university education (**Basic Medical Knowledge**)

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- After their examination
 - Theoretical education(examination)
 - Practical education (examination):
 - - spine and pelvis
 - - cranium
 - - viscera (abdomen, thorax, pelvis)
 - - extremities
 - - thorax
 - - neurology

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- First day (day after practical examination):
 - Information (office) and Preparing the students → Carl Coussement and an employee of the office
 - Schedulebook
 - Phone
 - Payment

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- Co-docent → tutor (experienced osteopath)
- Not a teacher, not a lecturer → guide the students; define the guideline
- Guide and supervise the students

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- Students work together in pairs
- One is the osteopath
- The other one is **supporting** and **accompanying** (making notes and where necessary supporting as a colleague, assistant, advisor, extra pair of hands)

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- Becoming a mature osteopath →

Independently and responsible

Recruit their own patients (and they really have to be patients)



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- It is like embryology:
- At any particular moment during development, an organism functions according to the features its organs have attained at that time
- The growth functions of any cell and cell aggregation must be considered in relation to the growth function of neighboring cells (colleagues)
- Organs (students) should not be seen as isolated formations but as having associations with the processes of their environment
- Outside – inside; outside means for example the metabolic fields; inside means for example the genetic information

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- PATIENT EXAMINATION

- History
- Physical (osteopathic) examination
- **Red and yellow flags**
- Protocol => Globally testing/kind of Quick-tests (decide) → function testing (local/segmental testing)

=> Every patient, every time (every visit it is a new patient)

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- 3 phases
 - 1) 2 hours time
 - 2) 1 hour and 40 minutes
 - 3) 1 hour and 20 minutes

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- 35 days → 7 times 3 days (course weekends) and 7 times 2 days
- Office (phone, appointments, payment)
- Accompany/guide/supervise the foundation course (basic medical knowledge)
- Supporting teachers in practical lessons



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- After examination (after inhibition-tests → directing dysfunction, secondary dysfunction)
- In consultation with tutor → testing the dysfunctions
- Gives advice when necessary and guides the student
- Cotherapist explains the results and treatmentplan to the patient
- After treatment → controlling by tutor



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- Cotherapist decides in consultation with patient and tutor how to follow up
- Office makes new appointment when necessary and takes care of the payment







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- Osteopathy should be inspired by evidence
- It should be evidence informed and not evidence based
- It should not be limited by evidence

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We don't want to create borders, but create a screen on which the cotherapists can project their experience

For example: listening is not evidenced base, but **STILL** very useful in osteopathy => let them explore this; let them find out what is applicable

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- Being a student and being a cotherapist is an ongoing process; just like being an osteopath
- Find their own way
- Flexibility to use everything they need for this particular patient
- The guide(tutor) guides the student in his/her path to learn from his/her own mistakes and enjoy his/her successes

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- Case history: medical, family, drug, social
- Red flags: not easy, how does this fit in the actual moment?
- Offer the structure and offer the secret to adapt at the moment
- How to use the answers
- Osteopathy is a working diagnosis

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- Learn to feel and treat a child
- Learn to feel and treat a young adult
- Learn to feel and treat an adult
- Learn to feel and treat a senior
- Learn to be aware; develop own capacity, sensitivity etc.
- Going back to the tree and feel the tree (for example anatomy, physiology)

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- Learn to feel health, so they can learn to feel the dysfunction
- First feel 1000 patients, than they maybe can learn to become an osteopath
- Find their own reference of vitality

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- They will get lost in information; there will be way too much information
- Therefore → let them get back to the basics
- Stay humble and make mistakes
- Guide → don't let them lose the path but let them explore the path



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- Hands on
- Knowledge has its limits and advantages
- Feel the models and its limits
- It is a working diagnosis

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- They should become to feel confident with themselves, the patient, the situations
- For example: embryological derived motility should be experienced by themselves
- IT IS AN ONGOING PROCES

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- Evaluation report of every phase (learning objectives) → for example:
 - Skills in history taking
 - Thrust own hands
 - Inhibitions
 - Analytical thinking
 - Knowledge and practice
 - Reflection

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- Letter to the patient (general practitioner/family doctor, specialist doctor)

=> Short patient history, osteopathic examination and treatment and explanation

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- Patient/case report phase 1 and phase 2 (minimally 2 consultations)

=> history, inspection, physical examination, osteopathic examination, treatment plan, treatment, treatment result, integration, gained knowledge



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Case-examination (NACO → Nederlands
Academisch College voor Osteopathie)

At the end of phase 1

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- Assessment interview with personal tutor
- After phase 1
- At the end of phase 3
- Thesis





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Progression, not
perfection