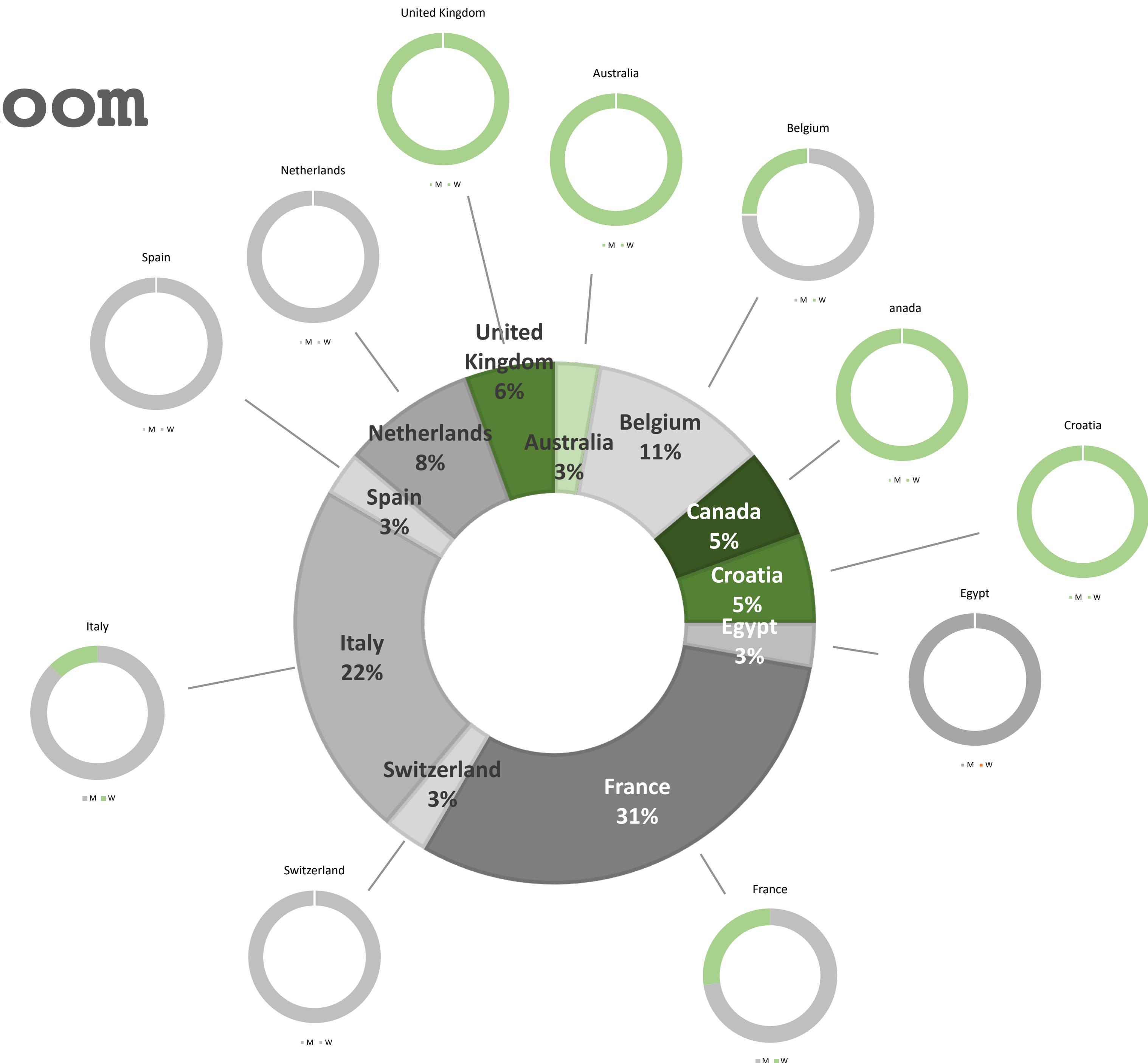
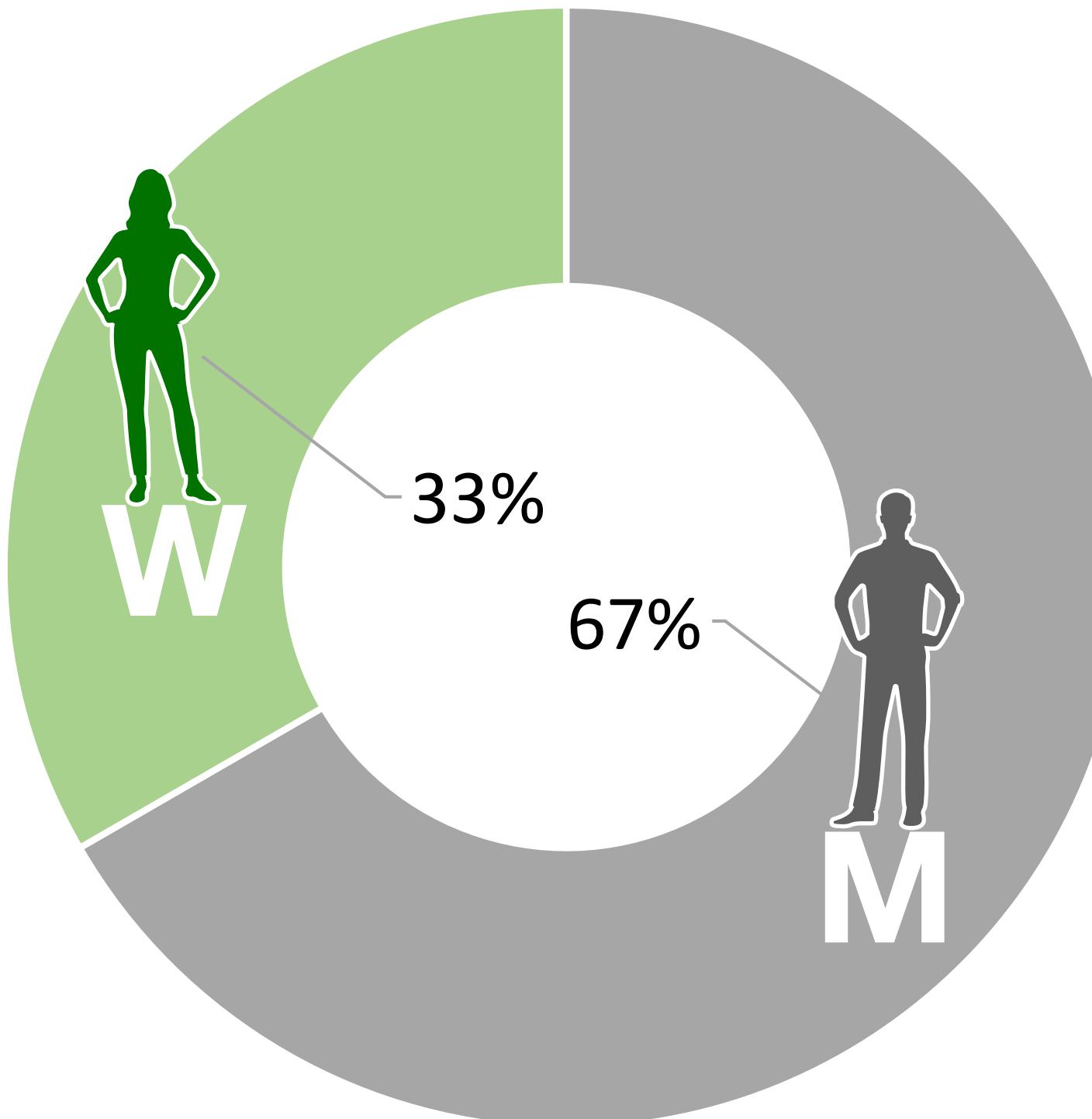
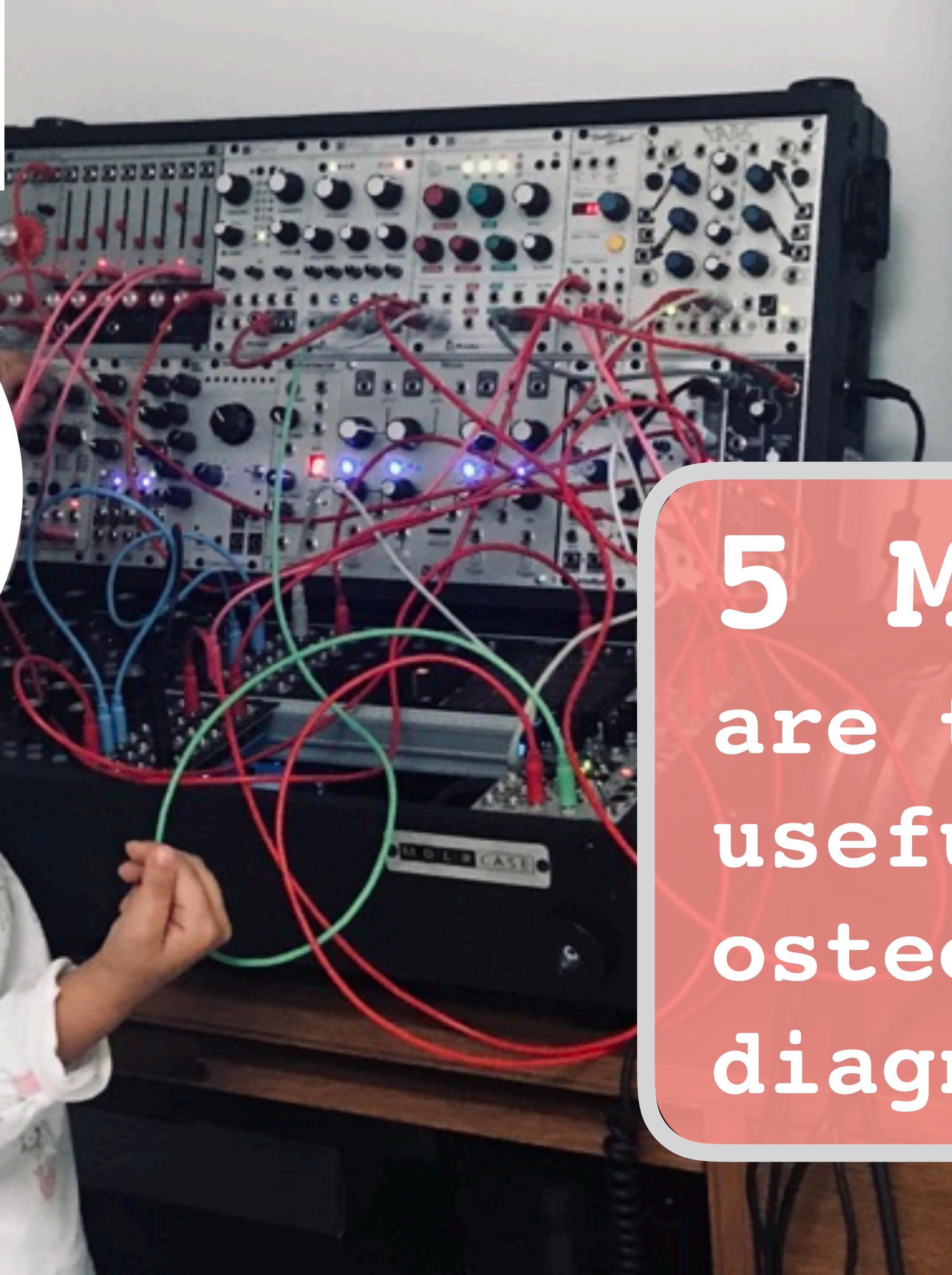


who's in the Room

Gender Rappresentation





5 Models:
are they really
useful for
osteopathic
diagnosis?

ISO

ISTITUTO
SUPERIORE
OSTEOPATIA

Community Player

Creativity

Disease

Osteopathy Clinical Reasoning

Critical Thinking

Osteopathic Models

Neuroaesthetics

EBM Uncertainty

Learning

Student

Language

Health

Complexity

Society

Teacher

Knowledge

Creativity

Complexity

Disease

Perception

Patient

Person

Illness

Narrative

Community

Communication

Student

Language

Health

Complexity

Society

Teacher

Knowledge

Creativity

Complexity

Disease

Perception

Patient

Person

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Narrative

Community

Communication

Student

Language

Health

Complexity

Society

Teacher

Knowledge

Creativity

Complexity

Disease

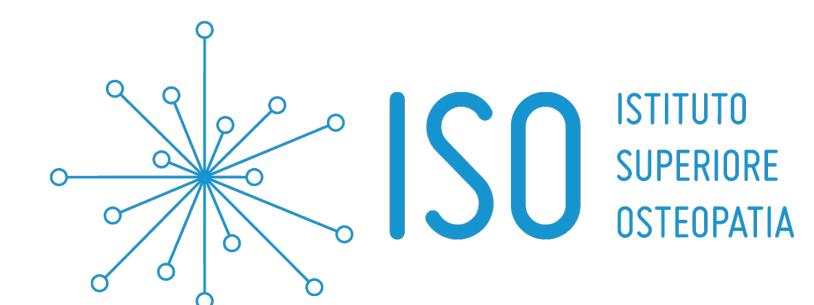
Perception

Patient

Person

Illness

Narrative

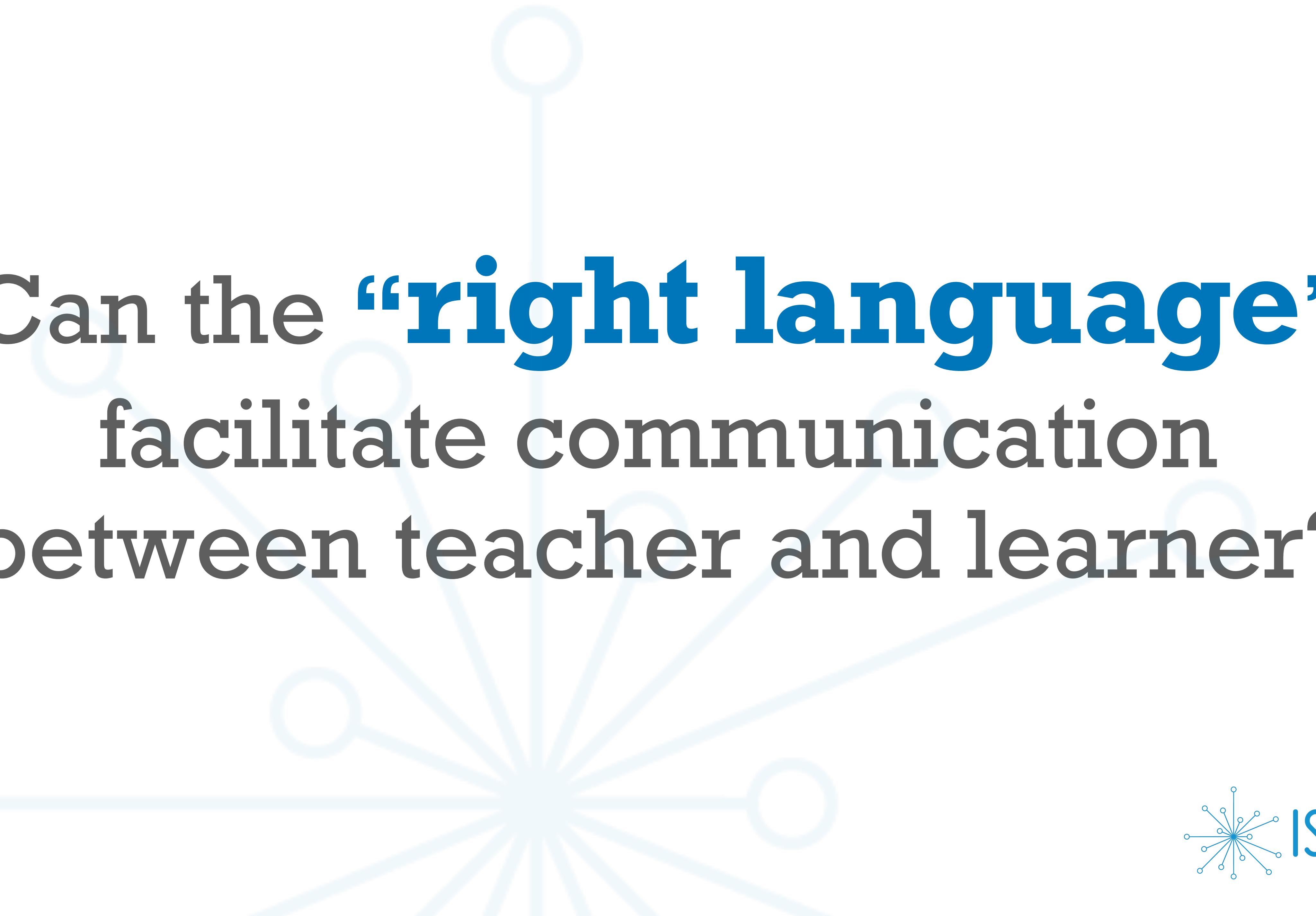


Can the **5 Osteopathic Models** introduce Narrative approach and help in managing clinical uncertainty?

Supporting both patient health
and student learning

Can the Narrative Approach help in managing clinical uncertainty?

Supporting both patient health
and student learning



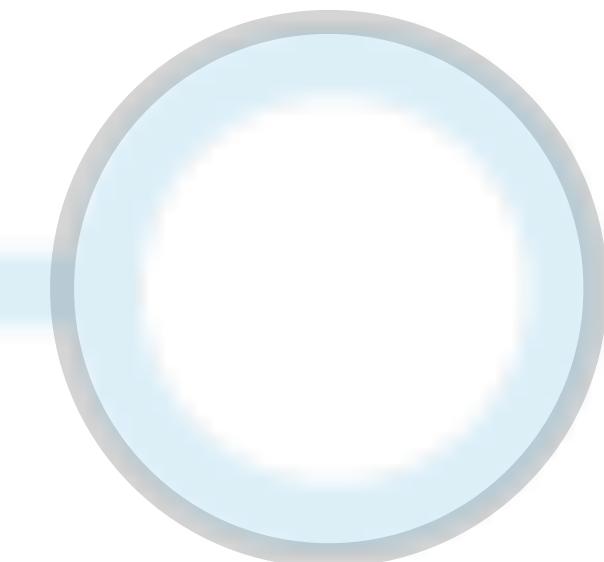
Can the “right language”
facilitate communication
between teacher and learner?

How do we create a common ground for discussion?

“Visible” and “Touchable”

It's all about **PERCEPTION**

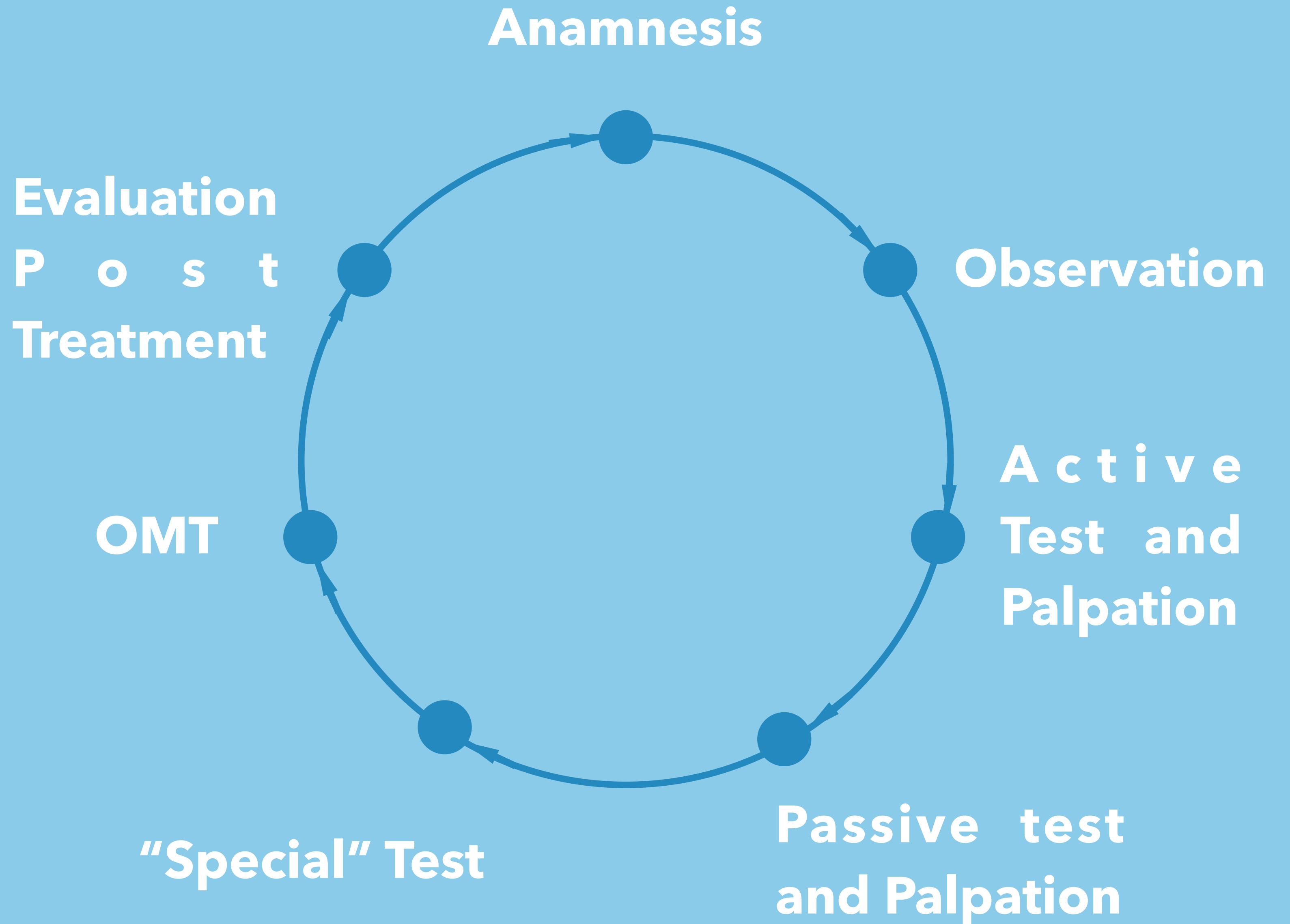
Teachers/Clinicians



Students/Clinicians

Patient/Person

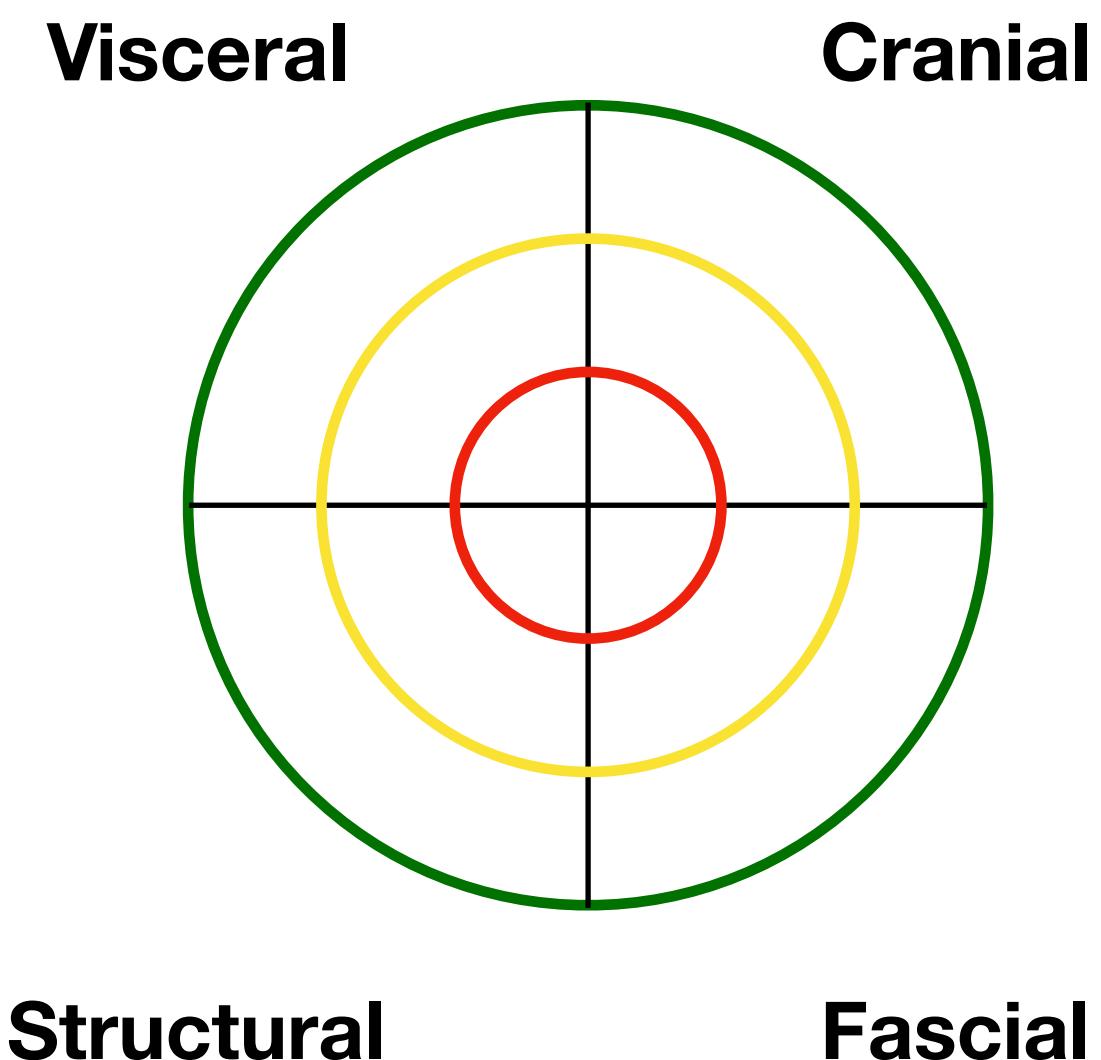
We “Talk” and “Touch”



OSTEOPATHIC REFLECTIVE CIRCLE

STEPS FOR
OSTEOPATHIC
CLINICAL
REASONING

OMT



Anamnesis

**Evaluation
Post Treatment**

“Special” Test

Passive test and Palpation

Observation

**Active Test and
Palpation**

5 Osteopathic Models

Narrative Medicine

“Narrative Teaching”

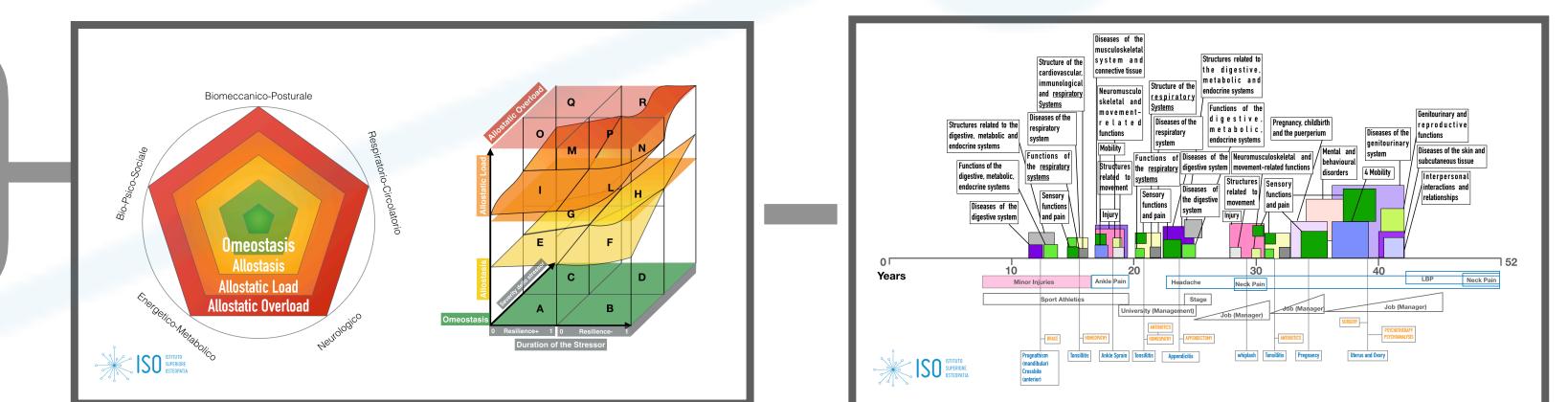
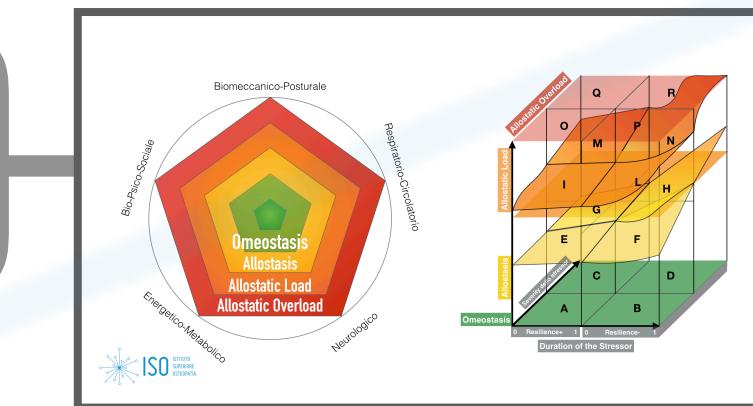
Knowledge

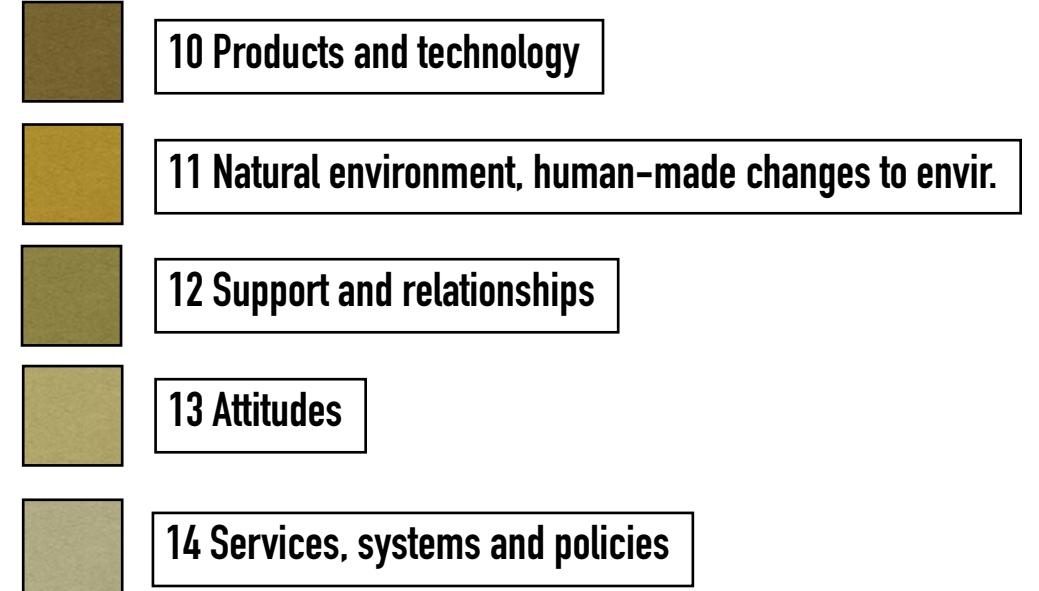
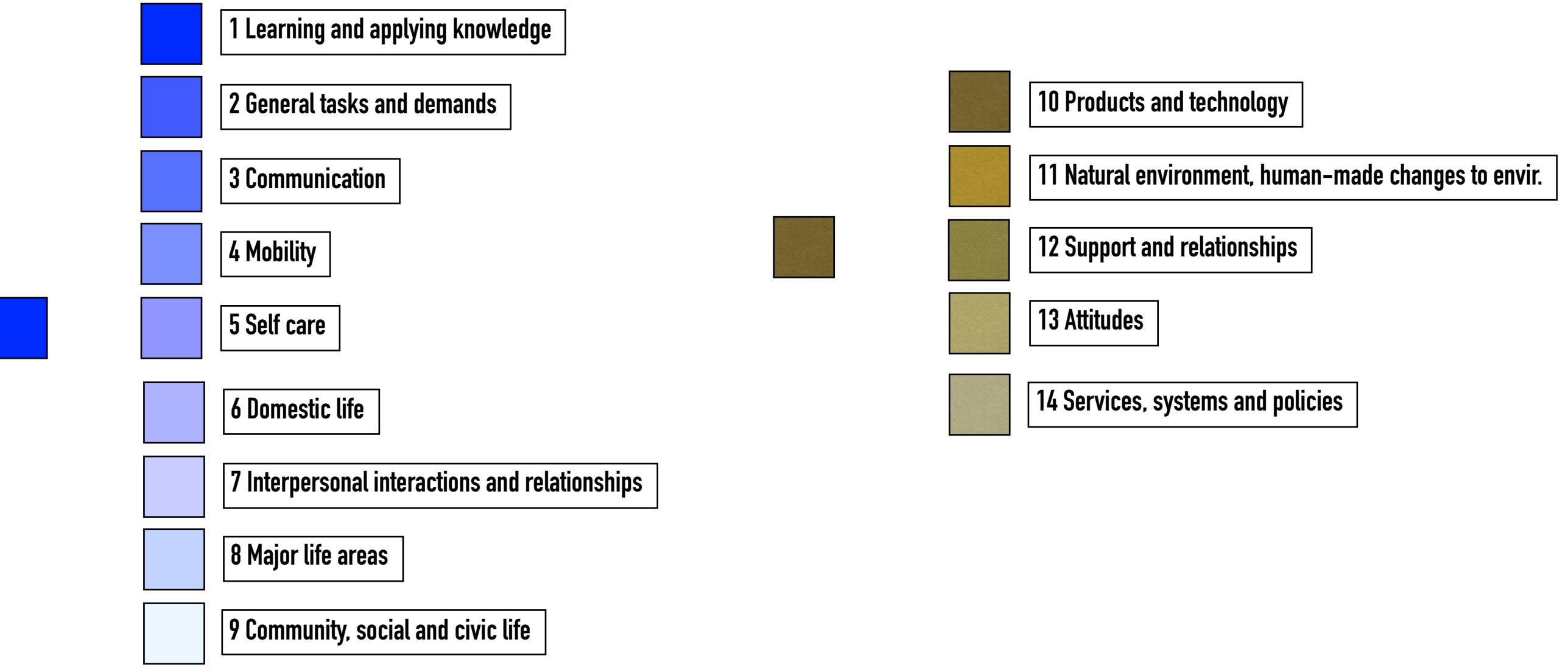
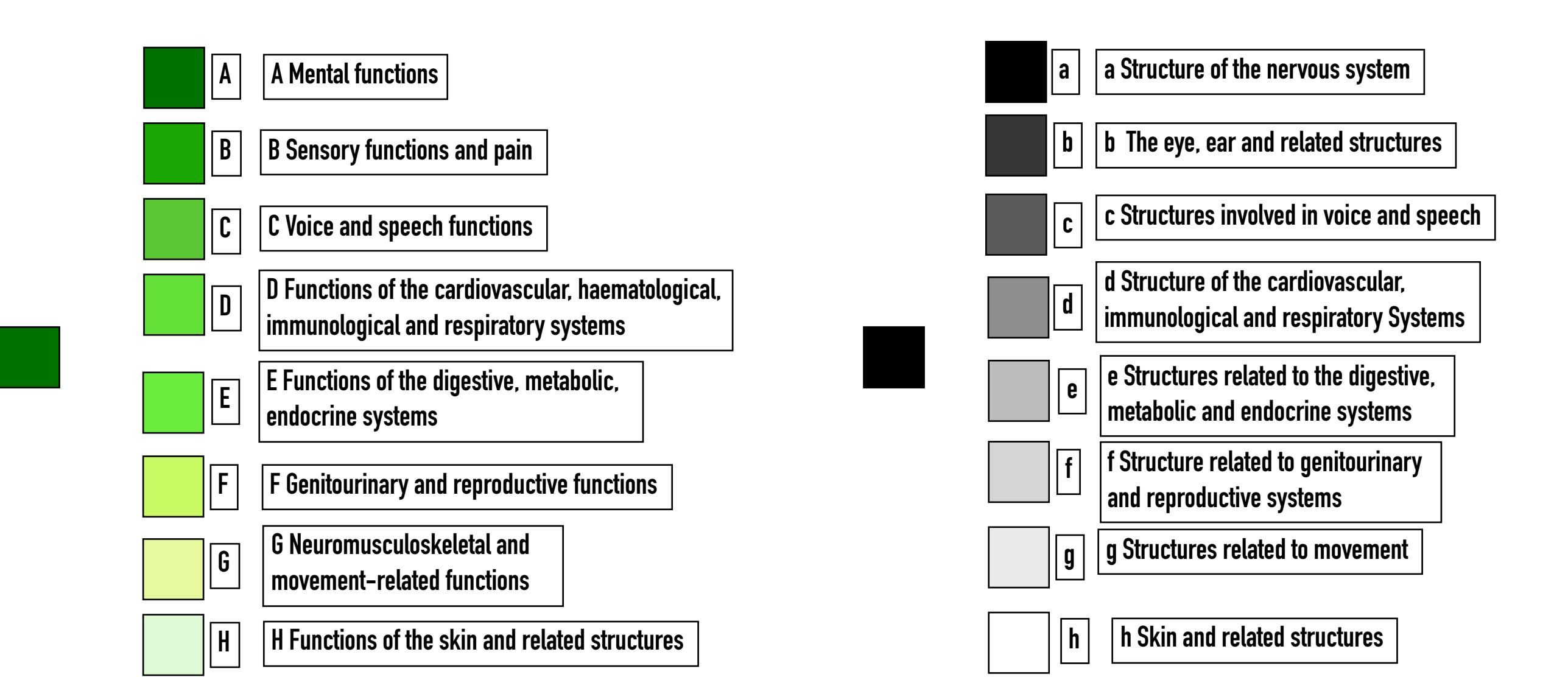
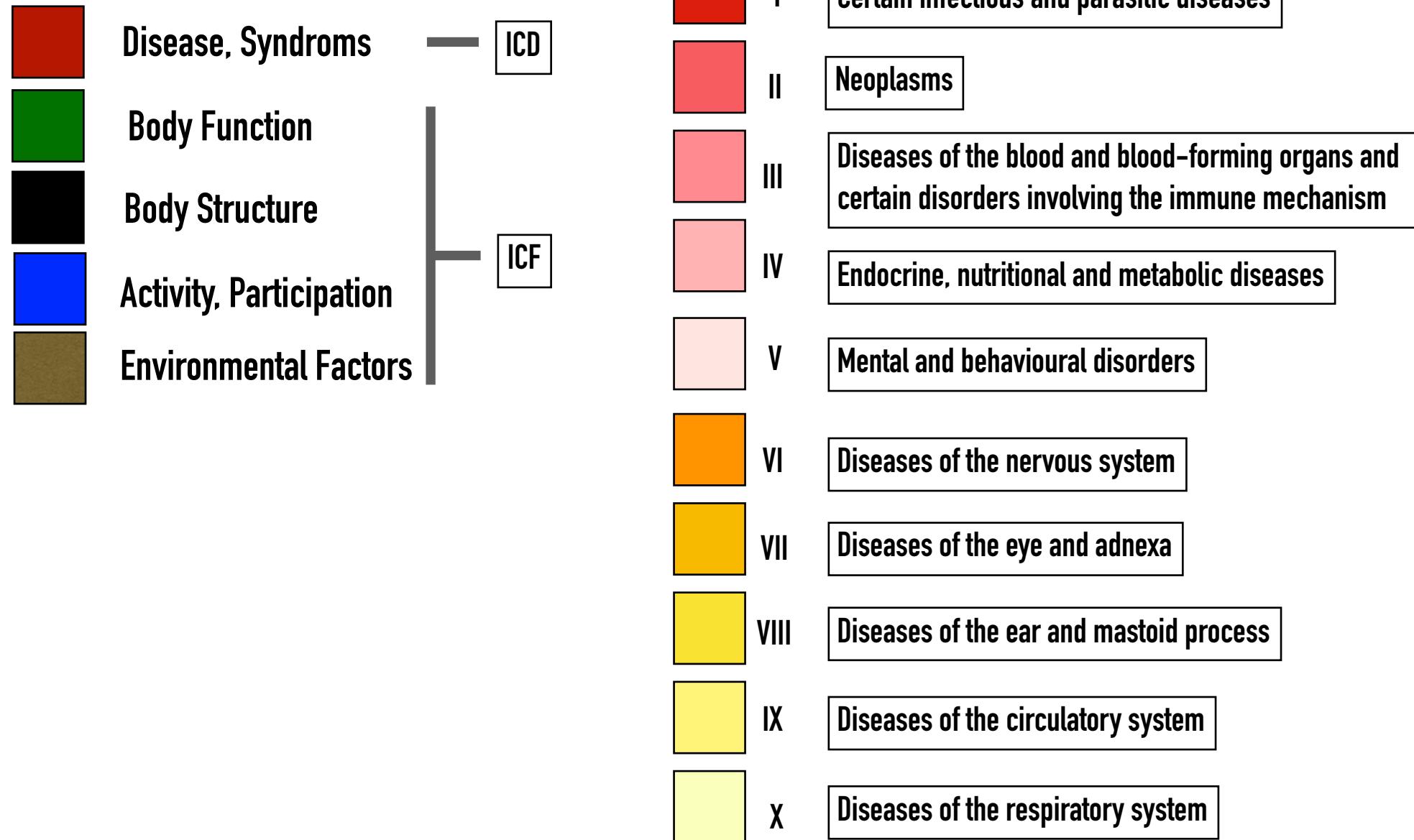
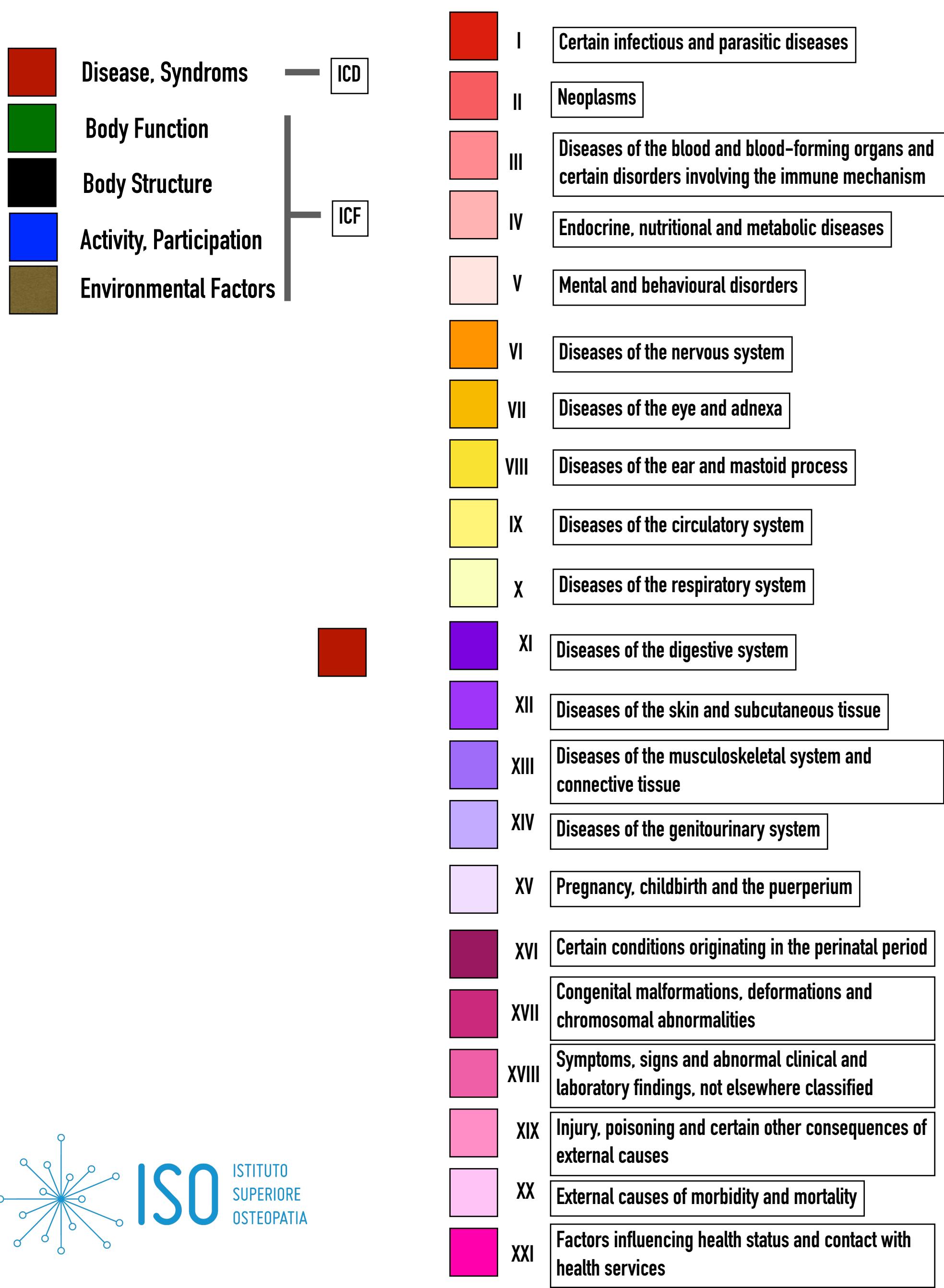
Osteopathic Shared Glossary

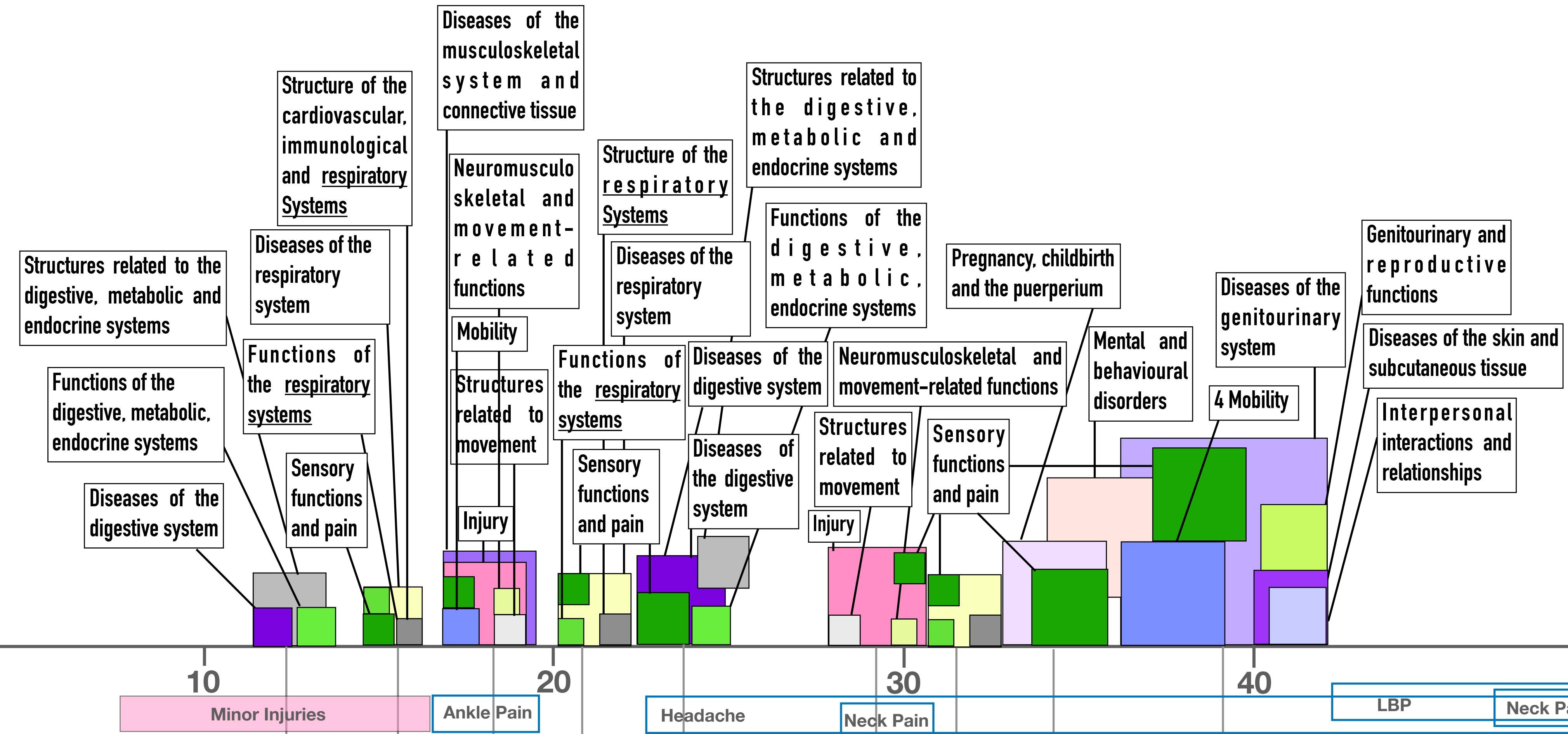
Language

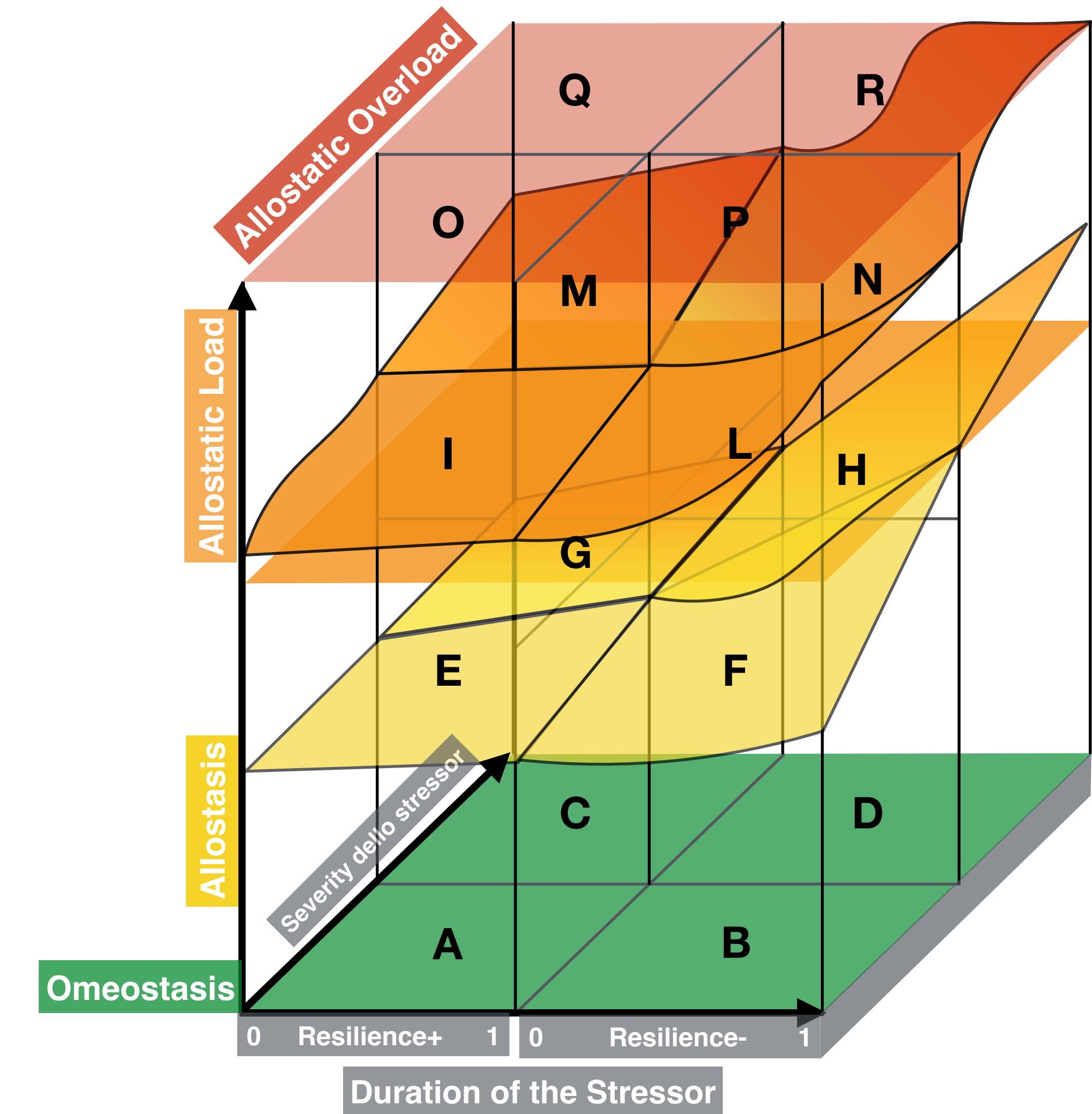
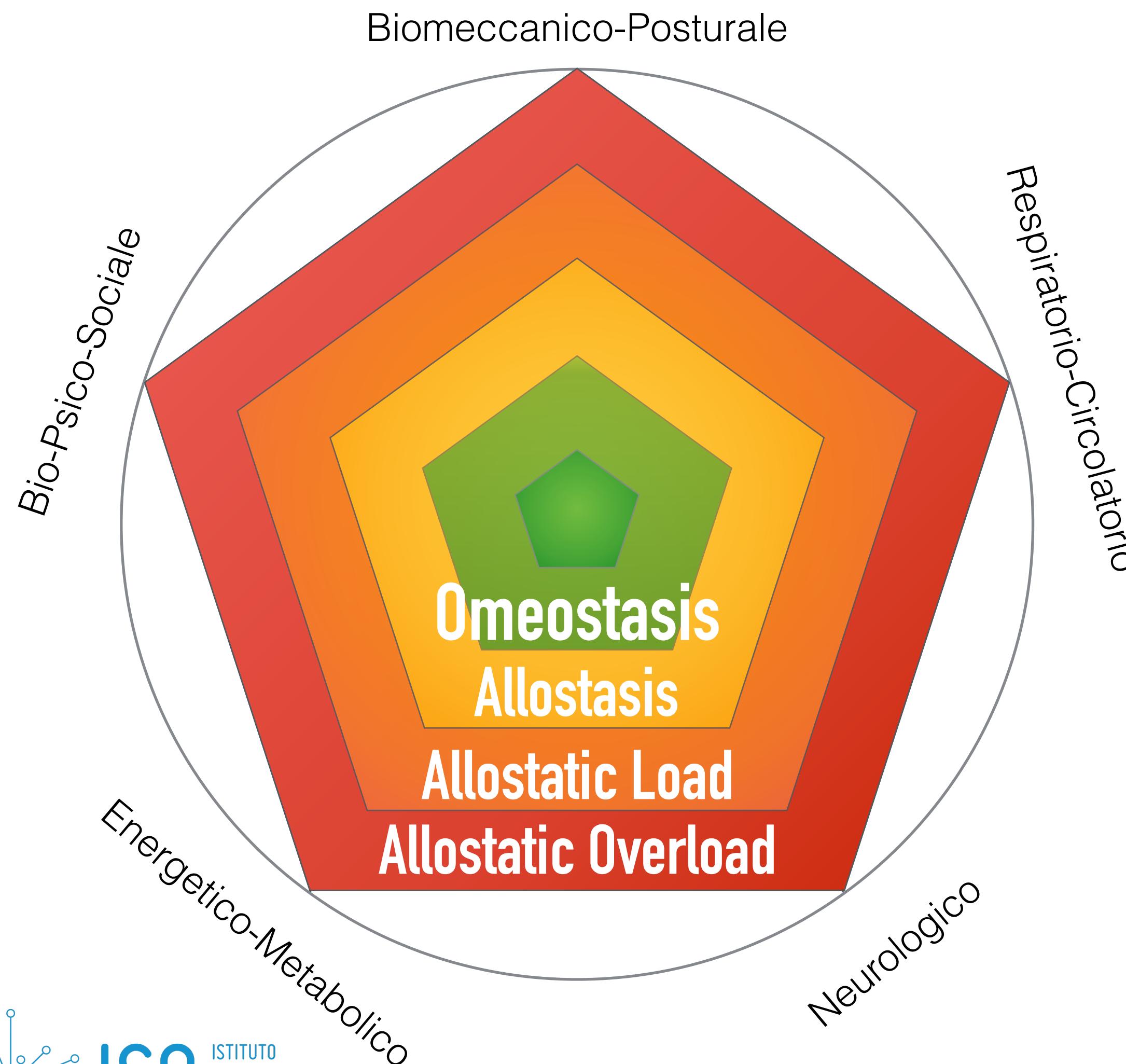
ICD
ICF

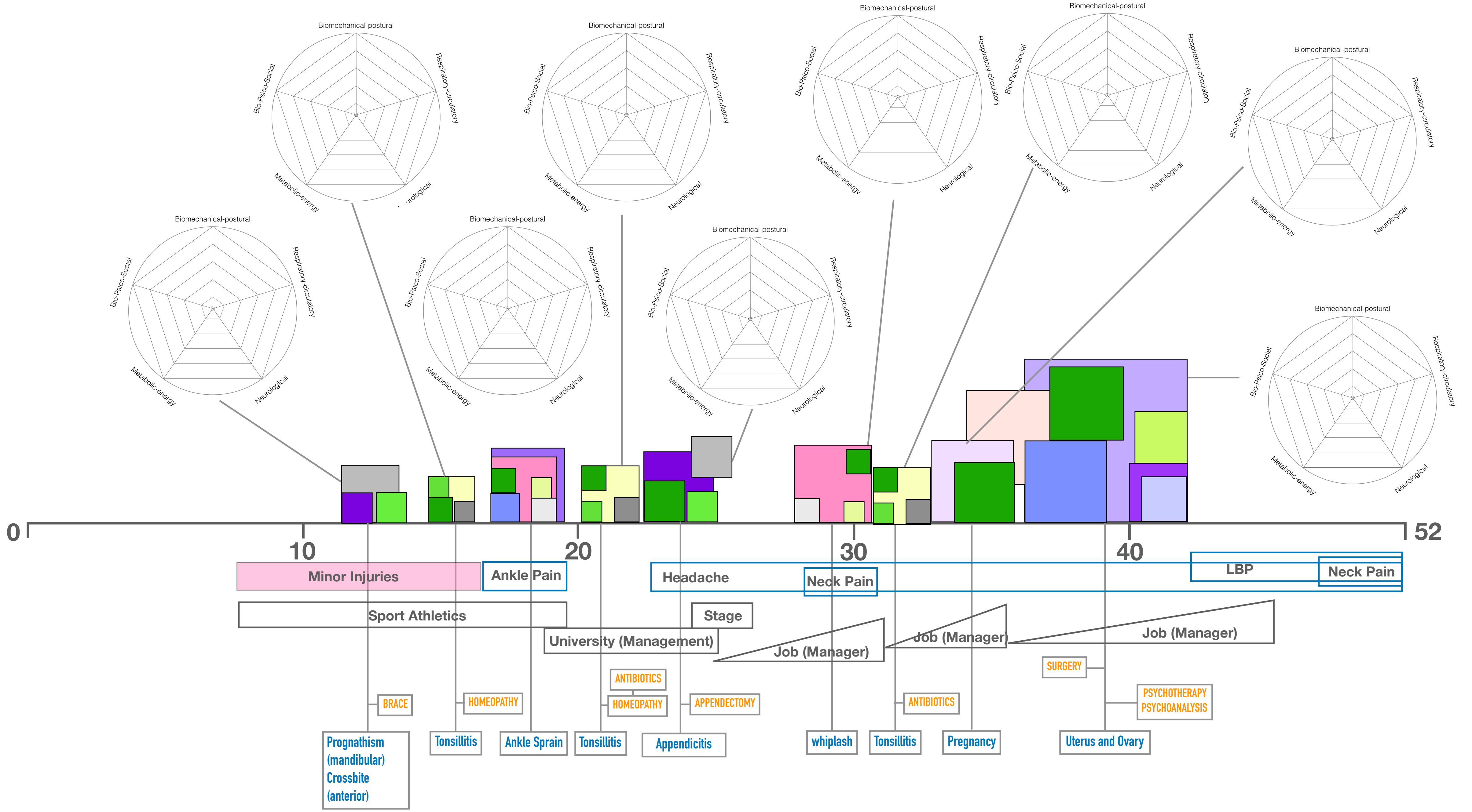
Tools

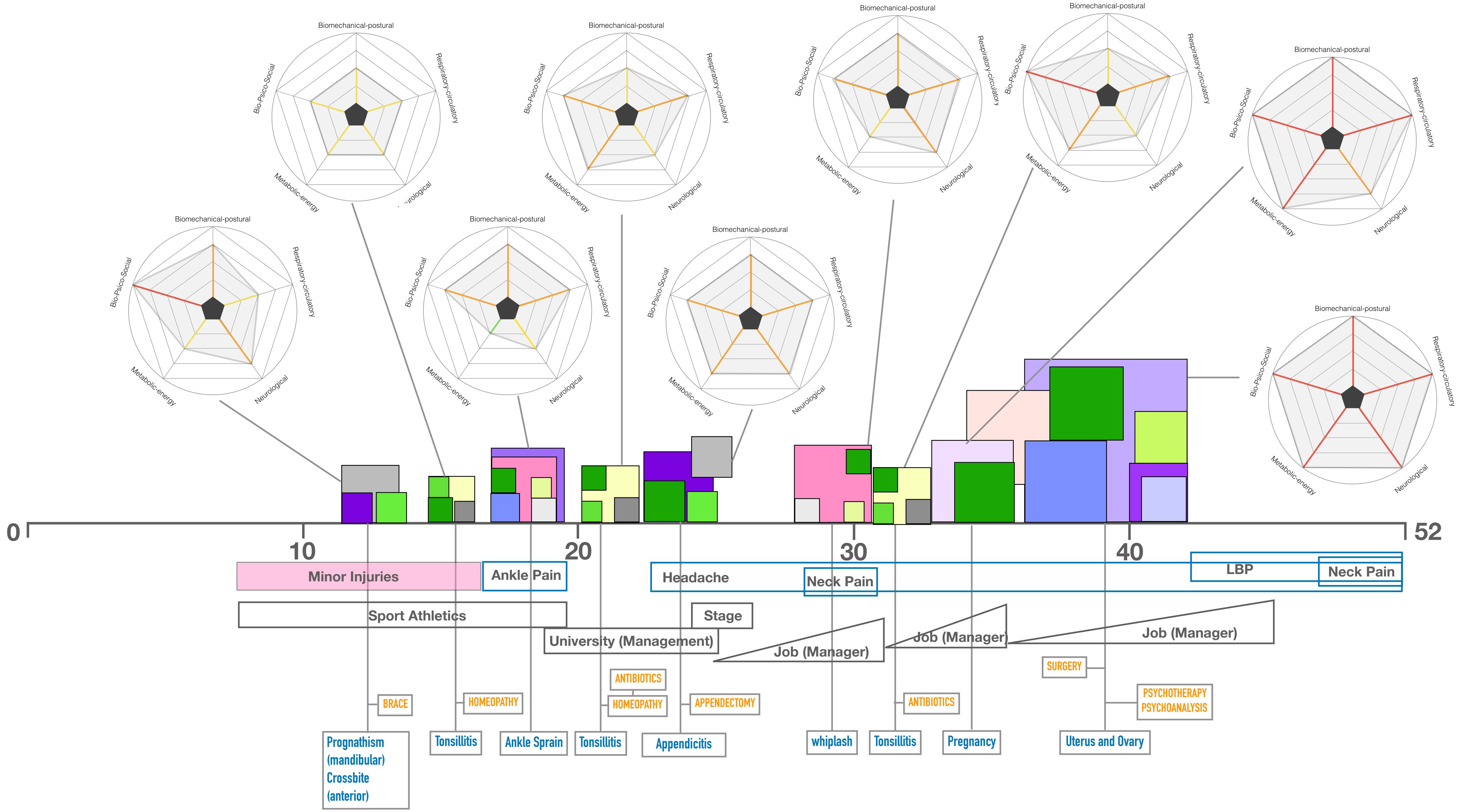


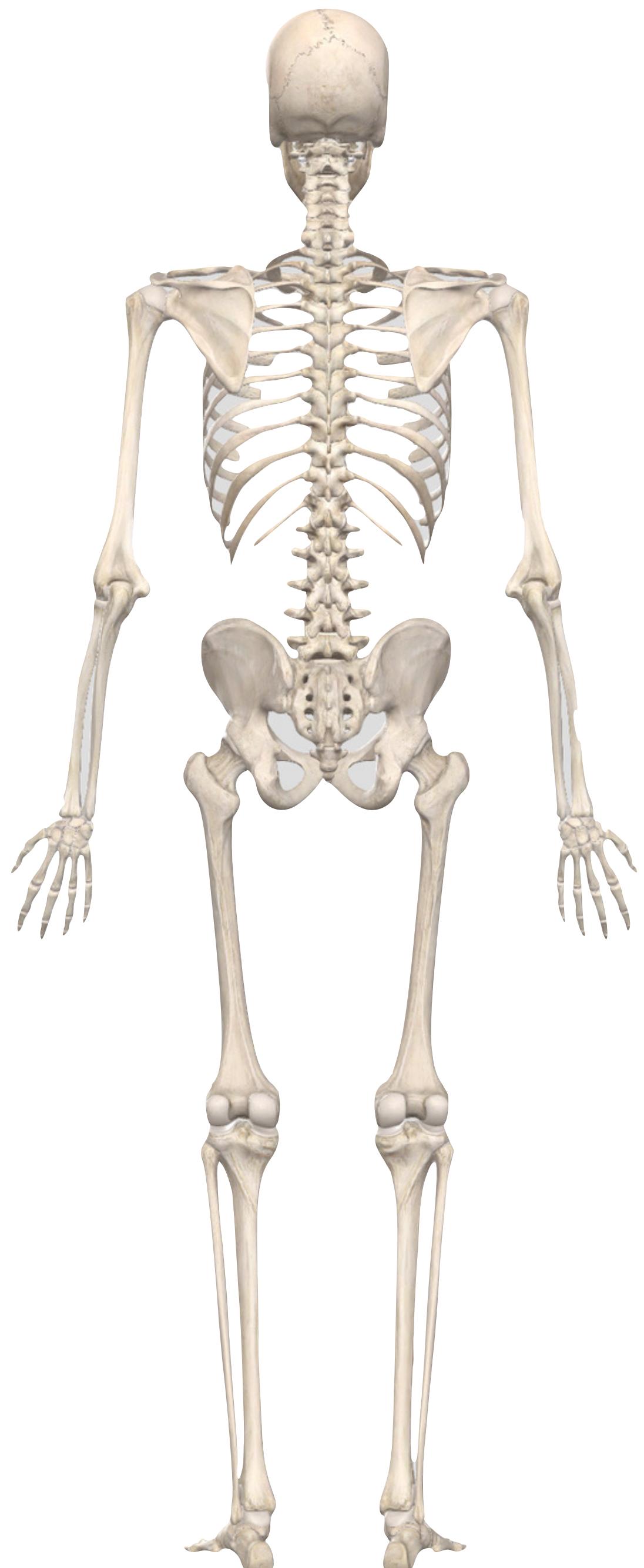
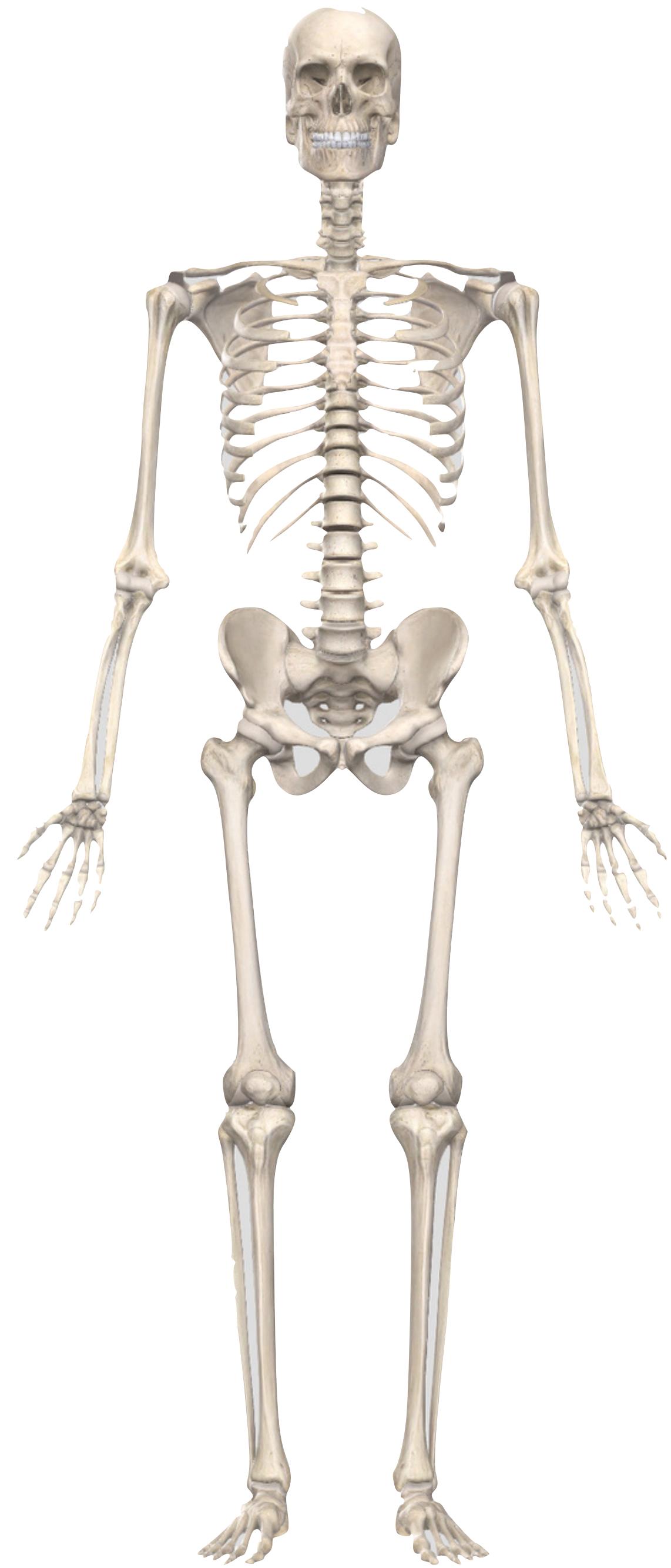


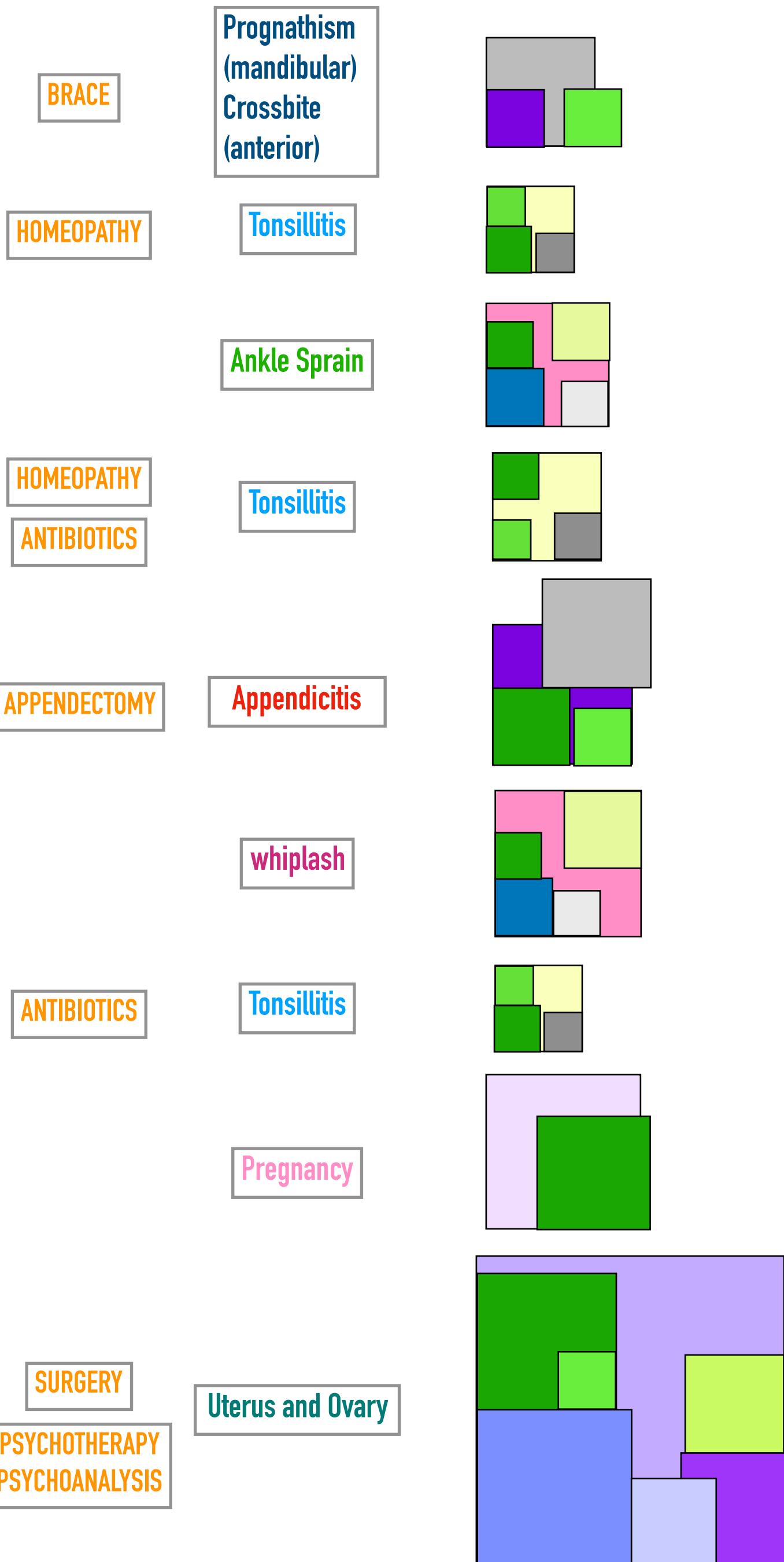
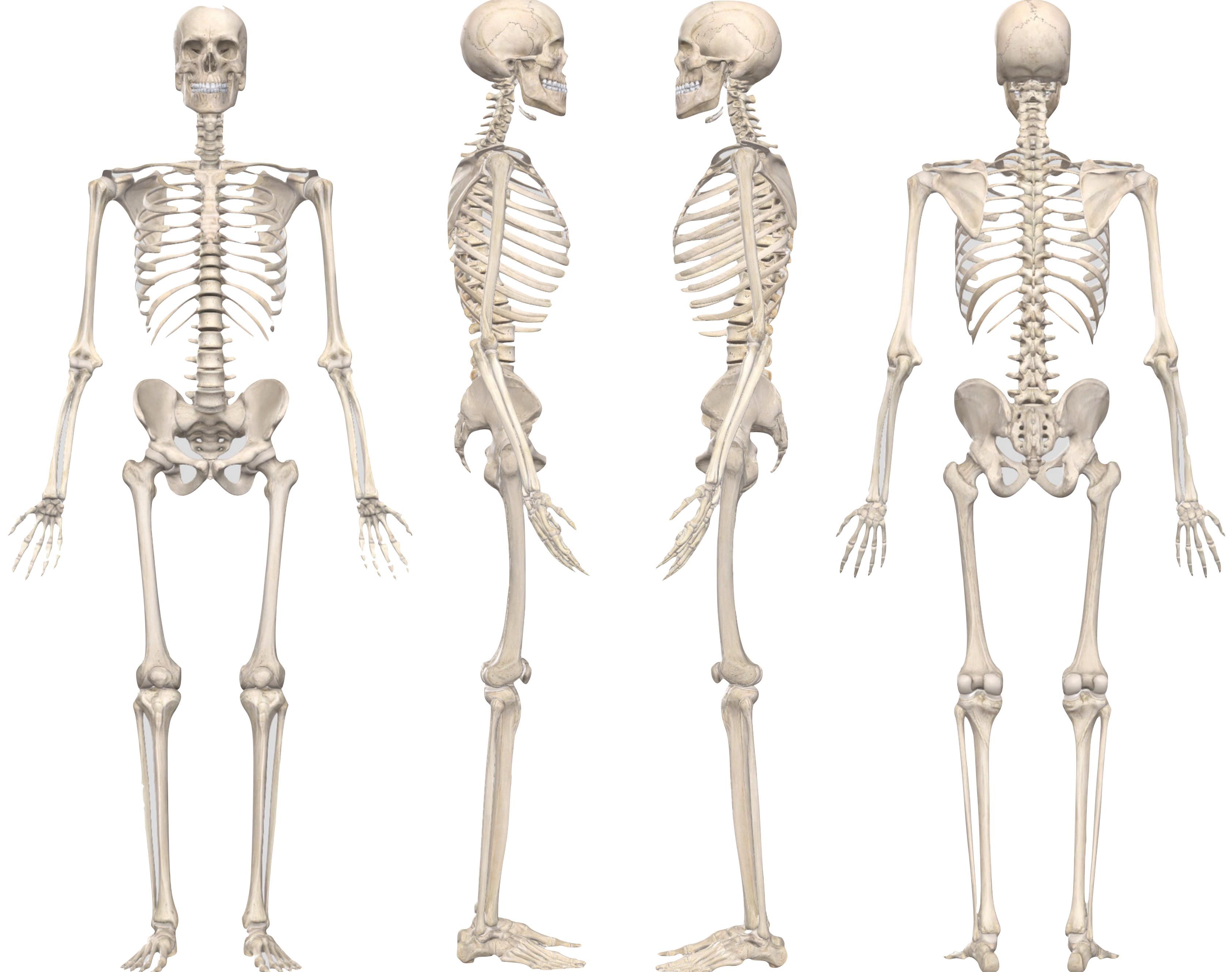


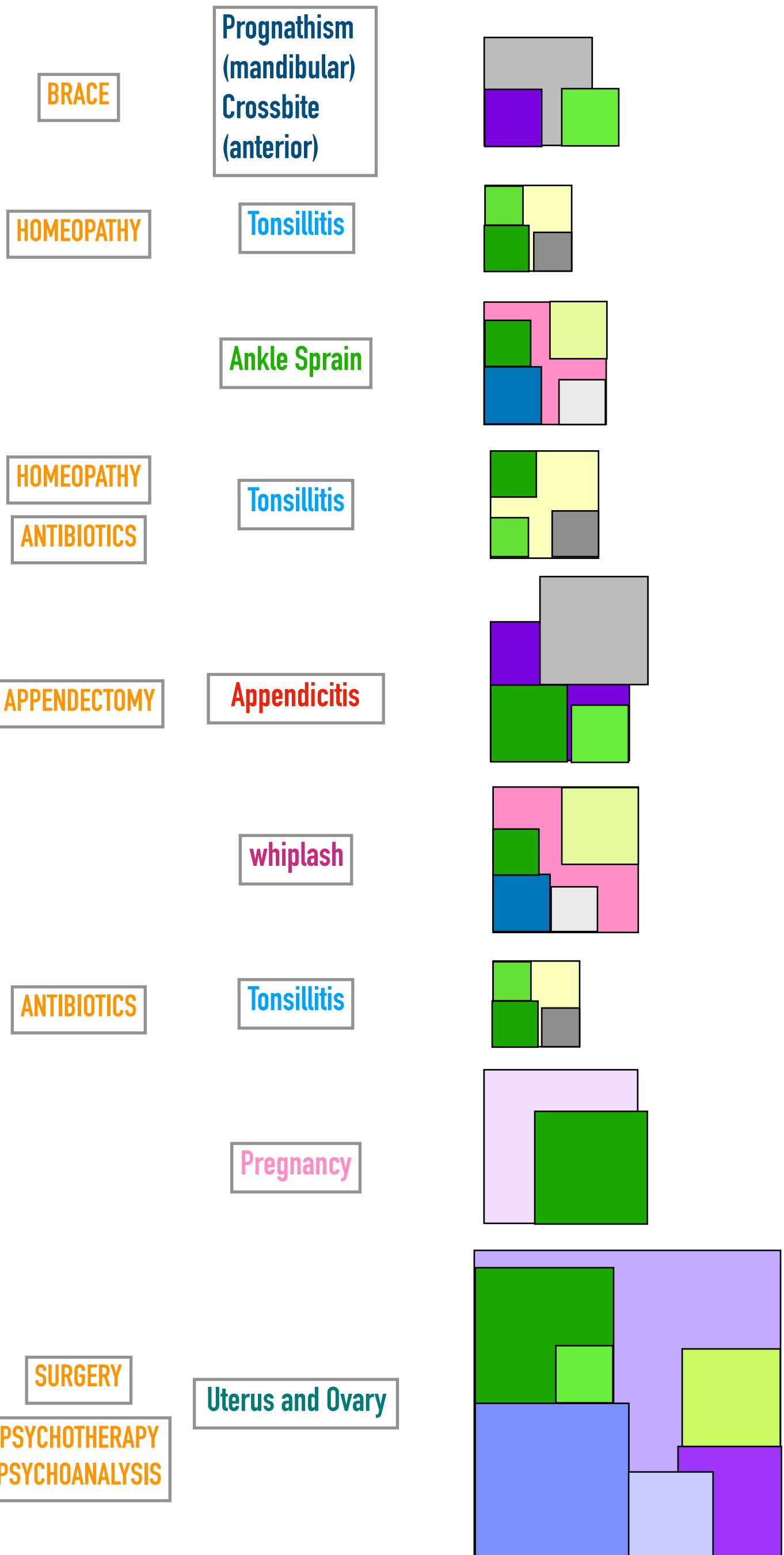
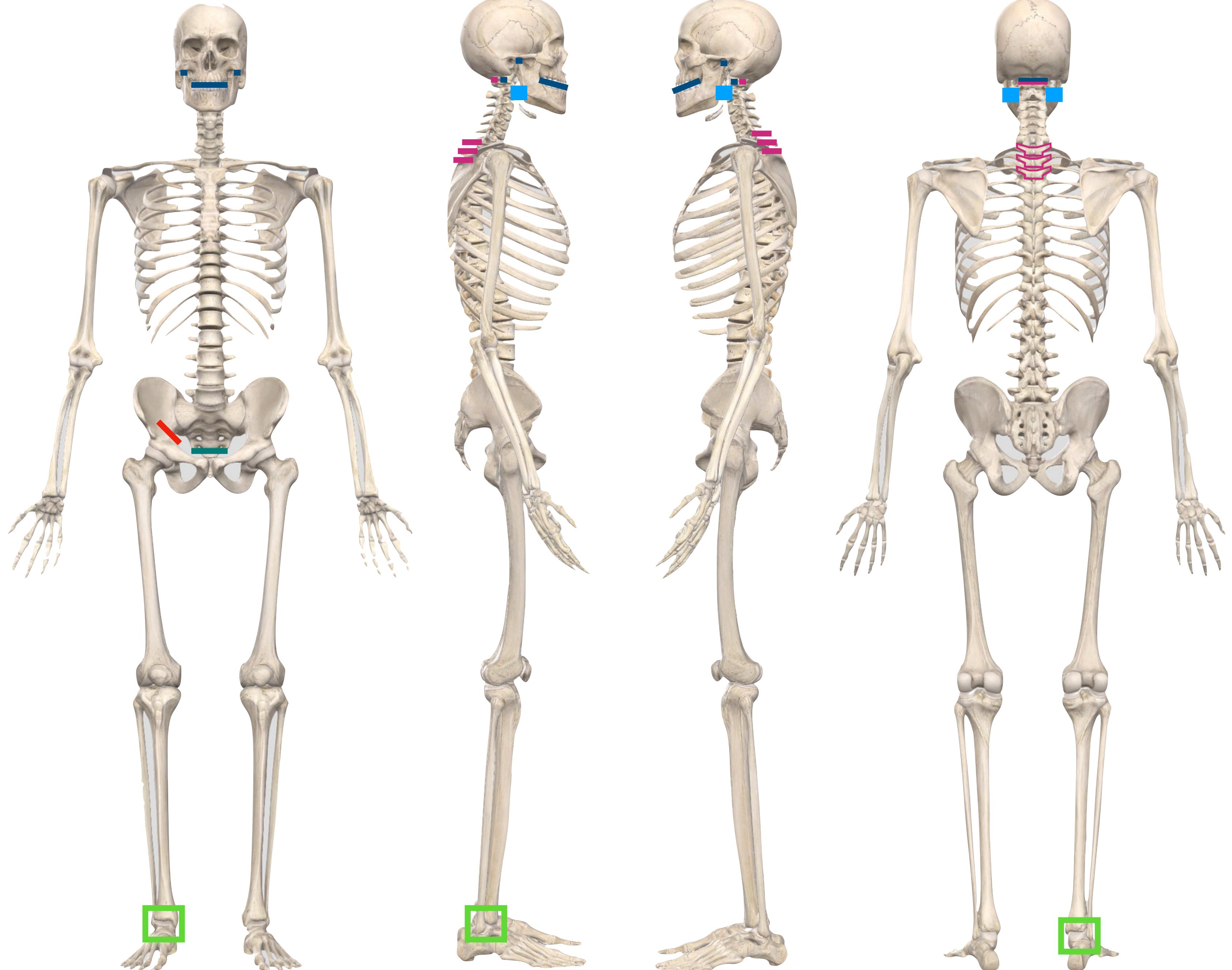


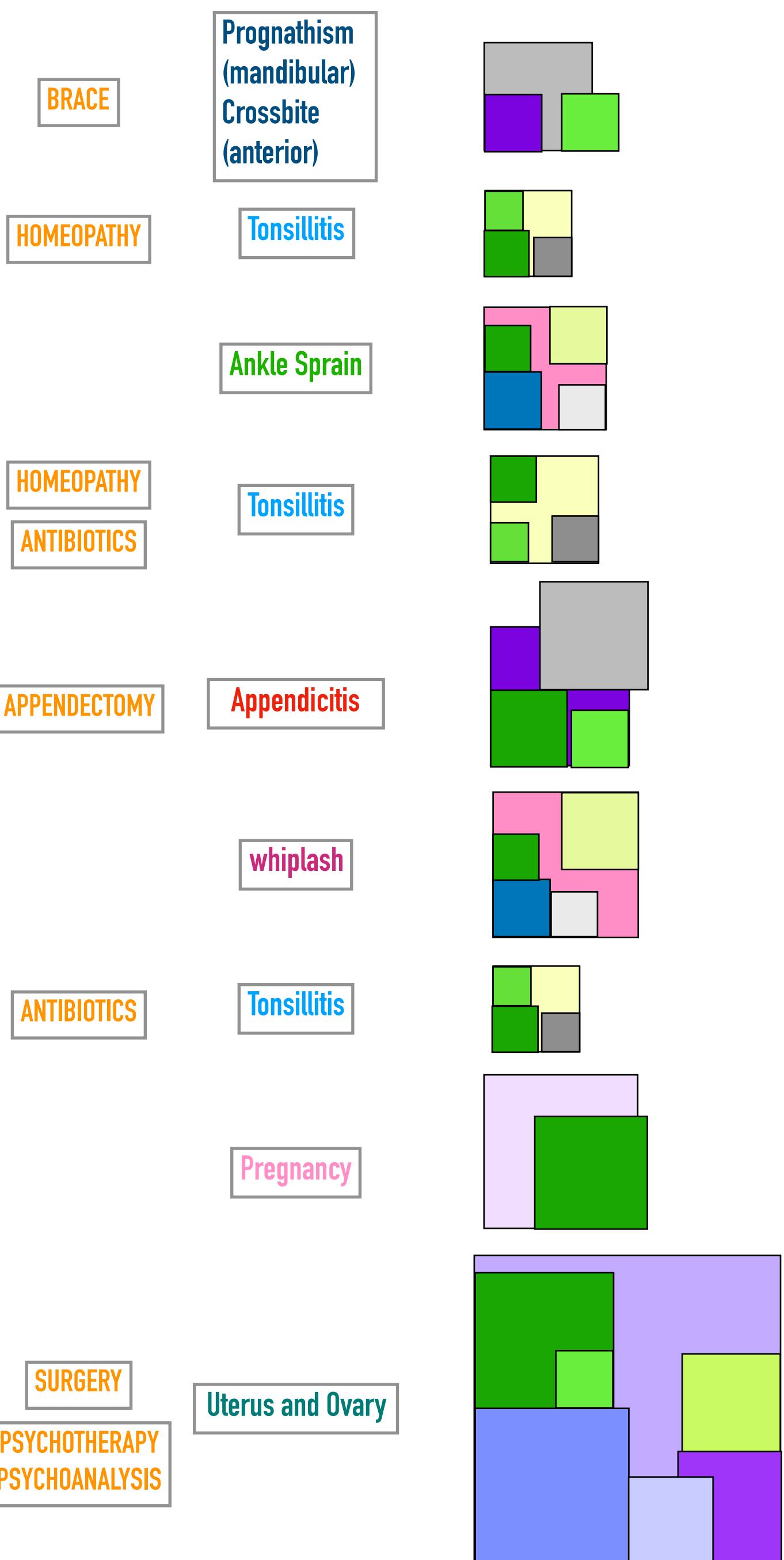
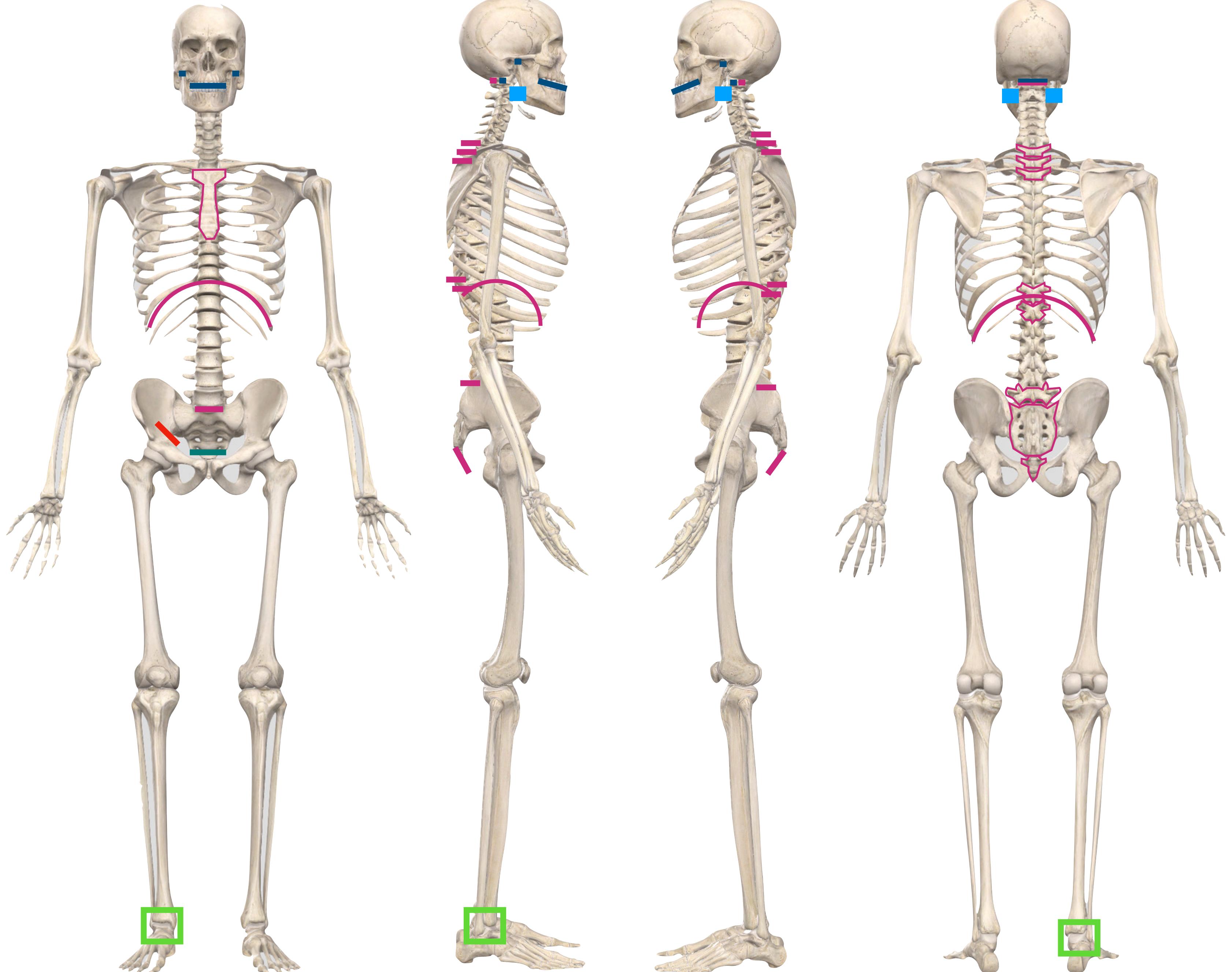


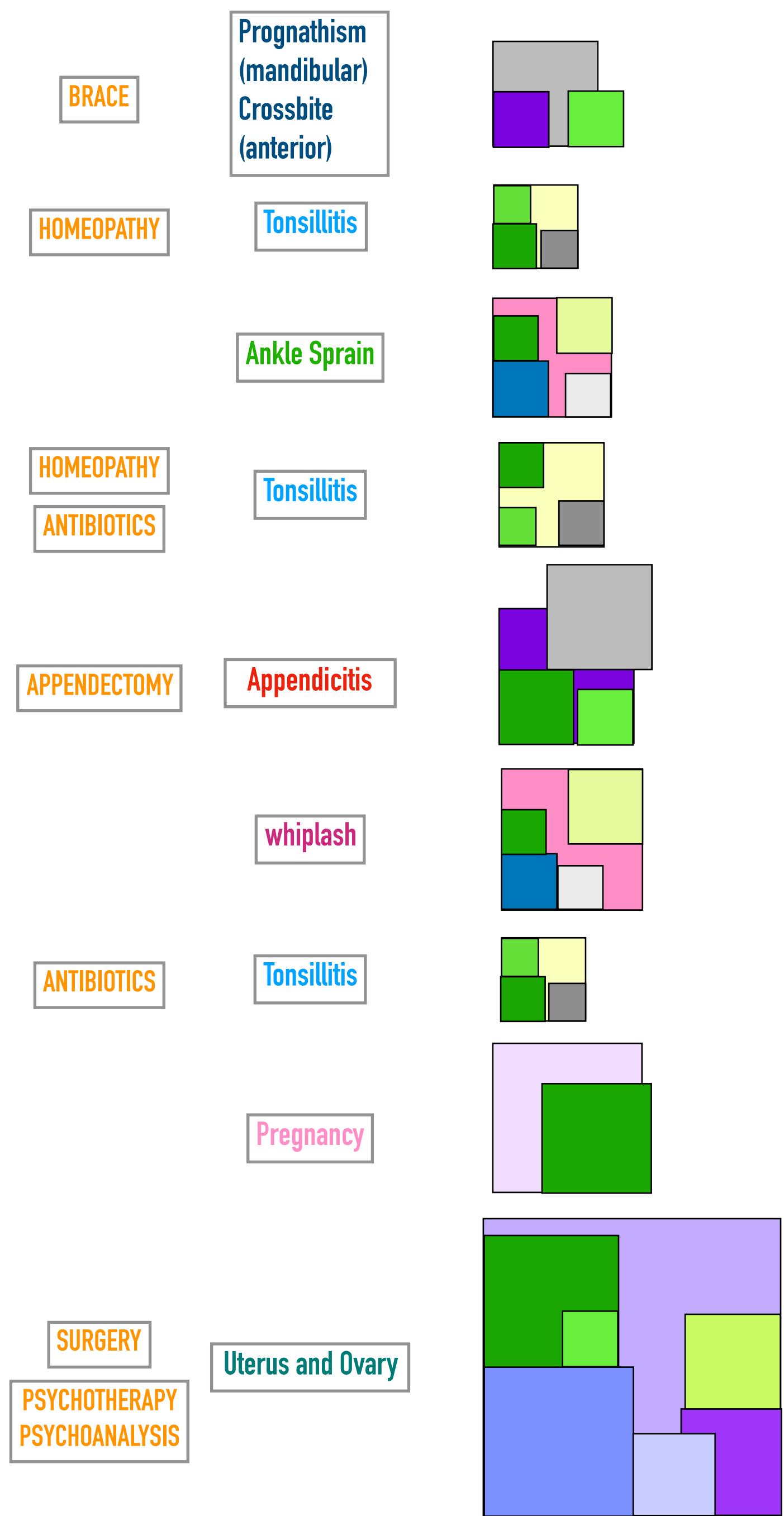
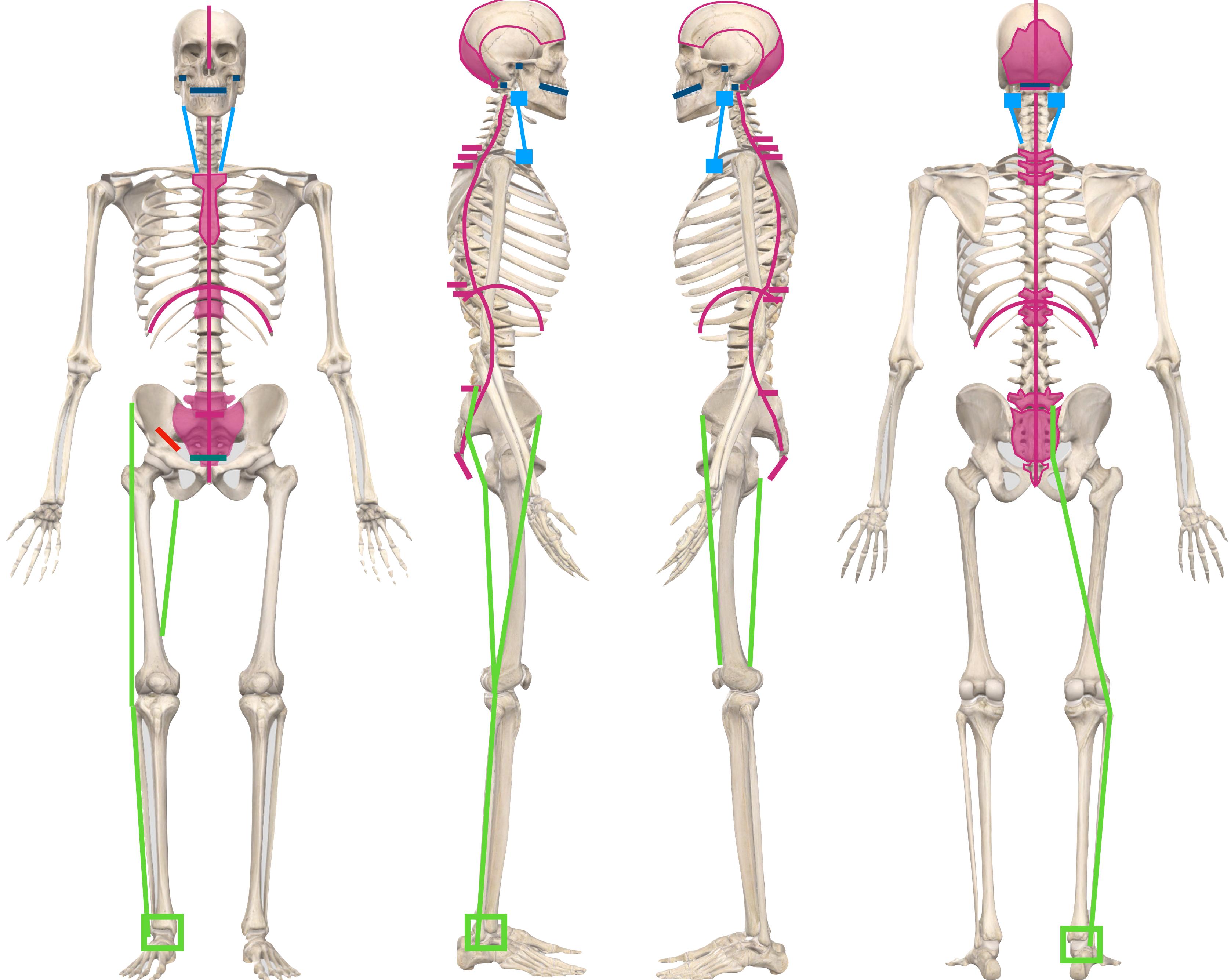


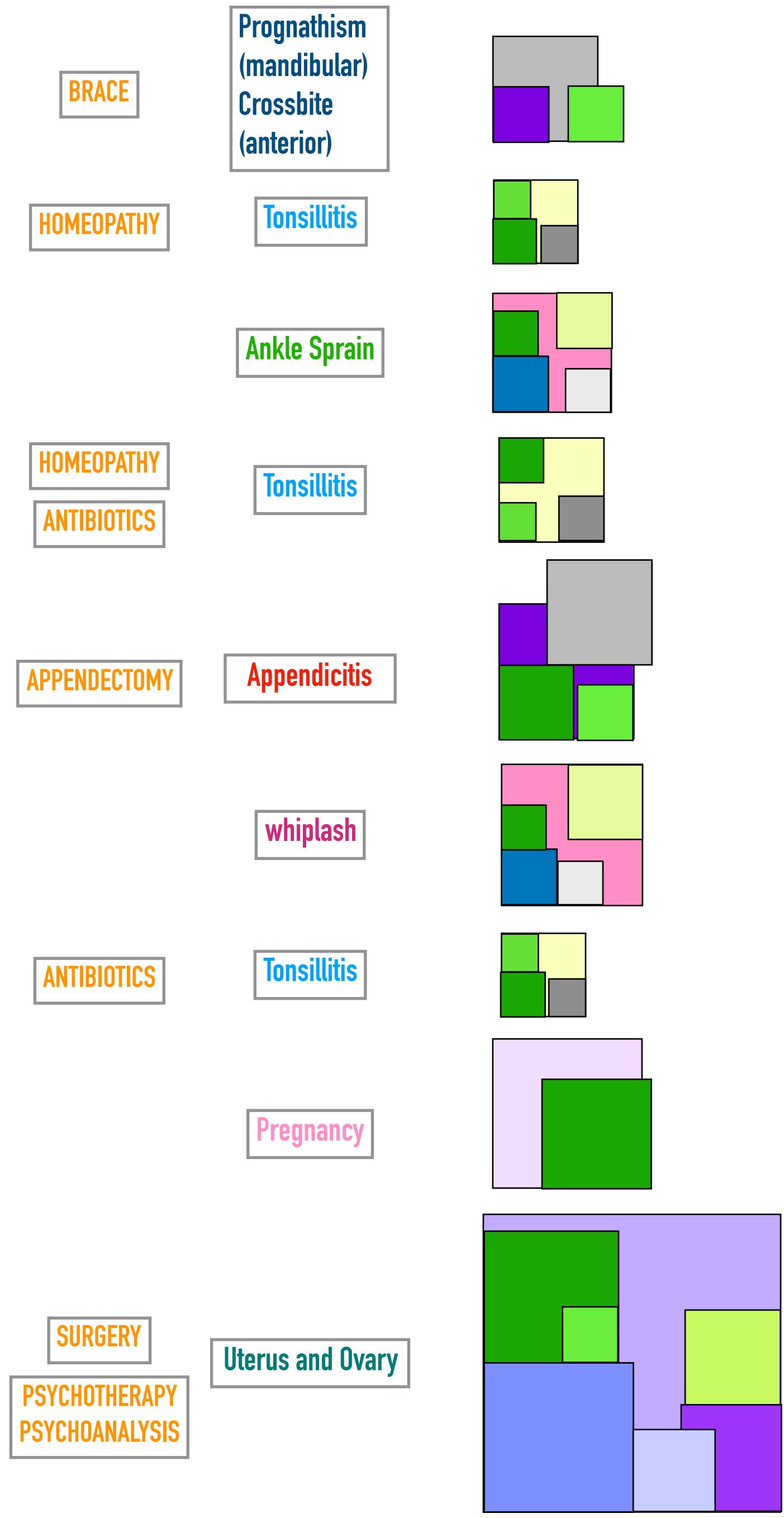
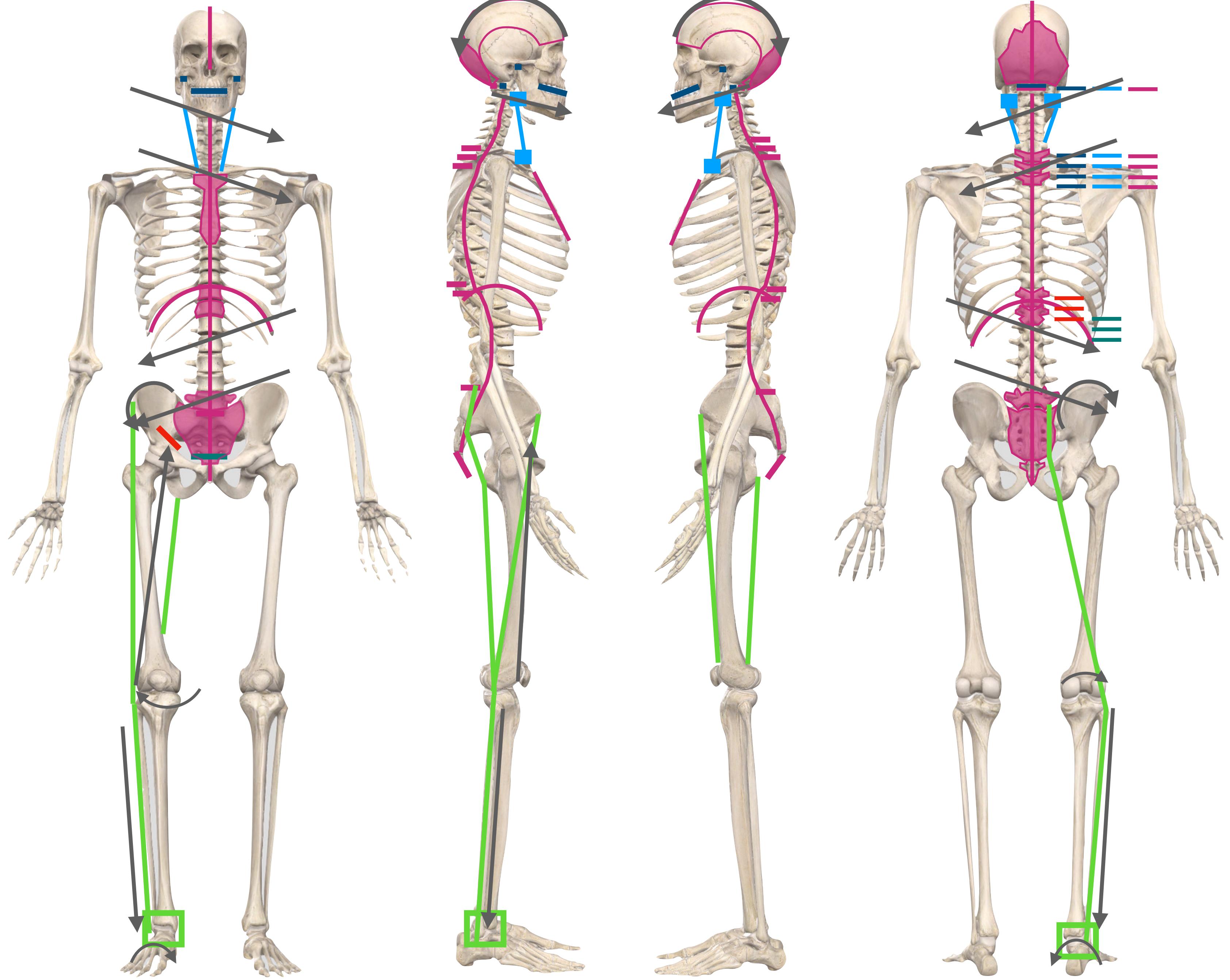


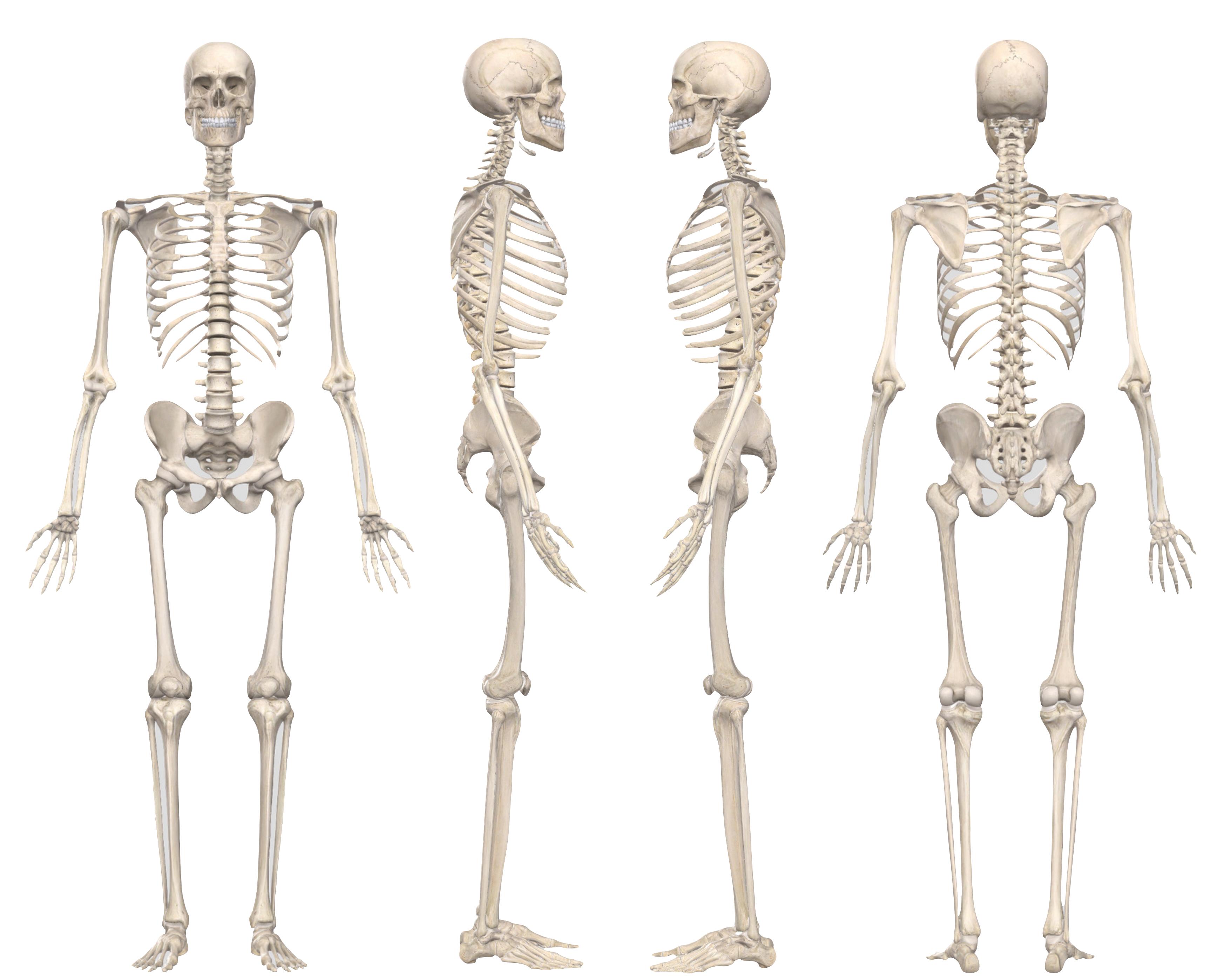












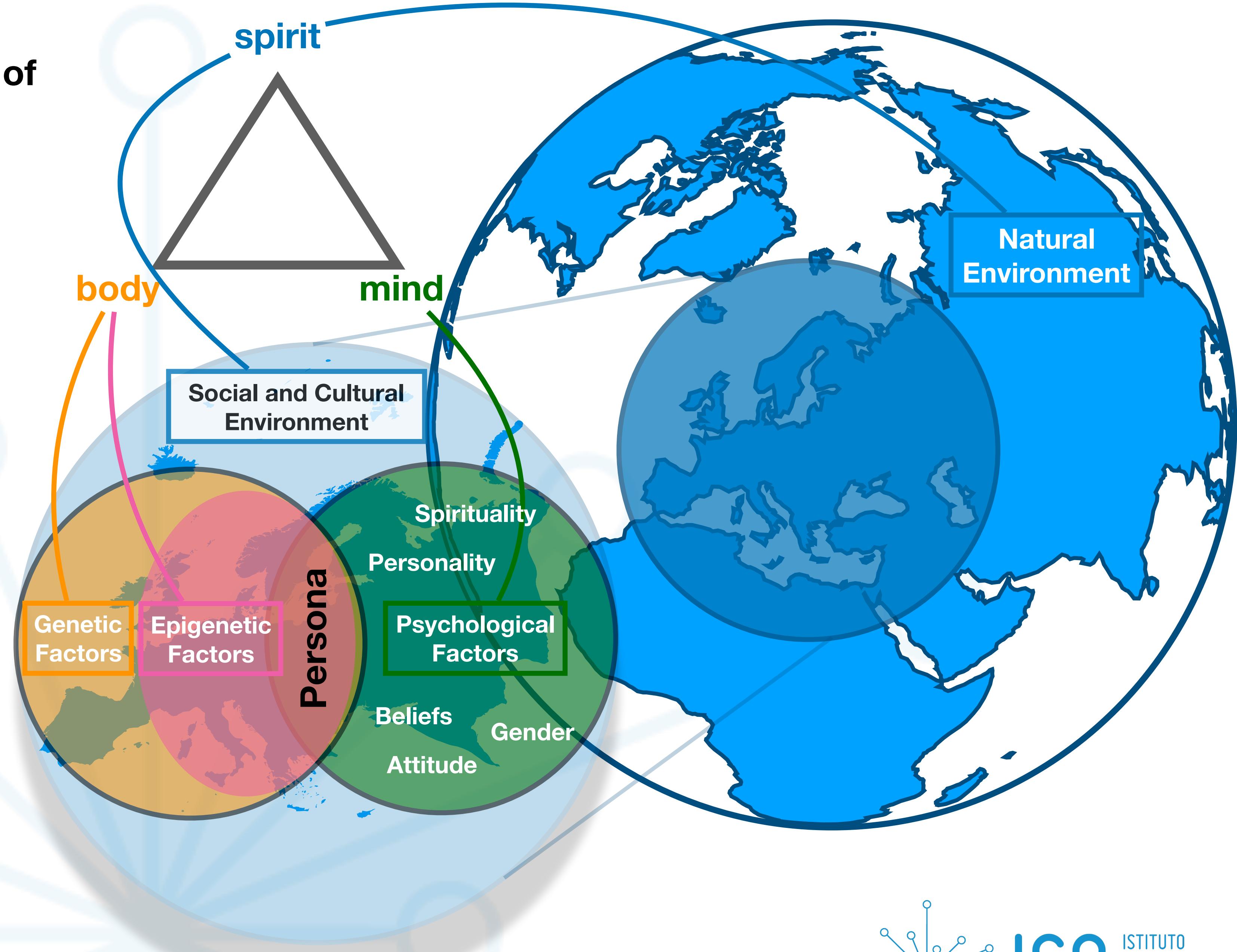
Some reflection on first principles of Osteopathy

The human being is a **dynamic functional unit**, whose state of health is influenced by the **body**, **mind** and **spirit**; if one part is changed in the system, the balance of the whole pattern will be affected.

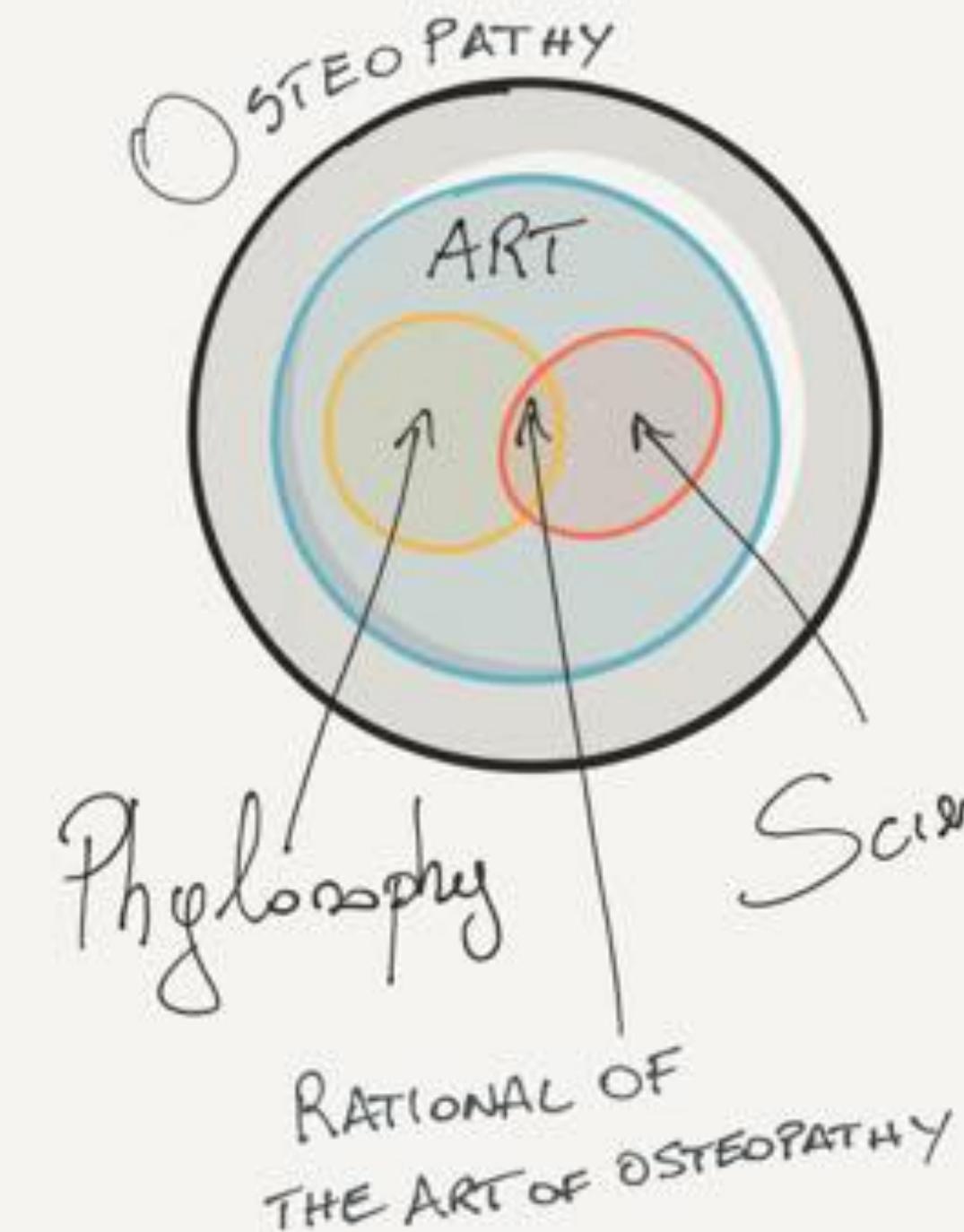
(CEN FprEN 16686:2014 (E))

The **HUMAN BEING** is a **Complex and Adaptive System**, whose state of health is influenced by **Environment (Natural, Socio-Cultural)**, **Genetic Factors**, **Epigenetic Factors** and **Psychological Factors**.

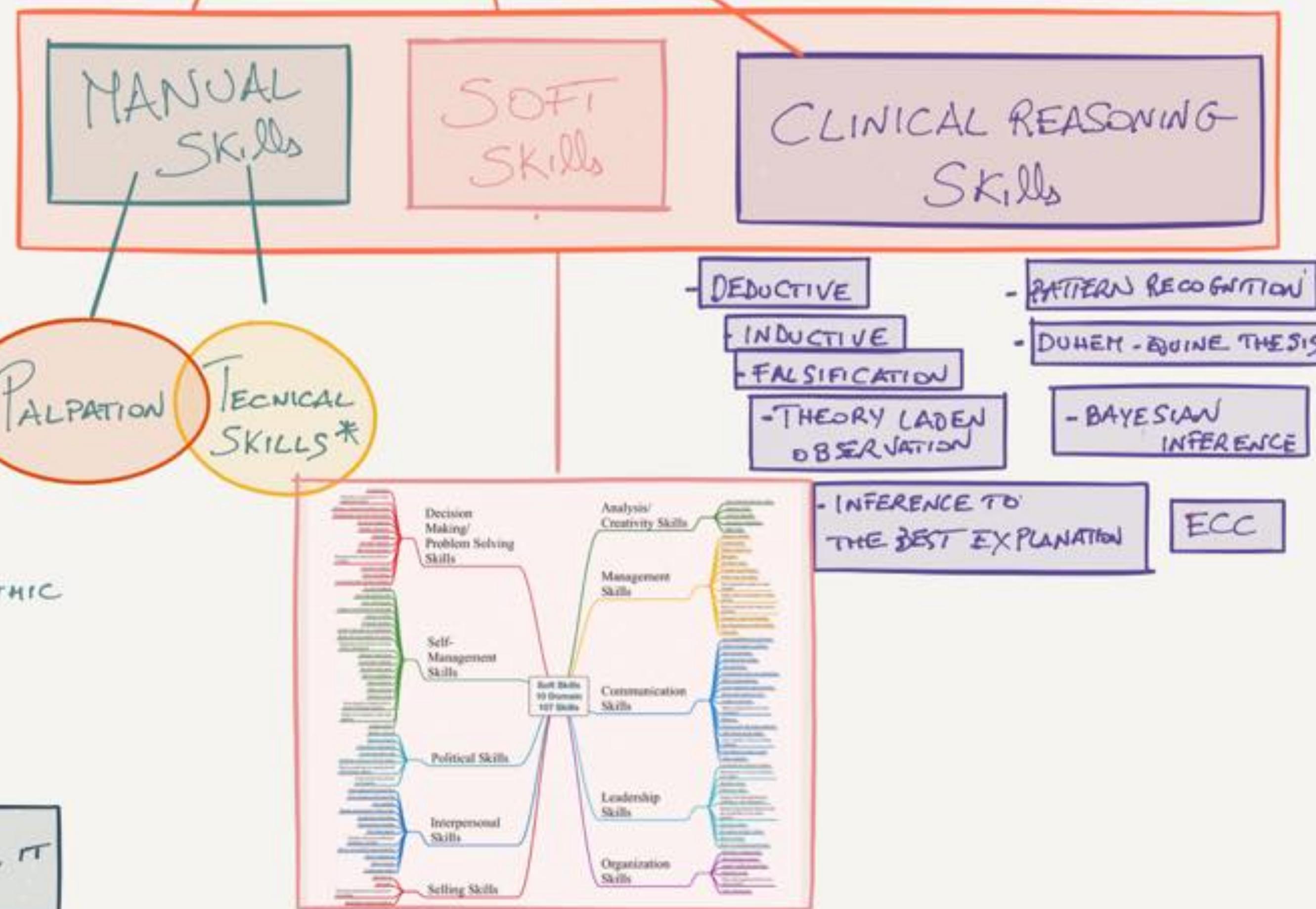
(Carmine Castagna 2017)



The CONCEPT OF ~~TEX~~ IN OSTEOPATHY

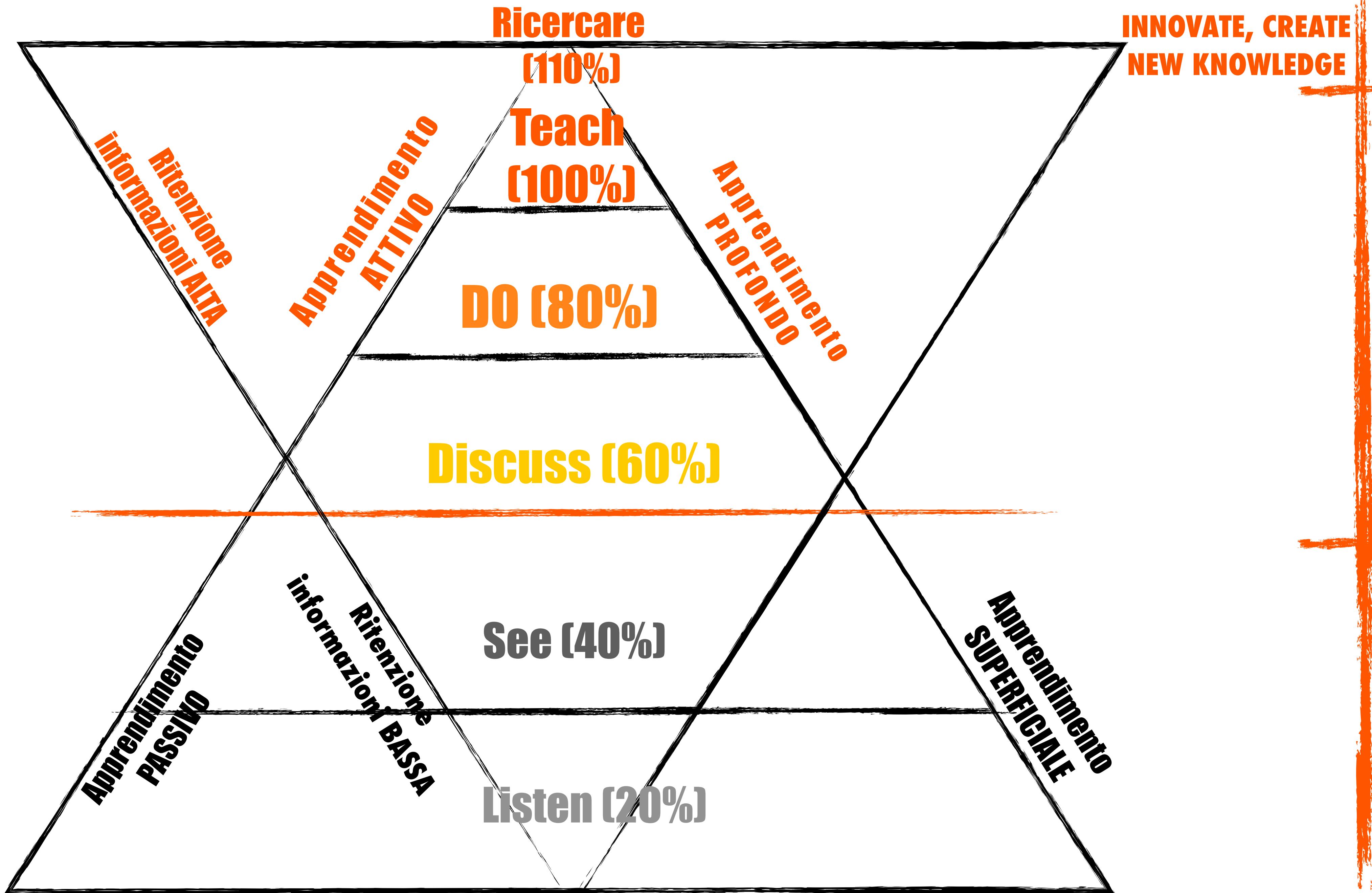


* RELATED TO THE OSTEOPATHIC
MANIPULATIVE TECHNIQUE



CARMINE CASTAGNA
CARMINE.CASTAGNA@ISI.IT

Ars
Osteopatica



**Can we prove our
beliefs and
perceptions?**

“So what's happening here?

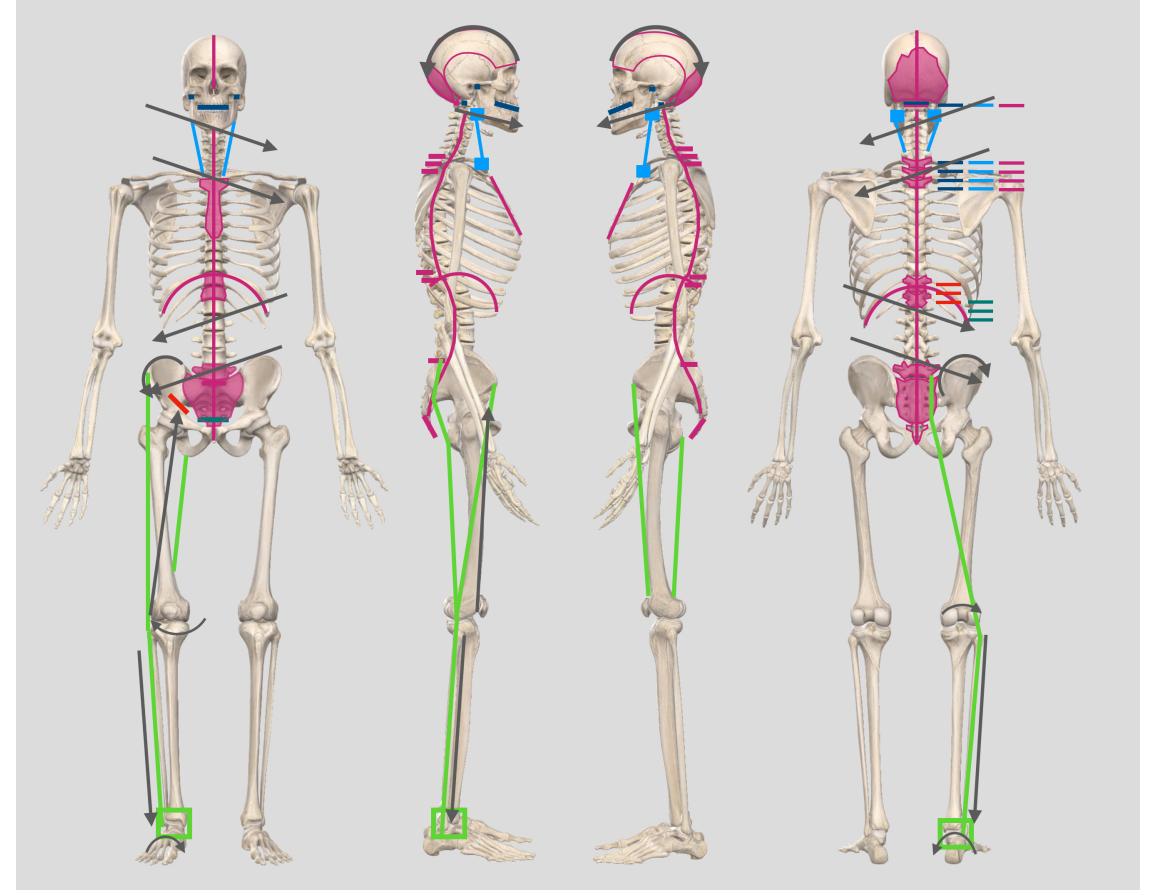
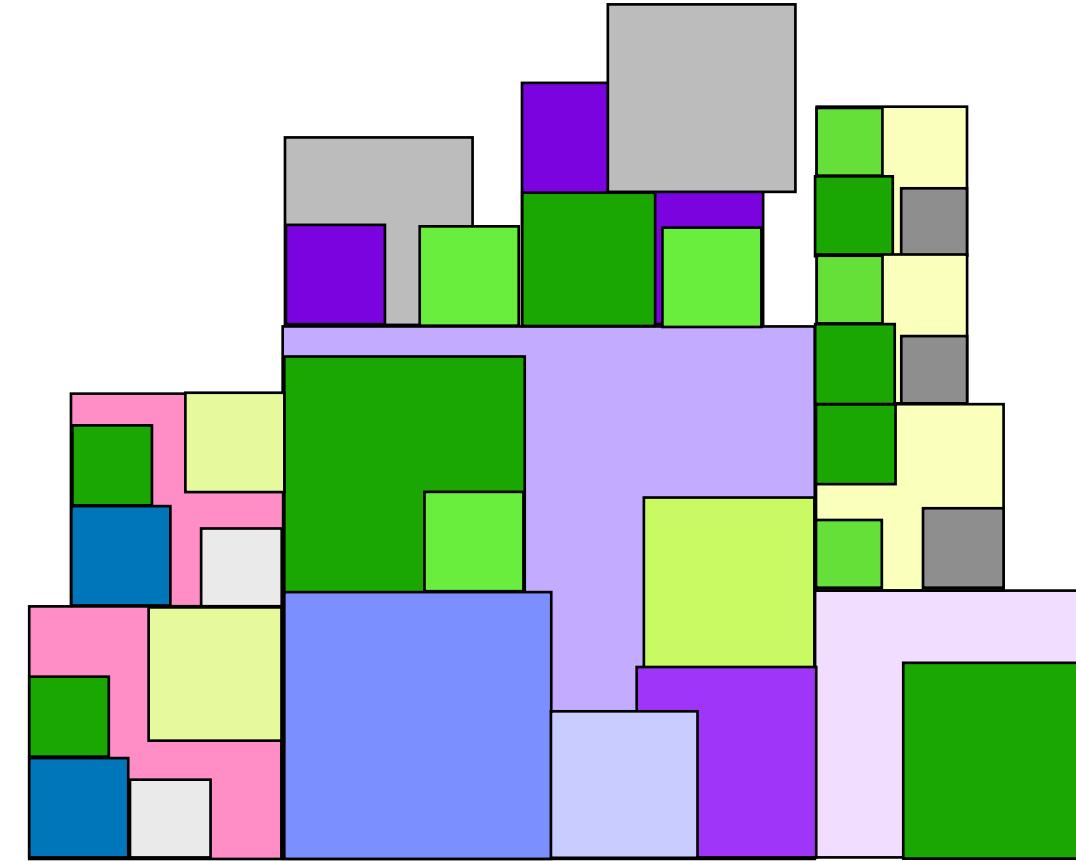
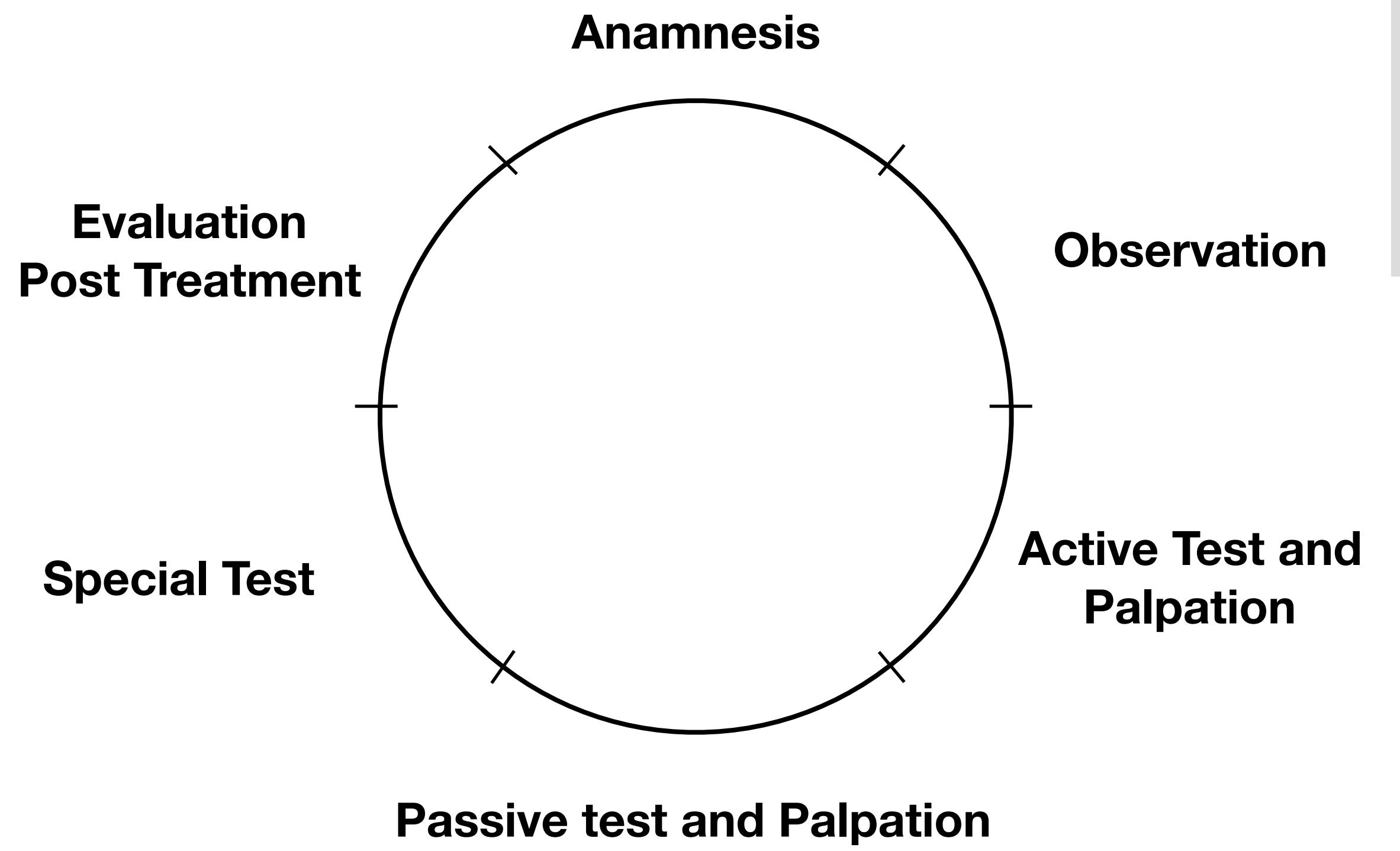
I think what we need to look at is we need to look at learning as the product of **educational self-organization**. If you **allow the educational process to self-organize**, then **learning emerges**.

It's not about making learning happen. It's about letting it happen.

The teacher **sets the process in motion** and **then s/he stands back in awe and watches as learning happens**. I think that's what all this is pointing at”

Sugata Mitra



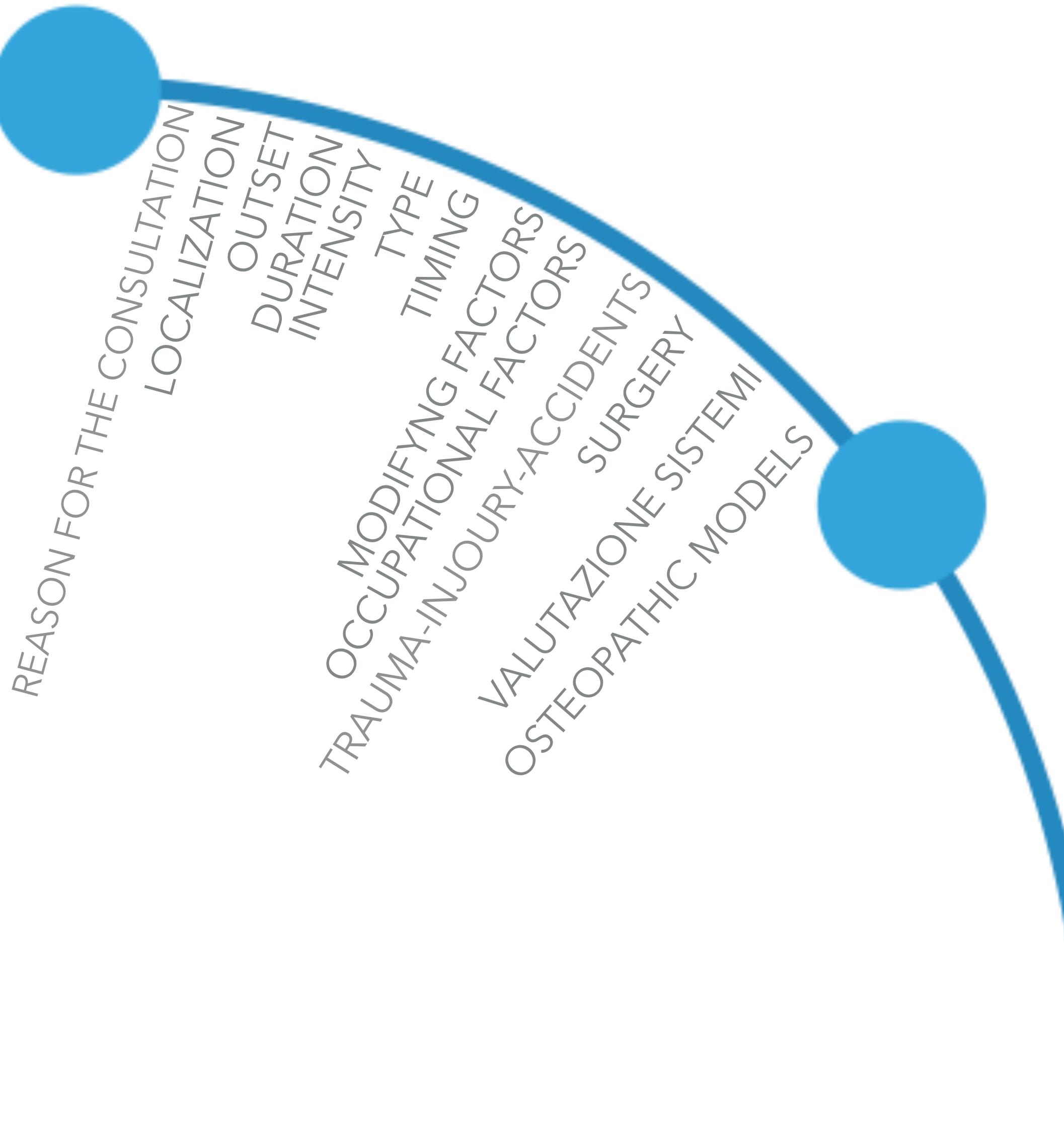


Anamnesi

IL CIRCOLO RIFLESSIVO OSTEOPATICO

LE FASI DEL
RAGIONAMENTO
DIAGNOSTICO

Osservazione



DIAGNOSIS UNDERSTANDING THE CASE

data for Safety

Reason for the consultation
Localization
Onset
Duration
Intensity
Typology
Timing

Anamnesis

**data for
complex
analysis**

Altering Factors

OCCUPATIONAL FACTORS

TRAUMAS-INJURIES-ACCIDENTS

SURGERY (chirurgici, dentistici, oculistici)

SYSTEMS EVALUATION

MODELS EVALUATIONS

Reason for the consultation (1 O +)

LOCALIZZAZIONE

ESORDIO

SUBDOLO
TRAUMATICO

DURATA

< 3 MESI ACUTE
3-6 MESI SUB ACUTE
> 6 MESI CRONIC/PERSISTENT

INTENSITA'



TIPOLOGIA

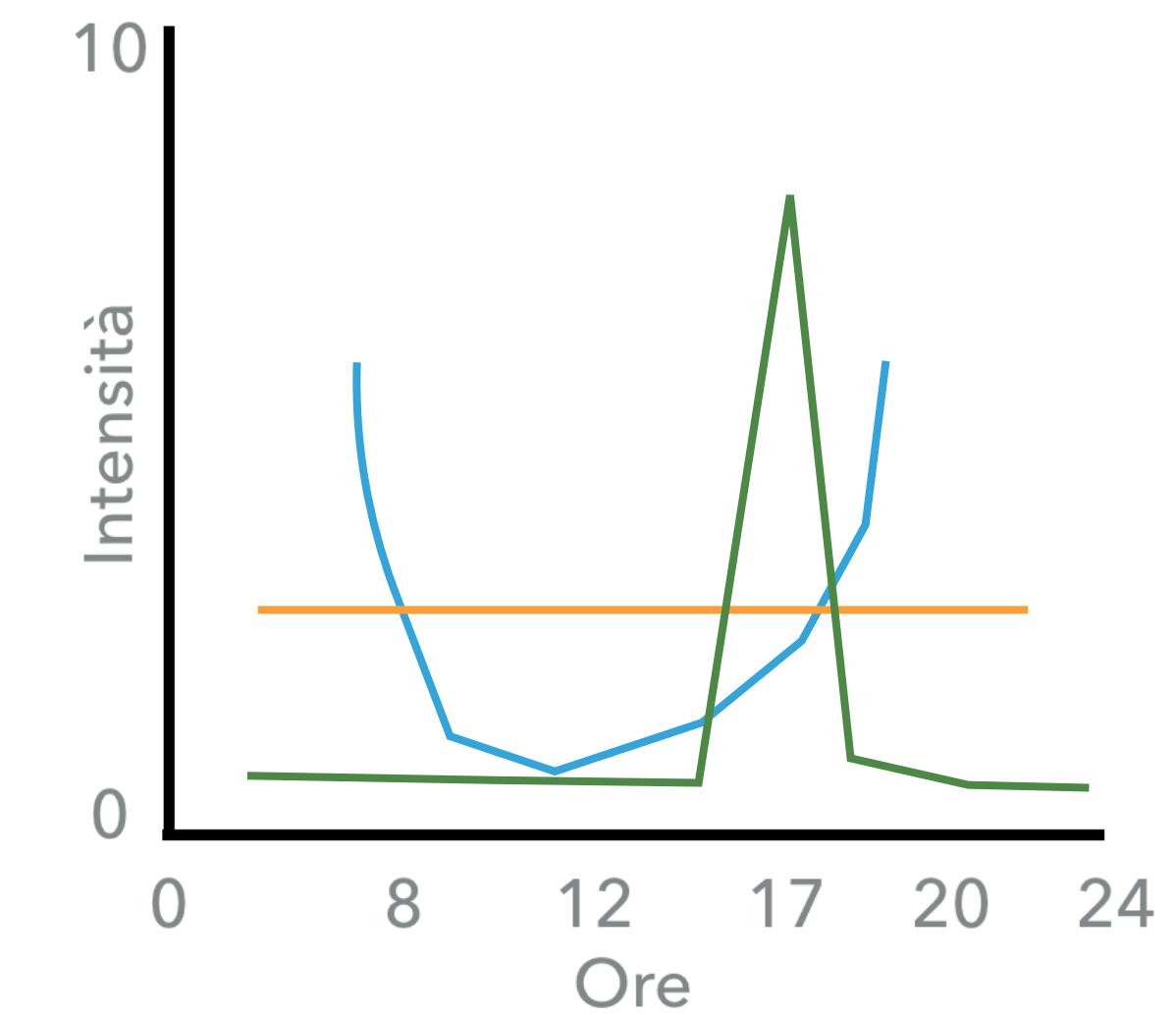
NOCICEPTIVE
INFLAMMATORY
NEUROPATHIC
CENTRAL SENSITIZATION

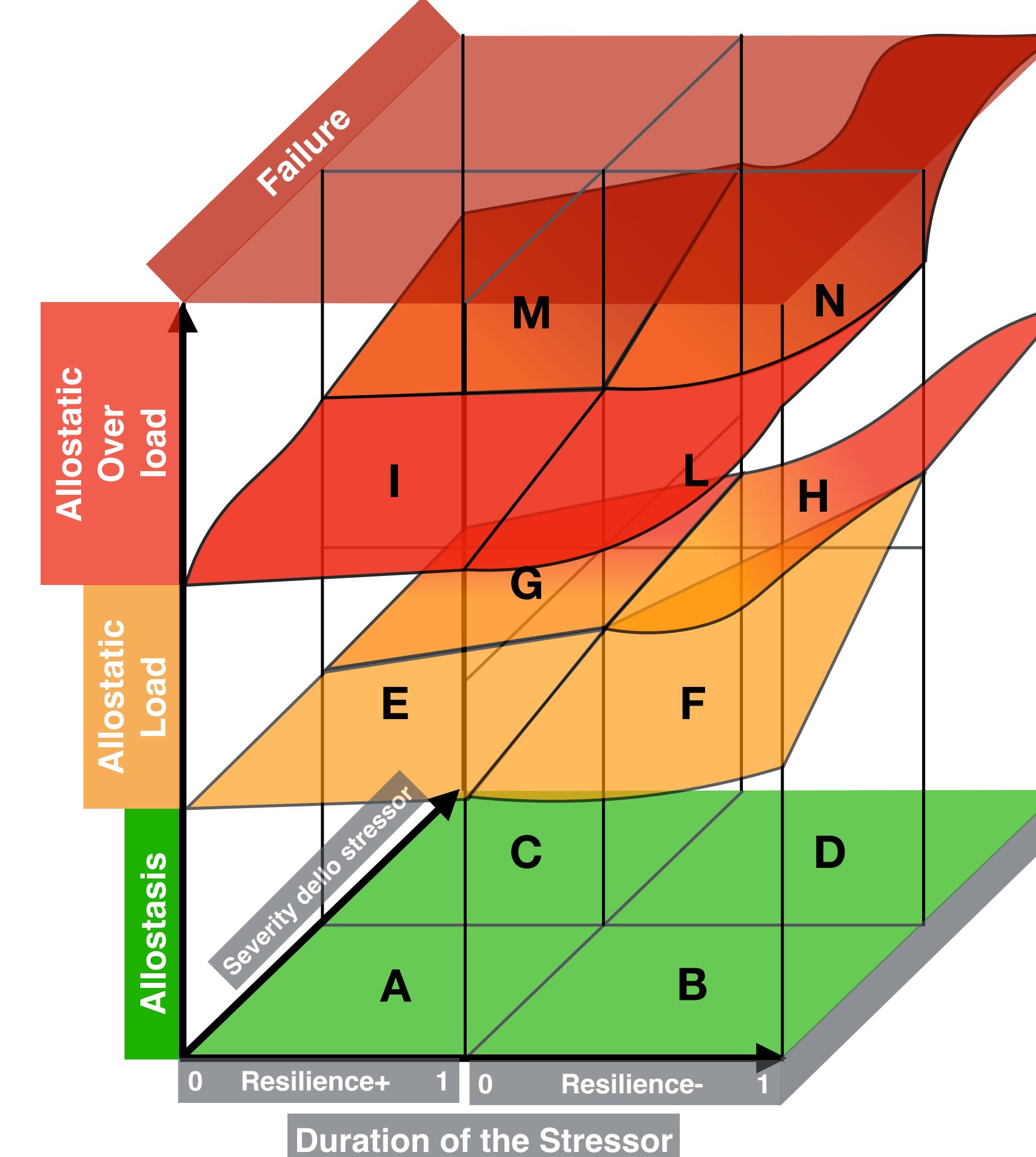
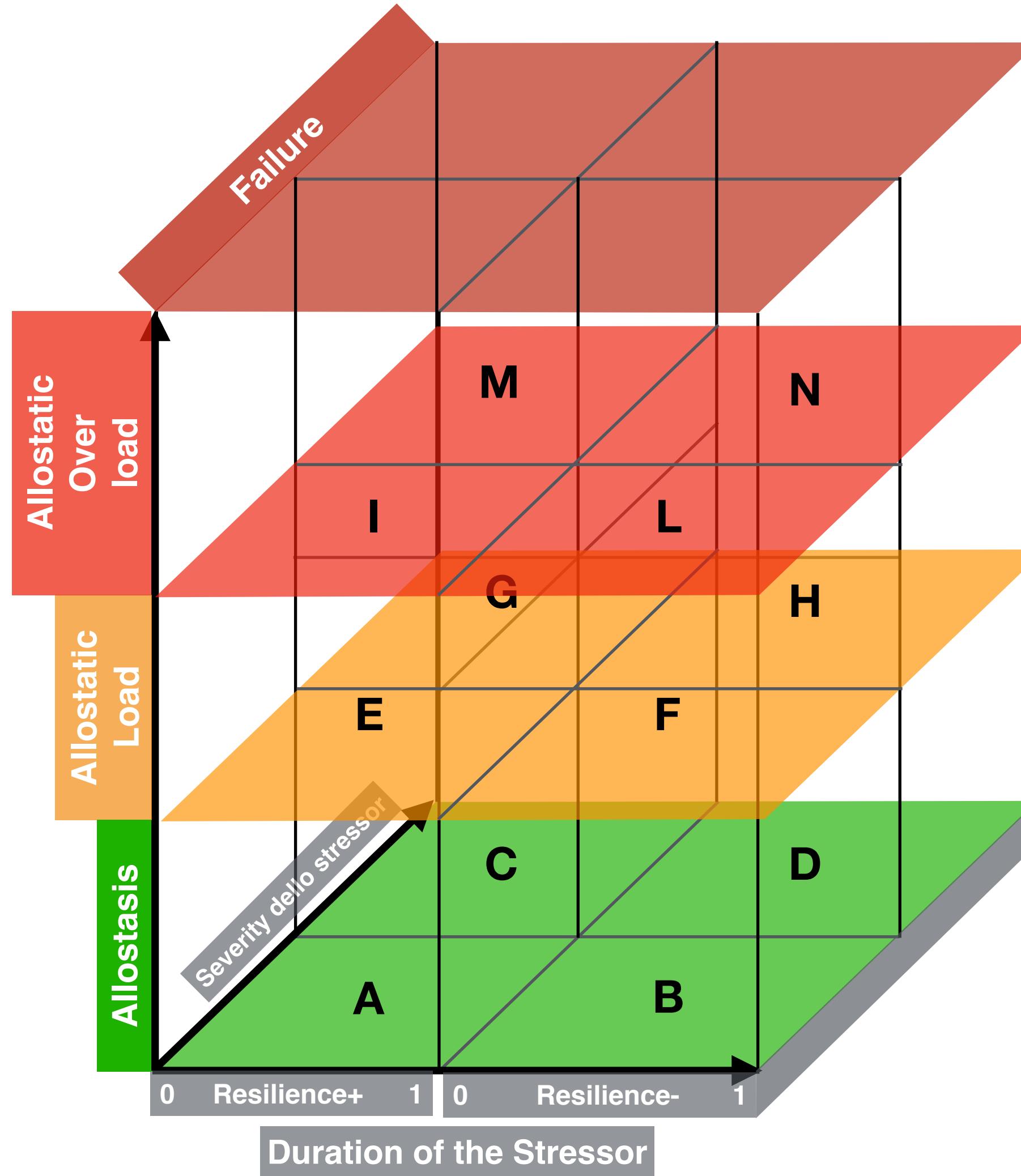
PRECAUZIONI E SICUREZZA

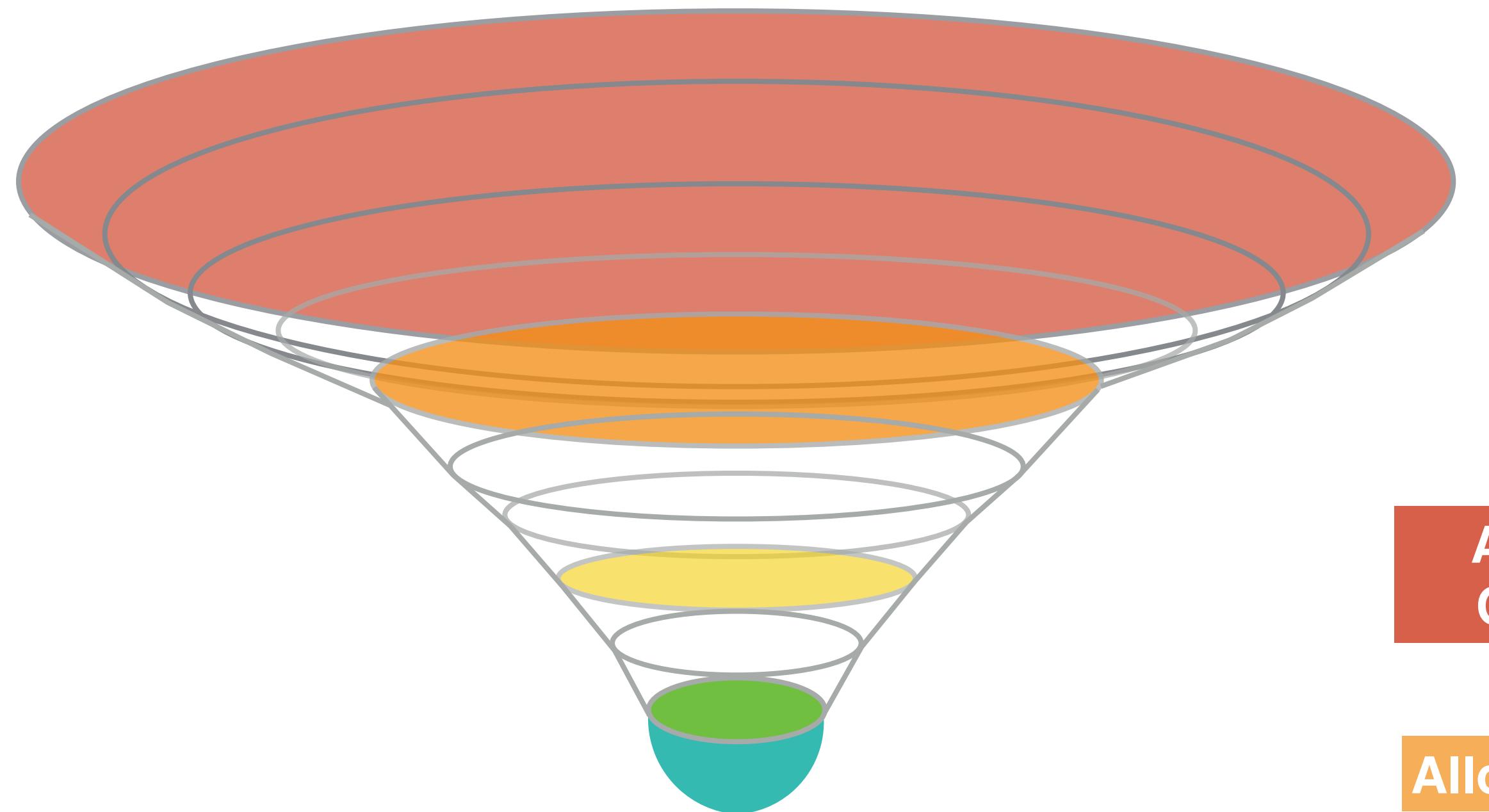
APPROFONDIMENTI DIAGNOSTICI

LE VARIABILI CHE
CI AIUTANO A
CAPIRE IL DOLORE

TIMING →







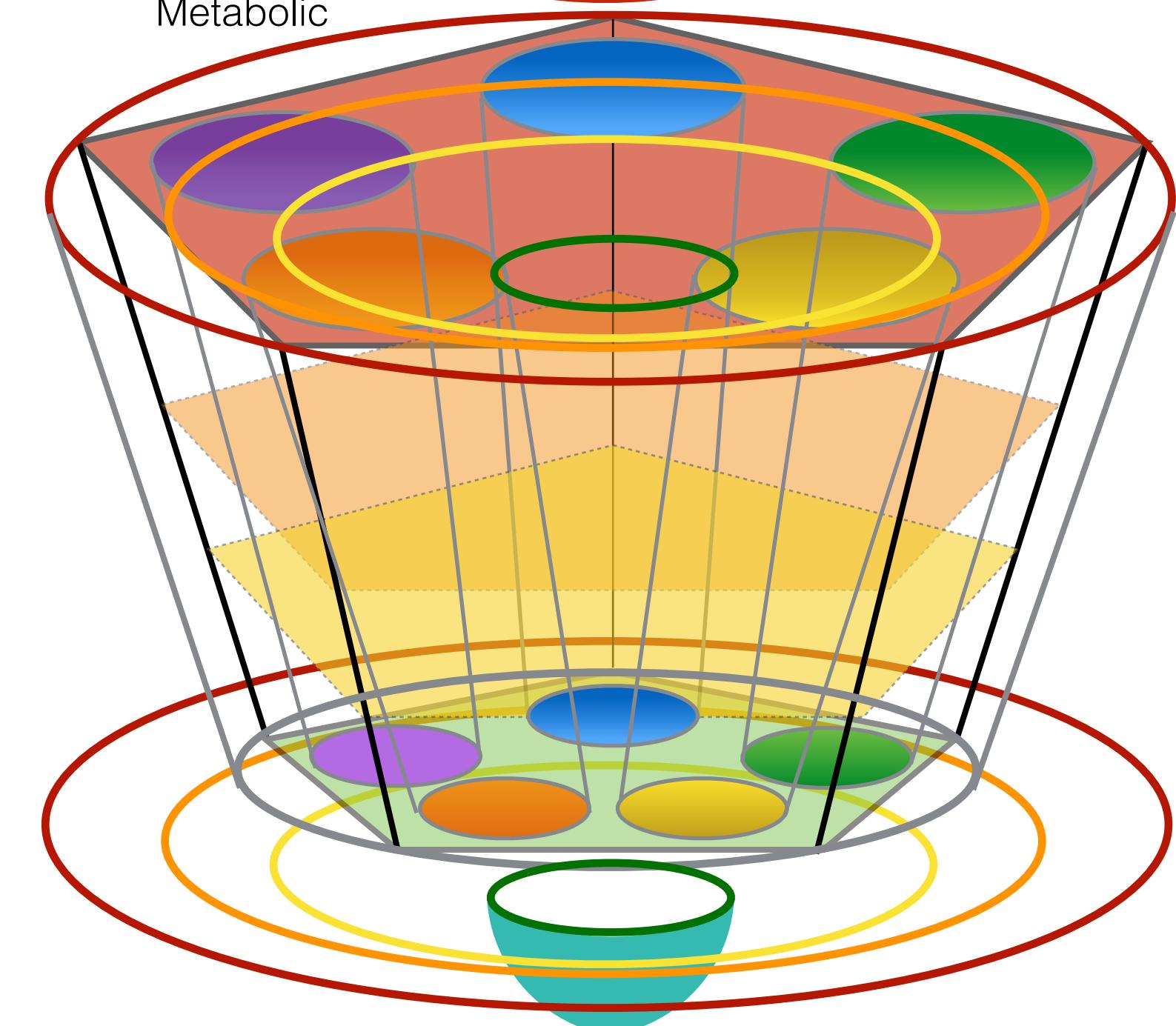
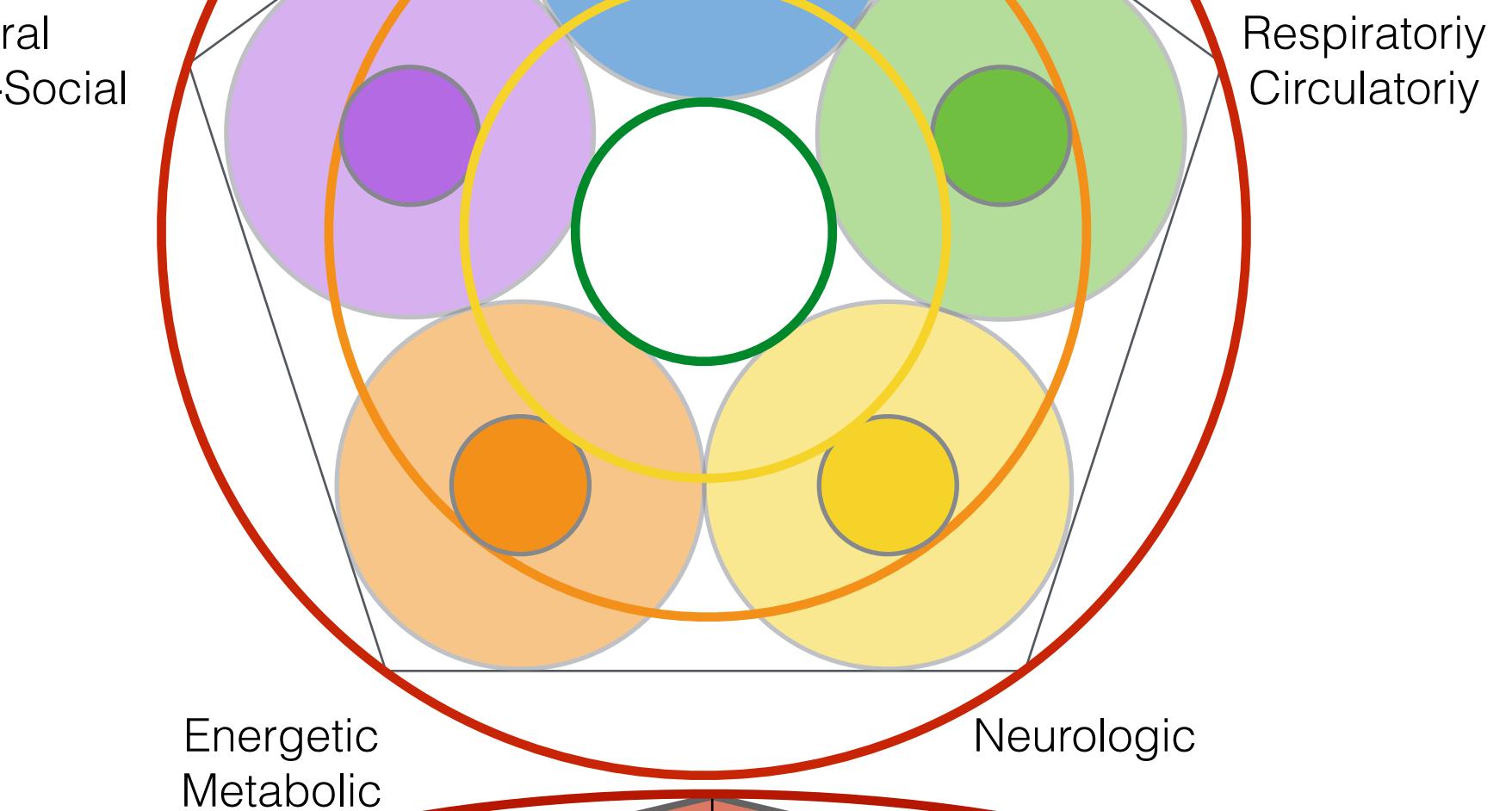
Behavioral
Bio-Psycho-Social

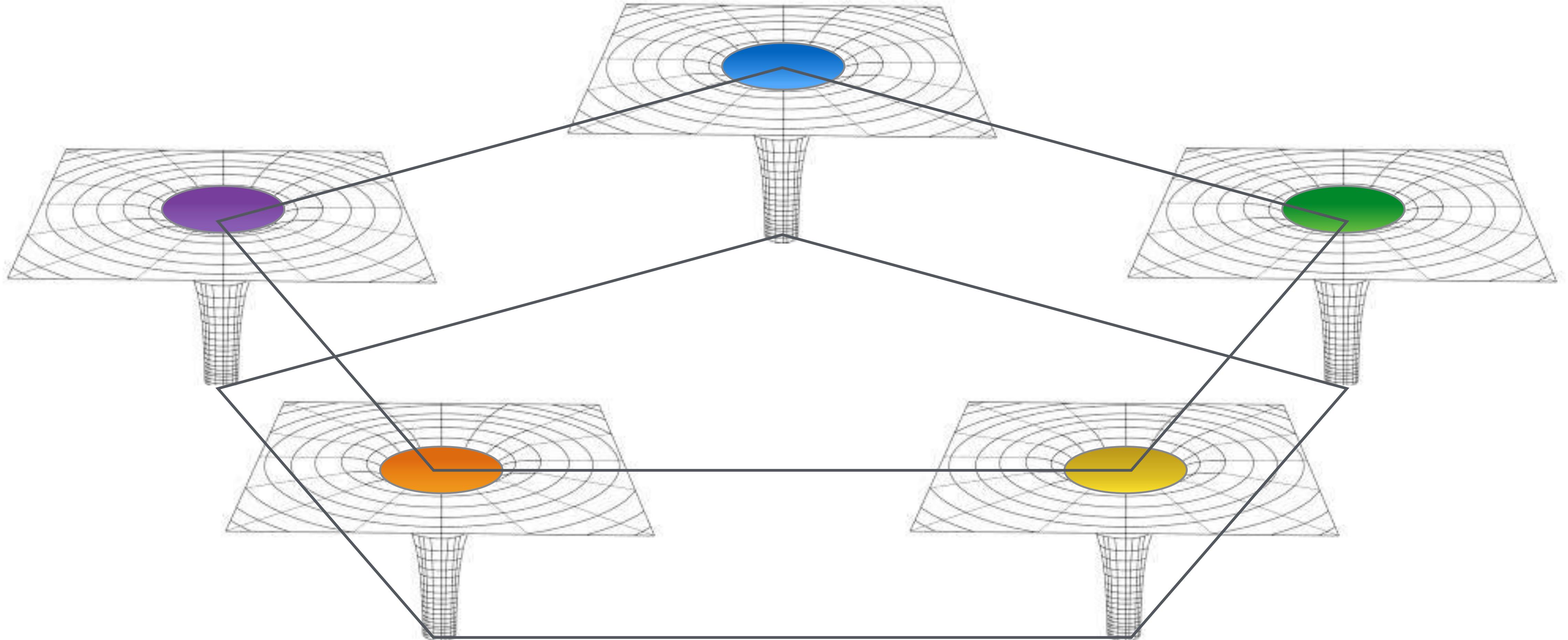
**Allostatic
Overload**

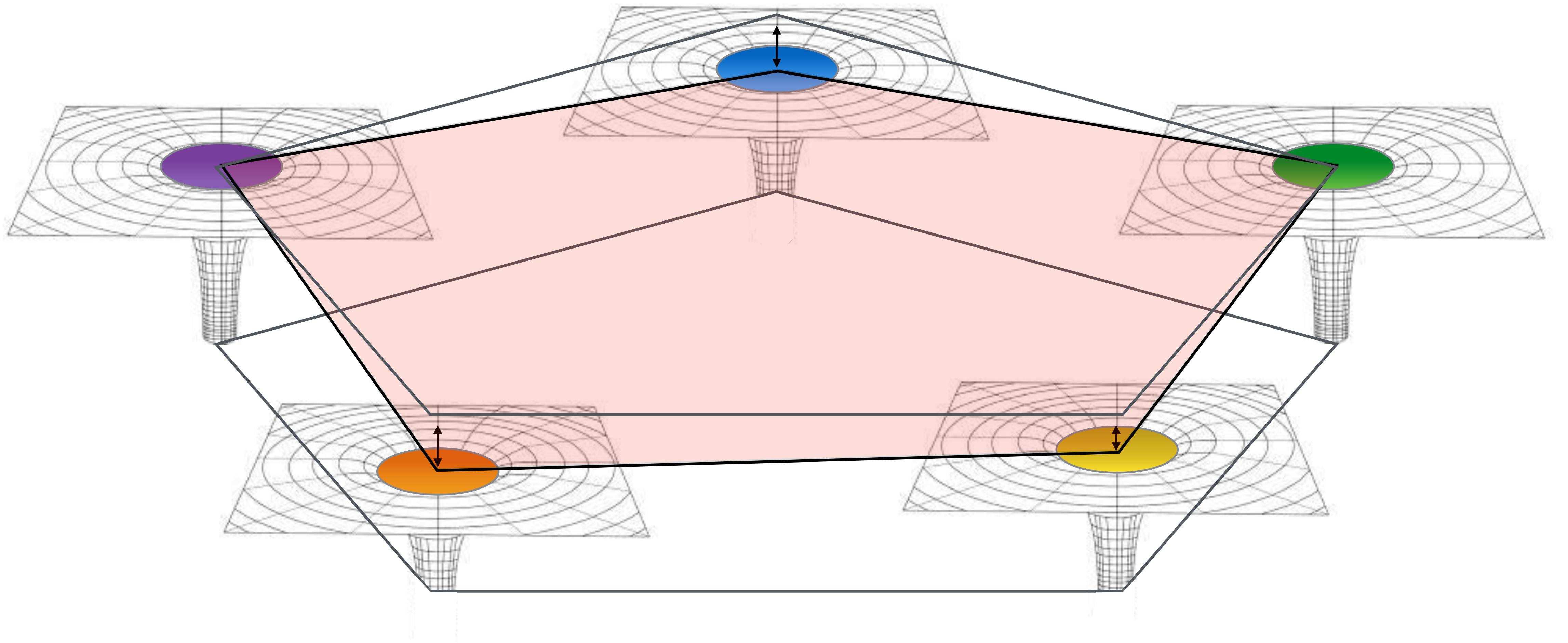
Allostatic load

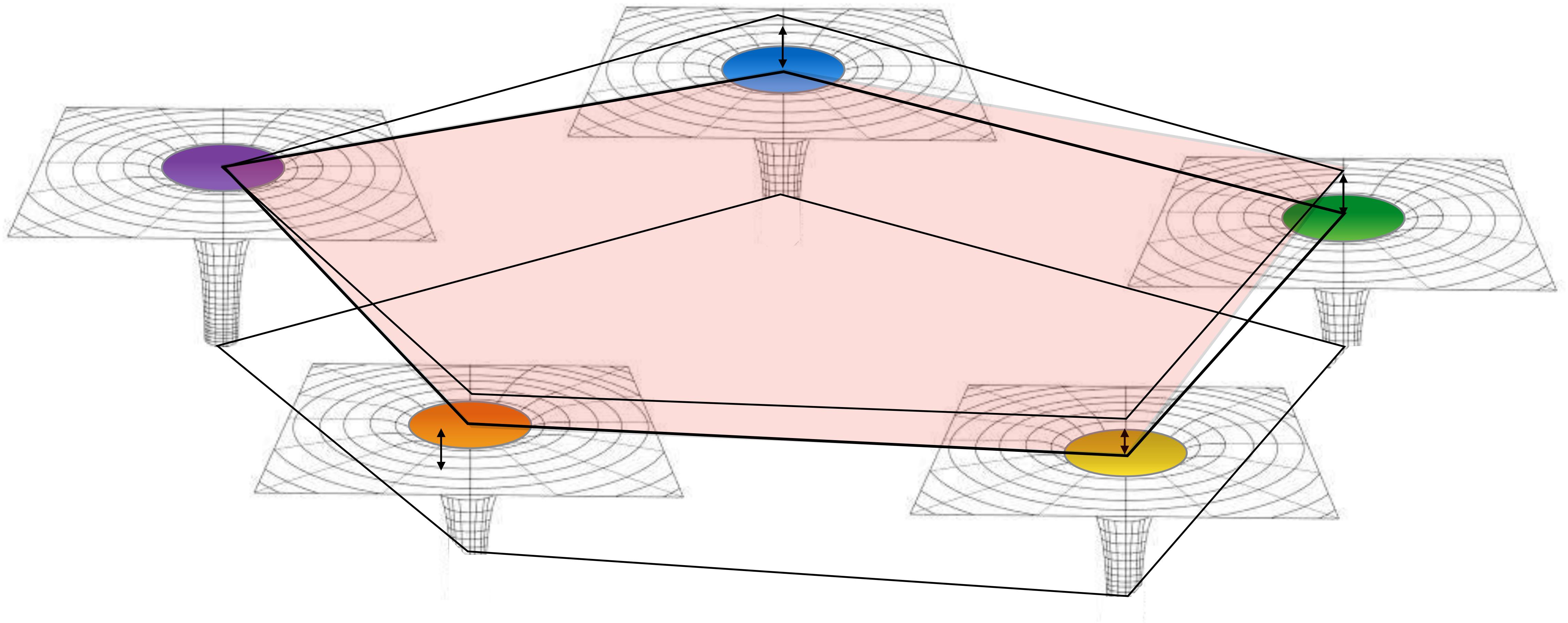
Allostasis

Omeostasis



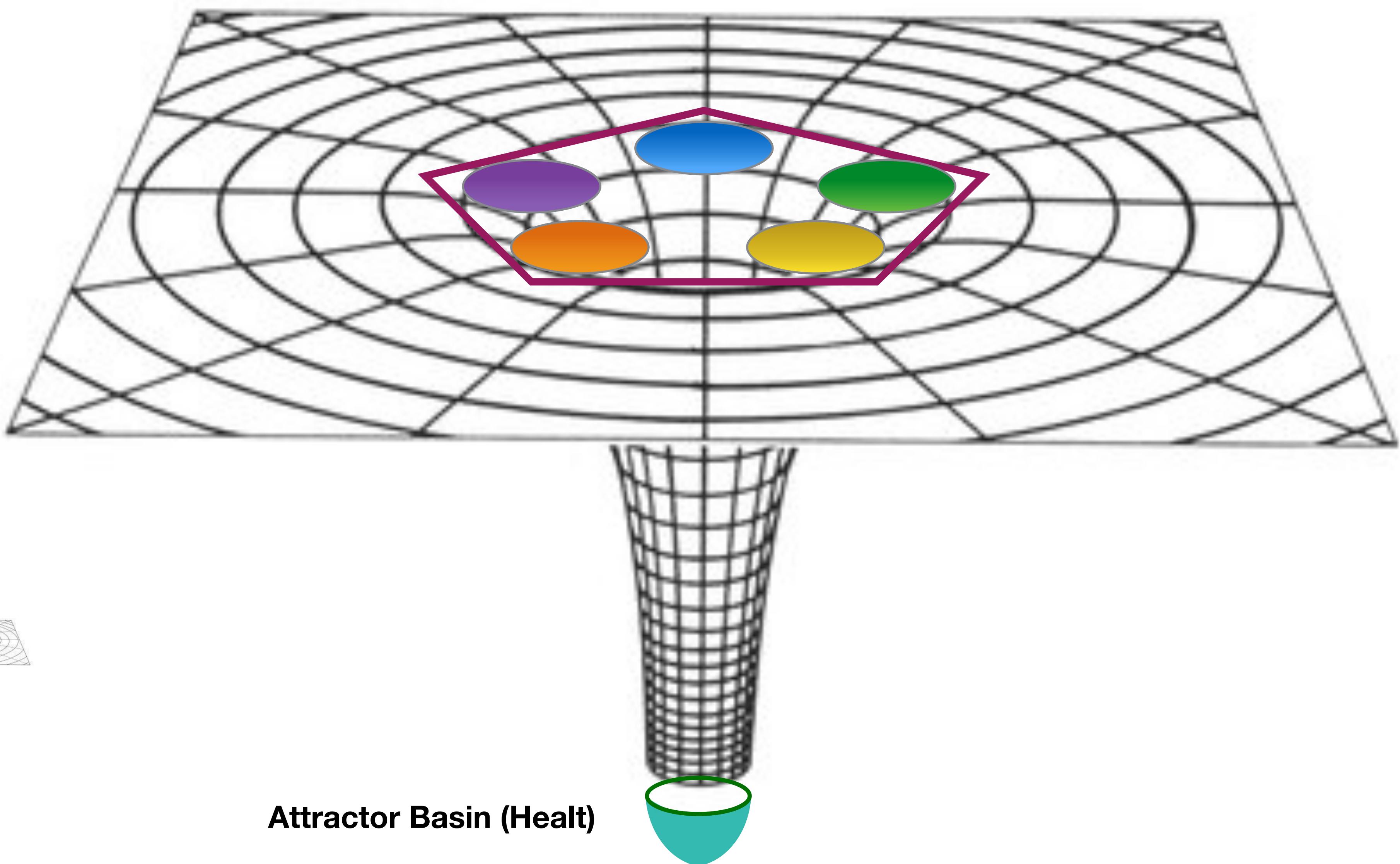
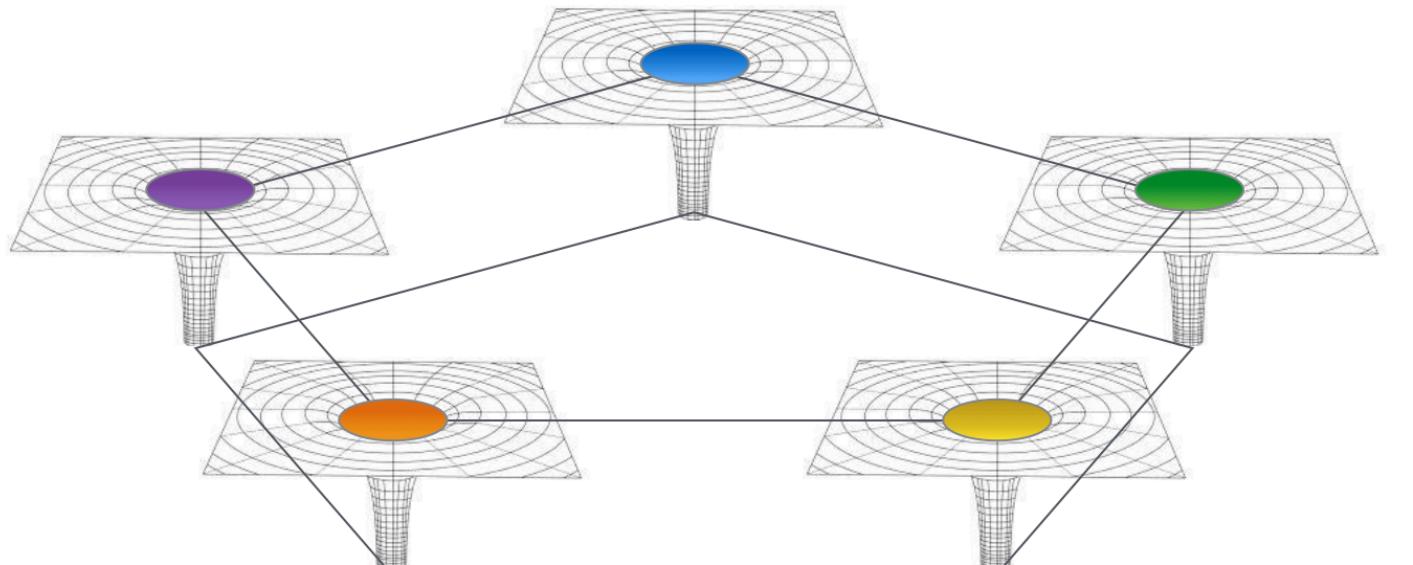






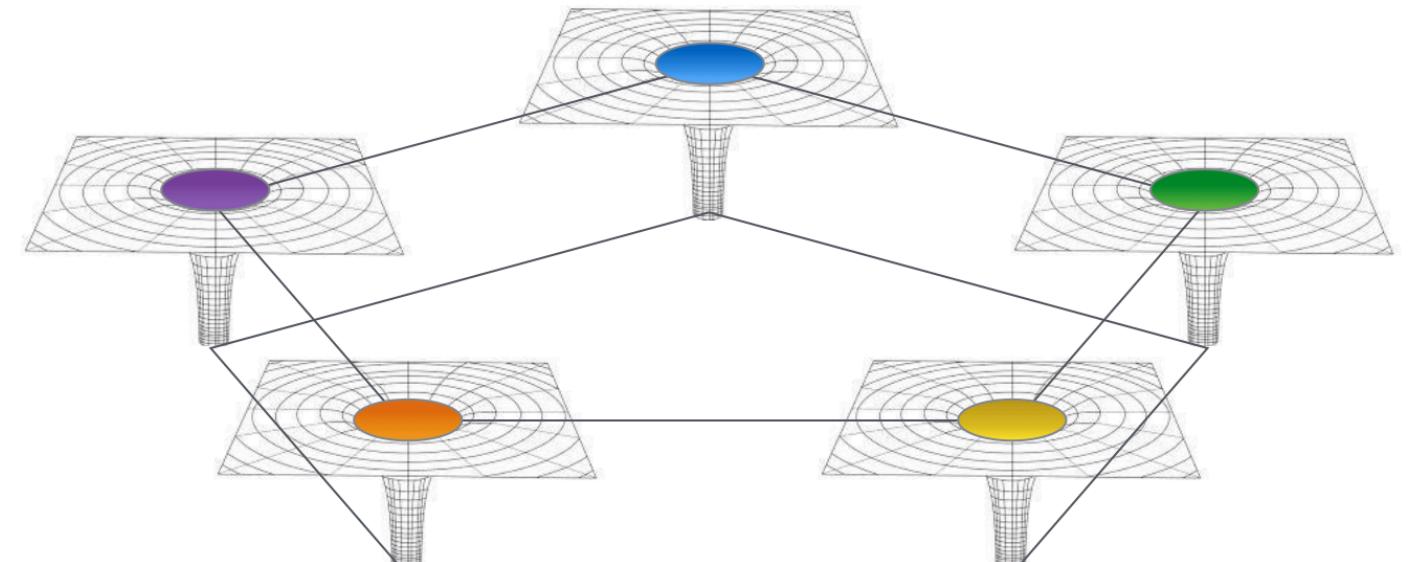
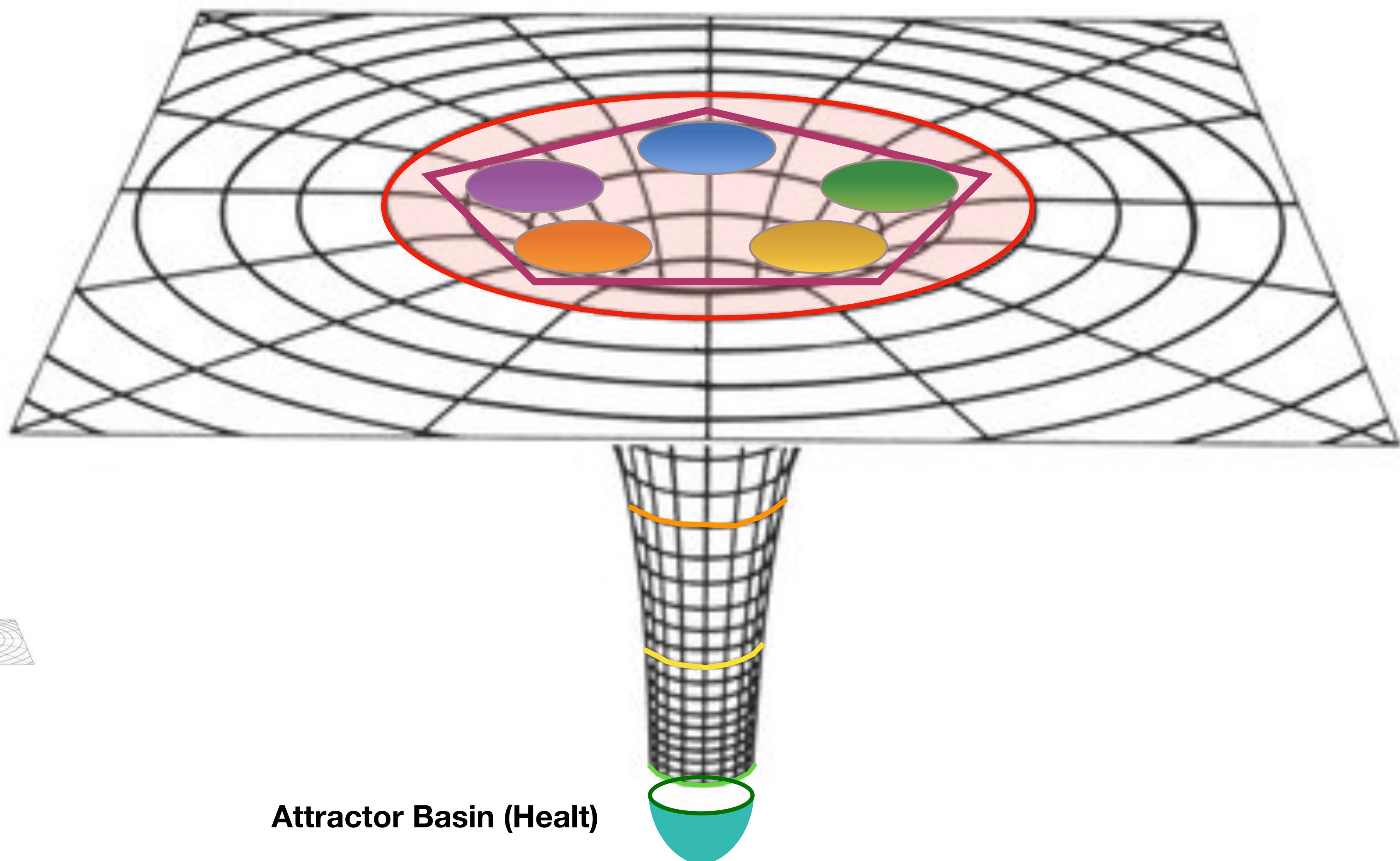
L'essere umano funziona come un dissipatore di energia.

Esiste un attrattore, un bacino di attrazione che permette di gestire gli stressor assorbendoli, dissipandoli o creando dei fenomeni adattativi.



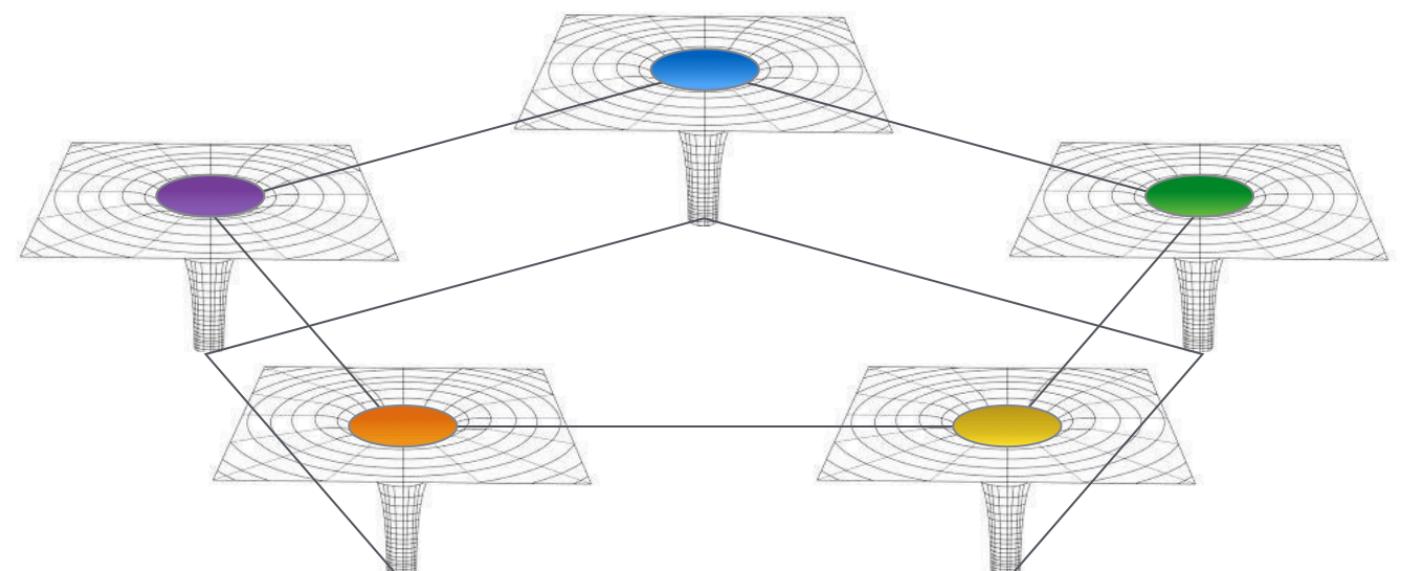
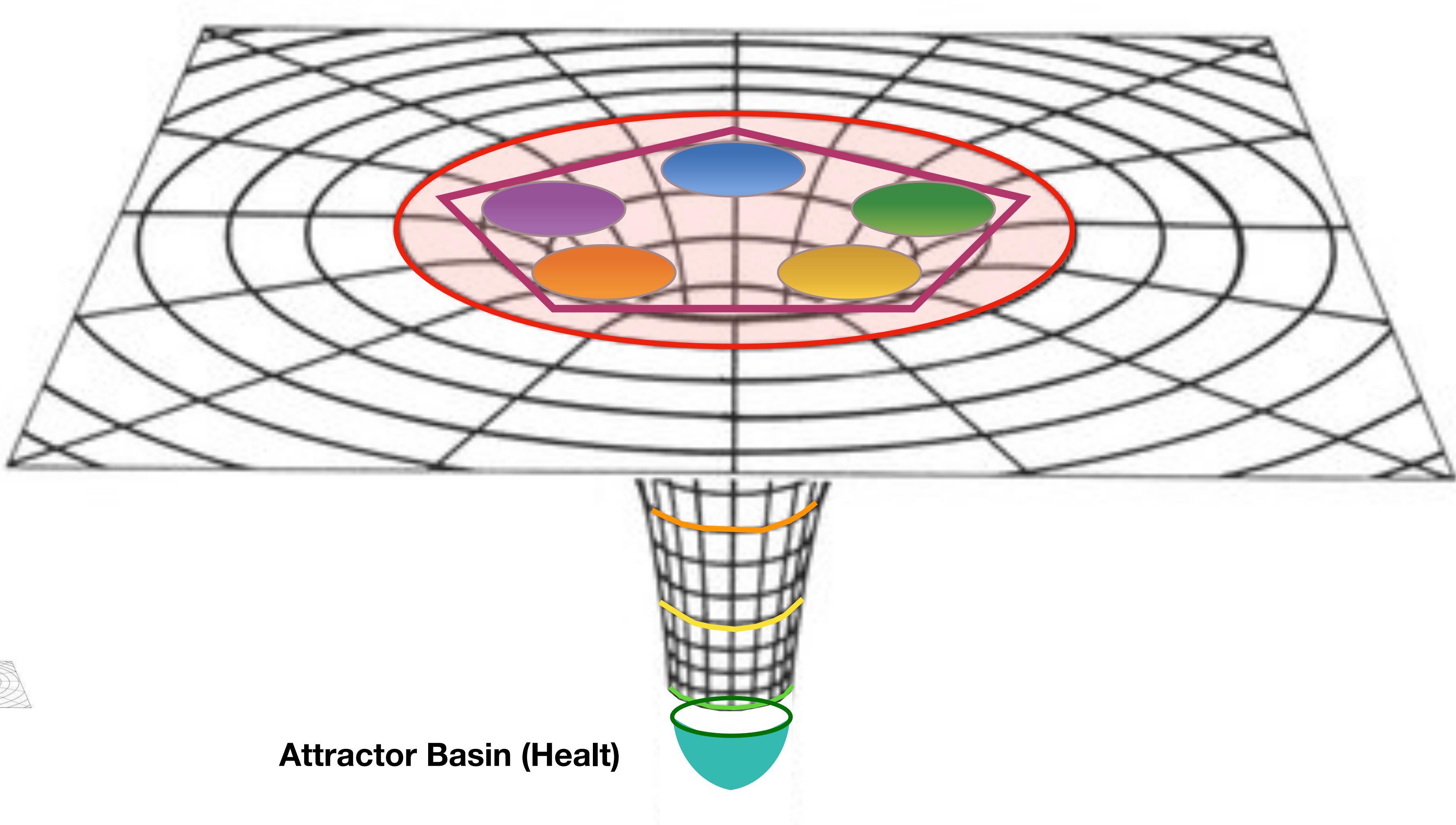
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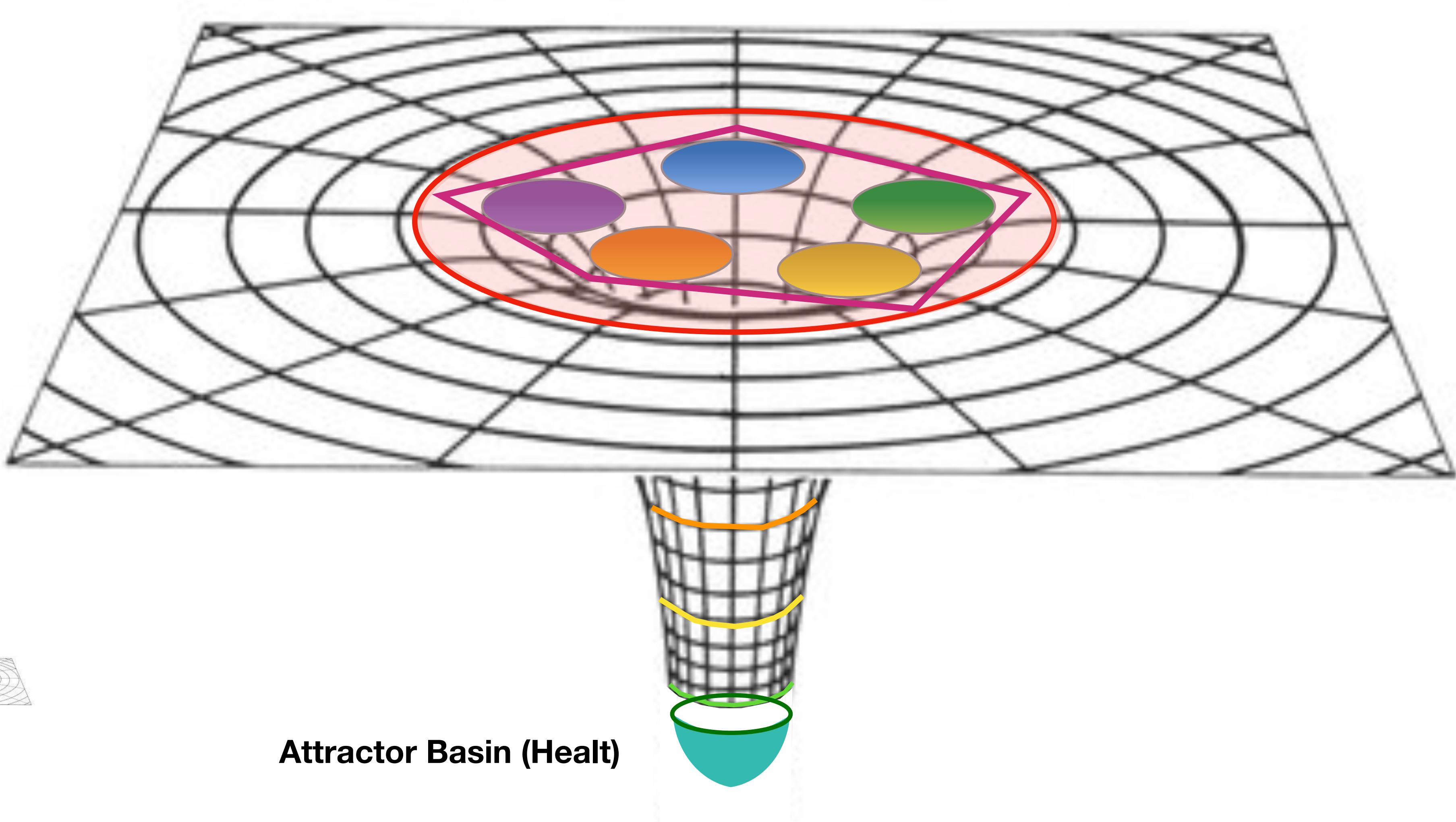
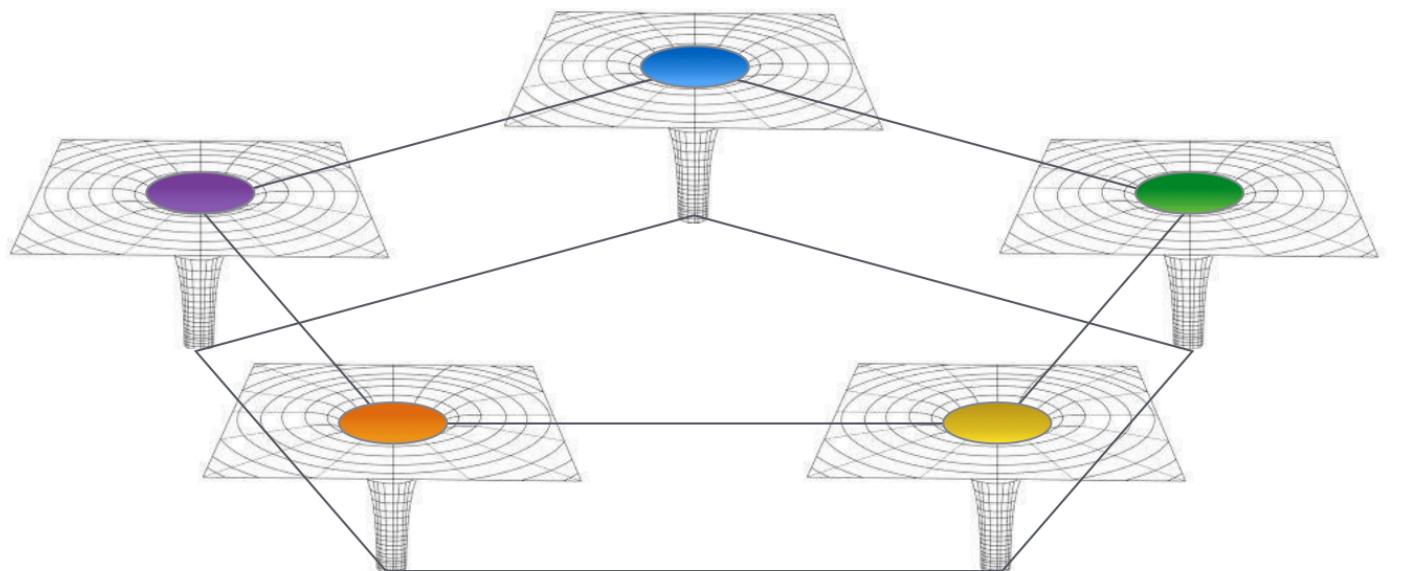
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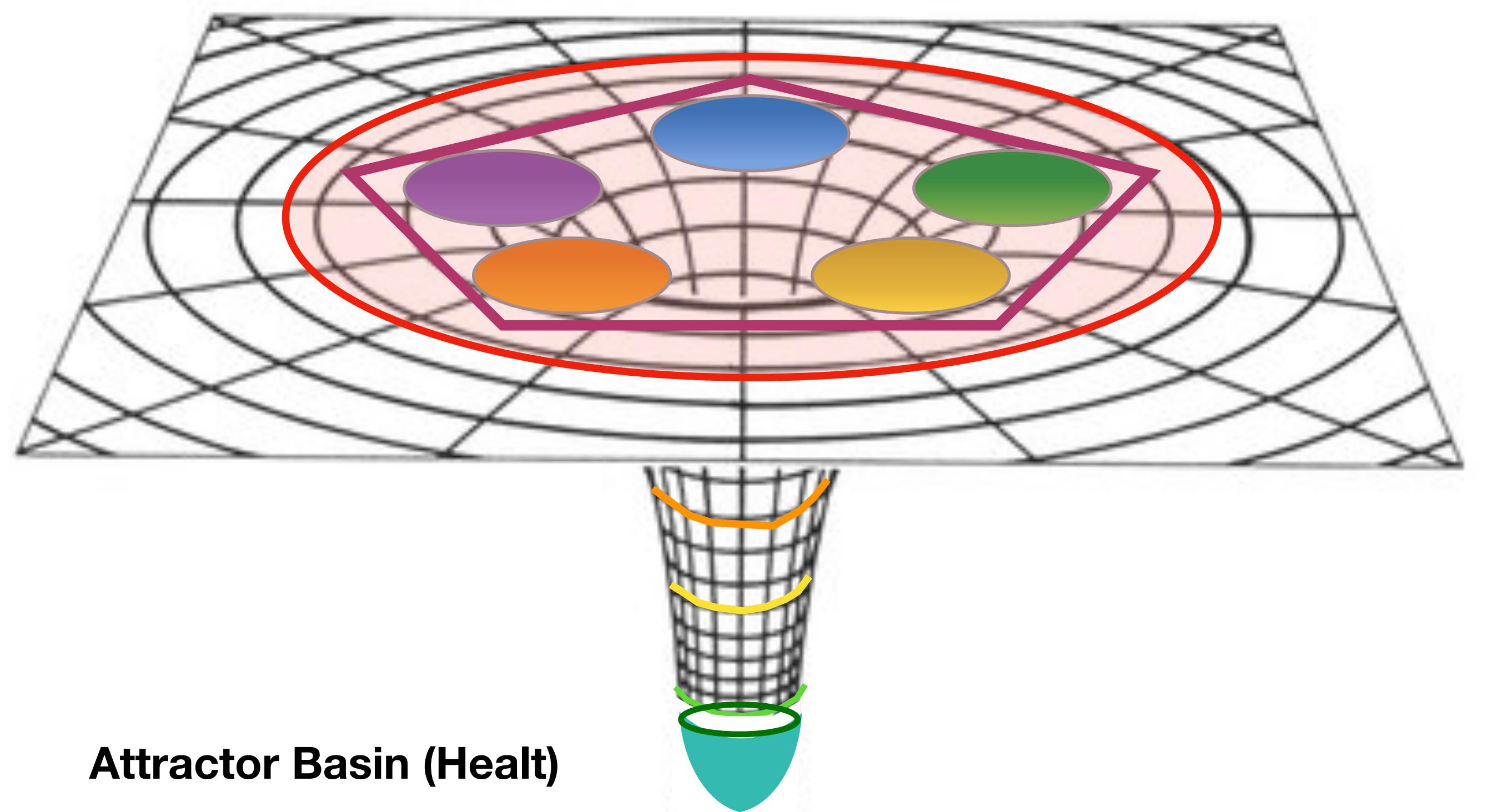
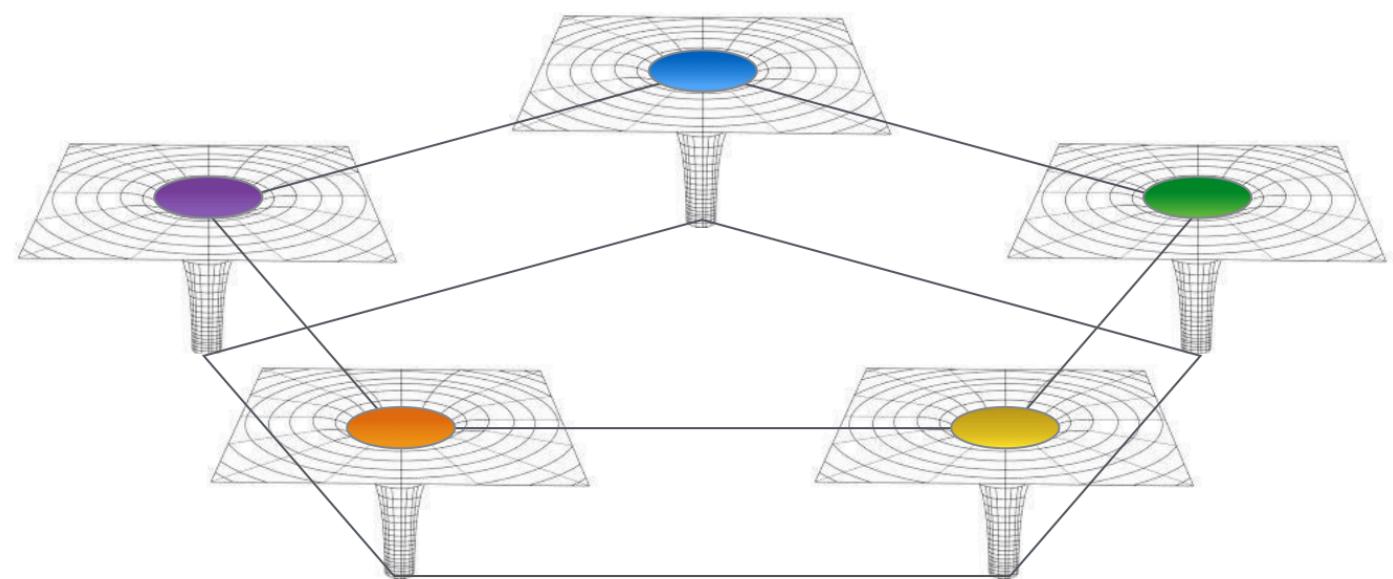


L'essere umano funziona come un dissipatore di energia.

Esiste un attrattore, un bacino di attrazione che permette di gestire gli stressor assorbendoli, dissipandoli creando dei fenomeni adattativi.



L'essere umano funziona come un dissipatore di energia.
Esiste un attrattore, un bacino di attrazione che permette di gestire gli stressor assorbendoli, dissipandoli o creando dei fenomeni adattativi.



Attractor Basin (Healt)



Nando Odorisio, Medico Radiologo
ed Osteopata Honoris Causa.

Come i veri pionieri apre la pista
laddove pista non c'è, sa vedere oltre
l'ombra, oltre il buio perché non
guarda con gli occhi ma con il cuore,
perché con il cuore sceglie la via, il
pioniere coraggioso.

La sua storia siamo noi, se non l'hai
conosciuto non preoccuparti stai
camminando sul sentiero che ha
aperto per te, per noi.

Ciao NanDO