

Process Approach in Osteopathy



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Process Approach - A clinical reasoning model

Patient's condition



Management:

Which manual techniques to use?

Which exercise to prescribe?

What is the advice on self-care?

How to create supportive environments?

The condition



6 weeks after injury.....



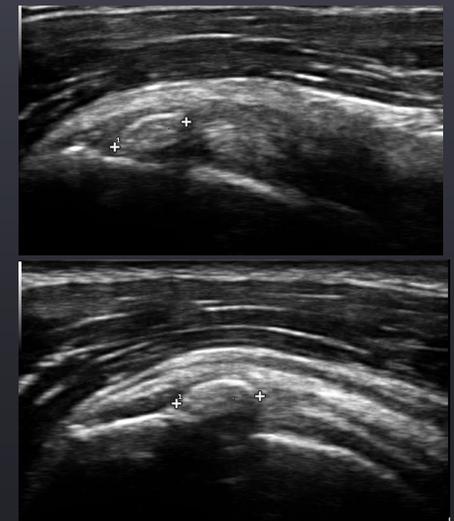
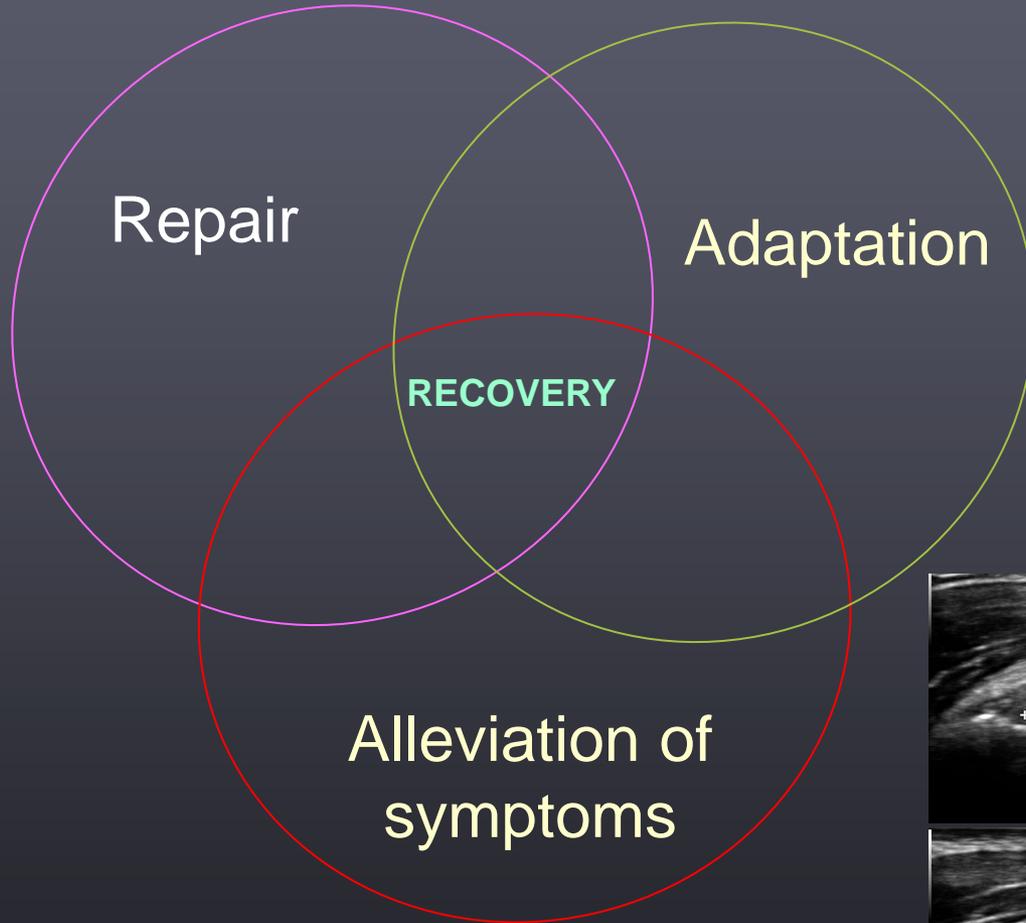
By which process will this individual recover their functionality?

Process Approach

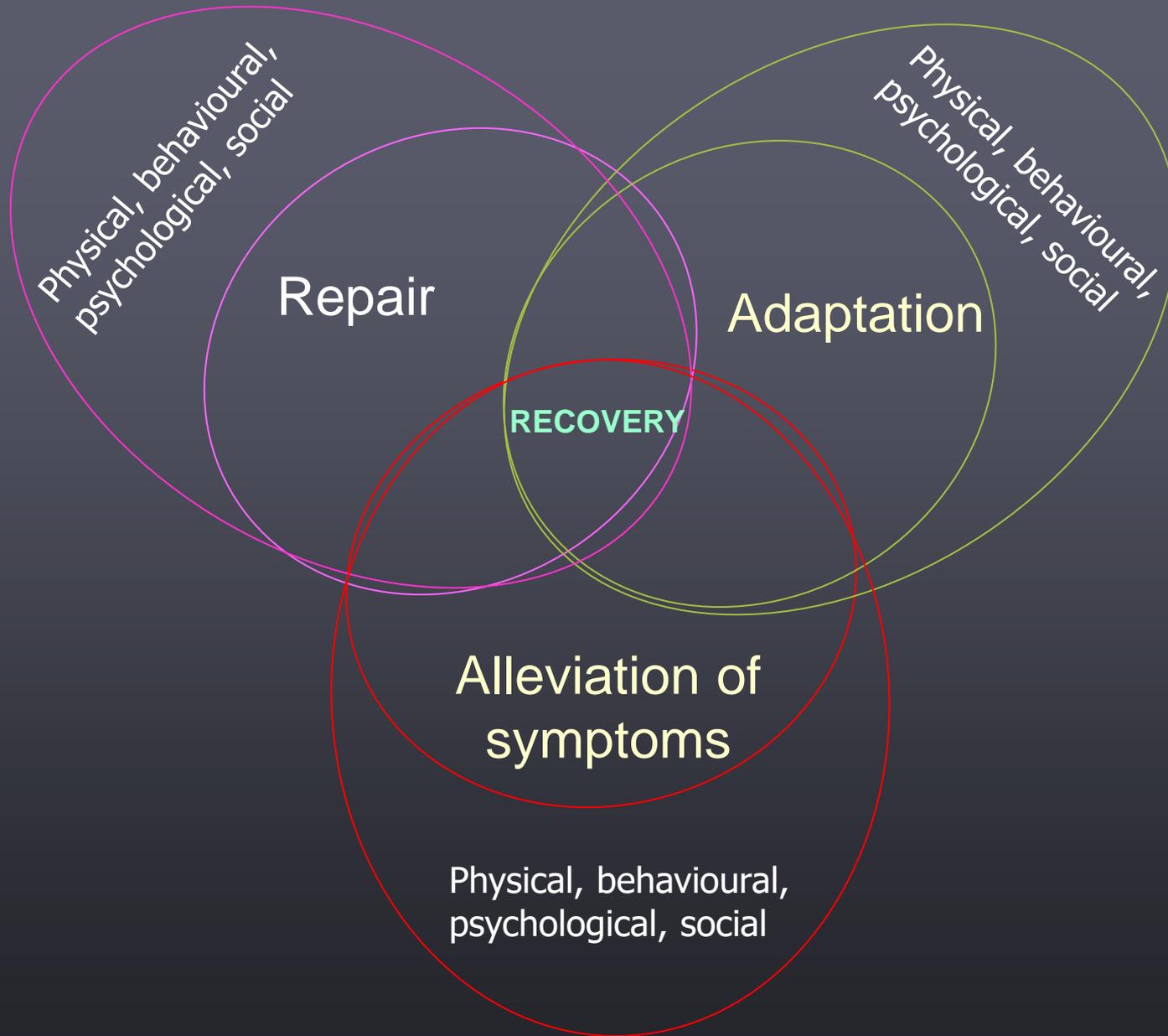
Person/body has self-recovery capacity.

Create environments that support the recovery processes

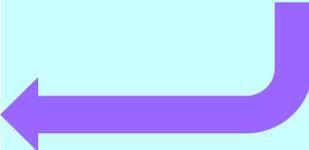
Three principle recovery processes



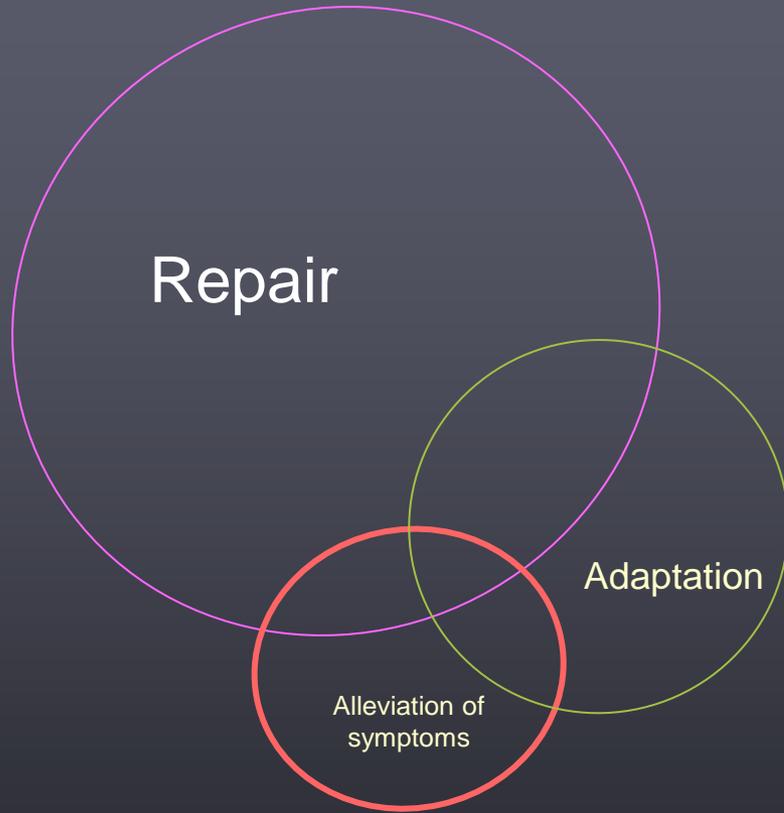
Recovery environments



Recovery environments: management considerations

<i>Process</i>	<i>Condition</i>	<i>Specific physical management</i>	<i>Shared management</i>
<i>Repair</i>	All acute conditions, max 8 weeks: All tissue damage, Joint & muscle sprains, post surgery, blunt trauma, first phase of frozen shoulder,	Moderate cyclical and repetitive loading Applied locally to affected area Gradual loading Pain-free / tolerable movement Can be either active or passive Any movement pattern but preferably functional. Extra-functional is OK	Psychological Ease movement pain related anxieties, catastrophising, support, reassure, comfort, Sooth and calm Support autonomy and internal locus of health (provide therapeutic companionship?) Install sense of control (& hope?) Therapeutic relationship - trust, non-judgmental, empathic.. Accept and work with contextual factors
<i>Adaptation</i>	All chronic persistent conditions: Post immobilisation contracture, ROM rehab, postural and movement re-education/rehab, CNS damage/rehab, structural/biomechanical change, enhance/recover human performance	Active Task specific whole and goal movement Functional Repetition Overloading Discomfort likely and generally OK	Cognitive Inform and empower Co-plan management Acknowledge and work with patient's goals Provide choice Behavioural Support/encourage recovery behaviour Raise awareness to avoidance behaviour Physical Functional movement Frequent exposure to activity
<i>Alleviation of symptoms</i>	Acute/Chronic pain/discomfort Acute/chronic stiffness	Many treatment modalities may be beneficial depending on patient expectations.. Sleep regulation & relaxation Physically: Active may be better than passive movement Cyclical movement may be better than static approaches Functional or extra-functional	

Treatment strategy acute injuries



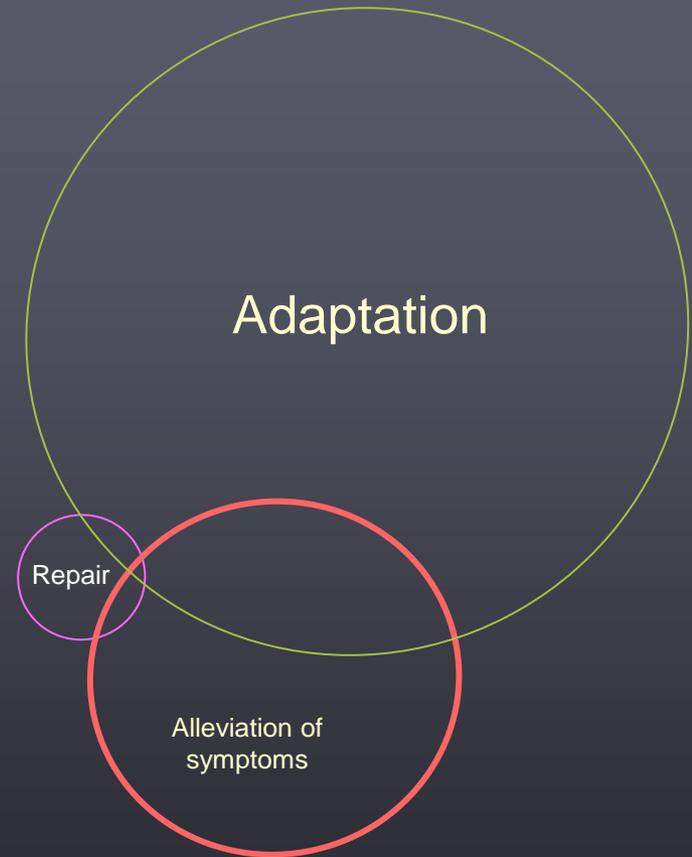
Acute phase

Long term

Consider this management

<i>Process</i>	<i>Condition</i>	<i>Specific management</i>	<i>Shared management</i>
<i>Repair</i>	All acute conditions, max 8 weeks: All tissue damage, Joint & muscle sprains, post surgery, blunt trauma, first phase of frozen shoulder,	Moderate cyclical and repetitive loading Applied locally to affected area Gradual loading Pain-free / tolerable movement Can be either active or passive Any movement pattern but preferably functional. Extra-functional is OK	<p>Psychological</p> <p>Ease movement pain related anxieties, catastrophising, support, reassurance, comfort, Sooth and calm</p> <p>Support autonomy and internal locus of health (provide therapeutic companionship?)</p> <p>Install sense of control (& hope?)</p> <p>Therapeutic relationship - trust, non-judgmental, empathic..</p> <p>Accept and work with contextual factors</p> <p>Cognitive</p> <p>Inform and empower</p> <p>Co-plan management</p> <p>Acknowledge and work with patient's goals</p> <p>Provide choice</p> <p>Behavioural</p> <p>Support/encourage recovery behaviour</p> <p>Raise awareness to avoidance behaviour</p> <p>Physical</p> <p>Functional movement</p> <p>Frequent exposure to activity</p>
<i>Adaptation</i>			
<i>Alleviation of symptoms</i>			

Post immobilisation / contractures



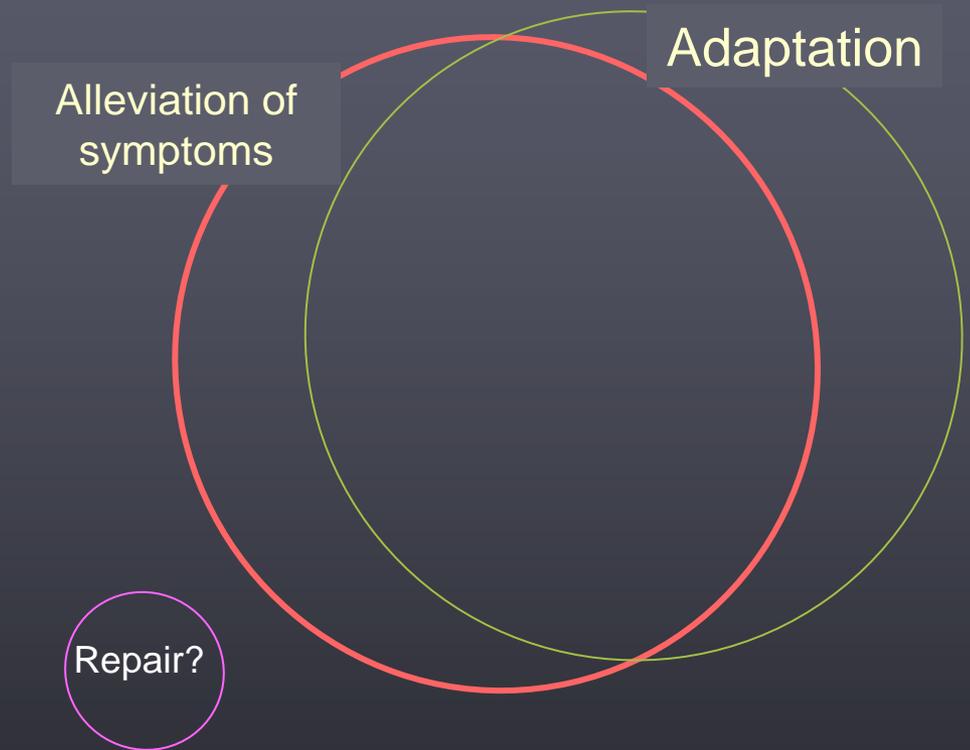
Reduced ROM



Consider this management

<i>Process</i>	<i>Condition</i>	<i>Specific management</i>	<i>Shared management</i>
<i>Repair</i>			<p>Psychological Ease movement pain related anxieties, catastrophising, support, reassure, comfort, Sooth and calm Support autonomy and internal locus of health (provide therapeutic companionship?) Install sense of control (& hope?) Therapeutic relationship - trust, non-judgmental, empathic..</p> <p>Accept and work with contextual factors</p>
<i>Adaptation</i>	<p>All chronic conditions: Post immobilisation contracture, ROM rehab, postural and movement re-education/rehab, CNS damage/rehab, structural/biomechanical change, enhance/recover human performance</p>	<p>Active Task specific whole and goal movement Functional Repetition Overloading Discomfort likely and generally OK</p>	<p>Cognitive Inform and empower Co-plan management Acknowledge and work with patient's goals Provide choice</p> <p>Behavioural Support/encourage recovery behaviour Raise awareness to avoidance behaviour</p> <p>Physical Functional movement Frequent exposure to activity</p>
<i>Alleviation of symptoms</i>			

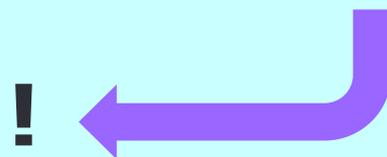
Chronic pain conditions



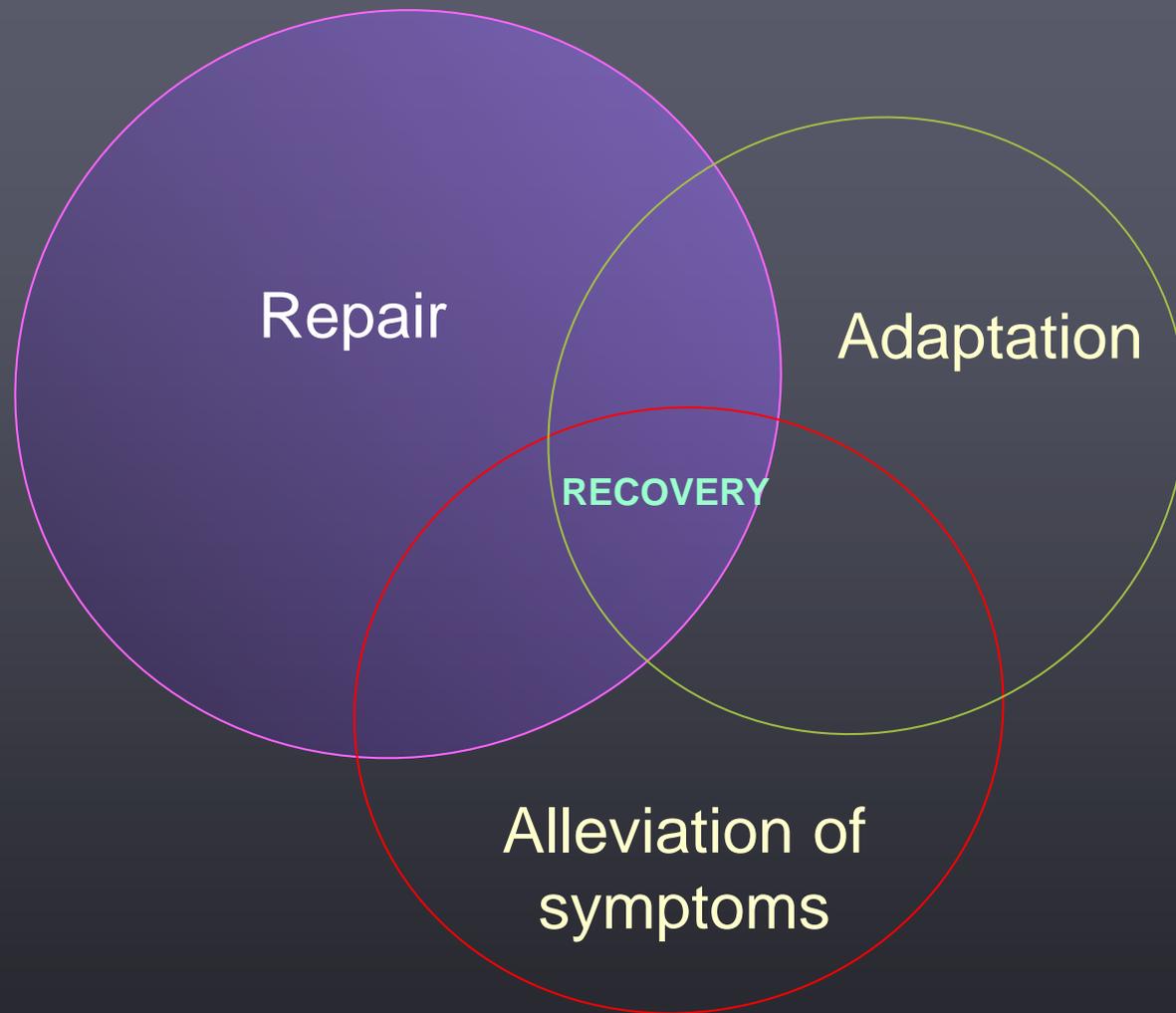
Acute phase

Chronic state

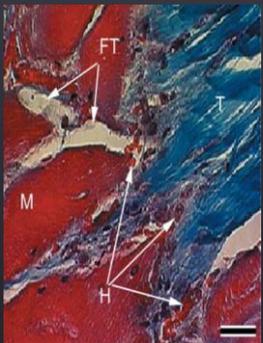
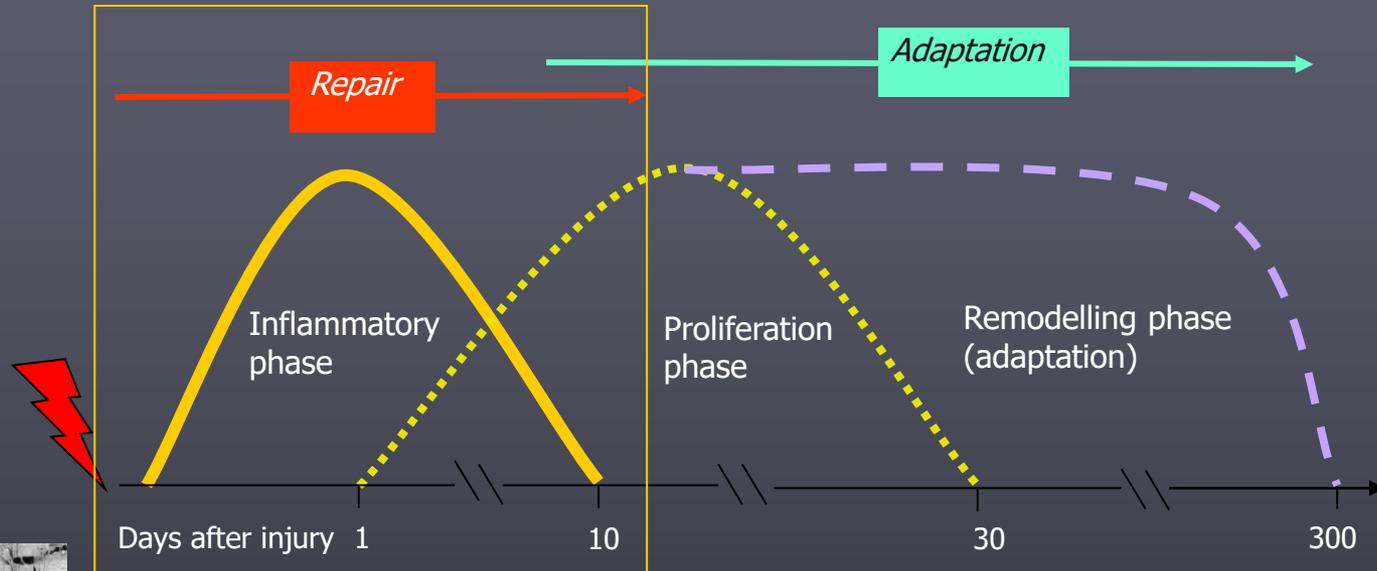
Consider this management

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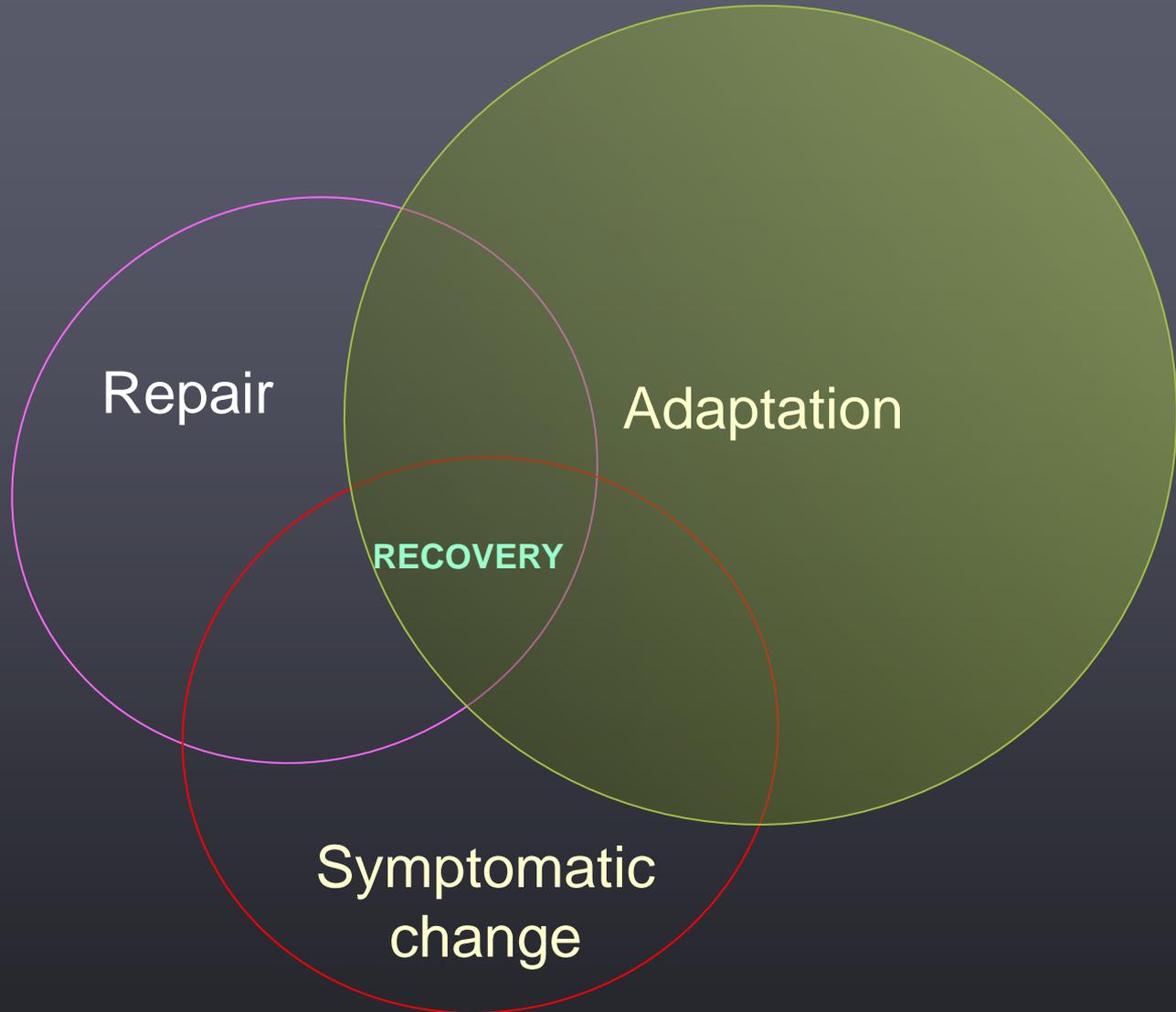
Recovery by repair



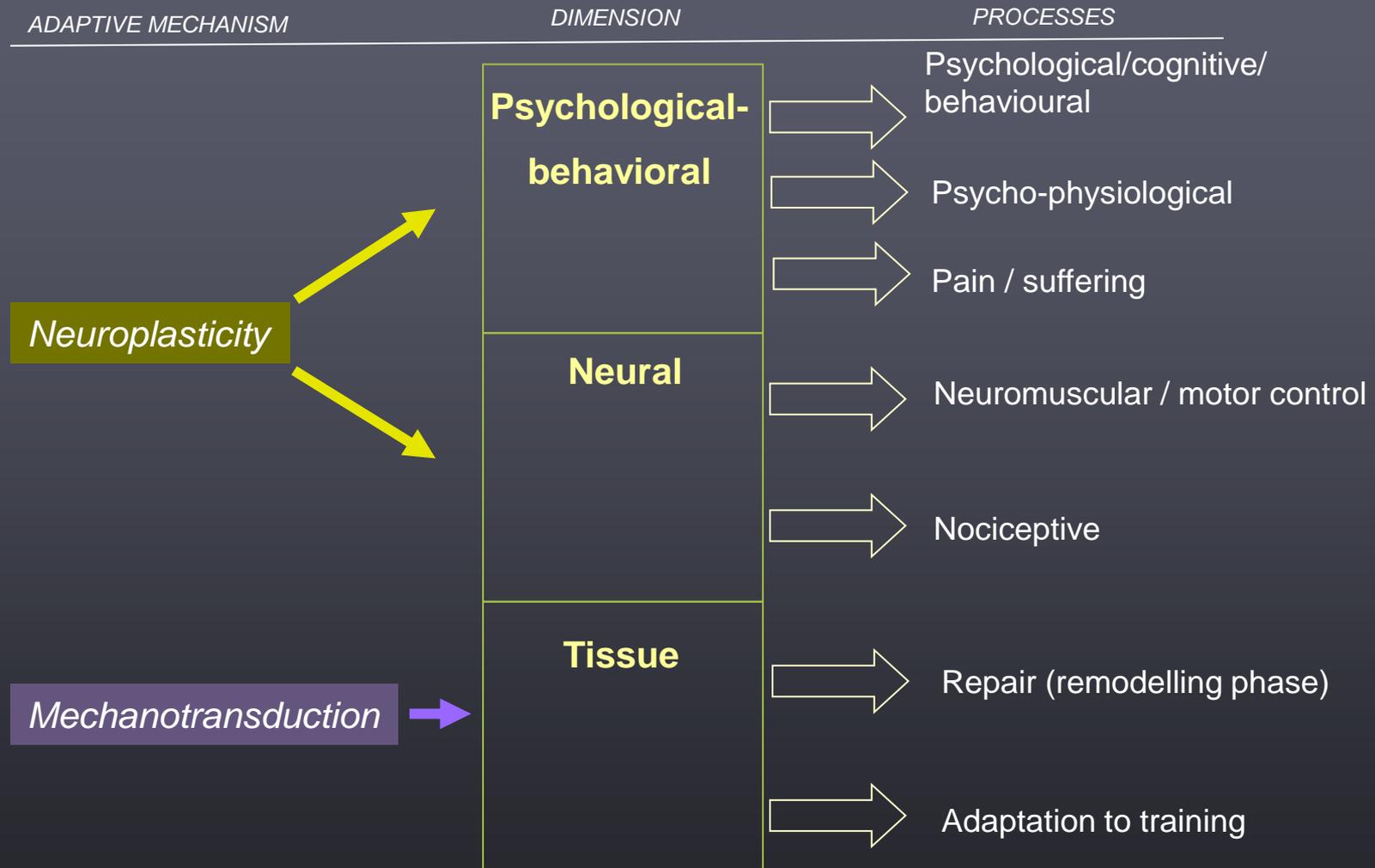
Repair process



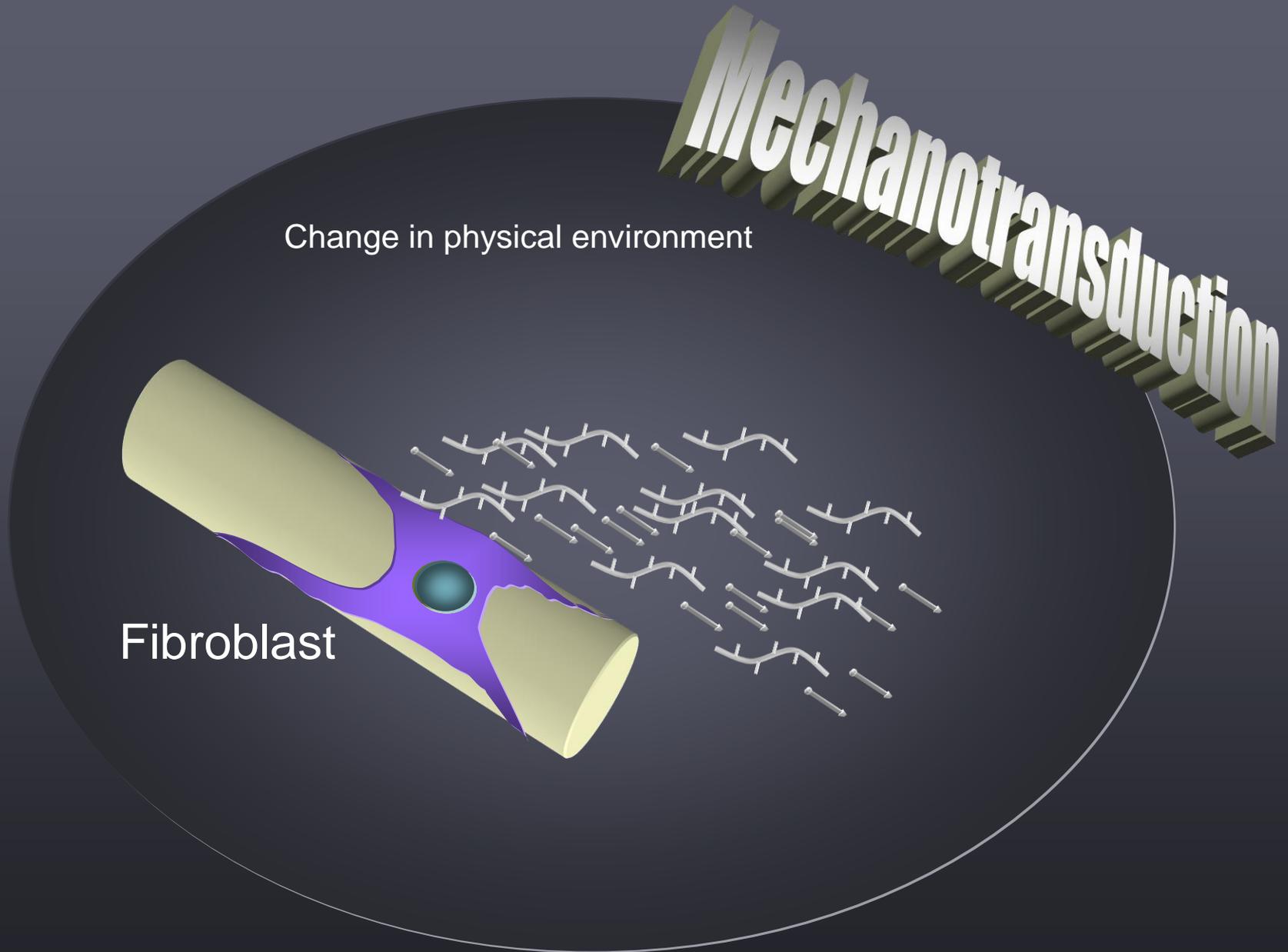
Recovery by adaptation



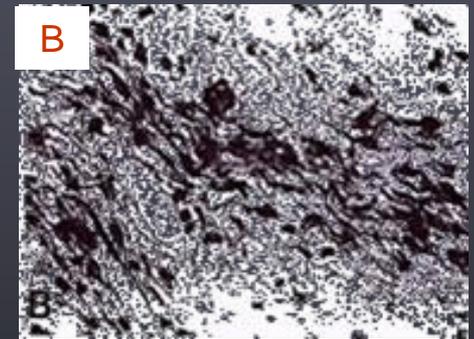
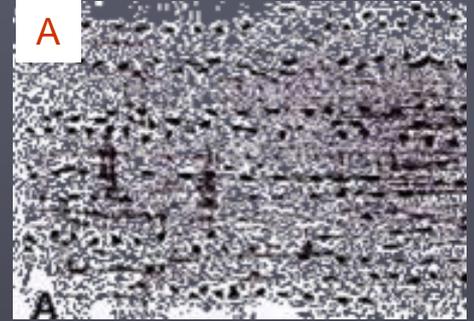
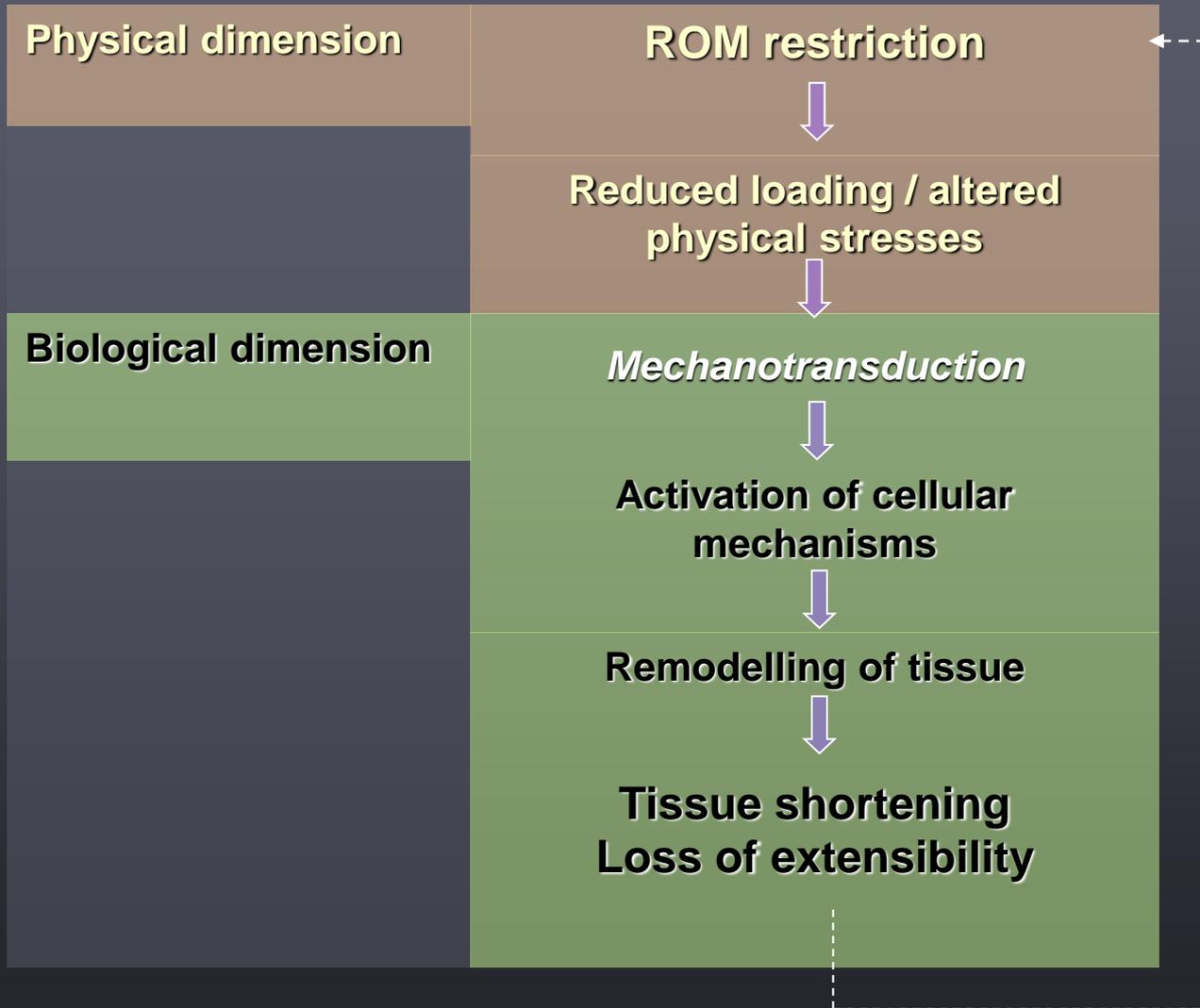
Adaptation: whole person multidimensional event



Tissue processes in adaptation

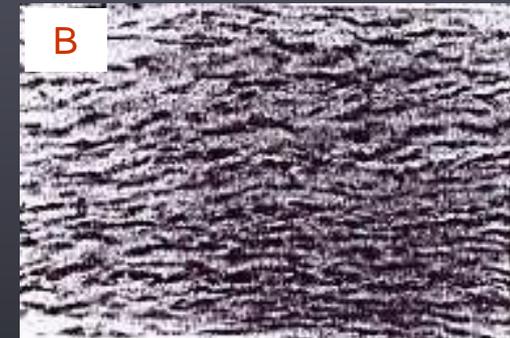
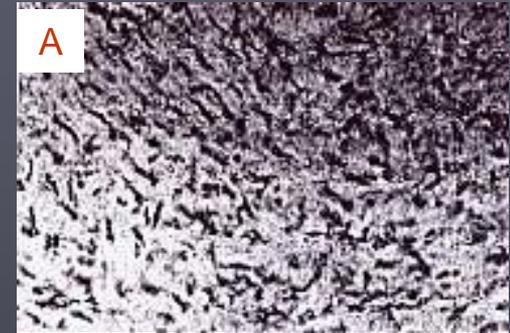
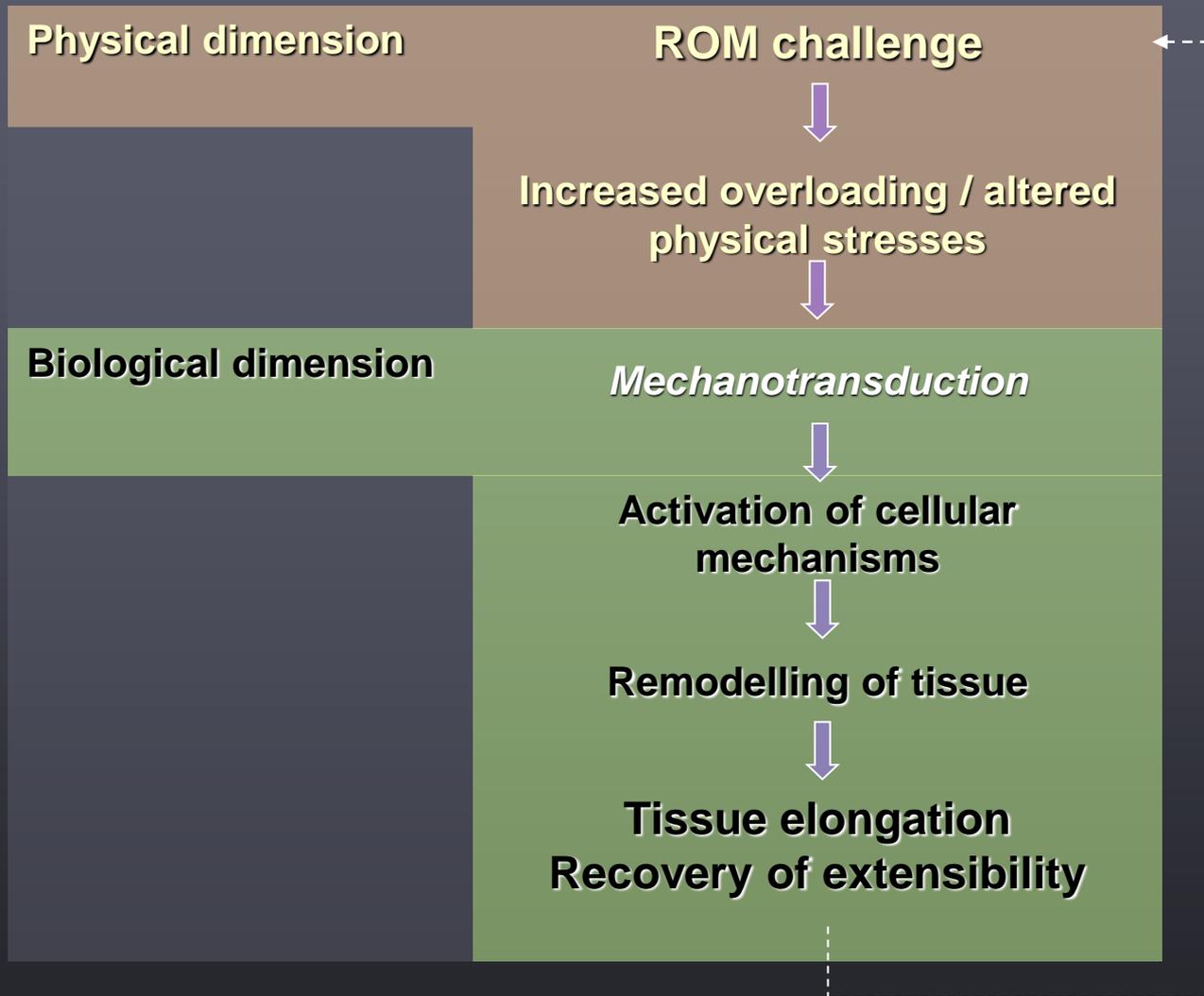


From the physical to the biological dimension



A. Normal ligament
B. Ligament after 6 weeks of immobilisation

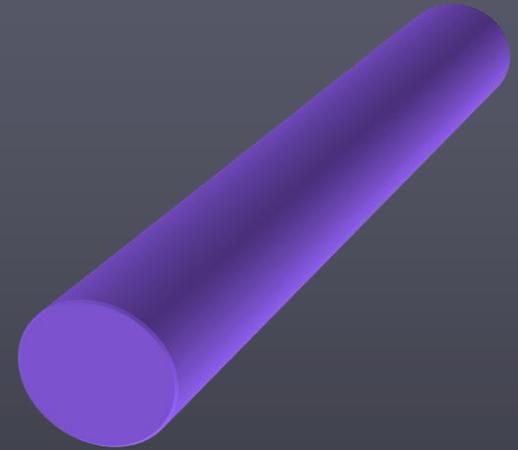
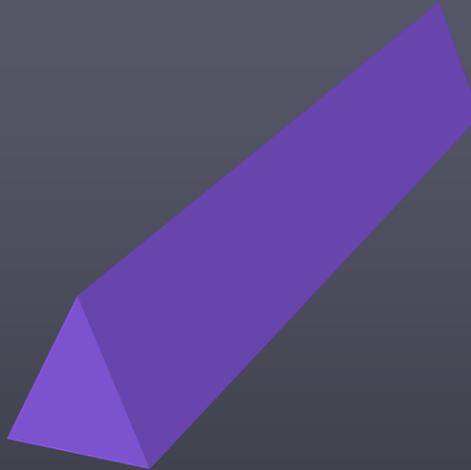
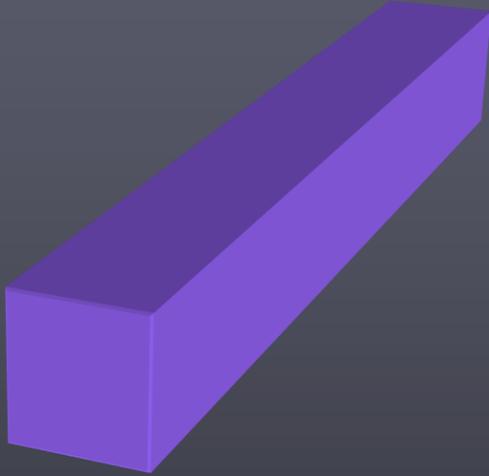
Recovery: from the physical to the biological dimension



A. Effects of immobilisation
B. Effects of 6 weeks of passive movement

Specificity

Tissue, motor, and physiological adaption is specific for the practiced task

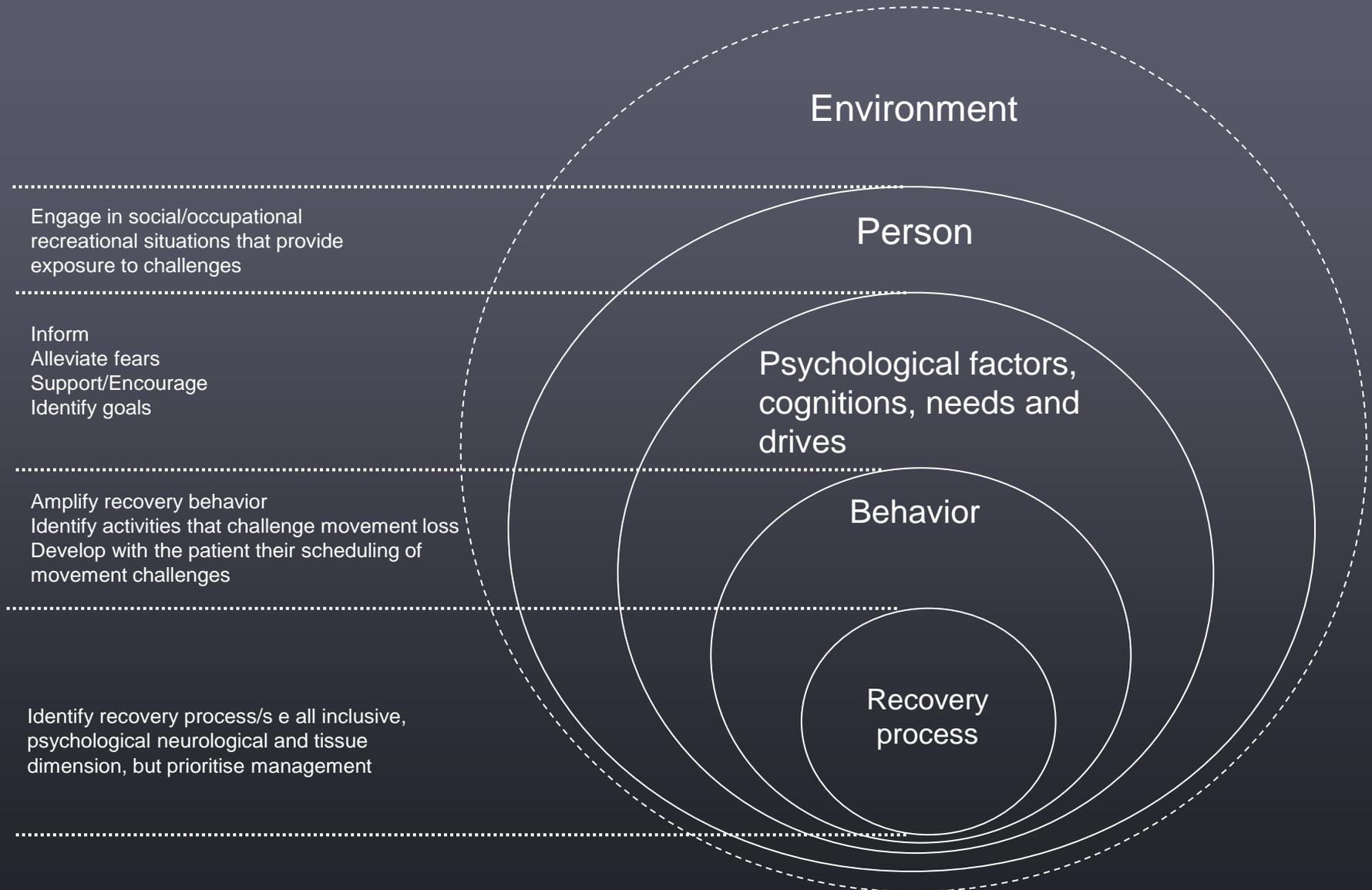


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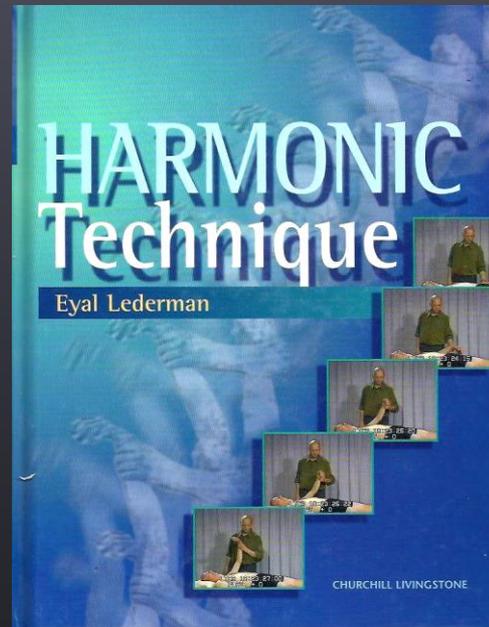
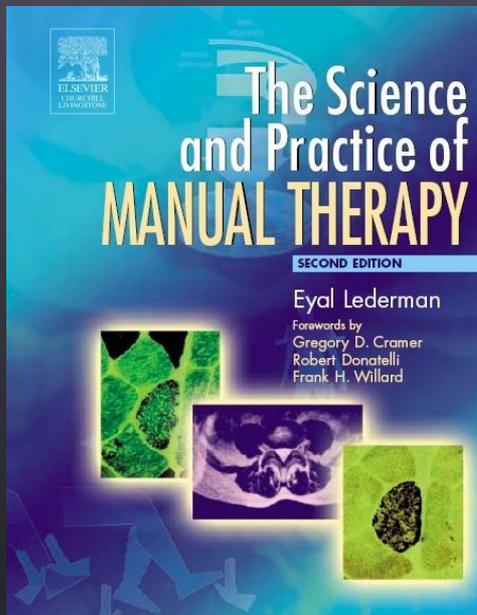
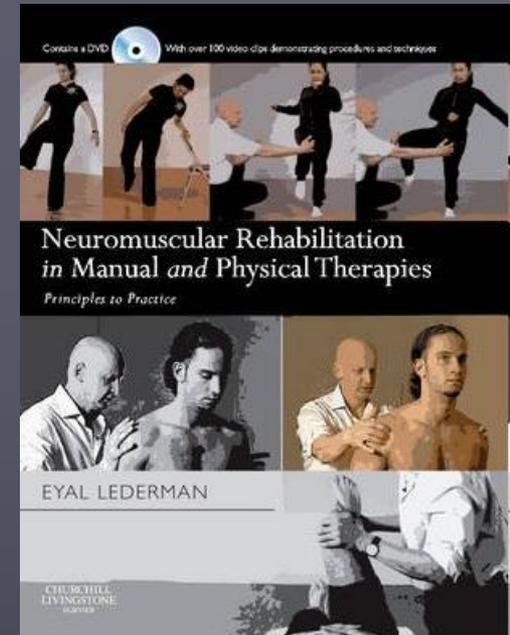
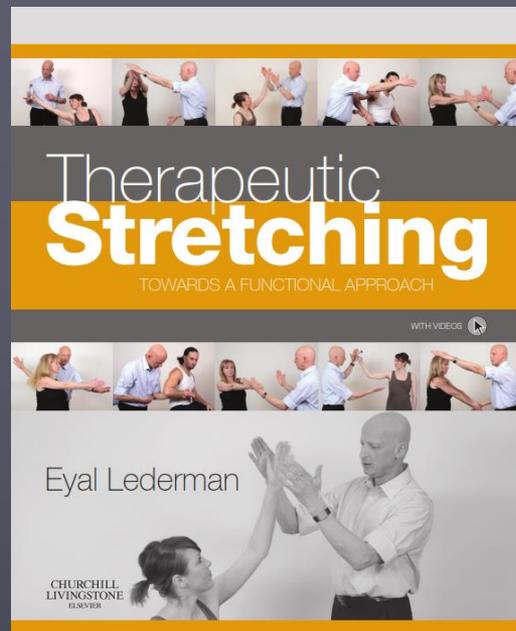
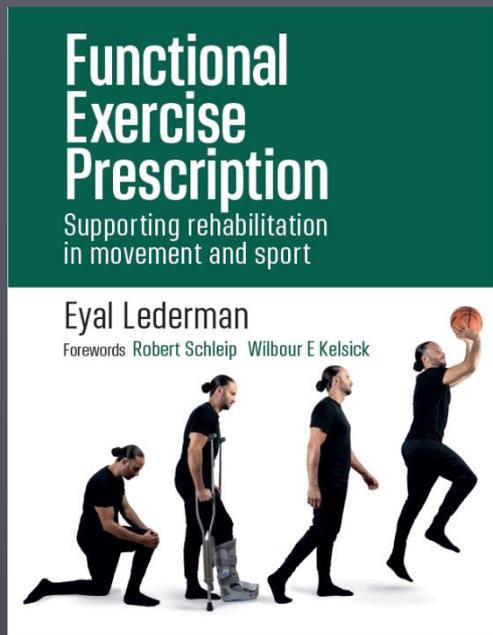
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Multidimensional environment for recovery



Process Approach: some principles

- ▶ Three recovery processes
- ▶ Processes determine management
- ▶ Person's functionality determines therapeutic goals
- ▶ Creating supportive environment for recovery
- ▶ Self-care at the centre of management



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