

6th “*Open Forum for Osteopathic Education*” Conference

18th & 19th October 2018 - Lyon, France



TEACHING OSTEOPATHIC DIAGNOSTICS

OSTEOPATHIC DECISION-MAKING PROCESS AND ADAPTIVE SALUTOGENIC TREATMENT

- World café -

16.15 – 18.00 Workshop 4

Christian Lunghi

Café Etiquette



Play! Experiment! Improvise!

WORLD CAFE How it takes place?

- Create 4 groups of 11 people seated around a table
- Nominate the groups referents
- Description of CASE and MINDLINE (disorienting problem and difficult individual solution)
- Discussion of the group about different aspects or questions of the topic previously presented
- Graphic expression of concepts and ideas emerging in
- Cross-Pollination
- The referents welcome the participants and summarize the ideas and themes that emerged in the previous
- During the summary the participants connect the ideas of the previous dialogues
- Sequence of successive turns
- Plenary discussion, identification of recurring patterns
- Creating a new framework – a collective MINDLINE

CASE STUDY 1.

CH: Mr.A, 40 year old. Collided forcefully with a basket player 3 weeks ago; felt pain immediately, worse the next day;referred to GP (suspected LBP) was requested for a MRI (no impairments relieved) and blood analyses (moderate alterations: cholesterol, HDL-C, LDL-C, CRP, albumin, glycosylated haemoglobin, blood glucose); GP prescribed a physical therapist treatment and Paracetamol for 2 weeks; then he was suggested to refers to an osteopath.

Site: Pain not well localized in lumbar spine, no radiation;

In: 8/10;

Im: Trouble getting dressed, putting on socks;Sleep is disrupted due to pain; Can't do fitness training and has missed basket practice this month due to pain;Very worry about pain severity; Feeling very depressed for the last 6 months due to relationship break up.

AF: All movements hurts; pain increasing after sessions with physiotherapist;

RF:Physiotherapy and Paracetamol really didn't help.

OPE (CF-sD): Positive Bilateral Straight Leg Raise Test related to the presence of central sensitization. Positive Waddell signs and clinical tests for **CS** and **CAPC**; Altered BMI; Abdominal allodynia;constipation; Finded positive items for **AOBPL** ; poor **SOC** (SOC-13 questionnaire).

Osteopathic assesement

Osteopathic diagnosis

OSTEOPATHIC CARE - TREATMENT PLAN-

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Osteopathic assesement (CF-CD/cD)

[M99.9 other regions]
FCS not compensated,
related to general adaptation syndrome
[M99.9 other regions]
FCP (positive axial fascia) related to
biomechanical-metabolic- psychosocial
overload

SDs: [M99.2 - D9],
[M99.3 - L2], [M99,9 -
Abdominal region]

Evaluation of the clinical relevance hypothesis

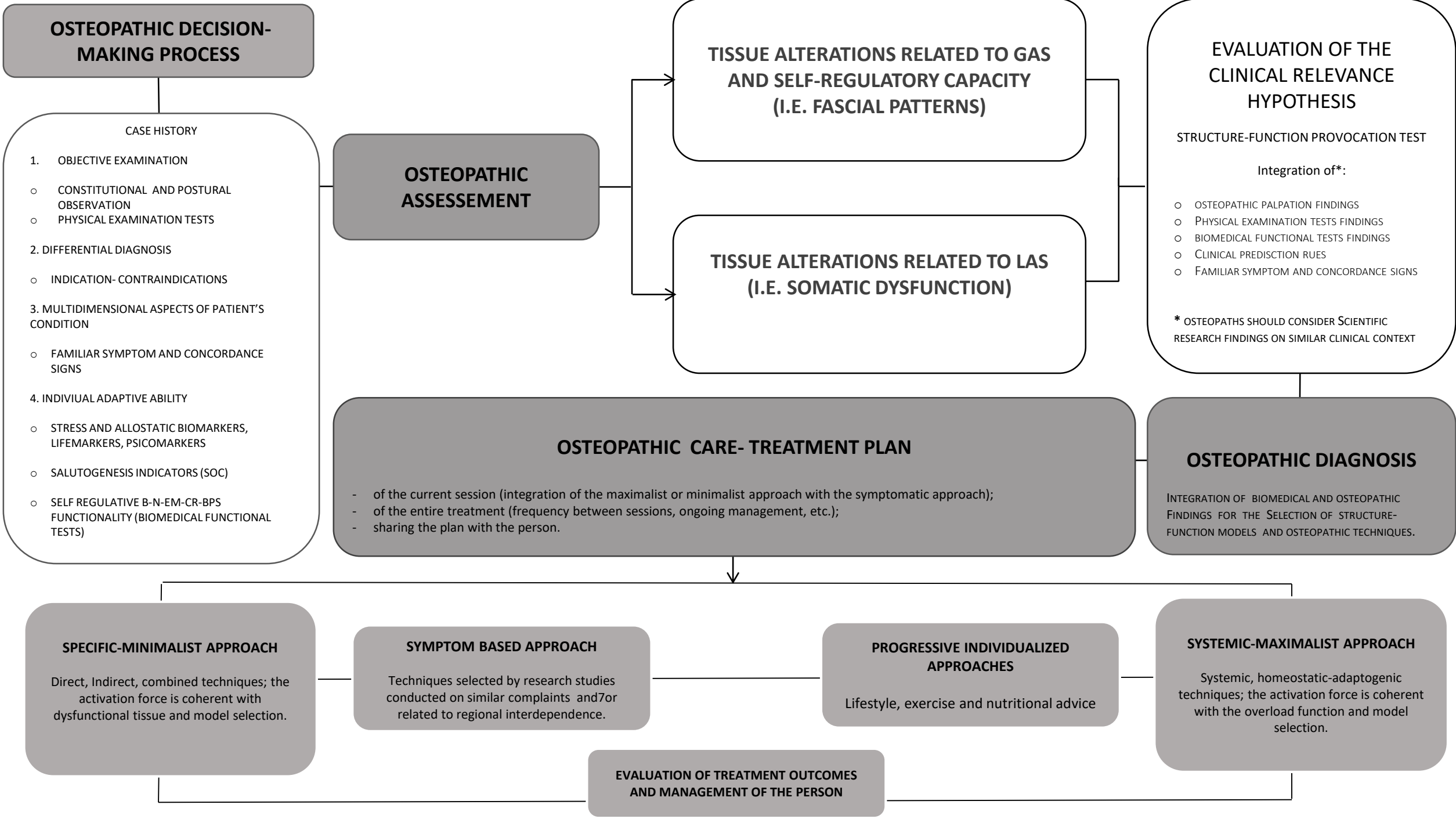
- n. 1 to 3 sessions. Provocative tests on SDs [D9, L2, abdominal region] evocate an incresing of pain during Straight Leg Raise and CS tests; more severe items of CAPC; more touble putting on socks.

- n. 4 to 5 sessions. Provocative tests on SDs (Abdominal region, L2) evocate no pain during Straight Leg Raise Test and CS tests; good items on CAPC; no Waddell signs; less touble putting on socks.

Osteopathic diagnosis (CF-CD/cD)

OSTEOPATHIC CARE- TREATMENT PLAN (CF-CD/cD)

- 1 session. Maximalist-systemic approaches such as General Osteopathic Treatment (interoceptive approach and lymphatic pump techniques) for 3 times in a week, and advice to remain active with exercises focused on improving biomechanical-metabolic-psychological functions;
- n. 4 session (after 2 week- reduced pain and more specific in the lumbar spine, easy in getting dressed, desapareared catastrophizing behavior, no abdominal allodynia, specific tenderness reported in the left iliac region). Minimalist-specific approaches focused on SDs such as articulatory (L2) and visceral osteopathic techniques (Abdominal region); symptom based approaches as described in guidelines; re-referral to GP (prescriptions: physiotherapy group exercise program; nutritional advices; blood analyses).
- N.5 session (after 3 week – no pain in the lumbar spine, no more trouble in getting dressed, no abdominal tenderness, no constipation, better waist-to-hip ratio. Better SOC). Symptom based approaches as described in guidelines, such as specific diaphragm techniques (CF-cD): . The patient refers his willpower to start again playng basket.



S/F model's selection



Biomedical examination findings

Allostatic overload biomarkers, psycomarkers, lifemarkers

Biomarkers: e.g. neuroendocrine, metabolic, immunological markers(McEwen, 2015)

Psycomarkers: Depression, anxiety and stress scales (Nilges and Essau, 2015)

Lifemarkers: e.g. Social Readjustment Rating Scale and sense of coherence scale(Ngai and Ngu, 2013)

Self regulation systems overload assesement

Biomechanical: postural control test (Bohannon et al., 1984)

Neurological: e.g. manual assessment tests of central sensitization (Nijs et al., 2010) and of autonomic nervous system tone (Cheshire and Goldstein, 2018)

Respiratory: i.e. respiratory rate and breathing patterns stiffness(Cheshire and Goldstein, 2018)

Circulatory: i.e. examination of the amplitude of the peripheral pulses and considering its relationship with arterial stiffness(Cheshire and Goldstein, 2018)

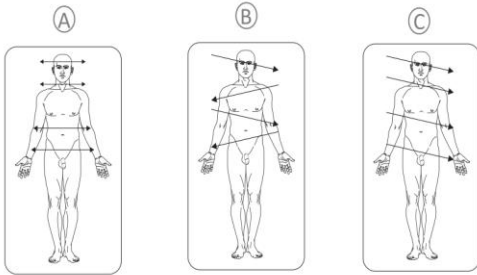
Energetic-Metabolic: gastrointestinal distress signs stiffness(Cheshire and Goldstein, 2018)

Psychosocial: i.e. Waddell's signs (Centeno et al., 2004)

Osteopathic palpation findings

FASCIAL COMPENSATION SCHEME

Osteopathic manual assesement



Adaptive capacity biomedical assesement

Allostatic overload biomarkers, psycomarkers, lifemarkers

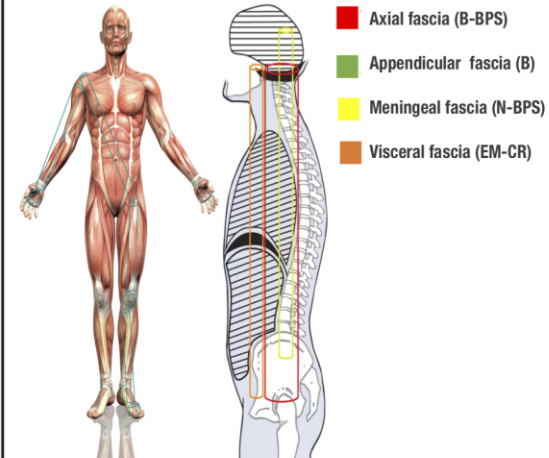
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FASCIAL COMPARTMENT PATTERNS

Osteopathic manual assesement



Biomedical manual assesement

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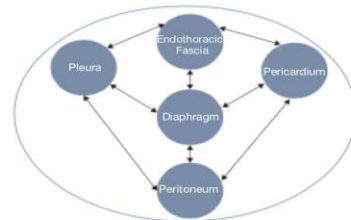
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Somatic Dysfunction

Osteopathic manual assesement



Biomedical assesement

Table 3 Spinal ranges of motion replicated during orthopedic and neurologic tests

Range of Motion	Tests That Use the Range
Cervical Flexion	Soto-Hall, Slump
Cervical Extension	Hautant, Slump
Cervical Lateral Bending	Shoulder Depressor
Cervical Rotation	Hautant
Lumbosacral Flexion	Slump Test
Lumbosacral Extension	Kemp
Lumbosacral Lateral Bending	Scheppelmann, Kemp

Miller et al., 2007

Self regulation systems overload assesement

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Clinical relevance hypothesis: technique's selection

**Osteopathic palpation
outcomes:**

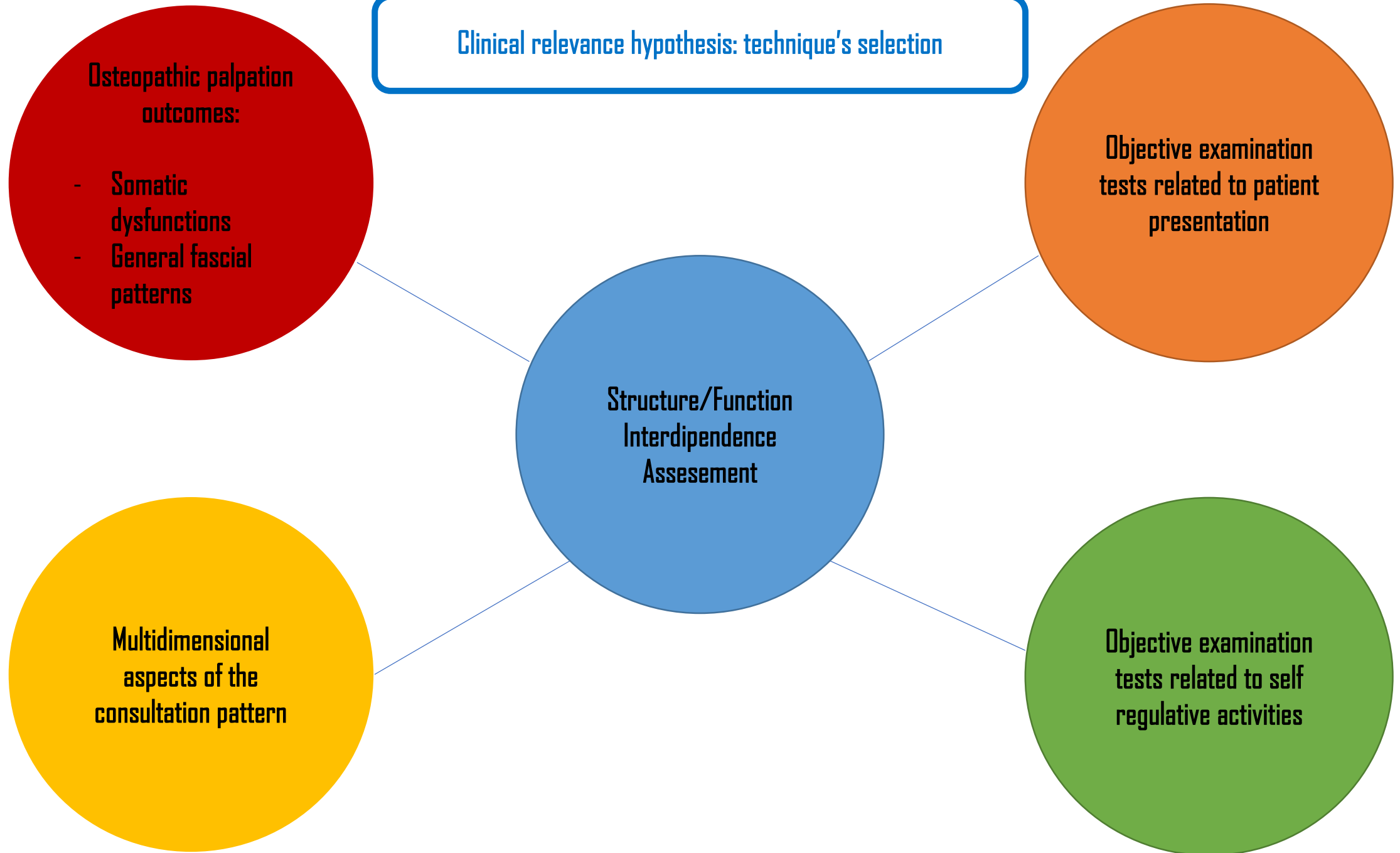
- Somatic dysfunctions
- General fascial patterns

**Objective examination
tests related to patient
presentation**

**Structure/Function
Interdependence
Assesement**

**Multidimensional
aspects of the
consultation pattern**

**Objective examination
tests related to self
regulative activities**



Contextualizing research in the clinical context



NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed Osteopathic Manipulative Treatment and Nonspecific Low Back Pain
Advanced

Format: Abstract Send to

Arch Phys Med Rehabil. 2018 Sep;99(9):1720-1729. doi: 10.1016/j.apmr.2018.04.022. Epub 2018 May 19.

Osteopathic Manipulative Treatment Including Specific Diaphragm Techniques Improves Pain and Disability in Chronic Nonspecific Low Back Pain: A Randomized Trial.

Martí-Salvador M¹, Hidalgo-Moreno L¹, Doménech-Fernández J², Lisón JF³, Arguisuelas MD⁴.

CONCLUSIONS: An OMT protocol that includes diaphragm techniques produces significant and clinically relevant improvements in pain and disability in patients with NS-CLBP compared to the same OMT protocol using sham diaphragm techniques.



BASE CLINICAL REASONING ON OSTEOPATHIC PRINCIPLES AND MODELS.

EVALUATE LOCALIZED FASCIAL SYSTEM ALTERATION (I.E. SOMATIC DYSFUNCTION) RELATED TO LOCAL ADAPTATION SYNDROME AND ALLOSTATIC OVERLOAD.

EVALUATE GENERALIZED FASCIAL SYSTEM ALTERATION (I.E. FASCIAL POSTURAL PATTERNS) RELATED TO GENERAL ADAPTATION SYNDROME, ALLOSTATIC OVERLOAD AND BIOMECHANICAL, CIRCULATORY-RESPIRATORY, NEUROLOGICAL, ENERGETIC-METABOLIC, BEHAVIORAL SELF-REGULATION SYSTEMS.

APPLY EVIDENCE BASED PRACTICE IN OSTEOPATHIC CLINICAL ACTIVITY CONSIDERING THE EXPECTATIONS AND VALUES OF THE PATIENT AND THE POPULATION.

SUGGESTED READINGS

- Lunghi C, Baroni F, (2018). Osteopathic care. Practitioner's mindlines on evidence-informed health adaptive practice. Narrative review.. J Am Osteopath Assoc. In press.
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- Mittelmark MB, Sagy S, Eriksson M, et al., editors.(2017) The Handbook of Salutogenesis [Internet]. Cham (CH): Springer. Available from: [https://www.ncbi.nlm.nih.gov/books/NBK435831/doi: 10.1007/978-3-319-04600-6](https://www.ncbi.nlm.nih.gov/books/NBK435831/doi:10.1007/978-3-319-04600-6)
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“You are not a drop in the ocean. You are the entire ocean in a drop.”

رومی محمد الدینجلال [Jalāl ad-Dīn Muhammad Rūmī]