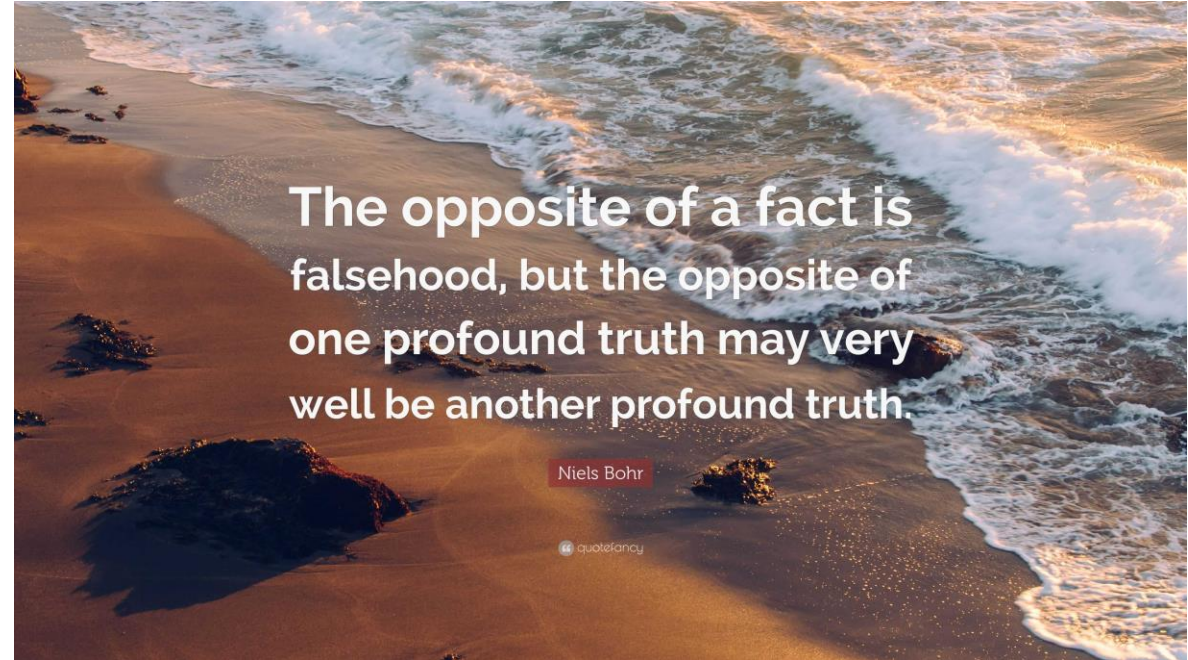


LEARNING CLINICAL REASONING THROUGH THE LENS OF OSTEOPATHIC MODELS



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PROFESSIONALISM AND CLINICAL INTEGRATION 2


MODULE AIMS

- **Communication, conduct, consent & shared decision making**
- **Biopsychosocial model & psychological aspects of low back pain**
- **Integrate and synthesise knowledge – CLINICAL REASONING**
- **Critical thinking skills – concepts in clinical reasoning & decision making**

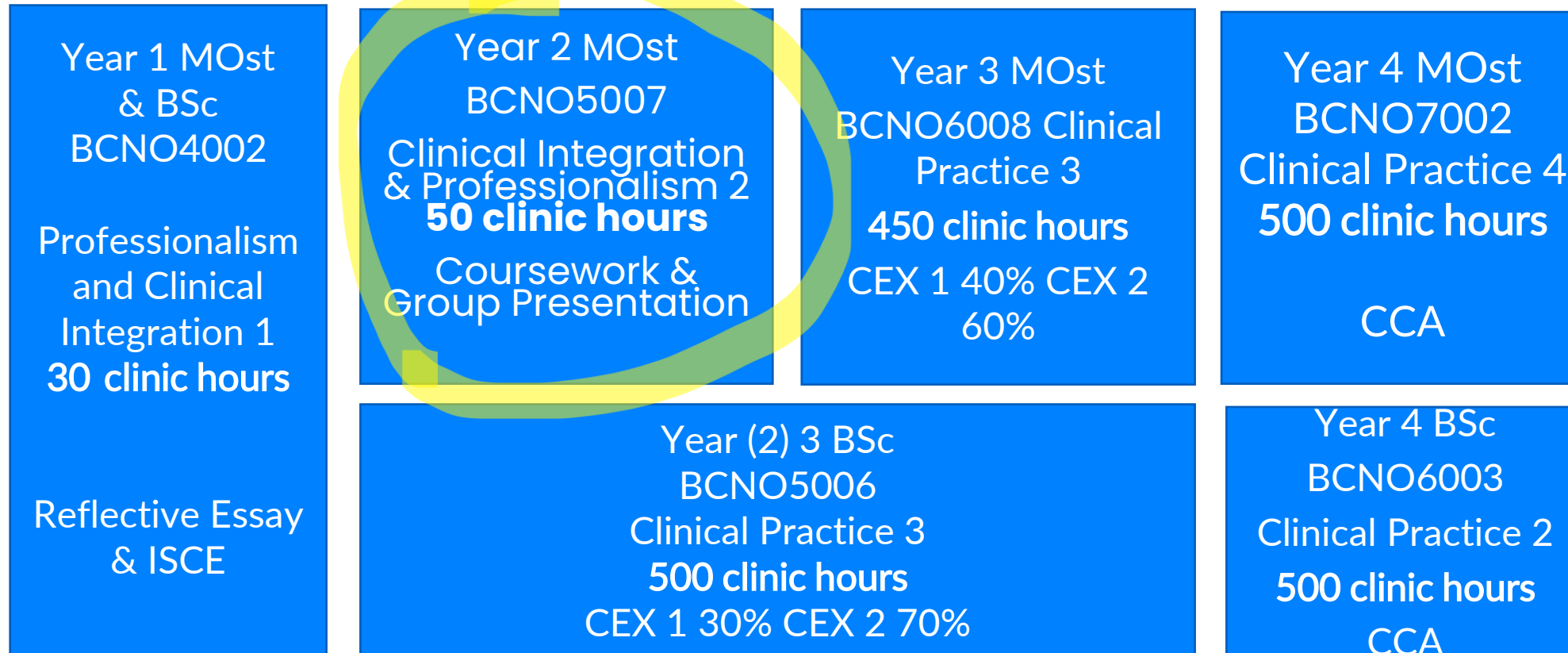


Building a
Therapeutic
Alliance

Understanding
subjective nature of
pain and how
person experiences
the same stimulus
differently



OSTEOPATHIC CLINICAL PRACTICE MODULES BCNO



30 HOURS PRACTICAL

THEORY: 10 X 1 MODELS – HOUR 6 X 1 HOUR (RESEARCH) – 2 X 2 HOURS COMMUNICATION

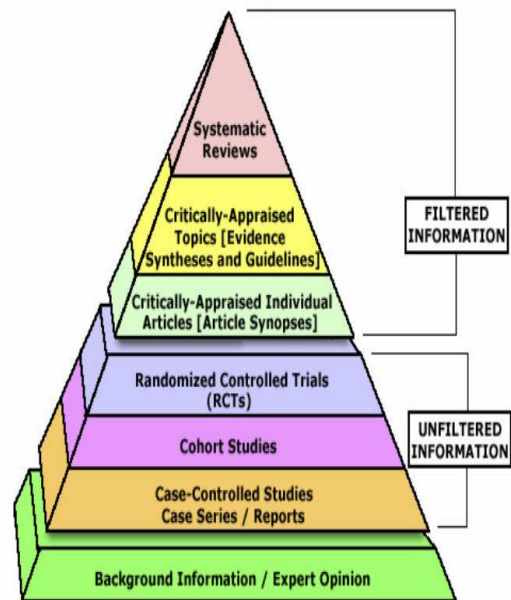
BIOPSYCHOSOCIAL MODEL (BPS)

- **RED** and **GREEN** flags – threat or okay and signs of 'real' pathology
- Introducing **Safety Netting** and **Key Feature Questions**
- **YELLOW** flags and **ORANGE** flags
- How to manage and when to refer
- **BLUE**, **BLACK** and **PINK** FLAGS
- Understanding psychosocial context and how to build on **PINK** enabling flags
- Comparing BPS to other osteopathic models (Group Presentation) **Self Healing – fluid dynamics – The Body is an Integrated Unit – Total Lesions Concept – The Five Models**
- Problem Based Learning (PBL) – highlight flags in case histories
- PRACTICAL – PBL introducing **specificity** and **sensitivity** – **UNCERTAINTY!**
- Demonstrating patient centered communication informed from case history

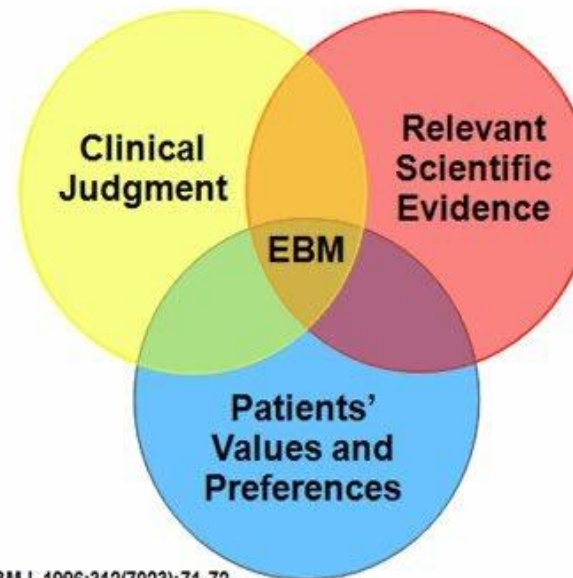


THE THERAPEUTIC ALLIANCE - (versus 'EVIDENCE BASE')

- Critical Evaluation of all types of evidence
- Listening to the patient is essential for patient centered care
- What are the patient's own **I**deas, **C**oncerns and **E**xpectations?

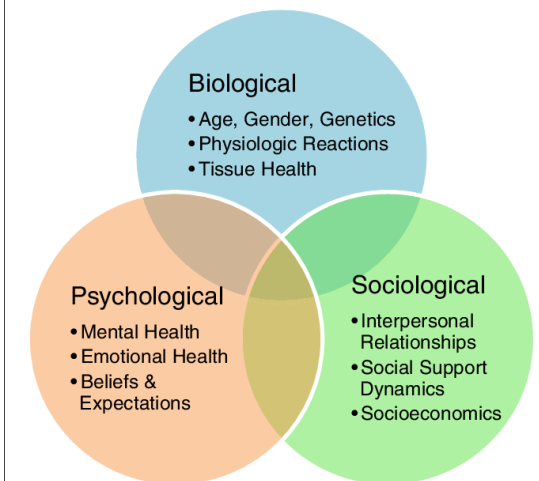


What Is Evidence-Based Medicine?

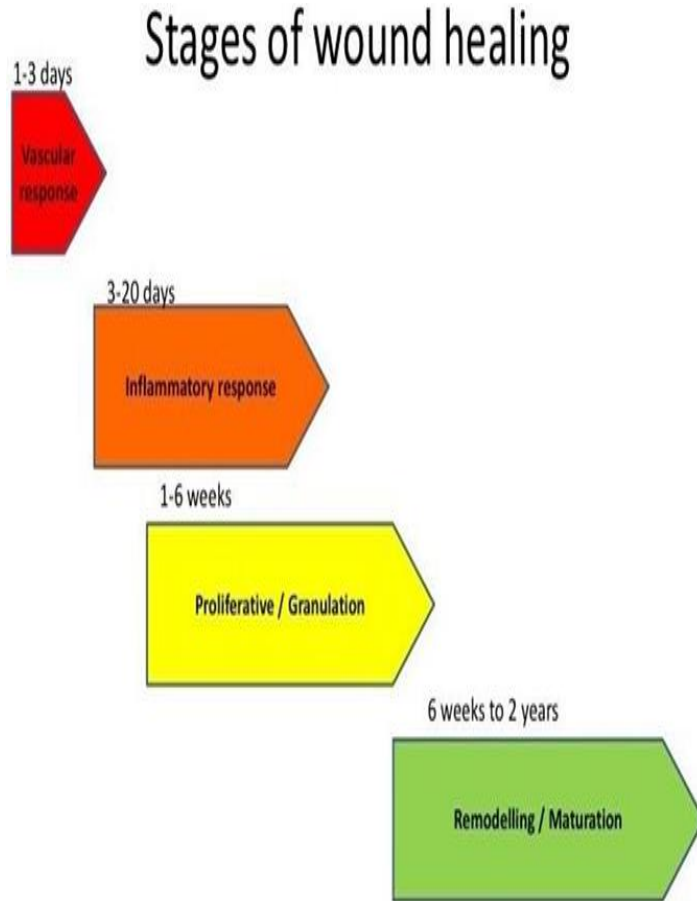


Sackett DL, et al. BMJ. 1996;312(7023):71-72.

EBM



TISSUE HEALING – PEACE



- **P** – Protect – relative rest – cross training or boot?
- **E** – Elevate – if too swollen – make space for new blood flow
- **A** – No Anti-inflammatory medication or ice if strain –
↓ healing
- **C** – Compression – to avoid excessive swelling that hinders flow
- **E** – Educate – understand processes INTEROCEPTION and repair

‘The Body is a self healing Organism’

TISSUE HEALING – LOVE

- **L** – Loading – stimulates healing – scale exercise to suit recovery
- **O** – Optimism – have a positive plan for recovery realistic goals
- **V** – Vascularisation – new blood flow, drainage important
HYDROTHERAPY
- **E** – Exercise – restore mobility and strength – reduces reoccurrence



Adapted from: Dubois B & Esculier J (2019), Soft Tissue Injuries simply need PEACE & LOVE. British Journal of Sports Medicine 101253. Available at: <https://bjsm.bmj.com/content/54/2/72>

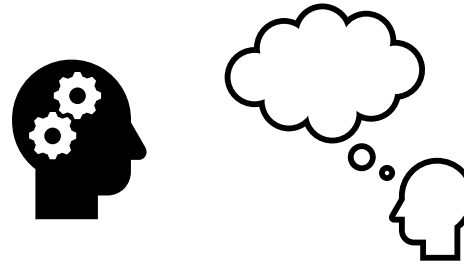
‘Rule of the artery’

Applied Physiology – knowledge about tissue response to loading

PAIN SCIENCE AND PREDICTIVE PROCESSING

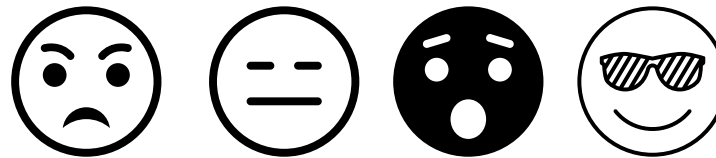
The cognitive/evaluative component

– The thoughts about the pain, how it may affect you in the future? How has it affected you in the past?



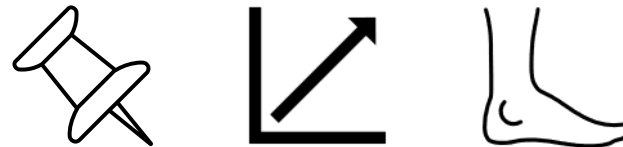
The affective/motivational component

– The emotional responses to pain, how you feel about the experience?



The sensory/discriminative component

– How intense it is, what kind of sensation? The anatomical location of the pain



HYPERALGESIA

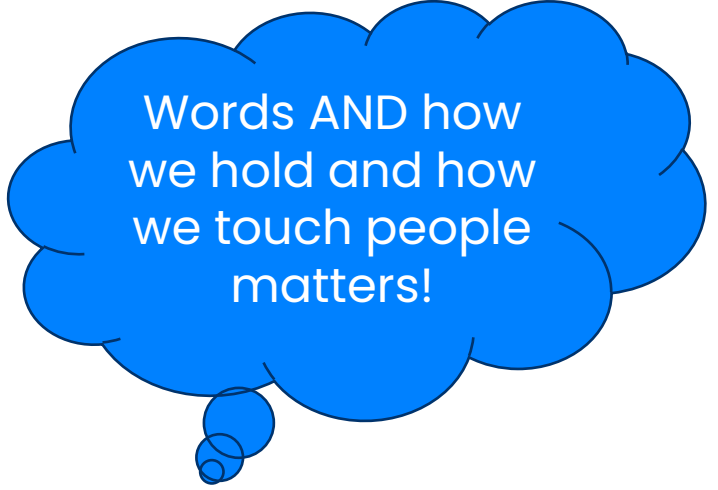
Hyperalgesia is increased pain from a stimulus that normally provokes pain.

ALLODYNIA

Allodynia is pain due to a stimulus that does not normally elicit pain

COMMUNICATION, CONSENT & COMPLAINTS + building Therapeutic Alliance (Professionalism)

- Medicolegal Aspects – Material Risks = Patient Specific
- Yellow Flags – Mindful of messages that might increase fear
- Asking: 'How does that feel here?' – Versus: 'Is this painful?'
- Red Flags – Message to reassure patients – certainty about uncertainty.....
- Introducing Sensitivity and Specificity – 'It is very unlikely that....'
- Introducing Interoception –
 - i) What are the patient's beliefs? –
 - ii) What messages do they need in the context of findings?



Words AND how
we hold and how
we touch people
matters!

FEEDBACK FROM STUDENTS AND FACULTY

Students:

- Excellent feedback
- More clinical integration
- More practical sessions
- More clinical reasoning in context

Lecturers:

- Students better prepared for clinic
- Not enough practical to integrate (embody)
- Waiting for clinical methods/orthopaedic testing
- Too heavy on pain science (too high level – 7)

Reflections and Actions – 2025 & FUTURE:

- 2hrs practical 1 hr theory
- ↑communication → Therapeutic Alliance
- Level 5 pain science – relate yellow flags
- Increase module hours + over 2 semesters



OVERCOMING CONFUSION WITHIN THE PROFESSION – Learning to deal with uncertainty about modes of action

**'The issues are
in the tissues'**

Tara Brach PhD
Psychologist

**'The Body
Keeps the
Score'**

Bessel van
der Kolk MD
Psychiatrist



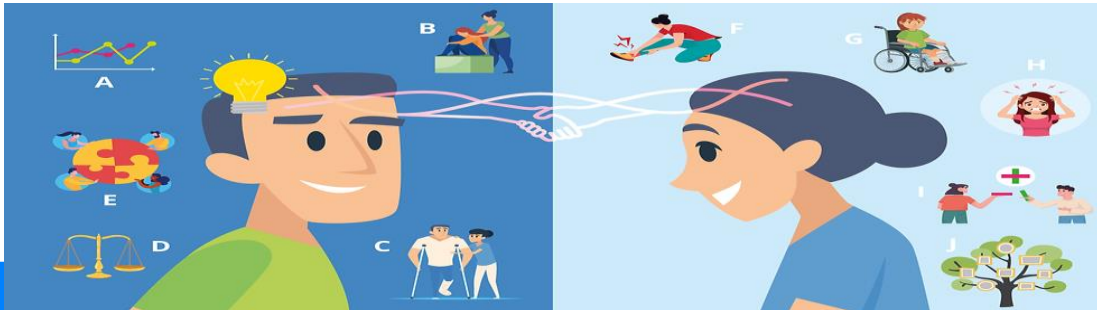
'Words Matter' Oliver Thomson PhD
'Agnostic' Jorge Esteves PhD

'How are you always able to find the places? You make me feel areas I did not know were painful'- How will you teach students to have magic hands?

**Do we make patients
come to their senses?**

CONCLUSION

- REAL PATIENTS AND PROBLEMS ARE COMPLEX
- DIFFICULT FOR STUDENTS TO MOVE FROM LEVEL 5 TO 6+
- LOOK AT PATIENT THROUGH DIFFERENT LENSES – AVOIDS OVERWHELM AND PROTOCOL
- **GOAL:** THERAPEUTIC ALLIANCE & RCT BASED EVIDENCE from CH/EXAMINATION FINDINGS
- VERBAL AND NON-VERBAL COMMUNICATION **BOTH** IMPORTANT FOR THERAPEUTIC ALLIANCE
- GOAL: ENABLING THE PATIENT TO REGAIN AGENCY.....listen to patient's specific goals
- CLINICAL EDUCATORS NEED TO MODEL BEING COMFORTABLE WITH UNCERTAINTY ∞ TRUTHS



Esteves J (2022) Therapeutic Alliance as Active Inference: The Role of Therapeutic Touch and Synchrony. Available at: <https://www.osteojorge.com/post/therapeutic-alliance-as-active-inference-the-role-of-therapeutic-touch-and-synchrony>