Teaching osteopathic students technique; using research to identify good teaching practice.

Simon Browning DO MA Cert Ed
head of technique faculty
British School of Osteopathy

The British School of Osteopathy

academic building

separate purpose built ground floor clinic

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technique knowledge is derived from declarative knowledge with many practices being described and passed on from generation to generation with little reference to empirical research

Morgan and Lucas (2005)

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the technique class is seen as a 'coaching' session where the teacher is expected to introduce, explain, contexturalise and demonstrate a particular technique to the whole class
Wallace (2008)

the class adheres to the craft model of education; the master demonstrates the technique and the students copy until they have gained a sufficient degree of proficiency
Gevitz (2006)

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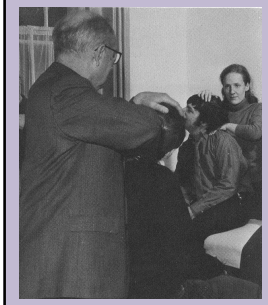

teaching osteopathic technique at the BSO circa 1969

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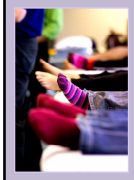
teaching osteopathic technique in Britain circa 2009



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Osteopathy; the profession has clung to outdated models, theories and practices
Fryer (2008)

Chiropractic; the courses on motion palpation and manipulation do not apply motor learning theories
Pringle (2004)

Physiotherapy; how practical skills are taught are not based on best practices identified in research
Jones and Sheppard (2008)

views

theories of learning that seem to be relevant

Vygotsky's theory of
Zone of Proximal Development (ZPD)

Fitts and Posner's three stage theory
of motor skill acquisition

Lave and Wenger's theory of community of practice

Delbos and Jonon's intent participation

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manual therapists; motor skill sets

control of self and patient

manual joint examination
manual gross characteristics of the upper and lower extremity

bilateral hand-eye coordination

manual patient management

Sizer et al (2007)

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learning *Cohen et al (2005)* motor *Wolf & Shea (2002)* skills *Pear (1927)*

capoeira dance

ballet

MRI 1and 2

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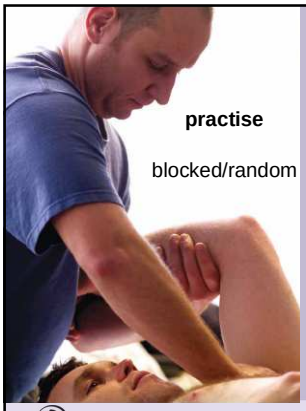

practise

blocked/random

feedback

inherent
kinematic

augmented
kinetic

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manual therapists; fine sensorimotor skill

palpation [a perception a feeling]

the information gained is pre-verbal requires translation into words/ ideas can be misinterpreted

Comeaux (2005)

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learning fine sensorimotor skill

comprehensive reviews all drew the same conclusion: motion palpation is not a reliable (reproducible) procedure.

Cooperstein and Gleberzon (2004)

one of the most curious issues surrounding motion palpation is its continuing popularity in chiropractic, osteopathy, and physical therapy, despite a rather unflattering track record in the majority of interexaminer reliability experiments.

Brown (2001)

interexaminer reliability of passive assessment of segmental intervertebral motion in the cervical and lumbar spine by manual practitioners was low

van Trijfel et al (2005)

there is good intrasubject consistency but poor intersubject consistency

van Zoest et al (2007)

the future; motor skills

modifications to current system

Ebbets (2002)

peer assisted learning

Bould et al (2001) Burke et al (2005) Dollman (2005)

self-directed learning

Lee and White (1990)

the future; sensorimotor skill

consensus training improved the interexaminer reliability improved from poor - fail reliability range to the moderate range

Degenhardt et al (2005)

Ohio University College of Osteopathic Medicine Grosvenor Hall Athens, Ohio 45701 USA

haptic technology

the virtual back: different skin textures and bones can be reproduced and repeatedly palpated

Howell et al(2008)

any questions

comments

simonb@bso.ac.uk

275 Borough High Street London SE1 1JE

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