An era of standardization began in medicine with the advent of the evidence-based healthcare.

Standards dictate the application of standard protocols in diagnostics and treatment. Osteopathic education also demonstrates the tendency towards standardization of its programs. Standard programs require precise instructions, standard techniques, well-defined guidelines for students, and standard tests followed by standard answers and standard evaluation criteria. Scientific osteopathic researches are done according to the standards of evidence-based medicine.

In Russia osteopathy is considered to be a part of clinical medicine, so it means that all the requirements of standardization are applied to it that are imposed upon other clinical sciences, including standard schemes of treatment of separate “osteopathic syndromes”. In the evidence-based medicine the personal experience of a physician is put in the last place in the pyramid of arguments. This personal experience has excuse in its application only in non-standard cases, or when the evidence basis is absent. That is to say: osteopathy in Russia is shifted artificially to the aspect of its “scientificity”.

Postulate “body is a unit” has been present in medicine since Hippocrates. But only in osteopathy it turns from being a postulate into the working guidelines. Principles of Osteopathy are taught under the head of Philosophy, but not always they are understood by the students as the working guide to action, because thereafter they are followed by the subjects regarding dysfunctions of specific structures and their correction. Hence a student has an impression that it is possible for a local dysfunction to exist without influencing the whole organism in its structural complexity, or this influence can be limited.

Osteopathy differs from other manual practices due to its approaches of “holism” and “vitality”. Osteopathy considers the patient as the unique Whole that is capable of self-correction and self-healing. The unique Whole of the practitioner serves as a doctor.
Not an osteopathic technique is at the heart of an osteopathic treatment, but the practitioner’s perception and his/her therapeutic intention. In terms of pharmacology, an osteopathic technique is a method of introduction of a “therapeutic agent”.

Palpatory “vocabulary” represents an individual interpretation of perception (based on personal experience), which was gained during special tactile interaction with the patient, by means of personal receptive field possessing highly individualized characteristics of gathering and primary converting of the external stimuli. Thus, osteopathy represents a highly individualized influence, which is subjective by 100%, because it is under an obligatory processing by the practitioner’s brain. The academic programs should be aimed on formation of effective individual palpation, rather than a number of standard techniques.

Training in diagnostics shouldn’t be limited to a learning of a standard (even unnecessarily exaggerated) protocol with unified set of diagnostic tests. The aim of such training is to form the skill of individual selection of diagnostic tools adapted to the individual perceptive scale of the practitioner, the choice and application of which are dictated by the individuality of the patient. It is necessary to train the integrative schemes of thinking, which can quickly switch the student from one model to another. In osteopathy there is no unified interpretation of data gained. To be able to form an open minded thinking ready to non-standard situations, the student should see the examples of different explanations of the results of the same diagnostic methods.

I am for the maintenance of an Art in osteopathy, because it exactly defines its efficacy. The Art implies a search. The Art is individual. The Art is passed from hand to hand and it requires an application of non-standard approach. As for standardized “science” – as a part of osteopathy, which is deprived of non-standard Art – it cuts off the heart of osteopathy.