

STRUCTURING AN OSTEOPATHIC DIAGNOSIS: A COMPREHENSIVE MODEL WHICH INTEGRATES OSTEOPATHIC CONSIDERATIONS, PAIN MECHANISMS AND PSYCHOSOCIAL FACTORS

Associate Professor Gary Fryer, PhD, BAppSc(Osteo)
Head of Osteopathy, Course Chair, Victoria University, Melbourne, Australia

Osteopathy has a biomedical heritage and typically emphasises biomechanical function and dysfunction. It is likely that most osteopaths and osteopathic teaching institutions structure patient diagnoses using this biomedical framework. In recent decades, many authors have argued the importance of psychosocial factors for patients with pain conditions and the need to address these factors in patient management. Further, as our understanding of neuroplasticity and the neurological mechanisms in chronic pain evolves, it is clear that a tissue source of pain may be irrelevant for some patients. Despite this, many osteopaths and teaching institutions structure a patient diagnosis around the assumption of a tissue basis for pain.

A model for structuring a patient diagnosis which has been used in a university teaching clinic for the last 6 years is presented. The diagnosis formulation is designed to be communicable to other medical and allied health professionals as well as providing a clinical impression which integrates osteopathic and/or biomechanical considerations with the predominant pain process, and the pertinent pathological and psychosocial factors.

Please note: I would be happy to expand this presentation beyond the standard 20 minutes to more fully discuss the apparent tension between the traditional biomedical 'osteopathic' framework with the more recent pain science and psychosocial emphasis.