

Diagnostics in osteopathy: where is the uniformity?

Within the different European osteopathic educational institutions exists a wide variety in the approach of diagnostics in osteopathy. This variety persists when one observes the different postgraduate courses which are organised on the topic of osteopathic diagnostics and differential diagnosis. One can only assume that this variety is only possible because the basic education does not provide a uniform diagnostic approach.

In the light of the last decade during which the osteopathic profession has been striving for a national and/or European political recognition, uniformity in education proves to be a necessity.

Osteopathic schools however show a wide variety of diagnostic approach. Some schools offer a diagnostic approach which is very similar to a medical approach with exclusion of local pathology and a diagnostic evaluation based on excluding and/or confirming differential diagnostic tests. Only in a second stage the osteopathic diagnostic tests are applied to refine the diagnostic process. Other schools offer a diagnostic approach which shows to be the complete opposite, being based on a subjective palpation which 'pulls' the practitioner towards the region of tension and therefore indicates the structures to be treated. How far more apart can diagnostics be in between osteopathic education institutions?

One could describe diagnostics in a simplified way as a process which is mainly based on an interpretation of the anamnesis, refined with added questions and then followed by a series of tests to come to a working hypothesis. There again the difference in taught tests is varying enormously in between schools. Some schools stimulate their teachers to use only tests which are scientifically based and have been proven to be valid. Not only valid in their efficacy but also in their interpretation. Other schools have a far more philosophical approach and do not put standards of validity in tests. In the purely orthopaedic examination of the patient this difference between schools usually is not that big. The applied 'osteopathic diagnostic tests' however show not only a big difference in application but as well in validity and interpretation.

Treatment of a patient is based on the process of anamnesis and diagnosis and its effectiveness is therefore only subject to the correctness and objectivity of that previous process.

Can a treatment therefore be based on subjective findings such as e.g. the energy of a kidney, the cellular embryologic movement of a cranial or visceral structure, kinesiological tests, listening tests, hands off tests, and so on?

Osteopathic education being still in its development, a debate on the uniformity of diagnostic tests, diagnostic approaches, diagnostic concepts, diagnostic diagrams and so on seems to be a necessity. Not to create protocols, but to prevent a situation where the therapeutic approach has the structure of an upside-down pyramid; easy to tip over because the foundation is too small.

In the process of recognition different professions, and more dominantly medicine, among other things evaluate the education content and quality offered by the osteopathic educational institutions. Especially since, as professional osteopaths, we are treating patients without referral from a general practitioner the expectation from the health care departments is that we are equally good in diagnostics as medicine.