

Workshop 180 min.

Osteopathic decision-making process and adaptive salutogenic treatment.

Theoretical part: adaptive model of health and osteopathic clinical reasoning based on five osteopathic models;

Practical part: osteopathic assessment of local and general adaptive capacity; evaluation of the self-regulation overload and selection of osteopathic model; examples of maximalist and minimalist approach; individualized progressive approaches for the ongoing management of the person (nutritional advice and osteopathic exercise).

Summary: The "osteopathic principles" are crucial in defining the peculiar characteristics of osteopathy. However the lack of sharing and embracing of these principles within the community of practice has made these fundamentals to be vague and undeveloped; moreover, the lack of recognition of these principles in its application during the practice has not helped to distinguish osteopathy from other health professions that like wise place anatomy, physiology and holism at the base of their work. In this workshop, by observing the traditional foundations and contemporary scientific evidence we have drawn a hypothesis of rational treatment based on the principles (Hruby et al., 2017). There emerges osteopathy based on salutogenesis: a traditional medicine, which, evolving on an anthropological basis, centers its work on the person (Lunghi et al., 2017). From reflections on the above principles, emerges a concept of adaptive health; consequently, the discomfort is considered a deficiency of the dynamic interaction within and between adaptive systems and it is recognizable in the alterations of the relationship between structure and function, before the damage of the single system. The treatment has the objective of interacting with the self-regulative biomechanical, respiratory, circulatory, metabolic and energetic as well as psychological systems. Osteopathic decision-making is based on clinical history multidimensional data and manual tests of tissue components of general adaptive capacity (fascial compensation scheme and fascial

compartments) and local adaptive capacity (somatic dysfunction); this process guide the osteopath to the selection of an approach model that elicits the same activation force of the overload detected. The evaluation of dysfunctional tissues (Schleip, 2017 a; Schleip, 2017 b) and the receptiveness of the person to osteopathic manipulative treatment, become indications for the osteopaths choice of an appropriate technique aimed to restore tissue affected by local adaptation, like somatic dysfunction (minimalist approach: direct, indirect, combined techniques), or by general adaptation schemes like fascial compensation and fascial compartments patterns (maximalist approach: systemic techniques) (Lunghi, et al., 2016)

References.

Lunghi C, Tozzi P, Fusco G, (2016). The biomechanical model in manual therapy: is there an ongoing crisis or just the need to revise the underlying concept and application? *J Bodyw Mov Ther.* 20(4):784-799.

Lunghi C, Baroni F, Alò M, (2017). *Ragionamento clinico osteopatico: trattamento salutogenico ed approccio progressivo individuale.* Edra edizioni. Milano.

Hruby R, Tozzi P, Lunghi C, Fusco G., (2017). *The 5 osteopathic models: Rational, Application , Integration. From tradition to innovation for a centered person osteopathy.* Handspring publishing. Pencaitland.

Schleip R, (2017 A). Fascia as a sensory organ. In: Liem T, Tozzi P, Chila A. *Fascia in the osteopathic Field.* Handspring Publishing. Pencaitland Ch. 7

Schleip R, (2017 B).Fascia as a sensory organ: clinical application. In:Liem T, Tozzi P, Chila A.
Fascia in the osteopathic Field. Handspring Publishing. Pencaitland Ch. 25