REDUCTIONIST AND HOLISTIC APPROACH IN CLINICAL REASONING

Osteopathic diagnosis: far beyond a full body diagnosis

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“One’s success in treatment is governed very largely by one’s diagnosis.”

H. Fryette DO
QUESTIONS

- What’s the role of a reductionist and holistic reasoning in osteopathic diagnosis?
- Why should a holistic osteopathic diagnosis be more than a full body diagnosis?
- How should we teach the holistic concept in osteopathic training?
DIAGNOSIS

- Complex process
- Pitfalls
- Uncertainties
- Clinical reasoning
- Scientific knowledge
SYMPTOMS

- Triggering factors (short term)
- Aggravating factors (long term)
- Chance

“Some things just happen.”
(Landsman 2018)
TRIGGERING AND AGGRAVATING FACTORS

CONSCIOUS

UNCONSCIOUS
‘LOGICAL’ STORY

- Attention to ‘the big picture’
- Knowledge
- Information from the history of the patient
- Experience
- Intuition
- Deductive and inductive reasoning

= LOGIC OF THE PATIENT?
CAUSE - EFFECT

“Osteopathic treatment is scientific in that it recognizes the relation between cause and effect in disease, and seeks to remove the cause rather than to treat the symptoms, the effects of the disease.”

(Smith DO 1919)
CAUSE - EFFECT

“Find and remove the cause, then the effect will disappear.”

(A.T. Still DO 1910)
CAUSE - EFFECT

“Causality is not a part of modern science.”

(Russell 1913)
CAUSE – EFFECT FRAME OF THINKING

HOLISM

REDUCTIONISM

What makes the difference?
OSTEOPATHIC DIAGNOSIS

ANAMNESIS

EXAMINATION OF MOBILITY
OSTEOPATHIC DIAGNOSIS

ANAMNESIS

EXAMINATION OF MOBILITY
ANAMNESIS

REDUCTIONIST PART

HOLISTIC PART
ANAMNESIS
WHY A REDUCTIONIST PART?

DIFFERENCE

LESION/PATHOLOGY

DYSFUNCTION
LESION – PATHOLOGY

RISK FOR STRUCTURAL DAMAGE (or even DEATH)
LESION - PATHOLOGY

DIAGNOSIS IS A COGNITIVE PROCESS

- Knowledge
- Evidence Based Guidelines
- Clinical Testing
- Technical Examinations

EVIDENCE BASED THERAPY
LESION - PATHOLOGY

i.e. child with severe HEADACHE → MENINGITIS?

photophobia, fever, Kernig’s sign, blood parameters, …
DYSFUNCTION

i.e. athlete with HEEL PAIN \(\rightarrow\) PLANTAR FASCIITIS, ACHILLES TENDINITIS, HEEL SPUR?

\[\downarrow\]

IS THIS DIFFERENTIAL DIAGNOSIS IMPORTANT FOR THE OSTEOPATH?
DYSFUNCTION

NO PREDICTABLE RELATIONSHIP BETWEEN

SPECIFIC LOCAL DIAGNOSIS & OSTEOPATHIC TREATMENT

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ANAMNESIS  
HOLISTIC PART

Traumata, illnesses, surgery, ... should not influence

the REASONING of the OSTEOPATH

rather learn us all about

the TYPOLOGY of the PATIENT

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ANAMNESIS
HOLISTIC PART

TYPOLOGY OF THE PATIENT

TECHNIQUES
VERBAL / NON VERBAL COMMUNICATION

BEST THERAPEUTIC RESULT

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OSTEOPATHIC DIAGNOSIS

ANAMNESIS

EXAMINATION OF MOBILITY
EXAMINATION OF MOBILITY

WHAT WILL WE TREAT?
WHAT WILL WE TREAT FIRST?
EXAMINATION OF MOBILITY

STANDARD PROTOCOL + SPECIFIC TESTS IN THE AREAS OF DISBALANCE

INDEPENDENT OF PATIENT’S COMPLAINTS
EXAMINATION OF MOBILITY

DO NOT USE INTELLECTUAL REASONING to search for the CAUSE
EXAMINATION OF MOBILITY

PATIENT = COMPLEX ADAPTIVE SYSTEM

chaotic, unpredictable
EXAMINATION OF MOBILITY

HOW DO WE FIND ‘WHAT TO TREAT and WHAT TO TREAT FIRST’?

TOOL = INHIBITION TESTS
EXAMINATION OF MOBILITY

INHIBITION TESTS
(on the level of mobility, motility and tension)

DEFINING THE CURRENT RELATIONSHIP BETWEEN THE DYSFUNCTIONS
EXAMINATION OF MOBILITY

UNITY OF THE BODY

biomechanical, neurological, vascular, fluidic, embryological, emotional, mental, energetical, spiritual
EXAMINATION OF MOBILITY

INHIBITION TESTS

PRIMARY DYSFUNCTION(S)  FACILITATED DYSFUNCTION(S)
EXAMINATION OF MOBILITY

PRIMARY DYSFUNCTION(S)

INFLUENCING (ALL) THE OTHER STRUCTURES
EXAMINATION OF MOBILITY

FACILITATED DYSFUNCTION(S)

BEING INFLUENCED BY (ALL) THE OTHER STRUCTURES
NORMALISATION OF THE PRIMARY AND FACILITATED DYSFUNCTIONS

will stimulate the

SELF HEALING MECHANISMS OF THE BODY
EXAMINATION OF MOBILITY

NORMALISATION  \rightarrow  NEW DIAGNOSIS

- Which dysfunctions disappear?
- Which dysfunctions remain?
- What are the new relationships between the dysfunctions?

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EXAMINATION OF MOBILITY

SYSTEMATIC EVALUATIONS ARE NECESSARY

“There is no evidence in medicine (neither in diagnosis, nor in treatment), so you don’t have to search for it.”
HOLISTIC CONCEPT

“We are not ill because we have an illness, But we have the illness because we are ill.”

(Traditional Chinese Medicine)
DIAGNOSIS IN OSTEOPATHIC MEDICINE

is to be focused on ‘BEING ILL’

and not on the illness
CONCLUSION

FEATURES OF AN OSTEOPATHIC DIAGNOSIS
FEATURES OF AN OSTEOPATHIC DIAGNOSIS

in case of LESION / PATHOLOGY: REDUCTIONIST approach

Leading to a specific therapeutic action
FEATURES OF AN OSTEOPATHIC DIAGNOSIS

in case of DYSFUNCTION: HOLISTIC approach

- Independent of the symptoms
- Independent of the history
- Dependent on the typology of the patient
- Full body examination
- Determination of the current relationships between the dysfunctions
- Systematic evaluations obligatory

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FEATURES OF AN OSTEOPATHIC DIAGNOSIS

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Find the cause or the cause of all causes

= PAST – based
FEATURES OF AN OSTEOPATHIC DIAGNOSIS

What and how to treat TO HEAL THE PATIENT

FUTURE – based

Does that make SENSE?
CONCLUSION

FEATURES OF TEACHING OSTEOPATHIC DIAGNOSIS
FEATURES OF TEACHING OSTEOPATHIC DIAGNOSIS

- No modular training (always broad vision on the ‘whole’)
- Focus on knowledge of all the basic sciences
- Correct interpretation of diagnostic tests
- Use of inhibition tests
QUESTIONS ANSWERED

- The role of a reductionist and holistic reasoning in osteopathic diagnosis.
- Why holistic osteopathic diagnosis should be more than a full body diagnosis.
- How the holistic concept should in osteopathic training?