The Main Osteopathic Principles and Standardization in Osteopathy and Osteopathic Education

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Osteopathy - part of Clinical medicine (that means - part of Allopathic medicine)

Clinical recommendation Standards of diagnostic routine Standard treatment protocols for "osteopathic syndromes" Standard protocols of scientific researches



OSTEOPATHY (PATIENT ORIENTED, HOLISTIC, VITALISTIC, SUBJECTIVE)



Evidence-Based Medicine

Definition of somatic disfunction

Somatic disfunctions:

Impaired or altered function of related components of the body framework system:

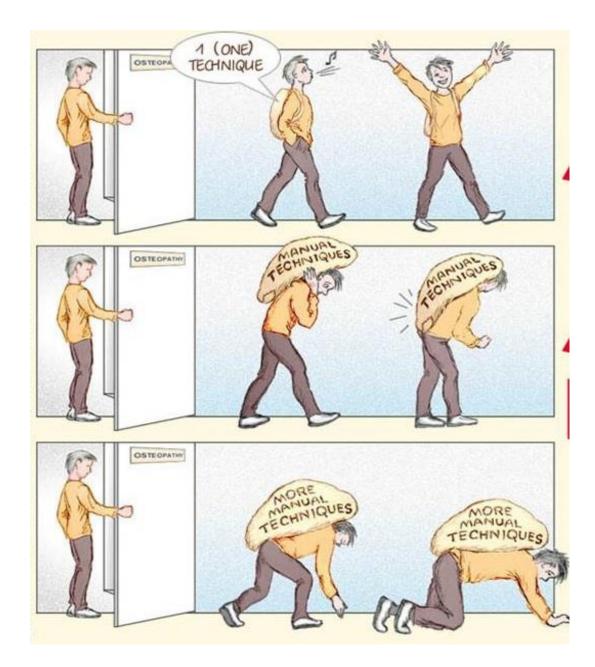
skeletal, arthrodial and myofascial structures, and their related vascular, lymphatic, and neural elements. It is characterised by positional asymmetry, restricted range of motion, tissue texture abnormalities, and\ or tenderness. SOMATIC DYSFUNCTION: FUNCTIONAL CONDITION INVOLVING A BIOMECHANIC, A RHYTMOGENIC, AND A NEURODINAMIC COMPONENT:-

BIOMECHANICAL ASPECT OF THE SOMATIC DYSFUNCTION IS A FUNCTIONAL CONDITION INVOLVING ALTERED MOBILITY, COMPLIANCE, AND BALANCE OF HUMAN BODY TISSUES

RYTHMOGENIC ASPECT OF A SOMATIC DYSFUNCTION IS A FUNCTIONAL CONDITION INVOLVING ALTERED GENERATION, TRANSMISSION, AND ACCEPTING OF ENDOGENIC RYTHMS

NEURODYNAMIC ASPECT OF SOMATIC DYSFUNCTION IS A FUNCTIONAL CONDITION INVOLVING ALTERED NERVOUS REGULATION

Guisti, R. (ed.) (2017) *Glossary of Osteopathic Terminology*. 3 ed, Chevy Chase MD: AACOM



When an osteopath triggers a negative response or an aggravation through treatment:

A. If you have overtreated.



When an osteopath triggers a negative response or an aggravation through treatment:

• If you have broken the adaptation.



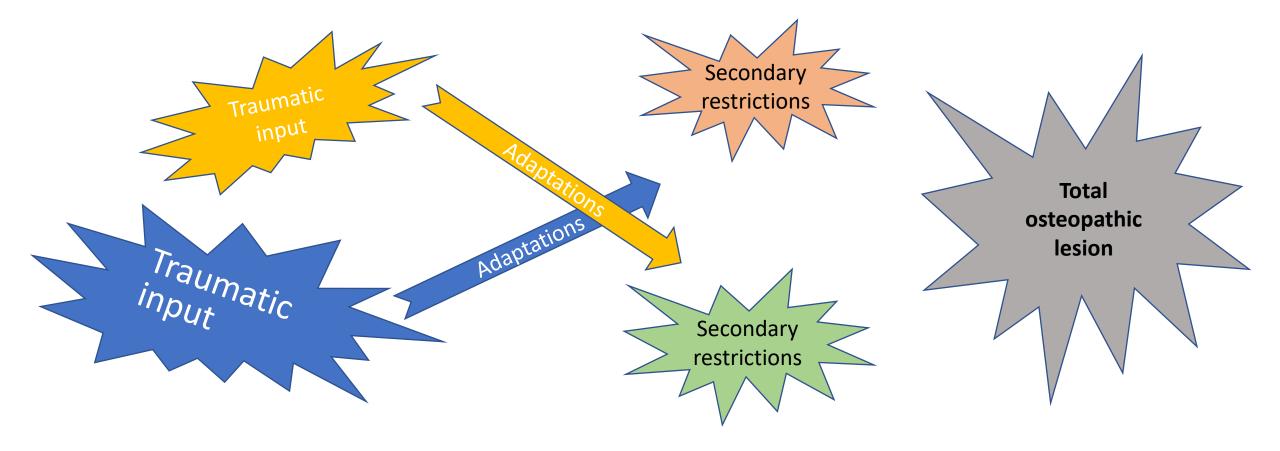
Fundamental osteopathic principles: HOILZM, VITALIZM, STRUCTURE/FUNCTION INTERDEPENDENCE, (+ RULE OF ARTERY)

- are taught as the basis of osteopathic philosophy,
- Are not always perceived as a working guidance, because they
- are followed by disciplines focusing on the structural dysfunctions of individual regions or systems, and on how to correct them.

Students believe that a local dysfunction can exist without influencing the entire body in its structural complexity or that this influence can be restricted to a particular anatomic region.

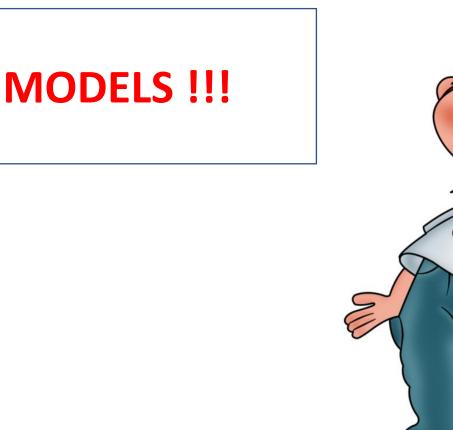
Any traumatic input has global influence trough its adaptations and compensations (principle of holism)

Adaptations and compensations allow us to keep optimal level of health (principle of vitality)



Main osteopathic conceptual models

- Biomechanical
- Neurological
- Respiratory-circulatory
- Metabolic
- Biopsychosocial





Somatic disfunctions (by WHO):

Impaired or altered function of related components of the body framework system:

skeletal, arthrodial and myofascial structures, and their related vascular, lymphatic, and neural elements.

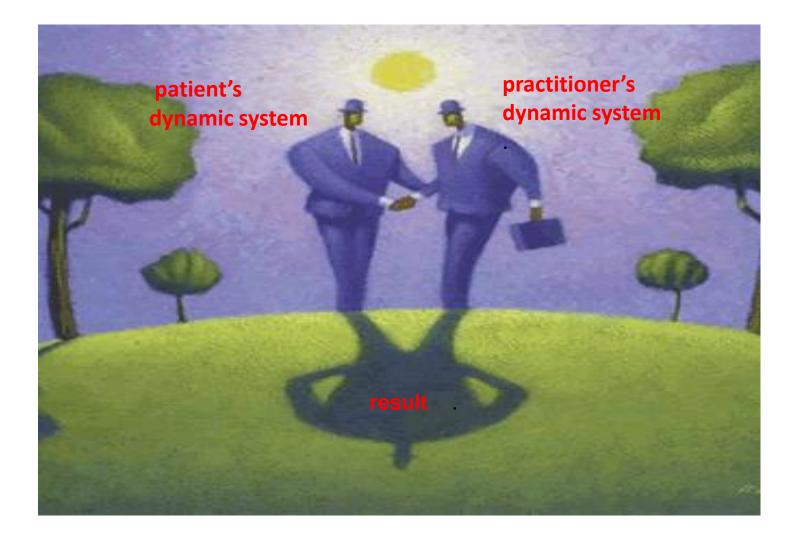
It is characterised by positional asymmetry (QUANTITY. ASYMMETRICAL landmarks may be NORMAL)

restricted range of motion (QUANTITY. But quantifiably smaller range of movement is not indicative of a restricted motion),

tissue texture abnormalities (QUALITY),

and\ or tenderness (QUALITY feeling by patient)

Osteopathic /diagnosis and treatment is the unique process of interaction





- Osteopathic diagnosis is based on subjective palpatory assessment of an abnormal quality of motion, with the ability to identify the distribution of those abnormalities, and the degree of engagement and linkage of different structures as part of an osteopathic pattern.
- Osteopathic treatment is based on the perception of the practitioner and their therapeutic intention rather than on osteopathic techniques.
- In pharmacological terms, an osteopathic method or technique is the method of administering a "therapeutic agent".
- Each osteopath's palpatory "vocabulary" contains individual interpretations of their perceptions based on personal experience and coming from tactile interaction with the patient through the osteopath's personal receptive field with personalized ways of collecting and primarily converting external stimuli

4.8. Joint and surrounding soft tissues rigidity:4.8.1. Lower extremity and pelvic joints:

		Annex No. 25 to Order No. 834H by the Ministry of Health of the Russian Federation dated December 15, 2014		
			Information Leaflet Form No.	
	INITIAL OSTEOP	ATHIC EX	AMIMATION	
I. Date: day	month year			
2. Complaints on first visit:				
musculoskeletal system dysfunct gastrointestinal system dysfunct cardiovascular system dysfuncti Additional information: Somatic status:	tion	0	respiratory system dysfunction urinary and genital system dysfunction pain syndrome	
3.1. Overall condition: fair	D poor	D sev	ere 🗆 critical	
3.2. Body type:	henic D hypers	thenic	□ asthenic	
	rash		excoriated	
u wet u drv			L) excellated	
3.4 Mucous membranes: □ clear	🗆 rash	- wet	dry	
3.5 Breathing: □ puerile □ 3.6. BPnmHg 3.7. Radial artery pulse □ rhythmic □ arrhythm		decrea asymmet	rical 🗆 tense 🗆 not tense	
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		Neck	1 2 3	123		123	123		
		Upper extremities	123		C4-C6	1 2 3	123		
		Thoracic	1 2 3	123	C7—Th1	123	123		
		Lumbar	1 2 3	123	Th2—Th5	123			
		Pelvic	1 2 3	123	Th6—Th9	123	123		
		Lower extremities	123		Th10-L1	123	123		
		Dura	I 2 3		L2-L5	123	123		

Local Indi Prevailing somatic dys	ividual somatic dysfunctions are indicate	d (acute or chronic):		
'Global neurodynamic dysfunction is not eva	aluated in children under one year. Postural dysfu	sction is evaluated in childs	ren from 12 years.	
Diagnosis: Primary condition:				
0			ICD-10 cod	e
Complications:				
Co-morbidities:			ICD-10 cod	e
7. T			1CD-10 cod	e
7. Treatment plan:				
8. Sick leave, certificate:				
9. Recommendations:				
9.1. Specialist advice:				
□ neurologist □ GP	pediatrician	ophthalmo	ologist 🗆 dentist	
9.2. Tests:				
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X-ray		ultrasonography:		
MRI:		□ CT:		
	hniques:			
9.3. Drug treatment:				
9.4. Additional drug-free treatmen	t modalities: rehabilitation exerci-		physiotherapy	reflexotherapy
9.5. Motion regime recommendation 9.6. Dietary recommendations: 9.7. Re-examination in	ons:	namena o una notación del del	tone measured determined	
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Osteopathic status
 General exam

1

□ shortened on th

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F	hip					ð
L L	knee		0			a
	ancle		0			D
E E	subtalar					
E E	cuboideor	avicular				
- F	intercunei					0
-		phalangeal	1			EI
100 8		and upper extremity join				0
	Joint evaluate			d restriction	no rigidity	and restriction
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H						L.
-	elbow					
L	wrist		13			۵
4.9. Transl	ation evaluation	m:	restricted on th		🗆 rest	ricted on the left
	elvis	🗆 not	right 🗆 restricted	on	🗆 resti	ricted on the left
	estricted		the right			
	umbar region	🗆 not				
IN	estricted					
*1.	oracic region	🗆 not	restricted on the			icted on the left
	stricted		right restricted	on	🗆 restr	icted on the left
	ervical region	□ not restric	ed the right			
		extension evaluation:				
		🗆 no restricti	on 🗆 flexion restric			nsion restricted
	mbar region					
	oracic region	no restricti		iteu	🗆 exter	nsion restricted
		al mass shift in sagittal p		0.12		(20) (22) (22000)
		r abdominal cavity	not restricted			dorsally restricted
	oper abdomina	l cavity	not restricted			dorsally restricted
	oracic cavity		not restricted	ventrally rest	tricted	dorsally restricted
		al mass shift in coronal p				
		r abdominal cavity	not restricted			restricted on the
	ft upper abdon	ninal cavity	not restricted	restricted on	the right	restricted on the
le	ft					
th	oracic cavity		not restricted	restricted on	the right	restricted on the
vi	sceral space of	the	left 🗆 not restrie	cted	0	□ restricted on the
	ck		right	□ restricted on	the left	
	-Sphere Test (e	evaluation for children ur	der one			
year)				7.3.4.3		
			head a	nd cervical regior	n volume:	
			🗆 no r	estriction		
			thorac	ic volume:		
			n no n	estriction abdomin	nal and pel-	vic
			volum		and per	0.071
ventrally re	stricted	dorsally restricted				
ventrally re		dorsally restricted				
				Н		
ventrally re	stricted	dorsally restricted				
	□ abdominal o	avity restriction				
4.15.1 Cran		npulse:	per minute; range	; intensity	v	
	liac rhythmic i		per minute; range	; intensity		
	racic rhythmic		per minute; range	; intensity		
		symmetrical	□ yes □ no rhythn		no no	
	erior tibial arte			□ no; rhythmic		T 80

- How can we create the diagnostic examination routine, which is based on the proved part of osteopathy and doesn't contradict the osteopathic principles?
- How can we teach the treatment strategy with a forecast of its influence on the global function?
- How can we reconcile our students with the contradictive explanations of similar diagnostic data and tests given by different lecturers?
- How can we form the critical attitude to the present models and allow to feel what is really there rather than what is written in textbooks?
- How can we make students ask the question: how exactly a local situation / function change the global function if you apply a particular technique to a particular place? And how can be teach the students to foresee the effect of every osteopathic influence on an individual patient?

Many definitions have been formulated and published to the world. Each one tends to limit one's conception of osteopathy in some particular. A definition always limits the thing defined, therefore, no definition of osteopathy can be complete, because we are dealing with a principle, the universality of which no one knows. Dain L. Tasker

THANK YOU FOR YOUR ATTENTION