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Letter to the Editor

Letter to the editor on Holism in Osteopathy - Bridging the gap between concept and practice: A grounded theory study

To the Editor,

It was a pleasure to read the research of P.W.D Turner and E. Holroyd in a recent IJOM publication titled "Holism in Osteopathy - Bridging the gap between concept and practice: A grounded theory study" [1]. I am a manual osteopathic practitioner currently developing a master class curriculum covering similar subjects for practitioners.

Much of the challenge of osteopathic practice derives from the Cartesian nature of typical osteopathic training. Training institutions cover physiology, anatomy, pathology, and biomechanics, along with tests and techniques specific to the many structures and systems of the body. But it is perhaps the separation of these subjects that is problematic, where the interrelations of the body's structures and systems—mechanically—have become unclear to the student.

How those subjects are conveyed and tied together is critically important. With so many test and treatment systems, and with teaching modules grouping anatomical parts separately— pelvis, spine, cranium, central nervous system, viscera, muscular and osseous systems—the graduating practitioner sometimes struggles with what seems like a forest-trees conundrum because he or she has lost sight of the fact that no anatomical part can be palpated as existing apart from the whole. I would argue that what is missing is a cohesive system of palpatory testing across all structures and systems.

Also, it would seem that being trained in this way sets up a default mechanism that is contrary to the system of experiencing and learning inherent in the right and left sides of the brain. There can result the tendency of the practitioner to work intellectually, i.e., thinking first of tests based on symptoms or of problematic anatomical parts and corresponding techniques, rather than applying the holism that underpins osteopathic theory by using a comprehensive protocol of palpation to determine where to start.

Turner & Holroyd's research identifies the conundrum of osteopathic practice and I would argue connects this conundrum with the Achilles heel of osteopathic training: the challenge of distilling an enormous amount of information into a clear, practical and time efficient protocol of palpation-led treatment.

Turner & Holroyd's research points out (consistent with what I have seen as head clinic supervisor at the Canadian College of Osteopathy) that the typical reductionist approach in osteopathic training seems to strengthen the tendency for the manual osteopathic practitioner to work with palpation relegated to a secondary role i.e. letting the mind direct the hands.

In my view, Turner & Holroyd's research indicates that osteopathic training should equip students for the "real world" by providing the student with a simple, efficient palpatory protocol that guides treatment. This protocol would cover all systems/structures and be used for every patient regardless of symptoms.

It was unclear to me whether the manual assessment used by study participants included all structures/systems. And, if so, what were the components? Did the assessment include the visceral, cranial (including the facial bones) and (intra)osseous systems?

Were the articulations between viscera assessed to find lesions? And were these lesions assessed as to their influence on the cranial-sacral and all other systems i.e. to determine the hierarchy of lesions?

A holistic assessment would not be possible without inclusion of all of these elements. These articulations/organs/systems affect the mobility of the spine, the breathing mechanism, the core link, as well as all other viscera, and vice versa.

In my view, the aim of a palpatory protocol of palpation would be:

1. to identify, across all systems, each of the lesioned structures,
2. to understand that lesioned structure's regional relationships (i.e. there is no structure in the human body that exists independently of the others, either regionally or globally. An iliac bone cannot be felt independently of the muscles, ligaments and organs attached to it; the sacrum and coccyx do not move independently of the last part of the digestive tube),
3. to compare the lesion to all others to determine which is "primary" (or most important)

An assessment protocol aimed at revealing the hierarchy of lesions would require using a systematic palpatory comparison across the system of lesions to determine the primary lesion such as the inhibition or inhibitory balance test. In this way the practitioner would be guided by the patient's body *and* his/her experience/mind: a concept articulated by some of the study participants.

In summary, we need to simplify - starting with a review of our current curricula. The aim: Make osteopathic training more manageable by reducing the number of tests and techniques (there can be over 2000) and reorganize each module to feature palpation of all structures found regionally i.e. not limited to bones, then organs, then cranial structures etc. in separate modules. This review could hypothetically be undertaken with the goal of codifying a complete set of working principles that are consistent with our experiential knowledge of how the various tissues of the body feel, differ and work as a whole.

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I hope that these ideas contribute to “our awareness of relationships”.

Reference

[1] Turner PWD, Holroyd E. Holism in Osteopathy – Bridging the gap between concept and practice: a grounded theory study. Int J Osteopath Med 2016;22:40–51. Elsevier Ltd, Available from: https://doi.org/10.1016/j.ijosm.2016.05.002.

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