Osteopathy and Physical Therapy- a Gap Bridging Between Two Professions.

Rafael Zegarra-Parodi DO, MEd,

ABSTRACT

Numerous treatment approaches exist within manual and manipulative therapy for the management of a variety of musculoskeletal and non-musculoskeletal conditions. Most of the techniques such as manipulation, muscle energy techniques, positional release techniques, myofascial release techniques and craniosacral therapy, which are also commonly used in manual therapy. Traditionally osteopathy developed both the “art” and the “science” of these techniques but most of the research supporting their use in clinical practice is now published by physical therapists. Orthopaedic Manual Physical Therapy encompasses the so-called bridge for the plausible gap between the two professions. While osteopaths work under the somatic dysfunction model and physical therapists under the pain and movement model, the recent International Association for the Study of Pain (IASP) global year against musculoskeletal pain emphasized the “biopsychosocial model.” The biopsychosocial model demands both the professions to work hand-in-hand and to understand mutual responsibilities and roles. Such an inter-professional teamwork would henceforth facilitate better patient recovery and care.

Key words: manual therapy, biopsychosocial model, inter-professional teamwork, somatic dysfunction.

Author’s information:

Corresponding author. Head of research department, CEESO (www.ceeso.com), Paris, France. rzp@ceeso.com

As an osteopath, trained and experienced in the management of patients with neuromusculoskeletal pain disorders for 13 years, I would like to take this opportunity to share my views and thoughts on the plausible yet perceptible relation between the two professions- Osteopathy and Physical Therapy.

Numerous treatment approaches exist within manual and manipulative therapy for the management of a variety of musculoskeletal and non-musculoskeletal conditions. Osteopathic medicine is an approach to healthcare that emphasizes the role of the musculoskeletal system in health and disease; its philosophy is based on four key principles: (1) the body is a unit, (2) the body possesses self-regulatory mechanisms, (3) structure and function are reciprocally interrelated and (4) rational therapy is based on the previous tenets.

A key identifiable feature of osteopathic medicine is the concept of somatic dysfunction defined as a functional disturbance of the tissues of the musculoskeletal system and related vascular and neurological components, which can be treated by manipulation. Clinical symptoms associated with somatic dysfunction are commonly represented by the acronym “TART” (Tenderness, Asymmetry, Restriction and Tissue texture change).

According to its commonly used neurophysiological model and depending on the patient’s condition, the somatic dysfunction may be causative, reflexive, reactive, or perpetuating, or a combination. The evaluation of the patient’s capability for a homeostatic response and the interpretation of theoretical underlying physiopathological processes with the palpation of components of the somatic dysfunction guide the osteopath for treatment strategies. A wide range of manual techniques described in the Official Osteopathic Thesaurus are used for the treatment of somatic dysfunctions by the two categories of osteopathic practitioners, the osteopaths...
who provide only osteopathic manipulative treatments (OMT) and the osteopathic physicians who are fully licensed to practice medicine and provide OMT, as they are defined by the World Health Organization’s (WHO) draft report Guidelines on Basic Training and Safety in Osteopathy. These practitioners have a first contact status in every country where osteopathy has been recognized and regulated by Law.

The challenge for both patients and manual practitioners is to determine the therapeutic approach that would be most appropriate and effective for a specific condition. Differences of concepts or techniques claimed by practitioners are not so evident for “naive” patients seeking relief for their symptoms; the only thing they are sure about is that they will be treated with manual therapy. If a therapy is preferable in terms of efficacy, cost-effectiveness or less side-effects for specific clinical conditions, research should be pursued in this direction in order to provide more evidence for appropriate referral.

There is a current trend in osteopathic research toward evaluation of the relevance of somatic dysfunctions in the incidence and the maintenance of symptoms, not only in the evaluation of OMT. The techniques in osteopathy include but are not limited to manipulation, muscle energy techniques, positional release techniques, myofascial release techniques and craniosacral therapy, which are also commonly used in Orthopaedic Manual Physical Therapy (OMPT) techniques. Physical therapies are indeed perceived as effective for non-musculoskeletal conditions (pain and movement) but treating the musculoskeletal system may also significantly influence the individual’s ability to restore one’s inherent capacity for the maintaining general health and also towards recovery from disease and thereby to resist further disease processes.

The use of the said techniques into OMPT and Physical Therapy has indeed added some value of “science” to the “art” of their origin—Osteopathy. There is a growing body of evidence to support the shift from technique-based approaches for musculoskeletal conditions to patient-centered approaches, especially with the use of the biopsychosocial model.

Comprehensive multidisciplinary care is indicated in current healthcare delivery systems and payer’s policies in order that we, as part of global healthcare professional team work together in addressing not only the biological processes but also the psychological and social outcomes as well. Further research in this direction would benefit all manual practitioners irrespective of their professions.

REFERENCES
Point of view

ACKNOWLEDGMENTS

Pascal Javerliat DO, Chairman of the ROF- French Register of Osteopaths (2002-2009)

Philippe Sterlingot DO, Masters in Law, Chairman of the SFDO- French Syndicate of Osteopaths (2002-current)

CONFLICTS OF INTEREST

None declared.

Key points:

Past- Osteopathy and Physical Therapy had huge overlap in their knowledge base and were thus considered as conflicting professions - the gap.

Present- the somatic dysfunction model of osteopathy and pain-movement model of physical therapy is integrated in biopsychosocial model of pain.

Future- Interprofessional teamwork of combining and comparing the two professions should be studied for its effectiveness in a multidisciplinary patient care model.

Article pre-publication history:

Date of submission- 04th April 2010.
Reviewer- P. Senthil Kumar
Sent for 1st revision- 9th April 2010.
Date of 1st resubmission- 13th April 2010.
Date of 2nd resubmission- 14th May 2010.
Date of acceptance- 25th May 2010.
Date of publication- 30th May 2010.
WFIN- JPT-2010-ERN-109-1(1)-42-43.