

The Role of Therapeutic Touch in Manual Osteopathy

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Manual Osteopathy is a gentle, hands on therapeutic modality that practitioners use to identify, assess, and treat the human body's structures and rhythms (Ontario Association of Osteopathic Manual Practitioners, 2016). Osteopathy was founded in 1874 by American Frontier Physician, Dr. Andrew Taylor Still who, after losing three children to meningitis, became convinced that patient care was severely inadequate (Canadian College of Osteopathy, 2016; Ward, 2003). The inspiration that led to the creation of Manual Osteopathy was derived from two unique approaches (Ward, 2003). The first approach was that of spiritual healers, and the second, from bone setters (Richter & Hebgen, 2009). Uniting these approaches distinguished Still's hands on approach to treating his patients in that it combined the concepts of both biodynamics and biomechanics. A biodynamic approach to treating patients emphasises a sense of touch and the self-healing power of the body. Biodynamic therapists evaluate the rhythms of the body diagnostically and therapeutically with the use of their hands. Therapists with a biomechanical approach to treating patients use their hands to mobilize the entire body in accordance with the laws of anatomy and physiology. It has been said that Still's extensive knowledge of anatomy combined with his exceptional sense of touch is what made him such an outstanding therapist (2009). The purpose of this paper is to examine the role of therapeutic touch in Manual Osteopathy.

In this paper, I will discuss the role of therapeutic touch in patient care, the role of manual therapy in allopathic medicine, and anthropological significance of manual therapy.

Therapeutic Touch in Patient Care

Manual Osteopathy requires a thorough, in depth knowledge of anatomy and fine feeling, educated hands. When a therapist is seeing a patient for the first time, the therapist must begin by taking a detailed health history of the patient and performing a physical examination (Richter & Hebgen, 2009). The physical examination consists of four components; observation, palpation, motion testing, and differential testing. For the purpose of this paper, the focus will be on the importance of palpation through touch. However, it is important to state that a complete visual assessment of the body's structure must be completed prior to palpation as once palpating hands are placed on the client, they block any potentially significant visual information that may be present (Muscolino, 2016).

The term palpation is derived from the Latin word *palpatio*, meaning "to touch" (Muscolino, 2016). However, there is much more to palpation than simply touching. Palpation directly involves the therapist's mind by sensing and perceiving what is being touched. Effective palpation requires the therapists to feel with their minds as well as their hands. "Mindful intent" is a term that is often used to describe the way therapists think with his or her hands when palpating body structures. The full scope of a therapist's anatomical and physiological knowledge must be combined with the sensations the therapist's hands are picking up from the client's body and delivering to the brain (2016).

The hands on assessment of palpation gives the therapist clues as to the position and condition of the body's tissues (Richter & Hebgen, 2009). The importance of a well-educated sense of touch cannot be underestimated. The therapists interpretation of palpation lays the foundation of the patient's care plan from which treatment plans are developed, implemented, and outcomes of treatment measured against (Muscolino, 2016; Richter & Hebgen, 2009).

There are two primary objectives when palpating for assessment (Muscolino, 2016). The first is locating the target structure, followed by assessment of the target structure. For a therapist to effectively locate a target structure, they must be able to differentiate it from the

surrounding tissues. This requires that the therapist be able to locate through touch, all borders of the structure. This includes all superior, inferior, medial, and lateral structures as well as deep and superficial structures (2016).

Once the target tissue is located, the therapist can then proceed with assessment. To assess a target tissue is to interpret the sensations that the therapist picks up from the tissue, such as, the size, shape, texture, and characteristics of the tissue (Muscolino, 2016). A therapist with a well-educated sense of touch can determine the quality and integrity of the body tissues including but not limited to; the integrity of the tissues, tension, crepitation, texture, tone, symmetry, atrophy, hypertrophy, scar tissue, edema, temperature, hydration, chronic versus acute processes, and the integrity and range of motion of the joints (Pusey, Brooks, & Jenks, 2010).

It is interesting to note that even as high-tech diagnostic and assessment equipment continues to be developed in Western Medicine, the art and science of palpating hands remains the primary assessment tool of manual therapists (Muscolino, 2016).

Although palpation is a key part of the patient's initial assessment, it does not end there (Muscolino, 2016). Palpation is a dynamic process that continues throughout a patient's treatment. Palpation provides a continuous feedback loop that informs the therapist of the tissues response to the therapist's touch, pressure, and mobilizations. It is this fluid and continuous feedback between hands on assessment and treatment that creates the optimal therapeutic benefit and care for the client (2016).

Manual Therapy in Allopathic Medicine

Allopathic clinicians are known for sending patient to physical therapists for treatment of back pain, athletic injuries, sprains, and rehabilitation after trauma or surgery (White, 2009). Today, patients are more often being referred to other types of non-medical health practitioners including massage therapists, chiropractors, and manual osteopaths to be massaged, stretched, mobilized, and adjusted. Some medical doctors are even working to incorporate similar services into their own practice (2009).

There are, however, naysayers who maintain that the success of these non-medical practitioners is based solely on the personality of the practitioner and the strength of the patient's belief in the ability of the practitioner to provide relief of their ailments (White, 2009). There are some who say that there is no valid or reliable evidence on the effectiveness of manual therapists, however, a fast growing number of satisfied patients have refuted these statements. Patients state that manual therapy treatments have relieved their pain, reduced their symptoms, and restored their well-being when allopathic medicine has been of little to no help (2009).

In May of 2009, Dr. James N. Dillard M.D., D.C., from Columbia University, orchestrated a day-long conference entitled, "The Manual Therapies: An Overview" (White, 2009). The conference was initiated at the request of his colleagues to help start a discussion, in partnership with manual therapists and medical doctors, about a range of musculoskeletal modalities. Well established manual therapists were invited to come and speak about their work in massage therapy, manual osteopathy, chiropractics, kinesthetic re-education, and physical therapy. Dr. Dillard introduced the conference asking the attendants to resist stripping the art of manual therapies down to just the mechanics. He reminded attendants that hands on therapeutic modalities are not intended to replace modern diagnosis and treatment but to complement them as an important part of holistic patient care (2009).

One of the experts invited to speak at the conference was John Katomski, L.T.M. (White, 2009). At the time, he was the curriculum coordinator at the Swedish Institute College of Health Sciences in New York City. The Swedish Institute College of Health Sciences is one of the

oldest, continuously running health science schools in the United States where massage and related techniques are taught (Swedish Institute College of Health Sciences, 2015). In Katomski's comprehensive review of what may be the oldest healing art, he stated that the simple act of touching someone produces a change in them that may not be able to be measured. While massage cannot replace other forms of therapy, being touched by a therapist who is compassionate and understanding leaves that patient with a sense of being cared for. He also believes that a standard one hour massage promotes a feeling of well-being that is not obtained any other way and should be considered an integral part of any health maintenance program (White, 2009).

Anthropological Significance of Manual Therapy

Dr. Andrew T. Still, medical doctor and the father of osteopathy, found inspiration for the birth of Osteopathy from bone setters and was known to refer to himself as a bone setter in the late 19th century (Oths & Hinojosa, 2004). Although the term bone setter is not commonly understood by the general public, it does have a history of use in the English language. While Still's Osteopathy came to life in 1874, the practice of bone setting is at least several millennia old. Anthropologist's Oths and Hinojosa (2004) have uncovered some of the cultural importance of bone setting by people who may lack a high public profile such as the Kaqchikel Maya bone setters in Guatemala.

During his master's field work in Guatemala in 1992, Hinojosa followed three Kaqchikel Maya bone setters visiting patients in their homes (Oths & Hinojosa, 2004). In manual therapy tradition, the body is recognized as having important capacities for self-healing as well as an instrumental importance in healing other. Hinojosa describes the bonesetters explaining that their hands would find the problem the patient's bodies and that while they could not explain exactly how their hands would do so, they expressed with unwavering confidence that they would (2004).

In witnessing the interactions of the bonesetters with their ailing patients, Hinojosa relays that there was more to bone setting than just providing manual therapy. By allowing the patients to describe the circumstances of the injury and guide them through their body's limitations, they helped people participate in their own healing. In doing so, Hinojosa describes the bone setters listening through their own body to the patient's body, and in doing so, finds what needs to be done to provide treatment for the patient's health concerns (2004).

Today, manual therapists are frequently overshadowed and challenged by allopathic practitioners, however, manual therapists continue to engage with those who are sick and injured, helping them to reach their health goals and lead productive, satisfying lives (Oths & Hinojosa, 2004). Oths and Hinojosa (2004) feel that regardless of the criticisms of allopathic practitioners, manual therapies validate their presence their and methods by continuing to help patients by improving their quality of life and well-being. They believe that manual therapy has reached the level of popularity and importance it has today because its practitioners have not denied the role of the human body in its own healing and the healing of others (2004).

Conclusion

Manual Osteopathy is a clinically significant hands on therapeutic modality. It remains alive and well today as a means for improving quality of life and well-being of it's patients. The key to effective Manual Osteopathic treatment is therapists who are well educated in anatomy and physiology with a finely tuned sense of touch. Despite skepticism from allopathic medical practitioners, patients continue to seek Manual Osteopathic treatment for relief of pain, reduction of symptoms, and to restore well-being when allopathic medicine falls short. Any lack of

scientific research in the area of Manual Osteopathy suggests only that research in the field is long overdue as the presence and methodology of Manual Osteopathy may be considered validated in it's continued success through the millennia, helping patients maximize their quality of life and well-being.

References

- Canadian College of Osteopathy. (2015). History of Osteopathy. Retrieved from <http://www.osteopathy-canada.com/canada-osteopathy-history/>
- Muscolino, J. (2016). *The muscle and bone palpation manual*. St. Louis, MO: Elsevier Mosby
- Ontario Association of Osteopathic Manual Practitioners. (2016). Osteopathic Treatment Methods. Retrieved from <http://osteopathyontario.org/about-osteopathy/manual-osteopathic-treatment-methods/>
- Oths, K., & Hinojosa, S. (Eds.). (2004). *Healing by hand: manual medicine and bonesetting in global perspective*. Walnut Creek, CA: AltaMira Press.
- Pusey, A., Brooks, J., & Jenks, A. (2010). *Osteopathy and the treatment of horses*. Ames, IA: Wiley-Blackwell
- Richter, P., & Hebggen, E. (2009). *Trigger points and muscle chains in osteopathy*. New York, NY: Thieme Publishing Group.
- Swedish Institute College of Health Sciences. (2015). History. Retrieved from <http://www.swedishinstitute.edu/history>
- Ward, R. (2003). *Foundations for osteopathic medicine*. East Lansing, MI: Lippincott Williams & Wilkins.
- White, K. (2009). Manual Therapies: Advances in Osteopathy, Chiropractic, Massage, and Other Techniques. *Alternative and complementary Therapies*. 2(1), 9-15.
doi:10.1089/act.1996.2.9.