

**The Comparison Between Physiotherapy and Manual Osteopathy**

**What do they have in common?**

**What is the difference?**

**By**

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## **Introduction:**

Manual Osteopathy and Physiotherapy are two big standard terms in contemporary medicine and without them, a wide range of treatment possibilities for patients would not exist.

Each of the terms does not exist for a little more than a century although the technique of treating patients with herbs and exercises and advice about food are ancient.

I shall try to show ancient predecessors of both and though they are not direct antecedents they have been rooted in the common knowledge of all peoples.

But first of all, I try to define what we mean when we say Manual Osteopathy and Physiotherapy. The term Manual Osteopathy (“Manus”, Latin for Hand; “Osteo” ancient Greek for Bone; Pathos: Greek for Suffering) describes different illness and treatment concepts.

It is important to know that the terms are used differently in different parts of the world. In Europe, people understand Manual Osteopathy as a different technique in assessment and therapies that are done with the hands (Manual).

In the United States, it is a Diagnosis and Therapy concept that dates back to the Doctor Andrew Taylor Still. He shaped the term Osteopathy. His main theory was that all body functions of supply and cleansing are dependent on the nerve and blood vessel system and healing would be possible only if you strengthen the self-healing powers of the body. His philosophy that the body is a functioning unit and any dysfunction would have bad side effects to other body cycles, too. E.g. musculoskeletal system, lymphatic or muscle system.

The aim is to find some blockades and to release them to help the body heal itself. Osteopathy is divided in three main branches:

- Soft tissues, muscles, joints =Parietal Osteopathy
- Inner Organs and their soft tissues = Visceral Osteopathy
- “Rhythms” of the Organism = Cranio-sacral Osteopathy

The Main Osteopathic Techniques are”

- General Osteopathic Treatment = Strain,Counter Strain, positional release
- Muscle Energy Technique MET =Post Isometric Relaxation
- Fascies Release Techniques
- HVCA Techniques = High Velocity, low amplitude
- Visceral Techniques E.g gliding of inner organs
- Cranio-sacral therapy = Manual Osteopathy in the head region (developed by a pupil of Still; W.G. Sutherland )

## **Predecessors:**

Since the beginning of the 17<sup>th</sup> century, a tradition of “Bone-Setting” developed in Europe. A “bone-seller” had a good knowledge of functional anatomy especially in respect of bones/ligaments and muscles and their knowledge in these fields used to be better than that of the actual doctors of that time.

In Germany, during the medieval ages there were a lot of women that had ancient knowledge of mending bones and of herbs. They had no academic education but their knowledge was passed on from mother to daughter. (In late years, these women with their knowledge became victims of the inquisition of the Catholic Church and most of them were branded as witches).

Mothers and Nuns in the Medieval Ages had knowledge of these things too. Many of them travelled a lot and they brought the ancient knowledge of the Arabic and the Persian Doctors to Europe (Ibu Sina [= Avicenna]-Quamun-AT-TiBB)

Even older than that understanding of medicine is more than 3000 years old Ayurvedic Medicine (Ayurveda =Sanskrit-Science of Life).

It tries to create harmony between body, mind and spirit. Maintaining this balance prevents illness, treats acute conditions and contributes to a long life). It's a holistic approach to life and health including even spiritual matters. Although since ancient times exist the "bare-foot" doctors in China, they were educated in traditional Chinese Medicine and went from village to village. Nowadays, they don't exist in China any more but in remote areas of Mongolia and Africa, they are still common. Their topics nowadays are more in infection prevention and contraceptive education and information about AIDS and Ebola and they are acting as Midwives.

## **Physiotherapy: Definition and History**

As I am a European, i shall show the recent history of Physiotherapy on the example of a European Country and as I am German, I choose the history in my country. Other European countries have similar histories in the development, some countries a few years earlier, some a bit late.

The use of Thermal and Mineral baths was a "haven" of health known since ancient times including simple forms of massages. The founder of modern medicine was the Greek doctor Hippocrates (460-377 B.C.) He realized that nature has own healing potential, and that doctors have to support that.

This knowledge as common knowledge has been lost for many centuries until in Germany a doctor called Paracelsius (16th Century) re-established it. In the 18th century it was "usus" to visit seaside resorts and spa's and mountain resorts to relax and make treatment

to increase health. Electrotherapy started in that century too. But the actual development started in the 19th century when the heading of the Swedish Pehr Henrik Ling (1776-1839) from Stockholm (he has been the head of the Royal Central Institute for Gymnastics in Stockholm). His focus has been on muscular activity of patients. A German Orthopaedic doctor (Albert C. Neuman 1803-1876) went to Sweden to study with him and brought these ideas to Germany and after many many years of fight with the German Government he was able in 1853 to educate the first "Gymnasts".

Wolfgang Kohlrausch (1888-1980) was a German sports scientist and is regarded as the "Father" of Physiotherapy in our country. He established the first Physiotherapy Schools. In the 1920's the "Gymnastic" developed to more fields than orthopaedic and surgeries. They started to include the primary elements of resistance training, isometric and static exercises and started to include more dynamic forms of exercises e.g. breathing exercises, relaxation, Klappsches Kriechen (A first form of Scoliosis Training). In 1949, a central body of Physiotherapy was established and in 1958 a standardized education program was established. In the 1950's, new concepts e.g. Bobath and PNF were included. 1973 Kaltenborn, O. Eugenio, J. Cyriax established the regulated education for Manual Therapy. Since 1997, a new way of thinking took place, Antje Hunter Becker; physiotherapy was no longer divided into the main clinical fields such as Orthopaedic, Internal, and Neurology etc. but into their four main effect places:

- Movement System;
- Movement Development;
- Movement Control and Experience
- Behavior.

It is understood that these branches have to be seen interacting and as a network. Physiotherapy is found in manifold fields of prevention therapy and rehabilitation.

Since 1998, it is more possible for Physiotherapists to get a Bachelor and Master Degree. Other European countries are much more advanced in this respect and offer university degrees since quite some time. Up to now in Germany, you have a choice either to make a 3 year education in special physiotherapy schools or to graduate after 4 years with a bachelor degree.

This has been a rough historical background of both disciplines but now I want to look into in what they have to offer. I'll try to compare the main contents of these skills and find out what if they exist in both, or mainly in one, or only in one.

<b>Criteria</b>	<b>Manual Osteopathy</b>	<b>Physiotherapy</b>
Assessment	Very complete and overall assessment of patients.	The overall assessment is short and not very detailed; the main problem is very carefully evaluated.
Mobilization & Diagnosis	Very detailed.	Very detailed if you have an MT-Degree
MET	Gentle and effective technique.	Does not exist in this form, here we got PNF techniques more demanding for the patient and very good for athletes.
STT	Tissue Techniques is exercised.	A variety of soft tissue techniques are taught after the basic teaching there is a lot of education offered in this field
Lymph Drainage	Exercised.	It is not included in the basic education but most physiotherapists learn it after graduation.
Visceral & Cranial Techniques	MO without visceral and Cranial techniques is not possible.	It is not included in the basic teaching but lot of Physiotherapists take additional courses
Nutrition	A big field in Osteopathy including advices of supplements.	Not included at all, only if you work in this field and take extra education.
Orthopaedic Techniques	It is applied.	It is very much applied and belongs to the standard.
Neurology	Assessment and Treatment is taught.	Assessment is taught; Treatment= special courses of Bobath and Vojta are offered.
Diagnosis	Is taught as an important background.	Is taught as an important background.
Clinical Biomechanics	Is taught often only symptomatic treatment possible.	Is taught often only symptomatic treatment possible.
Therapeutic exercises	Is taught and used.	It is the main treatment together with mobilizing very big variety of exercises and without machines.
Anatomy	Is essential basic knowledge.	Is essential basic knowledge.
Pathology	Basic knowledge.	Basic knowledge.
Rehabilitation	Osteopaths do not focus on this field.	A very big and important field; -Aquatic Therapy;

		Athletic Training; Rehabilitation Robotics; Hippo therapy.
	With Access to patients.	Access only with prescription of doctors.

### **Conclusion:**

As you can see, Manual therapy osteopaths and physiotherapist work in the same field of Medicine. They treat the variety of sickness, mobilizing, relaxing, stretching and strengthening.

On first sight, these treatment concepts look very similar but if you take a closer look you see the differences. The Osteopathy is a holistic way of treating patients. They take much more aspects of the patient's present situation into consideration. They address besides the basic problem all the circumstances that may have brought the patient into this situation of Illness.

For example, an obese patient with low back pain, they will treat the low back pain but will try to do something about the obesity in giving advice for weight reduction, will help get his metabolism working again. They will provide sample meals and exercise instructions. They even may look into his Psychological Capacity (Depression) and will try to help him here.

As a Physiotherapist, I do not have so many opinions as i do not have a free access to the patients. I have to study the prescription of the doctors, make my test, find out the basic problem and treat accordingly. For additional treatments, i am not allowed to give but for advice, yes. And most of the time, the time of the treatment is too short anyway (If the patient has general insurance 15-20 minutes, if he has a private insurance it is a little different, normally longer). All physiotherapists need a doctor's prescription to treat. Not all insurance covers osteopathic treatments and if you have to pay it on your own it will be 60 Euros at least. And if you want to treat as an Osteopath in Germany you need either a Doctor's Degree or you have to be a Natural Health Professional.

But what we, Physiotherapist cover is the wide field of Rehabilitation. Many tools to achieve this is at our disposal, aquatic therapy; after stroke to reduce weight, to strengthen after surgeries), Hippo therapy for Neurological cases; training for athletes after injuries etc. Addition to the Manual Exercises is the development of Robotics and Rehabilitation machines e.g. Isomed, Mac-pro, Exo-skeletons etc. has speeded up in recent years to further shape Physiotherapy.

To me as a Physiotherapist, taking this course of Manual Osteopathy opens up a long searched for broader access to treat my patients. I have never been satisfied with the

Physiotherapy approach; not having a holistic way of treating patients. In most cases, it is not enough to treat one part of the body only. The human body is built out of many parts and these parts never work alone. If one part is affected, it has an impact on other parts too, either they are directly connected or more distant or on another level.

I wish to build a synthesis of the two because I think it will be more beneficial for the patient. In the future this will become a more common approach and they will interact much more than today.

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