This course is to show the methods of using Osteopathic Manipulation to free the joints in a non-harmful way that is accepted by patients very well.
Would we use the same method of working if the condition is from one of these conditions?

No, most would change the rhythm, the speed, the rate of change that takes place, the result in the patient.

We would change according to what we think is the problem and the best way to influence it for the best result.

If we do not change, then the result is unpredictable and is open to be different from what we are expecting to happen.

Think, change and then get a better result with the patient.
Why are you here?

Technique and Techniques

Structure and Function

Structure governs Function

Function governs Comfort

Basic Rule of Osteopathy?

Practical conclusion

Problem Words!

Always

Never
Soft Tissue

Pressure

3 to 5 seconds
7 seconds or even more

Time

Results will improve dramatically with the longer time of application

Cross handed soft tissue kneading

Handbook of Osteopathic Technique
Soft tissue trapezius and rhomboids

Handbook of Osteopathic Technique

BSO Skill Assessment

Technological Competence

Comprehension

Handling

Effectiveness

Operator posture

Handling Variations

Temperature
Pressure
Speed
Force
Direction
Rhythm
Duration
Comfort
Confidence
Area and size of hand
Awareness

Tissue dialogue needs involvement and effectiveness
Handling

Negative
Fast
Rough
Cold
Irritating
Painful
Unsettling

Positive
Slow
Firm
Gentle
Confident
Warm
Caring
Involved

BSO Skill Assessment

Comprehension
Handling
Technical competence
Effectiveness
Operator posture

Operator Posture
Conscious considered use of Operator Posture
Helps Control
Depth of Forces
Direction of Technique
Amplitude of Levers
Power of Procedure
Sensitivity of Hold
Ability to focus the forces to a specific target site
Comfort for Patient and Operator

Should Improve - Efficiency, Effectiveness & Balance
Safety & Security
& Reduce Fatigue
Operator Posture

General Rules
Use a wide base
Use operator’s body with “fixed” hands
Use rhythm
Demonstrate control

In Thrust Technique
Usually One Leg Forward, One Back
Thrusting Hand on Side of Rear Leg
Rear Heel Slightly Raised
Extension of Operator’s Spine
Brief Isometric Contraction of Abdomen

The Three Basic Postures

1. Front leg well bent, back leg slightly bent
   Feet pointing to top or bottom of table

2. Front leg slightly bent, back leg well bent
   Feet pointing at 90 degrees to each other

3. Front and back leg bent
   Feet pointing across table

Operator Posture

Rear leg - keep rear leg internally rotated to bring your body into the optimum position

Elbows - keep elbows as close to sides as possible in most techniques

Sides - use isometric tension in your own side at ‘moment of truth’ to bring ‘you’ to your elbow of the thrusting hand
Posture & Stance

Posture is about your position in space and your use of gravity and ability to transmit force well.

Stance is about your position in relation to the patient and the table.

My back is killing me after bending over patients all day!

New Ideas on Posture?

Lift with your knees, not your back!
Effective Specific Soft Tissue Work

- Establish contact sympathetically
- Load patient, tissues & operator’s hand using proprioception
- Initiate application of force
- Use dynamic pause to ‘listen’ for change
- Sense change activating
- Focus down to target tissue with smaller area of hand
- Follow opening pathway of least resistance
- Back away slowly
- Release and move to next area

Locking or Focusing

Many types of manipulative procedure use “locking” where an attempt is made to remove all mobility from adjacent parts to allow the force to reach only the target segment. This can be uncomfortable, traumatic and potentially unsafe.

With “focusing”, as little tension as possible is put through adjacent parts, but, the target segment is at the point of maximum focus of the forces.

This is usually NOT uncomfortable
How Can We Focus Without Locking?

- Use several components or vectors or elements
- Control the part being worked accurately
- Direct forces according to anatomical principles
- Be highly aware of palpatory cues
- Learn how tissues respond to varied forces

Keep an open mind to the varied possibilities!

**Components 1**

- Sidebending
- Rotation

100% barrier using 2 components

**Components 2**

- Sidebending
- Flexion
- Rotation

100% barrier using 3 components
Creating the Barrier

Create the barrier by -

a. deciding on a ‘primary’ component
b. adding secondary components as required
c. continually testing the primary
d. allowing the secondary components to produce accumulation of resistance in the ‘primary’ direction

Stretch or mobilise as appropriate to the tissue or structure, maintaining all secondary components.

Thrust requires alignment of the joint facet in the primary component direction.

Components to Use?

Every technique can be broken down into component parts.

Some of the primary or executive component or lever is usually applied first, then add the necessary secondary or stabilising components, then finish with the final force in the primary component direction.
Mobilisation/articulation Lumbar Spine Sidelying

Primary vector or lever = flexion
Could be sidebending, rotation, traction, compression

Secondary or stabilising levers
Compression x 4, sidebending, rotation, traction

Effective Specific Mobilising

1. Good, firm, but careful contact
2. "Work the fingers to the bone"
3. Introduce some of the primary lever
4. Introduce secondary lever/s to help focus and amplify the primary
5. Maintain all secondary levers to control the barrier
6. Mobilise by amplifying the primary lever direction, repeat until change occurs
Contra-indications Particularly to Thrust Technique

Absolute
* BONE (Anything that can weaken bone)
* NEUROLOGY (Anything that can damage nerves)
* VASCULAR (Anything that can damage vessels)
* RECIPES (Routines and purely empirical methods)
* DIAGNOSIS (Lack of working hypothesis)
* SYMPTOMS (Excessive pain or resistance)

Relative
* Pathology
* Vertigo
* Inflammation
* Disc Prolapse
* Degeneration
* Pharmacology
* Physique
* Age
* Psychology
* Inadequate skill
* Hunch/feel
* Pregnancy

Dizziness

Is the world spinning, or are they spinning?
If the world is spinning - great care needed

If they are spinning - possibly cervicogenic, good chance of helping

Watch for the 5 'D's
Dizziness, Diplopia, Drop attacks, Dysarthria, Dysphagia
If there is an unacceptable risk of harm due to a state of potential inability for the structure to accept the input of force necessary for the technique

**Think again!**

*Is there another way?*

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**A Small Pain!**

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**Thorax**
Force +++

Planes of Force

Bone

Ideal Gapping Force

Bone

Primary Lever = TRACTION
Secondary levers of
Compression to the table
Rotation onto your hand
Slight sidebending towards you
Slight flexion

Tertiary Levers
Sideshifting away from you
Postero/anterior shift
Lateral compression
10/15/2014

Handbook of Osteopathic Technique

Thoracic HVT - Supine - "Dog Technique"

1. Decide on sliding or gapping
2. Take a firm, focussed, but comfortable grip
3. Introduce some of the primary lever direction
4. Introduce whatever secondary levers help to reduce the amplitude of the primary, constantly testing it
5. 'Engage' the barrier and gently test the quality
6. If the barrier is crisp and firm, apply a very short, sharp thrust without losing the secondary levers

Effective Specific HVT

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Comprehension

- Pain can be due to one or more of the following -
  - Neurological: Afferent, efferent
  - Mechanical: Locking, spasm, shortening, meniscoids
  - Hydraulic: Fluid impactions, poor lubrication, drainage
  - Psychological: Emotions, stress, posture

Soft Tissue Technique Exercise

Look for -
- Tone
- Elasticity
- Bulk
- Mobility
- Morphology
- Spring
- Speed of change
- Compliance
- Resilience

Not Quite What It Seemed!

- Handling & Subjective Observation Exercise
Handling

Confidence
Comfort
Consideration
Respect
Ability to control the part
Ability of the subject to co-operate with the movements

Efficient & Effective

Efficiency = minimum effort
Effectiveness = maximum result

Good use of operator posture is about using efficiency to improve effectiveness

Warning!

You are going to be nagged about this

The “Created” Barrier

Work done at the ‘created’ or manufactured barrier will change the tissue behavior at the ‘actual’ barrier

Obesity

The manufactured barrier is most usually at a lesser amplitude of motion than the actual barrier while the secondary levers are in action

Having mobilised at the manufactured barrier, the quality of the actual barrier should have softened if the technique has been performed properly

Quality
Handling Force Posture Plane
Onset Arrest Amplitude Barrier
Stance Confidence End feel Compression
Primary & Secondary levers

Modifying Factors in Technique

Awareness & Perception of possibilities and variables

Review

Understanding why we do things
Handling aspects
Operator posture as an integral part of our approach
The use of components to focus forces to a 'target' area
Primary and secondary levers

A Different Type of Technique?