

DAL RAZIONALE OSTEOPATICO AI MODELLI STRUTTURA- FUNZIONE:



VERSO UN'OSTEOPATIA INCENTRATA SULLA PERSONA

DR. PAOLO TOZZI, MSC OST, DO, PT



I 4 PRINCIPI DELL' OSTEOPATIA

International Journal of Osteopathic Medicine (2013) 16, 33–37



Broad philosophical statements such as the above have both positive and negative attributes, in so far as they make osteopathic practice difficult to define, while potentially allowing a broad scope of practice. Current osteopathic practice reflects

**International
Journal of
Osteopathic
Medicine**

www.elsevier.com/ijos

The Biopsychosocial model: Redefining osteopathic philosophy?

J. Nicholas Penney

Special Committee on Osteopathic Principles and Osteopathic Technique by Kirksville College, 1953. The osteopathic concept. An interpretation. J. Osteopathy 60:7-10

I PRINCIPI OSTEOPATICI PER LA CURA DELLA PERSONA



World Health
Organization

PROPOSED TENETS OF OSTEOPATHIC MEDICINE

World Health Organisation, 2010. Benchmarks for training in osteopathy. W.H.O., Geneva

- 1 A person is the product of dynamic interaction between body, mind, and spirit.



General
Osteopathic
Council

General Osteopathic Council, 2010. What is osteopathy? www.osteopathy.org.uk/resources/press-office/faqs/#faq45

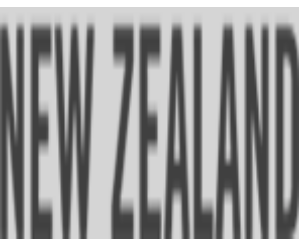
An inherent property of this dynamic interaction is the capacity of the individual for the maintenance of health and recovery from disease.



Osteopathy
Board of Australia

Osteopathy Board of Australia, 2011. Osteopathy code of conduct. www.osteopathyboard.gov.au/Codes-Guidelines.aspx

...to the challenge this inherent capacity and contribute to the onset of illness.



The Osteopathic Council of New Zealand, 2010. Capabilities for osteopathic practice.

www.osteopathiccouncil.org.nz/competency-standards.html

- 4 The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and therefore to resist disease processes.

Rogers, FJ., D'Alonzo, GE., Glover, J., et al., 2002. Proposed tenets of osteopathic medicine and principles for patient care. J. Am. Osteopath. Assoc. 102(2):63-5.

ANCHE SE...

29

Patient-Centered Model

RICHARD BUTLER

KEY CONCEPTS

- Osteopathic principles
- Patient-centered care
- Importance of provider
- Medical encounters
- Patient-centered skills
- Health outcomes is
- Patient perception th
- of the patient-center

Benchmarks for Training in Osteopathy

*Butler, R., 2010
Foundations of
Philadelphia, Pa*

EDITORIAL

The Paradox of Osteopathy

*World Health Organization
osteopathy, W.H.O., Geneva*

Joel D. Howell, M.D., Ph.D.

N Engl J Med 1999; 341:1465-1468 | November 4, 1999 |

*(Ed.),
Ikins,*

Howell, J.D., 1999. The paradox of osteopathy. N. Engl. J. Med. 341(19):1465-8.

TUTTAVIA...

International Journal of Osteopathic Medicine (2013) 16, 25–32



patients.⁴⁴ However directly linking patient-centeredness to improved health outcomes is particularly difficult to ascertain.) While some

different ways. Globally, the practise of osteopathy has predominately centred on the concept of the somatic dysfunction, which is defined as:

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Reconsidering the patient-centeredness of osteopathy

Oliver P. Thomson^{a,b,c,*}, Nicola J. Petty^a, Ann P. Moore^a

Thomson, O.P., Petty, N.J., Moore, A.P., 2013. Reconsidering the patient-centeredness of osteopathy. Int. J. Osteopath. Med. 16(1):25-32

| Influencing factors | |
|---|--|
| <p><u>Biomedical view</u> <i>My focus first of all [is to] try and find the tissues causing symptoms, so that I can satisfy myself that this is this is a facet lock, facet strain,, a disc prolapse. (P2)</i></p> | <p>View of health and disease Assumptions about health, disease, pain and physical dysfunction</p> |
| <p><u>Positivist</u> <i>I use specific manual provocation techniques to reproduce patients' symptoms. (P5)</i></p> | <p>Epistemology of practice knowledge Views of the nature of knowledge and its use and generation in clinical practice</p> |
| <p><u>Paternalism</u> <i>I tried to get better mobility for him. To increase that range [of motion] for him, so that he does not hold onto the joint and he lets go of it. (P11)</i></p> | <p>Practitioners' perceived therapeutic role Views and beliefs of their professional and therapeutic role</p> |

FUNCTIONAL-SOMATICS

TECHNICAL RATIONALITY



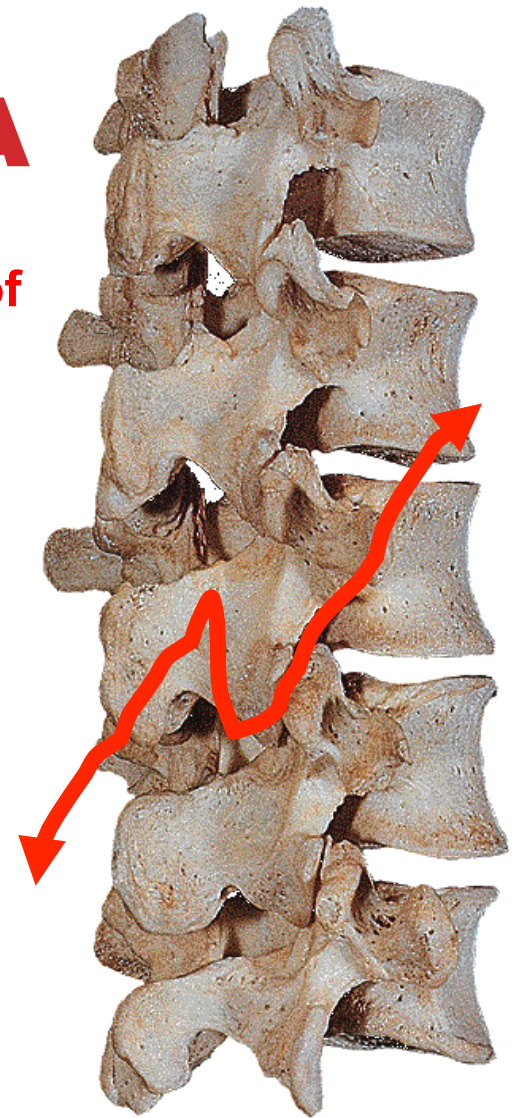
CONCEPTION OF PRACTICE

DISFUNZIONE SOMATICA

“impaired or altered function of related components of the somatic (body framework) system: skeletal, arthrodial and myofascial structures” (E.C.O.P., 2011), related to neural and/or vascular elements, that might underlay pathophysiologic conditions

Le caratteristiche osservazionali e palpatorie (DiGiovanna and Schiowitz 2004):

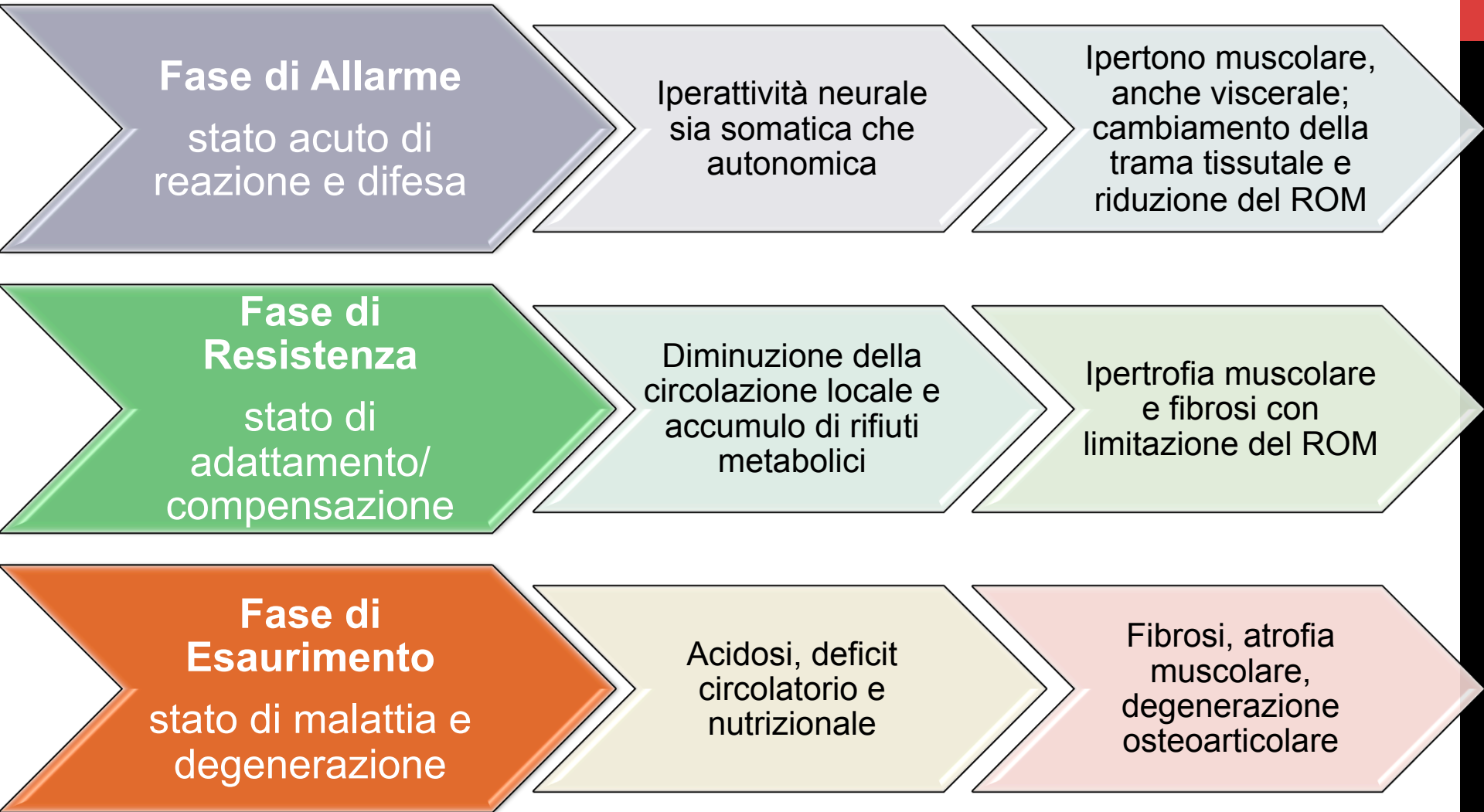
- Alterazioni della trama tissutale
- Asimmetria (funzionale e/o posizionale)
- Restrizione di movimento
- Dolorabilità



Educational Council on Osteopathic Principles (E.C.O.P.), 2011a. Glossary of osteopathic terminology usage guide. A.A.C.O.M., Chevy Chase, MD. pp. 53.

DiGiovanna, E, Schiowitz, S, (Eds) 2004. An osteopathic approach to diagnosis and treatment. Lippincott, Philadelphia. pp. 16-20

DISFUNZIONE COME SCOMPENSO DEL CARICO ALLOSTATICO INDIVIDUALE



Tozzi, P., Lunghi, C., Fusco, G., 2015. i 5 modelli osteopatici: razionale, applicazione, integrazione. In preparazione

SINDROME *GENERALE* DI ADATTAMENTO



Alterazione dell'adattamento generale dei ritmi involontari e dei sistemi di compenso

SINDROME *LOCALE* DI ADATTAMENTO



Alterazione tissutale locale di componenti del sistema somatico



MODELLO BIOMECCANICO-POSTURALE



**FORZA DI
ATTIVAZIONE**

FUNZIONE

Meccanica

Motoria,
Controllo
Posturale,
Stabilità

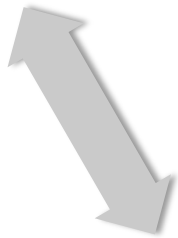
STRUTTURA

Sistema
Muscolo-
Scheletrico

MODELLO NEUROLOGICO

STRUTTURA

Sistema nervoso



FUNZIONE

Intero-proprio-estero-cettiva e di coordinazione

FORZA DI ATTIVAZIONE

neurale/riflessa



MODELLO RESPIRATORIO-CIRCOLATORIO

STRUTTURA

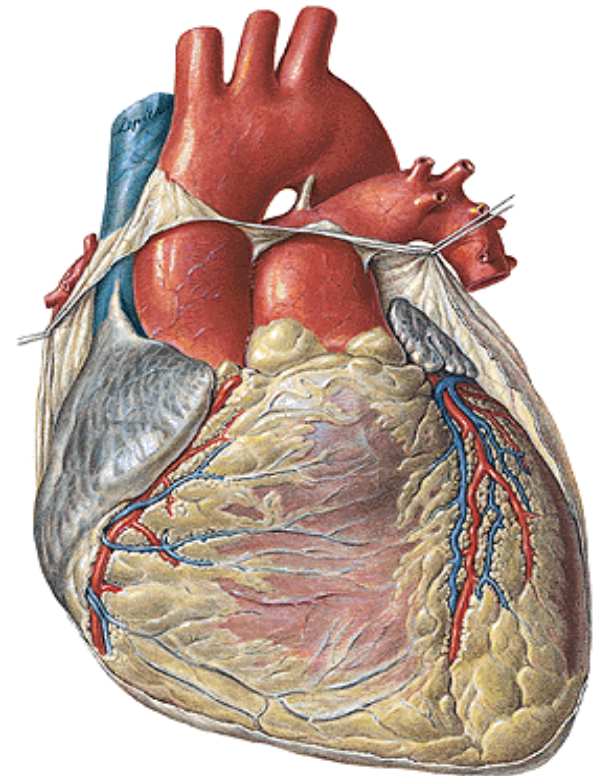
apparato
respiratorio e
cardio-
circolatorio

ventilatoria
circolatoria

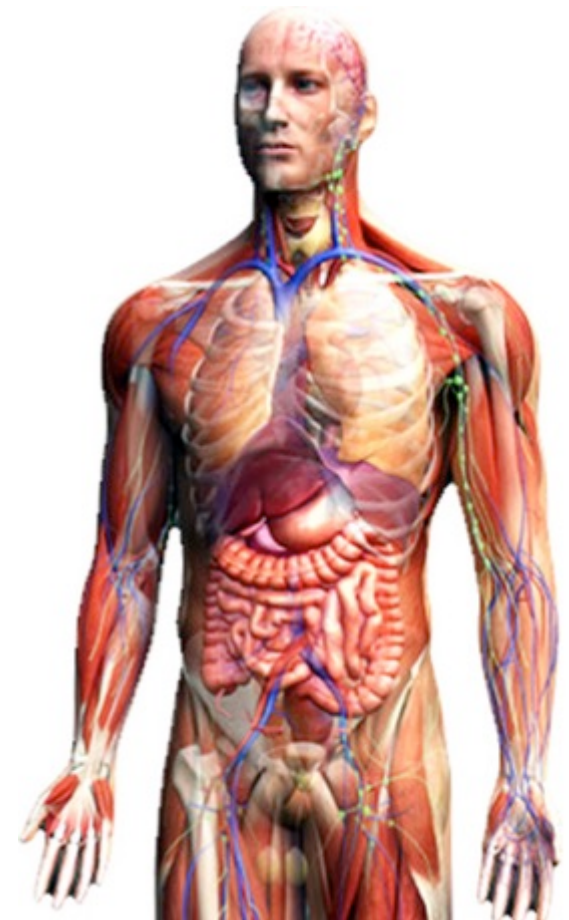
fluidica

FUNZIONE

FORZA DI ATTIVAZIONE



MODELLO METABOLICO-ENERGETICO



STRUTTURA

Asse neuro-
endocrino
Apparato
GIT

ENERGIA

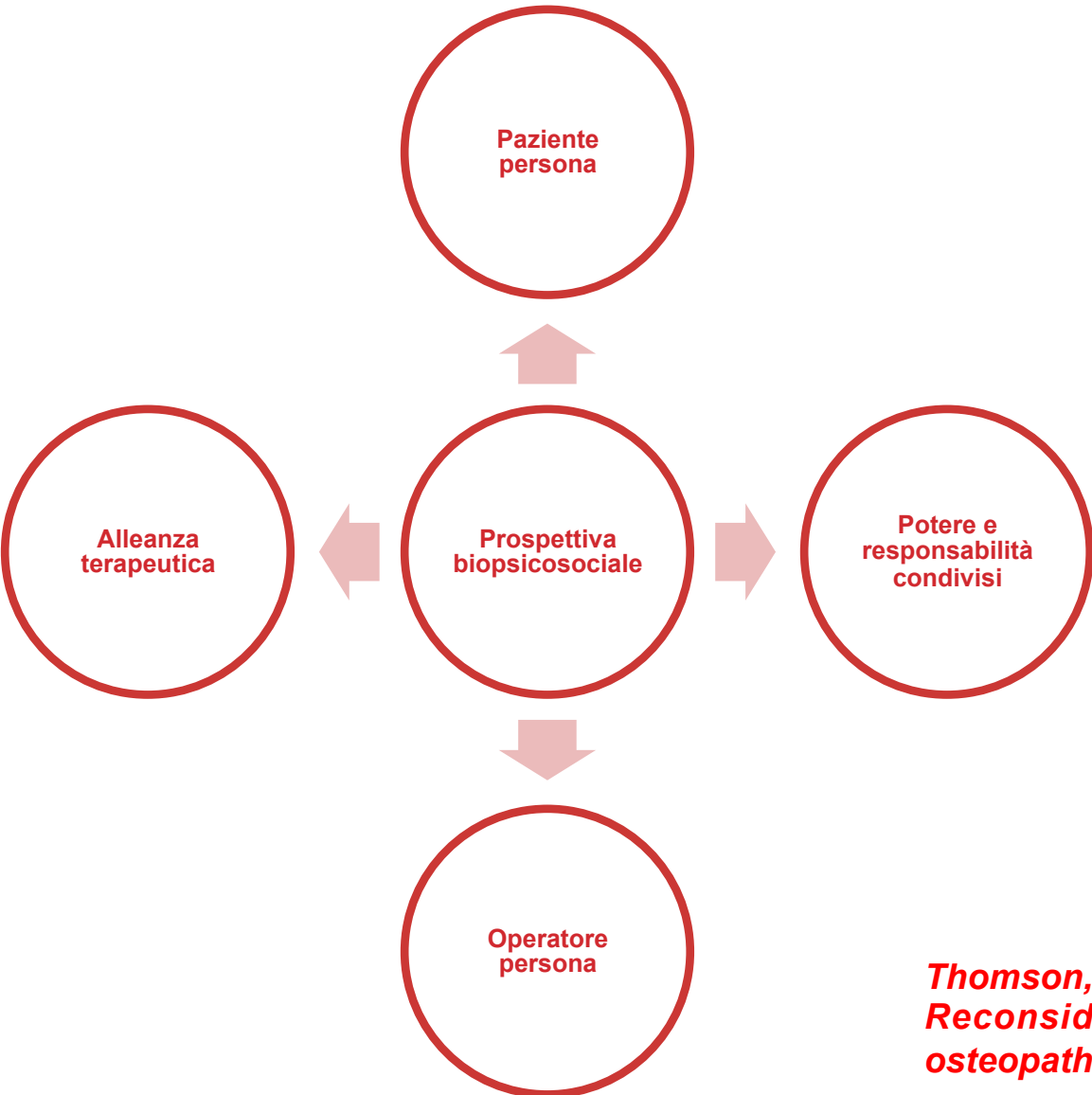
Produzione
Distribuzione
Dispendio
energetico

Metabolica-
Energetica

FUNZIONE

FORZA DI ATTIVAZIONE

MODELLO BIOPSIICOSOCIALE-COMPORTAMENTALE



Thomson, O.P., Petty, N.J., Moore, A.P., 2013. Reconsidering the patient-centeredness of osteopathy. Int. J. Osteopath. Med. 16(1):25-32

IL *META-MODELLO* CONNETTIVO-FASCIALE



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Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/jbmt



FASCIA SCIENCE AND CLINICAL APPLICATIONS: EXTENSIVE REVIEW

A unifying neuro-fasciagenic model of somatic dysfunction – Underlying mechanisms and treatment – Part I

Paolo Tozzi, MSc Ost, DO, PT



Obiettivi

Rapporto rischio/
beneficio

?

?

O. M. T.

PERSONA-SALUTE

Kimberly (2000), Kuchera (1994), Ward (2002)

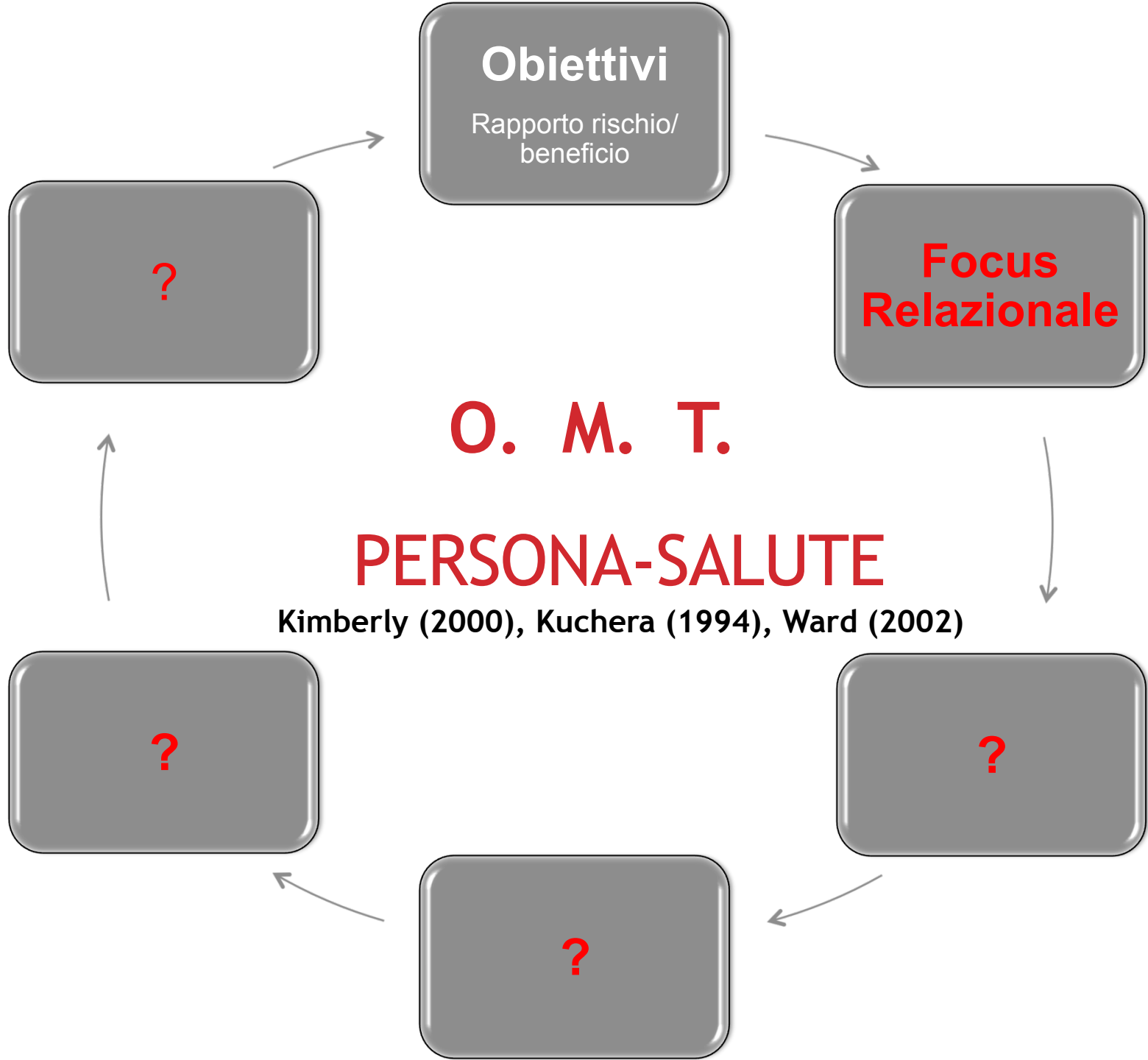
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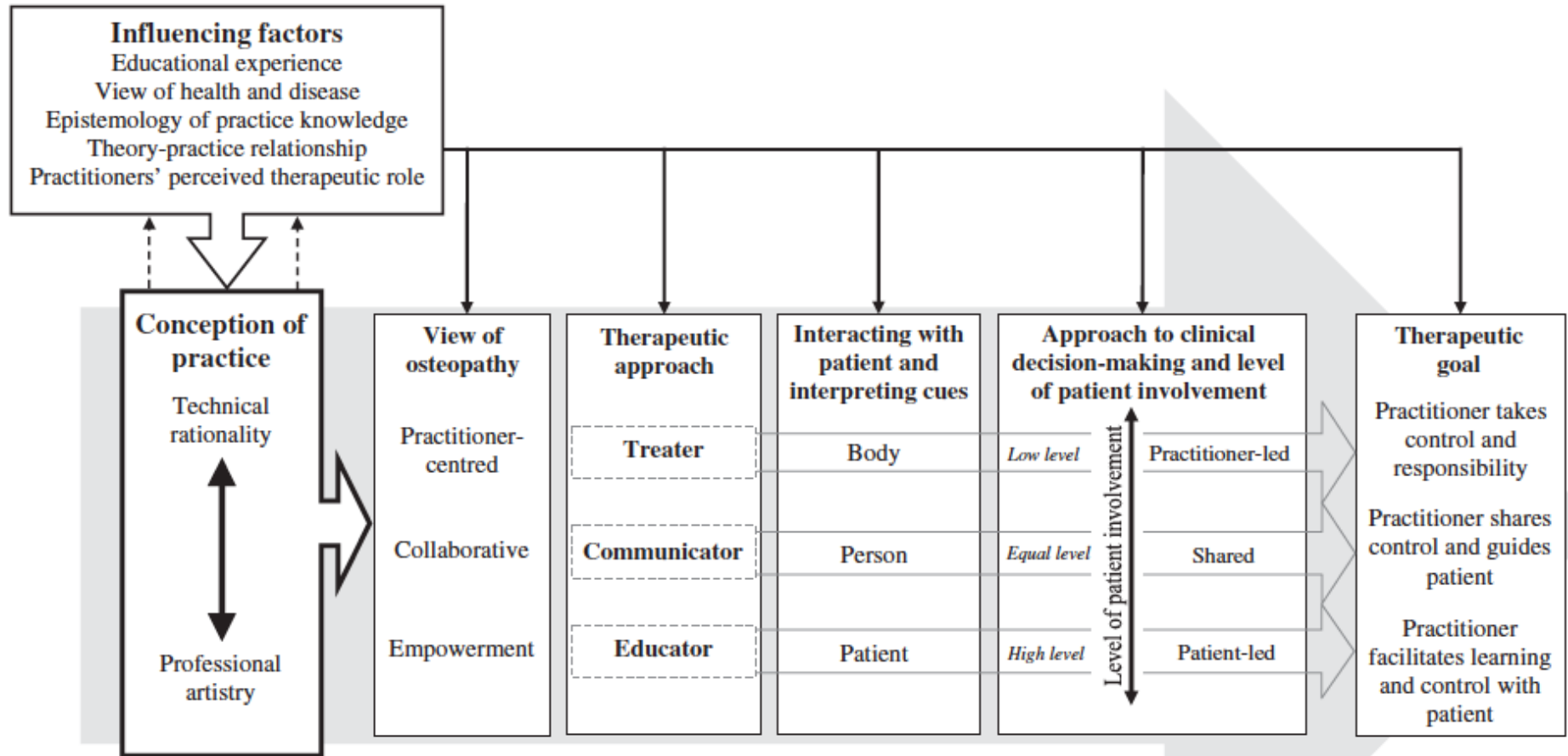
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OBIETTIVI



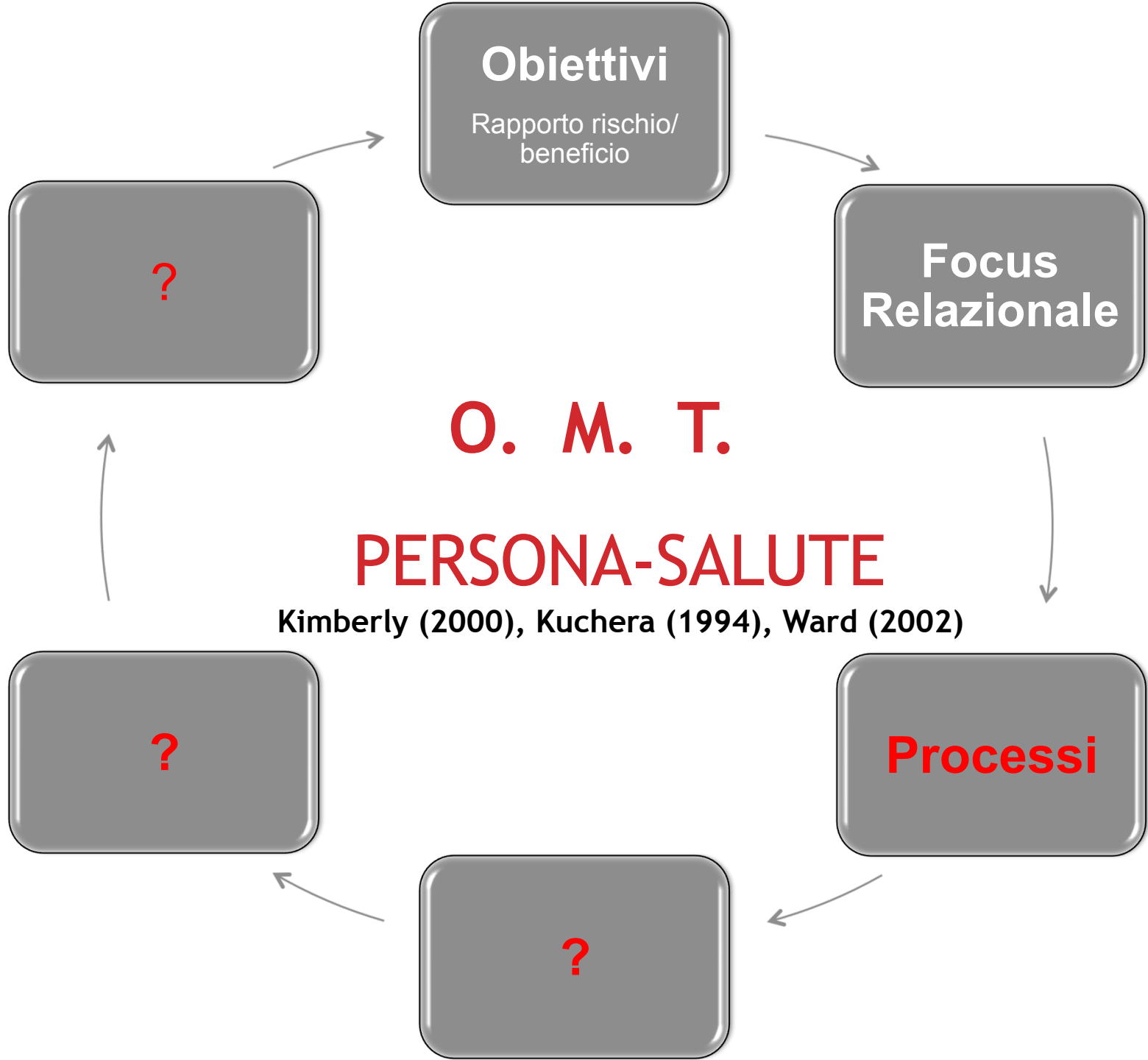


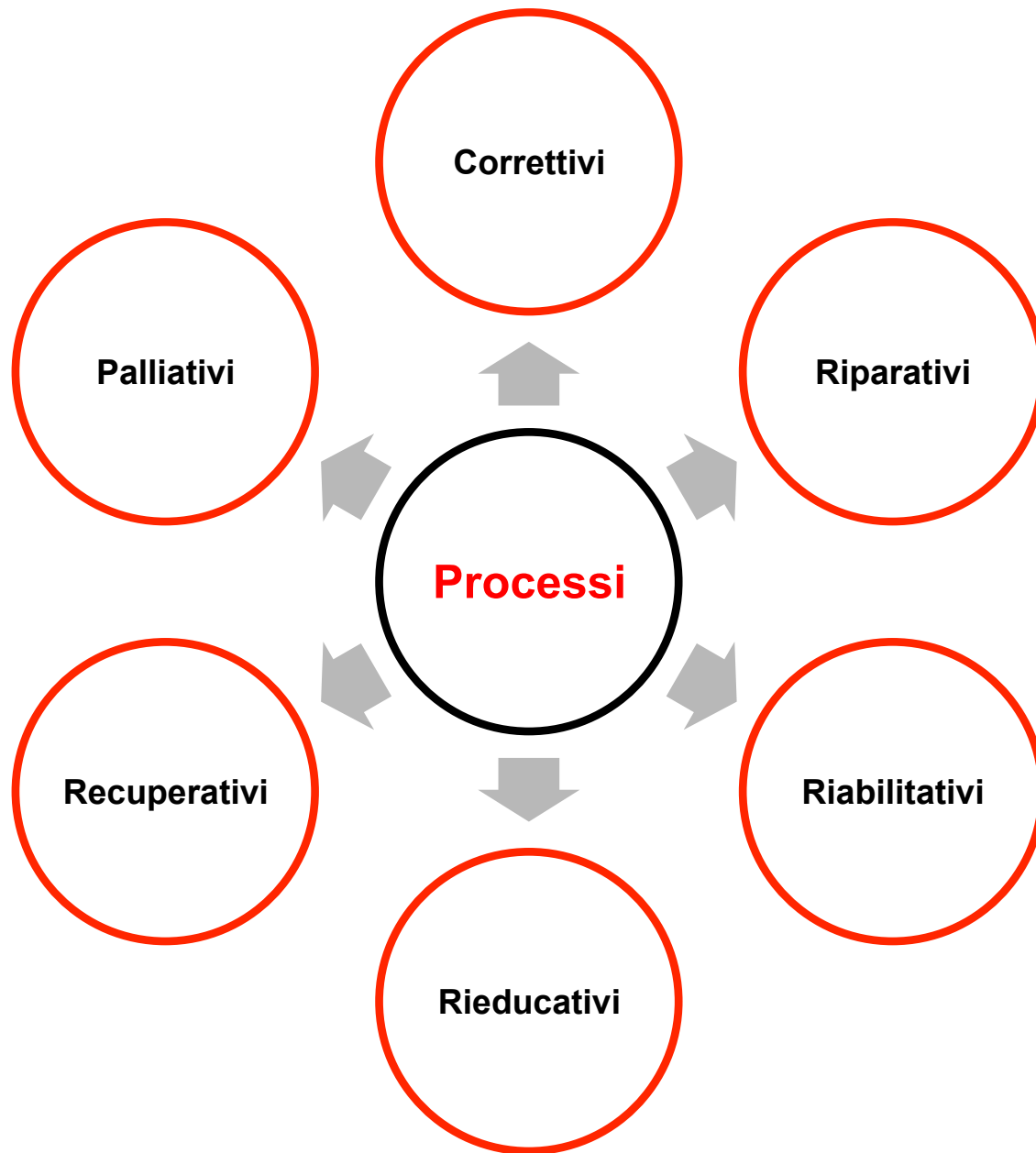
FOCUS RELAZIONALE



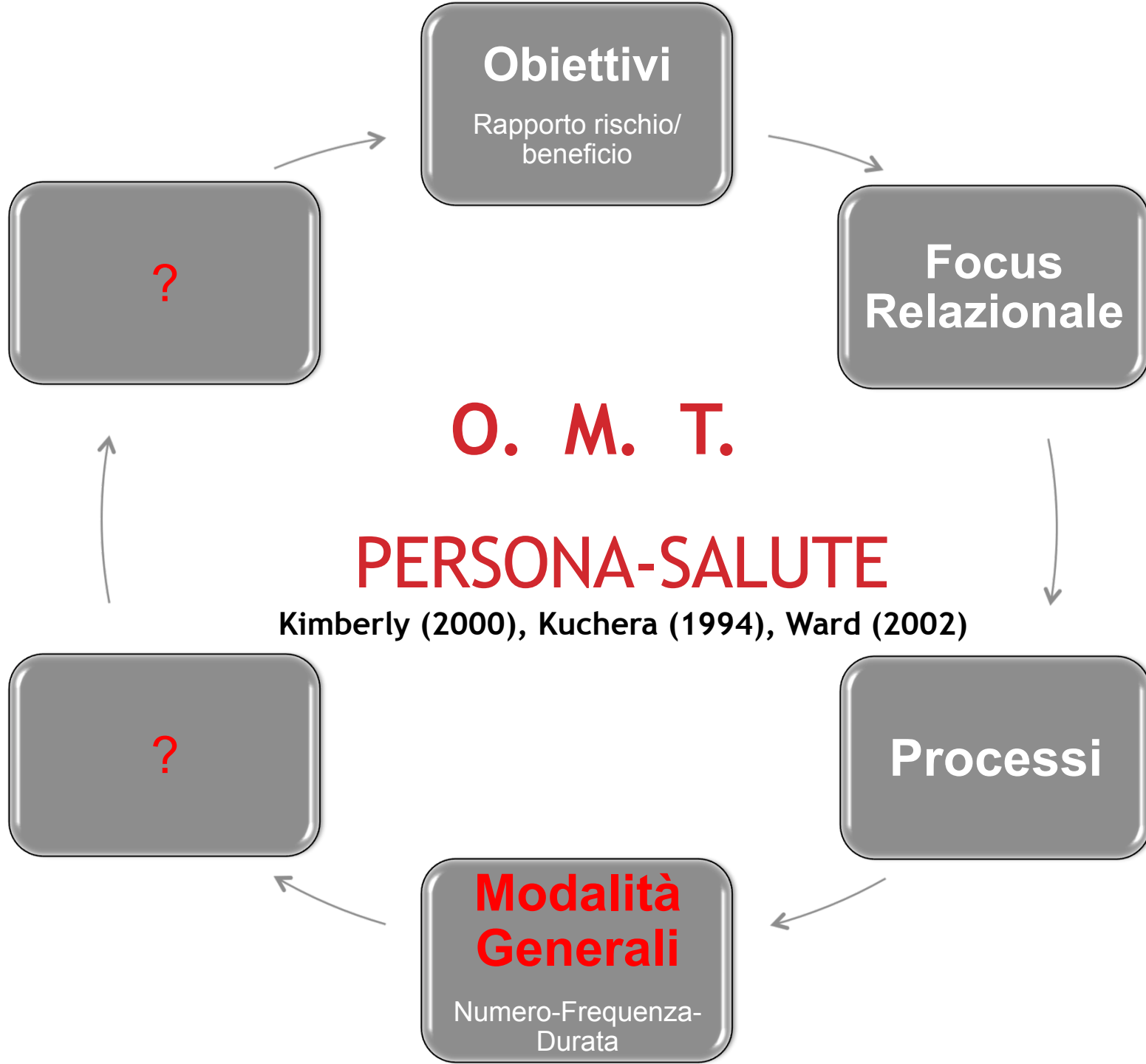
Thomson, O.P., Petty, N.J., Moore, A.P., 2014. Clinical decision-making and therapeutic approaches in osteopathy - A qualitative grounded theory study. Man. Ther. 19(1): 44-51.

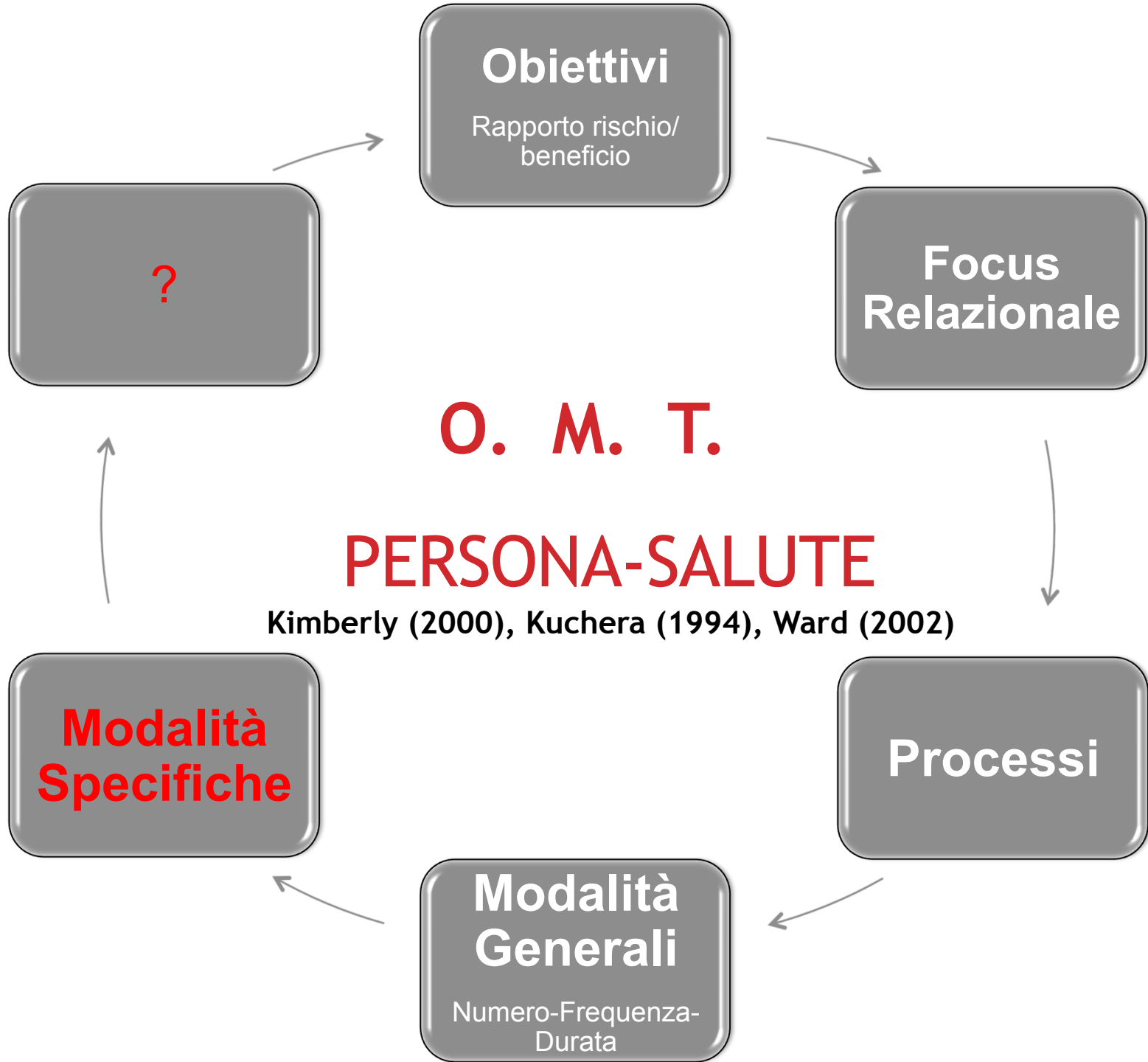
44-51: comunicazione, integrazione. in preparazione

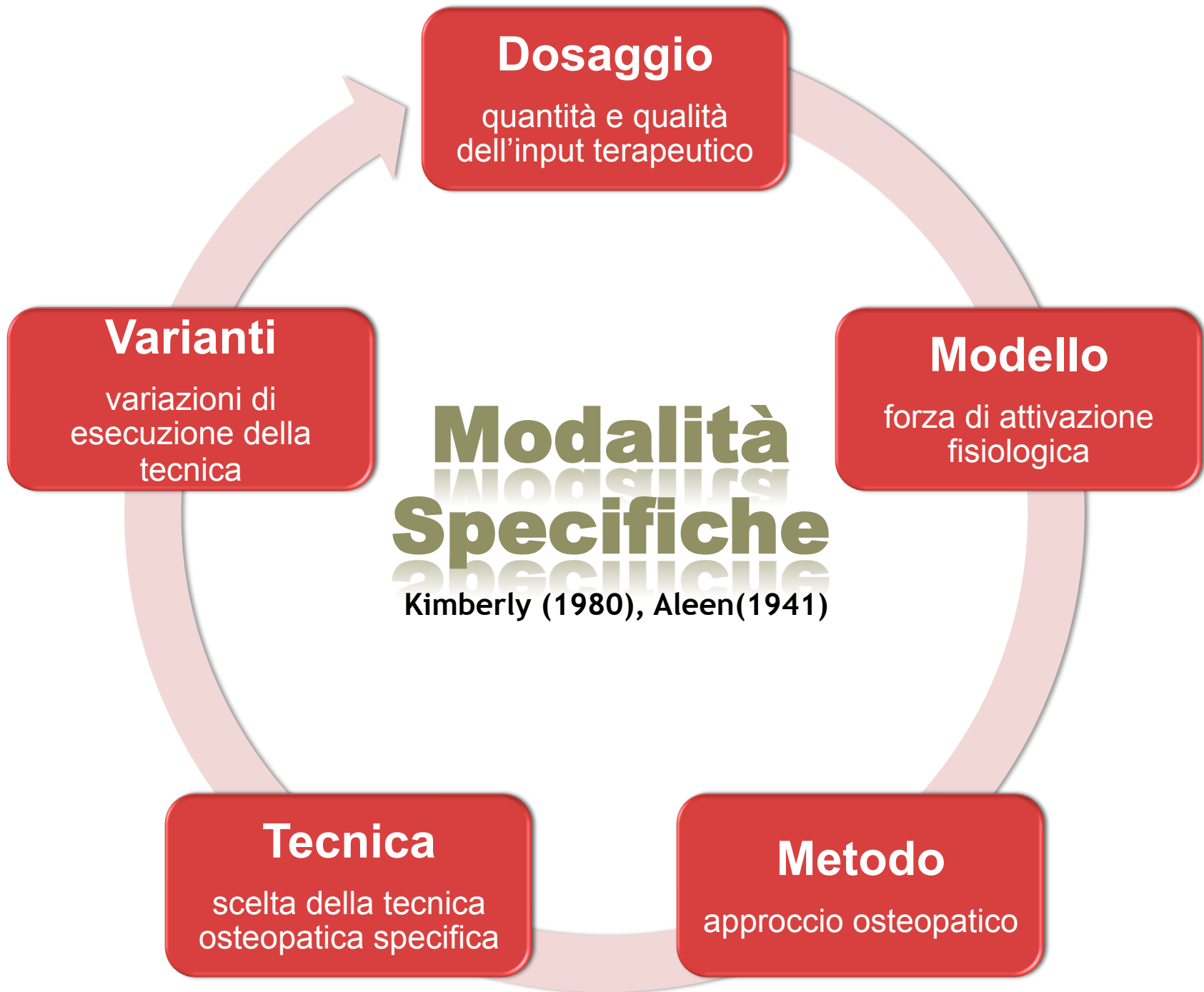




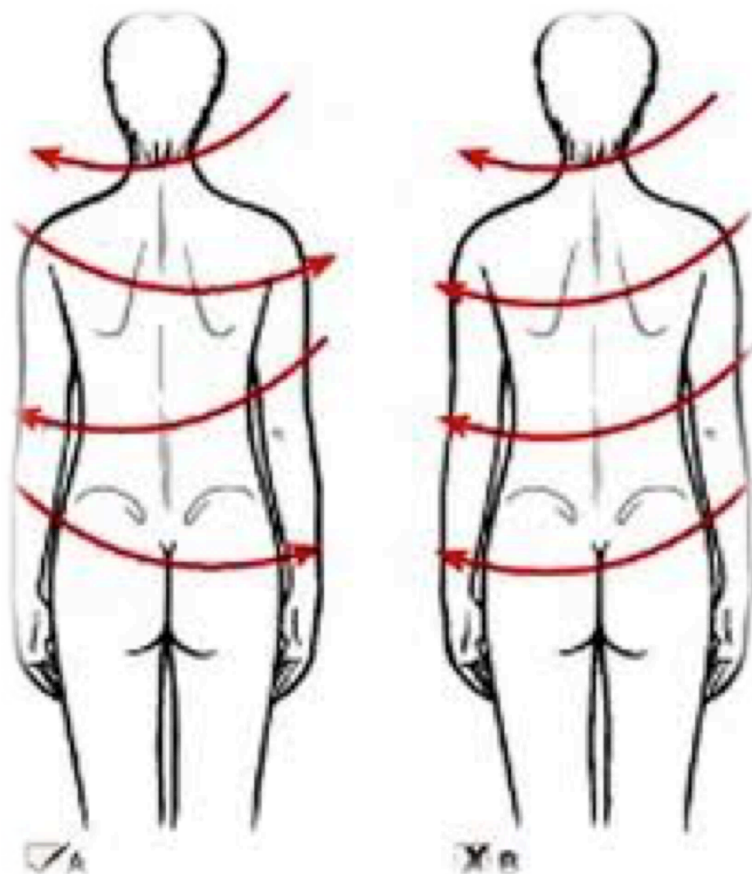
Korr, I.M., 1997. An explication of osteopathic principles. In: Ward, R.C. (Ed.), Foundations for osteopathic medicine. Williams & Wilkins, Baltimore, MD. pp. 7-12.



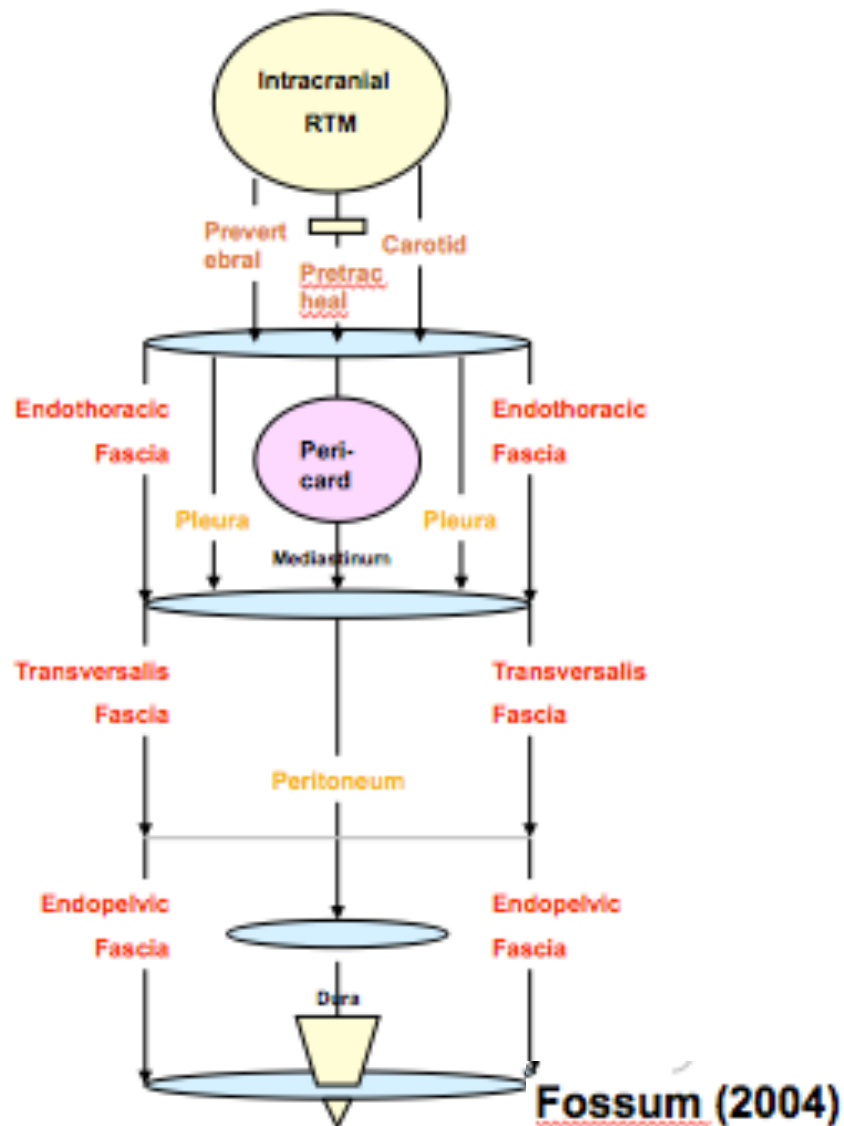




SCHEMI CENTRALI DI COMPENSO MIOFASCIALE



Chaitow (2011)



Fossum (2004)

Zink G, Lawson W, 1979. Osteopathic structural examination and functional interpretation of the soma. *Osteopathic Annals* 7(12):433-40

DOSAGGIO

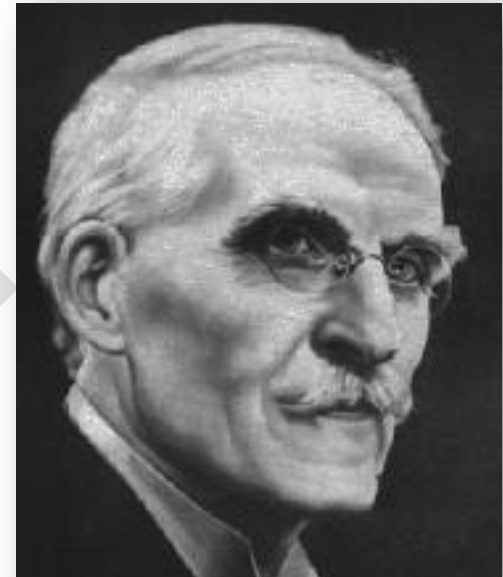
Minimalista

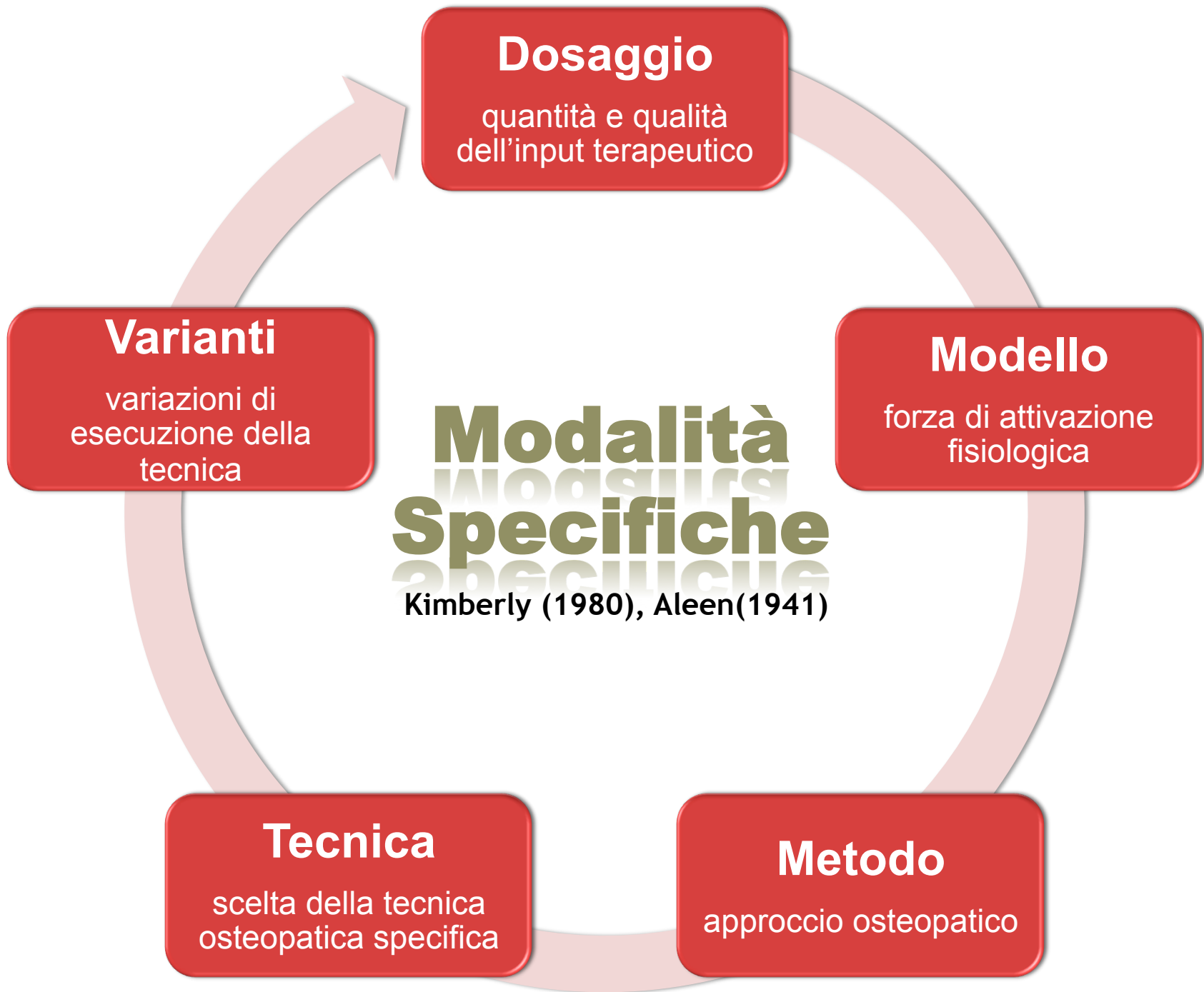
- *“find it, fix it and leave it alone”* - enfasi sulla *Vis Medicatrix Naturae*- focus sull' Anatomia/Struttura
- A.T. Still



Massimalista

- *“Total Body Adjustment”* - enfasi nel supporto dei processi fisiologici - focus sulla Fisiologia/Funzione
- J.M. Littlejohn





Direct Methods

HVT techniques
Low Velocity Articular
Soft Tissue Techniques
Muscle Energy (isometric)
Direct Myofascial Release
Spencer Technique
Progressive Inhibition

Indirect Methods

Functional Techniques
Balanced Ligamentous
Tension
Counterstrain
Indirect Myofascial Release
Facilitated Positional
Release

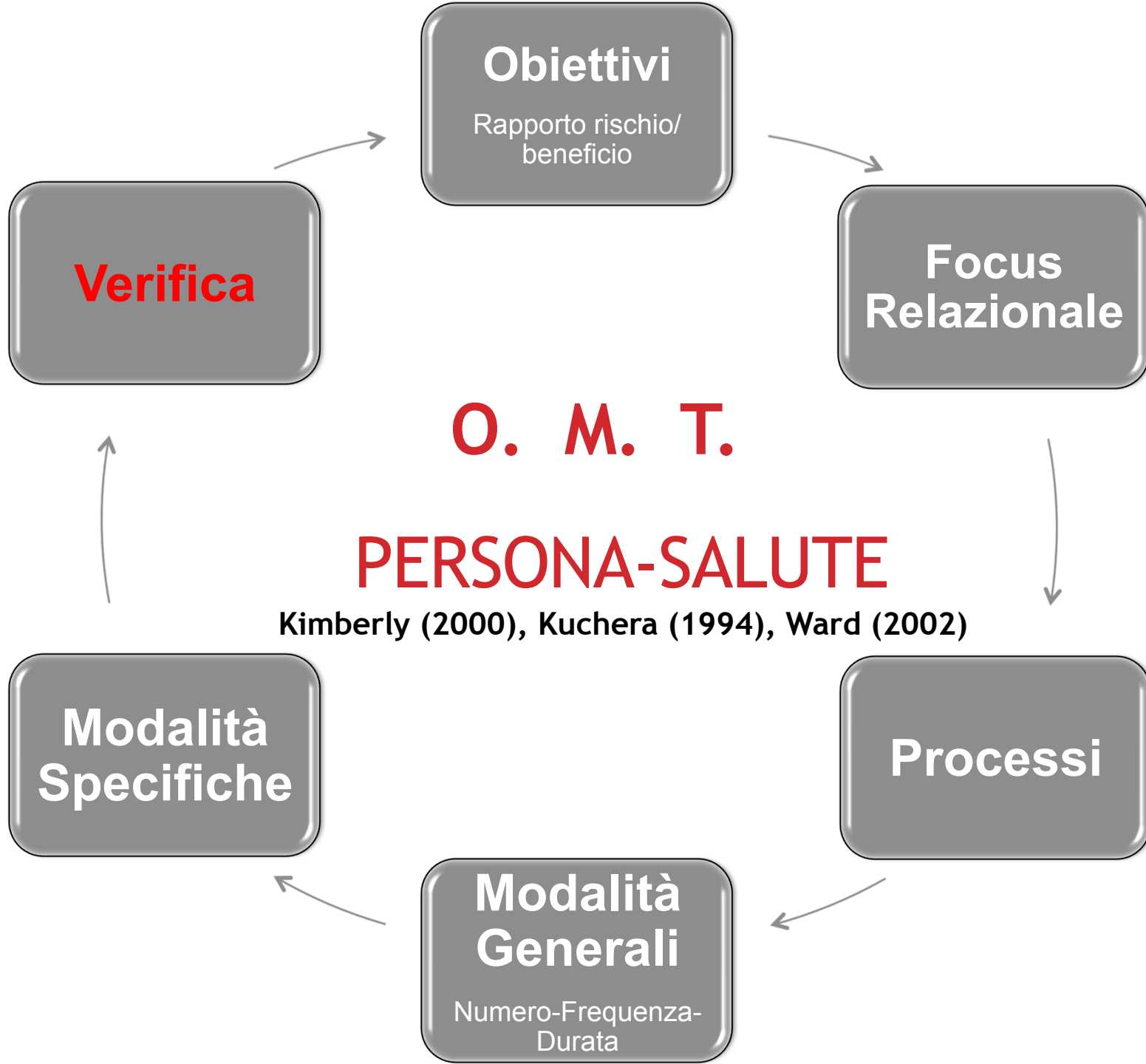
THE MANIPULATIVE ARMAMENTARIUM

Combined Methods

Still Technique
Integrated Neuromuscular
Release
Fascial Unwinding
Visceral techniques

Homeostatic Methods

Lymphatic pumps
Galbreath technique
Collateral Ganglion
Inhibition
Chapman Reflexes
Visceral OMT
CV4 (and other fluid techs)



The Osteopathic Distinction: Fact or Fancy?

John F. Peppin, D.O.¹

Since osteopathic medicine's inception its distinction has been proclaimed steadfastly in the osteopathic literature. The uniqueness has been claimed to reside in: (1) rigid adherence to A.T. Still's tenets; (2) osteopathic manipulative treatment (OMT); (3) claims of "holism"; (4) "osteopathic principles", (5) esoteric definitions; and (6) other suggested differences. None of these claims can be successfully defended. An aspect of the osteopathic distinction may lie in the didactic of OMT per se. Certain experiences in medical school contribute to the "reconstruction" of the student's view of the patient. Touch, through OMT, may be a quality that affects this change and helps make the osteopathic physician different. When blended with traditional medical modalities this may result in a unique medical perspective. The ideal approach for the osteopathic profession would be an honest evaluation of its function in society and its uniqueness in medicine. The profession may discover a uniqueness with touch as an integral part.

Peppin, JF., 1993. The osteopathic distinction: fact or fancy? J. Med. Hum. 14(4):203-22



GRAZIE

PER L'ATTENZIONE

DR. PAOLO TOZZI, MSC OST, DO, PT

