



Modern osteopathic field theory

a new narrative

CONVENTION
OSTEOPATHY 2023
30 YEARS *of* RECOGNITION

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What is wrong with Osteopathy?

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Implications for practice:

- *Osteopathy's weak theoretical basis, biomedicalism, monointerventionism, practitioner-centredness and implausible mechanisms are problematic.*
- *These constitute a major threat to the development, unity and legitimacy of osteopathy.*
- *Ongoing critical reflection, practice reconceptualisation and research are needed for professional maturation.*
- *Osteopaths should draw on theory and evidence from outside the osteopathic domain.*

Modern osteopathic field theory

- Classical osteopathic field theory
- Principles of a modern osteopathic field theory
- What is osteopathic medicine
- Introduction of the term Metaperson
- Somatic Dysfunction concept
- Diagnostic and therapeutic process in OM
- Complexity-and system theory
- The Cynefin model
- Interrelatedness

The classical osteopathic field theory(COF)

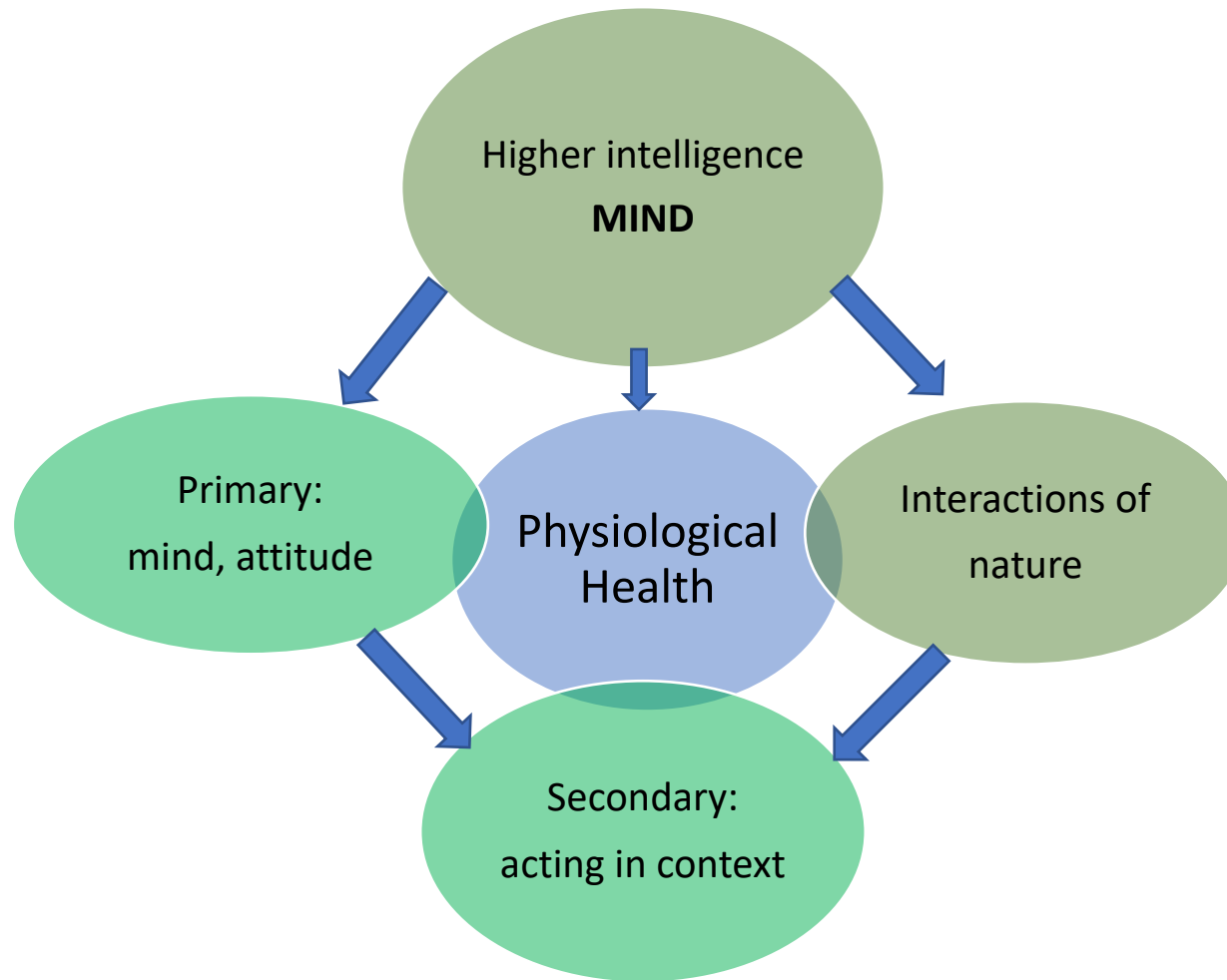
The philosophy of osteopathy has **two central aspects**

There exists a “higher intelligence”, which Still named **MIND**. This MIND is expressed in all structures of nature and it’s interactions (functions). The laws of nature are the “language” of these interactions.

The Osteopath is primarily characterized through a basic philosophical attitude, which he secondarily embodies through a caring and protective action towards the patient.

The attitude is characterized by a general cognitive curiosity and a rational, sober-minded and reflective thinking.

Classical osteopathic field theory



Modern osteopathic field theory (MOF)

Why a modern osteopathic field theory ?

- Osteopathy was developed in the 19th century; it is not viewed in the context of the modern sciences in the 21st century
- How can we transport traditional Osteopathy into a modern, scientific understanding of natural sciences and humanities?
- Which narrative can we find for our own understanding within Osteopathic Medicine (OM)?
- Where are the interactions and cross-connections of OM and other health care sciences?
- Can we find a unique characteristic of OM?

Modern osteopathic field theory (MOF)

The philosophy of MOF is based on the original philosophy, which was created by A.T. Still M.D. DO in the 19th century

Palpation is the central application of Osteopathic Medicine (OM)

The application of OM requires a basic philosophical attitude with cognitive curiosity and a rational, wise and reflective thinking. However, application itself involves the basic philosophical attitude in OM.

OM is a systemic concept, which allows a complex thinking and acting in combination with a health-based science in theory and practice

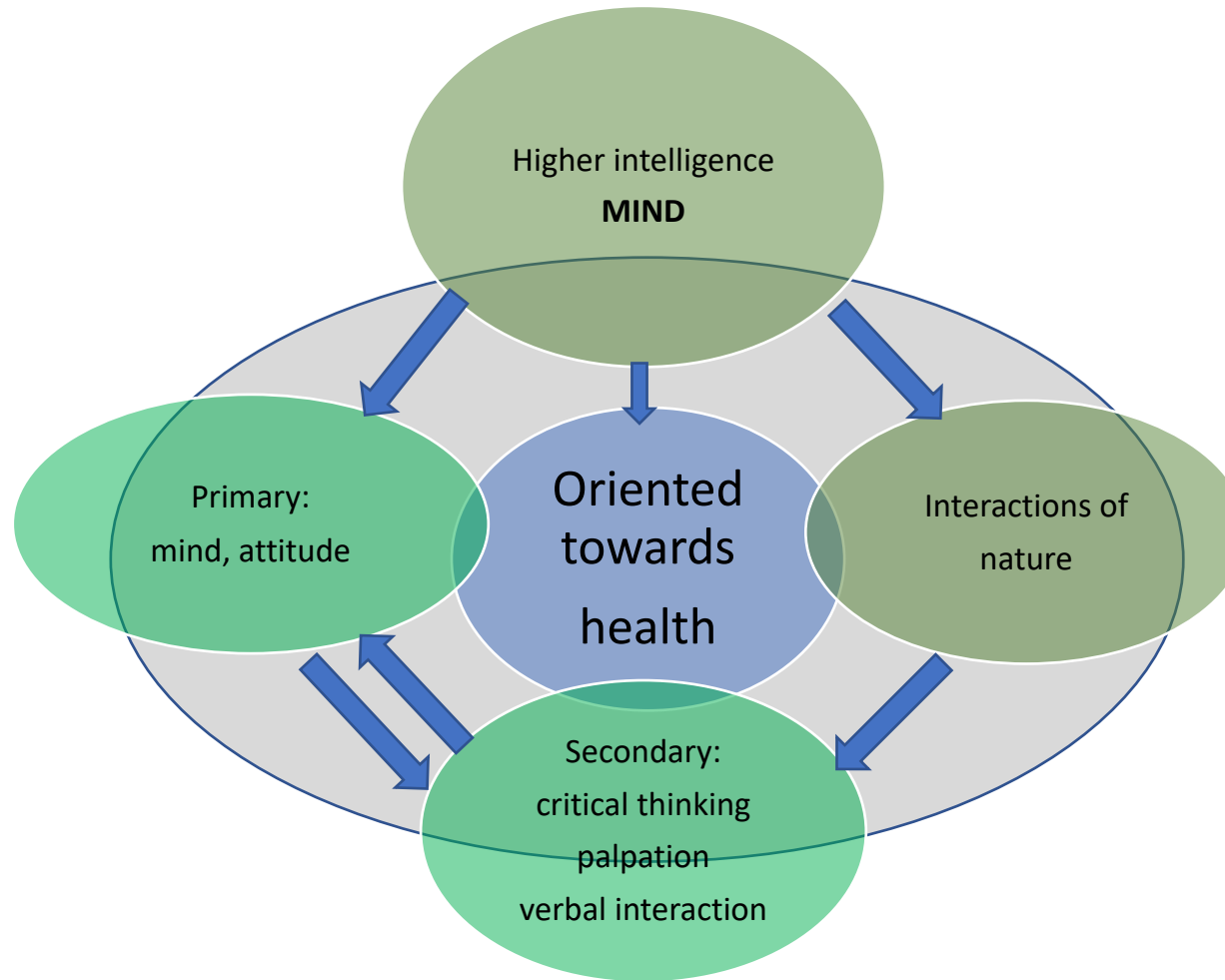
Modern osteopathic field theory (MOF)

The theory and practice of OM is based on natural sciences and humanities

The unique characteristics of OM within health care are seen as:

- The basic philosophical attitude
- The systemic concept combined with osteopathic palpation (afferent-efferent)
- The central orientation towards health

Modern osteopathic field theory

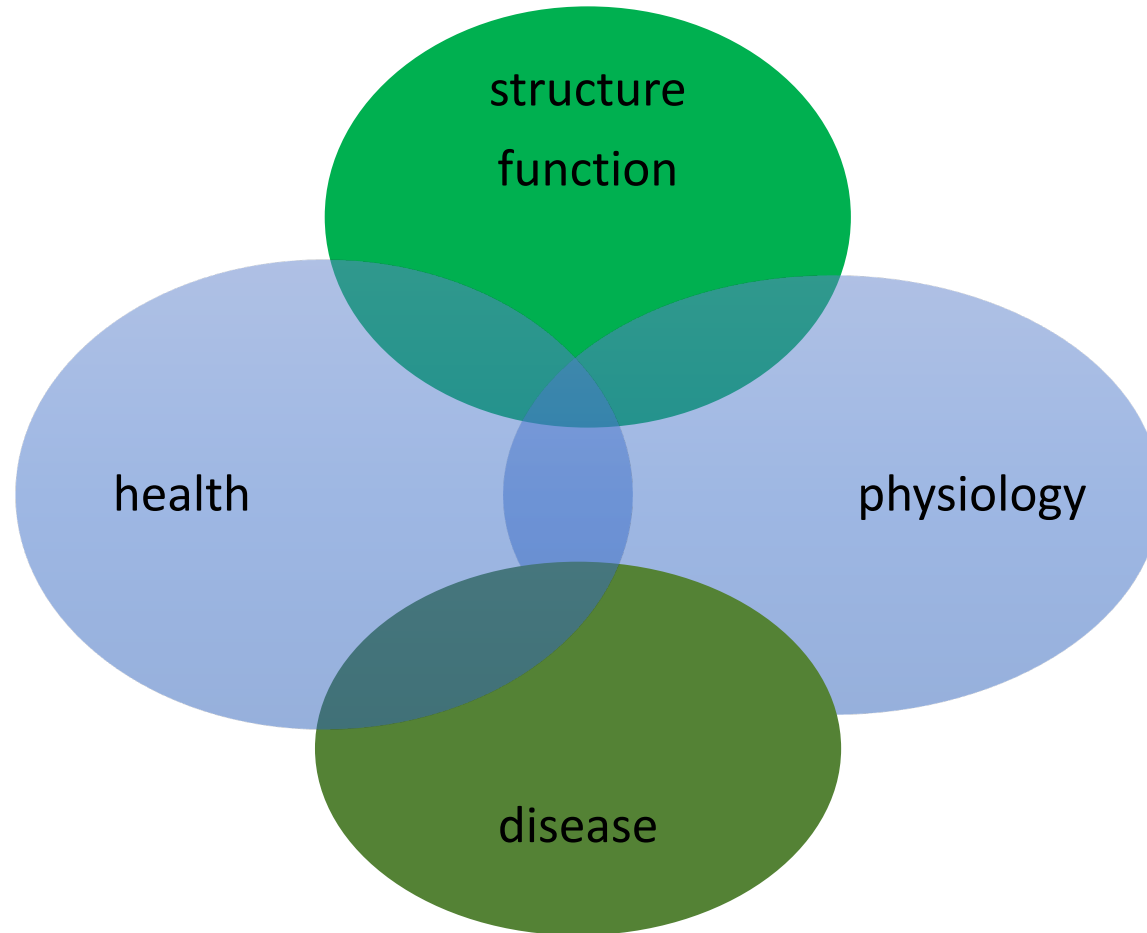


Modern osteopathic field theory (MOF)

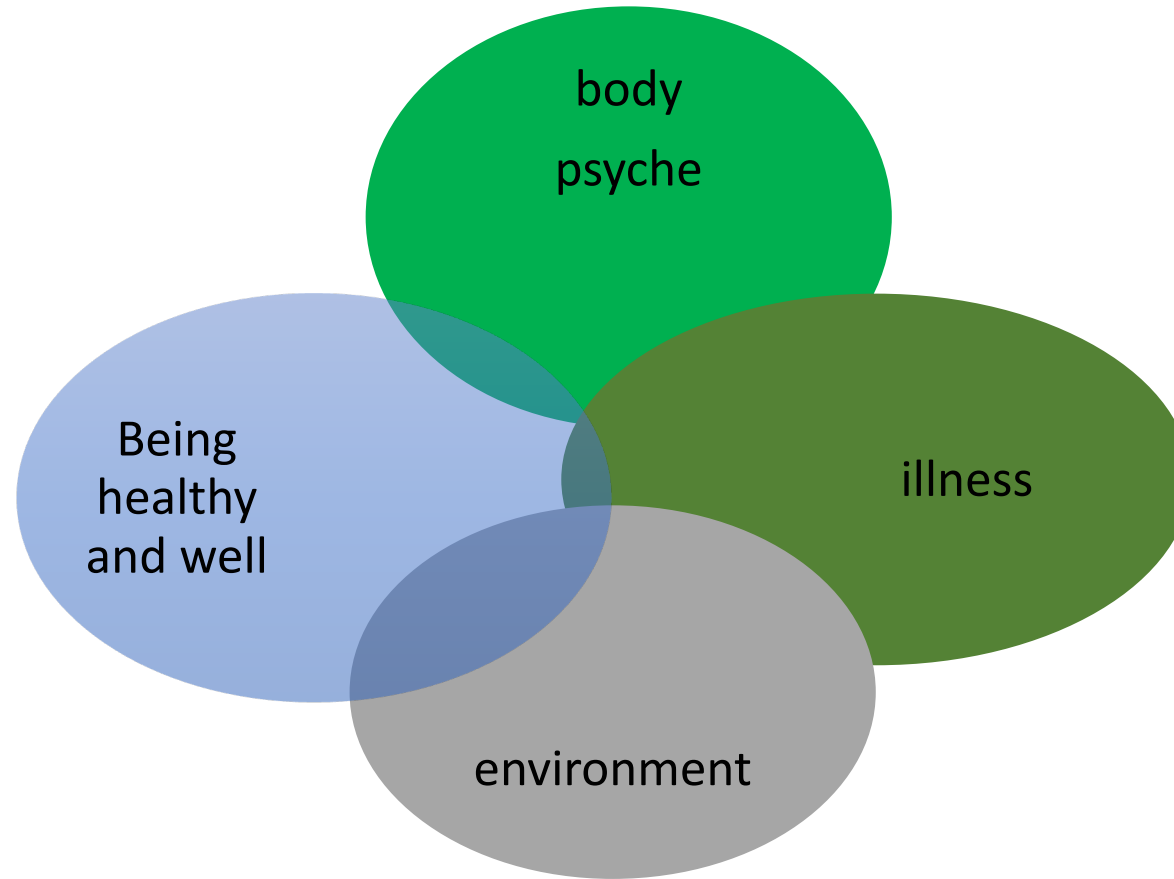
The application of modern OM results in many different aspects:

- The **focus** is on health, resources, homeostasis and autoregulation.
- **Acting** is guided by function, structure, coherence, efficiency and resonance
- The **context in healthcare** is person centred, respectful, complex, process oriented and intersubjective.
- The **program** – as a complementary of medicine- is interdisciplinary and emergent

What is health?



What is being healthy and well ?



What is Osteopathic Medicine (OM)?

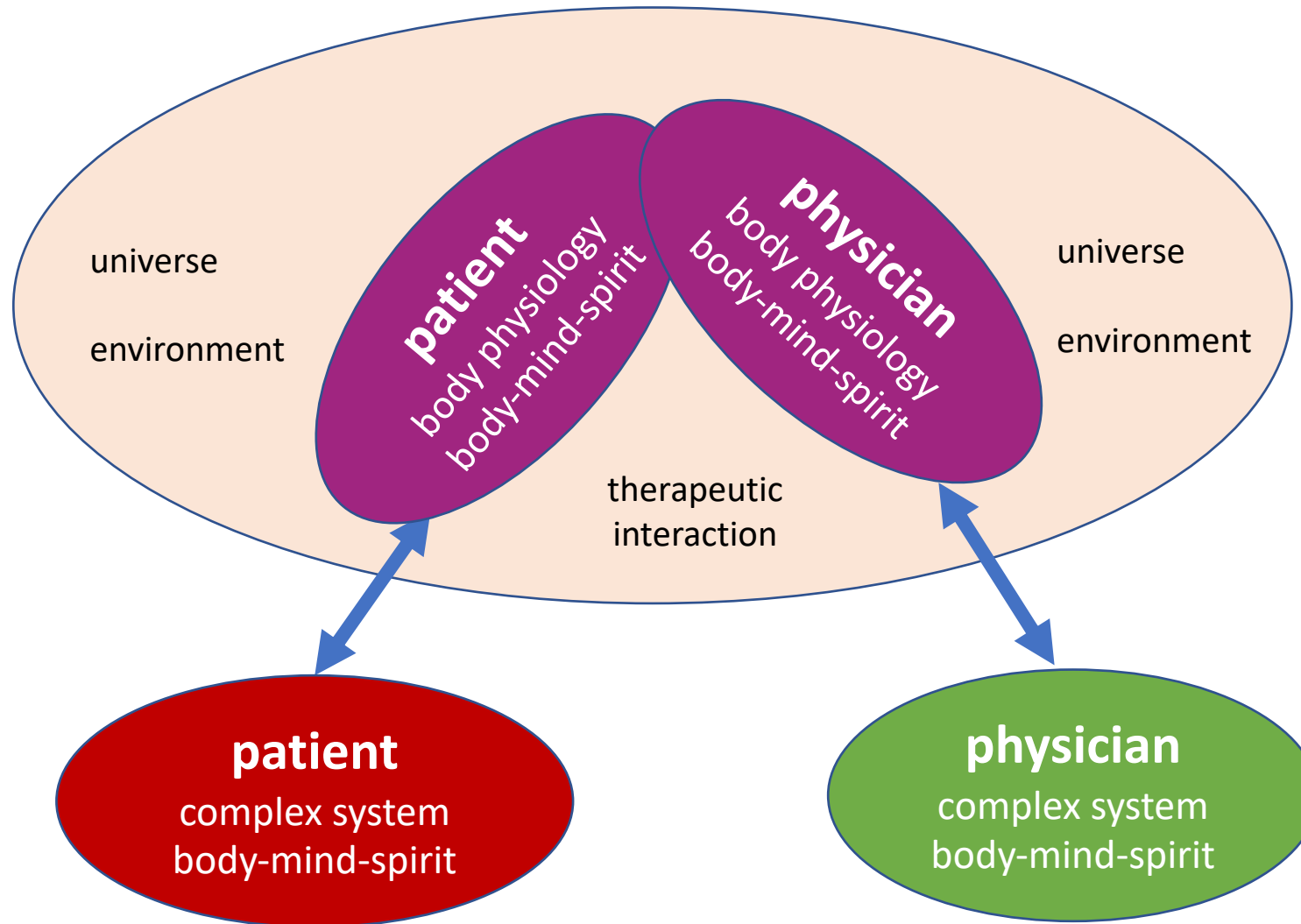
Osteopathic Medicine (OM) is part of the umbrella term: **constitutional medicine**

Draft for a definition of OM:

Based on the classical osteopathic field theory (KOF) we analyse the attempts to define osteopathic medicine (OM). In the literature, only descriptions characterizing Osteopathy can be found, we lack a correct definition. In this article, we present the attempt of an up-to-date definition of OM:

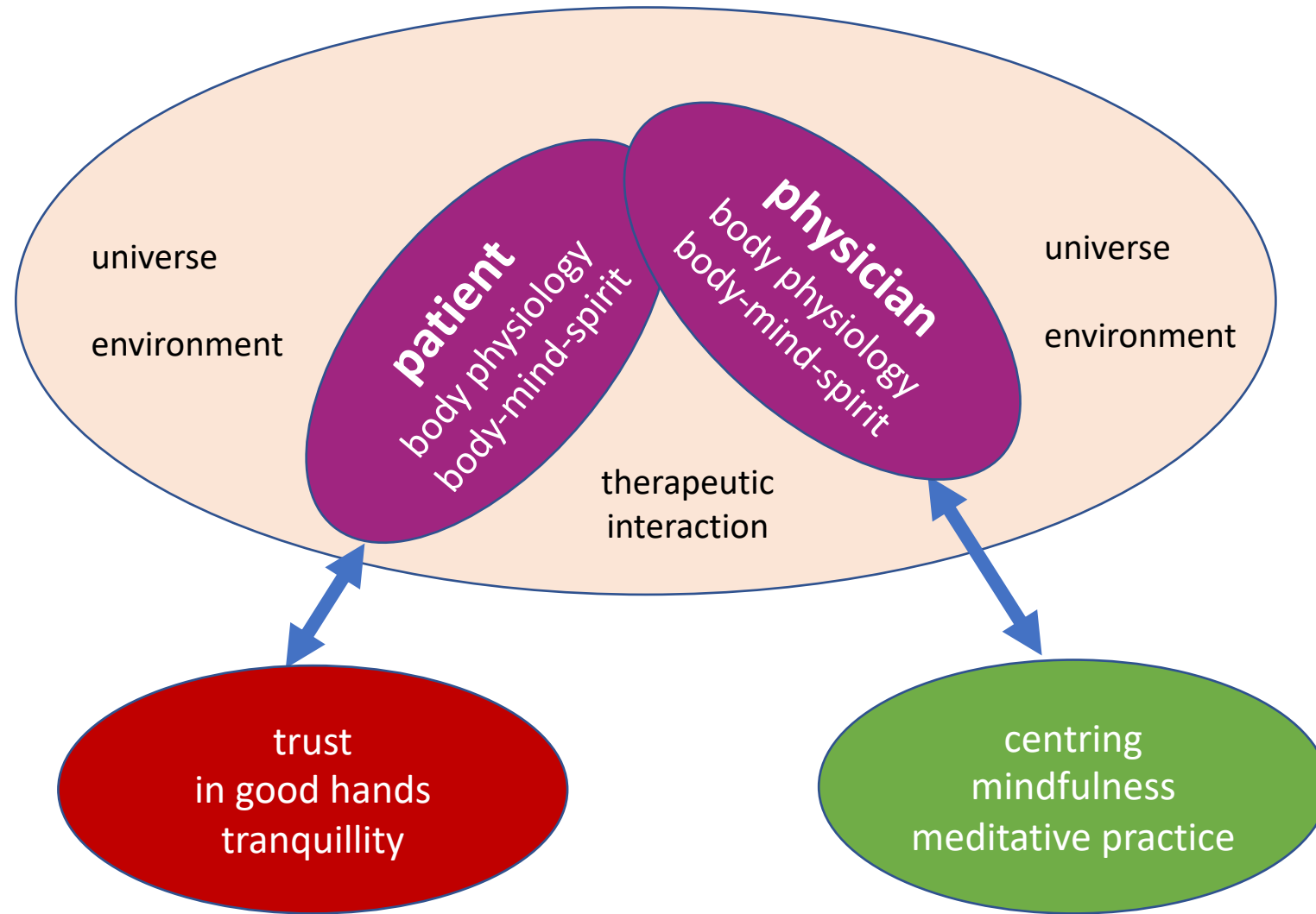
Osteopathic Medicine is a combination of psychophysical reasoning and acting that is aligned – on a palpatory foundation – towards being healthy and well.

The term „Metaperson“ 1

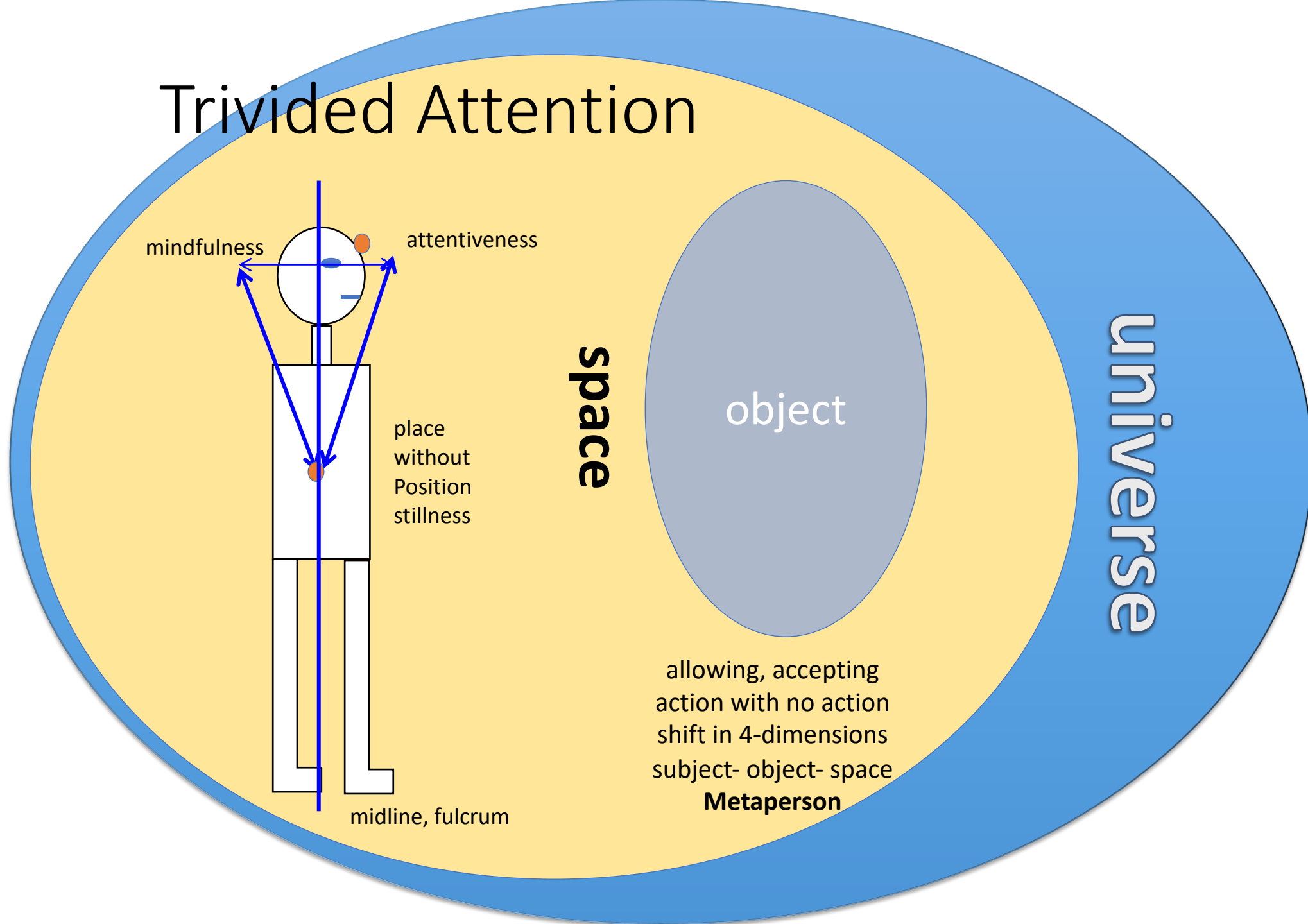


Osteopathic touch is not just knowledge through palpation, but an act of mutual sharing

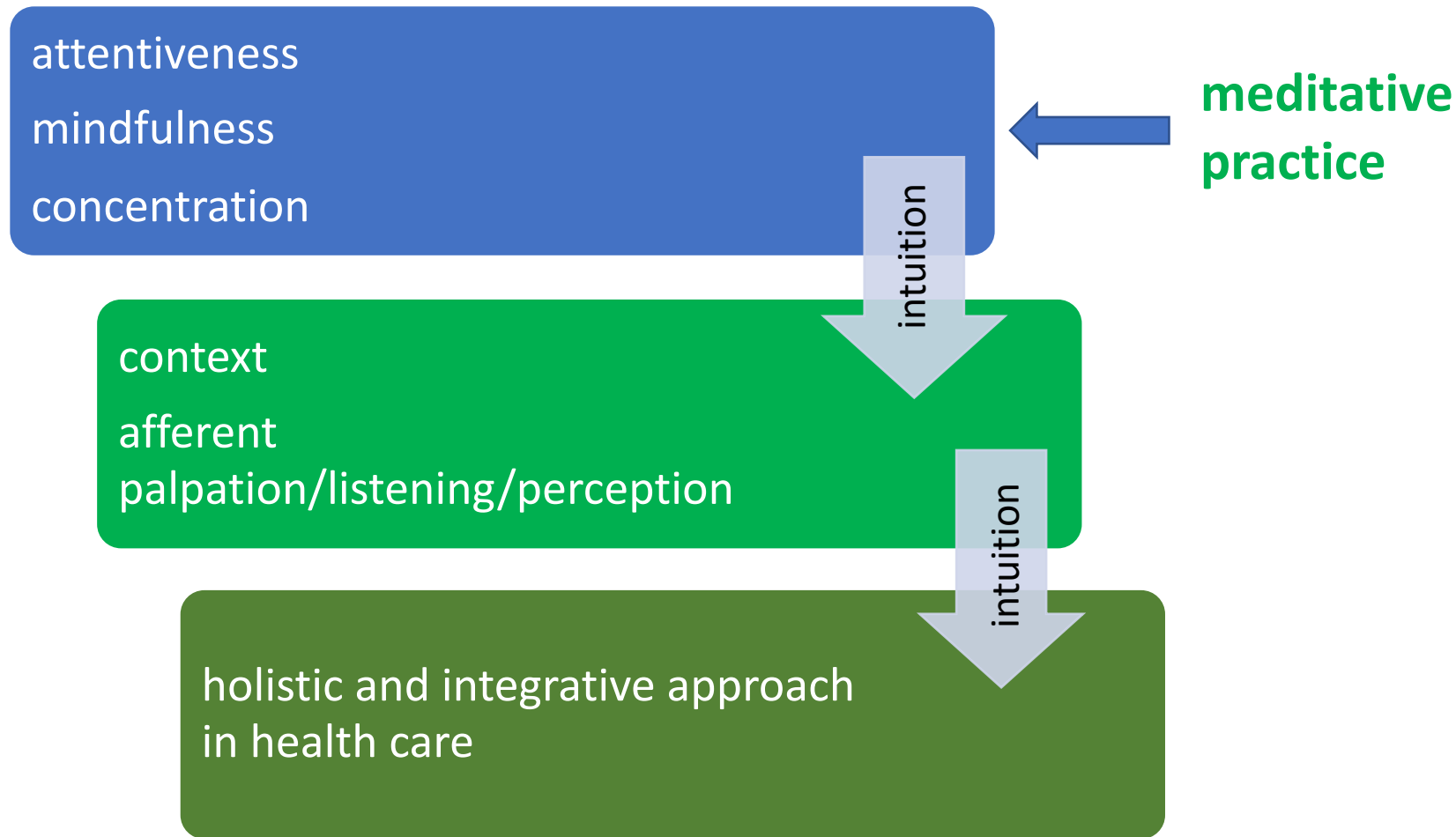
The term „Metaperson“ 2



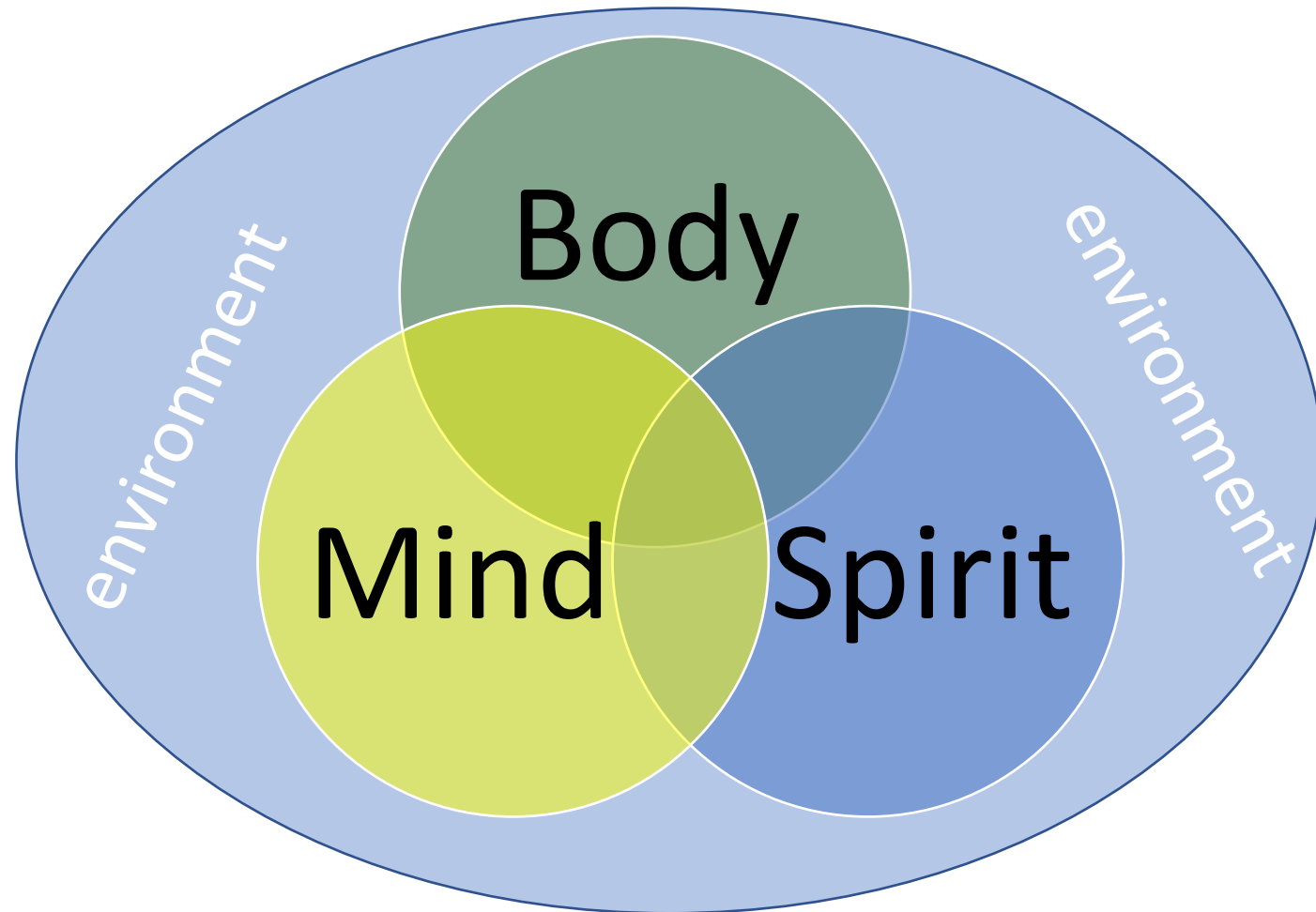
Trivided Attention



Acting and behaviour in the metapersonal space

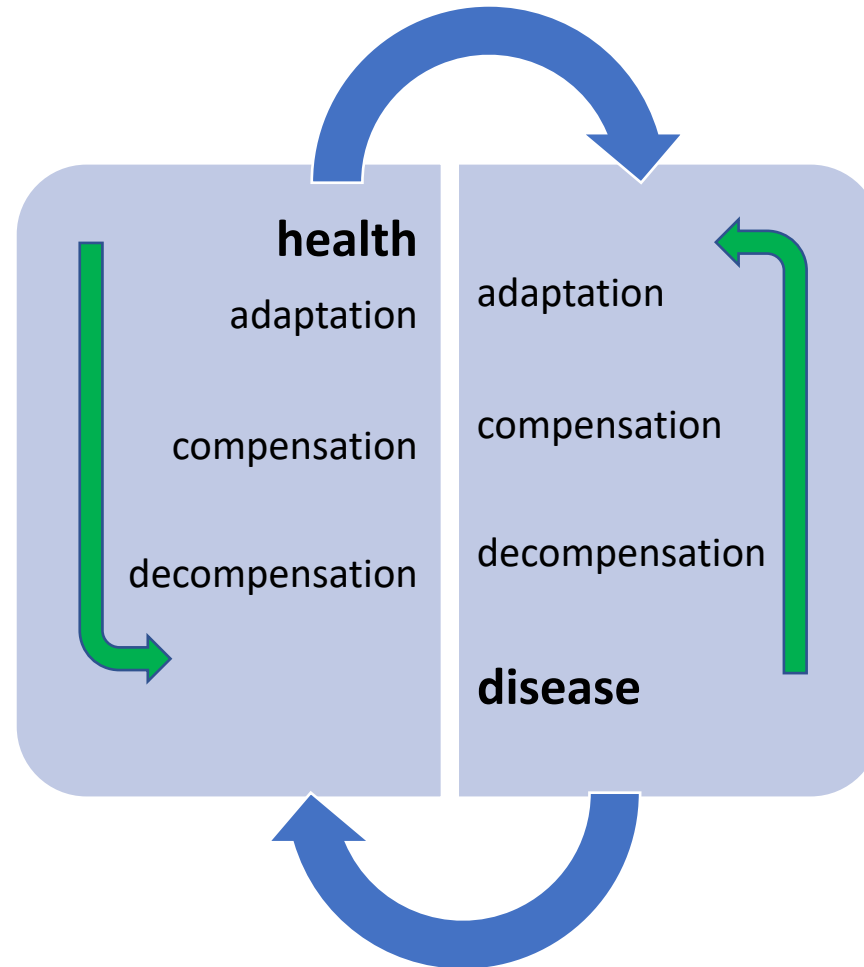


The holistic view of OM according to J.M. Littlejohn



Health-Disease

disease is a function of health



What is a somatic dysfunction 1

Definitions from the OIA Glossary of Osteopathic terms, glossary Committee 10/2023:

- **Adaptation** – A responsive alteration or adjustment in the reciprocal relationship between structure and function, by which an individual is able to better accommodate changes in its environment.
- **Compensation** - A process in which there is an adaptive response to any alteration of structure or function in an attempt to optimize health.
- **Decompensation** - A dysfunctional, persistent pattern, in some cases reversible, resulting when homeostatic mechanisms are partially or totally overwhelmed by allostatic load.
- Allostatic = the process by which the body responds to stressors in order to regain homeostasis
- Homeostatic = The tendency towards a relatively stable equilibrium between interdependent elements, especially as maintained by physiological processes.

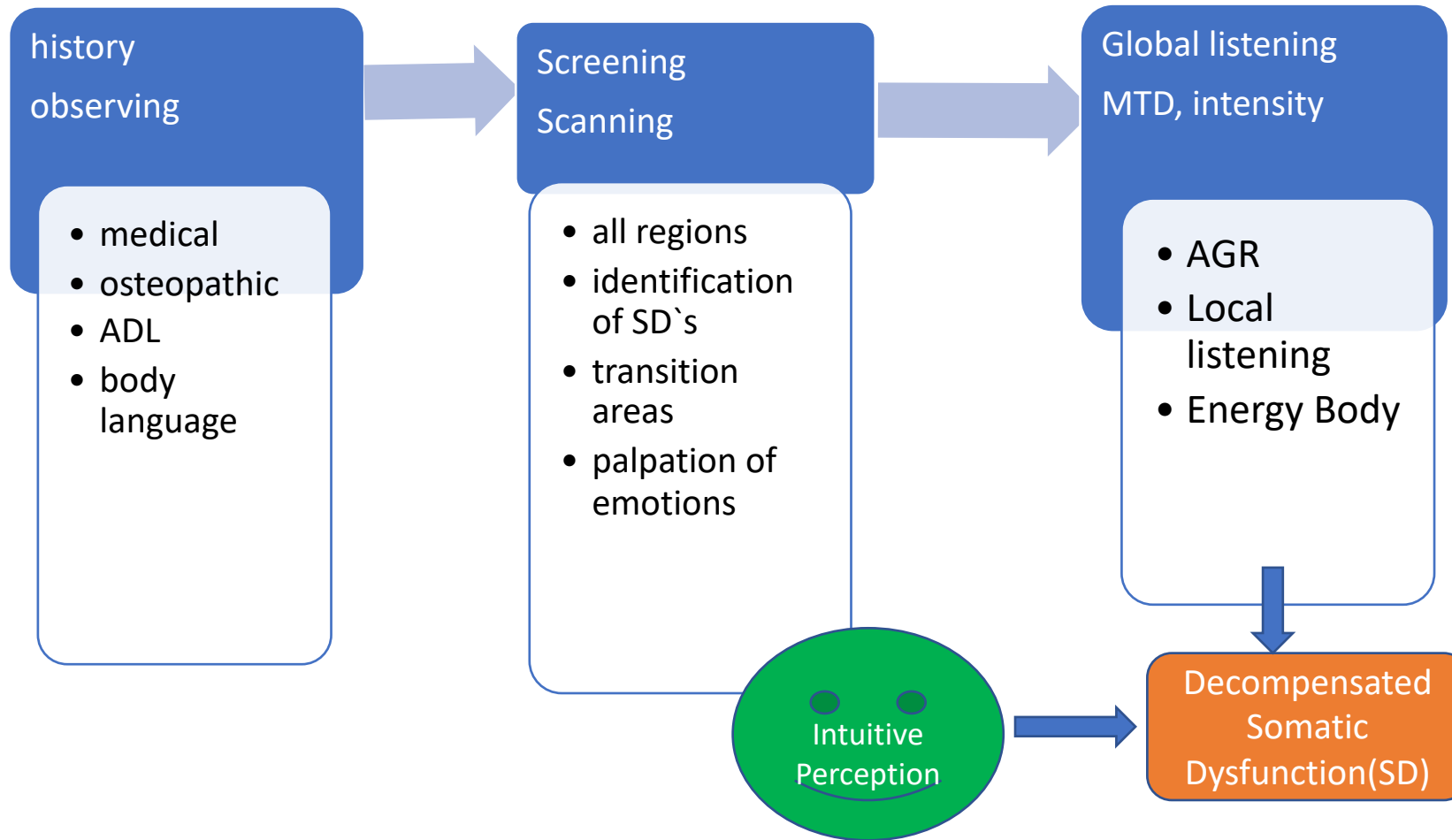
What is a somatic dysfunction 2

Definitions from the OIA Glossary of Osteopathic terms, glossary Committee 10/2023:

Somatic dysfunction (diagnostic term) – Impaired or altered function of related components of the body framework system: skeletal, arthrodial and myofascial structures, and their related **vascular, lymphatic, visceral, neural, metabolic, immunologic and psychoemotional elements**. It is characterized by tissue texture abnormalities and/or tenderness, positional asymmetry, restricted range of motion, and sometimes temperature changes.

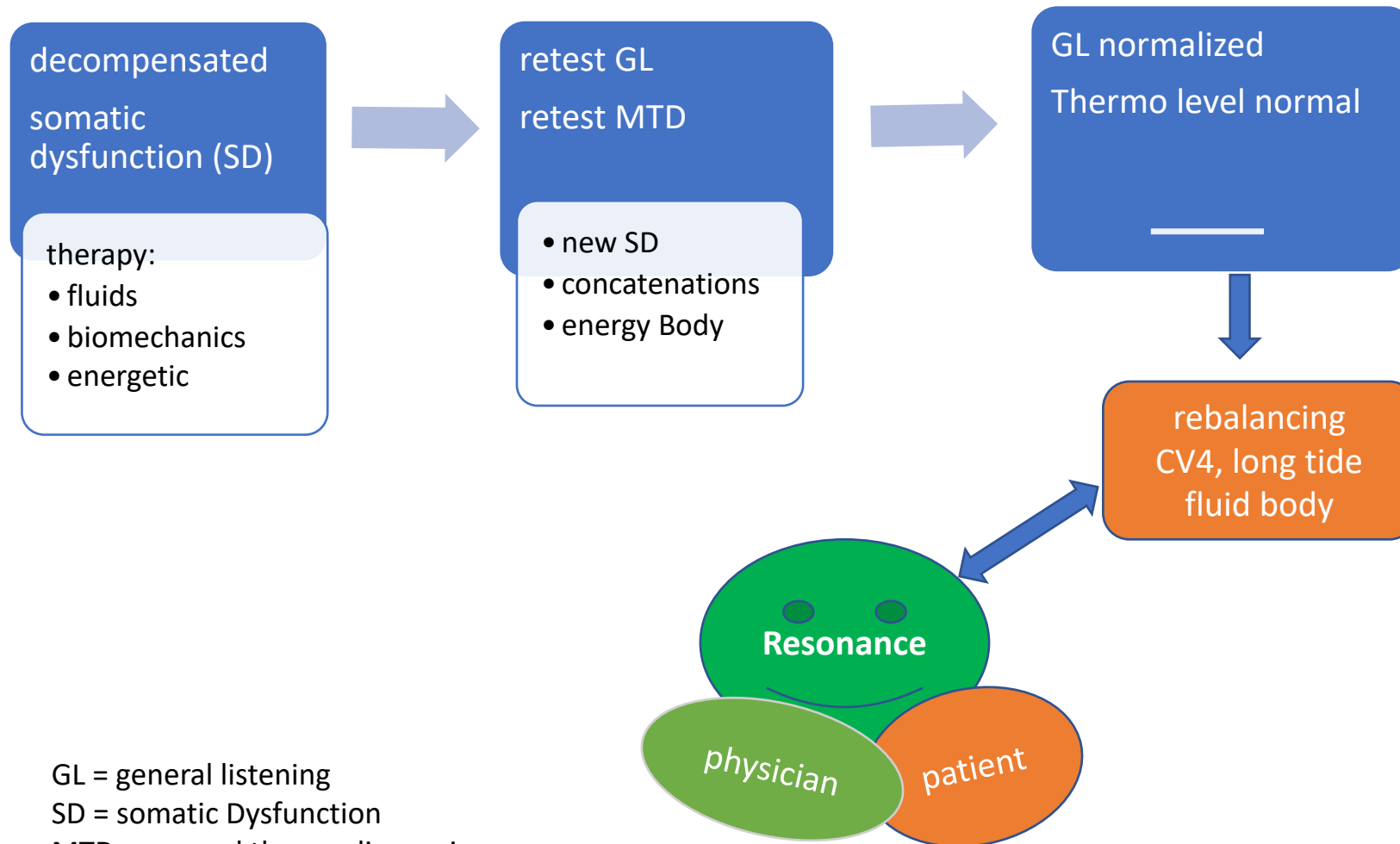
Somatic dysfunction can be treated using osteopathic manipulative treatment (OMT).

Diagnostic process in OM



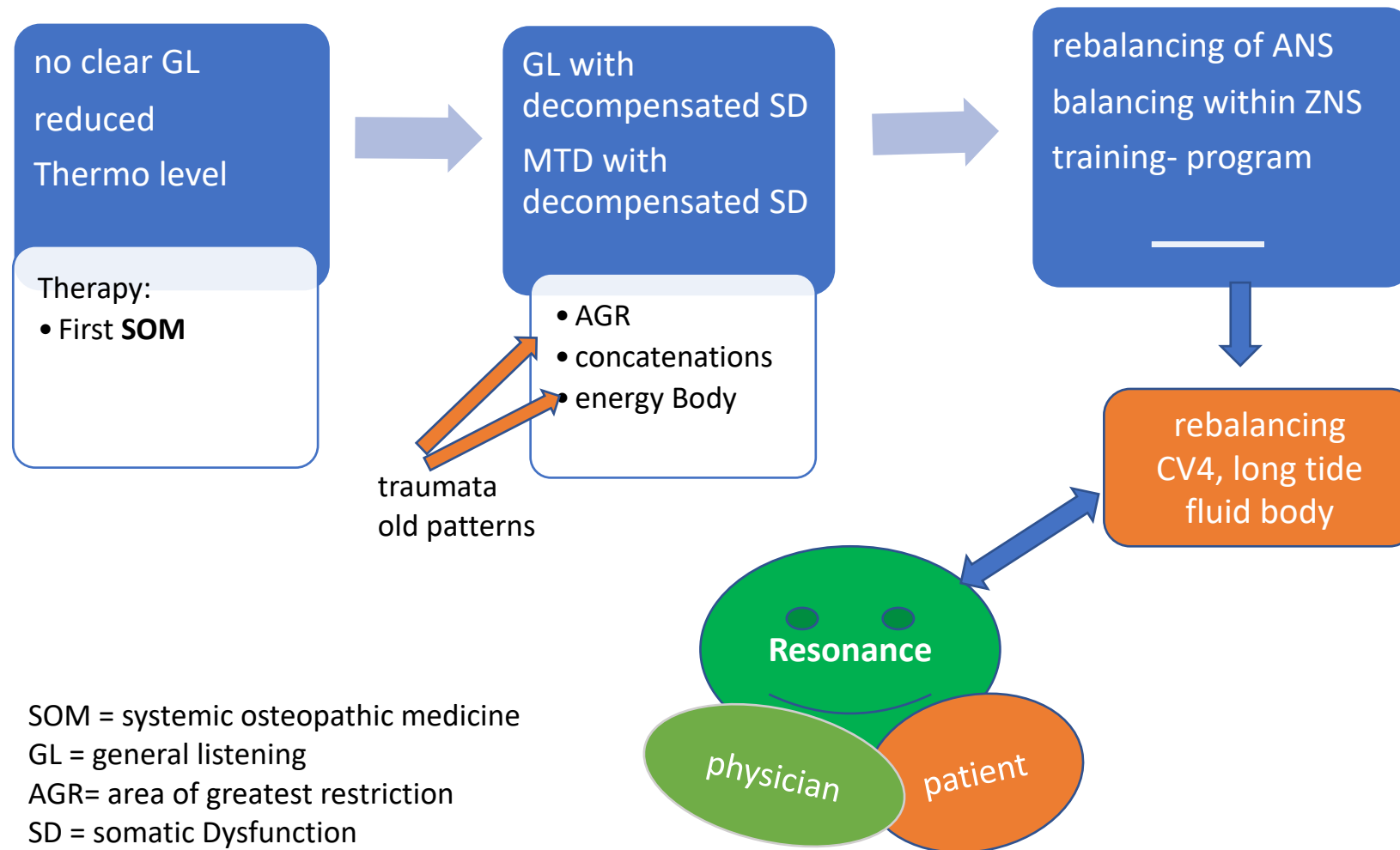
ADL= Activities of daily life,
AGR = Area of greatest restriction
MTD = manual thermodiagnosis

Therapeutic process in OM



GL = general listening
SD = somatic Dysfunction
MTD = manual thermodiagnosis

What to do in complex patients?



SOM = systemic osteopathic medicine

GL = general listening

AGR= area of greatest restriction

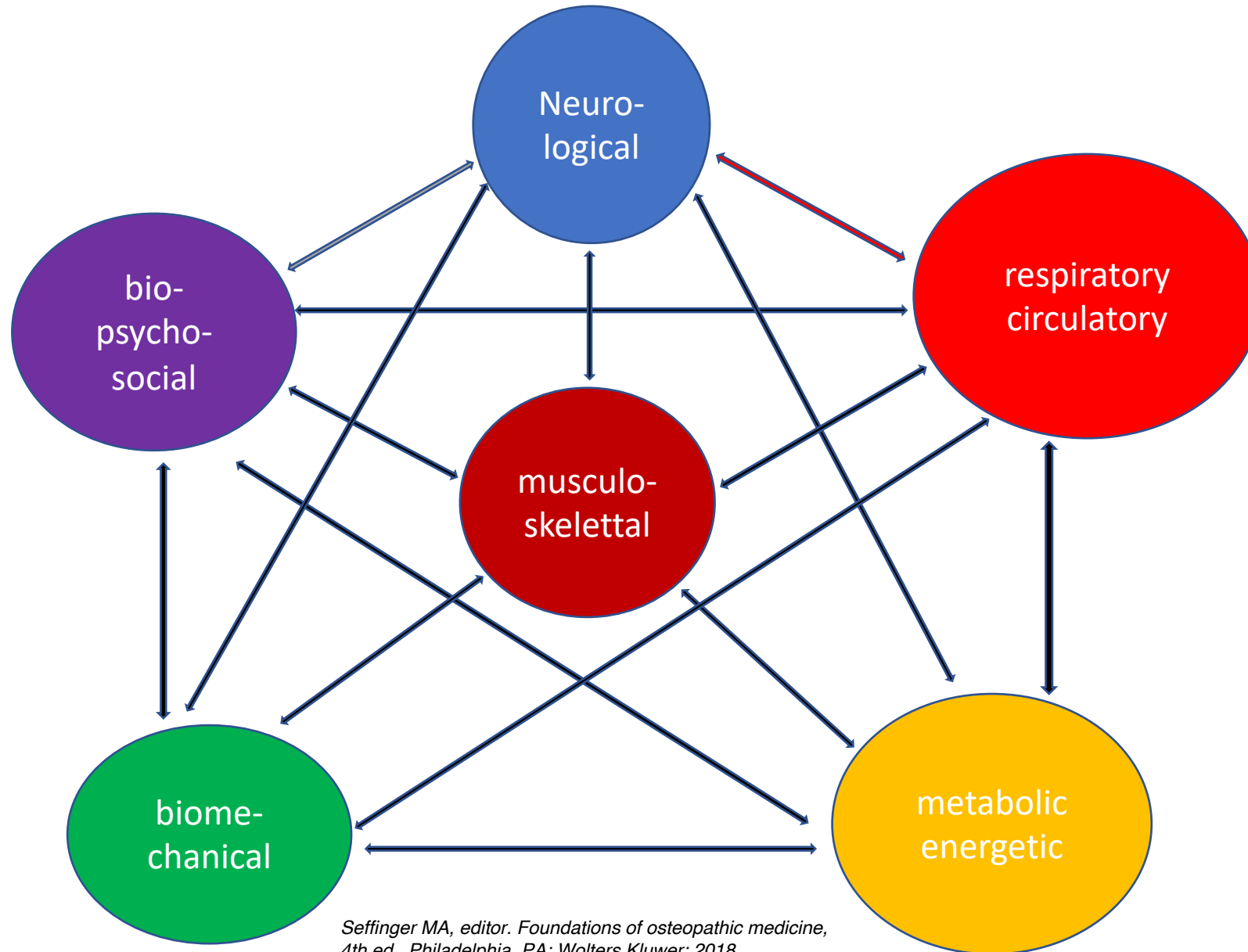
SD = somatic Dysfunction

MTD = manual thermodiagnosis

Complexity- and system theory in osteopathic medicine 1

- Hypothesis 1: If OM is process oriented and should be considered from a systemic point of view, a systemic complexity framework is needed for osteopathic thinking and acting
- Hypothesis 2: If OM wants to offer a holistic, person-focused health care system, it is inevitable to contextualize evidence for this purpose
- The existing five osteopathic structure- and function models are a good basis for an integrated approach towards patients leading to a more autonomic attempt of patients to promote their own health

The five models of Osteopathic Medicine



Seffinger MA, editor. Foundations of osteopathic medicine, 4th ed. Philadelphia, PA: Wolters Kluwer; 2018.

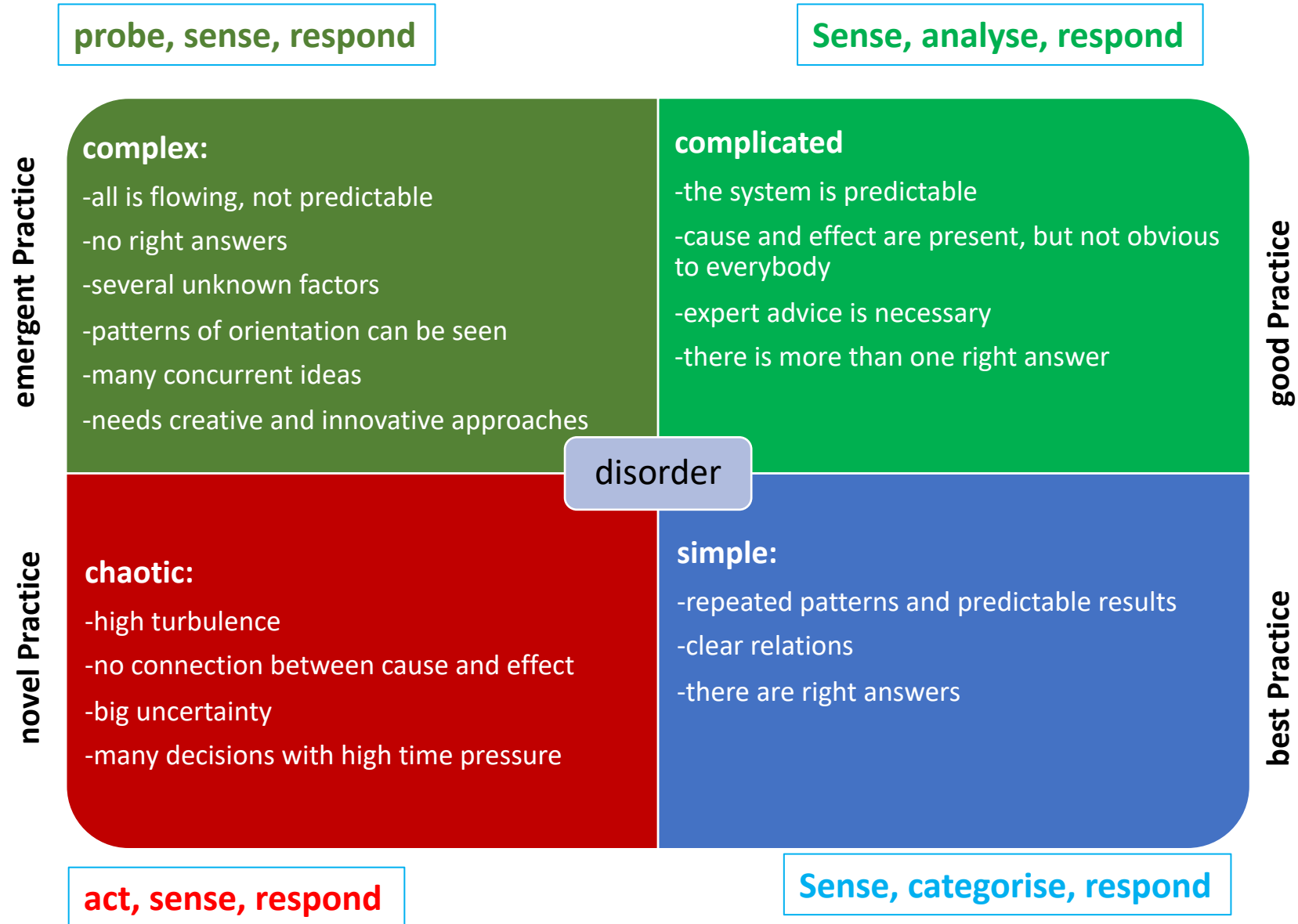
Complexity- and system theory in osteopathic medicine 2

- Complexity Science is dealing with complex systems and problems, which are dynamic, unpredictable and multi-dimensional
- It can lead to an improved effectivity and an evidence informed integrated health care
- An example of the application of Complexity Science is the **Cynefin-framework** (s. Tyreman 2015), which promotes an important orientation towards complexity and uncertainty in clinical decision making
- Cynefin is a practical theory basis for the internal osteopathic processes and for the outside communication to other health care professions in the sense of integrated health care

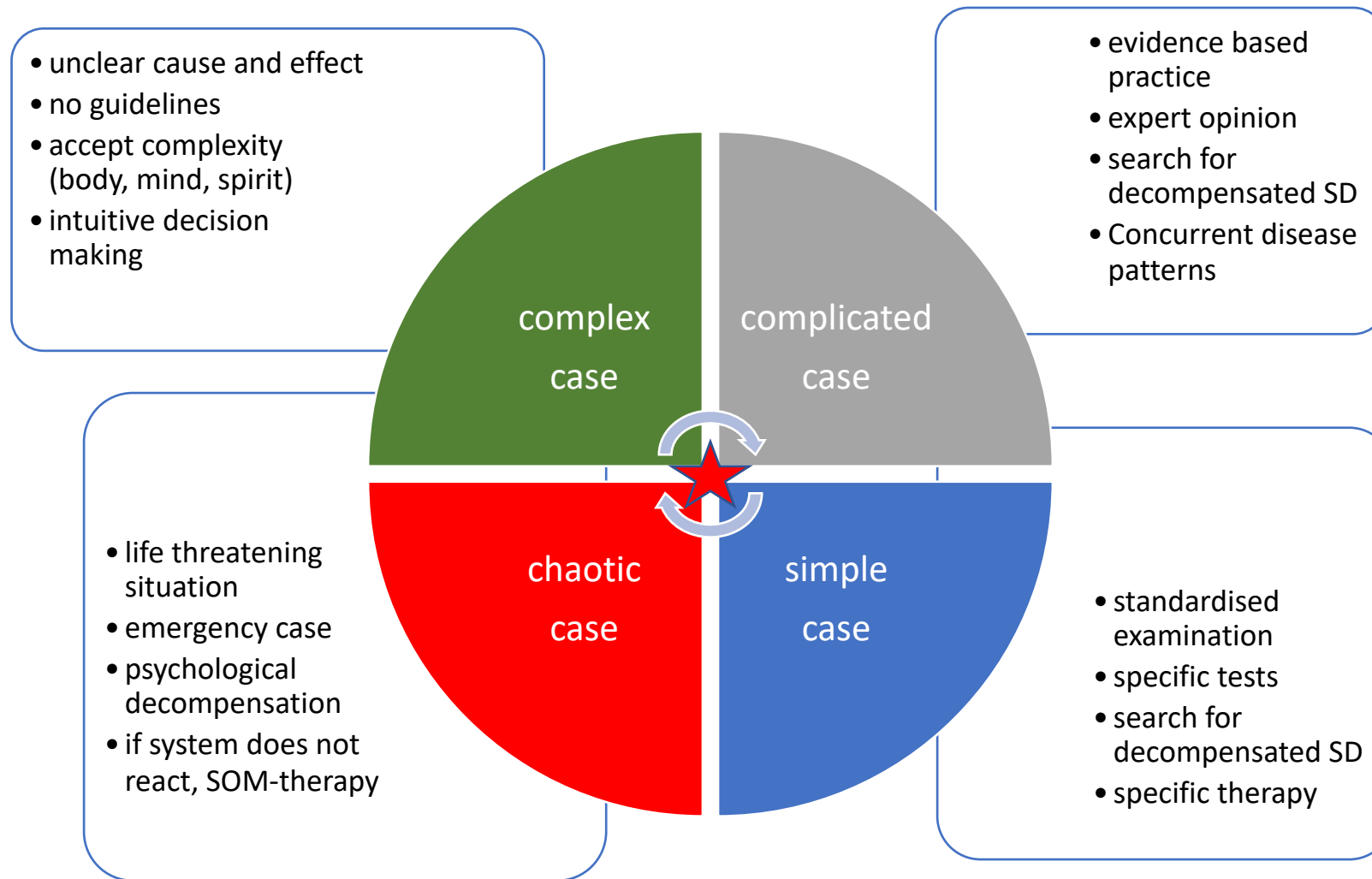
Braithwaite J, Churrua K, Long JC, Ellis LA, Herkes J. When complexity science meets implementation science: a theoretical and empirical analysis of systems change. BMC Med. 2018;16(1):63. doi:10.1186/s12916-018-1057-z

Tyreman S. Trust and truth: uncertainty in health care practice. J Eval Clin Pract. 2015; 21(3):470-8. doi:10.1111/jep.12332.1093/heapro/dar089

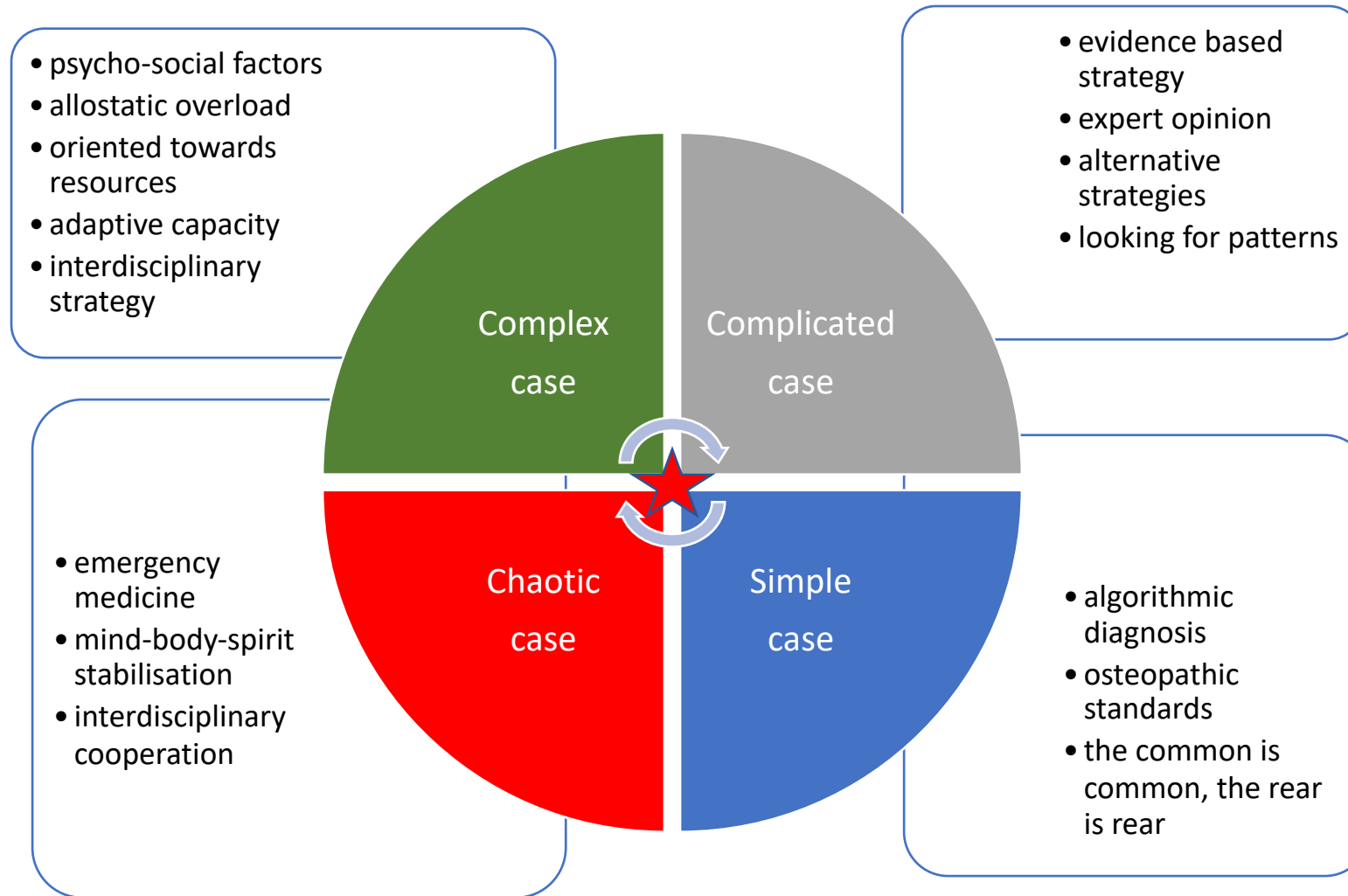
How to act in the Cynefin model



Osteopathic considerations within Cynefin Modell



Osteopathic mind map within Cynefin Modell




Theory guides to practice 1


- adaptation and compensation are aspects of being healthy. They create primarily no pathology
- only the decompensation of the system requires therapy
- the goal is to come back to a “balanced” state or to come back to adaptation or compensation („back to health“)
- **to come to this goal, the body-mind-spirit system needs good resources and adaptive capacity (Salutogenese)**

Theory guides to practice 2

If the body has not enough resources, he cannot regulate,
we find a stiffness of reaction

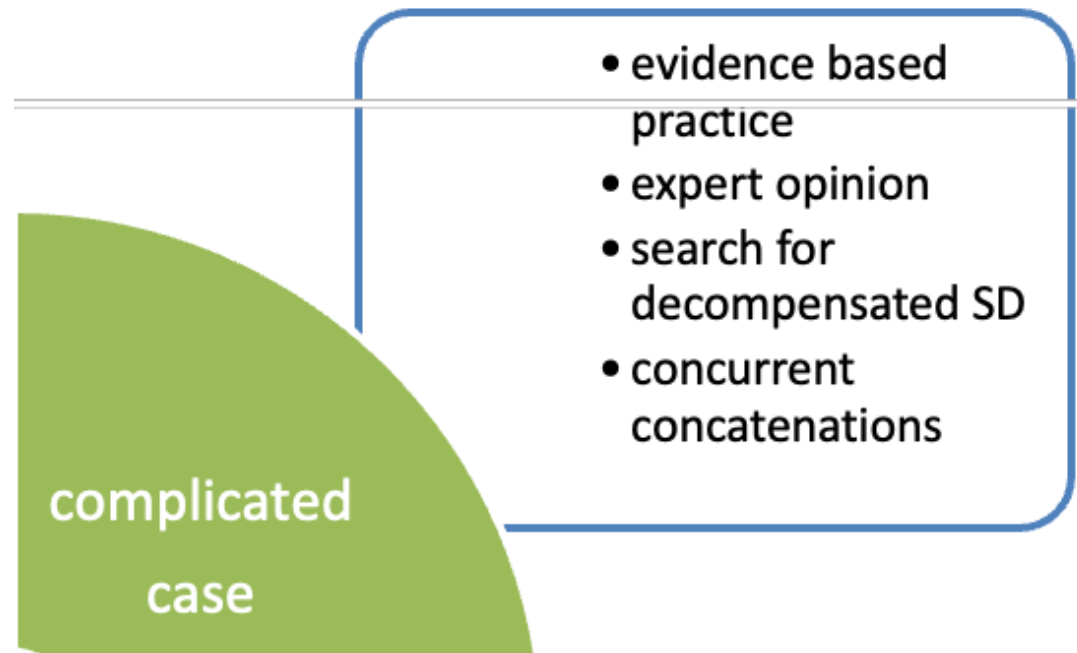


In this case we first have to address breathing, circulation
and the ANS (SOM concept)



The goal is -via basic body functions- to find a basic regulation, so the body-mind-spirit complex can create a new resilience and can react on therapeutic interventions with resonance

Theory guides to practice 3



- after fixing the decompensated SD you always have to ask, which of the 4 Cynefin elements exist
- in complicated situations very often, we find two or three different pathological chains
- and each of these chains can create new decompensations
- in these cases, you have to check beginning from the history and the examination if we have these chains

Theory guides to practice 4

- unclear cause and effect
- no guidelines
- accept complexity (body, mind, spirit)
- intuitive decision making

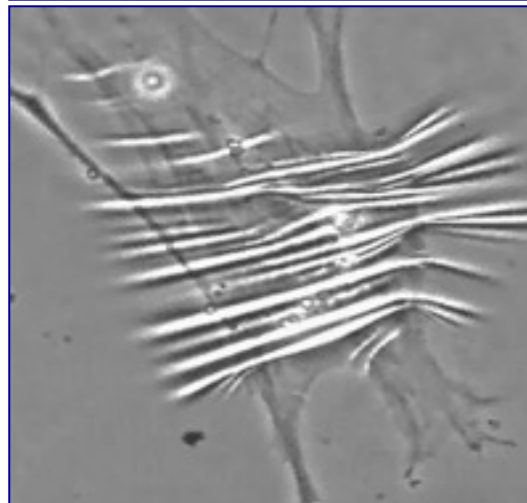
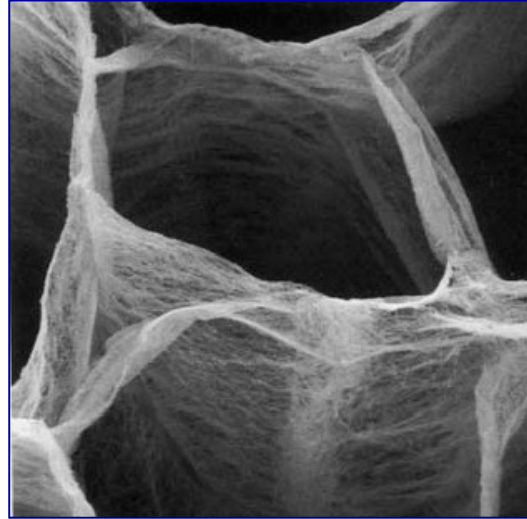


complex
case

- in complex situations we always find -behind pathological chains - dysfunctions in the somatic, the emotional, sociological und spiritual area
- so, you have to fix these connected dysfunctions
- the interconnectedness is not always visible at the beginning of a treatment, is is like a feed back after the first treatments
- the treatment strategy is very often experimental and intuitive while monitoring the feedback of the organism

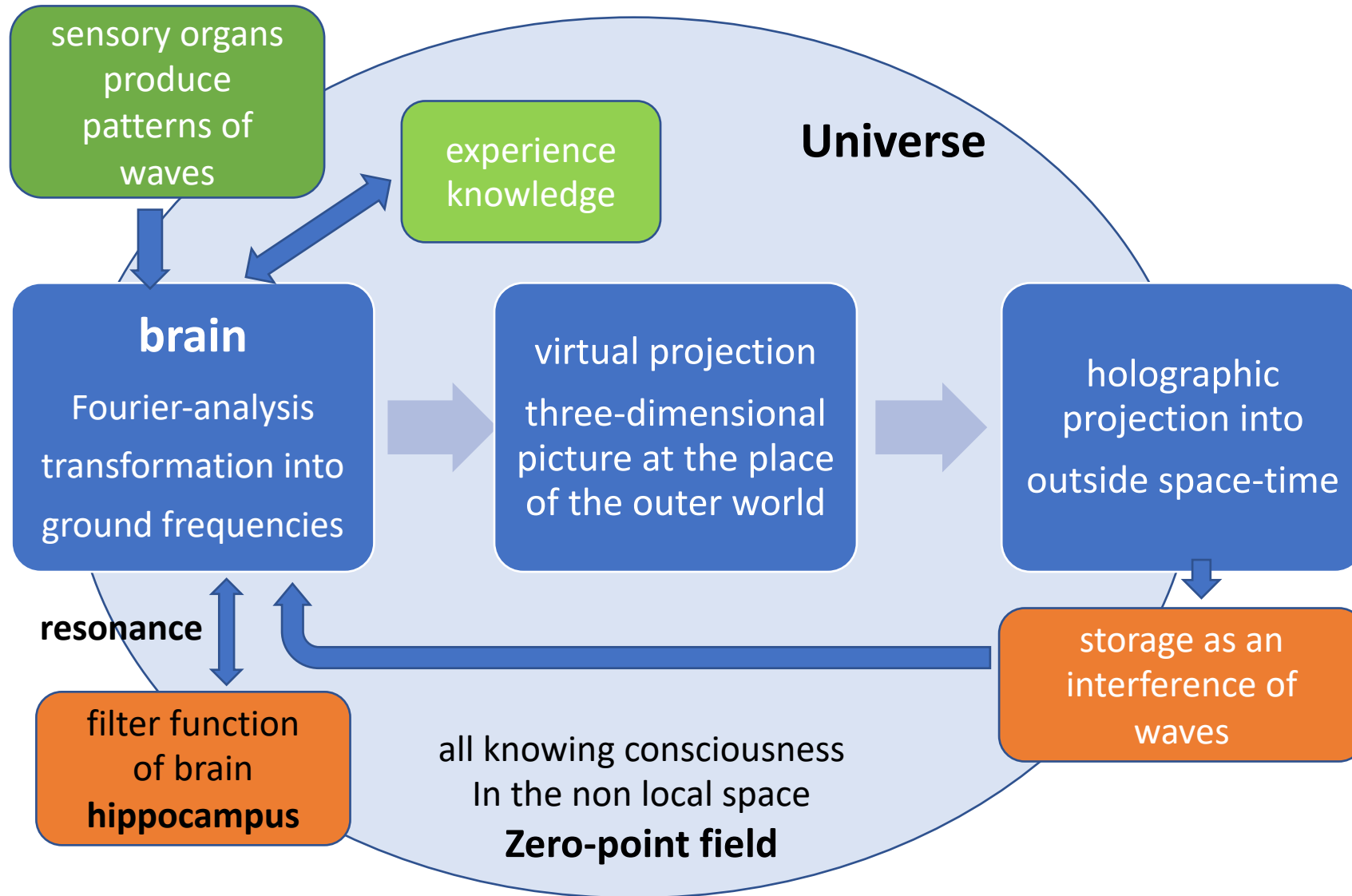
Theory guides to practice 5

- if you want to create sustainable changes in complex systems, you first have to modify the **neurological system**
- This is possible via the musculoskeletal system, via the ANS and ZNS
- We degenerate old patterns and train new patterns (OMM and exercises)
- The tensegrity mechanism will be changed
- OMM modifies the afferent input and the efferent local reflexes, which coordinate the muscular coordination and contraction



*Korr IM. The spinal cord as organizer of disease processes: some preliminary perspectives.
In: King HH, editor. The collected papers of irvin M. Korr, vol 2: American Academy of
Osteopathy; 1997*

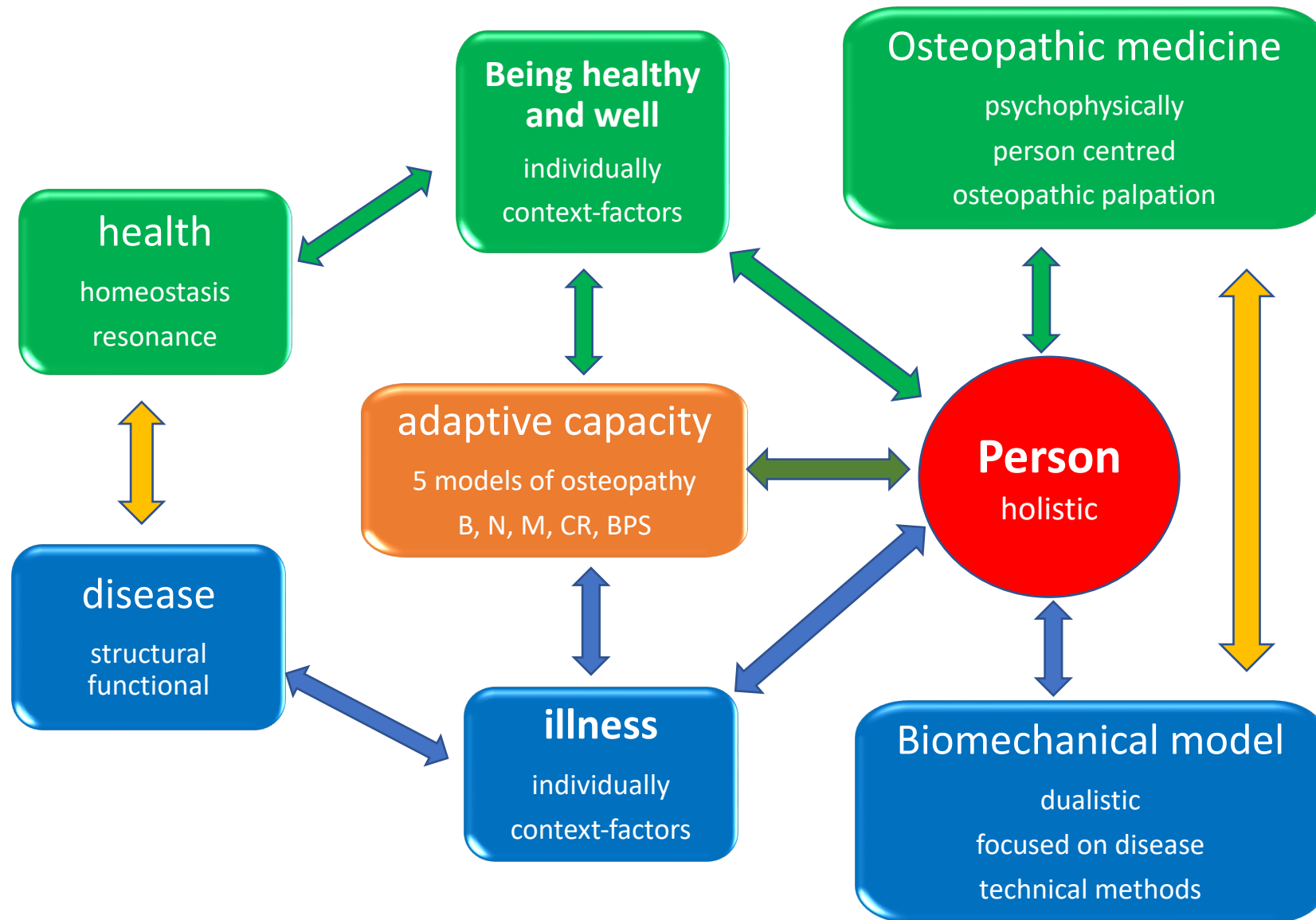
The brain as interface and measurement tool



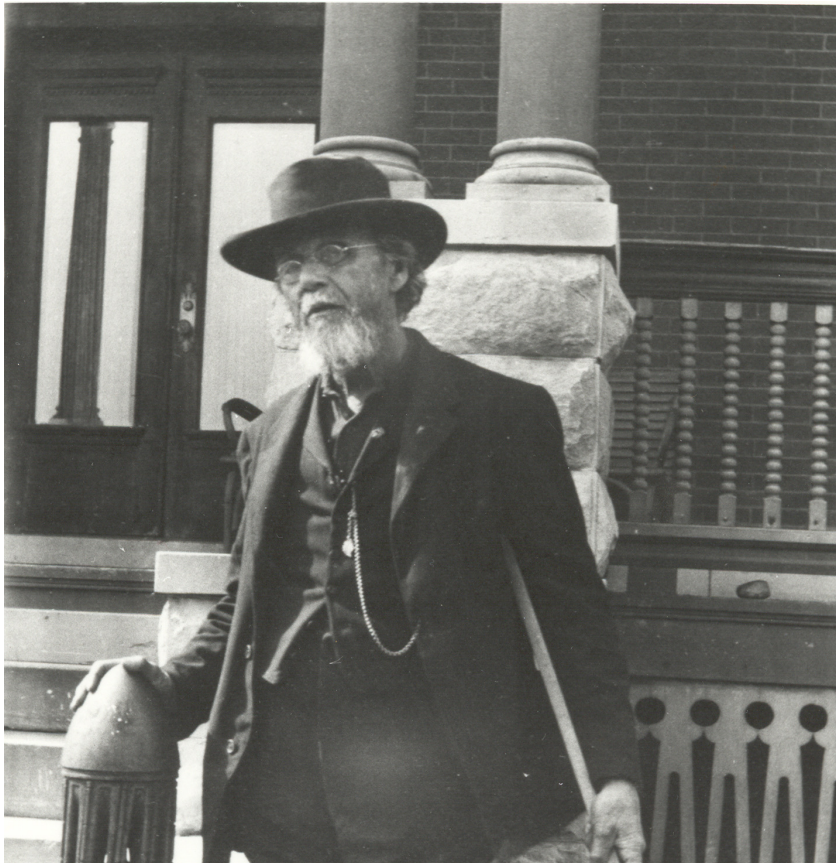
Interrelationship

- OM emphasizes to see the patient as a whole, so we can find restrictions towards healing, if they are in the somatic area, psychological, emotional or spiritual
- OM understands the body-mind-spirit complex, that all systems are connected and in interrelationship.
- The interpretation could be, that we change our focus from a more left-brain point of view of independence to a righter **brain point of view of reciprocal interrelationships**

Osteopathic medicine is integrative medicine



Still's concept of health



*„Within man`s body
there is a capacity for
health. If this capacity is
recognized and
normalized, disease can
be both prevented and
treated“*