

6th “*Open Forum for Osteopathic Education*” Conference

18th & 19th October 2018 - Lyon, France



TEACHING OSTEOPATHIC DIAGNOSTICS

OSTEOPATHIC COMPLEX ADAPTIVE CARE

- CLINICAL REASONING IN THE LIGHT OF THE CYNEFIN FRAMEWORK -

Christian Lunghi

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Osteopathic European Academic Network


CENTRE FOR OSTEOPATHIC MEDICINE COLLABORATION


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Christian Lunghi

SUMMARY.

- **OSTEOPATHIC CARE - CLINICAL REASONING: CONTEXT**
- **OSTEOPATHIC CARE - CLINICAL REASONING: A PRACTITIONER MINDLINE BASED ON CORE COMPETENCIES ROI**
- **OSTEOPATHIC CARE - CLINICAL REASONING: HOW TO TEACH SIMPLE IN A COMPLEX REAL WORLD**

Osteopathic Care: techniques... or Adaptive Health Practice?

What do we need today to manage the four big challenges?

Technical challenges

- Simple or complicated problems
- An expert somewhere already knows the solution (a puzzle)
- A technical intervention exists or can be constructed to solve the problem
- Solution does not require material learning and behavior change by the person(s) experiencing the problem
- The challenge is addressed by identifying and applying the expertise and technical interventions required to resolve the problem (technical work)

Adaptive challenges

- Complex problems
- Solution is unknown and must be discovered (a mystery)
- No expert or technical intervention can solve the problem
- Solution requires learning and behavior change by the person(s) experiencing the problem
- The person(s) with the challenge must work (overcome resistance) to discover (learn) and adopt the new beliefs, attitudes, and behaviors required to resolve the challenge (adaptive work)

GAZZETTA UFFICIALE

DELLA REPUBBLICA ITALIANA

PARTE PRIMA

Roma - Mercoledì, 31 gennaio 2018

SI PUBBLICA TUTTI I
GIORNI NON FESTIVILEGGE 11 gennaio 2018, n. 3.

Delega al Governo in materia di sperimentazione clinica di medicinali nonché disposizioni per il riordino delle professioni sanitarie e per la dirigenza sanitaria del Ministero della salute. (18G00019).



Identification and establishment of the osteopath health profession

The definition of the **functions and activities** characterizing the new health professions takes place avoiding overlapping with the professions already recognized or with the specializations of the same

Art. 7.

A

Individuazione e istituzione delle professioni sanitarie dell'osteopata e del chiropratico

1. Nell'ambito delle professioni sanitarie sono individuate le professioni dell'osteopata e del chiropratico, per l'istituzione delle quali si applica la procedura di cui all'articolo 5, comma 2, della legge 1° febbraio 2006, n. 43, come sostituito dall'articolo 6 della presente legge.

2. Con accordo stipulato in sede di Conferenza permanente per i rapporti tra lo Stato, le regioni e le Province autonome di Trento e di Bolzano, da adottare entro tre mesi dalla data di entrata in vigore della presente legge, sono stabiliti l'ambito di attività e le funzioni caratterizzanti le professioni dell'osteopata e del chiropratico, i criteri di valutazione dell'esperienza professionale nonché i criteri per il riconoscimento dei titoli equipollenti. Con decreto del Ministro dell'istruzione, dell'università e della ricerca, di concerto con il Ministro della salute, da adottare entro sei mesi dalla data di entrata in vigore della presente legge, acquisito il parere del Consiglio universitario nazionale e del Consiglio superiore di sanità, sono definiti l'ordinamento didattico della formazione universitaria in osteopatia e in chiropratica nonché gli eventuali percorsi formativi integrativi.

B

4. La definizione delle funzioni caratterizzanti le nuove professioni sanitarie avviene evitando parcellizzazioni e sovrapposizioni con le professioni già riconosciute o con le specializzazioni delle stesse».



ELSEVIER



Editorial

Core competencies in osteopathy: Italian register of osteopaths proposal



“Experts working group”
(n.8)



Training



Previous Core Competence
review



Functions and activities



Consensus statement between national
scientific-academic-clinical osteopathic
community



“professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served”.

Top-down model to defines “competence domains” as **“functions”** and “competencies” as **“activities”** allowing one to define the role of profession, within the healthcare system, based on the health needs of the population.

- F1. Health promotion and prevention
- F2. Osteopathic care
- F3. Therapeutic education
- F4. Scientific research
- F5. Education,
- F6. Continuing professional development
- F7. Quality and management



Editorial

Core competencies in osteopathy: Italian register of osteopaths proposal

**Table 2**

Function 2: Osteopathic care.

Function 2. Osteopathic Care
The osteopath must be able to:

2.1 Base clinical reasoning on osteopathic principles and models.

2.2 Identify health needs.

2.2.1 Welcome the person and any caregivers considering their family and their social context.

2.2.2 Identify the person's requests and expectations.

2.2.3 Communicate and interact with the person or caregivers and understand the needs for osteopathic care according to the biopsychosocial model.

2.2.4 Obtain written consent for osteopathic treatment by highlighting the clinical rationale, benefits and risks.

2.3 Collect useful elements in osteopathic evaluation.

2.3.1 Elicit a comprehensive history to gather biopsychosocial and clinically relevant data from the patient and caregivers.

2.3.2 Collaborate with other healthcare professionals in the patient's care.

2.3.3 Consider the patient's health in the osteopathic treatment based on the person's needs.

2.3.4 Identify the condition which could contraindicate the clinical case in an interdisciplinary evaluation.

2.3.5 Apply osteopathic evaluation and palpatory skills to the patient's condition.

BASE CLINICAL REASONING ON OSTEOPATHIC PRINCIPLES AND MODELS.

APPLY EVIDENCE BASED PRACTICE IN OSTEOPATHIC CLINICAL ACTIVITY CONSIDERING THE EXPECTATIONS AND VALUES OF THE PATIENT AND THE POPULATION.

2.4.1.1 Formulate osteopathic diagnostic hypotheses according to osteopathic principles and models.

2.4.1.2 Perform static and dynamic postural evaluation related to osteopathic models.

2.4.1.3 Perform visual and palpatory evaluation to detect any alterations in temperature, tissue texture, asymmetries, movement restriction and tenderness in the patient's body.

2.4.1.4 Identify, through osteopathic tests, alterations of the structure/function relationship in relation to biomechanical, circulatory-respiratory, neurological, energetic-metabolic, behavioral self-regulation systems.

2.4.1.5 Evaluate general adaptation syndrome fascial system components through osteopathic palpation by detecting functional alterations associated with allostatic overload.

2.4.1.6 Evaluate fascial system components related to local adaptation syndrome through osteopathic palpation by detecting clinically relevant somatic dysfunctions.

2.4.2 Evaluate the indication for osteopathic treatment, identifying the clinical relevance of somatic dysfunction (or other osteopathic outcomes) in relation to the multidimensional components of the patient's needs.

2.4.3 Communicate to the patient the osteopathic diagnosis.

EVALUATE THE INDICATION FOR OSTEOPATHIC TREATMENT, IDENTIFYING THE CLINICAL RELEVANCE OF OSTEOPATHIC PALPATION FINDINGS IN RELATION TO MULTIDIMENSIONAL COMPONENTS OF THE PATIENT'S PRESENTATION/NEEDS.

Primary care

Evidence based health care.
Between the ideal paradigm and clinical reality.

UTOPIA

4. Patient

Thank you for welcoming the presentation of "my Mindlines"
... with their mistakes, but also with their ability to self-correct them contextualizing the best evidence in the art of OSTEOPATHIC CARE

REAL WORLD

Evidence based guidelines or collectively constructed "mindlines?" Ethnographic study of knowledge management in primary care

John Gabbay, Andrée le May

What is already known on this topic

Considerable work has been done to elucidate the factors that help to get research into clinical practice

A large knowledge management literature from other sectors indicates that tacit rather than explicit research based knowledge underpins much professional work

Very little detailed observation of the ways in which clinicians derive and use their knowledge in practice, either collectively or individually, has been reported

What this study adds

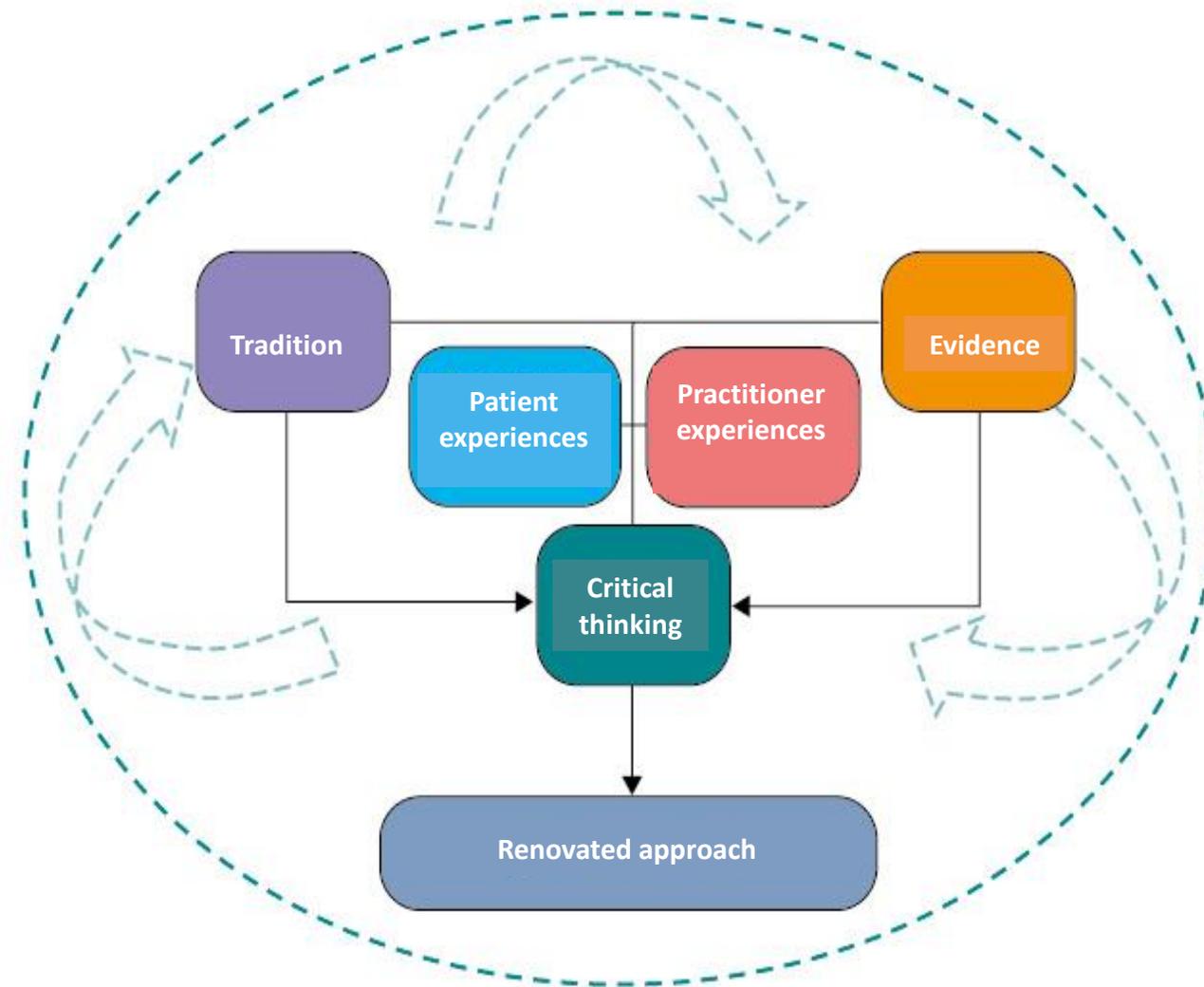
Primary care clinicians work in "communities of practice," combining information from a wide range of sources into "mindlines" (internalised, collectively reinforced tacit guidelines), which they use to inform their practice

This has important implications for the dissemination and use of clinical research findings



Construction of mindlines

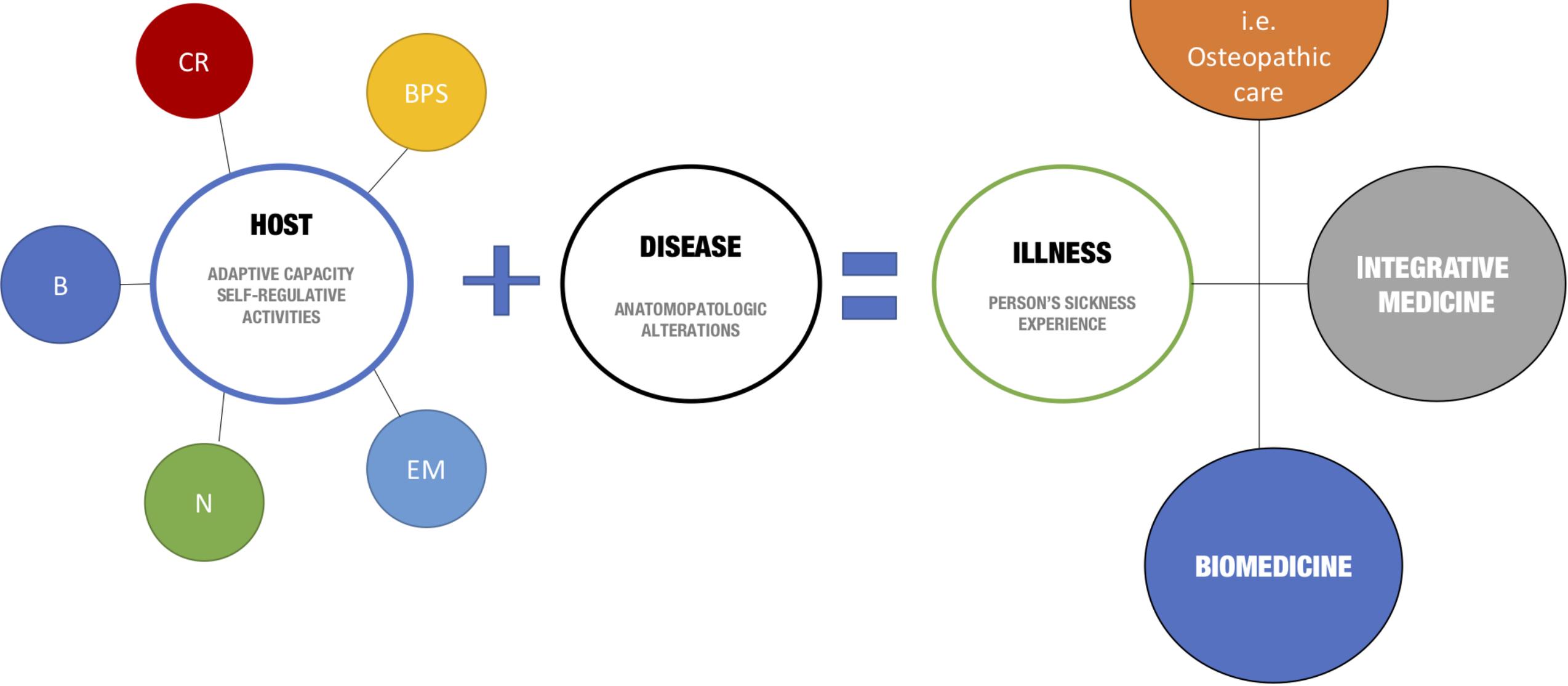
From tradition to renovation



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Osteopathic care



OSTEOPATHIC DECISION-MAKING PROCESS

CASE HISTORY

1. OBJECTIVE EXAMINATION
 - CONSTITUTIONAL AND POSTURAL OBSERVATION
 - PHYSICAL EXAMINATION TESTS
2. DIFFERENTIAL DIAGNOSIS
 - INDICATION- CONTRAINDICATIONS
3. MULTIDIMENSIONAL ASPECTS OF PATIENT'S CONDITION
 - FAMILIAR SYMPTOMS AND CONCORDANCE SIGNS
4. INDIVIDUAL ADAPTIVE ABILITY
 - STRESS AND ALLOSTATIC BIOMARKERS, LIFEMARKERS, PSICOMARKERS
 - SALUTOGENESIS INDICATORS (SOC)
 - SELF REGULATIVE B-N-EM-CR-BPS FUNCTIONALITY (BIOMEDICAL FUNCTIONAL TESTS)

OSTEOPATHIC ASSESSEMENT

TISSUE ALTERATIONS RELATED TO GAS AND SELF-REGULATORY CAPACITY (I.E. FASCIAL PATTERNS)

TISSUE ALTERATIONS RELATED TO LAS (I.E. SOMATIC DYSFUNCTION)

OSTEOPATHIC DIAGNOSIS

INTEGRATION OF BIOMEDICAL AND OSTEOPATHIC FINDINGS FOR THE SELECTION OF STRUCTURE-FUNCTION MODELS AND OSTEOPATHIC TECHNIQUES.

EVALUATION OF THE CLINICAL RELEVANCE HYPOTHESIS

STRUCTURE-FUNCTION PROVOCATION TEST

Integration of*:

- OSTEOPATHIC PALPATION FINDINGS
- PHYSICAL EXAMINATION TESTS FINDINGS
- BIOMEDICAL FUNCTIONAL TESTS FINDINGS
- CLINICAL PREDICTION RUES
- FAMILIAR SYMPTOM AND CONCORDANCE SIGNS

* OSTEOPATHS SHOULD CONSIDER SCIENTIFIC RESEARCH FINDINGS ON SIMILAR CLINICAL CONTEXT

OSTEOPATHIC CARE- TREATMENT PLAN

- of the current session (integration of the maximalist or minimalist approach with the symptomatic approach);
- of the entire treatment (frequency between sessions, ongoing management, etc.);
- sharing the plan with the person.

SPECIFIC-MINIMALIST APPROACH

Direct, Indirect, combined techniques; the activation force is coherent with dysfunctional tissue and model selection.

SYMPTOM BASED APPROACH

Techniques selected by research studies conducted on similar complaints and/or related to regional interdependence.

PROGRESSIVE INDIVIDUALIZED APPROACHES

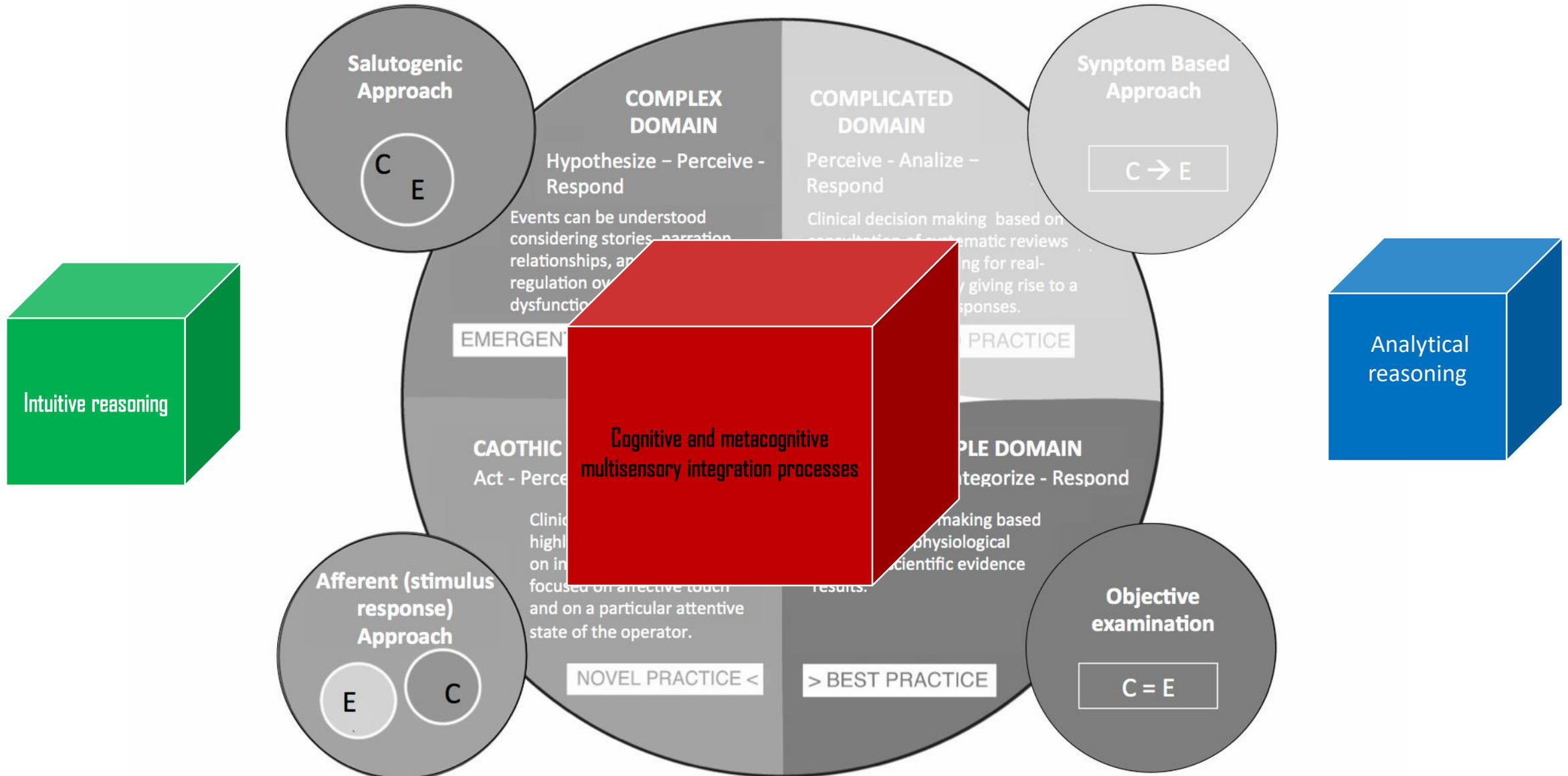
Lifestyle, exercise and nutritional advice

SYSTEMIC-MAXIMALIST APPROACH

Systemic, homeostatic-adaptogenic techniques; the activation force is coherent with the overload function and model selection.

EVALUATION OF TREATMENT OUTCOMES AND MANAGEMENT OF THE PERSON

Complexity: how to teach ?

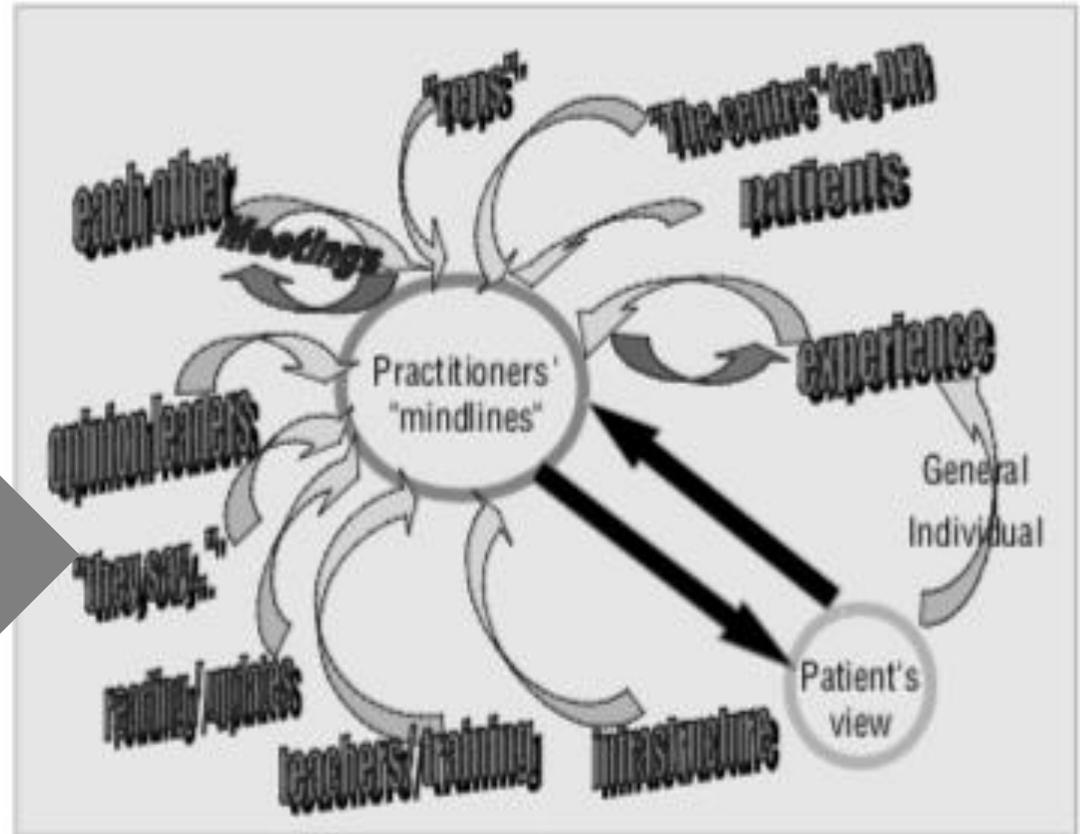
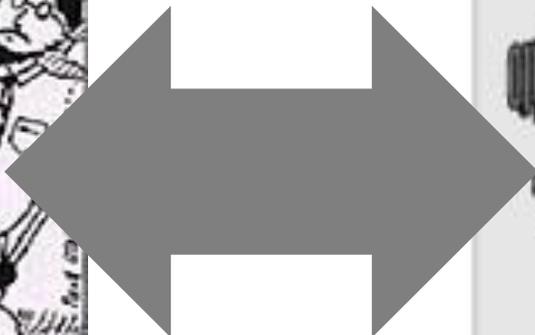


Complexity: how to teach simple?

ACTION LEARNING CONVERSATION → DESCRIPTION OF A DISORIENTING PROBLEM AND DIFFICULT SOLUTIONS



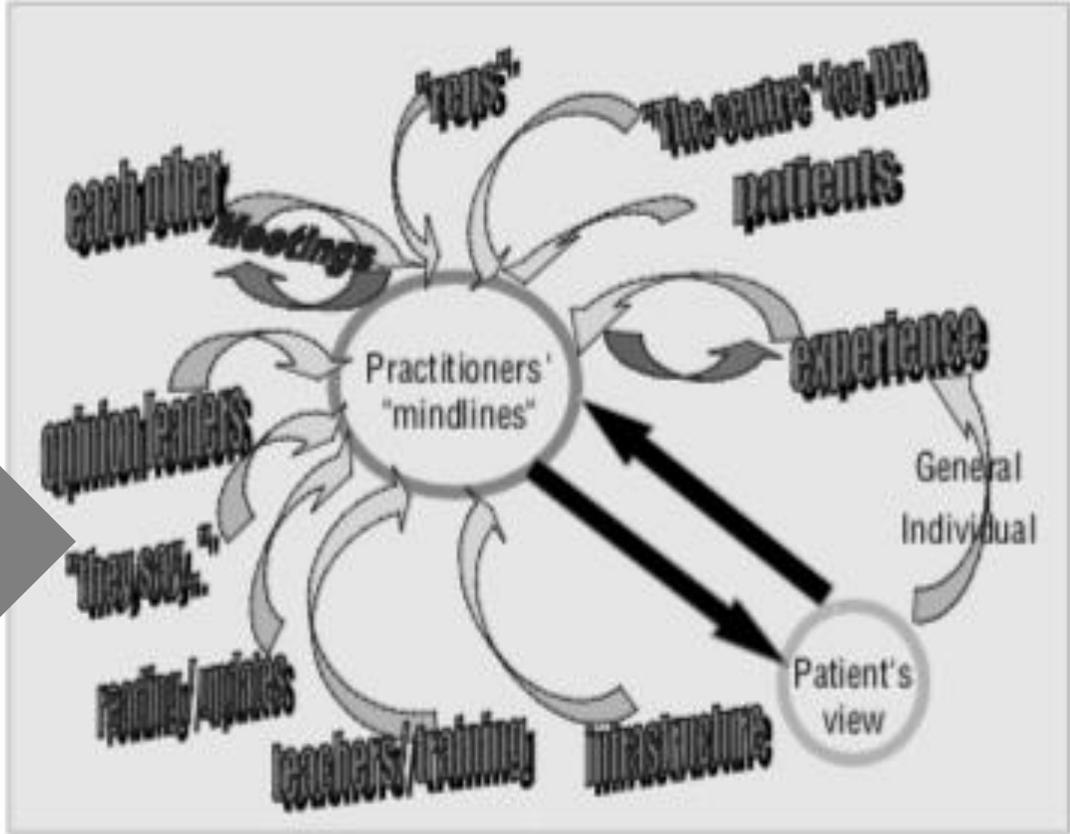
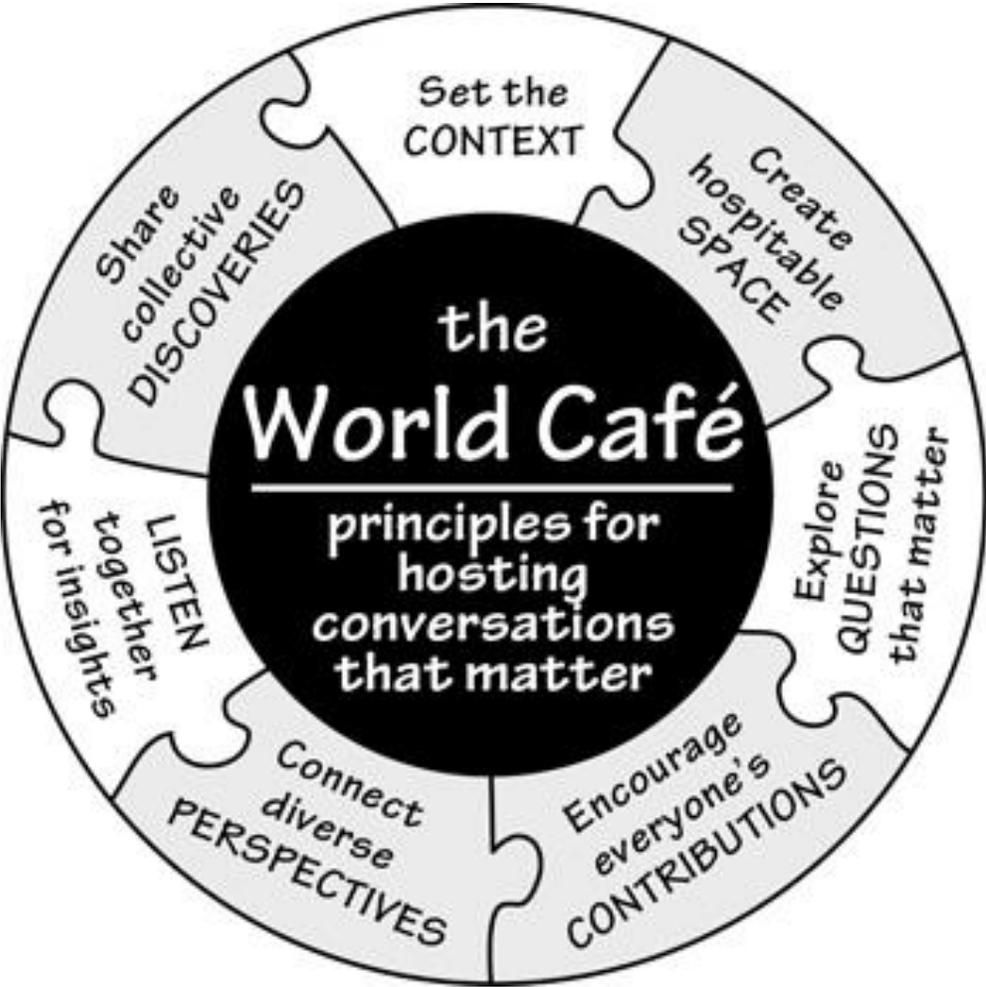
- CASE BASED LEARNING -
- INTEGRATED LEARNING SCENARIOS -



INDIVIDUAL MINDLINE

Complexity: how to teach simple?

ACTION LEARNING CONVERSATION → COLLECTIVE REFLECTION PROCESS



- COMMON MINDLINE -
Reflective writing
Script concordance test ?

ROUNDTABLE DISCUSSION WORKSHOP

DISCUSSION, DEMONSTRATION AND VALIDATION OF

- PATIENT'S CASE HISTORY,
- PATHOPHYSIOLOGY,
- CONTRAINDICATIONS,
- OBJECTIVE EXAMINATION
- PHYSICAL EXAMINATION OF THE PATIENT PRESENTATION
- ALLOSTATIC OVERLOAD ASSESSEMENT
- SOC
- SELF REGULATION SYSTEMS OVERLOAD ASSESSEMENT

CREATING A FRAMEWORK

Osteopathic assesment (CF-CD/cD)

DISCUSSION, DEMONSTRATION AND VALIDATION OF

- ✓ OSTEOPATHIC GENERAL-REGIONAL-LOCAL EXAMINATION,
- ✓ OSTEOPATHIC MODEL SELECTED FOR PATIENT'S CARE,
- ✓ OSTEOPATHIC DIAGNOSIS (CLINICAL RELEVANCE HYPOTHESIS),
- ✓ OSTEOPATHIC APPROACHES AND TECHNIQUES SELECTED

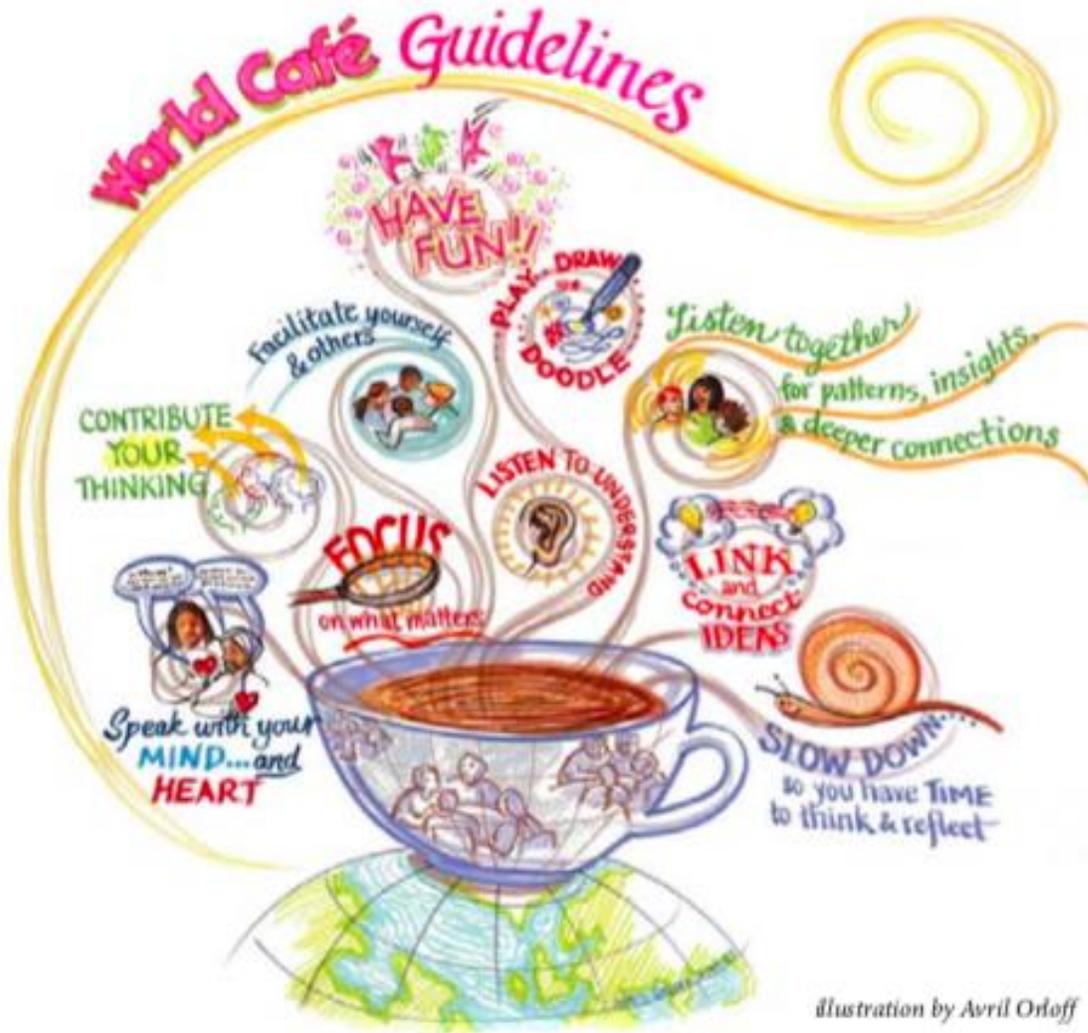
CREATING A FRAMEWORK

PATIENT-BASED APPLICATION WORKSHOP

SUPERVISED APPLICATION OF MANIPULATIVE TREATMENT TECHNIQUES FOR A PATIENT WITH THIS DIAGNOSIS. THE WORKSHOP IS DESIGNED TO EVALUATE THE STUDENT'S OR PRACTITIONER'S DIAGNOSTIC AND PSYCHOMOTOR SKILLS WHEN PROVIDING AN OSTEOPATHIC MANIPULATIVE TREATMENT FOR AN ACTUAL (OR SIMULATED) PATIENT.

Osteopathic Care Treatment plan (CF-CD/cD)

Café Etiquette



Play! Experiment! Improvise!

WORLD CAFE How it takes place?

- Create 4 groups of 11 people seated around a table
- Nominate the groups referents
- Description of CASE and MINDLINE (disorienting problem and difficult individual solution)
- Discussion of the group about different aspects or questions of the topic previously presented
- Graphic expression of concepts and ideas emerging in
- Cross-Pollination
- The referents welcome the participants and summarize the ideas and themes that emerged in the previous
- During the summary the participants connect the ideas of the previous dialogues
- Sequence of successive turns
- Plenary discussion, identification of recurring patterns
- Creating a new framework – a collective MINDLINE

SUGGESTED READINGS

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“You are not a drop in the ocean. You are the entire ocean in a drop.”

رومی محمد الدینجلال [Jalāl ad-Dīn Muhammad Rūmī]