

REDUCTIONIST AND HOLISTIC APPROACH IN CLINICAL REASONING

Osteopathic diagnosis: far beyond a full body diagnosis

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“One’s success in treatment is governed very largely by one’s diagnosis.”

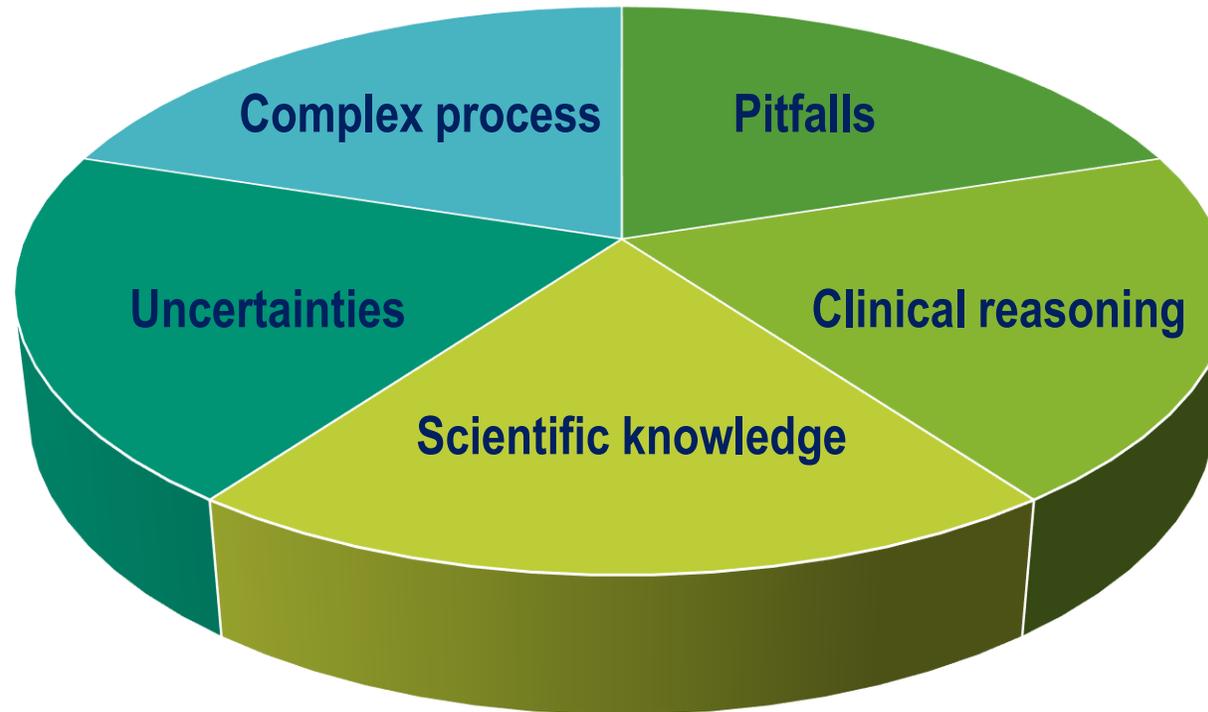
H. Fryette DO



QUESTIONS

- **What's the role of a reductionist and holistic reasoning in osteopathic diagnosis?**
- **Why should a holistic osteopathic diagnosis be more than a full body diagnosis?**
- **How should we teach the holistic concept in osteopathic training?**

DIAGNOSIS



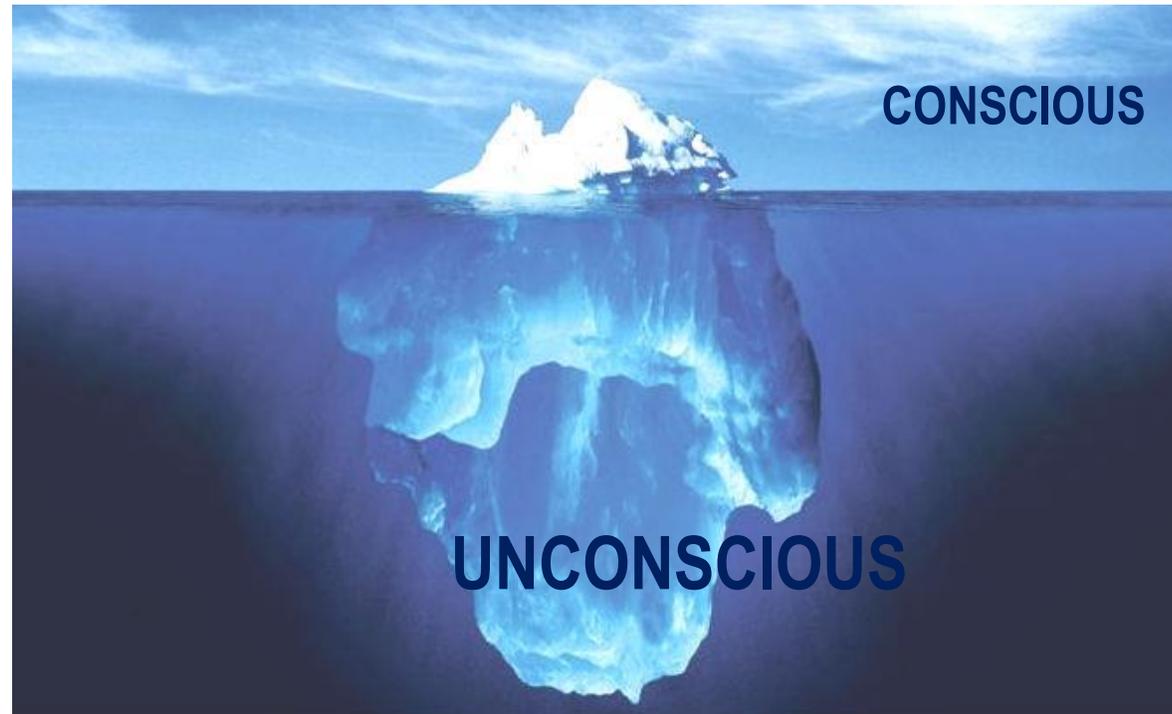
SYMPTOMS

- Triggering factors (short term)
- Aggravating factors (long term)
- Chance

“Some things just happen.”
(Landsman 2018)



TRIGGERING AND AGGRAVATING FACTORS



'LOGICAL' STORY

- Attention to 'the big picture'
- Knowledge
- Information from the history of the patient
- Experience
- Intuition
- Deductive and inductive reasoning



= LOGIC OF THE PATIENT?

CAUSE - EFFECT

“Osteopathic treatment is scientific in that it recognizes the relation between cause and effect in disease, and seeks to remove the cause rather than to treat the symptoms, the effects of the disease.”

(Smith DO 1919)

CAUSE - EFFECT

“Find and remove the cause, then the effect will disappear.”

(A.T. Still DO 1910)

CAUSE - EFFECT

“Causality is not a part of modern science.”

(Russell 1913)

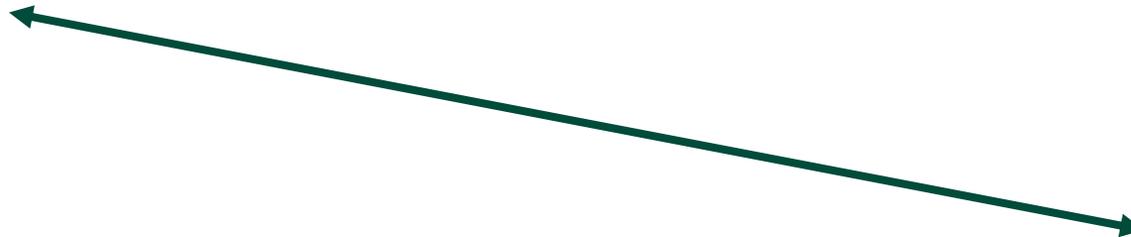


CAUSE – EFFECT FRAME OF THINKING



REDUCTIONISM

HOLISM



What makes the difference?

OSTEOPATHIC DIAGNOSIS

ANAMNESIS

EXAMINATION OF
MOBILITY



OSTEOPATHIC DIAGNOSIS

ANAMNESIS

EXAMINATION OF MOBILITY



ANAMNESIS

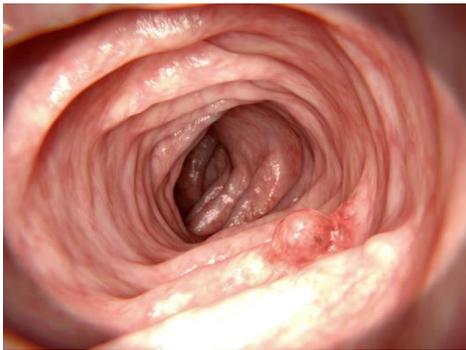
REDUCTIONIST PART

HOLISTIC PART



ANAMNESIS

WHY A REDUCTIONIST PART?



LESION/PATHOLOGY

← **DIFFERENCE** →

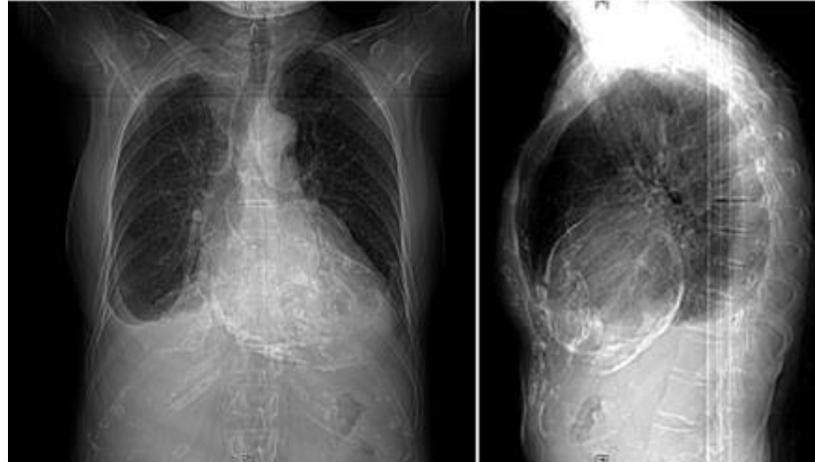


DYSFUNCTION

LESION – PATHOLOGY



RISK FOR STRUCTURAL DAMAGE (or even DEATH)

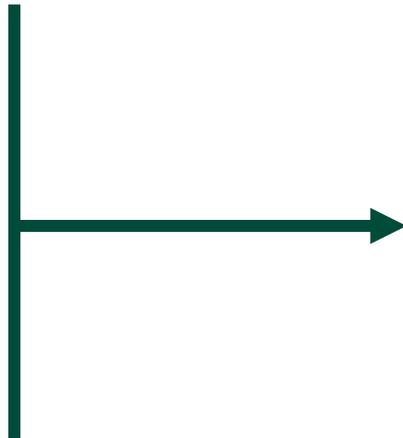


LESION - PATHOLOGY



DIAGNOSIS IS A COGNITIVE PROCESS

- Knowledge
- Evidence Based Guidelines
- Clinical Testing
- Technical Examinations

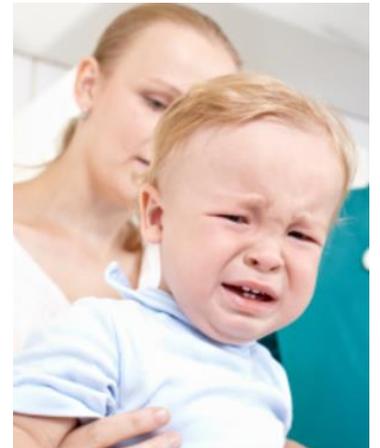


EVIDENCE BASED THERAPY

LESION - PATHOLOGY

i.e. child with severe HEADACHE → MENINGITIS?

photophobia, fever, Kernig's sign, blood parameters, ...



DYSFUNCTION

i.e. athlete with HEEL PAIN → PLANTAR FASCIITIS, ACHILLES TENDINITIS,
HEEL SPUR?

↓
IS THIS DIFFERENTIAL DIAGNOSIS IMPORTANT
FOR THE OSTEOPATH?



DYSFUNCTION

NO PREDICTABLE RELATIONSHIP BETWEEN

SPECIFIC LOCAL DIAGNOSIS

&

OSTEOPATHIC TREATMENT



ANAMNESIS HOLISTIC PART

Traumata, illnesses, surgery, ...
should not influence

the **REASONING** of the **OSTEOPATH**

rather learn us all about

the **TYPOLOGY** of the **PATIENT**

ANAMNESIS HOLISTIC PART



TYOLOGY OF THE PATIENT



**TECHNIQUES
VERBAL / NON VERBAL COMMUNICATION**



BEST THERAPEUTIC RESULT

OSTEOPATHIC DIAGNOSIS

ANAMNESIS

EXAMINATION OF MOBILITY



EXAMINATION OF MOBILITY



WHAT WILL WE TREAT?

WHAT WILL WE TREAT FIRST?

EXAMINATION OF MOBILITY

STANDARD PROTOCOL + SPECIFIC TESTS IN THE AREAS OF DISBALANCE



INDEPENDENT OF PATIENT'S COMPLAINTS

EXAMINATION OF MOBILITY

PATIENT = COMPLEX ADAPTIVE SYSTEM



chaotic, unpredictable

EXAMINATION OF MOBILITY

HOW DO WE FIND 'WHAT TO TREAT and WHAT TO TREAT FIRST'?



TOOL = INHIBITION TESTS

EXAMINATION OF MOBILITY

INHIBITION TESTS

(on the level of mobility, motility and tension)



DEFINING THE CURRENT RELATIONSHIP BETWEEN THE DYSFUNCTIONS



EXAMINATION OF MOBILITY



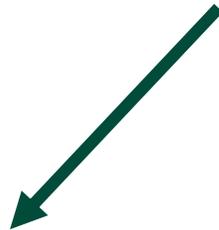
UNITY OF THE BODY



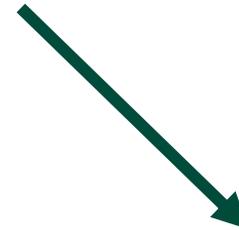
biomechanical, neurological, vascular, fluidic, embryological, emotional, mental, energetical, spiritual

EXAMINATION OF MOBILITY

INHIBITION TESTS



PRIMARY DYSFUNCTION(S)



FACILITATED DYSFUNCTION(S)



EXAMINATION OF MOBILITY

PRIMARY DYSFUNCTION(S)



INFLUENCING (ALL) THE OTHER STRUCTURES

EXAMINATION OF MOBILITY

FACILITATED DYSFUNCTION(S)



BEING INFLUENCED BY (ALL) THE OTHER STRUCTURES

NORMALISATION OF THE PRIMARY AND FACILITATED DYSFUNCTIONS



will stimulate the

SELF HEALING MECHANISMS OF THE BODY



EXAMINATION OF MOBILITY

NORMALISATION → NEW DIAGNOSIS

- Which dysfunctions disappear?
- Which dysfunctions remain?
- What are the new relationships between the dysfunctions?

EXAMINATION OF MOBILITY

SYSTEMATIC EVALUATIONS ARE NECESSARY

*“There is no evidence in medicine
(neither in diagnosis, nor in treatment),
so you don’t have to search for it.”*

HOLISTIC CONCEPT

*“We are not ill because we have an illness,
But we have the illness because we are ill.”*

(Traditional Chinese Medicine)

DIAGNOSIS IN OSTEOPATHIC MEDICINE

is to be focused on 'BEING ILL'

and not on the illness

CAN'T DECIDE IF I NEED
A HUG, AN XL COFFEE,
6 SHOTS OF VODKA,
OR 2 WEEKS OF SLEEP.



CONCLUSION

FEATURES OF AN OSTEOPATHIC DIAGNOSIS



FEATURES OF AN OSTEOPATHIC DIAGNOSIS

in case of LESION / PATHOLOGY: REDUCTIONIST approach

Leading to a specific therapeutic action

FEATURES OF AN OSTEOPATHIC DIAGNOSIS

in case of DYSFUNCTION: HOLISTIC approach

- Independent of the symptoms
- Independent of the history
- Dependent on the typology of the patient
- Full body examination
- Determination of the current relationships between the dysfunctions
- Systematic evaluations obligatory



FEATURES OF AN OSTEOPATHIC DIAGNOSIS



Find the cause or the cause of all causes



PAST – based

FEATURES OF AN OSTEOPATHIC DIAGNOSIS

=

What and how to treat TO HEAL THE PATIENT

=

FUTURE – based

Does that make SENSE?

CONCLUSION

FEATURES OF TEACHING OSTEOPATHIC DIAGNOSIS



FEATURES OF TEACHING OSTEOPATHIC DIAGNOSIS

- **No modular training (always broad vision on the ‘whole’)**
- **Focus on knowledge of all the basic sciences**
- **Correct interpretation of diagnostic tests**
- **Use of inhibition tests**

QUESTIONS ANSWERED

- **The role of a reductionist and holistic reasoning in osteopathic diagnosis.**
- **Why holistic osteopathic diagnosis should be more than a full body diagnosis.**
- **How the holistic concept should in osteopathic training?**