

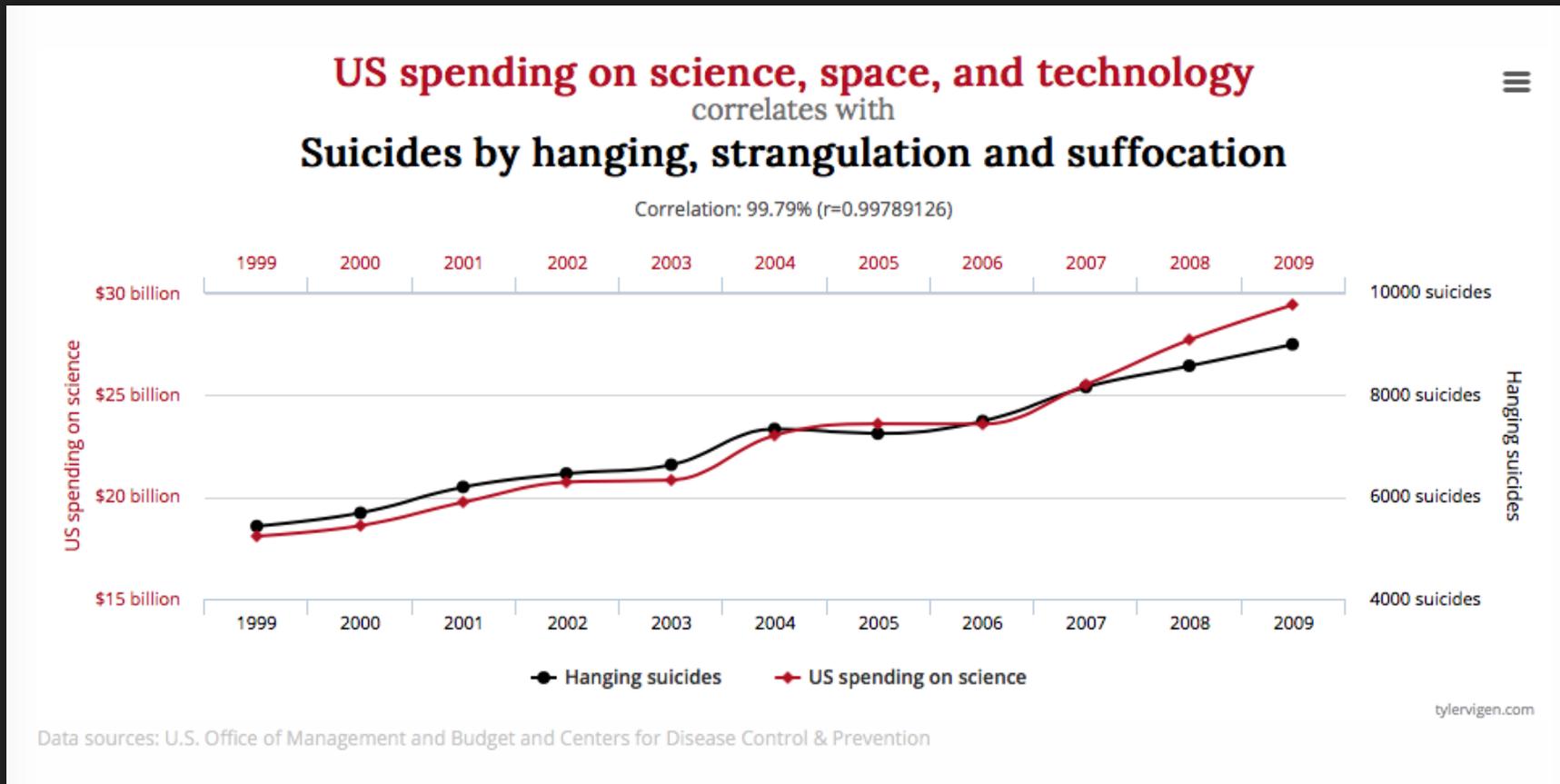
Osteopathic diagnostics and EBM

a clear challenge for the future

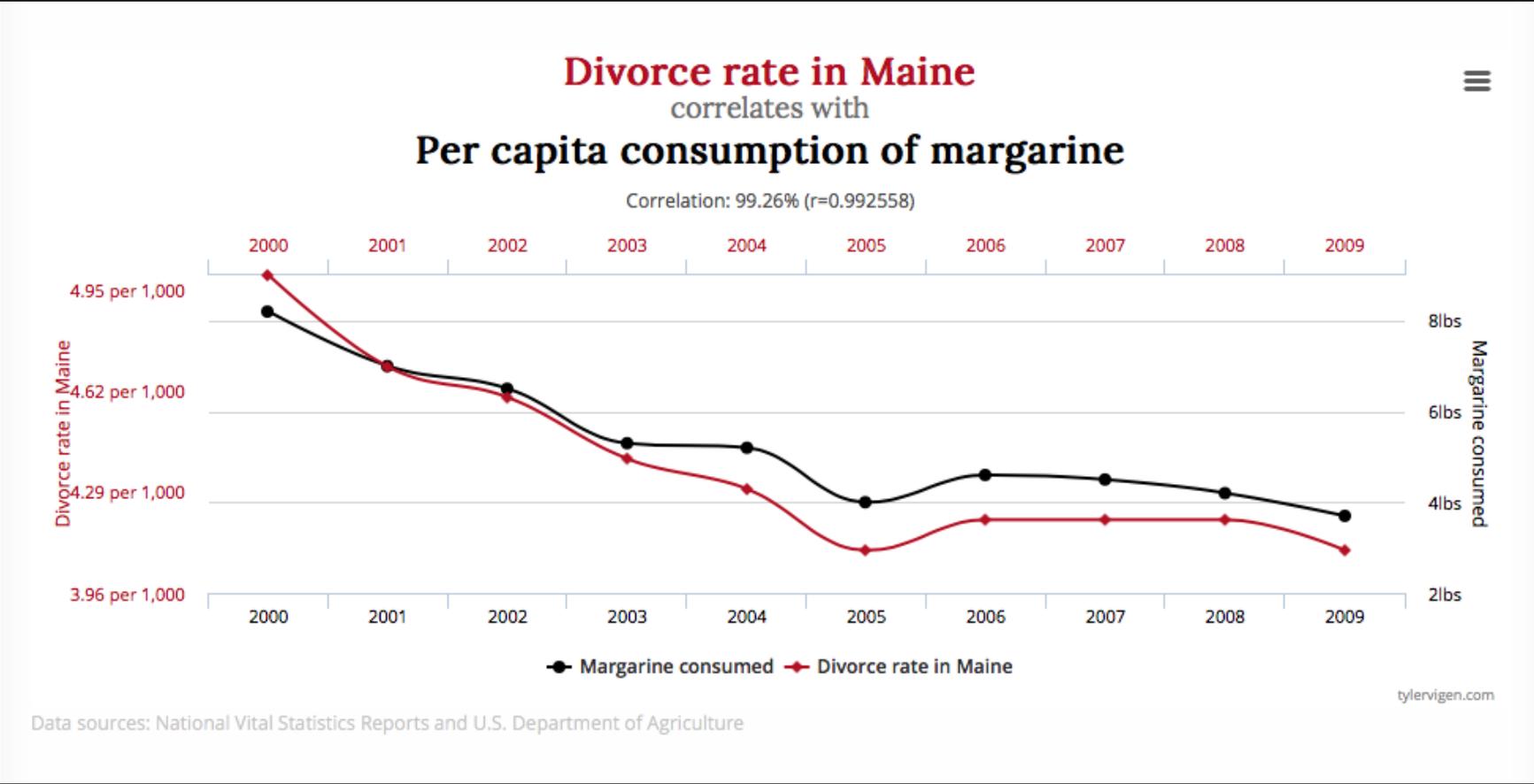
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Never start a presentation with a graph...

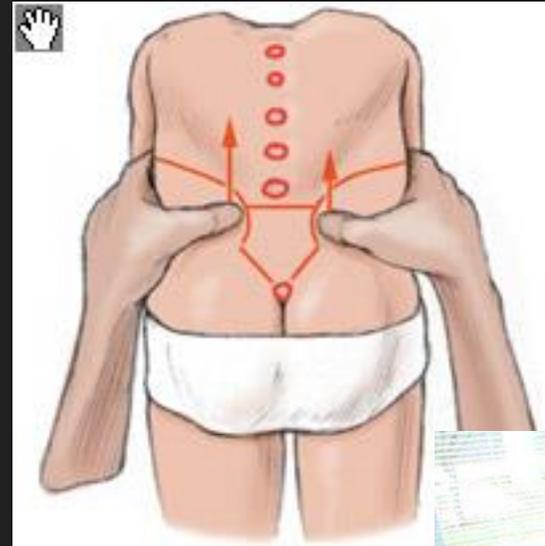


Correlation vs Causality



Correlation is not Causality

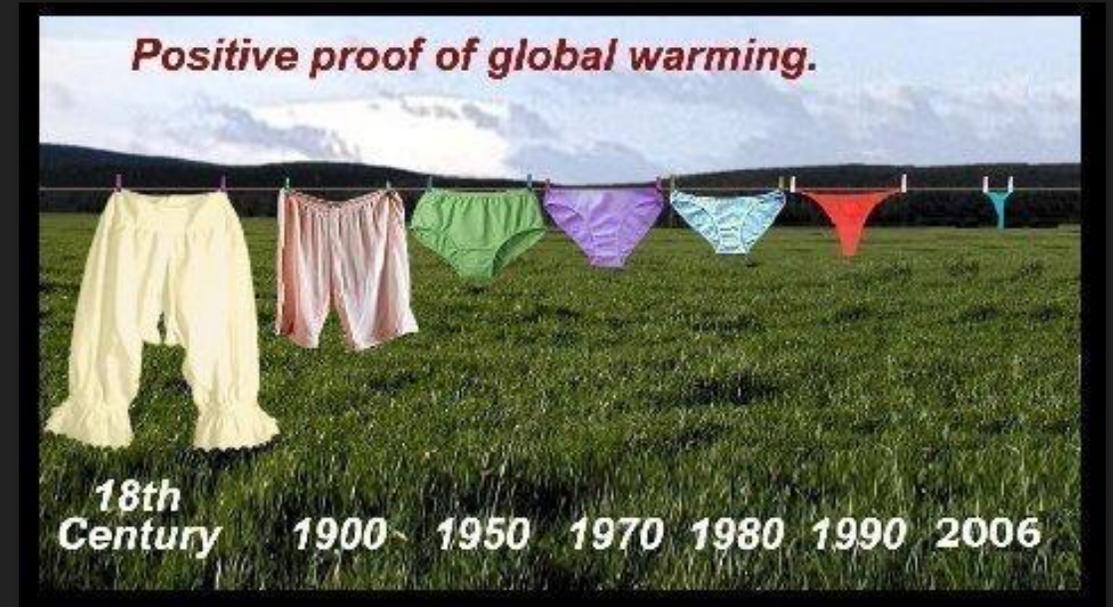
- A lot of the tests in the manual medicine field are correlation based tests
- I see 'test A' is positive therefore 'pathology/dysfunction B' exists.
- Is that so?
- Eg.: FTS, weight transfer test, Downing tests



Correlation is not Causality

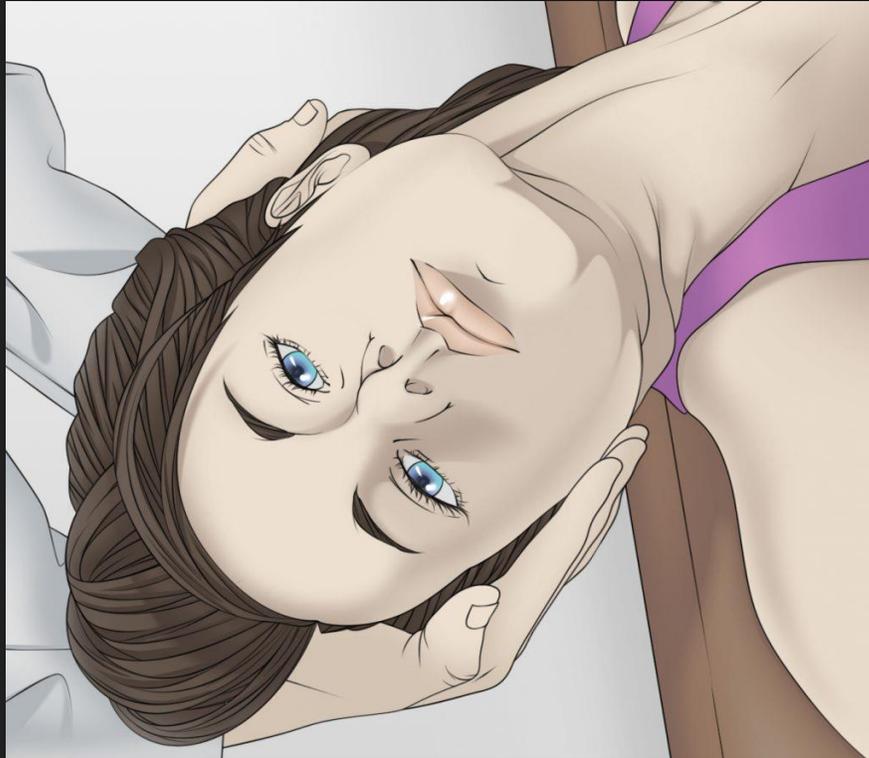
Let me clarify where we have a problem in our reasoning with an example: The laws of Fryette.

- Very often used in diagnosis of the spine
- There is ample evidence that these combined movements do not follow any laws. (*)
- But we accept them. Why?
 - I do the testing
 - It shows a certain restriction (eg.: ERSle)
 - I do the manipulation in the opposite direction
 - The mobility restores
 - So the test was right!
 - Or maybe not
- It sounds logic
- But this assumption is as invalid as the following claim:
 - Women are solely responsible for global warming!



*(Stoddard 1969, Mimura et al 1989), (Percy & Tibrewal 1984; Plamondon et al 1988; Panjabi et al 1989; Vicenzino & Twomey 1993) demonstrated no clear patterns that are comparable to Fryette's laws."

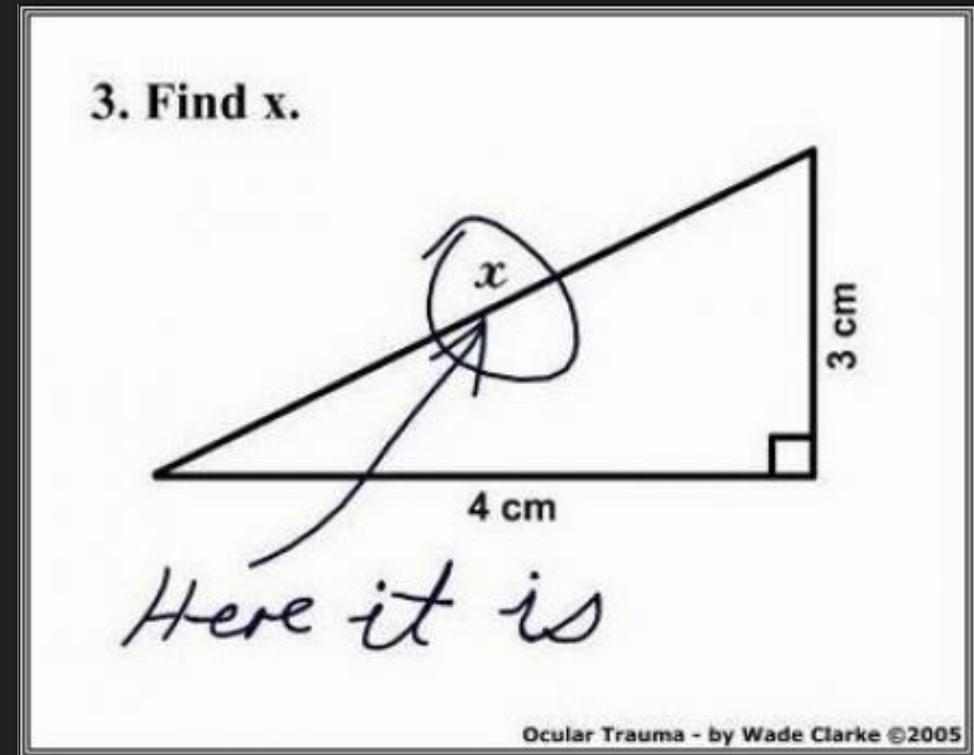
What about validity and reliability?



- Eg.: De Kleyn's test is that reliable?
- Or the red flag questions for infections and neoplastic processes?
 - Did you loose weight?
 - Do you have more pain at night?
 - ...

WHAT do we teach our students as EP's?

- Differential diagnosis in:
 - Morphological pathology (eg.: ACL rupture)
 - Functional pathology (eg.: movement restriction of a cranial suture)
- Pathophysiology:
 - Medical
 - Osteopathic



WHY do we teach these subjects as EP's?

- We want our students to be able to :
 - Detect green, yellow, red flags
 - Differentiate pathologies from each other
 - Make up a treatment plan
 - In general: safety



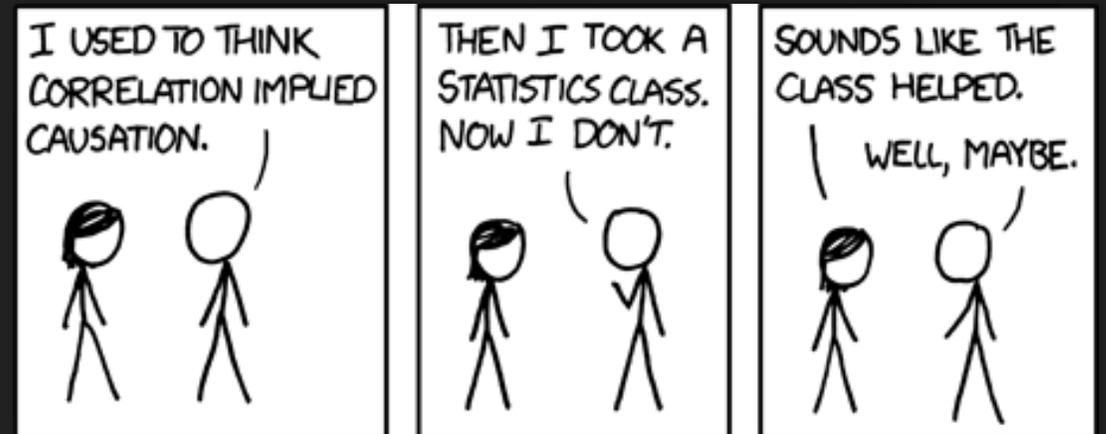
The challenge is not a problem

- The greatest challenge is:
 - Do we know what we teach the students?
 - Do we know why we teach those tests?
 - Do we know as EP's what the reliability of these tests is?
 - Do we know as EP's what the validity of these tests is?
- How much of these tests are being used by the professional osteopath in the field?



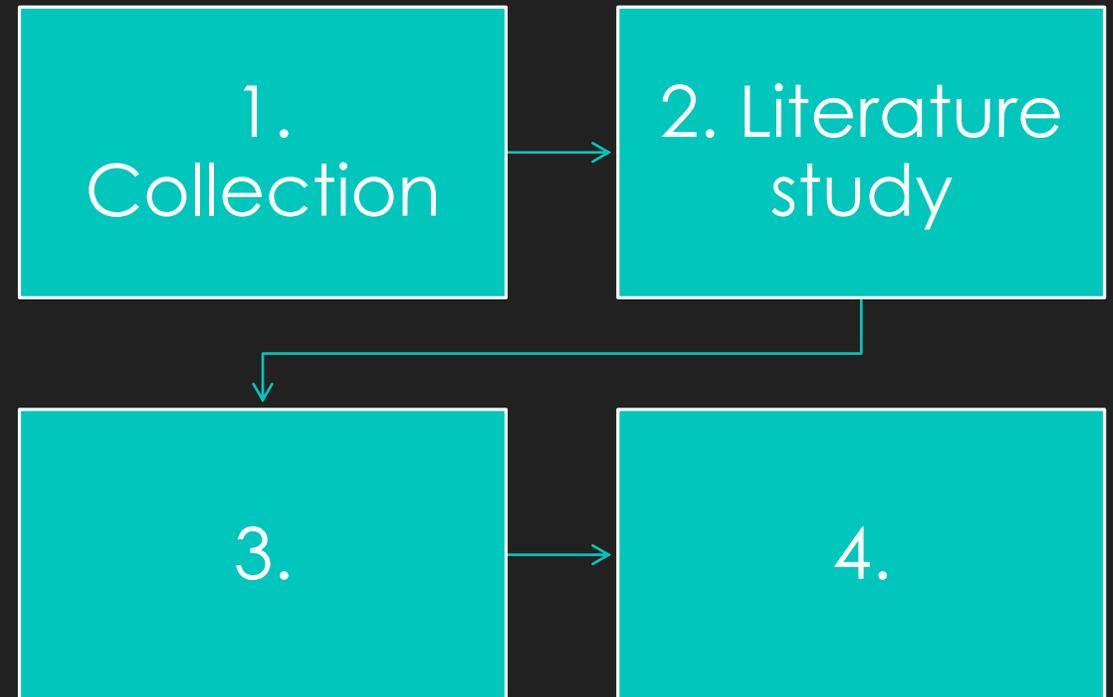
Why do we need that data as EP's?

- Is it worth teaching these tests or diagnostic processes?
- Is it safe when we think it is safe?
- Is the treatment based on the right diagnosis?
- Maybe less is more?
- The professional osteopath needs to be well educated and be able to practice based on a reliable and valid examination method of the patient.

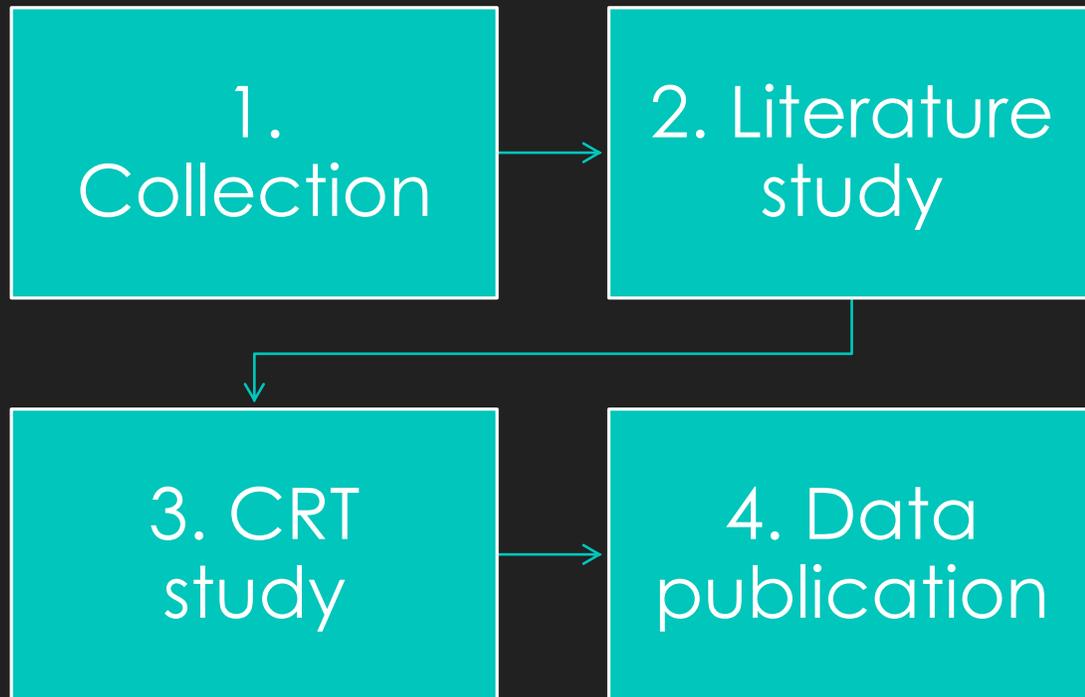


The project proposal

- An academic collaboration inbetween the OsEAN EP's
- What:
 - STEP 1: Collection of all clinical tests/ anamnestic protocols that are being thought
 - Medical / morphological tests / questions
 - Osteopathic / functional tests / questions
 - STEP 2: Analysis of current literature findings per test / anamnestic protocol (reliability / validity)
 - This work will be devided over several schools and several dissertations
 - Lack of liteterature on a test / anamnesis question does not mean exclusion



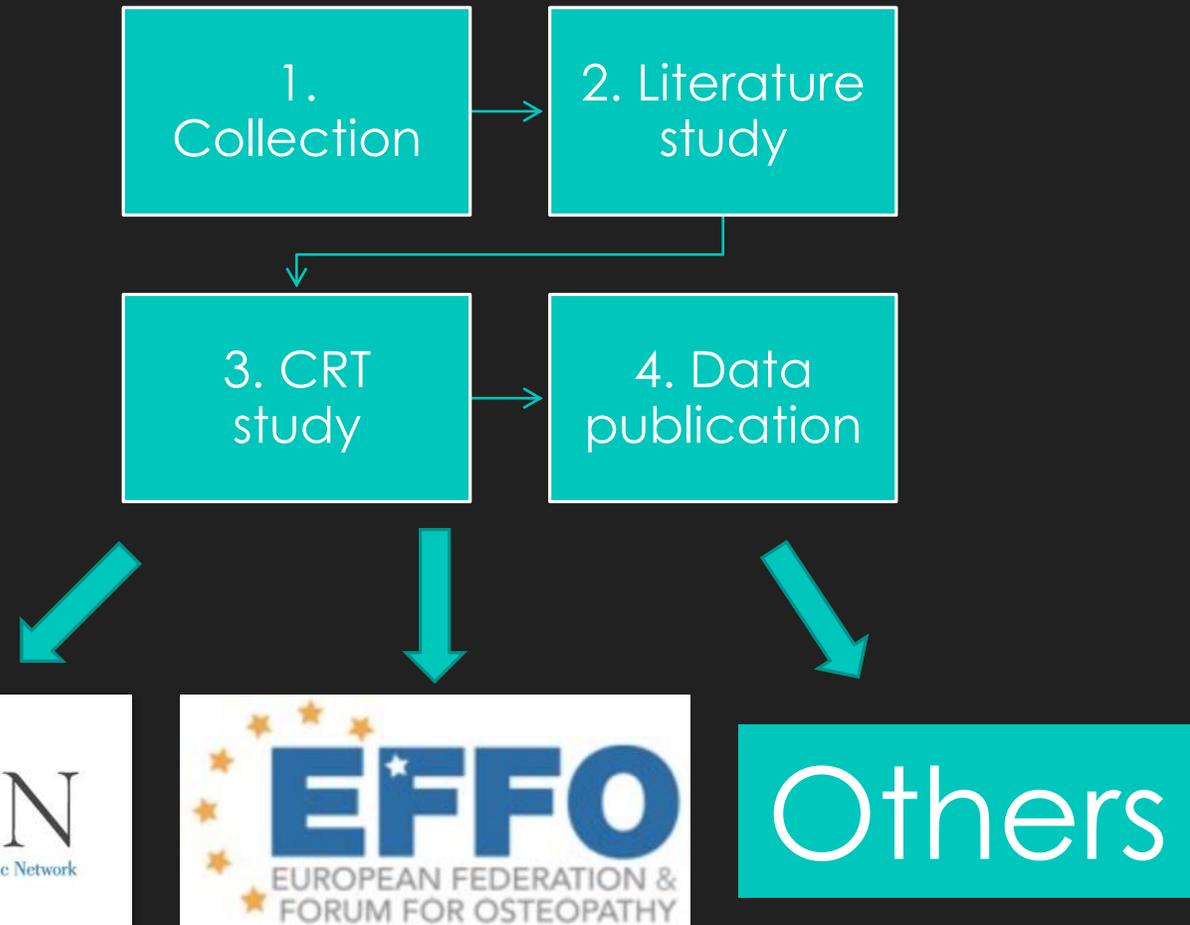
The project proposal



- STEP 3: CRT's need to be conducted on the tests and anamnestic protocols that remain unexplored in current literature
 - Again this is work for several institutions and several students / researchers.
- STEP 4: collection of all the data and describe per test or anamnestic protocol the :
 - The frequency of application in the working field
 - The scientific relevance

What with the outcome of the study

- The results should be published and spread towards all osteopathic institutions.
- It can also be very helpful for professional organizations to defend
 - the working principals of our diagnostic reasoning
 - the first line access of the osteopathic profession



**Thank you for your
attention.**

Questions?

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