

# Thesis Presentation

Potsdam, 2011

I wish to thank the *Osteopathic European Academic Network* for inviting me to speak to you today.

It still fascinates me that I can send an abstract in the form of a series of 0's and 1's, from my computer screen in rural Ontario Canada, off into the ether, via a satellite in outer space to a specific computer screen somewhere in Germany, and about 1 month later another series of 0's and 1's appears on my computer screen to inform me that I have been chosen to speak about my thesis. 3 months later...here I am. This is a very peculiar technological age in which we live. It does seem rather paradoxical then that because of that high-tech interchange I am here to speak to you about a rather old form of technology: palpation perception.

It is a great honour and privilege to present my thesis to you. Working intensely on this project for two years at the end of my osteopathic training at the Canadian College of Osteopathy, mostly in solitude, reminds me of the process a monk must undergo, sequestering himself away for extended periods of time to toil with his own development. It is however, of little use unless that monk can bring his new understanding back into the day-to-day world to

share within the community. I feel that this conference affords me the opportunity to share what I've come to understand with the osteopathic community.


## **Introduction**

⊠ This is a picture of the village in which I live. ⊠ Many of my neighbours are old order Mennonite. They live by old standards refusing to drive cars or use electricity. They are eminently practical people who stick to the old ways. ⊠ Well almost always.

Personally I am a little like that last picture. ⊠ This is a shot of my in-process strawbale house that we have been building for the last 4 years. It blends both the old and the new. It incorporates strawbales for structural support and insulation with rather newer technologies such as geothermal heating. Eventually this house will be energy self-sufficient as we have a small dam not more than 300 meters from our door, which will afford us the opportunity to generate electricity.

While I didn't come here to talk about the house, I wish to demonstrate that at present, throughout society there is a re-examination of old ideas producing some startling results. For example: this house requires no air-conditioning and its walls are 4

times stronger than traditional wood-framed houses of North America. Consider this example to be a precursor to the results of the research I am about to present.

The original title of my thesis was:  *A Qualitative Study to Define Osteopathic Palpation Perception and Create a Theoretical Model*. For reasons that shall become clear that title was changed with the permission of my thesis jury. I'll tell you about that a little later on.

To learn to *feel* function, to *think* function, and to *know* function within anatomical physiology is not an easy art and skill for the physician to develop.

So wrote William Garner Sutherland. How does one study an art and skill?

In his book *Physics and Philosophy; The Revolution in Modern Science* physicist, Nobel Laureate, and the father of Quantum Mechanics, Werner Heisenberg wrote,

It is probably true quite generally that in the history of human thinking the most fruitful developments frequently take place at those points where two different lines of thought meet.

That was the way I chose to study this art and skill. This qualitative phenomenological study was structured to allow for the meeting of several different lines of thought in order to examine the validity of Osteopathic palpation perception (from here on referred to as “OPP”). By examining the current understanding of biology, consciousness, philosophy, and physics, an effort was made to either bolster support for palpation perception, and by inference, manual Osteopathy, or to definitively discredit this tool.

## **Justification**

To complete the quote by Sutherland above,

It takes hours, days, weeks, and years to bring this training into the hands, eyes, ears, and mind of the physician. And yet it is fundamental to the total understanding of the science of osteopathy as taught by Andrew Taylor Still.

During my education, I couldn’t help but notice that within the class, some students “got it”, while others struggled to get anything and even began to distrust both themselves and palpation. What is it about OPP that is so elusive? What is it about OPP that makes struggling with it so rewarding for those who choose to pursue it?

According to authors such as Rollin Becker the importance of OPP relative to the profession cannot be overstated, he wrote:

The time and effort it takes to perfect the art and science of a diagnostic touch is in keeping with the physician's goal in life – that of serving mankind.

Judging by such comments it appears that Osteopathy *is* palpation perception, and palpation perception is Osteopathy.

To date on the other hand, “evidence-based research” in the form of inter- and intrarater reliability studies, has been nebulous at best and discrediting at worst. So what is the story here? It is my hope that this presentation may shed some new light on this dilemma. So as William Sutherland was known to say: Let's “dig on”.

## **Purpose of the Study**

The purpose of this study was two-fold ☒:

1. create a formal definition of OPP, ☒
2. examine, within external source literature, elements identified within that definition to elaborate on Osteopathy's present understanding of its oldest tool.

## Research Questions

To examine the validity of OPP, three research questions were developed. They were ☼:

1. How does a sample of osteopaths and osteopathic physicians describe osteopathic palpation perception? ☼
2. What information can external sources contribute to a theoretical understanding of sensory palpation? ☼
3. How can the information contributed by the osteopaths and that of the external sources, combine to enhance the osteopathic profession's theoretical understanding of osteopathic palpation perception?

## Methodology

Prior to examining the research findings elements of methodology need to be addressed. ☼

## Literature Overviews and Reviews


*A qualitative methodology literature overview* was undertaken to familiarize myself with the qualitative study method. A *literature review proper* (of the topic) revealed that, to date, there had been no similar research projects. An *Osteopathic literature review* (for the topic) was completed to discover what other Osteopaths have

written on the subject of OPP. Then an *external source literature overview* provided information to either support or refute the accumulated osteopathic information, as well as providing new information to further inform Osteopathy's understanding of OPP.



## **Sampling**

Convenience and snowball sampling were used to determine the sample of experienced manual Osteopaths and Osteopathic physicians to interview. 'Experienced' was qualified as a minimum of 20 years' clinical practise in tandem with teaching, writing, or research credentials.

As well, key-informants were contacted throughout this research project to clarify, validate, or offer conflicting information. They were individuals who had published or conducted research on particular topics with relevance to this study. 

## **Data Analysis**

In order to analyze the data both *Template* and *Immersion/Crystallization* analysis strategies were employed.

## Addressing Research Question 1

To address research question 1) a brief survey in conjunction with an open-ended interview was undertaken with 24 experienced Osteopaths. Each interviewee was sent a letter of introduction and invited to participate in this study. Along with the survey each completed consent forms and the interview then followed immediately after.

The interviewees completed written surveys that consisted largely of close-ended questions, with some allowance to expand on answers where appropriate. For an example of a closed-ended question, interviewees were asked about the different attributes they palpated on a regular basis by having them tick off such things as heat, cold, moisture, tension etc. Such questions were designed to extract simple information efficiently and to yield a quick checklist that contributed to discussions during the interview process.

Tape-recorded interviews followed the surveys. Interview questions were open-ended in nature, addressing the same questions to all of the Osteopaths. Printed transcriptions were then returned to each interviewee to assess for accuracy, clarification, and/or additions/deletions, thus providing *validity*.

Upon completion of the interview process, surveys and interviews were analyzed to reveal areas of *agreement, contrast, saturation* as well as *constant, and new information*. *Key Elements* of OPP emerged that aided in formulating a formal definition.

Prior to moving onto the formal definition, one particularly interesting finding from interview question 1 should be mentioned.

⊠ That interview question was stated as: *Do you make a distinction between touching, sensing, perceiving, and palpation? And if so what is that distinction?*

The results of this question identified distinctions between all four activities but most importantly, it was reported that Palpation ⊠ constituted a continuum from contact to perception that encompassed the other three. While a mechanical process was emphasized, both in the literature and the interviews, there appeared to be another undefined process – a wider perceptual field approach – that was articulated by current day Osteopaths; a more whole-body/whole-being, *amorphous* experience that is difficult to describe. This became an important consideration, a *Key Element* requiring further investigation.

## Formal Definition

To address research Q. 1 then, ☼ from the surveys, interviews, and literature several other well-defined Key Elements emerged all contributing to the formal definition. Those Key Elements were:

☼ *Intention, Attention, Receptivity, Perceptual Pathways (including the amorphous element just mentioned), Relationship (object/subject), Insight/Intuition.*

To understand the emergence of that definition a little stage setting is in order. For over a year and a half, I had researched OPP through the Osteopathic literature, through lectures, surveys and interviews. Having listened, read, and thought about palpation perception for this length of time, there was a point when it seemed that the definition would never emerge. Indeed, at one point, the project seemed endless and complicated beyond understanding. I felt awash in endless amounts of information. That was the time of immersion. However, besides this continuous daily work, there were the ongoing machinations of the imagination working behind the scenes to make sense of the glut of information obtained. And so it was, while in our kitchen one afternoon in September of 2005, that the elusive definition arrived as an *AHA!* – the crystallization occurred. OPP is defined as, ☼

*A selective, receptive, amorphous interchange for the purpose of therapeutic insight. An elegant, simplified, personal version of the definition subsequently emerged: ☞ therapeutic insight.*

### **Addressing Research Questions 2 and 3**

In the methodology it was originally planned that research question 2 and 3 were to be addressed individually. As it turned out, for practical reasons, it was better to combine the information from the external sources directly with the Osteopathic profession's understanding. ☞ To accomplish this, external source literature was examined to confirm or refute the present understanding of the Key Elements of OPP, thus satisfying research question 2. In addition, in the process, new information was identified to enhance the Osteopathic understanding of OPP, in order to address the third research question. Indeed, these two research questions were intricately linked, and as such, they were addressed in a similarly linked manner. This linking helped to avoid cumbersome redundancy within the study.

All Key Elements were analyzed in this linked manner within external source literature and the Osteopathic literature, surveys, interviews and lectures. ☞ **(Chart)**

The information discussed with regard to the Key Elements is too voluminous to report here today due to time constraints. However, it is worth noting that both the Osteopathic and external sources contained a wealth of information about each Key Element, providing overwhelming validation for the current Osteopathic understanding of OPP, as well as shedding new light on this old topic. As a consequence of the detailed examination of the resultant Key Elements however, several other important findings emerged. This presentation will now focus on 3 of these major findings. ☼

1. The distinction between Mechanistic and Complex Palpation. ☼
2. The concept of dialogue within palpation perception. ☼
3. A newly proposed amorphous perceptual pathway.

## **Distinction Between Mechanistic and Complex Palpation**

During the examination of the Key Element Relationship (object/subject), it was reported that there were 3 overall levels of Interchange, one of which occurred between the Osteopath and the patient. Within this level two subgroups of interchange description

were identified: the *Mechanistic Description* and the *Complex Description*. ☞

- ***Mechanistic Description***

The Mechanistic Description follows Cartesian duality whereby the Osteopath (subject) moves the structure (object) to gain information about it. As physicist Fritjof Capra pointed out classical physics is, I quote, “still valid in the region that has been called the ‘zone of middle dimensions’, that is, in the realm of our daily experience”. End quote. In this realm the object is a thing separated from the subject. Indeed, mechanistic description has its place, but one has to be careful about where that place ends. ☞

- ***Complex Description***

The Complex Description has the Osteopath working in Stillness to allow the patient’s structure to move him. This is the place where interrater reliability discussions fall apart. It may be appropriate to quote the eastern mystic and author Sri Aurobindo who in 1970 wrote:

There is set up between the knower and the object of knowledge, as a result of this fundamental unity, a stream or bridge of conscious connection ... and as a

consequence a contact or active union enabling one to see, feel, sense supramentally what is to be known in the object or about it.

This bridge, or stream, brings the Osteopath and patient together to a place of information exchange in the deepest sense – an interchange. This interchange is a *blending or merging* of the individuals for the purpose of gaining therapeutic information. This blending plays a critical role in the third major finding to be discussed, the proposed perceptual pathway.

### **Dialogue Within Palpation Perception**

Another rather important point that was raised within this research paper was that of a dialogue between the palpating Osteopath and the patient's tissues. ☞ Specifically the 3-part Interview Question 7 addressed this directly. It asked:

**Do you ask questions of the tissues through your palpation?**

**If so, what sort of questions do you ask?**

**How is this accomplished?**


'Dialogue' implied a relationship, and relationship itself was determined to be a Key Element. Interview responses identified two dialogue mechanisms: ☞ a *primary respiratory mechanism*, and a *tissue response mechanism*. Among the descriptions, this


dialogue was described as an internal questioning, or as a mental comparison, with no absolute consensus being drawn.

The idea of dialoguing with tissues, to the best of my knowledge, has never before appeared in a formal research study, within the Osteopathic profession. To bring such information into a formal study is to begin to legitimize, what has, up to very recently been, a clandestine discussion. It is now out in the open, so to speak.

Would the elephant please leave the room!

### **Newly Proposed Amorphous Pathway**

Probably the most surprising and stimulating finding of this research was the discovery of a new perceptual pathway. One, that to the best of my knowledge, has never before been documented. The explanation of this discovery is a rather convoluted one, so  like my Mennonite neighbours in their horse-drawn rigs, we'll move slowly, taking several side-roads to build our understanding.

If you will remember, during our earlier discussion, it was mentioned that many of the Osteopaths indicated that they palpated using a “wider perceptual field” approach, amorphously as it were. The newly proposed pathway explains this claim. 

The research revealed that the human being is constituted of approximately 70 % water, and likewise this planet. There was *something* about Water.

In fact, this research unearthed some very interesting information about biological Water. Milesian philosopher Thales, of the sixth century B.C. maintained his Primary Principle that states, I quote: “Water is the material cause of all things” end quote. He also felt that all things contained gods (or essences). MD and Human Immunological researcher Jacques Benveniste, in a 1988 study published in the journal *Nature*, reported that Water was capable of imprinted memory retention subsequent to the removal of all active molecules. This astounded the editors of *Nature*, so much so, that they posted a cautionary editorial comment to that effect at the end of that article. Could this be what Thales meant about gods or essences? Hydrologist Theodor Schwenk stated in his book *Sensitive Chaos*, his belief that, quote “Water is the sensory organ of the planet”, end quote. There was *something* about Water.

The Tao Te Ching uses water as a metaphor for the Tao.


The highest goodness is like water.

Water benefits the ten-thousand things

And does not contend.

It dwells in places that most people disdain.

Therefore it approaches Tao

At a crucial moment in this research, my research advisor sent an edict to me to take some time off to view the film *What the Bleep!?* She mentioned that she didn't think it would contribute much to the research, but might provide a needed distraction from the work. Much to everyone's surprise however, Japanese researcher and author Masaru Emoto's Water crystal photography was featured in the film, and a new avenue of understanding opened. In brief, for the previous 18 years Emoto had been photographing crystallized Water molecules and demonstrating the effects of vibration on them. In particular he has demonstrated *intention's vibrational effect on Water*.  **(photos)**. There was *more than something* about Water.

Stanford professor and Physicist William Tiller provided further experimental validation of intention's effect on matter with his work. He developed an electrical device upon which a specific intention was "imprinted", by skilled meditators. For example, the intention to raise or lower the pH of Water by 1 unit, in close proximity to this device, startlingly demonstrated exact compliance with that intention. An unimprinted duplicate control device altered nothing.

Between Thales, Benveniste, Schwenk, Emoto and Tiller, it became apparent that the *something about Water* had to do with biological Water's role as a mediator of vibration within and between human beings.

This is the way it appears to function: the *extracellular matrix* (from here on in *ECM*) is a largely fluid environment with up to 15,000 water molecules/protein molecule (according to American biologist James Oschman), and one that has been well documented to undergo *phase changes from gel to sol states and vice versa*. (For a very detailed description of these phase changes one must read *Interface, Mechanisms of Spirit in Osteopathic Medicine*, by the American osteopath R. Paul Lee). While the importance of these phase changes in regard to human immunological function is well documented, it appears that there may yet be another, equally important function. Based on the evidence of the aforementioned authors and researchers and others, it was suggested that in the sol state human biological Water is *vibrationally imprintable*, and the subsequent gel state transformation acts to *store the imprint* for release at some point in the future.

Let's take a country side-road here to examine another subject that contributes to this unfolding understanding. In the discussion of the Key Element Intention within the research, it was discovered that the palpating Osteopath undergoes a "shift of being", allowing access to an altered sensory perceptual state. Physicists Fritjof Capra, David Bohm and William Tiller referred to two universal states: particulate (matter) and informational (wave) – from which the particulate springs, by the way. Of these two states it was reported that the wave state provides vast amounts of information relative to the particulate state. However, human beings and their 5 senses are conditioned to detect, primarily, the particulate state.

❖ It appears that the palpating Osteopath is able to move his conscious perception from the particulate state toward the wave state in order to access information that is not readily available to the 5 senses alone. Consciousness writing by such individuals as Philosophers Eugen Herrigle, Alan Watts, and Edmund Husserl confirmed this idea. As well the mystic Sri Aurobindo, who wrote about supramental perception (as quoted earlier), lent credence to the possibility that human beings can access such a state. ❖


It is my contention, that this shift of being is accompanied by a corresponding *gel to sol transformation*. A transformation that,


while it may be initiated within the palpating Osteopath, through the documented, physical property of entrainment, stimulates a similar transformation within the patient's tissues. This is the blended or merged state mentioned earlier in the discussion of Complex Palpation. ☼ This merged/sol state, serves to release the encoded vibration within the patient's ECM to be "read" or "received" by the palpating Osteopath's biological Water.

But that does not yet explain the full perception and interpretation that the Osteopath must achieve in order to diagnose and treat. Here again our horse and buggy must take yet another side-road.

If you recall, palpation was described as a continuum from contact to perception. It seemed to this researcher that a neurological link had to be present, or this hypothetical pathway would be no more than a wisp of smoke. It was simple logic to determine where to look for that link. If it existed, it had to be in relation to the watery environment of the ECM. After all that is where the vibrational information was stored and released according to the findings thus far. And that is exactly where the missing link was discovered. ☼

This link was found within the epineurium of all nerve trunks throughout the entire body. The link is constituted of ☼ *nervi*

*nervorum terminations*. Gray's described them this way, and I quote: "Myelinated *nervi nervorum* run in the epineurium, their fibres ending in *oval* or *bulbous corpuscles*", end of quote. It happens that these 'bulbous corpuscles' have a lamellated structure similar to the Pacinian corpuscle (a touch receptor)  and respond - quoting from Gray's once more: "only to *sudden disturbances* and [are] especially sensitive to *vibration*", end quote.

So it appears that once the patient's sol phase state releases its imprinted information, that vibration stimulates the Osteopath's biological Water which in turn stimulates the *nervi nervorum* corpuscles, whose function it is to detect and convert this vibration to a CNS impulse in order to facilitate conduction along traditional pathways to the brain for therapeutic interpretation or "insight". Our horse and buggy have reached the barn! 

This explained the "whole-body" or "whole-being" experience described by the Osteopaths. Should this proposed whole-body perceptive experience prove to be the case, through subsequent scientific investigations, this may well be the pathway of the elusive, so-called Sixth Sense.

It was for this reason that it was suggested that the title of this research paper be changed to its present form. ☞ *A Qualitative Study to Define Osteopathic Palpation Perception and a Proposal for a New Perceptual Pathway.*

## **Addendum**

☞ As this study unfolded it became apparent that OPP had to be considered as a complex activity. According to Dr. Paul Cilliers, an authority on complexity, such activity cannot be modelled. However, it seemed important to convey something by way of an analogous description about OPP in place of a model. A personal story about scuba diving and an octopus seemed to suit.

☞ That story, in short, talked of a personal scuba diving experience when an octopus swam out from under a coral ledge, and proceeded to spontaneously change colour and texture, to identically match any surroundings with which it came into contact. In the paper it was explained, that if one is to know OPP, “it is to be like an octopus that quietly, smoothly blends to communicate with its surroundings”. It was suggested that another name for Osteopath might be ☞ “Octopath”.

⊠ Scottish performance percussion artist Evelyn Glennie who has played along side some of the worlds top orchestras and musicians in a variety of cultures and venues, states on her website that she senses the music throughout her whole body in the form of vibration. Different frequencies affect different areas of her body. While this is astounding in itself, it is all the more so when you consider that, as a child Evelyn became profoundly deaf and remains so to this day. ⊠

### **As a Result of this Research:**

Now if you'll indulge me; I hope you will agree that two years of research has earned me the right to express my opinion at the close of this presentation. In the time since presenting my thesis in 2006, I have had the opportunity to continue to develop my understanding especially as it applies clinically. Using both the mechanical and complex forms of OPP has taught me about the nature of evidence. The mechanical form of evidence is more readily accepted by a medical community that accepts objective evidence-based science as its cornerstone. This is appropriate given the right conditions. If a joint is severely damaged the various orthopaedic tests, X-rays and scans are of benefit. They verify the condition and provide helpful information that leads to

the appropriate protocol for treatment (ie: whether or not surgery is indicated).

On the other hand, in those cases where a joint has not been directly damaged, complex OPP plays an important role by providing information that needs to be understood beyond the joint itself, in order to understand what is creating the restricted joint in the first place (ie: a visceral lesion). With the aid of complex OPP the osteopath is able to efficiently establish the cause and deal with both the compensation and the origin of the problem, thereby minimizing the chances of a recurrence of the injury and its attendant symptoms. This is the role of dialoguing with the tissues.

Both palpatory methods are equally valid. But it turns out that the mechanical form of OPP is easier to teach and thus has become the preferred form medically. The complex form requires more intense work to master, however, it reveals to the persevering operator, valuable understanding through ‘therapeutic insight’ that is otherwise unavailable. It resists duplication in reductionistic examinations largely because by their very nature such inquiries seek to eliminate extraneous influences. This means that the consciousness of the operator is not considered. However, as quantum physics teaches us, the relationship of the observer to the

observed is very real and very much individual in nature. You might say that depending upon who is doing the looking, the system will respond to that individual's capacity to understand. This is why interrater experiments are so inconclusive. To assume otherwise is folly given an increasing understanding of quantum physics and consciousness. We can now embrace this aspect of OPP, which for so long we have been embarrassed to admit existed, let alone wished to discuss outside certain circles within the profession.

To provide a tangible example of appropriate use of OPP in clinic, I'd like to introduce Murray who appeared in my office 2 years post injury in which he fell from a barn roof. L3/L4 suffered a compression fx. Employing the mechanical form of OPP, severe strains were noted in the upper cervicals, with left shoulder girdle rigidity, compensations in the lumbar and midthoracics were also observed. However, Murray's chief concern was an increasing tremor that began on the left side of his body and soon began to take up on his right. It should be noted that Murray had consulted with several physicians including surgical and neurological specialists. He had been scanned several times with no apparent evidence for the tremoring reported. One neurologist indicated that

his best diagnosis was that this was the onset of Parkinson's disease.

Upon examination using the complex form of OPP it was determined that compensations extended to the cranial base whereby the foramen magnum was distorted in shape, thereby placing an inordinate amount of tension on the brainstem. With treatment aimed at reducing this tension, Murray's tremoring reduced to an almost imperceptible level. Only under very stressful circumstances does it return with anything resembling his initial presentation.

The phenomenologists spoke about engaging the *source* or *essence* of a thing. This engagement provides evidence that is *self-evident*. While this is generally not acceptable to the scientific mind of today, it is nonetheless reliable evidence in the context of complex palpation. The force of torsions, compressions, shears that are not observable by MRI or CT scan are palpable. Consequently, the efficient osteopath will not get lost treating compensations over and over. For instance a recurring 3<sup>rd</sup> rib restriction may be a compensation for an underlying lung's upper lobe that is in lesion. There is no advantage to be gained by working repeatedly on the rib while the lung remains in lesion.

The fact that such perceptive ability exists should surprise no one if one starts with the assumption that Nature designs purposefully, indeed often satisfying multiple purposes with one structure. The tree's roots provide nutrient as well as anchoring for the trunk, limbs and leaves. This natural purposeful design goes well beyond chance as is abundantly demonstrated throughout nature by the Golden Proportion. Such is the nature of complexity. Matter responds to the information of the wave-space; indeed it arises from it. That man can perceive both particle and wave realities should surprise no one either. After all, is not man comprised of this linked duality himself? It is within each person to perceive either/or or both simultaneously. It is a challenge to attain such perceptive ability, but it is both achievable and professionally rewarding.

So the manual osteopath who uses this ability may now feel more secure in that ability as there is now the beginnings of a physiological understanding. And the osteopath who has chosen to pay heed to the allopathic model can rest concerns about these 10 fingered colleagues, knowing that there may now be some physiological basis to their claims.

Now a word about ‘words’. The meaning of a word is informed based on the time period in which it is in common use; that is what is considered acceptable by the mainstream at that time. As well words are informed by the individual who uses them; their background and what they are comfortable or familiar with. Through this research it has become abundantly clear to me that terms such as ‘the field’, ‘the void’, ‘the creator’, ‘God’, ‘the unnameable’, and ‘emptiness’ are all attempts at naming a common thing or non-thing as it were.

In Andrew Still’s time quantum physics had yet to make its public appearance on the scientific stage. In his writings there is mention of God or the creator; terms that many in this profession seek to distance themselves from. However, I believe that these terms were his times’ best expression of this unnameable force. Today I invite you to read Still with an appropriate comfortable substitute term. In this way one may better understand Still’s writings from a more neutral mindset.

Physicists who maintain that quantum physics has nothing to do with consciousness are correct only in the semantics of their assertion. I believe that they are mistaken in the belief that these are separate ‘things’. Manual osteopathy might best be expressed

today as ‘functional quantum physics’ or ‘functional spirituality’. The semantics are of no consequence any longer. When one comes to this understanding, there is no more quibbling over who is right or who is wrong. The chief concern becomes the obligation to apply these skills to reduce human suffering. That has been and continues to be our role as osteopaths.

## Conclusion

Finally, it seems to me that palpation perception sits at the heart of the schism that has developed within the profession. Some use it intensely, while others have chosen to embrace the scientific technological tools. In the final analysis maybe there is room for both; Maybe both can be incorporated in their appropriate contexts to *mutually benefit* patients.

After 2 years of study and reflection on the subject of Osteopathic palpation perception, I am convinced that this research project merely scratches the surface of understanding. There are many more years of study required. And there are many more years of experience to be accumulated. So if we ask: ☞ “Is Osteopathy’s first and primary tool valid?” In my humble opinion, the ‘horse and buggy’ approach to OPP is *perfectly* suited to the professional needs of the contemporary manual osteopath. ☞ Thank-you.