

Call for Papers

An invitation to contribute to a special issue on osteopathic principles

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It has been suggested that the lack of a clear definition of osteopathy has contributed to a lack of clarity surrounding the identity of the profession,¹ which may compound difficulties in identifying and promoting the unique aspects of the services provided by the profession in many countries. It has often been stated that osteopathy is not a collection of manual techniques, but the application of ‘osteopathic principles’. If this is the case, one would reasonably expect that clear principles have been developed and endorsed and that these principles would distinguish osteopathy or osteopathic medicine from other health professions. Surprisingly there has been very little discussion of osteopathic principles in the literature for decades, which is at odds with the purported importance of osteopathic principles as defining the unique features of osteopathy.

The Kirksville tenets² from 1953 are the most commonly espoused set of principles and consist of:

1. The body is a unit
2. Structure and function are reciprocally inter-related
3. The body possesses self-regulatory mechanisms
4. Rational treatment is based on the previous principles

Arguably, however, these principles are vague, underdeveloped and do not clearly differentiate osteopathic practice from almost any other health profession that recognises anatomy and physiology. These principles give little direction for osteopathic practitioners,

other than indirectly emphasizing the importance of biomechanical interdependence within the body.

In 2002, Rogers et al.³ proposed a set of 'Tenets of Osteopathic Medicine' and 'Principles for Patient Care'. These tenets and principles were developed by an ad hoc committee of representatives of osteopathic family practice, manipulative medicine, internal medicine, and the basic sciences. The proposed tenets they published were:

1. A person is the product of dynamic interaction between body, mind, and spirit.
2. An inherent property of this dynamic interaction is the capacity of the individual for the maintenance of health and recovery from disease.
3. Many forces, both intrinsic and extrinsic to the person, can challenge this inherent capacity and contribute to the onset of illness.
4. The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and therefore to resist disease processes.

In comparison to the previous Kirksville principles, these revised principles may better acknowledge the importance of multifactorial influences on health, including biopsychosocial and environmental factors, while at the same time reconfirming the importance of the musculoskeletal system in health, a concept important to many who practice manual medicine.

The proposed tenets by Rogers et al. have been developed within the American profession, where the practice of osteopathic medicine differs markedly from the practice of osteopathy outside of the United States. Do the principles of osteopathy, or the implementation of these principles in osteopathic practice, differ in different countries? Many osteopaths in the United Kingdom and Australasia will be familiar with the Kirksville principles, but there are

other competing principles and philosophies, such as the ‘three pillars’ of osteopathy – Parietal, Visceral, and Craniosacral Osteopathy – that are taught in some European countries.

Can holism be seen as the defining feature of osteopathy? Osteopathic medicine in the United States has been claimed to be struggling with its professional identity,⁴ and some have ventured that a holistic approach to patient care is the aspect which differentiates it from allopathic medicine. In response, many limited-licence osteopaths may cynically propose that osteopathic manipulative treatment is – or should be – the defining aspect of osteopathic medicine, but is holism not also offered as the distinguishing aspect of limited-licence osteopathy? In response to queries of how osteopathy differs from chiropractic or physiotherapy, most osteopaths would not likely rationalise the differences on the basis of particular manual techniques used, but offer that osteopathy takes a holistic view of the body – certainly many might argue this point. But holistic healthcare and manual therapy can be practiced by several other professions so these arguments appear on the surface to be less convincing.

Have the influence of research and the movement of evidence-based medicine altered our views on traditional osteopathic principles? The traditional tenets have emphasized the influence of structure on function, thereby indirectly supporting the biomechanical and structural paradigm of osteopathy and disease. Is the structure-function interrelationship supportable as a key principle in light of modern research? How do these tenets fare in context with our growing knowledge of pain pathophysiology? We know that pain may sometimes have no peripheral tissue cause. We often ascribe clinical meaning to provocation tests or tissue tenderness during palpation, but we know that allodynia associated with central sensitization will produce false positives. Can we adhere to our biomechanical model of dysfunction when so few physical examination tests are valid or reliable? Issues such as the

lack of association of biomechanical and postural factors with low back pain have been highlighted in a recent debate of the validity and usefulness of the postural structural model for manual therapists.⁵

The topic of osteopathic principles and professional identity produces many questions. Are there principles that accurately reflect and are useful for the osteopathic profession today? Do we have principles that uniquely position us from other professions? Is it important for the profession to clearly define the principles underpinning our practice or do these principles vary so widely between countries and individuals that any attempt to enshrine a set of principles is doomed to failure? Is there a schism between the fundamentalist, traditionalist and progressive movements of the profession,¹ so that no set of tenets will ever gain widespread endorsement? Should any set of tenets be purposefully vague for this reason?

To promote discussion on this subject, the *International Journal of Osteopathic Medicine* is calling for papers from practitioners, educators and academics for a Special Issue on the principles of osteopathy and osteopathic medicine. We warmly invite all potential contributors who are interested in contributing to a special issue on this topic to contact the journal office by email (osteopathicmedicine@elsevier.com) for further details of article types and schedules.

References

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