

## FROM THE ARCHIVES

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# Osteopathy and Manipulation

Since the early days of osteopathy its distinctive character has found expression in manipulative efforts to restore order to function. Now is not the time to retard the development of this characteristic manipulation or to minimize the dignity of its expression or its importance in our practice.

To retain this distinctive character more clearly defined standards for the study and practice of osteopathy and the mechanical inter-relation of structure and function are becoming more and more necessary. The responsibility for clearly defining, establishing and maintaining these standards, which will give true direction to the progress of osteopathy, rightly belongs to our educational institutions, our organizations and to our physicians. Delay or evasion in fully meeting this responsibility will disappoint osteopathically minded students practitioners and patients; a better understanding of the fundamental character of osteopathy will be retarded; confidence in the inherent value of our manipulative efforts to normalize structure and function will not be encouraged or supported. Then, indeed, the future of osteopathy will become vague, uninspiring, and most uncertain.

The purpose of this paper is not to define these standards but to outline those bearing on the art of manipulation and on the identity and integrity of the osteopathic concept. Their definition will be left for those who are better qualified and in positions of authority in our colleges and other organizations.

At the present time the interests and energies of many of our students and practitioners are being spread in an ever-increasing number of directions. If this tendency continues it is almost inevitable that this will be at the expense of the already established achievements and traditions in our manipulative technique. This technique can be acquired by the student and practitioner only through concentrated attention over a period of time and cannot be adequately learned by imitation or by special or branch courses in our own or other schools of practice. It has no artifices in sleight of hand or magic and the seemingly miraculous results that sometimes occur may be scientifically and structurally accounted for. The only secrecy in osteopathic manipulation is to be found in knowledge of structure.

The mechanical inter-relation of structure and function gives a scientific basis for the art of osteopathic manipulation. If in the modern education of the osteopathic physician this inter-relation were emphasized and ingrained in the teaching of all the basic sciences in our curricula the graduate would not be

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This is a reprint of Dr. Fleck's article in the publication "Selected Papers from the Section of Osteopathic Manipulative Therapeutics," commonly known as the 1940 AAO Yearbook.

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so often without a definite realization of the scope and inherent value of our characteristic manipulation. The importance that Biology now gives to the underlying mechanism of the cell is illustrative of this mechanical connection between structure and function. With this definite realization of the scope and value of manipulation the first aim of our diagnosis should be in visualizing the specific irregularities of structure that are interfering with function. These lesions most often can best be detected by palpation which will also give indications of their character and an outline of their borders. Palpation, having this key place in our diagnosis, has likewise an important place in our manipulative treatment which continuously carries with it a palpable examination of these lesions. Every treatment is in this sense an examination. It would therefore seem that provision could well be made in our courses of study for a systematic development of the sense of touch so that palpation would be assured of an unusually high rating of usefulness in our diagnosis and treatment.

There will always be art in the use of hands for interpreting and correcting structural irregularities. In its practical application the standard for osteopathic technique will have flexibility and individuality. It will allow for varying degrees of individual reaction to structural disturbance and other variations found, for instance, in mobility and tension. While our technique cannot be absolutely standardized, nevertheless, by applying the principles of mechanics, an exact standard for it may be approximated.

An accepted definition of mechanics is therefore needed. Rankine, in his "Applied Mechanics," defines it as that part of mathematics dealing with force, motion and rest. This definition is generally recognized as authoritative and will be so accepted here. A standard based on this definition will bring more uniformity to our technique. There will be more precision in our manipulation when the principles involved in leverages and angles are scientifically understood and so applied. The force used in our manipulative efforts to obtain structural order will then be more efficiently directed.

This standard of mechanics will indicate, in addition, definite individual instructions for exercise and relaxation to assist in normalizing posture and releasing the stress and strain on the structural lesion. Recurrence of the lesion will then be less likely and the need for manipulation less frequent.

The degree and timing of force used in the art of manipulation will be largely determined by the sense of touch. The scientific standard for regulating the degree and timing of force will be based essentially on knowledge of the pathology and physiology involved.

The mechanical and anatomical boundaries for manipulation do not make it or osteopathy a specialty in the usual sense of the word. The location and character of lesions amenable to specific osteopathic manipulation are not confined to one region, organ or part, nor is the character of structure limited to one type. However, the skeleton, particularly the spine, ribs and pelvis, will continue to furnish the main foundation for distinctive osteopathic diagnosis and treatment.

Many of the osteopathic lesions vary from day to day in their character and location. Nevertheless, they may have an important bearing on a local or general disturbance of function and on the comfort of the patient. Correction of these lesions by manipulation will provide a sound basis for the prevention of disease, for shortening or modifying its course, and for altering its symptomatology.

The body, freed from mechanical interference to function, will have a more stabilized health level, immunity to infection will be strengthened, and disease will be better controlled. Of course, disease itself should be thoroughly understood as well as the treatment given it. It goes without saying that the more accurately the disease is diagnosed and classified the more certain will be the prognosis and the methods of treatment.

Osteopathy does not confine its diagnosis to palpation or its treatment to manipulation. Diagnosis and treatment frequently will be guided by x-ray and laboratory findings and prognosis will depend upon pathological changes. There will be, however, a new forecast for these changes in pathology when structural influences on them are osteopathically considered.

The scientific research reports by Carl McConnell, Louisa Burns, Frederick Long and others deserve an important place in the curricula of our colleges. There is no necessity to wait until these are recognized and formally accepted by orthodox medical or scientific circles before we accept and make full use of this knowledge. Our research work, continuing to interpret pathological changes in reference to the osteopathic lesion, should with equal emphasis report the physiological changes. Research of this character

will give scientific assurance of a progressive and assertive osteopathy. Books on osteopathic pathology and physiology are needed.

Thus far this outline has been dealing largely with academic and elementary problems connected with the progress of osteopathy and its manipulative usefulness. There is still a universal belief that osteopathy has acquired its distinction and usefulness from the mechanical principles involved in manipulation. From now on the outline will confine itself to considerations in the field of practice which have to do with this belief.

The welfare of the individual patient will be given the first consideration. He will rightly expect from us, as osteopathic physicians, a mechanical approach in relieving his distress and a wholehearted support for his reliance on manipulation. Naturally, the patient who has benefited by and desires manipulative treatment from us will be disappointed when we too readily offer to substitute other treatment of less reliable merit.

He will be wary of intolerance, unfairness or narrowness of views about schools of practice and their characteristic therapies but he will gain confidence in seeing in our distinctive practice definite and soundly liberal boundaries. He will have more reliance when knowing that they are broad and elastic enough for a full consideration of his welfare. He will expect us to have a sense of proportion and recognize, for instance, the necessity for surgery and the sympathetic need of morphine in cancer. He will, however, lose interest and confidence when he finds in us a lack of physical zest and a questionable strength of conviction in the osteopathic concept and in the principles of our manipulative art.

Osteopathy will not render the most efficient service by having a loose organization. The necessity for a unified and clearly defined purpose for our organized efforts has been obvious throughout a period of forty-eight years. In the present chaotic times the necessity for such definition is constantly made apparent and has a direct bearing on the progress of our manipulative art. Certainly manipulation ought not to be made secondary or incidental in the aims and activities of our organization.

In osteopathic manipulation America has given the world an original and far reaching contribution to the healing art. Its structural diagnosis gives the basis for a

fundamental difference in scientific understanding and technique from that given by such systems of manipulation as, for instance, massage. It gives our school of practice a different approach to disease than is given by other schools. In our practice the structural lesion will be soon not only as a symptom and a definite factor interfering with normal function but also as a cause of disturbed function and disease. It should continue to direct our manipulative efforts in the future and in so doing it will point the mechanical way toward a broad, well marked road for osteopathic progress.

“The determination of structure with a view to the discovery of function has been the foundation of progress.” This statement was made in 1894 by William Osler,\* internationally recognized as a leader in medical circles. Two years before, in 1892, Andrew Taylor Still had been granted a state charter to organize a school of practice to provide for the teaching of the mechanical inter-relation of structure and function.

On this foundation the practice of osteopathy has grown and been granted legal recognition and regulation in all the States. This legislative success blazed the trail and resulted from benefits patients had received from treatment based on osteopathic principles. In these principles there has been given a basis for unity of thought, loyalty and cohesion in our organized forces that has accounted for the remarkable progress of osteopathy. Our organization was, and still is, committed to fulfill the purpose of carrying forward Dr. Still’s concept of osteopathy to advance mechanical understanding in the problems of disease and to raise the standard of efficiency in manipulative art.

In order to fulfill this purpose it was necessary to have an independent school of practice. The necessity for continuing this position is still sound and very apparent. Osteopathy is young and its development should not be arrested or diverted by an open or insidious invasion of forces foreign to its character which minimize or distort its principles and its practice.

Osteopathy is no longer regarded as revolutionary. On the contrary, in its distinctive approach to disease it is considered evolutionary by physicians of all schools who are fair and progressively minded. It would indeed be reactionary and inexcusable for us to neglect our mechanical approach to the extent of having osteopathic manipulation become a lost art.

\*Osler, William, *Aequanimitas, and Other Addresses*, Philadelphia, 1905.

The distinctiveness of osteopathic practice is symbolized in manipulation and is clearly understood in Dr. Still's concept of osteopathy. With this distinction and understanding well defined there will be progress in our

manipulative art and a high standard of osteopathic service will be assured.

The future of osteopathy then, indeed, will be most encouraging. ■