



Practice Differences between Physiotherapy and Osteopathy

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Disclaimer Statement

- The presenter, Wendy Jardine, claims having no conflict of interest and no bias regarding the following presentation

Learning Objectives

- To become familiar with the definition of Physiotherapy and Osteopathy
- To become familiar with the basic history of the physiotherapy and osteopathic professions
- To become familiar with the educational content of the physiotherapy and osteopathic professions
- To become familiar with the treatment strategies for clients with pain in the physiotherapy and osteopathic professions

Outline of Presentation

- Definition of Physiotherapy & Osteopathy
- Review the history of Physiotherapy & Osteopathy
- Review the basic educational content of physiotherapy & osteopathic programs
- Review the treatment strategies for clients with pain from a physiotherapy & osteopathic perspective
- Clinical examples
- Summary & conclusion

Definition of Physiotherapy

- Physiotherapy is a professional health care discipline directed primarily towards the prevention or alleviation of movement dysfunction.

Physiotherapists are skilled in the assessment and management of a broad range of conditions that affect the musculoskeletal, circulatory, respiratory and nervous systems.

- www.physiotherapyns.ca

Definition of Physiotherapy

- “Physiotherapy is a health care profession concerned with human function and movement and maximizing potential:
 - it uses physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status
 - it is science-based, committed to extending, applying, evaluating and reviewing the evidence that underpins and informs its practice and delivery
 - the exercise of clinical judgment and informed interpretation is at its core.”

The Chartered Society of Physiotherapy Curriculum Framework (January 2002). See the [Chartered Society of Physiotherapy](#) website for details



Definition of Osteopathy

“What is Osteopathy”

Is an established recognized system of health care which relies on manual contact for diagnosis and treatment. It respects the relationship of body, mind and spirit in health and disease; it lays emphasis on the structural and functional integrity of the body and the body's intrinsic tendency for self-healing.

www.woho.org

Definition of Osteopathy

“What is Osteopathy”

- “A natural medicine that restores function to the organism by treating the causes of pain and imbalance. To achieve this goal the Osteopath uses the quality and finesse of his or her palpation skills to determine the position, mobility and quality of the tissues.” *Philippe Druelle D.O.*

History of Physiotherapy

- 1894 Society of Trained Masseuses (STM)
 - (Mary Rosalind Paget, Lucy Robinson, Elizabeth Anne Manley and Margaret Palmer)
(Nicholls & Cheek, 2006)
- British Chartered Society of Massage and Remedial Gymnasts
 - Esther Asplet arrived in Montreal in 1909
- Canadian Association of Massage and Remedial Gymnasts
 - In 1935 this association changed its name to the Canadian Physiotherapy Association (Cleather, 1995)

History of Physiotherapy

- Physiotherapy Education in Canada (Cleather, 1995)
 - 1916 one year training course housed in McGill University department of education (Enid Graham as teacher)
 - 1917 Whitby Ontario, transferred to the Hart House at the University of Toronto until 1919 (Military school of Orthopaedic Surgery and Physiotherapy)
 - A six month emergency course
 - Provided as an aid to “the recovery of the maimed and crippled left in the wake of war”
 - Four sections: massage, muscle function retraining, occupational therapy, and gymnastics

History of Physiotherapy

- 1929 First school of Physiotherapy in Canada
 - Two year diploma program at the University of Toronto (Cleather, 1995)
- 1982 baccalaureate degree is the minimum acceptable standard for graduates (Cleather, 1995)
- 2010 Canada has 14 physiotherapy educational programs spread across the country.
- 2010 the educational requirement to practise physiotherapy in Canada is at the professional master's level www.physiotherapy.ca/public

History of Osteopathy

Dr A.T. Still M.D. D.O.

- Born on August 6th 1828
- A pioneer, a farmer, teacher and then a medical doctor
- Entered the civil war in 1861 as an M.D., This experience along with the loss of children changed his outlook
- Dr. Still's initial concept implied treating patients globally by seeking for causes of dysfunctions rather than treating symptoms
- Osteopathy was named in 1874 after ten years of research and development



History of Osteopathy

- Still opened the first osteopathic school in 1892, in Kirksville Missouri



The American School of Osteopathy, Kirksville, Mo., U. S. A.



History of Osteopathy

The First Teachers

- Dr. John Martin Littlejohn D.O. - would add physiology to the curriculum.
- He would open the Chicago School and then travel to Britain and introduce Osteopathy there.
- Dr. Louisa Burns D.O. - would perform research on physiology to explain the concepts



History of Osteopathy

The Next Generation

- Dr Anne Wales - Traditional Osteopathy
 - Dr. Viola Frymann - Treatment of children and traditional Osteopathy
 - Dr Harold Magoun - Cranial Osteopathy
 - Dr. Rollin Becker
-
- Dr. Schooley, Frymann and Magoun would teach, Brooks, Peyralade and Barillon.
 - These teachers would then open Osteopathy up to Europe and would teach **Philippe Druelle**, Rene Briend, and Jean Pierre Barral.

History of Osteopathy in the UK

- 1910 formation of the British Osteopathic Society
- 1917 British School of Osteopathy
- 1925 first British trained Osteopaths graduate
- 1993 Official recognition of osteopathy in United Kingdom with Osteopaths Bill
- Currently 6 accredited educational institutions (BScO)

History of Osteopathy in Europe

- 1923 Major Stirling – France
- 1957 Paul Geney – Ecole Francais d'Osteopathie which became the European School of Osteopathy in 1974 (UK)
- 1976 Belgian Society of Osteopaths
- 1989 Russian School of Osteopathy
- 1990's Germany, Sweden, Norway, Finland
- Recently Portugal, Spain, Italy, Austria, and Argentina

History of Osteopathy In the USA

- 1930's medical model adopted in USA,
- Osteopathy went towards the practice of medicine and surgery, abandoning traditional Osteopathy (Osteopathy based upon palpation and manual practice)
- The American Academy of Osteopathy has made every effort to preserve Osteopathy's philosophy and basic potential

(www.osteopathie-canada.ca/en/page/historique-de-lost) .

- The British and European Osteopathic schools stayed traditional
- Osteopathic Physicians (USA) vs. Osteopaths (manual practice)
- Presently over 50 Osteopathic Hospitals in the USA
- 5% practice traditional osteopathy

History of Osteopathy in Canada

- 1981 Philippe Druelle founded the first Osteopathic School in Canada

- **Collège d'Études Ostéopathiques**

- Montreal

- Diploma program (part time: 5 years course work, 2 years thesis)

- 1992 Philippe opened

- **The Canadian College of Osteopathy**

- Toronto

- Principal Brad McCutcheon



History of Osteopathy in Canada

- Followed by part time schools in
 - Vancouver 2001
 - Halifax 2002
 - Winnipeg 2010
- In Montreal there is now a Full Time Program in Osteopathy, validated by the University of Wales (UK) issues a B.Sc.(Hons) in Osteopathy



Halifax class of 2010 with Philippe

Physiotherapy

Educational Content

- Anatomy, Physiology, Biomechanics, Pathology
(Pre requisites as well as integrated into the program)
- Practice areas
 - Cardiorespiratory Physiotherapy
 - Neurologic Physiotherapy
 - Musculoskeletal / Orthopaedic Physiotherapy
- Across the spectrum
 - Movement and exercise science
 - Ages across the lifespan (Pediatrics to Geriatrics)
- Scientific enquiry/ research
- Clinical Placements

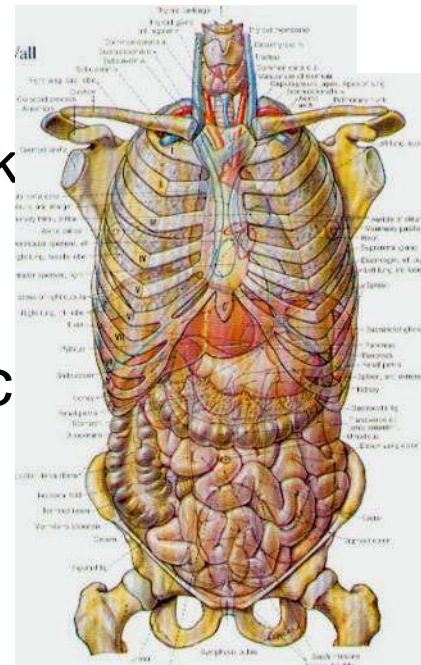
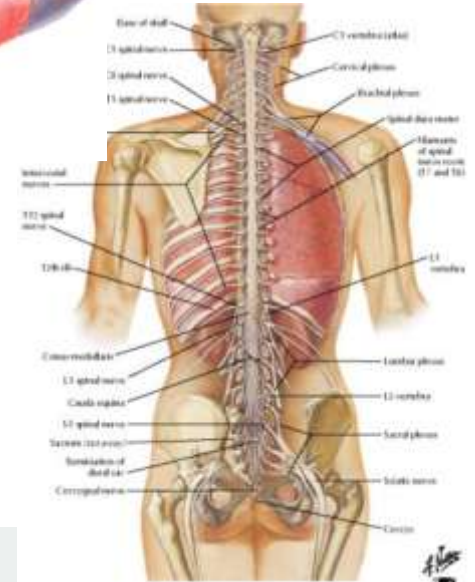
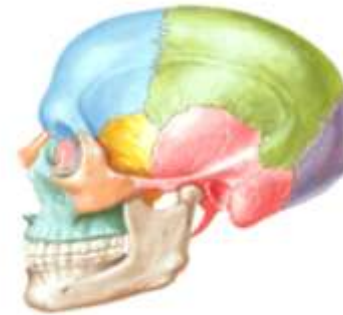
Physiotherapy

Educational content

- Electrophysical Agents
 - TENS, Ultrasound, IFC, Laser ...
- Exercise
 - Range of motion
 - Flexibility
 - Strengthening (resisted exercises)
 - Balance exercises
(postural retraining, ergonomic, work conditioning, aerobic ...)
- Manual therapy
 - Passive ranging, PNF, percussion
 - Joint mobilizations and manipulations

Osteopathy Educational Center

- Anatomy, Physiology, Biomechanics, Embryology, Pathology (Prerequisite and integrated)
- Educational components
 - Musculoskeletal
 - Visceral
 - Cranial sacral(container, contents, core link)
- Courses in Paediatrics, Embryology, Research
- Supervised clinical practice (external student clinic)



Osteopathy

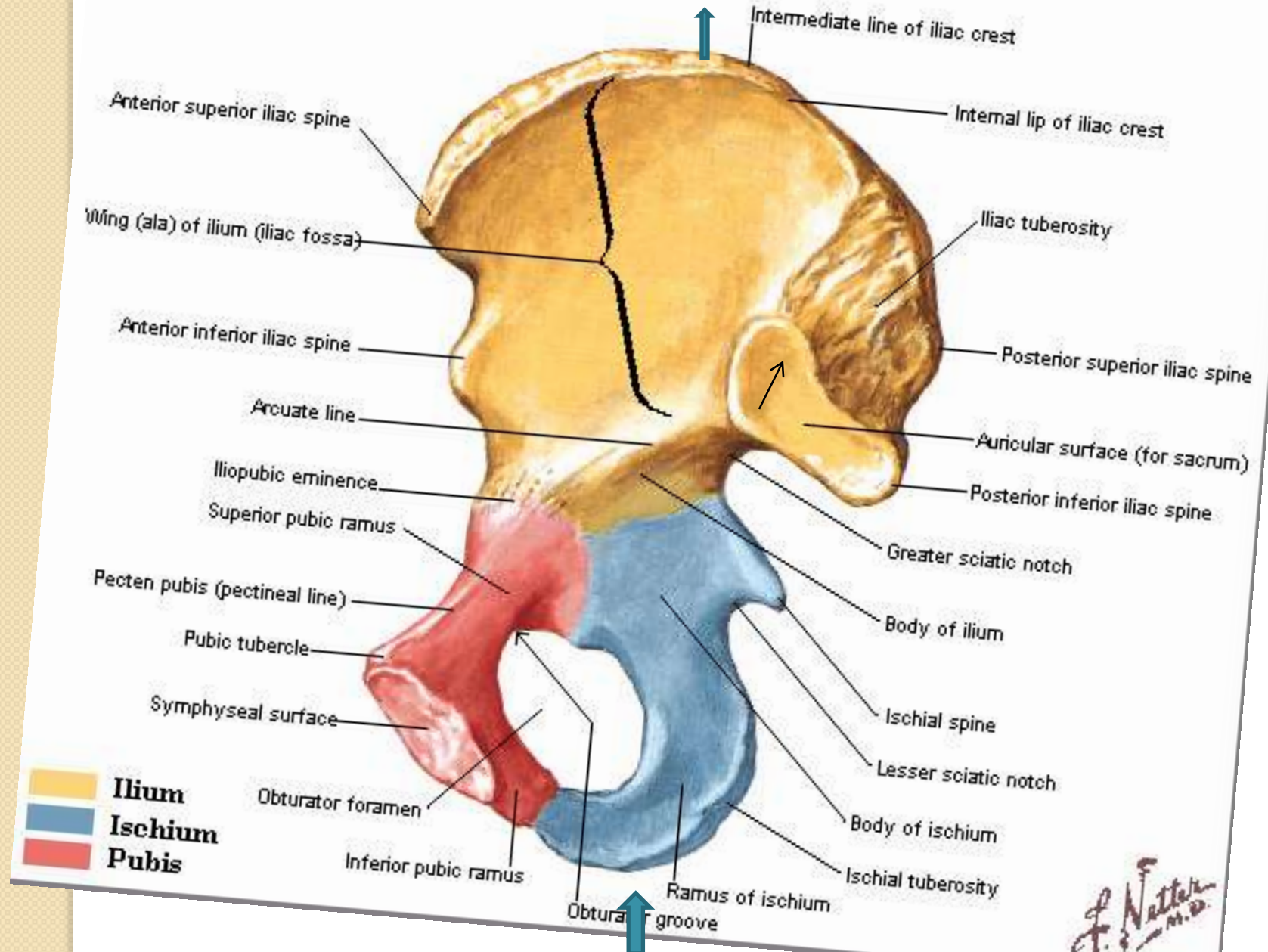
Educational Content

All Manual Therapy

Identify the cause (the primary lesion)

- Guiding Principles
 - Body is a functional unit, Structure governs function, Body is self healing, The role of the artery is absolute
- Palpation, Palpation, Palpation
 - Dialogue with the tissues (respecting the body's self healing)**
 - Mind, Body, Spirit awareness
(acknowledgement of the body's inner wisdom)
- Methodology (Full body assessment)
 - Vitality, scars, compactions, non physiological vs physiological lesions*, restrictions
 - Spheres:
 - Primary: Cranial, thoracic, pelvic;
 - Adaptive: cervical lumbar

Coxal Bone Medial View



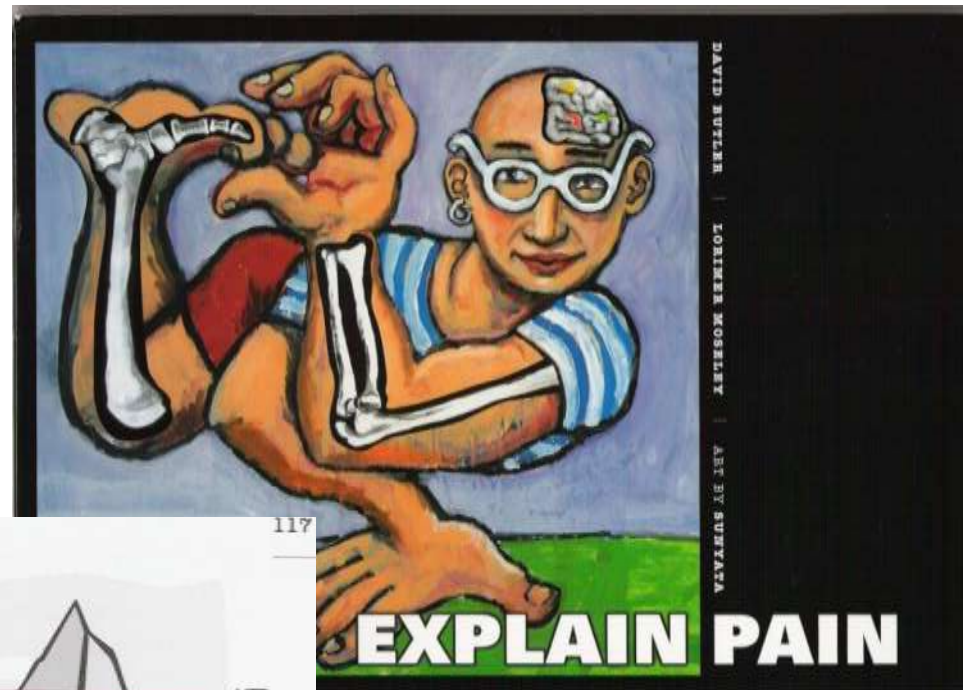
Unique to Osteopathy

- A better understanding of treating the body as the whole
- Emotional/spiritual receptiveness
- Visceral manipulation
- Cranial manipulation
- Primary Respiratory Mechanism (vitality)
- Integration of palpation and diagnosis; dialoguing with the tissues

Physiotherapy Treatment Strategies for pain

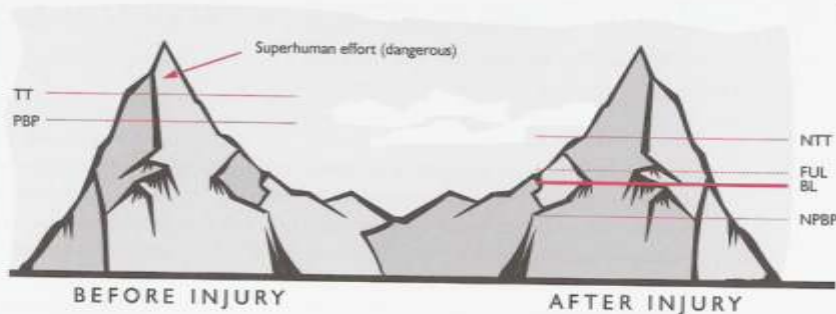
- Electrophysical agents (EPA's)/ modalities
 - Acute effusion, to pain management
- Exercise
 - Promote mobility, muscle balance, posture
- Manual therapy (MSK joint mobilizations & manipulations)
 - Restore mobility
- Education
 - Pain sensitization (David Butler, Braham

Education



KEY

TT	(initial) old tissue tolerance line
PBP	(initial) protect by pain line
NPBP	new protect by pain line
NTT	new tissue tolerance line
FUL	flare-up line
BL	baseline



And now plan your 'training'. Let's walk through the first of the small mountains in the figure below.

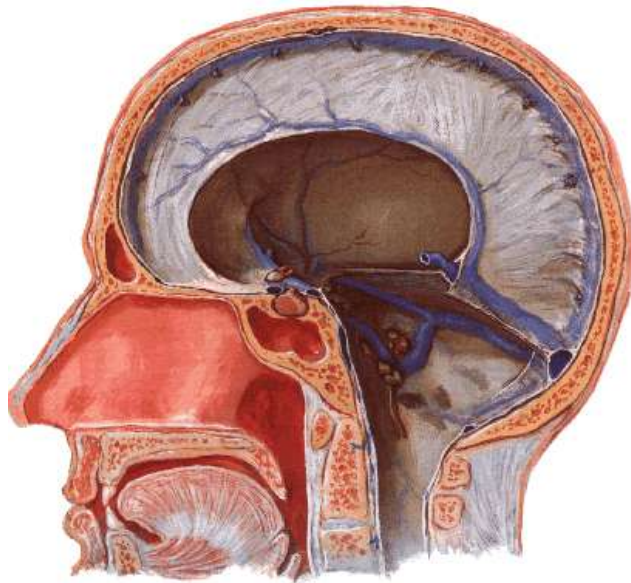
- Starting below the flare-up line, gradually increment your activity, planning steps in advance: 'always do more than you did yesterday, but not much more'.
- The flare-up line will slowly lift along with your training level (this is because you are training your brain, reducing the apparent threat, accessing the virtual body in a non-threatening way).
- The protect by pain line will slowly lift - the sensitivity of the system reduces.
- The tissue tolerance line will also lift - this is one of the beautiful properties of highly adaptable beings - the tissues get stronger, fitter, better controlled.



Osteopathic Treatment Strategies for pain

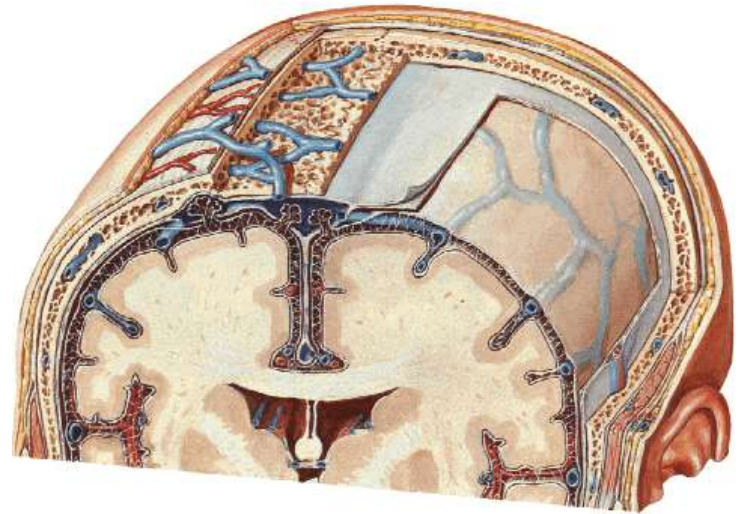
- Manual therapy
 - Identify the primary lesion (Guiding principles and strong methodology)
 - A structured approach for the client with pain everywhere
 - Dialogue with the tissues to help restore tissue mobility and function (with the knowledge of the underlying anatomy and physiology)
 - Cranial techniques influence the venous system, dural system & Cerebral spinal fluid and have the potential to affect pain receptors *
- Education
 - Regarding the connectedness of their body and how to listen to it
- Refer to physio, psychology, naturopaths, etc.
 - Promote community programs: yoga, pilates,

Venous Sinuses of Dura Mater Sagittal Section

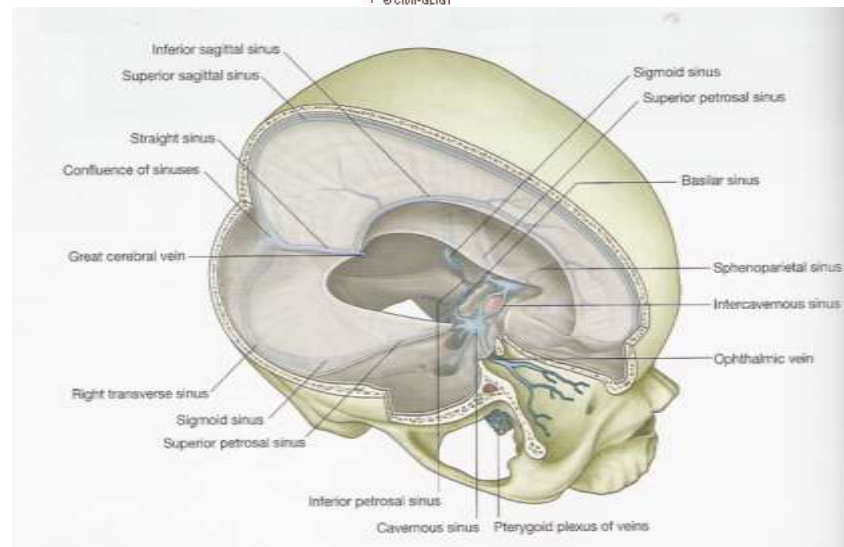


F. Netter M.D.
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Meninges and Diploic Veins Coronal Dissection



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The Dimensional Model of Manual therapy

Lederman 2005

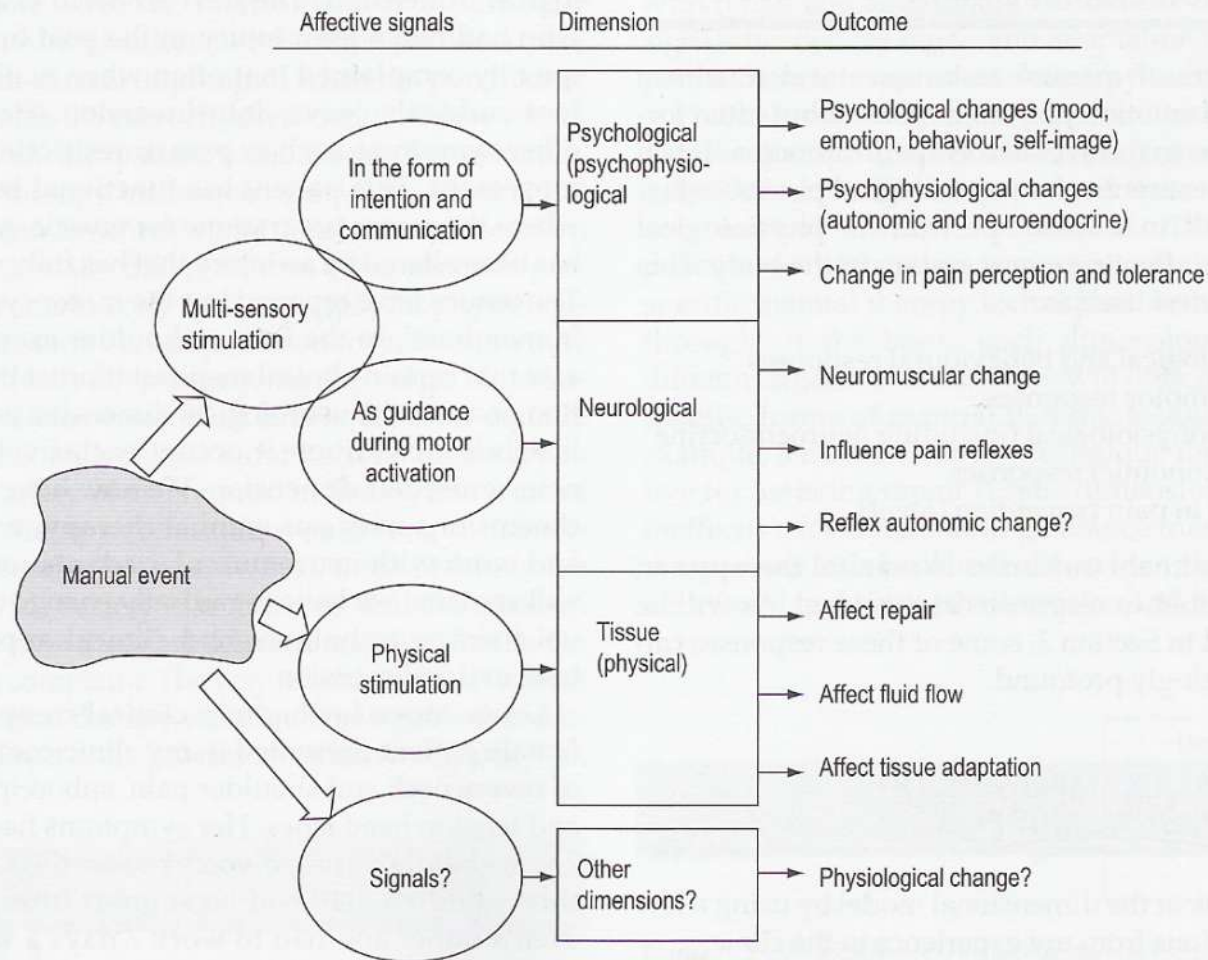


Figure 1.2 The dimensional model of manual therapy.

Clinical Examples

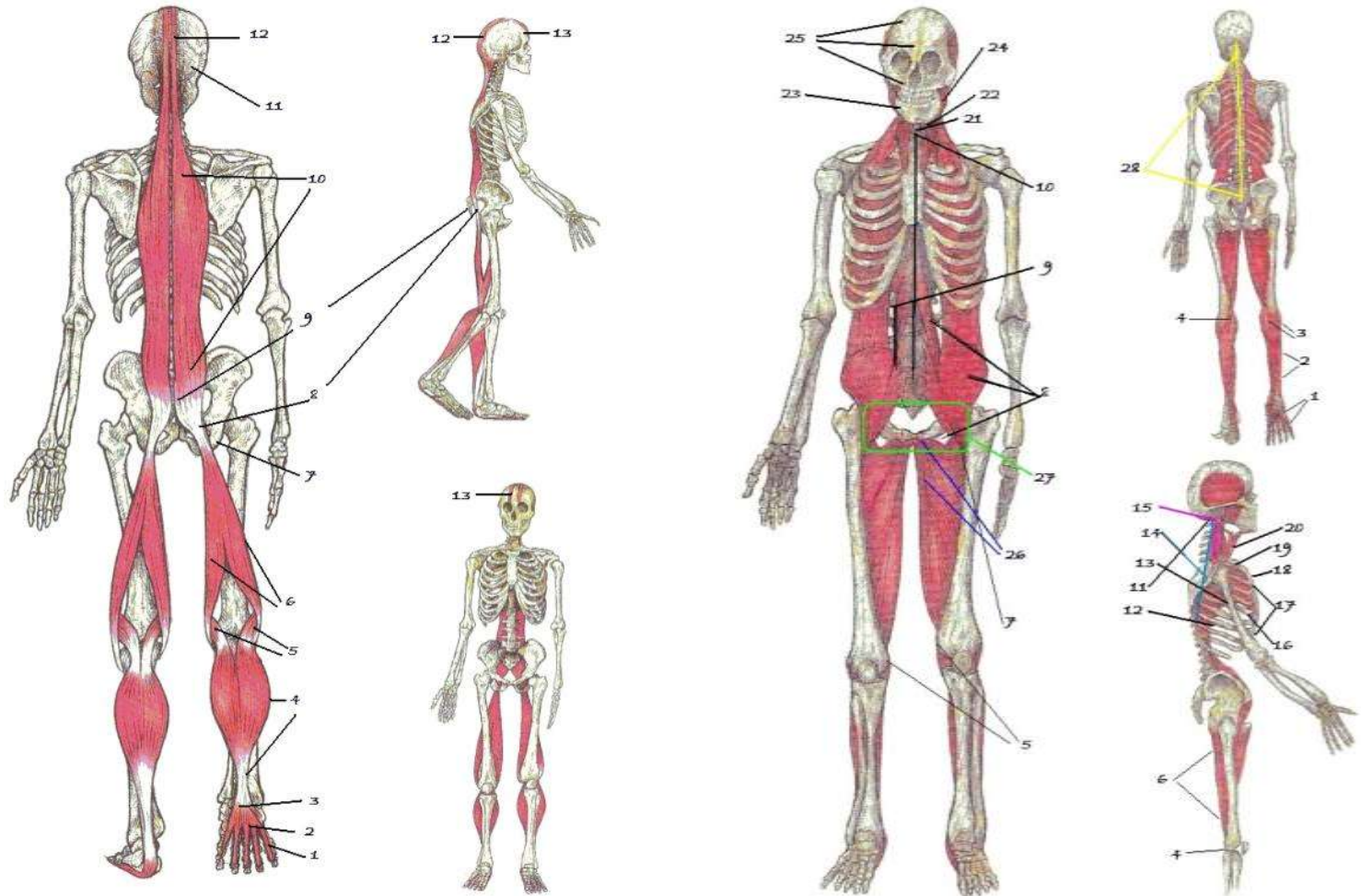


- Sprained right sterno clavicular joint (SC joint)
 - Mechanism of injury Yoga (Cobra)
- Physio & Osteopathic Subjective Hx very similar
 - (systems review and its impact on the body; internal versus external forces)
- Physio assessment: upper Quadrant scan
- Osteopathic assessment: Full body
- Physio Rx: electrophysical agents, exercise (range of motion, strength, posture), manual therapy (mobilizations: SC, AC, Thorax, C spine)

Clinical example con't

- Osteopathic Rx
 - Adductor canal and popliteal releases right knee
 - Diaphragm releases, and related sub diaphragmatic structures
 - SC jt & first rib release
 - SCM and cranial releases

Myofascial Meridian; Anatomy Trains (Myers 2003)

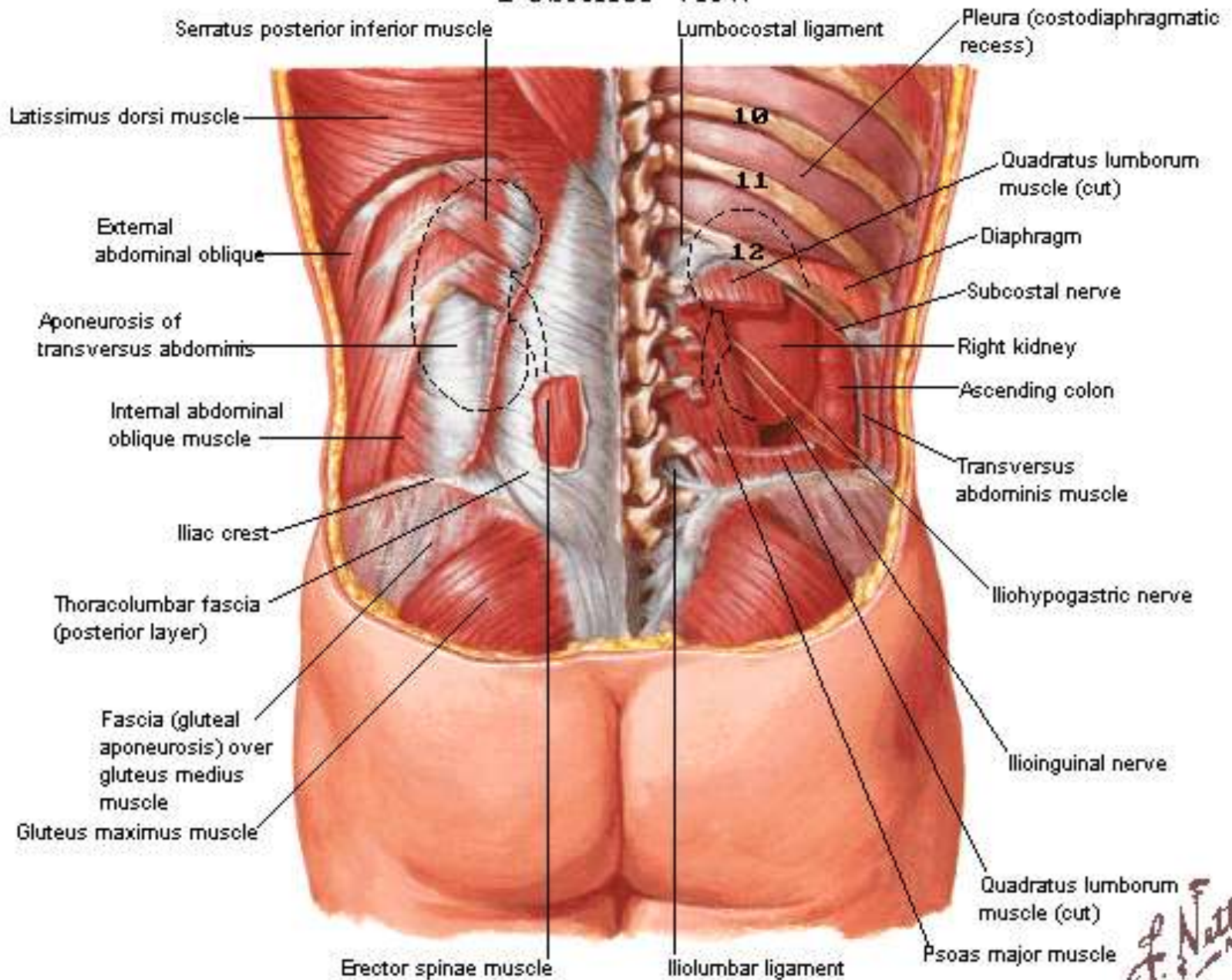


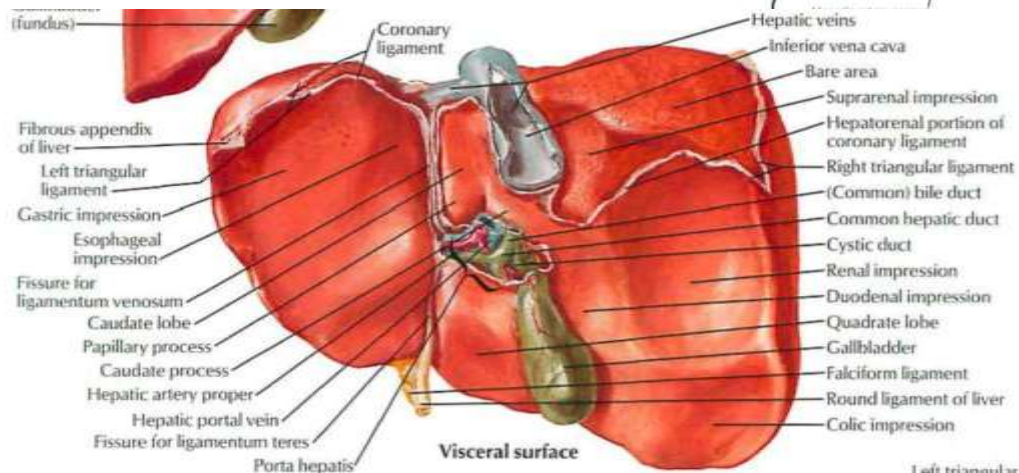
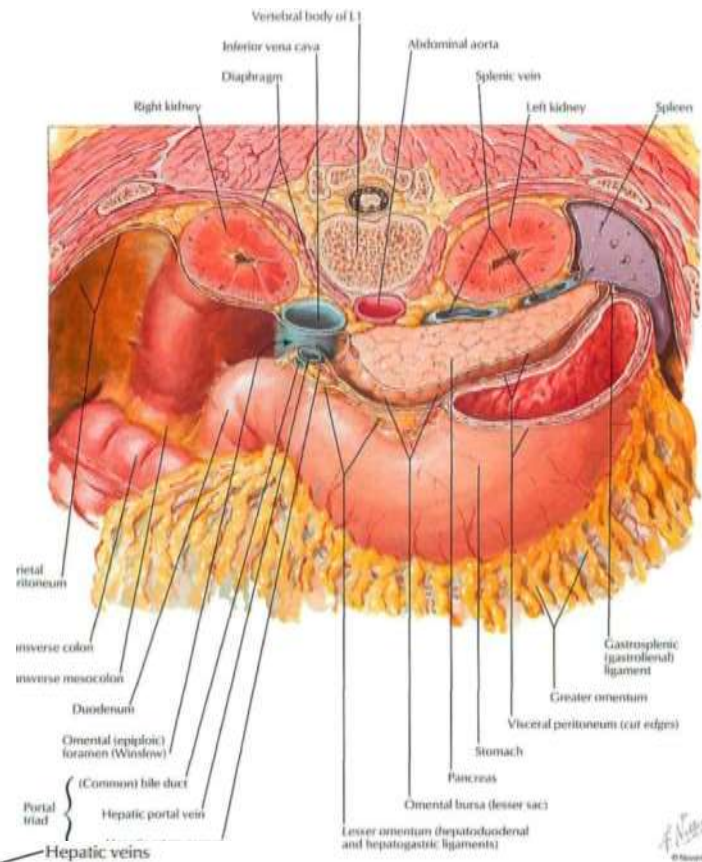
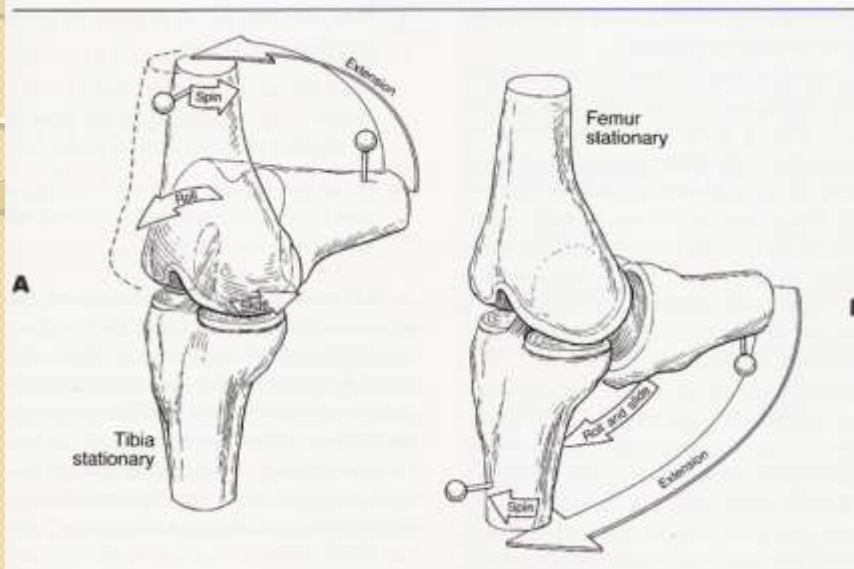
Clinical Example

- Extreme low back pain with guarding and splinting, on strong medication with minimal change
 - MOI: bending twist movement
 - Medical Hx: enlarged kidney
 - Blood tests and X rays clear
 - Forward flexed deviated posture
 - Signs and symptoms= discogenic in nature (no neurological findings)

Kidneys in Situ

Posterior View





Summary

- Physiotherapy
 - One on one, up to multiple clients per therapist
 - Rx: Daily; 2-3Xweek; rechecks
 - Exercise, modalities (EPA's), manual therapy
 - Musculoskeletal pains: Back, neck, TMJ, sciatica, all extremities (knees, shoulders etc)
- Osteopathy
 - One on one
 - Rx: Once every 7 to 14 days; rechecks 3-4 wks, tune ups "find it (the primary cause), treat it, leave it alone"
 - All Manual therapy
 - All MSK pains plus many other: Ear pain, sinuses, headaches, hiatal hernia/ reflux, asthma, Chrones.....

Conclusion

- Clients with mobility restrictions, movement dysfunctions, pain, require a team of health professionals
- There will always be overlap within the health professions as we all have the same goal: to optimize the health and well being of our clients
- Each profession will also have their unique approach
- Physiotherapy and osteopathic treatments both have unique contributions to make in the health, well being and pain management of our clients, and are complimentary to each other.

Thank you

- School of Physiotherapy Dalhousie University
- College d'Etudes Osteopathiques (CEO)
and Canadian College of Osteopathy
 - Philippe Druelle, Brad McCutcheon, Diane LaFlemme
- PT Health and Wellness Centre
Halifax

References

- Ainsworth et al (2007) A prospective double blind placebo-controlled randomized trial of ultrasound in the physiotherapy treatment of shoulder pain. *Rheumatology*; 46:815–820
doi:10.1093/rheumatology/kel423
- Barral, J.P. (2007). *Visceral Manipulation II*. Eastland Press.
- Beatti et al. (2010). Effect of IFT on clinical and experimentally induced pain. *Physical Therapy Reviews* vol. 15 no. 4 243-252
- Butler, D. (2000). *The Sensitive Nervous System*. Noigroup publications.
- Butler. D. & Moseley L.(2003). *Explain Pain*. Noigroup publications.
- Chown, M et al. (2008) *Physiotherapy* A prospective study of patients with chronic back pain randomised to group exercise, physiotherapy or osteopathy 94 21–28
- Cleather J. (995). *Head, Heart and Hands The Story of Physiotherapy in Canada*. Canadian Physiotherapy Association
- Fink, M., Wahling, K., Stiesch-Scholz, M., Tschernitschek, H. (2003). The functional relationship between the craniomandibular system, cervical spine, and the sacroiliac joint: A preliminary investigation. *The Journal of Craniomandibular Practice*, 21 (3), 202-208.

References con't

- Fryman, V. (1998). The Collected Papers of Viola M. Fryman, DO Legacy of Osteopathy to Children. American Academy of Osteopathy.
- Jam B. (2010) The Pain Truth....and Nothing But! Advanced Physical Therapy Education Institute
- Lederman, E. (2005). The Science and Practice of Manual Therapy. Second edition. Elsevier Churchill Livingstone
- Myers (2003) Anatomy Trains
- Netter, F.H. (2003) Atlas of Human Anatomy 3rd edition Icon Learning Systems
- Nicholls D. and Cheek J. (2006) Social Science & Medicine 62 2336–2348
- Still, A.T. (1902). The Philosophy and Mechanical Principles of Osteopathy. Hudson –Kimberly Pub. Co.

[Chartered Society of Physiotherapy](#)

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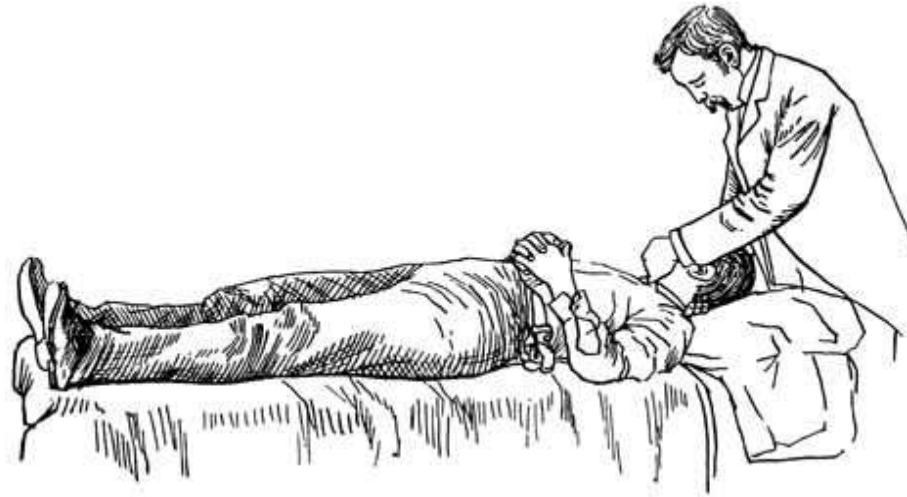
www.physiotherapy.ca/public

www.woho.org

www.osteopathie-canada.ca/en/page/historique-de-lost

<http://barralinstitute.com>

Questions ?



- Elmer D. Barber, D. O.
1898