

M. ZEGARRA-PARODI MEMBRE DU "INTERNATIONAL EDITORIAL BOARD" DE LA REVUE SCIENTIFIQUE « JOURNAL OF PHYSICAL THERAPY »

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The Journal of Physical Therapy

La revue « Journal of Physical Therapy » est un trimestriel consacré aux thérapies manuelles. Cette nouvelle revue scientifique a été créée au Bangladesh et s'est depuis enrichie d'une équipe de professionnels du monde entier au sein de son bureau éditorial. Les articles de cette revue sont accessibles gratuitement sur leur site Internet : <http://sites.google.com/site/jphyster/>.

The International Editorial Board

M. Zegarra-Parodi, membre du Registre des Ostéopathes de France et directeur du Département Recherche du CEESO a été contacté par le Dr Senthil Kumar, Editeur-en-Chef de cette revue, afin de devenir membre du bureau éditorial international de cette revue scientifique.

En tant qu'Editeur de la section « ostéopathie » de la revue, ses principales responsabilités sont de :

- corriger et relire des articles soumis par les membres du bureau éditorial ;
- favoriser la soumission d'articles par des professionnels ;
- améliorer les standards internationaux de cette revue.

Publication d'un « Point of view » de M. Zegarra-Parodi

A l'occasion de la parution en ligne du premier numéro du « Journal of Physical Therapy », Dr Senthil Kumar a demandé à M. Zegarra-Parodi d'écrire un article décrivant l'ostéopathie ainsi que son positionnement par rapport aux autres thérapies manuelles. Ce « Point of view » est intitulé : « *Osteopathy and physical therapy – a gap bridging between two professions* », et l'accent a été porté sur le modèle ostéopathique basé sur le concept de la dysfonction somatique par rapport à d'autres modèles thérapeutiques manuels basés sur la douleur et la perte de mouvement.



Osteopathy and Physical Therapy- a Gap Bridging Between Two Professions.

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As an osteopath, trained and experienced in the management of patients with neuromusculoskeletal pain disorders for 13 years, I would like to take this opportunity to share my views and thoughts on the plausible yet perceptible relation between the two professions- Osteopathy and Physical Therapy.

Numerous treatment approaches exist within manual and manipulative therapy for the management of a variety of musculoskeletal and non-musculoskeletal conditions. Osteopathic medicine is an approach to healthcare that emphasizes the role of the musculoskeletal system in health and disease; its philosophy is based on four key principles:¹ (1) the body is a unit, (2) the body possesses self-regulatory mechanisms, (3) structure and function are reciprocally interrelated and (4) rational therapy is based on the previous tenets.

A key identifiable feature of osteopathic medicine is the concept of somatic dysfunction defined as a functional disturbance of the tissues of the musculoskeletal system and related vascular and neurological components, which can be treated by manipulation.² Clinical

ABSTRACT

Numerous treatment approaches exist within manual and manipulative therapy for the management of a variety of musculoskeletal and non-musculoskeletal conditions. Most of the techniques such as manipulation, muscle energy techniques, positional release techniques, myofascial release techniques and craniosacral therapy, which are also commonly used in manual therapy. Traditionally osteopathy developed both the "art" and the "science" of these techniques but most of the research supporting their use in clinical practice is now published by physical therapists. Orthopaedic Manual Physical Therapy encompasses the so-called bridge for the plausible gap between the two professions. While osteopaths work under the somatic dysfunction model and physical therapists under the pain and movement model, the recent International Association for the Study of Pain (IASP) global year against musculoskeletal pain emphasized the "biopsychosocial model." The biopsychosocial model demands both the professions to work hand-in-hand and to understand mutual responsibilities and roles. Such an inter-professional teamwork would henceforth facilitate better patient recovery and care.

Key words: manual therapy, biopsychosocial model, inter-professional teamwork, somatic dysfunction.

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symptoms associated with somatic dysfunction are commonly represented by the acronym "TART" (Tenderness, Asymmetry, Restriction and Tissue texture change).³ According to its commonly used neurophysiological model and depending on the patient's condition, the somatic dysfunction may be causative, reflexive, reactive, or perpetuating, or a combination.³ The evaluation of the patient's capability for a homeostatic response and the interpretation of theoretical underlying physiopathological processes with the palpation of components of the somatic dysfunction guide the osteopath for treatment strategies.⁴ A wide range of manual techniques described in the *Official Osteopathic Thesaurus*⁵ are used for the treatment of somatic dysfunctions by the two categories of osteopathic practitioners, the osteopaths

Key points and pre-publication history of this article is available at the end of the paper.

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who provide only osteopathic manipulative treatments (OMT) and the osteopathic physicians who are fully licensed to practice medicine and provide OMT, as they are defined by the World Health Organization's (WHO) draft report *Guidelines on Basic Training and Safety in Osteopathy*.⁶ These practitioners have a first contact status in every country where osteopathy has been recognized and regulated by Law.

The challenge for both patients and manual practitioners is to determine the therapeutic approach that would be most appropriate and effective for a specific condition. Differences of concepts or techniques claimed by practitioners are not so evident for "naïve" patients seeking relief for their symptoms; the only thing they are sure about is that they will be treated with manual therapy. If a therapy is preferable in terms of efficacy, cost-effectiveness or less side-effects for specific clinical conditions, research should be pursued in this direction in order to provide more evidence for appropriate referral.

There is a current trend in osteopathic research toward evaluation of the relevance of somatic dysfunctions in the incidence and the maintenance of symptoms,^{7,8} not only in the evaluation of OMT.⁹ The techniques in osteopathy include but are not limited to manipulation, muscle energy techniques, positional release techniques, myofascial

release techniques and craniosacral therapy, which are also commonly used in Orthopaedic Manual Physical Therapy (OMPT) techniques. Physical therapies are indeed perceived as effective for neuro-musculoskeletal conditions (pain and movement) but treating the musculoskeletal system may also significantly influence the individual's ability to restore one's inherent capacity for the maintaining general health and also towards recovery from disease and thereby to resist further disease processes.¹

The use of the said techniques into OMPT and Physical Therapy has indeed added some value of "science" to the "art" of their origin- Osteopathy. There is a growing body of evidence to support the shift from technique-based approaches for musculoskeletal conditions to patient-centered approaches, especially with the use of the biopsychosocial model.¹⁰

Comprehensive multidisciplinary care is indicated in current healthcare delivery systems and payer's policies in order that we, as part of global healthcare professional team work together in addressing not only the biological processes but also the psychological and social outcomes as well. Further research in this direction would benefit all manual practitioners irrespective of their professions.

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Point of view

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CONFLICTS OF INTEREST

None declared.

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Key points:

Past- Osteopathy and Physical Therapy had huge overlap in their knowledge base and were thus considered as conflicting professions- the gap.

Present- the somatic dysfunction model of osteopathy and pain-movement model of physical therapy is integrated in biopsychosocial model of pain.

Future- Interprofessional teamwork of combining and comparing the two professions should be studied for its effectiveness in a multidisciplinary patient care model.