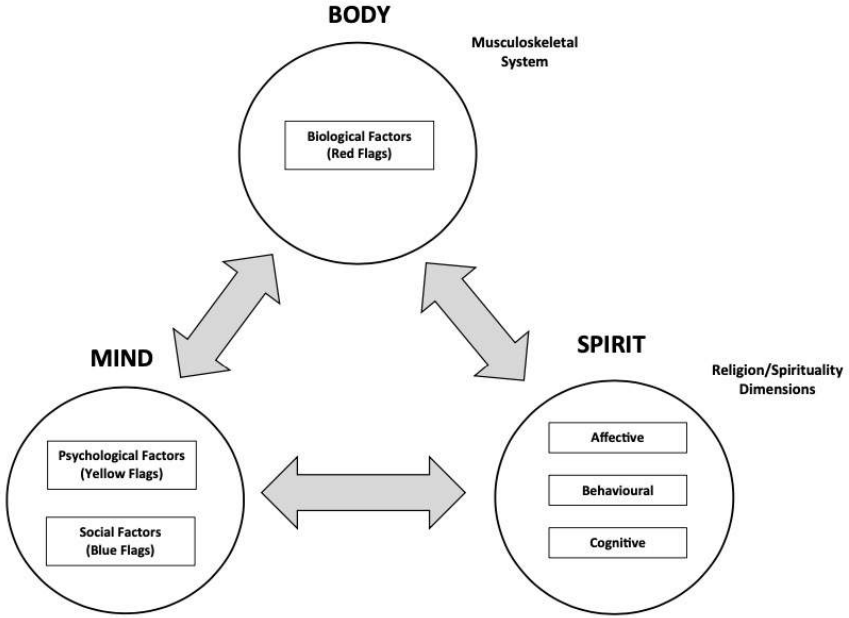
OsEAN
Osteopathic European Academic Network

7th Open Forum for Osteopathic Education
Thursday, September 23, 2021

#SPIDI: a novel teaching approach to implement the biopsychosocial model into osteopathic practice



Raphaël Avanozian, DO (UK)

Rafael Zegarra-Parodi, DO (UK)

Rafael Zegarra-Parodi

Conflicts of interest

- Registered osteopath in France (ARS d'Île-de-France) and UK (#3418)
- A.T. Still Research Institute (USA), *research affiliate*
- DO-Touch.NET (USA), *member of the executive committee*
- International Journal of Osteopathic Medicine (UK), *associate editor*
- BMS Formation (France), *cofounder & director, lecturer*
- Lecturer at CEESO Paris (France), EOTS (Spain), HES-SO (Switzerland), and Université Paris-Saclay (France)
- AP-HP (France), *co-supervision of LC-OSTEO practitioners*

Raphaël Avanozian
Conflicts of interest

- Registered osteopath in France (ARS de Provence-Alpes-Côte d'Azur) and UK (#9739)
- BMS Formation, *lecturer*
- French Navy, *reserve officer*
- Rugby Medical Commision (Southern France), *member*
- Emerging Countries, Humans & Osteopaths (ECHO) Association, *honorary member*

By the end of this webinar you should be able to

1. Critically appraise traditional, body-centered models for osteopathic care

2. Critically reflect on opportunities to develop evidence-informed, person-centered models for osteopathic care

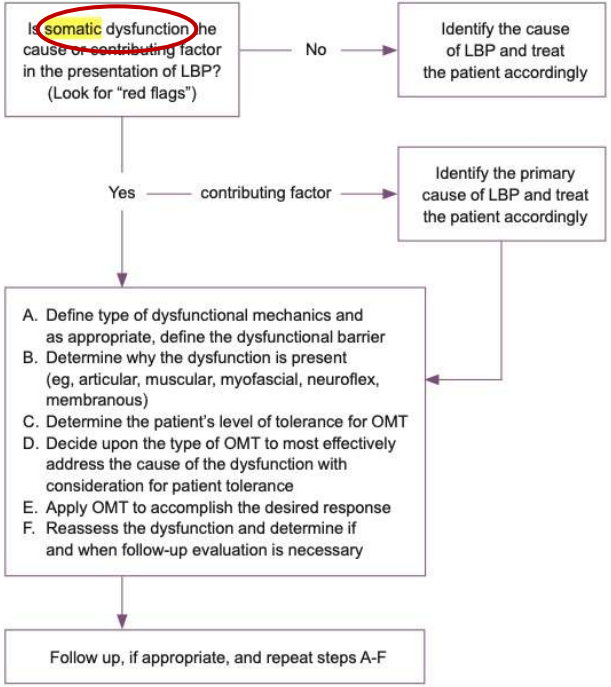
3. Critically appraise the relevance of the body-mind-spirit osteopathic tenet in contemporary care given current neuroscience models of bodily perceptions and pain

4. Critically reflect on your own osteopathic practice with evidence-informed clinical simulation scenarios on biopsychosocial-spiritual approaches to musculoskeletal pain

MUSEUM OF OSTEOPATHIC MEDICINE

Outline

1. **Context in osteopathic medicine and osteopathy**
   - 1.1. Traditional, body-centered models for osteopathic care
   - 1.2. Evidence-informed, person-centered models for osteopathic care
   - 1.3. Different conceptions of professional practices
   - 1.4. Evolution of osteopathic principles (1953 vs 2002)
   - 1.5. Revolution of osteopathic principles (back to the start: the Dr. A.T. Still, MD, DO legacy)?
2. Biopsychosocial-spiritual approaches in osteopathic care
3. Evidence-informed clinical simulation scenarios
4. Open discussion



American Osteopathic Association Guidelines for Osteopathic Manipulative Treatment (OMT) for Patients With Low Back Pain

Task Force on the Low Back Pain Clinical Practice Guidelines

"Once a patient with low back pain is diagnosed with somatic dysfunction as the cause of, or contributing factor to, low back pain, OMT should be utilized by the osteopathic physician.

The diagnosis of somatic dysfunction entails a focal or complete history and physical examination, including an osteopathic structural examination that provides evidence of asymmetrical anatomical landmarks, restriction or altered range of joint motion, and palpatory abnormalities of soft tissues.

Osteopathic manipulative treatment is used to manage somatic dysfunction after other potential causes of low back pain are ruled out or considered improbable by the treating physician."

(Snow et al., 2016)

MINISTÈRE DES AFFAIRES SOCIALES, DE LA SANTÉ ET DES DROITS DES FEMMES

SANTÉ

PROFESSIONS DE SANTÉ

MINISTÈRE DES AFFAIRES SOCIALES,
DE LA SANTÉ
ET DES DROITS DES FEMMES

Arrêté du 12 décembre 2014
relatif à la formation en ostéopathie (*JO*RF n° 0289 du 14 décembre 2014)

NOR : *AFSH1426478A*

Legal definitions in France

- Profession: "The osteopath, in a systemic approach, after osteopathic diagnosis, performs mobilizations and manipulations for the management of osteopathic dysfunctions in the human body. These manipulations and mobilizations aim to prevent or remedy dysfunctions in order to maintain or improve the state of health of people."

- Osteopathic technique: "set of gestures based on osteopathic principles"

Osteopathic principles *(Evans, 2013)*

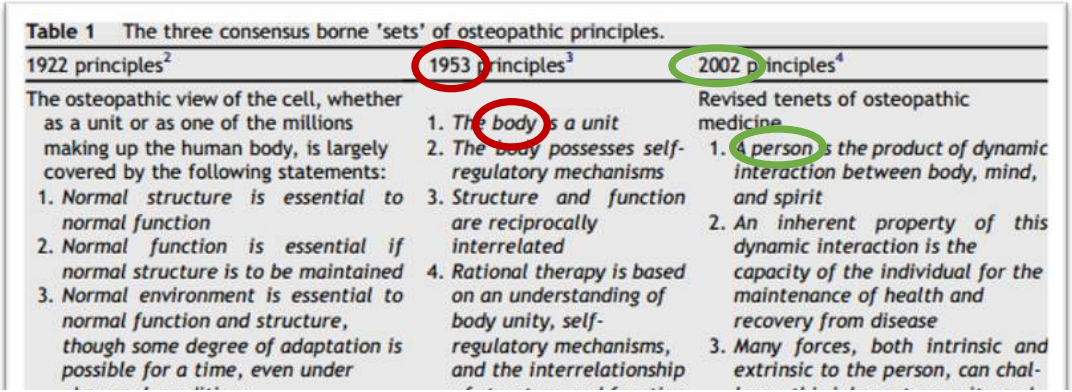


Table 1 The three consensus borne 'sets' of osteopathic principles.

1922 principles[2]	1953 principles[3]	2002 principles[4]
The osteopathic view of the cell, whether as a unit or as one of the millions making up the human body, is largely covered by the following statements: 1. *Normal structure is essential to normal function* 2. *Normal function is essential if normal structure is to be maintained* 3. *Normal environment is essential to normal function and structure, though some degree of adaptation is possible for a time, even under*	1. *The body is a unit* 2. *The body possesses self-regulatory mechanisms* 3. *Structure and function are reciprocally interrelated* 4. *Rational therapy is based on an understanding of body unity, self-regulatory mechanisms, and the interrelationship*	Revised tenets of osteopathic medicine 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 chal-*

BO Santé – Protection sociale – Solidarité n° 2014/11 du 15 décembre 2014, Page 57

Educational recommendations in France

"Osteopathic principles and foundations will be critically appraised and updated based on the best available evidence."

C1

You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

1. This should include the ability to:
   - 1.1 take and record the patient's case history, adapting your communication style to take account of the patient's individual needs and sensitivities
   - 1.2 select and undertake appropriate clinical assessment of your patient, taking into account the nature of their presentation and their case history
   - 1.3 formulate an appropriate working diagnosis or rationale for care and explain this clearly to the patient
   - 1.4 develop and apply an appropriate plan of treatment and care; this should be based on:
     - 1.4.1 the working diagnosis
     - 1.4.2 the best available evidence
     - 1.4.3 the patient's values and preferences
     - 1.4.4 your own skills, experience and competence
   - 1.5 adapt an osteopathic technique or treatment approach in response to findings from the examination of your patient
   - 1.6 evaluate post-treatment response and justify the decision to continue, modify or cease osteopathic treatment as appropriate
   - 1.7 recognise adverse reactions to treatment, and take appropriate action
   - 1.8 monitor the effects of your care, and keep this under review; you should cease care if requested to do so by the patient or if you judge that care is likely to be ineffective or not in the patient's best interests
   - 1.9 recognise when errors have been made, and take appropriate action to remedy these, taking account of the patient's best interests under your duty of candour (see standard D3)
   - 1.10 where appropriate, refer the patient to another healthcare professional, following appropriate referral procedures.

Current limits of describing the specificities of a profession through its manual techniques

Aspinall et al. Chiropractic & Manual Therapies (2019) 27:7
https://doi.org/10.1186/s12998-018-0226-7

Chiropractic & Manual Therapies

SYSTEMATIC REVIEW Open Access

Manipulation-induced hypoalgesia in musculoskeletal pain populations: a systematic critical review and meta-analysis

Sasha L. Aspinall[1*], Charlotte Leboeuf-Yde[1,2], Sarah J. Etherington[3] and Bruce F. Walker[1]

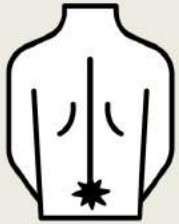
- Best available evidence
- Manipulation-induced hypoalgesia of musculoskeletal pain
- No differences between manipulations and placebo

- Additional studies required with appropriate methodology:
  - Specificities of nonpharmacological interventions
  - Specificities of osteopathic principles and practices

Clinical relevance of body-centered osteopathic models (somatic dysfunction)

POPULATION

159 Men, 235 Women



Adults with nonspecific subacute and chronic low back pain (LBP)

Median (range) age, 49.8 (40.7-55.8) y

INTERVENTION

400 Participants randomized

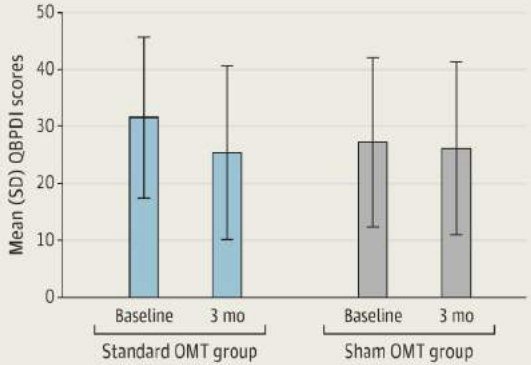
394 Participants analyzed

197 Standard osteopathic manipulative treatment (OMT)
6 sessions (1 every 2 wk) of standard OMT

197 Sham OMT
6 sessions (1 every 2 wk) of sham OMT

FINDINGS

At 3 mo, mean reduction in LBP-specific activity limitations via QBPDI score was statistically higher in the standard OMT group vs the sham OMT group; however, the clinical relevance of this effect is questionable



Mean Reduction in LBP-Specific Activity Limitations

Standard OMT: −4.7 (95% CI, −6.6 to −2.8)
Sham OMT: −1.3 (95% CI, −3.3 to 0.6)
Difference: −3.4 (95% CI, −6.0 to −0.7); $P = .01$

SETTINGS / LOCATIONS

1 Tertiary care hospital in Paris, France

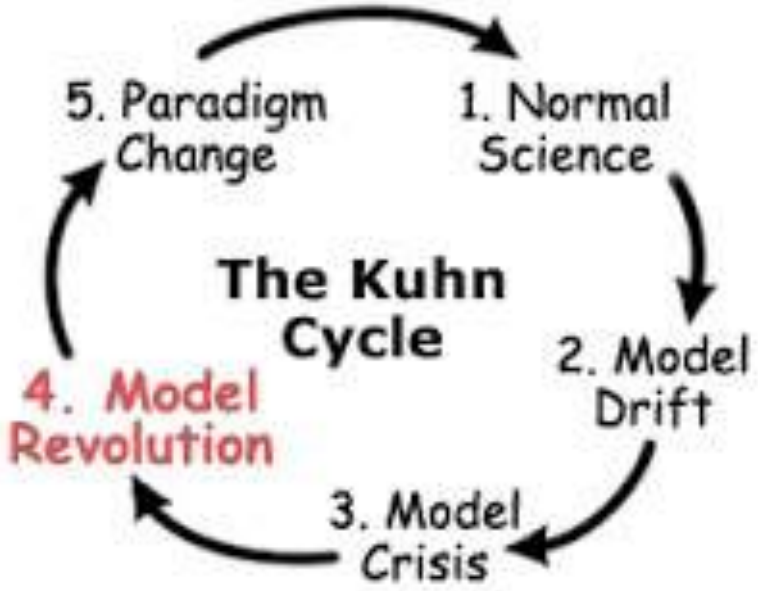
PRIMARY OUTCOME

Mean reduction in LBP-specific activity limitations at 3 mo via the self-administered Quebec Back Pain Disability Index (QBPDI), with scores ranging from 0 (no limitations) to 100 (maximum limitations)

(Nguyen et al., 2021)

So, this is a *revolution*?

"The structure of scientific revolutions" (Thomas Kuhn, 1962)



Clinical relevance of body-centered osteopathic models (somatic dysfunction)

Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/locate/ijosm

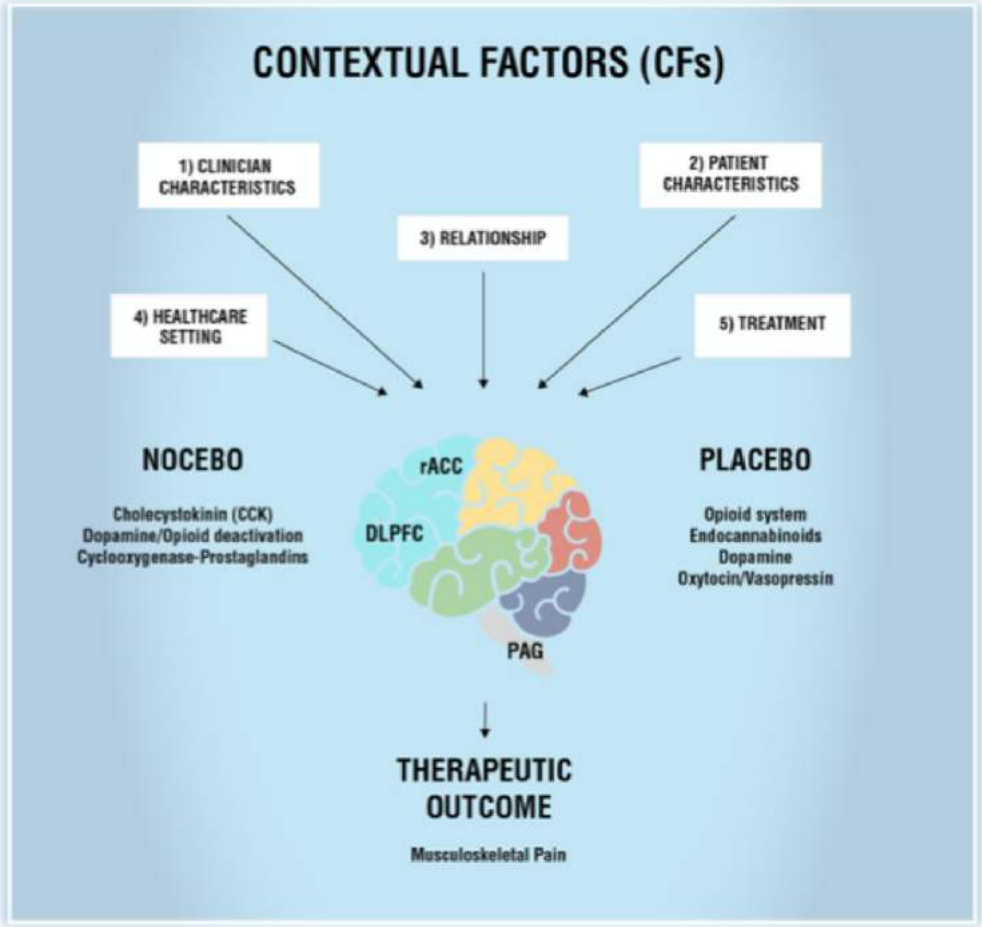
Models and theoretical frameworks for osteopathic care – A critical view and call for updates and research

COME Collaboration Evidence Scale for guiding confidence in theoretical models used in care.

Level of evidence	Name	Criteria	Examples[a]	Expected practical attitude
A	Generalized theory	Theory resisted multiple temptations of falsification in different settings and with different populations. Consistent over time.	Person-centred theory, health hygiene theory, vaccine immunisation theory	Can be fully trusted without however excluding potential exceptions
B	Explanatory theory	Practical application tested and validated for specific populations or/and settings. Theory capable of explaining and predicting useful observed phenomenon.	Phenomenological models of the body, nutritional theory, cognitive behavioural theory, goal setting theory, transtheoretical model of change	Can be trusted in known explored settings at specific analytical levels
C	Model with empirical support	Testable relationships or construct confronted and supported by empirical observations. Findings support plausibility, consistency and construct of the model.	Neurophysiological mechanisms for spinal manipulation, neurovegetative allostatic model, motor energy-efficiency model, predictive processing theory, psychosocial determinants of health models, health literacy models	Can be used to explain some clinical or public health observations
D	Models with expert consensus alone	Consensus on construct with explicit explanation on causal relationships. Consistent, plausible and useful in providing guidance on the process of care.	"Five osteopathic models" approach	Can be used cautiously in practice in absence of a better model
E	Untested hypothetical model without broad consensus	Testable, plausible model with apparent internal consistency.	Osteopathic somatic dysfunction, the bioenergetic model, the motility model	Only rely on such models with much scepticism
F	Existing evidence against model	Internal incoherence, major inconsistencies with existing models of high level of evidence, or model repeatably contradicted by empirical observations.	Chiropractic subluxation model, Magoun's cranial model, homeopathic dilution theory, meridian traditional theory in acupuncture	Model not to be used as they are known to mislead and can generate mistrust

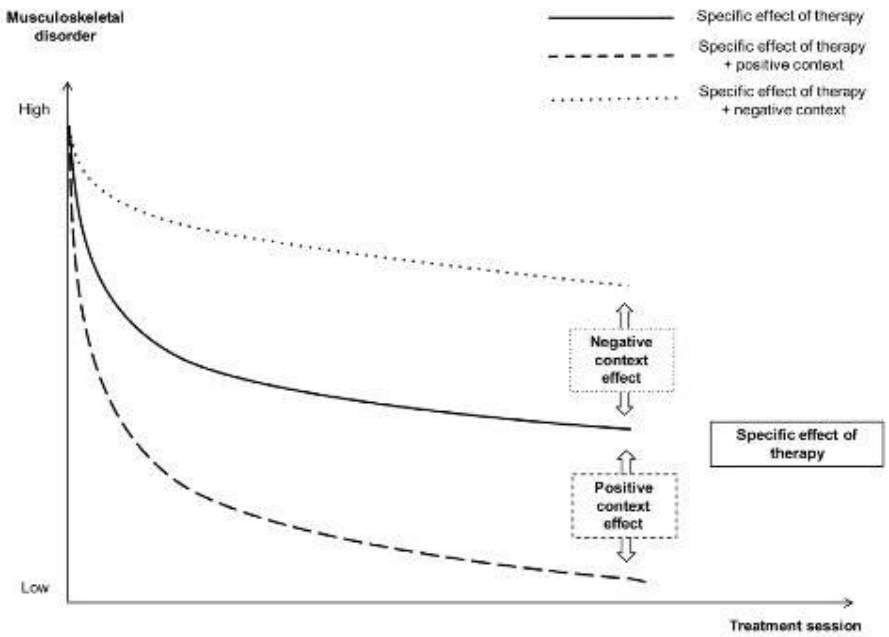
[a] Examples are for illustration purposes only and are not exhaustive. Level of evidence of each example is subject to changes depending of cumulated evidence.'

(Esteves et al., 2020)



(Rossettini et al., 2018)

Specific vs contextual effects in manual therapy



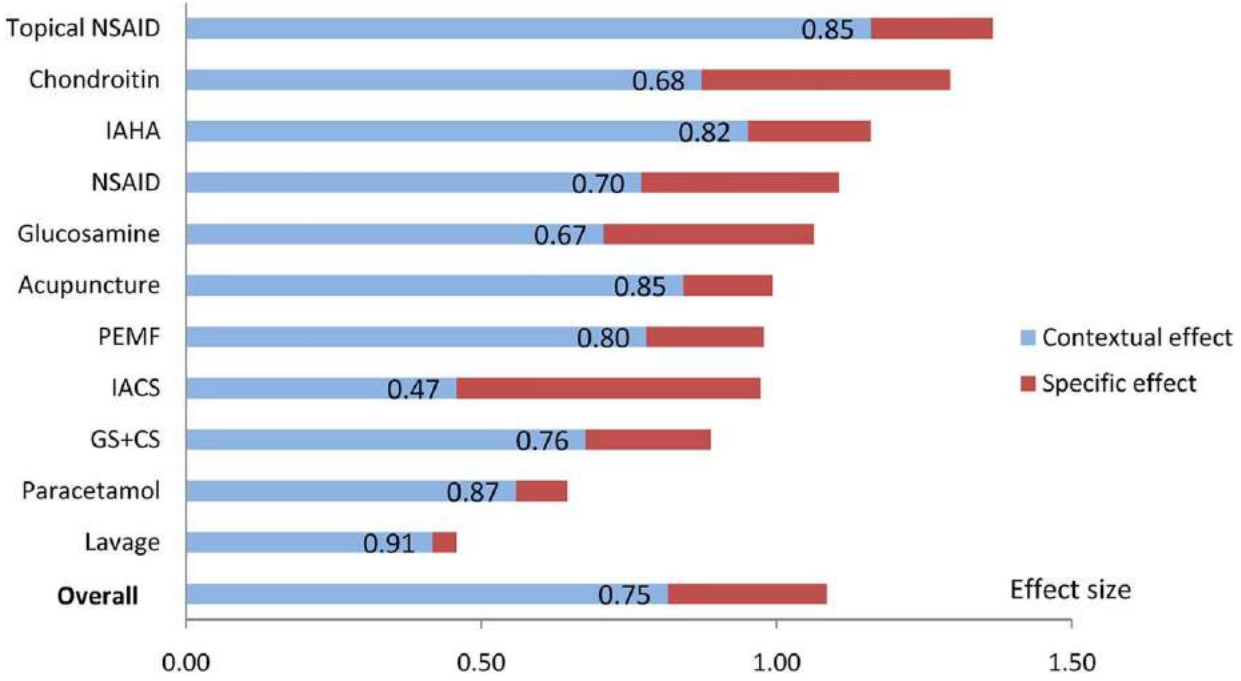
(Testa and Rossettini, 2016)

- 66% of variation for chronic pain
- 81% of variation for acute pain

(Menke, 2014)

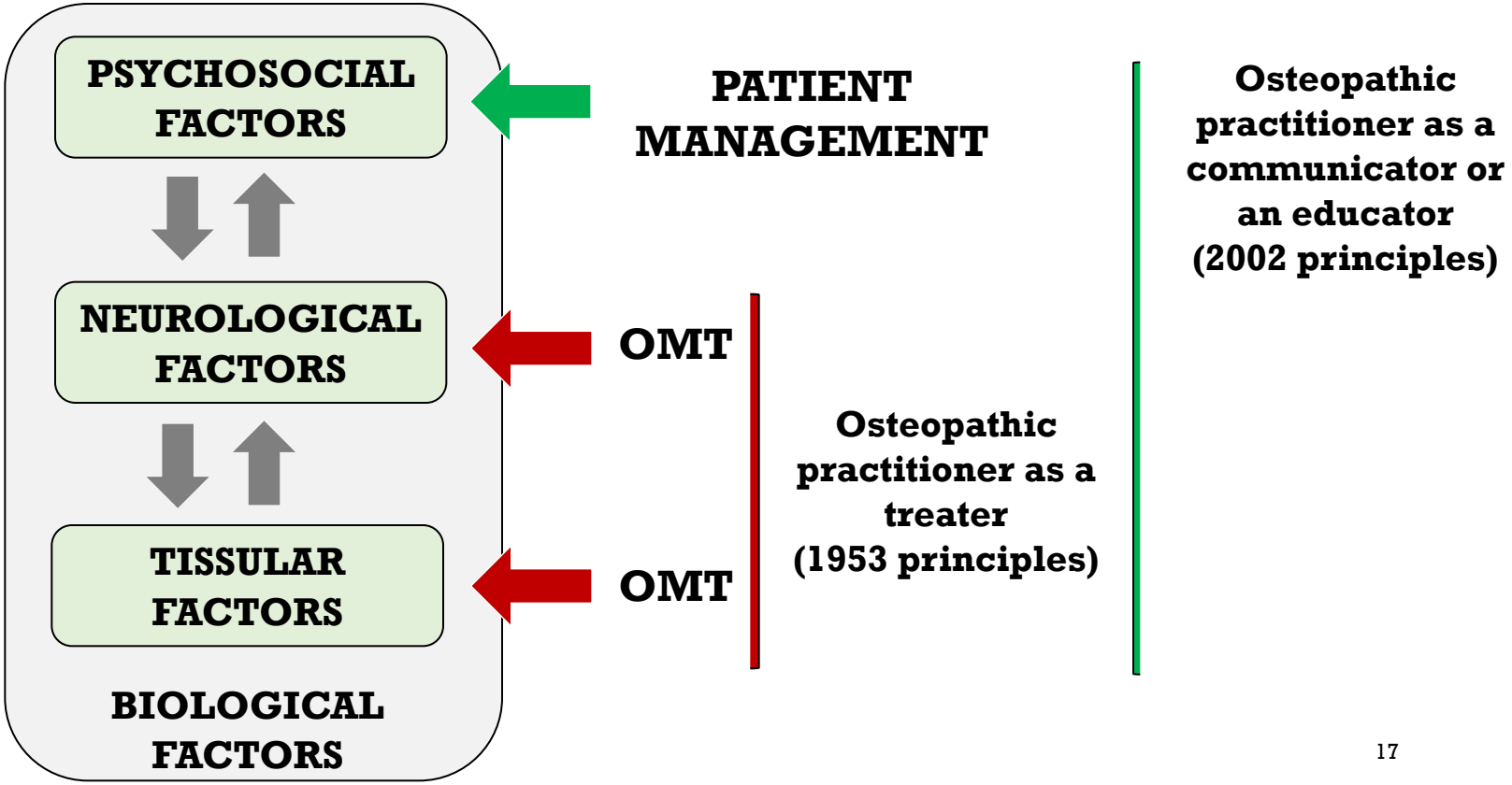
Specific vs contextual effects: pain in osteoarthritis

(Zou et al., 2016)



3 Different conceptions of osteopatic care & osteopathic principles

(Adapted from Thomson et al., 2014 and Fryer, 2017)



Osteopathic care from a patient's perspective

ELSEVIER

Journal of Manipulative and Physiological Therapeutics

Available online 1 September 2020

In Press, Corrected Proof

What Makes an Osteopathic Treatment Effective From a Patient's Perspective: A Descriptive Phenomenological Study

Giacomo Consorti DO [a, b, c], Anna Marchetti PhD [c, d], Maria Grazia De Marinis PhD [c, d]

Conclusion

Participants affirm that osteopathy is a path of awareness that starts from an experience of pain; leads them to contact an osteopath; and ends with their experience of the unity of body, mind, and spirit.???

The 2002 body-mind-spirit osteopathic tenet
Historical perspectives with Dr. A.T. Still, MD, DO

Rafael Zegarra-Parodi at the Museum of Osteopathic Medicine in Kirksville, MO (USA) with the picture of A.T. Still showing his handwritten note of "Hoconethowa", the Shawnee word for doctor

Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/locate/ijosm

The Native American heritage of the body-mind-spirit paradigm in osteopathic principles and practices

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[b] Clinical-Human Research Department, Non-profit Foundation COME Collaboration, Via A. Vespucci 188, 65126, Pescara, Italy
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[e] Museum of Osteopathic Medicine, A.T. Still University, 800 W. Jefferson St., Kirksville, MO, 63501, USA

ARTICLE INFO

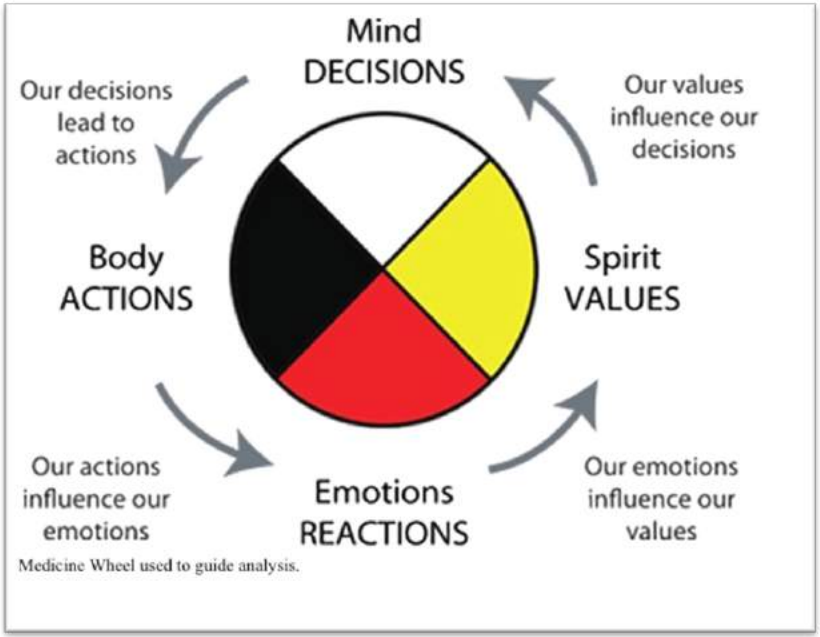
Keywords:
Altered state of consciousness
Body-mind-spirit
Native american healing
Osteopathic principles
Shamanism

ABSTRACT

The purpose of the current commentary was to document how Native American healing traditions may have influenced A.T. Still in the development of osteopathic principles and how current neuroscience models describing shamanic healing practices of Native American healers may have applicability for osteopathic manipulative practices. Recent materials from the Museum of Osteopathic Medicine document when Still was living among the Shawnee and suggest he was familiar with their healing traditions. Although he introduced the body-mind-spirit paradigm, derived from a key Native American healing concept, into Western medicine, this paradigm still lacks scientific grounding. Neuroscience models may offer a theoretical framework for the 'spiritual' component of the body-mind-spirit paradigm with brain predictive processing models that describe spiritual experiences of patients in altered states of consciousness. With its traditional medicine heritage and current evidence-based approach, the osteopathic profession is in a unique position to promote the scientific model of holistic care.

Key Native American healing principles

(Nauman, 2007; Vuckovic et al., 2012)



Medicine Wheel used to guide analysis.

Picture of a Pawnee Medicine Man

and so what?

1. **Past:** one heritage

MUSEUM OF OSTEOPATHIC MEDICINE

2. **Present:** models of practice

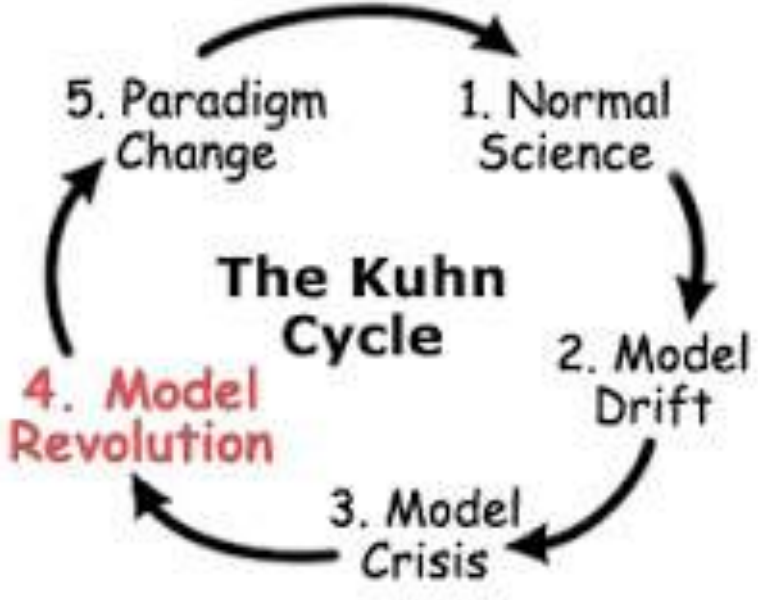
3. **Future:** scope of practice

Osteopathic principles at the border of allopathic and traditional principles *(Zegarra-Parodi et al., 2019)*

Traditional Native American and Shamanic Healing Practices	Osteopathy and Osteopathic Medicine	Modern Western Allopathic Medicine
Sacred medicine	Secular medicine	Secular medicine
Spiritual framework	Systemic framework	Analytic framework
Dynamic interaction between body, mind, spirit, and emotions; holistic approach	Dynamic interaction between body, mind, and spirit; holistic approach	Reductionist approach
Emphasis on health and harmony	Emphasis on health with a focus on proper musculoskeletal system function to resist disease processes	Emphasis on disease and curing
Use of manual techniques within a body-mind-spirit-emotions framework * to improve overall well-being * patients treated in the non-ordinary reality * channel for therapeutic information: 'direct-intuitive-nonlocal'	Use of manual techniques within a body-mind-spirit framework * to improve range of motion and decrease pain and associated psychosocial components * patients treated in the ordinary reality * channels for therapeutic information: 'direct-intuitive-nonlocal' or 'perceptual-cognitive-symbolic'	Use of manual techniques within a body-mind framework * to improve range of motion and decrease pain * patients treated in the ordinary reality * channel for therapeutic information: 'perceptual-cognitive-symbolic'

So, this is another *revolution*?

Revolution (noun): one complete circular movement of something (Cambridge dictionary)



Outline

1. Context in osteopathic medicine and osteopathy
   - 1.1. Traditional, body-centered models for osteopathic care
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2. **Biopsychosocial-spiritual approaches in osteopathic care**
3. Evidence-informed clinical simulation scenarios
4. Open discussion

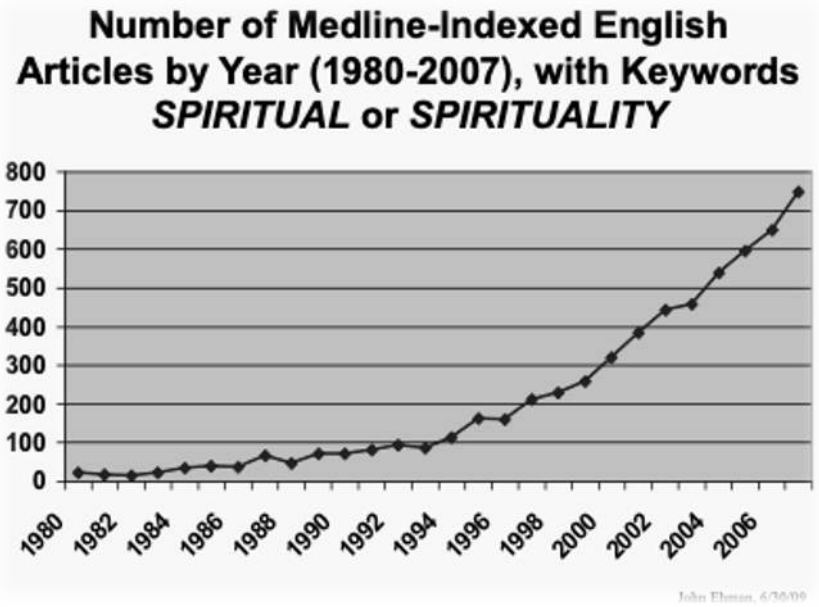
Main secular and religious spiritual practices
(Culliford, 2007)

- Acts of compassion
- Deep reflection (contemplation)
- Yoga, Tai Chi
- Enjoyment of nature
- Contemplative reading (literature, poetry, philosophy, etc.)
- Artistic and creative activities (cooking, gardening)

- Belonging to a religious tradition, participating in community activities
- Ritual and symbolic practices
- Pilgrimage and retreat
- Meditation and prayer
- Scripture reading
- Sacred music (songs, hymns, psalms)

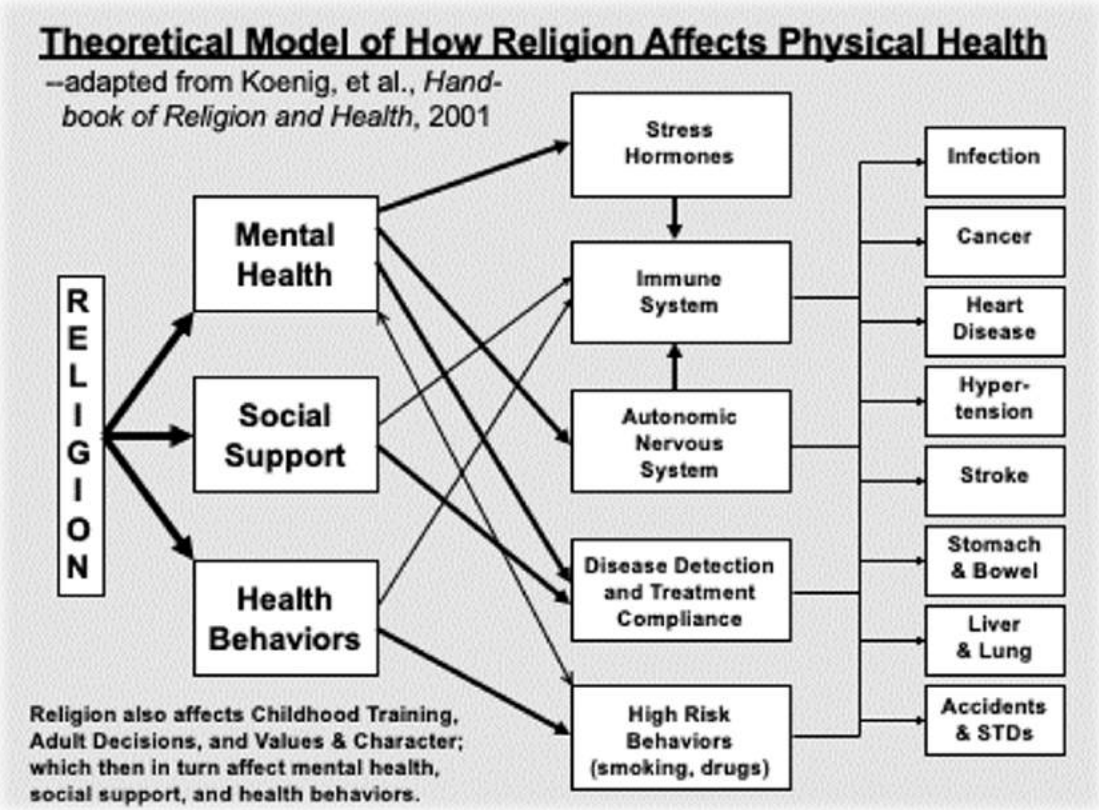
Defining the spiritual dimension in healthcare *(Reed, 1992)*

- Tendency to make sense of a relationship with dimensions that transcend the self: "oneness"
- Empowerment and non-devaluation of the individual
- Direct and indirect links with "physical" health

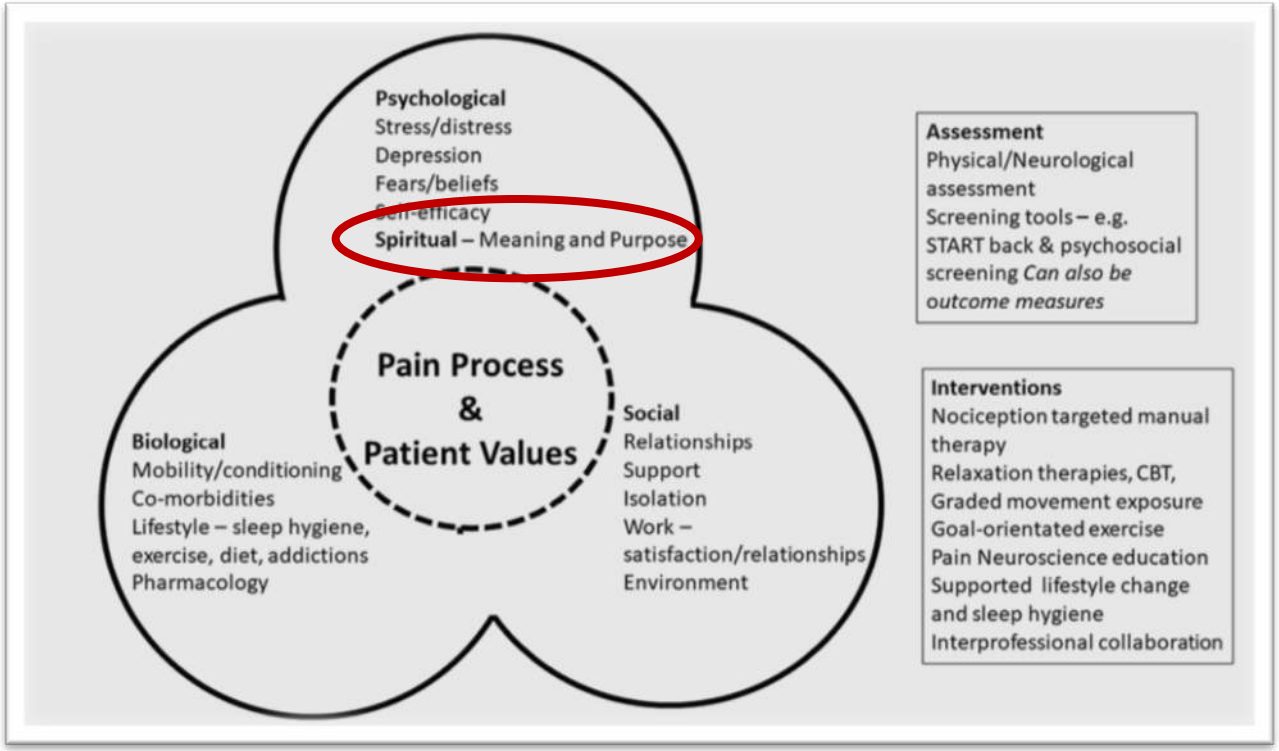


Theoretical model between the spiritual dimension and physical health

(Association for Clinical Pastoral Education Research Network, 2009)



A proposal for a biopsychosocial-spiritual model in osteopathic care *(Smith, 2018)*



Principle: 2
Adopting a Biopsychosocial approach

rehab MANAGEMENT

The Flags Model *

Biological Factors	Red Flags	Serious pathology Other serious medical conditions Failure of treatment
Mental Health factors	Orange Flags	Mental health disorders Personality disorders
Psychological Factors	Yellow Flags	Unhelpful beliefs about injury Poor coping strategies Passive role in recovery
Social Factors	Blue Flags	Low social support Unpleasant work Low job satisfaction Excessive work demands Non-English speaking Sense of injustice Problems outside of work
Other Factors	Black Flags	Threats to financial security Litigation Compensation thresholds

* Based on Main, CJ, Sullivan, MJL and Watson, PJ 2008 Pain Management: practical applications of the biopsychosocial perspective in clinical and occupational settings. Churchill Livingstone, Edinburgh, New York.

(Main and Williams, 2002)

Therapeutic Alliance *(Ardito and Rabellino, 2011)*

- **Agreement on goals**
- Explicit or implicit agreement between patient and therapist on treatment goals

- **Agreement on tasks**
- Agreement on tasks to achieve objectives

- **Development of positive personal relationships**
- Personal commitment of everyone, fostering trust and respect

Evidence-informed osteopathic care *(Fryer, 2017)*

International Journal of Osteopathic Medicine 25 (2017) 30–41

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International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/ijos

Masterclass

Integrating osteopathic approaches based on biopsychosocial therapeutic mechanisms. Part 1: The mechanisms

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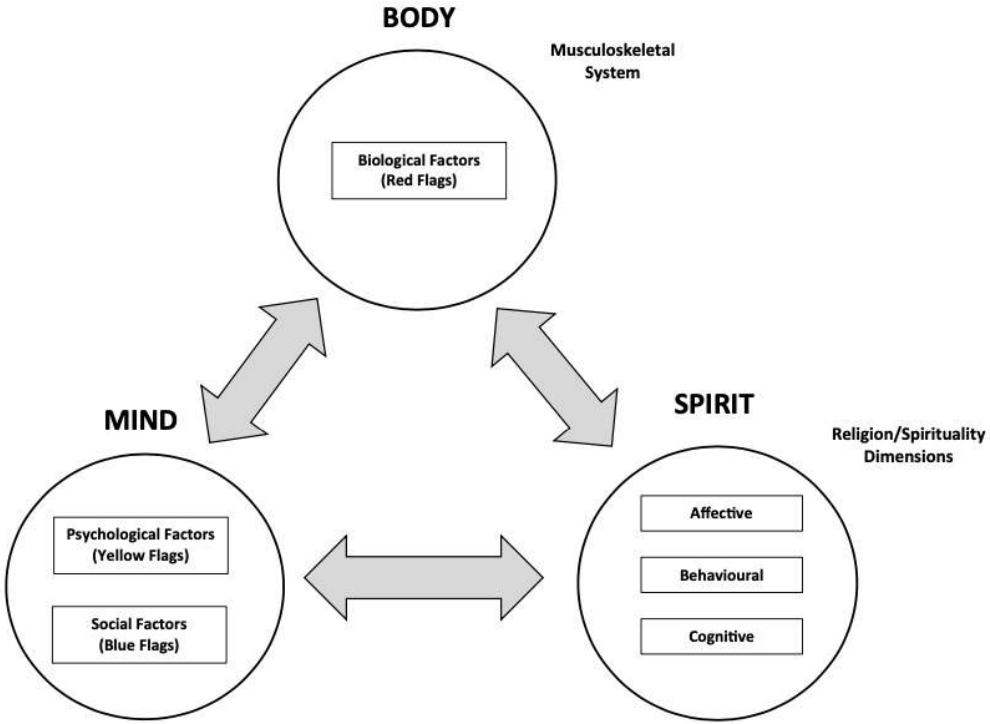
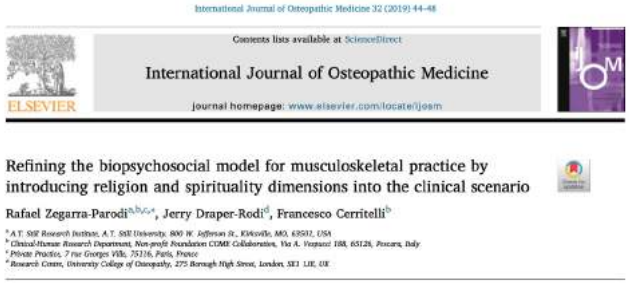
[b] A.T. Still Research Institute, A.T. Still University, Kirksville, MO, USA

- Reassurance to reduce fear & anxiety
- Address inappropriate beliefs & behaviors
- Pain education
- Promote confidence in movement
- Encourage increased activity

A biopsychosocial-spiritual approach in osteopathic care: a person-centered approach *(Zegarra-Parodi et al., 2019)*




International Journal of Osteopathic Medicine 32 (2019) 44–48

Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/locate/ijosm

Refining the biopsychosocial model for musculoskeletal practice by introducing religion and spirituality dimensions into the clinical scenario

Rafael Zegarra-Parodi[a,b,c,*], Jerry Draper-Rodi[d], Francesco Cerritelli[b]

[a] A.T. Still Research Institute, A.T. Still University, 800 W. Jefferson St., Kirksville, MO, 63501, USA
[b] Clinical-Human Research Department, Non-profit Foundation COME Collaboration, Via A. Vespucci 188, 65128, Pescara, Italy
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Neuroscience models of pain

Outline

1. Context in osteopathic medicine and osteopathy
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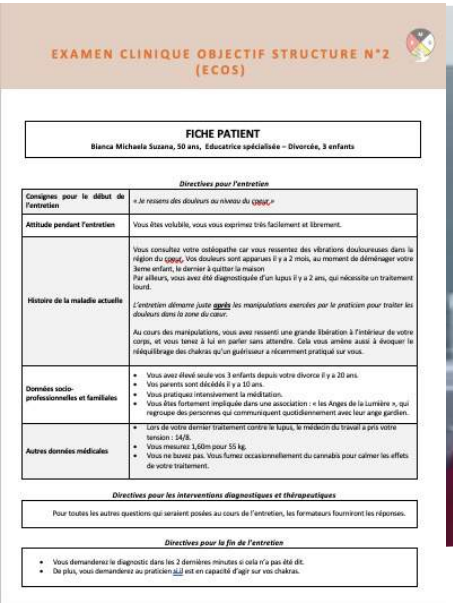
2. Biopsychosocial-spiritual approaches in osteopathic care
3. **Evidence-informed clinical simulation scenarios**
4. Open discussion

Evidence-informed clinical simulation scenarios

- **Putting osteopaths in simulated clinical situations**
  - Difficulties & evaluation of lecture contents identified
  - Structuring diagnostic and/or therapeutic approaches evaluated
- **Evaluation of the osteopath's ability to**
  - Adapt their knowledge to the specificities of osteopathic care
  - Link professional skills performed to validated references

Evidence-informed clinical simulation scenarios



EXAMEN CLINIQUE OBJECTIF STRUCTURE N°2 (ECOS)

FICHE PATIENT

Bianca Michaela Suzana, 50 ans, Educatrice spécialisée – Divorcée, 3 enfants

Directives pour l'entretien

Consignes pour le début de l'entretien	*« Je ressens des douleurs au niveau du cœur. »*
Attitude pendant l'entretien	Vous êtes volubile, vous vous exprimez très facilement et librement.
Histoire de la maladie actuelle	Vous consultez votre ostéopathe car vous ressentez des vibrations douloureuses dans la région du cœur. Vos douleurs sont apparues il y a 2 mois, au moment de déménager votre 3ème enfant, le dernier à quitter la maison Par ailleurs, vous avez été diagnostiquée d'un lupus il y a 2 ans, qui nécessite un traitement lourd. *L'entretien démarre juste après les manipulations exercées par le praticien pour traiter les douleurs dans la zone du cœur.* Au cours des manipulations, vous avez ressenti une grande libération à l'intérieur de votre corps, et vous tenez à lui en parler sans attendre. Cela vous amène aussi à évoquer le rééquilibrage des chakras qu'un guérisseur a récemment pratiqué sur vous.
Données socio-professionnelles et familiales	• Vous avez élevé seule vos 3 enfants depuis votre divorce il y a 20 ans. • Vos parents sont décédés il y a 10 ans. • Vous pratiquez intensivement la méditation. • Vous êtes fortement impliquée dans une association : « les Anges de la Lumière », qui regroupe des personnes qui communiquent quotidiennement avec leur ange gardien.
Autres données médicales	• Lors de votre dernier traitement contre le lupus, le médecin du travail a pris votre tension : 14/8. • Vous mesurez 1,60m pour 55 kg. • Vous ne buvez pas. Vous fumez occasionnellement du cannabis pour calmer les effets de votre traitement.

Directives pour les interventions diagnostiques et thérapeutiques

Pour toutes les autres questions qui seraient posées au cours de l'entretien, les formateurs fourniront les réponses.

Directives pour la fin de l'entretien

- Vous demanderez le diagnostic dans les 2 dernières minutes si cela n'a pas été dit.
- De plus, vous demanderez au praticien s'il est en capacité d'agir sur vos chakras.

- **Instruction sheet to the "osteopath"**
- **Instructions sheet to the "patient"**
- **10' duration for each simulation scenario**
- **10' duration for comments/discussion & filling the TACOs questionnaire**

Evidence-informed clinical simulation scenarios

EXAMEN CLINIQUE OBJECTIF STRUCTURE N°2 (ECOS)

FICHE PATIENT

Bianca Michaela Suzana, 50 ans, Educatrice spécialisée – Divorcée, 3 enfants

Directives pour l'entretien

Consignes pour le début de l'entretien	*« Je ressens des douleurs au niveau du cœur. »*
Attitude pendant l'entretien	Vous êtes volubile, vous vous exprimez très facilement et librement.
Histoire de la maladie actuelle	Vous consultez votre ostéopathe car vous ressentez des vibrations douloureuses dans la région du cœur. Vos douleurs sont apparues il y a 2 mois, au moment de déménager votre 3ème enfant, le dernier à quitter la maison Par ailleurs, vous avez été diagnostiquée d'un lupus il y a 2 ans, qui nécessite un traitement lourd. *L'entretien démarre juste après les manipulations exercées par le praticien pour traiter les douleurs dans la zone du cœur.* Au cours des manipulations, vous avez ressenti une grande libération à l'intérieur de votre corps, et vous tenez à lui en parler sans attendre. Cela vous amène aussi à évoquer le rééquilibrage des chakras qu'un guérisseur a récemment pratiqué sur vous.
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https://www.survio.com/survey/d/2021-osean-workshop-4-spidi-tacos

Outline

1. **Context in osteopathic medicine and osteopathy**
   - 1.1. Traditional, body-centered models for osteopathic care
   - 1.2. Evidence-informed, person-centered models for osteopathic care
   - 1.3. Different conceptions of professional practices
   - 1.4. Evolution of osteopathic principles (1953 vs 2002)
   - 1.5. Revolution of osteopathic principles (back to the start: the Dr. A.T. Still, MD, DO legacy)?
2. Biopsychosocial-spiritual approaches in osteopathic care
3. Evidence-informed clinical simulation scenarios
4. **Open discussion**

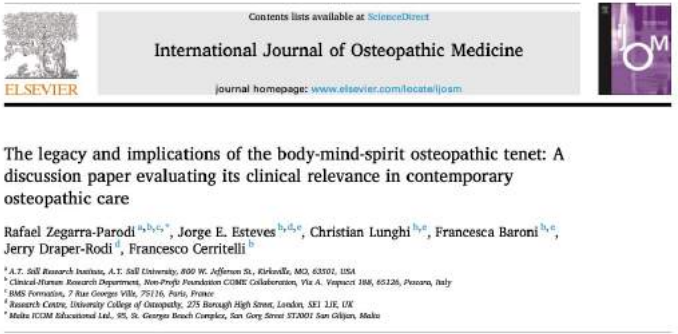
Osteopathic professional identity challenged

- Orthopaedic Manual Physical Therapy (OMPT)
  - "A specialized area of physiotherapy/physical therapy for the management of neuromusculoskeletal conditions, based on clinical reasoning, using highly specific treatment approaches including manual techniques and therapeutic exercises
  - Encompasses, and is driven by, the available scientific and clinical evidence and the biopsychosocial framework of each individual patient"
- Contemporary osteopathic care?

A proposed roadmap to investigate the clinical relevance of the body-mind-spirit osteopathic tenet

Table. Developing an Evidence-Based Framework for Clinical Use of the Body-Mind-Spirit Osteopathic Tenet (Adapted from Craig et al. [13] and Esteves et al. [14])

Steps	Possible Areas of Exploration	Research Topics	Suggested Methods
	Identifying the evidence base		
Identifying current models of BMS approaches used in other professions		Defining BMS approaches within Western secular medical practice	Systematic review
Identifying current models of osteopathic care where BMS approaches may fit		Defining BMS approaches within non-Western secular practices	Medical anthropology
	Identifying appropriate theory		
Defining BMS approaches within current scopes of symptom-oriented osteopathic care (MSK-related disorders,	Current application of the BMS tenet in osteopathic care	Defining BMS approaches within osteopathic scopes of practice (what changes are	Observational studies • Qualitative studies (interviews and questionnaires)



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The legacy and implications of the body-mind-spirit osteopathic tenet: A discussion paper evaluating its clinical relevance in contemporary osteopathic care

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- ATSU (USA): Dr Brian Degenhardt, Ms Deborah Goggin, and Mr Jason Haxton

Thank you for your attention!

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