

NEWSLETTER



J.M. Littlejohn



J. Wernham

Message from the Editor

Flexner Report - Did this create the great divide between the DO and the Osteopathic Manual Therapist? In 1910 Abraham Flexner wrote a report on the best and worst trends in medical education. The European Federation of Osteopaths claim that due to this report almost all Osteopathic colleges distanced themselves from AT Still's work to guarantee survival. Since this report DO's have been fighting to prove the importance of their inclusion as a legitimate medical equivalent. In 1935 the Employee's Compensation Commission defined a physician as the holder of an M.D. degree. It was not until 1938 after the Federal Compensation Law was amended that the term D.O. was included. In Audrain County, Missouri in 1950, DO's finally established the right to practice in public hospitals as physicians. This battle for

acceptance as a medical practitioner has undermined the true nature of Osteopathic Philosophy. In 2001, Johnson and Kurtz provided a two-page questionnaire to 3,000 DO's. The response rate was 33.3% and it revealed that over 50% of DO's used OMT on less than 5% of their patients. Even in Canada those who practice OMT are scrutinized by our DO counterparts. On the COA website they publicly denounce OMT's due to lack of medical education - The Editor

1. <http://history.osteopathic.org/text.shtml>

"History of Osteopathy." European

2. Federation of Osteopaths. http://www.efo.eu/portal/index.php?option=com_content&view=article&id=68&Itemid=74

3. Johnson, SM & ME Kurtz. Diminished use of osteopathic manipulative treatment and its impact on the uniqueness of the osteopathic profession. *Academic Medicine*. August 2001(8):821-8. <http://www.ncbi.nlm.nih.gov/pubmed/11500286/>

4. <http://www.osteopathic.ca/index.htm>

3. Johnson, SM & ME Kurtz. Diminished use of osteopathic manipulative treatment and its impact on the uniqueness of the osteopathic profession. *Academic Medicine*. August 2001(8):821-8. <http://www.ncbi.nlm.nih.gov/pubmed/11500286/>

4. <http://www.osteopathic.ca/index.htm>

Please email all correspondence to publicrelations@ontarioosteopaths.ca

OOA Quiz

These questions arise from OOA Newsletter Volume II.

1. What was definition JMLJ gave to Osteopathy and is prominently displayed on the JWCCO's website?
2. What did AT Still fail to achieve?
3. What is the MedicineNet.com's definition of an Autoimmune disease?
4. The AARDA claim what percentage of people suffer from an Autoimmune Disease and which sex suffers a higher frequency?
5. What ailment is Valerian root known to assist and how does it do this?

Please email all answers for review to education@ontarioosteopaths.ca

OOA MEMBER CLINIC HIGHLIGHT



AT Still Quote

"I opened wide the doors of my first school for ladies... Why not elevate our sisters' mentality, qualify her to fill all places of trust and honor, place her hand and head with the skilled arts?"

Nature's Path to Health and Wellness Nature's Path to Health and Wellness is proud to offer a rational approach to holistic health care to the communities of Burlington, Hamilton, Oakville and Milton. NPHW services include: Osteopathy, and Therapeutic Massage amongst others.

**Nature's Path to Health and Wellness**

We provide Osteopathic treatment that benefits the whole body. We pride ourselves in creating a safe, relaxing, compassionate and therapeutic environment for our patients and their families. Each treatment is focused on finding the source of the issue and working with the patient's specific needs.

Nature's Path to Health and Wellness is owned and operated by Sarah Stephen-Trull. Sarah is currently attending the Canadian Academy of Osteopathy & Holistic Health Sciences, in Hamilton.

Please send all clinic information to publicrelations@ontarioosteopaths.ca

CONTACT INFORMATION

Nature's Path to Health & Wellness (Located in Kula Yoga Studio)

4031 Fairview Street, Burlington, ON L7L 2A4

T (905) 634-5852

www.naturespathtohealth.ca

www.facebook.com/naturespathtohealth

OSTEOPATH OF THE MONTH - DR WILLIAM SMITH D.O.

Dr William Smith was the first recipient of the Doctor of Osteopathy degree. He was an intricate part in the advancement of Osteopathy. Dr Smith was hired by Dr Still to teach Anatomy and Physiology to his four sons and the other inaugural students at his school. Dr Smith is accredited with using one of the first Xrays available to create anglograms of cadavers.

This section of the newsletter will not just cover the amazing contributions of Osteopaths from the past but also the talented clinicians that practice today. We will be searching over the next couple months for stories and testimonials about all the wonderful achievements that Osteopathy has brought to its patients. Each month we would like to highlight the accomplishments of one specific practitioner in their battle for health and wellness. Please submit your reports for review today.



SCIENCE REVIEW - POLYGONS OF FORCE THESIS EXCERPT

Force lines acting on the body help explain spinal behaviour under the strain of gravity. The torso consists of two cavities, a thoracic and abdominal cavity, both exerting an expansive force by way of the lungs and intestines having a tendency to expand. Moreover, the thoracic and abdominal cavities are surrounded by muscles that exert an opposite force toward the inside. Muscles demonstrate a characteristic where they are capable of maintaining the same basic tone in different positions. Under these conditions, the two opposing sets of forces would neutralize one another preserving a balanced pressure gradient between the two cavities. Cellular metabolism depends on the pressure conditions with these cavities.

John Martin Littlejohn described the paths of the central gravity line, anterior body line, anteroposterior line, and posteroanterior line in relation to compressive and tensile forces and their impact on physiology.

The central gravity line follows a course behind the sella turcica, anterior to the facets of C1, through the middle of the transverse muscles of C3-C6, anterior to the vertebral body of T4, through the costovertebral joints of T2-T10, and finally through the vertebral body of L3 (Richter and Hebgen, 2009). The central gravity line divides at L3 where it continues to each leg toward the center of the foot (Richter and Hebgen, 2009).

The anterior body line sits parallel to the central gravity line and extends from the symphysis menti to the pubic symphysis (Richter and Hebgen, 2009). Pressure conditions in the thorax and abdomen will influence its path, therefore suggesting a correlation between posture and cavity pressure. Within the thoracoabdominal cavity, pressure conditions adjust in the presence of postural dysequilibrium. An increase or decrease in abdominal pressure changes the course of the anterior body line and consequently that of the central gravity line. Both are mobile lines of force capable of changing their path for the benefit of postural adaptation.

As the diaphragms, specifically the pelvic and respiratory diaphragm in addition to the superior thoracic aperture, are important for the balance of thoracoabdominal cavity pressure, the anterior body line lies in close contact with them. However, in the studied patient, this force line was noted anterior to the pubic symphysis. An anterior body line in front of the pubic symphysis increases pressure on the abdominal wall, increases cervical lordosis with the chin stretched anteriorly and superiorly, and augments tensile forces at the cervicothoracic, thoracolumbar, and lumbosacral junctions. There may be a tendency toward lumbar hyperlordosis placing tension on the inguinal ligament and compressing vessels of the femoral triangle. A compensatory thoracic kyphosis with associated interscapular tension may present. As abdominal pressure shifts forward against the abdominal wall, the lower abdominal organs, aorta, and iliac vessels, are susceptible to abnormal tensile forces secondary to increased pressure on the abdominal wall.

The anteroposterior gravity line runs from the anterior margin of the foramen magnum to the tip of the coccyx. It traverses in front of T4 and passes through the vertebral bodies of T11-T12, the arch joints of L4-L5, and the body of S1 along its journey (Richter and Hebgen, 2009). This force line makes a dynamic unit of the spine and provides the basis for T11 and T12 as keystone vertebrae for anteroposterior balance and trunk torsions. The two vertebral segments are the foundation for spinal movement, and are recognized as

the torsion center of the spine. They act as central points on the anteroposterior line, and are therefore of great significance in lateral curvatures of the spine and related postural conditions. Asymmetrical strain associated with trunk torsions, as in idiopathic scoliosis, places tremendous burden on T11 and T12 respectively.

The posteroanterior gravity line constitutes two force lines and is drawn from the posterior margin of the foramen magnum to the vertebral bodies of L2-L3, a marker for the most anterior part of the spine, where the line then divides to the femoral articulation in the acetabulae. Like the anteroposterior line, it runs anterior to T4 (Richter and Hebgen, 2009). The two posteroanterior lines connect the occipitoatlantal joints with the second ribs and T2 therefore supporting even tension in the cervical spine.

The three gravity lines, one anteroposterior and two posteroanterior, form a force polygon that maintains an optimal length-tension relationship between the upper extremity, neck, trunk, and lower extremity on the one hand, and the abdomen and thorax on the other. Littlejohn's force polygon consists of two triangular pyramids whose tips attach anterior to the vertebral body of T4 with the foramen magnum serving as the base of this upper pyramid (Richter and Hebgen, 2009). The resultant of the two posteroanterior lines and the one anteroposterior line is a central gravity line passing through the body of L3. This suggests that the entire spine above the third lumbar is supported on L3, and the remainder of the spine below the third lumbar is supported from L3, thus rendering the third lumbar vertebra susceptible to lesion as all movement is passing through L3 during gait. The third lumbar vertebra is recognized as the weakest point in the spine due to the weight of the entire body manifesting here.

A lower pyramid consists of the sacral base, hip joints, and coccyx. When walking, the upper and lower pyramids rotate in opposite directions similar to the opposing action of contralateral limbs. Of importance, is the indirect influence of the lower pyramid upon the upper pyramid via myofascial tensions. As myofascial structures provide stability to both pyramids, it is reasonable to believe that pelvic dysfunctions and occipitoatlantoaxial lesions, or one of, may equally influence the second through fourth thoracic vertebrae. The occiput, where it sits on the base of the upper pyramid, is balanced on the apex of the same. Therefore, any positional change of either pyramid is essentially an alteration of head position in relation to the trunk with a resultant strain centering at the apex of the upper pyramid.

One can infer that osteopathic manipulative treatment of problems relating to headaches must pay close attention to the balance between the occipital base, second through fourth thoracic vertebrae, eleventh and twelfth thoracic vertebrae, third lumbar vertebra, pelvis and sacrum. In the case of postural imbalances, compensatory mechanisms tend to organize around these weak points.

References

Richter, P., & Hebgen, E. *Trigger Points and Muscle Chains in Osteopathy*. New York, NY: Thieme Publishing Group, 2009.

TIMELINES OSTEO VS CHIRO

Everyday Osteopathic Manual Therapists are asked what is the difference between Osteopathy and Chiropractic Manual Care. Here are a list of all recorded markers that depict the exact timeline of development of each profession:

1828: Birth of Andrew Taylor Still

1845: Birth of Daniel David Palmer

1870's: AT Still describes the restoration of blood flow and nerve power by removing bony dislocations.

1874: AT Still announces he discovers Osteopathy

1870-1890: Some evidence suggests that both AT Still and DD Palmer attended some of the same spiritual meetings in Clinton, Iowa.

1892: AT Still opens the first Osteopathic Medical School

1893: Dr William Smith and Dr John Martin Littlejohn two of the first graduates of the American School of Osteopathy

Although DD Palmer publicly denied it, some Osteopaths have claimed that he studied at the ASO.

Other sources state that Palmer actually did study at the ASO for 6 weeks.

1895: DD Palmer performs the first Chiropractic adjustment.

1897 DD Palmer opens the Palmer School of Chiropractic

1898 William A Seely first Chiropractic student.

Both were influenced by magnetic healers and bonesetters which were popular forms of manual medicine at the time.

References:

1. <http://www.chiro.org/Plus/History/Persons/PalmerDD/PalmerDD's-Lifeline-chrono.pdf>

2. <http://quackfiles.blogspot.com/2004/11/osteopathy-and-chiropractic-little.html>

3. <http://www.osteopathy.com.sg/chiropractors.html>

4. http://en.wikipedia.org/wiki/Chiropractic_history

5. http://dr-dom.com/osteopathy_history.html

6. <http://www.worldchiropracticalliance.org/consumer/history.htm>

7. <http://history.osteopathic.org/osteopathy.shtml>

OOA Quality Assurance Program

Continuing education is required to maintain a professional membership in good standing with the Ontario Osteopathic Association.

To be eligible for membership renewal in 2012 a minimum of 15 continuing osteopathic education credits are required. Credits can be obtained from 3 categories.

A - Osteopathic Principles and Practice

Credits are obtained by attendance to approved courses, lectures and workshops at an established osteopathic academic program. One hour of attendance in this category is equivalent to one credit.

B - Health Science

Credits are obtained by attendance to approved courses, lectures and workshops with the field of health sciences at an established academic institution.

C - OOA Lectures/Author Articles

Credits are obtained by attending a lecture or workshop hosted by the OOA. A member can also present applicable material at a workshop or author articles for the newsletter.

Please contact education@ontarioosteopaths.ca if you have questions regarding COE credits.

Calendar

June 3,4,5,6,7, 2011

28th International Symposium of Osteopathy in Montreal

The success of our symposium rests on the pleasure of mingling in the company of very experienced as well as newly graduated osteopaths, students from Canada and all over the world, to find efficient solutions for patients and to share ideas and experiences. It is an excellent opportunity to develop palpation skills, to learn new osteopathic therapeutic methods, to meet experts capable of answering our questions. Through the years, Montreal has become a place where the beginning of June is a celebration of Osteopathy. Here you will find a convergence of science, philosophy, humanity, pleasure and competence. This is our main objective.

Contributors



JARED POSTANCE
PUBLIC RELATIONS, OOA



BREK HARRIS
PRESIDENT, OOA



MOHIT KHOSLA
VICE PRESIDENT, OOA