Palpation: What is its role in osteopathic medicine?

What is at the root of true osteopathic medical practice? What did the early practitioners of osteopathy regard as the real uniqueness of the profession? This month, we present three short articles, one written in 1903, the second in 1917 (just before A.T. Still's death), and the last written in 1932. These articles have a common theme: osteopathic palpation and what it means. The central theme of each article is that osteopathic technique, while important, is of little use if practiced in a mechanical or "shotgun" way without proper diagnosis to establish each patient's unique problem.

H.E. Bernard, DO, at the request of the publication committee of the American Osteopathic Association (AOA), wrote the first paper. Bernard had grown up with Still's sons and had observed Still developing many of his ideas in the late 1870s and early 1880s. He surely had keen insight into what Still considered important.

The last two articles were written by Carl P. McConnell, DO, who was well acquainted with Still, having graduated in one of the early classes and having written his first book on osteopathic practice (*Notes on Osteopathic Technique*) in 1898! He wrote several other books on osteopathy and was president of the AOA from 1904 to 1905. These three articles are important reading for the profession today.

Bernard's article presents a picture of an osteopathic physician who was keenly aware of the importance of knowing how normal and abnormal tissue felt and the relationship of tissue function to manipulative treatment. He emphasizes the importance of locating the "hindering mechanism" before using manipulative treatment. He cautions against being too smug with success, but advises recalling a failure once in a while to keep "cranial enlargement" from occurring.

He warns against "shotgun treatments" of "one-half hour's duration." Instead, find the tissue malfunction and treat that. He states, "If general treatment were all there is in osteopathy, then by a demonstration of simple imitation of movements I could teach it to any one in three week's time." Obviously, he had a jaundiced view of those who did not truly understand the importance of palpatory diagnosis.

McConnell's articles flesh out the thoughts begun by Bernard. He makes it very clear that Still viewed palpation as the bedrock of osteopathic technique. He states, "...the adjustment in itself is a minor problem. The crux of the matter rests on one's definite knowledge of anatomical data." By "anatomical data," he clearly meant the ability of the palpating physician to interpret palpatory signs. He goes on to say that knowing the living body is to know something vastly different from structure. It is the importance of the vital machine.

McConnell points out that early in the life of the American School of Osteopathy, Still himself did almost all the examining of patients. He was not concerned with symptoms, but with signs: the things his palpatory sense told him of function of the individual. He required early students to have months of daily practice in palpation before they could begin to diagnose. This was to Still and to McConnell the essence of osteopathic treatment. With proper tissue diagnosis, no treatment could be routine. Each treatment had to be tailored to the individual patient's presenting signs. Here, we can truly see why Still insisted in his autobiography that diseases did not exist as diseases but were only effects, the cause being tissue dysfunction. It also gives a clear view as to why Still was so reluctant to have technique codified. The third article, written 15 years later, expounds on these observations.

Is it possible that the profession has strayed too far from these insights? Do we spend too much time teaching our students techniques and not enough time teaching them to observe tissue and interpret signs of tissue malfunction? It is easy to teach technique. It is difficult to teach interpretation. Students rightly want to "practice," to treat. That is a normal response of budding osteopathic physicians. Rushing to treatment techniques, however, will certainly lead to "cookbook" osteopathic medicine in which treatments become routine applications of simple moves and thrusts. Technicians can do this.

The essence of being a physician is understanding. That takes much more time and effort. Osteopathic medicine can be relegated to the technician, and the busy physician can write a script for osteopathic treatments if it is viewed as a series of movements, thrusts, and pulls. If, however, it is recognized as the intimate understanding of the patient by the physician, and as an intimate dance between patient and physician, orchestrated by a sympathetic understanding of tissue response, then osteopathic diagnosis and treatment can never be delegated to technicians or prescriptions.

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