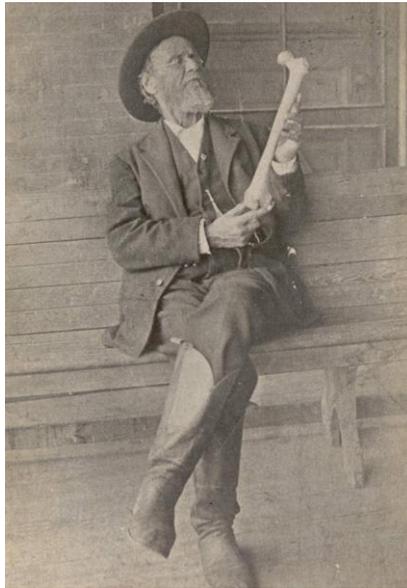


The Inclusive Osteopathic Dictionary



Andrew Taylor Still: The Founder of Osteopathy

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A Guide to Osteopathic Grammar in the English Language:

The *Inclusive Osteopathic Dictionary* will capitalize the “O” in Osteopathy and all grammatical forms of “Osteopathy.” Osteopathy is a proper noun and thus should be capitalized to denote its grammatical status.

A

AAO: See *American Academy of Osteopathy*

AOA: 1. The American Osteopathic Association. 2. The Australian Osteopathic Association. See *American Osteopathic Association* and the *Australian Osteopathic Association*.

ASO: See *American School of Osteopathy*

accessory motion: Movement at a joint that cannot be performed voluntarily but can be performed passively with an external force applied by the examiner.

active Osteopath: The conscious and engaged state of the operator. It is a clear intent to be present. It is the condition of the operator before and after synchronization whereby a precise therapeutic relationship has been established with the patient without disturbing the inherent activity or the therapeutic process. *Based upon concepts developed by Anne Wales, DO.*

active patient: An acknowledgement of the inherent forces within the patient by the operator. It is the Osteopath's responsibility to engage that which is active in the patient. An active patient has the inherent capacity to heal. A patient can distort the state of "active patient" by various conscious or unconscious blocking actions; and the Osteopath may not identify the active state of the patient, thus denying a deeper level of access to the various healing mechanisms. *Based upon concepts developed by Anne Wales, DO.*

acute: Symptoms, a disease or a condition that either comes on quickly, or lasts only a short time, or both. Some definitions of acute mean the condition is severe, many do not use the term in that way. In other definitions, acute is given a time scale. The range may be from 3 days to 3 weeks, depending upon the condition being discussed and the professional society providing the definition. See *subacute and chronic*.

adjustment: A common chiropractic term utilized to generically describe any Chiropractic technique or any version of a Chiropractic treatment. It is more often used to denote the thrusting or mobilization procedures most common to chiropractic where an articulatory pop is heard. In general, it is the application of Chiropractic technique that treats subluxations.

afferent: 1. Conveying toward a center; also called centripetal. 2. Any nerve that transmits impulses toward the central nervous system, as a sensory nerve. 3. In an Osteopathic context, the perceptual action of receiving information from the patient, usually through physical contact by means of the hands. It is part of the process of diagnosis in an Osteopathic Treatment.

allopathy or allopathic medicine: 1. A term coined by Samuel Hahnemann, MD, the founder of Homeopathy, to distinguish the distinct philosophy of Homeopathy from that of orthodox or regular medicine of the 19th century. 2. A system of health care that defines health as the absence of disease. The basic philosophy of allopathy is based upon a negative. 3. The term used to describe standard, conventional, orthodox medicine, or Western medicine. The system medical and surgical care offered by an MD (medical doctor). In some situations, the use of the term allopathy is considered an affront; in most circumstances, it is acceptable and preferred.

allopathically-oriented DO: An American DO who exclusively practices allopathic medicine. An American DO who does not have skills in, or does not utilize, Osteopathic Manipulation, does not accept Osteopathic philosophy, and practices in a way identical to that of an MD. The overwhelming majority of American DOs are allopathically-oriented.

alternative medicine, alternative treatment, or alternative therapy: 1. Healing arts not taught in traditional Western medical schools or in an allopathic medical education curriculum. Alternative medicine is used in place of conventional medicine and promotes options to standard medical care. It covers a broad range of healing philosophies, approaches, and therapies. Alternative medicine is different from complementary medicine. If alternative medicine or therapy is used alone or instead of conventional medicine, it is called "alternative" medicine. If the treatment or therapy is done along with or in addition to conventional medicine, it is referred to as complementary medicine as the two practices complement each other. 2. Because Osteopathic philosophy and manipulation are taught in the context of an American medical school model whose graduates have an unlimited license to practice medicine and surgery, it has been suggested that Osteopathic Manipulative Medicine is not "alternative medicine" but is a part of American conventional medicine. *See complementary medicine.*

American Academy of Osteopathy (AAO): A component society of the AOA. Originally founded in 1942 as the Academy of Applied Osteopathy. It is the American professional organization that is dedicated to preserving Osteopathic history, philosophy, and manipulation. It is the specialty society in the United States devoted to Osteopathic Manipulative Medicine.

American Osteopathic Association (AOA): Originally founded in 1897 as the American Association for the Advancement of Osteopathy, the name was changed to the American Osteopathic Association in 1901. It is the American national political organization that oversees matters relating to Osteopathic medical school accreditation, state licensing regulations, medical and surgical specialties and subspecialties, and continuing medical education.

American School of Osteopathy (ASO): The first Osteopathic school established by Andrew. Taylor Still in 1892 in Kirksville, Missouri. The initial class totaled 19 students including seven women. The ASO was chartered by the state of Missouri to provide both a DO degree as well as an MD degree however, A. T. Still insisted that DOs maintain their distinctiveness and exclusively receive the DO degree.

applied kinesiology (aka muscle testing): A Chiropractic method of diagnosis using patient assisted “muscle testing.” The practitioner tests the strength of various muscle groups while asking the patient a verbal or sub-vocal question. Questions include asking for the presence or absence of disease, requesting the correct dosage of vitamins or homeopathic remedies, or defining the diagnosis of other problems. The “answer” is revealed in variations in muscle strength. Some practitioners of various forms of cranial-type work use the reaction of the cranial-rhythmic impulse (CRI) to questions rather than the response to muscle testing. Applied Kinesiology is not a part of Osteopathic philosophy or practice.

articulation: 1. The point of union or junction between two or more bones of the skeleton; the joint or place of potential motion in a joint. 2. The process of moving a joint through its permitted anatomic range of motion in an active or passive way. Articulation can be used as a method of diagnosis or as a technique of Osteopathic Treatment. *See Osteopathic Manipulation--Techniques:Index and Articulatory Technique.*

asymmetry: The lack or absence of symmetry. Asymmetry may be noted in anatomic position as well as material or non-material motion. The lack of symmetry is of particular use when describing position or motion alteration resulting from an Osteopathic lesion or somatic dysfunction.

axis: 1. An imaginary line, passing through an anatomic structure, about which motion occurs. 2. The common name for the second cervical vertebra.

Australian Osteopathic Association (AOA): Originally founded in 1955. It is the Australian national political organization that oversees matters relating to Osteopathic school accreditation, statutory regulations, and continuing education in the Australia.

axoplasmic transport, axoplasmic flow (aka axonal transport): The bidirectional movement of substances to and from the nerve cell through the axon. Axoplasmic transport is a slow form of communication and flow occurs at a rate ranging from 1-2 mm per day to several hundred mm per day.

B

BSO: See *British School of Osteopathy*

barrier (motion barrier): 1. The limit to motion. 2. The barrier to motion can be thought of in normal anatomic or physiologic terms or can be used to denote pathophysiology.

anatomic barrier: The limit of motion imposed by the anatomy of a particular structure. It is also the limit of passive motion.

physiologic barrier: 1. *In physiology*, The limits of physiological function in any tissue or system. *In biomechanics*, the limit of active motion.

restrictive barrier: *In Osteopathy*, an abnormal limit within the anatomic range of motion, which abnormally diminishes the normal physiologic range.

pathologic barrier: An abnormal condition where a permanent restriction of joint motion is associated with pathologic change of tissues, e.g. as in osteoarthritis or calcific tendonitis.

biodynamics: 1. The doctrine of vital forces or energy. 2. The non-material parallel of biomechanics. Some say that Osteopathy can be divided into two perceptual fields the biomechanic (material field) or the biodynamic (the non-material field). 3. An abbreviation of Biodynamics of Osteopathy in the Cranial Field used by Osteopaths, and a generic term utilized by non-DOs who practice Craniosacral Biodynamics, Biodynamic Craniosacral Therapy, or other derivations of this work. See *Biodynamics of Osteopathy in the Cranial Field*, *Cranial Sacral Biodynamics*, and *Biodynamic Craniosacral Therapy* also see *material and non-material*.

Biodynamic Craniosacral Therapy: A system of healing taught outside of the Osteopathic model that originated with *Biodynamics of Osteopathy in the Cranial Field* created by James Jealous, DO. It is also linked to *Craniosacral Therapy* fashioned by John Upledger, DO. This version is based upon the approach taught by Michael Shea, PhD, who is the author of the books "Biodynamic Craniosacral Therapy I & II." There are at least a dozen independent teaching systems outside of Osteopathy that teach and train non-Osteopathic practitioners a "biodynamic" category of therapy. See *Biodynamics of Osteopathy in the Cranial Field*, *Cranial Sacral Biodynamics*, and *Craniosacral Therapy*.

Biodynamics of Osteopathy in the Cranial Field: An Osteopathic approach developed by James Jealous, DO in 1994 that is based upon the Cranial Concept and the perceptual lineage taught by William Sutherland, DO, Ruby Day, DO, Rollin Becker, DO, and Anne Wales, DO. According to Jealous, “the foundation of the program is set upon the therapeutic powers of the Dynamic Stillness, the Breath of Life, the tidal potency, fluids and other Natural Laws at work supporting and generating life.” The Biodynamic approach is not specifically a technique. As a treatment approach, it does not utilize bones, levers, or traditional palpatory skills. It does not utilize the principles of balanced membranous or ligamentous articular tension; nor is it a system of psycho-emotional release. Biodynamics as taught by Jealous, accesses the Tide at work as the primary source of diagnosis and treatment with no application of force in the treatment of Osteopathic lesions.

biomechanics: 1. The application of engineering principles to biological systems. 2. The study of mechanics of a living body, especially of the forces exerted by muscles, ligaments, tendons as well as gravity upon the skeletal system. 3. Before the term biomechanics was coined, A. T. Still (who was also trained as a machinist) used the principles of mechanics to explain the material workings of Osteopathic Manipulation.

bodywork: 1. Bodywork is a generic term in alternative medicine that is used to describe many different techniques that provide a therapeutic effect or relaxation through physical manipulation or touching. This generic term applies to many different types of therapies and treatments, and commonly includes massage, manual therapy performed by physical therapists, Rolfing, Feldenkrais method, Trager approach, Alexander Technique, Chiropractic, Zero Balancing, acupressure, Shiatsu, Reiki, polarity therapy, foot reflexology, etc. 2. Osteopathy is the only organized form of manual medicine carried out by physicians in the United States. Usually, American DOs are not included in the general listing of “bodyworkers.” Because American DOs are Osteopaths plus physicians their work tends to fall into the separate category of physical medicine. The education of American DOs is comparable to that of MDs and is more extensive than the training of the manual therapy practitioners listed above. American DOs prefer to not be grouped with bodywork specifically or generally.

bone remodeling: The normal physiologic process where bone is laid down where needed and resorbed where not needed. Bone is laid down along lines of mechanical stress and the degree of remodeling in its internal architecture, and secondary alterations in its external conformations is based upon the quantity and vector of force(s). See *Wolff's Law*.

bonesetting, bone-setting, bone setting: 1. A traditional and indigenous system of healing found in most cultures. It is a method of treating primarily musculoskeletal problems by the manipulation of bones, joints, and connective tissues. The techniques of bonesetting usually include what today we call high-velocity-low amplitude thrusting techniques and emphasized the “popping” sound made in joint articulation and thrust; it also included forceful massage or direct myofascial release techniques that intended to release scar tissue or adhesions surrounding joints. The skills of bonesetting have generally been handed down in families in the oral tradition. Bonesetting as a term was found in Samuel Johnson’s dictionary in 1755 and was a common form of unorganized folk healing in the United Kingdom in the 17th through 19th centuries and bonesetting was transported to the colonies during Britain’s rule over North America. 2. A. T. Still advertised himself as a “lightning bonesetter” in the 1870s and 1880s before he coined the term Osteopathy and well before he founded the first Osteopathic school (ASO) in 1892. The early manipulative style of Osteopathy was based upon a blend of the hands-on techniques of Magnetic Healing combined with bonesetting. Ultimately, Still de-emphasized the bonesetting techniques as the sophistication of his skills increased.

British Osteopathic Association (BOA): Originally founded as the British Society of Osteopaths, the name was changed to the British Osteopathic Association in 1901. It is the British national political organization that oversees matters relating to Osteopathic school accreditation, statutory regulations, and continuing education in the UK. The BOA is the second oldest Osteopathic professional organization in the world.

British School of Osteopathy: The first Osteopathic school outside of the United States was founded in 1915. It is the largest and oldest Osteopathic teaching institution in the UK.

C

CAM: *See Complementary and Alternative Medicine*

CRI: *See Cranial Rhythmic Impulse.*

cause: 1. That which produces an effect. 2. In Osteopathy, A. T. Still differentiated between treating the cause(s) of disease vs. the effects or symptoms. He equated the cause of disease to be like fire and effects to be like smoke. A firefighter would not attempt to “put out the smoke” but would endeavor to “put out the fire” or cause of a disease.

Chiropractic: An independent health care profession that emphasizes diagnosis, treatment, and prevention of mechanical disorders of the neuromusculoskeletal system, especially the spine. The Chiropractic profession recognizes the innate recuperative power of the body to heal itself without the use of drugs or surgery and emphasizes treatment using manipulative therapies including spinal manipulation and joint adjustment with a particular focus on treating subluxations. Chiropractors have a limited license to practice manipulative therapies and in some states have a more expanded license that allows them to practice nutritional therapy, botanical medicine, homeopathy, and acupuncture (after gaining additional training).

Chiropractor: A Doctor of Chiropractic. *See Chiropractic*

chronic: Symptoms, a disease or a condition of indefinite duration or virtually no change. In some definitions, chronic is defined as a condition lasting longer than 3 months duration. *See acute and subacute.*

complementary and alternative medicine (CAM): A group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine. The formal term utilized by the National Institute of Health (NIH) to describe a defined set of healing arts that are not allopathic medicine.

complementary medicine, treatment, or therapy: A group of diagnostic and therapeutic disciplines that are used together with conventional, or allopathic, medicine. It covers a broad range of healing philosophies, approaches, and therapies. Complementary medicine is different from alternative medicine. Whereas complementary medicine is used together with conventional medicine, alternative medicine is used in place of conventional medicine. If alternative medicine or therapy is used alone or instead of conventional medicine, it is called "alternative" medicine. If the treatment or therapy is done along with or in addition to conventional medicine, it is referred to as *complementary medicine* as the two practices complements each other. An example of a complementary treatment is adding Osteopathic Manipulation to help treat the side effects of chemotherapy or radiation therapy in cancer patients; or using Osteopathic Manipulation with antibiotics to treat pneumonia; or integrating Osteopathic Manipulation in the treatment of cardiac arrhythmias. *See alternative medicine.*

compensation: **1.** A homeostatic adaptation of any defect in structure or function. The compensation by also become dysfunctional and unbalanced creating an Osteopathic lesion or frank disease. **2.** The restoration of balance in a biologic system that has received an insult or experienced a defect. **3.** The conscious or unconscious defense mechanism by which an individual attempts to make up for some real or imagined physical or psychological deficiencies by stressing another aspect of personality or by substituting a different form of behavior.

compression: **1.** Loading forces that are acting in opposite directions to push the material together. The act of forcing into closer union or approximating two structures; an increase in density. **2.** A somatic dysfunction or Osteopathic lesion in which two structures are restricted by the act of being held together either by external forces or by internal dysfunctional compensatory mechanisms.

compliance: The ease with which a tissue will yield or demonstrate elasticity.

concentric contraction: The muscle shortens during contraction, e.g. in weight training with biceps curls.

connected oneness: One of the terms utilized by A. T. Still to describe what we today call holism. Holism, in the Osteopathic sense, was traditionally called: connected oneness, harmony, united in form and function, or the whole being, the whole person, and the whole body. The goal of an Osteopathic Treatment is to help the patient achieve harmony or connected oneness—or what we now call holism. See *Holism*.

contraction: **1.** The act of drawing together, shortening, or shrinking. **2.** In muscles, an active shortening of the muscle resulting in a reduction in the distance between the two ends of a muscle. It is common to use the term interchangeably with spasm or hypertonicity, to imply development of tension by a muscle whether or not shortening is underway. This usage is not physiologically correct. See *spasm, hypertonicity, and contracture*.

contracture: An abnormal shortening of muscle tissue resulting from fibrosis of the connective tissue supporting the muscle tissue, associated joints, or disorders of the muscle fibers, thus rendering the muscle highly resistant to passive stretching.

conventional medicine: Standard, conventional, orthodox medicine, or Western medicine, also called allopathy (or allopathic medicine), defines health as the absence of disease. This definition is based on a negative. It is the system of health care taught in Western medical schools and is the dominant form of medicine and surgery in most of the world.

core link: **1.** In Cranial Osteopathy, the connection of the spinal dura mater from the occiput at the foramen magnum to the sacral attachments at S2. It is a component of the primary respiratory mechanism that coordinates the involuntary mobility of the cranial bones and mobility of the sacrum between the ilia through the linkage of the intraspinal membranes **2.** An expanded definition of the core link includes the embryologic midline structures and functional elements that form the many connections between the tip of the coccyx and the anterior aspect of the lamina terminalis.

Cranial Academy: A component society of the American Academy of Osteopathy. The Cranial Academy was founded in 1947 by members of William Sutherland's teaching faculty and was originally called the Osteopathic Cranial Association.

Cranial Concept: The extension of Osteopathic philosophy to the unique anatomy of the cranium, spine, and sacrum. It is based on the structural studies and clinical observations conducted by William Garner Sutherland, DO, who was a direct student of Andrew Taylor Still (the founder of Osteopathy).

cranial rhythmic impulse (CRI): A term coined by Rachel Woods, DO and Roger Woods, DO in 1956 to describe the rhythmic tide with a rate of 8-12 cycles per minute found within the cranial mechanism. The term CRI was not utilized by William Sutherland, nor did he ever specifically identify a numeric rate when he generically referred to the rhythmic forces he called "tides." It was called the slow tide by Rollin Becker, DO.

Craniosacral Biodynamics: A system of healing taught outside of the Osteopathic model that originated with *Biodynamics of Osteopathy in the Cranial Field* created by James Jealous, DO. It is also linked to *Craniosacral Therapy* fashioned by John Upledger, DO. The most popular form of this derived system was developed by Franklin Sills, author of the books "Craniosacral Biodynamics I & II." There are at least a dozen independent teaching systems outside of Osteopathy that teach and train non-Osteopathic practitioners a "biodynamic" category of therapy. See *Biodynamics of Osteopathy in the Cranial Field*, *Biodynamic Craniosacral Therapy* and *Craniosacral Therapy*.

Craniopathy: A Chiropractic technique developed by Nephi Cottam, DC (1883-1966) in the 1930's. He published a book titled, *The Story of Craniopathy: A Science of Health, its Theory and Practice* in 1936. He developed his cranial-based Chiropractic approach near the same time as William Sutherland developed the Cranial Concept. There is no evidence that these two individuals interacted during the development of their independent systems.

Craniosacral Therapy (CST): Craniosacral Therapy is a trademarked name of a type of hands-on therapy developed by the American Osteopath John Upledger, DO. Upledger believed that there were too few DOs who utilized Osteopathic Manipulation in America and he developed a simplified version of Cranial Osteopathy and named it "Craniosacral Therapy." He wanted to make some form of Osteopathy available to the masses so that people who needed hands-on work could receive care. There are now prerequisites to taking a Craniosacral Therapy course, one must be licensed or certified in some form of health care.

creep: The slow, progressive yielding of soft tissues because of constant loading over an extended period of time. This aspect of biomechanics is typically demonstrated in Direct Myofascial Release. See *Osteopathic Manipulation--Techniques: Index*, *Direct Myofascial Release*.

Cyriax Method or Cyriax Technique (aka Cyriax System of Orthopedic Medicine): A non-surgical system of manual medicine developed in the 1920s by a British internist and orthopedic surgeon named James Cyriax, MD. He coined the term Orthopedic Medicine to refer to his system of diagnosis and treatment of the musculoskeletal system. The basic principles of Orthopedic Medicine are that every pain has a source, treatment must address the source, and most sources of pain in the musculoskeletal system are localized to a specific tissue. The manual techniques used in the Cyriax System include deep friction massage and high-velocity low-amplitude thrusting procedures. Physicians trained in the Cyriax Method also include injection of anesthetics and cortisone to complement the manual medicine techniques. The Cyriax system of manual medicine is used extensively by physical therapists.

D

DC: *See Chiropractor*

DO: *See Doctor of Osteopathy, Doctor of Osteopathic Medicine, Dipomate in Osteopathy, or Degree in Osteopathy*

Degree in Osteopathy (DO): One of the educational degrees given to non-American DOs following graduation from Osteopathic school.

Diplomate in Osteopathy (DO): 1. The original degree and official designation of a graduate and practitioner in Osteopathy offered to American DOs in the late 19th and early 20th centuries. 2. One of the degrees offered to non-American DOs in contrast to the Doctor of Osteopathic Medicine degree given to American DOs.

disengagement: In an Osteopathic context, to separate or set free from dysfunctional attachment, abnormal position, abnormal function, or compression. The therapeutic act of disengagement allows for increased material and non-material motion. Disengagement is a Direct Action Technique that utilizes the inherent forces to achieve a therapeutic result.

distraction: The movement of two surfaces away from each other. In joints, distraction refers to a state where the two joint surfaces are separated but retain their ligamentous integrity.

Doctor of Chiropractic: A practitioner who is legally licensed to practice Chiropractic. *See Chiropractic*

Doctor of Osteopathy (DO): 1. The traditional degree and term used to describe an American DO. 2. The non-standardized term to describe an American DO, this term is not accepted by the AOA. 3. The term utilized by American DOs who utilized Osteopathic Manipulation and integrate Osteopathic philosophy into their practices to describe themselves.

Doctor of Osteopathic Medicine (DO): The current standardized way to describe an American DO that is promoted by the AOA. See *American Osteopathic Association*.

E

ECOP: Educational Council on Osteopathic Principles is a part of the American Association of the Colleges of Osteopathic Medicine. The ECOP Glossary Review Committee composed of Osteopathic academicians who seek to develop consensus in the teaching of Osteopathic principles and practice and recommend curriculum improvements on behalf of American Osteopathic colleges.

easy normal: 1. The state of freedom of motion that is unique for a particular patient for their specific anatomy. 2. The point of balance in joint function from which all the natural physiologic motions relating to that articulation may take place.

eccentric contraction: The muscle lengthens during contraction, e.g. as when one lowers a weight.

effect: 1. Synonymous with symptoms rather than the root cause of disease, dysfunction, or lesion. 2. An effect is also a material or non-material end result of phenomena such as the Breath of Life, the Long Tide, or the Health.

efferent: 1. Conveying away from a center; also called centrifugal. 2. Any nerve that carries impulses from the central nervous system toward the periphery, as a motor nerve. 3. In an Osteopathic context, it is the act of doing, or the conscious process of being engaged in the treatment of somatic dysfunctions or Osteopathic lesions after making a precise diagnosis.

end feel in joint play: The quality of motion perceived near the end range of motion in a particular plane or axis while producing accessory movements of a joint. See *joint play*.

end feel: The quality of motion perceived near the end range of motion in a particular plane or axis of a joint, muscle, or connective tissue.

energy: 1. *In Newtonian physics*, the capacity for doing work; this capacity cannot be destroyed, but energy can be transformed from one form to another. 2. *In biomechanics*, the forms of energy that are most frequently encountered are kinetic energy, potential energy, strain energy, and heat energy. 3. *In alternative medicine*, energy can be described in many different ways. It is the metaphysical, invisible force(s) that can be used in diagnosis or treatment. Examples include Chi (Chinese Medicine), the Innate (Chiropractic), the potency of a remedy (Homeopathy), Prana (Ayurvedic Medicine), Universal Life Force Energy (Reiki), what the Greeks called *pneuma*, the Hebrews call(ed) *ruach*, and the Romans called *spiritus*.

engagement: The Osteopathic application of the word engagement means to enter a precise therapeutic relationship with a patient. It is the active, conscious moment-to-moment involvement of the operator with whatever is unfolding during an Osteopathic Treatment, without disturbing the inherent activity of the individual or the therapeutic process. Engagement occurs when the fulcrum of attention matches the fulcrum of the lesion/dysfunction or matches a non-material force within or outside of the body. The operator can engage a fixed, non-rhythmic lesion in the structure and/or function of the patient either mechanically or non-mechanically. The operator can also engage a rhythmic force inside or outside the body that may not be related to a lesion. When the fulcrum of attention is matched with a rhythmic force, then engagement is defined in the same way as synchronization. *See active Osteopath and synchronization.*

engine wiping: A colloquial term utilized by A. T. Still to indicate a superficial method of treatment that does not address the cause of disease but only treats the effects or symptoms and is generally considered to be an ineffective form of treatment. Engine wiping is not a holistic Osteopathic Treatment but a non-engaged false form of an Osteopathic-like treatment. It is often used as an insult within the Osteopathic profession.

exaggeration technique: A unique Osteopathic manipulative approach developed by A. T. Still. This term was originally coined in the late 1890s or early 1900s by the direct students of Dr. Still. The technique works at the balance point away from the barrier of motion or away from the restriction. The goal in treatment was to exaggerate the motion toward its position of ease. Later versions of this approach are now called *Indirect Technique, Functional Method, Indirect Myofascial Release, Strain/Counterstrain, Facilitated Positional Release, Balanced Ligamentous Tension, and Balanced Membranous Tension.*

extrinsic corrective forces: The corrective forces involved in an Osteopathic treatment of which are external to the patient; they may include direct vectorial forces directed by the operator, indirect forces influenced by patient positioning, or the effect of gravity. *See intrinsic corrective forces.*

F

facilitation: 1. The maintenance of a pool of neurons (e.g., premotor neurons, motoneurons or preganglionic sympathetic neurons in one or more segments of the spinal cord) in a state of partial or subthreshold excitation; in this state, less afferent stimulation is required to trigger the discharge of impulses. 2. A theory regarding the neurophysiological mechanisms underlying the neuronal activity associated with somatic dysfunction. 3. Facilitation may be due to sustained increase in afferent input, aberrant patterns of afferent input, or changes within the affected neurons themselves or their chemical environment. Once established, facilitation can be sustained by normal central nervous system (CNS) activity.

false fulcrum: 1. A focal area within the body that does not move or is inertial. A false fulcrum is a generic term for a localized lesion or somatic dysfunction that is restricted in motion and other body regions compensate by moving dysfunctionally as levers. 2. The inappropriate or unconscious application of force by the Osteopath during treatment that may create a type of fulcrum that is dysfunctional and has no beneficial link with the Health, the tides, or Stillness. False fulcrums are a type of man-made disorder whereby the overly active Osteopath applies too much focal force to a passive patient. False fulcrums can cause the inherent tidal forces to shut down, creating a lack of localized or global motion that appears to be a still point. False fulcrums can be seen as footprints left by the Osteopath. False fulcrums, in this context, are iatrogenic dysfunctions.

fascial unwinding: A manual technique used by many different categories of practitioners. It involves maintaining a high level of awareness while receiving constant feedback from the patient's tissues. The operator is passively moving a portion of the patient's body in response to moment-to-moment release of tension or dysfunction from the muscle and connective tissue elements. The operator either follows the direction of release from an indirect or direct perspective. In an Osteopathic context, this technique may be utilized as either a Direct or Indirect Action Technique. In other circumstance, unwinding can include the release of non-somatic elements such as fluid or non-material forces. *See Osteopathic Manipulation Techniques: Structure & Classification-- Indirect Action Technique and Direct Action Technique.*

fatigue: 1. *In mechanics*, the failure of a material caused by loading or the tendency of a material to break under repeated stress. 2. *In medicine*, a state of discomfort, weariness, or exhaustion resulting from prolonged exertion, work, or stress.

first contact: The moment when the operator initially places his or her hands on the patient in a receptive, caring, diagnostic, and therapeutic way using what William Sutherland called "thinking, seeing, feeling, [and] knowing fingers." This communication marks the beginning of the hands-on portion of an Osteopathic Treatment. *Based upon concepts developed by Steve Paulus, DO.*

fit: (aka hand fit): The process of finding the most comfortable conformity or physical matching between the *operator's* hands and the patient's body. It is a matching, or molding, of *operator* palpatory pressure with the need of the tissues to receive touch. It is a method of creating physical harmony between the operator's hands and the patient's tissues. It is the kinesthetic search to find the best relationship between the *operator's* tissue patterns with the patient's tissue configurations so that an unperturbed and relaxed hand contact is maintained by the *operator*. Fit may occur with the *material* and *non-material* perceptual fields. *Based upon concepts developed by Steve Paulus, DO.*

five phenomenon: William Sutherland, DO recognized at least five components of the primary respiratory mechanism that helped form nucleus of the Cranial Concept. He revealed that the primary respiratory mechanism included (but was not restricted to) what is now called the "five phenomena."

1. The fluctuation of the cerebrospinal fluid and the potency of the tide.
2. The mobility of the intracranial and intraspinal membranes.
3. The inherent motility of the brain and spinal fluid.
4. The articular mobility of the cranial bones.
5. The involuntary mobility of the sacrum between the ilia.

folk medicine: The use of home remedies and procedures as handed down by tradition.

friction: **1.** *In physics*, the resistance to motion of two moving objects or surfaces that touch. **2.** *In massage*, a massage technique using repetitive back-and-forth or circular rubbing movements.

fulcrum: **1.** In Newtonian physics, a pivot, the point or support about which a lever turns and supplies the capability for action. **2.** Something that supplies the capacity for action. **3.** The Osteopath utilizes a mechanical pivot when applying many High Velocity Low Amplitude thrusting techniques by using one hand as an unmoving support in contact with the patient's body while the other extremity acts as a lever, at a different location, moving around or over the fulcrum. **4.** A fulcrum can be utilized to note the location of the *operator's* attention, as with the *observer*. **5.** The word *Fulcrum* (with a capital "F") refers to the source of power, the reference point for all levers/motion. It is the still point where the Tide changes from one phase to the other. At the Fulcrum you cannot feel or see motion. **6.** The *Sutherland Fulcrum*, as defined by Harold Magoun, Sr., DO in the 3rd Edition of "Osteopathy in the Cranial Field," is a descriptive name given to that dynamic point of rest, located in the area of the straight sinus, around which the entire membranous articular *mechanism* of the cranium orients. **6.** A fulcrum can also be used to describe a lesion or somatic dysfunction. This category of fulcrum is an abnormality and this focal area of dysfunction can also be termed as being *inertial*.

G

gestalt: A physical, biological, psychological, or symbolic pattern or gathering of phenomena so unified as a whole with properties that cannot be derived from a simple summation of its parts.

grok: To share the same reality or line of thinking with another person. To understand intuitively or by empathy. A term coined by the author Robert A. Heinlein from his book *Stranger in a Strange Land* published in 1961. According to Heinlein, grokking is the intermingling of intelligence that necessarily affects both the observer and the observed. From the novel: “Grok means to understand so thoroughly that the observer becomes a part of the observed—to merge, blend, intermarry, lose identity in group experience. It means almost everything that we mean by religion, philosophy, and science—and it means as little to us (because of our Earthly assumptions) as color means to a blind man.”

H

habit: 1. Something done all the time, or an action or behavior pattern that is regular, repetitive, and often unconscious. 2. In a clinical context, it is the following of an automatic treatment protocol without global awareness of other activities or phenomenon occurring within the structure and function of the patient. 3. Habit is also a way of approaching a patient based upon a lack of awareness, mindless actions, and often a lack of *engagement*.

Health: 1. A key component of the philosophy of Osteopathy that is based upon this quote from Andrew Taylor Still, “To find health should be the object of the doctor. Anyone can find disease.” **2.** Health is best described as a distinctive biologic matrix within a living being that interfaces with every aspect of structure, with the integrated physiologic systems, and with the totality of all psychological processes (both conscious and unconscious). It is the milieu, the growth medium, or the nutritional source of the therapeutic process. Health does not originate from any single location within the anatomy of an individual, but emerges from each cell, permeates every fluid in the body (e.g., blood, cerebrospinal fluid, extracellular fluid, and lymphatic fluid). Health does not exist in non-living, inorganic, or inert matter. Health does not come from outside the body, but comes from the inside (of a living being) and expresses its biologic actions from the fulcrum of Life. It is one of the reliably repeatable experiences in Osteopathy of what we call “connected oneness,” or what others refer to as holism. The Health is one of the subtle biologic forces that is accessed by using the other-sensory system.

holism: 1. J. C. Smuts, a South African scholar in 1926, conceptualized holism. In his book, "Holism and Evolution," Smuts created the word *holism* from the Greek word *holos*, which means whole. He then outlined the philosophy of holism, which reiterates Aristotle's philosophy of "the whole is greater than the sum of its parts." According to Smuts, the mechanical putting together of parts does not account for the integrated characteristics or connected function of a living and unified holistic human being. He described holism as a universal phenomenon and a recognizable expression of nature. 2. *In medicine*, the premise that it is important to take in all of somebody's physical, mental, and social conditions, not just physical symptoms, into account in the treatment of illness. 3. *In alternative medicine*, the integration of body, emotions, and spiritual elements in the care of patients. 4. *In Osteopathy*, holism is a perceptual field that is connected and integrated. One of A. T. Still's terms for holism was connected oneness. "The Health" is a non-material perceptual field that is holistic. The material field of connective tissue can also be used to access holism or note the lack of connectedness.

Homeopathy: A system of healing practiced by physicians (DO/MD), non-physician practitioners (ND, DC, LAc), or lay individuals based upon the concept that disease can be treated with remedies capable of producing the same symptoms in healthy people as in the disease itself. Homeopathy was invented by the German physician Samuel Hahnemann, MD (1755-1843). Hahnemann discovered that by diluting plants, mineral compounds, drugs, and organisms in a standardized manner one could unlock the true essence of that substance. The process of dilution and succession (shaking) is called potentizing. The more dilute the compound the more powerful the potentially healing qualities. The training to become a homeopath is diverse. One can practice homeopathy with a home-study course or participate in part-time or full-time training programs.

homeostasis: Homeostasis is a biologic term that is defined as the ability of an organism to maintain a normal internal stability by constantly regulating its coordinated physiologic processes in the presence of environmental changes. It is the nature of a human being to keep functioning at an optimal level despite changes in the internal or external environment. Homeostasis employs a sophisticated set of feedback mechanisms to maintain this dynamic equilibrium of a self-regulating system.

hovering: 1. To wait near somebody or something usually in a nervous, inquisitive, or expectant way. 2. To be in an unstable condition that is neither one of two alternatives nor the other. 3. To be undecided, or to be unable to decide between alternatives. 4. *Act of hovering*, an act of condition of floating in the air without moving very far from the same spot. 5. In an Osteopathic context, a lack of *engagement* with the patient preventing synchronization and the ability to "find the Health."

hypertonicity. An abnormal condition of excessive tone of the skeletal muscles causing increased resistance of muscle to both active and passive stretching.

I

Innate Intelligence: A Chiropractic term utilized by D. D. Palmer to describe the inborn ability of the body to heal itself which is enhanced by Chiropractic Manipulation or spinal adjustments.

inducing a false rate: When an attempt is made to find a biologic rhythm (tide) that is not available in that moment, the operator induces a man-made rate into the patient's system. This interference is one category of "invading the mechanism."

indigenous healing, medicine, therapies: The traditional healing practices of native or aboriginal peoples.

inertia: 1. In Newtonian physics, the property of matter by which an object remains at rest or moving in a straight line unless acted upon by a directional force. 2. The resistance to change. 3. The inability or willingness to move or act. 4. In an Osteopathic context, a focal or generalized lack of motion. It is a form of Osteopathic lesion or somatic dysfunction in which a localized area of anatomy fails to integrate and function normally. Inertia may be found in the *material* elements or in the *non-material* phenomena.

inherent forces: Involuntary forces of healing that exist as an essential constituent of living creatures. The inherent forces of healing are not readily apparent, cannot be measured with an instrument, and are a part of the non-material field. It represents a field or matrix that is not palpable but can be perceived by other-sensory perceptions. These subtle inherent forces of healing include the rhythmic tides discussed in Cranial Osteopathy, and the non-rhythmic dynamic forces such as the "Potency of the Tide" and "The Health." *See non-material and intrinsic corrective forces.*

insertion: The more distal attachment of the muscle or the attachment that is more mobile. This can be an ambiguous term; the term attachment is more accurate and it can be made more anatomically accurate with addition of position qualifiers, e.g., proximal or distal. *See origin*

insult: In medicine, an injury or an attack to the physical or psychologic elements of a human being.

intrinsic corrective forces: The corrective forces involved in an Osteopathic Treatment of which are internal to the patient; they include voluntary or involuntary forces from within the patient that assist in engaging an therapeutic process. Voluntary intrinsic forces include patient initiated muscular contraction, the utilization of pulmonary respiration, or asking the patient to consciously direct their attention to a specific anatomic region. Involuntary intrinsic corrective forces include the Health, tides, Stillness, stillpoints, or genically the inherent forces. See *extrinsic corrective forces*.

irregular medicine (irregulars): In the 19th century any physician (MD) or non-physician who practiced what was called sectarian medicine and was opposed to regular/orthodox allopathic medicine of the time. The irregulars included: Homeopaths, Thompsonian practitioners, Hydrotherapists, Magnetic Healers, Ecclectic practitioners, and Osteopaths.

invading the mechanism: An unhealthy intervention on the part of the Osteopath whereby an overly zealous *operator* enters the field of a patient with excessive force, often with a vector, initiating a dysfunctional reaction that distorts the inherent activity of the patient and thus diminishes the *therapeutic process*. Usually the action is unconscious on the part of the *operator* and may be the result of an overly enthusiastic attempt to help the patient.

isokinetic contraction: A muscular contraction in which the tension developed by the skeletal muscle while shortening occurs at a constant speed over a full range of motion.

isolytic contraction: In Osteopathy, a DIRECT ACTION technique where the patient initiates an eccentric muscular contraction and the operator applies a counterforce greater than the force of contraction generated by the patient. By overcoming the eccentric contraction, the muscle is forcefully lengthened and adhesions within the muscle and connective tissues are released.

isometric contraction: A muscular contraction in which the skeletal muscle exerts force but does not change in length. See *Muscle Energy Technique*.

isotonic contraction: A muscular contraction in which the skeletal muscle remains under relatively constant tension while its length changes.

J

joint play: The accessory movement occurring between joint surfaces that can be produced passively at a joint by an examiner but cannot be engaged actively by the patient. The types of joint play include distraction, compression, slides (or glides), and rolls.

K

key lesion: The Osteopathic lesion or somatic dysfunction that sustains a total pattern of disorder, including other secondary lesions or dysfunctions. Some believe the key lesion to be the primary or, the so called, most important dysfunction in the body and may be the dysfunction that prevents a patient's natural healing mechanisms from effectively dealing with any ensuing injuries.

kinematics: The branch of biomechanics concerned with the study of movement with reference to the amount of time taken to carry out the activity.

kinesthesia: The awareness of movement; the sense that detects body position, weight, or the movement of muscles, tendons, and joints.

Kirksville, Missouri: The town where the first school of Osteopathy (American School of Osteopathy) was located. Kirksville, Missouri is located at 30 degrees latitude and 120 degrees longitude in north central Missouri and is 180 miles northeast of Kansas City, Missouri.

Kirksville Crunch: A colloquial term used to describe a method of Osteopathic Treatment exclusively utilizing a high-velocity low-amplitude thrusting technique; usually this "technique" is applied to the spine. See *High-Velocity Low-Amplitude technique*, and *Thrusting technique*.

L

LAc: See *Licensed Acupuncturist*.

lever: **1.** In *Newtonian physics*, a mechanical device that pivots around a fulcrum and is used to move or lift a load at one end by applying force to the other end. A lever is a system that tends to change the mechanical advantage of an applied force. It consists of two forces and a fulcrum or hinge. **2.** In *biomechanics*, a rigid structure, hinged at one point and to which forces are applied at two other points. The hinge or pivot point is known as the fulcrum. **3.** In *Osteopathy*, all tissues, somatic elements, and fluids can be levers. All levers are in motion. A lever (tissue, fluids, space, etc.) gets its power from a fulcrum (Stillness). One can see or feel levers or their motion. The "tides" described by William Sutherland, DO are levers while Stillness is a fulcrum.

Licensed Acupuncturist: The degree and license granted to those trained in Chinese medicine and Acupuncture.

limited license: A limited license to practice a healing art restricts the activity of the practitioner to only engage within the scope of their training and degree, e.g. Chiropractors, physical therapists, Naturopaths, or Acupuncturists. *See unlimited license (to practice medicine and surgery).*

listening: Listening is the skillful and intelligent process of taking in specialized information during an Osteopathic Treatment. We make a conscious effort to “hear” what the patient needs with our hands. It is the action within the *observer* that is the receiver, but not the processor, of information. It is akin to a microphone with a variable range of receptivity that can be extended by the *operator* in order to attune with each patient’s unique rhythm, tempo, or frequency.

Littlejohn, Martin J: (1870-1945) A Scottish Osteopath, Medical Doctor, physiologist, and PhD who earned his DO in 1899 from the ASO and also served on the teaching faculty as professor in physiology. He eventually went on to found the Chicago College of Osteopathy with his two brothers who were also DOs. In 1912 he returned to the United Kingdom and was the founding father of European Osteopathy. He founded the British School of Osteopathy in 1927.

localization: The precise positioning of the patient, or of a specific anatomic location, in order to apply an Osteopathic technique. The more anatomic localization that occurs, the more effective is the treatment.

Long Tide: A term coined by Rollin Becker, DO that refers to the tide or rhythmic inherent force with a rate of 6-10 cycles per 10 minutes (or at rate of on the average 90 seconds per cycle).

low-force technique: A generalized term indicating any gentle Chiropractic approach used as an alternative to forceful manipulations such as the dynamic thrust or thrusting spinal adjustments. The original low-force technique, called Dynamic Non-Force Technique was developed by Richard VanRumpt, DC in the mid 1920s. Since the 1980s, Chiropractors have been integrating Osteopathic techniques into their treatment scheme and often lump them into this category as a means of distinguishing them from the thrusting techniques common to most Chiropractors. *See non-force techniques.*

M

MD: *See Medical Doctor*

Magnetic Healing: A form of healing derived from the work of Anton Mesmer, MD. It was popularized in the early 19th century and developed into a sectarian form of medicine that was in direct contrast to orthodox or regular medicine of the times. Magnetic Healing was a diverse form of treatment that used hands-on healing, verbal suggestions, hypnotism, and sometimes included the use of magnets. Andrew Taylor Still received training in Magnetic Healing and used the hands-on techniques of this form of irregular medicine as the foundation of his early work to develop Osteopathy.

manual medicine: A generic term indicating any system or form of treatment that uses manipulation, physical medicine, manual therapy, or hands-on healing. In general, it often denotes a physician that incorporates manipulative techniques into their medical practice and can be synonymous with physical medicine. However, the terms manual medicine, manual therapy, manipulative medicine, and manipulative therapy are often used interchangeably and some consider to be synonyms. *See manipulative medicine.*

manual therapy: A generic term indicating any system or form of treatment that uses manipulation, physical medicine, manual therapy, or hands-on healing. In general, it often denotes when a non-physician incorporates manipulative techniques into their practice. However, the terms manual medicine, manual therapy, manipulative medicine, and manipulative therapy are often used interchangeably and some consider to be synonyms. *See manipulative therapy.*

manual therapy performed by physical therapists: The manipulative techniques used by licensed physical therapists that complement the standard physical therapy interventions such as exercise or modalities.

manipulative medicine: A generic term indicating any system or form of treatment that uses manipulation, physical medicine, manual therapy, or hands-on healing. In general, it often denotes a physician that incorporates manipulative techniques into their medical practice and can be synonymous with physical medicine. However, the terms manual medicine, manual therapy, manipulative medicine, and manipulative therapy are often used interchangeably and some consider to be synonyms. However, the terms manual medicine, manual therapy, manipulative medicine, and manipulative therapy are often used interchangeably and some consider to be synonyms. *See manual medicine.*

manipulative therapy: A generic term indicating any system or form of treatment that uses manipulation, physical medicine, manual therapy, or hands-on healing. In general, it often denotes when a non-physician incorporates manipulative techniques into their practice. However, the terms manual medicine, manual therapy, manipulative medicine, and manipulative therapy are often used interchangeably and some consider to be synonyms. *See manual therapy.*

material: Dr. Still classified his perceptual fields between what he called the “material and immaterial” and the “visible and the invisible.” The material field is composed of biomechanical elements, palpable anatomy, and physical forces that can be measured in the human body. Every Osteopath works with the material through the musculoskeletal system using the principles of biomechanics and by having a thorough understanding of applied anatomy. Material education forms the overt foundation of every Osteopathic school.

the mechanism: 1. An abbreviation of the term “Primary Respiratory Mechanism.” 2. A term utilized by William Sutherland, DO to describe the holistic workings of the human body. 3. The “human mechanism” was a term utilized by A. T. Still to describe the living machine-like qualities of the human body as it related to the anatomical, physiological, and psychological elements and their associated organic laws and remedial resources. 4. Any aspect of the body that is an expression of *holism* that can be accessed through palpation or other-sensory perceptions.

Medical Doctor (MD): The degree granted to a graduate of a standard, orthodox, conventional, or allopathic medical school.

Mesmerism: The common term used to described the work of the Austrian physician, Franz Anton Mesmer, MD, who sought to treat disease through animal magnetism, an early therapeutic application of hypnotism.

metaphysical: Literally defined from the Greek *meta-* meaning beyond, and *-physic* meaning physical. It refers to that without material form or substance, incorporeal, supernatural, or transcendental.

mind-body medicine: A holistic approach to medicine that is concerned with the ways that the mind and emotions influence and interact with the body and physical health.

motion: 1. Movement, or the change of place or position 2. A natural event that involves the a change in position or location of something within the body or of a body part, segment, joint, or extremity. There may be a direction of movement, vector, course, tendency, or a velocity. 3. The movement may be on the gross physical plane and is quantifiable or it may be in the non-material field and is not measurable with instrumentation but can be perceived.

active motion: Voluntary movement produced by the patient's own muscular action.

inherent motion: A function of the very nature of the human body. An essence, mechanism, or property that may not be evident from what is visible and underlies it and is intrinsic. An aspect of the non-material field which can be perceived but not measured by instrumentation.

motion barrier: SEE *barrier, motion*.

passive motion: Movement of a patient's body that is produced by the Osteopath during exam or treatment while the patient remains relaxed.

physiologic motion: The change(s) in position of body structures within the normal range of movement.

reflex motion: A reaction that is involuntary; an involuntary response to a stimulus.

translatory motion: Motion of a joint along an axis that is not physiologic or cannot be engaged actively by the patient.

muscle testing: See *applied kinesiology*

N

ND: Naturopathic Doctor. *See Naturopathy*

NMM: *See Neuromuscular Medicine.*

Naturopath (ND): *See Naturopathy*

Naturopathy: An independent school of healing developed in the early 20th century primarily by the American Osteopath, Benjamin Luse, DO. It is a system of healing that combines many therapeutic approaches including hydrotherapy, colonics, acupuncture, homeopathy, herbal remedies, supplements and vitamins, nutrition and dietetics, manual therapies, and massage. In most states Naturopaths have a limited license to practice non-allopathic medicine. In some states they have an expanded license to offer injections, deliver babies, and provide limited primary care services.

natural medicine: An indistinct term with broad applications that has no standardized use. It is often used interchangeably with the terms alternative medicine, holistic medicine, and complementary medicine. *See alternative medicine, holistic medicine, and complementary medicine.*

necessity: A generalized term used to convey the most important issue, problem, dysfunction, or lesion to treat in any single moment. It can refer to an Osteopathic lesion or the compensatory patterns that organize around a lesion. It can refer to the limited definition of somatic dysfunction or it can be related to non-somatic elements. It can refer to either superficial or deep processes of disease, illness, or injury. It can be a dysfunction related to mechanical forces, non-mechanical forces, or both. It may refer to abnormalities within the material or non-material fields. The necessity, may also have no relation to an Osteopathic lesion and may refer to enhancing the fullest expression of the Health or engaging other non-material fields.

Neuromuscular Medicine (NMM): **1.** A subdivision of neurology and physical medicine and rehabilitation and included the diagnosis and treatment of abnormalities of the motor neuron, nerve roots, peripheral nerves, neuromuscular junction, and muscles. Fellowships in Neuromuscular Medicine require 12 months of training and follow completed residencies in either neurology or physical medicine and rehabilitation. **2.** A generic term often used by DOs or MDs to include any physician who practices manipulative medicine applied to conditions relating to the nerves and musculoskeletal system.

noise: **1.** Error present in data collected that is unrelated to the process being studied. Typical examples are noise caused by human error in digitizing film, electrical interference such as 60 Hz noise, or unwanted background mechanical vibration. Noise may be random or systematic, and different techniques must be used to eliminate different kinds of noise or to accommodate to it. **2.** In an Osteopathic context, noise is interference present in a facilitated system that prevents the operator from seeing the whole of a patient. Dysfunctional biological noise can be neurologically induced as in generalized facilitation, fluid induced as in passive congestion, or it can be maintained by a disorder with the non-material fields. An entire Osteopathic Treatment can be aimed at decreasing or eliminating noise so that later a deeper treatment may take place. The treatment technique of decreasing or eliminating noise is called smoothing. *Based upon concepts developed by Steve Paulus, DO. See smoothing.*

non-force techniques: A Chiropractic term. *See low-force techniques.*

non-incisive surgery: A term utilized by Osteopaths to describe an anatomically precise Osteopathic Treatment. Detailed changes to the tissues are made without the use of surgery and only Osteopathic Manipulation is utilized.

non-local: **1.** Literally defined as not limited to time or place. **2.** A term made popular by Larry Dossey, MD, and others within the field of complementary medicine, meaning that consciousness is not confined to points in space (such as the central nervous system or the body in general), or time (such as the present moment). A non-local connection is akin to the concepts of the collective unconscious discussed by Carl Jung. Non-local communication is directly related to being resonant with a fellow human being and not letting this connection go after they leave the face-to-face and hands-on part of an Osteopathic Treatment. **3.** Non-local may also be used to note the accessing of *non-material* perceptual fields outside of the *material* body during an Osteopathic Treatment.

non-material: A. T. Still classified his perceptual fields between what he called the “material and immaterial” and the “visible and the invisible.” His use of “immaterial” and “invisible” was defined as having no physical substance or not consisting of matter. His definition of immaterial and invisible refers to the metaphysical aspects of what it means to be a human being. Immaterial was based upon function rather than form or structure. His definition of immaterial, in this biologic context, did not refer to something as having a lack of relevance or importance. To clarify this classification dissonance, I prefer to utilize the word “non-material” in place of immaterial. I believe that non-material, as a word, offers a generic definition of function or action that is more distinct. It represents a field or matrix that is not palpable but can be perceived by other-sensory perceptions. These subtle inherent forces of healing include the rhythmic tides discussed in Cranial Osteopathy, and the non-rhythmic dynamic forces such as the “Potency of the Tide” and “The Health.”

O

OPP: Osteopathic Principles and Practice. A term used to describe the integration of Osteopathic principles with clinical practice. It is often the term utilized to denote the department within an American Osteopathic Medical School that teaches Osteopathic manipulation as well as Osteopathic philosophy.

OMD: *See Oriental Medical Doctor*

OMM: The acronym OMM can be used in three different ways. Each definition is closely related however, Osteopathic Manual Medicine and Osteopathic Manipulative Medicine are synonyms.

- 1. Osteopathic Manipulative Methods:** A term used to describe the hands-on aspect of an Osteopathic Treatment and the utilization of Osteopathy Manipulation. It is often the term utilized to denote the department within an American Osteopathic Medical School that teaches Osteopathic manipulation as well as Osteopathic philosophy.
- 2. Osteopathic Manual Medicine:** A term used to distinguish the Osteopathic category of manual medicine vs. that of other systems of manual medicine.
- 3. Osteopathic Manipulative Medicine:** A term used to distinguish the Osteopathic category of manipulative medicine vs. that of other systems of manipulative medicine.

OMT: *See Osteopathic Manipulative Treatment.*

observer: A term utilized by many Osteopaths to denote a function within the consciousness of the operator which perceives other-sensory perceptions. The observer may be located within the mind/consciousness/awareness, or in various locations in the body of the *operator* (usually the hands), or may be "placed" outside the body to receive information from a different vantage point. The relocating of the observer outside of the body of the operator, or the exteriorization of sensing is a highly refined perceptual skill.

operator: **1.** A term initially utilized by A. T. Still to refer to the Osteopath offering the Osteopathic Treatment. **2.** The term operator was also used by Magnetic Healers and other practitioners of sectarian medicine in the mid-19th century to denote the person performing the act of magnetic healing. Magnetic Healing was both a hands-on form of therapy and was one of the earliest forms of psychological therapy. A. T. Still trained and practiced as a Magnetic Healer in the early years following the Civil War.

Oriental Medical Doctor (OMD): The initials OMD stand for "Oriental Medical Doctor", this is an academic title (similar to Ph.D.). This title may only be used by those licensed acupuncturists who possess an earned doctorate degree.

origin: The source or beginning of a muscle. The term generally refers to the more fixed end or the more proximal end. This can be an ambiguous term; the term attachment is more accurate and it can be made more anatomically accurate with addition of position qualifiers, e.g., proximal or distal. *See insertion*

Ortho-Bionomy: Ortho-Bionomy is a gentle, non-invasive, Osteopathically-based form of body therapy that was developed by Arthur Lincoln Pauls, DO, a British Osteopath. Ortho-Bionomy employs the principles of homeopathic medicine combined with the Osteopathic techniques of positional release. Ortho-Bionomy is a type of physically applied homeopathy that engages the natural healing forces and innate reflexes of the body to induce self-healing.

orthodox medicine: Standard, conventional, orthodox medicine, or Western medicine, also called allopathy (or allopathic medicine), defines health as the absence of disease. This definition is based on a negative. It is the system of health care taught in Western medical schools and is the dominant form of medicine and surgery in most of the world.

Orthopedic Medicine: *See Cyriax Method.*

orthopedic surgeon: A DO or MD who practices orthopedic surgery.

orthopedic surgery: The surgical subspecialty that deals with the surgical correction and non-operative treatment of deformities of the musculoskeletal system.

orthopedist: An orthopedic surgeon.

Osteopath: **1.** One who practices Osteopathy. **2.** An American DO who practices and regularly utilizes Osteopathic Manipulative Medicine. In contrast to an allopathically-oriented DO or an Osteopathic physician. **3.** According to the American Osteopathic Association, an Osteopath is a non-American DO who has a limited license to practice only Osteopathic Manipulation vs. an American Osteopathic physician who has an unlimited license to practice medicine and surgery.

Osteopathic: Of or belonging to Osteopathy; as in Osteopathic Treatment or Osteopathic philosophy.

Osteopathically: An adverb which means, "in an osteopathic manner;" according to the philosophy and principles of Osteopathy

Osteopathically-oriented DO: An American DO who incorporates Osteopathic philosophy and Osteopathic Manipulation into their practice. An American DO who has a high level of skill, or specializes in Osteopathic Manipulation.

Osteopathist: A term utilized in the late 19th century and early 20th century to describe one who practices Osteopathy; an Osteopath. This term is no longer utilized and remains a historical reference.

Osteopathic lesion: The original term for structural distortions, mechanical disorders, disruptions of holistic equilibrium, inability to compensate or self-regulate, impaired actions, imbalances, obstructions, and abnormal local tissue environments. From a historical perspective, an Osteopathic lesion (commonly referred to as “the lesion” or “lesion complex”) is simply a localized defect in structure and homeostasis, which is fundamentally a failure of biological communication. The “modern” term, somatic dysfunction, as demarcated by professional Osteopathic societies in America is, more limited in scope to fully describe the disorders of structure and homeostasis that occur in a human being. Not all lesions occur in the somatic elements (commonly thought to include the skeleton, joints, muscles, fascia and connective tissues, related vascular and lymphatic fluids, neurologic tissue, as well as the viscera). The Osteopathic lesion can be found in the non-material elements or in distortions of expression of the inherent forces of healing. Therefore, the treatment of only somatic dysfunctions is limited and does not allow for a comprehensive Osteopathic approach.

Osteopathic Medicine: *See Osteopathy.*

Osteopathic Manipulative Medicine (OMM): *See Osteopathic Manipulative Treatment.*

Osteopathic Manipulative Treatment (OMT): *See Osteopathic Manipulation Techniques: Structure & Classification and Osteopathic Manipulative-Techniques: Index.*

Osteopathic Manipulation Techniques: Structure & Classification

INDIRECT ACTION TECHNIQUES work at the balance point away from the barrier of motion or away from the restriction. These techniques include: *Indirect Technique, Functional Method, Indirect Myofascial Release, Strain/Counterstrain, Facilitated Positional Release, Balanced Ligamentous Tension, Balanced Membranous Tension, Manual Percussion and Vibration, Articular Technique*, and this is the predominant approach used in *Cranial Osteopathy*. The original historic term for this approach was exaggeration technique.

DIRECT ACTION TECHNIQUES work up against, or through the barrier to motion or the restriction. These techniques include: *Muscle Energy Technique, Recoil Technique, Joint Translation of Accessory Motion, Direct Myofascial Release, Manual Percussion and Vibration, Articular Technique, the High Velocity Low Amplitude thrusting techniques*, and some applications of *Cranial Osteopathy*.

NON-DIRECT/NON-INDIRECT TECHNIQUES do not work at all with barriers to motion as a reference point but instead utilize non-material elements as the orientation to treatment. These very sophisticated treatments require a high degree of perceptual skill and do not have formal names. They are taught to Osteopaths via the oral tradition and go back to original approaches utilized by the founder of Osteopathy, Andrew Taylor Still. This form of treatment is handed down from teacher-to-student by a hand-to-hand transmission through four generations of Osteopaths.

Osteopathic Manipulation--Techniques: Index

ARTICULATORY TECHNIQUE: This technique can be either DIRECT or INDIRECT ACTION. A joint is carried through its range of motion either against the barrier of motion or away from it within a narrow range of balance. This technique may lead to fascial unwinding of the tissues. The ultimate therapeutic goal is to increase joint range of motion.

BALANCED LIGAMENTOUS/MEMBRANOUS TENSION: (BLT or BMT) This INDIRECT ACTION technique differs from FPR by consciously engaging the various connective tissues (ligaments, tendons, joint capsule, fascia, and membranes) rather than the muscles. The goal is to also find the balance point of release away from the barrier of motion or restriction. The motive force of release is initiated by the inherent forces of healing (tides or rhythmic power, the Health, or other non-material vital elements). This gentle approach is like using Cranial Osteopathy on areas outside of the head.

COUNTERSTRAIN: This INDIRECT ACTION technique is a system of diagnosis and treatment developed by Lawrence Jones, DO. Counterstrain uses specific tender points as a diagnostic tool and method of monitoring treatment. This system of diagnosis and treatment considers the dysfunction to be found in the feedback mechanisms found between the muscles, connective tissues, and nervous system. Indirect treatment techniques use of the specific tender point related to a dysfunctional muscle group followed by precise aimed positioning to achieve the desired therapeutic response.

CRANIAL OSTEOPATHY: (a.k.a. Osteopathy in the Cranial Field or referred to colloquially as "cranial") Cranial Osteopathy is both as a type of treatment and as a method of assessment. Cranial Osteopathy is a gentle anatomically specific Osteopathic technique that uses a detailed contact to elicit changes in the bone, membranes and fluid primarily of the cranium, spine, and sacrum. The cranium is a powerful window that allows a view of the entire body from this key anatomic perspective. To utilize Cranial Osteopathy effectively, one must have excellent knowledge of neuroanatomy and cranial bone structure and function. Effective Cranial Osteopathy accesses the intricate relationships between cranial bones, dural membranes, cerebrospinal fluid, and the subtle inherent forces of healing. The technique of Cranial Osteopathy is simply the application of clinical Osteopathic philosophy to the unique interconnected anatomy of the cranium, spine, and sacrum. Every patient in my practice receives Cranial Osteopathy to some degree. For some problems the entire treatment is an intricate and finely tuned cranial clinical anatomic "operation." For other issues, Cranial Osteopathy complements other approaches.

DIRECT MYOFASCIAL TECHNIQUE: This DIRECT ACTION technique is a gentle or assertive approach to treating muscular and connective tissue restrictions by intelligently pushing up against the barrier of motion. By attempting to directly go just beyond the restriction, the tissue can soften, release, and give up its hold on dysfunction.

FACILITATED POSITIONAL RELEASE (FPR): This INDIRECT ACTION technique was developed by Stanley Schiowitz, DO. It works with the muscular system to find the balance point of release that occurs away from the barrier of motion or restriction. It is a gentle approach that positions specific muscles in a way that initiates a reflex neuro-muscular relaxation alleviating muscle tightness and spasm that may be causing abnormal function of bones, muscle, nerves, blood vessels, or lymphatic circulation.

FUNCTIONAL METHOD: An INDIRECT ACTION technique, developed by Harold Hoover, DO and elaborated by William Johnston, DO. The operator guides the manipulative procedure while continuously monitoring the feedback of the physiologic response of the dysfunctional area away from the barrier to motion. Refinement of the point of balance is achieved so as to create a decreasing sense of tissue resistance.

HIGH VELOCITY LOW AMPLITUDE (HVLA) or THRUSTING TECHNIQUES: This DIRECT ACTION technique uses a very fast but extremely short, thrusting force that precisely pushes just beyond the restricted anatomic barrier to motion. This technique can elicit a pop or cracking noise, but the sound does not mean that the technique was successful. It is not necessary to hear a sound when using this approach; it is more important that the Osteopath feels the motion under one's fingers.

INDIRECT TECHNIQUE: This general approach is an INDIRECT ACTION technique that works to find the balance point of release that occurs away from the barrier of motion or restriction. It is a gentle approach that uses either intrinsic or extrinsic corrective forces.

JOINT TRANSLATION OF ACCESSORY MOTION TECHNIQUE: A technique elaborated by Stanley Schiowitz, DO. Accessory motion is defined as movement at a joint that cannot be performed voluntarily but can be performed passively with an external force applied by an Osteopath. Joint translation is the act of engaging these accessory motions. By treating limitations in accessory motion we can restore greater voluntary motions of a joint. In other words, by Osteopathically using this deliberate and physical DIRECT ACTION technique we can restore greater motion to a restricted joint by affecting releasing the constricted connective tissues surrounding a joint.

MANUAL PERCUSSION AND VIBRATION: A technique organized by Steve Paulus, DO. This approach can be used as either a DIRECT or INDIRECT ACTION technique. It is an old Osteopathic technique that has recently been revitalized. It is a gentle form of rhythmic vibration or percussion that helps to restore motion to joints, encourage greater circulation, a remove localized restrictions in the tissues. I also utilize the vibrational component of this technique as a diagnostic tool.

MUSCLE ENERGY TECHNIQUE: (MET or abbreviated as “muscle energy”) This DIRECT ACTION technique is a physical way to go up against the barrier of motion to help increase joint and muscular action. This technique uses voluntary patient cooperation. The Osteopath positions a specific anatomic region while the patient pushes against a precise resistance with an isometric muscular contraction. The result is increased joint range of motion, an enhanced flexibility of muscles, and the freeing of restrictions that limit normal nerve function or the free flow of material fluids.

RECOIL TECHNIQUE: A technique utilized by J. Martin Littlejohn, DO and recently elaborated by Paul Chaffour, DO and Eric Pratt, DO. This method is a DIRECT ACTION technique that goes up against the restriction or engages the tightness of specific tissues and then rapidly releases the built-up elastic force causing a recoil that reflexively releases the dysfunction. It is also an old Osteopathic technique that has recently been revitalized. It is a gentle technique that is used with anatomic precision to treat dysfunctions in muscle, bone, arteries, veins, nerves, and the various connective tissues.

VISCERAL MANIPULATION: A DIRECT or INDIRECT ACTION approach to treating the unique and detailed anatomy of the viscera found in the thoracic, abdominal, and pelvic cavities. It is important to note that visceral manipulation is not really a separate Osteopathic technique. It is the application of clinical Osteopathic philosophy and the common direct or indirect techniques to the visceral field. Historically, application of Osteopathy to the visceral field was done by A. T. Still, as well as many of his direct students including Percy Woodall, DO and J. Martin Littlejohn, DO, MD. It has been made popular by the work of Jean Pierre Barral, DO who has helped to systematize the curriculum relating to Visceral Manipulation.

Osteopathic philosophy: Osteopathic philosophy is a multifaceted interconnected set of biologic principles that cannot be defined in just a few sentences. Osteopathic philosophy intelligently directs the techniques used in an Osteopathic Manipulative Treatment, transforming what appears to be a manual procedure into a holistic therapeutic event. Osteopathic philosophy is not a technique it is an applied clinical philosophy. Osteopathic philosophy informs the technique. The technique does not define Osteopathy.

Osteopathic physician: 1. The accepted term utilized by the American Osteopathic Association to describe an American DO. 2. The designation that distinguishes a DO who is has an unlimited license to practice medicine and surgery from a DO who has a limited license to practice manual medicine.

Osteopathic Treatment: Osteopathic Treatment is a comprehensive approach to health care. To capitalize the ‘T’ in Treatment notes this word as a distinctive term. Osteopathic Treatment implies the inseparable interrelationship between Osteopathic philosophy, palpation and perceptual skills, and Osteopathic Manipulation. Together these three components form the heart and soul of what it means to be an Osteopath.

Osteopathy: The range of application of the term is broad. 1. Osteopathy is a comprehensive system of healing based upon a clinical philosophy that utilizes a hands-on form of manual medicine called *Osteopathic Manipulative Treatment* or OMT. Osteopathy was discovered and developed by a frontier physician named Andrew Taylor Still in the late 1800s. Osteopathy is not just a system of manual medicine; it is a practical and intelligent means of being with a patient in a holistic way. 2. Osteopathy is an applied clinical philosophy. As originally taught in the late 1800s, Osteopathy aimed to give a new definition of the causes of disease and then offered an innovative method of treatment. Osteopathy looks at disease from a different viewpoint. Osteopathy recognizes that the body has almost infinite possibilities. The body has the ability to self-repair and self-regulate in the presence of disease and injury. During an Osteopathic Treatment, the forces of self-repair are accessed through the connection made between the Osteopath's hands and the patient's body. From a therapeutic point of view, Osteopathy is a method of treating disease in which the healing agents are the natural fluids and forces contained within the body itself. In essence, Osteopathic Treatment utilizes the materials and methods from life itself to do the work of healing.

Osteopathy in the Cranial Field (OCF): 1. The official term utilized by the Cranial Academy to note the work of William Sutherland, DO. The term is meant to distinguish that "cranial Osteopathy" is truly an expression of Osteopathic philosophy to the unique structure and function of the cranium. 2. The title of reference work edited by Harold Magoun, Sr., DO, the first edition was published in 1951.

other-sensory perceptions: Awareness that falls outside of the traditional five senses (sight, hearing, smell, taste, and touch). An atypical system of sensing that receives non-physical and subtle information. The other-sensory system does not have end-organs within the nervous system to receive data. Other-sensory perceptions receive information from both conscious and unconscious pathways. Other Sensory Perceptions are used to *engage* the *non-material* perceptual fields. *Based upon concepts developed by Steve Paulus, DO.*

P

PT: See *Physical Therapist*

palpation: The act of feeling with the hands that utilizes the known end-organs of sensation conveyed afferently by the peripheral nervous system. An orthodox means of sensing that can be measured.

patient: **1.** *In a medical model*, a patient is only defined as one who is suffering from a disease and is undergoing medical or surgical treatment for the illness. **2.** *From an Osteopathic point of view*, this definition of a patient is not complete and is much too passive. To become a patient is an active process. It is a deliberate and conscious act (except in dramatic and acute events, where consciousness is impaired, or in a pediatric situation where consent is offered by the parents).

physical medicine: **1.** The specialty branch of allopathic medicine that deals with the treatment, prevention, and diagnosis of disease by essentially physical means, including the use of diagnostic tools such as Electromyography or Nerve Conduction Velocity testing, and treatment interventions including therapeutic injections, the use of prescription medicine, manipulation, and exercise rehabilitation, Also called *physiatry* or *physical medicine and rehabilitation* (PM&R). **2.** It also can generically refer to any practitioner who utilizes manipulation, manual therapies, massage, exercise, the utilization of mechanical devices such as traction or ultrasound, or the application of modalities such as heat, cold, electricity, or water therapies.

physical therapist: A practitioner who practices physical therapy. See *physical therapy*.

physical therapy or physiotherapy: A type of healthcare practitioner that utilizes rehabilitative and specially designed exercises and equipment to help patients regain or improve their physical abilities. Physical therapists have a limited license to practice physical rehabilitation. Some physical therapists have training in manual therapy. The scope of practice of physical therapists is different outside of the United States.

preventive medicine: That part of the medical and alternative medical systems aimed at preventing disease.

primary treatment: The sole therapeutic intervention utilized to treat a particular disorder or disease. An example of Osteopathy used as a primary form of treatment is with children with chronic ear infections, adults with chronic sinusitis, or acute neck and back pain.

Q

quantum mechanics: Quantum theory is the theoretical basis of modern physics that explains the nature and behavior of matter and energy on the atomic and subatomic level. The physicist Max Planck presented the theory in 1900, it was later elaborated by Einstein, de Broglie, Heisenberg, and others. It asserts energy is absorbed and released in small, discrete quantities (quanta), and that all matter displays both wavelike and particle-like properties, especially when viewed at atomic and subatomic scales. Quantum mechanics suggests that the behavior of matter and energy is inherently probabilistic and that the effect of the observer on the physical system being observed must be understood as a part of that system.

R

rates: The rhythmic functions within the body. They include material and objective rhythms such as heart rate, respiratory rate, etc. They also include the non-material and subjective rhythms such as the tides found in Cranial Osteopathy. *See tides.*

recurrent: **1.** Occurring or appearing again, or repeatedly. **2.** *In medicine*, it refers to conditions that are episodic and have periods of inactivity or a lack of symptoms interspersed with a reappearance. Recurrent is often confused with chronic. Chronic is a condition that is unrelenting and continuous without periods of true inactivity. However, a medical condition can be chronically recurrent because a condition can be significant and come and go for many months or years.

regular medicine (regulars): In the 19th century regulars were the orthodox, status quo, conventional allopathic physicians and surgeons or MDs. The regulars were in contrast to the irregulars who were the sectarians who practiced non-allopathic medicine. *See irregulars.*

S

SCC: *See Sutherland Cranial College*

SCTF: *See Sutherland Cranial Teaching Foundation.*

sectarian medicine: In the 19th century the emergence of alternatives to allopathic medicine that opposed the orthodox medicine of the times. The “sects” included Homeopathy, Thompsonian medicine, Eclectic medicine, Magnetic Healing, and Osteopathy. They all opposed, in their own way, the toxic medical practices of the time which included blood letting, blistering, the use of purgatives, and the inclusion of a materia medica that utilized toxic drugs such as mercuric chloride, arsenic, and excesses of opium.

sensing: 1. The physical process by which stimuli are received, transduced, and conducted as impulses to be interpreted by the brain. 2. A physical faculty by which a person obtains information about the physical world. 3. In an Osteopathic context, the *material* process of diagnosis by using palpation to obtain information regarding the patient.

shear: 1. *In physics*, a force tending to cause deformation of a material by slippage along a plane or planes parallel to the imposed stress. 2. *In biomechanics*, an applied force or system of forces that tends to cause two adjacent parts of an articulation to slide relative to each other in a direction parallel to their plane of contact.

smoothing: 1. *In engineering*, group of techniques for reducing the effects of noise, e.g. 60 Hz electrical interference. To reduce the effects of random noise, a variety of techniques are used such as digital or electrical filtering, curve fitting, and averaging. 2. In Osteopathy, a set of methods for reducing the facilitation or noise within the physiology of a patient. *Based upon concepts developed by Steve Paulus, DO. See noise and facilitation.*

soma: 1. The body of an individual as distinguished from the mind (psyche). 2. In cell biology, the body tissue as distinguished from the germ cells found in the testes and ovaries.

somatic: Relating to the body, as distinguished from the mind (psyche); corporeal or physical.

Somatics, Somatic Therapy: The field of Somatics, or Somatic Therapy, is a broad collective of disciplines devoted to the study of the interrelationship between soma and psyche, between awareness and biologic function, and the interaction of these elements with the environment. Somatic therapies focus on body awareness, movement, and emotions. The somatic awareness approaches use combinations of talk, movement, and touch as ways of increasing awareness of the body. The term was originally coined by Thomas Hanna, PhD. The field of Somatics include somatic education, somatic movement therapy, somatic movement education, somatic psychology, and somatic bodywork.

somatic dysfunction: 1. An Osteopathic term developed in the 1970s to replace the previous standardized term "Osteopathic Lesion." 2. A disturbance, impairment, alteration in function, or abnormality of the somatic elements. The somatic elements include the skeleton, joints, muscles, fascia and connective tissues, related vascular and lymphatic fluids, neurologic tissue, as well as the viscera. 3. Somatic dysfunctions are treatable using Osteopathic Manipulative Treatment. 4. By definition, somatic dysfunction excludes disturbances, impairments, alterations in function, or abnormalities of expression found in the non-material elements or lesions associated with the field or matrix that is not palpable but can be perceived by other-sensory perceptions. These subtle inherent forces include the rhythmic tides discussed in Cranial Osteopathy, and the non-rhythmic dynamic forces such as the "Potency of the Tide" and "The Health." *See Osteopathic Lesion, non-material, other-sensory perceptions, soma, and somatic.*

somatization: The unconscious process by which mental experiences or psychological distress is expressed as bodily symptoms.

spasm: A sudden, abnormal involuntary muscular contraction consisting of a continued muscular contraction. As a rule it is associated with varying degrees of pain and interferes with function and if continues long enough alters structure. *See hypertonicity.*

standard medicine: Standard, conventional, orthodox medicine, or Western medicine, also called allopathy (or allopathic medicine), defines health as the absence of disease. This definition is based on a negative. It is the system of health care taught in Western medical schools and is the dominant form of medicine and surgery in most of the world.

staring: A form of “invading the mechanism” where the operator focuses or looks directly at a patient or a localized anatomic area during an Osteopathic Treatment. Staring initiates a dysfunctional physiologic reaction in the patient that ultimately prevents the operator from “seeing” or adequately diagnosing. Staring is a way of focusing on a lesion which causes the operator to lock-in to the lesion and then project oneself into the patient; thus causing a lack of differentiation between the operator and patient. Staring can also cause the patient to overly identify with the lesion and then disregard the Health.

strain: **1.** A distortion or deformation of any tissue to due extreme effort or excessive use. **2.** Stretching, overstretching, or overexertion of the myofascial tissues. **3.** In mechanics, deformation that occurs at a point in a structure under loading. Two basic types of strain exist. Normal strain, which is a change in length, and shear strain, which is a change in angle.

stress: **1.** In biology, a state of physiological or psychological strain. It refers to the consequences of the failure of the organism to respond appropriately to threats, whether actual or imagined. **2.** In mechanics, the force per unit area that develops within a structure in response to externally applied loads.

Still, Andrew Taylor (1828-1917): An allopathic physician and surgeon who founded Osteopathy. He stated that he discovered Osteopathy in 1874. He then spent the next 18 years empirically studying alternative ways to treat disease by the use of what is now called Osteopathic Manipulation.

subluxation: **1.** *In medicine,* A partial or incomplete dislocation or a term describing an abnormal anatomical position of a joint which exceeds the normal physiologic limit but does not exceed the joint’s anatomical limit. **3.** *In Chiropractic,* according to the American Chiropractic Association “a subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health. A subluxation is evaluated, diagnosed, and managed through the use of chiropractic procedures based on the best available rational and empirical evidence.”

subacute: Symptoms, diseases, conditions that extend for a longer duration or have a less rapid, or slower onset. A medical problem that is not exactly acute or chronic, rather somewhere in between. In some definitions, subacute is defined within the range of 3 weeks to 3 months duration.

Sutherland, William Garland (1873-1954): Graduated from the American School of Osteopathy in 1899 and was a direct student of Andrew Taylor Still's. Sutherland took the basic principles and techniques of Osteopathy and applied them to the cranial field. He developed what we now call Cranial Osteopathy or Osteopathy in the Cranial Field. See *Cranial Osteopathy*.

Sutherland Cranial College (SCC): An independent post-graduate teaching organization located in England and founded in 1993. They are committed to promoting the teachings and principles of Osteopathy as discovered by Andrew Taylor Still and expanded upon by William Sutherland, DO.

Sutherland Cranial Teaching Foundation (SCTF): An independent post-graduate teaching organization located in America and founded in 1953 by William Sutherland, DO and senior members of his teaching faculty. It a non-profit organization dedicated to educational activities.

Sutherland Fulcrum: The *Sutherland Fulcrum*, as defined by Harold Magoun, Sr., DO in the 3rd Edition of "Osteopathy in the Cranial Field," is a descriptive name given to that dynamic point of rest, located in the area of the straight sinus, around which the entire membranous articular mechanism of the cranium orients.

synchronization: Synchronization is the process whereby the operator consciously connects with and then matches his or her activity and therapeutic awareness with a rhythmic action taking place in the structure and/or function of a patient. This contact is established without disturbing the inherent activity of the patient. It may also refer to operator connection with tides or rhythmic forces outside of the body, which influence the development of internal biological rhythms. Synchronization is a generic term that can be applied to many therapeutic situations—based upon rhythmic action— that occur during an Osteopathic Treatment. This term is based upon concepts originally developed by Anne Wales, DO and Rollin Becker, DO.

synesthesia: 1. *In neuroscience*, a neurologically based phenomenon in which stimulation of one sensory pathway leads to secondary sensation in a different system. 2. *In Osteopathy*, transferring of one perceptual experience from one sensory system to another, e.g. "seeing with one's hands," or "hearing with one's hands," or "thinking with one's hands."

T

ten-fingered Osteopath: A colloquial term used to describe an American DO who utilizes hands-on Osteopathic Manipulation on a regular basis or specializes in Osteopathic Manipulative Medicine. In contrast to the majority of American DOs who do not use Osteopathic Manipulation and practice as allopathically-oriented DOs.

therapeutic process: An inherent healing process that is directional, purposeful, and has potency. We can say that the therapeutic process is an effect of the *Health*. Once the Therapeutic Process is generated it contains an inherent intelligence that gives it purpose and direction. The therapeutic process is translated into many divergent yet complementary purposeful forces of healing. The types, manifestations, and layers of the therapeutic processes are numerous. What we call “healing” is the consequence of the therapeutic process. Sometimes the therapeutic process is superficial and mechanical, i.e., the healing of a laceration (which involves the local production of specialized cells involved in tissue repair), or in the resolution of an episode of influenza where the immune system produces specific substances and cells, to fight the infection and ultimately rid the body of the invader. In other situations the therapeutic process is subtle and more complicated, dealing with less obvious issues, i.e., the healing of a broken heart or the multifaceted process of healing a cancer. The same therapeutic process that heals the body (soma) heals the mind/emotions (psyche).

tides: Refers to the non-material rhythmic inherent motion associated with a living being. Within the context of Osteopathy, the tides were first described by William Sutherland, DO. There are many different tides that can be felt using other-sensory perceptions. Rollin Becker, DO revealed that there were countless number of tides. The most commonly known and utilized tides are: the cranial rhythmic impulse, the 2 ½ per minute tide, and the Long Tide. According to Rollin Becker, DO there are hundreds of self-regulatory mechanisms in the body that are tidal or rhythmic. Some of the inherent biologic rhythms that have previously fallen under the category of non-material phenomenon will most likely be confirmed in a laboratory setting and then will be reclassified as being material physiologic functions.

tractioning the membranes: A dysfunctional engagement of the membranes by the *operator*. Rather than just actively perceiving the membranous field the *operator* tugs upon the membranes in an attempt to gain more feedback. The result is negative physiologic or psychologic reaction on the part of the patient, often concealing subtle rhythms and hiding the true *necessity* thus limiting the full scope of the Osteopathic Treatment.

treatment: A colloquial expression used by Osteopaths and a contraction of the formal term Osteopathic Manipulative Treatment. “Treatment” is generically used to describe the hands-on portion of an office visit that involves the utilization of Osteopathic Manipulative Treatment.

tender points: 1. A system of points described by Lawrence Jones, DO, FAAO, in strain/counterstrain diagnosis and treatment; *See Osteopathic Manipulative Techniques--Index, Counterstrain.* 2. Small, hypersensitive points in the myofascial tissues of the body used as diagnostic criteria and treatment monitors in manual medicine. 3. Tender points are used in diagnosing fibromyalgia. They are specific places on the body that are painful when a standard amount of pressure is applied. This category of points do not refer pain to elsewhere in the body. The American College of Rheumatology requires pain in at least 11 out of a possible 18 tender points for a diagnosis of fibromyalgia syndrome. Tender points may be found in any palpable muscle, but 18 sites are consistently present in patients with fibromyalgia and are used for diagnosis. The tender point system used in the diagnosis of fibromyalgia was developed independently of the system of points developed by Jones.

trigger point (aka myofascial trigger point): A small hypersensitive site within skeletal muscle that, when stimulated, consistently produces a reflex mechanism that gives rise to localized tenderness, referred pain or a focal twitch response. In the trigger point model, pain frequently radiates from these points of local tenderness to broader areas, sometimes distant from the trigger point itself and the patterns of referred pain are generally consistent from person to person. The term was coined in 1942 by Janet Travell, MD.

the two-and-a-half tide (the 2 ½): A term coined by James Jealous, DO. The tide or rhythmic inherent force with a rate of 2 ½ cycles per minute.

U

unlimited license (to practice medicine and surgery): The license granted to an MD or an American DO which gives the physician or surgeon an unrestricted legal ability to practice medicine and surgery. Physicians and surgeons are medical practitioners who treat illness and injury by prescribing medication, performing diagnostic tests and evaluations, performing surgery, and providing other medical services and advice. Physicians and surgeons are highly trained and duly authorized by law to practice medicine. Within the United States, individual State statutes delineate requirements for a license to practice medicine. To obtain a license, an applicant must demonstrate requisite education and knowledge. A college degree and graduation from an accredited medical school typically fulfills the education requirement, and passing a state-licensing exam demonstrates an applicant's skills. State law determines who may sit for an exam and typically limits the number of tries an applicant has to pass the exam. Specialists, such as cardiologists, ophthalmologists, pediatricians, and neurosurgeons, must usually pass further exams beyond the initial licensing exam.

V

vector: 1. *In mathematics*, a quantity, such as velocity, completely specified by a magnitude and a direction. 2. A course or direction. 3. A force or influence.

viscera: The plural of *viscus*. The large interior organs found in one of the three great cavities of the body: thoracic viscera (lungs, heart, and esophagus); abdominal viscera (esophagus, stomach, small intestine, large intestine, liver, spleen, pancreas, kidneys); and pelvic viscera (uterus and ovaries).

vital force: The vital principle or animating force within living beings. *See vitalism.*

vitalism: The theory or doctrine that the life in living organisms is caused and sustained by a vital force or a nonmaterial vital principle and is distinct from measurable physical and chemical forces.

W

Wales, Anne: (1904-2005) An American DO who graduated from the Kansas City College of Osteopathy and Surgery in 1926 and was one of William Sutherland's original teaching faculty. One of her other teachers was Carl Mc Connell, DO, also an original student of A. T. Still's. She practiced Osteopathy and taught Osteopathy in the Cranial Field for nearly 80 years.

western medicine: Standard, conventional, orthodox medicine, or Western medicine, also called allopathy (or allopathic medicine), defines health as the absence of disease. This definition is based on a negative. It is the system of health care taught in Western medical schools and is the dominant form of medicine and surgery in most of the world.

windows: Specific physical locations on the body of a patient where it is generally easier to achieve synchronization. These diagnostic and potentially therapeutic windows offer the operator the best "view" to see the presence of necessity and to monitor the unfolding of a therapeutic process. Hands-on physical contact with any aspect of the body of a patient can afford access to the subtle rhythms or tides. *Based upon concepts developed by Steve Paulus, DO.*

Wolff's law The normal physiologic process where bone is laid down where needed and resorbed where not needed. Bone is laid down along lines of mechanical stress and the degree of remodeling in its internal architecture, and secondary alterations in its external conformations is based upon the quantity and vector of force(s). The concept that living bone can functionally adapt to mechanical stresses and distortion was first advanced by Julius Wolff in 1884.

X

x-ray: **1.** A high-energy photon having a wavelength in the approximate range from 0.01 to 10 nanometers. **2.** A stream of high-energy photons used for their penetrating power in radiology. Also called roentgen ray. **3.** The photograph of the body or body parts taken with x-rays.

Y

yang: *In Chinese philosophy*, the active, positive, masculine principle that is complementary to yin. *See yang.*

yin: *In Chinese philosophy*, the passive, negative, feminine principle that is complementary to yang. *See yang.*

Z

ZB: *See Zero Balancing*

Zero Balancing (ZB): A system of hands-on healing developed by Fritz Smith, MD who graduated from Osteopathic Medical School in the 1960s. It is a method that takes the Osteopathic techniques of direct and indirect myofascial release and uses the principles and philosophy of Chinese Medicine to explain how it works. Zero Balancing is a type of physically applied Chinese Medicine that does not utilize needles or acupressure points. Dr. Smith was one of the first American Osteopathic Physicians to become trained in, and practice, Acupuncture in the 1970s.