THE RELEVANCE OF HVLA IN THE UNIFIED OSTEOPATHIC FIELD THEORY
"...THE HUMAN BODY DOES NOT FUNCTION IN SEPARATE UNITS, BUT ONLY AS A HARMONIOUS WHOLE...

- A.T. Still
Standard perception

- Articulation of an arthrodial restriction which exhibits firm barrier mechanics
Standard MI Sperceptions
HVLA Final Corrective Force

- Apply the least amount of force possible to still be effective
Utilization of HVLA

- HVLA mobilizes articular restrictions at barriers, but what does that mobilization also affect / effect?
The 5 Models of Osteopathy

- Biomechanical
- Respiratory
- Circulatory
- Neurological
- Behavioral
- Metabolic Energy
BARRIER CONCEPT

Define your problems before you can hope to fix them
Biomechanical

Employed to restore local arthrodial motion loss
Respiratory-Circulatory

- Change in PEFR in COPD and Asthma patients after thoracic HVLA
- Gordon Zink
Neurological

- WAKE UP the autononisms segmentally
- T 4 (Larsen's) Syndrome
Metabolic-Energetic

- Trickle down from improved neuro, resp, circulatory
Behavioral

- A composite of the others
- The patient’s BELIEF that you did something with subsequent endorphin or seratonin spikes?
- Placebo effect as a positive
Summary

- When providing Osteopathic care to a patient, physicians need to consider these models prior to treatment.

- The musculoskeletal system interconnects these models and manipulative medicine provides an avenue to uniquely address the pathophysiology present, providing total care to the patient.
REFERENCES

- Skyba DA, Radhakrishnan R, Rohlwing JJ, Wright A, Sluka KA: Joint manipulation reduces hyperalgesia by activation of monoamine receptors but not opioid or GABA receptors in the spinal cord. *International Association for the Study of Pain 2003*, 106: 159-168.
- Fryer G, Pearce A: The effect of lumbosacral manipulation on corticospinal and spinal reflex excitability on asymptomatic participants. Published online 2011,..
- The Collected Papers of Irvin M. Korr, AAO, Newark OH, pp120-139 ,196-221