Still technique

- History
- Rediscovery
- Theory
- Techniques
Dr. A. T. Still in his 86th year lecturing and demonstrating osteopathic treatment to the students.
A.T. Still, Visionary
My father was a progressive farmer, and was always ready to lay aside an old plough if he could replace it with a one better constructed for its work. All through life, I have been ever ready to buy a better plough.
A.T. Still, Visionary

- I have no desire to be a cat, which walks so lightly that it never creates a disturbance.
A.T. Still, Idealist

- Anatomy, Anatomy, Anatomy
- Then fix it!
“I want to make it plain that there are many ways of adjusting bones. And, when one operator does not use the same method as another, it does not show criminal ignorance on the part of either, but simply the getting of results in a different manner. Each operator should use his own judgement and choose his own method of adjusting all bones in the body. It is not a matter of imitation and doing just as some successful operator does, but bringing the bone from the abnormal to the normal.”
Direct

• Toward a barrier
• HV/LA
• Soft Tissue/Articulation
• Muscle Energy
• Myofascial Release
• Cranial

Indirect

• Away from a barrier
• Strain/Counterstrain
• Facilitated positional release
• Myofascial release
• Cranial
Rediscovery

- Richard VanBuskirk, DO
So How Does That Work?

• Specific, non-repetitive articulatory method that is indirect then direct
Steps of Still Technique

1. Diagnose Somatic Dysfunction
2. Position of Ease
3. Apply Force Vector
4. Articulatory Movement
5. Release Force Vector
6. Return to Neutral
7. Retest
Dr. Platt holding Osteopathic Clinic
Step 1 - Diagnose

• Position of Ease
• Muscle Energy or HV/LA model for spine
  • Facet model
  • Vertebral unit model
• Counterstrain model for soft tissue
Step 2 - Position of Ease

• Spine - at Diagnosis
• Counterstrain - Position of Optimal Comfort
• Reduce tension in tissues
  • Exaggerate??
Step 3 - Apply Force Vector

• Less than 5 pounds of Force
• Compression or traction
• Along a line toward the Somatic Dysfunction
Step 4 - Articulatory Movement

• From Indirect (Position of Ease)
• Through Restrictive Barrier
• To Physiologic Barrier
Step 5 - Remove Force Vector
Step 6 - Return to Neutral
Step 7 - Retest

• Check range of motion of segment
• Check tenderness
Vector - Articulation
Vector - Articulation

Motion Barriers

- Physiologic Barrier
- Elastic Barrier
- Anatomic Barrier

Vertebral Rotation (Horizontal plane)

Restrictive Barrier
AA Still Technique

1. Flex head
2. Rotate through range of motion to right and left
3. Identify restriction
4. Move Head to position of diagnosis
5. Add Compression (Traction)
6. Rotate Head through the restrictive barrier to the physiologic barrier
7. Remove Compression (Traction)
8. Return to Neutral
9. Retest
C2-C7 Still Technique

- Diagnose Somatic Dysfunction
- Place segment at diagnosis
- Add Compression (Traction)
- Articulate through Restrictive Barrier
- Remove Force Vector
- Return to Neutral
- Retest
T1-L5 Still Technique

- Diagnose Somatic Dysfunction
- Place segment at diagnosis
- Add Compression (Traction)
- Articulate through Restrictive Barrier
- Remove Force Vector
- Return to Neutral
- Retest
Piriformis Still Technique

• Find Piriformis tenderpoint
• Position at Point of ease (Flex, externally rotate)
• Move palpating hand to the knee (becomes compression hand)
• Add compression toward tenderpoint
• Move lower extremity into internal rotation then extend
• Remove compression (before knee straightens)
• Return leg to neutral
• Retest
Bibliography

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