Advancing Osteopathic Palpation

Damon Whitfield, D.O.
Boarded Neuromuscular Medicine
Boarded Pain Medicine
The Art of Palpation – Fingertips & Hands

• **Fingertips - sense of touch**
  - Considered to be the most sensitive/discriminatory
  - Where most DO’s confine palpatory intake of data to
    - Learned at the earliest ages
    - Continued in osteopathic teaching (schools, books)
  - Some DO’s progress to the hands but that is rare
    - Index MCP
    - Palm

• Challenge yourself to DO more & Be more Every Day!!
The Art of Palpation — The Cornerstone of Osteopathic Dx & Tx

- Is a Learning Experience
- Repetition of comparisons builds “knowledge patterns”
  - Ranges in normal and abnormal
  - Awareness of subtleties
  - Before and after treatment information
- Time
- Patience
- Vocabulary
- Also dependent on “Natural Abilities”
The Art of Palpation – Data Collection Phase

Dependent on Range of ability, knowledge, experience & models

- Temperature
- Tenderness
- Dryness / Moistness
- Motion
  - Tightness
  - Looseness
- EMFs
- Emotions
- Connectedness to other body parts
The Art of Palpation – Data Processing Phase

• Transform the data into Meaning
  • Interpretation

• Interpretation is largely a “bounded” variable
  • Knowledge
  • Experience
  • Model(s)
  • Acceptance
  • Flexibility in thinking (vs rigidity) (based on reality)
  • Accuracy (defined by treatment outcome/shortcomings)
Advancing Palpation – experience humanity

- Each person is a connected unit of Mind, Body & Spirit
- Structure and Function are both independent & interrelated
- Osteopaths intervene to remove & improve impairment(s) of a person’s structure and/or function
  - Mind, Body & Spirit
  - Humanity
Whitfield’s Osteopathic Caveats

- The body is self-organizing (instead of can be self-healing)
  - Self-healing prophesies a one directional “positive” vector
  - Self-organizing model / concept indicates plural potentiality
    - Both pro- and mal- adaptive reorganization pathways
    - Categories – health, illness & ill-health (partial healing)
      - This is why humanity needs skilled Osteopaths

- The Body never heals 100%
  - A model of Ill-health
  - The body is sustained by a Patch-repair-move on system of healing (Not optimal health)
  - Healing deficits are more detectable with Advancing Palpation skills
Healing Gaps or Deficits
(Healing is Always Incomplete)

- Pre-injury
  - Original Baseline
- Twelve Weeks Post-injury
  - Deficit
  - New Baseline
  - Percentage of healing <100%
- One-week Post-injury
Moving past fingertips - Size Matters

- Yes **size** matters - For Antennas
- But BIGGER is NOT Better
- Need the right tool for the job
- Smaller antennas (fingertips)
  - Smaller ranges of reception (higher frequencies)
- Larger antennas
  - Larger ranges of reception (lower/longer frequencies)
Antenna Design

- Wavelength
- Frequency
- Shape
Wavelength

Wavelength = length of oscillation wave

**Characteristics of long waves:**
- Powerful
- Travel long distance
- Bend corners

**Characteristics of short waves:**
- Weak
- Short distance
- Reflected by corners
Wavelength

<table>
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<tr>
<th>Radiation Type</th>
<th>Radio</th>
<th>Microwave</th>
<th>Infrared</th>
<th>Visible</th>
<th>Ultraviolet</th>
<th>X-ray</th>
<th>Gamma ray</th>
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<tr>
<td>Wavelength (meters)</td>
<td>$10^3$</td>
<td>$10^{-2}$</td>
<td>$10^{-5}$</td>
<td>$0.5 \times 10^{-6}$</td>
<td>$10^{-8}$</td>
<td>$10^{-10}$</td>
<td>$10^{-12}$</td>
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</tbody>
</table>

Approximate Scale of Wavelength:
- Buildings
- Humans
- Butterflies
- Needle Point
- Protozoans
- Molecules
- Atoms
- Atomic Nuclei
**Frequency**

**Frequency** = number waves per unit of time

*Characteristics of low frequency:*
- Powerful
- Travel long distance
- Bend corners

*Characteristics of short waves:*
- Weak
- Short distance
- Reflected by corners
Antenna Shape

**Shape** = different shapes receive & transmit different wavelengths/frequencies

**Antenna tuning** = frequency one wants to receive

Thus:
Long wavelength, low frequency energy = long antenna
Short wavelength, high frequency energy = short antenna
Antenna Shape

**Shape** = different shapes receive & transmit different wavelengths/frequencies
**Antenna Shape**

**Shape** = different shapes receive & transmit different wavelengths/frequencies

- Fingertip is a small antenna = high frequency
- Hand is longer = mid-frequency
- Arm is long antenna = low frequency
Advancing Palpation beyond fingertips

- Increasing the size of your Osteopathic Antenna
  - Increases your data collection
    - Broader # of frequencies palpated within the person
    - More information is better - IF the processor can handle it
  - Differentiates “hidden” or “unseen” patterns
    - New levels of organization and complexities can be evaluated
    - “Deeper” neuro-pyscho-emotional hierarchies and connections
  - Osteopathy’s future depends on the integration of more comprehensive models (Adapt and innovate, or die)
Advancing Palpation beyond fingertips

• Reductionism comforts human propensity for linearism
  • Biological – single cause for disease or somatic dysfunction
  • Statistical – large comparatives yield “the on-average effect”
  • Separation of body from mind and spirit
  • Regulatory medicine

• Living systems are Non-linear (multi-directional loops)
  • Cause and effect are NOT proportional

• Biologic Coupling
  • Structure is linked/coupled to Physiology, Emotions, Attitudes/Beliefs, Environment
  • Interweaving and interfering processes and cycles
Become an Osteopathic Jedi by Advancing Palpation beyond fingertips

• **Translation of skills and treatments (Peter Pan)**
  - Horizontal “lateral movement” of a skill
  - Use fingertips to sense somatic dysfunction (myofascially & cranially)
  - Use fingertips with different treat techniques (HVLA vs cranial)

• **Transformation of skills and treatments (Jedi)**
  - Vertical “upward movement” of a skill -> moving up a level
  - Use more than fingertips in certain situations
  - Use different palpating techniques/approaches
  - Takes into account more than TART
Advancing Palpation beyond fingertips

• Increasing length of some “common Antennas in the body”
  • Fingertips
  • Hand - Arch of the palm or fingertips to volar crease of the wrist
  • Forearm – length of flexor tendons
  • Arm – fingertip to axilla/rib cage
  • Both arms fingertips to fingertips (longest)
Advancing Palpation beyond fingertips

- Basic palpation relies on Sensing with fingertips
  - Passive

- Advanced palpation relies on “Activating Forces & Sensing”
  - Active and Passive
  - Use the fingertips to “stimulate” the patient’s body
  - Progressively use longer and longer antennas to gather data
    - Local and systemic response to tissue activation
    - Perceive more connections within the body
HVLA for Lymphatics

- Quickly and comfortably improves flow
- Common areas identified for HVLA
  - Cervical
  - Inguinal and mid-thigh
  - Axillary and antecube
  - Cisterna chyli
HVLA for the Lymphatics (basic)

- It is a direct technique that engages and passes through a barrier
  - Engages proximal barriers
- It uses a Low Amplitude force
  - Passes the barrier by the tiniest of measures
- Mechanism(s) of action from treatment (MOA)
  - Stagnate flow activates platelets → fibrosis causing partial to complete obstruction
  - Oscillation between positive & negative pressures
    - Like priming a pump restores flow
  - Electrostatic changes or ionic charge restores (+) → (-) flow
HVLA for the Lymphatics (Advanced)

• The same Direct technique
  • low amplitude force
  • Same mechanism(s) of action

• The Difference
  • Engages distant barriers
    • ACTIVATES a larger and more Global lymphatic response

• Activates or creates a “whole body” fluid wave that is not present with Basic HVLA