NZ OSTEO

The physical structure of the body is the basis of all life - *A.T Still*

Winter 2024

osteopaths
NEW ZEALAND
Ngā Mātanga Wheua ō Aotearoa

Winter 2024

Message from the Editor:

"But it's Spring!" I hear you say, and yes by the time the magazine comes out that is quite true, but as I sit in my locked basement cell creating the magazine my ONZ jailers demand of me the cold winds of winter blow. Maybe next issue we'll skip a season so these line up correctly and the OCD part of my brain will stop crying out.

-Morgan Hancock

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Message from the Chair

As a student at the British School of Osteopathy in the 1980s I had the privilege of being taught by the likes of Audrey Smith, Colin Dove, Clive Standen, John Meffan and Stephen Tyreman. Whilst not being aware of their luminary status at the time, what they always stressed was that we were treating a person with a story, not a pathology attached to anatomy. Stephen Tyreman put it beautifully in an editorial in IJOM entitled "A personal reflection on person-centred care and the role of stories in healthcare". He wrote that "The practitioner's task is not merely to explain and treat, but to provide support and insight into the meaning of illness experiences in order to enable a patient to develop a better, life-enhancing narrative and become a more whole person." In other words, osteopathy is not about being a transactional health practitioner, it's so much more than that.

This true patient-centred model has always been an integral part of osteopathy, though it must be accepted that it has not always been practised as such. Patient-centred care takes soft skills that are less glamourous than the tug and pull of minor orthopaedic osteopathy. But, for me, this model is the most rewarding space to work in. It is the ability to see past the patient that presents and meet the person in their context, their story, their narrative. It is this that will enable you to engage with authenticity and to provide that right "support and insight".

During my 35 years in practice, I have treated a survivor of Auschwitz, a gentleman who fought in the Battle of the Somme, a university professor and lifelong member of the communist party who served in a covert ops regiment in WWII, a former private secretary to Margaret Thatcher and a former captain of the England rugby team. No matter what mantels these people wore, they were all just ordinary people seeking help. But it was their stories, and not their mantels, which provided context and a basis for meaningful connection.

Stories have been told for eons. Stories serve to entertain but also to educate. When we ask our patients "what's the story" there is permission to put personally meaningful context to their "why am I here". This is so much more valuable than "what hurts" or "what can I do for you". Most who present to us as osteopaths do so with an expectation based on a very mechanical and allopathic model of care, yet when we ask more meaningful questions, it can take us to a far more meaningful therapeutic space.

So, as you indulge me in my apparent rambling reminiscences, I'll get to the point. I feel very honoured to have held the roles that I have had on the osteopathic association board. Not only because of the trust invested in me, but also because of the privilege of meeting and working with people that I might not have otherwise interacted with. We typically choose to surround ourselves with like-minded people. Life on the board is not like that. Instead, we find ourselves sitting round a table with people of different opinions, biases and passions, (stories) yet we must find a 'common ground' that will allow us to collectively attend to the needs of the profession. In doing so, this leads to ongoing self-reflection and learning.

In the same way that patient interactions are always two-way processes, each and every board member that I have worked with, and each and every stakeholder that I have met whilst flying the ONZ flag has taught me something about the human experience and I am richer for it.

So, if I had my time again would I have put my hand up for this work on the ONZ board? Absolutely. And if my contribution to osteopathy in Aotearoa New Zealand has been anywhere close to the richness of the experience that I have gained on this journey, then I am comfortable that I have succeeded.

As I step down as chair and reflect on my time in osteopathy, it is patient-centred care, a people-centred life and the importance of their human stories that matter. All patients, colleagues, stakeholders, who have shared their "stories" with me have enriched my
understanding of the human condition and, for that, I thank each and every one of you.

He tāngata, he tāngata, he tāngata.

--Jonathan Paine

Osteopaths NZ Symposium

Saturday 14th September, Wellington

Our one-day symposium is almost here—mark your calendars for Saturday, September 14th, from **9am to 5pm!** ONZ can't wait to see you there, ready to dive into a day full of inspiration, learning, and a bit of professional challenge.

We're thrilled that our lineup of presenters is now locked in and it's looking fantastic! Expect an exciting mix of lectures and hands-on sessions throughout the day. Whether you're keen on sports medicine, women's health, or just want to soak up some great workshops and plenaries, there's something for everyone.

The event is at Rydges Wellington Airport—super convenient for those flying in and with plenty of parking if you're driving. Plus, you can stay right where the action is with on-site accommodation.

Arriving early? Join us for some casual nibbles and drinks on Friday night at 7pm at the hotel, and catch up with fellow attendees in a relaxed setting.
We can't wait to see you there and make some great memories together!

You can still get tickets at the ONZ website

Programme

Plenary Speakers including:
- Professor Jim Cotter, School of Physical Education, Otago University
- Rodney Ford, National Clinic Services Manager, TBI Health

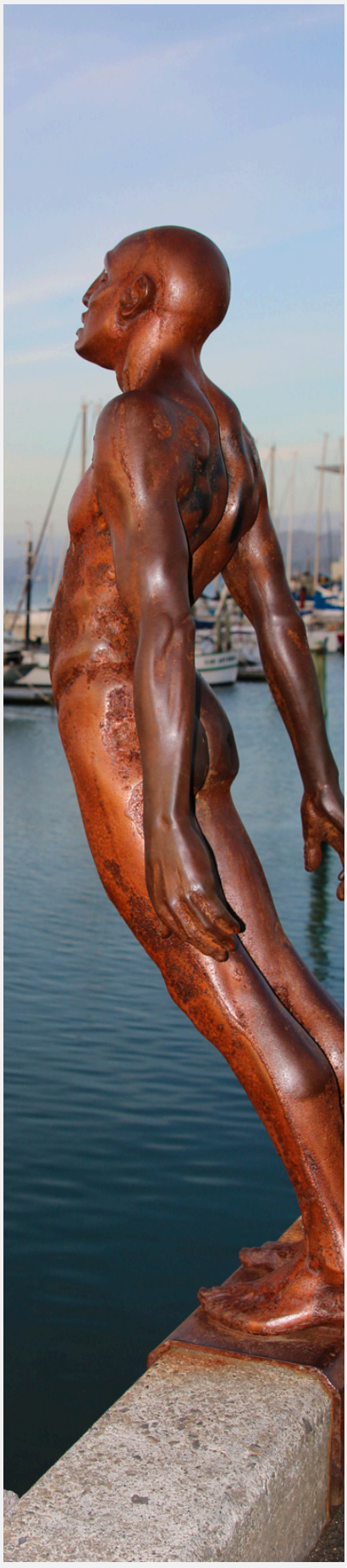
Workshops to select from:
- Women's Health with Dr Deborah Gardiner, Menopause Clinic and practical with Osteopath Finn Thomas

OR
- Sports Medicine: Common Knee injuries, Assessment and Rehabilitation Theory and prac session led by Osteopath Jim Webb

AND

- Phillip Beach Osteopath, Acupuncturist and Teacher: Emergent Anatomy theory and practical

OR
- Jacquelyn Schirmer Osteopath and EDS Clinical Advisory Panel: Mastering Ehlers Danlos Syndrome



Symposium Presentors

Phillip Beach

Phillip Beach is an Osteopath, Acupuncturist, Author and Teacher. Based on some ideas he is working on for an upcoming new book, his workshop is: **'Emergent anatomy - theory and practice'.** Anatomy comes in various forms such as gross, microscopic, systemic, surface, etc. The concept of emergence is widely discussed in biology as complexity emerges from simpler structure, eg cells, named tissues. Emergent anatomy is the anatomy of a whole, living person - a person with a life history embedded in their structure. It is a form of anatomy that is discerned by informed touch. Manual therapy and, Phillip suggests, the meridians of TCM, are forms of emergent anatomy. It is anatomy that is not tissue fascist! It is the anatomy we employ in our professional practice.

Prof. Jim Cotter

Jim is an Exercise & Environmental Physiologist. He researches the roles and mechanisms by which discrete stressors within exercise and the environment (heat, hydration, hypoxia and orthostasis) impact on physiology, perceptions and human capabilities and health, acutely and chronically. Major systems of interest are cerebrovascular, cardiovascular, fluid balance and thermoregulation. A related interest is the efficacy and safety of self-regulated versus prescribed exposure to exercise and environmental stressors, including how these juxtapose with Westernised lifestyles, which are acutely safe and thereby chronically and insidiously unsafe.

Excercise for Health; Humans are losing the physical fitness needed to withstand the environment we are building ourselves and the one we are destroying in that process. Exercise therapy offers enormous potential but is both poorly understood and problematic on several levels. The aim for this presentation is to briefly outline the potential, pitfalls, and common myths about exercise for health, before considering practical prescription for therapists.

Dr Deborah Gardiner

Dr Deborah Gardiner graduated as a doctor from Otago University in 1996 and is working as an Anaesthetist for Whanganui District Health Board and Belverdale Hospital.

In her own recent health journey, Deborah became interested in Women's Mid-life Health. This led her to meeting practitioners in New Zealand and Australia.

The more study she did, the more passionately she felt that this information should be available to all women. She joined the Australasian Menopause Society and at present is completing a Postgraduate Certificate in Women's Health through Auckland University.

Deborah's presentation will focus on "W**omen during midlife, including the menopause transition"**. The menopause transition is a period of time starting in your 40's through into your 50's where there is an opportunity to influence your health for the better.

There are non-hormonal and hormonal ways to help manage the symptoms of peri-menopause (the time period before menopause) menopause and postmenopause. What works for each individual will be different.

Jacquelyn Schirmer

Jacquelyn began her journey into EDS after completing her osteopathic training in 2007 in the UK. Encountering many patients with injuries from overstretching led her to research and collaborate with the Hyper Mobility Syndromes association in the UK. Her MSc research focuses on Clinical Pilates and hypermobility, recognizing the need for more than manual therapy in its treatment.

After moving to New Zealand in 2013, she helped establish the EDS NZ Clinical Advisory Panel and is now the Clinical Lead. Her presentation, titled **"Mastering Ehlers-Danlos Syndrome: Effective Treatments, Myth-Busting, and the Power of Collaborative Care in Osteopathy"** will provide attendees with a basic understanding of EDS, diagnostic criteria, treatment skills, and knowledge for collaborative patient care.

Finn Thomas

Finn Thomas, BSc(Hons)Ost,Dip WHO,DipHE RN, is a registered Osteopath with the Osteopathic Council of New Zealand. Finn graduated as an osteopath in 2002 having prior been a nurse in an acute female surgical ward. He has a passion for women's health and paediatrics, and works closely with midwives and obstetricians to support women through pregnancy and postnatal care.

Finn has completed a two-year post-graduate Diploma in Women's Health Osteopathy with the Molinari Institute in London. His academic experience includes teaching technique, indirect techniques, clinic tutoring and examining over 14 years at Oxford Brookes University and the University College of Osteopathy. With some post graduate experience teaching cranial, women's health and paediatrics.
His practical session will cover some techniques and approaches to support women from post-natal to post-menopause with consideration to biotensegrity and osteopathic principles.

Jim Webb

Jim is a registered Osteopath and Physiotherapist with a Masters in Sport and Exercise Assessment. He has worked in hospitals with inpatients as well as outpatient settings. Moving from the hospital environment to work with Premier league teams in football and rugby and then finally with The English Institute of Sport before moving to New Zealand with his family.
Initially Jim worked at The University of Otago with undergraduate and post graduate courses before he moved into private practice.
He now owns a multidisciplinary clinic in sun drenched Dunedin working with osteopaths, physiotherapist, psychotherapy, podiatry, massage and nutritionists. He is married with 5 sons, and in his spare time cycles, swims and runs with his 2 dogs.

Jim will be teaching both lecture and hands on practical workshop on **The Knee - Common injuries, assessment and treatment.**

Pitch-side Osteo

More than a clinician

There is a stark difference between working in clinic and working pitch-side with athletes, no matter what sport. However, what is important is having the correct skills and additional qualifications whilst working with teams to ensure you are able to cover any possible outcomes, and yes, this does mean more than a normal first aid certificate.

Neil Holmes, an osteopath based in Whangerai, has been working between rugby and football over the past 10 years – he has been faced with many situations and scenarios that require knowledge to be drawn from not only osteopathic training but also those additional qualifications. This is an example of one of those situations..

Several weeks ago, Demri Mitchell, an osteopath in my team, and I faced an unusual situation during a football game—though it's a common one in rugby. Demri was working pitch-side when a player went up for a header and received an elbow to the neck and back of the head. Demri had to wait for the game to be stopped to be called onto the field but when he attended to the player, it was clear that the situation could be quite serious and required additional assistance, calling me onto the field with our additional equipment.

The player reported central neck pain with radiating symptoms into the left arm at rest. We immediately had to secure the cervical spine with Manual In-line Stabilization (MILS) to protect the neck. The examination was conducted carefully but thoroughly: palpation of C4-6 increased the neurological symptoms into the arm along the corresponding dermatomes. At this stage, it was clear that the player should not be moved, and further assistance was required. Our first call to St. John's was made, explaining the symptoms and mechanism—important clinical information.

While I held MILS, our clinical skills as osteopaths were tested through a neurological examination, which we perform daily in the clinic, though not usually on such acute injuries. We began with reflexes (upper and lower), looking for absent or hyper reflexes, and tested strength and sensation in the extremities.

Given the cervical spine symptoms and referring upper extremity issues, Demri had to be cautious not to cause excessive movement if there was a cervical spine fracture. He determined there was altered sensation along the C4-6 dermatomes and weakness in the same areas.

Throughout the process, we communicated with the player, explaining what we were doing and checking on him, just as we would in a clinical setting. This helped us gauge his level of consciousness, which was clearly a Glasgow Coma Scale (GCS) score of 15. His breathing was normal. Basic baseline observations were completed as well: blood pressure, SPO2, and heart rate—again, all skills we can utilize in the clinic.

Given our concern about a cervical spine or spinal injury, other elements had to be monitored and documented. We watched for the player's ability to control his own temperature, as a lack of this could indicate spinal cord injury.

Additionally, we checked blood pressure not just as a baseline but also to watch for changes that might indicate spinal injury.

This experience reinforced our clinical knowledge and highlighted the importance of our additional qualifications required to provide safe and effective pitch-side support.

As you may know, St. John's is currently under significant pressure and understaffed, which resulted in the player laying on the ground, wrapped in a survival blanket and additional layers, for 90 minutes while we waited. We made two additional calls to St. John's, updating them on our findings and raising concerns about deteriorating weather conditions. Throughout this time, we regularly checked our examinations and documented them, which helped us monitor symptoms and was also crucial for the handover to St. John's.

When St. John's finally arrived, we provided a step-by-step handover while still holding MILS, outlining our concerns, symptoms, and findings. It was agreed that full spinal immobilization was necessary, including the application of a cervical collar. With me at the head, I provided control and instructions for log-rolling the player onto the scoop before lifting him onto the awaiting stretcher for transport to the ambulance. Handover notes were given, and the player was taken to the hospital.

This potential cervical spine fracture or spinal injury highlights the importance of osteopaths that want to work in sports being more than just clinicians—they must also be medics with appropriate training. Without the proper training and additional qualifications, you risk causing further harm to the athletes or players in your care

As professionals , we must aim for gold-standard care in any situation, whether in the clinic or pitch-side. if you are working pitch-side with a sports team, you must have additional training. Our aim with the SIG is to provide avenues to gain this training and knowledge. Please watch this space.

Player recovery

After some inital concern about a spinal fracture the final diagnosis was an injury to the brachial plexus with localized bruising around C4-6. He has since undergone osteopathic treatment with Demri, who led the return-to-training and play process.

-Neil Holmes
-Photo credit: Karen Maisey

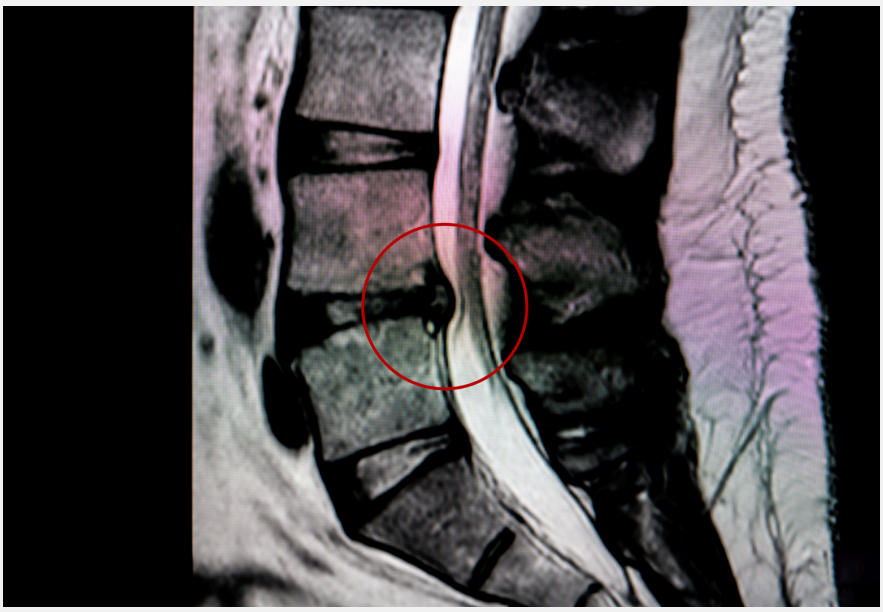
ACC's ICPMSK contract

As Osteo's perspective

Over the last 2 years, Mick McBeth, an osteopath based in New Plymouth has been involved with the trial period and, more recently, the roll out of ACC's Integrated Care Pathways Musculoskeletal (ICPMSK) contract. The contract is designed to help speed up the recovery of conditions which can be more challenging to manage.

As Allied Health practitioners we can utilize this service and refer patients who meet the criteria. There are a number of organisations across New Zealand that hold the ICPMSK contract. My personal experience is with TBI despite several attempts from other organisations to get our clinic on board. For me, I have been satisfied with TBI processes and prefer to keep things simple by using just one provider. There are differences in processes between organisations but I will outline the process used through TBI.

As we all know, traditionally ACC favors use of physiotherapists and the contract doesn't specifically say that osteopaths are a core part of the rehab team – rather we fall under the wider interdisciplinary team as a 'pain management service'. However this familiar narrative may change if we are to utilize opportunities such as the ICPMSK contract and showcase our competency.



If a patient has an injury which meets the criteria for inclusion, we can apply to have them enter the ICPMSK pathway. Primarily, I refer lumbar disc injuries with radiculopathy and occasionally lumbar fractures but there are a number of knee and shoulder injuries that are included also. Generally the date of accident needs to be within 12 months but there are exclusions for ligament rupture, post traumatic OA and some conditions that have required surgery.

Common knee injuries which are included: fractures, ligament injuries, meniscal tears, patella tendon rupture and post traumatic OA. Shoulder injuries that are included : fractures, GH and AC dislocation, rotator cuff full thickness tears, biceps tendon high grade tear and traumatic labral tear.

If successful inclusion is obtained, TBI will apply for the first bundle of funding and this is paid out on the 20th of the month following. TBI supply key outcomes and dates for these outcomes/goals. If necessary, TBI will have the patient seen very promptly by a physician or specialist and an MRI can be obtained within days. The care of the patient is fully funded, they do not pay us a co-payment as they usually would under standard ACC care. We are able to use our allocated funding as we see fit for the patient. This may include our treatment or funding for other healthcare providers such as physiotherapists (in-house or outsourced). If funding runs out and the patient needs further care we can apply for more funding.

The expectation is that we provide care as we normally would and report back with a progress report every few weeks. This is as simple as a brief email, outlining progress

and how we are tracking toward the key outcomes.,
I have found the ICPMSK enables superior care to what we traditionally experience with ACC. Long wait times to see specialists and obtaining MRI's is something we are seeing more of and ideally we want our patients to obtain care promptly. Despite the odd query that pops up, the administration side isn't heavy. I have found patients really appreciate the special treatment they receive, and am convinced the prompt care enhances their recovery and reduces the risk of chronicity.

Being fully funded also removes a potential barrier for some patients. As a profession moving forward, bringing objectivity in how we manage patients and track progress will also bring opportunity in the ACC system.

At the September symposium, we will have a TBI representative who can outline more detail on the ICPMSK and field any questions. Likewise, I am happy to assist with any questions you may have.

-Mick Mcbeth
mick@bodylogic.co.nz

Key Points

- Funding is allocated in a single lump sum, and paid as such.
- The patient has no ACC topup to pay, their treatment is entirely funded by the lump sum.
- You will be provided outcome measures for the patients recovery.
- The patients have access to a wide suite of professionals including orthopedic surgeons which you can direct them to as required.
- Patients that you refer into the ICPMSK system remain your patients.

2024 Competent Authority Pathway Programme Review

The Osteopathic Council of New Zealand invites you to provide feedback on our proposed changes to the Competent Authority Pathway Programme.
The Council has set the Competent Authority Pathway Programme as a competence programme as described in section 40 of the Health Practitioners Competence Assurance Act.

This programme is completed by all osteopaths registering under pathway a. Recognised qualification pathway and may be required of those registering under pathway b. Non-recognised qualification pathway. Osteopaths registering with a New Zealand qualification, or under the provisions of the Trans-Tasman Mutual Recognition Act (1997) are not typically required to complete the programme.

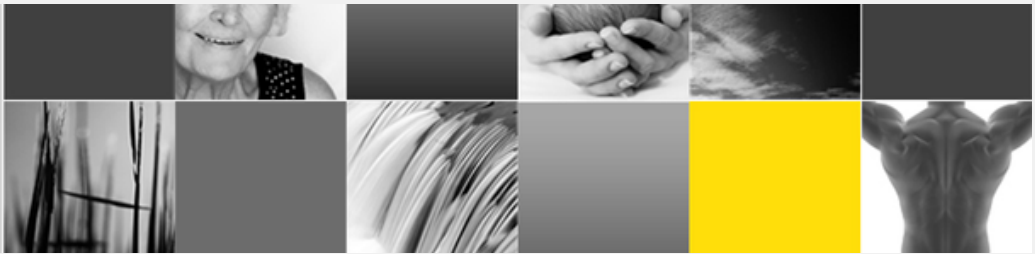
In preparation for this review, preliminary feedback on the CAP programme was sought by Council from preceptors and preceptees. An initial review completed in 2021 was complemented by further investigation in 2022/2023.

The results of these reviews suggest the current CAP programme is a necessary component of meeting the required goals, largely fit for purpose and remains broadly in alignment with both right-touch regulation and Council's overall regulatory approach. Nonetheless, feedback to the Council and the research conducted to date highlights a number of areas for consideration of change or modification. Further details of these indications for change, and the resulting changes that Council is considering, are provided in the consultation document available on the Council website.

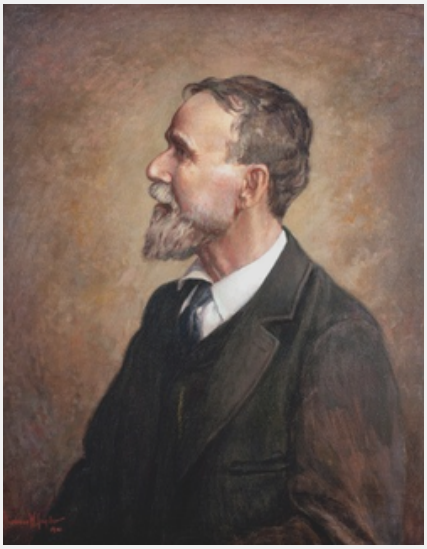
The Council is now consulting on the changes proposed as a result of this review, and you are invited to provide your feedback. The consultation document contains a number of questions indicating where Council is seeking feedback, but you are also welcome to provide any further feedback or areas of clarification that you feel are important. Please note that an anonymised summary of consultation feedback will be published by Council.

If you would like to respond to this consultation, please email your feedback to **osteoadmin@osteopathiccouncil.org.nz**

Consultation will close at 5pm on Friday 13th September 2024. All submissions received by the due date will be considered by Council.



Research Update



INVESTIGATING THE SAFETY AND FEASIBILITY OF OSTEOPATHIC MANIPULATIVE MEDICINE IN HOSPITALIZED CHILDREN AND ADOLESCENT YOUNG ADULTS WITH CANCER

Jennifer A. Belsky, MS, DO; and Amber M. Brown, MS, DO
Journal of Osteopathic Medicine
J Osteopath Med; 124(9): 399-406, September 2024

CONTEXT: Children and adolescents young adults (AYAs) undergoing treatment for oncologic diagnoses are frequently hospitalized and experience unwanted therapy-induced side effects that diminish quality of life. Osteopathic manipulative treatment (OMT) is a medical intervention that utilizes manual techniques to diagnose and treat body structures. Few studies have investigated the implementation of OMT in the pediatric oncology outpatient setting. To date, no studies have investigated the safety and feasibility of OMT in the pediatric oncology inpatient setting.

OBJECTIVES: The objective of this study is to investigate the safety and feasibility of OMT in the pediatric oncology inpatient setting.

METHODS: This is a prospective, single-institution pilot study evaluating children and AYAs aged ≥2 years to ≤30 years with a diagnosis of cancer hospitalized at Riley Hospital for Children (RH) from September 2022 to July 2023. Approval was obtained from the Indiana University Institutional Review Board (IRB). Patients were evaluated daily with a history and physical examination as part of routine inpatient management. Patients who reported chemotherapy side effects commonly encountered and managed in the inpatient setting, such as pain, headache, neuropathy, constipation, or nausea, were offered OMT. Patients provided written informed consent/assent prior to receiving OMT. OMT was provided by trained osteopathic medical students under the supervision of a board-certified osteopathic physician and included techniques commonly taught in first- and second-year osteopathic medical school curricula. Safety was assessed by a validated pain (FACES) scale immediately pre/post-OMT and by adverse event grading per Common Terminology Criteria for Adverse Events (CTCAE) 24 h post-OMT. All data were summarized utilizing descriptive statistics.

RESULTS: A total of 11 patients were screened for eligibility. All patients met the eligibility criteria and were enrolled in the study. The majority of patients were male (n=7, 63.6%) with a median age of 18.2 years at time of enrollment (range, 10.2–29.8 years). Patients had a variety of hematologic malignancies including B-cell acute lymphoblastic leukemia (ALL) (n=5, 45.5%), T-cell ALL (n=1, 9.1%), acute myeloid leukemia (AML) (n=2, 18.2%), non-Hodgkin's lymphoma (n=2, 18.2%), and Hodgkin's lymphoma (n=1, 9.1%). All patients were actively undergoing cancer-directed therapy at the time of enrollment. There were 40 unique reasons for OMT reported and treated across 37 encounters, including musculoskeletal pain (n=23, 57.5%), edema (n=7, 17.5%), headache (n=5, 12.5%), peripheral neuropathy (n=2, 5.0%), constipation (n=2, 5.0%), and epigastric pain not otherwise specified (n=1, 2.5%). Validated FACES pain scores were reported in 27 encounters. Of the 10 encounters for which FACES pain scores were not reported, 8 encounters addressed lower extremity edema, 1 encounter addressed peripheral neuropathy, and 1 encounter addressed constipation. The total time of OMT was documented for 33 of the 37 encounters and averaged 9.8 min (range, 3–20 min).

CONCLUSIONS: Hospitalized children and AYAs with cancer received OMT safely with decreased pain in their reported somatic dysfunction(s). These findings support further investigation into the safety, feasibility, and efficacy of implementing OMT in the pediatric oncology inpatient setting and to a broader inpatient pediatric oncology population.

A REVIEW ON OSTEOPATHIC MANIPULATION IN PATIENTS WITH HEADACHE

CSharath H, Nadipena P, Qureshi M, et al. (August 05, 2024) Cureus 16(8): e66242. doi:10.7759/cureus.66242

ABSTRACT: Headaches are a common neurological disorder, significantly impacting patients' quality of life. Traditional treatments include pharmacological and nonpharmacological approaches. Osteopathic manipulative treatment (OMT) is a holistic, hands-on technique used by osteopathic physicians to alleviate pain and improve function by addressing musculoskeletal dysfunctions.

This review aims to evaluate the effectiveness of osteopathic manipulation in managing headaches, focusing on the different types of headaches, the specific techniques used, and the overall outcomes reported in clinical studies. A comprehensive literature search was conducted across multiple databases, including PubMed, Google Scholar, and MEDLINE, to identify relevant studies published in the past two decades. Inclusion criteria were studies involving adult patients diagnosed with headaches and treated with OMT. Both randomized controlled trials (RCTs) and observational studies were included.

The review identified 15 studies meeting the inclusion criteria. Evidence suggests that OMT can be beneficial in reducing the frequency, intensity, and duration of headaches, particularly tension-type headaches (TTHs) and migraines. Techniques such as myofascial release, cranial osteopathy, and muscle energy techniques were commonly employed. Many studies reported significant improvements in patients' quality of life and functional status post-treatment. However, the heterogeneity in study designs, sample sizes, and outcome measures warrants cautious interpretation of the results.

Osteopathic manipulation shows promise as a complementary approach for managing headaches, with positive effects on pain relief and functional improvement. Further large-scale, high-quality RCTs are needed to confirm these findings and to establish standardized treatment protocols. Integrating OMT into multidisciplinary headache management strategies could potentially enhance patient outcomes and reduce reliance on pharmacological interventions.

A NATURAL APPROACH TO BELL'S PALSY: AN OSTEOPATHIC TREATMENT OPTION

Schneider N, Shih S, Rundquist L, et al. (August 20, 2024) Cureus 16(8): e67334. doi:10.7759/cureus.67334

ABSTRACT: Bell's palsy (BP) is a rapid-onset neurological disorder causing unilateral facial paralysis, affecting approximately 40,000 people annually in the United States. Suggested treatments for BP include corticosteroids, facial therapy, and osteopathic manipulative treatment (OMT) in order to improve symptoms; however, some people with BP have spontaneous resolution.
A 52-year-old female with left-sided facial paralysis and drooping for the past four months due to BP presented to the osteopathic treatment center. For the first three weeks after developing BP, the patient had soreness when attempting to move her facial features, but on later treatments, she only experienced weakness on the left side of her face. The patient's facial sensation was intact bilaterally, but she was unable to move her left eyebrow, eyelid, cheek, and lip. OMT focused on the intraoral musculature, the cervical spine, and cranial treatment utilizing osteopathic techniques such as osteopathic cranial manipulative medicine (OCMM), direct myofascial release, soft tissue, balanced ligamentous tension, and muscle energy.

Utilizing the Facial Disability Index (FDI) questionnaire and the Sunnybrook facial grading system (SFGS), an improvement in facial paralysis was seen due to both OMT and physical therapy (PT) treatments. It is difficult to discern which treatments helped the patient the most (OMT, PT, or at-home exercises); however, the patient's improvement was notable.

This case study demonstrates that OMT, PT, and at-home exercises may positively contribute toward the improvement of BP symptoms by addressing cranial and muscular somatic dysfunctions of the head and neck. The treatment, which included techniques such as muscle energy and intraoral myofascial release, resulted in significant improvements in facial function and grading scores. One limitation of the study is that, however unlikely, chronic BP may resolve spontaneously, which may have contributed to the patient's progress. While OMT, PT, and at-home exercises contributed to the patient's recovery, further research is needed to substantiate the effectiveness of OMT, PT, and at-home exercises in treating BP.

Victorian Remedies: A Journey through 1896 Medical Advice

EXCERPTS FROM "THE PEOPLES COMMON SENSE MEDICAL ADVISOR IN PLAIN ENGLISH"

R.V Pierce M.D
Sixty sixth edition - 1896

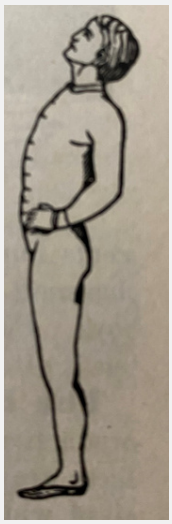
These are direct extracts from an original copy of the above book, printed in 1896. The style of phrasing and the advice it provides was so unique that I thought it worth a page in the ONZ magazine each issue. A short disclaimer; ONZ does not recommend following any of the information. It is purely for interest and amusement, one glance at the experiments on food digestion below should make that clear . -Morgan Hancock

EXERCISE

Long walks or protracted physical exercise should never be undertaken immediately after meals, but when walks are begun it is essential for a healthful walk that it is in a pleasurable object. Walks along flowery banks with fragrant grasses affords an agreeable stimulus, which sends the blood through the vital channels and imparts to the cheeks the ruddy glow of health. Baseball, Cricket, Boxing and Fencing are all manly exercises when practice solely with a view to their hygienic advantages, and as such have our approval. The art of swimming was regarded by the Greeks as an important accomplishment and as a hygienic agency it occupies a high place in physical culture.

AN ERECT CARRIAGE

is not only essential to health but adds grace and beauty to every movement. Man was made to stand erect, thus indicating his superiority over all other animals, yet custom has done much to curve that magnificent central column, upon the summit of which rests the "grand dome of thought". Many young persons unconsciously acquire the habit of throwing the shoulders forward. The spine column is weakened by this unnatural posture, its vertebra become so sensitive and distorted that they cannot easily support the weight of the body or sustain its equilibrium. It can be remedied, not by artificial braces, but by habitually throwing the shoulders backwards. Deformed trunks and crooked spines, although sometimes the effects of disease are more frequently the results of carelessness.



DIGESTIBILITY OF FOOD

Unless an article of diet can be digested it is of no value, no matter how rich it may be in nutriment. The quantity of food taken, will influence to a considerable extent, the time consumed in its digestion. The stomachs of all are alike in this respect, and the subject of time has been a difficult one to determine. The experiments of Dr Beaumont with the Canadian, St. Martin, who accidently discharged the contents of a loaded gun into his stomach, creating an external opening through which the process of digestion could be observed, have furnished us with a table , which is correct enough to show relatively, if not absolutely, the time required for the digestion of various food articles.

SLEEPING ALONE

Certain effluvia are thrown off from our persons, and when two individuals sleep together each inhales from the other more or less of these emanations. When it is not practicable for individuals to occupy separate beds, the persons sleeping together should be of about the same age, and in good health. Robust children have gradually declined and died within a few months, from the evil effects of sleeping with old people. Again, those in feeble health have greatly benefited, and even restored, by sleeping with others who were young and healthy.

osteopaths
NEW ZEALAND
Ngā Mātanga Wheua ō Aotearoa

2024 ANNUAL GENERAL MEETING

ZOOM WEBINAR :

- Wednesday
- 18th September
- 17:00-18:00

This years AGM is almost upon us and will take place online on Wednesday the 18th Sept.

REGISTER HERE for Link

If you cannot attend then Please submit a Proxy form. AGM's require minimum numbers of membership attendance and completing a proxy form allows ONZ to reach that target far more easily.

Need support?

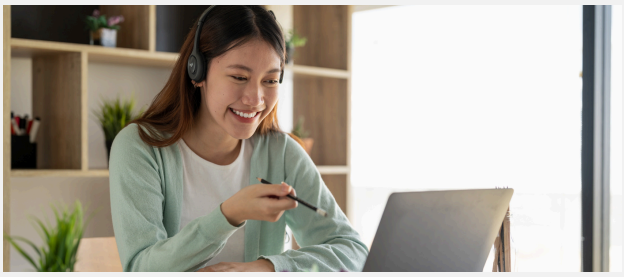
ONZ advocacy, advice & support

Is everything going well at work, or do you sometimes wish you had someone outside of work to talk to? Are you dealing with a challenging work environment, issues with your principal or employees, or feeling unsure about how to handle or file a complaint? Perhaps you're feeling isolated or undervalued?
One of the key roles of ONZ is to provide support for members when things start to turn pear-shaped.

Even experienced practitioners encounter problems, and we have successfully supported many of our members through various issues.

If you have a problem, contact ONZ. We offer completely confidential support to help you address the challenges you're facing.

Online Learning Library



The ONZ online learning library now features a wealth of educational resources, accessible through the ONZ resources page. Among the recent additions are several comprehensive webinar series, including a three-part series that covers crucial business topics such as understanding your business, the realities of running one, distinguishing between contractors and sole traders, and mastering your financials. Additionally, there are specialized webinars that delve into important subjects like bringing in overseas osteopaths, navigating immigration challenges, insurance considerations, and ACC32 Process & Appeals. This growing collection of modules and webinars is designed to support the ongoing professional development of osteopaths across a wide range of topics.

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Upcoming CPD

CPD run by ONZ members

Advance Foundations in Acupuncture

This intensive one-day course explores the integration of acupuncture with Western medical principles, combined with contemporary Chinese theory and advanced needle techniques.

Participants will engage in practical sessions to enhance their understanding of anatomical regions accessible by needle tips. You will learn how changes in needle angle and anatomical depth can refine your techniques and achieve specific treatment goals. The course covers stimulating ligaments, fascia, and nerves, moving beyond simple muscle insertion. Additionally, you will be introduced to a range of specialty needles used commonly overseas to enhance treatment or for specific musculoskeletal problems that benefit from a slightly different needle approach.

***Due to some requests, the course is offering a dedicated beginner's track on the same day with a second trainer during the practical components. This means that whether you're refining your advanced skills or just starting out, there's a tailored experience waiting for you.*

Date: November 9th (Sat)
Time: 9am-4.30pm
Venue: TBC, North shore, Auckland
REGISTER HERE

Date:October 18 & 19th (Sat/Sun)
Time: 9am-5pm
Venue: 97 Don Buck Rd, Massey, Auckland
REGISTER HERE

Osteopathic Approach to Cranial and Face

Cranial on Friday and Face on Saturday.
Do one or both days!
One day $250, both days $550

Investigate current understanding of cranial work with a heavy emphasis on palpation of key cranial structures and beginning the process of treating relevant areas.

Learn from Jamie who is experienced both in undergraduate teaching and clinical practice of applying cranial techniques with real case studies in a positive learning environment

A New Osteo is Born!

Well, they *may* become an osteopath, but regardless of where their life takes them, we formally welcome Yohanna's beautiful baby girl Elyse Ward, to the world! Born on 22nd July , the new family is doing wonderfully.

As Yohanna steps down from the ONZ board in the coming month, we want to acknowledge the incredible contributions she has made during her tenure. While we will miss her presence on the board, we are excited for this new chapter in her life and wish her nothing but joy, health, and success in all her future endeavors.

Yohanna, congratulations on this new journey into motherhood. From everyone at ONZ, thank you for everything you've done, and we look forward to staying connected and hearing about the wonderful things ahead for you and your family.

ALL CPD Courses

UPCOMING CPD OPPORTUNITIES CAN BE FOUND ON THE ONZ CPD PAGE

Wanting to advertise with us?

ONLINE ADVERTS ARE FREE FOR MEMBERS OF OSTEOPATHS NEW ZEALAND, OR $115 INC GST FOR UP TO 3 MONTHS FOR NON-MEMBERS

ADVERTISING IS ALSO AVAILABLE IN THE DIGITAL MAGAZINE AT $150 INC GST FOR A HALF PAGE OR $250 INC GST FOR A FULL PAGE

BOTH ONZ MEMBERS AND NON-MEMBERS CAN CREATE A CLASSIFIED LISTING BY COMPLETING THE ONLINE FORM ON THE CLASSIFIEDS PAGE

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