Sample Reading from "Bridging the Gap in Health Care 1 – The Basics of Wholistic Assessment", 2nd edition, 2010 by Paul Turner

CHAPTER SYNOPSIS

Foreword: Discusses why I wrote the book. Discusses the difficulties I faced as a student and the experiences that led me to develop a wholistic integrated understanding.

1. Introduction: discusses stages of mastery of a science/art, truth, exploring the ideas discussed in this book with an open mind, concepts/analogies exploring why we need to integrate all components into a whole and introductory remarks about the thought processes/ideas behind successful integrated assessment and treatment.

2. What is Osteopathy: discusses briefly what Osteopathy is (which can be adapted to any wholistic profession), the weed in the garden analogy (introduces concept of clearing the roots behind outer symptomatic effects rather then just mowing the lawn to make everything look ok on the surface), summary of components of Osteopathy (includes a list of components of the whole person).

3. Principles: Discusses wholistic principles; the body is a unit, structure and function are interrelated (includes a discussion on dysfunctional stacking – i.e. a problem overlying another problem, etc), the body has self healing/regulating mechanisms and that treatment includes all three of the above mentioned principles.

4. Components: Briefly discusses the whole and each of its key component parts; the physical, energetic, emotional, mental and spiritual aspects.

5. The Mind as a Tool in Assessment and Treatment: Discusses the mind as an investigation tool, Discrimination, Open-mindedness, Judgement, Rationality, The mind as a sixth sense, Open & closed minded scans, Chart on the whole/things to ponder on, The mind aspect in treatment (treating the whole through the part and treating with an awareness of relationship of the part with all other parts and the whole), Putting the mind to work, Visualisation & imagination and shapes, lines & figures.

6. Centering: Discusses the importance of being centered in health, of observing, feeling and assessing and treating from this listening, non judgemental centered open minded perspective.

7. Examination overview: Discusses general concepts of examination (such as assessing with an awareness of relationships and how thinking about tissues means we are more likely to notice them on assessment and influence them with treatment), the goal of examination, introductory remarks on palpation, A.R.T. (asymmetry, Range of motion abnormality and Tissue texture change), Screening generally, regionally and locally, common errors when assessing and points to keep in mind.

8. Examination – Observation: Discusses observation as an assessment tool generally, regionally and locally for A.R.T., spherical vision (sensing all directions at once), observing for healthy areas and dysfunctional areas, observing from a center of health and not getting distracted by, and honing in on, any one finding prior to noticing the whole and a practical session on observation (observation of gait, static and in motion and observing and feeling whilst in motion).

9. Examination – Tissue texture changes: explores tissue texture and diagnosis with layer palpation exercises. This explores the concept that what we think about (from a centered healthy perspective) we will feel - therefore illustrating that palpation is primarily a mental 'receptive' art rather than a purely physical one. This chaper also explores ways of using palpation during

assessment (skin drag, pressure, percussion, springing, via vibration, traction, motion testing for quality of ease/bind, temperature, etc). It also explores how to differentiate the primary area of dysfunction using palpation.

10. Following the Stream: This chapter explores degrees of difficulty in patients. It discusses tracing effects back to their preceding causes and how an awareness of these deeper causes of dysfunction can significantly alter our management and application of technique. It demonstrates how an awareness of involved components helps with treatment technique selection and how this awareness may help us modify our techniques to address any involved component (by being aware of certain structural/functional relationships while we apply techniques to structures that we can directly access and treat). This also demonstrates why we need to be wholistic in our assessment.

11. Diagnosis: discusses various analogies and ideas designed to help integrate all of the clues uncovered during assessment and arrive at a diagnosis (e.g. the pizza model of understanding patients). Also discussed are ideas on understanding chronic patients, getting patients to the threshold of health, the hill analogy (climbing the hill of health), the flower and the weed analogy (feeding the flower, starving the weed), errors, practitioner effectiveness & potential for success (palpatory and intellectual classification) and ideas of delving further in to find the optimal starting point for treatment.

12. The subtle art of teaching: this chapter discusses ideas about teaching and learning (e.g. - how much more may often occur when we treat than what we say we are doing, how we teach what we learn and learn what we teach). Topics include; students teaching the teacher, a common block to learning, experience – the best teacher, goals and steps to attainment and ladders & grades of teaching/learning.

13. Research and scientific papers: briefly discusses the issues related to research and scientific papers, how it can positively help us and how it may also negatively limit or distract us from free thinking and reasoning things out for ourselves based upon our findings uncovered from the examination process.

14. Models: discusses different ways of thinking about problems or of describing them and their effects, how different viewpoints can open us up to exploring more of the whole or how a rigid focus on one model may negatively limit our assessment and treatment.

15. Treatment: discusses concepts to keep in mind while we treat, how important it is to treat with an awareness of relationship between different aspects of the whole (between layers, health and disease, the findings, the condition and the whole, and how to treat through layers/tissues to influence other tissues/layers, etc) rather than to treat a part in isolation. It discusses the application of force, corrective technique in the correct direction, at the correct rate and at the correct rhythm and the concept of action and reaction and how it applies to treatment. It discusses the patients healing potential, treating to improve health and direct & indirect forms of treatment.

16. Concepts of Exercise Prescription: discusses the concepts and awareness required for successful rehabilitation, addressing the correct components in the correct order at the correct time. It briefly explores and provides an example of, breathing exercises, proprioception exercises, stabilisation, stretches (with correct posture, breathing and mental awareness). It also explores patient compliance versus practitioner competence and levels of exercise.

17. Exercises and visualisations: discusses some self healing and awareness exercises designed to improve awareness of self, health and disease and thus increase our ability to observe from our

center of health and to receive information clearly from the assessment process. Topics include; Muscle contraction exercise, Carrying the golden white light through the body, centering exercise, colour exercise, healing in time and space, visualisation to see who has the issue and Observation – maximising what you see.

Glossary : of terms.

Bibliography: of references and recommended reading.

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Preface

As a student of Osteopathy I encountered many difficulties. Shortly after entering the course I realised the potential inherent in the Osteopathic philosophy and I felt it offered a true starting point into wholistic healing and patient care. I knew it offered a holistic approach to patient care but most of the way through the course I struggled to see the big picture, to piece it all together, to truly see and understand the meaning behind the basic principles I was taught.

In my efforts to learn all the techniques and to become proficient at my work I found I, like many others, got caught up in too much detail and couldn't really find, nor understand what the real problem was. In third year I realised I had jumped ahead of myself and couldn't really feel what was going on with basic palpation. I forced myself at that time to go back to my first year principles and practise simple lumbar flexion in order to actually feel which areas were in trouble (at a basic level first).

By fourth year I still could not see the big picture. All I kept finding were many problems, with no idea how they were all related. More to the point, I found that I could not even agree with myself as to a diagnosis. I would keep getting a different diagnosis depending upon the method I chose to find the dysfunction. What was right?, what was not? What was the best and surest method? I found that everywhere I turned I could not get any satisfactory answers. It was something I needed to experience and work out for myself, it seemed. All of the different lecturers and clinicians I asked all seemed to give a different answer to the same question. They all had their own ideas on the problem, apparently finding no agreement amongst themselves, which only threw me further into confusion. They couldn't all be right, neither could they all be wrong. Some seemed very good at mechanics and explaining the specifics (in theory or practice) but couldn't see the big picture themselves. Some could see the big picture but had difficulty expressing it in simple terms which I could understand. Those that saw the big picture it seemed didn't worry so much with the fine detail—Why?

How do we cross the two extremes? How can we see both the big picture and understand the specifics and be able to explain it in terms everyone can understand? How can we piece together the puzzle to find agreement on all the apparent contradictions? Furthermore, as students we were often told

that we were perhaps not feeling the right thing. Again different practitioners would give different feedbacks. If asked why?, few could give a satisfactory answer. The practitioners would often get a different diagnosis from us and at that stage I felt that they must be right and I wrong as I was only a student. Later I realised that we could have both been right, it was just that we were looking at it from a different perspective, or feeling a slightly different tissue or layer, thus giving a different diagnosis (we needed a method of testing this possibility—which I will discuss later).

By fourth year I was totally confused and frustrated. I could feel things but couldn't express what I was feeling. No one seemed to understand what I was trying to say (and neither did I for that matter). I had too many details reaching my mind through the senses and rather than just simplify it and sort it through, I got caught up in it and only got more confused. I knew that there must be some way of reaching agreement on a diagnosis, that there must be some way to bring together all the apparent contradictory opinions but I didn't know how.

By the end of fourth year I was quite ready to repeat a whole year if necessary and didn't care if I failed. I did not want to go out into the world without a basic understanding of how to find the primary and how to see the pattern. I knew even then that if I could do this I would feel safe and competent as a practitioner. If I could see how it all related I would know what to do. If I continued to get caught up in detail I would never really know what to do. The solution was to see the big picture.

Between fourth and fifth year I picked up the Kuchera manual of "Osteopathic Principles in Practice" and read it cover to cover. On reading each chapter I said to myself—"Yes, I know that, and that, and that"—as I read chapter after chapter. I knew all the details, all the principles, all the techniques, all the methods, but still I could not see the big picture—Why?

Finally on reading the whole text—as a "Unit", in one shot—a light switched on and I saw a solution to it all. What I had been doing wrong was to keep all the different parts or compartments of knowledge separate, keeping them isolated. Reading it as a whole helped me to see that I must link one part with another, to see how they relate and how they fit in with the whole. I had not added and mixed all the ingredients together to come up with the final dish.

For example—If I added the concepts in chapter 1 to chapter 4, 7, and 8 etc., it all started to make sense. If I included the principles in chapter 6, to chapters 1, 2, 10 etc., again—I could see how they relate.

The most amazing thing about it all was the fact that the answer was right under my nose all along. All the clues and solutions were in the text books. All I needed to do was to apply them practically. Now I knew I was safe. I knew that I had the starting point (the end of the string) and that I could treat at a basic level of competence and safety without doing any harm (which I feared doing before I saw how it all linked together). I knew now that I could make a change and know its effect without having to guess and try a pot luck remedy treatment (or based on history alone) and see what happened. This was the starting point but there was still much to learn and practise. I now had the end of the string. All I needed to was to follow it and see where it led me.

If we seek out the problem as it actually is then at the very least we should all be able to agree that there is a problem. It does not matter what we each try to call it. Also, there are many layers to the body. To find the problem (as it is), we have to assess each layer and see what we find. This is in the texts under "layer palpation". Identifying the problem and the layer automatically explains some apparent differences between practitioners (provided they are all right on their layer), as each often assesses one or two layers and not the whole lot.

The method for locating the primary problems was also in the texts. Start systemically, discover the key regions within the whole which grab our attention and then, after identifying the primary region, go in and do a segmental diagnosis. Thus, after seeing how the segment fits into the region and how the region relates to other regions and to the whole, everything begins to make sense.

Also, the clues for discovering areas requiring attention are also mentioned. A.R.T (Asymmetry, Range of motion abnormality, Tissue texture change). Again all we need to do is remember to apply it in our examination.

All this is obvious you may say, we all know it, but do we? If this is so obvious then why in fifth year, at the end of our course, were some of the students asking that all too familiar question—"How do we find the primary?" Surely by this stage we should know. How many others are asking this very same question? (Difficult if looking for detail and yet so simple if we take a broader view).

From then on, for the next few years I spent much time trying to clarify and understand these methods of discovering the primary, in addition to being able to bring the experience down to earth to explain in simple language the steps which if followed will lead to the self same experience of seeing

the whole picture. I realised why this was so difficult to teach, for you can not teach that which can only be experienced.

Perhaps this is why the lecturers had trouble explaining to us practical methods of locating primaries (realising each student's individual need to overcome his difficulties). They may well have known, but may not have been able to express it in terms we would understand. Many I'm sure take the opinion that this is what takes years of experience to realise (if ever realised at all), and thus don't teach it, preferring instead to lay down all of the facts and let the student piece it together themselves through experience in practice. Perhaps there are other reasons. At any rate, it became apparent to me that there was an element missing in the course. An element which was extremely difficult to teach but yet was vitally important to complete our training. A way to make our knowledge practical, to piece it all together and integrate everything to convey understanding.

It is said there are three types of teachers;

❶ Those who teach Ignorance (who teach error).

❷ Those who teach Knowledge (or facts), another name for all the detail. This is both necessary and required for a good education for a good understanding of all the components must be learnt before we can see how they all relate. This is important so that we may dip into any category of knowledge, and pull out the required information to suit the situation at hand. This type of teacher is very prevalent in most education systems of today.

❸ Those who teach Integration / Inspiration. Inspiration because, once the knowledge is applied and becomes practical, the increased understanding gained motivates the student and inspires them to further practice and study. It gives meaning to the otherwise hollow facts and converts knowledge into wisdom.

This is what this work is endeavouring to do. Not to focus on intellect and detail but more to come at the information more abstractly, more allegorically, in order to try to integrate all the facts, to create understanding and thus to inspire students to realise that our philosophy offers a unique opportunity for growth and learning. To keep expanding upon our basic principles and foundations to include more of the infinite whole, an ever expanding sphere of experience, inclusive of all knowledge gained and building on it, strengthening it, and adding to it more than was otherwise thought possible.

Finally, I must say that these ideas have been tried and tested over the years in discussions and practical exercises with colleagues and students, and they have helped us to integrate and understand all that we know and learn at college. Although conceptual and abstract, they do seem to express those hard to describe feelings and experiences that go on under our fingers.

One student said "these ideas teach us everything and yet nothing that we don't already know".

So, although it seems that many of these ideas (as yet) may have little scientific basis (outwardly), they do help satisfy the inner science of being and thus serve a practical and integrative purpose. (i.e.—they make sense rationally and can be tested scientifically in our experience—as measured by the human mechanism).

This book may deal with controversial issues, but these eventually must be met if Osteopathy is to be brought into unity, with the freedom to express openly ideas for constructive discussion, without risk of condemnation or evasion. It is not meant to teach anything new, just to bring it all together. It is based mainly upon my personal experiences and difficulties, which are apparently mirrored in students and colleagues to date who are trying diligently to see how it all relates.

Therefore, if this text serves no further purpose than to make things a little clearer and easier to understand within the world of detail (which we often get caught up in), then it has done its job. If it helps some gain an understanding of their place in the whole, then so much the better.

This author claims no authority as to its rightness or wrongness, this is up to the individual to ascertain by practice and experience. However, as it has helped both myself and those with whom it has been shared, I place it forward for your investigation and interest. I hope you find it useful.

> Note—for ease of reading I have used the male pronoun he but in all cases it should be read as he and she.

Paul Turner

Chapter Six

Centering

For a person to see clearly and without judgement, he must be centred - i.e. able to sit in the middle and see all sides of the circle evenly, with no preference for any particular aspect.

Being centred is being attentive—being aware of what is going on around us without losing our awareness of where we are in space. It is having a dual focus, holding our consciousness steady within the self and at the same time being aware of the object of interest within our "sphere" of vision—looking on one without leaving the other. We see things from an observers perspective rather than being enmeshed in the object (like watching the waves rolling in at the beach).

The following example should illustrate this idea more clearly: Imagine walking (or riding) down a path. Being centred is like noticing all the surrounding scenery without losing our direction on the path. Whilst focusing on keeping to the path, it is possible to notice the sheep in a nearby field, the trees beside the path and the fence separating the path from the field. All this without getting distracted from what we are doing. We are centred—aware of the centre and the object, or noticing the object from the centre.

If we lose our centred focus and get caught up in one of the distractions (by concentrating on it too hard) we may find that we stray from the path and possibly come to some harm. We have lost our centred awareness and have been waylaid by a distraction that happens to catch our eye. Being misled so easily we have now suffered its effects. Remember this in diagnosis and treatment.

It is the same on a mental or an emotional level also. Our perceptions or desires cloud our vision and *distract* us from seeing the truth. Thus, we stray from the path. We look not from the centre of the circle, but from our biased, off centred point of view, having a preference for one thing over another. This I believe is one reason for lack of inter-professional agreement in diagnosis and treatment. To look from a centred perspective would mean they would see the problem as it actually is.

As I have said, many people have certain perceptions, beliefs, and rigid viewpoints which cause them to limit what they look for. They are often in expectation and this expectation of what they want to find colours what is actually present such that they often make the dysfunctions fit their preconceived ideas. They are looking out through their own rainbow coloured glasses, and therefore, any object they see is likely to be coloured by their perception over the top of what is actually there. This will obviously lead to some discrepancy because different practitioners have different perceptions.

After all, if three people were to all look at the same flower, they may all describe it from different perspectives. One may find it beautiful, one plain and one unattractive. As the flower is undoubtedly the same flower each must necessarily be looking at it coloured by his own outlook on life. How can they all possibly agree unless all three are centred and looking at it from exactly the same spot?

It is the same for emotional states (notice I am integrating the same concepts into everything we talk about, a central theme of this book.). Therefore, an angry person will often see other people as angry and aggressive, despite the "fact" that they may be gentle and kind. An ignorant person will often treat everyone else as if they were ignorant also. Similarly with an arrogant person. To him others may appear arrogant and he may not understand why this is so.

Because of this, the best way to treat these people is with loving kindness so that they have no possible excuse to project their qualities onto others. This way, when they do finally stop to think, they will have to admit the fault lay with them and not with the other. Likewise, any emotional state (good or bad) will always colour ones perception of another and thus stop us from seeing others as they actually are.

Perhaps the most common error in our profession is that a practitioner may not see the inherent skill in his pupil, as he cannot see how the pupil can do so much without a certain amount of "years" experience. This is clearly an erroneous perception rather than actual truth. (Which may be that the student can feel even more).

Likewise with our work, there is no difference with respect to locating problems.

Let me give an example: If a practitioner wants to find a joint problem, he may be so certain that there is one that the fact that the muscles or the

fascia may be the cause does not distract him from his goal. He denies them as being the problem because in his mind he has overemphasised the joint component so much that nothing can possibly be worse. Such a person wouldn't be able to be convinced by anyone else's opinion, no matter how logical and reasonable it was and he wouldn't even allow himself to check the fascia, saying that it is not necessary as he knows what the trouble is. Thus, he won't even try, as if he did, he would only prove himself wrong—and the poor fellow couldn't have that now, could he?

With all this in mind, is it any wonder we disagree? How many practitioners can look at things without prejudgement? How many of us jump to conclusions before examining all the facts? And how many can honestly say that they look upon one another devoid of mental and emotional bias?

To do all this, one must be centred.

Try this simple test. Can you even hold your concentration on a point within your head (or heart) for 20 seconds without your mind wandering to other things? How many times do we get distracted by the other thought currents whirling around and have to draw ourselves back to our point of attention? What's more, how many of us can maintain that point of attention and look outwards spherically from this point, being aware of it and, simultaneously, the surroundings, all at once, without letting our attention fall on any one object of interest, luring us out from our centre before we even recognise it has done so? If you can, you may be beginning to understand what I mean by "staying centred".

Let us take another example. Say we wake up in the morning and feel great, alert, balanced and in control. The day goes smoothly and runs like a charm. When we play sport everything seems to flow naturally, and we feel coordinated—all aspects working as one. This is a natural state of being centred.

Take the opposite. We wake up, feel unbalanced, all over the place, and often cranky. Nothing we do during the day seems to work quite the way we expected it to. In fact, the more we try to make it work, the worse it gets. When we play sport, we can't seem to get ourselves coordinated, and we play hopelessly. Try as we might nothing seems to help. This is being not centred.

In the latter case if we were to lie down, gather ourselves together and centre all aspects of our being (see exercises in back of book) we would

regain our focus, feel more connected and play well again. (Keep in mind that to be physically balanced is to be mentally balanced. How can we be physically balanced if our minds are all over the place?) This adds thought to the concept "As we think—so we become."

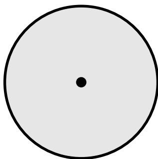
In fact, most problems are not due to "wrong thinking" but to "lack of thinking". If we think about them rationally we wouldn't make the error. To think about it rationally means to be in the middle—centred. Therefore, to make a person think is to accomplish much towards a correction, for the error will be recognised and dealt with properly.

Lastly, the earth maintains its balance by pivoting about its centre—a neutral point of no motion (yet much activity)—without which everything would fall apart. If off centre, the earth would wobble unsteadily upon its axis rather than revolve.

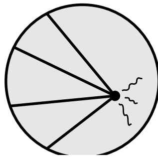
When playing sport all of our actions pivot about a neutral centre and thus everything works as one. If we are off centre, any little push will cause us to topple, and we would have to keep readjusting, trying to find our balance, but we often find it difficult to do so. Now, with all these ideas in mind the concept of centering should be somewhat clearer.

Now—how do we do this?

Just as the earth is centred around its axis, there is a similar point within each person, a point around which all aspects are in balance.



If a person has relatively few problems of his own, his centre of balance would be more or less in the middle. If a person has problems, then he may be a little off centre as the whole system—mental, emotional, physical—has to adapt to maintain as maximal level of balance as possible.



Being centred is like looking out of the clearest point of our windscreen. If we look out from any where else we are looking through a dirty aspect of ourselves and this must consequently "colour our perception" of what we are looking at.

However, if we are aware of our problem we can still make a reasonable assessment if we remember to take our own mess out of the equation. What is left will be the other persons trouble.

Because many of us are not aware of our own bodies and therefore our own problems, we will often get ourselves in the way without even realising it. We can't discriminate between the dirty and clean parts of our own windscreen as we have never bothered to think about it.

This is why healers must become "self aware", to learn about their own systems so that they can become "healed healers" and thus not get their own problems in the way. How can we expect to feel it in another if we cannot even feel it on ourselves? Why should a patient believe what we say when we don't believe it ourselves? If problems are present (within us) then we should find the clearest point and look out to assess others from there.

Now, this clear point (centre of health) can be anywhere in the whole system (or out of it), depending on the problems present within a persons own system. However, as the problems are dealt with it will usually fall back to the midline (along the spinal column), somewhere in the vicinity of several energy points (which you will see later). This will depend upon a person's level of consciousness, his lessons, and his level of development. It may also vary depending on the patient we are working on. Keep this point in mind when working on different patients. I will not go into an explanation as to why this is so. I simply bring it to your attention in case you notice it in your experience. Note it - if you don't understand just let it sit on the shelf and perhaps later it will have meaning and the details can be filled in then.

Later on we may find that we stay balanced in one whole column along the spine and our awareness will stay focused more in the head centre. Until then, however, we may find that we work best from our heart, solar plexus, sacrum, etc.; whichever point feels calm, neutral and balanced. We will know when we are in it because we will get a sense of softness and calmness and it will seem as if we can sense outwards all directions at once.

To find this point may require a bit of practice and getting to know our own system. This is why I have included some exercises and visualisations for you to try at the end of this book. Once you get the knack it will be relatively easy.

One good way to centre ourselves in preparation for diagnosis and treatment is to visualise a triangle of light connecting our souls with our hearts and heads. Try and see for yourself. If we maintain this focus whilst examining and treating and resist losing it we will remain in observation mode and are thus less likely to allow interference. We can also try mentally connecting the head with the sacrum, or pineal–medulla–coccyx, just to mention a couple of other ways.

Note - centering requires one to be balanced on all three levels (physical, emotional, mental). We must rise above them (to spirit) so that the "light of truth" can shine through and illuminate all things as they actually are. Thus, in this centred point, we should be physically balanced, emotionally calm, and mentally attentive; in a state where, despite all the interference from these three levels, all is balanced and well ("the eye of the storm" so to speak).

If our balance point is off centre and we pay attention to it whilst we treat, we will notice that it will return to the midline. i.e. Our system will recognise it as being out of balance and so self-corrects and finds its way home to the midline.

If we can maintain our centre in diagnosis and in treatment (or indeed any other issue in life), we will see and feel things as they actually are. Because we are not interfering or forcing the tissues, they will not resist us and thus will respond better and in their own time. Because we are not interfering, we will naturally work with the tissues, using the correct pressures, forces, rhythms, and will also find that things become much easier to feel. The dysfunctions will now seem to jump out at us whereas before they were difficult to distinguish. The patient will relax and not resist us. He will feel calm and non-threatened, making our work easier.

This is the same regardless of which method of treatment we choose to use—cranially or structurally. Those of us who have tried cranial work will have found that the body will not open up and respond if we are in the way. It will only respond if we are in *harmony* with it (implying equality) allowing it to express as it actually wishes to express and showing us what is going on without submitting to any forceful control on our part.

Why should this be any different with Soft-Tissue, MET, M.W.I., etc.? Surely if we are not interfering, the tissues will respond far better, faster, and more easily than if we tried to force them. Have you ever noticed that when you see a really good practitioner work with *any* technique the tissues seem to melt in their hands. It is as if they had been made an offer they couldn't refuse and with almost no force, just a correct blending of all the correct factors with no personal interference.

The practitioner should be a catalyst—enhancing and speeding up healing—but not getting himself in the way whatsoever.

You may say the moral of this chapter are to:

- ✳ Stay centred.
- ✳ Learn about our own system.
- ✳ Be a healed healer.
- ✳ Learn to see things as they actually are.

Thus, we will guide and aid, not control and subdue the tissues - to lovingly encourage health and not beat the tissues into submission with our will. With all this in mind it is obvious that teaching students how to keep out of the way whilst treating can only be a beneficial aid to good, safe and effective Osteopathy. It enhances our accuracy and skills and enables us to work together as a group—both with other Osteopaths and with other health professionals.