

WHOLISTIC PRINCIPLES AND ASSESSING WITH AWARENESS

GENERAL HISTORY & ASSESSMENT: I-Dø the symptomatic area and any contributing areas predisposing to the problem, contributing to maintaining it and/or slowing recovery. This identifies the regions we need to perform a regional assessment on:

The general screening process includes the following tests:

A. STANDING

Observation and **General Palpation** of the four positions of posture (for general impressions, overall patterns . (for A. & T).

Gait analysis (adds R which adds clarity to the areas in which we have already noted A & T . thus helping us identify key AREAS of A.R.T)

General Movements: Trunk flexion, extension, side-bending, hip drop test, rotation, neck movements (flexion, extension side-bending, rotation), upper extremity arm abduction and lower extremity squat test (also adds R).

B. SITTING

Observation and **General Palpation** of posture for similarities/differences (compared with standing findings). Note: Primary areas of A.R.T. will still show up in all postures, secondary areas may change significantly. This helps to further clarify KEY PRIMARY areas.

General Movements: Trunk flexion, extension, side-bending, rotation, neck and arm (abduction) movements again if necessary (to assess differences in QUALITY of movement).

C. LYING SUPINE & PRONE

Observation (from the remaining two directions . above and below) and **Palpation** for similarities/differences.

REGIONAL ASSESSMENT: Includes the following:

SYMPTOMATIC AREA:

Observation

Palpation ó general impression + Bony and Soft tissue landmarks

Active motion testing

Passive motion testing (+ accessory movements)

Special tests

PRIMARY AREAS OF ART CONTRIBUTING (if elsewhere)

Observation

Palpation ó general impression + Bony and Soft tissue landmarks

Active motion testing

Passive motion testing (+accessory movements)

Special tests (if applicable)

At the end of which we should have enough information to formulate a working diagnosis and rational treatment/rehabilitation plan.

A working diagnosis explains the whole pattern of dysfunction ó linking all causative, contributing and maintaining factors within the whole patient and his/her external environment with the key tissues causing symptoms.

Thus a working diagnosis links all key components uncovered from the history, observation, palpation, motion testing and special testing procedures.

WHOLISTIC PRINCIPLES ó SUMMARY SHEET

Wholistic assessment	To assess the whole person and identify key components present in a person's inner and outer environment that may be contributing to the whole pattern of dysfunction.
Health & dis-ease	<p>Health ó (has a sense of ease, function, balance, wellbeing) - All components are functioning in harmony with one another and with the whole. Relationships = ONE (i.e. a balanced relationship between all components).</p> <p>Dis-ease ó an area or component out of harmony with the whole. There is no longer a unity but fragmented sections, imbalanced (separative/conflicted) relationships, & will manifest all 3 of A.R & T.</p>
Internal & external components	<p>Internal ó any of the components <u>within</u> the human mechanism contributing to the problem pattern.</p> <p>External ó any of the components <u>outside</u> the human mechanism contributing to the problem pattern.</p>
Primary & secondary areas of dysfunction	<p>Primary ó area of the whole most out of harmony with health and maximally hindering the function of the person.</p> <p>Secondary ó all other areas of the human mechanism forced to adapt/compensate to maintain balance as a whole.</p>
Tools for uncovering primary & secondary areas of dysfunction	<p>Mind ó where all information is received & collated. Must be clear, open and centered.</p> <p>Being Centered ó being aware of and observing from our centre of health while simultaneously being aware of our dysfunction patterns (so they don't interfere with accurate perception of information) & of our spatial relationship with our patients (and their inner state of health and dysfunction).</p> <p>Senses ó e.g. vision/observation, hearing/history, touch/palpation.</p>
Models for finding/understanding the pattern of health/dysfunction	<p>A.R.T. ó Asymmetry, Range/QUALITY of motion abnormality & Tissue texture changes. (note: quality more important than range as it indicates function)</p> <p>Assess ó generally, regionally & locally.</p> <p>Dysfunction difficulty ó simple, complex, multi-complex.</p>
Differential, working & actual diagnosis	<p>Differential ó a list of possible conditions a person may be suffering or possible tissues causing symptoms.</p> <p>Working ó This is what we feel is going on as a whole after taking a thorough assessment and explains how all inner/outer components are contributing to the problem pattern setting up, or slowing recovery from, the tissues/condition causing symptoms (i.e. it is the pattern of dysfunction from cause to effect).</p> <p>Actual ó what IS actually happening after all relevant clues discovered & we are no longer guessing or forming a working diagnosis based upon a fewer amount of findings.</p>
The general examination process	E.g. The general active motion screen ó does not identify details (regional/local); it identifies the areas of greatest difference between Health and dis-ease.