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

CHAPTER SYNOPSIS

Foreword (4 pages): 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 (5 pages): 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 (3 pages): 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 (5 pages): 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 (8 pages): 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 (13 pages): 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 (5 pages): 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 (6 pages): 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 (9 pages): 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 (9 pages): 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 (4 pages): 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 (18 pages): 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 (8 pages): 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 (2 pages): 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 (3 pages): 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 (8 pages): 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 (9 pages): 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 (12 pages): 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 (2 pages): of terms.

Bibliography (1 page): of references and recommended reading.

137 pages in total. Size B5

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."

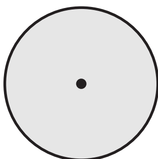
In fact, most problems are not due to "wrong thinking" but to "lack of thinking". If we think about them rationally we wouldn't make the error. To think about it rationally means to be in the middle—centred. Therefore, to make a person think is to accomplish much towards a correction, for the error will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

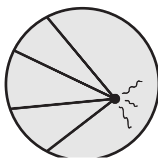
When playing sport all of our actions pivot about a neutral centre and thus everything works as one. If we are off centre, any little push will cause us to topple, and we would have to keep readjusting, trying to find our balance, but we often find it difficult to do so. Now, with all these ideas in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