Wholistic Integrated Assessment: A Teacher Student Guide, 2010 by Paul Turner.

CHAPTER SYNOPSIS

Note: In the Manual - each chapter has an introduction outlining the key elements to learn as one proceeds throughout the chapter and a list of revision questions at the end to help consolidate learning.

Note 2: The chapters 1-11 in the Manual line up with sessions 1-11 in the DVD, Videos. Chapter 12 in the manual is a collection of articles to help integrate awareness in assessment and treatment - These are incorporated into the earlier chapters on the DVD relevant to their topics (especially sessions 1-4 on the DVD) The manual and DVD's compliment one another except that there are some things that are more easily expressed on the DVD's (e.g. Full demonstration of all the assessment plans outlined in chapter 6 that help to illustrate the importance of integrating general with regional assessment, and many other demonstrations specifically related to each chapter – such as case study and self awareness exercises, etc) and there are other things you can clarify and explain in more detail in written form. One without the other is incomplete and together they will help to more fully maximise student/practitioner learning and understanding. The following indicates the main topics covered by the manual but will generally indicate the flow in the DVD's also.

Introduction: Why we need a Wholistic Integrated Assessment Guide & a How to use this DVD/Manual series (14 Pages): Discusses why this educational series was written. It discusses why we need educational tools that are integrative and help develop practitioner/student awareness and an ability to "listen to the tissues". It explains why it is vitally important as a common sense, wholistic, integrative and reason based balancer to the modern day emphasis on intellectual symptomatic and part focused knowledge, research and evidence based practice. It also discusses how the DVD and Manual can best be utilised for maximum benefit for readers/viewers

1. Wholistic Assessment (20 pages): discusses basic definitions and concepts necessary to successfully understand wholistic assessment and treatment. Concepts discussed are: Wholistic assessment, the whole and its component parts, HEALTH and DISEASE, Internal and External influences, Primary & Secondary AREA's of dysfunction, Primary and secondary COMPONENTS, Tools for revealing primary and secondary areas of dysfunction, MODELS for finding and understanding the pattern of dysfunction, the difference between a DIFFERENTIAL, WORKING and ACTUAL Diagnosis (which is very important because many physicians/students have confused these in modern education and confuse a key differential diagnosis with a working diagnosis and thus, don't fully understand Consciously what a real working diagnosis is). It also discusses how an understanding of the terminology will help promote unity of understanding between practitioners in the various health fields. It finishes with a summary of the General Assessment Process and a series of case studies to illustrate the importance of all of the items discussed.

2. Observation (8 pages): Discusses the steps and understanding necessary to maximise the perception of information from the observation process of assessment. Topics covered include: observation as an assessment tool, the state of mind while observing, the difference between looking and observing, signs of Health and Dysfunction and the goal of the General and Regional Observation/Examination process. It finishes with activity ideas and exercises on a) the state of mind whilst observing and b) postural assessment using observation as a tool.

3. Palpation (15 pages): Discusses the steps and understanding necessary to maximise the perception of information from the Palpation process of assessment. Topics covered include: Palpation as an assessment tool, the state of mind while palpating, the difference between Touching and Feeling, Layer Palpation, signs of Health and Dysfunction and the goal of the General and Regional Palpation/Examination process. It finishes with activity ideas and exercises on a) layer palpation and b) testing the relationship between areas to identify the primary problem.

4. Motion Testing (8 pages): Discusses the steps and understanding necessary to maximise the perception of information from the Motion testing process of assessment. Topics covered include: Motion as an assessment tool, the state of mind when motion testing, sensing QUALITY & QUANTITY of motion, sensing motion Generally, Regionally and Locally, Sensing motion Abnormalities and General & Regional motion tests. It finishes with activity ideas and exercises on a) General and Regional Motion testing and b) testing the relationship between areas using motion.

5. History & Special Tests (8 pages): Discusses how to gain meaningful information from the history taking process and from special tests. The following topics are explored: History Taking – General and Local, Red flags and contraindications, linking history and examination, special tests and investigations, incorporating special tests into the general assessment. It finishes with a number of classroom case study ideas/exercises to help a) gain meaningful clues from the history taking process and b) integrate history and special tests into the general assessment process.

6. Integrated Assessment Charts (22 pages): This chapter provides eight (8) detailed and wholistic Assessment charts for different regions of the body that help to integrate the General Assessment Process with a complete Regional Assessment process that incorporates the area of a patients symptoms – AND, each chart allows room to add in an extra regional assessment based upon the results of the general process in each individual case (i.e. Assessment of PRIMARY ART's uncovered elsewhere from the general assessment). The Charts are designed to help with ACTUAL PERFORMANCE of the assessment from standing to sitting to lying and thus help make assessment easy and flowing. Simply following the process will help students learn to notice and perceive information more easily FROM the assessment process itself. There are also notes on how to make the most of Bony and soft tissue landmark palpation. The DVD has extra notes on anatomy and layer palpation, as well as neural and special testing.

The manual has the assessment charts and the DVD demonstrates the performance of each plan and how to uncover meaningful findings for each case investigated – thus showing how to individualise each plan to suit different clients.

7. Case Study Activity Ideas (14 pages): This section provides case studies, including two complete case study role playing class activities (which cover initial assessment, Differential diagnoses, assessment plans, results from the assessment and the formulation of a wholistic working diagnosis – thus forming the basis for a rational treatment plan that includes all involved elements of the problem pattern), which will help students/practitioners to help integrate all aspects of assessment. These are designed to illustrate the importance of a wholistic assessment and why each step in the assessment process is relevant. It also discusses ways to help students differentiate between various differential diagnoses/conditions.

8. Treatment (12 pages): Discusses the steps and understanding necessary to maximise the effects of treatment and treat with an awareness of the relationships between a) all involved components of the whole and b) between health and disease. Topics include the following: Treatment is only as good as the diagnosis, Treating to support Health, Treating with Awareness,

Using/Modifying techniques to address key components, practical session ideas, treatment case studies to illustrate the importance of the above mentioned topics and finishes with some practical exercises on treatment techniques – applied with awareness.

The DVD demonstrates practically (as far as is possible via visual means) the previously mentioned topics and runs through a number of treatment techniques illustrating how we can apply soft tissue therapy, articulation and Muscle Energy Technique (MET) with WHOLISTIC AWARENESS and thus help to maximise efficiency and effects when using these techniques.

9. General Rehabilitation (10 pages): Discusses the steps and understanding necessary to maximise the effects of Rehabilitation. It outlines the general steps of rehabilitation and helps make the steps of rehabilitation simple, logical and easy to follow (and therefore to implement with our patients). The following topics are discussed: How an awareness of Internal and External Influences can help in rehabilitation, Diagnosis and its effects on Rehabilitation, Treatment and its effects on Rehabilitation, General, Regional & Local Rehabilitation, The Principles of Rehabilitation (with charts and written explanations'). It finishes with some examples of rehabilitation exercises and some CASE STUDY examples to illustrate why each step of rehabilitation is important.

10. Rehabilitation Plans and examples for the upper and lower extremities (7 pages): his chapter helps students/practitioners create a complete Wholistic rehabilitation plan which incorporates all involved internal and external influences. It summarises the principles of rehabilitation and provides two (2) complete rehabilitation tables (one for the upper and one for the lower extremity – although the DVD only demonstrates one fully, to get the idea of how they can be implemented) – outlining a simple, easily implemented, rehabilitation plan that covers the following: Treatment, Advice, Control, Stretching, Strengthening, Endurance, Motor relearning exercises & Sports specific skills – Generally AND Regionally. Some practical ideas and exercises are discussed and demonstrated on the DVD (e.g. Scapular control exercises – manual and DVD and in the DVD there is a demonstration of a whole range of stretches for the whole body so that viewers have an idea of the range of stretches that can be given to clients with a wide range of problems, and ability.

11. Assignments and Group Activity Ideas (9 pages): This chapter outlines some assignment activity ideas that will help students/practitioners to realise that - based upon a knowledge of anatomical components (and relationships) potentially involved in a condition, a wholistic assessment is not only important but is rational and necessarily required. In fact – these exercises will prove that a symptomatic focus alone is actually irrational and even negligent when looked at in light of all these anatomical relationships and facts. An Assignment idea and handout sheet is provided (that involves both research questions and free rational thinking/problem solving skills based upon anatomical knowledge and knowledge of assessment & treatment processes) for readers/viewers – with an example case study to illustrate the importance of wholistic assessment in relation to chronic conditions. Other group participation ideas are discussed also.

The DVD demonstrates the whole step by step process for one chronic condition and how it links up all the potential anatomy involved in the human mechanism – it demonstrates a) anatomy potentially involved, b) how to assess this anatomy based on traditional postural assessment procedures and c) how to potentially treat some of this anatomy logically safely and effectively with treatment and/or advice (including possible referral) without interfering with any contraindications which may be present (and in harmony/conjunction with services offered by other health field professionals).

This session concludes the DVD series with a symbolic representation of the difference between the wholistic and symptomatic viewpoints (the importance of which should be more fully realised after discussing the case on chronic conditions previously). This should make it very clear how a simple shift in perspective can potentially make a huge difference in health care treatment effectiveness in the management of both acute and chronic conditions – in both the present and especially the future.

12. Articles/Appendix (40 pages): This chapter in the manual includes five (5) articles on the following topics:
a) The General Examination Procedure (which should give increased clarity about the wholistic assessment process and provides a summary wholistic assessment chart which can be used by readers as an aid to learning – incorporated into the first few sessions of the DVD)
b) Understanding Chronic Patients – This covers some of the various models that can be used to understand chronic patients and thus help with assessment and understanding of what is happening in our clients (incorporated in session 1 of the DVD series)
c) Observation Awareness Exercise – to help maximise awareness and perception of clues from the observation process (practically demonstrated in session 2 of the DVD's)
d) Palpating with 'Awareness' – this attempts to describe some on the unconscious elements that help maximise the perception of information from the palpation process – and thus make the palpation experience more meaningful (which allows us to become more receptive/conscious/aware of what the tissues are trying to tell us) – this is incorporated into session 3 of the DVD's/Video's.
e) MET and the Motion Graph – Making Your Techniques Effective; This brings to the consciousness some of the hidden elements when using Muscle Energy Technique in order to help readers understand that the innate intelligence within the body knows what is going on and will tell us exactly what to do – if only we would learn how to listen. It emphasises that successful treatment is all about awareness and a balanced relationship between the part and the whole.

Bibliography and Other Recommended Reading (2 pages): List of suggested references, recommended reading and other works by the Author.

195 pages in total – size = B5. 12 DVD's with approximately 16 hrs of video footage.

Sample Reading: Introduction from "Wholistic Integrated Assessment, a Teacher-Student Guide", 2010 by Paul Turner.

INTRODUCTION: Why we need a Wholistic Integrated Assessment Guide

It has been my experience teaching over the years in various colleges that there tends to be a strong emphasis on certain subjects such as technical knowledge/detail about diseases and injuries, regional/local assessment procedures and treatment techniques. These various subjects of knowledge are often taught well and it is true that these elements of teaching are both needed and necessary. However sometimes, perhaps because of an over focus on this knowledge based information, some of the more wholistic integrative principles tying these bodies of knowledge together in a meaningful way are often neglected. We tend to break the whole person into various parts and enthusiastically study each of these parts without even realizing that at some point we have to put all the parts back together again. This tendency can then be conveyed through the teaching in the class room and before we know it, we are so absorbed in the part that it never even occurs to us to relate what we learn back to the whole, especially in a clinical practical way.

A simple subject such as anatomy for example, can be taught in a separating, isolating way or an integrative unifying way and so can significantly influence whether students become open minded and wholistic, or not in practice. We may study an organ system, such as the lungs, in an anatomy and physiology class but we may not study its relationship links (mechanical, neural, vascular, and lymphatic, etc) to the musculoskeletal system (e.g. the sympathetic nerve supply to the lungs originates in the upper thoracic spinal cord and thus, palpable clues about organ dysfunction may be revealed in this area from assessment). Instead, we tend to investigate the organ system from a more pathological or regional symptomatic viewpoint. Thus, in clinic, we may take a history, note an organ problem down on our history form, and then just as promptly forget about it and go back to assessing and working on the muscles, joints and other tissues with which we are more familiar (which usually relate to the painful area and its immediate regional bony and soft tissue landmarks), thus not even thinking to investigate related anatomical links and then relate in any way our findings with meaningful information uncovered from the history. This will become evident when we explore chapter 11 and discuss assignment ideas for patients with chronic conditions. I mention it here simply to encourage you to think about the WAY we are perhaps getting taught our information. Is it integrative or isolated? This often unconscious over emphasis on certain elements and methods of teaching over others has occurred, in my observation, to such an extent that, whether it has been the intention of the teachers or not, the ability to assess and treat wholistically with any real understanding is easily overlooked (out of mind - out of sight, so to speak) and is thereby lost or is rare, except where an individual colleges philosophy and/or lecturers manage to succeed in introducing awareness ideas and then implement them practically in their lectures. This true wholistic integrated awareness is in my experience "generally speaking" lacking or at least not well understood. Students in class or clinic (and even practicing health care providers) repeatedly assess and treat mainly regionally and symptomatically, even

when encouraged to look at the whole. Why is this? Even when they do discover findings in the whole, they are not always confident of the relationship between the contributing factors within the whole and the local symptoms because they don't quite understand the link and may not have even been encouraged to think about it or investigate in a class room setting. Sometimes, instead of trusting the tissues, they do what the patient feels he or she needs symptomatically because they may not want to disappoint the client and thus trust patient outer wants over inner tissue needs. What they don't often realize is that if they treated the actual causative/contributing findings elsewhere, they paradoxically would actually relieve the symptoms to a much greater extent, which would result in the patient being happier in the long term (especially if we can explain the link to them and why it's important to address the whole pattern of dysfunction). It is therefore not uncommon to observe students treat with little awareness of the relationship between the structures they are working on and surrounding tissues/areas. Instead they seem to hammer away with their inspirational new techniques hoping they will somehow miraculously heal the patient's problem without, at times, really understanding where or why (wholistically speaking) they should be applied - thinking perhaps that their exciting technique will some how make up for a lack of accurate diagnosis. Treating this way, as you can see, is less safe because practitioners who do so are not aware of the tissue response to their investigation and/or treatment technique. Thus, they may force tissues unnecessarily and may even accidentally (and obliviously) treat areas which, had they listened to the tissues, may have indicated that treatment was in fact contraindicated or unnecessary. If we don't spend time to develop and master the ability to listen to the tissues as a student then this tendency to overlook tissues clues and relationships is likely to carry over into the rush and bustle of professional practice where we often have even less time to spend learning to properly work out what is actually wrong.

For example; a practitioner may be so focused on individual muscles or joints that clues from other tissues/layers are not acknowledged and consciously included in the treatment. If they are never taught to think about other layers they will never think to observe them in practice. This will obviously affect the results of treatment, especially if these other tissues are actually involved in the problem pattern. Many students are not aware about how to train the self to perceive information clearly and accurately without getting themselves in the way (through judgment, force, doubt, expectation, belief or preconceived idea, etc). Because of a symptomatic focus, even in supposedly wholistic professions, the causes, predisposing and contributing factors in the whole setting up the problem pattern or slowing recovery are not adequately identified and students fail to really understand the link between these contributing factors and the symptomatic area. Thus, they treat effects more so than causes. Treatments are often implemented with unnecessary forcing of the tissues to comply – often unconsciously, without actually listening to the tissues responses (which wouldn't happen if practitioners blended with the tissues through awareness rather than forced them to comply with their demands). Also, Studies are often being done on effects of techniques, such as local manipulation, for example, on symptomatic areas with varying successes yet, if the whole were assessed for contributing factors (primary problems elsewhere in the whole) and these areas treated, more relief would be likely, short and long term, without even necessarily treating the symptomatic area. Thus, health professions need to become

more wholistically minded if wholistic meaningful research is to be done rather than searching for answers in the dead end alleyways of effects for answers that aren't there, because tissues causing symptoms are usually themselves secondary effects of preceding causes. The list goes on. In short, we need books encouraging wholistic mindedness in both a philosophical and practical way.

This DVD/Video series and accompanying manual is therefore being written, very simply, to help promote wholistic assessment and treatment in health care professionals (especially manual health fields). It does this in an easy to follow practical rational step by step instructional manner.

Like my first book – Bridging the Gap in Health Care 1 – The Basics of Wholistic Assessment (BTG1), it explores wholistic assessment and treatment but with the following differences:

BTG1 – is more philosophical and conceptual and is designed to help promote wholistic thinking, with some small practical applications - I.e. it helps to illustrate the rational behind wholistic thinking in practice and its importance in health care. It also helps to eradicate some of the errors in following the purely symptomatic approach.

Wholistic Integrated Assessment (WIA) – Is more practical and case study based. It is a formal teaching program practically illustrating the processes, skills and awareness necessary to safely and surely develop a deeper understanding of how to assess and treat wholistically. It has been my experience in teaching over many years that, if introduced early in a students study, it helps to make assessment and treatment easier, more successful and rewarding.

It is needed, as mentioned above, because despite the modern use of the word "wholistic" many practitioners seem to still "actually" only assess and treat tissues causing symptoms rather than the whole pattern of dysfunction that sets the symptoms up in the first place, or otherwise slows recovery. It is not uncommon for us as health professionals to only assess and treat a few anatomical components of the body, thinking we are treating the actual whole person but are in fact, not actually wholistic.

For example; manipulating the joints from head to feet is treating the whole body from a joint perspective but it is not actually wholistic. Nor does it mean that we have treated all the right joints and in the correct order for maximum patient recovery or that we have treated the joints with any awareness of how they are actually influencing, or relating with, all other aspects of the human mechanism (e.g. skin, fascia, ligament, muscle, bone, fluid, organ, energies, emotions, mind, spirit, etc). Because of an, often unconscious, focus on isolated parts (e.g. a muscle, a joint, a region, a symptom, etc) of the human mechanism during training, an awareness of relationships between anatomical components, of how they are influencing one another, seems to be lacking as well as a lack of awareness about the relationship between the "HEALTH" in the body and the "Pattern of disease". If we are to help support the self healing mechanisms of the body heal then an awareness of these relationships are vitally important.

The whole concept of wholistic assessment can be resolved by first discussing what the WHOLE person actually is and then asking each health professional which components of the whole he actually does assess and treat (with conscious awareness) within his own practice. This is very revealing if we are truly honest with ourselves about the components of the whole person. Once an awareness of the whole is acknowledged and we do remember to assess the whole and not a small part, the next question is how we gain meaningful clues from our assessment process and once we have these clues what does it all mean? How do we piece together the puzzle and understand what all the findings mean so we can plan and perform a rational and appropriate treatment, addressing all of the involved components? This is the goal of the first few Chapters of the Guide. My goal is to bring the often unconscious and underemphasized elements that are absolutely vital to safe and successful assessment and treatment to the forefront rather than rehash or reemphasize that which is already covered adequately in formal study.

Consider the following five points;
In addition to a sound knowledge of anatomy, physiology, healing and disease processes, successful treatment requires us to:

1. Follow an Assessment Process (General and Regional/Local)
2. Gather Meaningful Clues from this Process
3. Make Sense of the Clues (ordering these into a pattern)
4. Express/Explain the Pattern of Dysfunction (Working Diagnosis)
5. Implement Correct Treatment (Technique)

The prerequisite knowledge, assessment processes (point 1) and treatment techniques (point 5) themselves seem to be covered adequately from traditional studies in the various health professions. Despite this however, it is my experience that students seem to constantly be asking the same questions regarding uncovering clues, making sense of them and expressing them in a meaningful way that adequately explains the relationship between cause and effect (i.e. points 2, 3 & 4). Students also, as mentioned above, may have all of these wonderful treatment techniques but struggle to know when or why to apply them, wholistically speaking, and/or when to modify them to address a patient's individualized pattern of dysfunction. This difficulty may be because these three points have little to do with outer knowledge based processes but rather, with internal awareness processes. In order to gain meaningful clues, make sense of them and express them in a rational way explaining the pattern of cause to effect, means the "instruments of self", i.e. the mind and the senses need to be developed. It is the instrument of perception that has to be developed before any meaningful information can be gathered from the assessment process in the first place and this instrument is our self. Thus, training in attuning ourselves as instruments of perception is subtly different from training in outer detailed knowledge. This developing the self is not necessarily an easy thing to do consciously which may be a reason why points 2, 3 and 4 above are less consciously emphasized or explored during our studies/formal training.

This book is therefore helpful because it helps to PRACTICALLY "bridge the gap in AWARENESS" between points 1 and 5 above. This is how it differs from other books. It focuses on integration and is especially useful when there is some prior knowledge of

traditional assessment methods, although, because it is written in simple terms, beginners and anyone with an interest in health and wholistic assessment will benefit. When used in conjunction with traditional books on anatomy, regional assessment and treatment it should help develop increased understanding and awareness of the whole during assessment and treatment.

This guide is not meant to be a replacement for all of these other text books and it is assumed that some awareness and progress in study has already been made along these lines. In fact, suggested books for further details and information are both recommended and suggested throughout the guide. This book is also not meant to be technically detailed focus (although quite a bit of detail is covered in terms of practical exercises and assessment processes). Nor is it focused on evidence based research because all of the information traditionally studied elsewhere has, in many cases, already demonstrated adequate and continuing evidence based medicine.

As you explore and test the ideas conveyed in this guide it is my hope that you find them theoretically and practically useful. The ideas should be presented in a stacking, building sort of way that should hopefully make sense. All that is required is a slight shift in perspective about what is already researched and covered in the many educational institutions throughout world. This involves a shift from a separating, object/part and often distracting from the whole focus, to an integrative, unifying relationship oriented perspective - one that focuses on the interrelatedness between the healthy tissues of the body and the problem pattern, rather than the problem part and its effect in isolation. This change in perspective is very subtle but it makes all the difference in assessment and treatment and it will not always be without conflict and frustration because we, as heath physicians, are often so conditioned to a symptomatic, researched based regional focus and thus are well ingrained in our perspectives, even at times without realizing it (which may become clearer later in chapter 1 when we discuss just what the whole actually is and how much of it we actually investigate and treat). Thus, as I have found when teaching students these concepts, many find the ideas difficult to grasp and apply, initially. It takes a while to adjust ones perspective and reach a neutral open minded state while assessing and treating. This can be likened to when we are trying to view one of those three dimensional pictures for the first time and which does not become clear until we arrive at the correct viewpoint. Up until then, it is a blur and doesn't make sense. Then the information "jumps out at us" and we find ourselves wondering how we could have failed to see it previously. This educational series should help viewers/readers add extra dimension and perspective to what they already know, at any level of study and practice ability. At this point the effort proves both enlightening and rewarding.

A reason why this perspective shift may be difficult is because in this course, we focus on development of the practitioner as an instrument of perception rather than purely on technical information we are taught about and are trying our best to perceive. The instrument has to be developed before information can be gathered and obviously the more refined the instrument the more likely we are to perceive the information (and information accurately). Working on the self is challenging because essentially it means we have to self heal and let go of imbalanced perspectives, beliefs, past memory traumas

and habits which can interfere in the accurate perception of information from a patient (much like a murky windscreen on a car interferes with the object of our observation through it).

This educational series also explores ways of enhancing the field of anatomy potentially examined and shows how the mind can be used as a tool to investigate unfamiliar tissues - many of which are unfamiliar because they are not normally explored as part of formal training. This is perhaps because the method of exploration has not been completely clear or conscious as yet to some teachers themselves, for we often teach as we ourselves are taught and thus can pass on our helpful as well as less helpful tendencies; and, we each teach based upon what we have personally studied, experienced, learnt to be true and/or believe (backed up or not by rational thought and life experience). If we think back to when we first started feeling muscles and joints, it may have been confusing and difficult but, gradually we learnt to appreciate their texture, symmetry and motion characteristics. Adding an awareness of new tissues is no different and as you will see, there are ways of appreciating their textures, especially when we compare the difference in experience between the new component of anatomy and the ones with which we are already familiar. This is greatly enhanced by an understanding of how the mind itself can be used as a tool - a tool which we all use but because of a focus on touch, sight and hearing, we often don't realize or appreciate to its full extent. Understanding the mind and its role as a conscious assessment tool greatly enhances our ability to assess and treat the various components of the whole person.

HOW TO USE THIS MANUAL:

1. This guide will be useful for anyone in any manual health field. General and Regional assessment principles should be common to all, although some schools may be familiar with the regional procedures more so. Some elements of assessment, treatment and rehabilitation may be new to some but the Guide can be adapted to any level of learning, from those beginning assessment to those already proficient – students and practitioners alike, because all could benefit from integrative assessment and treatment ideas.

2. The Manual is a written summary of the key points and exercises discusses in the DVD Video. It is meant to be used in conjunction with the DVD's; Chapters 1-11 in the Manual line up with sessions 1-11 in the DVD Videos. Chapter 12 in the manual is a collection of articles to help integrate awareness in assessment and treatment. These are incorporated into the earlier chapters on the DVD relevant to their topics (especially sessions 1-4 on the DVD). The manual and DVD's compliment one another except that there are some things that are more easily expressed on the DVD's (e.g. Full demonstration of all the assessment plans outlined in chapter 6 that help to illustrate the importance of integrating general with regional assessment, and many other demonstrations specifically related to each chapter – such as case study, self awareness, treatment and rehabilitation exercises, etc) and there are other things you can clarify and explain in more detail in written form. One without the other is incomplete and together they will help to more fully maximize student/practitioner learning and understanding.

3. All assessments are performed with the clothes on. I find the clothes can be likened to another layer of skin, i.e. they follow the general contours of the body and thus indicate the general postural patterns well. Because it is important to acknowledge the general patterns first, before honing in and possibly getting distracted by fine details (at least until the regional, local part of our assessment), I find that initially assessing with the clothes on is useful. This also respects patient privacy during what often, initially is at least, when learning, a lengthy examination process (lengthy because it takes time to actually acknowledge clues from the assessment process). If necessary, the client can then be disrobed and appropriately draped/gowned, in preparation for treatment. At this point, extra details about skin texture, tone, etc can be observed. It's also a helpful skill to have in certain situations such in cold weather on volunteer/sporting events where it may be appropriate to assess with clothes on.

4. You will notice that after discussing the principles and definitions in chapter 1, I start the actual assessment process with general observation and palpation, rather than history. In a clinical setting, it would naturally be assumed that the history would have already been recorded and the patient is now standing and ready for posture assessment. The reason I order the Guide this way is simply because, the elements covered prior to discussing history are the ones which I have noticed need the most emphasis in order to develop practitioner awareness. In these chapters I am focusing on the inner awareness of how to maximize perception of information from these tools rather than the just the outer observation and palpation process by itself. Motion testing then follows in chapter 4 discussing primarily the QUALITY element which is often neglected somewhat due to an overemphasis on the importance of range of motion testing and in measuring quantity (which may, and does, often distract from quality as you will see).

History and special tests are left until chapter 5 not because I am changing the order of assessment. History is always the first step of assessment. However, I have found that History and Special testing topics tend to be adequately covered in traditional manual therapies courses. These are often relied and focused heavily upon comparatively to performing a comprehensive general assessment for primary areas of A.R.T (Asymmetry, Range/Quality of motion abnormality and Tissue texture changes), which, if performed with awareness, will reveal valuable clues that render the history more meaningful and often give such good results that we can almost predict the results of special tests before we actually perform them. Thus, special tests will then perform their role of ruling in or out certain conditions or tissues under stress which we already suspect from a good history and postural assessment, rather than substituting for a good postural assessment. Thus, other than to mention them as a quick revision and to mention their wholistic applications there is no need to repeat information already covered elsewhere in chapter 5. Chapter 7 covers the integrative elements of history taking in a case study oriented practical way.

Remember, the purpose of this guide is not to create another similar text book and DVD series on the same information that is readily and adequately conveyed in numerous other resources – other than to integrate this information with the whole. This is

needless repetition. Rather, I will focus on bringing to the surface those elements of assessment, treatment and rehabilitation which will further enhance and add depth of understanding and integration to what is already studied. I will focus on the elements NOT often talked about but which are vitally important to successful assessment, treatment and rehabilitation – with integrated understanding and awareness of what the tissues are actually attempting to convey to us. Thus, Chapters 1, 2, 3 and 4 contain the most important elements necessary to being able to understand and treat with awareness, as they introduce all the ideas, philosophically and practically that will later be covered in every other chapter of the teacher/student guide. When taught in this order to students in a workshop setting, students have found the concepts extremely useful to enhance their assessment and treatment skills (including the history because it reminds them of the importance of general history questions for key contributing factors prior to actually discussing history in chapter 5).

5. Keep in mind that some of the concepts shared are easier to demonstrate to students on a one on one basis practically in a classroom setting, especially the "palpating with awareness" concept. This is because I have found a one on one approach the most practically useful way to help students actually appreciate what a neutral open minded sensing state feels like. It can be very difficult for a student to acknowledge this state until he is actually in it (and not just thinking he is in it). This can be likened to learning how to sing notes in tune; it is much easier to tell if a note is off key only when a certain amount of practice is acquired in recognizing the correct note in the first place. The more you hear it, in its pure state, the easier it becomes to vibrate in synchronicity with it. Thus, initially at least, this concept is hard to self evaluate without support. A one on one assessment means this state can be checked for each participant by a tutor experienced enough to check it. This guide can't create this one on one experience however but, nonetheless, studying the material will hopefully open viewers/readers to the process and art of observing and palpating with awareness (from a neutral balanced state), even if it cannot be checked by a tutor. If aware, we can practice. If we can practice (and observe our personal balanced or imbalanced interaction with a client) we can perfect.

6. In regards to other resources of information, it may perhaps be best to give a general indication of where certain items of information can be resourced for future reference. A list of resources I have found useful will be included in the bibliography. Remember – this guide is reason and common sense based and not necessarily evidence based in the same sense many of the traditional educational resources are (i.e. quoting other sources researching and saying similar things). It is definitely evidence based when we apply the concepts to our clients and observe the results. It's also a bit hard to reference other information on new integrative approaches when it's not that common in the resources (because the majority of practitioners are doing it the other more detail and symptomatically oriented way). At any rate, consider the following:

a) Information on A.R.T (asymmetry, Range/Quality of motion Abnormality and Tissue texture change), as well as on screening from general to regional to local can be found in a wide variety of Osteopathic text books (7,8,9). This information will be familiar to some readers/viewers and new to others depending on their background. Note: Some books

refer to the concept of TART (Tissue Texture Change, Asymmetry, Restricted motion and Tenderness) instead of ART (Asymmetry, Tissue Texture change and Range/Quality of Motion Abnormality). In this authors opinion, adding the tenderness component can be distracting because it relates more to the primary tissues causing the symptoms in the symptomatic area (and thus leading physicians unconsciously along the lines of a symptomatic view once again) rather than the primary AREA (or areas) contributing to setting up the whole problem pattern or otherwise slowing recovery. The primary AREA (and its key components) should always be included in a complete working diagnosis and is not always tender (in much the same way that a person who, upon entering into a bar and starting a bar fight, then sits down and watches when everyone else beats one another up). This is the reason I find ART much more wholistically reliable (because we catch out the real instigator of the trouble hiding behind the scenes). After studying the information and case studies in this guide the reasons for this slight change in diagnostic criteria should be self evident.

b) With regard to Information on Health and Disease; I'm not sure what the literature says on this topic, in terms of assessing for areas of health. There is much written in traditional medicine on disease, although perhaps not on the use of the term DIS-EASE as I have illustrated in this guide. I know that I have often come across the statement that a good practitioner works with health and will not merely focus on the disease alone. I have personally found that assessing for areas of health to be an extremely important concept to explore and understand in both assessment and treatment because it yields many interesting clues which can help us assess and treat more effectively. For example, it can guide us as to the order that human mechanism wants us treat in order to unravel its dysfunction patterns. It also gives clues to the background level of health (what I often refer to as the percentage health or the health: disease ratio) of a patient and thus yield clues to prognosis, speed and possibility of recovery. What I share on this topic I have myself realized through practice and experience although I'm sure, if you choose to investigate further, there will be many other practitioners who will likewise be aware of and work with this concept. Because it is so vitally important for a balanced perspective on health and disease and because the concept works so well in practice, I include it for your investigation and interest.

c) In regard to the Assessment Plans in chapter 6, there are numerous resources which can be resourced on all of the various components of assessment mentioned therein. I have listed some in the bibliography (1,2,3,4,5,6,7,8,9). Many of these have the anatomy, bony and soft tissue landmarks, traditional regional assessment and special tests. Any good anatomy and physiology book will cover the bony and soft tissue landmarks – which is simply all the anatomy located within the region explored. The best references for General assessment, as mentioned above can usually be found in Osteopathic text books (7,8,9).

d) Layer palpation is explored also in Osteopathic practice and literature (7,8,9). I am merely emphasizing the use of the mind as a tool and, with this concept in mind - we can expand on the basic concept to sense extra anatomy, perhaps often not traditionally explored. It will seem strange for some to accept that depth of palpation is not so much about pushing harder but about sensing deeper but none the less, this idea works. The

layer palpation discussion and exercises should serve to illustrate the rationale behind this statement. I'll leave you to explore these ideas yourself and make your own minds up after reviewing the relevant chapters. I have seen numerous cases in student clinics for example, where patients have complained that students aren't working deep enough (yet many of the students are adamant that if they had pushed harder it would have caused damage) only to find that once a student senses the correct anatomy and depth involved and exactly meets the tissues equal and opposite resistance (need), the patient feels it deeper and yet the student feels as if he is in fact pushing more gently. Thus, the idea for exploration is one of "mutual connection" and not "of force or pressure". We explore this idea in chapter 3 but it should be continually explored from that chapter onwards throughout the DVD, especially in the assessment, treatment and rehabilitation sections.

7. Although we are not covering the full range and scope of history questions nor discussing specific injuries and disease states, chapter 7 does focus on being able to integrate all of this information, together with assessment into practical case studies which are designed to help show the importance of every phase of assessment from initial history onwards in order to arrive at a wholistic working diagnosis, as well as ideas to help differentiate between various differential diagnoses. The DVD demonstrates "role playing" exercises designed to engage the listeners and so stimulate thought about what to ask in the history and what to actually assess and why? IT IS ADVISABLE THAT YOU WATCH THE DVD ON CASE STUDIES IN SESSION 7 BEFORE READING THE SUMMARY CASE STUDIES IN CHAPTER 7 OF THE MANUAL. This will enable you to gain the most learning from the experience.

8. The chapters on treatment and rehabilitation are not meant to be chapter's teaching specific treatment and rehabilitation techniques (although some techniques are covered which can be generally or specifically applied by all manual therapists). As with assessment, it is assumed that treatment and rehabilitation techniques are taught as a part of your formal training. The purpose of these chapters is to give you clues about how you can make the techniques you already know more effective and be able to successfully adapt them to the needs of the individual patient. There is an extra article in chapter 12 of the manual outlining some key elements when using the technique Muscle Energy Technique (MET) with more conscious awareness of the response of the whole body and also, to help better adapt its use to an individual clients needs.

9. There are two sections on rehabilitation, the first, in chapter 9, covering general principles and how to make the exercises effective. The second in chapter 10, contains specific rehabilitation plans and some exercises designed to help viewers/readers integrate rehabilitation and create simple, logical, easy to apply and effective rehabilitation plans. Patients are more likely to perform exercises if they are simple and they understand why they are useful. The goal is to be able to make rehabilitation more user friendly to the average patient and not only to elite sporting athletes. I emphasize simple control and flexibility exercises to achieve balance because these are important base exercises which make all later stages of rehabilitation more effective. In session 10 of the DVD I perform a series of example stretches which are not mentioned in the manual. The manual discusses the principles that make the exercises work and sample

rehabilitation plans summarizing what is demonstrated and discussed in the DVD. The stretches are demonstrated on the DVD fairly quickly and are not meant to be practiced at home that quickly. They are simply to give you an idea of a range of stretching exercises that may be practically useful. They should be practiced slowly and carefully, to bind but without pain if they are practiced at home and they should all be performed using the general guidelines outlined in chapter 9 for them to be most effective (i.e. performed with awareness). If there are any questions (such as which stretches are contraindicated, due to pain or illness, or indicated in your case) regarding stretches you or your patients should perform contact a qualified professional (e.g. a yoga or stretch instructor or allied health professional otherwise involved in our clients care) for further guidance.

10. Chapter 11 covers assignment ideas and articles written by me to enhance understanding of all the ideas covered in the preceding chapters and illustrate how we can work more wholistically in patients with chronic conditions. It illustrates the concept of "thinking through" anatomical connections and relationships and how this can help assessment and treatment and so should give deeper insight in how we may be able to wholistically help clients with a wider variety of health needs.

11. Finally, remember the context in which this guide is written - To provide information and food for thought about how to make assessment, treatment and rehabilitation more wholistic and effective. It is not meant to compete or conflict with traditional methods and practices of education. It is, in fact, written to blend and integrate with current systems and helps render everything taught in health care more integrated, accessible and user friendly. It is meant to help clarify and expand upon common terminology which, if understood, should help practitioners work together in an integrated unifying way and not a separating competing way. If it challenges the current thinking then this is a good thing because it is written to help practitioners and students revisit basic wholistic healthcare principles and not to take these principles for granted and to then apply them with little thought as to their actual meaning and application. This guide should help practitioners realize there are two important viewpoints to consider in health care and not be distracted by only one viewpoint alone.

There are in my view, two sides to the coin of education in regards to health care. For discussion purposes I will call them a) Evidence based medicine and b) Reason/Common sense and Integrative based medicine. Consider the following discussion on these points;

Detail focused study or research, when not placed in proper perspective with the whole, may distract us from the whole picture. In this Integration guide, I am deliberately avoiding going down this line of investigation for a reason. As you will see later, the focus of this work is actually to present the other viewpoint; i.e. to bring us back to a common sense understanding of how the part fits into the whole. This counterbalancing process therefore, should then help promote wholistic research which will further enhance our understanding of the whole rather than to distract from it. It is my hope that those reading the ideas and concepts shared in this text, will conduct further research in the future which seeks to show the effects that treating primary areas of

dysfunction (of A.R.T - see later in text) will have on alleviating symptoms rather than the effect that treating symptomatic tissues has on the symptoms. I feel that if this were successfully done, results would prove enlightening. In order to achieve this however, we first need to introduce, explore and understand the principles, definitions and processes of wholistic assessment.

To make myself clear and avoid possible misinterpretation, I'm not saying research isn't important; it is extremely important and has helped medical science achieve tremendous leaps in health care. I'm simply saying that this research needs to also be directed towards helping to understand the relationship of the part with the whole or otherwise it can be distracting. For example, despite many advances in information, research and technology, the health care industry continues to be overburdened with sick patients. In my opinion, acute and symptomatic health care is very good overall but, chronic health care especially, continues to be a problem. If the technology is more advanced, shouldn't people be getting healthier instead of existing and struggling for a longer duration on this planet with their continued problems? We seem to have confused greater health, at times, with greater life expectancy just as we may have often equated successful treatment and skill in relieving short term effects/symptoms/pain with a long term health gain. Addressing symptoms without causes is like mowing the lawn without pulling up the weeds. It looks all neat and trim but the lawn is still full of weeds. This simply prolongs an unhealthy state until a later time frame. In my opinion, I think it's about time that we actually thought long and hard about what we are doing as health professionals. Are we actually helping the patient long term or are we maintaining an unhealthy state for a longer period of time, thus avoiding our responsibility as true health care professionals and educators.

An attempt should always be made to alleviate symptoms where possible (especially in acute distressing states) but shouldn't we also attempt to ñknowingly, and with awarenessò follow the chain of cause and effect back to its primary causes/predisposing factors (and not merely to its secondary or tertiary cause). I personally know of many practitioners who despite learning and intellectually knowing detailed information about disease states, many regional (and sometimes even wholistic) assessment procedures and many varied and wonderful treatment techniques, continue to wonder ï ñwhat is actually going on? Iôm treating what I believe to be the right tissues causing the symptoms and yet, why isn't my client responding as I expect them too, long term (and sometimes even short term)? Why are they returning week after week with the same symptoms? How does all of the information Iôve learnt fit together? I know all of the theory but I still don't know where to start and why? How do I know what to treat and what to leave alone and how do I know what is safe to treat and what is best to leave alone and perhaps when to refer a patient out for alternative/complimentary health care (and by this I mean, based upon good assessment and not purely based upon history and speculation or perhaps because of fear that harm may be done simply because we may not actually know and be confident with what the patients tissues are actually telling us)? I know this happens because Iôve struggled with all of these questions myself. Practitioners and patients alike are still often perplexed about why all these things are happening and are getting tired of the continual anxiety, stress and pressure of not really knowing what is going on or what to do about it, especially in relation to chronic health; Of being too afraid to treat based

upon information received in the history combined with a lack of confidence about ones own assessment skills and ability in perceiving actual tissue findings (and terrified perhaps of contraindications). We feel, perhaps if we learn more, study more detail, do more research, weôll find the answer and so, thatôs what we do. We study more but the answers still evade us. We think, ñI now know more and am better at my techniques but I still donôt know; I guess Iôd better study more, I better look without and see what other people say, get other opinions, see what the latest research saysò, not realizing that the answers are often very simple and right under our noses. It doesnôt help also when patients are further conditioned to demand symptomatic treatment (because thatôs what we have taught them to do, generally speaking). Patients think this way because practitioners train them to do so, because we often do so, rather than teaching them how to understand, take responsibility for and then gradually to deal with their long term problem patterns with our support. It is not hard to see how knowledge, detail, outer research, and investigation of symptoms alone can be distracting, despite being useful in understanding what is immediately symptomatically causing pain, disease and discomfort? This approach teaches us to rely on others, which can be helpful, when and if the information is balanced and true, but what about learning to trust our own ability to assess and uncover clues? There comes a time where we need to develop the necessary skills within ourselves. How do you think good practitioners do research in the first place? Iôm sure they would explore ideas (old and new) and their methodology and then when they discover something useful and have hopefully perfected it by reasoning it through and then testing it in practice (fully or relatively), they share it and maybe write it down for themselves or someone else coming along later to do further research on. Some people stimulate new thought and some people research these ideas and thoughts - both are needed. Also, think upon this for a moment; research often helps us know what to do or to explain what is happening once we find a problem (or even recognize a regional/local problem) but not necessarily how to find the ñcausesò behind the effect in any individual patient, which is setting up the symptoms in the first place - for each person is different and doesnôt always follow the recipes we are taught. This would all depend of course on the type of research conducted. What is the answer? Well, maybe ñThe tissues knowò. We only need to learn how to listen. How so we listen? We train ourselves to perceive, to be more aware and to calibrate our human instruments to detect the slightest variation from health. But, to do this; we must appreciate and know what Health is first. We must become conscious of Health. What is it? What does it mean? How do we recognize it? This is why chapter 1 starts with defining the terms and tools necessary to understanding the basics about what we do? This helps us to actually think about what we are actually doing and not just take what we do for granted. Rationally thinking the concepts and principles through, that we learn about from our studies, will help both to clear the mind and simultaneously, to flush errors in perception and understanding to the surface. In this way, faulty, confusing or unclear concepts can be replaced with concepts which will help us become more sensitive, healthy and refined practitioners. Reasoning concepts through helps to avoid blindly following errors passed down through the teaching of our philosophy and principles without due thought as to their true understanding and meaning. I want to encourage you, through investigating this guide, to think about wholistic principles, to think about what you are doing throughout assessment and treatment and to notice how the tissues respond to your touch

and testing procedures. Above all I want you to consciously observe and notice what the tissues are trying to say to you rather that apply your assessment and treatment techniques obliviously without observing tissue feedback. This will also improve quality of patient care because we will never be forcing the tissues to do what they do not guide us to do. Thus, I encourage you to test and try everything you learn at school/college as well as everything you read here and decide for yourself if it all makes sense or not. Then you will not fail to learn something new from our discussion. As this information has helped me and countless others with whom it has been shared improve their understanding and skills, I place it before you for your investigation and interest. Test what is discussed and make your own minds up. If you don't find it useful, you don't have to use it – it's that simple. At the very least this information may help you to become AWARE of all of the things a good practitioner will do (often naturally and unconsciously) that make their treatments effective. Have you ever wondered why two practitioners can treat apparently all of the same tissues and areas, apparently the same way, and yet achieve markedly different results? A good practitioner will consciously or unconsciously make subtle adjustments in depth, rhythm, relationship, position, force and engagement, etc of the tissues and thus adapt all the principles that he is taught to THE INDIVIDUAL patient, and not just give a production line treatment with no thought or awareness of the need of the tissues in the moment. Success comes through his or her AWARENESS of the links and relationships between the varying components of the whole as well as the relationship between the health and unhealthy tissues of the body. It is this AWARENES that I am trying to impart in this work. We don't need to research anything new, thus it's not a researched based educational tool. We only need to integrate what is already out there and possibly stimulate new thought as to how we can understand how to use our human instruments to investigate more of the whole scientifically, to break out of the present health care difficulties and open up the field of research and study to make it more integrated and wholistic. Thus, the other side of the coin, the common sense, reason based, and self investigative aspect of health care is covered in this guide.

I hope you find it useful.

Paul Turner.