

Some problems in the development of manual therapy

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Manual therapy as a form of traditional medicine is developing very dynamically and is in increasing demand among the population. Nevertheless, in recent years, certain negative trends have begun to be traced in it, resulting in a slight decrease in the interest of doctors and scientists in this area of medical activity.

The problems that are currently in manual therapy can be roughly divided into internal and external.

INTERNAL PROBLEMS

I. As a section of medical science and practice, manual medicine

It has:

- * subject of study - functional disorders of the musculoskeletal systems reversible under the influence of manual therapy methods;
- * methods of manual diagnostics (visual diagnostics non-optimal statics and dynamics, palpation diagnostics of impaired active, passive movement and springy resistance between articulated surfaces, manual testing of changes in muscle tone);
- * methods of manual therapy aimed at eliminating identified functional disorders of the musculoskeletal system.

This allows manual therapy to develop as an independent branch of medical science.

At the same time, depending on the localization of pathobiomechanical changes (in the vertebral motor segments, internal organs, craniosacral system, muscle-fascial system, etc.), manual therapy has several directions:

1. Vertebral manual therapy Subject of influence - violation mobility of the vertebral motor segments, joints of the pelvis and joints of the extremities.

Diagnostic methods - assessment of impaired active and passive movement.

Therapy methods are mobilization, manipulation.

2. Musculo-fascial therapy

The subject of influence is tonic-power imbalance of muscles, fascia.

Diagnostic methods - limitation of inter-slip, passive stretching.

Therapies are relaxation techniques.

3. Correction of suboptimal movement patterns

The subject of influence is suboptimal statics and dynamics, regional postural muscle imbalance, atypical motor pattern.

Diagnostic methods - visual diagnostics of non-optimal statics and dynamics and their constituent elements.

Therapy methods are static and dynamic re-reduction.

4. Craniosacral therapy

The subject of impact is functional changes in the joints of the skull, pelvis.

Diagnostic methods - visual palpation assessment of the disorder the mobility of the bones of the skull and pelvis and the extensibility of the dura mater.

Therapy methods are craniosacral methods of influence.

5. Visceral therapy

The subject of influence is functional changes in internal organs. Diagnostic methods - palpation determination of position disturbances, mobility and spasm of internal organs.

Therapy methods - palpation restoration of position and mobility internal organs.

APPLIED KINESIOLOGY

The subject of influence is functional relationships between various functional systems of the body, causing skeletal muscle dystonia.

Diagnostic methods - manual testing of functional relaxation of muscles and changes in their tone under the influence of various irritations (displacement of internal organs, vertebrae, fascia, stretching of shortened muscles).

Therapy methods - all types of manual therapy aimed at restoration of muscle imbalance.

These directions of manual therapy are combined with each other by functional (static, dynamic, associative and topographic) connections, compensating for the failure of one system by overloading the other.

EXAMPLES

* functional blocks arising in vertebral motor segments (subject of vertebral manual therapy), as places of additional fixation of the attachment points of relaxed muscles (subject of muscular fascial therapy);

* nephroptosis (subject of visceral therapy) leads to relaxation of the psoas-iliac muscle, which is the bed of the kidney. Relaxation of this muscle (a subject of applied kinesiology), in turn, causes a compensatory shortening of the square muscle of the lower back and the formation of functional blocks of the lumbar spine in the places of its attachment (subject of vertebral manual therapy). This, in turn, leads to compression of the spinal nerves with the formation of an appropriate clinic (subject of neurology);

* Shortening of the sternoclavicular muscle (subject of muscular

fascial therapy) leads to "rotation temporal bones (subject of craniosacral therapy), causing dysfunction of the vagus nerve (subject of neurology), leading to dysfunction of internal organs in its side (subject of vertebral manual therapy), causing a decrease in the tone of associative muscles (subject of applied kinesiology) and shortening of antagonist muscles (subject of muscle-fascial therapy).

It is fundamentally important that it is the last link in the compensatory chain built by the body that clinically manifests itself due to the depletion of reserve capabilities. Most often, this is a shortening of the muscle and functional blocks of the joints, which compress the adjacent vessels and nerves. That is why vertebral manual therapy and muscle-fascial therapy received the greatest development.

It follows from this that the allocation of any direction of manual therapy and closure on it limits the possibilities of diagnostics of all variants of constructing compensatory circuits, which means that it also limits the possibilities of a therapeutic effect directly on the cause of the pathology, replacing them with an effect on one of the compensations.

From these positions, the allocation of craniosacral, visceral, muscular-fascial manual therapy to osteopathy hardly makes logical sense, and the allocation of vertebral neurology undeservedly diminishes the importance of visceromotor reflexes and other functional relationships, although they play an equally important role in the genesis of muscle pain syndromes.

The difference in subjects of influence and diagnostic methods has the consequence that many specialists give preference to one of the methods of manual therapy, neglecting others. This contributes to the fact that a doctor who has received one-sided training in manual therapy often acts not on the main pathogenetic link, but on compensatory mechanisms, aggravating the course of the disease. Currently existing manual therapy training programs in the overwhelming number are aimed at correcting pathobiomechanical changes in the area of the spinal motion segments, they devote very little time to other localization (in internal organs, craniosacral system), and the correction of tonic-force imbalance and suboptimality of statics and the speakers are only mentioned. This gives rise to the development of all kinds of private schools (osteopathy,

Solution: A chiropractor training program needs revision. Training should begin with familiarizing students with functional (static, dynamic, associative and topographic) connections between individual systems, compensating for the failure of one system by overloading the other. It is necessary to instruct representatives of schools that study more deeply any direction of manual therapy, to draw up a training program in this area, to certify the teaching staff of departments and courses of manual therapy.

1. Expand the training program for manual therapy. Increase

the duration of the study of functional anatomy, physiology of body tissue movement, training in craniosacral, visceral therapy, correction of non-optimal statics, diagnostics using the method of applied kinesiology, diagnostics of pathogenetic functional connections between various body systems, etc.

2. Divide the training program in the form 2-year intermittent training (preferably at different training bases) with the passing of exams in each of the directions of manual therapy. To develop textbooks for pre-cycle, inter-cycle training of cadets.

3. On the basis of modern knowledge in the field of manual therapy, develop a system for improving manual therapy teachers, taking as a basis the amount of knowledge that is summarized in each of the manual therapy schools in Russia and abroad.

4. Develop a system for introducing knowledge of functional medicine on each specialty in medical institutes and at advanced training courses for doctors of all specialties.

5. To develop new methods and approaches in objectifying patho- and sanogenetic mechanisms and the study of manual therapy.

II. Limited knowledge of functional medicine within high school creates difficulties in training a chiropractor. The existing 4-month program of primary specialization in manual therapy, designed for acquaintance with various areas of manual therapy, does not provide an opportunity for full practical mastery of diagnostic and therapeutic techniques.

SUGGESTIONS

A. Prepare proposals for higher education on making additions to the curriculum, paying special attention to the study of functional disorders, biomechanics of vertebral motor segments, skull bones and internal organs. It is necessary to broaden the introduction of the concept of manual therapy into the training system of undergraduate students.

B. To intensify the formation of the departments of manual therapy in universities in order to introduce the basics of manual diagnostics and correction of functional movement disorders in the training of doctors.

C. Allow the organization of internship, 2-year residency and postgraduate studies in the specified specialty at the departments of manual therapy.

D. To study the issue of the feasibility of developing a program for intermittent training of chiropractors with a phased delivery of practical skills with the issuance of a document only after testing practical skills at a clinical appointment, as well as developing examination programs. During the congresses of chiropractors, organize seminars in various areas of manual therapy.

D. In order to improve the pre-cycle training of students, to expand the production of methodological literature, video materials of lectures and analyzes of patients.

III. In many public and private medical institutions

manual therapy training is presented as a set of universal therapeutic techniques without teaching the basics of the interaction of various tissues in the pathological process. This does not make it possible to understand local disorders as a result of an integral reaction of the body to somatic and visceral dysfunction.

Ways to solve: To make wider use of methods in the practice of training doctors manual diagnostics, clinical analyzes of patients with clinical and pathobiomechanical diagnosis and analysis of dysfunctional disorders of various levels.

IV. Scientific research in manual therapy is directed at mainly to study the effectiveness of manual therapy for a particular disease or to increase the number of new methods of diagnosis and therapy. At the same time, the mechanisms of the patho- and sanogenesis of functional disorders are insufficiently studied. A systematic approach is poorly used in the study of the sanogenesis of functional disorders through the understanding of somatovisceral interactions.

EXTERNAL PROBLEMS

1. Classical training in medical schools does not pay enough attention to the role of functional changes in any of the body systems that precede the development of organic disease, accompany it, aggravating the clinical manifestation, and remain as a consequence of the disease.

Solutions: It is advisable to develop a knowledge implementation system functional medicine in the training of a doctor in each specialty in advanced training courses for doctors. Possession of the methods of manual diagnostics within the limits of his profile will allow a doctor of any specialty to diagnose functional disorders on his own and, if necessary, refer the patient to a chiropractor. For example, knowledge of the clinic and diagnosis of imbalance of the pericardial ligaments for a cardiologist, and viscerosomotional connections for a psychotherapist will enrich their diagnostic and practical possibilities of helping the patient.

2. Reducing the influx of young specialists into manual therapy courses. Perhaps this is due to the fact that training in manual therapy is limited to only two basic specialties. A huge stream of doctors of other specialties (pediatricians, therapists, etc.) does not have the opportunity to receive public education in this area. The classification of manual therapy as a new basic specialty "restorative medicine" proposed by a number of specialists, in our opinion, will further limit the influx of specialists into manual therapy.

Solutions: Contact the Russian Ministry of Health with a proposal to restore the ability to master the knowledge of manual therapy for a doctor of any medical specialty. It is necessary to involve doctors of various specialties in the study of diagnostics of functional disorders of the body.

3. The development of any medical specialty is impossible without systematic and purposeful organizational and methodological work. TO

Unfortunately, manual therapy cannot boast of great achievements in this matter. The consequence of this is a noticeable gap in the organization of the manual therapy service in the center and in the field. The creation of several centers for manual therapy recently is a welcome phenomenon, but it does not solve the problem. It seems that the number of departments and courses of manual therapy, professional associations, centers existing in the country underestimate the importance of this aspect of work.

Conclusion: Manual therapy is one of the few directions medical science, which, in the process of studying the pathogenesis of diseases, unites disorders that occur in various systems of the body into a single logical system. She studies functional disorders of the body that occur at the preclinical stage of development of any disease, accompany it at this stage and delay the stage of rehabilitation. This knowledge is important for a doctor of any specialty, but for a chiropractor, it represents the basis of his activity. Because manual therapy is not just a collection of manual diagnostic and treatment techniques. This is, first of all, a deep understanding and awareness of the entire chain of functional relationships that unite various systems of the body into a single whole.

It is fundamentally important that the doctor receives knowledge about these relationships, as well as knowledge of the basics of biomechanics, manual diagnostics and therapy, while still in his student days. This will greatly facilitate the further training of qualified specialists who have a systematic approach to the diagnosis and treatment of functional disorders that so often accompany any disease of the body.

Improving the quality of training for manual therapists, expanding and deepening scientific research, activating and systematizing organizational and methodological work are a prerequisite for the further development of manual therapy in the country.

Vasilieva, L.F. Some problems of the development of manual therapy / L.F. Vasilyeva // Traditional medicine. - 2003. - No. 1 (1). - S.47-50.

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