

WHOLISTIC PRINCIPLES AND ASSESSING WITH AWARENESS:

THE PURPOSE OF HOLISTIC ASSESSMENT is to help us:

- 1) *Identify what tissues are causing symptoms (which becomes our key differential diagnosis) and*
- 2) *Identify causative, contributing and maintaining factors within the whole posture of the client that are preventing recovery in some way.*

Note: These contributing factors either a) predispose (or set up) the symptomatic area to injury/illness in the first place and/or b) slow recovery in some way by interfering with the bodiesq natural healing mechanisms (e.g. affecting lymphatic drainage, nutrition, or causing recurrence of the strain through faulty technique, habits, mechanics, psychological stress, etc).

The **goal** therefore is to help us understand the whole pattern of dysfunction linking all contributing factors in the posture and/or environment with the key tissues causing symptoms (i.e. formulate a Holistic Working Diagnosis).

Assessment therefore comes in 2 parts:

- 1) **GENERAL ASSESSMENT:** to identify causes, contributing and maintaining factors in the whole person/posture (Primary areas of A.R.T. . see later).
- 2) **REGIONAL ASSESSMENT:** of the Symptomatic area to identify potential tissues causing symptoms.

Note: Once primary areas of dysfunction are noted elsewhere from the general assessment an additional REGIONAL assessment of these areas are also required in order to key identify components holding the posture in the overall dysfunction pattern.

Example: A key restriction in L1-3 and associated Para vertebral muscles (primary problems elsewhere) are holding the lower body anterior translated and in a left side tilt which creates a posterior thorax and elevation of the whole right ribcage and shoulder girdle. This subsequently creates a forward head posture and places increased tension and compression on the cervico-thoracic joints (on the right compressed side predominantly) and its associated muscles (tissues causing symptoms). This together with gravity and repetitive over head activity associated with being an electrician (key external contributing factors) have overworked this area (right more than the left . him being right handed) and created neck pain, radiating into the right shoulder.

HOW DOES THIS INFORMATION HELP US? It helps us to:

- 1) Formulate a rational and holistic treatment and rehabilitation plan which will include all involved components (internal and external)
- 2) Explain to the patient what is happening in his or her body and thus helps with patient understanding and compliance with treatment and rehabilitation (such as home exercises etc)

It also helps in a third way by enabling us treat with a knowing awareness of what is actually going on within the whole patient. This understanding therefore makes our treatment safer. We can address contributing factors elsewhere in the posture that are affecting overall recovery while at the same time avoiding potential contra-indications to direct treatment at the symptomatic area.

Example: We may be able to treat any pelvis imbalance that is interfering with lymphatic and venous drainage from the lower extremity - Thus, helping to speed recovery from a sprained ankle or contused thigh, whilst avoiding massaging and further damage to the strained tissues themselves.

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

The general screening process includes the following tests:

A. STANDING

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

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

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

B. SITTING

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

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

C. LYING SUPINE & PRONE

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

REGIONAL ASSESSMENT: Includes the following:

SYMPTOMATIC AREA:

Observation

Palpation . general impression + Bony and Soft tissue landmarks

Active motion testing

Passive motion testing (+ accessory movements)

Special tests

PRIMARY AREAS OF ART CONTRIBUTING (if elsewhere)

Observation

Palpation . general impression + Bony and Soft tissue landmarks

Active motion testing

Passive motion testing (+accessory movements)

Special tests (if applicable)

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

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

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

WHOLISTIC PRINCIPLES ó SUMMARY SHEET

Wholistic assessment	To assess the whole person and identify key components present in a person's inner and outer environment that may be contributing to the whole pattern of dysfunction.
Health & dis-ease	<p>Health ó all components of the whole are functioning in harmony with one another, balanced function and a balanced relationship between all components.</p> <p>Dis-ease ó an area or component out of harmony with the whole, no longer a unity but fragmented sections, imbalanced relationship, & manifest all 3 of A.R & T.</p>
Internal & external components	<p>Internal ó any of the components <u>within</u> the human mechanism contributing to the problem.</p> <p>External ó any of the components <u>outside</u> the human mechanism contributing to the problem.</p>
Primary & secondary areas of dysfunction	<p>Primary ó area of the whole most out of harmony with health and maximally hindering the function of the person.</p> <p>Secondary ó all other areas of the human mechanism forced to adapt/compensate to maintain balance as a whole.</p>
Tools for uncovering primary & secondary areas of dysfunction	<p>Mind ó where all information is gathered and must be clear, open and centered.</p> <p>Being Centered ó being aware of and observing from our centre of health while simultaneously being aware of our dysfunction patterns so they don't interfere, & aware of our spatial relationship with our patients.</p> <p>Senses ó vision/observation, hearing/history, touch/palpation.</p>
Models for finding/understanding the pattern of health/dysfunction	<p>A.R.T. ó asymmetry, range of motion abnormality & tissue texture changes.</p> <p>Assess ó generally, regionally & locally.</p> <p>Dysfunction difficulty ó simple, complex, multi-complex.</p>
Differential, working & actual diagnosis	<p>Differential ó a list of possible conditions a person may be suffering or possible tissues causing symptoms.</p> <p>Working ó what we feel is going on as a whole after taking a thorough assessment attempting to tie together all inner/outer components (links pattern of cause to effect).</p> <p>Actual ó what IS actually happening after all relevant clues discovered & we are no longer guessing.</p>
The general examination process	e.g. The general active motion screen ó does not identify details (regional/local); it identifies the areas of greatest difference between Health and dis-ease.

OBSERVATION NOTES:

Observation should be carried out standing (4 directions . anterior, posterior and lateral, left and right), Sitting and lying posture . prone and supine, from above and below. We observe for primary areas of asymmetry and altered tissue texture.

Observation should be carried out GENERALLY to identify primary area of ART and REGIONALLY to observe the symptomatic tissues.

Why do we observe in all postures? . ANSWER . to notice differences that may occur in texture and symmetry as the patient shifts from one posture to the next. This provides us with a clue about which dysfunctions are worth treating and which are compensatory.

A primary problem . will be present in each posture, although it may stand out more or less depending on how the rest of the body compensates and potentially masks it. This should correlate with the aggravating and relieving factors mentioned in the history. A problem should stand out more in the posture that aggravates the symptoms because it forces more stress on the symptomatic tissues. Both the symptomatic tissues and the primary contributing factors, if elsewhere, should stand out more because the body is unable to compensate as well to maintain overall balance. In a relieving posture the symptomatic tissues may relax (if not also the cause) because the body has been able to adapt better and the primary contributing tissues may be masked (for the same reason) but will still be present if we pay attention.

A secondary or compensatory area will change in each posture and may even disappear completely . indicating its adaptive nature (it is not really a problem but is simply working hard in some postures to maintain balance). Symptomatic areas are often secondary areas that happen to be overloaded in response to a primary problem elsewhere (which may have no apparent symptoms).

STATIC OBSERVATION: Observes posture at rest, for A **and T**. After static observation we should have an idea which areas need to be investigated further for motion qualities.

To aid in noticing asymmetries students should have a good understanding of a healthy tissue texture and posture and then observe the various regions for asymmetries in rotation (in three planes . about vertical, transverse and anterior-posterior axes) and in translations.

DYNAMIC OBSERVATION: Observes for the R component of the diagnostic triad thus identifying key area of ART.

This includes observation of a) GAIT and b) General and regional movements.

PALPATION NOTES:

This should also be carried out generally and regionally:

GENERAL PALPATION: Identifies key contributing areas influencing the problem pattern and gives a general impression of how the symptomatic and other areas are feeling in terms of texture and symmetry, when a patient is static, and quality of movement, when motion testing.

REGIONAL PALPATION:

The goal of regional palpation is to identify specific details and components involved in the problem areas.

This can include a) **layer palpation** to identify key layers involved in the problem and/or symptomatic area and b) **bony and soft tissue landmarks** . to identify specific tissues involved in contributing and symptomatic areas of the body.

Layer palpation: Basically we think about each layer (skin, fascia, ligament, bone, joint, fluid, nerve, blood vessels, etc) and then feel the texture and motion characteristics of each layer in order to gain an appreciation of what the different tissues feel like.

An Aid to Wholistic Assessment & Treatment – Anatomical Considerations (e.g. for Irritable Bowel)

Examples of Anatomy potentially involved	Examples of Assessment Ideas/Clues (e.g. Obs/Palp/Mvt for A.R.T in:)	Treatment Ideas, (treat with a conscious awareness of the following relationships) - examples;
<ul style="list-style-type: none"> • G.I.T. & direct surrounding musculoskeletal anatomy (ligament, muscle {mm}, fascia, bony, etc ó e.g. Tø, lower Ribs, Lø, Pelvis, Sacrum, abdominal mm, Q.L., Psoas, Lat. Dorsi, piriformis, glutes, etc and their origins and insertions linking them to other areas) • Peripheral nerves to above structures • Autonomic Nervous System, -control centers in the brain - PNS (Vagus nn which exits b/w occ and temp bones to upper GIT and S2,3,4 to lower GIT) - SNS to entire GIT is T5-L2 (under rib heads) • Lymphatics (need good drainage for healthy function) • CVS & Respiratory System (bowel needs good blood flow and oxygenation for healthy function) • Mental/Emotional (and associated CNS): are usually involved in many organ conditions, e.g anxiety, stress aggravates SNS therefore stimulates SNS -flight and fight response and inhibits PNS, or otherwise effects balance b/w these two systems contributing to irritable bowel). Will also add to general CNS (neural) stress, tensing all tissues and organs of the body which can then effect nn function, bl flow, O2 delivery and drainage, etc) 	<ul style="list-style-type: none"> • Palpate bony these structures, joints and origin and insertion of involved muscles for altered texture/symmetry, fascial bind over, restricted active and passive movement, tight mm on feel and stretch or weak mm on act resist tests • Check nerve (nn) levels to all above structures • Alt text/symm over skull, occiput, temporal area (with increased fascial drag here also), O/A & suboccipital region, restricted sacrum (decreased springing) , T5-L2 and assoc ribs (to spring/pressure) and associated increased paravertebral tone at these group levels, decreased act and passive SIJ, rib or T5-L2 mvt. • Check lymphatic sites (Th inlet ó T 1-4 and ribs, diaphragm ó T7-L3, sternum and R6-12, subocciput region and pelvic floor. Feel for puffiness in tissues, swelling, bloating in abdomen, other tissues, etc • Check surrounding tissues such as ribs and spine, nn levels (T1-6 cover the SNS for these organs so check these with palpation, rib springing and paravertebral mm tone) • Observe for signs of general stress (anxiety, raciness, nervousness, restlessness, depression, etc), obs/feel for general signs of neural tension such as midline tension through whole midline and skull, generalized background mm tension, etc 	<ul style="list-style-type: none"> • Articulation or MET to bones, joints, mm insertion points. Soft tissue to tight mm, strengthening to weak mm (e.g. core), pelvic floor toning exercises, etc ó will all take mechanical stress off GIT, relieve fascial tension, improve tone and function. Stretches to these sites. • Treat these sites • Articulation/Met, position and release (which will also effect neural and facial connections) to PNS, SNS levels, e.g. release pressure on head and neck to address the ANS control centers in brain or release upper thorax to improve blood and O2 supply to these centers). Articulate and spring sacrum in relation to T5-L2 to improve relationship between PNS and SNS). Stretching to these sites • Clear drainage sites mentioned, diaphragm release, articulate ribs, release mm tension attaching to involved sites, breathing exercises, lymphatic drainage massage/techniques, stretching and toning (core) exercises to involved/related structures. • Treat these sites, similar to above, to improve bl flow and O2 supply, rib raising techniques, stretching to these areas etc • General relaxation massage, articulate/release whole spine and subocciput/skull, treat involved anatomy with awareness of links to CNS/Mind/emotional state (will effect feel in tissues if conscious of relationship), advise relaxation, meditation techniques, visualization, a good book, refer to counselor, breathing exercises and yoga.

SUMMARY OF EXAMINATION PROCEDURE

1. History
2. Examination
3. Further tests
 - Orthopaedic
 - Neurological
 - Laboratory
 - Imaging
 - Psychology
 - Other

GENERAL

Goal:
To ID key regions of concern
Primary problems (causes)

OBSERVATION

1. Gait
2. Posture (all directions)

PALPATION

MOTION TESTING

1. Active
2. Passive
3. Active Resistance

**QUALITY
&
QUANTITY**

REGIONAL

Regions of concern
Circle below

HEAD
NECK
C/T

SHOULDER
ELBOW
WRIST
THORACICS
T/L
PELVIS
HIP
KNEE
ANKLE/FOOT
FLUID
ORGAN
ENERGY
EMOTION
MIND
SOUL/SPIRIT
DIET
ENVIRONMENT

OTHER

LOCAL
Repeat on a smaller scale

OBSERVATION
For A R T

PALPATION

1. Bony
2. Soft Tissue
Eg. do layer palpation (skin, fascia, ligament, muscle, bone, fluid, etc.)

MOTION TESTING

1. Active
2. Passive (+ Accessory Movements)
3. Active Resistance

- A**

R

T
- SYMMETRY**
 - RANGE/QUALITY OF MOTION ABNORMALITY**
 - ISSUE TEXTURE CHANGE**

Note: Observe, feel and add any motion &/or special test, as required in each position (ie stand, sit, lie, etc)

To differentiate primary . take pressure off one region and feel the effect on the other (and visa versa)

ID key local tissue causing symptoms

Relate to history

Form working diagnosis
(explanation based on known facts uncovered during examination from the unknown)

Treat and/or refer for further tests