Academy of PHYSICAL MEDICINE

Transcript

37R- What Classical Osteopathy Can Tell Us with Rob Cartwright

Steven Bruce

Good afternoon. Welcome to the Academy of Physical Medicine once again, another of our lunchtime CPD Sessions. Today we're going to be talking a bit about philosophy and history and how different principles cross different disciplines. And I'm joined by Robert Cartwright, who not only was an old clinic tutor of mine, but also was my principal at one stage and I work in his clinic. And, Robert, it's great to have you with us.

robert cartwright

I Steve, how you doing?

Steven Bruce

I'm doing all right. Thanks. I got a your you shut down early in your clinic, didn't you? I think you were saying yesterday.

robert cartwright

I did. Yeah, I shut down a week before the statutory instrument was was applied because I spent a lot of time with my elderly father. So we've been off work for quite a long time now.

Steven Bruce

Yeah, it's I've always had a few emails today from people who were just commenting on you know, what the hell can we do? It's, it's getting more and more difficult with the lack of income quite apart from anything else. I'm wondering how the latest government guidelines if one can call them that effect, opening clinics? And of course they don't they didn't change the guidance for us and certainly

for people like yourself when you've got a vulnerable parent took Yeah, yeah. Yeah, makes it difficult, doesn't it? Anyway, we're gonna talk about classical osteopathy today. And I'm an osteopath you trained originally as a bog standard osteopathic, I can use that expression. What led you into classical osteopathy?

robert cartwright

I don't know if you remember when or whether they were still there when you trained at the College of Osteopathic Steve but we had lecturers who came from the Maidstone School, which was John Williams College. It was John Wooden and T Hall who set up the Institute of classical osteopathy which was originally called something else which I will kind of come back to in a minute. So we shared some of the lectures with them. So we I had a kind of exposure to classical osteopathy as an undergraduate and I enjoyed the intricacy of it and the detail but when you're an undergraduate you kind of just want to get through really don't you and I, I enjoyed it. But I carried on working as I'd been taught because we had a bit of a mix of some of the College of osteopaths graduates as lecturers, quite a few PSO lecturers and the odd person from the Maidstone school. And I don't know if you did the natural empathy diploma. Steve, did you do that? No, I didn't, okay, okay. And so you could do that in tandem with the with the DOA at that time and when I qualified in 1997, I started working also started working at the osteopathic Centre for children. And then in that new academic year, I started training as an acupuncturist, which was the British College of acupuncture doing a three year sort of part time course. So I kind of was pretty busy and I sort of forgot about classical osteopathy for a while because practising osteopathy that I recently graduated in, and the acupuncture and was coming on and doing natural empathy. And I had a busy successful clinic and also worked as a clinic tutor, as you just mentioned for five years after I graduated up until 2002, but after a while, I kind of stopped doing the natural apathy that I've been taught and, and I worked in a very MSK fashion and would use a local medical osteopath for cortisone injections and that sort of thing facet joint injections and epidurals when, when I kind of required that was quite a common thing we sending people over to this guy. And he you know, he worked privately or we would send them back through NHS refer via their, via their GP. So I, because, because of that, I'd had a few glimpses of what osteopathy was supposed to do, rather than just treat musculoskeletal pain. And one of them was a chap who I saw who had angina. And he came in with upper back and neck pain. And when we resolve that his angina went up. And another one, there was a chap who had had a hyperextended his neck and motorcross accident. And he came in complaining of headaches, and it partially lost the sight in his one of his eyes after that as well. And funnily enough, I said, I don't think I can do anything about your eye, but I might be able to help you headaches. And he came back the following week, and is I was better, but it was his I had cleared up, and he could see probably out of his eye, which is fantastic. But his headaches weren't any better. So I had that kind of completely wrong, which was kind of amusing,

Steven Bruce

because it raises the question for me, I spent yesterday teaching a first aid course and of course, angina figures in that and we talk about the mechanisms for angina as opposed to myocardial infarction heart attack. I'm struggling in a very interested way, not in a critical way. I'm struggling to understand how how a narrowed coronary artery can be cleared up through any form of osteopathy. Well,

robert cartwright

it's mainly to do with vasoconstriction. And because your coronary arteries are controlled by the lumen is controlled by your nervous system right now, and that's done on demand to like exercise, for example, and so your heart can work harder. And what had happened to this chaps up at back and he had a whiplash injury. I remember rightly, he was quite a long time ago. And he was in his 70s. And he started getting chest pains after that, and it was diagnosed as having angina and he was given a try nitric spray when and so whenever he had the pain in his chest, he squirted that under his tongue and, and away he went again. And after this, he didn't have to just try nitrate spray anymore.

Steven Bruce

Interesting, because that is a vasodilation. So if you can dilate the the arteries some other way, then you're achieving the necessary effect, aren't you? What do you think if you wouldn't have occurred? That's how funnelled my vision is.

robert cartwright

That's right. I mean, one of the things about classical osteopathy is we do think about the autonomic nervous system a lot more, you know? Did you Did you ever wonder why we had to learn about that as undergraduates. And then when you got into practice, or were working in clinic, it didn't really come come into use much.

Steven Bruce

I must admit, as an undergraduate, I did sometimes wonder whether they were teaching us stuff just so that we could appear to know all the stuff that our medical conventional medical counterparts would know. Any other words to give us a status without it being relevant? Because so much of it as an undergraduate was about the musculoskeletal?

robert cartwright

Yeah. Just

Steven Bruce

ask you about classical osteopathic No, because the minute someone puts the title classical into something you think, okay, that means that they're taking us back to the roots because they believe that the roots are the be all and end all. And I have a slight, I have a slight question mark, in my mind over whether we should accept everything that Andrew Taylor, still the founder of osteopathy, said, because of course he didn't have the access to all the information that we now have. And I'm sure that he would have developed his thinking with the with the benefit of this information. So you're not taking this but you're not taking us back? If I still didn't do it, then it's not right.

robert cartwright

No, absolutely, absolutely not. I mean, that is one of the things I think that people think about classical osteopathy. And after John Martin LISREL, John went to Kirksville. And Andrew Taylor still probably saved his life there, you know, he devoted his life to studying John Martin Little John was an extremely intelligent scholastic guy, and he put a huge amount of physiology into it. And people have often said, you know, other researchers have often said that, you know, he was 50 to 100 years ahead of his time. So he wrote a physiology book as well, which, of course, 100 years ago, every not everything was right. And so, you know, with the benefit of hindsight, we can say actually, yeah, so that wasn't entirely right. But it doesn't always make a difference to how you're working at the cultural clinical coalface. But it what it does make a difference to is your understanding of it. Right. Okay. So we do use you know, I'm a big fan of pain science. I really enjoyed that took your head last week. Oh, we're all excited. Yeah, that's really good. incorporate that into this. And in fact, it wasn't called pain sites back then. But when John Martin Listen, John wrote a book in about 1910. He, he incorporated stuff that they use in pain science, you know, so he was way ahead of his time, like, like, for example, the glymphatic system, which was discovered recently, he said that there was lymphatics in the brain. And that other paper about the the neurology around the heart, which was discovered, not that long ago, he he talks about that, and also the abdominal brain, which was stuff so sometimes you

Steven Bruce

can't have been right, Robert, not unless you've done a randomised control study. That is actually

robert cartwright

exactly yeah, of course, there isn't much of that these days, you know, and, unfortunately, research is always really, really important. I, I'm a big fan of research. I work as an unpaid job as a reviewer for one of the journals, which I enjoy doing.

Steven Bruce

And not just one of the journals, the Journal of bodywork and movement therapy, or the other way around. Cheetos Cheetos journal, closely connected with connected with Matt Walden as well. He's another one of our

robert cartwright

Yeah, yeah. Lovely, lovely chat, Matt. And certainly so you know, as but we do have a dearth of research across all aspects of manual therapy, unfortunately, and, you know, something we do need to work on. But having said that, you know, the medics, I think there was this paper in PLOS medicine a few years ago, there's only something about 15% of their treatments are evidence base to actually support what they're doing. So it's not only us, but you know, we do have to take note of research and try and do research, we are actually trying to take a research project forward at the

moment where we are able to look at people with non MSK cases and and compare them they say relatively basic, low level of, of research evidence, but you know, you have to start somewhere.

Steven Bruce

Yeah, yeah. Is there is there a typical approach in classical osteopathy, which would defer to that of a standard osteopath?

robert cartwright

A lot, a lot of that is actually in the thinking, though. So it's how you're thinking it is a principle based strategy towards the opposite. Rather than being more of a technique based strategy. I came to it really, because after I'd done about 40, or 45,000, treatments working as in this way, I had learned undergraduate college and doing various other technique courses, you know, like the acupuncture and, and that sort of thing did some Lori Hartman weekends and all the minimal leverage staff and that sort of thing. But I've gotten about 40 45,000 treatments. I was I was starting to wonder whether I was actually helping people or not, and a lot of people I did, but there was some groups of people who I was, I was quite bothered about because they would just gradually get worse. And these are the people who would often end up needing, you know, a month for an anti inflammatories or being a natural naturopath. I never liked that. Or facet joint injections or eventually surgery. So I was quite concerned about this people. And I've always been quite reflective about my work. And of course, we we all want the best for the people who who come and see us and what it appeared to me. You know, the Osteopath, the osteopathy that I've been taught, or it might have been the osteopathy that I'd learned rather than I've been taught. It didn't do what Andrew Taylor stills worked it, you know, his work seemed to be much more constitutional rather than MSK orientated. So he'd take people in, and, you know, they stay at Kirksville for a while, which could well have been one of the reasons why they got better. But also, you know, they would recover from all sorts of illnesses, which, you know, we were not treating people for, for those kinds of things today, which is appropriate, a lot of places, places, but the few results, a few nine MSK results that I saw, were, you know, they I didn't do them on purpose. They were, they were accidents, you know, so I that kind of kept my brain working on it. And then I was sort of, by chance on an online forum called osteopathy, for all ran by Jody Jakob, I don't know if you know him, it was such an American guy lives in Portugal. And he this this chap, who was from the classical school, he was able to explain to me why, you know, the, the, while I was having the problems that I was having, and he said, Well, you know, because you're looking at the spine in this particular way, you know, you're what you're actually doing is you're palpating a collapsing structure. So, whereas initially, your patient will get better, but as the further he goes down the line, you know, it's going to get harder and harder to treat him. And that's exactly what I was, I was found as exactly what I found. So I went on and did the classical history of classical osteopathy pathway, and which is they have three, three courses, so you do a foundation course. And then you could do an applied course and then their advanced course. And so after that, I just work as a classical osteopath. And what I've been, what I've found, is that I'm able to help more people more of the time. And because it's a constitutional approach, as well as their MSK staff getting better, sometimes other symptoms of other conditions that they have in have improved as well. And that can be quite common. So So which makes our work even more rewarding, then then it is anyway because, you know, it's, it's, it made me feel more like a proper osteopath

Steven Bruce

some time ago, and I'm gonna go out on a limb here and expose my complete and utter ignorance. But having been my tutor at college, for some time, you'll realise that I'm full of ignorance I once was, I was chatting to a classical osteopath. And they were talking me around their treatment approach and their treatment approach, in this particular instance, was to treat the whole body and then just to concentrate on the areas of the body where they found that there was they perceived that there was a problem. And that may have been through articulation through harmonics through spinal adjustments or whatever else. And I don't know whether that is a particularly classical approach or not like I came away with the impression that it was and I was struck by when I was talking to some Too many chiropractors at their annual conference how that was the approach that they took as well. And I'm always keen to look for the sort of crossovers between osteopathy and chiropractic. And, and there is a little bit of a crossover, isn't there because the founder of chiropractic actually studied with Little John. And still,

robert cartwright

you're probably putting a lot of chiropractors blood pressure up at the moment.

Steven Bruce

No, no. So I'm not saying that. We told them everything. There's no

robert cartwright

conflict about that. And why does it really matter? It doesn't really, you know, I think both both DD Palmer, and it still discovered that there was a somatic component, or sometimes, not all the time, there was a somatic component to people ability to be able to recover. So therefore, helping people get over that somatic component, they sometimes are able to recover from other things. But within classic classical osteopathy, we do use a thing, which is now called BA, or body adjustment. And so we look at the someone's structure, you know, when a standing posture much like you were taught to do at undergraduate level, but there's those those polygons of forces that diagram I sent you, I don't know, if you want to just,

Steven Bruce

well, yeah, we can bring them up. And I know, you don't want to go through them in huge detail, because of course, they're the text is quite complicated, we, we will make your original documents available to the audience, if that's okay, which has an explanation of all these, but if you can just run us through this one is your anterior posterior gravity line.

robert cartwright

So this is what actual gonna have again, so yes, so what we do is we tend to look at someone's structure and look how it would be most ideally related to or balanced with gravity. And then you can draw lines through that. And these are forced lines. So where it goes through the thoracic find that spine there represents compression, and where it goes through the back of the lumbar spine. It also is, is partly a sort of line of tension. And it just joins things together. So you can look at the whole structure in terms of how gravity affects it. So what we do is we look at someone's structure and see the configuration there and then try and guide them back to a better relationship with gravity. And so BA is always a whole body treatment. Having said that, sometimes it isn't because in the if people are sick, and you're doing something like a bedside treatment move, and Wardman is superb on this, and there's, we have quite a few videos of him to bedside treatment, he works in a hospital in Israel doing this kind of thing. It's he's very well worth watching. But if doing a tote, a full treatment, which should last about 2025 minutes is too exhausting for someone who's acutely ill, or with someone who is in severe pain, you know, you've got some with an acute disc, you're not going to lie on your on their back, and then on their front and leave them there, while you go through a whole treatment be wonderful if you could, but you know that you haven't stuck there on the treatment table if you try and do that. So you have to you have to be able to work around that and get someone comfortable enough to then take them through a BA and the PA is really just a tool. Our approach isn't only a biomechanical approach, you know, what is very big these days. And what a people like classical osteopath these tend to be criticised for is, is the fact that people think it is just a biomechanical model. So we look at the structure, and we build the arms and legs around a bit, pull this way a bit and pull that way a little bit. And then you know, they have a bit of bounce of gravity. And that's not really considering the higher centres, their diet and their beliefs. But it again, going back to the historical component of this back in 1910, on the first page of little John's 400, page tome on the principles of osteopathy. He says osteon the principle of osteopathy is adjustment, and that adjustment isn't you know, HVT someone's sacroiliac joint and making it crack. It's, it's making an adjustment. So hopefully their health or wellness improves, you know, so that adjustment could be talking to them about their beliefs or their their diet, you know, so it takes in all the psychosocial problems that, you know, we're aware of today. So even though people think the bio psycho social movement started with angle in 1980, you know, John Martin listen to on in the early osteopath, a lot of them were doing it back in the turn of the 20th century.

Steven Bruce

We've got a few questions in if I may interrupt. John has sent one in asking if you could explain basically the difference between classical and conventional osteopathy. And I'm guessing he's not an osteopath, because he says, Well, what what exactly are they how do they differ? What is it that sets them apart?

robert cartwright

Well, I think more than osteo of the even though undergraduate level, people are taught principles, they're very quickly forgotten in clinic. So what people learn in clinic is more screening for disease, and then treating MSK function, you know, we still screened for disease, but then we treat the whole person as, as an individual. I'm not saying a lot of osteopaths don't do that. But we do it from this principle based position, which is what Andrew Taylor still is what he actually said it was a philosophy and then his graduates put principles behind it to try and simplify it, I think a little bit not that it's ever been simple. So we tend to treat from this principle based approach. So things like the

body is a unit, the body contains the ability to heal itself, given the right environment, the rule of the arteries to cream, which is a very old one, which is just kind of been taken out, really, but that's the rule of the artery is about any area that has poor blood supply will then become diseased. And that's relatively obvious. And so tissue health is dependent on good blood supply, good nerve supply, good venous and lymphatic drainage. So we look at that. And then we, if we see an area, which is that's compromised, you've got some micro vascular and neural compromised, we'll look at the areas which control that and try and see why he that bit is functioning as it is. And then we look at interpret that in relation to the whole structure. We say, for instance, that's a somatic dysfunction somewhere, we try and get behind why that somatic dysfunction is there, rather than say, Oh, he's got a problem with eight with our three, let's HVT it, we look at the whole structure and ask why that somatic dysfunction is there and try and deal with those issues which we do by using the tool BA, which use long lever articulation for and to try and improve arch mechanics and improve the integration of the structure. So that generally works better.

Steven Bruce

We've apparently had lots of requests for you to explain what you were talking about earlier on when you said the recently discovered lymphatics.

robert cartwright

Yeah, the glymphatic glymphatic system of the brain. That was, when was that discovered? Probably about 2017. Something like that.

Steven Bruce

You told me, Robert.

robert cartwright

So any anyway, you know, that was? Every now and then anatomist make these new discoveries? Don't there's something they didn't think was there before. But John Martin literature on wrote that there were lymphatics in, in the brain. And so sometimes when people write these things, and we think, Oh, is that, you know, we know that's not there. And then sometimes 100 years later, people find that they actually are there, you know, so it's, it's important to keep up to date with these things. But it's also important not to throw out some of the old information that we can still use.

Steven Bruce

But that leads us nicely onto a question from Jonathan Hirsi Jonathan was one of our speakers a week or so ago. And I think this is a very person in question. And it's not meant in any way to be critical or malicious. As he points out, he asks what you say to people who feel that our professions chiropractic and osteopathy risked their own existence by focusing on deceased leaders.

robert cartwright

We don't focus on deceased leave leaders, you know, but osteopathy was a principle based for a lot of philosophy, which worked on principles, and we believe that using their principles is still as valid and relevant as it was today, because physiology hasn't changed and anatomy hasn't changed. It's just our understanding of it is better. But we don't only look at liberal John's work, you know, I'm a big fan of Frank Willard. And maybe some people say that he's he's not in play anymore, but at least he's still alive. You know, I can email and ask him a question. So it's we're not only looking at Little John stills work, we're looking we're looking at, we're using some of their work as an example, or as a as a foundation to build from there.

Steven Bruce

I think I can understand where Jonathan's coming from with that, though, because sometimes, I feel it's possible that when people say are well, Andrew Taylor still said this. It begins to sound almost like a religious cult. But he said it must be true, but it was it was true and on the basis of what he understood in his day. Yeah,

robert cartwright

yeah. Yeah, absolutely. I remember having lectures again when I was undergraduate from the masonry be putting that say Mr. wormer says this or Mr. Burnham says that, you know, and bearing in mind, he had been in practice for 70 years. I mean, he might have not done a lot of research, but he had done a hell of a lot of observation. And he had a hell of a lot of anecdotal research behind him. And he had read a lot, you know, so I think I would much rather listen to someone who's been practising for 70 years, then someone who's been practising for two years, you know, in terms of their experience is concerned.

Steven Bruce

Yes. Yeah. And Gemma has sent in an observation that she thinks that the, the textbooks, anatomy, physiology and so on, let's still playing catch up with exactly what you've just said. But of course, that's that's inevitable, isn't it? I mean, the, to discover new things, as we as we

robert cartwright

research generally runs behind what's happening at the clinical coalface? Yeah, you know, because, you know, you're you're working at the clinical coalface and then you start thinking about what you're doing, and then that kind of you develop that through the scientific process, and then that develops research, which comes on behind it. And by the time that research has come through, you might have moved on to something else. Yeah. Bombs

Steven Bruce

actually else, whether you still use manipulation as part of your treatment.

robert cartwright

Yeah, I do, I do. But it's not really the same as you know, it's not like a direct thrust that I used to do, you know, so I used to, I always used to find, I'd have to adjust see five on the left and see one, two on the right. And now I understand that, you know, that's part of a quite a common pattern, rather than doing an HVT. At the areas where most stress and strain is, I'm much more likely to improve the mechanics through that area by treating their thoracic spine, which I would doing the BA and maybe adjusting the relationship between the occiput and the cervical spine. So we tend not to focus on manipulating segments, we tend to look at arch mechanics, in relation to how a particular segment has managed to be doing what it is doing to see if we can take the strain off of it. And then that helps with automatic autonomic balance, which is how still help people recover. Because their autonomic system worked better. And they get a return to normal homeostasis. I don't like the word homeostasis, because it's kind of wherever you are, is your home a homeostasis, but you know, you could be quite ill with your homeostasis. So it's a dynamic thing.

Steven Bruce

Have you spent most time explaining these philosophies and concepts and principles to conventional medical practitioners? GPS or others? Yeah,

robert cartwright

occasionally, when I have the minutes patients, and and they usually get it pretty quickly. To be fair, you know, they, they usually understand it, because it's actually common sense. You know, one of the one of the problems I had at college, and I also had this as as a clinic tutor. So I'd be talking to someone like yourself, Steve, and you'd say, well, I spoke to, I spoke to so and so the other clinic tutor last Wednesday, and he's saying the exact opposite of what you're saying. And people said that to me, when I was a clinic tutor, and I, I thought I was quite confused about it. And, and I understood the other person's point. And if that makes sense, but it was also my point made sense as well. And so we get a lot of confused undergraduate osteopath not really are really struggling with the understanding of what we're actually doing. And a lot of that is because we've taken a lot of the osteopathy out at the clinical level, because we have to, you know, we have to try and teach people to be safe. We have to teach them to be able to screen out things, but also we're trying to teach them how to get people better as well. So stuff gets left aside, you know, the more esoteric, philosophical components of it, which are actually quite important in healthcare, tend to get left by the wayside, I'm afraid. I don't find medics have much, much difficulty with it. And

Steven Bruce

what about the other professions, physiotherapy and chiropractic? I mean, those are the only other professions but they obviously they are the only other professions other with the they are the key professionals and so much to do with them, and how do they respond to what you say in your practice? When I think

robert cartwright

having been on forums a lot for the last 15 years, you know, since since the internet became a thing, some people I mean, I was converted to classical osteopathy, through my exposure to people on forums. And then when I try and explain it to some people, they don't understand it. And I think it's because sometimes people are trying to understand it from a different philosophical perspective in terms of how their brain works, and in terms of how my brain works, so I will tend to come at it from the only way I know how to explain it. And then they might be looking for another explanation. Yeah. Okay, I think that is part of the problem. So I think the biggest issue is probably from within our profession, of lack of the ability to be able to not lack of the ability to be able to answer that that's, that's that's not the right thing you must know why she mean but not under, not understanding it or, or thinking the understanding it and think they understand it, and then think it's wrong. Because you have to think a bit differently, and you have to have more faith in nature than you would from a medical perspective. In other words, you know, your body is doing the best it can to heal itself and mend itself on a continual basis, because that's what every living structure and thing does on this planet, whether it'd be a plant, a bird, or reptile or fish, you know, your body is set up to try and strive for survival. And so, to do that, sometimes we compensate in certain ways and, and classical osteopathy is, or teaching classical osteopathy is a drive to understand that. So it's not the fact that we're going wrong. It's just why are we why are we doing this? What configuration do we have setup, which is making our body work in this particular way, and then seeing if we can change the configuration to help that person.

Steven Bruce

You talked about this earlier on, and you dealt with it fairly briefly. And Caroline has asked if you could just explain what you mean by body adjustment BA?

robert cartwright

Well, the body, everything on the planet is affected by one G, isn't it? So it's what we what we tend to look at is how our structure is affected by gravity. And there'll be certain areas where there's more stress and strain in people spines, like L four, five, lumbo, sacral, joint sacroiliac joint, particularly if people have moved over to one side in relation to their centre of gravity line, so you get more strain there. So what rather than looking for an area that's become rigid, because if you put an area under strain, it will gradually stiffen up, usually to try and adapt to the strain. So rather than using techniques to loosen that off all the time, and this is the problem I had. And this is what I was seeing in practice before I did classical osteopathic because I was like, okay, yeah, he's got this kind of complex change in movement characteristics between his l four, five, and lumbo sacral joint. And what I need to do is restore normal function. So I'll loosen off the lumbar spine a bit and maybe a treaty that I thought was appropriate, and off they go and they'd be more comfortable, but then it would gradually come back because I wasn't dealing with why it was like that with with body adjustment, what we do is we try and improve that centre of gravity. So pushing the body back to from whence it came, because we will back out from the effect of gravity acting down on us. And so we're trying to nudge that back towards a better relationship with gravity, which then reduces stress and strain in various areas and divides that stress and strain up through the whole structure rather than it being localised AT T four or l 450. That strain then produces edoema Which, you know, when we're there's enough edoema There, we start to become aware of it a couple

Steven Bruce

of people have asked about long levers Reinfeldt Kony have asked about it, not only why long levers, but what do they do that you can't do through other mechanisms?

robert cartwright

Well, the reason why we use long Levers is is because one of the key things about classical osteopathy is it isn't about manipulation, it's about integration. So we use long levers like people's arms and legs, so you're using a conjoint mechanism of joints and all the tissues, so not just muscles, bones and ligaments, fascia, but you're also involving all the connective tissues and also the blood vessels and neural tissues as well. So you'll have a moving hand and a kind of fulcrum hand. So you use your lever as one hand and then you apply it through several different joints to try and integrate these structures together.

Steven Bruce

Okay, you know, I very much like one of our chiropractor viewers to tell me if they recognise any of this in in the way that they practice and I know I keep harping on about this, but I love to look for similarities between our professionals rather than differences. And it does sound very much to me like the process I was just I had described to you by mctimoney colleague just interested to know if they know whether they their origins stem from a similar source. Classical osteoporosis probably often refer to the common lesion pattern, how does that fit in with your body adjustment routine?

robert cartwright

Um, well, that's the common lesion pattern is is a pattern that we see most commonly. So most most osteopath will have seen that, you know where the pelvis kind of distorts and the right innominate goes sort of goes sort of anterior and inferior in the left innominate goes posterior. So you get that looking at from the back, you get that boat to the left through the lumbar spine and through the thoracic or lumbar area and play both to the right and and then up through the, through the cervical spine and you normally end up with a bit of compression up under the occipital Atlanta choice. So yes, not everyone has it. But quite often when you see someone with something else, if you if you look at zincs work, for example, when he had several different patterns, some of his more complex patterns, when you treat that with BA then comes back to the common lesion pattern. So it's often compensation overlaid on compensation. A bit like Shrek, you know, an ogre is there, they've got lots of lots of onion skins, or whatever it was lots of layers, lots of layers, you know, so you know, each time you do have bi, you're usually trying to take off a layer of, of compensation.

Steven Bruce

Did you want to say anything about this slightly more complex diagram the the polygons or forces, even if it's a little bit briefly?

Last time, we were bringing up a slide on the full screen for the audience.

robert cartwright

Okay, okay. Well, this is what we tend to think of in terms of the lines of gravity acting through someone's structure. And they, they cross over around the sort of T four area, and then the AP line, which is the one at the very front of the top and the very back at the back at the bottom dissects these other two lines at about that level. And there's that that's one of the areas where there's a lot of stress and strain. Now, a lot of people get really bogged down with this in classical osteopathy, and it's unnecessary, really. But most people who do a static postural evaluation will be using this in some way, shape or form. You know, because when you look at someone with a kyphotic, upper back, you know, you're looking at you think, oh, okay, well, his lung cavity is going to be under more 10 under more pressure, you know, so this what it is, it's a way of putting that information in into physics and explaining how physics affects physiology. Really. Right. Unless it's relevant today, as it was, you know, 1000s of years ago, yeah. And

Steven Bruce

again, I didn't want to waste your pictures. There's you. There's osteopathic pie in the notes you sent to me as well. That's really what you've been talking about all along? Isn't integrating different systems.

robert cartwright

Yeah. So we try to integrate, integrate everything really. And that osteopathic cake is really just looks at how what we do is a little bit different to what people are taught at undergraduate level do where, which tends to be more technique focused. I think it was. Oh, Tim, who's the last year see guy, Tim Seymour? Tim Walker? Yeah, he, he was talking to one of my colleagues a few years ago, and he asked him, Well, what type of osteopathy Are you? And he said, Well, I'm an osteopath. And he said, Well, are you a visceral osteopath? Are you a cranial osteopath? Are you, you know, this out there? So and when my colleagues said to him, Well, why would you ask that? And he said, Well, that's how osteopath like to be divided up these days, it appears to us, you know? And so we don't really think about that so much. We're not technique led, we're more physiology led, we're trying to integrate physiology, so we get a healing reaction. So then people recover not only from their MSK problems, but also from from other problems

Steven Bruce

to incorporate cranial sacral or what other chiropractors would say occipital sacral sacral occipital techniques in your process.

robert cartwright

Well, Jim, one of my colleagues actually did the did a master's degree at the OCC. And so he's Alex Lewis. I hope you're watching this. And it's Alex sorry. And so I tend to send it you know, most

children attend however, I do actually use a, an involuntary mechanism approach. I was having some tuition from a chap called Chris Campbell last year, and he was telling me to slow down and slow down and slow down. And I was doing this and eventually I started feeling this. What I most recently discovered is probably what southern southern called the tide. And so I do use that within it. But that's not really part of classical osteopathy. Classical has to have the does do a lot of work around the suboccipital in the head, as well. But it's more based on, you know, the principles that we've talked about already. You know, when I was feeling the tide, I was trying to think, well, how does this relate to osteopathy? Because it's, it's, it's so different and feel so incredibly different than anything I've ever felt before. But it felt incredibly powerful, as well. So we've got about

Steven Bruce

four minutes left. And of course, now the questions are coming in, in quantity. So we'll get through as many as I can here. Jonno says we were taught long lever works, lacks specificity and have more potential for excess force, therefore are more risky. What do you think? I

robert cartwright

would say yes, if you're not very good at it, that's That's true. So practice, practice, I think, you know, if you've got a long lever, you can be more careful with something.

Steven Bruce

But why would you use a long lever and have to practice harder and be more careful when you could lose it use a shorter lever and be more specific?

robert cartwright

Well, you won't necessarily be more specific. But if you use a shorter lever, you there is a chance that you're putting more force through something, and there is probably the chance that you can injure someone even more would be my interpretation of that. And I went using a long, long lever techniques are incredibly gentle. I have got a link to a move and Wardman video, and if you want to watch some long lever techniques, he is is the guy to watch his. He's a superb clinician,

Steven Bruce

I probably will. If you send it to me, then we'll we'll put it up as as part of the recordings page for today's discussion. Robert, Rebecca is asked whether you think a patient who needs regular maintenance treatment is simply an indication that you've missed the main issue.

robert cartwright

That that is possible. Yes, yeah. And you have to be, you have to you have to think about that, you know, why is this person still coming back? With sometimes it's something in their life that they can't

change, even though you've identified it. And they benefit from coming back every four weeks, six weeks, eight weeks, three months? I don't have it. I know some people have a problem with that. I don't tend to call it maintenance treatment. I'm not sure what I call it really. I mean, I've been working at the same place for 2727 years now. So I have people who've seen me for years and years and years. And they come in because it makes them feel better and keeps them more comfortable. And usually if we leave them all they fall out of that routine. Sometimes they never see them again, but sometimes a few months later. I do because they just different up. Yeah.

Steven Bruce

Sevens asked whether you use visceral work, and actually I can see visceral motion is on your

robert cartwright

back. Yes, we do do visual work. It but it's not the initial. It's not the big tall. BA is the big tool for us really, but we do incorporate a type of cranial work, which is completely different Sutherland's however I do my own little thing as I was just saying. It's, I find that really helps people's parasympathetic and sympathetic nervous systems. But yes, we do do visceral, but it's not like Caroline stones, visceral, you know, it's not at that level, right? Inhibition on like, the sphincter of Oddi or, or something like that, if necessary.

Steven Bruce

I got one final question for you very specific from Gemma. She says how do you treat as?

robert cartwright

Well, we don't treat conditions, that's the whole thing about it. We treat people I think as isn't always caused by the same thing. And there's some people who do very well on certain drugs and which helps relieve as, and that type of group of conditions, but there's other people who really struggle with it, but and who benefit from improving their lifestyle and getting some relief that way, because that can help people.

Steven Bruce

There's always a possibility of going down what we might think of as being a conventional route. And assuming that there's one thing that fixes a given, I'm gonna call it a condition. And actually, we're treating individuals not necessarily the symptoms I present with. Yeah,

robert cartwright

we're treating highly complex people, you know, so, so, that's why one of the it's difficult to do research on this sort of thing visual, every treatment you do is an experiment, you know, so and everyone who sees the experiment, I quite often say this to people, and, and they understand that,

you know, because once you explain that, you know, we're looking at you as an individual and you're kind A relatively unique pattern even though it might be the common pattern, and you know all the stuff that they do, but there are similarities between groups of people. And a lot of people will eat a lot of crap drink too much alcohol smoke, not take enough exercise. You name it sit and sit in terrible positions. And and then wonder why wonder why things aren't as comfortable as they used to be.

Steven Bruce

Yeah, I see you're looking at me when you said, Robert, I said that's our time. Our time is up. And thank you very much for that. That's interesting. Look at classical osteopathy and I hope other people have found it useful as well.