

The osteopathic technique – a meta-concept

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Abstract

Starting from a historical uprooting and obfuscation of (classical) osteopathic guiding thoughts and ideas through various historical events, osteopathy finds itself in an "identity crisis" [1]. This in turn has resulted in a multiplicity and definitional problem of osteopathic techniques as well as an unclear differentiation from other disciplines. By means of a hermeneutic-interpretative analysis of the works of A.T. Still, which function as the only associative fulcrum of the diffuse (stylistic) directions within osteopathy, a metaconcept is extracted from the same. This metaconcept, based on the inherent philosophy and science of osteopathy, symbiotically practised in the osteopathic field of action as a craft, represents a substantial, if certainly only fragmentary, criterion for managing the current "identity crisis" [1] as well as for the desirable genesis of the profession. For the execution of an osteopathic technique, in the explication of this metaconcept, in addition to comprehensive anatomical-physiological knowledge in the frame of reference of a perfection that is always to be proven inductively from this knowledge and trust as the result of the same, above all a present attention to the Triune Man [2], in the processual space of perception and experience between the osteopath stylised to the subject and the patient democratised to maximum empowerment [3], is essential as the foundation of any intervention.

Keywords: Osteopathy; techniques; philosophy; intervention; Andrew Taylor Still

Introduction:

In recent years, osteopathy has achieved an unprecedentedly high status within the health care system of the Federal Republic of Germany [4; 5]. This has been achieved both on the part of the patients thanks to a high level of utilisation and satisfaction [6], and on the part of the statutory health insurance funds by means of a voluntary subsidy for this service [7]. In addition, osteopathy has been academised and successfully established within the German university landscape [8]. However, all these positive aspects should not obscure a confused and fragmented self-understanding of osteopathy with regard to its essence. The Flexner Report of 1910 can certainly be seen as the initiation of this historical uprooting and obfuscation towards a fragmentation of this medical philosophy. Due to the accreditation of osteopathy in the medical system of the then United States of America, this report resulted in a modification or deletion of numerous education contents [9]. This compromise, which was necessary at that time for academisation and professionalisation, should now, however, after more than 100 years, be discussed again or modified and osteopathy should take a clear position with adequate conditions. However, this is not really possible because, based on the Flexner Report, a division has been made within osteopathy into Lesionists, the followers of the traditional teachings of A. T. Still, and the Broadists, those osteopaths who turned to orthodox medicine [10]. The integration of osteopathy into the field of manual medicine in Europe also forced the distancing and detachment from the guiding ideas of its discoverer. Currently, this "osteopathic chaos" [1] due to the obscuring of historical contents and ideas is revealed by the following facts, among others: First of all, the discrepancy between current osteopathic literature and the classical works of Still, Littlejohn or Burns seems obvious with regard to content. With a few exceptions [11; 12; 13; 14], the current literature is primarily technique-oriented, whereas the authors mentioned above



published in a more philosophical or research-oriented way. A.T. Still published at all only as a critical reaction to a previously published book on osteopathic techniques and principles [15]. This discrepancy also illustrates the difference between the current way of teaching and A.T. Still's teaching method in the early years in Kirksville. Today, in contrast to A.T. Still's walks in nature and the dissection units, techniques and "dry" anatomy are often on the teaching agenda in Europe. This, in turn, is of very limited benefit to A.T. Still's goal of "making the osteopath a philosopher and placing him on the rock of rational reasoning" [2]. Philosophy, as the foundation and main focus of A.T. Still's osteopathy, still exists for the most part as a marginal phenomenon in current osteopathic training, which is certainly also due to the fact that the works of A.T. Still were not accessible for a long time. Another fact is the primary location of osteopathy in the system of conventional medicine. In Germany there were also attempts to integrate osteopathy as a component in the training catalogue of physiotherapy. Due to the original idea of A.T. Still to revolutionise or renew the conventional medicine of that time [2], the two aspects mentioned are to be considered incorrect. In addition, osteopathy and chiropractic or manual medicine have been mixed for decades, which is not only reflected in the literature [16; 17; 18] but also in various training courses. Finally, reference should be made to the multiplicity of osteopathic (style) directions and the resulting problems of conformity, as perceived by the author from decades of practical and teaching experience. In addition to numerous other aspects, all this prevents a clear positioning of osteopathy within the German health system and thus in turn a desirable professional genesis.

Question

Based on the field of tension opened up in the introduction and the problem definition, numerous questions arise. In the context of this paper, the focus is primarily on osteopathic techniques. The techniques thus serve as a vehicle for the overarching structuring and differentiation of osteopathy. For this purpose, a catalogue of criteria is required, which enables a systematisation of techniques in order to clearly locate them in osteopathy or other disciplines. The resulting research question is therefore as follows: What criteria should a meta-concept of osteopathic technique contain according to the works of A.T. Still?

Methods

The procedure of a hermeneutic-interpretative analysis was considered from many different points of view. The most opportune aspect is based on the fact that the only direct legacy of A.T. Still is his four books and several publications, which also serve as the literary basis for this contribution. As a comment on A.T. Still's texts, it should be mentioned that although excessive interpretation between the lines is often propagated [19], in this contribution, however, reference is made to statements by A.T. Still that he uses simple understandable language. "I merely ask the reader to read what I have written." [2]. First to hermeneutics, which comes from the Greek compound *hermeneutike* (ἑρμηνευτική) from the words *art* ἑρμηνεύειν and *technique* τέχνη [20] and is defined as "theory or art of interpretation, or interpretation" [21]. In this, hermeneutics has

been pluralistic from the beginning [22]. This parallels the current situation of osteopathy [1]. And in the context of this paper, hermeneutics, although scientifically debatable, is to be understood from the Greek messenger of the gods, Hermes [23]. For A.T. Still can also be interpreted as a messenger of the messages of the "great architect" [2] for the people, since he "stylised himself as the Moses of osteopathy" [24]. Moreover, the hermeneutic circle in all its interpretations [22; 25; 26] shows a great intersection with osteopathic intervention. The term interpretation, as a Latin compound of *inter-* for between and *pres* for uncertain, is commonly translated as interpretation [27]. And just as an uncertain entry and exit is inherent in every treatment and the entire diagnostic process alone, whether manual or apparatus-based, is pure interpretation, since the evaluation parameters were always defined by the human being beforehand and are thus per se limiting, the result of an interpretation is also uncertain and is subject to the interpretive sovereignty of the subject. Or in Becker's words, "As always, the problem remains of expressing what is in words and finding methods to make it part of our experience. It is just something that one learns only from within oneself." [28] Analysis (Greek ἀνάλυσις for resolution) is used because, as in osteopathic practice, the resolution of the lesion and thus the integration into the existing whole, referred to by A.T. Still as the "Triune Man" [2], which, like in the case of hermeneutic textual interpretation, is characterised by the resolution of the problem previously posed. And since this treatise is, in the sense of A.T. Still, a "practical philosophy" [2], there should also be a solution answer to the question posed. All in all, the reader should allow the following chapters to have an effect on him or her from the above-mentioned points of view, since the methodology used here is deeply subjective, as is immanent in every space of experience and perception. Or in the words of Becker: "When one learns the science of osteopathy, one is not given specific instructions. It is a way of experiencing, a way of developing." [28] And it is precisely this method that conditions a subjective experiencing and developing and allows the user to follow the words of A.T. Still: "Know thyself and live at peace with God!" [1] And what is every osteopathic intervention if not a hermeneutic- interpretative analysis?

Terms

The term metaconcept is to be interpreted as follows. The Greek prefix *μετά* is to be translated in this context with the adjective underlying. The term concept (Latin *conceptum* for that which is summarised) is to be understood as that which is essential. The metaconcept is therefore to be defined in the context of this paper, as the underlying essence. A singular approach to meaning is chosen for the term pair osteopathic technique. First of all, the term osteopathy. Osteopathy cannot really be clearly defined, not only because of its different origins [29], but also because of its multiple manifestations [1]. Most of the history of the term refers to the Greek words *osteon* for bone and *pathie* for suffering, as A.T. Still wrote: "I concluded that the bone, *osteon*, was the starting point from which to explore the cause of pathological conditions, and so I combined "osteo" with "-pathie" and got osteopathy." [2] Due to the historical obfuscation and rootlessness of osteopathy, the definitions currently in use, such as those of the WHO [30], among others, will not be considered for dealing with the question addressed in this article. Rather, A.T. Still will have his say with his simple language: "Osteopathy is discovered in



nature. Osteopathy is based on nature. Osteopathy is nature." [2] and concluding from this, osteopaths are "masters of the laws of nature." [2]. In A.T. Still's texts, nature is a synonym for God and over 50 other terms [1], which are subsumed into the term perfection. Perfection in A.T. Still is at the same time an expression of love (God) and love in turn an expression of perfection (God), so that these two terms can also be synonymised, for "Osteopathy is the law of God."

[2] Another definition of osteopathy that is useful for this paper, because of the triangulation included, comes from Wright: *"Osteopathy is at once philosophy, science and art all in one. Its philosophy includes the concept of the unity of structure and function of the organism in both healthy and diseased states. As a science, it encompasses branches of biology, chemistry and physics in the service of health and the prevention, cure and alleviation of disease. Its art consists in the application of this philosophy and science in practice and in all its subfields."* [31] In this context, the art, i.e. the intervention of osteopathic techniques on the patient, forms the field of action [1] which is generated from the philosophy and science practised on human beings. Technique as the second word of the pair of terms is derived from the Greek word τέχνη for art, handicraft, artistry [32] and clarifies the ductus of osteopathy as artistry [14]. The osteopath in the quintessence of this interpretation is in the mentioned field of action ergo a master of perfection or love (of God). And thus, in the field of action of his discipline, the practising osteopath possesses, "after a conscientious examination" [2] by means of a "closing mind" [2], both an understanding of the materialised perfection (God) in his patient, and a skill for adjusting the body structures with the aim of autoregulating salutogenesis. It should be noted here that a differentiation of techniques into diagnostics and therapy only makes sense from a didactic point of view due to the processual character of an osteopathic intervention; for the practical implementation on the patient, however, it is to be regarded as obsolete. Ergo, the term technique in this article includes both aspects of treatment.

In Nigeria, the number of new cancer cases is estimated to 105,482 with 71,521 deaths in 2015. By 2025, incidence is expected to grow to 141,878 with 96,275 deaths. Rates of cancers will continue to rise to 192,707 new cancer cases by 2035 with 131,211 deaths if preventive measures are not widely applied [3,5]. According to the World Health Organization (WHO) ; Entitled : National Cancer Control Programs : Policies and Managerial Guidelines, millions of lives could be saved each year if countries made use of existing knowledge and the best cost-effective methods to prevent and treat cancer [11].

"An urgent need in cancer control today is to develop effective and affordable approaches to the early detection, diagnosis, and treatment of breast cancer among women living in less developed countries," explains Dr Christopher Wild, Director of IARC. "It is critical to bring morbidity and mortality in line with progress made in recent years in more developed parts of the world." [6].

With the data highlighting a large variability of GNI/capita even within similar income levels in the various world regions, it is expected that additional investment in resources and costs may be more dependent on income level of the country than on the GNI group or the geographic region of the world [12]. Therefore, the

aim of this study is to estimate a provisional budget against cancer in Low and Middle-Income Countries from Oceania, according to the GNI-PPP, the cancer incidence and the number of populations.

Osteopathic Technique - Quo vadis?

The following question may serve as a starting point: Is there a difference between direct manipulation of C3 in dysfunction rotation on the right from a manual medical perspective and from an osteopathic perspective? If the answer is No, then there is no need for further terminology and substantive concretisation of osteopathy, and it ekes out an existence as a historical appendix in manual medicine. If, however, the answer is Yes, then this answer must be clearly and argumentatively underlined and substantiated. In order to be able to conduct a well-founded argumentation and to gain the essence, the following supplementary question suggests itself: What is the connection between an osteopathic muscle energy technique of the biceps brachii muscle, a High Velocity Low Amplitude technique of L4, a General Osteopathic Treatment technique of the foot, a disengagement technique of the sagittal sutura or an inhibition technique of the ductus choledochus? A common feature of the techniques mentioned is that they are all taught and practised under the guise of an osteopathic technique. However, just because this is routinely done does not mean that it is acceptable from a scientific perspective. Some of the techniques listed are also used in physiotherapy [33], chiropractic [34; 35] or Traditional Chinese Medicine [36]. It would then have to be clarified on the basis of which concrete criteria a manual technique can then be specifically assigned to osteopathy. Under the provisional assumption that something like osteopathic techniques exist at all, the objective-quantitative parameters such as starting position, angle of adjustment, direction of treatment etc. would be out of place as differentiation criteria because of the homogeneity with other disciplines. Even qualitative parameters such as observing the current reaction situation of the patient or an individual dysfunction- conform stacking, for example, are also observed in a well-executed manual medical technique. Therefore, this aspect cannot be identified as a differentiation criterion. Also a systematisation of osteopathic techniques, as it has been carried out more or less sensibly in various literature [37; 38; 39], seems to be more disturbing than conducive to overcoming the problem of differentiation. First of all, it should be questioned whether it is possible to systematise osteopathic techniques at all. This is because systematisation first requires a definitional dictate in terms of content, which would be rational and doctable at the detailed level, e.g. in parietal, craniosacral, fascial or visceral techniques or articular and intraosseous techniques, but which seems inappropriate at a meta-level in everyday practice, in accordance with the principle of the body as a unit or even the patient as a whole. It is true that attempts can be made to achieve wholeness with the help of various techniques within a treatment. However, it has been known since Aristotle that the whole is more than the sum of its parts [40], and therefore systematisation as a starting point does not serve any purpose. Due to the aforementioned destructuring within osteopathy, an identical point of reference can and must be found and consulted for all (style) directions. And the only reference point is the origin of osteopathy and thus none other than its discoverer A.T. Still. He forms, so to speak, the fulcrum on which the entire broad osteopathic landscape should orient itself. Due to the historical



constellation, only the last remains of A.T. Still in the form of his four books and some publications or contemporary witness reports are currently available as reference points for dealing with the question raised.

Starting point of techniques

If a technique is analysed, a framework within which the solution or response process takes place should be set in advance in order to locate and structure it. The framework in this paper consists of the starting point and the goal of an osteopathic technique. The starting point, as already explained, can only consist of the basic thoughts and ideas, ergo the philosophy of A.T. Still. For, as can already be assumed from the titles of two of his works and the quotation "In my treatment I am guided by this philosophy" [2], the philosophy is both the foundation of all further working steps and the starting point of all interventions on the patient. For a comprehensive review of the philosophy, please refer to the relevant literature [41; 1]; for the sake of understanding, a brief summary will suffice here. Basically, A.T. Still's philosophy corresponds less to a scientific philosophy, but can rather be seen as a way of life which questions every aspect of life [1]. Thus, among other things, a philosophy of butter, obstetrics, cholera etc. is mentioned [2]. This investigation by means of an effect-cause conclusion [2], follows under the assumption of a perfection created by God or nature [2], which revealed itself to A.T. Still on 22 June 1874 at 10 o'clock by "an arrow striking him in the dome of the mind" [2]. And thus for A.T. Still it was certain: "The first thought of a successful osteopath is perfection." [2] The primary cognitive prerequisites for reasoning "from symptoms to cause" [2] are the use of the mind and trust in nature [42]. These two preconditions make possible the "ability to engage in all aspects of life in a non-judgemental way and the openness and adaptability associated with this". [1] However, this perfection can never be fully grasped by man, as A.T. Still sums up after decades of practical osteopathy: "Osteopathy is still in its infancy, it is a great unknown sea just discovered, and we are only acquainted with its shore." [2] or "Osteopathy is a science. Not what we know of it, but the field we study is deep as eternity." [2] Which is why an osteopath, again, can only access this perfection by reasoning from effect to cause. However, he must always "prove this hypothesis of perfection by his actions" [2]. Thus, A.T. Still was probably the first and, in his time, the only one to propagate evidence-based medicine in the classical sense [43]. Subsuming the prerequisite of an osteopathic technique is primarily the trust in perfection and thus in the "God of truth" [2], a constant questioning and proving of this assumption by means of the "power of the mind" [2], in the consciousness of being an eternal viator on the way to perfection. However, the osteopath needs courage to do this [2]. Courage to enter into the unknown, because the "strictly conceptual thinking born of fear, the adherence to certain techniques or convictions and the resulting craft implementation can therefore logically not be the most successful therapeutic approach." [1] Secondly, prerequisites such as anatomical-physiological knowledge, which will be specified in the following subchapter, or the physical constitution of the osteopath come into play.

Aim of techniques

The goals of an osteopathic technique as a further framework element of the subject matter are divided into different levels from a didactic-methodological perspective. Democratization for maximum empowerment of the patient [3] can be assumed as the overriding objective. This results from the premises already mentioned as a starting point, perfection and trust. Democracy

is probably best described by Lincoln's words: "government of the people, by the people, for the people" [44]. Perfection in synthesis with the democratic thought of A.T. Still [2] can be well seen in his famous statement, "I love my fellow men because I see in them God's face and form." [2]. This means, analogously to Lincoln, that A.T. Still comprehensively concedes to the patient, as "Triune Man" [2], the inherent dominion over and aspiration to original perfection. Here A.T. Still understands perfection, harmony and order as synonyms for health [2]. From the aforementioned perspective, the osteopath cannot and must not doubt or even usurp this dominion. And so it is his sole responsibility to support the patient's organism in its efforts to integrate both internal and external influences into a harmonious whole. Thus, if integration, here defined as relating, is understood as the function of striving for perfection, the osteopath is the integrator and not the dictatorial ruler in the treatment process; which certainly also represents a difference between the terms adaptation and correction. In the course of this, it would be necessary to ask: What exactly is to be adapted to what? A.T. Still mentions the "bony frame" [2] and in another place all structures of the human body [2] that should be adapted. Therefore, it is not only the bones but every structure of the body that needs to be adapted in order to allow the fluids (blood, lymph, cerebrospinal fluid) to flow freely [2], so that the "rivers of life can flow and irrigate the parched fields" [2], which then expresses itself in a harmonious order or health [2]. This is based on A.T. Still's assumption that there are only two causes of disease, too much or too little fluid [2], which can be caused by unnatural lifestyles or trauma [2]. The aim is thus to readjust the fluid-impeding structures (lesions) to "normality" [2], i.e. to the overall ensemble of the Triune Man with its interacting compartments mind, body and spiritual being [45]. Through this, the osteopath only creates a possibility for possibilities and does not assert an external dictum of domination. However, in order to create this possibility by means of an adaptation, comprehensive anatomical-physiological knowledge is required. This knowledge, in turn, functions as both a starting point and a goal. Thus, the first and last lessons, as well as all others in between, should be about anatomy [2]. "I tell my students freely, keep the picture of the normal body in your mind all the time you are treating the sick person" because "understand the parts and their places and they will show you their functions." [2]. Whereby "no real difference between structure and function; they are two sides of the same coin. If structure does not tell us something about function, it means we have not looked at it correctly." [46]. Thus, starting from the anatomical structure found, the underlying function (physiology and also pathophysiology) can be concluded, because "function is structure in action; structure is function after action" [47] or formulated differently: structure is only a "memorised 'map' of integrated function" [48]. However, these processes can only be understood in their entirety (see subchapter 5.1). And here we need again to look to the origin, when wholeness was not yet present in the complexity of a full-grown human being, or as A.T. Still wrote: "The greatest study of man is man." [2] That origin can be grasped



with the help of embryology and the inherent formative forces [49; 50; 51], for these provide a tangible logic for the wholeness of the human being based on the determinant and initiating processes of organogenesis within a few-week-old embryo and thus, based on these "functional pathways" [52], an understanding of the physiology and anatomy of the adult patient. This gives the often overused concept of wholeness a rubricative dimension of meaning and explicit applicability in the osteopathic field of action. Thus, during the execution of the technique, the osteopath must always have the presence of the wholeness and originality of the patient, which can extend to the horizon [53], anchored in the "mental image", i.e. the "core that connects symptoms, their interpretation and their reference" [54]. This processual field of relationship between patient and osteopath [54] is subject to the interpretative dictates of the osteopath, whereby a subjective dimension enters into the treatment and the statement that the person himself is osteopathy [1] is rationalised. A.T. Still clarifies this subjectivity by encouraging the osteopath "on the basis of his own judgment, to develop his own method of adjusting the bones" [2]. As already mentioned, this perfection can never be grasped in its entirety by the mind - which is not necessary, at best, for a science primarily oriented towards error-probability-based objectivity - but can only be approached in a progressively adapting individual space of perception and cognition, for "when we consider health in a body, we mean perfection and harmony not in a single part of the body, but in the body as a whole" [2]. And thus the osteopath becomes an eternal viator on the way to perfection, or as A.T. Still put it: "A world of questions pours out of us. I can give answers from morning till night, and if I have answered all I can say about osteopathy, it is only the beginning." [2]

For the question posed at the beginning regarding the direct manipulation of C3, the following answer would be possible within the short framework of this article, subsuming the aspects mentioned. From the outside, a manual medical execution appears to be identical to that of osteopathy, but in detail the osteopathic technique is something fundamentally different. For the implementation of the osteopathic technique takes place in the cumulative and fusion point of all the criteria mentioned. This means that the philosophy of osteopathy, which is sometimes ridiculed as a marginal phenomenon, contains not only the foundation but also the goal of any osteopathic intervention. It is therefore the generating, defining, vitalising, conserving and ultimately meaning-giving ocean for the manifold osteopathic techniques. In short, a technique that is not embedded in the philosophy of osteopathy can never be an osteopathic technique. This is also evident from the fact that A.T. Still not only prioritised his philosophy in his books, but also always gave it precedence in teaching and other discussions [55], because osteopathy "denotes the thinking and acting in the therapeutic context resulting from an originally philosophical attitude." [1] Finally, it should be noted that this differentiation between osteopathic techniques and manual techniques of other disciplines does not imply any evaluation in the sense of effectiveness, but was solely intended to provide a catalogue of classification or criteria. Based on this catalogue, only in a further step can a differentiated examination of the effectiveness of physiotherapeutic or manual medical and osteopathic techniques actually take place.

Conclusions and perspectives

Based on a historical uprooting and obfuscation of (classical) osteopathic guiding thoughts and ideas through various historical events, osteopathy finds itself in an "identity crisis" [1]. This in turn results in a multiplicity and definition problem of osteopathic techniques as well as an ambiguous differentiation from other disciplines. By means of a hermeneutic-interpretative analysis of the works of A.T. Still, which function as the only associative fulcrum of the diffuse (stylistic) directions within osteopathy, a meta-concept is therefore extracted from the same. This meta-concept, based on the inherent philosophy and science of osteopathy, symbiotically practised in the osteopathic field of action as a craft, represents a substantial, if certainly only fragmentary, criterion for coping with the current "osteopathic chaos" [1] as well as for the desirable genesis of the profession. For the execution of an osteopathic technique, in the explication of this meta-concept, in addition to comprehensive anatomical-physiological knowledge in the frame of reference of a perfection that is always to be proven inductively from this knowledge and trust as the result of the same, above all a present attention to the Triune Man, with its interacting compartments, in the processual space of perception and experience between the osteopath stylised to the subject and the patient democratised to maximum empowerment [3], is essential as the foundation of any intervention. The next logical step is to finalise this meta-concept on a detailed level and to process and structure it didactically and methodically so that it can be integrated into the current teaching content or existing training modules can be modified. It would be desirable for teachers and trainee osteopaths to pay attention to and integrate A.T. Still's texts into their training and this would certainly represent a secure historical foundation as a strong root for the possibility of the most diverse forms of expression for the entire osteopathic community.

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