

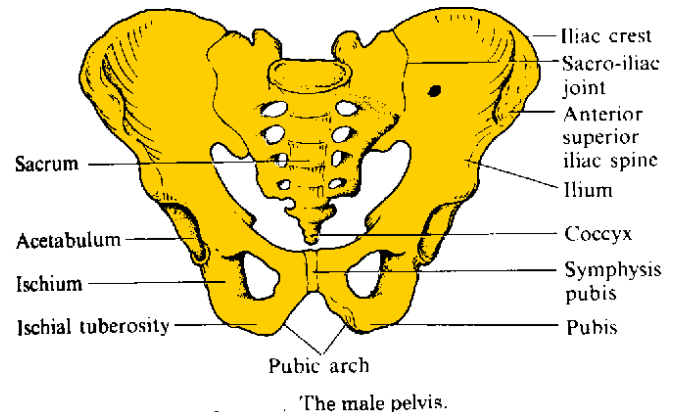
ON HER DEPARTURE FROM THE GOSC, THE DOC WOULD LIKE TO OFFER MISS MADELEINE CRAGGS A WARM FAREWELL AND MORE SUCCESS FOR HER FUTURE CAREER. WE SHALL ALL MISS HER STRONG GUIDING HAND AT THE HELM OF THE OSTEOPATHIC PROFESSION BUT ONLY HISTORY WILL JUDGE WHETHER THE COURSE SHE HELPED STEER WITH HER INTERPRETATION OF THE OSTEOPATHS ACT LANDED THE OSTEOPATHIC PROFESSION ON THE SHORES OF A NEW WORLD OR WAS LEFT FLOUNDERING IN STORMY, STORMY SEAS. MEMBERS OF THE DOC MAY HOLD FAST TO THE IMMORTAL WORDS OF MAHATMA GHANDI:

**FIRST THEY IGNORE YOU,
THEN THEY LAUGH AT YOU,
THEN THEY FIGHT YOU,
THEN YOU WIN.**

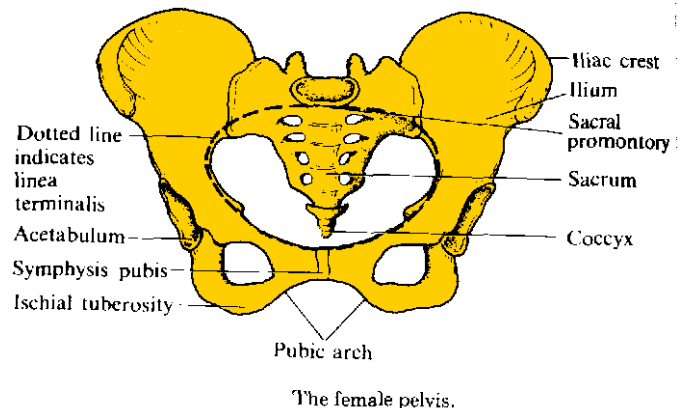
Barnes' Method of Myofascial Release

John Barnes, a Physical Therapist working in the USA, developed his system of whole-body therapy for the treatment of pain and dysfunction over a forty year period. He noted, early in his career, that standard treatment protocols were not bringing about the desired outcomes for both patient and practitioner and that patients were re-presenting with similar symptoms on a regular basis. So he began his deeper search into bodily injury. Fascia was the subject of his study. Fascia is an integrated, totally-connected, uninterrupted sheet of fibrous tissue so any injury to the body must involve it.

Strain patterns in the structure of fascia - ground substance, elastin and collagen - evolve out of injury. Fascia is colloidal in nature, making it visco-elastic. It will conform to its shape from the normal pressures on it but is not compressible. Its fluidity gives an elasticity allowing it to withstand deformation when abnormal pressure is applied but this pressure needs to be released. The load must be unloaded, otherwise deformity will set in. To achieve this through applied therapy is the aim of this method.



Fascial deformity through unrepaired injury becomes a real problem when left too long. It tends to creep. A slow, somewhat delayed, but nonetheless continuous deformation occurs in response to a sustained load slowly applied to it. Creep is noted when an office worker with a previous history of bodily injury turns quickly to pick up a cup of tea and then collapses with a back spasm. The patient will swear blind that nothing of note was done to warrant this spasm. Picking up the tea cup, though, was the mere catalyst. The problem is an old, unresolved injury, kicking in via fascial creep.



The body is examined in the usual manner, looking for points of strain and deformity. Pelvic tilting, leg length differences, shoulder tilting, neck restriction, etc are all noted. But the treatment of an Osteopathic Lesion could be delayed as a possible final measure because we might wish first to go directly to the fascia involved in this recurring pattern of problems.

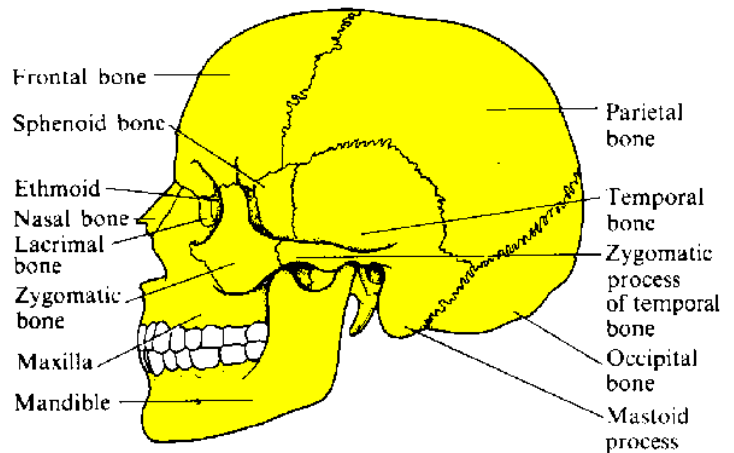
Addressing the fascia we can follow a routine of, say, normalising pelvic tilt first. Wedges and blocks are only used for pelvic work and for balancing the pelvis with the sphenoid. The patient lies in a prone position with wedges placed at strategic points – one wedge under the lower iliac crest and, on the opposite side, one under the greater trochanter. A cross-hand position – one hand on the lower gluteals and one on the posterior crest of the upper pelvic area - is adopted. Wait for around 90 seconds using firm pressure to allow piezoelectric polarization to start with thixotropic changes in fluidity. Palpate for a definite softening and bounce in the superficial tissues. Feel for give in the tissues by applying stretch in opposite directions but this must not be forced. The tissues will always give feedback under the practitioner’s hand and some stretching will be more marked than others.



This cross-hand technique is aimed primarily at stretching the collagen fibres of the fascia but can be applied to any area of the body where tension patterns are observed and felt. Deformed collagen fibres are thought to be the ground base of a whole variety of body illness and long term deformities. Returning these to as near a natural state as possible will bring great benefits to body and mind. The heat of the hand combined with stretching has a liquidising effect on the fascia allowing the re-shaping to take place and fluids to flow uninterrupted through their medium. This can then trigger a major unwinding of body fascia in areas not yet treated due to fascial ‘anatomy trains’ connecting the release to that area.

Many other techniques fall within the MFR range. Some are drawn from MET, some from CST, some from trigger-point therapy. The beauty of the approach is that it does not rule out anything you care to use to help patients. The emphasis is on removing deformities of the fascia, in particular collagen. If you feel the need to HVT a joint, it is better done after the MFR techniques

Patients often feel much worse after treatment than before it. They need to be reassured that their discomfort is a normal part of the healing crisis from the release of bracing and holding patterns of bodily tissue which brings previously supported tissue back into unsupported activity. This ‘therapeutic chaos’ can last for weeks as tissue adjusts and the emotional aspect of tissue memory locked into the collagen is exposed to conscious awareness.



The bones of the head.

The Barnes method is a useful addition to any orthopath’s or osteopath’s repertoire. Check out the website on www.myofascialrelease.co.uk or ring 0845 602 6274. Ruth Duncan teaches the course in the UK in a pleasant manner. The course is on three levels, each level requiring a weekend to complete. There is a competency test in MFR at the final weekend after which the name and logo can be used and your name can go on to the UK website as an approved practitioner.

Alan Borthwick

Ageing Brains: How to Help Older People More Effectively

Never have I enjoyed youth so thoroughly as I have in my old age. I have drunk the pleasures of life more pure, more joyful, than ever it was when mingled with all the hidden anxieties and little annoyances of actual living. Nothing is inherently and invincibly young, except spirit. And spirit can enter a human being, perhaps better, in the quiet of old age and dwell there more undisturbed than in the turmoil of adventure - George Santayana

Stereotypes have a central role in social life. We are highly dependent on stereotypes to communicate and, in a complex world, they help us order potentially confusing experiences and impose some descriptive unity on them. The problem with stereotypes of ageing is that they don't do full justice to an individual who is labelled as old. Terms like senile, wrinkly, blue rinse brigade, grave dodger are openly derogatory and hostile, but are terms like geriatric actually worse? Geriatric refers to a branch of medical science concerned with older people and their illnesses. We don't call a woman who has had a hysterectomy an obstetric or a sick child a paediatric.

Stereotypes of older people are invariably negative and only occasionally positive - but can flip into a negative one if the illusion of perfection is shattered by illness. The image of senility, frequently encountered in everyday life, is a frightening vision of dribbling, drooling, incontinence, a lack of physical co-ordination and an inability to communicate coherently. The positive stereotypes create an idealised elder, who proves that, 'age is all in the mind', by the triumph of will and positive imagination over physiology. The outrageous stereotype also surfaces from time to time, stressing rebellion and non-conformity. Examples of this are a supergran who does a parachute jump at 80 or a University Degree at 85. Stereotypes are damaging to older people and build barriers between young and old. The roots of ageism in Western society are deep, and are based on a fear of death and dying (and the association of these with old age). The emphasis in Western culture is on youth, beauty and productivity.

Challenging Ageism

Attack it at its core through education and ensure that the Media reports the activities of older people fairly and effectively. Older people need to demonstrate productivity and enthusiasm. They need to fight blatant examples of ageism like insurance restrictions, compulsory redundancy and age discrimination in the workplace. Collective power comes through the ballot box.

Role Models

Michelangelo worked on St Peter's Basilica until he was 89. Monet started painting his famous large Water Lilies series at 76. Frank Lloyd Wright designed the Guggenheim in New York at 90. Pierre Monteux was invited to become Principle Conductor of the London Symphony Orchestra at 86, but only accepted when he was given a 25 year contract! Mary Wesley had her first novel published at 70. Nelson Mandela began his political career in South Africa in his 70s. Churchill became Prime Minister at 68, again at 78 and remained an MP until he was 90

Cognitive Changes in Later Life

Among the 65 to 75 year old age group, cognitive changes are still fairly small but older adults need more time to learn. They take longer to register a new piece of information, to encode it and retrieve it. A large part of age decline in memory can be accounted for by loss of speed and difficulty in focusing.

Dominic O'Brien, the World Memory Champion frequently uses mnemonics. He associates things he wants to remember with a familiar journey through a house or a landscape. For example, if he is teaching a stand-up comedian to remember a sequence of jokes, he might take him through a large building that the comedian is familiar with and associate the sequence of jokes he has to remember with different parts of that building, going from the top to the bottom.

Staying Sharp

Giving your brain new experiences, challenges and learning can help build better connected webs of brain cells. In one Chicago study of nuns and priests over 65, those who were more active doing crosswords, reading and visiting museums had a 50% reduced risk of Alzheimer's over a 5 year period, compared with their peers who were less mentally active.

Learning new skills, languages, a new belief system or community activities all boost brain power. The worst and most inaccurate cliché in life is "you can't teach an old dog new tricks." The secret of remembering faces, facts, figures, files or formulae is to link these new images to all the senses - sight, sound, touch, movement and taste.

How Society Needs to Change towards Older People

The cult of youth automatically creates an implicit ageism in any society. There is nothing wrong with such a culture, but it should not be permitted to lead to age discrimination. We all need to fight

Ageism allows those of us who are younger to see older people as different. We subtly cease to identify with them as human beings, which enables us to feel more comfortable about our neglect and dislike of them.....Ageism is a thinly described attempt to avoid the personal reality of human ageing and death - Butler 1975

The above article is partly based on a seminar given by Dr Declan Lyons in Bristol a few months ago. The seminar was sponsored by MindFields College www.mindfields.org.uk

Robert Graham

As it is part of our name, we do try hard to be democratic. Thousands of practitioners round the world want to know how you work, what you have learned on your own or on a course, what you like or don't like about your profession. Anything you want to say, long or short, please email to fwaters@uwclub.net Every article submitted will be printed, including any criticism of DOC. We will not print addresses but feel free to use a nickname if you don't want your name in print.

DOC received the following unsolicited hand-written letter from a female non-DOC member who qualified in osteopathy in 1988.

...Would you be willing to comment on an issue?

Since I was refused registration (and lost my livelihood) by the GOSc, I found little emotional support in belonging to the BOA - British Osteopathic Association. In practice it amounted to receiving regular journals - so at least I knew what was going on.

Some time ago I was contacted by the BOA and informed I could not call myself a member of their association as this was unlawful. If anyone asks, say you are a "friend" of the BOA. I accepted that.

gerontophobic attitudes. Many of them are our fault. We were once in charge and we let it happen. Creating a new brand by using our intelligence is hugely important for all our futures. This has to be advanced by promoting grey power everywhere. Technology needs to be targeted more and more at the needs of older people, as many physical limitations could be easily overcome. Older people need to avoid casting themselves as victims and seeing every experience through the prism of old age.



Last year I was contacted and informed that my “friendship” has to end as well. They cannot be associated with members who are not registered with the GOSc.

Now I am feeling even more let down. But having looked at the names of members of the BOA and their registration status, I could not tell if they are registered. Who takes the active role in setting these standards and where are the debates? How can one find out (perhaps you could) who is running that show.

I can't even utter the word osteopathy for fear of prosecution...

I am confused and too frightened to rock the boat.

Many thanks - if you are willing to answer this.

In reply, we can only reprint part of a letter, dated 30 October 1999, sent out by Dr Tony Mathews to BOA members about what happened at the BOA Conference in York earlier that month.

...Miss Elizabeth Ellis of the BOA Council put the motion forward to create a two-tier system. In other words, you can have a vote if you are GOSc registered and the rest are reduced to being second-rate. This latter section of members includes elder statesmen like Kay Kiernan, David Wainwright and George Owen, who have helped osteopathy and the OAGB achieve its place. The motion was seconded by Mrs Catherine Hamilton-Plant.

There is a hidden agenda somewhere. There have been closed shop discussions between Mrs Hamilton-Plant and Miss Craggs. I was informed the BOA had won concessions but at what cost? Maybe it goes something like this. I will give you some concessions if you ensure all your members are GOSc osteopaths. I did ask Mrs Hamilton-Plant if a written statement had been made and witnessed in respect to these concessions. I was informed that “minutes” had

been taken and this would be enough. This was denied by another Council member later that evening.

How did they get it through the membership? This Motion 6 was a fundamental constitutional change to the company rules and should have been a ballot-type referendum. By sending the forms out with the BOA Annual Report, most unknowingly ended in the rubbish bin. I was issued with 87 proxy votes for the meeting. Between 40 and 50 of these went missing, most being co-ordinator proxys. I assumed that the counting of the proxy votes would be done by independent scrutineers. How silly of me. The vote was 238 to 131. Nearly 1200 members did not vote.

The BOA is supposed to be supporting us and helping to defend us against the GOSc. Instead, it took away our rights to a democratic vote.

**Miss Elizabeth Ellis became President of the BOA the next year.
Mrs Catherine Hamilton-Plant was elected to the GOScouncil a year later.
The OAGB was one of the precursors of the BOA**

AN OSTEOPATH, WHO SPENT SIX MONTHS VOLUNTARY WORK IN A SOMALI REFUGEE CAMP, WAS ASKED BY THE GOSc ON HIS RETURN FROM AFRICA WHY HE DID NOT KEEP DETAILED LISTS OF THE HOURS HE WORKED. HE DID NOT BOTHER TO RENEW HIS REGISTRATION.



Insurance for DOC Members

Balens are offering professional insurance of £368 for 13 months which includes £28 for the extra month as their insurance starts in May. The excellent package is for a £3 million cover and includes criminal allegation defence. If you are taken to court by the GOsC, Police or Trading Standards, it will cover legal support. £5 million cover costs £433 for 13 months which compares favourably with the recommended GOsC insurance.

If you have not been contacted already, phone Balens -
Direct Dial: 01684 581 882
Main Office: 01684 893 006
2 Nimrod House, Sandy's Road, Malvern, WR14 1JJ.

The annual DOC AGM and conference will this year be held in autumn. Details in the next issue.

Next issues will include articles on:

- **Ideomotor movement**
- **Working with chronic pain: cognitive-behavioural approaches for clinicians**
- **1998-2000: a history of how Mr Nicholas Woodhead deliberately prevented most non-MRO osteopaths from getting GOsC registration**

You can find old issues of DOCmag and its predecessor DOCnews at www.docouncil.org

