Curriculum Modular Osteopathy Course

Leading to the DO-diploma and the Master of Science in Osteopathy (MSc.Ost.) Degree for Physiotherapists and Physicians
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1. Entry Requirements

This modular course to become a Master of Science in Osteopathy (MSc.Ost.) and DO is for physiotherapists and physicians.

2. General Curriculum – 4 Years Master

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<tr>
<th>Year</th>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
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<tbody>
<tr>
<td>1</td>
<td>Osteopathic Principles and The Hip</td>
<td>The Knee</td>
<td>The Ankle and the Foot</td>
<td>The Iliosacral Joint</td>
<td>Integration and Practical Exam</td>
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<tr>
<td>2</td>
<td>Integration and Practical Exam</td>
<td>The Thoracic Spine</td>
<td>The Ribs</td>
<td>The Diaphragm</td>
<td>Integration and Practical Exam</td>
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<tr>
<td>3</td>
<td>OS773 Osteopathic Studies Visceral 1 Introduction visceral osteopathy and the bladder &amp; prostate</td>
<td>OS773 Osteopathic Studies Visceral 1 Introduction visceral osteopathy and uterus &amp; ovaries</td>
<td>OS773 Osteopathic Studies Visceral 1 The kidneys and surrenal glands</td>
<td>OS773 Osteopathic Studies Visceral 1 The liver, gallbladder</td>
<td>OS773 Osteopathic Studies Visceral 1 The intestines</td>
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<tr>
<td>4</td>
<td>OS784 Master Research Project Part 1</td>
<td>OS775 Osteopathic Studies Cranial 1 History, anatomy, biomechanics, palpation</td>
<td>OS775 Osteopathic Studies Cranial 1 Indications/contra-indications, sutures, mobility testing</td>
<td>OS775 Osteopathic Studies Cranial 1 Indications/contra-indications, sutures, mobility testing</td>
<td>OS775 Osteopathic Studies Cranial 1 Integration in Osteopathic concept, reflections</td>
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<tr>
<th>Year</th>
<th>Session 6</th>
<th>Session 7</th>
<th>Session 8</th>
<th>Session 9</th>
<th>Session 10</th>
<th>Session 11</th>
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<tbody>
<tr>
<td>1</td>
<td>The Sacroiliac Joint</td>
<td>Neurology</td>
<td>The Lumbar Spine</td>
<td>The Foot and Chains in the Lower Extremity</td>
<td>OS774 Osteopathic Studies Visceral 2 The intestines</td>
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</tr>
<tr>
<td>2</td>
<td>The Cervical Spine</td>
<td>The Shoulder</td>
<td>The Elbow, the Wrist and the Hand + Practical Exam</td>
<td>Safety (Differential Diagnosis)</td>
<td>OS774 Osteopathic Studies Visceral 2 Examination and techniques, vescerocranial, drainage, cranial nerves, Reflection</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>OS774 Osteopathic Studies Visceral 2 The oesophagus, stomach + practical exam on Visceral 1</td>
<td>OS774 Osteopathic Studies Visceral 2 The pancreas and spleen</td>
<td>OS774 Osteopathic Studies Visceral 2 The heart and the thyroid gland</td>
<td>OS774 Osteopathic Studies Visceral 2 The lungs</td>
<td>OS774 Osteopathic Studies Visceral 2 Integration practical physiology in the osteopathic practice.</td>
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</tr>
<tr>
<td>4</td>
<td>OS776 Osteopathic Studies Cranial 2 Newborns, cranionadndibular region + practical exam on Cranial 1</td>
<td>OS776 Osteopathic Studies Cranial 2 Examination and techniques, vescerocranial, drainage, cranial nerves, Reflection</td>
<td>OS776 Osteopathic Studies Cranial 2 Chains, Integration visceral, craniosacral and musculoskeletal osteopathy</td>
<td>OS776 Osteopathic Studies Cranial 2 Chains, Integration visceral, craniosacral and musculoskeletal osteopathy</td>
<td>OS776 Osteopathic Studies Cranial 2 Chains, Integration visceral, craniosacral and musculoskeletal osteopathy</td>
<td>OS784 Master Research Project Dissertation Master thesis presentation + viva voce.</td>
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</table>
3. Brief description of the learning content/learning objectives/examinations

<table>
<thead>
<tr>
<th>Year/Session</th>
<th>Session</th>
<th>Content</th>
<th>Assessment</th>
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</thead>
</table>
| 1.1          | Osteopathic Principles | • Modern principles of osteopathy.  
• Comparison with other medical disciplines.  
• Scientific and EBP thinking.  
• Osteopathic view on health and illness. | On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best. |
| 1.1          | The Hip | • Functional anatomy and related biomechanics of the hip in relation to the pelvis.  
• Topographic, exploratory and qualitative tissue palpation.  
• Safety tests.  
• Functional tests.  
• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques) and Spontaneous Release Techniques.  
• Examination and treatment strategies. | On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best. |
| 1.2          | The Knee | • Functional anatomy and related biomechanics of the knee in relation to the pelvis.  
• Topographic, exploratory and qualitative tissue palpation.  
• Safety tests.  
• Functional tests.  
• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques) and Spontaneous Release Techniques.  
• Examination and treatment strategies. | On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best. |
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| **1.3** | **The Ankle and the Foot** | **Functional anatomy and related biomechanics of the ankle and the foot in relation to the pelvis.**  
**Topographic, exploratory and qualitative tissue palpation.**  
**Safety tests.**  
**Functional tests.**  
**Techniques: manipulations, mobilisations, MET.**  
(Muscle Energy Techniques) and Spontaneous Release Techniques.  
**Examination and treatment strategies.**  
**On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best.** |
| **1.4.** | **The Iliosacral Joint** | **Functional anatomy and related biomechanics of the iliosacral joints.**  
**Topographic, exploratory and qualitative tissue palpation.**  
**Safety tests.**  
**Functional tests.**  
**Techniques: manipulations, mobilisations, MET.**  
(Muscle Energy Techniques) and Spontaneous Release Techniques.  
**Examination and treatment strategies.**  
**On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best.** |
| **1.5.** | **Integration and Practical Exam** | **Revision and coherence of and between the subjects seen.**  
**Alternative tests and techniques taking account of gender, age, nature of the disorder and wishes of the patient.**  
**Practical Exam** |
| **1.6.** | **The Sacroiliac Joint** | **Functional anatomy and related biomechanics of the sacroiliac joint.**  
**Topographic, exploratory and qualitative tissue palpation.**  
**Safety tests.**  
**Visceral relations.**  
**Functional tests.**  
**Techniques: manipulations, mobilisations, MET.**  
(Muscle Energy Techniques) and Spontaneous Release Techniques.  
**On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best.** |
| 1.7. | Practical Neurology | • Functional anatomy of the peripheral and central nervous system with practical applications.  
• Safety tests.  
• Neurological tests. | On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best. |
| 1.8. | The Lumbar Spine | • Functional anatomy and related biomechanics of the lumbar spine in relation to the pelvis.  
• Topographic, exploratory and qualitative tissue palpation.  
• Safety tests.  
• Functional tests.  
• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques) and Spontaneous Release Techniques.  
• Examination and treatment strategies. | On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best. |
| 1.9. | The Foot and Chains in the Lower Extremities | • Functional anatomy and related biomechanics of the feet in relation to the pelvis.  
• Topographic, exploratory and qualitative tissue palpation.  
• Safety tests.  
• Functional tests.  
• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques) and Spontaneous Release Techniques.  
• Examination and treatment strategies. | |
| 2.1. | Integration and Practical Exam | • Revision and coherence of and between the subjects seen.  
• Alternative tests and techniques taking account of gender, age, nature of the disorder and wishes of the patient. | Practical Exam |
| 2.2. | The Thoracic Spine | • Functional anatomy and related biomechanics of the thoracic spine.  
• Topographic, exploratory and qualitative tissue palpation.  
• Safety tests.  
• Functional tests.  
• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques) and Spontaneous Release Techniques.  
• Examination and treatment strategies. | On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the student can take at the time that suits him/her best. |
| 2.3. | The Ribs | • Functional anatomy and related biomechanics of the ribs.  
• Topographic, exploratory and qualitative tissue palpation.  
• Safety tests.  
• Functional tests.  
• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques) and Spontaneous Release Techniques.  
• Examination and treatment strategies. |
| 2.4. | The Diaphragm | • Functional anatomy and related biomechanics of the diaphragm.  
• Topographic, exploratory and qualitative tissue palpation.  
• Safety tests.  
• Functional tests.  
• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques) and Spontaneous Release Techniques.  
• Examination and treatment strategies. |
| 2.5. | Integration and Practical Exam | • Revision and coherence of and between the subjects seen.  
• Alternative tests and techniques taking account of gender, age, nature of the disorder and wishes of the patient. | Practical Exam |
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<tr>
<th>Section</th>
<th>Topic</th>
<th>Subtopics</th>
<th>Examination Options</th>
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<tr>
<td>2.6</td>
<td>The Cervical Spine</td>
<td>• Functional anatomy and related biomechanics of the cervical spine.</td>
<td>On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the</td>
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<td>student can take at the time that suits him/her best.</td>
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<td>• Safety tests.</td>
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<td>• Techniques: manipulations, mobilisations, MET. (Muscle Energy Techniques)</td>
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<td>and Spontaneous Release Techniques.</td>
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<td>• Examination and treatment strategies.</td>
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<td>2.7</td>
<td>The Shoulder</td>
<td>• Functional anatomy and related biomechanics of the shoulder.</td>
<td>On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the</td>
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<td></td>
<td>• Examination and treatment strategies.</td>
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<td>2.8</td>
<td>The Elbow, the Wrist and the Hand</td>
<td>• Functional anatomy and related biomechanics of the elbow, wrist and hand.</td>
<td>On-line examination (biomechanics, applied anatomy, osteopathic thinking) that the</td>
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<td>and Spontaneous Release Techniques.</td>
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<td>• Examination and treatment strategies.</td>
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<tr>
<td>2.9</td>
<td>Safety (Differential Diagnosis)</td>
<td>• Physiopathology.</td>
<td>On-line examination (biomechanics, applied anatomy, osteopathic thinking)</td>
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<td>• Recognizing disease.</td>
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<tr>
<td>3.1.</td>
<td>OS773 Osteopathic Studies Visceral 1 Introduction visceral osteopathy and the bladder &amp; prostate</td>
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</table>
|      | - Referral.  
|      | - Disease patterns.  
|      | - Functional anatomy, physiology and related biomechanics of the bladder and the prostate.  
|      | - Case history.  
|      | - Influence of visceral disorders on musculoskeletal complaints. Topographic, exploratory and qualitative tissue palpation.  
|      | - Provocation tests.  
|      | - Mobility tests.  
|      | - Safety tests.  
|      | - Referred pain.  
|      | - Functional tests.  
|      | - Treatment goals and prognosis.  
|      | - Techniques: mobilisations, drainages, Chapman reflexes.  
|      | - Advices.  
|      | - Self-reflection and reflection on the model.  |

<table>
<thead>
<tr>
<th>3.2.</th>
<th>OS773 Osteopathic Studies Visceral 1 Introduction visceral osteopathy and the uterus &amp; ovaries</th>
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</thead>
</table>
|      | - Functional anatomy, physiology and related biomechanics of the uterus and the ovaries.  
|      | - Case history.  
|      | - Influence of visceral disorders on musculoskeletal complaints. Topographic, exploratory and qualitative tissue palpation.  
|      | - Provocation tests.  
|      | - Mobility tests.  
|      | - Safety tests.  
|      | - Referred pain.  
<p>|      | - Functional tests.  |</p>
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<th>3.3.</th>
<th>OS773 Osteopathic Studies Visceral 1 The kidneys and surrenal glands</th>
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<tr>
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<td>• Treatment goals and prognosis.</td>
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<td><strong>Self-reflection and reflection on the model.</strong></td>
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<th>3.4.</th>
<th>OS773 Osteopathic Studies Visceral 1 The liver, gallbladder</th>
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<td>• Functional anatomy, physiology and related biomechanics of the liver and gallbladder.</td>
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<td>• Case history.</td>
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<td>• Referred pain.</td>
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<tr>
<td>3.5.</td>
<td>OS773 Osteopathic Studies Visceral 1 The intestines</td>
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</table>
|      | • Functional tests.  
|      | • Treatment goals and prognosis.  
|      | • Techniques: mobilisations, drainages, Chapman reflexes.  
|      | • Advices.  
|      | • Self-reflection and reflection on the model. |

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<thead>
<tr>
<th>3.6.</th>
<th>OS774 Osteopathic Studies Visceral 2 The oesophagus, stomach</th>
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</thead>
</table>
|      | • Functional anatomy, physiology and related biomechanics of the intestines.  
|      | • Case history.  
|      | • Influence of visceral disorders on musculoskeletal complaints. Topographic, exploratory and qualitative tissue palpation.  
|      | • Provocation tests.  
|      | • Mobility tests.  
|      | • Safety tests.  
|      | • Referred pain.  
|      | • Functional tests.  
|      | • Treatment goals and prognosis.  
|      | • Techniques: mobilisations, drainages, Chapman reflexes.  
|      | • Advices.  
|      | • Self-reflection and reflection on the model.  
|      | + practical exam on Visceral 1 |
| 3.7. | OS774 Osteopathic Studies Visceral 2 The pancreas and spleen | - Referred pain.  
- Functional tests.  
- Treatment goals and prognosis.  
- Techniques: mobilisations, drainages, Chapman reflexes.  
- Advices.  
- Self-reflection and reflection on the model.  
- Functional anatomy, physiology and related biomechanics of the pancreas and the spleen.  
- Case history.  
- Influence of visceral disorders on musculoskeletal complaints. Topographic, exploratory and qualitative tissue palpation.  
- Provocation tests.  
- Mobility tests.  
- Safety tests.  
- Referred pain.  
- Functional tests.  
- Treatment goals and prognosis.  
- Techniques: mobilisations, drainages, Chapman reflexes.  
- Advices.  
- Self-reflection and reflection on the model. |
| 3.8. | OS774 Osteopathic Studies Visceral 2 The heart and the thyroid gland | - Functional anatomy, physiology and related biomechanics of the heart and thyroid gland.  
- Case history.  
- Influence of visceral disorders on musculoskeletal complaints. Topographic, exploratory and qualitative tissue palpation.  
- Provocation tests.  
- Mobility tests. |
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<tr>
<th>3.9.</th>
<th>OS774 Osteopathic Studies Visceral 2 The lungs</th>
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</table>
| **•** Safety tests.  
**•** Referred pain.  
**•** Functional tests.  
**•** Treatment goals and prognosis.  
**•** Techniques: mobilisations, drainages, Chapman reflexes.  
**•** Advices.  
**•** Self-reflection and reflection on the model. |

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<thead>
<tr>
<th>3.10.</th>
<th>OS774 Osteopathic Studies Visceral 2 Integration practical physiology in the osteopathic practice.</th>
</tr>
</thead>
</table>
| **•** Functional anatomy, physiology and related biomechanics of the lungs.  
**•** Case history.  
**•** Influence of visceral disorders on musculoskeletal complaints. Topographic, exploratory and qualitative tissue palpation.  
**•** Provocation tests.  
**•** Mobility tests.  
**•** Safety tests.  
**•** Referred pain.  
**•** Functional tests.  
**•** Treatment goals and prognosis.  
**•** Techniques: mobilisations, drainages, Chapman reflexes.  
**•** Advices.  
**•** Self-reflection and reflection on the model. |

|  | **•** General reflection on the visceral model.  
**•** Integration of physiology in the osteopathic practice. For example:  
  ○ How to deal with blood pressure problems.  
  ○ How to deal with R.A.?  
  ○ …  
**•** Clinical cases presentations interactive. |
| 3.11. | OS774 Osteopathic Studies Visceral 2 Integration practical physiology in the osteopathic practice | • Medical history.  
• Provocation tests.  
• General osteopathic examination.  
• Structured systematics of the osteopathic examination.  
• Cause-reaction chains.  
• Integration of posturology into the osteopathic examination.  
• Systematic treatment strategies.  
• According to the module, students must be able to examine a patient osteopathically (lower limbs, pelvis, abdominal organs, lumbar spine), draw up a treatment strategy and treat in 40 minutes. | Practical exam on Visceral 2 |
| 4.1. | OS784 Master Research Project Part 1 | • Research idea – problem statement.  
• Defining and redefining the research question.  
• Evaluating research resources.  
• Literature searching.  
• Literature review.  
• Critical appraisal tools.  
• Hypotheses.  
• Methodology: research design, subjects/participants: sampling, interventions, observation, risk of bias.  
• Data collection tools.  
• Data analysis.  
• Ethics in health research.  
• Development of the concept 'informed consent' theoretical and practical effects.  
• Presentation of research reports.  
• Writing a research proposal.  
• Ethics and gaining ethical approval. | Master dissertation protocol |
| 4.2. | OS775 | • History of cranial osteopathy: W.G. Sutherland D.O and its evolution to the present day. |
|   | Osteopathic Studies Cranial 1 History, anatomy, biomechanics, palpation | • Explanation of the primary respiratory mechanism and model supporting + evidence base:  
• Biomechanics - physiology – palpation.  
• Revision anatomy of the skull: osseous/different bones/sutures/synchondrosis/schynedelysis+ palpation. |
|---|---|---|
| 4.3. | OS775 Osteopathic Studies Cranial 1 Indications/contra-indications, sutures, mobility testing | • Specifications of the sutures: tests and standardisation of the sutures of the neurocranium (skull).  
• Indications and contra-indications for craniosacral osteopathy,  
• Testing and treatment the mobility of the different bones of the neurocranium.  
• Testing and treating of the membranous system in the skull. |
| 4.4. | OS775 Osteopathic Studies Cranial 1 Indications/contra-indications, sutures, mobility testing | • Mechanical and neurological relation with other body parts + interactions.  
• How the skull moves.  
• Visualising and palpating anatomically the various structures of the skull.  
• Sphenobasilar Synchondrosis (SBS).  
• Place of SSB in the PRM.  
• Flexion-extension lesion SSB: biomechanics and lesions mechanics/ symptoms/ test/ standardisation. |
| 4.5. | OS775 Osteopathic Studies Cranial 1 Integration in Osteopathic concept, reflections | • 10 steps procedure.  
• Integration in the osteopathic concept.  
• Self-reflection on and evaluation of professional development. |
| 4.6. | OS776 Osteopathic Studies Cranial 2 New-borns, craniomandibular region | • New-borns (examination, testing, treatment, strategy: integration of the musculoskeletal, visceral and craniosacral aspects.  
• Cranio-mandibular dysfunctions:  
  o functional anatomy,  
  o biomechanics and definitions used in the occlusion-ontology,  
  o the dental system,  
  o functional pathology and occlusion-ontology. |

| 4.7. | OS776 Osteopathic Studies Cranial 2 Examination and techniques, viscerocranial, drainage, cranial nerves, Reflection | • The viscerocranical /facial skull:  
  o Functional anatomy.  
  o Biomechanics and physiology of the movements in the PRM of the various bones.  
• Functional pathology (traumatic inflammation).  
• Mobility tests of the various bones in the PRM and sutures.  
• Drainage techniques ear, nose, throat.  
• Relationships in connection to functional pathology of the viscerocranium e.g. rhinitis in relation to sinus and liver/large intestine problems. |

| 4.8. | OS776 Osteopathic Studies Cranial 2 Chains, Integration visceral, craniosacral and musculoskeletal osteopathy | • Examinations: local ascending and descending chains.  
• Standardisation techniques:  
  o Local mobilisations.  
  o Muscular rectifications.  
  o Ganglion pterygo-palatinum.  
  o Global treatment in the cranio-mandibular system with regard to ascending and descending chains.  
  o Infra and suprathyroidal musculature. |

| 4.9. | OS776 | • Integration in the osteopathic concept. |

Practical exam on Cranial 1
| 4.10. | Osteopathic Studies Cranial 2 Chains, Integration visceral, craniosacral and musculoskeletal osteopathy | • Function, course, examination and findings, osteopathic treatment of the cranial nerves.  
• Reflection on and evaluation of the craniosacral and osteopathic model.  
• Self-reflection on and evaluation of professional development  
• Professional, ethical and legal issues |
|---|---|---|
| 4.11. | OS784 Master research project part 2 Presentation master dissertation | • Scientific article: 4-5.000 words.  
| | | Practical exam on Cran 2 Presentation scientific article 4-5.000 words. |
4. Teaching Methods

- At the International Academy of Osteopathy - IAO you study osteopathy that is based on Evidence-Based Practice (EBP). The evidence-based practice model is becoming accepted as an assessment tool by authorities and insurers that want to test professional practice economically. It is the most efficient model to achieve the best treatment results in osteopathy.

- As the largest training institute in Europe, the IAO plays a pioneering role in osteopathy. At the IAO, do not expect any esotericism or other ambiguities based on pseudo-scientific theories but conscientious and judicious use of the current best evidence to take decisions for individual patients.

- The following testify to this approach:
  - Textbooks and e-books with scientific references.
  - The electronic osteopathic library ‘Zotero’ on the eCampus.
  - Scientific research by the research committee of the IAO.
  - All teachers at least with MSc.Ost. degree.
  - Collaboration with universities.

- CanMeds Model
  - The IAO uses the well-known CanMeds model as a framework for competence-based teaching. All lessons address the different roles of the osteopath:
    - The osteopath as competent therapist (excellent skills, understanding and treatment strategies).
    - The osteopath as scientist (understanding and use of scientific literature).
    - The osteopath as professional (management, communication, collaboration).
• ‘Blended learning’
  o All educational experts agree that ‘Blended Learning’ (a combination of contact teaching with a good e-learning platform) offers the best guarantees for the quality of the graduate.

Option: After the MSc.Ost. program, the osteopath can step into a PhD program.
5. Assessments

In green: themes.
In yellow: practical exams.

Year 1 & 2

- On every Session there is an online exam on the eCampus.
- There are 2 practical exams per academic year, each time on the Saturday of the Session ‘Clinical Work’.

Year 3

There are the following exams in the 3rd year:

- Consists of 2 examination periods (VISC 1 and VISC 2):
  
  o VISC 1:
    - Group work must be made but no score (your teacher will explain).
    - Individual course work: 50% of the total score.
    - Practical examination: 50% of the total score.
    - The composite score gives the total for Module VISC 1.

  o VISC 2:
    - Group work must be made.
    - "Script concordance test": 60% of the total score. This is online on the eCampus and will be published in the second half of the academic year.
    - Practical exam 40% of the total score.
    - The composite score gives the total for Module VISC 2.
Both Modules + every item of the module exams must be passed to proceed to the 4th year.

Assessment criteria of the practical exams

- Safety, exclusion criteria, differential diagnosis, clinical reasoning.
- Practical skills.
- Critical reflection.
- Osteopathic reasoning.
- The examination guide can be found at the end of this document.

NOTE: in the lessons with the visceral themes, the teachers will at regular intervals also "repeat" the musculoskeletal subjects in function of the visceral subjects seen.

MODULE VISCERAL 1: The first 5 lessons
MODULE VISCERAL 2: The last 6 lessons

Learning objectives concerning both practical exams (on which you will be assessed)

- 3rd year: the student is capable:

  - Concerning the VISC 1 modules:
    - To demonstrate a critical and systematic understanding of the human visceral mechanism and functioning.
    - To be able to perform a series of osteopathic tests and techniques safely and efficiently, both for patient and osteopath, with regard to the subjects seen.
    - To show a critical awareness and approach in function of complex treatment strategies and to be able to apply these to new clinical situations.
    - To reflect and critically evaluate the visceral osteopathic model on an evidence-based practice basis.

Info: The 3rd year is divided into 2 "clusters" or as the British call it: "Module", namely VISC 1 and VISC 2. Both are questioned separately in practice (separate exams).
Concerning the modules VISC 2:
- To demonstrate a critical and systematic understanding of the human visceral mechanism and functioning.
- To be able to perform a series of osteopathic tests and techniques safely and efficiently, both for patient and osteopath, with regard to the subjects seen.
- To show a critical awareness and approach in function of complex treatment strategies and to be able to apply these to new clinical situations.
- To reflect and critically evaluate the visceral osteopathic model on an "Evidence Based Practice" basis.

Concerning the course work:
- A group course work must be made about a clinical case that is then discussed in the classroom. Your teacher will give the assignment in the first or second lesson.
- An individual "course work" must be made on a clinical case:
  - 1,500 words.
  - Grading grid at the end of this document.

More Details on the Group Work

- This must be done as a formative work (mandatory but not scored).
- The teacher chooses how many students participate in each group (between 2 and 6 students).
- The groups bring this work to the front of the class for 10 minutes and the class evaluates the learning goals under guidance of the teacher.
- The learning goals for this group work:
  - Demonstrate a critical and systematic understanding of the visceral themes seen.
  - Demonstrate a critical awareness of a complex treatment strategy for a new clinical case, covering the topics seen.
  - Reflect and evaluate the visceral osteopathic model in function of the Evidence Based Practice (EBP).
- Practical:
  - 1,500 words.
  - Clinical case from practice.
o Describe briefly the pattern of the complaints.
o Describe brief and clear the examination, both with possible pathology (safety) and also functional lesions.
o Set one or more treatment goals.
o Draw up a treatment strategy and choose the right relevant techniques to achieve the goals. Motivate the choice of technique. Advise the patient.
o Ensure that the osteopathic principles are respected.
o Discuss (also critically) briefly the EBP of the chosen strategy and techniques.

More Details on the Individual Course Work

- **Same criteria as above but with this difference:**
  o Individual work.
  o With assessment by the instructor and Bucks external examiners.
  o The assessment is done via the grid below.
## Practical Exam – GRID

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### Attitude versus safety

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| **Total on 30**      | 0        |

| **In percentage**    |          |
## Assessment GRID Individual Course Work

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| Title: |             |
| Date: |             |
| Teacher: |             |

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<td>Score 9-10</td>
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</table>

| Relevance of the subject | 0 |
| Focus on exclusion and differential diagnosis | 0 |
| Relevant and efficient osteopathic tests and techniques | 0 |
| Advice correct and with osteopathic input | 0 |
| Reflection social, psychological related with clinical and osteopathic reasoning | 0 |
| Understanding of the osteopathic principles | 0 |

**Total on 60**

**In percentage**

26
Example of a Clinical Case (Individual Course Work)

Consult
A man of 50 years old consults with low back pain in the lumbosacral region bilaterally, more to the right and with some radiation towards the right hip. It is not the first time that he has pain in this region but now the pain is intense and sharp, especially when coughing, sneezing and moving in most directions. The core of the pain is located to the right of the spinous L5. Besides this primary complaint, this patient also complains secondary about abdominal cramps and pain, difficult to localize. These abdominal complaints improve with defecation but become worse about an hour after a meal. Also, the back pain seems to decrease somewhat after defecation.

Physical examination
In provocation examination of the low lumbar spine we find that axial compression posterior right in the low lumbar region hurts, especially if we let the patient cough in that position. We suspect a local inflammation of the discus L5-S1 or of a facet joint between L5 and S1.
In the differentiation test between the two it is clear that it concerns a local discitis L5-S1 right, posterior.

As a safety examination (we want to exclude radicular inflammation and especially entrapment) we do the neurological tests, also because the patient spoke of radiation of the pain.
We did the tests:
- Sensitivity.
- Reflexes.
- Pain at stretching of the nerve (sciatic).
- Muscle strength.
These tests were negative, so we could exclude a radicular problem.
Also as a safety examination, we did the visceral provocative palpation throughout the abdominal region on pain during palpation. This provocative palpation was slightly sensitive, but no clear pain was noted.

In the auscultation of the abdomen, borborigmus was observed.

As a safety examination, additional questions were asked about the general health condition, defaecation frequency, weight, general well-being and similar questions. Nothing abnormal was noticed that could make us decide to refer the patient.

During the functional testing of the entire patient, we could observe the following findings:

- A somatic dysfunction of the thoracolumbar region, zone in extension and spinosi sensitive to palpation via the oscillation test.
- Anterior, deep abdominal in the psoas m. region was also noted clear pain, much more musculoskeletal than visceral.

**Communicating our findings to the patient**

We explain our findings to the patient in an understandable language.

**We think about our thinking process**

Did we not overlook anything?
Aren't we deciding too quickly about the possible cause of this new problem?
Are there other possibilities?
Do certain things point to syndromes or diseases for which we need to refer?
Do we recognize a pattern?
Are the arguments used as objective as possible?
Have we considered everything?

- Vascular: in this patient we do not see any clear signs of a vascular problem.
- Infectious/Inflammation: infection is not obvious (no occurrence of infection, fever, earlier disease).
- Neoplasia: no emaciation or similar signs such as blood in stool…).
Degenerative: there may well be some degeneration in this area given his age.
Intoxication: no indications and this complaint is not directly related to this.
Congenital/hereditary: we see no reasons to think of this.
Autoimmune: still a reasonable "young" problem, so no indication.
Traumatic: not in anamnesis.
Endocrine: no endocrine indications to recognize in this pattern of symptoms.
Metabolic/nutritional: in this patient we cannot recognize any problems in the diet.
Psychological/Psychiatric: it seems to be a stable person, so no indication to think of this.

We suspect a connection between the musculoskeletal complaint and the visceral complaint and rely on our anatomical and neurological knowledge of this possible connection.

**We formulate a PRE-CHANCE**
The inflammation of the disc is felt through the sinuvertebral nerves. We know that these nerves have both a peripheral neurological and a neurovegetative origin and we know that they can affix the pain to both the dorsal horn and the neurovegetative system (where the pain and even the inflammation can rise up the ganglions from the sympathetic trunk to the thoracolumbar region). From there the intestines can be disrupted concerning their peristalsis, causing abdominal cramps and pain.

We know this mechanism from our basic medical knowledge and we will verify this in the scientific literature tonight after the treatment of this patient.

We will also evaluate whether this is more nociceptive pain or neuropathic pain. The complaint is there for about two weeks, so we can assume that it is rather a nociceptive pain. This allows us to treat locally to ensure that this problem does not become chronic.
**We determine a treatment goal(s)**
Our first goal should be to fight the inflammation. As osteopath we can do this by decompressing the region (L5-S1) on the right because we know that the compression present (we found the injury of L5 in ERS on the right) could be the mechanical causal part of the inflammation.

Besides this mechanical part (technically mobilizing or manipulating) we will also improve the circulation because we know that a better circulation will cure inflammation better. We use long lever techniques, but we have to avoid pain provocation in the region.

If the patient uses anti-inflammatory medication at the same time, we will of course leave this to the responsibility of the treating physician and the patient himself.

A second goal is to inhibit the visceral over-stimulation of peristalsis. We can do this by rhythmic mobilizations of the thoracolumbar spine; possibly with a thoracolumbar manipulation. We can also try gentle mobilizations of the intestine, of course always below the pain threshold.

A third goal was to increase the resistance to inflammation and therefore we treated the adrenal segment (T11-12) both musculoskeletal (mobilizations) and visceral (general mobilization of kidneys and adrenal glands).

**We discuss our considerations with the patient** and briefly discuss the treatment goals and treatment options. The patient must also be involved in the treatment.

**We set the treatment** as described above and with the approval of the patient.

**Measurement (as objective as possible)**
We evaluate immediately after the treatment what we achieved.
For this we have determined some tests to compare before and after the treatment.
We took the finger-bottom distance when bending forward. This to evaluate the mobility of both L5 and the thoracolumbar spine.
We also used the VAS pain scale before and after the treatment as well as the auscultation of the intestinal sounds.

We briefly discuss the results with the patient and express a prognosis. The patient is asked to inform us within 3 days.

Advice to the patient
The inflammation must be given time to heal. In a healthy person there should be a very noticeable improvement after 3 days. In this context, the patient should take relative rest. Quiet movement and moderate walking is good. Sports and intensive walking or long standing are not recommended for the first week.

Scientific control
In the evening after the treatment we check the scientific literature to verify whether our chance and possible relationship between the musculoskeletal complaint and the visceral complaint was indeed possible on an anatomical and/or neurological basis.

We found the following in the literature:

1. Can low back pain be peripheral (musculoskeletal) pain or visceral pain?

- Sinuvertebral nerve: This nerve is for example involved in diffuse low back pain because of its pathway and its sympathetic component. This nerve cannot directly reach a somatic element at each level of the lumbar spine but must first reach the L₂ spinal ganglion. The pain therefore takes another route through the sympathetic system.
- Discogenic pain is mediated by the sinuvertebral nerves, and through the rami communicantes reaches the L₂ spinal ganglion.
- The lumbar sinuvertebral nerves had up to three segmental levels of overlap, which might explain the poor localisation of low back pain.
- The posterior part of the human disc is supplied not only from the sinuvertebral nerve but also receives direct branches in its postero-lateral aspect from the ramus communicans or the ventral ramus.
• Branches from the grey ramus communicans also supply the lateral aspect of the disc.
• Anterior discal nerves were observed to arise solely from the sympathetic plexus surrounding the anterior longitudinal ligament, suggesting a new concept whereby part of the disc might be supplied from sympathetic fibres only.
• Lumbar sinuvertebral nerves are also found to arise only from the grey ramus communicans without any direct contribution from the spinal nerves, suggesting a totally sympathetic innervation.
• In a degenerated disc, ‘normal’ mechanical stimuli can generate an amplified response, which has been named ‘peripheral sensitisation’ and this explains why some degenerated discs are painful and others are not.
• This peripheral sensitisation has been confirmed both clinically and experimentally and may not only affect type IV nociceptive free endings but also type III mechanoreceptors.
• There is also a subtler method of peripheral sensitisation, relevant to chronic discal pain.
• The sensory nerve supply of the disc is similar to that of certain enteric structures and represents a form of visceral pain. It is established that a high proportion of nociceptive nerve fibres arising from the annulus of the lower lumbar discs pass through the sympathetic trunks in a non-segmental manner and may be regarded as sympathetic sensory afferents.
• The visceral pain concept relates to the possibility of ‘central sensitisation’ of the descending autonomic nerves as a result of ‘stress’ which may lower the threshold of visceral afferents, adding to the complexity of chronic discogenic pain, in parallel with the concept of psychosomatic abdominal pain.

2. Can low back pain be peripheral (musculoskeletal) pain or ‘visceral’ pain?

The sinuvertebral nerves: peripheral or sympathetic?
The sinuvertebral nerves (also called the recurrent meningeal nerves) are a number of small nerves that branch from the segmental spinal nerve near its origin but before the rami communicantes (relation between spinal nerves and the sympathetic trunk). These nerves re-enter the intervertebral foramen and innervate:

• Facet joint capsules.
• Annulus fibrosus.
• Intraspinal ligaments (posterior longitudinal ligaments).
- Periost in the spinal canal.
- Surface of the dura mater.
- Blood vessels.

Most have a fine diameter suggesting Aδ and/or C fibres, again consistent with pain mediation. They are found at every spinal level and formed by a somatic root (spinal nerve) and a sympathetic root. This nerve is for example involved in diffuse low back pain because of its pathway and its sympathetic component. This nerve cannot directly reach a somatic element at each level of the lumbar spine but must first reach the L2 spinal ganglion. The pain therefore takes another route through the sympathetic system. Discogenic pain is mediated by the sinuvertebral nerves, and through the rami communicantes reaches the L2 spinal ganglion. The lumbar sinuvertebral nerves had up to three segmental levels of overlap, which might explain the poor localisation of low back pain.

Another example is in the upper cervical region: all three cervical sinuvertebral nerves originated from two roots, a somatic root (from the spinal nerve or ventral ramus or both) and a sympathetic root (from the vertebral artery plexus or superior cervical ganglion). The C2 and C3 sinuvertebral nerves innervated most of the structures at the craniovertebral junction as well as the basicocciput region.
Some references


What did I learn with this clinical case?

That visceral pain does not always originate in the organs.
Only visceral techniques had not brought the desired result.
"Visceral osteopathy" cannot be seen independently of "musculoskeletal osteopathy".
That the neurological connection between musculoskeletal and visceral complaints and pain can be both afferent and efferent.
That the patient must be clearly informed and involved in his/her treatment.

General remark:

- You will certainly succeed in discussing even more interesting clinical cases but this example indicates that the learning objectives were met. Check the above learning outcomes against this clinical case and evaluate for yourself.

Success!
Luc Peeters
Year 4

- 2 exam-periods (CRAN 1 and CRAN 2).

**CRAN 1:**
- Formative groups work must be made.
- Individual “Course Work”: 50% of the total score.
- Practical exam (20 minutes) 50% of the total score.

**CRAN 2:**
- Formative groups work must be made.
- “Script Concordance Test (5 clinical cases – 45 minutes)”: 60% of the total score. This test comes online on the eCampus.
- Practical exam 40% of the total score.

Both Modules + every item of the module exams must be passed to proceed.

**Assessment criteria of the practical exams**

- Osteopathic craniosacral testing.
- Osteopathic craniosacral techniques.
- The osteopathic approach of a patient with specific complaints related to the craniosacral system in connection with the musculoskeletal and visceral system.
- This exam can be taken in the classroom and used as clinical illustration. There should therefore be no separate exam-day.
- The examination GRIDS can be found at the bottom of this document.

**NOTE:** in the lessons with craniosacral themes, the teachers will at regular intervals also "repeat" the musculoskeletal/visceral subjects in function of the seen craniosacral subjects.

**MODULE CRANIOSACRAL 1:** the first 4 sessions.
**MODULE CRANIOSACRAL 2:** the last 4 sessions.
Learning objectives concerning both practical exams (on which you will be assessed)

- **4th Year: the student is capable of:**
  - **Concerning module CRAN 1:**
    - To demonstrate a critical and systematic understanding of the human craniosacral and fascial mechanism and functioning.
    - To be able to perform a series of osteopathic tests and techniques safely and efficiently, both for patient and osteopath, with regard to the subjects seen (craniosacral and fascial).
    - To show a critical awareness and approach in function of complex treatment strategies and to be able to apply these to new clinical situations related to the seen subjects.
    - To reflect and critically evaluate the craniosacral and fascial osteopathic model on an "Evidence Based Practice" basis.
  - Info: The 4th Year is divided into 2 "clusters" or as the British call it: "Modules", namely CRAN 1 and CRAN 2. Both are questioned separately in practice.
  - **Concerning module CRAN 2:**
    - To demonstrate a critical and systematic understanding of human visceral mechanism and functioning.
    - To be able to perform a series of osteopathic tests and techniques safely and efficiently, both for patient and osteopath, with regard to the subjects seen.
    - To show a critical awareness and approach in function of complex treatment strategies and to be able to apply these to new clinical situations.
    - To reflect and critically evaluate the visceral osteopathic model on an "Evidence Based Practice" basis.
Concerning the “Course Work”

- A group "Course Work" should be made about a clinical case that is then discussed in the classroom. The teacher gives the assignment in the first lesson.
- An individual "Course Work" must be made about a clinical case:
  - 1,500 words.
  - Evaluation GRID at the bottom of this document.

Concerning the groups work

- This must be made as formative work (mandatory but not scored).
- The teacher chooses the number of students with whom this work can be made (between 2 and 6 students).
- The groups bring this work to the front of the class for 10 minutes and the class evaluates the learning goals.
- The learning goals for this group work are:
  - Demonstrate a critical and systematic understanding of the seen craniosacral themes.
  - Demonstrate a critical awareness of a complex treatment strategy for a new clinical case, covering the seen topics.
  - Reflect and evaluate the craniosacral osteopathic model in function of the "Evidence Based Practice (EBP)".
  - Practical:
    - 1,500 words.
    - Clinical case from practice.
    - Describe briefly the pattern of symptoms.
    - Describe brief and clear research, both on possible pathology (safety) and on functional lesions.
    - Set one or more treatment goals.
    - Draw up a treatment strategy and choose the right relevant techniques to achieve the goals. Motivate the choice of technique. Advise the patient.
    - Ensure that the osteopathic principles are respected.
    - Discuss (also critically) briefly the EBP of the chosen strategy and techniques.
Concerning the individual “Course Work”

- Same criteria as above but with this difference:
  - Individual work.
  - With assessment by the teacher and by the "External Examiners" of Bucks.
  - The assessment is done via the GRID below.
## Practical Exam GRID

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**Date:**

**Assessor:**

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**To demonstrate a critical and systematic understanding of the human craniosacral and fascial mechanism and functioning.**

Score: 0

**To be able to perform a series of osteopathic tests and techniques safely and efficiently, both for patient and osteopath, with regard to the subjects seen (craniosacral and fascial).**

Score: 0

**To show a critical awareness and approach in function of complex treatment strategies and to apply these to new clinical situations related to the seen topics.**

Score: 0

**Total on 30**

Score: 0

**In percentage**

Total: 0
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<tr>
<td>Focus on exclusion and safety</td>
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<tr>
<td>To show a critical awareness and approach in function of complex treatment strategies and to apply these to new clinical situations related to the seen topics.</td>
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<tr>
<td>To reflect and critically evaluate the craniosacral and fascial osteopathic model on an evidence based practice basis.</td>
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</tbody>
</table>

Total on 40 | 0 |

In percentage | |

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40
Concerning the Internship

General

- **Normally in the whole 4-year course:**
  - Every student does:
    - 75 hours of observational internship
    - 25 hours of active internship

- **Method on both internships:**
  - The student contacts an osteopath, member of the Professional Organisation in Denmark and asks for this observational internship.
  - The student makes up a report (obligatory) and delivers this through the eCampus (see grid at the ends of this document).
  - The observational internship must be done before the start of the 3rd year.
  - The student contacts an osteopath, member of the Professional Organisation in Denmark and asks for this active internship. The student goes with some of his/her own patients to the osteopath (that has to be paid for the consults) and makes a report of the comments of the osteopath (according grid at the end of this document).
  - The observational internship must be done before the end of the 4th year.
  - To prove that the student has completed the required hours of internship, he/she has to fill out a logbook, have it signed by his/her tutor and upload it on eCampus. Furthermore, every student has to make a 4 patient reports and upload them on eCampus every year. Deadline for upload of logbook and reports is **31/08/2019**. More information regarding the requirements of the patient reports can be found on eCampus, from half December onwards.

- **Exception**
  - The present 3rd year students (academic year 2018-2019) have to do the observational internship before entering the 4th year.
# OBSERVATIONAL INTERNSHIP

<table>
<thead>
<tr>
<th>Name Student</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name osteopath, member of the Danish professional organisation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Patient 1</th>
<th>Complaints</th>
<th>Diagnosis</th>
<th>Treatment goals and treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 2</td>
<td>Complaints</td>
<td>Diagnosis</td>
<td>Treatment goals and treatment</td>
</tr>
<tr>
<td>Patient 3</td>
<td>Complaints</td>
<td>Diagnosis</td>
<td>Treatment goals and treatment</td>
</tr>
<tr>
<td>Patient 4</td>
<td>Complaints</td>
<td>Diagnosis</td>
<td>Treatment goals and treatment</td>
</tr>
</tbody>
</table>

- What have I learned through this internship?
- What can I improve on my present knowledge and skills?
# ACTIVE INTERNSHIP

<table>
<thead>
<tr>
<th>Name Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name osteopath, member of the Danish professional organisation</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

| Patient 1 | Complaints | Diagnosis |
|-----------|------------|
|           | Treatment goals and treatment |
|           | Prognosis |
|           | Eventual comment of the osteopath |

| Patient 2 | Complaints | Diagnosis |
|-----------|------------|
|           | Treatment goals and treatment |
|           | Prognosis |
|           | Eventual comment of the osteopath |

| Patient 3 | Complaints | Diagnosis |
|-----------|------------|
|           | Treatment goals and treatment |
|           | Prognosis |
|           | Eventual comment of the osteopath |

<p>| Patient 4 | Complaints | Diagnosis |
|-----------|------------|
|           | Treatment goals and treatment |</p>
<table>
<thead>
<tr>
<th>Prognosis</th>
<th>Eventual comment of the osteopath</th>
</tr>
</thead>
<tbody>
<tr>
<td>What have I learned through this active internship?</td>
<td></td>
</tr>
<tr>
<td>What can I improve on my present knowledge and skills?</td>
<td></td>
</tr>
</tbody>
</table>