

Contemplations on the Art of OMT After Thirty Years of Practice



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For a few moments today, I would like to talk a bit about the art of osteopathic manipulative treatment, OMT, osteopathy, or traditional osteopathy, as you may call it. I have chosen to explore those attributes within ourselves which we must bring to the patient interaction when providing OMT to our patients. And, I have chosen to use the metaphor of the art of pottery in this treatise, as I am a novice potter and still easily fall into the “beginners mind” of this art. Both osteopathy and pottery deal with dirt and the divine, and either can be a metaphor for the other. I learned osteopathy first and much later became a novice potter. The lessons I have learned and gifts I have received from osteopathy that I would like to ponder today are summed up by the following phrases:

Do not expect to be good for a really, really, long time.
Center yourself first.
When is enough, enough?
Do your work, and then step back.

Do not expect to be good for a really, really long time.

I have always felt like I was sculpting when doing OMT, starting with a vision of the underlying anatomy as I would try to gracefully, purposely, and firmly move the tissues and energies under my hands, leading the body toward a more functional balance. So it seems natural that I would eventually want to try working with clay. I had not thrown very many pots before my teacher began encouraging me to buy my own pottery wheel and kiln. I had been renting space and time in her studio, so this recommendation would not have come from a perspective of financial gain. I would throw a few tiny pots which she would include with other tiny pots into a student bisque firing. I would then apply the glazes to my tiny pots and she would put them through a second student firing. The resultant tiny pots brought me great joy.... for a while. Then I wanted to explore with other clays and other glazes. The results were less predictable, and sometimes catastrophic. I learned why she put student work in a firing separate from her professional work – uneven pots explode in the kiln when the heat is absorbed differentially across uneven pot walls! And any pieces on that same shelf are in jeopardy of being shattered from flying shrapnel. I learned that glazes applied too thickly run and then fuse to the kiln shelf. I learned that red glazes make everything else in the kiln red, and that glazes which are not a good match for the clay pit, leaving unglazed areas which make the pot unsafe for using with food.

After I had the awful experience of a whole shelf of my work explode because I could not make the hard decision to discard a faulty piece, and went ahead and fired it with other pieces in my kiln, she said to me “Now you are truly a potter”! After I had the soft red terra cotta clay melt and fuse to the kiln shelf because I would fire it at Cone 6 rather than Cone 06, it

altered my respect for the characteristics of the clay body. And it reminded me of the power of logarithmic tables. Now, when I look at a pot, I “see” with more than just my eyes. I see the beauty of the clay and glazes which have been selected to form a functional and beautiful piece. I also know the strength of the clay that has been used; I see the lines of the potter’s fingertips making the swirl in the bottom of the bowl; I know if the glaze chosen was well suited to the clay body of the piece; and I appreciate the asymmetries that make this piece unique and handmade rather than poured and casted. And I am still very much a beginner in the art of pottery.

Is it not the same for the practice of osteopathy, after we have been at it a while? We evaluate a patient and we can see what the end result will likely be, with and without our treatment. We do not really know how we know, but we know there is a short leg, or emotional trauma underlying the patient’s symptom. We can sense the age of our patient when they incurred the contributing trauma or illness. Some of us can see damaged internal tissue, or sense vibration aberrations in the patient. Based on our cognitive and intuitive knowledge, we envision what we believe could be the desired end result – a child who can efficiently coordinate their suck and swallow mechanism; a teenager who can run without knee pain; better respiratory status in a midlife adult hospitalized with pneumonia; or peace in an elder facing end of life issues. We then formulate a treatment plan, knowing that we will reevaluate at every visit, and we will be willing to allow the status of the patient at follow up to alter our original plan. We learn how to “dose” our osteopathic manipulative treatments, through lessons from our teachers – those more experienced in this skill, and our patient teachers, who are the stricter of the two. Early in my osteopathic practice, I had an elder return to me with greater pain after a vigorous treatment to a frail body. I then really knew that older bodies need gentler handling. I had over treated her and put her to bed for a few days. Fifteen years later, after many more lessons learned about dosing OMT, I discussed the manipulative prescription concept in detail in my chapter “Treatment of the Acutely Ill Hospitalized Patient” in the first edition of *Foundations for Osteopathic Medicine*¹. I saw a woman in her early 40’s for recurrent headaches, whose medical work up was benign. I finally thought to have her stand up and performed a postural examination. I found a significant postural strain which, when addressed, provided relief in her symptoms. Early in my career, I had children improve in their middle ear functioning after 8 or 10 treatments, for which the parents and I were delighted. Then I learned the secret of the diaphragm in children’s problem, and when I began to routinely access and treat the diaphragm, the children got better much more quickly. Now I have learned to trust my “intuition” that there is “something” at a given level of my patient’s being, a problem of “mind, matter or motion”.²

There is a saying that smooth seas never made a great mariner. We do not become a master in traditional osteopathy from reading books, or from listening to our wise elders. We must “go to sea” and really experience the dance of healing with our patients, and then follow up and see how their body responded. It is that feedback over time from many patient interactions which hones our skills. I remember Dr. John Harakal at a Faculty Development Seminar sponsored by the Sutherland Cranial Teaching Foundation expressing alarm and distress that there were young osteopathic practitioners who were teaching cranial osteopathy with only five years of experience. He thought it was preposterous! We must have experience before we can anticipate the end. Hence my teacher’s exclamation “Now you are a true potter” when all my pots on one shelf were shattered. It was more than just disappointment that I had lost a few pots. The time making those pots had not been wasted because I had increased my skill by making them. It was the visceral reaction in me because I had been told this could happen, I knew better, and I did it anyway. After that experience I really knew to carefully select which pots go on to be fired.

It takes 60 months to obtain 5 years of experience, which for most skills, is a minimum amount of time to become competent – not highly skilled, just competent. Anticipating the end is the gestalt of experience that a seasoned osteopathic practitioner brings to every patient interaction. I remember Dr. Robert Fulford remarking late in his life, that he was amazed at what he had learned in the previous few years. The better we can predict the end and the paths our patients will likely follow to get there, the more efficiently we can help guide them toward health.

Center yourself first

Everyone knows that in the art of pottery, centering is the hardest part. Centering is at the center of pottery – and of osteopathy. But what is centering? And how do we learn to center ourselves? We learn from our wise ones, and from our patients, while we keep trying – forever. I have learned in pottery to wedge the clay well; form it into approximately the shape I want this pot to take; start the wheel; and then sit and wait. I feel the clay in my hands; watch and feel the wheel in its hypnotizing rhythm; raise my arms; and only when my whole being is focused on making the clay sit at the center of the spinning wheel do I forcefully throw the clay onto the wheel. It is the same with an interaction with a patient. We enter the room and begin interviewing the patient, at first nonverbally, and then with our questions. We decide if OMT would likely be beneficial to that patient, and if so, we obtain their consent. Then we center ourselves, and align ourselves with our patient. When there is nothing else in our mind except that patient’s body/mind/spirit, and how we will enter into a dance of healing with them, then we begin our treatment.

I learned from the potter’s wheel a new found respect for the intentional decision to become focused on the task at hand, and let nothing else enter my thoughts. I learned to concentrate only

on the speed of the wheel, the wetness and consistency of the clay, and the position of my hands in relation to the clay. I remember noticing the tension in my triceps muscle, as I learned to pull the clay toward me, and against the centrifugal force of the wheel. I have utilized this same concept when doing OMT, where I am not just pushing or pulling a bone or fascial band, but balancing that body from within, allowing it to function more fully, gracefully, and comfortably. I have found this skill to be crucial in being able to treat the “rich and famous”. I remember my first time I treated my then Department Chairperson, Dr. Mike Kuchera, when I was a resident. I was so nervous that I was shaking, even though I had known him for a long time, as we had graduated only a year apart from KCOM a little more than 10 years prior, and his wife and I had been friends before I ever even met Dr. Mike. What he received was an articulatory treatment! Now I am much better able to simply interact with the center of the being on my table. I am not tied to the outcome – only to doing my best for that treatment. I can treat the wealthy, or famous, or everyday person with the same level of intent and skill. I am freed from feeling that those who travel hours or days to come to me for treatment deserve more. What they deserve is my best, which is not necessarily more. I am freed from ego-centric caring what the outcome of “my” treatment will be. So I do not feel the pressure of “proving” osteopathy to a skeptic who is giving it a try. All I have control over is what I bring to that interaction, and the patient then does with it what he or she will. It is freeing, to be centered. But it is not necessarily easy or automatic. Surely, it is much easier and automatic with practice, but I find it still requires intention on a regular basis.



And where does this centering come from? Again, taking the metaphor of throwing a clay pot, after I had learned to throw the clay into the center of the spinning wheel, then came the centering. I was using much hand strength to mould the clay, while pulling it toward me so it would not spin off the wheel. My hands got very tired, but my lumps of clay were still not centered. When I would open them, they were lopsided. They would not be pots I would put into a kiln to fire – as I learned the hard way. So, they were thrown into the clay recycling bucket, and I would try centering another pot. I remember the “aha!” moment when I finally really understood where the strength comes from in centering. And it was not that I needed more hand strength. It was strength from my core being – from my solar plexus. I learned this when my teacher put her hands over mine on my small wedge of clay, and centered my clay through

my hands. She certainly had strength in her hands, but her hand muscles were gentle. Her strength was a tension in every muscle and tendon in her arms, and shoulders, and upper back, strengthened by her abdomen and lower back and the very center of her being. I got it. “What you need to do pottery is hand strength and concentration”, my teacher said when I first began pottery lessons. That was the “concentration” part she was talking about! And I use that same lesson with my patients, of centering myself before I ever begin to treat a patient, from the very center of my being, and with my whole being.

I have long felt that the reason those DOs who regularly practice “traditional osteopathy”, as the Canadians call it, are youthful in mind and spirit even into their advanced years, is because they learned the art of being in the moment, fully concentrating on the body/mind/spirit of the person on their table. I have diligently worked to achieve this skill in my osteopathic practice over the past three decades, and I still have a ways to go. Whenever my mind wanders during the treatment, my results are less optimal. Whenever my mind wanders, the child under my hands begins fussing or acting out, clearly reminding me to refocus on them. I believe the skill we develop centering ourselves, and being totally concentrated in the moment is a gift we receive from our work, and the more we are able to be totally in the moment with our patient, the more refreshed our spirit becomes. We may go home tired physically, but mentally and spiritually we have been replenished from being still and meditative with our patients throughout the day.

When is enough, enough?

My pottery teacher asked me “How long does it take to make a good pot?” The answer was “As long as it takes.” She then asked “When is enough, enough?” At that point, she gave a little shove against my hand which was opening up a pot, and simply smiled and walked away, commenting that she was confident I could straighten it out. These are good questions to ponder in the practice of traditional osteopathy as well.

Is the end point for the treatment session when the 15, 30 or 60 minutes are up; or when we have treated from head to toe; or when the patient’s symptom is improved; or when we feel the patient has had the intervention they need for their body to work with over the next few days or weeks? Do we use the 12 or 20 treatments allowed by the patient’s insurance company as determiner of treatment end point? Or are we done when the functionality desired by the patient or parent has been achieved? I remember table training a young osteopathic physician during a seminar. He was unsuccessful in the technique he had provided to his partner. When I asked what he would do from here, he answered that he had administered the technique correctly, and there was nothing else to do. Someday, he will know that administering a technique properly and administering an effective treatment are worlds apart. But, again, that comes from years of experience.

For me, I know I am close to done for that visit or problem when I can feel the cranial rhythmic impulse (CRI) rush into the area of least vitality. I have also learned that when I do feel the CRI in that area, I am done. Or at least should be done! My toughest osteopathic teachers, my patients, have shown me that when I continue the treatment because I have more things I would like to treat; I undo much of what has just occurred in that interaction. It feels to me as if the patient’s being is pushing me away with the CRI, in essence saying “You are done; now it is my turn.”

“Do your work, and then step back.”

I have learned that I am not always aware when a healing



event has occurred. I remember the first time when I became aware of the fact that I may be helping someone even when I am not feeling at my best, or have not had an awareness they were significantly changed. I was conducting a demonstration of lumbar myofascial release for a group of 3rd year osteopathic medical students soon after completion of my neuromusculoskeletal medicine/osteopathic manipulative medicine residency. For no particular reason, which I now know was from intuitive knowledge, I placed one hand on the lumbar area and my other hand on the mid-thoracic area of the student who had volunteered to be the model, to complement the unwinding. Many months later that student told me how much that simple treatment had helped him with a chronic problem. It

was my impression that nothing of significance had occurred. And so I have learned the same lesson over and over. There are days when I feel as inept as I did the first time I did an osteopathic manipulative medicine consult in the hospital, when I feel as if I have not been helpful to anyone whom I have treated that day. But I have also learned that my judgment of whether that treatment was helpful or not is not what really matters anyway. It is the patient’s opinion of that treatment which matters.

And so I continue each day, centering myself before I begin with each patient; clearing my mind so my entire being is concentrating only on that patient; knowing that I have really only begun on the path to mastery in my chosen field; letting the patient’s body tell me when enough is enough; and doing my work, then stepping back. At that moment, my job is done.

I thank you for your kind attention to my discourse on osteopathy today. I would like to thank my pottery teacher, Ms. Diana Hunt, who taught me about more than just playing in the dirt, and my patients, who have taught me everything I truly know about osteopathy.

References

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