

# Dig On



## Legends and Lessons: William “Wild Bill” Wyatt, DO



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Remembering Dr. Wyatt brings to mind warm memories filled with important lessons. I hope to honor him by speaking on behalf of the many he inspired and to those that would benefit from learning about one who contributed much to our traditional osteopathic heritage.

I first met this remarkable osteopath as a student in osteopathic principles and practice at the New England College of Osteopathic Medicine (NECOM), in Maine, just in its third entering class, 25 years ago. He seemed larger than life, radiating an immense aura of warmth amidst a jovial demeanor. He was extraordinarily articulate and demonstrative, yet rather soft-spoken. He was also a master at being able to shift, between all ranges of necessary forces according to the needs of the patient, from the subtle to the unmistakable. With movements of certainty and artistic skill, he literally choreographed a therapeutic dance bringing the patient into balance. Indeed, he personified this “shape shifting” ability: for all his appearance he was quite gentle. His authenticity and passion about osteopathy made him instantly captivating and effective in transmitting ideas that often tended to be difficult to convey.

It was apparent that the most important aspect of osteopathy to him was the primary respiratory mechanism (PRM). Right off, he impressed upon us the value of dedicating at least a few moments to deeply palpating the cranium of each of our future patients. Our first priority, he emphasized, was to sense the rhythm it expressed, evidence of the unseen force that gave us growth, healing and life. (Legend has it that the early members of the Sutherland Cranial Teaching Foundation, were excited and insistent about Dr. Wyatt attending a basic course. When he finally attended and was guided into palpation of the PRM, he exclaimed something to the effect of “Is this what you guys have been talking about? – I’ve been doing this all along!”) The very first lab session was simple but profound: it consisted of immediate and total immersion (obviously to offer us a glimpse of the ultimate truth before our allopathic corruption) into the core of osteopathy, having us attempt sensing of the cranial rhythmic impulse (CRI) of the PRM at the head. He displayed genuine joy when one of his students excitedly broke the silence and announced he could sense the CRI!

During my first year at NECOM, I was also fortunate to

have been assigned to him as my preceptor, at his office in Portland. While waiting to begin, I read through his extensive osteopathic curriculum vitae in brochure format. I remember that, despite his impressive academic achievements, he was not at all pretentious, even in the least. His sense of joy as a practicing osteopathic physician was also indelible. He taught me to be relaxed, more human with patients – to see them as people, and when appropriate, to lighten up the process of healing. I remember him helping many with complex problems that defied ordinary measures in a serious manner, only to interject a big smile, laugh or skit. On one occasion he staged an impromptu performance by marching around the waiting room wearing a funnel shaped object, which he noticed was nearby, wearing it upside down on top of his head for an impression of the Tin Man, a la The Wizard of Oz. It was as if this lesson came from knowing that I too would someday be deeply enjoying and yet struggling with the realities of practicing traditional osteopathy in an allopathic world. (He foresaw and stated that traditional osteopathy would not be accepted in the next (our) generation, but rather the one after us, because it was such a radical departure from the accepted and prevailing ordinary, “quick fix” approach.)

Since he was usually “in the moment”, a sense of play permeated his treatments; he seemed free from attachment to an outcome. Allowing a ready sense of play would help me to be more in the present moment and detach from clinical goals, freeing both myself and the patient from the burden of expectation, especially in the face of profound dysfunction. Osteopathic practice without these pressures would prove to nurture a more objective, expanded awareness from which diagnosis and treatment could unfold naturally. In turn, my own osteopathic learning and subsequent growth would be unhindered and encouraged, as well. It also allowed humor to be able to be accurately administered, to aid in the process of healing or the relief of suffering.

He endeavored to make osteopathy alive, something real, so we could hopefully grasp and enjoy its essence firsthand and thereby remember to consider it in our future interactions with patients. In addition to open-ended dynamic sensing sessions aimed at giving us a glimpse of the spirit of osteopathy, I remember he invited someone from his practice into class as a “live patient.” To better illustrate the intercon-

nectedness of the body, we were to consider that the woman standing before us suffered from chronic headaches, but from what area? He was pleased a student guessed the root cause was from a restricted sacrum.

My learning was further reinforced in another preceptorship rotation with him while he did real osteopathic rounds throughout the old Osteopathic Hospital of Maine. My first lesson in seeing past the illusion of fragility of patients, especially infants, came from him. I observed him going through the nursery, when necessary, confidently thrusting the cervical spines of newborns. He would hold them upside down by their ankles with one hand, apparently so the baby's head could serve as a means of traction, while he expertly sidebent and rotated it through the restrictive barrier. The mothers typically expressed relief and gratitude that he treated their babies.

From time to time he would comment on his early practice frustrations, then, apparently in non-manipulative practice settings. He spoke from experience as one whom evolved towards a more comprehensive and compassionate approach to suffering through osteopathic manipulation, much like the founder. This occurred many years before the public would be openly introduced to the concept of integrative medicine. It was a deep lesson to know that one could successfully integrate osteopathic diagnosis and treatment with ordinary medical knowledge.

His sense of charity was also immense. He often held elective nighttime workshops for interested students on the more subtle, energetic aspects of osteopathy. Not only would he donate food and drink, but also what I now realize was precious time and energy, in light of his large practice and family (12 children). He spoke of having and raising children, as many as God provided, with a reverence and welcoming joy rare for the times). His lessons on tactile sensing of alterations in the supine patient's aura or how one could become a human compass, for instance, supported and contributed greatly to my newly developing understanding of the many dimensions, and possibilities, within the evidently far reaching realm of osteopathy.

I understood that he gave unselfishly as he was given to; his abilities apparently given to him as a gift from above. It was not uncommon for him to treat students when they requested it of him. I remember an upper-classman stopping him in the school staircase with an acute hand strain. In addition to observing his generosity with osteopathic teaching, it left an impression to see him "practice what he preached" by effectively treating the entire limb and its attachments, in a way the original "lightening bonesetter" would have greatly approved of. Another time I recall him proudly telling me about a conference he had just attended. He was happy to have treated a hundred or so people without interruption, poolside, and in record time!

I recall Dr. Wyatt telling a group of us the story of how

an infant patient of his died of negligence on behalf of the child's parents. He was noticeably still deeply disturbed by this event by how he spoke about it, even though it apparently took place many years before. It was one of many instances where his compassion showed itself.

A simple and profound technique he taught, which comes to mind, has served me well throughout the years. With patient supine and osteopath standing at the foot of the table, both heels are firmly cradled. With knees locked, the doctor leans backwards, allowing both legs of the patient to be drawn inferiorly. This allows sequential engaging and releasing of restrictive barriers present throughout the body. Modifications could include treating one leg and its attachments at a time or adding internal or external rotation, and/or, abduction or adduction of the limbs for enhanced barrier engagement. Far beyond cataloging a technique, Dr. Wyatt explained the profound effect this approach had in decompressing the long-

term and continual, repetitive cumulative compressive impacting forces that gravity had on the entire upright body, especially affecting the lumbosacral region. (I have adjunctly "prescribed" this, in a simplified version, as a way in which patients with lumbosacral area restrictions could be somewhat helped by a caregiver at home. In this instance directions are to have the patient lie supine on

a bed while both heels are firmly cupped, whereby "traction" is sustained for 5 to 10 minutes, once or twice a day, or so. At least one release usually occurs over this amount of time, and often obviates the need for pharmacotherapy.)

Another time he reinforced the value of hunting further a-field, in this instance to consider the forgotten region of the anterior cervical musculature and fascia. With the patient supine, through a guided and thorough and precise palpation, I was surprised to discover various shaped and textured strains, many severe but apparently asymptomatic. He taught a direct soft tissue approach with finger pads for a very fine focal motion testing and release of myofascial strains in and around the sternocleidomastoid muscles, hyoid, etc. I would return to this lesson countless times to allow my fingertips to operate in confined quarters or to open my sensing up to what was distant or not obvious to help what was. The lesson added a vital dimension to treating thoracic inlet, temporomandibular and neck dysfunctions.

Looking back, "Wild Bill" was living and teaching the importance of treating from a state of fluidity, the art of being able to consciously shift perspective at will. His ability to be in the moment expanded or divided his awareness, allowing him to respond dynamically and promptly to the guidance of the "physician within". In this way he encouraged me to scan, sense and move with and respond dynamically to the flow of what was emerging throughout a treatment session.

He was probably the first to teach me the necessity of integrating and applying all ranges of force for release. High

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velocity could precede or follow indirect cranial technique if that's what the body was calling for and the operator was awake enough to appropriately shift, providing the necessary forces. He was the first to explain the causes and importance of so-called "treatment reactions" involving post-treatment soreness from local lactic acidosis mobilization, and also vertigo, as a necessary reorienting phase of the semicircular canals after body rebalancing. All these lessons helped me begin to understand what was needed to help people with all types, degrees and levels of pathology and how to guide them in the wake of treatment so they could stay with and thereby fully benefit from the process.

He also seemed to be a never ending well of insights in matters concerning the care of osteopathic patients. He taught me that a visual acuity problem could be determined just by looking through the patient's glasses, held at arm's length. Inestimable was his lesson on distracting the patient by applying a tap or two, just before high velocity low amplitude technique. It consistently dramatically de-tenses the guarding common in engaging a tender restrictive barrier or approaching the body, especially the cervical region, in this manner. His "signature" distractive tapping preparatory maneuver has helped countless suffering patients desperately in need of this form of osteopathic adjustment.

His warning that "Pain is a liar!" proved correct after treating many hundreds of painless, yet restricted sacroiliac joints on the side opposite the symptomatic side. He knew the importance of practice life lessons in a field that was as much an art as a science, so was quick to interject his expansive experienced-based knowledge. I know he would be deeply saddened to see the current trend in medicine to discard or disregard anything that was not deemed evidenced based according to studies limited to "one-size-fits-all" protocols. In this regard he, like the founder, held true to the idea that osteopathic principles, primarily, should be taught as the foundation to practice, with the study of techniques used as a way to discover the principles first hand by direct experience. As I am increasingly challenged on a minute to minute basis, this proved to be an absolute blessing. To be able to modify techniques, devise and combine modalities to precisely suit the unique patient and individual strains at hand, with all their endless nuances, are tools he gave me that are always available. This kind of osteopathic learning, promoted clarity and confidence, and would provide an ever-present compass, for the storms from complex pathology that would present in everyday practice. His teaching helped me be able to craft durable and reliable tools; a detail-laden, technically overwhelming approach, weak in principles, could not have cultivated.

Dr. Wyatt shined at the American Academy of Osteopathy annual convocation's "Evening with the Stars", an informal but highly influential workshop where very experienced senior manipulating DOs inspire young would be osteopaths. I can still picture him, effervescent, as the awed students stood crowded around a real living osteopathic master at work. His demonstrations (e.g.: diagnosing of a piriformis restriction by observing leg position) seemed effortless,

punctuated with pearls of practical wisdom and complete with before and after visible proof to substantiate his commentary.

He was also cognizant of the fact that the majority of American osteopathic medical students were primarily allopathically oriented and trained. His classroom teaching policies reflected that he did not want to generate further antagonism towards traditional osteopathy, ever aiming to nurture a respect for it in place of the usual perfunctory tolerance. Before one practical exam, for example, he reassuringly announced that "We'll make you pass". There was much wisdom in not blindly forcing one to become an osteopath. If the student's intent was sincere, dedication to experiential study was serious and the longing to serve others in this way was present, he knew a student would receive training from the osteopathic community.

A lesson about humility came from observing him in his office at the end of another busy day. At the outset of his last appointment with a somewhat forlorn appearing young woman, he announced that he was going to completely do over the previous visit: he had decided the treatment session would not count because he apparently felt it did not measure up. It left an impression that he openly and directly addressed the situation for the benefit of both patient and me. Years later, only after having my own patients and students could I fully appreciate the importance of that incident.

I will always remember Dr. Wyatt's uniquely colorful, joyful spirit, his capacity for inspiring, sharing and applying traditional osteopathic teachings. His profound love of osteopathy made him an ideal influence and guide into this sacred world for many. I feel blessed to have been a student of his and to be able to contribute to his memory by sharing some lessons from such a beloved osteopath.

"In stillness, I light-bodied, set out for the other world."

1. Hoffmann, Yoel (ed.): Japanese Death Poems, Charles Tuttle Co., Inc., Rutland, VT, 1986, p. 186-7.

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