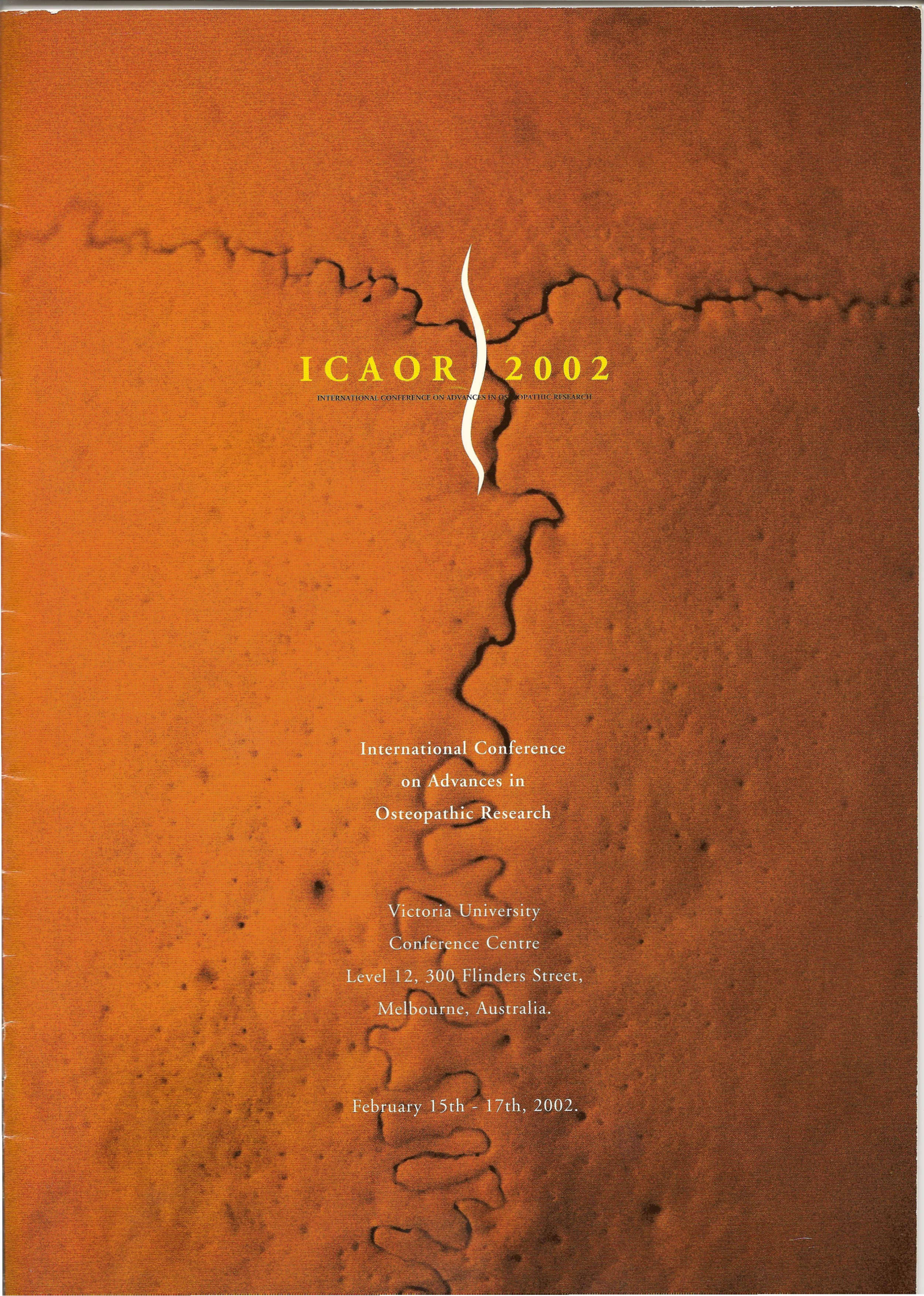

International Conference on Advances in Osteopathic Research

Victoria University
Conference Centre
Level 12, 300 Flinders Street,
Melbourne, Australia.

February 15th - 17th, 2002.

Programme

Friday

7.30 - 9.00 pm
Cocktail party. Level 12, 300 Flinders Street, Melbourne. Conference registration, official opening, and trade show.

Saturday

8.30 am - Registration opens
9.00 am - Morning Session 1: Keynote address
Acute and chronic pain
Frank Willard, PhD, University of New England, Biddeford, Maine, USA.
10.20 am - Morning tea
10.40 am -
Morning Session 2: Research presentations
- "Bodylearning:" A study of three years of osteopathy-in-action in a UK 'special' primary school for children with 'emotional and behavioural difficulties.' R Power.
- "Body expression:" An osteopathic interpretation of the body postures and expression of children with emotional and behavioural difficulties. A Morgan.
- Effect of visceral osteopathy on gastrointestinal abnormalities in children with autistic disorders. I Bramati-Castellarin, M Janossa.

12.15 pm - Lunch
1.30 pm -
Afternoon Session 1: Research presentations
- Anatomical evidence for cranial suture movement. C McGrath, S Mercer.
- Osteopathic treatment changes the behaviour of upper extremity in a co-ordinated task. BJ Gutnik, J Nicholson, G Hudson, Wei Go, C Standen, D Gale, J Miller.
- Osteopathic treatment improves bimanual co-ordination in a simple isometric task. D Gale, BJ Gutnik, J Nicholson, C Standen, J Miller.

3.00 pm - Afternoon tea
3.20 pm -
Afternoon Session 2: Research presentations
- The Osteopath's case history: A biopsychosocial insight into low back pain? N Penney.
- Alternate hot and cold hydrotherapy enhances muscle function. T Lipman, N Walters.

4.20 pm -
Concurrent workshops to select from
5.15 pm - Closing remarks
7.00 pm - Conference dinner
Dinner speaker: Clive Standen, UNITEC, Auckland, New Zealand.

Sunday

8.45 am - Registration opens
9.00 am - Morning Session 3: Keynote address
Indications for lumbar discectomy
David de la Harpe, Spine surgeon, Melbourne, Australia.
10.20 am - Morning tea
10.40 am -
Morning Session 4: Research presentations
- Upper limb development in osteopathic trainees. IP Drysdale, H Hinkley, M Mehta.
- The efficacy of stretching for prevention of exercise-related injury: A systematic review of the literature. S Weldon.
- The relationship between the duration of sub-maximal isometric contraction (MET) and improvement in the range of passive knee extension. M Mehta, P Hatton.

12.10 pm - Lunch
1.30 pm -
Afternoon Session 3: Research presentations
- Lumbo-pelvic associations with hamstring strain in professional soccer players. M Wallden, N Walters.
- A comparison of the effects of manipulation to the talocrural joint with the articulations of the spine. GA Fryer, JM Mudge, PA McLaughlin.
- The effect of atlanto-axial joint manipulation on vertebral artery blood flow. G DeAntonis, CMcR Gosling, PF Gibbons.

3.00 pm - Afternoon tea
3.20 pm -
Afternoon Session 4: Research presentations
- Overseas electives for LECOM students: Opportunities to learn about health care in different settings and introduce an American model of osteopathic medicine. R Nassiri, SM Ferretti, JM Ferretti.
- Is manual therapy a rational approach for improving health related quality of life of people with arthritis? M Cameron, MB Andersen, H Speed.
- Prolonged effect of maximal effort exercise and osteopathic manipulative treatment on women with multiple sclerosis: A pilot sudy. HA Yates, TC Vardy, ML Kuchera, B Ripley, JC Johnson, RT Dombroski.

4.50 pm - Closing remarks
Date and location for next ICAOR
5.00 pm - Close

patters are released (Nathan 1999) and the child is made aware of their body image. Body awareness facilitates physical and emotional releases which produce an associated behaviour (Nathan 1999). For children with EBD's, "acting out" their emotions may be progressive but also disruptive in family, school and social settings. This paper suggests that osteopathic contact that supports emotional and somatic release within explicit boundaries enables positive behaviour development from children with low self esteem and poor self image.

References

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Kurtz R & Prestera H, 1976 Body reveals Harper & Row, New York.

Latey PJ, 1979 The muscular manifesto, Osteopathic publishing, London

Latey PJ, 1996, Feelings, muscles and movement, Journal of bodywork and movement therapies, 1(1),44-52.

Meyer J, 2000, Using qualitative methods in health related action research, British Medical Journal, 320; 178-181.

Nathan B, 1999 Touch and emotion in manual therapy, Churchill Livingstone, London

Presenter: Iona Bramati-Castellarin

Effect of Visceral Osteopathy on the gastrointestinal absnomalities in children with autistic discorders.

Iona Bramati-Castellarin and Margit Janossa, MD
British College of Naturopathy and Osteopathy, London, UK

Autism is a Preservative Developmental Disorder; impairment of social relationship, impairment of social communication and social imagination without other disability. Most of the children with autistic disorders suffer from gastrointestinal disorders, such as diarrhoea/constipation, bloating and abdominal pain. Recent studies reported that the majority of the children with autistic disorders had gradual improvement in those gastrointestinal symptoms and in social and behavioural skills after repeated injections of a gastrointestinal peptide hormone, called secretin. (2,5,6).

Secretin is produced by S-cells in the duodenum and jejunum and absorbed at the terminal ileum. The primary action of this hormone is to increase the volume and the bicarbonate content of secreted pancreatic juice and inhibit gastric emptying. (3,4)

Our study utilised abdominal-visceral osteopathic techniques on thirteen children aged 3 to 8 with autistic disorders to investigate the possible effects. All of the children in the study were suffering from these gastrointestinal disorders, and also presented with the impaired social relationship and social communication, but were otherwise healthy.

Each subject was given five treatment sessions, one a week for five weeks. Each session was limited to thirty minutes. Two special schools for autistic children were randomly selected for participation in this study. The children's parents and teachers, completed the "Before Treatment" and "After Treatment" Questionnaire which were collected a week after the fifth treatment. The treatments were directed towards the duodenum, ileo-cecal valve, sigmoid and pancreas areas.

Statistical analysis of the results, using "t-test" showed significant improvement in the gastrointestinal symptoms of bloating, diarrhoea, constipation, abdominal pain, and also in social communication, such as in the aspect of "lack of awareness of social rules, poor comprehension of verbal instructions and cannot make friends".

This pilot study, has limitations, but encourages more substantive research on this subject.

References

1. On the biological assay of secretin. The reference standard. Jorpes E, and Mutt, V. Acta Physiol Scand 66 (1966) 316-325.

2. Gastrointestinal abnormalities in children with autistic disorder.
Horvath K, Papadimitriou JC, Rabsztyn A, Drachenberg C, Tildon JT.
J. Pediatr 1999; 135:559-63.

3. Polypeptide with broad biological activity; isolation from small intestine. Said Sl, Mutt V. Science 1970; 169:1217-8

4. Molecules that protect: the defense of neurons and other cells. Said Sl. J Clin Invest 1996; 97:2163-4

5. Lessons from secretin. Volkmar Fr. N Eng J Med 1999; 341:1842-4

6. Secretin Treatment for Autism. Horvath K. N Eng J Med 2000; 342:1216

Presenter: Christopher McGrath

Anatomical Evidence for Cranial Suture Movement

Chris McGrath[1] and Sue.R. Mercer[2]
1. Dunedin Osteopathic Clinic, Dunedin, New Zealand
2. Dept Anatomy and Structural Biology, University of Otago, Dunedin, New Zealand

Craniosacral therapy is based on the concept that motion is possible between the bones of the adult human cranium and that such motion is palpable. The purpose of this paper is to review the current literature regarding the morphology of the sutures of the adult human cranium and suture force-displacement data in relation to the concepts promulgated by the follows of craniosacral therapy. Review of the literature indicates that sutures are designed to be slightly mobile articulations; that sutures start to fuse in the internal regions of bone by fibrous and then later, by bony bridge formation, most cranial vault sutures fuse in the third decade; and once cranial vault sutures start to fibrose large forces are necessary to move the bones. Thus articular mobility of adult cranial bones is not supported by the scientific literature. Similarly, whether the sensitivity of the examiners' manual sensory awareness is sufficient to detect such small sutural movement, remains open to question. An understanding of the basic structure and function of cranial sutures is imperative if informed decisions regarding the biological rationale of assessment or treatment approaches are to be made in this era of evidence-based healthcare.