

Gathering information

In this issue of JBMT which launches the 6th volume, a compilation is presented of expert responses to the questions raised in the editorial in JBMT 5(4), relative to palpation literacy. It is hoped that additional responses to the palpation debate questions will be carried in future issues of JBMT, and readers are encouraged to submit their thoughts, on this topic, for publication.

The responses in this issue are both encouraging and positive (there are solutions), as well as somewhat depressing (standards are not what they could be). A message emerges from many of the responses, which emphasises the need for foundational palpation and assessment skills, on which all manual treatment ultimately rests, to be well taught, well learned, and well practised. This may be an unsurprising message, but is certainly timely, and therapists already in practise needs to consider just how much focus and priority is given to ensuring that they do not just coast along, employing assessment and palpation methods in habitual ways. Review, reflection, and polishing of these skills may be called for, so ensuring the likelihood of extracting the most reliable information possible from patient encounters. If treatment choices depend on data derived from palpation sources, we owe it to ourselves and our patients to achieve palpation excellence, consistency, and reliability, as we gather evidence.

Journal of Bodywork and Movement Therapies (2002)

6(1), 1

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doi: 10.1054/jbmt.2001.0270, available online at
<http://www.idealibrary.com>



The implications of current palpation skill levels, for both educators and students, are equally profound and urgent. What's to be done? Simons, in his response to the palpation questions, notes that one-on-one tuition is best. In establishing that the student actually palpates what is supposed to be palpated (trigger points in his example), Simons offers his own tissues for evaluation. This is clearly laudable and exceptional approach, unreproducible to any widespread degree. However Simons makes suggestions for educators which are practical, as do a number of the other contributors to the debate, and it is hoped that teachers and institutions will take note of the need for the repetition of closely monitored exercises in palpation skill enhancement.

Additionally, it would be useful to broaden the knowledge and skill base incorporated into palpation training, so that a greater understanding of currently poorly covered topics (see discussion of foot and mouth issues, below) gradually disseminate into the bodywork professions. The response of educators is often that courses are already overloaded, and that there is just no time or space for more topics, or for more detailed study of practical skills. These statements may be valid, but simply represent logistical conundrums in search of solutions. The need for better palpation training is far greater than the organizational problems raised, and cannot be dismissed as being too difficult to solve.

Examples of topics which receive less than adequate exposure in most bodywork training, and just how complex information gathering can be, are to be found in separate articles in this issue by Rothbart and Laughlin. Rothbart investigates the medial column of the foot, demonstrating its inherent influence on bodywide function and dysfunction, including pelvic and shoulder biomechanics. The question raised is whether we can afford not to know how to include evaluation of foot status in our assessments?

Laughlin's article (the first of a two part paper) demonstrates the potential for the extensive evolution of bodywide influences deriving from dental dysfunction. How many of us take a detailed dental history, or investigate the posture of the jaw and teeth, when confronted by patients with complex musculoskeletal problems. And if we do not, how are we to learn these skills? As Goosen, in her response in the palpation debate reminds us, 'we never think about the things we never think about.'

If it is true that for many therapists and practitioners, assessment and palpation standards are at best adequate, added to which important areas of assessment (feet? teeth?) may never even be considered, when musculoskeletal dysfunction is considered, a bleak picture emerges. Hopefully a resolution for the new year might involve a determination to brighten our own corners of this darkness.

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Editor