Introduction to the

*Still Technique*

London Osteopathic Society

2\textsuperscript{nd} November 2011
Hello!

- Jonathan Edis, BSc (Hons) Osteopathy
- Glynn Booker, B.OSt

Distributed by London Osteopathic Society, authorial copyright.
Plan

- Background to the *Still Technique*
- Theory of the *Still Technique*
- Practical demonstration
What is the *Still Technique*?

- “a redevelopment of a method of manipulation that was first discovered and used by...Andrew Taylor Still, MD” (Van Buskirk, 2000, p.7)

Distributed by London Osteopathic Society, authorial copyright. (Author unknown)
The Holy Grail?

http://www.youtube.com/watch?v=QdHSrIPkHU0

(Author unknown, c.1914, Library of Congress Collection)

Distributed by London Osteopathic Society, authorial copyright.
Q: Is the *Still Technique* the technique of Still?
A: Yes…and No

- **Yes**: Based on the written descriptions of Still’s techniques
- **No**: Interpreted by Richard Van Buskirk, DO

Richard Van Buskirk, DO
(not Sven-Göran Eriksson)
So, what is it then?

- OMT
- American
- “indirect then direct” technique
- Immediate results cf. HVT
Applications

- Somatic dysfunction of specific soft tissues and joints
- Situations where HVT does not work or is not applicable
- Suitable for patients of any age with most conditions*

*with modification where necessary
Very useful for...

- 1st rib (superior and inferior ‘lesions’)
- Lumbar Spine
- Pelvis:
  - SIJ (anterior and posterior ‘lesions’)
  - Pubic symphysis
  - Ilio-Psoas
- UEx and LEx
C/I’s and S/E’s

- **Contra Indications:**
  - Lack of consent/patient veto
  - Local tissue trauma (e.g. #) + pain

- **Side Effects:**
  - Soreness/aching (common)
  - “Serious debilitating outcomes” (remote)
So, what does it look like?

Is it that simple?

Not quite!
Key Components

- Sensing hand
  - Monitors tissue response

- Introduction of a *force vector*
  - External compression or traction (5lbs/2kg) to the restricted tissue
  - Maintained throughout the technique

- *Operating hand*
  - Introduces the force vector
  - Moves the tissue past barrier through its *full ROM*
Step-by-step guide

- Find initial position of ease
  - (ease = position/function of the lesion or least TTP)
- Add force vector
- Go to and then through the restriction
  - (reverse all applied levers)
- Hear or feel a release
- Return to neutral and retest
e.g. the radio-humeral joint

- Levers?
- Initial position of ease?
- Add force vector
- Reverse levers
- Retest
Key points to remember...

- Maintain compression or traction
- Full ROM
- Slow and fluent application
- Reassess
- Repeat?
Re-cap

- OMT
- Application = universal
- C/I and S/E = usual
- Starts with *ease*
- Applies a *force vector* throughout
- Goes up to and *through* the restriction
References

- Hildreth, A (1942) *The Lengthening Shadow of Dr Andrew Taylor Still* (2nd edition), Hildreth, AG and van Vleck, AE
- Still, AT (1910) *Osteopathy: Research and Practice*, republished Eastland Press, 1992

Distributed by London Osteopathic Society, authorial copyright.
Contact details & Courses

- Jonathan:
  - jonedis@hotmail.com
  - j.edis@bso.ac.uk

- Glynn:
  - glympnbooker@msn.com
  - g.booker@bso.ac.uk

Still Technique Part 1 – 29th January 2012, BSO
Still Technique Part 2 – 11th March 2012, BSO

Bookings/info: cpd@bso.ac.uk
Thank you!

Any questions?