

# Pathoanatomy vs Psychosocial– Back to the Future?

With Dr Mark Laslett, Dr Angela Cadogan & Flavio Bonnet

On the 18<sup>th</sup> March 2019, Dr Mark Laslett and I were involved in a live social media discussion about the relationship between patho-anatomic diagnosis and psychosocial factors hosted by Flavio Bonnet from the [Agence EBP](#).



We streamed live on Facebook, Twitter and Instagram (in English) from Christchurch, New Zealand. The event was viewed by more than 7,500 people from around the world.

We discussed four main topics. In this series I have provided a summary of the transcript for each topic.



1. Is it possible to make a diagnosis?
2. Does the pathoanatomic approach ignore the psychosocial aspect of the pain experience?
3. What do you say to colleagues who say that diagnosis does not change treatment?
4. How does imaging relate to diagnosis?

Link to video on Twitter: [https://twitter.com/marklaslett\\_NZ/status/1107733389300240384](https://twitter.com/marklaslett_NZ/status/1107733389300240384)

## General Questions from Social Media

Click on the link below to go to the place in the document:

[Specific vs non-specific “pain”](#)

[How to address the psychosocial factors in the clinical setting?](#)

[How do you interpret the results of randomised trials when they include such a wide spectrum of patients?](#)

[Is manual therapy for acute conditions still relevant?](#)

## Is manual therapy for acute conditions still relevant?

- (AC) yes, if it is not contraindicated and not likely to cause any further tissue damage. If it modifies symptoms then it is absolutely appropriate. It is one of many tools we have in our kit for symptom modulation.
- (ML) in acute low back pain: Yes, and No.
  - It is essential in acute lateral shift correction. It is most effective when done as a Manual technique.
  - However as a general tool, I have reduced the amount of Manual therapy I do over the years because I just don't find it necessary. You may get faster results but there is a trade off if the patient becomes dependent upon that to reduce their symptoms.
  - McKenzie said in the 1970s: "why are we manipulating 100% of our patients just to get to the few who need it?"
  - Manual therapy has a role to play and it improves your handling skills. However diagnosis by palpation has no validity and 'is gone'. It's a dinosaur that needs to be buried along with the other Jurassics.

### What manual therapy do you use for the shoulder?

- It is not the only treatment that is used. It is used in conjunction with other things.
- The context is explained so that patients don't have false expectations of its results (to avoid reliance/dependence).
- It is useful when it modifies symptoms to reduce pain or allow progression with rehabilitation
- Selection of Manual therapy is linked to assessment findings e.g.
  - If the patient has a painful loss of internal rotation, tight posterior structures and a posterior glide of the humeral head reduces their symptoms I will use a posteriorly glide
    - Scapula assistance techniques are sometimes used that are reinforced with taping and other muscle strengthening exercises
    - Thoracic and cervical spine techniques can be helpful if these improve symptoms and improve kinetic chain function.