Manipulative Methods of Dr. A.T. Still

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The story of Dr. Andrew Taylor Still and his early struggles in the development of Osteopathy is a fascinating one. In the beginning, Dr. Still treated and demonstrated on patients with all kinds of conditions using only his hands as he travelled around the American Midwest. He treated patients anywhere he could, such as on the floor, against a tree or door jamb, on a chair or stool, backed up against a box of goods, or with his foot resting on a fence. In those very early days, he did not have the luxury of an office that most of us have today.[1,2] His courage and belief drove him as he built a successful school and respected profession. It is humbling to think that, without this one man's determination and search for the truth, I would not be sitting here writing this in England and you would not be doing me the honor of reading it.

Dr. Still, the discoverer of our science, is a very interesting man indeed. He possessed numerous skills and had many interests, both inside and outside of Osteopathy. To comment on these individually would fill, I am sure, the pages of a very large book. Personally, I find all things having to do with Dr. Still fascinating, and we as a profession are constantly learning more and more about this great man as new information about him and his life frequently comes to light.

Not a great deal is known regarding his manipulative methods, however. Many patients and students believed Dr. Still possessed clairvoyant-type powers and found his technique difficult to copy. This is no doubt why he initially hesitated to write down his technique—for fear that his students would just imitate him and not think for themselves. He had been developing Osteopathy for nearly 20 years, aiming to improve upon the medicine of the day, and his early students did not always understand what he was doing. Dr. Still was a philosopher, a thinker, a reasoner and a keen observer. He wanted his students to be the same and to grasp the principles of his new discovery.

In addition to initially not writing down his methods, Dr. Still, as far as we know, did not teach technique. He may, however, have had a change of heart later in his life, as there is evidence that Dr. Still was granted copyright by the Library of Congress in 1899 to create a book on illustrated practice.[3] Unfortunately, the book was never published. He did, though, treat and demonstrate in the operating rooms of the infirmary of the American School of Osteopathy (ASO), insisting treatment be of a soothing, inhibitory and quieting character, not a rough manipulation, which would only serve to increase the inflammatory state of the tissues.[4] However, he rarely did the same thing twice, which caused much frustration and confusion among his students, as they could not figure out what he was doing. This inability to copy Dr. Still may have been the reason why his delicate precision and long leverages were all but discarded, being replaced by dreaded general treatments, as well as the solitary thrust type of technique.

This does not mean Dr. Still was not specific in his treatment—there is no doubt that he was—but specificity can mean different things to different people. A quote from Dr. Still during the 1920s sums it up: "By specific I do not mean a treatment lasting three minutes or five minutes, but a treatment, every movement of which has a definite object in view."[5] In other words, osteopathic treatment is not governed by the clock or whether cavitation occurs.

Dr. Still cared little for the popping and clicking type of technique, stating, "When the instructor asks if it is good, sensible practice to pull, twist, strain or jerk a neck, spine or rib until it cracks or makes a noise, tell him he who has no object in adjusting a neck but to hear it crack is a brainless bigot of whom a mature mechanic would be ashamed."[6]

Dr. Arthur Hildreth, a graduate of the first class of the ASO and a personal friend of Dr. Still's, recalls how Dr. Still paid great attention to the soft tissues as a preliminary to any attempt at setting a bone (as it was often called). He would not attempt a correction until the soft tissues had been prepared to the point where the correction had a reasonable chance of being maintained.[4] This, of course, may take one treatment or many, depending on the case. Philip A. Jackson told the story of Dr. David Clark, an 1898 ASO graduate whose own neck injury was treated by Dr. Still every day for three weeks using only soft tissue treatment before any correction was made.[7]

Although there were those cases that produced the so-called miracle cures, where patients were given almost instant relief, Osteopathy was born during a time where the quick fix was not necessarily expected. According to Emmons Rutledge Booth, quick results were often viewed with suspicion, with patients fearing that some kind of witchcraft had been worked upon them.[1] Most expected their treatment to take time, such that the inns and local residents' houses were full of patients for months on end.

But how did Dr. Still learn his manipulative methods? Well, he no doubt looked into many of the therapies and methods of the time, along with possibly being influenced by philosophical and scientific works.[8] However, I believe he ultimately just worked them out for himself. Remember that he was a practical man—a farmer with an excellent mechanical mind—and, although not a new concept, he likened the human body to a machine. With his knowledge of mechanics and a thirst for studying anatomy, he developed his own methods and approach to treating the body.

What Dr. Still actually did is both a mystery and a fascination. It has been more than 90 years since Dr. Still passed away, and all those who had any personal knowledge of the Old Doctor's methods are long gone. There are existing eyewitness accounts of him treating patients, but they lack real detail.[1,2,9] There are those who believe he practiced what has come to be called the Still Technique.[10] Maybe this is true, but I do not think so—certainly not exclusively anyway. The name "Still Technique" is unfortunate, as it implies this form of manipulation was used solely by the founder, when in fact it appears he employed many methods to adjust the body, just like today's practitioners. That is not to say the Still Technique is not an excellent treatment tool—it is—but it is based on descriptions of techniques written by Dr. Charles Hazzard, an early faculty member of the ASO, and not by Dr. Still himself.[11]

A problem with these, and indeed all written accounts, is possible misinterpretation of what was actually witnessed, along with the interpretation of those reading the account many years later. These points are brought to light when Dr. Richard Van Buskirk, author of *The Still Technique Manual*, questions Dr. Hazzard's accounts—in particular, whether a direct force really needs to be introduced onto a specific spinal element or first rib, or if a strong force is really necessary. Dr. Van Buskirk's own queries raise doubts about Dr. Hazzard's descriptions as a source of Dr. Still's technique.[10]

The Still Technique as described by Dr. Van Buskirk suggests that the Old Doctor used a technique that was first indirect, then direct—referring to an initial exaggeration of the lesion. However, it then suggests that a single application to a single tissue/structure was used without any repetition.[10] We know from his writings that Dr. Still addressed the whole body and considered not just tissues, but regions and underlying physiology, as can be seen from some of his quotes below.[12]

"Normalize every bone of the whole spine and limbs."

"Proceed to adjust all variations in every joint from the occiput to the lumbar spine and ribs."

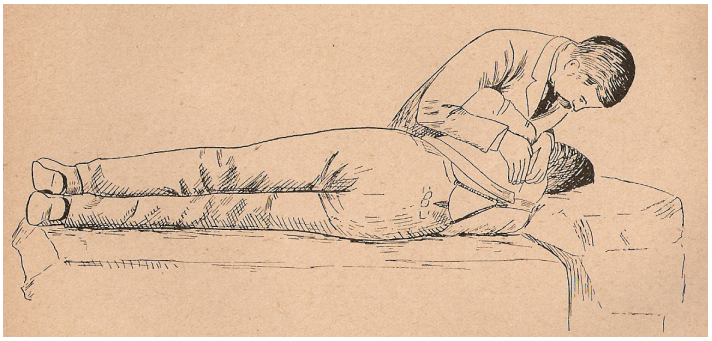


***Figure 1**: Freeing the vital forces and equalizing the circulation*[15]

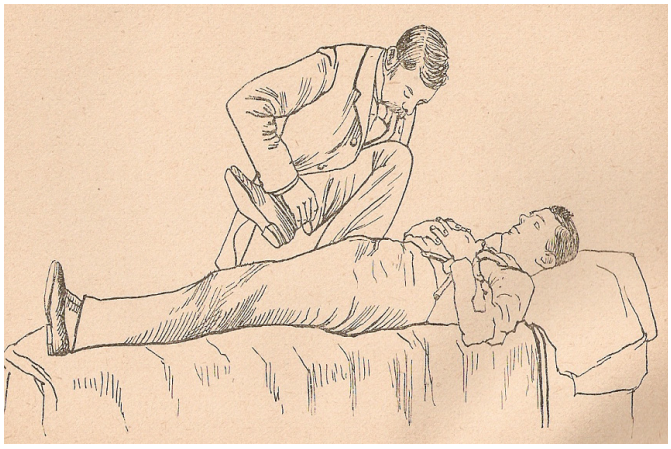


***Figure 2:** Stretching the sciatic nerve*[15]

"...not leaving my patient until I have perfect articulation from the sacrum to the occiput."

"...free up the axillary system..."

"...open up the blood vessels of the axilla on both sides of the body..."

"Treat the splanchnic area thoroughly."

When writing down a manipulative method, only the principal movements need to be given in order to avoid prescriptive treatment. There is no need to tell the reader how many times to repeat these movements, whether during a treatment or over a series of treatments, as the operator should be able to judge this for his or her self. The reader may well interpret this as meaning only a single maneuver is required. Although Dr. Still may well have used a single application in some instances, or at least written it down as such, there is also evidence from his early students, as well as accounts from Dr. Still written toward the end of his life, that he used a more repetitive, articulatory approach.

If the operator is aiming to change the position of a structure, such as the first rib or clavicle, then a singular

movement may well be all that is needed. However, if working to reduce deep-seated, soft-tissue tension around rigid articulations, then a more repetitious movement is required. This is also the case if aiming to free congestion and affect the circulation of vital fluids, whether locally, such as in the axilla, or more generally, as may be the case when choosing to use a lymphatic pump technique. The long leverages employed in Dr. Still's methods, and their repetitive nature, target multiple tissues during treatment—arguably making it more specific, rather than focusing on a single tissue as described in the Still Technique.

The first book on Osteopathy, published before any of Dr. Still's, was *Osteopathy: The New Science of Healing*, written in 1896 by Dr. Elmer D. Barber, an 1895 ASO graduate. Although this book was denounced by the profession at the time, as it encouraged and instructed the lay person in manipulation, it is an important document. The methods pictured and described in it provide accounts directly related to Dr. Still's teaching at the ASO in the very early days. Barber states in his second book, *Osteopathy Complete*, "Immediately after graduation, we moved to Baxter Springs, Kansas, and engaged in the active practice of Osteopathy. It was during this period when, fresh from the school at Kirksville, Missouri, with our pockets bursting with notes gathered eagerly from the lips of the discoverer of Osteopathy, that our small book, *Osteopathy: The New Science of Healing* was written."[13]

The following descriptions are taken from Dr. Barber's first book.[14] These accounts, which, like Dr. Hazzard's, may be prone to misinterpretation, seem to suggest that a repetitious rather than a single movement was frequently used.

"With the finger ends close to the spine, pressing quite hard, using the arm as a lever, with a circular motion move the muscles under the hand toward the head…after each upward motion, move the hands down an inch, keeping close to the spine and working deep the entire length of the spinal column." (Figure 1).

" To stretch the sciatic nerve, place the patient on his back, stand at the side of the table, and grasp with the right hand the right ankle, your left hand resting lightly on the patient's knee; now flex the leg slowly against the abdomen as far as is possible, using as much strength as the patient can stand. While in this position, move the knee three or four times from right to left, without relaxing the pressure; now solely extend the leg, throwing the knee to the right, the foot to the left." (Figure 2).

"Place the patient on the face, and, while pressing hard on the sacrum immediately below the small of the back, raise the limbs from the table as high as the patient

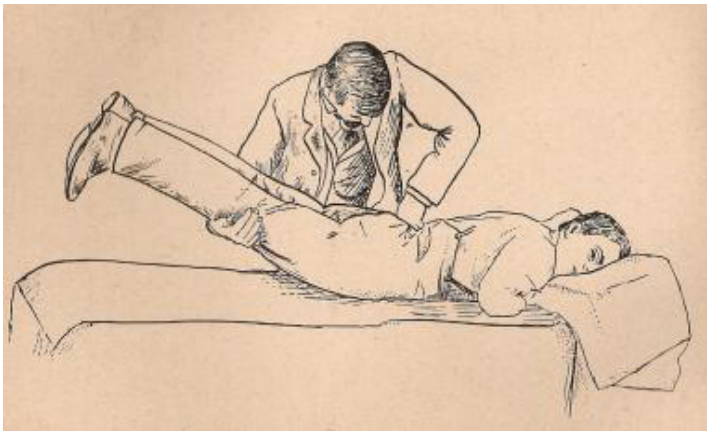
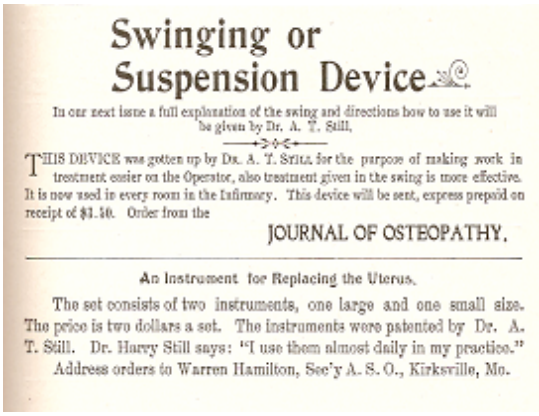


***Figure 3**: Double-leg leverage*[15]



Swinging or Suspension Device.

In our next issue a full explanation of the swing and directions how to use it will be given by Dr. A. T. Still.

THIS DEVICE was gotten up by Dr. A. T. Still for the purpose of making work in treatment easier on the Operator, also treatment given in the swing is more effective. It is now used in every room in the Infirmary. This device will be sent, express prepaid on receipt of $1.50. Order from the

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***Figure 4**: One of Dr. Still's inventions.* Advertisement. *The Journal of Osteopathy.* August 1900;7(3):3.

***Figure 5:** Smith Osteopathic Swing* Advertisement. *The Journal of Osteopathy*. October 1903;10(10): 12.

can bear without too much inconvenience, moving them gently from side to side."

Figure 3 shows the use of the lower extremities as a long, powerful leverage into the pelvis and spine, which can be very taxing on the operator. This may have been why the Old Doctor invented an osteopathic swinging device to ease the strain on the operator. (Figure 4 and Figure 5).

Dr. Guy Dudley Hulett held the post of Assistant in Theory and Practice of Osteopathy at the ASO in the early 1900s. Coming from a family of Osteopaths, he began his osteopathic studies in the fall of 1898. He is reported to have had the special advantage of an "intimate association with the Old Doctor throughout his entire course."[15] Dr. Hulett therefore appears more than qualified to give us an account of the Old Doctor's methods, describing procedures that consist of repetitive movements. In particular, he states that, according to Dr. Still, the treatment of sacral and innominate lesions may be simplified to one or two methods designed to make use of the fact that the sacrum has been driven downward between the iliac structures.

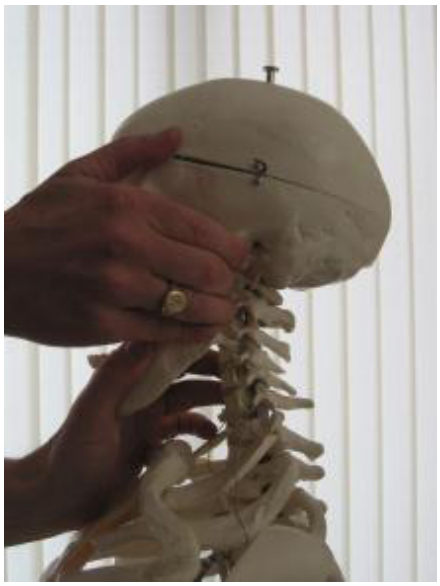
He goes on to say that, when a wedge is driven into a log, it can be withdrawn with much greater ease by working it from side to side than by exerting a straight simple traction force. He uses this analogy when referring to treatment of the sacrum that is wedged between the innominate bones. Dr. Hulett then describes a method whereby the patient is seated on a stool and the ischia are held strongly against the seat. The patient is then grasped and lifted with a rotating, side-to-side movement.[16]

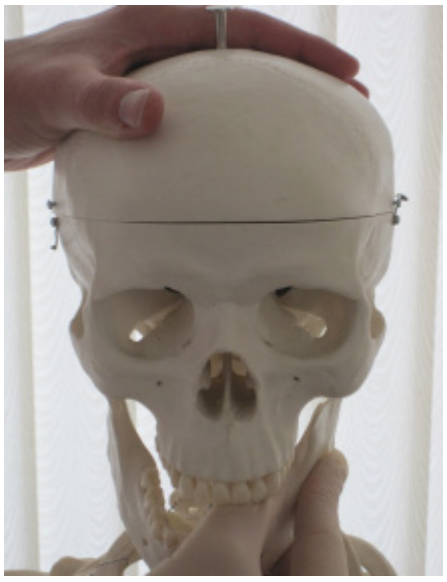
Now, some may say that these descriptions represent early methods used by Dr. Still, and that he changed and refined his approach as he grew older. This may be the case, but he was still using similar methods later in his life, as can be seen in his last published book, which offers an excellent account of his methods. Below are some of Dr. Still's own descriptions of his treatment,[12] which again suggest repetitive, articulatory movements.

"Adjust the inferior maxilla, see that it is not pressing on the ascending carotid artery. When you find that it is, adjust it by placing one hand behind the angle of the jaw, the other on the chin. Ask the patient to open the mouth, then push the chin down, the angle up and forward, with a slight twisting movement crossways, and be sure that the jaw is in its normal position. Be sure that the masseter and buccinator muscles are truly normal. Wrap a handkerchief around your thumb; place it inside the mouth on top of the teeth and gently press down, giving a slight rotary motion right and left." (Figures 6).

"Have your patient get on his knees on the floor. Let the breast be supported by a stool about fourteen inches high so that it will drop the body downward a little, then, coming up behind the patient, take his thighs between your knees firmly and rotate the patient with your knees with a twisting motion, a little to right and then to the left keeping your hands or thumbs at each vertebra till you have them in perfect articulation from the sacrum to the twelfth dorsal. This twisting, rotating motion loosens all the facets of the lumbar vertebra." (Figure 7).

"If my patient was in bed, I had him get out and kneel down at the side of it with his chest resting on the edge of





***Figures 6**: Inferior maxilla*

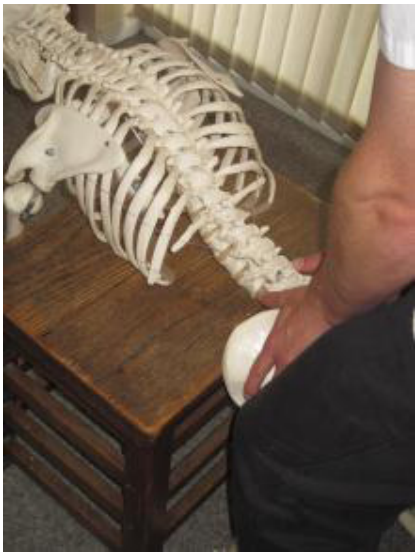


Figure 7: *Knee-chest position, sacrum, lumbar and 12th dorsal*

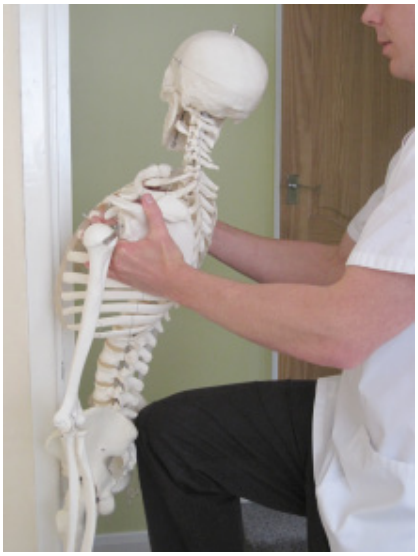


Figure 8: *Door jamb treatment*

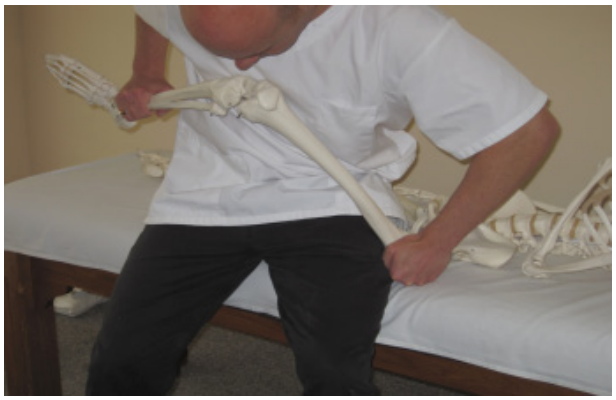


Figure 8: *Hip reatment*

the bed. Then I came up behind him, spread out my knees and took his hips between them. Then with my thumbs one on each side of the spinous processes of the lumbar vertebra, I made hard pressure while, with my knees, I gave his body an oscillating motion, my aim being to give his hips a twist with my knees while I moved my thumbs from joint to joint as I twisted. I continued this on up to the twelfth dorsal."

"If your patient be an adult male or female and sufficiently well to be out of bed, stand him in the doorway with his face and breast against the jamb of the door, then bring a gentle but firm pressure with your knee at the upper part of the sacrum and, with your hands on both his shoulders, pull his body back far enough to bring a gentle pressure over your knee, then swing him from right to left a few times, so as to thoroughly loosen up the lumbar region." (Figure 8).

...."When the patient is a man, I generally treat him in the lumbar region while he is standing up, placing him with his face and breast against the jamb of a door. I set my knee on the upper part of the sacrum, hold that firmly, then place my hands on his shoulders. I draw him backwards, then make a few moves to the right and the left in order to adjust the sacrum to its normal articulation and take the pressure off the renal system." (Figure 8).

"...patient lying on the table on his back with the legs spread out. I sit on the edge of the table with my thigh well up in his crotch. I then take hold of the patient's leg, and with a slight twisting motion, I draw the thigh down towards the socket and hold it with my fingers while I flex the patient's knee and bring it in an easy position to get my breast against it. Then I bear down with my breast and rotate the leg outward and inward a few times, then I straighten the leg out across my thigh and twist the foot a little." (Figure 9).

It can be seen that Dr. Still mostly favored the limbs and spine as long leverages, which were moved around a fulcrum or fixed point. This fixed point may have been anything from a hand, finger, knee, door jamb, post or tree. In addition, Dr. Still also applied subtle amounts of compression or traction toward the sensing fulcrum. The advantages of using a long lever are that it is very powerful and brings into play all tissues, with emphasis where needed. It also appeals to the mechanical equilibrium and integration of the body and, when used correctly, is perfectly safe.

Dr. John Martin Littlejohn recalls that a jerking motion was the continued accompaniment of Dr. Still's rotating, flexing and extending movements.[17] Dr. Littlejohn also describes this jerking as a quick tissue tug. According to modern researchers,[18,19,20,21] this fast movement may well

produce an after effect or alteration in sensory discharge from 1a afferents. This occurs by changing the mechanical character of the muscle spindle receptors, which has been claimed to lead to a reflex inhibition of motor neurons. If this is the case, then Dr. Still may have known this intuitively.

This rapid movement toward the end of a manipulation may also go some way into explaining Dr. Still's "Lightning Bonesetter" title. However, it may also be the case that the word "lightning" has nothing to do with speed, but was used in reference to affecting the flow of energy or electromagnetic forces through the body—a concept that the one-time magnetic healer would have been well aware of.[8]

This short article touches on just some of my own observations. It is by no means definitive, and merely aims to add to the good work done by others. I have purposely not discussed diagnosis, as this is something the Osteopath should know how to do, as Dr. Still would say. It is vital, though, that a thorough examination and diagnosis is made, as to give treatment without either will usually result in failure or overlooking some vital piece of information.

All of the above, as well as other Still methods, I have been teaching and sharing with the international osteopathic profession for some years now. Of course, my own understanding of all these accounts may well be misinterpreted. Whatever Dr. Still did to his patients, it appears that he used a variety and combination of methods rather than just one technique. If you are interested, then I would certainly recommend revisiting the Old Doctor's published books and other writings. However, do not just read them—have fun studying them, for they will yield many precious gems.

We will probably never know exactly what Dr. Still did, and this is no doubt just how he would have wanted it. In time, further accounts of his manipulative approach may well surface, which will add to the information already gathered and bring us ever closer to the Old Doctor and his methods. In the meantime, we should continue to challenge ourselves as practitioners—not by imitating, but by researching, practicing and developing our own individual methods of treatment, while adhering to, and not straying from, the philosophy and principles that were laid down by our founder and discoverer all those years ago.

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