Manual Physical Therapy: We Speak Gibberish

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Robert Aronowitz’s provocative piece in *Annals of Internal Medicine* in 2001 titled “When Do Symptoms Become a Disease?” raised the question as to whether there are rules or norms that govern when a “collection of largely symptom-based criteria has enough specificity, utility, or plausibility to justify the appellation disease.” He turns to history to examine the use of the word *symptom* (from the Greek root, meaning “to fall” and “together”) and its relationship to disease. Aronowitz cites the 1869 *Oxford English Dictionary* definition of *disease* and *symptoms* to elucidate their modern usage and how symptoms have been relegated to the world of the subjective (as opposed to that of objective signs). Scientific medicine strove to find specific diseases in tissue, organs, and cells; but the endeavor continued to be informed by clinicians making astute observations on the patient’s presentation. Aronowitz concludes that social influences most determine when a cluster of symptoms is recognized as a disease. He cites a similar controversy in linguistics—when a dialect is to be recognized as a language—to which a distinguished linguist answered, “A language is a dialect with an army.” Ultimately, the agreed-upon description of the phenomena (eg, symptoms-disease or dialect-language) provides a frame of reference for constructive dialogue. This qualitative turn is an essential first step in the synthesis of concepts and controversies. Norms or rules that govern are best illuminated by an agreed-upon descriptive language.

Descriptive language unites. In December of 2006, the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) convened a task force to create a framework for standardizing manual physical therapy procedures. The impetus came from many years of frustration with our ability to precisely communicate to each other, as well as to stakeholders outside our profession. We asked the task force that they keep it simple and grounded in a physical therapy movement perspective. It would seem like a straightforward task; however, there is a long history of different terminology identifying different manual therapy “tribes” or schools of thought. This tribal terminology was often a mixture of a description and physical therapist perception of what was occurring with the various procedures. We commissioned this project under the name “Operation Broadmoor.” This was a veiled reference to Dr W.C. Minor, one of the most prolific contributors to the Oxford English Dictionary. Dr Minor was an American surgeon in England who researched and contributed nearly 10,000 definition entries to the publication of the gold-standard dictionary. He was subsequently discovered to be an inmate of the Broadmoor Criminal Lunatic Asylum. Winchester, the author of *The Professor and the Madman*, recalls the time when there were no dictionaries (ie, texts illuminating and illustrating definitions of words). We contemporary manual physical therapists similarly live in an epoch without agreed-upon texts or definitions, which makes tackling the profession’s defining question of manual physical therapy communication a bit insane. Insanity aside, the outcomes we hoped that the task force could achieve include the following:

- Unite the physical therapy community.
and stakeholders around a common easily understood language relating to manual physical therapy that can be consistently communicated to physical therapy stakeholders (ie, payers, referral sources, patients, etc)

- Make it easier for educators and students to focus on technical-skill acquisition over language and dialect acquisition
- Publish a widely distributed document that outlines a basic framework of common treatment techniques with the proposed description
- Develop a glossary of technique descriptions for the Manipulation Education Manual
- Facilitate dialogue in this area with our international colleagues

To this end, a contribution titled “A Model for Standardizing Manipulation Terminology In Physical Therapy Practice” is published in this issue of the Journal.

The real question is whether we’re ready to embrace such a consolidation of language. Time will tell.

REFERENCES