

Collected Scientific Research Relating to the Use of Osteopathy with Kidney mobility

Important:

1) Osteopathy involves helping people's own self-healing abilities to work better, rather than focussing primarily on particular conditions.

2) Each person is different, and osteopathy treats them differently.

Therefore people respond to osteopathic treatment in different ways. Treatments that work for one person cannot be guaranteed to work for another person in the same way. The fact that there is scientific research supporting a treatment in a group of people does not mean that it will always work in the same way (which is probably true of all research).

A number of things make research into osteopathy challenging. These include the two aspects of osteopathy mentioned above, and also the lack of major commercial interests to provide funding in expectation of financial returns. At the same time, there is an emerging body of research demonstrating the usefulness of osteopathic treatment.

Please note: there is room for debate about the classifications used for these studies. Please let John Smartt know if you believe that any of these classifications are incorrect.

These studies are from peer-reviewed journals

Number
of studies:
1

Clinically and statistically significant results

Number
of studies:
1

Tozzi P, Bongiorno D, Vitturinia C, 2012 **Low back pain and kidney mobility: local osteopathic fascial manipulation decreases pain perception and improves renal mobility** Journal of Bodywork and Movement Therapies Volume 16, Issue 3, July , Pages 381–391 <http://www.sciencedirect.com/science/article/pii/S1360859212000605>

"Objectives

a) To calculate and compare a Kidney Mobility Score (KMS) in asymptomatic and Low Back Pain (LBP) individuals through real-time Ultrasound (US) investigation. b) To assess the effect of Osteopathic Fascial Manipulation (OFM), consisting of Still Technique (ST) and Fascial Unwinding (FU), on renal mobility in people with non-specific LBP. c) To evaluate 'if' and 'to what degree' pain perception may vary in patients with LBP, after OFM is applied.

Methods

101 asymptomatic people (F 30; M 71; mean age 38.9 ± 8) were evaluated by abdominal US screening. The distance between the superior renal pole of the right kidney and the ipsilateral diaphragmatic pillar was calculated in both maximal expiration (RdE) and maximal inspiration (RdI). The mean of the RdE–RdI ratios provided a Kidney Mobility Score (KMS) in the cohort of asymptomatic people. The same procedure was applied to 140 participants (F 66; M 74; mean age 39.3 ± 8) complaining of non-specific LBP: 109 of whom were randomly assigned to the Experimental group and 31 to the Control group. For both groups, a difference of RdE and RdI values was calculated ($RD = RdE - RdI$), before (RD-T0) and after (RD-T1) treatment was delivered, to assess the effective range of right kidney mobility.

Evaluation

A blind assessment of each patient was carried using US screening. Both groups completed a Short-Form McGill Pain Assessment Questionnaire (SF-MPQ) on the day of recruitment (SF-MPQ T0) as well as on the third day following treatment (SF-MPQ T1). An Osteopathic assessment of the thoraco-lumbo-pelvic region to all the Experimental participants was performed, in order to identify specific areas of major myofascial tension.

Intervention

Each individual of the Experimental group received OFM by the same Osteopath who had previously assessed them. A sham-treatment was applied to the Control group for the equivalent amount of time.

Results

a) The factorial ANOVA test showed a significant difference (p -value < 0.05) between KMS in asymptomatic individuals (1.92 mm, Std. Dev. 1.14) compared with the findings in patients with LBP (1.52 mm, Std. Dev. 0.79). b) The ANOVA test at repeated measures showed a significant difference (p -value < 0.0001) between pre- to post-RD values of the Experimental group compared with those found in the Control. c) A significant difference (p -value < 0.0001) between pre- to post-SF-MPQ results was found in the Experimental cohort compared with those obtained in the Control.

Conclusions

People with non-specific LBP present with a reduced range of kidney mobility compared to the