

Practical course Overview

11am start and conclude at 4pm at Howard's practice in Reading Berkshire UK. Takes place over September and October 2025 on the following alternative Fridays. All food and vegetarian refreshments will be provided.

Dates for 2026 to be announced soon. They will be spread over 2 months on an 'every other Friday' basis.

To get the most out of this Practical Course, you need to have watched all 4 films and preferably completed the assessments. Then we can really focus on the Practical application of this work.

The online course has already made available PDF downloads and filmed lectures, giving related narrative - with directed reading and quotes that will help inform both where the applicable ideas have come from, why they have been evolved and why they are important. It is recommended that you print off and file the online course essays to refer to during the practical course.

Each of the 5 day parts of the Practical Course set out below is designed to build upon the work and learning you have already completed in the online 'Fast Track to Better Practice course'. Now we are more focused on how to apply the prior learning to Practical work on the bench in your practice.

What level of patient complexity will we be covering?

This course is designed to work with groups one and two within our cohorts of patients. Group 3 requires practice experience and competence to take on. Specialist knowledge about the effects of long term palliative treatment that the patient may have previously undertaken, prior to the constitutional approach. It is recommended that you do not take on any cases beyond your skill set and attendance on this course is not an indication of your proficiency. We will be learning the BIO General Osteopathic Routine approach that Howard has evolved in almost 30 years of practice.

The cohorts of patients

how to visualize placing your patient in treatment cohorts, when making your diagnosis. Helps you decide whether or not the patient is within or without your skill set for treatment. In the modern setting patients can fall into 4 basic groupings, namely:

- 1. Able to heal easily.*
- 2. Those with degrees of obstruction to healing events.*
- 3. Those within whom healing events are rare due to long suppression.*
- 4. Those patients who are outside the remit for treatment.*

knowing which one your patient may be in - is an important part of forming a treatment

plan. On the Practical Course we learn to recognise all 4 groups.

What you will learn on the 2 month Practical course

This Practical Course is based around the application of the Constitutional General Osteopathic treatment approach. This uses a bodywork routine designed to stir up and promote healing, and getting this routine potent is a core part of this course. We will also look at diagnosis and patient mentoring, directed articulation and adjustments and everything you need to approach the patient constitutionally.

For those of you new to the approach it's worth pointing out that this General Treatment Routine can be used for every type of case you may see in clinic at the moment. It's co-ordinated approach means you can continue to see your current patients, with a much more satisfying and effective treatment solution. Because you will learn to make a deeper diagnosis of the presenting problem, more stable results will occur. Howard has used this approach for every patient he has ever seen.

The course is designed to be 'fed' by real cases that delegates will be shown how to understand more constitutionally, so you can make the learning immediately useful in your practice.

You can also bring your cases to discuss and we can unpack those as part of this course. This will expand our learning.

You will have access to the BIO members area, during the 2 month span of this course, where resources like films of lectures and pdf's of useful books and articles will be available to extend your learning. You will have an option to continue this BIO membership by a monthly subscription.

Howard will be available for email and phone mentoring, during the 2 month span of the course, and you can log this as additional 'learning with others' cpd. You will have an option, as part of the BIO membership scheme, to continue this valuable resource by monthly subscription.

It is assumed that you have a basic knowledge of Anatomy and Physiology. Key point here is that most have learned from medical texts and these books ignore totally the reflexes that Osteopathic texts are founded upon. This course is designed to re-teach these vital phenomena with an updated narrative that will enable you to use them in diagnosis, palpation and treatment - in a modern clinical setting.

We will be referring to key historical Osteopathic texts and Howard will upload key historical literature from his extensive library, to the BIO member's area for you to access.

You also need to be either a qualified Osteopath or currently a student at an RQ college to be eligible to apply for this Practical Course.

It is important to note that the BIO General Osteopathic approach has been evolved to stir up cleaning and healing reactions that sometimes occur during the recovery phase of your patient's treatment programme. With this comes a need for responsible learning and application. Delegates are expected not to take on work that they cannot complete or requires a depth of experience to manage they have not got, or, until they are ready to do this. We use a 'long lever' approach to adjustment because this is the best way to stir up healing reactions and create the most stable form of adjustment.

Becoming familiar with healing reactions is the best way to protect both the patient and practitioner from getting out of their depth. So be patient with the learning, it takes time to absorb this work and be able to apply it with confidence and skill. *Much modern bodywork is designed not to stir up cleaning and healing reactions because it uses regional, isolated technique and the underpinning narrative is not joined up. Many reactions to treatment make complete sense constitutionally and being able to explain this and mediate them is a valuable skill set we will explore in detail.*

Knowing why you are doing something is far more valuable than just doing something! Technique alone has no value!

This document is not by any means exhaustive, it represents a framework to cover a minimum of subjects related to gaining a grounding in the application of the general osteopathic treatment approach. During the Practical Course we will dig much deeper in to all you need to know.

Each week live cases from Howard's practice will inform 'what we learn, how we mentor and support' the patient. The case history resources that are available on this course are invaluable tools to illustrate the myriad of traditional osteopathic principles that have informed Howard's practice. Principles are the key to solving very difficult cases and also day to day 'bread and butter work'. They have been updated to make sense in the modern clinical setting because the patients of today are not the same as the patients in Still's time. No one took painkillers over the counter then

We will review and hone your learning of the Constitutional Osteopathic General routine on every week of the course. During the course, for BIO delegates only, there is availability to book Howard for one to one Masterclass, outside the course times, for benchwork feedback sessions. *Howard and previous delegates have found this an amazing way to really*

help iron out any bumps you may have in making that Constitutional Treatment routine top notch, very quickly.

We start each day at 11am for brunch and this is an opportunity to explore the framework of the day and discuss any thoughts you may have. Howard will provide a vegetarian soup and wild sough-dough with all refreshments.

The whole Masterclass will be Practical based, this will of course have focused theory input to illustrate the method of the practical. There will always be opportunity to discuss cases that you are having issues with in your own practice and you are encouraged to bring these up for analysis, where appropriate.

An important part of this course is that you keeping in contact, with your cases for mentor-ship between course dates with Howard. Delegates who do not do this will not get the best out of this course and may not be considered for BIO membership. Unless otherwise stated the principle lecturer will be Howard Beardmore DO

This course is a contract between you the delegate and myself the principle lecturer on the practical course. It is a condition of maintaining your place on this course that you do not copy in any way the programme or handout contents to any third party not a delegate on the course, or post on any forum or internet any of the unique material provided by the course with particular reference to case history pictures, original essays and taped recordings or filming of any lectures or photos taken of osteopathic demonstrations on the course. Attendance on this course does not infer competence to practice nor competence to teach the methods discussed here to 3rd parties and any claims that may result.

Thank you for being understanding.

Every week Howard will demonstrate examples of the General Osteopathic routine he uses every day in his practice. We all, including Howard, need to dress appropriately and be prepared to be a patient. Howard can only feedback on handling and palpation if he can be a patient, and the same applies the other way round.

The fastest way to learn is to be a patient

Week One

Friday

Introducing the Constitutional Osteopathic Approach

**making a constitutional diagnosis, formulating a treatment plan,
learning how apply a constitutional General treatment routine**

Making an Osteopathic Diagnosis relies on using an Osteopathic approach. This has been updated by BIO and split into three main subject areas namely:

The cohorts of patients
The inflammatory cycle
The fields of diagnosis

Here we learn how to direct our questioning to reveal whether or not we can help the patient first, and then unpack the timeline that has led the patient to seek treatment.

Introducing the Constitutional Osteopathic General Treatment routine using bench work and real time mentoring to start learning how to apply an effective Osteopathic routine

We will use all delegates on the course to demonstrate how I would unpack their case, using the BIO diagnostic charts and formulate a treatment plan.

The 'routine' - us as a 'quadruped

Here we explore why a General Osteopathic Routine makes sense as a symbiotic approach to the patient and the subjects we will cover include:

- Contraindications – to a constitutional approach
- Why we use a long lever approach to all adjustment in all fields
- Demonstrating the routine order and how to approach it
- Picking up limbs, what do we see, what do we feel
- Invisible holding – how to hold the patient so they let go
- Points of reaction – when to pause and when to continue, the ligaments and how to know you are affecting them
- Seamless articulation – moving from one area to another
- Reducing the sympathetic tone, preparation for cleaning action

week 1 cont.

Learning outcomes week 1

We explore how to make a constitutional diagnosis and be able to position your patient in the right cohort, start to formulate a treatment plan.

How to make articulation more focused and more purposeful. Feel the difference between ineffective bodywork, and constitutional bodywork and have the beginnings of a powerful routine framework for benchwork.

Learning practical bodywork technique can be a difficult process, especially if you have not really been a patient nor had the opportunity to treat someone and get real time feedback.

Others may have some idea but not be familiar with how to apply the method to its maximum affect. To effectively sweep away the gaps and show you how to apply a general bodywork routine that will stir up a constitutional reaction, knowing how you approach and handle a patient is core to moving a patient into a healing reaction.

Each delegate will have an opportunity for one to one feedback on aspects of their handling so that you can really learn how to do it.

Get the handling right, get that routine under your fingers so it is one long movement to reduce the sympathetic tone and pave the pathway for healing.

Week two Friday

Osteopathic principles

Applying them in diagnosis and treatment

Principles in practice

Osteopathic principles help us to interpret what is going on in our patient's clinical presentation. They also help us understand reactions to treatment and direct us to how to mentor the patient, and also give clues to understand why symptoms can be direct, indirect or reflex. We cannot use a purely reductionist approach for everything we see in clinic, apart from life threatening acute trauma, which most likely will involve immediate first aid intervention and referral. Knowing red flags is part of the work.

Most of our patients that we screen, in groups 1 and 2, *suitable as patients to proceed with*, range from acute to chronic or a combination of both. A Constitutional Osteopathic diagnosis is based upon the widest context we can draw upon as set out in the BIO 'fields of diagnosis' chart. Often it is a combination of small factors, within these fields, that build into the presenting patient's problems, not one large problem.

The patient is not going wrong, they are trying to 'go right'

Using cases to illustrate the value of Osteopathic principles is the best way to understand how we might go from theory to practice. Every case is different, but the principles we use are the same!

Howard can use his case base library, of over 600+ photographs, to walk you through the method. It is a good opportunity to use course delegates, to unpack their problems. Being a patient of this approach is an important learning curve too. Experiencing constitutional reactions gives you a confidence in practice that helps you mentor and manage real Osteopathic cases with more professionalism.

If you have been there, you know how the patient feels.

week 2 cont.

Here we learn

How to use the fields of diagnosis coupled with Osteopathic principles to review the reflex fields of Vasomotion, visceramotion, secretormotion, dietetics, elimination - with additional reference to the physiological sphere of principles, *covered in the online films course*, and see how we can apply the knowledge to your cases. All these fields can produce direct, indirect or reflex effects upon the body which will have a mechanical expression too and vice versa. Understanding how these may present clinically depends on your

Gain a deeper understanding of Osteopathic principles. If you can explain what is happening to the patient it will go a long way to reducing anxiety in the pathway to recovery. Fear is based on lack of knowledge and we have a key role in demystifying the problems we find in our patients to keep that sympathetic tone as low as possible during recovery.

We will look at the spinal regions and explore some typical patterns of postural collapse that will present in your clinic and rationalise about how to approach them using a General Osteopathic routine. We now start to apply the bodywork to the patient in front of us by working in pairs, being mentored one to one, as we further the application of the Practical routine. Dorsal spine, lumbar spine, pelvis, cervical introduction.

The regional mechanical fields we may work in have to still be considered within a contextual framework if we are to treat our patients constitutionally. We have already started to explore how important articulation and preparation for Osteopathic adjustment needs consideration. The BIO Constitutional Osteopathic routine is all about how to approach adjustment as one long seamless movements.

Learning outcomes week 2

Developing your ability to make a deeper Constitutional Osteopathic diagnosis and begin to apply a patient relevant routine that is practitioner directed and apply Osteopathic principles to your handling and understanding of a case.

How to approach the dorsal spine, lumbar spine and pelvis regarding articulatory set up for bony adjustment. We will look at the entry level for cervical integration at this stage. Why it is important to follow through and make joint adjustments to avoid the pitfalls of palliative treatment.

Why not completing bony adjustment often leads to chronicity of lesioning in the patient.

Week three Friday

Cleaning and Healing

Charlotte's story

Prep for the day

In the BIO membership area you will see a film 'Charlotte's story'. Watch this film before today so that you can see an example of how a complicated case put a patient right at the centre of their recovery.

You will also see an audio seminar I gave breaking down a booklet by James C Thompson of the Kingston clinic. You can download a copy of this booklet and read along with my interpretation of his work. Listen to the seminar, it will help us focus on questions and practical. Try to watch the section in Film 1 again where Howard discusses the healing crisis, what it is and what it is not.

Understanding the reactions to Constitutional treatment – The patient and practitioner journey

Having a good understanding of the healing crisis, is just as important as being able to stir up the constitutional reactions. Reactions don't have to be strong or necessary for a successful treatment outcome, but understanding why they happen informs how you manage them.

Also being a patient in your own journey is the best way to know how a patient might feel, be confident and able to mentor with knowledge that is real, not just academic.

It forms the basis for good patient management and makes sure the patient is safe during their journey to better health. Howard will use a number of cases to demonstrate how each patient was mentored, their treatment adapted or paused - to put the patient at the centre of their recovery. We have to teach the patient to be a team player, not a passive observer - it keeps them focused and involved in their recovery. Have empathy, not sympathy. We will continue with developing your Osteopathic General Routine on the benches and try to move towards it being one long seamless movement.

We have to know how to handle this stage of recovery and do it well. True healing will only follow cleaning and it can be a powerful experience for the

patient and the practitioner. We have to know how to start, follow through and conclude a case which is often not a straight line.

week 3 cont.

We will explore what happens and why, in a cleaning event and also why it may not be happening in your patient. Identifying the causes of 'stagnation' in a patient is about being able to revisit your diagnosis and dig deeper into the patient's role in their recovery. The key here is developing a teamwork relationship with your patient which needs you as practitioner to be able to explain why. Lots of opportunity to explore cases you may have.

Learning outcomes week 3

Here we learn that competently understanding the processes of cleaning and healing are as much a part of the patient's recovery as the treatment itself. Understood this and good mentoring are key parts of practitioner-ship that cannot be ignored. If we start the healing journey we have to finish it.

Palliative symptomatic treatment does not stir up constitutional reactions because the bodywork treatments are not integrated. They are usually local soft tissue work and not focused on ligamentous articulation. When we work constitutionally we diagnose using all the fields. There are no isolated mechanical lesions and we have to be able to understand why to be able to make stable, progressive adjustments in all fields simultaneously.

All tissue has a different reaction to change, and we will explore how to know what kinds of tissue reactions are presenting, and how to manage them. Temperatures, loose bowels, not over eating to stop a cleaning event, increasing fluids and nutrients to assist cleaning and why.

On the bench we are working predominantly in the mechanical field, and here articulation is the set up for bony adjustment. When this is properly applied to the patient, we will wake up the cleaning and healing cycles, necessary for a return to health.

Conjoint adjustment is the key here, isolated adjustments have no stability and we will explore why this is. We will begin the process of transforming your routine into one long seamless movement, and show how in the vast majority of cases we don't need to focus on the site of the presenting symptom, when we work constitutionally.

Certainly there are times when local work is necessary and that will be covered over the entire course. Sometimes we have to wake up fields in a very specific way, change the diet, deep tissue work, counselling, especially

in chronic cases that have become resisting to 'stirring'.

week 3 cont.

Being careful about 'palliating symptoms' rather than 'mediating symptoms' has a real impact on progress. Many patients are suffering from chronic palliation and we need to recognise how that creates more chronicity and what to do about it. We break down this in week 5 'Adjunctive measures'.

Howard will individually help you make sure you not only direct your leverages correctly, you also know what that feels like. We take the parts of an Osteopathic General routine and begin to pull it into one long interaction of diagnosis, palpation and treatment. This is an ongoing learning.

'There are no diseases, only obstructions to health'

Hildreth early Osteopath

if one sentence sets us apart from a reductionist approach, this is it.

Week four Friday

Acute, chronic and degenerative

How to recognise various levels of presentation and reactions

Using all the tools to work out where your patient is

By now you should be able to place your patient on the timeline of recovery, have more of an idea where they are going and whether they are progressing or not? Knowing key signs of progress or stalling is part of patient mentoring. Knowing whether a patient is outside the remit for treatment or needs referring is key to good safe handling too, along with red flags.

We will look at the way evidence of cleaning is happening, learn to correlate this with the patient's experience of recovery and how we might update prognosis for the patient based on these clinical observations. A focused opportunity to discuss your cases and see how Howard unpacks what is happening now the journey has started, and suggests courses for action to keep on track.

Highlighting areas that the patient may be responsible for any kind of relapse or suspension in their recovery - in a sense exploring a number of useful cases and exercising your practical, clinical thinking powers based on what you have learned so far.

Red Flags for referral or mediation of our treatment. Signs the patient is or is not coping and how to reign back. Some patients may not realise that they need more help, support etc. Keeping the communication lines open is key here to not losing a case. The BIO members 'hot line' and membership group during the course is there for you to use. If Howard is awake you can call anytime.

Further unpacking of the bodywork routine with one to one feedback on gaps and progress. By now you should be bringing up your own cases for input and support, it is the best way to learn how to do this work.

week 4 cont.

Learning outcomes for week 4

Centre around being able to understand your patient's starting point, your diagnosis, predicting the pathway of reaction, being able to recognise how and why the patient may be in a cleaning event and how to mentor you patient as part of a 'team' to optimise their progress and recovery.

Developing your awareness of how to keep progress on track. Understanding the difference between palliation and mediation, stalling of a case, pausing a case.

Your benchwork routine should be developing and we will review and hone this on every week of the course. There is availability to book Howard for one to one Masterclass, outside the course times, for benchwork feedback sessions. Howard and previous delegates have found this an amazing way to really help iron out any bumps you may have in making that Constitutional Treatment routine top notch, very quickly.

Week five *Friday*

Adjunctive measures

Sometimes patients need alternative strategies to moderate, control or support cleaning and healing reactions. The best way to really get to grips with this is be a patient of the constitutional approach. Mentoring the patient really needs this experience in you as practitioner to be able to convey solid support.

Prep for the day

In the BIO membership area you will see the film 'exploring the fields of Nutrition'. Howard has included this film as part of the Practical course. Watch this film before this session. It will enable to you have a lot of questions answered so we can focus on any questions you may have.

Moderating and supporting healing reactions, Dietetics in treatment

We will review a number of real cases that had different mentoring requirements, moderating, adjusting and supporting the patients drawing on all the work we have done so far.

Working to bring your Osteopathic General Routine into one long seamless movement. This will involve highlighting any breaks in the routine, ironing out the creases and will involve one to one assessment and support to really get that routine under your fingers.

Subjects covered

Nutritional enhancement for extra boost and eliminatory support
Juicing
Hydration as an instant precursor to treatment
value of colonics
visceral treatment of liver
Specific local treatment how to integrate
local treatment of limbs

week 5 cont.

Handouts for your account week 5

1. 'The missing food group 'the eliminatory foods' pdf booklet

2. 'Constipation some causes and solutions' DL leaflet

Both of these handouts are designed to give to your patients and are really useful aids to helping your patient get with the programme.

Specific regional treatment used within a Constitutional framework

Tidying up loose ends in a case can mean the need for local treatment. Howard usually does this at the start or end of the routine. For example it is common to find an anterior 'foot shunt' where the patient has walked awkwardly. This may not resolve without local treatment. Similarly a congested liver can often need visceral encouragement to release. But all of these specific methods need integrating within the general routine.

In some chronic cases, compensations can get very organised and it is necessary to have a number of strategies to approach specifically - contracture. We will look at a number of methods and techniques we can utilise to get these isolated areas to break up. This then helps us to integrate the process of recovery into the General routine - here are the subjects we will cover, illustrated with real case histories where appropriate:

Contraindications for local treatment

Why we avoid using these methods in pure isolation

Heat as a facilitator

Soft tissue work

Focused articulation

Hydrotherapy

Exercises for the patient

The cervicals integrated

We will look at 'entry level' methods to approach the cervical arch, indirectly by dealing with the rest of the spine. Often the head and cervical arch are not in a good neutral position because they are compensating for lesioning below. Here are the subjects we will cover:

Red Flags for referral

Various typical reasons the cervical arch and head can compensate

Why we have to work towards this field and not always within it

Ways to approach the upper cervical arch
Ways to approach the lower cervical arch
Why side-bending is not safe in adjustment
Restoring physiological motion in the upper cervicals and lower cervical arch

week 5 cont.

Learning outcomes week 5

An ability to be able to place your patient in the correct cohort
Understand where your patient is on the inflammatory pathway
Be able to use the fields of diagnosis to formulate a constitutional diagnosis
Able to apply the Constitutional Osteopathic General routine with effect
Be able to interpret healing reactions and have a plan to mentor

NB all technique has to be considered according to the proficiency of the practitioner. We must always work within our ability and competency. **If you are not sure ASK**