Commentary

Infantile posture asymmetry and osteopathic treatment: a randomized therapeutic trial

Philippi and colleagues' excellent randomized clinical trial (RCT: p 5) led me to reflect on two issues that I believe are worth considering. I hope these remarks may provoke further discussion among both the authors and readers.

Osteopathic treatment is described as an 'alternative form of therapy' (often referred to under the broad rubric of 'Complementary and Alternative Medicine' or CAM).[1] Philippi et al. wished to evaluate its application in infants scientifically. Interestingly, (and rather self-servingly on the part of conventional medicine), CAMs are generally considered to be '…those measures whose aim is to prevent, diagnose and improve disease or disability, but which have not been approved by health authorities.'[2] They range from ideas that appear sensible but are as yet incompletely tested, to 'treatments' based on, at best, anecdotal evidence and, at times, on rather unusual ideas about the biology of the conditions to which they are being applied.[3]

I find it fascinating that we expect people who propose CAMs to prove their value scientifically, while we apparently apply a lower standard to 'accepted' treatments. It is appropriate to challenge everyone who makes claims about the effectiveness of any treatment modality to demonstrate the efficacy of the intervention; however, it is somewhat disquieting that we seem prepared to accept 'conventional' therapies (whatever they are) without the same expectations of 'evidence' that we level at others! Might this reflect a healthy scepticism regarding the sometimes exaggerated claims of alternative therapies, coupled with a certain sense of discomfort on the part of 'mainstream' professionals that so little of what we believe in and prescribe as 'developmental therapies' is based on the type of sound research evidence we expect from the advocates of CAMs?

Clinical researchers are responding to the challenge to study new therapies with sound research designs. In addition to Philippi et al., recent exciting examples of this trend include the elegant RCTs of hyperbaric oxygen therapy by Collet et al.[4] and of 'functional therapy' by Ketelaar et al.[5] It is clear that sound clinical research can be executed effectively and provide credible evidence with which to embrace or reject a treatment modality. The gauntlet has been thrown down, and we in the mainstream have an obligation to respond.

The second idea that occurred to me as I read the Philippi et al. study was: when is a 'difference' a 'condition', especially one that needs to be treated? I was unaware of 'infantile posture asymmetry' as a functional problem. In reviewing the Boere-Boonekamp and van der Linden-Kuiper[6] reference in Philippi et al. I was uncertain of the functional significance of what is called 'positional preference', and whether it actually requires 'treatment' (even when that treatment apparently 'works').

It has been said that 'normal' refers to people who haven't had enough tests! We seem to have little tolerance for what I think of as 'variation', and too easily label it 'abnormality'. This raises the question about when and how we should define issues as problems. In the context of the recent WHO International Classification of Functioning, Disability and Health (ICF),[7] the presence of a difference (even an 'abnormality') in body structure or function does not automatically equate to functional significance (nor, in my opinion, does it necessarily require to be treated).

With respect to 'infantile posture asymmetry' I am uncertain whether and how the asymmetry matters to the development of what I assume are healthy infants. Although Boere-Boonekamp and van der Linden-Kuiper report persisting asymmetries even after two years of age their data do not convince me that these 'variations' require treatment. In many countries large numbers of children with evident developmental (functional) disabilities receive limited services, and one has to wonder whether identification and treatment of these 'differences' is the best use of scarce resources.

What are the implications for parents of labelling their infants as having a 'problem' that requires 'treatment' when it is unclear that the 'problem' is really a 'problem'? Don't we all have an obligation to be sure that our treatments don't only 'work', but that they cause no harm? I address this question at all of us, and thank Philippi et al. for providing these thoughts.

Peter Rosenbaum

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