

## **ANATOMY EDUCATION BY BERNARD SCULLY**

***Discussions have been taking place this week in Australia about the low standard of education (particularly in the subject of human anatomy), that graduate medical practitioners have received. Some of those interviewed expressed the opinion that they felt inadequately prepared for the task of diagnosing musculo-skeletal disorders – many of those interviewed had received only 50 hours of anatomical tutoring during their training.***

My comments, based on my interest in the general topic of education standards, are not intended to denigrate these graduates. Rather, I wish to make the observation that advances in general knowledge come at a price: some subjects need to be deleted from the curriculum, to make way for the new subjects.

In automotive engineering, there is little need for a student mechanic to have a deep knowledge of the function of a carburetor – rather, much more time would be spent these days on the overall understanding and relevance of the on-board computer. The basics of (old-fashioned) fuel injection theory are left to the student with the enthusiasm to enquire further.

In the study of any subject involving mathematical calculations, the development of the electronic calculator has had a serious effect on the ability of the graduate to perform basic mental computations.

In electronics generally, the availability of the computer as a diagnostic tool, means that the detecting of say, an intermittent fault in a car, is beyond the skills of many technicians – if the computer can't spot the problem, come back when it re-occurs, you might be told.

We can survive without these skills, and without this knowledge, in most instances; of course, the older members of the population will mourn the loss of some of these abilities, but the young will say – it isn't important.

In the area of medical science education, we are not necessarily progressing backwards, but we have reached a dramatic point in our journey; students of medical science have to study, and absorb, as well as they can, far more information about pharmaceutical products, and radiological techniques (to name only two items), than they were expected to examine, say, 10 or 15 years ago. Consequently, space has to be provided in the timetable to allow the discussion of these additional important matters – the study of human anatomy, and the form and function of skeletal joints, is one of the casualties of this progress. After all, many of the joints in the skeleton can now be replaced with a prosthesis – and there has to be class-room time to understand this new subject of prosthetics!

I have a special interest in the function and the occasional malfunction, of the shoulder assembly. My studies, and my clinical experience over the past 20 years has indicated that almost 80% of clients visiting my clinic reporting shoulder pain, (who were advised to consider surgical intervention), received complete or near-complete relief from pain with simple manual procedures directed at mobilizing the shoulder assembly. When my animated film dealing with shoulder form and function is shown to medical practitioners, they almost always express surprise....

Nothing will be gained by criticizing medical people for not knowing enough – we have an obligation to inform those interested that there is often an alternative to surgery – consult an informed manual therapist.

### **ABOUT THE AUTHOR**

The HAR Institute and its internet forum, The Inside Out, is edited by Bernard Scully, a manual therapist from Newcastle, Australia. Bernard is a qualified Mechanical Engineer who undertook further studies in human anatomy, urged along by his fascination for joint function and malfunction.

The HAR prepared several animated films, portraying the inner workings of some of the major joints, including the shoulder, the knee, and the vertebral column.

Bernard conducts a clinic of manual therapy in Newcastle, as well as a training college – both of these activities have provided a valuable extension to his continuing education in anatomical function, and malfunction. The animated presentations used at training sessions were well received, and have now formed the basis of the internet material.

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A significant point can be made here, of vital interest to manual therapists; if the medical practitioner has moved beyond what was originally thought to be basic anatomical knowledge, who is going to inherit the left-behind cases? I'm not familiar with the USA situation, but here, in Australia, another group that we call the physiotherapy profession are also on a path of advancement – I repeat, we don't criticize this progress, but, this progress can help to make our role as manual therapists much clearer, and more relevant.

Let me try to emphasize the point I am making here; the medical scientist has always been expected to understand far more about human functions than is possible. Step-by-step, specialists have been recruited. We have skin, neurological, orthopedic, gastro, hemo, experts – and, aren't we usually grateful that such professionals are around when we need them?

I consider today's informed, diligent and skilful manual therapist has the opportunity to assume the mantle of musculo-skeletal specialist. Not because we are seeking a grander title, but because we are taking over abandoned territory.

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