Beyond Diagnosis: Mapping the Dimensions and Roles of Touch in Osteopathy

A Scoping Review and Integrative Taxonomy

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BACKGROUND

- Touch is the central therapeutic interface of osteopathic practice, yet it is still framed primarily through biomechanical models (TART-based somatic dysfunction).
- TART palpation shows poor inter-examiner reliability, and palpatory findings correlate weakly with objective measures.
- Neuroscientific, psychosocial and enactive research has broadened what touch is understood to do, but these strands have never been synthesized within the osteopathic literature.
- No shared framework exists for how touch contributes to therapeutic alliance, patient experience and outcomes.

OBJECTIVE

To map the dimensions and roles of touch in osteopathy, develop an integrative taxonomy, and identify gaps in the evidence base.

METHODS

- Scoping review per PRISMA-ScR; pre-registered on OSF (10.17605/OSF.IO/3MVUQ).
- PubMed/MEDLINE, PubMed Central, Google Scholar (first 300) and DOAJ; last search 14 June 2025.
- English and French, January 2005 – June 2025; all designs, including conceptual and philosophical work.
- Two reviewers screened independently (JM, LG); backward citation searching.
- Two-stage extraction: AI-assisted templated extraction, then full-text verification of every article by the primary reviewer.
- Hybrid deductive–inductive thematic analysis; taxonomy validated by triangulation and by two external experts (> 15 years of practice).

EVIDENCE BASE

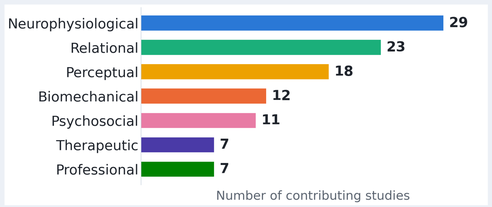


Figure 2. Studies contributing to each dimension (n = 68; most inform several dimensions).

RESULTS — AN INTEGRATIVE TAXONOMY OF OSTEOPATHIC TOUCH

2,062	68	7	18
records screened	studies included	dimensions of touch	roles identified



Figure 1. Integrative taxonomy of touch in osteopathy. Inner ring: the seven dimensions, given equal weight; the number of contributing studies is stated in each sector. Outer ring: the eighteen roles identified across the literature. Most studies informed several dimensions.

KEY FINDINGS

- Touch extends well beyond diagnosis: 12 of 68 studies addressed the biomechanical dimension, against 29 for the neurophysiological and 23 for the relational.
- Evidence is heterogeneous and siloed — neuroscience, education, philosophy — with little transdisciplinary synthesis.
- The professional and therapeutic dimensions are the least studied (7 studies each).
- Few studies empirically link any dimension to clinical outcomes.

IMPLICATIONS FOR PRACTICE

- A shared vocabulary for what happens under the hands, beyond "somatic dysfunction found".
- Palpation teaching can be structured around dimensions rather than TART criteria alone: perception, relationship and context are trainable.
- Consent and documentation can name the relational and psychosocial components of OMT explicitly.
- Reframes longstanding osteopathic concepts — structure and function, the person as a whole — in contemporary terms.

GAPS AND NEXT STEPS

- No included study measured how the dimensions interact to shape outcomes.
- Patient experience, contextual and sociocultural factors remain thinly evidenced.
- The taxonomy is a mapping tool, not a validated instrument: operationalization is the next step.
- Priority: transdisciplinary designs linking touch dimensions to patient-reported outcomes.

CONCLUSION

Osteopathic touch is a multidimensional process operating simultaneously across neurophysiology, the therapeutic relationship and psychosocial context. Naming its seven dimensions and eighteen roles gives educators, clinicians and researchers a common language for what has, until now, been described mainly as palpation.

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The authors report no relevant conflicts of interest.

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