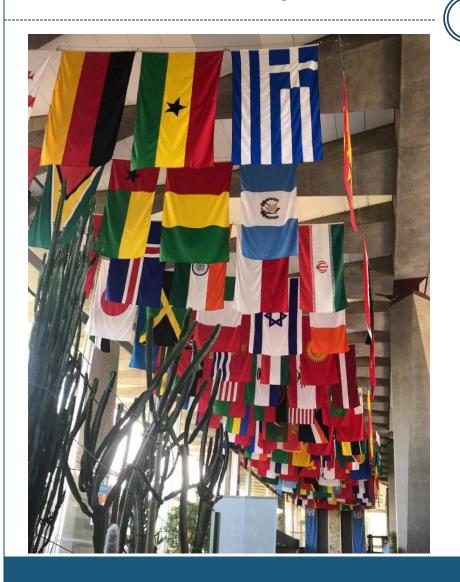
Glossary of Osteopathic Terms





What are "Official Relations?"

It is the <u>only</u> category of formal relations that the WHO recognizes.

It is a privilege that the WHO Executive Board grants to nongovernmental organizations, international business associations and philanthropic foundations that have had, and continue to have, a sustained and systematic engagement in the interest of the Organization.



But what does this actually mean?

- We can participate in sessions of WHO's governing bodies.
 - This privilege includes the possibility to make a statement at the session.
 - It also includes the possibility to submit the statement in advance of the debate, for the WHO Secretariat to post on a dedicated website.
- We can apply to host side events during the World Health Assembly. , subject to conditions and without prejudice to side events organized by Member States, which are selected through a parallel and separate process.
- We are recognized as <u>the</u> global voice of the osteopathic health care profession.

Stated Objectives: Glossary



To <u>support WHO in</u>
<u>developing</u> WHO terminology in
Osteopathy, which will serve as a
reference tool for the WHO,
osteopathic organizations, and
regulatory authorities worldwide.
This terminology will be
periodically reviewed and

updated as necessary.

Stated Objectives: Glossary

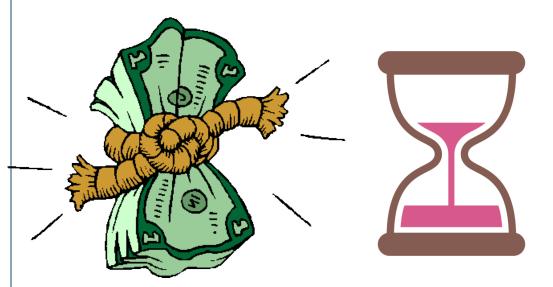


"For the terminology document, it would depend on how many terms we are anticipating to have: if there are many terms, then we can consider to develop as an independent document; if only a few terms, we may consider to be include these terms into the Benchmarks documents." WHO

Glossary Taskforce

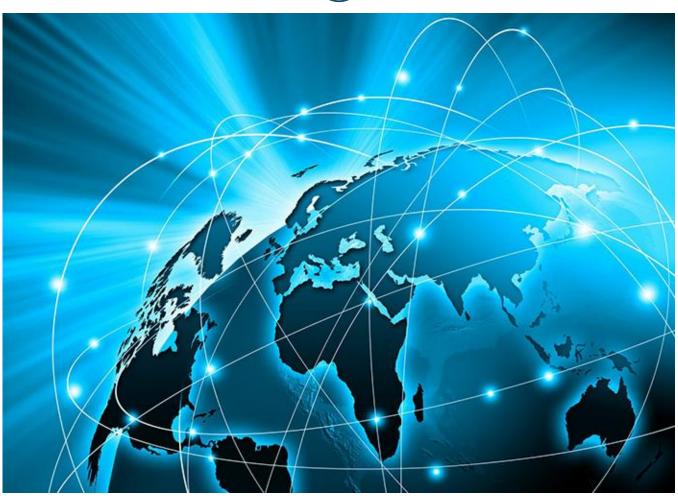
- The current task force members are:
- 1. Mr. Antony Nicholas (Chair)
- 2. Dr. med Johannes Mayer
- 3. Dr. Deb Schmidt
- 4. Dr. John Garlitz







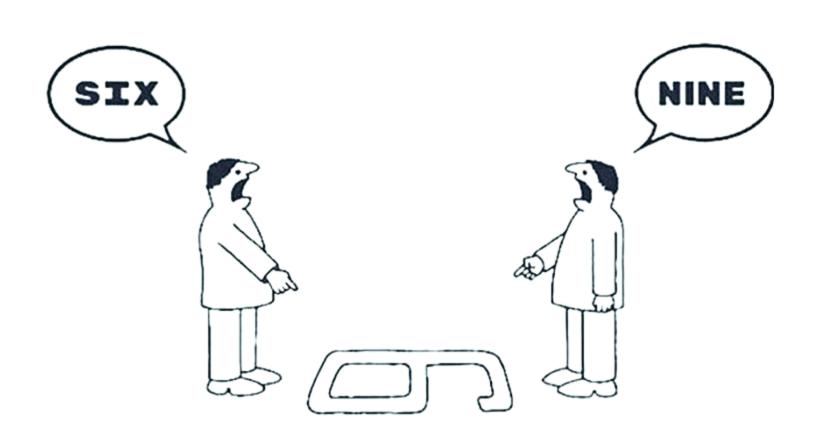


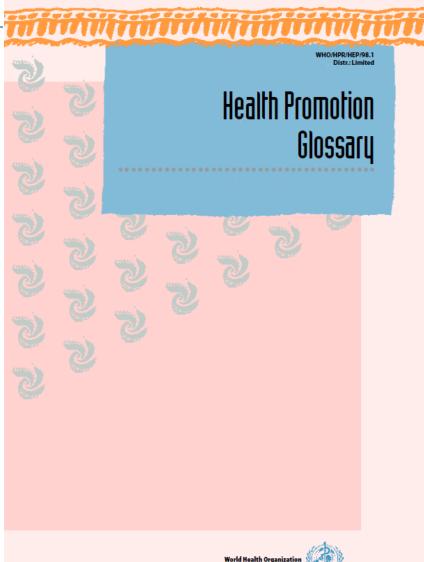




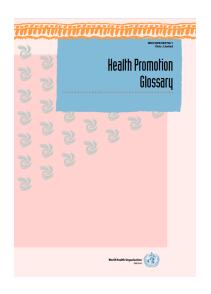






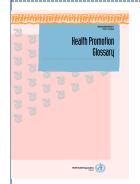






The glossary consists of two sections. The first contains seven core definitions which are central to the concept and principles of health promotion and are discussed in greater detail.

This is followed by the main section which includes an extended list of 54 terms which are commonly used in health promotion.

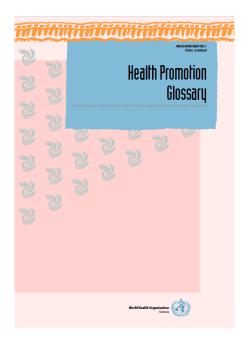


Most definitions are followed by a note of further explanation or qualification.

When appropriate, the source of different terms in the main section of the glossary has been given in the text. Some of the definitions are original to the glossary or are composites of definitions which reflect different perspectives to the term cited.

Feedback from this process has resulted in important changes to several definitions in the glossary.

Health Promotion Glossary Section I: List of Basic Terms



Health

Health is defined in the WHO constitution of 1948 as:

A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.

Reference: Ottawa Charter for Health Promotion. WHO, Geneva, 1986

In keeping with the concept of health as a fundamental human right, the **Ottawa Charter** emphasises certain pre-requisites for health which include peace, adequate economic resources, food and shelter, and a stable eco-system and sustainable resource use. Recognition of these pre-requisites highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to an holistic understanding of health which is central to the definition of health promotion.

Today the spiritual dimension of health is increasingly recognised. Health is regarded by WHO as a fundamental human right, and correspondingly, all people should have access to basic resources for health.

A comprehensive understanding of health implies that all systems and structures which govern social and economic conditions and the physical environment should take account of the implications of their activities in relation to their impact on individual and collective health and well-being.



Health Promotion Glossary Section II: Extended List of Terms

Advocacy for health

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.

Reference: Report of the Inter-Agency Meeting on Advocacy Strategies for Health and Development: Development Communication in Action. WHO, Geneva, 1995

Such action may be taken by and/or on behalf of individuals and groups to create *living* conditions which are conducive to health and the achievement of healthy *lifestyles*. Advocacy is one of the three major strategies for health promotion and can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilization through, for example, coalitions of interest around defined issues. Health professionals have a major responsibility to act as advocates for health at all levels in society.

Alliance

An alliance for health promotion is a *partnership* between two or more parties that pursue a set of agreed upon goals in *health promotion*.

Reference: new definition

Alliance building will often involve some form of *mediation* between the different partners in the definition of goals and ethical ground rules, joint action areas, and agreement on the form of cooperation which is reflected in the alliance.

Community

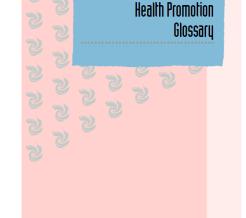
A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

Reference: modified definition

In many societies, particularly those in developed countries, individuals do not belong to a single, distinct community, but rather maintain membership of a range of communities based on variables such as geography, occupation, social and leisure interests.







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GLOSSARY OF TERMS USED IN THE TOBACCO ATLAS

Advertising — Any commercial effort to promote, including the use of sponsorship activities, the use, image or awareness of a tobacco product, its trade marks, brand name or manufacturer.

Areca nut — The fruit of the Areca Catechu tree. Areca nut is commonly combined with betel leaves, slaked lime, and tobacco and chewed as betel-quid, particularly in areas of Southeast Asia. In Northeast India, the use of fermented areca nut (tamol) is common.

Betel-quid — A mixture which typically consists of areca nut, tobacco, slaked lime and sweetening or flavouring agents, wrapped in a betel leaf. Betel-quid is chewed in many countries in Asia, such as India, Sri Lanka, Bangladesh, Cambodia and Malaysia. calculated by adding a country's cigarette production and imports and subtracting exports. "Per adult" cigarette consumption is calculated by dividing total cigarette consumption by the total population of those who are 15 years and older. Smuggling may account for inaccuracies in these estimates.

Excess mortality — The amount by which death rates for a given population group (e.g. smokers) exceed that of another population group chosen as a reference or standard (e.g. non-smokers).

Health warnings — Verbal, written or visual warnings, required by governments on packets or advertisements of all tobacco products.

Hookah – see Water pipe



GLOSSARY

Complementary medicine

The terms "complementary medicine" and "alternative medicine" refer to a broad set of health care practices that are not part of that country's own traditional or conventional medicine and are not fully integrated into the dominant health care system. They are used interchangeably with traditional medicine in some countries.

1

Conventional pharmaceuticals

Conventional pharmaceuticals are defined as medicinal drugs used in conventional systems of medicine with the intention to treat or prevent disease, or to restore, correct or modify physiological function.

Herbal medicines

Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products that contain, as active ingredients, parts of plants, other plant materials or combinations thereof. In some countries, herbal medicines may contain, by tradition, natural organic or inorganic active ingredients that are not of plant origin (e.g., animal and mineral materials).

Indigenous traditional medicine

Indigenous traditional medicine is defined as the sum total of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental and social diseases. This knowledge or practice may rely exclusively on past experience and observation handed down orally or in writing from generation to generation. These practices are native to the country in which they are practised. The majority of indigenous traditional medicine has been practised at the primary health care level.

Second survey

The Second WHO Global Survey on National Policy and Regulation for Traditional and Complementary/ Alternative Medicine, distributed during 2010–2012.

Traditional medicine

Traditional medicine has a long history. It is the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. ¹

Traditional and complementary medicine

T&CM merges the terms TM and CM, encompassing products, practices and practitioners.

Update survey

A voluntary update to the second survey, distributed during 2016-2018.



In the USA, The American Association of Colleges of Osteopathic Medicine (AACOM), Educational Council on Osteopathic Principles (ECOP) glossary committee has been working on submitting definitions to SNOWMED.

The purpose of this osteopathic glossary is to present important and often used words, terms and phrases of the osteopathic profession. It is not meant to replace a dictionary. The glossary offers the consensus of a large segment of the osteopathic profession and serves to standardize terminology.

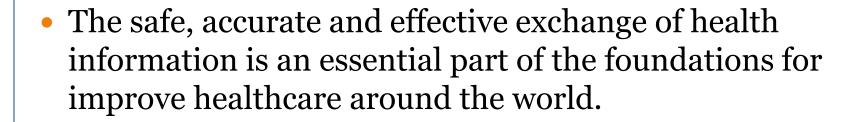
ECOP glossary has defined over 600 terms.

SNOMED has accepted just under 300 to date, with 117 additional terms being reviewed by the National Library of Medicine.

- **osteopathic manipulative therapy (OMTh):** The therapeutic application of manually guided forces by an osteopath (non-physician) to improve physiological function and homeostasis that has been altered by somatic dysfunction.
- **osteopathic manipulative treatment (OMT):** The therapeutic application of manually guided forces by an osteopathic physician (U.S. usage) to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction. OMT employs a variety of techniques including:.....

- **facet asymmetry:** Configuration in which the structure, position and/or motion of the facets are not equal bilaterally. *See also facet symmetry and tropism, facet.*
- balanced membranous tension (BMT): The precise physiologic point in which the proprioceptive information provided by the dural membranes and sutures allows the body to equalize the stresses exerted on those structures in all directions. See also osteopathic manipulative treatment, balanced membranous tension. See also osteopathic cranial manipulative medicine (OCMM).
- **lymphatic pump:** 1. A term used to describe the impact of intrathoracic pressure changes on lymphatic flow. This was the name originally given to the thoracic pump technique before the more extensive physiologic effects of the technique were recognized. 2. A term coined by C. Earl Miller, DO.

What is SNOMED



• SNOMED strives to determine the best global standards for health terminology.

Do you have a glossary?



Do you have a glossary?



- 1) Do you have a glossary or know of an accessible glossary?
- 2) 1. Get out your business card now
- 3) 2. No business card write down your name and email now
- 4) 3. Give it to us now

In Summary



In Summary

