

Learning Objectives

General Objectives

By the end of the course, participants will be able to:

G1 — Clinical Reasoning and Safety. Analyse a clinical presentation involving complex cervical disorders using precise terminology, knowledge of clinical signs and symptoms, and differential diagnostic reasoning to determine the relevance of osteopathic intervention and interdisciplinary collaboration.

G2 — Technical Skills. Perform an Advanced Volumetric Approach sequence adapted to the patient's clinical presentation, comorbidities, tolerance and participation.

G3 — Integration and the Therapeutic Relationship. Develop and justify a collaborative approach to patient care.

Observable Specific Objectives

Through clinical vignettes, lectures and supervised practical workshops, participants will be able to:

Clinical Reasoning and Safety — G1

SO1. Distinguish between the terms neck pain, headache, tinnitus, vertigo, dizziness and imbalance, and use them correctly to describe a clinical presentation.

SO2. Explain the main pathophysiological mechanisms covered and compare relevant differential diagnostic hypotheses, including vestibular, central, vascular, migraine-related and cervical somatosensory hypotheses.

SO3. Identify warning signs, red flags and situations requiring non-intervention or referral in a clinical vignette, and justify the proposed course of action.

SO4. Conduct a structured clinical interview exploring the timing and course of symptoms, their triggers, aggravating or relieving factors, comorbidities and impact on daily life.

AVA Principles and Techniques — G2

SO5. Present the principles of AVA and their origins, distinguishing the osteopathic models taught from the research findings actually presented.

SO6. Identify the relevant anatomical structures and describe the palpatory observations used to guide volumetric work.

SO7. Perform and justify an AVA sequence incorporating manual contacts, peripheral levers, breathing and the patient's active participation.

SO8. Adapt positioning, contact, duration and the volumes addressed to the patient's tolerance, then reassess the response to the intervention.

Clinical Integration and the Therapeutic Relationship — G3

SO9. Relate physical and functional aspects to anxiety, fatigue, fear of movement and contextual factors when analysing a case.

SO10. Use clear, reassuring communication: explain the intervention, check the person's agreement and comfort, and adjust the process in response to their reactions.

SO11. Develop a care plan jointly with the patient, including functional goals, educational elements, self-management strategies and indications for referral.

SO12. Justify follow-up arrangements and select reassessment indicators consistent with the symptoms, function and goals agreed upon with the patient.