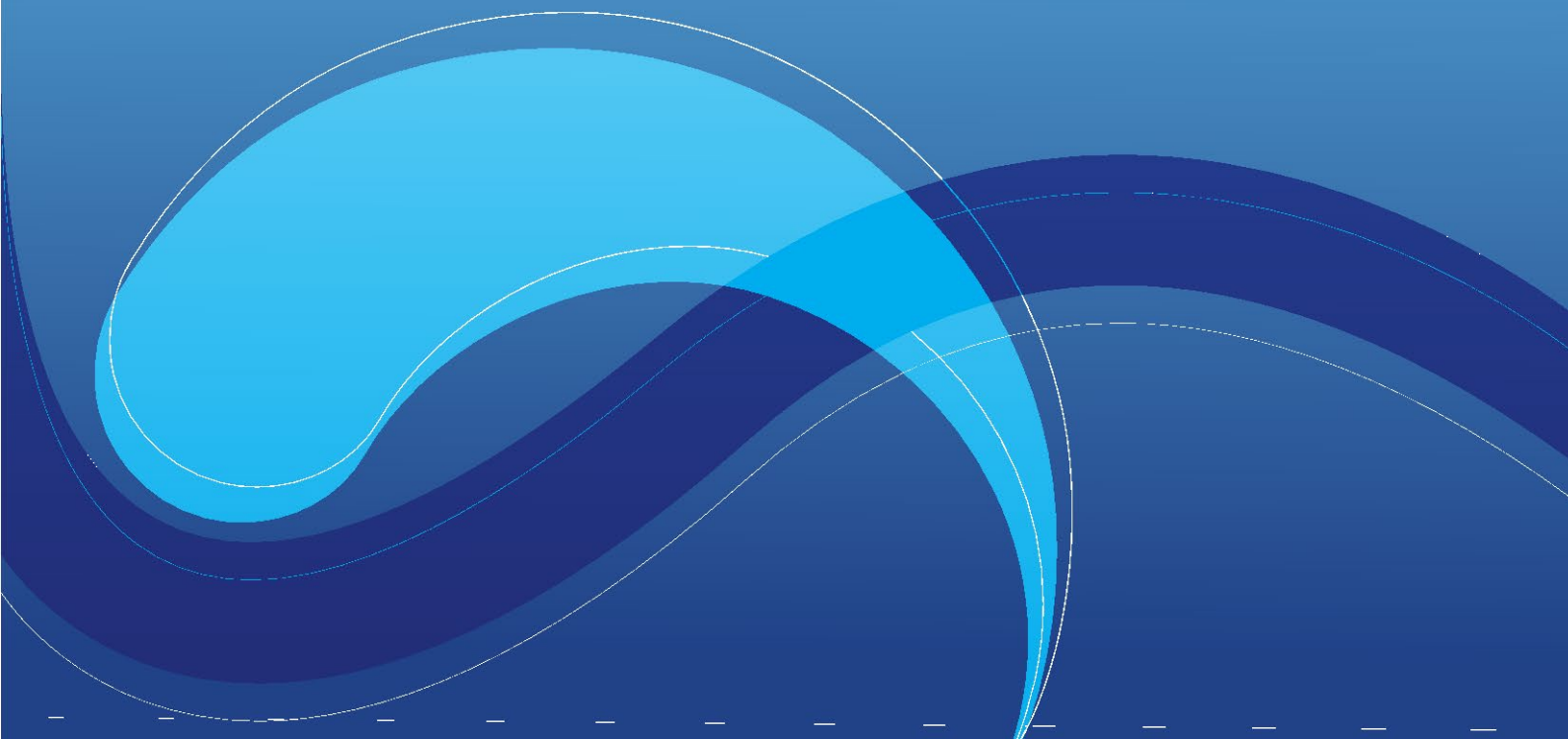


OSTEOPATHY

Submission by OSTEOPATHY AUSTRALIA

For Doctors Health Fund

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1 INTRODUCTION

The purpose of the submission is to provide information about modern osteopathy and the evidence base supporting the primary modalities used in osteopathic practice. With this information and support from your members who currently use osteopaths and have contacted us about the lack of coverage, we hope to change your view of whether osteopathy should be a rebated service in Doctors Health products.

A number of studies have noted a significant projected increase in the burden of chronic disease, particularly with regard to musculoskeletal conditions.^{i ii iii} The *Better Outcomes Report*^{iv} outlines the need to strengthen primary care to better manage the large and increasing numbers of patients with multiple chronic conditions. The *National Strategic Framework for Chronic Conditions*^v considers the necessity of continuity of care and equity of access, and person-centred holistic care.

Osteopaths are university trained, AHPRA registered neuromusculoskeletal allied health professionals, who are trained in a range of manual therapy, exercise prescription and other evidence-based techniques to help patients manage their condition(s). The health system needs osteopaths and other allied health professionals to continue to work with other primary care professionals to help manage the projected increase in demand.

Osteopaths are recognised providers of clinical services for approved clients in all state motor accident insurance schemes, all state WorkCover schemes, the Department of Veterans Affairs, Medicare Chronic Disease Management and most private health insurance funds.

Most patients visit an osteopath for pain and neuromusculoskeletal management. There is a growing evidence base for the primary interventions used by osteopaths and other allied health professionals, such as:

- Manual therapy – this may include manipulative techniques, massage, mobilisation or other treatments
- Exercise prescription
- Needling techniques
- Health promotion and patient education

The evidence base supporting the use of exercise prescription and lifestyle/ health promotion advice for patient management, particularly for chronic disease and exercise-based injury rehabilitation, is the same across the professions which use such interventions – e.g. exercise physiology, physiotherapy, chiropractic, osteopathy.

The evidence base supporting musculoskeletal massage, joint and tissue mobilisation and manipulation, and acupuncture/ needling is the same across all professions which employ such techniques – physiotherapy, chiropractic and osteopathy.



2 WHAT IS OSTEOPATHY?

Osteopaths are AHPRA registered allied health professionals. Osteopathy is one of the fastest growing allied health professions in Australia^{vi}, positioning the profession well to help the health system to cope with the increasing burden of musculoskeletal disease.

Osteopaths in Australia complete a dual Bachelor or Bachelor/ Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as associated evidence informed intervention approaches. There are significant commonalities between the health science units undertaken by osteopaths and those undertaken by peers of other allied health professions and the medical sciences. Indeed, osteopaths are known to teach anatomy in medical schools (e.g. Melbourne and Monash), and other health professionals lecture osteopathic students in general health science units. Post registration, osteopaths train with GPs and physiotherapists in common courses, such as needling techniques.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to the body's function, a person's health and to patient care, and uses biopsychosocial and patient centred approaches to help patients manage their condition. The *Capabilities for Osteopathic Practice*^{vii} outlines in six domains the required capabilities for professional skill, knowledge and attributes. These capabilities demonstrate that osteopaths are required to cover a range of health sciences and need to possess many professional skills common to the health professions.

Patients present to osteopaths with a range of musculoskeletal conditions, most commonly neck and back pain but also: hip, shoulder and limb pain; fibromyalgia, radicular pain and other neuropathic pain conditions; joint pain; headaches and migraines; postural disorders, degenerative spine conditions; and for many other chronic/ persistent pain issues.

Osteopaths conduct comprehensive physical examinations. They provide orthopaedic, biomechanical, movement, neurological and anatomical assessments. Evidence informed reasoning is fundamental to diagnosis, treatment and case management. In terms of the techniques used to assist in clinical diagnosis, orthopaedic testing (97.6%) and neurological testing (92.5%) are the most frequent options reported amongst osteopaths^{viii}.

Osteopaths employ a range of techniques to manage these conditions. The techniques employed "often" by osteopaths include: Soft tissue massage and mobilisation; exercise; manipulation (including joints and spinal techniques, such as high velocity low amplitude); myofascial release; trigger point therapy; dry needling; and a range of other functional improvement techniques.^{ix}

Many of these techniques are also used by physiotherapists (such as trigger point therapy, myofascial release, cervical manipulation and exercise ^x) and chiropractors.

Patients refer to osteopaths for investigation of underlying physical and other causes of suspected conditions or issues, and for diagnosis. Osteopaths can refer for (for spinal examinations) or recommend imaging and other tests when clinically necessary. Osteopaths combine the results of multiple clinical tests to develop a diagnosis when needed by a patient.

Osteopaths in Australia prescribe physical exercises and lifestyle advice so that patients can become empowered in managing their neuromusculoskeletal health outside formal practice settings. The driving consideration in osteopathic treatment planning is patient need and anticipated patient benefit. Many patients see an osteopath for therapeutic needling, like dry needling/trigger point therapy or acupuncture, as well as for advice on physical activity, positioning, posture and movement.

On consulting an osteopath, a patient can expect certain clinical processes to be followed before treatment is given. These processes include a thorough clinical history, discussion of a proposed treatment/ management plan, provision of advice and information on the risks and benefits of any proposed treatment/ management plan, and confirmation of your willingness to proceed – otherwise known as informed consent.

Osteopaths apply their professional clinical skills with many different patient groups. Some osteopaths see all patient groups and consider themselves generalists while others have a focus area of practice or focus patient group. The clinical area an osteopath works in and patients they work with can influence the types of clinical treatments and interventions given by an osteopath.

Osteopaths recognise that whilst there may well be a neuromusculoskeletal component in many patient presentations, osteopathic care may not be indicated or the principal modality in all cases. If the osteopath considers that a patient's needs are best met by other healthcare service providers, an appropriate referral is made.





3 EVIDENCE SYNTHESIS

3.1 INTRODUCTION

In line with the holistic philosophy of osteopathy, osteopaths typically combine multiple management approaches in providing care to chronic patients. A recent Lancet Review^{xi} recommends that a range of therapies used in osteopathy are considered as first line (2) or second line/ adjunctive (2) treatment options, including: Exercise therapy (1), CBT (1), spinal manipulation (2), massage (2), acupuncture (2), yoga (2), education and self-care (1).

The National Institute for Health and Care Excellence^{xii} guideline for low back pain also illustrates broadly what osteopaths do, using a range of techniques including exercise to manage chronic conditions:

Provide people with advice and information, tailored to their needs and capabilities, to help them self-manage their low back pain with or without sciatica, at all steps of the treatment pathway. Consider a group exercise programme (biomechanical, aerobic, mind–body or a combination of approaches) within the NHS for people with a specific episode or flare-up of low back pain with or without sciatica. Take people's specific needs, preferences and capabilities into account when choosing the type of exercise. Consider manual therapy (spinal manipulation, mobilisation or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy.



3.2 MANUAL THERAPY

Manual therapy is a conservative management approach that applies a range of techniques aimed at therapeutic relief. Manipulation and soft tissue mobilisation are two manual therapy approaches, for instance. Manual therapy is central to the practise of osteopathy, physiotherapy and chiropractic. Osteopaths provide manual therapy specifically for neuromusculoskeletal conditions, mechanical and muscular disorders.

The term 'manual therapy' encapsulates a wide range of 'hands-on' techniques. Manual therapies are used to wherever possible:

- Improve tissue extension
- Increase range of motion in joints
- Reduce soft tissue swelling or tension,
- Reduce joint inflammation or swelling
- Improve or manage movement restrictions
- Change muscle function; and
- Manage pain

Manual therapy, both overall and in terms of specific techniques, is effective in the management of neuromusculoskeletal disorders, biomechanical strains and related pain –

acute, sub-acute and chronic.^{xiii} Manual therapies alone are more effective than no treatment, at least as effective as other conservative treatments for neuromusculoskeletal disorders and are maximally effective when combined in a multimodal clinical intervention including exercise and patient education^{xiv xv}, as per the practise of Australian osteopaths.

In clinical evaluations of manual therapy alone for chronic neuromusculoskeletal disorders, patients experience short and long-term benefits. Key outcomes are: improved range of motion; reduced functional impairment; reduced pain thresholds; pain intensity; pain duration; and reduced relapse frequency.^{xvi xvii xviii xix xx xxi xxii xxiii}

Importantly, these outcomes are consistently replicated across neuromusculoskeletal disorders in variable areas of the body, and across patient groups. Manual therapy may achieve beneficial changes without pharmacologic interventions, associated side effects and medication dependency - key concerns in the prescription of contemporary pain medications.^{xxiv xxv} There is a low rate of adverse events in manual therapy clinical research.

Some specific examples of conferred benefits include:

- Headaches and migraines: Manual therapy, alone or combined with neck exercises or needling, may give short term pain relief to adults with migraines or long-term headaches. The osteopath may treat the upper back, shoulders, head, neck or jaw^{xxvi xxvii xxviii xxix xxx}
- Low back pain: often, manual therapy is used in combination with exercise and needling for pain relief, stretching, mobilisation or strengthening^{xxxii xxxiii xxxiv xxxv xxxvi}
- Thoracic back pain^{xxxvii xxxviii}
- Neck pain, often in combination with exercise, needling and ergonomic advice^{xxxix xl}
- Pain relief for temporomandibular joint disorders^{xli xlii}
- Tendinopathies^{xliii}
- Shoulder pain and disorders^{xliv xlv xlvi}
- Hips^{xlvii}
- Upper limb^{xlviii}
- Lower limb^{xlix l}
- Ankle problems^{li lii}

It is beyond question that manual therapies are indicated for chronic neuromusculoskeletal management and the highest levels of clinical evidence justify its use. The issue in health literature is not whether manual therapy has a role, but instead, which techniques will be most effective for specific conditions, and in what doses and combinations. These are not problems specific to osteopathy, but to all manual health professions.^{liii}

It should be noted that, with regard to cervical spine manipulation, the Health Practitioner Regulation National Law^{liv} (s123) has an explicit clause restricting the use of cervical manipulation to the following professions:

- Osteopathy
- Chiropractic
- Medical
- Physiotherapy

There is no evidence that any one of the above professions, which are named as “appropriate health professions” in the legislation, is more or less proficient at using the

technique. Further, in compensable injury management schemes, state and territory worker's compensation schemes for approved clients with short-term and chronic workplace injuries, osteopaths, physiotherapists and chiropractors are considered to provide comparable and aligned manual therapy interventions. For this reason, an approved client cannot claim for two occasions of service (e.g. one provided by a physiotherapist and an osteopath) on the same day.^{lv}



3.3 EXERCISE

Exercise prescription can include provision of general exercises or targeted exercise repertoires aimed at improving specific capabilities in patients, for instance, strength, stability, balance, or gait. Approximately 74% of osteopaths report regularly using exercise in patient management, making it the second most commonly used clinical management approach following manual therapy.^{lvi}

The reliability of exercise as a treatment modality is reflected in the Commonwealth Government's own recommendations for the prevention and management of chronic conditions in the 2017 *National Strategic Framework for Chronic Conditions*^{lvii}. This framework puts exercise front and centre in both the prevention of chronic health conditions and management post-onset. Provision of exercise by osteopaths meets the objective of the framework to minimise the burden of disease in Australian society.

Exercise prescription has multiple conferred benefits. A review by Pedersen et al found reliable evidence for prescribing exercise in the treatment of 26 different chronic diseases^{lviii}. The specific conferred benefits include: Reduced pain on physical movement; improved muscular flexion; reduced joint tenderness; postural improvement; reduced pain thresholds; reduced fatigue; reduced pain recurrence; immediate pain relief post treatment to next follow-up; functional and activity participation improvement; and improved quality of life.^{lix lx lxi lxii lxiii lxiv lxv lxvi lxvii lxviii lxix}

Exercise may be effective for a variety of patient groups. For instance: patients aged 18-60 years of age; those both with and without stroke; males and females; complex patients with a chronic condition or co-morbidities; otherwise healthy patients with a chronic condition; those with neck pain and/or back pain; and patients with a chronic condition with a duration over 10 years, are all groups for whom significant benefits are identifiable.

The evidence base for clinical exercise is beyond question, grounded as it is Cochrane and other systematic reviews, as well as randomised controlled trials. Further, beneficial outcomes have held across and between studies using patient self-reporting tools and practitioner administered objective functional measures. The central concern in research on clinical exercise is not 'whether it is effective', but what the optimum doses and combinations might be for individual chronic patients.



3.4 HEALTH PROMOTION AND PATIENT EDUCATION

The National Health and Medical Research Council recently announced \$7.7 million in funding for the Australian Prevention Partnership Centre to “further research into how Australians’ lifestyles contribute to chronic conditions and how to prevent them”.^{lxx} This clearly signals the importance of sound health and lifestyle advice to those with, and those at risk of developing, a chronic disease.

Osteopaths have always applied biopsychosocial approaches in clinical practice, adhering with best available evidence.^{lxxi} The biopsychosocial and person-centred approaches were founding principles of osteopathy since its inception over 120 years ago and have remained central to the practise of osteopathy ever since. Manual therapy, exercise prescription and other physical interventions form a component of chronic management, however patient education, health promotion, related program development and delivery are typically applied as adjunctive therapeutic interventions for individual patients. Patient education typically involves tailoring an information session to an identified condition and to a patient’s lifestyle. Support resources may be sourced, developed and provided, including written and/or audio-visual resources. Content may include ergonomic, positioning, movement, postural or related advice to minimise the burden of chronicity and wherever possible help a patient to continue or resume functional activities with less burden.

Patient education aims to wherever possible improve patient resilience, prevent relapses, and empower patients to create, identify and use tools that can help them to manage chronic flair ups beyond practice settings. Osteopathy Australia governs clinical standards for osteopaths in the provision of patient education, recognising its crucial place in the contemporary practise of osteopathy.^{lxxii} A recent study found that patient education and lifestyle advice was the second most common interaction between osteopath and patient, with physical activity, stress management, medications and nutrition the four primary subjects.^{lxxiii}

There is a large and growing body of evidence indicating that patient education and related program delivery assists in reducing unhelpful patient beliefs, anxiety, fears, and catastrophising.^{lxxiv lxxv lxxvi} Unhelpful patient beliefs are a major predictor of long term disability and incapacity in chronic patients.^{lxxvii lxxviii} In addressing such beliefs via patient education, complex causes and maintaining factors in chronicity are managed.

Patient education also encourages active self-monitoring and care, patient adherence to and compliance with clinical recommendations when offered in tandem with multimodal clinical interventions, as occurs in osteopathy.^{lxxix lxxx lxxxi lxxxii lxxxiii}

In encouraging self-monitoring and care, patient education has been shown to reduce unnecessary and avoidable hospital admissions, pain, pain related disability and increase patient function toward recovery.^{lxxxiv lxxxv lxxxvi}

These positive benefits of patient education are not limited to any one patient group and similar benefits have been observed in cancer patients, diabetes patients, asthma patients, whip lash patients, patients with various heart conditions, patients with neck and back pain. The highest quality of evidence supports patient education efficacy, including systematic reviews, meta-analyses and randomised controlled trials across health and medical science professions. Contention in clinical research does not centre on whether chronic patients

should be provided with clinical education, but on what the content, nature, dose, intensity and format of education should be for individual patients. This is not a problem specific to osteopathy but to each health profession that offers patient education and health promotion, as well as each individual practitioner within these professions.



3.5 NEEDLING TECHNIQUES

Needling techniques involve insertion of a solid filiform needle into any part of the human body as a therapeutic intervention. The evidence base for needling techniques is substantial. Conferred benefits for chronic patients include improved range of motion, reduced tension headache, reduced pain intensity, reduced pain related disability, reduced referred pain, reduced psychological distress, decreased use of prophylactic drug treatments and associated side effects, back pain relief, reduced muscular tension and mechanical stiffness.

lxxxvii lxxxviii lxxxix xc xci xcii xciii xciv

These conferred benefits are distributed and evident across patient groups – males and females, people aged 40 and over, people aged 60 and over, those with chronic symptoms longer than 20 years, and people with chronic low back pain. Conferred benefits prove consistent despite use of a range of disparate inter-rater reliable measures across studies, both patient self-report and practitioner collected functional outcome measures. Needling has been shown effective as both a stand-alone and adjunctive treatment, which fits the pattern of needling application in osteopathic practice.

Examples of treatment benefit for the use of needling for specific conditions includes: Migraine^{xcv}, low back pain^{xcvi}, neck pain^{xcvii}, temporomandibular disorders^{xcviii}, tendinopathies^{xcix}, shoulder pain^c, hip pain.^{ci}

Studies reporting positive outcomes contain reliable research designs, including large scale multi-site randomised controlled trials with blinding, Cochrane reviews and standard systematic reviews. Needling is often used in combination with manual therapy, exercise and ergonomic or lifestyle advice. Needling courses are provided in a multidisciplinary setting including physiotherapists, osteopaths and GPs, and the courses assume a common set of physiological competencies.



3.6 OSTEOPATHY & PATIENT SAFETY

Osteopathy is one of 15 Government regulated professions under the Australian Health Practitioner Regulation Agency (AHPRA). The Osteopathy Board of Australia publishes a range of codes and guidelines to ensure professional competence and patient safety.^{cii}

Osteopaths are university trained for 4-5 years through either a double bachelors or bachelors/ master's program. University courses must be accredited by the Australasian Osteopathic Accreditation Council.^{ciii}

A National Board may decide to investigate a registered practitioner or student if it is concerned about a risk to patients or the public because of a practitioner's health or welfare, how the practitioner behaves or how the practitioner is treating patients^{civ}

Statistics from the AHPRA Annual Report indicate that there were only 14 notifications made about osteopaths in 2017/18 and 15 to HPCA. This is out of 7,276 notifications made in total to AHPRA and 4,610 to HPCA. There were only 2 mandatory notifications. This indicates that patient safety is less of an issue for osteopaths than for many other registered professions.

Table 1: AHPRA mandatory notifications by profession 2017/18^{cv}

Profession	2017/18			Rate / 10,000 practitioners
	No. practitioners ¹			
	AHPRA	HPCA ²	Total	
Aboriginal and Torres Strait Islander Health Practitioner	2		2	31.2
Chinese medicine practitioner	3		3	6.1
Chiropractor	6	2	8	14.8
Dental practitioner	26		26	11.3
Medical practitioner	203	77	280	24.3
Medical radiation practitioner	7		7	4.3
Nurse/midwife ³	442	232	674	16.7
Occupational therapist	7	1	8	3.8
Optometrist	1	2	3	5.4
Osteopath	1	1	2	8.4
Pharmacist	37	4	41	13.2
Physiotherapist	13	3	16	5.0
Podiatrist	4	2	6	11.6
Psychologist	41	8	49	13.5
Total	793	332	1125	16.0

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