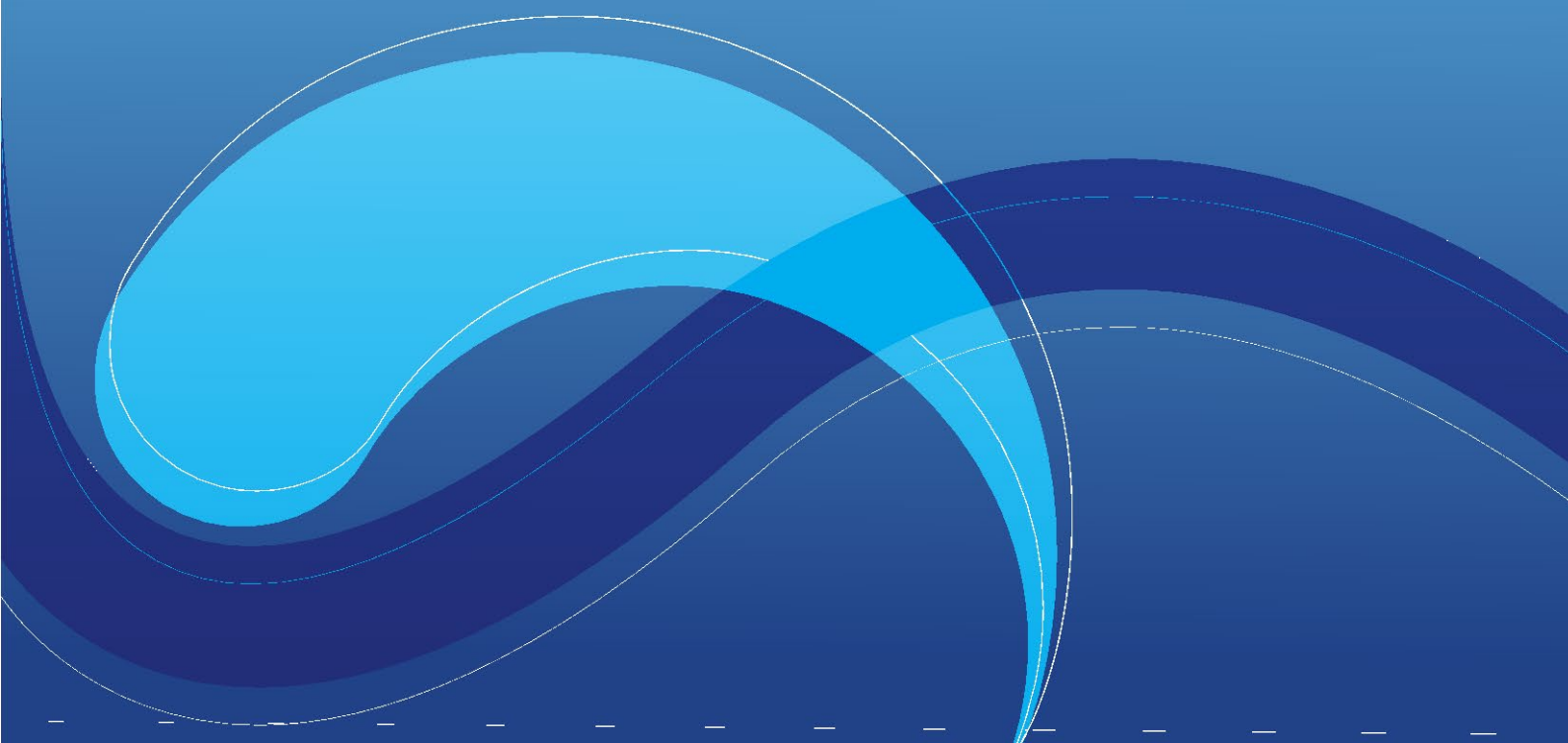


**Osteopathy and 3b lasers**

**Submission by OSTEOPATHY AUSTRALIA**

**For Tasmania's Director of Public Health and the Radiation Protection Unit**

**MAY 2019**



For inquiries about this submission, please contact Peter Lalli - Senior Policy Officer, Nick Bradshaw - Deputy CEO or Antony Nicholas - CEO.

Phone: (02) 9410 0099

Email: [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au)



## 1 Summary

Osteopathy Australia welcomes the opportunity to provide a submission to Tasmania's Director of Public Health and its Radiation Protection Unit (the Unit), responsible for administering the jurisdiction's *Radiation Protection Act (2005)* and *Radiation Protection Regulations (2006)*.

Osteopaths are university trained allied health professionals with a focus on the neurological and musculoskeletal systems. Osteopaths are approved providers of musculoskeletal injury management services in all state and territory workplace injury management schemes, transport accident schemes and in Commonwealth compensable injury management programs. Osteopaths regularly provide therapeutic supports to workers injured in Tasmania and Osteopathy Australia enjoys a strong relationship with WorkSafe Tasmania.

This submission intends to outline for the Director and Unit:

- The roles, education and competencies of osteopaths
- The role of Osteopathy Australia
- The context of the osteopathic profession in Tasmania when its radiation protection legislation and regulations had been initially drafted
- Clinical reasoning for the application of 3B lasers in Australian osteopathic practice and risk management standards applied in this practice.

Osteopathy Australia wishes to enhance the Director's and Unit's understanding of the osteopathic profession and assure it of the suitability of 3B lasers in osteopathic clinical practice. Specifically, the recommendations progressed in this submission are that:

- 1) **The Director provides for an amendment of the *Tasmanian Radiation Protection Regulations 2006 Part 10 (43)*, exempting osteopaths from obtaining a licence for 3B laser use and registering premises of use.**
- 2) **The Director supports extending all legal and regulatory obligations to the osteopathic profession for compliant laser possession and disposal under the *Tasmanian Radiation Protection Act 2005* and *Tasmanian Radiation Protection Regulations 2006*.**



## 2 Osteopathy

Osteopaths are government regulated allied health professionals with inbound and outbound referral relationships with other health care professionals. The Australian Health Practitioner Regulation Agency (AHPRA) regulates osteopaths, in common with physiotherapists, chiropractors, podiatrists, and medical practitioners.

Osteopaths 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 overlaps between the health science units undertaken by osteopaths and those undertaken by peers of other allied health professions and the medical sciences. Post registration, osteopaths train with medical practitioners and physiotherapists in common courses, such as for 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 musculoskeletal conditions. The *Capabilities for Osteopathic Practice*<sup>i</sup> outlines in six domains the required capabilities for professional skill, knowledge and attributes. These capabilities demonstrate that osteopaths need to possess many professional skills common across 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 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<sup>ii</sup>.

Osteopaths employ a range of techniques to manage musculoskeletal conditions. The top ten techniques employed "often" by osteopaths are as follows, and generally relate to musculoskeletal function and mobilisation, massage and exercise<sup>iii</sup>:

## Top ten techniques used by osteopaths

Technique	%
Soft tissue	85.7
Muscle energy techniques	79.5
Exercise prescription	74.0
High velocity low amplitude/ Spinal manipulation	63.8
Myofascial release	61.8
Strain/ Counter-strain	42.4
Peripheral joint manipulation	39.7
Balanced ligamentous tension/ Ligamentous articular strain	35.2
Functional techniques	27.3
Trigger point therapy	26.1

Many of these techniques are also used by physiotherapists (such as trigger point therapy, myofascial release, cervical manipulation and exercise <sup>iv</sup>) 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 or recommend imaging and other tests when clinically necessary. Osteopaths may refer for x-ray and can receive Medicare rebates in turn, like Physiotherapists and General Practitioners. Osteopaths combine the results of multiple clinical tests to develop a diagnosis when needed by a patient.

Patients also consult osteopaths for treatment and clinical management. Patients commonly see osteopaths for manual therapy. Manual therapy involves skilled 'hands-on' treatment provided by an osteopath. The term 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.

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.

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 an osteopath considers that a patient's needs are best met by other healthcare service providers, an appropriate referral is made.

Osteopaths are approved treatment providers for musculoskeletal injuries in Commonwealth schemes such as Comcare, Veterans Affairs and Medicare's Chronic Disease Management Program. Osteopaths are also approved providers in jurisdictional compensable injury management schemes, including for worker's compensation and transport accidents. Osteopathy Australia enjoys a strong existing relationship with Work Safe Tasmania in its capacity as the jurisdiction's worker's compensation scheme regulator.



### 3 Osteopathy Australia

Osteopathy Australia is the peak body for the osteopathic profession. We represent the interests of nearly 90% of registered osteopaths.

Our core work is liaising with state and federal government, all other statutory and professional bodies regarding professional, educational, legislative and regulatory issues as well as private enterprise. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), AHPRA, the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths) and other professional health bodies through our collaborative work with Allied Health Professions Australia.

Our role is also to increase awareness of osteopathy and of what osteopaths do. Osteopathy Australia signifies a standard of professional and ethical behaviour over and above the requirements of AHPRA registration. Our members are committed to continuing professional education and we encourage all members to follow our standards.



### 4 3B lasers (the current situation)

The *Tasmanian Radiation Protection Regulations 2006 Part 10 (43)* (henceforth referred to as "the Regulations") allow for chiropractors and physiotherapists to use class 3B lasers for therapeutic purposes without a licence for use and without registering their clinical premises. We however understand that for these professions, a licence to possess, acquire and dispose of lasers is still needed.

Osteopaths continue to be required to obtain a licence for use and to register their clinical premises, despite exemptions for physiotherapists and chiropractors, however. We remind the Director and Unit that osteopaths, chiropractors and physiotherapists have a broadly consistent musculoskeletal clinical scope of practice.

Osteopathy Australia understands that when the Regulations had been introduced, there were very few osteopaths either living or practicing in Tasmania. This then absence of osteopaths, we understand to be a contributor to their continuing preclusion from 3B laser licencing use exemptions. Practitioner numbers are now growing as are patient occasions of service, consistent with osteopathy being one of the fastest growing allied health professions in the country.<sup>v</sup>



## 5 3B laser use in osteopathy

A review of legislation, regulation and 3B laser use guidelines across all states and territories reveals osteopaths are generally approved to apply 3B laser treatments. We point to these facts to show 3B laser use is not innovative for the profession and its use falls within the osteopathic scope of practice as recognised by most jurisdictions.

Despite the application of lasers in most states and territories, referring to professional claims data we are unaware of a single claim, misadventure or iatrogenic response in osteopathic practice from 3B laser use. Overall, osteopaths have a lower incidence of safety issues, notifications and reported patient misadventures than other AHPRA regulated health professions in notifications data for the most recent years available (2017-2018)<sup>vi</sup>:

Profession	AHPRA <sup>1</sup>									AHPRA Subtotal 2017/18	HPCA <sup>3</sup>	Total 2017/18
	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>			
Aboriginal and Torres Strait Islander Health Practitioner			2		1			1		4		4
Chinese medicine practitioner			1	16	2		18	6		43	31	74
Chiropractor		2	1	28	6	2	35	16	1	91	45	136
Dental practitioner	16	12	3	199	54	18	171	65	1	539	425	964
Medical practitioner	121	63	69	1,094	501	124	1,203	544	30	3,749	2,599	6,348
Medical radiation practitioner	2			4	2	1	9	5	1	24	12	36
Midwife	3	1	2	31	6	2	13	11	3	72	34	106
Nurse	40	9	48	442	307	67	473	185	41	1,612	707	2,319
Occupational therapist			1	11	5	1	13	3		34	25	59
Optometrist	2	2		12	2	1	10	4	2	35	28	63
Osteopath	1			2			13	1		17	15	32
Pharmacist	2	5	3	127	33	17	204	46	14	451	312	763
Physiotherapist	5	2	4	24	17	1	32	13		98	54	152
Podiatrist	1	3		17	3	2	24	9	2	61	27	88
Psychologist	16	12	13	69	53	15	195	63	1	437	296	733
Not identified <sup>7</sup>				3			1		5	9		9
<b>Total 2017/18</b>	<b>209</b>	<b>111</b>	<b>147</b>	<b>2,079</b>	<b>992</b>	<b>251</b>	<b>2,414</b>	<b>972</b>	<b>101</b>	<b>7,276</b>	<b>4,610</b>	<b>11,886</b>

Further, the risks of laser use in osteopathy are factored into professional indemnity insurance coverage by the preferred insurer for the profession, Guild Insurance Limited. Guild Insurance allows for osteopaths to apply 3B laser therapy, subject to appropriate premiums and where its use is lawful for osteopaths (**Appendix**). Should the Regulations

shift to exempt osteopaths from obtaining a licence for use and registering premises of use, this Guild Insurance policy implies that practitioners would have their risk underwritten.

We wish for the Director and Unit to note the matters and facts above in forming its stance on this submission.



## 6 Clinical rationales for use

As per the comparable musculoskeletal clinical disciplines of physiotherapy and chiropractic, in osteopathy 3B lasers have a defined application in therapeutic support.

Lasers are used therapeutically by osteopaths in jurisdictions outside of Western Australia at low intensity to improve cellular function in musculoskeletal injury or pain. It is used specifically to influence production of cellular adenosine triphosphate via known biological processes that occur in mitochondria. Reasoning for use is to produce photochemical changes resulting in intracellular, extracellular and physiological changes in patients.<sup>vii</sup>

When indicated, osteopaths apply 3B laser treatments to the site of an injury, lymph nodes, surrounding neural networks (in neuropathic pain) and trigger points specifically, keeping with current evidence-informed guidance.<sup>viii</sup> In osteopathy laser treatments are used as an adjuvant treatment in combination with hands-on manual therapy, exercise prescription, needling, movement and postural advice.

Laser treatments at low intensities are likely to bring benefit for pain and discomfort in a range of musculoskeletal conditions within the osteopathic scope of practice.<sup>ix x xi xii</sup> We contend that an exemption for osteopaths under the Act as proposed would enable provision of targeted services at the right time for patients, minimising pain and wherever possible chronicity.

Simultaneously, we contend that osteopaths apply maximum risk management in using laser treatments, referring to relative and absolute contraindicators. Notwithstanding optical risks, patients with cancer, pregnant patients and patients with epilepsy, are thoroughly assessed for risk and are encouraged to consider other treatment options.<sup>xiii</sup>



## 7 Class 4 lasers

We do not seek an exemption for the osteopathic profession in Class 4 laser application.

Osteopathy Australia's position is that further research is needed into the effects of Class 4 laser use in musculoskeletal practice.

Given a heightened risk of practitioner and patient harm in Class 4 laser application, we do not consider this class of laser indicated in osteopathic practice now, nor in the foreseeable future.





## 8 Other supporting points

As the peak body for the osteopathic profession, we wish to express our willingness to encourage risk management in laser use. We hope the below measures will enhance the Director's confidence to approve our submission proposals.

- Osteopathy Australia is aware chiropractors and physiotherapists in Tasmania continue to require a licence to possess, acquire and dispose of 3B lasers (irrespective of their exemption from obtaining a licence for use and registering their premises).<sup>xiv</sup> We support this requirement for osteopaths and are seeking parity with physiotherapy and chiropractic. We would issue guidance to our Tasmanian members, upholding regulatory compliance in laser possession, acquisition and disposal licencing.
- Osteopathy Australia is committed to promoting the Radiation Protection Unit, laser use guidelines and processes to all its Tasmanian members.
- Osteopathy Australia is committed to working with the Director and Unit to disseminate laser use information needed to further support risk management in patient practice.
- Osteopathy Australia is committed to only promoting 3B laser products with Therapeutic Goods Administration approval, a position we have long held and wish to reinforce.



## 9 Recommendations

Osteopathy Australia requests that the Director give due consideration to the arguments, points and commitments outlined in this submission. Should the Director support our submission, our recommendations specifically are that:

- 1) **The Director provides for an amendment of the *Tasmanian Radiation Protection Regulations 2006 Part 10 (43)*, exempting osteopaths from obtaining a licence for 3B laser use and registering premises of use.**
- 2) **The Director supports extending all legal and regulatory obligations to the osteopathic profession for compliant laser possession and disposal under the *Tasmanian Radiation Protection Act 2005* and *Tasmanian Radiation Protection Regulations 2006*.**

We hope the arguments progressed in this submission have enhanced awareness of the capabilities of osteopaths and their position in the national and Tasmanian health landscape.

Osteopathy Australia is open to further dialogue on this matter. We are willing to discuss or clarify the points made in supporting the Director to reach a determination.





## 10 Appendix

Excerpt of the Guild Insurance “Approved Modalities List” covering laser apparatus use for osteopaths.

Modality	Conditions/Information
Acupuncture and Dry Needling – Including Laser Acupuncture and Auricular Acupuncture without needles	Acupuncturists are required to register with the Chinese Medicine Board.  They must have completed an accredited or equivalent Dry Needling course which is no less than 16 hours in duration or 80 hours in Traditional Acupuncture Standards  They must adhere to relevant safety guidelines such as Australian Guidelines for the Prevention and Control in Healthcare – (2010) Australian Government National Health and Medical Research Council  Laser devices to meet Australian Standard or have TGA approval.
Ultrasound/Laser Usage	Appropriate training required, additional premium to apply.



## 11 Endnotes

- <sup>i</sup> University of Technology Sydney. 2009. Capabilities for osteopathic practice. Osteopathy Board of Australia.
- <sup>ii</sup> Adams, John et al. 'A workforce survey of Australian osteopathy: analysis of a nationally-representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project' *BMC Health Services Research* 18:352.
- <sup>iii</sup> Adams et al 2018 (op cit)
- <sup>iv</sup> Australian Physiotherapy Association. 2018. Approved Modalities. Accessed from [https://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Membership/2018\\_Forms/APA%20BMS%20Modalities%20List.pdf](https://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Membership/2018_Forms/APA%20BMS%20Modalities%20List.pdf)
- <sup>v</sup> The Health Times 'Rapid growth in osteopathy', March 2016 [online]; <https://healthtimes.com.au/hub/allied-health/66/news/kk1/rapid-growth-in-osteopathy/769/>
- <sup>vi</sup> Australian Health Practitioner Regulation Agency (AHPRA). Annual Report 2017-2018, 'Table 8: Notifications received in 2017/18, by profession and state or territory', page 45
- <sup>vii</sup> Cottler, Howard et al. 'The Use of Low Level Laser Therapy (LLLT) for Musculoskeletal Pain', *MOJ Orthop Rheumatol*; 2 (5) 2015
- <sup>viii</sup> *Ibid*
- <sup>ix</sup> *Ibid*
- <sup>x</sup> Huang, ZeYu et al. 'The effectiveness of low-level laser therapy for nonspecific chronic low back pain: a systematic review and meta-analysis', *Arthritis Res Ther*; December 2015
- <sup>xi</sup> Huang, Ying-Ying et al. 'Biphasic dose response in low level light therapy- an update', *Dose Response*; 2011 (4)
- <sup>xii</sup> Qaseem, Amir et al. 'Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians', *Annals of Internal Medicine*, Clinical Guideline, 4 April 2017, American College of Physicians
- <sup>xiii</sup> Cottler, Howard et al. 'The Use of Low Level Laser Therapy (LLLT) for Musculoskeletal Pain', *MOJ Orthop Rheumatol*; 2 (5) 2015
- <sup>xiv</sup> Tasmanian Government, 'Changes to the Radiation Protection Regulations 2006', fact sheet of the Department of Health and Human Services