

Quality Practice Framework in Sports Management

KNOWLEDGE AND SKILLS FOR STANDING IN OSTEOPATHY AUSTRALIA'S SPORTS MANAGEMENT CLINICAL PRACTICE GROUP (CPG)

Improving outcomes for patients

Almost 25% of the Australian population play a sport or engage in physical activity.

At least 70,000 Australians consult an osteopath each week, and many within this group do so for assistance with a sports related clinical concern.

As primary health care practitioners, osteopaths assist clinical management by identifying early signs and risk factors facilitating optimal management in conjunction with the patient's GP, other health and sports related professionals.

The osteopathic profession

Osteopaths in Australia complete a double Bachelor or a Bachelor and Masters qualification at an accredited university and are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Osteopathy Australia is the peak professional body, representing approximately 90% of registered osteopaths in Australia. The osteopathic profession is becoming increasingly diversified, with many members of Osteopathy Australia completing further tertiary qualifications in specific areas of clinical practice to expand their clinical skills. Others, through dedicated experience, have developed core competencies and skills relating to specific clinical issues and patient groups.

Promoting clinical excellence in osteopathic practice

To facilitate excellence in inter-disciplinary care between osteopaths, other health practitioners and stakeholders in sports, the development of quality clinical practice is vital.

¹. Australian Bureau of Statistics, 'How many people play sport' [online]; <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4147.4.55.001Main%20Features9Mar%202008?opendocument&tabname=Summary&prod-no=4147.4.55.001&issue=Mar%202008&num=&view=>

Designing Continuing Professional Development (CPD) pathways that promote key skills and competencies and credentialing processes that recognise members with standing in areas of practice is a priority for Osteopathy Australia. This strategic focus will build on and complement Osteopathy Australia's Statement of Scope of Practice in Osteopathy.²

This framework acknowledges that the knowledge, skills and scope of practice of osteopaths with a focus in sports management vary depending on education, workplace requirements, clinical team requirements, and relevant industry policies. It is not intended to define all knowledge sets and skills possessed by these osteopaths, nor all interventions these practitioners offer.

The framework relates to Osteopathy Australia's Sports Management Clinical Practice Group (CPG). It outlines knowledge and skills that the organisation expects osteopaths seeking standing and recognition within this group to possess as a minimum requirement. This framework is not mandatory and pertains only to members of the CPG.

The framework has been informed by patient demand, workforce planning needs, targeted consultation with relevant industry stakeholders and the osteopathic profession. It is a living document and will be revised to align with developments in evidence-informed practice, patient need, clinical reasoning and standards, and workforce planning need.

The framework reflects a commitment to strategic goals of the Australian Sports Commission in promoting participation and retention in sport and physical activity to minimise morbidity, increase wellbeing and optimise physical performance.³

Extended Practice Membership

Extended practice members undertake a pathway of structured Continuing Professional Development to practice the osteopathic scope more fully, beyond entry or initial levels of practice undertaken in patient management.⁴ These members demonstrate skills that enhance the delivery of sports clinical services and encourage clinical quality in those services. They demonstrate application of a range of intermediary and complex clinical reasoning skillsets in the focus area. Osteopaths with extended practice recognition work toward full acquisition of the following clinical reasoning skillsets.

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2. Osteopathy Australia, 'Statement of Scope of Practice in Osteopathy' [online]; <https://www.osteopathy.org.au/files/Documents/Advocacy/Scope%20of%20practice%20in%20Osteopathy%202018%20FINAL.pdf>
 3. Australian Government, Sports Australia, National Sport Plan to 2030 [online] <https://www.sportaus.gov.au/national-sport-plan>
 4. General denotes absence of focus on a specific sport and refers to a generic skillset concerning key movements required across a range of sports both to minimise injury risk and enable safest possible participation.

Clinical reasoning

Probity in sports practice

- 1.1 Knowledge of informed consent; risk and requirements under professional indemnity; privacy and clinical record keeping considerations in sports practice; and, within play clinical management.

Health risks in sporting populations

- 1.2 Knowledge of complex health risks in sporting populations, clinical indicators and appropriate referral pathways.

Sports capabilities and assessment

- 1.3 Knowledge of fundamental movements, biomechanical requirements and ranges of movement required in general for risk minimisation in sport and athletic activities.
- 1.4 Knowledge of the role and relevance of the following in sports function and performance in the current clinical science:
 - > Postural integrity under load
 - > Neuromuscular stability
 - > Dynamic stability
 - > Motor control capacity
 - > Force production
 - > Force reuse, also known as energy storage
 - > Force absorption and transmission, also known as Impact control.
- 1.5 Knowledge of screening, assessment and testing (evaluation) frameworks⁵, and outcome measures for analysis of sports movements and components in 1.4. This includes understanding of purpose, use, interpretation and their integration in clinical reasoning and patient management.
- 1.6 Knowledge of biological, psychological and social factors that can influence sports function as relating to components in 1.4.⁶
- 1.7 Knowledge of clinical indicators of performance deficiency; and, indicators of increased risk of in-play injury as relating to components in 1.4; and, as distinct from indicators of tissue and joint deficiency that may impact sporting performance.

5. Screening refers to risk identification for minimum levels of sports competency; assessments identify reasons for risk in screening; and, testing refers to ability and capability review in sports practice. Screens, assessments and tests are all forms of clinical evaluation

6. Biological and psychological refers to factors intrinsic to a sports person or athlete; where social refers to extrinsic indicators within the performance environment and inherent to the nature of the sport.

Sports capabilities management

- 1.8 Knowledge of evidence informed exercises, active treatment prescription frameworks and clinical review protocols for maintenance and/or improvement of sports functional components in 1.4, as well awareness of their conferred benefits and limitations.

Sports injury management

- 1.9 Knowledge of protective and facilitative taping techniques for sporting injuries sustained in play to wherever possible enable continued participation.
- 1.10 Knowledge of pain types and levels that would preclude sporting participation and/or predispose to injury during play.
- 1.11 Knowledge of intrinsic and extrinsic contributors⁷ and in-play risks associated with prevalent injuries across sporting contexts, especially:
- > hamstring strains
 - > Ankle sprains
 - > Anterior cruciate ligament injuries
 - > Pubic symphysis strain
 - > Contusions
 - > Calf strains
 - > Elbow strains
 - > Shoulder Impingement/Rotator Cuff Tendinopathy
 - > Shoulder Dislocation
 - > Bone stress
 - > Tendinopathy
 - > Patello-femoral joint injuries
 - > Shin pain
 - > Plantar Fasciitis.
- 1.12 Knowledge of the implications of the injuries in 1.11 for fundamental sporting movements and related capabilities.
- 1.13 Knowledge of orthopaedic rehabilitative protocols applicable to the injuries in 1.11 under return to sport guidelines.

⁷. As per footnote five- intrinsic contributors refers to aspects relevant to the performer while extrinsic contributors refers to the performance environment or demands.

Extended clinical reasoning in practice

Extended practice members of the Sports Management CPG demonstrate the capability and competency to produce a clinical risk assessment for return to sport post injury, referring to:

- > Circumstantial risk factors in play and their reproduction in sporting activity
- > Predisposing factors and limitations in other areas of the body applied in play
- > Objective measures of a player's physical conditioning and capability for sport
- > Functional movements in sport and their relationship to injury and/or repeat injury.

Further, these members demonstrate the capability to:

- > Apply injury management approaches, including taping strategies, to enhance and/or support sports specific movements and capabilities while treating injury
- > Apply targeted and systematic exercises to improve objectively measured sports capabilities impacted by injury and limit impact of in-play risk or predisposing factors.

Advanced Practice (Titled) Membership

Advanced practice (titled) members of the CPG demonstrate long-term commitment to sustained practice in sports practice. Through further higher education and quality clinical review, these members demonstrate ability to provide sports clinical interventions that are more broadly offered by other professions with a primary focus on sports. They have the knowledge and clinical skill to stabilise, manage and improve elemental and specific performance abilities, or remove barriers to performance and reduce injury risk in a specific sport.

Advanced practice members will possess the following clinical reasoning sets.

Clinical reasoning

Sports capabilities and management

- 2.1 Knowledge of the following in a focus sport, both for risk mitigation and optimal performance:
 - > Functional/biomechanical requirements, ranges of motion needed; as well as neuro-muscular requirements.
- 2.2 Knowledge of factors that can impact performance of specific sports requirements, including intrinsic to players, extrinsic within the performance environment and unique to the demands of the focus sport.

- 2.3 Knowledge of evaluations and outcome measures clinically indicated for the focus sport. This includes understanding of purpose, use, interpretation and their integration in clinical reasoning and patient management.
- 2.4 Knowledge of specific exercise repertoires and neuro-musculoskeletal intervention approaches used to manage capabilities or dysfunctions and deficiencies within the focus sport.
- 2.5 Knowledge of interventions provided by other health and non-health practitioners in the focus sport; their objectives, where indicated, and role within referral pathways.
- 2.6 Experience applying knowledge per 2.1- 2.5 in clinical assessment, diagnosis and management of players in the focus sport.

Injuries in the focus sport

- 2.7 Knowledge of prevalent, atypical and complex neuro-musculoskeletal injuries in the focus sport, including mechanisms of onset, predictors and contributing factors in play.
- 2.8 Knowledge of the implications of common, atypical and complex injuries for function and performance in the focus sport.
- 2.9 Knowledge of injury rehabilitation approaches applied within the focus sport in accordance with current evidence informed practice.
- 2.10 Experience applying knowledge in 2.7-2.9 to minimise risk to players, prevent re-injury and aid timely return to sport post-injury.

Stakeholder relationship building in the focus sport

- 2.11 Knowledge of the roles and interests of stakeholders involved in all levels of the focus sport and considerations to be borne by practitioners in clinical communication and coordination.
- 2.12 Experience building durable relationships with clubs, teams and players for optimal patient outcomes.

Advanced clinical reasoning in practice

Advanced practice (titled) members are consulted by players, athletes and teams in a primary sport both with and without injury. Their capabilities move beyond returning injured players to sporting activity and toward conditioning and capability management.

These members demonstrate the ability to maintain physical conditioning throughout seasons of play and competition, managing load use in players to prevent injury and enable continued performance.

In the focus sport, its positions and roles, advanced practice members demonstrate ability to segment and breakdown functional movements, biomechanical requirements and collect clinical measures for physiological regions that intersect with performance capabilities using specific measurement and screening protocols indicated for the focus sport. These members exemplify skill to develop whole of body capability management protocols, self- management strategies and capability improvement programs to support biomechanical requirements in the focus sport.

Fellows

Fellows of the CPG demonstrate substantial experience in and contribution to knowledge creation in sports practice through high quality academic research, clinical publications and development of evidence-informed practice.

Need more information or help?

For further information, a suggestion or to discuss this topic, please:

- > Email your enquiry to clinicalpolicy@osteopathy.org.au
- > Call Osteopathy Australia on **1800 467 836**
- > Access further information via www.osteopathy.org.au

End notes

- i. **Extended practice** – refers to clinical knowledge sets and applied practice beyond the typical skill levels of graduates and osteopaths initially entering a new area of practice.
- ii. **Advanced practice** – refers to clinical knowledge sets and applied practice beyond the osteopathic scope of practice and extended practice, requiring additional knowledge, skills and training more aligned with other health professionals who have depth of focus in the field of sports clinical practice.

Osteopathy Australia publishes a range of information, guidance and support to members regarding osteopathy, small business and clinical practice. The purpose of publishing this information is to help osteopaths understand their obligations and responsibilities and increase professional standards and consistency among osteopaths. Compliance with this information is not mandatory - although it may refer to laws, codes, or guidelines that are mandatory. This information has been prepared with regard to the information available at the time of preparation; please consider any information, research or material that may have become available subsequently. This information is general in nature and not a source of clinical or legal advice.