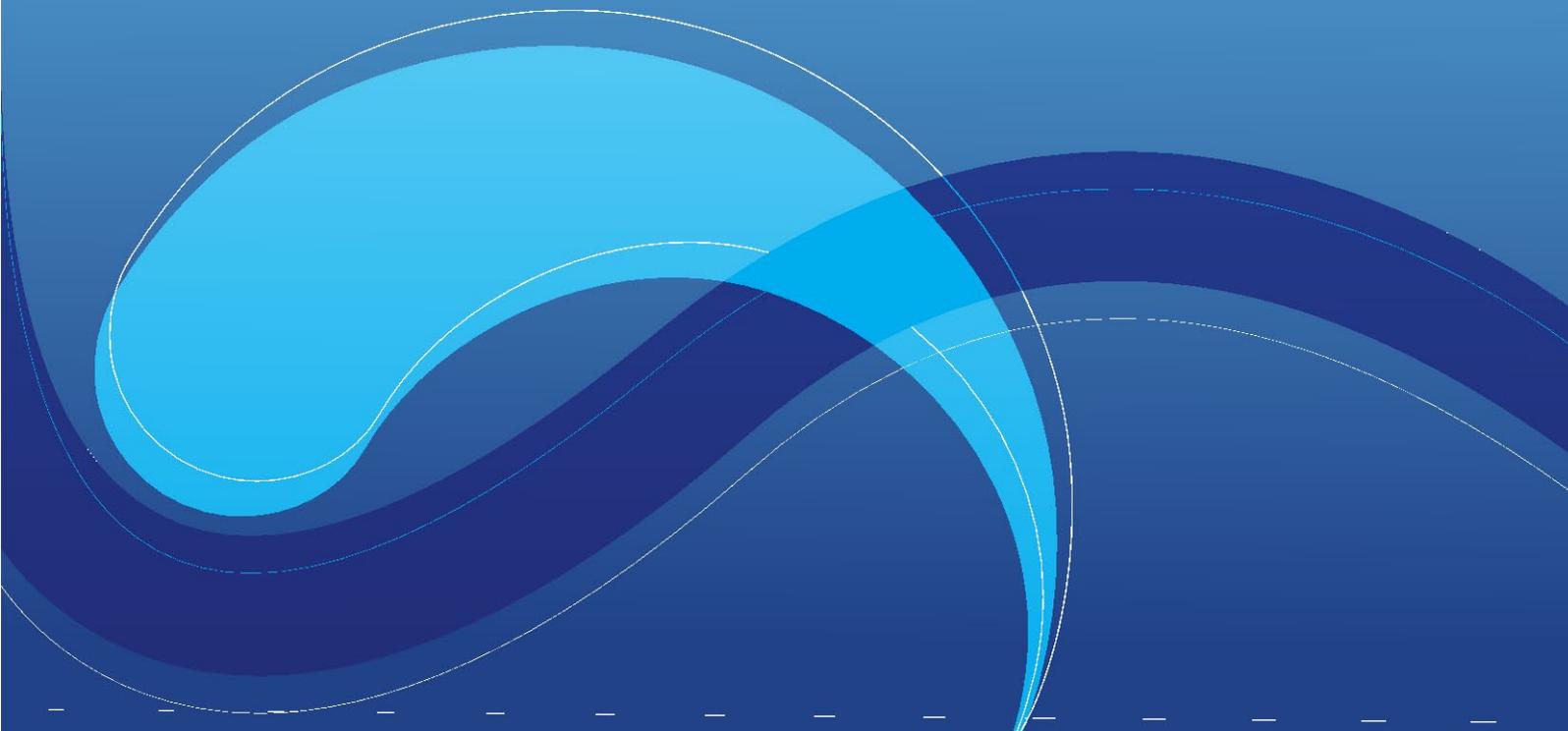


Osteopathy and 3B lasers

Submission by **OSTEOPATHY AUSTRALIA**

For the Government of Western Australia Radiological Council

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



1 Summary

Osteopathy Australia welcomes the opportunity to provide a submission to the Government of Western Australia Radiological Council (the Council), responsible for administering the jurisdiction's *Radiation Safety Act 1975* and *Radiation Safety (General) Regulations 1983*.

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 Western Australia and Osteopathy Australia enjoys a strong relationship with WorkCover WA.

This submission intends to outline for the Council's information:

- The roles, education and competencies of osteopaths
- The role of Osteopathy Australia
- The context of the osteopathic profession in Western Australia when its radiation safety 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 Council'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 Council amends S.27 of the *Western Australian Radiological Safety Act 1975*, providing an exemption for osteopaths to undertake accredited training courses mandated for 3B laser licencing privileges, per the following addition:**

s27(2)(v) registered under the Health Practitioner Regulation National Law (Western Australia) in the osteopathy profession

- 2) The Council grants osteopaths completing mandatory safety training the privilege of applying for a 3B laser licence.**
- 3) The Council extends all legal and regulatory obligations to the osteopathic profession for compliant licenced laser use under the *Western Australian Radiological Act 1975* and *Radiological Safety (General) Regulations 1983*.**



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, and medical practitioners.

Osteopaths complete a dual Bachelor or Bachelor/ Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems, and 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*ⁱ 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 osteopathsⁱⁱ.

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 as shown belowⁱⁱⁱ:

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 ^{iv}) 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 the 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 of 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 WorkCover WA in its capacity as worker's compensation scheme regulator for the jurisdiction.



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 require all members to follow our standards.



4 3B lasers (the current situation)

The *Western Australian Radiological Safety Act 1975* s.27 (henceforth "the Act") allows for chiropractors and physiotherapists to use class 3B lasers for therapeutic purposes when completing an accredited 'laser safety' training course and obtaining a licence. A class 3B laser includes lasers with average output power greater than 5 milliwatts or a single pulsed class 3B laser.^v

Osteopathy Australia understands that in 1975 when the Act had been assented, there were very few osteopaths either living or practicing in Western Australia. This then absence of osteopaths, we understand to be a contributor to their continuing preclusion from 3B laser licencing and use. 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.^{vi}

We acknowledge there are optical exposure risks in 3B laser application and thus, we consider the professional approval regime in Western Australia to be a sound risk management strategy to avoid patient injury.



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)^{vii}:

| Profession | AHPRA ¹ | | | | | | | | | AHPRA Subtotal 2017/18 | HPCA ² | Total 2017/18 |
|---|--------------------|------------------|------------|------------------|------------|------------|--------------|------------|---------------------|------------------------|-------------------|---------------|
| | ACT | NSW ² | NT | QLD ³ | SA | TAS | VIC | WA | No PPP ⁴ | | | |
| 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 ⁷ | | | | 3 | | | 1 | | 5 | 9 | | 9 |
| Total 2017/18 | 209 | 111 | 147 | 2,079 | 992 | 251 | 2,414 | 972 | 101 | 7,276 | 4,610 | 11,886 |

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 Act shift to exempt osteopaths, this Guild Insurance policy implies that practitioners with the mandated jurisdictional training would have their risk underwritten.

We wish for the Council 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.^{viii}

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.^{ix} 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.^{x xi xii xiii} 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.^{xiv}



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 Council's confidence to approve our submission proposals.

- Osteopathy Australia is committed to promoting the Council, laser licencing requirements and licencing processes to all its Western Australian members.
- Osteopathy Australia is committed to promoting current and emerging training courses and their enrolment dates.
- Osteopathy Australia is committed to working with the Council 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 Council give due consideration to the arguments, points and commitments outlined in this submission. Should the Council support our submission, our recommendations specifically are that:

- 1) **The Council amends S.27 of the *Western Australian Radiological Safety Act 1975*, providing an exemption for osteopaths to undertake accredited training courses mandated for 3B laser licencing privileges.**
Specifically, we suggest that the following is added at s27 (2): *(v) registered under the Health Practitioner Regulation National Law (Western Australia) in the osteopathy profession.*
- 2) **The Council grants osteopaths completing mandatory safety training the privilege of applying for a 3B laser licence.**
- 3) **The Council extends all legal and regulatory obligations to the osteopathic profession for compliant licenced laser use under the *Western Australian Radiological Act 1975* and *Radiological Safety (General) Regulations 1983*.**

We hope the arguments progressed in this submission have enhanced awareness of the capabilities of osteopaths and their position in the national and Western Australian 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 Council 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

ⁱ University of Technology Sydney. 2009. Capabilities for osteopathic practice. Osteopathy Board of Australia.

ⁱⁱ 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.

ⁱⁱⁱ Adams et al 2018 (op cit)

^{iv} Australian Physiotherapy Association. 2018. Approved Modalities. Accessed from https://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Membership/2018_Forms/PA%20BMS%20Modalities%20List.pdf

^v Western Australian Radiation Safety (General) Regulations 1983 (WA), page 77

^{vi} 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/>

^{vii} 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

^{viii} Cottler, Howard et al. 'The Use of Low Level Laser Therapy (LLLT) for Musculoskeletal Pain', *MOJ Orthop Rheumatol*; 2 (5) 2015

^{ix} *Ibid*

^x *Ibid*

^{xi} 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

^{xii} Huang, Ying-Ying et al. 'Biphasic dose response in low level light therapy- an update', *Dose Response*; 2011 (4)

^{xiii} 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

^{xiv} Cottler, Howard et al. 'The Use of Low Level Laser Therapy (LLLT) for Musculoskeletal Pain', *MOJ Orthop Rheumatol*; 2 (5) 2015