

INTRODUCTION

Growing numbers of patients are seeking access to osteopathic healthcare and more countries are now recognising the osteopathic approach within their regulatory and national health systems. This reflects the geographical expansion of osteopathy and osteopathic medicine over the past 30 years. Osteopathic healthcare is now provided in every continent except Antarctica and is practised in more than 50 countries. Yet, to date, the role of the osteopathic profession has not been effectively communicated to a wider audience; including how and where osteopathic treatment is used by patients within the overall delivery of healthcare worldwide.

Purpose and target audience

Osteopathy and Osteopathic Medicine: A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery describes the current state of osteopathy and osteopathic medicine globally and how these disciplines interact with national health systems across a range of countries. It uses the most robust data available, while acknowledging gaps in the current evidence. The report addresses some key questions: Who are the practitioners, and is the composition of the profession changing? How many people seek osteopathic treatment and for what main conditions? Who pays? To what extent is osteopathic practice integrated within national health systems?

And how do the various regulatory and accreditation systems for osteopathy and osteopathic medicine function around the world?

The target audience includes: national and international policymakers; health ministers; government departments; nongovernmental organisations; educators and students; health media; and interested members of the public. The report aims to inform readers about the current scale of osteopathic practice and how patients served by national healthcare systems also use osteopathic treatment.

The role of the Osteopathic International Alliance

Osteopathy and Osteopathic Medicine: A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery is an initiative of the Osteopathic International Alliance (OIA), the international organisation representing national and international osteopathic bodies and their osteopath and osteopathic physician members worldwide. One of the OIA's main goals is to 'collect and disseminate accurate and targeted information about the state of the osteopathic profession worldwide'. In March 2012, the OIA published Stage One of its Status Report on Osteopathy, which focused on the principles and practice of osteopathy and osteopathic medicine, core competencies, statutory systems and educational standards.

A survey carried out for Stage Two produced an audit of current osteopathic practice, based on a global 'snapshot' of patients; the data from this survey have been used in the preparation of this latest report.

Osteopathy and Osteopathic Medicine: A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery complements the OIA's existing research by drawing together data from around the world to describe the extent and role of osteopathic practice. While some national studies exist, this is the first such analysis incorporating an international perspective.

The World Health Organization and osteopathic practice

The publication originally grew out of discussions with the WHO about the need for a wider understanding of the global 'footprint' of osteopathy and osteopathic medicine. In 2010, publication of the WHO's *Benchmarks for Training in Osteopathy* marked an important step towards the worldwide acceptance and integration of the osteopathic profession into national systems of healthcare.

OSTEOPATHY AND OSTEOPATHIC MEDICINE

A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery

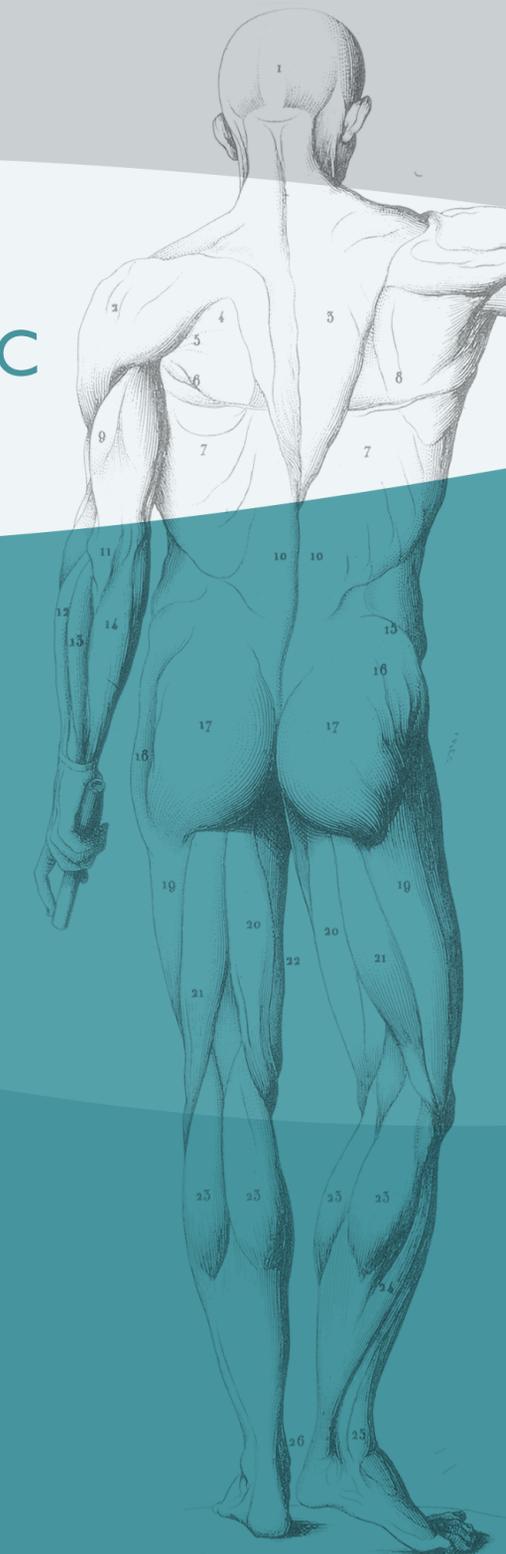
Summary

The full report is available to download or to purchase from the Osteopathic International Alliance.

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SUMMARY OF KEY POINTS

The concepts, history and spread of osteopathic healthcare (Chapter 1)

- Osteopathic healthcare is based on the principle that the structure and functions of the body are closely integrated, and that a person's well-being is dependent upon the neurological, musculoskeletal and visceral structures working in balance together.
- The approach was established in 1874 in the US by Andrew Taylor Still; over the first half of the 20th century osteopathic practice rapidly spread globally.
- Osteopathic healthcare is now provided in every continent except Antarctica and is practised in more than 50 countries.
- Globally, two professional streams have emerged, largely due to different legal and regulatory structures around the world: osteopathic physicians (practising osteopathic medicine) are doctors with full, unlimited medical practice rights and can specialise in any branch of medical care; osteopaths (practising osteopathy) are primary contact health providers with nationally-defined practice rights, and may not for example prescribe pharmaceuticals or perform surgery.

Practitioners, patients and the scale of osteopathic practice (Chapter 2)

Practitioners

- The OIA 2013 survey of 33 countries identified at least 87,850 osteopathic physicians worldwide, a 70% increase over the past decade. The vast majority (82,500) are in the US, where in 2012 osteopathic physicians accounted for 7.2% of US physicians.
- The survey identified approximately 43,000 osteopaths worldwide, nearly triple the number a decade ago. The countries with the largest number are France, Germany, Italy, UK, Australia, Belgium and Canada, which together accounted for almost 38,000 practitioners.
- The total number of students enrolled at US osteopathic medical schools has risen from 14,409 in 2006-7 to 21,741 in 2012-13. The OIA 2013 survey identified 25 countries with osteopathy training schools or universities: the countries where data were available reported 14,750 enrolled osteopathy students, of whom 10,000 were in France.

Patients

- Osteopathic practitioners treat patients of all ages, from birth to very old age. The OIA 2012 survey found one-third of patients were between 31 and 50 years old. Nearly a quarter (23.4%) were aged 18 and younger, including 8.7% below the age of two years.
- In the OIA 2012 survey, acute, sub-acute and chronic conditions were similarly cited by patients as their reason for seeking osteopathic treatment; in addition, approximately one in five patients attended for a general osteopathic check-up.
- More than half of patients were seeking help for pain. Acute patients most commonly presented with problems due to local pain and restricted motion. For chronic patients their pain was more likely to be over a larger area.
- The range of presenting symptoms is very diverse, but all surveys indicate that musculoskeletal back pain is the most common condition among osteopathic patients.
- For both acute and chronic patient groups, the lumbar spine, neck, thoracic spine, thorax, and pelvic area were the most frequent areas with problems.
- In countries that do not have wide coverage of private health insurance, most osteopathic treatment is self-funded by patients.

Practice characteristics

- The most common work environment for both osteopathic physicians and osteopaths is private practice, with or without partners. According to the OIA 2012 survey, about half of all osteopathic practitioners work at least seven hours a day. In both professional streams, part-time working is common.
- The majority of practitioners work as primary care physicians or generalist osteopaths. In the US, around 60% of practising osteopathic physicians work in the primary care specialties of family medicine, general internal medicine, paediatrics, and obstetrics and gynaecology. Most osteopaths, even if they have an area of particular interest, treat a wide range of patients and conditions.
- Osteopathic manipulative treatment (OMT) is a core activity for both osteopathic physicians and osteopaths. The OIA 2012 survey found that more than a quarter of US and EU osteopathic physicians spent more than half their work time delivering OMT, although almost half said it represented less than 10% of their work. Among osteopaths, more than 90% spent more than half their time delivering OMT.
- Several different osteopathic techniques are typically used to treat a single patient. These cover rhythmic techniques, short precise impulses, joint positioning techniques and very gentle specifically applied pressures.

- Osteopathic practitioners commonly integrate osteopathic techniques with other healthcare treatments such as pain medication, standard healthcare and complementary therapies. The OIA 2012 survey found that around 39% of the last 10 acute patients were taking medication for pain in addition to osteopathic treatment, while 42% of the last 10 chronic patients were doing so.

- Physiotherapy, massage and a range of complementary medicine techniques are commonly provided in addition to osteopathy, both for acute and chronic conditions. According to the OIA 2012 survey, around 27% of patients had received at least one additional treatment.

Relationship with the wider healthcare system

- As well as examples of formal integration of osteopathic healthcare within national healthcare systems, osteopaths work constructively in parallel and in communication with physicians and other healthcare professionals.
- The OIA 2012 survey found that a majority of patients had attended consultations with medical doctors or other healthcare providers before presenting for osteopathic treatment. This was true both for patients of osteopathic physicians and of osteopaths.

Profession demographics

- The osteopathic profession is relatively 'youthful'. In the US, 58% of osteopathic physicians are under the age of 45. The 2012 OIA survey found that around one-third of osteopaths were below the age of 40, although there is considerable variation between individual countries.
- The proportion of female practitioners has increased. In the US, women now account for more than a third of all osteopathic physicians and in the under-35 age group women outnumber men. The OIA 2012 survey found that 48.7% of responding osteopaths were female; men are now the minority among osteopaths below the age of 30, although again there is considerable variation between individual countries.

Models of education and regulation (Chapter 3)

- Recognition, education and regulation of osteopathic practitioners have developed differently around the world, influenced by the specific cultural, economic, legal and political factors of individual countries.

Education

- Osteopathic education programmes exist in more than 25 countries. Osteopathic physicians and osteopaths share a core curriculum and core competencies, but there are significant differences between the two professional streams in education, clinical competency, and scopes of practice.

- All osteopathic physicians are university graduates holding medical degrees: in the US they study osteopathic medicine, which is fully integrated with medical schools, but elsewhere most osteopathic physicians are MDs with additional osteopathic qualifications.

- Across much of Europe, Australia and New Zealand, the generally accepted norm for training as an osteopath has become a Master's level qualification. In some countries the equivalent of a Bachelor's degree remains the accepted norm or post-professional training is accepted.

- There have been several initiatives to describe minimum standards for osteopathic education and training, including the WHO Benchmarks for Training in Osteopathy in 2010 and, in Europe, the European Framework for Standards of Osteopathic Education and Training (EFSOET), developed by the Forum for Osteopathic Regulation in Europe (FORE).

Regulation

- State licensing of osteopathic physicians dates back to 1897 in the US and licensing of osteopaths to 1978 in Australia. Healthcare regulators in several other countries have deemed it important to establish a legal framework for the practice of osteopathic healthcare in order to ensure standards for public safety.

- More countries are now recognising and regulating osteopathic care. Since 2000 there has been an increase in countries introducing compulsory osteopathic practitioner registration and/or regulation of practice; there are now at least 15 countries where osteopathy and/or osteopathic medicine are regulated.

- There is still no statutory regulatory framework for osteopathy in the majority of countries where osteopaths practise.

- The permitted scope of practice of an osteopathic physician is set by the relevant country's licensing and regulatory systems for doctors, including any specific requirements for working as a specialist. In countries where there is regulation, osteopaths' practice rights will be nationally defined. However, for osteopaths in countries that do not recognise or regulate the profession, scope of practice is often less clear cut.

- The osteopathic profession is committed to monitoring and maintaining standards of practice and ethics. In countries with compulsory licensing or registration, osteopathic practitioners are usually required periodically to renew their licence or registration. In countries where osteopathy is not regulated, professional associations usually work to maintain standards and to establish accepted thresholds of entry into the profession.

Efficacy, safety and cost-effectiveness (Chapter 4)

- A body of evidence on manual techniques exists, in the form of systematic reviews and randomised controlled trials, showing the effectiveness of manual therapy using manipulation for low back pain.

- In Australia, Europe, New Zealand and the US, clinical guidelines for the treatment of low back pain recommend osteopathic techniques such as spinal manipulation.

- Robust scientific research into the efficacy of other osteopathic techniques has been limited, and in many areas remains inconclusive.

- The osteopathic profession is committed to evidence-based practice and over the past decade there has been an expansion in research activity on the outcomes and efficacy of techniques used by osteopathic practitioners.