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 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 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 a pool 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.

The World Health Organization and osteopathic practice
This 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.

Summary
The full report is available to download or to purchase from the Osteopathic International Alliance.
The concepts, history and spread of osteopathic healthcare (Chapter 1)

Osteopathic healthcare is based on the principles that the structure and function of the body are closely integrated, and that a person’s wellbeing depends upon the interplay of mechanical and chemical structures working in balance with the environment.

The approach was established in 1874 by Dr Andrew Taylor Still, over the first half of the 20th century, osteopathic practice rapidly spread globally.

Osteopathic healthcare is now globally integrated, and that a person’s problems are treated as a whole, rather than as separate conditions.

Practitioners, patients and osteopathic practice (Chapter 2)

Practitioners

The OIA 2012 survey of 33 countries identified at least 87,400 osteopathic physicians worldwide, a 75% increase over the past decade. The cost of osteopathic physicians account for 2% of the US healthcare budget.

The survey identified approximately 43,000 osteopathic world-wide, nearly double the number of the countries with the largest number of osteopaths. Germany, USA, Australia, New Zealand and Canada, total 20,399 osteopaths.

The total number of students enrolled in US osteopathic medical school has risen from 14,458 in 2006 to 27,291 in 2013. The OIA 2012 survey found that 75% of students were enrolled in osteopathic medical school training or completed the true: 4,730 osteopathic medical school students.

The osteopathic profession is private practice, with full, unregulated medical practice rights and responsibilities.

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 60 years and nearly a quarter (23.4%) were aged 60 and older.

In the OIA 2012 survey, those seeking osteopathic care were more likely to be female. The survey found 48.7% of responding osteopaths were female; men are now the minority among osteopaths below age 40, although there is considerable variation between individual countries.

Provenance demographics

The osteopathic profession is professional and medical. About 58% of osteopathic physicians were under the age of 45. The OIA 2012 survey found almost 39% of the 55+ age group were taking medication for pain in addition to osteopathic treatment, while 42% of patients in their 60s were doing so.

Pharmaceuticals or perform surgery.

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, a third of all osteopathic practitioners work at most two places, most often a hospital and a private practice.

The majority of practitioners work as primary care providers or generalists. In the US, patients are divided between primary care and specialty practices.

Neurological, musculoskeletal and visceral conditions are the most frequently treated areas of the body.

Osteopathic manipulative treatment (OMT) is a core activity for both osteopathic physicians and osteopaths. The OIA 2012 survey found that more than a quarter US osteopathic physicians spent more than half their time doing OMT, almost half said it represented less than 10% of their work.

The range of presenting symptoms is very diverse, but all surveys indicate that one-third of patients were below the age of 40, although there is considerable variation between individual countries.

Models of education and regulation (Chapter 3)

The osteopathic profession is committed to continuous improvement through self-regulation. The OIA 2012 survey found that 47.5% of responding osteopaths were male.

Education

In countries that do not have well-established osteopathic medical education, the university and/or regulatory background of an osteopathic physician is set by the country’s education, cultural, economic, legal and political factors of individual countries.

Regulation

The osteopathic profession is committed to monitoring and maintaining standards of practice and ethics with in countries where osteopathic practitioners are regulated. It is important to establish a framework for the practice of osteopathic healthcare in order to ensure standards for public safety.

Efficacy, safety and cost-effectiveness (Chapter 4)

A lack of evidence on manual techniques exists, in the form of systematic review and professional consensus. Trials showing the effectiveness of manual therapy using manipulation for low back pain.

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

Robust scientific evidence into the efficacy of other osteopathic techniques has been limited and many areas remain uncertain.

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