



# **OIA Global Report 2020**

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# Presence and status of the osteopathic profession worldwide

# How big is the osteopathic profession?

- What potential contribution do osteopaths and osteopathic physicians make to public health care delivery.



# Worldwide survey 2020

- Osteopathy is a growing profession: Since 2013 numbers have increased:
  - osteopathic physicians by **34%**
  - osteopaths by **84%**
- In total there are an estimated total **196,861** clinicians delivering osteopathic care worldwide in **46** countries.
- There are around **117,559** registered osteopathic physicians or physicians with additional training in osteopathy.
- There are **79,302** osteopaths:
  - 45,093 are statutorily regulated and registered osteopaths
  - 34,207 osteopaths are not statutorily regulated and registered but may be registered with voluntary registering organizations.
- Osteopathic physicians are statutorily regulated and can obtain a license to practice medicine in 57 countries.
- Osteopaths are statutorily recognized as healthcare professionals and regulated by law in 13 countries.
- Osteopathy is either not recognized or regulated by governmental statute in 22 countries, where registration is voluntary.

NB Difference between osteopaths and osteopathic physicians and

NB Difference between statutory and non-statutory: regulation, registration and recognition

# Worldwide survey 2020

We estimate each year:

- Around 226 million osteopathic treatments are delivered worldwide
- To around 38 million people
- There is scope for more growth (osteopaths per 100,000 range from <1 to 49)

# How well educated are osteopaths?



# Education

- At least 6 countries offer osteopathic physician training
  - (post and undergraduate)
- ~20 countries offer courses to train students to deliver osteopathic care
  - In most countries a minimum Bachelor level education is delivered

Where osteopathy is regulated CPD is a conditional requirement for continued registration

# Profiling osteopaths and osteopathic care

# What are osteopaths and how do they work?

- We need to clearly describe what we are to other health care professionals and the public.



# We found information profiling osteopathic care from the following countries:

- Australia
- Belgium
- Canada
- Germany
- Italy
- Luxembourg
- Netherlands
- Spain
- Switzerland
- UK

# Practitioner and practice characteristics

Country	Mean/ median Age	% Female	Years experience	Works on own most or all of the time	Patients seen per week	Time spent with patients
Australia	38	58	11.4 years (mean)	16.3	37	
Belgium, Luxembourg	40-49	31	Belgium 12.2 years Luxembourg 8.1 yrs	51%	31-35	30-60 minutes
Canada		66	0-10 yrs 51% >11 yrs 49%			55 minutes
Germany	48	57	8 years (median)	58%	30	30-60 minutes
Italy	30-39 (mode)	33		58%	25-50 (mode est.)	46-60 minutes
Netherlands	40-49 (mode)	Estimate 35%	8.7 years	64%	37	30-60 minutes
Spain	36.7 (mean) 30-39 (mode)	40-47%	7 years (mean) <5 years 46% >5 years 54%	41%	21-30 (mode)	45-60 minutes
Switzerland	42 yrs (mean) 30-49 yrs (mode)	55	11 years (median) 12.7 years (mean)	54%	27-36	45 minutes
United Kingdom	46-50 yrs (median)	59	19-20 years median	64%	20 and 30 (modes)	45minutes

# Patient characteristics

- More females than males visit osteopaths  
(Canada 62%, Spain 61%, Germany 61%, Switzerland 57%, UK 58%)
- The majority of patients are working adult age.  
(20-65 years (42.6%-90%) age ranges between 40 and 65 years)
- Paediatric patients around 5 - 20% of all care

# Reasons for seeking osteopathic care

- Musculoskeletal conditions are the most common

(UK and Switzerland 81%, Spain 94%)

- Paediatric conditions associated with unsettled babies 40-60% of cases

(Germany, Australia, Belgium, Luxembourg, Netherlands and Spain)

- Obstetrics, gynaecological and pregnancy related problems 30 – 45% of cases

(Germany, Australia, Belgium, Luxembourg, Netherlands and Spain)

- Around half of patients had co-existing conditions.

(UK 42%, Switzerland 54%, Spain 55%)

# Body area

- Low back and neck over 95% of patients

(Germany, Australia, Spain)

- Low back pain as primary complaint in 15-40% of patients and

- Neck pain in 10-20% of patients

(Spain, Canada, UK, Switzerland)

- Upper back, thorax, ribs and/or chest primary complaint in 5-20% of cases

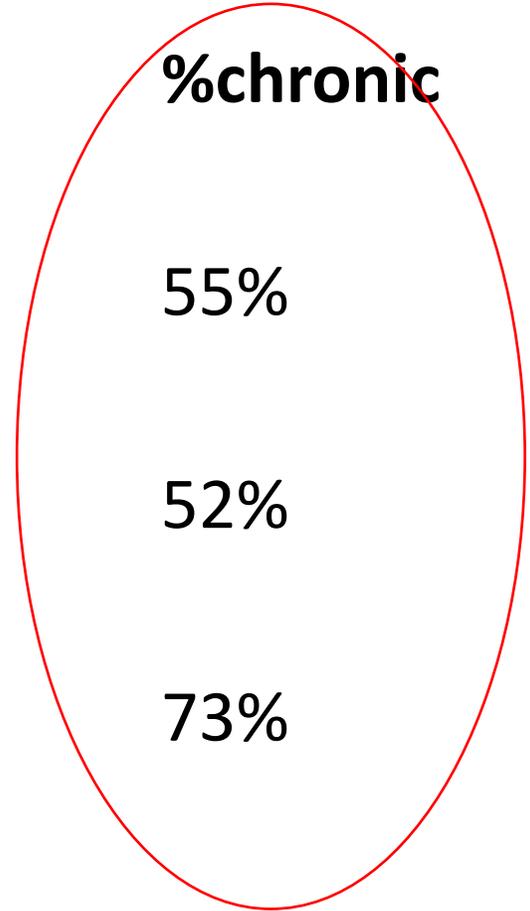
(Spain, Canada, UK, Switzerland)

- Lower extremity specific problems 10-20%

(Spain, Canada, UK, Switzerland)

# Duration of complaints prior to treatment

Country	%acute	%subacute	%chronic
UK	33%	12%	55%
Switzerland	45%		52%
Spain	27%		73%



# Treatment techniques

Most common were:

- soft tissue manipulation
  - muscle energy technique
  - spinal manipulative technique
  - articulation/mobilisation,
  - visceral techniques,
  - osteopathy in the cranial field
  - functional technique
  - strain-counter-strain
  - myofascial release
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- **In addition advice about exercise/physical activity and lifestyle (upto 90%)**

# Summary take home messages

Osteopathic care has been profiled in 10 countries showing that:

- Osteopaths treat mainly musculoskeletal, but also non-musculoskeletal care and deliver around 10% of their care to infants
- They work mainly independently as health care practitioners
- They deliver manual therapy as a 'package of care' to patients (variety of techniques plus advice and guidance used)
- Osteopaths spend time with their patients (minimum 30 minutes)

More research is needed to show what the patient responses are to osteopathic treatment and care.

What can osteopathy offer ? – Evidence

Is the evidence for manual therapy based care strong and convincing?

**The OIA Global Report: Global Review of Osteopathic Medicine and Osteopathy 2020. Part III**

<https://oialliance.org/the-oia-global-report-global-review-of-osteopathic-medicine-and-osteopathy-2020/>

# Literature search (2020) of:

- Systematic reviews of the effectiveness of manual therapies
- National Guidelines for the management and care of musculoskeletal conditions
- We extracted data that concluded and or recommended manipulative and body based therapies

# Strength of evidence used

- **Strong evidence** = high quality research studies consistently showing the same beneficial outcomes
  - **Moderate evidence** = mixed quality research studies indicating a trend but less consistent results, more research may change conclusions
- (Weak evidence** = lower quality studies (eg small sample sizes), results mixed and inconclusive )

# Search for relevant research to support practice

## **Included: 34 systematic reviews and 6 guidelines**

Research reviews showing beneficial effects

Guidelines that included a manual therapy component in care (non hospital setting)

Since 2010

## **Excluded:**

Inconclusive reviews (eg. not enough research or small sample studies)

Reviews indicating no additional effect of the intervention

Condition (+ve moderate level evidence or higher)	Pain reduction	Function/ ROM*/ disability	Return to work	Quality of life	Satisfaction with care	Other
Adult low back pain	✓	✓	✓			Coordination
Paediatric low back pain	✓					
Pregnancy related low back, pelvic pain	✓	✓				
Post partum low back and pelvic pain	✓	✓		✓	✓	
Neck Pain	✓	✓		✓	✓	
Headaches	✓	✓		✓		
Shoulder dysfunctions	✓	✓				
Elbow pain	✓	✓				
Hip osteoarthritis	✓	✓				
Knee osteoarthritis	✓	✓				
Heel pain (plantar fasciitis)	✓	✓				

# Results – Low back pain

2 Guidelines and 9 reviews

Intervention	Pain	Function /Disability/ Range of Movement	Return to Work	Coordination
Spinal manipulation	1,2,3,4,5*, 6,7,8,10	1,3,5*,6,8,10	5*	1
Mobilisation	1, 2, 3, 5*, 10	1, 3, 5*, 10	5*	1
Muscle Energy Technique	9	9		
Osteopathic Care	11	11		
Soft tissue / Massage	5*,6,7	5*	5*	

1 American Physical Therapy Association 2012,  
 2 Brontfort et al 2010,  
 3 Coulter et al 2018,  
 4. Furlan et al 2012,  
 5\* NICE UK 2016 (As part of a package of care),  
 6 Paige et al 2017,  
 7 Qaseem et al 2017,  
 8 Rubinstein 2019,  
 9 Thomas et al 2019,  
 10 USA Department of Veterans Affairs 2017,  
 11 Verhaeghe et al 2018

\* As part of a package of care

# Results – Neck pain

1 Guideline and 9 reviews

Intervention	Pain	Function, disability range of movement	Satisfaction	Quality of life
Spinal manipulation	1,2,4, 6,7	1,2,4,7		
Mobilisation	1,2, 4, 6, 7	1,2, 4,7	7	
Manual therapy	3,5,10			
Manual therapy with Exercise	1, 8	1, 8		8
Muscle Energy Technique	9			
Soft tissue massage	6			

1 American Physical Therapy Association 2016,  
 2 Brontfort et al 2010,  
 3. Coté et al 2019,  
 4 Coulter et al 2019,  
 5 Franke et al 2017,  
 6 Furlan et al 2012,  
 7 Gross et al 2010,  
 8. Miller et al 2010,  
 9 Thomas et al 2019,  
 10 Vincent et al 2013

# Results – Tension type Headaches

1 Guideline and 10 reviews

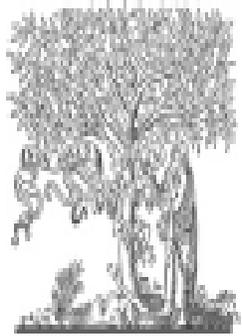
Intervention	Pain	Function, disability range of movement	Quality of life
Spinal manipulation	1,2,5,8, 10	1,2,8	
Mobilisation	1,2,5,8	1,2,8	
Ost Manual therapy	4		
Manual Therapy	3,9,11	3	3,9
Manual therapy with Exercise	7		

1 American Physical Therapy Association 2017,  
 2 Brontfort et al 2010,  
 3. Camplido-Transmonte et al 2017,  
 4 Ceritelli et al 2017,  
 5. Chaibi et al 2017,  
 6. Clar et al 2014,  
 7. Côté et al 2019,  
 8 Coulter et al 2019,  
 9 Falsiroli et al 2019,  
 10, Fernandez et al 2020,  
 11 Yaseen al 2018

Is osteopathy safe? - Evidence

# Safety

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ELSEVIER

Contents lists available at ScienceDirect

Manual Therapy

journal homepage: [www.elsevier.com/math](http://www.elsevier.com/math)



Systematic Review

Adverse events and manual therapy: A systematic review

Dawn Carnes<sup>a,\*</sup>, Thomas S. Mars<sup>b</sup>, Brenda Mullinger<sup>b</sup>, Robert Froud<sup>a</sup>, Martin Underwood<sup>c</sup>

**Carnes D**, Mars T, Mullinger B, Froud R, Underwood M. Adverse events and manual therapy: a systematic review. *Manual Therapy* Aug 2010; 15 (4): 355-363

# Results

About 37% of patients are likely to experience some minor to moderate short lived adverse event(s) after manual therapy treatment

Most of these resolve within 48 hours

Adverse events are most likely to be reported after the first treatment

Risk of major (irreversible or long lasting) adverse events such as stroke with manipulation are very low

# Effectiveness and safety

Positive evidence base of beneficial effects of manual therapy for pain reduction and function in the following conditions:

- Low back pain
- Neck pain
- Shoulder dysfunctions
- Headaches
- Hip and knee osteoarthritis
- Elbow and heel pain

**Manual therapy delivered by trained practitioners is a relatively safe and effective option for patients with the above conditions**

Take home messages

# Summary

- **Growing profession but plenty of scope for more growth**
- **Standardisation of education**
- **Recognition and regulation still needed in some countries**
- **Need for better patient reported outcomes of care**
- **Strengths: time, complex multi-modal component package of care, safety**
- **Challenges: lone practitioners, the countries without recognition and regulation (working together), increasing the quality of the evidence base to reflect the strengths and practice**