

**National Council for**



**Osteopathic Research**

Dr Dawn Carnes

[www.ncor.org.uk](http://www.ncor.org.uk)



Barts and The London  
School of Medicine and Dentistry

**National Council for**



**Osteopathic Research**

# National Council for **N C O R** Osteopathic Research



[www.ncor.org.uk](http://www.ncor.org.uk)



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National Council for  
**N C O R**  
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Funded by annual donations from:

UK Osteopathic Education Institutions  
General Osteopathic Council  
British Osteopathic Association  
Osteopathic Education Foundation



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**Osteopathic Research**

The development of a profession wide research culture that is inclusive, robust, credible, has national and increasingly international impact and benefits for osteopathic teaching, learning and patient care.

[www.ncor.org.uk](http://www.ncor.org.uk)



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Our 3 year strategic aim is to advance, facilitate and disseminate osteopathic, and osteopathic relevant, research to promote good and safe practice to optimise patient care.

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# Research mission statements and objectives from around the world:

In summary:

- Collaboration with other organisations
- Conducting effectiveness research (trials and other studies)



- Synthesising information
- Disseminating research information
- Using research to promote osteopathy in other health care professions
- Using research to enhance education
- Developing skills in research





- Raising standards of research (including governance)
- Seeking funding for research
- Publishing research
- Keeping up to date and disseminating with research pertinent to osteopathy
- Using research for policy development



# Research priorities

- 7 contributors
- 5 priorities
- Short, medium and long term



# Research priorities

- Effectiveness and cost effectiveness
- Therapeutic mechanisms
- Scope of practice
- Patient reported outcomes



# Research priorities

- Synthesising and disseminating existing research
- Safety
- Process of care
- Reliability of diagnostic techniques



# UK Research priorities

Theme	Sub themes
<b>Effectiveness of osteopathic treatment for:</b>	<ul style="list-style-type: none"><li>• Neck pain</li><li>• Whiplash</li><li>• Headaches</li><li>• Radicular pain (including sciatica)</li><li>• Reducing episodes of low back pain (LBP)</li><li>• Acute LBP</li><li>• Chronic LBP</li></ul>
<b>Role of osteopathy in the management of:</b>	<ul style="list-style-type: none"><li>• Chronic widespread pain</li><li>• Musculoskeletal pain in pregnancy</li><li>• Elderly</li><li>• Spinal pain resulting from trauma</li></ul>
<b>Risk of osteopathic treatment:</b>	<ul style="list-style-type: none"><li>• Compared to pharmacological therapy</li><li>• In cervical spine manipulation</li></ul>
<b>Outcomes of osteopathic treatment:</b>	<ul style="list-style-type: none"><li>• Patient reported outcomes</li><li>• Effect on the neurological system</li></ul>

# Research evidence can be gathered from the:

- The profession as a whole
- Individual practitioners
- Patients



# What research can we do without 'megabucks' of funding?

Mobilising our resources:

- Researchers
- Individual practitioners
- Patients



# How ?

Examples:

- 1) Scope of practice – communicating with the wider health care industry, who are we and what do we do?
- 2) Safety – what are the risks involved with osteopathic treatment





# Examples continued

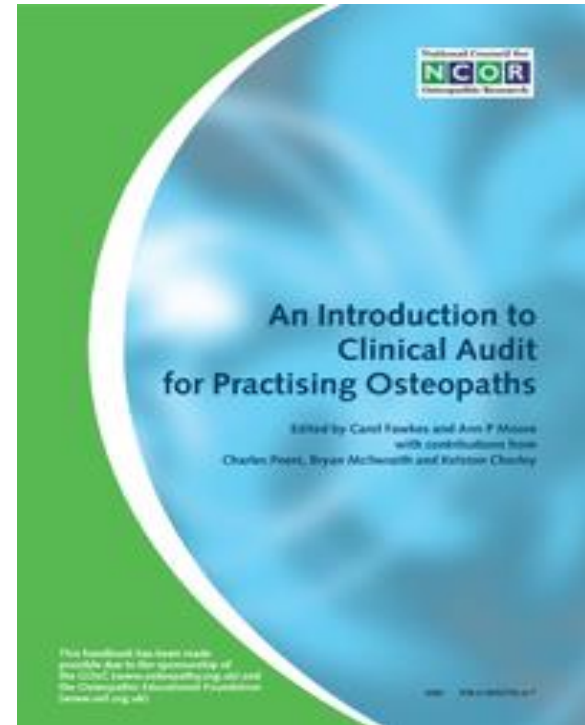
- 3) Effectiveness – measuring patient outcomes
- 4) Evidence synthesis – using relevant research from all types of disciplines to inform practice
- 5) Dissemination – improving awareness



# Example 1

## Scope of practice / common treatment approaches

- Audit
- Standardised data collection



# Audit

<http://www.ncor.org.uk/practitioners/audit/>

## Why undertake clinical audit?

Clinical audit has many benefits including:

- Improving patient care
- Help you to demonstrate the benefits of your practice to others
- More effective use of clinical time
- More satisfied patients
- Helping to advance your practice
- Identify areas for making your practice more efficient
- Provide useful evidence of continuing professional development activity.



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- Patient Reported Outcome Measures (PROMs)
- Musculoskeletal PROM Database
- Audit**
  - Clinical Audit Tools
- Standardised Data Collection
- Adverse Events Learning Forum
- Practitioner Information – Communicating Benefit and Risk in Osteopathy
  - Shared Decision-Making
  - Communicating Benefit and Risk in Osteopathy
  - Consent
  - Risk and Patient Incidents
  - Dealing with Patient Feedback and Complaints
  - References
- Practice Resources
  - Frameworks and Guidelines
  - HTA – Health Technology Assessment Programme
  - Any Qualified Provider
  - Societies for Areas of Special Interest
  - Sites Useful for Practice
  - Patient Health Promotion
  - Social Networking



## Audit

### What is clinical audit?

Clinical audit is essentially a quality improvement process. It has been described as a technique to "assess, evaluate, and improve the care of patients in a systematic way to enhance their health and quality of life"<sup>1</sup>. Audit was believed to have begun with Florence Nightingale in 1854. It has undergone considerable development since that time to become Clinical Audit as it is known today.

Mawson and McCreadie (1993) described audit as a cyclical process consisting of the following key stages:

- Selection of a topic
- Observation of practice
- Comparison of current practice with agreed standards
- Implementation of change(s)
- Re-audit<sup>2</sup>

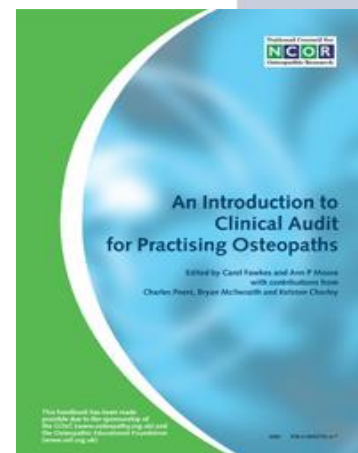
### Why undertake clinical audit?

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- Identify areas for making your practice more efficient
- Provide useful evidence of continuing professional development activity.

### What is the difference between audit and research?

Research and audit are often confused; some of the differences between audit and research are explained in the table below.



# Standardised data collection



## **The Standardised Data Collection Project**

**Standardised data collection within osteopathic practice in the UK:  
development and first use of a tool to profile osteopathic care in 2009**

**Authors: Carol Fawkes, Janine Leach, Shirly Mathias, Ann P. Moore.  
Clinical Research Centre for Health Professions, University of Brighton**

# Scope of practice

- Standardised data collection and audit
- In 2009 in the UK, 342 practitioners participated in a survey (9% of profession)

ref: [www.ncor.org.uk/audit](http://www.ncor.org.uk/audit)



# Scope of practice

In the UK there are 4,854 registered osteopaths. Their patients are:

- ~56% female
- most are treated for low back pain 36%
- 51% have acute pain, 15% sub-acute and 31% chronic



# Scope of practice

- Most commonly used treatments are:
  - Soft tissue manipulation (78%),
  - Articulation (73%),
  - HVT (38%),
  - Cranial osteopathic techniques (26%),
  - MET (18%)
  - Functional (14%)





# Example 2

## Safety research / information

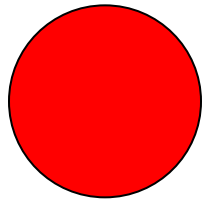
- Adverse event learning and reporting platforms
- Education and reflection



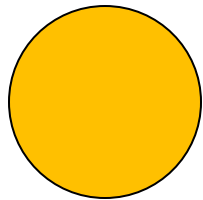
# Safety: Practitioner perspective

**PILARS.org.uk**

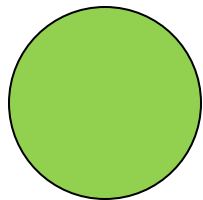
**Patient Incident Learning And Reporting System**



Major incident



Minor / moderate incident



Near misses



## The Patient Incident Learning And Reporting System

The Adverse events learning platform: A website for osteopaths to use as a learning platform to collect and comment on adverse events and potential adverse events occurring with patients in the profession.

The forum can only be accessed with a username and password. The log in details can be obtained from the o-zone section of the General Osteopathic Council website and the secure members' area of The British Osteopathic Association website:

[General Osteopathic Council O-Zone Section](#)

[British Osteopathic Association Members Area](#)

[To Submit A Report/View Existing Reports, Login Above.](#)

## About

The Patient Incident Learning And Reporting System (PILARS) has been designed to enable osteopaths to report anonymously, share and discuss experiences relating to patient safety, adverse events associated with osteopathic care, and practice-related incidents. This can all be done online, and the information gathered from these reports will be analysed only by the research team at the National Council for Osteopathic Research (NCOR) in order to identify trends. The information can be fed back to the osteopathic profession to improve patient care

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# Safety: patient perspective

**PREOS.org.uk**

**Patient Reports of Experiences of Osteopathic Services**

- Positive experiences
- Negative experiences
- How to do things better



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# Example 3

## Effectiveness / Outcomes

- Measuring patient reported outcomes (PROMS)
- Measuring patient reported experience (PREMS)

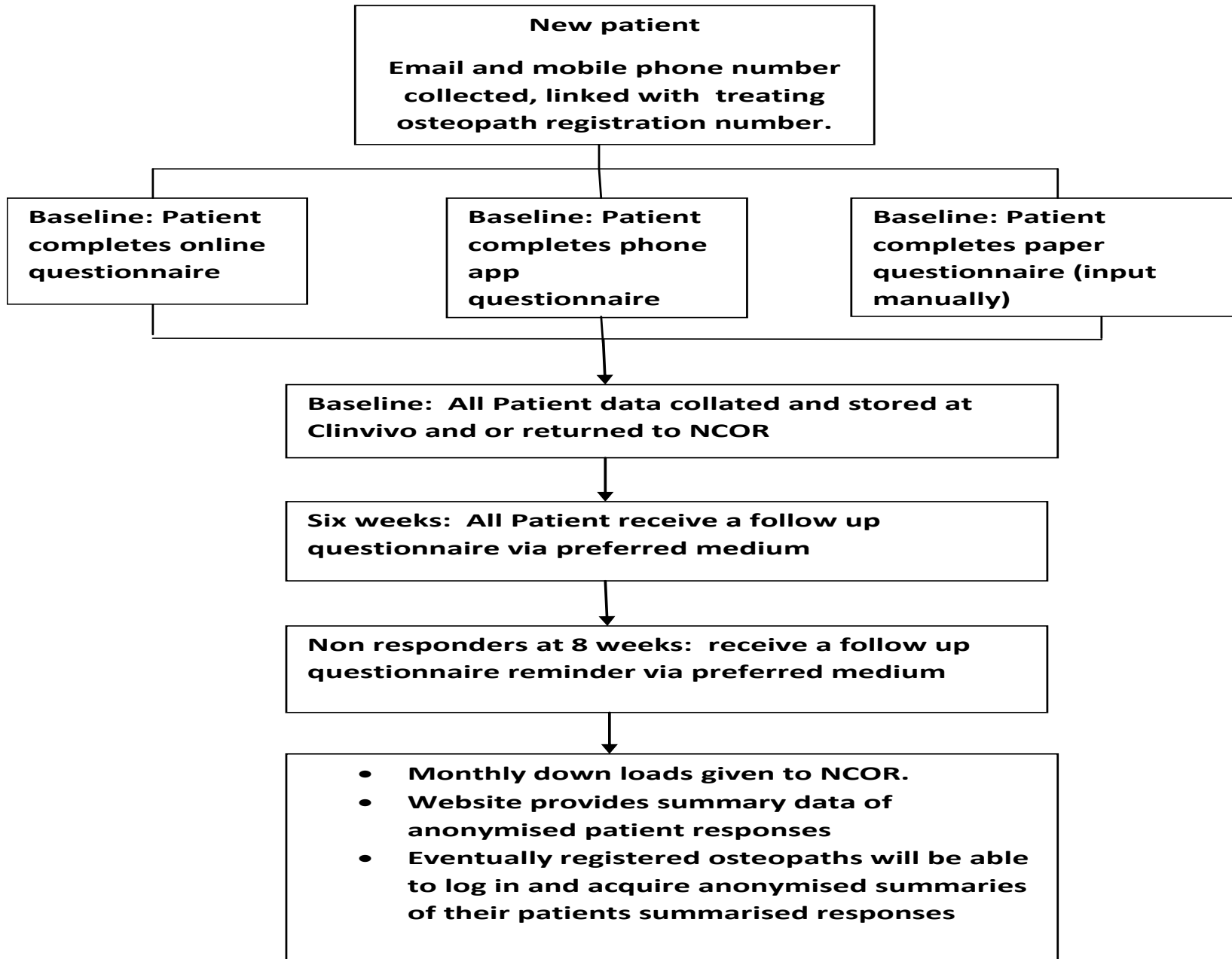




**ACME Trial**

Acupuncture, CBT, manual therapy and exercise  
Warwick and Coventry PCT

- Trial Manager**  
Chris Nicks ➤
- Complete baseline assessment** ➤
- One month assessment** ➤
- Three month assessment** ➤
- Call trial co-ordinator**  
02476574880 ➤
- Send SMS message** ➤



# Example 4

## Evidence synthesis

- Systematic reviews
- Masters and PhD research





Evidence for Osteopathy

Snapshot Summaries

- Osteopathy in Different Fields
- Clinical Assessment
- Osteopathic Technique
- Adjuncts to Osteopathic Treatment
- Treatment Alternatives
- Management of Conditions and Patient Groups

Recent Research in Osteopathy

- Ongoing Research
- Osteopathic Relevant Research

Research Resources

- Research Governance
- Useful Research Sites
- Complementary Medicine Research Sites
- Research Trial Registers
- Statistics
- Journals



## Evidence for Osteopathy

Below is a snapshot summary of evidence for osteopathy.

[What evidence is there for osteopathy?](#)

The summary includes information on

- Professional regulation
- Training
- Osteopathic practice
- Access to treatment
- Clinical governance
- Evidence and practice
- Clinical guidelines
- Low back pain – clinical trials
- Back pain and pregnancy
- Psychological factors and low back pain
- Osteopathy and safety
- Educational interventions
- Physiological assessment of low back pain
- Studies facilitating clinical competence
- Current work within the osteopathic profession

Below is a link (click on image) to a **summary table of evidence for manual therapy**. This table is a work in progress and will be updated regularly. It contains references for relevant papers and summary information for each paper.



You can find links to either abstracts or full articles for these papers on our [Osteopathic Relevant Research](#) page.

# Learning online

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 [Patients](#) | 
 [Who We Are](#) | 
 [News](#)

- Research Skills Tutorials
- Critical Appraisal
- Podcasts
- Videos
- Powerpoints



## Learning Online

We hope you will find this a helpful resource. In the learning online menu you will find links to summaries of research relating to osteopathy and practice as well as evidence-based tutorials. I upload powerpoints, videos and podcasts from time to time that may be of interest.

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website design & development by KukiVentures



## Evidence-based practice tutorial - How to Write a Case Report

The mantra "publish or perish" is becoming increasingly relevant to all health care practitioners. Few practitioners in private practice will have the opportunity to be involved in large-scale clinical trials but writing a case report is possible for any osteopath. Case reports are frequently published in the medical literature; more than 240,000 have appeared in MEDLINE in the past 5 years. Case reports can be used for educational purposes providing an enormous amount of clinical information about a valuable lesson from practice; they can describe a diagnostic or therapeutic dilemma or present important information on an adverse reaction to a particular form of treatment. Additionally case reports can also suggest the need for change in practice or thinking in terms of diagnosis or prognosis. Suggestions for changes in prevention cannot be made from case reports since they require strong evidence (see Figure 1) since many practitioners feel they provide a great information.



Figure 1. The Hierarchy of Evidence



## Nerve root pain

- <5% of cases of back pain
- Sharp, shooting or burning pain radiating down posterior leg in segmental distribution
- Leg pain > back pain
- Aggravated by coughing or sneezing
- Associated with numbness or paraesthesia
- Examination- SLR, slump test, neurological deficit



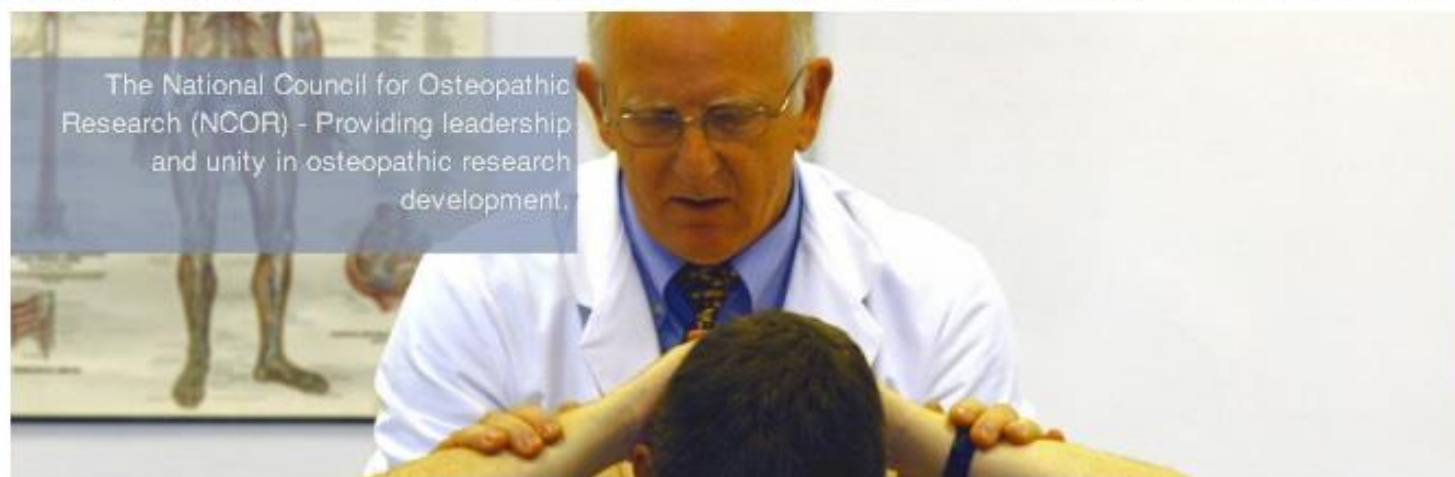
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# Example 5

## Dissemination

- Websites
- Social media





The National Council for Osteopathic Research (NCOR) - Providing leadership and unity in osteopathic research development.



**Evidence for Osteopathy**

[more >>](#)



**Research Skills**

[more >>](#)



**Snapshot Summaries of Research**

[more >>](#)



**Clinical Audit**

[more >>](#)

**Who We Are** [read more >>](#)

The National Council for Osteopathic Research (NCOR) was constituted in 2003 in order to explore and assure the place that osteopathy has to play in Healthcare.

The Council was established by the General Osteopathic Council, the British Osteopathic Association and all of the osteopathic education institutions within the United Kingdom.

**Contact Us** [full details >>](#)

**NCOR**  
Centre for Primary Care and Public Health  
Blizard Institute  
Barts and The London School of Medicine and Dentistry  
Yvonne Carter Building  
58 Turner St  
London E1 2AB

**News** [read more >>](#)


-  [Update of the NICE guidelines for low back pain](#)  
posted on 27th November 2013

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-  [NCOR monthly news bulletin – November 2013](#)  
posted on 15th November 2013

**Twitter** [follow us >>](#)



-  We have developed an online information resource for osteopaths to help them communicate with their patients...

**Video** [view more >>](#)

Writing for Publication - Steve Vogel, British 



**Podcasts** [hear more >>](#)

**Basic Relaxation Exercise – Podcast**

Posted on [December 10, 2012](#) by [Elena Ward](#)

You and/or your patients may find this basic



**Making research accessible, relevant  
and easily used**

**[www.ncor.org.uk](http://www.ncor.org.uk)**



# Simple, inexpensive projects

Provide data that benefits:

- Patients (safety and outcomes)
- Practitioners (feedback, business development, reflective practice)
- Profession (feedback, standards, education)
- External relations (meaningful data)

