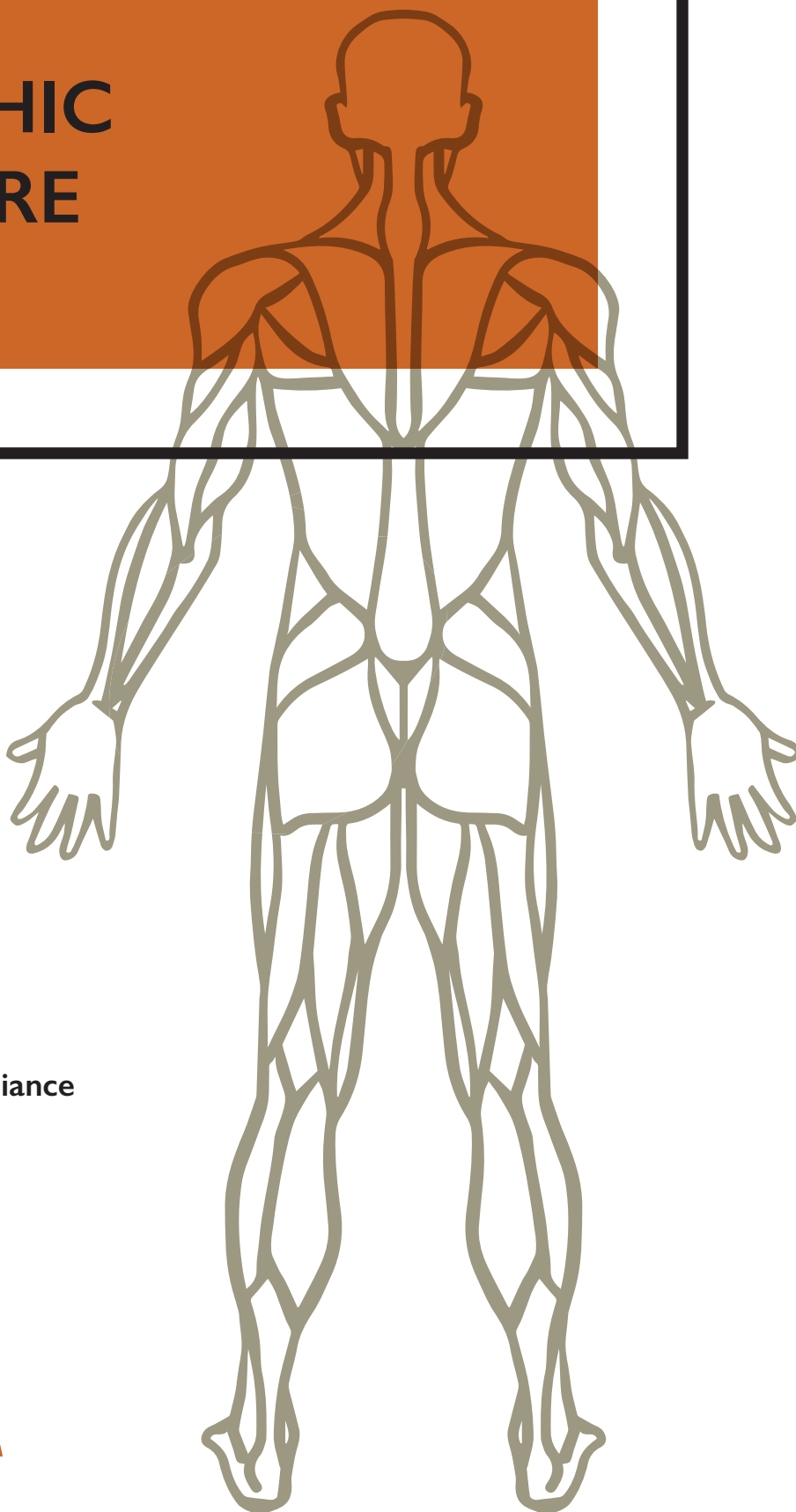


OSTEOPATHIC HEALTHCARE

Global review
of osteopathic
medicine and
osteopathy 2020

Osteopathic International Alliance



Foreword

This report on the status of the global osteopathic profession in 2020 was completed as a part of the Osteopathic International Alliance's 2018-2020 Collaborative Plan with the World Health Organization (WHO). As a non-State actor in official relations with the WHO since February 2018, the OIA continues to promote and document the commitment of the osteopathic profession to providing quality healthcare to patients across the globe.

This survey provides a current view of the profession and its growth since the last global survey in 2013 and demonstrates greater acknowledgment and acceptance of both osteopathy and osteopathic medicine throughout the world. Additionally, the evidence for effectiveness of manual therapies is growing and becoming more robust.

The OIA Board appreciates and recognizes the integral contributions of OIA member organizations to the data gathering process. The Chair is grateful to the OIA Board for its vision and diligent work in editing the document. Special thanks also go out to the following:

Professor Dawn Carnes, Project Manager, United Kingdom

Dr Julie Ellwood, Project Researcher, Ireland

**Mr Charles Hunt, Immediate Past Chair OIA Board
and Global Survey Task Force Chair, United Kingdom**

Ms Ana Paula Ferreira, Chair-elect OIA Board, Brazil

Ms Amy Byerwalter, Interim CEO, OIA, United States

The OIA Board of Directors is proud to submit this report to the World Health Organization in support of its strategic priorities, outcomes, and general program of work. We are also pleased to share this document with our member organizations to advance the global osteopathic profession and to advocate for high-quality osteopathic healthcare worldwide.

William S. Burke, DO, FACOP

Dr William J. Burke
Chair, OIA Board of Directors

Global Overview

Supporting material:

PART I:

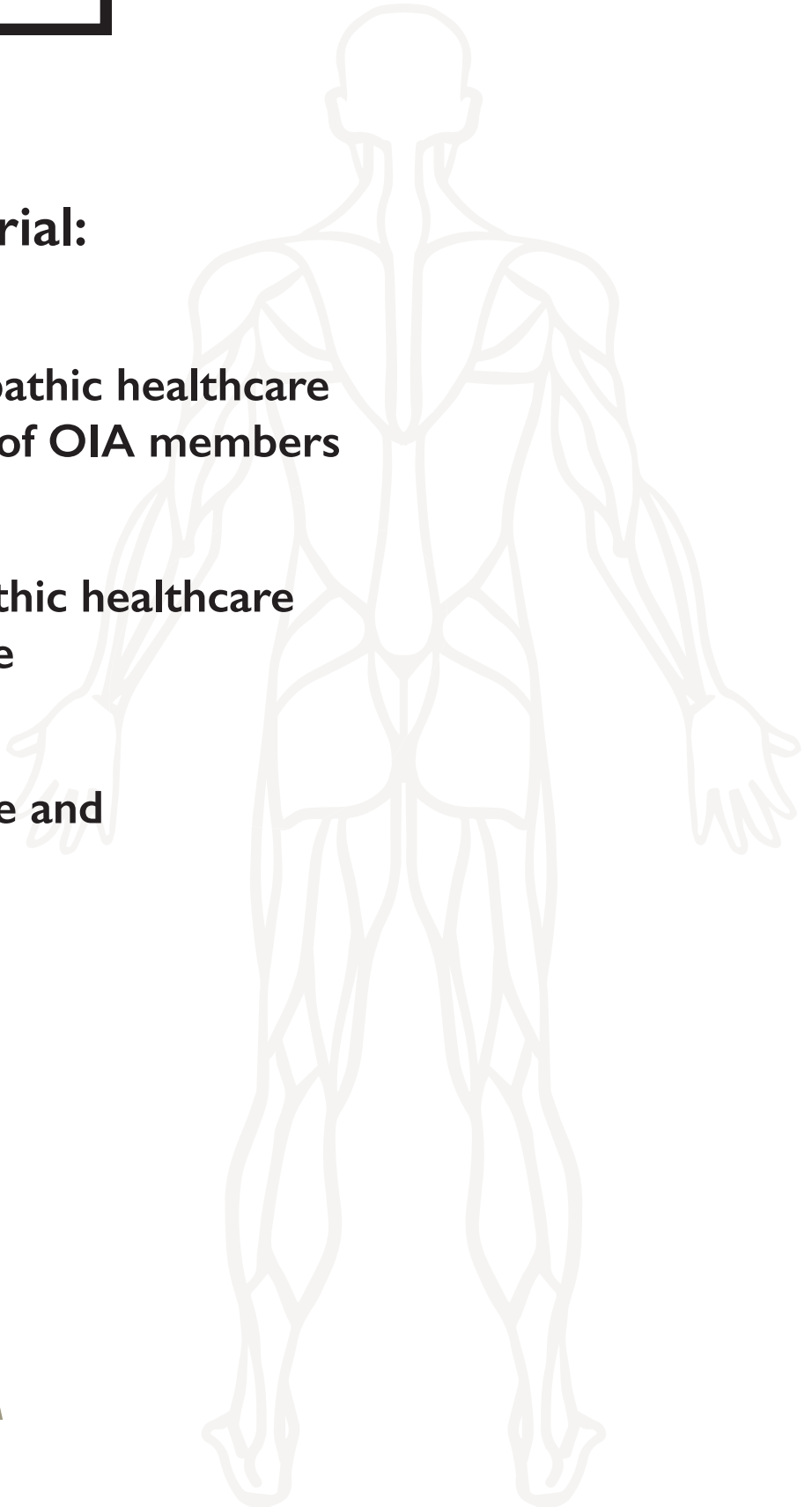
The status of osteopathic healthcare worldwide a survey of OIA members

PART II:

A profile of osteopathic healthcare a review of literature

PART III:

Osteopathy evidence and safety summary



BACKGROUND

- Osteopathic healthcare is based on a perception of the body as an integrated whole. It is a 'person-centered' rather than 'disease-centered' approach to the prevention, diagnosis and treatment of illness and injury.
- Osteopathic professionals use a range of techniques including 'hands-on' manual techniques for assessment and diagnosis to identify and then treat various health conditions, including musculoskeletal structural problems that influence the body's physiology, including the nervous system, circulation, and internal organs.
- There are two related professions providing osteopathic healthcare; there are osteopathic physicians providing osteopathic medicine and osteopaths providing osteopathy.

PRESENCE AND STATUS WORLDWIDE

- There are an estimated 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. Of these 45,093 are statutorily regulated and registered osteopaths and we estimate 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.
- The number of osteopaths per 100,000 capita varies from <1 in Argentina, Brazil, Greece, Russia, and the United Arab Emirates to 11 per 100,000 in Australia, 14 in Switzerland, 15 in New Zealand, and 49 in France.

Table 1. Number and status of osteopathic physicians and osteopathic practitioners worldwide

Osteopathic physicians and/or medical physicians with osteopathic training (Statutory regulated)	Statutory regulated and registered osteopaths	Voluntary registered osteopaths and non-registered osteopaths
Belgium 4	Australia 2741	Argentina 139
Burundi 1	Denmark 165	Austria 1000
Canada 37	Finland 485	Belgium 866*
Caribbean 0	France 33,000	Brazil 139
Denmark 1	Iceland 6	Canada 2900
Ethiopia 1	Lichtenstein Unknown	Croatia Unknown
Finland 3	Malta 11	Cyprus 15
France 2500	New Zealand 735	Egypt 8
Germany 2547	Portugal 1352	Fed. States of Micronesia 0
Greece 1	South Africa 38	Germany 4065
Italy 250	Switzerland 1086	Greece 35
Kenya Unknown	United Arab Emirates 35	Israel 90
Malawi 2	United Kingdom 5,439	Italy 13,600
Nigeria Unknown		Japan 96
Papua New Guinea 1		Netherlands 700
Russia 1500		Norway 372
Singapore Unknown		Republic of Korea 101
Slovenia 3		Republic of Ireland 157
Spain 4		Seychelles Unknown
United Arab Emirates 2		Singapore 50
United States of America 110,700		Spain 9420
Zambia 2		Sweden 456

*Self-reported Belgian number updated to 1800 at the time of publication. All numbers included in this report are self-reported.

OSTEOPATHIC EDUCATION AND TRAINING

- Osteopathic physicians have a minimum of a medical degree qualification and post-doctoral training that enables them to practice as licensed medical physician plus additional training in osteopathic principles and osteopathic manipulative treatment.
- Osteopathic physician education institutions are found in at least 6 countries.
- Osteopath qualifications ranged from diplomas to Masters degrees.
- The minimum education requirement to practice for new osteopaths is a Bachelor degree in most countries.
- Osteopathic training and education institutions are found in at least 20 countries.
- Where osteopathy is regulated there is an obligatory requirement for continuing professional development, in countries where osteopathy has voluntary registration there are informal requirements.
- Continuing Professional Development is stipulated by hours spent learning (range 11 to 40 hours).

OSTEOPATHIC PRACTICE

- The majority of osteopathic practitioners are aged between 30 and 59 years, with more than 8 years of work experience as an osteopath or osteopathic physician.
- Osteopaths generally work in practices on their own.
- Osteopaths across UK and central Europe are generally able to provide their patients with an osteopathic consultation within one week.
- The most common forms of manual treatment modality are soft tissue manipulation, joint mobilization and manipulation, but may also include other approaches such as facilitating self-management, giving wellbeing and lifestyle advice and support as part of a package of care.
- The reported range and diversity of techniques used by osteopaths and osteopathic physicians is large. In central Europe there is a preference for more gentle techniques such as osteopathy in the cranial field, visceral, functional, and bio-dynamic techniques compared with the UK and Australia where the preference is more towards structural techniques such as soft tissue manipulation, articulation/mobilization, and spinal manipulation technique.

OSTEOPATHIC PATIENTS

- People seeking osteopathy for care are typically between 40 and 50 years old, although children make up around 10-25% of patients and of these around three quarters are under 2 years old.
- More females than males (60:40) visit an osteopath.
- Osteopathic patients typically seek care for low back, mid back, and neck pain although in some countries care for non-musculoskeletal conditions such as digestive complaints, headaches, respiratory conditions and specifically for women's health is common.
- Patients who attend osteopathic consultations are likely to be employed/self-employed adults.

EVIDENCE AND SAFETY OF OSTEOPATHIC CARE

- Practitioners from different manual therapy disciplines share many of the same techniques, such as mobilization, manipulation, muscle energy and soft tissue techniques.
- The evidence for effectiveness of manual therapies is growing and becoming more robust. There is moderate and strong evidence for pain relief and improving function for low back, neck, shoulder disorders and headaches.
- There is a growing positive evidence base of beneficial effects for hip and knee osteoarthritis, heel pain, pulled elbow in children, length-of-hospital-stay in pre-term infants, irritable bowel syndrome, lymphatic drainage as part of breast cancer care and infantile colic.
- The risk of serious harm with manual treatments including with manipulation and mobilization techniques is very low.

Table 1. Evidence summary of beneficial effects with manual therapy

The orange boxes indicate moderate to high level evidence of benefit. Techniques tested varied between manipulation, mobilization, soft tissue manipulation, muscle energy techniques and combinations. The blue boxes indicate moderate to low level evidence.

Condition (with positive, moderate, or high-level evidence)	Pain reduction	Function/ROM/disability	Return to work	Quality of life	Satisfaction with care	Other
Adult low back pain						Co-ordination
Pediatric 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)						
Infantile colic						Reduction in crying time
Infant pulled elbow						
Preterm infants						Length of hospital stay
Breast cancer care (upper extremity lymphatic drainage)						
Irritable bowel syndrome						

COMPARISON BETWEEN 2013 AND 2020

- The global osteopathic profession is rapidly growing. Since 2013 the number of osteopathic physicians has increased by 34%; osteopaths by 84%.
- The number of countries where osteopaths are recognized formally as healthcare professionals contributing to the healthcare delivery of their nations has grown, indicating greater acknowledgment and acceptance of the profession globally.
- The availability of data is more consistent across nations, although it is still difficult to accurately define in some countries the number of practicing osteopaths and osteopathic physicians where registration is voluntary.
- The patient demographic has changed, osteopaths see more children (0-2 years old: 8.7% in 2013 to 16.7%) and older adults (>65 years: 9% in 2013 to 15.1%) and working age adults decreased from 69% to 49.5%.
- The reasons for seeking care have not changed, low back and neck pain are the most common complaints and around one third are acute presenting complaints.
- Osteopaths deliver multiple interventions as a part of a package of care, which was less obvious in 2013.
- The evidence base is stronger with additional emerging evidence of benefit for osteoarthritic conditions, chronic pelvic pain in women, irritable bowel syndrome, lymphatic drainage, infantile colic, pulled elbow and for preterm infants.
- The evidence about safety of manual therapy is more conclusive and established.

CONCLUSIONS

- Osteopathic care makes a substantial contribution to healthcare across the globe. If we use a modest assumption that osteopaths deliver around 25 consultations per week for 46 weeks in every year, we can estimate that the total number of osteopaths and osteopathic physicians (n = 196,851) provide around 226,378,650 healthcare consultations per year.
- If we take the mean number of consultations per patient as 6, we can estimate that around 37,729,775 people receive osteopathic care per year across the world in a year.
- Osteopaths generally deliver a multi-component complex intervention as a package of care which is bespoke. This type of healthcare fits with a growing demand from international health agendas to improve overall patient wellbeing and consider the biological, sociological, psychological, and spiritual needs of people as part of global health.

