



Osteopathic International Alliance



2025

# Global review of osteopathic medicine and osteopathy

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# FOREWARD

Osteopathy and osteopathic medicine are growing in popularity in many countries around the world and are meeting the healthcare needs of an ever-increasing number of patients. This growth is the result of constant improvements in training and the quality of care provided, bringing the public and practitioners together around a unique therapeutic approach. As a result of this vitality, the profession is gaining regulation in an increasing number of countries.

The OIA works tirelessly to promote this movement towards quality and is proud of the positive momentum of our profession. However, it is essential to be able to demonstrate its vitality with robust data, both to the public and to public health decision-makers. This is the purpose of the 2025 five-year report on the status of the global osteopathic profession.

This report was completed as a part of the Osteopathic International Alliance's 2024-2026 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 2020 and demonstrates greater acknowledgment and acceptance of both osteopathy and osteopathic medicine throughout the world. Additionally, the evidence for effectiveness of osteopathy and osteopathic medicine 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 individuals:

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

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**Dr Kendi Hensel, Chair-elect, OIA Board, and Global Survey Task Force Member, United States**

**Ms Raine Richards, Secretariat, 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.



A handwritten signature in black ink, appearing to read 'Ph. Sterlingot', written over a horizontal line.

**Mr. Philippe Sterlingot, DO  
Chair, OIA Board of Directors**

## Executive summary

This report presents the current status of osteopathic medicine and osteopathy worldwide. It is intended to inform policy makers, commissioners, professional bodies, educators, clinicians, students, patients and the public.

Osteopathic physicians are medical doctors who are trained to provide osteopathic medicine and osteopaths are trained health care practitioners who provide osteopathy.

In 2025 there are around 172,000 registered osteopathic physicians, practising in 21 countries.

There are around 89,000 registered osteopaths working in 35 countries.

Since 2020 the number of osteopathic physicians has increased by 46% and the number of osteopaths by 12.6%.

Osteopathic physicians are authorised to practice in around 57 countries.

Osteopaths can practice legally in 31 countries. In 16 countries osteopathy is a recognised health profession, and in 15 countries osteopathy is recognised, and the title is protected and regulated by legal statute.

There are around 74 osteopathic physician training schools, some to the standard required to practice as a medical physician and others that offer post graduate training. The majority of schools (44) are in the USA.

There are around 124 osteopathic training schools in 22 countries. Qualifications vary from diplomas to masters (level 7).

Osteopathic physicians provide care in all medical specialities and more than 60% deliver care in the private health care sector.

Osteopaths provide care mainly for spinal musculoskeletal conditions and most (>60%) work in the private sector. Eight countries include osteopaths and/or osteopathic care in their state funded health care provision.

The effectiveness and safety of osteopathic medical care is supported by condition-specific evidence. Osteopathic physicians can deliver pharmaceutical, surgical and conservative care, it is the responsibility of the clinician to stay abreast of the clinical evidence base.

Osteopaths generally work in primary care; they do not have a licence to practice medicine or prescribe medication. There is a diverse body of positive evidence which supports the use of manual therapy for low back and neck conditions, for the reduction of pain and improvement in function. There is also strong evidence to show that manual therapy has a low risk of serious harm.

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# 1. INTRODUCTION

The Osteopathic International Alliance (OIA) represents 76 organizations from 20 countries across 5 continents. The aim of the OIA is to advance and unify the osteopathic profession worldwide, and we advocate for systems of regulation and education that will ensure high standards for safe and effective healthcare from osteopaths and osteopathic physicians.

As part of the [OIA's 2024-2026 Collaboration Plan](#) with the World Health Organization, the OIA provides information about the osteopathic profession to increase the understanding of osteopathic medicine and osteopathy, the extent of the contribution of osteopathic health care and the nature and type of care given and to whom.

The first global report profiling osteopathic medicine and osteopathy was published in 2013; it was updated in 2020 (<https://oialliance.org/resources/oia-status-report/>), and the current report provides information describing the status of osteopathic medicine and osteopathy in 2025.

These reports are targeted at national and international policy makers, health ministers, government departments, non-governmental organizations, educators, students, health media and interested members of the public. The information in the reports has been used extensively to help describe and explain the role of osteopathic physicians and osteopaths in the provision of healthcare worldwide.

The osteopathic profession comprises two related streams: osteopathic physicians and osteopaths. Osteopathic physicians are medical doctors trained to provide osteopathic medical care and osteopaths are trained health care practitioners who provide osteopathy.

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.

## In this report we:

- Provide information about **the status of osteopathic healthcare worldwide (section 2)**
- Describe the nature and type of osteopathic care delivered **(access to care and service users) (Section 3)**
- Provide an overview about the **effectiveness and safety of osteopathy (Section 4)**

## Methods

### Survey

All OIA member organizations and peer networks were contacted during August and September 2025 to provide information for this report. Both osteopathic physicians and osteopaths contributed data to this survey.

The 2025 survey mirrored the 2020 survey, and it was divided into five sections related to the country/region, the state of recognition and regulation, practitioner and practice demographics, education, and continuing professional development (CPD).

The questionnaire is shown in the appendix. All data were gathered online using Microsoft forms.

### Profile of practice

The American Osteopathic Association's (AOA) [2025 Osteopathic Medical Profession \(OMP\) Report](#) was used to describe the practice of osteopathic physicians in the USA. The OIA was not aware of other similar reports describing osteopathic physician practice elsewhere in the world and the survey did not yield any further data about osteopathic physician practice outside of the USA.

Pub Med, non-indexed relevant journals, citation tracking and peer networks were used to search for peer reviewed articles and reports profiling countrywide osteopathic practice.

### Evidence and safety

Pub Med, non-indexed relevant journals and citation tracking were used to search for peer reviewed articles providing a systematic review of reviews approach for the effectiveness and safety of osteopathy only.

## 2. THE STATUS OF OSTEOPATHIC HEALTHCARE WORLDWIDE

### 2.1 Introduction

This report is written to provide information about the status of osteopathic health care to governments, commissioners, health service providers, osteopathic physicians and osteopaths.

This section provides data describing the global presence of osteopathic physicians and osteopaths, the nature and type of regulation and training throughout the world.

The first report of this type was published in 2013, updated in 2020 and now again in 2025. For each report the Osteopathic International Alliance (OIA) conducted a survey of its members about recognition, registration and regulation of osteopathic physicians and osteopaths.

Osteopathic physicians are medically trained physicians who are licensed to practice medicine, and they have additional osteopathic manual therapy training.

Osteopaths practice osteopathy, a whole-person system of healthcare that focuses on osteopathic manual techniques as a cornerstone of patient care while encompassing a wide variety of treatments including exercise prescription, lifestyle counseling, and health promotion to support overall wellbeing.

Both osteopathic physicians and osteopaths practice worldwide, however some countries limit where they can register and practice.

USA trained osteopathic physicians are authorised and can apply for a licence to practice as medical physicians in 57 countries. Some medical physicians have additional post qualification training in osteopathy, and they primarily register as physicians with optional additional registration with osteopathic regulatory organisations or organisations representing osteopaths.

Osteopaths have a legal obligation to have a licence or register to practice osteopathy in 13 countries. In other countries the legal obligations to practice are not enforced by law, or they are partially enforced through varying levels of professional recognition, registration and regulation.

**Recognition** is defined as a situation where: osteopathy is a recognized and legitimate profession, meaning osteopaths can practice legally. This normally means that the title 'osteopath' is protected by law, and that osteopathic physicians and osteopaths can only use these titles if they meet certain statutory (legal) conditions in terms of competencies and training.

**Regulation** is defined as statutory or voluntary. Statutory or legal regulation normally requires statutory registration. In these situations, the osteopathic health professional must comply with set standards of practice that protect the patients they treat; statutory regulation is set out in government or state law.

In some countries osteopaths are required to register as health care practitioners but they are not regulated.

Regulation and registration can also be voluntary, that is, it is not required by law. Voluntary regulation is where practitioners voluntarily register and comply with a code of good practice. Voluntary registration also exists but is not always associated with voluntary regulation.

## 2.2 Status in 2020

The 2020 OIA survey, and additional investigations, showed that osteopathy was practiced in around 46 countries worldwide, with around 117,559 registered osteopathic physicians and 79,302 osteopaths.

Twenty-two countries had statutory regulation for osteopathic physicians and medically trained physicians with osteopathic training and a further 35 countries authorised US trained and licenced osteopathic physicians to practice as medical physicians.

Osteopaths practiced in 35 countries: statutory regulation existed in 13 of those countries, and the osteopathic profession was recognised as a healthcare practice in a further 6 countries, although not statutorily regulated.

Between 2013 and 2020, the survey data showed an overall expansion for both osteopathic physicians (increase of 34%) and osteopaths (increase of 83%) and the number of countries where osteopathy had statutory regulation and recognition also increased.

## 2.3 Licence to practice, regulation and recognition Osteopathic physicians

Osteopathic physicians are medically trained physicians and are required to have an accredited level of medical training to register as medical physicians and have a licence to practice conventional medicine and osteopathic medicine.

There are also medically trained physicians who undertake additional post medical qualification training in osteopathy. These physicians maintain their medical physician registration, and some, depending on the country's laws, choose to register with an osteopathic organisation too (i.e. Austria, Russia, United Kingdom).

Most countries have well-established statutory registers and regulatory organisations for medical physicians. The purpose of these is to promote effective, efficient, safe and equitable patient care and ongoing professional development. Osteopathic physicians must adhere to the overall medical professional standards to maintain their registration and licence to practice. Regulators and professional bodies specific to each country may have obligatory or voluntary declaration of osteopathic medical training.

Some countries, such as Mexico and Colombia, have issued official declarations stating that osteopathic physicians are not authorized to practice under this designation. Osteopathic medicine is not recognized as a distinct regulated profession in these countries, but if osteopathic physicians fulfil the necessary standards for a medical physician they can practice and register as a medical physician. In Austria and Chile there is no statutory regulation or registration for osteopathic physicians, in Kazakhstan osteopathic physicians are seen as practising Alternative Medicine and in Brazil osteopathic physicians must register with both medical and osteopathic councils.

## Osteopaths

The 2023, Osteopathy Europe [reported](#) that 12 countries in Europe had statutory regulation of the osteopath profession. Those countries were: Cyprus, Denmark, Finland, France, Iceland, Lichtenstein, Luxembourg, Malta, Norway, Portugal, Switzerland, and United Kingdom.

In addition, Australia, New Zealand, South Africa and the United Arab Emirates have statutory regulation, registration and recognition, bringing the total in 2025 to 16 countries.

Italy has recognised the status of osteopaths as an independent healthcare profession and has achieved regulation and statutory registration.

Osteopaths can practice legally as osteopaths in 31 countries. In 5 countries they can practice osteopathy only as a different licenced health care professional.

Country	Can osteopaths practice legally	Type of regulation	Is the title osteopath protected?	Comments
Argentina	No	None for osteopathy	No	Osteopaths can practice as kinesiologists
Australia	Yes	Statutory	Yes	
Austria	No	None	No	
Belgium	No	None	No	
Brazil	Yes	Voluntary	No	
Canada	Yes	Partial / Voluntary	Partial	Regulated in one Province only (New Brunswick)
Cyprus	Yes	Statutory	Yes	
Denmark	Yes	Statutory	Yes	
Egypt	Yes	Voluntary	No	
Estonia	Yes	None	No	
Finland	Yes	Statutory	Yes	
France	Yes	By decree, defining title and conditions of practice	Yes	Statutory registration, light touch regulation
Germany	No	Voluntary	No	Can only practice if licensed as another recognised health care professional
Greece	Yes	None	No	
Iceland	Yes	Statutory	Yes	
Israel	Yes	Voluntary	No	
Italy	Yes	Voluntary	Yes	Title and profession is recognised by the state but no regulation yet
Japan	Yes	Voluntary	No	
Liechtenstein	Yes	Statutory	Yes	
Luxembourg	Yes	Statutory	No	

Country	Can osteopaths practice legally	Type of regulation	Is the title osteopath protected?	Comments
Malta	Yes	Statutory	Yes	
Netherlands	Yes	Voluntary	No	
New Zealand	Yes	Statutory	Yes	
Norway	Yes	Statutory	Yes	
Poland	Yes	Voluntary	No	
Portugal	Yes	Statutory	Yes	
Republic of Ireland	Yes	Voluntary	No	
Republic of Korea	No	Voluntary	No	If not medically registered, osteopaths can only practice as wellbeing coaches (no medical diagnoses or treatment)
Singapore	Yes	None	No	
Slovenia	Yes	None	No	Osteopaths can only practice if they hold a degree from the Faculty of Medicine
South Africa	Yes	Statutory	Yes	
Spain	Yes	None	No	Osteopaths must hold a recognised health care profession qualification
Sweden	Yes	None	No	Osteopaths can practice but only on people 8 years or older
Switzerland	Yes	Statutory	Yes	
United Arab Emirates	Yes	Statutory	Unsure	Recognised as Traditional, Complementary and Alternative Medicine
United Kingdom	Yes	Statutory	Yes	

## 2.4 Osteopathic physicians and osteopathic global presence

The data presented in this section is from the 2025 OIA survey of members and other key organisations representing their countries.

### 2.4.1 Overall distribution and numbers of osteopathic physicians and osteopaths

#### Osteopathic physicians

In 2025 data were received from 21 countries, reporting a total of 171,573 registered osteopathic physicians, indicating a growth of 46% from 2020 and 95% from 2013 (there were around 87,850 osteopathic physicians in 2013).

The majority (97%) of osteopathic physicians are trained and practice in the USA. In 2025, there were 167,216: an increase of 51% since 2020.

In this latest survey new data were received from South America, indicating that there were 218 osteopathic physicians practising in Bolivia, Brazil, Chile, Columbia, Costa Rica and Ecuador.

The Association of Medical Councils of Africa (AMCOA) also recognises US trained Osteopathic physicians, giving them rights to practice in 20 member countries, which include Botswana, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mauritius, Namibia, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. In 2025, we were unable to ascertain the number of osteopathic physicians practising on the African continent.



Country	Population (2025)	Number of osteopathic physicians (2020)	Number of osteopathic physicians (2020)	Number of osteopathic physicians (2020)	Information Source
Austria	8,860,000		30	0.34	Survey 2025
Belgium	11,700,000	4	6	0.05	Survey 2025
Bolivia	12,581,843		20	0.16	Survey 2025
Brazil	218,000,000		3	0.00	Survey 2025
Burundi	14,700,000	1			OIA 2020
Canada	40,000,000	37	55	0.00	OIA (2020)(2025)
Chile	17,000,000		60	0.35	Survey 2025
Columbia	19,000,000		19	0.10	Survey 2025
Costa Rica	6,000,000		90	1.50	Survey 2025
Denmark	6,000,000	1	2	0.00	Survey (2020)(2025)
Ecuador	18,000,000		26	0.14	Survey 2025
Ethiopia	137,900,000	1			OIA (2020)
Finland	5,600,000	3	8	0.00	Survey (2020)(2025)
France	68,500,000	2,500	3,159	4.61	Syndicat français des ostéopathes – SFDO 2024
Germany	83,500,000	2,547	2,150	2.57	Survey (2025) Estimate 1,800-2,500 (Estimate 1,800-2,500)
Greece	9,900,000	1	2	0.00	Survey (2020)(2025)
Italy	58,900,000	250	19***		Survey (2020)(2025)
Kazakhstan	20,200,000		38	0.19	Survey (2025)
Malawi	22,600,000	2			Survey (2020)
Papua New Guinea	10,900,000	1			OIA (2020)

Country	Population (2025)	Number of osteopathic physicians (2020)	Number of osteopathic physicians (2020)	Number of osteopathic physicians (2020)	Information Source
Russia	146,000,000	1,500	1,759	1.20	Survey (2025)
Slovenia	2,130,000	3	3	0.00	Survey (2020)(2025)
Spain	47,900,000	4			EFFO (2020)
Switzerland	9,000,000		52	0.58	Survey 2025
United Arab Emirates	11,000,000	2	80	0.73	Survey (2025)
United States of America	342,330,000	110,700	167,216	48.85	Survey (2025)
Zambia	21,900,000	2			OIA (2020)
<b>Total</b>		<b>117,559</b>	<b>171,573</b>	<b>45.9% increase</b>	

## Osteopaths

In 2025, 35 countries report having 89,293 clinicians practising osteopathy. This is an increase of 12.6% from 2020 (79,302) and the numbers have just over doubled from 2013 (43,000).

The following table shows a large decrease in numbers in Spain from 9,420 to 5,420. In Spain, there is no legal obligation to register as an osteopath. Many people may graduate from an osteopathic school in Spain but never register. There are four main registration organisations who each have different requirements. The 2020 report took into account the many physiotherapists who have also undertaken some osteopathic training. However, Alvarez et al estimated from their survey in 2020 (published after the previous report) that there were around 4,800 – 5,900 (Alvarez G, Roura S, Cerritelli F, Esteves JE, Verbeeck J, van Dun PLS) (2020) *The Spanish Osteopathic Practitioners Estimates and Rates (OPERA) study: A cross-sectional survey*. PLoS ONE 15(6): e0234713. <https://doi.org/10.1371/journal.pone.0234713>). We took their mid-range estimate of 5,427 for this report.

In France it is mandatory to register as a health care professional and to register the professional domains in which each health care professional works. There are 17,362 health care professionals recorded working in France exclusively as osteopaths, and there are an additional 15,332 who are registered as health care professionals in more than one domain. The extent to which they practice osteopathy is unknown.

Italy has now recognised the status of osteopaths as an independent healthcare profession, and they have achieved regulation and statutory registration. The number of number of osteopaths in Italy is given as a mid-range estimate.

Country	Population (2025)	Number of osteopaths (2020)	Number of osteopaths (2025)	Number of osteopaths per 100,000 (2025)	Information Source
Argentina	44,500,000	139	543	1.22	Registered businesses 2025. (Argentinian registry of osteopaths n=51)
Australia	28,000,000	2,741	3,634	12.98	Survey (2025)
Austria	8,860,000	1,000	1,525	17.2	Survey (2025) and Van Dun (2022)
Belgium	11,700,000	866	2,500	21.37	Survey (2025)
Brazil	218,000,000	139	203	0.09	Survey (2025)
Canada	42,000,000	2,900	4,105*	9.77	Survey (2025)
Cyprus	1,200,000	15	21	1.75	Survey (2025)
Denmark	6,000,000	165	357	5.95	Survey (2025)
Egypt	102,300,000	8			OIA (2020)
Estonia	1,300,000		17	1.31	Survey (2025)
Finland	5,600,000	485	811	14.48	Survey (2025)
France	68,500,000	33,000	17,362** 15,332**	25.35	Survey (2025) Sole practitioners Jointly registered practitioners
Germany	83,500,000	4,065	11,000	13.17	Survey (2025) Estimate 10-12,000
Greece	10,000,000	35	57	0.57	Survey (2025)
Germany	83,500,000	4,065	11,000	13.17	Survey (2025) Estimate 10-12,000
Greece	10,000,000	35	57	0.57	Survey (2025)

Country	Population (2025)	Number of osteopaths (2020)	Number of osteopaths (2025)	Number of osteopaths per 100,000 (2025)	Information Source
Iceland	400,000	6	20	5.00	Survey (2025)
Israel	10,000,000	90	210	2.10	Survey (2025)
Italy	60,000,000	13,600	13,500***	22.50	Survey (2025) Estimate 12-15,000
Japan	124,000,000	96	170	0.14	Survey (2025)
Liechtenstein	40,272		1	2.48	Osteopathy Europe 2023+
Luxembourg	650,000		397	61.08	Survey (2025)
Malta	441,500	11	12	2.72	Survey (2025)
Netherlands	18,100,000	700	1052	5.81	Survey (2025)
New Zealand	5,400,000	735	670	12.41	Survey (2025)
Norway	5,570,000	372	597	10.72	Survey (2025)
Poland	37,000,000		35	0.09	Survey (2025)
Portugal	9,953,099	1,352	2,100+	21.10	Osteopathy Europe 2023
Republic of Ireland	5,400,000	157	184	3.41	Survey (2025)
Republic of Korea	52,100,000	101	25	0.05	Survey (2025)
Singapore	5,870,750	50	21	0.36	Osteopathic Association Singapore <a href="http://www.osteosg.org">www.osteosg.org</a>
Slovenia	2,110,072		3	0.14	Osteopathy Europe
South Africa	63,100,000	38	27	0.04	Survey (2025)
Spain	49,300,000	9,420	5,420****	1.85	Avarez et al 2020 survey. Survey (2025) and internet searches of professional bodies
Sweden	10,500,000	456	243	2.31	Survey (2025)
Switzerland	9,000,000	1,086	1500	16.67	Survey (2025)

Country	Population (2025)	Number of osteopaths (2020)	Number of osteopaths (2025)	Number of osteopaths per 100,000 (2025)	Information Source
United Arab Emirates	11,346,000	35	43	0.38	Digital platform data 2025
United Kingdom	68,350,000	5,439	5,596	8.19	Survey (2025)
<b>Total</b>		<b>79,302</b>	<b>89,293</b>	<b>Increase 12.6%</b>	

\* Only one province in Canada - New Brunswick - has statutory regulation and registration, the remaining provinces are unregulated. There are 32 osteopathic professional organisations in Canada, data were compiled from online statistics from 22 of these organisations (Source: Département des sciences de l'activité physique, Université du Québec à Montréal)

\*\* In France there are 17,362 practitioners registered solely as osteopaths and a further 15,332 health care professionals also registered to practice as osteopaths from the following professions: dentists (567), nurses (3,273), mid-wives (234), physiotherapists (7,625), podiatrists (281) and other (3,352).

Source: Syndicat français des ostéopathes - SFDO

\*\*\*In Italy there are 5,570 registered osteopaths, and among them, 19 are also medical doctors.

Source: Registro degli Osteopati d'Italia - ROI

\*\*\*\* Only one of three professional bodies responded to our survey. The ROE report 414 members, and from searching the professional body websites of the APREO and OCOE we found a further 31 and 452 osteopaths (respectively) and a further 14 were registered with the General Osteopathic Council UK. [ROE (<https://www.osteopatas.org/>), APREO (<https://apreo.es/>), OCOE (<https://ocoe.es/>)]. These organisations are represented by the FOE (<https://www.federacionosteopatas.es/>). However, in 2020 Alvarez et al, (2020) estimated there were 5,420 osteopaths. It is this figure that we used in the table as we only had data from one professional body.

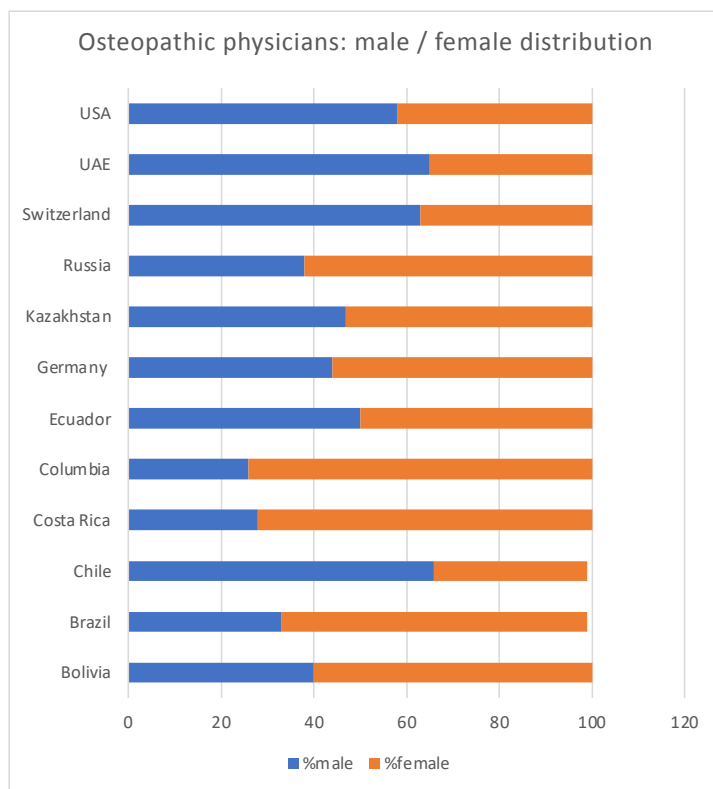
+ Osteopathy Europe. [Regulation of the Osteopathic Profession in Europe An Overview Third Edition](#) OCTOBER 2023 [Accessed 17.9.25]

## 2.4.2 Gender distribution

### Osteopathic physicians

Overall, males made up 47% (range 26-66%) of osteopathic physicians. At the extreme end of the range were Costa Rica and Chile, where the overall numbers of osteopathic physicians were low, n = 90 and 60 respectively.

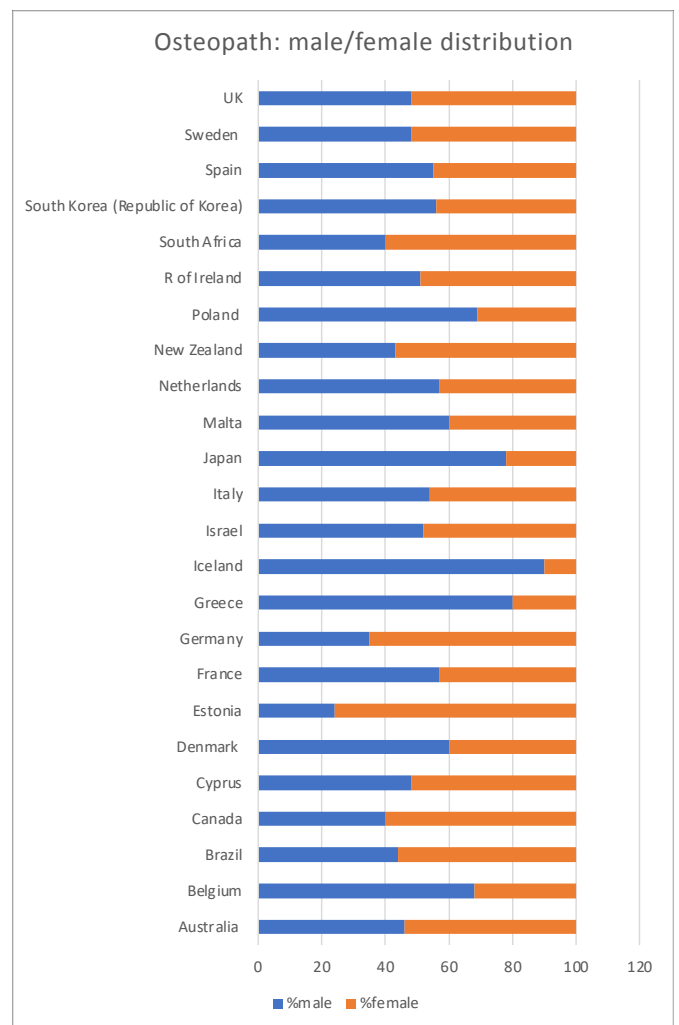
**Diagram 1 Osteopathic physicians male, female distribution**



### Osteopaths

Overall, 54% (range 24 – 78%) of practising osteopaths were male.

**Diagram 2 Osteopaths male, female distribution**



## 2.4.3 Age profiles

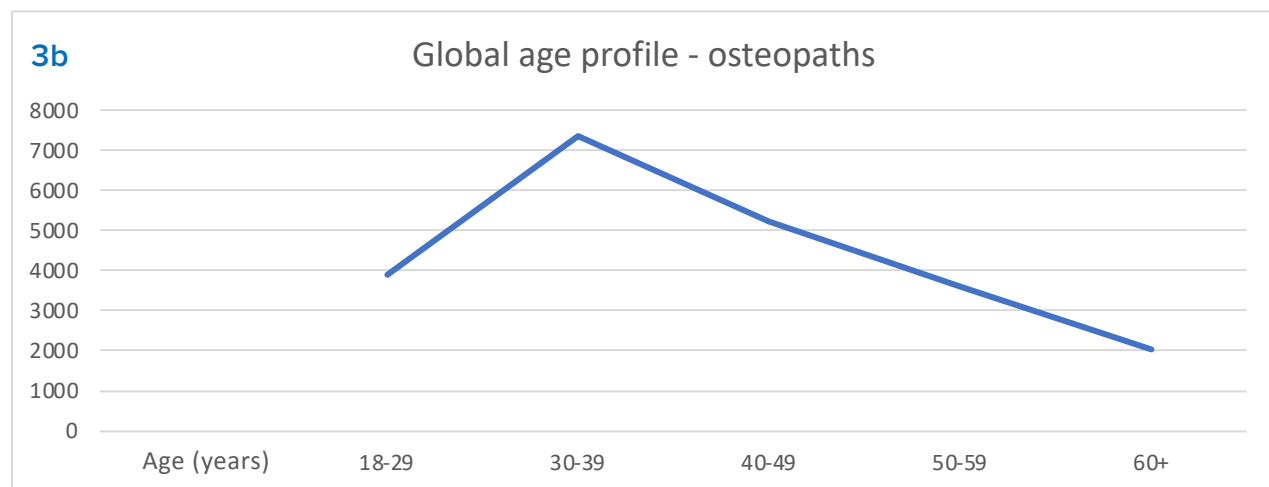
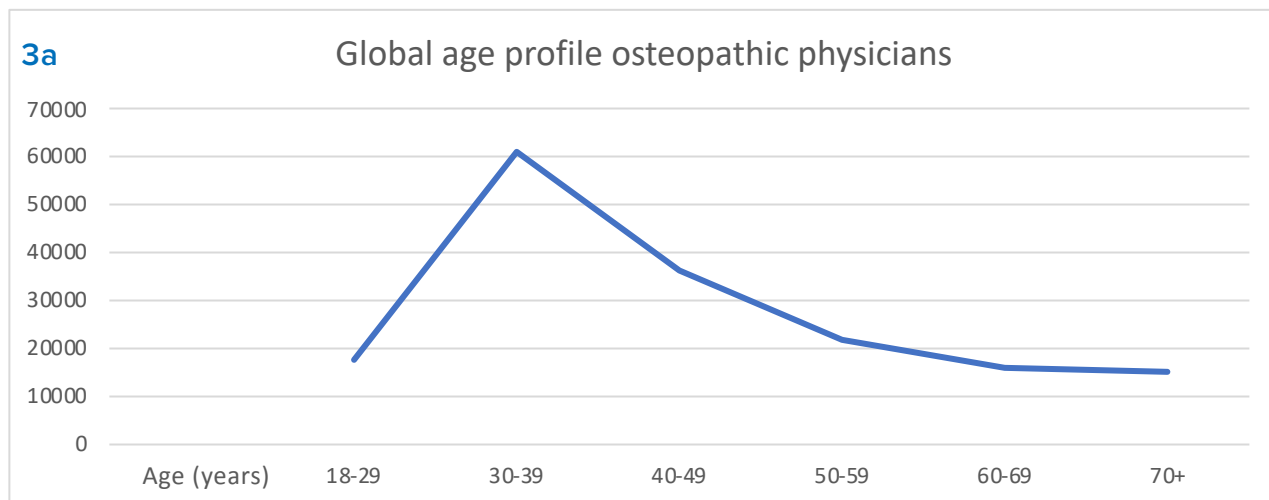
### Osteopathic physicians

The global age profile, Diagram 3a, shows data from 11 countries (Bolivia, Brazil, Chile, Columbia, Costa Rica, Ecuador, Germany, Kazakhstan, Russia, United Arab Emirates and United States of America). It shows a steep decline in numbers of practicing osteopathic physicians over 40 years of age, indicating a relatively young professional profile.

### Osteopaths

The global age profile, Diagram 3b, shows data from 14 countries (Australia, Belgium, Brazil, Estonia, Greece, Iceland, Italy, Japan, Netherlands, Poland, Rep. of Ireland, Rep. of South Korea, Spain, UK). It also shows a steep decline in numbers of practicing osteopaths over 40 years of age, indicating a relatively young professional profile.

#### Diagram 3a and 3b Age distribution



## 2.5 Educational requirements and continuing professional development (CPD)

### Osteopathic physicians

There are a total of 74 osteopathic medicine training institutions in 10 countries, with the majority (44\*) in the USA. In 2020, there were 52 recorded educational institutions (38 in the USA) across 6 countries.

**Table 4 Number of osteopathic physician training schools**

Country	Number of osteopathic physician training schools
Austria	2
Bolivia	1
Brazil	1
Chile	3
Columbia	1
Costa Rica	1
Germany	10
Kazakhstan	1
Russia	10 (+40 post graduate schools)
USA	44*
<b>Total</b>	<b>74</b>

Osteopathic physicians have to undertake between 0 and 50 hours per year of CPD. Most countries require 21-30 hours per year (Brazil, Costa Rica, Germany, Kazakhstan). Ecuador and Russia require 41+ hours, the United Arab Emirates between 11 – 20 hours and in the USA it varies by state from 0 to 50 hours.

### Osteopaths

There are an estimated total of around 124 osteopathic training schools, in 22 countries, delivering a mixture of bachelor, master and diploma level education.

In 2020 there were 100 recorded educational institutions in 20 countries.

**Table 5 Number of osteopath training schools**

Country	Number of osteopath training schools
Argentina	3
Australia	3
Austria	2
Belgium	1
Brazil	2
Canada	20**
Denmark	2
Estonia	1
Finland	1
France	30
Germany	30
Iceland	1
Israel	2
Italy	3
Japan	1
Malta	2
Netherlands	4
New Zealand	1
Norway	1
Spain	5
Switzerland	2
UK	7
<b>Total</b>	<b>124</b>

\*44 schools at 71 campuses | \*\*20 schools at 22 campuses

Continuing professional development is expected in 19 countries; some CPD is voluntary and some statutory

**Table 6 Hours of CPD expected for osteopaths per year per country**

Hours	Countries
20 hours or less	Belgium, parts of Canada, South Africa, South Korea, Spain
21-30 hours	Australia, Brazil, Germany, Netherlands, New Zealand, Switzerland, UK
30-40 hours	France, Japan, Republic of Ireland, Sweden
40-50 hours	Italy, Cyprus, Luxembourg

## 3. ACCESS TO CARE AND SERVICE USERS

### 3. Access to care and service users

#### Osteopathic physicians

All respondents report that most (>60%) osteopathic physicians work in the private health care sector, with service users paying directly or from health or employer insurance. Only three countries report that osteopathic physician care can be accessed additionally in state funded facilities: Colombia, Russia and the USA.

#### Osteopaths

Australia, Belgium, Brazil, France, Germany, Israel, New Zealand and the UK have some access to osteopathic care provided and funded - at least in part - by the state. All countries report that access to osteopathic care is predominantly delivered in the private sector and funded by service users at the point of contact. There are also private health insurance schemes that allow for claims to be made for osteopathic care in most countries, but we have limited data about the extent of care paid for via insurers.

### 3.2. Service users

#### Osteopathic physicians

There is little information about the profile of osteopathic physician service users, partly because their scope of practice is as diverse as their patient base. However, the [AOA's 2025 OMP report](#) does show that 11% of all physicians in the USA are osteopathic physicians and that 57% provide services in primary care, of these: family medicine (52%), internal medicine (34%) and paediatrics (14%). The remaining 43% of osteopathic physicians work in, most notably: emergency medicine (10%), anesthesiology (4%), obstetrics and gynecology (4%), general surgery (4%) and psychiatry (4%) with the remainder in other disciplines.

#### Osteopaths

In the 2020 report there were 11 published manuscripts detailing surveys about the nature and type of osteopathy practiced in Australia, Belgium, Canada, Germany, Italy, Luxembourg, Netherlands, New Zealand, Spain, UK, and Switzerland. Since, then Austria (van Dun et al 2022), France (Wagner et al 2023) and Portugal (Santiago et al 2022) have also conducted surveys to profile osteopathy and osteopathic service users. Belgium (van Dun et al 2022) has also updated their data. This new data, however, does not change the findings noted in the previous report, which were:

- osteopaths regardless of country typically see around 25 - 30 patients per week
- consultations were typically between 30 and 60 minutes
- most patients route to care was self-referral (between 79-95%)
- more females than males sought care from an osteopath (60:40)
- children below the age of 2 years make up between 10% to 19.5% of patients and older patients (>65 years) ranged from 9 – 24.3%.
- low back and neck pain were the most common presenting complaints and around a third of patients sought care for acute conditions
- osteopaths used a variety of manual techniques and reported high frequencies of giving advice and guidance about lifestyle, exercise and activity, diet, and ergonomics.

An additional finding highlighted by the Austrian, French and Portuguese surveys was that many practitioners who deliver osteopathic care also practice another health care discipline.

## References

Santiago RJ, Nunes A, Esteves JE et al. The Portuguese Osteopathic Practitioners Estimates and RAtes (OPERA): A cross-sectional survey. *International Journal of Osteopathic Medicine*, 2022 Volume 43, 23 – 30.

van Dun PLS, Arcuri L, Verbeeck J et al. The Austrian Osteopathic Practitioners Estimates and RAtes (OPERA): A cross-sectional survey. *PLoS One*. 2022 Nov 28;17(11):e0278041. doi: 10.1371/journal.pone.0278041. PMID: 36441692; PMCID: PMC9704649.

van Dun PLS, Verbeeck J, Arcuri L et al. The Profile of Belgian Osteopaths: A Cross-Sectional Survey. *Healthcare (Basel)*. 2022 Oct 27;10(11):2136. doi: 10.3390/healthcare10112136. PMID: 36360477; PMCID: PMC9690369.

Wagner A, Ménard M, Jacquot E et al. The profile of French osteopaths: A cross-sectional survey, *International Journal of Osteopathic Medicine*, 2023 Volume 49, 100672, ISSN 1746-0689, <https://doi.org/10.1016/j.ijosm.2023.100672>.

## 5. EVIDENCE OF EFFECTIVENESS AND SAFETY OF OSTEOPATHIC MEDICINE AND OSTEOPATHIC CARE

### Osteopathic physicians

The evidence for the effectiveness and safety of osteopathic physician care is dependent on the diverse range of conditions and treatments given by osteopathic physicians. Osteopathic physicians can deliver pharmaceutical, surgical and conservative care. It is the responsibility of the clinician to stay abreast of the clinical evidence base, be that for surgery, chronic conditions, musculoskeletal disorders, specific diseases, cancers, psychiatric disorders and many other conditions.

### Osteopaths

Osteopaths have a more limited scope of practice than osteopathic physicians.

Osteopathy, however, is a complex intervention: in addition to manual therapy it can include health examination, screening and diagnosis, and, where appropriate, referral, advice and guidance, reassurance, psychological support, self-management, general health guidance and behaviour change encouragement for healthier lifestyles.

The majority of osteopathic patients seek care for their musculoskeletal health, and osteopathy is especially well received where patient preference and holistic care are prioritised (Ellwood, Carnes 2021).

There is growing acknowledgment that the active components of care may be multiple, and that manual therapy is more than just hands-on care, it has contextual active elements of benefit, based on its multi-component approach (Bishop et al 2021). Osteopaths, as shown in the previous section, treat a variety of patients with a diverse range of clinical presentations, most typically musculoskeletal (low back and neck pain) but also visceral and paediatric conditions.

Therefore, evidence of the effectiveness of manual therapy care is also diverse, depending

on the techniques used, the condition being treated, the target population and the outcome of importance. The evidence surrounding osteopathic care has changed little since 2020. There are many trials and systematic reviews for highly specific treatment techniques and conditions. Since 2020, there have been three publications (Bagagiolo et al 2022, Gassner and Hofer 2022, Zip et al 2025) looking specifically at osteopathy. These reviewed the osteopathic literature and are summarised here in conjunction with findings from the 2020 report. However, there are many other reviews looking at treatments and techniques commonly used by osteopaths but delivered by non-osteopaths that can be generalised to the osteopathic profession, for example cognitive behavioural approaches used by osteopaths for chronic (long term) pain management (Vase et al 2025).

There is a body of positive evidence supporting osteopathy for musculoskeletal conditions, especially low back and neck conditions, for the reduction of pain and improvement in function (Bagagiolo et al 2022, Gassner and Hofer 2022, Zip et al 2025). Guidelines also suggest that the best outcomes occur when manual therapies are part of a multimodal approach—combining manual therapy, exercise, and education. (NICE 2016)













































































The evidence for osteopathic care for visceral and paediatric conditions is less conclusive. However, the evidence for reducing length of hospital stay in pre-term infants has not changed and remains positive (Lanarro et al 2017).

Osteopathy is associated with a very low incidence of adverse events when performed by qualified practitioners (Carnes et al 2010, Gassner and Hofer 2022, Zip et al 2025).

The two published systematic reviews (Bagagiolo et al 2022, Zip et al 2025) and the Austrian Health Technology Assessment report (Gassner and Hoffer 2022) that looked exclusively at osteopathic care, rather than manual therapy care per se, confirm positive evidence of moderate quality for the treatment of musculoskeletal conditions, particularly low back and neck pain, chronic (non-cancer) pain, shoulder and foot conditions and length of hospital stay for pre-term infants (Lanarro et al 2017).

Table 7. Summary of evidence

 moderate quality evidence  possible evidence of effectiveness

Condition (with positive, moderate or higher level of evidence for either pain reduction or increased function)	OIA 2020 report	Zip et al 2025	Bagagioli et al 2021	Gassner and Hofer 2022
Adult chronic low back pain				
Adult acute low back pain				
Paediatric low back pain				
Pregnancy related low back, pelvic pain				
Post-partum low back and pelvic pain				
Chronic neck pain				
Acute neck pain				
Headaches		 Migraine		
Shoulder dysfunctions				
Elbow pain				
Hip osteoarthritis				
Knee osteoarthritis				
Foot and heel pain				
Infantile colic	 Reduction in crying time			
Infant pulled elbow				
Preterm infants	 Length of hospital stay	 Length of hospital stay		
Irritable bowel syndrome				
Chronic pain (non – cancer)				
Otitis media in children				

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Bagagiolo D, Rosa D, Borelli F. Efficacy and safety of osteopathic manipulative treatment: an overview of systematic reviews. *BMJ Open* 2022; 12:e053468.

Bishop F, Al-Abbadey M, Roberts L, et al. Direct and mediated effects of treatment context on low back pain outcome: a prospective cohort study. *BMJ Open* 2021;11:e044831. doi: 10.1136/bmjopen-2020-044831

Carnes D, Mars T, Mullinger B et al. Adverse events and manual therapy: a systematic review. *Manual Therapy*. 2010; 15(4):355-63.

Ellwood J, Carnes D. An international profile of the practice of osteopaths: A systematic review of surveys. *Int. J. Osteopathic Medicine*, 2021 Volume 40, ISSN 1746-0689, <https://doi.org/10.1016/j.ijosm.2021.03.007>.

Gassner L, Hofer V. Osteopathy: effectiveness and safety for musculoskeletal pain and overview of training and quality requirements. AIHTA Project Report No.: 144 2022. Vienna: HTA Austria – Austrian Institute for Health Technology Assessment GmbH.

Lanaro D, Ruffini N, Manzotti A, Lista G. Osteopathic manipulative treatment showed reduction of length of stay and costs in preterm infants: A systematic review and meta-analysis. *Medicine (Baltimore)*. 2017 Mar;96(12):e6408. doi: 10.1097/MD.00000000000006408

National Institute for Health and Clinical Excellence UK. Low back pain and sciatica in over 16s: assessment and management. NICE guideline. Reference number:NG59. Published: 30 November 2016. Last updated: 11 December 2020. [Overview | Low back pain and sciatica in over 16s: assessment and management | Guidance | NICE](#)

Vase L, Wager T.D, Eccleston C. Opportunities for chronic pain self-management: core psychological principles and neurobiological underpinnings. *The Lancet*, Volume 405, Issue 10491, 2025, Pages 1781-1790, ISSN 0140-6736, [https://doi.org/10.1016/S0140-6736\(25\)00404-0](https://doi.org/10.1016/S0140-6736(25)00404-0).

Zip CR, Semlitsch T, Togel G et al. An overview of systematic reviews on the efficacy and safety of osteopathic techniques. *Journal of Bodywork & Movement Therapies* 42 (2025) 1186–1197.

## Appendix 1

### OIA Global Report Questionnaire 2025

Dear OIA member,

As part of our Collaboration Plan with the World Health Organization, the OIA is required to submit an update to our [OIA Global Report 2020](#). Your input is vital to this project, and we thank you in advance for taking the time to complete the survey from your country/organization(s).

The Global report has been very useful to the profession worldwide and has provided a valuable reference source for osteopaths and osteopathic organisations.

The information you provide will be collated and analysed independently. The data will be combined with a 'best evidence' update review and will be produced and published as a report for use by yourself, your organisation and the profession.

Please answer the questions, where possible with the most up to date available information you have. Please leave responses blank where you have no data and indicate whether any data is estimated.

If you represent more than one country or region, please complete a separate submission for each country or region. Depending on the availability of data you have access to, the questionnaire should take around 30 minutes.

We would like you to give your name and contact details in case we have any questions about your submission. These details will not be used for any purpose unrelated to this survey and will be destroyed once the study is complete.

We look forward to receiving your submission.

Kind regards,

Osteopathic International Alliance

*The Osteopathic International Alliance is the leading organization for the advancement and unity of the global osteopathic profession. As an "organization of organizations," the OIA unifies osteopathic medicine by connecting schools, regulatory bodies, and regional, national, and multi-country groups.*

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**NOTE :** this questionnaire was split into two Microsoft Forms links – one for osteopathic physicians and one for osteopaths – and OIA members were asked to complete either or both, as applicable.

**The questionnaire is split into seven sections:**

- A. About you and your country/region
- B. Nature and type of regulation/registration
- C. Demographics
- D. Education
- E. Continuing Professional Development
- F. Access to Osteopathic care
- G. Other: Your opportunity to add context

**Glossary of terms**

**Osteopath** – a health care practitioner trained to deliver osteopathic therapy and manual therapy techniques

**Osteopathic physician** – a medically trained physician licenced to practice medicine and prescribe medication

**Statutory regulated** – regulated by law, the osteopath and/or osteopathic physician must register as such and practice to a standard as determined by a regulatory body.

**Voluntary regulation** – the profession self-regulates, regulation is not a legal requirement

**Statutory recognised** – the title of osteopath and/or osteopathic physician is protected by law, and osteopaths/osteopathic physicians can legally practice osteopathy/osteopathic medicine in the region or country.

**Statutory registration** – an osteopath is legally required to register on a state register before they can practice osteopathy.

**Voluntary registration** – an osteopath is not legally required to register as an osteopath but may register voluntarily with an organisation representing osteopaths, such as a professional body.

**Section A. About you and your country/region**

1. Your name:
2. Your email:
3. The organisation you represent (please complete a separate questionnaire for each organisation you represent):
4. The country or region you represent:
5. Estimated (total) population size of country/ region you represent:

Date:

Number:

**Section B. Nature and type of regulation**

1. Once qualified, can osteopaths practice legally in your country /region?

Yes / No / Other (please describe)

2. Once qualified, can osteopathic physicians practice legally in your country/region?

Yes / No / Other (please describe)

3. Please describe the type of osteopathic regulation in the country you represent, please tick appropriate box(es):

a. For osteopaths

- Statutory regulated (government or state regulated by law) (please share a link to the relevant law/statute)
- Voluntary regulated (not enforced by law)
- No regulation
- Other (please describe)

b. For osteopathic physicians

- Statutory regulated (government or state regulated by law) (please share a link to the relevant law/statute)
- Voluntary regulated (not enforced by law)
- No regulation

Other (please describe)

**4. How many regulatory organizations/authorities and registers for osteopaths are there in your country /region?**

Number:

- Name and link to regulatory body/register:

**5. How many regulatory organizations/authorities or registers osteopathic physicians are there in your country /region?**

Number:

- Name and link to regulatory body/register:

(Add more button if needed)

**6. Is the title osteopath and/or osteopathic physicians protected by law in your country / region?**

Yes / No / Other

If yes, please share relevant statutes.

**7. Is the duration of registration (please tick all that apply):**

- Dependant on payment
  - Dependent on satisfying continuing professional development requirements
  - Dependent on being able to fulfil practice standards
  - One time process, unlimited and unconditional duration of registration (i.e. lifetime)
  - Other please describe
-

**Section C. Demographics**

1. Number of registered osteopaths / osteopathic physicians in the country/ region you represent (as mentioned in section A):

- 2025 osteopaths =
- 2025 osteopathic physicians =
- 2025 student osteopaths =
- 2025 osteopathic medical students =

**2. In 2025 (or from your most recent data) please provide the:**

a. Date:

- Number of female osteopaths:
- Number of male osteopaths:
- Age distribution of osteopaths:
  - o Female Male Other Total
- Number 18 -29 years:
- Number 30-39 years:
- Number 40 -49 Years:
- Number 50 – 59 years:
- Number 60 +:

If you can not provide age distribution data in these ranges, please provide the age data in the ranges as you collect it

b. Date:

- Number of female osteopathic physicians :
- Number of male osteopathic physicians:
- Age distribution of osteopathic physicians:
  - o Female Male Other Total
- Number 18 -29 years:
- Number 30-39 years:
- Number 40 -49 Years:
- Number 50 – 59 years:
- Number 60 +:
- If you can not provide age distribution data in these ranges, please provide the age data in the ranges as you collect it

**Section D. Education**

1. a. Number of osteopathic education institutions in your country / region for osteopaths in 2025

- Number:

Please describe how institutions are accredited and any other relevant information:

b. Number of osteopathic education institutions in your country / region for osteopathic physicians in 2025

- Number:

Please describe how institutions are accredited and any other relevant information:

**2. a. Number of osteopaths expected to graduate in 2025:**

- Number:
- Comment:

b. Number of osteopathic physicians expected to graduate in 2025:

- Number:
- Comment:

**3. a. Minimum level of education and or training required for registration / regulation /recognition as an osteopath:**

- None
- Diploma
- Bachelor
- Master
- Osteopathic doctor/physician
- PhD
- Other (please describe)

b. Minimum level of education and or training required for registration / regulation /recognition as an osteopathic physician:

- None
  - Diploma
  - Bachelor
  - Master
  - Osteopathic doctor/physician specific qualification
  - PhD
  - Other (please describe)
-

**Section E. Continuing Professional Development****1. a. Is continuing professional development in your country/region for osteopaths:**

- Obligatory (required for continued registration, and evaluated or monitored)
- Formal (voluntary but formalised requirements, explicitly stated)
- Informal (voluntary suggested requirements)
- None required

**1. b. Is continuing professional development in your country/region for osteopathic physicians**

- Obligatory (required for continued registration, and evaluated or monitored)
- Formal (voluntary but formalised requirements, explicitly stated)
- Informal (voluntary suggested requirements)
- None required

**2. a. How many hours per annum are required or suggested for CPD for osteopaths**

- <10 hours
- 11-20 hours
- 21- 30 hours
- 31 -40 hours
- 41 +

**2b. Please describe any stipulations about organisation and content of CPD, including legally recognized CPD accreditor(s)?****2c. How is CPD monitored and or evaluated?****3a. How many hours per annum are required or suggested for CPD for osteopathic physicians**

- <10 hours
- 11-20 hours
- 21- 30 hours
- 31 -40 hours
- 41 +
- Other (varies by state)

**3 b. Please describe any stipulations about organisation and content of CPD, including legally recognized CPD accreditor(s)??****3c. How is CPD monitored and or evaluated?**

---

**Section F. Access to Osteopathic care****1. Is osteopathic care available as: (tick all that apply):**

- a. Part of government or state-funded healthcare services  
(eg in state-run hospitals, outpatient community services)
- b. Private sector hospitals,
- c. Private sector multi service provision clinics
- d. Private practice osteopathic clinics
- e. other

Comments

**2. How is osteopathic care funded? (please tick all that apply)**

- a. by the state / government
- b. by private health insurance
- c. by employer schemes/plans
- d. from individual private funds (self-pay)
- e. other

Comments:

In your country/region:

- 3a. What % of patients seeking osteopathic care have private insurance coverage?
- 3b. What % of patients seeking osteopathic physician care have private insurance coverage?
- 4a. What % of osteopaths work in state/government-funded facilities?
- 4b. What % of osteopathic physicians work in state/government-funded facilities?
- 5a. What % of osteopaths work in the private sector?
- 5b. What % of osteopathic physicians work in the private sector?

**Section G. Any additional information**

Please provide any additional information you have about osteopathy in your country or region, and any significant changes in osteopathy since the last [survey](#) in 2020. Please also indicate if any data is estimated and for which questions. Thank you.

*Thank you for completing this survey.*

*The data you have given will be published in the OIA Global report 2025 with data about other regions and countries. The data you have provided will be stored securely by the OIA and destroyed once new data is obtained.*

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## Appendix 2 Sources for statutes pertaining to osteopathic medicine

### Osteopathic Physicians

Country	Regulator and Statutes
Austria	Österreichische Gesellschaft für Osteopathie
Bolivia	EOM - Bolivia
Brazil	Registro Brasileiro dos Osteopatas <a href="https://registrodososteopatas.com.br">https://registrodososteopatas.com.br</a> / Conselho Federal de Medicina <a href="https://portal.cfm.org.br">https://portal.cfm.org.br</a>
Chile	Ministerio de Salud
Columbia	Ministerio de Salud
Costa Rica	Colegio de Fisioterapeutas de Costa Rica
Ecuador	Ministerio de salud publica
France	
Germany	Heilkunde BDOAE ( <a href="https://www.bdoae.de/">https://www.bdoae.de/</a> )
Kazakhstan	The Republican Center of Healthcare Development
Russia	Ministry of Health <a href="https://minzdrav.gov.ru/">https://minzdrav.gov.ru/</a> Russian Osteopathic Association <a href="https://www.osteopathy-official.ru/rosa/">https://www.osteopathy-official.ru/rosa/</a>
Switzerland	<a href="http://www.sagom.ch">www.sagom.ch</a>
UAE	Department of health: <a href="https://services.dha.gov.ae/">https://services.dha.gov.ae/</a> - <a href="https://sha.shj.ae/ar-ae/">https://sha.shj.ae/ar-ae/</a> - <a href="https://www.doh.gov.ae/en/">https://www.doh.gov.ae/en/</a>
USA	<ol style="list-style-type: none"> <li><b>Alabama:</b> Ala. Admin Code r. 540-X-3-.02 (<a href="https://admincode.legislature.state.al.us/administrative-code/540-X-3-.02">https://admincode.legislature.state.al.us/administrative-code/540-X-3-.02</a>);</li> <li><b>Alaska:</b> AK Sec. 08.64.205 (<a href="https://law.justia.com/codes/alaska/title-8/chapter-64/article-2/section-08-64-205/">https://law.justia.com/codes/alaska/title-8/chapter-64/article-2/section-08-64-205/</a>);</li> <li><b>Arizona:</b> A.R.S Section 32-1822 (<a href="https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/32/01822.htm">https://www.azleg.gov/viewdocument/?docName=https://www.azleg.gov/ars/32/01822.htm</a>);</li> </ol>

Country	Regulator and Statutes
USA	<ol style="list-style-type: none"> <li>4. <b>Arkansas:</b> AR Code Section 17-91-101 (<a href="https://www.armedicalboard.org/professionals/pdf/mpa.pdf">https://www.armedicalboard.org/professionals/pdf/mpa.pdf</a>);</li> <li>5. <b>California:</b> CA Bus &amp; Prof Code §2064.1 (<a href="https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&amp;division=2.&amp;title=&amp;part=&amp;chapter=5.&amp;article=3.">https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&amp;division=2.&amp;title=&amp;part=&amp;chapter=5.&amp;article=3.</a>);</li> <li>6. <b>Colorado:</b> Colo. Rev. Stat. §12-240-104 (<a href="https://law.justia.com/codes/colorado/title-12/health-care-professions-and-occupations/article-240/section-12-240-104/">https://law.justia.com/codes/colorado/title-12/health-care-professions-and-occupations/article-240/section-12-240-104/</a>);</li> <li>7. <b>Connecticut:</b> Conn Gen Stat §20-10 (<a href="https://www.cga.ct.gov/2021/pub/chap_370.htm#sec_20-10">https://www.cga.ct.gov/2021/pub/chap_370.htm#sec_20-10</a>);</li> <li>8. <b>Delaware:</b> Del. Code Tit. 24 §1720 (<a href="https://delcode.delaware.gov/title24/c017/sc03/index.html">https://delcode.delaware.gov/title24/c017/sc03/index.html</a>);</li> <li>9. <b>Florida:</b> Fla. Stat. §459.0055 (<a href="https://www.flsenate.gov/laws/statutes/2019/459.0055">https://www.flsenate.gov/laws/statutes/2019/459.0055</a>);</li> <li>10. <b>Georgia:</b> Ga Comp. R.&amp; Regs. 360-2-.01 (<a href="https://rules.sos.state.ga.us/gac/360-2-.01">https://rules.sos.state.ga.us/gac/360-2-.01</a>);</li> <li>11. <b>Hawaii:</b> Haw. Rev. Stat. §453-4 (<a href="https://law.justia.com/codes/hawaii/title-25/chapter-453/section-453-4/">https://law.justia.com/codes/hawaii/title-25/chapter-453/section-453-4/</a>);</li> <li>12. <b>Idaho:</b> Idaho Code §54-1844 (<a href="https://legislature.idaho.gov/statutesrules/idstat/title54/t54ch18/sect54-1844/">https://legislature.idaho.gov/statutesrules/idstat/title54/t54ch18/sect54-1844/</a>);</li> <li>13. <b>Illinois:</b> IL Medical Practice Act (2025 ILCS 60/3)(Ch.111, par.4400-13) (<a href="https://www.ilga.gov/documents/legislation/ilcs/documents/022500600K13.htm">https://www.ilga.gov/documents/legislation/ilcs/documents/022500600K13.htm</a>);</li> <li>14. <b>Indiana:</b> Ind. Code §25-22.5-16-2 (<a href="https://law.justia.com/codes/indiana/title-25/article-22-5/chapter-16/section-25-22-5-16-2/">https://law.justia.com/codes/indiana/title-25/article-22-5/chapter-16/section-25-22-5-16-2/</a>);</li> <li>15. <b>Iowa:</b> Iowa Admin Code r.653-9.1 (<a href="https://www.legis.iowa.gov/docs/iac/chapter/04-06-2022.653.9.pdf">https://www.legis.iowa.gov/docs/iac/chapter/04-06-2022.653.9.pdf</a>);</li> <li>16. <b>Kansas:</b> Kan. Stat. §65-2875 (<a href="https://www.ksrevisor.gov/statutes/chapters/ch65/065_028_0075.html">https://www.ksrevisor.gov/statutes/chapters/ch65/065_028_0075.html</a>);</li> <li>17. <b>Kentucky:</b> Ky. Rev. Stat. §311.6208 (<a href="https://law.justia.com/codes/kentucky/2023/chapter-311/section-311-6208/">https://law.justia.com/codes/kentucky/2023/chapter-311/section-311-6208/</a>);</li> <li>18. <b>Louisiana:</b> La. Stat. Tit.37 §1310.1 (<a href="https://www.legis.la.gov/legis/Law.aspx?d=1195347">https://www.legis.la.gov/legis/Law.aspx?d=1195347</a>);</li> <li>19. <b>Maine:</b> Me. Stat. Tit.32 §18503 (<a href="https://legislature.maine.gov/statutes/32/title32sec18503.html">https://legislature.maine.gov/statutes/32/title32sec18503.html</a>);</li> <li>20. <b>Maryland:</b> Md. Code, Health Occ. §14-307 (<a href="https://dhs.maryland.gov/documents/Licensing-and-Monitoring/Maryland%20Law%20Articles/RCC/HEALTH%20OCCUPATIONS%20Title%2014%20Physicians.pdf">https://dhs.maryland.gov/documents/Licensing-and-Monitoring/Maryland%20Law%20Articles/RCC/HEALTH%20OCCUPATIONS%20Title%2014%20Physicians.pdf</a>);</li> </ol>

Country	Regulator and Statutes
USA	<ol style="list-style-type: none"> <li>21. <b>Massachusetts:</b> Mass. Gen. Laws Ch.112 §2 (<a href="https://www.mass.gov/info-details/mass-general-laws-c112-ss-2">https://www.mass.gov/info-details/mass-general-laws-c112-ss-2</a>);</li> <li>22. <b>Michigan:</b> MI Comp. Laws §333.16189 (<a href="https://law.justia.com/codes/michigan/chapter-333/statute-act-368-of-1978/article-15/division-368-1978-15-161/section-333-16189/">https://law.justia.com/codes/michigan/chapter-333/statute-act-368-of-1978/article-15/division-368-1978-15-161/section-333-16189/</a>);</li> <li>23. <b>Minnesota:</b> Minn. Stat. §147.38 (<a href="https://www.revisor.mn.gov/statutes/cite/147.38">https://www.revisor.mn.gov/statutes/cite/147.38</a>);</li> <li>24. <b>Mississippi:</b> Miss. Code § 73-25-101 (<a href="https://www.msmbml.ms.gov/sites/default/files/Rules_Laws_Policies/10-2023%20Administrative%20Code.pdf">https://www.msmbml.ms.gov/sites/default/files/Rules_Laws_Policies/10-2023%20Administrative%20Code.pdf</a>);</li> <li>25. <b>Missouri:</b> Mo. Rev. Stat. §334.1610 (<a href="https://revisor.mo.gov/main/OneSection.aspx?section=334.1610">https://revisor.mo.gov/main/OneSection.aspx?section=334.1610</a>);</li> <li>26. <b>Montana:</b> Mont. Code §37-3-356 (<a href="https://archive.legmt.gov/bills/mca/title_0370/chapter_0030/part_0030/section_0560/0370-0030-0030-0560.html">https://archive.legmt.gov/bills/mca/title_0370/chapter_0030/part_0030/section_0560/0370-0030-0030-0560.html</a>);</li> <li>27. <b>Nebraska:</b> Neb. Rev. Stat. §38-2005 (<a href="https://nebraskalegislature.gov/laws/statutes.php?statute=38-2005">https://nebraskalegislature.gov/laws/statutes.php?statute=38-2005</a>);</li> <li>28. <b>Nevada:</b> NV Rev. Stat. §629A.100 (<a href="https://www.leg.state.nv.us/NRS/NRS-629A.html">https://www.leg.state.nv.us/NRS/NRS-629A.html</a>);</li> <li>29. <b>New Hampshire:</b> NH Rev. Stat. §329-C:2 (<a href="https://gc.nh.gov/rsa/html/XXX/329-C/329-C-2.htm">https://gc.nh.gov/rsa/html/XXX/329-C/329-C-2.htm</a>);</li> <li>30. <b>New Jersey:</b> NJ Stat. § 45:9-6.2 (<a href="https://law.justia.com/codes/new-jersey/title-45/section-45-9-6-2/">https://law.justia.com/codes/new-jersey/title-45/section-45-9-6-2/</a>);</li> <li>31. <b>New Mexico:</b> NM Stat. §21-1-49 (<a href="https://law.justia.com/codes/new-mexico/chapter-21/article-1/section-21-1-49/">https://law.justia.com/codes/new-mexico/chapter-21/article-1/section-21-1-49/</a>);</li> <li>32. <b>New York:</b> NY Comp. Codes R &amp; Regs. Tit.10§1000.1 (<a href="https://regs.health.ny.gov/content/section-10001-definitions">https://regs.health.ny.gov/content/section-10001-definitions</a>);</li> <li>33. <b>North Carolina:</b> NC Gen. Stat §90-9.1 (<a href="https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-9.1.pdf">https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_90/GS_90-9.1.pdf</a>);</li> <li>34. <b>North Dakota:</b> ND Cen. Code Tit. 43 Ch. 17.4 (<a href="https://ndlegis.gov/cencode/t43c17-4.pdf">https://ndlegis.gov/cencode/t43c17-4.pdf</a>);</li> <li>35. <b>Ohio:</b> Ohio Rev. Code §4731.11 (<a href="https://codes.ohio.gov/ohio-revised-code/section-4731.11">https://codes.ohio.gov/ohio-revised-code/section-4731.11</a>);</li> <li>36. <b>Oklahoma:</b> Okla Stat. Tit.59 §493.7 (<a href="https://oksenate.gov/sites/default/files/2022-05/os59.pdf">https://oksenate.gov/sites/default/files/2022-05/os59.pdf</a>);</li> <li>37. <b>Oregon:</b> OR Admin. R. 847-020-0120 (<a href="https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=238925">https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=238925</a>);</li> <li>38. <b>Pennsylvania:</b> 49 Pa. Stat. §25.261 (<a href="https://www.pacodeandbulletin.gov/Display/">https://www.pacodeandbulletin.gov/Display/</a></li> </ol>

Country	Regulator and Statutes
USA	<p><a href="#">pacode?file=/secure/pacode/data/049/chapter25/s25.261.html&amp;d=reduce</a>);</p> <p>39. <b>Rhode Island:</b> RI Gen. Laws §5-91-2 (<a href="https://webserver.rilegislature.gov/Statutes/TITLE5/5-91/5-91-2.htm">https://webserver.rilegislature.gov/Statutes/TITLE5/5-91/5-91-2.htm</a>);</p> <p>40. <b>South Carolina:</b> SC Code §40-47-25 (<a href="https://www.scstatehouse.gov/code/t40c047.php">https://www.scstatehouse.gov/code/t40c047.php</a>);</p> <p>41. <b>South Dakota:</b> SD Codified Laws §36-4-44 (<a href="https://sdlegislature.gov/Statutes/36-4-44">https://sdlegislature.gov/Statutes/36-4-44</a>);</p> <p>42. <b>Tennessee:</b> Tenn Code §63-6-402 (<a href="https://law.justia.com/codes/tennessee/title-63/chapter-6/part-4/section-63-6-402/">https://law.justia.com/codes/tennessee/title-63/chapter-6/part-4/section-63-6-402/</a>);</p> <p>43. <b>Texas:</b> Tex. Occ. Code §171.002 (<a href="https://statutes.capitol.texas.gov/Docs/OC/htm/OC.171.htm">https://statutes.capitol.texas.gov/Docs/OC/htm/OC.171.htm</a>);</p> <p>44. <b>Utah:</b> Utah Code §58-67b-103 (<a href="https://le.utah.gov/xcode/Title58/Chapter67B/58-67b-S103.html">https://le.utah.gov/xcode/Title58/Chapter67B/58-67b-S103.html</a>);</p> <p>45. <b>Vermont:</b> Vt. Stat. Tit.26 §1420b (<a href="https://legislature.vermont.gov/statutes/section/26/023/01420b">https://legislature.vermont.gov/statutes/section/26/023/01420b</a>);</p> <p>46. <b>Virginia:</b> 12 Va. Admin Code §5-508-10 (<a href="https://law.lis.virginia.gov/admincode/title12/agency5/chapter508/section10/">https://law.lis.virginia.gov/admincode/title12/agency5/chapter508/section10/</a>);</p> <p>47. <b>Washington:</b> Wash. Rev. Code §70.112.010 (<a href="https://app.leg.wa.gov/rcw/default.aspx?cite=70.112.010">https://app.leg.wa.gov/rcw/default.aspx?cite=70.112.010</a>);</p> <p>48. <b>West Virginia:</b> W.Va Code §30-1C-2 (<a href="https://code.wvlegislature.gov/30-1C-2/">https://code.wvlegislature.gov/30-1C-2/</a>);</p> <p>49. <b>Wisconsin:</b> Wis. Admin. Code Med 1.02 (<a href="https://docs.legis.wisconsin.gov/code/admin_code/med/1">https://docs.legis.wisconsin.gov/code/admin_code/med/1</a>);</p> <p>50. <b>Wyoming:</b> Wyo. Stat. §33-26-702 (<a href="https://law.justia.com/codes/wyoming/title-33/chapter-26/article-7/section-33-26-702/">https://law.justia.com/codes/wyoming/title-33/chapter-26/article-7/section-33-26-702/</a>);</p>

## Appendix 3 Profile of osteopaths

### Table 1 Surveys of osteopathic practice

Country	Year	Author	Project	Method	Total # Osteo's	# Respondents	Countries
Australia	2018	Adams et al	ORION	Cross-sectional online practitioner questionnaire	2020	992 osteopaths	49.1
Austria	2022	van Dun et al	OPERA	Cross-sectional online practitioner questionnaire	1525 (max)	338 osteopaths	22.2
Belgium-Luxemburg-Netherlands	2016	van Dun et al	Osteosurvey by CORPP & SWOO	Online practitioner questionnaire	2050	1069 osteopaths	52.15
Belgium- Luxemburg	2019a	van Dun et al	OPERA I	Cross-sectional online practitioner survey	1529	357 osteopaths	23.34
Belgium- Luxemburg	2019b	van Dun et al	OPERA II	Cross-sectional online practitioner survey	1529	357 osteopaths	23.34
Belgium	2022	Van Dun et al	OPERA	Cross-sectional online practitioner survey	1473	332 osteopaths	22.5
Canada	2014	Morin & Aubin	Quebec	Cross-sectional prospective paper/ email-based survey		227 osteopaths	
France	2023	Wagner et al	OPERA - FR	Cross sectional online survey	36, 861	1461	4
Germany	2019	Dornieden et al	DProf thesis	Survey	13059 - 8331 surveyed	1175 osteopaths	14.1
Italy	2019	Cerritelli et al	OPERA-IT	Cross-sectional online practitioner survey	c4600-5600	4816 osteopaths	86%
	2020	Cerritelli et al	OPERA-IT	Cross-sectional online practitioner survey	c4600-5600	4816 osteopaths	86%
New Zealand	2013	Leach	Profile CAM	Data collection by request or from websites	312		
Portugal	2022	Santiago et al	OPERA	Cross-sectional online survey	2100	222	10.6
Spain	2020	Alvarez et al	OPERA	Validated cross-sectional online practitioner survey	c4800-5900	517 osteopaths	Est 10%
	2018	Alvarez Bustins et al	Standardized data collection (NCOR)	Cross-sectional paper-based practitioner/ patient survey		36 osteopaths	

Country	Year	Author	Project	Method	Total # Osteo's	# Respondents	Countries
Switzerland	2018	Vaucher et al	Practice review GDK-CDS osteopaths and assistants)	Cross-sectional online questionnaire and practice audit	1171	521 osteopaths 1144 patients	44.5%
UK	2020	Plunkett et al	OsteoSurvey	Cross-sectional online practitioner questionnaire	5300	500 osteopaths 395 patients	9.4%
USA	2019	OMP	OMP report of DOs		121,006		

Table 2 Patient profile

Country	Author and Year	<6 months	6–24 months	2-10 yrs	11-20 yrs	21-30 yrs	31-40 yrs	41-50 yrs	51-60 yrs	61-70 yrs	>71 yrs	Mean
Austria	Van Dun et al 2023	NR		NR	NR	NR	NR		NR		NR	63.9% 40-65 years
Global	OIA 2013 global report	8.7% 0-2 yrs		5.3%	9% 7-18 yrs	16% 19-30 yrs	32% 31-50 yrs		21% 51-70 yrs		9%	NR
Germany	Dornieden 2019*	10.1%	7.1%	6.4%	7.3%	22.1% 21-40 yrs		28.1% 41-65 yrs			17.2% >65 yrs	NR
Belgium-Netherlands Luxembourg	van Dun et al 2016 (most likely to treat)	15.6%	3.6%	2.2%	3.1%	32.1%		37% 41- 65 yrs			6.3% >65 yrs	NR
	van Dun et al 2019b*	8.7% <1 mth	10.8% 1 mth -2 yrs	10.8% 2 -12yrs sectional online practitioner survey	10.8% 12-18 yrs	21.2% 18-4 0 yrs		21.4% 40-65 yrs			16.2% >65 yrs	NR
Belgium	Van Dun et al 2022		16% NEVER treat <2 years									40-65 years were seen very often (65.7%)
France	Wagner et al 2023		46% of osteopaths treat newborns often to very often									18-40 most common (67%)
Italy	Cerritelli et al 2020 (age most represented)	NR	NR	NR	NR	89.1% 21-40yrs		92.4% 41-64yrs			NR	NR
Portugal	Santiago et al 2022											Majority 40-65 years
Spain	Alvarez et al 2020*	7.8% <1mth:	9.8% 1-24 mths	11.8% 2-6 yrs 15.7% 6-12 yrs	17.6% 12-18 yrs	19.6% 18-65 yrs					17.6% >65 yrs	
	Alvarez et al 2018	NR	NR	NR	NR	NR					NR	40 yrs
Switzerland	Vaucher et al 2018	7.6%	2.4%	2.9%	5.7%	72.4% 21-65yrs					9% >65 yrs	45 yrs
UK	Plunkett et al 2020	4.8% < 12 months		13.2% 0-19 yrs old		62.5% 20 – 59 yrs					24.3% > 65 yrs	50-59 yrs (mode)

**Table 3 Appointment scheduling (waiting time to first appointment)**

Country	Author and Year	1 day (%)	1 week (%)	1-2 weeks (%)	Other
Australia	Van Dun et al 2023				2-4 weeks (31.4%)
Belgium	Van Dun et al 2022				2-7 days (56.6%)
Belgium-Luxemburg-Netherlands	van Dun et al 2016	2.5	53.6	31.8	
France	Wagner 2023				2-7 days (42.6%)
Germany	Dornieden 2019	0.85	18.9	25.9	
Italy	Cerritelli et al 2020	3.5 (same day)	56	30	
Portugal	Santiago et al 2022				2-7 days (52.7%)
Spain	Alvarez et al 2020	13.4	58.4	16.2	
	Alvarez et al 2018		75	25	
Switzerland	Vaucher et al 2018	9.8	54.6	NR	
UK	Plunkett et al 2020	16	64	15	

**Table 4 Time spent with patients**

Country	Author and Year	Patients/ week - mean (#NP))	Time: minutes with patient		Working hours	
			NP	FU	Hours/week - mean	Full Time : Part Time
Australia	Adams et al 2016	37			28.3	
Austria	Van Dun et al 2023	21-25	46-60 mins	30-45 mins		
Belgium	Van Dun et al 2022	31-35	30 – 45 minutes			
Belgium- Luxemburg	van Dun et al 2019	31-35	30 – 60 mins		29.7	
Canada	Morin & Aubin 2014		55 mins			
France	Wagner et al 2023	21-30	30-60 mins	30-60 mins		
Germany	Dornieden 2019	30 (1-5 NP/week 64%)	60 mins	52 mins	27	79.5% work 4-5 days/week
Italy	Cerritelli et al 2020	25-50 (estimated mode)	46 – 60 mins			
Netherlands	van Dun et al 2016	37	30-60 mins			
New Zealand	Leach 2013				>35 hrs (56%) (2006 NZ pop census)	
Portugal	Santiago et al 2022	<10 (25%), 11-20 (23%), 21-30 (235)	46-60 minutes			
Spain	Alvarez et al 2020	21-30 (mode)	46 - 60 mins			60 : 40
	Alvarez et al 2018		45 – 60 mins			
Switzerland	Alvarez et al 2020	36 (5)	45 mins (median) 30-90 (range)			45% : 55% (Women) 74% : 26% (Men)
UK	Alvarez et al 2018	31 (mean) (7)	45 mins			

**Table 5 Patients' reasons for seeking osteopathic care/specific pain complaint**

Country	Author and Year	Lumbar Spine	Cervical Spine	Thoracic spine	Head/ Face	Pelvis	Upper Extremity	Lower Extremity	Abdomen
Austria	Van Dun et al 2022*	37		28.3					
Australia	Adams et al 2018*	98.7%	98%	91.7%	Headache 90.1%		Shoulder 81% Elbow 25% Wrist 19% Hand 12%	Hip 75% Knee 50% Ankle 34% Foot 30%	
Belgium	Van Dun et al 2022*								
Belgium-Luxemburg-Netherlands	van Dun et al 2016*	90%	86%	63%	57%	81%	68%	Hip 41% Knee 23.5% Ankle/Foot 19.5%	41%
Canada	Morin & Aubin 2014	14.5%	12.8%	7.1%	9.1%	4.7%	Shoulder 7.9% Upper limb 4%	11%	Visceral 5%
France	Wagner et al 2023*								
Germany	Dornieden 2019*	96%	97.5%	Upper back 88% Chest 62%	Head 75% Face 19%	85%	88%	Hip/thigh 62% Knee 55% Ankle/Foot 35%	55.7%
Portugal	Santiago et al 2022*	92.8%	91.5%						
Spain	Alvarez et al 2020**	99%	97.5%		Headache 95.5%		Shoulder 64.5%		
	Alvarez et al 2018	13%	20%	5%	13%	9%	7%	15%	3%
Switzerland	Vaucher et al 2018	19.4%	19.3%		Head 19.5% Headache 11.2%		17.6%	21.7%	Thorax & Abdomen 18.4%
UK	Plunkett et al 2020	30%	15%	6%	9%	5%	~6%	~6%	

Reported as often/very often/always;

\*\*Reported as regularly/often/always; LBP – lower back pain

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