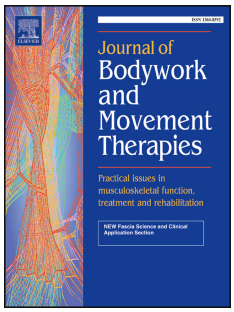
Accepted Manuscript



Addressing the ongoing friction between anecdotal and evidence-based teachings in osteopathic education in Europe

Niklas Sposato, Robert Shaw, Kristofer Bjerså

PII: S1360-8592(18)30159-1

DOI: 10.1016/j.jbmt.2018.05.006

Reference: YJBMT 1703

To appear in: *Journal of Bodywork & Movement Therapies*

Received Date: 16 October 2017

Revised Date: 17 January 2018

Accepted Date: 31 January 2018

Please cite this article as: Sposato, N., Shaw, R., Bjerså, K., Addressing the ongoing friction between anecdotal and evidence-based teachings in osteopathic education in Europe, *Journal of Bodywork & Movement Therapies* (2018), doi: 10.1016/j.jbmt.2018.05.006.

ADDRESSING THE ONGOING FRICTION BETWEEN ANECDOTAL AND EVIDENCE-BASED TEACHINGS IN OSTEOPATHIC EDUCATION IN EUROPE

Abstract

Despite a growing interest in research and the implementation of standards for osteopathic education and practice in Europe, the inter-professional dialogue remains insubstantial. This article calls attention to the continuous challenges of reconciling anecdotal and evidence-based perspectives and offers suggestions on how to address these areas further.

Main text

Present-day health care professions, especially those regulated within national health care systems, mainly base their education and subsequent clinical practice on what is known as evidence-based medicine (EBM) or evidence-based health care (EBHC) - the latter formulation serves to encompass a broader realm of health care services [1-7]. The philosophical roots of EBM/EBHC can be traced back to the 19th century but it was formalised as a distinct model at the end of the 20th century [2, 3, 8] EBM/EBHC is a diagnostic and therapeutic decision-making process that strives to pair the best available systematic research knowledge with clinical experience and patients' needs and preferences [2, 3]. As with most shifts in paradigm, EBM/EBHC has met both praise and scepticism [2, 3]. Concerns raised against the EBM/EBHC movement tend to include ideas of the model being confined solely to biomedical knowledge, which thereby would suggest it impedes individualisation as well as clinical decisions based on professional experience [9]. EBM/EBHC protagonists on the other hand acclaim the (initial) model for prioritising the patient by formulating an individualised plan, supported by research [9, 10], thus providing person-centred rather than therapist-centred care.

The role of osteopathy in health and care has been debated throughout its history [11-13]. Political preconditions as well as conflicting inter- and intra-professional standpoints and identity have affected the progression of osteopathic education and practice differently in different parts of the world [14-16]. For instance, the practice of osteopathy in North America is one of conventional medicine provided by fully licensed physicians, whereas osteopathy in Europe and Australia is considered an autonomous profession, predominantly concerned with diagnosis and treatment of dysfunctions and pain syndromes in and related to the neuromusculoskeletal system [15, 17]. These disparate branches derive from a shared philosophical tradition but