



RESEARCH REPORT

Day-to-day practice of osteopaths using osteopathy in the cranial field, who are affiliated with the Sutherland Cranial College of Osteopathy (SCCO): A national survey by means of a standardised data collection tool



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Reasons for seeking
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Registered osteopaths;
Responses to treatment;

Abstract *Background:* There is very little published information on the practice of osteopaths using osteopathy in the cranial field (OCF) in the UK today.

Objectives: To describe the practice of UK osteopaths using OCF who are affiliated with the SCCO; create a profile of their patients; their reasons for seeking treatment; the treatment approaches used; and reported responses to treatment.

Methods: Prospective cohort study of practitioners and their patients. 278 practitioners were invited to take part by completing an enhanced standardised questionnaire for 10 consecutive patients attending for a new episode of care. A patient-reported symptom severity item was included.

Results: One in five eligible practitioners ($n = 58/270$) participated in the study. Questionnaires were returned for 530 patients aged between one week and 89 years. Most patients (68%) were specifically seeking cranial osteopathy, a third reported prior NHS treatment/investigation. Presenting problems included musculoskeletal pain/stiffness (69%) and unsettled baby/infantile colic (13%). Half the

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Survey of practitioners;
Unsettled baby

patients received cranial-only techniques. Only 6% received osteopathic high velocity thrust techniques. Transient treatment reactions within the first 48 hrs were reported by 32% of patients. Mean patient-reported scores of symptom severity fell from 5.9 (maximum score 10) to 1.6 for those patients with a completed episode of care ($p < 0.001$).

Conclusions: The majority of patients were seeking a particular approach to osteopathic treatment. Babies or infants and those aged over 70 comprise a substantial group of patients. The majority of patients presented with musculoskeletal complaints. Adverse treatment reactions appeared to be transitory in nature. Many patients reported a significant reduction in symptom severity scores following an average of three treatments. Without a control group, we cannot attribute direct causality to this finding. Further testing of the patient-reported symptom severity Visual Analogue Scale (VAS) as a promising outcome tool in this context is warranted.

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Introduction

Osteopathy in the cranial field (OCF) also referred to as Cranial Osteopathy or Cranial Osteopathic Manipulative Medicine is an approach to treatment that uses passive palpation of micro movements in all parts and tissues of the body, including the head. The practitioner detects alterations from normal and uses subtly directed pressure and touch to correct the altered tissue states that have been detected. In the UK it is practiced by qualified osteopaths who are registered and statutorily regulated by the General Osteopathic Council. It has also been described as an osteopathic approach which involves the application of gentle manual techniques to the head as well as any other areas of the body that demonstrate palpably increased ligamentous/muscular tone, or decreased/abnormal articular mobility. Very light tactile pressure is applied to the affected area until a palpable release of the relevant physical tensions and areas of dysfunction (including parts of the cranium) is achieved¹ and is described as being, primarily concerned with the study of the anatomic and physiologic mechanisms in the cranium and their interrelationship with the body as a whole, including a system of diagnostic and therapeutic modalities with application to prevent and treat disease.^{2,3} Cranial OMM is applied by osteopathic physicians or foreign-trained osteopaths and is used to treat somatic dysfunction of the head and other body parts.³

Very little is known of the practice of osteopaths using OCF in the UK. A recent survey of members of the Australian Osteopathic Association found that 13% used cranial techniques 80–100% of the time.⁴ In the UK, the National Council for Osteopathic Research (NCOR) undertook a survey

in 2009 of general osteopaths as a pilot for developing a standardised data collection (SDC) tool.⁵ This survey found that 26% of patients had received treatment involving cranial techniques. As a result of the pilot, revisions were made to the SDC tool and a Short-Form with fewer variables was developed in 2011. A survey by KPMG on behalf of the GOsC looking in to how osteopaths practice found that only 7% of osteopaths practice OCF more than 90% of the time but that 76% of osteopaths carry out some form of OCF.⁶

Other professions have also attempted to describe their practice with the view to better understanding what they do and provide baseline data. Physiotherapy has probably made most progress with this type of work, looking at patient characteristics, outcomes, referral source and other aspects of care in different settings such as aquatic physiotherapy⁷ and tertiary care,⁸ it has even gone as far as to use data collection for specific disorders such as whiplash associated disorder.⁹ The Chartered Society of Physiotherapy commissions regular surveys looking at waiting times, caseloads and the workforce.¹⁰ A study in 2011 sought to describe the work of Upledger Craniosacral practitioners, which documented patient characteristics, outcomes and presenting problems for 130 patients.¹¹

The majority of research specifically looking at OCF has focussed on the outcomes of care in several disorders including Tension headache,¹² Cerebral Palsy,^{13,14} Infantile colic,¹ and Visual function.¹⁵ However they are generally small-scale studies with small sample sizes and of variable quality. as one systematic review looking at the effectiveness of OCF concluded "Because of the moderate methodological quality of the studies and scarcity of available data, further research

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