



ORIGINAL ARTICLE

State of affairs of osteopathy in the Benelux: Benelux Osteosurvey 2013



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Abstract Objectives: The Commission for Osteopathic Research, Practice and Promotion (CORPP) and the Stichting Wetenschappelijk Osteopathisch Onderzoek (SWOO) identified the need to gather data about the practice profile of osteopaths in Belgium, the Netherlands and Luxembourg (together called the Benelux), to obtain actual figures regarding the profession to guide strategic planning concerning its promotion and future research projects.

Methods: All Benelux osteopaths who could be contacted ($n = 2050$) were invited to complete an online questionnaire survey between December 20, 2012 and March 26, 2013. Descriptive and inferential statistics were used to analyse the data; specific research questions were tested using linear regression and proportional odds models. Results from previous national and international surveys of specific groups in the osteopathic profession were used for comparative analysis.

Results: The response rate was 52.15% ($n = 1069$). Almost one third of the respondents were female. The mean time since graduation was 11 years. The vast majority of respondents were self-employed and in private practice (91.94%, $n = 935$); one third worked in a group practice (33.82%, $n = 344$). They consult an average of 9 patients a day (37.7 patients a week) and the majority spend between 46 and 60 min with a new patient (50.51%, $n = 498$) and between 30 and 45 min with a returning patient (64.20%, $n = 633$). Practice working hours are on average 29.7

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per week. The most commonly used diagnostic techniques are: inspection, palpation of position/structure and of movement. Only 2.43% ($n = 24$) of the respondents do not make a diagnosis with every consultation and the vast majority formulate a differential diagnosis before deciding to treat a patient (90.06%, $n = 888$). The most commonly used treatment techniques are: visceral manipulation, neuro- and viscerocranial techniques and general osteopathic mobilisations. Most common complaints by body region estimated by the respondents were the lumbar spine, cervical spine and pelvis. Respondents also estimated that patients were mostly self-referred.

Conclusions: The results provide a benchmark for some aspects of osteopathic service delivery, which may inform potential purchasers of healthcare services; they also provide a baseline for estimating growth and scope of practice in the Benelux. Further research is required to enhance the validity of information about reported patients.

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Implications for practice

- Workforce surveys provide important information, which can be used to gain valuable insight into a profession's ongoing and future development and guide strategic planning on its promotion and future research projects.
- Significant differences exist in most common therapeutic techniques between the Benelux and other countries such as the UK and Australia.
- International differences in therapeutic modalities and differences in scope of osteopathic practice are a real challenge for an unambiguous professional identity.

Introduction

Workforce surveys provide important information, which can be used to gain valuable insight into a profession's ongoing and future development. The Osteopathic International Alliance (OIA) provides a global view of osteopathic practice,¹ and the recently established International Osteopathic Research Network within the OIA, makes it a top priority "to compile evidence about scope of practice in osteopathy internationally".² Several countries where osteopathy is statutorily regulated, regularly undertake workforce surveys.^{3–15} Whilst a number of surveys target the whole population of registered osteopaths,^{3,4} others focus on a subset of the population, including attendees to a conference series,⁵ members of a professional organisation,^{6–8} or a stratified sample.^{9–11}

Workforce surveys are designed as practitioner-oriented^{6,7} (or even more specific: focused on service delivery,⁵ their socio-economic status^{9,10} or the way in which they communicate with their governing body⁴) or patient-oriented (in form of a single day snapshot,^{3,8} several months term survey^{12–14} or national telephone survey¹⁵).

Currently, osteopathy is regulated in eight European countries: Finland, France, Iceland, Liechtenstein, Malta, Portugal, Switzerland and the UK.¹⁶ Although legislation (the Colla law) on non-conventional medical practices, including osteopathy, exists in Belgium since 1999, it has not yet been implemented. According to the OIA, osteopathy in Belgium is formally recognised but remains unregulated.¹

The osteopathic profession in Belgium was initially surveyed in 2010 by the Belgian Healthcare Knowledge Centre (KCE-survey).¹⁷ The results of this survey demonstrated that osteopathy is a more heterogeneous non-conventional medical profession than chiropractic, both in terms of approach and techniques. The KCE-survey targeted members of all six osteopathic professional organisations at that time, amounting to almost 70% of the total population of osteopaths in Belgium.

The professional groups from the Netherlands and Luxembourg, where osteopathy is not yet officially regulated as a profession, had not yet been surveyed, therefore a critical insight into the profession in those countries was, until now, lacking. Close collaboration between CORPP and the Stichting Wetenschappelijk Osteopathisch Onderzoek (SWOO) contributed to the development of an osteopathy survey in Belgium, the Netherlands and Luxembourg (Benelux), henceforth called the Osteosurvey 2013. Apart from

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