Teaching how and why osteopathic works - using an example of knee pain presentations

By Marianne Damgaard Jensen MSc BSc (Hons) Ost Med

MSc in Osteopathic Practice Education funded by Oxford Brookes University

**Aim:** Osteopaths are increasingly being required to explain and provide evidence for how osteopathy works and which presentations may benefit from an osteopathic approach. This presentation aims to explore the challenges in teaching the complexities of osteopathic individualised patient centred care using several osteopathic models and how to put this approach into context of current research to allow future osteopaths to communicate effectively with patients as well as the wider health care community.

**Background:** This presentation is based on findings from a Master of Science in Osteopathic Practice Education. The Dissertation was a critical literature review which explored the question: ‘Is Manual Therapy Effective for Knee Pain?’. The two most common sources of knee pain; knee osteoarthritis (OA) and patellofemoral pain syndrome (PFPS) was chosen due to the current scarcity of evidence for any type of manual therapy for these presentations. Knee pain was also chosen due the known multifactorial origin and therefore the need to explore the juxtaposition of individualised care versus the recommended protocol approach using the evidence from randomised controlled trials. The difficulty of conveying this juxtaposition to osteopathic students as well as patients, was the main driver for the research.

**Results:** Ten studies met the criteria and were included in the study. There was quality evidence that 6-9 sessions of manual therapy alone or followed by exercise therapy was significantly effective for knee OA with pain and function scores decreased by an average of 49% (32-58%). There was a non-significant but consistent trend that manual therapy was more effective for improving pain and exercise more effective for improving function in knee OA. Two studies of adequate quality shown a trend towards improvement in PFPS with manual therapy; however, one of these studies showed a significant improvement number of steps in 60 seconds.

**Discussion:** The studies included in the critical literature review were based on a wide definition of Manual Therapy. The discussion of results will explore if evidence from other manual therapies can be used to underpin the evidence for osteopathic treatment. The potential mode of action of osteopathic treatment will also be discussed including using different models of osteopathy. Finally, there will be an exploration of how to teach the relevance of different types of research for a complex intervention such as osteopathic treatment.

**Conclusion:** Osteopathy is effective for knee pain to a clinically relevant level. Ability to understand the nature of complex interventions and critically analyse current research are necessary skills that graduating osteopaths need to be taught to effectively to ensure that future osteopaths continue to provide a wide scope of osteopathic practice based on analysis of individual patient needs.