



UNIFORMITY WITHIN OSTEOPATHIC EDUCATION

A NECESSARY ACHIEVEMENT FOR THE FUTURE



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Differential diagnosis classic vs osteopathy

- Classic medicine vs osteopathic (medicine)
 - *Differential diagnosis process*
 - A scientific method to form a diagnosis from a list of possible pathologies of which a patient may suffer, based on the formulated complaints and symptoms
 - Uniform
 - National, international
 - Pathology, disease

Differential diagnosis classic vs osteopathy

- Osteopathy

- *Differential diagnosis process*

- Establishing a lack of joint/tissue mobility (or motility), which is linked to an osteopathic lesion (or somatic dysfunction); this loss of mobilities (or motilities) may be the origin of, or relate to, the outbreak of disease(s) and or a functional disorder(s).
 - Subjective
 - No (medical) pathology

Osteopathic variety

- Osteopathic 'diagnosis' today
 - *Huge inter-therapist variability*
 - Opposite to other healthcare professions
 - Confusing for patients and medical practitioners
 - *Possible causes?*
 - Lack of educational content centralization
 - Difference in type 1 and type 2
 - Young profession (in Europe)
 - Evidence in osteopathy very often based on a system of declarative knowledge

Possible causes of osteopathic variety

- Lack of educational centralized content
 - *Present*
 - A list of topics
 - School individual matter
 - Country dependant over European proposals

 - *Problem*
 - Personal commitment as a school
 - Too much diversity

Possible causes of osteopathic variety

- Difference in education types
 - *Type 1*
 - No prior education
 - Full time
 - *Type 2*
 - Prior (para)medical education
 - Part time

Possible causes of osteopathic variety

- Young profession in Europe
 - *1st schools*
 - UK 1913
 - France period 1950
 - *From medicine towards non-medical profession*
 - *Now: private education type*
 - No university education
 - Part time
 - Full time

Possible causes of osteopathic variety

- System of declarative knowledge
 - *Personal experience of used as evidence of effectiveness or validity*
 - Individual innovators
 - Workshops, courses
 - Copied and further build on
 - Passed on to colleagues
 - Publication in books
 - Copied in osteopathic educational coursebooks

Causes of osteopathic variety

- Quality?
 - *Evaluation by the authors ('inventor') and the publishers*
- Extent?
 - *Determined by the belief of the authors and the educators*
- Criticism?
 - *Very often 'not done'*
 - *Established osteopaths, who will question openly?*

Osteopathic variety

- Consequence
 - *Given the autonomy of determining content by education institutes*
 - Variability in
 - *Curricula*
 - *In between institutions*
 - *In between countries*
 - *Consequently, clinical approach and differential diagnosis are heavily based on markedly different theories*

Osteopathic variety

- For example
 - *visceral mechanism type models of evaluation and treatment may be a core approach in one institution but not in another.*
 - *Similarly, different theories may strongly influence treatment and underpin diagnostic action and thinking even when the theory may be outdated by stronger more contemporary evidence*

Osteopathic variety

- Variety, positive or negative?
 - *Positive variability = modest variety*
 - Modest variability in osteopathic education might enhance some aspects of choice for students
 - *Negative variability = large differences*
 - Large differences in approaches have many consequences

Osteopathic variety

- Consequences of large educational differences
 - *Wide variety in approach, evaluation and treatment*
 - *High inter-therapist variability*
 - *Difficult for patients*
 - What to expect?
 - What will I hear? What is my 'problem'?
 - How will my treatment look like?
 - *Difficult for medicine, referral, 'concolleagues'*

Osteopathic variety

- Wider consequences of large differences in osteopathic practice
 - *Creates difficulties & confusion for regulators and professional associations to make clear judgments about the scope of practice in osteopathy*
 - *Makes it difficult to define and promote osteopathy*
 - *Raises questions in terms of coherence and quality of osteopathic education*

Osteopathic variety

- *Why do so many different approaches to diagnosis and treatment continue to flourish?*
 - Conceptual models are used to inform on the treatment but not to the effectiveness of the treatment *
 - *Model for evaluation, differentiation and treatment can be outdated, inaccurate, based on false premises but the treatment may still seem effective, for other reasons.*
 - Conceptual models lack adequate criticism and revision **

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Evidence based osteopathy

- Expectations of EBM within governments, healthcare, higher education, regulatory bodies and other professions
- The nature, process and value of EBM is somewhat disputed and under crisis *
- However, the initial goal of EBM is less disputed
 - *health care should be informed by the best currently available evidence and integrated with the expertise of the practitioner and the patients' values and preferences*

Goal

- Evidence informed approaches
 - *Not based on an individual's expertise and opinion*
 - *Evidence has to be available*
 - *Has to be applicable to osteopathic practice*
- Description of variability in strength of evidence
 - *Effectiveness*
 - *Efficacy*
 - *Diagnostic accuracy*
 - *Prognostic indicator*
 - ...

Goal

- Determine to which extent evidence, also from other disciplines, can be used to underpin osteopathic practice
- Determine which diagnostic and therapeutic actions can be considered as belonging to the osteopathic profession, and consequently be educated in basic (undergraduate) osteopathic education

Conclusion

- Enhancing the evidence base relating to osteopathy, using research evidence alongside expertise and embracing a critical approach provides an opportunity to improve patient care and promote good osteopathic practice.
- It implies laying to rest cherished but outdated concepts.
- As a community of practice the coherence and quality of the models we use, teach and research require honest, critical appraisal and revision in order to enhance and clarify the offer we make to patients receiving osteopathic care.
- Autonomy comes with great responsibility

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