

National Council for **N C O R** Osteopathic Research

Dawn Carnes
Carol Fawkes
Elena Ward

www.ncor.org.uk



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Constituted in 2003

www.ncor.org.uk



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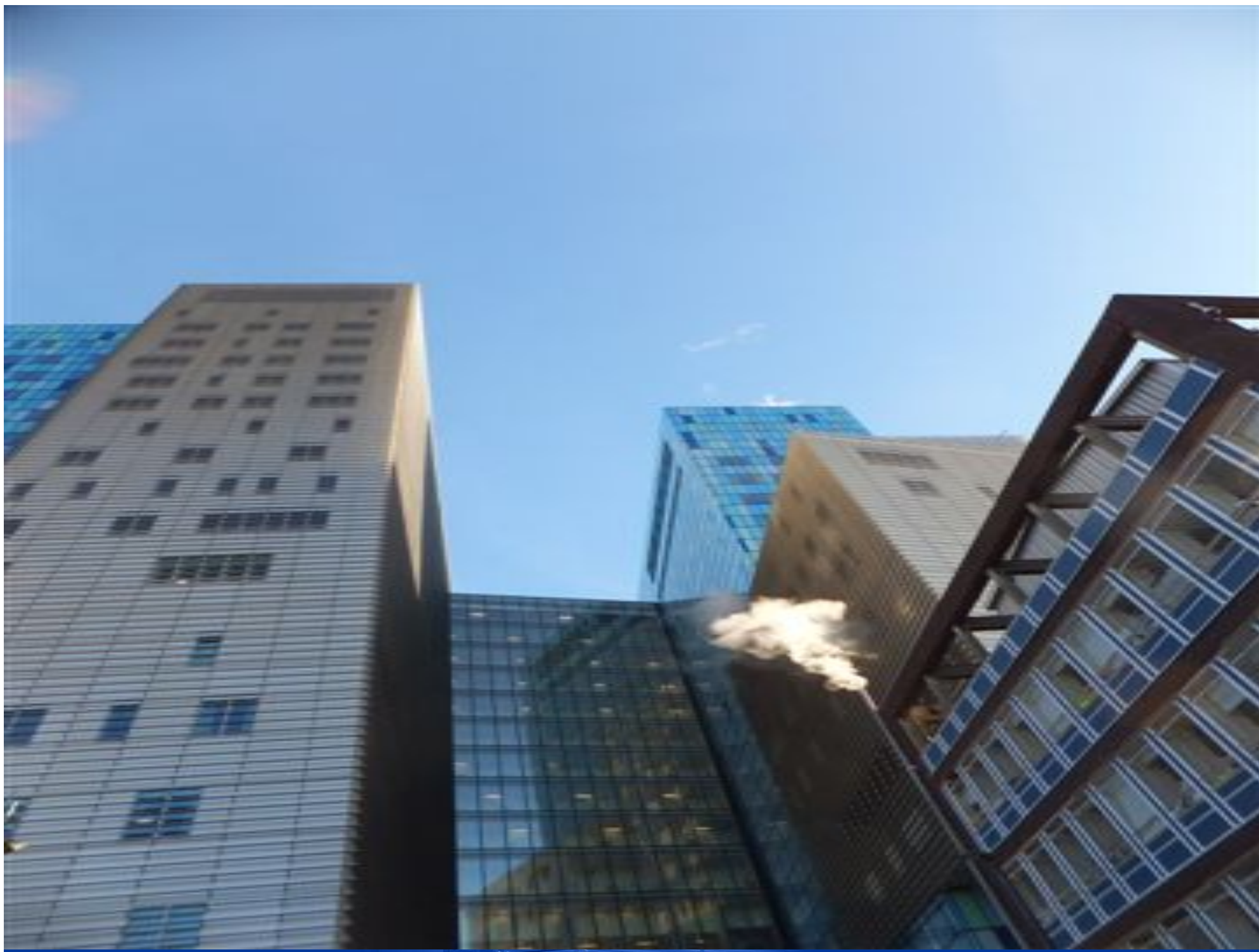
UK Osteopathic Educational Institutions
General Osteopathic Council
British Osteopathic Association
Osteopathic Educational Foundation



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National Council for **NCOR** **Osteopathic Research**

The development of a profession-wide research culture that is inclusive, robust, credible, has national and increasingly international impact, and benefits for osteopathic teaching, learning and patient care.

www.ncor.org.uk



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Our 3 year strategic aim is to advance, facilitate and disseminate osteopathic, and osteopathic relevant, research to promote good and safe practice to optimise patient care.

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Research evidence has implications for:

- The profession as a whole
- Individual practitioners
- Patients



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Why do you think research is important?

Write down a few ideas



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- Our duty to our patients to regulate, improve and maintain standards of practice and patient care.
- Support our practice and justify what we do.
- Raise the credibility of the profession in the wider healthcare arena.
- Make osteopathy an option for patients to increase patient choice.



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Overview



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Research considerations

Part I

- 1) What research is relevant to osteopathy?
- 2) Quality and credibility of research.



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Evidence for osteopathy

Part II

- 3) Evidence of benefit;
- 4) Evidence of risk (how safe is osteopathy?)



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Evidence for osteopathy

Part III

5) The future.



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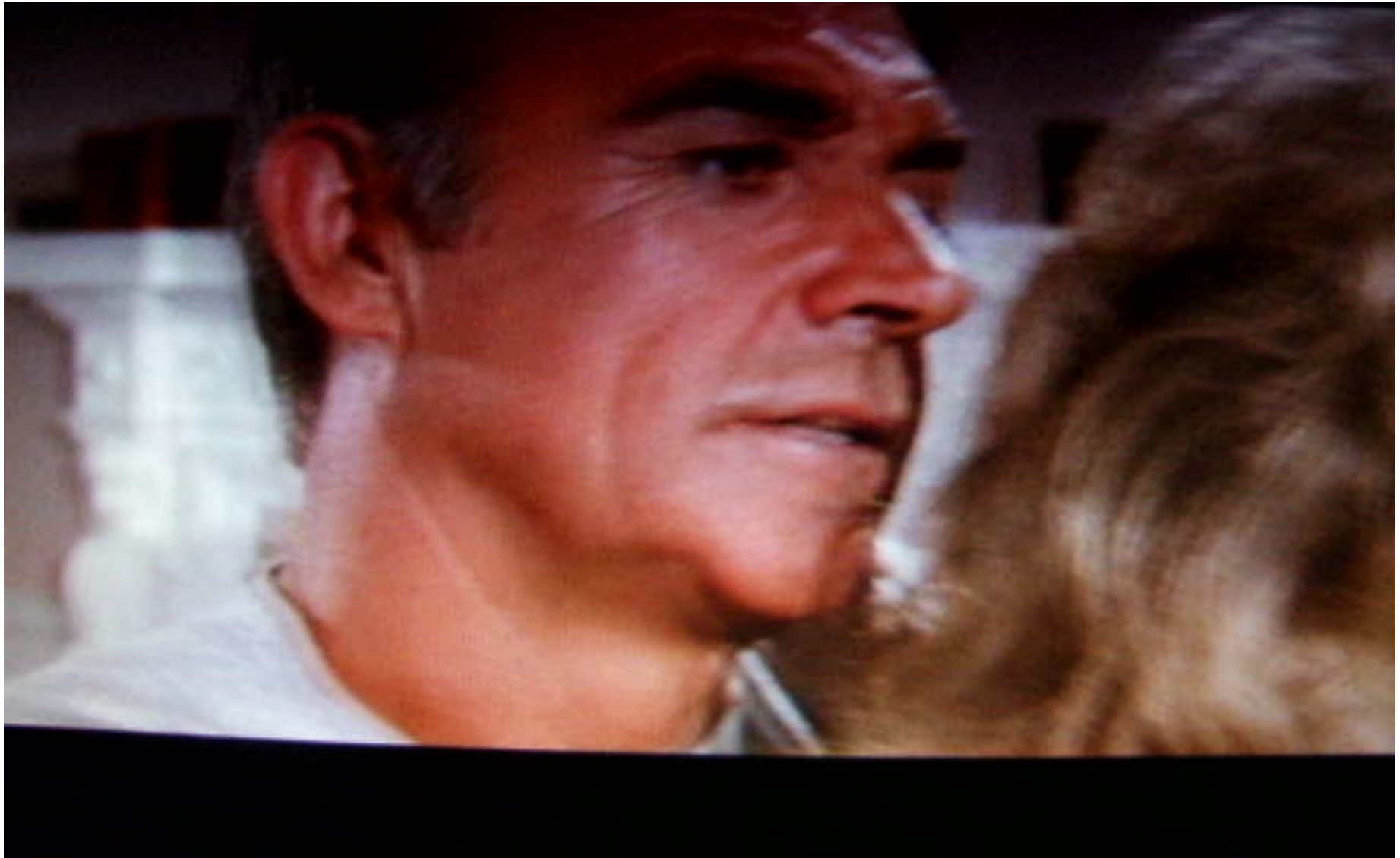
Part I

1. What research evidence is relevant to osteopathy?



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What is osteopathy?

- Is this osteopathy?
- How well does this represent osteopathic practice in the UK?



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What is osteopathy?

- Osteopathy means different things to different people.
- If as a profession we can't define what we are, we should at least be able to describe what we do.
- This can help us to decide what is relevant.



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What is osteopathy?

- Standardised data collection and audit
- In 2009 in the UK, 342 practitioners participated in a survey (9% of profession)

ref: www.ncor.org.uk/audit



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Standardised data collection

In the UK there are 4,854 registered osteopaths. Their patients are:

- ~56% female
- most are treated for low back pain 36%
- 51% have acute pain, 15% sub-acute and 31% chronic



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Standardised data collection

- Most commonly used treatments are:
 - Soft tissue manipulation (78%),
 - Articulation (73%),
 - HVT (38%),
 - Cranial osteopathic techniques (26%),
 - MET (18%),
 - Functional (14%).



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What is osteopathy?

- A collection of techniques delivered as part of a package of care.
- Non-specific components of osteopathy include patient/practitioner relationship, psychosocial patient management.



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Research and osteopathy

Research can be focused on:

- Techniques e.g. HVT
- Conditions e.g. Low back pain



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What is 'osteopathic research' ?

- Osteopathic research done by osteopaths for osteopaths?
- Any research done by other musculoskeletal health professionals?
- Shared techniques, shared research?



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United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: effectiveness of physical treatments for back pain in primary care

UK BEAM Trial Team BMJ, doi:10.1136/bmj.38282.669225.AE (published 29 November 2004)

What this study adds

The spinal manipulation package improves back function by a small to moderate margin at three months and by a smaller but still statistically significant margin at one year, irrespective of location

The exercise programme improves back function by a small but significant margin at three months but not at one year

Manipulation followed by exercise improves back function by a moderate margin at three months and by a smaller but still significant margin at one year



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Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost-effectiveness analysis

Lancet 2010

*Sarah E Lamb, Zara Hansen, Ranjit Lall, Emanuela Castelnovo, Emma J Withers, Vivien Nichols, Rachel Potter, Martin R Underwood, on behalf of
the Back Skills Training Trial investigators**

Interpretation Over 1 year, the cognitive behavioural intervention had a sustained effect on troublesome subacute and chronic low-back pain at a low cost to the health-care provider.



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What is 'osteopathic research' ?

- Osteopathy is a complex intervention;
- Research is generally technique or condition-focused;
- We have similarities with other manual therapy professions;
- We can share and collaborate.



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Part I

2. Quality and credibility of research



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Appraising quality

- Is the quality of evidence appropriate?

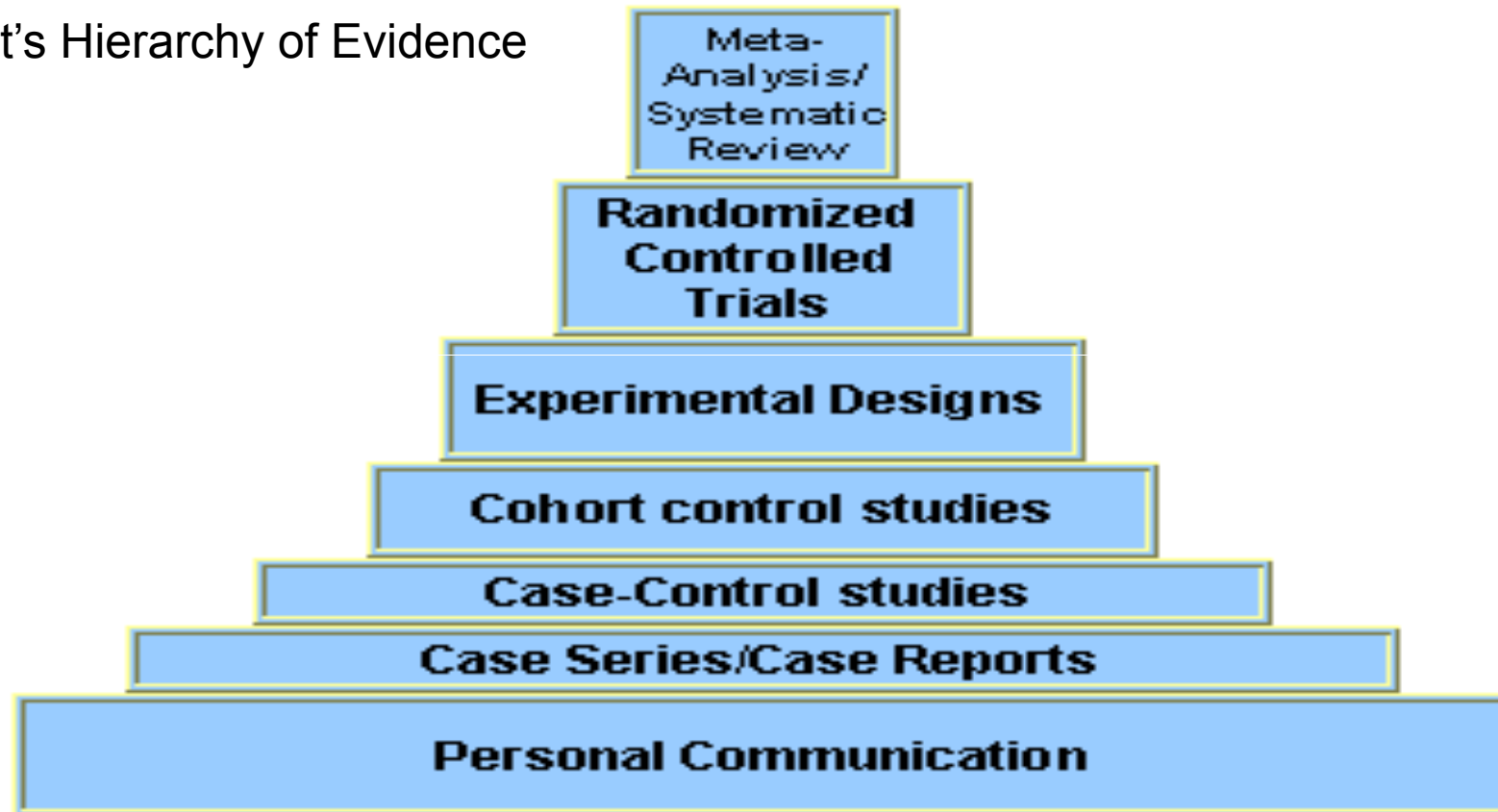


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Quality: 'upping our game'

Sackett's Hierarchy of Evidence
(1995)



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WATCH WHAT I
CAN MAKE PAVLOV DO.
AS SOON AS I **DROOL**,
HE'LL SMILE AND WRITE
IN HIS **LITTLE BOOK**.



Quality: 'upping our game'



REVIEW

J Am Osteopath Assoc. 2011;111(12):685-693

Therapeutic Effects of Cranial Osteopathic Manipulative Medicine: A Systematic Review

Anne Jäkel, MSc, DPhil

Phillip von Hauenschild, BSc (Hons), Ost Med BA, ND, DO [UK]

Conclusion: The currently available evidence on the clinical efficacy of cranial OMM is heterogeneous and insufficient to draw definitive conclusions. Because of the moderate methodological quality of the studies and scarcity of available data, further research into this area is needed.



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Appraising quality

- Appropriate methodology;
- Good quality and robust;
- Pilot studies vs. large randomised controlled trials;
- Critical appraisal of our work and other work;
- Raising our standards.



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Appraising quality - resources



Critical Appraisal

Below are a number of articles written by Professor Trisha Greenhalgh to help you make sense of research papers and get started with critical appraisal.

-  [How to Read a Paper: Getting Your Bearings \(Deciding What the Paper is About\)](#)
-  [How to Read a Paper: The Medline Database](#)
-  [How to Read a Paper: Assessing the Methodological Quality of Published Papers](#)
-  [How to Read a Paper: Papers That Go beyond Numbers \(Qualitative Research\)](#)
-  [How to Read a Paper: Papers That Report Drug Trials](#)
-  [How to Read a Paper: Papers That Report Diagnostic or Screening Tests](#)
-  [How to Read a Paper: Papers That Tell You What Things Cost \(Economic Analyses\)](#)
-  [How to Read a Paper: Statistics for the Non-Statistician. I: Different Types of Data Need Different Statistical Tests](#)
-  [How to Read a Paper: Statistics for the Non-Statistician. II: "Significant" Relations and Their Pitfalls](#)

The Critical Appraisal Skills Programme (CASP) have a range of check lists to help you critically appraise different types of research papers. More information and downloadable checklists are available at:
<http://www.casp-uk.net/>

[www.ncor.org.uk/
learning-online/
critical-appraisal/](http://www.ncor.org.uk/learning-online/critical-appraisal/)



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Part II

3. Evidence of benefit



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3. Evidence of benefit

- Effectiveness of osteopathy.
- Effectiveness of techniques used by osteopaths.



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Effectiveness data

- Systematic reviews
- Randomised controlled trials
- Prospective cohort studies

Guidelines compiled for managing
musculoskeletal conditions



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Guidelines

- European Guidelines for low back pain acute (2006) and chronic (2004);
- UK NICE Guidelines 2009;
- Both recommend the use of either manipulation and or mobilisation and manual / physical therapy (this includes osteopathy).



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Rationale for recommendation of manual / physical therapy for: low back pain

- Examples of evidence (
<http://www.ncor.org.uk/research/evidence-for-osteopathy/>)



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Date	Authors	Type of study	Evidence for:
2012	Rubinstein et al	SR 26 RCTs 6070 people	SMT is as effective as other common therapies for chronic low back pain and safe
2011	Rubinstein et al	SR 20 RCTs 2674 people	Evidence was low quality showed little effect for those with acute low back pain but it is safe
2012	Furlan et al	SR 10 RCTS	SMT and mobilisation were superior to no treatment and placebos for low back pain
2013	Licciardone et al	RCT 455 people	OMT patients significantly better outcomes than sham OMT and ultrasound for chronic low back pain
2013	Von Heymann et al	RCT 100 people	SMT treatment effects greater than placebo and diclofenac for acute low back pain
2004	UK BEAM trial team	RCT 1334 people	Manipulation package showed sustained beneficial outcomes at after 3 and 12 months

Rationale for recommendation of manual / physical therapy for neck pain

- Examples of evidence



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Date	Authors	Type of study	Evidence for:
2012	Posadzki & Ernst	SR 5 RCTs 348 people	SMT more effective than drug therapy, placebo, usual care and no treatment for tension type headache
2012	Vincent et al	SR 27 RCTs	MT contributes to improved pain and function in adults with non-specific neck pain.
2010	Gross et al	SR 17 RCTs	Positive evidence for SMT and mobilisation and exercise for improving neck pain
2009	Hurwitz et al	SR 30 SRs	Manual therapy and exercise are more effective than alternative strategies for patients with neck pain
2004	Bronfort et al	SR 22 RCTs	SM may be an effective treatment option with a short term effect similar to amitriptyline for migraine. For cervicogenic headache neck exercise and SMT effective in short and long term

Summary of evidence

- Growing body of evidence
- Evidence base is positive
- Quality of evidence is getting better
- NCOR website for up to date information

<http://www.ncor.org.uk/wp-content/uploads/2013/06/Table-of-evidence-for-manual-therapy.pdf>



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Part II

4. Evidence of risk



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4. Evidence of risk

Incidences of adverse events in manual therapy

- Why research this?



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Why research this?

- Understanding risk and types of risk;
- Clinical decision making;
- Comparison with other health care providers;
- Patient informed consent.



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Adverse Events Research

- Four studies commissioned by the GOsC;
- Adverse events in manual therapy;
- Communicating risk and obtaining consent;
- Insurance claim trends and patient complaints;
- Osteopaths' attitudes to managing and assessing risk in clinical settings and patients' experiences and responses to osteopathic treatment (CROaM).

<http://www.ncor.org.uk/adverse-events-studies/>



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Adverse event research key findings

- Adverse events do occur in manual therapy and osteopathy;
- Minor adverse events are common but generally short lived (e.g. soreness, tiredness) – resolve within 48 hours;
- Serious adverse events do occur but are very rare.



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What can we say to patients or the media?

- There is good evidence of beneficial effects for techniques used by osteopaths, particularly manipulation.
- The techniques used by osteopaths have low risk of serious incidents associated with them.
- **We need to do more large scale research**



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Part III

The future



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The future

- Reflect the needs of the community
- Using existing work that is useful to us
- Collaborating with others
- Planning ahead setting our own agenda



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Current and future Research

Dissemination of research

Evidence Data for
NHS commissioning

Activity reporting
practitioner databases

PROMS / PREMS
And
Pt satisfaction
Databases

New research

Risk
Consent
Training needs
NHS commissioning
Activity
Scope
Patient centred care
Evidence base for osteopathy
Culture of research
Informed practice

Future key issues

Implementation of the H&SC Bill

Securing contracts

Maintaining and improving
market share

Standards of
practice

Patient reporting

Revalidation

International credibility



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3 year strategic plan

- Short term;
- Short to medium term;
- Ongoing;
- Long term.



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Our role...

We do:

- Act as an advisory service
- Develop resources to assist the profession in understanding and conducting research
- Disseminate research to the public and the profession



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Our role...

We don't:

- Supervise dissertations;
- Provide funding for research projects.



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Getting involved and the benefits

- Identify what's happening in your practice;
- Target your CPD;
- Tailor your marketing;
- Have information available for AQP, for insurers, or commissioning other work activities;
- Contribute to the development of the profession and its research base;
- Peer support and working with others e.g. PILARS.



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How can we encourage and sustain osteopathic research?

By showing that research can and does:

- promote and optimise patient care;
- promote safe and effective practice ;
- help business.



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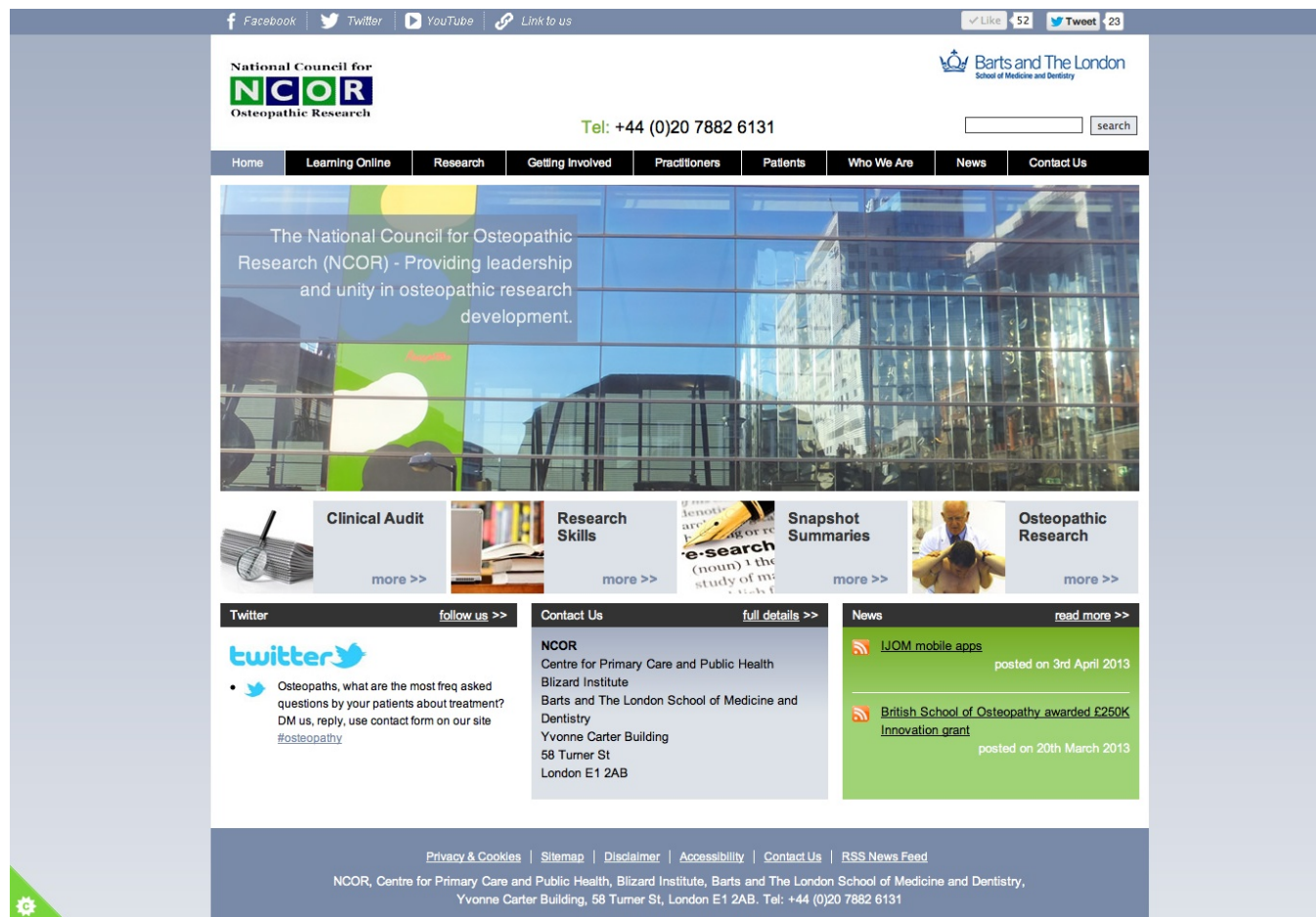


What we can do for you



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Research



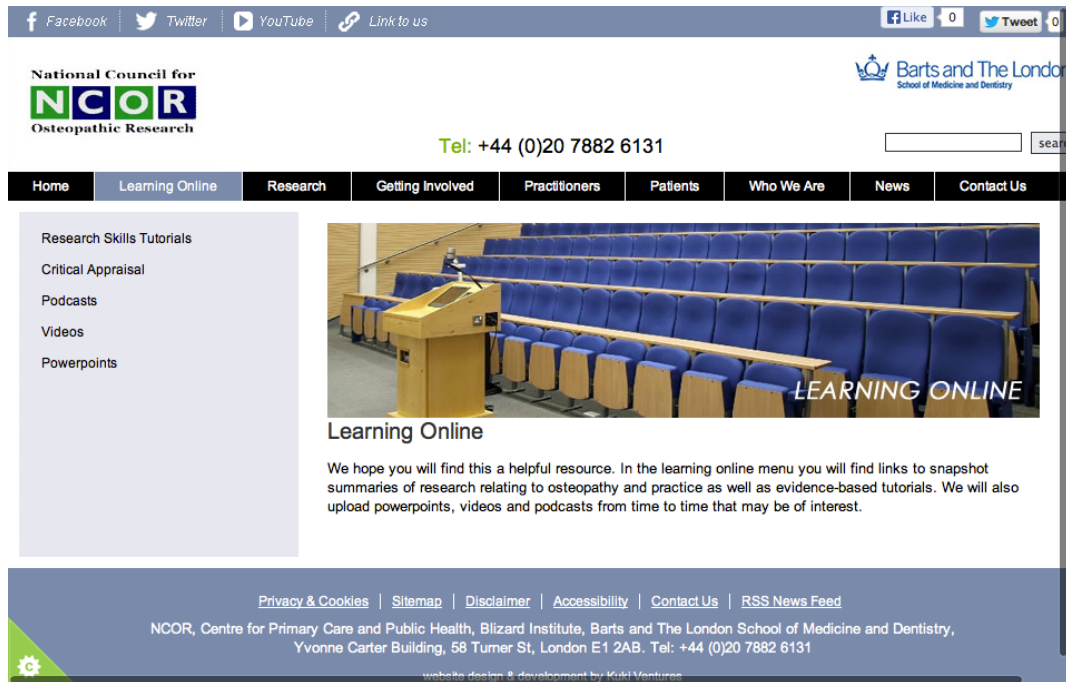
- Snapshot summaries;
- Links to journal articles;
- Research resources e.g. statistics, useful research sites;
- Tables of evidence for osteopathy.



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Learning online



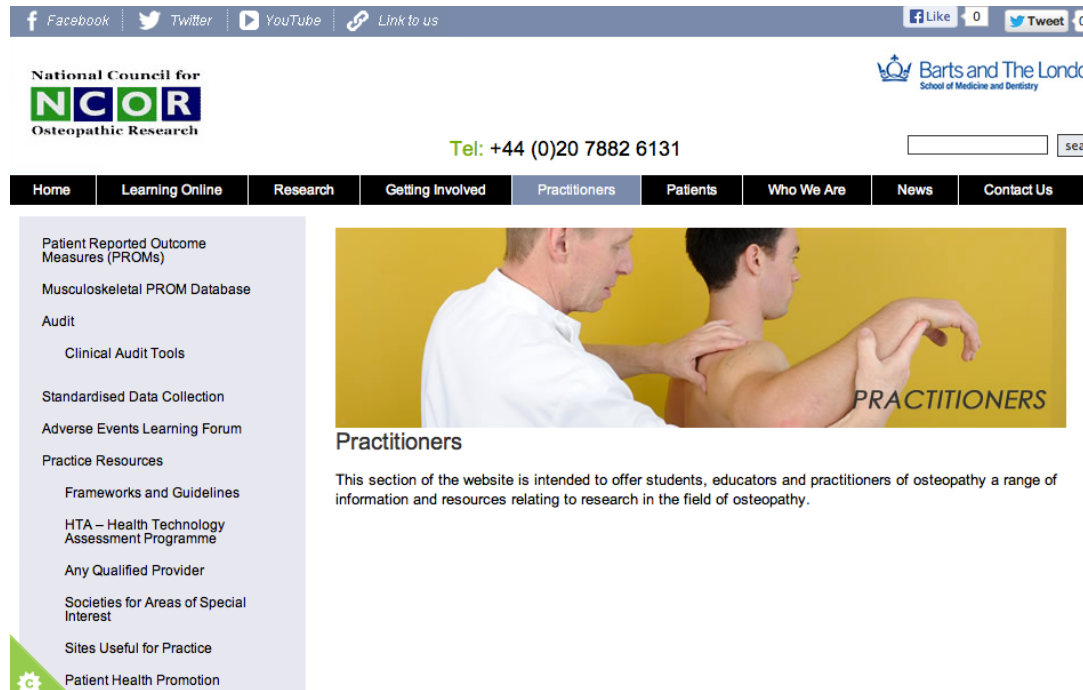
- Research skills tutorials;
- Critical appraisal;
- Podcasts;
- Videos;
- PowerPoints.



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Practitioners



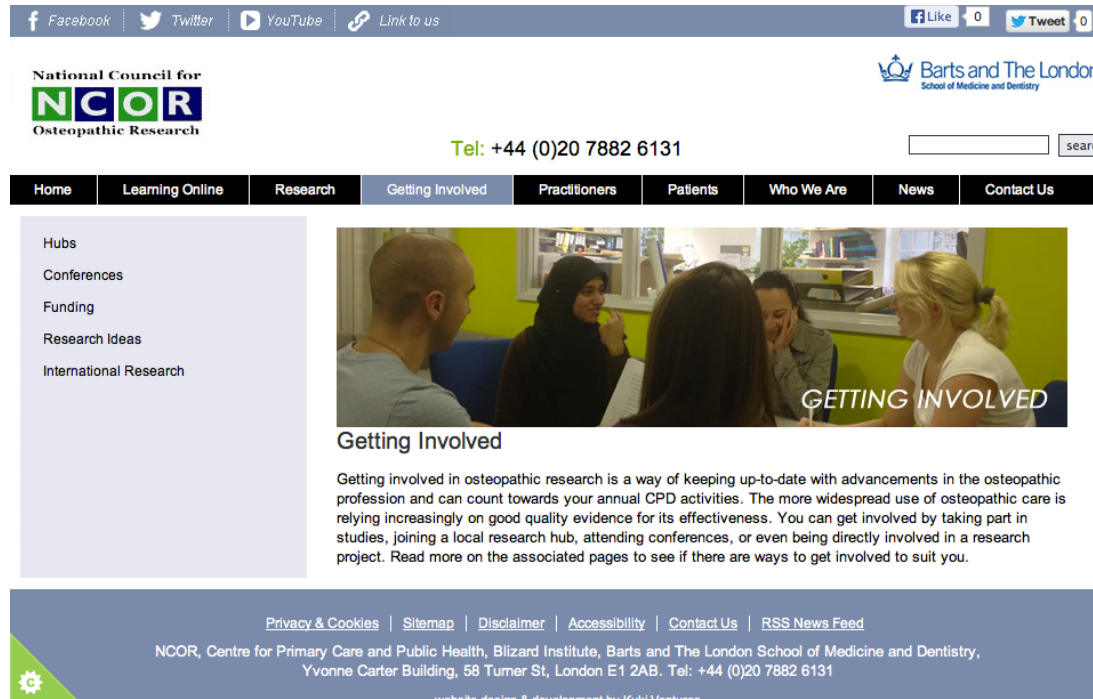
- Standardised Data Collection;
- Clinical Audit;
- PROMs;
- PILARS;
- Practice resources e.g. Frameworks, guidelines, and AQP.



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Getting Involved



The screenshot shows the NCOR website with a navigation bar including Home, Learning Online, Research, Getting Involved (selected), Practitioners, Patients, Who We Are, News, and Contact Us. A sidebar on the left lists Hubs, Conferences, Funding, Research Ideas, and International Research. The main content area features a video titled 'GETTING INVOLVED' showing a group of people in a meeting. Below the video, the text reads: 'Getting Involved' and 'Getting involved in osteopathic research is a way of keeping up-to-date with advancements in the osteopathic profession and can count towards your annual CPD activities. The more widespread use of osteopathic care is relying increasingly on good quality evidence for its effectiveness. You can get involved by taking part in studies, joining a local research hub, attending conferences, or even being directly involved in a research project. Read more on the associated pages to see if there are ways to get involved to suit you.'

- Hubs;
- Conferences;
- Research ideas – e.g. dissertations.



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Osteopathy students - Our website can help you:



Write essays
Find up to date evidence-based
information
Locate the latest advice for clinical
recommendations

Enhance your patient care
Confidently answer patients' questions
Promote osteopathy
Improve the advice you give to patients



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is available to final year osteopathy
students via the **o zone**, the
General Osteopathic Council website:

<https://www.osteopathy.org.uk/ozone/resources/research/research-journals/>

Log in details for the **o zone** are emailed by the GOSc
to final year students in the autumn of the final year.



iPhone and Android apps are available so
you can read journal articles on the go.
More details are available on the **o zone**.

www.journalofosteopathicmedicine.com

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Thank you



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