

# Quality Practice Framework in Exercise Based Rehabilitation

KNOWLEDGE AND SKILLS FOR STANDING IN OSTEOPATHY AUSTRALIA'S EXERCISE BASED REHABILITATION CLINICAL PRACTICE GROUP (CPG)

## Improving outcomes for patients

Exercise helps to improve longevity and quality of life, obesity and chronic disease management.<sup>1</sup>

Daily exercise is recommended for all population groups in Australia, however is underutilised by a significant proportion.<sup>2</sup>

At least 70,000 Australians consult an osteopath each week, and many do so to access exercise based clinical treatments for maintenance of good health outcomes, to prevent deterioration and/or restore functional capabilities following illness, disease or loss of function.

As health care practitioners focused on neuro- musculoskeletal health, osteopaths facilitate timely patient-centred clinical management within primary practice and within clients' local communities. This would assist in the prevention of unnecessary admissions to hospital and ease the overall burden on the broader health system.

This framework is written with good patient health outcomes as its central focus. It aims to align development of clinical skill in the osteopathic workforce with emergent patient need.

## The osteopathic profession

Osteopaths in Australia complete a double Bachelor or Bachelor and Masters qualification at an accredited university and are registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Osteopathy Australia is the peak professional body, representing approximately 90% of registered osteopaths in Australia. The osteopathic profession is becoming increasingly diversified, with many members of Osteopathy Australia completing further tertiary qualifications in specific areas

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1. Australian Government, 'Australia's Physical Activity and Sedentary Behaviour Guidelines' [online]; <http://www.health.gov.au/internet/main/publishing.nsf/content/health-pubhlth-strateg-phys-act-guidelines>
  2. Australian Bureau of Statistics, 'How many people play sport' [online]; <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4147.4.55.001Main%20Features9Mar%202008?opendocument&tabname=Summary&prod-no=4147.4.55.001&issue=Mar%202008&num=&view=>

of clinical practice to expand their clinical skills. Others, through dedicated experience, have developed core competencies and skills relating to specific clinical issues and patient groups.

## Promoting clinical excellence in osteopathic practice

To facilitate excellence in inter-disciplinary care between osteopaths and other health professions, the development of quality clinical practice is vital.

Designing Continuing Professional Development (CPD) pathways that promote key skills and competencies in specific areas of practice and credentialing processes that recognise members with standing in areas of practice is a priority for Osteopathy Australia. This strategic focus will build on and complement Osteopathy Australia's Statement of Scope of Practice in Osteopathy.<sup>3</sup>

This framework acknowledges that the knowledge, skills and scope of practice of osteopaths with a focus in exercise based rehabilitation vary depending on education, workplace requirements, clinical team requirements, and relevant industry policies. It is not intended to define all knowledge sets and skills possessed by these osteopaths, nor all interventions these practitioners offer.

The framework relates to Osteopathy Australia's Exercise Based Rehabilitation Clinical Practice Group (CPG). It outlines knowledge and skills that the organisation expects osteopaths seeking standing and recognition within this group to possess as a minimum requirement. This framework is not mandatory and pertains only to members of the CPG.

The framework has been informed by patient demand, workforce planning needs, targeted consultation with relevant industry stakeholders and the osteopathic profession. It is a living document and will be revised to align with developments in evidence-informed practice, patient need, clinical reasoning and standards, patient and workforce planning need.

## Extended Practice Membership

Extended practice members undertake a pathway of structured Continuing Professional Development to practice the osteopathic scope more fully, beyond entry or initial levels of practice undertaken in patient management.<sup>1</sup> These members demonstrate skills that enhance the delivery of exercise-based services and encourage clinical quality in those services. They demonstrate application of a range of intermediary and complex clinical reasoning skillsets in the focus area.

Osteopaths with extended practice recognition work toward full acquisition of the following clinical reasoning skillsets.

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<sup>3</sup>. Osteopathy Australia, 'Statement of Scope of Practice in Osteopathy' [online]; <https://www.osteopathy.org.au/files/Documents/Advocacy/Scope%20of%20practice%20in%20Osteopathy%202018%20FINAL.pdf>

## Clinical reasoning

### Physiological awareness

- 1.1 Knowledge of movement based mechanisms of onset for common musculoskeletal conditions.
- 1.2 Knowledge of compensatory movement patterns associated with common musculoskeletal conditions.
- 1.3 Knowledge of muscle recruitment patterns and their relationship to joint stability.
- 1.4 Knowledge of motor sequencing patterns and their relationship to functional integration for movement.
- 1.5 Knowledge of relationships between biomechanics, movement patterns, injury and pain.

### Assessment and diagnosis

- 1.6 Knowledge of biopsychosocial (yellow flag) issues that can impact movement integration, efficacy; associated clinical indicators and referral pathways.
- 1.7 Knowledge of protocols in the assessment and diagnosis of muscular sub-system deficiencies that may predispose to injury in movement.
- 1.8 Knowledge of body systems that can impact movement clinical assessment and history taking protocols for body systems that relate to movement and indicators of risk.
- 1.9 Knowledge of clinical reasoning in functional capacity assessment (FCA) and protocols in movement pattern and biomechanical assessment.

### Exercise programming competencies

- 1.10 Knowledge of the clinical stages of rehabilitation and exercise based considerations in each stage.
- 1.11 Knowledge of safety principles in musculoskeletal exercise prescription in general and healthy populations.
- 1.12 Knowledge of the clinical uses, reasoning behind, evidence base for and limitations of:
  - > Open chain kinetic exercises
  - > Closed chain kinetic exercises
  - > Exercise protocols for strengthening
  - > Exercise protocols for conditioning
  - > Exercise protocols for flexibility
  - > Exercise protocols for endurance
  - > Exercise protocols for balance

- > Exercise protocols for power
- > Exercise protocols for agility
- > Exercise protocols for speed
- > Exercise protocols for clinical joint stability.

1.13. Knowledge of when exercises as per 1.12 are indicated and contraindicated.

## Extended clinical reasoning in practice

Extended practice members of the Exercise Based Rehabilitation CPG demonstrate the skills to implement, trial and refine exercise programs for otherwise healthy populations with common musculoskeletal disorders. These members have a focus on minimising risk and injury in program delivery for healthy populations throughout phases of rehabilitation.

They gather biomechanical measurements and identify their implications for exercise programming; provide standardised functional capacity assessments for problematic movement patterns, strains and asymmetries for correction in exercise programming; and, screen patients for common contraindicators to participation in exercise programs.

In managing common musculoskeletal disorders, extended practice members select appropriate exercises and equipment tailored to client needs and identified exercise contraindications. They can justify exercise selection based on the expected benefits of one exercise approach over another, advise on dysfunctional movement and risk in exercise technique and advise on self-care and recovery in exercise to increase patient adherence. Measuring and documenting exercise load and progress referring to mechanical and physiological indicators is a core capability of these members.

## Advanced Practice (Titled) Membership

Advanced practice members of the CPG will demonstrate long-term commitment to sustained practice in exercise based rehabilitation. Through further higher education and quality clinical review, these members demonstrate ability to provide exercise based interventions that are more broadly offered by other professions with a primary focus on exercise based interventions.<sup>ii</sup>

Advanced practice members will possess the following clinical reasoning sets.

### Clinical reasoning

#### Assessment and diagnosis

- 2.1 Knowledge of clinical principles involved in the selection of Functional Capacity Assessments for specific functional skills.

- 2.2 Knowledge of protocols in advanced gait assessment and advanced stability assessment.
- 2.3 Knowledge of evidence informed protocols for imbalance identification in:
  - > Strength
  - > Mobility
  - > Flexibility
  - > Stability

### **Exercise programming**

- 2.4 Knowledge of exercise programming theory, its application in practice and implications for general program design.
- 2.5 Knowledge of the efficacy and application of functional, static and proprioceptive exercise programming approaches for musculoskeletal rehabilitation in the evidence base.
- 2.6 Knowledge of orthopaedic surgical procedures, specific aligned exercise rehabilitative protocols, their application pre and post-surgery; as well as monitoring protocols.
- 2.7 Knowledge of standard exercise rehabilitative protocols, monitoring protocols, safety issues and contraindications in relation to:
  - > Age
  - > Sex
  - > Stage of injury or condition
  - > Functional status
  - > Stage of rehabilitation
- 2.8 Knowledge of principles and approaches in exercise motivation, coaching and habit change.
- 2.9 Knowledge of exercise programming protocols for groups and individualised programming protocols within group settings; including program design and intake protocols; safety and risk mitigation protocols; as well as client review protocols.
- 2.10 Experience applying knowledge as per 2.1-2.9 in the planning and management of chronic, acute, pre-and post-surgical clients within clinical practice for improved functional outcomes.
- 2.11 Experience analysing and evaluating exercise assessment, programming and rehabilitative protocols in the clinical research and applying research observations to program design.

### **Advanced clinical reasoning in practice**

Advanced practice (titled) members of the Exercise Based Rehabilitation CPG demonstrate the skills to create and deliver exercise programs for patients with acute and chronic musculoskeletal conditions, both pre- and post-surgery. These members can select and apply diagnostic tests for

exercise prescription based upon their expected benefits and limitations in the evidence base; they refine, readapt and combine elements of functional capacity assessments drawing on referral information, a client's activities of daily living, age related activity guidelines, movement goals, environmental settings, pre/ post- surgical status, return to work or occupational guidelines.

In designing exercise programs, advanced practice (titled) members can calibrate mode, frequency, intensity and duration with consideration to risk, pre/post-surgical status, other health interventions or treatments accessed, condition specific guidelines, age related activity guidelines, a client's functional body mechanics, movement and rehabilitation goals. Their program design skills enable programs to be redesigned for changes in patient status and other health interventions accessed.

## Fellows

Fellows demonstrate substantial experience in and contribution to knowledge creation in exercise rehabilitative practice through high quality academic research, clinical publications and development of evidence-informed practice.

## Need more information or help?

For further information, a suggestion or to discuss this topic, please:

- > Email your enquiry to [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au)
- > Call Osteopathy Australia on **1800 467 836**
- > Access further information via [www.osteopathy.org.au](http://www.osteopathy.org.au)

## End notes

- i. **Extended practice** – refers to clinical knowledge sets and applied practice beyond the typical skill levels of graduates and osteopaths initially entering a new area of practice.
- ii. **Advanced practice** – refers to clinical knowledge sets and applied practice beyond the osteopathic scope of practice and extended practice, requiring additional knowledge, skills and training more aligned with other health professionals who have depth of focus in the field of exercise-based rehabilitation.

Osteopathy Australia publishes a range of information, guidance and support to members regarding osteopathy, small business and clinical practice. The purpose of publishing this information is to help osteopaths understand their obligations and responsibilities and increase professional standards and consistency among osteopaths. Compliance with this information is not mandatory - although it may refer to laws, codes, or guidelines that are mandatory. This information has been prepared with regard to the information available at the time of preparation; please consider any information, research or material that may have become available subsequently. This information is general in nature and not a source of clinical or legal advice.