Osteopathic Treatment for Babies, Infants and Young Children

1. Why is there a need for this position statement?

Not all osteopaths treat babies, infants and young children; however many do provide clinical support and assistance to them and their caregivers for musculoskeletal and related issues. Osteopaths who do are responsible for providing a duty of care, reflecting optimum safety, risk management and clinical quality in the best interests of children.

Adverse outcomes in babies, infants and young children resulting from osteopathic treatment are very rare, based over the many decades that records have been maintained on the issue (Hayes and Bezilla 2006; Todd et al 2014). Few babies, infants and young children have experienced an adverse outcome from manual therapy (Humphreys 2010).

Osteopathy Australia is unaware of any adverse event complaints involving a registered osteopath for babies, infants or young children lodged with either the Australian Health Practitioner Regulation Agency (AHPRA) over the last five years or with the main professional indemnity insurer (covering 90% of all osteopaths) in the last ten years.

Babies, infants and young children however comprise unique patient populations that require special consideration when planning osteopathic care or referral.

Many babies, infants and young children are unable to provide detailed feedback to inform clinical decision making or the osteopathic treatment they receive. Obtaining ‘true’ informed consent can be problematic.

Scientific evidence also points to the immaturity of nervous and vascular systems, as well as joint structures in babies, infants and young children (Gatterbauer, 2009). Osteopaths are professionally and individually responsible for applying the highest standard of precaution, including treatment appropriate to age and development.

This position statement describes clinical cautions that Osteopathy Australia recommends its members incorporate into their clinical practice with babies, infants and young children to enhance and promote the profession.

The position has been developed for osteopaths, health consumers and external stakeholders, in order to recognise specific differing clinical risks in these patient populations and uphold patient safety.
2. Position scope

While a child is legally defined as any person under 18 years of age in Australia, this position statement concerns babies, infants (aged 0-3 years) and young children (aged 4-6 years).

3. Osteopathy Australia’s position

Clinical risk is higher in the very young and influenced by the experience and competence of a practitioner.

Osteopathy Australia believes that effective clinical practice with babies, infants and young children requires osteopaths to have current knowledge in and a commitment to developing further knowledge of:

- Paediatric assessment
- Working with parents, caregivers, babies, infants and young children in clinical settings
- Managing issues of informed consent and patient safety with these patient groups
- How to recognise an unwell child and what to recognise in complex health trajectories, with particular reference to paediatric red flags
- How to recognise a child in distress, trauma or need, with particular reference to paediatric yellow flags
- Child physiology, development and physiological variations within and between babies, infants, young children and differences to the maturing body
- Normal physiological development, including normal range of movement and neurological development and how to distinguish atypical development
- Health services, referral pathways and broader supports for parents, caregivers, babies, infants and young children; as well as when and how to engage them
- Contraindications to osteopathic treatment and current scientific debates/considerations about the use of specific manual therapy modalities in babies, infants and young children.
- Appropriate forces to apply to growing bodies, irrespective of technique or modality applied.

Osteopathy Australia recommends that spinal manipulative techniques should not be used on babies and infants (0-3 years), given current limited or questionable evidence of clinical effectiveness.

Osteopathy Australia acknowledges that there is limited clinical evidence to justify benefit in the use of spinal manipulative techniques on young children (4-6 years), plus increasing public and/or regulatory concern for this practice (AMA 2013; AHPRA 2016).
Practitioners, to manage indemnity risk, should reflect on their own level of experience, current knowledge or training and confidence in working with these unique patient populations. Where there is any doubt, caution should be exercised and an appropriate referral made.

The responsibility falls on the practitioner to explain contraindications to osteopathic treatment to caregivers so that informed health care choices can be made.

Use of any osteopathic technique needs to be grounded in clinical evidence, clinical reasoning and aligned with the training and experience of a practitioner.

Practitioners are reminded that inappropriate use of a manual therapy technique can lead to regulatory and legal action, up to and including loss of registration where deemed suitable by the Australian Health Practitioner Regulation Agency (AHPRA).

Osteopathy Australia is committed to supporting members to apply clinical risk management practices to babies, infants and young children through clinical guidelines, resources and professional education.

Note: other health practitioners and consumers may see reference to osteopathic manipulative therapy (OMT) in publications, including those on paediatric treatment. It is important to understand that OMT is a general term collectively used to describe many dozens of osteopathic techniques including but not limited to spinal manipulation. Therefore an osteopath may talk about OMT and have no intention of using spinal manipulation. If caregivers have any concerns, they should discuss this directly with the osteopath.

4. Authorisation

This position statement was developed by review of current research and a peer consultative process under the leadership of the Paediatric Clinical Leadership Committee as at July 2016.

5. Review

This position statement will be reviewed as often as required to reflect emerging clinical evidence, practice issues or regulatory requirements.

6. Related position statements

Osteopathy Australia, ‘Osteopaths, Children and the wider Health Care System’, 2019
8. References


Humphreys, B., ‘Possible adverse events in children treated by manual therapy: a review’, Chiropractic and Osteopathy, volume 18, issue 12, December 2010, pages 1-7


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