



The role of
osteopathy
in addressing
current and
future health
needs

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Acknowledgement of Country

Osteopathy Australia would like to acknowledge the Cammeraygal people of the Eora Nation, the Traditional Custodians of the land on which our office stands. We also acknowledge and pay our respects to the traditional custodians across the lands, waters and seas and thank Elders past, present and emerging for their continued custodianship.

Executive summary

Osteopathy and Osteopathy Australia



Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services.

Our core work involves liaising with the state and federal government, and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. Osteopaths in Australia are university-qualified allied health practitioners registered with the Australian Health Practitioner Regulation Agency (Ahpra). Most registered osteopaths are members of Osteopathy Australia.

Osteopaths achieve their qualifications through either a dual bachelor's or a combination of bachelor's and master's degrees. These courses encompass anatomy, biomechanics, human movement, and the musculoskeletal and neurological systems. They also cover clinical intervention techniques, all of which are grounded in a biopsychosocial approach to management.



Following the establishment of Ahpra in 2009, the Osteopathy Board of Australia, along with the newly formed Australian Osteopathic Accreditation Council (AOAC), began overseeing the development of osteopathy education. The AOAC serves as the independent accreditation authority under the scheme, ensuring high standards in osteopathy education and practice.

AOAC facilitates the development of content for the osteopathy accreditation standards in consultation with stakeholders and representatives. It is also responsible for determining whether programs of study for osteopaths seeking to practice in Australia meet the required accreditation standards. This rigorous assessment determines if study programs for aspiring osteopaths meet these stringent accreditation standards. This ensures osteopaths have the skills and knowledge to deliver health care that meets the changing needs of the community.

The Australian Government has long been aware of the need to strengthen primary healthcare, especially to deal with the growing burden of chronic disease. The Better Outcomes Report¹ outlined the need to strengthen primary care to better manage the already large and increasing number of patients with multiple chronic conditions. The National Strategic Framework for Chronic Conditions² considered the necessity of continuity of care, equity of access and person-centred care. The Grattan Institute Report, A New Medicare: Strengthening General Practice³, has shown that the Australian healthcare system has failed to adequately respond to the growing burden of chronic disease and the inequities in access to care, rates of disease and life expectancy. Significant health system reform is needed to address the burden of chronic disease, and action is required now.

Osteopaths have a significant role in addressing the challenges of a growing burden of chronic disease, an ageing population, inadequate workforce development and various equity issues in the current Australian health system. A multidisciplinary approach is needed to address these issues. Patient-centred care must be the focus, and consumers should be allowed to make informed choices from a wide range of healthcare options. Osteopathy can significantly reduce musculoskeletal pain, a condition that affects the muscles, bones, and/ or joints. These conditions known as musculoskeletal conditions⁴, can affect a patient physically, mentally, emotionally and socially⁵. Osteopaths are vital as multidisciplinary team members in treating chronic disease and musculoskeletal pain crossover.

Osteopaths utilised to their full scope are a great asset in helping to treat the projected increases in the burden of musculoskeletal conditions and chronic pain. However, there is a projected increase in workforce shortfalls across nursing and allied health, combined with increased demands in primary, aged, and disability care. Osteopathy should be utilised to manage various chronic conditions, including rehabilitation for physical injury, trauma and disease. Osteopaths could also make a more significant core contribution to pre-habilitation and preventive health.

Optimising osteopaths across the healthcare system(s) through innovative models of care, better multidisciplinary integration and interprofessional care and decreasing regulatory or competency misconception barriers could expand the health workforce.

This paper makes several recommendations (See Appendix A) that could increase the use of osteopathy as part of a broader reform aimed at establishing effective patient-centred, multidisciplinary teams required to address the current crisis in the Australian healthcare system.

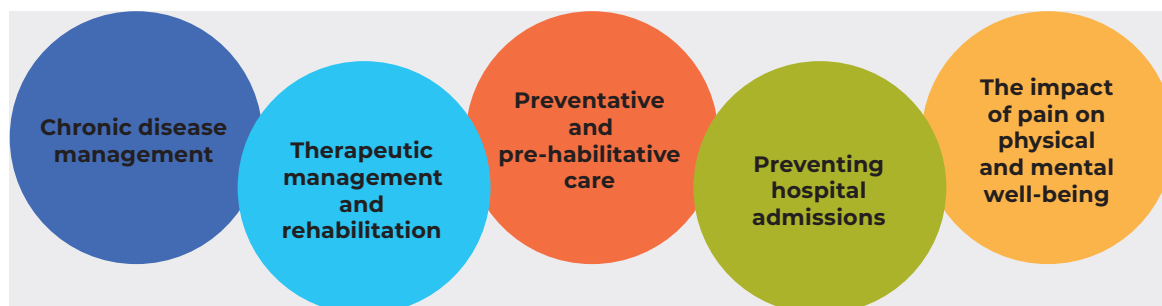


Figure 1: How osteopathy can reduce the burden of disease

Burden of disease



Chronic diseases have contributed to the significant burden of disease for many years. Self-reported data from the Australian Bureau of Statistics 2020–21 National Health Survey

indicates that nearly 6.9 million Australians (27% of all Australians) were affected by chronic musculoskeletal conditions in 2020-2021, of which 3.9 million (16%) had back problems, the most common musculoskeletal condition⁶.

Avoidable hospitalisations are costly to the Australian healthcare system. Falls are a prevalent reason for people accessing healthcare and one of Australia's top causes of death.

There is an urgent need for qualified musculoskeletal health professionals to help treat projected increases in the burden of musculoskeletal conditions and chronic pain, and osteopaths can help fill this need. Musculoskeletal conditions are estimated to be Australia's most costly health condition in terms of health expenditure, costing \$13.9 billion and accounting for 10% of total disease expenditure in 2018-19⁷. Osteopaths could be making a significant impact on reducing hospitalisations and managing preventive health in the musculoskeletal space.



Musculoskeletal conditions also cause more than 85% of chronic pain in Australia⁸.

The prevalence of chronic pain in Australia is projected to increase as the population ages – from around 3.2 million in 2007 to 5 million by 2050⁹. Currently, at least one in five Australians live with chronic pain, representing a significant economic burden in terms of health costs and lost productivity¹⁰. One in three Australians over 65 years of age suffer from chronic pain, and up to 80% of residents in aged care facilities live with persistent pain, which is often under-treated or poorly managed¹⁰, typically with an over-reliance on medications. Almost two-thirds (60%) of Australians use analgesics to manage their pain¹¹.

Further, research shows that one in five people (20%) believe that arthritis can only be treated with medication^{12,13}. However, hands-on treatment or exercise prescription is effective. It has similar efficacy to oral non-steroidal anti-inflammatory drugs (NSAIDs) and paracetamol¹². It reduces the potential harm associated with analgesia or surgery¹³, especially since there is limited evidence on the long-term effectiveness of over-the-counter analgesia, which is frequently used for musculoskeletal patients.

The primary care sector is not equipped to effectively manage the growing burden of chronic pain due to the lack of funding mechanisms. Different models of care are needed, with a stronger focus on continuity of care involving the whole multidisciplinary healthcare workforce across the system. The National Strategic Action Plan for Pain Management¹⁰ recognises the importance of a multidisciplinary, patient-centred, biopsychosocial approach to assessing and managing pain. The biopsychosocial approach

to patient care strongly influences training and practice, and when combined with extensive experience in managing neuromusculoskeletal conditions and chronic musculoskeletal pain, means that osteopaths are well-placed to contribute to providing more cost-effective, multidisciplinary management of chronic neuromusculoskeletal complaints.

Low back pain is the main reason for a premature exit from the workforce¹⁴. While musculoskeletal conditions are associated with relatively few deaths, the economic impact of these conditions is substantial in terms of care seeking and lost workdays. Furthermore, as disability becomes an increasingly larger component of disease burden and health expenditure, more effective strategies, including effective utilisation of osteopaths and other allied health professionals, must be developed to improve the cost-efficiency of the health system and patient outcomes.

Key recommendations:

- There is a need to enhance utilisation and access to osteopaths treating the population suffering from musculoskeletal conditions and chronic pain;
- A more effective system is required to manage preventative health for musculoskeletal conditions to reduce the strain on the health system.

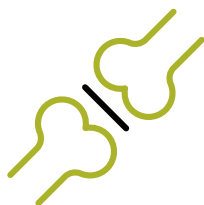
Burden of musculoskeletal disease

Globally:



Approximately **1.71 billion people globally** have musculoskeletal conditions;

Source: Cieza et al (2020)¹⁵



Musculoskeletal conditions are the **leading cause of the global burden of disease** when expressed as years of life lived with disability;



Low back pain is the main contributor to the overall burden of musculoskeletal conditions.

In Australia:

13%

Musculoskeletal conditions

In 2022, **musculoskeletal conditions** as a disease group accounted for 13% of the total disease burden in Australia, **second only to cancer** (accounting for 17% of the total burden);

4.2%

Back pain and problems

Regarding specific causes, **“back pain and problems”** was the **third leading cause of total disease burden** in 2022, accounting for 4.2%;



The **11th most common reason for hospitalisation was falls**, which osteopathy can help treat and prevent;



“Back pain and problems” were the **leading causes of disease burden for females aged 45-64** and the second leading cause of disease burden for women in the 25-44 age bracket. While **for males, “back pain and problems”** were the **second leading cause of disease for the 25-44 and 45-64** age brackets;

Pain has not been a national policy priority; however, it has a **major impact on the lives of Australians** and the healthcare system.

Source: AIHW (2022); *The National Strategic Action Plan for Pain Management*¹⁶

Osteopathy in the health policy context



*Australia's Primary Health Care 10-Year Plan 2022-2032*¹⁷ recognises that a greater focus on allied health is essential for reform and that new approaches are required to fund

patient-centred, team-based multidisciplinary care. The Strengthening Medicare Taskforce has also highlighted the shortcomings of the current fee-for-service healthcare model and the need to adopt alternative funding models.

The COVID-19 pandemic directed the government's attention to some of the inadequacies of the health system about pandemic responsiveness. At the same time, it revealed that improvements in the broader healthcare system, including managing chronic conditions, are also required. Comorbid chronic health conditions are a risk factor for severe COVID-19, and 72.7% of those who died of the

coronavirus in Australia up to 31 August 2020 had at least one pre-existing chronic condition listed on their death certificate¹⁸. The Australian health system now faces the new challenge of dealing with the burden of long-COVID. The Australian health system needs to be better equipped to manage the growing burden of chronic diseases and risk factors for other diseases. Establishing genuine collaborative care arrangements as part of the necessary multidisciplinary approach to the management of chronic disease will better equip the health system to meet the challenges.

The Chronic Diseases in Australia report¹⁹ highlighted the potential and still underutilised role of allied health professions in managing chronic and long-term conditions.

Coordinated healthcare that is sequenced and connected is critical. Further evidence explicitly supports using inter-professional teams for chronic disease management²⁰.

Allied health professions have an essential role to play in the delivery of preventive health care. Osteopaths are a valuable resource for providing health education and advice to patients, drawing on their skills in applying a biopsychosocial approach that includes considering various social determinants of health.

The Primary Health Care 10-Year Plan 2022-2032 and the National Preventive Health Strategy 2021-2030²¹ recognise the critical need to provide greater attention to preventive health care, to improve health outcomes and build a more sustainable health system. Allied health professions have an essential role to play in the delivery of preventive health care. Osteopaths are a valuable resource for providing health education and advice to patients, drawing on their skills in applying a biopsychosocial approach that includes the consideration of the various social determinants of health.

With the increasing focus on preventive health, improving access to preventive rehabilitation (pre-habilitation or “prehab”) within the health system must also be supported. Osteopaths have a significant role in managing musculoskeletal conditions and pain and are in a prime position to prevent unnecessary hospital presentations or admissions. Pre-habilitation focuses on reducing the risk of injury by improving strength, flexibility, and motor control in areas most vulnerable to injury. It is also used as a pre-surgical intervention for those requiring operations. Pre-habilitation initiatives are essential for improving postoperative outcomes and have the potential to significantly reduce the length of hospitalisation, thus reducing direct hospital costs and other indirect costs. Rehabilitation and pre-habilitation are areas where osteopathy can add value to a multidisciplinary team. Still, significant health funding and policy shifts are needed to enable affordable access to these services.

The Grattan Institute Report³ calls for radical reform to address the structural mismatch between Australia’s outdated primary care system and

the care Australians need. It emphasises that funding for more General Practitioners (GPs) will not work, arguing instead that general practice needs to become more of a “team sport”. A key recommendation of the report is to make funding available to enable more nurses and allied health professionals to use all their skills and share the patient care load with GPs, using a team-based workforce model to deliver best-practice care. Many allied health professionals including musculoskeletal professionals like osteopaths and physiotherapists, need to be more utilised. The Grattan Institute Report highlights the gap between physiotherapists’ contribution to patient care and what funding and policy will allow them to do. The arguments for a suggested enhanced role for physiotherapists to work within their domain of expertise as ‘first-contact physiotherapists’ apply equally to osteopaths, and the future role of osteopaths should be akin to the role suggested for physiotherapists, at least in treating musculoskeletal conditions. ‘First-contact musculoskeletal practitioners’ could greatly ease the burden on GPs, given that almost one in six GP visits are for a musculoskeletal issue²². Not only could osteopaths be enabled to directly provide diagnosis and treatment for musculoskeletal conditions without requiring GPs to make referrals, but they could also contribute more broadly to health promotion, prevention and chronic disease care, including patient education and support for self-management. The biopsychosocial paradigm that underpins osteopathy, combined with the experience of osteopaths working in interdisciplinary teams, means that osteopaths are well-placed to adapt to the reform agenda, focusing on improving access to high-quality, patient-centred, multidisciplinary care.

Key recommendations:

- The establishment of genuine collaborative care arrangements as part of the necessary multidisciplinary approach to the management of chronic disease;
- Establish allied health professionals as front and centre of preventative health care.

The role of osteopathy



The *Strategic Plan for the Osteopathy Profession 2030*²³ maps out some key directions for the rapidly growing osteopathy profession. It describes some opportunities for the profession

and identifies critical areas where support is required to enable osteopaths to work to their full scope of practice, continue to deliver effective quality care and sustain satisfying careers. Improving the understanding of the role of osteopaths in a variety of settings is an important strategic priority for advancing the profession. The *Strategic Plan for the Osteopathy Profession 2030*²⁴, highlights nine key areas that need improvement, including those outlined in Table 1 below.



Source: *Strategic Plan for the Osteopathy Profession 2030*

Key areas	Strategic drivers for change	Recommendations for the future
Technology	Advances in technology	Connected with technology
Education and careers	Limited complementary skills and career pathways	Diverse careers
Funding	Economic uncertainty and funding reform	An economical approach
Research	Evolving priorities and low funding	United research strategy
Regulation	Evolving consumer needs	Adaptable and responsive
Representation	Strategic thinking for opportunities ahead	Engaging the wider profession
Practitioner well-being	Lack of mentorship and professional identity	Developing and supporting new professionals
Patient experience	Evolving consumer expectations	An osteopathic and outcomes-driven approach
Stakeholder views	Manual therapy scope	Primary care focus

Table 1: Strategic drivers and recommendations for the future of the Australian osteopathy profession

The Strategic Plan for the Osteopathy Profession 2030. This paper recommended a future focus on:

- **Better connection with technology:** inclusion of telehealth capabilities and My Health Record compatibility into practice management software programs will enable the profession to deliver services remotely and liaise more effectively with other healthcare professionals;
- **Diverse careers:** a wider breadth of career pathways will strengthen and diversify the profession across the healthcare landscape, allowing complimentary skillsets to develop among practitioners and reducing professional attrition;
- **An economical approach:** emphasising the economical and sustainable practices of the profession will secure government/third-party funding and strengthen the profession against funding reforms;
- **A partner in research:** a united and collaborative research strategy will strengthen the evidence base for the profession and help increase outputs in high priority areas;
- **Adaptable and responsive:** flexible care delivery models and scope to manage new and emerging healthcare priorities will secure the profession's longevity;
- **Providing consumer value and benefit:** promoting a positive clinical experience where principles of osteopathy guide the approach to patient care and positive/timely clinical outcomes are prioritised will engage future consumers;
- **Primary care focus:** functioning within its manual therapy skillset and embracing the full capabilities of their training in a primary healthcare role will strengthen operating at the top of the scope of practice of the osteopathy profession in the eyes of consumers, peers, regulators, and funding bodies. Osteopaths are educated about imaging at a university level²⁴.

Limited information was available regarding the profile and clinical practice characteristics of the osteopathy workforce in Australia. To remedy this, Osteopathy Australia funded an independent workforce analysis from the Osteopathy Research and Innovation Network (ORION) project that achieved a profession-wide response rate of 49.1%²⁵.

In their daily practice, osteopaths typically assess, differentially diagnose and grade musculoskeletal injuries, presentations and concerns and develop intervention plans. They use a whole-body approach, often called the biopsychosocial approach, when assessing the cause of injury, pain or illness. Osteopaths reflect on and manage the interaction of the physical, mental and social factors that may be affecting a person's health and well-being.

Osteopaths have a valuable role in managing many chronic conditions, particularly in providing care to those with neuromusculoskeletal conditions. Increasingly, GPs are seeing the utility of having osteopaths work with them for CDM Program patients and strong local working relationships are being developed. Low back pain, a leading cause of disability worldwide, is one of the main reasons clients seek the services of an osteopath, who employs a biopsychosocial approach to managing low back pain episodes to reduce the likelihood of ongoing problems. After directly consulting with osteopaths, the Australian Commission on Safety and Quality in Health Care published the Low Back Pain Clinical Care Standard²⁶, which received an endorsement from Osteopathy Australia.

Osteopaths are eligible treatment providers in all state and territory workers' compensation and motor vehicle accident schemes. Osteopaths are also eligible to provide services to Australian war veterans and recipients of aged care funding via the Department of Veterans Affairs (DVA).

While most osteopaths work as primary care providers in private practice settings, they may also work in multidisciplinary medical/health clinics, rehabilitation clinics, aged care facilities, professional sports clubs, government bodies, chronic pain management settings, the hospital setting, and research institutes. The ORION data²⁶ noted that GPs are the most common health professionals to whom osteopaths send referrals (88.5%) and the most common health professional from whom osteopaths report receiving referrals (89.3%). Osteopathy Australia has established Extended and Advanced Practice pathways to acknowledge the high-level skills attained by some members in certain areas of expertise.



Pain management

In addition to delivering primary care in the neuromusculoskeletal space, some osteopaths work more intensely in one or more of the following focus areas:

- Persistent pain is a major health problem affecting at least one in five Australians⁵;
- Chronic pain is a specific area where osteopaths trained in musculoskeletal disorders can contribute to providing more cost-effective quality health care, with 26% frequently undertaking specific pain counselling with consumers/patients²⁷; Using a biopsychosocial approach, osteopaths can contribute to the multidisciplinary, patient-centred assessment and pain care and support services that consider the health and well-being of the whole person;
- Osteopaths may reduce the burden of persistent pain by identifying early signs and risk factors and delivering appropriate pain management interventions that avoid over-reliance on analgesics;
- Osteopaths understand physical health problems significantly increase the risk of developing mental health problems, and vice versa, demonstrated by nearly one in three people with a long-term physical health condition also having a mental health problem, most often depression or anxiety;
- Likewise, the prevalence of chronic pain is higher in those with other chronic diseases, than in those without. Osteopathy, with its whole-person, biopsychosocial approach has always addressed such linkages;
- Osteopathy Australia published a series of quality practice frameworks, including one relating to pain management²⁷.

Sports injury and performance management

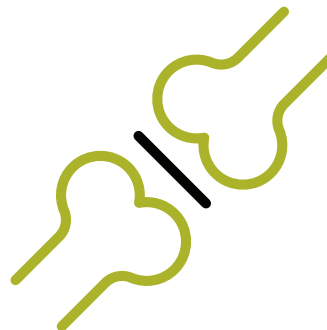
- Australia has a strong sporting culture, yet physical activity levels are low. Promoting participation in sports and increasing physical activity levels are important aspects of the National Preventive Health Strategy 2021-2030, which recognises the benefits to physical health and mental well-being that derive from increased physical activity;
- While osteopaths, in general, may promote physical activity as part of the education provided to patients, osteopaths working in this area have additional skills in managing sports-related clinical concerns and apply their knowledge of factors relevant to specific sports requirements to minimise the risk of injury and support optimal performance;
- Osteopaths with Advanced Practice recognition in sports management are consulted by players, athletes and teams in a primary sport to address injury and/or performance concerns. Their capabilities move beyond returning injured players to sporting activities and toward conditioning and capability management. They have the knowledge and clinical skills to stabilise, manage and improve elemental and specific performance abilities or remove barriers to performance and reduce injury risk in a particular sport;
- Osteopathy Australia has published a quality practice framework for sports management²⁸.

Occupational health

- Safe Work Australia data shows that over 120,000 workers are compensated for a serious work-related injury or illness each year²⁹;
- In 2019-20, 88% of serious claims were for injuries and musculoskeletal disorders, with 40% of these claims for joint, ligament, muscle, and tendon injuries³⁰;
- ORION data³⁰ indicated that 51% of osteopaths frequently focused on occupational health related consumers and 49% on stress management;
- Work-related musculoskeletal disorders account for a significant economic burden, and the impacts on individuals and society are extensive. Workforce participation is a key determinant of health, welfare, and well-being. It also facilitates belonging, community participation and purpose. Conversely, workforce absence is detrimental to psychological, social, physical and emotional well-being. Osteopaths work as workplace rehabilitation consultants within an approved workplace rehabilitation provider, providing a range of prescribed workplace rehabilitation services such as functional capacity assessments, workplace assessments and rehabilitation management;
- Osteopaths are eligible to provide rehabilitation services under all state and federal workers' compensation schemes;
- Osteopathy Australia has a published quality practice framework related to occupational health³⁰.



In 2019-20, **88% of serious claims** were for **injuries and musculoskeletal disorders**



with **40% of these claims** for **joint, ligament, muscle, and tendon injuries**³⁰

Disability

- Osteopaths work with people living with functional impairment and disability across the age spectrum, providing outcomes-focused support for early development, help build functional capacity, and improve independence across many activities of daily living and associated with social and community participation;
- Osteopaths working in disability focus on conducting functional assessments to understand the individual's needs and strengths, using these to develop capacity-building programs that support the participant to work towards their goals;
- In the 2022 Osteopathy Australia Membership Survey, just under 40% of osteopaths indicated that NDIS participants were currently accessing their services³¹;
- Osteopaths draw on a wide range of tools and techniques, including manual techniques to assess and improve function, exercise prescription, supported exercise programs, advice and education. By using these techniques, osteopaths seek to enhance a person's:
 - Mobility skills
 - Physical coordination and movement integration
 - Fine and gross motor skills³²
 - Muscle control and tone³³
 - Posture and body weight distribution
 - Gait
 - Overall physical function
- Osteopaths use manual techniques to support movement and function as part of a broader capacity-building program, where required to ensure that the participant can continue to undertake exercises and functional activities. Manual therapy is well-established as a means of increasing neurological and motor function in some conditions, such as Parkinson's disease. It may be used as a complement to movement-based approaches³⁴,
- Supported exercise programs are commonly provided as a precursor to independent exercise programs and participation in functional activities. They encourage the person to safely develop strength, balance, and other forms of functional capacity in support of their activities of daily living and goals;
- As registered health professionals under the National Law, osteopaths ensure that they not only focus on the functional and participatory goals of participants but also on the health and well-being of the person. Where necessary, osteopaths can deliver or refer people to health services funded outside the NDIS;
- The biopsychosocial approach utilised by osteopaths integrates the functional needs of a person, their family and carers. It considers how good outcomes can be supported or maintained across life domains and life transition points. Osteopaths maintain links to health, lifestyle, well-being and recreation providers, extending the continuum of services available to people living with disability in the community;
- NDIA planners and other intermediary roles involved in supporting access to NDIS support poorly understand the role of osteopathy and the support it can provide to participants when helping to achieve their functional goals. Many participants have been misinformed by planners, support coordinators, and plan managers that osteopathy cannot be funded under the NDIS. The NDIS must recognise the skills and expertise of osteopaths, the need to improve access to a qualified workforce, and most importantly, the rights of NDIS participants to exercise choice and control about who may deliver the reasonable and necessary support they need;
- The NDIS is consumer driven. However, the guidelines that control them are not. Consumer choice in preference for the model of musculoskeletal care or disability provider is important to consider when providing services to NDIS participants.

Aged care

- People aged 65 years or above are Australia's fastest growing demographic; by 2030, older adults will comprise more than 20% of the population. Those aged 85 years and over are the key recipients of aged care services, and this population is forecast to grow by an average of almost 6% per year between 2020 and 2066³⁵;
- 57% of osteopaths reported frequent clinical management of older people (65 years and over)³⁶;
- Older adults are prone to frailty and co-morbidities that impact their independence and well-being, and activities of daily living can become increasingly difficult to perform without assistance or supervision for safety;
- One of the critical drivers of avoidable hospitalisations across residential aged care facilities is falls or fall-related injuries³⁶. The use of allied health care, particularly osteopathy, may assist in the prevention and early intervention and avoid falls;
- Elderly patients may present with multiple co-morbidities that are often chronic. The symptoms may originate from various conditions, so the needs of elderly patients are often very complex to understand. The osteopathic whole-person approach to assessment is extremely valuable in identifying impairments and establishing appropriate treatment to target these impairments to improve function and relieve pain. Osteopaths have the skills to provide expert hands-on treatment, educate their clients, and prescribe appropriate exercise and other interventions based on their assessment findings;
- Pain management is an important area where osteopaths can assist older Australians. Osteopaths have the skills to provide safe manual therapy as a form of non-pharmacological pain management in relatively uncomplicated care settings. Older Australians often take multiple prescribed and non-prescribed medications when there are alternative approaches to pain management available;
- Fall prevention is another critical aspect of aged care, and osteopaths working with older Australians typically aim to prescribe safe exercises to keep them moving to help minimise the risk of falls;
- Osteopaths have been providing services to recipients of aged care funding as part of multidisciplinary teams for many years. Recent changes to the funding of residential aged care with the introduction of the Australian National Aged Care Classification (AN-ACC) funding model have presented many challenges for the general delivery of allied health services. The Royal Commission into Aged Care Quality and Safety found that allied health services were undervalued across the aged care system³⁷ and that the average aged care resident received only 8 minutes per day of allied health care³⁸. The developers of AN-ACC subsequently recommended that an average of 22 minutes of allied health care per day should be the target to meet the needs of residents, yet worryingly, by June 2022, the reported average daily allied health care provided had slumped to a mere 5.07 minutes per day³⁹;
- As part of a primary health care team, osteopaths can help older older Australians requiring assistance with mobility, pain and cognition to continue to live independently in their own homes or comfortably in supported accommodation. The government must provide adequate funding for allied health to enable osteopaths and other allied health practitioners to function effectively across aged care settings;
- Beyond primary practice care for older Australians, an increasing number of osteopaths work in aged care facilities and home care. Osteopathy Australia recently updated and published its quality practice framework in aged care⁴⁰.

Women's health

- Osteopaths can play an important role in the care and support of female specific health issues, with large numbers of women regularly consulting an osteopath for a range of musculoskeletal care needs. In response, many osteopaths are dedicating their practice to this area and undertaking additional post graduate tertiary study and professional development in women's healthcare to provide evidence-based quality care.
- Osteopaths can act within a wider multidisciplinary healthcare team, providing a wide range of support during the pre-conception, pregnancy, and post-natal stages. Examples of how an osteopath can assist include:
 - Osteopaths will assess for and identify musculoskeletal movements and postural or positional issues that may impact the body's capacity to carry a child, or that may affect the birthing process.
 - Osteopaths will use exercise programming, positioning advice, movement options, and other non-pharmacological approaches to support their clients during the pregnancy phases. Support includes pelvic floor management, load management, and comfort. They will also help identify areas needed for external referral.
 - They may develop management plans that consist of exercises, movement-based approaches, manual therapies, and general lifestyle advice to help prepare the body for the birthing process.
 - Further, osteopaths can continue to support clients after giving birth by assessing weakened areas and any traumas sustained, then developing management plans to strengthen and condition the impacted areas.
 - Osteopaths may help to improve the function of the pelvic floor and screen for issues at all stages of pregnancy and post birth, referring to other healthcare providers as appropriate.
- Osteopaths can also work within wider healthcare teams to support and help manage a range of women's health conditions, including endometriosis, breast cancer, general pelvic health, and lifestyle concerns.

Key recommendations:

- Improving the understanding of osteopaths roles in various settings, including technology, education and careers, funding, research, regulation, representation, practitioner well-being, patient experience, women's health and stakeholder views;
- Increasing the use of manual therapy techniques to support movement and function as part of broader capacity-building programs for people with disability;
- Increasing the use of allied healthcare, particularly osteopathy, for fall prevention in aged care settings.

Current barriers and areas for opportunity to increase scope of practice



Osteopathy Australia aims to raise overall awareness of the profession and increase the utilisation of osteopathy. A vital component is promoting greater awareness and understanding of an osteopath's full scope of practice among health professionals, government and other funding bodies, and service providers in the health and disability sectors. However, a range of barriers also inhibit the effective utilisation of osteopathy, which are covered below.

Shortcomings of the Chronic Disease Management (CDM) Program



Increasingly, GPs are seeing the utility of having osteopaths work with them to manage Chronic Disease Management (CDM) patients, and strong local working relationships are being developed. However, the CDM plan only provides patients with access to five Medicare-funded allied health sessions per calendar year to be used across all allied health professions.

This limits the impact osteopaths and other allied health professionals could have on the management of chronic disease. With access to MBS-funded allied health services so heavily restricted, patients inevitably face substantial out-of-pocket expenses, and many cannot afford to pay for the services they need.

The introduction of an initial assessment appointment for allied health professionals providing services under the CDM program would ensure that patients receive more comprehensive care and that the professionals providing this care are better compensated for their work. Both recommendations were presented in the Medicare Benefits Schedule (MBS) Review Taskforce paper in 2019 but have not been adopted so far.

Key recommendations:

- Reduce the MBS related restrictions on patients accessing osteopathy services.

Increasing diagnostic imaging rights



Expanding osteopaths diagnostic imaging referral rights with the MBS could lead to substantial economic and time savings within primary care.

While osteopaths can currently refer patients for hip, pelvis and spine imaging, patients will either need to attend a GP consultation for a referral or present to the emergency department for any other imaging. These options present considerable economic and physical burdens to

the health care system and the individual patient with the duplication of services and will create a slower patient journey, which may encourage poorer health outcomes.

Expanding osteopaths referral rights to include referrals for imaging extremities as clinically appropriate will reduce the capacity burden on general practice and hospitals, reduce economic wastage, and facilitate better health outcomes.

Providing osteopaths with the ability to make direct referrals to musculoskeletal specialists such as orthopaedic surgeons in the case of acute or serious injury, where there are clear signs of nerve pain or damage, or where the clinician suspects serious pathology of the neuromusculoskeletal system will likewise provide benefit to the healthcare system and the patient. A change to the MBS requirement for a GP referral would allow allied health professionals to directly refer to the most suitable medical practitioner (e.g., orthopaedic surgeons, rheumatologists and sports physicians) and would be safe and cost effective, and reduce red tape for patients, allied health professionals and GPs. Allowing allied health professions to directly refer patients to suitable medical specialists while keeping GPs informed would enhance the health system's efficiency, cost effectiveness and simplicity, ultimately improving the patient experience. This approach would also have the advantage of relieving GPs of some of the administrative burden associated with being the central care coordinators. GPs should be informed about their patient's care across primary, tertiary and social care settings. When members of the collaborative healthcare team work together with professional respect to deliver patient-centred care, GPs do not have to facilitate access to each required service individually.

Key recommendations:

- Expand the referral rights for osteopaths within diagnostic imaging.
- Provide osteopaths with the right to refer patients to specialists as clinically appropriate and within their scope of practice.

Occupational/workplace rehabilitation



Workplace rehabilitation is still an emerging market for the profession, with osteopaths recently being granted the ability to work as consultants providing workplace rehabilitation services under the Victorian, New South Wales, Queensland, Tasmanian and Comcare schemes. However, we still need to do more work to create consistency in eligibility across this sector nationwide.

Having osteopaths nationally accepted as allied health professionals able to provide workplace rehabilitation services will ensure a broader supply of appropriately trained and regulated professionals. An enhanced supply of service providers will help facilitate timelier and more efficient client management, improving health and workplace outcomes.

Increasing worker's compensation efficiency



Osteopaths are integral to state and territory worker's compensation schemes, providing essential care to injured workers. Optimising the full scope of an osteopath could help relieve the burden on the existing workforce and strengthen consumer access to care. For example, in all states and territories except Victoria and New South Wales, an injured worker requires a referral from a GP before they can consult an osteopath. Removing this administrative hurdle will streamline the compensation process, reduce costs, and ensure an injured worker receives appropriate care quickly. Further examples of where osteopaths could be better utilised are in WorkSafe Victoria's Early Intervention Physiotherapy Framework (EIPF), which is currently only open to physiotherapy. The EIPF is a service model that promotes the importance of early treatment as a facilitator for returning to work and achieving positive health outcomes. The only additional requirement for those working in this program is to undergo a training program and provide services in line with the Clinical Framework for the delivery of health services. This means osteopaths could easily be integrated to expand the program's scope and enhance its effectiveness.

Key recommendations:

- Reduce administrative restrictions placed on osteopaths so they can provide more timely and effective care.

Aged care and the NDIS



In the aged care and disability sectors, providers generally do not understand osteopathy and its benefits. This lack of understanding is because osteopathy is a less familiar allied health profession; many providers need to be made aware that osteopathy services can be delivered under the aged care and NDIS schemes. A significant risk exists that a lack of awareness about the scope of osteopathic practice will lead to the exclusion of osteopaths from providing services in aged care and the NDIS. This scenario has already played out with many NDIS participants having their osteopathic services rejected by the agency, removing the participant's right to choose and ignoring their lived experience of positive outcomes. There is a need to raise the profile of osteopathy with providers and funding bodies, and the solution may be to establish Extended and Advanced Practice pathways in these areas.

In several areas, osteopaths could readily identify how osteopathic training equips them to perform specific roles. Mapping course curricula and CPD training to particular role requirements would be beneficial. In instances where osteopaths as a profession have been excluded from delivering certain types of services, providers and funding bodies must be encouraged to look at the individual scope of practice for osteopaths who have undertaken relevant additional training.

Department of Veterans Affairs (DVA)



Osteopaths working within the DVA scheme are currently limited to treating conditions concerning the musculoskeletal system and can only do so under GP referral. This limitation means that osteopaths who have undergone additional training cannot provide a broader range of services, such as osteopaths who have become accredited providers of lymphoedema services. Further, DVA is very restrictive in that providers can prescribe specific assistive technology irrespective of that practitioner's scope of practice.

Veterans cannot claim osteopathy and physiotherapy services for the same condition or the same day as exercise physiology for the same issue. DVA should acknowledge that these allied health services can complement each other as part of multidisciplinary care. These rules can negatively affect veterans, especially those in rural areas who need to travel great distances for care and prefer scheduling same-day appointments. DVA also prevents allied health practitioners from charging veterans any gap fees, and given that there has not been a sufficient increase in fees over the past 10 years to keep pace with inflation, many osteopaths decide that it is not financially viable to provide these services. These restrictions also encroach on the individual's choice of which services and from whom they receive them.

Key recommendations:

- Allow osteopaths to work at the top of their scope;
- Enable veterans to access multiple allied health services in one day;
- Raise the profile of osteopathy with NDIS providers and funding bodies.

Raising awareness of osteopathy and building the evidence base



There is a strong evidence base for the primary interventions (exercise prescription, needling, health promotion, patient education and manual therapy) used in the management of CDM patients by osteopaths and other allied health professionals. These interventions have often shown to be at least as effective as some orthopedic surgical options and at a fraction of the cost. These interventions have still not been funded or supported. There should be dedicated research funding for musculoskeletal health, given that musculoskeletal conditions are the leading cause of disability globally. Research into primary care interventions could be aimed at prevention of hospital emergency department presentation or ward admission and/or readmission. We already know that rehabilitation is often a much better alternative than knee arthroscopy or spinal fusion surgery, which costs far more than a program of physical rehabilitation^{41,42}. The benefits of pre-habilitation could also be examined in a research program to determine how primary care and conservative management of musculoskeletal conditions can positively impact hospital costs. There should also be a commitment to implementing the findings of such research if it shows significant cost savings for the hospital system.

Key recommendations:

- Dedicated research funding for musculoskeletal health;
- A commitment to implementing the research findings and showing the cost-benefit savings to the hospital system.

Conclusion

Osteopaths play a significant role in providing treatment and management plans to help regulate pain and injury⁴³. Osteopaths can help to address the challenges of a growing burden of chronic disease, an ageing population, inadequate workforce development, and various equity issues in the current Australian healthcare system.

Appendix A makes several key recommendations that provide solutions to implement osteopathy in the Australian healthcare sector. We have formulated these recommendations to help address some barriers experienced across the health sector.



Appendix A: Key recommendations

Recommendations (Figure 2):

1. Osteopaths treat the population suffering from musculoskeletal conditions and chronic pain;
2. Introduce an effective system to manage preventative health for musculoskeletal conditions;
3. The establishment of genuine collaborative care arrangements as a part of a multidisciplinary approach to the management of chronic disease;
4. Allied health professionals should be acknowledged and frontline workers when it comes to preventative health care;
5. Improve the understanding of an osteopath's role in various settings, including technology, education, funding, research, regulation, representation, practitioner well-being, patient experience and stakeholder views;
6. Acknowledge the use of manual therapy techniques to support movement and function as part of a broader capacity-building program for people with disability;
7. Incorporate allied health care professionals, particularly osteopathy, for fall prevention in aged care;
8. Reduce the MBS related restrictions on patients accessing osteopathy services;
9. Expand the referral rights for osteopaths within diagnostic imaging;
10. Provide osteopaths with the right to refer patients to specialists as clinically appropriate and within their scope of practice;
11. Recognise osteopaths nationally as allied health professionals able to provide workplace rehabilitation services;
12. Reduce administrative restrictions placed on osteopaths so they can provide more timely and effective care;
13. Enable veterans to access multiple allied health services on one day;
14. Raise the profile of osteopathy with NDIS providers and funding bodies;
15. Allow osteopaths to work at the top of their scope of practice;
16. Enable veterans to access multiple allied health services on one day;
17. Establish dedicated research funding for musculoskeletal health;
18. Commit to implementing the research findings and showing the cost-benefit savings to the hospital system;
19. Ensure that access to services under the CDM program be based on patient need, rather than being capped at a set number of services, and that this is supported through adequate funding (e.g. through block or blended payments);
20. Allow direct referral from osteopaths to an appropriate, limited range of medical specialists (i.e. orthopaedic surgeon, rheumatologist) to be supported to improve efficiency and patient experience, with costs being offset by a reduction in GP consultation fees;
21. That osteopaths be allowed to make direct referrals for simple X-rays or ultrasounds on musculoskeletal issues beyond the spine and for a limited range of musculoskeletal MRIs within their scope of practice;
22. The various third-party funding schemes allow osteopaths to work to their full scope of practice;
23. Review and update the osteopathy curricula and professional development training programs to diversify career pathways for osteopaths and meet workforce demands. This may involve adding optional units in various interest areas to the pre-professional curriculum, offering multidisciplinary care placements in diverse settings, and providing postgraduate training in emerging fields such as aged care, disability, and occupational health. Additionally, more research funding should be allocated to evaluate the effectiveness of osteopathic interventions.
24. That increased research funding be made available for evaluating osteopathic. Specific areas of osteopathy care that may benefit from research funding include chronic disease, conditions or pain, plus the cross over with musculoskeletal health and impact on health, mental health and well-being.
25. Osteopaths should work with GPs, nurses and other allied health professionals to inform them about their patient's care across primary, tertiary, and social care settings.

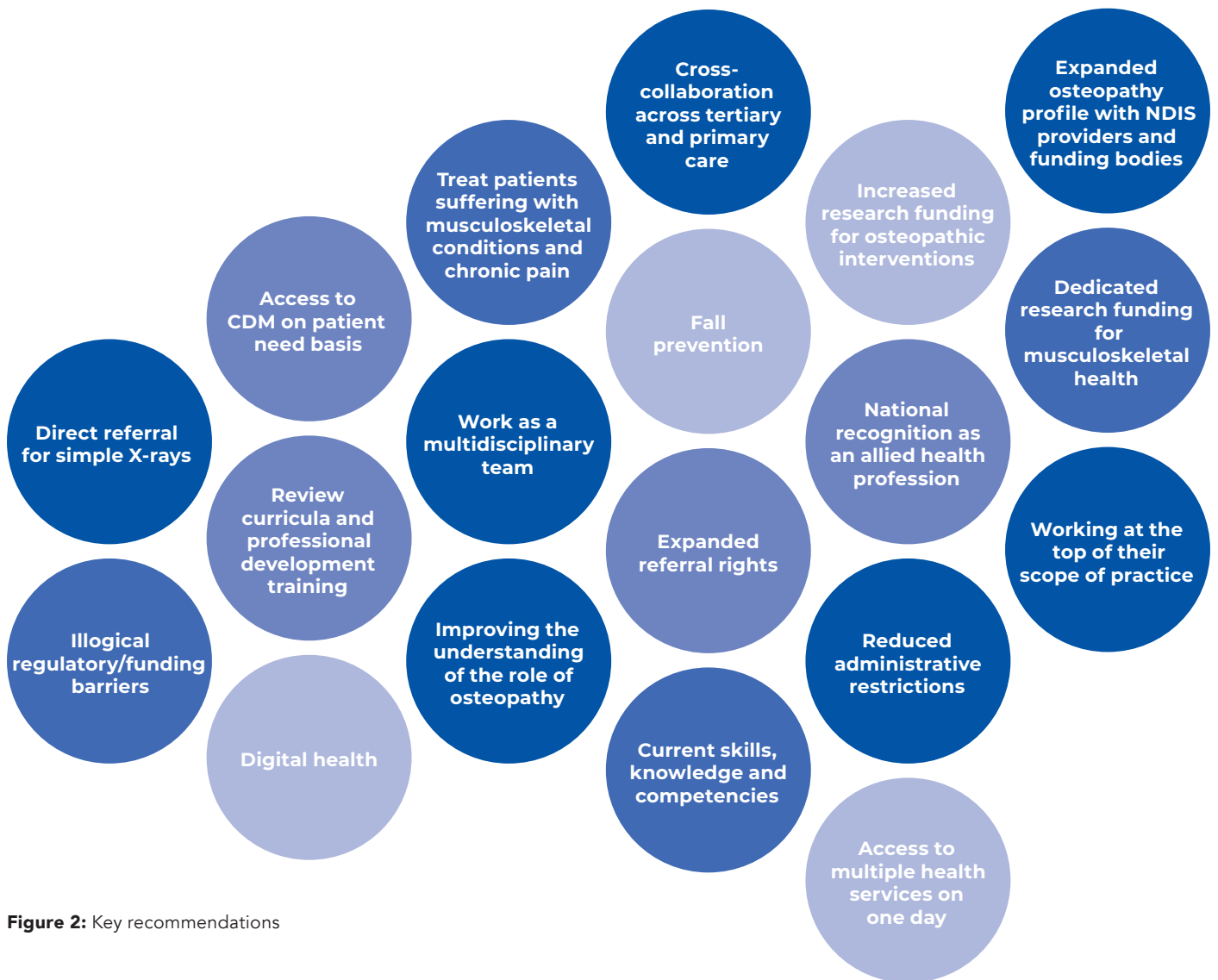


Figure 2: Key recommendations

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