

# The monthly publication for Osteopaths STEOPATHY to a v

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# Research at BCNO

Research: an essential activity

or over a decade, research has been an essential activity at the BCNO. The demands of degree validation in 1991 provided the catalyst to what was a previously desired, but only a partially fulfilled, aspect of the College mission statement. Ten years on research is a 'must do' part of the College portfolio of activities and can be subdivided into student directed research and Faculty led research.

The degrees currently offered by the College and validated by UoW have at their centre either a 10,000 word conventional dissertation based upon empirical research or a more innovative research paper which is orally presented and defended in conference format. Since degree validation nearly 500 student projects have been completed, many of which have added to the body of evidence supporting osteopathy as an efficacious mode of treatment. Some dissertations have won national prizes (Rebecca Burt 1995) whilst others have been presented to international audiences in conferences (Agust Karason, Hema Karnani, Tanya Lipman, Paul Hatton, Iona Bramati-Castellarin).

The purpose of student directed research is to embed in BCNO graduates the ethos of research and evidence-based medicine. The aim is that our graduates will continue their interest in research long after leaving the BCNO. The simplest benefit of undergraduate research allows tomorrow's osteopaths to be able to read articles and research papers critically - to know when research

methodology is flawed and to appreciate the interpretation of good data. The long awaited Continuing Professional Development initiative by the GOsC will probably contain a knowledge updating component within the CPD framework. Even if this is all a new practitioner achieves (research wise), there will be a benefit to practice and patients by embracing new developments and trends. However for those with the desire to progress further, the attraction of MPhil/PhD registrations are now open and available and so lead the profession into new areas of post-graduate education.

For a number of years all full-time and full-time equivalent Faculty at BCNO have been encouraged to participate in some form of active research. To enable research to be a vital part of the undergraduate process (required to maintain honours level worthiness), a significant proportion of staff need to be 'research active'. Osteopathic Institutions are some way off being able to use the same definition of 'research active' as Universities do, but it is the desired aim of the BCNO to bring all of it's full-time and full-time equivalent staff into this category. There are two reasons for this. If students are being supervised in their research activities they deserve the best supervisor possible and that means supervisors with current research experience available on a day-to-day basis. The second reason has much wider implications for osteopathy. The University sector, to which all institutions belong, has for years been seen as the centre of independent research - the places where research directions can be followed irrespective of the outcome good or bad. It becomes, therefore, a major role that all Osteopathic Educational Institutions must play and not left for a minority to engage in. BCNO staff are supported in various ways to be active in research (e.g. ICAOR 2002 where five staff were fully paid to attend and present). The research that BCNO staff engage in is always clinical in nature but does not necessarily

## By Dr. Nick Walters

involve direct osteopathic intervention.

All clinical research benefits a clinical subject and osteopathy needs both osteopathic and non-osteopathic research to strengthen its evidence base. An example of these are the longitudinal studies into Osteoporosis risk factors that a team at BCNO have been involved in. For the past four years the team has made two presentations per year at the prestigious American Society of Bone and Mineral Research Conference. The benefits of this activity are that our knowledge of Osteoporosis can be incorporated into treatment plans of those at risk. Low back pain is a common presenting feature of Osteoporosis patients and it is appropriate that we should direct our attentions to this condition.

The BCNO has, over the last three years, established a relationship with the West London Research Network (WeLReN) and NHS funded primary care research body. The Network covers most of the North and West London GP practices and as well as sponsoring and funding research initiatives it runs training courses and seminars at the Department of General Practice & Primary Healthcare, Imperial College School of Medicine. The aim of the network is to foster pragmatic applied research initiatives within primary healthcare and to develop interprofessional relationships.

Within the network there is acknowledgement of the huge health and social problems created by low back pain and the difficulties in the management of chronic low back pain within a general practice.

In recognition of this, WeLReN and the BCNO provided funding for a pilot study to evaluate the effect of an osteopathic intervention (at the BCNO clinic) on chronic low back pain (LBP) in comparison to 'usual NHS care'. This pilot study indicated that there appeared to be an appreciable benefit from an osteopathic intervention, in spite of considerable chronicity of symptoms amongst the subjects.

### FEATURE

A large number randomised controlled trial has been proposed to test the hypothesis that, in chronic LBP, an osteopathic intervention is better than 'usual general practice care' in improving pain, reducing disability, and enhancing a sense of well-being.

It was recognised that the osteopathic treatment of an individual with chronic LBP is a complex intervention which is tailored to an individual rather than consisting of a standard protocol.

The study design therefore makes no attempt to restrict or confine the nature of the osteopathic intervention. Participants will be followed up by using self completed questionnaire assessments. These consist of a range of reliable outcome measures to evaluate the impact of intervention across a broad spectrum. These include, for example, measures of back pain and disability, general health, quality of life, health beliefs and self empowerment. The participants will be followed up at three, six and twelve months after randomisation. The research team have an application for funding pending with

the Arthritis and Rheumatism Research Council. The trial is due to commence in September 2002 with publication of results in 2004.

It is anticipated that the results of the study will add to the weight of available evidence and be of benefit to the osteopathic community at large.

Applied Physiology is at the heart of osteopathic treatment and it is appropriate that this should also be a focus of attention. In recent years presentations have been made at the World Congress of Sports Medicine and the American College of Sports Medicine. As this article appears, two staff from BCNO will be in Budapest presenting at the XXVII World Congress of Sports Medicine. In 1999 the BCNO decided (in the absence of any other suitable vehicle) to host the inaugural International Conference on Advances in Osteopathic Research. Many felt this a bold move and one doomed to fail as UK osteopathy was too immature and small to support it's own Conference. As ever, the 'proof of the pudding is etc. etc.' and, following the third very successful

Conference, the 4th ICAOR is being planned for London in April 2003. After widening the venue location to Australia (how much further can one go?) in February this year, advance planning of ICAOR5 is progressing a USA venue for 2004 and will be formally announced at ICAOR 2003. To date some sixty presentations have been made to an International audience via this ICAOR platform. Details of these and other presentations can be found on our website www.bcno.ac.uk/research.

The College remains fully committed to research and is working towards inter-disciplinary projects.

The GOsC gives support to this important aim and it is hoped that, together with interested individual osteopaths, the education providers can form centres of excellence for osteopathic research.

The College remains enthusiastic about the future and is willing to work collaboratively with others of similar interest. We look forward to further contact.

**Dr. Nick Walters**