A questionnaire to evaluate the Professional Field of Osteopathy in Austria Pilot study 2003

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Statement of Original Content

I, the undersigned Katrin Krönke, hereby declare that I have written the thesis "A questionnaire to evaluate the Professional Field of Osteopathy in Austria; Pilot study 2003", and that its content is original.

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Abstract

In Europe Osteopathy was unknown for a long time. Since 1991 it is possible to study Osteopathy in Austria at the Vienna School of Osteopathy.

The osteopathic profession is trying to establish itself in Austria.

For some years there have been efforts to standardise the osteopathy curricula and the professional work of osteopaths for all of Europe to ensure the highest possible standard for osteopathy.

To work out such standards there is need for an analysis of the status quo, a profile of the activities of the osteopaths practising in Austria must be examined more closely.

The following questions arise:

What is the position of osteopathy in the health care system in Austria?

Do the interviewed persons identify themselves with the osteopathic profession? How important is the official recognition of osteopathy in Austria for each and every osteopath?

It became necessary to find a method that allows to do research work concerning this professional field.

To record the described target of research empirically, to describe and to be able to check it, it seems to be sensible to develop a standardized questionnaire, because empiric material concerning the fields of profession of osteopaths holding a diploma in Austria does not exist within the framework of a quantitative interview.

The procedure of the making of the questionnaire is described and the way of data - collection.

The cooperation of the osteopaths was very good. 56% of the Questionnaires returned.

The interpretation of the data and the results are presented and will be helpful for the professional associations, the decision makers in healthcare and the educational institutions.

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1. Introduction

The modern osteopathic[1] practice originates from the thoughts of Dr. Andrew Taylor Still, an American, who had been educated according to the than usual medical science during the fifties of the nineteenth century in the Midwest.
(See Gevitz 1995)

> *As a holistic diagnosis and a way of treatment Osteopathy touches almost all medical fields. Osteopathy comprises special manual methods of diagnosis and therapy with the main emphasis on structural relationships and interaction of the various tissues. (Liem 1998, p. 6)*

Osteopathy offers the patient[2] - by means of the principle of its own and the philosophy on which it is based - a form of treatment which cannot be attached to any tendency of medical science. (See Gery 2000) The claim of holistic medicine to regard humans as a unit of body and spirit has been paid more and more attention during the 20th century. (See Eckler 2001)[3]
As a therapeutic tool Osteopathy fits the development of prophylactic and efficient methods excellently. It serves as an alternative as well as an addition to general medicine and offers good economic possibilities.
Since the nineties of the last century Osteopathy in Austria developed quickly and successfully. This success in Austria becomes visible almost a century after its foundation in the USA. (See Gery 2000)
So far, Osteopathy is a profession not widely followed. Worldwide approximately 40.000 members of the medical profession are bearers of the title Osteopath.
(See Cameron 1998)

The practice of Osteopathy or osteopathic medicine varies considerably. (See

[1] Osteopathy consists of the words osteon and pathos. The bone was the starting point from which the origin of pathological conditions should be explained.(See Still 1891) That is why Still connected the words osteon and pathos and created the term Osteopathy.
[2] The terms related to persons used in this thesis like “patient” comprise women and men to the same extent.
[3] According to the study “Acceptance, utilization and success of alternative treatment in Austria” (Millwitsch 1999) around 41% of Austrians are basically open to alternative methods, around 30% were cautious/sceptic and circa 27% disapprove of alternative methods.

Fielding 1995, Gevitz 1982,1994, Webb 1977, Turner 1996)

Also the fields of activity vary considerably. The practice of Osteopathy in Australia and the USA is influenced by the following facts according to Cameron (1998): social aspects, law, education and connection with other occupational groups.

The education of osteopaths changed in the course of osteopathic history. The occupational group of osteopaths nowadays consists of therapists with a variety of academic titles. The instruction-period varied worldwide and takes between three and six years as a part time or a fulltime study. The basic needs for these programs differ from country to country. (See Cameron 1998)

To Cameron (1998) the osteopathic training in many regions already offers insight into the practical experience to be expected. He lists studies from Japan, New Zealand, the United Kingdom, Belgium and France.

In all German-speaking countries Osteopathy was unknown for a long time. Only since 1991 it is possible to be trained at the International School for Osteopathy. (See Ligner, van Asche 1993)

The Viennese School for Osteopathy (WSO) was created in cooperation with the College International d´Osteopathy (C.I.D.O.) in St. Etienne, France.

For 25 years the osteopaths try to attain a legal status in cooperation with their professional organisations. The European Union commits itself to a process of harmonizing the status of alternative medicine thus emulating England, where Osteopathy is already acknowledged. (See Osteopathy-france.net downloads 13.12.2002)

The European Parliament has requested from the European Commission to commit them in the process of acknowledgment of alternative medicine, to which Osteopathy belongs. They should take appropriate measures to advance the constitution of a committee. The direction of the European Union is clearly defined: The member-states must be convinced to handle the topic openly but also to act according to rules. Since then some member-states started a process for establishing international rules for alternative medicine. (See osteopathy-france.net downloads 13.12.2002)

For some years, there have been efforts to standardise the Osteopathy curricula and the professional work of osteopaths for all over Europe to ensure the highest possible standard for Osteopathy.

To work out such standards we need an analysis of the status quo. The professional profile of the practicing osteopaths in Austria must be analysed to answer the following question:

> ***What is the position of Osteopathy in the health care system in Austria?***
> ***Do the interviewed osteopaths identify themselves with the osteopathic profession?***
> ***How important is the official recognition of Osteopathy in Austria for each single osteopath?***

Beside the description of the statistics relations between the primary profession and different variables will be analysed.
As there is no scientific research about this subject in Austria, it became necessary to find a method that allows to research into this occupational field.
Target of this thesis is to research the occupational field of Osteopathy in Austria.
The study presented here shows that opinion research is the best means to get the necessary information.
This thesis serves as a documentation[4] of the process, the presentation of the results and their interpretation. There will be an overview of the methodical basis of the development of the questionnaire, the structure of the questionnaire and the pretest.
Hopefully, the interpretation of the data and the results will be helpful for the professional associations, the decision-makers in healthcare and the educational institutions.
I aim at showing the competence and qualification of this health profession to create better teamwork.

[4] "Excellent execution concerning opinion research requires that the method of the research is clear or that they are reported in detail, so that their repeated use by other researchers is possible!" (Kaase 1999 p. 136)

1.1 The History of the Profession Osteopathy

Still, who is regarded as the founder of Osteopathy**,** acquired a great part of medical Knowledge watching the work of older experienced medical doctors. After the death of two of his children Still doubted the medical practice of his time and lamented that many of the drugs prescribed were either dangerous or ineffective. (See Cameron 1998)

Searching for a efficient remedy Still worked with multiple alternative therapies: homeopathy, eclecticism (a method founded by Beach where local plants were used to heal specific symptoms), setting of bones (antecedent of modern orthopaedics and manual medicine), healing by magnetism. (See Cameron 1998)

Gevitz reported in his book published in 1982 that Still called himself the “enlightened setter of bones” and worked as a wandering doctor in the region of Kirksville, Missouri during the eighties.

Still´s main interest was the significance of the mobility of the body in illnesses. 1889 he established the term Osteopathy to describe his new form of medical treatment. (See Cameron 1998)

He stated that a disharmony of the bodily mechanisms impairs the structure of tissue concerned as well as the functions of the inner organs – over vascular and nerve cords. It is therefore possible not only to improve local disorders by relaxing joint-blocks but also functional disorders of other parts of the body. (See www.wso.at downloads 13.12.2002)

The Osteopathy proclaimed by Still was a manual form of therapy, the mechanical structure of the body and connected with it the science of anatomy were emphasised. (See Cameron 1998)

In the course of time other methods emerged based on Osteopathy like Chiro therapy and Manual Therapy. (See www.wso.at downloads 13.12.2002)

In the year 1874 Still published his philosophical and practical basis of Osteopathy for the first time. (See Liem 1998)

The formal osteopathic training was also started by Still in 1892 through the foundation of the American School of Osteopathy (ASO) in Kirksville.

Graduates of the ASO received the title Doctor of Osteopathy (DO) and were encouraged to consider themselves equivalent to medical doctors. (Still 1892)

This was criticized by the traditional medical profession. Some ASO graduates

including the son of the founder were sued for “practising without a license. The accusation was dropped when it became clear that the therapy had a positive effect on the patients (See Gevitz 1982)

It was a challenge for Osteopathy to define its field of competence. Osteopathy developed slowly in the course of time and formed a wide range of possibilities for application in the clinical routine. By 1929 studies in pharmacology, surgery and midwifery were part of the curriculum.

This curriculum reduced the time planned for the studies in osteopathic manipulative medicine.

The perception of American Osteopathy changed gradually. Osteopaths across America claimed the rights of practice in the same way that graduates of colleges for traditional medicine could.

Between 1930 and1960 Osteopathy concentrated on improving the standard of training to acquire the same professional standing as the traditional medicine. In 1973 all federal states of the USA allowed the graduates of the College of Osteopathic Medicine (COM) an unlimited licence and thus acknowledged the osteopathic training as comparable and equal to the traditional medical education. (See Gevitz 1982)

In former times Osteopathy graduates were Doctors of Osteopathy when they were trained in the USA (See Gevitz 1982), or received the title Diploma of Osteopathy when they graduated in other countries. (See General Council and Registration of Osteopaths, 1996)

J.M. Littlejohn made Osteopathy popular in Europe, the first European school of Osteopathy was founded in England in 1917: “The British School of Osteopathy” (B.S.O.).In 1945 a small group of osteopaths left the B.S.O. because against the wishes of the majority of B.S.O. members they wanted to develop a further approach towards medicine and planned to make their way under the leadership of Littlejohn. This new school was the “British College of Naturopathy and Osteopathy” (B.C.N.O.). Other European countries followed later founding training centres, first amongst them were Belgium, the Netherlands and France. (See Ligner 1993)

In 1957 under the leadership of Paul Geny the “Ecole Francaise d`Osteopathy” was founded which was transferred to England in 1960 – the reason being the reprisals of the state and it became the “European School of Osteopathy” in Maidstone. (See Liem 1998)

1.2 The International Osteopathic Training and Work

Studying the literature regarding Osteopathy showed, that there are many basically different training systems and fields of application worldwide. I should like to introduce them in the following part of my thesis.

In the **United States**, the training of osteopaths is largely equal to a medical curriculum. In most federal states, osteopaths (D.O. = "Doctor of Osteopathy") have the same responsibilities and rights as physicians (M.D. = "Medical Doctor").
DO practice all special fields and subfields of medicine. The extent of the work as of the training of American DO has led to lively discussions. Data, published by the AOA 1995, indicated that 50% (n=16.095) of DOs work as general practitioners. (See Cameron 1998)
According to Gevitz (1995) the American osteopaths have to accept the challenge of their peculiarity because the unequivocal philosophic and practical aspects of osteopathic medicine are no longer the core of the curricula for training and continued education. In the USA only 5% of all the osteopaths work with their hands and this only with 25% of their patients.
In **Australia** it has been possible since 1998 to study Osteopathy at the University of Western Sydney. The study lasts five years and you finally graduate to the Bachelor of Applied Science (Human Bioscience) and Master of Osteopathy. The registration of osteopaths in Australia is regulated by the state. Australian Osteopathy presents itself through small private practices, specialised in diagnosis and the management of patients with disorders of their mobility. The modern application of Osteopathy in Australia is described as free of medication. Osteopaths were non-qualified therapist almost throughout the history of their work and could only recommend medicine that did not have to be prescribed by a qualified medical doctor. But even recommendation was not applied by Australian osteopaths. (See Cameron 1998)
According to Liem (1998) Osteopathy has appreciated more and more in Europe since the eighties.
In **Great Britain** Osteopathy was made an officially recognised part of the healthcare sector in 1995. The D.O. training (in Europe this abbreviation stands for “Diploma-Osteopath” or “Licensed Osteopath”) follows its own curriculum (mostly a four-year full-time course) ending with a university degree.

The professional Organisations representing the osteopaths D.O. work together with representatives of the public to reach a legal status for the osteopaths. Since January 24th 1994 the Belgium Union of osteopaths has been registered in the European Register of Osteopaths. The government decided to legalize Osteopathy as a profession which is totally independent from other disciplines of Public Health.

Germany has a complete legislation concerning the freedom of healthcare. This is based on the Initiative of the Union of medical doctors in Berlin 1968. Some directions of alternative medicine already have legal status and can be practised freely. (See Osteopathy-france.net downloads 13.12.2002)

In **Denmark** private persons can attend a university-course that authorises them to treat patients.

Finland introduced together with **Sweden, Norway** and **Denmark** a common training for medical studies. Students can choose an official training in a certain direction of alternative medicine after three years of studying. (See Osteopathy-france downloads 13.12.2002)

Most other **European schools** offer part-time courses for graduate physiotherapists or physicians. (See wso.at downloads 13.12.2002)

2. The Questionnaire

In order to seize the described target of research work and to describe and to check it, it seems to be reasonable to develop a standardised questionnaire. Empiric material concerning the occupational field of graduated osteopaths in Austria is not yet available in the form of quantitative interviews.
In the following chapter single steps of a written investigation representing the topic discussed in this thesis are illustrated.

2.1 The Development of the Question Catalogue

Different papers were examined by me In the course of the literary studies.[5] Theoretical approach and empirical experience of these studies were considered while planning the questionnaire. The questions listed in this papers and the theoretical approach used till now were applicable only in certain cases. Topics and target groups differed too much.
In the end the questions used so far represented new developments rather than modifications in most of the cases. The questions were not repeated directly.[6] The development of the questionnaire represents partly my own experience for I am a student of Osteopathy. Further questions were developed in the form of a "brainstorming" (See Friedrichs 1990 p. 210)
The questions finally chosen can be looked up in the fourth chapter. The complete questionnaire can be found in the appendix.

2.2 The Structure of the Questionnaire

The questionnaire is divided into four parts.
The first part deals with biographic data, such as gender, school and primary profession.
The second part covers the daily work of an Osteopath, called the osteopathic

[5] The authors Bortz and Döring (1995) not only allow the usage of already existing questionnaires but recommend it expressly. They indicate that it should be done cautiously but they do not See negative consequences for the basic scientific work if one uses existing questionnaires.
[6] According to Bortz and Döring (1995) the opinion research comprises a first step towards inventory and they understand by it the listing of the contents of the topic to be questioned.

process.
The third part of the Questionnaire deals with social and political aspects, for Osteopathy is not officially recognised yet.
The questionnaire contains five pages. The aim was a concise structure of the questionnaire, clearly arranged and comprehensible.
I chose standardised questions using defined categories. Where a standardisation was not feasible, an additional category was inserted ("others, such as_"), or the question was defined more openly and was later expressed in numbers.[7]

2.3 The Selection of the Persons to be interviewed

The osteopaths working in Austria were the target group of this empirical research concerning their professional profile.
As osteopaths need not be registered in Austria it was a great challenge to choose the target group.
Fortunately there is a list of addresses listing the graduates of the Viennese School of Osteopathy (WSO).[8]
The research showed that graduates o the WSO can be found in the telephone register as well as members of the professional association Osteopathy in Austria and nine more persons.
It should be emphasised that one has to have finished the fifth year of studying Osteopathy to be considered as a person to be questioned.
Therefore it is not sufficient, for example, to have taken part in a weekend course covering a part of Osteopathy (i.e. Craniosacral therapy) to be chosen for the target group. Regarding these criteria there are finally 192 persons who qualify for the target group.

[7] A varied organization of the questionnaire can be reached by using varying bound forms of questions. For the exploring of facts the form as a question is more useful. The formulation of alternative answers wants as a rule more preparation; on the other hand questions that can be answered by listing numbers are no problem. (compare Bortz and Döring p. 233 1995)
[8] Therefore one of the basic requirements of a written opinion research like Friedrichs (1980 p. 236) describes, is fulfilled.

2.4 The Covering Letter

A letter is enclosed in the questionnaire that explains the reason for the investigation.[9] The contents of the letter concerns the aspects which Richter (1970 p.148) recommends: exact address, salutation of the questioned, purpose of the information, appeal to answer, date of return, how to fill in the form, guaranteed anonymity, time necessary to fill in the form, thanking for cooperation, description of the selection (emphasising how important each single individual answer is) and the signature of the interviewed person. The covering letter can be found in the appendix.

2.5 The Pretest

A first version of the questionnaire was tested by the fifth grade of The Viennese School from 2002-09-02 to 2002-09-06 during an educational event.[10] The tests were answered on the basis of single interviews. 15 interviews pages where filled in and analysed. Nine female and five male students, eleven practising physiotherapists and three general practitioners were selected for this group. I had to ask students of the fifth grade because we only have a small overall population of osteopaths in Austria.
The time for filling in the questionnaire was taken. On average it took them 18 minutes to answer.
The students were given the possibility of suggesting changes in the pretest concerning the clearness of the questions. The questionnaire was then changed accordingly.
They started with the covering letter which they criticised lacked clearness. The target of the thesis should be defined more clearly. This was considered readily when revising the covering letter.
The layout was generally appreciated.
The techniques in the part “The osteopathic process” were partly hard to

[9] An understandable instruction that explains the handling of the questionnaire precisely is necessary for written opinion research work according to Bortz and Döring (1995 p. 234).
[10] The Code of Ethics of the American Association for Public Opinion(AAPOR) 1999 suggests: „Questionnaires and the whole process should be pretested to show problems before the opinion research is used.“ and “ Opinion poll of high quality basically plan a proper financial and temporal budget for the pretesting of questionnaires and field study. Pretests are the only way to find out whether everything works.” (Kaase 1999 p. 130)

comprehend for the students. So the question was newly defined. Misunderstandings could be detected before the final interview.

The techniques were subdivided into categories and defined more clearly.

There is a question “Are you using any other methods?”. Here under “others” neural therapy, orthomolecular medicine and physiotherapy were listed. This was considered in the final version.

The pretest yielded the careful checking of the formulation of the questions in respect of possible sensitive contents or distortions. Questions regarding the economical aspects as “What do you charge for the treatment?” were accepted positively.

In the beginning of the year 2002 the questionnaire was set up.

In September 2002 the pretest was made. In January 2003 the questionnaire was sent out. By February 2003 the questionnaire was returned and the evaluation started.

The validity of contents is confirmed with the pretest.[11]

[11] See Mummendey (1995)

3. The main Points of the Contents of the Questionnaire

"Opinion polls of high quality should aim at specific targets, be clear and unmistakeable. Opinion polls of this kind serve only to work out statistic information regarding a certain topic. Questions should be formulated in a way so that they fit the concept to be measured and the population to be investigated.
First of all be sure to cover all parts and elements of the relevant topics of the poll in the questionnaire fully and accordingly. It would be ideal to use multiple instead of single indicators or questions for all central constructions".
(See Kaase 1999 p. 130)
In the following chapter the main Points of the Contents of the Questionnaire are presented, the questionnaire is found in the appendix.

3.1 Biographical Data

The central question of this part is:

Do the interviewed identify themselves with the osteopathic profession?

According to Sir Norman Lindop Osteopathy on the whole is a collection of individualists with different views. (See Fielding 1995)
The search for identity among the osteopaths may be due to the great opportunity for development in their work experience. Osteopaths develop into many different directions worldwide and represent nowadays a field of various occupational groups. Some of them want to enlarge possibilities of osteopathic practice in their home country (See Jamison 1991), while others want to cling to the form practised by Still. (See Hawkins, O´Neill 1990)
To start with, one needs to have a look at how it is possible to become an osteopath in Austria. The present osteopathic education in Austria is the following:

The Viennese School of Osteopathy was founded in co-operation with the Collège International d'Ostéopathie (CIDO) in St. Etienne (France) and one of its professors, Bernard Ligner, D.O.It provides a solid, high-quality training course corresponding to the international standards, students graduating with the title D.O. (Diplom-Osteopath).

The training comprises six years according to the European norm, four seminars a year that last five days. During the third, fourth and fifth year there is an additional seminar at a foreign school. 1500 lessons according to the international conventions, additional work experience and supervised work placement as well as supervised treatments from the fourth year on are offered. Exams take place at the end of each year. They also have to write a thesis.

Physicians, physiotherapists, dentists and midwives are admitted for training.
The school has the following goals:

1. Teaching of all areas of Osteopathy.
2. Employing lecturers distinguished by their high professional competence and long-standing experience.
3. Safeguarding the recognition of WSO by the European institutions being currently established in order to enable the Viennese graduates to follow post-graduate courses abroad.
4. Offering post-graduate courses on specific osteopathic approaches and techniques.
5. Providing more detailed information on Osteopathy in Austrian professional circles.
6. Co-operating with other schools in Europe and the U.S., thereby establishing contact with current developments in Osteopathy and participating in joint international projects.

The recognition of the Viennese School of Osteopathy by the European institutions now in the making is discussed (See www.wso.at downloads 20.12.2002)

I want to make sure that the data for the questionnaires evaluation are from osteopaths, who have already completed their studies. This is why these questions were asked:

At what kind of school did you study Osteopathy?
Are you Diploma Osteopath?
Did you pass the final exams?
Did you write and hand in a thesis?

There will be the option to state why no thesis was written.

The primary profession will be listed. The interviewees are asked to state the percentage of hours of their working time in their primary profession and that as osteopath.
In the questionnaire this is indicated: Please answer the questions from the position of your work as an osteopath.
It should be stated:

Where in Austria do osteopaths work?

(Federal state and work location)

Are they employed or self-employed?

These questions are asked in the biographical part of the questionnaire.

3.2 The Osteopathic Process

The central question for this part is:

What is the position of Osteopathy in the health care system in Austria?

The daily work of an Osteopath will be described.
An osteopathic treatment aims at increasing the quality of life of the patient, the improvement of the structural and dynamic balance of his bodily systems as well as balanced economy of his energy consumption. Therefore procedure in Osteopathy is not an analytic isolated evaluation of disturbing symptoms, but rather the question under which conditions the organism can maintain its correct order and how to remain intact. Only then the research asking for the origins of the symptoms starts. These origins can be manifold and diminish health and life energy hindering the movements of liquids, energy and of the impulses of the nerves. (See Liem 1998)
According to Fielding (1995) the scope and form of the osteopathic practice has to be documented in the various countries in detail.
Cameron (1998) states osteopathic training offers already insight into the future practice in many regions. He quotes studies from Japan, New Zealand, The United Kingdom, Belgium and France.
The public and the members of medical professions are of different opinions concerning the contents of the osteopathic science and practice as well as the breadth, depth, the competence and performance that turns a therapist into an

osteopath. (See Fielding 1995, Gevitz 1982, 1884, Webb 1977, Turner 1996)
Data will be collected showing which function the occupational field of an osteopath in Austria comprises and to which extent.
On the one hand data has to be collected about the realised contents of the osteopathic process are realised, on the other hand about the aspects of time and their relation to each other.
Each medical professional group has an idea of their own of the correct therapeutic approach regarding each single case.

3.2.1 Osteopathic Concepts

In the following part a closer look is taken at the part of treatment in the osteopathic process. We have now to ask were the crucial points of osteopathic work in Austria are. The wide variety of therapeutic approaches permits the development of holistic treatment concepts to meet the individual needs of the patient.

Osteopathy deals with all the structures of the body: skeleton, muscles, fasciae, inner organs, endocrine glands and so on. Available for the osteopath is a broad spectrum of special manual diagnosis and therapy methods. The crucial point is the structural relationship and the interaction of the various tissues.

An osteopathic treatment and the applied methods can constitute themselves as a major overhaul of the body structures concerned, as Hartmann describes (1997).

Whatever reasons are given for the choice of treatment and the chosen techniques, the decision concerning techniques, frequency, period and intensity of the therapy must serve exactly the functional disturbance. (See Hartmann 1997)

There are three distinctive concepts in Osteopathy:

Structural Osteopathy
Cranio-sacral Osteopathy
Visceral Osteopathy

The term Structural Osteopathy comprises all techniques concerned with the mobilisation and correction of joints, muscles, tendons, ligaments and fasciae.

The cranio-sacral system is composed of both the mobile structure of the cranial

bones and the sacrum, linked by the inelastic dural duct and the cerebrospinal fluid. This hydraulic system transmits the ultra fine movements inside the skull to the sacrum and vice versa. Cranial dysfunctions can have manifold and extensive consequences for the entire neurovegetative and vascular system (disturbances of lymphatic and venous drainage, reduced stimulation of endocrine glands etc). Here, too, the osteopathic approach is based on the exact knowledge of the cranial anatomy, which is an essential prerequisite for working to the point on the cranial system.

(vgl. www.wso.at downloads 20.12.02)

Mobility as the single most important criterion to ensure optimal functioning of the body also forms the basis of visceral Osteopathy, which is concerned with the evaluation and treatment of the mobility and intrinsic rhythm of the internal organs. (vgl. www.wso.at downloads 20.12.2002)

The osteopaths are asked to state the percentage of their working with the three concepts.

For the questionnaire it is important to know this, to be able to separate craniosacral therapists knowing that in daily work these three concepts are nearly inseparably.

3.2.2 Evaluation

The evaluation is structured according to Fossum. (Leitfaden Osteopathy 2002):

Anamnesis

Global osteopathic Evaluation

Local osteopathic Evaluation

Medical check-up

According to the holistic approach first of all an osteopath collects data for the anamnesis. Not only information about the respective illness is important but also knowledge about all events like injuries, former illnesses, operations and inoculations and so on is necessary.

Information obtained during the talk with the patient will be completed by adding former features (X-ray, MRI, laboratory features and so on). (See lecture Wallace 1999)

The osteopath starts watching the patient's posture and certain processes of movement, He finds tension by touching the patient, tests the mobility of joints, tissue

and organs. (See Fossum, Leitfaden Osteopathy 2002)
The interaction between the osteopathic findings and the current data of the patient, the actual medical knowledge and experience leads to the osteopathic diagnosis which is the basis of all steps following.

> **"***The diagnosis",* according to Fossum (See Leitfaden Osteopathy 2002) *"is without doubt is the most important part of the osteopathic consultation"* und he reminds us that*" in the daily practice they often forget that at least 75% of a successful treatment consists of the diagnosis"*

The features of each osteopathic check-up are numerous and only their interpretation and placement in a context of osteopathic principles makes possible the osteopathic diagnosis. (See Fossum Leitfaden Osteopathy 2002)

After the osteopathic diagnosis the targets of the therapy are defined working together with the patient. On the basis of the osteopathic diagnosis the single steps are again defined in harmony with the patient. The aim is to reach the individual target of the therapy and the best measures then chosen.
Usually the therapy has a short-time and a long-time target. Therefore the patient should be involved in the decision on diagnosis and the train of thought that leads to the approach towards therapy. Knowledge about orthopaedic as well as about neurological tests is absolutely necessary. Only when all the dangerous pathologies are excluded, the real osteopathic diagnosis begins. (See Hartmann 1997)
According to Marcer (See Leitfaden Osteopathy 2002) the therapy aims at the best possible function of the body.
The chosen osteopathic measures are applied and checked having in mind an effective approach towards the long-term targets.
According to Hartmann (1997) patients are interested in advice how to avoid a setback and how to advance the progress of the therapy. He considers stretching and strengthening exercises as good for this purpose.
The osteopaths will be asked:

Do you use your patients` medical data? (Such as X-ray, MRI, blood tests)
Specify the percentage of your working.
Please list the five most important parts of your first examination.
Do you give any advices?
Do you set up an appointment for a check-up after finishing your treatment?

3.2.3 Osteopathic Techniques

According to Hartmann (1997) the techniques and their chronological application must be chosen in harmony with the needs of the respective malfunction of the moment and the anamnesis. Generally you will apply the technique that will lead to the target wished for in a smooth way.

The General Osteopathic Techniques **(GOT)** serve for the systematic examination and mobilisation of dysfunctions of the spine and limbs.

Osteoarticular techniques are executed in Osteopathy using specific movements (functional correction), such as **Thrust und Recoil**.

Using the **Proprioception reprogramming technique** according to Dr. L. H. Jones ("Spontaneous Releasing by Positioning", 1964) the concerned joint is passively lead into the position in which the patient feels the greatest relief of pain. This position is held for 90 seconds, then the therapist puts the joint back into the neutral position.

For diagnosis and therapy tender points are used (See Liem 2002)

Greenman (1996) defines **Muscle energy techniques** (MET) according to Mitchell (1907-1974) as a wanted contraction of the patient's muscles in a precisely controlled direction with different intensity and against the resistance of the therapist.

The network of fasciae permeating the human body is assigned a special position in Osteopathy. Due to the anatomic continuity of the systems of the fasciae, tensions and thus pain symptoms are frequently transmitted to other body regions. The osteopathic treatment of the fasciae makes use of both subtle, gentle methods (**Myofascial techniques**) and, occasionally, of direct techniques, such as e.g. the **Triggerband technique** developed by S. Typaldos. (See Paoletti 2001)

A test for motility is **Listening**. The hand of the therapist stays totally passive and evaluates the axis and amplitude of the motility of the Viscera. (See Barral 1983) Mobility as the single most important criterion to ensure optimal functioning of the body also forms the basis of visceral Osteopathy, which is concerned with the evaluation and treatment of the mobility and intrinsic rhythm of the internal organs.

Using the **Induction technique** you follow the tension of the tissue on different levels. The technique allows the tissues to be brought into their functional balance according to the various axes. You follow the movement with your hand till you reach

a certain point and with easy pressure the position is held for one minute till the tissue starts to relax. (See Pasoletti 2001)

Using the **direct technique** pressure and pull in direction of the blocking are exercised. The tissue or the structure is brought softly into the direction where the loss of movement originates. (See Liem 1998)

With the help of V-Spread-Technique soft impulses are sent to treat part of the body using the fluid of the body. (See Liem 1998)

In the questionnaire the osteopaths are asked to give the information to which amount they use the previously mentioned techniques.

3.2.4 Documentation

Documentation Hartmann (1997) regards as a prominent feature of therapeutic action.
The question arises:

> *To which degree are osteopaths in Austria keeping a record of their work experience?*

3.2.5 Methods applied additionally to Osteopathy

In addition to the methods mentioned it shall be investigated whether practising osteopaths apply other therapies as well, especially alternative methods.[12] In the study regarding the occupational field of Osteopathy the following count as alternative methods:
Bach flower remedies, aromatherapy, traditional Chinese medicine, kinesiology, acupuncture, homeopathy.
The width of the activities leads to passionate discussions as well as the training of American DO. (See Cameron 1998)

[12] The Roche Lexicon (1998) defines „ alternative medicine“as a collective name for various procedures of healing and diagnosis that use, in contrast to traditional medicine, non- invasive, natural and/or even psychological measures. Nevertheless there are found approaches for defining alternative medicine techniques which say that a) effectiveness can be proved but it cannot prove or hardly prove the way in which it works and b) the effectiveness and mechanisms of how it functions are not scientifically verifiable. (compare Stacher 1999)

Data, published by the AOA 1995, showed that 50% (n=16.095) of the DO work as general practitioners. (See Cameron 1998)
The question arises:

Are Osteopaths using any other methods additionally?

3.2.6 Time Management

During the first treatment the osteopath collects the data of the patient. He checks the complaints of the patient and states their origin. The feature is talked over with the patient, the future procedure is defined and the following appointments are planned. Mostly the first meeting lasts longest under certain circumstances up to one and a half hours. The length between of the following appointments varies between two and six weeks.
An osteopath does not plan the length of the appointment. The meeting is over when the target of his therapy is reached. This may be the case after 20 minutes or after an hour. There are disorders that are dealt with after two meetings. Manifold problems need normally more than six meetings. The number of meetings depends on what can be expected from the patient during one single meeting, when he may be seriously ill. An appointment to check the patient after the successful therapy is recommended a half year or a year later. (See Newinger 1998)
Hartmann (1997) is of the opinion that regular stabilising treatments after some months reduce the frequency, intensity and length of setbacks concerning mechanical dysfunction. Many osteopaths offer this “maintenance routine”.
Concerning the time management the following questions are asked:

How long do you take for the first treatment session?
How long do you take for further treatment sessions?
How often do you see a patient with acute problems?
How many treatments do you give a patient with chronic problems?
How often do you see a patient with chronic problems?
Do you arrange an appointment for a check-up after finishing your treatment?
How many patients do you treat on average per day?
How many patients do you treat on average per week?

3.2.7 Economic aspects

Newiger (1998) describes in his book about the situation in Germany that the payment of osteopathic work done is hardly regulated and that health insurance funds pay very differently, if they do pay at all. The majority of currently practising osteopaths are physiotherapists. Their work is paid by the sick-funds according to the application in units of 20 minutes. His experience tells him that the single applications last half an hour. This means for a full hour as the unit talked about, the physiotherapist is earning between 30 and 40 Euro per hour.
Now Osteopathy in Austria is classified by the sick-funds as a medical treatment that is notrefundable for by this institution.[13]

> *"The topical osteopathic literature maintains that osteopaths differ from MD in the USA for a greater number of them works as a general practitioner"* and
>
> *"American osteopaths are of the opinion that they differ from the MD as they serve the poor, rural and economically discriminated population"*

quotes Cameron (1998), but thinks that it should be considered that the absolute number of MD is much higher than the number of DOs.

The question arises:

> *Can Osteopathy be used by the public in Austria or is reserved for the financially strong patients?*

3.3 Social and political Aspects

As Osteopathy in Austria is now a legally accepted occupational group I dedicate a part of my thesis to the legal situation. It will be listed under the headline "Social and political aspects".
To obtain information about the legal aspects of Osteopathy I viewed the articles of

[13] If the reimbursement of physiotherapeutic measures by health funds is looked into, one can say that, to mention one example the relationship of social insurance and other insurance partners is described in contracts under § 349 in the first General Social insurance law (ASVG). A responsible legal representative for the professional group of graduated physiotherapists does not exist; however, the reimbursement of physiotherapeutic measures is therefore not legally settled. A study carried out by the Austrian Federal Institute for Health Care "Actual Professional Profile for Physiotherapy" (2001) made clear that 46.2% of the alternatively working physiotherapists (that are 41.5% of the physiotherapists questioned) add osteopathic techniques to their conventional physiotherapeutic techniques. 20.5% of all therapists using alternative methods work with the craniosacral therapy.

association of the Austrian Association of Osteopathy and on the 17th of August 2002 I made an interview with the secretary Ms Angelika Mückler.

The Austrian Association of Osteopathy is the official representative of the osteopaths working in Austria .Through it their 108 members are represented in the European parent organization.

All osteopaths, graduated osteopaths (D.O.) and students of an osteopathic school with at least 1500 lessons who are Austrian citizens or at least have lived in Austria for three years can become full members of the association.

The structure of the association is the following:

Once a year a general meeting takes place that defines the general tendency for the work to be done and elects the managing committee that runs the business for the following three years. According to Angelika Mückler the association was founded to promote and to work for the recognition of Osteopathy, to list all graduated osteopaths (D.O.) in Austria in an address register and also to define and monitor academic criteria for the osteopathic training.

Currently the European Federation of Osteopathy (EFO) consists of now 11 national professional associations. Their aim is that Osteopathy shall be recognized throughout Europe as a profession in its own right with generally valid criteria for quality of training and professional work. The EFO is a member of the CEPLIS. (European Council of Liberal Professions)[14](See Gery 2002)

The crucial point of the congress of Osteopathy in Schlangenbad, Germany from the 4. – 6. 10. 2002 was dedicated to professional politics. Among other topics J.P.Guillaume talked about the topic: "*Which position can Osteopathy take in health care?"* and emphasised: *"Each recognition of a profession is connected with concessions."*

One puts the question:

How important is the official recognition of Osteopathy in Austria for each single osteopath?

In Austria completed medical studies, studies as physiotherapy or a completed training as a midwife are the precondition for enrolment at the Viennese School of

[14] The CEPLIS represents approximately 5 million self-employed people, 14 million employees and is a consulting authority of the European Commission.

Osteopathy.

Cameron (1998) comments:

> "*Probably the expansion of the rights to practise is the only way for Osteopathy to draw a line between ourselves and other manual therapists."*

On the contrary American osteopaths have all the rights of practising, are, however still searching for their identity as the difference between them and the MD Seems to negligible (See Gevitz 1982)

The following questions arise:

Do graduates only work as osteopaths or continue in their primary profession?

In the questionnaire statements are given:

Osteopathy plays an important role in medical prevention.

The official recognition of Osteopathy is important.

There are four possible answers:

☐ full consent ☐ consent ☐ partial consent ☐ no consent

In addition to that the questionnaire also contains:

"*What are the advantages of the official recognition of Osteopathy?"*

4. Results

4.1 Editing of the Data

In total 192 Osteopaths were written to on 2003-01-07. Among these were 32 Diploma Osteopaths, 112 Osteopaths, graduates of the School of Osteopathy in Vienna, 18 other Osteopaths und 31 students in their 6th year. 71 male and 121 female Osteopath were addressed. (14 graduates of the school of Osteopathy in Vienna who are living abroad were also addressed.) Regarding their primary profession 40 medical doctors and 152 therapists were contacted.
The locations of the Osteopaths were in:

Location	Number of osteopaths	Percentage	Persons per osteopath
Foreign countries	14	7,2 %	
Vienna	69	36 %	22464
NÖ	19	9,8 %	81316
OÖ	22	11,5 %	62591
ST	19	9,8 %	62263
T	15	8,3 %	44933
K	3	1,6 %	186333
S	24	12,5 %	21458
V	2	1 %	175500
B	3	1,6 %	92667

In total 107 questionnaires were returned, which is 56% of the total population. Corresponding to the coding plan they were analysed and evaluated with Windows Excel. 4 questionnaires were could not be delivered, because the addressee was unknown. The statistic shows that the Osteopaths answered spontaneously and quickly. The deadline was 2003-01-31, but questionnaires were coming in until 2003-02-17. Reasons for rejection were : Persons who do not work in Austria; (3 Persons in Germany, 1 Person in Switzerland); Persons who specify, that they do not work as Osteopaths.(One Craniosacral therapist and one person who stated that he only works in his primary profession). In total six persons were excluded because of these

criteria. Finally, students' data was excluded because there was such a large response. These data belong to 13 persons. 18 questionnaires were excluded because of some incongruence in the answers. Therefore 70 questionnaires remained which were used for the evaluation.

4.2 Results of Biographic Data

Of the 70 persons there were 45 female und 25 male Osteopaths: 34 % work in Vienna, 66% in the other parts of Austria amongst these 20 % in towns with 100.000-500.000 inhabitants and 13% in towns with less than 5.000 inhabitants.
Among the 70 questionnaires there were 26 Diploma Osteopaths, all 70 passed the final exam. 66 Persons studied at the Vienna School of Osteopathy.
Four studied at other schools: DOK[15], C.O.E Munich[16] and one at WGS[17].
Concerning the primary profession is to be said that there are nine general practitioners, five specialists (among these one gynaecologist, one orthopaedic and three specialist in physical medicine and rehabilitation) 54 physiotherapists (PT), one "Medizinsch - Technische Fachkraft" und one Medical Doctor in education.
There were no occupational therapists and no midwives. (See figure 1)

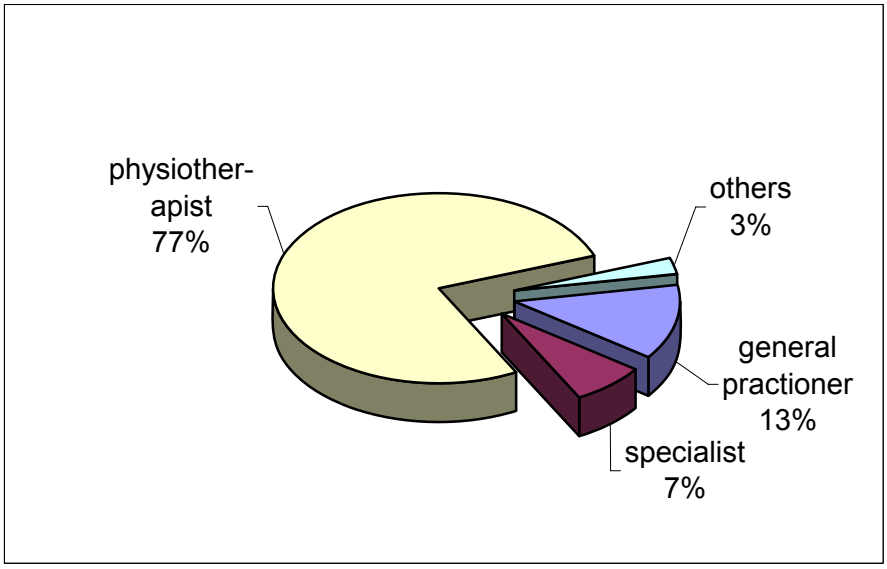

Figure 1: Primary profession

[15] The Deutsche Osteopathy Kolleg is the German sister school of the Canadian College of Osteopathy in Toronto and College d´Ètudes Osteopathiques in Montreal. Osteopathic training is presented part time per 6 years.
[16] Münchner Colleg for Osteopathy. Osteopathic training is presented part time per 6 years.
[17] College Sutherland in Wiesbaden, Germany (?)

14 % work only as osteopaths. 86% of the persons are still working in their primary profession, among these on average 20.5 % in their primary profession and 79.5 % as osteopaths. In the Figure 2 the number of Osteopaths was divided into four groups. 44 persons work as Osteopaths between 76-100% of their working time.

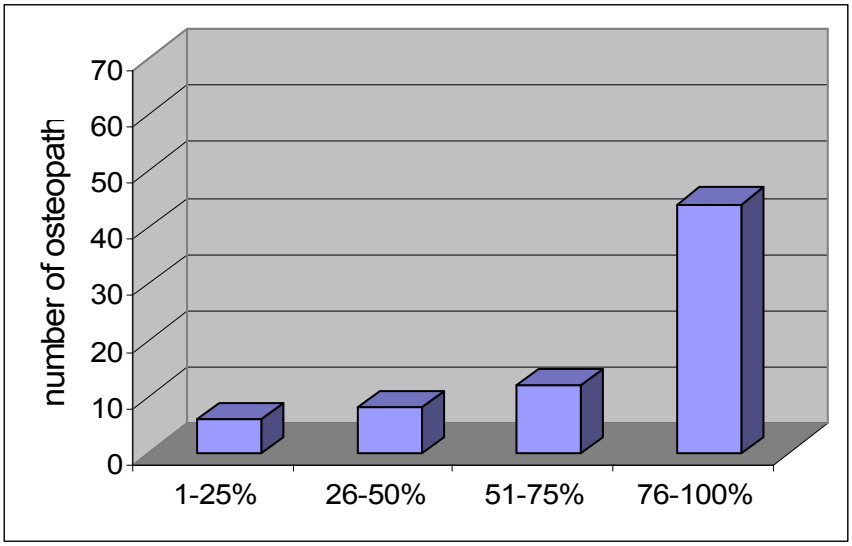

Figure 2: Osteopathic part within total work

17 persons, who are diploma osteopaths, work to 76-100% as osteopaths.

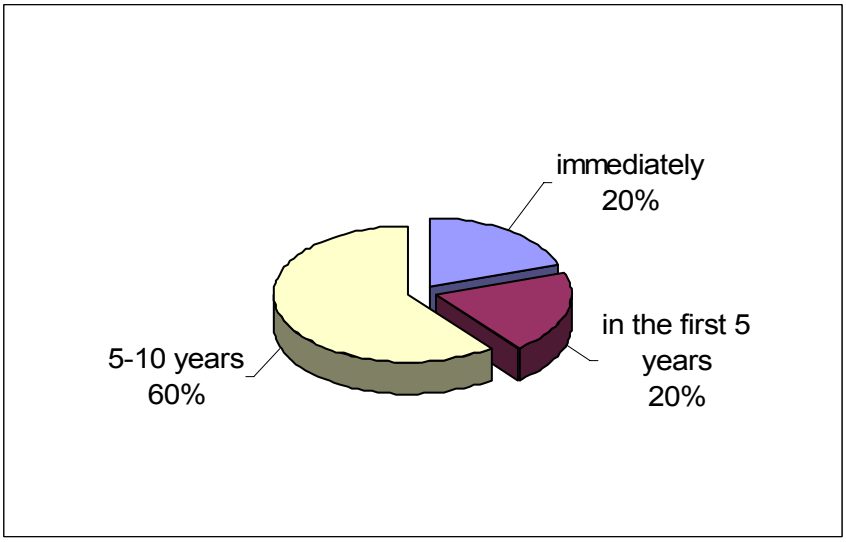

Figure 3: Start of school of Osteopathy after graduation in primary profession

20 % started immediately after their primary studies with the study of Osteopathy,
20 % started within the first five years and 60 % had been working for five to ten years in their primary profession, until they decided to study Osteopathy (See

figure 3). 10 persons of the osteopaths, who started immediately after their graduation in primary profession with Osteopathy work more than 75 % of their work time as osteopaths.

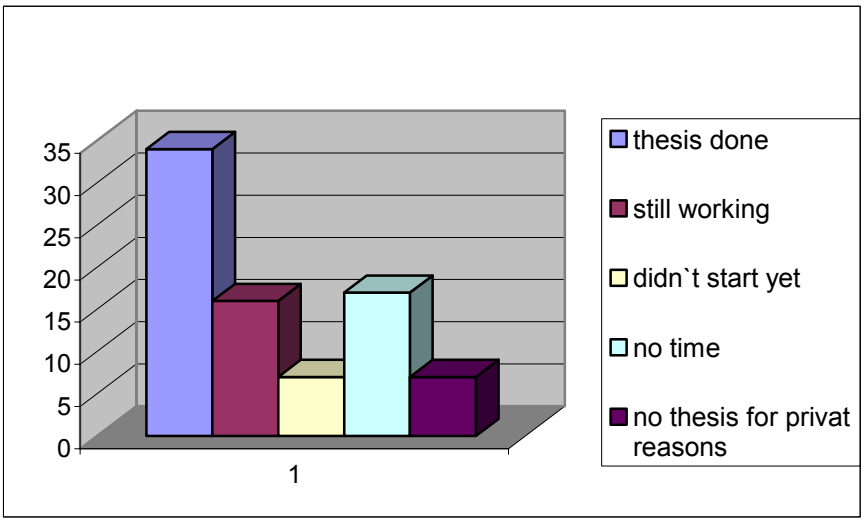

Figure 4: Statements about diploma thesis

34 % of the Osteopaths handed in a thesis.16 % are still working on their thesis, 7 % did not start yet working on their thesis, 17% stated to have no time to write a thesis, 7 % stated that for private reasons they are not going to write a thesis. (See figure 4) Other reasons were: “Not enough patients for a study”, “The situation with the mentors is difficult and I don´t have enough experience”, “A lot of experience is necessary for a scientific paper” , “The concept was not accepted”;

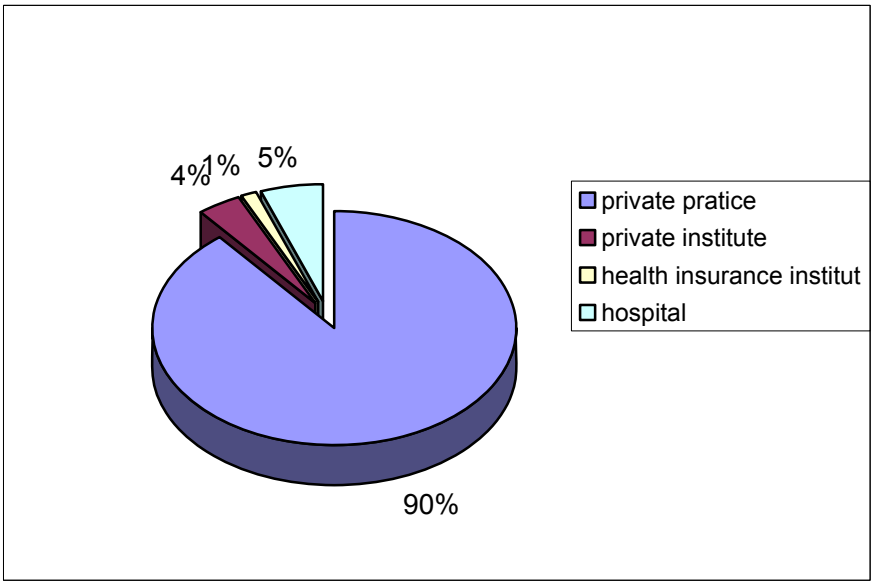

Figure 5: Work Location

90 % work in private practices, 4% in private institutes, 1% in health insurance institutes and 6 % in hospitals. Multiple nominations were possible, osteopaths were asked to answer the question from the position of their work as an osteopath (See figure 5).1 Osteopath works at three locations: a private practice, a private institute and a hospital. Only 7 % are working as employees, 93% of the active osteopaths are self-employed.

4.3 Results of the Osteopathic Process

There are three concepts in Osteopathy: structural, visceral, and craniosacral.
The osteopaths were asked to state the respective percentage of their work concerning the three concepts.

4.3.1 Osteopathic Concepts

In daily work these three concepts are nearly inseparably, but for the questionnaire it was important to be able to exclude craniosacral therapists. Figure 6 shows the percentage of the three concepts.

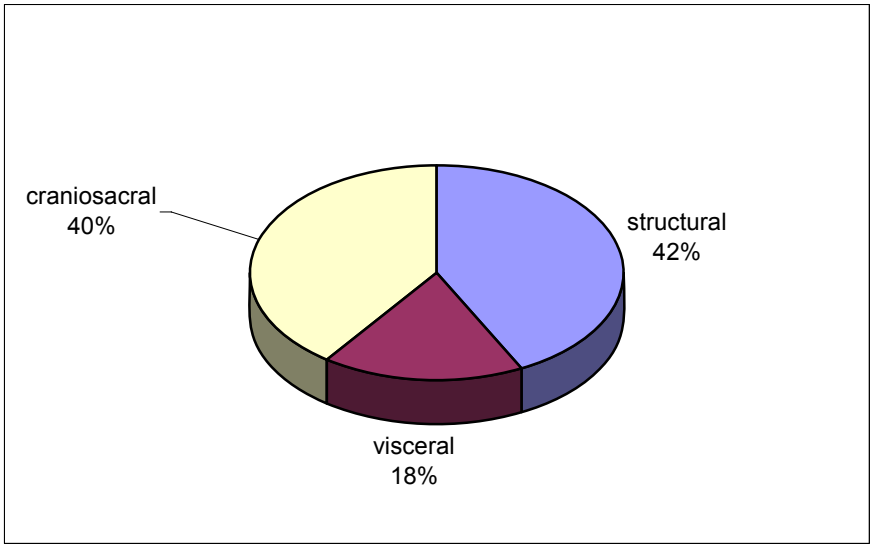

Figure 6: Concepts of Osteopathy

4.3.2 Evaluation

All osteopaths use their patients´ medical data, in average for 90 % of the patients.
The osteopaths were asked to state the five most important parts of their first examination. (See figure 7). Multiple nomination was possible and welcome.
Structural techniques are the leading statement, which is used by 83 %.
Next is the “Global Listening “used by 70%, “Cranial Listening” 67 % and “Visceral Listening” 36 %. Almost half of the osteopath stated making a general inspection of their patients at their first examination. 34 % mentioned anamnesis, 19 % palpation, 16 % soft tissue examination. 26% carry out tests in standing as forward bending, downing test, length of legs and Gossip Test. 4 % have a general look at the gait of their patients.

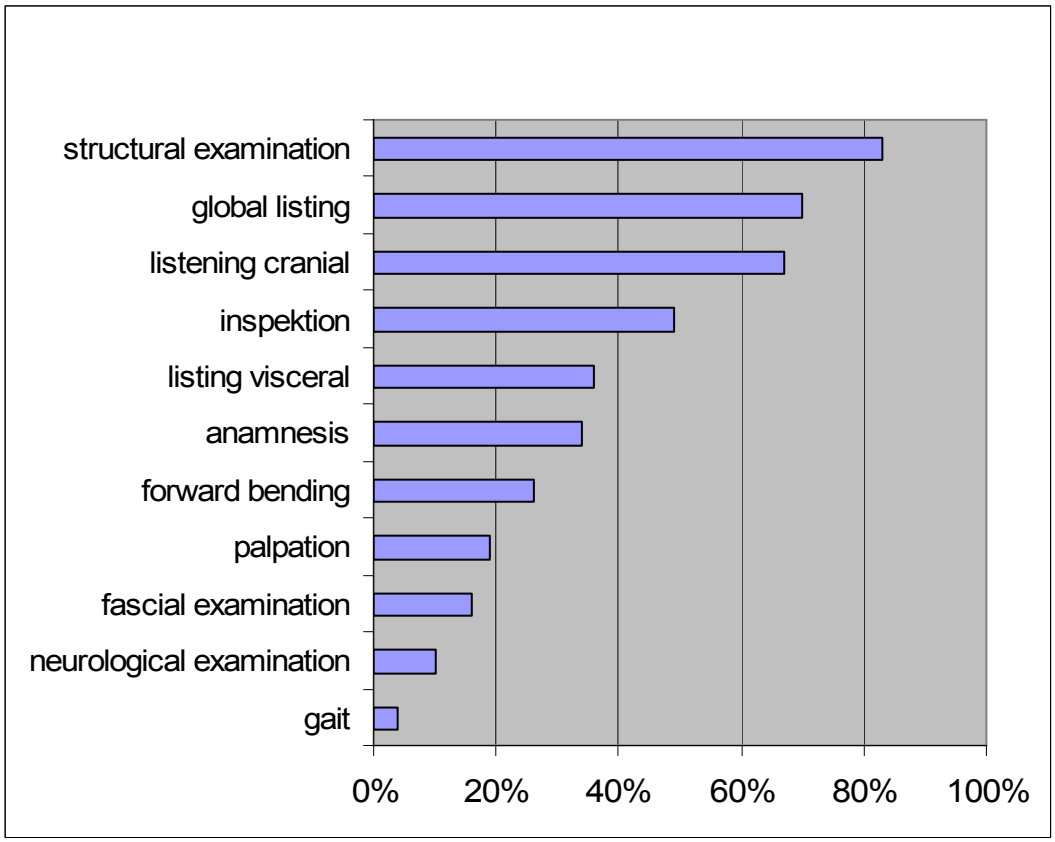

Figure 7: First examination

Other tests mentioned were:
Thermo diagnostic[18], Blood pressure, Pulse, Rebound test[19], Sottoholl test[20], Sambo test, Aneurysma test[21], Listening of the teeth, Emotional tests, Coordination tests, Route;

4.3.3 Osteopathic Techniques

The techniques that are used on a regular basis are :
Listening 96 %,Visceral Mobilisation 93 %, Indirect Craniosacral Technique 91 %, Myofasciale Technique 79 %, Joint Mobilisation 69%, Thrust Technique 49% ;
One osteopath additionally uses manual lymph drainage, others refolding, emotional release technique [22] and continuum technique. Twelve therapists use the Typaldos Techniques such as trigger point technique and the BLT (Balanced Ligament Technique)[23]. Four therapists listed the CV4[24] Technique. Three rely on energetic techniques from Tom Shaver, six on biodynamic Cranio-sacral Therapy according to Jim Jealous[25]. The Jones technique is never used by 47%.

	regular	occasional	rare	never
General Osteopathic Treatment	33%	34%	21%	11%
Jointmobilisation	69%	27%	3%	1%
Thrust	49%	29%	20%	1%
Recoil	39%	40%	17%	3%
Jones Technique	13%	21%	31%	47%
Mitchell Technique	33%	33%	27%	9%
Myofascial Technique	79%	19%	3%	0%
Listening	96%	1%	3%	0%
Visceral Mobilisation	93%	13%	7%	0%
Recoil on organs	19%	37%	30%	14%
Induktion	43%	34%	21%	0%
Direct Craniosacral Technique	56%	30%	11%	3%
Indirect Craniosacral Technique	91%	6%	1%	1%
V-Spread	34%	40%	20%	3%
other Techniques	30%	6%	1%	0%

[18] See Barral 1996
[19] See Greenmann 1996
[20] See Buckup 2000
[21] See Hartmann 1997
[22] See Upleger J. 1999
[23] See Typaldos 1999
[24] See Liem T. 2000
[25] Craniosacral Biodynamics focuses on locating the deeper and slower tidal rhythms generated by the action of the Breath of life within human system.(See Sills 2001)

Besides the osteopathic treatment the following consultations are used to almost the same extent: General behaviour advice, exercise, nutritional advice. (See figure 8)
8 % of the osteopaths recommend a preventive treatment twice a year. 37 % make an appointment for a check-up after finishing their treatment on average after 1.3 months.The question: “Are you specialised in a medical field in your osteopathic work?” was answered of 6 % who specialised in paediatrics.

4.3.4 Documentation

The osteopathic process is documented as follows: 1% of the osteopaths state medical parameters additionally, 2 % state the reaction of the treatment and 1% the prognosis.

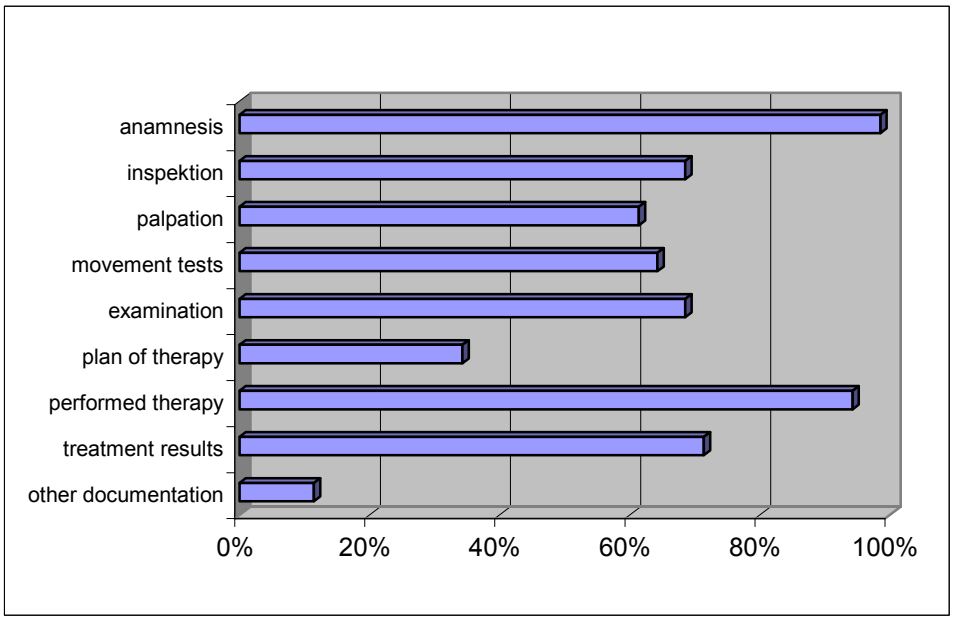

Figure 8: Documentation

4.3.5 Methods Applied in Addition to Osteopathy

The following methods are used besides the listed methods:

- manual lymphdrainage
- Reflexzone treatment[26]
- F.X.Mayr cures[27]
- Yoga (2 persons)
- Energetic techniques
- Traditional medicine (2 persons)
- Magnetic therapy[29]
- Training therapy
- MED Hypnosis
- Piantobiotik
- Feldenkrais[28]
- Bodyperception
- Visualising exercises
- Infrared therapy
- Food addition

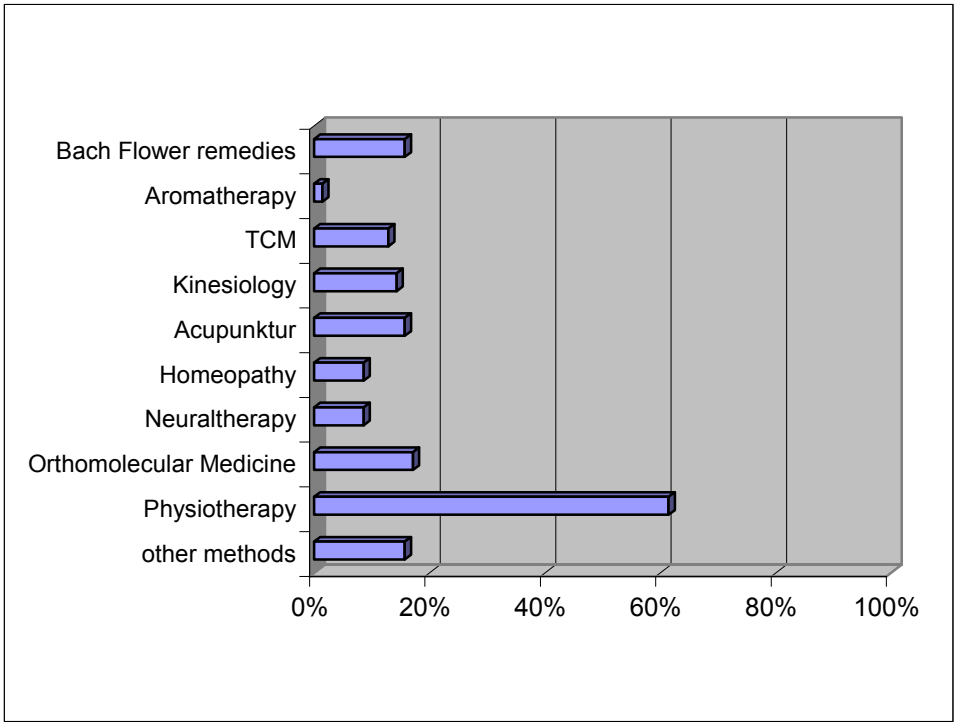

Figure 9: Methods applied additionally to Osteopathy

Over 60 % also offer Physiotherapy. (See figure 9)

[26] See Marquardt H.(1993)
[27] See Rauch E.(1994)
[28] a study of movement, bodyorientation and muscular perception (See Feldenkrais 1989)
[29] magnettherapy is an enlargement of acupuncture (See Burg van der 1987)

4.3.6 Time Management

Concerning the time management an osteopath takes 54 minutes for the first treatment on average. The anamnesis takes the biggest part with 13 minutes. Maximum duration is 75 minutes, minimum duration is 30 minutes. On average, the further sessions last 42 minutes and whereby the treatment takes up to 22 minutes. Maximum duration of further treatments is 60 minutes, minimum duration is 30 minutes. The anamnesis and the evaluation are big parts in the first session. (See figure 10). The treatment is the biggest part of the further treatments. (See figure 11)

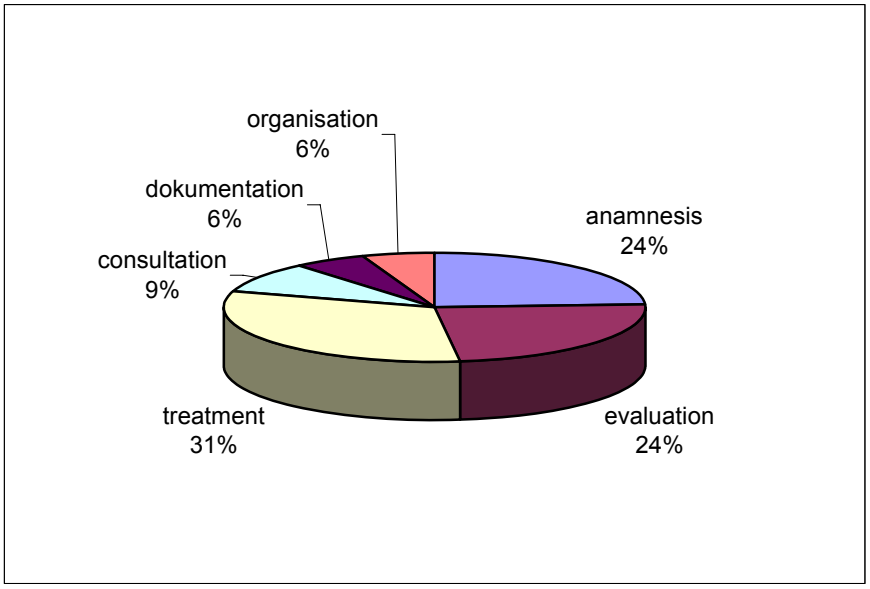

Figure 10: Description of first treatment

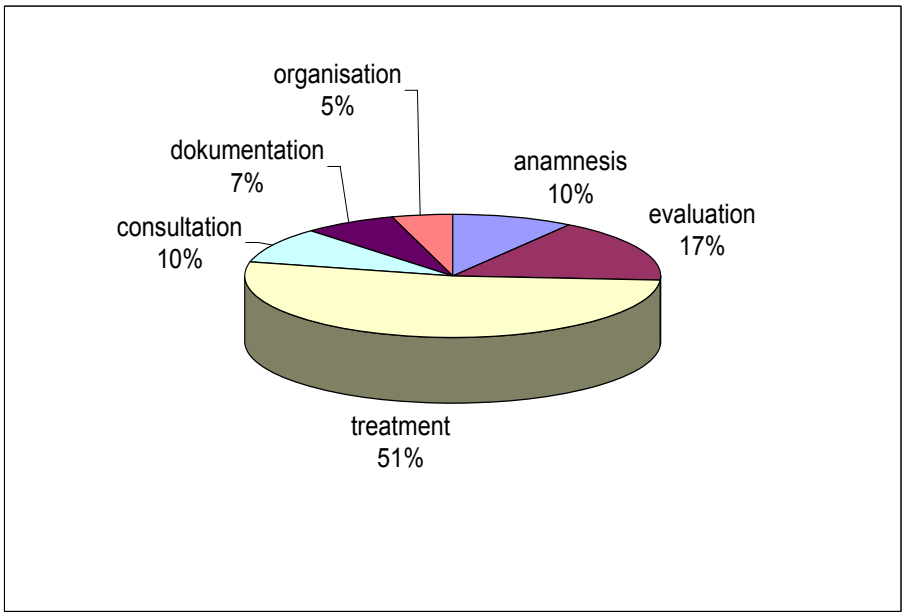

Figure 11: Description of further treatments

Acute patients receive in average five osteopathic treatments and the majority of patients are coming to therapy once a week. (See figure 12)

Patients with chronic problems receive on average seven osteopathic treatments and the majority of patients are coming every two weeks. (See figure 13)

On average osteopaths treat 8 patients per day and 33 patients per week.

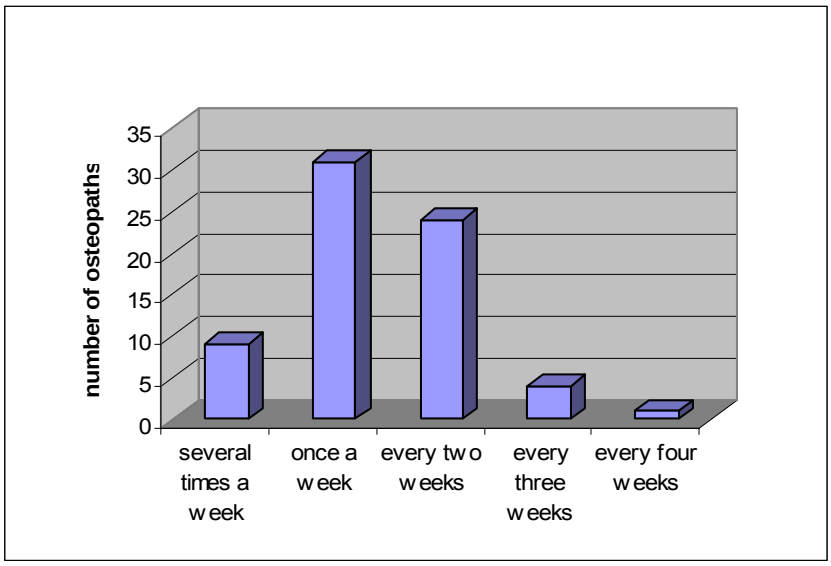

Figure 12: Interval of treatments for acute patients

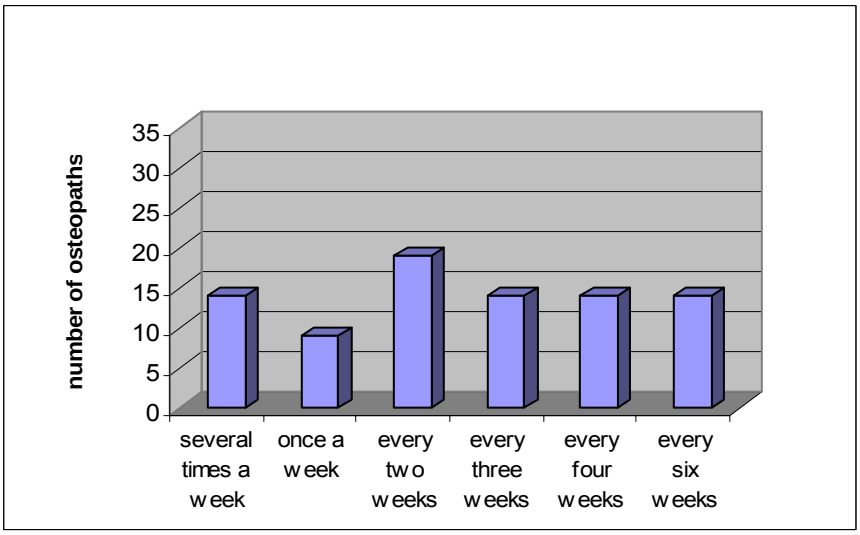

Figure 13: Interval of treatments for chronic patients

4.3.7 Economic Aspects

Regarding the economic aspects more than 2/3 of the osteopaths charge approximately the same amount for the first treatment. (50 -75 Euros) Only 3 % charge less than 50 Euro, 6% charge more than 100 Euros. (See figure 14)
82 % of the osteopaths charge between 50-75 Euros for further treatments and no one charges more than 100 Euros. (See figure 15)

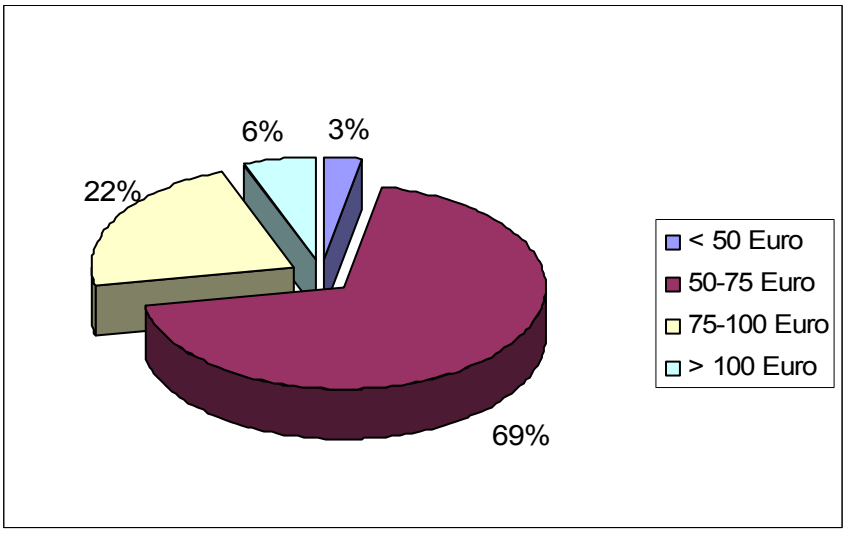

Figure 14: Price for first treatment

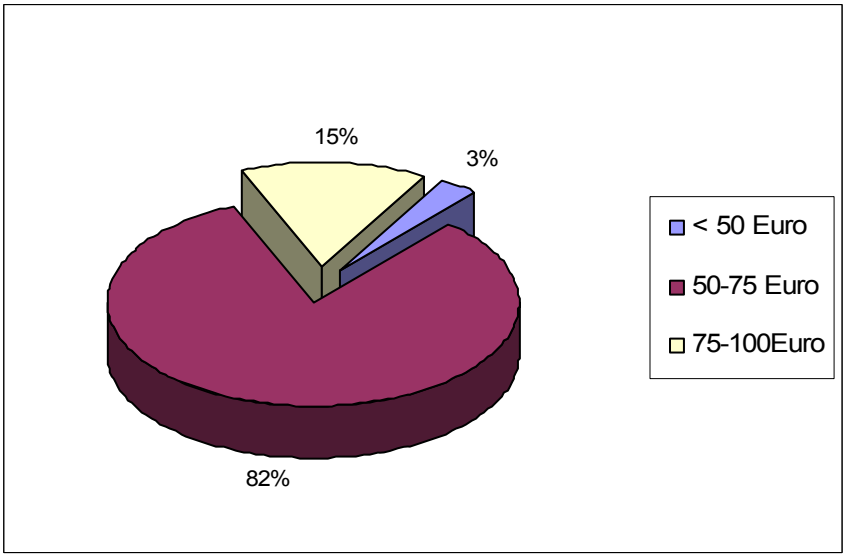

Figure 15: Price for further treatments

4.4 Results of the Social and Political Aspects

70% are members of the association of Osteopathy in Austria, but only 10% are active in the association.

“Osteopathy plays an important role in medical prevention” 83% agreed to this statement.

74% find an official recognition important.

36 osteopaths see the advantage of official recognition in meaning a better position for Osteopathy in the health system of Austria.

According to 24 osteopaths, legal security also seems to be important.

15 osteopaths hope that official recognition might bring the refund of costs by the state supported health care system. (See figure 16)

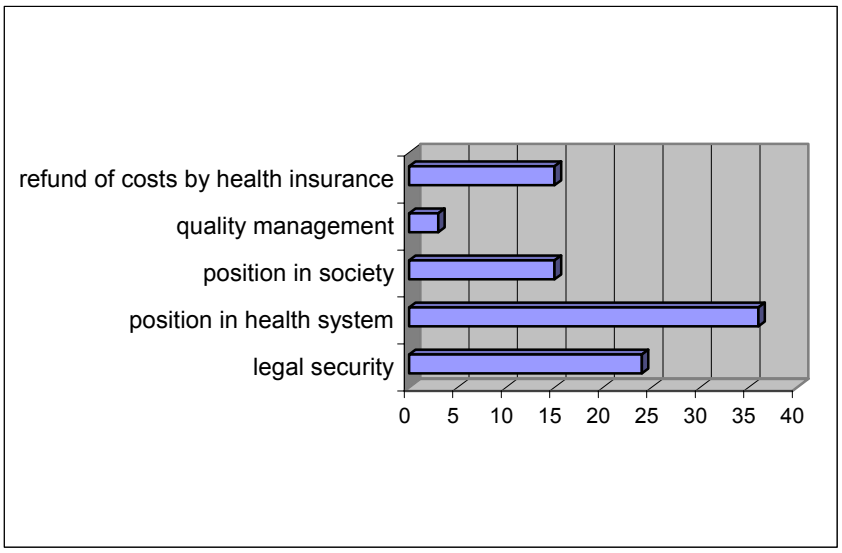

Figure 16: What are the advantages of official recognition of Osteopathy?

4.5 Results of the Hypothesis

Beside the describing statistics 3 questions arise and 3 working hypotheses were checked.

The question arises:

Do osteopaths charge more for their treatments in congested areas?

Based on the following facts: 34 % of the osteopaths work in Vienna, 66% in the other parts of Austria amongst these 20 % in towns with 100.000- 500.000 inhabitants and 13% in towns with less than 5.000 inhabitants.

Regarding the economic aspects more than 2/3 of the Osteopaths charge approximately the same amount for the first treatment.(50 -75 Euros) Only 3 % ask less than 50 Euro, 6% more than 100 Euros.

The working hypothesis 1:"There is a relation between working location and payment for a treatment." was rejected.

	Work location Population >500.000	Work location Population <500.000	
payment<75€	17	32	49
payment>75€	7	12	19
	24	44	68
	Expected values		
	17.2941176	31.7058824	49
	6.70588235	12.2941176	19
	24	44	68
			0.0277

The working hypothesis 1: There is a relation between working location and payment for a treatment.

The neutral hypothesis 1: There is no relation between working location and payment for a treatment.

The working hypothesis 1 was rejected. The neutral hypothesis 1 was confirmed.

($X_{.}^{2}$=0.03; X^2 taken from the table for a probability of 95% of the truth of the neutral hypothesis is 3.8)

There is no relation between working location and payment for a treatment.

Another question arises:

Is the official recognition of Osteopathy for medical doctors as important as for physiotherapists?

As there is no official recognition of Osteopathy in Austria yet, concerning legal liability osteopaths work as physiotherapists or medical doctors.
Physiotherapists need an assignment by a medical doctor to treat patients.

The neutral hypothesis 2 “There is no relation between primary profession and the importance of official recognition.” was confirmed.

	Medical doctors	physiotherapists	
official recognition			
Very important	8	43	51
Not so important	6	10	16
	14	53	67
	Expected values		
	10,66	40,34	51
	3,34	12,66	16
	14	53	67

The working hypothesis 2: There is relation between primary profession and the importance of official recognition.
The neutral hypothesis 2: There is no relation between primary profession and the importance of official recognition.
($X^2 = 3,51$; X^2 taken from the table for a probability of 0,95 is 3,8)

The official recognition of Osteopathy is as important for physiotherapists as for medical doctors.
The third question arises:

Do Osteopaths, who are medical doctors in their primary profession, apply more methods in addition to Osteopathy than physiotherapists?

Besides the osteopathic techniques a lot of other methods were mentioned.
The right to use some of the methods, such as acupuncture and neural therapy is reserved to medical doctors. On the other side physiotherapy was mentioned to 61 % obviously due to the fact that 77 % of the osteopaths are physiotherapist in their primary profession.

The neutral hypothesis 3 “There is no relation between primary profession and the importance of official recognition.” was confirmed.

	Medical doctors	physiotherapists	
No other methods	2	7	9
additionally methods	12	47	59
	14	54	68
	Expected values		
	1,85	7,15	9
	12,15	46,85	59
	14	54	68

The working hypothesis 3: There is a relation between primary profession and the use of methods additionally to Osteopathy.
The neutral hypothesis 3: There is no relation between primary profession and the importance of official recognition.
(X^2=0.02; X^2 out of the table for a probability of 0,95 is 3,8)

Osteopaths, who are medical doctors in their primary profession, do not use more methods in addition to Osteopathy than physiotherapists.

5. Conclusion

The leading question of this thesis

***"What is the position of Osteopathy in the health care system in Austria?* "**

can be answered by the following description:
Osteopaths in Austria treat patients all over the country in big cities and in small towns.
Although Osteopathy is not established in hospitals, rehabilitation centres, health insurance practices and health insurance institutes, patients do have the opportunity of obtaining an osteopathic treatment in the private practice.

The osteopathic process can be summarised as follows:
Although in daily work the three concepts of Osteopathy can not be separated it is interesting to see that the visceral part is only 18 % of all concepts.
The osteopaths were asked to state the five most important parts of their first examination. Structural techniques are the leading statement, which is used by 83 %. Next is the "Global Listening "used by 70%, "Cranial Listening" with 67 % and only 36 % of the osteopaths use "Visceral Listening". Almost half of the osteopath stated making a general inspection of their patients at their first examination. (49 %)
Surprisingly only a small amount of osteopaths mentioned the subjects anamnesis, inspection and palpation.
When we compare these results with the description of the treatment sessions where anamnesis and evaluation are the leading subjects we can conclude that that some of the interviewees stated only special osteopathic techniques.

In their daily work all osteopaths use their patients´ medical data provided.

Concerning the use of techniques one must state that it is extensive but very specific for Osteopathy.

67 % are using joint mobilisation on a regular base.
On the one hand, the Thrust Technique as a part of osteoarticular techniques is used of almost half of the osteopaths (49%) regularly; on the other hand the Jones technique is never used by 47 %.

In addition Osteopaths in Austria do rely on energetic techniques from Tom Shaver, biodynamic Cranio-sacral Therapy according to Jim Jealous. Osteopaths, who are medical doctors in their primary profession, do not use more methods in addition to Osteopathy than physiotherapists.

Beside the techniques all osteopaths give advices.
They give a lot of information to patients who are interested in advice about to avoid a setback and how to advance the progress of the therapy.
Hartmann (1997) is of the opinion that regular stabilising treatments after some months reduce the frequency, intensity and length of setbacks concerning mechanical dysfunction. Some osteopaths in Austria offer this “maintenance routine”.

Beside the osteopathic techniques a lot of other additional methods were mentioned.
The right to use some of the methods, such as acupuncture and neural therapy is reserved to medical doctors. On the other side physiotherapy was mentioned to 61 % obviously due to the fact that 77 % of the osteopaths are physiotherapist in their primary profession. Osteopaths, who are medical doctors in their primary profession, do not use more methods in addition to Osteopathy than physiotherapists.

When asked about specialisation only 6 % of the osteopaths affirmed (paediatrics). One can concluded that there is a need of osteopaths working in paediatrics.

Documentation concerning therapeutic work is an obligation in Austria. The osteopathic process is documented extensively.

Concerning the time management one must state that Osteopaths do spend a lot of time with their patients in order to give them an adequate treatment.
Osteopaths see their patients on a regular basis.
According to Newiger (1998) “*a carefully applied holistic treatment can last an hour or more*”. The majority of osteopaths in Austria take one hour for the first treatment and 45 minutes for further treatments.
Comparing the duration of the first treatment session with the further treatment sessions we see that in the first treatment anamnesis and evaluation take almost half of the time spend with the patient. (anamnesis 24%, evaluation 24 %)

In the further treatments the anamnesis with 10 % of the time and the evaluation with 17% of the time are still presented.
The time for applying osteopathic techniques expands from 31 % to 51%.

"*Manifold problems need normally more than six meetings*." Newinger (1998) states and writes further:" *The number of meetings depends on what can be expected from the patient during one single meeting, when he may be seriously ill."*
In Austria patients with chronic problems receive in average seven osteopathic treatments and the majority of patients are coming every two weeks. Acute patients receive in average five osteopathic treatments and the majority of patients are coming to therapy once a week.

Concerning the price for a treatment we hope Osteopathy can be used by the public in Austria and is not a right of the financially strong patients. Osteopaths do not charge more for their treatments in urban areas. There is no relation between working location and payment for a treatment.
When we compare the price for the first treatment session (69 % 75-100 Euro) there is no big difference to the price for the further treatment session (82 % 75-100 Euro).

According to Newiger (1998) Osteopathy is not really a good source of revenue in Germany nowadays for the general practitioner, because

> "*No medical doctor following the orthodox medicine can afford to treat according to holistic and osteopathic methods. Only manipulative techniques that can be applied fast and simple are economical and can be used in practice*."

The picture in Austria is the following:
Six of the 14 medical doctors use more than the mean value of the time for treatments.[30] Osteopaths, who are medical doctors, charge more for their work than osteopaths who are physiotherapists in their primary profession.

Concerning the time of work one can state that on average osteopaths treat 8 patients per day and 33 patients per week.
With this description I aimed at showing the position of Osteopathy in the health care

[30] first and further treatments; mean value of the time of all osteopaths

system in Austria.

Another leading question was:

> ***Do the interviewed persons identify themselves with the osteopathic profession?***

Only 14 % work full time as osteopaths. 60 % had been working five to ten years in their primary profession when they decided to study Osteopathy. They might stick to their primary profession. 10 osteopaths, who started immediately after their graduation in primary profession with Osteopathy, work more than 75 % as osteopaths.
17 out of 26 diploma osteopaths work to 76-100% as osteopaths.
Physiotherapists do not leave their primary profession more easily than medical doctors.
There is no relationship between primary profession and working full time as an osteopath.
The statements in connection with the diploma thesis for osteopaths gave an additional insight. Writing a thesis seems to be a great challenge. Only 37 % finished their studies with a thesis and became diploma osteopaths.
One can not speak of a professional standpoint of identity for osteopaths yet.
The main hindrance for osteopaths in claiming a professional identity seems to be the missing of an official recognition on a legal basis of some sort.
Therefore the answer to the question:

> **"*How important is the official recognition of Osteopathy in Austria for each and every osteopath?*"**

is especially helpful in discussing the self-identifying process for osteopaths in Austria.
74% of the osteopaths state official recognition important because they mentioned the need for a better position in the health system, a better position in society, legal security, also in refunding of costs by health funds.
In this context the Austrian Association of Osteopathy can be especially important for

the finding of a suitable placing of Osteopathy within the medical fields already established. The tested persons do care deeply about Osteopathy and hopefully will support the association in all its efforts to achieve this aim.

The field of medicine changes quickly due to the boom in alternative medicine.
The circle of clients or patients and the fields of work as well as the working methods have changed in quantity and quality.
Nevertheless the profession of the osteopaths is widely unknown. Therefore it was a challenge to present this field to the public and to adjust forms of training and working conditions were necessary.
Furthermore, interesting points of data collection came up during the questioning of the target group, regarding the future development of the professional field, necessary and new qualifications and promising training postgraduate courses.
However, for the research concerning professions it is true (according to Gruber (2000)) that due to social dynamics it is very hard to forecast the future development of work, education and profession.
Gruber (2000) recommends an approach to research that is based on quality looking at such complex social events.
An isolated look at single parameters, as the classic questionnaire intends to do, would not do justice to the investigation on possible future perspectives and qualifications of the above mentioned group.

> *"Science rejects empirical subjective experiences, therefore specific osteopathic scientific standards have to be worked out.*
> *These standards are influenced by the professional groups, who practice Osteopathy (medical doctors and physiotherapists)"* (Guillaume 2002)

The here presented thesis on the professional field of the osteopaths is to be understood as a contribution to this process, providing more detailed information on Osteopathy in Austrian professional circles.

Hopefully, the interpretation of the data and the results will be helpful for the professional associations, the decision-makers in healthcare and the educational institutions.
I aimed at showing the competence and qualification of this health profession to create better teamwork.

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Annex

Figures

Covering letter

Questionnaire

Figures

Vienna 2003-01-07

Concerning the following topic I, Katrin Krönke would like to ask you a favour.
I need your help for a quantitative survey amongst osteopaths.
I am student of the Vienna School of Osteopathy and for my thesis I am going to evaluate the Professional Field of Osteopathy in Austria.

The questions to be asked are the following:
Where do Osteopaths in Austria work?
What is the content of the osteopathic process? (for example: What kind of techniques do you use?
What is your opinion concerning the political and the economic aspects?

There will be a lot of data that give an insight into the professional field of Osteopathy in Austria. The results will be helpful for the professional Association to represent our interests and to establish osteopathy in the health system in Austria.

This is especially important since Osteopathy is not yet a recognised profession in Austria.

In the following all Osteopaths in Austria will receive this questionnaire.
The interviews will only be about 150 persons! For this reason you answer is important for the sample poll.
I want to assure you that your anonymity is guaranteed.
Thank you for sparing 20 minutes to fill in this questionnaire.
Please send back the questionnaire by 2003-01-31.An envelope is enclosed.

Thank you for your cooperation!

Katrin Krönke

Questionnaire OSTEOPATHY
Evaluation of the Professional Field in Austria

Please take a pen, read through the questions and tick the correct answer. Please answer every question. Your anonymity is guaranteed.

BIOGRAPHY

- Gender ☐ female ☐ male

- Where did you study Osteopathy?

  ☐ WSO ☐ IAO others _____

  Are you Diplom-Osteopath? ☐ yes ☐ no

  Did you pass your final exams? ☐ yes, in the year____ ☐ no

  Did you hand in a thesis ? ☐ yes, in the year____
  ☐ no, because _____

- What is your primary profession? ☐ General Practioner
  ☐ Specialist for _____
  ☐ physiotherapist
  ☐ occupational therapist
  ☐ Midwife
  others _____

- Do you work in your primary profession? ☐ yes, for ____ years ☐ no

  Do you work as an osteopath? ☐ yes, for ____ years ☐ no

  Specify the percentage of your work in your primary profession and as osteopath!

  ____% primary profession _____% osteopath

Please answer the following questions as an osteopath.

WORK LOCATION

- In which federal state of Austria are you working? _____
- How many inhabitants does this place have?
  - ☐more than 500.000
  - ☐500.000 à 100.000
  - ☐100.000 à 50.000
  - ☐50.000 à 10.000
  - ☐10.000 a 5000
  - ☐less than 5000
- In which kind of institution do you work?
  - ☐private practice
  - ☐private institute
  - ☐health insurance practice
  - ☐health insurance institute
  - ☐hospital
  - ☐rehabilitationscenter
  - ☐educational institution
  - others_____
- You are : ☐ employed ☐ self-employed

THE OSTEOPATHIC PROCESS

Please answer some questions about your work with your patients.

1. **There are three concepts in osteopathy: structural, visceral, craniosacral. Specify the percentage of your work.**

___% structurel ___% visceral __% craniosacral

2. Do you use your patients` medical data ?(such as X-ray, MRI, blood tests) Specify the percentage of your working.

____% of the patients

3. Please list the five most important parts of your first examination:

1._____
2._____
3._____
4._____
5._____

4. What kind of techniques do you use?

	regulary	**occasionally**	**rarely**	**never**
General Osteopathic Treatment				
Jointmobilisation				
Thrust				
Recoil				
Jones Technique				
Mitchell Technique				
Myofasciale Technique				
Listening				
Viscerale Mobilisation				
Recoil on organs				
Induction				
Direct Craniosacral Techniques				
Indirect Craniosacral Techniques				
V-Spread				
Other Techniques:				

5. Do you give any advices ?

☐yes ☐ exercises
☐ general behaviour advices
☐ nutrition advice
☐ preventive treatment twice a year
others as follows_____

☐no

6. Do you document:

☐ anamnesis
☐ results of inspection
☐ results of palpation
☐ results of movement tests
☐ results of evaluation
☐ plan of therapy
☐ performend therapy
☐ treatment results

others_____

7. Are you specialised in a medical subject regarding your osteopathic work?

☐yes, as follows_____ ☐no

8. Do you use any other methods?

☐ yes

☐ Bach flower remedies
☐ Aromatherapy
☐ TCM
☐ Kinesiology
☐ Acupunctur
☐ Homeopathy
☐ Physiotherapy

others_____

☐ no

9. Time management:

- How long do you take for the first treatment session? ____min

	min
anamnese	
evaluation	
treatment	
consultations	
documentation	
organisation	

- How long do you take for further treatment sessions ?____min

	min
anamnese	
evaluation	
treatment	
consultation	
dokumentation	
organisation	

- How many treatments do you give a patient with acute problems ?____treatments
- How often do you see a patient with acute problems ?
  ☐ several times a week
  ☐ once a week
  ☐ every two weeks
  ☐ every three weeks
  ☐ every four weeks
  or_____
- How many treatments do you give a patient with chronic problems?____treatments
- How often do you see a patient with chronic problems?
  ☐ several times a week
  ☐ once a week
  ☐ every two weeks
  ☐ every three weeks
  ☐ every four weeks
  or_____
- Do you set up an appointment for a checkup after finishing your treatment?

  ☐yes ☐no If yes, after how many months? ____months

- How many patients do you treat on average per day? ___ patients
- How many patients do you treat on average per week? ____patients

SOCIAL and POLITICAL ASPECTS:

1. **Price:**

- What do you charge for the first treatment?

☐50-75 Euro ☐75-100 Euro ☐ more than 100 Euro

- What do you charge for further treatments?

☐50-75 Euro ☐75-100 Euro ☐more than 100 Euro

2. **Are you member of the association for osteopathy?** ☐yes ☐no

Do you play an active part in the association? ☐yes ☐no

3.

Osteopathy plays an important role in medical prevention.

☐full consent ☐ consent ☐ partial consent ☐ no consent

The official recognition of osteopathy is important.

☐ full consent ☐ consent ☐ partial consent ☐ no consent

What are the advantages of the official recognition of osteopathy?

_____

_____

Thank your for your cooperation!