DEVELOPMENT OF A QUESTIONNAIRE TO ANALYSE THE KNOWLEDGE OF MEDICAL DOCTORS ABOUT OSTEOPATHY

Master Thesis for Obtaining the Degree of
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at the **Wiener Schule für Osteopathie**
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DECLARATION

Hereby I declare that I have written the present thesis on my own.

I have clearly marked as quotes all parts of the text that I have copied literally or rephrased from published or unpublished works of other authors. All sources and references I have used in writing this thesis are listed in the bibliography section. No thesis with the same content was submitted to any other examination board before.

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Date Signature

ACKNOWLEDGEMENTS

I would like to express my gratitude to all those who supported me in this work. Above all I would like to thank the medical practitioners among my relatives who helped to distribute the questionnaires.

ABSTRACT

In Austria osteopathy is a fairly young and partly unknown treatment method.
Yet it would be important that medical practitioners know about osteopathy so it can become established in certain structures of the health care system.

One possibility to find out how much doctors know about osteopathy is to use a questionnaire. On the basis of the information gained through the questionnaire further steps might be taken. The questionnaire also includes questions concerning the doctors' attitude towards osteopathy and current patterns of behaviour.

I set myself the goal to develop such a questionnaire and to analyse the results in my thesis. By means of e-mail I contacted a number of osteopaths to obtain a list of the most important characteristics of osteopathy and the environment in which osteopaths usually work. I put them in a reasonable order and based on the information I designed a questionnaire.

Through a test run I wanted to find out about the questionnaire's relevance thus I tried to acquire as many participants in the preliminary survey as possible by means of personal networking.

After a first analysis of the feedback to the preliminary questionnaire I revised and improved the design of the questionnaire. I hope that with the final product I can lay the foundations for follow-up surveys or provide some ideas for future PR work to promote osteopathy.

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1 PREFACE

For reasons of better readability I will not used gender-specific terms and pronouns in my paper. In line with the principle of gender equality the terms “doctor”, “physician”, “medical practitioner”, “physical therapist”, “occupational therapist”, “student” and “patient” will refer to both, male and female persons. The same holds for the pronouns “he”, “his”, “him” and “their”.

2 INTRODUCTION

2.1 PROBLEM STATEMENT

My area of work as physical therapist and osteopath is quite diversified since I am employed at a hospital and also work freelance in my own practice. In both areas I am confronted with the fact that doctors only know little about osteopathy or have a very preconceived image or wrong picture of what osteopathy really is or does.

2.1.1 COOPERATION WITH DOCTORS AT THE HOSPITAL

2.1.1.1 DOCTORS’ REFERRALS

I am employed as physical therapist at a focal hospital in the West of Vienna (“Krankenhaus Hietzing mit Neurologischem Zentrum Rosenhügel”). At this workplace I have the possibility to also apply my osteopathic knowledge and techniques. On the one hand patients are referred to me directly for osteopathic treatment; on the other hand I use the osteopathic methods “secretly”, which is more or less tolerated.

Since at the hospital I only treat patients who are referred to me by doctors, the possibilities to carry out osteopathic therapies are quite limited and depend on the respective doctor's interest in and comprehension of osteopathy.

In my opinion it is reasonable to refer patients to osteopathic treatments because I have made the experience that certain disease patterns can be treated more effectively with osteopathic methods than with physical therapy, or that an osteopathic treatment is the only thing which facilitates an improvement of the condition, e.g. "chronic pain patients", acute hearing loss, cervicobrachial syndromes or shoulder-arm syndromes, or even lockjaw. I also observed that with osteopathic treatments fewer treatment sessions are necessary.

In general, I noticed that the more doctors know about osteopathy and its effects, the more they are willing to refer patients to this kind of treatment.

2.1.1.2 COOPERATION TO CLARIFY CLINICAL DIAGNOSES

For a focused osteopathic treatment a good cooperation between medical practitioners and osteopaths is sometimes necessary to clarify certain clinical diagnoses, e.g. to explain the results of apparative diagnostic methods or laboratory tests.

2.1.2 COOPERATION WITH SELF-EMPLOYED DOCTORS IN PRIVATE PRACTICE

2.1.2.1 DOCTORS' REFERRALS

I work as a freelance physical therapist in my own practice in the region of Mödling, Lower Austria. The demand for osteopathic treatments is constantly rising, on the one hand because I tend to offer this treatment approach to my patients and on the other hand because patients have heard about osteopathy and come to ask for this kind of treatment themselves. Many new patients also get to know osteopathy through word-of-mouth advertising.

Two afternoons per week I work exclusively osteopathically in a group practice where practitioners of various specialities have their consultation hours: e.g. a homeopath, an oncologist, an orthopaedist, a paediatrician, a midwife, psychotherapists, masseurs, physical therapists etc. I “acquire” my patients through recommendations by staff members of this group practice, through public relations activities (folders, ads in the official news bulletin “Vöslauer Stadtanzeiger” of the municipality Bad Vöslau), through the internet and through word-of-mouth advertising.

A self-employed physical therapist in Austria is dependent on referrals by doctors. Only after a physical therapy has been prescribed by a doctor by means of a “prescription form” the physical therapist may carry out his treatment. If the patients want an osteopathic treatment, the patients may directly turn to the osteopath. Doctors usually recommend osteopathic treatment, but they do not write out prescriptions for this kind of therapy.

2.1.2.2 COOPERATION WITH SELF-EMPLOYED DOCTORS TO CLARIFY CLINICAL DIAGNOSES

I think it would be sensible if doctors knew more about osteopathy because they act as “clarifiers” and it would also be good if they received an osteopathic treatment themselves, an issue I will come back to later. In addition also in private practice a good cooperation between medical practitioners and osteopaths is sometimes necessary to clarify certain clinical diagnoses.

2.1.2.3 DOCTORS’ REFERRALS – OSTEOPATHIC TREATMENT NOT PAID BY NATIONAL HEALTH INSURANCE CARRIERS

Concerning the work in private practice there is an important – purely financial – aspect, which has to be considered:

Since in Austria osteopathy is not recognized as independent, self-contained profession, the main national health insurance carriers do not reimburse any costs for osteopathic treatments.

Even in cases where the medical practitioners advocate osteopathy and refer their patients for an osteopathic treatment, the treatment is not recorded for reimbursement because the national health insurance companies only approve and reimburse physical therapy treatments.

2.1.3 PROBLEM: UNDIFFERENTIATED KNOWLEDGE ABOUT OSTEOPATHY

SAVORY (1993, p.10) writes that "the term "osteopathy" unfortunately describes the area of diagnostic and therapeutic expertise of an osteopath only insufficiently. It is in general very difficult to find an appropriate term which comprehensively describes all the aspects of osteopathy." SAVORY (1993, p.16) also says that: "the term comes from the Greek words: osteon = bone and pathos = suffering, which has contributed to misunderstandings and led to the misinterpretation that osteopathy would merely deal with "bone diseases." Thus it is very difficult for outsiders to figure out what to make of it.

I know from my experience that sometimes osteopathy is associated with pure manual therapy, sometimes it is seen as a gentle therapeutic method, which is supposed to have its healing effects only through the "laying on of hands" (which is always observed rather sceptically by conventional medical practitioners). That osteopathy in reality is a very comprehensive therapeutic method which can be applied in a number of fields and is based on a very interesting philosophy is not sufficiently known in Austria due to the fact that osteopathy is a relatively "young" method in our country (about 15 years).

When I discussed case histories of patients or simply during conversations about my profession I was often confronted with the question: "Now, what are you actually doing?" This clearly shows that there was not enough information on and experience with osteopathy. I have also observed that due to the lack of information the patients were rather referred to a well known, "conventional" therapy than to a treatment where it is not clear how it works or what effects it can achieve, or which is even completely unknown.

2.1.4 MOTIVATION: FAMILIARAZATION OF DOCTORS WITH OSTEOPATHY

Based on the situation which I have described above I can list the following reasons why doctors should become more familiar with osteopathy.
Medical practitioners have several functions.

They should 1.) provide treatment
2.) explain things (which includes alternative treatment methods)
and they 3.) write referrals.

2.1.4.1 TREATMENT BY DOCTORS

As general practitioner it would be good to be familiar with osteopathy because an osteopathic treatment can sometimes have positive effects also on conventional treatment methods, e.g. in patients suffering from tension headaches of various genesis (accident, dental braces, posture at the workplace, etc.). These patients usually are sent to receive physical therapy. But these are cases where osteopathy would provide an additional treatment aspect. Another reason why general practitioners should know more about osteopathy is that osteopathy is becoming increasingly popular in Austria. This means that among the practitioners' "clientele" there will be patients who have already received an osteopathic treatment. In good doctor-patient conversations the medical practitioners will find out about the osteopathic treatment and maybe will start to become interested in how osteopathy works because they want to provide the best possible care for their patients.

2.1.4.2 EXPLANATION BY DOCTORS

There are patients who do not want to be administered medications or be treated with apparative methods, but who look for alternative approaches. For these patients it would be of advantage if their attending physicians knew about osteopathy and thus give informed advice. If doctors knew about how osteopathy works they would recognize it as an additional new

treatment approach. And if they thought it was a good approach they would start to recommend it.

2.1.4.3 REFERRAL BY DOCTORS

As osteopath in Austria you can “acquire” patients either through advertisements and recommendations by people who have had a positive experience or through doctors’ referrals. Thus it would represent an economic advantage if medical practitioners knew more about osteopathy to write out more letters of referral.

I think it would also be good if they knew more about the osteopaths’ training and high-quality work for writing such letters of referral. The profession of “osteopath” is not protected in Austria and the occupational title can basically be used by any practitioner, even if he underwent very little training but still claims to provide osteopathic therapy. In these cases the desired therapeutic effects might not be achieved.

Of course, osteopathy is not a cure-all, and for that reason a good cooperation between doctors and osteopaths is essential to provide the best possible care for the patient.

The objective of my thesis is to contribute to the efforts of familiarizing medical practitioners with the approach of osteopathy, which is a contentious issue probably not only in my private practice and at the hospital where I work.

2.2 RESEARCH QUESTIONS

What do doctors really know about the osteopathic profession and what should they know? What level of knowledge about osteopathy should the doctors have in order to guarantee a good cooperation?

2.3 PRELIMINARY WORKING HYPOTHESIS

Osteopaths are dependent on a good cooperation with other medical practitioners so they can offer their know-how and treatment approaches to the patients in the best possible way. Doctors need a certain level of knowledge and information about osteopathy so that osteopathy can establish itself in the present structures of the health care system.

Thus I put up the following preliminary hypothesis: A well designed questionnaire can provide the basis for a survey among medical practitioners, in which the doctors are asked about their current state of knowledge about osteopathy but at the same time are informed about this treatment approach.

An example for such an informative question would be: “Did you know that the basic training for osteopaths at the WSO comprises 10 semesters and is completed by a 3-semester course at the DUK?”

Note: During the work on this project I had to change my hypothesis (cf. chapter 4.4.2) therefore the hypothesis discussed in this chapter (chapter 2.3) is called “preliminary working hypothesis”.

2.4 METHODOLOGY

2.4.1 INQUIRY AMONG OSTEOPATHS

Osteopaths were contacted by e-mail and asked what they think were important issues a questionnaire on osteopathy should include. The objective was to determine what information doctors should have to be able to provide specific advice and write out specific referrals.

The text of the e-mail was: “For my diploma thesis I want to develop a questionnaire to analyse the knowledge of doctors about osteopathy. According to you what information should doctors

get about osteopathy to be able to provide specific advice and to write out specific referrals? Would you be so kind and send me a brief statement."

2.4.2 OBTAINING INFORMATION ON QUESTIONNAIRES

The plan was to:
- Obtain general information on questionnaires – maybe work with an expert
- Look at a diploma thesis at the Academy for Occupational Therapists ("Ergotherapeutischen Akademie") in Baden, Lower Austria, which discusses the cooperation between doctors and occupational therapists

2.4.3 DEVELOPING THE QUESTIONNAIRE

I wanted to:
Develop a questionnaire to find out how much doctors currently know about osteopathy and at the same time pass on information on osteopathy.

Note: I had to change this kind of questioning, cf. chapter 4.4.2.

2.4.4 TEST RUN

My plan was to: Test the questionnaire among a small number of doctors.

2.4.5 TIMEFRAME OF THE PROJECT

Duration of the project: nine months maximum

2.5 RELEVANCE FOR OSTEOPATHY

Osteopathy is not a cure-all therefore a good cooperation between doctors and osteopaths is necessary to provide the best possible care for the patients.

The objective of my thesis is to contribute to the efforts of familiarizing medical practitioners with the approach of osteopathy, which is a contentious issue probably not only in my private practice and at the hospital where I work.

The development of a questionnaire will serve as a means to make osteopathy more known and thus facilitate a good cooperation between doctors and osteopaths. Due to synergies among specialized doctors, general practitioners and osteopaths, the patients would receive better health care, which would have a positive effect on all people involved.

3 FUNDAMENTALS

In the chapter “FUNDAMENTALS” I will define certain terms, which – according to my inquiry among osteopaths (cf. chapter 4, Methodology) describe the most important issues in osteopathy and its environment. These contents are used to develop targeted questions for the doctors’ questionnaire.

3.1 WHAT IS OSTEOPATHY

There are a number of definitions of osteopathy, which is understood as philosophy, art and science. I have chosen the following definition, because I think it can be easily understood by a layperson. In addition I think everybody can get a good idea of an osteopathic treatment through the description of the objective of such a treatment below.

3.1.1 DEFINITION

“Osteopathy is a holistic method in which the hands are used for diagnosis and therapy. Its aim is the recovery of mobility and thus of the potential for spontaneous healing. This is made possible by using the structure of the human body.” (www.wso.at)

3.1.2 OBJECTIVE OF AN OSTEOPATHIC TREATMENT

An osteopathic treatment has the objective to correct **restrictions of mobility of structures and tissues** and thus re-establish the body’s physical and mental wellbeing.

This is achieved by means of:
- “a **highly differentiated diagnosis** of structural disturbances or impairments of mobility and their effects (remote action) by means of clinical and osteopathic examination methods.” (www.wso.at)
- recognition of the dysfunctional pattern

- "**correction by means of gentle manual techniques** in order to trigger neurovascular, neuromascular and neuroendocrine regulatory mechanisms, thus enabling spontaneous healing." (www.wso.at)

3.1.3 THE PHILOSOPHY

Since osteopathy is not a pure technical method, i.e. a pure manual therapy, but is also based on a particular philosophy, it is important for me to mention these philosophic guidelines, the "principles of osteopathy".

According to GIBBONS and TEHAN (2004, p.3) the philosophy of osteopathy can be summarized in the following principles:

"
- The body is an integrative unit.
- The body is a self-regulating organism. Its homeostatic tendency is the basis for its ability to heal and repair.
- Structure and function are mutually dependent.
- Disease has somatic components.
- A dysfunction of the neuromusculoskeletal system can negatively influence the overall state of health of a patient and thus impair his ability to recover from injuries and disease.
- The free and unimpaired exchange of liquids, lymph, synovial fluid and cerebrospinal fluid are indispensable for the maintenance of health."

3.1.4 THE CONCEPT OF SOMATIC DYSFUNCTION

An integral element of the terminology of osteopathic medicine is the term "somatic dysfunction", which I think is clearly explained by the following definition: "A somatic dysfunction is an altered or abnormal function of interrelated components of the somatic (i.e. concerning the physical framework of the body) system, which comprises bony, articular and myofascial structures and the related vascular, lymphatic and neural elements." (GIBBONS und TEHAN, 2004, p.4)

3.1.5 SELF-HEALING POWERS

“To activate the self-healing powers” has become a very wide-spread slogan, a sort of temporary buzz phrase, which is used – as far as I know – in almost all alternative therapeutic methods. Nevertheless it is an indispensable and essential principle of osteopathy, cf. chapter 3.1.3 (“The body is a self-regulating organism.” etc.).

The main characteristic of why an osteopathic therapy can promote the self-healing powers of the body is outlined in a folder of the Austrian Osteopathic Association (ÖGO – Österreichische Gesellschaft für Osteopathie): “Restrictions of movement can affect all tissues of the body (bones, muscles, internal organs, connective tissue, and nervous system)” and the self-healing powers “can go to work if an unimpeded exchange of all fluids in the body (blood, lymph, cerebrospinal fluid, interstitial fluid) is guaranteed. Osteopaths use “[among other things]” the bone (osteon) to identify restrictions of movement (pathos) in the body and to release them.”

3.1.6 BASIC KNOWLEDGE AND PALPATORY SKILLS

There are important preconditions for a good osteopathic treatment, which are described at the website of the WSO. These are an “exact fundamental knowledge of anatomy and physiology” as well as a comprehensive training of the practitioner’s palpatory skills throughout the years.

This statement emphasises that good osteopathic skills need to be thoroughly trained over several years at high-quality institutions and cannot be learned in a few weekend-courses like so many “ignorant people” suspect.

3.1.7 DIFFERENCE TO CHIROPRACTORS

In the vernacular it is said that a patient with a “shifted” or “dislocated” vertebra goes to see someone who can “put it back”. During the last few decades this someone used to be a chiropractor, a profession which is better known in Austria than that of an osteopath; although osteopaths are nowadays also visited by patients with this kind of complaint. The difference between chiropractors and osteopaths is not very clear in the minds of many people.

Chiropractice is defined as: “a form of complementary medicine which is recognized by allopathy and is based on manual techniques (chirotherapy) to adjust subluxations in the intervertebral regions, which were caused through the shifting of vertebrae against each other. The method is not risk-free and can, among other things, lead to plegias.”
(PSCHYREMBEL, 1998, p.267)

3.2 HOW DOES OSTEOPATHY WORK? THE EFFECTS OF OSTEOPATHY

3.2.1 THE THREE OSTOPATHIC AREAS

Osteopathy can be divided in three main areas: structural osteopathy, cranio-sacral osteopathy and visceral osteopathy.

3.2.1.1 STRUCTURAL OSTEOPATHY

This approach deals with the mobilisation and correction of joints, muscles, tendons, ligaments and fasciae. The website of the WSO provides a list of the broad spectrum of techniques that can be applied in this context:

- GOT (General Osteopathic Techniques)
- Osteoarticular techniques
- HVLA (high velocity law amplitude) techniques

- Muscle energy techniques
- Proprioceptive reprogramming
- Myofascial techniques

3.2.1.2 CRANIO-SACRAL OSTEOPATHY

Even though the cranio-sacral therapy is an element of osteopathy it is also offered and taught as independent method. But it is especially this field of therapy which is very contended as therapeutic method. People who do not know enough about the concept see this method as some sort of “miraculous healing” or “borderline” and “esoteric” therapy.

Cranio-sacral osteopathy is described as follows: “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 ultrafine 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 targeted work on the cranial system.” (www.wso.at) .

3.2.1.3 VISCERAL OSTEOPATHY

The visceral approach in osteopathy takes into account the mobility of the internal organs. “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.” Restrictions of visceral mobility can entail problems somewhere else in the body, e.g. back pain.

“The wide variety of therapeutic approaches permits the development of holistic treatment concepts to meet the individual needs of the patient.” (www.wso.at)

3.2.2 INDICATIONS

In our Western style medicine the terms “indication” and “counter-indication” are deeply anchored. A list of indications for osteopathic treatment may help to get a more concrete idea of what osteopathy is:

„Typical indications are

- Chronic and acute conditions of pain in the locomotor system (spine and joints)
- Problems after accidents
- Respiratory problems (e.g. bronchitis, pneumonia)
- Complaints of the gastrointestinal tract
- Headaches, migraines, dizziness
- Allergies, neurodermitis
- Complaints affecting the ENT-regions (e.g. sinusitis, Otitis media)
- Problems of the masticatory apparatus
- Congenital or acquired problems during development (e.g. dyslexia, concentration problems, hyperactivity)
- Problems during pregnancy and perinatal problems
- Problems affecting the urogenital system (e.g. menstruation problems, incontinence)
- Maintenance of a good general health status“ (ÖGO- FOLDER)

3.2.3 COUNTER-INDICATIONS

Osteopathy figures among the group of complementary forms of medicine. Very often the general opinion concerning complementary methods is: “If it doesn’t help, it doesn’t harm

either".

I could list a number of counter-indications which are well known by well-trained osteopaths, e.g. no strong structural techniques in the case of acute traumas with structural lesions like dislocations or fractures, or in the case of tumours and metastases or in the case of acute inflammatory reactions in the joints, or in the case of osteoporosis. Absolute counter-indications for all osteopathic techniques are an acute abdomen, proneness to seizures, unclear acute dyspnoea, the risk of a miscarriage, and untreated acute psychological conditions.

I would like to quote descriptions and definitions which clearly illustrate the significance of counter-indications in osteopathy.

MAYER FALLY (2005, p.15) writes that professional responsibly also means that the practitioner has a conceptual safety net to protect himself and the patient. The prerequisite for such a safety net is to work in a controlled manner (exact execution of techniques/examination, taking into account individual particularities), to establish a trustful relationship with the patient in which both the practitioner and patient agree on the course of the treatment, and to dispose of a thorough knowledge about differential diagnoses and counter-indications.

Another author, HARTMAN (1997, p.39) writes that an absolute counter-indication is given if the planned technique might cause tissue damage. He also points out that the most dangerous pathologies are those which weaken the tissue structures to such extent that a treatment might lead to death or at least severe damage. Further he writes that: "Another absolute counter-indication is given if no diagnosis was established and there is not even a reasonable working hypothesis." And he goes on that: "Also extreme pain or resistance of the patient should always be taken as red flags. .... The respective technique has to be adapted to the patient's morphology, age, his general state of health and the current condition of his tissues. All theses aspects should always be taken into account in the general assessment of the situation before the treatment." (HARTMAN, 1997, p.41).

3.3 TRAINING

3.3.1 OSTEOPATHIC TRAINING IN AUSTRIA

Since 1991 a comprehensive osteopathic training is offered at the Vienna school of osteopathy (WSO - Wiener Schule für Osteopathie). Additional courses are held in cooperation with a university (DUK - Donau-Universität Krems) in Lower Austria and at the continuing education center in Klagenfurt, Carinthia (FBZ - Fortbildungszentrum Klagenfurt).

The basic osteopathic training comprises 10 semesters at the WSO. The subsequent university course comprises 3 semesters and is held at the DUK and at the WSO.
"The entire training is completed with the academic degree "Master of Science (MSc)".
In addition the WSO also bestows the title "D.O." (in Austria the abbreviation stands for "Diplomosteopath", which means licensed osteopath)". (www.wso.at)

Until the year 2005 the osteopathic training comprised 6 years and the students had the possibility to complete the training by writing a thesis to obtain the internationally recognized title "Diplomosteopath (D.O.)" – licensed osteopath.

While "the title "osteopath" and "Diplomosteopath D.O." (licensed osteopath) cannot be protected, the title "Master of Science" in osteopathy is a **protected academic title**, which can also be registered in official documents. This will help to distinguish osteopaths and their work from other professions and techniques which are commonly confused with osteopathy." (www.wso.at)

Osteopathic training in Austria is a part-time training which requires that the participants already have completed a professional training in the field of medicine. The website of the WSO indicates that medical doctors, dentists, veterinary doctors, physical therapists, occupational therapists and midwives are accepted as students.
Every student has to bear the costs for the training himself.

Also the I.A.O. offers osteopathic training courses in Austria, cf. chapter 5.3.2.3.1.

In the United States, where osteopathy was originally developed by Andrew Taylor Still (1828 – 1917), the training of osteopaths is largely equal to a medical curriculum.

In Australia osteopaths have to complete five-year university studies. In Europe osteopathic training varies from country to country. There are part-time and also full-time courses. Differences exist also concerning the recognition of osteopathy as a profession in its own right. (www.wso.at)

At the monent osteopathy is not recognized as a profession in its own right in Austria.

3.3.2 THE OSTEOPATHIC CENTRE FOR CHILDREN (OKZ)

Like in physical therapy or general medicine it is also possible in osteopathy to specialize in paediatrics.

“The Austrian osteopathic centre for children (Osteopathisches Zentrum für Kinder, OZK) was established by the WSO in cooperation with the Osteopathic Centre for Children (OCC) in London and provides a two-year post-graduate training in paediatric osteopathy.”
(www.wso.at)

3.3.3 RESEARCH IN AUSTRIA

According to my experience some osteopaths fear that due to increased research activities and the development of structures and concepts the “essential characteristic”, the “true nature” of osteopathy, i.e. subtle perception and the work on the body, is lost.
But I think that both things have their value and the decisive factor is to carefully balance them; cf. chapter 6.3.

“Osteopathy was and still remains a form of **medical therapy largely based on experience**. In the past decades a number of studies were carried out to examine the efficacy or individual theoretic concepts of osteopathy on a scientific level.” (www.wso.at)

A selection of interesting articles can be found on the website of the WSO. “WSO students structure their diploma theses according to **international standards for scientific papers**. They have to write their thesis in English in order to facilitate international exchange.“ (www.wso.at).

3.4 ORGANIZATIONAL ISSUES, COURSE OF TREATMENT IN AUSTRIA

3.4.1 DURATION OF TREATMENT

According to KRÖNKE, (in progress, p. 36) the mean duration of the first treatment is 54 minutes, with a maximum duration of 75 minutes and a minimum duration of 30 minutes. On average the subsequent treatment sessions comprise 42 minutes. In the first treatment session the taking of the case history and the first assessment consume most of the time, in the subsequent sessions most of the time is focussed on the treatment as such.

3.4.2 NUMBER OF TREATMENTS, PERIOD BETWEEN THE TREATMENTS

The analysis of the questionnaire five times, with the large majority receiving the treatment once a week. The mean number of treatments for chronic patients is seven and most of the times the treatment sessions are spaced 14 days apart.

HARTMAN, (1997, p.42) writes that there are ”certain urgent situations like forthcoming

journeys, sports events or other important events which make it necessary to treat the patient on a daily basis." Usually a patient should not receive treatment every day, because this can lead to bad reactions after the treatment. Such a bad reaction "can considerably improve within a few days afterwards. But if the practitioner had continued to treat the patient in this irritable phase, he could have come to the wrong conclusion that his previous treatment was wrong." (HARTMAN, 1997 p.41) "If the patient is nevertheless treated every day, the treatment must be very cautious."

3.4.3 COSTS OF TREATMENT

According to KRÖNKE, (in progress, p.39ff) the costs for an osteopathic treatment in most cases (69%) range between 50 and 75 Euro and more (28%) for the first treatment; subsequent treatments in most cases also cost between 50 and 75 Euro (82%) and more (15%).

The costs for osteopathic treatments are not reimbursed by the national health insurance carriers.

On May 22, 2006 I undertook a telephone inquiry among 3 private insurance companies (**GENERALI**, **MERKUR** and **UNIQA)** who provided the information that they all reimburse the costs for osteopathic treatments at least in part. The amount that is reimbursed depends on the specifications in the insurance contract.

I would like to give an example to illustrate the situation. A private insurance company offers coverage for the costs of out-patient treatments including treatments belonging to the realm of holistic and alternative medicine. The insurance benefit per calendar year are limited to a **total sum** of EUR 1.000. If the compulsory national health insurance reimburses the costs of treatment (preliminary submission), 100% of the costs minus the reimbursement of the national health insurance are reimbursed by the private insurance. 80% of the costs are reimbursed if the compulsory national health insurance does not reimburse any costs.

The monthly insurance rate for the out-patient coverage depends on the age of the patient, e.g. a 30-year-old woman pays a monthly rate of 17.34 €, a 50-year-old woman pays a monthly rate of 22.42 € and a 50-year-old man has to pay 23.87 € per month (according to a table which was sent to me by the insurance company in question.)

In addition the out-patient insurance cannot be concluded separately, it has to be combined with a “special class hospital insurance” or a “hospital daily cash benefit insurance”.

By telephone another health insurance company gave me the information that reimbursement for osteopathic treatment costs is possible. But when they sent me their specific written information I discovered that the wording in the information brochure was that out-patient medical treatments including therapies of complementary medicine, like homeopathy, acupuncture and chiropractice are covered. However, these treatments have to be carried out by a doctor.

Osteopathy is not mentioned separately in the information brochure and from the wording we can assume that if the treatment costs are reimbursed the insurance company will only accept its responsibility if the treatment is carried out by a doctor and **not** by a physical therapist. (Cf. chapter 6.2, which discusses marketing activities also directed towards insurance companies.)

3.4.4 HOW TO FIND AN OSTEOPATH

On the website of the WSO a list of graduates from the school can be found: www.wso.at

4 METHODOLOGY

4.1 E-MAIL INQUIRY

On January 19, 2006 an e-mail with the following text was sent to 170 recipients, all of whom are graduates of the WSO (online list of "coaches"): "For my diploma thesis I want to develop a questionnaire to analyse the knowledge of doctors about osteopathy. According to you what knowledge should doctors have about osteopathy to be able to provide specific advice and to write out specific referrals? Would you be so kind and send me a brief statement? (Telegram style is sufficient) Thank you very much, Maria Eppensteiner".

17 of the 170 e-mails could not be sent.

After 14 days I received 30 answer e-mails, which can be summarized under the following headlines:

1. Principles of osteopathy
2. Effects of osteopathy; what can I expect?; techniques
3. Training of osteopaths
4. Treatment course, organization
5. Miscellaneous, e.g. osteopathy is not competition for allopathy; doctors should get an osteopathic treatment themselves;

4.2 DEFINING THE CONTENTS OF THE RECEIVED ANSWERS BY MEANS OF LITERATURE RESEARCH

HEADLINES 1-4: The majority of the definitions I took from the website of the Wiener Schule für Osteopathie, www.wso.at.

The diploma thesis of KRÖNKE (in progress) seemed also important to me. It contains information on how osteopaths work in Austria, and analyses among other things the duration and costs of osteopathic treatment sessions.

The results of headline 1 – 4 served as basis for the chapter “FUNDAMENTALS”.

4.3 RESEARCH AT THE FHWN

In order to find literature concerning the topic of my thesis Heidi Clementi recommended to look at a school for occupational therapy training (“Schule für Ergotherapie”) in Baden for a thesis which deals with the topic: cooperation between occupational therapists and doctors. By now the school has been integrated in the polytechnic college “Fachhochschule Wiener Neustadt” – FHWN) in Wiener Neustadt, Lower Austria. Unfortunately by telephone nobody was able to give me additional information on the thesis. I was also not able to identify the desired thesis in the online list of titles of diploma theses written by occupational therapists. Thus I had to visit the FNWN and search the rows of diploma theses in the library until I found the one I was looking for: “Die Ergotherapie durch die Brille des Arztes” (Occupational Therapy Through the Eyes of a Doctor) by Ruth Hochmeister, 2003. (I wanted to include this detailed description of how I finally got hold of the literature, because this apparently simple activity was disproportionately time-consuming.)

The thesis deals with the question how much doctors in private practice know about and how much importance they attribute to occupational therapy and what possible strategies can be applied to more effectively provide doctors with better information on occupational therapy.

The author’s questions were:
“How well are doctors informed about occupational therapy?
What do doctors think about occupational therapy?

How often and in the case of what diagnoses do doctors refer patients to occupational therapy? What measures would be most effective to inform doctors about occupational therapy and thus improve the cooperation?" (HOCHMEISTER, 2003, Abstract)

The thesis is divided in three parts: The first part describes the questionnaire that was developed by Hochmeister and completed by doctors in private practice. It also looks at the results that were obtained. The second part consists of an interview with a self-employed occupational therapist. The third part describes measures and strategies how doctors can be better informed about occupational therapy.

The most important thing for me was the questionnaire: "UMFRAGEBOGEN für ÄRZTE zum Thema ERGOTHERAPIE" (QUESTIONNAIRE for DOCTORS on OCCUPATIONAL THERAPY), which I have included in the Annex to my thesis. It comprises eleven questions on one A4 page. Hochmeister did not want to claim too much of the doctors' time.

I have adopted the following items from her questionnaire:

- General practitioner, specialized doctor
- Age group
- Question 1: "How long have you been in practice?"
- Question 2: "How well-informed do you feel about occupational therapy?" was slightly changed in: "How well-informed do you feel about osteopathy?"
- Question 11: "Would you like to have more information about occupational therapy?" was slightly changed in: "Would you like to have more information about osteopathy?"
- Question 9: "Do you receive feedback from your patients about the occupational therapy?" was slightly changed in: "Did you receive a positive feedback of your patients?"

4.4 DEVELOPMENT OF A QUESTIONNAIRE

With the objective to develop a questionnaire I have entered a personal “terra incognita”. I did not have any background knowledge.

Therefore I started to design a questionnaire based on the answers to my e-mail inquiry among osteopaths (cf. Methodology 4.1) with the help of literature and professionals.
I generated questions and statements for the questionnaire, which I thought were important.

By developing a questionnaire you have to think first of all about language, phrasing and form. Hence I start with the following text by KROMREY who writes:

> Because of the difference between academic language and everyday language the researcher will certainly not use his academic terminology (such as anomie, participation, integration, stratification, occupational prestige) for the question formulation, but those words that are understood as far as possible by all persons interviewed and, in fact, are preferably understood equally (see above). Furthermore the researcher won’t ask only one question regarding one academic concept, but ask more than one, in order to do justice to the ambiguity of everyday language.
> (Kromrey 1994, p.227)

Furthermore KROMREY (1994, p. 227) writes: ‘In order to make sure that the questions formulated in the questionnaire are being understood equally, special attention has to be paid to the following maxims of *question formulation* and *questionnaire construction*.’ (cf. v.Alemann 1977, 209 f.; Kreutz/Titscher 1974, 53 ff.)

1) Questions should be formulated as simple as is consistent with the pertinent purpose of the questioning: no complicated sentences, no questions that are too long, raise simple issues.
2) Questions should be that clear-cut that by asking them a coherent reference frame for all interviewees is established. If interviewees are asked about the net income, for example, this concept has to be explained explicitly (What does the net income imply, what does it not imply?)

3) ‘The interviewee should by no means be overchallenged, i.e. his/her standard of knowledge must not be overstrained, the interviewee must not be ‘over-asked’.
4) Questions should not be asked in a suggestive way, but be put as neutral as possible. The purpose of this demand is to shield that answers reflect rather attitudes of the researcher or societal prejudices instead of the interviewee’s opinions.’ (cf. Kromrey, 1994, p. 278)

According to DIEKMANN (2002, p. 411 f) questions should be put in simple standard German and double negatives should be avoided. One should also be cautious with concepts to which strong value has been attached, such as, e.g. ‘liberty’ or ‘crime’. In question batteries statements should be poled into different directions.

The composition of my questions meets all these requirements. Questions are formulated as simple as possible and I do not think that the interviewees were over-asked with regard to their standard of knowledge. As all the interviewees of my inquiry come from the occupational group of doctors one can assume that they all understand terms like ‘osteoporotic bones’, ‘urogenital area’ or ‘incontinence’. Other terms, which also occur in the questionnaire but which come from osteopathy, such as ‘myofascial’ or ‘craniosacral’ techniques might be unfamiliar to physicians. During the test run of the questionnaire, however, these terms were not recognised as a problem by anyone.

Question shapes

According to the *type of answer target* we differentiate between open and closed questions. Open questions leave the phrasing of the answer to the interviewee; they leave the possible categories of answers open. In closed questions pre-formulated answers are given. In case of only two facultative answers, such as yes and no, we talk about alternative questions.

I used almost exclusively closed questions for my questionnaire, as these can be answered easier and faster.

Normally there is not only *one* question asked about a certain topic, but several different individual questions, which refer to the same subject (*question battery*). Depending on the answers given to previous questions, certain subsequent questions might be dropped or are necessary. And ‘consequent questions are the obverse of that. They are used to understand single aspects of previous answers more precisely.’ (KROMREY, 1994, p. 282)

Also in my questionnaire question batteries can be found, as, for example point 2:

Osteopathy - is a holistic medicine.

- induces the self-healing forces of the body
- is another term for chiropractic
- mainly works preventively

According to questionnaire construction by KROMREY (1994, p. 283) questions are not combined in an accidental way, but are arranged according to specific aspects. Generally one should preferably start with neutral, in any case not with difficult questions, in order to get the interview started. Especially those questions, that awaken the interviewee’s interest, should stand at the beginning of the interview. Furthermore one should pool several questions referring to the same complex of topics instead of permanently jumping from one topic to another. Each new complex of topics is prepared by means of transitional questions.

I tried to awaken the interviewees’ interest by means of starting with simple questions about osteopathy. The questionnaire is structured in accordance with topics, as for example: what is osteopathy and how does an osteopath work, indications for osteopathic treatments and osteopathic education. However, these topics match as regards content and thus no transitional question is necessary.

According to KROMREY (1994, p. 283) thereby the so-called *check questions* constitute an exception. In case you want to ascertain the reliability of an answer, you can ask a question, which is similar to the question that has been asked before, at another place in the questionnaire

and preferably in a way that the interviewee does not realise that a similar question has been already asked before.

The second question of point 12 would be an example for a check question in my questionnaire:

In Austria
- a basic training as physician, dentist, veterinary, physiotherapist or midwife is required for the in-service training for osteopathy
- no basic training in any medical profession is necessary to become an
- osteopath.

However, this question is asked just after the thematically equal question.

According to DIEKMANN (2002, p. 373) three types of interviews might be distinguished, depending on the way of questioning: the face-to-face interview, the telephone survey and the paper-pencil-interview (‘questionnaire’)

DIEKMANN writes (2002, p. 439) that effort and expenses of paper-pencil-interviews are usually lower than those of face-to-face interviews or telephone surveys. The ‘virtues’ of this method are:

1. the interviewees can better reflect about the questions
2. characteristics and behaviour of the interviewer have no influence
3. lower costs

The following points are considered to be the problematic aspects of the paper-pencil-interview:

1. In case of comprehension problems there is no assistance by the interviewer available
2. The questionnaire has to be simple and self-explanatory. Filters and branching should be avoided. Presentation techniques, such as the ranking of cards and the like are not possible. In case of postal interviews knowledge questions, such as questions about the world knowledge, are problematic, as thereby often third parties or even lexicons are

being consulted. Open questions about motifs and explanations require considerable abilities of verbalising.

3. In case of postal interviews it is not guaranteed that the questionnaire is actually filled out by the target person.
4. A postal interview demands the availability of addresses of target persons in advance. For person representative random samples one either has to go back to communal registers of residents, which is attended with considerable difficulties or one has to determine addresses of target persons in advance by means of a random walk/random route (address random, cf. chapter IX). Household addresses, e.g. taken from the phone book, are not enough. Only if a mailing list of the basic population is available, a random sample of target persons of the postal interview can be drawn without great effort.
5. Without additional measures the response rate of postal interviews is rather low.

I opted for the written questionnaire, for one thing due to time constraints and for another thing that the interviewees could critically fill out the questionnaire without being influenced by me. Additional measures for the increase of the return rate are described in my paper in chapter 4.5.2.

According to DIEKMANN (2002, p. 404 f.) there are four different types of questions:

1. attitudes
2. convictions
3. behaviour and
4. social-statistical features

In order to collect attitudes, often statements and items are presented which then should be rated by the interviewees, e.g. on a rating scale.
By conviction we mean subjective statements about facts and this is formally a matter of open questions.

Questions about behaviour are usually retrospective questions by means of which the frequency, the duration and the kind of certain actions in the past is being asked for and if a certain activity took place in the past at all, respectively.
By social-statistical features we mean statistic information in the broadest sense. If these questions refer to the interviewee him-/herself we speak about self-disclosure.

I interrogated attitudes, convictions, behaviour as well as social-statistical features. Attitudes were answered with ‘right’, ‘wrong’ and ‘don’t know’, questions about behaviour with ‘yes’ and ‘no’. Questions about personal information were placed in the last part of the questionnaire.

For DIEKMANN (2002, p. 414) the following applies for questionnaire construction: first of all hypothesis and objectives should be clearly defined before one starts with the construction of the questionnaire. Then the thematic blocks should be determined (modules) and after that the questions for each module should be formulated.

It is quite useful to lead to the topic by means of opening questions, which awaken the interviewee’s interest and which preferably should bring about informative answers at the same time.
Initially the attention rises but declines in the course of the questionnaire due to the increasing duration. Thus most important questions should be placed in the second third of the questionnaire.

As mentioned above, in the beginning I asked easier questions, such as, for example point 1:

- An osteopath works exclusively with his/her hands
- An osteopath works with hands, homeopathy and medicinal herbs.

The last third consists of personal data, which can be answered easily and quickly, as, for example, point 18:
How long have you been practising yet? 1-5 years
5-10 years

10-20 years
more than 20 years

Important questions are placed in the first, as well as in the second third. It would be also possible to place important, but easily answered questions concerning training and education, costs and occupational fields of osteopaths in the first third. However, in my opinion it is better to immediately start with questions related to the osteopathic work in order to arouse interest.

As a rule one works with question funnels about one certain thematic block.

Filter questions and branching help avoiding needless questions and thus reduce the duration of the interrogation. In my case this was not necessary.

In multi-topic questionnaires one should use ‘transitional sentences’ between the different question blocks. Again this was not necessary in my case.

Social-statistical statements are rather uninteresting for the interviewees and thus should be placed at the end of the questionnaire, which is the case in my questionnaire.

A new questionnaire should be tested by means of at least one pre-test. The purpose of such pre-tests is: - to determine the average duration of the interrogation
- to check the comprehensibility of questions
- to test item batteries
- to test question context effects and alternative question formulations with question splits.

During the pre-test interviewees should be encouraged to criticise less comprehensible questions.
My first pre-test was the meeting with questionnaire experts, see chapter 4.4.1. A further pre-test took place in the form of functional consulting within a group of osteopaths, see chapter

4.4.3. Only after that the actual pre-test followed – the mailing of the questionnaire, see chapter 4.5.
From these results I developed the finished and revised questionnaire, see appendix.

4.4.1 MEETING WITH SPECIALISTS

On February 11, 2006 I met with Ursula Amm, marketing expert and management assistant and Barbara Fuchs, clinical and health psychologist with experience in empiric social research, and showed them the draft of my questionnaire.

First they advised me to considerably change the design of my questions on the grounds that it was counterproductive to find out about the current state of knowledge of doctors on osteopathy and to try to inform them on the topic at the same time.

They told me it would make more sense to first carry out a reliable and valid empirical study and then work on devising the best possible way to improve the knowledge based on the results of the survey: internet, folder, personal conversation, training, continuing education, networking (health care centres). This means that a two phase model is necessary to first establish the current situation and then devise subsequent interventions.
In other words, once I have analysed the current state of knowledge, I can determine targeted measures to intervene where there is need for action.

Further the two specialists advised me to not only assess the doctors' current state of knowledge but also their attitude towards osteopathy and their existing behavioural patterns. The right information on osteopathy can then lead to a change in attitude (e.g. osteopathy is not an "esoteric" therapy – there are also many scientific osteopathic studies).

After this conversation I had to reformulate my preliminary hypothesis:

4.4.1.1 NEW HYPOTHESIS

A well developed questionnaire can serve as basis for a survey among doctors to find out about their current state of knowledge, their attitudes and existing behavioural patterns with regard to osteopathy.

4.4.2 REVISED QUESTIONNAIRE

This is the questionnaire that I developed after the meeting with the specialists and after discussions with osteopaths (end of March 2006). This version was also used in the test run.

DOCTORS' STATE OF KNOWLWEDGE ABOUT OSTEOPATHY

Test run for a questionnaire-based survey

among doctors

Master Thesis Maria Eppensteiner

March 2006

Master Thesis Maria Eppensteiner

DOCTORS' STATE OF KNOWLEDGE ABOUT OSTEOPATHY

Test run for a questionnaire-based survey among doctors

PART A

	true	not true	I don't know
1. An osteopath works			
▶ exclusively with his hands	O	O	O
▶ with his hands, homeopathy and medicinal herbs	O	O	O
2. Osteopathy			
▶ is a holistic method	O	O	O
▶ promotes the self-healing powers of the body	O	O	O
▶ is another name for chiropractice	O	O	O
▶ works mainly preventive	O	O	O
3. The aim of osteopathy is the re-establishment of the physical and mental wellbeing by			
▶ correcting restrictions of mobility of structures and tissues	O	O	O
▶ treating osteoporotic bones	O	O	O
▶ working purely energetically on the body	O	O	O

	true	not true	I don't know
4. An osteopaths examines and treats			
▶ exclusively problems of the spine	o	o	o
▶ the whole locomotor system	o	o	o
▶ fascia	o	o	o
▶ the cranial bones	o	o	o
▶ internal organs	o	o	o
5. An osteopath uses the following techniques			
▶ myofascial techniques	o	o	o
▶ cranio-sacral techniques	o	o	o
▶ mobilisation and manipulation techniques	o	o	o
▶ active relaxation techniques	o	o	o
▶ acupuncture	o	o	o
▶ muscle energy techniques	o	o	o
▶ reflex zones	o	o	o
6. The target groups for osteopathic treatment are			
▶ newborns	o	o	o
▶ infants	o	o	o
▶ children from the age of 6 onwards	o	o	o
▶ adults	o	o	o
▶ elderly people	o	o	o

7. An osteopath works	**true**	**not true**	**I don't know**
▶ only at the site of the problem	o	o	o
▶ on the whole body	o	o	o
8. An osteopath uses			
▶ painful techniques	o	o	o
▶ strong and vigorous techniques	o	o	o
▶ gentle techniques	o	o	o
9. The following are indications for an osteopathic treatment			
▶ chronic and acute conditions of pain of the locomotor system	o	o	o
▶ problems after accidents	o	o	o
▶ problems affecting the gastrointestinal tract	o	o	o
▶ headaches, migraines, dizziness	o	o	o
▶ problems affecting the masticatory apparatus	o	o	o
▶ problems during pregnancy and perinatal problems	o	o	o
▶ problems affecting the urogenital system (e.g. problems of menstruation, incontinence)	o	o	o
9. There are counter-indications for osteopathic treatment	o	o	o

if yes, please give 3 examples (maximum):

……

	true	not true	I don't know
10. A patient can still be treated osteopathically			
▶ if he has to take medications	O	O	O
11. The osteopathic training in Austria comprises			
▶ 2 years	O	O	O
▶ 4 years	O	O	O
▶ 6.5 years	O	O	O
12. In Austria			
▶ it is necessary to have completed the training as medical doctor, dentist, veterinary doctor, physical therapist, occupational therapist or midwife in order to participate in the part-time training to become an osteopath	O	O	O
▶ no basic training in a medical profession is necessary to become an osteopath.	O	O	O
13. To practice osteopathy			
▶ you need a comprehensive knowledge of anatomy, physiology and pathology	O	O	O
▶ you need to thoroughly refine your palpatory skills	O	O	O
▶ you need to know about the 5 elements	O	O	O
14. How can your patient find a well-trained osteopath?			
▶ via the website of the schools which offer a comprehensive osteopathic training	O	O	O

	true	not true	I don't know
▶ in the yellow pages of the phone book	O	O	O
▶ the register of the respective local public health insurance carrier	O	O	O

15. According to your opinion, how many osteopathic treatment sessions (on average) are necessary to achieve a healing process?

▶ 1-5	O	O	O
▶ 5-10	O	O	O
▶ 10-30	O	O	O

16. According to your opinion how much does an osteopathic treatment costs on average per hour?

▶ less than 60 €	O	O	O
▶ 60 – 90 €	O	O	O
▶ more than 90 €	O	O	O

Questions, remarks or criticism concerning the questions above

……

……

Part B – Personal data

The data will be treated as highly confidential and will only be used anonymously for a statistical analysis

17. Professional training **Please, tick appropriate circles**

- ▶ general practitioner o
- ▶ medical specialist for……..… o
- ▶ I work in a hospital o
- ▶ I have my own practice o

18. How long have you been in practice?

- ▶ 1 - 5 years o
- ▶ 5 -10 years o
- ▶ 10 – 20 years o
- ▶ more than 20 years o

19. With whom do you cooperate?

- ▶ homeopaths o
- ▶ osteopaths o
- ▶ physical therapists o
- ▶ occupational therapists o
- ▶ alternative practitioners o
- ▶ nutritionists o
- ▶ other, (e.g.) …….. o

	yes	no
20. Have you already been treated osteopathically yourself?	O	O
▶ if yes – was it a positive experience?	O	O
why? …….		
21. Have you already referred patients to an osteopath?	O	O
▶ if yes – was it a positive experience?	O	O
▶ did the patient give a positive feedback?	O	O
remarks: ……..……..		
22. Personal state of knowledge on osteopathy		
▶ do you feel well-informed about osteopathy?	O	O
▶ would you like more information on osteopathy?	O	O
remarks: …….		
23. Age group		
▶ 20 - 40	O	
▶ 40 - 50	O	
▶ 50 +	O	
	female	**male**
24. Sex	O	O

Thank you for your time and support !

4.4.3 MEETING WITH FELLOW OSTEOPATHIC STUDENTS ON FEBRUARY 24, 2006

I met with fellow students at the DUK and asked them to look at my questionnaire and discuss the contents with me and if necessary help me to correct them.

Right at the beginning they criticized that they thought I still had not quite given up the idea to convey knowledge in my questionnaire. They told me to stick to the point: What do doctors know about osteopathy and the osteopaths' field of activity? In how far is this knowledge necessary for a good cooperation? I explained that I have deliberately included very detailed questions because I wanted to find out about the doctors' specific knowledge about osteopathy to obtain a comprehensive picture of the doctors' current state of knowledge. Together we discussed item after item.

The number of the item refers to its number in the questionnaire

4.4.3.1 CORRECTION ITEM 3. THE AIM OF OSTEOPATHY

"The aim of osteopathy is the re-establishment of the physical and mental wellbeing by working purely energetically on the body." This statement can be ticked with "true" only in the widest sense. We assumed to neglect the fact that any kind of treatment is a sort of energetic work. The theory as to when a treatment is a pure energetic treatment shall not be discussed here because this would go beyond the scope of this paper.

With this question I wanted to find out whether osteopathy is seen as "purely energetic work". This statement also includes the contended "healing through the laying-on of hands" in the widest sense. I thus decided to keep the wording: "working purely energetically on the body". The correct answer to the item would be "not true".

4.4.3.2 CORRECTION ITEM 5. AN OSTEOPATH USES THE FOLLOWING TECHNIQUES

“An osteopath uses the following techniques: reflex zones”.

I thought the clear answer to this item would be “not true”. I wanted to emphasize the difference between osteopathy and the well-known reflexology therapies like foot reflexology or ear reflexology. My colleagues, however, pointed out, that also in osteopathy we work with reflex zones, which I had not thought of: the Chapman points. “Their topographic location is relatively constant and they are associated with internal organs. Their location and association with a certain organ can be reproduced.” (HEBGEN, 2004, p.19). I did not have to change this item in the questionnaire, but I had to realize that the correct answer is “true” for “reflex zones”.

Another correction of question five involved the statement “relaxation techniques”, which was the original wording. The answer “true” is in so far correct as certain osteopathic handholds and techniques have a relaxing effect.

Nevertheless, in this case the answer “not true” is the correct answer, because the application of relaxing handholds and techniques does not mean that osteopathy is a relaxation technique or relaxation therapy. Osteopathy is more than a pure relaxation therapy which is defined as: “Relaxation therapy in medicine: 1. treatment method to release muscular tensions and spasms especially through special forms of massages; 2. physical therapy method to release physical or psychogenic tensions in the body, which are accompanied by visceral dysfunctions.” (MEYERS GROSSES TASCHENLEXIKON, 1995, p.161) If we compare this definition with that of osteopathy, cf. chapter “Fundamentals”, we recognize the difference.

In order to avoid any misunderstandings through the usage of the wording “relaxation techniques” the suggestion was to use “active relaxation techniques” instead. I decided to do so even though “active relaxation techniques” means that the patient achieves the relaxation through his own actions and thus the technique belongs to a completely different therapeutic

concept. But the correct answer in this case is a clear “not true”.

Active relaxation techniques have nothing to do with any manual techniques used by the osteopath, but this kind of relaxation could be achieved through verbal instructions to the patient.

4.4.3.3 CORRECTION ITEM 7 . AN OSTEOPATH WORKS

“An osteopath treats a “somatic dysfunction”, a disturbed function of interrelated components of the somatic (i.e. affecting the body framework) system.” My colleagues thought I should delete the term “dysfunction”. It would be more interesting for doctors (and patients) that osteopathy can work on all body parts and structures and not only at the site of the problem.

Therefore I kept question seven quite simple:
“An osteopath works – only at the site of the problem
– on the whole body”

Originally I had included another statement as answer to this question:
“An osteopath needs x-rays for his treatment.”

My colleagues corrected this statement and pointed out that x-rays are very good in some cases but they are not indispensable for carrying out a treatment. An osteopathic treatment can be carried out without x-rays but for certain clinical pictures precautionary measures have to be taken (e.g. avoiding possibly harmful techniques, cf. chapter “Counter-indications” 3.2.3). In addition they said it was not that important to include this statement in the questionnaire. Thus I decided to delete this statement from the questionnaire to confine the questionnaire to the most important things.

4.4.3.4 CORRECTION ITEM 8. AN OSTEOPATH USES

« An osteopath uses: - vigorous techniques
- gentle techniques”

We discussed whether “painful” techniques are an element of osteopathy, which in general is know as “gentle” form of therapy. During our training (at the WSO) we also learned Typaldo’s techniques which treat among other things “trigger point hernias” and “trigger bands”. These techniques and also the “continuum techniques” are quite painful.
Since my experience is that many osteopaths like to use these techniques and work quite successfully with them, I have decided to also include the statement “painful techniques”. The correct answer for this item is “true”.

4.4.3.5 CORRECTION ITEM 9. THE FOLLOWING CONDITIONS ARE INDICATIONS

for an osteopathic treatment:

- chronic pain conditions of the locomotor system
- acute pain conditions of the locomotor system
- fractures of vertebrae
- migraine
- hypertonic crisis
- problems during pregnancy
- imminent abortion
- problems of the gastrointestinal tract
- aortic aneurysms
- acute cephalea
- dizziness
- osteoporosis
- spondylolisthesis

As can be seen in the list above I had originally mixed counter-indications and indications. I then also considered providing a separate list of possible indications and counter-indications to make the choice easier. The others rejected this idea. It would be more interesting to find out what the doctors themselves saw as counter-indications for an osteopathic treatment. Therefore

I divided question nine:
- "The following are indications for an osteopathic treatment" [the items can be found in the questionnaire]. I included a list of indications without mixing them with counter-indications.
- "There are counter-indications for osteopathic treatment.
If yes, please give 3 examples (maximum):……."

4.4.3.6 CORRECTION ITEM 10. OSTEOPATHY SUPPORTS AN ALLOPATHIC TREATMENT

This item was rejected by my colleagues who argued that "allopathic treatment" includes a broad range of forms of therapy (casts, surgery, radiation, implants…) and thus it would make more sense to make a specific selection.

- Therefore I reduced the "allopathic treatment" to "medications" and tried to keep the item simple: "A patient can also be treated osteopathically if he takes medications."

4.4.4 STRUCTURE OF THE QUESTIONNAIRE

The questionnaire comprises four A4 pages and is divided into two parts. Part A and Part B. Part A, which comprises three A4 pages, contains the questions to evaluate the doctors' current state of knowledge about osteopathy. Part B comprises one A4 page and contains questions about the personal data of the doctor. These are collected to facilitate the categorization and to get a better overall picture, with a particular focus on the doctors' attitude towards this non-allopathic form of treatment (osteopathy).

The questionnaire is designed as multiple choice tests. The respondent has the possibility to choose between the answers “true”, “not true” and “I don’t know”.
After answering the questions of Part A and B, the respondents have the possibility to write their comments, remarks or questions in a designated space.

I wondered whether it would make more sense to leave some space for remarks after every item. With this design the remarks might be easier to fill in because the respondent does not have to think about all the previous (five pages instead of four), which might reduce the motivation to fill it in. In addition, we cannot expect remarks on all items. The completion of the questionnaire takes five to ten minutes maximum.

4.5 TEST RUN

To test the questionnaire I intended a test run among a small number of doctors.
The questionnaire was to be tested for clarity and its practical implementation.
I planned to test the questionnaire with 20 respondents.

The direction of the hospital where I work (KHR, cf. chapter 2.1.1.1) did not authorize me to distribute my questionnaires. In order to achieve the highest possible rate of return I had to determine a target group which was sympathetic to my project but not necessarily to osteopathy. A random distribution of my questionnaire all over Austria did not seem to make sense.

4.5.1 SELECTION OF DOCTORS

I chose doctors among my relatives and acquaintances, who had to fulfil the preconditions that they had no immediate access to osteopathy, and that they were no osteopath or training to become an osteopath.

Due to its comprehensive treatment programme osteopathy touches on a whole variety of medical specialities. Therefore I wanted to contact the broadest range of specialized doctors possible.

The following medical specialities were represented among my sample of doctors in the test run: general practitioners, dentists, specialists in physical medicine, surgeons, a plastic surgeon, anaesthetists, orthopaedists, paediatricians, homeopaths, nutrition specialists, an oncologist, radiologists, gynaecologists, internists, ophthalmologists, a urologist, a public health officer, a young doctor doing his rotations, a specialist in occupational medicine, school doctor, a substitute doctor (a doctor who is neither employed nor has a private practice but works as consultant and subs for other doctors).

I also tried to obtain a balance between doctors who work at a hospital and doctors in private practice.

4.5.2 DISTRIBUTION OF THE QUESTIONNAIRE

I distributed 30 questionnaires early in April 2006.

The distribution was effected in three different ways:

1. I directly addressed the respective doctor, gave him the questionnaire in an envelope and asked him to return it as soon as possible.
2. I distributed the questionnaires in envelops among relatives, friends and acquaintances and asked them to give it to various doctors and collect the completed questionnaires in the envelopes.
3. 15 questionnaires I sent by mail. I also put a handwritten letter in the envelope and asked the addressees to return the completed questionnaires within the next four weeks.

If we analyse the topographic distribution of the respondents, most of the questionnaires went to Vienna and Lower Austria, but also to Upper Austria and Burgenland.

By the end of April, the deadline I set for the return of the questionnaires, I had received about 20 completed forms.

Since more questionnaires kept returning over the next few weeks and I was able to distribute 13 more questionnaires I extended the deadline to June 1, 2006.

5 RESULTS

5.1 RATE OF RETURN

By July 1, 2006 I had received 41 of the 43 distributed questionnaires!
On the one hand I put this amazing rate of return down to the fact that I had included a handwritten accompanying letter and that I had personally addressed the doctors myself, on the other hand I think this can be attributed to the "favourable target group". (cf. chapter 4.5)

5.2 ANALYSIS OF THE PERSONAL DATA

The number of the item refers to its number in the questionnaire

5.2.1 ITEM 17. PROFESSIONAL TRAINING

- The share of specialists / general practitioners was almost equal with about 50% for each group.
- Also the share of doctors working in a hospital and doctors in private practice was almost equal with a slight preponderance of the doctors in private practice.
- I have deliberately included "other….." in the list, so the doctors had the possibility to note their special status, e.g. "substitute doctor" or "employed specialist in occupational medicine".

5.2.2 ITEM 18. HOW LONG HAVE YOU BEEN IN PRACTICE?

Nine respondents indicated 1-5 years.
Six respondents indicated 5-10 years.
Fourteen respondents indicated 10- 20 years.

Twelve respondents indicated more than 20 years.

The results of item 17 and 18 show a balanced distribution in percent.

5.2.3 ITEM 19. WITH WHOM DO YOU COOPERATE?

The professional group that was indicated most often were physical therapists (34), followed by occupational therapists (20), homeopaths and osteopaths (19 each), alternative medical practitioners (12) and nutritionists (11).

In the category “other” the following professional groups were mentioned: TCM doctors, neural therapists, masseurs, speech therapists, midwives, technicians, analytical chemists, psychiatrists, psychologists, psychotherapists, teachers, all other specialized doctors.

- From the fact that 19 doctors indicated they would cooperate with homeopaths and 19 with osteopaths, I deduce that these doctors are more open-minded about complementary medicine or they are well-informed about osteopathy.

- Since it seems that the various professional groups cooperate quite well I have come to the conclusion that osteopathy could be promoted and better establishes through these cooperation networks.

5.2.4 ITEM 20. HAVE YOU ALREADY RECEIVED AN OSTEOPATHIC TREATMENT YOURSELF?

Ten persons declared that they had already received an osteopathic treatment themselves and that their experience was a positive one, but they did not explain why.

- On the one hand I think that a percentage of 25% of the respondents who already received an

osteopathic treatment is quite high, because of the fact that osteopathy is a fairly young discipline in Austria. On the other hand it is not much considering the fact that the versatile and positive effect of osteopathy could be of advantage for medical practitioners themselves. In other words: Once osteopathy has become better known and more established as a form of special therapy for physical complaints, like the dentist is known to be a specialist for teeth and jaw problems, also doctors will go to see an osteopath if they suffer from this sort of complaints.

- I think that the “motivation” for the osteopathic treatment can be left out in this item, because it is of minor interest in this case. The only thing that is of interest is whether the medical practitioners have already received an osteopathic treatment and if this was a positive experience or not. An analysis of the motivation for undergoing the treatment would go beyond the scope of this paper.

5.2.5 ITEM 21. HAVE YOU ALREADY REFERRED PATIENTS TO AN OSTEOPATH?

20 indicated that they have already referred patients for osteopathic treatment and that the experience was a positive one.
There are no special remarks concerning this item.
- I am very pleased by the result because I think the number of referrals is quite high. It is also very positive that there was no negative feedback of the patients, which can only be of advantage for the “publicity” of osteopathy. In practice it can happen rarely but nevertheless it can happen that a patient is not satisfied with the osteopathic treatment. [In this context I would like to say: 1. Like in every service sector the perception of good or bad work is very subjective, 2. Sometimes the work is really bad.)

5.2.6 ITEM 22. PERSONAL STATE OF KNOWLEDGE ON OSTEOPATHY

Ten persons had the feeling they were well informed about osteopathy. One person ticked the answer: “I don’t know”, another respondent ticked both “yes” and “no”, 29 ticked the answer “no”.

- I would like to point out that for reasons of a better analysis it would be better to offer more possible answers, e.g.: “good”, “fairly good”, “bad”, “not at all”, “I don’t know”

22 respondents wanted more information about osteopathy.
Eleven persons did not want to know more about it.
Some respondents left this question out.
Some added the remark: “Information can never harm”.

The answers to this question included all variations: well-informed doctors who want more information or who do not want more information, as well as badly-informed doctors who do not want information or who want additional information. I have not analysed these aspects in detail.

In addition I would like to point out that some respondents who declared themselves well-informed answered several questions incorrectly. One doctor (older than 50 years), for instance, thought that osteopathy was just another name of chiropractice and that an osteopath examines and treats exclusively the spine of adult patients. Nevertheless, he felt well-informed about osteopathy and did not want any additional information.

- Since about half of the participants wanted to have additional information, I think it would make sense to continue to work on strategies to provide more information. I will come back to this in the DISCUSSION, cf. chapter 6.2.

5.2.7 ITEM 23. AGE GROUPS

Nine persons belonged to the age group 20- 40 years.
Twentyone persons were aged between 40- 50 years.
Eleven persons were older than 50 years.

5.2.8 ITEM 24. SEX

Seventeen female and twentyfour male practitioners participated in the survey.

- Both the distribution among the age groups and among both sexes is quite balanced.
- There are no significant differences dependent on age or sex concerning the understanding of the questionnaire, the state of knowledge and the interest in osteopathy.

5.3 EVALUATION OF THE QUESTIONNAIRE

Most of the respondents have completed the questionnaire thoroughly and returned it without any criticism.
Therefore I think that the questionnaire is in general quite clear and understandable.

Criticism or misunderstandings, which nevertheless occurred, can be divided in two categories: on the one hand criticism of the questionnaire's structure and design, on the other hand the clarity of the content.

5.3.1 CRITICAL EVALUATION OF THE QUESIONNAIRE'S STRUCTURE

5.3.1.1 MORE ANSWERS POSSIBLE

A few respondents did not answer all questions belonging to an individual item. Therefore it would make sense to indicate right at the beginning: "more answers wanted".

5.3.1.2 GENDER DIFFERENTIATION

It was suggested to apply a gender differentiation in the questionnaire.
In this case I would have to use gender-specific pronouns e.g. he/she, him/his etc. and indicate that the questionnaire is addressed to male and female practitioners.

5.3.1.3 SIMPLIFICATION OF ITEM 16. TREATMENT COSTS

This item deals with the average costs of an osteopathic treatment. Many respondents ticked the supposed amount only once.
One respondent suggested simplifying the answers:
Less than 60 € o 60-90 € o More than 90 € o

5.3.1.4 MORE DETAILED ANSWERS TO ITEM 22. PERSONAL STATE OF KNOWLEDGE

As already mentioned in chapter 5.2.6 a more detailed analysis of the personal state of knowledge about osteopathy would be more interesting and more informative.

5.3.2 CRITICISM CONCERNING THE CONTENT

A critical consideration of the questionnaire made it evident that the contents of the items 5, 9, 11, 14 and 15 need to be critically revised.

5.3.2.1 CRITICAL CONSIDERATION OF ITEM 5. TECHNIQUES

Item 5 concerning “active relaxation techniques” was answered with “true” by 1/3 of the respondents, 1/3 answered the question with “not true” and also the answer “I don’t know” was ticked by 1/3 of the participants.

I therefore asked myself whether it was not confusing to include “active relaxation techniques” in the list of possible answers, cf. chapter 4.4.4. Thus I will leave out this kind of technique in the revised version of the questionnaire.

5.3.2.2 CRITICAL CONSIDERATION OF ITEM 9. INDICATIONS FOR AN OSTEOPATHIC TREATMENT

Indications for osteopathic treatment:“Problems during pregnancy and perinatal problems“, cf. also chapter 3.2.2.

The answers to this item included 23 votes for “true”, seven votes for “not true” and eleven votes for “I don’t know”. The fact that a relative large number of respondents ticked the answers “not true” and “I don’t know”, and the fact that “problems during pregnancy, imminent abortion” [a true counter-indication for osteopathic treatment] were indicated as answers to the question “counter-indications”, led me to consider changing the wording and using “complaints” instead of “problems” for the indications.

- The term “problem” is often used for serious conditions, where osteopathic treatment is counterindicated. Therefore it could be misleading to use this term.

One of the doctors proposed to clearly define the clinical pictures. But I think this would not be reasonable in a questionnaire.

However, in an information folder about osteopathy, especially if it is focused on the gynaecological field, I think it would make sense to clearly define the clinical pictures, cf. chapter 6.2

5.3.2.3 CRITICAL CONSIDERATION OF ITEM 11. THE OSTEOPATHIC TRAINING IN AUSTRIA COMPRISES..

The osteopathic training in Austria comprises 6.5 years, cf. chapter 3.3.1.
When I started to work on this project, I only took into account the osteopathic training courses offered at the WSO, because I did not know much about other training courses.
Now I know that there are several training courses in Austria, cf. chapter 5.3.2.3.1 and therefore this item needs to be revised to guarantee the correctness of the answers and an error-free analysis.

The duration of an osteopathic training in Austria comprises:
One year maximum
Two years
at least five years

5.3.2.3.1 ALTERNATIVE OSTEOPATHIC TRAINING COURSES

In the course of an online research (www.iao-iao.com) I found out that there is another osteopathic training course held at the “Studienzentrum Österreich” (Study Center Austria), 1190 Vienna, by the I.A.O. (International Academy of Osteopathy). The Academy offers osteopathic training in the German language in Austria and Germany. The course is a part-time continuing education course for doctors, physical therapists, alternative practitioners, manual therapists and occupational therapists, which comprises several years.

The basic course of studies comprises 5 years, with 4 courses per year. After passing all exams and successfully writing a diploma thesis the student can obtain a diploma which authorizes the student to hold the academic degree “Bachelor of Science with Honours in Osteopathy”.

An accompanying course of studies consists of twelve modules, among which the students can choose themselves. The participation in the modules is – like in the basic course of studies – facultative.

I heard by word-of-mouth from a doctor that another possibility of osteopathic training offered by professor Tilscher to doctors with manual therapy training. Allegedly, the osteopathic training itself is held in the United States.

5.3.2.4 CRITICAL CONSIDERATION OF ITEM 14. HOW CAN YOUR PATIENT FIND A WELL-TRAINED OSTEOPATH?

The correct answer is: “Via the website of the schools which offer a comprehensive osteopathic training”.

There is no “register of the respective local public health insurance carrier” for osteopaths. Some osteopaths you can find in the “yellow pages of the telephone book”, but the entry usually does not indicate where the osteopath trained. In this context the problem that “osteopath” is not a protected title can come into play. Also during the test run of the questionnaire the question arose whether “osteopath” is a protected title.

If the questionnaire would also serve the purpose to convey knowledge, cf. chapter 6.2, the form would also need to include an additional indication: “ ’Osteopath’ is not a protected title, as opposed to the future academic titles MSc or BSc of osteopathy. Osteopaths who have completed a full and comprehensive training (with or without an academic degree) can be found via qualified training centres.”

5.3.2.5 CRITICAL CONSIDERATION OF ITEM 15. ACCORDING TO YOUR OPINION, HOW MANY OSTEOPATHIC TREATMENT SESSIONS (ON AVERAGE) ARE NECESSARY TO ACHIEVE A HEALING PROCESS

In retrospect the wording of the question was not well chosen. One doctor criticized the question and said: “The question as it is cannot be answered.” To find out how much doctors know about the duration and number of osteopathic treatment session, it would be better to use the data obtained in through the study by KRÖNKE, cf.
chapter 3.4.2 and to formulate the question as indicated below:

“On average acute patients most probably need:
5 10 15 treatments
and on average they come
daily 3x/week 1x/week for therapy.

On average chronic patients most probably need:
7 15 30 treatments
and on average they come
1x/week every two weeks 1/month for therapy.

5.4 SUMMARY - OUTCOMES

With regard to the content the questionnaire was overall answered more or less correctly by 41 doctors.

In the following section I would like to summarize the “incorrect” answers and the insecurities with regard to the doctors’ knowledge about osteopathy, which for me seem to be of interest:

- - Some (6 persons; 4 left out the question) think that osteopathy is another name for chiropractice.

- Several respondents (11; 9 do not know) think that osteopathy is purely energetic work.
- - Several persons (14; 5 do not know) do not believe that osteopathy also treats internal organs.
- - About 1/3 of the respondents think that active relaxation techniques belong to the range of osteopathic techniques, cf. chapter 5.3.2.1.
- - Also 1/3 of the respondents think that reflex zones are part of osteopathy, 1/3 do not believe that and 1/3 do not know.
- - Some persons (4) think that osteopathy is not a therapy for newborns and some (7) do not know. Similarly some (2) think that osteopathy is not a form of therapy for elderly persons, and some (6) indicated that they do not know.
- - Painful techniques in osteopathy was answered by most of the respondents (28) with “not true”, some (7) ticked the answer “I don’t know”. Concerning vigorous techniques the answers were evenly distributed among the three possibilities: about 1/3 “true”, 1/3 “not true”, 1/3 “I don’t know”. But almost all respondents (only 2 indicated they did not know), think that osteopathy uses gentle techniques.
- - Some respondents (10) do not believe that problems in the gastrointestinal tract can be an indication for osteopathy and some (6) did not know.
- - Some persons (10) do not think that problems of the masticatory apparatus can be an indication for osteopathic treatment and some (3) indicated they did not know.
- - Some respondents (10) think that problems during pregnancy are NOT an indication for osteopathy and some respondents (7) did not know.
- Some respondents (8) did not think problems of the urogenital system are an indication for osteopathic treatment, some (13) did not know.
- The following complaints were indicated as counter-indications: infections; acute inflammatory reactions; fever; tumours; fractures; bone metastases; acute disc prolapses; acute lumboischialgias with neurological deficits; metastases and osteoporosis in the case of manipulations; acute and not clearly diagnosed conditions; psychoses; oncologic diseases; palliative cases; acute abdomen; acute problems which rather need surgical treatment; patient with immune deficiency; patients under chemotherapy; pregnancy, imminent abortion; acute headaches; hypertension; cardiac insufficiency; aneurysms; acute life-threatening conditions.
- The duration of osteopathic training was indicated correctly with 6.5 years by 16 persons.

Some respondents (6) indicated this as “not true” and some (10) did not know, while some did not answer the question at all.

- Many respondents (18) did not know whether the knowledge about the 5 elements is necessary in osteopathy.
- Many respondents also indicated that they were not sure (“I don’t know”) whether well-trained osteopaths can be found in the “yellow pages” (13) or in a register of the local health insurance carrier (19).
- Most respondents (26) think that five – ten osteopathic treatments are necessary to for a healing process.

5.5 PROVIDING INFORMATION

Since several persons asked me for more information about osteopathy and because some respondents asked me for the correct answers of the questionnaire, I had information brochures on osteopathy or a correctly completed questionnaire sent to those who were interested, cf. chapter 6.2 and **ANNEX.**

6 DISCUSSION

6.1 CRITICAL CONSIDERATION OF THE METHODOLOGY

My hypothesis: “A well developed questionnaire can serve as basis for a survey among doctors to find out about their current state of knowledge, their attitudes and existing behavioural patterns with regard to osteopathy”, cf. chapter 4.4.2, could be confirmed after the analysis of the 41 completed questionnaires. Most of the respondents have completed the questionnaire thoroughly and returned it without any criticism, cf. chapter 5.3.

However, the questionnaire showed some shortcomings in the form of unclear content (e.g. relaxation techniques, problems during pregnancy, a register of osteopaths, and the number of treatments, cf. chapter 5.3.2, where I tried to clarify the individual items. I also had to correct one of my statements (concerning the osteopathic training).

I also received recommendations concerning the structure and design of the questionnaire, which I adopted, e.g. little changes concerning gender differentiation or a simplification of the structure of some questions, cf. chapter 5.3.1. I consider the new amended version of the questionnaire as finished, but experts in this field can definitely improve its structure and design even more. Further osteopathy is subject to continuous changes with regard to both therapy and the field of work of osteopaths and therefore the questionnaire has to be revised and updated in regular intervals.

I would be very pleased if my questionnaire would be used in the future. (I have already received a query to use it as a basis for another diploma thesis.) At this point I would like to point out that the finished and revised questionnaire as well as a correctly completed version can be found in the **ANNEX**.

I also considered that it would be advisable to carry out an online survey with this questionnaire. The distribution of the questionnaire and the analysis of the results would become much easier and better to realize, especially if the questionnaire is to be sent to a larger number of doctors.

Based on my experience I think that the return rate of such an online survey will probably be lower than if the questionnaire is distributed personally. If I have a direct contact with the person in question I can choose a favourable moment, say a few friendly words and explain the project. I think that personal contact is more effective to motivate the people to participate than a rather anonymous e-mail.

Even sending a traditional letter nowadays represents an additional effort and shows that the person who is sending the letter has taken the pains to go to the post office, which might increase the respondents' willingness to support the project.

I have to emphasize again that the doctors who participated in the survey, had been chosen by me and my helpers, because they were thought to have a "favourable and constructive attitude towards my project", therefore they received the questionnaire.

Since I wanted to test and evaluate the questionnaire itself I can justify this way of sampling. [A survey to really establish the state of knowledge of the respondents by means of a questionnaire would not obtain a representative result with this kind of sampling.]
The secondary results, i.e. the results concerning the state of knowledge and especially the attitudes and behavioural patterns of the participants, would probably have not been so favourable without this special selection of participants.

As already mentioned above, I also think that many people would not even have bothered to fill in the questionnaire. But I do not want to blame these people because I think that it is not easy to have a demanding job and at the same time try to cope with and analyse the daily flood of

information. Everybody is confronted with an ever increasing amount of advertisements and new things. The same holds for the health care sector, as I know from my own experience. The market is flooded by new therapies, medications, machines and treatment methods, from “the far east to the far west”.

Therefore I think it is of utmost importance if we want to convey additional information that we chose a convincing yet sensitive way to present this information, and it would be best to start in our own environment.

Through the cooperation of various professional groups, e.g. school doctor – teacher, I think that information is automatically passed on, cf. chapter 5.2.3.

6.2 PROVIDING INFORMATION

The test run with the questionnaire showed that the interest for osteopathy is there and that the knowledge about osteopathy has some gaps. Thus the next step would be to provide additional information on osteopathy.

One way would be to carry out a survey and provide a correctly completed questionnaire with the original form that has to be filled in. In part this was requested by my test persons thus I sent a completed questionnaire to those who were interested, cf. 5.2.6.

In addition, the folders of the ÖGO could be distributed among interested people, within or outside the framework of a survey. I also sent out a number of these folders after the survey, if the respondents had indicated they wanted additional information. The folders also provide a list of various websites which include more information on osteopathy.

Another method would be to compile brochures for special target groups like dentists, paediatricians, gynaecologists, etc., to provide specific information for these medical

specialities. (I was asked whether such brochures existed.)

Further a list with the contact information of osteopaths in the vicinity could be established and distributed.

Specific information material could also deal with the topics: “Energetic work – Osteopathy”, cf. chapter 4.4.3.1, “Osteopathy – Relaxation techniques”, cf. chapter 4.4.3.2, “Osteopathy – A gentle treatment method – which also uses painful techniques?”; cf. chapter 4.4.3.4.

I would also propose to provide private insurance companies with information material about osteopathy and well-trained and qualified osteopaths, cf. also chapter 3.4.3.

This suggestion has nothing to do with improving the doctors’ knowledge about osteopathy, but during the work on this project I realized that this might be interesting because of economic reasons. (If insurance companies had better information on osteopathy, maybe the readiness to reimburse costs for osteopathic treatments would increase.)

6.3 RESEARCH VS. THERAPY: A TIGHTROPE WALK

In this kind of public relations work, e.g. development of a questionnaire, collection of data through a survey, the “scientific”, the “structured” aspect of osteopathy can be well conveyed, even though it is still in its fledgling stages. The methods, application fields and research areas, for instance, can be easily explained and understood.

However, the osteopathic philosophy and art (cf. chapter 3.1.3.) cannot be explained or are much harder to explain, even though they should be the heart and foundation of every osteopathic therapy. In this context I would like to quote SOMMERFELD (2005), who writes that osteopathy can most likely be understood as an art, an art like medicine used to be originally.

“In this context art must not be understood in its aesthetic sense, but rather in its more original sense as creating, making, accomplishing, i.e. as *poiesis*. This *poiesis* comprises an element of creativity which goes beyond the mere technical aspect of *techne* and is sometimes characteristic for osteopathy. In this context we can, of course, ask the question in how far creativity may claim a place in clinical actions.” (SOMMERFELD, 2005**,** p.18)

I think that it is good and necessary to have enthusiasm for research and the development and analysis of methods etc., cf. also chapter 3.3.3. Nevertheless, there should always be a good balance of the theory and the osteopathic work on the patient, the “art”, as such.

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8 ANNEX

8.1 REVISED AND CORRECTED VERSION OF THE QUESTIONNAIRE

Masterthese Maria Eppensteiner

WISSENSSTAND DER ÄRZTE ÜBER OSTEOPATHIE

Vorerhebung zur Fragebogen-Aktion für Ärzte/Ärztinnen

Mehrfachnennungen möglich

Teil A

	stimmt	stimmt nicht	weiß nicht
1. Ein Osteopath/Eine Osteopathin arbeitet			
▶ ausschließlich mit seinen/ihren Händen	O	O	O
▶ mit Händen, Homöopathie und Heilkräutern	O	O	O
2. Die Osteopathie			
▶ ist eine ganzheitliche Heilmethode	O	O	O
▶ regt die Selbstheilungskräfte des Körpers an	O	O	O
▶ ist eine andere Bezeichnung für Chiropraktik	O	O	O
▶ arbeitet vorwiegend präventiv	O	O	O
3. Ziel der Osteopathie ist die Wiederherstellung des körperlichen und seelischen Wohlbefindens indem			
▶ Einschränkungen der Beweglichkeit von Strukturen und Geweben korrigiert werden	O	O	O
▶ osteoporotische Knochen behandelt werden	O	O	O
▶ am Körper ausschließlich energetisch gearbeitet wird	O	O	O
4. Ein Osteopath/Eine Osteopathin untersucht und behandelt			
▶ ausschließlich an der Wirbelsäule	O	O	O
▶ am gesamten Bewegungsapparat	O	O	O
▶ an Faszien	O	O	O

▶ an Schädelknochen	o	o	o
▶ an den inneren Organen	o	o	o

5. Ein Osteopath/Eine Osteopathin verwendet folgende Techniken

▶ myofasziale Techniken	o	o	o
▶ craniosakrale Techniken	o	o	o
▶ Mobilisations- und Manipulationstechniken	o	o	o
▶ Akupunktur	o	o	o
▶ Muskelenergietechniken	o	o	o
▶ Reflexzonen	o	o	o

6. Zielgruppe der osteopathischen Therapie

▶ Neugeborene	o	o	o
▶ Kleinkinder	o	o	o
▶ Kinder ab dem 6 Lebensjahr	o	o	o
▶ Erwachsene	o	o	o
▶ alte Menschen	o	o	o

7. Ein Osteopath/Eine Osteopathin arbeitet

▶ nur am Ort des Problems	o	o	o
▶ am ganzen Körper	o	o	o

8. Ein Osteopath/Eine Osteopathin verwendet

▶ schmerzhafte Techniken	o	o	o
▶ kraftvolle Techniken	o	o	o
▶ sanfte Techniken	o	o	o

9. Folgende Indikationen sind für eine osteopathische Behandlung geeignet

▶ chronische und akute Schmerzzustände des Bewegungsapparats	o	o	o
▶ Beschwerden nach Unfällen	o	o	o
▶ Beschwerden im Verdauungstrakt	o	o	o

► Kopfschmerz, Migräne, Schwindel	o	o	o
► Probleme des Kauapparats	o	o	o
► Beschwerden in der Schwangerschaft	o	o	o
► Beschwerden im Urogenitalbereich (z.B. Menstruationsbeschwerden, Inkontinenz)	o	o	o

9. Es gibt Kontraindikationen für eine osteopathische Behandlung o o o

wenn ja, welche, maximal 3 Beispiele :

……

10. Ein Patient kann auch osteopathisch behandelt werden,

► wenn er Medikamente nimmt	o	o	o

11. Die komplette Ausbildung für Osteopathie in Österreich dauert

► 1 Jahre	o	o	o
► 2 Jahre	o	o	o
► mind.5 Jahre	o	o	o

12. In Österreich ist

► für die berufsbegleitende Osteopathieausbildung eine Grundausbildung als Arzt, Zahnarzt, Tierarzt, Physiotherapeut, Ergotherapeut oder Hebamme erforderlich.	o	o	o
► keine Grundausbildung in einem medizinischen Beruf erforderlich um Osteopath zu werden.	o	o	o

13. Für Osteopathie ist

► ein exaktes Grundlagenwissen in Anatomie, Physiologie und Pathologie notwendig	o	o	o
► eine gründliche Schulung palpatorischer Fähigkeiten notwendig	o	o	o
► das Wissen um die 5-Elementenlehre notwendig	o	o	o

14. Wie findet Ihr Patient eine(n) voll ausgebildete(n) Osteopathen/Osteopathin?

► Über die Internetseiten der Schulen, die eine komplette Osteopathieausbildung anbieten	o	o	o
► Branchenverzeichnis	o	o	o
► Verzeichnis bei der jeweiligen Gebietskrankenkasse	o	o	o

15. a) Akute Patienten/Patientinnen brauchen im Schnitt

►	5	10	15
Behandlungen und kommen durchschnittlich			
►	tgl	3mal/Woche	1mal/Woche

zur Therapie.

15.b) Chronische Patienten/Patientinnen brauchen im Schnitt

►	7	15	30
Behandlungen und kommen durchschnittlich			
►	1mal/Woche	14tägig	1mal/Monat

zur Therapie.

16. Wie hoch, glauben Sie, sind die Kosten im Durchschnitt einer osteopathischen Behandlung pro Stunde?

► unter 60 €	o
► 60 € – 90 €	o
► 90 € plus	o

Fragen, Anmerkungen oder Kritik zu den bisherigen Fragen

……

……

Teil B - Persönliche Angaben

Die Daten sind streng vertraulich und werden nur anonym für statische Zwecke ermittelt

17. Berufsausbildung **Zutreffendes bitte ankreuzen**

- ▶ Arzt/Ärztin für Allgemeinmedizin o
- ▶ Facharzt/Ärztin für ……..… o
- ▶ Ich arbeite in einem Spital o
- ▶ Ich habe eine eigene Praxis o
- ▶ Anderes: …….. o

18. Wie lange praktizieren Sie schon?

- ▶ 1 - 5 Jahre o
- ▶ 5 -10 Jahre o
- ▶ 10 – 20 Jahre o
- ▶ mehr als 20 Jahre o

19. Mit welchen anderen Berufsgruppen kooperieren Sie?

- ▶ Homöopathen/Homöopathin o
- ▶ Osteopathen/Osteopathin o
- ▶ Physiotherapeuten/therapeutin o
- ▶ Ergotherapeuten/therapeutin o
- ▶ Alternativmediziner/in o
- ▶ Ernährungswissenschaftler/in o
- ▶ andere, z.B. …….. o

	ja	**nein**
20. Sind Sie selbst schon einmal osteopathisch behandelt worden?	o	o
▶ Wenn ja- war Ihre Erfahrung positiv?	o	o
21. Haben Sie schon an einen Osteopathen/eine Osteopathin zugewiesen?	o	o

▶ Wenn ja- war Ihre Erfahrung positiv O O

▶ Gab es eine positive Rückmeldung des Patienten O O

Anmerkung ……..

22. persönlicher Informationsstand

▶ Fühlen Sie sich gut über Osteopathie informiert?

0 gut 0 weniger gut 0 schlecht 0 gar nicht

▶ Wollen Sie mehr Informationen über Osteopathie? O O

Anmerkung ……

23. Altersgruppe

▶ 20 - 40 Jahre O

▶ 40 - 50 Jahre O

▶ 50 Jahre plus O

weibl. männl.

▶ **24. Geschlecht** O O

Vielen Dank für Ihre Zeit und Unterstützung !

8.2 CORRECTLY FILLED OUT QUESTIONNAIRE

Masterthese Maria Eppensteiner

WISSENSSTAND DER ÄRZTE ÜBER OSTEOPATHIE

Vorerhebung zur Fragebogen-Aktion für Ärzte/Ärztinnen

Mehrfachnennungen möglich

Teil A

	stimmt	stimmt nicht	weiß nicht
1. Ein Osteopath/ Eine Osteopathin arbeitet			
▶ ausschließlich mit seinen/ihren Händen	●	o	o
▶ mit Händen, Homöopathie und Heilkräutern	o	●	o
2. Die Osteopathie			
▶ ist eine ganzheitliche Heilmethode	●	o	o
▶ regt die Selbstheilungskräfte des Körpers an	●	o	o
▶ ist eine andere Bezeichnung für Chiropraktik	o	●	o
▶ arbeitet vorwiegend präventiv	o	●	o
3. Ziel der Osteopathie ist die Wiederherstellung des körperlichen und seelischen Wohlbefindens indem			
▶ Einschränkungen der Beweglichkeit von Strukturen und Geweben korrigiert werden	●	o	o
▶ osteoporotische Knochen behandelt werden	o	●	o
▶ am Körper ausschließlich energetisch gearbeitet wird	o	●	o
4. Ein Osteopath/ Eine Osteopathin untersucht und behandelt			
▶ ausschließlich an der Wirbelsäule	o	●	o
▶ am gesamten Bewegungsapparat	●	o	o
▶ an Faszien	●	o	o
▶ an Schädelknochen	●	o	o
▶ an den inneren Organen	●	o	o

	stimmt	stimmt nicht	weiß nicht
5. Ein Osteopath/ Eine Osteopathin verwendet folgende Techniken			
▶ myofasziale Techniken	●	o	o
▶ craniosakrale Techniken	●	o	o
▶ Mobilisations- und Manipulationstechniken	●	o	o
▶ Akupunktur	o	●	o
▶ Muskelenergietechniken	●	o	o
▶ Reflexzonen	●	o	o
6. Zielgruppe der osteopathischen Therapie			
▶ Neugeborene	●	o	o
▶ Kleinkinder	●	o	o
▶ Kinder ab dem 6 Lebensjahr	●	o	o
▶ Erwachsene	●	o	o
▶ alte Menschen	●	o	o
7. Ein Osteopath/ Eine Osteopathin arbeitet			
▶ nur am Ort des Problems	o	●	o
▶ am ganzen Körper	●	o	o
8. Ein Osteopath/ Eine Osteopathin verwendet			
▶ schmerzhafte Techniken	●	o	o
▶ kraftvolle Techniken	●	o	o
▶ sanfte Techniken	●	o	o
9. Folgende Indikationen sind für eine osteopathische Behandlung geeignet			
▶ chronische und akute Schmerzzustände des Bewegungsapparats	●	o	o
▶ Beschwerden nach Unfällen	●	o	o
▶ Beschwerden im Verdauungstrakt	●	o	o
▶ Kopfschmerz, Migräne, Schwindel	●	o	o
▶ Probleme des Kauapparats	●	o	o
▶ Beschwerden in der Schwangerschaft	●	o	o

	stimmt	stimmt nicht	weiß nicht
▶ Beschwerden im Urogenitalbereich (z.B. Menstruationsbeschwerden, Inkontinenz)	●	o	o
9. Es gibt Kontraindikationen für eine osteopathische Behandlung	o	o	o
wenn ja, welche, maximal 3 Beispiele : ……			
10. Ein Patient kann auch osteopathisch behandelt werden,			
▶ wenn er Medikamente nimmt	●	o	o
11. Die komplette Ausbildung für Osteopathie in Österreich dauert			
▶ 1 Jahre	o	●	o
▶ 2 Jahre	o	●	o
▶ mind.5 Jahre	●	o	o
12. In Österreich ist			
▶ für die berufsbegleitende Osteopathieausbildung eine Grundausbildung als Arzt, Zahnarzt, Tierarzt, Physiotherapeut, Ergotherapeut oder Hebamme erforderlich.	●	o	o
▶ keine Grundausbildung in einem medizinischen Beruf erforderlich um Osteopath zu werden.	o	●	o
13. Für Osteopathie ist			
▶ ein exaktes Grundlagenwissen in Anatomie, Physiologie und Pathologie notwendig	●	o	o
▶ eine gründliche Schulung palpatorischer Fähigkeiten notwendig	●	o	o
▶ das Wissen um die 5-Elementenlehre notwendig	o	●	o

	stimmt	stimmt nicht	weiß nicht
14. Wie findet Ihr Patient eine(n) voll ausgebildete(n) Osteopathen/Osteopathin?			
▶ Über die Internetseiten der Schulen, die eine komplette Osteopathieausbildung anbieten	●	O	O
▶ Branchenverzeichnis	●	O	O
▶ Verzeichnis bei der jeweiligen Gebietskrankenkasse	O	●	O

15. a) Akute Patienten/ Patientinnen brauchen im Schnitt

▶	5 ●	10	15

Behandlungen und kommen durchschnittlich

▶	tgl	3mal/Woche	● 1mal/Woche

zur Therapie.

15.b) Chronische Patienten/ Patientinnen brauchen im Schnitt

▶	7 ●	15	30

Behandlungen und kommen durchschnittlich

▶	1mal/Woche	● 14tägig	1mal/Monat

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Fragen, Anmerkungen oder Kritik zu den bisherigen Fragen

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- ► andere, z.B. …….. o

	ja	**nein**
20. Sind Sie selbst schon einmal osteopathisch behandelt worden?	o	o
► Wenn ja- war Ihre Erfahrung positiv?	o	o
21. Haben Sie schon an einen Osteopathen/ eine Osteopathin zugewiesen?	o	o
► Wenn ja- war Ihre Erfahrung positiv	o	o

	ja	nein
► Gab es eine positive Rückmeldung des Patienten	O	O
Anmerkung ……..……..		

22. persönlicher Informationsstand

► Fühlen Sie sich gut über Osteopathie informiert?

0 gut 0 weniger gut 0 schlecht 0 gar nicht

► Wollen Sie mehr Informationen über Osteopathie?	O	O
Anmerkung ……		

23. Altersgruppe

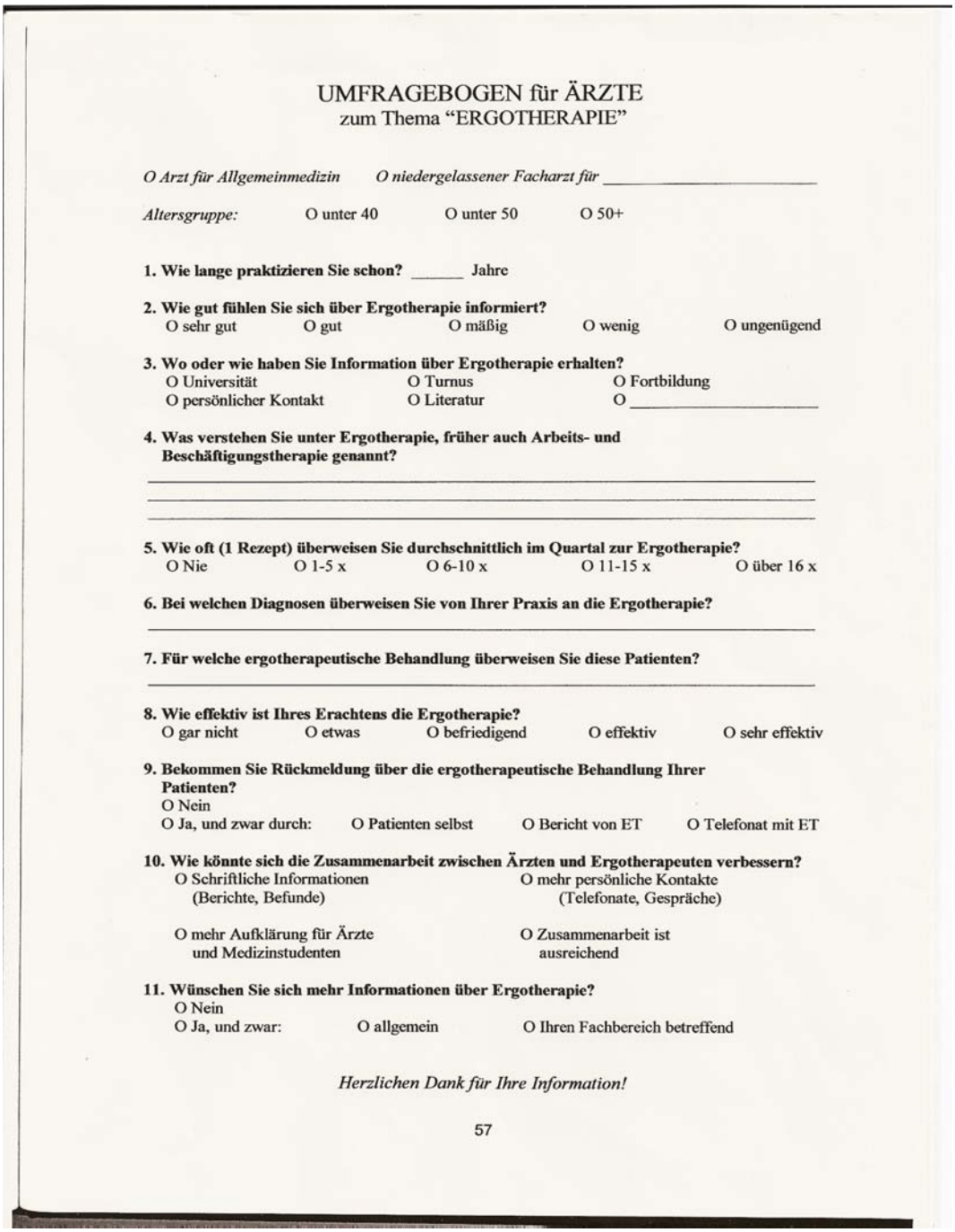
► 20 - 40 Jahre	O
► 40 - 50 Jahre	O
► 50 Jahre plus	O

	weibl.	männl.
► **24. Geschlecht**	O	O

Vielen Dank für Ihre Zeit und Unterstützung !

8.3 DIE ERGOTHERAPIE DURCH DIE BRILLE DES ARZTES.

Hochmeister, R. (2006): Die Ergotherapie durch die Brille des Arztes Baden: Diplomarbeit. Akademie für Ergotherapie.



UMFRAGEBOGEN für ÄRZTE
zum Thema "ERGOTHERAPIE"

O Arzt für Allgemeinmedizin *O niedergelassener Facharzt für* _____

Altersgruppe: O unter 40 O unter 50 O 50+

1. Wie lange praktizieren Sie schon? _____ Jahre

2. Wie gut fühlen Sie sich über Ergotherapie informiert?
O sehr gut O gut O mäßig O wenig O ungenügend

3. Wo oder wie haben Sie Information über Ergotherapie erhalten?
O Universität O Turnus O Fortbildung
O persönlicher Kontakt O Literatur O _____

4. Was verstehen Sie unter Ergotherapie, früher auch Arbeits- und Beschäftigungstherapie genannt?
_____
_____
_____

5. Wie oft (1 Rezept) überweisen Sie durchschnittlich im Quartal zur Ergotherapie?
O Nie O 1-5 x O 6-10 x O 11-15 x O über 16 x

6. Bei welchen Diagnosen überweisen Sie von Ihrer Praxis an die Ergotherapie?
_____

7. Für welche ergotherapeutische Behandlung überweisen Sie diese Patienten?
_____

8. Wie effektiv ist Ihres Erachtens die Ergotherapie?
O gar nicht O etwas O befriedigend O effektiv O sehr effektiv

9. Bekommen Sie Rückmeldung über die ergotherapeutische Behandlung Ihrer Patienten?
O Nein
O Ja, und zwar durch: O Patienten selbst O Bericht von ET O Telefonat mit ET

10. Wie könnte sich die Zusammenarbeit zwischen Ärzten und Ergotherapeuten verbessern?
O Schriftliche Informationen (Berichte, Befunde)
O mehr persönliche Kontakte (Telefonate, Gespräche)
O mehr Aufklärung für Ärzte und Medizinstudenten
O Zusammenarbeit ist ausreichend

11. Wünschen Sie sich mehr Informationen über Ergotherapie?
O Nein
O Ja, und zwar: O allgemein O Ihren Fachbereich betreffend

Herzlichen Dank für Ihre Information!

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