



CANADIAN MASSAGE & MANUAL OSTEOPATHIC THERAPISTS ASSOCIATION

Standard of Practice

For Manual Osteopathic Therapists

Guidelines for Best Practice

Updated August 2020

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Preface

Manual Osteopathic Practice is therapy that focuses on treating the whole body as a unit, rather than the sum of its parts. Investigative procedures and treatment techniques are mainly done by hand and without the use of therapeutic devices. ¹

In 2010, the World Health Organization published a benchmark for training non-physician osteopathic therapists <http://apps.who.int/medicinedocs/documents/s17555en/s17555en.pdf> and the content of this document is derived from there.

In Canada, Osteopath and Osteopathy are protected titles under provincial health professions acts and restricted for use by medical doctors only.

All non-physicians who have qualified to practice osteopathic manipulative treatment are referred to as:

Manual Osteopathic Therapists or a variation of the term.

In this document the terms Osteopathic Manual Therapist, Manual Osteopathic Therapist and Manual Osteopathic Practitioner will be used synonymously as will the terms Osteopathic Manipulative Treatment, Manual Osteopathic Therapy and Osteopathic Manual Practice.

Philosophy Statement

All Manual Osteopathic Therapists adhere to the four principles coined by the Founder of Osteopathy: Dr. Andrew Taylor Still:

- The body is a unit and therefore investigated and treated as a unit;
- The body is self-regulating;
- The body is self-healing and;
- Structure and function are interrelated.¹

Manual Osteopathic Therapists partner with their clients to facilitate homeostasis through these principles.

Practice Statement:

In clinical practice, Manual Osteopathic Therapists are expected to:

- i. Perform detailed interviews of the client's history, encompassing all body systems, embryological and birth history if possible, life and psychosocial determinants of health;
- ii. Physically examine the client's body with the intent of developing an appropriate treatment plan;
- iii. Apply treatment techniques solely intended to achieve a therapeutic outcome and/or be prophylactic towards maintain overall health in the client;
- iv. Provide referrals and collaborate with other healthcare practitioners to achieve wellness in the client;
- v. Recommend home-rehabilitative care to clients to augment their recovery;
- vi. Engage in self-development including but not limited to research activities, mentorship and continued education.

Modalities

The following modalities are used for the recovery of the body in Manual Osteopathic practice. The list provided is based off the WHO Benchmark for Training in Osteopathy.¹

- i. Osteoarticulation corrections including but not limited to joint play, muscle energy techniques, and mobilizations;
- ii. Fascia remodeling techniques;
- iii. Neuromuscular techniques such as the Jones technique;
- iv. Visceral manipulation;
- v. Fluid Dynamics including lymph and cerebrospinal fluid;
- vi. Rehabilitative exercises;
- vii. Soft-tissue manipulation;
- viii. Reflex-based interventions.

Purpose for Standards of Practice

As of 2019, Manual Osteopathic Therapy is not regulated in any province in Canada. Manual Osteopathic Therapists are governed by professional associations. The Canadian Massage and Manual Osteopathic Therapists Association (CMMOTA) has hereby adopted these standards for all its members certified as Manual Osteopathic Therapists.

The purpose of these Standards is to:

Provide best practice guidelines for CMMOTA members and provide a point of reference for other Manual Osteopathic Therapists without governing bodies;

Provide new and prospective graduates of Manual Osteopathic Therapy entry-to-practice markers for self-evaluation;

Provide existing Manual Osteopathic Therapists professional indicators to maintain;

Provide the general public a yard stick to measure their therapist;

Provide CMMOTA a parameter by which to initiate a complaints investigation process and implement a disciplinary action where applicable.

Acknowledgements

Special thanks to the World Health Organization for publication of their 2010 Benchmark for Training in Osteopathy that is referred to world-wide by professional organizations like ours.

Liability Statement

In addition to these standards, Manual Osteopathic Therapists are accountable to all applicable pieces of legislation, the Association Bylaws, Scope of Practice and Code of Ethics documents.

Glossary

The following terms are used to define and elaborate each standard as pertains to the indication and competency.

Assessment: A physical examination minimized to focus on the areas found imbalanced in the lengthy initial physical examination.

Indication: An indication is a term used to describe the reason when or why the technique or competency is to be applied.² It encompasses but not limited to past, current, foreseeable health conditions and client inquiries.

Competency: An activity that the Manual Osteopathic Therapist is to perform as pertains to the indication.²

Re-evaluation: A physical examination of the client that happens immediately after the application of a technique or intervention on affected tissue.

Sensitive areas: Areas of the body including the chest, breast tissue, groin region, gluteal region and abdominal region considered private areas by the general public.

Standard: A standard is a description of a minimum level of performance one is required to demonstrate in the achievement of the competency.

The Quality Assurance Standard is described, followed by its benefits and any safety precautions/ contraindications that may be applicable.

1. COMMUNICATION AND CLIENT INTERACTION

Client Interview

Indication:

First time client, returning client, current client in need of treatment for an acute event and any other applicable time.

Competency:

Perform a comprehensive client interview within the time allocated.

Standard:

Quality Assurance

A detailed client interview must be conducted to validate treatment, identify potential causes of the chief complaint, compensatory factors and concerns that may limit or inhibit treatment effects or create an adverse effect post treatment.

This client interview may augment a client intake form.

How to:

The Manual Osteopathic Therapist,

- Uses both closed and open-ended questions to learn the following information from the client:
 - Past and current health status
 - Reasons for seeking the manual osteopathic therapy consultation
 - Previous interventions for any health issue
 - Body systems history:
 - Cardiovascular system
 - Lymphatic system
 - Integumentary system
 - Skeletal system
 - Muscular system
 - Nervous system
 - Endocrine system
 - Reproductive system
 - Urinary system
 - Gastrointestinal system
 - Occurrence, duration and recovery of traumas
 - Embryology and Birth Story
 - Cognitive performance in daily tasks
 - Energy reserves
 - Stressors
 - Personal health goals
- Applies active-listening skills to interpret non-verbal cues from the client
- With consent from client, legibly records all the information learned and stores it securely where it is easily accessible for future appointments with the respective client

Benefit

- Builds trust between the client and therapist
- Allows for the development of an appropriate treatment plan
- Limits negative reactions to treatment due to undisclosed relevant health information

Safety/ Contraindication

- Physical, emotional or psychological distress limiting accurate responses from the client
- Inadequate time for both the therapist and client

In these cases, the client interview should be deferred to a different time.

Informed Consent

Indication:

Before the application of any procedure or technique to new, returning or current clients and any other applicable time when informed consent is necessary.

Competency:

Receive evidence of informed consent prior to the application of techniques

Standard:

Quality Assurance

There must be documented evidence of informed consent received from the client to proceed with treatments from a Manual Osteopathic Therapist. Sensitive areas (refer to glossary) may be mentioned specifically in order to receive the informed consent for treatment.

How to:

The Manual Osteopathic Therapist,

- Describes the technique to the client
- Describes where the technique will be performed
- Describes how the technique will be performed
- Explains the benefits of using the technique
- Describes potential side effects of using the technique
- Asks if the client is willing to go through the procedure
- Documents the client's response
- Stores the information securely for future reference

Benefit

- Builds trust between the client and therapist
- Allows for the development of an appropriate treatment plan

Safety/ Contraindication

- For non-legally competent clients, care-giver or guardian consent is sought
- Physical, emotional or psychological distress limiting accurate responses from the client
- Inadequate time for both the therapist and client

Treatment should be deferred to a later date when informed consent from the client can be issued.

2. SAFETY

Infection Control

Indication:

When initiating touch of therapeutic intent, between clients, within a therapeutic space, when there is known contamination and/or potential cross contamination pre and post treatment and during treatment and any other applicable time when infection control measures should be implemented.³

Competency:

Habitual hygienic practice

Standard:

Quality Assurance

There must be a spoken/written infection control policy and procedures on-site.

How to:

The Manual Osteopathic Therapist,

- Showers and wears clean clothing
- Washes their hands for at least fifteen seconds pre and post contact with clients
- Cleans the treatment equipment after every use as per manufacturer or health and safety standards
- Disinfects all surfaces that have come into contact with known or unknown pathogens
- Within the best of their ability, prevents cross-contamination from themselves to their client
- Organizes and cleans the general and treatment spaces
- Completes an incident report and informs clients when a communicable disease is within the environment and may potentially affect them
- Washes and disinfects contaminated linen separately from other laundry
- Animals in clinic space - follows guidelines as laid out by Alberta Health Services: <https://www.albertahealthservices.ca/assets/info/hp/ipc/if-hp-ipc-animals-hcf.pdf>

Benefit

- Limits the spread of disease

Safety

- Protective clothing and gloves should be worn when handling corrosive cleaning supplies
- Protective clothing and gloves should be worn when working with clients with communicable diseases

Initial Physical Examinations

Indication:

Initial Physical Examinations are indicated but not limited to clients who have never been treated by the Manual Osteopathic Therapist before or who have been away from treatment for an extended period of time or when an existing client presents with an acute traumatic event.

Competency:

Perform a comprehensive initial physical examination encompassing all body systems and Manual Osteopathic philosophies, making note of all relevant observations.

Standard:

Quality Assurance

Informed consent must be obtained from the client for the Manual Osteopathic Therapist to proceed with an initial physical examination and findings must be accurately documented for future reference.

How to:

The Manual Osteopathic Therapist,

- Notifies the clients ahead of time of the scheduling of an initial physical examination, estimated time they would be in the premises (2 hours on average reported) and any costs associated with the examination
- Schedules ample time and limits foreseeable interruptions during the client's initial physical examination
- Notifies the client of the benefits and possible side-effects that may be experienced following the initial physical examination
- Receives informed consent from the client to proceed with the examination
- Applies investigative techniques within the Scope of Practice for Manual Osteopathic Therapists to the following systems:
 - Circulatory system
 - Neuromuscular system
 - Musculoskeletal system
 - Gastrointestinal system
 - Renal system
 - Reproductive system
 - Endocrine system
 - Integumentary system
 - Immune system
- Documents the objective findings legibly
- Communicates the initial physical examination findings to the client

Benefit

- Reveals known and unknown health imbalances in the client

- Ensures relevance of treatment plans
- Creates a benchmark for progress, reassessments and discharging the client
- Rules out conditions that need a referral to other health practitioners or diagnostic imaging

Safety/Precaution

- Physical exhaustion of the client due to other health issues. (Recommendation: Break the physical examination into sizable chunks)
- Conditions or contraindications that would cause the client to experience an adverse reaction following application of the investigative procedures

Pre and Post Treatment Procedures

Indication:

Whenever a client attends a Manual Osteopathic Treatment session

Competence:

Perform pre and post treatment procedures in a timely manner

Standard:

Quality Assurance

There must be an established procedure that extends to infection control, wellness checks, communications, billing, scheduling, and any other activities relating to the client before and/or after a treatment session.

Pre-Treatment procedure

How to:

The Manual Osteopathic Therapist,

- Ensures the treatment room is hygienically prepared for the incoming client
- Ensures that equipment and supplies have been properly maintained and disinfected. This must occur on a regular basis. A written record of all repair and maintenance activities must be kept.
- Ensures that treatment environment is private, secure, and safe for the client
- Acknowledges and greets the incoming client
- Shows the client into treatment room
- Seeks pertinent information in regard to the current and past appointments where applicable
- Physically examines the client
- Communicates the sessions goals
- Steps out of the room if the client has to change or undress
- Knocks on the door and waits for a response to regain re-entry into the treatment room
- Clearly instructs the client on how to position themselves for the start of treatment

Post-Treatment procedure

How to:

The Manual Osteopathic Therapist,

- Communicates the end of the treatment session to the client
- Re-evaluates the client to record if session goals were achieved
- Sets next session goals where applicable
- Prescribes and demonstrates home rehabilitative exercises where applicable
- Bills and reschedules client where applicable
- Shows client out

- Washes hands and cleans treatment space
- Documents all relevant information pertaining to that treatment session
- Ensures that treatment notes are completed within 24 hours of treatment

Benefit

- Maintains consistency between appointments

Safety/Precaution

- Similar safety/precautions adhered as those when working with special populations
- Similar safety/precautions adhered as those when performing infection control protocols

Mini-Assessments and Re-evaluations

Indication:

For the measurement of progress in the chief complaint and efficacy of the treatment approach.

Competency:

Perform a mini-assessment and/or re-evaluation in the time allowed and document findings.

Standard:

Quality Assurance

There must be a re-evaluation post-intervention. Assessments can take up to 75% of the treatment session as some are in themselves treatment techniques.

How to:

The Manual Osteopathic Therapist,

- Reviews with the client the recorded findings from the initial physical examination
- Perform the same examination in the same way as the initial physical examination
- Records objective findings from this new assessment/re-evaluation
- Communicates the new findings with the client

Benefit

- Provides direction to the treatment plan
- Provides a tangible method to estimate progress or lack thereof for both the client and Manual Osteopathic Therapist
- Prevents errors in treatment interventions and consequently negative outcome in the client

Safety

Contraindications and conditions that would result in the client experiencing an adverse reaction from the mini-assessment and/or re-evaluation

Treatment plans

Indication:

For every client seeking Manual Osteopathic treatment that has completed an initial physical examination and has consented to beginning treatments or any other situation to which a treatment plan is requested.

Competency:

Develop a customized treatment plan for each client.

Standard:

Quality Assurance

The treatment plan must cover as many areas as pertains to the findings in the full and mini physical examinations and re-evaluations as is within the Scope of Practice for Manual Osteopathic Therapists and time allowable.

How to:

The Manual Osteopathic Therapist,

- Asks their client their goals and devises a short-term and long-term goals-list that encompass a positive therapeutic outcome for the client
- Develops the treatment plan from information from the interview and assessment findings
- Estimates, documents, and communicates to the client the length of time on average that it takes to achieve the agreed upon treatment goals
- Documents and communicates to the client the estimated number of treatments
- Documents and communicates to the client the frequency of appointments
- Documents and communicates to the client the expected duration of each session
- Determines and communicates to the client areas of focus during the named appointments
- Recommends appropriate home rehabilitation activities to the client
- Schedules dates/times of reassessment
- Determines and communicates to the client prospective dates to be discharged from treatments⁵

Benefit

- Effectively manages the client's health

Ensures efficacy of treatment or redirection when there is no change in condition

3. SKILLS

Osteoarticulation Treatments

Indication:

Conditions or structural and/or functional limitations that warrant use of Osteoarticulation techniques.

Competency:

Precisely deliver an Osteoarticulation technique in the structure that is needed to achieve a positive therapeutic outcome.

Standard:

Quality Assurance

Treatment must observe the mechanical law of bones, joints and surrounding soft tissue.

How to:

The Manual Osteopathic Therapist,

- Assesses the body structures to identify lesions from a bone, joint or accessory tissues of the joint
- Identifies any contraindications that will affect delivery of the osteoarticular technique and either modifies or avoids the technique
- Communicates the nature and intent of technique to the client including potential benefits and side-effects
- Receives informed consent from the client before performing the technique
- Establishes a physical boundary and where applicable, gains additional consent for the treatment of sensitive areas
- Where applicable, starts the technique from the feather barrier
- Aims to facilitate normalization of function
- Aims to never treat the structure beyond its anatomical range of movement
- Applies visual synkinesis where applicable
- Waits for post-isometric relaxation where applicable
- Balances unities
- Avoids performing high/low velocity amplitude thrusts on the client
- Re-evaluates after every osteoarticular intervention

Benefit

- Strong positive therapeutic outcome for the client

Safety/Precaution

- Modifications may need to be adopted in the treatment of special populations

- Onset of pain during positioning and/or treatment is a contraindication
- Avoid the treatment technique when a contraindication to the technique exists in the client

Fascial Treatments

Indication:

Conditions or structural and functional limitations that warrant use of fascial techniques.

Competency:

Precisely engage the tissue in the correct position and for the appropriate length of time to enhance tissue health.

Standard:

Quality Assurance

Treatment must not go beyond the maximum stretch and flexibility allowable in the client's tissue

How to:

The Manual Osteopathic Therapist,

- Palpates the body structures to identify connective tissue restrictions
- Identifies any contraindications that will affect delivery of the fascial technique and either modifies or avoids the technique
- Communicates the nature and intent of technique to the client including potential benefits and side-effects
- Receives informed consent from the client before performing the technique
- Establishes a physical boundary and where applicable, requests additional consent, for the treatment of sensitive areas
- Applies a direct and/or indirect technique to the tissue
- Aims to facilitate normalization of function
- Applies respiratory synkinesis where applicable
- Waits for tissue to warm up, soften or slacken before advancing the fascial technique
- Re-evaluates function after intervention

Benefit

- Strong positive therapeutic outcome for the client

Safety/Precaution

- Modifications may need to be adopted in the treatment of special populations
- Avoid the type of treatment when a contraindication to the technique exists in the client

Neuromuscular techniques

Indication:

Conditions or structural and/or functional limitations that warrant use of neuromuscular techniques.

Competency:

Position the client and/or the affected area in the appropriate way for the appropriate length of time with the appropriate pressure where applicable, to alter the abnormal neurological signals sent to the affected muscles.

Standard:

Quality Assurance

Sustained treatment positions and/or deep pressure must be performed within the client's pain threshold.

How to:

The Manual Osteopathic Therapist,

- Palpates the body structures to identify tissues receiving an improper neurological impulse
- Identifies any contraindications that will affect delivery of the neuromuscular technique and either modifies or avoids the technique
- Communicates the nature and intent of technique to the client including potential benefits and side-effects
- Receives informed consent from the client before performing the technique
- Establishes a physical boundary and where applicable, requests additional consent, for the treatment of sensitive areas
- Applies direct pressure where applicable, on the apex of the affected tissue
- Aims to facilitate normalization of function
- Waits for tissue to warm up and soften before intensifying the sustained pressure
- Re-evaluates tissue state after intervention

Benefit

- Strong positive therapeutic outcome for the client

Safety/Precaution

- Modifications may need to be adopted in the treatment of special populations
- Avoid the type of treatment when a contraindication to the technique exists in the client

Visceral Manipulation

Indication:

Conditions or structural and/or functional limitations that warrant use of visceral manipulation.

Competency:

Gently assess mobility and motility of organs to identify and treat associated pathologies.

Standard:

Quality Assurance

The pathological tissue structure must be correctly identified and pressure applied to it regulated by the Manual Osteopathic Therapist to prevent internal injury.

How to:

The Manual Osteopathic Therapist,

- Palpates the body structures to identify imbalanced motility and restrictions in movement patterns of organs
- Identifies any contraindications that will affect treatment of the tissue and either modifies or avoids the technique
- Communicates the nature and intent of technique to the client including potential benefits and side-effects
- Receives informed consent from the client before performing the technique
- Establishes a physical boundary and where applicable, gets additional consent, for the treatment of sensitive areas
- Gently applies direct and/or indirect techniques to the internal organs in question
- Aims to facilitate normalization of function
- Re-evaluates tissue structure after intervention

Benefit

- Strong positive therapeutic outcome for the client

Safety/Precaution

- Modifications may need to be adopted in the treatment of special populations
- Avoid the type of treatment when a contraindication to the technique exists in the client

Fluid Dynamics Treatments

Indication:

Conditions and/or assessment findings that show pathological/imbalanced fluid pressures and movements in the body including but not limited to blood plasma, lymph, interstitial fluid and cerebrospinal fluid.

Competency:

Accurately identify imbalances in the movement and location of body fluids and provide treatment to any and all areas that will facilitate balance.

Standard:

Quality Assurance

Gentle pressure must be used in the delivery of fluid dynamic treatments including but not limited to manual lymph drainage and craniosacral treatments.

How to:

The Manual Osteopathic Therapist,

- Palpates the unconscious movement of body structures in reference to the pressure, rate, intensity and the nature of the flow of the body fluid being assessed
- Identifies any contraindications that will affect delivery of the technique and either modifies or avoids the technique
- Communicates the nature and intent of technique to the client including potential benefits and side-effects
- Receives informed consent from the client before performing the technique
- Establishes a physical boundary and where applicable, gets additional consent, for the treatment of sensitive areas
- Applies listening skills to the structures being treated
- Clears central drainage areas in the client's body first before moving to extremities
- Works proximal, distal and back to proximal
- Aims to facilitate normalization of function
- Re-evaluates tissue state after intervention

Benefit

- Strong positive therapeutic outcome for the client

Safety/Precaution

- Modifications may need to be adopted in the treatment of special populations
- Avoid the type of treatment when a contraindication to the technique exists in the client

Home Rehabilitation Activities

Indication:

Where recovery and treatment intervention are enhanced by the client performing rehabilitative activities outside of the therapeutic environment.

Competency:

Recommend and demonstrate appropriate client self-care for the recovery of the condition or body system in question.

Standard:

Quality Assurance

Home rehabilitation activities must be prescribed with a frequency, intensity and duration and be re-evaluated after a designated period for correct application and efficacy.

How to:

The Manual Osteopathic Therapist,

- Recommends client self-care at the appropriate stage of treatment
- Provides or recommends the tools to facilitate the activity
- Demonstrates the activity to the client
- Requests the client to demonstrate the shown activity back to the Manual Osteopathic therapist
- Modifies rehabilitation activities to prevent further damage of compromised tissue
- Documents the activity prescribed to the client
- Appoints a re-evaluation date
- If applicable, appoints a date to discontinue the rehabilitation activity

Benefit

- Shorten recovery time
- Enhance a positive therapeutic outcome for the client

Safety

- Avoid recommendation where known contraindications to the rehabilitative position exist in the client

Soft-tissue Manipulation

Indication:

Conditions and/or structural and/or functional limitations created and maintained by soft-tissue imbalances.

Competency:

Able to identify the different types of soft-tissue, normal tissue texture and pathological signs embedded in the soft tissue.

Standard:

Quality Assurance

Soft-tissue must be adequately warmed up before the application of the technique.

How to:

The Manual Osteopathic Therapist,

- Receives informed consent from the client prior to the initiation of the soft-tissue technique
- Works on superficial to deep tissue then back to superficial
- Applies the appropriate technique for the tissue-type in question
- Stops treatment when there is evidence of tissue response
- Where applicable, applies hydrotherapy techniques to facilitate the soft-tissue interventions
- Avoids known local contraindications to soft-tissue techniques or modifies the techniques

Benefit

- Strong positive therapeutic effect for the client

Safety

- Avoid treatment when known contraindications to the techniques are suspected or exist in the client

Reflex-based interventions

Indication:

Conditions and/or structural and/or functional limitations created and maintained by soft-tissue imbalances.

Competency:

Appropriate application of the reflex-based intervention including but not limited to: Dorsal Points, Chapman's Reflexes, Jones' technique, Myofascial trigger points and Jarricot's Dermalgies reflexes.

Standard:

Quality Assurance:

Reflex-based intervention must be applied in the appropriate position and/or appropriate pressure to achieve the desired therapeutic outcome.

How to:

The Manual Osteopathic Therapist,

- Palpates tissue for inordinate amounts of hypertonicity and restriction
- Receives informed consent before initiating treatment
- Identifies contraindications to the technique and avoids or modifies the intervention
- Waits for the pain signal to dissipate before intensifying the technique
- Re-evaluates the client after application of each technique

Benefit:

- Strong positive therapeutic outcome for the client

Safety:

Avoid treatment-type where known contraindications to the technique exist in the client

Treatment of Special Populations

Indication:

Clients legally or medically deemed as vulnerable and for whom Manual Osteopathic treatment plans, space and protocols must be modified to accommodate the vulnerability aspect. Examples include but are not limited to pregnancy, infants, children, elderly, medical disabilities, terminal illness.

Competency:

Able to modify physical examinations, treatment positions and techniques yet ensure precise delivery of the Manual Osteopathic intervention.

Standard:

Quality Assurance

Proper training and/or certification must be obtained for the treatment of conditions specific to special populations.

How to:

The Manual Osteopathic Therapist,

- Easily identifies conditions specific to a special population
- Treats conditions within special populations for which they are trained
- Readily modifies and adapts treatment procedures and plans for special population clients

Benefit

- Ensures maximum therapeutic benefit to the client

Safety

- All safety precautions and contraindications when working with special populations apply

4. PROFESSIONALISM

Professional Boundaries

Indication:

At all times within the therapeutic setting.

Competency:

Maintain professionalism at all times in the therapeutic setting including but not limited to conversation, demeanor, time management, client interview, treatment, personal appearance and appearance of the therapeutic environment.⁴

Standard:

Quality Assurance

Professional boundaries must exist in the therapeutic relationship and communicated to the client where applicable.

How to:

The Manual Osteopathic Therapist,

- Dresses appropriately for a therapeutic setting
- Maintains professional conversations in the workplace
- Creates and maintains spatial and physical boundaries as relates to non-therapeutic touch
- Communicates clearly and seeks consent from the client before performing a technique that is in the client's personal space
- Is aware of transference and counter-transference red flags for appropriate action
- Documents legibly and accurately as per work-place policies when breaches of professional boundaries occur
- Reports serious breaches of professional boundaries to the appropriate authority

Benefits

- Educates service-users on what to expect in an Manual Osteopathic Therapist work setting
- Minimizes professional misconduct in the workplace
- Limits client complaints about professional misconduct

Safety/Precaution

Implement extra policies when working with minors, clients with developmental disabilities or other health disabilities and where the primary language and mode of communication is not understood by the Manual Osteopathic Therapist and/or client

Dual Designations

Indication:

Dual designation status is indicated when the therapist has more than one Canadian-recognized training and certification, licensing and/or registration applicable to the same client.

Competency:

Perform within the scope of practice of each designation safely as per training and certification.

Standard:

Quality Assurance

The Manual Osteopathic Therapist must show evidence of actively preventing confusion that may arise from any overlap of the various designations in clinical practice.

How to:

The Manual Osteopathic Therapist,

- Publicly displays and makes readily available training completion documents
- Performs techniques learned with the Scope of Practice of each designation
- Develops a clear policy for communication to clients and interested parties when one designation is used over another
- Creates separate appointments for clients seeking one or the other designation
- Creates a separate billing system for clients seeking one or the other designation
- Provides the client with an accurate billing receipt with the appropriate registration information for the service received
- Maintains a distinct documentation format and/or record system for each designation
- Reports to the relevant authority when there is use of a dual designation with fraudulent intent

Benefit

- Guards against fraud
- Provides clarity to third party inquirers such as insurance companies and legal teams

Referrals and Professional Collaborations

Indication:

In conditions and/or physical examination findings or self-care that warrant intervention outside of the scope of a Manual Osteopathic Therapist or where the health of the client fails to improve under the supervision of the Manual Osteopathic Therapist or in any other situation where referral and professional collaborations in the care of the client applies.^{6,7,8,9}

Competency:

Recognition of the Scope of Practice for Manual Osteopathic therapists and awareness of the restricted activities under the Provincial Health Professions Act.

Standard:

Quality Assurance

If applicable, referrals and involvement of a multi-disciplinary health team in the care of the client must be recommended to the client in a timely manner.

How to:

The Manual Osteopathic Therapist,

- Communicates to the client the need for other professional involvement in the management of their health
- Within Scope of Practice, recommends experts that may participate in the client's recovery process
- Provides a progress report for the client to approach the recommended expert with
- With consent from the client, seeks a progress report from the recommended expert after an agreed upon time has elapsed
- Regarding medical and/or recreational Cannabis, and other related products that contain CBD or THC, the therapist is to direct referrals only to the client's primary physician.

Benefit

- Strong positive therapeutic outcome for the client

Conflict of Interest

Indication:

When the therapist stands to gain in more ways than outlined in the therapeutic relationship.

Competency:

Be able to identify, mitigate and declare a conflict of interest where it exists or is suspected in the Manual Osteopathic Treatment environment.

Standard:

Quality Assurance

There must be a declaration of a conflict of interest and reasonable effort applied by the Manual Osteopathic Therapist to mitigate it in the work setting.

How to:

The Manual Osteopathic Therapist,

- Acts within the confines of the therapeutic relationship
- Accurately declares imminent conflicts of interest to client and parties involved

Benefit

- Maintains trust in the therapeutic relationship
- Maintains trust in the work environment

Self-development

Indication:

For maintenance of professional registrations and licensing in Manual Osteopathic Practice and to evolve as the industry and practice evolves.

Competency:

Recognize limitations of current practice and skills.⁵

Standard:

Quality Assurance

There must be evidence of periodic investment in relevant professional development.

How to:

The Manual Osteopathic Therapist,

- Regularly performs an introspective audit of their training, skills, current professional experience and work environment
- Regularly perform an analysis of memorable events in their work history; both positive and negative
- Actively pursues ways to overcome obstacles around their professional growth
- Periodically attends workshops relevant to Manual Osteopathic Therapists
- Takes on tutelage opportunities to better themselves and/or for the purpose of developing budding Manual Osteopathic Therapists

Benefit:

- Improves service provision to new and existing clients

Safety:

- Avoid if potentially burnt out. Focus on regaining balance before additional self-development

REFERENCES

1. World Health Organization. 2010. Benchmark for Training in Osteopathy. Benchmark for Training in Traditional/Complementary and Alternative Medicine.
2. College and Association of Registered Nurses of Alberta. 2013. Practice Standards for Regulated Members. http://www.nurses.ab.ca/docs/default-source/document-library/standards/practice-standards-for-regulated-members.pdf?sfvrsn=d4893bb4_8 Accessed April, 17th 2019.
3. World Health Organization. 2011. Core components for infection prevention and control programmes. Assessment tools for IPC programmes.pg 11.
4. Transitional Council for the College of Massage Therapists of Alberta. 2018. Draft Standards of Practice.
5. Canadian Patient Safety Institute. 2009. Enhancing Patient Safety Across the Health Professions. (1): 1-56
6. Canadian Interprofessional Health Collaborative. 2010. A National Interprofessional Competency Framework. Pg.15
7. Ollier, S. 2011. Osteopath referral to other health care providers in England. What does influence the choice of the practitioner? An exploratory qualitative study. European School of Osteopathy. (Abstract)
8. Tagney, J. 2012. An exploration of attachment theory as an information concept to the therapeutic relationship in osteopathy. European School of Osteopathy. (Abstract)
9. General Osteopathic Council. 2019. Osteopathic Practice Standards. <https://standards.osteopathy.org.uk/> Accessed April 28th 2019.