



Clinical Support Discussion – 22nd June 2023 (Ref 309)

Discussion - Clothes on or off

The first of our Clinical Support Discussions focuses on whether practitioners should ask patients to undress to their underwear, remain fully clothed, or somewhere in between for their assessment and treatment. As usual, practitioners had some useful ideas and solutions to share.

One of the important points raised was that we ask patients to undress for good reason, not only for assessment of the musculoskeletal system but also to pick up on signs of the patient's general health, for example, skin texture, skin pathology, or signs of neurological disorders such as muscle atrophy. On the other hand, we have to walk the fine line between carrying out a thorough clinical assessment and avoiding a complaint, and this hinges on good communication with the patient, whether you choose to assess them with their clothes on or off.

Many practitioners highlighted the importance of communicating with the patient prior to their appointment, not just relying on information on the website but being proactive and sending out an email explaining that they may be asked to undress but that if they are not comfortable to do so, they should wear loose clothing/shorts and vest to enable the practitioner to more easily work around their clothing. Other practitioners use gowns to protect their patients' modesty, or coverings such as space blankets or microfibre towels, that are easy to wash after each patient; other practitioners ask the patient to undress while they carry out the assessment and then suggest they put their clothes back on for the treatment if they are more comfortable.

One practitioner commented, if he has a sense that the patient has concerns about undressing, he will re-introduce the question at a later point in the case history, and reiterate that if they have any doubts at all, he would rather they remain clothed for the duration, rather than be uncomfortable. And, not forgetting that for some patients a chaperone might be a very welcome option.

And then there's the dilemma of whether to leave the room while the patient undresses, and potentially leave them sitting there for a while, feeling even more uncomfortable, or whether to gain that all-important information while observing them undress. Several practitioners use screens, others discreetly wash their hands with their back turned but remain in the room.

An interesting comment from one practitioner was that she has had several patients book in with her, after seeing another local practitioner, who said that they had felt uncomfortable as they had been asked to undress. And yet, there are other instances where patients feel that they have not been properly assessed and treated if they are not asked to undress. So we are damned if we do and damned if we don't – unless, of course, we continue to hone our communication skills, be mindful of patients' body language, to ensure that they feel at ease, and are happy to consent to whichever approach you choose to take.

Linking this discussion with the OPS Themes

A – Communication and patient partnership

A1 You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.

A2 You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.

A3 You must give the patients the information they want or need to know in a way they can understand.

A4 You must receive valid consent for all aspects of examination and treatment and record this as appropriate.

A6 You must respect your patients' dignity and modesty.

B - Knowledge, skills and performance

B1 You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.

B2 You must recognise and work within the limits of your training and competence.

B3 You must keep your professional knowledge and skills up to date.

B4 – You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

C - Safety and quality in practice

C1 – You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.

D – Professionalism

D1 You must act with honesty and integrity in your professional practice.

D2 You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath.

Linking this discussion with the Chiropractic Code

Principle A – Put the health interests of the patient first

A1 Show respect, compassion, care by listening/acknowledging views decisions.

A2 Respect patients' privacy, dignity and cultural differences and their rights prescribed by law.

A4 Treat patients fairly and without discrimination and recognise diversity and natural choice.

Principle C – Provide a good standard of clinical care and practice

C2 When carrying out a physical examination of a patient use diagnostic methods and tools that give due regard to patient health and dignity.

C5 Develop, apply and document a plan of care in full agreement with the patient.

Principle E – Obtain informed consent for all aspects of patient care

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options. You must also take into consideration a patient's capacity to understand.

Principle D – Establish and maintain a clear professional relationship with patients

D2 Be professional at all times and ensure you, and any staff you employ, treat all patients with equal respect and dignity.

D3 Explain the reason to the patient if there is a need for the patient to remove items of clothing for examination; if that needs to happen, you must offer the patient privacy to undress and the use of a gown.

D4 Consider the need, during the assessments and care, for another person to be present to act as a chaperone; particularly if the assessment or care might be considered intimate or where the patient is a child or a vulnerable adult.

Principle F – Communicate properly and effectively with patients, colleagues and other healthcare professionals

F1 Explore care options, risks and benefits with patients, encouraging them to ask questions.

F3 Involve other healthcare professionals in discussions on patient's care, with the patient's consent, if this means the patient's health needs will be met more effectively.

Principle E – Obtain informed consent for all aspects of patient care

E1 Share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options. You must also take into consideration a patient's capacity to understand.

E2 Obtain and record consent from a patient prior to starting their care and for the plan of care.

Principle G – Maintain, develop and work within your professional knowledge and skills

G1 Keep your knowledge and skills up to date, taking part in relevant and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance and the quality of your work.