



Case-Base Discussion – 27th February 2024 (Ref 352)

Case presented by Osteopath: Claire Short

Case 1

The first case discussed in today's CBD was a 30-year-old male patient, a stage painter decorator who had been diagnosed with Axial Spondyloarthritis (Axial SpA), previously known as Ankylosing Spondylitis. Radiography showed features of 'bamboo spine' caused by ankylosis.

He had been prescribed exercises by a physio but was looking for osteopathic treatment and advice as an adjunct to NHS care. On examination, there was a surprising degree of mobility palpable in the spine, in spite of the radiographic findings. The general consensus was that articulatory techniques were likely to be more suitable than HVT, and that exercise was the best way for the patient to alleviate their symptoms, combined with dietary management, and pain relief as necessary.

The [NICE Guidelines](#) can be a useful starting point for diagnosis and management of Axial SpA, combined with the SPondyloArthritis Diagnosis Evaluation (SPADE) tool. There is also some useful information on the [National Axial Spondyloarthritis Society \(NASS\)](#) website, and it would be worthwhile revisiting the APM's NASS broadcast from a few years ago, in which some of the 'myths' of Axial SpA were dispelled, including the prevalence of the disease in male patients. In fact, it is equally prevalent in male and female patients, but females tend to have symptoms of inflammation rather than the traditional stiffness associated with the disease.

Another point raised was that any communication with the GP should be clear, both in terms of your findings, and the tests you would like to be carried out. If you do ask for an MRI, this should be with STIR sequence.

Case 2

The second case discussed today was a female patient who had been diagnosed with bilateral spontaneous dislocation of the patellae. Symptoms typically manifested when she squatted or knelt down – a fairly frequent occurrence as she works with horses. She had been advised to have lateral

release surgery, but she was keen to seek osteopathic advice before committing to this.

Suggestions for assessment, conservative management and treatment included:

- Gait analysis
- Assessment of the pelvis
- Assessment of the knee to include varum/valgus patterns, trochlear groove, chondromalacia patella
- Trigger point therapy
- Orthotics
- Exercises, for example strength training 5 rep max with focus on Vastus Medialis.

Linking this discussion with the OPS Themes

A – Communication and patient partnership

A5 You must support patients in caring for themselves to improve and maintain their own health and wellbeing.

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

D10 You must consider the contributions of other health and care professionals, to optimise patient care.

Linking this discussion with the Chiropractic Code

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

C1 Obtain and document the case history of each patient, using suitable methods to draw out the necessary information.

C4 Use the results of your clinical assessment of the patient to arrive at a working diagnosis or rationale for care which you must document. You must keep the patient fully informed.

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

C6 Select and apply appropriate evidence-based care which meets the preferences of the patient at that time.

C7 Follow appropriate referral procedures when making a referral or a patient has been referred to you; this must include keeping the healthcare professional making the referral informed. You must obtain consent from the patient to do this.

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

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 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.

G5 Refer to, or seek expertise from, other chiropractors or healthcare professionals, when needed.