



## **Case-Base Discussion – 26<sup>th</sup> June 2024 (Ref 376)**

### **Case presented by Osteopath: Claire Short**

The CBD this week was a continuation of last week's discussion on the diagnosis, treatment and management of neurological disorders, in particular Functional Neurological Disorder (FND), Parkinson's and Multiple Sclerosis (MS).

The first patient discussed was a female patient who had been diagnosed with FND. The patient presented with many neurological symptoms, including a stumbling gait, and difficulty in keeping her eyes open – she often had to prop them open manually. She also had difficulty talking at times but could communicate with the aid of pen and paper or gestures if required. She was emotionally stable, and able to talk about her condition in a matter-of-fact way. She wanted to see if osteopathy could help her manage her symptoms which included widespread pain, and whether it could help her to improve her quality of life.

Given that this was an unknown area of treatment for the practitioner, she agreed to treat the patient regularly at a discounted rate, as much as for the patient's benefit as for the opportunity for her own opportunity to develop her knowledge of the effectiveness of using manual therapy to alleviate the symptoms of a patient with FND.

It was emphasised that, as long as we communicate our treatment aims to the patient and explain that we can only help to manage their pain – either arising from their condition, or from another cause – then we can justify treating that patient, even though it is not possible to cure them of their neurological condition.

We also discussed the importance of carrying out a neurological examination, even if the patient already has a confirmed neurological diagnosis when they first present at the clinic. This can be helpful both for monitoring the patient's condition as well as to support our learning by building up our experience of normal and abnormal clinical findings.

The next two patients we discussed had been diagnosed with MS. One of these patients found that osteopathic treatment relieved her of tension, both physically and mentally, helping her to deal with her symptoms in everyday life. The other patient found that Bowen therapy was more helpful for her, the slower pace of

the treatment allowing her body to respond at a pace more suitable to her body rhythm.

A fourth case had been diagnosed with Parkinson's Disease. His body was extremely rigid, and he was not interested in doing exercises to help maintain his flexibility. Instead, he would come for a treatment when his body was fatiguing, which proved extremely helpful. As long as we have informed consent, this is a perfect opportunity for manual therapists to improve a patient's quality of life, rather than cure them of their disease. Other suggestions for treatment of neurodegenerative disorders included techniques to support the patient's respiratory system, soft tissue massage, Pilates, Bowen technique and Acupuncture.

Another member, a qualified GP with 40 years' experience, who had more recently qualified as an osteopath, described how he was able to provide additional patient care by offering

osteopathic treatments as part of the patient's consultation. Taking this approach, he was able to provide treatment to a 15-year-old female patient with hemiplegia resulting from a subarachnoid haemorrhage. By adopting a structural approach to her treatment, including manipulation of her lumbar spine, he was able to facilitate her return to dancing.

This session served to remind us that, as manual therapists, we treat the person, not the condition, with a view to helping the patient's overall function and improving their quality of life, rather than offering a cure. It ended with a reminder to carry out neurological testing, even when the patient has been diagnosed with a specific neurological condition, so that we can readily identify abnormal signs for those patients whom we may need to refer.

## **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 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.

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.

C6 - You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of 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 A – Put the health interests of patients first**

A5 Prioritise patients' health and welfare at all times when carrying out assessments, making referrals or providing or arranging care. Respect a patient's right for a second opinion.

### **Principle B – Act with honesty and integrity and maintain the highest standards of professional and personal conduct**

B3 Ensure your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to their current guidance, such as the CAP Code.

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

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

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**Principle E – Obtain informed consent for all aspect 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.

**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. You must answer fully and honestly, bearing in mind patients are unlikely to possess clinical knowledge.

F3 Involve other healthcare professionals in discussions on a patient's care, with the patient's consent, if this means a 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.

G3 Recognise and work within the limits of your own knowledge, skills and competence.