



Osteopathie College Sutherland Amsterdam

Setting the foundations for a European scale collaboration
between
the schools of the Osteopathic European Academic Network
(OsEAN)
for the collection of data on the impact of an osteopathic
treatment on patients with Irritable Bowel Syndrome (IBS)

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Setting the foundations for a European scale collaboration between the schools of the Osteopathic European Academic Network (OsEAN) for the collection of data on the impact of an osteopathic treatment on patients with Irritable Bowel Syndrome (IBS)



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"Knowledge is acquired by experience, everything else is only information."

Albert Einstein.

Abstract (English)

Background

Numerous articles point the necessity for more results to be obtained on the effects of osteopathy. To obtain a greater amount of patients participating in a study, a collaboration between OsEAN schools seems a valuable option. Osteopathy is now taught across the world, but each school has different teaching and learning strategies that may influence the practice of students in different ways.

Objective

Evaluate the possibilities for collaboration between OsEAN schools. Obtain an understanding of how the different schools function, regarding curricula and philosophy and point out considerations to be made concerning data collection on IBS.

Method

Thanks to email and online meetings, we contacted 24 members of the network. Using semi-structured interviews, we interviewed people in different positions at the school (head of research, director, teachers).

Results

Within the 24 schools contacted, we performed interviews with 13 who were really enthusiastic. Five answered a first time but never responded again. We could not get in contact with 3 and one was not interested into participating.

The curriculum varied from the teaching of a specific body region per semester/year, to a whole-body approach and getting more detailed each year.

The variability in overall vision appeared clearly in the way the clinic was set up. With some school starting observation as early as the first year (FBEO Spain, SSOI Torino, EDUCAM Torino) or second year (AIMO Italy, CSO France), one chose to encourage external observational internship (CS Netherland) and one was limited by economic constraints (CAO Croatia). The way the appointment takes place varied a lot and is an expression of the philosophy of the school.

Conclusion

Most of the schools of the OsEAN we contacted were really excited about participating in this big scale study. We have a great list of persons to contact and have an understanding of how the different schools work. Knowing the course of a consultation and the approach of the set-up of a diagnosis and treatment plan is a great tool as this parameter can have impact on the treatment. More steps need to be taken before launching the collection of data with this form of collaboration.

Abstract (Nederlands)

Achtergrond

Talrijke artikelen wijzen op de noodzaak om meer resultaten te verkrijgen over de effecten van osteopathie. Om meer patiënten aan een onderzoek te laten deelnemen, lijkt een samenwerking tussen OsEAN-scholen een optie met veel potentie. Osteopathie onderwijs wordt over de hele wereld gegeven. Maar er is variabiliteit over onderwijs- en leerstrategieën die de behandelingen van studenten op verschillende manieren kunnen beïnvloeden.

Doelstellingen

Om de mogelijkheden voor een potentiële samenwerking tussen OsEAN-scholen te kunnen onderzoeken.. Zullen we inzicht moet verkrijgen op hoe de verschillende scholen te werk gaan. Met name met betrekking tot leerplannen en filosofie is verder onderzoek gewenst. Verder zullen we op de overwegingen ingaan die moeten worden gemaakt met betrekking tot gegevensverzameling over IBS.

Methoden

Door middel van e-mail en online overleg hebben we contact opgenomen met 24 leden van het netwerk. Met behulp van semi-gestructureerde interviews hebben we mensen in verschillende functies op de school geïnterviewd (head of research, directeur, docenten).

Resultaten

Van de 24 scholen waarmee we contact hebben opgenomen, hebben we interviews afgenomen met 13. Alle 13 waren erg enthousiast, 5 scholen antwoordde de eerste keer maar reageerde daarna niet meer, we konden geen contact krijgen met 3 scholen en één school had geen interesse om deel te nemen.

Het curriculum varieerde met het onderwijzen van een specifieke lichaamsregio per semester/jaar tot een benadering waarbij het hele lichaam vanaf het begin werd besproken en het elk jaar meer gedetailleerd werd .

De variabiliteit in de algehele visie kwam duidelijk naar voren in de manier waarop de kliniek was opgezet. Sommige scholen begonnen al in het eerste jaar (FBEO Spanje, SSOI Torino, EDUCAM Torino) of het tweede jaar (AIMO Italië, CSO Frankrijk) met observatie –door de student-, Een andere school koos ervoor om externe observatiestages aan te moedigen (CS Nederland). Een enkele school werd beperkt door financiële mogelijkheden(CAO Kroatië). De manier waarop de behandeling zelf plaatsvindt varieert, en is waarschijnlijk een uitdrukking van de filosofie van de school.

Conclusie

Meer dan de helft van de scholen van de OsEAN waarmee we contact hebben opgenomen, waren erg enthousiast over deelname aan dit grootschalige onderzoek. We hebben een grote lijst met contactpersonen ontwikkeld en begrijpen hoe de verschillende scholen werken. Ook is er zicht op het verloop van een consult. De aanpak van het opstellen van een diagnose en behandelplan is daarbij een mooi hulpmiddel, omdat deze parameter invloed kan hebben op de behandeling. Voordat er gestart kan worden met het verzamelen van data met deze vorm van samenwerking, moeten er nog meer stappen gezet worden.

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List of abbreviations

AIMO	Accademia Italiana di Medicina Osteopatica
AIOT	Accademia Italiana Osteopatia Tradizionale
BSc	Bachelor of Science
CAO	Croatian Academy of Osteopathy
CESO	Centre Européen d'Enseignement Supérieur de l'Osteopathie
CS	Osteopathie College Sutherland
CSdOI	Centro Studi di Osteopatia Italiano
CSO	Conservatoire Supérieur d'Ostéopathie
D.O.	Doctors of Osteopathic Medicine
<i>DataCollection</i>	Collaboration between students from different schools of the Osteopathic European Academic Network (OsEAN) for the collection of data on the impact of an osteopathic treatment on patients with Irritable Bowel Syndrome (IBS)
DGBIs	Disorders of Gut-Brain Interaction
EBM	Evidenced-Based Medicine
EDUCAM	Complementary & Alternative Medicine Education
EOB	Escola d'Osteopatia de Barcelona
ESO	European School of Osteopathy
FBEO	Formación Belga-Española de Osteopatía
FDC	Format Data Collection
FGIDs	Functional Gastrointestinal Disorders
FICO	Flanders International College of Osteopathy
HVLA	High Velocity Low Intensity
IBS	Inflammatory Bowel Syndrome
IBS-C constipation	Inflammatory Bowel Syndrome with predominantly constipation
IBS-D	Inflammatory Bowel Syndrome with predominantly diarrhoea
IBS-M	Inflammatory Bowel Syndrome with mixed bowel habits
IBSQOL	IBS Quality of Life questionnaire
IBS-U	Inflammatory Bowel Syndrome unclassified
ICOMM	International College of Osteopathic Manual Medicine
IOB	International school of Osteopathic medicine Bordeaux
ISOI	Istituto Superiore di Osteopatia
MSc.	Master of Science
OsEAN	Osteopathic European Academic Network
PCM	Patient-Centred Medicine
PDS	Prikkelbare Darm Syndroom (IBS in dutch)
PDSB	Prikkelbare Darm Syndroom Belangenorganisatie
PMS	Pre-menstrual Syndrome
RCT	Randomized Controlled Trial
SOMA	Istituto Osteopatia Milano

SSOI
VAS
WSO

Scuola Superiore di Osteopatia Italiana
Visual Analogue Scale
Wiener Schule für Osteopathie

1. Background

At the end of their study every osteopathic student has to write a thesis or perform a case study. It has appeared to us that most of the studies are performed on a small scale with a small group of patients and the conclusion is most of the time that more research should be performed on a larger group (Loon van B., Zonneveld K., 2016; Müller, A., Franke, H., Resch, K. L., & Fryer, G., 2014). This is too bad for science as the input to osteopathy's recognition is limited or useless. To avoid this loss of time and information we would like with this report to set up a collaboration between students from different schools of the Osteopathic European Academic Network (OsEAN) for the collection of data on the impact of an osteopathic treatment on patients with Irritable Bowel Syndrome (IBS). This project will be abbreviated as *DataCollection* in this piece of work. This report could also be used and applied for further research on different chronic syndromes.

In the case of IBS, numerous articles in scientific journals point out the necessity of bigger patient groups and higher quality randomized controlled trials (RCT) to be able to obtain results on the promising alternative treatment of IBS by osteopathy.

Osteopathy is a holistic discipline that uses all the information available on the patient to treat the person as a whole. It is a patient-centred medicine (PCM). In the practice it means that two patients with the same specific pain could need two different treatments. To avoid generalisation and symptom-technic short-cuts the treatment will here be define as a black box model: the osteopathic treatment. This means that, without any technique restrictions or standardized treatment protocols, the therapist chooses what he thinks are the most appropriate techniques for a given patient. The patient-centred medicine could seem to be in contradiction to the evidenced-based medicine (EBM) which has a population approach. EBM is the standard in science in our occidental culture nowadays. In the case of EBM, the goal is generalisation and health improvement in the average population whereas PCM focuses on the individual and improving health outcomes for specific patients. In a recent article both were described as “two sides of the same coin, which should complement and aid each other” (Sacristán, 2013 Dec). One should not work without the other in order to cure as efficiently as possible the most patients in the most efficient way. By using a new standard in osteopathic research, we hope to reap results that are more reliable and closer to what osteopathic treatment really is. Not simply to apply a technique when a dysfunction is present, but a comprehensive management and care according to what the patient in question needs.

The necessity of performing more reliable studies on a large scale population is a fact in order to obtain more recognition of osteopathy in the scientific community. Our school year group was given the task to do studies on different chronic pathologies. Those studies would have to be continued by student of later school years in a long term process with big scale research groups. This is a new way to present end reports that we hope osteopathy would benefit from. The diseases we

were asked to study were migraine, IBS (Inflammatory Bowel Syndrome), PMS (premenstrual syndrome), endometriosis, diabetes mellitus type 2.

The starting point of the masterplan project is to do an inventory of the knowledge over the particular diseases that are to be studied. The second step is to create a database where the results can be collected in a convenient online programme; find the validated questionnaire to collect appropriate data that are relevant to allow monitoring and evaluation of the effect of the osteopathic treatment so that the results could eventually be included in future meta-analyses. The last step is to assess the effects of an osteopathic treatment on a large part of the population on the disease to study. This could be by involving osteopaths and letting them treat patients with the disease to study. With this method independent practitioners should be contacted as well as patient associations in order to develop partnerships and supply the therapist with enough patients to treat. This type of study could be launched at a region level, a country level or across several countries. Another method could be by treating the patients at the clinic of osteopathic schools. – In this report the word *clinic* will be used to describe the set up that allows students to treat patients at school under supervision of a graduated osteopath as tutor. – With this method, an extra step is to obtain a constant flow of patient with the given disease at the school. This could be achieved by developing partnerships with patient associations. In this perspective, the fact that Sutherland College is part of the OsEAN group opens up opportunities by giving us access to many patients and many (student) osteopaths at the same time as a framework conducive to research. In this work, we will focus on this last aspect by involving the other schools of the OsEAN and look for possibilities for partnerships. By allowing collaboration between schools for the collection of data on the impact of osteopathy on specific diseases, and the exchange of the results, we promote the need within each school to create contacts with patient associations and raise awareness of the different schools of the necessity of increasing research and scientific collaborations at the same time.

We chose to study IBS involving the different schools of the Osteopathic European Academic Network (OsEAN) to answer the mission of the program, see paragraph 1.1 “The OsEAN project”. The goal of this study is to set up a European collaboration for the *DataCollection*: collection of data on the impact of an osteopathic treatment on patients with a specific disease that is Irritable Bowel Syndrome.

From the statements that bigger scale studies need to be performed and the fact that our school is a member of the OsEAN has the idea arisen to set up a collaboration at student level. Being part of the OsEAN we have the mission to develop scientific communication. This is an essential aspect for the development of osteopathy and its recognition as a complementary treatment by the scientific community. Furthermore, osteopathic schools are the places where the most studies arise in the osteopathic world. For this reason and the structure that schools offers, they should be the place to focus on. Next to the amount of studies that are done in the

institutions, they hold a great turnover of patients. Another reason is because of the partnerships that some schools have with companies: this allows patients to be loyal customers and come on a regular basis for long term follow-up. Moreover, these schools provide structure and regulation, thereby setting the standard for research. The fact that the osteopathic school of Amsterdam is a member of OsEAN should allow us to make the partnership even more alive by designing European scale studies and thus collect a huge amount of data on the impact of osteopathic treatments on different diseases including IBS.

To proceed on the *DataCollection*, different steps need to be made and this long term project should be shared among different students along the years. We hope that setting up the foundation for large scale study will help other students to start early in their curriculum and promote research. In fact, students are nowadays studying theory, getting practical lessons along with getting a feeling of the osteopathic vision and its paradigm. In most school, the last year of the study is then a race after time to set up a case study, find patients and a question to solve, perform the research and write the so-called thesis. Using this report and promoting it among students of the 2nd or 3rd year could help them starting early their research and let them follow a project for several years. It is also a unique chance to collaborate and exchange data among different countries. The data collected, regardless of how osteopathy is taught in the different countries could help promote osteopathy as a therapy as such: not just as particular techniques applied to particular disease/symptoms, but as a holistic comprehension of the patient that could help him recover.

In this study we will thus try to set the foundation for a European collaboration for the collection of data on the impact of an osteopathic treatment on patients with a specific disease that is Irritable Bowel Syndrome. To do so multiple steps need to be taken: firstly, take contact with the schools of the OsEAN: find the correct person to expose our project to and who could promote the project to the students; then we need to understand how the schools of the OsEAN work to be able to optimize the collaboration and get the most out of it; with this goal we hope also to improve the functioning of our own school by learning from each other way of doing; we also need to understand what is IBS and how could we assess its impact on the patients in order to choose the best questionnaire; and finally, we need to research what the schools of the OsEAN already know about IBS in order to know where to start with explanation of a survey.

Main question:

- What are the possibilities for collaboration between the schools of OsEAN regarding a large scale study on the effect of osteopathic treatments on specific diseases, more specifically on IBS?

Additional questions:

- Who are the members of OsEAN ?
- How do the schools operate regarding the curriculum, the internships and the clinic?
- Are all schools teaching in the continuity of the osteopathic vision of A.T. Still, or are there any differences ?
- Do the different schools have experience with publications? With IBS patients?

1.1. The OsEAN project

In many countries, Osteopathy is categorised as a complementary treatment and is not part of mainstream healthcare. As a result, it is rarely covered in basic health insurances. This causes differences in the standards of training and practice, depending on the country's view on osteopathy, the recognition by law in the country and the intrinsic motivation of the school.

The mission of the Osteopathic European Academic Network (OsEAN) is to make a significant contribution in improving the quality of training at European level (About OsEAN, 2022). The association also promotes the development of osteopathy as a standardised and regulated health profession.

The first initiative for a European collaboration arose in 2000. The network was founded 8 years later and nowadays it counts 19 members, 5 associates and 4 extraordinary members (OsEAN Member Schools, 2022), Table 1.1-1 Schools that are member of OsEAN.

Table 1.1-1 Schools that are member of OsEAN

Name of the school	City	Country	Membership
Wiener Schule für Osteopathie	Vienna	Austria	Full
FICO Osteopathy Academy Belgium	Antwerp	Belgium	Full
Osteopatiakoulu Atlas	Espoo	Finland	Full
Metropolia University of Applied Science	Helsinki	Finland	Full
Bordeaux International School of Osteopathic Medicine	Bordeaux	France	Full

Name of the school	City	Country	Membership
Centre Européen d' Enseignement Supérieur de l'Ostéopathie Lyon	Lyon	France	Full
Conservatoire Supérieur d'Ostéopathie Paris	Nanterre	France	Full
Centro Studi di Osteopatia Italiano	Catania	Italy	Full
Istituto Superiore di Osteopatia	Milano	Italy	Full
SOMA - Istituto Osteopatia Milano	Milano	Italy	Full
Accademia Italiana Osteopatia Tradizionale	Pescara	Italy	Full
CROMON - EDUCAM SOI Scuola di Osteopatia Italiana	Rome	Italy	Full
Accademia Italiana di Medicina Osteopatica	Saronno	Italy	Full
Scuola Superiore di Osteopatia Italiana	Turin	Italy	Full
College for Osteopathy Sutherland Amsterdam	Amsterdam	Netherlands	Full
Escola d'Osteopatia de Barcelona	Barcelona	Spain	Full
Formación Belga-Española de Osteopatía	Madrid	Spain	Full
Skandinaviska Osteopathögskolan	Gothenburg	Sweden	Full
European School of Osteopathy	Maidstone, Kent	United Kingdom	Full
Hrvatska Akademija Osteopatije (Croatian Academy of Osteopathy)	Velika Gorica	Croatia	Associate
BELSO - Belgian school of osteopathy	Sint-Niklaas	Belgium	Associate
ICOMM International College of Osteopathic Manual Medicine	Roma	Italy	Associate
Akademia Osteopatii	Poznań	Poland	Associate
FICO Polska Osteopathy Academy Poland	Warsaw	Poland	Associate
Escuela Osteopática de Buenos Aires	Ciudad de Buenos Aires	Argentina	Extraordinary
Instituto Docusse de Osteopatia e Terapia Manual	Pres. Prudente	Brazil	Extraordinary
Russian Academy of Osteopathic Medicine	St.Petersburg	Russian Federation	Extraordinary
V. Andrianov Institute of Osteopathic Medicine	St. Petersburg	Russian Federation	Extraordinary

The members of the non-profit organisation share a code of ethics (OsEAN code of ethics, 2020) impacting the way the schools behave towards patients, and students. Furthermore, the organisation functions as a model in the participating countries, representing the core values of Osteopathy.

A board of directors is elected for a period of 3 years and consists of 5 to 7 members (Board members OsEAN, 2021), among them the President, one or two Vice Presidents, the Secretary and the Treasurer. In 2022, the board consists of Robert Muts, D.O., D.M., M.Sc. of College Sutherland in Amsterdam being the director, the vice president is Raimund Engel, MSc. D.O. of the Wiener Schule für Osteopathie in Vienna, the secretary Jöry Pauwels, MSc. D.O. of the FICO Osteopathy Academy Belgium & Poland and the treasurer Daniel Heed, D.O. BSc (Hons) Osteopathy, PGC (Clinical Anatomy) of Skandinaviska Osteopathöskolan in Sweden.

The schools aim to work together to standardise models of osteopathic education, develop common research streams, develop the field scientifically, academically and make osteopathy a clearly identifiable profession willing to integrate the mainstream health care sector. To do so, live and online meetings are organised, like the Virtual International Student Day with lectures for students or the Open Forum - Educational Conferences. Furthermore, the schools validate each other by performing audits on a regular basis. That way the quality of the teaching is challenged and the schools are triggered to learn from each other and driven to do their best. The different schools are working together to construct and elaborate on a common core curriculum recognised at MSc level to achieve the final vision of OsEAN: European-wide high level osteopathic care.

Knowing this, it was a logical choice for us to involve the other schools of the network in our project and collaborate together from the student side. After all, in the schools the students are the one in contact with the patients, they are the link between the research the board wants to perform and promote and its application “in the field”.

1.2. What is IBS

In order to be able to proceed to the collection of data on the impact of an osteopathic treatment on patients with an Irritable Bowel Syndrome (IBS), we need to know more about this syndrome: what are its characteristics, how it influences the patient in its daily life and what is the impact on the society.

1.2.1. Definition of IBS

Irritable Bowel Syndrome (IBS) is a common chronic functional disorder of the intestinal tract affecting greatly the quality of life of the patient. The disorder is considered as one of the “Disorders of Gut-Brain Interaction” (DGBIs). IBS causes pain decreasing with defecation, abdominal pains, bloated feeling, distention, cramping, and urgent bowel movements. Gas and fatigue are also common (Wat is prikkelbare darm syndroom (PDS), n.d.; Irritable bowel syndrome (IBS), n.d.).

This condition considerably alters the quality of life for patients, pushing them to consult their doctor frequently, to carry out numerous additional examinations and to regularly consume medication. The condition also results in absences, sick leave and lessened efficiency. Those are described as direct and indirect costs by the healthcare system. This is interesting to know for finding funding or create partnership for further studies on the topic.

Different definitions of IBS were used over the years with subjective classification. In the mid-20th century, criteria were chosen to rationalise the inclusion of symptoms and help for the treatment of patients. Since 1994, the Rome Foundation brings therapists and scientists from around the world to update and continue research over DGBIs, formerly called Functional Gastrointestinal Disorders (FGIDs). The foundation makes recommendations for diagnosis and treatment while developing tools for research and clinical practice. The Rome criteria are a reference for diagnosis of DGBIs.

Transit disorders remain the essential characteristic of this classification, but the identification of subgroups has refined the definition. Since 2016, the consensus-based Rome criteria IV aim to standardise the diagnosis of IBS and make research, treatment and follow-ups easier (Lacy, B., & Patel, N., 2017).

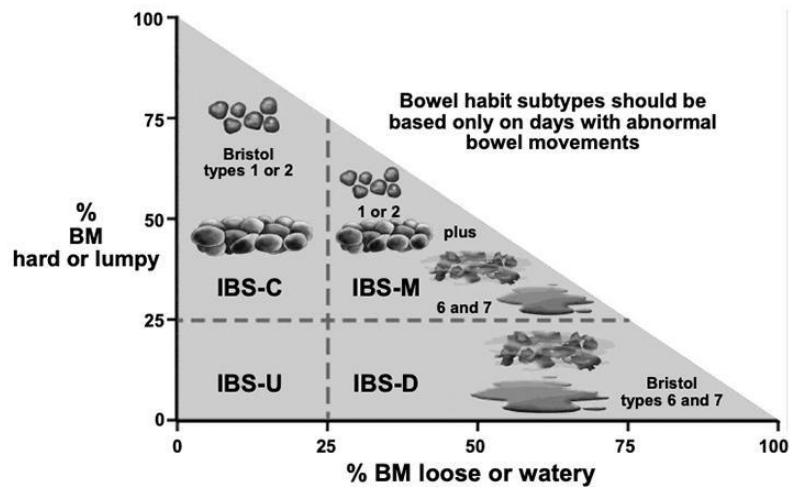
In the absence of ‘red flags’, such as unintended weigh loss (>10% in 3 month), fever, blood in stools not caused by haemorrhoids or anal fissures, which are symptoms that would alarm the patient, or family history of IBD, coeliac disease or colorectal cancer (Ruddy, 2018), the current guidelines recommend that patients can be diagnosed with IBS when their symptoms fulfil the Rome IV criteria for IBS.

The Rome IV criteria involves that patients have their full blood count, coeliac serology, C reactive protein and erythrocyte sedimentation rate are normal; and they have a faecal calprotectin level of < 50 µg/g.

To be diagnosed as IBS patients, the Rome IV criteria for IBS should be fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis with the presence of recurrent abdominal pain on average at least 1 day/week in the last 3 months, associated with minimum two of the following criteria (Rome IV Criteria. Rome Foundation, 2016):

1. Related to defecation
2. Associated with a change in frequency of stool
3. Associated with a change in form (appearance) of stool

Thanks to the refined criteria, different types of IBS can be described based on the consistency of stools according to the Bristol Scale. Patients can be classified with IBS with predominantly diarrhoea (IBS-D), those with predominantly constipation (IBS-C), mixed forms with alternating diarrhoea – constipation (IBS-M) and non-specific forms having none of the sufficient criteria to enter the three previous groups (IBS-U): Figure 1.2.1-1 and Figure 1.2.1-2, 1, (Rome IV Criteria. Rome Foundation, 2016). This is a useful classification, as it helps focus treatments on the predominant symptom in mainstream healthcare.



11-02b FM 12 |

Figure 1.2.1-1 Bowel habit subtypes, Figure from (Rome IV Criteria. Rome Foundation, 2016)

Diagnostic criteria for IBS subtypes (Figure 11-11, FM 12)

Predominant bowel habits are based on stool form on days with at least one abnormal bowel movement.*

IBS with predominant constipation (IBS-C): > ¼ (25%) of bowel movements with Bristol stool types 1 or 2 and < ¼ (25%) of bowel movements with Bristol stool types 6 or 7. *Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually constipation (like Type 1 or 2 in the picture of BSF, see Figure 2A).*

IBS with predominant diarrhea (IBS-D): > ¼ (25%) of bowel movements with Bristol stool types 6 or 7 and < ¼ (25%) of bowel movements with Bristol stool types 1 or 2. *Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually diarrhea (like Type 6 or 7 in the picture of BSF, see Figure 2A).*

IBS with mixed bowel habits (IBS-M): > ¼ (25%) of bowel movements with Bristol stool types 1 or 2 and > ¼ (25%) of bowel movements with Bristol stool types 6 or 7. *Alternative for epidemiology or clinical practice: Patient reports that abnormal bowel movements are usually both constipation and diarrhea (more than 1/4 of all the abnormal bowel movements were constipation and more than 1/4 were diarrhea, using picture of BSF, see Figure 2A).*

IBS Unclassified (IBS-U): Patients who meet diagnostic criteria for IBS but whose bowel habits cannot be accurately categorized into 1 of the 3 groups above should be categorized as having IBS-U. *Alternative for epidemiology or clinical practice: Patient reports that abnormal stools (both diarrhea and constipation) are rare.*

For clinical trials, subtyping based on at least 2 weeks of daily diary data is recommended, using the “25%-rule”.

*IBS subtypes related to bowel habit abnormalities (IBS-C, IBS-D and IBS-M) can only be confidently established when the patient is evaluated off medications used to treat bowel habit abnormalities.

Figure 1.2.1-2 Diagnostic criteria for IBS subtypes, Figure from (Rome IV Criteria. Rome Foundation, 2016)

However, in practice the inclusion criteria do not allow a strict separation with other diseases: up to 8.6% of patients which are diagnosed as IBS patients reveal having coeliac disease, inflammatory bowel disease or colorectal cancer (Card, T., Canavan, C., & West, J., 2014) (Poon, D., Law, G. R., Major, G., & Andreyev, H. J. N., 2022). Therefore, special attention should be paid to exclude those diseases thanks to complementary tests.

The Rome foundation has developed an “interactive clinical decision toolkit” which uses algorithms to help the therapist in his diagnostic process. More education among general practitioners on recognising this condition should be encouraged, for this will surely lead to a more specific collection of data.

1.2.2. Incidence

As mentioned above, the definition of IBS has not been standardised over time, making data collection difficult, because there is a wide margin of error in inclusion of patients. According to the latest study, IBS affects 7–21% of the global adult population (Poon, D., Law, G. R., Major, G., & Andreyev, H. J. N., 2022). It is twice as common in women as in men and it affects most commonly people between 20 and 40 years old. It is not associated with increased mortality. People who are anxious or who are under persistent stress seem to be more at risk of suffering from this disorder.

IBS has a strongly fluctuating course over time. Some patients can experience prolonged symptom-free periods, while other experience continuous symptoms. The intensity of symptoms varies greatly between individuals. IBS patients can experience great change in their quality of life making them unable to continue normal daily activities. This often leads to absenteeism due to illness (Diagnostiek en behandeling van het prikkelbaredarmsyndroom (PDS). NHG-Richtlijnen, 2011). The difference in expression of the symptom has effect on the diagnosis of the disease as some patients experiencing less problems will not consult their doctor and the diagnosis will be retarded. The incidence is then distorted.

Thanks to the questionnaire IBSQOL 2000 and the Functional Bowel Disorder Severity Index, developed by the Rome Foundation, the quality of life of the patient can be scored; the index is a measure of illness severity in functional gastrointestinal disorders (Ami D Sperber, Sara Carmel, Yaron Atzmon, Inbal Weisberg, Yael Shalit, Lily Neumann, Alex Fich, Michael Friger, Dan Buskila, 2000).

IBS can be associated with other digestive manifestations such as nausea, vomiting, dyspepsia, dysphagia, bad breath, belching, flatulence, bloating, gastroesophageal reflux, but also extra-digestive symptoms such as migraine, headache, back pain and lumbar, urinary disorders such as "interstitial cystitis", sleep disorders, fibromyalgia, chronic fatigue syndrome, chronic pelvic pain or even dysfunction of the temporomandibular joint. Patients often consult for these multiple non-digestive and often underestimated complaints (Card, T., Canavan, C., & West, J., 2014).

It is not yet clear how IBS develops. The intestines appear to be extra sensitive and abnormally mobile. Intestinal infections and psychosocial factors (such as stress or anxiety) may play a role in the onset or worsening of IBS.

1.2.3. Treatment

Symptoms of IBS have considerable overlap with organic gastrointestinal and pelvic pathologies. Consequently, patients with IBS are at risk of undergoing unnecessary surgical procedures due to misdiagnosis. The pathophysiological design of IBS is complex and multifactorial. It involves alterations in motricity and digestive sensitivity disorders, which can be the expression of intestinal inflammatory state, modification of the intestinal flora but also psychological factors that modulate the clinical expression of sensory / motor disorders and profoundly alter the quality of life of patients (Chong, P. P., Chin, V. K., Looi, C. Y., Wong, W. F., Madhavan, P., & Yong, V. C., 2019).

A standardised, global approach to the diagnosis and management of IBS may not be feasible, since neither the epidemiology nor the clinical presentation of the condition, nor the availability of diagnostic or therapeutic resources, are sufficiently uniform throughout the world to support the provision of a single, gold standard approach (Quigley, E. M., Fried, M., Gwee, K. A., Khalif, I., Hungin, A., Lindberg, G., Abbas, Z., Fernandez, L. B., Bhatia, S. J., Schmulson, M., Olano, C., & LeMair, A., 2016).

Current knowledge on the pathophysiology of IBS has not yet led to a truly effective treatment. In the past years, an explosion of research on this poorly understood disease can be noticed. However, the impact of alternative treatments and especially evaluating osteopathy treatments is still insufficiently investigated. And because defining the disease and finding its specific symptoms is a complex task, the inclusion criteria in studies are difficult to determine. In mainstream healthcare, it is now believed that a holistic approach with personalised treatment could be the key to help patients. Multi-disciplinary teams of healthcare professionals are becoming more standard. These teams consist of experts (gastroenterologists) and dieticians, but it is believed that clinical microbiologist and molecular genomics experts are also needed for effective diagnosis and management of the different forms of IBS too. IBS-C, IBS-M and IBS-D patients might indeed require different treatment modalities (Chong, P. P., Chin, V. K., Looi, C. Y., Wong, W. F., Madhavan, P., & Yong, V. C., 2019).

Given that this syndrome presents as a functional rather than an organic pathology, could it be possible to let osteopathic treatment play a role? It seems in the few studies performed with a holistic approach, that osteopathy could help to improve the quality of life of the patients (Hundscheid, 2003), (Hundscheid, H.W., Pepels, M.J., Engels, L.G. and Loffeld, R.J., 2007) (Loon van B., Zonneveld K., 2016).

In essence, Osteopathy is a holistic therapy; it looks at each patient as a unique individual. The goal of osteopathic treatment is bringing the body back in balance so that it can repair itself and function as it is meant to be. Because external factors such as stress seem to play a role in the development of the pathology, osteopathic treatment could be beneficial, not necessarily by enabling a complete recovery, but at least by preventing a deterioration of symptoms and relieving the existing ones =.

At the moment, regular IBS-treatment focuses on relieving symptoms, enabling the patient to live as normally as possible (Irritable bowel syndrome - Diagnosis and treatment, 2021), Figure 1.2.3-1. Food control is the main target of the treatments: avoiding foods that trigger symptoms, high-fibres foods, drinking plenty of fluids, exercising regularly, and getting enough sleep.

This is an important data to take in account for the inclusion/exclusion of patients during a study.

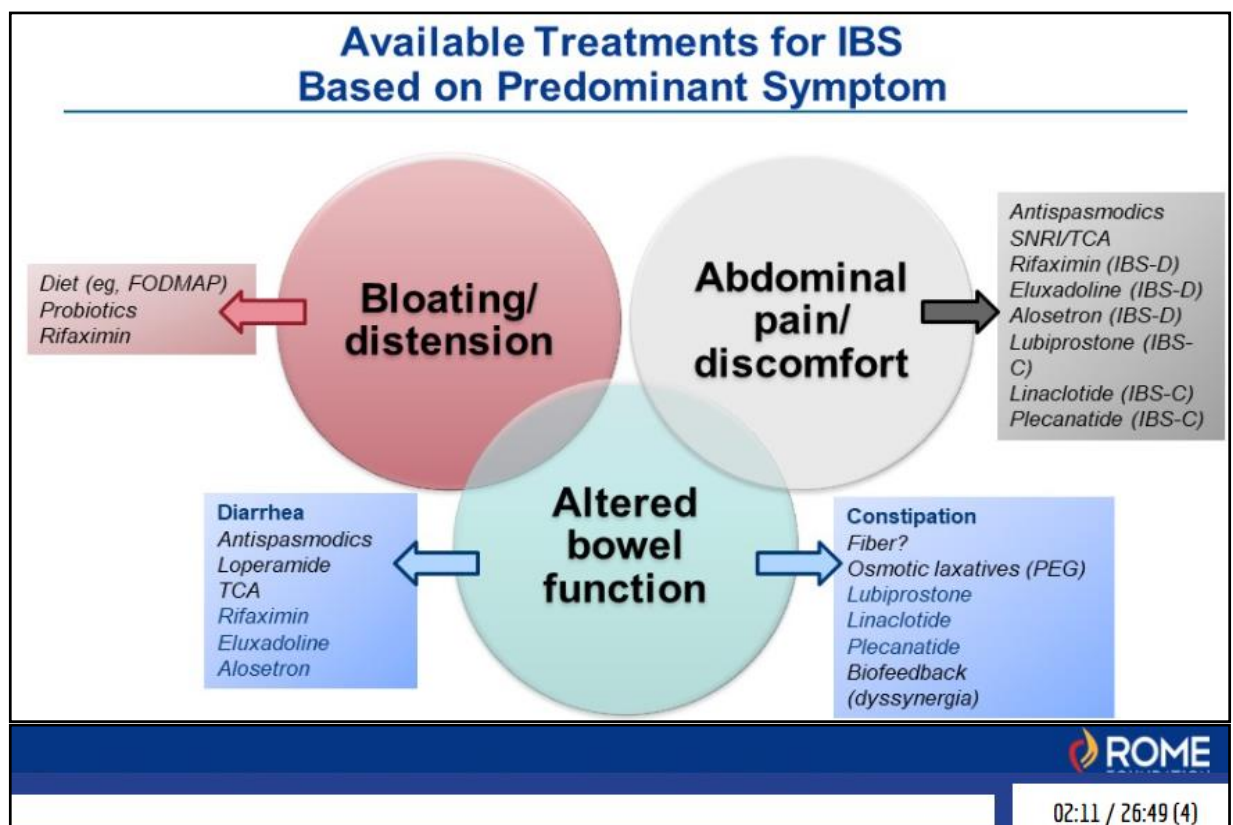


Figure 1.2.3-1 IBS available treatments depending on the symptoms (ACP Segment Diagnostic Toolkit Demonstration, 2018)

1.2.4. Impact

Since no medical therapy has yet been established to treat IBS in the longer term, the disorder often results in a considerable financial burden to the health service, due to a high number of different medical consultations and the consumption of other valuable resources (Ford, A. C., & Talley, N. J., 2012).

IBS is a chronic disease that affects the patient a lot in his daily life. We could also imagine the impact on the psychological situation of the patient not being able to function without pain, not knowing how and what to do, having to undergo multiple examinations and often missing out on work or daily life activities. Osteopathy could come to support general medicine and help the patient to find his balance again on his way to recovery.

1.3. Considerations about a database

There is an ongoing debate about whether osteopathy should move towards acknowledgement as part of the health profession and do with the same rules / paradigm as doctors or physiotherapists for instance. Part of gaining acknowledgement derives from having a better understanding of the treatment and how the osteopathic techniques and holistic care affect the recovery of the patient. Regardless of this acknowledgment debate, there are undoubtedly great benefits to researching osteopathy. The question is then how to develop a way to research that fits the philosophy of osteopathy.

Within OsEAN is a need to promote osteopathy and defend its benefits by publishing research with methods compatible with our profession. In essence, the osteopathic treatments are adapted to each patient (patient-centred medicine). A technique cannot therefore be tested for its effect on a disease, but the osteopathic treatment must be taken into account as a whole - an entity that cannot be broken down. This new method is specific to the subjective nature of osteopathy and is called the “black-box method”. In opposition to the studies conducted in EBM where double-blind, randomised control trial is the golden standard, the black-box method focuses on the input and output of the treatment. The treatment itself is “an osteopathy consultation”. As there is great interpersonal variability between the treatments of osteopaths this could show the potential of osteopathy as a holistic option in healthcare. The goal of this method is to get rid of interpersonal variability in the naming of structures and protect osteopathy from developing protocol out of published studies (i.e. 1 symptom = 1 technique to apply); reductionist research will not lead to correct conclusions in the field of osteopathy.

From there researchers can collect data like what the symptoms are and scoring scales of different parameters (pain, sleep, impact on daily life activities...) and study whether or not osteopathy could be of benefit to clients suffering from IBS and in which way. The database thus created would enable future larger scale research (to be done). Hopefully the setup could be not solely used for IBS but also for other diseases/syndromes as well.

Another consideration to be made concerning the FDC (format data collection) is what type of data should be included. Improving the quality of life of a patient is the main goal of an osteopathic treatment. Narrowing down the list of symptoms associated with IBS is an important step in achieving this goal. Enabling osteopaths to quantify this type of information with a questionnaire is a promising idea. Multiple forms exist to score different parameters of the impact of a disease.

2. Methods

Before we move towards a Europe-wide data collection, which is the next step after this study, we got in contact with the different schools of the OsEAN network in order to introduce the idea of a collaboration among the students. Setting up contact with the correct person was a challenge in itself because the ideal contact person had to be informed of the state of osteopathic research in the school, be able to introduce the project in the clinic to the students as well as make the collaboration last in the coming years. We also notice that lot of schools were busy with their own problems and not ready for a collaboration.

To allow participants ease of use of a potential form, we had to analyse the challenges faced by each school, the way the program is build-up and why it is organised in that manner. We aimed to understand how the clinic is built up and why choices are made in different countries with their own rules. And finally, we wanted to get a feeling of the overall philosophy of osteopathy in the different schools. Learning from the way other schools are acting can also help our own school to get more performant on some points to lead this project to success.

2.1. Contact the schools

After brainstorming with Jeroen de Block (Head of Education in College Sutherland, Amsterdam) with the intent to design an email defining our project clearly, we have contacted the secretariat of OsEAN for advice about what would be the best way to contact the different schools of the network. We were advised to take contact thanks to the emails available on the OsEAN website (OsEAN Member Schools, 2022). A common email was sent to the contact person listed on the website, Table 2.1-1 and Figure 1.2.4-1.

Table 2.1-1 List of the persons contacted in the OsEAN schools

Name of the school	Country	City	Contact person	email
Wiener Schule für Osteopathie - WSO	Austria	Vienna	Ulrike Janda Infopoint basic training and university courses	office@wso.at
FICO Osteopathy Academy Belgium	Belgium	Antwerp	Jöry Pauwels Director	jory.pauwels@osteopathy.academy
Osteopatiakoulu Atlas	Finland	Espoo	Not interested in participating	toimisto@osteopatiakoulu.fi
Metropolia University of Applied Science	Finland	Helsinki	No contact established	sandra.rinne@metropolia.fi Head of D.O. lauralee.kamppila@metropolia.fi Teacher outi.pyrhonen@metropolia.fi Study Advisor
Bordeaux International School of Osteopathic Medicine - IOB	France	Bordeaux	Dr Vincent Staf Director	cliniquestaf@orange.fr
Centre Européen d'Enseignement Supérieur de l'Ostéopathie Lyon - CESO	France	Lyon	Guénaëlle Steinberger Secretary	gst.cesolyon@gmail.com
Conservatoire Supérieur d'Ostéopathie Paris -CSO	France	Nanterre	Nathalie Simon Administrative manager No contact established with director of the clinic	csof@osteo.fr pailleretg@hotmail.com Director of the clinic
Centro Studi di Osteopatia Italiano - CSdOI	Italy	Catania	No contact established	vbersan@csoi.it OsEAN contact person info@csoi.it Secretary
Istituto Superiore di Osteopatia- ISOI	Italy	Milano	No contact established	giorgia.dantonio@isoi.it
Istituto Osteopatia Milano - SOMA	Italy	Milano	Andrea Bergna T1 course didactic director	andreabergna@soma-osteopatia.it
Accademia Italiana Osteopatia Tradizionale- AIOT	Italy	Pescara	Alessandra Di Domenico DO, Teacher	a.didomenico09@gmail.com
Scuola di Osteopatia Italiana - EDUCAM	Italy	Rome	Simone Buccino Educational coordinator	simone.buccino@educam.it +39 392 287 8300
Accademia Italiana di Medicina Osteopatica- AIMO	Italy	Saronno	Marco Farina Visceral teacher Alberto Maggiani Head of research	martina.galmarini@aimoedu.it Secretary
Scuola Superiore di Osteopatia Italiana - SSOI	Italy	Turin	Lorella Castagnero Administrative manager	info@ssoi.it Secretary

Name of the school	Country	City	Contact person	email
			Giorgia Apolloni, student 5th year	0039 349 2258448 apollonigiorgia97@gmail.com
College for Osteopathy Sutherland Amsterdam -CS	Netherlands	Amsterdam	Jeroen de Block Head of Education	j.deblock@college-sutherland.nl
Escola d'Osteopatia de Barcelona -EOB	Spain	Barcelona	Elisabeth Hortolà Riera Academic Assistant Santi Deu Director EOB	elisabeth@eobosteopatia.com santids@eobosteopatia.com
Formación Belga-Española de Osteopatía -FBEO	Spain	Madrid	Sandra Lois Gutiérrez Academic coordinator	sandraloisgut@gmail.com
Skandinaviska Osteopathögskolan	Sweden	Gothenburg	No contact established	tyra.nord@osteopathogskolan.se
European School of Osteopathy - ESO	United Kingdom	Maidstone	Ceira Kinch Vice Principal Teaching, Learning & Development	ceirakinch@eso.ac.uk
Hrvatska Akademija Osteopatije (Croatian Academy of Osteopathy) - CAO	Croatia	Velika Gorica	Velda Lulic Co-founder, principal and main teacher of the school	veldalulic@gmail.com
International College of Osteopathic Manual Medicine- ICOMM	Italy	Roma	Sandro Secretary Adrianus de Koning Director	sandro@icomitalia.it aj@icomitalia.it 0039 348 3064075
Akademia Osteopatii	Poland	Poznań	No contact established Non delivery email	kontakt@akademiaosteopatii.pl
FICO Polska Osteopathy Academy Poland	Poland	Warsaw	Joöry Pauwels Director	Cf FICO Belgium jory.pauwels@osteopathy.academy
Instituto Docusse de Osteopatia e Terapia Manual	Brazil	Pres. Prudente	No contact established	londrina@idot.com.br

Dear member of OsEAN,

We contact you regarding our graduation assignment.

We are Blandine & Edu, students of the College Sutherland in Amsterdam. In the context of our graduation assignment, we would like to stretch the collaboration of the OsEAN program to gain a better understanding of the osteopathic vision specific of each school, as well as the collection of data, and understanding of the treatment of specific disease, in particular IBS.

To ensure a long-lasting collaboration we would like to get in contact with someone who could promote our project towards students of your school: someone with a mentor role, a teacher or possibly a researcher. Hopefully you can forward us toward someone in this fashion.

We would like to schedule a video call appointment with this person that will last approximately 45 minutes. Could you provide any guidance in finding the contact information for this person? The sooner the better! We remain flexible to overcome constraints of a busy schedule.

Would you be so kind to help us addressing the correct person?
We are looking for further contact and hope to hear from you soon!

Best regards,
Blandine Kraijo, Edu van Dam

Discussion points:

Osteopathic vision

First of all, we would like to understand the vision of the different school on osteopathy. We had exchange students from Italy and it was really interesting to see their way of performing a consult. We noticed how big the differences can be in the thinking process. If we want to set up an idea for collecting data on OsEAN schools, we need to know what a consult looks like in different schools and countries.

We would like to know how extensive the anamnesis is, what is the procedure regarding the physical examination, how is the internship build up, what are the advices given to patients, what is the notation method and what does the treatment looks like...

In short, what us the protocol in the OsEAN schools?

Patient flow

It is also interesting to find out how other schools approach the clinic. For example, we were told by the Italians that their influx of patients partly also comes from the school. Do they come with specific problems (symptoms-diseases)?

We are at the Sutherland Amsterdam Osteopathy school busy taking contact with patients' associations to be able to have a consequent flow of patients with specific problems and being able on a later stadium to collect data on the effect of osteopathic treatment for instance...

IBS criteria of inclusion

With our study subject being IBS, we would like to know of the different ways schools get these patients in their clinic and how can we best qualify IBS. With this we mean; when can the patient with IBS complaints be included in the data, what are the qualification we would like to have for our study (ROME III, ROME IV, other criteria ...)?

Collection of data and database

We actually want to collect as much data as possible so that future studies can be carried out with a database. Since we cannot collect all possible data, we have to make choices about what is interesting to know on a scientific point of view. So far we thought about:

- How long has the patient suffered from IBS symptoms, to what extent?
- What does the allopathic treatment entail, what is done, what is known, specific drugs, nutrition adjustments,
- The amount of osteopathic treatments.

Do you have tips or other information that would be wise to collect ?

Figure 1.2.4-1 First email sent to the OsEAN members

With regard to our goals, especially knowing how the schools works and later on collecting data about the impact of an osteopathic treatment on patients with IBS, it was important to contact someone who knows and understands the functioning of the school and who could therefore explain why decisions regarding certain settings of the curriculum were made. Because the continuation of this report involves of a long-lasting study with patients, our project had to be explained to a person responsible for the clinic so he could promote the study to students and give them a framework.

We thought that mentioning how long a meeting would last would reduce the threshold that it could be to participate in such a project. We also thought that developing the questions we would ask would help the secretary connect us to the correct person and let the contact person have an overview of what could happen in the interview.

The first email received few responses and some recipients were not even found. A personal email was sent after a week with a personal note. After another week, for the schools who did not react, we tried to make contact via emailing secretariat or by making phone calls (information available on the website of each school, Table 2.2-1). Unfortunately, it was a holiday period and a lot of people were not available. We tried again to take contact after the rush of back-to-school in September and October. We succeeded to make some extra contacts. The details of the different steps and answers can be found in Table 2.1-2.

After achieving to get some meetings with half of the schools contacted thanks to the first email, we have sent a second email with more concrete questions, hoping that the people contacted could answer them at their own pace, Figure 1.2.4-2.

Dear xxx,

We are Blandine & Edu, students of the College Sutherland in Amsterdam.

In the context of our graduation assignment, we would like to stretch the collaboration of the OsEAN program to students that could work together.

We are aiming to understand how the school works and why some choices are made in the curriculum. What is also important is the vision of osteopathy of your school and how it influences your choices in the program of the school.

We would like to make an appointment for a video call to discuss this further.

We also understand time constraint and maybe is it more convenient for you to answer the questions we have on your own time; this is why I forward you the list of questions we have. We would be really grateful if you could take some of your time to answer them.

1) How is the state of osteopathy in *your country*? Is it recognized, like in France (schools have to follow certain rules for the lessons) or not, like in Croatia or Italy (there are more liberties for the cursus but also more problems qua quality of osteopaths on the market) ?

How do citizens react to osteopathy ? Is it famous or more confidential ?

2) About the curriculum : do you have full time and part time students ? And why ? (In Belgium for quality purposes, they do only teach on full time courses)

How is the program built up, what are the lessons in the different years and why is it so chosen? (We noticed that some schools are teaching per techniques - first year is mostly about the lower limb with all the theory (anatomy physiology pathology) and mobilisation techniques and the next years other techniques like manipulation, myofascial etc...; other choose to teach per body part, first year would be everything about lower limb - anatomy fysiology, pathology and all techniques- and the year after the pelvis, then the spine, abdomen and cranium and last year would be integration lesson, for instance).

3) About the clinic, how does it work ? Do the students also have to do internships with osteopaths in private practice ?

How does the schools get patients to the clinic (family/friends, advertisement, partnerships...)?

What does a consultation looks like in the clinic ? Do you have a tutor who is with the students / is he checking the patient / does he come back at the end of the consultation to check what the student did ?

(For instance in Amsterdam, we have 3 phases, which last from 2 hours to 1hour 20. The students do their anamnesis and the body check and go to the tutor to expose their hypothesis and their treatment plan. The tutor comes to check the patient and help the student further. At the end of the treatment the tutor can come back. The goal of doing the hypothesis after the body check is to remain as open as possible when doing the check up. In each phase is the time of the anamnnesis and body check shorter: students have to get more efficient.)

4) How do students take notation: on paper, on a specific website ?

5) Do you have experience with IBS ? Do you have patients coming to school with that specific disease ? Or in your own experience ?

Do you have advices for us for a questionnaire to mesure the effect of an osteopathic treatment in this disease ?

Hope to read you soon,

Blandine Kraijo & Edu van Dam

Figure 1.2.4-2 Second email sent to the schools with more detailed questions

Table 2.1-2 Work planning regarding contact with schools

City	email	Beginning July	End July	Beginning August	End August	Beginning September	End September	Beginning October	End October
Vienna	office@wso.at Secretary	transfer to director "who is very busy"	Holiday until 16/08	-	Ask to send questions	Answers very shortly to questions	-	-	-
Antwerp	jory.pauwels@osteopathy.academy Director	No answer	No answer	Holiday until 01/09	-	Meeting planned in october	-	Video call while driving back from Poland	-
Espoo	toimisto@osteopatiakoulu.fi	not interested in participating	-	-	-	-	-	-	-
Helsinki	sandra.rinne@metropolia.fi Head of D.O.	No answer	No answer	outi.pyrhonen@metropolia.fi Study Advisor	"I have forwarded your message to the head of osteopathy degree here in Metropolia: Sandra.Rinne@metropolia.fi"	No answer	admission@metropolia.fi	No answer	lauralee.kamppila@metropolia.fi Teacher
Bordeaux	cliniquestaf@orange.fr Director	No answer	discussing for a date	Holidays until 23/08	-	"We can plan a date"	No answer	admission@iob-bordeaux.com	-
Lyon	admin.osean@eesolyon.com	No answer	No answer	reminder email + phone	gst.cesolyon@gmail.com french secretary	Email transferred to research center	No answer	abarbier@isosteo.fr management assistant, business relations and partnerships	-

City	email	Beginning July	End July	Beginning August	End August	Beginning September	End September	Beginning October	End October
Nanterre	pailleretg@hotmail.com Director of the clinic	No answer	No answer	Phone call with secretary: useful information and contacts	Take contact with the directors of the clinic opening on 29/08 0033 147 21 26 49 M. Pailleret & Bedouet	Answers from students -directors not available	Mail sent with questions	-	
Catania	segreteria@csdoi.it	No answer	No answer		reminder email info@csdoi.it		arapisarda@csdoi.it director of the school		
Milano - ISO	giorgia.dantonio@isoi.it	No answer	No answer	Holiday until 01/09	-	No answer			Phone number on the website
Milano - SOMA	ilariaprovera@somasteopatia.it		"Andrea - ask more info over project"	No answer		No answer		No answer	
Pescara	francesco.digiuliodo@gmail.com	"I shared your request with other members of my school. I'm waiting for an answer."		"It is a particular moment for my school, one of the principal has left. Another old teacher had known his son is seriously sick"	Meeting planned: Alessandra Di Domenico DO, M.Roi, PT a.didomenico09@gmail.com				

City	email	Beginning July	End July	Beginning August	End August	Beginning September	End September	Beginning October	End October
Rome	simone.buccino@educam.it Educational coordinator		No answer		Meeting planned				
Saronno	martina.galmarini@aimoedu.it Secretary		Meeting planned: Marco Farina - Visceral osteopathy teacher Alberto Maggiani - Head of research						
Turin	info@ssoi.it Secretary		No answer	No answer	contact with 5th year student Giorgia Apolloni 0039 349 225844 8 apolloni.giorgia97@gmail.com .				
Amsterdam	j.deblock@college-sutherland.nl Head of Education			Meeting planned					
Barcelona	elisabeth@eobosteopatia.com Secretary		moving the headquarter (oct2023) - pass	ask when could we expect an	-	-	-	santids@eobosteopatia.com Director FEOB	

City	email	Beginning July	End July	Beginning August	End August	Beginning September	End September	Beginning October	End October
			email to director	answer for the director					
Madrid	sandralsgut@gmail.com Academic coordinator		Meeting planned						
Gothenburg	tyra.nord@ostepathogskolan.se	No answer	No answer	online form to take contact				Phone number on the website	
Maidstone	ceirakinch@eso.ac.uk	13/07 - email to research team	holidays until 1/08 ask when answer from research team	Dr Phil Bright philbright@eso.ac.uk Head of Research - too busy in a project	Dr Kerstin Rolfe k.rolfe@bcm.ac.uk Principal of BCNO Group - non delivery		Research Associate and Senior Clinic Tutor Mr Dévan Rajendran devan.rajendran@bcnogroup.ac.uk Research Assistant and PhD Researcher Mr William Gowers william.gowers@bcnogroup.ac.uk	philip.bright@bcnogroup.ac.uk	
Velika Gorica	veldalulic@gmail.com Director	discussing for a date	discussing for a date	Meeting planned					

City	email	Beginning July	End July	Beginning August	End August	Beginning September	End September	Beginning October	End October
Roma	sandro@icommitalia.it Secretary		email to the director of school aj@icommitalia.it 0039 348 306407 5 Adrianus De Koning	whatsapp with the director	No answer			Email with questions	Phone call appointment
Ciudad de Buenos Aires	londrina@idot.com.br	No answer	No answer						

2.2. Functioning of the schools

To reach a collaboration that works it is important to understand how the participant works: what are the differences and the similarities and how could we better work together. Learning from the different ways of doing things can be a powerful tool for proposing a rigorous protocol that each student can use in a correct way.

We have search on the schools' websites information about their degree, the partnerships they have, the internships and clinic, Table 2.2-1. To understand why some choices were made in the different ways of doing we have asked the contact person, students or the secretaries of the school.

Table 2.2-1 Websites of the schools of the OsEAN

Name of the school	Country	City	Websites
Wiener Schule für Osteopathie - WSO	Austria	Vienna	https://www.wso.at/
FICO Osteopathy Academy Belgium	Belgium	Antwerp	https://www.osteopathy.academy/nl
Metropolia University of Applied Science	Finland	Helsinki	https://www.metropolia.fi/en
Bordeaux International School of Osteopathic Medicine - IOB	France	Bordeaux	https://iob-bordeaux.com/en/home/
Centre Européen d' Enseignement Supérieur de l'Ostéopathie Lyon - CESO	France	Lyon	http://www.ceesolyon.com/
Conservatoire Supérieur d'Ostéopathie Paris -CSO	France	Nanterre	https://www.osteo.fr/
Centro Studi di Osteopatia Italiano - CSDOI	Italy	Catania	https://csdoi.it/
Istituto Superiore di Osteopatia- ISOI	Italy	Milano	https://www.isoi.it/
Istituto Osteopatia Milano - SOMA	Italy	Milano	https://www.soma-osteopatia.it/
Accademia Italiana Osteopatia Tradizionale- AIOT	Italy	Pescara	https://www.aiotpescara.it/
Scuola di Osteopatia Italiana - EDUCAM	Italy	Rome	https://www.cromon.it/
Accademia Italiana di Medicina Osteopatica- AIMO	Italy	Saronno	https://aimoedu.it/
Scuola Superiore di Osteopatia Italiana - SSOI	Italy	Turin	https://ssoi.it/web/
College for Osteopathy Sutherland Amsterdam -CS	Netherlands	Amsterdam	https://college-sutherland.nl/
Escola d'Osteopatia de Barcelona -EOB	Spain	Barcelona	https://www.eobosteopatia.com/
Formación Belga-Española de Osteopatía -FBEO	Spain	Madrid	https://fbeoste.com/
Skandinaviska Osteopathöskolan	Sweden	Gothenburg	https://osteopathogskolan.se/
European School of Osteopathy - ESO	United Kingdom	Maidstone	https://www.eso.ac.uk/
Hrvatska Akademija Osteopatije (Croatian Academy of Osteopathy) - CAO	Croatia	Velika Gorica	http://akademijaosteopatije.hr/
International College of Osteopathic Manual Medicine- ICOMM	Italy	Roma	https://icomitalia.com/
Akademia Osteopatii	Poland	Poznań	https://akademiaosteopatii.pl/en
FICO Polska Osteopathy Academy Poland	Poland	Warsaw	https://ficomum.org/
Instituto Docusse de Osteopatia e Terapia Manual	Brazil	Pres. Prudente	https://www.idot.com.br/cursos/

2.3. Understanding what is IBS

We search the scientific literature (PubMed, Google Scholar, De Gruyter academic publishing), the ROME foundation; watch seminars from the Rome foundation and search the database of the schools to know if publications or reports were already done on IBS.

2.4. What do osteopathic schools know about IBS

Schools were asked if thesis/ reports were written with as subject the study of patients with IBS.

When the schools had an online database, we searched it.

3. Results

OsEAN counts 19 members and 5 associates and 4 extraordinary members, that are willing to promote osteopathy as a standardised and regulated health profession, as well as encourage osteopathic development and research. We contacted the 19 members, 4 associates and 1 extraordinary member and had contact with 20 schools.

3.1. Enthusiasm

Within the 24 contacted schools, 20 answered and we organised meetings with 13 of them, 5 answered our first email but never answered again to our reminder requests, 2 answered briefly. We did not reach to contact 3 of them and one was not interested in participating. Directors and teachers we talked to were really enthusiastic about the idea of developing a collaboration between the schools for developing studies about the impact of osteopathic treatment on specific diseases. The IOB (Bordeaux), SOMA (Milano), AIOT (Pescara), EDUCAM and ICOMM (Rome), AIMO (Saronno) and CS (Amsterdam) are willing to help and start the project thanks to students of their clinic. These members were positive about the original idea of making students participate and cooperate for the benefit of osteopathy. This would be the first time different osteopathic schools work together at student level, together for research purposes. So far studies conducted by students were often performed by independent osteopaths established in their own practice. Six members answered our first email letting us know that it was transferred to the appropriate person and that they would come back on the demand but never answered again to our other requests. We were not able to get in contact with the ISO Milano in Italy and the school of Gothenburg in Sweden. The school of Espoo in Finland was not interested in participating.

3.2. Availability

We noticed big differences in the spontaneity and the availability of the different members of the European network. It is interesting to note that these differences echo the culture of the country in general. Differences which are therefore important to take into account in the way of corresponding but also in the development of a study on a European scale.

These cultural differences impact scientific research: the more northern the school is, the greater the amount of publication, the more southern the school is, the more confidential and smaller scale studies (with the exception of the school of Pescara). It is a shame that we could not discuss how this further impact the osteopathic treatment and care of the patient with the school of Maidstone or Helsinki for instance.

In general, the "Southern" schools warmly welcomed our project in a spontaneous way based on mutual aid and exchange and the "Northern" schools asked for more details on the project, a protocol and scientific rigour.

3.3. Contact index

The details of the information gathered during the interviews can be found in paragraph 9. Annexe, page 71. Thanks to those meetings, we have gathered a list of personnel to contact for discussing the modality of a partnership more in details in a next step. This is a thankful tool to use to proceed with the research study, Table 3.3-1.

Most of the schools in Italy and Spain warmly welcomed our request and transferred us directly to an interlocutor: the SSOI of Turin put us in contact with a final year student, the EDUCAM of Rome with their friendly educational coordinator, the AIMO of Saronno to an enthusiastic professor as well as to the director of research who provided us with valuable advice regarding the osteopathic care of patients with IBS. The AIOT of Pescara has a lot of experience in scientific publications and has numerous studies on the impact of osteopathy on different disorders. They connected a professor to us that could answer our questions after the answers have been validated by an internal meeting. The CSDOI of Catania organized an appointment with the clinical internship group and the Director (meeting which we unfortunately missed for personal unforeseen circumstances). Despite the particular situation of the EOB of Madrid in full internal reorganisation, the former academic coordinator gave us her time. The founder and director of the CAO of Velika Gorica shared with us her enthusiasm and her vision of osteopathy close to the foundation of A.T. Still. She shared her passion and the vision of the great founders (A.T. Still and W.G. Sutherland) in her school thanks to round trips from Canada for 5-day courses once a month in Croatia.

In France, it was more difficult to contact the secretariat. Our emails or calls found answers with more difficulty: it was very complex to get in touch with the director of the IOB in Bordeaux, but after many twists and turns, we succeeded. Concerning the CSO of Nanterre, the secretary gave us information, information supplied by students at the secretariat of the clinic (the directors of the clinic are more difficult to contact); we have no news from the CESO of Lyon who received our request and transferred it to the educational coordinator, we contacted the assistant of business relations and partnerships who did not answer either. It was difficult to reach the director of the FICO Osteopathy Academy Belgium in Antwerp, who is also the director and founder of the FICO Polska Osteopathy Academy Poland school in Warsaw, but we managed to get an interview when he returned from a teaching weekend in Poland. The secretary of the Vienna school forwarded our first email to the director who answered our questions very succinctly. It was obviously easy to get in touch with the right person at our own school, College Sutherland: the head

of Education was able to make time to talk about the school's mission and osteopathic vision. The members of the ESO at Maidstone are very busy and it was complicated to obtain answers, the research director however replied to us very formally with useful tips on various points to be further explored in the context of scientific publication. The secretariat of the Metropolia University of Applied Science helped us to find the correct persons in the teaching department of osteopathy but those did not follow up on our emails.

The Table 3.1-1 presents the list of people with whom we had contact and who helped us in our research. Contact was achieved by emails, video- or phone- calls.

Table 3.3-1 List of the persons contacted in the schools of OsEAN

Name of the school	City	Name of the contact	Role of the contact	email
Wiener Schule für Osteopathie	Vienna	Ulrike Janda	Secretary	office@wso.at
FICO Osteopathy Academy Belgium	Antwerp	Jöry Pauwels	Director	jory.pauwels@osteopathy.academy
Metropolia University of Applied Science	Helsinki	Outi Pyrhonen	Study Advisor	outi.pyrhonen@metropolia.fi
		Lauralee Kamppila	Teacher	lauralee.kamppila@metropolia.fi
Bordeaux International School of Osteopathic Medicine - IOB	Bordeaux	Vincent Staf	Director	cliniquestaf@orange.fr
Centre Européen d'Enseignement Supérieur de l'Ostéopathie Lyon - CESO	Lyon	Guénaëlle Steinberger	Secretary	gst.cesolyon@gmail.com
		Audrey Barbier	Assistant, business relations and partnerships	abarbier@isosteo.fr
Conservatoire Supérieur d'Ostéopathie Paris -CSO	Nanterre	Grégory Pailleret	Director of the clinic	pailleretg@hotmail.com
		Students	Clinic of the school	0033 1 47 21 26 49
Centro Studi di Osteopatia Italiano - CSDOI	Catania	Alessandro Rapisarda	Secretary direction team	direzione@cstoi.it
			director of the school	arapisarda@cstoi.it
Istituto Osteopatia Milano - SOMA	Milano-SOMA	Andrea Bergna	Didactic Director	andreabergna@soma-osteopatia.it

Name of the school	City	Name of the contact	Role of the contact	email
Accademia Italiana Osteopatia Tradizionale- AIOT	Pescara	Francesco Di Giulio Luca Cicchitti	Research fellow OsEAN represent Research Department Director	francesco.digiuliodo@gmail.com Contact the secretary of the school: info@aiot.edu
Scuola di Osteopatia Italiana - EDUCAM	Rome	Simone Buccino	Educational coordinator	simone.buccino@educam.it
Accademia Italiana di Medicina Osteopatica- AIMO	Saronno	Martina Galmarini Marco Farina Alberto Maggiani	Secretary Visceral osteopath teacher Head of research	martina.galmarini@aimoedu.it
Scuola Superiore di Osteopatia Italiana - SSOI	Turin	Lorella Castagnero Giorgia Apolloni	Secretary 5 th year student	info@ssoi.it 0039 349 2258448 apollonigiorgia97@gmail.com
College for Osteopathy Sutherland Amsterdam -CS	Amsterdam	Jeroen de Block	Head of Education	j.deblock@college-sutherland.nl
Escola d'Osteopatia de Barcelona -EOB	Barcelona	Santi Deu	Director	santids@eobosteopatia.com
Formación Belga-Española de Osteopatía -FBEO	Madrid	Sandra Lois	Ex- Academic coordinator	sandrалоisgut@gmail.com
European School of Osteopathy - ESO	Maidstone	Ceira Kinch Philip Bright	Secretary Head of Research	ceirakinch@eso.ac.uk philip.bright@bcnogroup.ac.uk
Hrvatska Akademija Osteopatije (Croatian Academy of Osteopathy) - CAO	Velika Gorica	Velda Lulic	Director	veldalulic@gmail.com
International College of Osteopathic Manual Medicine- ICOMM	Roma	Sandro ? Adrianus De Koning Andrea Mancino	Secretary Director Responsible of research	sandro@icommitalia.it aj@icommitalia.it 0039 348 3064075 mancinoandrea@outlook.com +39 334 233 8497

3.4. Program

The different schools of the OsEAN share in broad strokes a common way of teaching, including the teaching of Osteopathy, integrated with medical subjects. This integration aims to train an osteopathic professional who has clear skills that guide him in the diagnosis, management and treatment of his patients. In addition to acquiring basic knowledge and skills related to osteopathic practice, the student will learn the skills that will allow him to carry out differential diagnoses and to respect professional ethics and deontology.

We summarised the highlights of the study collected during the interviews in a table. The interviews are to be found in paragraph 9. Annexe from page 71 on. A table reviewing the way of proceeding of the different schools is presented in Table 3.2-1.

The first years are devoted to teaching theory about the functioning of the organism from biology of the cell to pathology lectures. From the second year starts the specific osteopathic lectures. They can be divided in minimum three main categories: structural, visceral and cranial. Those categories can be divided in subgroups like in CS (Amsterdam) where limbs, spine, thorax and fascia are discussed in specific lessons. All schools are discussing the different categories in parallel from the first years on. That way, the student gets an integrated view of the body being able to link the 5 osteopathic models (Tozzi, 2017).

The main difference observed in the curricula lies in the approach of the body. Some schools have chosen to teach a different region of the body and all its aspects per year, this entails: anatomy, physiology, pathology, and osteopathic techniques with different approaches (musculoskeletal, craniosacral, fascia, viscera, integration) (EDUCAM Torino, CS Netherland, FBEO Spain). Other schools have chosen to study the body as a whole and to deepen the techniques each year: first year a study of the structural approach, the year after the HVLA techniques, then a myofascial approach etc... (CSO France, AIMO Italy, SSOI Torino).

Students have to attend a certain amount of practice hours during the study. This is either decided by the guidelines dictated by the country or the schools can decide to follow European norms for the implementation of a quality management system and training like the EN16686 - Osteopathic healthcare provision.

It is mandatory in most schools to attend observational internships at the beginning of the curriculum. Students can work at the clinic as an observer from the 1st year (FBEO Spain, SSOI Torino, EDUCAM Torino) or 2nd year (AIMO Italy, CSO Nanterre). Other schools have chosen to let the students find an external observational internship with a healthcare professional or in a private practice with independent osteopaths to enable the students to discover other ways of doing (CS of Amsterdam, FICO of Antwerp). Most of the schools interviewed however place their students as observer in the clinic of the school from the first or second year of the program (SSOI and EDUCAM of Torino, AIMO of Saronno, CSO of Nanterre). Because of economic constraints, the newest and smallest school of the network (CAO Croatia) doesn't have a clinic but encourages the students to do internships

with D.O. osteopaths. One school also has partnerships with hospitals and the students can do regular internships with interdisciplinary meetings (CSO Nanterre). In the consultation room there can be a lot of people between the 1st, 2nd or 3rd year observer students, the osteopath student and the tutor in addition to the patient. Having more than two students present during the consultation would seem to be much for the patient in most schools. SSOI (Torino) has found a solution during the corona crisis that is to make the observation team watch the consultation from another room which is filmed and live projected. However, it seems policy around privacy would require the patient to fully consent to this. As well as the footage to be handled with care. We did not discuss this further with SSOI.

Table 3.4-1 Differences in teaching in the different schools of the OsEAN

City/ School	Type of study	Curriculum	Observ er in the clinic (from)	Therapi st in the clinic (from)	Forming the hypothesis with the tutor	Finding patients	Patient form	Remarkable
Antwerp/ Warsaw - FICO	Part time	Per body part	Year 1	Year 4	1) explanatory models 2) clinical examination	Reputation, Notoriety	Specific online program	Students have to do a differential diagnosis based on the anamnesis and again after the tests
IOB - Bordeaux	Full time	Primary focus on theory before learning techniques	Year 1	Year 4	1) clinical examination 2) explanatory models	Partnerships	Paper	'Interesting' cases are filmed
Nanterre CSO	Part time Full time	Per techniques	Year 2	Year 4	1) clinical examination 2) explanatory models	Partnerships , Notoriety	pad	Teaching follows guidelines from the government
AIOT - Pescara	Full time	Per body part	Year 3	Year 4	1) clinical examination 2) explanatory models	Through the school	Online database	Scientifically very active, with multiple published articles on PubMed
Rome EDUCAM	T1 full content T2 less conten t	Per body parts	Year 1	Year 3	1) clinical examination 2) explanatory models	Reputation, Notoriety	notebook	Tutor is not checking the patient

City/ School	Type of study	Curriculum	Observ er in the clinic (from)	Therapi st in the clinic (from)	Forming the hypothesis with the tutor	Finding patients	Patient form	Remarkable
Sarono AIMO	Part time Full time	Per techniques	Year 2	Year 3	1) explanatory models 2) clinical examination	- Advertising, - Special events, - Promotion	pad	Students are formulating an hypothesis based on the anamnesis before doing the clinical examination
Turin SSOI	Part time Full time	Per techniques - structural, HVLA, facia	Year 1	Year 4	1) clinical examination 2) explanatory models	Partnerships , Notoriety	paper	Student sees a patient only once
Amsterda m CS	Part time Full time	Per body parts	Year 4	Year 4	1) clinical examination 2) explanatory models	- Family of students - Students need to find they own patients	Specific online program	Students have to find patients themselves 2 students osteopath- one takes notes, one is therapist
Madrid FBEO	Part time	Per body parts - musculosk eletal, cranosacr al, fascia, viscera, integration	Year 1	Year 4	1) clinical examination 2) explanatory models	- Family of students - Agreement with a foundation - Call out for patient	paper	Course divided in 3 areas : musculosket al, cranosacral and fascia & viscera.
Velika Gorica CAO	Part time	Per techniques - musculosk eletal and visceral	does not apply	does not apply	does not apply	does not apply	does not apply	Workshops with musculosket al blocks and when all blocks are competed visceral lesson starts
Roma, ICOMM	Part time Full time	Per body part	Year 2	Year 5	1) clinical examination 2) explanatory models	Patients are familiar with osteopaths working at the school	Paper	Year 3&4 - anamnesis Year 5 - treatment

City/ School	Type of study	Curriculum	Observ er in the clinic (from)	Therapi st in the clinic (from)	Forming the hypothesis with the tutor	Finding patients	Patient form	Remarkable
						and can come for treatment by students		No tutor in the clinic

3.5. Clinic

The most differences between the schools arise around the running of the clinic. As a reminder, the word “clinic” described here the practice inside the school which has a specific way of working: students welcome and treat patients as in a normal practice but under the supervision of a teacher with or without other students by his side during the consultation. However, some schools use the word clinic only for contact with real patients coming to the location, while others chose to divide it in case study with a theoretical case, or revision of the techniques with a student who plays the patient under supervision of a teacher. Some other schools also benefit of an internal clinic with patients coming on location and an external one for attending events like sport contests.

Multiple network members have external clinics and are present at sport events, at big companies during lunch breaks or at special events. They also have valuable partnerships with clubs, associations, and companies. This seems to be a beneficial way to get enough patients for all the students of the school from the earlier years on but is also a good way to promote osteopathy and make the profession more known. It can also have a beneficial impact on the amount of students willing to enter the school.

Most of the schools have a renowned clinic and enough patients are making appointments so students can make the hours they need for their formation. College Sutherland of Amsterdam asks his students to find their patients on their own, in FEBO of Barcelona students have to find and treat patients without supervision but need to write case reports, the school also organises days where advertisement is made for recruitment of patients so students can work in group with a tutor for the therapeutic care.

Regarding the course of a consultation, almost all schools interviewed formed the work hypothesis with the differential diagnosis after the physical examination of the patients. This is seen as a mandatory step so the students can remain as open as possible during the tests but also because no explanatory models could be developed before restrictions are identified by checking the body. However, in the AIMO of Saronno or FICO of Antwerp, the students have 2 moments to reason about the causes of the patient's pain. The first is before the anamnesis: the

differential diagnosis is then very open and the students philosophize on the most likely causes, they learn to put into words the first impression they get during the conversation. The second moment is after the physical examination of the patient, once they have found the restrictions and peculiarities of the body. The reason for this mode of operation is to allow the students to do a differential diagnosis as open as possible and propose tests to verify their hypothesis. The tutors can then help them in their thinking at each step. This method is however controversial as we could notice during the interviews. Other schools described this method as potentially misleading: it can have a negative effect in the sense that the students are engaged mentally in a hypothesis and they will have more difficulties to perform the tests objectively. On the one hand the student has the chance to be able to think about his first impression after discussion with the patient but on the other hand he begins his clinical examination with big a priori and therefore no longer has a neutral mind. Neutrality and open-mindedness being the necessary conditions for the practice of osteopathy to find dysfunctions that may be beyond the symptomatic causes and the patient's area of pain.

After the discussion with the teacher, the student can deepen the examination and begin the treatment.

In some schools the tutors come to check on the patient and guide the student osteopath with tips about how to continue further (CS Amsterdam). Meanwhile, other schools let a doctor follow the first consultation of the patient (SSOI Torino) or chose for not letting the tutors check the patient as the student could take the feedback negatively and be destabilised in his way of practising (EDUCAM Torino).

The last phase of a consultation is making an appointment for a follow up with the patient. This is either decided after discussion with the tutor or the student takes the initiative according to the results he obtained directly after the treatment and on the basis of what the patient needs.

The time granted to a consultation is also very different depending on the schools, it varies from 2 hours in the first phase (CS Amsterdam) to 45 minutes (SSOI Torino). In EDUCAM they also challenge the students with a self-created case where they need to perform an anamnesis in 15 minutes. This way they recreate a situation where a patient is late or the schedule is behind. And on the other hand they also have cases of 4 hours where the patient is discussed in all aspects in groups of multiple students and a teacher.

Another variation appeared in the way of performing the clinical examination. In the IOB (Bordeaux), the CSO (Nanterre), CS (Amsterdam) or FBEO (Madrid), the students are doing a full physical examination of the patient as a whole. In AIMO (Saronno), specific tests are done on the affected area and then the all body is investigated. In EDUCAM (Torino), no teachers come to check the patients and in SSOI (Torino) the students see a patient only once.

The administrative work is mostly performed by the clinic's secretariat, if the school happens to have one. The students can then focus solely on osteopathic activity such as the consultation which also involves creating a file for the patient. Other schools teach the students to independently deal with finding patients, make appointments, have reception shifts, collect payments and work it in an online osteopathic program. This way students are ready to start their own company as they already know a lot about administration tasks.

Most schools take notes on paper when creating patient files. As our goal is to eventually create an online database, getting an idea of the ways in which different schools collect data of their patients is important. We have noticed dissimilarities in methods, as some still collect their data on paper. While others use data collection systems on either a tablet or on their own computer.

3.6. Experience in partnerships

Lot of schools do have partnerships. This is interesting to know as the school knows what protocols to follow and what to think about during the creation of such a collaboration with another institution. The details of the partnerships can be found on the websites of the schools.

CSO (Nanterre) co-operates with a hospital so students can do internships in various departments of the hospital and has more than 90 partnerships with companies or patient associations to increase the number of patients in their clinic. The IOB (Bordeaux) collaborates with a university and qualified speakers come to give lessons on various subjects. The AIOT (Pescara) has a collaboration with the Colibrì Ensemble (the Pescara Chamber Orchestra) and the Osteopathic Center for Children. EDUCAM (Rome) is working together with the International Medical University of Rome UNICAMILLUS and other companies with adapted pricing of a consultation in the clinic. In AIMO (Saronno), does have important collaborations at national and international level. It adheres to networks, mobility and exchange programs for students and teachers, and manages research projects in collaboration with other Italian and foreign university institutes. Speakers come from the Department of Medicine and Surgery of the University of Insubria of Varese and the Department of Psychology of the Catholic University of Milan to give lectures. The SSOI (Torino) benefit of patients from fitness centres and physiotherapists and collaborates with sport institutions. The International Medical University of Rome UNICAMILLUS and the San Giovanni Calibita Hospital, Fatebenefratelli in Rome work with ICOMM (Rome).

3.7. Osteopathic vision

Regarding the osteopathic vision of the different schools there were some interesting discoveries. A holistic vision was present at all schools. The client is seen as a fusion of multiple facets, biomechanical, biochemical, psychosocial and many more. All schools aim to treat the whole patient. In the description of what osteopathy is, either on the website or during the interview, Dr. A.T. Still's principles were mentioned often. Quotes like 'To find health should be the object of the doctor, anyone can find disease' or "Life is motion" were seen often. We noticed differences in the practical application of the philosophy. See above in 3.4 Program **Error! Reference source not found.** and 3.5 Clinic.

Differences in practical application was also noticeable in the way of performing studies. While AIMO (Saronno), CS (Amsterdam) and AIOT (Pescara) are using the black-box method when carrying out their studies, the International School of Osteopathic of Bordeaux IOB uses EBM and try to develop protocols and conventions that are accepted by mainstream healthcare for identified diseases. Indeed, for reasons of efficiency, they want to propose methods with protocols that stick to semiological studies in accordance with the thinking of regular medicine. The IOB believes that research should focus on identified and identifiable diseases in order to establish protocols that are easily acknowledged by regular medical practitioners whereas CS believes that a new paradigm for conducting researches should be developed to answer the essence of osteopathy and make it grow as a different entity than mainstream healthcare.

3.8. IBS recommendations

We had the opportunity to talk to directors as well as heads of research department of some of the schools. These contacts have knowledge on how to conduct scientific research. Most of the people we contacted reacted enthusiastically to starting a larger scale data collection.

Regarding data collection, we were advised to gather information about:

- Patient details (age, gender, ethnicity);
- Prior treatment of the patient (medicine, therapy, operations, complementary medicine)
- Whether the diagnosis has been made by a medical specialist; as well as what type of IBS the patient has been diagnosed with (IBS-D, C, M);
- The impact of the osteopathic treatment: depending on the use we will make of such data, we would need to use a validated scale by the scientific world (complex forms to be filled in by the patient before and after the treatment), or easier scales like VAS (most of schools agreed with this option);

- The effect of the treatment could be evaluated with questioning different parameters like the intensity, frequency and duration of periods of pain, the impact on the daily life of the patient, the quality of sleep, the ability to work;
- The timing of the treatment (amount of consultation, how much time between the consultations);
- Interference with other treatments (medicines, hospitalisation, procedures in hospital, alternative treatments -acupuncture, hypnosis....-, diet modifications...)
- Pay attention to the inclusion criteria of patients as no adequate markers have yet been found to allow a reliable diagnosis and doctors are too often using IBS as a common name for abnormal abdominal pain.

The need for a blind study was pointed out. Only the people in charge of the collection of data should have access to the data. Interference with the data should be limited.

To increase the chance of obtaining complete data, we were advised to focus on schools that provide an optimal setting for conducting research.

3.9. Data collection

In order to have an idea of the efficacy of an osteopathic treatment on a disease, data should be collected on a large population. The data should be centralised to then be analysed.

Constructing a central database accessible to all OsEAN schools should be handled in a precise manner. We could refer to websites like government healthcare system where data of a lot of patients should be stored safely and where patients have to be able to log in personally and access their own platform. This needs to be technically made possible, it should support online forms that the patient could fill in on a regular basis (with an email as reminder for when to fill it in for instance) and be connected to a page for collection and analysis of the information (what results after 1 treatment, 2, 3, after a month, two months etc...).

The type of patients to be included in the study should follow standard criteria throughout all schools. Patients are diagnosed by a specialist (gastroenterologist) using the ROME IV criteria around the world. The type of criteria used and sub-type of IBS can therefore be referenced.

The type of data collected need to be chosen with care. After interviewing the different schools we have a list of essential elements not to forget (refer to paragraph 3.8 IBS).

We could collect data / scoring that are recognized in regular medicine and would be valuable to show the impact of osteopathy in all areas.

An important consideration to be made before collecting data is whether the results are to be published or not. When deciding to move towards publication, rules of publication are to be followed for starting clinical trials (Ford, A. C., & Talley, N. J., 2012) with applications separately to national competent authorities and ethics committees in each country to gain regulatory approval to run the trial. This is a very complex procedure which must be given sufficient thought early on in the process in order to ensure all criteria are met. A way to skip this heavy procedure is to proceed by writing the study as a case report like the IOB (Bordeaux) is doing nowadays.

As explained before, the 'golden standard' for EBM is not applicable to osteopathy. One of the characteristics of a double blinded trial is that it is performed in a controlled setting. This is not the case with the type of data collection we are suggesting. Data is not collected at the time of treatments. This means that it could be possible for other forms of treatment to indirectly impact the patient's symptoms. We must acknowledge this and communicate this truthfully and correctly through the format of data collection.

Quality-of-life evaluation has gained increasing attention in the past years and its assessment is incorporated in many clinical trials. These data can provide a patient-rated assessment of treatment and complement the traditional endpoints in clinical trials. Numerous questionnaires are to be found: the Stark questionnaire which has a good physical health assessment component (Hardt, 2015), SF-36 which is the most commonly used health status measure in the world (Walters, 2004), the Fecal Incontinence Quality of Life Scale (Rockwood, T.H., Church, J.M., Fleshman, J.W. et al, 2000). Or the standardized IBSQOL 2000 questionnaire and the more specific Functional Bowel Disorder Severity Index that have been developed by the Rome foundation and were used in previous studies of osteopathy and IBS in College Sutherland by H. Hundscheid. (Hundscheid, 2003), (Hundscheid, H.W., Pepels, M.J., Engels, L.G. and Loffeld, R.J., 2007).

Data-base

Our first idea was to make students osteopaths collect themselves data during the anamnesis thanks to a VAS for pain and daily life impact and other information like during a normal consultation. Indeed, as we were not willing to give the patients too much work before a consultation, which we were scared could result in the loss of cooperation, we suggested the questions be asked at the beginning of the consultation by the osteopath. We then thought developing an online database, sharing it with different schools and osteopaths, enabling them to fill in the data they obtained with their patients. This method had two major problems.

Firstly, the information thus collected is only partial and lack rigor to be able to have a scientific impact and to have a chance to be published. In a previous pilot study of treatment of IBS with osteopathy, the researchers used the 5-points Likert

scale, the standardized IBSQOL 2000 questionnaire and the Functional Bowel Disorder Severity Index.

Secondly an open data base where each participant would have access to the information collected by the group could allow data to be manipulated to show a specific result. To solve this issue, we would have to blind the results and secure the data entries so that only a handful of researchers can view and edit this data after the questionnaires have been completed (in order to analyse them for instance). We could imagine sharing the data with the rest of the participants after a certain period of time or once data are published.

4. Discussion

4.1. Positive feedback on the project

Setting up the foundation for a European collaboration for the collection of data on the impact of an osteopathic treatment on patients with a specific disease that is Irritable Bowel Syndrome is a challenging process that requires multiple steps and a good understanding of the different partners involved.

Such a project contributes to accelerating progress. For example, by getting a bigger amount of patients seen by therapists in a shorter time, understanding of the osteopathic impact would be quicker; a better understanding of natural history of diseases is to be achieved through creation of common registries and databases and finally it could lead to boosting of innovative therapeutic approaches in collaboration with other disciplines. The people we spoke to (directors, heads of research or teachers) showed great interest in the project and gave eloquent thought-out answers for developing such a large scale European project for supporting the development and recognition of osteopathy.

Some schools were more reactive than others and we recommend to start with those with a pilot study. With half of the schools contacted, communication was really natural and we were directly put in contact with an enthusiastic interlocutor. It was really difficult to get in contact with some others. We noticed that the communication is in general not a strong characteristic in most of the schools. From the secretariat that is not answering our emails or not being able to redirect us to the correct person. It may be that our request was not clear enough or the questions we asked were too diverse to be answered by a single person. Another possibility could be that there is a bad knowledge inside of the school of the mission of the staff. Or that the project seems too big to be handled by a person used to less responsibilities in the school. When we finally got to be in contact with a manager/ mentor or responsible of the clinic, we noticed that taking responsibilities (answering questions or agreeing in the process of a partnership for working together for a project) was also a difficulty. Some contacts had to get the questions first and get approval from the board of the school to reveal us answers, other asked for a full protocol of partnership with agreement declarations before starting.

Despite the difficulties, we managed to have a consequent list of persons to contact for proceeding with the next phase of the study that is setting up a protocol for data collection.

Because lot of members who answered us were directors and were very positive about the project, it seems a great idea to discuss it within the OsEAN institution. Partnerships, publications responsibilities, funding, creation of online database with the adaptation of online questionnaires for patients could be coordinated between the heads of the organisation.

After the first couple of interviews, we noticed that new options and questions arose. We realised that the schools probably would have different type of protocols

regarding a consultation. We sought out to discover these differences and if they were grounded in differences in osteopathic philosophy. Overall, the philosophy of osteopathy was quite similar. Most schools following A.T. Still, the difference became apparent in the curricula and consultations at the clinic.

4.2. Differences in curriculum and clinic approaches

Regarding the curriculum, we are convinced that starting early with consistent palpation in relation to theoretical lessons of one anatomical area is a valuable asset. It allows students to connect the theory with the practice.

Regarding the clinic, developing partnerships and becoming more active in external events in order to gain recognition and reliable flow of patients is a powerful approach. This would lead to eventually becoming self-sufficient in gathering patients. A group of students of College Sutherland is about to start contacting the IBS patient associations in the Netherland to discuss the modality of developing partnerships.

We noticed how powerful it was to start in early stage to get in contact with patient as an observer first, then as being the leader of the conversation for at least a part of it (anamnesis); and finally for the entire consultation.

With regards to the conduct of a consultation, we have seen several ways to bring the student to be efficient, autonomous and safe in his way of practising. Mixing the different approaches in different phases of the curriculum could be an option to help in the development of the trainee. It could be interesting to work with the different formats along different phases of the clinic. For instance, the first few times that students get in contact with a patient, the hypothesis would be done after the anamnesis in order to make them aware of their gut-feeling and misleading it can bring. In a second phase, the hypothesis would be discussed with the teacher after the osteopathic tests. We also think that it is interesting to have the possibility of alternating the time granted to a consultation with a patient: very long consultation where the students have full opportunity to think and test extensively and very short consultations where the students have the opportunity to develop different skills and in particular to go straight to the point and realise what is essential in a consultation both in the anamnesis and the physical tests.

The administrative work was mostly performed by the clinic's secretariat. This has the great advantage of freeing up time for the students to focus solely on the practice of osteopathy. The major drawback is when the graduated osteopaths need to start their own business, they have no clue how the administration works. We found that being trained to perform all tasks of running a practice is a great advantage, as it allows one to think about all the aspects that need to be taken care of when setting up a practice: cleaning the rooms, washing the sheets used in between the consultations, setting up an efficient patient reception and knowing the problems

and questions that the secretariat could face, sending off invoices but also the management of the book-keeping at the end of a working day.

Taking notes on a patient is rather heterogeneous. We saw some schools still using paper, but they expressed ambition to change to more computer based data collection.

We can note the desire on the part of the OsEAN group to find new ways of designing scientific studies in order to meet the demand for rigor, reproducibility, scientific randomization while keeping the essence of what osteopathy is: a global care of the patient which requires a great open-mindedness in order to recognize the needs of the patient at the moment of the consultation. The black-box model is an example of this. This pragmatic approach best represents “real world” osteopathic practice and allows one to study the effects of an osteopathic treatment without restricting it into a protocol that would reduce it to a single technique.

4.3. Data collection

The database should give the opportunity for future (meta-)analysis to be done. Opportunities could arise to form a closer work relationship between osteopathy and regular medicine. Osteopathy could become an important component in the multidisciplinary treatment of IBS.

Inclusion criteria of the patients should be standardized throughout all schools. Patient could be transferred from the general practitioner's office or come from patient associations but should have been diagnosed having IBS according to the ROME IV criteria. Scoring of the criteria should be known and mentioned in the data base as well as the sub-type of IBS.

We suggest to think well the type of data collected. After interviewing the different schools we have a list of essential elements not to forget (refer to paragraph 3.8.IBS recommendations). Discussing with internists or gastroenterologists could also be of great benefit as well as osteopaths familiar with research and/or with IBS patients. We could collect data that are recognized in the regular medicine paradigm and would be valuable to show the impact of osteopathy in all areas.

The decision should be made if the data we are about to collect are to be published. In which case, a pilot study should be started following regulations specific to the publication of scientific data with among others summon of an ethical committee.

Regarding the format data base, data should be accessible online. Colleagues of our school are developing a website to meet such expectations. Such a website could be modified to gather all information at one place, this way we could create an online data base of patients treated in studies conducted by College Sutherland. In

order to study the impact of an osteopathic treatment on the health of a patient different questions assessing his overall health must be gathered. We have seen that multiple questionnaires exist that are more or less specific. For efficiency of online collection of data, a single questionnaire could be used to assess the patient independently of the diseases to study. Extra specific questionnaires could then support the global one.

The SF-36 was designed for use in clinical practice and research, health policy evaluations, and general population surveys. The SF-36 includes one multi-item scale that assesses eight health concepts: 1) limitations in physical activities because of health problems; 2) limitations in social activities because of physical or emotional problems; 3) limitations in usual role activities because of physical health problems; 4) bodily pain; 5) general mental health (psychological distress and well-being); 6) limitations in usual role activities because of emotional problems; 7) vitality (energy and fatigue); and 8) general health perceptions. In the case of the study of IBS, the specific IBSQOL 2000 questionnaire and the Functional Bowel Disorder Severity Index could support the SF-36.

5. Recommendations

In this paragraph are summarised the next step to take for the continuity of this project.

Write a protocol

Prior to launch such a large-scale study, we would recommend to start with developing a protocol for the study. We noticed that clearly defining the project, the timeline, the participants, the inclusion factors of the patients are very important steps. We would recommend to follow the protocol developed in the study of Loon van B., Zonneveld K (2016). The inclusion and exclusion criteria of patients should be clearly discussed. Patients should be diagnosed with IBS based on the ROME IV criteria.

Towards publication?

Next step would be to discuss with head of College Sutherland whether the data collected is to be published.

Patient flow

In order to have a constant amount of patient with the desired disease, contact with patient association should be stimulated in each school. Checking with the schools if there are any financial possibilities to make the patient come in on a regular basis for an interesting price would help this cause (adhesion to the treatment, long term follow-up of the same patient).

Developing a website

A collaborative online database for collection of data could be used. In the website, patients could have their own platform and depending on the disease they have, they could answer different questionnaires in addition to a common one. IT specialists could be of great help. Data should be in a secure digital environment with adequate coding of all the information.

Financing

A lot of costs are planned to be made in designing the creation of an online platform where many participants can connect with secure private access. Regarding financial aspects, we do advise to take contact with OsEAN to ask for funding possibilities as the entire network could benefit. Discussion with the schools and their IT services or with the partners of the different schools if they are any IT companies willing to help could be an option. Crowdfunding could also be an options to consider, including seeking donations for research in the field of IBS... In the study of B. van Loon and K. Zonneveld (2016), they had the participating osteopaths give free treatments to the patient. Discussions with the schools should be held to assess this possibility.

Contact the schools

Starting a study with all the schools of the OsEAN is a utopia. Conducting a pilot study involving a few schools of the network seems the best option to evaluate the feasibility of the study. It could be a great way to test the functioning of the set-up of the protocol. In a second phase more schools could be involved.

We recommend starting with schools that are familiar with publication and with the black box model. Our choice goes first to, AIOT Pescara, AIMO Saronno, EDUCAM Torino, CS Amsterdam, ICOMM Roma in first instance. The study could then be extended to SSOI Torino, IOB Bordeaux, ESO Maidstone and CSDOI Catania.

6. Reflection

We think this is a project has a lot of potential. Defining its characteristics and the way it should be lead with the different steps to take was really challenging. The first issue we encountered with our report was to define its border.

Our initial idea was to set up a network of people that could promote a future questionnaire for the closed-use collection of data. This questionnaire would address the impact of an osteopathic treatment on patients with Irritable Bowel Syndrome (*DataCollection*). Data collected by College Sutherland and study results would be shared with the participating schools after a number of years. However, this way of proceeding with results that remain confidential (at OsEAN level) does not help osteopathy to get recognition in the scientific world.

We have underestimated the value of the data that could be collected and must question the usefulness of such work which would not bear fruit. Performing this type of study for several years on such a large scale with many countries working together for the promotion of osteopathy, is a big investment in time and energy. The work should lead to a solid study thereby supported by a recognized (tested) questionnaire with a framework scientifically regulated in order to bring real value to the data collected.

Our project had therefore been poorly thought out when starting up and we found ourselves faced with bigger considerations to make than expected, for example:

- how this process is being supervised,
- at what level is the process of disseminating findings expected to meet,
- ethical approval,
- project protocol to support our inquiry,

The fact that we started our research late with a vague project idea did not allow us to make this inventory in time to change the course of our study.

Indeed, an obstacle we did not take in account when designing our subject, was the timeline. We started taking contact at a period when staff was closing down for the end of a school year, doing examinations and preparing for summer break. This resulted in delays in school response as well as the correct person not being available. A lot of initiatives had to be taken to obtain answers and connect to the correct people. However, we found other ways to approach teachers or those responsible for the schools, for instance by finding the name of the person on the website of the school -and his/her role and try to get in contact with this person through the practice where he/she works. Then we could look for contact information on the websites of the schools. Regardless of the amount of people contacted within the network, starting a study with all the members of the OsEAN at the same time is fantasy: a first study with the most enthusiastic members is a good beginning. We are happy to propose a list of 20 people to contact for further development.

During each meeting with a professional from a European school, new insights and questions arose. This was very enriching and formative to help us ask ourselves the right questions, to frame our project and to better formulate the questions that we wanted to see answered. More defined questions led to better conversations with the member of the schools we contacted. Yet this had impact on the framework of the study we wanted to conduct. Over the appointments it got easier to find the drive inherent of each school that involve different ways of teaching for instance.

Answering questions over the functioning of the schools and the clinic was easier live than trying to find the information on the website, we could also ask what is the thought behind the choices that are made (for which reason is the curriculum build up this way, why are some choices made during the consultation with a patient, ...). This was only possible when we had the correct person at the line (students, teachers or secretaries could often not answer these points). It was nevertheless an easy way to enter in the conversation and put our interlocutor at ease - as they are (normally) easy questions to answer, albeit by the correct contact person.

We had a hard time figuring out what the osteopathic vision of the school is. We did not have a correct approach, or the correct questions to get an idea of it. Maybe also not enough knowledge or vocabulary for describing what for us is still a feeling/ a conception. Perhaps also not enough hindsight on the different osteopathic currents movements and the different visions of what osteopathy is. Yet, the conversation with the director of the Croatian school, Velda Lulic, was brilliant and gave us confidence in what we believe osteopathy is; Jeroen de Block of College Sutherland made the connection between the curriculum choices and the osteopathic vision behind them clear which also was very helpful to put in words the impressions we got; Adrianus de Koning, the director of ICOMM of Rome also developed the thinking behind the choices made for the course; Vincent Staff the director of the IOB of Bordeaux made clear the vision and direction the schools wants to follow. These persons went in the depth of the osteopathic paradigm and the reason why some choices are made as osteopath as well as in the course and the organisation of the school. They also developed what is of importance in the formation of an osteopath.

7. Conclusion

Setting the foundation for a large-scale European-wide study requires multiple steps and considerations to be handled with care. Because of the lack of a unified philosophy and shared curriculum at schools' level, diversity is a consequence. Measuring these differences appeared to be a crucial first step in being able to create a collaboration between the schools. We noticed differences in multiple facets of the schools, varying from curriculum, vision of what the clinic should entail to amount of students or care of patients' symptoms during the physical examination. In general, the schools reacted very positively to starting a collaboration. Schools were very reactive to starting this study and we noticed a shared passion for sharing knowledge about osteopathy. However, in most of the interviewed schools, more steps need to be taken to ensure a constant patient flow exists in the clinic for students to treat. Setting up contact with local sport clubs, patient associations and hospitals for instance would benefit this goal. In the case of the study of specific diseases, schools need first to ensure that enough patients could be contacted. In the case of scientific research, a timeline for the study needs to be made: for how long the collection of data runs before publication should be decided before hand, what criteria of inclusion for the patient with which symptoms, when should we exclude a patient when the treatment changes or diet changes for instance in the example of IBS.

Accordingly, this study was a good first step to understand all the challenges and work that needs to be carried out in the future prior to start the collection of data of the impact of an osteopathic treatment on patients with IBS.

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9. Annexe

9.1. Information obtained from the website of WSO - Wiener Schule of Osteopathy, Vienna, Austria

9.1.1. Highlights of the curriculum (WSO, Cursus, 2022)

The basic course is a four-year holistic osteopathic training taught by an international team. There are 6 seminars of 4.5 days each, per year. Examinations are performed at the end of each year

They offer two post graduate courses. A Msc course with 4 to 5 semesters. The other course is an 'Academic expert' course that consist of 3 (part-time) semesters.

9.1.2. Osteopathic philosophy (WSO, What is osteopathy, 2022)

“Osteopathy is a holistic method, which uses its hands for diagnosis and therapy. The most important foundations are the functioning of the human body as a unit, its ability to self-regulate and self-heal, as well as the interplay of structure and function. The osteopathic treatment has the goal: Correct limitations on the mobility of structures and tissues and thereby restore physical and mental well-being.”

9.2. Interview with FICO Osteopathy Academy Belgium and Polska Osteopathy Academy Poland - Flanders International College of Osteopathy, Antwerp, Belgium and Warsaw, Poland

Jöry Pauwels – Director of the school FICO Belgium and Co-Founder of FICO Poland

9.2.1. Highlights of the curriculum

Because the school wants to provide the best quality of education only part time course is given in Belgium. The study lasts 5 years. The school intend to start a full-time program in the future. The study is only available when already being a medical professional.

The curriculum teaches 3 main subjects from year 1: Structural, visceral and cranial: this way students learn integrated thinking from day one. In first year students study anatomy and biomechanics, the gastrointestinal tract until the stomach and an introduction of cranium is given. In second year, the students learn about the thorax and the limbs, the intestinal tract from the duodenum until the rectum and neurocranium. The third year focuses on the spine more specifically the cervical region, the pancreas, kidney, hart, lungs, endocrine glands and gynecology and the viscerocranium is investigate.

From year 1 students have to follow observation internships with osteopaths (16hours per year). In 4th and 5th years, students attend internships half in the clinic of the school and half with an osteopath. This choice has been made not to be full time in the clinic of the school for two main reasons. The first one is because of the organisational difficulties school clinic implies. The second one is to stimulate the student to see other ways to practice as the osteopaths they do internships with come from different schools.

9.2.2. Course of a consultation in the clinic

Professional osteopaths who finished their studies at FICO are working in the school building. The clinic of the school is called Centre for Osteopathy means that students do as sort of internship with those teachers.

During the first consultation of a patient, the student is supervised by the osteopath tutor at all time. During the follow-up consultations, the student is alone with his patient.

The consultation starts by a full anamnesis, a conversation with the tutor sets up the work hypothesis. Follows the physical examination and a second conversation with the tutor to draw up a treatment plan. The treatment can then take place.

A patient has to come back 4 times per year.

9.2.3. Notation system

The school uses the online Crossuite program for the management of the patients' files. The program allows to store administration data such as payments, agenda planner and patient record of the consultations.

9.2.4. Finding patients

Because D.O. osteopaths work in the Centre for Osteopathy, there are enough patients coming so that the students can benefit.

9.2.5. Particularity about Poland

Because the culture, language and administration regulation are very different, it is a challenge to develop osteopathy lessons on the same basis as in Belgium.

The Osteopathic study in Poland last 4 years and is also part-time study with lessons in the weekends once a month. 90% of the teachers are Belgium osteopath teachers. The study is a part time course designed as a postgraduate study for physiotherapy or graduates of medicine and students of physiotherapy - from 4 years, students of medicine from the 5th year of studies. During 4 years, students have 10 meetings a year during 3-days weekend courses.

If the lesson is given by an international speaker, the content is translated live by a translator from English to Polish.

The school was created by 3 different schools: FICO, the OSD (Osteopathie Schule Deutschland, Germany) and ISO. Only FICO is still inputting in the Polska Osteopathy Academy today.

9.2.6. Osteopathic vision

FICO defines osteopathy as the following: A healthcare that improves the quality of life, and the reduction of pain by focusing on the deep cause of the problem. An osteopathic treatment restores and maintains the homeostasis of the body.

“Osteopath use manual techniques, for either the examination as for the treatment. For this we –as osteopaths- use the principles of dr. A. T. Still: ‘everything that lives moves, and everything that moves lives’.”

9.2.7. Regarding osteopathic research

No information was found on the website itself. However, through the osteopathic research web (<https://www.osteopathicresearch.org/s/orw/item/1489>) publications from FICO can be found.

9.3. Information obtained from the website of 'Osteopatiakoulu Atlas,' Helsinki, Finland

9.3.1. Highlights of the curriculum (Atlas, 2022)

The osteopathy course is given in a university with multiple other courses. The study program is only available to medical professionals. The study has a 4-year program that involves 32 study contacts, consisting of a 4-day school weekend.

9.4. Information obtained from the website of 'Metropolia University of Applied Science', Helsinki, Finland

9.4.1. Highlights of the curriculum (Metropolia, 2022)

Metropolia University of Applied Science is Finland's largest university of applied sciences. It educates future professionals in the fields of Business, Culture, Health Care and Social Services, and Technology. 16,200 students and more than 1,000 experts are working at the University. In Metropolia, people and worlds meet to create insight, expertise and well-being.

The osteopathic study consists of a 2-year bachelor degree and a 2-year master degree.

9.4.2. Osteopathic philosophy

“An osteopath has an extensive comprehension of all factors that are of influence on the functional capacity. The study focusses extensively on anatomy, physiology and differential diagnosis.”

9.5. Interview with IOB - Bordeaux International School of Osteopathic Medicine, Bordeaux, France

Vincent Staff – Director

9.5.1. Highlights of the school

The IOB focuses on the etiology of the pathologies. It had a pragmatic method a lot similar to the one taught in medical studies. They teach they student to understand what is normal to be able to find and treat what is not (A.T. Still philosophy). The institute is for 20 years aiming to develop reproducible methods for all clinic cases with a somatic dysfunction.

Because of the heavy rules for research in France, the school is publishing case reports instead of full studies. The case reports are proposing method to treat patients with efficiency with protocols that are fitting the semiology of the diseases and easy to be understood by mainstream health professionals.

The director thinks that research should focus primarily on identified and easily identifiable diseases in the aim to develop patient care protocols.

The school has a partnership with the University of Dental Medicine of Ajman in Dubai, United Arab Emirates.

Summer schools are organised with student exchanges on different topics and emergency cases.

Classes have a maximum of 25 students to promote personalized support. Five pedagogical coordinators accompany the students as well as the teachers. They also ensure the cohesion of the educational programs.

9.5.2. About the clinic

In year 1 and 2, students are attending a consultation as an observer.

From the half of the 3rd year, they are able to conduct the anamnesis.

In year 4 and 5, students are doing the anamnesis, the clinical examination and will endeavor to trace the patient's lesion pattern through a careful and complete examination of the whole body: he will highlight the different tissue fixations to diagnose those involved in the patient's complaints.

In the last year (5th grade), the student is able to conduct a full consultation.

150 consults per year are the minimum. The IOB asks its students to do 450.

An appointment lasts 45 minutes divided in 10 minutes of anamnesis, 15 to 20 minutes of tests and the rest is treatment. Every day is a different tutor responsible for the clinic. The tutor is an osteopath with more than 5 years of experience. He is

backed-up with an assistant who is also osteopath but who can have less than 5 years of experience. It is often a graduate student.

For patients consulting for an “interesting” pathology, the consultations can be filmed for pedagogical purposes and the operation sequence would then be discussed in class.

9.6. Information obtained from the website of the CESO - Bordeaux International School of Osteopathic Medicine, Bordeaux, France

(CESO, 2022)

9.6.1. Highlights of the curriculum

A 5-year program consisting of two cycles. The first three years being called ‘acquisition of the basics’, this consists of approximately 50% practical lessons. The second cycle, the last two years, being called ‘Clinical practice and therapeutic syntheses. The second cycle focusses on integration of theory taught in the first cycle, and implementation during consultation.

9.6.2. Osteopathic philosophy

Osteopathy is a system of care based on manipulation techniques, which focuses on the entire body structure (bones, muscles, joints and surrounding functions). Osteopathy is a complementary medicine, it is not only interested in physical symptoms, but also in the lifestyle, habits and overall condition of the patient.

9.7. Interview with CSO - Conservatoire Supérieur d'Ostéopathie Paris, Nanterre, France

Nathalie Simon - Administrative manager
Fifth year student of the clinic

9.7.1. Highlights of the curriculum

The CSO has to follow the guidelines decided by the French government regarding the teaching of osteopathy. The course counts 5 years of study and is divided in two parts. The first part focuses on the learning of the functioning of the body, the diseases it can encounter and learning diagnostic means, osteopathic treatments and appropriate techniques. The second part focuses on contact with patients, from communication skills to holistic treatment.

In 2nd and 3rd year students have to attend the clinic of the school as observers.

In 4th and 5th year students have to treat patients.

The students can do internships in private practices, school-integrated clinics, professional sports clubs, general hospitals... They have the opportunity to treat patients in the clinic at school but also on different events (Mud Day, marathon of Paris...). During those events a 20 minutes' consultation is performed. The school also have a partnership with hospitals and students can work in close collaboration with the doctor staff in different sectors such as surgery, oncology or geriatrics.

The students don't have to find patients themselves but are taught how to handle the administration of files and plan follow-up appointments.

9.7.2. Course of a consultation in the clinic

The clinic is open from Monday to Friday from 9am to 6pm. The patients can make an appointment online or call the clinic. They are given the choice between consultations of 1 hour or 45 minutes. The patient can also choose his therapist. The reception is hold by students who take on their turn the responsibility to welcome the patients and do the administration work.

The consultation begins with an anamnesis and is followed by physical examination with a series of tests that are taught through the years. The student then goes to the tutor to explain the findings and set up a treatment plan. It is rare that the tutor comes to see the patient himself: they are 4 tutors for 70 students and room for 21 patients treated at the same time.

9.7.3. Notation system

So far everything was on paper. From the new school year 2022/2023, the students will have a pad system.

9.7.4. Finding patients as an osteopathy school

The CSO has a lot of partnerships from hospitals to sport clubs and companies where workers get special prices for an amount of treatment per year (20€ per consultation or 5€ if it is with a partnership). The clinic is also famous thanks to patients spreading the word.

9.8. Information obtained from the website of the CSdOI - Centro Studi di Osteopatia Italiano, Catania, Italy

9.8.1. Highlights of the curriculum (CSdOI, Formation T1, 2022)

They offer a full-time (type 1) and part-time study (type 2), as well as a full-time program with exceptions (type 1); this meaning the student can choose to exempt himself from certain modules.

Type 1 consists of 25-30 weekly modules each year for 5 years long.

Type 1 with exceptions, a 5-year study with 90 modules taking place during 10 seminars each year. The amount of seminars/modules each year can be arranged differently by the student.

Type 2, a 5-year study with 80 modules in total (in 7-8 seminars) each year. The amount of seminars/modules each year can be arranged differently by the student.

9.8.2. Osteopathic philosophy (CSdOI, What is osteopathy, 2022)

“Osteopathy is a medical, diagnostic and therapeutic philosophy, which uses a manipulative methodological approach. In Italy it is considered as a non-conventional medicine. The principle underlying osteopathic research and its subsequent development link health and its maintenance to intrinsic and extrinsic movement: "life is movement, movement is life"; Through the quality of movement, it is possible to investigate the quality of life.”

9.9. Information obtained from the website of SOMA - Istituto Osteopatia Milano, Milano, Italy

9.9.1. Highlights of the curriculum (SOMA, Formation, 2022)

SOMA offer a 5-year Full-Time Osteopathy Course (T1), and a Part-Time Osteopathy Course (T2) that lasts 5 or 6 years. T2 requires the possession of a prior degree. T1 is open to students graduating from high school.

9.9.2. Own description of what is osteopathy (SOMA, Osteopathy, what is it ?, 2022)

“Osteopathy is a consolidated system of health care that is based on manual contact for the evaluation, diagnosis and treatment of the person. It is a manual therapy, complementary to classical medicine, focused on the health of the person rather than on the disease; It uses a causal and non-symptomatic approach (often, in fact, the cause of pain finds its location far from the painful area), looking for functional alterations of the body that lead to the occurrence of signs and symptoms that can then result in pain of various kinds. Osteopathy, or Osteopathic Medicine, was born at the end of the nineteenth century in the United States of America and spread in the early twentieth century in Europe, particularly in France and England, where it has long been an established medicine.”

9.10. Interview with AIOT - Accademia Italiana Osteopatia Tradizionale, Pescara, Italy

Alessandra di Dominico – osteopath and teacher in biochemistry, epigenetic and physiology of the nervous system.

9.10.1. Highlights of the school

The AIOT has partnership with a down syndrome association.

The school has a special department of research and conducted multiple researches , especially in neonatology field (AIOT, n.d.). Lot of their work can be found on PubMed articles.

The school is very active in scientific publications for already years, using the black box model. They do have an online database for patients for the last 6 years and more than 1000 patients!

The students are passing theoretical and practical examinations, and have to attend 1000 hours of clinical internship. At the end of the course, the final exam consists of a clinical examination with evaluation and treatment of a patient.

9.10.2. Clinic of the school

Students of 3rd and 4th year can access the clinic and treat patients.

During a consultation extra attention is given to the symptomatic area which is carefully examined.

9.10.3. Regarding IBS

The school is not particularly familiar with IBS patients. Therefore, they do not have a specific list of questions. The anamnesis and the physical examination would however more focus on the eating habits and visceral parts.

9.10.4. Own description of what is osteopathy

“Osteopathy is based almost exclusively on the manual skills of the operator, supported by in-depth anatomical-functional knowledge of the human body. It is known that the main analysis tool of the osteopath is represented by manual evaluation. Manual skill, however, while innate in each of us, must be trained through experience. The main objective of the training course is the education of the student to the art of palpation. Educating the student from the beginning to palpation, ensures that a tactile sensitivity is increasingly developed. The tactile sensitivity must be able to first evaluate the temperature, humidity, consistency, shape, muscle tropism of the affected district, and then, during the training process, to what are the increasingly complex dynamic evaluations of the Osteopathic manipulative treatment.”

9.11. Interview with EDUCAM - Scuola di Osteopatia Italiana, Torino, Italy

Simone Buccino – Educational coordinator

9.11.1. Osteopathy within the country

There are a lot of laws in Italy trying to regulate the work of osteopaths but none for the curriculum. Osteopaths often need to do extra study to be able to work safely, to have a title and be recognised and practised as osteopath.

At the end of the study, 70% of the students do not work as osteopath as it is very difficult to start for yourself or to integrate a clinic and have a contract.

9.11.2. Highlights of the curriculum

The school is a grouping of different schools for Complementary and Alternative Medicine Education (EDUCAM): it has a massage school, an animal osteopathy school etc... The grouping counts about 1000 students. All wearing the same shirt makes people passing by curious which is good for raising patient awareness and interest for the school and the profession it encloses.

The osteopathy school has 3 classes every year. It is a full time study with 2 journeys: one for teenagers out of school, with the maximum of hours of lessons and practice (T1) and a second program for persons already having a background with a reduced amount of lessons and hours of practice (although they encourage to make more practice as it is always instructive) (T2).

From the 1st year students are learning theory and have to attend the clinic as observers (100 hours are required in year 1).

The curriculum is divided in functional blocks:

Year 1 is dedicated to the lower limb from foot to hip and cranium lessons are given

Year 2 englobes the spine and thorax and cranio-sacral therapy

Year 3 continues with the previous courses plus the arm and cervical spine

At the end of the 3rd year an examination takes place as a mini D.O. to check the student and see if he could attend the clinic as a practitioner.

Year 4 focuses on the viscera.

Year 5 is like a postgraduate program with courses given by a renowned osteopath external of the school.

The students also have laboratory lessons all along the course, which looks like the 5th year, with an external teacher who creates a situation to integrate the study path. Case lessons are also taught with a real patient discussed for 4 hours to develop the case and study the explanatory models.

The clinic is divided in different activities: the external events (races, MMA, volleyball matches...) which gives visibility to the school and internal internship. The internal internship is divided into laboratory lessons where teachers create situations and students have to practice with each other and the clinic with patients coming to school with real problems.

EDUCAM works in collaboration with Torino and Rome and follows the European guidelines trying to deliver the best teaching to create good osteopaths.

9.11.3. Course of a consultation in the clinic

The student osteopaths welcome his patient with 3 observer students from year 1 to 3. If the student osteopath is a 3rd year, the tutor is in the room the entire consultation to help it go smoothly when the student is blocked or doesn't know how to go further.

The consultation starts with an anamnesis and tests. After the tests the student goes to the teacher and explains his finding and theory. The teacher is not coming to check again as it is considered to be too intrusive for the patient and be too confronting for the student/ give him the feeling he is not good enough. The treatment can then take place and the teacher can come if a trust technique is involved to check the parameters. After the treatment, the student osteopath can make a follow up appointment with the patient and give advice about lifestyle for instance.

The school encourages that if specific exercises are needed, the student refers to another profession to stimulate multidisciplinary collaboration.

At the end of the consultation, the student osteopath has a discussion with the teacher for the follow up of the patient and feedback on the treatment.

There is no protocol for the tests. The students choose among the tools he has depending on the patient and its own abilities.

9.11.4. Notation system

Students have a notebook to consign the file of the patient with the anamnesis, tests and treatment.

9.11.5. Finding patients as an osteopathy school

The clinic started 10 years ago. It is running thanks to word of mouth.

9.11.6. Regarding IBS

The school would be interested in participating in the collection of data and is waiting for us to send the example form.

9.12. Interview with AIMO - Accademia Italiana di Medicina Osteopatica, Saronno, Italy

Marco Farina - Visceral osteopath teacher

Alberto Maggiani - Head of research

9.12.1. Highlights of the curriculum

In AIMO are 2 corsi: full time and part time (for physiotherapists and doctors) which last 5 years each. In the full time course, students have 5 days per week school and get as well as theory as practice from the 1st year on. In the part time course, the students have to attend school one weekend per month.

In year 1 the principles of osteopathy are explained with tests (active/passive) and palpation lessons.

From the 2nd year, students have to attend the clinic as an observer with a student from year 3 to 5 under supervision of an osteopath.

From the 3rd year, students have to treat patients under supervision of a tutor.

For the teaching of biomedical subjects, AIMO relies on the collaboration of professors from the Department of Medicine and Surgery of the University of Insubria of Varese and the Department of Psychology of the Catholic University of Milan.

9.12.2. Course of a consultation in the clinic

The consultation of a patient lasts about 1,5 hours.

From a hypothesis or a medical diagnosis, the student will do specific tests and then check the entire body.

From the anamnesis of the patient, the student osteopath discusses the hypothesis with the observer student and a tutor. The student osteopath needs to propose specific tests to verify his hypothesis.

The student osteopath implements his tests based on the differential diagnosis and the medical problem of the patient and then does a full osteopathic examination of the entire body under supervision of the tutor. The treatment then takes place. At the end of the consultation the student osteopath gets feedback from the tutor.

Osteopaths in Italy are not allowed to give advice regarding training as this is specific to physiotherapists. They however try to encourage lifestyle changes.

9.12.3. Notation system

During a consultation, the student osteopath is taking notes on a pad. The student writes what he sees and tries to align with medical terminology. The school had a database of each patient.

9.12.4. Finding patients as an osteopathy school

The school makes its own advertising to find patients. The price of an osteopathic consultation is interesting in comparison with the price of qualified osteopaths. The school also has special events and promotions which are attracting more patients.

9.12.5. Relation of osteopath with doctors in the country

Osteopathy is a private study. Osteopath is a private work, they can't work in hospitals but work in collaboration in private clinics or medical offices with other osteopath, physiotherapists and other manual therapists.

Many doctors do not want to work with osteopaths but the collaboration is starting with some others.

9.12.6. Regarding IBS

Alberto Maggiani shared his own vision of IBS. In his own experience he noticed that about 10% of patients having musculoskeletal problems also have IBS. The link could be a central sensitisation.

As osteopath, to sort out patients with IBS we must:

- verify that the diagnosis has been made by doctors otherwise we should forward the patient for specific check-up.
- be aware of the process to recognise IBS (literature)
- do an osteopathic treatment, or apply pain management techniques hands on/ hands off (biopsychosocial model, inform the patient over how pain works, apply cognitive rebuilding technics in relation with pain: reconceptualization of the pain)
- check the other systems: craniosacral (n.vagus/OAA/sacrum), spine (orthosympathique), diafragma, etc...)

9.12.7. Red flags?

If IBS had been diagnosed with regular medicine, there are no red flags.

However, they are yellow flags regarding manipulation that could be painful as it could aggravate the central sensitisation.

9.12.8. Advises regarding the different type of research

Before starting the study and collection of data we should decide if we want to publish. If so, an ethical committee should be contacted and the patient should fill a form with a validated scale (literature) before/after each osteopathic consultation. If the study is only for OsEAN members, the collection of data would be more easy and regard only the information that we need as osteopath (different parameters about pain with VAS scale for instance, amount of osteopathic treatment, age, gender, ethnicity, etc...)

The head of research of AIMO advised the simplified study.

9.13. Interview with SSOI - Scuola Superiore di Osteopatia Italiana, Torino, Italy

Giorgia Apolloni, student 5th year – thesis student

9.13.1. Highlights of the curriculum

The SSOI has a part time curriculum which lasts 6 years and a full time one which lasts 5 years. Students of the full time program have to attend school 5 days per week.

During the first year students get a lot of theoretical lessons (anatomy, pathology, physiology...) and already start with a structural approach of the lower limb with learning thrust and Mitchell's techniques. They also follow the school clinic as observers.

The 2nd year is focused on cranium and structural approach of the entire body.

In 3rd year, students learn about viscera and MFA (+ cranium and structural approach of the entire body).

The 4th year deepened the knowledge acquired in the subjects mentioned above and gynaecology lessons started along with points of balanced tension techniques.

During the last year students get to be familiar with odontology.

Students also get lessons about advice and specific exercises they could give to patients in relation to the osteopathic treatment.

The student we have spoken to explained that for the case report / thesis / final work, students have to find patients with specific problems themselves and go through the entire entrepreneurship process (renting a room for the consultation, administration and payment, taking notes of the treatment...).

9.13.2. Course of a consultation in the clinic

Since the worldwide sanitary crisis due to the coronavirus, the functioning of the clinic has been changed. The student osteopath of year 4 or 5 and his patient are in a room with a camera and one to three students of year 1 to 3 are in another room watching the consultation.

The consultation lasts 45min to 1 hour and consists of the anamnesis (a doctor is present during the first consultation of the patient), the physical observation and the tests.

The student osteopath then goes to a teacher to discuss his findings and the plan for the treatment.

The patient then gets the treatment and the student performs his tests again.

At the end of the consultation, the student osteopath gives some advice (stretching / lifestyle...) and makes a new appointment with the patient in 2 to 4 weeks.

The students get to see a patient only once. They always see new patients to be able to see as much diversity as possible.

9.13.3. Notation system

Patient data during the clinic are written on paper.

9.13.4. Finding patients as an osteopathy school

The SSOI has its own clinic and patients are calling to make appointments. They also have partnerships with fitness centres and physiotherapists.

9.13.5. Regarding IBS

The student we contacted explained that patients with IBS are first coming for another reason to the clinic; they discover along the process that osteopathy could help them in the management of their IBS.

She advised that we take contact with the responsible of the clinic to promote our project: Alessandro Farina or Marco alessandro.farina@hotmail.it +39 3332766529.

9.14. Interview with CS - College Sutherland, Amsterdam, Netherland

Jeroen de Block - teacher physiology, visceral, anatomy and concept, Head of Education

9.14.1. Highlights of the curriculum

The school counts about 200 osteopaths full time and part time. Full time studies last 6 years and part time 4 according to Dutch standards.

The first year contains mainly theoretical lessons with some palpation and massage techniques.

In the 2nd, 3rd and 4th year, techniques are taught divided into 6 main subjects: cranial, visceral, limbs (arm and legs), craniosacral skeleton, thorax and myofascial. In the last year, integration lessons are given, allowing a full holistic representation of the body to take place.

During the first years the student has to spend a specific amount of hours of internship with a certified health professional outside of school (physiotherapist, doctor, osteopath...). This in order to promote independence in the way the student wants to work/learn (he has to stand for the profession and choose what kind of therapist he wants to be). During the last year of study, the student enters the clinic at school under guidance of teachers and can treat his own patients. In the clinic the students have to experiment different roles from secretariat work with administration tasks to being therapists.

9.14.2. Course of a consultation in the clinic

The clinic consists of three phases during which consultation time and supervision by teachers decrease and students are asked for more and more autonomy. During a consultation the student osteopath is accompanied by a student colleague who will take notes.

Consultation takes place according to a protocol developed by the school 7 years ago as a support for the student to not forget anything in the test phase and to check the entire body as neutral as possible.

It starts with the anamneses (question about the pain - its course, intensity, frequency, provocation and reduction; other problems, medical history – operation, medication, traumas, diseases; tracts –energy, toilet habits, respiration problems, sleep habits...).

Then a full body test is performed according to a protocol to help the student not forget any zones.

A college student is taking notes of the dysfunctions that the student osteopath is finding. The last part of the body check consists in inhibition tests to try to find a link between the dysfunctions found.

The students then leave the consultation room to discuss the case with a teacher.

It is a will of the school not to reason from medical / symptomatic: first the osteopath should be open to what he feels and then comes the medical thinking and wording. It is important to stay zoomed out as long as possible to make a neutral investigation and be surprised with what is found during the tests. Only then comes the theory and the explanatory models to remain as open as possible in the diagnostics.

The goal of the consultation is to have compensation in the body so that there is support for the recovery: the vitality of the organism is checked.

9.14.3. Notation system

Every patient has a file in an online program Crossuite where the osteopath can fill up the anamnesis and course of the consultation, he can also upload some documents like drawings or medical imaging provided by the patient. The patient can also fill up forms online regarding general questions about his health for instance.

9.14.4. Finding patients as an osteopathy school

The school has chosen to let the students find themselves patients to let them experience how it is to start an own company and test different ways to recruit patients.

This system worked well with part time students who are often coming from the world of work and have a longer period of time to find patients but it appears to be more complex for full time students who have little time and knowledge to recruit a lot of patients. The school is now thinking about making lists of patients who would be interested to come on a regular basis for controls and have a continuity in the treatment.

9.14.5. Regarding IBS

Patients are often coming with another reason than IBS and along the treatment trajectory they discover that osteopathy could help them with their symptoms.

It could be interesting to record the effect of an osteopathic treatment using the black box model (osteopathic treatment of the entire body not necessary of specific zones, give backs its movement to every body part) and measure different parameters like the intensity, frequency and type of pain the impact on daily life activities and on work or even on sleep of the patient.

The frequency and amount of treatment should also be recorded.

9.14.6. Information obtained from the website of EOB - Escola d'Osteopatia de Barcelona, Barcelona, Spain

The website does not offer a lot of information. What is shown is that they offer a master program in osteopathy.

9.15. Interview with FBEO - Formación Belga-Española de Osteopatía, Madrid, Spain

The school is experiencing a transition period where the entire system of the school is shaken. The role and title of a teacher is changing. We had contact with the former Academic coordinator. Her role would probably change in the future.

Sandra Lois Gutiérrez - Academic coordinator

9.15.1. Highlights of the curriculum

The Formación Belga-Española de Osteopatía counts about 130 students and has only a part time course. Most of the students already have a medical background as they are doctors or physiotherapists.

The curriculum is divided in 3 areas: visceral, craniosacral and musculoskeletal. Transversal lectures are also given with lessons of integration per area and finally osteopathic integration.

The clinic starts in the 1st year as an observer student.

The clinic has different phases:

- 4x per year: revision of the technics on patients or on other students for the different years
- 10 patients per year are clinical case study, a report should be written for each consultation and a follow up of 3 treatments should be done, a tutor is responsible for reading the case
- 2 days per year are case day with a big call up for patients, groups of 5 students are working together with 1 student osteopath of year 4 of 5, student observers and a clinical tutor. The student osteopath treats 2 patients a day and should present an explanation of the cases.

9.15.2. Course of a consultation in the clinic

The consultation starts with the anamnesis. Questions about the problem, the course, provocation, reduction, and medical history are asked. Complementary tests are also investigated (image, blood test...).

Then there is the physical examination from global to regional and local.

Putting all information together, the student proposes a treatment plan. Inhibition tests are performed to confirm.

The student needs to propose a follow up.

9.15.3. Notation system

Notes are taken on paper and the secretariat sorts out the file of the patients.

9.15.4. Finding patients as an osteopathy school

The school has a partnership with a foundation for people in disadvantaged social situations (Tomillo) and offers free consultation to members and workers for 1 year. Lot of family members of the students also come to school to be treated by a specific tutor.

9.15.5. Regarding IBS

The school doesn't have a noticeable amount of patients with specific diseases (IBS, migraine, PMS...). It is however noticeable that depending on the specialty of the teacher available on the day of clinic some patients with more specific problems do come.

9.16. Information obtained from the website of Skandinaviska Osteopathöskolan, Gothenburg, Sweden

9.16.1. Highlights of the curriculum (Osteopathöskolan, Program, 2022)

They offer a 4-year program consisting of physical school blocks each entailing 5 days of school, every 4 weeks.

9.16.2. Own description of what is osteopathy (Osteopathöskolan, Osteopathy, 2022)

“Osteopathy is a form of manual medicine, which means that the hands are used as the main tool for making a diagnosis and treating problems related to the body's musculoskeletal system. Osteopathy is licensed in a large proportion of European countries and, in terms of the number of therapists, is the world's largest profession in manual medicine.”

9.17. Information obtained from the website of ESO - European School of Osteopathy, Mainstone, United Kingdom

9.17.1. Highlights of the curriculum (ESO, 2022)

The ESO offers a master of osteopathy in a 4-year undergraduate degree programme (M.Ost) and a full-time BSc (Hons) with blended learning (online and in person lectures) to allow flexibility.

The school teaches different approaches, including visceral and cranial techniques, enabling students to treat a wide variety of patients and presentations. Electives and specialisms could also be chosen by the student like Women's Health, Care of the Older Adult, Pain Management or Introduction to Osteopathic Sports Care.

The M.Ost offers flexibility of where to study; students are given the opportunity to change location between Kent and London - for example, they can choose to spend two years studying osteopathy in Kent followed by a year in London, before returning to Kent to complete their final year. This choice and flexibility enables ESO students to meet a diverse patient population, provides opportunities to specialise in areas such as sports osteopathy, women's health, care of the older adult and provides valuable learning experiences.

9.17.2. About the clinic (ESO, Clinical Osteopath Training, 2022)

“Over 1,000 hours of clinical training within an established teaching clinic, where students have hands-on exposure to specialist clinics that may include sports, headache, women's health and mother and baby care. The ESO Clinic is Kent's largest osteopathic clinic – student practitioners provide around 19,000 consultations to the local community each year under the supervision of experienced practising osteopaths.”

9.18. Interview with Hrvatska Akademija Osteopatije (Croatian Academy of Osteopathy), Velika Gorica, Croatia

Velda Lulic – Co-founder, principal and main teacher of the school

9.18.1. Osteopathy within the country

Osteopathy is recognised as a profession in the country but there is no regulation of the study. A non-official association has been developed to give a structure and a supervision of the profession. Inside of the school, students have to sign a type of code of conduct.

It is in this context that the school developed and asked to join the OsEAN group, to be part of a network, and get help and advice from bigger/ older schools.

9.18.2. Highlights of the curriculum

The school was created in 2001 in a country with really few inhabitants and a lot of socio-economic divisions. The course has 45 to 50 students. It is a part time study which works with modules in a nonlinear way. Every few months, 4 times per year takes place at a 5-day workshop place. Once the student has completed all the musculo-skeletal lessons, a group is formed to proceed in the visceral course. The last group is doing research for the writing of the final thesis.

During the year, extra weekends are planned for extra lessons – support courses. The majority of the students are already working as physiotherapists.

Velda Lulic is the main teacher and works with people she formed to help give lessons in extra fields. Other teachers were for instance a physiotherapist specialised in paediatrics and gave thus the specific approach and red flags for babies staying in the holistic approach of osteopathy; one was a cardiologist, another internist, nor another dentist or even a statistician. As they follow the teaching of osteopathy, they can now teach with the holistic approach in a field that they mastered, giving another insight of the subject.

The vision of osteopathy is strongly attached to the philosophy of Still and Sutherland. It is talked over dialogue with the tissue, autoregulation and support of the self-regulation ability of the body. The layer where the work should be performed can be reached through exercising and knowledge of the theory – anatomy, physiology, physiopathology... to define whereas the patient needs a musculoskeletal approach, fluidic, electromagnetic... Palpation is key.

Outside of the course, there is no clinic phase. Students are highly encouraged to work with osteopaths for revision.

The way the school works is more decided out pragmatism than a wish.

9.18.3. Functioning of a consultation in the course

A workshop starts with a general introduction to osteopathy and some palpation. The student is aware that the lessons are given in blocks of regions of the body but that they are part of a whole. 25 to 30% of the course is theory and treats anatomy, physiology, biomechanics, etc... Lessons are given over the visual observation of a patient, active movement, passive range of motion, and specific osteopathic tests. Then treatments techniques are taught with special attention to red flags and integration as a whole body.

In groups, students have to perform anamnesis to find the red flags and recognise symptoms / description of pain that leads to a specific region.

The accent is put to deliver safe and competent osteopaths with a high sense of ethics.

Every lesson is filmed. This is for security reasons and to be sure that later students can't say "I wasn't told that...".

Sometimes a patient can be the subject of a case study where the group reasons under supervision.

9.18.4. Regarding IBS and scientific studies

We asked about the dilemma of making osteopathy a recognised profession or staying on its own way of working.

In the example of the UK where a lot of rules have been made to engulf the osteopathy as part of the medical package, we can see that it lost a bit its essence. The osteopathy vision and philosophy is something that can't enter in a mould and thus is difficult to combine with science in the pure word. Osteopathy should be combined with science but not try to enter its format.

The main problem of studies on osteopathy is that when a conclusion is made about a technique it should not be taken as a rule that everybody should follow when in this particular situation.

Maybe there is a need for developing specific protocols for osteopathy research: we treat in a global way, the research should reflect what we do and be also done in a global way.

Regarding the IBS collection of data, advice was given about the necessity to blind the study: not everybody should have access to the data collected so far.

Focus should also be put on the school rather than independent osteopaths because of the regulation and structure that being a student implies, the data have more chance to be complete.

9.19. Interview with ICOMM - International College of Osteopathic Manual Medicine, Roma, Italy

Adrianus de Koning – Director

9.19.1. Special partnership of the school

ICOMM has a partnership with the University of UNICAMILLUS dedicated to medical-health subjects (Faculty of Medicine and Surgery, Dentistry, Obstetrics, Nursing Sciences, Physiotherapy, Biomedical Laboratory Techniques, Medical Radiology Techniques for Imaging and Radiotherapy). The partnership project was created to provide ICOMM learners and graduates with new and high-quality university opportunities, as well as specific agreements on the University's training proposal. Possible didactic activities for the present and for the desirable future Degree Course in Osteopathy is in project.

The San Giovanni Calibita Hospital, Fatebenefratelli in Rome works also in close hand with ICOMM: the Arrhythmology Service has for undertaken the activity of treating arrhythmias without resorting to the use of drugs with the Visceral Osteopathy method - abdominal manual therapy.

Mr de Koning told use that they were currently busy conducting a research on the impact of osteopathy on atrial fibrillation.

9.19.2. Highlights of the curriculum

ICOMM offers both a part-time (T2) and full-time (T1) 'training program'.

The school has adopted the guidelines established by the WHO 2010 and by the CEN 16686 standard for quality of teaching. The curriculum contains 3 major subjects: Osteo-Articular System - Viscero-Fascial System - Cranial Osteopathy taught from year one as integration in the osteopathic vision.

In second year start the observation internships. In 3rd and 4th year, the students are allowed to do the anamnesis and to perform the physical examination. This one englobes 12 to 14 techniques that allow the students to pragmatically do a full examination of the patient without missing any part of the body.

In the last year of the study, the 5th grade students are also treating the patients.

9.19.3. Course of a consultation in the clinic

The students can do internships with osteopaths who finished their study at the school and who are working in the building. Students can also treat patients in the clinic of the school and can take all the time he needs for the treatment. There is no tutor but the student can always ask for help as graduated osteopaths are in the building. The clinic proposes special pricing for patients.

9.19.4. Regarding special diseases

It can be that patients with IBS come to the school for treatment of the syndrome. The director warned us about paying extra attention to the criteria for including patients in the study. Indeed, IBS can have multiple origins and the diagnosis is not yet 100% certain. The risk is to treat patients who have the sticker IBS from mainstream healthcare but do not really have IBS (but another bowel chronic disease for instance). This could false the study. We thus have to be careful with the inclusion criteria.

9.19.5. Essential skills of an osteopath (ICOMM, 2022)

A solid base of knowledge in osteopathic philosophy is needed. Clinical skills are necessary to diagnose and act where needed. Be able to form an adequate differential diagnosis and draw up a suitable treatment plan. Have extensive knowledge of the body's biomechanics and of the biochemical, cellular and anatomical response.

9.20. Information obtained from the website of Akademia Osteopatii, Poznań, Poland

9.20.1. Highlights of the curriculum (Osteopatii, Curriculum, 2022)

The Akademia Osteopatii offers a 4,5year study course consisting of approximately 2000 study hours, with seminars taking place during the weekend (Friday-Sunday).

9.20.2. Own description of what is osteopathy (Osteopatii, Osteopathic medicine, 2022)

“Osteopathy is a field of diagnosis and treatment with over a hundred years of tradition. Its main premise is to treat the human body as an integral whole in which related processes occur. According to this principle, osteopathic examination cannot focus solely on one selected part of the body, and its task is primarily to find the primary dysfunction of the body, which may seem to be unrelated at first sight. Osteopathy as a field using clinical diagnostic methods is not an alternative to academic medicine, but it is a perfect complement. Osteopathy has the following premises:

- The body is one
- Body structure and processes occurring in it are interrelated
- The body has the ability to self-regulate, self-heal and maintain balance (homeostasis). Osteopathy believes in the body’s natural forces, which when properly stimulated can overcome the disease.”

9.21. Information obtained from the website of ‘Instituto Docusse de Osteopatia e Terapia Manual’, Pres. Prudent, Brazil

9.21.1. Highlights of the curriculum (IDOT, 2022)

They offer multiple short courses, these are divided in introductory, complementary, advanced and international.

9.21.2. Own description of what is osteopathy

“Osteopathy is an autonomous primary health care system, which is based on differential diagnosis, as well as on the treatment of various dysfunctions and health prevention, without the aid of drugs or surgery. Osteopathy emphasizes its patient-centered action, rather than the conventional disease-centered system. The

Osteopath profession is a distinct health profession with a higher academic background and specific clinical training. Osteopathy uses several manual therapeutic techniques, including the manipulation of the musculoskeletal system (bones, muscles and joints) to help in the treatment of diseases.”