



**SUBMISSION TO THE PRODUCTIVITY COMMISSION**

**IN RELATION TO ITS ENQUIRY ABOUT**

**AGED CARE IN AUSTRALIA**

**BY THE**

**AUSTRALIAN OSTEOPATHIC ASSOCIATION**

**JULY 2010**



## **INTRODUCTION**

This submission is made by the Australian Osteopathic Association (AOA). The AOA represents the interests of Australian osteopaths, practising in various parts of Australia.

We make this submission because we believe that our profession can make a significant contribution to the treatment and care of older people. We believe we can do so in ways that will keep many older people healthier and more contented, and so enhance their quality of life.

## **THE AUSTRALIAN OSTEOPATHIC PROFESSION**

AOA has about 1500 members, practising in all States. The profession is one of those included in the National Registration Scheme.

To practice osteopathy under the Scheme, osteopaths must meet high clinical and ethical standards. They must complete five years training, leading to a Masters degree.

Osteopathic treatment basically involves musculoskeletal manipulation, to treat "the whole person" for a variety of conditions.

Most of our patients come to us "off the street", that is, unreferral by some other health professional. Thus osteopaths are at the vanguard of primary health care. It is therefore essential that our people can recognise and deal with conditions which are suited to osteopathic treatment and those which require other professional attention. The latter group will need to be referred expeditiously to a medical practitioner and our people do this as and when needed.

Australian osteopaths provide their services to the public through a private practice model. They are SME enterprises. Unlike many health professionals, osteopaths

rarely if ever practise in public hospitals. Their practices receive none of the subsidies and incentive payments available to medical practitioners.

Moreover, very few osteopathic treatments can attract Medicare benefits. Even people with private health insurance receive only limited benefits. We estimate that, of about \$200m received in fees annually, no more than about \$25m is recouped from the sources mentioned above.

There are two consequences of this situation.

The first is that the market for osteopathic services is working. Our members report full to overflowing waiting rooms and a great deal of repeat business.

But the second is that people in less advantageous socio-economic circumstances find it prohibitively hard to access osteopathic services. That includes many older and elderly people. We know – and will show below – that these people could find much to improve their health and well-being. They are likely to do so in ways which will be less intrusive and distressing than other modes of treatment, which, however, Medicare makes must more accessible.

## **OSTEOPATHIC TREATMENT OF OLDER AUSTRALIANS**

The following is a brief account of the ways older people can benefit from access to osteopathic care.

### **Osteopathy in Aged Care**

Osteopathy is a form of manual medicine which recognises the important link between the structure of the body and the way it functions. Osteopaths focus on how the skeleton, joints, muscles, nerves, circulation, connective tissue and internal organs function as a holistic unit. Over a five-year course, osteopaths are trained to assess the underlying causes of joint, muscle and nerve disorders, educate patients

about managing their condition, and advise ways to prevent or mitigate pain and injury. Often, a personal exercise program may be prescribed. Osteopathic treatment uses techniques such as stretching and massage for general treatment of the soft tissues (muscles, tendons and ligaments) along with adjustments of specific joints and soft tissues.

In Australia, osteopaths are government registered practitioners and complete a minimum of five years university, which covers anatomy, physiology, pathology, general medical diagnosis and osteopathic techniques. Osteopaths are primary healthcare practitioners and are trained to recognise conditions which require medical referral. They are also trained to carry out standard medical examinations of the cardiovascular, respiratory and nervous systems.

#### **Maintaining Mobility and Physical Activity to reduce Chronic Conditions**

In the elderly, on average, one or two chronic conditions will be emerging, such as osteoarthritis, high blood pressure, low back pain, foot deformities, or relatively low-level impairments of vision or hearing. Osteopathy can play a major role in health promotion and teaching people how to manage these emerging chronic conditions to minimise the impact of impairments on the ability to maintain flexibility, exercise and participate in physical activities.

Most people in their seventies will experience around 2–3 impairments, such as musculoskeletal pain, stiffness, reduced aerobic capacity, reduced muscle strength, or diminished lung capacity. The extent to which these arise from reduced levels of physical activity and a sedentary lifestyle compared to diseases is different for each individual. As pathologies such as Parkinson's disease, stroke, arthritis, fractures, acute myocardial infarct, and cancer are more prevalent around this time of life, osteopaths carefully evaluate the underlying factors contributing to the person's activity limitations and participation restrictions. When reduced levels of exercise and physical activity are the primary contributor to disability, the osteopath has the knowledge required to educate the person about how to change this. The osteopath

can also devise manual therapy programs, along with physical activity programs, (including targeted exercises), to increase the amount and scope of physical activity.

Osteopaths understand that, as people age, the body loses elasticity — increasing the chance of injuring the soft tissues and bony structures. The body also loses some of its ability to recover from injuries; strains or surgery. The effects of ageing on the body can cause symptoms such as:

- poor balance
- general stiffness
- back, neck and arm pain
- hip and knee pain and stiffness
- arthritis and joint swelling
- high blood pressure.

Osteopathic treatment can go a long way towards relieving these distressing conditions. If surgery is also required, the post operative recovery period can be prolonged and painful. Osteopathy can be extremely helpful during the recuperation period. Osteopathy's safe, gentle and effective techniques aim to maintain a person's health, increase mobility, improve balance, prevent further joint wear and tear, and help keep people active and independent.

Osteopaths can offer treatment and advice to help harness the body's natural healing systems—improving mobility, circulation and balance, reducing joint stiffness and helping people to lead a more fulfilling life.

Osteopaths can provide:

- safe, gentle and effective treatment to keep your body balanced and mobile
- home exercises to keep you more flexible, to help you retrain your posture, strengthen your muscles, and improve overall fitness
- advice on nutrition
- guidance about outdoor exercising, such as a daily walk to keep your circulation healthy and maintain muscle tone

- advice about gentle stretches to help maintain joint and muscle flexibility and assist in preventing injuries
- information and referral to other therapies or health practitioners

### **Prevention of Falls**

One in three people aged 65 and over fall at least once each year. An assessment from an osteopath can predict how likely it is that an individual will fall. A history of falls, balance and mobility problems, and use of certain medications, have all been associated with an increased risk of falls. Studies have found that falls can be prevented by strategies that include a mix of exercise, medication reviews, and environmental modification. Many studies have also found that a well-designed longer term exercise program, carried out a few times a week can prevent falls. A home program of balance and strength exercise has also been shown to prevent falls and could be designed, along with manual therapy by your osteopath. An osteopath will also work with other health professionals such as Occupational Therapists, to ensure homes are accessed as safe.

### **Osteoarthritis or Sore Joints**

Osteoarthritis is a significant health problem among older Australians. In fact, by the age of 65 years, one-third of women and one-fifth of men report having osteoarthritis. The biggest risk factors for developing painful hips or knees are ageing, being overweight, or having had a major injury to these joints in the past. Therefore, the number of people affected by osteoarthritis will increase dramatically in years, due to the ageing population, the increasing number of overweight people, and the increasing occurrence of serious sports-related knee injuries which have required hospitalisation. While there is no cure for osteoarthritis, there is much an osteopath can do to assist in aged care to reduce the risk of developing this disabling condition, or to manage the pain and stiffness effectively if osteoarthritic changes are already present in joints.

There is very strong scientific evidence that maintaining a normal body weight and good muscle strength around the hips and knees will significantly reduce the risk of

developing osteoarthritis in later years. For the hips and knees, having strong lower limb muscles and maintaining a normal body weight will reduce the risk of experiencing joint pain in the presence of osteoarthritis.

Unfortunately a large proportion of older people with osteoarthritis of the hips or knees become very sedentary as they believe that exercise is increasing their joint pain. An osteopath can help grade an exercise program, treating muscular or joint pain. Muscle strength can then build up without increasing ongoing joint pain. With increased muscular protection of the hips and knees, many physical activities previously enjoyed may again become possible. With the assistance of an osteopath, keeping the aged physically active will reduce the risk of various serious chronic illnesses associated with a sedentary lifestyle such as high blood pressure and diabetes.

## **PROFESSIONAL COLLABORATION**

AOA does not suggest that osteopathy stands alone in being of help and support for older people. We believe, in fact, that all health professions have a part to play. In particular, osteopaths strive to cooperate fully and professionally with medical practitioners. Clearly, there are people who present initially to an osteopathic clinic who need on-referral. Our people are well placed to make such a judgement.

Equally, though, as shown above, osteopathic treatment can help people live better as they age, in ways that other practitioners have not been trained.

We therefore believe that it is very much in the interests of older people that the Medicare option is made much more generous. We also submit that access to it for older Australians should not be dependent on reference by a medical practitioner. The vast majority of people seeking osteopathic treatment come to our clinics unreferral. They should not be denied access to Medicare benefits merely because they did not first consult a medical practitioner.

## **CONCLUSIONS**

AOA has made this submission in the belief that the future of aged care is not about simply building more nursing homes. Rather, people, as they age, deserve the opportunity not to access an aged care facility, or to delay that access.

Such an approach is in old peoples' interest, because they can have a better life for longer. It is also in the public interest, because expensive outlays of public funds can be reduced or delayed.

We ask the Commission so to find.