

International Cranial Association Conference 2011
The Rocky Road to Research
The Development of the Sutherland Cranial College Research Project
Caroline Tosh 4.6.2011

At the G.Os.C. Conference on Research 2008, we were introduced to the concept of the hierarchy of evidence. Osteopathy, especially cranial osteopathy is rich in the base level of the “pyramid”. We have a wealth of writings, books and articles about the work. There is much less information on case studies, randomised controlled trials and filtered information available.

The research sub-committee faced the challenge of developing a project that was of real use to the cranial osteopathic community whilst making best use of resources.

Hierarchy of Evidence Pyramid

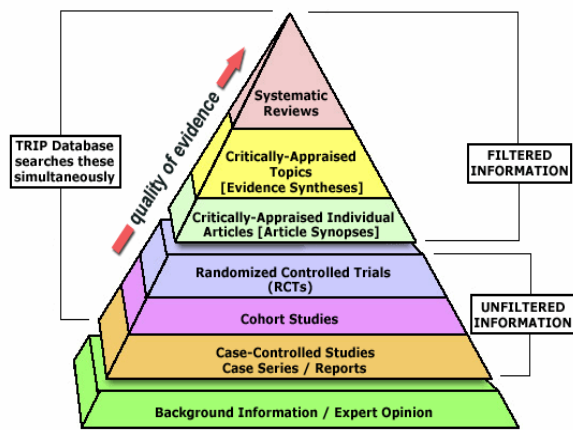


Diagram from Trip Database

1. Learning points in Planning a Project;

At the G.Os.C. 2008 Conference research day we met with Professor Raymond Lee and this led to a series of meetings, initially with a view to developing a project in biomechanics and cranial osteopathy. Eventually it became apparent this was not an avenue that could be pursued for a number of reasons at that time. However we came to understand some key issues in developing a research project.

Significantly:

- a) Accounts of research, articles and studies must be published in peer-reviewed journals and therefore accessible to literature searching, in order to be taken into account for the world of science.
- b) **If it isn't published in a peer-reviewed journal it doesn't count.**
- c) Well conducted research projects need many skills, and is best done by expert researchers. Such expertise deserves a professional level of remuneration.
- d) Experienced clinicians can contribute by advising on clinical practice in collaboration with expert researchers.

This set the scene for our understanding of what we needed from a project.

2. The possibility of a full-scale randomised controlled trial based on a successful pilot study on infantile colic by Clive Hayden, and managed in conjunction with the University of Bedford was explored. This was too costly and might not provide enough benefit to justify expense at the present time. A project must be both cost effective and

manageable. There is a need for more basic information toward developing further research.

3. The National Council for Osteopathic Research (NCOR) at the University of Brighton developed a standardised data collection tool in 2009. This gathered information on many aspects of osteopathic practice, including who consults osteopaths, the patient demograph, the presenting problems and the treatment provided, management strategies and outcomes. (2) Data from 394 osteopathic clinicians provided 1630 completed questionnaires.

Included in this, significantly, in the description of treatment approaches used, 25.8% of patients received cranial osteopathic treatment at the first appointment. Whether this was the sole form of treatment or applied conjunction with other approaches is not known. This led to a decision to compare the information from the 2009 data collection from the national survey with that of the members of the Sutherland Cranial College. This would provide a comparison with the patient demographic, presenting symptoms and management with a group of trained cranial clinicians, and the wider practitioner base.

The Sutherland Cranial College project is a collaborative process with CAM Associates of Sheffield University a highly experienced team of professional researchers and the members of the College research sub-committee.

On the advice of CAM Associates instead of using the full-length data collection tool of forty questions for the practitioner, a shorter form of twenty questions (currently in the process of validation) and four extra questions about cranial osteopathy could be used. This will be less time consuming for the clinicians therefore more manageable and encourage participation.

The four extra questions have been developed by a panel of clinicians of varying levels of experience aiming at producing questions which have validity for practitioners at all levels of practice. Where appropriate, a narrative form of response is included to capture the diversity of osteopathic practice. We anticipate gathering 4-500 questionnaires from 60-70 College members and Pathway participants and having more background information on the current practice of Cranial Osteopathy. It is planned to gather questionnaires for three months from September 2011 onwards. The CAM team will analyse the data and provide a final report. It is fully anticipated that the results will be published in a peer-reviewed journal.

Please watch for and read our report!

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References:

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(2) Carol Fawkes, Janine Leach, Shirley Mathias, Ann P. Moore. Standardised data collection within osteopathic practice in the UK: development and first use of a tool to profile osteopathic care in 2009. National Council for Osteopathic Research <http://www.ncor.org.uk> Clinical Research Centre for Health professions, University of Brighton

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