



University of Brighton

**The OPEn project investigating patients’
expectations of osteopathic care**

REPORT FOR OSTEOPATHS AND THE PUBLIC

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Study web site: <http://www.patientexpectationstudy.org.uk/>

Other reports on this study are available from the [GOsC web site](#). Titles are:

- **The OPEn project investigating patients' expectations of osteopathic care: Full Research Report**
- **The OPEn project investigating patients' expectations of osteopathic care: Summary Report**
- **The OPEn project investigating patients' expectations of osteopathic care: Supplement for NHS participants**

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Introduction

The main aim of this study was to gain an understanding of the expectations of patients receiving osteopathic care, and to quantify the extent to which their expectations were being met.

The General Osteopathic Council (GOsC) commissioned this research as part of a wider programme of work to enhance knowledge of the attitudes, needs and concerns of the public and patients who seek the care of osteopaths. The GOsC envisages that the findings of the study will inform GOsC policy development and the provision of information to patients and the public, and guidance to osteopaths.

The research team tendered competitively and won the commission to conduct the research. The GOsC appointed a steering group to oversee the progress of the study. To enhance involvement and information access for patients and osteopaths, a web site for the study was set up and details were posted on it throughout the course of the study.

The study design comprised three complementary phases to gain knowledge about the expectations of osteopathic patients, using mixed methodologies. Underpinning the whole of the study was a literature review, conducted to establish what was already known about patients' expectations within osteopathy and related areas of health care. Secondly, focus group discussions and individual interviews with osteopathic patients aimed to gain understanding of patients' expectations of osteopathy. Thirdly, a questionnaire survey of osteopathic patients in the UK aimed to identify their most important expectations and the extent to which their expectations were unmet.

Existing evidence about patients' expectations of osteopathic care

A comprehensive literature review was conducted to establish what was already known about patients' expectations within osteopathy and related areas of health care. Over 1,000 relevant scientific papers were reviewed. These provided evidence about how patients perceive their healthcare and identified the factors that influence their expectations.

Only ten osteopathic studies were located. These were partially relevant; they mostly studied small numbers of patients and were not peer-reviewed, so could only suggest which aspects of osteopathic care might be important. This study was therefore the first to directly study the expectations of osteopathic patients.

The review was widened to search for stronger evidence from healthcare in general. The majority of papers came from a range of primary and secondary care settings in the UK and overseas and provided stronger evidence of aspects of expectation that are common throughout healthcare settings, and which are likely to apply to osteopathy.

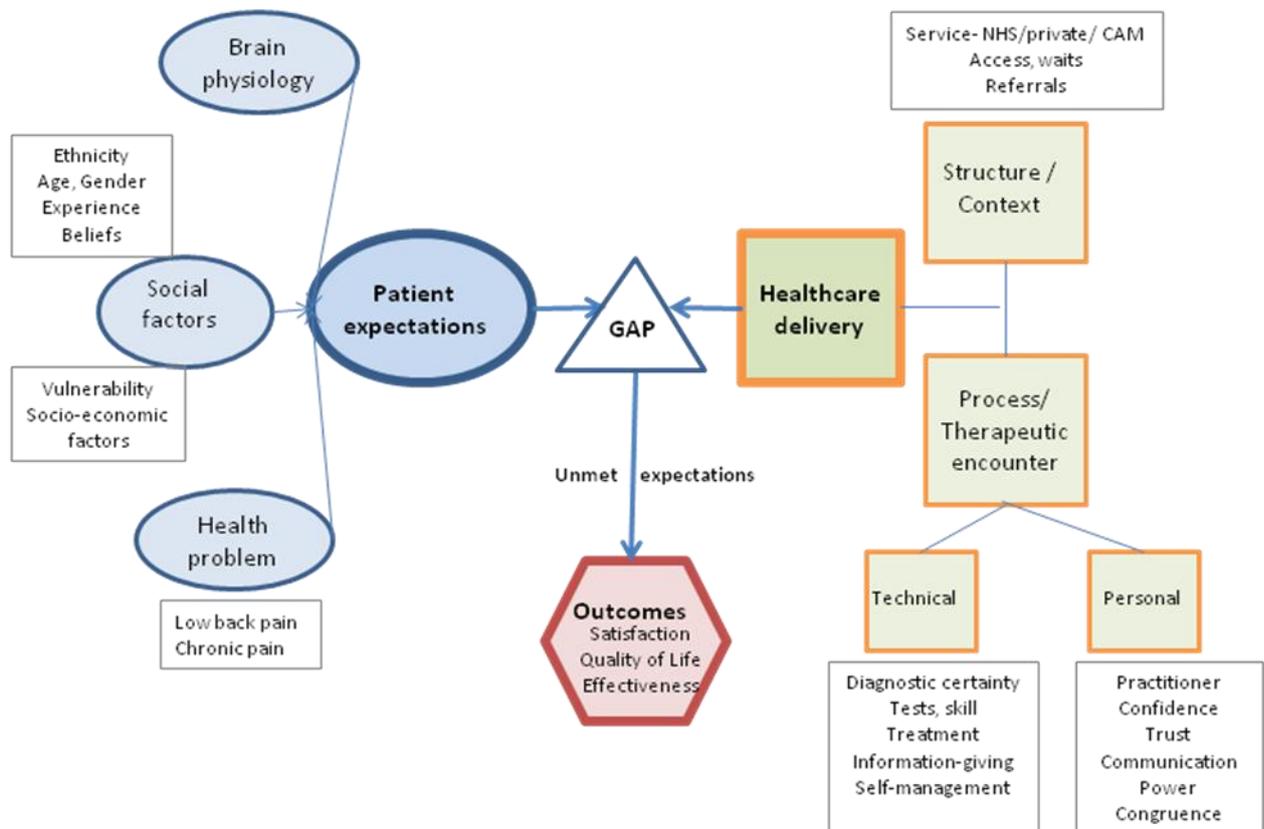
Patients' expectations of healthcare differ widely, depending for example on culture, beliefs, and socio-demographic factors such as age, education and income, and vulnerability due to disability or incapacity. The distinctive characteristics of osteopathic patients appeared to be that their health condition was most often a musculoskeletal problem, and often chronic; they were less worried about side effects of allopathic medicines than the generality of patients seeking complementary medical treatment; and as private patients they may bench-mark the quality of the service against NHS and other services they have experienced.

Patients' perceptions of the healthcare that they receive are influenced by the way the service is organised, by the quality of the personal consultation (therapeutic relationship) with the practitioner, and by the technical quality of the delivery of care. The service aspects include whether it is private or NHS funded, waiting times for appointments, ease of access, continuity of care, efficiency of referral, privacy and chaperones.

The aspects of the therapeutic relationship include respect, trust, communication and empathy, confidence, congruence of understanding, patient involvement, and shared decision-making tailored to the individual. The delivery of care covers technical skill in information-giving, diagnosis and treatment, effective manual treatment and positive outcomes such as reduction of pain, or improved quality of life and outcomes.

The theoretical models of expectations about healthcare refer to the “gap” between patients’ expectations of a service and the service they perceive to be given (see Figure 1). The unmet expectations in this gap have a direct influence on outcomes such as satisfaction and effectiveness of treatment, and are therefore very relevant to practice.

Figure 1. The factors that shape patients’ expectations of healthcare



The small osteopathic studies were entirely consistent with the model derived from healthcare in general, and suggested that a few additional features may be important: a desire for a “healing” environment and for the practitioner to offer hope to the patient; patients may also expect osteopaths to specifically deliver care that achieves physical realignment of the spine, to deliver advice and prescription of exercise, and to use a holistic approach.

The full findings of the literature review represent a novel overview of patients’ expectations within healthcare and will be published as a scientific paper in the near future.

Focus groups and individual interviews with osteopathic patients

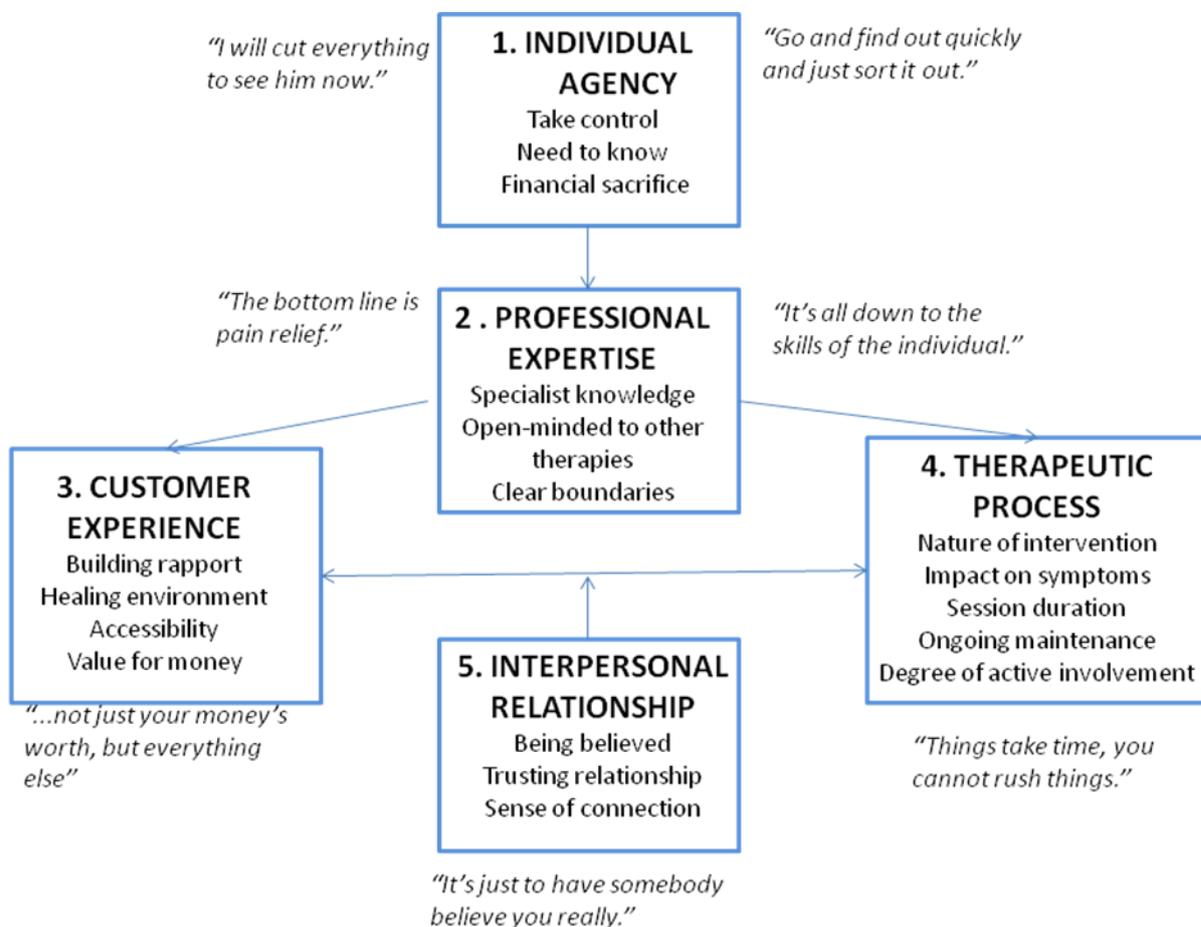
In order to find out more about the expectations of patients seeking osteopathic care, in-depth focus groups and individual interviews were conducted with osteopathic patients.

The sample of patients was deliberately diverse with respect to factors that might influence their expectation such as age, gender, ethnicity, socio-economic background and health condition. Six focus groups were held initially, with patients drawn from different types of private practice across the UK. The sample of patients was expanded in order to explore and understand the issues that had emerged, continuing until no further new issues arose. The final sample size in this qualitative study was 45 patients, drawn from 12 private osteopathic practices, 2 osteopathic training clinics and 2 NHS osteopathic services in 11 locations across England, Wales, Scotland and Northern Ireland. The patient interviews provided rich, in-depth data from over 20 hours of discussion, which were transcribed verbatim and analysed thematically to create a model specifically of the expectations of a diverse range of osteopathic patients.

The data suggested that the expectations of patients seeking osteopathic care had five distinct components (see Figure 2). Firstly, the patient was motivated to take steps to gain control over their symptoms, and secondly they needed to find a suitable osteopath. These two components were detailed as:

- (1) **Individual Agency** represented the patient's initial decision to take control of their own condition; they wanted the practitioner to support them in making an informed choice about their treatment/management and to help them to understand their problem, manage it and prevent further problems; the private patients had made the decision to pay for care even if financial sacrifice might be involved;
- (2) **Professional Expertise** represented the patient's desire to access an osteopath with specialist knowledge of their problem and of the treatment options open to them; they expected the osteopath to maintain clear professional-patient boundaries; and they expected the osteopath to have a wide knowledge of treatment options and routes of referral.

Figure 2. The components of patients' expectations of osteopathic care



The other three components related to the patients' expectations about the delivery of care: their experience as a customer/ client, the process of treatment, and the therapeutic relationship, as detailed below.

(3) **Customer experience** reflected expectations of customer care appropriate to the commercial or NHS nature of the practice: a pleasant environment, appropriate and patient-centred attitudes of staff, flexible appointment times and value for money; there was also the expectation of staff enabling rapport to be built and of a "healing" therapeutic environment within the practice engendering hope, peace, calm and relaxation;

- (4) **Therapeutic process** reflected the technical aspects of delivery of osteopathic care: there was expectation that the consultation would allow sufficient time for manual treatment; demonstrate specialist manual and information-giving skills; that treatment would impact on symptoms; offer on-going care if required; and some patients wished to be involved in their own care, in decision-making about treatment and undertaking self-management;
- (5) **Interpersonal relationship** was emphasised by osteopathic patients; they stressed the importance of being believed that their symptoms were real; there was a desire to develop a trusting relationship with their osteopath, with respect for confidentiality, safety and efficacy; and a sense of longer-term connection with their osteopath.

Some unmet expectations were raised: some patients suggested that they received insufficient preparation for the (forceful) nature of the intervention so that the experience of osteopathic “crunching”, and the level of side-effects after treatment, came as a surprise. Some were unhappy about having to undress, or had not realised that it would be required. There was a discussion of confidentiality comparing GPs’ and osteopaths’ receptionists, with an implication that this was an area of concern for patients. Some participants described previous experiences that had not met their expectations in terms of the environment or the relationship/ boundaries. However, these individual anecdotes represent suggestions only, in part consistent with published evidence, which require confirmation in a larger population.

The results of this qualitative part of the study provided new understanding of how patients frame or think about their osteopathic care. The model requires further testing, validating and refining in other samples of osteopathic patients.

Development of a questionnaire on the aspects of osteopathic care about which patients have expectations

A standard questionnaire to measure expectations did not exist prior to this project; therefore an osteopathy-specific questionnaire was developed. Many aspects of patients' expectations about their care had been identified in the focus groups, interviews and the literature review. All these aspects/topics became candidate questions for inclusion in the questionnaire. The questionnaire was rigorously designed and tested, piloted with volunteers and then with osteopathic patients in volunteer practices, and then refined. The final version comprised mostly structured questions for ease of response and reliability.

To evaluate their expectations, patients were asked to indicate how much they agreed or disagreed with 51 statements about different aspects of expectation. To evaluate the extent to which their expectations were met or unmet for the same 51 aspects of expectation, they were then asked to indicate whether or not it “actually happened” when they saw the osteopath. A few final questions allowed patients to add in their own words, any issues they felt were not covered by the questionnaire. The final version of the osteopathy-specific questionnaire about expectations is available on the [GOsC website](#).

Quantifying the extent to which the expectations of private osteopathic patients are met or unmet

A national patient survey was conducted to evaluate the relative importance of the 51 aspects of expectation of osteopathic care, and the degree to which those expectations were met.

The survey covered a large, representative sample of osteopathic patients attending private osteopathic practices in the UK in 2010. NHS practices were excluded as there are very few such practices, and their inclusion could have introduced undesirable statistical heterogeneity, making the results less robust.

In order to recruit the patients, a random sample of 800 osteopaths was created from the UK Statutory Register of Osteopaths (2009). A total of 11,200 questionnaires were sent out, each of the 800 osteopaths being asked to recruit 14 consecutive adult patients. The rate of participation of the osteopaths was 32.4%. A total of 1,701 completed questionnaires were returned to the researchers, an overall response rate of 15.2%. Of the 1,701 questionnaires received, 1678 sets of data were included in the analysis.

The analysis showed that 18% of respondents were new to osteopathy, and the other 82% were returning patients. Their responses were remarkably similar. The patients that responded were rather homogeneous: they tended to be well educated, white Caucasian and employed or retired. Homogeneity increases the robustness of the findings, but limits their generalisability to populations with different ethnicity or socially less advantaged groups.

Patient satisfaction

The level of patient satisfaction was very high, with over 96% of the patients satisfied or very satisfied with their osteopathic care, and only 0.3% unsatisfied.

Expectation and delivery of osteopathic care

For each of the 51 aspects of care, the level of expectation was measured – the proportion of patients with positive expectations ranged from 99.8% (for expecting to be able to ask questions) to 7.4% (expecting to receive ultrasound). In fact the majority of patients agreed

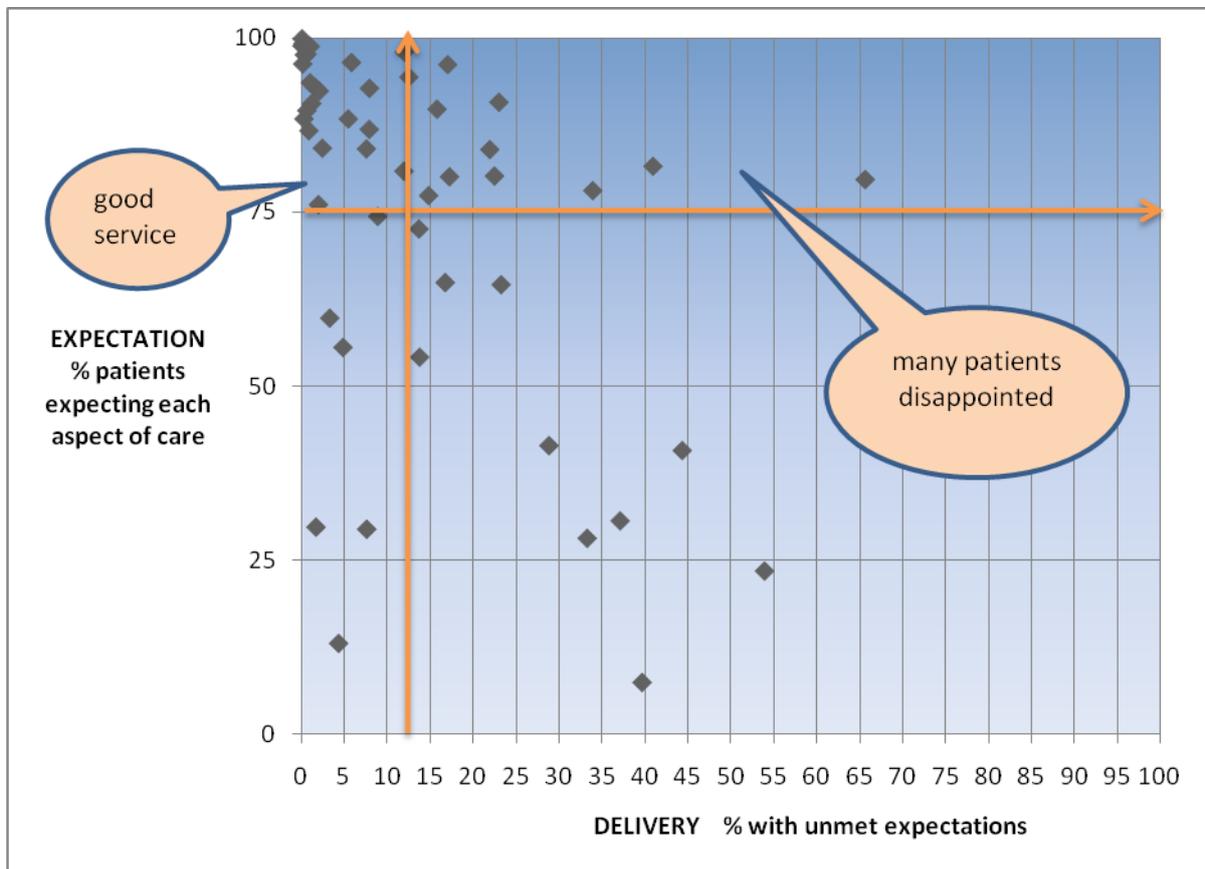
that they expected most (82%) of the 51 aspects of care. This is shown graphically in Figure 3, where each diamond represents one aspect of care: almost all the diamonds are in the upper half of the graph, where more than 50% of patients have positive expectations.

The perceived delivery of care was also measured in the survey: the proportion of patients with unmet expectations ranged from 70.8% (for being made aware that there was a complaints procedure should they need to use it) to 0% (for being able to ask questions).

Figure 3 shows “delivery” on the horizontal scale and good delivery corresponds to a low proportion with unmet positive expectations. Most aspects of care had good delivery.

The overall message from Figure 3 was that osteopathic care was delivering a good service with few unmet expectations. However there were 11 aspects of care causing disappointment to substantial numbers of patients. The next section of the report explores these in detail, together with the results for all the aspects of care.

Figure 3. Expectation against perceived delivery for each aspect of care



Financial sacrifice

One question in the questionnaire needed to be interpreted differently, as it was not an indicator of quality of care: patients were asked whether they were prepared to forgo some luxuries in order to have osteopathic treatment. Eighty one per cent of patients were in positive agreement with this statement and of these a surprisingly high number, 41%, did indeed feel they had forgone some luxuries in order to have osteopathic treatment.

This result suggested that osteopathic treatment was valued highly by patients.

Aspects of care that patients did not expect

There a few expectation statements that most patients disagreed with. If the following are offered within an osteopathic service, then patients may need to be informed pre-treatment, to avoid surprises. Most patients (more than 75%) did NOT expect:

1. To receive electrotherapy;
2. Treatment to be painless;
3. To be able to negotiate the cost of treatment.

There were some further aspects, listed below, which the majority of patients did not expect, some of which may seem surprising. These may need further research, particularly the issue of consent.

1. To be offered a chaperone;
2. Treatment to be gentle;
3. Treatment to be vigorous;
4. A choice of male or female osteopath;
5. To sign a consent form prior to treatment;
6. To be provided with a towel or gown when undressed.

The survey results represented the first research evidence about patients' expectations of osteopathic care, and how they perceived the delivery of care within private osteopathic practices in the UK. A summary overview of the results is presented in the next section. More detailed information about the results can be found in the full Final Research Report, which is available on the [GOsC web site](#).

Strengths and gaps in osteopathic service delivery

This section reports on the results for the fifty-one specific aspects of expectation within the questionnaire, and focuses on those aspects that were well or poorly met in relation to the patient-centred model of expectations of osteopathic care that was developed in the focus groups and interviews (i.e. the five component model of expectation shown in Figure 2).

Individual agency

Osteopaths provided good support to patients in terms of helping them take control through open discussion, explanation about the cause of their problem and a clear osteopathic diagnosis. Osteopaths were not meeting patients' expectations of advice on how to prevent the problem recurring; this was an important aspect of care expected by more than 90% patients. It was not clear whether patients expected the osteopath to discuss what the treatment might be able to achieve; an additional question may be valuable in future surveys.

Professional expertise

Osteopaths were meeting patients' expectations of provision of specialist knowledge; osteopathic clinics provided a professional, hygienic environment and evidence of the practitioner's qualifications. Osteopaths were not meeting patients' expectations about being open-minded to other therapies. The results suggested that osteopaths need to make more explicit to patients how and when they communicate with the appropriate wider network of health professionals in their area, including the patient's GP; and make it more explicit to patients that they conduct an effective process of triage at first appointment, with onward referral if required.

Customer experience

The organisation of the private osteopathic services emerged as a weak area. While the service was flexible, set in a pleasant environment and offered good value for money, there were a number of aspects of the service that did not meet expectations: provision of pre-treatment information, telephone advice, and disabled access. The provision of information about how to make a formal complaint was the worst met of all expectations within the study.

These results suggested a need to ensure that appropriate information is provided to patients, before, during and after their visit. Patients need to know what to expect in relation to the nature of treatment, reassurance about the level of pain or discomfort that might be experienced during treatment; the likely after-effects of treatment; and about how to complain if they are unsatisfied. They may benefit from some of this information being provided pre-attendance and reinforced during treatment.

The expectation that the osteopath should treat only one patient at a time was the highest of all patients' expectations and was unmet for 12% patients. This expectation may relate to value for money, where the patient is paying for the osteopath's time. Busy practices operating several patient rooms in parallel, and even answering the telephone during a treatment session, may contravene this expectation of personal care.

Therapeutic process

The patients' expectations about the process of care were all well met. The consultation with the osteopath met expectations of case-history taking, diagnosis, information and explanation, duration of the session and monitoring reactions to treatment. Patients considered that they had been involved in decisions about their care, and that they were given advice on how to manage symptoms at home. Osteopaths may need to consider giving home exercises more often, as delivery was only just acceptable. There also appeared to be mixed, possibly polarised, views on whether osteopathy would be or should be gentle or vigorous. Some additional questions may be valuable in future surveys to find out how much symptom improvement patients expect, and how quickly.

Interpersonal relationship

Osteopaths appear to be proficient at empathetic therapeutic relationships, which patients identified as highly important. Patients expected to be respected, listened to and believed and these expectations were well met by osteopaths. Similarly, continuity of care and a sympathetic caring manner were provided well. Two expectations related to trust within the therapeutic relationship were not well met: patients perceived that they did not receive information about risks and side-effects, nor reassurance of confidentiality. Osteopaths must recognise that information about risks and side effects of treatment and reassurance of confidentiality are of great importance to patients, and can enhance trust and improve the therapeutic relationship.

The implications for osteopaths in private practice

The overall message from the study was highly positive for the osteopathic profession; in private practices over 96% patients were satisfied, and 69% of the most widely held expectations were being delivered well, often extremely well. Osteopaths appeared to be proficient in providing clear explanation and specialist expertise, an empathetic relationship and shared decision-making, as well as a flexible service and good value for money.

The study has identified certain gaps between expectations and delivery of care, which may have a negative effect on outcomes of care. These findings can be used to improve the quality of care provided by osteopaths. The osteopathic profession can set priorities for improving care: through the regulator via standards, through educators via training, and through the professional body which supports osteopathic practices to improve service delivery. The priority areas for improvement proposed below are the areas where many patients had unmet expectations.

Osteopaths could provide better support for patients' desire for **individual agency** by increased provision of advice on how to prevent the problem recurring; this was an important aspect of care expected by more than 90% patients.

Osteopaths could improve support to patients in their search for **professional expertise** by being open-minded to other therapies, and assisting each patient to obtain the most appropriate treatment for their condition. Osteopaths may need to make more explicit to patients how and when they communicate with the appropriate wider network of health professionals in their area, including the patient's GP; and make it more explicit to patients that they do indeed conduct an effective process of triage at first appointment, with onward referral if required.

Customer experience aspects of private osteopathic services appeared to be a priority area, especially provision of appropriate information, telephone advice, and disabled access. Providing information about how to make a formal complaint emerged as a first priority; this was the worst met of all expectations within the study.

There was a strong consistent message from the results about the need to ensure that appropriate information is provided to patients, before, during and after their visit. Patients need to know what to expect in relation to the nature of treatment, reassurance about the level of pain or discomfort that might be experienced during treatment; the likely after-effects of treatment; and about how to complain if they are unsatisfied. This information should also describe the type of treatment modalities that may be offered, and whether there is a choice about gentle, vigorous or painful treatment. They may benefit from some of this information being provided pre-attendance and reinforced during treatment.

Busy practices operating several patient rooms in parallel, and even answering the telephone during a treatment session, are likely to disappoint expectations that the osteopath will treat only one patient at a time. Patients perhaps should be informed pre-treatment if this level of personal care is not provided.

Osteopaths were meeting patients' expectations of the **therapeutic process** during the consultation, but osteopaths should consider giving home exercises more often, as delivery was only just acceptable.

Osteopaths need to recognise that information about risks and side effects of treatment and reassurance of confidentiality are of great importance to patients, and can enhance trust and improve the **interpersonal relationship**.

Aspects of expectation that need to be investigated further

Finally there were some areas where the responses from patients were surprising, and require further research and development within the profession. There were some aspects that were expected by quite a substantial proportion of patients – although not the majority – and where the level of unmet expectation was high. As many as 41% of patients expected **to sign a consent form** prior to treatment being given and 29% of these were disappointed; 41% of patients expected **to be provided with a gown or towel** when asked to undress and 44% of them had unmet expectations. It seemed surprising that the majority of patients did not expect these aspects of care. Among other such aspects, 31% expected **the choice of male or female osteopath** and 37% of these were disappointed; 28% expected **to be offered a chaperone or to be permitted to bring one**, and one third of them were disappointed; 23% expected **to be able to negotiate the cost of treatment sessions** and over half of these were disappointed.

The profession probably needs to debate how these aspects of care should be delivered and further research is proposed to explore attitudes, beliefs and feelings around these sensitive or personal issues.

The implications for education and training

For professional training and for CPD, the results suggest a need for additional training as well as support for trainee and qualified osteopaths in the following areas:

- Evidence-based approaches to prevention of recurrence
- Effective triage
- A broad knowledge of other types of health care, including complementary, rehabilitation and exercise therapies
- Forging of links with other healthcare professionals for referral purposes
- Attitudes to complaints and suggestions for improvement
- Effective exercise prescription
- Evidence about communication risks and side effects, and judgement of clinical risks in patients

What patients can reasonably expect when they visit a private osteopathic practice

The results from the study allow some assurances to be given to patients about what they can expect when they visit a private osteopath in the UK, and what aspects of care might be more difficult to provide.

Patients can expect that visiting an osteopath will help them take control of their problem by offering open discussion, explanation about the cause of their problem and a clear osteopathic diagnosis.

Patients can expect osteopaths to provide specialist knowledge and expertise in a professional environment.

Patients can expect the service provided by the osteopath to be flexible, in a pleasant environment and good value for money.

Patients can expect that the consultation with the osteopath will meet their expectations for case-history taking, diagnosis, information and explanation, duration of the session and monitoring reactions to treatment. Patients can expect to be involved in decisions about their care, and given advice on how to manage symptoms at home.

Patients can expect the osteopaths to provide continuity of care and a sympathetic caring manner; they can expect to feel respected, listened to and believed within the therapeutic relationship.

Patients can feel confident in expecting the osteopathic profession to provide the following aspects of care consistently and to a high degree:

- To be treated with respect;
- To be able to ask questions;
- For questions to be answered to their satisfaction;
- For the osteopath to listen to them;

- For the osteopath to be sympathetic towards their problem;
- For the osteopath to make them feel at ease;
- For the environment to be hygienic and professional;
- For the osteopath to examine their specific problem area with her/his hands;
- For the osteopath to write down their personal case history;
- For the consultation to last at least thirty minutes;
- To be given an explanation of the cause of their problem that they were able to understand;
- For their treatment to be value for money;
- For manual treatment to be given to the problem area.

The profession is working towards providing the following more consistently; patients should feel justified in expecting and requesting these things:

- Before their first appointment, to be given information about what will happen during treatment;
- Reassurance that the information they are asked to provide will be kept confidential;
- Advice on how to manage their problem and prevent recurrence or worsening of symptoms;
- Information about the complaints procedure should they need to use it;
- Information about the risks and side effects of treatment;
- Access for people with disabilities;
- For the osteopath to be able to refer them elsewhere if their symptoms do not improve;
- To be asked about the effects of previous treatment.

Patients may need to understand that certain expectations are hard to meet, such as an immediate perceptible improvement in symptoms. The outcome of treatment will depend on the nature of the patient's problem and their response to osteopathic treatment.

The profession endeavours to improve on the effectiveness of treatment through training and research, and to provide as far as possible:

- Appropriate, effective treatment;
- An improvement in symptoms;
- To enable the patient to return to their normal activities or have an improved quality of life;
- The patient's problem to eventually resolve completely as a result of the treatment.

There are some aspects of care which some osteopathic practices find challenging to meet for organisational reasons:

- The osteopath treating only one patient at a time;
- Giving patients the opportunity to receive advice from the osteopath over the telephone;
- Providing a choice of male or female osteopath.

In very busy practices, an osteopath may see several patients in different cubicles. A patient needs to enquire before booking if they have strong feelings about this.

Patients should be aware that communication between private osteopaths and GPs is usually limited, and occurs under specific circumstances, for example if the GP referred the patient to the osteopath, or if the osteopath needs further information about the patient's health, or recommends that an investigation is carried out.

Patients can be assured that the profession is taking the findings of this study seriously and will endeavour to improve care where patients have identified gaps between expectation and delivery.

Conclusions

This study was the first to directly study the expectations of osteopathic patients. The findings of the study represent a preliminary model and elucidation of the aspects of osteopathic care about which patients have expectations. The model of expectations appeared to apply across all the service models (private practice, training clinics and NHS services) and was derived from a very diverse sample of osteopathic patients. The extent to which patients expectations were met or unmet was evaluated in private osteopathic practices, and indicated that patients' expectations were generally met well. Further research is needed to evaluate the extent to which patients' expectations are met in other settings such as the NHS or osteopathic training clinics.

The literature review also provided a robust evidence base about patients' expectations of healthcare in general. It identified the main factors that influence expectation and the way that unmet expectation can influence outcomes. It highlighted the lack of research into patient expectations from an osteopathic perspective.

The results were used to identify the priority areas for improving the delivery of care in private osteopathic practice, in order to better meet patients' expectations. The findings indicated to osteopaths the type of information that patients consider important and relevant to their perception of the quality of their care. The results provided guidance for patients about what is reasonable to expect when they seek osteopathic care.

The questionnaire is now a resource for future research, including surveys in other settings such as the training clinics in osteopathic education institutions or NHS services or overseas. Further survey research is recommended to confirm the current findings and to evaluate expectations within different populations of osteopathic patients. Slight modification to the questionnaire is recommended to take account of the new aspects identified (see Appendix).

Further research is also recommended to validate the model developed in the patient focus groups and interviews, to understand the expectations of minority groups of patients, the expectations of osteopaths, and to explore patients' expectations about consent, privacy, modesty and chaperones, and about the nature of treatment.

Appendix: Additional questions for future surveys

Several additional aspects of expectation were identified in the survey through the free text questions which asked patients to name their “most important expectations”, in their own words. The following points emerged, which were not specifically covered in the questionnaire:

- To have an immediate, perceptible improvement in symptoms;
- To be able to return to their normal activities/have an improved quality of life;
- To be given a clear and honest explanation of their problem and what can be achieved;
- Their problem to eventually resolve completely as a result of the treatment;
- To receive appropriate, effective treatment.

In addition, some patients mentioned unexpected treatment modalities such as acupuncture (33 mentions), cranial osteopathy (20) and ultrasound (8) which may need to be specifically asked about.

Some additional question may therefore be valuable in future surveys to find out:

- whether patients expect the osteopath to discuss what the treatment might be able to achieve;
- how much symptom improvement patients expect, and how quickly;
- how much effect on function and quality of life are expected;
- to test attitudes to “non-osteopathic” treatments such as acupuncture or homeopathy or to less common osteopathic approaches.