

**Example conversation:**

*The osteopath has just finished taking the patient's case history.*

**Osteopath**

Ok, so we have talked about what has been concerning you and what has brought you here to see me today. What would you like to get out of this visit?

**Patient**

Well I would like to know what is causing my pain and I would like the pain to go away. If there's anything I could do to stop it from coming back then that would be good too, as I've had this a few times before.

Yes, I can imagine that might be frustrating so we can work together to try to find a way you can manage this problem beyond the treatment room.

Great.

*The osteopath examines the patient*

Bringing together the information you have given me and what I have found in my examination, I believe your pain is a result of x. Has anyone told you this before or are you familiar with this condition?

Yes, I have heard of that....

I can explain it in some more detail if you like

Phew, I didn't like to ask!

...but I have no idea what it means!!

*The osteopath gives the patient an explanation using models and pictures.*

So are you happy with that explanation? Is everything clear to you; would you like me to explain anything further or do you have any questions?

No that's fine, the model is actually very helpful; I can visualise what's happening now.

There are a few treatment options available. I can offer you a, b or c. I have used all of these approaches with patients who have similar problems to yours and I have found them to be effective; 'a' seems to be particularly helpful. With any of these options it is not unusual to experience some temporary soreness afterwards; half of my patients experience none at all and half describe some soreness that resolves within about 24hours. They then often go on to make significant improvements following treatment. In my experience, treatment 'a' leads to faster improvements but you need to be aware of some additional risks associated with it. In a very tiny proportion of patients there have been reports of more serious side effects and by serious I mean requiring medical treatment. It is estimated to be 1 in about 36,000 osteopathic consultations, so 35,999 will not experience any serious side effects; I have never actually seen any in my clinical practice, nor do I know of any colleagues who have seen these side effects. It is also important to know that they are more likely to occur in people who have certain underlying health problems, which is why we ask lots of questions about your general health. There is nothing in your medical history or examination that suggests you would be in one of these higher risk groups. To put all of this into perspective...

*The osteopath continues the conversation, referring to risk data presented in a later section.*

That sounds good to me.

The osteopath shows the patient some of the visual aids available in the appendices of the “Communicating risks of treatment and informed consent in osteopathic practice” study. These can be found from page 90 at:

<http://www.ncor.org.uk/wp-content/uploads/2012/10/communicating-risk.pdf>

No, I think it is all quite clear and I am happy to go with your recommendation.

OK, but if you decide at any time that you would like to talk about this further or if you have any more questions then please do ask me.

So my choices are a, b or c...

These would be my suggestions for osteopathic treatment. In my experience, my patients normally improve after about 3 or 4 treatments\* so I would suggest we have that number of treatments in mind and if, over the course of those treatments, you don't feel we are making any changes then we can review your symptoms and think about changing the types of treatment we use or referring you on to another healthcare practitioner, if necessary. The alternative would be to continue as you are without treatment. We don't know what the long-term effects are of not having treatment, for example, I couldn't tell you if it would make you more or less likely to have future problems as a result. However, a key principle of osteopathy is that if the structure of the body is sound then it will function better and heal itself, so that is the basis for how I would approach your problem. How do you feel about that? Do you have any preferences?

I'll go with whatever you think is best.

Given your presentation and your medical history, I think that 'a' would be a very reasonable option for you and we can also use 'b' and 'c'. Are you happy with all of the information I've given you regarding benefits, risks and alternatives? Is there anything you are not sure about or would like me to explain further?