

Considerations for internal treatment.

Those familiar with the broad range of osteopathy treatment will understand that internal treatments (anal and vaginal) may be recognised aspects of osteopathy, when clinically indicated. However, this isn't necessarily well known to the general population who make up your patients.

Unfortunately, Guild Insurance has seen claims regarding internal treatment; these claims often feature allegations of treatment being inappropriate or unnecessary as well as allegations the patient has been sexually assaulted. These claims can have a devastating impact on both the patient and the osteopath.

While the potential for a complaint may be less likely for practitioners or clinics with a particular focus on women's

health issues, it does exist for all osteopaths. Due to this risk, Osteopathy Australia and Guild Insurance believe that special consideration should be given to patient communication and clinical processes for prior assessment and treatment. Therefore, the following information has been created to provide you with an opportunity for reflection. If you respond to any of the statements with a no, this is an opportunity to consider changes to the way you practice.

It's important to note that the following statements aren't regulatory requirements. Rather, they're recommendations for consideration, based on complaints against osteopaths.

Assessment/treatment consideration/planning

I've undertaken what I consider to be appropriate training for internal treatment to ensure I'm skilled, competent and that it's within my scope of practice.	Yes	No
Before proposing or providing internal assessment or treatment, I ensure it's clinically justified and appropriate for the patient, their condition and individual circumstances.	Yes	No
I document my decision making and the clinical reasoning for proposed assessment and treatment options in the clinical record.	Yes	No
I understand trauma-informed practice and apply this clinical reasoning when considering if an internal assessment or treatment is appropriate or not.	Yes	No
I am aware of my own personal biases and limitations which could retraumatise a patient.	Yes	No

Discussion with patient

When proposing internal assessment and treatment to a patient, I'm mindful that patients may not be aware this a recognised treatment within osteopathy, so I explain it accordingly.	Yes	No
I have very detailed conversations about internal treatment due to the sensitive and uncommon nature of the treatment.	Yes	No
I explain to patients the evidence-informed clinical reasoning for internal treatment, so they understand why it's being proposed.	Yes	No
I don't use clinical language when discussing internal assessment and treatment with a patient to better help them understand.	Yes	No

I utilise anatomical models and diagrams, that use plain English, to assist the patient to understand their anatomy and therefore the assessment and treatment being proposed.	Yes	No
I explain the assessment and treatment in detail to allow the patient to give their informed consent – this conversation covers what both the assessment and treatment will entail, as well as the benefits and risks.	Yes	No
I am fully aware of what informed consent entails.	Yes	No
I inform patients that they can withdraw their consent at any time, including once assessment or treatment has commenced.	Yes	No
I discuss with the patient the assessment and treatment options for them to consider so they know internal treatment isn't their first or only option. This includes providing an option of doing nothing (education only, no hands on at all) and the option to change their mind at any time.	Yes	No
I understand that consenting once does not mean assumed consent for future internal assessments and treatment and future consultations will follow the same presentation of options and decision making for the patient.	Yes	No
I ensure the patient is provided ample time to ask questions; both before and after assessment or treatment.	Yes	No
I have written information available for patients to take away and read to support them to better consider and understand the assessment and treatment, and I record in the clinical record when this information is provided.	Yes	No
I inform patients that they can choose to undergo this assessment and treatment with another osteopath, if they would prefer.	Yes	No
All discussions regarding the proposed assessment and treatment, treatment options, the clinical reasoning for the treatment and the patient's questions are documented in the clinical record as evidence of what's been explained.	Yes	No
Providing assessment/treatment		
An appropriate internal assessment is conducted prior to any internal treatment, with diagnosis and treatment plans clearly explained to the patient.	Yes	No
If patients are unsure about the proposed assessment or treatment, they're given information to take away and consider, and are advised to book in later should they wish to proceed. I acknowledge that it won't always be appropriate to provide internal assessment or treatment at an initial appointment.	Yes	No
I encourage patients to have a support person with them, should they choose. This may be someone they bring with them or someone from the clinic.	Yes	No
I ensure the clinical record contains detailed information about the assessment performed and the treatment provided (if any), the patient's response to assessment and treatment and what education and management recommendations were provided.	Yes	No
I maintain appropriate and professional conversation during treatment.	Yes	No
I pay close attention to non-verbal cues like tension or discomfort and adjust the approach accordingly.	Yes	No
I pay close attention to signs of patient dissociation or disconnection, cease assessment or treatment immediately if signs are noticed and follow this with appropriate discussion with the patient.	Yes	No
I have knowledge of, and apply infection control practices, including considerations in the patient history which could raise concerns for potential infection.	Yes	No

I have knowledge of and apply appropriate hand hygiene practices.	Yes	No
Patient positioning options are discussed for selection of a position they're most comfortable in for assessment and treatment.	Yes	No
The patient is asked to remove or adjust only those clothes which is necessary for that assessment or treatment.	Yes	No
I always provide the patient with a towel, sheet or gown for draping, so they're suitably covered.	Yes	No
I only assist in the removal or adjustment of clothes if requested.	Yes	No
I always leave the room while patients are undressing and redressing.	Yes	No

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