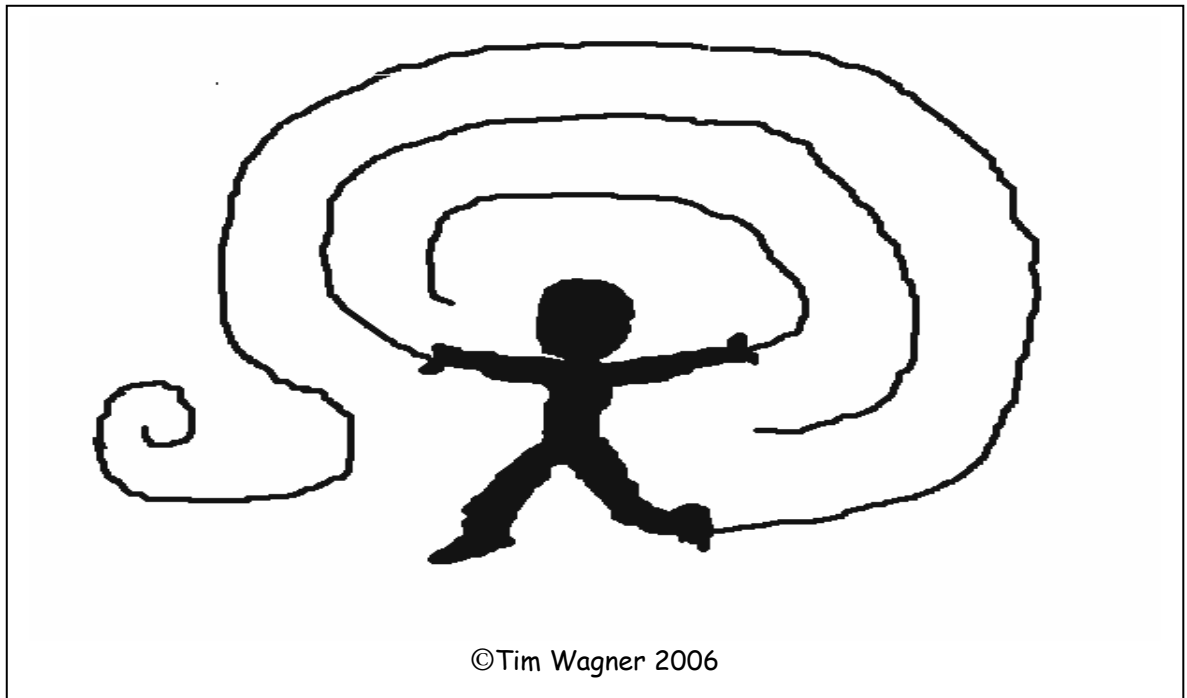


*Wie kommen sie eigentlich zu uns?*



*Eine quantitative Sozialstudie über die Wege, wie Patienten  
zu osteopathischen Behandlungen kommen*

*Master Thesis zur Erlangung des Grades  
Master of Science in Osteopathie*

*an der  
Donau Universität Krems  
niedergelegt an der  
Wiener Schule für Osteopathie*

*von  
Birgit Wagner-Scheidel  
Wien, Dezember 2006*

*Betreut von Mag. Katharina Musil  
Übersetzt von Veronika und Alan Noble,  
Heinrich Stöcklöcker und Barbara Schnürch*

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14.12.2006

*Birgit Wagner-Scheidel*

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**NOTE: For the sake of simplicity, the male form has been used to designate either gender in this paper.**

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*Thank you*

# 1 Introduction

Since starting to work in the field of osteopathy I have noticed, that patients often arrive at the osteopath's practice only after having already endured a long history of suffering. At this point they will have sought advice from numerous experts and will have tried many different types of therapy.

On the other hand I have observed that some patients – who tend to represent the “very satisfied customer” – do not make their way to other doctors or experts, but instead directly approach the osteopath first with their medical problems.

Furthermore, I have also noticed that most of the patients whom I treat have come on the recommendation of an acquaintance or relative.

Consequently I have an interest in exploring and shedding light on the different routes which lead a patient to the osteopath.

My principal question would be: “How does a patient end up at an osteopathy practice?”

There will of course be other supporting questions. I would like to know what motivated them to start on their journey in the first place. At the core of this will be the patient's health problem. A further theme will identify to whom the patient turns first and how the journey through various treatments progresses. Further study will reveal what information source brings the patient to osteopathy and more precisely whether the patient has read or heard about the method or if it was recommended by somebody and if so, by whom. It is also important to investigate the patient's own subjective perceptions and how he feels about his journey, its duration and its effects. In addition we need to determine whether a patient was referred to osteopathy generally or to a specific practitioner in particular.

I suspect that it is also the case that in other practices the majority of patients arrive on the recommendation of a friend or relative. Further, I tend to believe that most patients specifically choose a particular osteopath rather than osteopathy treatment generally.

Exploring this path seems to me to be particularly important so that osteopaths can become more familiar with the different routes which patients take in reaching them. This could help to shorten, simplify, clarify and hence optimise access to treatment in the future. Additionally it should then be possible for the traditional first port of call for patients to be well informed about osteopathy, so that patients for whom it is a suitable therapy can get to this form of treatment much earlier.

The main focus of this work, and why, in my view, it has such relevance, concerns how this form of treatment can be better integrated into current medical care provision and how cooperation with others involved in the healing process can be improved.

## 2 Background

The following part of this study describes osteopathy in general, its history, its coverage in Europe and its position in Austria.

### 2.1 What exactly is Osteopathy?

Dr. Andrew Tyler Still, the founder of osteopathy, describes it thus: „Es ist die wissenschaftliche Kenntnis der Anatomie und Physiologie in den Händen einer intelligenten Person mit Kunstfertigkeit, die dieses Wissen anwenden kann, und zwar zum Nutzen von Menschen, die durch Belastungen, Schocks, Stürze oder mechanische Verschiebungen und andere Verletzungen des Körpers krank oder beeinträchtigt sind“ (Still 1902, p14). This describes osteopathy as the scientific understanding of anatomy and physiology in the hands of an intelligent person with the skill to apply this knowledge for the benefit of people who have become ill or disabled as a result of pressures, shocks, falls or physical dislocation and other injuries to the body.

Osteopathy is a holistic method that requires the use of hands for both diagnosis and therapy. The most important basis of osteopathy is the understanding of the human body as a single entity and of the capability of the body for self-regulation and self-healing (cf. <http://www.wso.at> [as at 10.10.2006]).

This potential to mend itself is particularly effective if the free flow of bodily fluids such as blood, liquor, lymphatic fluids and interstitial fluids is enabled. If there is impaired or blocked movement the osteopath sets out to find and remove this with all of his cognitive skills and with the application of hands in particular. Such blockages can lie not only in the joints and muscles but also in tendons, ligaments, fasciae, inner organs, the nervous system, the vascular system and inside the bone itself. Fundamental to osteopathy is therefore a precise understanding of anatomy, embryology, physiology, pathology, and clinical knowledge as well as extensive and lengthy training in palpation skills. After differentiated anamnesis and diagnosis, the practitioner identifies and senses structural disturbances and restrictions in mobility which is verified using clinical and osteopathic examination methods. „Die palpatorische Diagnostik macht die Osteopathie durch ihre Feinheit zur Kunst“ (Delaunois 2002, p 35) in other words, diagnosis by palpation makes osteopathy into an art form through it.

An osteopath recognises patterns of dysfunction and treats the patient with either structural, visceral or cranio-sacral techniques, or a combination of them.



## **2.2 History of Osteopathy**

The history of manual techniques is probably as old as humanity itself. A variety of these treatments has been applied in all cultures known to man (cf. Winkel 1997, p95). Hippocrates (460-377 BC) used manipulation and traction. In his time healing was closely associated with religion and the occult. By contrast, he described the power that made healing possible as “Nature”. This can be regarded as the basis for modern medical thinking (cf. Fossum 2002, p2). In the Middle Ages this way of thinking fell into oblivion until the English physician Thomas Sydenham (1624-1689) revived the concept. But it was not until much later that the American physician Dr. Andrew Tyler Still (1828-1917), the “father of osteopathy”, founded a whole treatment system on it. He discovered that disharmony in the mechanics of the body can disturb not only the structure of the affected tissue but also the functioning of distant structures such as the inner organs (cf. <http://www.wso.at> [as at 10.10.2006]). Furthermore, he recognised that the removal of blockages in joints can treat not only local complaints but also disruptions in other parts of the body. Based on these findings Dr. Still developed a method for the reinstatement of mobility in the body, which is known as osteopathy. However, the important basic principle of this new medical philosophy of Still’s is, as it was for Hippocrates, the healing power of nature (cf. Greenman 1998, p22).

His attempts to get his medical colleagues interested in his concepts were unsuccessful despite teaching at Baker University in Kansas. However, he achieved fame through his increasing clinical successes and many came to observe him at work in order to learn the new science of osteopathy. This led in 1892 to the foundation of the first college for osteopathic medicine, “The American School of Osteopathy “(ASO) in Kerkville, Missouri. To this day osteopathy is a complete medical and surgical branch of study and education in the United States (cf. Greenman 1998, p.22). Today there are seventeen such educational and training establishments.

Other methods of manual treatment were also founded during this period, such as chiropractics. Daniel David Palmer, who is seen as the founder of chiropractic medicine, opened his first college in 1896. He was originally a grocer who is said to have taught himself manual medicine (cf. Greenman 1998, p22). Others believe that he was trained in manual techniques by an osteopath named Obie Slother (cf. Gibbons 1977, as quoted by Fossum 2002, p8).

One of Still's pupils, William Garner Sutherland (1873-1954) introduced the concept of primary respiration movement, a delicate independent and pulsating movement, which can be detected on the cranium and the sacrum, and also at other points on the body. As a result he expanded the practice of osteopathy into the so-called cranio-sacral realms.

In France in the 1980's the osteopaths Jean-Pierre Barral and Jacques Weinscheck were principally involved in the osteopathic treatment of organs, which expanded osteopathy still further into an additional area, known as visceral osteopathy. (cf. <http://www.osteopathie.de/osteopathie-Geschichte%20.html> [as at 24.11.2006]).

## **2.3 Osteopathy in Europe**

At the beginning of the 20th century Dr. Martin Littlejohn, a brilliant student of Still, brought osteopathy to Great Britain and in 1917 the first European school of osteopathy was founded in London, the "British School of Osteopathy" (BSO). After the Second World War the method spread from there to the rest of Europe (cf. Delaunois 2002, p.16).

In the USA training as an osteopath is equivalent to completing medical school. In most States graduate osteopaths (D.O. = Doctor of Osteopathy) are equal to medical doctors (M.D. = Medical Doctor) in stature. In Australia training takes the form of a full university course which takes five years and is completed with the academic title "Master of Science" (MSc).

Across Europe, on the other hand, the situation varies. The acknowledgement of osteopathy as a distinct profession exists at the moment only in Great Britain, Finland, Belgium, France, Iceland and Switzerland.

In Britain osteopathy has been an officially recognised part of the state health system (National Health Service) since 1995. Qualification as an osteopath requires full time professional training that lasts four to five years and is recognised with a university degree. Step by step more European countries are moving towards establishing the separate profession "osteopath" via full time five year university degree vocational training courses (cf. <http://www.wso.at> [as at 10.10.2006]).

## **2.4 Osteopathy in Austria**

In 1991, almost one hundred years after the founding of the first place of training in Kerkville, USA, the Vienna School for Osteopathy (WSO) was established in Austria. Training to become an osteopath is not regarded as full professional training in its own

right but as an extension to basic medical training. This means that only a previously qualified doctor, veterinarian, dentist, physiotherapist, occupational therapist or midwife can be admitted to osteopathy instruction at the WSO (cf. <http://www.wso.at> [as at 10.10.2006]).

Since 2004 the WSO also offers courses in Klagenfurt. Since the 2005/2006 academic year, it has now become possible to graduate as a Master of Science (Osteopathy) in cooperation with the Donau University in Krems by completing the full osteopathy course of the WSO. Since 2005, there is a second educational institution in Austria called the International Academy for Osteopathy (IAO) in Vienna. IAO courses end with the academic title Bachelor of Science in Honours of Osteopathy, B.Sc. (Hons) Ost (cf. <http://www.iao.be> [as at 22.11.2006]). This means that at present there are three locations in Austria offering professional training to be an osteopath: two in Vienna and one in Klagenfurt.

Currently there are 231 alumni of the Viennese School of Osteopathy (WSO) listed in Austria. The IAO only started courses in 2005 and therefore has no graduates as yet.

At this point in time, when elsewhere throughout large parts of Europe osteopathy is already recognised as a profession and as an integral part of the health service, it is particularly important to me to illustrate the standing of osteopathy in Austria and more particularly within the Viennese Health Care System.

In this context it is interesting to take a closer look at the definition of the terms “occupational training” and “health professional”.

#### **2.4.1 Health professions in Austria**

In Austria there are many recognised health professions, as can be seen on the internet home page of the Ministry for Health and Women (cf. <http://www.bmgf.gv.at> [as at 23.11.2006]). Basically this distinguishes between medical and non-medical health professions. The non-medical health professions in this publication by the Ministry for Health and Women include midwives, medical laboratory and technical assistants, healthcare and nursing professionals, cardiotechnologists, medical and spa masseurs, first aid workers and ambulance attendants. In Austria the profession laboratory and technical assistants includes the physiotherapists, the occupational therapists, the speech trainers, the eye trainers, the radiology technical and the biochemical analysers.

Mag. Dr. Sandra Skiczuk has a different view of the situation. She writes: *„einem ‘Gesundheitsberuf’ ein auf Grundlage des Kompetenzbestandes ‘Gesundheitswesen’*

*gemäß Art 10 Abs 1 Z 12 B-VG gesetzlich geregelter Beruf zu verstehen, dessen Berufsbild die Umsetzung von Maßnahmen zur Obsorge für den allgemeinen Gesundheitszustand der Bevölkerung (...) zum Zwecke der Förderung, Erhaltung, Wiederherstellung oder Verbesserung der Gesundheit im ganzheitlichen Sinn und in allen Phasen des Lebens“.* This translates as: a health profession is a profession regulated by law, which, on the basis of the respective area of authority of the health service according to Article 10 Para.1 Z 12 B-VG, defines the profession as a career involving the implementation of measures to provide care for the general health of the population (...) in the promotion, preservation, restoration or improvement of health in a holistic sense in all phases of life” (cf. Skiczuk 2005, p24). In this sense the terms “health service” and “health profession” are closely inter-connected. In her work we find an extended List of health professions that includes, amongst others, psychologists, psychotherapists and veterinarians (cf. Skiczuk 2005, pp25ff).

Even the term “profession” can have differing, more or less conflicting, definitions in the literature on this subject as well as in law. A profession could be described as the opportunity to earn one’s living and to support oneself through carrying out a continuous activity. Of course a prerequisite has to be the legality of the activity. Therefore, new spheres of activity (and of course osteopathy - comment of the author) can become the object of a profession provided that they are not damaging to society against the law (cf. Skiczuk 2005, pp17ff).

The Austrian healthcare system is based on the constitutional responsibility of the federal state to provide healthcare for the Austrian population, as recorded by Dr Susanne Herbeck in her 1998 Health Report (cf. Herbeck 1998, p310). Thus every citizen has access to medical and social services on the basis of compulsory insurance. The social security system is essentially composed of compulsory health insurance, accident insurance and pension insurance. Additional private insurance cover may also be arranged. *Next to other health care institutions, practicing doctors play an important role in the supply network of the integrated health system.*

In summary, it is not really clear even in legal circles how to define what constitutes a health profession and therefore the question remains whether osteopathy can be considered a health profession in Austria or not. The following chapter describes the situation for osteopaths in Vienna.

## 2.4.2 Osteopathy in Vienna

There are 23 districts in Vienna, with 1 596 200 inhabitants in total. During the period of observation in August 2006, there were 66 osteopathy practices employing 78 WSO graduates (cf. <http://www.wso.at> [as at 10.10.2006])

Apart from the 5th, 6th and 11th Districts, there are osteopathy practices in all areas of Vienna (see Table 1).

In comparison to these figures, there are 4921 licensed physicians in Vienna, according to the official internet homepage of the City of Vienna (cf. <http://www.wien.gv.at> [as at 10.10.2006]). Of these, 1666 are General Practitioners, referred to as family doctors in the following text. Amongst the other practicing medical specialists there are, for example, 159 Paediatricians and 219 Orthopaedists. These are the three types of medical practitioners referred to most frequently in this paper.

District	inhabitants	Number of licensed physician	Number of General practitioners	Number of children specialist	Number of orthopedic specialist	Number of osteopathic practices	Number of osteopaths
1.	19 000	331				2	2
2.	92 200	213				4	4
3.	84 800	246				1	1
4.	29 700	152				1	1
5.	51 000	103					
6.	27 900	172					
7.	28 600	164				3	4
8.	23 100	263				4	6
9.	39 100	400				8	11
10.	161 000	198				2	2
11.	78 000	99					
12.	81 700	172				2	3
13.	49 600	295				6	7
14.	78 200	211				4	4
15.	70 800	150				2	2
16.	86 100	181				2	2
17.	47 600	150				1	1
18.	45 800	282				7	8
19.	64 000	443				6	6
20.	78 200	109				2	3
21.	135 000	207				3	3
22.	138 400	197				2	2
23.	86 400	183				4	6
<b>Wien</b>	<b>1 596 200</b>	<b>4921</b>	<b>1666</b>	<b>159</b>	<b>219</b>	<b>66</b>	<b>78</b>

**Table 1: Overview, by district, of number of inhabitants, general practitioners and osteopathy practices in Vienna**

This demonstrates that currently in Vienna there are approximately 24 000 people per, osteopathy practice.

The following chapter specifically examines the methodology used from how the questions were developed to how the study was conducted.

### **3 Methodology**

In order to be able to answer the central question of this paper: “What makes patients come to an osteopath’s practice?” an inquiry by means of a questionnaire was used as the research method. According to Konrad the criteria of a scientific inquiry are its systematic and target-orientation. It is carried out under controlled circumstances and relates to the specific research topic (cf. Konrad 2005, p12). Basically, an inquiry can be carried out in writing or verbally.

Thus there are two options of how the patients can be questioned: they can either be interviewed personally in osteopathy practices or questionnaires can be distributed in the practices. The psychosocial measuring instrument “questionnaire” was chosen, in order to question as many patients as possible anonymously. The questionnaire was distributed in several osteopathy practices and the patients were asked to complete them on site. The process for selection of the sample group is described in chapter 3.2.

#### **3.1 The questionnaire**

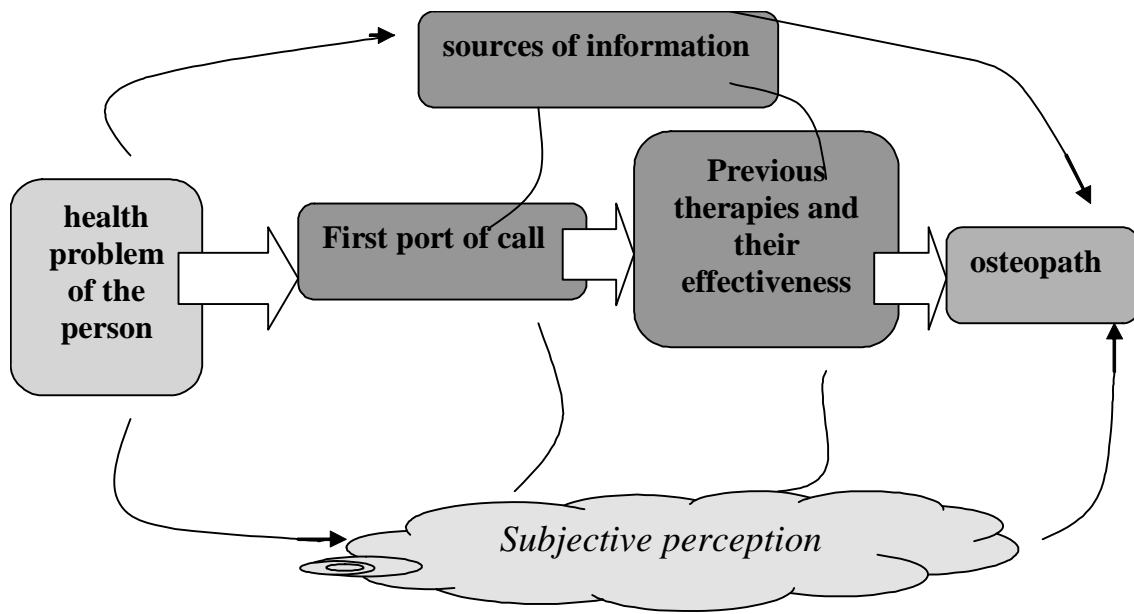
A number of suggestions for the design of the questionnaire were taken from the handbook for psychosocial measuring instruments, a compilation of various questionnaires which are used in social research published by Jutta Westhoff (cf. Westhoff 1993, pp114ff).

*“The systematic comparison of the results of different groups of test persons who answer the questionnaires under different internal and external circumstances can provide valuable insights in psychosocial experiments and field inquiries”* (Mummendey 1995, p20). The main characteristic of the questionnaire method is that all respondents are presented with a clearly formulated and structured form where they have to evaluate the answers. Usually they have to choose among several possible preset answers or opinions to specific predetermined questions or statements.

##### **3.1.1 Development of the questions**

In order to answer the central question: “What makes patients come to an osteopath’s practice?” one must consider the journey as part of a network. A number of questions have to be considered: questions about the problem itself, questions concerning the first resort for the patients’ problems, questions with regard to sources of information on osteopathy, questions about previous therapies and their effectiveness and questions

with regard to why a specific osteopath was chosen. At the same time the investigation must cover how the patients subjectively perceived the quality of their journey towards osteopathy, i.e. what emotions they had and how much time they perceive that it cost them to obtain information on their problems and the available therapy options (see Figure 1).



**Figure 1 : Schematic representation of the process patients go through to come to an osteopath.**  
Birgit Wagner-Scheidel 2006

To complete the picture, details on any further diagnostic and therapeutic measures recommended by an osteopath to the patient will also be recorded.

A preliminary questionnaire was developed to include all the above questions in modified forms. Both children and adults are treated in an osteopathy practice. However, the kind of health problems, the previous therapies, the first resort for the problem and also the osteopath's further advice and recommendations are quite different for the two groups. Therefore two different questionnaires were created right from the beginning: one for adult patients and another one for parents who bring their children to see the osteopath.

To formulate the individual questions in the best possible way and also to provide the most likely possible answers amongst which to select a response, several osteopathy colleagues were consulted: three colleagues who mainly treat adult patients and three colleagues who focus on paediatric osteopathy. These conversations were based on an



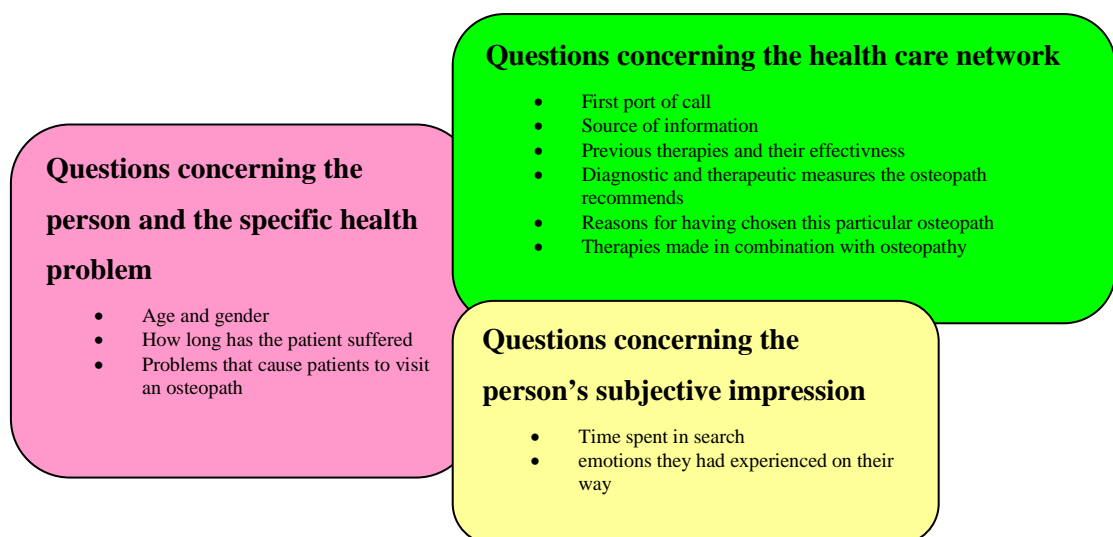
interview guide. Paediatric osteopaths were chosen who have already completed or are in the second year of their postgraduate training at the Osteopathic Centre for Children (OZK, Osteopathisches Zentrum für Kinder) in Vienna. (cf. <http://www.ozk.at> [as at 22.11.2006]). The interview guides for the conversations can be found in the annex of this paper.

During these conversations the osteopaths mentioned a great deal about cooperation with other professional groups. One colleague, for instance, stated that he cooperates a lot with an ENT-specialist in his district. Consequently, this statement was included among the possible answers in the questionnaire. One of the paediatric osteopaths also cooperates mainly with midwives and breastfeeding advisors who in turn recommend osteopathy treatment for the children to many parents. Therefore these professions are also included among the possible answers in the questionnaire for parents.

The next chapter discusses considerations concerning the content and the structure of the questionnaires.

### 3.1.2 Structure of the contents

The questions can be summarized in different categories which are illustrated in Figure 2. Basically the questions can be divided in three groups: questions concerning the person and his/her specific problem, questions concerning the health care network and questions concerning the person's subjective impression.



**Figure 2: Schematic representation of the three groups of questions**

The first group of questions concerning **the person and his specific problem** includes demographic data like age and gender. Another question seeks to discover whether this is the first osteopathy treatment for the patient or whether the person has already received osteopathy treatments before.

The questions on the patient's specific problem can again be subdivided into various groups: how long has the patient suffered from the problem; is there perhaps more than one problem; what kind of health problem is it; etc. In this context differentiation is made between which problem is uncovered during the first treatment and which problem comes to light in patients who have already come to the osteopath several times, and how the problem presents itself and when it is most obvious.

The second group of questions concerns **the health care network** of the respective patient. This includes questions concerning the patient's first port of call when affected by a problem, what previous therapies the patient underwent and how effective they were, as well as what sources of information the patient has access to. The second group of questions also includes questions concerning the patient's own initiative, i.e. did the patient make the effort to gather information or was osteopathy recommended to him/her. The patient is also asked why he/she has chosen a particular osteopath. Another question covers what additional diagnostic and therapeutic measures the osteopath has recommended.

The third group of questions deals with the patients' **subjective impressions** with regard to the time the patient has had to spend to find out about the various therapy options for his/her problem and what emotions he/she has experienced on the way before reaching the decision as to what kind of treatment to undergo.

Some questions are repeated in two or more sections of the questionnaire in order to find out whether they are answered similarly (cf. Konrad 2005, p28).

The majority of the questions are closed questions, i.e. multiple choice questions where the patients can give one or several answers (cf. Konrad 2005, p21). Nevertheless it also seemed to make sense to offer open-ended questions as well, in order to gather information which is not predetermined in the answers to the closed questions.

Some of the questions are phrased slightly differently in the parents' questionnaire which includes some additional questions. On the other hand the questions concerning the subjective perception of the presentation of the problem are excluded because it is not the patients themselves, i.e. the children, but the parents who fill in the questionnaire. An example of both questionnaires can be found in the annex.

### **3.1.3 Test run for the questionnaire**

In August 2006 the questionnaire was evaluated in a test run with 5 patients. This helped to determine that on average 5-7 minutes are necessary to complete the questionnaire. The patients had the possibility to provide suggestions for improvement which helped to correct the wording of some questions and statements that could potentially be misunderstood.

### **3.1.4 Instructions for the patients**

The patients were instructed by means of a letter addressed to the individual patient or to the parents. The letter explains the purpose of the research and instructions on how to complete the questionnaire as well as the estimated time necessary to complete it. The letter is included in the annex of this paper together with the questionnaires. The following chapter describes how the sample of test persons was chosen.

## **3.2 Selection of sample**

The total population for this study are all patients who undergo treatment in an osteopathy practice in Vienna. “Since usually you cannot question all people concerned (total population) you will select a sample. The aim is to come to a representative conclusion that reflects reality.” (cf. Konrad 2005, p28). Thus a sample is a selection of persons from the total population who will be questioned in order to obtain information about the overall population. (cf. Behrens 2006, pp28ff). The sample group was selected as follows:

Since a field study on the osteopathy profession in Austria carried out in 2002 by Kathrin Krönke showed that 93% of all osteopaths work in private practice while only 7% are employed by others (cf. Krönke 2002, p29) the present study will focus on the patients of osteopaths in private practice. With only a few exceptions osteopaths in Vienna are graduates of the WSO (Vienna School of Osteopathy), and thus only the practices of WSO-graduates were chosen for this study.

The objective was to distribute the questionnaires in as many practices as possible and in as many districts of Vienna as possible. The osteopathy colleagues were personally contacted in order to explain the objective of the study, the content of the questionnaires and the kind of questioning as well as the method of delivery and collection of the questionnaires. Contact was made by telephone until 15 colleagues agreed to support the study. These 15 colleagues have their practices in ten different districts of Vienna.

Therefore the study was carried out among approximately 20% of the osteopathy practices and in almost half of the districts in Vienna. By coincidence, all participating colleagues with one exception originally were not doctors but came from other therapeutic professions.

Colleagues were requested to estimate how many questionnaires they thought they would be able to distribute in an average working week. The estimated number of both the adult patients' and the parents' questionnaires were personally delivered to the respective practices and colleagues were asked to give them to the patients or their parents with the request to complete the questionnaires onsite straightaway so that they could be collected immediately.

An information sheet was also provided, containing the researcher's telephone number in case they had questions and explaining how the questionnaires would be picked up again. This information sheet can also be found in the annex.

### **3.3 Execution of the study**

The study was carried out in October 2006. The selected colleagues were free to choose one week during this month when they wanted to distribute the questionnaires among their patients. The time of collection for the questionnaires was agreed over the telephone. From an overall number of 300 distributed questionnaires, 204 adult patient questionnaires and 81 parents' questionnaires were returned and analysed. This corresponds to a return rate of 95%. This higher-than-average return rate can probably be explained mainly by the professional interest of my colleagues in the topic and by the fact that the study was carried out and supervised with a great deal of personal effort and involvement from the moment of first contact until the personal collection of the completed questionnaires. It was also apparent that the practitioners welcomed the opportunity of personally determining the number of questionnaires to be distributed and of thus being personally involved in the process.

When the questionnaires were collected, conversations with the colleagues revealed that some patients had insisted on taking the questionnaires home to fill them in but had not returned them in time. Other reasons for questionnaires not being returned or completed were that the practice had been closed due to illness of the practitioner or that patients did not speak German.

Questions in the questionnaires have been designed mainly to measure qualitative variables. According to the principle of a nominal scale the various categories are

denoted numerically. The admissible arithmetic operation of nominal scales is the calculation of frequency distributions (cf. Konrad 2005, pp64ff). The results of this study will be described and illustrated in the following chapter through descriptive statistics mainly in the form of frequency tables (cf. Kool & de Brie 2001, pp110ff).

## 4 Findings

The 204 questionnaires for adults and the 81 for parents were separately evaluated. The data were collected and entered into an Excel table and then evaluated via addition and frequency distribution programmes. The table and the data are contained in the Annex. The answers to the open questions were collected as to their contents and then counted. They are dealt with in this chapter where appropriate and listed also in the Annex. The results are presented in the same order as the questions appear in the questionnaire. Therefore a separate translation of the questionnaire has been omitted in the appendix.

### 4.1 Evaluation of the questionnaires for adults

#### 4.1.1 Age of adult patients

Only 118 of the 204 the questionnaires for adults, i.e. 58%, indicated their age. Almost four times as many females as men neglected to answer the question. The average age of the respondents was 42.6 years. In order to have a reference of the persons treated as to their age group, we grouped the answers into decades of younger than 20, from 20 to 29, from 30 to 39, from 40 to 49, from 50 to 59, from 60 to 69 and older than 70. Most of the patients, i.e. 32%, belonged to the age group from 30 to 39 years. 29% were in the age group from 40 and 49, and the smallest groups were those of younger than 20 and older than 70 (see Figure 3).

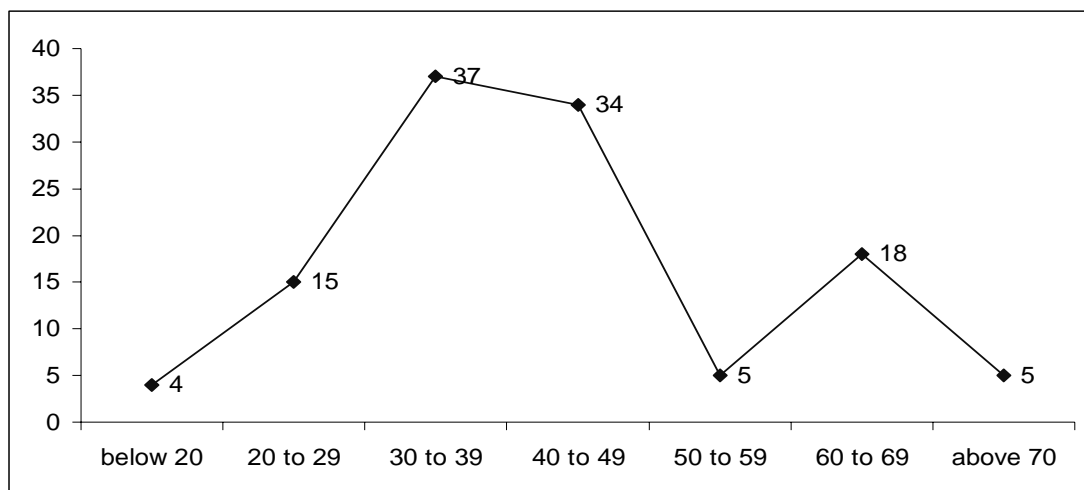


Figure 3: Age distribution of adult patients

### 4.1.2 Gender distribution

167 of the 204 respondents, i.e. 81%, answered the question on the gender. 70% of the adult females and 30% of the adult males were treated in osteopathic practice (see Figure 4).

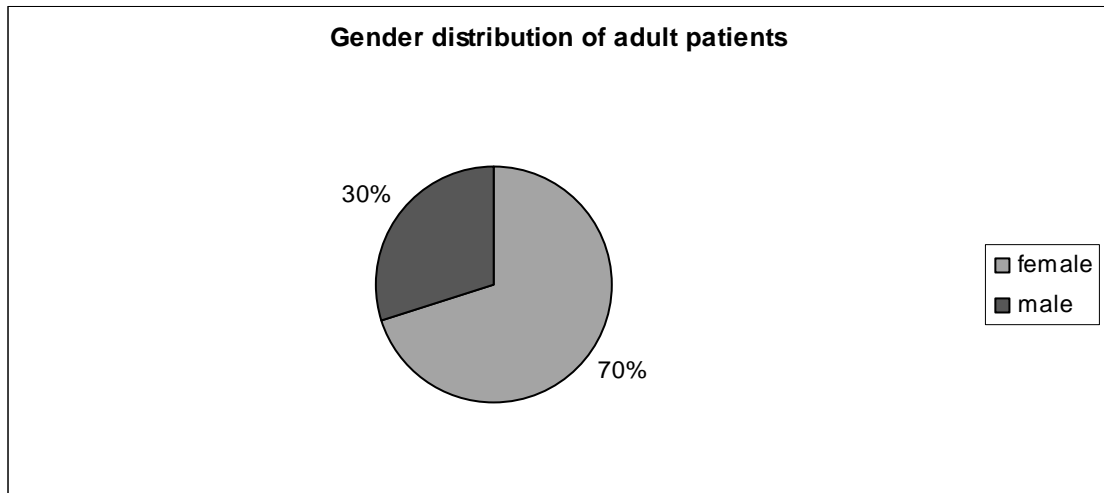


Figure 4: Gender distribution of adult patients.

### 4.1.3 How often have you already visited an osteopath?

12% of the respondents stated that they had been treated by an osteopath for the very first time. About the same number said to have come to this particular osteopath for the first time but had undergone other osteopathic treatment before. The largest group of these persons were had had osteopathic treatment at least 6 times (see Figure 5).

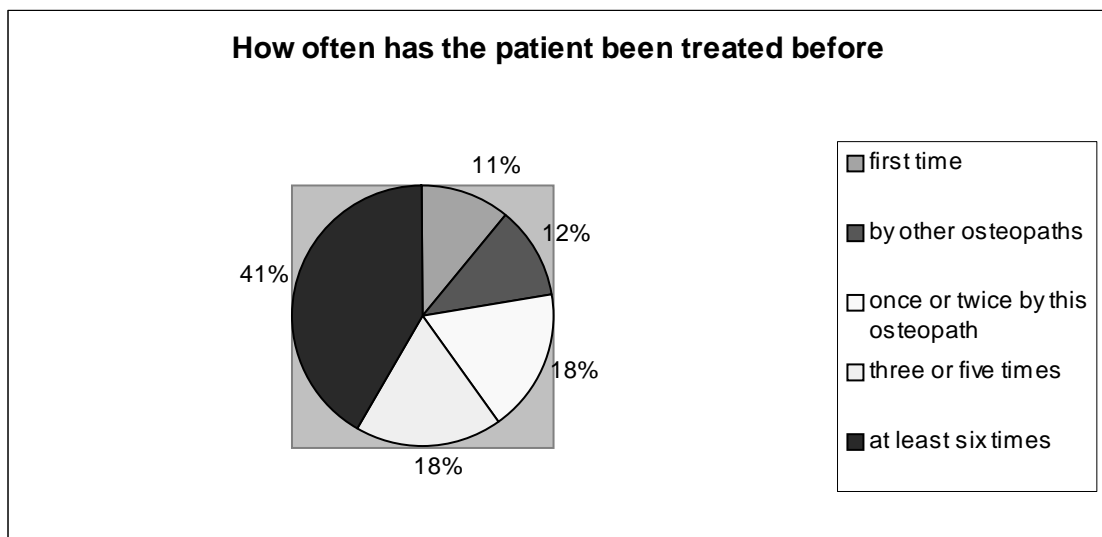


Figure 5: Number of osteopathic treatments already undergone so far.

#### 4.1.4 For how long has the problem existed?

Most of the respondents, i.e. approx. 62%, stated that they had been suffering from the problem for years. 26% said to be suffering for a few months and 12% have been confronted with the problem only for a few weeks (see Figure 6).

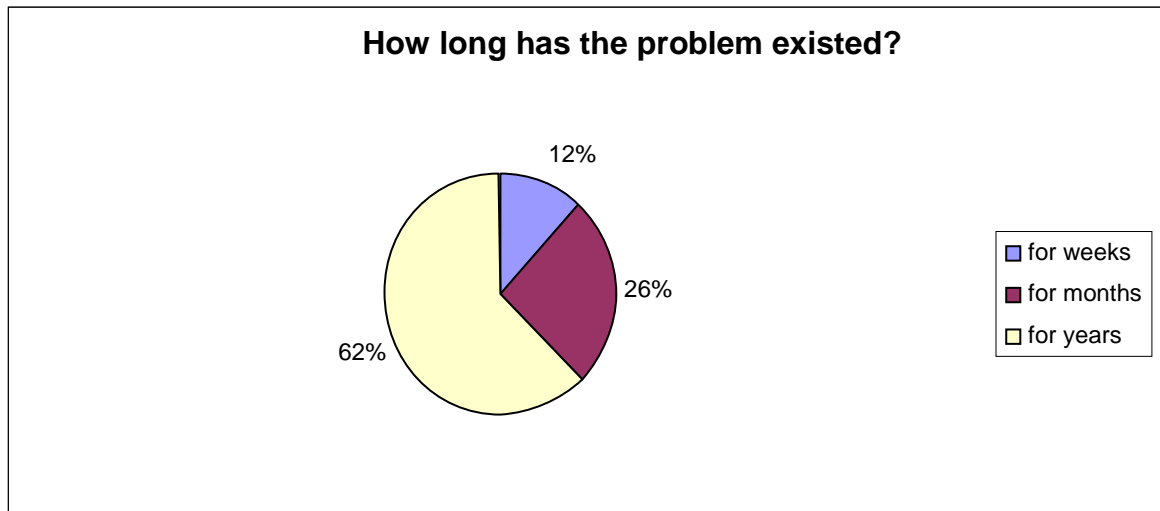


Figure 6: Duration of existing problems

#### 4.1.5 Frequency of visits to a medical doctor

66 of the respondents, i.e. 32%, had visited a medical doctor once to four times within the last three months. 52 or 25% of the respondents had visited a medical doctor only once and 47 had never consulted a medical doctor concerning the existing problem. Approximately 38 persons or 19% had visited medical doctor at least four times within the last three months (see Figure 7).

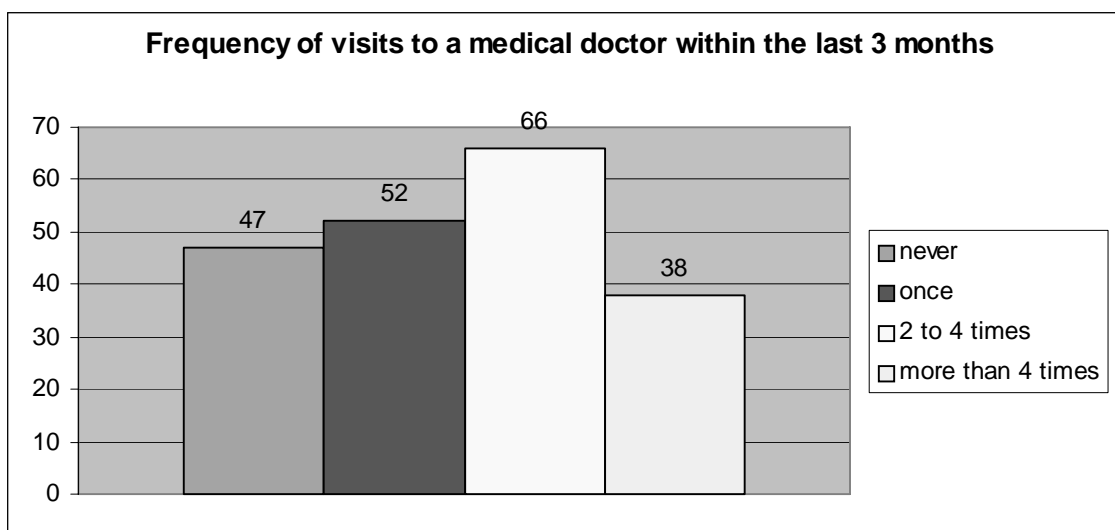
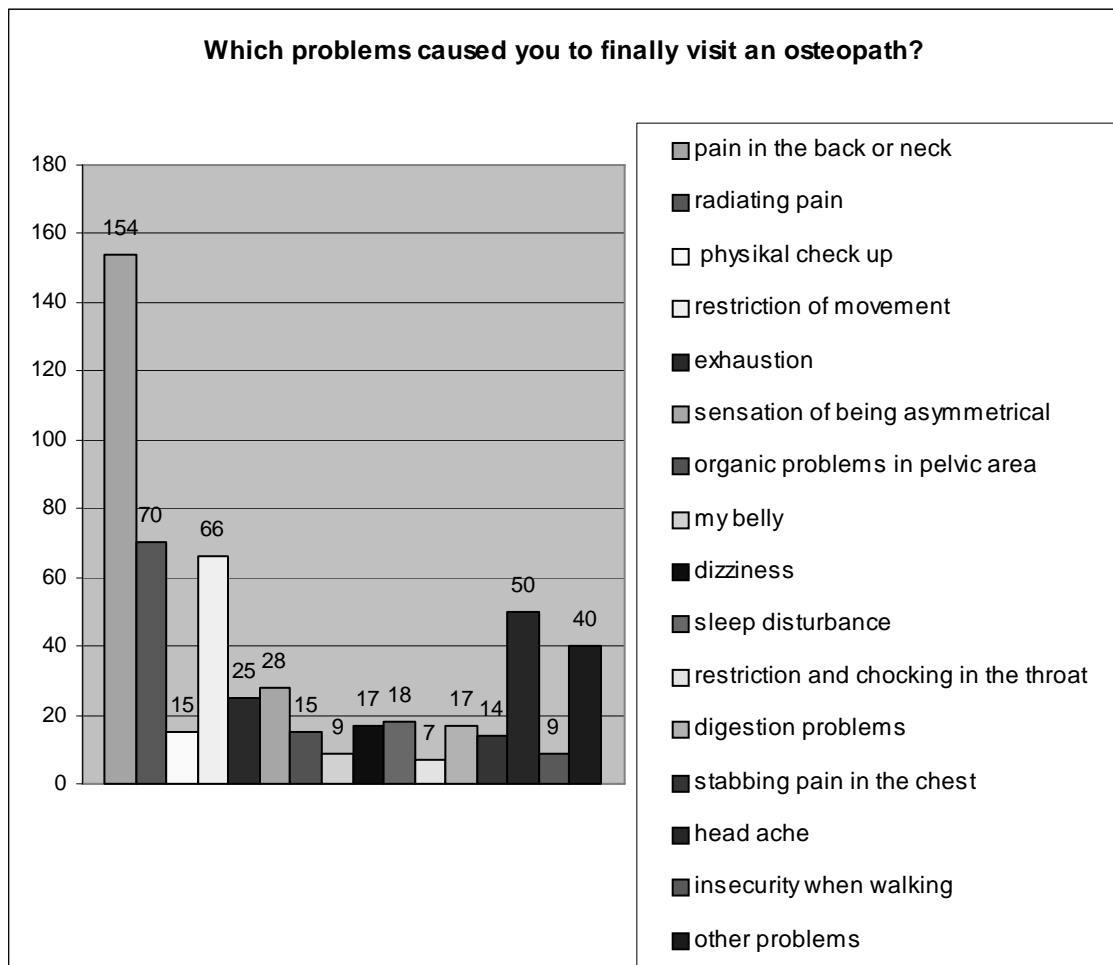


Figure 7: Frequency of visits to a medical doctor within the last three months



#### 4.1.6 What were the problems of the persons before they finally consulted an osteopath

The principal reason why persons come to us is pain. More than 140 persons stated to suffer from pain in the back or neck, another 70 were bothered by pain radiating into the arms and legs and 50 suffered from headache (see Figure 8). 66 of the respondents who had come for the first time to an osteopath were suffering from restriction of movement, 28 felt a sensation of being asymmetrical and 25 were in a state of exhaustion. 40 patients had other problems not specified in the questionnaire.



**Figure 8: Which problems caused the patient finally visit an osteopath**

The most frequent answer to the open questions was that the patients were in pain in certain regions of the body rather unusual for a given problem. Most often named in this connection were knee pains and pains in the sacroiliac joint, the hip, the shoulder, the tailbone, the eye and the ear (see Annex).

Other frequently named problems concerned the mandible joint, tinnitus, chronic inflammation of the bladder, chronic sinusitis, gynaecological disorders, sport injuries, panic attacks and prenatal preparation.

#### 4.1.7 Problems that caused persons to visit an osteopath on the survey's reference day

On the reference day of the survey, 118 of the patients complained about pain in the back or neck, 50 had a radiating pain. 41 suffered from restriction of movement and 32 wanted to have their physical fitness checked. Another 31 had a headache and 27 had other complaints (see Figure 9). Answers to this open question were pains in the knee, the shoulder, the back, the sacroiliac joint and pain caused by a heel spur and by tinnitus. Other physical pain concerned epilepsy, post-operative treatment, scoliosis and osteopathic treatment for breech delivery.

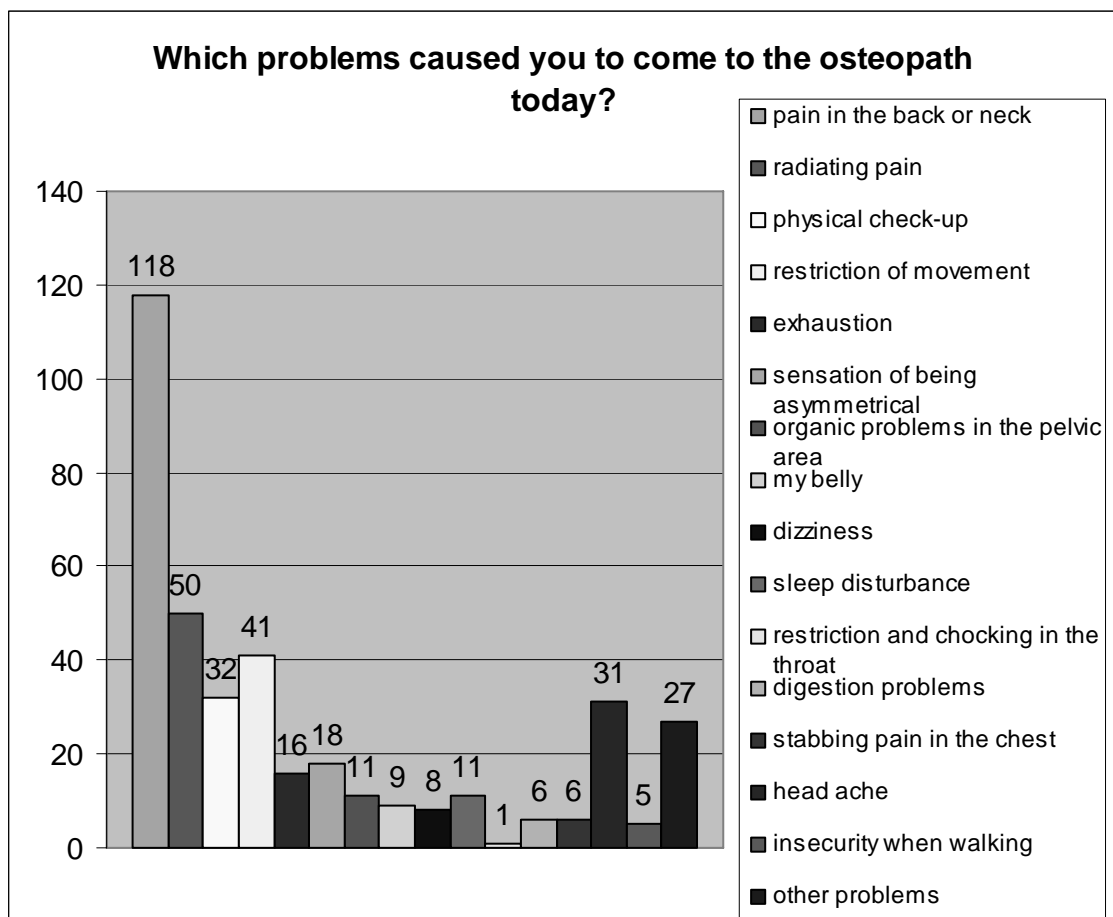
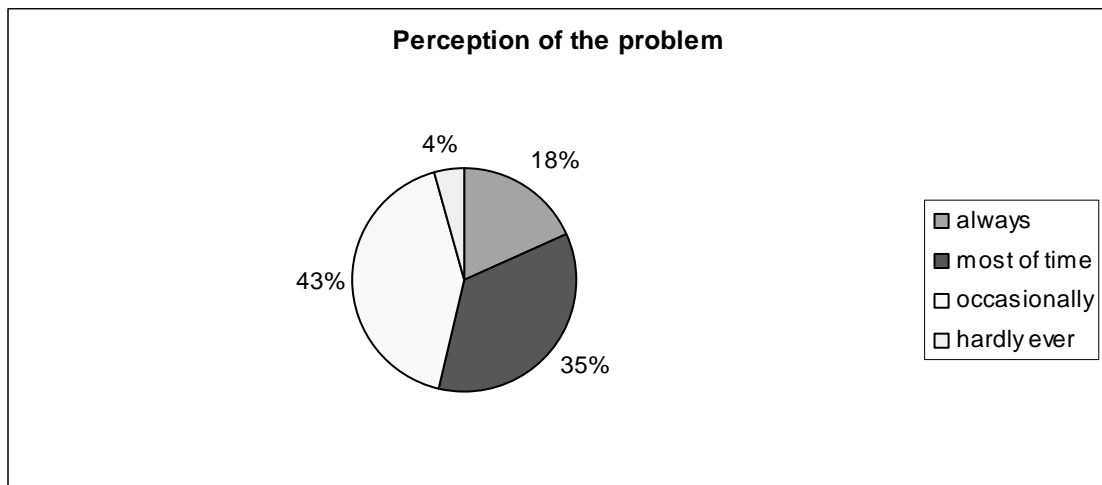


Figure 9: Which problems caused you to visit an osteopath on the reference day.

#### 4.1.8 Questions on the perception of the problem

Just over 50% of the patients stated to feel the problem permanently or most of the time in everyday life (see Figure 10). 43% feel it now and then and 4% feel it hardly ever.



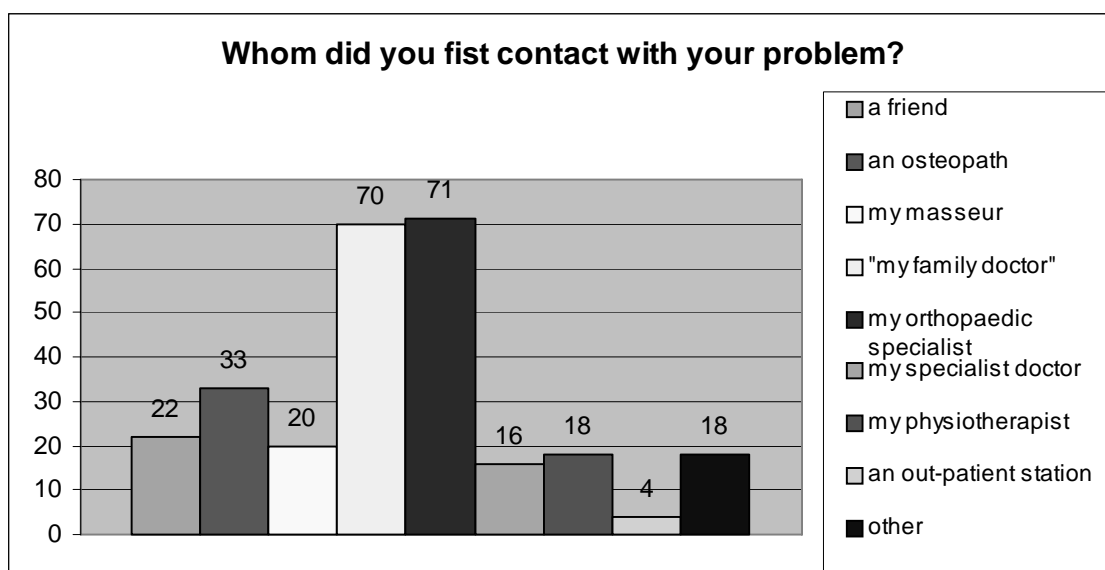
**Figure 10: Perception of the problem in everyday life**

There was also an answer to an open question reading „I think of it rarely, only when I ... I start to feel it”.

These answers were grouped and the most frequent answers were: during exercise, during running, during swimming, when I am in a stress situation, when I start sleeping, when I sit for a longer period of time, when I am tired, during the menstruation period, during certain movements.

#### 4.1.9 Whom did you contact first?

The most frequent answer was either an orthopaedist or the family doctor. 71 of the respondents stated that they had gone first to an orthopaedist and 70 had preferred to go first to their family doctor (see Figure 11). The third largest group with 34% was the group which had first contacted their family doctor.

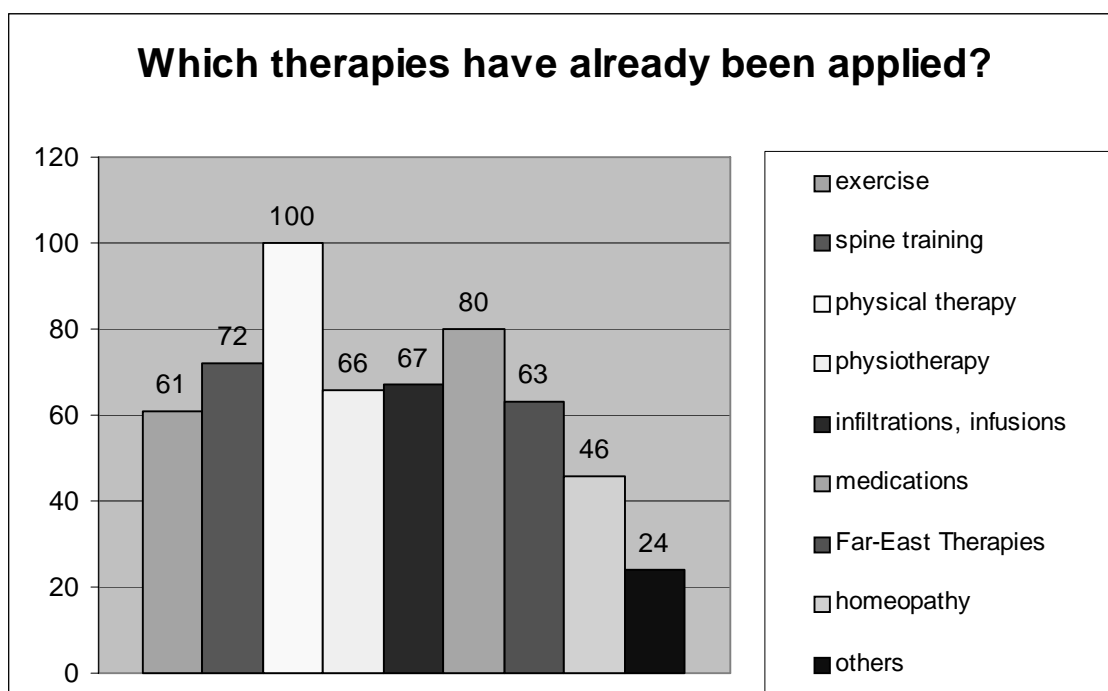


**Figure 11: Whom did you first contact with your problem?**

The answer “specialist” was complemented as to the medical discipline and the most frequently named specialists were neurologists, gynaecologists and obstetricians, ENT specialists, the general surgeon and the rheumatologist. The most frequent answers to the last open question concerning first contacts were members of the family, colleagues and friends (i.e. the mother, father, wife, daughter, and colleague). Medical professions not contained in the closed questions concerned doctors practising holistic medicine, Traditional Chinese Medicine, homoeopathy or chiropractic as well as midwives and pharmacists.

#### **4.1.10 Which therapies had already been applied?**

Almost half of the patients had undergone physical therapy, 80 had taken medication because of their problems, 72 had had spine training, 67 had been treated with infiltrations and/or infusions, 66 had undergone physiotherapy, 63 tried Far-East treatments like Shiatsu and acupuncture, and 61 did physical exercise, 46 had had homoeopathic treatment and 24 had had other medical treatment (see Figure 12).

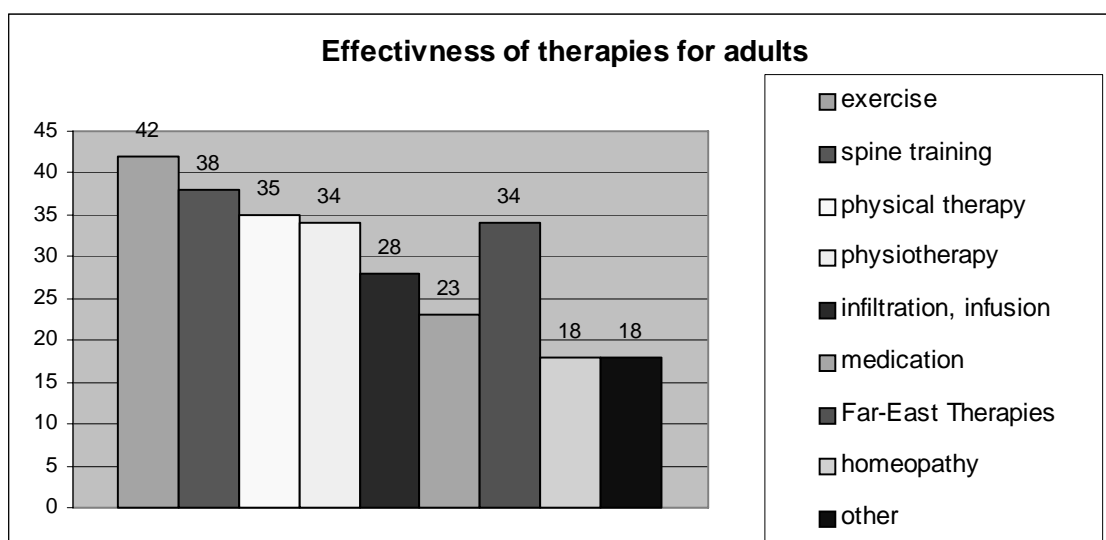


**Figure 12: Survey on therapies already performed**

The answers to the open question concerning therapies contained: Bach's flower remedies, Tai Chi, osteopathy, massage, psychotherapy, Traditional Chinese Medicine, bio-resonance, surgery, ointments, fitness club, speech therapy, shock wave treatment, fango and arch-supports.

#### **4.1.11 Which therapies were efficacious?**

42 patients improved their physical condition through sport, 36 through spine gymnastics, 35 through physical therapy, and 34 each through physiotherapy and Far-East treatments. 29 were helped with infiltrations and/or infusions, 23 with medication and 18 with homoeopathic treatment (see Figure 13). 18 stated that their problems were mitigated by therapies listed under chapter 4.1.10.



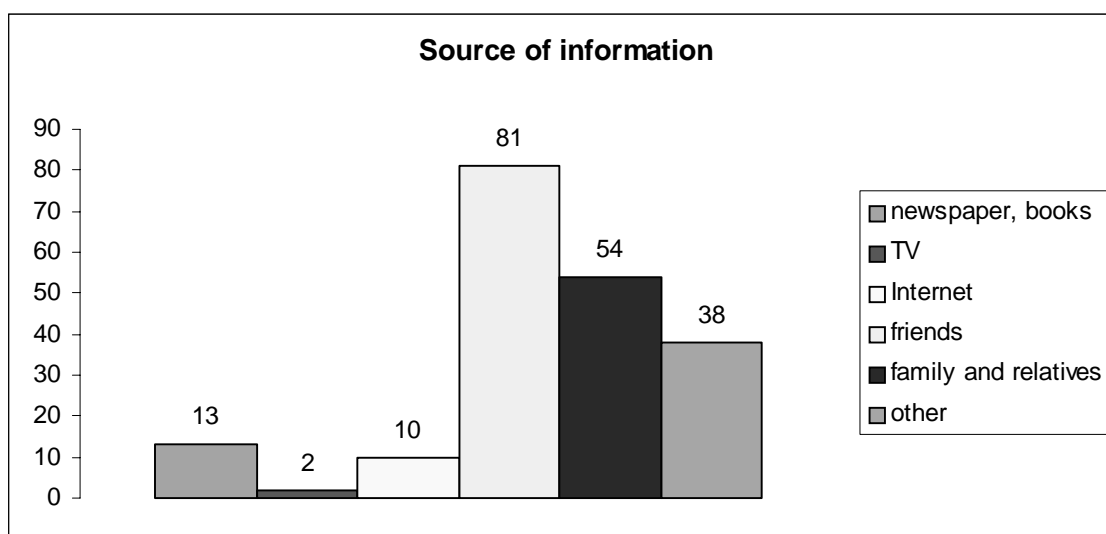
**Figure 13: Survey of therapies with good response, as stated by patients**

The question concerning efficacious therapies was answered several times with “none” followed by an exclamation mark or were left unanswered.

#### **4.1.12 How did you learn about osteopathy?**

##### **4.1.12.1 I collected information myself**

81 patients stated to have asked their friends and 51 their extended family. Some got the information about osteopathy from the media such as journals; books; TV and the Internet (see Figure 14). The answers to “other“, grouped according to their frequencies, were: orthopaedist, colleague, friend, physiotherapist, medical assistant, daughter in law, lecture, osteopathic training or study, masseur or medical doctor.



**Figure 14: Sources used for information on osteopathy**

#### 4.1.12.2 Osteopathy was recommended to me by ...

109 of all respondents, i.e. 53%, stated that osteopathy had been recommended to them by a friend. 17 had been advised by their family doctor and 31 by a specialist (see Figure 15). Orthopaedists and gynaecologists were the most often named specialists. Also named were neurologists, internal specialists, surgeons, specialists in physical medicine and in holistic medicine. The answers to the open questions were widespread and frequently connected with family and relatives such as wife, daughter, mother, sister, daughter-in-law, son, husband and child. Some explicitly stated midwives, their friends and other osteopaths.

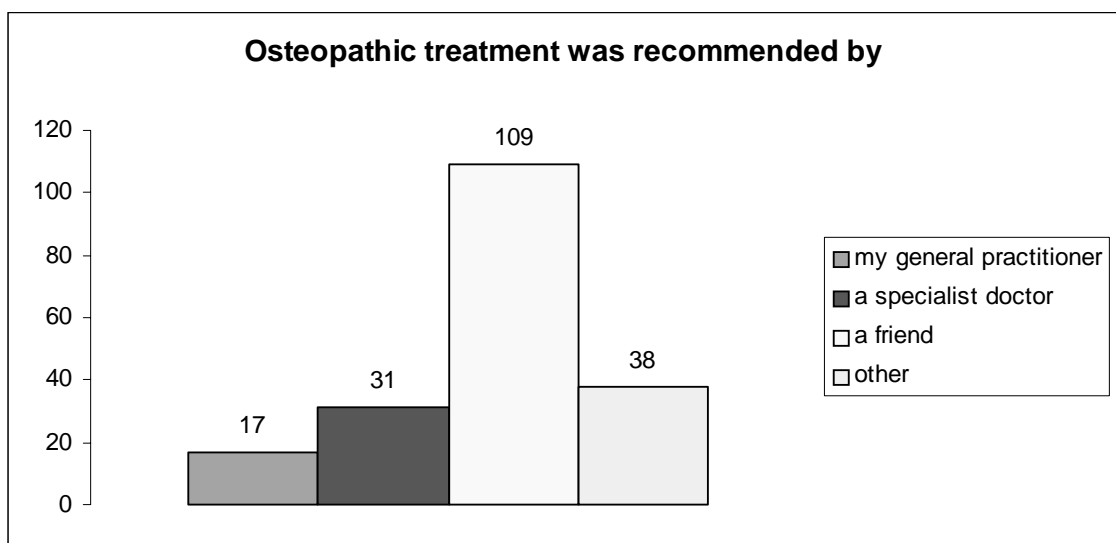
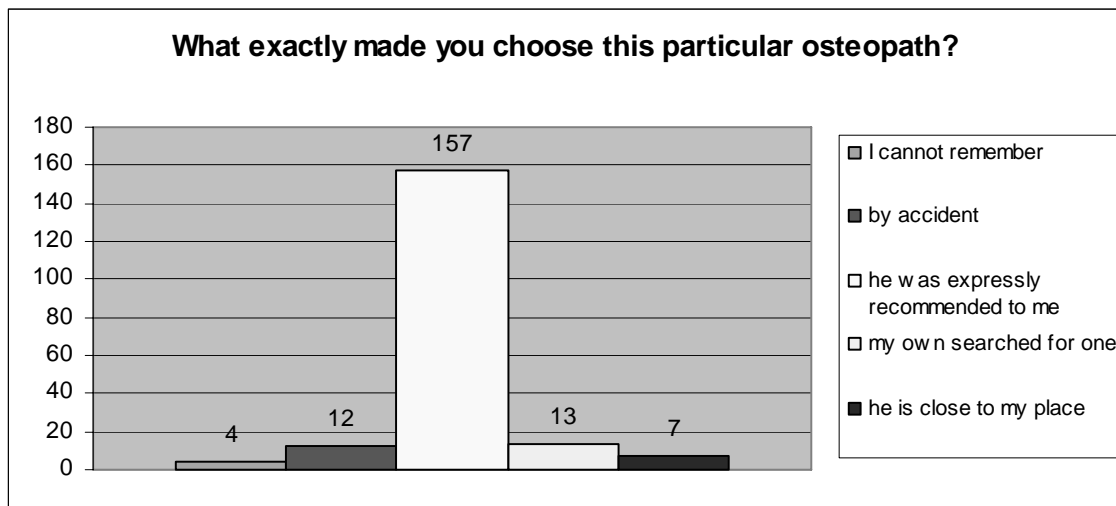


Figure 15: Persons recommending osteopathy

#### 4.1.13 What exactly made you choose this particular osteopath?

157 out of 204 persons, that are 77% of all respondents, said that the osteopath had been explicitly recommended to them (see Figure 16).



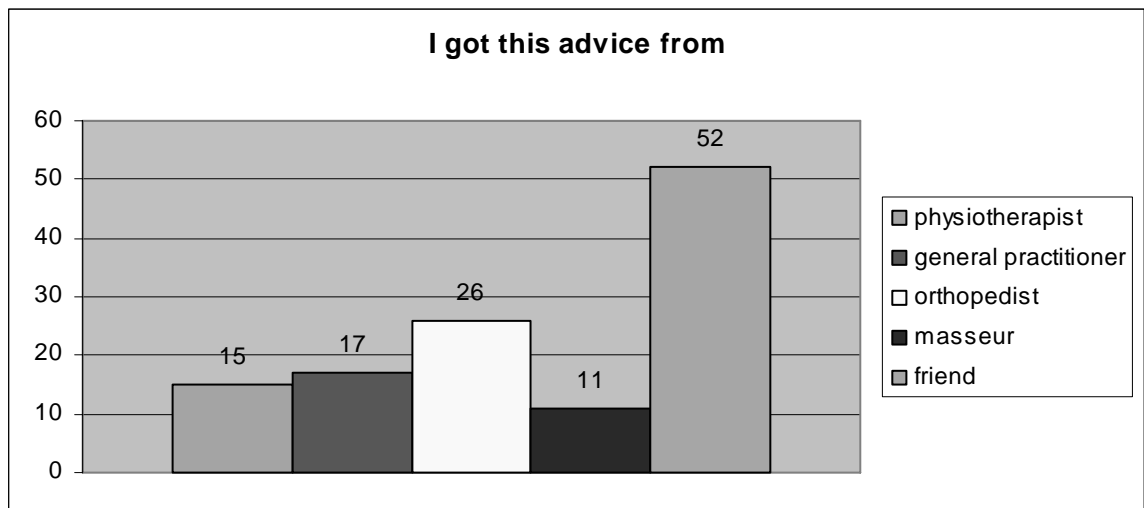
**Figure 16: Reasons for choosing this particular osteopath**

13 stated to have made special inquiries, 12 said it was by accident and 7 had chosen him because of the close distance to their home.

#### **4.1.14 Which statements apply to you**

Some questions, that had already been answered, were asked again in a different form. In answer to the first question, 41 persons, i.e. 20%, said that they had already visited many specialists and had already tried many therapies. The second question was answered by 47 persons, i.e. 23%, who stated that they had gone straight to the osteopath because of the good results of the treatment. Question 9, asking for the first contact, was answered by 34%, saying that they had gone directly to the osteopath (see also chapter...). The question as to the person who had recommended a visit to an osteopath was answered as follows: 52 persons said it was a friend or an acquaintance, 26 persons said that it was an orthopaedist, 17 that it was the family doctor and 15 that it was a physiotherapist. 11 mentioned the masseur and 7 other specialists (see Figure 17).

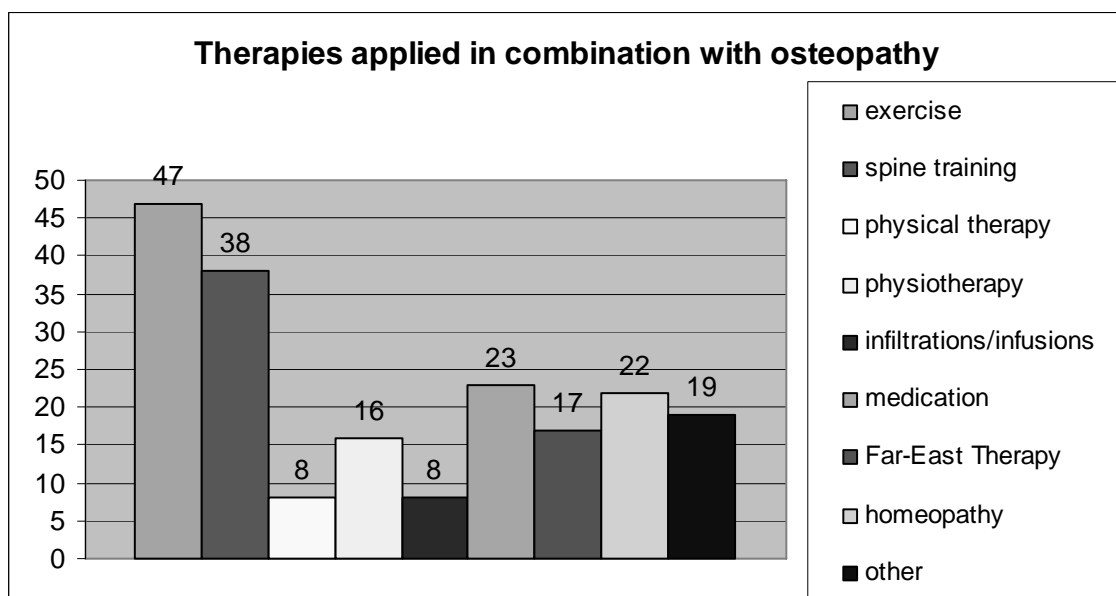




**Figure 17: Survey of persons recommending osteopathy**

#### **4.1.15 Which therapies are made in combination with osteopathy**

Exactly half of the patients stated to be undergoing treatment in combination with osteopathy. The multiple choice answers were: 47 combined osteopathy with sports medicine, 38 combined it with spine training, 23 with medication and 22 with homoeopathy. The answers for “other” contained most often yoga, but also herb tee, Tai Chi, spiral dynamics, Kieser training, psychotherapy, Schüssler salts and massage (see Figure 18).



**Figure 18: Survey of therapies applied in combination with osteopathy**

#### 4.1.16 Subjective perception of how much time was spent in search for information

72 persons, i.e. 36% of the respondents stated to have spent little time in search of information about their problem and a suitable type of therapy. 71 considered the time spent adequate and 35 said they had spent a considerable amount of time. As many as 24 indicated to have spent no time at all (see Figure 19).

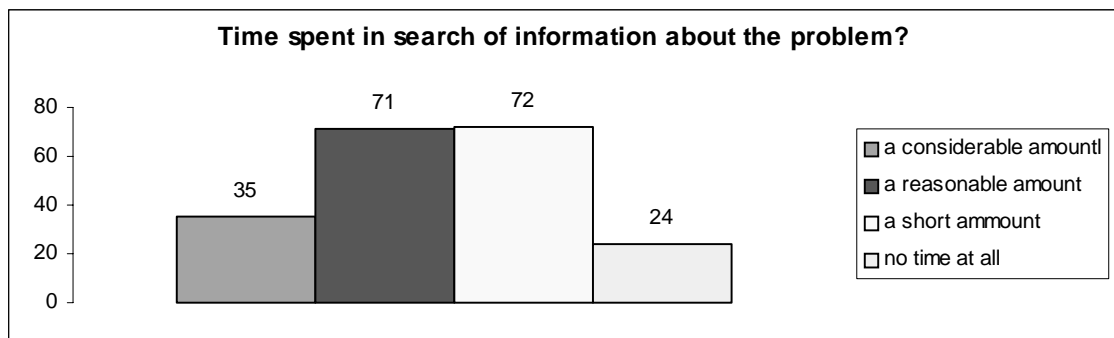


Figure 19: Estimated time spent on search for information

#### 4.1.17 When I consulted the osteopath I was ...

With this question, multiple choice answers were possible.

97 respondents said they were optimistic, 74 were curious. 45, i.e. 22% of the respondents were despaired. 39 patients felt exhausted (see Figure 20). In answer to open question 9 additional emotions were mentioned, such as optimistic, in search of something, sceptical, nervous, insecure, hopeful, and anxious.

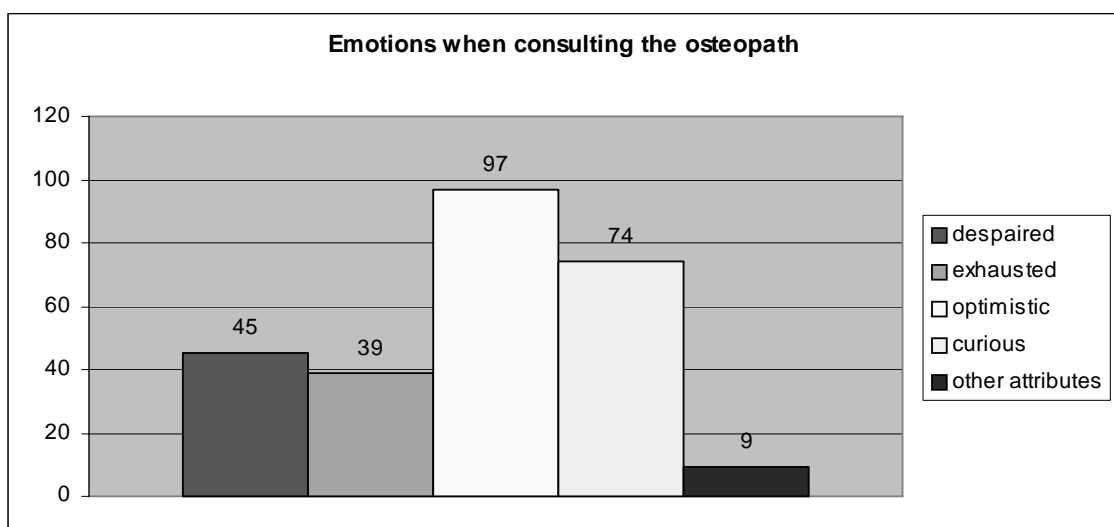


Figure 20: Emotional state when the patient first visited the osteopath

#### 4.1.18 Before my visit to the osteopath I felt ...

A further question on emotions aimed at finding out about the feelings of patients before their visit to the osteopath. A total of 69 patients, i.e. one third, said they were confident as things could only become better.

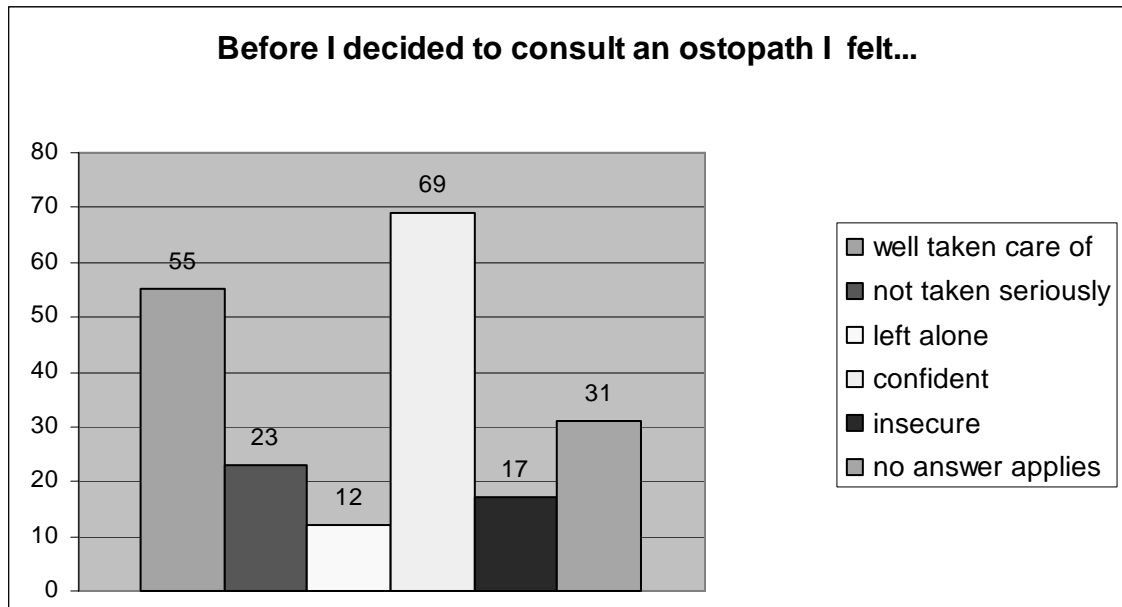


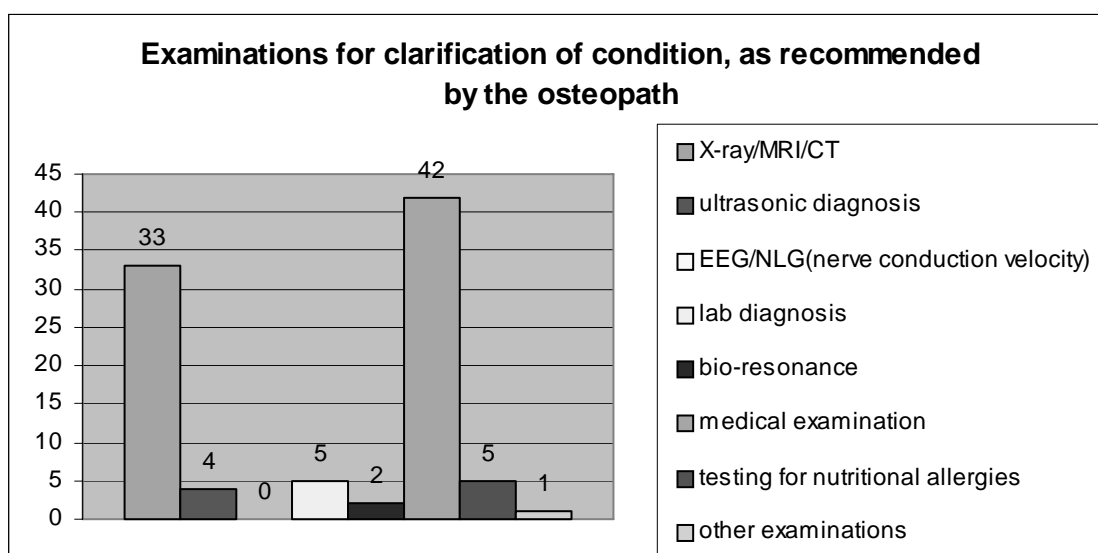
Figure 21: Emotional state before the patient decided to consult an osteopath

A further 55 patients, i.e. 27% of all patients, indicated that they were well taken care of as they were treated by competent therapists only (see Figure 21). 23 felt they were not taken seriously, and 17 felt insecure. A further 12 felt left alone, and 31 said none of the answers applied to them.

#### 4.1.19 What additional measures did the osteopath recommend?

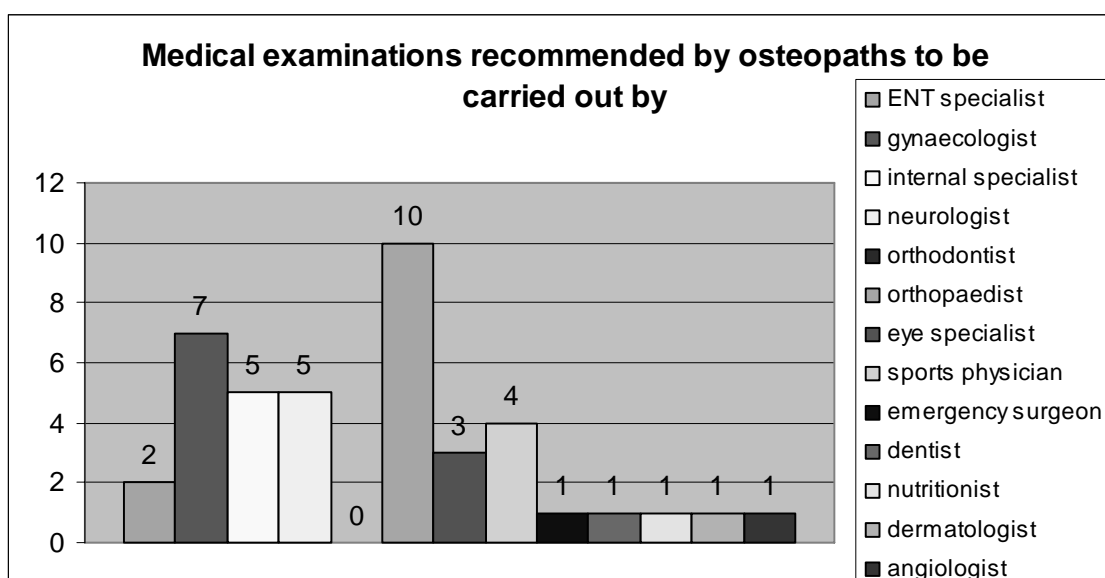
##### 4.1.19.1 Further diagnostic measures

In 42 cases, the osteopaths recommended further medical examinations. 33 patients were advised to have an X-ray or an MRI taken. Other diagnostic measures were hardly ever recommended (see Figure 22).



**Figure 22: Survey of recommended diagnostic measures.**

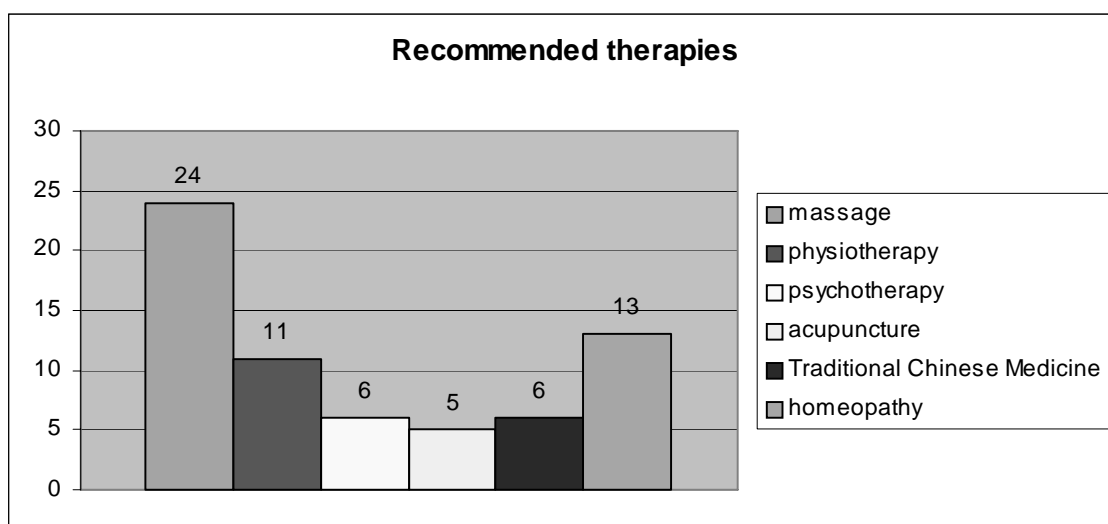
A closer look at the evaluation of recommended medical examinations shows that osteopaths frequently recommend their patients an additional examination by an orthopaedist and quite often also by a gynaecologist, an internal specialist, a neurologist and by a sports physician (see Figure 23).



**Figure 23: Survey of medical examinations recommended by an osteopath**

#### **4.1.19.2 Additional therapeutic measures**

24 patients were recommended to have a massage as additional therapy. 13 patients were also recommended homoeopathic treatment.

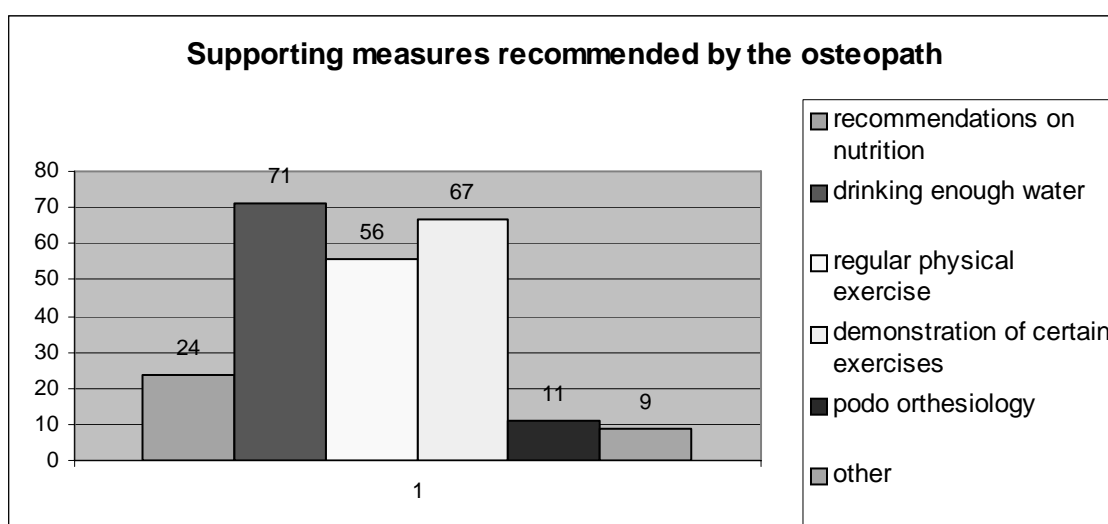


**Figure 24: Survey of therapies osteopaths recommend to their patients**

11 patients were advised to undergo physiotherapeutic treatment and some patients were recommended to see a psychotherapist, a specialist in acupuncture or in Traditional Chinese Medicine (see Figure 24).

#### 4.1.19.3 Supporting measures

A supporting measure most often recommended by osteopaths in Vienna is the advice to drink enough water (see Figure 25). This recommendation was given to a total of 71 patients. 67 patients were demonstrated how to do certain supporting exercises and 56 were recommended to do regular physical exercise.



**Figure 25: Supporting measures recommended by the osteopath**

## 4.2 Evaluation of questionnaires for parents

27 % completed the questionnaires but failed to supply personal data of the child. Hence no complete demographic data are available.

### 4.2.1 Age of the children

Similar to the questionnaires for adults (see chapter 4.1.1); only 58% of the questionnaires for parents contained any data as to the age of the children. The average age was an extrapolated 6.6 years. Age groups were formed in correspondence with the developmental steps of children. Burns describes three phases in the motor development of a child. From birth to the second year, from the second to the sixth year and from the sixth year to adolescence (cf. Burns 1999, p18). A fourth step was added, from 13 to 18 years. The group questioned contained all age groups, and close to half of the children were of pre-school age (see Figure 26). Most of the children were in the development group from 6 to 13.

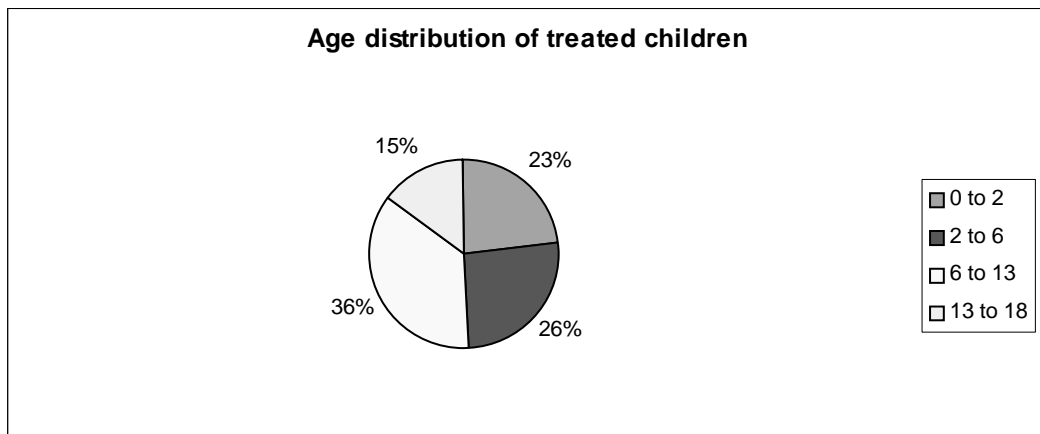


Figure 26: Age groups of treated children

### 4.2.2 Gender of treated children

75% of the parents indicated the gender of their children, and the distribution was close to 50% each for females and males (see Figure 27).

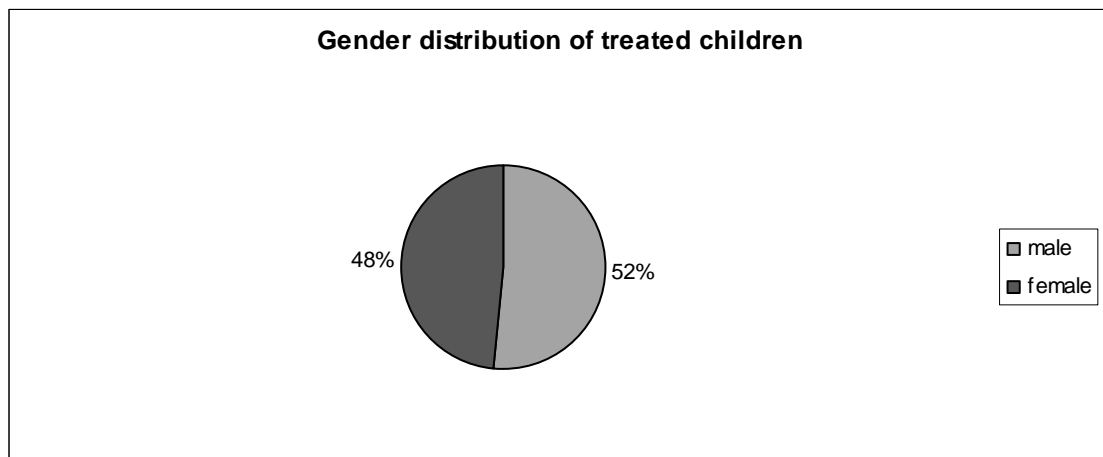


Figure 27: Gender distribution of treated children

#### 4.2.3 How often has the child been treated by an osteopath?

24% of the children had their first osteopathic treatment on the reference day. About the same number had their third to fifth treatment on this day, and most of the children, i.e. 29%, had been treated at least six times (see Figure 28).

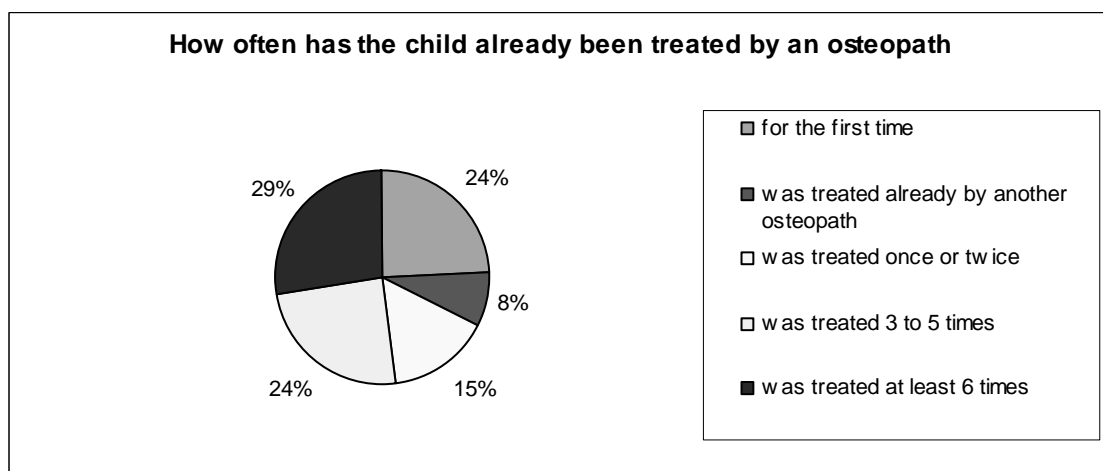
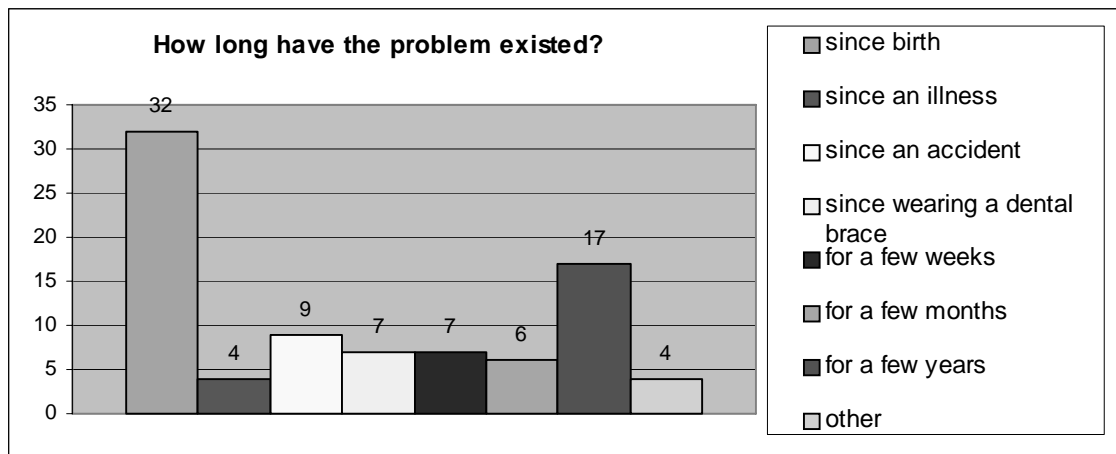


Figure 28: Number of treatments already undergone

#### 4.2.4 For how long have the problems existed?

Most of the parents stated that the problem for which they had consulted an osteopath had existed since birth. 17 stated that it had existed for a few years and 9 stated that it had existed since an accident. The answer that ranked fourth was that it had developed after their children had been given a dental brace (see Figure 29).

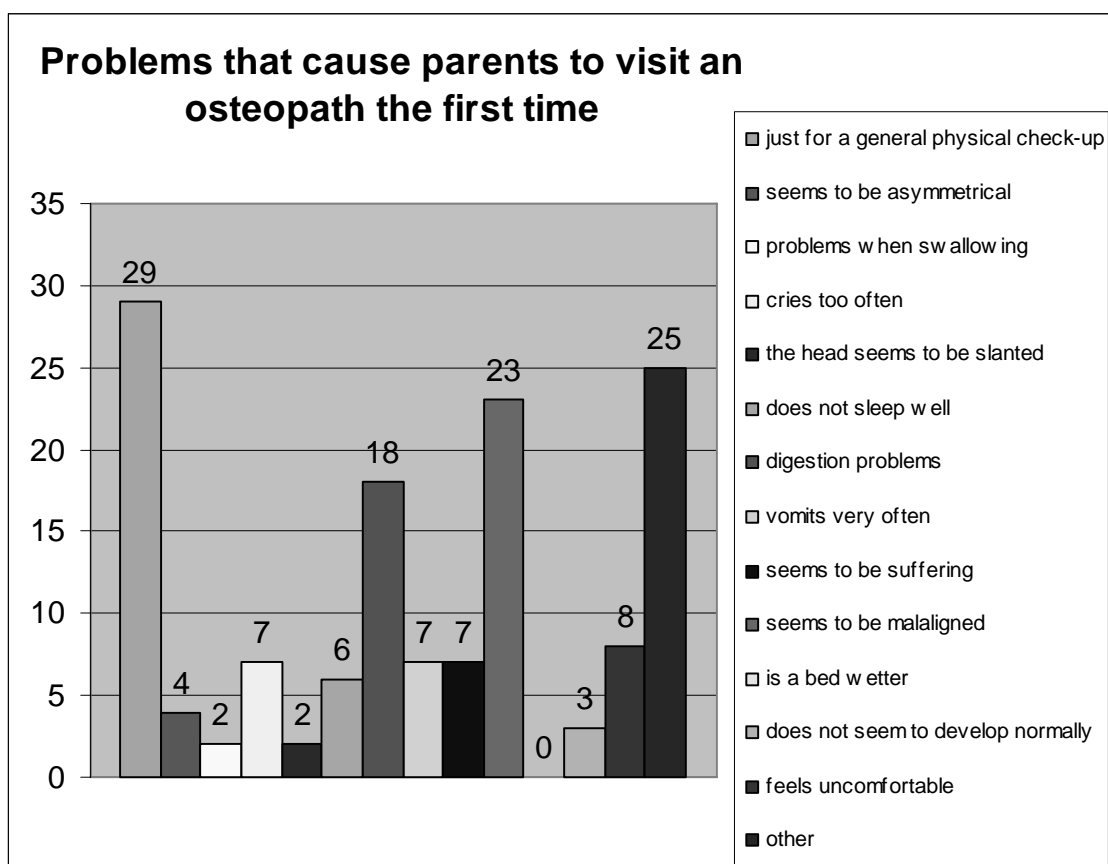


**Figure 29: Duration of the problem in children**

#### **4.2.5 Problems that cause parents to visit an osteopath**

29 parents (mother or father), i.e. 35%, stated that at their first visit to an osteopath they just wanted to know whether everything was o.k. Another 23, i.e. 28%, came because of a false position of a joint and still another 18, i.e. 22%, because of digestion problems. A very large group suffered from problems not specified in the questionnaire. The following problems were listed: most frequently, i.e. 8 times, complicated delivery (pelvic presentation, forceps delivery, Caesarean section), then problems in the ENT area such as nasal polyp, throat tickle and snoring. Frequent statements by parents were lack of concentration, learning disability, aggression, feeling jittery, chronic bronchitis, epilepsy, funnel chest and muscle hardening (see Figure 30).

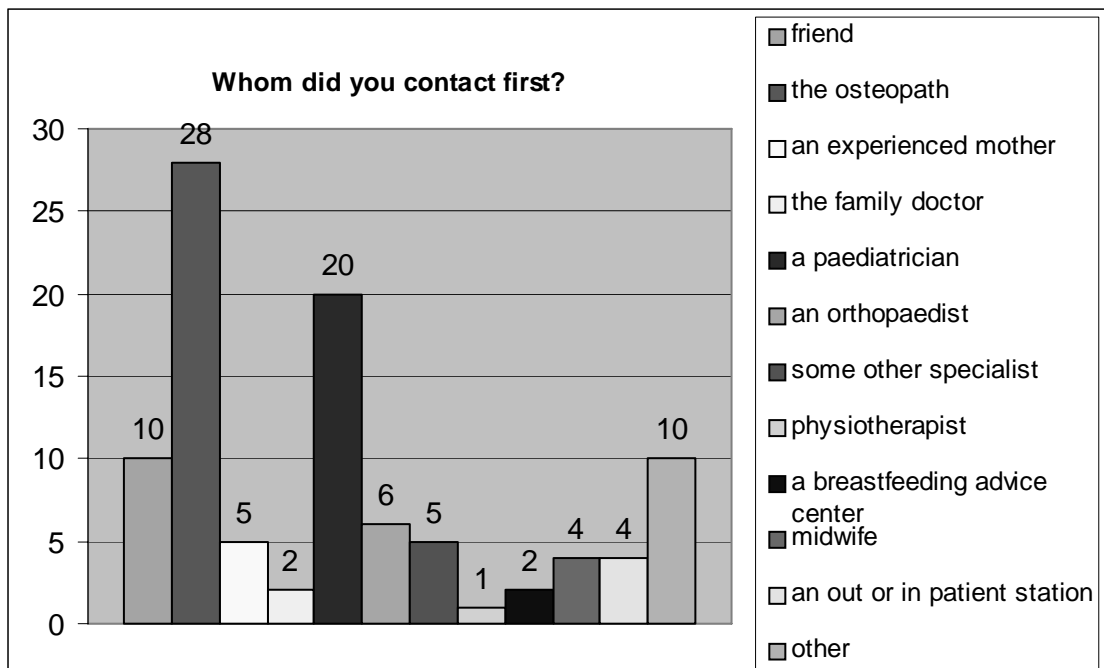




**Figure 30: Problems that cause parents to visit an osteopath for the first time**

#### **4.2.6 First contact point**

The largest group is made up by parents that consult an osteopath right away. 28 parents said that an osteopath was their first contact. 20 parents first consulted a paediatrician (see Figure 31).

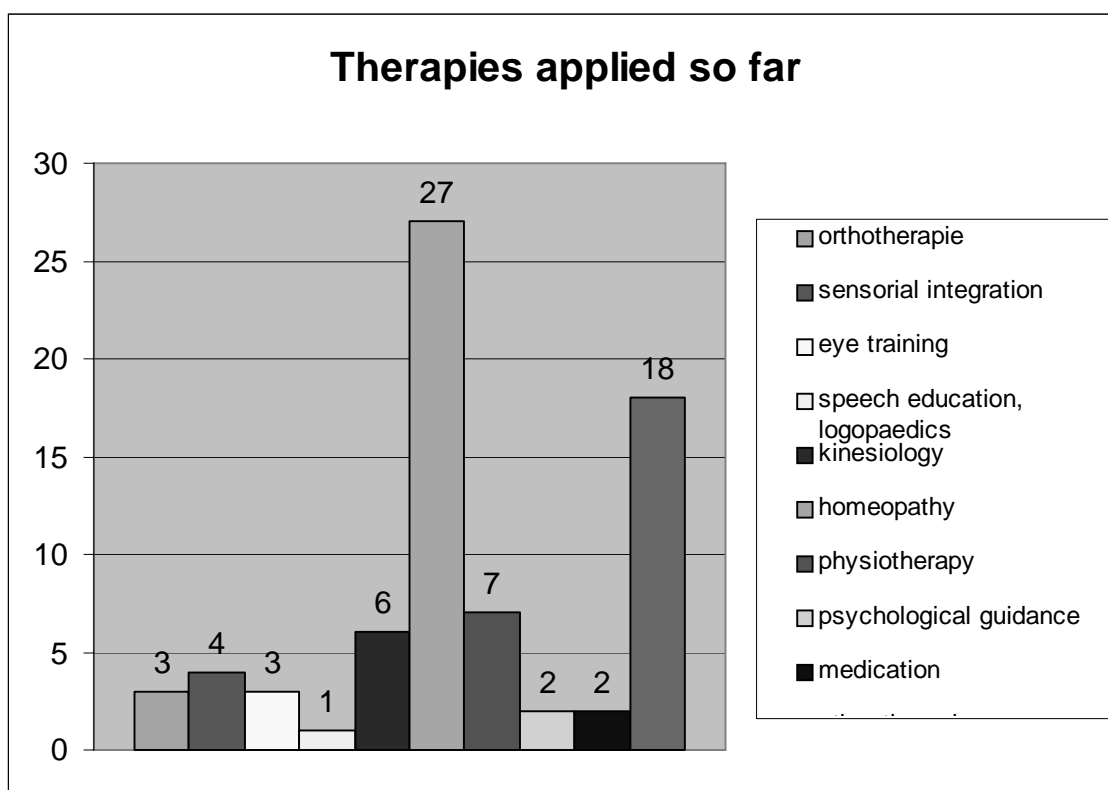


**Figure 31: Survey of first contacts for parents**

Altogether 11 parents consulted orthopaedists and other specialists, 10 went to see a friend. Another 10 went to persons other than suggested in the questionnaire, among them homoeopaths, chiropracist, speech therapist, occupational therapist and optometrist.

#### **4.2.7 What therapies have been applied so far?**

27 parents stated that their children received homoeopathic treatment. 18 decided for a therapy not mentioned in the questionnaire (see Figure 32).

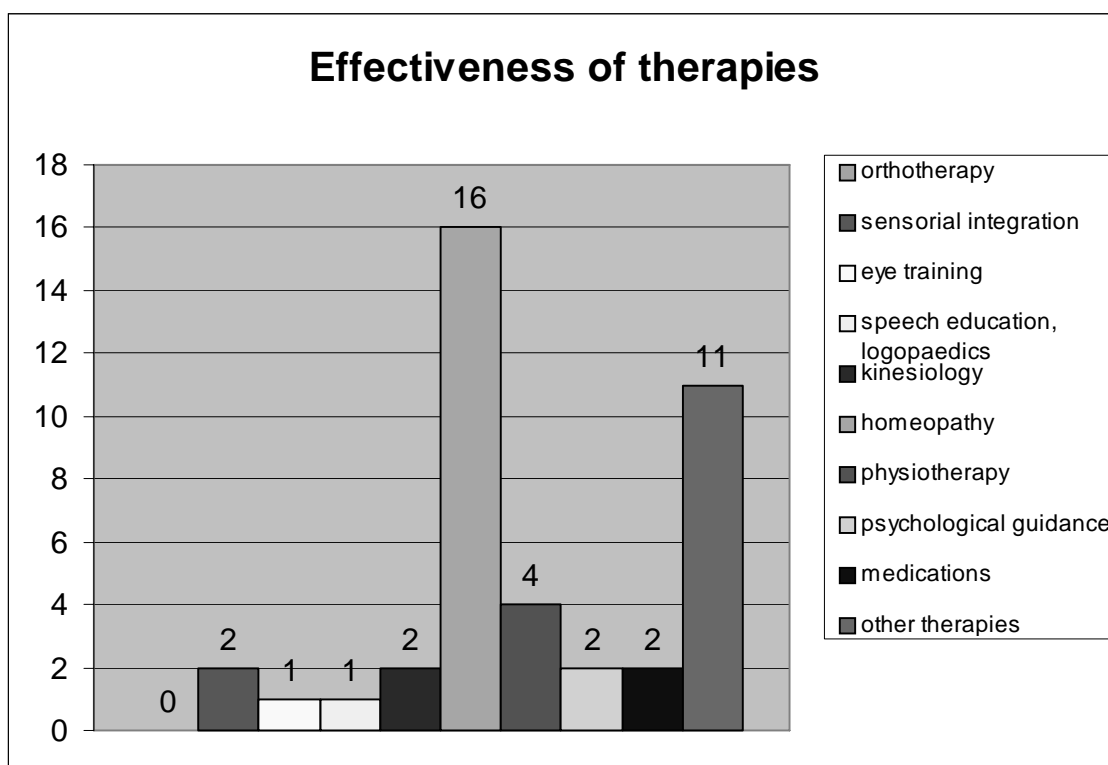


**Figure 32: Survey of therapies already undergone by children**

The parents mentioned the following therapies: Bach flowers, tuina, hip abduction bandage, massage, braces, autogenic training, recumbent positioning, holopathy, psychological counselling.

#### **4.2.8 Efficacious therapies**

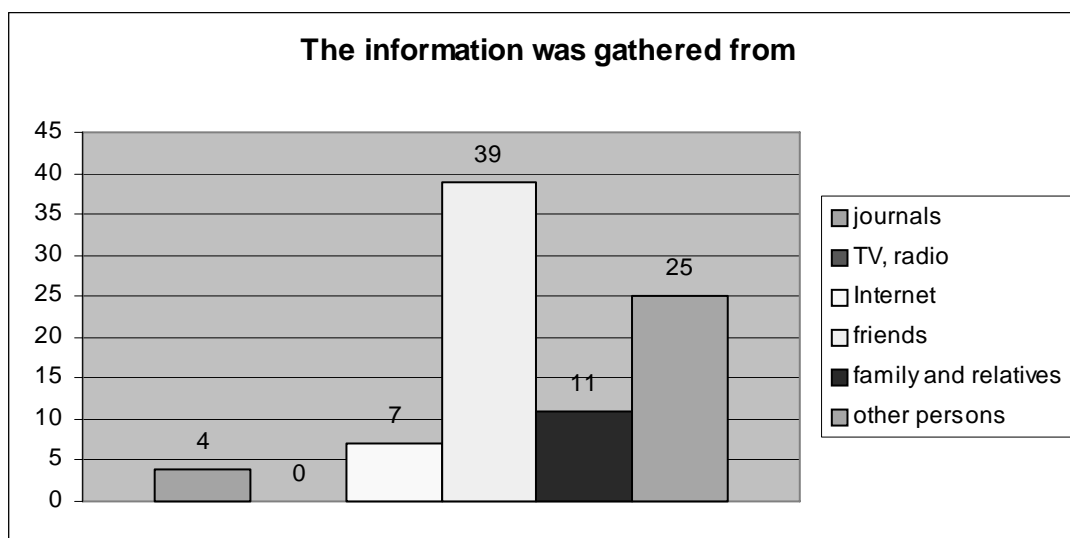
16 parents stated that homoeopathy had worked well, and 14 had opted for other efficacious therapies not mentioned in the questionnaire, listed under “other therapies” in the previous chapter (see Figure 33).



**Figure 33: Efficacy of therapies performed, as perceived by parents**

#### 4.2.9 How did you learn about osteopathy?

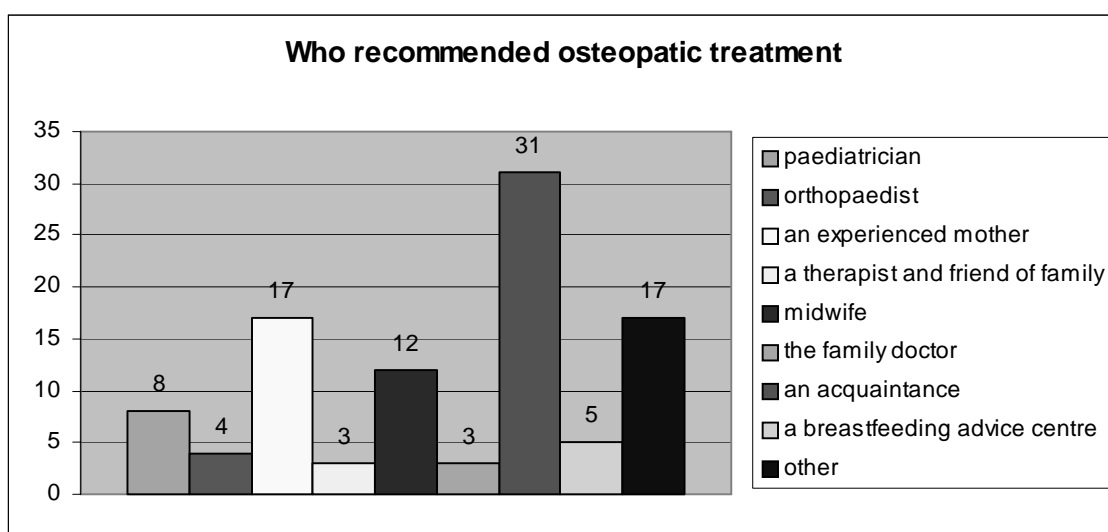
39 parents said to have asked friends or acquaintances (see Figure 34). 25 parents asked persons other than the ones mentioned in the questionnaire. Under open answers books, homoeopath, pharmacist, midwife, physiotherapist, speech therapist, chiroprapist, own experience, friend, and dentist were mentioned.



**Figure 34: Sources from which parents gathered their information**

#### 4.2.10 Who recommended osteopathic treatment?

The clear trend was towards “friend“. 31 respondents said that a friend had recommended the osteopath.



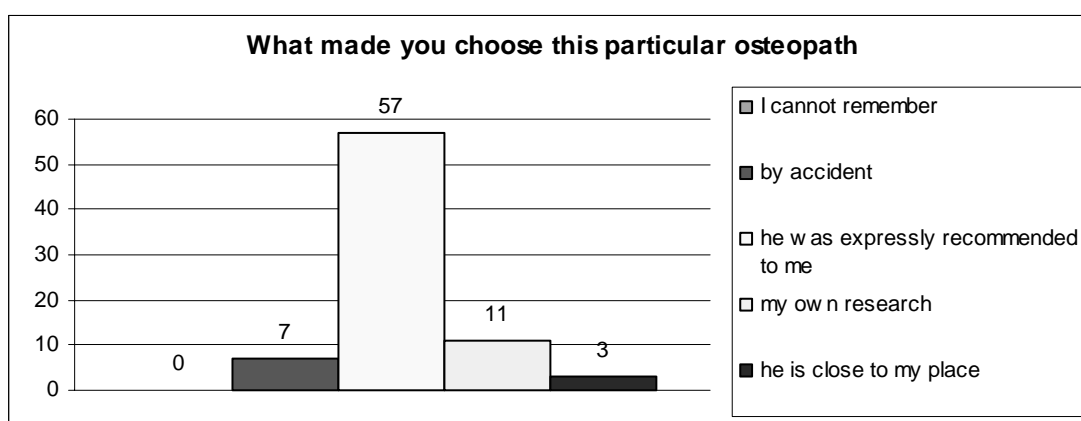
**Figure 35: Persons who recommended osteopathic treatment**

17 said that “other persons“recommended the osteopath (see Figure 35).

The open question was answered as follows: “I am a physiotherapist myself”, husband, orthodontist, speech therapist, homoeopath, ENT specialist, children’s nurse.

#### 4.2.11 What made you choose this particular osteopath?

57 of 78 parents, i.e. 73%, responded that this particular osteopath was recommended to them. 11 parents said to have searched for one themselves, 7 found the osteopath by accident and 3 chose him because he was close to where they lived (see Figure 36).



**Figure 36: Reasons for choosing this particular osteopath**

#### 4.2.12 Which statements apply to you?

Some questions that had already been answered were asked again in a different form. In answer to the first question, 13 parents, i.e. 16%, said they had already consulted many specialists and had tried many therapies before visiting an osteopath. In answer to a further question, 40% of the parents said to have consulted the osteopath right away as he had helped them so well, 26 said he had helped their child before, and 18 said he had achieved good results with others. A further control question as to the persons that had recommended osteopathy, 34% mentioned a friend, 9% the paediatrician, 8% the midwife, 5% the breastfeeding advising centre (see Figure 37).

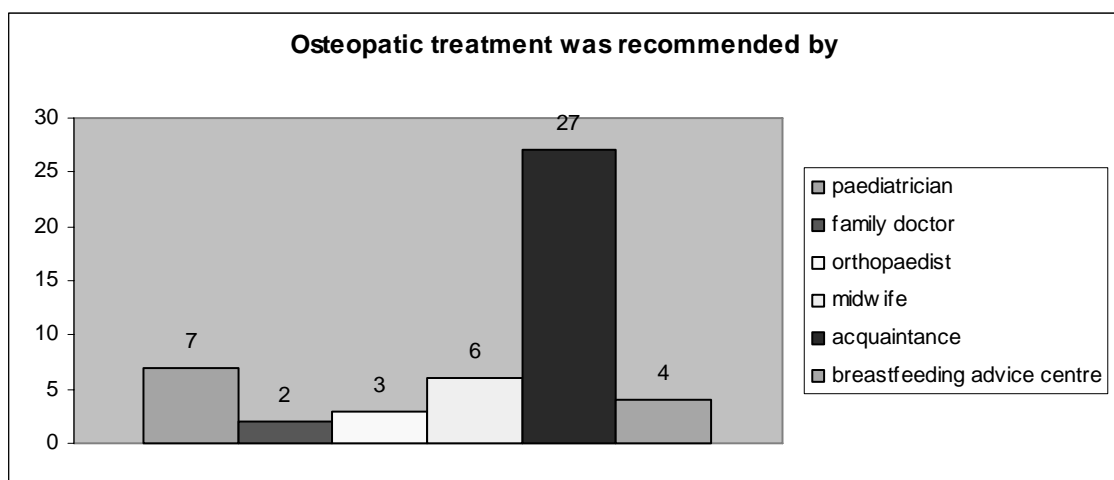
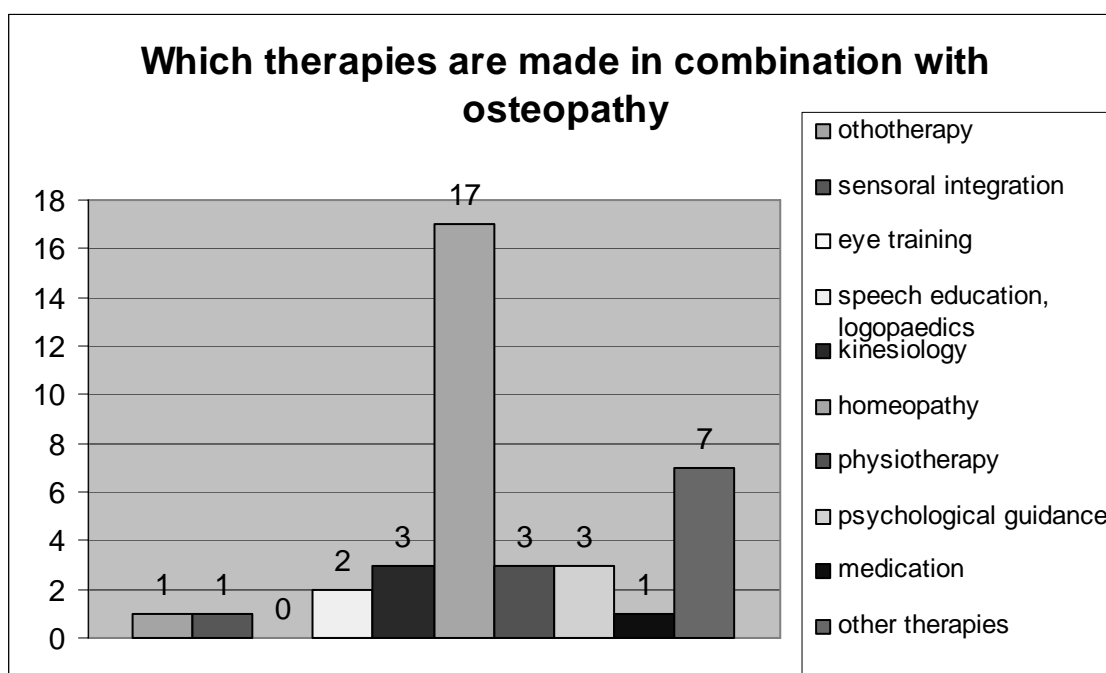


Figure 37: Persons who recommended osteopathic treatment

#### 4.2.13 Which therapies are made in combination with osteopathy?

The question was answered by 80 parents. 52 did not undergo any additional therapy. Of the 20 parents that had opted for a combination therapy, the majority mentioned homoeopathy. "Other therapies" ranked second (see Figure 38).

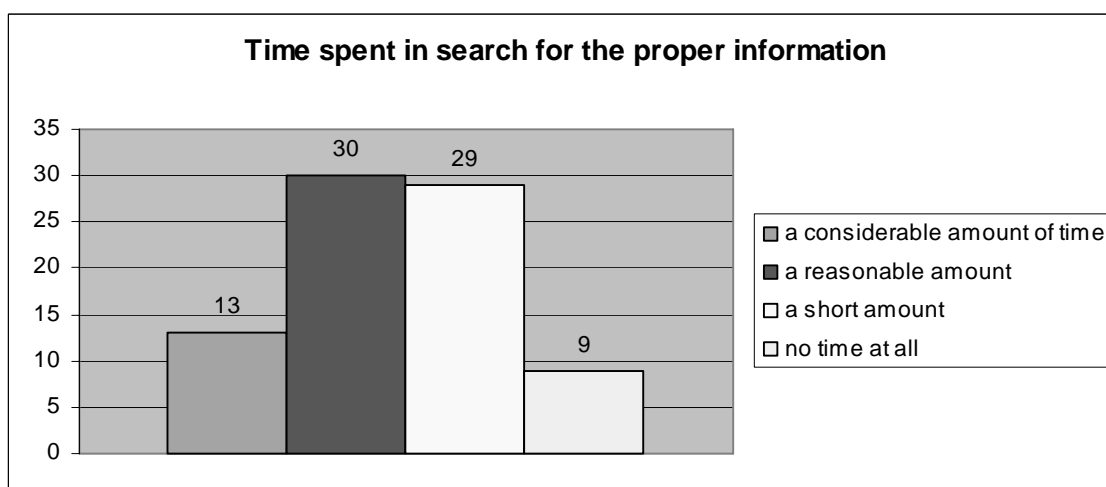


**Figure 38: Survey of therapies children undergo in combination with osteopathy**

With this open question, answers ranged from “braces, active special insoles hip abduction bandage, holopathy, to remedial eurythmics”.

#### **4.2.14 Subjective perception of how much time was spent in search of information about the problem and a suitable therapy.**

30 of 81 parents thought the time spent on finding information about the health problem of their child and a suitable therapy was adequate. Almost as many said they had not spent much time on their search. 13 parents felt they had spent a considerable amount of time, and 9 said they had not spent any time at all (see Figure 39).



**Figure 39: Subjective estimate of time spent in search of information**

#### 4.2.15 When I came for a first osteopathic treatment...

The feelings most frequently expressed were curiosity and optimism. 20 parents said they were despaired, and 16 were exhausted (see Figure 40).

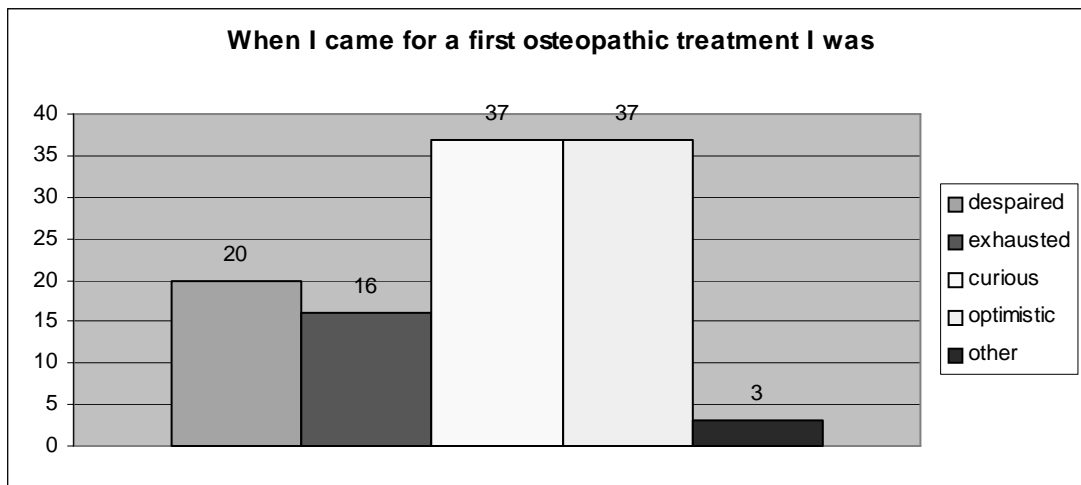


Figure 40: Emotional state of parents when visiting the osteopath

#### 4.2.16 On my first way to the osteopath I felt ...

More than half of the parents felt well taken care of, as they had met only competent people. Another 17 were confident and thought that things could only be looking up (see Figure 41).

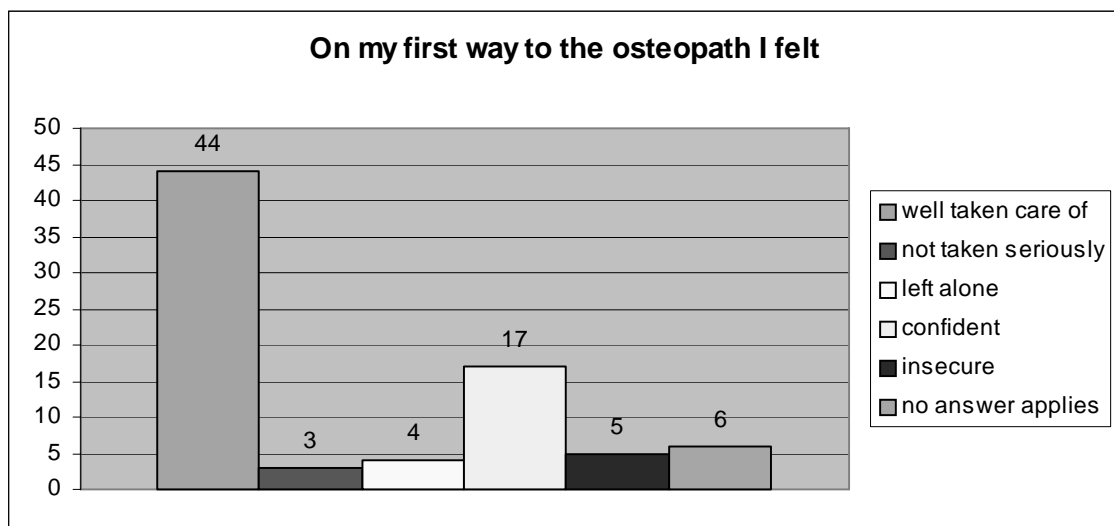


Figure 41: Emotional state of parents before their visit to the osteopath

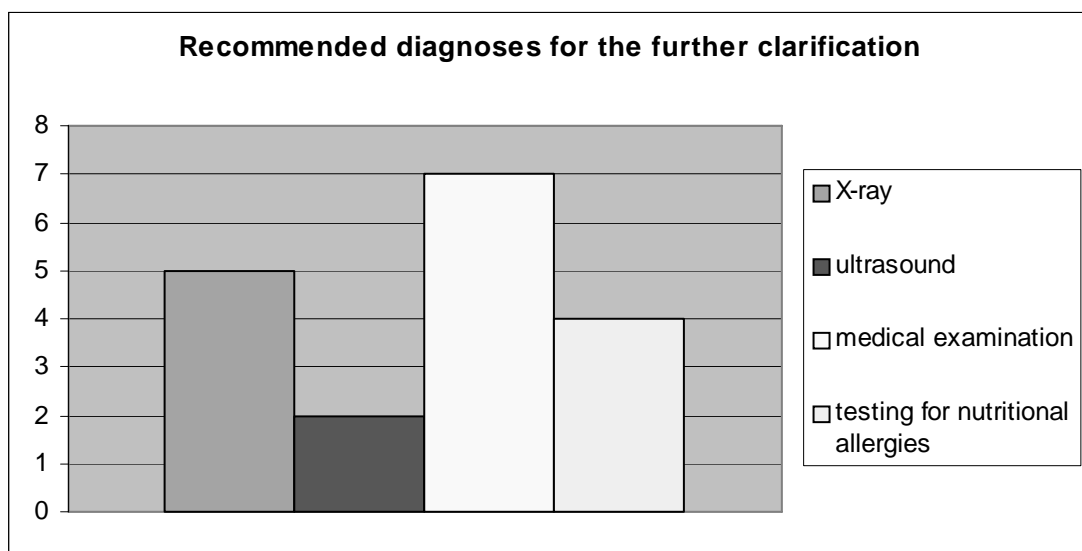


## 4.2.17 What additional measures were recommended by the osteopath?

### 4.2.17.1 Further diagnostic measures

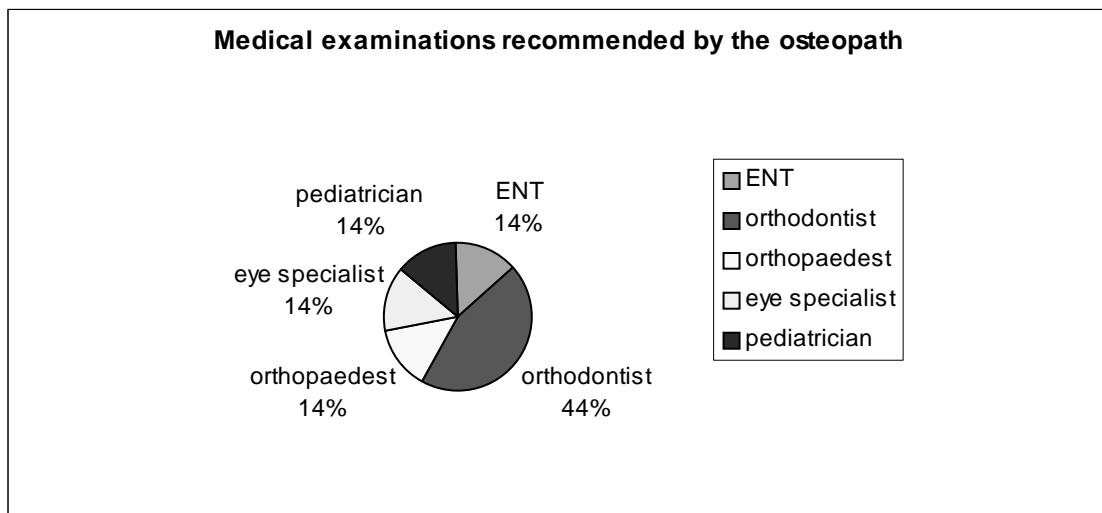
In this part of the questionnaire, the questions related to further examinations, additional therapies and supporting measures.

The first question was about further medical examinations that the osteopath had recommended to the parents. A total of 20 recommendations were made to parents. Most parents were advised to consult various specialists for further examinations. X-rays were also recommended quite frequently. Testing for nutritional allergies was recommended four times, ultrasonic testing two times (see Figure 42). The questionnaire contained four further choices: EEG, lab diagnosis, bio-resonance and developmental diagnostics. None of the parents chose any of the four; consequently they are not included in the chart.



**Figure 42: Survey of medical examinations recommended by the osteopath**

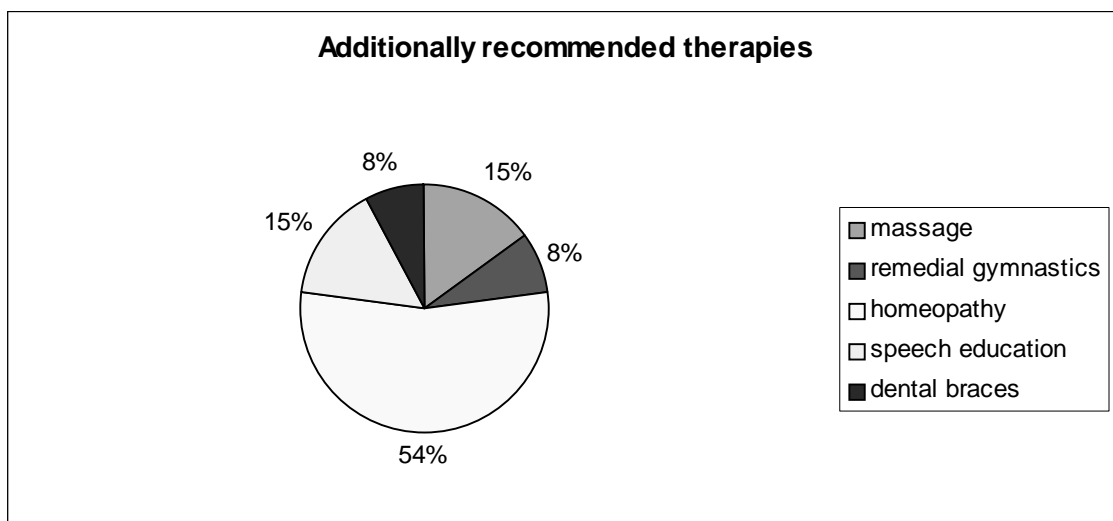
Parents could also allocate the medical examinations to the individual medical disciplines. The most frequent answer related to the recommendation to have the child checked by an orthodontist. Recommendations of all other examinations were evenly distributed (see Figure 43).



**Figure 43: Survey of medical examinations recommended by the osteopath**

#### **4.2.17.2 Additional therapeutic measures**

The second question related to the additional therapies that the osteopath had recommended to the parents. A total of 13 recommendations were made. The most frequent recommendation was to have the child treated additionally by a homoeopath. Speech therapy and physiotherapy were also recommended in a number of cases. Additional massage therapy and braces were also considered (see Figure 44). Further options were psychotherapy, acupuncture, Traditional Chinese Medicine and sensory integration. Since none of the parents had indicated to have received any such recommendation by the osteopath, they were not included in the chart.



**Figure 44: Survey of additional therapies for children, as recommended by the osteopath**

#### 4.2.17.3 Supporting measures

The third question related to supporting measures that the osteopath had recommended to the parents. The parents indicated a total of 40 recommendations. The most frequent recommendation was that children should drink sufficient amounts of water. Further frequent recommendations referred to nutrition and regular physical exercise. Six parents mentioned that the osteopath had shown them a few exercises and three said that the children should get special insoles (see Figure 45).

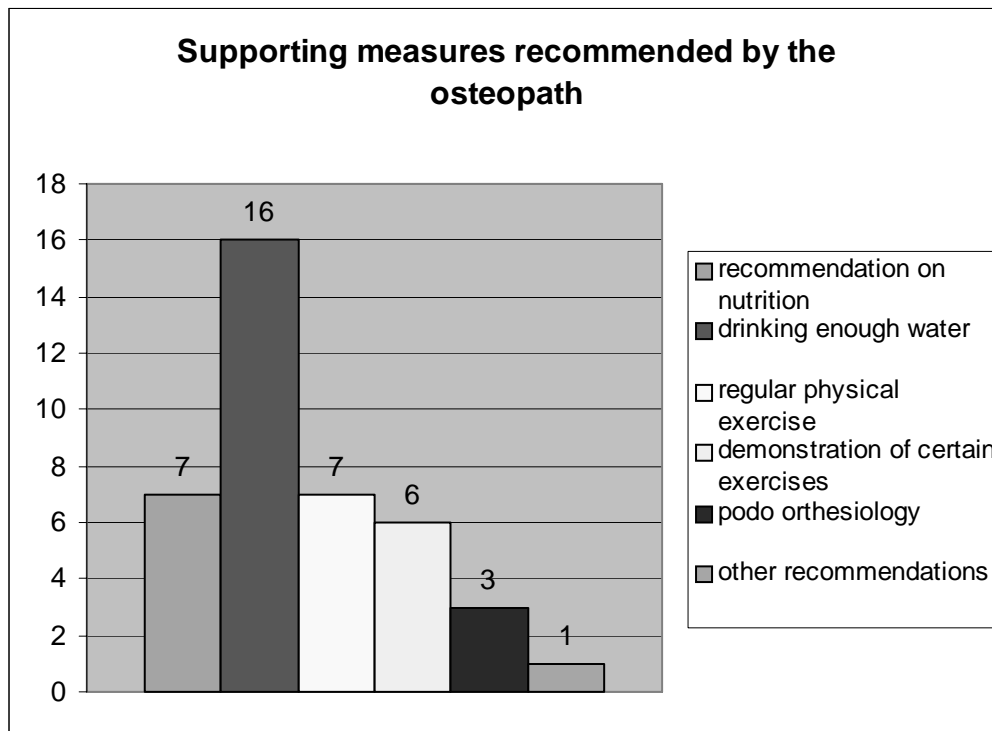


Figure 45: Survey of supporting measures for children recommended by osteopaths

## 5 Summary and interpretation of the results of the adult patients' questionnaires

The three specific groups of questions asked in the questionnaires (see chapter 3.1.2) are summarised and analysed, and the important results are presented in detail. For clear differentiation between summary and interpretation, the results of the interpretation are given in *italics*.

### 5.1 Questions concerning the person and his specific problem

Generally it may be said that 70% of all patients who came for osteopathy treatment were women. 60% of the patients were between 30 and 49. The most frequent problems why patients had turned to an osteopath were pain and restriction of movement. 62% of the patients had been suffering from their problem for a year and longer, and more than 50% were suffering from the problem all or most of the time. During the previous 3 months 51% had consulted a medical doctor at least twice and 20% indicated that they had visited many specialists and had tried many forms of therapy. 41 % of the patients, who had undergone osteopathy treatment before, stated that they had had such treatments at least six times.

*From these data it can be gleaned that most of the adult patients consult an osteopath because of chronic pain. Expectations as to a “magic cure”, i.e. cure by just one single treatment, seem to be rare.*

### 5.2 Questions concerning health care network

As described in the previous chapter, the most frequent problems encountered by patients are pain and restriction of movement. Naturally, **the first ports of call** for patients with these kinds of problems are orthopaedists and family doctors, with 34% each. 16% come directly to the osteopath, while 10% turn first to masseurs and 9% to a physiotherapist or other specialist doctor (8%). The control question, however, yields that the percentage of persons who seek relief of their pain by immediately turning to an osteopath is higher, i.e. about 23%.

This means that a total of about 80% of all patients with problems first consult medical doctors, while 16% go directly to an osteopath. But when the patients start to have

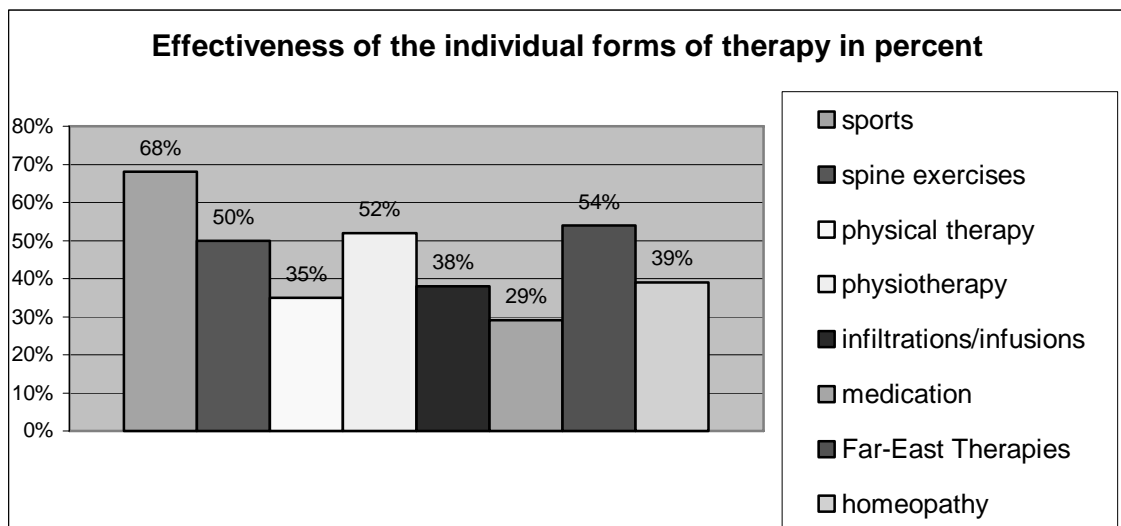
problems again later in their life, 23% come directly to an osteopath and I think this percentage will continue to grow.

As regards **previous therapies and their effectiveness**, the data is summarized as follows: 20% of the patients had already tried many different types of therapy before they consulted an osteopath. The most frequent types of previous therapy were physical-medicine treatments. Even though 100 patients had undergone such a therapy, only 36 indicated that this form of therapy was helpful (see Table 2). This is about 35%.

	Number of patients who indicated to have undergone this form of therapy	Number of patients who indicated that this form of therapy was successful	Percentage by which this form of therapy was successful
Sports	61	42	68%
Spine training	72	36	50%
Physical medicine therapy	100	35	35%
Physiotherapy	66	34	52%
Infiltration/Infusion	67	26	38%
Medication	80	23	29%
Far-East treatments	63	34	54%
Homoeopathy	46	18	39%

**Table 2: Overview of therapies applied on adult persons and their effectiveness in percent**

The percentage is clearly higher in the active type of therapy than in the passive type. The percentage for sports is 68%, while it is only 52% for physiotherapy and 50% for spine training. The types of therapy summarized under “Far-East therapies” also have a high degree of effectiveness with 54%. In this survey, therapy by medication turned out to be the least effective form of therapy with only 29%. Figure 46 gives a clear picture of the effectiveness of the different types of therapy.



**Figure 46: Survey of effectiveness of the individual types of therapy in adult patients**

As the core question of this study does not depend on the outcome of the examination as to which clinical pictures could be successfully treated with active therapies, this question was left unanswered. *It seems possible that chronic problems can be successfully treated with active therapies while acute problems seem to respond well to treatment with medication.*

*Nevertheless, osteopaths should consider the fact that their recommendations for active types of therapy were indicated as helpful by a majority of the patients.*

The answers to the questions concerning **the sources of information on osteopathy** can be summarized as follows: As established by many answers, the main sources of information are well-informed friends, acquaintances or family members. These persons are not just asked for advice, more than 50% volunteer to give advice. *These people are most probably “satisfied clients” themselves.*

With less than 6%, television, the Internet and journals hardly count as sources of information. *It may thus be concluded that for a sensitive topic like health, direct personal communication is still an important factor.*

And what role do the health care professions play? It was already mentioned above that in 34% of the patients the family doctor is the first port of call, but only 8% undergo an osteopathic treatment because of a recommendation by their family doctor.

It seems that family doctors, who, according to a government program should act as counsellors and attendants, are not sufficiently informed about osteopathy as a treatment method. (cf. <http://www.bundestkanzleramt.at> [as at 24.11.2006]).

15% of the patients were advised by specialists to see an osteopath. The control question established that 13% of these specialists were orthopaedists. These specialists recommend osteopathy far more often than family doctors.

Among other healthcare professions excluding doctors, physiotherapists and masseurs play an important role. 9% of the patients turn to physiotherapists for advice and 7% come to an osteopathic treatment following the advice of a physiotherapist. It seems that this group of therapists knows very well where osteopathy can provide relief. The same holds true for masseurs. 10% of the patients turn to a masseur if they have a problem and 6% come to an osteopath upon recommendation by a masseur.

It was particularly interesting for me that in the open-ended questions the respondents very often used the female form when talking about various persons even though the questionnaire in general used male designations. *I conclude from that that the well-informed friends and acquaintances are more often females than males.*

77% of the patients have **chosen a particular osteopath** because he was explicitly recommended to the respondent in question. Hence the patients were recommended a particular osteopath and not osteopathy as such. *I think this can be linked to a “satisfied client” as source of information. Apparently patients like to go to therapists who had helped someone before. Already during the early time of osteopathy, a time when osteopathy was not recognized in the United States, as described in chapter 2 of this paper, the patients came to A.T. Still because they had heard about his successful treatments.*

As regards the **therapeutic measures osteopaths may recommend** the following can be said: 20% of the patients are recommended **additional diagnostic measures**. In cases where such measures are recommended, it is usually an additional examination by a doctor and/or some form of medical imaging like X-ray or MRI. The osteopaths in this study referred their patients to 13 different specialist doctors; most often to orthopaedists (see Figure 23).

*In my opinion it is important that osteopaths recommend additional examinations and tests by various specialists if necessary. If osteopathy wants to be part of the health care network, this kind of cooperation is indispensable. Regarding the fact that patients usually come from doctors and have thus probably already undergone the necessary medical examinations, 20% is not a small percentage.*

In this context it would be interesting to know whether the result would have been different had the study been carried out exclusively among osteopaths who were originally trained as medical doctors.

The **therapeutic measures** recommended by the osteopaths can be summarized as follows: only a total of 13% of the patients were recommended additional therapeutic measures. A total of 11% of the patients were recommended massages, 6% homeopathy and 5% physiotherapy. *From the point of view of the patients it seems that additional therapies play a minor role for osteopaths. The fact that massage is the type of therapy that is most frequently recommended as additional measure, may lead to the assumption that some osteopaths do not sufficiently apply soft tissue techniques – for whatever reason.*

As regards **supporting measures**, 34% of the patients were advised to drink water regularly, 32% were shown some exercises and 27% were given the advice to regularly practice sports. *By way of exaggeration one could say that the most frequent combination of therapeutic measures seems to be osteopathy treatment combined with some home exercises shown by the osteopath and the recommendation to drink sufficient quantities of water.* However, many patients voluntarily practice sports and other forms of therapy like spine training in combination with osteopathy without being told to do so (see Figure 18).

### 5.3 Subjective impressions

Generally it may be said that the **time spent** on gathering information was regarded as appropriate or negligible by the majority of patients (70%). A mere 20% of the patients indicated they had already seen many specialists and tried many types of therapy.

48% were optimistic and 36% curious when they first came for an osteopathy treatment. *Apparently osteopathy has a good reputation and we have a certain advance in confidence when patients come to us. In addition, it seems that many people harbour a particular curiosity with regard to osteopathy.*

Nevertheless we cannot ignore the fact that 22% of the patients are desperate and 19% are exhausted when they come to the osteopath. *The question whether this is due to the chronic pain from which they suffer or to the fact that the patients only got to know about osteopathy very late has to be left open in this study.*

The emotions which accompany the patients on the way to the osteopath were described by 33% with “confident because it can only get better”, by 27% with “in good hands



because they only encountered competent people”, and by 11% with “left alone”. *In general it can be concluded that the majority of patients come with an optimistic attitude and are satisfied by the health care network.*

## **6 Summary and interpretation of the results of the parents’ questionnaires**

### **6.1 Questions concerning the person and his specific problem**

Concerning paediatric patient, equal numbers of boys and girls come for osteopathy treatment. *This is probably due to the fact that most of the children are brought to the therapy by one of their parents and the parents do not make any difference concerning the gender.*

As to age, our little patients are equally distributed among all levels of motor development. About half of the children are still at pre-school age. *This means that the awareness level concerning osteopathy treatment of children must be quite high since the parents have their children treated by an osteopath at a rather early age.* With one of the questions however, yet another reason was identified: 40% of the parents brought their children to see the osteopath right away because their experience with osteopathy treatment had also been positive. *It seems that the parents want their children to enjoy this type of treatment that had been so successful with them.*

When analysing the parents’ questionnaires, it was striking to note that a quarter of the parents indicated their children had come for a first treatment. *This high percentage of first-time treatment indicates a high degree of popularity.*

In 39% of the children the health problems had existed since birth, in 11% since they had had an accident and in 9% since the children had to wear dental braces.

35% of the parents brought their children to the osteopath just to check whether everything was all-right, 28% of the parents indicated false position of a joint and 22% of the children had digestive problems, according to their parents.

*The fact that 30% of the children had additional problems that were not specified in the questionnaire made it clear that the questionnaire, despite all efforts, did not offer the best choice of possible answers. Only the analysis of the open-ended questions helped identify frequent problems like lack of concentration, learning difficulties, physical unrest, chronic diseases of the ENT and bronchial region, and other important conditions.*

*In all it may be said that the majority of children is brought to an osteopath for a general health check after birth. If these children have problems, these problems can be allocated to different medical disciplines.*

## **6.2 Questions concerning the medical and health care network**

For 35-40% of the parents the osteopath is the **first port of call**, while 24% of the parents first consult a paediatrician and about 5% each first ask experienced mothers, orthopaedists, other specialist doctors, midwives or go to clinics.

*The strikingly high share of parents who directly consult an osteopath can probably be explained by the fact that many parents bring their children to an osteopath for a general check-up to find out whether everything is ok. A second question in the questionnaire revealed yet another reason. 40% of the parents turned directly to an osteopath because he had helped them so well before. As a first contact person for children with problems the osteopath bears a lot of responsibility. He/she has to be able to detect developmental impairments and diseases early in order to ensure that the necessary medical diagnostic and therapeutic measures are taken. Since children are not only brought to osteopaths who have specialized paediatric practices, the large number of young patients should be reason enough to include more paediatric content (like a general clinical examination of children) in the basic osteopathy training.*

The most frequent form of **previous therapy**, which 33% of the parents had indicated for their children, was homoeopathy. 27 parents had applied homoeopathic treatment and 16 of them thought the treatment had been successful. This corresponds to a share of about 60%. *It seems that this treatment concept for children blends well with the osteopathic philosophy.* Another 7 children received physiotherapy treatment, 4 of them were treated successfully. Again this corresponds to a share of 60%. This shows that active therapies are valuable also for children.

Like in the adult patients' questionnaire, 48% of all respondents of the parents' questionnaire received **information on osteopathy** through friends and people they knew, and 20% of the parents were recommended osteopathy by an experienced mother. Even though 25% of the parents first consulted a paediatrician, only 10% had their child treated afterwards by an osteopath upon recommendation of the paediatrician. Among the health care professions other than doctors, midwives and breastfeeding advisors play a major role. 12% came to the osteopath upon the advice of

midwives and 5% upon the advice of breastfeeding advisors. These are exactly inverse proportions. Only 5% of the parents first turn towards midwives with their problems and 12% receive the advice to try osteopathy. *It seems that the professional groups other than medical doctors have a greater knowledge of osteopathy as a treatment option. Why this is so remains unanswered in this study.*

Like the adult patients, 70% of the parents have chosen a **particular osteopath** because he/she was expressly recommended to them.

66% did not receive another form of **therapy in combination with osteopathy**. Most often the parents themselves combined the osteopathy treatment of their child with homoeopathy (21%). *It seems that the parents regarded the combination of osteopathy and homoeopathy as a good combination.*

The results concerning the **measures recommended by the osteopath** can be summarized as follows: 20% of the parents are recommended **additional diagnostic measures**. These additional measures were mainly further medical examinations. *Since 40% of the children are directly brought to an osteopath, it is very important that osteopaths recommend additional examinations by various specialists to be carried out if necessary. If osteopathy wants to be part of the health care network this kind of cooperation is indispensable.*

75% of the parents did not receive **additional therapy proposals**. 9% of the parents were recommended to have their child treated homoeopathically in addition to osteopathy.

*Also the results of the parents' questionnaire showed that additional types of therapy seem to play a minor role for osteopaths. But if we look at the results of the study, it seems that it would make sense for osteopaths to cooperate with homoeopaths in the treatment of children.*

However, the parents also reported good results of active therapies like physical therapy, occupational therapy, speech therapy and eye training, as could be concluded from the answers to the open questions.

### **6.3 Subjective impressions of the parents**

The majority of parents (72%) regarded the **time spent** on gathering information as appropriate or negligible. 16% had already seen many specialists and tried many types of therapy.

47% indicated they were optimistic and the same percentage of parents said they were curious when they first brought their child to the osteopath. *Like the adult patients, the majority of the parents seemed to have an optimistic and curious attitude.*

However, there are also 25% who were already very desperate and 19% who were very exhausted when they finally came to the osteopath. Also among parents there was a group that finally came to the osteopath after a long period of suffering.

The emotions which accompanied the parents on their way to the osteopath were described by 55% of the parents with “well taken care of because they only encountered competent people”, and only by very few with “insecure” or with “not taken seriously”. *From these results it may be concluded that parents are even more satisfied with the health care network than adult patients.*

## **7 Evaluation of the hypothesis**

The previous chapters show that the majority of patients come for osteopathy treatment upon the advice of friends, acquaintances or relatives, which supports the initial hypothesis. Moreover, the assumption that patients are recommended a particular osteopath and not osteopathy as such is corroborated by the results of this study. The answer to the question whether the same holds for other health care professions remains open.

## **8 Comparison of the results of the two questionnaires**

In both groups of patients it was observed that 75% of the respondents indicated that their subjective impression of the time spent on gathering information on suitable types of therapy for the problem in question was appropriate or little time-consuming. The basic attitude of the majority of patients at their first visit to an osteopath was optimistic and curious. More than a fifth of all patients, however, came to osteopathy only after a long period of suffering and their mood was rather desperate. Unfortunately, this study did not look at whether these patients could be helped through osteopathy.

The first contact persons for both patient groups are mainly family doctors and paediatricians, but these professional groups do not seem to be sufficiently informed about the treatment options that osteopathy offers as only relatively few patients come to the osteopath upon their advice. Other health care professions like midwives, physiotherapists, homoeopaths and speech therapists recommend osteopathy much more frequently. For both groups, well-informed friends and acquaintances are the main source of information.

In 70% to 77 % of the cases, individual osteopaths were recommended to both adult patients and parents. The question whether individual therapists are recommended also by other health care professions remains unanswered.

Further examinations for diagnostic reasons are advised in not more than 20% of the cases in both groups.

The most significant differences between the two groups are: Among the adult patients, more women than men come for osteopathic treatment. The main problem of adult patients is chronic pain, while children are brought to an osteopath mainly for a general health check-up, after a difficult delivery or because of false positions of joints. In adult patients the most successful previous treatments were active therapies and treatment methods from the Far East, in the case of children it is homoeopathic treatment. Children rarely receive active therapies but if such treatments are applied, they are quite effective.

Children come directly to an osteopath twice as often as adult patients. This means that a large number of patients entrust us with their health problems, which results in a great responsibility. Osteopaths continually have to broaden their clinical knowledge and should rather prescribe one examination too many, just to be on the safe side.

More than twice as many parents than adult patients feel well taken care of because they only encountered competent people. It also seems that the health network for children is more satisfying than that for adult patients.

Generally speaking, patients come to see a special osteopath in an optimistic and curious mood upon the advice of well-informed friends or relatives. In most of the cases these are people who already had a positive experience with osteopathy. If osteopaths in Vienna continue to work so well and so diligently, more and more patients will be “satisfied clients” and osteopathy will be able to strengthen its position in the health care system.

The large share of patients who directly come to see an osteopath underlines the important role that osteopaths play in the health care network of the patient.

Hence I consider it imperative that osteopathy is better integrated into the current medical care provision. Health care professions other than doctors already recommend osteopathy as a treatment option (see Figure 47). But also holistic doctors, homoeopaths, orthopaedists, paediatricians, family doctors and many other specialist doctors advise their patients to consult an osteopath.

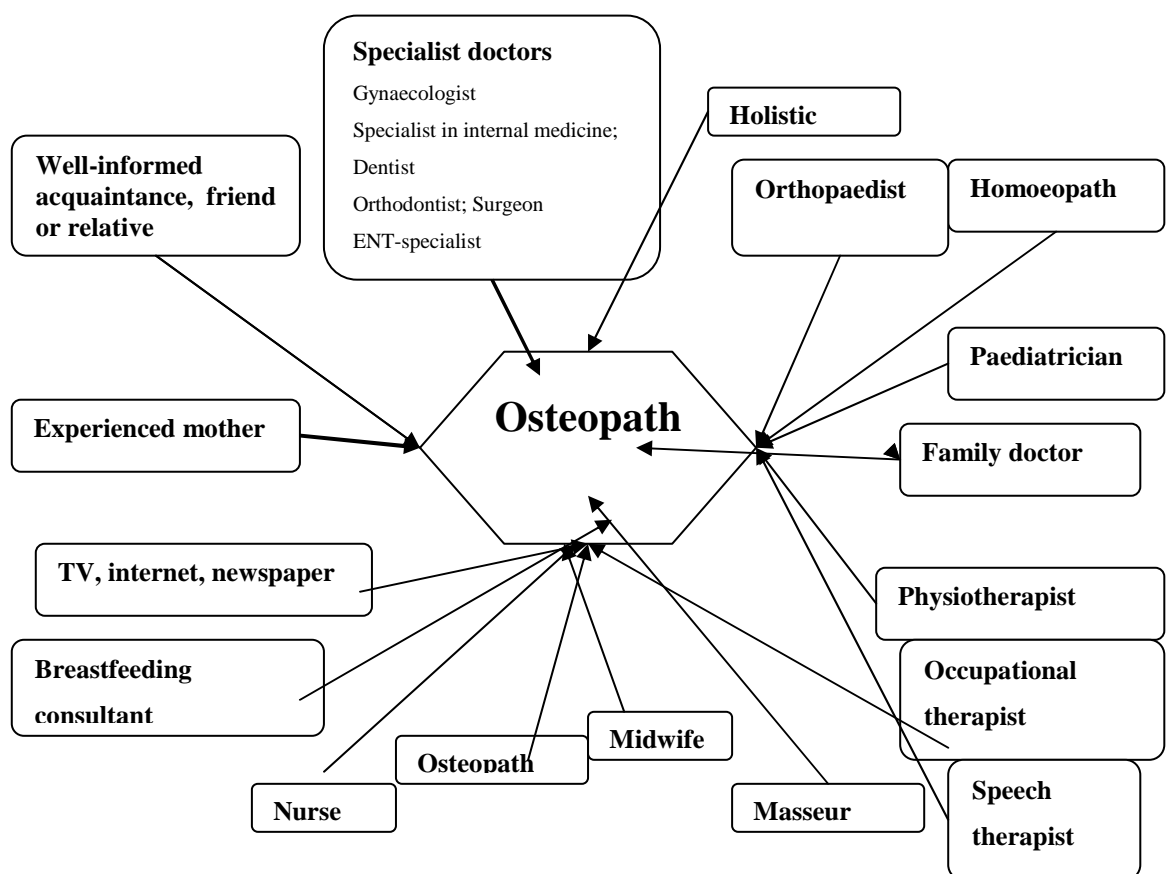


Figure 47: Representation of the health care network that leads patients to an osteopath. Birgit Wagner-Scheidel 2006

It is obvious that a network will only be a network if you can follow its routes in both directions. It is therefore important that osteopaths also refer their patients to specialists and to other health care professions so that the network does not become a dead-end street.

One of the major concerns of this paper was to highlight these interrelations and to emphasize the importance of cooperation with other health care professions.

## **9 Reflection on the methodology**

The high return rate showed that personal commitment and supervision was a very effective although time-consuming strategy, from the moment of establishing the first contacts for the study until the collection of the completed questionnaires. Concerning the questionnaires, a few critical remarks should be made. 18% of the respondents did not answer the questions concerning their personal data. Maybe the questionnaires were not clearly designed and some patients simply read over these questions. For some questions, like the question concerning the reason why parents bring their child to an osteopath, the multiple choice design was not ideal because 30% of the parents ticked the answer “other, in particular ...” These “other” problems could only be analysed through an evaluation of the answers to the open questions.

The questionnaire also illustrated some interesting aspects, among other things also the fact that 22% of the patients were rather desperate when they finally came to the osteopath. Nevertheless, an interview with these patients would have helped to shed more light on their difficult history and thus I think qualitative approaches would have been more appropriate in these cases.



## 10 Summary

The core question of this paper was: “How does a patient end up at an osteopathy practice?” The main question was subdivided into several groups of supporting questions. Some were designed to find out what health problem it was that made the patients start on their journey, others aimed at identifying the information sources from which patients had learned about osteopathy, yet others were designed to analyse how patients experienced their journey. The hypotheses were that the majority of patients come for osteopathic treatment upon the advice of friends or relatives and that they are recommended a particular osteopath rather than osteopathy treatment in general. The main concern of this paper was to make the health care network that leads patients to osteopathy transparent and to examine the status quo from the position of the patients. The knowledge about the routes that lead patients to osteopathy shall facilitate cooperation with other persons who are involved in the patients’ therapeutic process.

A written survey in the form of a questionnaire was carried out in 20% of all osteopathy practices in Vienna. Two kinds of questionnaire were used for the purpose of this study: one for adult patients and another one for parents who come to the osteopathic practice with their children. A total of 285 questionnaires were analysed.

The hypothesis that most patients consult an osteopath upon the advice of friends or relatives was confirmed. Also the assumption that the patients are explicitly recommended a particular therapist and not osteopathy as such could be corroborated. The question whether particular therapists are also recommended in other health care professions has to remain unanswered.

Another finding was that many patients directly approach the osteopath (23 % of the adult patients and 40% of the children). In my opinion this implies enormous medical responsibility for the osteopath and emphasises the fact that detailed clinical knowledge is of paramount importance for osteopaths no matter whether they treat adults or children. When in doubt it is always better to recommend additional tests and examinations, just to be on the safe side.

This study also showed that family doctors and paediatricians as first ports of call should be better informed about osteopathy so that patients for whom it is a suitable therapy can get to this form of treatment much earlier.

Through the analysis of the previous therapies from the patients' point of view I was established that in adult patients active forms of therapy are more successful than passive forms. Hence it would be desirable for osteopaths to study the forms of movement that are consistent with the basic principles of osteopathy. As regards the treatment of children, a combination of osteopathy and homoeopathy seems to work particularly well.

## 11 Outlook

This study has been a thought-starter in many ways:

Why is it that only a very small number of the family doctors and Paediatrician, who are the preferred first port of call for patients with problems, recommend them for osteopathic treatment?

Are most of the persons who are asked to give advice on health issues really females? In other words: “Should health be referred to as she?”

Why is the combination of homoeopathy and osteopathy in the treatment of children perceived by the parents to be highly successful? Do the basic principles and philosophies of these two therapy concepts match?

The large numbers of patients who trust in us to help them with their health problems require osteopaths to have a broad clinical knowledge. In this context it would be interesting to find out whether osteopaths who were originally trained as medical doctors would recommend more or fewer additional tests and examinations by specialist doctors on account of their clinical knowledge.

Would it not be meaningful to integrate more information on chronic pain and the examination of infants and small children into osteopathic training?

A detailed evaluation of the long history of suffering of desperate patients by means of a qualitative method and an analysis whether osteopathy could help these patients would also make sense.

Furthermore, the implementation of an interesting project could be envisaged: Several osteopaths develop an active exercise program, which builds on the basic principles of osteopathy. Adapted to their special needs, this programme can then be applied independently by patients in institutions like fitness gyms but also in osteopathy practices - needless to say with the possibility to drink sufficient amounts of water.

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## **II. Interviewleitfaden für Osteopathen mit Schwerpunkt Kinderosteopathie**

Wie kommen die Patienten zu dir?

Gibt es bestimmte Personen oder Berufsgruppen die oft Patienten zu dir schicken?

Gibt es Medien über die die Patienten zu dir finden?

Wie viel Prozent deiner Patienten sind Kinder?

In welcher Altersstufe sind die meisten Kinder die du behandelst?

Wie oft werden diese durchschnittlich behandelt?

Suchten sie irgendeinen Osteopathen oder wollten sie genau zu dir ?

Kommen auch Leute mit ihren Kindern zu dir, die schon von anderen Osteopathen behandelt wurden?

Wegen welchen Problemen kommen die Eltern mit Ihren Kindern zu dir?

Welche Auslöser für die Probleme der Kinder hast du schon in deiner Praxis schon erlebt?

Was haben die Eltern schon alles unternommen um das Problem zu beeinflussen?

(Wo waren die Eltern mit ihren Kindern schon überall?)

Wer ist aus deiner Erfahrung der erste an den sich die Eltern mit dem Problem des Kindes wenden?

Zu welchen zusätzlichen diagnostischen Verfahren schickst du deine Patienten zur weiteren Abklärung?

Mit welchen anderen Gesundheitsberufen arbeitest du viel zusammen?

Welche Therapieformen lassen sich gut mit der Osteopathie kombinieren?

### **III. Interviewleitfaden für Kollegen die vorwiegend Erwachsene behandeln**

Wie kommen die Patienten zu dir?

Gibt es bestimmte Personen oder Berufsgruppen die oft Patienten zu dir schicken?

Gibt es Medien über die die Patienten zu dir finden?

Suchten sie irgendeinen Osteopathen oder wollten sie genau zu dir?

Kommen auch Patienten zu dir, die ein anderer Osteopath zu dir schickt?

Ist es dann eine genaue Fragestellung des Kollegen?

Wer ist aus deiner Erfahrung der erste an den sich die Patienten mit ihren Problemen wenden?

Welche Geschichten über komplizierte Wege zu dir sind dir in Erinnerung?

Was haben deine Patienten schon alles probiert und unternommen um das Problem zu beeinflussen?

Welche Probleme führen die Patienten zu dir?

Zu welchen zusätzlichen diagnostischen Verfahren schickst du deine Patienten zur weiteren Abklärung?

Welche anderen therapeutischen Verfahren empfiehlst du deinen Patienten zusätzlich zur Osteopathie zu machen? (Mit welchen anderen Gesundheitsberufen arbeitest du gerne zusammen?)

Welche Kombinationen mit der Osteopathie erscheinen dir als besonders hilfreich oder günstig?

#### **IV. The questionnaire for adults**

# Fragebogen

für Patienten, die zur osteopathischen  
Behandlung kommen

Birgit Wagner-Scheidel  
Dipl. Physiotherapeutin  
Osteopathin

August 2006

## Vorwort

Sehr geehrte Patientin!  
Sehr geehrter Patient!

Sie haben sich dazu entschlossen, von einem Osteopathen behandeln zu lassen. Die Wege wie Patienten zur Osteopathie kommen sind kaum erforscht. Ich möchte im Rahmen meines Studiums zum Master of Science (Osteopathie) eine Arbeit dazu schreiben. Ziel dieser Arbeit ist es, diese Wege genau zu beleuchten um herauszufinden, über welche Informationsquellen die Patienten zu dieser Behandlungsmethode kommen. Mein Anliegen ist es, diese Behandlungsmethode im medizinischen Versorgungssystem besser einzubinden und die Zusammenarbeit mit den anderen in den Heilungsprozess des Patienten eingebundenen Personen zu verbessern.

Die Befragung ist anonym, somit ist es nicht möglich, die Ergebnisse auf Einzelpersonen zurückzuführen.

### **Zur Beantwortung des Fragebogens:**

- Bitte kreuzen Sie das für Sie Zutreffende an (auch mehrere Antworten sind möglich).
- Einige Fragen können Sie in den vorgesehenen Feldern (.....) handschriftlich ergänzen.
- Die Beantwortung wird etwa 5-7 Minuten dauern.

Um den Lesefluss zu erleichtern habe ich im Fragebogen bei Personenbezeichnungen auf geschlechtsspezifische Unterscheidungen verzichtet und die maskuline Form gewählt, die gleichermaßen für Personen beiderlei Geschlechts gilt.

Die ausgefüllten Fragebögen werden gesammelt und von Ihrem Therapeuten an mich weitergeleitet.

**Ich danke Ihnen für die Unterstützung!**

Birgit Wagner-Scheidel

**1. Alter:**

**2.** ☐ männlich

☐ weiblich

**3.** ☐ Ich komme heute das erste Mal zur osteopathischen Behandlung

☐ Ich wurde schon osteopathisch behandelt aber bei einem anderen Osteopathen

☐ Ich wurde hier schon osteopathisch behandelt

☐ 1-2 -mal

☐ 3-5- mal

☐ 6mal und öfter

**4. Seit wann besteht das Problem, dass Sie einen Osteopathen aufsuchen läßt?**

☐ seit einigen Wochen

☐ seit einigen Monaten

☐ seit einigen Jahren

**5. Wie oft haben Sie in den letzten 3 Monaten einen Arzt konsultiert (dazu zählen auch Aufenthalte in Einrichtungen wie Spitälern, Ambulanzen, Rehabilitationszentren,...) ?**

☐ 0

☐ 1

☐ 2-4

☐ mehr als 4

**6. Mit welchen Problemen haben sie sich bei Ihrem ersten Besuch an den Osteopathen gewandt? (Mehrfachnennungen möglich)**

☐ Schmerzen im Rücken oder Nacken

☐ ausstrahlende Schmerzen im Arme oder Beine

☐ Nachschauen lassen ob alles in Ordnung ist

☐ Bewegungseinschränkungen

☐ Erschöpfungszustände / Reizbarkeit/ ich bin so schnell müde

☐ Schiefgefühl im Körper

☐ Organe im Becken machen mir immer wieder Probleme

☐ Mein Bauch

☐ Schwindel

☐ Störungen des Schlafes

☐ Enge und Würgen im Hals

☐ Verdauungsprobleme

☐ Stechen, Schmerzen, Ziehen in der Brust oder im Brustkorb. Ich kann nicht gut durchatmen

☐ Kopfschmerzen

☐ Gangunsicherheiten

☐ Anderes und zwar:.....

**7. Welche Probleme führen Sie heute zum Osteopathen (Mehrfachnennungen möglich)**

☐ Schmerzen im Rücken oder Nacken

☐ ausstrahlende Schmerzen im Arme oder Beine

- ☐ Nachschauen lassen ob alles in Ordnung ist
- ☐ Bewegungseinschränkungen
- ☐ Erschöpfungszustände / Reizbarkeit/ ich bin so schnell müde
- ☐ Schiefgefühl im Körper
- ☐ Organe im Becken machen mir immer wieder Probleme
- ☐ Mein Bauch
- ☐ Schwindel
- ☐ Störungen des Schlafes
- ☐ Enge und Würgen im Hals
- ☐ Verdauungsprobleme
- ☐ Stechen, Schmerzen, Ziehen in der Brust oder im Brustkorb. Ich kann nicht gut durchatmen
- ☐ Kopfschmerzen
- ☐ Gangunsicherheiten
- ☐ Anderes und zwar:.....

**8. Welche Aussage trifft zu?**

- ☐ Ich spüre im Alltag meine Probleme
  - ☐ ständig
  - ☐ meistens
  - ☐ ab und zu
- ☐ Ich denke kaum daran, nur wenn ich..... habe ich das Problem

**9. An wen haben Sie sich mit Ihrem Problem zuerst gewandt?**

- ☐ an einen Freund
- ☐ ich bin gleich zum Osteopathen gegangen
- ☐ an meinen Masseur
- ☐ an meinen Hausarzt
- ☐ an meinen Orthopäden
- ☐ an einen Facharzt für .....
- ☐ an einen Physiotherapeuten
- ☐ an eine Ambulanz, und zwar.....
- ☐ an andere und zwar.....

**10. Welche Therapien haben Sie wegen diesem Problem schon gemacht?**

- ☐ **1** Sport
- ☐ **2** WS Gymnastik
- ☐ **3** Physikalische Therapie
- ☐ **4** Physiotherapie
- ☐ **5** Infiltrationen, Infusionen
- ☐ **6** Medikamente
- ☐ **7** fernöstliche Behandlungsmethoden ( Shiatsu, Akupunktur, .)
- ☐ **8** Homöopathie
- ☐ **9** Anderes und zwar.....

11. Welche haben gut geholfen? Bitte Nummern eingeben ☐☐☐☐☐

**Wie haben Sie von der Osteopathie erfahren?**

- ☐ 12. Ich habe **Erkundigungen eingeholt** und bekam die Informationen
- ☐ aus einer Zeitschrift
  - ☐ TV, Radio
  - ☐ aus dem Internet
  - ☐ von einem Bekannten
  - ☐ aus meinem Familienkreis
  - ☐ andere .....
- ☐ 13. Die Osteopathie wurde mir **empfohlen** von
- ☐ meinem Hausarzt
  - ☐ einem Facharzt für .....
  - ☐ Bekannten
  - ☐ Anderen und zwar.....

**14. Was hat Sie zu genau diesem Osteopathen geführt?**

- ☐ Ich weiß es nicht mehr
- ☐ Zufall
- ☐ Es wurde mir ausdrücklich dieser Osteopath empfohlen
- ☐ Ich habe recherchiert und bin auf diesen Osteopathen gestoßen
- ☐ Ich habe erfahren, dass dieser Osteopath in meiner Nähe ist

**15. Welche der Aussagen treffen auf Sie zu?**

- ☐ Ich bin schon bei vielen Spezialisten gewesen und habe schon viele Therapien probiert
- ☐ Ich bin gleich zum Osteopathen gegangen weil er mir schon einmal gut geholfen hat
- ☐ Ich habe den Rat von meinem
  - ☐ Physiotherapeuten
  - ☐ Hausarzt (praktischer Arzt)
  - ☐ Facharzt für ☐ Orthopäde
  - ☐ andere und zwar
  - ☐ Masseur
  - ☐ Bekannten
- ☐ keine Aussage ist richtig

**16. Machen Sie andere Therapien in Kombination mit der Osteopathie?**

- ☐ nein
- ☐ ja

**Wenn ja: Welche Therapien machen Sie in Kombination mit der Osteopathie?**

- ☐ Sport
- ☐ WS Gymnastik
- ☐ Physikalische Therapie
- ☐ Physiotherapie
- ☐ Infiltrationen, Infusionen

- ☐ Medikamente
- ☐ fernöstliche Behandlungsmethoden
- ☐ Homöopathie
- ☐ Anderes und zwar.....

**17. Wie viel Zeit haben Sie subjektiv mit der Informationssuche über Ihr Problem und einer geeigneten Therapieform verbracht (Internet, Telefon, Gespräche,..)?**

- ☐ viel  
keine
 ☐ angemessen
 ☐ wenig
 ☐ gar

**Wenn Sie den Weg bis zum Osteopathen noch einmal an sich vorüberziehen lassen – welche Aussagen treffen zu?**

**18. Als ich damals mit dem Problem zum Osteopathen gekommen bin, war ich**

- ☐ verzweifelt
- ☐ erschöpft
- ☐ optimistisch
- ☐ neugierig
- ☐ anders und zwar.....

**19. Auf meinem Weg bis dorthin fühlte ich mich**

- ☐ gut aufgehoben, weil ich ausschließlich an kompetente Leute geraten bin
- ☐ nicht ernst genommen mit meinem Problem
- ☐ verlassen
- ☐ zuversichtlich, weil es ja nur besser werden kann
- ☐ Ich habe viele unterschiedliche Aussagen gehört und war verunsichert

☐ Keine Aussage trifft zu

**Welche zusätzlichen Maßnahmen hat Ihnen Ihr Osteopath empfohlen?**

☐ **20. Weitere Untersuchungen zur Abklärung wie**

- ☐ RÖ/ MRT/CT
- ☐ Ultraschalluntersuchung
- ☐ EEG /NLG
- ☐ Labor
- ☐ Bioresonanz
- ☐ ärztliche Untersuchung bei ☐ HNO
  - ☐ Gynäkologe
  - ☐ Internist
  - ☐ Neurologe
  - ☐ Kieferorthopädie
  - ☐ Orthopäde
  - ☐ Augenarzt
  - ☐ andere Ärzte und zwar.....



- ☐ Austestung von Nahrungsmittelunverträglichkeiten
- ☐ Anderes und zwar.....

- ☐ **21. Zusätzliche Therapien**
  - ☐ Massage
  - ☐ Physiotherapie
  - ☐ Psychotherapie
  - ☐ Akupunktur
  - ☐ traditionelle chinesische Medizin
  - ☐ Homöopathie

- ☐ **22. Zusätzliche unterstützende Maßnahmen**
  - ☐ bezüglich Ernährung
  - ☐ bezüglich ausreichend Wasser trinken
  - ☐ regelmäßig Sport
  - ☐ Einige Übungen gezeigt
  - ☐ Einlagen
  - ☐ Anderes und zwar.....

**Nochmals Danke fürs Ausfüllen!**

## **V. Questionnaire for parents**

# Fragebogen

für Eltern, die mit Ihrem Kind zur  
osteopathischen Behandlung kommen

Birgit Wagner-Scheidel  
Dipl. Physiotherapeutin  
Osteopathin

August 2006

## Vorwort

Liebe Eltern!

Sie haben sich entschlossen, Ihr Kind von einem Osteopathen behandeln zu lassen. Die Wege wie Patienten zur Osteopathie kommen sind kaum erforscht. Ich möchte im Rahmen meines Studiums zum Master of Science (Osteopathie) eine Arbeit dazu schreiben. Ziel dieser Arbeit ist es, diese Wege genau zu beleuchten um herauszufinden, über welche Informationsquellen die Patienten zu dieser Behandlungsmethode kommen. Mein Anliegen ist es, diese Behandlungsmethode im medizinischen Versorgungssystem besser einzubinden und die Zusammenarbeit mit den anderen in den Heilungsprozess des Patienten eingebundenen Personen zu verbessern.

Die Befragung ist anonym, somit ist es nicht möglich, die Ergebnisse auf Einzelpersonen zurückzuführen.

### **Zur Beantwortung des Fragebogens:**

- Bitte kreuzen Sie das für Sie Zutreffende an (auch mehrere Antworten sind möglich).
- Einige Fragen können Sie in den vorgesehenen Feldern (.....) handschriftlich ergänzen.
- Die Beantwortung wird etwa 5-7 Minuten dauern.

Um den Lesefluss zu erleichtern habe ich im Fragebogen bei Personenbezeichnungen auf geschlechtsspezifische Unterscheidungen verzichtet und die maskuline Form gewählt, die gleichermaßen für Personen beiderlei Geschlechts gilt.

Die ausgefüllten Fragebögen werden gesammelt und von Ihrem Therapeuten an mich weitergeleitet.

**Ich danke Ihnen für die Unterstützung!**

Birgit Wagner-Scheidel

**1. Alter** des Kindes:

2. ☐ männlich

☐ weiblich

**3.** ☐ Ich komme heute mit meinem Kind das erste Mal zur osteopathischen Behandlung

☐ Mein Kind wurde schon bei einem anderen Osteopathen behandelt

☐ Ich war schon öfter mit meinem Kind hier zur Behandlung ☐ 1-2- mal  
☐ 3-5- mal  
☐ 6mal und öfter

**4. Seit wann hat ihr Kind das Problem wegen dem Sie zur Osteopathie kommen?**

☐ seit Geburt

☐ seit einer Erkrankung

☐ seit einem Unfall

☐ seit es eine Zahnsperre bekommen hat

☐ seit einigen Wochen

☐ seit einigen Monaten

☐ seit einigen Jahren

☐ seit.....

**5. Welche Probleme führten Sie mit Ihrem Kind bei Ihrem ersten Besuch zum Osteopathen? (Mehrfachnennungen möglich)**

☐ Ich will nur nachschauen lassen ob alles in Ordnung ist

☐ Es ist schief

☐ Es hat Schluckprobleme

☐ Es schreit sehr viel

☐ Sein Kopf ist schief

☐ Es schläft nicht

☐ Es hat Verdauungsprobleme

☐ Es erbricht häufig

☐ Es hat Schmerzen

☐ Es hat Fehlstellungen ☐ im Kiefer  
☐ in der WS  
☐ in den Füßen

☐ Es ist Bettnässer

☐ Es scheint sich nicht normal zu entwickeln

☐ Es hat Befindlichkeitsstörungen

☐ andere und zwar

**6. Welche Probleme führten Sie mit Ihrem Kind heute zum Osteopathen? (Mehrfachnennungen möglich)**

☐ Ich will nur nachschauen lassen ob alles in Ordnung ist

☐ Es ist schief

☐ Es hat Schluckprobleme

☐ Es schreit sehr viel

☐ Sein Kopf ist schief

☐ Es schläft nicht

☐ Es hat Verdauungsprobleme

- ☐ Es erbricht häufig
- ☐ Es hat Schmerzen
- ☐ Es hat Befindlichkeitsstörungen
- ☐ Es hat Fehlstellungen
  - ☐ im Kiefer
  - ☐ in der WS
  - ☐ in den Füßen
- ☐ Es ist Bettnässer
- ☐ Es scheint sich nicht normal zu entwickeln
- ☐ andere und zwar

**7. An wen haben Sie sich mit diesem Problem als erstes gewandt?**

- ☐ an einen Freund
- ☐ ich bin gleich zum Osteopathen
- ☐ an eine erfahrene Mutter
- ☐ an meinen Hausarzt
- ☐ an meinen Kinderarzt
- ☐ an meinen Orthopäden
- ☐ an einen Facharzt für.....
- ☐ an einen Physiotherapeut
- ☐ an die Stillberatung
- ☐ an meine Hebamme
- ☐ an eine Krankenanstalt, Ambulanz,
- ☐ an jemand anderen und zwar.....

**8. Welche Therapien haben Sie wegen diesem Problem mit Ihrem Kind schon gemacht?**

- ☐ **1** Haltungsturnen
- ☐ **2** Sensorische Integration
- ☐ **3** Augenübungen
- ☐ **4** Sprach und Sprechübungen
- ☐ **5** Kinesiologie
- ☐ **6** Homöopathie
- ☐ **8** Physiotherapie
- ☐ **9** Psychologische Betreuung
- ☐ **10** Medikamente
- ☐ **11** anderes und zwar.....

**9. Welche haben gut geholfen? Bitte Nummer eingeben**

☐ **Wie haben Sie von der Osteopathie erfahren?**

- ☐ **10.** Ich habe **Erkundigungen eingeholt** und bekam die Informationen
  - ☐ aus einer Zeitschrift
  - ☐ TV, Radio
  - ☐ aus dem Internet

- ☐ von Bekannten
- ☐ aus meinem Familienkreis
- ☐ andere .....

- ☐ **11. Die Osteopathie wurde mir empfohlen von**
- ☐ Kinderarzt
  - ☐ Orthopäde
  - ☐ Erfahrene Mutter
  - ☐ befreundeter Therapeut
  - ☐ Hebamme
  - ☐ meinem Hausarzt
  - ☐ Bekannten
  - ☐ Stillberater
  - ☐ anderen und zwar

**12. Welche der Aussagen treffen auf Sie zu?**

- ☐ Ich bin schon bei vielen Spezialisten gewesen und habe schon viele Therapien probiert
- ☐ Ich bin gleich zum Osteopathen gegangen weil er schon einmal gut geholfen hat bei
  - ☐ mir
  - ☐ meinem Kind
  - ☐ anderen
- ☐ Ich habe den Rat von meinem
  - ☐ Kinderarzt
  - ☐ Hausarzt (praktischer Arzt)
  - ☐ Facharzt für ☐ Orthopädie
  - ☐ andere und zwar.....
  - ☐ Hebamme
  - ☐ Bekannten
  - ☐ Stillberater
- ☐ keine Aussage ist richtig

**13. Was hat Sie zu genau zu diesem Osteopathen geführt?**

- ☐ Ich weiß es nicht mehr
- ☐ Zufall
- ☐ es wurde mir ausdrücklich dieser Osteopath empfohlen
- ☐ Ich habe recherchiert und bin auf diesen Osteopathen gestoßen
- ☐ Ich habe erfahren, dass dieser in meiner Nähe ist

**14. Machen Sie andere Therapien in Kombination mit der Osteopathie?**

- ☐ nein
- ☐ ja

**Wenn ja: Welche Therapien machen Sie in Kombination mit der Osteopathie?**

- ☐ Haltungsturnen
- ☐ Sensorische Integration
- ☐ Augenübungen
- ☐ Sprach und Sprechübungen
- ☐ Kinesiologie
- ☐ Homöopathie
- ☐ Physiotherapie

- ☐ Psychologische Betreuung
- ☐ Medikamente
- ☐ anderes und zwar.....

**15. Wie viel Zeit haben Sie subjektiv mit der Informationssuche über Ihr Problem und einer geeigneten Therapieform verbracht? ( Internet, Telefon, Gespräche,..)**

- ☐ viel
- ☐ angemessen
- ☐ wenig
- ☐ gar keine

**Wenn Sie den Weg bis zum Osteopathen noch einmal an sich vorüberziehen lassen – welche der Aussagen treffen zu?**

**16. Als ich damals mit dem Problem zum Osteopathen gekommen bin war ich...**

- ☐ verzweifelt
- ☐ erschöpft
- ☐ neugierig
- ☐ optimistisch
- ☐ anders .....

**17. Auf ihrem Weg fühlten Sie sich**

- ☐ gut aufgehoben, weil ich ausschließlich an kompetente Leute geraten bin
- ☐ nicht ernst genommen mit meinem Problem
- ☐ verlassen
- ☐ zuversichtlich, weil es ja nur besser werden kann
- ☐ Ich habe viele verschiedene Aussagen gehört und war verunsichert
- ☐ Keine Aussage trifft zu

## Welche zusätzlichen Maßnahmen hat Ihnen Ihr Osteopath empfohlen?

### ☐ 18. Weitere Untersuchungen zur Abklärung wie

- ☐ RÖ/ MRT/CT
- ☐ Ultraschalluntersuchung
- ☐ EEG / NLG
- ☐ Labor
- ☐ Bioresonanz
- ☐ ärztliche Untersuchung bei ☐ HNO
  - ☐ Internist
  - ☐ Neurologe
  - ☐ Kieferorthopädie
  - ☐ Orthopäde
  - ☐ Augenarzt
  - ☐ andere Ärzte und zwar.....
- ☐ Austestung von Nahrungsmittelunverträglichkeiten
- ☐ Entwicklungsdiagnostik
- ☐ anderes und zwar.....

### ☐ 19. Zusätzliche Therapien

- ☐ Massage
- ☐ Heilgymnastik
- ☐ Psychotherapie
- ☐ Akupunktur
- ☐ traditionelle chinesische Medizin
- ☐ Homöopathie
- ☐ Sensorische Integration
- ☐ Logopädie
- ☐ andere und zwar,,,,,

### ☐ 20. Zusätzliche unterstützende Maßnahmen

trinken

- ☐ bezüglich Ernährung
- ☐ bezüglich ausreichend Wasser
- ☐ regelmäßig Sport
- ☐ Einige Übungen gezeigt
- ☐ Einlagen
- ☐ anderes und zwar...

**Nochmals Danke fürs Ausfüllen!**



## VI. Data of parents questionnaires

Frage	1	2	3	4	5	6	7	8	9	10	11	12
Pat	age	S	wie oft			A B C D E F G H I J K L M N O P	A B C D E F G H I J K J M N O P	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	Geholten	1 2 3 4 5 6
1	1	1	3	3	1		1			1 1 1 1 1 1 1 1	5 3	
2	66	1	3	2	4	1 1		1 1		1 1 1 1 1 1 1 1	7	
3			1	3	3	1	1	1		1 1 1 1 1 1 1 1		1 1
4	2	2	2	4	1 1	1		1		1 1 1 1 1 1 1 1	2 4	1 1
5	42	1	1	3	1 1	1	1	1		1 1 1 1 1 1 1 1	3 4 7	1
6			3	2	4	1 1		1 1		1 1 1 1 1 1 1 1		
7			1	3	3	3 1 1		1 1		1 1 1 1 1 1 1 1		1
8			3	3	4	1			1		8 9	1
9	60	1	1	2	1	1	1	1	1	1 1 1 1 1 1 1 1	9	
10	38	2	1	3	2	4	1	1	1	1 1 1 1 1 1 1 1	6	1
11			3	3	2	1		1		1 1 1 1 1 1 1 1	3 5	
12			1	3	3	1	1	1	1	1 1 1 1 1 1 1 1		1
13	2	1	2	3	1		1			1 1 1 1 1 1 1 1		1
14			2	2	4	1 1	1	1		1 1 1 1 1 1 1 1		
15	16	1	1	2	1	1		1 1		1 1 1 1 1 1 1 1	2	1
16	2		3	3	4	1 1		1		1 1 1 1 1 1 1 1	7 5	
17	47	1	3	3	4	1 1	1	1	1	1 1 1 1 1 1 1 1	1 9	
18	48	2	3	3	2	1 1		1 1		1 1 1 1 1 1 1 1	7	1 1
19	2	3	3	3	1 1		1 1		1	1 1 1 1 1 1 1 1	2 4 8	1 1 1 1
20	17	2	1	3	3	1	1	1		1 1 1 1 1 1 1 1		1
21	60	1	3	2	3	1		1		1 1 1 1 1 1 1 1	6	1
22	37	2	3	3	3	1		1		1 1 1 1 1 1 1 1	1 4	1
23	30	2	3	3	2	1 1		1 1 1	1	1 1 1 1 1 1 1 1	5 6 9	1
24	2		3	2	4	1 1	1			1 1 1 1 1 1 1 1	1 2 3 4 6	1
25			3	3	2	1		1		1 1 1 1 1 1 1 1		1
26	44	4	3	4			1 1		1 4	1 1 1 1 1 1 1 1		
27		1	3	4	1	1	1	1	1	1 1 1 1 1 1 1 1		1
28	28	2	2	2	3	1	1	1		1 1 1 1 1 1 1 1		
29		1	3	1		1		1		1 1 1 1 1 1 1 1	7 9	1
30	2		3	3	4	1 1	1	1 1		1 1 1 1 1 1 1 1	5 9	1
31		3	2	3		1 1		1		1 1 1 1 1 1 1 1	8	1
32	2	1	3	2	1	1	1			1 1 1 1 1 1 1 1	4 5 2	1
33	2	1	2	4		1	1			1 1 1 1 1 1 1 1		1
34		1	2	4	1	1		1		1 1 1 1 1 1 1 1		1
35	2	3	2	3	1	1	1	1	1	1 1 1 1 1 1 1 1	4 3	1
36	35	1	1	3	3	1		1		1 1 1 1 1 1 1 1	3 7	1
37	66	2	3	3	2	1 1	1	1		1 1 1 1 1 1 1 1	5 6 7	1
38	2	2	2	2	1 1	1 1	1	1		1 1 1 1 1 1 1 1	2	1
39	68	2	1	3	4	1 1	1 1	1		1 1 1 1 1 1 1 1	9 2 5 6	
40	26	1	1	4	1	1	1	1	1	1 1 1 1 1 1 1 1		
41	41	2	3	3	2	1	1 1 1	1		1 1 1 1 1 1 1 1	1 2 7	1
42	66	1	1	4			1			1 1 1 1 1 1 1 1		1 1
43	42	2	3	3	1	1 1		1 1		1 1 1 1 1 1 1 1		1
44	1	2	3	2	1 1	1	1	1		1 1 1 1 1 1 1 1	1	1
45	39	2	1	1	3			1 1		1 1 1 1 1 1 1 1	8	1
46	48	2	3	3	3	1		1		1 1 1 1 1 1 1 1	4	1
47	1	3	2	3	1	1	1	1	1	1 1 1 1 1 1 1 1	1 2 3 4 7	
48	67	1	2	3	3	1		1		1 1 1 1 1 1 1 1		1
49	54	2	2	2	1 1	1	1	1	1	1 1 1 1 1 1 1 1		1
50			2	2	1 1	1				1 1 1 1 1 1 1 1		
51	45	1	1	3	2	1 1		1 1 1		1 1 1 1 1 1 1 1	5 6 3 2	1 1
52	2		3	3	1 1	1		1		1 1 1 1 1 1 1 1	2 3 5	
53			2	3	3	1		1		1 1 1 1 1 1 1 1	1 4 5	1 1
54	55	2	2	3	1 1	1 1	1	1		1 1 1 1 1 1 1 1	1 7	1
55	31	1	1	3	2	1	1	1		1 1 1 1 1 1 1 1		
56	39	2	1	1	3	3	1		1 1 1 1 1	1 1 1 1 1 1 1 1		1
57	47	1	1	3	2	1 1	1	1	1	1 1 1 1 1 1 1 1		1
58	67	2	1	3	3	2	1	1		1 1 1 1 1 1 1 1		1
59			2	3	2	1		1		1 1 1 1 1 1 1 1	9	1
60	38	2	1	3	3	1	1	1	1	1 1 1 1 1 1 1 1	1 7	1
61	32	1	1	3	1	1		1		1 1 1 1 1 1 1 1		1
62	2	1	3	2	1 1	1	1	1		1 1 1 1 1 1 1 1	1 2 3 5	1
63	77	2	1	3	1	1	1	1		1 1 1 1 1 1 1 1		1 1
64	1	2	3	1	1	1		1 1		1 1 1 1 1 1 1 1	2 3	1
65	2	3	3	2	1 1		1	1	1	1 1 1 1 1 1 1 1	1	1
66	1	2	3	1 1		1	1 1		1	1 1 1 1 1 1 1 1	5 6	1
67	33	1	3	2	2	1		1 1		1 1 1 1 1 1 1 1	4	1
68	65	2	2	2	1 1	1	1 1		1	1 1 1 1 1 1 1 1	4 5	1
69	28	1	3	3	1 1	1	1 1 1 1	1		1 1 1 1 1 1 1 1		1
70	26	2	1	2	1	1		1	1	1 1 1 1 1 1 1 1		1
71	28	2	1	3	3		1		1	1 1 1 1 1 1 1 1	7 2	1
72		1	2	2	1 1		1 1		1	1 1 1 1 1 1 1 1	3	1
73	38	1	2	2	4	1	1 1 1	1	1	1 1 1 1 1 1 1 1	2 4	1
74	2	3	3	1	1	1		1 4		1 1 1 1 1 1 1 1	1 9 7	1 1
75	38	2	1	3	2	1 1	1	1 1	1	1 1 1 1 1 1 1 1		1 1
76	44	1	1	2	3	3	1 1	1		1 1 1 1 1 1 1 1	1 7 8	1 1
77	72	1	3	3	4		1	1 1		1 1 1 1 1 1 1 1	4 6 2	1
78	26	1	2	3	1 1		1	1	1	1 1 1 1 1 1 1 1	3	1
79	31	2	1	3	2	1		1	1	1 1 1 1 1 1 1 1		
80		1	3	2	2	1	1	1		1 1 1 1 1 1 1 1	2 7 4	1
81	62	2	1	3	1		1	1	1	1 1 1 1 1 1 1 1	8	1
82	24	2	1	1	1		1		1	1 1 1 1 1 1 1 1	3	
83	36	1	1	1	2	1 1		1		1 1 1 1 1 1 1 1	3 5	
84	72	2	1	3	4	1		1	1	1 1 1 1 1 1 1 1	5 6	1
85	17	1	3	3	1 1		1	1	1	1 1 1 1 1 1 1 1	6	1
86	47	1	2	2	1 1		1			1 1 1 1 1 1 1 1	8	1
87	2	1	2	2		1	1	1		1 1 1 1 1 1 1 1	6 3	1
88	72	1	1	1	2		1	1		1 1 1 1 1 1 1 1		1
89	46	1	3	3	3	1	1	1	1	1 1 1 1 1 1 1 1	9 1	1
90	31	2	1	3	3	1		1		1 1 1 1 1 1 1 1	5	
91	65	2	1	3	3	3	1	1	1	1 1 1 1 1 1 1 1		1 1
92	2	1	1	1	3		1			1 1 1 1 1 1 1 1		1
93	34	1	2	2	3		1		1	1 1 1 1 1 1 1 1	2 3 1	1
94	47	2	3	3	4	1		1 1		1 1 1 1 1 1 1 1	4	1
95			3	2	4	1		1		1 1 1 1 1 1 1 1	1 7	1
96	37	2	3	3	1 1	1 1 1	1	1	1	1 1 1 1 1 1 1 1	2	1
97			2	2	4	1		1		1 1 1 1 1 1 1 1		1
98	48	2	3	3	1		1 1 1 1 1 1	1	1	1 1 1 1 1 1 1 1	9 7 1	
99	35	2	3	3	3	1 1	1 1	1	1	1 1 1 1 1 1 1 1	6	1

F11	F12	F13	F14	F15	F16	F17	F18	F19	F20
		1	2	1					
1	3	2	2	1	2				
		1	3	2	3	1			
1	1	5	2	1	4	1	1		
1	Heb	5	2	1	3	1	1	1	
	1		1		3	1	1		
		1	3	1	4	1	1		
	1	3	1		2	1			
1	B	3	1		4	1	1	1	
1	2 B	4	1	1	1	1	1	1	1
	FO	4	2	1	2	1	1	1	1
	1u2u3	2		1	3	1	1		1
	2 Heb	3	1		3	1	1		
	1	3	1	1	2	1	1	1	
1	1	3	1		2	1	1		1
1	1 Heb	3	2	1	3	1	1	1	1
1	1 B	4	1		2	1	1	H	1
	K	4	2	1	1	1			1
	K	3	1		4	1			1
1	Fza	3	1		3	1			1
1	1	3	1		3	1	1		
1	3 BK	3	1		2	1	1	1	
1	1 H	3	1		2	1		1	
	1	3	1		4	1	1		
	1u2	3	2	1	3	1	1	1	1
	1u2u3 Fhno	3	1		2	1	1	1	
1	2u3	4	1		2	1	1	1	
1	1 K	2	2	1	1	1	1	1	1
1	1	2	2	1	3	1	1	1	1
		4	1		2		1		
1		3	2	1	1	1			1
1		3	1		2	1	1		1
1	1u2u3 B	3	1		1		1	1	1
	FO	3	1		4	1	1		
1	B	2	2	1	2	1	1		
1	1u2u3 Heb	3	2	1	3	1	1		
1	1u2u3 Heb	3	2	1	3	1	1		
1	B	3	1		2	1	1	K	1
	B	3	1		4				
1	B	3	1		2	1	1		
1	1u2u3 B	3	2	1	2	1	1	1	1
	3 B	3	1		2	1	1		
1	1 BHS	3	1		3	1	1		
1	1u2	3	2	1	3	1			
1	1u2	3	2	1	3	1	1		
1	2 S	4	1		2	1	1	1	
1	2 B	4	1		2	1	1		
1	1	3	2	1	3	1	1	O	
	S	3	1		3	1	1		
1	S	3	1		3	1	1		
1	B	3	1		3	1	1		1
1	1u2u3 B	3	1		3	1	1	1	
1	1u2u3	3	1		3	1	1	1	
1	2 KB	3	1		3	1	1		
	B	3	1	1	4	1	1	1	
1	B	3	1		3		1	1	
1	1u2	3	2	1	2	1	1	1	1
	B	3	1		3	1	1		
	2 B	3	1		3	1	1		1
1	1	3	2	1	1	1	1		
	B	3	1		1		1		1
1	1 K	3	2	1	1	1	1		
1	1	3	1		3	1	1	1	
1	1u2u3	4	1		2	1	1		
1	1u2	3	2	1	2	1	1	1	1
1	1u2u3	2	1		2	1	1		
1	1	3	1		3	1	1		
	B	3	1		2	1	1	1	
1	1u2	3	1		2	1	1	1	1
1	1u2u3 Fhno	3	2	1	2	1	1	1	
	3 KB	3	1		3	1	1		1
1	1u2 B	3	2	1	1	1	1	1	1
	3 FO	4	1		2	1	1		1
1	3 B	5	1		2	1	1	A	
1	B	3	1		1	1			1
	3	4	1		2	1	1		1
1	B	3	1		1	1	1	1	
1	Heb	3	1		4	1	1	1	
1	1	3	2	1	1	1	1	1	1

## VII. Data of adult-questionnaires

Frage	1	2	3	4	5	6	7														8	9									10									11	12																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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## VIII. Antworten auf die offenen Fragen

### Antworten auf die offenen Fragen der Erwachsenen Fragebögen

F6

Knieschmerzen  
Schmerz im Knie  
Knieschmerzen  
Schmerz im Knie  
Hüftschmerzen  
Hüftschmerzen  
ISG Schmerz  
Schmerz nach OP am Bein  
Schulterschmerzen  
Schmerz nach Autounfall  
Fersensporen  
Ziehen und Krämpfe im Lendenbereich  
Schmerzen nach Sportverletzung  
Ohrenschmerzen

Blasenentzündung  
unregelmäßige Blutungen  
Blasenentzündung  
Schwangerschaft BEL  
Schwangerschaft BEL  
Schwangerschaft BEL  
Kinderwunsch  
Kinderwunsch  
sich in der Schwangerschaft was Gutes gönnen

Hüftdysplasie  
Skoliose  
massive Skoliose  
Beckenprobleme  
Springender Finger  
Wirbelsäulenproblem ohne Schmerzen  
Kieferprobleme  
Problem mit Kiefer links  
Fehlstellung von Schulter zu Kiefer  
Problem mit Auge links

emotionelle Probleme  
Panikattacken  
vegetative Dystonie  
Zwerchfellprobleme

chronische Sinusitis  
Allergie  
chronische Erkrankung des Bindegewebes  
Infektanfälligkeit

Erschöpfbarkeit der Muskulatur
Migräne
Tinnitus
Begleitung zur Chemotherapie
Varizen

**F7**

Knie und Schulterschmerzen
Kreuzschmerzen
die gleichen Probleme aber viel leichter
Hüftschmerzen
ISG Schmerz
Lendenschmerzen
Fersensporn
Brustschmerzen
Peitschenschlagunfall

Epileptische Anfälle
Migräne
Tinnitus
Tinnitus
Tinnitus
Gesamtzustand

Schwangerschaft
-----------------

Skoliose
Zahnspange
Kieferfehlstellung

Nachbehandlung nach OP für Narbe
Nachbehandlung nach OP am Auge
mir selbst was Gutes tun

**F8**

sehr müde bin
schlafe
in Ruhe
lange sitze
lange ruhig sitze
lange stehe
bei gewissen Bewegungen
bei falschen Bewegungen
wenn ich mich strecke
wenn ich mich beim Sport verletze
wenn ich Sport machen
schwimme
laufe
laufe
klettere
gehe



Zyklus habe
-------------

**F9.6**

Chirurgie Chirurgie Gynäkologie Gynäkologie Gynäkologie HNO TCM TCM Neurologe Neurologe Rheumatologe
--

**F9.9**

Hebamme Hebamme Ganzheitsmedizinerin Alternativmedizinerin Apothekerin Spital Chiropraktiker Homöopath Homöopath
--

Arbeitskollegin Kollegin Mutter Kollegin Ehefrau Tochter
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**F10**

Osteopathie Osteopathie Osteopathie Logopädie TCM Fitnesscenter Stoßwelle Schwimmen Bachblüten Massage Heilsalbe Operation Tai Chi Dehnen Bioresonanz Psychotherapie Phytotherapie Fango Einlegesohlen
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	Änderung der Ernährung
<b>F12</b>	<p>Freundeskreis</p> <p>Orthopäde 4x</p> <p>Masseur 3x</p> <p>Kollegin 3x</p> <p>Ordinationsgehilfin</p> <p>Freundin 3x</p> <p>Ärztin 2x</p> <p>Arzt 1x</p> <p>bin selbst Osteopathin in Ausbildung</p> <p>bin selbst Physiotherapeutin in Ausbildung</p> <p>Schwiegertochter</p> <p>Vortrag über Osteopathie</p>
<b>F13.2</b>	<p>Ganzheitsmediziner</p> <p>TCM 2x</p> <p>Chirurg</p> <p>Gynäkologe 3x</p> <p>Internist</p> <p>Orthopäde 3X</p> <p>Neurologe</p>
<b>F13.4</b>	<p>meine Frau</p> <p>Ehefrau</p> <p>Gattin</p> <p>Ehefrau</p> <p>Tochter</p> <p>Tochter ist Physiotherapeutin</p> <p>Tochter</p> <p>Kollegin</p> <p>Mutter</p> <p>weil meine Mutter so begeistert war</p> <p>Mutter</p> <p>Schwester</p> <p>Schwager</p> <p>Gatte</p> <p>Ehemann</p> <p>Sohn 2x</p> <p>Kind</p> <p>Osteopathin</p> <p>Osteopath in Tirol</p> <p>Physiotherapeutin 2x</p> <p>Hebamme</p> <p>Masseur</p> <p>Freundin</p> <p>Freundeskreis</p>
<b>F16</b>	<p>Yoga 3x</p> <p>Kiesertraining</p>

Massagen
Kräutertee
Schüsslersalze
Tibeter
Reiki
TCM Ernährung
OP
Spiraldynamik
Psychotherapie
Theraband
Tai Chi

**F18**

suchend
skeptisch
nervös
unsicher
hoffnungsvoll
zuversichtlich
ängstlich

**F20.6**

Hautarzt
Zahnarzt
Sportarzt
Sportarzt

**F22**

Kaffee vermeiden
Topfenwickel
Bachblüten
Ruhe geben
chinesische Tees
Muskelaufbau

## Antwort auf die offenen Fragen der Eltern-Fragebögen

**F5**

Es dreht den Kopf nur auf eine Seite
schwere Geburt
schwere Geburt
Behandlung die dem Kind gut tut
Kaiserschnittgeburt
zappelig
Konzentrationsstörungen
Aufmerksamkeitsstörungen
Lernschwäche
Aggressionen
ungelöste Emotionen
Koordinationsstörungen
chronische Bronchitis
Polypen
schnarchen
ständiges räuspern

	<p>es hat schlecht Luft bekommen</p> <p>Verspannungen</p> <p>Trichterbrust</p> <p>es ist behindert</p>
<b>F6</b>	<p>Borelliose</p> <p>Husten</p> <p>es reisst sich Haare aus</p> <p>Trichterbrust</p> <p>Auge</p> <p>Akkomodationsstörungen</p> <p>Polypen</p> <p>Unfall</p> <p>überaktiv</p> <p>schwaches Immunsystem</p> <p>schwere Atmung</p> <p>Epilepsie</p> <p>Begleitung zur Zahnsperre</p> <p>Husten</p> <p>häufige Atemwegserkrankungen</p> <p>heiser</p> <p>Nase zu</p> <p>verschlagnete Ohren</p> <p>Infektion</p> <p>Kontrolle ob alles OK nach Geburt</p>
<b>F7.7</b>	<p>Kieferorthopäde</p> <p>HNO</p> <p>Zahn</p>
<b>F7.12</b>	<p>Homöopathen 2x</p> <p>Podologin</p> <p>Jugendamt Sozialarbeiter</p> <p>Logopädin</p> <p>Ergotherapeutin</p> <p>Zahnarzt</p> <p>Optometristin</p> <p>Schwester</p>
<b>F8</b>	<p>Holopathie</p> <p>Autogenes Training</p> <p>Massage</p> <p>Hüftzügerl</p> <p>Bachblüten</p> <p>Lagerung mit Kissen</p> <p>Einlagen</p> <p>Tuina</p>
<b>F10</b>	<p>Apotheke zur Kaiserkrone</p> <p>in meiner eigenen Ausbildung zum PT</p>

	eigene Berufserfahrung Podologin Homöopath Buch Bücher Logopädin ich war selbst beim Osteopathen Zahnarz Physiotherapeutin Hebamme Freundin
<b>F11</b>	Homöopath Ehemann Mutter Kinderschwester HNO Logopädin andereOsteopathin ich bin Physiotherapeutin Physiotherapeutin Arzt
<b>F14</b>	Zahnsperange Zahnsperange aktive Einlagen Hollopathie Heileurhythmie Hüftzügerl
<b>F16</b>	besorgt zuversichtlich
<b>F19</b>	Zahnsperange Zahnsperange
<b>F20</b>	weniger Zucker