**Completed example of linking your case-based discussion to the Osteopathic Practice Standards template**

**Date: 11/12/20**

**Names of osteopaths discussing the case:** Petra Rowland and Sai Anand

**Brief description of case (all identifying factors to be removed):**

Female patient aged 50. The patient reported experiencing ‘muscular tension’ in the upper cervical region for some time. She also reported that sudden extension or rotation movements through the cervical spine seemed to trigger headaches and that the patient felt ‘very vulnerable’ when looking up.

I found this case particularly challenging on a number of levels:

* The patient had come to me looking to find out whether osteopathy could help her, having had many years of pain and subsequent ‘disability’.
* There were numerous elements in the case that appeared related to patient’s neck pain and headaches, but I was not sure what role they might be playing and whether, if I treated them, it would affect patient’s symptoms.
* There were complex psychosocial issues in this case relating to patient’s chronic pain, her apparent fear avoidance activity, her apparent isolation from her previous occupation and social life, and her role supporting her relatives.
* My scope of practice limitations: I recalled another osteopath in my local region who I knew had worked extensively with patients in a chronic pain setting, so I decided to contact her to discuss the case and to find out if she had any thoughts as to how I might manage this case, or if I should refer patient for treatment elsewhere.

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| **OPS theme** | **Points discussed** | **Actions to be taken/learning points to record** |
| **A. Communication and patient partnership** | **Identifying patient’s expectations:** One of the first things Sai asked me was what my patient was expecting from osteopathy. I admitted I wasn’t entirely sure, but I recognised that this would be really important in my establishing if my patient’s expectations were beyond my scope as well as identifying factors that I might be able to influence.  We agreed that it would be essential for these expectations to be discussed with patient, so that she and I would be able to decide on the best course of action for her care. | * To spend some time with patient discussing her expectations and what she hoped to gain from osteopathic treatment * To identify aspects of her case that I felt I could influence and to discuss with patient the possible treatment, management and likely outcomes so that she would be able to decide if she wished to proceed with treatment * Maintain an open dialogue with patient to ensure that our aims and objectives were shared and that her expectations were being met |
| **B. Knowledge, skills and performance** | **Develop my scope of practice:** Sai also discussed some helpful aspects relating to the current understanding of migraine headaches.  He suggested I should read a couple of papers published by an osteopath, relating to managing migraine headache patients, as well as the latest guidelines published by the Scottish Intercollegiate Guidelines Network (SIGN) for the diagnosis and management of headaches in adults. | * Search the literature online for the SIGN guidelines and review the management of migraine * Search online for the articles suggested, and any others that might help me to better understand the issues relating to managing migraine in osteopathy and healthcare in a broader setting |
| **C. Safety and quality in practice** | **Ensure quality of patient care:** During our discussion, we explored approaches to treatment. It was agreed that during the initial stages of treatment, patients with such symptoms would probably be somewhat nervous of treatment. Consequently, it would be important to treat the patient relatively non-invasively and to continuously look for feedback in relation to pain, the patient’s perceptions of the treatments and any anxiety they might be feeling. It was also agreed that there would be a need to identify objective factors in the case that could be re-assessed and reviewed with the patient, so that goals could be monitored and progress recognised.    The psychosocial aspects of the case seemed significant. Sai suggested that I might like to set goals with the patient that might begin to allow her to become more socially active. One thing I thought might be amenable to change was her lack of confidence in her neck movements. Sai suggested some simple exercises that might be useful in practice and that could give patient something to work on whilst outside the treatment room. | * Plan a staged introduction of treatment, with clear instructions to the patient with regards the experience of pain. Also to be aware of possible triggers for migraines and her trigeminal neuralgia, and to ensure that if the patient has any sense of risking a trigger to stop treatment * Identify two or three elements that can be monitored for change during the course of treatment. Agree them with the patient and retest each one at every appointment * Begin to look towards activities that the patient realistically feels able to take part in and, assuming there are recognised improvements, to try to take up that activity again |
| **D. Professionalism** | **Involve others in patient management:** Sia also considered whether the patient might benefit from referral to a pain management specialist. He reflected that for many chronic pain sufferers there was some good evidence that learning to develop personal strategies to live with chronic pain was helpful, although Sai was unaware of examples for migraine and trigeminal neuralgia. See also B regarding reviewing and exploring the literature surrounding migraine/headache. | * To consider this further and to investigate benefit from referral to a pain management specialist. He reflected that for many chronic pain sufferers there was some good evidence that learning to develop personal strategies to live with chronic pain was helpful, although my Sai was unaware of examples for migraine and trigeminal neuralgia. See also B regarding reviewing and exploring the literature surrounding migraine/headache * To investigate whether the patient has accessed such services already. Possibly consider writing to patient’s GP and specialist (managing her trigeminal neuralgia) to explore these options further |