Number of Treatments Required

Introduction

The aim of the study was to examine the presentation frequency of each patient to see what proportion of patients tend to attend for one-off treatments, for short courses (2-4 treatments), longer courses (5-10 treatments), or very long courses of treatment (more than 10 treatments at one presentation).

'Presentation' is here defined as the first time that a patient attends for a particular injury or pain to be treated; any subsequent treatment for that problem is recorded as part of that presentation. If a patient later returns presenting with a different problem for treatment, or the same problem but after a symptom-free period of at least 3-4 weeks, then this is classified as a separate presentation.

Results and Discussion

From a total of 381 patients, there were a total of 1038 presentations recorded, giving an average of a little under 3 presentations per patient over a 3 and a quarter year period (January 1986 to March 1989). 2,365 treatments were recorded by these patients, at an average of 2.3 visits per presentation.

Number of Treatments given	Total Presentations		1st Presentation only		Subsequent Presentation only	
One-off treatments	541	52%	142	38%	399	61%
2-4 treatments	401	39%	176	46%	225	34%
5-10 treatments	76	7%	47	12%	29	4%
11 or more treatments	20	2%	16	4%	4	1%
Totals	1038		381		657	

Of a total of 1038 presentations, 541 (52%) were for one-off visits and a further 401 (38%) Involved 2-4 visits on the part of the patient. If these two totals are combined, we find that 91% of the patients in this study required 4 or less treatments per presentation, while only 20 (2%) required more than 10 treatments.

The data was further broken down into the number of visits made at the first presentation (the first time the patient visited the Osteopathic Clinic), and at subsequent presentations. This showed that still a high percentage of patients (84%) required only 1-4 treatments at the first presentation, but that this rises to a high of 95% for subsequent presentations.

Understandably there is a slightly increased percentage of patients requiring more than 10 treatments for the first presentation (4%), but this drops down to less than 1% for subsequent presentations.

However, previous studies with ACC patients have demonstrated a 90% success rate for acute cases (1), and an overall success rate in 2 separate studies of 78% (2) and 75% (3).

This, coupled with the finding (4) that over 60% of chronic patients maintained their improvement for a period of two years following treatment, and the exceedingly high rate of one-off treatments at subsequent presentations in the present study, seems to suggest that the majority of one-off patients at the first consultation were treated successfully and did not need to come back.

Conclusion

From the data recorded in this study, it would appear that Osteopathy is an extremely cost-effective form of treatment in terms of the number of patient visits required for the resolution of any particular injury or complaint. Using a large randomly selected patient population adds credence to the results, especially when coupled with previous studies that indicate a 75% overall 'success' rate with ACC patients who have attended for Osteopathic treatment.

References

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