

### “Pitch side Osteopath? You mean Physio, right”?

I have often found myself being asked to help with an injury occurring whilst watching a game of football or rugby. Not an uncommon experience for those of us who stand on the sidelines watching family playing sport. However it seems that Osteopaths are few and far between on the pitch side, at a high level or professional capacity. Research is currently being conducted by Sam Morris, Osteopath at Sheffield Wednesday. Investigating how Osteopathy is used in Professional Football. This will help clarify how many Osteopaths are working in this field.

What is clear from my experiences within Medical teams for various sports is that the pitch side Osteopath is a rare breed. Over that last year I have been part of the Medical team for the England Touch Rugby Squad. Many of the players also play professional Rugby and some are involved in Sevens internationally. I have had the honour of being present at the World Cup and European Championships this year as part of a multidisciplinary medical team. As a team member you are expected to be competent with any injury, but recognised as having extended expertise in the spine. As such being the ‘go to’ team member for a second opinion on treatment and diagnosis. Duties include treatment, rehab and pitch side cover during games.

Team communication includes interchange of ideas on diagnosis and treatment which enables the best injury outcomes. This can be an empowering and educational interchange via exposure to different sports specific philosophy. Interestingly practitioners are actively encouraged to maintain their professional independence in terms of decision making.

#### *Why are there not more of us in High level sports?*

The Chief Physiotherapist for the Welsh Team at a recent Rugby Championships suggested the difference in our respective Undergraduate training meant Physiotherapists saw acute injury and complex medical cases during hospital training, therefore better equipping them to deal with sports Trauma management at the pitch side. However, this undergrad medical training does not necessarily prepare the newly qualified Physiotherapist to deal with the unique pressures of high level sport. The Association of Chartered Physiotherapists in Sports Medicine (ACPSM) offers membership only after specific post graduate education and most importantly mandatory hours of working in a pitch side and sports specific environment. This would suggest that although Physiotherapists get more exposure to trauma cases and fracture as undergraduates, they still require specific courses after graduation to enable a sports specific skill set. Anecdotal research has

confirmed that only a handful Undergraduate Physiotherapy courses offer any training in pitch side management in competitive sport.

*Is there an unseen barrier to jobs in professional sport for the Osteopath?*

I would imagine that many are put off by the difference in working environment between the clinic and the immediacy of pitch side trauma and elite sports. Indeed this work can be a very challenging element of working in sports. Having a background in the services, injury triage and pitch side trauma management came naturally. However this is due to the fact that I had extended skill set prior to Osteopathy and experience of dealing with complex injury. However with relevant training and experience there is no reason why the Osteopath should not be pitch side.

Another factor is the current debate about our scope of practice. Is it wrong to take our Osteopathic principles outside of the clinic? Are we prone to think narrowly about our role as practitioners? Remembering that Osteopathy was used on the battle fields of the American Civil War, I would argue that we can be pitch side in high level sport. Recently I designed and filmed a series of digital Plyometric Prehab programs for international Rugby players, focusing on eccentric control, core stability and correct firing of the muscle chains for specific multidirectional sport. This delivered significant increases in athletic performance and squad robustness throughout a season. To me, although not a typical day in clinic, this was once more applying Osteopathic principles to a specific need.

I also have to agree with the sentiment of Clive Lathey when he expressed his frustration at not seeing more Osteopaths presenting at Sports Medicine Conferences or medical Schools. Having experience similar conferences where the speaker is usually a Physiotherapist with M level or PhD research. To this end, more of us we need to stand up, get skilled up and add to the debate. Only then will Osteopathy have a place at the High Table of Sports Medicine.

As such, suitable qualified experienced Osteopaths are no threat to Sports Physiotherapists, but will actually add value to clinical outcomes with our particular expertise within multidisciplinary Medical teams or indeed other sectors.

It seems clear that more research and discussion between stake holders within our profession is essential to drive forward the message that we can contribute in arenas not traditionally associated with Osteopathy. Subsequent identification of sport specific pathways and competences may provide a framework delivering more Sports Medicine employment for Osteopaths.

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*Myself and other members of the England Medical team selected to provide pitch side Cover for an International Rugby Final.*

