

# Collected Scientific Research Relating to the Use of Osteopathy with Hip pain

## Important:

1) Osteopathy involves helping people's own self-healing abilities to work better, rather than focussing primarily on particular conditions.

2) Each person is different, and osteopathy treats them differently.

Therefore people respond to osteopathic treatment in different ways. Treatments that work for one person cannot be guaranteed to work for another person in the same way. The fact that there is scientific research supporting a treatment in a group of people does not mean that it will always work in the same way (which is probably true of all research).

A number of things make research into osteopathy challenging. These include the two aspects of osteopathy mentioned above, and also the lack of major commercial interests to provide funding in expectation of financial returns. At the same time, there is an emerging body of research demonstrating the usefulness of osteopathic treatment.

More research is being done all of the time. I am not aware of any research which shows that osteopathic treatment, delivered by a qualified osteopath, is ineffective in relation to this area. If you are aware of any studies that show that, please bring them to my attention.

Please note: there is room for debate about the classifications used for these studies. Please let John Smartt know if you believe that any of these classifications are incorrect.

# These studies are from peer-reviewed journals

Number  
of studies:  
6

## Clinically and statistically significant results

Number  
of studies:  
6

### Randomised controlled trials

Number of studies: 3

Hinman R 2014 **Manual physiotherapy or exercise leads to sustained reductions in pain and physical disability in people with hip and knee osteoarthritis.** J Physiother Mar;60(1):56 <http://www.ncbi.nlm.nih.gov/pubmed/24856943>

"Design: Randomised, controlled trial with concealed allocation and blinded outcome assessment. Setting: Referrals from general practitioners in New Zealand. Participants: Patients were eligible if they met American College of Rheumatology clinical criteria for OA of the hip and knee. Randomisation of 206 participants allocated 54 to manual therapy, 51 to exercise therapy, 50 to combined exercise and manual therapy, and 51 to usual care. Interventions: All participants received usual care offered by their own doctor and other healthcare providers. In addition, the manual therapy group received manual procedures that aimed to modify the quality and range of motion of the affected joint and associated soft tissues; this was supplemented by home joint range-of-motion activities three times per week. The exercise group completed supervised aerobic, strengthening, stretching and neuromuscular coordination exercises, which were supplemented by home exercise three times per week. Combination therapy consisted of a combination of the manual therapy and exercise interventions."

"At 1 year, compared with the usual care group, there was a reduction in WOMAC in the manual therapy group by 28.5 points (95% CI 9.2 to 47.8), exercise group by 16.4 (95% CI -3.23 to 35.9) and for combined therapy by 14.5 (95% CI -5.2 to 34.1)."

Seffinger MA 2014 **Manual Therapy or Exercise Effective for Hip or Knee Osteoarthritis** J Am Osteopath Assoc Vol. 114, 63 <http://jaoa.org/article.aspx?articleid=2094897&resultClick=1>

"Researchers in New Zealand carried out a rigorous randomized controlled trial that evaluated the effectiveness of manual therapy and exercise in addition to usual care in alleviating symptoms and improving function in patients with hip or knee osteoarthritis (OA)."

"The authors found that participants in the manual therapy group had significant ( $P < .03$ ) and clinically important sustained improvements in symptoms at 1 year. Those in the exercise therapy group also had sustained benefit with respect to physical performance tests. No added benefit was found in the group who underwent both therapies."

Pinto D, Robertson MC, Abbott JH, Hansen P, Campbell AJ; MOA Trial Team. 2013 **Manual therapy, exercise therapy, or both, in addition to usual care, for osteoarthritis of the hip or knee. 2: economic evaluation alongside a randomized controlled trial.** Osteoarthritis Cartilage Oct;21(10):1504-13 <http://www.ncbi.nlm.nih.gov/pubmed/23811491>

"206 Adults who met the American College of Rheumatology criteria for hip or knee osteoarthritis were included in an economic evaluation from the perspectives of the New

Zealand health system and society alongside a randomized controlled trial. Resource use was collected using the Osteoarthritis Costs and Consequences Questionnaire. Quality-adjusted life years (QALYs) were calculated using the Short Form 6D. "

"From the societal perspective manual therapy was cost saving relative to usual care for most scenarios studied. Exercise therapy resulted in incremental cost utility ratios regarded as cost effective but was not cost saving. For most scenarios combined therapy was not as cost effective as the two therapies alone."

"In this study, exercise therapy and manual therapy were more cost effective than usual care at policy relevant values of willingness-to-pay from both the perspective of the health system and society. "

## Case controlled studies

Number of studies: 1

Jarski RW, Loniewski EG, Williams J, Bahu A, Shafinia S, Gibbs K, Muller M 2000 **The effectiveness of osteopathic manipulative treatment as complementary therapy following surgery: a prospective, match-controlled outcome study.** *Altern Ther Health Med Sep;6(5):77-81* <http://www.ncbi.nlm.nih.gov/pubmed/10979164>

"To assess osteopathic manipulative treatment as a complementary therapy for patients undergoing elective knee or hip arthroplasty."

"Of 166 eligible patients, 38 were assigned to a treatment group and matched with 38 control subjects."

"Compared to control subjects, the intervention group negotiated stairs 20% earlier (mean = 4.3 postoperative days, SD = 1.2; control subjects 5.4, SD = 1.6, P = .006) and ambulated 43% farther on the third postoperative day (mean = 24.3 m, SD = 18.3; controls = 13.9, SD = 14.4, P = .008). The intervention group also required less analgesia, had shorter hospital stays, and ambulated farther on postoperative days 1, 2, and 4."

"Patients receiving osteopathic manipulative treatment in the early postoperative period negotiated stairs earlier and ambulated greater distances than did control group patients."

Cashman GE, Mortenson WB, Gilbert MK. 2014 **Myofascial treatment for patients with acetabular labral tears: a single-subject research design study**. J Orthop Sports Phys Ther Aug;44(8):604-14 <http://www.ncbi.nlm.nih.gov/pubmed/25029918>

"Single-subject research design using 4 consecutive patients.

**OBJECTIVE:**

To assess whether treatment using soft tissue therapy (ART or Active Release Technique), stretching, and strengthening of the hip abductors, hip external rotators, and tensor fascia latae muscles reduces pain and improves self-reported hip function in patients with acetabular labral tears who also have posterolateral hip pain of suspected myofascial origin.

**BACKGROUND:**

Acetabular labral tears cause pain in some but not all patients. Pain commonly presents anteriorly but may also present posteriorly and laterally. The standard of care is arthroscopic repair, which helps many but not all patients. It is possible that these patients may present with extra-articular contributions to their pain, such as myofascial pain, making their clinical presentation more complex. No previous study has assessed soft tissue therapy as a treatment option for this subset of patients.

**METHODS:**

This A-B-A design used repeated measures of the Hip Outcome Score and visual analog scale for pain. Four patients were treated for 6 to 8 weeks, using a combination of soft tissue therapy, stretching, and strengthening for the hip abductors, external rotators, and tensor fascia latae. Data were assessed visually, statistically, and by comparing mean differences before and after intervention.

**RESULTS:**

All 4 patients experienced both statistically significant and clinically meaningful improvement in posterolateral hip pain and hip-related function. Three patients also experienced reduction in anteromedial hip pain.

**CONCLUSION:**

Myofascial hip pain may contribute to hip-related symptoms and disability in patients with acetabular labral tears and posterolateral hip pain. These patients may benefit from soft tissue therapy combined with stretching and strengthening exercises targeting the hip abductors, tensor fascia latae, and hip external rotator muscles. Level of Evidence Therapy, level 4."

LeBeau RT, Nho SJ 2014 **The use of manual therapy post-hip arthroscopy when an exercise-based therapy approach has failed: a case report.** J Orthop Sports Phys Ther Sep;44(9):712-21 <http://www.ncbi.nlm.nih.gov/pubmed/25098193>

"BACKGROUND: Although there is a growing body of literature on both surgical intervention and postsurgical rehabilitation of acetabular labral repairs and femoroacetabular impingement, there is a paucity of information on how to manage individuals who show a lack of progress postsurgery.

CASE DESCRIPTION: A 30-year-old woman underwent surgical labral repair with femoroacetabular impingement osteochondroplasty. Postsurgery, she was initially treated with an exercise-based approach, but experienced an increase in hip pain and further decline in function. Her primary functional deficits were difficulty standing and pain (6/10) with ambulation. A combination of soft tissue mobilization and trigger point dry needling was used to address perceived muscle dysfunction, and nonthrust manipulation was used to address perceived hip joint hypomobility.

OUTCOMES: Following 12 therapy sessions over 120 days, the patient returned to her demanding occupation with minimal residual symptoms. By the end of the period of care, the patient's Harris hip score had improved from 56 to 96 and her Lower Extremity Functional Scale score had improved from 26 to 70.DISCUSSION: This case describes a multimodal manual therapy approach and the health outcomes of a patient following labral repair with femoroacetabular impingement decompression who did not respond to an initial exercise-based postsurgical rehabilitation approach. Level of Evidence Therapy, level 4."