Treatment of tetraplegic patient with lumbar pain 16HDC01803, 6 September 2018

Osteopath ~ Tetraplegia ~ Lumbar pain ~ Medical history ~ Treatment ~ Referral ~ Documentation ~ Policies/procedures ~ Right 4(1)

A woman with incomplete tetraplegia sought treatment from an osteopath after sustaining back injuries.

At the first consultation the woman explained that she had a spinal cord stimulator and a baclofen pump in situ. She also offered to show the osteopath X-rays of her spine to demonstrate the positioning of her indwelling devices and to show the extent of her scoliosis and pelvic obliquity, but the osteopath declined.

The first four treatment sessions proceeded without incident; however, within an hour following the fifth treatment session, the woman developed severe pain in her right sacroiliac joint and lumbar spine. When she telephoned the osteopath to report her increasing pain, of a type that she had not experienced previously, and that had not resolved with analgesia, the osteopath recommended acupuncture treatment and advised the woman to apply ice to the affected area.

Findings

It was found that the osteopath placed insufficient emphasis on the provision of safe and appropriate care to the woman. He did not undertake research to remedy his gap in clinical knowledge regarding treatment of patients with tetraplegia, and did not view the woman's X-rays when presented with the opportunity. The osteopath's treatment and clinical documentation failed to meet the standard required of an osteopath, and he did not refer the woman to her GP or to the hospital when she complained of increasing pain following treatment. For all these reasons, it was held that the osteopath failed to provide services to the woman with reasonable care and skill, and therefore breached Right 4(1). Adverse comment was made about the osteopathy clinic's lack of written policies and procedures.

Recommendations

It was recommended that the osteopath audit his documentation, arrange for regular mentoring, and provide a written apology to the woman.

It was also recommended that the Osteopathic Council consider whether a review of the osteopath's competence is warranted.