



# NZ OSTEO

Of the concerns of the skull, one  
ounce is used for thought, the  
remainder generates power for the  
nerves -A. T Still

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autumn 2024



# autumn 2024

Message from the Editor:

Welcome to NZ Osteo, the new quarterly magazine from Osteopaths New Zealand. Our aim is simple: to keep you informed. Discover up-to-date research, upcoming CPD opportunities, and key dates for upcoming seminars or events. Dive into articles about our profession and keep abreast of Ministry of Health and ACC updates. NZ Osteo is your practical guide for staying in the loop and advancing in the field.

*-Morgan Hancock*





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# Message from the Chair

Welcome to the first edition of our new format newsletter-turned-magazine. We determined that we needed a new vehicle for socialising information to you all and we hope that you will be very pleased with the new format.

As a digital magazine, we will be including a lot more content that will help us all feel more connected to the profession by keeping you informed about what is going on in osteopathy and with other members. We expect the content to evolve over time in response to the needs of our members. Please let us know what features you would like to see in the magazine in the future. Each edition will be saved to the [ONZ website for future reference](#).

You will also see our new website very soon. There has been a complete overhaul of the content and functionality to make it fit for purpose and to link to the new newsletter. It may not be a polished product when it's launched, but will provide you with a much better user experience and serve as a reliable source of information on osteopaths and osteopathy in New Zealand, which we can comfortably direct the public to.

Work is well under way in preparation for this year's one-day seminar. This year, we will be in **Wellington at the Rydges hotel** at Wellington airport. It is a convenient and well-equipped venue, and you will again see a great schedule with variety of content and delivery. **Saturday, 14th September**, is the date - put it in your diaries and book those flights. Following that, [Osteopathy Australia are hosting the OIA conference](#) as we did in 2017. The conference will be in Sydney from 24-26th October and will be a great opportunity for you to have a long weekend in Sydney and be part of the OIA/OA family.

On a more downbeat note, we are all constantly surrounded by the doom and gloom of the present economic climate. After years of being warned it was coming, we are now in a marked downturn with job losses, cost increases, high interest rates and so on. It is very easy, particularly if you are relatively new to the profession, to get quite down about the predictions and start wondering how your business is going to survive. From someone who has now lived and worked through several of these downturns both here and in the UK, they can indeed be quite scary.

However, in my experience, if you continue to focus on providing a quality and valued product, you will ride this storm. When times get tough, yes, people do tighten their belts. But ironically, you may well find people seeking your help sooner than in the past, as being able to keep going to work becomes more important. Resist the temptation to reduce your fees; continue to provide value and maintain your connection with your clients. And remember, part of our role at ONZ is to support you. If you need help or someone to talk to regarding coping through this period, do reach out. It's what we are here for.

--Jonathan Paine





# Osteopaths NZ Symposium

Saturday 14th September, Wellington

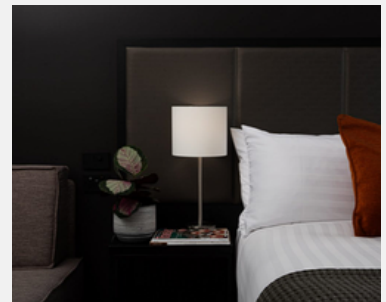
Join us for our one-day symposium on Saturday, 14th September, from 9am – 4:30pm. ONZ is looking forward to seeing everyone at this year's event, gathering together with you as a profession and being challenged on our thinking and practice.

The lineup of presenters is taking shape and promises to be an amazing mix of lectures and practical sessions throughout the day. The programme is taking a broad church approach, allowing you to select from a variety of options including a sport medicine-focused stream, a women's health - focused stream as well as plenary speakers and other workshops.

We are working hard to make sure there will be something to learn for everyone, to provide valuable CPD for everyone's learning and development.

Our venue is the [Rydges Wellington Airport](#) - conveniently located for those flying in from around the country, with on-site parking for those within driving distance. Accommodation is available on-site, and for those arriving early we will also be planning nibbles on Friday night to provide more opportunities to catch up with colleagues.

Tickets will be available soon, so mark it in your diaries, keep an eye out for cheap flights and we look forward to seeing you in September.



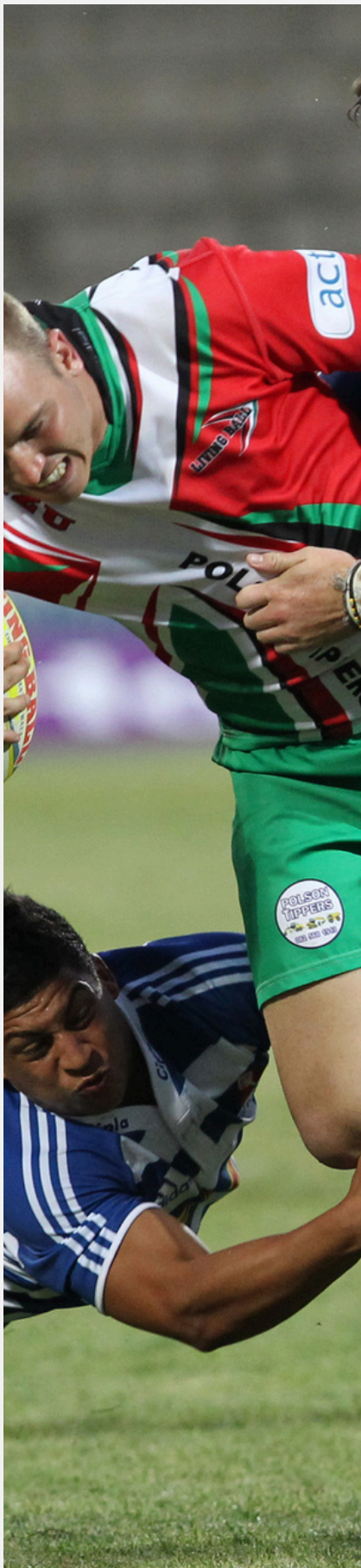
## ACC - Children's Workers Safety Checks

As many of the profession may be aware, there have been emails going out regarding the Children's Worker Safety Check requested by ACC. We have spent many hours reading the legislation, getting reviews, and discussing our thoughts with ACC. There are still some inconsistencies between what ACC is requesting and what is stipulated in the legislation, but the general finding from this is that as long as you do not treat children without a parent or guardian present, you are

not considered a children's worker and have no requirement to go through the children's worker registration.

If you do wish to treat patients under 18, with no parent or guardian present, then ACC will require you to complete the formal Children's Worker Safety Check, as provided by [CVCheck NZ](#). The one exception is if you are formally employed, in which case the employer is responsible for completing the check.





# SIG Update

## Sports, Exercise and Rehabilitation

Over the past year, Osteopaths New Zealand has been working to finalise details regarding specialisation and career pathways for osteopaths in sports, exercise, and rehabilitation. This has been seen as a necessary step to allow a career pathway for osteopaths, which can be recognised by stakeholders and the general public, showcasing a high level of education in both theoretical and practical experience. This initiative aims to lead to specialist positions furthering the progression of osteopathy.

We have been working closely with our colleagues at Osteopathy Australia to ensure a seamless transition between New Zealand and Australia for this qualification. I would like to take this opportunity to thank Antony Nicholas, Natasha Owens and Stephanie Santos, without whose help this project would not have succeeded.



The special interest group (SIG): Sports Exercise and Rehabilitation has started to post on our website what is required for vocational registration as a Specialist Osteopath in Sports Management. This is linked with the Australian System and will be recognised as an equivalent to their Advanced Practitioner Title. In the near future, we will post the Tertiary registration for Specialist Osteopath in Sports Management and the equivalent in Exercise-Based Rehabilitation.

It requires hard work and patience over a period of time to understand

all the facets of Osteopathy and how they combine for the benefit of our patients. To implement all the facets of Osteopathy into other pathways, which are as yet in their infancy within Osteopathy, will take perseverance. Osteopathy needs to ensure it does not become a watered-down version of itself.

These pathways are designed to provide guidance for Osteopaths in theoretical and practical knowledge required to reach specialisation level competence. The pathways are set at a high standard in both level of education and time needed to succeed. This deliberate design ensures a high level of expertise and equivalence to other professions such as medicine.





Sports Exercise and Rehabilitation was chosen to provide a template for other SIGs to follow such as Paediatrics and Women’s Health.

The SIG: Sport, Exercise and Rehabilitation will start to provide courses in these areas from basic to more advanced. There have been numerous conversations with tertiary education providers. The University of Otago, Physical Education, Sport and Exercise Department is at present having internal conversations concerning the implementation of online learning in sports exercise and rehabilitation at Post Graduate Diploma level and above.



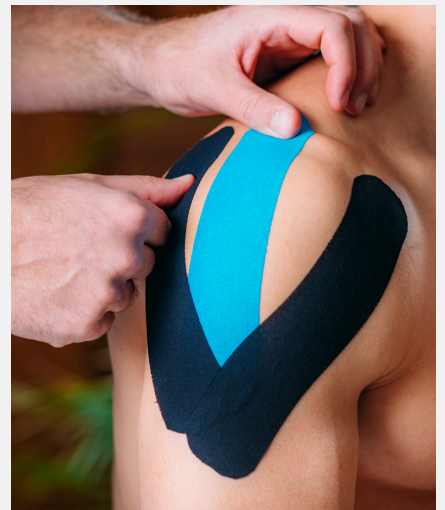
As more information and timelines become available, these will be posted on our website. Currently there is one course available online at present under Dr Hamish Osbourne in Sports Medicine. It should be noted this course lacks practical content, and a significant portion of sports management will be needed to be pursued outside of clinic. Mentors are available within the SIG.

### Future vs Foundation

It must be emphasised that through further education Osteopathic core foundations should not be lost.

Practitioners need to be well-versed in all aspects of Osteopathic knowledge and be able to apply these foundations to enhance all aspects of special interest groups and specialist titles.

Osteopaths in SIG: Sport, Exercise and Rehabilitation will be expected to be able to incorporate their Osteopathic Philosophies in every aspect of the SIG. It will be important to ensure that Osteopathy does not merely adopt a reductionist approach. While there appears to be a trend towards a more musculoskeletal focus in our clinics, it’s important to remember that we treat all aspects of health; that is our foundation. With today’s escalating health costs, now more than ever, our Osteopathic Philosophies are indispensable.



Those achieving the title “Specialist Osteopath” will be expected to dedicate their time to advancing Osteopathy, working with all stakeholders and becoming leaders in their field. They will undergo reviews every three years. This is an exciting time for Osteopathy in New Zealand

-Jim Webb

# CAPP Submission to OCNZ

## Competent Authority Pathway Programme

*OCNZ has a pathway for overseas graduates to complete before they are able to practice independently in New Zealand called the CAPP. (Competent Authority Pathway Programme). This replaced a high stakes examination that was previously used and is still used in some overseas jurisdictions.*

CAPP definitely has its benefits over a high stakes approach as it allows the practitioner to evidence the development of skills consistent with the competencies defined by OCNZ, over a period of time. However, it is not a perfect system and council has been reviewing it for some time as is appropriate with any procedural document.

In recent times ONZ has been made aware of certain issues that some preceptees and practice owners have had with the process. While it is not our role to raise every individual complaint with no context, there has been some



commonality in the nature of the complaints that we have received. To that end we have formalised a submission to council outlining the nature of our concerns. These include the standardisation of assessment and expectations; how poor-quality submissions and tardiness are handled; the absence of alternative forms of assessment; and the opportunity for the CAPP to provide

something more tangible than purely a right to practice. We acknowledge that OCNZ is going through a review of the structure of CAPP and issues raised may well already be under consideration. However, it is appropriate that a formal submission is made so that feedback on the pathway can be received and considered.

--Jonathan Paine

## ACC - Cost of treatment pricing increase

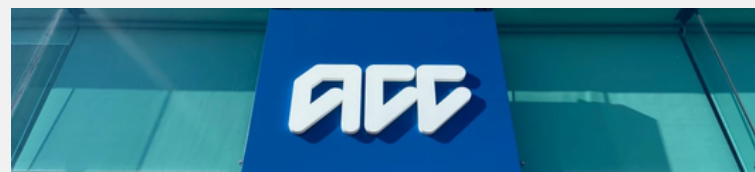
ACC reviews its rates every two years, under the Cost of Treatment Regulations (CoTR). Its aim is to ensure that

- Payment rates for treatment are affordable for injured New Zealanders
- Costs to ACC are affordable, sustainable, and consistent
- Payments are not too dissimilar across the health and ACC system

Services delivered on and after 1 June 2024 should be invoiced at the new rates. The full list of rates changes can be [found on ACC's site](#) but for Osteopathy the new rates increase 4.89% increase to:

**Flat Rate: \$27.24 (ex GST) \$31.53 (inc GST)**

**Hourly Rate: \$68.99 (ex GST) \$79.34 (inc GST)**





# Osteopathy in Bali

HANDSWITHHEARTS  
ASIA PACIFIC OUTREACH

Some years ago, I enjoyed a 90's American TV drama series called "ER". Some of you may recall the show; it was where George Clooney's career really kicked off. One of the memorable portions of this show was when some of the "Doctors" went overseas to third world countries to work in regions that otherwise might never see a Doctor. It was great drama for the show, but it was also accurate, at least in regard to the work some Doctors do overseas.

The big player in this field is Médecins Sans Frontières (MSF). MSF is the real-life version of the TV shows Doctors, providing first-world medical services to regions torn up by disasters, or, more often, simply lacking the kind of medical services we all enjoy in first-world countries.

The volunteers of MSF travel by plane, boat, jeep, canoe or whatever transport will get them into the remote villages that their services are needed. As a student osteopath, I wondered if there were any groups out there that did the same thing as MSF, but in the physio/rehab/osteo space. And it turned out there was.

There are not many of them, perhaps 2-3 worldwide. They don't get the kind of funding and backing that MSF does, but they do what they can, in the places they can get too. Hands with Hearts is one such group.

Hands with Hearts is run by Jorge Aranda Beltran, a Spanish Osteopath that turned his studies to children with disabilities early in his career while training in London, and hasn't looked back.

Initially, Jorge began with casual visits to orphanages in countries like Argentina and Costa Rica during vacations. Over time, these informal visits evolved into more structured trips, as colleagues expressed an interest to come along on his trips. This collective effort eventually led to the establishment of the formal foundation in 2016. Hands with Hearts now conducts missions in multiple locations worldwide throughout the year. Their primary objective is to provide osteopathic treatment to both children and adults with disabilities, all made possible by the dedication of volunteer osteopaths from around the globe.





My first trip in 2023 was the real eye opener, that was the one where you had to digest a lot of culture shock in a pretty short time. Bali doesn't pop into your mind easily as a "third world country", it's a resort island jammed with tourists drinking large amounts of alcohol. But as with a lot of places around the world, everything outside the tourist spots is about as poor as you'd expect.



Each mission is around 10 days in duration, providing osteopathic support to children with a range of both physical and mental disabilities, with a team of other osteo volunteers. I had the pleasure to work with French, Italian, Norwegian, Australian & Spanish Osteo's on my first trip out, sharing knowledge and experiences as we went. You're not just treating; you're teaching as well. Parents are shown techniques to help with their children's symptoms, ways to ease constipation, reduce visceral tension and help the entire gut/brain neurotransmitter axis.

Your own learning goes through the roof; as Jorge gives master classes every few days on ways to treat these children, while you're working alongside

Osteopaths that range from specialists with 20+ years of experience in various fields through to recent graduates with an international take on styles of treatment and techniques.

After that trip I had to go back, that first trip was marred by a disc injury I'd gotten a few days before travelling, and I can say with newfound authority that sitting on a piece of foam on a concrete floor for hours treating patients, is anything but beneficial to a bulging L4/5 disc. Place that alongside the culture shock of how some of these children live, and you can say my "osteopathic skills" were not exactly operating at peak efficiency.



When I came back from my most recent trip in February 2024, it was with a sense of purpose to push some changes from our direction. I had again been entirely outnumbered by European Osteopaths. Osteopaths that had to travel 30+ hours to get to Bali had made the trip to volunteer, while I had been the only person from the Australasia region (I mean c'mon Auzzie, you've got about 25,000 physiotherapists and you're a 5-hour flight away).

In all fairness, it's expensive. You're paying for flights and other costs, and you're paying to be away from practice for two weeks. Unfortunately, in our career choice, we generally only get paid when we see patients, and two weeks away cuts into the finances something fierce.

With that in mind, I thought that if I could break down that substantial financial barrier, then perhaps we could see more faces from New Zealand and Australia, helping out in our own backyard. So when I returned from Bali this year I forged ahead and founded Asia Pacific Outreach.

The foundation's role is simple: to provide grants to Osteopaths (and Physios) to go on volunteer trips being run by recognised groups in the Asia Pacific region.

It's early days; a website, an idea and a lot of legal paperwork done, but no sign of the kind of patrons that hand over a \$100,000 to the Auckland Art Museum so they can refurbish the marble tiles in the bathrooms.

But it's a start, a springboard, and my hope is that with a bit of a push, and a good piece of the financial burden removed for volunteers, we'll see more of our faces heading out and providing the kind of support that only we, and our fellow allied health providers, can offer.

-Morgan Hancock

### A standard volunteer mission

Day 1 - Registration and welcome event

Day 2, 3, 4, 5 - Healthcare assistance at Day Care Centers, Orphanages and Guided Home Visits

Day 6 - Day off, optional tourist activity.

Day 7, 8, 9, 10 - Healthcare assistance at Day Care Centers, Orphanages and Guided Home Visits

Day 10 - Closing event.

# 5 MISIONES internacionales VOLUNTARIADO 2024

-  Bali
-  Costa Rica
-  ARGENTINA



Medical missions to

Bali 

February 5th-14th  
August 5th-14th

Contact with us for more information



# EFFICACY OF MANUAL THERAPY FOR SACROILIAC JOINT PAIN SYNDROME: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Robert J Trager, Anthony N Baumann, Hudson Rogers, Joshua Tidd, Kevin Orellana, Gordon Preston, Keith Baldwin  
*Journal of Manual & Manipulative Therapy* 2024  
February 15

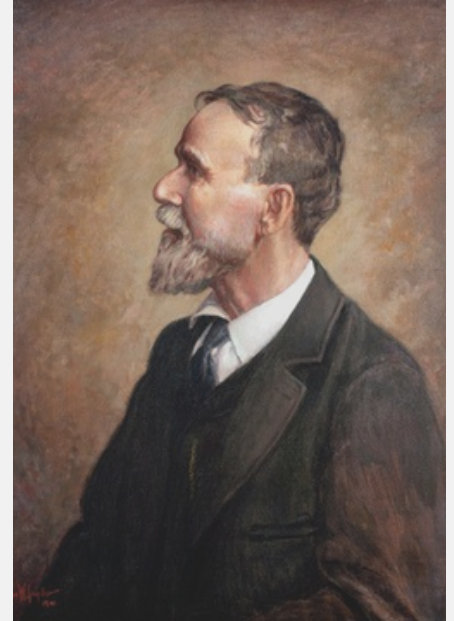
**INTRODUCTION:** This study examined the efficacy of manual therapy for pain and disability measures in adults with sacroiliac joint pain syndrome (SIJPS).

**METHODS:** We searched six databases, including gray literature, on NaN Invalid Date NaN, for randomized controlled trials (RCTs) examining sacroiliac joint (SIJ) manual therapy outcomes via pain or disability in adults with SIJPS. We evaluated quality via the Physiotherapy Evidence Database scale and certainty via Grading of Recommendations, Assessment, Development, and Evaluation (GRADE). Standardized mean differences (SMDs) in post-treatment pain and disability scores were pooled using random-effects models in meta-regressions.

**RESULTS:** We included 16 RCTs (421 adults; mean age = 37.7 years), with 11 RCTs being meta-analyzed. Compared to non-manual physiotherapy (i.e. exercise ± passive modalities; 10 RCTs) or sham (1 RCT) interventions, SIJ manual therapy did not significantly reduce pain (SMD: -0.88; 95%-CI: -1.84; 0.08,  $p = 0.0686$ ) yet had a statistically significant moderate effect in reducing disability (SMD: -0.67; 95% CI: -1.32; -0.03,  $p = 0.0418$ ). The superiority of individual manual therapies was unclear due to low sample size, wide confidence intervals for effect estimates, and inability to meta-analyze five RCTs with a unique head-to-head design. RCTs were of 'good' (56%) or 'fair' (44%) quality, and heterogeneity was high. Certainty was very low for pain and low for disability outcomes.

**CONCLUSION:** SIJ manual therapy appears efficacious for improving disability in adults with SIJPS, while its efficacy for pain is uncertain.

# Research Update



It is unclear which specific manual therapy techniques may be more efficacious. These findings should be interpreted cautiously until further high-quality RCTs are available examining manual therapy against control groups such as exercise.

## PATIENT-REPORTED AND OBSERVER-REPORTED OUTCOME MEASURES FOR SPINAL MOBILISATIONS AND MANIPULATION WITH DIVERSE MEDICAL CONDITIONS: A SYSTEMATIC REVIEW.

Tricia Hayton, Anita Gross, Annalie Basson, Ken Olson, Oliver Ang, Nikki Milne, Jan Pool  
*Journal of Manual & Manipulative Therapy* 2023  
December 27

**INTRODUCTION:** Reliable, valid, and responsive outcomes is foundational to address concerns about the risks and benefits of performing spinal manipulation and mobilization in pediatric populations. The aim of this systematic review was to synthesize evidence on measurement properties from cohort/case-control/cross-sectional/randomized studies on patient-reported (SQLI - Scoliosis Quality of Life Index; VAS-Visual Analog Scale; PAQLQ - Pediatric Asthma Quality of Life Questionnaire), observer-reported (Crying Diaries; ATEC - Autism Treatment Evaluation Checklist) and mixed (PedsQL - Pediatric Quality of Life Inventory) - outcome measurements identified through a scoping review on manipulation and mobilization for pediatric populations with diverse medical conditions.

**METHOD AND ANALYSIS:** Electronic databases, clinicaltrials.gov and Ebsco Open Dissertations were searched up to 21 October 2022. Two independent reviewers selected studies, extracted data, and assessed risk of bias. Qualitative synthesis was performed using COSMIN and Cochrane GRADE methodology to establish the certainty of evidence and overall rating: sufficient (+), insufficient (-), inconsistent ( $\pm$ ), indeterminate (?).

**RESULTS:** Eighteen studies (2 SQLI for scoliosis; 1 VAS - perceived influence of exertion or movement/position on low back problems; 1 PAQLQ for asthma; 1 Crying Diaries for infantile colic; 8 ATEC for autism; 5 PedsQL for cerebral palsy/scoliosis/healthy) with 9653 participants were selected. ATEC and PedsQL had overall sufficient (+) measurement properties with moderate certainty evidence. PAQLQ had indeterminate measurement properties with moderate certainty evidence. Very low certainty of evidence identified measurement properties to be indeterminate (?) for SQLI, Crying Diaries, and VAS-perceived influence of exertion or movement/position on low back problems.

**CONCLUSION:** ATEC for autism and PedsQL for asthma may be a suitable clinical outcome assessment (COA); additional validation studies on responsiveness and the minimal important difference are needed. Other COA require further validation.

## **OSTEOPATHIC MANIPULATIVE TREATMENT DURING POST-OPERATIVE RECOVERY: A SCOPING REVIEW**

*Chandler G Randall, Heather A Paul, Heather Lumley, Angelica Ortega, Jace Rowley Bailey Brown, Sukanya Mohan, Kristina Smith, Thomas Messer, Emily Swan, Rohit S Mehra*  
Cureus 16 (2) 2024 February 15

**ABSTRACT:** Surgery is a common and often necessary treatment option for a wide range of medical conditions, with an estimated 40 to 50 million surgeries performed in the US alone each year. While the various types of surgeries performed may be effective in treating or managing different conditions, the post-operative period can be challenging for patients. Osteopathic manipulative treatment (OMT) is a hands-on approach to medical care that seeks to restore balance and harmony to the body from the lens of an interconnected mind, body, and spirit.

Given the potential for adverse events in patients following surgical treatments, OMT may be a viable adjunct post-operatively to enhance patient care and recovery. The purpose of this scoping review is to evaluate the state of current research examining the effectiveness of OMT in improving outcomes in post-operative patients. Three hundred articles were collected; 53 duplicates were removed. Eleven independent reviewers evaluated all 247 articles. Thirty articles were identified, including nine in general surgery, six in cardiothoracic surgery, five in orthopedic surgery, four in spinal surgery, three in neurosurgery, and three others (otolaryngology, oral/maxillofacial, and gynecologic surgery).

Post-operative patients were treated with various OMT techniques with myofascial release and muscle energy being some of the most common treatments utilized in all surgical fields. Many studies demonstrated the benefits of OMT usage including significant pain relief, improved and earlier bowel function, and decreased lengths of hospital stay. This study demonstrates how OMT can be effective in reducing post-operative pain, reducing the incidence of post-operative ileus, and shortening the length of stay. Further research into the utilization of OMT in post-operative patients should be considered a potential adjunct to surgical intervention, especially in vulnerable patient populations.

## MANUAL THERAPISTS NEEDED FOR RESEARCH IN UPPER BACK PAIN

**Are you a physiotherapist or osteopath who currently practices in New Zealand?**

Current knowledge, clinical reasoning skills and management of upper back pain by manual therapists in Aotearoa/New Zealand - A qualitative study

Upper back pain is a disabling condition that can be difficult to diagnose and manage in manual therapy practice. The main goal of these interviews is to further examine the knowledge, clinical reasoning and management of upper back pain by manual therapists in Aotearoa.

We want you to participate in this qualitative study, which may take up to 45 minutes of your time.

### CONTACT INFORMATION

This project has been reviewed and approved by the WINTEC Human Ethics Committee.

Reference: WTLR06090424

If you would like to help us or have any queries or concerns, please do not hesitate to contact:

[Kesava.kovanursampath@wintec.ac.nz](mailto:Kesava.kovanursampath@wintec.ac.nz) or 0210725999

# Mentoring

Glynis Fox looks at how you enhance and transform your career using the IO mentoring platform



*“Mentoring can be hugely satisfying, can legitimately be classed as CPD and can help you to advance your own career, whether you are the mentor or mentee. Bringing the profession together by developing an effective professional support network for osteopaths will also retain valuable expertise within the profession and help to ensure that osteopathy remains a growing, thriving profession that is fit for the 21st century” -Institute of Osteopathy*

“Since its inception in 2017, the iO Mentoring Platform has catalysed a wave of collaboration among osteopaths, igniting a profound sense of professional camaraderie. Having been closely involved with the platform’s evolution since its pilot phase, I’ve witnessed firsthand the remarkable growth it has produced. The platform’s effectiveness lies in its capacity to foster mentorship and its power to instill a shared perspective within our community of practitioners”  
-Glynis Fox, 2021

iO Council member and osteopath, Glynis Fox, shares her top tips for any

osteopath embarking on their mentoring journey.

- Set ground rules - Establishing a framework that you (mentor and mentee) are both happy with is important. This helps to then set expectations.
- Be practical - How often will you meet? For how long? It’s crucial that you are on the same page about administration.
- Maintaining confidentiality - Anything that happens within the session remains confidential. We still have a responsibility to protect the public.
- How will you deal with conflict? - If you’re meeting someone for the first time, you are stepping into an arrangement or a relationship with someone you haven’t met before.
- Provide suggestions and creative alternatives - As mentor, if you don’t know an answer to a question, think Can I go and ask someone else that?
- Have safeguards and checks in place to make sure you are safe - End it in the most amicable way possible. Sometimes two people just aren’t a good fit, so if the mentoring arrangement isn’t working out, end it in the best way possible.
- Work with set goals - The mentee sets their goals and actions for themselves. The two of you discuss how achievable the goals and actions are.
- Be focused - The mentee should be the person driving the interactions and the goal setting. The role of the mentor is to listen, to encourage and to impart knowledge.
- Reach out to other people and seek wider osteopathic connections - You are a sounding board and mode of encouragement to help take them to where they want to be in their practice.

## Want to try the Mentoring Platform?

Osteopaths who volunteer to mentor on the platform are recognised as being leaders of the profession. Within the platform lies a treasure trove of accomplished osteopaths, thoroughly trained in the art of mentoring. Their wealth of experience and wisdom stands ready to be shared, so whether you’re seeking insights into clinical finesse, business advice or strategic advancement, these mentors can accompany you on your journey of growth.

Find out more by visiting:  
[iOosteopathy.org/mentoring](https://www.ioosteopathy.org/mentoring)





# Victorian Remedies: A Journey through 1896 Medical Advice

EXCERPTS FROM  
"THE PEOPLES COMMON SENSE MEDICAL ADVISOR IN PLAIN ENGLISH"

R. V Pierce M.D  
Sixty sixth edition - 1896

*I was recently gifted an original copy of the above book, printed in 1896. The style of phrasing, the sentence structure and the advice it provides was so unique that I thought it worth a page in the ONZ magazine each issue. A short disclaimer; ONZ does not recommend following any of the information. It is purely for interest and amusement, one glance of the sulphur vapor-bath should drive that home . -Morgan Hancock*

## **SLEEP**

is "Natures grand restorer, a balm to all mankind; the best comforter of that sad heart whom fortunes spite assails". It is necessary in health and doubly so in sickness. During sleep the vital energies recuperate, the forces are less rapidly expended, and the strength increases. Life frequently depends on tranquillity and repose, and the least noise or confusion disturbs the sufferer and diminishes the chance of recovery. Nothing annoys sick or nervous persons more than whispering and the rustling of newspapers.

If conversation be necessary, let the tones be modified, but never whisper. If the patient does not sleep, the cause should be ascertained; if it arise from rush of blood to the head, cooling lotions should be applied, and warmth to the feet; if, from restlessness, a sponge bath followed by friction should be administered.

Lying on the side instead of the back should be practiced. Patients afflicted with chronic diseases, on rising, should take a cold bath, dry the surface quickly with a course towel, followed by friction of the hand.

## **THE WET TOWEL PACK**

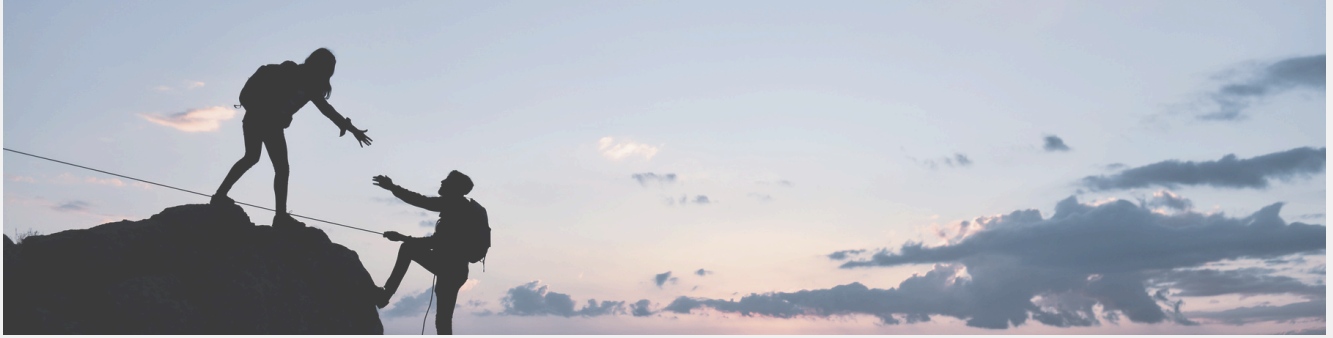
Take a pail half filled with cold water, gather together one end of a common cotton sheet and immerse it, allowing it to remain while preparing the bed, which may be done as follows: remove all the bed clothes except a coverlet and the pillows, then spread upon it, in the following order, two ordinary comforters, one woollen blanket, one woollen sheet; then wring out one-half or two-thirds of the water from the wet sheet, spread it smoothly upon the blanket, and the patient being undressed, places himself on the sheet, with

arms extended, while an assistant wraps him closely and tightly in it, as quickly as possible.

After the first shock of the chill is over the pack is very pleasant and refreshing and the patient should go to sleep if possible. After remaining in the pack from thirty to sixty minutes, allow the patient to stand on his feet, if he is able. Rub briskly, and dry with towels and then rubbing him. Be sure and establish full reaction, which may be known by the warmth of the surface. Frequently when the patient is released from the pack, rolls of scales, scurf, and skin-debris come off, thus giving palpable evidence of the utility of the pack in freeing the myriads of pores of the skin of effete matter. It is efficient in fevers and for breaking up colds, and is a very valuable, remedial agent in most chronic diseases ,removing causes which depress bodily functions.

## **THE SULPHUR VAPOR-BATH**

Such a bath may be improvised by placing sulphur on a shovel over hot coals. The body should be moistened with an alkaline solution and then seated on a high Windsor or an open bottomed chair, ensuring a board be placed over the open so that the flame will not burn him. A large coverlet is thrown around from behind and in front, covering the body and laying with stillness to the floor so as to retain vapours. The patient is then enveloped in the fumes of sulphurous oxide. Heating a mixture of sulphur and sulphuric acid, produces the same result. If the gas is inhaled in large quantities it causes irritation of the respiratory passages and suffocation. It is therefore necessary that the room be filled with pure air. This bath is used in cutaneous, rheumatic and syphilitic disorders.



# Need support?

## ONZ advocacy, advice & support

Is everything going well at work, or do you sometimes wish you had someone outside of work to talk to?

Are you dealing with a challenging work environment, issues with your principal or employees, or feeling unsure about how to handle or file a complaint? Perhaps you're feeling isolated or undervalued?

One of the key roles of ONZ is to provide support for members when things start to turn pear-shaped. Even experienced practitioners encounter problems, and we have successfully advocated for and supported many of our members through various issues.

If you have a problem, [contact ONZ](#). We offer completely confidential support to help you address the challenges you're facing.

## Online Learning Library



For the start of the year ONZ organised a series of accounting & business learning modules with Bobbie O'Fee, a Partner at ONLA - Advisory and Accounting Specialists. Her three part series covered a range of topics including knowing your business, what being in business really means, contractors vs sole traders & knowing your numbers, among a raft of other helpful information. These modules are now available on the [ONZ resources page](#) along with a recent immigration zoom talk.

## 2023/4 BOARD MEMBERS



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# Calling all writers

We have a huge bank of knowledge locked up in our many members brains and as it so happens we now have this magazine that will benefit from articles written by our members! Your submissions can cover a wide array of topics, from detailed explorations of specialized techniques and treatments to personal narratives of unique projects.

We're excited to invite you to share your insights and experiences with the membership. Perhaps you're passionate about or have in-depth knowledge of a particular therapeutic approach that can benefit your peers. Maybe you've been involved in community health initiatives or

presentations at conferences you'd like to share? It might be an article discussing the latest advancements in technology, case studies demonstrating effective treatment plans, or educational pieces that delve into anatomy, biomechanics, and patient care strategies. Whether it's a comprehensive review of current best practices, an inspiring story of patient recovery, an analytical piece on emerging trends in the field or a personal story from your career, your contributions will help make our magazine a valuable resource for everyone.

Contact [communications@osteopaths.nz](mailto:communications@osteopaths.nz) if you've got an article you'd like to write for the Winter edition in Sept/Oct.

## Congratulations!

Congratulations to Yohanna who is due in mid-June! 🌟

This will unfortunately also be her last year with us on the ONZ board so a big thank you for all your work during your time with the ONZ!





For information or questions about the ONZ members professional indemnity insurance, contact James Shearing: james@affiliated.nz or 027 246 0046

## CPD Courses

UPCOMING CPD OPPORTUNITIES CAN BE FOUND ON [THE ONZ CPD PAGE](#)

## Wanting to advertise with us?

ONLINE ADVERTS ARE FREE FOR MEMBERS OF OSTEOPATHS NEW ZEALAND, OR \$115 INC GST FOR UP TO 3 MONTHS FOR NON-MEMBERS

ADVERTISING IS ALSO AVAILABLE IN THE DIGITAL MAGAZINE AT \$150 INC GST FOR A HALF PAGE OR \$250 INC GST FOR A FULL PAGE (NON-MEMBERS)

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