NZ OSTEO

Thinking, feeling, and seeing with intelligent fingers, not tinkering blindly, opens up the avenues to many possibilities. - *Sutherland*

Winter 2026

osteopaths
NEW ZEALAND
Ngā Mātanga Whēua ō Aotearoa

Winter 2026

Message from the Editor:

We're already past the halfway mark of the year, with plenty to look forward to! September brings our exciting Wellington Symposium, followed by the OA Conference in Surfers Paradise in October. The biggest news, of course, is the appointment of our new CEO, which you can read more about inside this issue. We hope you enjoy this issue.

-Morgan Hancock

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Message from the Chair

Kia ora and welcome to my first message as Interim Chair of ONZ. Having served as Deputy Chair over the past two years, it is a privilege to step into the role and continue working alongside the Board, our members, and now our new CEO as ONZ enters its next chapter.

As many of you will now know, Angela (Anj) Young has stepped down as Chair of ONZ to take up our newly created CEO role. I have moved from Deputy to Interim Chair and, if reappointed after the AGM, I look forward to continuing in the role.

It is an unusual transition, but also a particularly valuable one. New Chairs often inherit an organisation while losing much of the day-to-day knowledge, momentum and context developed by their predecessor. Although ONZ has a Past Chair role to support continuity for the following year, Anj would still have been a hard act to follow if I were stepping into an empty space.

Instead, we retain her knowledge, relationships and organisational experience within ONZ. That continuity is one of the most valuable features of the new CEO model and gives us a strong platform for the next stage of the organisation's development.

Governance vs Operations

The distinction between governance and operations can sometimes appear murky. Until now, your Board has not only provided governance and strategic oversight, but has also undertaken a substantial amount of operational work. This includes supporting our SIGs, maintaining student relationships, organising events and meetings, developing policy, responding to members, producing this magazine, and attending far more evening Zoom calls than the four quarterly Board meetings might suggest.

That creates a difficult balance. Board members are volunteers with professional and personal commitments of their own, yet many of ONZ's projects have depended on them finding additional time to keep the work moving. I suspect this operational burden is also one reason many capable members hesitate to put themselves forward for Board roles.

The CEO role changes that balance. Anj will be able to drive projects consistently, coordinate the organisation's day-to-day work and turn Board priorities into action, rather than progress depending on the additional availability of volunteer Board members.

This also allows the Board to focus more clearly on what members need it to do: ensure ONZ is well run, financially responsible, strategically focused and delivering meaningful value to the profession.

This model has not been adopted quickly. It follows close to a year of discussion, planning, and consultation with members, together with advice from experienced governance professionals, to ensure the role is fit for ONZ's current and future needs.

As Chair, I'm the Board's principal liaison with the CEO. A strong Chair–CEO relationship is essential: the Board sets direction and expectations, while the CEO leads delivery and keeps the Board properly informed. I look forward to continuing to work closely with Anj, supporting her to establish the role sustainably while ensuring we maintain the energy and momentum she has already brought to ONZ.

Leading the Next Chapter

As Osteopaths New Zealand's inaugural Chief Executive Officer, Anj Young reflects on her journey from volunteer Board member to CEO, the evolution of ONZ, and the opportunities ahead for the profession.

Anj Young
Chief Executive Officer, Osteopaths New Zealand

Every profession reaches a point where it has an opportunity to evolve. For Osteopaths New Zealand, I believe we have reached one of those moments.

As I prepare to transition from Chair to become ONZ's inaugural Chief Executive Officer, I have found myself reflecting on the journey that has brought me here - and on the journey our profession has taken together.

When I first became involved with ONZ, I simply wanted to contribute to a profession I care deeply about. I never imagined that journey would lead to becoming ONZ's inaugural Chief Executive Officer. Looking back, it reminds me that our profession is built by members who choose to step forward, contribute their time and expertise, and help shape something bigger than themselves.

Serving as Chair has been one of the most rewarding chapters of my professional career. Like many governance roles, much of the work happens quietly behind the scenes.

Work Behind the Scenes

There have been countless Board meetings, strategic discussions, submissions, conversations with members, engagement with government agencies and regulators, collaboration with stakeholders, and many difficult decisions along the way. Much of that work is rarely visible, yet every conversation and every decision has been guided by one purpose: strengthening our profession and ensuring ONZ continues to evolve in ways that benefit our members and the communities they serve.

Everything ONZ has achieved has been through the generosity of members who choose to contribute their time, expertise and ideas. Board members volunteer countless hours, members respond to consultations, contribute to research, mentor students, teach, present and support one another.

That spirit of service is one of our Association's greatest strengths, and it is something I have never taken for granted.

ADVOCACY FOR OUR MEMBERS
Osteopaths New Zealand stands firm in its role as an advocate on behalf of its members - representing their interests in legal matters, negotiating with funding bodies and voicing concerns at higher platforms. We are here to protect and promote the rights of every member.

I have also been fortunate to work alongside exceptional people. I sincerely thank my fellow Board members, past and present, for their commitment to good governance and thoughtful leadership.

I also acknowledge Loreen and the team at ONZL for their many years of professional management and support. Their contribution has helped guide ONZ through periods of growth and change, and I look forward to continuing to work collaboratively throughout the transition.

Building a Sustainable Future

Accepting the role of Chief Executive Officer was not a decision I took lightly. As I reflected on my journey with ONZ, I realised this wasn't simply about taking on a new role - it was about helping build a stronger future for the profession.

Over recent years I have watched ONZ grow into a stronger and more influential association. Our advocacy, research, education and stakeholder relationships have all evolved.

My aspiration is for ONZ to be recognised as a respected and influential voice within New Zealand's health system, championing evidence-informed practice, supporting members, investing in research, strengthening relationships and ensuring osteopathy is understood, valued and accessible throughout Aotearoa.

That growth has also highlighted the need for dedicated operational leadership, allowing the Board to focus on governance while the Chief Executive Officer leads delivery of the organisation's priorities.

Raising the profile of Osteopathy

I genuinely believe osteopathy has a significant future in Aotearoa New Zealand. Every day, osteopaths make a meaningful difference to the lives of New Zealanders, yet too many people still don't fully understand who we are, what we do, or the value we bring to healthcare. One of our greatest opportunities is not changing who we are as a profession - it is helping others better understand the value we already provide.

> *"Our profession is built by members who choose to step forward, contribute their time and expertise, and help shape something bigger than themselves"*

Looking back, one lesson stands above all others: everything we have achieved has been a collective effort. The relationships I have built with members, volunteers, educators, researchers, students, regulators, government agencies and our many partners have shaped my leadership and reinforced my belief that collaboration is one of our profession's greatest strengths.

Serving as your Chair has been an honour. While my role is changing, my commitment to our profession remains exactly the same. I look forward to continuing to work alongside the Board, our members, our volunteers and our wider osteopathic community as we continue building the future of ONZ together.

The next chapter of ONZ won't be written by one person. It will be written by all of us together.

- Anj Young

Research update

Dr Kesava Kovanur Sampath
Research Chair, ONZ

Kia Ora Koutou

Research within Osteopaths New Zealand continues to evolve, not simply through individual projects, but through the development of a collaborative research ecosystem that supports clinicians, students and researchers to contribute to evidence-informed osteopathic practice.

Growing a Research Ecosystem: Strengthening Evidence, Collaboration and Capacity

Over the past year, the Research Committee has focused on building this foundation by fostering collaborations, mentoring emerging researchers, creating opportunities for clinician engagement and progressing research that addresses questions of direct relevance to our profession.

A significant milestone has been the completion of data collection and analysis for our Patient-Reported Outcome Measures (PROMs) project. This work represents an important step towards understanding patient outcomes in everyday osteopathic practice and supporting the future implementation of outcome measurement across the profession. A summary of the findings will be shared with members shortly.

Research capacity building remains a key priority. Congratulations to Anj Young and Kaspara Chaise, who will be presenting their work at the upcoming Osteopathy Australia Conference, and to Liana Poole and Kaspara, who continue to progress through the ONZ Structured Research Mentoring Pathway. These initiatives reflect our commitment to supporting the next generation of clinician-researchers.

We have also completed the national Cultural Care Survey, with analysis now finalised. This project provides valuable insights into culturally safe osteopathic practice and will soon transition into a qualitative phase to further explore clinicians' experiences. Members can expect a summary of the survey findings in the coming weeks.

The research pipeline continues to strengthen, with two peer-reviewed manuscripts recently accepted for publication. These papers will be available through the ONZ website once published, ensuring members have access to the latest evidence generated by our community.

Our Research Webinar Series continues to provide members with practical, evidence-informed discussions across a diverse range of topics, with recordings available through the members' area.

Finally, nominations for the ONZ Research Clinic Champion Award recently closed and we look forward to awarding our first champion in the coming months.

As our current projects move from data analysis to publication and implementation, we are seeing the benefits of investing not only in research outputs but also in the people, partnerships and infrastructure that make high-quality research possible. Thank you to everyone who continues to contribute to this growing research ecosystem. Together, we are strengthening the evidence base for osteopathy and shaping the future of our profession.
-Kesava Sampath

Are We Treating What We Find or Finding What We Expect?

None of us approaches an examination as a blank slate. By the time we place our hands on a patient, we have already absorbed their history, observed their posture and movement, reviewed any previous diagnoses and begun constructing a clinical story.

That process is both necessary and useful. Clinical reasoning depends on forming early impressions and deciding what deserves closer attention. The risk is that our hands can then begin searching for the structures and patterns that support the story we have already started to build.

The history suggests an irritated lumbar segment, so we examine the lumbar spine and find it restricted. The patient reports an old ankle injury, and suddenly the asymmetry through the pelvis appears more meaningful. We suspect a rib dysfunction and, on palpation, there it is.

But how often are we genuinely discovering something, and how often are we finding what we expected to find? This is not a criticism of palpation or clinical experience. It is a question about how **human reasoning works.** The mind is constantly trying to organise incomplete information into a coherent explanation. In practice, this helps us narrow our examination and make decisions efficiently. The difficulty arises when a provisional explanation quietly becomes the explanation.

The appeal of an early answer

One of the better-known influences on clinical reasoning is **confirmation bias**: the tendency to notice and give greater weight to information that supports what we already believe. Evidence that challenges our first idea may receive less attention or be explained away.

Closely related is **anchoring**, where the first plausible explanation exerts too much influence over everything that follows. There is also the **availability effect**, where a recent, memorable or frequently encountered condition comes to mind more easily and therefore feels more likely.

These tendencies do not mean a clinician is careless. They are ordinary features of human thinking. Pattern recognition allows experienced practitioners to work efficiently, particularly when presentations are familiar. Problems emerge when that initial recognition is not followed by a deliberate check of whether the pattern truly fits.

Manual practice adds another layer because palpation is not a purely mechanical measurement. What we feel is interpreted through our training, experience, expectations and the language we use to describe it.

Two practitioners may place their hands on the same region and describe it differently. One may perceive restriction, another increased tone, another guarding, and another nothing particularly significant. Palpatory agreement also varies depending on what is being assessed. Clear findings such as tenderness or reproduction of familiar pain are generally easier to communicate and reassess than subtle claims about segmental position, motion or tissue quality.

That does not make palpation useless. It means palpatory information should sit alongside the history, movement assessment, symptom behaviour and functional testing rather than becoming unquestionable proof of a particular theory.

When every finding becomes significant

The more things we examine, the more abnormalities we are likely to find. Human bodies are not perfectly symmetrical, and posture and movement are not uniform. Areas of stiffness, tenderness and altered tone are common, including in people without acute pain.

The challenge is deciding whether a finding is clinically relevant. A restricted thoracic segment may be present, but does it contribute meaningfully to the patient's problem? A pelvic asymmetry may be palpable, but does changing it alter symptoms, movement or function? A tender muscle may be part of the presentation, but is it the source of the problem, a protective response, or simply an incidental finding?

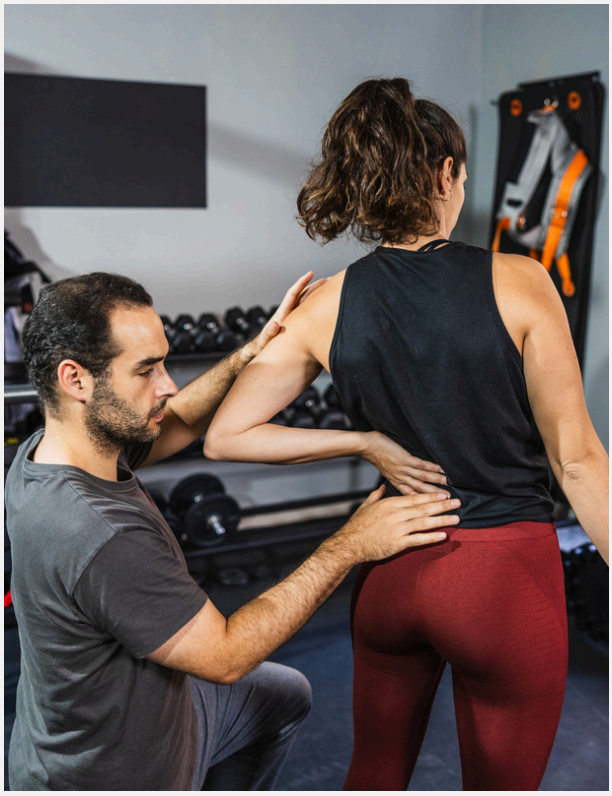
Testing rather than Defending

A more useful approach is to treat our initial theory as a working hypothesis rather than a conclusion. Before examining, we might ask: What would I expect to find if this theory were correct? What finding would make me reconsider it? Is there another explanation that fits equally well?

During palpation, it can also help to separate observation from interpretation. "This area feels firmer and reproduces the patient's familiar pain" is an observation. "This is the primary lesion driving the entire compensatory pattern" is an interpretation, and a much larger claim. The distinction matters because observations can be tested, while interpretations are often easier to defend, particularly when they fit the model we already favour.

Reassessment is therefore valuable, but only when it tests something meaningful. If cervical rotation was limited and painful before treatment, does it become easier afterwards? If walking, lifting or loading reproduced symptoms, has that changed? Does the patient feel more confident performing the activity that matters to them?

Functional reassessment helps prevent us from treating findings simply because they are available to be treated.



Curiosity vs Certainty

Experienced clinicians are not immune to bias. In some situations, experience can strengthen it. The more often we have seen a particular pattern, the easier it becomes to recognise, but also the easier it becomes to see where it may not exist.

The aim is not to distrust our hands or abandon clinical intuition. It is to hold our conclusions lightly enough that the patient can prove us wrong. Perhaps one of the most useful questions we can ask ourselves during a consultation is: Am I still investigating this presentation, or have I started defending my first explanation?

Good clinical reasoning is not demonstrated by finding exactly what we expected. It is demonstrated by remaining attentive when the findings point somewhere else.

-Morgan Hancock

The Institute of Osteopathy's 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.

The iO mentoring platform is designed to make it easier for osteopaths who are looking for this sort of support to find a suitable mentor, and includes tools and guidance to support you, whether you want to be a mentor, a mentee, or both.

The iO has always held the view that osteopaths can only benefit from working and sharing with other osteopaths. This goes for observations too. To facilitate this, we are calling for osteopaths who are interested in providing observation/shadowing opportunities to add their details to the iO mentoring platform!

The iO wants you to get the most out of this platform so if you have any enquiries about this initiative, please contact Mentoring@iOsteopathy.org

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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

These are direct historical extracts from the above 1896 publication. The style of phrasing 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 medical information nor does it endorse any of its statements, in particular the piece on drowning, which is obviously dated - Morgan Hancock

THE NATURAL DRINK OF MAN

Water constitutes the natural drink of man. No other liquid can supply its place. Its presence, however, in the body is not permanent. Water is never found perfectly pure, since it holds in solution more or less of almost every substance with which it comes in contact. In cities it absorbs organic and gaseous impurities as it falls through the air. Water from melted snow is purer than rainwater, since it absorbs in a solid form and is therefore incapable of absorbing gases. Rainwater is not adapted to drinking purposes unless very well filtered. All water, except that which has been distilled, contains air, and it is due to this fact that aquatic animals can live in it. For example, put a fish in distilled water and it will soon die.

The purity of drinking water is a matter of much importance. That which contains a minute quantity of lead will give rise to all the symptoms of lead poisoning. Care should therefore be taken when drinking water which has been contained in lead pipes. It should always be allowed to run for a moment or so before being used.

CLOTHING

The chief object to be attained by dress is the maintenance of a uniform temperature of the body. To attain this end, it is necessary that the exhalations of the system, which are continually escaping through the pores of the skin, should be absorbed or conducted away from the person. These exudations occur in the form of sensible or insensible perspiration, and the clothing, to be healthy, should be so porous as to allow them freely to escape into the air.

We might add that the better the material for accomplishing these purposes, the less will be needed to be worn. It happens that all qualities are found combined in flannel. The value of this article worn next to the skin cannot be overrated; for while it affords protection from cold during the winter months, it is equally beneficial during the heat of summer.

THE GYM

The exercises of the gymnasium are especially productive of health and longevity. The most important of these are balancing, leaping, climbing, wrestling, and throwing, all of which are especially adapted to the development of the muscles. In conclusion we offer the following suggestions: all gymnastic exercises should be practised in the morning and in the open air. Extremes should be avoided, and it should be always borne in mind that their chief object is to combine, in a proper proportion, mental and physical development. In every relation of life we should cultivate all of those faculties which pertain to our physical, moral, and mental natures, subdue our passions, and nature will bestow upon us her richest rewards of health, beauty, and happiness.

DROWNING

Recovery from drowning sometimes occurs when life is apparently extinct. The treatment, however, should be immediate and energetic, and should be given in the open air. The patient should be gently placed upon the face, with his wrists under his forehead. The tongue will then fall forward, and the water run out of his mouth and throat; while the windpipe or air passage will be free. To restore respiration, he should be instantly turned upon his right side, his nostrils excited with snuff or ammonia, and cold water dashed upon his face and chest. If this operation prove unsuccessful, replace the patient upon his face, care being taken to raise and support his chest. Turn the body gently on the side, and quickly again about the face. Alternate these movements every four seconds, and occasionally change sides.

The person should not be held up by his feet, or rubbed with salts or spirits. Rolling the body on a cask is improper, and injections of the smoke infusion of tobacco are injurious. Avoid the constant application of the warm bath, and do not allow a crowd to surround the body.

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 supported many of our members through various issues.

If you have a problem, contact ONZ. We provide confidential support to help you address the challenges you're facing.

Online Learning Library

The ONZ online learning library now features a wealth of educational resources, accessible through the ONZ resources page. Among the recent additions are several comprehensive webinar series, including a three-part series that covers crucial business topics such as understanding your business, the realities of running one, distinguishing between contractors and sole traders, and mastering your financials. Additionally, there are specialised webinars that delve into important subjects like bringing in overseas osteopaths, navigating immigration challenges, insurance considerations, and ACC32 Process and appeals. This growing collection of modules and webinars is designed to support the ongoing professional development of osteopaths across a wide range of topics.

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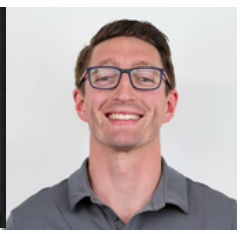

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