

Practice Guidelines

Examination and Treatment of Sensitive Areas in Osteopathic Practice, including Genitalia and Internal Techniques

Introduction

The examination and treatment of sensitive areas can be a common occurrence in osteopathic practice. The Osteopathic Council (OCNZ) also acknowledges that internal techniques can be part of the osteopathic practice. The term 'sensitive areas' may cover a broad range of body areas, which is discussed further below.

The OCNZ has developed these practice guidelines as we are aware that complaints from patients relating to internal techniques and treatment of sensitive areas constitute a significant and disproportionate number of complaints against osteopaths. A failure to adequately manage the consent process for this area of practice can cause great distress to patients and complaints of this nature can have a devastating effect on both the patient and an osteopath's professional life.

Special consideration must be given to obtaining consent in this area of practice in order to protect patients, individual practitioners and the good name of the profession. These guidelines aim to help osteopaths improve the quality of communication with their patients in order for consent to be adequately addressed.

Definition of Sensitive Areas

'Sensitive areas' may be defined as any area of a patient's body that may convey a higher risk of sensitivity around exposure (such as through removal of clothing) and/or touch (such as through treatment). The reason for this heightened sensitivity can vary and may be related to concerns of modesty or self-consciousness, carry a higher risk of misinterpretation of procedural or therapeutic touch as a more inappropriate form, or may simply be a source of heightened concern for the patient.

Any area of a patient's body may be considered by them to be a sensitive area, and the definition is therefore subjective and may vary between patients and over time. What may be considered a sensitive area can be influenced by cultural and social factors (such as age, gender, and personal history, beliefs, and attitudes), as well as contextual factors. It is important that the practitioner clearly and consistently communicates with the patient to ensure they understand the patient's preferences.

Despite this subjectivity, and to provide clarity, the Council considers the following areas should always be considered sensitive areas for all patients (regardless of gender):

- The breast (especially the areola/nipple)
- Genitalia, perineum and anus, and proximal area
- Gluteal, sacral, and coccygeal region
- Anterior pelvic region
- Upper inner thigh

Practitioners should also be specifically aware of working on culturally sensitive areas, such as the head, and ensure they are working in a culturally safe manner.

Practitioner Awareness

Through their work, practitioners may become more comfortable with the treatment of sensitive areas. Practitioners may also develop a different sense of where 'common' sensitive areas may be or what they themselves might consider sensitive. Individual patients may not share this degree of comfort or understanding.

It is therefore important that practitioners take active efforts to gain an understanding and maintain an awareness of the patient's beliefs and comfort throughout any interaction. Protocols around matters such as having the patient undress, the practitioner moving the patient's clothing or underwear, the use of draping and the application of techniques to particular areas (for example, working on skin or through material, or the use of creams/oils) should be adapted to suit the patient's comfort, balanced against clinical requirements.

Practitioners should also be aware of both verbal and non-verbal communication from the patient during the course of an appointment. Patients may not feel comfortable verbalising questions or concerns about how a treatment is progressing, or if they are unsure of a potentially inappropriate situation. It is the practitioner's responsibility to ensure the patient's comfort is maintained. Practitioners must therefore maintain an equal focus on technique application and the verbal or non-verbal cues of the patient.

Communication is the key to ensuring a positive experience for both patient and practitioner. Practitioners should take the time to fully explain the aims, justification, process and expected outcomes of treating any sensitive area, and then check to ensure this explanation is understood. It is also recommended that the practitioner maintains two-way communication during the treatment itself to confirm the process and facilitate immediate feedback from the patient. Patient concerns may arise when what the patient understands they have consented to differs from what they experience during the appointment, even if this arises through simple miscommunication.

Training and Competence

In the event of a complaint the OCNZ will be interested to know what training the practitioner has received in internal techniques or the specific treatment of sensitive areas. Council may make enquiries on the content of pre-registration osteopathic training or request confirmation of post-graduate professional development activities.

In any given area of practice osteopaths must only use treatment approaches for which they received suitable training and have maintained their competency levels. The OCNZ recommends that practitioners reflect on their level of skill, knowledge and competency in this area of practice and seek additional training to update and maintain skills and knowledge as necessary.

This may be especially true for internal techniques, which are less likely to be part of pre-registration training and are less commonly offered through formal education in New Zealand.

Related policies and information

A range of policies and guidance are pertinent:

[OCNZ Standards](#) (including the [OCNZ Code of Conduct](#) and [OCNZ Guidelines for Informed Consent](#))

Health and Disability 'Code' - <http://www.hdc.org.nz/>

[Osteopathy Board of Australia Guidelines](#)

[WHO Infection Control Guidelines](#)

Recommended procedures

If you are proposing to examine or treat sensitive areas, or use internal techniques, the OCNZ recommends adopting the following procedures:

1. The clinical justification for the particular technique or examination under consideration should be clearly explained to the patient and documented contemporaneously in the patient's notes. You may find it useful to use annotated diagrams to help your patient understand the areas that you would like to examine and/ or treat. Remember to use non-technical language and confirm that your patient understands what is being proposed.

If the consultation is the first time that you have raised the issue of an internal technique or a treatment that involves examining or touching a sensitive area of the patient, the proposed technique or examination should be discussed, and not undertaken on the day. Instead, the technique or examination should be offered as an option for a subsequent consultation, allowing the patient the opportunity to fully consider the matter.

However, your patient's understanding of the osteopathic approach to examination and treatment is clearly a key factor. If they have attended expressly seeking treatment of sensitive areas (for example, gluteal pain) or treatment using internal techniques (for example, specifically requested by the patient as a treatment for a coccygeal problem), then you may use your discretion on delaying treatment to a subsequent session.

2. Advise your patient that they have the right to bring a support person or chaperone and encourage them to do so.
3. The use of comprehensive infection control practices applies whenever you use a treatment or technique that involves contact with any mucous membrane, bodily fluid or secretion of the patient. Practitioners should refer to the [WHO Infection Control Guidelines](#).
4. Make sure that the patient's dignity and modesty is maintained at all times. Be sure to be sensitive and respectful in the language you use and ensure towels / gowns are used to drape the patient appropriately.
5. The OCNZ recommends you seek written and signed consent particular to the proposed procedure. Whilst there is no legal requirement to obtain written consent the OCNZ advises that in this area of practice it may serve a useful function to ensure that osteopaths have adequately managed the consent process. Practitioners should refer to the [OCNZ Guidelines for Informed Consent](#).

Signed / written consent forms do not constitute informed consent – but they may be evidence of consent. Consent is an ongoing process and the patient may withdraw consent at any time. Courts and tribunals will look beyond the paper work to determine whether informed consent has been adequately dealt with.

6. If a patient declines to give written and signed consent you should give careful consideration to whether or not to proceed with the planned technique, treatment or examination.
7. If the patient has given clear verbal consent and a decision to proceed is made, the circumstances surrounding the obtaining of consent should be carefully and contemporaneously recorded in the patient's notes.
8. If the patient declines consent, the reasons given for declining the consent should be carefully and contemporaneously recorded in the patient's notes.