

IMPACT OF THE COVID-19 CRISIS ON OSTEOPATHIC PRACTICE IN SWITZERLAND

A national survey

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SUMMARIES

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Summary of key points – English

Background and aim

Little is known about how osteopaths modified their practice to adapt health services during the COVID-19 crisis. This report aims to provide the SVO-FSO and the SOSF with a better insight on how to plan and anticipate future needs from professional osteopathic care providers during such a crisis.

Method and Design

An online survey, supported by the professional association and funded by the Swiss Osteopathy Science Foundation, investigated self-reported professional activities before and during the COVID-19 crisis. Clinical activities were investigated asking osteopaths to report the number of actual consultations during March, April, May 2020 and April 2019 as a comparison. Usual income from clinical activities were reported from osteopaths' 2018 or 2019 tax declarations. The survey was written using an iterative procedure testing the English version with practicing osteopaths. All questions were formulated to be as factual as possible. Once the English version was validated, it was translated to French and German. A think aloud approach with members of the profession then evaluated each version. This brought some improvements to all versions and was complemented with a review by the board members of the SVO-FSO.

The target population for the survey are members of the SVO-FSO, the principle professional body for osteopathy in Switzerland. This includes 945 osteopathic practitioners and assistants who were invited by e-mail to answer an online survey. All data were collected anonymously using a secured survey instrument called REDCap hosted on an official university server. The survey was run from the 1st - 23rd June. Five reminders were sent every two days, for SVO-FSO members who did not clarify whether they wished to participate or not. Participants received additional reminders to continue if they stopped the survey during the process.

On the 23rd of June, 379 osteopaths had responded (40.1% of all SVO-FSO members), 320 (33.9%) had agreed to participate and 276 (29.2%) had reported clinical activities throughout the surveyed periods and therefore had completed the survey.

Key findings

Working status and activity: From these 276 responders, 236 (85.5%) were self-employed. Employed osteopaths were either associates (26; 9.4%) or assistants (13; 4.7%). Most osteopaths' business model is sole proprietorship (174; 63%), 34 (12.3%) are shareholders and employees of a limited company (AG/SA or SARL/GmbH), and 23 (8.4%) work independently in a simple or general partnership. During normal

activity in the first quarter of 2020, osteopaths had a median work rate of 80% (=33.6h/week). Only a minority (6.9%) worked less than half-time and nearly one-third (27.9%) were working full time or more.

Estimated impact on clinical activities during the COVID-19 crisis: The median working rate dropped down to 64% shortly before restrictions to practice were put into place (67% of osteopaths were still working as usual), and to 0% working rate during the timeframe when prescriptions were compulsory (66.3% were not working at all). Median work rate was 7% during the limitations of urgent situations only from 25th March to the 26th April (66.7% of osteopaths worked partially). After this restriction was lifted, osteopaths immediately returned to a median working rate of 60% (46% were working as usual) and were able to increase up to 70% working rate two weeks later (62.7% were working again as usual at this time and 5.8% had increased work load than usual). During the crisis, 67 osteopaths (24.3%) reported having contributed to COVID-19 specific activities (i.e. community services for vulnerable people in need (21%) or community hotlines (0.4%); support in hospitals (2.9%)).

Implementation of protective measures in practice: During the implementation of the protection plan from the 27th April – 31st May 96% of osteopaths were able to follow the recommendations on patient management (i.e. knowing about patient vulnerability, previous contact to SARS-CoV-2, etc). The adaptation of the practice facilities was equally completed by 99% of all osteopaths (i.e. provision of disinfectant, removal of objects in waiting room, etc). Certain self-hygiene measures were implemented by all osteopaths (i.e. wearing a mask) and cleaning routines were adapted by 98% of all osteopaths (i.e. disinfection of doorhandles, instruments used, treatment table, etc).

Estimated loss: Health services were greatly reduced during the crisis. In 2019, from the 25th March to the 26th April, the median number of consultations was of 93. For the same period in 2020, this dropped to 16.5 consultations or a median reduction of services of 82%. On the economical perspective, the median estimated loss of revenue reported by osteopaths was of 50% in March, of 80% in April, and of 15% in May 2020. It was therefore estimated that osteopaths had a median 10'415.- CHF reduction of income over the entire three-month period. This corresponds to the reported median loss estimated for parental leave, which historically affects women. The main reason provided by osteopaths for having reduced their clinical activity, was to prevent unwillingly infecting a patient and encouraging patients to stay at home.

State aids: A large majority of osteopaths (241; 87.3%) formulated a request for state supported aid. APG-Corona ("Erwerbsausfallersatz") allowances for loss of earning were requested by 177 osteopaths (64.1%) of which 104 obtained compensations (58.8% of requests). Reasons for refusals were mainly due to income being over 90'000.- CHF (52; 18.8% of requests) and professional activity being allowed (8; 2.9% of requests). RHT ("Kurzarbeitsentschädigung") partial unemployment allowances for reduced working hours were requested by 77 (27.9%) and obtained by 62 (80.5% of requests). Finally, COVID-19 bridging credits were requested and obtained by 44 (15.9%) osteopaths.

Sources of information for COVID-19 during crisis: Most osteopaths cited the SVO-FSO newsletter as part of their primary sources of information for COVID-19 (151; 54.9%). In second came the official Federal Office for Public Health (FOPH) homepage (119; 43.3%), followed by news outlets (84; 30.6%) and scientific sources such as guidelines, reviews and original articles (54; 19.6%). During the crisis, 82.9% of responders were extremely or very satisfied with the information received from the SVO-FSO and 66.2% with information received from the FOPH.

Conclusions

As healthcare professionals, osteopaths have contributed in reducing the impact of COVID-19 on the society. They have adapted their hygiene practices and provision of services to help protect their patients.

As the numbers of COVID-19 cases are rising again, it is important to acknowledge, that healthcare professionals will continue to be facing changing circumstances that require adaptation. The management of this serious crisis has shown that most osteopaths were able to respond appropriately and that the SVO-FSO provided the guidance they needed.

Keywords

COVID-19, Osteopathic Care, Delivery of Healthcare, Clinical Audit, Switzerland

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Zusammenfassung der wichtigsten Punkte – Deutsch

Hintergrund und Ziele

Es ist wenig darüber bekannt, wie Osteopath*innen während der COVID-19-Krise ihre Praxistätigkeit verändert haben, um die gesundheitlichen Dienstleistungen anzupassen. Dieser Bericht soll dem SVO-FSO und der SOSF einen besseren Einblick in die Planung und Antizipation künftiger Bedürfnisse von professionellen osteopathischen Leistungserbringern während einer solchen Krise geben.

Methodik und Design

Eine Online-Umfrage, die von der Berufsvereinigung unterstützt und von der Swiss Osteopathy Science Foundation finanziert wurde, untersuchte selbst-berichtete berufliche Aktivitäten vor und während der COVID-19-Krise. Es wurden klinische Aktivitäten untersucht, bei denen Osteopath*innen gebeten wurden, die Anzahl der tatsächlichen Konsultationen im März, April und Mai 2020 im Vergleich zu den Aktivitäten im April 2019 zu melden. Das übliche Einkommen aus klinischen Aktivitäten wurde aus den Steuererklärungen der Osteopath*innen für 2018 oder 2019 gemeldet. Die Umfrage wurde in einem iterativen Verfahren verfasst, bei dem die englische Version mit praktizierenden Osteopath*innen getestet wurde. Alle Fragen wurden so sachlich wie möglich formuliert. Sobald die englische Version validiert war, wurde sie ins Französische und Deutsche übersetzt. Ein Think-Aloud-Ansatz mit Angehörigen des Berufsstandes bewertete dann jede Version. Dies brachte einige Verbesserungen für alle Versionen und wurde durch eine Überprüfung durch die Vorstandsmitglieder des SVO-FSO ergänzt.

Die Zielpopulation für die Umfrage sind Mitglieder des SVO-FSO, der wichtigsten Berufsorganisation für Osteopathie in der Schweiz. Dazu gehören 945 Osteopath*innen und osteopathische Assistent*innen, die per E-Mail zur Beantwortung einer Online-Umfrage eingeladen wurden. Alle Daten wurden anonym mit Hilfe eines gesicherten Umfrageinstruments namens REDCap gesammelt, das auf einem offiziellen Universitätsserver gehostet wird. Die Umfrage wurde vom 1. bis 23. Juni durchgeführt. Alle zwei Tage wurden insgesamt fünf Erinnerungsschreiben an SVO-FSO-Mitglieder verschickt, die nicht angaben, ob sie teilnehmen wollten oder nicht. Die Teilnehmer*innen erhielten zusätzliche Erinnerungen, um weiterzumachen, wenn sie die Umfrage während des Prozesses stoppten.

Am 23. Juni hatten 379 Osteopath*innen geantwortet (40,1 % aller SVO-FSO-Mitglieder), 320 (33,9 %) hatten sich zur Teilnahme bereit erklärt und 276 (29,2 %) hatten während der gesamten Erhebungszeit klinische Aktivitäten gemeldet und somit die Umfrage abgeschlossen.

Hauptergebnisse

Arbeitsstatus und Aktivität: Von diesen 276 Befragten waren 236 (85,5%) selbständig. Die angestellten Osteopath*innen waren entweder Mitarbeiter*innen (26; 9,4%) oder Assistent*innen (13; 4,7%). Das Geschäftsmodell der meisten Osteopath*innen ist ein Einzelunternehmen (174; 63%), 34 (12,3%) sind Aktionäre und Angestellte einer Aktiengesellschaft (AG/SA oder SARL/GmbH), und 23 (8,4%) arbeiten

selbständig in einer einfachen oder offenen Handelsgesellschaft. Bei normaler Tätigkeit im ersten Quartal 2020 hatten Osteopath*innen im Median eine Arbeitsquote von 80% (=33,6 Std./Woche). Nur eine Minderheit (6,9%) arbeitete weniger als halbtags und fast ein Drittel (27,9%) arbeitete Vollzeit oder mehr.

Geschätzte Auswirkungen auf die klinischen Aktivitäten während der COVID-19-Krise: Die mediane Arbeitsquote sank auf 64% kurz vor der Einführung von Praxiseinschränkungen (67% der Osteopath*innen arbeiteten wie gewohnt) und auf 0% während des Zeitrahmens, in dem ärztliche Überweisungen vorgeschrieben waren (66,3% arbeiteten überhaupt nicht). Die mittlere Arbeitsrate betrug 7% während der Einschränkungen auf dringend notwendige Fälle vom 25. März bis zum 26. April (66,7% der Osteopath*innen arbeiteten teilweise). Nachdem diese Einschränkung aufgehoben wurde, kehrten die Osteopath*innen sofort wieder zu einer mittleren Arbeitsrate von 60% zurück (46% arbeiteten wie üblich) und konnten zwei Wochen später die Arbeitsrate auf bis zu 70% erhöhen (62,7% arbeiteten zu diesem Zeitpunkt wieder wie üblich und 5,8% hatten eine höhere Arbeitsbelastung als üblich). Während der Krise gaben 67 Osteopath*innen (24,3%) an, an spezifischen Aktivitäten von COVID-19 mitgewirkt zu haben (d.h. kommunale Dienste für bedürftige Menschen in Not (21%) oder kommunale Hotlines (0,4%); Unterstützung in Krankenhäusern (2,9%)).

Umsetzung von Schutzmassnahmen in der Praxis: Während der Umsetzung der Schutzmassnahmen vom 27. April - 31. Mai konnten die meisten Osteopath*innen (70-96%) die Empfehlungen zum Patient*innenmanagement häufig oder immer befolgen (d.h. Kenntnis der Vulnerabilität der Patient*innen, vorheriger Kontakt zu SARS-CoV-2 usw.). Die Anpassung der Praxiseinrichtungen wurde ebenfalls häufig oder immer von 75-99% aller Osteopath*innen abgeschlossen (d.h. Bereitstellung von Desinfektionsmitteln, Entfernung von Gegenständen im Wartezimmer usw.). Selbsthygienemassnahmen wurden von einer grossen Zahl von Osteopath*innen (67-100%) häufig oder immer durchgeführt (d.h. Patient*innen eine Maske tragen lassen, selbst eine Maske tragen, usw.) und die Reinigungsrouitinen wurden häufig oder immer von 90-98% aller Osteopath*innen angepasst (d.h. Desinfektion von Türgriffen, verwendeten Instrumenten, Behandlungstisch, usw.).

Geschätzter Verlust: Die Gesundheitsdienste wurden während der Krise stark reduziert. Im Jahr 2019, vom 25. März bis zum 26. April, lag die durchschnittliche Zahl der osteopathischen Konsultationen bei 93. Für den gleichen Zeitraum im Jahr 2020 sank diese Zahl auf einen Medianwert von 16,5 Konsultationen bzw. eine Leistungsreduktion von 82%. Was die wirtschaftliche Perspektive betrifft, so lag der geschätzte mediane Umsatzverlust der Osteopath*innen im März bei 50%, im April bei 80% und im Mai 2020 bei 15%. Es wurde daher geschätzt, dass Osteopath*innen über den gesamten Dreimonatszeitraum im Median 10'415.- CHF Verlust an Einkommen zu verzeichnen hatten. Dies entspricht dem gemeldeten medianen Verlust, der für die Elternzeit geschätzt wurde, der historisch gesehen Frauen betrifft. Der Hauptgrund, den Osteopath*innen für die Verringerung ihrer klinischen Aktivität anführten, bestand darin, zu verhindern, dass sie Patient*innen unfreiwillig anstecken und die Patient*innen zu ermutigen, zu Hause zu bleiben.

Staatliche Beihilfen: Eine grosse Mehrheit der Osteopath*innen (241; 87,3%) formulierte einen Antrag auf staatlich unterstützte Beihilfen. Der Erwerbsausfallersatz wurde von 177 Osteopath*innen (64,1%) beantragt, von denen 104 eine Entschädigung erhielten (58,8% der Anträge). Gründe für die Ablehnung waren hauptsächlich Einkommen über 90'000.- CHF (52; 18,8% der Gesuche) und die Erlaubnis weiter beruflich tätig zu bleiben (8; 2,9% der Gesuche). Teilarbeitslosenentschädigung für Kurzarbeit wurde von 77 (27,9%) Osteopath*innen beantragt und von 62 (80,5% der Gesuche) erhalten. Schliesslich wurden COVID-19 Brückenkredite von 44 (15,9%) Osteopath*innen beantragt und erhalten.

Informationsquellen für COVID-19 während der Krise: Die meisten Osteopath*innen gaben den Newsletter des SVO-FSO als Teil ihrer primären Informationsquellen für COVID-19 an (151; 54,9%). An zweiter Stelle steht die offizielle Homepage des Bundesamtes für Gesundheit (BAG) (119; 43,3%), gefolgt von generellen Nachrichten (84; 30,6%) und wissenschaftlichen Quellen wie Guidelines, Reviews und Originalartikel (54; 19,6%). Während der Krise waren 82,9% der Teilnehmenden mit den vom SVO-FSO erhaltenen Informationen äusserst oder sehr zufrieden und 66,2% mit den vom BAG erhaltenen Informationen.

Schlussfolgerungen

Als Gesundheitsfachpersonen haben Osteopath*innen dazu beigetragen, die Auswirkungen von COVID-19 auf die Gesellschaft zu verringern. Sie haben ihre Hygienemassnahmen und die Bereitstellung von osteopathischen Dienstleistungen angepasst, um zum Schutz ihrer Patient*innen beizutragen.

Da die Zahl der COVID-19-Fälle wieder ansteigt, ist es wichtig anzuerkennen, dass die Angehörigen der Gesundheitsberufe weiterhin mit sich verändernden Umständen konfrontiert sein werden und sich an diese anpassen müssen. Die Bewältigung dieser schweren Krise hat gezeigt, dass die meisten Osteopath*innen in der Lage waren, angemessen zu reagieren, und dass der SVO-FSO ihnen die nötige Orientierungshilfen bot.

Schlüsselwörter

COVID-19, Osteopathische Versorgung, Erbringung von Gesundheitsleistungen, Klinische Prüfung, Schweiz

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Aperçu des points importants – français

État des connaissances et objectifs

Peu de choses sont connues sur ce que les ostéopathes ont modifié dans leur pratique pour adapter leur service aux patient-es pendant la crise COVID-19. Ce rapport vise à améliorer les connaissances sur la situation vécue afin de donner à la FSO-SVO et à la SOSF les moyens de planifier et d'anticiper les besoins futurs des membres de la profession pendant une telle crise.

Méthodologie

Une enquête en ligne, soutenue par l'association professionnelle et financée par la « Swiss Osteopathy Science Foundation », a examiné les activités professionnelles autodéclarées avant et pendant la crise COVID-19. Les activités cliniques ont été étudiées en demandant aux ostéopathes de rapporter le nombre de consultations réelles en mars, avril et mai 2020 et, pour servir de comparaison, en avril 2019. Les revenus habituels provenant des activités cliniques ont été déclarés selon les déclarations fiscales des ostéopathes pour 2018 ou 2019. Le format de l'enquête a été défini en utilisant une procédure itérative évaluant des versions anglaises avec des ostéopathes praticiens. Toutes les questions ont été formulées de manière à être aussi factuelles que possible. Une fois que la version anglaise a été validée, elle a été traduite en français et en allemand. Une approche de réflexion à voix haute avec des membres de la profession a ensuite permis d'évaluer chaque version. Cela a permis d'apporter quelques améliorations à toutes les versions. La version finale a été testée et validée par les membres du comité central de la FSO-SVO.

La population cible de l'enquête est constituée par les membres de la FSO-SVO, le principal organisme professionnel d'ostéopathie en Suisse. Elle comprend 945 praticiens et assistants en ostéopathie qui ont été invités par e-mail à répondre à une enquête en ligne. Toutes les données ont été recueillies de manière anonyme à l'aide d'un instrument d'enquête sécurisé appelé REDCap, hébergé sur un serveur universitaire officiel. L'enquête s'est déroulée du 1er au 23 juin. Cinq rappels ont été envoyés tous les deux jours, pour les membres de la FSO-SVO qui n'ont pas précisé s'ils souhaitaient participer ou non. Les participants ont reçu des rappels supplémentaires pour continuer s'ils arrêtaient l'enquête pendant le processus.

Le 23 juin, 379 ostéopathes avaient répondu (40,1% de tous les membres de la FSO-SVO), 320 (33,9%) avaient accepté de participer et 276 (29,2%) avaient fait état d'activités cliniques tout au long des périodes couvertes par l'enquête et avaient donc rempli le questionnaire.

Principaux résultats

Statut et activité professionnelle : Sur ces 276 répondants, 236 (85,5 %) étaient des travailleurs indépendants. Les ostéopathes salariés étaient soit associés (26 ; 9,4 %), soit assistants (13 ; 4,7 %). La plupart des ostéopathes ont un modèle d'entreprise individuel (174 ; 63%), 34 (12,3%) sont actionnaires et employés d'une société à responsabilité limitée (AG/SA ou SARL/GmbH), et 23 (8,4%) travaillent de

manière indépendante dans une société simple ou générale. Au cours d'une activité normale au premier trimestre 2020, les ostéopathes ont eu un taux de travail médian de 80 % (=33,6h/semaine). Seule une minorité (6,9 %) travaillait moins qu'un mi-temps et près d'un tiers (27,9 %) travaillait à temps plein ou plus.

Estimation de l'impact sur les activités cliniques pendant la crise COVID-19 : Le taux de travail médian est tombé à 64 % peu avant la mise en place des restrictions à la pratique (67 % des ostéopathes travaillaient encore comme d'habitude), et à 0 % pendant la période où les prescriptions étaient obligatoires (66,3 % ne travaillaient pas du tout). Le taux de travail médian était de 7 % pendant les limitations des situations d'urgence seulement du 25 mars au 26 avril (66,7 % des ostéopathes travaillaient partiellement). Après la levée de cette restriction, les ostéopathes sont immédiatement revenus à un taux de travail médian de 60 % (46 % travaillaient comme d'habitude) et ont pu augmenter jusqu'à 70 % leur taux de travail deux semaines plus tard (62,7 % travaillaient à nouveau comme d'habitude à cette époque et 5,8 % avaient une charge de travail plus importante que d'habitude). Pendant la crise, 67 ostéopathes (24,3 %) ont déclaré avoir contribué aux activités spécifiques de COVID-19 (à savoir les services de proximité pour les personnes vulnérables dans le besoin (21 %) ou les lignes d'assistance téléphonique communautaires (0,4 %) ; le soutien dans les hôpitaux (2,9 %)).

Mise en œuvre de mesures de protection dans la pratique : Pendant la mise en œuvre du plan de protection du 27 avril au 31 mai, 96% des ostéopathes ont pu suivre les recommandations émises pour dépister les situations à risque (c.à.d. connaître la vulnérabilité des patient·es, les contacts antérieurs avec le SARS-CoV-2, etc.). L'adaptation des installations du cabinet a également été réalisée par 99% des ostéopathes (c.à.d. la fourniture de désinfectant, l'enlèvement d'objets dans la salle d'attente, etc). Les mesures d'auto-hygiène ont été mises en œuvre par l'ensemble des ostéopathes (c.à.d. porter un masque) et les routines de nettoyage ont été adaptées par 98 % de tous les ostéopathes (c.à.d. désinfection des poignées de porte, des instruments utilisés, de la table de traitement, etc.)

Estimation des pertes : Les services de santé ont été fortement réduits pendant la crise. En 2019, du 25 mars au 26 avril, le nombre médian de consultations était de 93. Pour la même période en 2020, ce chiffre est tombé à 16,5 consultations, soit une réduction médiane de 82 % des prestations de service. Sur le plan économique, la perte de revenus médiane estimée des ostéopathes était de 50% en mars, de 80% en avril et de 15% en mai 2020. Les ostéopathes ont subi une réduction médiane de revenus de 10'415.- CHF sur l'ensemble de la période de trois mois. Cela correspond à la perte médiane déclarée estimée pour le congé parental, qui touche historiquement les femmes. La principale raison évoquée par les ostéopathes pour avoir réduit leur activité clinique, était de prévenir la contamination involontaire d'un patient et d'encourager les patient·es à rester chez eux.

Aides d'État : Une grande majorité d'ostéopathes (241 ; 87,3 %) ont formulé une demande d'aide soutenue par l'État. Des indemnités pour perte de revenus ont été demandées par 177 ostéopathes (64,1 %) dont 104 ont obtenu des compensations (58,8 % des demandes). Les raisons des refus étaient principalement

dues à des revenus supérieurs à 90'000.- CHF (52 ; 18,8% des demandes) et à l'autorisation d'exercer une activité professionnelle (8 ; 2,9% des demandes). Des allocations de chômage partiel RHT ("Kurzarbeitsentschädigung") pour des heures de travail réduites ont été demandées par 77 (27,9%) et obtenues par 62 (80,5% des demandes). Enfin, des crédits relais COVID-19 ont été demandés et obtenus par 44 (15,9 %) ostéopathes.

Sources d'information pour COVID-19 en période de crise : La plupart des ostéopathes ont cité le bulletin d'information de la FSO-SVO comme l'une de leurs principales sources d'information pour COVID-19 (151 ; 54,9%). Viennent ensuite la page d'accueil officielle de l'Office fédéral de la santé publique (OFSP) (119 ; 43,3%), puis les médias (84 ; 30,6%) et les sources scientifiques telles que les directives, les revues et les articles originaux (54 ; 19,6%). Pendant la crise, 82,9 % des intervenants se sont montrés extrêmement ou très satisfaits des informations reçues de la FSO-SVO et 66,2 % des informations reçues de la FSO-SVO.

Conclusions

En tant que professionnels de la santé, les ostéopathes ont contribué à réduire l'impact de la COVID-19 sur la société. Ils ont adapté leurs pratiques d'hygiène et leur offre de services pour contribuer à la protection de leurs patient-es.

Alors que le nombre de cas COVID-19 augmente à nouveau, il est important de reconnaître que les professionnels de la santé continueront à être confrontés à des circonstances changeantes et devront s'y adapter. La gestion de cette grave crise a montré que la plupart des ostéopathes ont été capables de réagir de manière appropriée et que la FSO-SVO a fourni les conseils dont ils avaient besoin.

Mots clefs

COVID-19, Médecine ostéopathique, prestations de soins, audit clinique, Suisse

Veillez citer ce rapport comme :

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INTRODUCTION

INTRODUCTION

Osteopathy in Switzerland

Osteopathy can be described as a form of health care, offering assessment, diagnosis and management for a range of health-related conditions. The aim of osteopathic treatment is to optimise, restore and/ or maintain a person's natural structure, function and well-being (Adapted from Osteopathic International Alliance (OIA) report 2013).¹

In June 2016, the Swiss parliament passed the Federal Law on Health Professions (GesBG-LPSan)², which recognises osteopathy as a profession of primary care in the health sector. This law came into force on 1 February 2020³.

To become registered as an osteopath with the cantonal department of health an MSc in Osteopathy as taught at the HEdS-FR is now required. At the HEdS-FR Osteopaths are trained as primary care providers according to the Ordinance on Professional Competencies for Health Professions⁴ under the GesBG-LPSan². They are able to complete case histories and clinical examinations and, based on this, decide whether an osteopathic diagnosis and treatment is indicated or whether the person to be treated has to be referred to another specialist.

Training which can be considered equivalent to the Swiss MSc in Osteopathy is a prerequisite for getting registered with the Red Cross Switzerland (SRK-CRS)⁴⁻⁶ which is responsible for the recognition of international degrees. The SRK-CDS has taken over this role from the Swiss Conference of the Cantonal Ministers of Public Health (GDK-CDS) which is the inter-cantonal health organ that has set the national standards for osteopathic practitioners since 2007.

In Switzerland patients most commonly seek treatment by an osteopath for musculoskeletal complaints and refer themselves directly to the osteopath. They get assessed by their practitioners who also include their living habits, mental health and the social environment of the patient. Osteopaths contribute to the health of the nation by providing around 1'700'000 consultations per year to an estimated 570'000 patients. This represents around 6.8% of the total Swiss population (8.3 million) that seek osteopathic care from over 1'000 osteopaths.^{7,8}

COVID-19 in Switzerland

As most countries worldwide, Switzerland has been hit by the COVID-19 crisis in 2020. The Federal Office for Public Health (FOPH)⁹ was mostly responsible for the communication of measures recommended by a scientific advisory body, the Swiss National COVID-19 Science

Task Force ¹⁰. For Osteopaths, the SVO-FSO took action in passing on the federal information to members of the profession and communicating with official bodies to develop an official plan of protective measures to be followed by osteopaths.

Osteopaths were able to work without restrictions up until the 18th March 2020. From the 19 – 24th March medical prescriptions were made compulsory for patients to be able to receive osteopathic care ¹¹. This restriction was lifted again but followed by a timeframe from the 25th March – 26th April during which consultations were limited to urgent consultations only. After that, Osteopaths were allowed to see all patients again, but had to follow strict hygiene measures ¹². Public School remained closed from the 27th April – 10th May. From the 11th May – 31st May primary and lower secondary schools were opened again but upper secondary, vocational schools and higher education institutions still remained closed for groups over 5 people. ¹³

Following the confinement measures due to COVID-19, social distancing measures have been reduced to physical distancing and “normal” clinical activity could be resumed for most health professions.

The measures to combat the spread of SARS-CoV-2 have certainly affected the activities of osteopaths. For this reason, the SVO-FSO, the HEdS-FR and the SOSF have collaborated to carry out a study among SVO-FSO members.

Purpose of the report

Up to date we know little about how osteopaths, most of whom are independent, modified their practice to adapt their service for their patients. This report aims to answer these questions in order to plan and anticipate the future needs of members of the profession.

Target audience

This report is aimed at those interested in understanding more about how Swiss Osteopaths contributed towards the COVID-19 crisis in Switzerland. It may be of interest to policy makers, health ministers, governmental and non-governmental organisations including health insurers, other health care professionals and their professional bodies, educators, students and interested members of the public.

Report structure

We briefly describe how we collected the information used to write this report and then present information about how osteopaths were affected by and contributed to the COVID-19 crisis by continuing their care for the Swiss population. We conclude the report by discussing possible changes for the future.

ABBREVIATIONS

COVID-19	The disease caused by SARS-CoV-2
FOPH	Federal Office of Public Health
GDK-CDS	Swiss Conference of the Cantonal Ministers of Public Health
GesBG-LPSan	Federal Law on Health Professions
HEdS-FR	School of Health Sciences Fribourg
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SOSF	Swiss Osteopathy Science Foundation
SRK-CRS	Red Cross Switzerland
SVO-FSO	Swiss Federation of Osteopathy



METHODS

SYNOPSIS OF METHODS

Design

This project was designed as an observational cross-sectional retrospective study and carried out as an online survey from the 1st - 23rd June 2020.

The target population for the survey were members of the SVO-FSO, the principle professional body for osteopathy in Switzerland.

Osteopaths were asked to provide previous and current data on their contribution to the public health to assess how the COVID-19 crisis affected their work. Additionally, they provided data on how they were able to implement hygiene measures to continue providing care for their patients.

All data was handled according to the Swiss law on data protection (DSG/LPD 235.1) and anonymised whenever possible.

The study was carried out by the Unit of Research in Mobility & Musculoskeletal Care (URM), Faculty of Health which is part of the Universities of Applied Sciences & Arts Western Switzerland (HES-SO). The study was funded by the Swiss Osteopathy Science Foundation through donations from SVO-FSO members.

Aims

This report aims to shed light onto the following points defined as priorities by the SVO-FSO and the SOSF:

- Quantify the proportion of osteopaths who experienced a complete and unexpected clinical shutdown during the period 25th March – 26th April 2020.
- Compare the clinical activity of 25th March – 26th April between 2019 and 2020.
- Describe the capacity of osteopaths to respond to hygiene measures recommended during the emergence of COVID-19 cases and their access to the basic equipment required.
- Describe the professional activity of osteopaths with complete work cessation with regards to continuing education, administration, voluntary work/volunteer work, associative work.

- Description of the professional activity of osteopaths who have partially stopped working including the setting up of home consultations and distance consultations.
- Description of the activity rate and hygiene measures set up after the official partial resumption of business activities

Distribution & data handling

In order to ensure the Swiss data privacy standards REDCap¹⁵ was used to collect the data which was stored on the servers of the HES-SO Valais and managed by the Data Acquisition Unit¹⁶. REDCap allows for easy entering of data on computers or smartphones, no paper forms were provided.

Participants received an initial introduction to the project through the SVO-FSO one week before the data collection period started. All participants then received an automatically generated Link by REDCap which allowed for automated reminders without compromising the participants anonymity. Automated reminders were sent at varying stages of the survey, if a participant had incomplete data or had not declined to participate in the study.

E-Mail addresses were provided by the SVO-FSO and deleted after being entered into REDCap.

Survey sample

The SVO-FSO includes 945 osteopathic practitioners and assistants of which all active members hold a GDK-CDS diploma or an MSc in Osteopathy. Assistants need to provide proof that they are eligible to attain a GDK-CDS diploma or recognition by the SRK-CRS in the future. The survey was targeted at this population, since the SVO-FSO was the main partner for official discussions with the authorities during the COVID-19 crisis and represents Osteopathy in Switzerland.

Response rates

One third of all SVO-FSO members completed the survey (**Figure 1**). The response rate of 29.2% was lower than in the SwissOsteoSurvey⁷ but high enough to provide representative data when compared to the SwissOsteoSurvey and the population of the SVO-FSO. We could observe that there were no significant differences for language spoken, gender or work location. This is the first survey to include non-binary people in the osteopathic profession in Switzerland. Since previous research excluded non-binary people, they were not included in the analysis for differences in gender demographics.

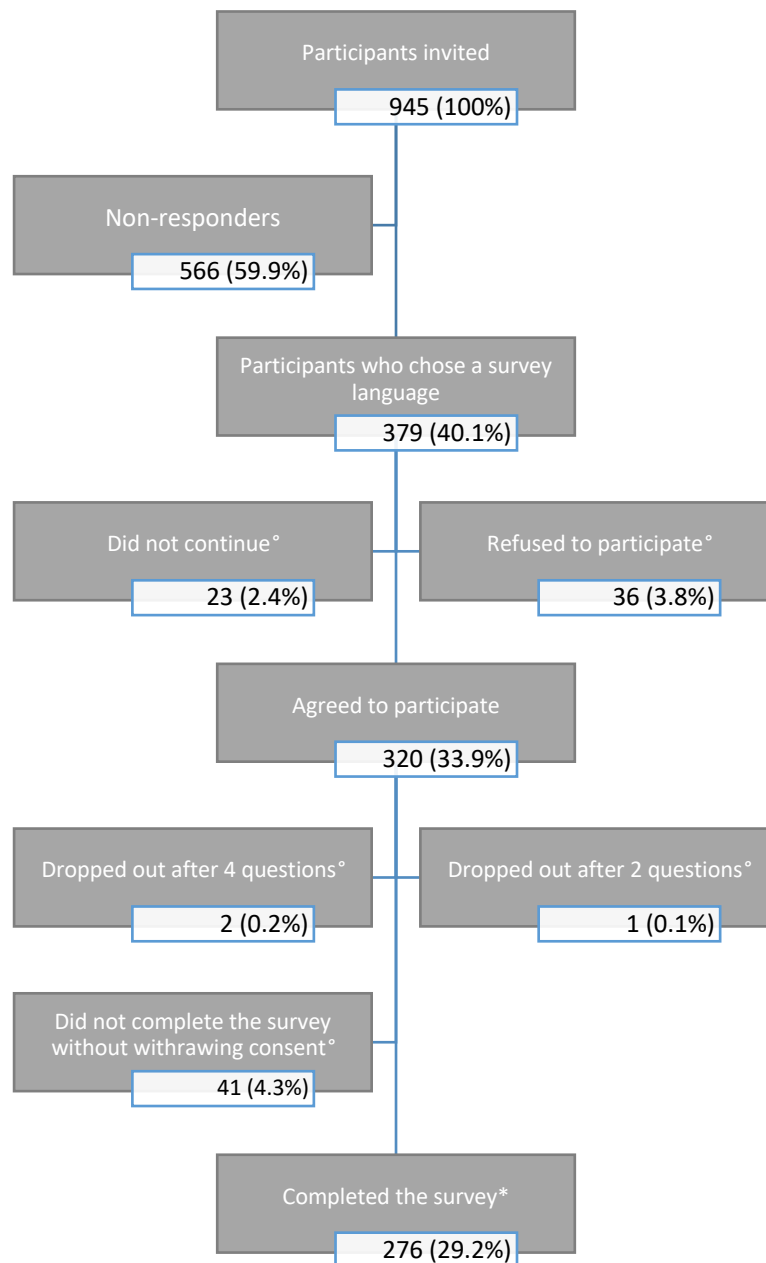


Figure 1: Flowchart

**All participants who have reported clinical activities throughout the surveyed periods are considered to have completed the survey*

°Dropouts were independent of questionnaire language, gender, part of Switzerland where professional activity takes place, rural or urban settings, status of employment, being a business owner or not, contribution to household income, rate of work.

CHAPTER 1

CHAPTER 1: DEMOGRAPHICS, WORKING STATUS AND ACTIVITY

As expected from previous studies ⁸, most participants were female. A small proportion preferred not to answer or identified as non-binary. (**Table 1**)

Table 1: Gender

	n	%
Female	163	59.1%
Non-binary	1	0.3%
No answer	3	0.9%

Most osteopaths work self-employed (85.5%) and own their business fully (64.1%) in sole proprietorship (63%). Of the business owners 12.3% are shareholders and employees of a limited company (AG/SA or SARL/GmbH), and 23 (8.4%) work independently in a simple or general partnership. Employed osteopaths were either associates (9.4%) or assistants (4.7%). (**Table 2**)

Table 2: Professional status

(several options possible)

Self-employed	236	85.5%
Employee		
Assistant	13	4.7%
Associate	26	9.4%
Voluntary work	3	1%
Other	6	2.2%
Business ownership		
Partial	47	17%
Full	177	64.1%

Legal ownership status

(several options possible – [more information can be found here](#))

Independent worker as a sole proprietorship	174	63%
Independent worker in a simple partnership (contractual consortium)	17	6.2%
Independent worker in a general partnership (jointly operated company)	6	2.2%
Employee and shareholder in a limited company (AG/SA)	7	2.5%
Employee and shareholder in a limited liability company (GmbH/SARL)	27	9.8%

The work location of the osteopaths who took part in the survey did not differ significantly from previous surveys ⁸ with most osteopaths working in French speaking associations. (**Table 3**)

Table 3: Work location

(several options possible)

Bern	21	7.6%
Fribourg	23	8.3%
Geneva	20	7.3%
Jura-Neuchâtel	22	8%
North-East /-West and Central CHE	81	29.4%
Tessin	5	1.8%
Valais	26	9.4%
Vaud	86	31.2%

From previous research ⁷ we know that osteopaths provide care for an estimated 550'000 people per year, providing around 1.7 Million consultations. From the data collected during the current project, we estimate osteopaths generate a median income of 84'000 CHF per year (7000.- CHF/month) as reported from their 2018 or 2019 tax declarations. This is estimated to correspond to 45% of the total revenue generated by osteopathic consultations, knowing from a previous

report ⁷, that osteopaths are providing healthcare at an overall estimated cost of CHF 200 million yearly, representing 2% of all costs for musculoskeletal conditions in Switzerland.

Individual clinical activities usually represent 70% of osteopaths' household income, with 20% of households entirely depending on this revenue. Unusual life events that reduced yearly income most was education (8.7% of osteopaths – estimated yearly median loss CHF 5500/osteopath), which shows how important continuous professional development (CPD) is to the profession. Previous research ⁷ shows that osteopaths fulfill more than double the required amount of CPD as set out by the SVO-FSO (71 vs 30h). Income is further reduced by accident/illness (6.5% of osteopaths – estimated yearly median loss CHF 17'500/osteopath) and parental leave (5.1% of osteopaths – estimated yearly median loss CHF 10'000/osteopath). Considering the increase of female practitioners in the profession ⁷ and the historical fact that women tend to take upon most of the financial burden of parental leave in Switzerland, this number will likely rise in the future. In turn, men are historically required to serve time in the army/civil service, but this only reduced the income of 0.4% of osteopaths with an estimated yearly median loss of CHF 6000/osteopath. This is most likely affected by the fact that most osteopaths are 40 years old or above ⁷ and therefore past their required service time.

A little under half of all osteopaths (120; 44.5%) reported having a yearly income of more than 90'000.- CHF, with 25 (9.3%) of osteopaths earning 90'001-100'000.- CHF.

CHAPTER 2

CHAPTER 2: CLINICAL IMPACT OF THE CRISIS

Services provided

All health services were greatly reduced during the COVID-19 crisis. This was especially true for the time-period of the 25th March to the 26th April when healthcare services were put under strict regulations by the Swiss government through the FOPH and limited to urgent appointments only.

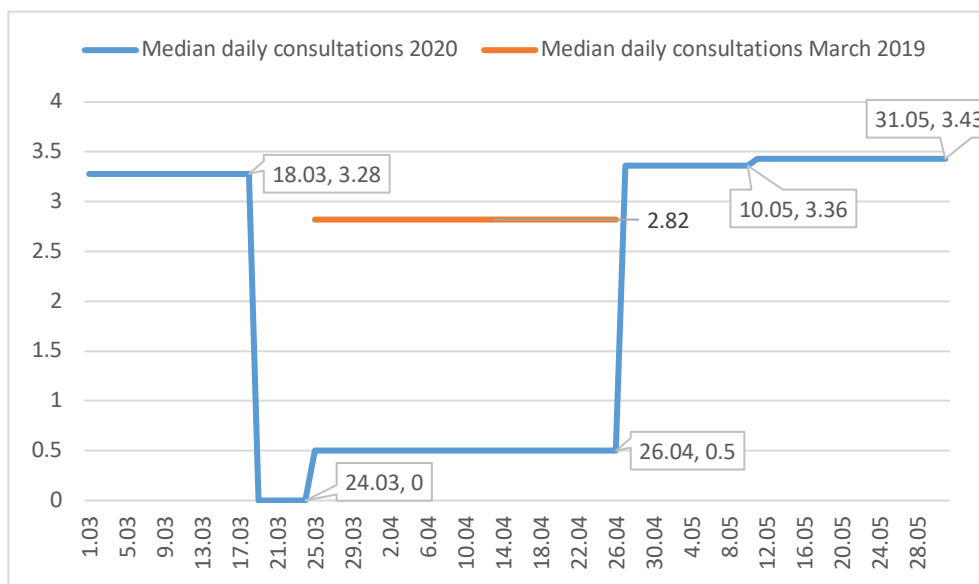
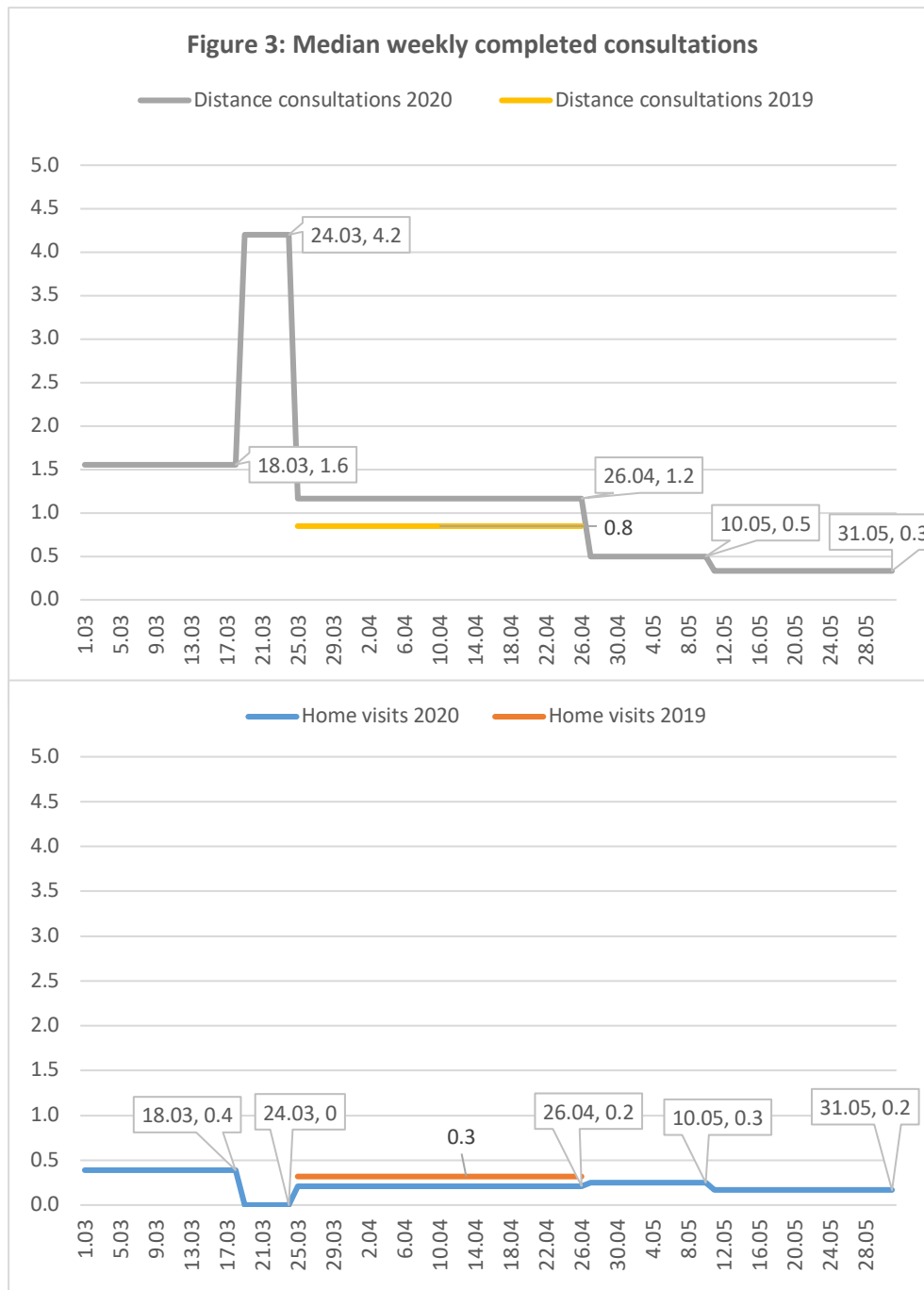


Figure 2: Amount of daily osteopathic consultations completed

The impact on the reduction of osteopathic healthcare provided to the Swiss population is seen clearly when comparing the timeframe from the 25th March to the 26th April (**Figure 2**). The total median number of consultations was 93 in 2019 and dropped to 16.5 consultations in 2020. This resulted in a median reduction of services of 82.3%. When looking at the median number of daily osteopathic consultations, osteopaths recovered quickly after the strict regulations were lifted again. They were able to continue their care to the Swiss population nearly immediately and completed slightly more consultations per day than before the restriction to urgent consultations only were put into place.

Osteopaths reported that preventing unwillingly infecting a patient (73.7%), encouraging patients to stay at home (61.7%) and protection of their family/partner from COVID-19 (37.2%) were their primary motivations to stop or diminish their clinical activity during the crisis. Home schooling of children was of no-importance in taking the decision for 53.7%.

In order to continue their care for the Swiss population, osteopaths adapted to the new situation by increasing the amount of distance consultations completed shortly before and during the strict reduction of healthcare provided to the Swiss population. **(Figure 3)**



The number of osteopaths who offer these types of consultations is low. In 2019 only 6.2% (17) osteopaths provided the option for distance consultations and 5.8% (16) visited their patients at home. During the COVID-19 crisis 2020 there was a decrease in the offer for home

consultations with 1.1 - 4.7% (3-13) of osteopaths providing that service. In contrast the offer for distance consultations had a clear increase with 7.6 – 19.9% (21-55) of osteopaths providing that service to their patients.

The main reason for relying on distance consultations is for counselling. Between 2019 and 2020, there was a slight shift in reasons for osteopaths towards increasing the provision of self-management advice and patient education in 2020. (**Table 4**)

Table 4: Use of distance consultation

(* increase / " decrease)	2019	2020
counselling	14.1%	" 11.6%
gatekeeping	10.9%	" 8.3%
Self-Management advise	8.3%	* 9.1%
follow-up checkup	5.4%	" 5.1%
education	3.3%	* 4.4%

The main way of communication for osteopaths during distance consultations with patients was the standard phone, with a slight increase in use of live video communication and encrypted email (**Table 5**).

Table 5: Means of communications for distance consultations

(* increase / " decrease)	2019	2020
phone	13.4%	" 12.3%
normal email	6.2%	" 4.4%
text messages	4.7%	" 3.6%
electronic messaging services	4.7%	" 2.9%
live video	1.8%	* 3.3%
recorded video	1.5%	1.5%
encrypted email	1.1%	* 1.5%

Given the confidential nature of the exchanged information, fully encrypted communication channels should be the standard. End-to-end encryption is to be implemented for all ways of communication to prevent third parties accessing highly private health related information or other personal details. Email services such as Switzerland based *ProtonMail* or *HIN-client*, video communication platforms like *Jitsi meet* or messaging services such as *Signal private*

messenger or Switzerland based *Threema* could be used in the future. All these services are in accordance with the Swiss data privacy laws which highlight the importance of protecting health related data by all means possible to healthcare professionals such as osteopaths.

Work rate

The COVID-19 crisis had a significant impact on working rate through the decrease in amount of care provided. This was especially true during the restrictions to practice from the 25th March to the 26th April during which consultations were limited to urgent situations only.

(Figure 4)

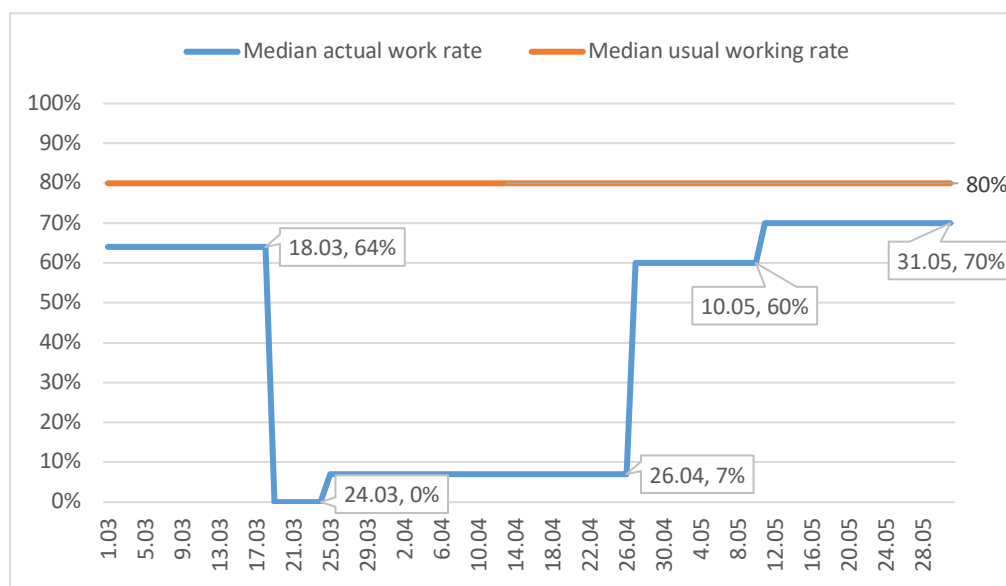


Figure 4: Work rate impact of the COVID-19 crisis
100% = 42h/week

The median working rate dropped down to 64% shortly before restrictions to practice were put into place (67% of osteopaths were still working as usual), and to 0% working rate during the timeframe when prescriptions were compulsory (66.3% were not working at all). This shows that the working rate was already affected before official measures were put into place and effectively hindered provision of osteopathic healthcare when prescriptions were necessary.

Median work rate was 7% during the limitations of urgent situations only from 25th March to the 26th April (66.7% of osteopaths worked partially, 32.6% stopped working completely).

Most other healthcare professions have had similar impact, with data continuously emerging in different fields.

After the heavy restrictions were lifted, osteopaths immediately returned to a median working rate of 60% (46% were working as usual) which indicates that patients trusted osteopaths for being able to provide safe healthcare during such a nationwide health crisis. It also showed

that osteopaths were flexible enough to change their working rate within days and continue providing healthcare.

Two weeks later osteopaths were able to increase up to 70% working rate (62.7% were working again as usual at this time and 5.8% had increased work load than usual), which was slightly higher than shortly before the “lockdown” at the end of March but still not as high as the usual median work rate.

Other activities

During the crisis, 67 osteopaths (24.3%) reported having contributed to COVID-19 specific activities (i.e. community services for vulnerable people in need (21%) or community hotlines (0.4%); support in hospitals (2.9%)).

In addition to this contribution, 60% of osteopaths noted a median increase of 8h in their workload of administrative tasks related to their osteopathic practice during the crisis in March and April 2020.

CHAPTER 3

CHAPTER 3: PROTECTIVE MEASURES

In order to continue providing osteopathic healthcare, practitioners had to implement different protective measures. These were not yet formalised by the SVO-FSO before the 23rd April. Nevertheless, there were official recommendations put into place by the FOPH. During the timeframe of the 25th March to the 26th April, 80% (148) of all osteopaths still working were able to obtain enough face masks, with 60.8% (113) receiving them from official institutions. Most working osteopaths 84% (157) had enough hydroalcoholic disinfectant and soap (80.1%: 149), with 32.3% (60) receiving the disinfectant from official institutions. Obtaining enough gloves to practice was not possible for 48% (89) of the working osteopaths with only 11.8% (22) receiving gloves from official institutions.

The return to clinical osteopathic activity after the 27th April was accompanied by a legally binding document set out by the SVO-FSO ¹² and complemented by an additional hygiene protection plan ¹⁴ to help with the implementation of the changes required. Up-to-date professional guidelines are available in different languages and updated regularly. They can be accessed here [OsteoCOVID-19 Guide](#) and here [SVO-FSO Protection plan](#).

In order to follow the regulations put into place, it was assumed that osteopaths had access to hygiene material and were able to change certain routines in their practice. From the 27th April to 10th May, most working osteopaths (62.7%; 163) were indeed able to obtain the required hygiene material. However, practitioners still had problems obtaining enough face masks (23.9%; 62) and hydroalcoholic solution (20.4%; 53). Official institutions provided face masks to 62.3% (162) and hydroalcoholic solution to 33.5% (87) of working osteopaths.

Obtaining enough face masks remained a difficulty for some working osteopaths (10.8%; 29) after the 11th May, but overall, by then, most practitioners (82%, 220) had access to all required hygiene material.

Since the implementation of new hygiene routines in osteopathic practices was driven by the SVO-FSO and could take into account difficulties in obtaining material, in most cases, osteopaths were able to implement new hygiene routines.

- Most osteopaths (70% always -96% most often or always) were able to follow the recommendations on patient management. This included knowing about patient vulnerability, previous contact to SARS-CoV-2, etc.

- Most osteopaths (75-99%) were equally able to adapt their practice facilities to the new standards most often or always. This included the provision of disinfectant liquid and soap, removal of objects in waiting room, etc.
- Many osteopaths (67-100%) implemented recommended self-hygiene measures including the disinfection of their hands, wearing a mask themselves, etc. Osteopaths faced some difficulties in having patients wearing masks (32.8% did so never or occasionally), potentially putting the practitioners at a higher risk. This might have been linked to the difficulty in obtaining enough face masks. Osteopaths did check their own health (such as measuring temperature) most often or always in 88.9%.
- This was complemented by an increase in cleaning routines such as disinfecting doorhandles, instruments, treatment tables and other equipment used by the practitioners, or ventilating rooms, most often or always in 90-98% of cases.

These measures have shown to have played their role in preventing the spread of SARS-CoV-2, since there has been no known reported case of a patient or practitioner being infected due to osteopathic healthcare provision up to date.



CHAPTER 4

CHAPTER 4: ECONOMICAL IMPACT

The median estimated loss of revenue reported by osteopaths was of 50% in March, of 80% in April, and of 15% in May 2020. Considering that 20% of households entirely depend on this revenue, certain osteopaths and their families might have suffered from financial hardship, if the strict regulations would have staid in place longer.

In order to reduce the economical impact of the COVID-19 crisis, the Swiss government put into place several funding options. This option was used by large majority of osteopaths (241; 87.3%) who formulated a request for state supported aid. State aids were split up into:

- Allowance for loss of earnings [[AMT-APG-Corona](#)] (“Erwerbsausfallersatz”)
 - requested by 177 osteopaths (64.1%)
 - 104 obtained compensations (58.8% of requests).
 - Main reasons for refusal: income being over 90'000.- CHF (52; 18.8% of requests) and professional activity being allowed (8; 2.9% of requests).
- Partial unemployment for reduced working hours [[AHV-RHT](#)] (“Kurzarbeitsentschädigung”)
 - requested by 77 (27.9%) osteopaths
 - obtained by 62 (80.5% of requests).
- Bridging credit [[COVID-19 credits](#)]
 - requested and obtained by 44 (15.9%) osteopaths.

Since osteopath's income is directly linked to how many patients they provide care for, it was estimated that osteopaths had a median reduction of income of CHF 10'415.- over the entire three-month period which was surveyed. This corresponds to the reported median loss estimated for parental leave, which historically affects women only. This might change slightly in the future, with Switzerland voting on parental leave for men soon and also pushing independent male health-providers to also take leaves.

CHAPTER 5

CHAPTER 5: SOURCES OF INFORMATION

The FOPH is the main organ for communication on health matters in Switzerland. During the timeframe when the strongest restrictions were in place for the COVID-19 crisis the Swiss Federal Council took upon the lead in taking nationwide decisions. Later on, the Federal Council passed on their executive rights to the individual cantons, who are currently in charge of most COVID-19 related decisions. National information flow is now organised again by the FOPH and published on their homepage, which was used by 43.3% (119) of osteopaths as a source of information during the crisis (**Figure 5**). Of those osteopaths, 66.2% were extremely or very satisfied with the received information.

The main professional body for osteopaths in Switzerland is the SVO-FSO. It serves as a body which collects and distributes information to members of the public and osteopathic practitioners. The general secretary of the SVO-FSO provided osteopaths with newsletters and individual support during the COVID-19 crisis. In order to defend the professional activity of osteopaths and enable them to provide care for their patients during the crisis, the SVO-FSO got together with several key players in the field of complementary medicine and several official health departments. This led to the development of the binding hygiene regulations and the complementary hygiene guide described earlier in this report.

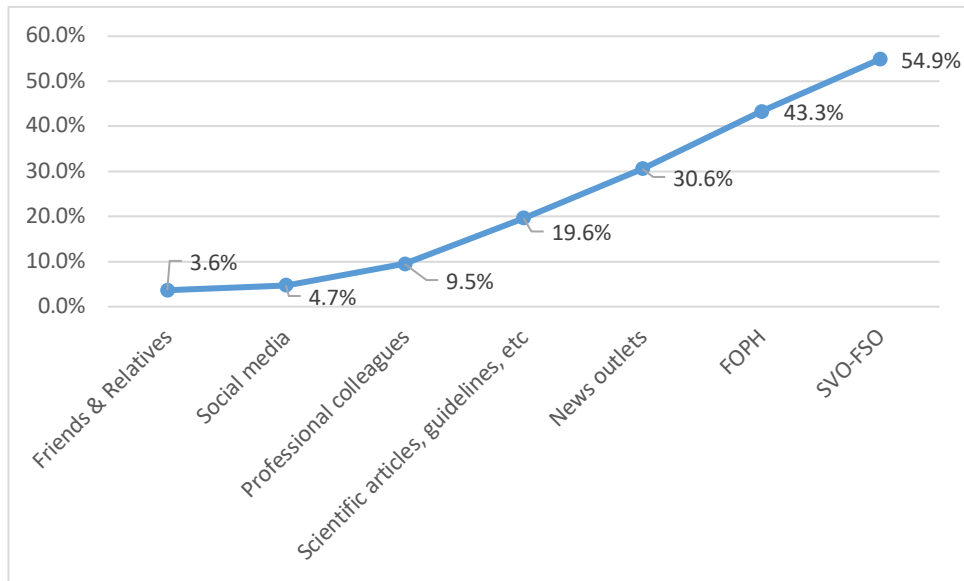


Figure 5: Main sources of information
(more than one option possible)

In addition, the SVO-FSO fought for osteopaths right to request financial state aid and provided their members with information on the possibilities of how to obtain it. Therefore, it is not surprising, that most osteopaths cited the SVO-FSO newsletter as part of their primary sources of information for COVID-19 (151; 54.9%). Even though there was a large amount of pressure on the general secretary of the SVO-FSO and the confusion which arose from this new situation in the general public, 82.9% of responders were extremely or very satisfied with the information received from the SVO-FSO.

Historically osteopaths in Switzerland were trained in non-academic instructions. This might have contributed to the fact that news outlets were chosen as a main source of information by more osteopaths than scientific sources such as guidelines, reviews and original articles (**Figure 5**).

Here we provide an incomplete list of relevant scientific and regulatory sources which might help osteopaths inform themselves:

Overview of the COVID-19 situation

- Federal Office of Public Health – FOPH ([DE](#) - [FR](#) - [IT](#))
- [European Centre for Disease Prevention and Control](#)
- [World Health Organisation](#)
- [Coronavirus Resource Center, Johns Hopkins University & Medicine](#)
- [Oxford university](#)

Sources for updates on COVID-19

- [Geneva Centre for education and research in humanitarian action](#)
- [European Centre for Disease Prevention and Control](#)

Scientific journals on COVID-19

- [Cochrane](#)
- [Science](#)
- [Springer Nature](#)
- [Journal of the American Medical Association Network \(JAMA\)](#)
- [New England Journal of Medicine \(NEJM\)](#)
- [British Medical Journal \(BMJ\)](#)
- [The Lancet](#)

RECOMMENDATIONS

RECOMMENDATIONS FOR THE FUTURE

In order to improve the crisis management even further, we suggest that individual osteopaths increase their proficiency of accessing and understanding scientific sources such as articles and guidelines, so they can stay up to date in the ever-changing world of health research. This is especially true for a time such as the COVID-19 crisis where journals were publishing non-peer-reviewed articles which were continuously updated. Navigating this flood of information can be very time consuming and frustrating when not having the right tools to do so.

Obtaining enough masks was one of the struggles osteopaths faced during the pandemic. Due to the drastic increase in demand, there has been a range of different masks which have different levels of certifications and protection levels. In order to improve sustainability and the protection of osteopaths as health professionals, re-usable masks which are tested and certified can be used. One example of such masks are the [livinguard](#) masks which are scientifically proven to destroy > 99.9% of SARS-CoV-2. Institutions such as the HEdS-FR have invested in these masks for their employees.

Whenever appropriate, future research should include all genders to allow for relevant statistical analyses to be performed. More information on the topic can be found on a glossary created by the University of Fribourg on gender equity in higher education ([DE](#) – [FR](#)) or the guide written by the Transgender Network Switzerland ([DE only](#)).

In the last few months, we have seen a strong drive to digitalisation in higher education. Some osteopaths have shown that they use technology to improve their care of patients. This might also help decrease the load on other primary healthcare providers. In order to increase the use of distance consultations where applicable, there must be standards of end-to-end encryption communication which can be accessed by all osteopaths. As in the higher education sector, there might be training needed to increase the understanding of internet enabled technologies, standards of data protection and encryption, and the use thereof in the context of healthcare provision.

CONCLUSIONS

CONCLUSIONS

The COVID-19 crisis has had a clear effect on the provision of osteopathic healthcare and the awareness of the importance of clinical hygiene measures which are needed in such a crisis. Nevertheless, the SVO-FSO has been able to provide osteopaths with the guidance and unity they needed during this timeframe. Each osteopath contributed to the health of the Swiss population by continuing and adapting their care as needed.

As the numbers of positive COVID-19 cases are slowly rising again, it is important to acknowledge, that healthcare professionals will continue to be facing changing circumstances and need to adapt to them. The management of this heavy crisis has shown that most osteopaths were able to respond appropriately.

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