L'INGRESSO DELL'OSTEOPATA NEL SISTEMA SANITARIO NAZIONALE

Identità, ruolo e prospettive d'integrazione

11° CONGRESSO NAZIONALE ROI

15-16-17 MAGGIO 2026 ROMA

HUMANITAS UNIVERSITY

# Il ruolo dell'osteopatia nel percorso di cura nell'ambito della prevenzione: aspetti scientifici e clinici

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**Clinical Epidemiology Research Center (CERC)**
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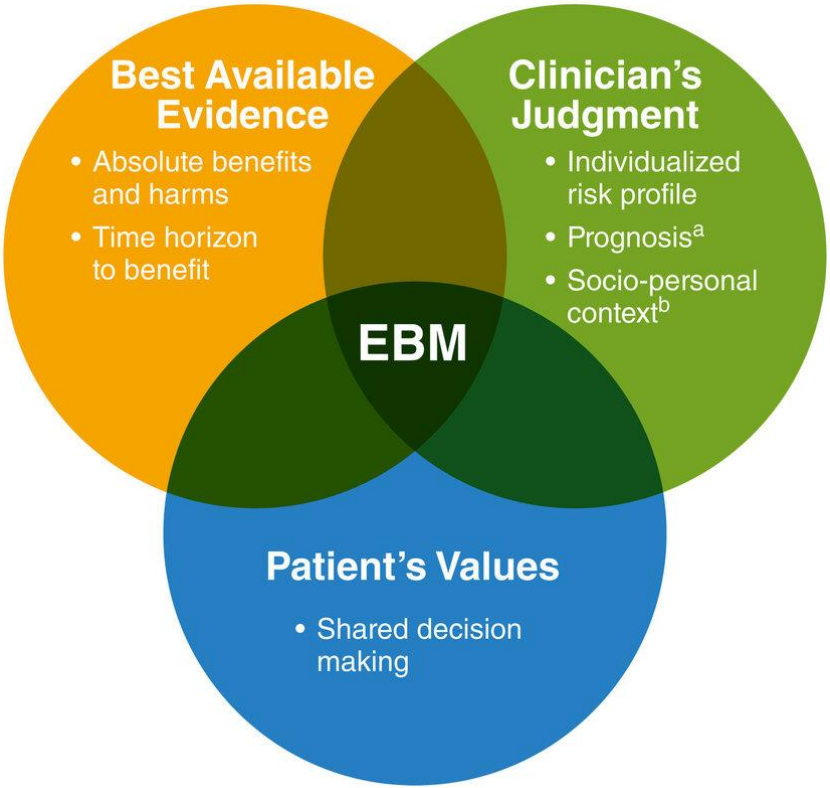
ROI REGISTRO DEGLI OSTEOPATI D'ITALIA

# Evidence Based Clinical Practice (EBP)




Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. *Evidence based medicine: what it is and what it isn't*. BMJ. 1996 Jan 13;312(7023):71-2. doi:10.1136/bmj.312.7023.71

a. Estimated based on age, comorbidities, and functional status
b. Includes an individual's lifestyle, social support, financial circumstances, and workload capacity

# Better Evidence for Better Healthcare Manifesto

Evidence based medicine manifesto for better healthcare.
A response to systematic bias, wastage, error, and fraud in research underpinning patient care

**BMJ 2017**; 357

doi: https://doi.org/10.1136/bmj.j2973

# Clinical Uncertainty

The only certainty in clinical practice is its uncertainty.

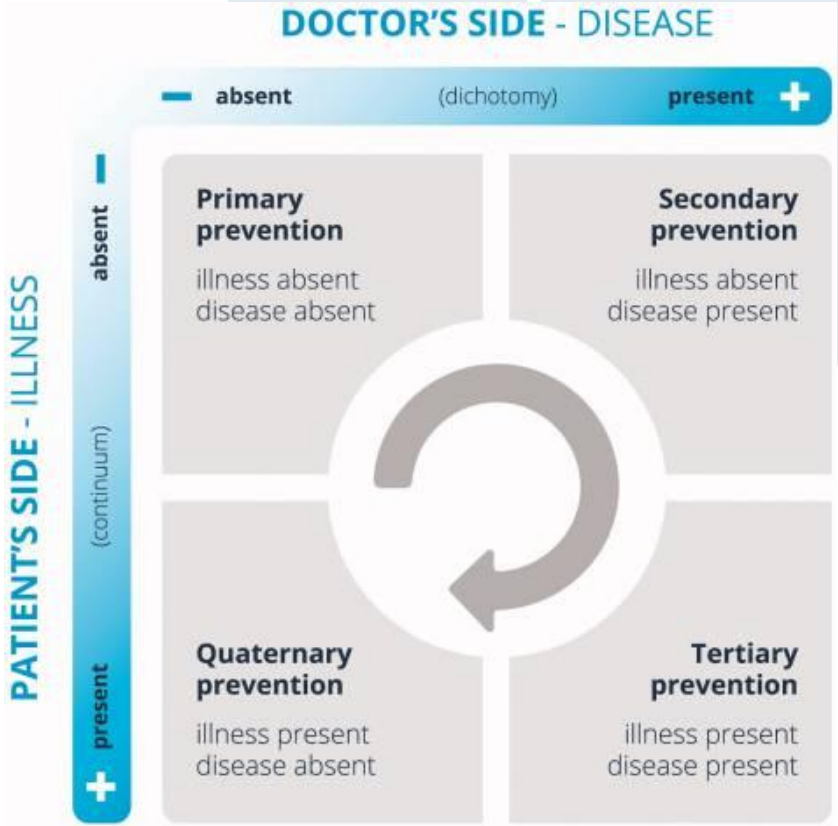
Clinicians face **uncertainty** in daily practice regarding diagnosis, prognosis, treatment, prevention, and causes of disease.


The first step in evidence-based practice is to **translate uncertainty into an explicit and answerable clinical question.**

# Profilo professionale

**Art. 1**. L'osteopata è il professionista sanitario, in possesso di laurea triennale universitaria abilitante o titolo equipollente e dell'iscrizione all'albo professionale, che svolge in via autonoma, o in collaborazione con altre figure sanitarie interventi di **prevenzione e mantenimento della salute** attraverso il trattamento osteopatico di **disfunzioni somatiche** non riconducibili a patologie, **nell'ambito dell'apparato muscolo scheletrico**.

# Health promotion and prevention



# Outcomes for health status

1. Mortality indicators
2. Morbidity measures (disability-adjusted life years (DALYs)): prevalence and incidence
3. Disability measures: self-reported health and activity status (ADL)
4. Reduction of the risk of injuries and/or disease progression
5. Health-related quality of life

# Health decision making

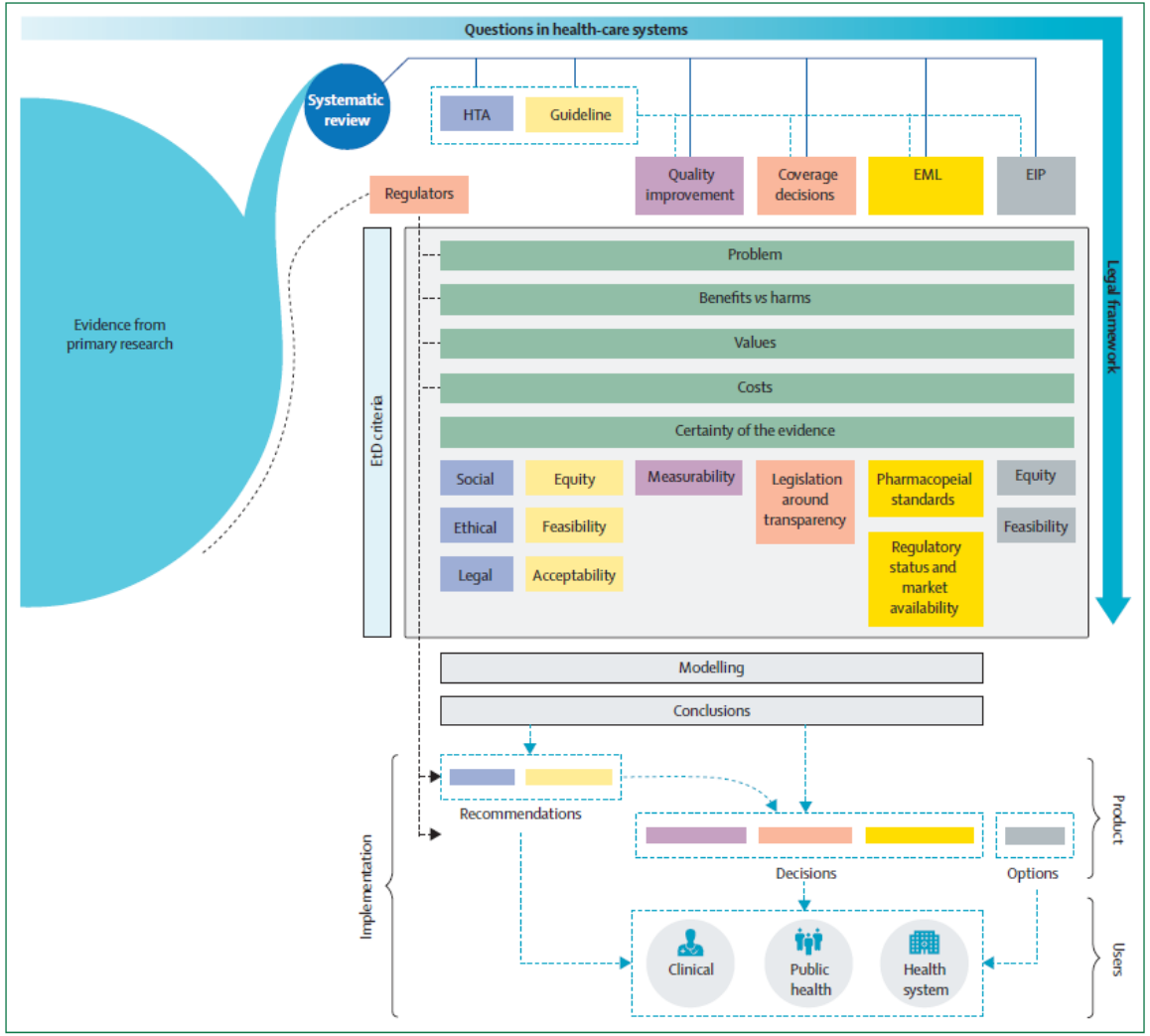
**Health decision making** is the process by which individuals, healthcare providers, organizations, or policymakers choose among different health-related options based on available information, preferences, risks, benefits, values, and expected outcomes.

Health Policy

## The ecosystem of health decision making: from fragmentation to synergy

*Holger J Schünemann, Marge Reinap, Thomas Piggott, Erki Laidmäe, Kristina Köhler, Mariliis Põld, Brendalynn Ens, Alar Irs, Elie A Akl, Carlos A Cuello, Maicon Falavigna, Michelle Gibbens, Luciana Neamtiu, Elena Parmelli, Mouna Jameleddine, Lisa Pyke, Ilse Verstijnen, Pablo Alonso-Coello, Peter Tugwell, Yuan Zhang, Zuleika Saz-Parkinson, Tanja Kuchenmüller, Lorenzo Moja*

# Ecosystem of health decision-making



**Interpretation** Low back pain remains the leading cause of YLDs globally, and in 2020, there were more than half a billion prevalent cases of low back pain worldwide. While age-standardised rates have decreased modestly over the past three decades, it is projected that globally in 2050, more than 800 million people will have low back pain. Challenges persist in obtaining primary country-level data on low back pain, and there is an urgent need for more high-quality, primary, country-level data on both prevalence and severity distributions to improve accuracy and monitor change.

# Global, regional, and national burden of low back pain, 1990–2020, its attributable risk factors, and projections to 2050: a systematic analysis of the Global Burden of Disease Study 2021

*GBD 2021 Low Back Pain Collaborators**

*Lancet Rheumatol* 2023; 5: e316–29

*Collaborators are listed at the end of the Article

## Summary

**Background** Low back pain is highly prevalent and the main cause of years lived with disability (YLDs). We present the most up-to-date global, regional, and national data on prevalence and YLDs for low back pain from the Global Burden of Diseases, Injuries, and Risk Factors Study 2021.

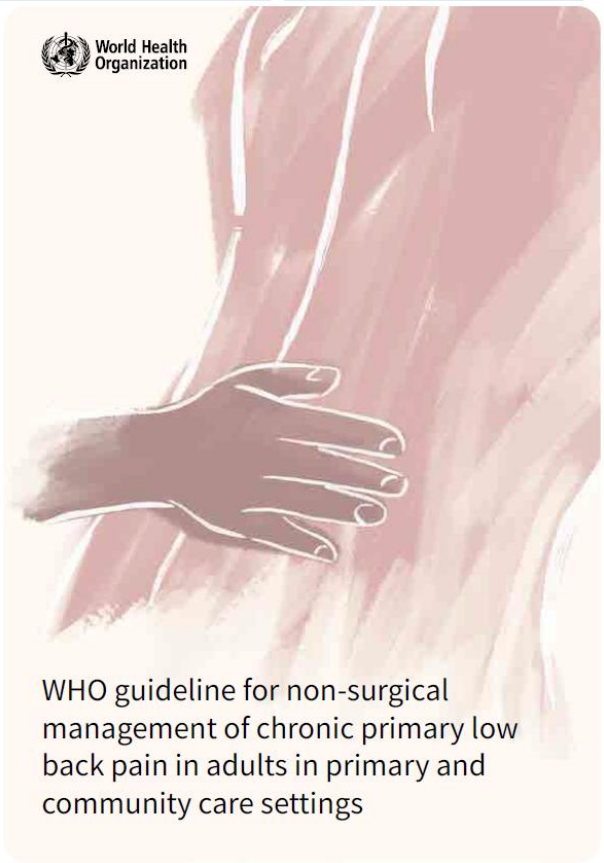
# Global Alliance for Musculoskeletal Health (2021)

**Towards a global strategy to improve musculoskeletal health**

GLOBAL ALLIANCE FOR MUSCULOSKELETAL HEALTH

Curtin University · The University of Sydney · HealthSense · University of Toronto · CMCC · SDU

# WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings (2023)




https://www.who.int/publications/i/item/9789240081789

# Recommendations

| B: PHYSICAL INTERVENTIONS | | |
|---|---|---|
| B.1 Structured exercise therapies or programmes | ○ | A structured exercise therapy or programme may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, low certainty evidence)* |
| B.2 Needling therapies (traditional Chinese medicine acupuncture and other dry needling modalities) | ○ | Needling therapies such as acupuncture may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, low certainty evidence)* |
| B.3 Spinal manipulative therapy | ○ | Spinal manipulative therapy may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, very low certainty evidence)* |
| B.4 Massage | ○ | Massage may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, very low certainty evidence)* |
| B.5 Traction | ○ | Traction should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)* |
| B.6 Therapeutic ultrasound | ○ | Therapeutic ultrasound should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, low certainty evidence)* |
| B.7 Transcutaneous electrical nerve stimulation (TENS) | ○ | Transcutaneous electrical nerve stimulation (TENS) should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)* |

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Cochrane Database of Systematic Reviews

[Intervention Review]

# Models of care for managing non-specific low back pain

Sean Docking[1], Shivadharshini Sridhar[1], Romi Haas[1], Kevin Mao[2], Helen Ramsay[1], Rachelle Buchbinder[1], Denise O'Connor[1]

[1]School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia. [2]Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Melbourne, Australia

**Contact:** Rachelle Buchbinder, rachelle.buchbinder@monash.edu.

**Editorial group:** Cochrane Central Editorial Service.
**Publication status and date:** New, published in Issue 3, 2025.

**Citation:** Docking S, Sridhar S, Haas R, Mao K, Ramsay H, Buchbinder R, O'Connor D. Models of care for managing non-specific low back pain. *Cochrane Database of Systematic Reviews* 2025, Issue 3. Art. No.: CD015083. DOI: 10.1002/14651858.CD015083.pub2.

trans forming health and care systems

*Submitted on: 2026-02-02, 13:16 CET*

# PRE-PROPOSAL APPLICATION FORM

*Fourth Joint Transnational Call for proposals on 'Access to Care'*

| | | | |
|---|---|---|---|
| *Proposal ID:* | **THCS2026-16** | *CALL ID:* | THCS2026 |
| *Project acronym* | **INCARE-Back** | | |
| *Project title* | **An Integrated Care pathway for adults experiencing Back pain: improving prevention, equity, and access to health and care services. INCARE-Back Project** | | |

# INCARE-Back Consortium



## Consortium at glance

| No. | Principal Investigator | Organisation, Department | City, Country | Type of entity |
|---|---|---|---|---|
| Partner 1 - Consortium Coordinator | Chiara Arienti <chiara.arienti@hunimed.eu> | IRCCS Istituto Clinico Humanitas – Humanitas Mirasole S.p.A., Clinical Epidemiology and Research Centre (CERC) | Rozzano, Milan, Italy | Healthcare and/or social welfare service provider |
| Partner 2 | Christophe Demoulin <christophe.demoulin@uliege.be> | UNIVERSITE DE LIEGE, Département des Sciences de l'activité physique et de la réadaptation Evaluation-Revalidation (EVAREVA) | Liege, Belgium | Academia |
| Partner 3 | Carla Sabariego <carla.sabariego@paraplegie.ch> | Schweizer Paraplegiker-Forschung AG, Ageing, Functioning Epidemiology and Implementation Research Group | Nottwil, Switzerland | Academia |
| Partner 4 | Alessandro Chiarotto <a.chiarotto@erasmusmc.nl> | Erasmus Universitair Medisch Centrum Rotterdam, Department of General Practice | Rotterdam, Netherlands | Academia |
| Partner 5 | Rogerio Pessoto Hirata <rirata@hst.aau.dk> | Aalborg University, Department of Health Science and Technology | Aalborg, Denmark | Academia |
| Collaborator A | Pierre Côté <pierre.cote@ontariotechu.ca> | Ontario Tech University, Faculty of Health Sciences | Oshawa, Ontario, Canada | Academia |
| Collaborator B | Andrew Briggs <a.briggs@curtin.edu.au> | Curtin University, School of Allied Health, Faculty of Health Science | Perth, Australia | Academia |

# Aim

1. to identify and synthesise the best available evidence on in the impact of non-pharmacological and non-surgical interventions on back pain, with attention to health and social outcomes;
2. to co-create the INCARE-Back model, incorporating health promotion, prevention, treatment, and rehabilitation aligned with clinical practice guideline recommendations, healthcare costs and equity;
3. to evaluate a pilot implementations study of the INCARE-Back model, focusing on the correlation between implementation outcomes and health outcomes in five European countries.

# Methodology

The project adopts a multi-phase, mixed-methods design in three work packages (WP).

1. *WP1* focuses on evidence synthesis using best-practice methods for systematic reviews of healthcare guidelines and health technology assessments. The synthesis will explicitly consider equity, feasibility, acceptability, and resource implications using the GRADE Evidence-to-Decision framework.
2. *WP2* involves co-designing the INCARE-Back model with all relevant stakeholders, including employers. The model will be developed using the readiness stream of the Framework to Evaluate Musculoskeletal Models of Care through co-design workshops involving adults experiencing back pain, clinicians, researchers, methodologists, service managers and policymakers.
3. *WP3* addresses a pilot implementation study of the INCARE-Back model across five European countries, using the updated Consolidated Framework for Implementation Research as the reference framework.

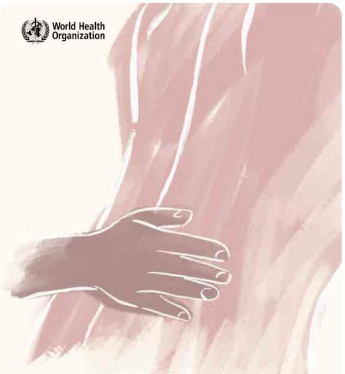
# Altri due progetti

Osteopathic manipulative treatment for dysphagia in head and neck cancer survivors: an OMT-DYS HNC randomised-controlled trial.

**Bando interno Humanitas 5X1000**

Linea guida sull'uso del trattamento osteopatico nella gestione della lombalgia cronica aspecifica

**Bando ROI 2025**




WHO guideline for non-surgical management of chronic primary low back pain in adults in primary and community care settings

# Prevention and health promotion

1. Chronic non-communicable diseases
2. Work-related illnesses
3. Illness: quaternary prevention

Ministero della Salute

Direzione Generale della Prevenzione Sanitaria

**Piano Nazionale della Prevenzione 2020-2025**

Ministero della Salute

DIREZIONE GENERALE DELLA PROGRAMMAZIONE SANITARIA

**Piano Nazionale della Cronicità**

cordo tra lo Stato, le Regioni e le Province Autonome di Trento e di Bolzano del 15 settembre 2016

Regione Lombardia

Welfare

**PIANO SOCIOSANITARIO REGIONALE 2024-2028**

- monitorare l'erogazione delle azioni e valutarne i risultati anche riguardo il loro impatto, secondo i principi della Prevenzione Basata sulle Prove (*Evidence-Based-Prevention*);

# Take home message

1. Produrre evidenze per informare i processi di cura: **PDTA**
2. Ottenere finanziamenti
3. Essere nel sistema

# Grazie!