

PROGRAMME

The first part of this congress, on Saturday 24 April, aims at informing about recent scientific findings in the field of paediatric conditions, such as plagiocephaly, excessive crying, infantile colic, functional intestinal disorders and consequences of premature birth. Our focus is on new insights and the effectiveness of osteopathic care for the paediatric population.

This first part of the congress has the additional aim to inform fellow health care professionals about the possibilities of osteopathic care for the paediatric population. We therefore hope to reach out to osteopathic colleagues as well as to other medical professions such as general physicians, paediatricians, midwives and official healthcare authorities.

The second part of the congress will feature hands-on workshops on osteopathic care for the paediatric population. So, save the date and stay tuned for this second part of the congress on Saturday, 23 October 2021 in Leuven, Belgium.

Please note that: the program of the conference is not complete and may be subject to minor changes

The congress will be held in English with translation into French

09.00 - 13.00 Morning Session

09.00 Welcome and “have to knows”

Eric Dobbelaere (Osteopathie.be)

09.10 Concept, communication & collaboration

Patrick van Dun (COME BE)

09.20 – 11.00 Keynote Session 1

Moderators: Eric Dobbelaere & Patrick van Dun

09.20 Filip Cools - *Long-term consequences of premature birth*

09.50 Francesco Cerritelli - *Research and collaboration in treating premature newborns in hospitals*

Abstract: Since decades, the WHO has been encouraging multidisciplinary collaborations to enhance quality of practice. This led to include some traditional, complementary and alternative medicines within health care services. In the context of Neonatal Intensive Care Units (NICU), team working has been tested since mid 90s to implement procedures and deliver better practices. However, to date, a fully integration of multidisciplinary collaborations is still limited, although promising results in terms of clinical effectiveness and reduction of costs. The lecture will aim to: 1) report the osteopathic research published in NICU setting; 2) summarise the evidence 3) open a discussion table of value to government policy-makers, regulators, researchers and health-care practitioners to debate on better evidence-based multidisciplinary practices.

10.20 Discussion & practical approach

10.35 Coffee break

Meeting the speakers in breakout rooms

11.00 – 12.30 Keynote Session 2

Moderators: Patrick Grignard & Pierre-Michel Dugailly

11.00 Sung-Joo Forment - *Plagiocephaly : Towards a new conception of the osteopathic approach?*

Abstract: Osteopathic approach of the infant cranium is a usual application performed in the treatment of cranial deformities. The latter principally concerns the non-synostotic types of plagiocephaly involving various morphometric changes of the cranial vault defined as the occipital plagiocephaly, the scaphocephaly and the brachycephaly. Non-synostotic plagiocephaly is related to physical mechanisms as traction/compression applied before, during or after birth. Moreover, various predisposing factors are reported such as maternal age, twins/multiple gestational pregnancy, prematurity, head rotational asymmetry.

Cranial concept in osteopathy is based on previous principles related to subtle movement of the cranial bones and specific rhythm. However the latter remains very controversial according to current scientific research. On the other hand, investigations on mechanical behaviours of the cranial sutures (mammalian model) showed specific kinesis and morphological features related to various types of loading (i.e. compression, traction, static/dynamic). The presentation will expose (1) the main scientific findings of the literature and (2) the rationale of the new models that could be suggested regarding cranial osteopathic applications.

11.30 Dawn Carnes - *Effectiveness of common interventions for the treatment of infantile colic, positional plagiocephaly and congenital muscular torticollis*

Abstract: Effectiveness of common interventions for the treatment of infantile colic, positional plagiocephaly and congenital muscular torticollis Julie Ellwood, Jerry Draper-Rodi, Dawn Carnes.

Research question: How does manual therapy compare with other common treatments for infantile colic, positional plagiocephaly and congenital muscular torticollis?

Methods: We searched the published literature in medical journals to find research articles testing the effectiveness of different treatments for infantile colic, positional plagiocephaly and congenital muscular torticollis. We extracted the data from these articles and tried to compare outcomes of the treatments. We also assessed the quality of the research to make a decision about certainty and confidence we had in the findings.

Results: We found: 32 articles for infantile colic, 10 articles for positional plagiocephaly and 4 articles for congenital muscular torticollis. There was moderate to strong evidence to support the use of probiotics in breastfed infants for reducing crying time. There was low to moderate to evidence to support manual therapy for reducing crying time. Both treatments were thought to be low risk. There was mixed unfavourable evidence for the use of simethicone (e.g. Infacol®). The guidelines did not recommend proton pump inhibitors (e.g. omeprazole/ Losec®) for infants with colic and they were associated with adverse reactions. Stretching was favourable for congenital muscular torticollis but there was low inconclusive evidence to support passive manual therapy. There was moderate to high level of evidence favouring manual therapy for positional plagiocephaly when compared to repositioning. There was moderate to high level of evidence that favoured repositioning therapy with

or without a pillow above usual care. We found favourable but weak or low quality of evidence for helmet therapy.

Conclusions: There is uncertainty about the management and care of infants with colic, positional plagiocephaly and congenital muscular torticollis. In part, this is due to their unknown aetiology and self-limiting nature. Understanding parents' expectations from treatment is a key factor in being able to support these families. Preserving parent choice on management strategies for their unsettled baby in light of the limited evidence about effectiveness and safety remains difficult to balance.

12.00 Discussion & practical approach

12.15 Coffee break

Meeting the speakers in breakout rooms

12.45 – 14.00 Lunch

14.00 - 17.30 Afternoon Session

14.00 – 15.40 Keynote Session 3

Moderators: Eric Dobbelaere & Patrick van Dun

14.00 Yvan Vandenplas - *Functional intestinal disorders in infancy: the traditional approach*

Abstract: Functional gastrointestinal disorders (FGIDs) are commonplace during infancy. They cause frequent parental concern, lead to a heavy personal and economic cost to individuals and impose a relevant financial burden on public healthcare systems. Approximately 50% of infants experience at least one FGID symptom during the first year after birth. The most prevalent FGIDs – infantile regurgitation and colic – affect 30% and 20% of infants respectively. Guidelines emphasize that first-line management of these FGIDs should focus on parental reassurance and nutritional advice while drug treatment is seldom required. Since there is no organic disease, medications will not be helpful, and will mainly be responsible for adverse effects. Nutritional advice should stress the benefits of continuing breastfeeding while, in non-breastfed infants suffering from FGIDs, special infant formulas may be considered. that should be offered to parents of both breastfed and formula-fed

infants. By providing a complete and updated parental education, reassurance and nutritional advice, healthcare professionals can optimize the management of FGIDs and related symptoms and reduce the inappropriate use of medication or dietary intervention.

14.30 Dawn Carnes - *Effectiveness and cost of osteopathic manual therapy treatment for excessively crying, distressed and unsettled infants: a randomised controlled trial*

Abstract: Effectiveness and cost of osteopathic manual therapy treatment for excessively crying, distressed and unsettled infants: a randomised controlled trial - Dawn Carnes, Kevin Brownhill, Phil Bright, Karen Carroll, Roger Engel, Sandra Grace, Paul Vaucher, Steve Vogel

Background: Infants who excessively cry, are distressed and unsettled can have a marked impact on family life. Around 1 in 6 families are affected, it is associated with maternal depression, anxiety and loss of parenting confidence. These infant behaviors are usually self-limiting but during this difficult period many parents look for additional support. There is limited research and therefore much debate about the effectiveness of manual therapy and osteopathic care for these infants.

Aim: To evaluate the effectiveness and healthcare cost of osteopathic care for excessively crying, unsettled and distressed infants (< 10 weeks old). Method: We propose a two-arm pragmatic randomised controlled trial to assess the effectiveness of osteopathic manual therapy component of care. We will randomise 202 parent(s)/carers and their infants to either: i) Osteopathic manual therapy with best usual care advice and support or, ii) Light touch attention control (equal time spent with infant) with best usual care advice and support. Parents will be blinded to whether their infant receives the osteopathic manual therapy care or not. This design will enable us to test whether the addition of the active osteopathic manual therapy component has more effect than non-osteopathic light touch. The cost of the delivery of the intervention will be determined and compared with data about the cost of other care. Population: Healthy infants under 10 weeks old, reported by their parent(s)/carers as excessively crying, unsettled and distressed using a modified Rome IV criteria (> 3 hours of crying per day, for 3 days for 1 week or more). Infants with diagnosed health conditions for which they are receiving medical treatment will be excluded from the study.

Outcomes: The primary outcome is infant crying time over 14 days, collected via parent reported diaries. Secondary outcomes are: i) Parental self-efficacy ii) Parent perceived global improvement iii) Satisfaction with treatment and iv) Adverse events.

This study will provide information about the clinical and social relevance of osteopathic care for excessively crying, unsettled and distressed infants and their parents.

15.00 Discussion & practical approach

15.15 Coffee break

Meeting the speakers in *breakout rooms*

15.45 – 17.00 Keynote Session 4

Moderators: Patrick Grignard & Pierre-Michel Dugailly

15.45 Florian Schwerla - *Osteopathic treatment of infants in their first year of life: a prospective multicenter observational study (OSTINF-Study)*

Abstract: Osteopathic treatment of infants in their first year of life: a prospective multicenter observational study (OSTINF-Study)

Background: In Germany, in recent years, ever more parents seek help from osteopaths for perceived health complaints of their infants and children. This implies an increasing demand of reliable evidence of effectiveness of an osteopathic intervention for this group of patients, yet fundamental information is lacking inevitable to plan proper intervention studies.

Objective: To quantitatively assess which perceived health complaints of infants are most common in osteopathic practices, what typical changes associated with the intervention, and data on safety.

Methods: An observational study was chosen as study design. Parents who approached an osteopathic practice with any of the following 5 disorders were included in the study: idiopathic infant asymmetry (IA), plagiocephaly (DP), feeding disorders (FD), excessive crying (EC), and sleep disorders (SD). To assess outcome, parents were asked to rate the strength of symptoms by means of outcome sheets on numerical rating scales (NRS 0-10). In DP, the head circumference of the child's skull was measured with the craniometer and the cranial vault index (CVAI) calculated therefrom.

Results: 230 practices agreed to participate, 151 practices returned results. 1196 infants were treated on average 2.8 times. IA was the most prevalent disorder (48%), followed by EC (18%), FD (15%) and DP (14%). In IA, the asymmetric situation on the NRS improved from 6.2 to 1.3, an improvement of 81%. At DP, the CVAI improved from 8.0% to 4.0%, an improvement of 51%. FD improved by 77%, EC by 70% (7.7 to 2.3 on the NRS) and SD by 56%. Reactions to osteopathic treatment occurred in only about 3.5% of all treatments, probably reflecting typical day-to-day variation of symptoms. In a total of 3212 treatments, there was not a single negative reaction affecting the baby's health.

Conclusions: Osteopathic treatment was associated with major positive changes of the severity of perceived health complaints as assessed by parents, typically back to normal. Osteopathic interventions proved as a save treatment modality across a large number of therapists. On the basis of these results so-called intervention studies should be planned and realized.

16.15 Chantal Morin - *Osteopathic view of otitis media: from research to practice*

Abstract: Acute otitis media (AOM) is one of the most common infections, reasons for medical consultation and antibiotic use in young children. AOM is a multifactorial condition, and several risk factors have been identified over time. However, most risk factors are not modifiable. Eustachian tube dysfunction is known to play an important role in the pathogenesis of otitis media, but very few studies have focused on the exact role of its bony support, the temporal bone, on occurrence of otitis media. From an anatomical point of view, the disturbed positioning of the temporal bone could interfere with the evacuation of secretions through the eustachian tube. This lecture presents the pathogenesis of AOM and its risk factors including in cranial osteopathy. The plausibility of the influence of the temporal bone on the occurrence of otitis media will be discussed, including a study on the relationship between the osteopathic dysfunction of the temporal bone and the occurrence of AOM in young children. The results of the research will be briefly put into context in order to see their impact on management and possible clinical interventions in osteopathy.

16.45 Discussion & practical approach

17.00 *Closing ceremony... and meeting the speakers in breakout rooms*

Registration fee:

50,00€ Osteopathie.be Members, COME Members, Students

75,00€ Non-members

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1. have access to all online live sessions;
2. see again sessions 'recordings and presentation materials';

3. have the opportunity to talk live with the speakers.

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- *Note: by completing the online registration form, you are required to use one and only email address. This will be the address used to receive your personal credentials to access the online platform, set for the Congress.*
- *Should you need any further assistance, please contact us at info@comecollaboration.org*

Cancellation policy

Cancellations requests must be received in writing at info@comecollaboration.org prior to the 9th of April 2021 for you to receive a full refund. Cancellations requests made from the 9th of April 2021 on, will not be refunded.

The Congress will only be held if a certain minimum of participants is reached. In the case of an insufficient number of registrations, COME Collaboration reserves the right to cancel or reschedule the Congress up to two weeks before the start of the Congress at the latest.

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