

Patients' and Physicians'
Awareness and Behavior toward
Manual Therapy in Korea

연세대학교 보건대학원

국제보건학과

홍 나 리

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지도 오 희 철 교수

이 논문을 보건학석사 학위논문으로 제출함

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홍나리의 보건학석사 학위논문을 인준함

심사위원 오 희 철 인

심사위원 전 세 일 인

심사위원 김 찬 인

연세대학교 보건대학원

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ABSTRACT

Background

Throughout the world, manual therapy is gaining popularity and is more widely accepted by the public as well as the healthcare practitioners. However, there is little research to assess public awareness and behavior toward manual therapy.

Objective

To find out Korean patients' and physicians' awareness of manual therapy and to measure their attitude toward manipulation.

Methods

A convenience sample of 207 patients and 164 physicians completed self-administered questionnaires anonymously and voluntarily.

Results

While the majority of physician respondents (88.4% and 61.1% respectively) have heard of and received manual therapy, the majority of patient respondents (64.3% and 82.0% respectively) have

not. Both patient (63.4%, 62.0% and 93.0% respectively) and physician (66.9%, 84.1% and 63.2% respectively) groups responded similarly and positively on safety, effectiveness, and insurance coverage of manual therapy. Most patient respondents (69.0%) felt that manual therapy should be provided in medical facilities. Majority of physicians (84.8%) thought additional training is required to practice manipulation, and about three quarters of physicians (74.2%) believed that Western originated manipulative disciplines such as Osteopathy and Chiropractic should be included in Korean health care system.

Conclusion

Although patients' awareness and use of manual therapy was less than that of physicians', prevalence of musculoskeletal diseases and less response of planning to void manual therapy in the future indicated there is potential of increasing use among patients.

Because manual therapy can be invasive when used inappropriately, basic practice guidelines should be available for the interest of public safety and health promotion. The result of this

study can be used as base information in establishing agreed policy or regulation on practicing manipulation.

Key Word: Manual Therapy, Manual Medicine, Manual Treatment, Manipulation, awareness, behavior, survey

I. INTRODUCTION

It seems the extension of human instinct to touch or rub the areas of pain or injury. Manual therapy have been used since prehistoric times and practiced in various forms throughout the world, having arisen independently in one civilization after another.

One of the first descriptions of treatment by hands is by Hippocrates, the father of modern medicine, dating back in about 400 BC (Cyriax, 1984). He was known to use manual therapy procedures in treatment of spinal deformity (Greenman, 1996), and to teach his students to apply manipulative thrust on the apex of the spinal kyphosis and to give exercises afterward (Nwuga, 1976). Galen repeated Hippocrates' manipulative procedures for the spinal misalignment and so did the Romans (Harris et al., 1996). According to Greenman, there is a gap in the reported use of manual therapy corresponding to the time when physicians became less involved in direct hands-on patient care, which then also represents the time of the plagues and physicians were very cautious about personal contact.

In the 19th century, the interest in manual therapy was revived as many unorthodox systems of healing such as Bonesetting, Osteopathy and Chiropractic came into play. The number of manipulating laymen increased rapidly, and there was one manipulating laymen to each eight family doctors in Great Britain in mid 20th century (Cyriax, 1984). In the United States, the very first schools of Osteopathy and Chiropractic were founded in 1892 and 1896 respectively.

Orthodox medical profession seemed to renew the interest in manual therapy in the 20th century as British physicians like Cyriax and Mennell proclaimed their success of practicing manual therapy. And in the United States, several medical doctors wrote articles about incorporating manipulative procedures in their practices (Harris et al, 1996). However, a prejudice and the various negative attitudes of the majority of the orthodox physicians have remained until recently.

It was the exaggerated claims of the manual practitioners that exasperated orthodox physicians. Orthodox medicine criticized that manipulative treatment was just a placebo effect and regarded its

claims of clinical success as unsubstantiated. And they refused to accept that non-musculoskeletal disorders could be treated by manual therapy.

This orthodox medical scorn has disappeared and now manual medicine has become an important part of the practice of Physical Medicine and Rehabilitation. Atchison pointed out in his research that many books about the medical specialty of Physical Medicine and Rehabilitation contain chapters on manual medicine or spinal manipulation indicating the importance of manual medicine to the practice of Physical Medicine and Rehabilitation Specialists.

This change of attitude is mainly because of the patients' preference. A patient, who has back or neck pain and is anxious to get well and return to normal daily activity without delay, should be compelled to manual practitioners, such as Osteopaths and Chiropractors, on his initiative and at his own expense. A follow-up National Survey done by Dr. Eisenberg and his colleagues shows that 11% of U.S. adults received chiropractic manipulation and made an estimated 119 million visits to Chiropractors in 1997. This figure represented 30.5% of all visits to Complementary and Alternative

Therapies. The patient-physician relationship is fundamentally about words and deeds of connection and compassion. Manual therapy has managed to embody this principle in the gift of the hands.

The magic of the manipulator's hands is not the only factor that attracts patients. The phenomenon of joint pain and its relief by manual therapy involve widespread reflex changes in the degree of facilitation in spinal motor neuron pools, voluntary and involuntary muscle tone, vasomotor and sudomotor tone, and changes in pulse rate, cardiac output and blood pressure (Grieve, 1991). Manual therapy focuses on the functional capacity of the human body and manual practitioners are interested in the dynamic processes of disease. Medical practitioners view health as the opposite concept of disease and disease is caused by failure and malfunction of the body. Unlike medical practitioners, manual practitioners believe that disease is derived from body's disharmony or disturbed homeostasis due to structural alterations. Thus, health is an active and balanced state with process to adapt to changes. Greenman emphasizes the concept of holism indicating alterations within musculoskeletal system influence the rest of the body as it

comprises over 60% of the human organism. Restoring movement of the musculoskeletal system in postural balance may help the body consolidate its innate intelligence to heal itself and get back to homeostasis. More than thirty years ago Nwuga observed some of his despondent patients, who did not get better with his treatment went off seeking other manipulator's help, did get better to his surprise. There is no doubt manual therapy is an effective form of treatment and a number of research papers and articles to describe its efficacy have been published.

The National Center for Complementary and Alternative Medicine (NCCAM), one of the 27 institutes and centers that make up the National Institutes of Health (NIH) within the U.S. Department of Health and Human Services, is the U.S. Federal Government's lead agency for scientific research on complementary and alternative medicine (CAM). NCCAM sponsors and conducts research using scientific methods and advanced technologies to study CAM and manual therapy is one of the four domains that NCCAM focuses on (<http://nccam.nih.gov>). Agency for Health Care Research and Quality, which is also a part of the U.S. Department of Health and Human

Services and a Federal agency on quality research, endorsed use of manipulation in the management of low back pain by publishing evidence-based clinical practice guidelines of manual medicine (<http://www.ahrq.gov>). Development of support to use manual therapy for a variety of musculoskeletal disorders by ongoing research and clinical guidelines have encouraged increasing number of medical doctors to practice manipulation recently.

A similar movement is apparent in Korea. Accompanying the growth of economy as well as modern technology and higher standards of living, prevalence of CAM including manual therapy has been increasing among the Korean population. Increase in aged population and high prevalence of musculoskeletal disorders urge medical practitioners to search for alternative treatment procedures other than medications, injection techniques and machine therapies, which have been the basis of medical management of musculoskeletal disorders. In mid 1990's, notable academic societies such as Musculoskeletal Medicine were formed among orthodox medical practitioners, and workshops and seminars on manual therapy have been held actively since then (Lee, 2000). Oriental Medical doctors

took an active interest in spinal manipulation even before that. However, it is suspected that most manipulation is carried out by laymen in Korea. Because there is no formal educational institute and a licensing body does not exist, it seems difficult to estimate the number of lay manipulators. Lay manipulation peaked in late 1980's right after Seoul Olympic Games, when Judo manipulation from Japan and Chiropractic from the U.S. were introduced, and a new form of manipulation incorporated with massage, called 'Sports Massage', spread through lay manipulators and became popular among Koreans (Lee, 2003).

Despite common use, there is no established policy or regulation on manual therapy in Korea. Manipulation has a potential for harm and ineffectiveness when it is attempted by the unskilled person for the inappropriate case at the inappropriate time. British orthopedic doctor James Cyriax affirmed that all effective treatments are dangerous and they possess indications and contraindications. He added that to learn when to manipulate and when not, and what sort of procedures to use, is a diagnostic problem involving years of study. It is clear that risk of harm is against the public interest.

To protect the patients against harm and to provide the public with a much higher guarantee of quality care, it is necessary to establish a solid standard of practicing manual therapy.

There is only a few studies of manual therapy done in Korea and they give an account of history and efficacy of manual therapy. The purpose of this study is to find out Korean patients' and physicians' awareness of manual therapy and to measure their attitude toward manipulation. Thus, the results of this study may initiate to establish base frame of safe and sound practice guideline of manual therapy in Korea.

II. METHODS

Questionnaires that Stoll and his colleagues used in their study assessing physicians' and patients' attitudes toward manual medicine were modified with consideration of Korean healthcare system. Following a pilot study conducted on 12 patients, some additional modifications were made.

Patients and physicians were asked to anonymously and voluntarily complete the questionnaire and it could take approximately 5 minutes to complete the questionnaire.

To provide some basis for comparison, a number of questions were intentionally identical between the patient and physician questionnaires.

Patient Questionnaire

Self-administered questionnaire with 19 items was distributed and completed by patients visiting the Pain Clinic at Ajou University Hospital between September 26 and October 10, 2008.

Five questions assessing the knowledge and expectation about

manual medicine were only asked to the patients, who have either heard of or received manual therapy before.

A definition of manual therapy was included on each questionnaire and it was defined as the practice utilizing hands in treating musculoskeletal dysfunction without the use of drugs and injection techniques. Chuna, Chiropractic and Bonesetting were given as examples of manual therapy.

The final question asked if surgery is considered manual therapy and answering correctly ('No') to this question indicated patient understood the definition of manual therapy given in the questionnaire (Stoll et al, 2003).

Physician Questionnaire

Self-administered questionnaire with 20 items was completed by a convenience sample of physicians, who attended Cyriax Orthopaedic Medicine Seminars and Chuna Manipulation Seminars in October, 2008, and to residents in Anesthesiology and Pain Medicine at Ajou University Hospital and in Family Medicine at Yonsei

University Hospital. Physiotherapists practicing at Jasang Oriental Medicine Hospital and at Wooridel Hospital also participated in this study.

Data Analysis

Information on the awareness and attitudes toward legitimacy and use of manual medicine was collected. Additional data collected were whether subjects have ever lived abroad and socio-demographic characteristics.

The differences between patient and physician groups were tested for significance through use of χ^2 analysis and t-test.

III. RESULTS

208 patients and 170 physicians responded to the survey and 1 and 6 respectively were discarded due to incompleteness of the questionnaire leaving 207 patients and 164 physicians.

Socio-demographic Characteristics

Most of the patient respondents (73.2%) lived in Seoul and Gyeonggi Province and the rest were dispersed throughout the country relatively evenly. As shown in Table 1, proportion of male patients (51.2%) and female patients (48.8%) was relatively even. Almost half (44.9%) of patient respondents were aged between 40 and 59. 39.7% of the patient respondents had university education; undergraduate and graduate. Patient respondents with a monthly average family income of greater than 5 million Korean Won (22.3%) was the most in number where as 4 million to less than 5 million Korean Won (10.6%) was the least.

Table 1. Patient Demographics (n=207)

Characteristics		n	%
Sex	Male	106	51.2
	Female	101	48.8
Age	10~19	3	1.4
	20~29	25	12.1
	30~39	24	11.6
	40~49	45	21.7
	50~59	48	23.2
	60~69	31	15.0
	70~79	23	11.1
	≥80	8	3.9
Education level*	Elementary school	34	16.7
	Middle school	28	13.7
	High school	61	29.9
	Undergraduate school	71	34.8
	Graduate school	10	4.9
Family income**	<1	25	12.7
	<2	35	17.8
	<3	36	18.3
	<4	36	18.3
	<5	21	10.6
	≥5	44	22.3

* n=204

** n=197, Monthly average in million Korean Won

Physician's demographic information is given in Table 2. Majority of the physicians who participated in this study was male (88.2%) and aged 30 to 39 (49.4%). The most of the respondents were Oriental Medical doctors (39.6%) followed by Medical doctors (18.3%). 41% of the physician respondents had sole practice. More than two third of physician respondents (72.1%) had been practicing for less than or equal to 10 years.

Table 2. Physician Demographics (n=164)

Characteristics		n	%
Sex	Male	140	88.2
	Female	24	11.8
Age	20~29	30	18.3
	30~39	81	49.4
	40~49	38	23.2
	50~59	13	7.9
	≥60	2	1.2
Degree	Medical doctor (General practitioner)	30	18.3
	Medical doctor (specialist)	14	8.5
	Oriental Medical doctor	65	39.6
	Dentist	8	4.9
	Physiotherapist	20	12.2
	Chiropractor (Doctor of Chiropractic)	11	6.7
	Medical or Oriental Medical doctor with DC	16	9.8
Type of Practice*	Residency training	37	23.7
	Sole practice	64	41.0
	Group practice	11	7.1
	Paid physician at local clinic	18	11.5
	Paid physician at General hospital	16	10.3
	Professor at University hospital	8	5.1
	Military physician	2	1.3

	1~5	74	46.0
Years	6~10	42	26.1
of	11~15	16	9.9
Clinical	16~20	17	10.6
Practice**	21~25	5	3.1
	26~30	5	3.1
	>30	2	1.2

* n=156

** n=161

Patient Responses

Patients were asked if they have ever been treated for back, neck or muscle problems, and 62.3% answered yes and the rest responded no. 86.5% of patients have not lived or studied abroad while the remaining (13.5%) responded they had.

More than one third of the patients respondents (35.7%) had heard about manual therapy, about two third (62.3%) had not, and 4% were undecided. Approximately 61% of those, who have heard about manual therapy, heard from a source other than given professional groups listed in the question (Figure 1). Internet, TV and magazine were the most common sources that they listed as others.

18.0% of the patients respondents had received manual treatment where as 81.5% had not, and a few (0.5%) undecided. Among those 18% of respondents, 35.1% received manual treatment from others (including bonesetters and Sports Massage therapists), 29.7% from a Chiropractor, 21.6% from an Oriental Medical doctor, 18.9% from a Physiotherapist, and 10.8% from a Medical doctor

(Figure 3). Likewise, only 26.5% of the patients responded yes to the question if they knew someone who received manual therapy, 62.2% no, and 11.3% undecided.

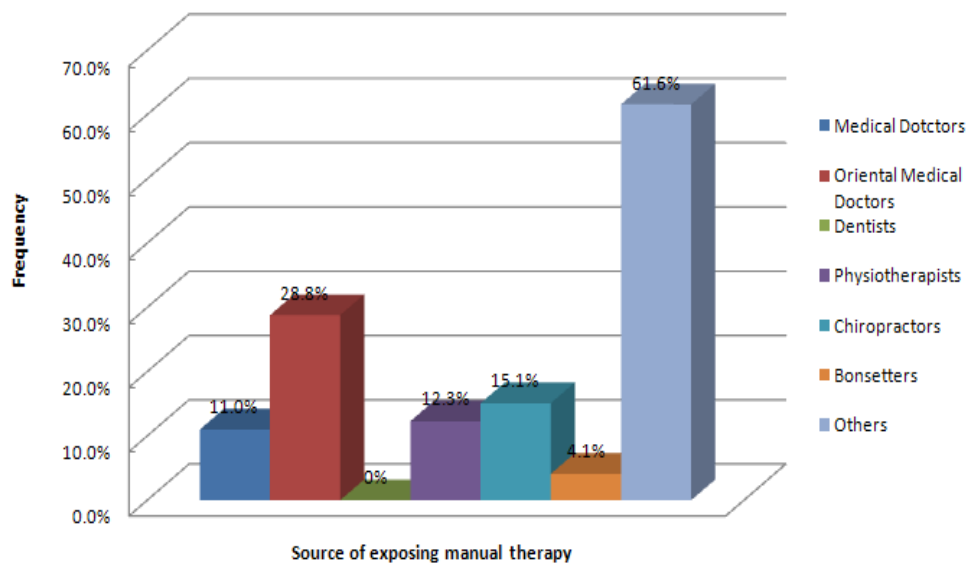


Figure 1. Patients who have heard about manual therapy were asked to choose the source of exposure, and multiple selections were allowed. (n=73)

Patients with higher education level (TREND=0.0007) and income level (TREND=0.0008) tend to hear about manual therapy, and to receive manual treatment more often.

Despite more negative responses to the awareness and experience of the manual therapy, almost similar number of participants answered yes (39.9%) and undecided (40.4%) to the question if they would seek manual treatment in the future. Only 19.7% answered no.

The patients who either heard about or received manual therapy were asked additional questions and the data collected are presented in Table 3. The results from Table 3 can be summarized into several important findings. Almost two thirds of patient respondents (62.0%) felt that manual therapy is effective treatment. Patients then were asked to choose as many as they can from the given medical conditions that they think manual therapy was effective for, and the given medical conditions were back pain, neck pain, disc lesion, headache, scoliosis, spondylolisthesis, degenerative vertebral joint disease, shoulder pain, peripheral joint dysfunction, visceral dysfunction, neurological dysfunction, cancer and diabetes. Back pain

(25.2%) was the most selected condition and no one believed cancer and diabetes are the conditions that could be treated by manual therapy (Table 10, Figure 4). Only a minority (4.2%) felt that manual therapy is not safe. About one third of respondents (40.6%) had their Medical or Oriental Medical doctors recommend manual therapy, yet two thirds (69.0%) felt that manual therapy should be provided in medical facilities. A majority of respondents (93.0%) felt that insurance should reimburse for manual treatment.

Large proportion of patient respondents (71.2%) correctly answered the question designed to test patient understanding of the definition of manual therapy.

Table 3. Questions asked only to patients who had either heard about or received manual therapy

Questions	Yes n(%)	No n(%)	Undecided n(%)	Total n(%)
Do you feel manual therapy is effective treatment?	44 (62.0)	8 (11.3)	19 (26.7)	71 (100)
Have you ever been recommended to receive manual treatment?	28 (40.6)	41 (59.4)	0 (0)	69 (100)
Do you feel manual therapy should be provided in medical facilities?	49 (69.0)	5 (7.0)	17 (23.9)	71 (100)
Do you feel manual therapy is safe?	45 (63.4)	3 (4.2)	23 (32.4)	71 (100)
Do you feel manual therapy should be covered by medical insurance?	66 (93.0)	0 (0)	5 (7.0)	71 (100)

Physician Responses

Physicians were asked to choose the definition of manual therapy among 4 definitions given on the question. Table 4 shows how physician respondents with different degrees defined manual therapy. Almost two thirds of physician respondents (61.7%) claimed that manual therapy treat musculoskeletal system as well as other systemic disorders using hands and other mechanical stimulators, whereas 14.2% answered manual therapy treat musculoskeletal system, but no other systems, with hands as well as with physiotherapeutic devices. A small number of respondents (2.5%) defined manual therapy as muscle or lymph massage, and slightly over one fifth of respondents (21.6%) thought manual therapy treat muscle and joint with hands only.

Majority of the physician respondents (88.4%) reported any exposure to manual medicine, 9.1% no exposure, and 2.4% undecided. When physicians did report exposure, undergraduate program (62.2%) was the most frequent source of exposure followed by others (22.4%), continuing education program (20.3%), residency

training (12.6%), graduate program (9.1%). and internship training (8.4%) (Figure 2). Media, book, colleague, and overseas training were other source of exposure described.

About one third respondents (66.9%) thought that manual therapy is safe, whereas almost one fifth (19.0%) were undecided about the safety. 14.1% thought that manual therapy is inherently unsafe.

Similar findings were apparent for the question regarding scientific verification of manual therapy. 62.3% of the respondents thought that manual therapy is scientifically proved. 25.3% were undecided and 12.3% thought it was not.

Table 4. Definition of manual therapy by physicians with different degrees

Definition	MD n(%)	OMD n(%)	D n(%)	PT n(%)	DC n(%)	DD n(%)	Total n(%)
Muscle or lymph massage	2 (5.0)	1 (1.5)	0 (0)	1 (5.0)	0 (0)	0 (0)	4 (2.5)
Treating muscle and joint with hands	11 (27.5)	15 (23.1)	1 (10.0)	4 (20.0)	3 (27.3)	1 (6.3)	35 (21.6)
Treating musculoskeletal system with hands as well as with physiotherapeutic devices	8 (20.0)	5 (7.7)	1 (10.0)	5 (25.0)	0 (0)	4 (25.0)	23 (14.2)
Treating musculoskeletal system as well as other systemic disorders using hands and other mechanical stimulators	19 (47.5)	44 (67.7)	8 (80.0)	10 (50.0)	8 (72.7)	11 (68.8)	100 (61.7)
Total n(%)	40 (100)	65 (100)	10 (100)	20 (100)	11 (100)	16 (100)	162 (100)

MD:Medical doctor, OMD:Oriental Medical doctor, D:Dentist, PT:Physiotherapist, DC:Doctor of Chiropractic, DD:Medical or Oriental Medical doctor who also has Doctor of Chiropractic degree

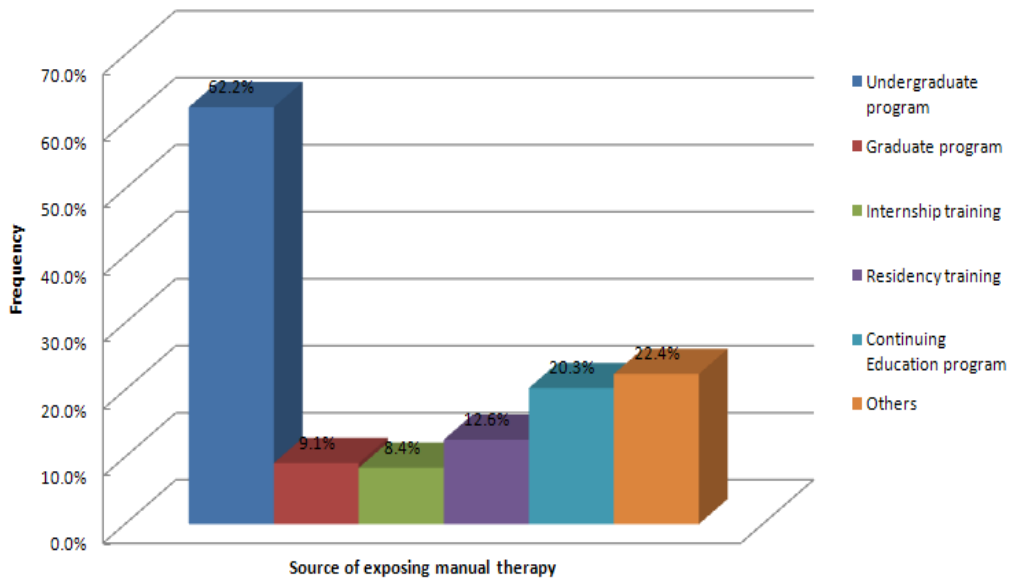


Figure 2. Physicians who participated in the survey were asked to choose the source of exposure, and multiple selections were allowed. (n=143)

Although almost one third of physician respondents were negative about safety and scientific approval, the majority of them (84.1%) felt that manual therapy is effective treatment. Only a minority (1.8%) thought it is not an effective treatment, while 14.0% were undecided. When physicians asked about the effect of manual therapy for certain medical conditions, it was nearly uniformly distributed among back pain, neck pain, disc lesion, headache, scoliosis, spondylolisthesis, degenerative vertebral joint disease, shoulder pain, peripheral joint dysfunction, visceral dysfunction, and neurological dysfunction (Table 10, Figure 4). A small fraction of the respondents reported manual therapy was effective for cancer and diabetes.

73.6% of the respondents reported ever actually administering manual treatment when same proportion has referred patients for manual therapy. 27.0% have never performed manipulation and 26.4% have never recommended manual therapy. Only a minority (2.5%) answered undecided about administering manual therapy.

Almost three quarters of physicians (74.8%) reported knowing any of their patients who have received manual treatment, 17.2%

reported not knowing, and 8.0% undecided. Of those who reported knowing that any of their patients have received manual treatment, almost everyone (96.7%) felt manual treatment was beneficial to their patient, 2.5% felt not, and 0.8% undecided.

Less than two thirds (61.1%) of physician respondents indicated receiving manual treatment themselves while 37.0% and 1.9% indicated never receiving and undecided respectively. The data collected from this question are presented in Table 5. Among those physicians who received manual treatment, less than half (43.7%) received from Oriental Medical doctors, 34.5% from Chiropractors (16.0% Doctor of Chiropractic degree only and 18.5% dual degree including Doctor of Chiropractic), 12.5% from Medical doctors, 7.6% from Physiotherapists, and 1.7% from others.

Most of the respondents (82.3%) claimed that they would seek manual therapy in the future. Similar proportion of physicians answered they would not and undecided (8.5% and 9.1% respectively).

Table 5. The number of physicians with different degrees who have received manual treatment by different professional groups.

	Manual treatment performed by:							Total n(%)
	MD n(%)	OMD n(%)	D n(%)	PT n(%)	DC n(%)	DD n(%)	Other n(%)	
MD	4 (36.4)	1 (9.1)	0 (0)	2 (18.2)	4 (36.4)	0 (0)	0 (0)	11 (100)
OMD	2 (3.5)	43 (75.4)	0 (0)	2 (3.5)	4 (7.0)	5 (8.8)	1 (1.8)	57 (100)
D	0 (0)	3 (60.0)	0 (0)	0 (0)	1 (20.0)	0 (0)	1 (20.0)	5 (100)
PT	0 (0)	1 (10.0)	0 (0)	5 (50.0)	3 (30.0)	0 (0)	1 (10.0)	10 (100)
DC	2 (16.7)	0 (0)	0 (0)	0 (0)	9 (75.0)	0 (0)	1 (8.3)	12 (100)
DD	7 (29.2)	4 (16.7)	0 (0)	0 (0)	5 (20.8)	8 (33.3)	0 (0)	24 (100)
Total n(%)	15 (12.6)	52 (43.7)	0 (0)	9 (7.6)	19 (16.0)	22 (18.5)	2 (1.7)	119 (100)

MD:Medical doctor, OMD:Oriental Medical doctor, D:Dentist, PT:Physiotherapist, DC:Doctor of Chiropractic, DD:Medical or Oriental Medical doctor who also has Doctor of Chiropractic degree

Despite some forms of manual therapy, such as Chuna, is already included within the national health insurance service, about two thirds of physician respondents felt that insurance should reimburse physicians for providing manual treatment more actively. Over one fifth of physicians (22.1%) indicated undecided for this matter, and 14.7% claimed manual therapy should not be included in health insurance service.

Majority of physician respondents (84.8%) claimed that additional educational training was required to practice manual therapy when 10.4% undecided and 4.9% claimed no need for additional training. Table 6 summarizes respondents' view on the duration of additional training by different degrees of physician respondents. Two years and more residency training program was the most selected duration (25.3%), second and third selection, 100~300 hours of continuing education program (20.5%) and more than 300 hours of continuing education program (19.2%) respectively, shared nearly uniform proportion followed by less than 100 hours of continuing education (16.4%). 8.2% of physician respondents overall thought two years and more undergraduate program should be added,

and 6.2% thought less than 1 year of residency training program should be added. Equal proportion of the respondents (2.1% each) indicated less than 1 year of undergraduate program should be sufficient or others.

Table 6. The responses of the physicians who believe additional training is required to practice manual therapy

Duration of additional training	MD n(%)	OMD n(%)	D n(%)	PT n(%)	DC n(%)	DD n(%)	Total n(%)
Continuing education program less than 100 hours	13 (43.3)	6 (9.5)	1 (14.3)	4 (22.2)	0 (0)	0 (0)	24 (16.4)
Continuing education program between 100 and 300 hours	6 (20.0)	20 (31.7)	0 (0)	3 (16.7)	0 (0)	1 (5.9)	30 (20.5)
Continuing education program more than 300 hours	0 (0)	20 (31.7)	1 (14.3)	5 (27.8)	0 (0)	2 (11.8)	28 (19.2)
Undergraduate program less than 1 year	0 (0)	2 (3.2)	0 (0)	1 (5.6)	0 (0)	0 (0)	3 (2.1)
Undergraduate program more than 2 years	1 (3.3)	5 (7.9)	0 (0)	1 (5.6)	0 (0)	5 (29.4)	12 (8.2)
Residency training program less than 1 year	4 (13.3)	2 (3.2)	0 (0)	0 (0)	2 (18.2)	1 (5.9)	9 (6.2)
Residency training program more than 2 years	5 (16.7)	8 (12.7)	4 (57.1)	4 (22.2)	8 (72.7)	8 (47.1)	37 (25.3)

Others	1 (3.3)	0 (0)	1 (14.3)	0 (0)	1 (9.1)	0 (0)	3 (2.1)
Total n(%)	30 (100)	63 (100)	7 (100)	18 (100)	11 (100)	17 (100)	146 (100)

MD:Medical doctor, OMD:Oriental Medical doctor, D:Dentist,
PT:Physiotherapist, DC:Doctor of Chiropractic, DD:Medical or Oriental
Medical doctor who also has Doctor of Chiropractic degree

Physician respondents were asked whether manual medicine practiced in Western countries, e.g. Osteopathy or Chiropractic, should be included in Korean health care system and, if so, how should be accepted as. The data collected from this questionnaire are summarized in Table 7. About half of the physicians (51.2%) believed manual therapy from other countries should be accepted as a part of medical specialty. More than one third (34.7%) indicated accepting the practice as an independent medical profession. The least response (1.7%) was accepting as an independent quasimedical profession following medical technician who practice under medical supervision (12.4%).

Among 160 physician respondents, 57 (35.6%) physicians have lived or studied abroad and the rest (64.4%) have not.

Table 7. The responses of the physicians who feel that manual therapies practiced in Western countries (e.g. Osteopathy or Chiropractic) should be included in the Korean health care system

Included as	MD n(%)	OMD n(%)	D n(%)	PT n(%)	DC n(%)	DD n(%)	Total n(%)
Medical specialist	18 (69.2)	37 (77.1)	2 (28.6)	0 (0)	1 (9.1)	4 (26.7)	62 (51.2)
Medical technician who practice under medical supervision	6 (23.1)	6 (12.5)	1 (14.3)	2 (14.3)	0 (0)	0 (0)	15 (12.4)
Independent medical profession	2 (7.7)	3 (6.3)	4 (57.1)	12 (85.7)	10 (90.9)	11 (73.3)	42 (34.7)
Independent quasimedical profession	0 (0)	2 (4.2)	0 (0)	0 (0)	0 (0)	0 (0)	2 (1.7)
Total	26 (100)	48 (100)	7 (100)	14 (100)	11 (100)	15 (100)	121 (100)

MD:Medical doctor, OMD:Oriental Medical doctor, D:Dentist, PT:Physiotherapist, DC:Doctor of Chiropractic, DD:Medical or Oriental Medical doctor who also has Doctor of Chiropractic degree

Comparison of Patient and Physician Responses

In Table 8, a comparison between patients' and physicians' response to the question if they have heard about manual therapy was done. More physicians have heard about manual therapy than patients ($P < 0.0001$). The respondents' experience of receiving manual treatment was also different between patient and physician groups ($P < 0.0001$) as shown in Table 9. Respondents, who answered positively to the question if they have received manual therapy, were asked to indicate who administered manual treatment. Physiotherapist and Others were the two categories that patients visited more often than physician for manual therapy (Figure 3).

An even amount in the patient group was either undecided (40.4%) or said will seek manual treatment in the future, while one fifth of patients (19.7%) had no intention to trying manual therapy. However, most of the physician respondents (82.3%) showed interest in trying manual therapy and the rest either had no intention (8.5%) or were undecided (9.1%).

Table 8. The number of patients and physicians who have ever heard of manual therapy

		Patient n(%)	Physician n(%)	Total	χ^2	p
Have you ever heard about manual therapy?	Yes	74 (35.7)	145 (88.4)	219	104.9442	<.0001
	No	133 (64.3)	19 (11.6)	152		
Total		207 (100)	164 (100)	371		

Table 9. The number of patients and physicians who have ever received manual treatment

		Patient n(%)	Physician n(%)	Total	χ^2	p
Have you ever received manual treatment before?	Yes	37 (18.0)	99 (61.1)	136	72.4709	<.0001
	No	169 (82.0)	63 (38.9)	232		
Total		206 (100)	162 (100)	371		

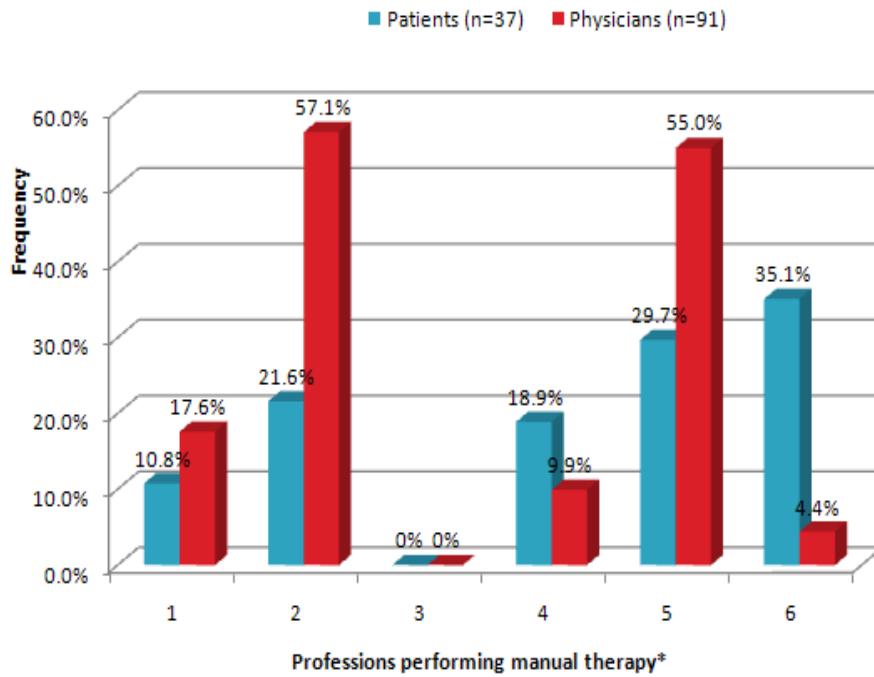


Figure 3. There is a difference between patients' and physicians' answers to the question "who performed manual therapy on you?".

* 1:Medical doctors, 2:Oriental Medical doctors, 3:Dentists, 4:Physiotherapists, 5:Chiropractors, 6:Others

Approximately two thirds of both patient (63.4%) and physician (66.9%) respondents felt manual therapy was safe. Less physicians (19.0%) than patients (32.4%) were not sure of safety of manual therapy when a minority of patients (4.2%) and physicians (14.1%) reported manual therapy was not safe.

Response to the questionnaire assessing efficacy of manual therapy was different between patients and physicians ($P=0.0002$) (Table 10). Both patients (62.0%) and physicians (84.1%) agreed manual therapy is effective treatment. However, only 1.8% of physicians felt manual therapy is not effective compared to 11.3% of patients, which is about ten times more. 26.8% of patients and 14.0% of physicians remained undecided about the effect of manual therapy. Then patients and physicians participating in this study were asked to check all the conditions that they would think manual therapy is effective for. Described in Table 11 and Figure 4, there was difference between patients' and physicians' responses ($P<0.0001$) on which medical conditions could be effectively treated by manual therapy. Physicians' responses were relatively evenly dispersed but patients' showed tendency to certain conditions such

as back pain, neck pain or disc lesion.

Table 10. The number of patients and physicians who believe manual therapy is effective

	Patient*	Physician	Total	χ^2	p
	n(%)	n(%)			
Is manual therapy effective?	Yes	44 (62.0)	138 (84.1)	182	17.0727 0.0002
	No	8 (11.3)	3 (1.8)	11	
	Undecided	19 (26.8)	23 (14.0)	42	
Total	71 (100)	164 (100)	235		

* Question was asked only to the patients who have either hear about or received manual therapy.

Table 11. Diseases that can be effectively treated with manual therapy

Diseases	Patient* n(%)	Physician n(%)	Total	χ^2	p
Back Pain	34(25.2)	134(11.1)	168		
Neck Pain	22(16.3)	131(10.9)	153		
Disc Lesion	20(14.8)	119(9.9)	139		
Headache	8(5.9)	117(9.7)	125		
Scoliosis	10(7.4)	103(8.6)	113		
Spondylolisthesis	5(3.7)	95(7.9)	100		
Degenerative Vertebral Joint Disease	3(2.2)	85(7.1)	88	41.6944	<.0001
Shoulder Pain	10(7.4)	109(9.1)	119		
Peripheral Joint Dysfunction	11(8.2)	104(8.7)	115		
Visceral Dysfunction	7(5.2)	84(7.0)	91		
Neurological Dysfunction	5(3.7)	78(6.5)	83		
Cancer	0(0)	17(1.4)	17		
Diabetes	0(0)	27(2.2)	27		
Total	135(100)	1203(100)	1338		

* Question was asked only to the patients who have either hear about or received manual therapy.

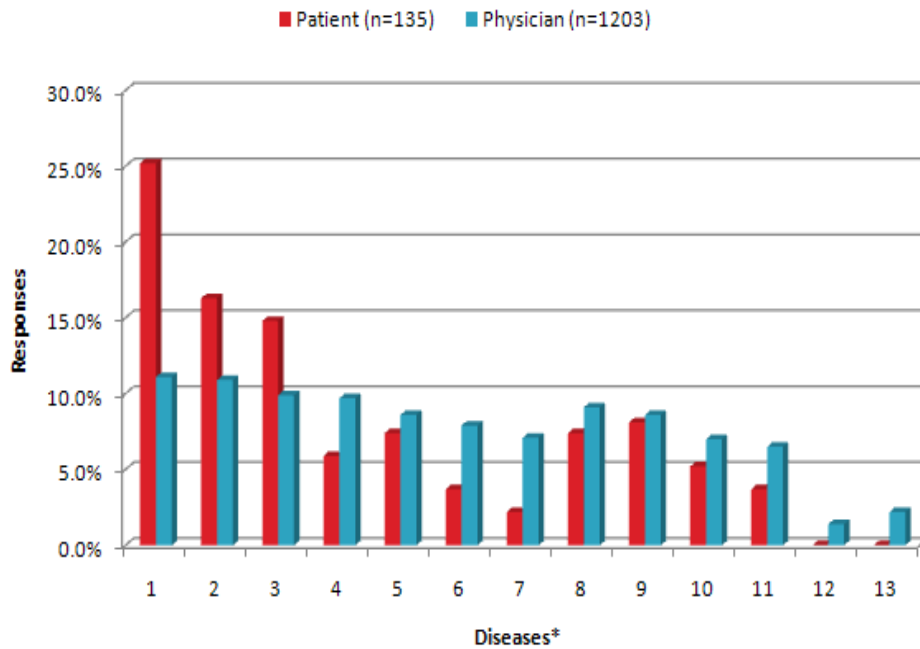


Figure 4. There is a difference between patients' and physicians' answers to the question "which disease do you think manual therapy is effective for?".

* 1:Back pain, 2:Neck pain, 3:Disc lesion, 4:Headache, 5:Scoliosis, 6:Spondylolisthesis, 7:Degenerative vertebral joint disease, 8:Shoulder pain, 9:Peripheral joint dysfunction, 10:Visceral dysfunction, 11:Neurological dysfunction, 12:Cancer, 13:Diabetes

More physicians (73.6%) recommended manual therapy to their patients in contrast to less patients (40.6%) who reported they were recommended treatment by their physicians. And the difference was significant ($P < 0.0001$) as described in Table 12.

Almost all the patient respondents (93.0%) and about two thirds of physician respondents (63.2%) felt manual therapy should be covered by medical insurance. When no patient (0%) expressed negative opinion on this issue, 14.7% of physicians did not want insurance covering manual therapy, and 7.0% of patients and 22.1% of physicians were undecided.

Table 12. Comparing the number of patients, who were recommended to receive manual therapy by their physician, with the number of physicians, who recommended manual therapy to their patients

		Patient*	Physician	Total	χ^2	p
		n(%)	n(%)			
Recommendation	Yes	28 (40.6)	120 (73.6)	148	22.9119	<.0001
	No	41 (59.4)	43 (26.4)	84		
Total		69 (100)	163 (100)	232		

* Question was asked only to the patients who have either heard about or received manual therapy.

IV. DISCUSSION

Manual therapy is getting popular and widely accepted by the public as well as the healthcare practitioners. However, some questions remain unclear: what is manual therapy, who should provide manipulation in where, what are the educational training requirement for manual practitioners, and so on.

This study examined patients' and physicians' perception of, behavior toward, and experience with manual therapy in Korea so that the result could be used in establishing basic guideline of practicing manual medicine in Korea.

Although many studies were done on either patients' or physicians' use of complementary medicine, there is not many done for manual medicine, and in Korea there is none. Extrapolation to increasing use of complementary medicine suggested that use of manual therapy is accepted readily in Korea. The result of this study support the assumption among medical community but not the public.

Majority of physician respondents (88.4% and 61.1%

respectively) have heard about and received manual therapy while the majority of patient respondents (64.3% and 82.0% respectively) had not. About three quarters of physician respondents (74.8%) reported recognizing their patients who have received manual treatment and 96.7% of those respondents felt patients were benefited from manual therapy. The proportion of patient respondents (26.5%) who have known someone else, who has received manual therapy, also indicate low use of manual therapy among general population. However, high prevalence of musculoskeletal problems as 62.3% patients reported being treated for back, neck and muscle problems, and relatively small fraction of patients (19.7%), who plan to void manual therapy in the future, could allow increase in public interest for manual therapy in near future.

The tendency of patients with higher education level (TREND=0.0007) and income level (TREND=0.0008) to hear about and to receive manual therapy more often was apparent.

Positive attitude toward and a high degree of confidence in manual therapy was apparent as majority of both patient and

physician respondents felt manual therapy is safe and effective treatment.

Both patients and physicians seem to accept manual therapy as medically oriented intervention rather than relaxation or recreational therapy. About two thirds of physician respondents (61.7%) defined manual therapy as treating musculoskeletal system as well as other systemic disorders using hands and other mechanical stimulators. 62.3% of physicians thought manual treatment was scientifically proved, and about three quarters of physician respondents themselves (73.6%) have ever administered or recommended manipulation to their patients. More than two thirds of patient respondents (69.0%) felt that manual treatment should be provided in medical facilities whereas only 7% of them felt should not. High demand for medical insurance reimbursement by both patients (93.0%) and physicians (63.2%) were indicative of manual therapy being medical treatment.

Other very important and interesting findings are physicians' responses for the following questions: "Do you believe additional training is required to practice manual therapy? If so, how long

should it be?" and "Do you feel that manual medicine practiced in Western countries, e.g. Osteopathy and Chiropractic, should be included in Korean health care system? If so, in what form?" Respondents were given a number of choices to choose from and allowed to choose as many as they want. For both of the questions, positive response was a predominance (84.8% and 74.2% respectively). However, physicians with different degree had different opinions on sub-questions. About half of Medical doctors (43.3%) claimed continuing education program less than 100 hours could substitute additional training required to practice manual therapy. An equal number of Oriental Medical doctors (31.7% each) chose continuing education program 100~300 hours, and continuing education program more than 300 hours. Physiotherapists also felt continuing education program more than 300 hours was sufficient. Dentists, Doctor of Chiropractic, and Medical or Oriental Medical doctors also with Doctor of Chiropractic degree shared same view as majority of them (57.1%, 72.7% and 47.1% respectively) answered residency training program more than 2 years should be required to practice manual therapy. These results demonstrate that indicated

duration corresponded with whatever time they themselves spent to learn manual medicine previously. The exceptions are Dentists and Chiropractors. It can be suspected that broad spectrum of differences between curriculums of Dentistry and Manual Medicine may require longer duration of training for Dentist to fit to practice manual medicine. Chiropractors' response could have been made with an assumption that another 3 to 6 years of undergraduate training to be a physician was sub structural training. Similar response was drawn from the sub-question of the latter. Most Medical doctors (69.2%) and Oriental Medical doctors (77.1%) claimed Western origin manual medicine should be accepted as medical specialty while the rest (57.1% of Dentists, 85.7% of Physiotherapists, 90.9% of Chiropractors, and 73.3% of dual degree practitioners) suggested as independent medical profession. These different responses by different professional groups somewhat reflects current status of manual therapy in Korea.

The results of this study suggest the need for better availability of manual therapy in primary care setting, and for more instruction of manual medicine. And most importantly the results of

this study demonstrate that there should be a basic guideline of practicing manual therapy, which in turn could contribute to promote health of Korean population.

The major limitation of this study is the sampling. The sample may be biased by the fact that most of the patient and physician respondents were from Seoul and Gyunggi Province. Female physicians (only 15% of all physician respondents) were underrepresented in physician sample. The fact that the physician respondents in this study are members of a convenience sample and were the physicians who either attended Cyriax and Chuna seminars or undergoing residency training limit the generalizing of the findings. Physicians who attended seminars might have had a more knowledge of manual therapy versus physicians undergoing residency training. Thus, not enough insight is provided about physicians who have not heard about manual therapy.

V. CONCLUSION

Korean patients' and physicians' awareness and behavior toward manual therapy was studied using self-administered questionnaires. A convenience sample of 207 patients and 164 physicians completed survey anonymously and voluntarily during October and November, 2008.

While most physician respondents (88.4% and 61.1% respectively) have heard about and received manual therapy, the most of patient respondents (64.3% and 82.0% respectively) have not. Both patient (63.4%, 62.0% and 93.0% respectively) and physician (66.9%, 84.1% and 63.2% respectively) respondent groups shared similar view on safety, effectiveness, and insurance coverage of manual therapy. More than two thirds of patient respondents (69.0%) felt that manual therapy should be provided in medical facilities. Majority of physicians (84.8%) thought additional training to practice manipulation is required and about three quarters of physicians (74.2%) agreed that Western origin manipulative disciplines such as Osteopathy and Chiropractic should be included in

Korean health care system.

Although public awareness and use of manual therapy was less than that of medical community, there is potential for increasing use among patients due to prevalence of musculoskeletal diseases and less response of planning to void manual therapy in the future. For the best interest in public safety and health promotion, basic practice guideline of manual therapy should be available, and the results of this study could be served as the initiation of the process.

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APPENDIX

Patient Questionnaire

수기치료에 관한 인식과 행태 조사

연세대학교 보건대학원 국제보건학과 석사논문 ‘수기치료의 국내/외 현황과 국내 환자들의 수기치료에 대한 인식과 행태 조사’에 관한 연구를 수행하고 있습니다. 본 연구와 관련하여 수기치료에 관한 환자들의 인식과 행태를 파악하고 수기치료를 현 의료체계에 포함할 수 있는 제도적 방안을 마련하기 위한 기초조사로 활용하고자 설문조사를 실시하고 있습니다.

다소 번거로우시더라도 본 조사에 적극 참여해 주신다면 향후 수기치료에 대한 제도화 방안 마련에 큰 도움이 될 것입니다.

아울러 귀하께서 응답하신 모든 내용은 익명으로 전산처리 되어 통계자료로만 이용될 것이며 연구목적 이외에는 어떠한 형태로도 활용되지 않을 것입니다.

감사합니다.

연세대학교 보건대학원 국제보건학과 홍 나 리

연락처: 018-369-4268 / chironarhong@yahoo.co.kr

* 수기치료란 뼈, 관절, 근육의 미세한 변화를 약물이나 주사요법을 사용하지 않고 손만을 이용한 교정치료를 의미합니다. 예를 들어 추나, 카이로프랙틱, 접골 등이 수기치료에 포함됩니다.

주된 거주 지역을 한 곳만 표기하여 주십시오.

서	경	인	부	대	대	광	울	강	충	충	경	경	전	전	제
울	기	천	산	구	전	주	산	원	북	남	북	남	북	남	주

1. 어떤 질환으로 아주대학병원 신경통증클리닉을 방문하셨습니다?

2. 답하신 질환으로 다른 병원을 방문하신 적이 있습니까?

(1) 예 (2) 아니오 (3) 잘 모르겠음



만약 다른 병원을 방문하신 적이 있다면 어느 병원인지 기입해 주십시오. ()
--

3. 요통(허리 통증), 경추통(목, 어깨통증), 근육통으로 치료 받은 적이 있습니까?

(1) 예 (2) 아니오 (3) 잘 모르겠음

* 수기치료란 뼈, 관절, 근육의 미세한 변화를 약물이나 주사요법을 사용하지 않고 손만을 이용한 교정치료를 의미합니다. 예를 들어 추나, 카이로프랙틱, 접골 등이 수기치료에 포함됩니다.

4. 수기치료에 대해 들어 본 적이 있습니까?

(1) 예 (2) 아니오 (3) 잘 모르겠음



만약 들어 봤다면 누구를 통해서 들었는지 모두 표시하십시오.

- (1) 의사
- (2) 한의사
- (3) 치과의사
- (4) 물리치료사
- (5) 카이로프랙터
- (6) 접골사
- (7) 기타 ()

5. 수기치료를 받아 본 적이 있습니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음



만약 직접 시술을 받은 적이 있다면 누구에게 받았으며 어느 병
원인지 기입해 주십시오.

- (1) 의사 _____ 병원/의원 _____ 과
- (2) 한의사 _____ 한방병원/한의원
- (3) 치과의사 _____ 치과
- (4) 물리치료사 _____ 병원/의원
- (5) 카이로프랙터 _____
- (6) 기타 ()

6. 아는 사람 중에 수기치료를 받은 사람이 있습니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음

7. 앞으로 수기치료를 받아 볼 의향이 있습니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음

(4번 또는 5번 문항에서 '예'라고 답한 환자는 8번 문항으로 그렇지 않은
경우는 13번 문항으로 가시오)

10. 병원에서 수기치료법을 시술해야 한다고 생각하십니까?
(1) 예 (2) 아니오 (3) 잘 모르겠음
11. 수기치료법은 안전하다고 생각하십니까?
(1) 예 (2) 아니오 (3) 잘 모르겠음
12. 수기치료법이 의료보험에 적용되어야 한다고 생각하십니까?
(1) 예 (2) 아니오 (3) 잘 모르겠음
13. 수술이 수기치료법에 해당한다고 생각하십니까?
(1) 예 (2) 아니오 (3) 잘 모르겠음
14. 나이: _____세
15. 성별
(1) 남 (2) 여
16. 최종 학력
(1) 초등학교 (2) 중학교 (3) 고등학교 (4) 대학 (5) 대학원
17. 가족전체의 월 평균 소득
(1) 100만원 미만
(2) 100~199만원
(3) 200~299만원
(4) 300~399만원
(5) 400~499만원
(6) 500만원 이상
18. 해외 거주 혹은 유학 경험
(1) 있다 (2) 없다

Physician Questionnaire

수기치료에 관한 인식과 행태 조사

본 조사는 연세대학교 보건대학원 국제보건학과 석사논문준비하기 위하여 ‘수기치료의 국내/외 현황과 국내 의료인과 환자의 수기치료에 대한 인식과 행태 조사’에 관한 연구를 진행하기 위한 것입니다. 본 연구는 수기치료에 관한 환자들의 인식과 행태를 파악하고 수기치료를 현 의료체계에 어떻게 적용되어야 좋은 것이지에 대한 제도적 방안을 마련하기 위한 기초조사로 활용하고자 설문조사입니다.

다소 번거로우시더라도 본 조사에 적극 참여해 주신다면 향후 수기치료에 대한 제도화 방안 마련에 큰 도움이 될 것입니다.

아울러 귀하께서 응답하신 모든 내용은 익명으로 전산처리 되어 통계자료로만 이용될 것이며 연구목적 이외에는 어떠한 형태로도 활용되지 않을 것입니다.

감사합니다.

연세대학교 보건대학원 국제보건학과 홍 나 리

연락처: 018-369-4268 / chironarihong@yahoo.co.kr

주된 진료 지역을 한 곳만 표기하여 주십시오.

서울	경기	인천	부산	대구	대전	광주	울산	강원	충북	충남	경북	경남	전북	전남	제주

5. 수기치료가 효과가 있다고 생각하십니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음



어떤 질환에 효과가 있다고 생각하는지 모두 고르십시오.

- (1) 요통
- (2) 경추통
- (3) 디스크 (추간판 탈출증)
- (4) 두통
- (5) 척추 측만증
- (6) 척추 전방 전위증
- (7) 척추 퇴행성 질환
- (8) 오십견
- (9) 사지 관절 장애 (테니스 엘보, 손목저림 등)
- (10) 각종 내부 기관 장애 (소화불량, 변비, 생리통 등)
- (11) 각종 신경계 장애 (자율신경실조증 등)
- (12) 각종 암
- (13) 당뇨병

6. 본인에게 진료받은 환자 중 수기치료를 받은 환자가 있습니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음



수기치료가 환자에게 도움이 되었다고 생각하십니까?

- (1) 예
- (2) 아니오
- (3) 잘 모르겠음

7. 환자에게 수기치료를 받아보라고 권한 적이 있습니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음

8. 수기치료법을 직접 환자에게 시술한 적이 있습니까?

- (1) 예(2) 아니오(3) 잘 모르겠음

9. 수기치료를 받아본 적이 있습니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음



<p>만약 직접 시술을 받은 적이 있다면 누구에게 받았으며 어느 병원인지 기입해 주십시오.</p> <p>(1) 의사 _____ 병원/의원 _____ 과</p> <p>(2) 한의사 _____ 한방병원/한의원</p> <p>(3) 치과의사 <u>치과</u></p> <p>(4) 물리치료사 _____ 병원/의원</p> <p>(5) 카이로프랙터</p> <p>(6) 기타 (_____)</p>

10. 앞으로 수기치료를 받아 볼 의향이 있습니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음

11. 수기치료법이 의료보험에 보다 적극적으로 적용되어야 한다고 생각하십니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음

12. 수기치료를 시술하기 위해서 기존의 의료인이 되기 위한 교육 이외의 추가적인 교육을 받아야 한다고 생각하십니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음



만약 추가 교육이 필요하다면 교육 기간은 어느 정도가 적당하다고 생각하십니까?

- (1) 100시간 미만의 보수교육
- (2) 100~300시간의 보수교육
- (3) 300시간 초과 보수교육
- (4) 1년 이하의 대학 교육
- (5) 2년 이상의 대학 교육
- (6) 1년 이하의 전문 수련의 교육
- (7) 2년 이상의 전문 수련의 교육
- (8) 기타 ()

13. 카이로프랙틱이나 정골요법(Osteopathy) 등 서양의 수기치료 전문 분야가 국내에도 도입 되어야 한다고 생각하십니까?

- (1) 예 (2) 아니오 (3) 잘 모르겠음



만약 도입되어야 한다면 어떤 형태로 도입되어야 한다고 생각하십니까?

- (1) 의료인이 시술가능한 한 분과로써
- (2) 의료인의 지시 감독을 받는 의료기사로써
- (3) 미국과 같이 독립된 하나의 의료 분야로써
- (4) 독립된 유사의료 분야로써
- (5) 기타 ()

14. 나이: _____세

15. 성별

- (1) 남(2) 여

16. 직업

- (1) 의사 (일반의)
- (2) 의사 (전문의) _____ 과
- (3) 한의사
- (4) 치과의사
- (5) 물리치료사
- (6) 카이로프랙터

17. 진료 형태

- (1) 전문의 수련과정
- (2) 단독 개업
- (3) 공동 개업
- (4) 개인병원 봉직의
- (5) 종합병원 봉직의
- (6) 대학병원 교수

18. 면허 취득 후 임상 경력 기간: _____ 년

19. 해외 거주, 유학 혹은 해외 수련 경험

- (1) 있다 (2) 없다

KOREAN ABSTRACT (국문초록)

도수치료에 대한 한국 의사와 환자의

인식과 행태에 관한 연구

홍 나 리

연세대학교 보건대학원

국제보건학과

(지도: 오 희 철 교수)

삶의 질 향상에 따른 국민의 욕구 증대로 보완대체의학에 대한 관심과 사용도가 높아지고 있는 것은 비단 외국의 경우만은 아니다. 서양에서 보완대체의학으로 분류되는 침술과 한약요법의 경우 양의와 한의로 양분화 되어 있는 한국의 의료체계에는 맞지 않은 분류로 이러한 한의학적 치료법을 제외했을 때 한국에서 가장 보편적으로 많이 사용되는 보완대체의학은 도수치료로 생각된다.

이러한 도수치료의 대중성에도 불구하고 환자와 의사들의 도수치료에 대한 인식이나 행태가 알려진 바가 없고 도수치료에 대한 개념 정립이나 의료체계 내에서의 제도 마련을 위한 시도는 거의 없는 상태이다. 정확한 지침이 없이 대중화 되어 가고 있는 도수치료가 국민 보건에 미칠 영향을 생각한다면 보건관련 전문인들은 도수치료에 대한 인식과 행태를 파악하고 환자와 의사 즉, 수여자와 공급자간에 어떤 차이를 보이는지 인지할 필요가 있다고 본다. 이와 같은 현황 파악을 통해 다양한 형태로 무분별하게 행해지고 있는 도수치료를 제도화 할 수 있는 방안이 모색되어야 할

것이다.

본 연구는 도수치료에 대한 한국 환자와 의사의 인식 및 행태를 조사한 것으로 그 결과에 있어 환자와 의사간의 인식 및 행태가 차이가 있음을 나타냈다. 다수의 환자가 도수치료를 들어보거나 받아보지 못한 반면 연구에 참여한 의사들 대다수는 도수치료에 대해 들어보거나 받아본 경험이 있었다. 반면 도수치료의 안전성이나 효과 등에 대해서는 환자와 의사 두 그룹 모두 긍정적인 태도를 보였다. 많은 환자가 도수치료가 병원에서 시술되어야 한다고 생각했다. 대다수의 의사들이 환자에게 도수치료를 직접 시행하거나 권한 적이 있다고 답변하였는데 이는 환자나 의사 모두 도수치료가 의료행위에 해당한다는 것을 인정함을 의미한다고 볼 수 있다. 또한 대부분의 의사가 도수치료를 직접 시술하기 위해서는 기존의 의학교육 외에 추가적인 교육이 필요하다고 답했고 카이로프랙틱과 같은 서양의 도수의학이 한국 의료시스템에 도입 되어야 한다고 답했다.

핵심 단어: 도수치료, 수기치료, 척추교정, 인식조사