Submission to
THE REVIEW OF THE
AUSTRALIAN GOVERNMENT REBATE
ON PRIVATE HEALTH INSURANCE
FOR NATURAL THERAPIES

from the
BOWEN ASSOCIATION OF AUSTRALIA

January 30, 2013
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1 Executive Summary

In this submission the Bowen Association of Australia (BAA) respectively presents clinical research relating to the clinical efficacy of Bowen Therapy, as well as evidence of the cost effectiveness, safety and quality of Bowen Therapy provided to the Australian community, in response to the Australian Government’s review of the Australian Government Rebate on Private Health Insurance for Natural Therapies.

The BAA sees this submission as an opportunity to demonstrate the positive contribution Bowen Therapy is making to the health of Australians as a clinically sound and cost effective modality used to treat acute and chronic conditions in a range of both public and private health care settings.

In this submission the BAA provides the evidence base that confirms Bowen Therapy:
- is a cost effective, noninvasive treatment modality
- may improve client outcomes following orthopaedic surgery, including early pain reduction and flexibility
- may assist client return to the workplace post injury or illness
- may assist in improvements in neuromuscular function in people with chronic stroke.

Included in the evidence is a 2011 systematic review of literature published between 1995 to 2009 relating to Bowen Therapy, which concluded that Bowen Therapy is a modality can be introduced into diverse health settings including acute-care hospitals, outpatient settings and rural environments. It is important to note that this evidence complies with the National Health and Medical Research Council’s evidence guidelines.

The BAA holds the view that, although the volume of evidence is small, the quality of evidence related to Bowen Therapy does satisfy the Qualitative Deliverables, as outlined in Outcome 9 of the Australian Department of Health and Ageing Budget Statement of 2012.

Also demonstrated in this submission is that Bowen Therapy offers Australians a cost effective health care modality – in terms of both personal cost to the patient, and cost to the Australian Government via the private health insurance rebate system.

The BAA would also like to take this opportunity to voice concerns that the removal of eligibility of private health insurance rebates for Bowen Therapy treatments may have a negative financial impact upon families and deter them from seeking Bowen Therapy treatment, to the detriment of their health. Changes to rebates could also see individuals seek treatments from practitioners of other modalities, which are less cost effective than Bowen Therapy, as demonstrated in Sections 3.2 and 3.3 of this submission.

Our members are also concerned that removing rebates will restrict the health care choices available to Australians by placing a financial penalty on a clinically effective modality if it is not included in the private health insurance rebate scheme. The BAA believes that this is against the principles outlined in Outcome 9 of the Australian Department of Health and Ageing Budget Statement of 2012, which says: “The Australian Government, though Outcome 9, aims to promote the sustainability of private health insurance and support consumer choice in health care”.

In regard to quality and safety of Bowen Therapy treatments in Australia, the BAA provides documentation of the clinical safety of the modality, as well as strict accreditation protocols that exist for practitioners to ensure that Australians are receiving quality treatments by practitioners, who have been trained at accredited Registered Training Organisations.
Clinical research outlined in this submission also shows that Bowen Therapy is a modality that has had no documented adverse effects. Also demonstrating the safety of the modality is the stable, safe and low-risk insurance environment that applies to Bowen Therapy.

In addition it is requested that the Australian Government consider the overseas acceptance of Bowen Therapy. For example, in 2000 the British Government assessed and accepted available clinical evidence of Bowen Therapy, which resulted in the endorsement of the modality as a complementary therapy rather than an ‘alternative therapy’, which was regarded as lacking an evidence base.

The BAA is proud of its safety record and the work it has done, and continues to do, to ensure that current and future Bowen Therapy practitioners deliver safe and quality treatments to patients. To this end, the Association has developed the highest standards of conduct and practice among members by means of education, training, codes of ethics and conduct and disciplinary procedures.

Membership of the BAA is dependent on a minimum qualification of Certificate IV in Bowen Therapy from the Border College of Natural Therapies (BCNT), which is an accredited Registered Training Organisation recognised by the Australian Qualifications Framework that also delivers a Diploma of Specialised Bowen Therapy. The BAA’s position is that its members should be qualified to the highest standard, which is why from July 1, 2014, members will require a minimum of a Diploma qualification to be eligible for membership to the Association.

The BAA welcomes the Australian Government’s commitment to maintaining a strict regulatory framework around healthcare, as described in its Outcome 9 Strategy. And, as such, the Association would welcome the opportunity to work with the Australian Government, and other recognised Bowen Therapy bodies, to develop an accreditation framework that allows only Bowen therapists, who hold a Diploma qualification and are a member of an approved peak body, to have provider status for private health insurance rebates.

In conclusion, the BAA submits that it has demonstrated the clinical efficacy, cost effectiveness, quality and safety of Bowen Therapy, as requested by this review, and our members anticipate that private health insurance rebates to their clients will be maintained so they can continue to provide an effective, cost-effective and safe treatment to the Australian community.

**Recommendations:**

The BAA makes the following recommendations:

1. The Australian Government maintains the eligibility of Bowen Therapy patients to claim the Australia Government Rebate via their private health insurance fund.

2. That the Bowen Association of Australia and the Australian Government work together to develop a regulatory process that grants eligibility for government-funded benefits only to Australian Bowen Therapy practitioners who hold a Diploma qualification (or higher) and membership to an approved peak body.
1.1 What is Bowen Therapy?

Bowen Therapy is a noninvasive technique that uses a series of gentle hand movements over muscles, tendons, ligaments, joints, nerves and fascia to promote relief from musculoskeletal and related neurological complaints.

The precise but gentle movements performed by Bowen therapists stimulate the body, via the nervous, endocrine and fascial systems, to activate the body’s healing mechanisms. Hansen and Taylor-Piliae (2011) offer a description of the technique: “the precise movement gently stretches the muscle and fascia with a continuous movement over the muscle from one side to the other”.

As explained by John Wilks (2012) Bowen Therapy has a very specific effect on the muscles and tendons, as well as the myofascia (fascia) - a network of connective tissue that surrounds the body’s organs and muscles. There is increasing recognition of the importance of fascia on the body’s physiology and function, which is addressed in more detail in Section 2.2 of this submission.

Clinical observations currently form the basis of how Bowen Therapy works (Hansen and Taylor-Piliae 2011), however it is believed Bowen techniques stimulate the proprioceptors in muscles and other tissue, which: “initiates a brain response, which in turn send nervous system messages back to the fascia to normalize the resting rate of tissues. An essential component of the technique is a 2- to 5-minute pause between sets of moves, which allows for the integration of the messages and the nervous system response. As the tension level is normalized, fluid movements of the lymph and blood are increased in the area, which enhances tissue repair in injury sites” (Hansen and Taylor-Piliae 2011).

As detailed on the Victorian Government’s Better Health Channel, a health and medical information website, conditions that can respond well to Bowen Therapy include: sports and accident injuries, frozen shoulders, stress disorders, neck and head tension, whiplash, musculoskeletal pain and imbalance, respiratory and asthma complaints, acute and chronic fatigue, stroke, bed wetting, digestive problem, menstrual complaints, carpal tunnel syndrome and colic (Victorian Government, 2013).

1.2 History of Bowen Therapy

Bowen Therapy was developed in Geelong, Victoria, in the 1950s by Thomas Ambrose Bowen (1916-1982), who recognised the importance of fascia and the profound effect that soft tissue manipulation could have on a patients’ wellbeing.

Although Mr Bowen was not being formally trained in any bodywork modality, through his own study and practice, he developed what is now known as the Bowen Technique and was able to alleviate many people’s problems with very few, relatively gentle, soft tissue manipulations.

Mr Bowen first began just treating workmates but opened a full-time practice after word-of-mouth endorsement of his technique meant he could no longer accommodate the number of people seeking treatment. By 1975 Mr Bowen was seeing more than 1300 clients a year with a 80% success rate (Hansen and Taylor-Piliae 2011).

Mr Bowen was highly selective of those who wanted to watch him work and learn his technique, and only six people worked with Mr Bowen during his years of practice. One of these was Ossie Rentsch from Hamilton, Victoria, who documented Mr Bowen’s work with his assistance. What eventuated was a carefully documented and authenticated record of Bowen Therapy known today as Bowtech®, the Bowen Technique.
1.3 Bowen Therapy today – in Australia and worldwide

Bowen Therapy is a modality used in Australia and worldwide to treat a range of conditions today. The Bowen Association of Australia (BAA) membership comprises 695 Bowen Therapy practitioners Australia-wide, who hold a qualification from the Border College of Natural Therapies, a Registered Training Organisation, which teaches Bowtech®, the Bowen Technique, in association with Mr Rentsch. Since 2004 some 1644 therapists have participated in the nationally recognised Bowen Therapy training conducted by the Border College of Natural Therapies.

In addition to Australian Bowtech® practitioners, more than 26,000 people in 30 countries worldwide have completed a Bowtech® course worldwide, with the course now being delivered in six languages.

Hansen and Taylor-Piliae (2011) report that Bowen Therapy: “has been given a reputable status in Europe, especially the United Kingdom, where in 1993 the Bowen Therapy Academy of Australia was accepted into the British Complementary Medicine Association”.

2 Clinical Efficacy

2.1 Overview

Research into the clinical efficacy of Bowen Therapy clearly shows the modality to be an effective, cost-effective and safe treatment that can be used within hospitals or within private practice to treat a range of conditions including injury as a result of trauma or surgery, as well as those relating to the nervous system, mental health and behavioural disorders.

The current practice of Bowen Therapy, based on the work of Thomas Bowen (1916-1982), is primarily a technique of fascial release, characterised as being an effective non-invasive, gentle and low-cost approach to improving health and well-being.

The efficacy of the work of Thomas Bowen was first assessed in 1975 in the Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homeopathy, and Naturopathy by the Victorian Government, which found that Thomas Bowen saw more than 13,000 clients a year with an 80% success rate in alleviating symptoms for both acute injuries and chronic conditions (Hansen and Taylor-Piliae, 2011).

Although this study was conducted in 1975, these findings are supported today by anecdotal evidence provided by BAA members in the Bowen Workforce Survey 2012 (Bowen Association of Australia, 2012), conducted by the BAA (n=359) in December 2012, which found that 93.8% (n=337) of the respondents reported greater than 71% symptomatic success rate with 69.6% (n=250) reporting greater than 80%.

Even more significant are the findings of a range of clinical trials, outlined below, which clearly demonstrate the resultant benefits of Bowen Therapy in assisting patients in a range of clinical situations including: the speed of recovery from injury or surgery; regaining muscular flexibility; pain management; returning to work following injury; improvements in neuromuscular function in people with chronic stroke; and, improvements to the general wellbeing in patients. While limited in number, these clinical trials clearly demonstrate the clinical efficacy of Bowen treatments.

Also significant is the standing given to Bowen Therapy by governments worldwide, in particular the British Government, which in 2000 assessed available clinical evidence and classified Bowen Therapy as a complementary therapy (House of Lords, 2000) rather than a ‘alternative therapy’, which were regarded in the report as lacking an evidence base.

2.2 Literature specific to Bowen Therapy

Hansen and Taylor-Piliae (2011) conducted a Systematic Review of available published literature relevant to Bowen Therapy from 1995-2009 with the aim of examining the methodologies utilised and summarising the scientific findings to that time.

Of 284 citations included in the Systematic Review (Hansen and Taylor-Piliae, 2011), 15 published articles met the inclusion criteria - eight studies and seven case studies. The studies were of variable design and methodology and included randomised controlled trial (n=1), mixed methods (n=3), quasi-experimental (n=2) and cross sectional (n=2). Individual studies aimed to assess of the effectiveness of Bowen Therapy for a number of health-related outcomes including frozen shoulder, hamstring flexibility, work related injuries and quality of life.

The authors assessed the studies for quality and, while design and methodological challenges were noted, they also highlighted the universal reported improvements in health-related outcomes such as pain reduction, improved mobility and fewer migraines.
In conclusion, the authors found that while it is ‘evident that further research is needed to systematically test the modality before widespread recommendations can be given’ they concluded ‘Bowenwork is a cost-effective, noninvasive treatment modality that can be introduced into diverse health care settings such as acute-care hospitals, outpatient settings, and rural environments’ (Hansen and Taylor-Piliae 2011, p. 1005).

As well as the review by Hansen and Taylor-Piliae (2011) there have also been a number of randomised controlled trials relating to Bowen Therapy published since September 2009, which have demonstrated the positive effect Bowen Therapy has in assisting patients to regain muscular flexibility and recover from surgery. These include:

- Marr, Baker, Lambon and Perry’s (2011) investigation into the effects of the Bowen technique on hamstring flexibility over time (n=120). With the intervention group receiving a single Bowen Treatment, the study found significant within-subject and between-subject differences for the Bowen group with continuing increases in flexibility levels observed over one week.

- The Hipmair, Ganser, Bohler, Schimetta and Polz (2012) study, which aimed to evaluate the effect of Bowen Therapy in pain management after total knee replacement (n=91). The study found a decreased pain score in the early post operative period and concluded that in the early period after knee replacement, Bowen Therapy may be an effective additional treatment tool for pain reduction.

In addition, Winter and MacAllister (2011) have reported on extensive occupational health research in which individuals were allocated Bowen Therapy (n=778) with a range of presenting conditions classified into the following five ‘illness categories’:

- musculoskeletal and rheumatic conditions
- mental health and behavioural disorders
- injury
- nervous system
- other

The Winter and MacAllister (2011) research report showed significant clinical improvement in the client’s occupational abilities after Bowen treatment. They also showed a significant improvement in general health and wellbeing, and high client satisfaction with the treatment. The clients assessed as part of this research report ranged in age from 19 to 67 years and their health limitations were assessed using the Canadian Occupational Performance Measure (COPM) at both entry and discharge.

Also, Duncan, McHugh, Houghton and Wilson (2011) undertook a pilot study (case series, n=14) to explore the potential impact of Bowen Therapy in chronic stroke. The authors found, as a result of this pilot study, that Bowen Therapy was associated with improvements in neuromuscular function and recommended further research.

The BAA wishes to highlight the significance of the final three studies with relevance to the possible positive impact of Bowen Therapy on:

- client outcomes in orthopaedic surgery
- assisting client return to the workplace post injury or illness
- improvements in neuromuscular function in people with chronic stroke

In addition to the studies undertaken specific to Bowen Therapy mentioned above, there is increasing recognition of the importance of fascia (the foundation of Bowen Therapy), which has
prompted: significant research; a number of International Congresses; and, the formation of the International Fascial Research Society. An overview of these organisations and relevant research may be found at the following links:

- [https://fasciaresearchsociety.org/](https://fasciaresearchsociety.org/)
- [http://fasciacongress.org/](http://fasciacongress.org/)

Abstracts of recent literature with links to documents can be found in Appendix 1.

The BAA has developed the following NHMRC evidence statement matrix utilising this available evidence for the efficacy of Bowen Therapy in a number of conditions and allocated a grade of recommendation accordingly.
NHMRC evidence statement matrix utilising available evidence for the efficacy of Bowen Therapy in a number of conditions and allocated a grade of recommendation accordingly.

<table>
<thead>
<tr>
<th>Efficacy of Bowen Therapy in:</th>
<th>Evidence base</th>
<th>Consistency</th>
<th>Clinical Impact</th>
<th>Generalisability</th>
<th>Applicability</th>
<th>Grade of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamstring Flexibility (Marr et al, 2011; Marr et al, 2008)</td>
<td>B</td>
<td>A</td>
<td>Moderate</td>
<td>A</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Pain management post knee replacement (Hipmair et al, 2012)</td>
<td>C</td>
<td>NA</td>
<td>Moderate</td>
<td>A</td>
<td>A</td>
<td>C</td>
</tr>
<tr>
<td>Treatment of Frozen Shoulder. (Carter, 2002; Carter, 2001)</td>
<td>D</td>
<td>A</td>
<td>Substantial</td>
<td>A</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Well-being and quality of life (Dicker, 2001; Dicker, 2005; Winter &amp; MacAllister, 2011)</td>
<td>D</td>
<td>A</td>
<td>Substantial</td>
<td>A</td>
<td>A</td>
<td>D</td>
</tr>
<tr>
<td>Motor function in chronic stroke (Duncan et al, 2011)</td>
<td>D</td>
<td>NA</td>
<td>Substantial</td>
<td>A</td>
<td>A</td>
<td>D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade of recommendation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Body of evidence can be trusted to guide practice</td>
</tr>
<tr>
<td>B</td>
<td>Body of evidence provides moderate support to guide practice in most situations</td>
</tr>
<tr>
<td>C</td>
<td>Body of evidence provides limited support for recommendation(s) and care should be taken in its application</td>
</tr>
<tr>
<td>D</td>
<td>Body of evidence is weak and any recommendation must be applied with caution</td>
</tr>
<tr>
<td>E</td>
<td>Body of evidence is insufficient to provide recommendation</td>
</tr>
</tbody>
</table>
2.3 Bowen Therapy research currently in progress or recently completed

In addition to the research outlined above, the following studies investigating the efficacy of Bowen Therapy have been recently conducted, or are underway:

1. A pilot study (randomised control trial) to investigate the use of Bowen Therapy as a treatment for people who live with chronic, non-specific Lower Back Pain (n=37) with participants randomly allocated to either receive three treatments of Bowen or ‘Sham Bowen’ (blind to treatment). Pain and functioning levels, psychosocial/somatic changes and general health were measured and 24 'categories' developed. The Bowen group recorded a positive change by the second follow-up in 20 of these categories. By contrast, the control group showed an improvement in only 12 of these categories at the same time point (Michael Morris, Warwick University UK, 2012). This research is currently being documented for publication however an abstract of the study is available at: http://www.btpa.co/Bowen/studies/low_back_pain-study.asp

2. In recognition of the need for further research, in 2012 the BAA engaged Flinders University to conduct a randomised controlled trial to evaluate changes to lymphatic flow in the trapezius muscle following Bowen Therapy treatments in patients with damaged fascia due to radiotherapy, surgery or soft tissue injuries. The results of this study will be known late in 2013.

3. The Bowen Therapy Professional Association (BTPA) of the UK is currently conducting a National Study into treatment of Repetitive Strain Injury with Bowen Therapy (Case Series). Further details available at: http://www.btpa.co/Bowen/repetitive-strain-injury-bowen-study.asp

4. In the United States a pilot study (quasi-experimental design, PhD dissertation) has been conducted to examine the feasibility of using Bowenwork as a complementary intervention for symptom management of breast cancer treatment-related lymphedema in female breast cancer survivors (n=21). Participants received four sessions of Bowen Therapy, which was ‘shown to be an effective management strategy’ with statistically significant improvements in mental health, quality of life, daily functional status, reducing arm circumference and increasing range of motion. The researcher, Christine Hansen, has recommended a full-scale study to further explore the findings. The complete PhD is publically available at: http://www.nursing.arizona.edu/Library/Christine%20Hansen%20-%20Dissertation%20March%202012.pdf

5. A Multidisciplinary Team (MDT) Medical Model, which includes Bowen Therapy, began in late 2011 in the UK under a service level agreement with the National Health Service (NHS). Initiated after two audit reports on Bowen Therapy were prepared for the NHS, results after the first six months showed a high 47% discharge rate among sufferers of chronic pain.

The lead service centre, the Northern Integrated Health Practice, works closely with the pain management team at the participating NHS Hospital/s. Patients undergo medical consultation and the recognised ‘red flags’ assessment to understand more serious pathology followed by the development of a Pain Management Plan designed with the patient and monitored by the MDT.

Approximately 40 patients per week have been seen from the NHS as part of tier 3, secondary care, which involves a stringent monitoring and measurement process. The pilot project is already expanding into other regional NHS trusts. The contact for the project is Clinic Director, Paula Esson, Northern Integrative Health Practice http://www.healthnorth.co.uk/, which is an approved NHS Centre for pain services.
2.4 The need for further clinical studies

While the anecdotal and published evidence relating to Bowen Therapy validates the effectiveness of the technique, Bowen Therapy is a relatively new modality and, as such, the BAA has long acknowledged that limited peer-reviewed literature exists and that additional research is required into the mechanisms, mode of action and effectiveness of Bowen Therapy to develop the evidence base and guide clinicians in recommending the practice.

The BAA asks that the small volume of published literature and clinical research relating to the efficacy of Bowen Therapy not be viewed negatively as this situation is common with many complementary medicines. A similar history can also be found with all health disciplines including medicine, physiotherapy, chiropractic and osteopathy, and it should be noted that the necessity for further research and development of the evidence base equally applies to all health disciplines. The British Medical Journal compilation of evidence for medical interventions considered in June 2012, that ‘51% of medical treatment is of unknown effectiveness and that only 11% is definitely beneficial with another 23% probably beneficial’ (Myers, Xue and Cohen, 2012).

As stated earlier, in 2012 the BAA worked with Flinders University to develop the research design for a randomised controlled trial that will evaluate the effect on lymphatic flow in the trapezius muscle following Bowen Therapy treatments with the aim of assessing changes in fascial and muscular relaxation in patients with damaged fascia due to radiotherapy, surgery or soft tissue injuries. This clinical trial will proceed during 2013 and will cost the BAA approximately $60,000, a significant, but necessary, outlay for our organisation.

The BAA intends to facilitate further research into the efficacy of Bowen Therapy, with the significant monetary costs of such research being the only limiting factor that may impact on future studies.

2.5 International recognition of the clinical efficacy of Bowen Therapy

In relation to recognition by the British Government, in 2000 the House of Lords committee released the ‘Science and Technology Sixth Report’ (House of Lords, 2000) on complementary and alternative medicine (CAM). This report covers many aspects of complementary medicine including its evidence base for efficacy and safety, patient satisfaction, regulation, professional training, research and development (and funding of research) and the delivery of complementary and alternative medicine under the National Health System (NHS).

In Chapter 2 of the report, the modalities examined are described and categorised into three groups and under this structure Bowen Therapy fits into Group 2: ‘complementary therapies’. Only Group 3 therapies, classified as ‘alternative therapies’, were regarded in the report as lacking an evidence base (House of Lords 2000).

The recommendations of the House of Lords report have been progressively implemented in the United Kingdom since 2000. As a result, Bowen Therapy is officially recognised by the Complementary and Natural Therapies Council – a regulatory body for quality assurance and public protection in complementary health care, which ensures national standards are met. This official standing enables private health insurance providers, National Health Service (NHS) Trusts and providers in primary care and doctors to refer patients with confidence to Bowen Therapy practitioners. Moves are also underway that will see Bowen Therapy become more readily available in health centres, doctors’ surgeries and hospitals. An example initiative that will integrate Bowen Therapy into mainstream health care is the NHS pilot described in Section 2.3.

Further recognition, and increasing awareness, of Bowen Therapy has also been given by the Scottish National Health Service (NHSNSS), which has included Bowen Therapy in its Knowledge Library. This is a comprehensive list of published items designed to assist health practitioners in understanding the
benefits of a number of modalities, including recognised complementary medicines. A list of the information found in this library, relating to Bowen Therapy, can be found in Appendix 2.

In addition to the recognition given to Bowen Therapy in the United Kingdom, as discussed elsewhere in this submission, the modality is also recognised by the Canadian Naturopathic Association and in the United States by the Oregon Board of Chiropractic Examiners and the Oregon Association of Naturopathic Physicians (Hansen and Taylor-Piliae, 2011).
3 Cost Effectiveness

3.1 Overview

The BAA contends that Bowen Therapy demonstrates cost effectiveness as a health care modality and complementary therapy when consideration is given to the:

- cost of Bowen Therapy compared to other similar modalities
- low number of Bowen Therapy treatments generally needed to alleviate conditions
- cost savings in using Bowen Therapy to facilitate workplace wellbeing and as a preventative health measure.

Unfortunately no formal economic analysis has ever been undertaken to assess the cost effectiveness of Bowen Therapy in the government context, however conclusions as to its cost effectiveness can be drawn from readily available information and the results of clinical trials, as detailed below.

3.2 Cost comparison to other modalities

The Bowen Workforce Study 2012 (BAA, 2012) revealed that 85.7% of the 365 survey respondents charge a per consultation fee of $70 or less, with 60.2% of respondents charging between $30 and $60 for a one-hour consultation.

When compared to other modalities that treat musculoskeletal disorders, such as chiropractic care and physiotherapy, Bowen Therapy costs are on par, and in some cases are considerably less, per patient, per consultation. It is difficult to demonstrate a comparison due to the varying fees accepted by health and government agencies throughout Australia, but, for example, the Worker’s Compensation Regulatory Authority’s Physiotherapy services table of costs, effective 1 July 2012 (Appendix 3), show the initial consultation fee for physiotherapists to range from $75 to $112, with follow-up consultations ranging in cost from $50 to $129.

As the cost of Bowen Therapy is often lower than other modalities (especially when it is taken into account that less Bowen treatments are generally required than other modalities), there is both less outlay for the client and less benefit returned to the patient from their private health care provider – making it more cost efficient for the Government and the client.

3.3 Number of Bowen treatments needed to alleviate symptoms

Although Bowen Therapy is a gentle and non-invasive modality, the results are remarkable with many patients responding well after one, or just a few treatments – making Bowen Therapy a very cost effective treatment.

The effectiveness of just one, or a few treatments, of Bowen Therapy in alleviating symptoms is demonstrated in the Marr et all (2011) randomised controlled trial on the effects of Bowen technique on hamstring flexibility. This trial revealed significant flexibility differences between the Bowen group (which received just a single Bowen treatment) and non-Bowen control group, with it observing that the Bowen group experienced continuing increases in flexibility levels over one week.

Another example of the possible effectiveness of a single Bowen Therapy treatment is highlighted in the results of the randomised controlled trial by Hipmair et al (2012). This trial assessed the efficacy of Bowen Therapy as a complementary healthcare modality in the treatment of postoperative pain following total knee replacement and found that Bowen Therapy may be an effective additional treatment tool for pain reduction in the early period following knee replacement. The early period, as outlined in this trial, was within two days of total knee replacement surgery following just one Bowen
Therapy treatment. This result demonstrates a need for further research to assess the role of Bowen Therapy in post-operative care in the hospital and outpatient environment.

Interesting too are results of a National Study focusing on knee and ankle pain conducted by the Bowen Therapy Professional Association (BTPA) of the UK. This showed positive results in 88% of cases (partial – 69% to full recovery – 19%) after a series of only three treatments (Bowen Therapy Professional Association, 2012).

Anecdotal evidence provided by BAA members in the Bowen Workforce Survey (BAA, 2012) shows that 60.3% of respondents perform between one and three treatments on a patient for each presentation, and report a success rate of 70% or more in 93.8% of patients treated. By way of comparison, under an Enhanced Primary Care Plan, funded by Medicare, an eligible patient would automatically be entitled to five Medicare funded treatments in a calendar year with an allied health professional – including a chiropractor, osteopath, physiotherapist or exercise physiologist. If a proportion of patients chose Bowen Therapy instead of these treatments, this would represent a significant saving in terms of the cost per session and the likelihood that fewer than five treatments would be needed to alleviate the health concern.

In looking at the information above, the BAA also asks that consideration be given to the fact that many Bowen Therapy patients have tried, without success, other modalities to treat their health concerns prior to seeking Bowen Therapy treatment.

3.4 Bowen Therapy as a preventative health strategy in the community and workplace

Bowen Therapy in an established modality being used by patients and workplaces throughout Australia as a preventative health measure.

Evidence of the positive benefits of Bowen Therapy treatments in the occupational setting can be found in the Winter and MacAllister (2011) report, mentioned earlier, which showed significant clinical improvement in the client's occupational abilities after Bowen treatment.

Winter and MacAllister (2011) also showed a significant improvement in general health and wellbeing, and high client satisfaction with the treatment. The clients assessed as part of this research report were assessed using the Canadian Occupational Performance Measure (COPM) at both entry and discharge.

In addition, a study by Dicker (2005, Bowen Technique – its use in work related injuries) examined the effectiveness of Bowen Therapy on work related injuries (n=49) with treatments performed in the employment realm on workers in the health sector who had injuries they considered were a result of their employment. The study found that, as a result of the treatments and the discussion about work habits and conditions that resulted from their treatment, staff: altered their work habits; sought early intervention; received regular treatment; and, experienced a greater positive morale and ongoing maintenance of their health.

Another study by Dicker (2005, Using Bowen Technique in a health service workplace to improve the physical and mental wellbeing of staff) assessed the effect of up to six Bowen Therapy treatments on 31 staff over a six week period. The study (Dicker,2005) found that that the 28 participants who remained for the duration of the study reported a 90% positive response rate with quantitative and qualitative data indicating that Bowen Therapy was successful in reducing pain, improving mobility, reducing stress and improving energy, well being and sleep. The average number of treatments study recipients received was 2.7 (Dicker 2005).

Importantly, the BAA can also offer many examples of Bowen Therapy practitioners working cooperatively with employers throughout Australia to provide treatments to workers with a
preventative health goal – including Bowen therapists currently working with multinational companies with an Australian presence. Unfortunately the effectiveness of these programs has not been assessed via clinical trials, but survey and anecdotal evidence demonstrating the positive contributions made via these programs on the health of workers is available (subject to compliance with the BAA Privacy Policy) and can be provided, as part of this submission, if required.

Outside of the workplace, Bowen Therapy is also commonly used as a health maintenance tool by individuals, who have previously sought treatment for an acute injury with more than 46% of Bowen therapists who responded to the Bowen Workplace Survey 2012 (N=360) reporting that 50% or more of the patients sought maintenance treatments.
4 Quality and Safety

4.1 Overview

As Bowen Therapy is an effective but gentle and non-invasive technique that works on the fascia, or soft connective tissues of the body, with therapists using light moves over of muscle, tendon or ligament without any forceful manipulation, it is not surprising that there is no documented evidence to show that Bowen Therapy treatments have resulted in adverse effects in patients.

The BAA is proud of the past safety record of Bowen Therapy and works hard to ensure future practitioners, as well as current practitioners, continue to deliver a high quality Bowen therapy service.

As the treatment has had no documented adverse effects, the BAA contends that Bowen Therapy should continue to be recognised as a modality eligible for private insurance payments from the Australian Government. As stated by the British Government in its Science and Technology Sixth Report (House of Lords, 2000): “as long as treatments are known to carry no, or few, adverse effects, it would be against the principle of clinical freedom to prevent patients from having access to therapies which fulfill these criteria and have never been restricted”.

This argument also sits well against the principles outlined in Outcome 9 of the Australian Department of Health and Ageing Budget Statement of 2012, which on page 177 says: “The Australian Government, though Outcome 9, aims to promote the sustainability of private health insurance and support consumer choice in health care”.

Also, on the same page of the Budget document it states: “The Government will ensure health providers benefitting from private health insurance payments meet quality requirements, including accreditation”.

The BAA contends that the information below provides ample documentation of the safety and quality of the Bowen Therapy modality, as well as documents the strict accreditation protocols that exist for practitioners.

4.2 About the BAA

The Bowen Association of Australia (BAA) is a peak body committed to maintaining the highest standard of education and training of the Bowen Technique, as established by Tom Bowen.

The BAA also aims to provide members with professional guidelines, support and professional recognition, as well as sponsoring research into Bowen Technique to facilitate wider acceptance and endorsement from the community, including other medical professionals, via the sponsoring of research.

A not-for-profit organisation, the BAA is run by a committee elected from its membership body. Membership to the BAA is restricted to practitioners who have: a Certificate IV or above in Bowen Therapy from the Border College of Natural Therapies; hold full professional indemnity insurance; hold an Intermediate Certificate of First Aid; and, given an undertaking to adhere to the Code of Ethics (Appendix 4) and the current Code of Conduct of the Association (Appendix 5).

The BAA has a current membership of 695 Bowen therapists, who practice throughout Australia.

4.3 Quality and safety measures initiated by the BAA

It has always been the BAA’s aim to foster the highest standards of education and training in the Bowen Technique and to develop and maintain the highest professional standards of conduct and practice.
among members by means of education, training, codes of ethics and conduct and disciplinary procedures.

As a quality measure, a condition of continuing membership of the BAA is for each practitioner to complete 20 Continuing Education Units of approved training each year. The aim of this policy is to provide members with up-to-date information that improves clinical outcomes for patients, and to ensure continued quality of the provision of Bowen Therapy services by the practitioner.

The BAA also has an established complaints procedure to address any perceived breach of the BAA Code of Ethics (Appendix 4) or the BAA Code of Conduct (Appendix 5) including:

- complaints from clients complaining about a therapist
- grievance between members
- grievance between a member and the BAA.

The BAA codes of Ethics and Conduct are designed to facilitate the protection of clients and include clauses relating to issues including:

- discrimination
- working cooperatively with other health professionals
- sexual misconduct
- prevention of the dissemination of misleading information
- referral of patients to other health professional as required
- questions of clinical accountability of clients referred from other health professionals
- the banning of Bowen practitioners from giving medical diagnoses, advice regarding the prescription of medications or medical treatment suggested by a medical professional.

As well as the above, the BAA codes of Ethics and Conduct also stipulate that Bowen practitioners adhere to provisions relating to legal privacy and confidentiality requirements, record keeping, transparency regarding fees and charges and insurance requirements.

Any breach of the BAA codes of Ethics and Conduct reported to the BAA Committee is dealt with under the laws of the Association’s Constitution and adverse findings may result in expulsion from the BAA.

4.4 Proposal to restrict Government funding to registered Bowen Therapy practitioners

The BAA is committed to maintaining the integrity of the Bowen Therapy modality and, as such, is prepared to work with the Australian Government to develop a regulatory process that makes a practitioner’s eligibility to receive government-funded benefits dependent on holding a Diploma qualification and membership to an approved peak body, such as the BAA or the Bowen Therapists Federation of Australia.

4.5 The BAA involvement in the Natural Medicine Register

The BAA has actively participated in the 2010 formation of the Natural Medicine Register (NMR), which is a peak body comprising 14 professional associations. The NMR represents 85% of practicing natural therapists from all modalities.

The NMR is also committed to the ethical treatment and protection of consumers in all aspects of the practice of natural medicine. The Board’s primary focus is to:

- Set minimum standards of education for entry into each of modalities that fall under the umbrella of the natural medicine profession
- Create a standard code of ethics and code of conduct across all modalities
• Provide a single desk for consumers and stakeholders for reviewing and dealing with complaints.

Another aim of the NMR is to consult and provide comment on regulatory options for currently unregistered natural-health practitioners.

4.6 The BAA’s undertaking to raise the educational standards of its membership body

At present Bowen Therapy practitioners are required to have a minimum qualification of a Certificate IV in Bowen Therapy, as provided by the Border College of Natural Therapies - a Registered Training Organisation and nationally recognised for its excellence in providing training. A Diploma of Specialised Bowen Therapy is also available that expands upon the Certificate IV.

As indicated earlier, the BAA has long held a view that its members should be qualified to the highest standard and from July 1, 2014, the minimum Bowen qualification required to be an accredited member of the BAA, and to be included on databases sent to health funds for rebates to clients, will be a Diploma of Bowen Therapy. This will necessitate current members, who now only have a Certificate IV in Bowen Therapy qualification, to undergo further education with a Registered Training Organisation to achieve Diploma standard in their Bowen Therapy training.

According to the Bowen Workforce Survey 2012 (BAA, 2012), of the 355 Bowen practitioners who responded, 51.8% (n=184) currently hold a Certificate IV in Bowen Therapy while 52.4% (n=186) hold a Diploma of Bowen Therapy (some respondents claimed both qualifications).

The BAA understands that this change in membership requirement will require a significant proportion of its membership to engage in additional training, but views that this requirement will further Bowen Therapy’s reputation as a complementary modality and assist in the BAA’s endeavors to encourage the highest possible standards in our profession.

4.7 Information about Bowen Therapy qualifications

As stated above, membership of the BAA is dependent on Bowen Therapy practitioners gaining a Certificate IV in Bowen Therapy or a Diploma of Specialised Bowen Therapy from the Border College of Natural Therapies. Some Private Health Funds require Bowen Therapy practitioners to have a Diploma qualification to be eligible for provider status with their fund.

The BAA has very deliberately formed an association with the Border College of Natural Therapies due to it being:

• a Registered Training Organisation
• recognised by the Australian Qualifications Framework (AQF)
• committed to the teaching of Bowtech®, a form of Bowen Therapy that most closely resembles the incredibly effective techniques developed by Tom Bowen.

Both the Certificate IV and Diploma courses comprise two areas of study: specialisation units that teach specialised Bowen procedures; and, units of materials essential to health professionals. These units include teachings on occupational health and safety, infection control, managing a practice and compliance with legal and ethical requirements.

4.8 The documented safety of Bowen Therapy as a modality

In literature presented in Section 2.2 this submission, under the heading Literature specific to Bowen Therapy, there is no documented evidence that the controlled, gentle manipulation of fascia, which
forms the basis of the Bowen technique has had an adverse consequence on patients participating in trials.

The safety and efficacy of Bowen Therapy in the treatment of conditions can also be evidenced by the fact that no adverse reports have arisen from the 164,000 hours of Bowen Therapy treatments conducted by recent graduates of the Border College of Natural Therapies (BCNT) in the period from 2005 to 2013.

During this time, 1278 students graduated from the Border College of Natural Therapies (BCNT) at Certificate IV level, and a further 366 qualified at Diploma level. In addition to their studies, all students were required to complete 100 separate log book hours for each qualification. The BCNT has reported to the BAA that client feedback is sought as part of this qualification requirement and no adverse reports have arisen.

In addition to the clinical work reported in this submission in Appendix 1, and the articles accepted for publication in various journals listed in Appendix 2, a large body of unpublished Diploma research papers exist that represent a significant additional number of Bowen treatment hours. These reflect the safety and efficacy of Bowen in assisting the treatment of a variety of conditions including asthma, bruxism, ADHD, carpal tunnel syndrome, chronic fatigue, depression, anxiety, sinus problems, multiple sclerosis, parkinsons disease and chronic pain conditions.

The Hansen and Taylor-Piliae (2011) Systematic Review of published literature relevant to Bowen Therapy from 1995-2009 concluded that Bowen Therapy was a noninvasive treatment that could be “introduced into diverse health care settings such as acute-care hospitals, outpatient settings, and rural environments”. The BAA contends that the conclusion that can be drawn from this recommendation is that the modality is safe to be used by patients in the health care setting.

In the BAA’s Bowen Workforce Survey 2012 (BAAA, 2012) members have also reported few adverse reactions to treatment with 96.7% of the 363 respondents reporting no adverse reactions in patients requiring medical intervention in the 12 months prior to responding to the survey.

4.9 Safety of the Bowen technique as evidenced by data from insurance providers

The modest premiums demanded by insurers of BAA members for professional indemnity insurance is evidence of the low risk status placed on the modality by insurance providers.

For example, in 2012 insurers Fenton Green & Co. sought $170 per annum from BAA members for the cost of professional indemnity insurance with a $10million limit. Fenton Green & Co. has confirmed to the BAA that there have been no claims by Bowen therapists in the time it has been the Association’s member-insurer.

In regard to demonstrating that natural therapies offer a low risk and stable insurance environment, the BAA has formulated the chart below, which is a composite of historical data for the 12 year period from 2001/02-2012/13. The data is sourced from the annual standard premiums for medical malpractice and public and products liability required by Marsh Pty Ltd, an insurer of natural therapies via the Australian Traditional Medicine Society, a large association representing practitioners of traditional medicine and natural therapies. The premiums are those applied to the group of states (VIC, ACT and NT with WA added in 2005). The premiums cover the insured while practicing multiple modalities.
The premium costs (shown on the vertical axis) vary from year to year depending on the desired limit of insurance e.g. $1, $2, $5 or $10 million (limits legend shown at right of chart).

The BAA does not have access to the actuarial methods used by the insurer to determine premiums. These would shed light on the relationship between the premium levels and the other variables shown in the chart.

The data in the chart reflects a very stable, safe and low risk insurance environment applying to natural therapies. This appraisal is based on the following observations:

• a lack of indexation of premiums along with comparable premiums for specific income groups remaining the same or actually reducing over time
• a very similar and stable plot for insured limits
• when Bowen therapy is added to the modalities insured (accepted by the Australian Traditional Medicine Society board since late 2011), there is no extra premium to pay, further confirming no inherent increase in risk to the underwriter in covering this modality along with others.

4.10 Overseas recognition of the safety and quality of Bowen Therapy

As stated in the Hansen and Taylor Piliae (2011) review: “Although Bowenwork is widely recognised and utilised for a variety of health conditions in over 30 countries, little research-based effectiveness data are available to guide clinicians in recommending this practice to patients”.

However, this has not stopped governments overseas from facilitating access to quality information about Bowen Therapy to healthcare professionals with the aim of assisting them to work in conjunction with Bowen therapists on a ‘complementary medicine’ basis.

An example of this is the previously mentioned Knowledge Library hosted by the Scottish National Health Service (NHSNSS), which contains a comprehensive range of published information about Bowen Therapy. This national knowledge management platform aims to: “provide high quality knowledge support for delivery of health and social care and to assist groups of health and social services staff and partners to work and learn together within the NHS”. Links to information relating to Bowen Therapy contained in the Knowledge Library can be found in Appendix 2.
4.11 Additional published articles relating to the safety and quality of Bowen Therapy

In addition to the body of clinical work that meets the guidelines set out by the National Health and Medical Research Council for the review of natural therapies (and discussed under clinical efficacy in this submission) there are a range of published articles, reports and books on Bowen therapy that describe and illustrate the quality and safety aspects of the therapy.

Bowen therapy is regularly described in the various publications as gentle, non-invasive and effective with positive feedback from subjects and clients. The publications show that Bowen has been beneficially applied in a number of health contexts including nursing/midwifery, women’s health, physiotherapy and pain management. Among the conditions described in these publications as benefitting from Bowen are backpain, respiratory conditions, migraine, sciatica and hayfever.

Journals that have accepted papers or articles on Bowen therapy are available on the EBSCO database (http://www.ebsco.com). These include:

- Positive Health [www.positivehealth.com](http://www.positivehealth.com)
- Nurse 2 Nurse [www.nurse2nurse.com](http://www.nurse2nurse.com)
- Complementary Therapies in Medicine [www.harcourt-international.com/journals/ctim](http://www.harcourt-international.com/journals/ctim)
- Complementary Therapies in Nursing and Midwifery. [www.harcourtinternational.com/journals/ctnm](http://www.harcourtinternational.com/journals/ctnm)

In Appendix 2 the BAA has compiled the list of items that can be accessed in EBSCO and information available through the NHS knowledge library (as described above). To avoid duplication, reports on the clinical studies discussed in Section 2 of this submission have been removed from Appendix 2.
References

Bowen Association of Australia (2012) Bowen Workforce Study. Available at: https://www.surveymonkey.com/sr.aspx?sm=4iUlmHtWXbGo7VAX2Ki9s8BFa3rzKDX5H_2fCghl2FaY_3d


DOI: 10.1089/acm.2010.0023.


APPENDIX 1

Recent peer reviewed literature relevant to Bowen Therapy

December 2012

Available at: http://www.ncbi.nlm.nih.gov/pubmed/21665103

The hamstring muscles are regularly implicated in recurrent injuries, movement dysfunction and low back pain. Links between limited flexibility and development of neuromusculoskeletal symptoms are frequently reported. The Bowen Technique is used to treat many conditions including lack of flexibility. The study set out to investigate the effect of the Bowen Technique on hamstring flexibility over time. An assessor blind, prospective, randomised controlled trial was performed on 120 asymptomatic volunteers. Participants were randomly allocated into a control group or Bowen group. Three flexibility measurements occurred over one week, using an active knee extension test. The intervention group received a single Bowen treatment. A repeated measures univariate analysis of variance, across both groups for the three time periods, revealed significant within-subject and between-subject differences for the Bowen group. Continuing increases in flexibility levels were observed over one week. No significant change over time was noted for the control group.

Available at: http://www.ncbi.nlm.nih.gov/pubmed/22087611

OBJECTIVES: The objectives of this study were to systematically review the literature available on the complementary approach to healing known as Bowenwork(®) and to examine reported research methods.

METHODS: To the authors' knowledge, an exhaustive search of the computerized databases from the known scientific community on all available published literature on Bowenwork(®) was conducted. Databases included Medline Ovid, PubMed, PsychINFO, and CINAHL(®). The literature search included English language studies (1985-September 5, 2009) using the following search terms: Bowen Technique, Bowen Therapy, Bowtech, and Bowenwork(®). In addition, a hand search of individual journals noted to publish complementary and alternative medicine articles was done (1997-2009). Abstracts of all studies were reviewed. Studies were included if (1) they referenced the original Bowenwork, (2) provided health-related outcomes, and (3) provided quantitative or qualitative data. Excluded articles included testimonials, duplicates, unrelated topics, literature reviews, articles lacking verifiable sources, and studies from proprietary resources.

RESULTS: Of the 309 citations obtained, only 15 articles met the inclusion criteria (randomized clinical trial, n=1; quasi-experimental, n=2; mixed methods, n=3; cross-sectional, n=2; case study, n=7). Over half of these studies (53%) reported that Bowenwork was effective for pain reduction and 33% reported improved mobility. In addition, several studies (n=5) reported the effectiveness of Bowenwork(®) on the relief of symptoms experienced by persons living with a chronic illness, such as multiple sclerosis.
**CONCLUSIONS:** Bowenwork(®) may provide a noninvasive and affordable complementary approach to improvements in health. This intervention may offer improvements in pain reduction for various conditions such as frozen shoulder and migraines. While Bowenwork is recognized internationally, scientific evidence is not well documented. Further research is needed to systematically test this modality, before widespread recommendations can be given.

3. **Hipmair G., Ganser D., Böhler N.¹, Schimetta W., Pölz W (2012) Efficacy of Bowen therapy in postoperative pain management – a single blinded (randomized) controlled trial.**

(Translated from German) Available at: [http://www.therapy-training.com/research/bowen-pain-research.html](http://www.therapy-training.com/research/bowen-pain-research.html)

**Background:** Several case reports point to a possible reduction of postoperative pain with the use of Bowen therapy (Bowtech®). The aim of this study was to evaluate the effect of Bowen therapy in patients after total knee replacement.

**Patients and methods:** We enrolled 91 patients in our study. The population was randomly split into three groups: in addition to standard postoperative pain therapy, group A underwent Bowen therapy, group B received a manual sham therapy, and group C constituted the control group without additional treatment. Postoperative pain was assessed with the visual analogue scale (VAS). VAS pain score averaged from postoperative days 1 until 10 was considered the primary endpoint.

**Results:** The groups were similar regarding to age, sex and side of operation. During the time of observation we could not detect a statistically significant difference in average pain score between the three groups (median VAS in groups A, B and C: 1.37 [0.76 – 2.07], 1.45 [0.87 – 1.80], and 1.75 [0.79 – 2.51], respectively, p-value: 0.663). We, however, observed a trend of lower VAS scores in the Bowen group within the first two days of treatment.(p-values <0.001 and <0.008, respectively).

**Conclusion:** The study results indicate that in the early period after knee replacement Bowen therapy may be an effective additional treatment tool for pain reduction.


**Objective:** To evaluate clients’ experience of Bowen Technique in the treatment of frozen shoulder in terms of their pain, functional ability and well-being.

**Methods:** A case series that used primarily quantitative methods and qualitative interviews.

Participants: Twenty participants with frozen shoulder.

**Intervention** - Bowen Technique, using 'frozen shoulder procedure'.

**Outcome measures:** Range of active and passive motion (abduction, flexion, extension, medial rotation, lateral rotation and 'wall climb') in both shoulders, pain intensity scores, impact on well-being and health status.
Results: Improvement in shoulder mobility and associated function for all participants. Median 'worst pain' pre-therapy score reduced from 7 (mean 7, range 1-10) to a median 'worst pain' score of 1 (mean 1.45, range 0-5) post-therapy. Fewer pain quality descriptors used by all participants. All participants experienced improvement in their daily activities.

Conclusion: Bowen Technique demonstrated an improvement for participants, even those with a very longstanding history of frozen shoulder. Further trials are warranted.

Available at: http://www.ncbi.nlm.nih.gov/pubmed/12463610

Bowen technique (BT) is a therapy that uses a light, non-invasive pressure applied to specific and prescribed locations throughout the body to trigger the body's own self-healing powers. Frozen shoulder is a painful condition associated with a reduced range of motion in the affected shoulder that is often resistant to conventional treatment. Within this paper, the qualitative findings from a larger study are presented and 20 participants' experiences of BT, their comparisons with other interventions, and their satisfaction with the therapy are explored. Overwhelmingly, BT was experienced as being gentle, relaxing and noninvasive and of help with significantly eliminating and improving the symptoms associated with frozen shoulder.

Available at: http://www.bodyworkmovementtherapies.com/issues?issue_key=S1360-8592(08)X0004-X

Available at: http://www.ncbi.nlm.nih.gov/pubmed/19175262

A six week program using Bowen Technique treated 31 Hospital and Community Health Service staff in a group setting providing an innovative way to reduce stress and improve physical health. Quantitative and qualitative data indicated that Bowen Technique was successful in reducing pain, improving mobility, reducing stress, and improving energy, well being and sleep.

Available at: http://www.ncbi.nlm.nih.gov/pubmed/19175268

A program in Byron Shire in 2002 offered Health Service staff treatments with Bowen Technique. The program was evaluated after 9 months. The evaluation explored the effect of the treatment on work related injuries. The responses indicated that the provision of Bowen Therapy for staff might be an effective way of reducing Workcover claims.

Available at: http://www.ncbi.nlm.nih.gov/pubmed/11898292
Positive results from the administration of Bowen Therapy to staff while at work has prompted an innovative project addressing the lowering of stress levels and preventing burn-out for all staff, in and beyond nursing.


**Introduction:** Bowen Therapy is an established complementary therapy with anecdotal reports of effectiveness. However, there is limited published research to substantiate safety or effectiveness. This is a pilot study to explore the potential impact of Bowen therapy in chronic stroke.

**Methods:** A case series of 14 people with chronic stroke were offered 13 sessions of Bowen therapy over a three-month period.

**Results:** Motor assessments of the 13 people who participated showed improvements—gross motor function trended to improvement; SF-36 role-physical, physical health summary scale and total SF-36 scores showed statistically significantly improvements. However, grip strength reduced.

**Conclusions:** In this pilot study, Bowen therapy was associated with improvements in neuromuscular function in people with chronic stroke. At this stage of study, it is not possible to conclude that there is definite benefit; however the results suggest that exploration through further research is appropriate.
APPENDIX 2

List of published items and bibliography on Bowen Therapy sourced from EBSCO CINAHL, EBSCO ALTHEALTHWATCH and elsewhere:


Bowenwork and women’s health. Associated Bodywork and Massage Professions, Vol.25, issue 3, p.60Source/Publisher: EBSCO CINAHL


Bowen for hay fever (2008), Positive Health, Positive Health Publications, 2008m=, Issue 148, p.7 Source/Publisher: EBSCO CINAHL


Figov, J,(1999) Gentle touch Bowen therapy; Positive Health, Positive Health Publications, 1999, Issue 44, p 47-49... Source/Publisher: EBSCO CINAHL

Godfrey J, (2001), The Bowen Technique -- gentle and effective antidote to pain, Nurse2Nurse, Source/Publisher: EBSCO CINAHL

1 Compiled from the Scottish Government’s NHS Knowledge Library updated with further searches in EBSCO. Note systematic reviews, random controlled trials and case study series that came up in the search have been removed from this appendix. The Knowledge Library is at http://www.knowledge.scot.nhs.uk/home/search-results.aspx?q=%28string%28%22bowen+technique%22%2c+mode%3d%22and%22%29%29&pm=fql&searchTerm1=bowen+techniq


Gustafson, S (nd ) Bowenwork: bodywork without the work. Massage and Bodywork, Associated Bodywork and Massage Professions, Vol.25, Issue 3, p54-57, p59-61, p63. Source/ Publisher: EBSCO CINAHL

Harrison, C, (2011) In deep, Bowen and midwifery, Essentially MIDRS, Harrison, Claire, Nov 2011, volume 2, Number 10. Source/ Publisher: OVID MIDIRS


Murphy, B, (2004), Bowen Technique, Healthy Way, Swiss Health Publication, 2004, Issue 33.Source/ Publisher: EBSCO CINAHL


Olafimihan, K; Hall, S,(2002), Bowen -- moving blocked energy: Bowen is a gentle but highly effective technique for the treatment of many conditions, Positive Health. Positive Health Publications, 2002, p.51-54Source/ Publisher: EBSCO CINAHL


**Books written specifically on Bowen Therapy:**


Tremblay, L,(nd)  *The little Bowen book*

Wilks, J, (2007) *The Bowen technique, the inside story*, CYMA Ltd, Dorset, UK

Zainzinger, M and Knoll, S, (nd) *Bowtech, the original bowen technique*. Lightning Source, Milton Keynes, UK
## APPENDIX 3

### Physiotherapy services table of costs

**Effective 1 July 2012**

<table>
<thead>
<tr>
<th>Service</th>
<th>Descriptor</th>
<th>Insurer prior approval required</th>
<th>Item number</th>
<th>Fee – GST not included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial consultation</td>
<td>First consultation with worker</td>
<td>No</td>
<td>100021</td>
<td>$75.00</td>
</tr>
<tr>
<td>Initial consultation (multiple area)</td>
<td>Two or more entirely separate injuries/conditions are assessed and treated; treatment applied to one condition does not affect the symptoms of the other injury; must relate to the compensable injury; does not include a condition with referred pain to another area; requires workers’ compensation certificate detailing each area/condition to be treated</td>
<td>No</td>
<td>100313</td>
<td>$112.00</td>
</tr>
<tr>
<td>Subsequent consultation – level A</td>
<td>Selective review of treatment or exercise program where a standard consultation (level S) is not required; may include brief or partial reassessment</td>
<td>The first five (5) sessions (including initial consultation) are pre-approved.</td>
<td>100108</td>
<td>$50.00</td>
</tr>
<tr>
<td>Subsequent consultation – level B</td>
<td>Standard treatment consultation—management of one area/condition only</td>
<td></td>
<td>100006</td>
<td>$67.00</td>
</tr>
<tr>
<td>Subsequent consultation – level C</td>
<td>Two entirely separate injuries/conditions assessed and treated; treatment applied to one condition does not affect the symptoms of the other injury; does not include a condition with referred pain to another area</td>
<td></td>
<td>100101</td>
<td>$96.00</td>
</tr>
<tr>
<td>Subsequent consultation – level D</td>
<td>More than two entirely separate injuries/conditions assessed and treated; treatment applied to one condition does not affect the symptoms of the others; does not include a condition with referred pain to another area</td>
<td></td>
<td>100102</td>
<td>$129.00</td>
</tr>
<tr>
<td>Reassessment/program review</td>
<td>Indicated when the worker has been in active rehabilitation for six weeks and further treatment is likely</td>
<td>Yes</td>
<td>100555</td>
<td>$93.00</td>
</tr>
<tr>
<td>Complex physiotherapy assessment</td>
<td>Used for assessing complex conditions that cannot be adequately assessed within a standard (100021) or multiple areas (100313) consultation due to the complexity of the condition (see conditions)</td>
<td>Yes</td>
<td>100406</td>
<td>$158.00 (^\text{a}) per hour</td>
</tr>
<tr>
<td>Complex physiotherapy intervention</td>
<td>One-on-one session for complex conditions of recommended interventions identified during a complex physiotherapy assessment (100406); (see conditions)</td>
<td>Yes</td>
<td>100407</td>
<td>$158.00 (^\text{a}) per hour</td>
</tr>
<tr>
<td>Specialised hand/upper limb therapy consultation</td>
<td>One-on-one consultation and treatment services to workers with upper extremity injuries below shoulder level; provide hand therapy services in accordance with the worker’s specific injury and needs; apply evidence-based protocols where applicable; treatment offered is considered specialist hand therapy provided by a qualified practitioner</td>
<td>First five (5) sessions (5) are pre-approved if referred by medical hand specialist</td>
<td>100287</td>
<td>$158.00 (^\text{a}) per hour</td>
</tr>
<tr>
<td>Initial therapeutic exercise program development and instruction</td>
<td>Development of gym/pool-based program with individual one-on-one instructions and/or demonstration of the program at an appropriate venue; worker’s condition requires the continued expertise of a physiotherapist for the successful progression to meet their functional goals in a gym/pool-based program—maximum one hour</td>
<td>Yes</td>
<td>100314</td>
<td>$156.00 (^\text{a}) per hour</td>
</tr>
<tr>
<td>Therapeutic exercise program subsequent consultation</td>
<td>Subsequent monitoring of gym/pool-based program and individual one-on-one instruction at an appropriate venue; worker’s condition requires the continued expertise of a physiotherapist for the successful progression to meet their functional goals in a gym/pool-based program—maximum one hour</td>
<td>Yes</td>
<td>100402</td>
<td>$158.00 (^\text{a}) per hour</td>
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</table>
Physiotherapy services table of costs

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<th>Service</th>
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<th>Item number</th>
<th>Fee – GST not included¹</th>
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<td>Group exercise sessions</td>
<td>Group exercise programs, maximum eight persons per group **</td>
<td>Yes</td>
<td>100106</td>
<td>$10.00 A per person per hour</td>
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<tr>
<td>Group education sessions</td>
<td>Group education programs—maximum eight persons per group **</td>
<td>Yes</td>
<td>100171</td>
<td>$40.00 A per person per hour</td>
</tr>
<tr>
<td>Independent case review</td>
<td>Independent examination and report of a worker (not by the treating therapist)</td>
<td>Yes</td>
<td>100226</td>
<td>$198.00 A per hour</td>
</tr>
</tbody>
</table>

¹ Please read the item number descriptions contained in this document for service conditions and exclusions. Item numbers for reports, communication and other services can be found in the Supplementary services table of costs.

² Where prior approval is indicated, the practitioner must seek approval from the insurer before providing services.

³ Notes do not include GST. Check with the Australian Taxation Office if GST should be included.

⁴ Hourly rates are to be charged per hour.

** Insurer will only pay for the attendance of workers’ compensation claimants.

The information provided in this publication is distributed by Q-COMP as an information source only. The information is provided solely on the basis that readers will be responsible for making their own assessment of the matters discussed herein and are advised to verify all relevant representations, statements and information.
APPENDIX 4

Bowen Association of Australia

CODE OF ETHICS

• I will acquaint myself with, and endeavour to adhere to, the code of conduct, guidelines and rules of the association to the best of my ability.
• I will administer Bowtech® the Bowen Technique accurately, gently, compassionately and with integrity.
• I will honour and respect the body, mind, and spirit of my clients.
• I will use my knowledge and skill to support my clients.
• I will administer Bowtech® the Bowen Technique with the teachings and philosophy of Tom Bowen.
• I will respect the simplicity and power of the Bowen Technique.
• I will respect and honour the confidentiality of my clients.
• I will give hope and assurance to all clients but will not represent the Bowen Technique as a guarantee cure for any disease, ailment or condition.
• I recognise the power of the Bowen Technique to affect emotional releases and I will be prepared to support those who experience such releases.
• I will make referrals when appropriate and will not misrepresent myself or the Bowen Technique in any way.
• I will respect the wisdom and uniqueness of the Bowen Technique and will not provide, on the same day, any other (hands on) modality.
• I will commit to furthering my skills and understanding in reference to the Bowen Technique by following the continuing education guidelines of the Bowen Association of Australia.
• I will respect and co-operate with any other qualified health practitioner with whom my client chooses to be involved to the extent that this does not compromise the integrity of the Bowen Technique and/or me.
• I will co-operate with any ethical investigation instigated by the Bowen Association of Australia and will report to the Association any actions or practices that clearly violate this code.
APPENDIX 5

Bowen Association of Australia

CODE OF CONDUCT

1. Practitioners shall have respect for the religious, spiritual, political and social views of any individual irrespective of race, colour, creed or sex.

2. Practitioners shall at all times conduct themselves in an honourable and courteous manner and with diligence in their relations with their patients/clients and the public. They should seek a good relationship and shall work in a cooperative manner with other healthcare professionals and recognise and respect their particular contribution within the healthcare team, irrespective of whether they perform from an allopathic or alternative/complementary base.

3. The relationship between a practitioner and his/her patient/client is that of a professional with a patient/client. The patient/client places trust in a practitioner’s care, skill and integrity and it is the practitioner’s duty to act with due diligence at all times and not to abuse this trust in any way.

4. Proper moral conduct must always be paramount in practitioners’ relationships with patients/clients. They must behave with courtesy, respect, dignity, discretion and tact. Their attitude must be competent and sympathetic, hopeful and positive, thus encouraging an uplift in the patient’s/clients’ mental outlook and belief in a progression towards good health practices.

5. In furtherance of 4 above, practitioners must not enter into a sexual relationship of any kind with a patient/client and must be diligent in guarding against any act, suggestion or statement that may be interpreted, mistakenly or otherwise, as having a sexual implication.

6. Practitioners must never claim to “cure”. The possible therapeutic benefits may be described; “recovery” must never be guaranteed.

7. Practitioners should ensure that they themselves are medically, physically and psychologically fit to practice.

8. Discretion must be used for the protection of the practitioner when carrying out private treatment with patient/clients who are mentally unstable, addicted to drugs or alcohol, or severely depressed, suicidal or hallucinated. Such patients/clients must be treated only by a practitioner with relevant competency. A practitioner must not treat a patient/client in any case which exceeds his/her capacity, training, or competence. Where appropriate, the practitioner must seek referral to a more qualified person.

9. Registered medical practitioners and members of other healthcare professions remain subject to the general ethical codes and disciplinary procedures of their respective professions.

10. The aim of the Bowen Association membership is to offer a service to patients/clients as well as a service and therapeutic modalities to, and with, the medical profession.

Practitioners must recognise that where a patient is delegated to them by a Registered Medical Practitioner, the doctor remains clinically accountable for the patient and for the care offered by the practitioner.
11. Practitioners must guard against the danger that a patient/client, without previously consulting a doctor, may come for therapy for a known disorder and subsequently be found, too late, to be suffering from another serious disorder. To this end, new patients/clients must be asked what medical advice they have received. If they have not seen a doctor, they must be advised to do so. Since it is legal to refuse medical treatment, no patient/client can be forced to consult a doctor. The advice must be recorded for the practitioner’s protection.

12. Practitioners must not countermand instructions or prescriptions given by a doctor.

13. Practitioners must not advise a particular course of medical treatment, such as to undergo an operation or to take specific drugs. It must be left to the patient/client to make his/her own decisions in the light of medical advice.

14. Practitioners must never give a medical diagnosis to a patient/client in any circumstances; this is the responsibility of a registered medical practitioner.

15. Practitioners must not use titles or descriptions to give the impression of medical, or other qualifications unless they possess them and must make it clear to their patients/clients that they are not doctors and do not purport to have their knowledge or skills.

16. Practitioners must not prescribe remedies, herbs, supplements, oils etc unless their training and qualification entitle them to do so.

17. Advertising must be dignified in tone and shall not claim a cure. It shall be confined to drawing attention to the therapy available, the qualifications of the practitioner and offer a general service together with necessary details.

18. Practitioners will display their certificate of membership of the Bowen Association of Australia and the code of ethics in the normal place of work. Practitioners working in several locations and/or offering visiting services will have available at all times a copy of same.

19. Before treatment, practitioners must explain fully, on request, either in writing or verbally, all the procedures involved in the treatment, including such matters as questionnaires, likely content and length of consultation, number of consultations, fees etc.

20. Practitioners must act with consideration concerning fees and justification for treatment. Practitioners should not be judgmental and they should recognise the patient’s/client’s right to refuse treatment or ignore advice. It is the patient’s/client’s prerogative to make their own choices with regard to their health, lifestyle and finance.

21. Practitioners must ensure they keep clear and comprehensive records of their treatments including the dates and advice given. This is especially important for the defence of any negligent actions as well as for efficient and careful practice.

22. In determining whether or not any record of the nature of any treatment administered is reasonable, it shall be for the practitioner compiling the record to show that on the basis of his/her notes, he/she can demonstrate what treatment was undertaken and whether that treatment was competently and reasonably undertaken.

23. Confidentiality. Practitioners, their assistants and receptionist have an implicit duty to keep attendances, all information, records and views formed about patients/clients entirely confidential. No disclosure may be made to any third party, including any member of the patient’s/client’s own family, without the patient’s/client’s consent unless it is required by due
process of the law, whether that be Statute, Statutory instrument, order of any court of competent jurisdiction or howsoever otherwise.

24. No third party, including assistants and members of the patient’s/client’s family, may be present during the course of a consultation with an adult without the patient’s/clients express consent.

25. All practitioners must be adequately insured to practice. Normally this will be through their therapy association. Private insurance is permitted and if adopted, practitioners must provide evidence of this to their Association. The insurance policy must state provision for public and employee (if personnel are employed) liability and indemnity as well as the provisions for professional treatments.

26. All practitioners must ensure that their working conditions are suitable for the practice of their therapy.