

La Fédération Suisse d'Ostéopathie fête ses 20 ans

Evolution et place des modèles dans les professions de santé



Prof. Paul **Vaucher**

OsteoPole, Promotion de la recherche en ostéopathie, Yverdon-les-Bains

Professeur honoraire HSU, Londres | Chargé de cours FFHS, Zurich | Intervenant externe HEdS-Fr/HES-SO, Fribourg & UHA, Mulhouse

Rédacteur associé Int J Ost Med & Mains Libres

Déclaration d'intérêt



- Clinicien indépendant souhaitant à promouvoir l'ostéopathie pour soigner les patients.
- Prof.Hon UHS, ancien Prof.Ord-HES-SO, il possède sa propre société, OsteoPole, qui se consacre à la promotion de la recherche et de la pratique de l'ostéopathie fondée sur des données probantes.
- Il reçoit des fonds pour la recherche de la Fondation suisse pour la science ostéopathique (SOSF), des fonds de recherche universitaires et des fonds nationaux.
- Intérêt pour la promotion de la recherche
 - Conseil d'administration COME
 - Commission scientifique SOSF, CFRO
 - Rédacteur associé: IJOM, Mains Libres

Plan

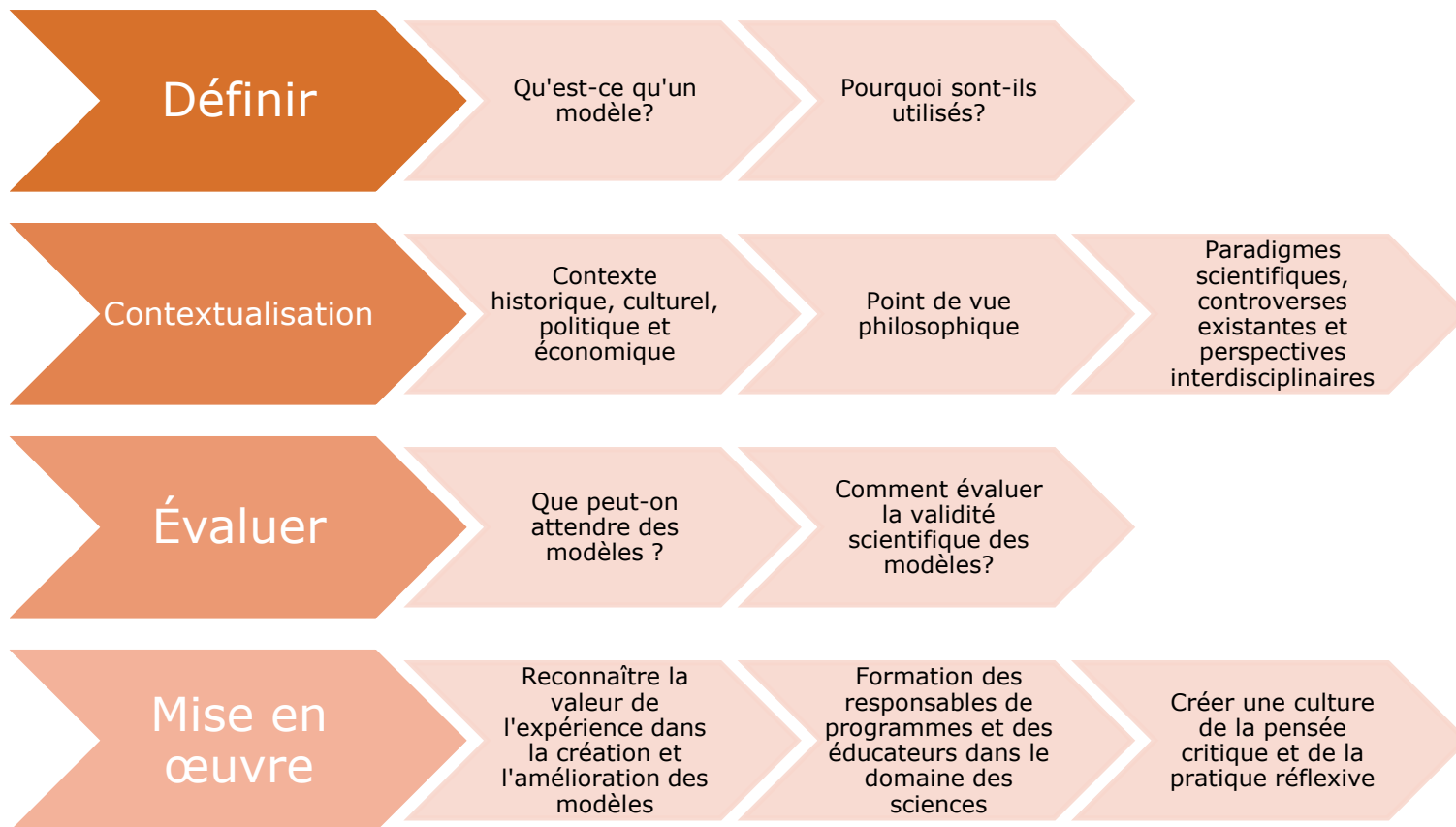


Image générée par IA

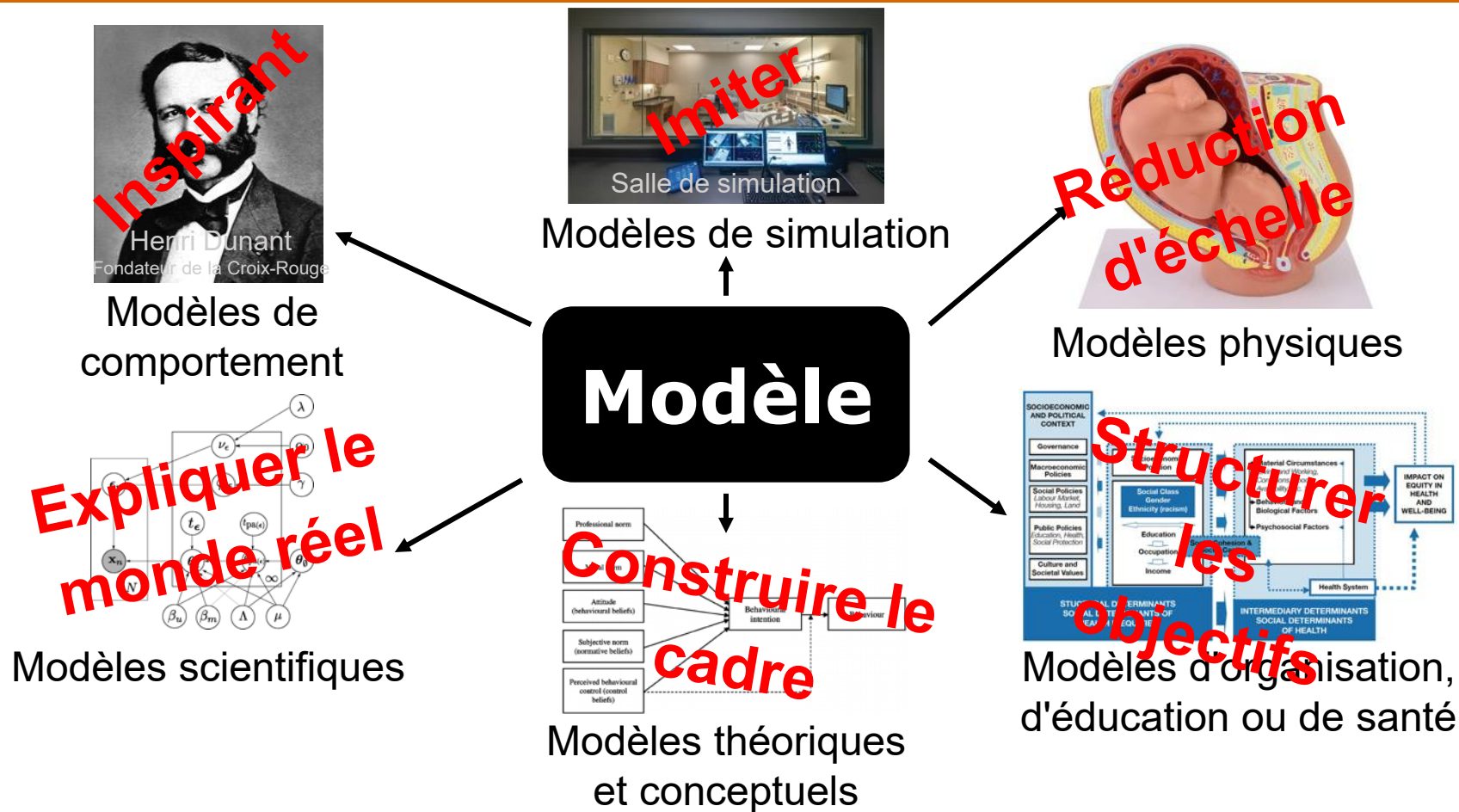


Image générée par IA

**Le cadre conceptuel ou les fondements théoriques
représentent la solidité des fondations sur laquelle
un corps de connaissances est construite.**



Définir la notion de modèle



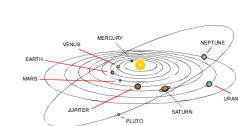
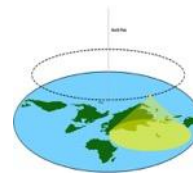
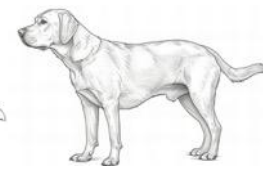
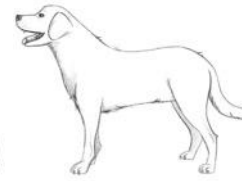
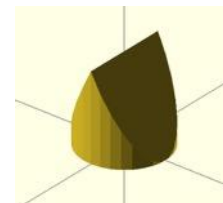
Modèle

Ce n'est pas le vrai "truc"

Simplifié

Plus ou moins précis

Plus ou moins valable



Pourquoi sont-ils utilisés?

Expliquer la
santé et la
maladie

Développer et
évaluer les
interventions

Guider la
prise de
décision
clinique

Gérer les
systèmes de
santé

Faciliter
l'éducation

Score de risque de Framingham



Andersson et al. *Nat Rev Cardiol.*
2019;16(11):687-698.
doi:[10.1038/s41569-019-0202-5](https://doi.org/10.1038/s41569-019-0202-5)

Tsao & Vasan. *Int J Epidemiol.*
2015;44(6):1800-1813.
doi:[10.1093/ije/dyv337](https://doi.org/10.1093/ije/dyv337)

FRAMINGHAM RISK SCORE (FRS) Estimation of 10-year Cardiovascular Disease (CVD) Risk

Step 1¹

In the "Points" column enter the appropriate value according to the patient's age, HDL-C, total cholesterol, systolic blood pressure, and if they smoke or have diabetes. Calculate the total points.

Risk Factor	Risk Points		Points
	Men	Women	
Age			
30-34	0	0	
35-39	2	2	
40-44	5	4	
45-49	6	5	
50-54	8	7	
55-59	10	8	
60-64	11	9	
65-69	12	10	
70-74	14	11	
75+	15	12	
HDL-C (mmol/L)			
> 1.6	-2	-2	
1.3-1.6	-1	-1	
1.2-1.29	0	0	
0.9-1.19	1	1	
< 0.9	2	2	
Total Cholesterol			
< 4.1	0	0	
4.1-5.19	1	1	
5.2-6.19	2	3	
6.2-7.2	3	4	
> 7.2	4	5	
Systolic Blood Pressure (mmHg)	Not Treated	Treated	Not Treated
< 120	-2	0	-3
120-129	0	2	0
130-139	1	3	1
140-149	2	4	2
150-159	2	4	4
160+	3	5	5
Smoker	Yes		3
No			0
Diabetes	Yes		4
No			0
Total Points			

1. Adapted from D'Agostino RB et al. General cardiovascular risk profile for use in primary care. The Framingham Heart Study. *Circ* 2008;117:243-53.
2. Adapted from Greenland J et al. 2010. Consider Cardiovascular Disease? Canadian guidelines for the diagnosis and treatment of dyslipidemia and prevention of cardiovascular disease in the adult. *Can J Cardiol* 2010;26(10):647-59.
3. Adapted from Anderson T et al. 2013. Update of the Canadian Cardiovascular Society guidelines for the diagnosis and treatment of dyslipidemia for the prevention of cardiovascular disease in the adult. *Can J Cardiol* 2013;29(10):1511-1527.
4. Adapted from Pearson G et al. 2011. Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in Adults. *Can J Cardiol* 2011;27(11):1109-1118.
5. Lipidology Symposium abstract.
6. For most patients with diabetes, calculating their FRS is not needed for treatment decisions in primary prevention as a statin would be indicated in most of the population, including ages > 40 yrs old and ages > 50 yrs & DM > 15 yrs duration and/or microvascular disease.



Canadian Cardiovascular Society

To learn more visit us at CCS.ca

Patient's Name: _____

Date: _____

Step 2¹

Using the total points from Step 1, determine the 10-year CVD risk* (%).

Total Points	10-Year CVD Risk (%)	
	Men	Women
< -3 or less	< 1	< 1
-2	1.1	< 1
-1	1.4	1.0
0	1.6	1.2
1	1.9	1.5
2	2.3	1.7
3	2.8	2.0
4	3.3	2.4
5	3.9	2.8
6	4.7	3.3
7	5.6	3.9
8	6.7	4.5
9	7.9	5.3
10	9.4	6.3
11	11.2	7.3
12	13.2	8.6
13	15.6	10.0
14	18.4	11.7
15	21.6	13.7
16	25.3	15.9
17	29.4	18.5
18	> 30	21.3
19	> 30	24.8
20	> 30	28.5
21+	> 30	> 30

* Double cardiovascular disease risk percentages for individuals between the ages of 30 and 39 without diabetes if the presence of a positive history of premature cardiovascular disease is present in a first-degree relative before 50 years of age for men and before 60 years of age for women. This is known as the modified Framingham Risk Score.²

Step 3^{3,4,5}

Using 10-year CVD risk from Step 2, determine if patient is Low, Intermediate or High risk¹

Risk Level ¹	Initiate Statin Treatment ^{1b}	Consider Add-on Therapy or Treatment Intensification
High FRS ≥ 20%	Consider treatment in all (Strong, High)	If LDL-C ≥ 2.6 mmol/L, or Non-HDL-C ≥ 2.6 mmol/L, or ApoB ≥ 0.80 g/L, on maximally tolerated statin dose
Intermediate FRS 10-19%	If LDL-C ≥ 3.3 mmol/L, or (Strong, Moderate) If LDL-C < 3.3 mmol/L, initiate it: • non-HDL-C ≥ 4.3 mmol/L, or • ApoB ≥ 1.03 g/L, or (Strong, Moderate) • Plus a 30 yrs and women ≥ 40 yrs with 1 additional risk factor: low HDL-C, impaired fasting glucose, high waist circumference, smoker, or hypertension, or with the presence of other risk modifiers. • HDL-C ≥ 2 mmol/L, CAC ≥ 6 AU, family history of premature CAD, Lp(a) ≥ 100 mg/L (≥ 30 mg/dL)	If LDL-C ≥ 2.6 mmol/L, or Non-HDL-C ≥ 2.6 mmol/L, or ApoB ≥ 0.80 g/L, on maximally tolerated statin dose
Low FRS < 10%	Statin generally not indicated	N/A
Statin-Indicated Conditions^{1b} (Consider treatment in all; Strong, High)		
LDL-C > 5 mmol/L, or non-HDL-C > 3.8 mmol/L, or ApoB ≥ 1.45 g/L (H or genetic dyslipidemia)		If LDL-C ≥ 2.6 mmol/L, or < 50% reduction, or non-HDL-C ≥ 3.3 mmol/L, or ApoB ≥ 0.80 g/L
Most patients with diabetes: • Age ≥ 40 yrs old or Age ≥ 30 yrs & DM ≥ 15 yrs duration and/or microvascular disease		If LDL-C ≥ 3.0 mmol/L, or non-HDL-C ≥ 2.6 mmol/L, or ApoB ≥ 0.80 g/L, on maximally tolerated statin dose
Chronic Kidney Disease: • Age ≥ 50 yrs & eGFR < 60 mL/min/1.73 m ² or ACR ≥ 1 mg/min		
Atherosclerotic Cardiovascular Disease (ASCVD): • Previous MI, angina, or stroke • Stable angina, documented coronary artery disease (CAD) using angiography, or • Stroke, TIA, documented carotid disease, or • Peripheral arterial disease, abdominal aortic aneurysm (AAA) < 5.5, or • Abdominal aortic aneurysm (AAA) - abdominal aorta > 3.0 cm or previous aneurysm surgery		If LDL-C ≥ 1.8 mmol/L, or non-HDL-C ≥ 2.4 mmol/L, or ApoB ≥ 0.70 g/L, on maximally tolerated statin dose

^{1b} Statin indicated condition refers to any condition for which pharmacotherapy with statins is indicated, and contains all documented ASCVD conditions, as well as other high-risk primary prevention conditions in the absence of ASCVD.

Règles d'Ottawa concernant les chevilles

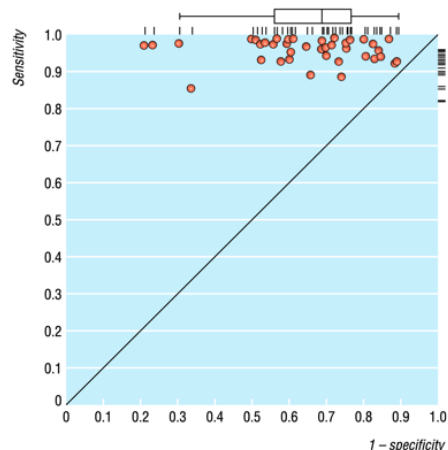


Fig 2 Receiver operating characteristics plot of all included studies (39 2x2 tables)

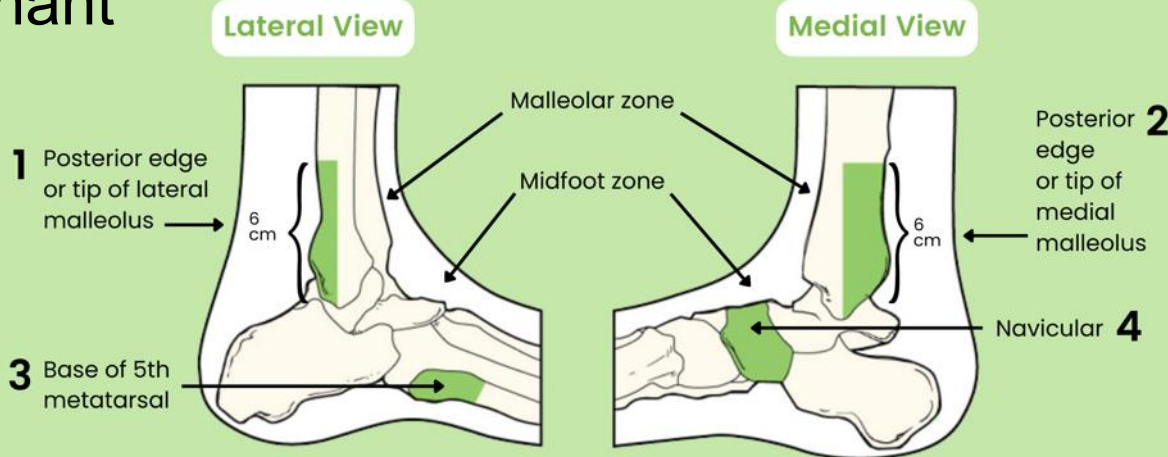
Bachmann. *BMJ*. 2003;326(7386):417-417.

doi:[10.1136/bmj.326.7386.417](https://doi.org/10.1136/bmj.326.7386.417)

Stiell et al. *Ann Emerg Med*. 1992;21(4):384-390.

doi:[10.1016/s0196-0644\(05\)82656-3](https://doi.org/10.1016/s0196-0644(05)82656-3)

Wallace et al. *BMC medical informatics and decision making*. 2011;11:62. doi:[10.1186/1472-6947-11-62](https://doi.org/10.1186/1472-6947-11-62)



An ankle x-ray series is required only if there is any pain in malleolar zone and any of these findings:

- Bone tenderness at **1 & 2**
- Inability to bear weight both immediately and in emergency department

A foot x-ray is required only if there is any pain in midfoot zone and any of these findings:

- Bone tenderness at **3 & 4**
- Inability to bear weight both immediately and in emergency department

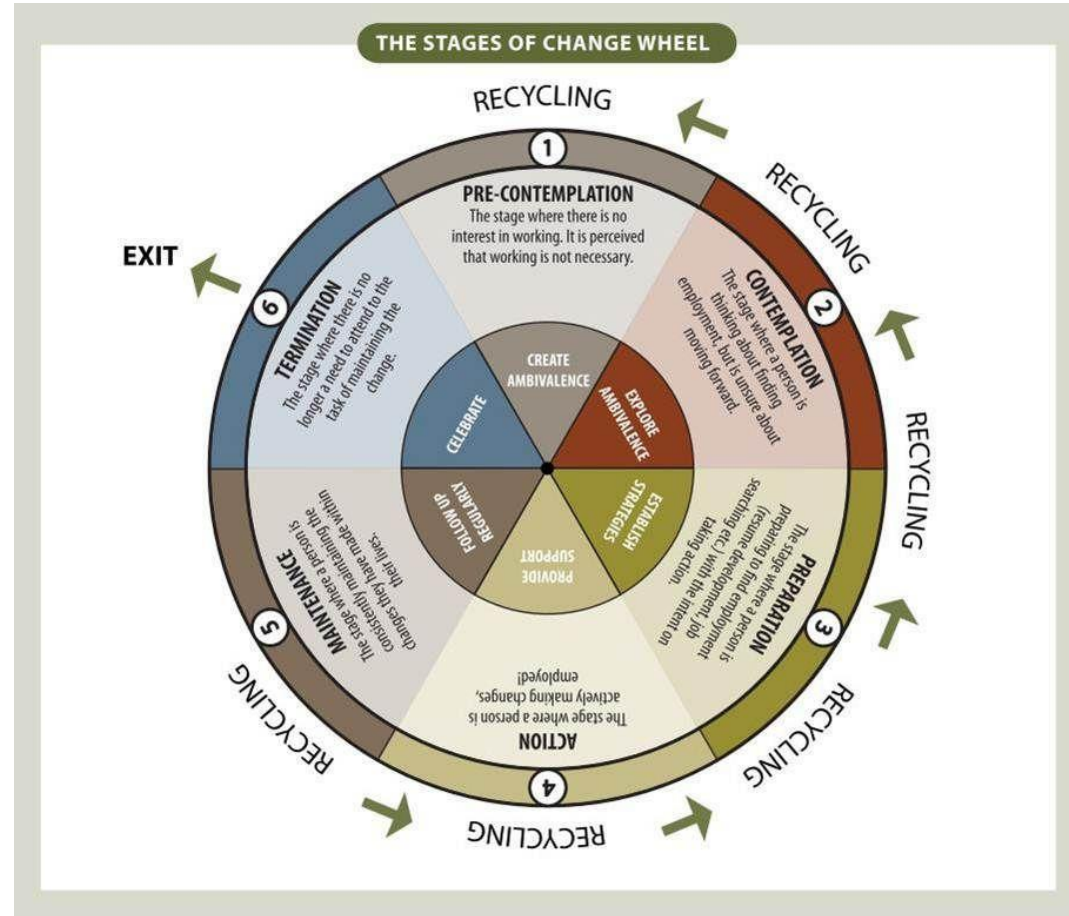
Modèle transthéorique

Prochaska & Velicer. *Am J Health Promot.* 1997;12(1):38-48.

doi:[10.4278/0890-1171-12.1.38](https://doi.org/10.4278/0890-1171-12.1.38)

Jiang et al. *Addictive Behaviors.* 2017;73:216-235.

doi:[10.1016/j.addbeh.2017.05.023](https://doi.org/10.1016/j.addbeh.2017.05.023)



Entretien de motivation et activités physiques

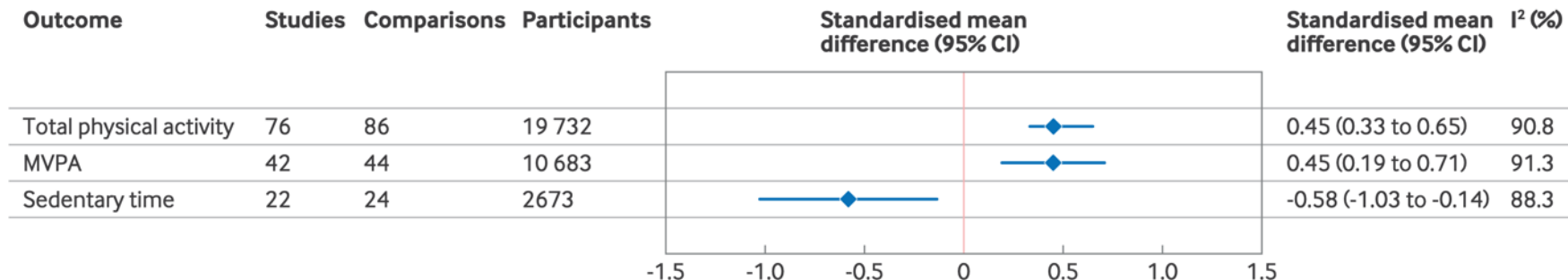
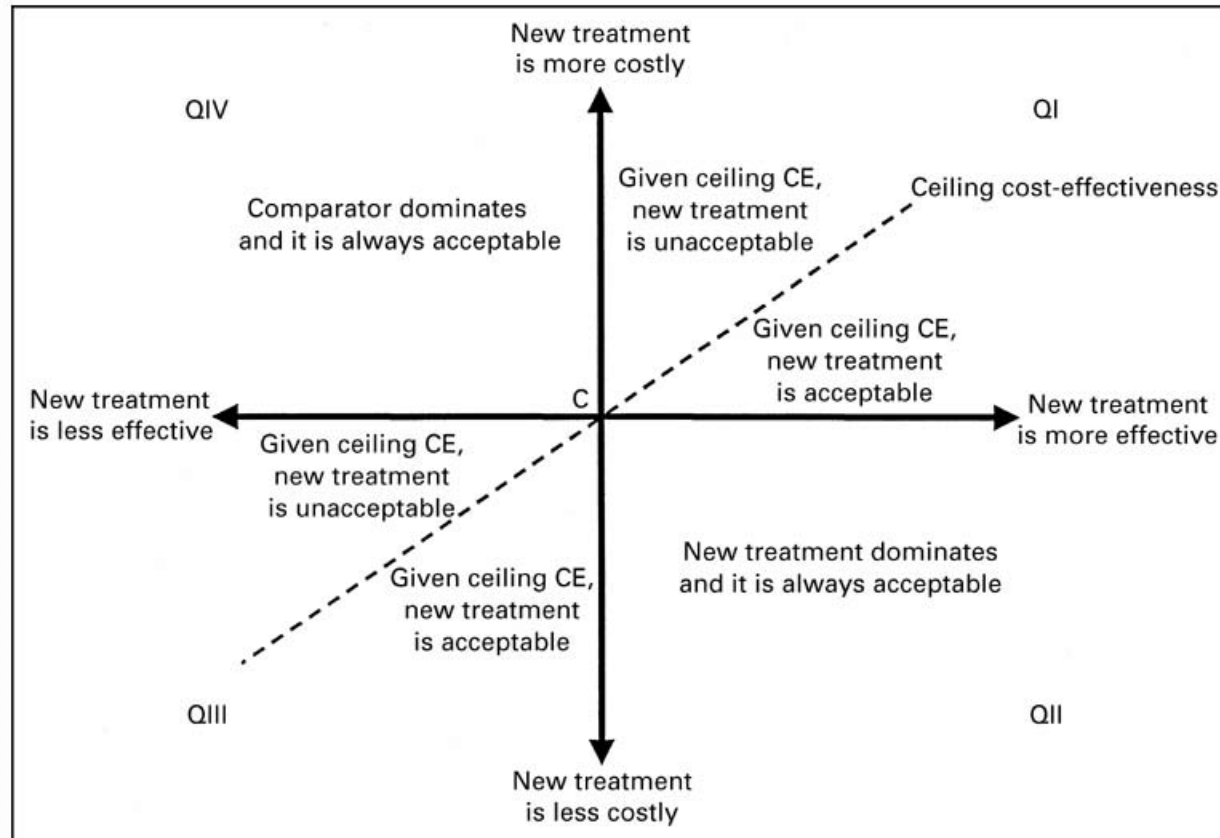


Fig 3 | Summary standardised mean differences for overall meta-analysis. CI=confidence interval; MVPA=moderate to vigorous physical activity

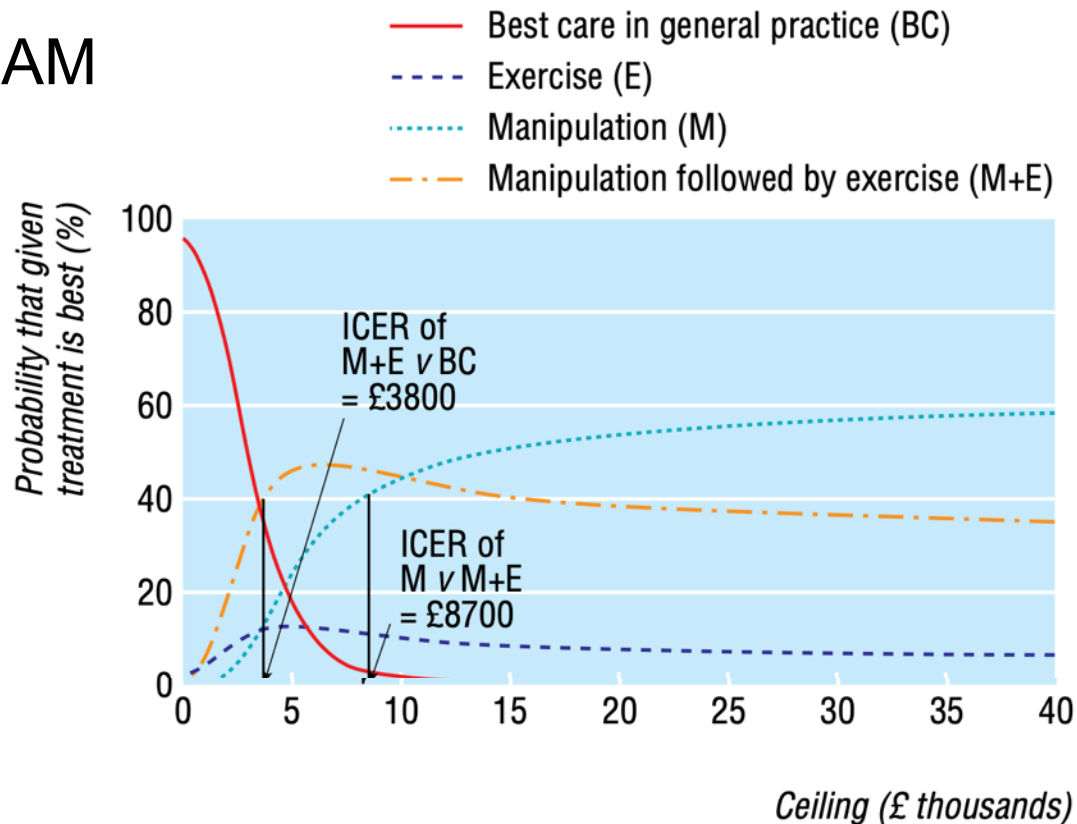
Zhu et al. *BMJ*. Publié en ligne le 10 juillet
2024:e078713. doi:[10.1136/bmj-2023-078713](https://doi.org/10.1136/bmj-2023-078713)

Modèle coût-efficacité



Maniadakis & Gray.
The Journal of Bone and Joint Surgery
 Volume britannique. 2000;82-B(1):2-8.
 doi:[10.1302/0301-620X.82B1.0820002](https://doi.org/10.1302/0301-620X.82B1.0820002)

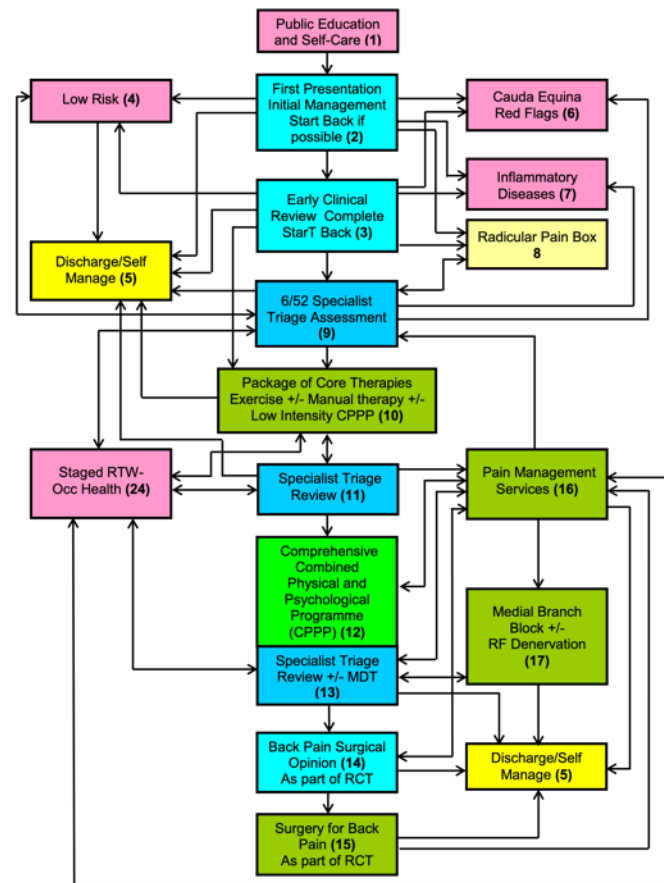
Coût-efficacité - essai BEAM



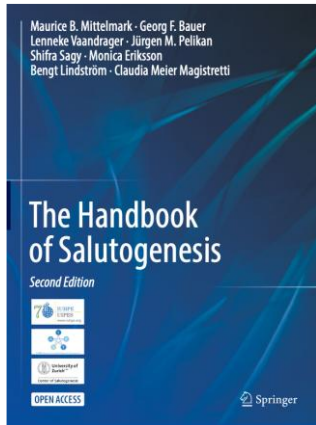
Équipe de l'essai BEAM au Royaume-Uni. *BMJ*.
 2004;329(7479):1381-0.
 doi:[10.1136/bmj.38282.607859.AE](https://doi.org/10.1136/bmj.38282.607859.AE)

Chemin clinique pour la prise en charge de la lombalgie et de la douleur radiculaire au Royaume-Uni

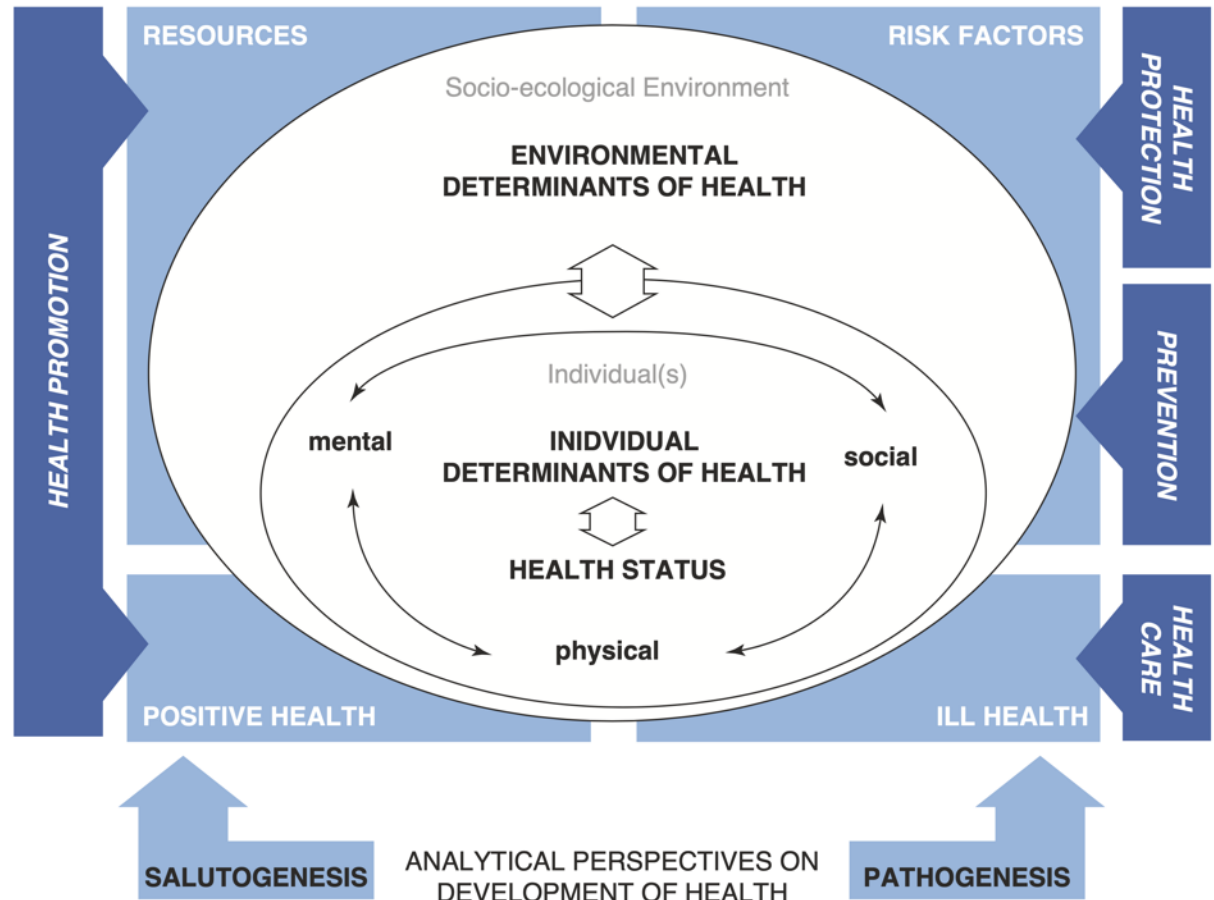
NHS England. Programme de soins en traumatologie. 2nd ed 2017



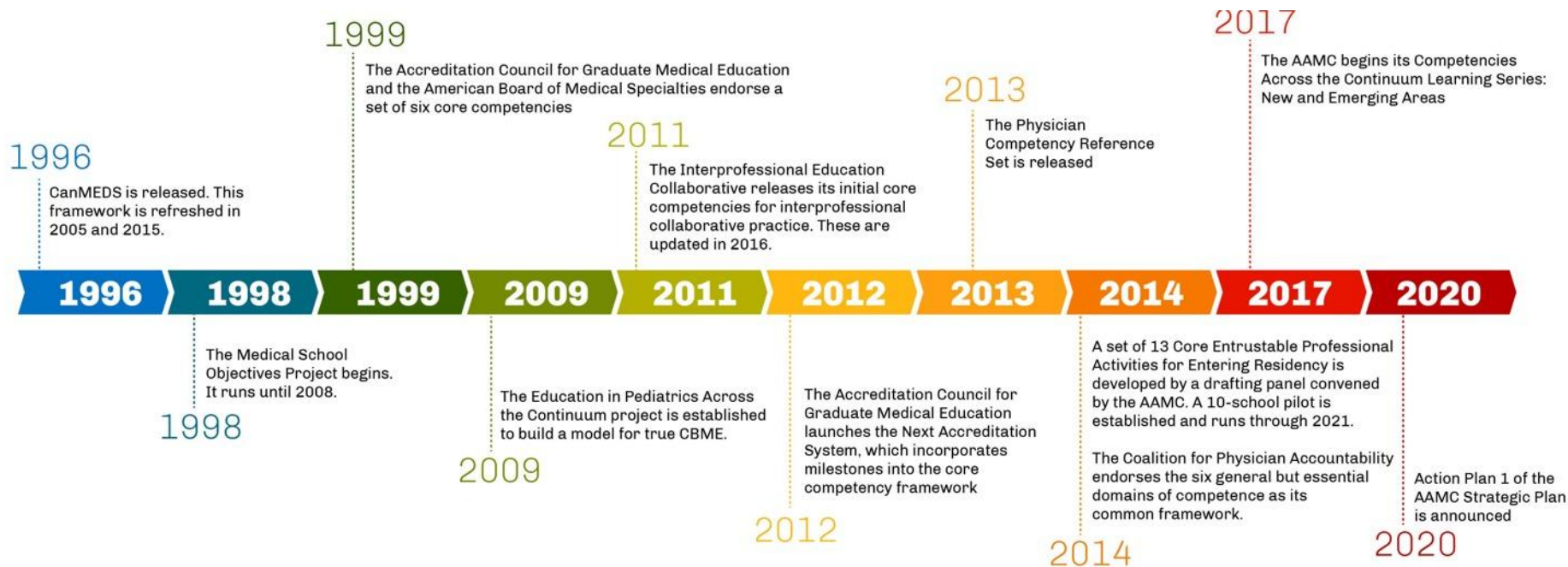
Le modèle de la salutogenèse



Mittelmark et al, eds. *The Handbook of Salutogenesis*. Springer International Publishing ; 2022.
doi:[10.1007/978-3-030-79515-3](https://doi.org/10.1007/978-3-030-79515-3)



Formation médicale basée sur les compétences



Développement professionnel continu



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Osteopathic
Practice
Standards

Home

About ▾

Overview

Themes ▾

The Osteopathic Practice Standards set out the standards of conduct, ethics and competence required of osteopaths to ensure high-quality care for patients.

A. Communication and patient partnership

This theme sets out the standards relating to communication, the formation of effective patient partnerships, and consent.

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B. Knowledge, skills and performance

All osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these throughout their careers.

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C. Safety and quality in practice

Osteopaths must deliver high-quality and safe healthcare to patients. This theme sets out the standards in relation to the delivery of care.

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D. Professionalism

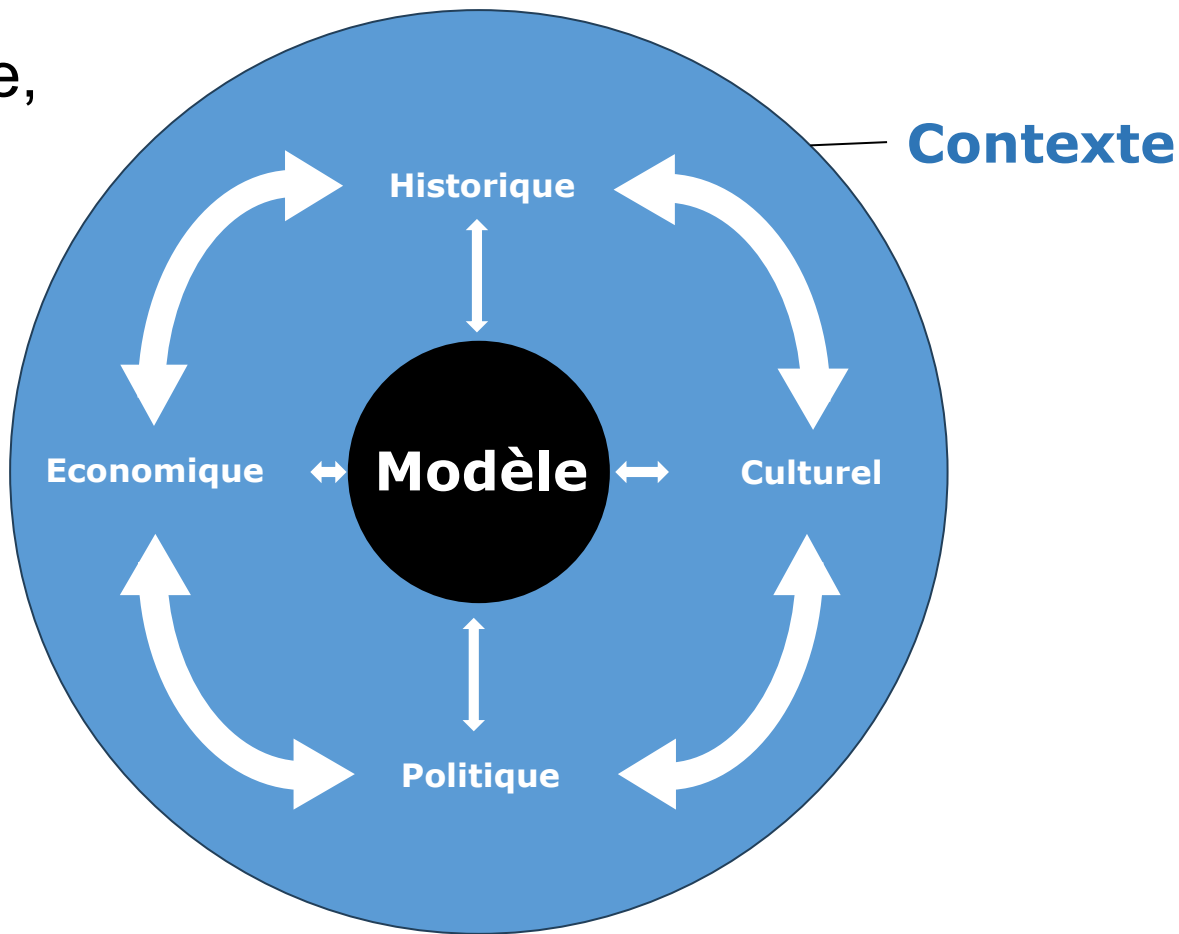
Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession.

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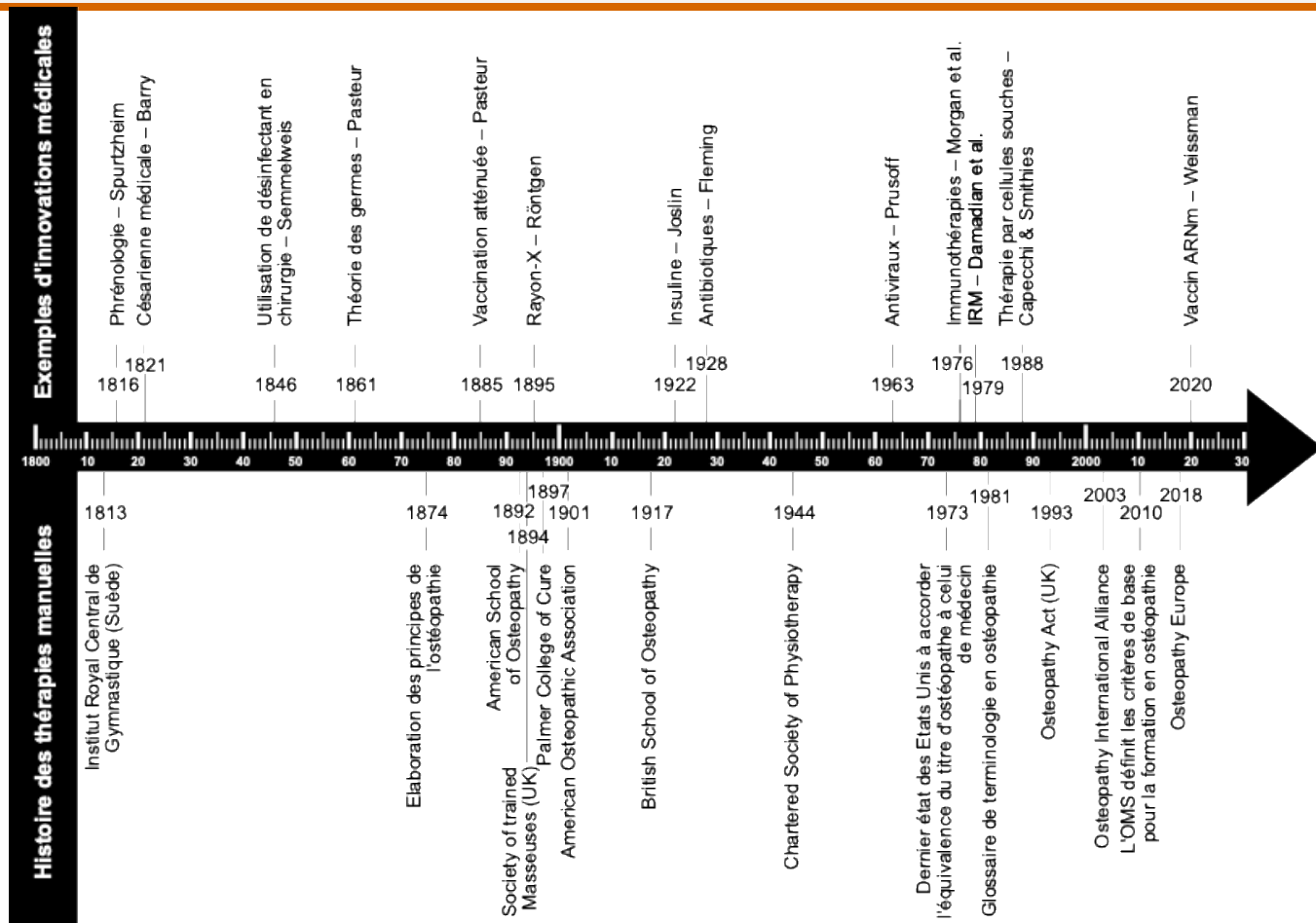
<https://standards.osteopathy.org.uk/>

Contextualiser les modèles

Contexte historique,
social et culturel



Contexte historique



Salem & Vaucher, Mains Libres, 2024;3(24):147-149
DOI:10.55498/MAINSLIBRES.2024.12.3.147

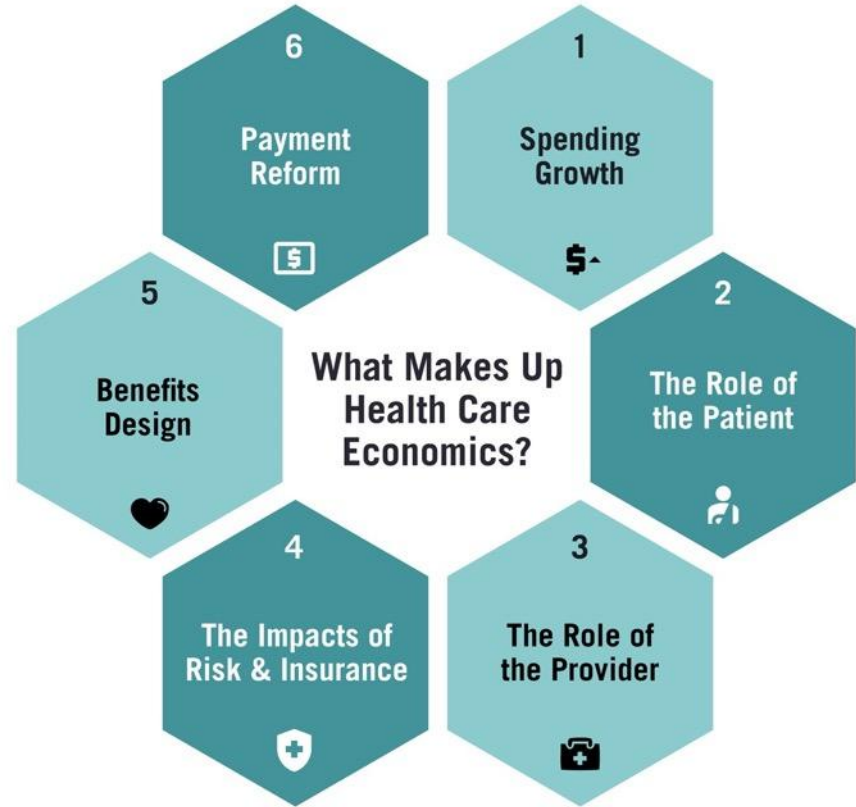


Contexte culturel



Rice & Liamputtong. (2021). Culture et santé mondiale.
In : Kickbusch, I., Ganten, D., Moeti, M. (eds) Handbook
of Global Health. Springer, Cham. DOI:
doi.org/10.1007/978-3-030-45009-0_56

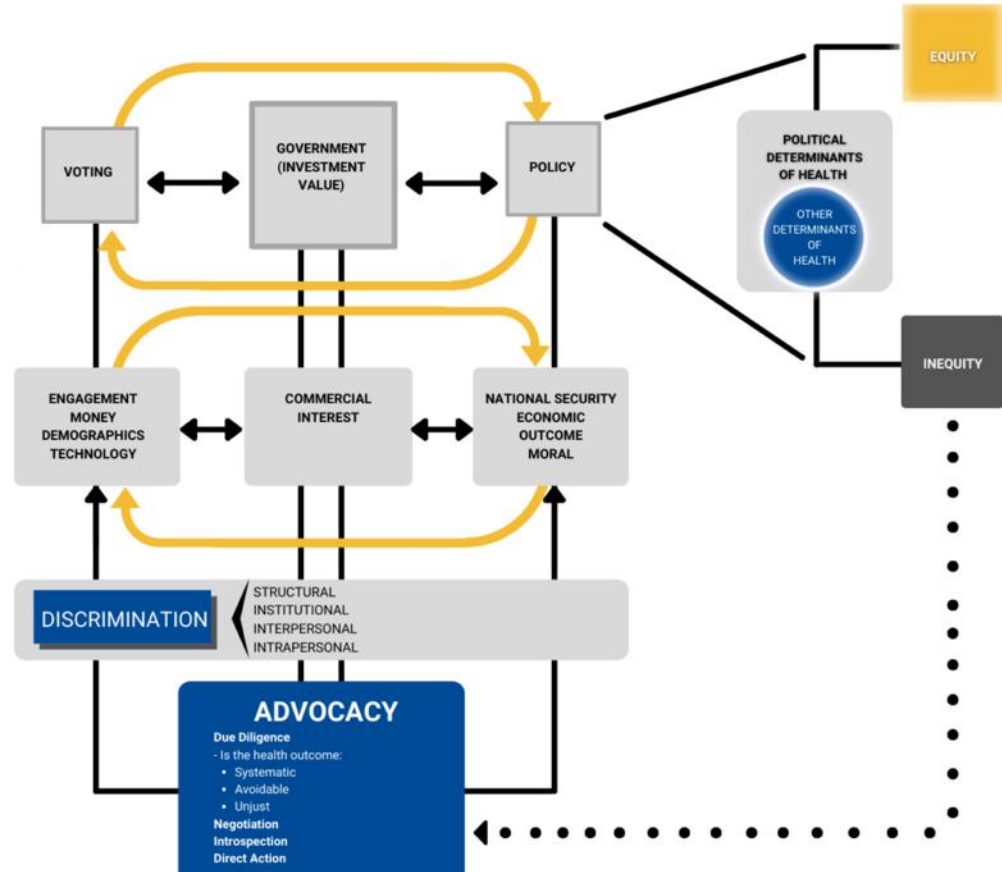
Contexte économique



Stobierski (2021), Harvard Business School
<https://online.hbs.edu/blog/post/what-is-healthcare-economics>

Contexte politique

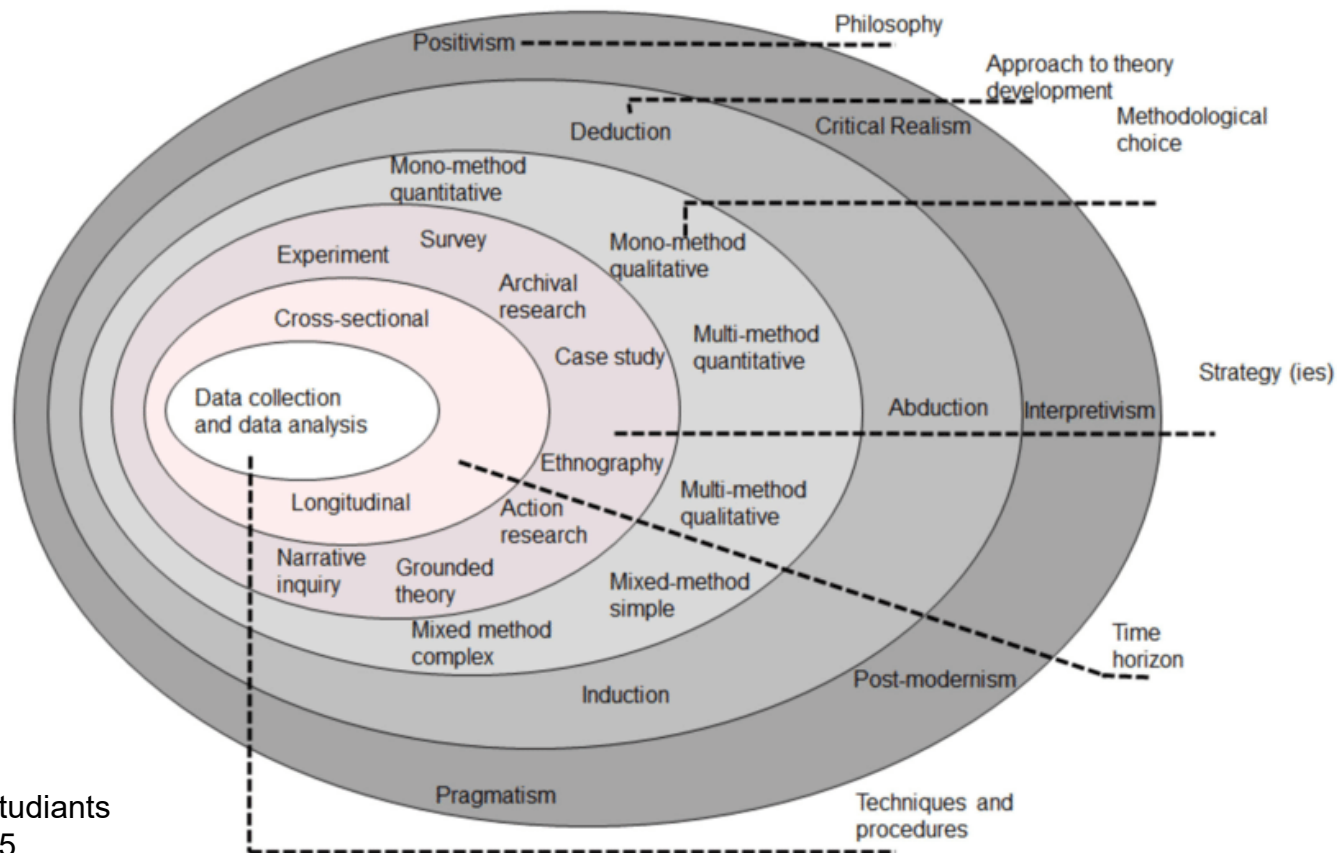
POLITICAL DETERMINANTS OF HEALTH MODEL



Dawes (2020), *The Political Determinants of Health*,
Johns Hopkins University Press

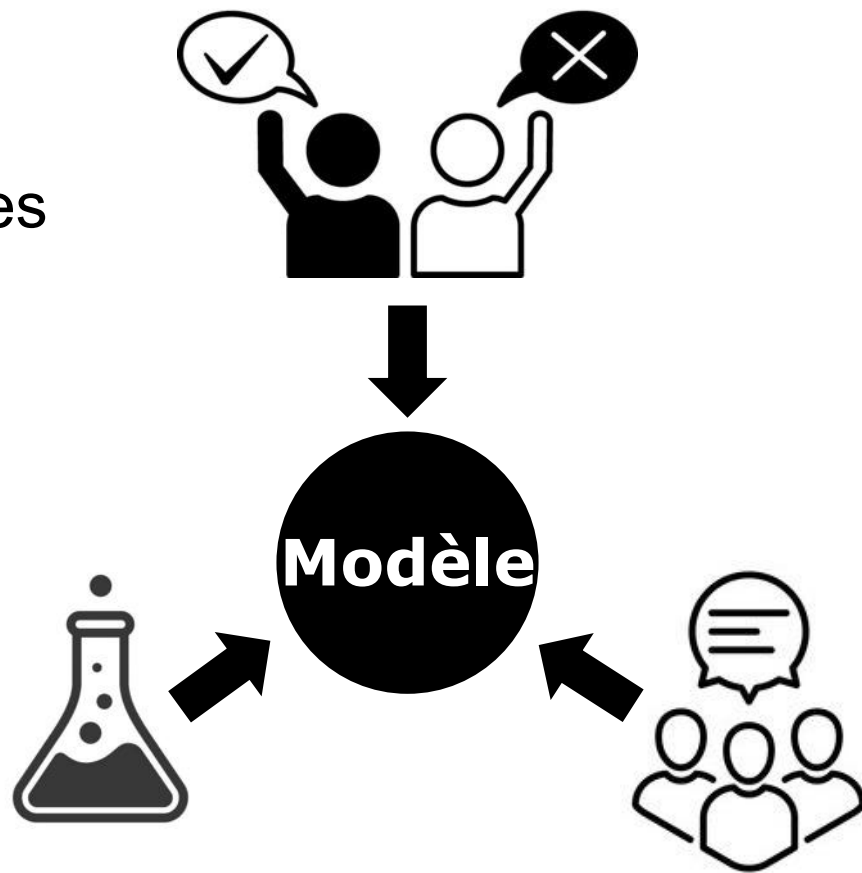
Point de vue philosophique

Oignon de recherche de Saunderson



Saunders, Lewis & Thornhill.
Méthodes de recherche pour les étudiants
en commerce. 2009 (4) : p.106-135.

Paradigmes scientifiques, Controverses existantes et Perspectives interdisciplinaires



Évaluation des modèles

Attentes	Description
Explication	Explique de manière claire et cohérente les principes, mécanismes ou processus sous-jacents qui régissent le phénomène en question.
Prévisibilité	A un pouvoir prédictif, permettant de générer des hypothèses et des prédictions précises sur des observations ou des résultats futurs.
Cohérence avec les connaissances existantes	Est cohérent avec les preuves empiriques et les cadres théoriques existants dans le domaine d'étude concerné.
Utilité pratique	Fournit des informations et des conseils précieux aux praticiens, aux décideurs politiques ou aux professionnels dans le domaine concerné.
Simplicité et parcimonie	Évite la complexité inutile tout en conservant la capacité d'expliquer et de prédire le phénomène d'une manière nouvelle et originale.
Falsifiabilité	Propose des hypothèses qui peuvent être testées et éventuellement réfutées par la recherche empirique.
Généralisabilité	Peut être appliqué à différents contextes ou populations dans le cadre du champ d'application spécifié.
Adaptabilité	Permet des modifications, des affinements et des améliorations en réponse à de nouvelles preuves, à des théories émergentes ou à des changements dans le phénomène au fil du temps.

Valeur

Poor Fair Good Very good Excellent

Poor Fair Good Very good Excellent

Poor Fair Good Very good Excellent

Poor Fair Good Very good Excellent

Poor Fair Good Very good Excellent

Poor Fair Good Very good Excellent

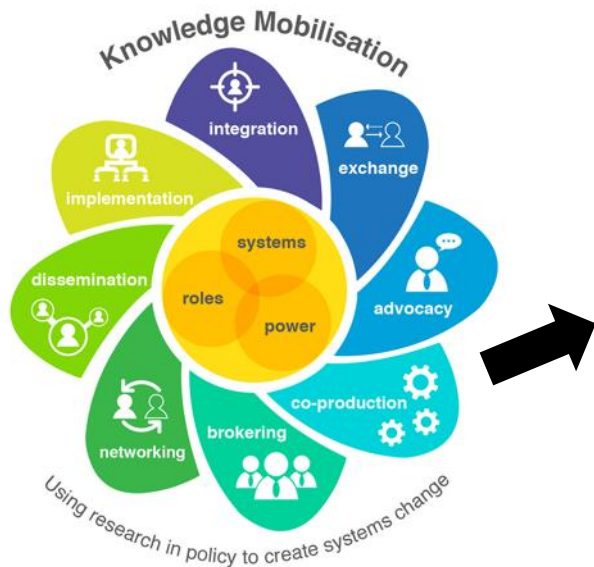
Poor Fair Good Very good Excellent

Poor Fair Good Very good Excellent

Grade	Modèle théorique	Critères
A	Théorie généralisée	La théorie a résisté à de multiples tentations de falsification dans différents contextes et avec différentes populations. Cohérente dans le temps.
B	Théorie explicative	Application pratique testée et validée pour des populations et/ou des contextes spécifiques. Théorie capable d'expliquer et de prédire des phénomènes observés utiles.
C	Modèle étayé par des données empiriques	Relations testables ou construction confrontée et soutenue par des observations empiriques. Les résultats confirment la plausibilité, la cohérence et la construction du modèle.
D	Modèle avec consensus d'experts uniquement	Consensus sur le concept avec explication explicite des relations de cause à effet. Cohérent, plausible et utile pour fournir des orientations sur le processus de soins.
E	Modèle hypothétique non testé et ne faisant pas l'objet d'un large consensus	Modèle testable et plausible avec une cohérence interne apparente
F	Preuves existantes contre le modèle	Incohérence interne, incohérences majeures avec les modèles existants ayant un niveau de preuve élevé, ou modèle contredit de manière répétée par des observations empiriques.

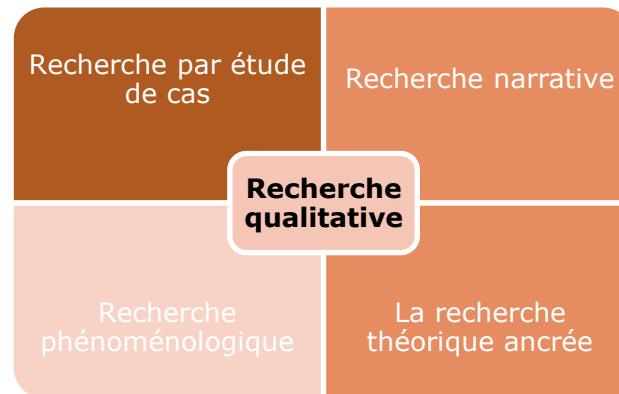
Esteves et al. *Int J Osteopathic Medicine*. 2020;35:1-4. doi:[10.1016/j.ijosm.2020.01.003](https://doi.org/10.1016/j.ijosm.2020.01.003)

Mise en œuvre

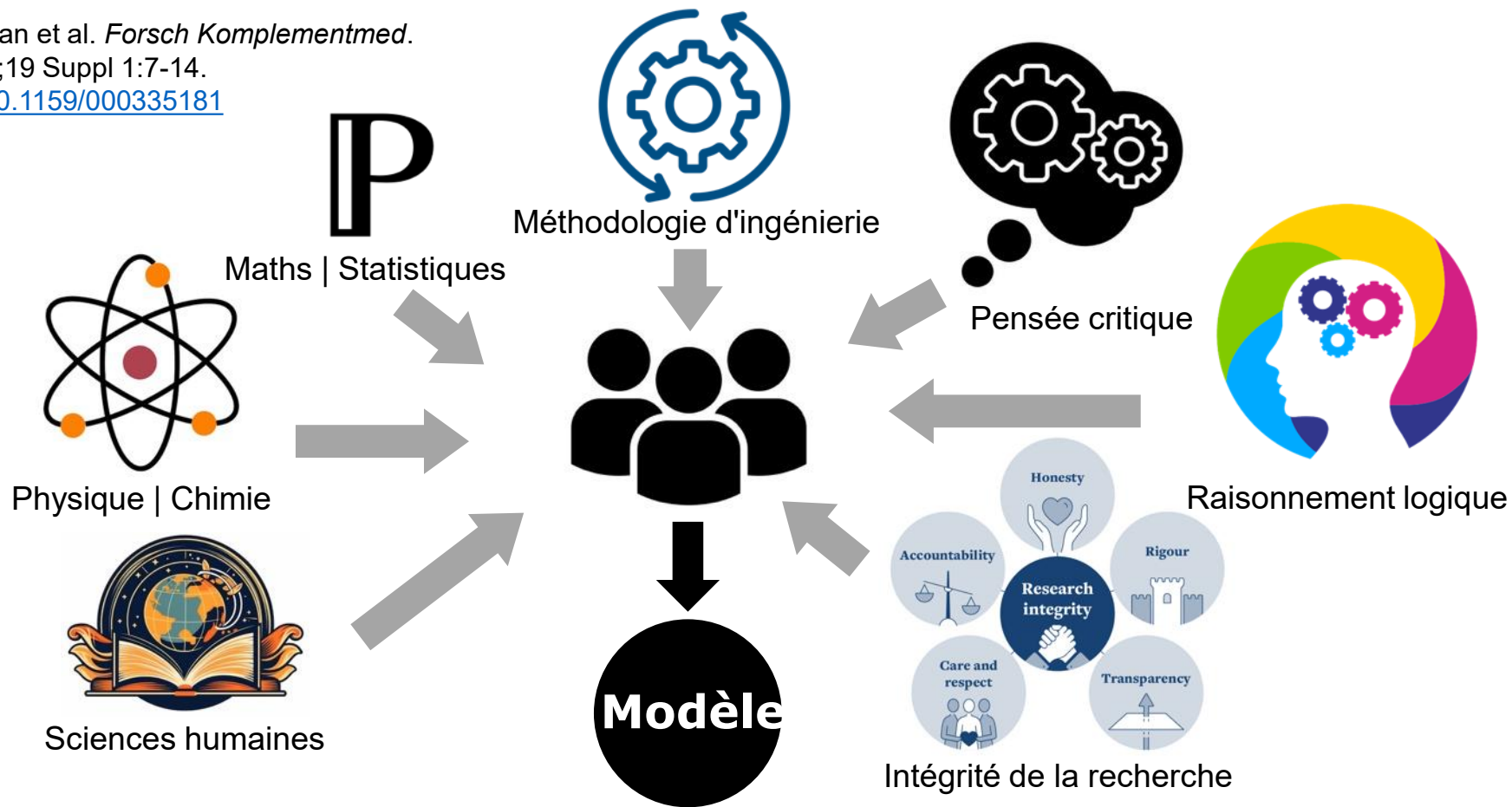


<https://preventioncentre.org.au/resources/knowledge-mobilisation-framework/>

Modèle



Koithan et al. *Forsch Komplementmed.*
2012;19 Suppl 1:7-14.
doi:[10.1159/000335181](https://doi.org/10.1159/000335181)



Perspectives futures



Développement et amélioration des méthodes pour la recherche en santé dans les systèmes complexes [1]



Implémentation d'une culture de recherche dans les institutions de formation des professions de santé [2]



Optimisation du rôle de l'ostéopathie comme profession de premier recours dans le système de santé Suisse [3]

1. Shalizi. *Springer Nature, Boston MA*. Chapter: p33-114. doi.org/10.1007/978-0-387-33532-2_2
2. Slade et al. *Health Res Policy Syst*. 2018;16(1):29. doi: [10.1186/s12961-018-0304-2](https://doi.org/10.1186/s12961-018-0304-2)
3. Vaucher et al. *BMJ Open*. 2021;8:e023770. doi: [10.1136/bmjopen-2018-023770](https://doi.org/10.1136/bmjopen-2018-023770)

Merci de votre attention!

Prof. Paul **Vaucher**

OsteoPole, Promotion de la recherche en ostéopathie
Chemin du Fontenay 3
CH-1400 Yverdon-les-Bains

T. +41 (0)78 788 33 66
paul.vaucher@osteopole.ch

Intégrer une culture de la recherche dans la pratique des professions paramédicales

Slade et al. *Health Res Policy Syst.* 2018;16(1):29. doi:[10.1186/s12961-018-0304-2](https://doi.org/10.1186/s12961-018-0304-2)

Systems	Organisation	Individual
- Overt research policies articulated and embedded - Clear public health research plans - Regulation, such as research policies by registration boards - Professional associations advocate and support research - System level governance around research – requirement for evidence informed policy - Regulation or legislation around evidence-informed policy development - Value placed on research - Evidence-informed agenda setting - Links to research institutions - Dedicated investment in infrastructure and funding - Strategy commission evidence syntheses for identification of priority - Systems of accountability, government or regulatory review - Policy makers involved in setting research agenda; researchers involved in policy formulation	- Research plan is documented and embedded - Management and staff research literacy and research vision is documented and embedded - Demonstrable leadership: research engagement, role modeling and support from “top down” - Dedicated research positions - Research sponsorship - Research infrastructure such as facilities - Research processes such as linked ethics committees - Defined mission/vision - Human Resources policies - Provision of resources/training - Mentors & champions - Dissemination of research findings by e.g. multi-media - Mechanism for translation & implementation of research into practice - Formalized interaction between policy makers & researcher (meetings, workshops)	- Research skills and research capability can establish and sustain a research literate workforce - Research evidence is available, accessible and useable to the individual - Time allocation for research and skill acquisition - Administrative, technical and information support including library, computers and software - Measureable outcomes and professional development e.g. PhDs, external funding, conference attendance, publications - Research networks, group activities and career pathways with access to supervision and mentoring - Apply research findings to clinical practice - Factors such as research skills and literacy, capability, motivation, self-confidence and perceptions of being valued