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Letter to the Editor

A case for the International Classification of Disease (ICD)

To the Editor-in-Chief,

Achieving consensus on osteopathic diagnoses is an ongoing issue for the osteopathy profession. Challenges include identifying models or nomenclature that are acceptable to the profession, and enable clear and consistent communication to other professions and stakeholders. This lack of consistency in the construction of diagnoses also has medico-legal implications such as diagnoses not being able to be understood by other healthcare professionals, and poses a challenge for educators when trying to develop student competency in this area of clinical practice.

We would like to propose the wider use of the International Classification of Disease (ICD) as a way that the profession can address the aforementioned issues, and present the profession as a contemporary evidence-informed one. The ICD is a standardized set of alphanumeric codes used to describe and record medical diagnoses [2]. Its implementation will allow the profession to explore in detail the types of conditions that present to osteopaths using terminology that is understood by government, insurers and third-party payment organisations.

The ICD captures the range of musculoskeletal conditions that typically present to osteopaths and can readily be implemented in clinical record keeping for clinician and stakeholder use. The ICD also enables translation of clinical research. By way of example, two recent osteopathy case studies presented diagnoses that could readily be coded using the ICD. Ross et al. [3] described an Achilles tendinopathy and Bennett et al. [1] described a subacromial impingement syndrome. With respect to the ICD-10, these could be classified as S86.1 (injury of Achilles tendon) and M75.4 (impingement syndrome of the shoulder) respectively [5], providing stakeholders with a commonly used diagnosis classification system. These examples also present another opportunity for the profession to routinely include ICD coding in future case reports, case series or other to assist the reader. This may also help to improve the visibility of these reports in the literature.

The ICD-11 at the time of writing is in beta (testing) and we encourage the profession to become familiar with it (http://www.who.int/classifications/icd/revision/en/). Whilst this is the normal update of the coding, it does include an area particularly relevant to osteopaths – chronic pain. Since Treede et al. argued for its more detailed inclusion in the ICD to thoroughly acknowledge various pain conditions [4], it is apparent that we are in the midst of determining our collaborative role for chronic pain patients. Influential groups such as the International Association for the Study of Pain (IASP) have worked closely with the ICD reference group to develop this classification to provide transparency among healthcare professions for the patient's sake. Our profession ought to embrace these codes to assure patient-safety and inter-professional care.

To teach the next generation of osteopaths we are implementing the ICD throughout the Victoria University (Melbourne, Australia) curriculum, particularly the clinical education component. We are aware of other institutions who are doing the same or in the process of doing so. We hope to be able to present a dataset collected at our institution using the ICD coding to describe our clinic patient population, exhibit the variety of patients presenting to a clinical education environment, and demonstrate the ease by which the diagnoses in our patient cohort are coded.

We wish to commend the ICD to the profession.

Statement of competing interests

Brett Vaughan is an Editor of the International Journal of Osteopathic Medicine but was not involved in review or editorial decisions regarding this letter.

Appendix A. Supplementary data

Supplementary data related to this article can be found at https://doi.org/10.1016/j.ijosm.2018.03.001.

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