

Does Osteopathic Manipulation Still Exist?

AND IF SO, SHOULD IT?

Donald M. Petersen Jr., BS, HCD(hc), FICC(h), Publisher

A recent study published in the *Journal of the American Osteopathic Association (JAOA)*¹ provides interesting insight into the current status of osteopathic manipulative treatment (OMT) or osteopathic manipulative medicine (OMM). The paper describes a "free, community-based osteopathic manipulative medicine student clinic" at the West Virginia School of Osteopathic Medicine in Lewisburg. As an introduction, the authors admit that after "pharmacology was added to the osteopathic curriculum in 1913" their curriculum was more like that of Western medicine.

According to the authors of the study, the rationale for the clinic was "that by providing students with supervised and successful experiences in OMM with community patients - rather than simply diagnosing and treating one another, as is the traditional practice in osteopathic medical school - students would be more likely to continue to practice OMM during their residency training and, eventually, in clinical practice." The program "provided students with 26 hours of supervised experience in osteopathic palpatory diagnosis and osteopathic manipulative treatment" (emphasis added).

The first comment one would be quick to make is that "26 hours" is not nearly enough clinic time to develop any level of skill in any type of manual procedure. They couldn't even hope to be second-rate physical therapists. Indeed, doctors of chiropractic enjoy more than 1,400 clinic hours, in addition to almost 2,000 of clinical sciences.²

But the real revelation comes in what osteopathic manipulative treatment (OMT) or osteopathic manipulative medicine (OMM) really is. According to the Web site of the American Osteopathic Association, OMT includes a number of common techniques:³

- Thrust: Moving a restricted joint in the direction it is resisting.
- Muscle Energy: Manipulative treatment in which the patient's muscles are actively used on request from a precisely controlled position, in a specific direction, and against a distinctly executed counterforce.
- Counterstrain: Technique in which patient is placed in position of comfort, maintains the position for a period of time, then is assisted by the physician to slowly return to a neutral position.
- Articulation: Physician gently and repeatedly forces the joint against the restrictive barrier, intending to reduce the barrier and improve motion.
- Myofascial Release: Also referred to as MFR, this procedure is designed to stretch and reflexly release patterned soft tissue and joint-related restrictions.

Ignoring the differences in philosophy, terms and techniques for the moment, it is clear that the majority of OMT techniques don't include anything close to a chiropractic adjustment. The *JAOA* study actually confirms this by reporting that "[m]yofascial release (27.87%) and muscle energy (16.08%) were the two OMM techniques most commonly used in patient treatment" at the student clinic.

Once again, we see confusion where none belongs. Rather than admit that the majority of osteopathic manual techniques are related to those of physical therapists, the osteopaths still want to position themselves as an alternative to chiropractic.

But what they can't get away from is that most osteopaths don't hold expertise in OMM and don't claim to.

In reviewing the DOs listed on AOA Web site, one can't help but notice that the majority don't list OMM as their "Primary Specialty." Most position themselves as "Family Practice," "Internal Medicine" or something else. When reviewing a listing of DOs in California, I noted that only four (2%) of the first 200 listed OMM as their primary specialty.

So, the next time someone tells you they have seen an osteopath or received "osteopathic manipulation," you should inform them that there is really no comparison to chiropractic. First of all, only a percentage of DOs have the training and experience required to be competent in manual therapy. And second, based upon this most recent paper, it is unlikely the person would have received a form of care that would be even remotely related to a chiropractic adjustment.

Perhaps one day the DOs will stop the pretense and admit that they have essentially lost their heritage and are largely just medical doctors with exposure to some physical therapy techniques.

References

1. Steele KM, Baker HH, Boxwell GF, Steel-Killeen S. Community-based osteopathic manipulative medicine student clinic: changes in curriculum and student confidence levels. *J Am Osteopath Assoc* 2005;105:503-513.
2. *Chiropractic in the United States: Training, Practice, and Research*. AHCPR Publication No. 98-N002, December 1997. www.chiroweb.com/archives/ahcpr/uschiros.htm.
3. American Osteopathic Association Web site, "OMT Terms Defined." www.osteopathic.org/index.cfm?PageID=ost_omtterm.

DMP Jr.

MARCH 2006