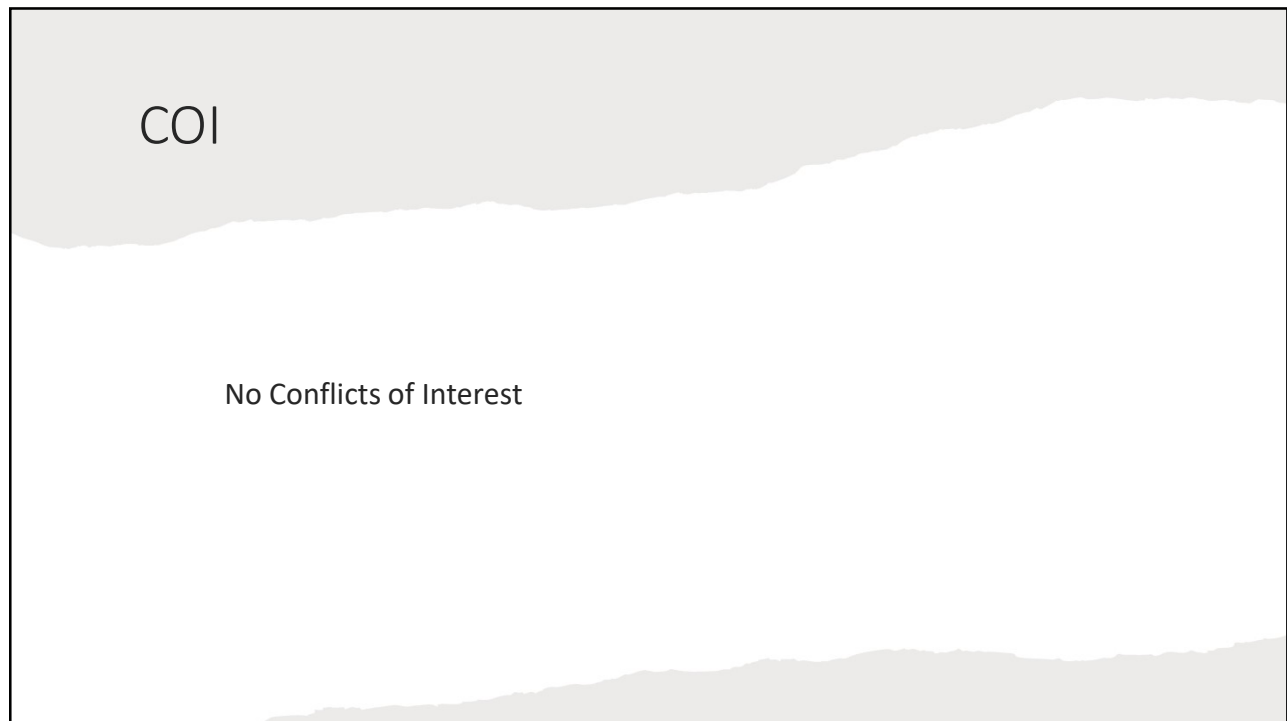




1



2

Objectives

Distinguish between structural and non-structural etiologies of common presenting symptoms in primary care

Apply and use the osteopathic structural exam to assess for and treat structural dysfunction(s)

Assess treatment outcomes following OMM interventions.

3



4



5

JAOA

O *riginal contribution*

Standardization of the hospital record for osteopathic structural examination: Part 2

Effects of an educational intervention on documentation of palpatory and structural findings and diagnosis

HARRY D. FRIEDMAN, DO; WILLIAM L. JOHNSTON, DO;
 ALBERT F. KELSO, PhD; FREDERIC N. SCHWARTZ, DO;
 MYRON C. BEAL, DO; MICHAEL A. SEFFINGER, DO

6

Standardization of the hospital record for osteopathic structural examination: Part 2. Effects of an educational intervention on documentation of palpatory and structural findings and diagnosis

Harry D. Friedman , William L. Johnston , Albert F. Kelso , Frederic N. Schwartz , Myron C. Beal and Michael A. Seffinger

From the journal [Journal of Osteopathic Medicine](https://doi.org/10.7556/jaoa.1996.96.9.529)
<https://doi.org/10.7556/jaoa.1996.96.9.529>

JAOA Vol 96 No 9 September 1996 52JAOA Vol 96 No 9
 September 1996

7

ual medicine. The key to this support is the documentation of not merely the presence or absence of palpatory and structural findings, but the correlation of the diagnostic impression of somatic

dysfunction with the patient's complaints and overall management plan. In other words, we have to practice what we preach or risk losing our uniqueness as osteopathic physicians.

8

dysfunction with the patient's complaints
 and overall management plan. In other
 words, we have to practice what we
 preach or risk losing our uniqueness
 as physicians.

Practice what we preach...
 it might just make a difference

9



Open Access Published by De Gruyter January 29, 2021

Osteopathic manipulative treatment (OMT) use among osteopathic physicians in the United States

Colson J. Healy , Matthew D. Brockway and Benjamin B. Wilde

From the journal *Journal of Osteopathic Medicine*

<https://doi.org/10.1515/jom-2020-0013>

Cite this

Share this

Citations

16

Altmetric score 50

Abstract

Context

Updated data on the use of Osteopathic Manipulative Treatments (OMT) by osteopathic physicians in the United States is overdue. This data would provide an up-to-date point of reference for evaluating the current use of OMT as a distinguishing feature of the osteopathic profession.

10

Results

Of 10,000 surveyed osteopathic physicians, 1,683 (16.83%) responded. Of those respondents, 1,308 (77.74%) reported using OMT on less than 5% of their patients, while 958 (56.95%) did not use OMT on any of their patients. Impactful barriers to OMT use included lack of time, lack of reimbursement, lack of institutional/practice support, and lack of confidence/proficiency. Factors positively correlated with OMT use included female gender, being full owner of a practice, and practicing in an office-based setting.

11

The use of osteopathic manipulative treatment (OMT) is a feature that differentiates doctors of osteopathic medicine (DOs) from their doctors of medicine (MDs) counterparts. Its collective use or nonuse, therefore, is one indicator of the distinctiveness of the osteopathic profession. Unfortunately, various studies^{1,2} during the past half century reveal that OMT use has been anything but widespread, steadily declining over time. A 2001 study² on OMT use in the US revealed that about half of osteopathic physicians used OMT on less than 5% of their patients, and about a quarter didn't use it at all. Furthermore, only 6.1% of DOs used OMT on 76–100% of their patients. Researchers have described the situation as a crisis among the osteopathic profession, potentially leading to OMT becoming a “lost art” if changes are not implemented.^{2,3} The most recent published data² on national OMT use is more than 18 years old. The objective of this study is to provide updated information on this subject, specifically in three areas: the frequency of OMT use, barriers to its use, and factors that correlate with increased use.

12

From the same article...

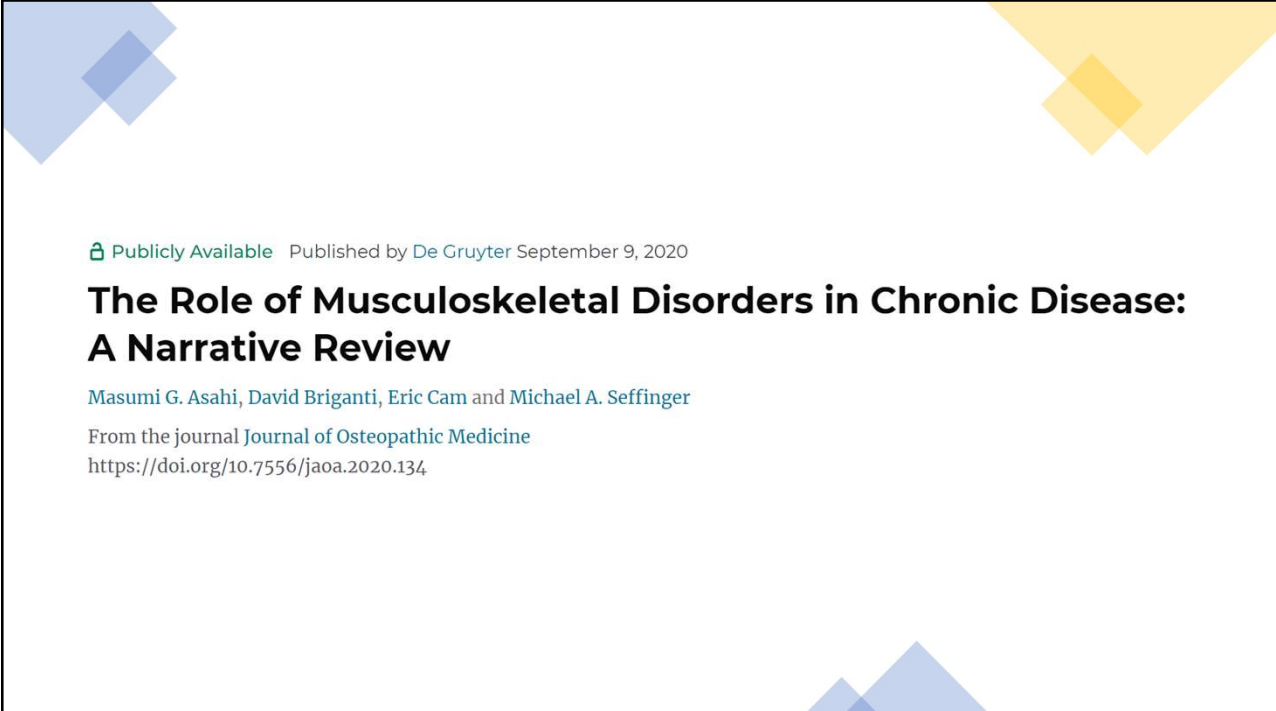
“The data in this study has several practical uses.


First, it provides a way to monitor the effectiveness of current OMT instruction in both osteopathic medical schools and postgraduate training programs. Effective education in both domains has been implicated as a factor in predicting OMT use after training.

Second, it identifies current barriers to OMT use that could help national and state osteopathic organizations in their efforts to overcome these barriers.

Third, the identification of variables associated with increased OMT use can inform osteopathic physicians and leaders on the best ways to implement OMT in practice.

13



 Publicly Available Published by De Gruyter September 9, 2020

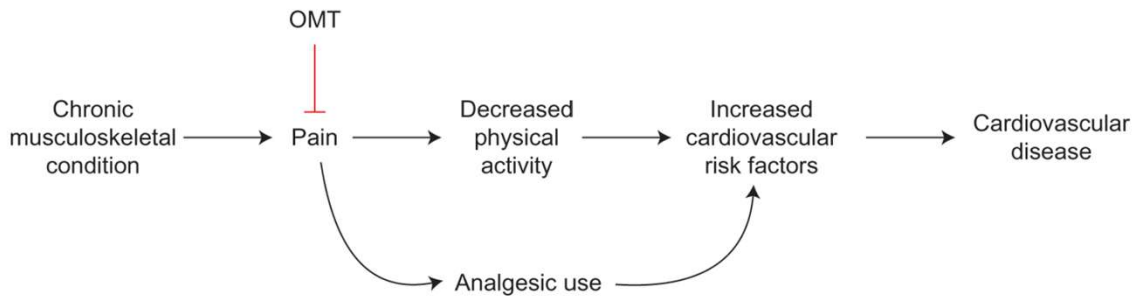
The Role of Musculoskeletal Disorders in Chronic Disease: A Narrative Review

Masumi G. Asahi, David Briganti, Eric Cam and Michael A. Seffinger

From the journal *Journal of Osteopathic Medicine*
<https://doi.org/10.7556/jaoa.2020.134>

14

Back pain is linked to increased risk of cardiovascular disease and highly associated with DM.^{4,15,16} Chronic LBP is often managed with costly or invasive interventions including opioid analgesics, epidural corticosteroid injections, and spinal surgery, particularly in patients with higher pain severity. LBP can be debilitating and can contribute to decreased physical activity, increased weight gain, and increased use of analgesics, all of which increase the risk of cardiovascular disease (Figure).^{4,19,20} OMT is a safe, adjunctive strategy for treating chronic LBP.^{9,21}




15


Conclusion

Patients are increasingly burdened with multiple comorbid diseases and symptoms. MSK conditions, including somatic dysfunction, are associated with chronic disease. OMT is effective at alleviating common MSK conditions such as LBP and may have a beneficial effect on the prevention and management of chronic disease. As research continues to elucidate the relationship between MSK conditions and their potential bidirectional role in systemic disease processes, osteopathic physicians should continue to offer patient-centered and health-focused medical care, including addressing dysfunctions found in the MSK system.



16






Complementary Therapies in Clinical Practice
Volume 42, February 2021, 101277





The role of touch in osteopathic practice: A narrative review and integrative hypothesis

Francesca Baroni^{a, b}, Nuria Ruffini^{a, c}, Giandomenico D'Alessandro^a, Giacomo Consorti^{a, d}, , , Christian Lunghi^{a, b}

Show more 

+ Add to Mendeley  Share  Cite

<https://doi.org/10.1016/j.ctcp.2020.101277>  Get rights and content 

Abstract

Introduction

Osteopathy relies on a touch-based approach to promote health. This narrative review aims to analyze the role of touch in clinical osteopathic practice.

17

What does OMT treat?

Cleveland Clinic: <https://my.clevelandclinic.org/health/treatments/9095-omt-osteopathic-manipulation-treatment>
2021

“DOs usually use osteopathic manipulative therapy for back pain relief. But OMT can treat many conditions, including:

Breathing issues like [asthma](#) and [sinus infections](#).

Bowel issues, such as [irritable bowel syndrome \(IBS\)](#) and [constipation](#).

[Chronic pain](#), including [fibromyalgia](#), [arthritis](#), menstrual pain and [migraines](#).

Musculoskeletal problems like back and neck pain, [joint pain](#) and [carpal tunnel syndrome](#).

Problems associated with pregnancy, such as swelling ([edema](#)), [insomnia](#) and [sciatica](#).

Sports injuries and [repetitive stress injuries](#).

By helping restore your structural imbalance, OMT improves nerve and blood circulation to the bodily organ involved – which can help improve health of that organ.”

18

Randomized Controlled Trial > J Am Osteopath Assoc. 2012 Jul;112(7):420-8.

Somatic dysfunction and its association with chronic low back pain, back-specific functioning, and general health: results from the OSTEOPATHIC Trial

John C Licciardone ¹, Cathleen M Kearns

19

Conclusion: The present study demonstrates that somatic dysfunction, particularly in the lumbar and sacrum/pelvis regions, is common in patients with chronic LBP. Forthcoming extensions of the OSTEOPATHIC Trial will assess the efficacy of OMT according to baseline levels of somatic dysfunction.

20

Why does it matter?

Observational Study > J Osteopath Med. 2021 Apr 15;121(7):635-642.

doi: 10.1515/jom-2020-0238.

Cost comparison of osteopathic manipulative treatment for patients with chronic low back pain

Danielle Cooley ¹, James Bailey ^{1 2}, Richard Jermyn ²

Affiliations + expand

PMID: 33856751 DOI: [10.1515/jom-2020-0238](https://doi.org/10.1515/jom-2020-0238)

21

Abstract

Context: Chronic low back pain (cLBP) is the second leading cause of disability in the United States, with significant physical and financial implications. Development of a multifaceted treatment plan that is cost effective and optimizes patients' ability to function on a daily basis is critical. To date, there have been no published prospective studies comparing the cost of osteopathic manipulative treatment to that of standard care for patients with cLBP.

22

Conclusions: The mean total costs for the SCT and SCT + OMT patients were statistically comparable across 4 months of treatment. SCT + OMT was comparable to SCT alone in reducing pain and improving function in patients with chronic low back pain; however, there was less utilization of opioid analgesics, physical therapy, interventional therapies, radiologic, and diagnostic services for patients in the SCT + OMT group.

23

A Radical approach to Radicular pain ...just DO You

- Is the pain related to lumbar disc disease or from somatic dysfunction?
 - Anterior or posterior Innominate with leg length discrepancy ?
 - Congenital short leg ?
 - Herniated disc ?
 - Piriformis spasm with sciatic nerve irritation ?

24

Case in point

- Right leg radicular pain suggestive of herniated disc or sciatic nerve
 - Negative Straight leg raising; + TTP right SI joint (possibly L5 too)
 - Neurologic vs MSK
 - Appropriate imaging as clinically determined; but Don't Forget MSK exam
 - For example: Is right innominate anterior or posterior; is there a leg length discrepancy?
 - ME works well to correct innominate; ?HVLA for rotated lumbar vertebra

25

Case in point

- Chest Pain: Left sided, parasternal, with left arm pain
 - Normal VS; HRRR w/o murmur; +/- EKG (normal)
 - Cardiac vs MSK
 - May still be cardiac, so w/u as appropriate (?stress test); but Don't Forget MSK exam
 - For example: is left rib 4 or 5 subluxed? TTP at costovertebral junction? If so, even the arm pain may be a symptom of somatic dysfunction (and CP may be costochondral)
 - HVLA / ME / Still Technique: diagnose, treat, reassess (subjective and objective)

26



27



28