is a council of the American Association of Colleges of Osteopathic Medicine (AACOM) and whose membership comprises academic officers responsible for teaching OMT at each college of osteopathic medicine (COM), has listed 7 core modalities of OMT that every COM graduate should be competent in and be able to administer properly. These 7 core modalities are counterstrain, high velocity/low amplitude technique, lymphatic pump, muscle energy, myofascial release, osteopathy in the cranial field, and soft tissue technique.

Osteopathic manipulative treatment is a broad category of treatment that can be used by osteopathic physicians. All US-trained osteopathic physicians (ie, DOs) should be competent in the 7 OMT core modalities. However, physicians who have not completed graduate-level training in neuromusculoskeletal medicine are not expected to have mastered all 40 OMT techniques (Figure).

Pooling studies and lumping together different OMT techniques used to manage a particular condition is not a productive way to assess efficacy of OMT. The question of the importance of who provides the manual force in the manipulation, whether it is a chiropractor, manual therapist, or osteopathic physician, has a far more complex answer than can be provided simply by an amalgamation of past studies.

Leysen and colleagues refer to a Belgian report regarding the evidence base of osteopathic medicine. It is important for all researchers to remember that there is no “usual” form of manipulation, just as there is no “typical” antibiotic or antiarrhythmic medication. A critical element of OMT education and practice is gaining the experience necessary to recognize the patterns that lead a DO to use a particular technique for a particular patient. This element coincides with what COMs teach their osteopathic medical students: treat the patient, not the disease. For instance, an 85-year-old patient with spondylolisthesis would likely be treated with a different OMT technique than a 25-year-old patient with spondylolisthesis, despite having the same diagnosis.

Leysen and colleagues call for a robust, commonly accepted vocabulary for osteopathic medicine. This standard language exists in the Glossary of Osteopathic Terminology, which is produced by ECOP and comprises the current standard language.
Figure.
The 40 modalities of osteopathic manipulative treatment (OMT) identified by the American Association of Colleges of Osteopathic Medicine’s Education Council on Osteopathic Principles in the Glossary of Osteopathic Terminology: Terms have not been edited for JAOA style. *One of 7 core modalities of OMT that every graduate of a college of osteopathic medicine should be competent in and be able to administer properly.

1. Active method
2. Articulatory technique
3. Balanced ligamentous tension
4. Chapman reflex
5. Combined method
6. Compression of the fourth ventricle
7. Counterstrain
8. Direct method
9. Exaggeration method
10. Exaggeration technique
11. Facilitated oscillatory release technique
12. Facilitated positional release
13. Fascial unwinding
14. Functional method
15. Hepatic pump
16. High velocity/low amplitude technique
17. Indirect method
18. Inhibitory pressure technique
19. Integrated neuromusculoskeletal release
20. Ligamentous articular strain
21. Lymphatic pump
22. Mandibular drainage technique
23. Mesenteric release technique
24. Muscle energy
25. Myofascial release
26. Myotension
27. Osteopathy in the cranial field
28. Passive method
29. Pedal pump
30. Percussion vibrator technique
31. Positional technique
32. Progressive inhibition of neuromuscular structures
33. Range of motion technique
34. Soft tissue technique
35. Still technique
36. Thoracic pump
37. Toggle technique
38. Traction technique
39. V-spread technique
40. Visceral manipulation

References

