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). Although a health care provider may learn several OMT techniques, it is my opinion that a health care provider needs knowledge in the 7 core modalities at a minimum to appreciate osteopathic manipulative medicine.

Leysen and colleagues2 refer to a Belgian report3 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.

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 colleagues2 call for a robust, commonly accepted vocabulary for osteopathic medicine. This standard language exists in the Glossary of Osteopathic Terminology1, which is produced by ECOP and comprises the current stan-
dard terms used in osteopathic medicine. All of the nation’s COMs have agreed to use this standard terminology in their curriculum. This publication is free to download through AACOM’s online bookstore at http://www.aacom.org/resources/bookstore/Documents/GOT2011ed.pdf.

Furthermore, a system is in place to allow this language to evolve. Physicians who disagree with any of the current terms or wish to propose new terms have the opportunity to voice their interpretations by contacting AACOM’s Office of Medical Education at meded@aacom.org. All submitted comments are considered by ECOP for possible inclusion in the next edition of the Glossary during their biannual meetings. I invite our colleagues in Belgium, as well as all osteopathic physicians and practitioners, to work with ECOP in this capacity. (doi:10.7556/jaoa.2014.002)

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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.