Thanks for quality articles

To the Editor:

These articles shine a light on our profession, making us proud to be osteopathic physicians. These contributions remind us of how different and even better we can be than our allopathic counterparts.

Please publish more double-blind trials that scientifically analyze the results of osteopathic manipulative treatment. I have reread the articles many times and, with each reading, find something new relative to improvement of patient care.

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Exploring the benefit of semantics in the osteopathic profession

To the Editor:
What does the English language convey about the osteopathic medical profession? How accurately does current terminology describe what we, as osteopathic physicians, offer with regard to musculoskeletal evaluation and treatment?

In answering these questions, one must appreciate how language can shape perception—how its use or misuse can influence the impression the public has about what we do and what we stand for as osteopathic physicians.

Following are definitions of orthopedic and osteopathic terminology as they appear in a current medical text:
Orthopedic—The medical specialty concerned with the preservation, restoration, and development of form and function of the musculoskeletal system, extremities, spine, and associated structures by medical, surgical, and physical methods.1(p1277)
Osteopathic—A school of medicine based upon a concept of the normal body as a vital machine capable, when in correct adjustment, of making its own remedies against infection and other toxic conditions; practitioners use the diagnostic and therapeutic measures of conventional medicine in addition to manipulative measures.1(p1284)

By definition, one could argue that the physical modes of therapy used by osteopathic physicians are akin to orthopedics, as both address the evaluation and treatment of bones, muscles, joints, and related vasculature. When the lay person hears the term orthopedic, there is equity in recognition as the term relates to the musculoskeletal system. There is an understanding that orthopedic medicine is part of the conventional practice of medicine. And although most of the population equates orthopedic with surgery, orthopedic terminology could be applied appropriately to osteopathic manipulative methods.

Similarly, compare use of the terms manual medicine and manipulation. Both describe modes of therapy offered by osteopathic physicians. The difference again is in how these terms are perceived. The advantage of using manual medicine instead of manipulation is that it avoids association with less comprehensive forms of healthcare; the term manipulation invariably prompts the lay person to link osteopathic medicine and chiropractic care when osteopathic medicine is clearly, or should be clearly, distinct.

Consider the following modification to current osteopathic medical terminology:
Osteopathic—A school of medicine based on a concept of the normal body as a vital machine capable, when in correct adjustment, of making its own remedies against infection and other toxic conditions; practitioners use the diagnostic and therapeutic measures of conventional medicine in addition to orthopedic manual medicine.

Following this logic, the term orthopedic manual medicine provides the basis for a general understanding that the term osteopathic manipulative medicine does not and lends credibility and clarity to an often misunderstood aspect of our profession.

In addition, this gateway terminology serves not only to enhance understanding of a unique feature of osteopathic medicine, but helps further distinguish the practice of osteopathic medicine from that of pure orthopedics. In most countries other than the United States, osteopaths are not licensed physicians. In some countries, osteopaths are not required to be licensed at all. The medical literature presents osteopathy as a synonym for osteopathic medicine, which is inaccurate by virtue of a degree. Osteopathic physicians subsequently suffer from this misunderstanding. For this reason, it is essential to emphasize that DOs are not osteopaths but fully licensed physicians whose conventional training incorporates the osteopathic philosophy—treatment the patient in the context of disease and not merely treating the disease. Further, DOs, as physicians, can perform surgery, prescribe medication, and may apply orthopedic manual modes of therapy.

A correction in perception, achieved by an alteration in language, is necessary to gain the unconditional acceptance of osteopathic physicians as providers of comprehensive medical care. Altering the language we use in no way necessitates a change in our philosophy or practice of medicine; we are merely acknowledging that what was appropriate a century ago may not be appropriate today. Introducing new language to the medical lexicon establishes a means by which we may build equity, trust in, and recognition of osteopathic medicine as well as facilitate a greater understanding of what we do and the principles on which we stand as osteopathic physicians.

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References
Failure to convince osteopathic medical students of OMT’s worth increases risk of subspecialization

To the Editor:
I am 73 years old and have been in family practice for 30 years. I was 40 years old when I began osteopathic medical school. As I had been treated by an osteopathic physician using osteopathic manipulative treatment (OMT), I was more aware of its value than the average medical student.

Most of my classmates trained in physical manipulation, but as with many college students, once examinations were completed, the skill was forgotten. The critical factor in learning a manual skill (unlike mental skills) is the longer period of training required to develop a feel for the skill. At the end of their first two years of academic training, my classmates had minimal physical manipulation skills and a lot of doubts about OMT and that prescribed medications are not the solution to all medical problems.

In my Florida county, there are approximately 40 osteopathic physicians, 10 or so of whom specialize in family practice. Essentially none uses OMT. Further, no one refers patients with injuries or in need of rehabilitation to me. Four local family practice physicians worked for me, at various times. I made them use OMT, but all four stopped using OMT after leaving because of their poor skills in this area.

If there were a specialty designation for OMT that provided better reimbursement and teaching recognition, we would have a bevy of osteopathic medical students who embrace OMT and who would confidently incorporate manual medicine into their practices. In the real world, I am a specialist with no forum or recognition. The truth is that osteopathic physicians who use OMT are the minority, though the delusion that most osteopathic physicians use OMT exists even within the profession’s core organization, the American Osteopathic Association. As less and less OMT is practiced, our profession will continue to drift steadily into increasing subspecialization.

Thank you for providing this forum. I hope readers will consider how many people are in pain, yet who are unaware that osteopathic physicians who use OMT may provide better musculoskeletal care than a pain clinic.

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