

Osteopathic Recognition

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A M E R I C A N
O S T E O P A T H I C A S S O C I A T I O N

Advancing the distinctive philosophy and practice of osteopathic medicine

Tenets of Osteopathic Medicine

The American Osteopathic Association's House of Delegates approved the *Tenets of Osteopathic Medicine* as policy which follows the underlying philosophy of osteopathic medicine.

1. The body is a unit; the person is a unit of body, mind, and spirit.
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.



The Value of Osteopathic Recognition

Programs that achieve osteopathic recognition (OR) ensure the unique principles and practices of the osteopathic medical profession continue to benefit the entire house of medicine and, most importantly, patients for generations to come.

Why should my program apply for Osteopathic Recognition?



Students want Osteopathic-focused training



GME programs want qualified applicants



Hospitals want residents who provide patient-centered care

How does Osteopathic Recognition address these needs?

1. Improves patient care and reduces institutional costs.
 - Improved patient-physician communication (e.g., *empathy, holistic*)
 - *Reduction of pain* and discomfort and *improvement of function*
 - Explore *alternatives to prescribing medications*
 - Decreased length of hospital stays (e.g., *surgery, pneumonia*)
 - *Reduced costs*
 - Oriented towards “team approach” which aligns with the “medical home” concept
2. Allows physicians and the profession to maintain their osteopathic distinctiveness.
 - The existence of osteopathic training programs is the assurance the profession will continue to grow and thrive (e.g., *OMM, OMT/LBP, OMT/Hysterectomy, Holistic Care, Communication*)
 - *70% of 3rd year* osteopathic medical students (OMS) want an osteopathic focused residency program
 - Osteopathic principles and practices can be incorporated into all specialties (e.g., *dermatology*, NEED MORE)
3. Maintains and potentially increases the number of applicants while continuing to attract quality applicants.
 - Osteopathic students represent *25% of the medical population*
 - *70% of 3rd year* OMS want an osteopathic focused residency program
 - An OR program will attract osteopathic and allopathic students thus *increasing the pool of qualified applicants*

What should I do next?

If you have not started your application for Osteopathic Recognition, **start it today!**

- Some of the information needed for the OR application is the same as the ACGME application
 - Complete both applications simultaneously
 - Utilize and easily transfer information incorporated in your successful ACGME initial application
- Assistance is available to you **AT NO COST**
 - The AOA offers the Application Assistance Program (AAP)
 - Access to experts in your field and familiar with the application process
 - For assistance, call **(312) 202-8272** or email **singleGME@osteopathic.org**.

Supporting Literature - (1) Patient Care and Reduction of Institutional Costs, (2) Osteopathic Distinctiveness, (3) Number and Quality of Osteopathic Applicants

Summary	Author	Title	Citation
Empathy is fundamental to patient care. It has been recognized as a key element of patient-physician communication, and relevant to the ability of a physician to positively influence patients' health. Study on OMB showed they retained empathy throughout medical school. (1)	Calabrese, L.H., Bianco, J.A.; Mann, D., Massello, D. & Hojat, M.	Correlates and changes in empathy and attitudes toward interprofessional collaboration in Osteopathic medical students	JAOA, 113 (12): 888-907 (2013)
Patients receiving OMT reported higher levels of patient satisfaction, and relief from pain or discomfort which was associated with overall satisfaction (P<.001). (1)	Licciardone, J.C., Gamber, R. & Cardarelli, K.	Patient satisfaction and clinical outcomes associated with osteopathic manipulative treatment	JAOA, 102 (1): 13-20 (2002)
(OMT/Pneumonia/Length of Stay/Antibiotics) Difference in length of stay and duration of intravenous antibiotics for patients suffering from pneumonia who received OMT. (1)	Noll, D.R., Degehardt, B.F., Morley, T.F., Blais, F.X., Hortos, K.A., Hensel, K., Johnson, J.C., Pasta, D.J. & Stoll, S.T.	Efficacy of osteopathic manipulation as an adjunctive treatment for hospitalized patients with pneumonia: a randomized controlled trial	Osteopathic Medicine and Primary Care, 4: 2-13 (2010)
(OMT/Surgery/Length of Stay) Osteopathic manipulative treatment applied after a major gastrointestinal operation is associated with decreased time to flatus and decreased postoperative hospital LOS. (1)	Baltazar, G.A., Betler, M.P., Akella, K., Khatri, R., Asaro, R. & Chandrasekhar, A.	Effect of Osteopathic Manipulative Treatment on Incidence of Postoperative Ileus and Hospital Length of Stay in General Surgical Patients	JAOA, 113 (3): 204-209 (2013)
(OMT/Prescriptions) Patients who received OMT had less use of analgesics, steroids, spinal injections than patients who did not receive OMT. (1)	Prinsen, J.K., Hensel, K.L., & Snow, R.J.	OMT Associated With Reduced Analgesic Prescribing and Fewer Missed Work Days in Patients With Low Back Pain: An Observational Study	JAOA, 114 (2): 80-88 (2014)
Osteopathic manipulative treatment may reduce costs for the management of acute LBP. (1)	Crow, W.T., & Willis, D.R.	Estimating Cost of Care for Patients With Acute Low Back Pain: A Retrospective Review of Patient Records	JAOA, 108:228-233 (2008)
The combination of standard care with OMT is effective in inducing pain relief and functional recovery, and significantly improves the management of patients after heart surgery with sternotomy. (1)	Recca, V., Bordini, B., Castiglioni, P., Modica, M. & Ferratini, M.	Osteopathic Manipulative Treatment Improves Heart Surgery Outcomes: A Randomized Controlled Trial.	Ann Thorac Surg , pii: S0003-4975(18)31438-2 (2017).

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<p>There is a fear that osteopathic principles and practice will be compromised as more osteopathic physicians specialize. Not only may patients with skin conditions benefit from OMT as adjunctive therapy, but also, the Tenets of OM may be incorporated into the practice.</p> <ul style="list-style-type: none"> • Principle 1. The body is a unit – skin disease may affect the mind. The mind may cause or exacerbate cutaneous disease. • Principle 2. The body is capable of self-regulation, self-healing, and health maintenance – Some skin diseases have an immunologic basis for pathogenesis. Self-limited skin diseases illustrate the body's ability to heal. Skin disease can be actively prevented. • Principle 3. Structure and function are interrelated - Defects in skin structure result in skin disease • Principle 4. Rational treatment is based on an understanding of the 3 main principles - Examining the patient as a whole. Cutaneous signs of internal disease. (2) 	Campbell, B.M., Sammons, D.L., Sansama-Nixon, R.M., Holsinger, J.M., Stephenson, S., & Walkowski, S.	Dermatology: A specialty that exemplifies the osteopathic medical profession	JAOA, 111(5):225-338 (2011)
<p>Allopathic program directors express the importance of showing applicants that a program is committed to osteopathic principles. A holistic approach is important to caring for patients. Important to diversify applicant pool and to have MDs and DOs to train together. (3)</p>	Raymond (AOA)	Allopathic CME programs seek to attract DO candidates by obtaining osteopathic recognition	http://thedo.osteopathic.org/2015/12/allopathic-cme-programs-seek-to-attract-do-candidates-by-obtaining-osteopathic-recognition/
<p>Article stating that 70% of OMBIII wanted an osteopathic residency - Majority of 3rd-Year osteopathic medical students, osteopathic recognition is perceived as a mechanism to continue to train and practice as osteopathic physicians. They express a desire to continue to build and utilize the OPP skills taught in medical school. (2,3)</p>	AACOM	Survey Results: Appeal of ACCME-accredited Programs with Osteopathic Recognition among Third-Year Osteopathic Medical Students	https://www.aacom.org/docs/default-source/single-gme-accreditation/2017-OR-survey-report.pdf?sfvrsn=8
<p>(Communication) Osteopathic physicians seem to have a communication style that is more personal and somewhat more holistic in that issues relating to family, social activities and patient emotions seem to be more commonly incorporated into visits. (3)</p>	Carey, Motyka, Garrett & Keller	Do Osteopathic Physicians Differ in Patient Interaction from Allopathic Physicians? An Empirically Derived Approach	JAOA, 103 (7): 313-318 (2003)

Summary	Author	Title	Citation
(OMM/LBP) Acute LBP: There is moderate evidence that Spinal Manipulation Therapy (SMT) provides more short-term pain relief than mobilization (MOB) and detuned diathermy, and limited evidence of faster recovery than a commonly used physical therapy treatment strategy. Chronic LBP: There is moderate evidence that SMT has an effect similar to an efficacious prescription nonsteroidal anti-inflammatory drug, SMT/MOB is effective in the short term when compared with placebo and general practitioner care, and in the long term compared to physical therapy. (1)	Bronfort, G., Haas, M., Evans, R.L. & Bouter, L.X.	Efficacy of spinal manipulation and mobilization for low back pain and neck pain: a systematic review and best evidence synthesis	The Spine Journal, 4: 335-358 (2004)
(OMT/LBP) LBP Guidelines. OMT reduces pain more than expected from placebo effects alone, and these results have the potential to last beyond the first year of treatment. More specifically, clinically relevant effects of OMT were found for reducing pain and improving functional status in patients with acute and chronic nonspecific LBP and for LBP in pregnant and postpartum women 3 months after treatment. (1)	AOA Task Force on the Low Back Pain Clinical Practice Guidelines	American Osteopathic Association Guidelines for Osteopathic Manipulative Treatment (OMT) for Patients With Low Back Pain	JAOA, 118 (8): 538-548 (2018)
(OMM/OMT, Hysterectomy) Administration of postoperative OMT enhanced pre- and postoperative morphine analgesia in the immediate 48-hour period following elective total abdominal hysterectomy (TAH), demonstrating that OMT can be a therapeutic adjunct in pain management following this procedure. (1)	Goldstein, F.J., Jeck, S., & Nicholas, A.B.	Preoperative Intravenous Morphine Sulfate With Postoperative Osteopathic Manipulative Treatment Reduces Patient Analgesic Use After Total Abdominal Hysterectomy	JAOA, 105 (8): 273-278 (2005)
(OMM/OMT) Perception of OMT efficacy was significantly associated with all dimensions of patient satisfaction (P<.001/P<.003). Relief from pain or discomfort was significantly associated with overall satisfaction (P<.001). (1)	Licciardone, J., Gamber, R. & Cardarelli, K.	Patient satisfaction and clinical outcomes associated with osteopathic manipulative treatment	JAOA, 102 (1): 13-20 (2002)

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(Holistic approach) Obtaining osteopathic recognition will help the clinic ensure patients continue to receive the holistic, whole-person care they have come to expect , Dr. Braden says. "They greatly benefit from the osteopathic care our program provides," she adds. (2)	Raymond, R.	Osteopathic recognition is key to GME program's forward-thinking approach	http://thedo.osteopathic.org/2018/10/osteopathic-recognition-is-key-to-gme-programs-forward-thinking-approach/

Specialty Training

- Osteopathic Specialty Training embraces “real world” experiences with emphasis in training at Community Based Medical Centers
 - Typically larger volume for procedures
- Traditional ACGME Training embraces Academic Medical Centers and a minority of Community based programs
 - Excellent for research and scholarly activities
 - Excellent source of unusual cases
- GME specialty training should embrace both models
- Psychiatry – Osteopathic Tenets

Questions