



UPHOLDING AN OSTEOPATHIC PERSPECTIVE IN A CLINICAL SETTING

SUSAN RATAY, DO, MS

Cleveland Academy of Osteopathic Medicine
53rd Annual Conference

OMT Seminar

DISCLOSURES

- None

QUESTION

- What is an osteopathic perspective?
- What makes being a DO unique?
- Is there really a distinction?
- Is there a difference in patient care?
- How do we maintain our uniqueness, distinctiveness and advance those pursuing additional training in OMT



"Osteopathy is truth, or it is nothing."

~ A.T. Still

OBJECTIVES

- Revisit the origins of Osteopathy and the need for change in conventional medicine
- Revisit our Osteopathic Oath
- Describe the importance of patient-centered care and touch as osteopathic physicians
- Describe how being an osteopathic physician does not equal doing OMT
- Propose 5 ways to uphold an Osteopathic perspective in your practice

IN THE BEGINNING

- There was an MD who saw the ill effects of “modern medicine” in 1850-1880s
 - Treatments were more harmful than helpful
 - Saw opiate addiction in veteran of the Civil War, including his brother
 - Recognize importance of mental health and physical health
 - Challenged the current culture of medicine despite ridicule and criticism
 - Focused on wellness and health
- Looked to structure and function as foundation of health
 - Started a new school of thought
 - Challenged evidenced-based medicine
- He commit himself to developing this new system of medicine in the face of all kinds of adversity.

REVISITING OUR OATH (1938, REV.1954)

- *I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to **preserve the health and the life of my patients**, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those **recognized methods of treatment consistent with good judgment and with my skill and ability**, keeping in mind always nature's laws and **the body's inherent capacity for recovery**.*
- *I will be ever vigilant in **aiding in the general welfare of the community**, sustaining its laws and institutions, **not engaging in those practices which will in any way bring shame or discredit upon myself or my profession**. I will give no drugs for deadly purposes to any person, though it be asked of me.*
- *I will endeavor to work in accord with my colleagues in a **spirit of progressive cooperation** and **never by word or by act cast imputations upon them** or their rightful practices.*
- *I will look with **respect and esteem upon all those who have taught me my art**. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever **alert to further the application of basic biologic truths** to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.*

PATIENT-CENTERED MODEL OF CARE

- Many osteopaths pride themselves on being “holistic” and “patient-centered”
- In the early 1980s, the Educational Council on Osteopathic Principles (ECOP) developed five conceptual models related to patient assessment, functioning, and care:^{1,2}
 - Supported by principles of anatomy, physiology, biochemistry and psychiatry/psychology
 - Each of these models can be approached as a single lens through which the patient can be viewed, diagnosed and treated
- Listen, let the patient direct and be a part of the care plan
- Identify their “philosophy of healing”

5 MODELS

Model	Anatomical Correlates	Physiological Function
Biomechanical	Postural muscles, spine, and extremities	Posture and motion
Respiratory-Circulatory	Thoracic inlet, thoracic and pelvic diaphragms, tentorium cerebelli, costal cage	Respiration, circulation, venous, lymphatic drainage
Metabolic- Energy	Internal organs, endocrine glands	Metabolic processes, homeostatis, energy balance, regulatory processes; immunologic activities and inflammation and repair; digestion, absorption of nutrients, removal of waste; reproduction
Neurological	Head (organ of special senses), brain, spinal cord, autonomic nervous system, peripheral nerves	Control, coordination, and integration of body functions; protective mechanisms; sensation
Behavioral	Brain	Psychological and social activities, e.g., anxiety, stress, work, family; habits, e.g., sleep, drug abuse, sexual activities, exercise; values, attitudes, beliefs

IMPORTANCE OF TOUCH

- “the distinction of the profession may discover a uniqueness with touch as an integral part.”³
 - ³J.F. Peppin (1993) “The osteopathic distinction: Fact or fancy?”
- Prior to performing OMT, you need to OBSERVE and PALPATE
 - These are developed and learned skills
- Concept of “therapeutic touch”
 - Is it real?



5 THINGS YOU CAN D.O !

EMBRACE YOUR OSTEOPATHIC TRAINING. WHETHER OR NOT SPECIFIC TO OMT SKILLS.

- Appreciate the adversity the profession has overcome.
 - 1874 was the year A T Still “waved the banner of osteopathy,” and he left mainstream medicine
 - introduction of Bills in the House of Representatives and the Senate in 1917 to allow for equality of DO and MD medical officers in the military, just to have continued regulatory barriers with the first DO finally commissioned in 1966.¹
 - California discontinuing new licensures of DOs in 1962, just to resume that licensure by the California Supreme Court in 1974
- Recognize that many osteopathic school pride themselves on providing a low-cost, high-value education compared to their allopathic colleagues,
 - preserving professional success and financial freedom.
- Recognized DOs often work in community settings and primary care which fulfills needs of our communities.

ENGAGE IN EVIDENCE-BASED MEDICINE (EBM).

- The Goal of the American School of Osteopathy in 1892 stated:

“to improve our present system of surgery, obstetrics, and treatment of diseases generally, and [to] place the same on a *more rational and scientific basis*, and to impart information to the medical profession.”¹
- Recognize the origins of the profession was *to avoid medical treatments that were NOT based on evidence* and did more harm than good.
 - Dr. Andrew Taylor Still, MD, DO, founder of osteopathy, practiced conventional medicine from 1853 to 1879 where he used oral medications such as purgatives, diuretics, stimulants, sedatives and analgesics (including calomel, other mercury compounds, opium, morphine and many alcohol-based compounds to name a few) that were often more harmful to the patient than not treating at all.
- hold OMT to the same standards as conventional medicine.
- Represent the culture as osteopathic physicians by practicing EBM

KEEP YOUR MIND OPEN TO ALTERNATIVE AND COMPLEMENTARY PRACTICES.

- In the likeness of Dr. Still, just because a treatment or techniques is unfamiliar or different doesn't mean it is bad.
- Keep the Hippocratic Oath in mind regarding OMT, where we need to uphold non-maleficence behaviors, do no harm.
- Even if many may not agree with me that OMT is effective, it has been regarded as safe unlike many other treatment modalities.
- Likewise, if osteopaths are not practicing OMT, there will never be enough data to prove or disprove its efficacy.
- Be kind to the profession, embrace and commend your colleague who are practicing OMT rather than disregard their beliefs or skills.

GIVE BACK TO THE PROFESSION.


- Teach.
- If you feel that you have embraced the osteopathic philosophies in your practice, be a role-model to today's osteopaths.
- Be visible in the community by engaging in coaching, volunteerism, fund-raising, lectures/education in churches, schools and communities, etc.
- Wear your D.O. with pride!
- Educate those who do not know the difference between allopathic and osteopathic trainings, and do it in a way to validate your own medical training and knowledge.

ONE TECHNIQUE AT A TIME.

- If you believe OMT works and truly just don't have time, try to identify one diagnosis you see regularly in your clinic (i.e. sinusitis).
- Review and practice one to two techniques for that diagnosis (i.e. effleurage of the sinuses and Galbreath technique).
- Commit to performing those techniques every time you make the identified diagnosis.
- Over time you will become more proficient and efficient in the technique, not to mention any positive reinforcement from the patient will continue to propel use when effective.
- This can then be expanded to more diagnoses as time and comfort allow.
- Give back to the profession and community.

CONCLUSION

- Reflecting on our training and history can invigorate the uniqueness and identify of the profession
- Maintain a patient-centered approach to patient care
 - Use the 5 models to help guide the busy physician in maintaining a holistic approach to patient care
- Recognize the importance of touch
 - Both diagnostic and therapeutic
- Embrace the uniqueness of your osteopathic medical training
- Practice evidence-based medicine
- Be receptive to complementary and alternative therapies
- When revitalizing your skills in OMT, start slow.



"Unless you have something better to offer and can do the job better than it is being done, there is no excuse for your existence: and unless you teach it, preach it, and practice it, neither Osteopaths' nor you will survive."

~ A.T. Still

"Doctor A.T. Still in the Living - (p. 112)

REFERENCES

Seffinger MA, King HH, Ward RC, et al. Osteopathic Philosophy. In: Chila AG, ed. *Foundations of Osteopathic Medicine*. 3rd ed. Philadelphia, PA: Lippincott, Williams & Wilkins; 2011:3-22.

Educational Council on Osteopathic Principles. *Glossary of Osteopathic Terminology*. Chevy Chase, MD: American Association of Colleges of Osteopathic Medicine; 2011:5:25-26.

Peppin, J.F. *J Med Hum* (1993) 14: 203. <https://doi.org/10.1007/BF01137235>