

## Use of osteopathic manipulative treatment by Ohio osteopathic physicians in various specialties

Donald G. Spaeth, DO, PhD  
Alfred M. Pheley, PhD

The authors mailed a survey designed to determine the use of osteopathic manipulative treatment (OMT) to the 2318 active osteopathic physicians registered with the Ohio Osteopathic Association; 871 responses were received, for a response rate of 38%. Approximately 75% of the respondents had not or had rarely used OMT: 44% of these respondents did not use any OMT and 31% reported treating fewer than 10 patients with OMT during the week before the survey. Approximately 25% of the surveyed osteopathic physicians treated more than 10 patients with OMT, and about 6% of these treated more than 30 patients with OMT.

Respondents represented 40 specialty disciplines. All of the osteopathic physicians in 17 specialties reported no OMT use, osteopathic physicians in 9 specialties reported using OMT for fewer than 10 patients during the previous week, and osteopathic physicians in 9 specialties reported using OMT for more than 10 patients during the previous week. Of the somatic dysfunctions listed in the survey, low back disorders were treated with OMT most often. Few osteopathic specialists used OMT for patients with asthma or chronic obstructive pulmonary disease. The data suggest that a great opportunity exists to increase the use of OMT by osteopathic physicians, especially those who are specialists.

**(Key words: osteopathic manipulative treatment, osteopathic principles and practice, specialists, somatic dysfunction, osteopathic medical education)**

Osteopathic medical schools require graduates to be trained in osteopathic principles and practice (OPP), which includes osteopathic manipulative treatment (OMT). These OPP, set forth by Andrew Taylor Still, MD, DO, the

founder of osteopathic medicine, represent the main foundational differences between osteopathic medicine and allopathic medicine.<sup>1-3</sup> These foundational principles of osteopathic medicine may be summed up as follows: "The body has an inherent capacity to heal itself, and the role of the [osteopathic] physician is to aid these inherent abilities and to maximize these processes." Although OMT is only one component of OPP, many consider it the hallmark of all osteopathic physicians, both generalists and specialists.

Previous studies evaluating use of OMT by practicing osteopathic physicians found wide ranges of use.<sup>4-6</sup> Only 6% to 14% of osteopathic physicians treat more than half of their patients with OMT, while approximately 30% of osteopathic physicians use these procedures with fewer than 5% of their patients. Furthermore, more recent graduates of colleges of osteopathic medicine are less likely to use OMT in their practices.<sup>5</sup> Responses to a recent survey of Ohio osteopathic physicians indicated that more than 53% treated some of their patients with OMT.<sup>6</sup> While OMT use by osteopathic physicians has declined, the ancillary medical professions, such as physical medicine and rehabilitation, have recognized the need for increased training in manual medicine. As a result, those professions have called for a greater emphasis in educational principles that will strengthen clinical applications of manipulative medicine.<sup>7</sup>

Osteopathic physicians have suggested various approaches to increasing the use of OMT in their profession. Kasovac and Jones<sup>8</sup> proposed that including OMT in graduate medical education could enhance the skills of practicing osteopathic physicians. This model would improve practice skills and develop better role models for osteopathic physicians-in-training.<sup>8</sup> Subsequent studies have supported this model. Fry<sup>4</sup> demonstrated that osteopathic physicians who participated in postgraduate training in OMT procedures were more likely to use OMT. Similarly, Danto and Kavieff<sup>9</sup> found that developing a stronger background in OPP during graduate medical education related positively to greater use of OMT later in physicians' careers.<sup>9</sup> For the short term of their study, Shubrook and Dooley<sup>10</sup> report that a structured clinical curriculum in OMT taught to house staff significantly increased the percentage of patients who received osteopathic structural examinations and the percentage of patients who received OMT as part of their hospital care.

From the Ohio University College of Osteopathic Medicine, Athens, Ohio, where Dr Spaeth is an assistant professor in the Department of Family Medicine and Dr Pheley is associate professor of epidemiology in the Department of Social Medicine.

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Address correspondence to Donald G. Spaeth, DO, PhD, Department of Family Medicine, Ohio University College of Osteopathic Medicine, Athens, OH 45701.

E-mail: [spaeth@ohiou.edu](mailto:spaeth@ohiou.edu)

Attitudes of osteopathic physicians-in-training toward OMT may be a factor in the learning and subsequent use of OMT. McNamee et al<sup>11</sup> reported that although students entering osteopathic medical schools had an open mind toward OMT, they were not overly convinced about its effectiveness. At the same time, approximately half of these students questioned the need for a distinct osteopathic medical profession separate from the allopathic medical profession. In contrast, entering chiropractic students believed in the efficacy of chiropractic adjustments and saw a clear distinction between the roles of chiropractors and medical physicians.<sup>11</sup>

In response to an observed lack of OMT use by osteopathic specialists, the University of North Texas Health Science Center at Fort Worth–Texas College of Osteopathic Medicine instituted a monthlong OMT clinical rotation to improve the attitudes of physicians-in-training toward OMT. The increased exposure to manipulative medicine in this rotation improved the attitudes and opinions of the students toward OMT.<sup>12</sup> Others have suggested that changing the communication strategy of OPP from one based on historical metaphoric language to one with conceptualizations from methodology and phenomenology will improve acceptance by students.<sup>13</sup> The intent of these and other approaches is to encourage osteopathic physicians to use OMT (as well as the rest of OPP) to treat their patients.

Many practicing osteopathic physicians rate their OMT training as less than satisfactory, especially in the clinical years, and report limited use of OMT.<sup>6</sup> Although several studies have gauged osteopathic physicians' use of OMT, previous surveys have not distinguished between OMT use in the various specialties. While some specialists use OMT on their patients, anecdotal reports suggest that most do not. The use of OPP by osteopathic physicians is vital to the continuation of the profession. The continued decline in use of OPP to treat patients should be of concern to all osteopathic physicians—especially those responsible for training future osteopathic physicians. We report the results of a survey designed to determine the use of OMT by practicing osteopathic physicians in Ohio with regard to physician specialty and types of somatic dysfunctions treated.

## Methods

A two-page anonymous survey was developed to assess the frequency of OMT use, the specialty of each respondent, and the type of somatic dysfunction treated (*Figure 1*). Before we implemented the study, the Ohio University Institutional Review Board reviewed and approved the survey and all procedures involved with this project.

The administrative offices of the Ohio Osteopathic Association provided mailing labels for all active osteopathic physicians practicing in Ohio (N = 2318). These active physicians received a cover letter explaining the project, a copy of the survey, and a postage-paid return envelope. Three weeks after

the initial mailing, a second copy of the survey and another postage-paid envelope were sent to all physicians on the list. Four weeks after the second mailing, all responses to the survey were screened to eliminate duplication.

Data were entered into electronic form using a key-and-verify model to ensure high-quality translation from the paper surveys. All analyses were completed using SPSS 10 (SPSS, Inc., Chicago, Illinois).

## Results

Of the 2318 osteopathic physicians sent the survey, 871 (response rate, 38%) completed and returned it. These respondents represented 40 specialties and subspecialties.

Generally, the specialty distribution of respondents reflected the specialty distribution of physicians registered with the Ohio Osteopathic Association. For example, 42.5% of respondents were family physicians, compared with 41.5% of Ohio osteopathic physicians; 8.9% of respondents were emergency physicians, compared with 9.4% of the Ohio osteopathic physicians; 3.5% of respondents were orthopedic surgeons, compared with 3.7% of Ohio osteopathic physicians; and 1.4% of respondents were ophthalmologists, compared with 1.3% of Ohio osteopathic physicians. Most of the exceptions occurred where there were small sample sizes and small changes in response rates would have altered these ratios dramatically.

Seventy-five percent of the osteopathic physicians reported using OMT fewer than 10 times during the week before the survey; 44% reported not using any OMT; 20% reported using OMT one to five times, and 10% reported using OMT six to ten times during the week before the survey (*Table*). The general level of OMT usage as determined from this survey is consistent with prior surveys,<sup>4-6</sup> but those surveys did not distinguish between specialty disciplines.

Seventeen osteopathic physicians representing five specialties (acupuncture, addiction medicine, long-term and home health care, pain management, and sports medicine) did not respond to the survey questions concerning the use of OMT. Those five specialties were not included in our results. All of the osteopathic physicians from 17 other specialties (aerospace medicine, cardiology–medical, cardiovascular–invasive, critical care, dermatology, endoscopy, otorhinolaryngology and plastic surgery, nephrology, neurology, neurosurgery, ophthalmology, oncology, perinatology/neonatology, proctology, pulmonology, urology, and vascular surgery) reported no OMT use during the week before completing the survey. Osteopathic physicians in nine specialties (gastroenterology, geriatrics, obstetrics/gynecology, otolaryngology, pathology, pediatrics, preventive and occupational medicine, psychiatry, and radiology) reported using OMT fewer than 10 times during the week before completing the survey.

Osteopathic physicians in the remaining nine specialties reported using OMT more than ten times during the week before completing the survey, ranging from 46% of family

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1. During the past week (7 days), on approximately how many patients did you perform an OMT procedure?

2. Please indicate how frequently you provide OMT for your patients who are diagnosed with the following specific conditions:

	Never	Rarely	Occasionally	Frequently	Always
Low back pain, lumbar strain/pain	1	2	3	4	5
Dorsal spine dysfunction	1	2	3	4	5
Cervical spine dysfunction	1	2	3	4	5
Carpal tunnel syndrome	1	2	3	4	5
Thoracic outlet syndrome	1	2	3	4	5
Sciatica	1	2	3	4	5
Chronic obstructive pulmonary disease	1	2	3	4	5
Asthma	1	2	3	4	5

3. You graduated from:

<input type="checkbox"/> Chicago	<input type="checkbox"/> Des Moines	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Kirksville
<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Ohio	<input type="checkbox"/> Michigan State	<input type="checkbox"/> Lake Erie
<input type="checkbox"/> Nova Southeastern	<input type="checkbox"/> New York	<input type="checkbox"/> New Jersey	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Arizona	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Texas	<input type="checkbox"/> New England
<input type="checkbox"/> Western (Pomona)			

4. In what year did you graduate from medical school? 19 \_\_\_\_

5. In what year did you complete your residency? 19 \_\_\_\_

6. I am Male \_\_\_\_ Female \_\_\_\_

7. In what specialty have you obtained board certification? (check all that apply)

- \_\_\_\_ Family medicine (includes grandfathered general practitioners)
- \_\_\_\_ Internal medicine
- \_\_\_\_ Obstetrics and gynecology
- \_\_\_\_ Pediatrics
- \_\_\_\_ General surgery
- \_\_\_\_ Orthopedics
- \_\_\_\_ Neurology
- \_\_\_\_ Other, please specify \_\_\_\_\_

8. Compared to when you first started practice, how would you describe the amount of OMT you practice now? (check only one)

- \_\_\_\_ a lot less now
- \_\_\_\_ somewhat less now
- \_\_\_\_ about the same
- \_\_\_\_ somewhat more now
- \_\_\_\_ a lot more now

**Figure 1.** Survey mailed to the 2318 active osteopathic physicians registered with the Ohio Osteopathic Association.

**Table**  
**Physicians in Ohio Who Used Osteopathic Manipulative Treatment During the Past Week**  
**by Specialty and by Number of Patients Treated**

Specialty	Percent of physicians in various specialties using OMT (N = No. of respondents)							No. of patients treated with OMT in 1 week Total N
	0	1-5	6-10	11-20	21-30	31-50	>50	
Family medicine	20 (71)	19 (68)	15 (54)	23 (82)	13 (47)	6 (23)	4 (15)	360
Emergency medicine	66 (51)	22 (17)	5 (4)	5 (4)	1 (1)	0	0	77
Internal medicine	48 (33)	29 (20)	13 (9)	9 (6)	0	0	1 (1)	69
Not indicated	42 (25)	5 (3)	22 (13)	13 (8)	8 (5)	7 (4)	3 (2)	58
Anesthesia	79 (27)	6 (2)	3 (1)	3 (1)	0	6 (2)	3 (1)	34
Obstetrics and gynecology	44 (14)	50 (16)	6 (2)	0	0	0	0	32
Orthopedics	72 (21)	24 (7)	0	3 (1)	0	0	0	29
Radiology	81 (21)	8 (2)	12 (3)	0	0	0	0	26
General surgery	57 (12)	19 (4)	10 (2)	14 (3)	0	0	0	21
Pediatrics	58 (11)	42 (8)	0	0	0	0	0	19
Ophthalmology	100 (12)	0	0	0	0	0	0	12
Physical medicine and rehabilitation	17 (2)	42 (5)	17 (2)	17 (2)	0	0	8 (1)	12
Psychiatry	92 (11)	8 (1)	0	0	0	0	0	12
Pathology	91 (10)	9 (1)	0	0	0	0	0	11
Cardiology—medical	100 (9)	0	0	0	0	0	0	9
Geriatrics	50 (4)	13 (1)	0	13 (1)	13 (1)	13 (1)	0	8
Neurology	100 (7)	0	0	0	0	0	0	7
Otorhinolaryngology and plastic surgery	100 (6)	0	0	0	0	0	0	6
Otolaryngology	67 (4)	33 (2)	0	0	0	0	0	6
Vascular surgery	100 (6)	0	0	0	0	0	0	6
Preventive and occupational medicine	50 (2)	50 (2)	0	0	0	0	0	4
Urology	100 (4)	0	0	0	0	0	0	4
Critical care medicine	100 (3)	0	0	0	0	0	0	3
Dermatology	100 (3)	0	0	0	0	0	0	3
Gastroenterology	67 (2)	33 (1)	0	0	0	0	0	3
Oncology	100 (3)	0	0	0	0	0	0	3
Perinatology and neonatology	100 (3)	0	0	0	0	0	0	3
Aviation medicine	50 (1)	50 (1)	0	0	0	0	0	2
Cardiovascular—invasive	100 (2)	0	0	0	0	0	0	2
Nephrology	100 (2)	0	0	0	0	0	0	2
Proctology	100 (2)	0	0	0	0	0	0	2
Pulmonary medicine	100 (2)	0	0	0	0	0	0	2
Aerospace medicine	100 (1)	0	0	0	0	0	0	1
Endoscopy	100 (1)	0	0	0	0	0	0	1
Neurosurgery	100 (1)	0	0	0	0	0	0	1
Osteopathic manipulative medicine	0	0	0	0	100 (1)	0	0	1

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physicians (n = 360) to 3% of the orthopedic physicians (n = 29). The *Table* presents the breakdown of respondents from various specialties that used OMT during the week before the survey. Note that osteopathic physicians in several specialties that do not generally have direct patient contact (eg, radiology and pathology) reported using OMT and that osteopathic physicians in other specialties (eg, physical and rehabilitation medicine) that have high levels of patient contact reported rarely using OMT. Osteopathic physicians who did not indicate their specialty reported using OMT in a pattern nearly identical to family physicians.

*Figure 2* presents the use of OMT in treating eight dysfunctions by osteopathic physicians in various specialties. Only those specialties that had more than five physicians responding and that had at least one physician reporting OMT use have been included. Radiologists' responses were not included, as these osteopathic physicians are not expected to treat the dysfunctions surveyed. Responses for "never" and "rarely" have been combined, as well as the responses for "always" and "frequently." Osteopathic physicians used OMT to treat low back pain most frequently, if they used OMT at all. However, use of OMT to treat patients with similar spinal dysfunctions varied considerably (compare sciatica with low back pain). Similar variation was reported for nonspinal dysfunctions (compare thoracic outlet syndrome with carpal tunnel syndrome). The number of osteopathic physicians using OMT for respiratory problems, such as chronic obstructive pulmonary disease and asthma, where benefits are well recognized,<sup>14</sup> was lower than for the other somatic dysfunctions. This was true even among pediatricians, who would be expected to treat more patients with asthma than with low back pain. Some OMT use will be reflected in the type of patient usually treated by the specialty, or by the fact that the patient may have been first treated by the primary care physician before referral to a specialist. While many emergency physicians report using OMT, they do not use OMT as frequently as family physicians.

Many osteopathic physicians have changed their use of OMT since starting practice. Most physicians in all specialties report using less OMT. The osteopathic physicians who report using more OMT than when they first started practicing medicine represent many different specialties (*Figure 3*). More than 20% of osteopathic physicians in family medicine, internal medicine, and "none indicated," and more than 10% of osteopathic physicians in anesthesiology, emergency medicine, and physical medicine and rehabilitation reported an increase in their use of OMT.

### Discussion

Recent reports of surveys,<sup>4,6</sup> as well as several editorials,<sup>15-18</sup> have addressed OMT use by osteopathic physicians, but these articles have only addressed the profession as a whole. Our study examines OMT use from the perspective of the various osteopathic medical specialties. The small number of respon-

dents (range, 1-12; median, 3) in the 17 specialties that reported no use of OMT makes generalizations about these specialties difficult; however, all the respondents for these specialties reported no use of OMT. Although our data pertain only to Ohio osteopathic physicians and responses for some specialties remain sparse, the consistent representation of all the respondents provides a picture of OMT use among the specialty disciplines.

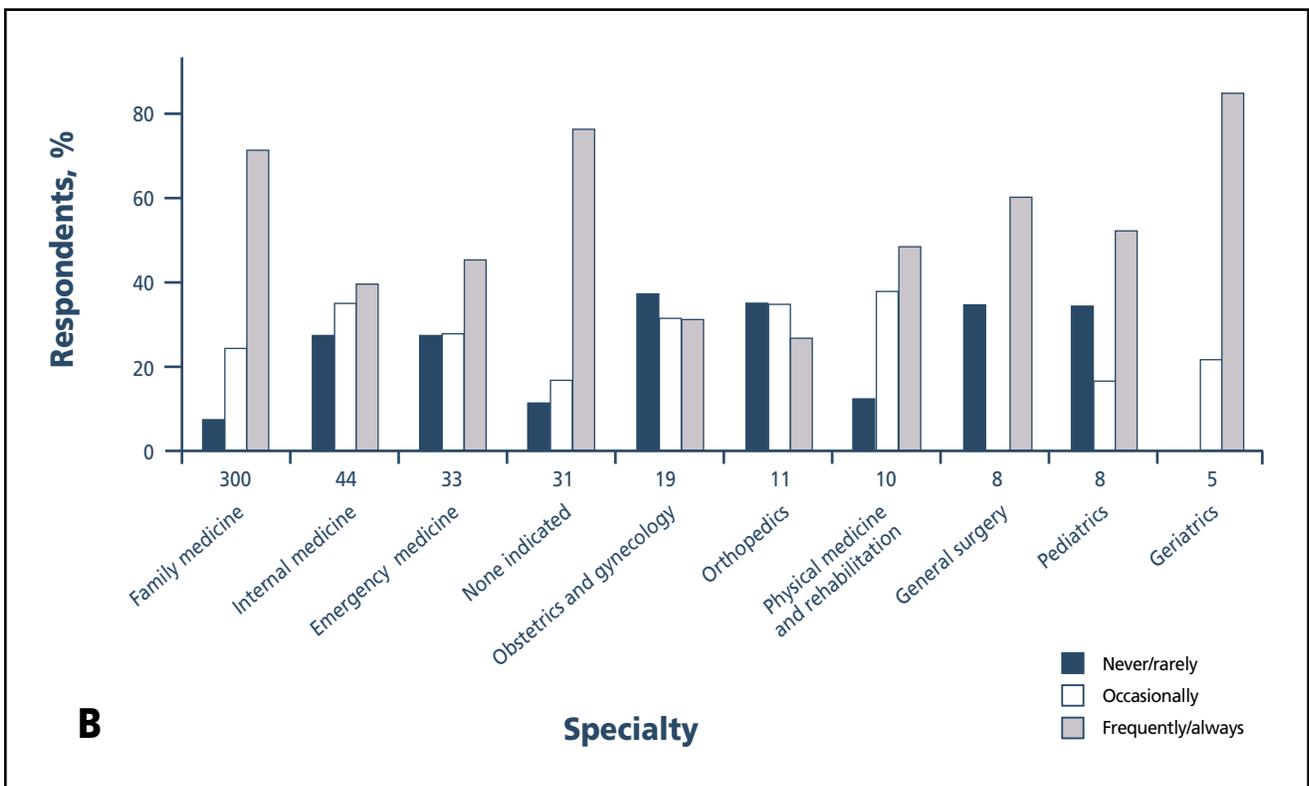
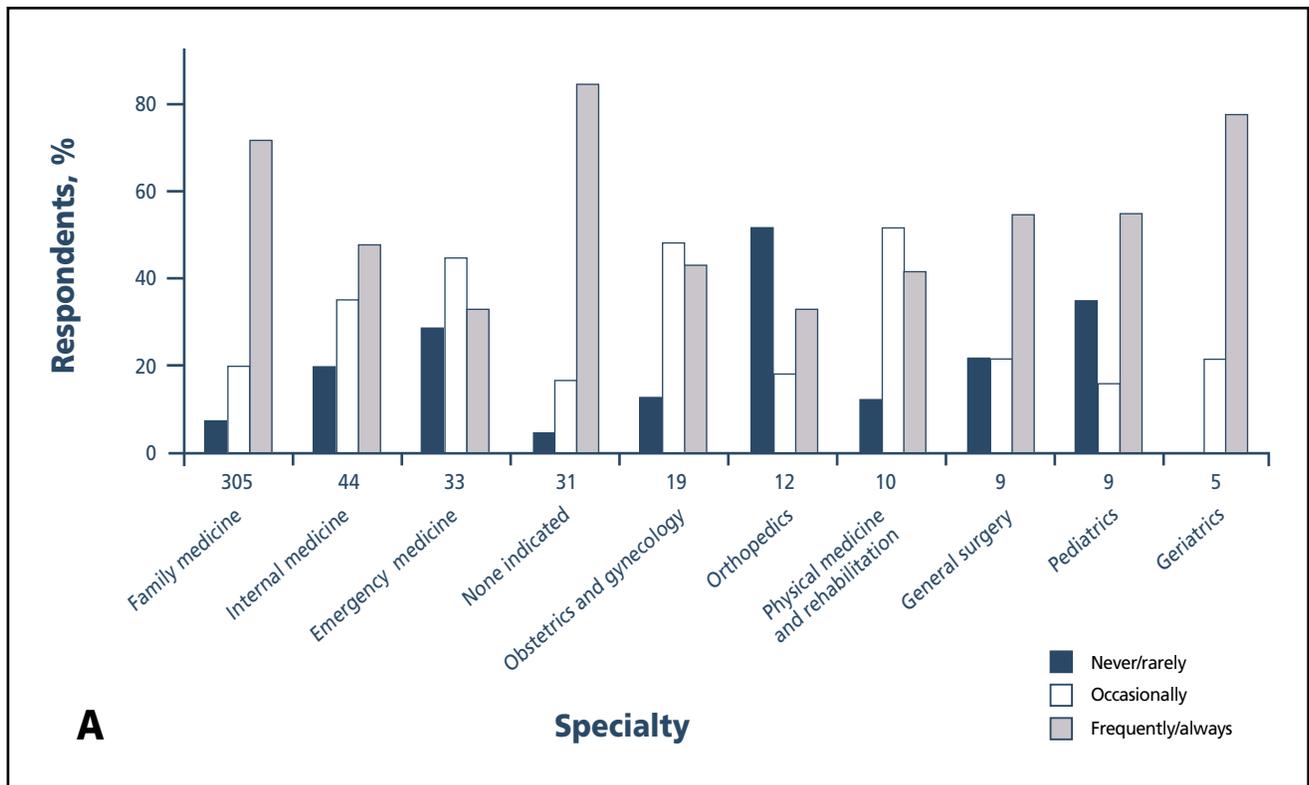
Osteopathic manipulative treatment represents only a part of osteopathic medicine's distinctiveness incorporated in OPP. Because OPP engenders a wide range of meanings and is not easily quantifiable as a whole, OMT, a more easily quantified measure, was used as the primary measure in this study. The use of OMT and other components of OPP by osteopathic physicians is vital to the continuance of the profession. The continued decline in OMT use and the rest of OPP to treat patients should concern all osteopathic physicians—especially those responsible for training future osteopathic physicians.

The 871 respondents to the survey represented 40 specialties; analysis of these data resulted in relevant responses for 35 specialty groups and a "not indicated" group. The latter group represents the data from those respondents who did not indicate a specialty in response to question 7 in the survey (see *Figure 1*). The "not indicated" group most probably consists of those family physicians and general practitioners who entered practice without residency training and who have not availed themselves of board certification. Although this assumption may not be accurate, the relatively large population of this group (60 respondents) makes it worthy of inclusion as a group. The pattern of OMT use for this group was similar to the pattern of use by family physicians.

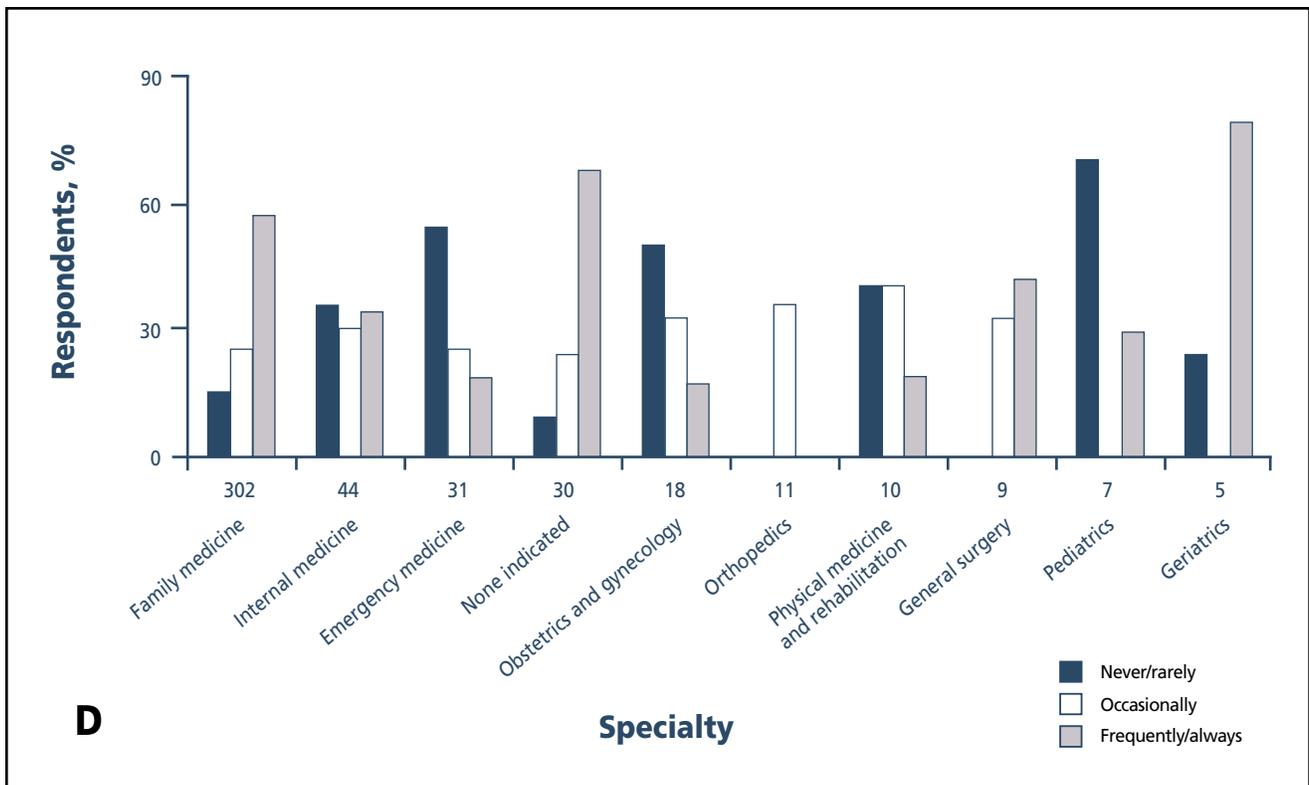
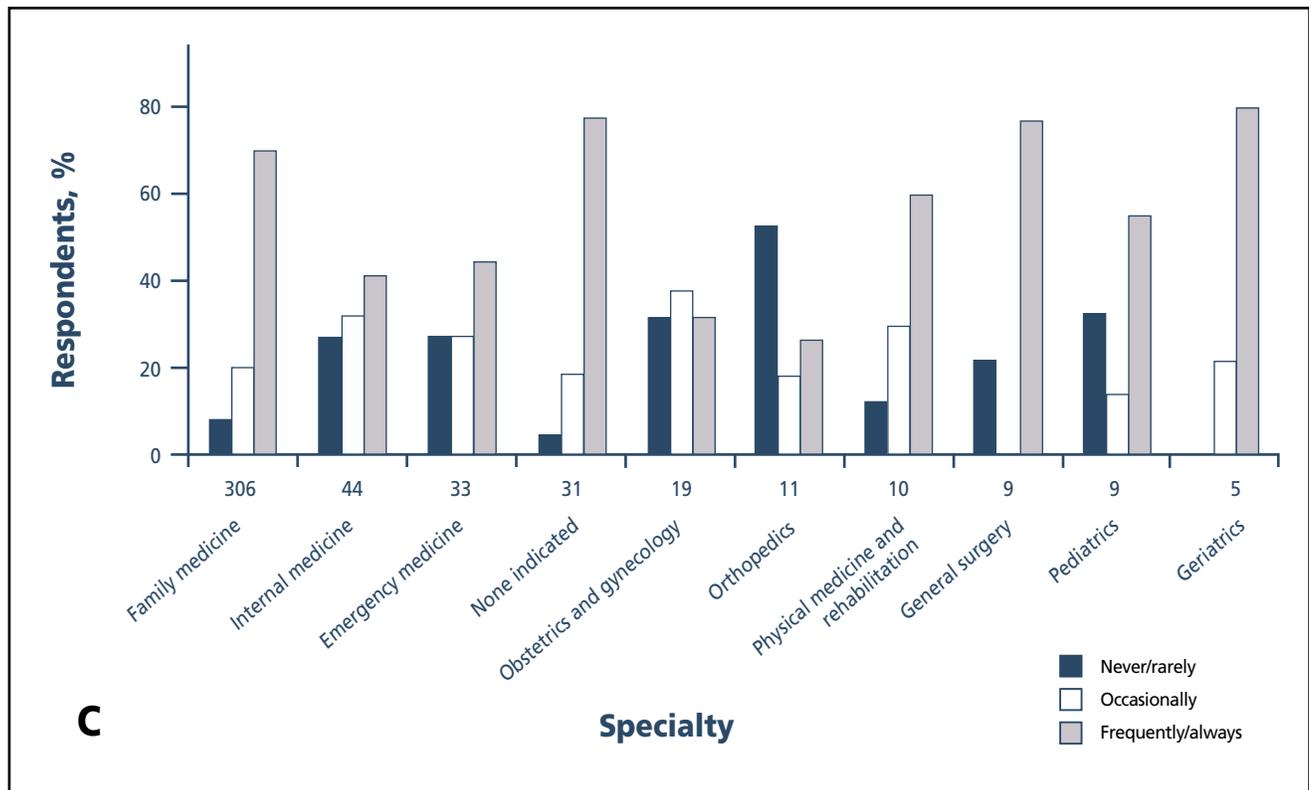
The fact that none of the osteopathic physicians from five specialties chose to report their use of OMT and that those in 17 other specialties reported using no OMT suggests that these specialties do not emphasize application of OPP. Some specialty disciplines that would not be expected to use OMT (pathology, psychiatry, radiology) had osteopathic physicians who reported using OMT (*Table*). Specialties that would be expected to use OMT (cardiology, otorhinolaryngology and plastic surgery, pulmonary medicine, orthopedics) frequently did not use OMT (*Table*).

Prior reports suggest that clinical training, including residency, is the most influential factor in osteopathic physicians using OMT and applying OPP.<sup>4-6,10</sup> If osteopathic physicians do not apply OPP, it seems that the clinical (rather than didactic) training needs to be evaluated for possible revision. Inclusion of OPP in specialty college continuing medical education offerings may be one tactic to increase OMT use. A recent report<sup>6</sup> indicated a positive response to continuing medical education courses focused on use of OMT, which may result in increased OMT use.

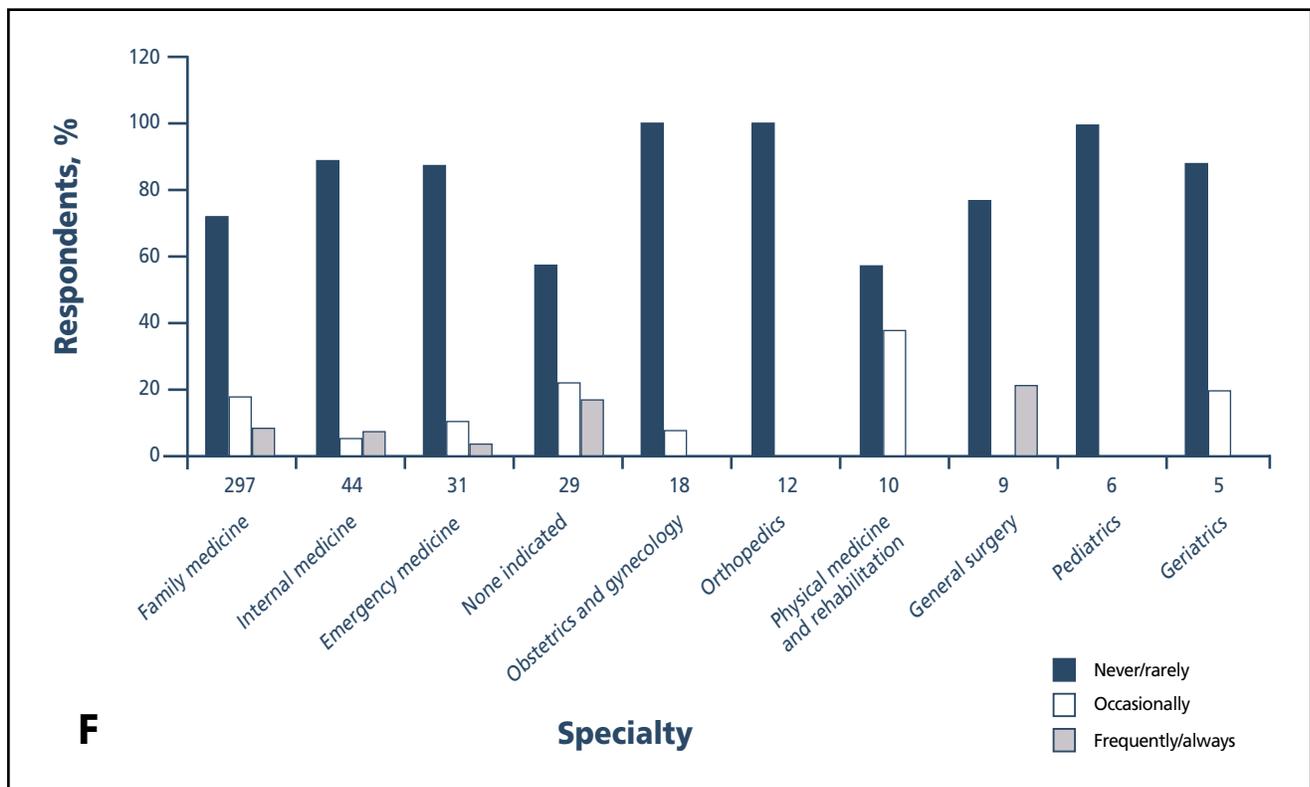
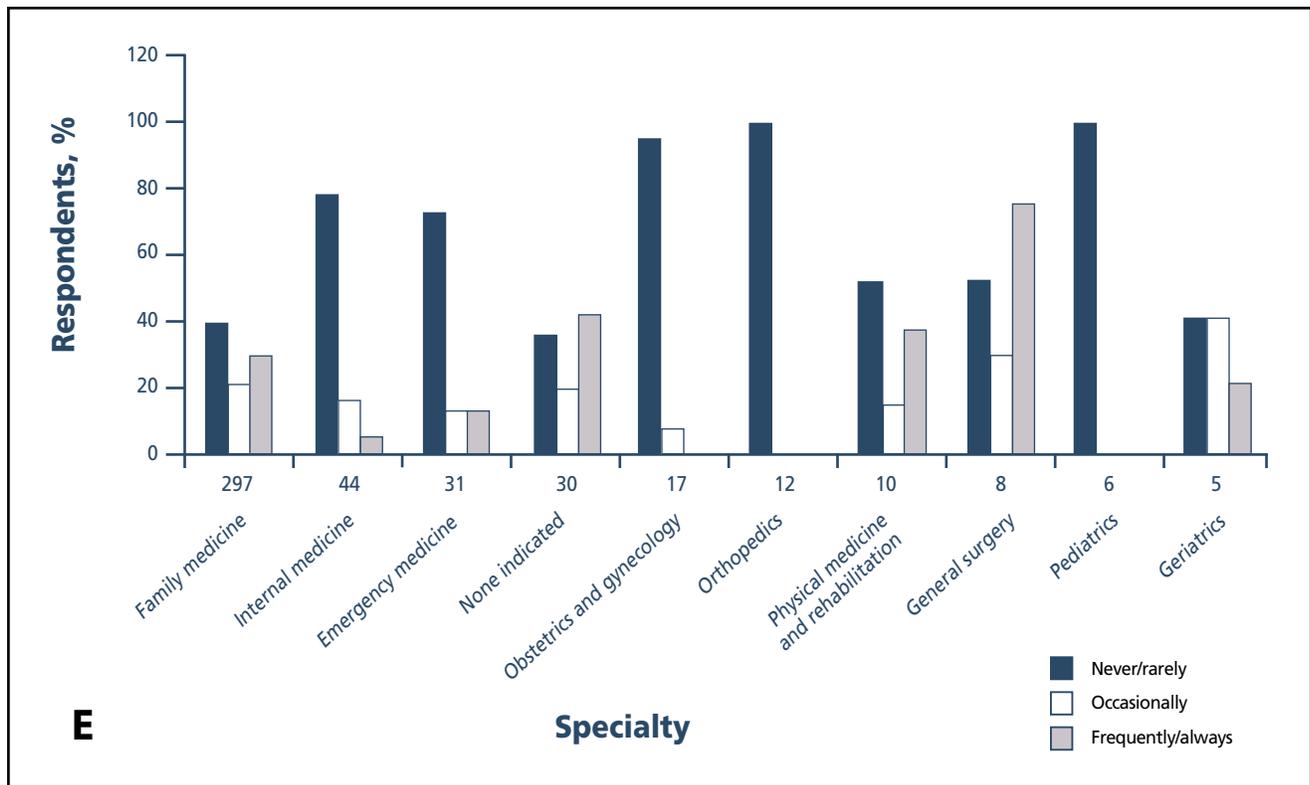
Our survey asked each physician to indicate OMT use in treating patients with eight conditions (low back pain, dorsal spine dysfunction, cervical spine dysfunction, carpal tunnel



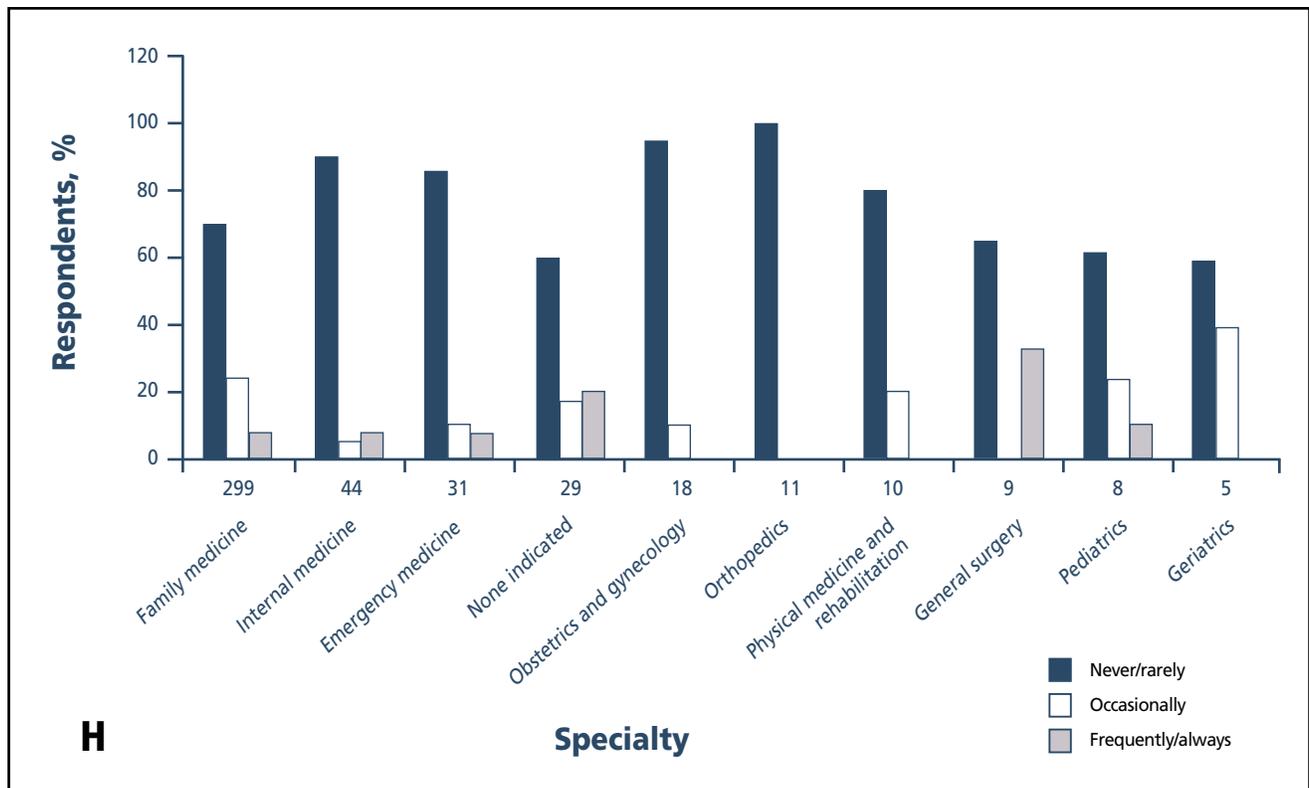
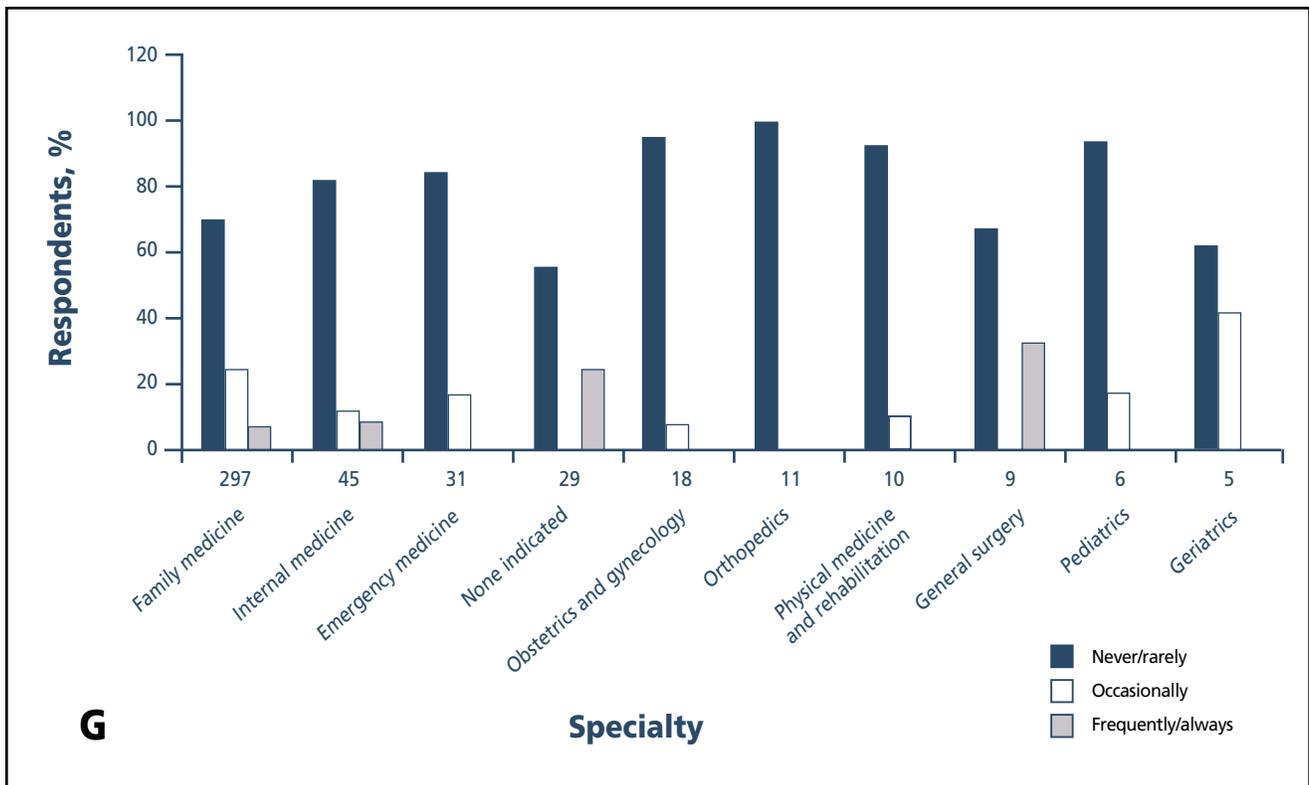
**Figure 2.** Use of osteopathic manipulative treatment for various dysfunctions by Ohio osteopathic physicians practicing various specialties—**A**, Low back; **B**, Dorsal spine. The numbers at the bottom are the total number of respondents in that specialty for the indicated dysfunction.



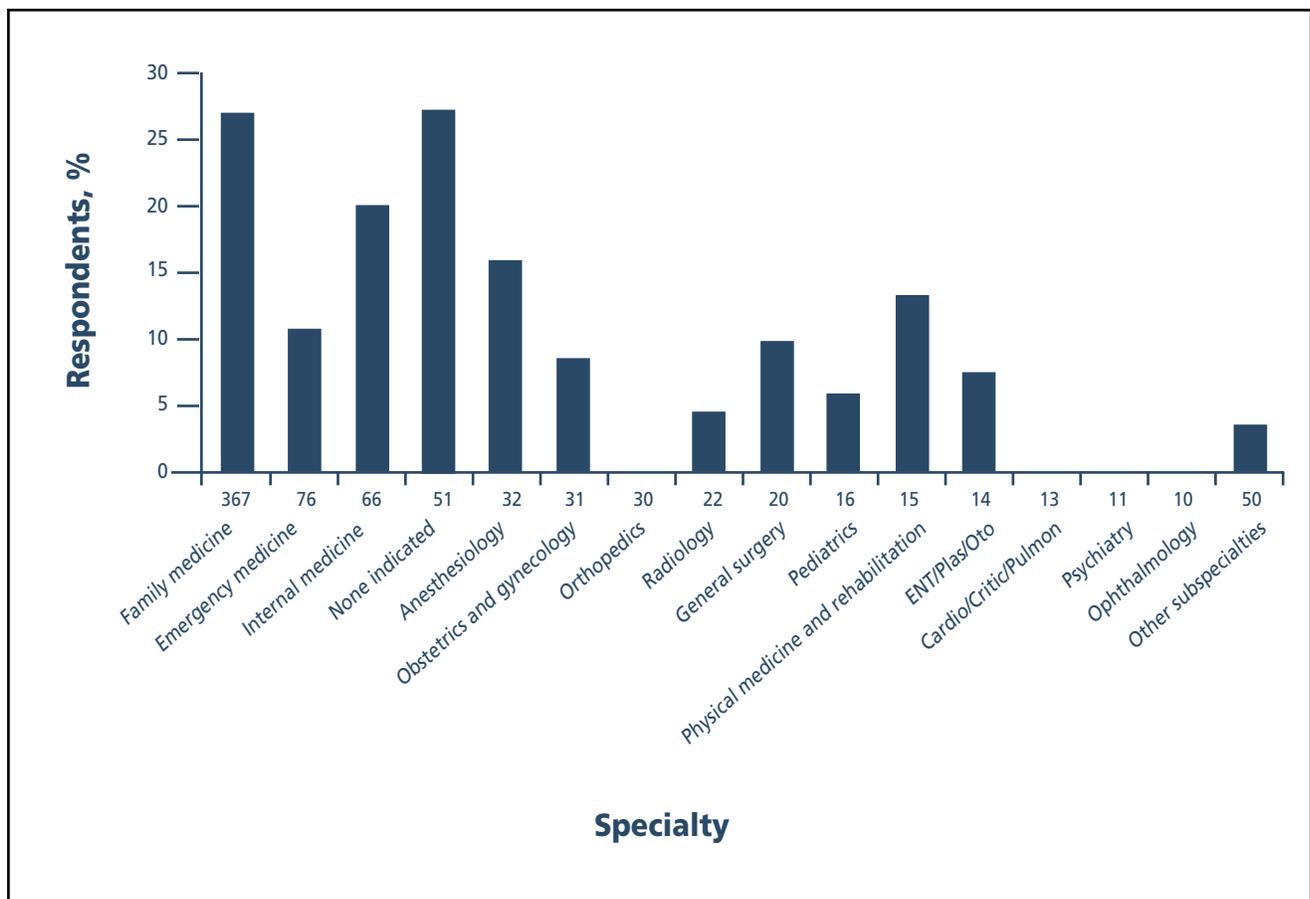
**Figure 2 (continued).** Use of osteopathic manipulative treatment for various dysfunctions by Ohio osteopathic physicians practicing various specialties—**C**, Cervical spine; **D**, Sciatica. The numbers at the bottom are the total number of respondents in that specialty for the indicated dysfunction.



**Figure 2 (continued).** Use of osteopathic manipulative treatment for various dysfunctions by Ohio osteopathic physicians practicing various specialties—**E**, Thoracic outlet syndrome; **F**, Carpal tunnel syndrome. The numbers at the bottom are the total number of respondents in that specialty for the indicated dysfunction.



**Figure 2 (continued).** Use of osteopathic manipulative treatment for various dysfunctions by Ohio osteopathic physicians practicing various specialties—**G**, Chronic obstructive pulmonary disease; **H**, Asthma. The numbers at the bottom are the total number of respondents in that specialty for the indicated dysfunction.



**Figure 3.** Percentage of Ohio osteopathic physicians practicing various specialties that have increased their use of osteopathic manipulative treatment since starting practice. The numbers at the bottom are the total number of respondents in that specialty. ENT/Plas/Oto indicates otorhinolaryngology, plastic surgery, and otolaryngology; Cardio/Critic/Pulmon, cardiology, critical care medicine, pulmonary medicine.

syndrome, thoracic outlet syndrome, sciatica, chronic obstructive pulmonary disease, and asthma). *Figure 2* reports the data obtained for each of the nine specialties that reported using OMT. The data for spinal dysfunctions (low back pain, dorsal spine dysfunction, and cervical spine dysfunction) were essentially identical for each of the specialties, as were the data for nonspinal dysfunctions (carpal tunnel syndrome and thoracic outlet syndrome) and respiratory dysfunctions (chronic obstructive pulmonary disease and asthma). The data for sciatica presented in *Figure 2* differ from the data for the other spinal dysfunctions, perhaps because this is a diagnosis, not a symptom. Examination of these graphs reveals that family physicians, “not indicated” physicians, and geriatricians perform OMT more than other specialists.

General surgeons reported using OMT more frequently for patients with low back pain and sciatica than orthopedic surgeons. While all other specialists use OMT similarly for low back pain and sciatica, orthopedic surgeons use OMT notably less frequently for sciatica. The infrequent use of OMT by orthopedic surgeons may reflect failed use of OMT by previously seen physicians, or it may reflect a lack of application

of OPP by orthopedic surgeons. This question deserves further investigation by osteopathic specialty colleges.

Osteopathic manipulative treatment for nonspinal conditions occurs less frequently than for spinal conditions, as seen when comparing *Figure 2A–2D* with *Figure 2E* and *Figure 2F*. The results suggest that osteopathic physicians generally do not treat thoracic outlet syndrome or carpal tunnel syndrome with OMT. Perhaps the colleges of osteopathic medicine and continuing medical education courses need to reemphasize the nonspinal benefits of OMT and the rest of OPP. In using OMT for nonspinal conditions, physical medicine and rehabilitation specialists approach the same level of OMT use as family physicians.

The low use of OMT for patients with chronic obstructive pulmonary disease and asthma by nearly all osteopathic physicians reflects a disturbing trend for the profession. Dysfunctions in the thoracic area are reported to benefit from OMT.<sup>14</sup> Training in the treatment of respiratory dysfunctions with OMT is included in all osteopathic college curricula, yet this seems to be the area with the least use of OMT; even patients with nonspinal thoracic outlet syndrome receive more OMT

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than do patients with asthma. Pediatricians remain the exception to this statement, probably because they see few patients with thoracic outlet syndrome. Pediatricians treat asthma early in its course and are expected to see many patients with this dysfunction; however, in this study they do not report using a significant amount of OMT. Again, this lack of OMT use among pediatricians needs to be reviewed by that particular discipline's specialty college.

In general, practicing osteopathic physicians rate their preclinical OMT training as satisfactory, but rate their clinical OMT training as unsatisfactory.<sup>6</sup> This implies that the level of OMT training in the clinical programs results in poor OMT use by practicing osteopathic physicians. Perhaps this is the osteopathic application of practicing what is seen, rather than what is said. Have osteopathic medical training programs established a "do as I say, not as I do" environment? In undergraduate training, medical students are told the benefits of OMT and the rest of OPP, but in their residencies they do not see it used. Therefore, clinical and specialty programs need to improve instruction in and demonstration of the use of OMT and application of all aspects of OPP.

Although the number of osteopathic physicians increasing their use of OMT remains small, many physicians in specialty disciplines report treating more patients with OMT now than when they started practicing medicine. Our data did not show a correlation between years in practice and increased use of OMT. This may be an indication that osteopathic physicians are becoming more aware of the benefits of OPP. Addressing these issues in continuing medical education courses seems to be one strategy for increasing OMT use.<sup>6</sup> Another strategy would be to insert a directed OMT curriculum during the clinical years.<sup>10,12</sup> Each specialty college needs to evaluate the knowledge and comfort levels that their members have with OPP. The mandate for distinctiveness of the osteopathic medical profession provides the impetus for this evaluation.

### Summary

Our findings indicate that family physicians use OMT more frequently than do other specialists. Each specialty has room to increase the use of OMT and OPP in treating patients. No one in the osteopathic profession can afford to be complacent about osteopathic medicine's distinctiveness, and each osteopathic physician must work to improve the use of OMT and other aspects of OPP. Specialty colleges must promote OPP in their training programs and certification processes. We believe that the next logical step is for the clinical and specialty programs to improve their emphasis of OPP as well as to determine its effectiveness.

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### References

1. Still AT. *Autobiography of Andrew Taylor Still*. Kirksville, Mo: A.T. Still; 1897.
2. Still AT. *Osteopathy Research and Practice*. Kirksville, Mo: A.T. Still; 1910.
3. Still AT. *Philosophy of Osteopathy*. Kirksville, Mo: A.T. Still; 1899.
4. Fry LJ. Preliminary findings of the use of osteopathic manipulative treatment by osteopathic physicians. *J Am Osteopath Assoc*. 1996;96(2):91-96.
5. Johnson SM, Kurtz ME, Kurtz JC. Variables influencing the use of osteopathic manipulative treatment in family practice. *J Am Osteopath Assoc*. 1997;97(2):80-87.
6. Spaeth DG, Pheley AF. Evaluation of osteopathic manipulative treatment training by practicing physicians in Ohio. *J Am Osteopath Assoc*. 2002;102(3):145-150.
7. Atchison JW, Newman RL, Klim GV. Interest in manual medicine among residents in physical medicine and rehabilitation. The need for increased instruction. *Am J Phys Med Rehabil*. 1995;74(6):439-443.
8. Kasovac M, Jones JM III. Integrate osteopathic principles and practices in postgraduate medical education—now. *J Am Osteopath Assoc*. 1993;93(1):118,123-125.
9. Danto JB, Kaveiff TR. Making a difference: the osteopathic approach lecture series. *J Am Osteopath Assoc*. 1999;99(3):168-172.
10. Shubrook Jr. JH, Dooley J. Effects of a structured curriculum in osteopathic manipulative treatment (OMT) on osteopathic structural examinations and use of OMT for hospitalized patients. *J Am Osteopath Assoc*. 2000;100(9):554-558.
11. McNamee KP, Margarian K, Phillips RB, Greenman PE. Osteopathic vs. chiropractic education: a student perspective. *J Manipulative Physiol Ther*. 1991;14(7):422-427.
12. Magnus WW, Gamber RG. Osteopathic manipulative treatment: student attitudes before and after intensive clinical exposure. *J Am Osteopath Assoc*. 1997;97(2):109-113.
13. Gaines E, Chila AG. Communication for osteopathic manipulative treatment (OMT): the language of lived experience in OMT pedagogy. *J Am Osteopath Assoc*. 1998;98(3):164-168.
14. Wilson PT. Osteopathic treatment of asthma. *Year Book of Selected Osteopathic Papers*. 1965(1); 121-122.
15. Fry LJ. Can D.O.'s still 'circle the wagons'? Reflections on the use of osteopathic manipulative treatment. *J Am Osteopath Assoc*. 1997;97(2):72.
16. Allen TW. Will failure to use OMT be grounds for malpractice? *J Am Osteopath Assoc*. 1997;97(5):268.
17. Northop GW. Osteopathic manifesto (a 12-part series). *J Am Osteopath Assoc*. 1997;97(2-12):75,140,267,334,391,452,520,578,628,707.
18. Johnson SM, Bordinat D. Professional identity: key to the future of the osteopathic medical profession in the United States. *J Am Osteopath Assoc*. 1998;98(6):325-331.