



# Identification of distinctive characteristics, principles, and practices of the osteopathic physician in the current health care system

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## KEYWORDS:

Healthcare system;  
Osteopathic  
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Osteopathic medical  
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Traditional;  
Nontraditional  
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## Abstract

**OBJECTIVE:** The osteopathic medical profession traditionally has distinct attributes. The purpose of this study is to identify current perceptions among osteopathic medical students, residents, and practicing physicians (teaching and nonteaching) to gauge the dynamics and perspectives of the distinctive characteristics, practices, and principles of the osteopathic medical profession.

**METHODS:** The study used qualitative and quantitative methods sequentially in two phases, respectively. Osteopathic medical students, residents, and practicing physicians were drawn from the Western, Rocky Mountain, and Ohio Valley geographic regions. The qualitative phase used a series of focus group discussions from which themes were derived that informed writing of questions for a pilot questionnaire administered and analyzed for the quantitative phase. Item analyses, factor analyses, and multivariate analysis of variance were used.

**RESULTS:** Focus groups showed that osteopathic distinctiveness is characterized chiefly by a holistic patient-centered approach, the use of alternative treatments to medications, training in osteopathic manipulation, and additional training in anatomy during medical school. A 38-question survey instrument was obtained. Factor analyses of this initial 38-question instrument yielded a 15-item three-factor solution that characterizes traditional attributes (excluding primary care emphasis), research as future direction, and perceived importance as constituents of osteopathic distinctiveness.

**CONCLUSIONS:** Osteopathic distinctiveness perceptions are evolving from exclusive emphasis on primary care to broader traditional norms because of probable generational shifts in the profession. These changing dynamics should be considered in curricula development and policy along the entire continuum of osteopathic medical education by leadership of the profession.

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Osteopathic distinctiveness is historically defined by both principles and practices. In recent years, there are increasing concerns that the distinctiveness of osteopathy is

eroding. To address these concerns, determination of perceptions and expectations regarding the distinctive osteopathic identity and clinical demonstrability are needed. The aim of this study was to identify distinct characteristics, principles, and practices of the osteopathic physician as perceived by osteopathic students, residents, faculty, and practicing physicians.

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The four basic tenets of osteopathy are (1) The body is a unit; (2) the body is capable of self-regulation, self-healing, and health maintenance; (3) structure and function are reciprocally interrelated; and (4) rational treatment is based on an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.<sup>1</sup> These tenets establish criteria by which the osteopathic physician practices medicine holistically. Therefore, the osteopathic physician often enters a primary care field of practice.<sup>2,3</sup> The osteopathic practice of using a structural examination and manipulative therapies defines the osteopathic physicians as distinct from their allopathic counterparts.<sup>4</sup>

Osteopathic training was also distinct in its first century because medical school training, postgraduate training, and continuing medical education took place almost exclusively in osteopathic arenas. The training focused on reinforcing the basic tenets of osteopathy and training in the structural examination and manipulative therapy.

Differences between osteopathic and allopathic medicine have gradually diminished over the past century.<sup>5-7</sup> Although osteopathy was developed as a new approach to medical problems that were not adequately addressed in the 1870s, much of the ensuing century was spent trying to establish osteopathic physicians as equal to their allopathic colleagues. In establishing this equality, osteopathic physicians adopted a number of practices and characteristics of their allopathic colleagues. The effort to establish equal licensure status has tended to result in the training of osteopathic physicians in concepts and body of medical knowledge that are identical to those of allopathic physicians. At the same time, allopathic medicine began to recognize the benefits of osteopathic philosophy, specifically the holistic approach to diagnosis and treatment espoused by osteopathy. This latter development aligned allopathic medicine closer to osteopathic medicine. As a result, osteopathic physicians are no longer, as was the case historically, considered alternative or complementary but rather more mainstream like their allopathic counterparts.

The second development that has eroded the distinctiveness of osteopathy is the declining use of osteopathic manipulations. A survey of osteopathic physicians in 1998 revealed that more than 50% of osteopathic physicians used manipulation in less than 5% of their patients.<sup>8</sup> About 30% use manipulations in 5% to 25% of patients, with family physicians using osteopathic manipulative treatment (OMT) more, 50% compared with specialists (17%). The decline in the use of osteopathic manipulation and palpatory diagnosis does not necessarily suggest distrust in osteopathic principles and practice but may be a reflection of the emergence of greater options in diagnosis and treatment.

The third factor that has undermined the traditional distinctiveness of osteopathy is the growth of specialty care practitioners. The predominant choice of primary care practice by osteopathic physicians was considered a distinct aspect of osteopathic training. The explosion in diagnostic testing, medical therapeutics, and procedural medicine in the past three decades has led increasing numbers of osteopathic physicians to choose specialty professions. This trend can be seen in the

past few years, where fill rates for osteopathic residency positions in family medicine, internal medicine, and pediatrics fell from 45% in 2003 to 34% in 2005.<sup>9</sup>

As a result, there are increasing concerns that the distinctiveness of osteopathy is blurring. Although some osteopathic leaders are concerned about this blurring, it has provided an opportunity for allopathic physicians to call for a merger of the two medical professions into one.<sup>10</sup> In his 1999 *New England Journal of Medicine* editorial "The Paradox of Osteopathy," Howell argues that the decline in the use of manipulative therapies by osteopathic physicians and the integration of osteopathic physicians into mainstream medicine no longer made it necessary to maintain two distinct medical disciplines.<sup>10</sup> In fact, it is proposed that, with health care reform redefining how physicians practice medicine, there is no better time for allopathic and osteopathic physicians to identify common issues and work together to foster a unified front toward efficient and effective health care delivery.<sup>11</sup> Osteopathic leaders argue that the osteopathic tenets may help garner support among osteopathic professionals for a distinctive medical track, but how these principles can represent both a distinct yet collaborative perspective is challenging. Furthermore, if osteopathic education eliminated training in osteopathic philosophies, would these approaches be championed by and instituted within a unified physician education?

These changes in osteopathic distinctiveness do not necessarily mean that osteopathy is obsolete. On the contrary, these findings indicate osteopathic medicine's influence on allopathic medicine and a willingness to adapt to changes in patient needs and health care developments. These changes also suggest that a reassessment of how osteopathic principles and practices may serve the health care community and patients in the decades ahead is needed. This research represents the beginning efforts to kickstart a discourse toward that reassessment.

Previous studies determined attitudes toward osteopathic principles and the distinctiveness of the osteopathic profession.<sup>8,12</sup> These studies focused on perception of OMT or gathered survey items from osteopathic experts or specialists only. This current study, as a departure from the previous ones, involved a greater representation of the osteopathic field beyond osteopathic manipulative medicine experts only. The study determined broader perceptions and perspectives with the consequence of deriving constructs of osteopathic distinctiveness within the contemporary health care delivery context.

## Methods

### Phase 1—Qualitative study

This phase used a series of focus group discussions involving osteopathic medical students, residents (including fellows and interns), and practicing physicians (teaching and nonteaching physicians) to identify through their narratives what they consider the distinctive attributes of the

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