



## An M.D.'s experience learning Osteopathic Manipulation

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### Abstract:

As a graduate from an allopathic medical school who is in residency training at a program with osteopathic recognition, I have had the opportunity to learn osteopathic manipulation. This project demonstrates my competency with osteopathic manipulation through the same grading rubrics used in Osteopathic Medical Schools. I am the first allopathic graduate in my residency program to have been objectively assessed on my OMM techniques after over 2 years of didactic and clinical Osteopathic instruction and experience. Therefore, this report can help serve as one example of the efficacy of didactic and clinical training in Osteopathic manipulative medicine during residency as opposed to during medical school.

### Didactics:

Prior to residency, I was given reading assignments for 12 chapters in "Somatic Dysfunction in Osteopathic Family Medicine" by Nelson and Glonek. Through 2 years of residency, I have had two month-long rotations devoted to OMM and had didactic sessions where I was instructed by OMM/NMM faculty on the history, principles, and practice of osteopathic manipulation. During these didactic sessions I formed an appreciation for the Osteopathic values of the body as a unit, self regulation, and the interrelationship of structure and function.

### Clinical training:

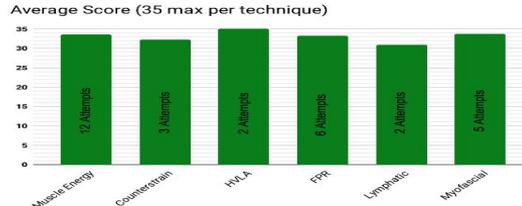
During my OMM rotations I performed hands on osteopathic manipulation under the supervision of the OMM/NMM faculty attending physicians in the office and hospital settings.

### Methods:

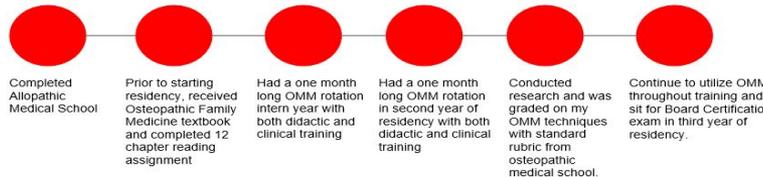
Osteopathic texts were studied. Didactic sessions were held with instruction from OMM/NMM faculty. Clinical exposure was provided with direct supervision during residency training. OMM/NMM faculty graded the resident's techniques using the same grading rubrics and standards that are used at Rowan School of Osteopathic Medicine.

### Results:

Based on the resident's evaluation by OMM/NMM specialized faculty physicians using the identical grading rubric and standards as that of Rowan School of Osteopathic Medicine, competency was demonstrated in Muscle energy, Counterstrain, HVLA, FPR, Lymphatic techniques, and Myofascial release. By reviewing the data from the resident's OMM assessments, it appears that compared to Rowan students, performance is similar and competency was demonstrated. Below are the raw score averages and number of attempts for each technique.



Studying osteopathic texts, partaking in didactic sessions with instruction from OMM/NMM faculty, and practicing OMM with direct supervision during residency training has been shown to provide an adequate level of understanding and confidence in the clinical skills needed to utilize osteopathic manipulation in practice after residency. The curriculum that I partook in is as follows:



### Conclusion:

Didactic and clinical training in osteopathic manipulation during residency, and not in medical school, can be effective. Based on grading of techniques by OMM/NMM specialized faculty physicians using the identical grading rubric and standards as that of Rowan School of Osteopathic Medicine, competency has been demonstrated in Muscle energy, Counterstrain, HVLA, FPR, Lymphatic techniques, and Myofascial release.

The didactic model utilized by the department of Family Medicine at Morristown Medical Center to teach MD residents osteopathic manipulation is effective and could certainly be put into place at other institutions to provide more physicians with the tools they need to properly utilize osteopathic manipulation in their practice.

### Acknowledgements:

Thank you Dr. Torres, Dr. Melograno, and Dr. Klingmeyer for the outstanding training you provide to all of the residents at MMCFM. Thank you to the Morristown Medical Center Family Medicine program for creating a platform for an allopathic graduate to learn osteopathic manipulation and principles.

