

Advancing Osteopathic Medicine Through Research

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In March 2012, *JAOA—The Journal of the American Osteopathic Association* reported on its initial efforts—and successes and challenges—in implementing recommendations of the *JAOA* Realignment Task Force.¹ As we continue to advance in the publication of scholarly articles pertinent to the practice of osteopathic medicine, the *JAOA* remains committed to publishing peer-reviewed, cutting-edge research within 6 months of submission.

As part of our goal to continue to meet this turnaround time frame and to help “jump-start a more robust culture of research in the osteopathic medical profession,”¹ the current issue of the *JAOA* is devoted to state-of-the-art osteopathic research that was in part supported by the National Institutes of Health’s National Center for Complementary and Alternative Medicine (NCCAM). The research herein, which was presented during The Osteopathic Research Center’s Using Manual and Conventional Therapies to Enhance Musculoskeletal Health conference, focused on manual therapies, their mechanisms, and their efficacy and utility in clinical practice. This conference occurred in April 2012; beginning on page 596 of this

September issue of the *JAOA*, readers can find a summary of the conference² and a few of the studies presented at the conference.³⁻⁵ This turnaround is in large part a result of the efficient work of the issue’s guest editor, John C. Licciardone, DO, MS, MBA, and the dedicated and talented staff at the *JAOA*.

We are honored to have Dr Licciardone as our guest editor, as he has demonstrated a consistent and stellar legacy of excellence in osteopathic research. He is the associate dean for clinical research and executive director of The Osteopathic Research Center at the University of North Texas Health Science Center in Fort Worth. He is also the Osteopathic Heritage Foundation Richards-Cohen distinguished chair in clinical research and serves as a member on the National Advisory Council of the NCCAM. His landmark systematic review and meta-analysis of the effectiveness of osteopathic manipulative treatment (OMT) for relieving pain in patients with acute or chronic low back pain⁶ became the foundation for the American Osteopathic Association’s first national guideline on the use of OMT⁷ published on the Agency for Healthcare Research and Quality’s Web site, the National Guideline Clearinghouse, at <http://www.ngc.gov>.

In this issue of the *JAOA*, Dr Licciardone reports on some of the findings from his most recent landmark research study, the OSTEOPATHIC Trial (OSTEOPATHic Health outcomes In Chronic low back pain Trial),³ which was a 5-year randomized trial of 455 patients, making it the largest clinical trial ever undertaken on OMT.

Precompetition OMT has been used since Andrew Taylor Still, MD,

DO, treated young baseball players to enhance their pitching abilities.⁸ In more recent times, Olympic speed ice skating champion Apolo Anton Ohno sought OMT to help him compete to win gold in the Salt Lake City, Utah, winter games in 2002.⁹ There are many anecdotal stories like this, but Per Gunnar Brolinson, DO, and colleagues⁴ take the issue a step further and add objective performance measure data to the equation over a long period with a large number of manipulative treatments performed on a cohort of patients. To my knowledge, this has never been done before. Brolinson and colleagues⁴ present their preliminary findings from a retrospective chart review and performance analysis of a cohort of elite university athletes who underwent precompetition manipulative treatment to maximize performance.

In 2005, the NCCAM brought together researchers and clinicians from around the country in a symposium to look at the state of the knowledge on the biological mechanisms underlying the apparent efficacy of manual therapies. They additionally helped set a course for future research initiatives along these lines.¹⁰ To update us on what we have learned since then, Brian Clark, PhD, and colleagues⁵ report on the most current understanding of neurologic mechanisms underlying the effects found after spinal OMT.

As we move forward in developing a top quality journal, we encourage enthusiastic participation from the basic scientists, students, and clinicians at our osteopathic medical colleges—as well as osteopathic residents and physicians in practice throughout the world—to keep the

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discipline of osteopathic medicine vibrant, stimulating, and at the forefront of the science and art of health care. Osteopathic medicine has the potential and ability to be a leader in health care, and our professional journal is one of the primary media by which we can communicate our vision and knowledge. I encourage readers to submit commentary in response to the articles²⁻⁵ published in this special edition of the *JAOA*, for it is your response to what we print that makes the *JAOA* alive and pertinent.

References

1. D'Alonzo GE Jr, Patterson MM, Seffinger MA, Fitzgerald ME. Realigning the *JAOA*: we are listening and changing. *J Am Osteopath Assoc*. 2012;112(3):117-118.
 2. Licciardone JC. Using Manual and Conventional Therapies to Enhance Musculoskeletal Health: highlights of The Osteopathic Research Center's 10th anniversary conference. *J Am Osteopath Assoc*. 2012;112(9):591-595.
 3. Licciardone JC, Kearns CM, Hodge LM, Bergamini MVW. Associations of cytokine concentrations with key osteopathic lesions and clinical outcomes in patients with nonspecific chronic low back pain: results from the OSTEOPATHIC Trial. *J Am Osteopath Assoc*. 2012;112(9):596-605.
 4. Brolinson PG, Smolka M, Rogers M, et al. Precompetition manipulative treatment and performance among Virginia Tech athletes during 2 consecutive football seasons: a preliminary, retrospective report. *J Am Osteopath Assoc*. 2012;112(9):607-615.
 5. Clark BC, Thomas JS, Walkowski SA, Howell JN. The biology of manual therapies. *J Am Osteopath Assoc*. 2012;112(9):617-629.
 6. Licciardone JC, Brimhall AK, King LN. Osteopathic manipulative treatment for low back pain: a systematic review and meta-analysis of randomized controlled trials. *BMC Musculoskelet Disord*. 2005;6:43.
 7. Clinical Guideline Subcommittee on Low Back Pain; American Osteopathic Association. American Osteopathic Association guidelines for osteopathic manipulative treatment (OMT) for patients with low back pain. *J Am Osteopath Assoc*. 2010;110(11):653-666.
 8. Still CE Jr. *Frontier Doctor—Medical Pioneer: The Life and Times of A.T. Still and His Family*. Kirksville, MO: The Thomas Jefferson University Press; 1991 (reprinted from 1907):205-216.
 9. OMT helps Olympic speed skater to compete despite injury. *ACOI Information* [newsletter]. 2002;11(7):4.
 10. Workshop on the biology of manual therapies. National Center for Complementary and Alternative Medicine Web site. <http://nccam.nih.gov/news/events/Manual-Therapy/agenda.htm>. Accessed August 27, 2012.
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