

THE JOURNAL *of the* AMERICAN OSTEOPATHIC ASSOCIATION



The Journal of the American Osteopathic Association (JAOA) encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the health care professions to submit comments related to articles published in the *JAOA* and the mission of the osteopathic medical profession. The *JAOA*'s editors are particularly interested in letters that discuss recently published original research.

Letters must be submitted online at <http://www.osteopathic.org/JAOASubmit>. Letters to the editor are considered for publication in the *JAOA* with the understanding that they have not been published elsewhere and are not simultaneously under consideration by any other publication. All accepted letters to the editor are subject to editing and abridgment.

Although the *JAOA* welcomes letters to the editor, these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

Osteopathic Manual Treatment and Ultrasound Therapy for Chronic Low Back Pain: An Illustration of Osteopathic Semantic Confusion

To the Editor:

The *Glossary of Osteopathic Terminology*¹ defines *manipulation* as “the therapeutic application of a manual force.” Thus, *osteopathic manipulative treatment (OMT)* could be called *osteopathic “therapeutic application of a manual force” treatment* and would remain the same thing. As such, I do not see the osteopathic identity problem referred to in the September 2013 letter by Leysen and colleagues.²

Osteopathic manipulative treatment refers to numerous forms of manual techniques (*Figure*). The Educational Council on Osteopathic Principles (ECOP), which

is a council of the American Association of Colleges of Osteopathic Medicine (AACOM) and whose membership comprises academic officers responsible for teaching OMT at each college of osteopathic medicine (COM), has listed 7 core modalities of OMT that every COM graduate should be competent in and be able to administer properly. These 7 core modalities are counterstrain, high velocity/low amplitude technique, lymphatic pump, muscle energy, myofascial release, osteopathy in the cranial field, and soft tissue technique.^{1(p5)}

Osteopathic manipulative treatment is a broad category of treatment that can be used by osteopathic physicians. All US-trained osteopathic physicians (ie, DOs) should be competent in the 7 OMT core modalities. However, physicians who have not completed graduate-level training in neuromusculoskeletal medicine are not expected to have mastered all 40 OMT

techniques (*Figure*). Although a health care provider may learn several OMT techniques, it is my opinion that a health care provider needs knowledge in the 7 core modalities at a minimum to appreciate osteopathic manipulative medicine.

Leysen and colleagues² refer to a Belgian report³ regarding the evidence base of osteopathic medicine. It is important for all researchers to remember that there is no “usual” form of manipulation, just as there is no “typical” antibiotic or antiarrhythmic medication. A critical element of OMT education and practice is gaining the experience necessary to recognize the patterns that lead a DO to use a particular technique for a particular patient. This element coincides with what COMs teach their osteopathic medical students: treat the patient, not the disease. For instance, an 85-year-old patient with spondylolisthesis would likely be treated with a different OMT technique than a 25-year-old patient with spondylolisthesis, despite having the same diagnosis.

Pooling studies and lumping together different OMT techniques used to manage a particular condition is not a productive way to assess efficacy of OMT. The question of the importance of who provides the manual force in the manipulation, whether it is a chiropractor, manual therapist, or osteopathic physician, has a far more complex answer than can be provided simply by an amalgamation of past studies.

Leysen and colleagues² call for a robust, commonly accepted vocabulary for osteopathic medicine. This standard language exists in the *Glossary of Osteopathic Terminology*,¹ which is produced by ECOP and comprises the current stan-

1. Active method	22. Mandibular drainage technique
2. Articulatory technique	23. Mesenteric release technique
3. Balanced ligamentous tension	24. Muscle energy ^a
4. Chapman reflex	25. Myofascial release ^a
5. Combined method	26. Myotension
6. Compression of the fourth ventricle	27. Osteopathy in the cranial field ^a
7. Counterstrain ^a	28. Passive method
8. Direct method	29. Pedal pump
9. Exaggeration method	30. Percussion vibrator technique
10. Exaggeration technique	31. Positional technique
11. Facilitated oscillatory release technique	32. Progressive inhibition of neuromuscular structures
12. Facilitated positional release	33. Range of motion technique
13. Fascial unwinding	34. Soft tissue technique ^a
14. Functional method	35. Still technique
15. Hepatic pump	36. Thoracic pump
16. High velocity/low amplitude technique ^a	37. Toggle technique
17. Indirect method	38. Traction technique
18. Inhibitory pressure technique	39. V-spread technique
19. Integrated neuromusculoskeletal release	40. Visceral manipulation
20. Ligamentous articular strain	
21. Lymphatic pump ^a	

Figure.

The 40 modalities of osteopathic manipulative treatment (OMT) identified by the American Association of Colleges of Osteopathic Medicine's Education Council on Osteopathic Principles in the *Glossary of Osteopathic Terminology*.² Terms have not been edited for JAOA style. ^aOne of 7 core modalities of OMT that every graduate of a college of osteopathic medicine should be competent in and be able to administer properly.

standard terms used in osteopathic medicine. All of the nation's COMs have agreed to use this standard terminology in their curriculum. This publication is free to download through AACOM's online bookstore at <http://www.aacom.org/resources/bookstore/Documents/GOT2011ed.pdf>.

Furthermore, a system is in place to allow this language to evolve. Physicians who disagree with any of the current terms or wish to propose new terms have the opportunity to voice their interpretations by contacting AACOM's Office of Medical Education at meded@aacom.org. All submitted comments are considered

by ECOP for possible inclusion in the next edition of the *Glossary* during their biannual meetings. I invite our colleagues in Belgium, as well as all osteopathic physicians and practitioners, to work with ECOP in this capacity. (doi:10.7556/jaoa.2014.002)

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