

# Distribution of Osteopathic Medical Schools

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## Abstract

In recent years, the osteopathic medical profession has flourished. It has seen its greatest increases in the number of U.S. osteopathic medical schools, DO graduates, and opportunities available to osteopathic physicians. Osteopathic medicine continues to gain headway in terms of inter-professional collaboration with MDs as well as general recognition of its presence within medicine. However, the task of clearly defining and popularizing the DO difference, that is, the unique contribution DOs offer to the practice of medicine, remains an important challenge facing the new generation of osteopathic physicians.

**Keywords:** Pre-medical students; Osteopathic medicine; U.S Physicians; Osteopathic physicians; Primary care; Treatment modalities

## Introduction

Meanwhile, the current pre-medical student culture is as competitive as it has ever been. As average admissions statistics continue to improve every year, more and more highly qualified applicants compete for a limited number of medical school seats. Consequently, pre-medical students are known to strive for the best possible grades and test scores and the most prestigious medical schools. It is only natural that some pre-medical students who do not fully understand the history or context of osteopathic medicine would cast osteopathic medicine off as an inferior profession based solely on its lower admissions statistics, lack of emphasis on research, and/or lower percentages of practitioners in highly specialized fields. Our hope is that readers of this guidebook will come away with a more realistic and objective perspective on the advantages of and future challenges facing osteopathic medicine. Furthermore, we would like to reiterate that osteopathic medicine does not deserve a reputation as a second choice profession; each and every DO and osteopathic medical student made the conscious choice to pursue osteopathic medicine. With less than 10 percent of allopathic medical graduates entering family practice residencies each year, the continued training of competent primary care physicians by osteopathic schools is extremely important [1]. Only 32 percent of U.S. physicians are in primary care, while reports by the Council on Graduate Medical Education and ACGME recommend that this percentage be at least 40 percent. Furthermore, the nationwide average of PCPs-to-population ratio is a mere 88 PCPs per 100,000 people. Emphasis on preventive medical services in recent health care reform initiatives will undoubtedly increase the demand for PCPs, but the current shortage and declining interest in primary care raise the question of where the supply of PCPs will come from [2].

## Discussion

While large-scale policy changes are undoubtedly necessary to fully combat this issue, the desire and training of osteopathic physicians to enter primary care is truly valuable, especially in this time of need. With so many osteopathic medical schools focusing on producing primary care physicians, some people interested in specializing may dismiss the idea of attending an osteopathic medical school. However, even osteopathic medical schools with a mission statement of producing more primary care physicians do not restrict or disadvantage students who are thinking about entering a subspecialty in the future. On the contrary, we believe that a strong foundation in primary care, osteopathic principles, and OMM can aid a physician no matter what specialty

he or she decides to practice. Medicine is evolving every day. New medications and treatment modalities are constantly being discovered [3]. But perhaps just as important as scientific advancements is the constant flux of the culture of medicine. Within the medical field today, there are many different types of health care providers and allied health professionals who work together to treat patients, oftentimes having overlapping scopes of practice. These health care professionals include but are not limited to: MDs, DOs, physician assistants, nurses and nurse practitioners, pharmacists, podiatrists, chiropractors, dentists, optometrists, clinical psychologists, and physical and occupational therapists. Considering the varied educational backgrounds represented in health care today, it is important for those in the field to understand and appreciate this diversity. As future physicians, one of our goals will be to help our patients make informed decisions, and we would not have it any other way with you, our reader. We hope that this guide will help you make an informed decision about osteopathic medical school [4]. While this is in no way a comprehensive collection of all the opinions regarding osteopathic medicine, we tried our best to cover as many bases as possible, and to provide you with an objective, informative presentation of osteopathic medicine. The fact that you are reading this shows that you are already well on your way toward making an informed decision. We applaud your efforts and urge you to continue to learn more by referring to our cited works, utilizing our recommended resources, conducting some more research of your own, and of course, shadowing DOs. There is no better way to learn about an occupation than to experience it yourself. Osteopathic medical students may elect to take the USMLE based on a variety of reasons, including the desire to pursue an allopathic residency program. Osteopathic medical students are unique in that they have the option to apply for osteopathic residency programs, allopathic residency programs, dual-accredited programs, or both AOA and ACGME programs [5]. However, all osteopathic students are required to take the COMLEX, regardless of whether or not they elect to take the USMLE. Thus, those who do take

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the USMLE must take both exams, which slightly differ in their length, emphasis, and question type, although they cover similar material apart from OMM. Percentages of allopathic and osteopathic students who matched in specific specialties showed that there were some important distinctions in proportions of graduates going into certain fields, namely Family Medicine, Paediatrics, and Emergency Medicine. Despite the common misconception that highly competitive specialties are not open to DO graduates, significant numbers of DOs enter such fields as orthopaedic surgery, anaesthesiology, and diagnostic radiology. Several limitations of this data analysis were acknowledged by the contributing SDN member, Jimmy DeMeo, who is currently an osteopathic medical student at Lake Erie College of Osteopathic Medicine and the national Student Osteopathic Medical Association president [6]. For instance, the analysis did not take into consideration how applicants ranked specialties, whether or not they matched into their top choice of specialty, multiple match attempts, post-match placement, or scramble results. It also did not include results from the San Francisco matching program, which is a third system apart from the AOA and NRMP that matches applicants to a few highly competitive specialties, including neurology, ophthalmology, and plastic surgery. The Increase In the number of osteopathic medical schools has been so steep, in fact, that the number of new osteopathic school graduates has already surpassed the number of available AOA residencies. For the 2011 AOA match, there were 3,875 new osteopathic graduates and only 2,549 AOA residency positions. However, because osteopathic graduates can also apply to allopathic residencies accredited by the Accreditation Council for Graduate Medical Education, the match ended with only 419 unmatched osteopathic graduates [7]. In recent years, it has become more popular for osteopathic students to apply to ACGME residencies. Reasons for an individual's choice of an allopathic residency program as opposed to an osteopathic program include factors such as location and program availability. Occasionally, the perception that ACGME residencies are superior to those of the AOA in terms of quality and future employment eligibility may also influence this decision. In our research, it was difficult to locate a centralized database or source for reviews, some metrics of quality, and prestige of residency programs. Most sources were, unfortunately, scattered and from individuals with varied general opinions of either residency match program. Nonetheless, sources did share commonalities in the advice given about residency programs [8]. They agreed that each student should carefully consider all of the following factors to determine the perfect fit for his/her individual goals: program stability, program support, prestige, patient population, level of academic orientation, and everything that program location entails. Ultimately, considering all of these aspects will influence selection of certain residency programs over others. Recently, a member of the Student Doctor Network forum, a popular online forum for members of the pre-health and professional health care community to discuss various topics related to their respective fields, gathered 2011 residency match data from the AOA and the National Resident Matching Program, the allopathic matching service [9]. Because the two programs are distinct and do not present each other's match statistics, his goal was to combine data for osteopathic students who participated in the AOA match with those who participated in the NRMP match. The combined data demonstrated that of the 3,875

osteopathic graduates in 2011, 3,456 matched into an AOA or NRMP residency program. 1,895 DO graduates out of the 2,112 who applied for the AOA match matched. 71.70 percent of DO graduates who applied for the NRMP match matched into an ACGME residency, compared to the 94.40 percent U.S. MD NRMP match rate in the same year. Percentages of allopathic and osteopathic students who matched in specific specialties showed that there were some important distinctions in proportions of graduates going into certain fields, namely Family Medicine, Paediatrics, and Emergency Medicine. Despite the common misconception that highly competitive specialties are not open to DO graduates, significant numbers of DOs enter such fields as orthopaedic surgery, anaesthesiology, and diagnostic radiology [10].

## Conclusion

As Dr. Still's school grew, so did the osteopathic profession. In 1897, the American Osteopathic Association was founded to set educational standards across all osteopathic colleges and maintain a committee on osteopathic education. The Journal of the American Osteopathic Association was first published in 1901. All the while, osteopathic medicine remained as pure in its philosophy as it was when it was first conceived.

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## Conflict of Interest

None.

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