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History and Origin of Osteopathic Medical Education

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Abstract

The osteopathic curriculum consists of all the traditional disciplines: anatomy, behavioural science, biochemistry, biostatistics, embryology, genetics, histology, immunology, microbiology, pathology, pathophysiology, pharmacology and physiology. Osteopathic medical students often study the same textbooks used in allopathic schools, and was taught by DOs as well as MDs. However, unlike their allopathic counterparts, osteopathic students also spend at least 200 hours of pre-clinical education learning about the history of osteopathic medicine, the core osteopathic principles and philosophies, and OMM.

Keywords: Osteopathic physicians; Medical programs; Physician population; Patient relationship; National survey; Legitimate paths

Introduction

After attending medical school, which is usually composed of two years of in-classroom didactic courses followed by two years of clinical rotations in office, clinic, and hospital settings, osteopathic physicians go on to complete three to eight years of residency, the length of which depends on the specialty the doctor elects to pursue. While MD students typically rotate through large affiliated hospitals during their clinical years, osteopathic medical students are often exposed to a wider variety of clinical settings. The 2003 Maine Osteopathic Outcomes Study set out to answer the question, Does osteopathic physicians differ in patient interaction from allopathic physicians? Researchers took audio-recordings of patient visits with both MDs and DOs and used a 26-item index of physician-patient communications considered to be reflective of modern osteopathic principles to judge the hypothesized difference in patient interaction [1]. The study found that the DOs demonstrated a more personal, osteopathic communication style based on the 26-item index than did the MDs. The DOs were significantly more likely to use the patient's first name, discuss preventive measures, and discuss the patient's emotional state, family life, and social activities. Despite the study being small, it was conducted in a double-blind fashion and offers important insights into the distinction between DOs and MDs [2].

Discussion

Increasingly, however, the lines between DO and MD are becoming blurred. In medicine today, the training, practice, credentialing, licensure, and reimbursement of osteopathic physicians are virtually indistinguishable from those of allopathic physicians, with four years of osteopathic medical school followed by specialty and subspecialty training and certification. Producing competent primary care physicians, in particular, is part of the mission statement of many, if not all, U.S. osteopathic medical schools. According to the 2014 U.S. News and World Report, a popular source of medical school rankings, osteopathic medical schools rank among the top producers of primary care doctors in the nation, with Michigan State University College of Osteopathic Medicine being one of the ten top-ranked medical school in this category. Consequently, some curricula may place a greater emphasis on such skills as bedside manner, interviewing and building the physician patient relationship [3]. These schools do not in any way force students to go into primary care many students simply choose to do so. Osteopathic medical schools also use differing criteria when selecting candidates to interview and/or extending offers of admission. For example, in the evaluation of applicants, osteopathic medical schools place more emphasis on candidates' interest in and knowledge of osteopathic philosophy. They also are more likely to seek out students who are interested in pursuing careers in primary care and in rural or underserved areas. Osteopathic admissions programs often view the candidate as a whole, and are more forgiving in the sense that they accept grade replacement for repeated courses [4]. They are less likely to place as much emphasis on Medical College Admissions Test scores and/or GPAs as allopathic schools do. The other major factor contributing to this disparity is the difference in the actual applicant pools. Currently, the majority of medical school applicants do not apply to osteopathic medical programs, likely due to a general lack of accessible and reliable information concerning osteopathic medicine. Many applicants have not had any significant exposure to the osteopathic profession, lack mentors familiar with the field, or have been misinformed by their peers and advisers [5]. From our personal experience, this misinformation can sometimes perpetuate misconceptions, including the perception that osteopathic schools serve primarily as a Plan B rather than as an equally viable alternative to allopathic schools. In fact, in a survey conducted by AACOM in which 3,215 respondents of 14,943 students who applied during the 2012 AACOMAS application cycle were asked to rank their top reasons for matriculating at a particular medical school, an MD student's preference of having an MD over a DO degree was ranked below geographic location. The chart below presents the possible reasons for matriculation that were listed in the survey, only a minority of the overall U.S. population is actually aware of the existence of DOs. In a national, random digit-dialling telephone survey of 499 adult, non-institutionalized, household respondents conducted in 2000, only 46 percent were aware of osteopathic physicians, while 16 percent knew they had actually visited a DO and a mere 7 percent knew they were current patients of a DO [6]. Awareness was found to be directly associated with age, education, race, and Midwest residence. Thus, young adults, who represent the majority of the medical school application pool, are thought to have a lower awareness of osteopathic medicine. However, the most recent update to this decennial national survey, are set to be released later this year and may reflect

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the recent upsurge in the osteopathic physician population. While the admissions criteria and statistics may differ between osteopathic and allopathic medical schools, the student demographics in the two professions are fairly similar in terms of race/ethnicity, and are virtually identical in terms of sex. However, racial minorities are consistently underrepresented in the medical profession, and this issue seems to be more pronounced in the osteopathic medical student population. The reasons for this are complex, but one potential factor may be that osteopathic medical schools have less funding devoted to scholarships for economically disadvantaged students [7]. Nevertheless, underrepresented minority students should not be discouraged from applying to osteopathic medical schools based on the current student population's racial composition. These statistics are simply statistics and do not in any way reflect bias against minorities within the osteopathic medical profession. Also, while osteopathic medical students have historically been older than their allopathic counterparts, the average age of students matriculating into osteopathic schools seems to be getting progressively younger every year. In 2012, it was 25 years old, not much older than the average age of MD school matriculants in the same year, which was. If becoming a physician is your goal, the statistics and information provided above should be enough to show that there are indeed two similar, legitimate paths you can take to become trained as a physician in the United States. As we have also pointed out, however, there are several fundamental differences between allopathic and osteopathic education and practice. In the next chapter, we will discuss the history and origin of osteopathic philosophy in order to explain how this profession's foundation was laid over a century ago. There are two main distinctions between osteopathic and allopathic physicians [8]. The first, more obvious difference lies in the osteopathic physicians' use of osteopathic manipulative medicine. While OMM is most commonly known by the general public to treat Neuro-musculoskeletal injury, DOs may utilize it in their diagnosis and treatment of disease involving internal organs and all other parts of the body as well. The other, more subtle and arguably more important distinction between the two professions is that osteopathic medicine offers a concise philosophy on which all clinical practice is based. Central to this philosophy is the belief that the body has an inherent healing mechanism that allows it to maintain health, resist illness, and recover from disease processes. The goal of osteopathic medical treatment is to provide patients with the tools they need to restore and maintain their natural, self-healing state. The body is completely united; the person is a fully integrated being of body, mind and spirit. No single part of the body functions independently [9]. Each separate part is interconnected with all others and serves to benefit the collective whole of the person. Alterations in any part of the system, including an individual's mental and spiritual health, affect the function of the body as a whole and all other parts therein. The body is capable of self-regulation, self-healing, and health-maintenance. Health is the natural state of the body, and the body possesses complex, homeostatic, self-regulatory mechanisms that it uses to heal itself from injury. In times of disease, when a part of the body is functioning sub-optimally, other parts of the body come out of their natural state of health in order to compensate for the dysfunction. During this compensatory process, however, new dysfunctions may arise. Osteopathic physicians must work to adjust the body so as to realign its parts back to normal [10].

Conclusion

Osteopathic manipulative medicine aims to restore the body's self-healing capacity by decreasing allostatic load, or the physiologic effects of chronic bodily stresses, and enhancing the immune system.

Acknowledgement

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Conflict of Interest

None.

References

1. Maroon JC, Bost JW, Borden MK, Lorenz KM, Ross NA, et al. (2006) Natural anti-inflammatory agents for pain relief in athletes. Neurosurg Focus US 21:1-13.
2. Birnesser H, Oberbaum M, Klein P, Weiser M (2004) The Homeopathic Preparation Traumeel® S Compared With NSAIDs For Symptomatic Treatment Of Epicondylitis. J Musculoskelet Res EU 8:119-128.
3. Ozgoli G, Goli M, Moattar F (2009) Comparison of effects of ginger, mefenamic acid, and ibuprofen on pain in women with primary dysmenorrhea. J Altern Complement Med US 15:129-132.
4. Raeder J, Dahl V (2009) Clinical application of glucocorticoids, antineuropathics, and other analgesic adjuvants for acute pain management. CUP UK: 398-731.
5. Świeboda P, Filip R, Prystupa A, Drozd M (2013) Assessment of pain: types, mechanism and treatment. Ann Agric Environ Med EU 1:2-7.
6. Nadler SF, Weingand K, Kruse RJ (2004) The physiologic basis and clinical applications of cryotherapy and thermotherapy for the pain practitioner. Pain Physician US 7:395-399.
7. Trout KK (2004) The neuromatrix theory of pain: implications for selected non-pharmacologic methods of pain relief for labor. J Midwifery Wom Heal US 49:482-488.
8. Cohen SP, Mao J (2014) Neuropathic pain: mechanisms and their clinical implications. BMJ UK 348:1-6.
9. Mello RD, Dickenson AH (2008) Spinal cord mechanisms of pain. BJA US 101:8-16.
10. Bliddal H, Rosetzsky A, Schlichting P, Weidner MS, Andersen LA, et al. (2000) A randomized, placebo-controlled, cross-over study of ginger extracts and ibuprofen in osteoarthritis. Osteoarthr Cartil EU 8: 9-12.