The Necessity for Emphasizing and Strengthening the Manipulative Service Offered in Osteopathic Hospitals

FLOYD F. PECKHAM, D.O., Chairman
Bureau of Hospitals, American Osteopathic Association
Chicago

Some interesting discussions occurred during the recent convention in Chicago. These discussions were brought about by the presentation of the report of the Bureau of Hospitals before the Board of Trustees and the House of Delegates. The line of thinking seemed to be identical in both of these groups. They were quite convinced by personal observations and from reports from other sources that in many instances distinctive osteopathic procedures needed to be utilized to a fuller extent than previously for the best welfare of the patient in our osteopathic hospitals. Out of this discussion came at least two definite resolutions which will have to be observed not only the full year by the Bureau of Hospitals in its evaluation of institutions which wish to be accredited for intern training.

The first resolution has to do with the name of the institution itself. The profession, represented by the Board and House, feels that all osteopathic hospitals which are training interns as well as all registered hospitals should carry in their name the word "osteopathic." At present this is not always the case. Due to the fact that it was thought that there might be much legal difficulty involved in changing corporate names, another way was sought to show the public with what profession the institution was connected. With that in mind a ruling was passed that will require such institutions which do not now carry the word "osteopathic" in their corporate name to carry some phrase in the signs and their stationery and published material such as "an osteopathic institution" or other descriptive terms which will indicate clearly what kind of a hospital it is.

The second recommendation came from the Bureau itself. It says that, in all teaching hospitals of 50 beds or over, there must be an organized department of osteopathic medicine which is the overall department of the various practice courses.

And, finally, it will be the duty of the Bureau in the coming year to see that there is definite indication that the patients in these institutions do have the benefit of osteopathic manipulative care where it is indicated, and that there are suitable records showing osteopathic findings, and that manipulative treatment is administered. It seems somewhat strange that there has to come from these bodies of authority this kind of direction, but as far as the members of the Bureau of Hospitals are concerned, they are in entire accord with this action because they recognize that there is weakness along this line in some institutions. They are also thoroughly convinced that it can and will be corrected.

Where patients do not have the full benefit of manipulative therapy, they are not being cared for in an adequate fashion, and interns training in these institutions must have instruction in the manipulative procedures beneficial to hospitalized patients.

Board and House, we believe, for this laxness in attention to manipulative service in osteopathic hospitals where the weakness exists, but we do not think they are justifiable. Many years ago a program was established to bring our hospitals up to a professional level that would meet the competition of our medical contemporaries and also meet the standards of various governmental bodies. None of these standards included recognition of osteopathic fundamentals and the part manipulation plays in the osteopathic concept. There is some reason to see why a great amount of attention has been given to meeting standards set up by the dominant school of medicine.

Another excuse is that many of our hospitals have a large percentage of surgery and the average hospital stay is short. In these cases there is perhaps not as much need for manipulative therapy as in other conditions. However, so those of us who have had a great deal of hospital experience it is hard to imagine many situations in which some kind of manipulative effort would not have definite value.

In any event, the members of the Board and House are adamant in their demands that there be better osteopathic manipulative therapy be taught and practiced in our hospitals. As Chairman of the Bureau of Hospitals and speaking for my fellow members it is the intent of the Bureau to observe the demands of the profession this coming year to the best of our ability, and we hope that all hospital people who may read this article will begin to formulate plans to meet these new requirements because if they will not meet them, we will not be able to recommend these institutions for approval to train interns.

The Bureau of Hospitals plans to hold its regular hearings in Los Angeles in October at the time of the convention of the American College of Osteopathic Surgeons. These hearings are conducted annually for the benefit of those institutions which for one reason or another were not approved at the last Board of Trustees' meeting in July. The American Osteopathic Hospital Association is holding its meeting jointly with the College of Surgeons. The members of the Bureau of Hospitals assisted by the various inspectors are already planning to set aside one evening in which the whole time can be spent, if so desired, in a forum designed to assist all hospitals in meeting requirements for approval. We have tentatively been given the date, but it will be made definite in the near future and all institutions will be notified. This program is being prepared by Dr. J. Paul Leonard, Chairman of the Inspection Committee, and Dr. Orel F. Martin, representative of the College of Surgeons. We believe that a discussion period of from 2 to 4 hours can be made very valuable to hospital executives who wish to attend, and further notice will be given on this matter.

This article would not be complete without mentioning the fact that for the first time several institutions were formally recognized for residency training with the various residencies designated. The list appears in this issue of THE JOURNAL. These approvals are provisional, extending for 1 year and continue after an inspection by the Bureau of Hospitals. This is a new program but one which must be developed to its fullest extent and one that the institutions must set up with considerable care in order that the residents
Editor's note

The pages appearing in this “Special reprints” section have been electronically scanned from the original journals in which they appeared. Consequently, the scanning process at a density to enhance readability has picked up such artifacts as “bleed-through” type from reverse pages and other “blemishes” that existed in the original paper on which the text was printed. Even the yellowing of the original pages has caused some darkening of the margins. JAOA regrets these anomalies and hopes that readers will overlook them and concentrate on the content of these works published in the osteopathic medical profession’s early history.

For interest sake, concluding pages of articles may contain “newsy” items of the original date.

Gilbert E. D’Alonzo, DO, November 2000

JAOA to continue special reprints series

In 2001, JAOA will be continuing this series of special reprints from past issues to commemorate 100 years of continuous publication, beginning in September 1901, as the osteopathic medical profession’s archival journal. The JAOA editors and staff hope that the articles selected will provide practitioners, osteopathic physicians-in-training, and students greater understanding and a firmer foundation in the history and evolution of the philosophy and practice of osteopathic medicine.

The topics to be represented by the articles selected by Associate Editor Michael M. Patterson, PhD, and Albert F. Kelso, PhD, for this series will include:

- Principles of osteopathy—transition years
- Research—beginning the modern era
- Functional thinking in osteopathic medicine
- Student figures/demographics
- Government recognition of DOs
- The California issue
- Osteopathy in other areas
- Education
- Perceptions of the profession—its future

spending a year in these training programs shall receive the best possible education during that period. As time goes on, undoubtedly more specific regulations will be set down regarding these programs. A start has been made and is being worked out in cooperation with the Bureau of Professional Education and Colleges, the Advisory Board for Osteopathic Specialists, and the Bureau of Hospitals. We believe the whole program of osteopathic hospitalization is showing improve both from a professional and teaching standpoint there are still many gaps to fill and all of us who interested must strive for greater perfection. We Bureau have appreciated very much the cooper given us by the institutions and we believe it continue.