“Traditional osteopathy”: an oxymoron?

To the Editor:

I have noticed the recent trend in our profession of using the expression, “traditional osteopathy,” but nowhere has this term been defined. Although its users seem to feel that the provision of healthcare by osteopathic manual medicine alone constitutes traditional osteopathy, I believe this is a mistake with potentially dangerous implications for the profession.

Osteopathy was founded by MDs, chief among them Andrew Taylor Still. These pioneers had the vision “to improve our present system of surgery, obstetrics, and treatment of diseases generally, and to place the same on a more rational and scientific basis, and to impart information to the medical profession.” This goal is as valid and nontraditional today as it was before the turn of the previous century. The founders of our profession achieved this goal by eliminating ineffective methods from their therapeutic toolbox and adding those methods they believed would significantly advance healthcare. They eliminated harmful or ineffective medications—most of the pharmacopeia of the day. They added manual methods of treatment and considered this a significant enough advancement and unique method of treatment that they preferred to be known by a new title, “Doctor of Osteopathy.” At no point did they abandon any of the pharmacopeia of the day. They added manual methods of treatment and considered this a significant enough advancement and unique method of treatment that they preferred to be known by a new title, “Doctor of Osteopathy.” At no point did they discard those methods of care that had proven their usefulness. The administration of medications and surgery as well as obstetrics was practiced by the original founders of the profession, including Dr Still, and they established hospitals for the appropriate provision of these aspects of care. In short, they were the most completely trained healthcare providers in the world and used any tools available to help restore and enhance the health of patients. If such a practice can be considered traditional in all its aspects, then this should be the authentic definition of traditional osteopathy.

This issue has arisen partly because of those in our profession seeking appropriate ways to interact with non-physician “osteopaths” outside of North America. I suspect use of the term “traditional osteopathy” originated in those groups as they sought ways to obtain approval from the established profession in the United States. But is the practice of manual therapy without the capability to generate a complete diagnosis an appropriate use of the term “osteopathy”? Does this unique area of practice warrant use of a special title?

In Canada, we have many types of practitioners who use manual modes of therapy, including osteopathic physicians, chiropractors, physiotherapists, massage therapists, and others. There are any number of massage therapy schools that teach students the manual therapy techniques that originated within the osteopathic profession, as well as the principles behind their application. These students study from the same osteopathic textbooks of manual therapy that we do, often with the support of DOs as faculty members, and I suspect that the situation is the same in the United States. These schools recognize that the manual modes of therapy they teach are no longer unique to any one profession and that they are not teaching osteopathy in the complete sense of the word. They do not call their graduates “osteopaths” (one school in Canada, however, does insist on calling its graduates “osteopaths,” specifically “traditional” ones).

There is danger in the idea that the application of osteopathic manual medicine and philosophy by itself is what defines a traditional osteopath. If true, then this segment of knowledge is now shared by “osteopathic” physicians, “osteopathic” dentists, “osteopathic” chiropractors, “osteopathic” physiotherapists, and “osteopathic” massage therapists. The danger is that all these practitioners will want to be recognized by the public, their governments, and regulating bodies as osteopaths. Is this in the public interest? Are our patients, especially those vulnerable during illness, sophisticated enough to differentiate between an osteopathic physician and an osteopathic practitioner? This is a relevant question, as there are now graduates of this Canadian school practicing in the United States as “osteopathic physiotherapists” and those expecting recognition as osteopaths in the United States and elsewhere because they have a diploma.

The Canadian Osteopathic Association takes the concept of title protection seriously and believes the title of osteopath or osteopathic physician belongs only to those able to provide a complete diagnosis and treatment plan, including osteopathic manual therapy—as we see the definition of “traditional” osteopathy to be. We are working diligently, with the support of the American Osteopathic Association, to see that this will prevail. There remains a need for legitimate debate within the American osteopathic profession as to how to interact with nonmedical “osteopaths” internationally. This debate is now occurring within the Council on International Osteopathic Medical Education and Affairs, and it needs input from the profession as a whole. In the meantime, I urge caution on the part of osteopathic physicians who wish to consider themselves “traditional,” or wish to encourage the development of “traditional” osteopaths, as if such a thing could exist at all.

Ted Findlay, DO
Calgary, Alberta, Canada

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