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.

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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 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.

Osteopathic manipulative treatment refers to numerous forms of manual 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 colleagues refer to a Belgian report 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 anti-arrhythmic 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 colleagues call for a robust, commonly accepted vocabulary for osteopathic medicine. This standard language exists in the Glossary of Osteopathic Terminology, which is produced by ECOP and comprises the current stan-
1. Active method
2. Articulatory technique
3. Balanced ligamentous tension
4. Chapman reflex
5. Combined method
6. Compression of the fourth ventricle
7. Counterstrain
8. Direct method
9. Exaggeration method
10. Exaggeration technique
11. Facilitated oscillatory release technique
12. Facilitated positional release
13. Fascial unwinding
14. Functional method
15. Hepatic pump
16. High velocity/low amplitude technique
17. Indirect method
18. Inhibitory pressure technique
19. Integrated neuromusculoskeletal release
20. Ligamentous articular strain
21. Lymphatic pump
22. Mandibular drainage technique
23. Mesenteric release technique
24. Muscle energy
25. Myofascial release
26. Myotension
27. Osteopathy in the cranial field
28. Passive method
29. Pedal pump
30. Percussion vibrator technique
31. Positional technique
32. Progressive inhibition of neuromuscular structures
33. Range of motion technique
34. Soft tissue technique
35. Still technique
36. Thoracic pump
37. Toggle technique
38. Traction technique
39. V-spread technique
40. Visceral manipulation

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; Terms have not been edited for JAOA style. One 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.

References

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The 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)