What is Osteopathic Medicine?

TOURO UNIVERSITY SOMA CHAPTER

APRIL 18, 2017
Introductions

Kelsey Lee – OMS 1, UCD
Daniel Tae-Gun Gin – OMS 1, Cal
Kevin Hsu – OMS 1, Cal
Yaswanraj (Ashwin) Yuvaraj – OMS 1, UCSD
Jihun Yeo – OMS 1, UCD
Richard Nho – OMS 1, UCR
Brendan Freeman – OMS1, Fairfield University
Vincent Huynh – OMS1, UCD
What is osteopathic medicine?

Distinct form of medical practice in the United States
- A parallel pathway to becoming a physician
- Graduates have a DO instead of MD degree

Provides benefits of modern medicine including Rx, surgery, and technology to diagnose disease and evaluate injury
- MDs and DOs have the same practicing rights and privileges in all hospitals and clinics in the US

Offers the added benefit of hands-on diagnosis and treatment through osteopathic manipulative medicine (OMM)
Osteopathic Philosophy

Holistic approach to patient care – connection of mind, body, and spirit
◦ Students learn how to integrate the patient into the health care process as a partner

Each person is more than just a collection of organ systems and body parts that may become injured or diseased

Emphasis on inherent ability of body to heal itself

DOs focus on prevention by gaining a deeper understanding of lifestyle and environment, rather than just treating symptoms
Tenets of Osteopathic Medicine

The body is a unit; the person is a unit of body, mind, and spirit.

The body is capable of self-regulation, self-healing, and health maintenance.

Structure and function are reciprocally interrelated.

Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.
“We are Doctors of Osteopathic Medicine and the way we practice health care is different. We don’t see patients. We see people.”
The Evolution of Osteopathic Medicine

1874

Dr. Andrew Taylor Still rejects now-discredited medical practices of the day - such as bloodletting, dosing with mercury, and blistering - in favor of preventive medicine, treating the whole patient, and utilizing osteopathic manipulative treatment to improve the body's ability to function and heal itself.

1892

Dr. Still opens first osteopathic medical school, the American School of Osteopathy, in Kirksville, Missouri.
The Evolution of Osteopathic Medicine

Osteopathic physicians have full practice rights in 45 countries.

2007

Rotating osteopathic internship is merged into residency training.

2011

AOA approves ACGME graduate medical education training as interchangeable with AOA training for purposes of certification of physicians, through Resolution 29.
The Evolution of Osteopathic Medicine

ACGME, AOA, and American Association of Colleges of Osteopathic Medicine (AACOM) announce an agreement to create a single accreditation system for GME.

Beginning in December, institutions may go online to prepare to apply for ACGME institutional accreditation. (They may formally begin application on April 1, 2015, which will result in a pre-accreditation status, enabling the programs that they sponsor to apply for ACGME accreditation in 2015.) AOA and AACOM nominate Board members to ACGME Board.

Starting in July, AOA-accredited residency programs can apply for ACGME accreditation and are encouraged to do so. AOA and AACOM representatives will join Review Committees.

2015

Two new Review Committees will be established, one for osteopathic neuromusculoskeletal medicine programs and the other addressing osteopathic principles and practice for osteopathically-focused GME.
The Evolution of Osteopathic Medicine

AOA-accredited residency programs must have applied for and received ACGME recognition and accreditation, with ACGME's Common Program Requirements leveling the field for all osteopathic and allopathic GME programs.
Curriculum

Prerequisites are roughly the same for MD and DO schools (with some variation for individual schools)

- Biology w/ lab (12 units)
- Inorganic and organic chemistry w/ lab (24 units total)
- Physics w/ lab (12 units)
- English (2 or 3 courses)
- Behavioral sciences (2 or 3 courses)
- Recommended or required: Math/ Computer Science, biochemistry, microbiology, genetics, immunology, anatomy, physiology

Same medical training as MDs plus 200 additional hours of OMM training (~5 h/w)

- MSU has a College of Human Medicine (MD) and College of Osteopathic Medicine (DO) where students take classes together
Osteopathic Manipulative Medicine (OMM)

A hands-on treatment used to diagnose and treat illness and injury

Extra training in the musculoskeletal system (the body’s interconnected system of nerves, muscles and bones)

Key concept is that structure influences function
  - A problem in one part of the body’s structure affects function in that area and in other areas
  - Example: Restriction of motion (ROM) in the lower ankle can restrict motion in the knee, hip, and lumbar spine, causing symptoms throughout

By using OMM techniques, DOs can help restore motion to these areas and eliminate pain

MORE ON THIS LATER!
Statistics

Fall Applicant and Matriculant Profile
- 185,602 individual school applications
- 20,720 applicants
- 6,592 approved seats
- Average Science GPA – 3.50, Average Non-Science GPA – 3.65, Overall GPA – 3.56

There are more than 96,000 DOs in the United States.

More than 20% of current medical students are in a DO program
Schools

33 accredited colleges of osteopathic medicine

48 locations in 31 states

2 in CA – Western and TUCOM

Many new schools opening...

Colleges of osteopathic medicine are graduating more and more students each year. More than 5,400 new DOs enter the workforce annually.
Don’t worry!

Everyone has a different path to medicine...
- Range of GPA and MCAT scores – some higher and some lower
- Different experiences – non-traditional or traditional
- Many gap years or fewer gap years
Specialties and Single Accreditation

DOs practice the full scope of medicine in all specialties, from pediatrics and geriatrics to sports medicine and trauma surgery.

Majority of most osteopathic medical school graduates choose careers in primary care

- 56% choose to practice in the primary care disciplines: family practice, general internal medicine, and pediatrics
- 44% go on to specialize in any number of practice areas
- DOs make up 7% of U.S. physicians, but are responsible for 16% of patient visits in communities with populations of fewer than 2,500*

As of 2020, all new physicians will train together in residency programs under a single ACGME system.

*http://www.aacom.org/become-a-doctor/about-om
Want to learn more?

SOMA AND PRE-SOMA
How can you get involved?

Health Professions Advising!

Contact one of us (contact information at end)

Shadow an osteopathic physician
  ◦ Osteopathic Physicians and Surgeons of California (OPSC) offers a “Find a DO” tool on their website
  ◦ http://www.opsc.org/search/custom.asp?id=2062

National SOMA and Pre-SOMA
What is SOMA?

SOMA – Student Osteopathic Medical Association

SOMA has the ability to lobby to:
- AOA – American Osteopathic Association
- COCA – Commission on Osteopathic College Accreditation

AOA – is an organization that represents osteopathic physicians in the U.S.

COCA – is an organization that accredits D.O. schools and upholds proper academic standards
Why is SOMA Important?

Create New Resolutions:

- Improve our medical education via COCA
- Promote better health care
- Promote public awareness on health care

Advocate to Senate and Congressional representatives

SOMA took a stand against the issued travel bans
SOMA 2017 Policies

Resolutions Voted On:

- Human Trafficking Resolution (2)
  - Students should be trained to recognize signs of human trafficking - Failed
  - Annual Awareness Event - Passed

- D.O. School Pass Rate Resolution - Failed
  - All D.O. schools hold 95% pass rate over 3 years
    - New Schools opening quickly
    - Uphold proper education
D.O. Day on Capitol Hill 2017

Advocated for THCGME

THCGME increases number of primary care residency
  ◦ Over half of these spots are Osteopathic

Set to Expire September 2017

California has the most THCGME funded spots

THCGME estimated to care for one million patients in underserved rural and urban communities in 2017

SOMA Members each met with their area’s reps to promote THCGME
Contact Information

Questions? Interested in visiting Touro? Shadowing?

Kelsey Lee – kelsey.lee@tu.edu
References

American Osteopathic Association - https://www.osteopathic.org/Pages/default.aspx


Questions?
Examples

Why did we pick DO over MD? Did we apply to both systems?

What are the real differences in curriculum?

How does being a DO impact the specialty you end up in?

Is there bias?

Can you tell me more about the merger?

Traditional vs. non-traditional students?

What is being in medical school like? How does it compare to the undergrad experience?

Any tips for applying?

How do you pay for med school?
Now for some OMM ...
**Soft Tissue**

soft tissue technique, a direct technique that usually involves lateral stretching, linear stretching, deep pressure, traction and/or separation of muscle origin and insertion while monitoring tissue response and motion changes by palpation. Also called myofascial treatment.
**Muscle Energy**

*muscle energy*, a form of osteopathic manipulative diagnosis and treatment in which the patient's muscles are actively used on request, from a precisely controlled position, in a specific direction, and against a distinctly executed physician counterforce. First described in 1948 by Fred Mitchell, Sr, DO.
Counterstrain

**Strain-Counterstrain.** 1. An osteopathic system of diagnosis and indirect treatment in which the patient’s somatic dysfunction, diagnosed by (an) associated myofascial tenderpoint(s), is treated by using a passive position, resulting in spontaneous tissue release and at least 70 percent decrease in tenderness. 2. Developed by Lawrence H. Jones, DO, in 1955. See osteopathic treatments, counterstrain.