

Advocacy • Education • Leadership

RES 6 C-3/15

SUBJECT:	Osteopathic Manipulative Medicine Training
SUBMITTED BY:	Missouri Society of the ACOFP
REFERRED TO:	2015 ACOFP Congress of Delegates

## **RESOLUTION NO. 6**

1 2 3 4	WHEREAS, on February 26, 2014, the Accreditation Council for Graduate Medical Education(ACGME), American Osteopathic Association (AOA) and American Association of Colleges of Osteopathic Medicine (AACOM) announced an agreement to pursue a single graduate medical education accreditation system, <sup>(1)</sup> and
5 6	WHEREAS, maintaining osteopathic distinctiveness during this transition is a priority of the American Osteopathic Association, ( <sup>2)</sup> and
7 8	WHEREAS, osteopathic residents are less likely to utilize osteopathic manipulative treatment (OMT) when they are trained in allopathic institutions without DO mentors. <sup>(3)</sup> and
9 10 11	WHEREAS, over 93% of osteopathic medical students express interest in OMT, however most practicing DOs report using OMT less than 5% of the time, and at least 25% of practicing DOs report no use of OMT at all; <sup>(4)</sup> and
12 13	WHEREAS, recent studies reveal that the more recent the date of College of Osteopathic Medicine (COM) graduation, the lower the reported use of OMT; <sup>(4)</sup> and
14 15	WHEREAS, allopathic physicians develop more favorable attitudes towards OMT and the osteopathic profession in a mixed-staff setting. <sup>(4,5)</sup> and
16 17 18	WHEREAS, an osteopathic curricular component in future residency programs can provide osteopathic mentors for students and residents, which is desirable to osteopathic students training in an allopathic setting; <sup>(5,6,7)</sup> and
19 20 21 22 23	WHEREAS, competency in Osteopathic Manipulative Medicine (OMM) represents skill in hands on evaluation of the musculoskeletal system for somatic dysfunction, skill in a spectrum of techniques employed to reverse somatic dysfunction (OMT), and an understanding of the theoretical and evidential science underlying the safe and efficacious application of those skills; now therefore be it
24 25 26 27 28	RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) partners with the American Osteopathic Association (AOA) to encourage colleges of osteopathic medicine (COMs) to assure that osteopathic manipulative medicine (OMM) clinic and training is available to all residents and students rotating in core family medicine teaching hospitals; and further be it

29 30 31	RES	OLVED that The ACOFP partners with the AOA to develop easily implemented curricula for teaching advanced OMM skills to residents in any residency program who desire to further improve their OMM skills, and be it further	
32 33	RES	OLVED, that ACOFP develop a self-study OMM video curricula emphasizing high- yield and evidence-based advanced and basic techniques, and be it further	
34 35	RES	RESOLVED, that ACOFP partners with OPTIs to develop inexpensive workshops to train residents interested in improving OMM skills; and be it further	
36 37 38	RESOLVED, that ACOFP partners with the AOA to encourage all training hospitals to employ a minimum of one physician skilled in OMM to provide inpatient OMM consultations and/or supervise an outpatient OMM clinic for a minimum of ½ day per week.		
39		ACTION	
40	Sources		
41 42	1.	AOA and ACGME agree to Single GME Accrediation System. http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx	
43	Accessed January 2, 2015		
44	2.	American Osteopathic Association. American Osteopathic Association. Available at:	
45		http://www.osteopathic.org/Pages/default.aspx . Accessed January 2, 2015.	
46 47	3.	Rubeor A, Nothnagle M, Taylor JS. Introducing osteopathic medical education in an allopathic residency. <i>J Am Osteopath Assoc</i> . 2008;108(8):404–408.	
48	4.	Teng AY, Terry RR, Blue RJ. Incorporating a Mandatory Osteopathic Manipulative	
49		Medicine (OMM) curriculum in clinical clerkships: impact on student attitudes toward	
50		using OMM. J Am Osteopath Assoc. 2011;111(4):219–224.	
51	5.	Simpson C, Cutright M, Heh V, Simpson MA. Professional satisfaction among new	
52		osteopathic family physicians: a survey-based investigation of residency-trained graduates.	
53	(	JAm Osteopath Assoc. 2009;109(2):92–96.	
54 55	6.	Krueger PM, Dane P, Slocum P, Kimmelman M. Osteopathic clinical training in three universities. <i>Acad Med.</i> 2009;84(6):712–717.	
56 57	7.	Johnson KH, Raczek JA, Meyer D. Integrating osteopathic training into family practice residencies. <i>Fam Med.</i> 1998;30(5):345–349.	