Long-term study of somatic dysfunction required

Epidemiology should be regarded as a basic science for all of clinical medicine, including somatic dysfunction and its relationship to health and disease as articulated by the osteopathic medical profession. Yet, for physicians to develop an epidemiologic basis for clinical medicine, "... require[s] the particularization, to the individual patient, of our prior experiences (both as individual clinicians and collectively) with groups of similar patients."¹

With that in mind, Myron Beal, DO, examines the incidence of spinal palpatory findings with his review of nine separate studies, beginning on page 1027 of this issue. Dr Beal identifies several factors influencing the incidence of somatic dysfunction, such as posture, short leg, pronation syndrome, handedness, transitional areas of the spine, and visceral reflexes.

These observations suggest an avenue for establishing epidemiologic protocols in this area. As such, standardized medical records of osteopathic diagnostic tests and treatment procedures would need to be developed as part of the overall research design. This, in turn, could be used to acquire a base of information with which disease states may be compared.

Generally, longitudinal studies of neuromusculoskeletal reflectance in health and disease have not been performed. Had studies been done, those factors that influence the diagnosis of somatic dysfunction would already be realized. Until such studies are undertaken, the meaning of somatic dysfunction remains incomplete. This presents the osteopathic medical profession with a challenge to totally define the meaning of somatic dysfunction through continued, comprehensive research.

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September designated as National Cholesterol Education Month

The National Cholesterol Education Program (NCEP), under the auspices of the National Heart, Lung, and Blood Institute, has designated September as the first National Cholesterol Education Month. This special focus exemplifies but one phase in the ongoing effort to reduce Americans' cholesterol levels, and hence the incidence of coronary heart disease, morbidity, and mortality.

As a participating member of the NCEP, the American Osteopathic Association and its members have an opportunity to spread cholesterol awareness to the public. That means getting the word out regarding desirable blood cholesterol levels. (NCEP guidelines for adults age 20 and older designate 200 mg/dL as desirable, while 200 to 239 mg/dL is considered borderline-high, and 240 mg/dL and above is high.) But disseminating cholesterol awareness requires more than simply informing patients of their cholesterol "number."

Patients should know what role blood cholesterol plays in overall health and how they can reduce high cholesterol levels through behavior modification—diet, exercise, smoking cessation. To that end, the NCEP has developed educational materials (handouts, posters, radio scripts, sample news releases) that physicians may use to promote cholesterol awareness locally. Information regarding this public relations campaign may be obtained from the NCEP Information Center, 4733 Bethesda Ave, Suite 530, Bethesda, MD 20814.

As primary care providers, we osteopathic physicians have an obligation to make preventive healthcare more than just an annual campaign in our patients' lives.

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(continued on page 1013)

1. Sackett, DL, Haynes, RB, Tugwell P: *Clinical Epidemiology*. Little, Brown, & Co, Boston, 1985, p X.