OMT training key to profession

To the Editor:

The case report by Drs Pintal and Kurtz, "An integrated osteopathic treatment approach in acute otitis media," (JAOA 1989;89:1139-1141) gives me new hope for the future of the osteopathic medical profession.

Dr Pintal's expert description of the osteopathic manipulative treatment (OMT) used to facilitate healing the patient with acute otitis media should be required reading for all general practitioners and otorhinolaryngology residents. If more of our resident specialty trainers understood, practiced, and taught some of these simple OMT approaches, we would eventually need no specialty departments of osteopathic manipulative medicine in our colleges. Our patients, who benefit from OMT, would soon tell the world what distinguishes osteopathic medical physicians from other healthcare professionals.

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Research: The future begins today

To the Editor:

In the article "Incidence of spinal palpatory findings: A re-

view," (JAOA 1989;89:1027-1030,1033-1035) Myron C. Beal, DO, attempts to summarize the published epidemiologic data on spinal somatic dysfunction. Although the reviewed studies represent our profession's beginning attempts to define somatic dysfunction in populations, much work lies ahead to establish high-quality epidemiologic research.

Only when we have laid the ground work for such research can we begin to objectively answer fundamental questions surrounding osteopathic principles, which we have clinically practiced for years. Among the missing data are prevalence and incidence rates of somatic dysfunction in the population-at-large, not to mention more difficult and complicated analytic and experimental research.

Before undertaking such endeavors, the profession must cultivate an interest and commitment to research. This means dedicating time, personnel, and resources. Specifically, individuals trained in epidemiologic and biostatistic methods are needed, as is a "population" laboratory where random probability samples can be acquired and somatic dysfunction can be objectively analyzed.

While financial support will determine the realization of these goals, no price tag can be put on the value of research to our profession. Without it, our scientific foundation will deteriorate. With it, much new knowledge will be gained and the profession will be strengthened. The fate of the osteopathic medical profession rests in our hands. We must decide the future now.

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Canada calling DOs

To the Editor:

For the past 58 years in which I have been a practicing DO, I have been trying in vain to find osteopathic physicians who would locate to Saskatchewan to practice OMT. My late partner, Anna Northup Little, DO, had been working diligently to attract DOs to Saskatchewan for 15 years before I came here. We continued to work together in this effort for 46 years until Dr Little died. During all that time, we had not been able to attract a single osteopathic physician who would stay for more than a few months. This leads me to the conclusion that few graduates are interested in the practice of OMT. Surely something can be done to alter this situation.

I have successfully treated many patients with many types of conditions using OMT, albeit with less strenuous techniques of late. I have yet to find any great need to prescribe drugs for my patients except in emergency cases.

Patients are seeking alternate healthcare methods as they report feeling better without drug therapy. My waiting list rarely numbered fewer than 150 patients when I was practicing full-time. Unfortunately, my age, 91 years old, and arthritis now limit me from seeing more than three