



William Kyle Copenhaver\*, BS

# Osteopathic manipulative treatment for the allopathic resident elective: comments on survey selection

<https://doi.org/10.1515/jom-2023-0177>

Received July 25, 2023; accepted August 24, 2023;

published online September 14, 2023

I read with pleasure the article by Slattengren et al. [1] titled “Osteopathic Manipulative Treatment for the Allopathic Resident Elective: Does it Change Practice After Graduation?” and would like to offer additional commentary on the comfortability scales utilized in the data collection. I hope these perspectives may provide insight into areas that may require further research and improvement.

Slattengren et al. [1] summarized that in a cohort of 37 allopathic residents who either took an osteopathic manipulative treatment (OMT) elective or did not, there was a reported increase in comfortability performing OMT and a reported increase in frequency of referring to DOs. There were no statistically significant findings reported in the study.

As described in the study design, there was a 101-point scale (0–100) used to rate comfortability in three domains (physical exam, designing a treatment plan, and performing OMT). A simple numerical response scale of 0–100 is not a rigorous measurement system. A highly granular scale allows for freedom of choice by the respondent but is often not preferred over a Likert scale due to lower compliance rates [2].

The choice of using a 101-point scale over a Likert scale was not discussed in the study design. A Likert scale of 5–11 items with a neutral middle is often preferred over other Likert scale

lengths due to construct validity [3]. Furthermore, if a 101-point scale is desired, a web-based visual analog scale (VAS) is preferred over a simple numerical response due to the VAS having superior analytical quality [4].

In the end, I commend the authors for their analysis of the education of allopathic physicians in osteopathic tenets.

**Research ethics:** Not applicable.

**Informed consent:** Not applicable.

**Author contributions:** The author has accepted responsibility for the content of this manuscript and approved its submission.

**Competing interests:** None declared.

**Research funding:** None declared.

**Data availability:** Not applicable.

## References

1. Slattengren A, Wootten M, Carlin C, Nissly T. Osteopathic manipulative treatment for the allopathic resident elective: does it change practice after graduation? *J Osteopath Med* 2023;123:337–41.
2. Lewis J, Erdinc O. User experience rating scales with 7, 11, or 101 points: does it matter? *J Usability Stud* 2017;12:73–91.
3. Kusmaryono I, Wijayanti D, Risqi H. Number of response options, reliability, validity, and potential bias in the use of the Likert Scale Education and Social Science Research: a literature review. *Int J Educ Methodol* 2022;8:625–37.
4. Liu M, Conrad FG. An experiment testing six formats of 101-point rating scales. *Comput Hum Behav* 2016;55:364–71.

\*Corresponding author: William Kyle Copenhaver, BS, Department of Medicine, Lincoln Memorial University-DeBusk College of Osteopathic Medicine, 6965 Cumberland Gap Parkway, Harrogate, TN 37752, USA, E-mail: [william.copenhaver02@lmunet.edu](mailto:william.copenhaver02@lmunet.edu). <https://orcid.org/0009-0008-6585-7933>