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.

References