The Journal of the American Osteopathic Association

The Journal of the American Osteopathic Association (JAOA) encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the health care professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA's editors are particularly interested in letters that discuss recently published original research.

Letters must be submitted online at <http://www.osteopathic.org/JAOAsubmit> and not have been published elsewhere. All accepted letters to the editor are subject to editing and abridgment.

Osteopathic Manipulative Medical Assistant: A Proposed Allied Profession

To the Editor:

A gap exists between osteopathic physicians' (ie, DOs) perceptions of favorability of osteopathic manipulative medicine (OMM) and their use of OMM in practice. One article¹ stated that almost 50% of osteopathic physicians surveyed provided OMM less than 10% of the time. I have been supportive of the osteopathic medical profession over the years and have personally found OMM to be beneficial. Although it is assumed, and I have found from personal observation, that overwhelmingly most DOs value OMM, many DOs do not use OMM in their practice. The possible reasons for lack of use are multiple: residency training in a non-BOA program,² insecurity with skills,³ uncertainty of benefit in specialty

area,³ and lack of time.^{1,3} Although not analyzed in the specific context of osteopathic medical practice, some older physicians slow their pace and also limit their practice.^{4,5} In today's fast-paced practices, lack of time may be an overarching reason for the inability of DOs to use OMM.^{1,3}

One way to overcome this obstacle is to create the allied health profession of OMM assistant. Proposed OMM assistant programs could operate for 9 months to 2 years. This profession could potentially be a DO clinical care extender and allow more patients to receive OMM. In so doing, osteopathic medicine's patient population may be indirectly expanded. The DO would evaluate the patient, diagnose somatic dysfunction, prescribe OMM, and oversee the OMM assistant's carryout of OMM. Unlike a European osteopath, the primary role of OMM assistants would be to perform OMM for patients under a DO's supervision.

With the help of an OMM assistant, DOs would be able to treat more patients with OMM while assuaging constraints like lack of time. The OMM assistant would be versed in OMM as it relates to all 7 major osteopathic modalities. Professions such as physical therapy and occupational therapy have their respective assistant programs.

Attaching an OMM assistant program to existing physician assistant training programs would not be sufficient, as the overwhelming number of these programs are not run through osteopathic medical schools. Consequently, OMM assistant programs should be developed and overseen by osteopathic medical schools. (doi:10.7556/jaoa.2020.014)

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