More Information on Osteopathic Manipulative Medicine Consultations for Hospitalized Patients

To the Editor:

I read the article, “Osteopathic Manipulative Medicine Consultations for Hospitalized Patients,” published in the May 2019 issue of *The Journal of the American Osteopathic Association*, with interest.¹ The authors correctly pointed out that there is a body of evidence supporting the benefit of osteopathic manipulative medicine (OMM) as adjunctive treatment for patients with common inpatient conditions, such as respiratory failure, pneumonia, asthma, postoperative ileus, abdominal surgery, pancreatitis, and small bowel obstruction.

Data in the study¹ showed that 47% of inpatient OMM consultations involved musculoskeletal complaints. The authors concluded that OMM seems to be underused as an effective adjunctive treatment for patients who were hospitalized with postoperative states, respiratory complaints, or constipation, among other common inpatient considerations. This conclusion is consistent with the way we teach our medical students to use OMM in the hospital setting, which emphasizes treating patients by using neurologic (including autonomic), respiratory/fluid, and biomechanical paradigms for OMM problem-solving and treatment.

To explore this topic further, I reviewed a list of the inpatient OMM consultations made to the OMM consultation service Roxborough Memorial Hospital in Philadelphia during a 12-month period (July 1, 2018-June 30, 2019) (Table). This OMM consultation service was provided by the faculty of an OMM Department at a metropolitan osteopathic college. The OMM faculty members pri-

marily see patients in an office setting on the medical school campus. However, they also support an OMM consultation service based at Roxborough Memorial Hospital that has a mixed staff of osteopathic and allopathic physicians and serves as a training for site for osteopathic and allopathic students and residents.

The results of this review showed a different constellation of reasons for OMM consultation. There were 114 patients who received consultations for 142 primary and secondary reasons. The most common consultations involved patients with respiratory conditions (64 [45.1%]), especially exacerbations of chronic obstructive pulmonary disease, pneumonia, and to a lesser extent, asthma. A significant number (15 [10.6%]) of the consultations involved postoperative care. Constipation, nonsurgical ileus, and headache were also noteworthy reasons for consultation. While there were consultations for various musculoskeletal complaints, no single musculoskeletal diagnosis was more than 7% and, in total, less than one-fourth of the total consultations (26 [18.3%]) were ordered for musculoskeletal diagnoses.

Osteopathic manipulative medicine consultations are used in the care of patients in the hospital setting far beyond the treatment of musculoskeletal symptoms, especially for those patients with medical conditions such as pneumonia, chronic obstructive pulmonary disease exacerbation, and postoperative states. (doi:10.7556/jaoa.2020.036)

David B. Fuller, DO

Professor in the Department of Osteopathic Manipulative Medicine at Philadelphia College of Osteopathic Medicine in Pennsylvania

References

1. Levy VJ, Holt CT, Haskins AE. Osteopathic manipulative medicine consultations for hospitalized patients. *J Am Osteopath Assoc*. 2019;119(5):299-306. doi:10.7556/jaoa.2019.051

Table.
Primary and Secondary Reasons for OMM Consultation in Inpatients (N=142)

OMM Consultation Reason	Patients, No. (%)
COPD exacerbation	30 (26.3)
Pneumonia	29 (25.4)
Abdominal surgery ^{a,b}	12 (10.5)
Chest pain (nonchest wall pain at admission)	8 (7.0)
Thoracic pain ^c	7 (6.1)
Neck pain ^c	7 (6.1)
Headache	6 (5.3)
Constipation/ileus (nonsurgical)	6 (5.3)
Asthma exacerbation	5 (4.4)
Sciatica/lumbar radicular pain	4 (3.5)
Lower extremity edema	3 (2.6)
Chest wall pain ^c	3 (2.6)
Hip pain ^c	3 (2.6)
Influenza	2 (1.7)
Acute pancreatitis	2 (1.7)
Rib pain ^c	2 (1.7)
Small bowel obstruction (nonsurgical)	1 (0.8)
Shoulder pain ^c	1 (0.8)
Postthoracoscopy chest pain ^b	1 (0.8)
Postmastectomy surgery ^b	1 (0.8)
Nephrolithiasis	1 (0.8)
Laceration of lower extremity	1 (0.8)
Knee pain ^c	1 (0.8)
Hip surgery	1 (0.8)
Flank pain	1 (0.8)
Congestive heart failure	1 (0.8)
Low back pain ^c	1 (0.8)
Abdominal pain	1 (0.8)
TMJ pain ^c	1 (0.8)

^a Including hemicolectomy, laparotomy for small bowel obstruction, laparotomy for perforated duodenal ulcer, repair of ventral hernia, laparoscopic cholecystectomy, and percutaneous drainage of perforated appendix.

^b Categorized as postoperative.

^c Categorized as musculoskeletal pain.

Abbreviations: COPD, chronic obstructive pulmonary disease; OMM, osteopathic manipulative medicine; TMJ, temporomandibular joint.

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