

The Changing Face of
Osteopathic Manual Therapy
in the United States

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This paper aims to explore how Osteopathic Manual Therapy (OMT) in the United States has become less relevant to and is being underutilized by Osteopathic Physicians. OMT has begun to transform and branch out into other professions and therapies. This paper aims to chart some of the systemic pressures that contributed to this transformation of OMT and how OMT is being redefined and renewed within a different context.

In the United States, Osteopathic Physicians are in jeopardy of losing one of their most distinctive features as medical practitioners – Osteopathic Manipulative Treatment (OMT). A 2005 survey of Osteopathic and Allopathic residents' found that the use of OMT is in decline. According to the study, over 50% of new osteopathic physicians have their residency training in programs approved by the Accreditation Council of Graduate Medical Education (ACGME) which is the accreditation body for allopathic residency programs.ⁱ This is in opposition to those osteopathic physicians who attend residency programs accredited by the American Osteopathic Association (AOA). What the study found was that only 39.5% of those residency physicians in ACGME-accredited programs made frequent use of OMT. This is in contrast to 67.9% of those residents in AOA-accredited programs.ⁱⁱ

One could claim that this study is old (2005) and that trends have changed. But according to a 2011 article in *Still Magazine*, a publication of A. T. Still University (ATSU), an osteopathic university, the trends haven't changed.ⁱⁱⁱ The article claims that osteopathic students learn OMT the first two years of school along with the usual medical school curriculum. But as students move into clinic rounds with professional doctors, there are a limited number of supervising doctors who actually use Osteopathic Manual Therapy clinically on a regular basis. Students walk away from this experience not knowing how to integrate OMT into their daily practice of medicine. This disinclines them to use it in their practice as they move into their professional careers.

Another survey published in 2007 found that osteopathic physicians do not spend any more time with their patients than allopathic physicians.^{iv} If they are not spending any more time with their patients than allopathic doctors, this would suggest that osteopathic physicians are not incorporating any significant amount of OMT in their clinical practice.

The pressures on osteopathic physicians are about the same as allopathic doctors. With insurance reimbursement and the need to see so many patients within a given time period, it is harder and harder to spend the time needed to make use of OMT. Manual therapy takes time to do and there is only so much manual therapy that can fit into a short amount of time. This time pressure forces OMT out of the hands of osteopathic physicians, the very guardians of this system of therapy, and into the hands of other healthcare providers who can spend more time with patients.

These non-physician health care providers include physical therapists, massage therapists, acupuncturists and occupational therapists. Many of these non-physician providers are incorporating osteopathic manual techniques without even knowing that they are part of the

osteopathic tradition. This disconnection of osteopathic manual therapy with osteopathy has created an interesting legal and therapeutic landscape in the United States.

Before we continue, it would be helpful to understand what is meant by Osteopathic Manual Therapy. In this paper, OMT can be defined as a system of body work that:

- Sees the body as a complete unit of mind, body and spirit.
- Understands that the body's functionality is intimately connected with its form.
- Views the body as self-regulating. The body will always move towards health unless otherwise impeded.
- Promotes healing by treating restrictions and imbalances.

The above points are basic principles of Osteopathic medicine.^v Many styles of body work, such as Chiropractic and Rolfing have similar philosophies of healing. For this paper, I would consider that any type of body work that holds the above principles and that has a direct connection to osteopathy or is heavily influenced by A. T. Still, the founder of osteopathy and his philosophy, to be a part of osteopathic manual therapy.

Branches of Osteopathic Manual Therapy

In the current landscape of healthcare in the United States, one doesn't need to look far to see the range of body work modalities that have emerged out of the osteopathic tradition. These traditions focused on an aspect of osteopathy and developed it into its own system of healing, while staying true to the core principles of osteopathy. Part of these modalities' independence from osteopathy has to do with the very different legal structures they are practiced under. In the US, osteopathic manual therapies have traditionally been practiced by osteopathic physicians. These offshoots of osteopathy that are the focus of this paper are typically not practiced by osteopathic physicians. They are generally practiced by massage therapists, physical therapists, acupuncturists, and registered nurses. This gives these offshoots of osteopathy an ability to spread among the general population free of the restrictive regulations and prohibitive high costs of osteopathic physicians.

The modalities that have sprung from the osteopathic tradition that will be considered in this paper are craniosacral therapy (CST), myofascial release (MFR), visceral manipulation (VM), and total body balance (TBB). These four are selected because of their clear connection to osteopathy and its philosophy. Also, the first three mentioned are quite popular in the US and continue to grow in recognition. The last modality (TBB) is included in the list because it is a clear attempt to present a European style of OMT into the US while circumventing the regulations of osteopathic physicians and their legal structures. TBB's aim is to create a theoretical and practical framework of bodywork to tie the other three modalities together.

[Note: In this paper, it would be reasonable to look at how chiropractic may have been a very early offshoot of osteopathy, though there is some controversy around this. I am not addressing

this point for a couple of reasons. The first reason is that the topic is just too vast for the scope of this paper to do it justice and still look at these other modalities. Secondly, at this point in time, chiropractic is arguably a more established profession than Osteopathy and very independent from it.]

Craniosacral Therapy

Craniosacral therapy works with the flow of cerebral spinal fluid within central nervous system. Its aim is to release any restrictions within the cranial bones, the meninges and the sacrum. It does this through very gentle mobilization of the cranial bones, the sacrum, and the 4 diaphragms (the cranial, cervical-thoracic, thoracic and the pelvic). The theory is that once the restrictions are released, the body will have optimum ability to heal and rejuvenate.^{vi}

Craniosacral therapy was initially developed by Willian Garner Southerland, who was an osteopath and student of A. T. Stills. He called what he did Cranial Osteopathy and asserted that the cranial sutures were not static but were capable of subtle movement. He further asserted that the cranium exhibited a type of pulsing movement that he calls “primary respiration”.^{vii}

A later osteopath by the name of John Upledger further built on Southerland’s knowledge and continued to developed osteopathic cranial techniques. He called his system of cranium work craniosacral therapy.^{viii} He organized and systematized the protocols of craniosacral therapy and began to teach it to other health practitioners. This was something new. He was taking a healing modality that was traditionally within the hands of osteopathic physicians and opened it up to any licensed health practitioner.

John Upledger founded an institute bearing his name that taught CST to health care practitioners, thus ensuring its continued growth and acceptance within the healing community. He also was the main driving force in promoting the acceptance of VM and TBB in the healing communities of the US.

Myofascial Release

Myofascial Release is a therapy that aims to improve health by freeing up any fascial restrictions in the body, thus allowing the better flow of blood and lymph, and the release of pain and tension. It was developed in the 1960’s by John Barnes, a physical therapist and Robert Ward, an osteopath.^{ix} They built upon the work of A. T. Stills. John Barnes became the main proponent of this modality and travels the US and internationally teaching myofascial release.

Visceral Manipulation

Visceral manipulation was developed by Jean Pierre Barral, a French osteopath and physical therapist. He based his work on M. D. Young and H. V. Hoover, two American osteopaths.^x Visceral manipulation entails the gentle mobilization of the visceral tissues. Its goal is to relieve fascial tensions and restrictions within the viscera to maximize health and relieve illness. In 1985, Barral developed a training program for VM. Since that time, VM has continued to develop and spread as a useful therapy throughout the US and the world.

Total Body Balance

Total Body Balance was developed by Kerry D'Ambrogio, an American physical therapist and European trained osteopath.^{xi} Out of these 4 modalities, TBB is the newest and is relatively unknown in the US among health care practitioners. It is listed here among the 4 modalities because it is the most complete expression of OMT. It consists of joint mobilization techniques, muscle energy techniques and fascial and lymph balancing techniques. The founder, D'Ambrogio's emphatic "Yes" to the question, "Are you trying to recreate an osteopathic education (based on European osteopathy) for the United States?" makes it clear the intention behind the TBB training programs.^{xii} The TBB curriculum is clearly and unambiguously osteopathic based. Osteopathic history, philosophy and evaluation are discussed in the first module of TBB. Also, TBB was intentionally designed to be a system of body work that acts as an umbrella to the other 3 modalities. The idea being that TBB addresses the macro lesions within the body and the other 3 modalities are applied more locally to specific problem areas.

Legal Issues

The emergence of these variations of osteopathic manual therapy was facilitated by the fact that their developers separated themselves from osteopathy legally and branding-wise. For example, William Garner Southerland, one of the first innovators of cranial therapy, fought for staying within the domain of osteopathy. In his day, some considered what he was doing a break away from osteopathy. He argued differently. He considered his cranial work very much in line with A. T. Still's work. He called what he did cranial osteopathy. John Upledger, one could say a philosophical protege of Southerland's, did the opposite. He rebranded what he did as cranial sacral therapy thus making it different than cranial osteopathy and began to teach it to non-osteopaths.

This rebranding did several important things. Firstly, it took OMT out of the control of osteopathic physicians. Non-physicians could start to do cranial sacral therapy. Secondly, it popularized it. By allowing non-physicians to do it, it allowed it to spread more rapidly and in a

more grass roots way. Thirdly, it defined cranial sacral therapy as an independent modality. By making it independent of osteopathy, it allowed it to grow in its own directions without the encumbrances of the osteopathic tradition.

This dynamic of independence, rebranding, popularization and innovation occurred to one degree or another within all four of these modalities. The significance of this dynamic is still playing out within the healthcare community. But there are reasons to think that its significance is significant for the healthcare community.

Osteopathic manual therapy, without these break away modalities, would virtually be unknown in the United States. Out of the total number of physicians in the US, only 7.3% are doctors of osteopathy.^{xiii} With less than 50% of DO's using OMT on a regular basis and its use having a downward trend within the profession, osteopathic manual therapy would be a dying therapeutic modality.^{xiv} Fortunately, these osteopathic offshoots are developing, recreating and promulgating (albeit under other names) OMT within the US. Taken as a whole, Craniosacral Therapy, Myofascial Release, Visceral Manipulation, and Total Body Balance form a complete system of body work similar to a traditional manual osteopathic education in Europe (where osteopaths are not physicians but are all osteopathic manual therapist).

Another hopeful development within these modalities is that they are tending toward cooperation organizationally as well as merging clinically. The International Alliance of Healthcare Educators is an example of this trend. It is an umbrella website that facilitates the promotion, payment and distribution of educational tools for various bodywork modalities. The main three modalities that it promotes and supports are CST, VM and TBB. This joint promotion also facilitates a significant cross fertilization of modalities. For example, when a healthcare practitioner goes to one of their events for TBB, they are also sharing the space, the breakrooms and the bookstore with students who are simultaneously taking seminars in CST and VM. This proximity encourages practitioners to connect, share experiences and take other courses offered. This causes the practitioner to learn and practice several modalities within the clinical setting, thus merging several modalities into a cohesive whole which is similar in practice to osteopathic manual therapy.

In conclusion, even though the use of OMT is diminishing within the profession of osteopathy, it is being reformed and reenergized under a different guise and different legal parameters. This will contribute to osteopathic manual therapy's vitality and longevity. For now, these modalities are used under the umbrella of other professions such as massage therapy or physical therapy. But it isn't hard to conceive of a future where these various modalities of manual therapy will merge to form their own profession with its own licensing and legal parameters. If that happens, whatever the name that it is given, it will be a birth of osteopathic manual therapy as a standalone profession in the United States.

ⁱ Allee, Brian, DO; Pollak, Michael, PhD; Malnar, Karen, RN; December 2005 *The Journal of the American Osteopathic Association* Vol. 105, 551-561 "Survey of Osteopathic and Allopathic Residents' Attitudes Toward Osteopathic Manipulative Treatment"

ⁱⁱ Ibid

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- iii January 25, 2011; Still Magazine: Features, Headlines, "OMT Challenges at the Heart of a Profession"
- iv Licciardone, John; January 12, 2007 *Osteopathic Medicine and Primary Care* 2007 1:2 "A Comparison of Patient Visits to Osteopathic and Allopathic General and Family Medicine Physicians: Results from the National Ambulatory Medical Care Survey, 2003-2004".
- v "Osteopathic Philosophy" *Foundations of Osteopathic Medicine*, 3rd Edition, Page 21
- vi Gale Encyclopedia of Alternative Medicine COPYRIGHT 2005 The Gale Group, Inc.
- vii Jäkel, Anne; Von Hauenschild, Philip (2012). "A systematic review to evaluate the clinical benefits of craniosacral therapy". *Complementary Therapies in Medicine*. **20** (6): 456–65
- viii Gale Encyclopedia of Alternative Medicine COPYRIGHT 2005 The Gale Group, Inc.
- ix Stillerman, Elaine (2009). *Modalities for Massage and Bodywork*. Mosby. pp. 151–2
- x Jocoby, Christopher: Understanding Four Types of Osteopathy; www.healthguidance.org/entry/14159/1/Understanding-Four-Types-of-Osteopathy.html
- xi <http://www.dambrogioinstitute.com/team/index.php#Teachers>
- xii Interview of Kerry D'Ambrogio by Bryan Wagner
- xiii Association of American Medical Colleges, Nov. 2014; Center for Workplace Studies; [2014 Physician Specialty Data Book](#)"
- xiv Allee, Brian, DO; Pollak, Michael, PhD; Malnar, Karen, RN; December 2005 *The Journal of the American Osteopathic Association* Vol. 105, 551-561 "Survey of Osteopathic and Allopathic Residents' Attitudes Toward Osteopathic Manipulative Treatment"