



Submit in	01/04/2011
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Type of research	Review
Title of Abstract	The Scientific Basis of Osteopathy: Problems and Conclusions
Text of ABSTRACT	<p>Building the scientific evidence base for the effectiveness of osteopathic manipulative medicine is not an easy task. There are issues of research design, inter- and intra-rater reliability, defining suitable dependent measures, dose considerations, etc, to be dealt with.</p> <p>In OMM research there are basically two types of research designs to show effects of OMM although many variations exist. One is the technique design that is meant to assess the effects of one or a small number of manual maneuvers on some specific problem. This type of design is exemplified by the use of one or a small number of specific manual techniques on each patient. Its goal is to look at the effect of the specific technique on the measured variables. Here, the study can be designed as a true blinded study.</p> <p>The other general type of study is the treatment study, where the intent is to look at the effects of the total osteopathic treatment on some disease or syndrome. Here, the discussion of placebo or sham is relevant, but confusing. It is not possible to design a placebo control for such a study, and the ideal study should be one with a control group that either receives standard of practice care or no treatment at all. An alternative would be to design a three arm study with the full treatment, no treatment and some form of alternative treatment as the three arms. We will examine this further in the talk.</p> <p>In looking at the data that we have for OMM effectiveness, we must be careful to discriminate between levels of evidence. Many studies that seem to support OMM effectiveness suffer from one or more serious flaws, including poor design, poor dependent variables, lack of power and so on.</p> <p>However, there are several lines of evidence that do support OMM use with credible evidence, while others strongly suggest effectiveness but need more study.]</p> <p>Probably the most widely supportive lines of evidence relate to low back pain (LBP), where the grade A evidence supports the use of OMM for acute and subacute LBP, with less evidence for chronic nonspecific LBP. Neck and upper back pain is also fairly strongly supported. TMJ pain has mixed evidence, but no strong evidence to support OMM use. Shoulder pain has some good evidence supporting OMM use, as is the case for carpal tunnel syndrome.</p> <p>The mechanisms of OMM are also poorly understood, although there are many hypothetical constructs that are often cited as mechanisms underlying the observed OMM effects. The widespread use of such hypothetical mechanisms in the profession is a danger due to the fact that these postulated mechanisms are then taken to be actual physiological truths and there is no further examination of them.</p> <p>One of the most serious challenges to osteopathic diagnosis and treatment is the lack of inter- and intra-examiner agreement regarding diagnostic signs and presence of osteopathic lesions. Most studies show low agreement regarding diagnostic findings, yet many osteopaths insist on precisely aimed treatments based on dubious findings.</p>
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