Why Not OMT?

Practitioner Exposure to Osteopathic Manipulation Could Lead to More Utilization of OMT

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PURPOSE

The purpose of this study was to evaluate whether exposure of Osteopathic Manipulative Therapy (OMT), such as targeted OMT training, amongst family medicine faculty physicians at a large academic program is associated with knowledge, comfort, and interest in OMT.

BACKGROUND

Clinical Context

OMT has repeatedly been shown to be an effective first line adjuvant treatment for various disease states, including musculoskeletal-related pain, however OMT remains largely underutilized.

HYPOTHESIS

Lifetime exposures to OMT are associated with knowledge, comfort, and interest in OMT. Practicing academic physicians who undergo a targeted OMT training session will report more knowledge, comfort, and interest in OMT.

METHODS

Design / Intervention

- 17 question pre and post survey emailed to faculty using Redcap including items assessing knowledge, comfort, and interest. Some questions used a Likert scale of 1-10.
- A targeted hour-long training session of OMT was done via Zoom, which included videos. A pre survey was administered before the training, and a post survey with similar questions was also administered after the training session.

Analysis

- Descriptive statistics were completed to characterize the sample and examine pre- and post-survey scores.
- Bivariant correlations were calculated to estimate the association between baseline OMT exposure and physician knowledge, comfort, and interest in OMT.
- Correlations were deemed significant at $p < .05$.

RESULTS

	Pre test N=15	Post test N=10
Sex		
Male	4	6
Female	11	3
Years in training		
0-9	7	3
10-19	1	1
20+	7	5
Type of physician degree		
MD	15	10
DO	0	0
Exposure to OMT		
Trained with DOs in Residency	12	7
Previous Lectures	11	5
Live Demonstrations	11	7
CME	0	0
Videos	2	1
Articles	3	2
Received OMT Personally	8	8
Referred to OMT	14	9
-If no, why not?	Unsure of who or how to refer	

Table 1. Sample Demographics and Exposures to OMT

Likert scale (1-10)	Knowledge Theory & Concepts		Knowledge Skills		Knowledge Application		Knowledge Documentation		Knowledge ICD10		Knowledge Billing		Knowledge Effectiveness		Comfort Supervising		Interest in Learning	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Mean	3.78	7.22	3.00	6.56	5.44	7.22	3.22	6.89	2.78	6.67	2.89	6.67	4.33	7.44	3.89	7.00	8.00	8.44
SD	2.53	1.48	2.18	1.13	2.88	1.56	2.11	1.76	2.05	1.94	1.83	1.58	2.12	1.51	2.71	2.42	1.23	1.13
Range	1-8	6-10	1-6	5-8	2-10	5-10	1-7	4-9	1-6	4-10	1-6	5-9	1-8	5-10	1-9	3-10	6-10	7-10

Table 2. Pre and Post Survey Descriptive Statistics

	Knowledge Theory & Concepts	Knowledge Skills	Knowledge Application	Knowledge Documentation	Knowledge iCD10	Knowledge Billing	Knowledge Effectiveness	Comfort Supervising	Interest in Learning
Pearson Correlation	.856	.737	-.230	.762	.692	.618	.757	.592	-.077
Sig. (2-tailed)	.003	.023	.552	.017	.039	.076	.018	.093	.844
N	9	9	9	9	9	9	9	9	9

Table 3. Correlations Between Baseline Lifetime Exposure to OMT and Knowledge, Comfort, and Interest

- 16 total faculty physicians participated in the study (15 took the pre survey, 10 took the post survey, only 9 completed both pre and post surveys)
- Analysis included only those who completed pre and post survey (N=9)
- Of those who completed the study, all were MD's, and all had referred at least 1 patient to receive OMT as a form of treatment in the past.
- Those who only took the pre or post survey did not significantly vary in responses compared to those who took both surveys.

DISCUSSION

- Total lifetime exposure to OMT was significantly associated with physicians' knowledge about the practice and purpose of OMT.
- Lifetime exposure was not significantly associated with interest in learning OMT or knowledge about application of OMT.
- There was an increase in the mean of every category assessed after participating in the OMT training course.
- One of the barriers to referring patients to OMT identified in this study included not having the knowledge of who or how to refer

Limitations/Weakness

Sample size of participants were too small. A larger number is needed to make findings more significant.

CONCLUSIONS

- Training in OMT may improve a physician's knowledge, comfort, and interest in OMT.
- Since exposure is correlated to knowledge of OMT, it may be that more exposure and awareness of OMT in the medical field could ultimately lead to better utilization of OMT.
- Given the evidence supporting the use of OMT in various applications, Osteopathic curriculum should be taught in Allopathic curriculum and included in recommendations for first-line treatments (i.e MSK-related pain, etc) of various pathologies.

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