

ISSUE BRIEF: UNLICENSED PRACTICE OF NON-MEDICAL “OSTEOPATHY” IN THE US

Introduction

There are two types of fully trained and licensed physicians in the United States (US) – allopathic (MD) and osteopathic (DO). Both types complete equivalently rigorous training which enables them to qualify for unlimited medical licensure in every state.

Outside of the US, non-medical “manual osteopathy” is the prevalent form of osteopathic healthcare. Some countries regulate manual osteopathy, and require practitioners to meet standardized education and training requirements¹ that help to ensure patient safety; however, in most countries, the practice is unregulated. This has led to the emergence of substandard “schools” that lure prospective students with promises of quick degrees and lucrative careers.

In recent years, internationally-trained “manual osteopaths” have begun emerging in the US, exploiting legal loopholes to deliver healthcare without appropriate licensure. Without any regulatory oversight, there is a real risk that patients who are harmed by these unlicensed practitioners will be left without any meaningful mechanism to report or prevent these individuals’ ability to continue practicing.

Background

For over 150 years, osteopathic physicians have been treating patients in the United States (US) with their unique philosophy and hands-on approach to alleviating many common ailments such as chronic pain, headaches, digestive issues and sleep disorders – as well as partnering with their patients to prevent disease and help them maintain lifelong wellness. To qualify for medical licensure in any state, DOs and MDs alike complete a comprehensive, 4-year medical degree and postgraduate (“residency”) training in their chosen specialty, and DOs² *additionally* receive several hundred hours of training in osteopathic manipulative medicine.

Osteopathic medicine in the US is highly regulated – DOs (and MDs) must complete years of supervised training and comprehensive assessments before they become eligible for licensure, and their practice is overseen and regulated by medical boards in every state. The osteopathic medical model is unique to the US, although numerous other countries have granted medical practice rights to US-trained DOs under international medical graduate pathways.

Outside of the US, the osteopathic philosophy has largely taken a different form. Its practitioners – often referred to as “manual osteopaths” – do not complete medical school, and therefore they are prohibited from providing medical services, such as prescribing drugs or performing surgery. Their scope of practice is strictly limited to manual techniques, including spinal manipulation, which can incur significant risk when performed by an individual without appropriate education and training³. While some countries – primarily in Europe – do regulate manual osteopathy⁴, in most countries, the practice is unregulated.

While issues caused by unregulated manual osteopaths were largely a foreign issue in the past, in recent years, these individuals have begun entering the US and establishing practices without licensure or regulatory oversight. They often employ misleading practices that capitalize on the public’s trust in the osteopathic medical profession, luring in patients who believe they are being seen by a fully trained and licensed healthcare provider, potentially to the detriment of their safety.

Solution

The AOA has developed [letters](#) to legislators and regulators informing them about this issue, and encouraging them to enact and enforce stronger title protection and healthcare truth in advertising laws. By protecting osteopathic terminology and increasing transparency, legislators can help patients make informed decisions about who provides their healthcare.

Individuals can also make a difference, by utilizing our template [letter](#) to report unlicensed healthcare providers to the appropriate authorities – encouraging state medical boards and/or Attorneys General to take action against these unscrupulous actors.

By working together, we can mitigate the risk of severe harm posed by unqualified practitioners and ensure that patients are appropriately protected.

^{1,4} Countries that regulate manual osteopathy typically rely upon either the World Health Organization’s 2010 Benchmarks for Training in Osteopathy, or the Comité Européen de Normalisation’s European Standard on Osteopathic Healthcare Provision (2015), which helps to ensure that practitioners meet minimum requirements for patient safety.

² Some MDs are also now eligible to receive training in osteopathic principles and practice via residency slots with osteopathic recognition, under the Accreditation Council for Graduate Medical Education.

³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC4264725/>