



AMERICAN OSTEOPATHIC ASSOCIATION

**Basic Standards
for Residency Training in
Integrated Osteopathic Family Medicine
and Manipulative Treatment/
Neuromusculoskeletal Medicine**

**American Osteopathic Association
American College of Osteopathic Family Physicians
American Academy of Osteopathy**

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I. Introduction

A. Definition

- 1.1 These are the Basic Standards for Residency Training in Integrated Osteopathic Family Medicine and Manipulative Treatment/Neuromusculoskeletal Medicine as approved by the American Osteopathic Association (AOA), the American College of Osteopathic Family Physicians (ACOFPP) and the American Academy of Osteopathy (AAO). These standards are designed to provide the osteopathic resident with advanced and concentrated training in both Family Medicine and Neuromusculoskeletal Medicine (NMM) and to prepare the resident for certification examination in both disciplines.
- 1.2 The integrated program must meet all the requirements for each discipline as defined in the AOA Basic Standards for Residency Training in Osteopathic Family Medicine and Manipulative Treatment and in the Basic Standards for Residency Training in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine.
- 1.3 This integrated standard addresses only those elements that must be modified in order to make the Family Medicine/Neuromusculoskeletal Medicine program an integrated, overlapping experience in both disciplines.

II. Mission

- 2.1 The mission of the osteopathic integrated family medicine/neuromusculoskeletal medicine program is to provide residents with comprehensive structured cognitive and procedural clinical education in both inpatient and outpatient settings that will enable them to become competent, proficient and professional osteopathic family practitioners.
- 2.2 To train physicians to function as consultants in the neuromusculoskeletal medicine field and to develop physicians qualified to teach basic osteopathic principles, to implement these concepts and to integrate them into undergraduate and postgraduate clinical programs.

III. Educational Program Goals

- 3.1 All osteopathic family medicine/neuromusculoskeletal medicine programs must formulate goals that will allow the resident to master the following core competencies as specified in the basic standards of both disciplines:
 - a. Osteopathic Philosophy and Osteopathic Manipulative Medicine.
 - b. Medical Knowledge.
 - c. Patient Care.
 - d. Interpersonal & Communication Skills.
 - e. Professionalism.
 - f. Practice-Based Learning and Improvement.
 - g. Systems-Based Practice.

IV. Institutional Requirements

- 4.1 The institution must have both functioning osteopathic family medicine and neuromusculoskeletal medicine residency programs. It is acceptable for either the NMM/OMM residency program or the Plus-One NMM/OMM residency program to serve as the base NMM program.

- 4.2 The institution must provide a patient load to train a minimum of two (2) residents in osteopathic family medicine/neuromusculoskeletal medicine as defined in the individual specialty basic standards.
- 4.3 The institution must maintain a program description that describes all the elements of the integrated program.
- 4.4 This program description must be updated and reviewed annually.

V. Program Requirements

- 5.1 The integrated residency program in osteopathic family medicine/neuromusculoskeletal medicine must be four (4) years in duration.
 - a. The first year must be structured as the first year of osteopathic family medicine residency training as specific in the Basic Standards for Residency Training in Osteopathic Family Medicine and Manipulative Treatment.
 - b. One of the selective months during the first year must be in Neuromusculoskeletal Medicine.
 - c. A minimum of four (4) months of Neuromusculoskeletal Medicine rotations must occur during each of the subsequent three (3) years.
- 5.2 All rotation requirements as specified in the basic standards for both osteopathic family medicine and neuromusculoskeletal medicine must be met by the completion of training in the integrated program.
- 5.3 Residents must have a continuity osteopathic family medicine ambulatory clinic experience that meets all the requirements of the AOA Basic Standards for Residency Training in Osteopathic Family Medicine and Manipulative Treatment.
- 5.4 There must also be a distinct ambulatory continuity clinic experience focusing on neuromusculoskeletal medicine, whereby the resident functions as a consultant in this discipline.
 - a. This clinical experience must exist in years two, three and four of the program and must be precepted by faculty who are certified by the American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) or its precedent. This clinical experience may be held simultaneously during the family medicine ambulatory clinic experience if the preceptor requirement is fulfilled.
 - b. The resident must participate in and document a minimum of one-hundred and fifty six (156) NMM clinics and treat a minimum of one-hundred twenty (120) individual patients AND a minimum of three hundred sixty (360) patient encounters in the distinct NMM ambulatory clinics.
- 5.5 In addition, integration of the osteopathic structural examination and treatment must be considered with every patient encounter.

VI. Faculty Qualifications and Responsibilities

A. Program Director

- 6.1 The program must have a program director that is AOA-certified in both neuromusculoskeletal medicine and osteopathic family medicine.

- 6.2 If there is not a dually-certified director available, then there must be a co-director certified by the AOA in osteopathic family medicine and a co-director certified by the AOA and AOBNMM or its precedent: Certified Specialty of Proficiency in Osteopathic Manipulation Medicine (CSPOMM).
- a. The program co-directors must work jointly in supervising and directing the training program.
 - b. The program co-directors may be the program directors of existing programs in their respective disciplines.
 - c. The program co-directors must meet on a quarterly basis to evaluate the program, residents and teaching faculty.
- 6.3 The program director(s) must meet all other requirements that are specified in the basic standards for each of the two specialties.

VII. Resident Requirements

- 7.1 Residents in the combined program must attend the educational portions required by the basic standards of each discipline:
- a. If there are conflicts in attending concurrent meetings, the resident must be a full participant in the education programs provided by the department in which the resident is rotating at the particular time.
 - b. The Integrated FP/NMM resident must attend the annual AAO Convocation two of the four years during the residency program in order to participate in the practical portion of the in-service training exam.
 - c. Additionally, the resident must take the written portion of the NMM in-service training exam a minimum of three of the four years, either at the convocation site or at the residency training site with appropriate proctoring in place.
- 7.2 Residents in the combined program must otherwise meet all the requirements as specified in the basic standards of each discipline.

VIII. Evaluation of Program

- 8.1 The program must meet all of the evaluation requirements of the primary specialties as defined in the AOA Basic Standards for Residency Training in Osteopathic Family Medicine and Manipulative Treatment and in the Basic Standards for Residency Training in Neuromusculoskeletal Medicine and Osteopathic Manipulative Medicine.