OSTEOPATHIC MEDICINE AND PAIN

This medical practice incorporates additional options that may benefit those experiencing pain.

By Kurt Ullman
Two basic types of medicine are practiced in the U.S. Allopathic, sometimes called "traditional," medicine is probably the better understood discipline. Osteopathic medicine, on the other hand, is a different method of treating the patient that incorporates additional options that may benefit those experiencing pain.

Osteopathic medicine was established more than 100 years ago. In the 30 years between 1980 and 2010, the number of practicing doctors of osteopathic medicine (DOs) in the U.S. increased from 17,260 to 63,000.

A WIDER FOCUS
The general public's interest in complementary and alternative medicine matches up with osteopathic medicine's focus on more holistic care that includes both biological and psychosocial elements.

"It is more of a philosophical difference in their approaches to health," says Naresh Rao, DO, a partner in Sports Medicine at Chelsea in New York City. "Allopathic MDs look at a disease and say, if we can find one molecule, we will use it to lessen the disease. Osteopathic medicine takes a more holistic approach that says you can't break the body down into just one molecule."

COMPARABLE TRAINING
The two disciplines share similar training requirements. Both entail four years of medical school with comparable curriculum requisites. Osteopathic physicians receive at least 200 hours of additional training in osteopathic manipulation techniques (OMT). Following graduation, most go on to postgraduate internships, residencies and fellowships.

"In medical school, osteopathic medicine students get more hands-on training in the musculoskeletal system that is a part of their lives from day one," says Anita Gupta, DO, PharmD, from Princeton University's Woodrow Wilson School of Public and International Affairs. "This is a core to the curriculum required of all students. I believe, given this, osteopathic physicians understand the importance of balance and moderation in health and life overall and especially when managing pain."

EQUAL TO ALLOPATHIC DOCTORS
Although different licenses are required, at the functional level, allopathic and osteopathic physicians are largely the same. Osteopathic physicians can provide exactly the same services as traditional medicine doctors. Osteopathic practitioners can manage your pain with the same modern options as allopathic physicians, but DOs are also able to offer OMT as an added benefit.

"As osteopathic physicians, we can do everything the MDs can do," says Luke G. Nelligan, DO, interim associate dean for clinical affairs at the Marian University College of Osteopathic Medicine in Indianapolis. "Plus, we can manipulate the musculoskeletal system to help increase blood flow, relax muscles and have nerve impulses reach an equilibrium."

He notes that multiple scientific trials have shown not only these effects, but also improved flow in the lymphatic system, which drains waste from the body. Patients also say they feel improvement in their health at the end of the visit.

OSTEOPATHY'S PHILOSOPHY
Dr. Andrew Still developed osteopathic medicine during the 19th century. He wrote the book "Philosophy of Osteopathy" to explain his new methods and why they benefitted patients.

The American Osteopathic Association has outlined four tenets of osteopathic medicine.

- The body is a unit; the person is a unit of body, mind and spirit.
- The body is capable of self-regulation, self-healing and health maintenance.
- Structure and function are reciprocally interrelated.
- Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation and the interrelationship of structure and function.

Taken together, these mean that osteopathic physicians see the parts of the body as unified. The effects of any disease are exhibited over the entire body, and focusing solely on isolated symptoms like pain or inflammation ignores this idea. Osteopathic medicine uses natural treatments such as OMT in addition to medications, surgery or other interventions to help increase the body's ability to attack disease or illness on its own.

OMT COMPONENT
OMT differentiate osteopathic from allopathic medicine and are a component of osteopathic medicine's holistic philosophy. "Manipulation" means that your osteopathic physician will use manual pressure or force to...
Although osteopathic techniques can treat all forms of disease, they may most often treat musculoskeletal issues, including low back pain, neck pain...and some forms of headache.

"The osteopathic physician tends to look at pain as a cascade of concerns instead of just a single point causing the problems," says Rao, who also currently serves as head team physician for Men’s USA Water Polo. "We also are often more focused on treating the cause of pain, such as seeing a person’s right arm in relation to their shoulder in relation to their spine and how that might cause or worsen an injury to the rotator cuff. Our job is to not allow bodily dysfunction to make you feel worse and to try to prevent disease."

WHAT TO EXPECT AT YOUR VISIT

Typically, patients being seen for the first time will have a review of their medical history to provide a good idea of when the pain started, how it has progressed and where it is located.

"I like to have family or caregivers available as well during this part when possible," says Gupta. "They tend to tell us about how the patient’s pain impacts on others and they often see and remember things that the patient doesn’t. Understanding how social and interpersonal interactions impact our patients is an important part of our treatment in osteopathic medicine."

Next comes a very complete physical exam. It includes the usual assessment of blood pressure, pulse, a review of the various systems and diagnostic interventions such as blood work, and x-rays when indicated. The osteopathic medicine practitioner usually adds another assessment that includes a hands-on component. They apply light pressure to the surface of the body to feel for organs under the body surface and search for points of pain or tenderness. The physician will look at the person’s overall body alignment and how he or she walks. Chronic pain conditions have been linked to curves in the spine, differences in length or misalignment of the leg.

"Once completed, we give the patient feedback on what we see going on in his or her particular case," says Gupta. "Chronic pain is a complex matter that requires detailed assessments, and osteopathic physicians provide unique insights with our training and knowledge of the musculoskeletal system to address the complexities of these patients. We also review the diagnostic tests and the results of their history and physical examinations and carefully, with a shared decision-making with the patient, decide on a treatment plan that makes the most sense after discussing all the risks, benefits and alternatives."

BEST OF BOTH WORLDS

The treatment plan may include traditional medicine interventions such as pain medication, nerve blocks, osteopathic treatments and surgery. A DO can use physical therapy such as exercises to strengthen areas that may be weak and throwing off proper balance and alignment.

"For example, sacroiliac pain is something I see quite often," says Nelligan. "Many times that is related to a difference in strength between the hamstrings in the lower leg and the quadriceps in the thigh. We will prescribe range-of-motion and stretching exercises to strengthen that which needs to be strengthened and loosen what needs to be loosened to help regain balance, symmetry and lessen pain."

OMT also include massaging and manipulating muscles to relax and increase blood flow to the area.

"Basically, we look at the muscles and the fascia, which is the wrapping on top of the muscles," says Nelligan. "When you have a spasm in one area, that can affect other parts of the body. Relaxing the muscles relaxes the fascia, and the nerve impulses will again be able to get through."

OMT AND PAIN MANAGEMENT

Techniques of OMT often used in pain management include:
- Soft tissue approach, which applies pressure to the muscle area around the spine. It includes
rhythmic stretching, deep pressure and traction;
- Muscle energy technique, which directs you to use your muscles from a specific position and direction. The doctor pushes back against your force;
- Thrusting (also call "cracking"), which uses high velocity to restore motion to a joint, thereby reducing tissue changes, differences in symmetry, restricted movement and tenderness;
- Counterstrain technique, which moves you away from positions in which motion is compromised to one that is more comfortable. It is an effective treatment for an acute injury; and
- Myofascial release, which applies light massage to release tension from the tough membranes that support and connect your muscles. This is thought to loosen scar tissue and relax trigger points that cause pain.

OMT is generally safe. The most common complaint after therapy is soreness for a day or two. A bone might crack in high-risk individuals with a history of bone fractures, but this is very rare. An experienced DO generally knows how to lessen or prevent any potential risks.

In certain circumstances, OMT should not be used because it may actually cause additional damage. These contraindications include bone cancer, osteoporosis, infection of the bone or joint, and spinal fusion.

Both osteopathic and allopathic physicians can treat pain and relieve it, albeit by different methods. Insurance coverage does not differ for the physicians or the treatments.

How fast pain relief occurs depends on individual circumstances. For a new, acute problem, at least some reduction in pain may occur immediately. If you have longer lasting chronic pain, the results could take weeks.

Some studies have focused specifically on OMT. Those that have been published generally show positive results, such as reducing the amount of pain medication used or fewer days away from work for those seeing osteopathic physicians. The strongest evidence currently supports osteopathic therapy use for lower back pain and migraine headaches. Studies also suggest its usefulness in general pain treatment.

"While OMT is an important part of pain management for DOs, we will use medications and surgery when indicated," says Nelligan. "Other complementary interventions such as nutrition and acupuncture are also available to our patients. We look for non-medicine interventions, but will not rule them out entirely."

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Rao has a friend who is an allopathic cardiologist. She has back pain and was treated by another allopathic physician, who ordered the standard MRIs and prescribed steroids and anti-inflammatory medications. Despite this, the pain persisted.

"The allopathic way is to treat the pain and not always the cause of the pain," he says. "If you are able to take care of one piece of the problem, everything is fine in the allopathic picture. I would much rather someone try to correct the dysfunction."

**PERSONAL PREFERENCE**

For the individual patient, the decision on which kind of physician to use may boil down to personal preference. If you want a physician who is more hands on, then a DO may be your best choice.

"I believe that osteopathic physicians critically understand the role of the musculoskeletal system, which is vitally essential for any comprehensive pain specialist," says Gupta. "This background and understanding brings an added value to the patient to help get them back to their peak performance, and that is what most patients ultimately want to attain. By having another skill that I can offer my patients suffering with pain, it allows me another option to offer them."

Kurt Ullman is a medical writer and registered nurse. He last wrote for Pain-Free Living about the challenges of aging with rheumatoid arthritis.