



FAQ: What is Osteopathic Medicine and how are DOs different from MDs?

Q. What is Osteopathic Medicine?

A. Osteopathic Medicine is a school of medicine developed by an MD named Andrew Taylor Still in the early 1900s. In a time when medicine was dominated by treating patients with high doses of medicines like mercury, he sought to treat using fewer medicines. Still developed a philosophy of medicine governed by key principles that paid special attention to the body's neuromusculoskeletal system. To this day Doctors of Osteopathic Medicine (DOs) are trained to diagnose and treat patients with special attention to the Neuromusculoskeletal system.

Q. What are Still's principles of Osteopathic Medicine?

A. There are four guiding principles of Osteopathic Medicine, which are used as an underlying philosophy for the education of doctors and the treatment of patients.

1. The body is an integrated unit of mind, body, and spirit.
2. The body has self-regulating mechanisms, and has an inherent capacity to heal itself through, self-defense, self-repair, and remodeling.
3. The body's structure and function are reciprocally interrelated.
4. Rational treatment of patients is based on consideration of the first three principles.

Q. How is this training different from Allopathic Medicine?

A. In some ways it's not. DOs and MDs both attend undergraduate colleges (most have bachelor's degrees), then have a four-year basic medical sciences education with two years of classroom training followed by two years of clinical training. They then go on to specialty and (sometimes) sub-specialty training in residency and fellowships, and DOs have the same capacity to order medical tests and licensure to write for the pharmacologic medications as MDs. But DOs also have two years of mandatory classroom-based training in Osteopathic Manipulative Medicine/Treatment (OMM/OMT) and Osteopathic Principles and Practices (OPP), which means that, on average, they spend more time developing hands-on physical examination skills. Historically, Osteopathic medicine believes that there is a therapeutic and interpersonal benefit to making appropriate physical contact with patients, and DOs are generally taught to touch patients while interacting with them.

The difference between Allopathic (MDs) and Osteopathic physicians is largely philosophical. MDs have historically focused on disease eradication through drug therapy, while DOs focus on healing the patient as an individual, often using pharmaceutical therapies, but treatments also may include OMT and other complementary and alternative modalities (CAM).

Q. What's OMT/OMM?

A. Osteopathic manipulation (OMM/OMT) is a combination of the diagnosis (by physical exam) of structural body dysfunctions that reflect disease state, biomechanical imbalance, or both. Special attention is paid to the spinal system from the neck to the tailbone, but also evaluates and treats the hips, ribs, extremities, and structural and internal soft tissue structures. By the end of the four years of medical school, most DOs have a basic understanding of these principles, and their applicability. OMM is mandated as a part of Osteopathic Internship and Residency training, so that DOs are taught ways they can integrate OMT into their practices after finishing training (which can also increase billing). A separate set of theories and techniques apply to treating the head (Cranial Osteopathy), for which DOs can seek out extra training.

While there are similarities between OMT and some of the methodologies used in Chiropractic, the vast majority of OMT does not involve thrust techniques that elicit a cracking sound, and Osteopathic medical training is much closer to Allopathic medical training than it is to Chiropractic.

Q. Where do DOs practice?

A. In a word, everywhere. DOs are represented in all specialties of medicine, and in all 50 states. DOs have their own residency programs and can also be trained in Allopathic or dually-credentialed (DO-MD) programs. In some cases, Osteopathic Med students who want to go through more traditionally allopathic residencies may need to take the USMLE board exams to apply to those programs (this is program-specific). DOs can also practice in Canada and in many other countries, and opportunities are increasing yearly.

Q. Where do DOs train?

A. There are currently 29 Osteopathic Medical Schools in 23 states, with more than 19,000 students currently enrolled. Prior to the close of the 2011 application cycle, nearly 14,000 people had applied to DO schools. It's currently estimated that more than 5000 new DOs will graduate in 2015. There are currently schools in Arizona (2), California (2), Colorado, Florida (2), Georgia, Illinois, Iowa, Kentucky, Maine, Michigan, Mississippi, Missouri (2), Nevada, New Jersey, New York (2), Ohio, Oklahoma, Pennsylvania (2), Tennessee, Texas, Virginia, Washington, West Virginia.

The largest number of dedicated DO residency positions and student training slots have historically been in Michigan and Pennsylvania, but there are increasing opportunities with the national growth of Osteopathic Medicine.

Q. What National Exams do DOs take?

A. Prior to applying to medical school, all students take the MCAT. DOs take the Comprehensive Osteopathic Medical Licensing Examinations (COMLEX)

1. on basic medical sciences after the second year of medical school
2. on clinical knowledge during the third or fourth year of medical school,
3. to establish clinical competency to practice usually late in Internship
4. on physical exam taken during the fourth year of medical school

Students at DO schools may also take the USMLE if they desire to apply to traditionally Allopathic residencies. After residency, DOs take specialty-specific exams as determined by their choice of residencies. Side benefit: In many states, DOs can start moonlighting for extra cash after passing COMLEX level 3, but MDs have to wait until after their second year of residency.

Q. Where can I find out more information?

A. On DOs in general: American Osteopathic Association home page www.osteopathic.org
On the COMLEX: National Board of Osteopathic Board Examiners (for COMLEX information) www.nbome.org
On OMM/OMT: American Academy of Osteopathy (for information on OMM) www.academyofosteopathy.org

Q. Where can I get more COMLEX Resources?

A. There are all sorts of pieces of information floating around for how to study for COMLEX. Advice breaks down into three categories (questions, review, speculation). Here is, subjectively, the best advice people give:

For any board exam, start doing exam questions from the beginning of medical school. Make it a habit. Get smartphone apps. Do them weekly. Hold yourself accountable by writing down answers, including explaining why each answer is wrong, and read all rationales. Never forget that board exams are always at least three years behind the current medical literature.

For questions:

1. COMBANK (looks most like COMLEX test questions): www.combankmed.com
2. COMQuest: www.comquestmed.com
3. USMLEWorld: www.usmleworld.com
4. Kaplan Qbank: www.kaptest.com
5. Northwestern Medical Review: www.northwesternmedicalreview.com
6. American Board of Family Medicine has an iphone app for Family Med Boards (maybe other platforms as well). It would work well for levels 2 and 3. Available through the Apple App store.
7. Many people recommend taking COMSAE, a dry run through COMLEX. It's not incredibly cheap, but likely worth it.

Good Advice:

How to ace COMLEX level 1: http://www.ehow.com/how_5850489_ace-comlex-level-1.html

Review Texts:

1. OMT Review by Robert Savarese for every level. This is the gold standard.
2. First Aid for the USMLE (for step 1, then use CRUSH for steps 2 and 3)
3. For level 1, Some Pathology Review book.
4. For level 1, other subject-level review books are good. Your lecture notes are generally most useful, because your professors likely write the exam questions.
5. For levels 2 and 3, use Family Medicine Board exam question books and review books.

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