UPDATES ON ACTIVITIES IN THE PROFESSION

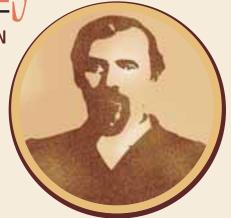
Proposed tenets of osteopathic medicine and principles for patient care

he philosophic and scientific basis of osteopathic medicine was established by Andrew Taylor Still in the late 19th century. In 1922, the first profession-wide attempt at codifying the osteopathic philosophy into simple phrases or precepts was made by Louisa Burns, DO, as the dean of the A.T. Still Research Institute, along with representatives from each of the osteopathic medical schools.1 Their ideas were summarized and updated in 1953, in a statement developed at the Kirksville College of Osteopathy and Surgery.² The Kirksville group offered a "tentative formulation" of a teaching guide for faculty, hospital staff, and student body. Their interpretation of the osteopathic concept described what are now four well-known tenets: (1) the body is a unit; (2) the body possesses self-regulatory mechanisms; (3) structure and function are reciprocally interrelated; and (4) rational therapy is based on an understanding of body unity, self-regulatory mechanisms, and the interrelationship of structure and function.

The following statement is a proposed set of tenets and principles for patient care which is offered as a starting point for discussion and comment within the osteopathic profession. These ideas were developed by a multidisciplinary ad hoc committee broadly representative of family practice, manipulative medicine, internal medicine, and the basic sciences. The statement shares two characteristics with previous guidelines, or defined sets of values. First, if the tenets are accurate and true, they will stand the test of time; it is rare for guidelines to carry sufficient authority that they endure because of the status of the authors. Second, well-stated guidelines invite individual interpretation and expression of understanding that reflect the relevance of these materials to the scientific investigation and the clinical practice of osteopathic medicine.

Tenets of osteopathic medicine *Basic tenets*

- **1.** A person is the product of dynamic interaction between body, mind, and spirit.
- **2.** An inherent property of this dynamic interaction is the capacity of the individual for the maintenance of health and recovery from disease.
- **3.** Many forces, both intrinsic and extrinsic to the person, can challenge this inherent capacity and contribute to the onset of illness.



ANDREW TAYLOR STILL

4. The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and therefore to resist disease processes.

Principles for patient care

- 1. The patient is the focus for healthcare.
- **2.** The patient has the primary responsibility for his or her health.
- **3.** An effective treatment program for patient care is founded on these tenets and:

PROPOSED TENETS OF OSTEOPATHIC MEDICINE

PROPOSED PRINCIPLES FOR PATIENT CARE

- A person is the product of dynamic interaction between body, mind, and spirit.
 - The patient is the focus for healthcare.
- 2 An inherent property of this dynamic interaction is the capacity of the individual for the maintenance of health and recovery from disease.
 - The patient has the primary responsibility for his or her health.
- Many forces, both intrinsic and extrinsic to the person, can challenge this inherent capacity and contribute to the onset of illness.
 - An effective treatment program for patient care is founded on these tenets.
- The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and therefore to resist disease processes.

NEW & Noteworthy

- incorporates evidence-based guidelines.
- optimizes the patient's natural healing capacity,
- addresses the primary cause of disease, and
- emphasizes health maintenance and disease prevention.

Annotated tenets of osteopathic medicine *Basic tenets*

1. A person is the product of dynamic interaction between body, mind, and spirit.

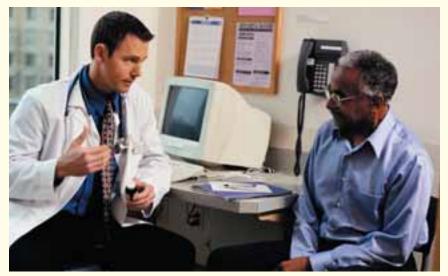
The human body functions as a unit, integrated such that no part truly operates independently. Alterations in the structure or function of any one area of the body influence the integrated function of the network as a whole. A comprehensive approach recognizes the integral roles of body, mind, and spirit in health and disease.

2. An inherent property of this dynamic interaction is the capacity of the individual for the maintenance of health and recovery from disease.

Osteopathic medicine views health as the natural state of the body. The health of the individual is determined by complex, self-regulating homeostatic systems that are strongly influenced by the structure of the individual. These regulatory systems are capable of compensatory alterations in the face of disease, yet can be self-healing and restorative when their function is optimized. Maladaptation of these regulatory systems can occur due to genetic dysfunction and environmental stress. The goal of the physician, and the responsibility of the patient, is to optimize the patient's return to his or her baseline homeostasis. It is the patient who gets well, and not the physician, the medicine, or the procedure that makes him or her well.

3. Many forces, both intrinsic and extrinsic to the person, can challenge this inherent capacity and contribute to the onset of illness.

A realistic view of health focuses on



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wholeness, understanding and accepting of the person in his or her full ecologic context, and appreciating his or her efforts to maximize health status and cope with disease or disability. Osteopathic physicians recognize that each individual is uniquely vulnerable to stressors that place him or her at risk for loss of health.

In original osteopathic thinking, illness was not an outside agent inflicting itself on the body. Rather, illness was the result of alterations in the body's structural relationships leading to an impairment of normal circulatory and neurologic function that in turn created an inability to resist or recover from disease. Illness is now given a broader definition and is thought to represent the body's inadequate, self-regulatory responses to challenges from the internal and external environment. The inherent capacity to respond to disease processes has both innate (genetic) and acquired aspects.

4. The musculoskeletal system significantly influences the individual's ability to restore this inherent capacity and therefore to resist disease processes.

Typically, medicine has emphasized internal organs and their disturbances; diagnostic and therapeutic methods have been largely directed at the manifestations of these disturbances. The

musculoskeletal system has been relegated to a secondary role, as an organ system that is primarily related to locomotion. Osteopathic medicine considers the musculoskeletal system to play a primary role in health and disease. Metabolically, it can be the most demanding body system, and its requirements vary widely and often rapidly from moment to moment according to individual activities and responses to the environment. Derangements in the musculoskeletal system are common and represent significant public health concerns. Abnormalities in the structural system affect its function and that of related circulatory and neural elements. The interventions directed to the musculoskeletal system include osteopathic palpatory diagnosis and manipulative treatment, therapeutic and recreational exercise, and physical therapy modalities.

Principles for patient care 1. The patient is the focus for health-care.

All osteopathic physicians, irrespective of the specialty of the practitioner, are trained to focus on the individual patient. The relationship between clinician and patient is a partnership in which both parties are actively engaged. The osteopathic physician is an advocate for the patient, supporting his or her efforts to



optimize the circumstances to maintain, improve, or restore health.

Medicine in the 21st century bears an unprecedented number of threats to the professionalism of the physician-patient relationship, including managed care, litigation, diminishing financial resources for healthcare, and loss of privacy. Osteopathic physicians should be advocates for the patient in each of these settings. One opportunity in the near future is the Human Genome Project, which holds the promise that it can promote unique preventive and therapeutic interventions for each individual.

2. The patient has the primary responsibility for his or her health.

While the physician is the professional charged with the responsibility to assist a patient in being well, the physician can no more impart health to another person than he or she can impart charm, wisdom, wit, or any other trait. Although the patient-physician relationship is a partnership, and the physician has significant obligations to the patient, ultimately the patient has primary responsibility for his or her health. The patient has inherent healing powers and must nurture these through diet and exercise, as well as adherence to appropriate advice in regard to stress, sleep, body weight, and avoidance of abuse.

3. An effective treatment program for patient care is founded on these tenets and:

- incorporates evidenced-based guidelines,
- optimizes the patient's natural healing capacity,
- addresses the primary cause of disease, and
- emphasizes health maintenance and disease prevention.

The emphasis on the musculoskeletal system as an integral part of patient care is one of the defining characteristics of osteopathic medicine. When applied as part of a coherent philosophy of the practice of medicine, these tenets represent a distinct and necessary approach to healthcare.

Osteopathic medicine was founded as a reformation movement in the late 19th century because much of the care of that era was harmful and useful therapy was unknown. Medical practice was largely determined by personal opinion or conventional wisdom. The use of data from controlled scientific experimentation and observation as a basis for medical decisions was in its infancy. Promotion of certain treatments could be traced to charismatic individuals or regional practice patterns. Osteopathic medicine was established to improve medical practice by assuming a more scientific,



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rational, outcomes-based foundation. Evidence-based guidelines should be used to encourage those treatments with proven efficacy and to discourage those that are not beneficial, or even harmful. Osteopathic medicine embraces the concept of evidence-based medicine as part of a valuable reformation of clinical practice.

Andrew Taylor Still told his students to "look for health; anyone can find disease"—a useful orientation in patient care. An emphasis on health rather than disease helps to promote optimism. It may facilitate efforts to engage the patient as an active participant in recovery from illness. It may also encourage the realization that no single treatment approach is successful for every patient. Rather, optimal approaches will use diet, exer-

cise, medications, manipulative treatment, surgery, or other modalities according to the needs and wishes of the patient and the skill and aptitude of the practitioner. Osteopathic medicine has traditionally emphasized the implementation of health maintenance and disease prevention in community settings.

References

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- **2.** Special Committee on Osteopathic Principles and Osteopathic Technic by Kirksville College of Osteopathy and Surgery. The osteopathic concept. An interpretation. *J Osteopathy* 1953;60:7-10.

FELIX J. ROGERS, DO, FACOI Clinical professor

Michigan State University College of Osteopathic Medicine

GILBERT E. D'ALONZO, JR, DO, FACOI Professor of medicine Temple University School of Medicine

JOHN C. GLOVER, DO Associate professor Oklahoma State University College of Osteopathic

Medicine
IRVIN M. KORR, PhD
Professor emeritus

University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine

GERALD G. OSBORN, DO, FACN Vice president and Dean Kirksville College of Osteopathic Medicine

MICHAEL M. PATTERSON, PHD Professor and assistant chair Nova Southeastern University College of Osteopathic Medicine

MICHAEL A. SEFFINGER, DO, FAAFP Assistant professor Western University of Health Sciences, College of Osteopathic Medicine of the Pacific

TERRIE E. TAYLOR, DO, FACOI Professor Michigan State University College of Osteopathic Medicine

FRANK WILLARD, PHD

Professor

University of New England, College of Osteopathic Medicine

Correspondence to Felix J. Rogers, DO, 2205 Riverside Dr, Trenton, MI 48183. E-mail: fjrogers@aol.com