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What is a D.O.? How do Osteopathic Physicians Approach the Problem of Pain

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Column for *ThePain Community News*

Katherine Galluzzi, D.O., CMD, FACOFP *dist.*

What is a D.O.?

D.O.'s (Doctors of Osteopathy) are physicians fully qualified and licensed to practice medicine and perform surgery. D.O.'s complete four years of basic medical education after college. Following medical school, D.O.s (like M.D.s) obtain graduate medical education through residency programs ranging from primary care to surgery. This training typically lasts three to six years in preparation for practicing a specialty upon licensure.

The *difference* in osteopathic medical training encompasses the tenets of Andrew Taylor Still, the founder of osteopathy, who believed that the human body is a unit with its own intrinsic mechanisms for healing. This body-unity concept informs every aspect of osteopathic training, from the anatomy lab to "hands-on" osteopathic manipulative treatment (OMT) training throughout medical school. Osteopathic students, utilizing each other as "patients," practice OMT technique throughout medical school, and by the clinical years are ready to apply manual medicine techniques for patients in acute or ambulatory care settings.

The amount of OMT a given osteopathic doctor utilizes within his/her practice varies depending on the type of practice and skill of the individual. All osteopathic physicians, however, recognize the concept of neuromuscular structural integrity (mind-body unity) as being vital to a person's overall health and well-being.

How do osteopathic physicians approach the problem of pain?

Interestingly, it was *pain* that led A.T. Still to realize that positioning the body in specific ways could facilitate pain relief. As a boy of ten he suffered severe headaches accompanied by nausea. In an effort to find relief, Still constructed a rope swing about 8 to 10 inches above the ground, slung between two trees. He wrote "I lay stretched on my back with my neck across the rope. Soon I became easy and went to sleep. (I) got up in a little while with (the) headache all gone." (Autobiography, 1897; page 19)

Contemporary osteopathic physicians approach the complaint of pain through careful history-taking corroborated by physical examination. The physician's hands become sensitive medical instruments, utilizing light/deep palpation, tissue texture and postural assessment to explore a patient's musculoskeletal structure for factors which may be contributing to pain. The evaluation searches somatic dysfunction(s), defined as impaired or altered function of related components of the somatic system: skeletal, arthrodiagonal and myofascial structures as well as related vascular, lymphatic and neural elements. Identification of somatic dysfunction is the first step in osteopathic treatment. Depending on the type of lesion noted, specific techniques such as high velocity-low amplitude

(HVLA) direct action or myofascial release technique (to name two) may be utilized to correct the dysfunction. As well as being sensitive diagnostic instruments, osteopathic physician's hands become part of the therapeutic intervention. Anti-inflammatory, analgesic or other medications are utilized as needed and indicated by the severity or acuity of the pain.

In addition to the feedback available from palpatory examination, osteopathic physicians recognize the role of the autonomic and sympathetic nervous systems in generating, mediating or ameliorating complex pain patterns. The concept of viscerosomatic reflexes may be illustrated by the common observation that individuals with disease of the gall bladder complain of pain in the ipsilateral upper back. Known as "referred pain," this is an example of a derangement of an internal organ causing pain and spasm in the musculoskeletal system; from the osteopathic perspective, a "viscerosomatic reflex." Osteopathic physicians remain alert for lesions which may be negatively affecting neural pathways, thus causing pain.

It comes as no surprise that treating muscle spasm with deep tissue massage can relieve pain, swelling and stiffness accompanying an injury. What may be more difficult to grasp but is osteopathically relevant is that repositioning mis-aligned bodily parts, such as rotated cervical, thoracic or lumbar vertebral bodies or an anteriorly displaced fibular head, through OMT can effect release in tissue tension surrounding a lesion, restore proper functioning of anatomic segment(s), facilitate healing and reduce pain.

Thus, in addition to medication, surgery and other interventional techniques, osteopathic physicians offer a valuable "hands-on" approach in the treatment of pain.