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What? Use OMT in treating Parkinson's? ...Never!

Michael M. Patterson

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The above is the response I would expect from many osteopathic physicians and most other healthcare professionals if they were asked about the use of osteopathic manipulative treatment (OMT) in treating Parkinson's disease patients. We all know that Parkinson's disease is a deterioration of the dopaminergic systems of the brain. It is not susceptible to simple musculoskeletal modalities or other "alternative" treatments.

The study "Standard osteopathic manipulative treatment acutely improves gait performance in patients with Parkinson's disease," by Dr Wells and colleagues, beginning on page 92, details a rather small investigation comparing various gait parameters of patients diagnosed with Parkinson's disease before and after receiving a standardized OMT protocol. The results from this treatment group were compared with the results from patients who underwent a sham protocol with the same parameters, and a normal control group given the OMT protocol. The results showed significant gait improvement in the treated patients, no effect in the sham group, and no alterations were found among the normal control subjects.

This investigation is remarkable in several respects. It showed a significant improvement in several measures of walking in Parkinson's patients with one treatment protocol. It found these differences with the use of very small numbers of subjects; it found these effects with a disease process not generally thought to be affected by manual medicine techniques. Also remarkable was the authors' rationale for the use of OMT protocols with such a disease process.

Specifically, the researchers hypothesized that the use of OMT protocols would allow patients to better use their remaining functions, which is apparently precisely what happened. In fact, this very rationale is what is often implied or, less frequently, stated as a reason for the use of OMT in the first place. By using OMT to enhance function and to remove barriers to function, patients should be able to live a better life. And, perhaps, by breaking the cycle of loss of function that leads to even poorer function, the underlying disease may be ameliorated or have its time course affected.

The study had as its primary purpose to find what gait parameters might best be used in looking for the effects of OMT on gait. Furthermore, it sought to determine what measures would be most sensitive to the possible changes caused by the treatment. In this latter point, this investigation seems to have been successful as well. Dr Wells and colleagues now have a set of gait measures that they can use in more extensive studies.

Is this study the final answer? Of course not. The number of subjects was small. There is little knowledge of the real variance within the data. There is no determination of how long the effect of the OMT protocol may last. But, as a start, this study is a great one. It not only showed that some of the measures of gait are sensitive to OMTs' effects, but it also showed that measures of gait may be quite powerful indicators of these effects.

It is not likely that OMT will be shown to "cure" Parkinson's disease. However, if further studies show evidence that OMT can affect the quality of life for these patients, it would be a very valuable adjunctive treatment. What if it was then shown that by increasing the patient's function, the actual progress of the disease was affected?

Use OMT in treating Parkinson's patients? It sure looks like a real possibility.

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What We Have to be is What We Are

—Thomas Merton

Matching our professional definition with the public's perception of our role and function remains a fundamental challenge to the osteopathic medical profession. During the first half of the 20th century, this new and vibrant profession enjoyed remarkable success in its educational and professional activities. The mirror of public opinion accepted—and endorsed—the distinctiveness and vitality of Andrew Taylor Still's philosophy, science, and art. For much of the past 50 years, however, others have increasingly viewed this same profession with confusion and as having an incomplete identity.

The American Osteopathic Association (AOA), through its Task Force on Osteopathic Unity, the precursor to the current ongoing Campaign for Osteopathic Unity, has recognized a "growing perception that osteopathic medicine is losing its distinctiveness as a separate and equal branch of human medicine." The Task Force—and subsequently the Campaign for Osteopathic Unity—has two main objectives:

- to raise the visibility and distinctiveness of osteopathic medicine in all aspects of public and commercial awareness, and

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