INTERNATIONAL
OSTEOPATHIC
MEDICINE

W. Z. McBride, DO, MPH
CAPT (ret) MC, USN

Association of Military Osteopathic Physicians and Surgeons
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Learning Objectives

Following this presentation you will be able to:

Briefly recount the origin of osteopathic medicine
Briefly describe how osteopathy arose in England and other European countries
Explain the difference between graduates of American schools of Osteopathic Medicine and osteopaths practicing in other countries
Discuss efforts of the AOA to promote osteopathic medicine internationally
Access resources of the AOA regarding international licensure and practice rights
Outline (1 of 2)

Brief review of origin and early history of osteopathic medicine
Brief review of the development of osteopathic medicine internationally
Compare and contrast U.S. model of osteopathic medicine with international osteopathy
Discussion of the AOA Bureau of International Osteopathic Medicine and Educational Affairs
Review of international osteopathic societies
AOA resources for international osteopathic medicine
Andrew Taylor Still, DO, MD

Born in Virginia in 1828, the son of a Methodist minister and physician. At an early age, decided to follow in his father's footsteps as a physician. After studying medicine and serving an apprenticeship under his father, he became a licensed MD in the state of Missouri.

Later, in the early 1860s, he completed additional coursework at the College of Physicians and Surgeons in Kansas City, Missouri.
He went on to serve as a surgeon in the Union Army during the Civil War.

After the Civil War and following the death of three of his children from spinal meningitis in 1864, he concluded that the orthodox medical practices of his day were frequently ineffective, and sometimes harmful. He devoted the next ten years of his life to studying the human body and finding better ways to treat disease. His research and clinical observations led him to believe that the musculoskeletal system played a vital role in health and disease and that the body contained all of the elements needed to maintain health, if properly stimulated.

These beliefs formed the basis of a new medical approach, osteopathic medicine, whose date of birth he described to be 22 June 1874.
He determined that the body had a perfect self-healing mechanism. The optimal function of “God’s pharmacy” therefore essentially depends on the supply and removal of nervous energy, blood and lymph, to and from the body.

If these pathways are blocked, this hinders the self-healing mechanism and the corresponding organs become sick.

Still regarded the spinal column as the center of peripheral supply and this is why he looked for displaced vertebral bodies in most diseases, even internal diseases.
He assumed that malposition of the vertebral bodies inhibited the function of surrounding nerves and vessels and attempted to reposition them specifically by gentle manipulations. Manipulation of a bone (Greek: osteon) assured supply and removal, the self-healing mechanism could become active again and there was a positive effect on the disease (Greek: pathos).

Still regarded treatment with drugs as proof of a lack of confidence in the powers of nature and categorically rejected this, just as he rejected premature surgery.

He regarded the osteopath as simply a mechanic with complex ideas and the perfect creation was the healer.
Based on this new philosophy, he opened the American School of Osteopathy in Kirksville, Missouri in 1892 as the first school of osteopathic medicine.

The first building of the American School of Osteopathy in 1892.
John Martin Littlejohn, DO, MD, PhD, LLD, BD

A highly intelligent young Scotsman who attended Glasgow University and earned degrees in:
Master of Art (MA in 1889)
Bachelor of Divinity (BD in 1890)
Bachelor of Law (LLD in 1892)

Spent time in Belfast, Ireland, where he taught theology at Rosemont College

Immigrated to the US for health reasons became a Fellow at Columbia University in 1892 and subsequently earned his PhD

Was a key figure in the globalization of osteopathy
In 1894 he became the president of Amity College in College Springs, Iowa, serving until 1897.

“We recognize in Dr. J. M. Littlejohn one of the ablest of ministers and ripest scholars. And, as an educator, he has no superior. A refined gentleman, a true Christian, his influence has always been on the side of the right and the best interests of education, his aim in life being to lift and stimulate the educational interest of the whole community”

Board of Directors Amity College
Saturday Mail, Kirksville, 19th February 1898
In 1895 traveled to Kirksville to seek care from Still. After a single treatment, there was marked improvement. Since Still urgently needed qualified teachers for his new school, he offered Littlejohn the position of teacher in physiology. Deeply impressed by Still’s natural concept of osteopathy, Littlejohn accepted the offer, starting work in 1897. He registered as student one year later and subsequently became the dean the same year.
Soon after Littlejohn joined the ASO faculty, a bitter conflict within the faculty arose. Still’s disciples regarded the anatomical approach to osteopathy as holy. However, Littlejohn and his brothers thought that this was too simple. They regarded physiology - which was more complex - as being the kernel of osteopathy. But it was also a timeless conflict: academically trained doctors against practically orientated osteopaths. Littlejohn was subsequently displaced as dean, and the break with the ASO was conclusive. He moved to Chicago with his brothers who had accompanied him from Glasgow, and founded the Chicago College of Osteopathy in 1900.
The new osteopathic school in Chicago flourished, in spite of the critical attitude of the conservative American Osteopathic Association and developed into one of the most important scientific sources of early osteopathy.

In 1910, the Flexner Report called on American medical schools to enact higher admission and graduation standards, and to adhere strictly to the protocols of mainstream science in their teaching and research. Hence, almost all osteopathy colleges distanced themselves increasingly from Still’s original concept to guarantee their economic survival.

It is thought that Littlejohn foresaw the disastrous effects that the Report would have for the independence of osteopathy in the USA. He emigrated from America to England in 1913.
Littlejohn had presented in 1898, 1899, 1900 on osteopathy to the Society of Science, Letters and Arts in London. From 1900 - 1902 the first osteopaths, ASO graduates, open practices in England. In 1903, Littlejohn discusses with Franz Horn, DO, ASO graduate practicing in UK about opening up a teaching institution in the United Kingdom. In 1910, the British Osteopathic Society was formed as the “British wing” of the American Osteopathic Society. Attempts in 1915 to incorporate the British School of Osteopathic Medicine in London were delayed until 1917 because of the war.
England (cont.)

However, as in America, the medical associations resisted efforts to gain full acceptance of osteopathy. Highly qualified osteopaths, such as Littlejohn, were forbidden to perform surgery, prescribe drugs or to assist in child birth. A British Medical Association campaign led in 1935 to a parliamentary bill. Osteopathy was refused official recognition in the United Kingdom.
Spread of Osteopathy in Europe

Over the early decades of the 20th century, osteopathy slowly spread to different countries of Europe.

Dr. Robert Lavezzari (1886-1977), instructed by Florence Gair, one of Still’s pupils, went to Paris in 1936.

In 1950, the physiotherapist Paul Gény, together with the English osteopath Thomas G. Dummer, founded the l’École française d’Ostéopathie.

From there, osteopathy was introduced into Switzerland under the name of Etiopathy.

Other countries subsequently followed as trained osteopaths spread into Germany, Austria, Italy and The Netherlands.
Divergence of Osteopathy

Though in the U.S., osteopathic physicians were able to maintain practice rights for the full scope of medicine, subsequently having these extended to all the States, this was not the case in the United Kingdom.

In spite of the efforts of Littlejohn and others, osteopaths were never able to achieve full practice rights.

This inevitably led to osteopathy in America and in the rest of the world to develop in two directions.

While the non-medically qualified osteopaths in Europe were compelled to concentrate on their manual techniques and improve these techniques continuously, the osteopaths in America have been able to blend the osteopathic approach with the full scope of medical treatment.
British School of Osteopathy - Now

450 students on integrated masters programme M.Ost

Royal patronage

First Professional Doctorate programme in UK

Largest osteopathic clinic in Europe (or the world?)
Clinical training at the BSO

40,000 appointments per year using only OMM
Community clinic provision 3,700 free of charge treatments
  6 off-site clinical centres
  5 on-site specialist clinics
Current Debates in the UK

Scope of Practice
Revalidation of osteopaths
Osteopathic Practice Standards
Europe

Different recognition, regulation and training of osteopaths

Forum for Osteopathic Regulation in Europe (www.forewards.eu):

25 members from 15 countries.
Standardisation in Europe

European Frameworks on Standards in Osteopathic Education, Training & Practice.

Exploring formalisation of European Frameworks through European Committee of Standardisation (CEN).

Recognised by European Commission as competent authority.

CEN standard = ‘soft law’.

Support from European osteopathic community & European Commission.
Issues Under Discussion in Europe

Some legislation in Europe but poor standardisation
Worldwide levels of training needed to allow cross border recognition
Clearer definition of osteopathy or loss of "brand"
Definition of Osteopathy

"Osteopathy is a natural medicine which restores function to the organism by treating the causes of pain and imbalance. To achieve this goal, an osteopath uses the quality and finesse of his or her palpation skills to determine the position, mobility and quality of the tissues."

Philippe Druelle, D.O.

Osteopathy was first described and taught by Andrew Taylor Still in 1874.

The aim of an osteopathic manual treatment is to return mobility to the different elements of the organism, allowing for adequate interrelation and a more appropriate regulation between each system of the human body (musculoskeletal, circulatory, digestive, pulmonary, nervous system etc). The patient is assessed and treated as a whole, in its totality.

Osteopathic Philosophy:

“We teach you anatomy in all its branches, that you may be able to have and keep a living picture before your mind all the time, so you can see all joints, ligaments, muscles, glands, arteries, veins, lymphatic, superficial and deep fascia, all organs, how they are fed, what they must do, and why they are expected to do a part, and what would follow in case that part was not well done and on time”

Dr. Still, founder of Osteopathy
Philosophy and Objectives of the College

Clinical Training

**General objectives:**
Teaches students how to conduct a consultation according to the specificity of Osteopathy. The pedagogical goal of this training is to familiarise the students with the consultation protocol, and to realise appropriate treatment for each individual based on their demands and the necessity of the organism.

**Particular objectives:**

- develop a quality of presence and contact with a patient;
- develop a sense of ethics;
- foster the capacity to detect an emergency and do a referral when necessary;
- acquire a methodology to question the patients, assess them, palpate the different tissue fields and effectively do all the necessary tests in Osteopathy;
- know how to value or prioritise the symptoms and clinical signs as well as clinical findings to build a treatment plan adapted to the condition of each particular patient;
- know how to effectively treat a patient using all the therapeutic resources of Osteopathy available in each field;
- know how to verify one’s work and establish a prognosis;
- know how to provide general life hygiene advises or tips;
- accomplish various administrative tasks. (appointments, files, etc.)

At the end of the training, students must undergo a practical exam evaluating their capacity to accomplish these different steps.
YouTube Advertisement for Osteopathy in Canada

Change Your Career
Become an OSTEOPATH

- Fastest way to become a doctor
- Zero unemployment rate
- Average osteopath income: $90,000/yr
- Scholarships for unemployed
- Diploma & Degree programs

NationalAcademyofOsteopathy.com
Toll Free: 1-877-550-6550

Top 45 Osteopathic Schools
Amir Kazemi - 109 videos
And now, a little Horsing Around...
Hey, what does a horse have to do with osteopathy?!
Equine Osteopathy

The Vluggen Institute for Equine Osteopathy and Education is dedicated to creating exemplary equine osteopaths in art, knowledge, capability and expertise, with the integrity to the horse, the horsecommunity and the equine osteopathy in mind, through the highest intensive education possible.

It is our goal / mission to promote and educate the Equine Osteopathy as an independent profession, with verifiable high levelled standards and scientific foundation, formulated and regulated by the International Association of Equine Osteopaths (IAEO®) and the International Register of Equine Osteopaths (IREO®), to the horsecommunity worldwide, complementary and in conjunction with veterinary medicine, to provide the equine professional with more options and insights to benefit the health of the horse.

About the Certification Equine Osteopathy EDO®

On the 22nd of November 2011, in an official meeting with the representatives of the IAEO (The
International Osteopathic Registries

Osteopathic Registers And Governing Bodies
Belgian Register of Osteopaths
The European Register of Professional Osteopaths
European Federation of Osteopaths
German Academy for Osteopathy Practitioner Directories
German Register of Osteopathy Practitioners
Greek Register of Osteopaths
Italian Register of Osteopaths Practitioner Listings
Netherlands Society of Osteopathy Practitioner Databases
The Osteopathic Council of New Zealand
General Osteopathic Council
International Osteopathic Associations

Australian Osteopathic Association
Baltic Osteopathic Association
Canadian Osteopathic Association
International Osteopathic International Alliance
International World Osteopathic Health Organisation
Israeli Osteopathic Association
The Osteopathic Society of New Zealand
Allied Health Professionals Council of South Africa
The British Osteopathic Association
American Osteopathic Association
Osteopathic Journals And Clinical Research

A. T. Still University Museum of Osteopathic Medicine Journals
The Foundation for Paediatric Osteopathy (England)
International College for Research on Equine (Horse) Osteopathy
International Journal of Osteopathic Medicine (The Netherlands)
The Journal of Alternative and Complementary Medicine (New York)
The Journal of Bodywork and Movement Therapy
The Journal of the American Osteopathic Association
The Official Journal of the Chiropractic & Osteopathic College of Australasia
Osteopathic Medicine and primary care
Scientific European Federation of Osteopaths
International Schools of Osteopathy

**Argentina**
Buenos Aires School of Osteopathy
Fulcrum Osteopathy College

**Australia**
The Royal Melbourne Institute of Technology
Southern Cross University
Victoria University
University of Western Sydney

**Austria**
Austria Vienna School of Osteopathy
International Schools of Osteopathy

Chile
Chilean School of Osteopathy

United Kingdom
Leeds Metropolitan University
British College of Osteopathic Medicine
British School of Osteopathy
College of Osteopaths
European School of Osteopathy
London School of Osteopathy
Oxford Brookes University
An academic network composed of like-minded osteopathic educational institutions with a common mission:

To develop a rigorous and standardized model of osteopathic education throughout Europe

To provide a common European representation of schools in a time of emerging European standards

To foster collaboration and innovation among its member schools in areas including administration, education, research and service
To establish and develop common research streams
To develop active scientific, academic and professional communication links – essential to the development of osteopathy, both as an independent, clearly identifiable profession, and in its relationship with other professions in the health care sector
To achieve academic recognition for osteopathy in all countries
To establish high academic teaching standards by making sure that osteopathic lecturers are trained in education
Regulate the practice of osteopathy in the United Kingdom. By law osteopaths must be registered with the GOC in order to practise.

Work the public and osteopathic profession to promote patient safety by registering qualified professionals, and setting, maintaining and developing standards of osteopathic practice and conduct.
The **Bureau on International Osteopathic Medical Education and Affairs** was established in 1998, and is the representative body created to provide organizational leadership that unifies osteopathic medical education and practice throughout the world, as well as advancing the recognition of the American model of osteopathic medicine internationally.

BIOMEA monitors the licensing and registration practices of physicians in countries outside of the United States and advances the recognition of American-trained DOs internationally.

BIOMEA also has the obligation to deliberate and recommend new policy and policy revisions for consideration of adoption by the AOA Board of Trustees and the AOA House of Delegates.
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BIOMEA White Papers

Bureau on International Osteopathic Medical Education & Affairs
White Paper III
Approved by the AOA Board of Trustees July 16, 2008; Updated February 6, 2010

The American Osteopathic Association (AOA) recognizes that it and many of its member component societies, and institutions desire or need to interact with various governmental regulatory bodies, scientists, educational institutions, and health care practitioners within the international community. It also appreciates that different languages, cultures, customs, and internationa...liability. The AOA therefore desires, in all interactions and communications, that information be conveyed in a professional and manner that accurately represents osteopathic medicine as practiced in the United States.

To this end, the AOA has developed this White Paper and stresses the responsibility of ethics and respect for the known history, authority, and relationships current and international health and medical policy when communicating information concerning the osteopathic profession in the United States to individuals or organizations unaffiliated with the U.S. border.

HISTORY & PURPOSE
The AOA has sought input and recommendations from its Bureau on International Osteopathic Education and Affairs (BIOMEA) since its formation as a Council Medical Education and Affairs. BIOMEA interacts directly with the AOA Board of Trustees to form the “White Papers” as informational pieces to describe the scope, direction, and the international arena.

In 2000, BIOMEA’s initial recommendations were approved and issued. The initial White Paper focused upon ethical interactions between and those international health care practitioners and organizations hav...ing osteopathic profession worldwide. Topics included:

AOA Bureau on International Osteopathic Medical Education and Affairs
WHITE PAPER
Guidelines for International Electives and Cultural Competencies
For Osteopathic Physicians-in-Training
Approved by the AOA Board of Trustees July 14, 2011

The American Osteopathic Association (AOA) recognizes the significant impact of culturally diverse perspectives, values, beliefs, traditions, and customs upon health care choices, health policy, and actual delivery of health care. It also appreciates that osteopathic physicians-in-training often gain valuable insights by participating in required or elective rotations in international or culturally focused U.S. sites. Therefore, the AOA recommends development and implementation of a core "cultural competency" curriculum which would serve to meet the challenges of cross-cultural issues and osteopathic care for culturally-diverse groups in the United States. Furthermore, it recommends standardization of certain expectations for international clinical and/or research electives involving osteopathic physicians-in-training (students, interns, and residents).

To facilitate safe, appropriate, and meaningful expectations for such a curriculum and for international rotations, it is important that information gathering, collaboration, and cooperative ventures by osteopathic institutions and representative bodies (including the American Association of Colleges of Osteopathic Medicine [AACOM] and individual colleges of osteopathic medicine [COM]) be conducted in a manner compatible with the AOA's educational and ethical standards. Furthermore, partnerships with collaborating institutions, when possible, should be based upon fostering mutual respect and mutual benefit, sharing information and resources, and minimizing the burden on host institutions - especially while working in Least Developed Countries (LDC).

To these ends, the AOA has developed this White Paper. Its suggestions and guidelines will hopefully enable osteopathic medical students, as well as interns and residents, to experience quality clinical clerkships both outside and across the United States while developing competencies in delivering care for patients of diverse cultural, ethnic and religious backgrounds. Equally important, osteopathic physicians-in-training engaging in clinical elect...or culturally-sensitive sites may informally yet appropriately serve and care.
International Federation for Manual/Musculoskeletal Medicine

An International Medical Organisation representing thirty national associations.

The commitment of FIMM is to the arena of patient care responsibility and an evidence-based approach to medical diagnosis and treatment.

Founded on the concepts of European-based manual therapy, it subsequently expanded to include musculoskeletal medicine and osteopathic medicine.

Members include osteopaths as well as medical doctors and full-physician D.O.s (USA)
Vision:

Osteopathy, through its distinct perspectives and practices, will make an important contribution to improving integrated quality health care worldwide.

Mission:

The Osteopathic International Alliance advances the philosophy and practice of osteopathic medicine and osteopathy worldwide.
Goals:

Collect and disseminate accurate and targeted information about the state of the osteopathic profession worldwide
Promote excellence in osteopathic education, research, and health care delivery
Conduct consultative partnerships with international associates and organizations to advocate for the osteopathic profession
Sponsor and deliver educational forums
Participate in jointly sponsored research and health care related activities
OIA Membership

68 organizational members
Representing more than 110,000 osteopathic practitioners
Institutions in 27 countries

11 Full
9 Associate
48 Partner members
WHO Benchmarks for Training in Osteopathy

Published in Nov 2010 as part of the series *Benchmarks for Training in Traditional/Complimentary and Alternative Medicine*

A very different document than what was approved at the WHO Consultation

OIA is producing its own document to complement the *Benchmarks*
Status Report on Osteopathy: Stage 1

Published in March 2012
Mandated by OIA members to improve upon the disappointing WHO Benchmarks for Training in Osteopathy
Developed in concert with WHO and describes:

- The osteopathic profession in its historical and current context
- Osteopathic core competencies
- Existing regulatory models
- Educational standards worldwide
Status Report on Osteopathy: Stage 2

Currently in progress for completion in 2014

Stage 2 will include:

A service profile of current osteopathic practice, based on a global “snapshot survey”
An update on the cost effectiveness of osteopathic care
Collection of “practical evidence” for osteopathic medicine/osteopathy
Comprehensive bibliography of research publications conducted by and relevant to the osteopathic physician
To be published with WHO, as part of their global strategy in 2014
Each country has different requirements and procedures for licensing or registering osteopathic physicians and osteopaths.

The only osteopathic practitioners that the U.S. Department of Education recognizes as physicians are graduates of osteopathic medical colleges in the United States. Therefore, osteopaths who have trained outside the United States are not eligible for medical licensure in the United States.

On the other hand, U.S.-trained DOs are currently able to practice in 45 countries with full medical rights and in several others with restricted rights.
The procedure by which international countries consider granting physician licensure to foreigners varies widely. For U.S. trained physicians, the ability to qualify for "unlimited practice rights" also varies according to one's degree, M.D. or D.O. Many countries recognize U.S.-trained MDs as applicants for licensure, granting successful applicants "unlimited" practice rights. AOA has lobbied governments of other countries to recognize U.S.-trained DOs similarly to their M.D. counterparts, with varying success.

In 55 countries, U.S.-trained DOs have unlimited practice rights. In 2005, after one year of deliberations, the General Medical Council of Great Britain announced that U.S.-trained DOs will be accepted for full medical practice rights in the United Kingdom.
Screen Shot: International Practice Rights
Screen Shot: International Practice Rights
Screen Shot: International Practice Rights
Screen Shot: International Licensure Map
Screen Shot: International Licensure Map
Screen Shot: International Licensure Map

AOA American Osteopathic Association

Inside the AOA
CME NOTICE: The AOA CME program will soon launch a new platform for maintaining physician records. As a result, all CME submissions for the current cycle will not be posted until May 2013. Learn more.
- News from the Osteopathic Medical Profession
- Osteopathic Continuous Certification
- Continuing Medical Education

Osteopathic Medicine & Your Health
Searching for an osteopathic physician in your community? Researching a specific health condition? Find out what makes the osteopathic approach different and start thinking of the AOA as your home for health.
- What is a DO?
- Find a DO
- About Your Health

OMED 2013
Osteopathic Medical Conference & Exposition
SEPT. 30-OCT. 4 LAS VEGAS

Register Today!
Online registration is now open for the premier osteopathic event of the year. OMED 2013. Don't miss out on the chance to earn more than 40 continuing medical education credits, network with colleagues and enjoy the hustle and bustle of exciting Las Vegas! Register for the conference and book your stay today.
Screen Shot: International Licensure Map
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Screen Shot: International Licensure Map

International Licensure Map

Africa

Central African Empire
Kenya
Liberia
Nigeria
Sierra Leone
Tanzania
Zambia

Year of Last Request: 1999
Scope of Practice: unlimited

In order to gain licensure in Nigeria, an osteopathic physician must have graduated from an AOA accredited college of osteopathic medicine and must have completed a one-year rotating internship. An appearance in front of the Nigeria Medical Council is also required and an oral quiz may be mandated. Reciprocity exists with several other African countries and with the United States. In 1999, the AOA received a letter from a DO who is licensed in Nigeria. He was licensed in Nigeria by reciprocity of his Texas license and recognition of AOA training programs. He is licensed to practice medicine and surgery with a specialty certificate in orthopedics.
Challenges

Manual medicine MDs
Training standards
Establishment of American-model colleges of osteopathic medicine internationally
Continuing efforts in seeking practice rights and licensure
Licensure in the U.S. of non-graduates of American-model COMS
Terminology
International research
“Osteopathy is certainly an independent school of medicine and need fear to stand side by side with other schools, first to rival them, then to outrival them, if she adheres to anatomy, physiology, pathology, diagnosis, hygiene, surgery, obstetrics and chemistry, substituting Osteopathic therapeutics and practice for the old school theory and practice of medicines.”

Address given to ASO graduating class of Oct 27, 1898 by Dr. John Martin Littlejohn, Journal of Osteopathy, December 1898, p 325-329.
Acknowledgements

Christian Fossum, DO (Norway)
Assistant Professor, Department of Osteopathic Manipulative Medicine
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Michael L. Kuchera, DO, FAAO
Professor, Osteopathic Manipulative Medicine
Marian University College of Osteopathic Medicine

Charles Hunt, DO Pg Cert
Principal and CEO
The British School of Osteopathy, UK
Questions