Syllabus Osteopathic Manipulative Medicine Clerkship

<table>
<thead>
<tr>
<th>Course No.:</th>
<th>OM 7060</th>
<th>Course Title:</th>
<th>Osteopathic Manipulative Medicine</th>
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<tbody>
<tr>
<td>Credit Hours:</td>
<td>4 weeks, 4 credit hours for each rotation</td>
<td>Chair:</td>
<td>Rebecca E. Giusti, D.O.</td>
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<tr>
<td>Vice Chair:</td>
<td>Janice Blumer, D.O.</td>
<td>Level:</td>
<td>OMS III</td>
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<td>Term – Dates:</td>
<td>Variable in OMS III academic year</td>
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Educational Goal

Purpose of the Rotation:
1. To provide students with an opportunity to apply osteopathic philosophy and principles (OPP), osteopathic palpatory diagnosis and osteopathic manipulative treatment (OMT) skills in clinical practice under the guidance of experienced instructors.

2. To provide students with an opportunity to practice diagnosing and treating somatic dysfunction and further their understanding of the relationship between the musculoskeletal system and a variety of clinical disorders.

**Rotation Description:**

1. The student will attend clinic under the direction of the faculty preceptor for one-month (four weeks) rotation. The student will be exposed to osteopathic history and physical exam skills and applications of osteopathic manipulative treatment in an ambulatory primary care setting.

2. The student will be proctored in diagnosing and treating somatic dysfunction as well as other pathophysiologic conditions encountered during the rotation. The student will be given reading assignments to facilitate assimilation of integrative osteopathic concepts.

**Goals:**

Each student will:

1. Gain an understanding of the relationship of somatic dysfunction to each patient’s problems and its significance in each clinical setting.

2. Develop an appreciation of an integrative osteopathic approach to patient care, including the utilization of palpatory diagnosis and osteopathic manipulative treatment.

3. Identify, treat and manage patients with somatic dysfunction in various clinical situations.

4. Perform OMT as appropriate with understanding of precautions, indications and contraindications in each case.

5. Document findings and procedures in standard format (as detailed in Foundations for Osteopathic Medicine “FOM” textbook). If the clinic or hospital policy does not allow the student to document in the permanent record, the student is expected to write a note separate from the chart and then ask the preceptor to critique it.

6. Integrate OPP in routine patient care.

7. Generate a case-based presentation as outlined under “NMM/OMM Case Study”.

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**Core NMM/OMM Clerkship Learning Objectives**

At the end of the rotation, each student will demonstrate knowledge and competence in the following:

1. Performing and documenting a standard osteopathic structural exam of the neuromusculoskeletal system inclusive of all body regions (as detailed in FOM).  *(COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 1, 2)*

2. Documenting symptoms, objective findings, assessment of somatic dysfunction and management plan in SOAP note format using standard nomenclature as referenced in the
osteopathic glossary of terminology published by the AOA in its annual directory of physicians (and in FOM as well). (COMP/AOA core competencies 1, 2, 3; Institutional outcomes 1, 2)

3. Specifying in the assessment the region of the somatic dysfunction and its relationship to the history as well as the chief complaint; i.e., state its significance to the patient’s health. (COMP/AOA core competencies 1, 2, 3; Institutional outcomes 1, 2)

4. Give each patient information regarding the OMT procedures proposed (indications, diagnosis, type, method, side effects possible, and precautions to be used to minimize side effects, possible complications and how you are going to prevent them) and obtaining patient permission prior to application of OMT. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 1, 2, 3, 4, 5, 8)

5. Perform direct and indirect OMT procedures in each body region. May use any of the following or combinations: (COMP/AOA core competencies 1, 2, 3, 4, 5, 6, 7; Institutional outcomes 1, 2, 3)
A.T. Still techniques, Articulatory techniques, Autonomic balance/ganglia techniques, Facilitated Positional Release, Functional methods, HVLA, Lymphatic, liver and spleen pumps, Muscle energy, Myofascial Release, Soft tissue, Strain/Counterstrain, Sutherland’s balanced ligamentous tension techniques, Sutherland’s cranial-sacral approaches, Visceral techniques, Other techniques as directed by the preceptor.

6. Reassess each patient after OMT and document any observable changes, including side effects, adverse reactions or complications. (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 1, 2)

7. Design management plans for each patient with somatic dysfunction, including how often each patient should be treated, for how long, and any exercises, lifestyle changes, and/or adjunctive therapies that would be helpful in restoring normal structure and function. Also document the types of treatment that were effective and those that were not and the dose required (duration and/or force needed to effect a change). (COMP/AOA core competencies 1, 2, 3, 4, 5; Institutional outcomes 1, 2, 7)

8. Define verbally, using both standard and simplified explanations, the following terms: D.O., O.M.T., Osteopathic medical student, Osteopathic Medicine, Osteopathic palpatory diagnosis, Osteopathic philosophy, Osteopathic Physician and Surgeon, Osteopathic principles, Osteopathic structural exam, Somatic dysfunction (COMP/AOA core competencies 1, 2, 3; Institutional outcomes 1, 2, 3, 4)

Rotation Expectations

During the rotation, the student is expected to do the following:

1. Demonstrate professionalism and demeanor necessary for an office-based primary care medical practice.

2. Attend clinic daily. If preceptor is not seeing patients for part or all of a day, the student must be engaged in studying the required and other readings and assignments between 8 a.m. and 5
p.m. The work done needs to be validated by the preceptor in order to get credit for the time spent studying in lieu of time spent in the clinic with patients.

3. Demonstrate ability to diagnose and treat somatic dysfunction.

4. Record subjective complaints, history, objective findings and procedures, assessments, problem lists, management plans as per standard practice.

5. Read required readings and discuss with preceptor.

6. Generate a case-based final presentation as outlined below under “NMM/OMM case Study”.

### Required Education Assignments

#### Required Reading:


#### Supplemental Reading:


*Note: Individual preceptors may include other resources. You will be notified of these resources by each preceptor. If your preceptor does not offer additional resources, ask them what resources they like to use.*

### PLEASE SEE BLACKBOARD FOR THE FOLLOWING ECM V COURSE:

**OMM/ NMM Month:**

Assigned Readings:

- The OMM/NMM Department Manual.
- American Association of Colleges of Osteopathic Medicine, *Glossary of Osteopathic Terminology, 2011*

Online:

- Annals of Internal Medicine, *Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society, Oct. 2007*

Med-U:

- fm CASES:
  - Case 10: 45 yo male with low back pain

**CORE:**

- CORE 13 - MSK: Arthritis and Osteomyelitis
CORE 16 - MSK: Trauma

10 Points for attesting to completion of modules/ readings.
15 Point Quiz.

**NMM/OMM Case Study**

Students are required to complete one case-based presentation including an in depth discussion of one or more aspects of the case (e.g. a presenting symptom or sign, a diagnostic category or management issue) that they want to learn more about during the rotation. **The actual case chosen should be based on a patient they personally evaluated.** The presentation will be delivered orally to the NMM/OMM Preceptor at or near the end of the rotation. The presentation should be about 15-20 minutes in length and should be accompanied by handouts including a written description/power point of the case and an evidence based discussion of the topic to be presented with a list of the recent literature used to obtain information for the discussion. The literature could include material from journal articles, national guidelines, professional publications like the Journal of the AAO, found on the web site of the American Academy of Osteopathy at [www.academyofosteopathy.org](http://www.academyofosteopathy.org), or the JAOA, now available on the AOA website, [www.osteopathic.org](http://www.osteopathic.org). Also see the American Association of Colleges of Osteopathic Medicine web site at [www.aacom.org](http://www.aacom.org), or recent textbooks, such as FOM 3rd edition, 2011. The OSTMED.DR database can be accessed for osteopathic literature not cited in other more general databases.

**The power point case should also be sent to Dr. Michael Seffinger (mseffinger@westernu.edu) at the end of the student’s rotation.**

**Recommended Procedures (to see or do)**

The student is expected to perform OMT to the appropriate area of somatic dysfunction. This may include, but is not limited to, the following treatment modalities:

- HVLA
- Counterstrain
- Muscle Energy
- Lymphatic Technique
- Soft Tissue
- Articulatory
- Myofascial Release
- Balanced Ligamentous Tension
- A.T. Still Technique
- Visceral Technique
- Cranial Osteopathic Manipulative Medicine
- Facilitated Positional Release
• Functional Technique

**Core Topics of Study**

The student will apply Osteopathic Philosophy and Principles and OMT as appropriate to patients with clinical conditions or complaints including but not limited to the following systems: musculoskeletal, respiratory, gastrointestinal, renal, neurological and cardiovascular.

**Clinical Faculty**

Students are assigned to specific credentialed clinical faculty at their core clinical site.

<table>
<thead>
<tr>
<th>Pomona Contact:</th>
<th>Lebanon Contact:</th>
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<tbody>
<tr>
<td>Rebecca E. Giusti, D.O., Chair</td>
<td>Janice Blumer, D.O.</td>
</tr>
<tr>
<td>Associate Professor, Department of Family Medicine, Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine</td>
<td>Assistant Professor, Department of Family Medicine, Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine</td>
</tr>
<tr>
<td>Tel.: 909-469-5282</td>
<td>Tel.: 541 259-0219</td>
</tr>
<tr>
<td>Fax: 909-469-5289</td>
<td>Fax.: 541 259-0201</td>
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<tr>
<td>Email: <a href="mailto:rgiusti@westernu.edu">rgiusti@westernu.edu</a></td>
<td>Email: <a href="mailto:jblumer@westernu.edu">jblumer@westernu.edu</a></td>
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**Instructional Methods**

Scheduled rotation time will be used for supervised patient care, case presentations and independent studying.

**Texts and Media**

**Required Text:**

**Media:**
Documents and resources found on Blackboard: Go to “Osteopathic Manipulative Medicine Resources”. Then look to the left of the screen and click on “OMM Rotation Info”. The “Required Reading” folder contains all of the required chapters. Videos of the various NMM/OMM techniques are in the “OMM Technique Video” folder. There are also protocols for both preceptors and students to assist with the rotation.

**Rotation Format, Evaluation, Grading, and Student Feedback**
Additional information is located in the Clinical Education Manual at:
http://www.westernu.edu/bin/ime/cem-2014.pdf

Rotation Format/ Schedule
Each site should provide students with a schedule on their first day of the rotation. These schedules are rarely available prior to the start of the rotation. If your preceptor does not offer the schedule you need to ask for it so you will know in advance what nights and weekends you will be on call.

Preceptor Evaluations
The evaluation of the student is based upon, but not limited to, the following:
1. Knowledge of the basic and clinical scientific foundation for the osteopathic philosophy of medicine.
2. Knowledge of osteopathic principles and their applications in clinical practice.
3. Preciseness and comprehensiveness of information gathered in history taking.
4. Thoroughness in gathering physical information using standard osteopathic and general medical, laboratory and radiological evaluations.
5. Ability to develop an appropriate diagnosis of somatic dysfunction as it relates to the patient’s other medical problems.
6. Accuracy and thoroughness of documentation of history, physical, assessment and management plans in the medical record.
7. Ability to cooperate and display professionalism with patients and other health care professionals.
8. Communication skills, rapport and attitude with patients and ancillary staff.
9. Attendance and participation.
10. Clinical case presentations.
11. Demonstration of knowledge obtained from readings.
12. Assessment of osteopathic manipulative treatment skills.

Grading:
Grading will be based on the following items:
- Preceptor evaluation
- Shelf examination
- OSCE examination
- Case study & presentation

General Policies

Policy on Disability Accommodations: To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the
system coordinator within ten days of the beginning of the system. Disability Services can be reached at 909-469-5380.

**Remediation Policy:** Refer to the Clinical Education Manual at [http://www.westernu.edu/bin/ime/cem-2014.pdf](http://www.westernu.edu/bin/ime/cem-2014.pdf)

**Attendance Policy:** Refer to the Clinical Education Manual at [http://www.westernu.edu/bin/ime/cem-2014.pdf](http://www.westernu.edu/bin/ime/cem-2014.pdf)

**Academic Dishonesty:** Complete confidence in the honor and integrity of health professions student and health care professional is essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty and colleagues. Strict honesty as a personal way of life should be nurtured during the period of education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student’s care or contribute to his or her training and growth, and members of the general public. This applies to personal conduct that reflects on the student’s honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity. Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

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<tr>
<th>WU INSTITUTIONAL OUTCOMES</th>
<th>Health Professional Education</th>
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<tr>
<td>1. Critical Thinking</td>
<td>The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.</td>
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<tr>
<td>2. Breadth and Depth of Knowledge in the Discipline/Clinical Competence</td>
<td>The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.</td>
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<tr>
<td>3. Interpersonal Communication Skills</td>
<td>The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.</td>
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<td>4. Collaboration Skills</td>
<td>The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients.</td>
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<tr>
<td>5. Ethical and Moral Decision Making Skills</td>
<td>The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty and compassion.</td>
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<td>6. Life Long Learning</td>
<td>The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.</td>
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<td>7. Evidence-Based Practice</td>
<td>The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.</td>
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<tr>
<td>8. Humanistic Practice</td>
<td>The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.</td>
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COMP/AOA CORE COMPETENCIES

Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. Medical Knowledge
   Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.

3. Patient Care
   Graduates must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.

4. Interpersonal and Communication Skills
   Graduates are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care.

5. Professionalism
   Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effectively care for patients.

6. Practice-Based Learning and Improvement
   Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

7. Systems-Based Practice
   Graduates are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost-effective medicine.

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<tr>
<th>COMPARISON OF OUTCOMES STANDARDS: WU AND COMP</th>
<th>WU</th>
<th>COMP</th>
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<tbody>
<tr>
<td>Critical Thinking</td>
<td>1</td>
<td>1, 2, 3, 6</td>
</tr>
<tr>
<td>Category</td>
<td>Column 1</td>
<td>Column 2</td>
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<td>----------------------------------------------------</td>
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<tr>
<td>Breadth and Depth of Knowledge in the Discipline</td>
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<td>1, 2, 3, 4, 5, 6, 7</td>
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<tr>
<td>Critical Competence</td>
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<td>Interpersonal Communication Skills</td>
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<td>4</td>
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<td>Collaboration Skills</td>
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<td>4</td>
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<tr>
<td>Ethical and Moral Decision Making Skills</td>
<td>5</td>
<td>1, 3, 5, 6</td>
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<td>Humanistic Practice</td>
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