

## **What is a D.O.?**

By Stephen Loo, D.O.

### **"What's a D.O.?" "Are you a bone doctor?"**

These are the most common responses I get when I introduce myself as a D.O.; Doctor of Osteopathy. While my profession has been providing health care to the U.S. population for over 100 years, we still are virtually invisible to the general population, the media, and some of the less educated in the healthcare industry. Therefore, in an effort to enlighten those unfamiliar with D.O.s, please allow me the opportunity to elaborate on the Osteopathic profession.

A D.O., Doctor of Osteopathy (also known as: Doctor of Osteopathic Medicine, Osteopathic Physician, or Osteopath) is a physician trained and licensed to practice the full spectrum of conventional medicine and surgery; while incorporating the philosophies of Osteopathy and the practice of Osteopathic Manipulative Therapy (OMT).

The Osteopathic philosophy embraces the beliefs that: the body has an inherent ability to heal itself, there is an intimate interrelationship between structure and function, and the body is an integrated dynamic unit of function.

The Osteopathic philosophy was first articulated by the founder of the Osteopathic profession; Dr Andrew Taylor Still. As a typical frontiers doctor of the latter half of the 19th century, in 1874, Dr Still conceptualized an idea which he hoped would help improve the medical practice of the time. Dr Still observed that the human body has much in common with a machine; something which ought to function well if it is mechanically sound. Extrapolating this idea to the human body, he tried to treat the patient by improving the body's natural function. To improve function, Dr Still devised methods to treat, and facilitate the mechanical aspects of the body; notably the muscular and boney structures. Because of this approach, the term Osteopathy, osteo meaning bone, path meaning disease, came to be. In essence, Osteopathy is understanding the interrelationship between the body's mechanical structures, primarily the muscles and the bones, and the disease process. Also, by devising the manipulative techniques and approach, Dr Still created Osteopathic Manipulative Therapy, which has been an integral part of the Osteopathic profession ever since.

Currently, the education of an Osteopathic Physician parallels that of a M.D. There are 20 Osteopathic medical schools in the U.S; as opposed to about 125 M.D. schools. The selection process begins with a careful evaluation of potential candidates as complete persons. Once selected, the student would spend four years training in an Osteopathic medical school program. The first two years usually are focussed on lectures and lab work essentially the same as a M.D. program. However, there are additional lectures and lab work focussed on the Osteopathic philosophy seeing and treating the patient as a whole, and OMT. Usually, during the last two years, the student trains in the hospital, or outpatient clinical setting, to learn the practical aspects of medicine. Here again, a good Osteopathic program would incorporate the Osteopathic Principles and Practices and OMT into the training.

Upon graduation, the new Osteopath would proceed into a postgraduate training program in an internship or residency; again, quite similar to a M.D. Traditionally, a majority of D.O.s follow into the primary care specialties. However, some have chosen to become specialists in other fields (i. e. Cardiology, Dermatology, etc.) and some have chosen to be trained in M.D. residencies or fellowships. Each D.O. trained in a residency program may be Board certified. However, the certifying Board would depend on which training program the D.O. completed; D.O. or M.D.

D.O.s currently can be fully licensed in the 50 United States. In California, this was not always true. In 1962, a political move in the form of referendum 22 merged the M.D. and the D.O. professions. It also disallowed the future licensing of D.O.s in the state of California. Those D.O.s who wished to remain practicing in the state would have to undergo a process to change their professional identity from a D.O. to a M.D. However, through the work of some stubborn D.O.s, and the legal challenges they launched, in 1974, the California Supreme Court ruled to overturn referendum 22 as unconstitutional, and reinstated the licensing of D.O.s in the state of California as "separate, but equal". However, there was no program to reinstate all those D.O.s who had changed their professional identity to become M.D.s. Since 1974, the growth of the D.O. population in California relied primarily on new licensees from out of state, or new graduates from Osteopathic medical schools. Now, while still only numbering about two thousand in the state of California, the D.O. population is slowly making a resurgence.

**So, what is the difference between a D.O. and a M.D.?** Well, a true comprehensive D.O. would try to approach the patient as a whole, and would utilize all within his, or her training to help the patient's body heal itself. Whether it be prescription medication, surgery, or OMT, the D.O. would try to look at the "whole picture", and would then find the right combination of healing tools to assist the body in its effort to overcome the problem. A M.D., otherwise known as an Allopath (allo meaning contrasting, or other) would traditionally focus only on pharmaceuticals or surgery directed against a specific problem. Of course, as medicine evolves, more M.D.s are learning to look at the patient as a whole. However, they still would not have the training in OMT. Therefore, while a D.O. may assume the role of a M.D., a M.D. may not fully be qualified to assume the role of a D.O.

**How about Chiropractors?** While the manipulative techniques of the Chiropractor are similar to one of the many manipulative modalities available to a trained Osteopath, the Chiropractor does not have the training, and is not licensed to provide the full range of conventional medical care which a licensed D.O. is capable of providing.

In today's healthcare arena, one has to be knowledgeable on what is available, and how that fits with one's needs. As in any profession, there are variabilities in practices within the D.O. community. One might encounter a D.O. who only wishes to specialize in OMT, and essentially forego conventional medical care. One might also encounter D.O.s who function primarily in a conventional medicine role, or, who have decided to focus on a subspecialty, and essentially having given up the practice of OMT. Finally, if one is lucky, one might find the truly comprehensive Osteopathic primary care provider, and get something beyond what other physicians can provide.

For some, a truly comprehensive D.O. would be the ideal first choice towards complete health care; now, and in the future.

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