





Osteopathic manipulative treatment: A “fishing expedition”

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Dear Editor,

We read with interest the article by Altınbilek et al.^[1] in your journal. The authors investigated the effects of patient-based osteopathic manipulative treatment (OMT) applied in addition to the exercise program. Although we congratulate the authors for their hard work, we have found several drawbacks, particularly for the methodology, as summarized below.

First, the authors compared the baseline and post-treatment values between the groups and they highlighted OMT as an effective method. The authors reported a significant difference only in the post-treatment values in favor of the OMT group. However, according to the statistical analysis of the study, the authors cannot establish a conclusion as they suggested. This study lacks of comparison of the change values (delta values) between the groups. Therefore, we are kindly interested in being informed about the results in terms of the comparison of change values (delta values).

Second, osteopathic medicine is purely and solely based on gentle manual techniques. The main goal is to stimulate natural healing process. Overall, a holistic approach is recommended. In this context, several OMT techniques (i.e., myofascial release, strain/counterstrain, muscle energy, soft tissue, high velocity low-amplitude, craniosacral) have been previously described in the literature.^[2] However, the current paper lacks of the OMT methodology and holistic approach. Therefore, we expect the authors to clarify their methodology in detail.

Third, osteopathic medicine requires a long period of educational process. The International Academy of Osteopathy offers a training program of at least 5 semesters. The Accreditation Agency in Health and Social Sciences also suggests osteopaths, physicians or experts to be trained in accredited centers.^[3] Similarly, the Republic of Turkey, Ministry of Health has set the Traditional and Complementary Medicine Centers and offers to bring standardized curriculum. Accordingly, a 1,000-hour training program for osteopathy training is appropriate.^[4] On the other hand, the authors of the aforementioned study performed a patient-based program. We believe that the patients were unable to apply an OMT program after a demonstration only. In other words, program applied by the patients to themselves cannot be described as osteopathy or manipulation, as both techniques are applied by the experts as the authors mentioned and cited in the current article. Again, as the authors mentioned in the Discussion section, OMT applied by the therapists who did not complete their education did not show beneficial impacts.^[2] From this point of view, the authors should discuss the educational status of the appliers. By contrast, they encouraged patients (most are illiterate or primary school graduate) to apply OMT by themselves. In the same study,^[2] OMT program was established as follows: two to five sessions weekly, no more than two days between the sessions, 10- to 30-min sessions, and combination of different technics. In the current study,^[1] OMT was applied 3+3-min sessions, two days a week. The protocols are completely different from the literature. Therefore, we are kindly interested in being informed about which criteria the authors used for their treatment program.

Last, but not least, while we would like to encourage the clinical use of OMT in accredited centers by experts, and scientific trials on this topic, we would also like to definitely highlight the strict peer-review process. Otherwise, non-rigorous scientific papers on this topic may threaten our society and department.

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Author Reply

Dear author,

Thank you very much for your interest in our manuscript entitled "Osteopathic manipulative treatment improves function and relieves pain in knee osteoarthritis: a single-blind, randomized-controlled trial". We are appreciative of your comments and attempt to explain the issues you mentioned.

The statistical analysis of the study is not absent and insufficient for the comparison of inter-group changes. As shown in tables, the results of the inter-group comparison of the change values (delta values) are present in Table 2 (at the most right of the table). Changes in groups are also seen in the right and left columns. In Table 3, again at the most right of the table, baseline-post-treatment and post-treatment-follow-up change values (Δ) and the analysis results are presented.^[1]

Osteopathic manipulative treatment (OMT) is a holistic diagnostic and treatment method. Treatments

are tailored according to the needs of an individual patient. However, they have to be standardized in clinical studies. Therefore, treatment techniques and durations should be specified. On average, 10 to 15 min is enough for five to six techniques in most cases.^[1] Hence, we used standardized applicable techniques and treatment durations in our study, consistent with the literature. The results are in favor of time and techniques.^[1]

Osteopathic education is a long and difficult road. It is impossible for patients to learn the techniques applied to themselves and apply it to other patients.

Furthermore, it would be reasonable to conduct the study with a physician osteopath. The author of the current study completed his osteopathic education (five years, more than 1,100 hours), at the Institut Für Angewandte Osteopathie (IFAO) in Berlin and in the Turkish Institute for Adapted Osteopathy (TİFAO) in Istanbul between 2007 and 2012, and successfully graduated as a osteopath.

Finally, our opinion is that further studies conducted by physicians who receive osteopathic education should be supported, particularly for the recognition and generalization of OMT.

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