

From pulp paper to laptop computer: A reflection on fundamental osteopathic principles

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The following essay won third place in the AOA Bureau of Osteopathic History and Identity's 2006 essay competition.

The bureau encourages all contestants in its annual competition to submit their entries to *JAOA—The Journal of the American Osteopathic Association* to undergo the *JAOA's* peer-review process. After the following essay underwent that process, AOA Editor in Chief Gilbert E. D'Alonzo Jr, DO, approved it for publication in *The DO*.

To further the learning objectives the Bureau of Osteopathic History and Identity envisioned for the essay contestants, this essay was subjected to editing to bring it into adherence with *The DO's* guidelines, and the author reviewed and commented on the edited version of the essay before it was published.

For more information on the history bureau's essay competition, see the article beginning on Page 36.

Abstract

Since Andrew Taylor Still, MD, DO, published his book *Philosophy of Osteopathy* in 1899, fundamental osteopathic principles have guided the practice of osteopathic medicine.

This essay delves into the evolution of osteopathic principles during the past century, specifically the adaptations made to Dr Still's work in 1922, 1953 and 2002. The topics addressed in this essay are the relationship of structure and function, self-regulation, disease and treatment, and the body united. The need for individual osteopathic physicians to live these principles is also explained.

The author concludes that osteopathic physicians must continually interpret Dr Still's philosophy to ensure the perpetuation of osteopathic medicine.



Dana M. Block, OMS IV (left), talks with William T. Betz, DO, after he presented her with the third-place award in the AOA Bureau of Osteopathic History and Identity's second annual essay competition.

The chairman of the AOA's history bureau, Dr Betz made the presentation on Oct 15, 2006, during the House of Delegates' meeting that the Student Osteopathic Medical Association held at the 111th Annual AOA Convention and Scientific Seminar in Las Vegas.

(Photo by Michael Fitzgerald)

The air in the room was thick, dusty and the color of light amber. An astute, bearded gentleman was seated at the desolate wooden desk situated in the corner, vigorously writing on ivory pulp paper.¹ It was 1899, and at his pupils' request, Andrew Taylor Still, MD, DO, was penciling the approach to medicine he had been practicing for 25 years into a book he would title *Philosophy of Osteopathy*. Or so I envision.

The air in the room is light, lively and transparent. I am seated on the couch situated along the far wall, vigorously typing on a laptop computer while listening to a Web-based radio station. It is 2006, and I am researching the ideals upon which my chosen profession is founded.

Perhaps erroneously, due to the almost overwhelming emphasis placed on “evidence-based medicine” today, I am hunting for the exact fundamental principles and philosophy that molded osteopathic medicine, as written by Dr Still more than a century ago.

As I search through *Philosophy of Osteopathy*, Dr Still himself corrects my approach: “I dislike to write, and only do so, when I think my productions will go into the hands of kind-hearted geniuses who read, not to find a book of quotations, but to go with the soul of the subject that is being explored for its merits, weigh all truths and help bring its uses front for the good of man.”²

Dr Still was an astounding visionary and a progressive thinker. In *Philosophy of Osteopathy*, he intentionally drew his meticulously studied perception of medicine and disease into an abstract piece of art—one open to the interpretation of those who study it. “The book,” he explained, “has been written by myself in my own way, without any ambition to fine writing, but to give to the world a start in a philosophy that may be a guide in the future.”²

Numerous “kind-hearted geniuses” have interpreted osteopathic philosophy during the past 100-plus years. Formal committees convened in 1922 and

1953 and an informal one convened in 2002 to adapt the initial lines and angles of Dr Still's drawing of “osteopathy” into guidelines for the contemporary practice of “osteopathic medicine.”^{3,4,5}

While Dr Still's original explanation of his theory is conversational, the 1922 committee's tenets are more definitive, and they apply osteopathic principles directly to science. The 1953 tenets simplify the 1922 ones. The 2002 tenets expand on those of 1953 by integrating specific concepts from *Philosophy of Osteopathy* and the 1922 consensus. The 2002 tenets also incorporate osteopathic medicine's approach to patient care.

The preserved fundamental beliefs of osteopathic medicine have not only set precedents for the 21st century's approach to healthcare, but they have

principles and Osteopathic Technic restated Dr Still's principle as “structure and function are reciprocally interrelated.”⁶

In *Philosophy of Osteopathy*, Dr Still persistently emphasizes that osteopathic physicians are to be true masters of anatomy and that only after mastering body structure, can we progress to learning body function. He encourages us to reflect on a mental illustration of the normal human body every time we evaluate a patient.

In the 1922 tenets, this fundamental belief is applied specifically to cellular biology: “Normal structure is essential to normal function. Normal function is essential if normal structure is to be maintained.”^{4,5} A similar statement is made in the 2002 tenets: “The musculoskeletal system significantly influences the individual's ability to

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also been successfully applied to cellular biology, the human body and medical education.^{4,5,6}

In the following reflections on Dr Still's abstract artwork, I will attempt to explain how various interpretations of Dr Still's major principles apply to the history of the osteopathic medical profession itself.

One: Relationship of structure and function

In *Philosophy of Osteopathy*, Dr Still wrote, “The Osteopath seeks first physiological perfection of form, by normally adjusting the osseous framework.”²

In 1953, while meeting at what is now the A.T. Still University-Kirksville College of Osteopathic Medicine, the Special Committee on Osteopathic Prin-

restore this inherent capacity [to maintain health and recover from disease] and therefore to resist disease processes.”³

Given that osteopathic philosophy was taught only verbally before Dr Still wrote *Philosophy of Osteopathy*, it is not surprising that in 1897, graduates and students of what was then the American School of Osteopathy in Kirksville, Mo, formed a national organization, the American Association for the Advancement of Osteopathy.⁷ Now called the American Osteopathic Association, this organization continues to be the backbone, or central structure, of our profession.

At the osteopathic medical profession's most primitive level, its function is to provide superior medical care to patients. Obviously, we cannot practice medicine without being licensed. The

AOA has facilitated our rights to practice as osteopathic physicians by ensuring state recognition, professional licensure, and distinct national board examinations.⁷ Recently, the AOA has been working to expand our recognition and licensure globally.

The profession's structure—the AOA—is thereby “reciprocally inter-related” to its function—the provision of healthcare.

As medical knowledge, hands-on patient interaction, technology and other keys to providing outstanding care have advanced, so has the framework of our profession. We have seen the addition of osteopathic medical schools, specialty colleges, state associations, research facilities and outreach organizations.

Osteopathic physicians, who represent the musculoskeletal

system of our profession's body, are called on to support and ensure the perpetuation of the AOA in order that we can continue to function synergistically to overcome obstacles facing our profession and to provide superior medical care to our patients.

Two: Self-regulation

In *Philosophy of Osteopathy*, Dr Still advised, “You as Osteopathic machinists can go no farther than to adjust the abnormal condition, in which you find the afflicted. Nature will do the rest.”²

In 1922, just five years after Dr Still's death, representatives from each osteopathic medical school participated in a consortium at the A.T. Still Research Institute in California to reflect on Dr Still's ideas and to develop a set of guidelines for practicing his philosophy.^{3,4,5} The following passage from the consortium's published statement mirrors Dr Still thoughts in *Philosophy of Osteopathy*: “Normal envi-

ronment is essential to normal function and structure, though some degree of adaptation is possible for a time, even under abnormal conditions.”^{4,5}

In 1953, this principle was interpreted as follows: “The body possesses self-regulatory mechanisms.” The 2002 tenets, in turn, state, “An inherent property of this dynamic interaction [between body, mind and spirit] is the capacity of the individual for the maintenance of health and the recovery from disease.”^{3,6}

Much like the human body, the osteopathic medical profession is self-regulated. When a prospective student applies to osteopathic medical school,

“The body of osteopathic medicine is the osteopathic medical profession; the mind, its philosophy; and the spirit, its sense of belonging to something greater than itself.”

the American Association of Colleges of Osteopathic Medicine supervises his or her application process. When the same prospective student interviews for a seat in the next entering class, osteopathic physicians are among those who conduct the interview to determine whether the applicant should be accepted into the profession. Upon the student's matriculating into an osteopathic medical school, osteopathic physicians teach the student. In addition, the National Board of Osteopathic Medical Examiners oversees the Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX-USA), which the student takes during his or her training.

The AOA's various committees and programs manage the accreditation of osteopathic medical schools, health-care facilities, osteopathic postdoctoral training institutions, and continuing medical education sponsors.^{8,9} This self-regulation of the profession by the AOA is designed to confirm the com-

petency of osteopathic physicians and the profession's institutions.

Students can become involved in self-regulation by participating in organizations such as the Student Osteopathic Medical Association.

Both students and osteopathic physicians further engage in self-regulatory functions by helping to shape legislation and regulations through letter writing, attending the AOA's annual DO Day on Capitol Hill, and other advocacy activities.

In addition, DOs run for office within state and national osteopathic medical organizations. They sit on peer-review boards and offer expertise

as witnesses in the courtroom. Furthermore, their ethics, morality and inherent drive to provide exceptional medical care set the standards for DOs' clinical practices.

Three: Disease and treatment

In *Philosophy of Osteopathy*, Dr Still wrote, “Your duty as a master mechanic is to know that the engine is kept in so perfect a condition that there will be no functional disturbance to any nerve, vein, or artery that supplies and governs the skin, the fascia, the muscle, the blood or any fluid that should freely circulate to sustain life and renovate the system from deposits that would cause what we call disease.”²

The 1922 consortium's consensus on disease was as follows: “Symptoms are due either to failure of the organism to meet adverse circumstances efficiently or to structural abnormalities.”^{4,5} The 2002 tenets contend, “Many forces, both intrinsic and extrinsic to the person, can challenge this inherent capacity [of self-regulation] and contribute to the onset of illness.”³

Echoing Dr Still's perception of treating patients for disease, leaders of

the profession in 1922 stated, “Rational methods of treatment are based upon an attempt to provide normal nutrition, innervation and drainage to all tissues of the body, and these depend chiefly upon the maintenance of normal structural relations.”^{4,5}

In 1953, the Special Committee on Osteopathic Principles and Osteopathic Technic proposed, “Rational therapy is based upon an understanding of body unity, self-regulatory mechanisms, and the inter-relationship of structure and function.”⁶

In relation to the osteopathic medical profession, *disease* can be interpreted as being caused by a number of conditions. *Intrinsic* causes of disease within the profession may include failure of our regulatory mechanisms to identify or correct problems, failure to maintain medical licensure, failure to practice the standard of care, and failure to uphold pride in our profession. Examples of *extrinsic* contributors are the profession’s struggle to gain recognition from state governments and foreign countries and the allopathic medical profession’s previous negative attitude toward osteopathic medicine.⁹

Treating the profession for disease requires restoring proper structure. In the past, we have done that by adding services provided by the AOA and other osteopathic medical associations, by adding years to the curriculum of osteopathic medical colleges and by adding a performance evaluation to Level 2 of COMLEX-USA.

The profession has also been treated for disease at the level of the individual DO, as osteopathic physicians have adapted to different climates of medical practice, perpetuated the use of osteopathic manipulative treatment, continued to instruct students in performing OMT, dedicated their time

to serving their patients and their profession, and reinforced their pride in osteopathic medicine.

These “treatments” have been directed toward our elemental function—the provision of outstanding care. They have ensured the continuation of our profession.

Four: The body united

In *Philosophy of Osteopathy*, Dr Still proposed, “First the material body, second the spiritual being, third a being of mind which is far superior to all vital motions and material forms, whose duty is to wisely manage this great engine of life. ... [T]he three when

“The energy that unites osteopathic physicians originates in relationships formed during their undergraduate and graduate medical education.”

united in full action are able to exhibit the thing desired—complete.”²

Dr Still’s assertion is that the body without the mind is simply a pile of once-living parts. Similarly, Dr Still argues, the spirit serves no purpose without the mind to coordinate its obligations.

The 1922 consortium expanded Dr Still’s idea by proposing the following: “In the human body, with its diversified functions, we may add also, the blood preserves and defends the cells of the body, and the nervous system unifies the body in its activities.”^{4,5} These ideas were remarkably simplified in the 1953 set of tenets, which reads, “The body is a unit.”⁶ When revisited in 2002, this osteopathic principle was modified as follows to more precisely reflect its origins: “A person is the product of dynamic interaction between body, mind, and spirit.”³

So too is osteopathic medicine a dynamic interaction among body, mind and spirit. The body of osteopathic

medicine is the osteopathic medical profession; the mind, its philosophy; and the spirit, its sense of belonging to something greater than itself.

Perhaps the best illustration of osteopathic medicine as a complete being is a convention of an osteopathic medical association. Here, osteopathic physicians, philosophers, students and supporters gather to deliberate pertinent issues. Discoveries are shared in poster presentations and continuing medical education sessions. DOs relay the successes of OMT by reporting on new research and sharing their experiences. An energy underlying the buzz of conversations unites members of the osteopathic medical community into a family.

In a time when the chasm between osteopathic medicine and allopathic medicine is shrinking, some have suggested that the defining characteristics of osteopathic medicine are OMT and principles central to osteopathic medicine.^{10,11,12} I add to these distinctive characteristics the spirit of our profession, which admittedly, may be impossible to prove by empirical evidence.

The energy that unites osteopathic physicians originates in relationships formed during their undergraduate and graduate medical education. While in school, osteopathic medical students continually work with others to master the basic sciences and osteopathic principles. Together, we participate in journal clubs, health fairs, medical missions and social activities. *Collaboration* defines the team approach we adopt while on clinical rotations. Along the way, we accept the guidance and instruction of DO mentors. In turn, we mentor those who follow us.

The more an osteopathic physician contributes, the more attuned he or she is to the spirit of our profession—

and the more proximal he or she becomes to our profession's backbone.

Conclusion

Osteopathic medicine is a living, adapting, evolving body.¹³

In his autobiography, Dr Still describes the central role the heart plays as follows: "[I]n the heart I find chambers where blood is stored ready to pass through the arteries of the entire system."¹⁴

I propose that osteopathic philosophy is the heart of osteopathic medicine and that the lines from Dr Still's pen-

"Treating the profession for disease requires restoring proper structure."

cil are the blood that connects the heart to osteopathic principles. It is our job collectively and individually to ensure that osteopathic medicine's structure is adequately maintained so as to preserve the flow of Dr Still's philosophy to all of its parts.

As I sit on the couch and type on my laptop computer, I complete my reflection on the abstract piece of art created by Dr Still in 1899. I recognize that by being accepted into the osteopathic medical profession, I am inherently a part of its musculoskeletal system. To become more proximal to osteopathic medicine's backbone, I will answer Dr Still's call to be a true osteopathic physician in body, mind and spirit, as so many others have before me.

I encourage each of us to consistently put our pencils to the pulp paper to perpetuate the evolution of the principles underlying osteopathic medicine. AOA

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