

# REVITALIZING OMM IN THE RESIDENCY CLINIC: EDUCATIONAL INTERVENTIONS TO IMPROVE OFFICE-WIDE FAMILIARITY AND INTEREST IN OMT

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## Introduction

Osteopathic manipulative therapy, or OMT, provides a non-pharmacologic option or adjunctive relief for a diverse population of patients with various presenting complaints, but in mixed DO/MD residency programs, patient education regarding this resource can be inconsistently utilized. Allopathic colleagues, nursing staff, medical assistants, office managers, and other support staff understandably may feel discomfort when discussing the concept or have difficulty identifying appropriate patient referrals. To increase office-wide confidence in referring patients to our institution's OMM clinic, a series of low-cost educational interventions were implemented.

## Objectives

- Improve office-wide confidence in referring patients to OMM clinic
- Develop sustainable educational resources for long-term use

## Methods

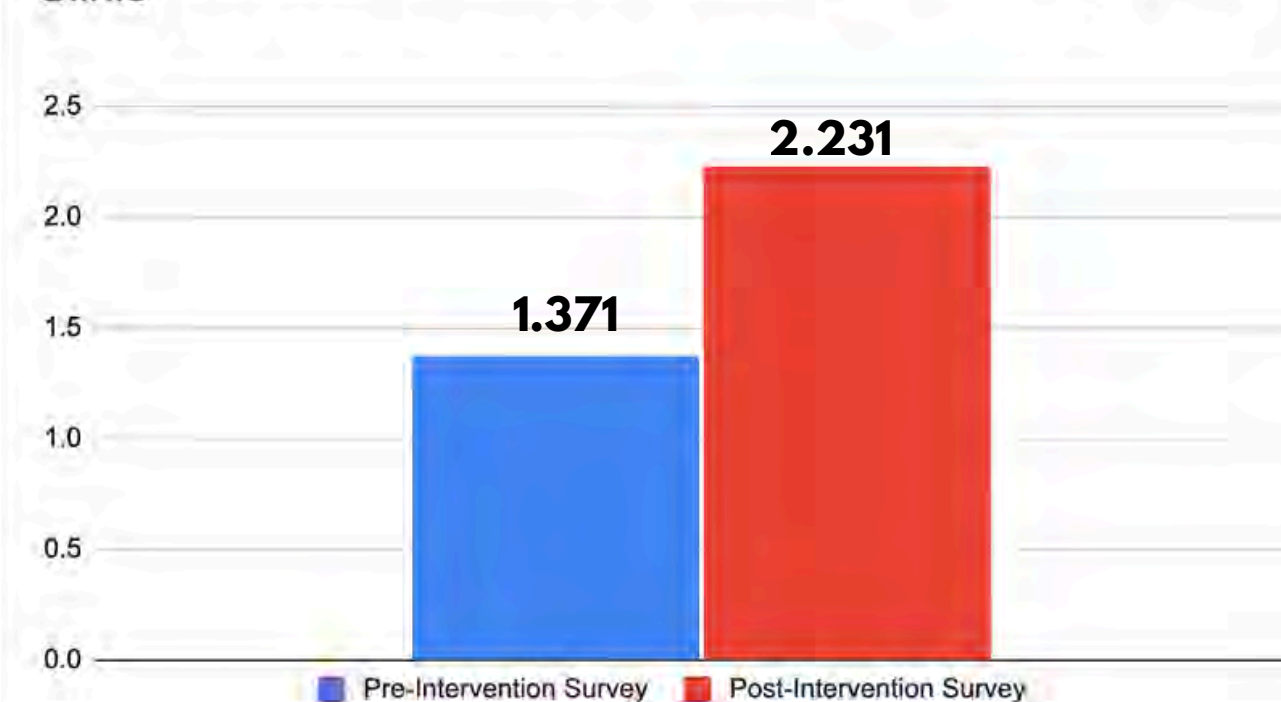
Population: Abington Family medicine attending physicians, resident physicians, front desk staff, and medical assistants

Interventions Implemented:

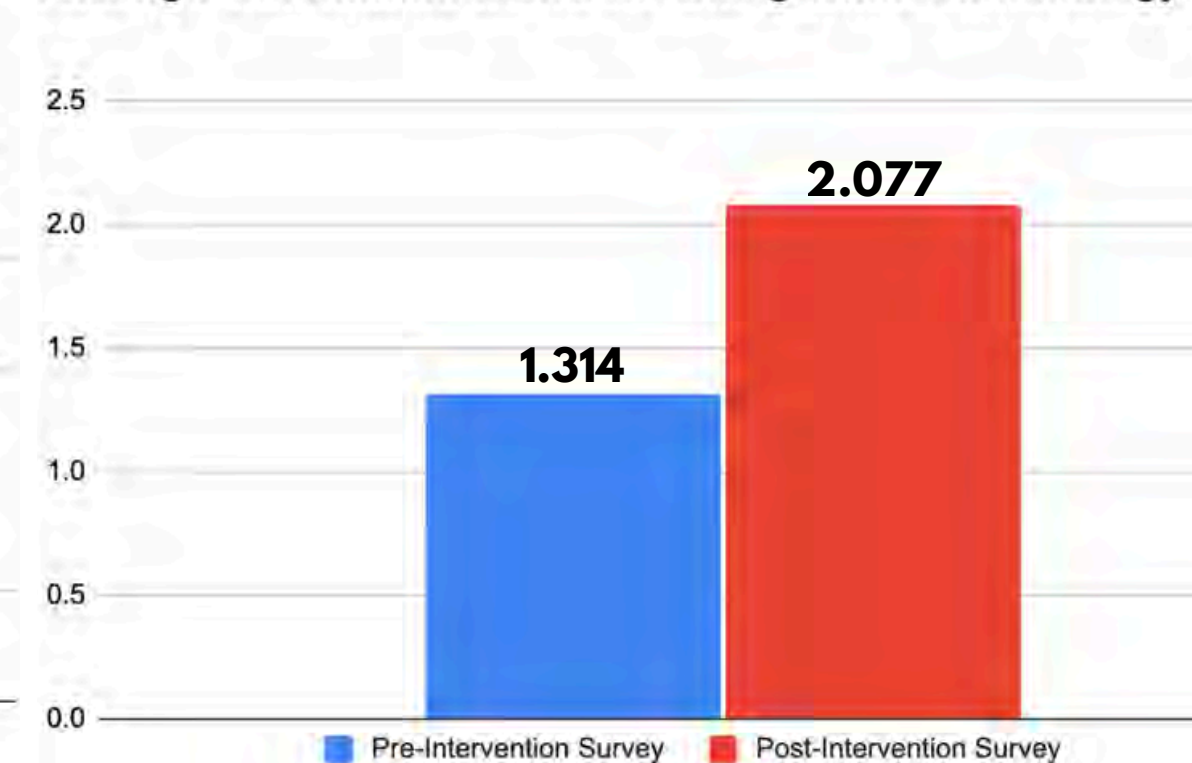
1. Expanded educational sessions for all clinical staff with didactic lectures and hands-on OMT demonstrations
2. Development of referral support tools, including a concise educational handout and an electronic health record smart phrase

Assessment: Pre- and post-intervention surveys, with post-intervention surveys distributed after a 3-month interval from the initial presentation of referral support tools and office-wide OMT breakout sessions. Calculated average confidence scores by assigning 0-3 points for each answer (ranging from 0 points = not at all comfortable to 3 points = very comfortable).

Average Confidence Score for Answering Questions on OMM Clinic



Average Confidence Score for Using OMM Terminology



## Results

Post-survey results demonstrated increased self-reported confidence in discussing the OMM clinic and improved familiarity with describing the basics of OMM.

## Conclusion

Simple, scalable interventions and kinesthetic learning of OMM correlated with increased confidence in referring to OMM services and utilization of related terminology. Limitations of this study include a small sample size and decreased participation from pre- to post-intervention surveys. Future directions could include measuring the impact on the number of first-time OMM clinic patient referrals or the frequency of OMT integration into DO individual patient schedules.

## References

1. Bodine WA. Osteopathic manipulative treatment: a primary care approach. *Am Fam Physician*. 2019;99(4):214. <https://www.aafp.org/pubs/afp/issues/2019/0215/p214.html>
2. Noto-Bell L. What is OMT? Osteopathic manipulative treatment explained. Philadelphia College of Osteopathic Medicine. Published November 8, 2024. Accessed April 3, 2026. <https://www.pcom.edu/do/news/what-is-omt.html>
3. Assendelft WJ, Bouter LM, Knipschild PG. Complications of spinal manipulation: a comprehensive review of the literature. *J Fam Pract*. 1996;42(5):475-480. <https://pubmed.ncbi.nlm.nih.gov/8642364/>