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Expanding the role of OMT in chronic rhinosinusitis: a welcome step forward

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I read with interest the recent article by Rowane et al., titled “The Effect of Osteopathic Manipulative Treatment on Chronic Rhinosinusitis,” published in the June 2025 issue of *Journal of Osteopathic Medicine (JOM)* [1]. Their randomized, sham-controlled trial adds meaningful support to the use of osteopathic manipulative treatment (OMT) in addressing chronic rhinosinusitis (CRS), a condition with significant morbidity and limited durable treatment options [2]. By demonstrating symptom improvement through a structured lymphatic and cranial OMT protocol, the authors contribute substantially to the clinical relevance of structural approaches.

As a third-year medical student at an allopathic institution, I find these findings particularly compelling. In our curriculum, hands-on structural interventions are rarely integrated into discussions of chronic inflammatory diseases. This report demonstrates an explicit example of how OMT can affect not only somatic dysfunction, but also physiologic functions – such as lymphatic drainage and autonomic regulation – that are often overlooked by conventional paradigms [1, 3].

For patient care, this has important implications. CRS is typically treated with antibiotics, steroids, or surgery, and many patients are still symptomatic [2]. OMT offers a low-risk, potentially lower-cost adjuvant treatment. I encourage all future researchers to report objective physiologic endpoints, such as nasal airflow, mucociliary clearance, and inflammatory markers, along with patient-reported outcomes. A follow-up period longer than four weeks would increase the utility of the findings, and defining the frequency of treatment would also improve relevance for

clinical practice. Additionally, dissemination of standardized training materials may support broader adoption across medical disciplines. Rowane et al. provide a valuable foundation for collaborative, interdisciplinary trials that could examine cost-effectiveness and broader population health impacts [1].

Their work reflects *JOM*’s mission to promote integrative, evidence-based, and patient-centered care. I commend the authors for expanding the scope of OMT in chronic disease and look forward to seeing this momentum continue.

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Use of Large Language Models, AI and Machine Learning

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References

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