Reference
1.Goodman JC, Musgrave GL: *Patient Power: Solving America's Health Care Crisis*, abridged version. Washington, DC, Cato Institute, 1992, pp 33, 101.

Response

To the Editor:
Many healthcare plans have been introduced into Congress in the past 5 years. More than 43 reform measures, including three versions of the President's bill, have been introduced thus far in the 103rd Congress. In our series, we chose to address those plans that are most visible in the debate in the current Congress. Our intent was not to discuss each reform proposal in detail, but to appeal to osteopathic physicians nationwide to do what Dr Truthan has already done—become involved!

We are intrigued by the concept of a state-MSA–structured program to allow patients to become self-insured, as Dr Truthan notes in his letter. We would appreciate receiving more detailed information on such a program.

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Osteopathic principles underlie treatment of back pain

To the Editor:
In their article, "Effects of adding sacral base leveling to osteopathic manipulative treatment of back pain: A pilot study," (*JAOA* 1994;94:217-220;223-226), the Drs Hoffman remind us in a timely and scientific fashion of the importance of unsound anatomic structure as it relates to generation of pain. They have also reminded us how stressors of sacral base unleveling can be treated appropriately in a mechanical fashion. These concepts are not new,[1,2] but they are all too often overlooked by the practitioner in search of a perhaps less obvious or more complex cause of the patient's complaint of back pain.

I agree with the authors that the sample size is small; however, I also share in their enthusiasm in reporting their positive findings in light of this small study population. I think that these results will hold true even among a larger sample size with other variables involved. These variables may include the addition of various nonsteroidal anti-inflammatory drugs, or orthoses combined with intrathecal therapy, for example. Such a protocol would be of wide investigational and clinical interest.

It is heartening to see that this study points out the value of history taking and true physical diagnosis in the management of patients with back pain. The community practitioner or the university-based clinician would do well to remember that treatment begins with adequate history taking. Furthermore, a physical examination of the patient with back pain that *excludes* the laying on of hands and true physical evaluation is incomplete.

I wish to thank the authors for reminding us of the importance of mechanical factors in diagnosing and treating back pain, the most ubiquitous of human complaints. I hope that they can continue their work. I also hope that their article will spur practitioners' interest nationwide to become involved in this project or similar ones. Such projects highlight the applications of the osteopathic principles to which we ascribe and which are necessary for accurate physical diagnosis.

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References
1. Friberg O: Clinical symptoms and biomechanics of lumbar and hip joint in leg length inequality. *Spine* 1983;8:643-651.
2. Rothenberg RJ: Rheumatic disease aspects of leg length inequality. *Semin Arthritis Rheum* 1988;17:196-205.

Response

To the Editor:
We greatly appreciate Dr Moncman's letter regarding our pilot study. We see that in today's high-tech medical environment, it is easy to overlook the basic mechanical concepts. Andrew Taylor Still's simple wisdom that structure underlies function remains an essential truth today.

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