## Manipulation in Motion: A Video Companion to *A Pocket Manual of OMT* [DVD]

Edited by David R. Essig-Beatty, DO, and Donald N. Pyle, II, OMS IV. ISBN: 0-9766441-2-6. Baltimore, MD: Lippincott Williams & Wilkins; 2008.

Also reviewed: *A Pocket Manual of OMT: Osteopathic Manipulative Treatment for Physicians*. By Karen M. Steele, DO; David R. Essig-Beatty, DO; Zachary Comeaux, DO; and William W. Lemley, DO. 371 pp, $42.95. ISBN: 978-1-4051-0480-7. Baltimore, MD: Lippincott Williams & Wilkins; 2006.

*Manipulation in Motion: A Video Companion to A Pocket Manual of OMT* is the DVD companion to *A Pocket Manual of OMT: Osteopathic Manipulative Treatment for Physicians*, which was published in 2006. This multimedia set is said to represent a "consensus statement" of seven osteopathic medical educators regarding the application of osteopathic manipulative treatment (OMT) techniques. (However, neither the book nor the video clearly identifies these seven educators.) Each of the eight individuals identified as authors or editors of this multimedia resource is a faculty member at the West Virginia School of Osteopathic Medicine (WVSOM) in Lewisburg, except for DVD coeditor Donald N. Pyle, II, OMS IV, who was a student at the time of publication. Five DO reviewers are also listed in the book.

The video contains the same basic content as (and duplicates the overall organization of) *A Pocket Manual of OMT*, excluding the first and last chapters, and is organized into four discs:

- Posture, Screening Exam, Lower Extremity Somatic Dysfunction
- Pelvis, Sacrum, Lumbar Somatic Dysfunction
- Thoracic, Rib, Visceral Somatic Dysfunction
- Cervical, Cranial, Upper Extremity Somatic Dysfunction

Each disc has four main menus for finding content. These menus allow viewers to locate video clips of techniques by body region, by illness, and by alphabetical listing of all techniques, as well as to access text of the steps involved in applying each technique.

More than 200 video clips, each roughly a minute in length, are available. Each clip is professionally produced and clearly shows the featured manipulative technique. The dialogue is delivered slowly and distinctly by the DOs who perform the techniques. The text summaries placed alongside the images highlight and reinforce key steps of the techniques being shown. However, the viewer may need to play back a video clip a couple of times because concentrating on the images, the spoken description, and the summary text at the same time is rather difficult. Nevertheless, the DVD conveys the intended information well within the constraints allowed by visual representation of the palpatory maneuvers.

The authors of *A Pocket Manual of OMT* note that it is intended to teach osteopathic principles and practice "at a level of moderate depth." They promote the book as a "comprehensive, practical, and readable" work to "refresh and expand skills" for attending physicians. Combined, the book and video admirably meet these goals—but only for experienced osteopathic physicians or for allopathic physicians who have been broadly trained in osteopathic principles and practice. No effort is made to provide the conceptual or evidential scientific background for the offered diagnostic and therapeutic techniques. Nor is any effort made to explain the relationships between the various models of osteopathic care or to discuss the numerous practical and scientific controversies and challenges attendant to the practice of OMT. Consequently, it would be inappropriate to recommend the book and video as sufficient learning resources to beginning osteopathic medical students or to third parties (eg, administrators, bureaucrats, lay people, researchers, untrained clinicians across many professions).

The book is organized into 13 chapters. In chapter 1, the authors of *A Pocket Manual of OMT* succinctly describe various key concepts and nomenclature of osteopathic diagnosis and treatment. In chapters 2 through 12—the chapters featured in *Manipulation in Motion*—the authors discuss specific techniques of diagnosis and treatment, beginning with postural diagnosis (eg, "dynamic" [gait], "static" [standing], scoliosis, and short leg evaluations) and treatment (eg, heel lift therapy, spinal flexibility, "strengthening" exercises). Next in the diagnosis and treatment chapters are nine regions of the musculoskeletal system: lower extremities, pelvis, sacrum, lumbar vertebrae, thoracic vertebrae, ribs, cervical vertebrae, cranium, and upper extremities. Chapter 12 covers visceral diagnosis (eg, Chapman point palpation, motion testing, viscerosomatic reflexes) and treatment (eg, pectoral traction, rib raising, thoracic pump).

Each of the chapters on diagnosis and treatment follows a similar organization, facilitating the manual's use as a white-coat pocketbook reference for the busy clinician. First, diagnostic techniques are listed and summarized by body region. Treatment techniques are presented in a parallel manner. The treatment technique section of each chapter also includes indications and contraindications alongside a step-by-step description of the OMT technique. Next, exercises recommended for that body region are presented, also in a step-by-step manner. Finally, brief thermal therapy and "stabilization"

Photograph by Karen Ayers © West Virginia School of Osteopathic Medicine

instructions are given. "Stabilization" is not defined, but it appears to cover a spectrum of interventions that include bite appliances, orthoses, and prolotherapy. Many helpful black-and-white photographs of OMT techniques and exercises are provided in all 13 chapters.

The book concludes, in chapter 13, with a brief summary of principles of application regarding certain OMT models in the primary care setting. For example, six somatic dysfunctions—dubbed "the dirty half dozen"—associated with chronic low back pain are listed.

This presentation of OMT techniques in *A Pocket Manual of OMT* meaningfully reflects the state of the art of osteopathic evaluation and treatment for patients with somatic dysfunction. The authors note that any one of the TART (tissue texture abnormality, asymmetry, restriction of motion, tenderness) criteria is sufficient for the diagnosis of somatic dysfunction. Because the osteopathic medical profession has not fully explicated the relationships among the four elements of TART, little more than a list of potential findings—incompletely admixed into standard categories of somatic dysfunction—is presented.

Along with the regional (ie, orthopedic) organization of the musculoskeletal system that is fully adopted in *A Pocket Manual of OMT*, this listing serves to reinforce the empirical use of OMT. Such use is unfortunate, because the osteopathic medical profession is justifiably challenged to move beyond this limitation by forces outside our profession and by our own tenets of osteopathic medicine—the body is a unit; the body possesses self-regulatory mechanisms; structure and function are reciprocally interrelated; *rational* treatment is based on an understanding of body unity, self-regulatory mechanisms, and the interrelationship of structure and function.

Three aspects of *A Pocket Manual of OMT* stand out as unique. First, each diagnosis and treatment chapter includes brief discussions of two relatively new categories of OMT—percussion vibrator technique and facilitated oscillatory release technique. Second, the authors note that the book is "the first manual medicine text to list indications and contraindications for every treatment, basing them on osteopathic standards of care, clinical common sense, and author experience." The inclusion of indications and contraindications is an admirable practice that should be adopted by all authors who describe OMT or other manual techniques.

The lists of contraindications, though necessarily incomplete, are useful because they refer to various organic pathologic conditions and convey to the clinician the underlying principle of protecting injured, damaged, or diseased structures, as well as avoiding the risk of further injury. For example, contraindications for venous sinus drainage are presented as "intracranial bleed, craniofacial fracture, [central nervous system] malignancy or infection." By contrast, the lists of indications are often vague, reflecting a lack of discrimination between symptoms, organic pathologic conditions, and dysfunction. Indications for venous sinus drainage, for example, are given as "headache, upper respiratory congestion, and other problems." The musculoskeletal medical community at large faces a challenge in resolving this vagueness.

The third unique aspect of *A Pocket Manual of OMT* is the inclusion in each chapter of instructions for patients on how to perform physical exercises believed to complement OMT. For example, the chapter on lower extremities has directions for stretch and position-of-ease exercises for the Achilles tendon, gastrocnemius, hamstring, hip abductor, and patella. Although the addition of these stretching exercises sets a valuable precedent for OMT manuals, the precise dysfunctions that the exercises are intended to address are left to the clinician to sort out. The lack of precision in this component of the book is reinforced by the authors' descriptions of the exercises in orthopedic terms (ie, addressing specific muscles) rather than in osteopathic terms (ie, addressing specific patterns of dysfunction in postural and configurational contexts).

In summary—bearing in mind the previously mentioned limitations—I recommend both *A Pocket Manual of OMT* and *Manipulation in Motion* as valuable resources for the osteopathically trained clinician. The book and its companion DVD will likely also prove useful as succinct reviews for osteopathic medical students and residents preparing for practical examinations.

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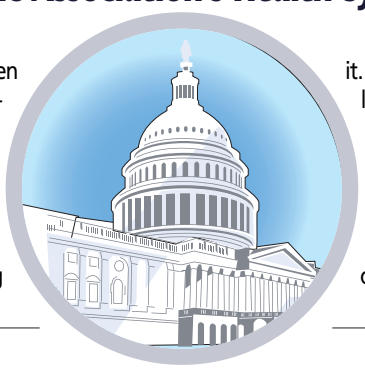
## American Osteopathic Association's Health System Reform Task Force

The following book review is part of a series written by members of the American Osteopathic Association's Health System Reform Task Force. This series aims to educate members of the osteopathic medical profession on current healthcare reform efforts as well as motivate them to learn more about the need for comprehensive healthcare reform and the role they can play in achieving it. Members of the American Osteopathic Association may learn more about health system reform by logging into the members-only section of DO-Online and selecting "Health System Reform" under the "Advocacy" tab. For more information on the American Osteopathic Association's Health System Reform Task Force, please contact Susan Friedman at sfriedman@osteopathic.org or (800) 621-1773, extension 8643.



### Medicare for Baby Boomers & Beyond

By Robert Stedman, DO. 278 pp, $19.95. ISBN: 978-1-58982-522-2. Salt Lake City, Utah: American Book Business Press; 2009.

Attention, baby boomers! January 1, 2011—the beginning of the year in which the first wave of baby boomers turns 65—is less than 2 years away. Will *you* be ready? Robert Stedman, an osteopathic physician in private practice in New Jersey, has written an important book—*Medicare for Baby Boomers & Beyond*—to help boomers understand the Medicare program and its implications for their physical and financial well-being.

While President Barack Obama has stated that he intends to modernize and transform the Medicare program, any changes will be a huge undertaking and will be implemented gradually over many years. In the meantime, Dr Stedman's book provides the reader with a comprehensive roadmap to navigate Medicare as it exists today. Dr Stedman also describes in his book how to incorporate the Medicare program into personal financial planning for one's retirement years.

Dr Stedman guides the reader through Medicare's "alphabet soup"—Medicare Part A (hospital insurance), Part B (physician visits and other outpatient care), Part C (Medicare Advantage), and Part D (prescription drug coverage). Each of these Medicare components is covered in its own chapter. Dr Stedman brings clarity to the complex web of rules and regulations governing these components.

Dr Stedman also discusses the history of Medicare (chapter 1), explains Medicare's billing procedures (chapter 4), offers advice on how to select a Part D provider (chapter 7), and provides systematic instructions for preparing a health insurance budget (chapter 8). In regard to preparing a budget, the author notes that before deciding how much one can afford to spend on healthcare insurance, the following questions should be answered:

1. At what age will you decide to receive Social Security benefits?
2. How much will you receive each month in Social Security benefits?
3. How much will you depend upon Social Security income for your retirement needs?
4. What additional sources of retirement income will you receive?
5. What percent of your retirement income will you spend on healthcare insurance?

*Medicare for Baby Boomers & Beyond* is a reader-friendly book. Each chapter begins with a list of "objectives," listing questions that the reader should be able to answer after completing that chapter. The remainder of each chapter provides exquisite detail about the subject matter and a summary of chapter content. Each chapter concludes with a "Test Your Knowledge" quiz, followed by the quiz answers.

After the eight chapters is an appendix, which contains such useful items as the Medicare fee schedule, toll-free telephone numbers for State Hospital Insurance Assistance Programs, and a Medicare Part D "savings calculator." The book ends with a glossary of Medicare-related terms, including *benefit period*, *capitation*, *general enrollment period*, *point of service*, and *tiered formulary*.

Numerous helpful flow charts and tables can be found throughout the book. For example, the book contains flow charts showing how Medicare reimbursements for primary care physicians and Medicare benefits to patients are determined in various cases. Among the many useful tables the author provides are one that shows maximum out-of-pocket payments under Medicare Part D while another shows retail prescription drug costs for certain medications.

Dr Stedman writes succinctly and with a sense of humor. For example, in the chapter on Medicare history, he writes:

> The following evolution of Medicare reads like an *Abbot and Costello* routine. ... During the period from 1965-1977, Medicare was under the jurisdiction of SSA [the Social Security Administration], which, in turn, was under the direction of the Department of Health, Education, and Welfare (HEW). ... In 1977, a new agency

> was established called the Health Care Financing Administration (HCFA), which directed both Medicare and Medicaid. ... Don't despair! We are close to the end of Medicare's evolution. ...

Dr Stedman praises Medicare when it serves patients well. However, he points out where the Medicare program falls short in contributing to the ability of physicians to provide—and patients to receive—high-quality healthcare. Examples of such reported shortfalls can be seen in the following two excerpts from the text:

> Both physicians and therapists alike have complained vehemently to the CMS [Centers for Medicare and Medicaid Services] about these caps [on Medicare reimbursements] especially the yearly combined cap of $1810 placed upon speech and physical therapy.

> As we indicated in Part A, Medicare seems to discriminate against psychiatric service. Why has Medicare singled out psychiatric services for a maximum of 190 days of inpatient therapy (Part A) and a coinsurance of 50% for outpatient therapy (Part B)?

Dr Stedman also highlights the bureaucratic complexity of the CMS by likening it to a set of Russian nesting dolls—once you have opened the big CMS "box," you find a series of smaller and smaller "boxes" inside. Each of these small boxes conceals mysterious content.

*Medicare for Baby Boomers & Beyond* is not just for the baby-boom generation, however. Anyone who wishes to be well-informed about the Medicare program—including policymakers, family members or other caregivers, and medical professionals—will learn a great deal from this book. In addition, the book is an indispensable and practical resource not only for learning about Medicare, but also for learning how to connect the program to intelligent healthcare-related financial planning for retirement.

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**Editor's Note:** *Medicare for Baby Boomers & Beyond* is available at special discounts for bulk purchases. More information can be obtained by e-mailing the book's publisher, American Book Business Press, at: info @american-book.com.

## Corrections

The authors regret that two errors appeared in the following article:

**Snider KT, Jorgensen DJ. Billing and coding for osteopathic manipulative treatment. *J Am Osteopath Assoc*. 2009;109:409-413. http://www.jaoa.org/cgi/content/full/109/8/409. Accessed October 14, 2009.**

The first sentence of the first paragraph after the abstract on page 409 appears as, "The current procedural terminology (CPT) manual is updated on an annual basis with the descriptions of each procedure as well as what services are typically bundled with that procedure." This passage should have printed as follows: "The current procedural terminology (CPT) manual is updated on an annual basis and includes new, revised, and deleted reimbursement codes. The National Correct Coding Initiative identifies what services are typically bundled with procedures."

Also, the first block of quoted text on page 410 was reproduced from the 2006 CPT manual rather than the 2009 CPT manual and incorrectly stated that circumstances "may be reported by adding the modifier -25 to the appropriate level of E/M service, or the separate five digit modifier 09925 may be used." Because the 09925 code is no longer in use, the second half of this sentence should have been removed. Therefore, the statement should have appeared as follows: "This circumstance may be reported by adding the modifier -25 to the appropriate level of E/M service."

These changes have been made to the full text (http://www.jaoa.org/cgi/content/full/109/8/409) and PDF (http://www.jaoa.org/cgi/reprint/109/8/409) versions of this article online.