

about our patients with dyslipidemia, high blood pressure, angina, diabetes, overweight or obesity, autoimmune disease, or cognitive impairment? Each of these conditions can be effectively managed with lifestyle medicine approaches<sup>7</sup> that would avoid the overuse of pills and procedures and simultaneously reduce health care costs.

But where do we find the time to incorporate lifestyle medicine? It is much like practicing osteopathic manipulative medicine. We must determine to serve the best interests of our patients, even though the economic, time, and systemic pressures work against us. Like osteopathic manipulative medicine, we should all be trained in lifestyle medicine. We should apply it to some degree in our practices, regardless of our specialty. We should also have lifestyle medicine specialists—physicians with a focus and specialized skills—on a referral basis, especially for complex cases.

Our profession needs to be at the forefront in promoting and lobbying for health care reform that focuses on health rather than disease. We should be encouraging our politicians to not only develop policies that promote wellness, but to also support those policies with funding through reimbursement for providers who keep our society and its workforce well.

The time is right for a new paradigm—a lifestyle-focused approach to health care. We cannot practice business as usual. We can't afford it. We can't sustain it. We can't survive it.

The time is right for the osteopathic medical profession to reassert our founding principles and take the lead in researching, developing, promoting, and applying the practice of lifestyle medicine. It is in our DNA! (doi:10.7556/jaoa.2016.101)

## References

1. Doctors are the third leading cause of death in the US, killing 225,000 people every year. Mercola.com. July 30, 2000. <http://articles.mercola.com/sites/articles/archive/2000/07/30/doctors-death-part-one.aspx>. Accessed May 8, 2016.
2. Makary MA, Daniel M. Medical error—the third leading cause of death in the US. *BMJ*. 2016;353:i2139. doi:10.1136/bmj.i2139.
3. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA*. 2014;311(8):806-814. doi:10.1001/jama.2014.732.
4. Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and trends in diabetes among adults in the United States, 1988-2012. *JAMA*. 2015;314(10):1021-1029. doi:10.1001/jama.2015.10029.
5. Tenets of osteopathic medicine. American Osteopathic Association website. <http://www.osteopathic.org/inside-aoa/about/leadership/Pages/tenets-of-osteopathic-medicine.aspx>. Accessed June 16, 2016.
6. What is lifestyle medicine? American College of Lifestyle Medicine website. <http://www.lifestylemedicine.org/What-is-Lifestyle-Medicine>. Accessed May 6, 2016.
7. Scientific evidence. American College of Lifestyle Medicine website. <http://lifestylemedicine.org/Scientific-Evidence>. Accessed May 6, 2016.
8. American Medical Association. H.425.972 Healthy lifestyles. Cited by: Dysinger WS. Lifestyle medicine competencies for primary care physicians. *Virtual Mentor*. 2013;15(4):306-310. doi:10.1001/virtualmentor.2013.15.4.medu1-1304.
9. Core competencies. American College of Lifestyle Medicine website. <http://www.lifestylemedicine.org/Core-Competencies>. Accessed June 27, 2016.

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## Correction

The *JAOA* and the author regret errors that appeared in the following article:

**Wright WF. Cullen sign and Grey Turner sign revisited. *J Am Osteopath Assoc*. 2016;116(6):398-401. doi:10.7556/jaoa.2016.081.**

On page 398, in the statement “Cullen and Grey Turner are names for common physical examination signs of abdominal wall hemorrhage, also known as *rectus abdominis subfascial bleeding*,” the portion “also known as *rectus abdominis subfascial bleeding*” should have been deleted. Also, on page 399, the statement “An important distinction is that neither Cullen nor Grey Turner intended these signs to be indicators of intra-abdominal pathology” should have appeared as, “An important distinction is that Cullen and Grey Turner intended these abdominal wall bleeding signs to be indicators of intra-abdominal pathology.”

These changes will be made to the electronic versions of the articles online. (doi:10.7556/jaoa.2016.102)