

that osteopathic manipulative treatment may be applicable in the management of diabetic foot ulcer. (doi:10.7556/jaoa.2016.135)

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Ineffectiveness of Spinal Manipulation for Acute Musculoskeletal Thoracic or Chest Wall Pain

Southerst D, Marchand AA, Côté P, et al. The effectiveness of noninvasive interventions for musculoskeletal thoracic spine and chest wall pain: a systematic review by the Ontario Protocol for Traffic Injury Management (OPTIMA) collaboration. *J Manipulative Physiol Ther*. 2015;38(7):521-531. doi:10.1016/j.jmpt.2015.06.001.

Few randomized clinical trials (RCTs) provide guidance on the most effective management for musculoskeletal thoracic spine or chest wall pain. Canadian researchers performed a rigorous systematic review of RCTs, cohort studies, and case-control studies that examined nonpharmacologic treatments for managing acute mechanical thoracic spine and chest wall pain. Contrary to previous recommendations,^{1,2} the study determined that manual therapy provided clinically irrelevant pain reduction in patients with thoracic pain.

Inclusion criteria were studies published in English, between 1990 and 2015, with a subsample of at least 30 participants per treatment arm for RCTs or 100 for cohort or case-controlled studies. Authors excluded visceral or systemic disease-related pain studies. Independent reviewers used the Scottish Intercollegiate Guidelines Network criteria to assess the risk of bias, calculated relative risk, strength of

association between interventions and outcomes, and intervention effectiveness by measuring mean changes between groups.

Researchers assessed more than 8000 potentially relevant articles and found 2 appraisable studies. One of the studies found a small statistically significant—but not clinically important—impact of manual physiotherapy on reducing acute thoracic spinal pain when comparing the effectiveness of thoracic spinal manipulation, needle acupuncture, and placebo electrotherapy in the management of thoracic spine pain. The other study, which compared a multimodal program of care with a single education session in the management of musculoskeletal chest wall pain, suggested that chiropractic spinal manipulation and soft tissue therapy have the same effect in reducing acute chest wall pain as an education session.

The researchers concluded that manual therapies are not effective for acute musculoskeletal thoracic spine or chest wall pain management. A high-quality RCT subsequently substantiated the findings of this systematic review.³

The osteopathic medical profession needs rigorously designed, low bias, large cohort studies, similar to those that support the American Osteopathic Association's recently updated osteopathic manipulative treatment guidelines for low back pain,⁴ to validate reimbursement claims for treating patients with acute thoracic spine and chest wall pain conditions with osteopathic manipulative treatment. (doi:10.7556/jaoa.2016.136)

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Transcendence From Patient-Centered Care to Person-Centered Care: A Study of the Biopsychosocial Impact of Personality on Health

Fahlgren E, Nima AA, Archer T, Garcia D. Person-centered osteopathic practice: patients' personality (body, mind and soul) and health (ill-being and well-being). *Peer J.* 2015;3:e1349. doi:10.7717/peerj.1349.

Osteopathic physicians have often seen the effect that biopsychosocial stressors can have on a patient's health and well-being. There are few studies, however, that examine how personality influences health outcomes. Understanding how personality can affect health care and engage patients in self-care is crucial to moving health care forward.

Thirty osteopathic practitioners in Sweden who were members of the Swedish Osteopathic Association agreed to voluntarily participate in the data collection of their patient population. Swedish researchers examined the link between personality and health in this study of 524 patients.

The study measured personality well-being and ill-being, and dysfunction from the presenting problem. Personality was measured by a survey that assessed the 4 temperament dimensions (harm avoidance, novelty seeking, reward dependence, and persistence) and the 3 character

dimensions (self-directedness, cooperativeness, and self-transcendence).

Well-being and ill-being data were collected via self-reported tests using 6- or 7-point Likert scales that measured temperament, character inventory, harmony in life, satisfaction with life, resiliency, positive and negative affect, and stress.

The results of the surveys showed that patients' personalities explained the variance of all well-being measures and most ill-being measures. Self-directedness (ie, self-determination and self-sufficiency) was the character dimension most positively related to all well-being measures and negatively related to ill-being. Harm avoidance, on the other hand, showed an inverse relationship. Self-transcendence was associated positively with harmony in life, resilience, positive affect, and energy, implying that the soul aspect of a patient's personality, which allows one to have a sense of being part of something bigger than the self, is associated with well-being.

Andrew Taylor Still, MD, DO, viewed the body as a triune being and believed that body, mind, and spirit¹ were all vital to the care of the patient. This study suggests that the biopsychosocial aspect of care is important to the osteopathic medical profession and indicates that supporting resiliency and self-directedness in patients is key to a person-centered approach. Future studies are needed to clarify the permanence of these personality traits and to demonstrate how health care professionals can coach patients to become more resilient and self-aware. (doi:10.7556/jaoa.2016.137)

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