

Osteopathic Physicians



Occupational Brief Title Codes:

- D.O.T.: 071.101-010
- G.O.E.: 02.03.01
- S.O.C.: 29-1069, 29-106
- O*NET™: 29-1069.99, 29-106
- N.A.I.C.S.: 621111
- H.O.C.: ISR

Work Classification Based Related

D.O.T. Occupations:

- Family Practitioners
- Internists
- Pediatricians
- Surgeons

Interests Based Related

G.O.E. Occupations:

- Anesthesiologists
- Cardiologists
- Ophthalmologists
- Radiologists

Skills Based Related

O*NET Occupations:

- Chiropractors
- Dentists
- Optometrists
- Physician Assistants
- Podiatrists
- Registered Nurses
- Veterinarians

Noteworthy Quote:

"The practice of Osteopathic Medicine is a very gratifying profession. Constant contact with the patients and their families, and the ability to influence their well-being is extremely rewarding. Having the extra dimension of Osteopathic Manipulative Medicine makes the D.O. better qualified to diagnose and treat most of the common illnesses that afflict the general public."

—**Matthew Schure, Ph.D., President,**
New York College of Osteopathic
Medicine, Old Westbury, New York

Osteopathic physicians (os-te-o`path-ic phy`si-cians) diagnose, treat, and prevent diseases and injuries of the human body using accepted medical and surgical techniques, along with palpatory diagnosis and osteopathic manipulative treatment to address impairments in the musculoskeletal system.

There are two types of physicians: The M.D.—Doctor of Medicine—and the D.O.—Doctor of Osteopathic Medicine. While both M.D.s and D.O.s may use all accepted methods of treatment, including drugs and surgery, D.O.s place special emphasis on the body's musculoskeletal system, preventive medicine, and holistic patient care.

Osteopathic medicine was founded in 1874 by Andrew Taylor Still, a physician who was dissatisfied with the ineffectiveness of nineteenth century medicine. He established a philosophy of medicine that focused on the body as a unit and its capacity to heal itself. He identified the musculoskeletal system as a key element of health and worked out a system of manipulation designed to diagnose and correct structural and functional problems.

Today, osteopathic physicians emphasize that all body systems, including the musculoskeletal system, operate together. Since muscles and bones make up about two thirds of the body mass, even minor structural problems can cause reactions elsewhere in a body. A disturbance in one system can upset the function of other systems.

Osteopathic medicine holds that true health involves complete physical, mental, and social well-being, rather than merely the absence of disease. In this system, the body has a capacity for health that the physician helps the individual attain. The osteopathic physician, therefore, treats the whole patient, considering such factors as nutrition and mental health in addition to physical symptoms of illness.

The osteopathic profession cooperates with all other branches of medical science. At the same time, it maintains its professional independence in order to conduct and develop osteopathic medicine as a unique system of health care.

Work Performed

Osteopathic physicians, also known as **doctors of osteopathy** (D.O.s), are physicians trained to diagnose illness, prescribe medication, and perform surgery. D.O.s, like M.D.s, are licensed in all fifty states to offer complete medical care (the unlimited practice of medicine and surgery) using the most modern and scientifically accepted methods of diagnosis and treatment.

Osteopathic physicians practice in all branches of medicine from psychiatry to surgery, but the majority are primary care physicians. Primary care physicians provide first-contact and continuing care for persons with any undiagnosed health concern. They work with patients of all ages, and treat a very large and diverse amount of ailments. They may treat children with colds, elderly persons with arthritis, athletes with sports injuries, new mothers and infants, or workers with an occupational injury. They treat chronic ailments, emergency cases, and most diseases. They may also perform minor surgery, but they usually refer more serious surgical cases to specialists.

To examine a patient, osteopathic physicians do a structural exam. They check posture, spine, balance, joints, muscles, tendons, and ligaments. They may use medical

instruments such as a stethoscope, and equipment such as an electrocardiograph machine to record the activity of the heart. If necessary, they may order or perform tests, analyses, and diagnostic procedures.

When examining a patient, D.O.s look at the individual as an integrated whole rather than as a sum of body parts. They consider the patient from the standpoint of age, heredity, lifestyle, job, stress, and living environment—conditions that might affect the health of the patient. They believe that everything a person is or does can and does have an affect on their health. Much of osteopathic medicine is also aimed at reducing or eliminating any interferences to the body's innate ability to heal itself.

D.O.s focus special attention on the skeletal and muscular systems. They may employ palpation (examining by touching) to detect soft tissue changes or structural defects in the body. At other times, they may use osteopathic manipulative treatment (OMT) to work on an interconnected network of nerves, muscles, and bones.

OMT consists of soft-tissue technique, lymphatic technique, thrust technique, muscle energy technique, and counterstrain. In these methods, osteopathic physicians use their hands to apply traction, stretching, pressure, thrust, and counterforce to body systems. These applications serve to move tissue and fluids, relax muscles, relieve tenderness, and restore mobility and range of motion to joints and muscles.

OMT is commonly used in conjunction with medication and other procedures to treat ailments such as back pain, neck pain, and headaches. Correct manipulative treatment of the spine and neck, for instance, often relieves headache symptoms.

In addition, D.O.s are skilled listeners. As patients describe and talk about their health concerns, physicians can understand the internal and external factors that caused the illness or condition, and can then select the most appropriate forms of treatment. In chats with patients, osteopathic physicians often help patients develop attitudes and lifestyles that promote wellness and help prevent illness. In this holistic approach, osteopathic physicians emphasize preventive medicine, proper nutrition, and staying fit.

Besides caring for their patients, osteopathic physicians are also concerned with the families of patients. They advise them on the condition of the patients and the care they need. D.O.s often confer with colleagues (including M.D.s and other health professionals) on clinical matters. They conduct both office hours and hospital rounds. Osteopathic physicians may make house calls to treat patients unable to come to the office.

Working Conditions

Osteopathic physicians have well-equipped offices and a staff to help them care for patients. They may have a solo practice, or work as salaried employees of a group medical practice, clinic, hospital, health network, or outpatient center. Physicians must travel daily between their office and local hospital to care for their patients. Those who are on call deal

with many patients' concerns over the phone and may make emergency visits to hospitals or nursing homes.

As practicing physicians, D.O.s have a great deal of personal interaction and contact with people. They treat patients, supervise staff, confer with colleagues, and direct and oversee nurses and other health personnel. Like other physicians, osteopathic physicians sometimes must deal with unpleasant, tragic, or sad events. They face the deaths of patients and the task of telling patients' families about this loss.

Hours and Earnings

Osteopathic physicians often work long and irregular hours. Many work up to sixty hours a week. They divide their time between office hours and hospital rounds. Those on call may deal with emergency cases at anytime of the day or night. Osteopathic physicians must also find time to keep up with ongoing developments in the field of medicine. Usually, as physicians approach retirement age, they accept fewer new patients and tend to work fewer hours.

Earnings for osteopathic physicians, like other physicians, vary with years in practice, hours worked, specialty, employer, and skill, personality, and professional reputation. Earnings in the first few years are generally low, but usually increase as a physician becomes established. Geographic location and the overall average income of the community also affect the earnings of physicians. According to a survey conducted by the Medical Group Management Association, in 2002, median compensation for primary physicians ranged from around \$150,000 a year to well over \$200,000 a year.

In general, self-employed physicians have higher median incomes than salaried physicians. However, they have substantial expenses. They must furnish and maintain a suite of offices and treatment rooms, and employ and pay staff. They must also pay liability insurance which runs well into the thousands of dollars a year range, and provide for their own health insurance and retirement.

Education and Training

The education for osteopathic physicians is long and difficult. Osteopathic physicians must successfully complete 4 years of undergraduate school, 4 years of medical school, and 3 to 8 years of internship and residency depending on the specialty selected. Prospective D.O.s must also be prepared to continue to study throughout their career in order to keep up with medical advances.

The minimum educational requirement for admission to an osteopathic medical school is 3 years of college. Most candidates, however, have a 4-year bachelor's degree, and many have advanced degrees. Required undergraduate courses include one year each of English, biological sciences, physics, general chemistry, and organic chemistry. A few osteopathic schools also require courses in genetics, mathematics, or psychology.

The Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA) is recognized by the U.S. Department of Education and the

Council on Postsecondary Education as the only accrediting agency for osteopathic medical schools in the United States. AOA currently accredits 20 osteopathic medical schools located throughout the country.

Acceptance to medical school is very competitive. In general, applicants must take the Medical College Admissions Test (MCAT) to qualify for admission to any medical school. They must submit transcripts of their college studies, along with letters of recommendation. Also taken into account are an applicant's character, personality, leadership qualities, and participation in extracurricular activities. An interview with an admissions officer is often required.

It usually takes four years to complete osteopathic medical school. Throughout their training, students take courses stressing osteopathic principles and techniques. They spend the first two years in laboratories and classrooms. They take courses such as anatomy, biochemistry, physiology, pharmacology, behavioral science, microbiology, pathology, medical ethics, and laws governing medicine. They also learn to take medical histories, examine patients, and recognize symptoms.

In the final two years, students work with patients under the supervision of experienced physicians as interns in clinical clerkships. In hospitals, clinics, and physicians' offices, interns learn acute, chronic, preventive, and rehabilitative care. Through rotations in internal medicine, family practice, obstetrics and gynecology, pediatrics, psychiatry, and surgery, they acquire experience in the diagnosis and treatment of illness in various specialties. Upon successful completion of these studies, students receive their D.O. degree.

After graduation from medical school, students must then serve a 1-year rotating internship approved by the AOA Executive Committee of Council on Postdoctoral Training (ECCOPT). This experience ensures that osteopathic physicians are first trained as primary care physicians. From this point on, D.O.s may continue on to take residency programs in a broad range of specialties, which may require anywhere from 2 to 6 years of further training.

Licensing, Certification, and Professional Societies

To practice, all fifty states, the District of Columbia, and all U.S. territories require D.O.s to be licensed by their state medical licensing board. These boards vary in their makeup and requirements for licensing. Some states administer separate tests for D.O.s and M.D.s, others do not. However, all states require D.O. licensing candidates to graduate from an accredited osteopathic medical school, complete at least one year of postgraduate medical training, and pass an approved board medical examination.

Most D.O.s take one of two national standardized medical board exams in the beginning of their second year of osteopathic medical school. Osteopathic students, physicians, and surgeons in the United States are eligible to take either or both the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) or the U.S. Medical Licensure Examination (USMLE). M.D.s are only eligible to take the

USMLE until they have acquired the necessary additional osteopathic coursework.

Many osteopathic physicians also choose to become board certified in a specialty, although it is not required to practice. Again, osteopathic education prepares graduates to apply for accreditation by specialty boards in either or both D.O. and M.D. professions. After completing required postgraduate training and residency, licensed D.O.s are eligible to take examinations offered by the American Board of Medical Specialties and AOA Bureau of Osteopathic Specialists. There are 24 medical specialty boards and 18 osteopathic specialty boards, ranging from allergy and immunology to urology.

Requirements to remain board certified generally include maintenance of a full and unrestricted U.S. medical license; completion of a specified amount of continuing medical education; and passing a recertification examination. Once certified, osteopathic physicians may obtain additional certification in a subspecialty (such as cardiology) or certificates of added qualifications (such as geriatric or sports medicine). To qualify, D.O.s must successfully complete 1 to 2 years of additional training, called a fellowship, and an examination in that field.

Personal Qualifications

Anyone interested in becoming an osteopathic physician should have the intelligence, emotional stability, self-discipline, and patience to survive the pressures and long hours of medical education and practice. They should have a sincere desire to serve patients, as well as the tact to deal with them effectively. They should be personable and sympathetic to their patients' needs, and must be able to make decisions in emergencies. Self-employed D.O.s also need good business and management skills in order to conduct a successful practice.

Occupations can be adapted for workers with disabilities. Persons should contact their school or employment counselors, their state office of vocational rehabilitation, or their state department of labor to explore fully their individual needs and requirements as well as the requirements of the occupation.

Where Employed

According to the American Osteopathic Association, there were just under 46,000 D.O.s in active practice in the United States as of January 2004. More than 65 percent practiced in primary care fields such as pediatrics, family practice, obstetrics and gynecology, and internal medicine. The remaining 35 percent practiced in a specialty such as surgery, anesthesiology, emergency medicine, psychiatry, obstetrics, radiology, dermatology, ophthalmology, or others.

Osteopathic physicians work in private offices, hospitals, clinics, nursing homes, community health centers, outpatient centers, and other health care settings. Some are employed in industrial medicine. Others are sports physicians working for athletic departments of colleges and universities. They also serve as medical officers in the U.S. Public Health Service, the military, and the U.S. Department of Veterans Affairs.

Many D.O.s have a solo practice, however, many others are engaged in a group practice of one kind or another. Many D.O.s are also involved in health care plans such as Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Independent Practice Associations (IPAs). These groups, sponsored by insurance companies or other agencies, offer health services to subscriber patients for prepaid or discounted fees.

Although osteopathic physicians can be found throughout the country, many work in rural areas and in towns with fewer than 10,000 people. The states where they predominate are California, Florida, Michigan, New Jersey, New York, Ohio, Pennsylvania, and Texas.

Employment Outlook

Job prospects for osteopathic physicians should remain strong. Through the year 2012, the Bureau of Labor Statistics predicts a growth rate of 19.5 percent in overall employment of physicians and surgeons—that is an increase of around 114,000 positions. An additional 77,000 positions are also expected to open due to replacement needs. In fact, osteopathic medicine in particular is emerging as one of the fastest growing healthcare professions in the United States.

Spurring this growth is an ever growing and aging population which requires greater health care services. Consumers will also continue to demand higher levels of care using the latest technologies, diagnostic tests, and therapies. Such advances offer more intensive care and greater diagnostic and preventive measures, as well as treatments for disorders formerly regarded as untreatable.

However, demand for physician services is highly sensitive to changes in consumer preferences, healthcare reimbursement policies, and legislation. For instance, if changes to health coverage result in consumers facing higher out-of-pocket costs, they may demand fewer physician services. Demand for primary care physician services in particular may also be tempered by patients relying more on other, less-costly healthcare providers, such as nurse practitioners and midwives, for some basic healthcare services.

Overall, opportunities for osteopathic physicians should be good in all practice settings. However, the greatest need will be for primary care physicians. Opportunities should be particularly favorable in rural and low-income areas. Some physicians find these areas unattractive due to lower earnings potential and isolation from medical colleagues. The greatest demand will be in states where osteopathic medicine is well-known and accepted as a form of treatment.

Entry Methods

Newly licensed osteopathic physicians may begin their career in any of several ways. They may, with a substantial financial investment, set up a private practice. Most new physicians, however, cannot afford the high costs of establishing a practice and opt to take salaried jobs in group medical practices, clinics, or health management organizations. These

positions offer them regular hours, a regular salary, and the opportunity for peer consultation.

Advancement

Osteopathic physicians advance in earnings and stature as they build up a practice. Income usually rises substantially as the practice becomes established. Some osteopathic physicians continue their studies to qualify for a specialty. These fields offer a higher income.

For Further Research

American Association of Colleges of Osteopathic Medicine, 5550 Friendship Boulevard, Suite 310, Chevy Chase, MD 20815-7231. Web site: www.aacom.org

American Osteopathic Association, 142 East Ontario Street, Chicago, IL 60611. Web site: www.osteopathic.org

Acknowledgments

Chronicle Guidance Publications appreciates the cooperation of the following who reviewed the information in this brief.

Konrad C. Miskowicz-Retz, Ph.D. CAE, Director,
Department of Education, American Osteopathic
Association, 142 East Ontario Street, Chicago, IL 60611.

O*NET™ is a trademark of the U.S. Department of Labor,
Employment and Training Administration.

H.O.C. codes adapted and reproduced by special permission of the publisher, Psychological Assessment Resources, Inc., Odessa, FL 33556, from the *Dictionary of Holland Occupational Codes-Third Edition*, by Gary D. Gottfredson, Ph.D., and John L. Holland, Ph.D. Copyright 1982, 1989, 1996 by PAR, Inc.

Briefs Related to This Title

Chiropractors. **Brief 146.**
Family Medicine Physicians. **Brief 668.**
General Internists. **Brief 686.**
Neonatologists. **Brief 687.**
Obstetrician-Gynecologists. **Brief 578.**
Ophthalmologists. **Brief 13.**
Pediatricians. **Brief 259.**
Sports Team Physicians. **Brief 546.**
Surgeons. **Brief 665.**

For a complete list of brief and reprint titles
with current pricing information call:
Chronicle Guidance Publications, Inc.
66 Aurora Street
Moravia, New York 13118-3569
Phone 1 800 622-7284 FAX (315) 497-3359
Visit our Web Site at
www.ChronicleGuidance.com

Occupations discussed or illustrated should be considered valid for all persons regardless of disabilities, age, sex, or race.