

# A Med School Applicant's Guide to Osteopathic Medicine and How to Succeed in D.O. Interviews

Osteopathic medicine is a somewhat “existential” field that I had no understanding of prior to medical school -- I think it's a reasonable statement to say that most applicants have no idea what it really is. My goal is to make it slightly more concrete so that you can shine in your D.O. applications and during interviews.

You always hear people talk about how D.O.s adopt a “holistic” or “whole person” approach, but that buzzword holds no weight and I would **avoid it during interviews**. Every applicant and their best friend will talk about how they want to have a “holistic approach to medicine.” Snooze. A holistic approach to medicine is a personal endeavor and is absolutely *not exclusive* to being a D.O. Every care provider, from the environmental service worker to the nurse to the physician can (and should!) adopt a holistic and humanistic approach to medicine.

*If you want to jump straight to examples of what to say during interview questions, see the TL;DR section.*

## ***What exactly is osteopathic medicine?***

At its most basic form, osteopathy is a “medical model.” It's similar to the way you might describe the “nursing model of medicine” v. the “physician model of medicine.” It's simply a framework of medicine with certain nuances that defines it from other frameworks.

An easy way to think of it is like a block of cheese and a fancy box shredder; medicine is the cheese and the models are the different tools on the shredder. Nursing can be the slicer, allopathic medicine is the big shredder, osteopathic medicine is the little shredder, etc. The medicine “cheese” is the same, but different “interpretations” serve different purposes better. For example, I would prefer sliced cheese on my sandwich over shredded cheese. However, at the end of the day it's all still the same trusty Colby jack in *\*almost\** the same format. I selected allopathic and osteopathic medicine as two “shred sizes” because they are virtually interchangeable in modern medical practice. Of course, what differentiates osteopaths is the specific education and use of osteopathic manipulative medicine and treatment (OMM or OMT).

The nuance of osteopathic medicine is that it places **special emphasis on the musculoskeletal system**. The backbone of OMM is a concept called **somatic dysfunction**. The idea is to address how **imbalances within the musculoskeletal system (these so-called somatic dysfunctions) affect the underlying nerves, vasculature, and lymphatics**. This is the essence of the osteopathic principle that structure and function are reciprocally interrelated (see point 3 under

the section on osteopathic philosophy). **What I just wrote is the most important part and is the crux of OMM.**

Somatic dysfunctions are diagnosed with palpation. As a D.O., your hands will become a special diagnostic tool. You will get really good at feeling iotas of movement and minutia of asymmetry. In summary:

Goal:

- Identify musculoskeletal abnormalities (somatic dysfunctions) that may be negatively affecting other body parts or organ systems.

Diagnosis:

- Use your hands to palpate asymmetry, restricted range of motion, and changes in tissue texture (think unequal tension on muscles, fascia, and connective tissue).

Treatment:

- A slew of OMT techniques can be used to re-establish symmetry, range of motion, and tissue tension equilibrium.

## ***What are the high-level things to know about the osteopathic philosophy?***

In a more concrete sense, the philosophy of osteopathic medicine is based on the following tenets:

### ***1. The body, mind, and spirit exist as one unit.***

- This is where the “holistic” buzzword comes from – this basically just means that the founder of osteopathic medicine, A.T. Still, really wanted to emphasize that organ systems don’t exist in isolation, AND that a person’s health is affected by many other things than the somatic body itself. Consider how a person has the potential to be very healthy, but they live in a food desert or have mold in their homes (socioeconomic); don’t have insight into what is needed for their health (psychiatric); or simply don’t have the motivation or desire to make changes for health improvement

### ***2. The body is capable of self-regulation, self-healing and health maintenance.***

- Meaning: the body inherently wants to be happy and healthy
- The D.O.’s approach involves using the musculoskeletal system to help regulate some of the other systems that might be out of whack
- Fixing a problem by adjusting musculoskeletal components instead of necessarily starting with medications or other interventions can be viewed as a more “self-healing” model

### ***3. Structure and function are reciprocally interrelated.***

- This isn't news, this is the foundation of biochemistry... but it is infinitely important regardless of one's role in the medical field, from researcher to physician

**4. Rational treatment is based on an understanding of the above 3 principles.**

- Duh

### ***How do I answer the infamous interview questions?***

We all know that for the vast majority of applicants, the answer is, "I just want to get into medical school, and osteopathic schools are another avenue of becoming a physician." Or, "I want to go to an M.D. school but I'm also applying to D.O. schools as a parallel option." I absolutely felt this way and most people would be kidding themselves if they said they weren't. Obviously, we can't say this during the interview, but I want to help you shine on the D.O.-specific questions so that you can stand out from other applicants. *If you want to jump straight to an example answer, skip to the TL;DR.*

**You don't have to want to do orthopedics or sports medicine to care about the musculoskeletal system.** If you already have an idea of what you want to do and it doesn't seem to mesh with MSK, there is a way to spin it! (And if you have no idea what specialty you're interested in, that's even better).

We all know that an interview answer is exponentially stronger when it includes specific details or stories. I'm going to lay out a prime example of a detailed scenario involving sciatic nerve pain where you, as a physician, can make a difference with OMM.

There's a condition called piriformis syndrome, which involves the piriformis muscle in the deep gluteal region spasming and irritating the underlying sciatic nerve. It causes strong, aching pain, difficulty sitting, numbness, and tingling down the back of the affected leg. A run-of-the-mill physician would recommend anti-inflammatory meds and PT. Keep in mind that PT is usually 2-3x weekly for anywhere from 4-12 weeks. PT is wonderful, but there can be issues with adherence to the schedule. Apart from sheer frequency of appointments, PT may be a barrier due to socioeconomic factors like the inability to take off work or secure transportation.

Here's where being a D.O. is clutch: you can do OMT on the spot. In a matter of minutes, you can assess for somatic dysfunction and use techniques to release the piriformis muscle and surrounding fascia and connective tissue. By employing OMT techniques, your patient is not only provided relief in the moment, but you've also expedited relief of underlying inflammation that would otherwise have taken a lot longer to resolve. You can still refer your patient to PT and recommend over-the-counter anti-inflammatory medications, but those interventions now work *synergistically* with the OMT you provided. Furthermore, if the patient was going to struggle with making it to PT, you've already done a lot of good in just one short encounter.

If you've already disclosed to the interviewer that you are gung-ho about a certain specialty and piriformis syndrome doesn't really fit the bill, here is a (nowhere-near-exhaustive) list of things I could think of that align with other specialties:

Neurology:

- Cranial techniques for headaches, migraines
- Soft tissue techniques for torticollis

Pediatrics:

- Lymphatic drainage techniques for otitis media
- Diaphragmatic release for asthma
- There are even some D.O.s who help newborns with latching issues during breastfeeding!

OBGYN:

- Pelvic diaphragm release for pelvic pain
- Sacral decompression for back pain

EM:

- Literally any somatic pain complaint that walks through the door can be treated with OMT
- Rib articulation for musculoskeletal chest pain
- Diaphragmatic release for pneumonia

Surgery:

- A slew of techniques for post-op pain management
- Rib raising techniques in patients with poor mobility to reduce the likelihood of post-op ileus (\*this one is well-researched and will make you look especially good if you bring this one up casually\*)

IM:

- Rib raising and thoracic inlet release for COPD to enhance chest wall compliance

Psych:

- Cranial techniques to reduce anxiety and promote relaxation

### ***TL;DR (Example Interview Answer Outline):***

#### ***What is your understanding of osteopathic medicine?***

My understanding of being a D.O. is that it is a framework through which medicine is viewed, similar to how nurses v. APPs v. allopathic physicians see medicine with a slightly different lens. *[Feel free to throw in the cheese analogy or another one if you want]*. I generally understand that osteopathic manipulative treatment involves identifying somatic dysfunction by refining one's skill at palpation and treating those functions with specialized, hands-on techniques.

#### ***How do you envision yourself using the distinct osteopathic philosophy as a future physician?***

I'm drawn to the osteopathic model because of its special emphasis on how the musculoskeletal system can be employed as an adjuvant to treat other underlying conditions. As a physician, my personal goal is to maximize patient outcomes with only the required outside interventions. I think it's so awesome that the body itself can be used as its own tool for self-healing, which is unique to the osteopathic philosophy.

- Here, you've specifically addressed philosophy tenet #2 and stayed away from the very shallow interpretation of tenet #1 that most applicants default to due to lack of understanding.

### ***How will you use osteopathic medicine in your personal practice?***

Learning these techniques to treat other common conditions that I will need to address when I am a physician is incredibly useful. For example, *[insert example about sciatic pain or otherwise here]*.

- EVEN BETTER: reflect on a patient experience you personally had where you had a patient who could have benefitted from OMM and insert that here.
- *Key interview point:* don't just say it will be useful; make sure to include how it might be useful with a specific example from the list I provided, or with something you come up with on your own.

Apart from the use of OMM, I believe that mastering the art of palpation will help me in my diagnostic practice overall. As humans, our senses of sight and hearing are exceptionally acute for survival purposes, but that doesn't mean that other senses can't be refined. I am fascinated that OMM can teach me how to sharpen my sense of touch. For example, I want to be able to feel confidently that my patient has hepatomegaly or splenomegaly, or that I feel fine crepitus over skin or bone. It sounds easy on paper, but I imagine that in real life, identifying those findings requires some a serious level of dexterity. This is a skillset unique to being a D.O. that I wouldn't be able to master in another medical profession or as an allopath.

- They will love you by specifically addressing that you can only master this skill as an osteopath, and that you understand that the skills you acquire from OMT are not isolated to practicing OMT but can serve you in other ways.

### ***Why do you want to be a D.O.?***

Mix and match any examples from above!

I hope this helps!

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