Transitions:
Our patients, our profession and our own.

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Disclosures:

Dr. Newman has nothing to disclose.

The following content is from her own musings and research and is not intended to be, nor should be interpreted as representing any of the organizations for whom she currently or historically held positions on boards, bureaus or committees. This includes but is not limited to the AOA, AAO, FOMA, MOA and ACGME.
Introduction and Gratitude

• Thomas L Northup, D.O., D.Sc. (Ost):
  • 1st two years in MD school
  • Disillusioned with standard medical care, moved to Kirksville to study osteopathy at the ASO
  • One of the founders of the AAO

• Thank you, Dr. Northup and

• Thank you, AAO BOG, for this opportunity to honor Dr. Northup!

Dr George Northup said of his dad, “He had a clear goal and it was the principle upon which the American Academy of Osteopathy was founded.”
Transition and Balance

• The health of osteopathy is dependent on the health of 3 main areas.

• Like a 3-legged stool

• Each is completely interdependent on the other two
American Academy of Osteopathy

MISSION
• To teach, advocate and research the science, art and philosophy of osteopathic medicine,

• Emphasizing the integration of osteopathic principles and practice and manipulative treatment in patient care

VISION (2015)
• ALL PATIENTS ARE AWARE OF AND HAVE ACCESS TO OSTEOPATHIC MEDICAL CARE

• AND OSTEOPATHIC MANIPULATIVE MEDICINE FOR OPTIMAL HEALTH
KEY MESSAGE:

• Like the ebbing and flowing of inherent motility, the state of the osteopathic profession is ever changing.

• Although uncertain, the future of osteopathy is most certainly in our hands.

• Today is the day and now is the time for you and I to recommit ourselves anew to the promise that osteopathic medicine, with OMT as its fulcrum of motion, offers to patients so that the Academy’s vision can be realized.
TRANSITIONS: OUR PROFESSION
COM/SOM growth

- 35 COMs
  - 2019 – 38 COMs
- 53 Locations
  - 2019 – 59 locations
- 33 States
- 30,918 DO students
- Approx 25% increase every 5 years
COM locations 2018-circles: Actively practicing DOs
Growth of MD vs DO matriculants from 2006 to 2019

• MD matriculants
  • Increased 30% from 15,136 to 21,622

• DO matriculants
  • Increased by 164%
  • from 2,925 to 8,124
TOTAL # DOs from 1990 to 2018

TOTAL DOs 1990–2018

increase since 2010

1990 30,990
1995 38,842
2000 47,977
2005 59,268
2010 74,111
2015 96,963
2018 114,425

2018 by the numbers

145,343 DOs AND OSTEOPATHIC MEDICAL STUDENTS IN THE U.S.

114,425 DOs IN THE U.S.

30,918 OSTEOPATHIC MEDICAL STUDENTS

AOA 2018 Statistics on Actively Practicing DOs

**ACTIVELY PRACTICING DOs by age**

- 65%* UNDER AGE 45
- 45–54: 19%
- 35–44: 30%
- <35: 35%
- Unknown: 1%

**ACTIVELY PRACTICING FEMALE DOs by age**

- 35–44: 41%
- 45–54: 16%
- <35: 10%
- Unknown: <1%

**ACTIVELY PRACTICING MALE DOs by age**

- 35–44: 28%
- 45–54: 21%
- <35: 32%
- Unknown: <1%

**TOTAL DOs 1990–2018**

- Increase since 2010: 54%

**2018 by the numbers**

- **145,343** DOs AND OSTEOPATHIC MEDICAL STUDENTS IN THE U.S.
- **114,425** DOs IN THE U.S.
- **30,918** OSTEOPATHIC MEDICAL STUDENTS

**Sources:** AOA MasterFile, May 2018 and AAMC Preliminary Enrollment Report, Fall 2018.

AAOM Trends in Osteopathic Medical School Applicants, Enrollment and Graduates, 2018.
Growth of actively practicing FEMALE DOs

**Percentage of actively practicing female DOs**

- **1993**: 18%
- **1998**: 22%
- **2003**: 27%
- **2008**: 32%
- **2013**: 38%
- **2018**: 41%

NOTE: Active practice consists of all osteopathic physicians, including DOs in training under age of 65 who are not known to be inactive or retired.

* Does not include the 2018 osteopathic medical school graduates. Source: AOA Physician Masterfile.
145,343 Actively practicing DOs by specialty

**Primary Care**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine*</td>
<td>28,779</td>
<td>31.9%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>16,070</td>
<td>17.8%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6,159</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

*Includes DOs who practice osteopathic manipulative medicine.

**Top 5 Non-Primary Care**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>8,795</td>
<td>9.7%</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>3,802</td>
<td>4.2%</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>3,754</td>
<td>4.2%</td>
</tr>
<tr>
<td>Surgery - General</td>
<td>3,244</td>
<td>3.6%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2,953</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

NOTE: Active practice consists of all osteopathic physicians, including DOs in training, under the age of 65 who are not known to be inactive or retired. Source: AOA Physician Masterfile.
How many DOs are using OMT?

**ENCOURAGING**

JAOA 2017 OMT use by sex
- Female graduates entering FM residencies indicated:
- “they believed the use of OMT would enhance their practice
- Statistically significant when compared with males graduates (P=.005)

**WORRIESOME**

JAOA 2001 Diminished use of OMT
- 3,000 randomly surveyed osteopathic physicians
- 33.2% responded
- >50% use OMT on less than 5% of their patients
US-trained DO practice rights worldwide (2014 data)

- 66 nations worldwide
- Full practice rights to US-trained DOs
- Several other nations:
- Limited “manipulation only” practice rights

From AOA presentation 2014 at the AAO Convocation by Boyd Buser, DO.
2013 Data from the Osteopathic International Alliance (OIA)

OIA data collected for 33 countries provides a scale of osteopathic practice around the world. Some numbers are estimates.

- 87,850 Osteopathic physicians worldwide
- 82,500 are in the US.

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>30</td>
<td>c. 500-600</td>
</tr>
<tr>
<td>Belgium</td>
<td>1,539</td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>47</td>
<td>Social Security Instances</td>
</tr>
<tr>
<td>Canada</td>
<td>20</td>
<td>c. 1,500</td>
</tr>
<tr>
<td>Croatia</td>
<td>c. 16</td>
<td>Estimated</td>
</tr>
<tr>
<td>Cyprus</td>
<td>c. 11</td>
<td>Estimated</td>
</tr>
<tr>
<td>Denmark</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Egypt</td>
<td>c. 35</td>
<td>0.7 Estimated: Danish Association of Osteopathy</td>
</tr>
<tr>
<td>Finland</td>
<td>c. 300</td>
<td>0.04 Estimated: National Authority for Medicolegal Affairs</td>
</tr>
<tr>
<td>France</td>
<td>1,600</td>
<td>17,460</td>
</tr>
<tr>
<td>Germany</td>
<td>2,300</td>
<td>c. 5,000-7,000</td>
</tr>
<tr>
<td>Greece</td>
<td>30</td>
<td>Estimated: Greek Osteopathic Association</td>
</tr>
<tr>
<td>Ireland</td>
<td>120</td>
<td>0.3 OCI</td>
</tr>
<tr>
<td>Israel</td>
<td>c. 75</td>
<td>1.0 Estimated: OCI</td>
</tr>
<tr>
<td>Italy</td>
<td>50</td>
<td>c. 5,000-6,000</td>
</tr>
<tr>
<td>Japan</td>
<td>275</td>
<td>0.2 Japan Orthopaedic Federation</td>
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<tr>
<td>Luxembourg</td>
<td>Over 40</td>
<td>7.8 ALDO</td>
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<td>Malta</td>
<td>1</td>
<td>0.2 Personal communication</td>
</tr>
<tr>
<td>Namibia</td>
<td>1</td>
<td>0.05 Personal communication</td>
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<tr>
<td>Netherlands</td>
<td>630</td>
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</tr>
<tr>
<td>New Zealand</td>
<td>c. 400</td>
<td>9.2 Registration data</td>
</tr>
<tr>
<td>Norway</td>
<td>250</td>
<td>5.3 NOF and estimates</td>
</tr>
<tr>
<td>Poland</td>
<td>30</td>
<td>0.1 Osteon Polish Academy of Osteopathy</td>
</tr>
<tr>
<td>Portugal</td>
<td>c. 400</td>
<td>3.7 Estimated</td>
</tr>
<tr>
<td>Russia</td>
<td>c. 1,200</td>
<td>Estimated</td>
</tr>
<tr>
<td>Singapore</td>
<td>26</td>
<td>0.5 Personal communication</td>
</tr>
<tr>
<td>Spain</td>
<td>c. 600-800</td>
<td>1.3-17 Estimated</td>
</tr>
<tr>
<td>South Africa</td>
<td>49</td>
<td>0.1 Registration data</td>
</tr>
<tr>
<td>Sweden</td>
<td>1</td>
<td>c. 200</td>
</tr>
<tr>
<td>Switzerland</td>
<td>38</td>
<td>c. 850</td>
</tr>
<tr>
<td>UK</td>
<td>Unknown small number: 4,211</td>
<td></td>
</tr>
</tbody>
</table>
WHERE’S THE BEEF?

• There’s no research supporting the use of OMT.

• SNOMED International
  • determines global standards for health terms.

• Strengthened the findings that
  • OMT reduces LBP

• Specifically:
  • clinically relevant effects of OMT were found for
  • reducing pain
  • improving functional status

• The improvements were found
  • Acute and
  • Chronic
  • Non-specific LBP
  • AND
  • for LBP in pregnant, postpartum women
  • 3 months after treatment

AOA Guidelines on OMT for LBP
Florida Dept of Health
Statute 456.44 on
Controlled Substances

Information on Nonopiod Alternatives for the Treatment of Pain

Prescription opioids are sometimes used to treat moderate-to-severe pain. Because prescription opioids have a number of serious side effects, it is important for you to ask questions and learn more about the benefits and risks of opioids. Make sure you’re getting care that is safe, effective, and right for you.

This pamphlet provides information about nonopioid alternative treatments to manage pain. You and your healthcare practitioner can develop a course of treatment that uses multiple methods and modalities, including prescription medications such as opioids, and discuss the advantages and disadvantages of each approach.

Pain management requires attention to biological, psychological, and environmental factors. Before deciding with your healthcare practitioner about how to treat your pain, you should consider options so that your treatment provides the greatest benefit with the lowest risk.

Treatments provided by Licensed Healthcare Providers

Physical therapy (PT) and occupational therapy (OT). PT helps to increase flexibility and range of motion which can provide pain relief. PT can also restore or maintain your ability to move and walk. OT helps improve your ability to perform activities of daily living, such as dressing, bathing, and eating.

Massage therapy. Therapeutic massage may relieve pain by relaxing painful muscles, tendons, and joints; relieving stress and anxiety; and possibly improving pain messages to and from the brain.

Acupuncture. Acupuncture is based on traditional Chinese medical concepts and modern medical techniques and provides pain relief with no side effects by stimulating the body’s pain-relieving endorphins. Techniques may include inserting extremely fine needles into the skin at specific points on the body.


Osteopathic Manipulative Treatment (OMT). Osteopathic physicians (DO) are educated, trained, and licensed physicians, but also receive additional training in OMT. OMT is a set of hands-on techniques used by osteopathic physicians to diagnose, treat, and prevent illness or injury. OMT is often used to treat pain but can also be used to promote healing, increase overall mobility, and treat other health problems.

Behavioral Interventions. Mental health professionals can offer avenues for pain management. Behavioral changes, they can help you reframe negative thinking patterns about your pain that may be interfering with your ability to function well in life, work, and relationships. Behavioral interventions can allow you to better manage your pain by changing behavior patterns.

Topical treatments and medications. Topical Agents, including Anesthetics, NSAIDs, Muscle Relaxers, and Neuropathic Agents, can be applied directly to the affected areas to provide needed pain relief and typically have a
ACGME DATA

• 11,621 GME programs
• 139,753 residents
• 150 (+) specialties

• 200 (LESS THAN 2%) Osteopathically Recognized

Osteopathic Neuromusculoskeletal Medicine ONMMM Residencies

• Total Programs = 27
  • Initial Accreditation = 17
  • Continued Accreditation = 2
  • Pre-accreditation = 3
  • Continued Pre-accreditation = 5

• 0.23% of all ACGME programs
ACGME ONMM ENTRY POINTS

ONMM – 1
- Enter following DO or MD school
- Complete all 3 years in ONMM

ONMM – 2
- Enter following an Internship
- Complete the final 2 years of residency in ONMM

ONM -3
- Enter following any other ACGME residency
- Complete one additional year in ONMM
- The traditional “+1” Residency Model
AACOM 2016 MATCH RESULTS = 99.61%

The majority of DO graduates were still matching into AOA accredited programs.
2017 – 2019 AACOM Data

• AOA GME placement has decreased as expected as the AOA programs either close or move to ACGME accreditation

• DO Graduates are matching into ACGME programs at increasing rates, also as expected

• Total DOs seeking GME programs that actually placed in a program has seen some decline since 2016:
  • 2016 = 99.6%
  • 2017 = 99.34%
  • 2018 = 98.14%
  • 2019 = 98.46%
DOs working within the ACGME

- ACGME Review Committees (RC):
  - 28 RCs
  - 24 with at least 1 DO member
  - 3 DO Chairs
  - 3 DO Vice-chairs
  - 6 DO Resident Members
- Osteopathic Recognition Committee
  - 14 of 16 members are DO including the Chair and Vice-chair
TRANSITIONS IN OUR PROFESSION

VISION: We must increase Osteopathy’s presence within the ACGME

- Increase in COM growth
- Family Medicine still rules
- Women are ever present and DOs are getting younger
- Small fish in a HUGE Pond with 1.7% OR and 0.23% ONMM residencies in the ACGME
- Research is imbedded into osteopathy
- The future of osteopathy is forever linked with our successes in the ACGME
TRANSITIONS: OURSELVES
COMMON CHARACTERISTICS OF BURNOUT

• PHYSICAL EXHAUSTION
• EMOTIONAL EXHAUSTION
• HELPLESSNESS
• ACCIDENT PRONENESS
• LOSS OF CONCERN FOR PEOPLE
• COMMUNICATION DIFFICULTIES
• POWERLESSNESS
• INCREASED USE OF DRUGS AND ALCOHOL
• LOW JOB SATISFACTION
• ABSENTEEISM
• CHRONIC FATIGUE
• INFLEXIBILITY
• NEGATIVISM
• TENSION
• LOW MORALE
• COMPLAINING
3 Cardinal Signs of burnout
Maslach Burnout Index Scale (MBI)

1. Emotional exhaustion:
   • Unable to recover as well
   • Downward spiral

2. Detachment and Depersonalization
   • Cynical and sarcastic about patients
   • “Compassion fatigue”

3. Reduced Accomplishment
   • Lack of feeling successful and accomplished in their work
   • What’s the use?
   • “Cog in the wheel”

Scale
- The frequency with which the respondent experiences feelings related to each subscale is assessed using a seven point response format.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>A few times a year or less</td>
<td>Once a month</td>
<td>A few times a month</td>
<td>Once a week</td>
<td>A few times a week</td>
<td>Every day</td>
</tr>
</tbody>
</table>

Example of questions
EE - “I feel burned out from my work”
DP - “I don’t really care what happens to some recipients”
PA - “I have accomplished many worthwhile things in this job”
When does the scourge burnout begin?

- Burnout begins in medical school
  - 1/3 of all medical students


Risk factors:
- Heavy workload and long hours
- Isolation
- Putting others needs before our own
- Lack of (spousal) support
- Lack of good leadership within the organizations that employ physicians
- Lack of outside hobbies and interests
- Lack of good nutrition
- Missing out on family events
- Lack of time for self-care (exercise, meditation)
Mayo Clinic Proceeding
Alarming Statistics

54% of doctors say they are burned out.¹
88% of doctors are moderately to severely stressed.²
59% of doctors wouldn’t recommend a career in medicine to their children.³

¹ Mayo Clinic 2014.
³ Jackson Healthcare; 2013 Physician Outlook and Practice Trends.
WHAT PRECIPITATED THIS EVENT?

Agency For Health and Research Quality:
- Fear of being seen as NOT FIT for the job

- 2010 Affordable Care Act?

- 2009 American Reinvestment and Recovery Act
  - Mandated EHR

Why are we physicians suffering at such alarming rates? 15,000 physicians over 29 specialties......

1) Bureaucratic tasks 60%
2) Too many hours at work
3) EHR
4) Lack of respect from employers
5) Insufficient compensation
6) Lack of autonomy
7) Government regulations
8) “Cog in the wheel”
9) Profits over patients
10) Lack of respect from patients

The 2019 Medscape National Physician Burnout, Depression and Suicide Report
Who is most affected?
Burnout by Specialty (Excludes NMM, of course)

Top 7 specialties report more than 50% of their ranks suffering from burnout:

1) Urology
2) Neurology
3) PMR
4) IM
5) EM
6) FM
7) Diabetes & Endocrinology

Source: Medscape National Physician Burnout, Depression & Suicide Report 2019
High Costs and Consequences

**LOSS OF PHYSICIAN WORKFORCE**

- Leaving the industry all together
- Retiring early
- Leaving clinical practice
- Leaving academic medicine
- Going into academic medicine
- Suicide

**COSTS OF BURNOUT**

- $2,000,000 – two million dollars to replace one physician:
  - Lost revenue
  - Cost of recruiting and training
  - Reduced clinical hours
More Consequences

- Worsening Mental Illness:
  - Anxiety
  - Depression
  - Alcohol and substance abuse
- Family conflict
- Suicide
- Negative affects being felt in every facet of health care system
- Poor workplace morale and satisfaction

- Poorer quality of patient care
  - Medical errors
  - Riskier prescribing patterns
  - Poor communication and empathy
- Accelerate permanent leave from the profession
  - Exacerbating physician shortages
- Negatively affects leadership in the health care
Some Improvements in 2017
Mayo Clinic Proceedings, 2018, Study

• 5,000 physicians tracked in 2011, 20141 and 2017

• Burnout Peaked in 2014

• Depression is still on the rise

• General population burnout static

• General population burnout 40% less than physician reports

Don’t be this guy
PREVENTION – AN INDUSTRY WIDE APPROACH

• Ways to mitigate the prevalence of burnout
  1. Support proactive mental health treatment and support for physicians.
  2. Improved EHR standards:
     • usability
     • open application programming
  3. Appoint executive-level chief wellness officers (CWO) at every major health care organization.
Intervention From the Summit Medical Group (SMG):

• Improve communication
  • Leadership and physicians
  • Among group physicians

• Foster a sense of community
  • Physician lounge
  • Yammer:
    • online physician exchange of medical information
    • socialize
    • informal consults

• Bolster physician support services

• SMG action:
  • trained volunteer physicians who proactively reach out to their colleagues during times of acute stress
  • hired NPs and PAs to deal with the vacationing physician’s
    • EMR inbox
    • refill prescriptions, etc

• Professional psychological services available

• Unplug when on vacation --- REALLY unplug
Do DOs fare any better??

• N = 129 residents
  • 72.8% response rate
• Across 12 residencies
• In their 10th month of training

• 64% report High levels of depersonalization

• 59% report low levels of personal accomplishment

• 51% report High levels of Emotional Exhaustion

https://jaoa.org/article.aspx?articleid=2488024&resultClick=1
VISION: We must seek health in ourselves and in institutions.

- Burnout is REAL
- 3 Cardinal Signs: Emotional Exhaustion, Detachment, Reduced Accomplishment
- It is an Industry-wide problem which may have peaked in 2014 and will take industry wide solutions.
- When your energy account is empty, you are at risk of burnout.
- Electronic Health Records are zapping the joy out of being a physician.
TRANSITIONS: PATIENTS
Transitions in Healthcare affecting Patients

- Artificial Intelligence (AI)
- Precision Medicine
- Medicare changes
- Fear of loosing pre-existing conditions
- Cost
- Infinite Alternative Care options

- Social Media and Chat Groups
- Seek doctors via online review
- Self diagnosis and self treatment
- Social Media pressures
  - Vaccine debate
- Telemedicine
What are the concerns of real patients?

• Of the over 327 million people in the US, how many know what a DO is and does?

• Even as the % of DOs climbs, how do people “discover” osteopathy?

• What are the barriers to a DO that performs OMT?
  • Distance to a DO
  • Cost of OMT

Digging for answers!!
2017 Gallop Poll of 1000 US adults: What is the most important problem facing the nation?

#1: 20% of respondents sighted Poor government leadership
2017 Gallop Poll of 1000 US adults: What is the most important problem facing the nation?

#2: 10% of respondents sighting HEALTHCARE
September 2019 Gallop Poll:
What do you think is the most important problem facing the country today?

- Economic Problems
  - 15%

- Non-Economic Problems
  - 84%
  - #1 – Poor Government Leadership with 23% of respondents up from 20% in 2017.
  - #5 – Healthcare only 5%, down from 10% in 2017
#1: Lowering prescription drug costs - 70%

#2: Maintaining ACA’s pre-existing condition protections – 69%

#3: Lowering what people pay for health care – 64%
What do patients expect from their Osteopath?

**MET EXPECTATIONS**

35 (69%) OF THE ASPECTS OF EXPECTATIONS WERE MET

1. Listening
2. Respect
3. Information-giving
4. Improved quality of life and relief of symptoms

**UNMET EXPECTATIONS**

11 (21%) OF THE ASPECTS OF EXPECTATIONS WENT UNMET

1. Difficulty paying for OMT
2. No procedure for complaints
3. Lack of communication between the DO and the PCP

Patients’ expectation of private osteopathic care in the UK: a national survey of 1,649 patients
WHAT CONCERNS DO PATIENTS HAVE IN ONE OMT OFFICE IN THE US?

• 27% scheduled for follow-up – YEA!!
• COST:
  • 36% awaiting insurance approval
  • 5% or > concerned about their co-pay and $6,500 deductible,
• 9% live too far
• 4% were on vacation or ill
Spreading the truth about Osteopathy and realizing the Academy’s vision

• Facebook
• Instagram
• LinkedIn
• Tumbler
• Pin Trist
• Reddit
• Tic Toc
• Flicker
• And on and on

MY FIRST 100 PATIENTS:

• 60% REFERRAL SOURCES AND PRIOR PATIENTS
• 28% WORD OF MOUTH
• 5% LOCAL LECTURES
• 2% SOCIAL MEDIA
• 1% MAGAZINE AD
• 1% AAO AND CAO DIRECTORIES
Vitals.com – the new “telephone book”
Healthgrades.com
Keep an eye on your reviews.....they matter!!

Dr. Doris Newman, DO
Neuromusculoskeletal Medicine • Female • Age 58
3 Reviews

Osteopathic Medical Arts Center (OMAC)
1201 NE 26th St Ste 109 Wilton Manors, FL 33305
Accepting new patients

Dr. Newman’s Reviews

Trustworthiness
Explain condition(s) well
Answers questions
Time well spent

Office & Staff Performance
Scheduling
Office environment
Staff friendliness

Average Reported Wait Time
10 – 15 minutes

I had terrible pain in my shoulder, I called Osteopathic Medical Arts Center in Wilton Manors, FL. The guy on the phone was very friendly and helpful. I made an appointment and went to see Dr. Doris Newman. 2 treatments over 2 weeks and my shoulder is so much better now! Thank you Dr. Newman, I believe you are a true healer!
Was this helpful? Yes
Sep 19, 2019

Very professional, experienced and knowable.
Was this helpful? Yes
Jun 13, 2019

Success! After an upper respiratory infection that my then 18 month old had, he developed bilateral ear infections with fluid that persisted for 3-4 months. Following guidelines, an ENT/MD and ENT/DO both recommended tympanostomy tubes. I sought out Dr. Doris Newman’s osteopathic manual therapy for my son, and after only one session, a follow up ENT appointment showed that the fluid drained! My family and I are forever grateful!
Was this helpful? Yes
FL – Oct 11, 2018
TRANSITIONS FOR OUR PATIENTS

VISION: Now is the time for DOs to “go viral” with the truth of Osteopathy.

- Healthcare is forever changed in this digital age.
- Costs of healthcare and OMT concern patients.
- Social Media may be important toward realizing the Academy’s bold vision.
- Claim your online profile to promote osteopathic medicine and OMT.
- Watch your online reviews. THEY MATTER!
- Educate your patients to be advocates of Osteopathy.
THANK YOU!! 😄

“ALL PATIENTS ARE AWARE OF AND HAVE ACCESS TO OSTEOPATHIC MEDICAL CARE AND OSTEOPATHIC MANIPULATIVE MEDICINE FOR OPTIMAL HEALTH”