

**ACGME Program Requirements for Graduate Medical Education
in Osteopathic Neuromusculoskeletal Medicine
Summary and Impact of Interim Requirement Revisions**

Requirement #: **4.5.a.**

Requirement Revision (significant change only):

Residents must demonstrate competence in the appropriate application, as documented in the medical record, of a broad variety of both direct and indirect osteopathic manipulative treatment techniques, including, but not limited to, high velocity/low amplitude (HV/LA), articulatory, balanced ligamentous technique, facilitated positional release, functional technique, high velocity/low amplitude (HV/LA), ligamentous articular strain, lymphatic techniques, muscle energy, strain-counterstrain, myofascial release, and osteopathic cranial manipulative medicine, soft tissue, Still technique, and visceral manipulation. (Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee has updated the list of direct and indirect osteopathic manipulative treatment techniques to include all techniques included in the American Osteopathic Board of Neuromusculoskeletal Medicine's (AOBNMM's) practical exam blueprint.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
There should be no change as a result of this revision. The added techniques are common and should have already been included in the curriculum of the program.
3. How will the proposed requirement or revision impact continuity of patient care?
There will be no impact on the continuity of patient care.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No. This requirement already requires that residents must show competence in a variety of direct and indirect osteopathic manipulative treatment techniques.
5. How will the proposed revision impact other accredited programs?
There will be no impact on other accredited programs.

Requirement #: **4.11.d.2.c., 4.11.d.3.b., 4.11.d.4.b.**

Requirement Revision (significant change only):

[ONMM1 Level of Entry

Residents who entered the program at the ONMM1 level must:]

~~document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 36-month program, for:~~

[a minimum of 1,000 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine physician. (Core)]

[ONMM2 Level of Entry

Residents who entered the program at the ONMM2 level must:]

~~document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 24-month program, for:~~

[a minimum of 1,000 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine physician. (Core)]

[ONMM3 Level of Entry

Residents who entered the program at the ONMM3 level must:]

~~document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 12-month program, for:~~

[a minimum of 700 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine physician. (Core)]

1. Describe the Review Committee's rationale for this revision:
The Review Committee is expanding the pool of patients that may be counted toward the 1,000 or 700 patient encounters to include any patient encounter that includes osteopathic evaluation and treatment supervised by a neuromusculoskeletal medicine physician. These patients no longer must be exclusively seen in the continuity of care clinic. During the COVID-19 pandemic, the Review Committee temporarily allowed this change and has continued to maintain the allowance. The Review Committee would like to make this change permanent, as it feels it is more representative of the experience gained by the residents.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
There should be no change because of this revision.
3. How will the proposed requirement or revision impact continuity of patient care?
There will be no impact on the continuity of patient care.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
There will be no additional resources needed.
5. How will the proposed revision impact other accredited programs?

There will be no impact on other accredited programs.

Requirement #: **4.11.d.2.c.1., 4.11.d.3.b.1., 4.11.d.4.b.1.**

Requirement Revision (significant change only):

[ONMM1 Level of Entry

Residents who entered the program at the ONMM1 level must:

document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 36-month program, for:]

a minimum of ~~250~~ 150 unique designated panel patients in the continuity of care clinic; and, (Core)

[ONMM2 Level of Entry

Residents who entered the program at the ONMM2 level must:

document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 24-month program, for:]

a minimum of ~~250~~ 150 unique designated panel patients in the continuity of care clinic; and, (Core)

[ONMM3 Level of Entry

Residents who entered the program at the ONMM3 level must:

document patient care encounters that include osteopathic evaluation and treatment in the continuity of care clinic, prior to completion of the 12-month program, for]

a minimum of ~~175~~ 75 designated panel patients in the continuity of care clinic; and, (Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee has proposed a reduction in the number of required minimum designated panel patients in the continuity of care clinic by 100 patients for each level of entry. This is a result of the Review Committee learning that programs frequently move patients from one resident to another as soon as a patient counts as a resident's panel patient, in order to meet the minimum number of designated panel patients. Some programs that have employed this process were still unsuccessful at meeting the minimum. The Review Committee feels strongly that residents should have experience providing continuity of care to a panel of patients, though they believe a smaller panel of patients will still allow achievement of that goal.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The Review Committee believes that this will allow residents a better continuity of care experience with their patients and that patients will have better quality of care and satisfaction when they are able to remain with the same resident throughout the resident's time in the program.

3. How will the proposed requirement or revision impact continuity of patient care?
The Review Committee believes this will allow residents a better continuity of care experience with their patients.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
There will be no additional resources needed.
5. How will the proposed revision impact other accredited programs?
There will be no impact on other accredited programs.