



AMERICAN OSTEOPATHIC
BOARD OF FAMILY PHYSICIANS

The American Osteopathic Board of Family Physicians (AOBFP)

Template In Order to Qualify for Osteopathic Continuous Certification (OCC) Credits in Osteopathic Manipulative Treatment (OMT) Certification

All courses submitted for consideration by the AOBFP should be designed for practicing Osteopathic Family Physicians who want to improve their skills in Osteopathic Manipulative Treatment (OMT). Your course should be offered as a CME workshop as noted in the outline below. Each section must consist of both lecture-type instruction (EX: PPT and discussion with Q&A); and Hands-On Training at the OMT Tables. This Hands-On Training at the OMT Tables is designed to highlight the landmarks for the anatomic area(s) affected, and the area(s) to be treated. Each of the lecture sections may include, but not be limited to: the approach to . changes in lifestyle (EX: decreased lifting at work), instructions for home exercises and/or stretching to prevent relapses. The lectures should include the theory behind the technique.

The instructor-to-participant ratio must be a minimum of 1/8 (1 instructor for every 8 participants). This is to ensure participants receive specific individual instruction.^{1,2,3} This can include but is not limited to muscle energy, counterstrain, myofascial release, and HVLA techniques.

At the conclusion of each section, the participant will be able to demonstrate a level of manipulative skills that can be safely and appropriately applied in the treatment of patients.

Each section must be approved by the AOBFP in advance of the course being given. Once approved, the course hours may be applied toward the OCC Component 3 requirement necessary to maintain certification in OMT. The key concept of OCC is “continuous”. Therefore, the concept is not to provide one all-encompassing review but to provide a mechanism for the enhancement of practice skills occurring longitudinally over time. Refer to the AOBFP website for specific requirements of OCC.

The course must issue a certificate of completion, which will be required to be sent to the AOBFP, to qualify for OCC credit.

The following page has two examples. You may add time or topics as needed to cover the material you want to present. One of the key concepts is to keep about 67% to 75% of the time at the tables.

The AOA and The AOBFP reserve the right to observe the course to make sure it is following our template regarding content and guidelines.

EXAMPLE COURSE #1 / More than one area of focus, for one hour each:

I. Title: <Anatomic Area of Somatic Dysfunction>

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|--|-----------|
| A. Lecture, discussion, and Q&A section | 10-15 min |
| B. OMT Techniques & Hands on instruction | 35-40 min |
| C. Break* | 5-10 min |

II. Title: <Anatomic Area of Somatic Dysfunction>

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|--|-----------|
| A. Lecture, discussion, and Q&A section | 10-15 min |
| B. OMT Techniques & Hands on instruction | 35-40 min |
| C. Break* | 5-10 min |

*As an alternative, the course may decide to give a 10-20 min break every 2 hours

EXAMPLE COURSE #2 / One area of focus over 2 hours:

I. Title: <Anatomic Area of Somatic Dysfunction>

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| D. Lecture, discussion, and Q&A section | 20-30 min |
| E. OMT Techniques & Hands on instruction | 70-80 min |
| F. Break | 10-15 min |

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References

1. Osteopathic Manipulation Skills Training: Past, Present, and Future; Domenick J. Masiello, MA, DO, DHT, C-SPOMM; Martin Torrents, DO, MPH, MBA <http://meridian.allenpress.com/aoj/article-pdf/33/1/28/3199334/i2375-5717-33-1-28.pdf>; The AAO Journal • Vol. 33, No. 1 • March 2023

2. Standardizing the osteopathic practical; Jamie Rapacciuolo, Millicent King Channella · Danielle Cooley; [Standardizing the osteopathic practical - International Journal of Osteopathic Medicine](#); International Journal of Osteopathic Medicine, [Volume 16, Issue 4](#), p220-225 December 2013
3. Trainer-to-Student Ratios for Teaching Psychomotor Skills in Health Care Fields, as Applied to Osteopathic Manipulative Medicine; Karen T. Snider, DO, MS; Michael A. Seffinger, DO; Heather P. Ferrill, DO, MS; and Eric E. Gish, DO; JAOA • Vol 112 • No 4 • April 2012