

## **Assessing the Impact of Physician Pain on Motivation to Provide Longitudinal Osteopathic Manipulative Therapy to Patients and its Correlation to Opioid Prescribing: A Cohort Study**

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**Background/Objective:** In recent years physician wellness has become a priority. Current well-being initiatives focus on the emotional and spiritual components of health. However, physical pain and its relationship to wellbeing and patient care has not been examined. We hypothesized that reductions in resident's physical pain would impact their enthusiasm for providing OMT services to patients in need of pain management while also reducing opioid prescribing.

**Methods:** Both allopathic and osteopathic residents were offered biweekly osteopathic treatments by board certified osteopathic physicians. Participant pain scores were obtained prior to each treatment. The osteopathic resident cohort was surveyed regarding their motivation to perform OMT (SIM Scale). Patient OMT encounters provided by the participants were evaluated by tracking the number of segments, attempts, OMT modality and BMI were correlated with the participants pain scores. Finally, the opioids prescribed by all of the participants was compared to their pain scores. Pearson's correlation and independent t-tests were used for this project with an alpha of 0.05 for significance.

**Results:** A correlation was demonstrated between patient BMI and participants delivering osteopathic treatments ( $p = .006$ ). This study did not identify any statistically significant correlations between the regularity of received OMT services and physician physical wellness. Additionally, there was not a statistically significant correlation between the other data points included in this study.

**Conclusion:** Patients BMI as a surrogate value for their body habitus did correlate with DO physician pain scores. Longitudinal OMT did not improve provider pain over time thus supporting OMT use in alleviating acute somatic dysfunction. Provider pain did not correlate with opioid prescribing habits or frequency of OMT as a pain management option. There remains a need for physical wellness interventions to improve provider wellness and especially for providers using OMT on large body habitus patients due to its impact on the providers health.