



View from the Pyramids: What Would AT Still Do?

AAOJ Editor-in-Chief Janice Upton Blumer, DO, FAAO

EDITORIAL

As the pandemic continues to grind on, practitioners and colleges of osteopathic medicine are faced with how to safely teach students and treat their patients. Some colleges in especially hard-hit areas of the country have opted for 'virtual' OMM curriculums, while others are continuing with hands on in a socially distanced manner. Osteopathic practitioners are stretched with additional cleaning, screening, and modifications to make safe their practices when a 6-foot distance is not possible. Some COMs have adopted a 'warehouse model' of teaching so tables can be spaced appropriately, while randomly screening each week with rapid antigen tests to assure safety.

All of these modifications beg the question, what would AT Still do given similar circumstances? He practiced in some rather horrific conditions, with cholera and meningitis raging, all while practicing in an unstable and often war-torn Western frontier. He treated gunshot wounds, bloody "flux," and many patients on their deathbeds with little concern for his own safety. Few would think of Kansas as a frontier today, but AT Still frequented such areas. Places like Lawrence, Kansas after the Quantrill raid, treating the survivors of that bloody clash between 'pro slavery' and 'free state' forces in the town of Lawrence. When the raid was over, Lawrence, Kansas lost 20% of the male population and left 85 widows in the town. AT Still persevered throughout all of this unphased by the challenges around him.¹

During this pandemic, I have often wondered if we have lost that grit that AT Still modeled for us. We have modern equipment to keep us safe, tools to test and screen, improved sanitation, and modern science to protect us—none of which were available during Still's time—and still we struggle with the balance of how to handle the "hands on" during a pandemic. Are we creating a generation of students that only know what OMM is in theory? Could this be the beginning of the end of the legacy AT Still provided for us?

We know from previous studies that OMT assists the immune response to respiratory infections and with length of stay in the hospital setting in pneumonia patients by "significantly increasing immunocytes delivered to lung tissue."² causing enhanced immune response. In addition, OMT can improve pulmonary circulation, pulmonary function and reduce segmental dysfunction causing improvement to our ANS response. COVID-19 hospitalizations are often prolonged, giving ample opportunity for OMT to assist the

recovery process. Access to the patient however, can be challenging. Respiratory isolation and limited PPE make treating these patients a somewhat monumental feat. One of my local OMM colleagues offered her services to these COVID patients early in the pandemic and was outright refused by hospital administration.

In spite of the challenges we see, there are many success stories being told by DO's around the nation treating patients and family members with great success. COVID-19 is not a disease to be trifled with, as the consequences can be catastrophic, so balance is needed between grit and common sense. The AAO and *The AAO Journal* will continue to work on how to best support you with informative articles and the latest protocols to assist in the pandemic response. In addition, The Osteopathic Cranial Academy has gathered many excellent resources regarding treatment of COVID-19 on its website.³

Let us be united, making sure our profession finds the best balance between grit and common sense, and always remember, "What would AT Still do?"

In Gratitude –

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References

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