ANTERIOR SUPERIOR ILIAC SPINE ASYMMETRY ASSESSMENT ON A NOVEL PELVIC MODEL: AN INVESTIGATION OF ACCURACY AND RELIABILITY

To the Editor:

The purpose of this letter is to bring to the attention of the Journal of Manipulative and Physiological Therapeutics readership an omission in the article by Stovall et al1 published in the June 2010 issue about existing pelvic models used to evaluate landmark asymmetry. In the Stovall et al1 article, a pelvic model was used to assess the accuracy of landmark asymmetry of the anterior superior iliac spine. The pelvic model was reported as novel, invented and designed by the article’s senior author in 2009. However, an essentially identical pelvic model for evaluating positional asymmetry tests was invented, designed, and constructed at the A.T. Still Research Institute in 2006 and has been in the public domain since 2007. The primary difference between the 2 pelvic models is that the Institute model is able to rotate around a transverse axis as well as superiorly and inferiorly, whereas the Stovall et al1 model can only be adjusted superiorly and inferiorly.

Detailed information about the public use of the A.T. Still Research Institute pelvic model follows. In July 2007, 4 models were used to assess and teach palpation skills during an international continuing medical education course at A.T. Still University. Since December 2007, these pelvic models have been used within the University curriculum to assess and teach palpation skills for osteopathic medical students. These models have also been used to assess and teach palpation skills to 3 other classes of international students and to physicians at a continuing medical education conference. Currently, the Institute has produced 16 pelvic models for use in both the medical school curriculum and research. Two models, shipped to the Nordic Academy of Osteopathy in Oslo, Norway, in August 2008, have been used in the assessment and training of their students for research purposes.

Starting in September 2007, research results about the use of these pelvic models have been presented at 5 conferences: the Educational Council on Osteopathic Principles in September 2007, the Osteopathic Collaborative Clinical Trials Initiatives Conference in March 2008, the Educational Council on Osteopathic Principles in April 2008, the International Conference on Advances in Osteopathic Research in August 2008, and the Interdisciplinary Biomedical Research Symposium in September 2009. Stovall et al1 cited the published abstract2 from the International Conference on Advances in Osteopathic Research presentation on page 383; however, they did not indicate that the abstract reported results from the use of the A.T. Still Research Institute pelvic model in an educational setting.

In summary, Stovall et al1 add to the evidence base of this new emerging field, while supporting previous research findings.2 However, the authors’ incomplete representation of the abstract,2 cited as reference 28, limits the readers’ ability to evaluate the scope of the work being conducted in this field and the progress that has been made in developing pelvic models before 2009.

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REFERENCES

IN REPLY

To the Editor:

I thank you for an opportunity to respond to this letter regarding the recently published article in the Journal of Manipulative and Physiological Therapeutics (2010;33:378-385). I hope that the response addresses the issues raised in an unequivocal manner. The author has expressed concern over the use of the term novel in describing the model developed by Kumar in 2009 and reported by Stovall et al.1 A search of electronic databases for medical literature did not reveal any other model or any article describing such a device. Furthermore, an outside company hired by the University of North Texas Health Sciences Center to search for any such or similar model in patent records also came up empty-handed. In addition, the process of peer review during submission/publication of our article did not identify any concern with respect to
the originality of the model. In the background of such information, the use of the term novel does not seem to be unjustified. Information about another model was not available in the peer-reviewed literature.

I applaud the use of previous pelvic models to enhance osteopathic education; however, it is unclear why the A.T. Still Research Institute pelvic model remains unreported in published literature because the peer-reviewed literature is the main source of information worldwide. The author of the letter has listed a number of educational activities that presumably used this model. Educational exercises and incorporation of this method in an educational curriculum, teaching international students, and making copies of the model do not bring the model into published domain. Similarly, conference presentations fall short by preventing the work from being available to all scientists. It was fortunate that we were able to find one of the abstracts that we cited. Contrary to the claim made, the abstract published by Fossum et al\(^2\) does not mention or describe the A.T. Still Research Institute model; nor does it provide an image of the model. Thus, there was no way of knowing what the model consisted of. To achieve a wider appreciation of the A.T. Still Research Institute pelvic model, it needs to be published along with related findings in a peer-reviewed journal.

In conclusion, the model developed by Kumar\(^1\) was the first model reported in the literature with detailed methodology and calibration procedures. Furthermore, to this date, I have not seen the description or the figure of the A.T. Still Research Institute pelvic model. I urge the author of the letter to publish his model with findings for an additional contribution to the literature in this field.

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REFERENCES
