

**Frequently Asked Questions: Osteopathic Neuromusculoskeletal Medicine**  
**Review Committee for Osteopathic Neuromusculoskeletal Medicine**  
**ACGME**

Question	Answer
<b>Introduction</b>	
<p>If an institution had an AOA-approved two-year neuromusculoskeletal medicine program and an AOA-approved “Plus One” program, do both programs need to separately apply for ACGME accreditation?</p> <p><i>[Program Requirements: Int.C.-Int.C.2]</i></p>	<p>No, only one program needs to apply for ACGME accreditation. Individual accredited programs can educate and train residents in multiple formats. A program can accept residents in the traditional 24-month format or choose to accept residents at the ONMM3 level. Residents accepted at the ONMM3 level must have completed a residency program and have met other eligibility criteria prior to entry. The length of the educational program for a resident entering at the ONMM3 level is 12 months.</p> <p>As of July 1, 2019, ACGME-accredited programs may offer a third program format that allows residents to complete a three-year osteopathic neuromusculoskeletal medicine program immediately following medical school. The first year of the program would be a broad-based clinical year.</p>
<b>Oversight</b>	
<p>If a rotation occurs at a site that is not under the governance of the program’s Sponsoring Institution, and the rotation is with a member of the Sponsoring Institution’s employed faculty, is a Program Letter of Agreement (PLA) necessary?</p> <p><i>[Program Requirement: I.B.2.]</i></p>	<p>No PLA is required for a rotation that occurs at a site outside of the Sponsoring Institution’s governance in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Rotation is an elective</li> <li>• Rotation is under the supervision of the program director</li> <li>• Rotation is under the supervision of a member of the Sponsoring Institution’s employed faculty</li> <li>• Rotation is with a member of the program’s faculty who has a contractual agreement with the Sponsoring Institution to teach at the graduate medical education level</li> </ul> <p>A PLA is necessary for required rotations outlined in IV.C.8.e).(2).(b).-(d), IV.C.8.f).(2).-(4), and IV.C.8.g).(2) unless they fall into one of the situations listed above.</p>

Question	Answer
<p>What are examples of program director workshops that would provide content specific to osteopathic neuromusculoskeletal medicine and medical education?</p> <p><i>[Program Requirement: I.D.1.a)]</i></p>	<p>The American Academy of Osteopathy holds a program directors' workshop at its annual Convocation that would provide the required content. Additionally, the ACGME's Annual Educational Conference has a specialty update session for osteopathic neuromusculoskeletal medicine, as well as other sessions covering a variety of medical education topics.</p>
<p>Can a program use more than one continuity of care clinic site?</p> <p><i>[Program Requirements: I.D.1.b).(3) and IV.C.5.-IV.C.5.b).(2)]</i></p>	<p>Yes, a program can use more than one continuity of care clinic. If an individual resident is assigned to more than one continuity of care clinic site at any one time, the program should have an educational rationale for the assignment.</p>
<p>Can a program require residents to use their annual continuing medical education (CME) money to pay for travel and accommodations to the take the annual neuromusculoskeletal medicine in-training examination?</p> <p><i>[Program Requirement: I.D.1.c)]</i></p>	<p>The program must directly pay for the travel and hotel arrangements and or reimburse residents for established out-of-pocket expenses associated with the neuromusculoskeletal medicine in-training examination. Residents must not be asked to use their contractual CME funds to pay for these expenses.</p> <p>The program is expected to directly pay for the in-training examination fee.</p>
<p>Can a program require that a resident use vacation or paid time off (PTO) to take the annual neuromusculoskeletal medicine in-training examination?</p> <p><i>[Program Requirement: I.D.1.c)]</i></p>	<p>No, the program must provide time for residents to take the annual neuromusculoskeletal medicine in-training examination. A resident should be provided with time to not only take the examination, but also to travel to the examination location. This time is in addition to vacation time and PTO.</p>
<b>Resident Appointments</b>	
<p>What do "ONMM1 level," "ONMM2 level," and "ONMM3 level" mean?</p> <p><i>[Program Requirements: III.A.2.c)-d)]</i></p>	<p>ONMM1 denotes the first year, ONMM2 the second year, and ONMM3 the third year of residency in a 36-month osteopathic neuromusculoskeletal medicine program.</p>

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<p>Is an MD eligible to enter an osteopathic neuromusculoskeletal medicine program?</p> <p><i>[Program Requirements: III.A.1.-III.A.2.b).(4)]</i></p>	<p>Yes, all ACGME-accredited programs, including osteopathic neuromusculoskeletal medicine programs, can accept both allopathic and osteopathic medical school graduates. Programs must ensure that residents have sufficient background or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, as outlined in the Requirements. An allopathic medical school graduate would need additional education related to osteopathic principles and practice prior to matriculation into the program. The program would determine how much education is required and can define how and/or where the education be obtained. For ONMM2 and ONMM3 levels of entry, programs can require that graduates complete an ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position.</p>
<p>What are the Review Committee's expectations for a broad-based clinical year?</p> <p><i>[Program Requirement: III.A.2.c)]</i></p>	<p>The Review Committee expects a resident entering at the ONMM2 level to complete a broad-based clinical year in an accredited program, as outlined in III.A.2. This clinical year should consist of 12 months of direct patient care rotations, in a broad variety of specialties, focused mainly on primary care specialties, and including a mix of ambulatory and inpatient rotations. A program director could consider the completion of 12 months of rotations in a residency program in any of the following specialties as satisfying the requirement: emergency medicine; family medicine; internal medicine; neurology; obstetrics and gynecology; pediatrics; physical medicine and rehabilitation; or surgery; or in a transitional year program; or in any combination of these.</p>
<p>Must the minimum of 12 rotations needed for entry into the ONMM3 level be supervised by a physician who is American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) certified, and can these rotations be completed over the course of the primary residency?</p> <p><i>[Program Requirement: III.A.2.d).(2)]</i></p>	<p>A rotation should be supervised by a physician certified in the specialty of that rotation. For example, a neurology rotation should be supervised by a board-certified neurologist.</p> <p>The minimum 12 required rotations can be completed over the duration of the educational program in the primary residency.</p>

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<p>Can the required rotations needed for entry into the ONMM3 level have a pediatric focus for residents who complete a pediatric residency?</p> <p><i>[Program Requirement: III.A.2.d).(2)]</i></p>	<p>Yes, the Review Committee allows rotations completed in a pediatric residency with a pediatric focus to count toward the required rotations for eligibility for entry into the ONMM3 level. For example, a resident can complete a pediatric neurology rotation in place of an adult neurology rotation.</p>
<p>Does the Review Committee recommend that residents have exposure to an osteopathic neuromusculoskeletal medicine clinic during their primary residency to prepare them for entry into the ONMM3 level?</p> <p><i>[Program Requirement: III.A.2.d).(2)]</i></p>	<p>The Review Committee recommends, but does not require, that residents have exposure to an osteopathic neuromusculoskeletal medicine clinic, supervised by a neuromusculoskeletal specialist, in their primary residency.</p>
<b>Educational Program</b>	
<p>Can a single patient encounter count as a patient contact for multiple diagnoses (e.g., can a patient contact in the continuity clinic also count as a surgical, pediatric, or obstetric and gynecological patient contact), and is the same true for patient contacts during hospital consultations?</p> <p><i>[Program Requirements: IV.B.1.b).(2).(d).(2).(d).(i).- IV.B.1.b).(2).(e).(iv)]</i></p>	<p>Yes, at the discretion of the program director, a patient encounter can count toward the minimum patient contacts for multiple diagnoses (e.g., surgical, pediatric, and obstetric and gynecological).</p> <p>At the discretion of the program director, a clinic patient encounter could count toward the minimum continuity of care patient encounters <i>and</i> toward the minimum patient contacts for a patient with a surgical, pediatric, or obstetric and gynecological diagnosis. The same is true for patient encounters through hospital consultation. Those patient encounters can count toward the minimum hospital consultations and toward the minimum patient contacts for patients with a surgical, pediatric, or obstetric and gynecological diagnosis.</p>
<p>How do residents access the ACGME Case Log System?</p> <p><i>[Program Requirement: IV.C.3.)]</i></p>	<p>Program directors and residents will receive login information for the Resident Case Log System, which is a web-based data collection system accessible through the ACGME website.</p>
<p>What must residents log in the Case Log System?</p> <p><i>[Program Requirement: IV.C.3.)]</i></p>	<p>Information about the Case Log System, including what must be logged and how to use the system, can be found on the Documents and Resources page of the Osteopathic Neuromusculoskeletal Medicine section of the ACGME website, found <a href="#">here</a>.</p>

Question	Answer
<p>Can injection procedures supervised by a physician who is not board certified in neuromusculoskeletal medicine be logged by residents in the Case Log System?</p> <p><i>[Program Requirements: IV.C.3.-IV.C.3.a)]</i></p>	<p>Yes, the Review Committee allows residents to log injection procedures supervised by a physician who is not certified in neuromusculoskeletal medicine by the AOBNMM or the American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine (AOBSPOMM), or who is board-eligible for AOBNMM certification. However, the supervising physician must have current board certification as outlined in II.B.3.a).(2). The resident should enter the entire patient encounter in the Case Log System, and select “Attending, Not NMM Board Certified” from the Attending drop-down menu. The injection procedure will count toward the injection totals; however, the patient encounter will not count toward meeting encounter minimums.</p>
<p>What qualifies as an in-depth study of osteopathic philosophy?</p> <p><i>[Program Requirement: IV.C.4.a)]</i></p>	<p>This should reinforce the importance of the original philosophy, as expressed by Dr. A.T. Still in his writings, and other philosophy related to osteopathic principles and practice. The Review Committee strongly recommends that residents read at least one book by Dr. Still prior to completion of the program. This is considered a minimum and should promote a lifelong pursuit and commitment to understanding and implementing the osteopathic philosophy and practices.</p>

Question	Answer
<p>Does a resident's time spent teaching medical students while under the supervision of a faculty member count toward the required minimum of four hours per week of structured educational activities?</p> <p><i>[Program Requirement: IV.C.4.b)]</i></p>	<p>No, the time a resident spends teaching medical students, residents from another program, or junior residents does not count toward the required structured educational activities, regardless of whether there is faculty member participation. Examples of activities that do not count toward the required structured educational activities would include the time residents spend as assistants in an osteopathic manipulative medicine (OMM) lab and as table trainers.</p>
<p>What activities are considered by the Review Committee as educational activities focused on relevant neuromusculoskeletal medicine topics?</p> <p><i>[Program Requirement: IV.C.4.b)]</i></p>	<p>The Review Committee would view relevant neuromusculoskeletal medicine topics as topics appropriate for the preparation of a resident for practice as a neuromusculoskeletal medicine specialist. The topics should be diverse and challenging.</p> <p>The Review Committee recognizes that residents may participate in other residency programs' didactic sessions, which may offer educational activities in relevant topics. However, an osteopathic neuromusculoskeletal medicine program must develop and provide educational activities specifically for osteopathic neuromusculoskeletal medicine residents.</p> <p>The Review Committee does not consider participation in educational activities provided to medical students to be relevant neuromusculoskeletal medicine topics, as these activities would be considered remedial and not at an appropriate educational level to be beneficial to an osteopathic neuromusculoskeletal medicine resident.</p> <p>The Review Committee recommends that faculty members, and other physicians from the community who are neuromusculoskeletal medicine specialists participate in a minimum of 50 percent of the educational activities.</p>
<p>How does the Review Committee define a continuity of care clinic?</p> <p><i>[Program Requirements: IV.C.5.c)-IV.C.5.g).(2)]</i></p>	<p>The continuity of care clinic is the site at which the residents are primarily responsible for a panel of continuity patients, denoted in the Requirements as "designated patients." Patients assigned to residents return to this site for follow-up care. A continuity of care clinic site should provide the resident with experience in comprehensive and continuous care of patients with common diagnoses found in neuromusculoskeletal medicine and OMM practice.</p>

Question	Answer
<p>Can a program director require a resident to complete more than an average of three half-days in the continuity of care clinic per week?</p> <p><i>[Program Requirements: IV.C.5.c).(2)-IV.C.5.d)]</i></p>	<p>Yes, it is within the purview of the program director to require residents to complete more than three half-days, on average, per week in the continuity of care clinic. The Review Committee recognizes that it may be necessary for residents, on a case-by-case basis, to require more time in the continuity of care clinic to meet the necessary patient encounter minimums. However, programs must ensure that additional time in the continuity of care clinic does not compromise other required curricular experiences, such as rotations and structured didactics.</p>
<p>Can a patient treated with osteopathic manipulative treatment in a physician's private neuromusculoskeletal medicine clinic, under the supervision of a neuromusculoskeletal medicine specialist, be counted toward the required minimum number of continuity care clinic patient encounters?</p> <p><i>[Program Requirements: IV.C.5.e)-IV.C.5.g).(2)]</i></p>	<p>No, only patient encounters completed in the resident's designated continuity of care clinic(s) may count toward the minimum number of continuity of care patient encounters (700 or 1,000).</p>
<p>Can a patient encounter with a continuity of care clinic patient that occurred in the inpatient setting count toward the minimum number of continuity of care patient encounters?</p> <p><i>[Program Requirements: IV.C.5.e)-IV.C.5.g).(2)]</i></p>	<p>No, only patient encounters completed in the resident's designated continuity of care clinic(s) may count toward the minimum number of continuity of care patient encounters (700 or 1,000).</p>

Question	Answer
<p>Must a resident be supervised by an AOBNMM-certified physician in order to include a continuity patient encounter toward the minimum 250 designated patients in the continuity of care clinic or the 1,000 patient care encounters in the continuity clinic?</p> <p><i>[Program Requirements: IV.C.5.f).(1)-IV.C.5.f).(2)]</i></p>	<p>An osteopathic neuromusculoskeletal medicine resident seeing patients for specialty evaluation in the continuity clinic must be supervised by an AOBNMM-certified, AOBSPOMM-certified, or board-eligible attending physician. A supervising physician without such certification or eligibility would not be able to direct a resident to the depth and breadth of knowledge expected of a board-certified physician.</p>
<p>Can rotations be completed in a one-month block even though rotation calculations are limited to 100 hours?</p> <p><i>[Program Requirements: IV.C.8.a)-b)]</i></p>	<p>Though the time on rotation must be at least 100 hours, rotations can be structured as four-week or one-month blocks. The time on rotation does not include time spent in didactics, completing scholarly activity, or seeing patients in the osteopathic neuromusculoskeletal medicine continuity of care clinic.</p>
<p>Can a program offer two weeks in a required selective rotation and two weeks in another required selective rotation?</p> <p><i>[Program Requirements: IV.C.8.a)-IV.C.8.g).(2)]</i></p>	<p>Required rotations are calculated based on a minimum number of hours of experience in a discipline. For example, IV.C.8.e).(2).(d) states that a resident must complete one rotation in either radiology, musculoskeletal radiology, or pain management. The required 100 hours of rotation time would need to be in one of those disciplines. Programs may not offer 50 hours in one discipline and 50 hours in another.</p>
<p>Can rotations occur exclusively in outpatient settings, with the exception of the required osteopathic neuromusculoskeletal medicine inpatient consult service rotations?</p> <p><i>[Program Requirement: IV.C.8.c)]</i></p>	<p>Though the Review Committee expects the majority of the rotation experiences to take place in the outpatient setting, programs must also provide experiences in the inpatient/hospital setting that are not limited to the osteopathic neuromusculoskeletal medicine inpatient rotations. The patient care setting(s) of rotation experiences must be appropriate to the specialty of the rotation. For example, it is expected that surgical rotations would include both inpatient hospital and outpatient clinic experiences. Specialties that are primarily or exclusively hospital-based, such as emergency medicine or radiology, are expected to be based primarily or exclusively in the hospital setting. The curriculum of the ONMM1 year, if offered by the program, should likewise include a mix of patient care settings appropriate to the rotation specialty and provide residents with fundamental clinical skills. For example, rotations such as internal medicine and obstetrics and gynecology are expected to include experiences in the hospital setting.</p>



Question	Answer
<p>How should a program structure its ONMM1 year to ensure the rotations include fundamental clinical skills?</p> <p><i>[Program Requirement: IV.C.8.e).(1)]</i></p>	<p>The ONMM1 year should be structured with rotations in specialties that utilize the comprehensive application of fundamental clinical skills in diagnosis, treatment, rehabilitation, and prevention. This should include rotation experiences in a variety of patient care settings, including but not limited to the ambulatory and hospital/in-patient settings. The ONMM1 year should consist of patient care rotation experiences in a broad variety of specialties, such as emergency medicine, family medicine, general internal medicine, general surgery, obstetrics and gynecology, pediatrics, and physical medicine and rehabilitation.</p> <p>Highly specialized experiences, or clinic work that focuses almost entirely on a single organ system (e.g., cardiology, endocrinology, urology, otolaryngology, etc.), are not regarded as sufficiently broad in experience to be considered fundamental clinical skills rotations. Programs can offer more specialized experiences as elective experiences in the ONMM1 year, as appropriate.</p>
<p>Can a program require outpatient osteopathic neuromusculoskeletal medicine rotations?</p> <p><i>[Program Requirements: IV.C.8.e).(2).(e).(i), IV.C.8.f).(5).(a), and IV.C.8.g).(2)]</i></p>	<p>Program directors may require residents to complete one outpatient neuromusculoskeletal medicine rotation per program year. This experience is intended to allow residents to gain experiences they may not be able to gain during their time in the continuity of care clinic due to the format of that experience. This may include focused practice management experience, patient care practice focused on a specific patient population(s) within neuromusculoskeletal medicine, an opportunity to work with a wider variety of neuromusculoskeletal medicine specialists to experience a larger variety in style and treatment modalities, etc.</p> <p>This rotation would be in addition to the existing requirement for a resident to provide osteopathic evaluation and treatment in a neuromusculoskeletal medicine continuity of care clinic. Residents could still complete elective rotations in outpatient neuromusculoskeletal medicine, as well as outpatient neuromusculoskeletal medicine rotations required as a part of a remediation plan.</p>
<p>What is an elective rotation?</p> <p><i>[Program Requirements: IV.C.8.e).(2).(e) and IV.C.8.f).(5)]</i></p>	<p>An elective rotation is an educational experience approved for inclusion in the program curriculum and selected by a resident in consultation with the program director.</p>

Question	Answer
<p>Is orthotics an acceptable elective rotation?</p> <p><i>[Program Requirements: IV.C.8.e).(2).(e) and IV.C.8.f).(5) ]</i></p>	<p>No, rotations must be supervised by appropriate board-certified physician faculty members, as defined in the Program Requirements. Orthotics may be incorporated into a required or elective rotation, as long as the rotation is supervised by a qualified faculty member.</p>
<p>If a resident developed the curriculum and led a table training lab for medical students, would that be considered scholarly activity?</p> <p><i>[Program Requirements: IV.D.3.a)-IV.D.3.a).(1).(c)]</i></p>	<p>Yes, this would be considered scholarly activity, but it would not count toward the required scholarly activity that residents must complete prior to graduation. The Review Committee expects that such an experience would occur only once during an academic year unless it was being completed as a part of an elective academic medicine rotation.</p>
<b>Other</b>	
<p>Is there a fee to use the ACGME Resident Case Log System?</p>	<p>There is no fee to programs or residents to use the Case Log System.</p>
<p>In the application for accreditation, does a program need to demonstrate compliance with all requirements if it only plans to offer entry into the ONMM3 level?</p>	<p>If a program plans to only offer entry at the ONMM3 level and that is reflected in the requested complement (i.e., a complement of zero in both the ONMM1 and ONMM2 years), then the program will not be required to demonstrate compliance with the ONMM1 and ONMM2 level of entry requirements. The block diagram would therefore only need to show the ONMM3 level of entry curriculum. Additionally, the program can respond to any specialty-specific questions pertaining specifically to the ONMM1 and ONMM2 levels of entry with “not applicable.”</p>
<p>If a resident is entering at the ONMM3 level of the program, what “year in the program” should be entered for the resident in the ACGME’s Accreditation Data System (ADS)?</p>	<p>When adding a resident entering the program at the ONMM3 level to the Resident Roster in ADS, the resident should be entered at the “3” year in the program. Residents entering at the ONMM1 level should be entered at the “1” year in the program, and residents entering at the ONMM2 level should be entered at the “2” year in the program.</p>
<p>If an accredited program is interested in accepting residents in the ONMM1 year, what is the process to receive approval from the Review Committee to do so?</p>	<p>The program will need to request to increase its resident complement in the ONMM1 year based on the number of residents the program seeks to educate in that year. The program will also need to provide additional information that is outlined in the “Process to Request Approval for ONMM1 Year” document available on the Documents and Resources page of the Osteopathic Neuromusculoskeletal Medicine section of the ACGME website.</p>

Question	Answer
<p>If a program requests a complement increase for the ONMM2 year and the current complement for that year is zero, what information must be provided to the Review Committee?</p>	<p>The Review Committee requires the following information to make a complement increase decision:</p> <ul style="list-style-type: none"> <li>• Educational rationale for the increase</li> <li>• Block Diagram showing both ONMM2 and ONMM3 levels of entry</li> <li>• Case Log reports</li> <li>• Faculty to resident ratio</li> <li>• Outline of major changes since the last review by the Review Committee</li> <li>• Updated responses to previous citations (if any)</li> </ul> <p>The program is encouraged to contact the Review Committee Executive Director for additional information.</p>
<p>If a patient encounter is supervised by an AOBNMM-eligible physician, can it count toward patient encounter minimums?</p>	<p>Yes, neuromusculoskeletal medicine patient encounters supervised by a physician certified by the AOBSPOMM or AOBNMM, or who is AOBNMM-eligible, can count toward the required patient encounter minimums. These patient encounters can also be logged in the Resident Case Log System under the appropriate supervising physician. They should not be logged using the generic “Attending, Not NMM Board Certified” option in the supervising physician drop-down menu.</p>
<p>If a program is affiliated with a College of Osteopathic Medicine and its residents are table trainers in the school’s labs, how can this experience be integrated into the osteopathic neuromusculoskeletal medicine program?</p>	<p>The Review Committee acknowledges there is value in osteopathic neuromusculoskeletal medicine residents’ participation in the education of future osteopathic physicians. However, experiences of this nature, that take place outside of the clinical setting, cannot be a part of the required osteopathic neuromusculoskeletal medicine curriculum. Programs may, however, offer these experiences through an elective academic medicine rotation (limit one per year) or through a scholarly project (limit one per year). Additional guidance has been provided for these experiences in the Educational Program section of this FAQ document.</p>