

| HEALTH & WELL-BEING

DOCTORS OF OSTEOPATHY

About the author

Barbara Ravage moved to Cape Cod from her native New York City in 2000, after the youngest of her children went off to college. She considers heavy doses of ocean air and Cape light the best cure for empty nest syndrome. A graduate of Barnard College, she is the author of nine books, including a biography of Rachel Carson for middle-school students and "Burn Unit: Saving Lives After the Flames," which explores the history and science of burn treatment. She balances her writing life with yoga, karate, and pottery. After years of making do with two summer weeks on the Cape, her favorite part about living here is that she's already home.



STEVE HEASLIP/CAPE COD TIMES

Dr. Scott Graham is a doctor of osteopathy at Brewster Medical Associates. Osteopathy employs various methods of diagnosis and treatment, but emphasizes the relationship of the musculo-skeletal system to all other body systems.

Treating the whole person

BY BARBARA RAVAGE

When you walk into Brewster Medical Associates it looks pretty much like any other doctor's office, except for a sign over the door identifying the physicians as D.O.s, doctors of osteopathy. If you're accustomed to seeing an M.D., you may wonder if you're in the right place. What is osteopathy? How is it different from allopathic medicine, the kind practiced by M.D.s? Does an osteopathic physician have the training, knowledge, and certification to take care of your health care needs?

Osteopathic medicine has its roots in the 19th century, but it is today "a separate but equal branch of American medical care," according to the American Osteopathic Association (AOA), the primary certifying body for doctors of osteopathy and the accrediting agency for all osteopathic medical colleges and health care facilities.

Osteopathic medicine was founded in 1874, by Andrew Taylor Still, M.D., an American physician who was critical of the way medicine was practiced at the time. Those were the days of "snake oil" and other patent medicines, which Still considered useless, if not downright harmful. He believed that understanding wellness was the best way to treat disease. He emphasized preventive medicine, eating well, and keeping fit. His ideas may be over a century old, but they sound pretty modern today. In fact, there has been so much cross-pollination between allopathic and osteopathic medicine

PLEASE SEE OSTEOPATHY PAGE 46

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Osteopathy

CONTINUED FROM PAGE 44

that patients of either branch benefit from the best of both.

Along with M.D.s, D.O.s are the only fully licensed physicians in the United States. Elsewhere in the world, practitioners known as osteopaths provide alternative or complementary care, primarily for problems with the muscular and skeletal systems. In this country, however, D.O.s are trained and licensed to diagnose and treat the full range of illnesses. Like M.D.s, they attend medical school for four years, then do postgraduate internships and residencies, ranging from three to six years, in a chosen specialty. The emphasis is on primary care, but D.O.s may be found in many specialty areas, from surgery and psychiatry to obstetrics, geriatrics, anesthesiology, and emergency medicine, and everything in between. Although osteopathic manipulative therapy (OMT) may be the first thing some people think of when they hear the word osteopathy, this hands-on approach to pain management is only one aspect of a D.O.'s training, and it is one most patients will never encounter.

Of the nearly 55,000 D.O.s practicing in the US today, the AOA states, "the majority are family-oriented, primary care physicians. Many D.O.s practice in small towns, where they often care for entire families and whole communities.

"D.O.s practice a 'whole person' approach to medicine. Instead of just treating specific symptoms or illnesses, they regard the body as an integrated whole."

That's certainly how Scott Graham, D.O., sees it: "Keeping the whole patient in mind and not just focusing on a particular symptom." If a patient comes to him complaining of stomach pain, for example, his first step would not be to reach for his prescription pad or order up a series of tests. Instead, he'll try to get at the root of the problem by discussing family environment, personal relationships, lifestyle, both physical and emotional factors, all the elements of the larger picture. "There are other issues that impact

Quickhits

The osteopathic approach

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Learn more about osteopathic medicine from the American Osteopathic Association:
www.osteopathic.org

the way a person feels," he says. "The whole mind-body connection."

One of the first things you notice about Dr. Graham is that he's a good listener. He asks questions and takes the time to hear the answer. He wants to know what his patients concerns are, not just where it hurts or what brought them to the office on that particular day.

In fact, there has been so much cross-pollination between allopathic and osteopathic medicine that patients of either branch benefit from the best of both.

He combines A. T. Still's contention that the body has the capacity to heal itself with the best of 21st-century medical practice. "That may mean not necessarily prescribing an antibiotic at the first symptom,"

he says. Those are refreshing words at a time when the overuse and misuse of these "miracle drugs" has spawned a horde of antibiotic-resistant superbugs. "We want to try to allow the body to do what it can initially and then, if necessary, utilize the other medical treatments that are at our disposal."

The 37-year-old Methuen native graduated from Holy Cross and then taught high school biology and chemistry in Worcester for two years before deciding to become a doctor. A conversation with an emergency room D.O. at U Mass Medical School tipped the scales toward osteopathic medicine.

He attended Kirksville College of Osteopathic Medicine, the Missouri medical school founded by A. T. Still.

PLEASE SEE **OSTEOPATHY** PAGE 48

Osteopathy

CONTINUED FROM PAGE 46

It may have been “in the middle of nowhere,” Dr. Graham says, but it has a great tradition and has been cited by U.S. News & World Report as one of the nation’s best medical schools for training in rural and family medicine. He spent the first two years on the Kirksville campus absorbing the general medical curriculum (anatomy, physiology, doctor/patient communication, and the like). For the next two years, he chose the Detroit area, where he did clinical rotations in hospitals and outpatient settings.

It was during that time that he decided to specialize in family practice rather than internal medicine because, he says, he was more interested in treating people for the day-to-day things that come up, rather than what puts them in the hospital. He did his internship and two-year residency at the St. Barnabas Health Care System in Livingston, New Jersey, his wife, Kathleen’s, native state.

But it was a month in Brewster that really decided his future. Kathleen’s parents have a home on the Cape and the couple often visited on summer vacations. In the last year of his residency, he called Brewster Medical Associates, “out of the blue,” and asked if they’d take him on as a resident for one month. “It was so different than in New Jersey,” he recalls. “The patients were really appreciative. It seemed like I really made a difference.” The associates asked him to join them when he completed his training, but Kathleen was finishing up with law school and their daughter had just been born, so he went into practice with his mentor in New Jersey for six months before making the move to the Cape.

Finally, in 2003, the Grahams moved to Harwich and Scott joined the Brewster practice. Kathleen volunteers in the Harwich public school, which their daughter, now 7, attends. In the little spare time he has, Scott enjoys kayaking, which he was

introduced to through a program at the Harwich Community Center. His indoor interests focus on food and wine, while the family’s two dogs get him outdoors on a regular basis.

But he spends most of his time caring for the people in the community – young and old. He is the medical director of EPOCH Senior Health-care in Harwich, where he attends to the medical needs of patients who are there for post-hospital rehabilitation or long-term care. In his private practice, he sees children and adults, often entire families, including elder parents who have moved here to live with their grown children.

“I love that part of it – establishing a relationship with a whole family,” he says. “It also helps when times are tough, if you have a relationship already. It makes it easier for the patient and the rest of the family if they trust

me; they know I’m going to do the right thing.” In past year, he says, he’s seen a lot of widows, both as patients and wives of patients. Being part of the grieving process “gives me perspective and I learn something new each time to help the next person.” His approach is in tune with his colleagues at Brewster Medical Associates. “The philosophy of this group is that we will

always do what is right for the patient, whether or not it may be financially beneficial to us. It means spending more time with a patient or providing a vaccine that we might not get reimbursed for. The decision we’ve all made is that if we’re going to do good primary care, we’ll try to do as much as we can for the whole patient.”

He is one of the few primary care physicians who still visits his patients when they are hospitalized. He does morning rounds at both Cape Cod and Falmouth hospitals because, he says, he wants to know first hand everything that’s going on, rather than simply reading a report. “That’s my ideal job: to follow my patients in all of these settings.” It’s central to treating the whole person, the mission to which he has dedicated his professional life.

“
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SCOTT GRAHAM, D.O.



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