adjusted ORs and 95% CIs were then computed using partially-adjusted logistic regression models. Finally, fully-adjusted logistic regression models were used, which also included commonly observed comorbid conditions as covariates. Data analyses were performed with the Systat (Systat Software, Inc, Point Richmond, CA, USA) and Excel (Microsoft Corporation, Redmond, WA, USA) software packages. Hypotheses were tested using two-tailed assumptions at the .05 level of statistical significance.

Results

Subject characteristics

There were 60 subjects with type 2 diabetes mellitus and 32 subjects without type 2 diabetes mellitus included in the study. The characteristics of these subjects are presented in Table 1. There were no significant differences between subjects with and without type 2 diabetes mellitus with respect to sociodemographic characteristics; however, subjects with type 2 diabetes mellitus were more likely to have hypertension (P < .001) and clinical depression (P = .05) than subjects without type 2 diabetes mel-

litus. Other comorbid conditions occurred too infrequently to perform meaningful statistical analyses. The median duration of type 2 diabetes mellitus since diagnosis was five years (range, 0.1 to 25 years).

Interexaminer reliability

The overall proportional agreement (and kappa) for each of the five elements of somatic dysfunction was: 0.69 (0.16) for skin changes; 0.66 (0.28) for trophic changes; 0.58 (0.05) for tissue changes; 0.84 (0.54) for tenderness; and 0.62 (0.09) for immobility. The levels of interexaminer reliability did not vary much according to spinal segmental level: 0.67 (0.34) for T5–T7, 0.67 (0.35) for T8–T10, and 0.69 (0.36) for T11-L2. Similarly, there was little variation in interexaminer reliability according to laterality: 0.67 (0.34) for left-, and 0.68 (0.36) for right-sided elements of somatic dysfunction. When all palpatory findings were aggregated, the interexaminer reliability was 0.68 (0.35). The interexaminer reliability of osteopathic palpatory findings according to element of somatic dysfunction, spinal segmental level, and laterality is pre-

Table 1: Characteristics of subjects with and without type 2 diabetes mellitus.*

	Diagnosis of Type 2 Diabetes Mellitus		
Subject Characteristic	Yes No. (%)	No No. (%)	P
Sex			.25
Female	30 (50)	20 (63)	
Male	30 (50)	12 (38)	
Race/ethnicity			.43
White	36 (60)	23 (72)	
Black	20 (33)	8 (25)	
Hispanic	3 (5)	0 (0)	
Asian/Pacific Islander	I (2)	I (3)	
Marital status			.93
Single	18 (30)	10 (31)	
Married	23 (38)	I4 (44)	
Separated	4 (7)	I (3)	
Divorced	12 (20)	6 (19)	
Widowed	3 (5)	I (3)	
Comorbid conditions			
Hypertension			< .001
Yes	34 (57)	5 (16)	
No	26 (43)	27 (84)	
Clinical depression		. ,	.05
Yes	23 (38)	6 (19)	
No	37 (62)	26 (81)	

^{*}Percentages may not sum to 100 because of rounding. †Table entries are mean (SD).