How to integrate OMT into the clinical setting

• Discuss barriers from utilizing OMT
• Explaining osteopathic medicine through 4 tenets
• Developing an approach through the 5 models of osteopathic care
• Evidence based medicine and literature
Barriers?

- Supervision of students/residents
- Approaching patients
- Time
- Confidence
- Office equipment (tables)
- Documentation
- Coding/Billing
Osteopathic Manipulative Medicine

- The application of osteopathic philosophy, structural diagnosis and use of hands on manipulation in the diagnosis and management of the patient.
Figure 1. A graphic depiction of the four general principles of osteopathic medicine - J Am Osteopath Assoc. 2005;105:S6-S11.
Somatic Dysfunctions

• Definition - Impaired or altered function of related components of the somatic (body framework) system; skeletal, arthrodial and myofascial structures; and related vascular, lymphatic and neural elements.

• Diagnosis
  T - tissue texture abnormalities
  A - asymmetry
  R - range of motion abnormalities
  T - tenderness
Osteopathic Manipulative Medicine –
Goals of Treatment

1. Relief of pain and reduction of other symptoms
2. Improvement of function
3. Increased functional movement
4. Improved blood supply and nutrition to the affected areas.
5. Sufficient return flow of fluids via the lymphatic and venous systems
6. Removal of impediments to normal nerve transmission
Approach to treatment

• An osteopathic approach takes into consideration how the physician can manually diagnose and treat somatic dysfunctions that is contributing to the patient’s pain and preventing optimal health and healing.

• Utilize 5 models of osteopathic care as an approach you patient.
Structural model

• Goal is to optimize biomechanical restoration and mobilization of joints.
• Addresses bones, myofascial, soft tissue to maximize movement.
• Common etiologies for structural DS = articular restrictions/asymmetry & myofascial elastic changes in tissue texture or function.
• Treatments used in the structural model include: HVLA, muscle energy, MFR - soft tissue, counterstrain, FPR, BLT, Still’s
Respiratory Circulatory model

- Goal is to improve respiratory and circulatory/lymphatic flow.
  1. improve motion of the thoracic cage
  2. addressing any diaphragm restrictions
  3. promote fluid movement through pumps
- Increased respiration and circulation --> increase oxygenation --> healthier tissues
- Treatments used in the Resp/Circ model include: Lymphatic pumps, diaphragm doming, TOR, OCF, MFR, BLT
OMT to promote lymph flow

- Always first treat regions of possible obstruction – treat from proximal to distal.
- Improve thoracic compliance and diaphragm movement
- Augment lymph flow with pumping techniques first ensuring that there are no contraindications
Neurologic model

- Goal: attain autonomic balance and address neural reflex activity, remove facilitated segments, decrease afferent nerve signals, relieve pain.
- Address musculoskeletal restrictions that may be compression on nerves. Help decrease spasm and pain to break V-S facilitation.
- Treatments used in the Neurologic Model include: Rib Raising, Suboccipital release, Soft tissue inhibition, counterstrain, muscle energy, Chapman reflex points
OMT to improve thoracic compliance and balance sympathetic tone

- Myofascial release
- Muscle energy to clavicles, rib, and spine
- Inhibition to accessory muscles of respiration
- Articulatory techniques to the thoracic spine and ribs
- Rib raising (seated or supine)
OMT to address parasympathetic innervation

- Suboccipital release
- OA decompression
- Myofascial to upper cervical region
- BLT to upper cervical spine
5 Models of Osteopathic Care

• Behavioral Model
  • Goal: improve biological, psychological, social components of health

• Metabolic Model
  • Goal: enhance self-regulatory and self-healing mechanisms
Application of OMT

• **Geriatrics** – arthritis, restriction in range of motion, kyphoscoliosis
• **Pediatrics** – plagiocephaly, torticollis, chronic otitis media, asthma, JRA, scoliosis, cerebral palsy, Down Syndrome, ADHD, autism
• **Obstetrics** – low back pain, CTS, edema, pelvic pain and congestion, post-partum
• **Athletes** – sports medicine, musculoskeletal injuries, injury prevention, strength and conditioning
Application of OMT

- **Cardiology**
  CAD, CHF, HTN, Arrhythmias, Angina

- **ENT**
  URI, Sinusitis, OM, Pharyngitis, TMJ

- **Pulmonary**
  Bronchitis, Pneumonia, COPD, Asthma, Cystic Fibrosis

- **GI**
  GERD, Crohn’s, UC, IBS, Constipation

- **GU**
  Dysmenorrhea, Pelvic pain, Urinary incontinence, Nephrolithiasis

- **Surgery**
  Post-op complications, Ileus, Atelectasis

- **Emergency Medicine**
  Trauma, Musculoskeletal pain

- **Neurology**
  Headaches, Spinal disorders, entrapment neuropathies

- **Orthopedics**
  Joint laxity or instabilities, Osteoarthritis, Back Pain

- **Rheumatology**
  RA, Spondyloarthropathies, Fibromyalgia

- **Oncology**
  Lymphedema
NYIT College Of Osteopathic Medicine

DEPARTMENT OF OSTEOPATHIC MANIPULATIVE MEDICINE

HOMEPAGE  OSTEOPATHIC MANIPULATIVE DIAGNOSIS  OSTEOPATHIC MANIPULATIVE TREATMENT  CLINICAL APPLICATIONS  CONTACT

CLINICAL APPLICATIONS OF OSTEOPATHIC MANIPULATIVE MEDICINE

The listed conditions below have been summarized highlighting key features of osteopathic diagnosis, examination, and treatment. Common osteopathic findings and treatment options with osteopathic manipulative medicine have been included. These recommendations are based on the most current osteopathic research and evidence available. Osteopathic manipulative medicine should be applied with a patient oriented focus to address any somatic dysfunction present that is preventing your patient from achieving optimum health.

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Family Medicine
- Adhesive Capsulitis
- Carpal Tunnel Syndrome
- Dizziness and Balance
- Fibromyalgia
- Headaches
- Low Back Pain
- Parkinson's Disease
- Rhinosinusitis
- Whiplash (Cervical Spine) Injury
An Introduction to Clinical Research in Osteopathic Medicine
Brian E. Earley, DO
Helen Luce, DO
- Primary Care Clinical Office Practice - 37 (2010) 49–64
Osteopathic Manipulative Medicine as an option for complete care

• Educate your patient
  – Give patients an option of a trial of OMT first (if appropriate)
  – Explain to the patient the concept of OMT through tenets or 5 models.
  – Obtain informed consent.

• Treatment
  – Use techniques that you know and feel comfortable performing.
  – Show restraint (don’t look to “fix” everything today).
  – Explain potential side effects.
  – Discuss what you are doing and how it is helping their body.

• Follow up care and expectations
  – Once a week for 2-3 weeks then try to extend time between visit.
  – If no improvement consider alternative or reevaluation.
  – Recommend exercise prescription and lifestyle and nutritional changes
  – Give realistic expectation of improvement.
Summary

- Identify barriers that is preventing you from incorporating OMT in your practice
- Develop routine to incorporate OMT
- Provide patient education and opportunity
- Develop your own approach that fits within your practice
- Practice and know what resources you can utilize to support OMT in your practice