Clinical Integration of Osteopathic Manipulative Medicine

Obstetrics and Gynecology – Pregnancy back pain

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Intro: Low back pain is one of the leading causes of physician office visits in the United States.\(^1\) It is estimated that at least 80% of the population will experience low back pain in their lifetime.\(^1\) Amongst those who are women, many will report their first low back pain event during their pregnancy.\(^2\) Therefore it is of no surprise that low back pain is a common complaint amongst women during pregnancy and may interfere with their quality of life.

Patient Presentation:

- Low and/or Upper Back Pain
- Pain radiating to buttocks or to the lower extremities
- Sleep disturbances secondary to pain
- Pain with prolonged sitting/standing

Differential Diagnosis:

Pregnancy:
- Uterine contractions/ Labor
- Spontaneous abortion

Mechanical:
- Lumbar strain or sprain
- Herniated disk
- Osteoarthritis (unlikely)

Nonmechanical:
- Neoplasia
- Inflammatory/Infection
- Trauma

Nonspinal/visceral disease:
- Urinary Tract Infection
- Endometriosis
Pelvic Infection

Clinical pearls and diagnostic tools: A detailed patient history is helpful in establishing the correct diagnosis. The pattern of pain intensity and the location are also useful in understanding the origin of back pain. According to ACOG recommended guidelines for diagnostic imaging during pregnancy, a single diagnostic X-ray procedure does not result in harm. When multiple diagnostic X-rays are anticipated, imaging procedures with no ionizing radiation such as ultrasonography and magnetic resonance imaging should be considered.

OMM Integration: A recent randomized, placebo-controlled trial studied osteopathic manipulative treatment of back pain in third trimester pregnancy. The study used soft tissue, myofascial release, muscle energy and range-of-motion mobilization to treat somatic dysfunctions. The use of HVLA and CV-4 were excluded in the original study, however CV-4 was added to a subsequent protocol. Although no groups achieved statistical significance, the results indicated that OMT lessens or halts the deterioration back-specific functioning. Overall the study demonstrated that OMT may serve as a complement to standard obstetrical care.

Osteopathic Structural Examination: There are no established “expected” somatic dysfunctions but some anatomical regions explored by a recent study are:

- Cervical, thoracic and lumbar spine
- Thoracic outlet and clavicles
- Ribcage and diaphragm
- Pelvis and sacrum

Treatments options: Technique selection will be dependent on patient’s ability to lie down or sit comfortably for the treatment, tolerability, and any contraindications.

- Myofascial release of the Cervical, Thoracic, Lumbar Soft Tissue
- Inhibition of lumbosacral paraspinal muscles (Seated)
- ART Thoracolumbar spine (seated or sidelying)
- Thoracic Inlet Myofascial Release
- Abdominal Diaphragm Doming
- BLT direct 12th rib release
- BLT Pelvic Diaphragm Release
- ART Sacroiliac Joint

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