Incorporating OMM to Enhance Your Clinical Practice: Osteopathic Diagnosis and Treatment Approach to the Head and Cervical Spine

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Common Head and Neck Diagnoses

- Headache
- Otitis media
- TMJ
- Sinusitis
- Neck pain/Whiplash
- Torticolis

- Will demonstrate some landmarks for the head and neck
- Review diagnosis
- Review three treatments:
  - Suboccipital release
  - Galbreath tech.
  - FPR for C-spine
Some techniques you may use:

- Sinus Drainage Technique
- **Galbreath Tech.**
- Base Spread
- V-Spread
- CV4

- Suboccipital Release
- Cervical MFR
- Cervical MET
- Cervical FPR (not on the koya web page)
LANDMARKS: Head

- Angle of mandible – level of C2
- Frontal bone
- Occiput
- Temporal Bones
- Maxilla
- Zygomatic bones
- Mastoid Process
- External acoustic meatus
- External Occipital
- Protuberence
- Occipitomastoid suture
LANDMARKS: Cervical Spine

- Angle of mandible – level of C2
- Hyoid bone – level of C3
- Superior aspect of Thyroid cartilage – level of C4
- Thyroid cartilage body – level of C5
- First cricoid ring – C6
- Carotid tubercle – anterior tubercle of C6 (at transverse process of C6)
- Suprasternal notch – T2
Diagnosing and Naming Somatic Dysfunctions

Two techniques for making diagnosis:

- Lateral translation: sliding or pushing each cervical segment from left to right and right to left
- Palpating the articular pillars of each segment determining which side is more posterior
Cervical spine examination

Translatory motion testing

- Pushing from left to right = left side-bending
- Pushing from right to left = right side-bending
- Pushing up = extension
Cervical spine examination

Positional diagnosis:

- Using articular pillars and soft tissue surrounding the pillars
- Which side appears more posterior (closer to the table) when comparing side to side
- The side that appears more posterior is rotated to that side and thus side-bent to that side
- Compare in flexion and extension
Suboccipital muscle release

(see DiGiovanna pp.137-138, this is a variation of the Cervical Linear traction)

- The **suboccipital triangle** is bounded by:
  - **Rectus Capitus Posterior Major** - above and medially
  - **Obliquus Capitus Superior** - above and laterally
  - **Obliquus Capitus Inferior** - below and laterally
The Galbreath technique - aka the Jaw Lift – repeat approx. six times

(see DiGiovanna p. 615)
Facilitated Positional Release
Developed by Stanley Schiowitz, DO, FAAO
Dean of NYCOM 1991 – 2002

• Passive Indirect Technique

• Probable Mechanism of Action:
  – A sudden decrease in load on the muscle spindles will stop the excitatory discharge to the motor neurons controlling the extrafusal muscle fibers → relaxation of the muscle
Facilitated Positional Release

• Guide the affected region you are treating into a neutral position.

• Add a compressive or traction “facilitating” force to the point you are treating.

• The area being treated is then placed into its freedoms (while maintaining the facilitating force) and held in that position for 3-5 seconds.
  – E.g. T3ERSI is placed into neutral, compressed then extended, side-bent left and rotated left & held 3-5 sec.

• Reassess