



## Introduction to OMM for MDs and DOs

### Summary of Day 1

- May 20, 2024 – May 23, 2024 Kirksville, MO
- NCOPPE & KCOM



- Somatic Dysfunction

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

- Diagnostic Criteria for Somatic Dysfunction is T.A.R.T.

Tissue texture abnormalities  
Asymmetry of structure  
Restriction of motion  
Tenderness

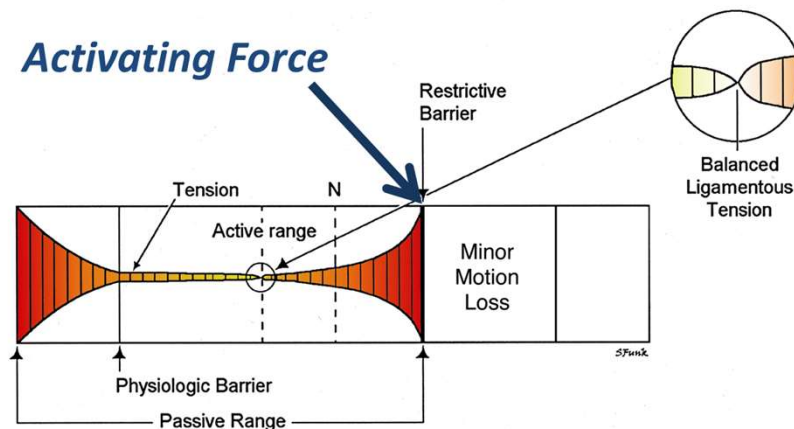
- Somatic Dysfunction is the indication for OMT

- OMT is directed specifically at the treatment of somatic dysfunctions

- OMT – Osteopathic Manipulative Treatment

The therapeutic application of manually guided forces by an osteopathic physician to improve physiologic function and/or support homeostasis that have been altered by somatic dysfunction.

- OMT: Direct or Indirect Techniques



- Soft Tissue Method

A group of direct techniques that usually involve lateral stretching, linear stretching, deep pressure, traction and/or separation of muscle origin and insertion while monitoring tissue response and motion changes by palpation.



# Counterstrain Treatment

1. Find the tender point
2. Establish a pain scale - Ex. "This is a dollar worth of pain"
3. Position in standard treatment position – Usually wrap the body around the point or approximate the origin and insertion of the affected structure
4. Recheck TP – "If you had a dollars worth of pain before, how much is left now"
  1. Goal is Zero - minimum is 30% of original pain (30¢)
  2. Fine tune position for maximum effect
5. Hold treatment position for 90 seconds – patient must be relaxed
6. **Slowly** return to neutral
7. Recheck point –Goal is Zero on pain scale - - minimum is 30% of original pain

# Passive Segmental Assessment of Thoracic and Lumbar Spine

- Screen to Find a Significant Region of the Spine
  - Tissue Texture Abnormality (TTA)
  - Restriction of Motion
    - Posterior-to-Anterior (P-A) Springing
    - Seated rotation
    - Seated sidebending
  - Other: Asymmetry, Tenderness
- Passive Motion Testing for Tri-axial Findings
  - Rotation
  - Sidebending
  - Flexion/Extension/Neutral
- Calibrate your hands

Somatic Dysfunction of Thoracic and Lumbar Spine
Named for preferred motion
ER <sub>L</sub> S <sub>L</sub>
ER <sub>R</sub> S <sub>R</sub>
FR <sub>L</sub> S <sub>L</sub>
FR <sub>R</sub> S <sub>R</sub>
NS <sub>L</sub> R <sub>R</sub>
NS <sub>R</sub> R <sub>L</sub>
E
F

# Chronic Migraine

## (Cerritelli, et.al. 2015)

- 225 assessed at neurology clinic
  - Neurologist and staff blinded to allocation
  - Patients blinded to sham vs OMT
- 3-armed randomized controlled trial (n=105)
  - OMT + medication therapy (n=35)
  - Sham + medication therapy (n=35)
  - Medication therapy only (n=35)
- Days of migraine per month
- Pain Severity, Medications
- Functional Disability, HIT-6

# Chronic Migraine (Cerritelli, et.al. 2015)

- OMT
  - 6 Italian osteopaths
  - Need-based patient tx approach based on eval.
  - BLT, BMT, MFR, Cranial-sacrum
  - 8 txs over 24 weeks
- Sham
  - Similar eval.
  - Light touch while silently subtracting by seven
  - 8 txs over 24 weeks

# Chronic Migraine (Cerritelli, et.al. 2015)

Days of Migraine per Month			
	OMT	Sham	Control
baseline	22.5	22.3	22.5
6 months	1.2	18.6	22.3
Patients Taking Medications			
baseline	35	35	35
6 months	7	32	35

OMT significantly ( $p<0.001$ ) reduced Days of Migraine/month and number of patients taking medications compared to Sham or Control.

HIT-6, Severity of Pain, and Functional Disability all improved significantly ( $p<0.001$  in the OMT group).