



Introduction to OMM for MDs and DOs

Summary of Day 1

- May 19, 2025 – May 22, 2025 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

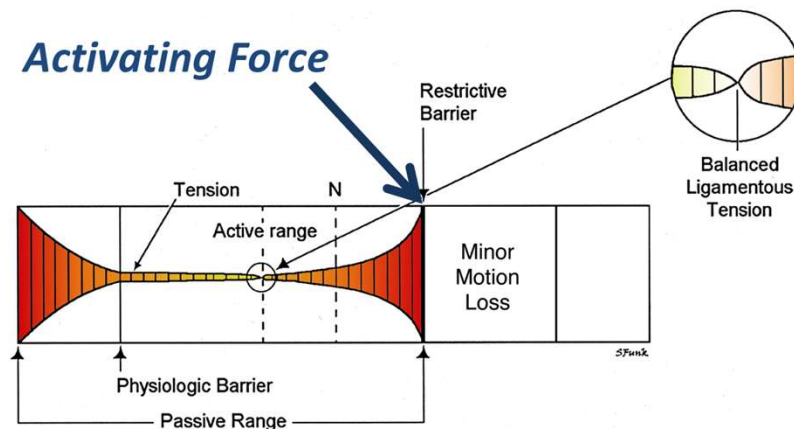
- Somatic Dysfunction is the indication for OMT

- 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; use **very light pressure to monitor tender point**
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 _L S _L
ER _R S _R
FR _L S _L
FR _R S _R
NS _L R _R
NS _R R _L
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).