OMT in Primary Care

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Conflict of Interest Disclosure
I have no conflicts and nothing to disclose

OMT in Primary care

Objectives:

1. To learn to think osteopathically in all primary care patients
2. To review the physiology of the diagnosis and learn to apply Osteopathic principles in the treatment plan
3. To learn OMT techniques that can be done in a primary care visit
Barriers to performing OMT in Primary care office.

1. Financial reimbursement
2. Office space/table.
3. Time.

But using OMT in your practice:
- increase satisfaction of patients
- improves their health
- increases billing
- increased practice referrals- via word of mouth

Pediatric considerations

As a Twig is Bent so Inclines The Tree, W. G. Sutherland D.O.
The Importance of OMT in Pediatric
1. Growth is dictated by gravity and mechanical stress.
2. Strain puts abnormal pressure to the musculoskeletal system and effect growth.
3. Untreated strains effect mechanics and function and will be carried into adulthood.
4. Untreated strains can predispose a child to sports injury.
5. OMT during growth spurts can alleviate these strains, promoting optimal function and health.

Torticollis, "Torticorpis" caused from birth trauma
Can cause scoliosis in adolescence

Pediatric considerations
Strains can be:
1. Interosseous-most common from birth
2. Mechanical stress-growth or injury

Pediatric considerations
1. Strains can effect growth.
2. Treating these strains, from birth through growth spurts can optimize the musculoskeletal system and prevent injury.
3. Evaluated and treat any structural/ postural strain at wellness and sports/camp PE.
4. Treat the joint above and below the injured area.

Pediatric considerations
1. Treat of pediatrics generally done with direct tx (treating to the barrier of strain).
2. Start at feet-end at head.
3. Infants treat between caregiver’s and your lap.
4. For older kids have toys to keep occupied.
5. Treat with wellness visits—which are generally at growth spurts specially until 2 y.o.

HEENT
- Sinusitis
- Pharyngitis
- Common cold
- Bronchitis/Pneumonia

Are a significant part of Primary Care practice.
HEENT

Sympathetic
- T1-4
- Increase goblet cells
- Vasooconstriction = decreased circulation
- Increase thick sticky mucus
- Dry, cracked mucosa increasing secondary infections

Symptoms:
Photophobia, vertigo, tinnitus, raspy cough, fatigue, palpitations, insomnia

Parasympathetic
- Cranial nerve 3, 7, 9, 10
- Increased eye tearing, thin, copious mucus
- Vasodilation
- Red, swollen mucosa

Symptoms:
Runny nose, watery eyes, eye spasms, productive cough, PND

Sinusitis
- Treat any cervical and upper thoracic vertebral somatic dysfunction (T1-4 tx sympathetics)
  (BLT, Myofascial, HVLA, FPR)
- C2, sphenopalatine ganglia (Parasympathetics)
- Treat supra orbital and intra orbital fissures to help decrease trigeminal nerve stimulation
- Treat any facial bone restriction
- Improve venous drainage: venous sinus drainage tech.
- Improve lymphatic drainage by treating thoracic outlet, release clavical and first three ribs.
Sinusitis

Treatment of lateral pterygoid muscle trigger points by Travell + Simons
Sinusitis

Ethmoid:
- Pain bridge of nose/behind eyes/eye movement
- Innervated by: ant/post ethmoid nerve
- Common in children
- Drains into the middle and superior meatus
- Complications: periorbital cellulitis or abscess, or mucocele, cavernous sinus thrombosis
Treatment: Frontal lift, vomer sinus pump, nasal-ethmoid

Maxillary Sinusitis:
- Pain in multiple upper teeth, pain in cheeks
- Innervated by: trigeminal nerve V2 and alveolar nerve
- 10% caused by dental infections
- Occurs also after colds flu
- Drains to middle meatus
Treatment: trigeminal nerve-TX temporal bone dysfunction, Vomer pump, maxillary-nasal release
Sinusitis

Sphenoid sinusitis:
- pain in Vertex/head, behind eyes
- Innervated by: posterior ethmoid nerve
- Drains into the superior meatus
- may cause dizziness
- complications: meningitis, cavernous sinus thrombosis
Treatment: treat SBS, vomer pump

Sinusitis

Frontal Sinusitis:
- Pain on eye motion, after cold/flu
- Innervated by: supraorbital nerve
- Drains into the middle meatus
- symptom worse mid day then better and with postural changes
- may cause edema to eye lids
- complications: mucocele, meningitis, brain abscess, cavernous sinus thrombosis, osteomyelitis
Treatment: Frontal release and lift, supraorbital fissure
Pharyngitis

- Improve drainage of mucus
- Stimulate parasympathetic
- Improve lymphatic drainage (Galbreath tech)

Treatments: treat cervical dysfunctions, hyoid bone, improve lymphatics (thoracic-outlet)
Lower Respiratory
Bronchitis and Pneumonia:

Sympathetics: T1-6
- Bronchial dilation
- Thick mucus
Prolonged stimulation:
- Vasodilation causing
  local hypoperfusion and
  epithelial hyperplasia,
  decreasing immune system

Parasympathetics: Vagus
- Increase thin secretions
- Easily cleared
- Increased smooth muscle
tone of bronchi
Parasympathetics is dominate in healthy lung
Prolonged stimulation:
  Shallow rapid breathing

Bronchitis - Pneumonia

Bronchitis and Pneumonia

Treatment:
- Normalize sympathetic-parasympathetic
  Treat thoracic, rib raising (sympathetic)
  Treat OA and C2 (parasympathetic)
- Improve diaphragm/rib motion
  Re-donning diaphragm, treat 12th rib, thoraco-lumbar
  area-psoas
  Improve venous lymphatic drainage
  Treat thoracic outlet, diaphragm
### Gastrointestinal issues

**Sympathetic:**
- Collateral ganglion
- Celiac T5-9
  (stomach, liver, pancreas, duodenum)
- Superior mesenteric ganglion T10-11
  (Small intestines, and rt Colon)
- Inferior mesenteric ganglion T12-L2 (left colon, Pelvis)

Treatment: treat hypertonic collateral ganglia, L1-2
Inhibition

**Parasympathetic:**
- Vagus nerve +
- Pelvic Splanchnic nerves

### Gastrointestinal

Lymphatics: Look at mesentery, ribs, pelvis
Gastrointestinal

- Think Osteopathically with all patients
- Look at sympathetic, parasympathetic and lymphatics to find somatic dysfunction depending on clinical picture
- Treat these area with OMT
- Adds 10-15 minutes to visit
- But significant increase in health and satisfaction of patient

Conclusion:
Thank You
Questions????