



OMT in Primary Care




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CERTIFICATION OF
MUSCULOSKELETAL
PHYSICIAN

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

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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.

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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

<p>Sympathetic T1-4 -increase goblet cells</p> <p>-Vasoconstriction=decreased circulation</p> <p>-increase thick+ sticky mucus</p> <p>-dry, cracked mucosa increasing secondary infections</p> <p>Symptoms: Photophobia, vertigo, tinnitus, raspy cough, fatigue, palpitations, insomnia</p>	<p>Parasympathetic -cranial nerve 3,7,9,10</p> <p>-increased eye tearing, thin, copious mucus</p> <p>-Vasodilation</p> <p>-Red, swollen mucosa</p> <p>symptoms: Runny nose, watery eyes, eye spasms, productive cough, pnd</p>
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HEENT

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 infra 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.

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Sinusitis

Sinusitis

Treatment of lateral pterygoid muscle trigger points by Travell + Simons

Sinusitis

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

Ethmoid sinusitis

Sinusitis

-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 in to 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 in to 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

Sinusitis

Pharyngitis

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

Treatments: treat cervical dysfunctions,
hyoid bone, improve lymphatics
(thoracic-outlet)

Pharyngitis

Pharyngitis

Lower Respiratory Bronchitis and Pneumonia:

<p>Sympathetics: T1-6</p> <ul style="list-style-type: none"> -Bronchial dilation -thick mucus <p>Prolonged stimulation:</p> <ul style="list-style-type: none"> -Vasoconstriction causing local hypoperfusion and epithelial hyperplasia, decreasing immune system 	<p>Parasympathetics: Vagus</p> <ul style="list-style-type: none"> - increase thin secretions - easily cleared -increased smooth muscle tone of bronchi <p>Parasympathetics is dominate in healthy lung</p> <p>Prolonged stimulation:</p> <p>Shallow rapid breathing</p>
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Bronchitis -Pneumonia

Bronchitis and Pneumonia

Treatment:

- Normalize sympathetic-parasympathetic
- Treat thoracic, rib raising (sympathetic)
- Treat OA and C2 (parasympathetic)

-Improve diaphragm/ rib motion

re-doming diaphragm, treat 12th rib, thoraco-lumbar area-psoas

Improve venous lymphatic draiange

Threat 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 T12-L2 (left colon, Pelvis)

Parasympathetic:

- Vagus nerve + Pelvic Splanchnic nerves

Treatment: treat hypertonic colateral ganglia, L1-2 Inhibition

Gastrointestinal

Gastrointestinal

Lymphatics: Look at mesentery, ribs, pelvis

Gastrointestinal

Gastrointestinal

Conclusion:

- 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 pateint