OMT AFTER INJURY

COMPREHENSIVE CARE OF BODY, MIND, SPIRIT

Amelia Bueche, D.O.

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DISCLOSURES

Amelia Bueche, D.O.

Speaker

- I have no relevant financial relationships

OBJECTIVES

Following This Session You Will Be Able To:

- Identify and apply techniques for acute musculoskeletal injury
- Recognize and integrate rehabilitative exercises for recovery from acute and chronic injury
- Acknowledge and address impact of injury on mental, physical, emotional, and energetic health

Accurate Assessment

Back to Basics: History And Exam

Comparison
Indications for Imaging
Impact Distant from Injury

Initial or Recurrent

Opportunity to determine underlying predisposition to injury & promote prevention

Resource Response

How does this impact daily life? What support do they need/have?

Timing of Application

Acute injury can benefit from immediate treatment
Chronic injury requires a more comprehensive approach
Dosing/frequency of treatment relevant to severity

- Offer sidelines/same/next day treatment options
- Follow up sooner with a recent injury

- Consider mechanics of injury & compensatory patterns
- Allow for integration of treatment

Thoughtful Treatment

Common Injured Areas

Lower Extremity

Ankle

Low Back

L Spine, Sacrum, Pelvis

Upper Back

T Spine, Ribs, C Spine

Lower Extremity

Ankle

Pain, Strain, Sprain

Frequency

Up to 40% of all sports injuries

Recurrence

Up to 47% of ankle injuries are a repeat incident

Vulnerability

70% of ankle injuries develop some type of debility

Prevention

Rehabilitation is criticial for return to function/play

Direct
Indirect

- Fascial Distortion Model offers significant relief
- Reset of the talus is often a key factor
- Promotion of lymphatic drainage with attention to fibular dysfunction contributes to recovery

Considerations

Tolerance by patient
Confidence in exam
Ability to relax

Follow Up

Gentle ROM
Progressive stabilization
Reinforcement internal/external

Treatment Options

Lower Back

Combination Of Lumbar, Sacrum, Pelvis

Lumbar Spine

Bilateral Restriction
Long Lever Treatment

Sacrum

Posterior Torsion
Intraosseous Strain
Long Lever, Still, Muscle Energy Treatment

Pelvis

Up-Slip
Asymmetry
Still and Muscle Energy

Gait

Monitor for compensatory patterns
Consider sitting/sleeping posture

Treatment Options

Direct
Indirect

- Still Technique is efficient and effective
- Long Lever offers opportunity for integration
- Muscle Energy is reliable and familiar
- Consider balancing/fluid techniques especially with chronic injury

Considerations

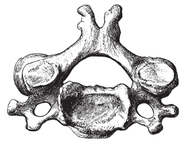
Ability to position patient
Mechanics for physician
Constellation of symptoms

Follow Up

Core stabilization
Self-treatment education
Consideration for underlying asymmetry

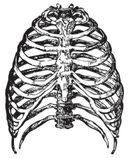
Upper Back

Combination Of
Cervical Spine, Ribs, Thoracic Spine



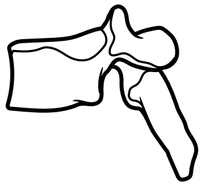
Cervical Spine

Fascial Strain
OA Restriction
Myofascial Release
BLT



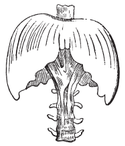
Ribs

Rib 1
Torsion
Still
BLT



Thoracic Spine

Bilateral Dysfunction
Postural Contribution
Muscle Energy



Diaphragm

Opportunity for positive influence on recovery
Shock/residual from injury

Direct

Indirect

- BLT is well-received by patients
- Myofascial release offers reliability
- Still Technique addresses difficult rib lesions
- Muscle Energy applied to a bilateral segment can be efficient and effective

Considerations

Extent of injury
Connections to surrounding muscle groups

Follow Up

Postural modification
Daily stretching exercises

Treatment Options

Comprehensive Care

Whole Person

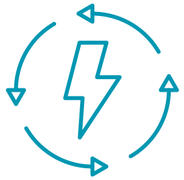
Injury impacts all aspects of health
Holding space for the patient to acknowledge the impact is critical for successful outcomes

Mental

Internal Narrative
Identity
Isolation

Emotional

Fear
Resistance
Processing of Trauma



Energetic

Activity Restriction
Mood
Sleep Quality

Thoughtful Inquiry

Validation of Impact

QUESTIONS

Amelia Bueche, D.O.
thisosteopathiclife@gmail.com

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