OMM in GERIATRICS

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Faculty Disclosures

I have no relevant financial relationships.

Objectives

- Review diagnosis of somatic dysfunction.
- Present treatment modalities.
- Demonstrate treatment modalities in specific anatomic regions.

Diagnosis of Somatic Dysfunction

- Diagnostic Triad of Somatic Dysfunction: ART
 - Asymmetry
 - Restriction(s) of movement
 - <u>Tissue Texture Changes</u>

- Asymmetry
 - Observe/Inspect whole body
 - Gait/balance movement proprioception
 - Bearing/lean posture– left/right
 - Spinal curves posture and bone condition A/P
 - Observe/Inspect, compare <u>regions</u>
 - Paired muscle mass leg length head shape
 - Observe/Inspect, compare <u>segments</u>
 - Paired joints eye sizes vertebral rotations

- Restriction of movement
 - Observe Active range of motion
 - See what the patient can do FIRST before introducing passive range of motion.
 - Introduce Passive range of motion by the physician.
 - Quantity of motion
 - Quality of motion
 - Smooth, stiff, jerky?
 - Quality of the end-feel
 - Acute-edematous/spongy
 - Chronic-hard/abrupt

- Tissue texture changes:
 - Skin Temperature
 - Acute injury is warm vasodilation; circulating cytokines
 - Chronic tissue is cold vasoconstriction; sympathetic drive
 - Skin and Fascia Tone
 - Healthy smooth with resiliency
 - Acute edematous, spongy, boggy e.g. ankle sprain
 - Chronic fibrotic, stiff, ropy e.g. scar

- Tenderness (T)ART
 - Pain (Subjective) is often the reason the patient seeks treatment.
 - Tenderness on palpation (Objective) may or may not be useful in the diagnosis of somatic dysfunction.
 - Referred pain—source?
 - Muscle
 - Bone
 - Organ

- Based on the Assessment
- Motion Testing
 - Active
 - Performance-Oriented Mobility
 Assessment (POMA)
 - Anatomical Regions
 - Passive

- Soft-tissue Techniques
 - Stretching or Traction
 - Linear or Longitudinal
 - Lateral Stretching
 - Deep Pressure/Inhibitory

- Soft-tissue techniques
 - Enhance motion
 - Mechanically stretch skin, fascia and muscle
 - Relieve hypertonicity and spasm

DIRECT

- Mobilization (Articulatory) Techniques
 - Repetitive gentle movement towards, and then away from the barrier. Slow, gentle range of motion.
- Myofascial release
 - Move the tissues to the barrier; hold for 60-90 seconds until you feel tissue release.
 Repeat 2-3 times.

Anatomical Regions

- Cervical
 - Seated
 - Supine
- Thoracic
 - Seated
 - Supine
- Lumbar
 - Seated
 - Supine

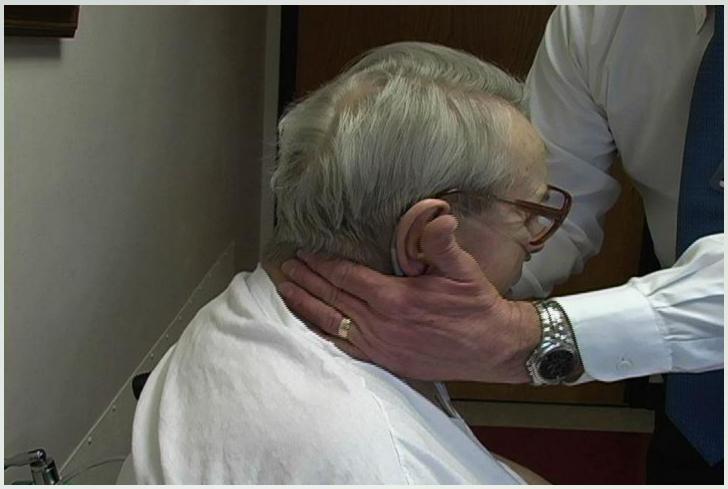
Anatomical Regions

- Other
 - Shoulder
 - Hip
 - Knee
 - Ribs

Cervical – Seated, Observation



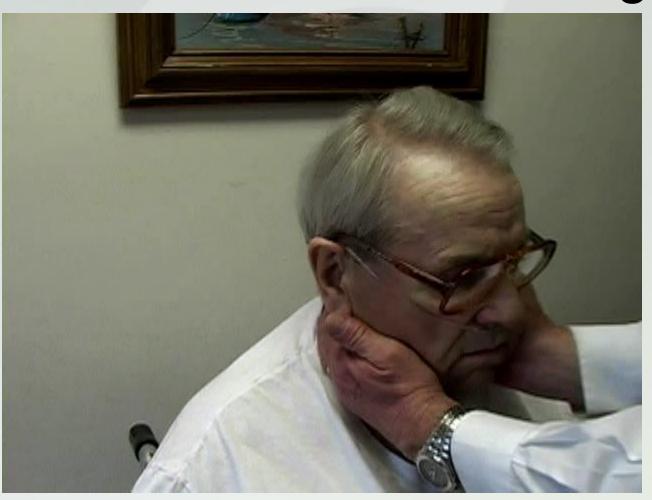
Cervical – Seated, Palpation for ART



Cervical - Seated Motion Testing



Cervical – Motion Testing



Cervical – Seated Treatment



Cervical – Linear Stretch (Traction)



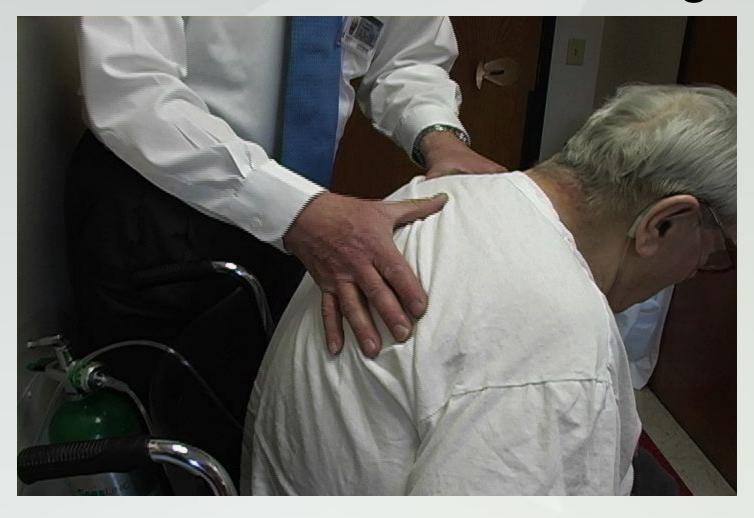
Cervical – Supine – Lateral Stretch



Thoracic - Motion Testing



Thoracic – Motion Testing



Thoracic – Motion Testing



Thoracic – Seated Treatment



Thoracic - Side Treatment



Thoracic – Lumbar Treatment



Shoulder Motion Testing



Shoulder Elevation



Shoulder Elevation Treatment



Shoulder Elevation Treatment



Left Shoulder Motion Testing



Right Shoulder Treatment



Left Shoulder Treatment



Leg Motion Testing



Knee Motion Testing



Lower Extremity Treatment



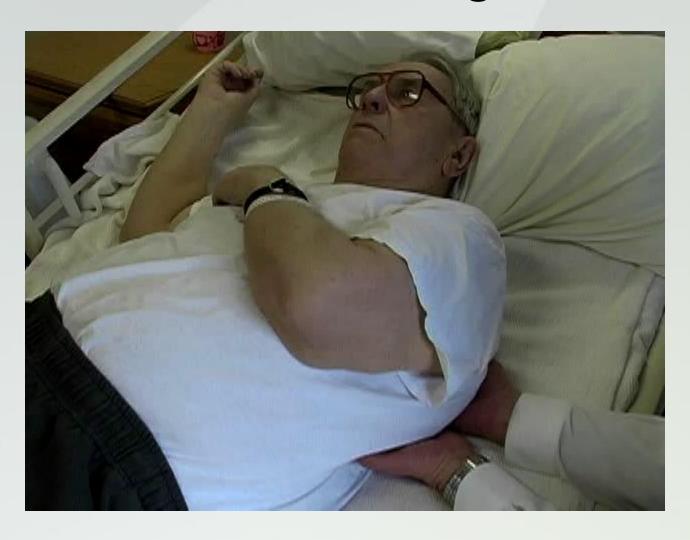
Rib Assessment & Treatment



Rib Raising



Rib Raising



Abdominal Treatment



Abdominal Treatment



Lymphatics



Positioning Limitations or is it a Guide for Treatment?

- Bed-bound
- Wheelchair
- Ambulatory vs Non-ambulatory

Contraindications

References

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