

# 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
  - Tissue Texture Changes

# Diagnosis

- 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 regions
    - Paired muscle mass – leg length – head shape
  - Observe/Inspect, compare segments
    - Paired joints – eye sizes – vertebral rotations

# Diagnosis

- 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

# Diagnosis

- 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

# Diagnosis

- 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



# Treatment Modalities

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

# Treatment Modalities

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

# Treatment Modalities

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

# Treatment Modalities

- 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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