“5 minute OMT: Integrating OPP into Your Office Encounter: a case based approach for respiratory disease”

David C. Mason, DO, FACOFP
Millicent King Channell, DO, FAAO
OMED 2012
• Barriers to performing OMT.
  – Financial remuneration.
  – Office space/table.
  – Time.
TIME for OMT

- Think osteopathically
- Integrate
- Management
- Efficiency
Tenets of Osteopathy

1) The Human body is a functional unit. Mind, Body, and Spirit are interconnected.

2) Form and Function are inter-dependant.

3) The Human body has the innate ability to heal itself.

4) Osteopathic Manipulative Treatment is based upon individualized rational application of the above tenets.
TART

• Tissue texture changes upon palpation.
• Asymmetry on inspection.
• Range of motion deficits.
• Tenderness to palpation.
Freyette’s First Law of Physiologic Motion

- When the thoracic and lumbar spine are in a neutral position (easy normal), the coupled motion of sidebending and rotation for a group of vertebrae occur to opposite sides.
- Group-Neutral-opposite sides
Freyette’s Second Law of Spinal Motion

- When the thoracic and lumbar spine is sufficiently flexed or extended (non-neutral), the coupled motions of sidebending and rotation in a single vertebrae occur to the same side.

- Single- non-neutral - same side.
Freyette’s Second Law of Spinal Motion

- When the thoracic and lumbar spine is sufficiently flexed or extended the facet joints are engaged and they now dictate which direction the body of the vertebrae moves.

Figure 5.27. Nonneutral (type II) vertebral motion.
Freyette’s Third Law of Spinal Motion

• Initiating motion of a vertebral segment in any plane of motion will modify the movement of that segment in other planes of motion
Case 1

- A previous patient of yours. 25 year old school teacher with 10 day hx of mucopurulent nasal discharge. Sore throat, bad taste, OTC sinus tablets prn little relief for head and sinus pressure.
Physical Exam

- 110/64 HR 80 RR 20 T 99.8
- HEENT: TM cloudy, bulging, tenderness over maxillary and frontal sinuses, purulent nasal discharge on erythematous turbinates, pharyngeal erythema and post nasal drip, anterior cervical lymphadenopathy.
- Cor: Reg at 80 no murmur or ectopy
- Pulm: CTA, no W/R/R
- Biomech: OA ERrSI, OA myospasm, T1-4 myospasm r>I., Chapman’s reflex infraclavicular.
A/P

• Diagnoses
  – Acute Rhinosinusitis
  – Head (739.0), Cervical (739.1), and Thoracic (739.2) somatic dysfunctions

• Treatment
  – Abx
  – Nasal Steroid?
  – Sinus Drainage
  – Anterior Cervical Lymphatic Drainage
  – Direct Myofascial Release T1-4
Sinusitis
Infection (viral, bacterial or fungal etiology) of the sinuses of the head.

Physiology and Associated Somatic Dysfunctions

Parasympathetics
Facial nerve (CN VII) via Sphenopalentine ganglion
Vagus nerve-
OA, AA, C2-
- Tenderpoints
- Tissue texture changes over cervical pillars
- Rotated vertebrae
Compression of occipitomastoid sutures as well as occipito-atlanto joint

Sympathetics
T1-4-Tenderpoints
- Tissue texture changes over transverse processes
- Rotated vertebrae

Sensory-Motor
Trigeminal nerve (CN V)
- Tenderness/fascial restriction at supraorbital and infraorbital notch and over frontal and maxillary sinuses.

Other Somatic Dysfunctions
Eustachian tube dysfunction
Cranial dysfunction
Lymphatic congestion of lymph nodes: pre/post auricular, submaxillary and submental, supraclavicular, and anterior cervical chain.

Treatment
The 2 minute treatment
- Head- Supraorbital and infraorbital (CNV) massage 739.0
- Head- Frontal and maxillary efflurage 739.0

The 5 minute treatment
- Head- Periauricular drainage technique 739.0
- Cervical- Lymphatic drainage of anterior cervical lymphatics 739.1
- Abd/Other/Visceral- Chapman’s reflexes Mid-maxillary line above the clavicle for ear and below the clavicle for sinuses 739.9

The Extended treatment
- Head- OA MFR 739.0
- Head- Sphenopalatine ganglion stimulation 739.0
- Cervical- C2: MFR, FPR and/or HVLA 739.1
- Thoracic ME, MFR and/or HVLA 739.2
- Rib raising 739.8
- Head- Muncie technique 739.0
OMT for Patient with Rhinosinusitis
Coding and Billing

• ICD-9
  – Acute Rhinosinusitis
  – Head (739.0), Cervical (739.1), and Thoracic (739.2) somatic dysfunctions

• E&M
  – 99213.25

• Procedure
  – 98926
Case 2

- 7 yo patient of your FM practice with a 4 day hx of right ear pain.
Physical Exam

• 88/48 HR 90 RR18 T 101.4
• Cor: Reg at 90, no murmur
• Pulm: CTA B/L no W/R/R.
• Biomech: OA congestion, Chapman’s at OA on right, T1-3 SrRI, T4FRSI with tenderness and myospasm.
A/P

• Diagnoses
  – Otitis Media
  – Head(739.0), Cervical(739.1), Thoracic(739.2) somatic dysfunctions

• Treatment
  – ABX?
  – Acetaminophen prn?
  – Auricular Drainage
  – Mandibular Drainage
  – Muscle Energy T1-4
• **Otitis media**
  - Inflammation of the middle ear, usually associated with a viral or bacterial infection

• **Physiology and Associated Somatic Dysfunctions**
  - **Parasympathetics** increased tone= copious secretions of nasal, lacrimal and submandibular glands
  - Facial nerve (CNVII)- Cranial dysfunction

  - **Sympathetics** increased tone= vasoconstriction and slight secretions of nasal, lacrimal and submandibular glands
  - T1-5
  - Tenderpoints
  - Tissue texture changes over transverse processes
  - Rotated vertebrae

• **Motor**
  - Tensor veli palatine- CN V3
  - Tensor tympani- medial pterygoid branch of the CN V3
  - Levator veli palatine- CN X
  - Salpingopharyngeus- CN X
  - OA, AA, C2 - Tenderpoints
  - Tissue texture changes over cervical pillars
  - Rotated vertebrae
  - Compression of occipitomastoid sutures as well as occipito-atlanto joint

• **Other Somatic Dysfunctions**
  - Eustachian tube dysfunction
  - Digastric mm tenderpoint and hypertonicity
  - Cranial dysfunction
  - Lymphatic congestion of lymph nodes: pre/post auricular, submaxillary and submental, supraclavicular.

---

**Treatment**

**The 2 minute treatment**
- Head- Muncie technique 739.0
- Head- Periauricular drainage technique 739.0

**The 5 minute treatment**
- Head- Supraorbital and infraorbital nn massage 739.0
- Head- Sphenopalatine ganglion stimulation 739.0
- Cervical: MFR, FPR and/or HVLA 739.1

**The Extended treatment**
- Head- Nasion gapping 739.0
- Head- Gallbreath technique (mandibular drainage) 739.0
- Head- Decreased CRI- CV4 hold 739.0
- Head- Digastric- CS and/or MFR 739.0
- Head- Vagus- OA release 739.0
- Abd/Other/Visceral somatic- Chapman’s reflex for ear and/or sinuses 739.9
- Mid-maxillary line above the clavicle
OMT for Patient with Otitis Media
Coding and Billing

• ICD-9
  – Otitis Media
  – Head(739.0), Cervical(739.1), Thoracic(739.2) somatic dysfunctions

• E&M
  – 99213.25

• Procedure
  – 98925
Case 3:

• 68 yo with a history of chronic obstructive pulmonary disease presents for checkup. He states sputum production and dyspnea with exertion has worsened since last visit.
Physical Exam

124/74 HR 88 RR 22 T 98.6 F Pulse Ox 94%

• HEENT: nl TM, pharynx clear, trachea midline, no thyromegaly.
• Cor: Reg at 88 2/5 diastolic murmur right sternal border.
• Pulm: Course distant breath sounds, Positive rhonchi, Barrel chest
• Abd: nl BS soft NT no masses
• Biomech: OA ERrSI, Myospasm C3-5 B/L, Thoracic inlet RrSI, T3-8 SIRl, L1ERSr, Rib1-5 inhalation dysfunction left.
• Ext: pos clubbing, poor capillary refill.
A/P

• Diagnoses
  – AECB (492.8)
  – Cervical(739.1), Thoracic(739.2), Rib(739.8), Lumbar(739.3), Abd/other(739.0) somatic dysfunctions.

• Treatment
  – Antibiotics
  – Inhaled Steroids
  – Myofascial Release to Cervical Spine
  – OA release
  – Myofascial Release to Thoracic Spine
Chronic Obstructive Pulmonary Disease (COPD)

Physiology and Associated Somatic Dysfunctions

- **Parasympathetics** increased tone = Thinning of secretions and relative bronchiole constriction
  - Vagus nerve -
  - OA, AA, C2
  - Compression of occipitomastoid suture and occipito-atlanto joint

- **Sympathetics** increased tone = Thickened secretions and bronchiole dilation
  - T2-7

- **Motor**
  - C3-5 (Phrenic nerve to the diaphragm due to decreased excursion and overuse)

- **Other Somatic Dysfunctions**
  - Scalene hypertonicity and tenderpoints
  - Sternocleidomastoid hypertonicity and tenderpoints
  - Pectoralis minor hypertonicity and tenderpoints
  - Serratus anterior hypertonicity and tenderpoints
  - Inhalation type rib dysfunctions
  - Thoracic inlet diaphragm dysfunctions
  - Flattened diaphragm with decreased excursion
Treatment

The 2 minute treatment
- Head- OA release 739.0
- Cervical- MFR 739.1
- Thoracic- MFR 739.2

The 5 minute treatment
- Thoracic- ME or HVLA 739.2
- Rib- ME or HVLA 739.8
- Abdomen-Diaphragm- Doming technique 739.9

The Extended treatment
- Thoracolumbar MFR and ME 739.2, 739.3
- Cervical- ME, HVLA or FPR 739.1
- Cervical- Scalene- CS, MFR or ME 739.1
- Cervical- Sternocleidomastoid CS, MFR or ME 739.1
- Upper extremity-Pectoralis minor-CS, MFR or ME 739.7
- Thoracic- Serratus anterior- CS, MFR or ME 739.2
- Thoracic Inlet MFR 739.2
- Abd/Other/Visceral somatic- Chapman’s reflex for lung 739.9
- Anterior 2nd (bronchus) 3rd (upper lung) and 4th (lower lung) ICS near sternal border: posterior T2 (bronchus) T3 (upper lung) and T4 (lower lung).
Coding and Billing

• ICD-9
  – AECB(466.0) or COPD(492.8)
  – Cervical(739.1), Thoracic(739.2), Rib(739.8), Lumbar(739.3), Abd/other(739.0) somatic dysfunctions.

• E&M
  – 99213.25

• Procedure
  – 98926
Case 4

- 38 yo with a history of smoker presents with seven days of progressively more productive cough. He states he is short of breath with exertion and has had fevers as high as 102.4 degrees.
Physical Exam

124/74 HR 88 RR 22 T 101 F Pulse Ox 94%

- HEENT: nl TM, pharynx clear, trachea midline, no thyromegaly.
- Cor: Reg at 88.
- Pulm: breath sounds positive rales and rhonchi. Areas of egophony and tactile fremitus.
- Abd: nl BS soft NT no masses
- Biomech: OA ERrSI, Myospasm C3-5 B/L, Thoracic inlet RrSI, Anterior Scalene hypertonicity and tenderpoint noted, T3-8 SIRr, Restricted diaphragm excursion.
- Ext: Good pulses.
A/P

• Diagnoses
  – CAP
  – Head(739.0), Cervical(739.1), Thoracic(739.2), Rib(739.8), Abd/other(739.0) somatic dysfunctions.

• Treatment
  – Antibiotics
  – Bronchodilators
  – Direct myofascial release thoracic inlet
  – Dome Diaphragm (Direct myofascial release with respiratory assist Diaphragm.)
  – Thoracic pump with exageration
Coding and Billing

- **ICD-9**
  - CAP
  - Head(739.0), Cervical(739.1), Thoracic(739.2), Rib(739.8), Abd/other(739.0) somatic dysfunctions.

- **E&M**
  - 99213.25

- **Procedure**
  - 98927
Current Procedural Terminology

• E&M Codes CPT Book
• OV codes
  – NP Sick Established sick
  – 99201 - 99211
  – 99202 -99212
  – 99203 -99213
  – 99204 -99214
  – 99205 -99215
CPT

- Hospital New
  - 99221
  - 99222
  - 99223

- Hospital Subsequent
  - 99231
  - 99232
  - 99233
OMT Codes

- 1-2 areas treated  98925
- 3-4 areas          98926
- 5-6 areas          98927
- 7-8 areas          98928
- 9-10 areas         98929
- 10 areas are Cranial, Cervical, Thoracic, Lumbar, Sacral, Innominate, Upper Extremity, Lower Extremity, Rib cage, Visceral.
Modifiers

• .25 separate identifiable service on same day (Patient seen for “Headache” diagnosis muscle tension type HA, Cervical Somatic Dysfunction E&M 99213.25 98925 ICD-9 codes 307.81 739.1)
ICD-9 codes

- 739.0 Head/ Cranial Somatic dysfunction
- 739.1 Cervical Somatic dysfunction
- 739.2 Thoracic Somatic dysfunction
- 739.3 Lumbar Somatic dysfunction
- 739.4 Sacral Somatic dysfunction
- 739.5 Innominate Somatic dysfunction
- 739.6 Lower extremity Somatic dysfunction
- 739.7 Upper extremity Somatic dysfunction
- 739.8 Rib Somatic dysfunction
- 739.9 Abdominal/ Visceral somatic Dysfunction
Question and Answer/ Wrap up