“OMT for Primary Care Patients With Mental Health Issues”

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Learning Objectives

- Provide focused evaluation of the body related to anxiety and depression.
- Identify common somatic dysfunctions in patients with anxiety and depression.
- Identify efficient, effective techniques to address these somatic dysfunctions.
Comorbidity of Chronic Pain and Depression 30-60%

- “Consistently associated with poorer prognosis and greater disability”
- “Neuroimaging studies have allowed for examination of the areas of the brain which are structurally or functionally aberrant in both pain and depressive syndromes.”
- Psychototropic medications such as SNRIs are effective in reducing symptoms of both chronic pain and depression

1. Narasimhan
Mind-Body Connection

- Depressed patients are 4X more likely to have a chronic painful physical condition
- 69% of patients with MDD present to primary care clinics with somatic symptoms
- “Unrecognized and undertreated”

1. Narasimhan
What Are Common Physical Complaints In Depression?

<table>
<thead>
<tr>
<th>Physical Complaints</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Headaches</td>
</tr>
<tr>
<td>LBP</td>
<td>Abdominal pain</td>
</tr>
<tr>
<td>CLBP</td>
<td>Neck pain</td>
</tr>
<tr>
<td>Muscle aches</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Joint aches</td>
<td></td>
</tr>
</tbody>
</table>
2. Kuchera
History of Persistent Pain Despite Traditional Workup and Treatment

Rational osteopathic manipulative medicine (OMM) care considers each of these three issues

- Consider Body Unity Issues
  - History of potential emotional-spiritual issue linked to region?
  - Evidence of depression or excessive fatigue?
  - Dysfunction of central biochemistry
    - Dysfunction of local biochemistry
    - Dysfunction of primary and/or secondary respiration
    - Increased autonomic nervous system (ANS) response

- Consider Homeostatic Issues
  - Biomechanical issue? Specific pain syndromes
  - Specific neuromusculoskeletal dysfunction findings
  - History of poor ergonomics or habits
  - Postural decompensation (primary or perpetuating factor)

- Consider Structure-Function Issues
  - Functional demand?
2. Kuchera
Structural Evaluation for Depression

- Core link between Sacrum and Occiput
- Autonomics
- Junctions
  - OA, C-T, T-L, L-S
- Diaphragms
  - Tentorium Cerebelli
  - Thoracic Inlet
  - Respiratory
  - Pelvic
- Consider Dr. Greenman’s Dirty Half Dozen Missed Diagnoses
Dirty Half Dozen

1. Pubic Shears
2. Sacroiliac Shears
3. Sacral Nutation Failure (posterior torsions)
4. Unlevel sacral base (LLI)
5. Muscle Imbalance (Including Psoas Syndrome)
6. Type II Lumbar SD
**“Dirty Half-Dozen” Dysfunctions in Persistent Low Back Pain (PLBP)**

<table>
<thead>
<tr>
<th>Somatic Dysfunction (SD) in PLBP</th>
<th>SD in PLBP, % (n=183)*</th>
<th>Key Palpatory Findings†‡</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Nonphysiologic pelvic SD (pubic shears)</td>
<td>76</td>
<td>Palpatory “step off” between pubic rami at the pubic symphysis; tenderness</td>
</tr>
<tr>
<td>□ Nonphysiologic pelvic SD (sacroiliac shears)</td>
<td>15</td>
<td>(1) Iliac crest-ASIS-PSIS-ischial tuberosity all elevated on one side; or (2) dramatically inferior and slightly posterior inferolateral sacral angle on the side of the deep sacral sulcus</td>
</tr>
<tr>
<td>□ Sacral nutation failure (including nonneutral and backward sacral torsion SD)</td>
<td>49</td>
<td>+ Sphinx test; + Spring test (particularly painful with type II L5 SD rotating in opposite direction from S1)</td>
</tr>
<tr>
<td>□ Pelvic tilt/“Short-leg syndrome”/unlevel sacral base</td>
<td>63</td>
<td>Post-OMT + standing combined with — seated flexion tests; standing unlevel iliac crests and greater trochanters; possible functional scoliosis</td>
</tr>
<tr>
<td>□ Muscle imbalance (including psoas syndrome)</td>
<td>90</td>
<td>Asymmetric muscle balance; psoatic or scoliotic posturing; + sharp tenderness over iliacus or psoas muscles</td>
</tr>
<tr>
<td>□ Type II lumbar SD</td>
<td>85</td>
<td>Typically a single lumbar segment demonstrating F R_x S_x</td>
</tr>
</tbody>
</table>

† Note: In PLBP, patients had between three and six of these diagnoses; osteopathic manipulative treatment corrected 75%
‡ ASIS indicates anterior superior iliac spine; PSIS, posterior superior iliac spine; OMT, osteopathic manipulative treatment; F R_x S_x, E R_x S_x, where E indicates extension; R, rotation; S, side bending, and x, left or right

2. Kuchera 3. Greenman
High-Yield Depression Techniques

1. SI Joint exaggeration technique
2. SI Joint BLT with acetabulum scouring
3. Two Person technique OA/Temporals BMT to LSI BLT
BL SI Joint Exaggeration Technique
1. BL SI Joint Exaggeration Video
2. SI Joint BLT with Acetabulum Scouring
2. SI Joint BLT with Acetabulum Scouring
3. Two Person Technique
OA/Temporals BMT to L-S-I BLT
3. Two Person Technique
OA/Temporals BMT to L-S-I BLT
Generalized Anxiety Disorder (GAD) Presents To Primary Care

- Prevalence in general population is 2-5 %
- 22% of patients presenting to primary care complain of anxiety problems

4. Hoehn-Saric
### What Are Common Physical Complaints in Anxiety?

- Sense of Choking
- Headache
- Neck pain
- Chest pain
- Fatigue
- Palpitations
- Restlessness
- Bruxism
- Increased muscular tension
- Shortness of breath
- Sweating
- Shaking
- Nausea
- Sleep disorders
6 Types of Anxiety Disorders

- Generalized Anxiety Disorder GAD
- Panic Disorder
- Social Anxiety
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Separation Anxiety
Structural Evaluation for Anxiety

- Cranial
  - Vault
  - Face
  - TMJ
- OA
- Core link between Sacrum and Occiput
- Autonomics
- Diaphragms
  - Tentorium Cerebelli
  - Thoracic Inlet
  - Respiratory
  - Pelvic
- Cervical Spine
- Thoracic Spine
- Junctions
  - OA, C-T, T-L, L-S
- Diaphragms
- Hyoid
- Ribs
High Yield Anxiety Techniques

1. OA Stabilize AA Mobilize OA
2. Hyoid Evaluation and Treatment
3. TMJ
4. Costco-Chondral-Sternal Release
1. OA Articulatory

- Stabilize AA --- Mobilize OA
1. OA Articulatory Video

OA articulatory Dx and Tx.MTS

OA articulatory.MTS
2. Hyoid Evaluation and Treatment
2. Hyoid Evaluation and Treatment
2. Hyoid Evaluation and Treatment
Sternocleidomastoid and Omohyoid, lateral view.
2. Hyoid Evaluation and Treatment Video
B Masticatory muscular sling
Oblique posterior view. This drawing clearly shows how the masseter and medial pterygoid form a muscular sling in which the mandible is suspended. By combining the actions of both muscles into a functional unit, this sling enables powerful closure of the jaws.
3. TMJ Fascial Unwinding

**Image (a):**
- Temporalis
- Lateral pterygoid
- Medial pterygoid
- Masseter

**Image (b):**
- Lateral pterygoid, superior part
- Articular disk
- Lateral pterygoid, inferior part
- Medial pterygoid
- Lateral plate, pterygoid process
3. TMJ treatment video

IMFR TMJ.MTS
4. Costo-Chondro-Sternal Release
4. Costo-Chondro-Sternal Release Video

Costochondral Sternal DMFR.MTS
Osteopathic Principles

**Medical Management**
- Long acting Benzodiazepines
- SSRI/SNRI
- Buspirone
- Wean narcotics **New CDC Guidelines**
- Cognitive Behavioral Therapy (CBT)
- Supplements, herbals, naturopathic and homeopathic remedies

**Ask about stress**
- Interpersonal violence

**Ask about habits**
- Alcohol and recreational drug use
- Caffeine
- Water intake
- Exercise
- Meditation/Prayer
Fluids
Prescribe Exercise
Conscious-Unconscious Interface

Benefits of Meditation

- Improve focus & memory
- Gives a sense of purpose
- Improved outlook on life
- Anxiety & stress relief
- Improved sleep
- Increase happiness
- Enhances relationships
- Reduce Depression
- Strengthened immune system
- Aides in pain management
TESSA: Technology Enhanced Screening and Supportive Assistance

- Inter-personal violence including Intimate partner abuse is common
- Should be part of screening questions
- Often leads to chronic pain and depression
- Principal Investigator:
  - Emily Spence-Almaguer
- Co-Investigators:
  - Brad Cannel, Kimberly Fulda, Sharon Homan, Scott Walters

5. Spence Almaguer


5. Spence-Almaguar This project is funded by the Office for Women’s Health, US Department of Health and Human Services, award #1 ASTWH150033--01--00