In-patient OMM

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AAO Convocation 2019
Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation.
Objectives

- Review current research into inpatient care models
- Explore a process for quickly acquiring relevant examination findings
- Incorporate those findings into an evidence-based treatment plan
  • Integrating osteopathic philosophy
“To find health should be the object of the doctor. Anyone can find disease” *Philosophy*
Are we doing OMM in the hospital?

Carruzzo (2013)
- 37 Swiss hospitals surveyed
- 19 hospitals reported offering at least one CAM
- Most frequent was acupuncture, followed by manual therapies, osteopathy, and aromatherapy
- This is a 54% increase in ~10 years

Rhon (2018)
- Military hospital, 7566 patients with spine or shoulder conditions in 2009
- Tracked manipulative treatment by DO, DC, PT
- 26.6% received manipulative treatment at least once, average of 3.3 visits per patient
- Thoracic complaints most likely (50.8%), shoulder complaints least likely (24.2%)
- 29% of the manipulation was by DO
Are we doing OMM in the hospital?

Aveni (2016)
- Swiss hospital, staff surveyed to assess attitudes toward complementary medicine for chronic pain
- 96.6% in favor of CM (hypnosis, osteopathy, acupuncture)
- Over half (58.3%) had never referred for CM, 84.3% felt the lacked the knowledge to inform their patients about CM

Smith-Kelly (2016)
- 474 employees at an American hospital in Oregon
- Housed AOA residencies in FM, IM, Orthopedics, General Surgery, and Psychiatry
- 25.7% reported that they were not at all knowledgeable about OMM
- This group included RN, CNA, NP, PA and "Other" (clerical, therapy, technicians)
Osteopathic Recognition

213 programs as of February 2019

No specific requirement for inpatient OMM but many programs have inpatient rounds
  ◦ Who is leading those?
<table>
<thead>
<tr>
<th>Study</th>
<th>Diagnosis</th>
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<tbody>
<tr>
<td>Baltazar (2013)</td>
<td>Postoperative ileus</td>
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<td>Cerritelli (2013)</td>
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<td>Crow (2009)</td>
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<td>Fleming (2015)</td>
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<td>Hastings (2016)</td>
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<td>Noll (2010)</td>
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<td>Pizzolorusso (2014)</td>
<td>Preterm infants</td>
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<td>Probst (2016)</td>
<td>Postop bowel</td>
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<td>Racca (2017)</td>
<td>Postop sternotomy</td>
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<td>Swender (2014)</td>
<td>Cystic fibrosis</td>
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Should we be doing OMM in the hospital?

Bagagiolo (2016)

- "The available studies in neonatal settings provide evidence that OMT is effective in reducing the hospital length of stay of the treated infants, therefore, (sic) suggesting that robust cost-effectiveness analyses should be including in the future clinical trial's design to establish new possible OMT_shared strategies within the health care services provided to newborns."
How do we do OMM in the hospital?
Review of Hospital Exam

OA/AA

Cervical TART changes

T1/supraclavicular fossa/1st rib/clavicle

Thoracic TART changes

Ribs

T12

Lumbar TART changes

L5

SI/ASIS/Pelvis
OMM

Biomechanical

Respiratory/Circulatory

Neurological

Behavioral

Metabolic
ABCs of OMT

• Autonomics
• Biomechanics
• Circulation
• screening
## Comparison of Approaches

<table>
<thead>
<tr>
<th>Exam</th>
<th>Noll</th>
<th>Radjeski</th>
<th>Clark</th>
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<td>T1</td>
<td>MFR</td>
<td>1st rib CS</td>
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<td>Paraspinal Inhibition</td>
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<td>CS</td>
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<td>Lymphatic</td>
<td>Lymphatic Pump</td>
<td>Pectoral Traction</td>
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<td>Pedal/Thoracic</td>
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<tr>
<td>Other</td>
<td>Sternal MFR</td>
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<td>SBS Decomp</td>
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Using Osteopathic Principles

- Application of osteopathic principles, not techniques
- Influencing physiology using the musculoskeletal system as a handle
- Need to get away from the disease model of care
  - Treat the patient, not the disease
Proposed “Framework”

- Sacral/Pelvic balance
- L/S decompression
- Lumbar treatment
- T/L junction
- Thoracic diaphragm
- Thoracic treatment
- Ribs
- Scapulae
- Thoracic inlet
- First rib
- Cervical treatment
- OA/AA
- Lymphatic pump
Contraindications

- Patient refusal
- No supervision
- Cancer?
- Infections?
- Fractures?
- Heart Failure?
COPD and OMT

  - Worsening of air trapping following a session of OMT

  - Use of thoracic pump with activation increases post treatment residual volume
Dosing of OMT

- Not longer than the patient can tolerate
  - Make an initial treatment as focused and brief as necessary
  - Re-assess to evaluate the patient's response
  - Further treatments longer or shorter as appropriate
- Typical treatment lasts <15 minutes
- Good rule of thumb
  - Sicker patient = shorter treatment
Frequency of OMT

- No more frequent than the patient can handle
- Typically treat daily
  - Sicker patients may benefit from shorter, more frequent treatments
- As the patient improves may increase time between treatments
Informed Consent

- Nature of the procedure
- Reasonable alternatives to the proposed intervention
- Explanation of
  - Risks
  - Benefits
  - Uncertainties
- Assessment of understanding
- Acceptance of intervention
“I have no desire to be a cat, who walks so lightly that it never creates a disturbance. I want to be myself, not ‘them,’ not ‘you,’ not ‘Washington,’ but just myself; well plowed and cultivated”

Autobiography
References

1. LBORC A. Inpatient Osteopathic SOAP Note Form. In.


