



# Osteopathic Considerations for Sinus & Allergy

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# Disclosure

- Neither I, nor an immediate family member (parent, sibling, spouse, partner, or child) has any financial relationship with or interest in any commercial interest connected with this presentation.

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# Acknowledgements

- ▶ Thanks to Daniel G. Williams, D.O. ,
- ▶ Indianapolis, Indiana
- ▶ for a number of the slides used in this presentation.

# Objectives

1. Describe the 3 major anatomical systems used when formulating a basic osteopathic treatment plan.
2. Describe an osteopathic treatment plan for a patient with sinus related dysfunction.
3. Demonstrate an osteopathic treatment plan for a patient with sinus related dysfunction.



# Principles of Osteopathy

The body is a unit

Structure and function are inter-related

The body is capable of self healing and self regulation

Rational treatment is based on these principles

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# Core Principles

Disease involves derangement of one or more of the following:

Sympathetic Nervous System

Parasympathetic Nervous System

Lymphatic System

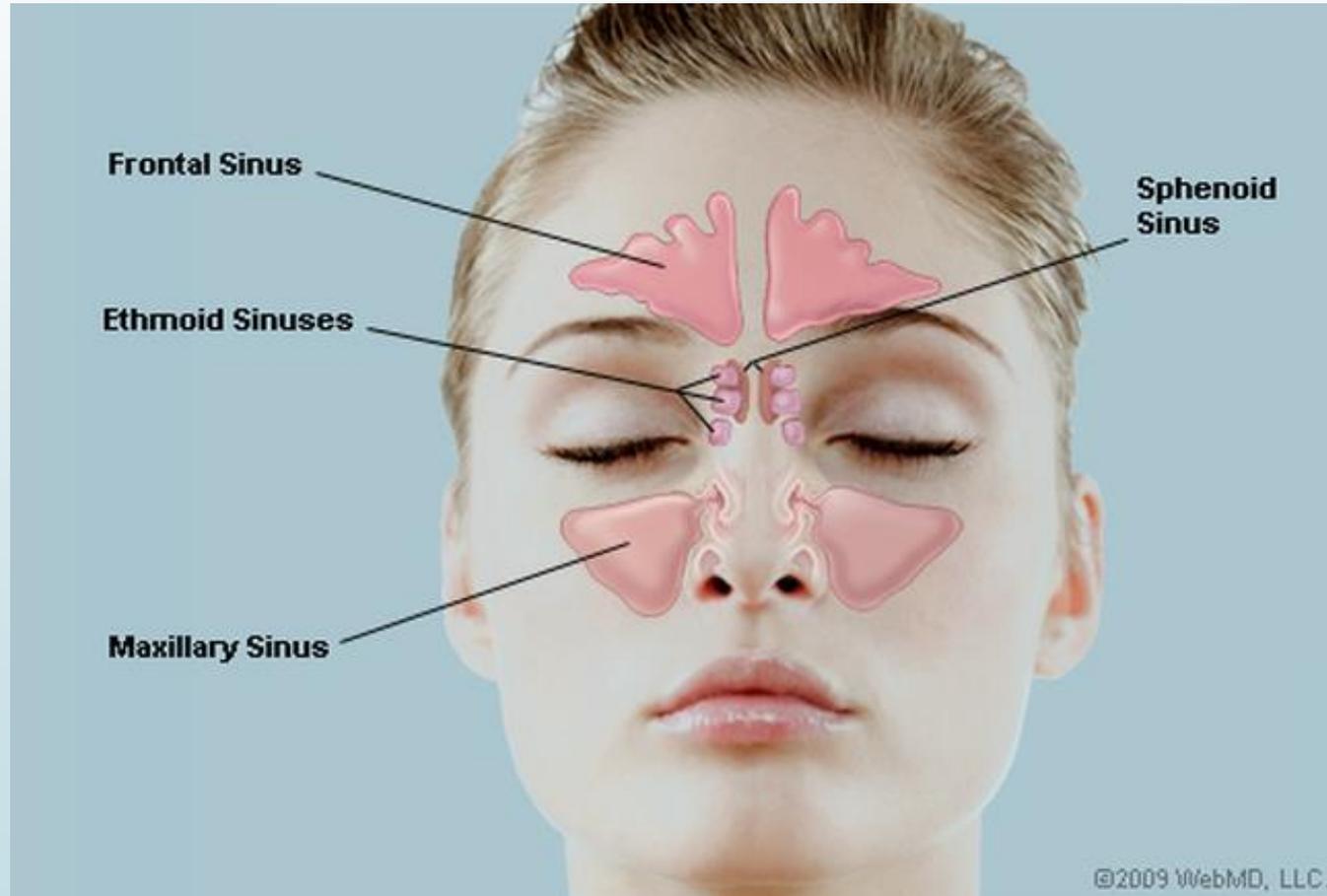
Circulatory System

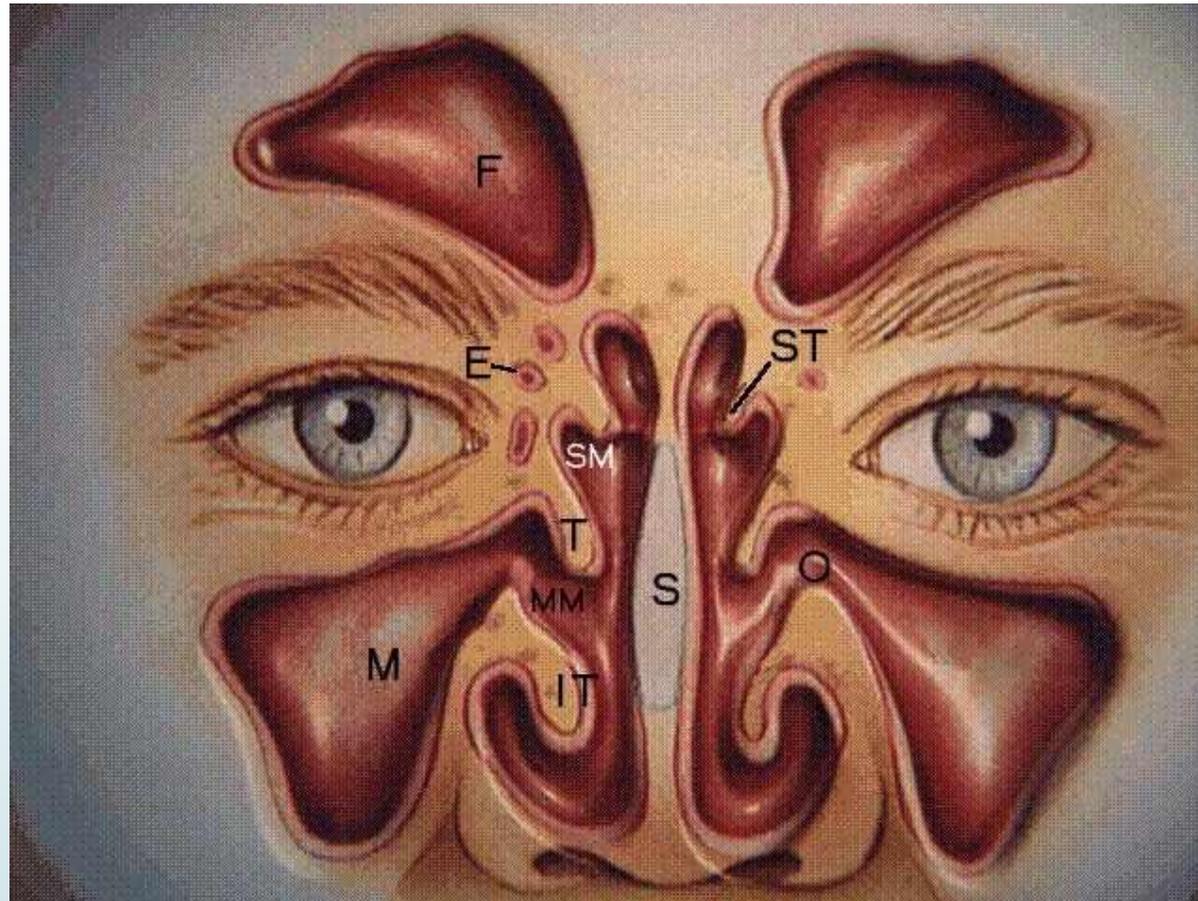
Musculoskeletal System



# Anatomy

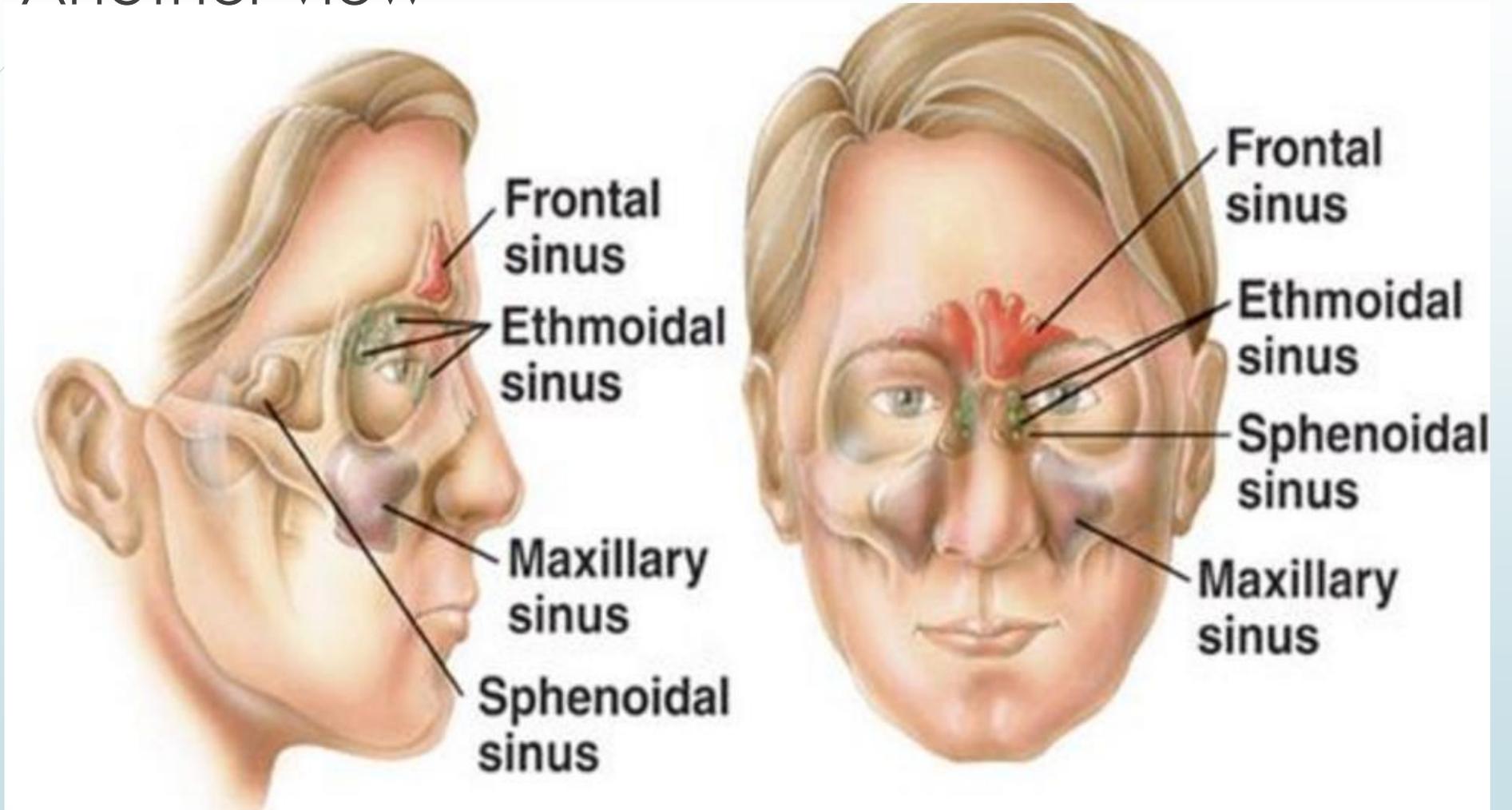
# Facial Sinus Locations





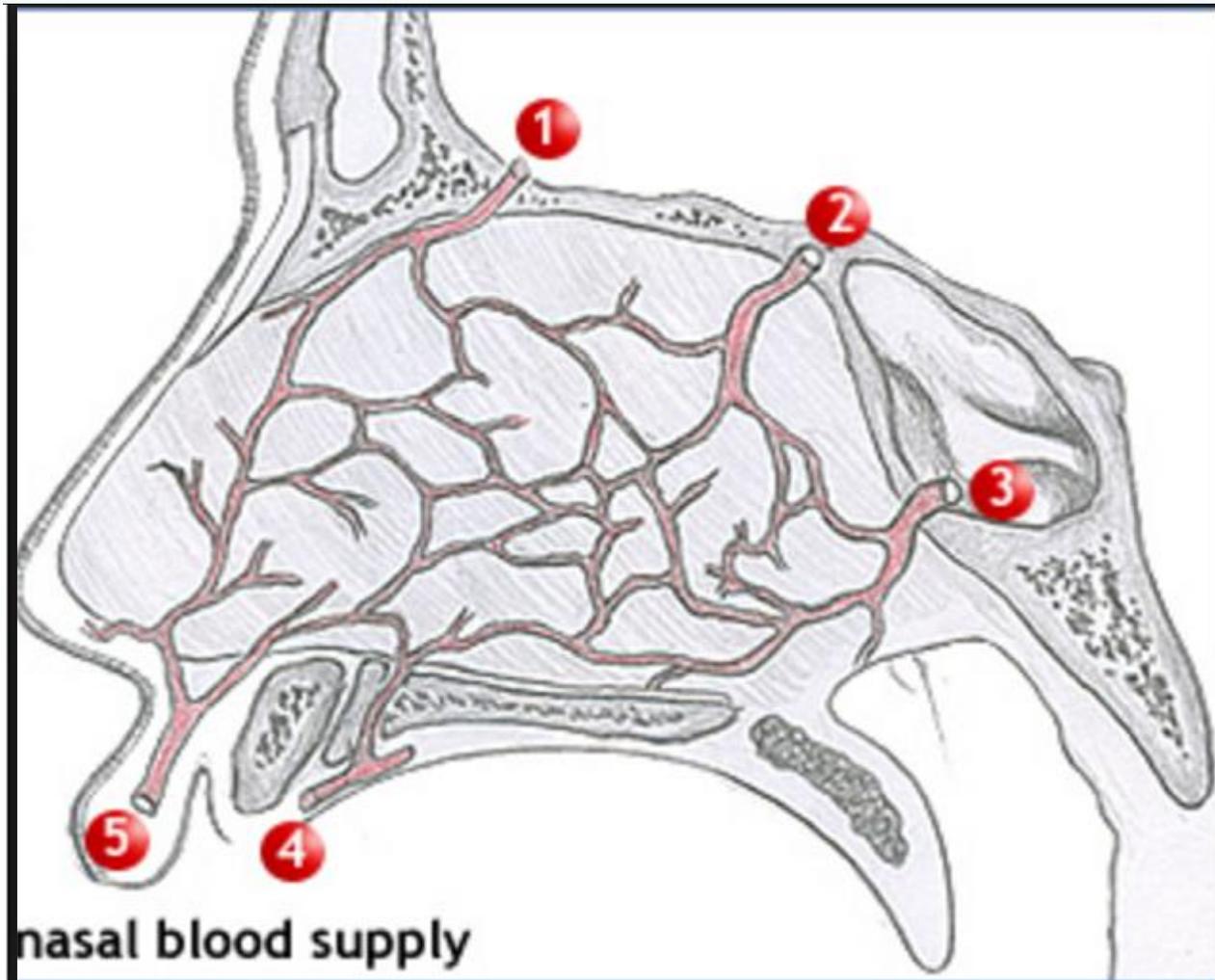
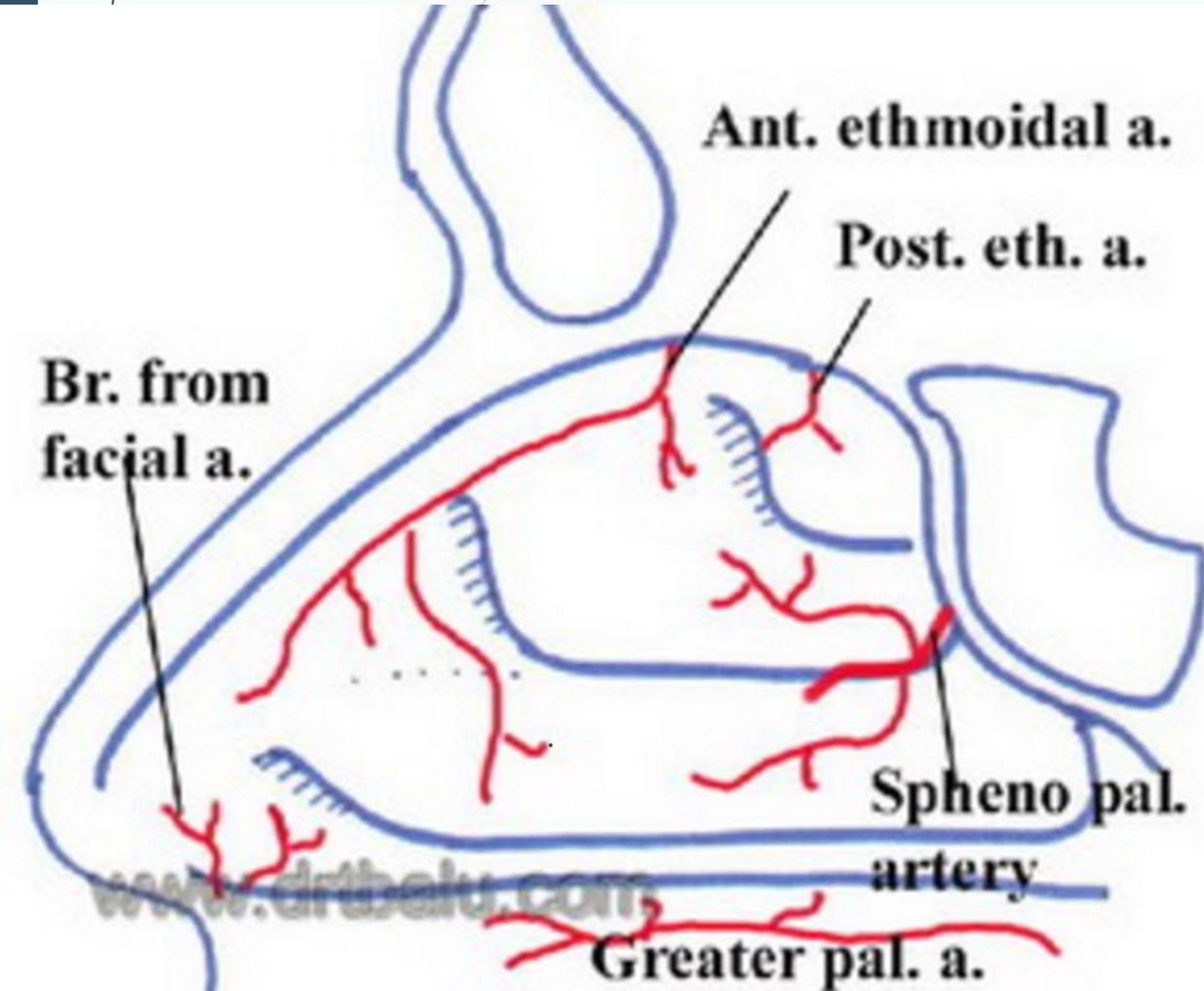
- **LEGEND:** F - Frontal sinuses, E - Ethmoid sinuses, M - Maxillary sinuses, O - Maxillary sinus ostium, SS - Sphenoid sinus ST- Superior turbinate, T - Middle turbinate, IT- Inferior turbinate, SM- Superior meatus, MM- Middle meatus, SR - Sphenoethmoidal recess, S- Septum, ET - Eustachian tube orifice, A - Adenoids . Courtesy of Astra Pharmaceuticals

## Another view



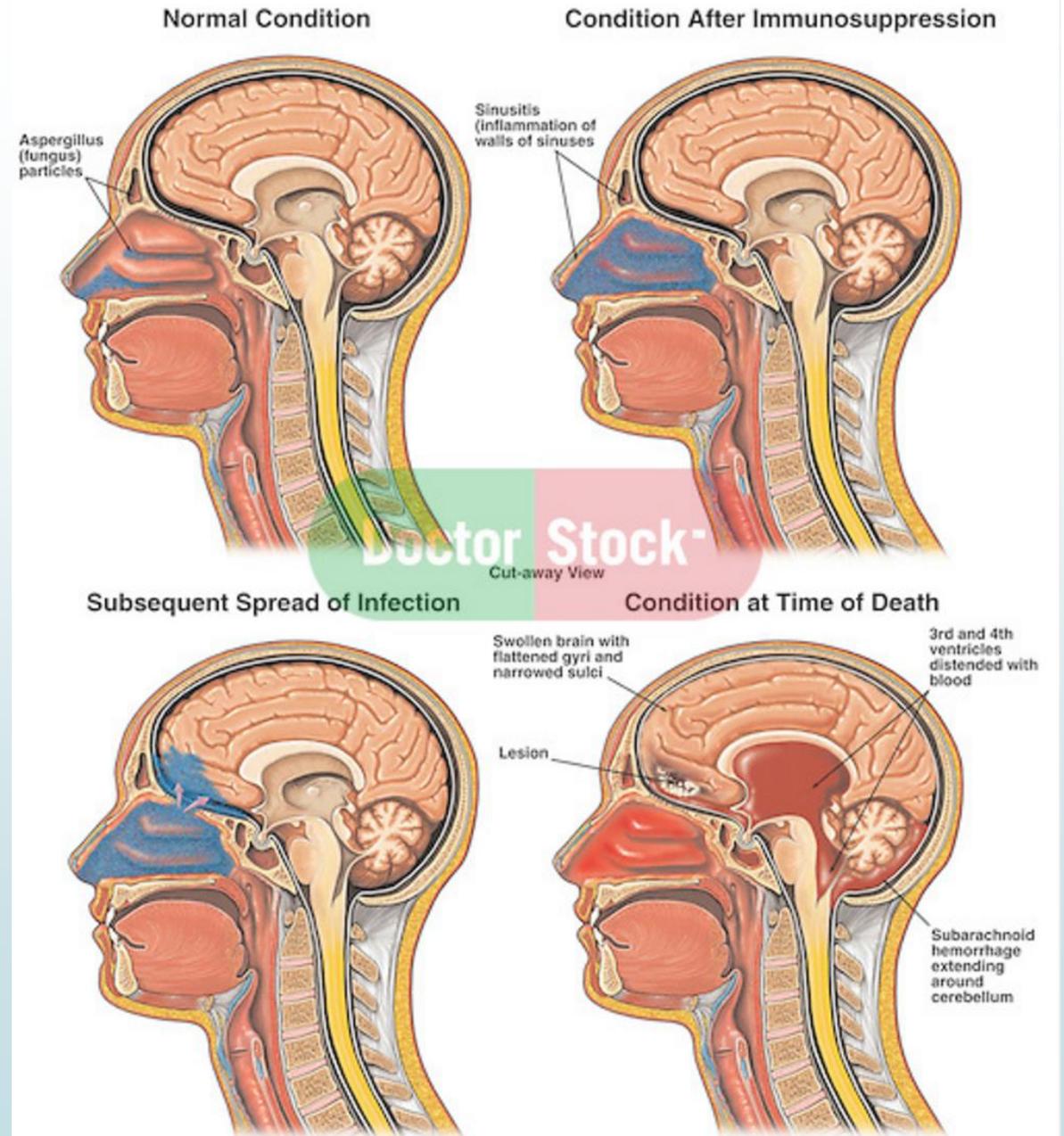
Arteries and veins both become dysfunctional

blood supply to sinuses images - Google Search



# Why We Care

Spread of Sinus Infection into the Brain, Resulting in Brain Edema and Hemorrhage | Doctor Stock



flowing river images free

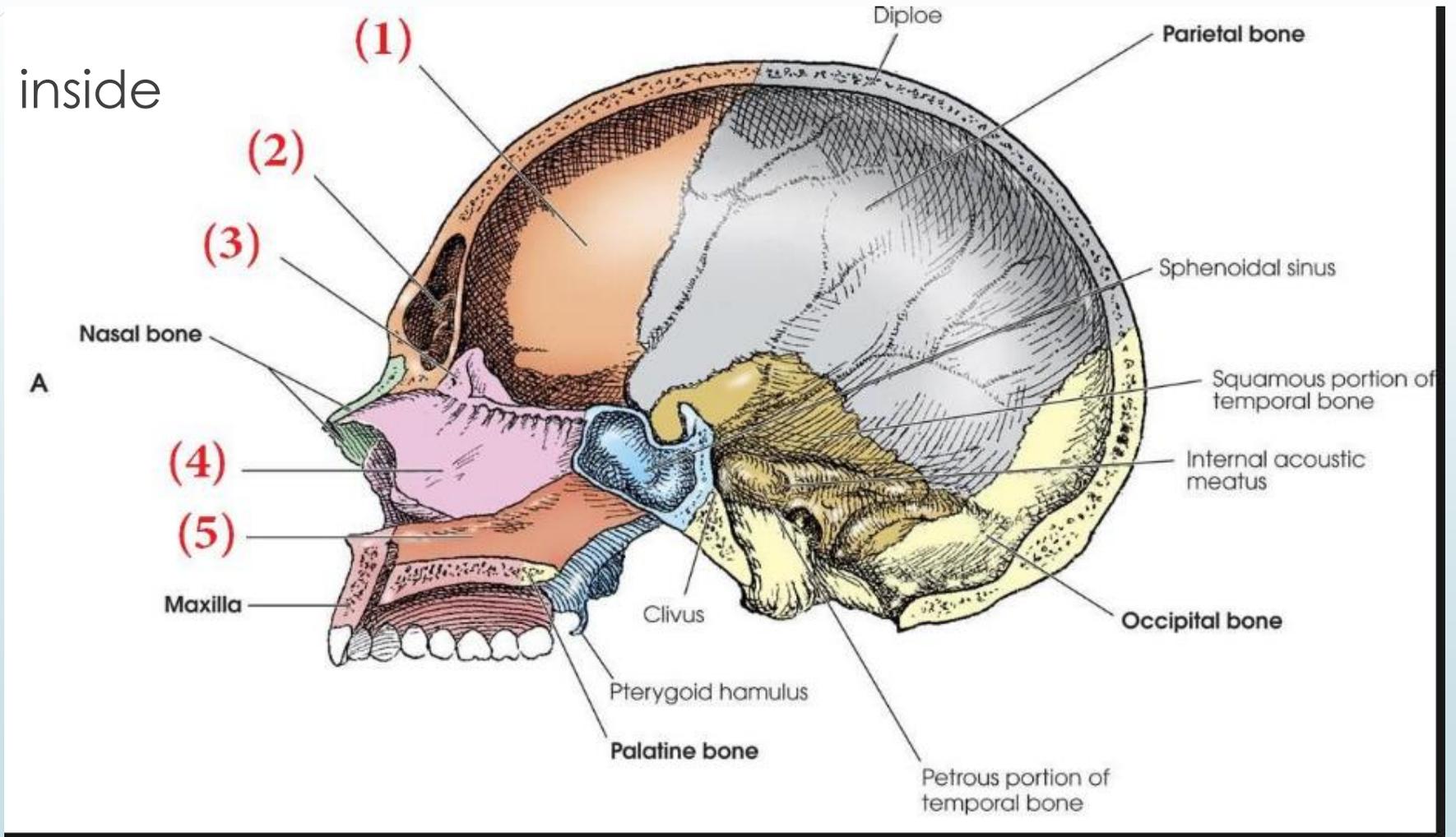
- Google Search



stagnant pond images - Google Search

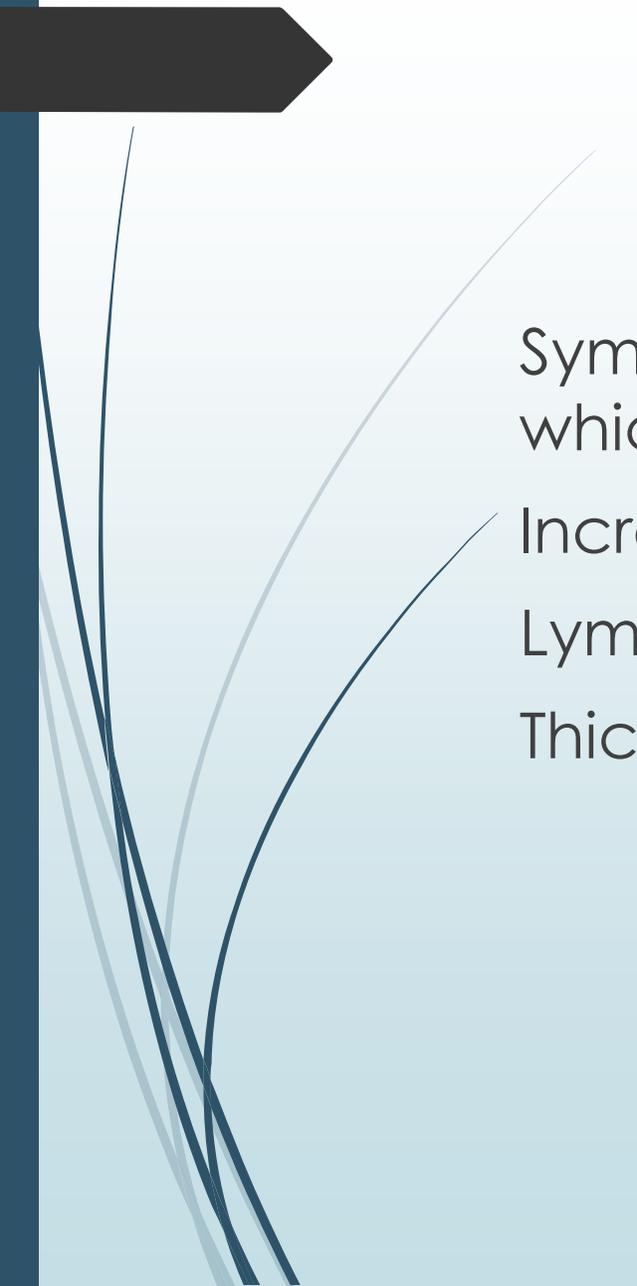


inside





# Physiology

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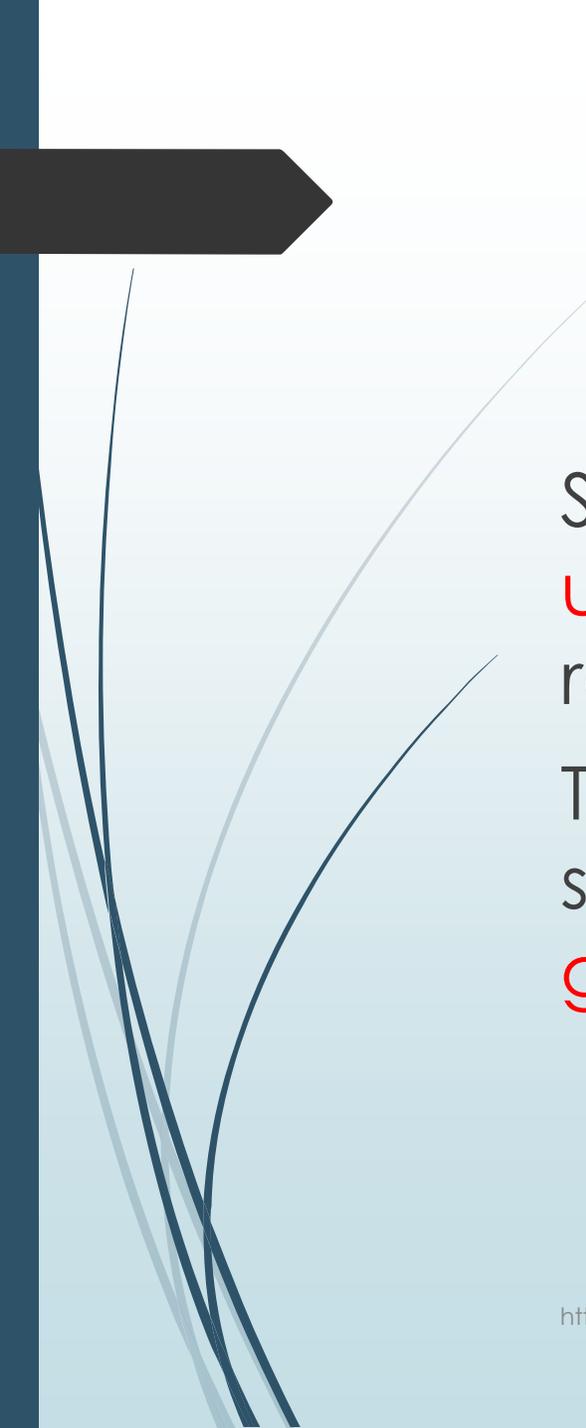
# Sympathetic Tone in Sinus Disorders

Sympathetic innervation in the sinus causes vasoconstriction which:

Increases venous congestion

Lymphatic congestion

Thickens mucous



# Sympathetic Tone in Sinus Disorders

Sympathetic preganglionic nerve fibers leave the **upper thoracic spinal cord** and traverse white rami communicans in that region.

Then, ascend the cervical sympathetic chain and synapse in the **superior cervical sympathetic ganglion**.



# Parasympathetic Tone

Parasympathetic innervation in sinus causes vasodilation and increases secretions

Thins secretions



# Parasympathetic Tone In Sinus Disorders

Parasympathetic preganglionic nerve fibers to the nose leave the brain with the facial nerve, pass through the greater petrosal nerve and the nerve of the pterygoid canal to reach the **pterygopalatine ganglion**, where they synapse.

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# Alterations in Lymphatic Drainage

Lymphatic congestion leads to:

Lower immunity

Inflammation

Accumulation of particulates



# Alterations in Circulatory Flow

90% of the venous flow from the head exits the skull via the jugular foramen

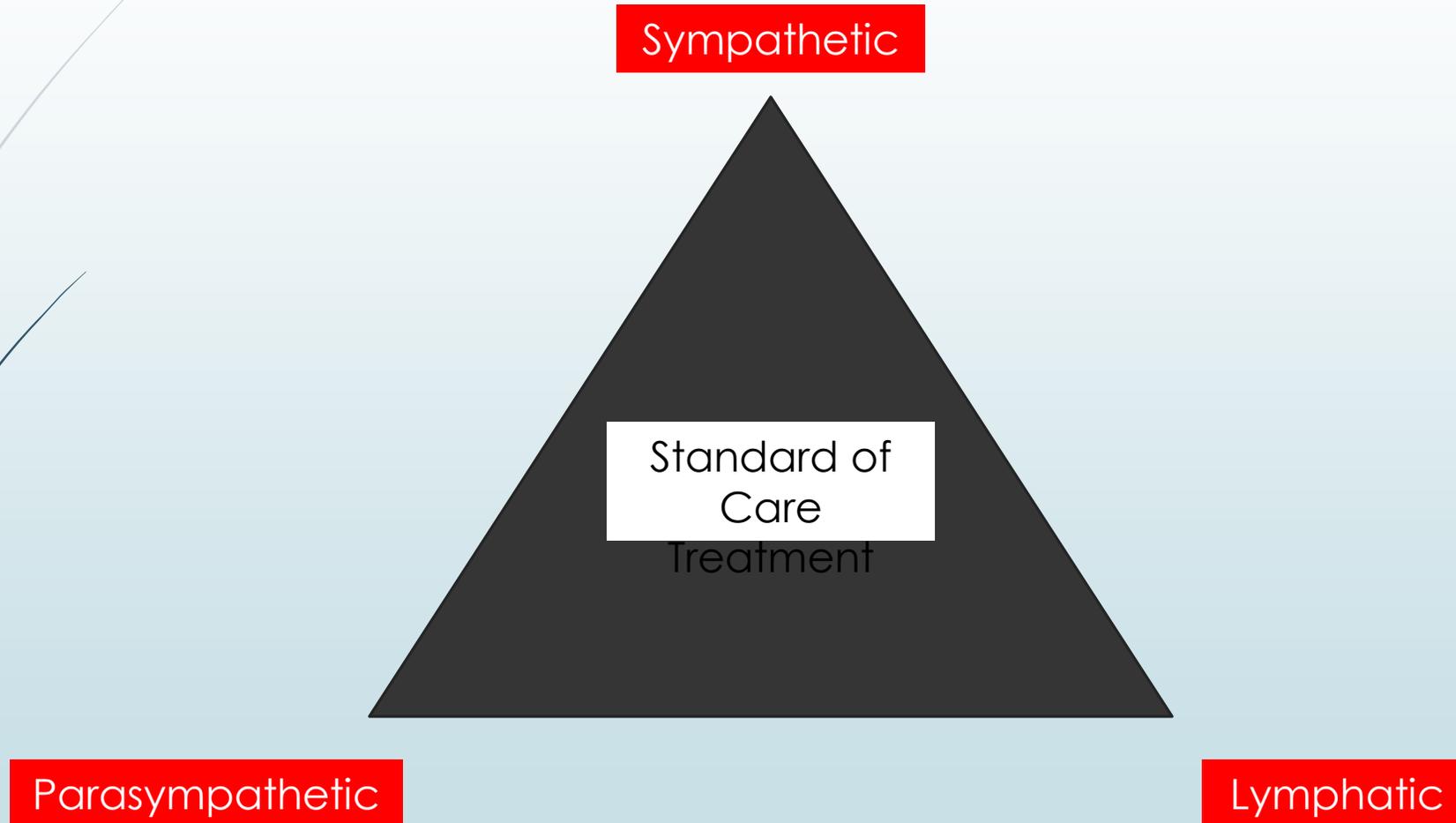
Passive congestion is common in sinus disorders

Fluids also pass through the anterior neck fascia into the supraclavicular fossa and into the chest



Treatment

# How Osteopathic Principles Can Be Incorporated in Practice.





# By Modification of Sympathetic Tone

## **Thoracic Paraspinal Inhibition:**

Helps to normalize sympathetic tone

Reduces facilitation

Helps with drainage of the head and neck



# Modification of Sympathetic Tone

## **Cervical Articulation:**

Special Attention to C2

Helps to normalize sympathetic tone and facilitates drainage of the head/sinuses



# Modification of Parasympathetic Tone

## **OA Decompression:**

Also known as “Killer Fingers”

Helps normalize parasympathetic tone

Helps facilitate drainage from the head

Releases posterior cervical fascia



# Modification of Lymphatic Flow

## **Thoracic Inlet Release:**

Normalizes sympathetic tone

Helps release anterior cervical fascia

Improves circulation to and from the head



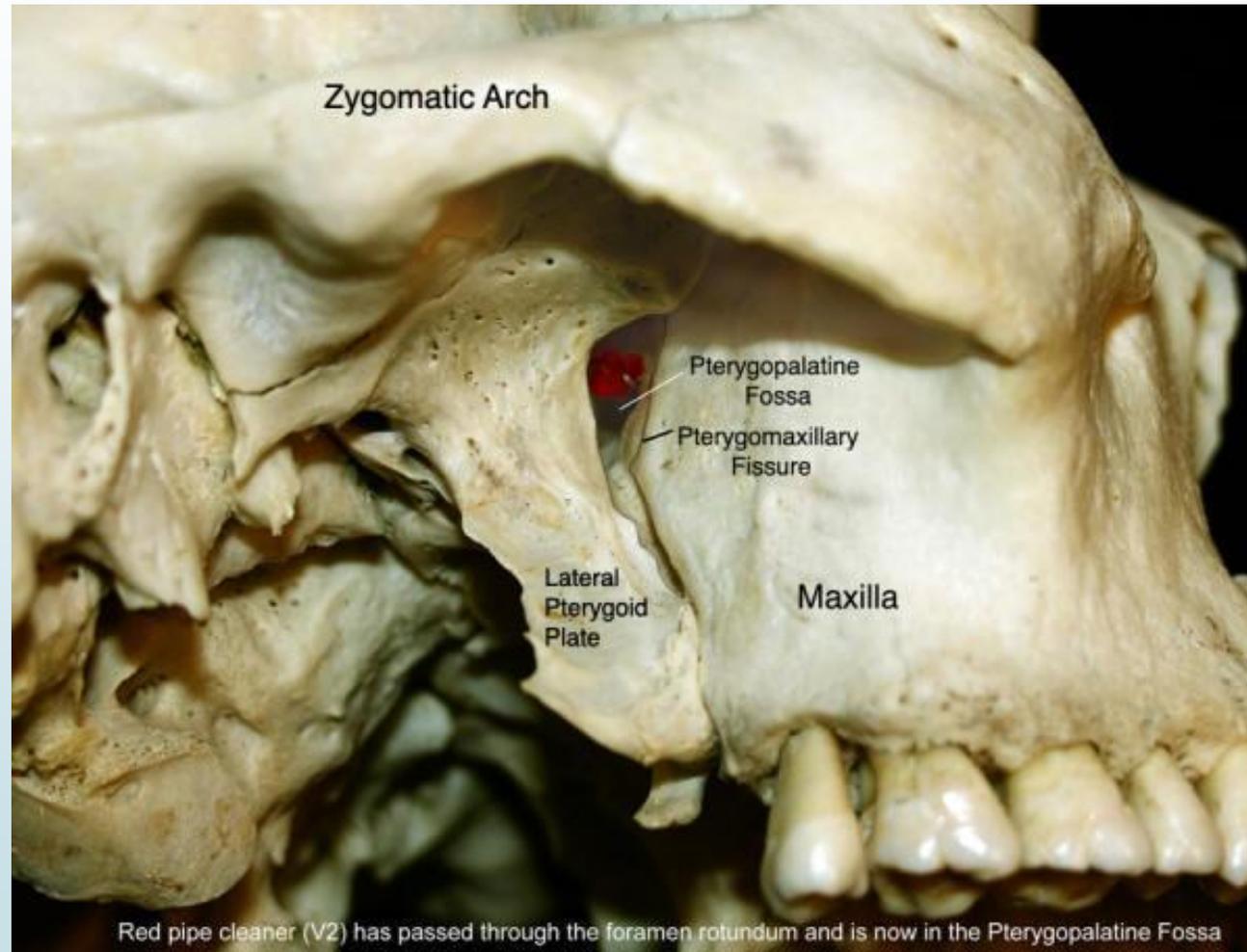
# By Nerve Inhibition

The nerves for the posterior and larger portion of the nasal cavity come from branches of the pterygopalatine ganglion that are derived from the maxillary nerve.

The chief sympathetic (vasoconstrictor) and parasympathetic (vasodilator and secretory) innervation of the nasal cavity follow nerve branches arising in the region of the **pterygopalatine ganglion**, but

Some sympathetic fibers are carried along the walls of arteries.

# Pterygopalatine Ganglion





# Procedures



# Basic Procedures

OA Decompression

Thoracic Inlet Release

Thoracic Paraspinal Inhibition (Rib Raising)

Lymphatic Drainage

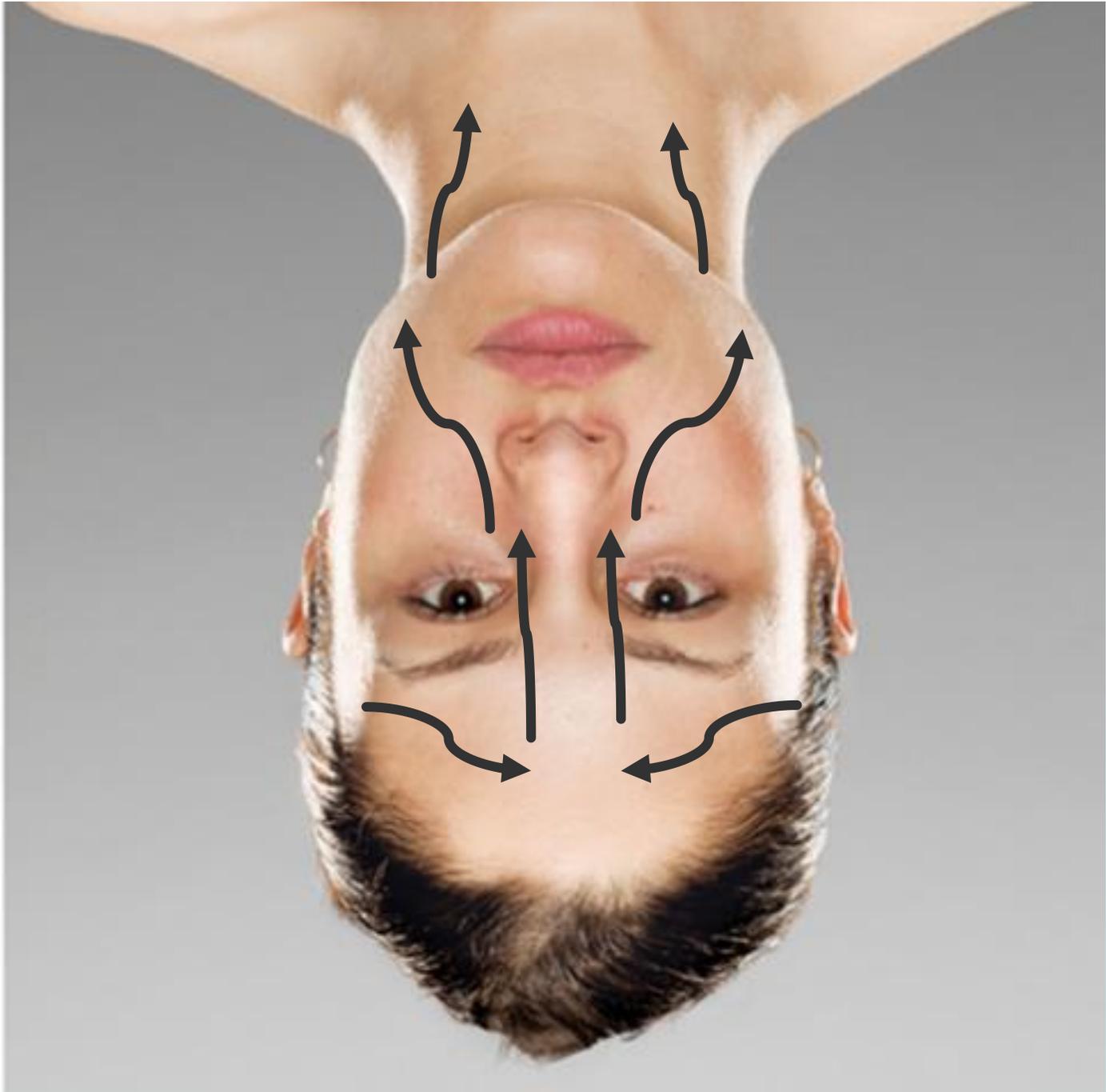
Cervical Articulation

Pterygopalatine Ganglion

# Atlanto-occipital release



Starting position at the head for lymph drainage







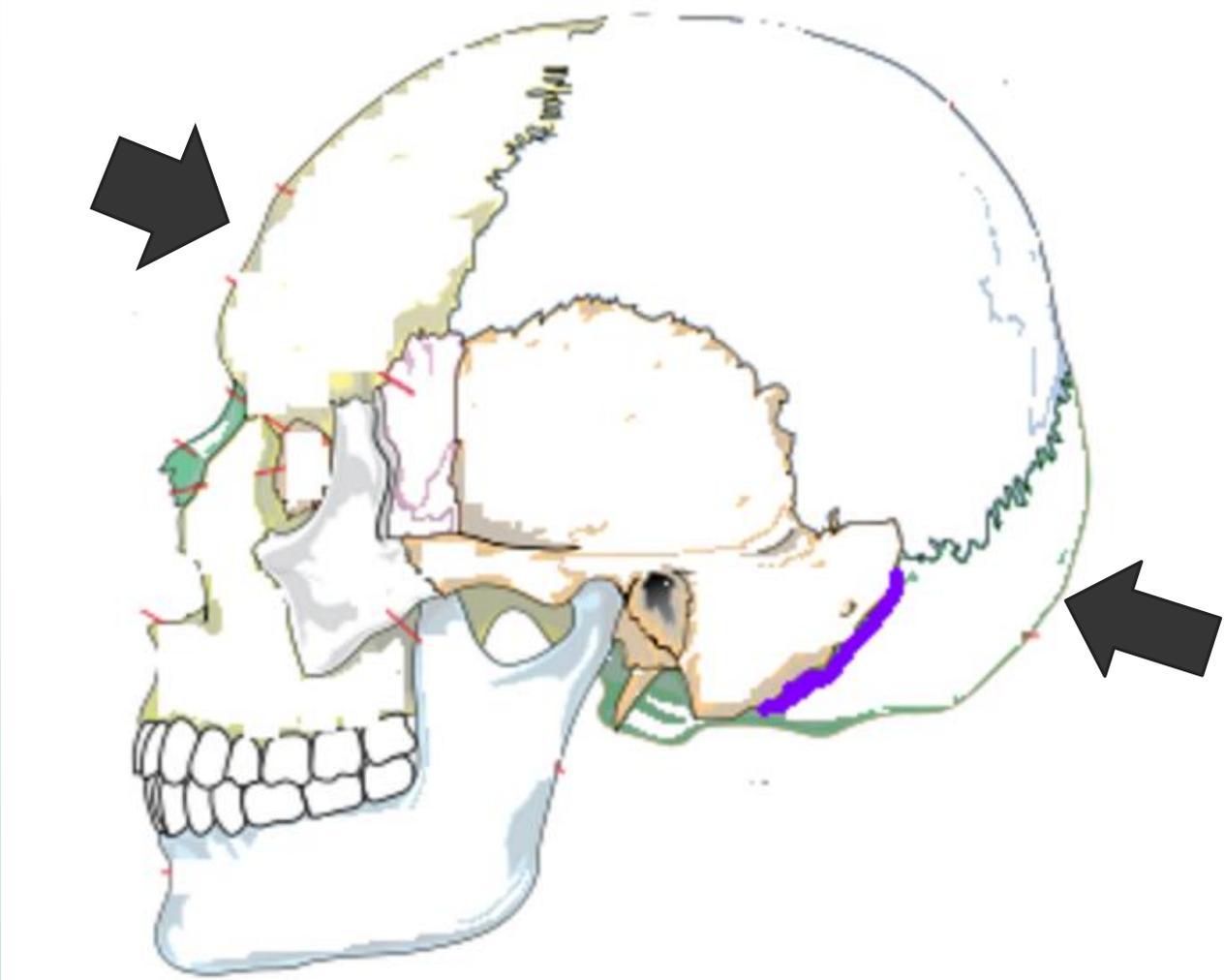
# Freeing the nasal bones



# Freeing the nasal bones



Anterior / posterior compression



occipitomastoid suture - Google Search

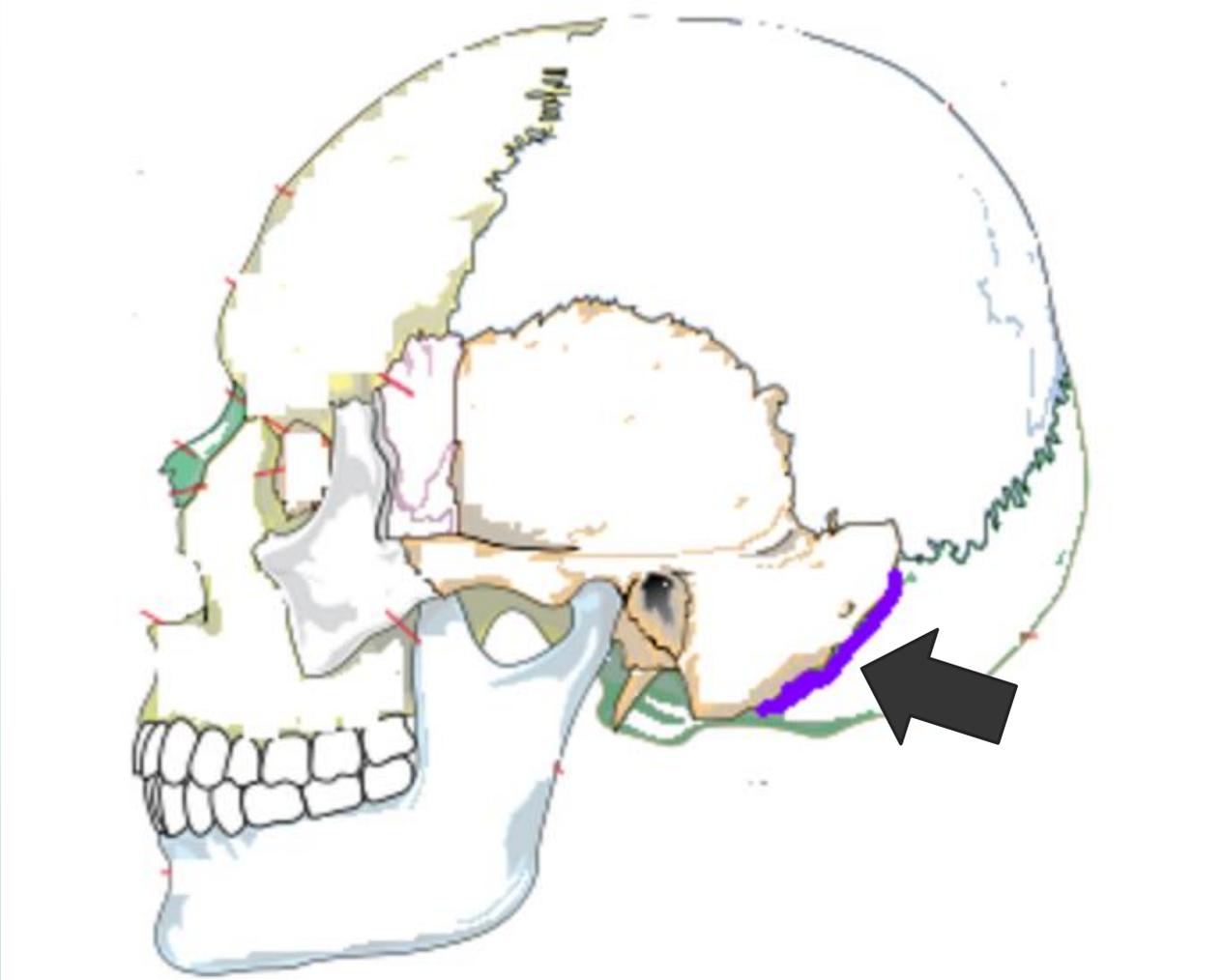
Add compression slowly and remove it slowly



## Anterior/Posterior Compression

image of faces - Google Search

# Locate the Occipitomastoid Suture



Compression of the 4<sup>th</sup> ventricle- Thumbs on the occiput behind the suture

## Hand position for CV 4

Easiest to have patient lift head and set it down on your hands

Follow the head in and resist it moving out for 3 minutes





# Billing and Coding

Bill the appropriate E & M code

Add the -25 Modifier

Then bill by the number of regions

98925-98929

Must have documentation of somatic dysfunction

739.0-739.9



# Billing and Coding

98925 – 1-2 regions

98926 – 3-4 regions

98927 – 5-6 regions

98928 – 7-8 regions

98929 – 9-10 regions



# Billing and Coding

**How many regions can you code here?**

Thoracic Paraspinal Inhibition

Cervical Articulation

OA Decompression

Thoracic Inlet Release

Pterygopalatine Ganglion

# Billing and Coding

5

Thoracic Paraspinal Inhibition  
Cervical Articulation  
OA Decompression  
Thoracic Inlet Release  
Pterygopalatine Ganglion

Head

Neck

Thoracic

Upper Extremity

Ribs



# Billing and Coding

For a patient with allergies or sinusitis:

Bill appropriate office visit code

Document the presence of somatic dysfunction in the areas you are treating

Document your treatment of those areas and bill the appropriate procedure code