

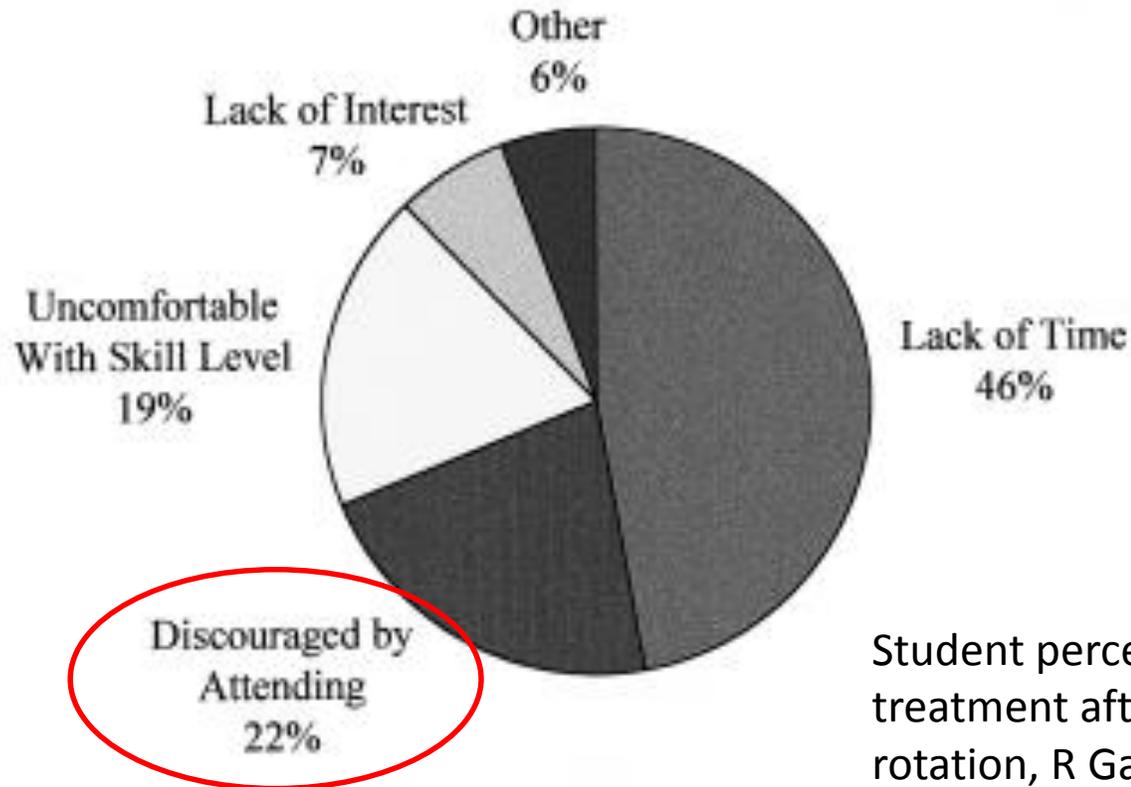
OMM Considerations in the Obstetrical Patient CME Module



Why Are We Doing This Faculty Development?

- Fewer students are doing Osteopathic Manipulative Treatment (OMT) on their rotations
 - There is a declining use of OMT by DOs in the hospital and clinic settings
 - Increasing numbers of preceptors are MDs
 - No formal training in OMT
 - The more knowledgeable preceptors are, the more comfortable they are with allowing students to use OMT on their patients

Student Perceptions of Why Osteopathic Manipulative Treatment Was Not Used



Student perceptions of osteopathic manipulative treatment after completing a manipulative medicine rotation, R Gamber et al., JAOA, 2001

Goals of This Faculty Development Training Module

- To increase preceptors' knowledge of Osteopathic Principles and Practices (OPP)
- **To increase opportunities for students to think osteopathically and perform OMT on their rotations**

Program Objectives

- Encourage questioning of students on how they would approach specific patient populations osteopathically
- Increase comfort levels with OMT by knowing what it is and what the techniques look like
- Facilitate encouragement of students to do OMT

The Osteopathic Approach

- We teach students to approach a patient *osteopathically*, which means you look at the patient's disease process, the pathology and the physiology, and think about how you can affect them by applying osteopathic techniques
- There are a number of musculoskeletal inputs to systemic disease and for a given pathology in a given patient you need to figure out what percentage is coming from the musculoskeletal system. In a patient where the musculoskeletal input is significant, even very benign manipulative techniques can be very beneficial.

CME Module Content

- The most difficult part is choosing which techniques to do on a particular patient
- Our students spend two years learning osteopathic approaches as well as the techniques
- We have selected specific common clinical presentations and techniques that are particularly relevant to those disease processes
- These are simple, very non-invasive techniques that are very safe and effective

Student Objectives

- Students will be able to propose and perform, if allowed, appropriate osteopathic techniques for treatment.
- Students will demonstrate the ability to diagnose sacro-iliac restrictions in the supine patient.
- Students will demonstrate the ability to treat sacro-iliac restrictions in the supine patient.

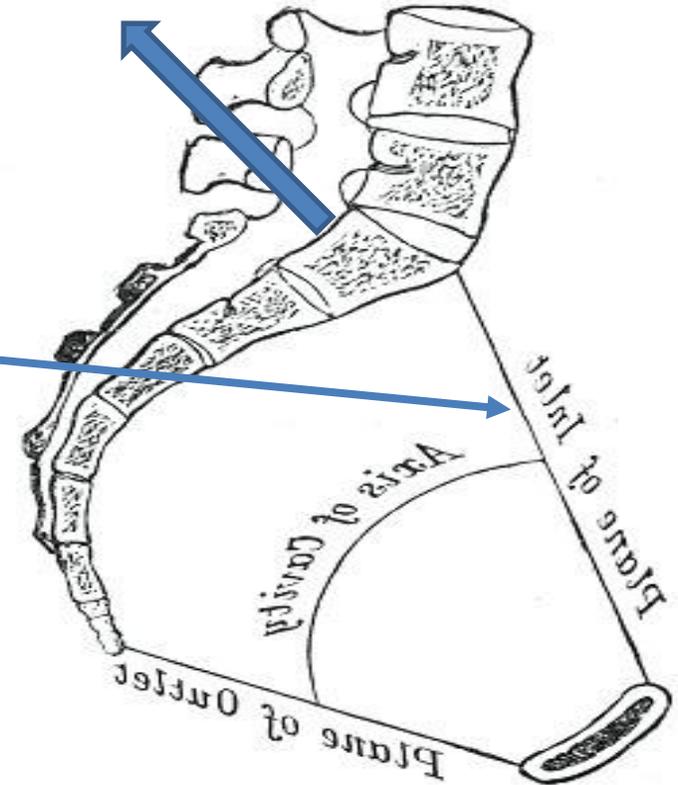
The Delivery

- Sacral motion is crucial for delivery!



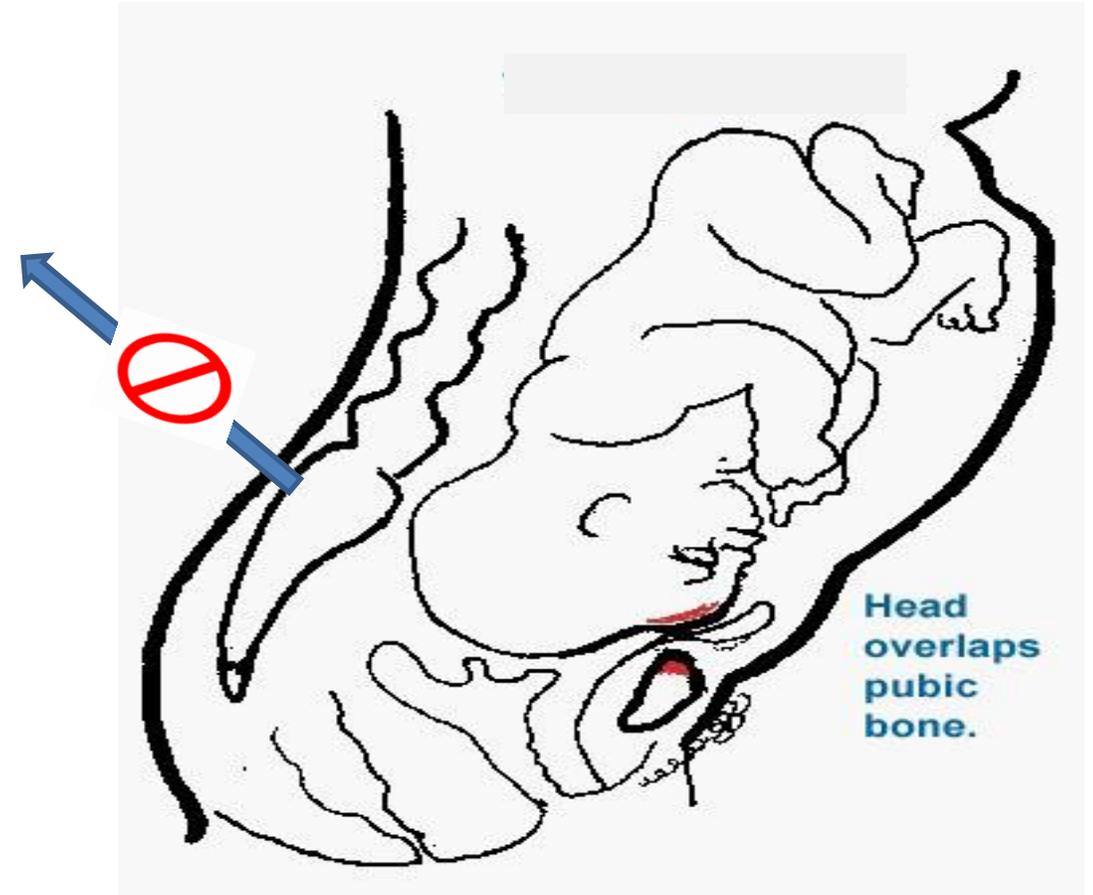
Delivery – Counter-Nutation

- In order for the baby's head to enter the pelvic cavity, the distance between the pubic bone and the sacral base needs to be large enough.
- This means that sacral counter-nutation (base moving posteriorly) needs to be adequate.



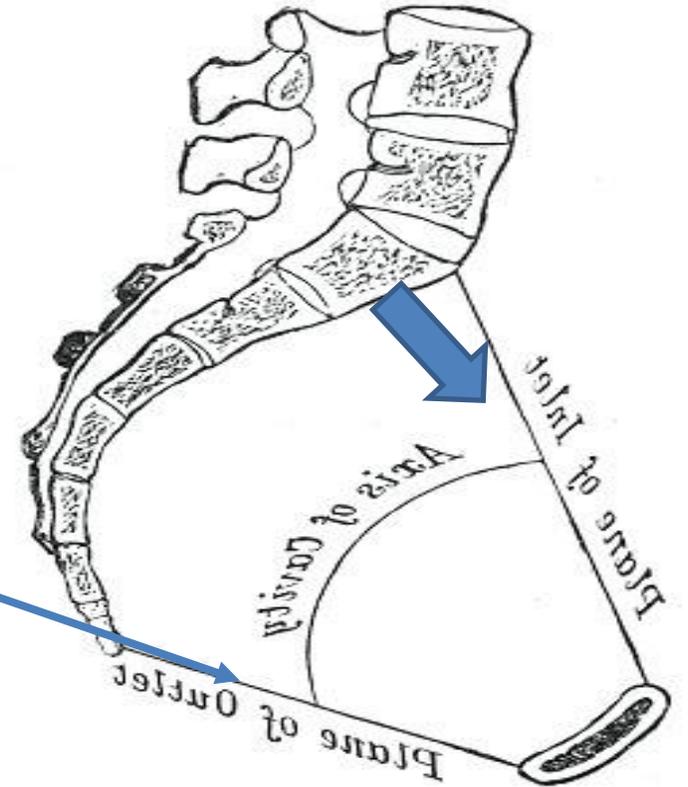
Problems with Counter-Nutation

- The baby's head can fail to descend if distance between the sacral base and pubic bone is too small.
- This can be caused by a combination of 2 factors:
 - The sacrum is nutated.
 - The sacrum will not move into counter-nutation.



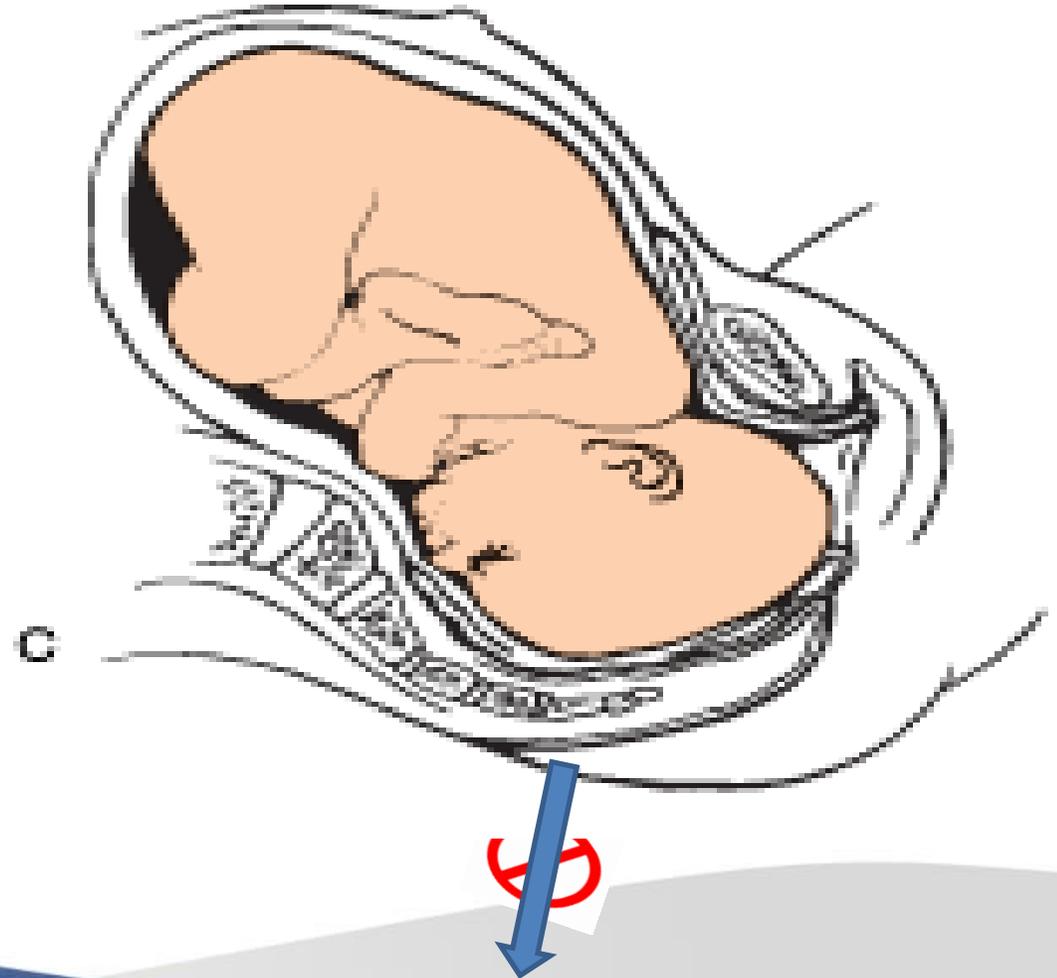
Delivery - Nutation

- In order for the baby's head to exit the pelvic cavity, the distance between the pubic bone and the sacral apex needs to be large enough.
- This means that sacral nutation (base moving anteriorly) needs to be adequate.



Problems with Nutation

- The baby's head can fail to exit the pelvis if distance between the sacral apex and pubic bone is too small.
- This can be caused by a combination of 2 factors:
 - The sacrum is counter-nutated.
 - The sacrum will not move into nutation.



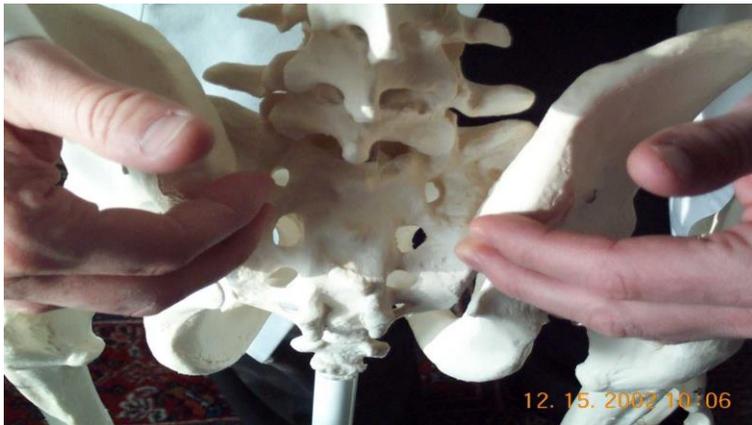
Examination of the Sacrum in Supine Patient

- In the supine patient, put fingers on:
 - The sacral base
 - The sacral apex
- Examine:
 - The baseline position of the sacrum (nutated vs counter-nutated)
 - Whether the sacrum can be pushed into
 - Nutation
 - Counter-nutation



Examination of the Sacro-Iliac Joints in the Supine Patient

- Place fingers in the sacral sulci (medial to the posterior superior iliac spines)
- Traction the posterior superior iliac spines laterally to evaluate for compliance of the sacro-iliac joints



Treatment of the Sacro-Iliac Joints in the Supine Patient

- Place monitoring fingers in the sacral sulcus (medial to the posterior superior iliac spine).
- With other hand, internally rotate the femur until gapping is felt at the sacro-iliac joint.
- Hold until a release is felt at the sacro-iliac joint.



Summary

- In the pregnant patient, motion of the sacrum is key.
- Adequate nutation and counter-nutation of the sacral base is necessary for the passage of the baby during labor.
- The sacrum and sacro-iliac joints should be assessed and treated in a pregnant patient to promote a smooth delivery.

Final Thoughts

- We hope you now feel more comfortable with the osteopathic approach to diagnosing and treating the sacro-iliac joints in pregnant patients.
- Please challenge your students on their rationale regarding the osteopathic treatment of your pregnant patients.
- If you are able, allow students to use their great OMT skills to help your patients.
- **Help us increase opportunities for students to think osteopathically and perform OMT on their rotations!**