Hands on Care:

An Introduction to Osteopathic Manipulative Medicine Consults

Hot Topics in Medicine
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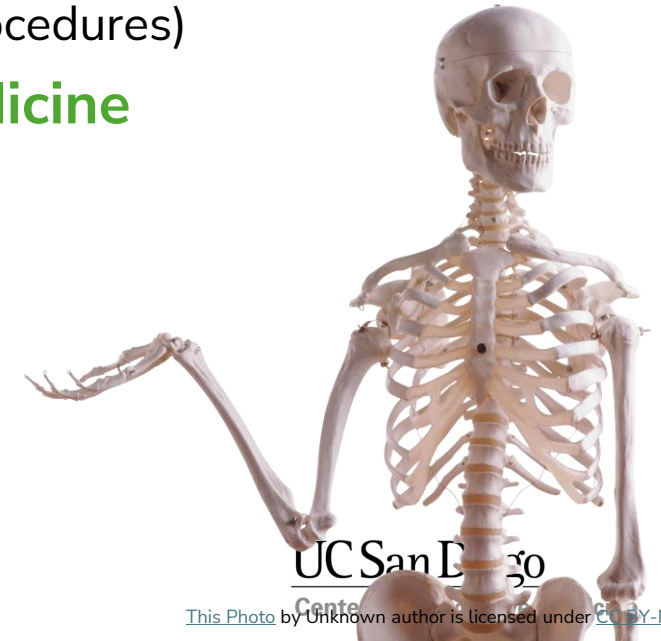
UC San Diego
Center for Integrative Medicine

My Specialized Training

- University of California, Los Angeles
  - BS, Physiological Sciences
- A.T. Still University – School of Osteopathic Medicine in Arizona
  - DO, Doctor of Osteopathic Medicine
  - Teaching fellowship in anatomy and osteopathic manual medicine (OMM)
- St. Barnabas Hospital, Bronx, New York
  - **Osteopathic Manipulative Medicine** Residency (~5,000 procedures)
- Board Certification: **Osteopathic Neuromusculoskeletal Medicine**
- UC San Diego Health
  - Started inpatient OMM consult service
  - Clinical practice of inpatient and outpatient OMM (~10k)
  - Medical Director of OMM
  - Teach and research in OMM



An overview of osteopathic training

- Osteopathic medicine
  - US: Fully licensed physicians practicing full scope of medicine
  - Internationally: “Osteopaths” vary from physicians to therapists
- Osteopathic manipulative medicine (OMM)
  - Osteopathic manipulative treatment (OMT)
  - All DOs learn OMT in school
    - Biomechanical, structure-function orientation
  - Additional training
    - Residency training: studying and connecting anatomy and physiology in more depth across all body systems, mind-body-spirit
    - Additional CME in developing advanced understanding and skills in treating a variety of concerns

Learning Objectives

1. Distinguish the different types of body-based therapies and treatments available to patients today.
2. Review the updated evidence for OMM for different conditions and patients.
3. Develop a basic understanding of what is involved with an OMM consultation.
4. Discuss what patients might be appropriate for referral.
5. Share how to refer to UCSD's OMM service.

Definitions

National Center for Complementary and Integrative Health

- Standard medical care: Accepted by medical experts as proper treatment for certain type of disease
- Conventional medicine: System by which current providers treat symptoms and diseases using drugs, radiation, or surgery
- Complementary medicine: used ***alongside*** conventional medicine, but itself not considered to be standard treatment.
- Alternative medicine: used ***instead*** of standard medical treatment
- **Integrative medicine**: combines conventional medicine with CAM practices that have been shown through science to be safe and effective.
  - Stresses patient preference
  - Emphasizes multimodal interventions
  - Emphasizes treating the whole person rather than one organ system
  - Attempts to address mental, physical and spiritual aspects of health

2023 WHO Guidelines for chronic primary low back pain

WHO guidelines for non-surgical management of chronic primary low back pain in adults in primary and community care settings, December 7, 2023. https://www.who.int/publications/i/item/9789240081789

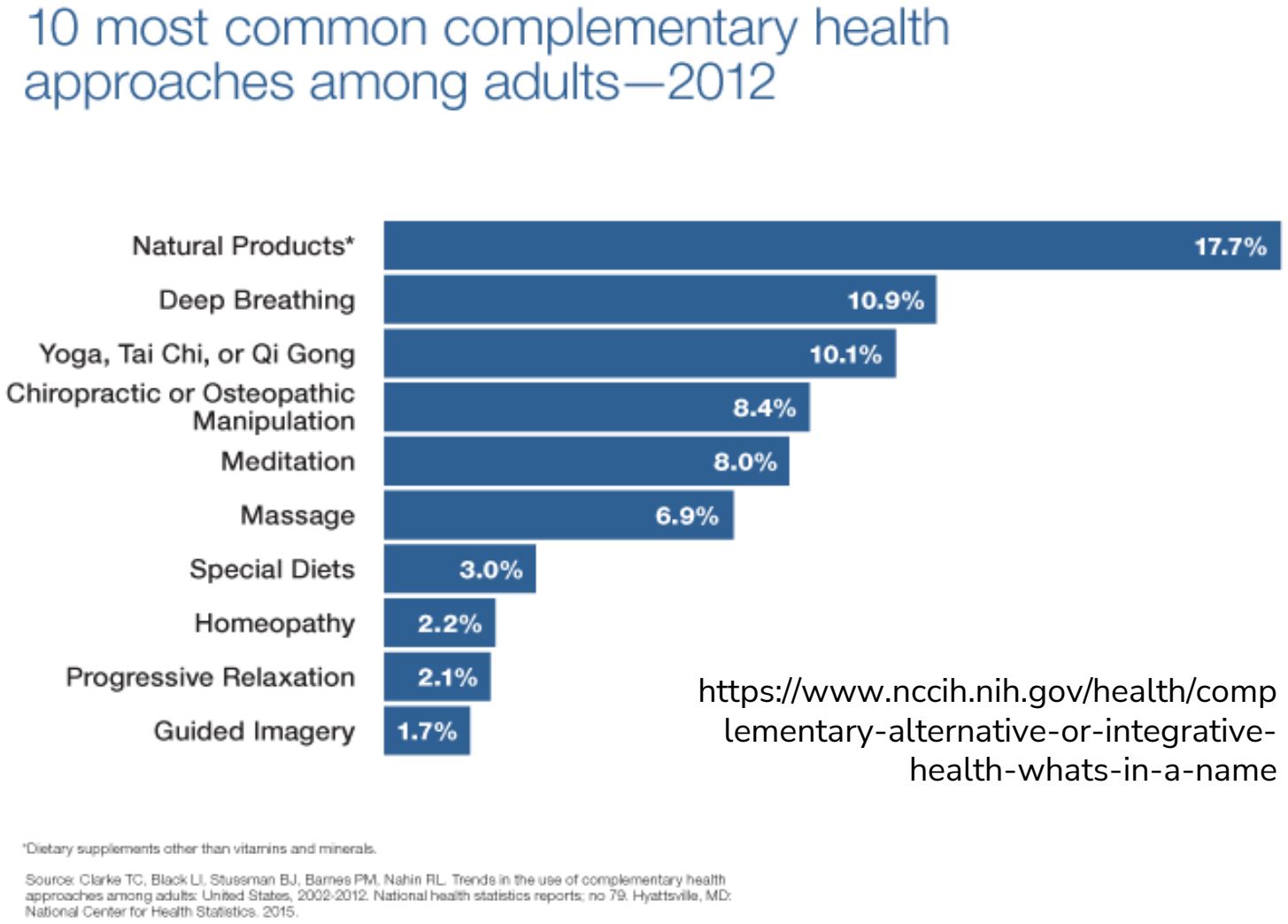
Table 1: WHO recommendations for non-surgical management of CPLBP in adults in primary and community care settings.

Intervention by class	Recommendation *(strength, direction and certainty of the evidence)*
A: EDUCATION	
A.1 Structured and standardized education and/or advice	Structured and standardized education and/or advice interventions may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, very low certainty evidence)*
B: PHYSICAL INTERVENTIONS	
B.1 Structured exercise therapies or programmes	A structured exercise therapy or programme may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, low certainty evidence)*
B.2 Needling therapies (traditional Chinese medicine acupuncture and other dry needling modalities)	Needling therapies such as acupuncture may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, low certainty evidence)*
B.3 Spinal manipulative therapy	Spinal manipulative therapy may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, very low certainty evidence)*
B.4 Massage	Massage may be offered as part of care to adults, including older people, with CPLBP. *(conditional recommendation in favour of use, very low certainty evidence)*
B.5 Traction	Traction should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)*
B.6 Therapeutic ultrasound	Therapeutic ultrasound should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, low certainty evidence)*
B.7 Transcutaneous electrical nerve stimulation (TENS)	Transcutaneous electrical nerve stimulation (TENS) should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)*
D: MEDICINES	
D.1 Systemic pharmacotherapies	
D.1.1 Opioid analgesics	Opioid analgesics should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, moderate certainty evidence)*
D.1.2 Non-steroidal anti-inflammatory drugs (NSAIDs)	NSAIDS may be offered as part of care to adults with CPLBP. *(conditional recommendation in favour of use, moderate certainty evidence)*
D.1.3 Serotonin and noradrenaline reuptake inhibitor (SNRI) antidepressants	SNRI antidepressants should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, low certainty evidence)*
D.1.4 Tricyclic antidepressants	Tricyclic antidepressants should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)*
D.1.5 Anticonvulsants	Anticonvulsants should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)*
D.1.6 Skeletal muscle relaxants	Skeletal muscle relaxants should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)*
D.1.7 Glucocorticoids	Glucocorticoids should not be used as part of routine care for adults, including older people, with CPLBP. *(conditional recommendation against use, very low certainty evidence)*
D.1.8 Paracetamol (acetaminophen)	No recommendation. There were no trials identified that evaluated the benefits or harms of paracetamol (acetaminophen) in the management of CPLBP in adults. *(no recommendation, refer to Box 1: Key considerations)*
D.1.9 Benzodiazepines	No recommendation. There were no trials identified that evaluated the benefits or harms of benzodiazepines in the management of CPLBP in adults. *(no recommendation, refer to Box 1: Key considerations)*

Patients are using complementary medicine

More than 30 percent of adults and about 12 percent of children use complementary health approaches.

osteopathic ≠ chiropractic



https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name

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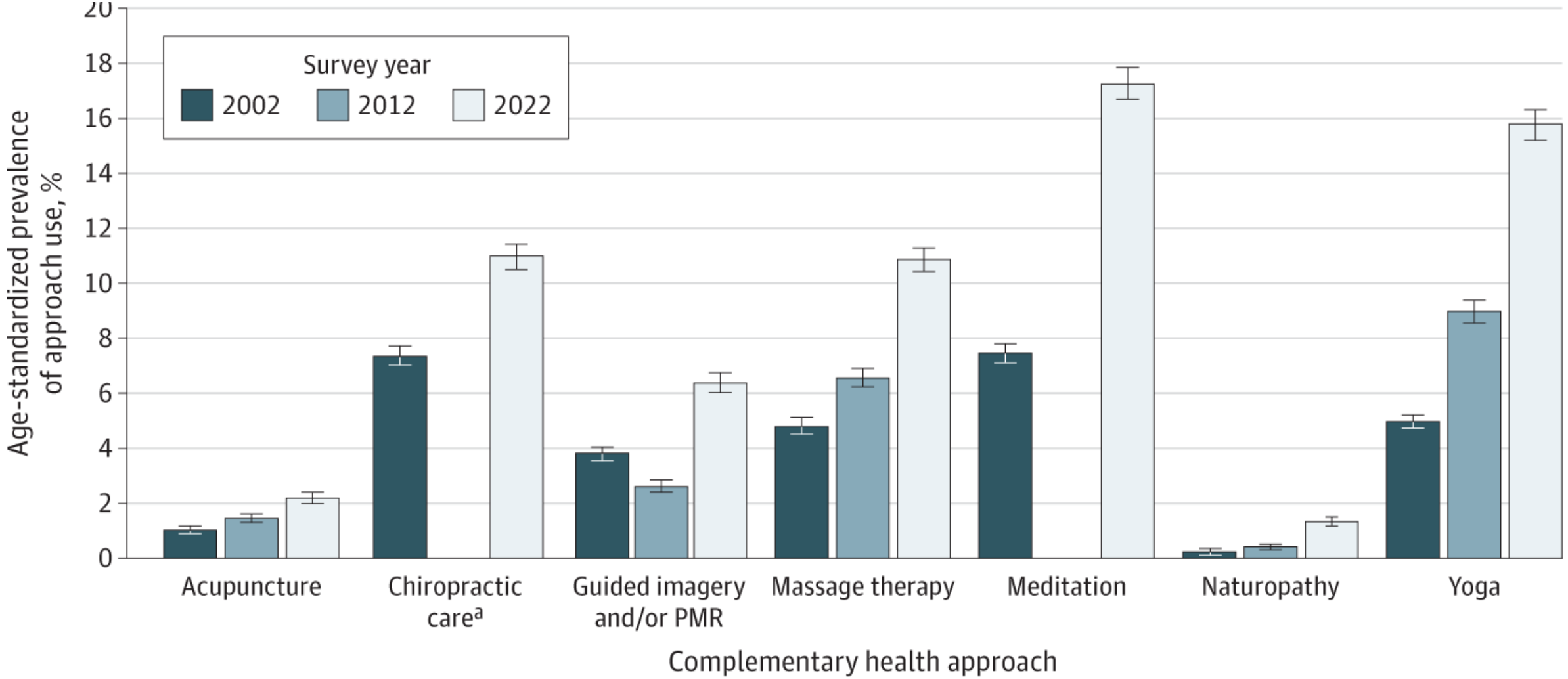


Nahin RL, Rhee A, Stussman B. Use of complementary health approaches overall and for pain management by US adults. *JAMA*. 2024;331(7):613-615.

Patient perspectives

- Patients suffering from chronic illness have higher prevalence of complementary/alternative medicine use

- Patient barriers to using CAM
  - Limited access
  - Financial, insurance coverage varies
  - Variation in attitudes toward CAM treatments and their use for different issues
  - Difficult to evaluate efficacy

Anwesa Chatterjee, Evaluating the barriers to the utilization of complementary and alternative medicine (CAM) in the United States: An exploratory study, Advances in Integrative Medicine, Volume 10, Issue 4, 2023, Pages 167-171, ISSN 2212-9588, https://doi.org/10.1016/j.aimed.2023.10.002.

Primary care practice patterns

- 53.1% of office-based US physicians recommend at least one complementary health approach to patients.
  - 30.4%: massage
  - 27.1%: chiropractic/osteopathic manipulation
  - 26.5%: herbs/supplements
  - 25.6%: yoga
  - 22.4%: acupuncture

- Most recommended by general/family practice:
  - 54.0%: chiropractic/osteopathic manipulation*
  - 52.6%: massage therapy

*osteopathic ≠ chiropractic

Stussman BJ, Nahin RL, Barnes PM, Ward BW. U.S. physician recommendations to their patients about the use of complementary health approaches. *Journal of Alternative and Complementary Medicine.* 2020;26(1):25-33.

Discerning between other manual modalities

- **Licensed Physicians in the US** (medical school + residency training)
  - Osteopathic Manipulative Medicine

- Bachelors' or credit requirements + More schooling
  - Physical therapists (Doctorate of PT, ~3 years, 1 year internship)
  - Chiropractic (Doctorate of Chiropractic, ~3.5-5 years, clinical experience wrapped into school)
  - Chinese medicine practitioners (Masters vs Doctorate (~4 years), clinical experience wrapped into school)
    - Acupressure/Acupuncture, Tui-Na

- No bachelors degree required
  - Massage therapist

- Other training available through coursework
  - Lymphatic massage
  - Craniosacral therapy
  - Reike
  - Other manual techniques

Introduction to OMM Consults - Alice Chen, DO - Hot Topics in Medicine 8/7/24

What is osteopathic manipulative medicine?

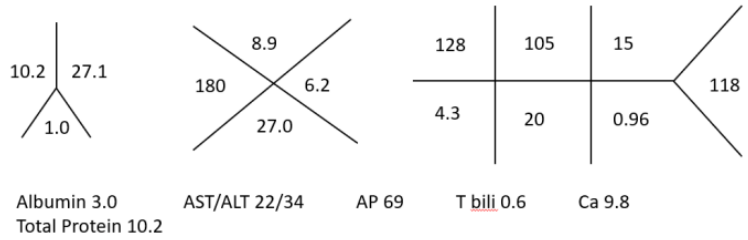
and how does it work?

There is a somatic experience of stress, illness, and injury.

Think about the last time you had to do something stressful.

How did your body feel?

Quantitative Biometric Assessment and Diagnostic



Albumin 3.0 AST/ALT 22/34 AP 69 T bili 0.6 Ca 9.8
Total Protein 10.2

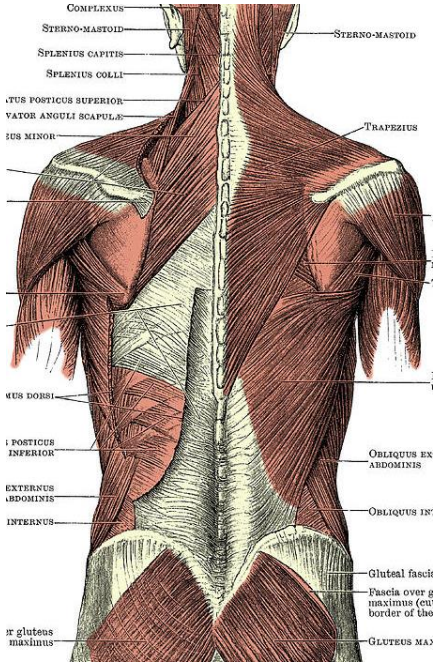
Qualitative Biometric Assessment and Diagnostic

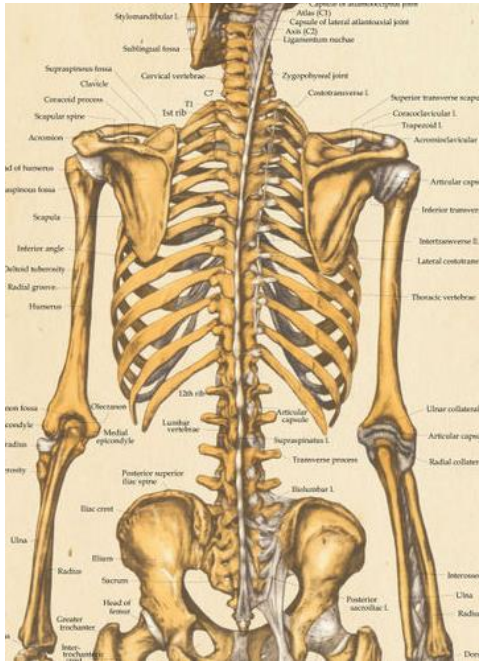
Biomechanical/Biophysical Treatment

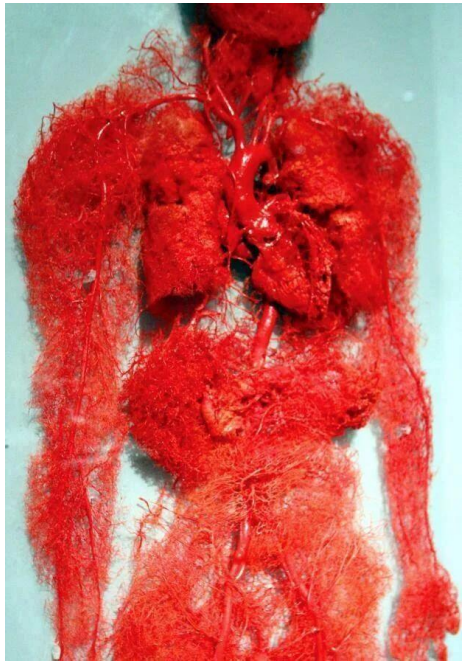
Biochemical Treatment

Clues from the body

- **Osteopathic structural exams** are focused evaluations of the subtle and not so subtle changes in musculoskeletal system
  - Tissue texture changes
  - Asymmetry
  - Range of motion changes
  - Tenderness







- **“Somatic dysfunction”**

Osteopathic **Perspective**

- Structure/function model:
  - These “somatic dysfunctions” reflect a deviation from normal
  - Osteopathic diagnosis seeks to understand these altered biomechanics and biophysics
  - OMT works with the patient to resolve these “somatic dysfunctions”, which in turn can help restore normal function and homeostasis

- This model might be inadequate
  - Growing discussions in osteopathic research spaces about there being more involved in the therapeutic relationship that transpires in an osteopathic encounter

Esteves JE, Zegarra-Parodi R, van Dun P, Cerritelli F, Vaucher P. Models and theoretical frameworks for osteopathic care – A critical view and call for updates and research. *Int J Osteopath Med*. 2020;35:1-4.

Osteopathic Philosophy

- The body has an inherent ability to heal, recovery, and maintain homeostasis
- Structure and function are interrelated at all levels
  - Anchored in anatomy and physiology
- The person is an integrated unit of body, mind, and spirit
  - Emphasis on considering the whole person

Roberts A, Harris K, Outen B, Bukvic A, Smith B, Schultz A, Bergman S, Mondal D. Osteopathic Manipulative Medicine: A Brief Review of the Hands-On Treatment Approaches and Their Therapeutic Uses. Medicines (Basel). 2022 Apr 27;9(5):33. doi: 10.3390/medicines9050033. PMID: 35622072; PMCID: PMC9143587.

Case Study

Take away points

- She had pain that was limiting her function and quality of life, and it was not improving on its own.
- We started our evaluation from an osteopathic, biomechanical / biophysical perspective
- Goal may not always be to be “pain free”
- Significant changes
  - Functional Improvements – returning to physical exercise
  - Psychological relationship with pain changed

Mind-body connection

- The mind and body are connected and influence each other in a two-way relationship
- If tissue structures are not changing in a treatment, that may lead me to gather further history or do/recommend more workup
  - Sometimes, this reveals more information about the patient's psychological/emotional state and how that might be contributing to their health status or concern
- Sometimes physical exam findings resolve, and patients have persistent pain
  - This might suggest neuroplastic pain, which require other treatment approaches

Treatment plans differ for each person

- Some patients have resolution of their issues after a course of treatment
  - We don’t make predetermination of how many visits a patient needs.
  - Treatment course is determined visit to visit based on each patient's unique individual response.
  - If patient plateaus in her response or no longer benefits, we will make a joint decision to stop treatment.
- Some patients benefit ongoing routine treatment
  - For some, OMT can help keep them off pain medication
- Some patients don’t benefit
  - If we don’t think OMT will help or if they are with the wrong provider, we will usually know within the first couple visits.

What does OMT look like?

- Many different techniques/approaches
  - Muscle vs joint vs ligamentous vs fascial vs ??
  - Gentle, precise, and sometimes subtle application of force
- Individualized treatment plan
  - Varies visit to visit
  - Treating specific structural exam findings
  - **Addressing related anatomy and physiology**
  - Treatment is complete when we note objective changes in tissue structures
- Patients are often surprised because its gentler than expected

- Procedure/technique names
  - Soft tissue techniques
  - Muscle energy
  - Counterstrain
  - Myofascial release
  - Balanced ligamentous tension
  - Articulatory techniques
  - High Velocity Low Impulse Technique
  - Osteopathic cranial manipulative medicine

Osteopathic research landscape

Strongest evidence is in musculoskeletal disorders

- Possible effectiveness of OMT for **chronic nonspecific back pain, nonspecific neck pain, non-cancer pain** in adults.
- Back pain studies include pregnant and postpartum women.
- Effects last at least 3 months, some studies have outcomes at 1 year

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Studies have been published showing possible effects in patients with:

- Dizziness
- Primary headaches, including migraines
- Traumatic brain injuries
- Patients with cancer pain
- Post operative populations
  - Knee arthroscopy, Abdominal surgery, s/p Sternotomies, lumbar discectomies
- Pneumonia
- Wound healing
- Latch and suckling in newborns
- Hospitalized preterm infants
- Stress response
- Immune function and antibody response after vaccinations

Citations

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Single studies have shown some benefit in acutely ill and injured patients

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OMT is safe

- Literature review of OMM prospective studies (n=13)
  - TBI, asthma, COPD, Parkinson's, peripheral vertigo, neck pain, back pain
- Incidence rate of 1.0 adverse event per 100 post-OMT interval days
  - Of adverse events reported
    - 98% were mild (mild symptoms, no treatment)
    - 2% were moderate (moderate pain, minimal/local or noninvasive intervention)
    - No severe adverse events and no patient deaths.

Unger MD, Barr JN, Brower JA, Kingston JC, Heller GR, Palmer JL. Defining the landscape of patient harm after osteopathic manipulative treatment: synthesis of an adverse event model. BMC Complement Med Ther. 2023 Nov 13;23(1):407. doi: 10.1186/s12906-023-04230-2. PMID: 37957653; PMCID: PMC10642050.
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Osteopathic and Integrative **Medicine** at UC San Diego Health

When to refer

- Primary musculoskeletal pain
  - Acute injury that is not recovering
  - Traumatic injury precipitating event
  - Sports related injury
  - Drop in function or worsening pain after a fall/injury/illness
  - Musculoskeletal chest pain
- Secondary musculoskeletal pain
  - Illness with a musculoskeletal component causing symptoms
    - Pneumonia with persistent back pain
    - Pain developed after surgery/hospitalization
- During your exam – is there –
  - Tissue texture changes
  - Asymmetry
  - Changes in range of motion
  - Pain to palpation (tenderness)
- Tincture of time did not work. Other interventions have not worked.

Introducing the consult

- “There’s some musculoskeletal findings on my exam that make me think a hands-on approach might be beneficial”
- Physicians who specialize in the musculoskeletal system and understanding how the whole body is connected.
- Goal: Helping your whole system function better

Locations

Inpatient | **La Jolla** - Jacobs Medical Center

Outpatient | **Hillcrest**

- 4th and Lewis

La Jolla

- Primary Care – Gen Family Medicine
- Primary Care – UPC Internal Medicine
- Pain Medicine – Koman Outpatient Pavilion
- Sports Medicine – Chancellor Park – Executive Drive
- Pelvic Medicine – Chancellor Park – Executive Drive
- Rheumatology – Pearlman

Scripps Ranch

- Primary Care – Scripps Ranch Family Medicine

Sorrento Valley

- Neurology/Headache Clinic

“CIM” (Center for Integrative Medicine) Clinical Offerings

Outpatient

- Osteopathic Manual Medicine
- Acupuncture/Acupressure/Traditional Chinese Medicine
- Therapeutic Massage Therapy
- Integrative Medicine Physician Consults *(functional medicine, ayurvedic, diet/exercise, etc.)*
- Integrative Nutrition
- Health Coaching
- SLIM Program – Obesity Medicine Group Visits
- Naturopathic Pain Medicine *(Medical Cannabis)*

Inpatient*

- Osteopathic Manual Medicine *(M-F)*
- Acupuncture *(1 day/wk - Weds)*
- Massage Therapy *(2 day/wk – Tues/Thurs)*

**only at JMC*

For referrals/orders, search “CIM”

What to do if they can’t get into OMM

- Wait time
- If primary musculoskeletal pain:
  - Physical therapy
  - Massage therapy
  - Acupuncture
  - If they plateau and stop improving or are feeling like they need something more – we can get them in after they work though some of the chronic layers.
  - OMM wait list – have them call if they want to be seen. If especially acute, can message us to see if we can get them sooner.
- If concern for mind—body component (significant anxiety, high stress state)
  - Acupuncture
  - Recommend exercise, movement, yoga, stretching
  - Meditation
    - Center for mindfulness – MBSR classes, self compassion courses

Questions?