OMM Clinical Case Considerations

OBGYN
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Learning Topics

• General considerations for treatment of OBGYN patients
• OMT contraindications in pregnancy
• Musculoskeletal changes during pregnancy
• Common complaints in pregnancy
• PROMOTE study results
• Case discussion
Osteopathic Considerations in Pregnancy

• Pregnant women are not fragile, don’t be afraid to treat them!

• Relaxin is your friend with OMT, somatic dysfunction treats more easily

• Direct or indirect treatments are useful, but most patients prefer gentle and comfortable treatments

• Patient positioning is key
  • Prone first trimester and early second
  • Lateral recumbent
  • Seated
  • Supine, place a small pillow under right hip to tilt pelvis left
OMT Contraindications in Pregnancy

- Undiagnosed vaginal bleeding
- Ectopic pregnancy
- Placental abruption
- Untreated deep vein thrombosis
- Elevated maternal blood pressure
- Preterm labor
- Unstable maternal vital signs
- Fetal Distress

Foundations of Osteopathic Medicine, 3rd ed, p. 971
Postural Changes in Pregnancy

- Compensatory Changes
  - Exaggerated cervical lordosis
  - Exaggerated thoracic kyphosis
  - Pubic bones separate
  - Sacrum flexes
  - Ilia rotate posterior & inflate
  - Legs externally rotate at the hips

www.adamhocke.com
Postural Changes in Pregnancy

www.teresachartrand.com
The Natural Way Health Clinic Newsletter 2/2015

www.Prepartumpelvicpain.weebly.com
Postural Changes in Pregnancy

- Center of gravity shifts anterior
  - Exaggerated lordosis in the cervical and lumbar spine
  - Exaggerated thoracic kyphosis

- This change strains all the diaphragms

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DiGiovanna & Schiowiz pg. 460
Zink

Respiratory-Circulatory Model

- How do fluids move through the body?
Postural Changes in Pregnancy

- Low Back Pain (LBP) complaints in 70% of patients
- Risk Factors: Multipara, increased maternal age, Hx LBP
- How do you manage with OMT?
  - Establish the segmental definition/etiology
  - Muscle energy is useful for muscle imbalances
  - HVLA can be used for joint restrictions
  - SCS is often used for contributing round ligament pain
- Patient management
  - Walking twice a day for short periods of time
  - Avoid sitting longer than 1 hour or use an exercise ball
  - Support belts
  - Stretches and exercises
Postural Changes in Pregnancy

Baby Belly Band  Gabrialla Strong Support  Prenatal Cradle
Pregnancy Physiologic Changes:

† Fluids

• Increased blood volume and interstitial fluid

• Second & Third Trimester
  • Interstitial blood volume increases by 40-50%
  • Red blood cell volume increases by 20-30%
  • Twins blood volume increases by 60%
  • Leukocytosis
Pregnancy Physiologic Changes: 

↑ Fluids

• Swelling occurs in 90% of pregnant women

• How do you help them manage with OMT?
  • Improve diaphragmatic excursion
  • Release fascial restrictions which impede lymphatic flow
  • Treat the thoracic inlet
  • Teach left side laying and feet elevation
  • Teach inversion stretching to relieve uterine compression on vena cava

Huffingtonpost.com article 3/27/14
Knee-Chest Positioning

- Decongests the pelvis in pregnancy and also dysmenorrhea
- Often suggested prior to sleep
- Full time working mothers benefit after venous stasis from standing

Kuchera, Osteopathic Considerations Systemic Dysfunction p. 142
Common Pregnancy Complaints
Areas of treatment

- **Carpal Tunnel**: cervicothoracic junction/lymphatics, carpal tunnel release, forearm
- **Constipation**: Rib raising, sacrum, pelvis, pelvic diaphragm
- **Extremity edema**: lymphatics, diaphragms, knee-chest
- **Low back pain**: sacrum, pelvis, pubic decompression, diaphragms, lumbosacral articulation
- **Nausea/Emesis**: OA/Cranial, thoracics, sea bands (acupressure)
- **GERD**: OA/Cranial, thoracics, abdominal diaphragm
- **Round ligament pain**: SCS, sacrum, pelvis
PROMOTE STUDY

- [https://www.unthsc.edu/texas-college-of-osteopathic-medicine/osteopathic-manipulative-medicine/omm-research-division/](https://www.unthsc.edu/texas-college-of-osteopathic-medicine/osteopathic-manipulative-medicine/omm-research-division/)

- At the bottom of the web page there is a video which would be good to watch if you’d like to incorporate OMM treatments with proven effectiveness into your practice

- Results: OMT was effective for mitigating pain and functional deterioration compared to the usual care only prenatal care in pregnancy

OMT decreases Postpartum Pain
Recent JAOA article

• N=59
• Both vaginal or cesarean delivery
• Significant decrease in pain for:
  • Low Back
  • Abdominal
  • Vaginal
• 13 patients (22%) had complete pain alleviation

Pregnancy Anatomy

Edensbalance.com

Intuitivehandspt.com
Case Discussion

• 36 y/o primiparous female
• 20 week IUP
• C/O peripheral edema
• C/O bilateral hip pain
• C/O GERD
Case Discussion

**Osteopathic Findings**
- C 3-5 RSr
- 1st rib superior right
- T5 ERSr
- Rib5 left exhale preferred
- Respiratory diaphragm pulling left
- L1-L5 SlRr
- Left upslip innominate
- + 2 Pitting edema to knees b/l

**Treatment**
- Indirect MFR cervicothoracic junction
- ME cervical
- Still technique ribs, thorax
- Direct MFR diaphragm
- ME pelvis, lumbars
- Lumbosacral decompression
- Lymphatic pedal pump
Response to Treatment

• Patient
  • Decreased edema for 48 hours after OMT
  • Decreased hip pain

• Patient’s OBGYN advice
  • “eat less salt”

• My suggestions
  • Support hose 20-30 mm Hg pressure
  • Knee chest position daily
  • Belly support band
  • OMT every other week
  • Left side sleeping with elevated feet
  • Teach husband pedal pump
  • Pregnancy massage
Discussion and Questions
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