

# OMT- Sensitive...

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# Objectives

1. Discuss the indications, contraindications and precautions for performing osteopathic manipulative treatment in the pelvis.
2. Implement strategies for best practices with regard to communication, obtaining consent, use of chaperone, and accurate documentation.
3. Consider ethics and professionalism in physician/patient/family interactions from the perspective of respecting human dignity.

- “... to be an osteopath you must study and know the exact construction of the human body, the exact location of every bone, nerve, fiber, muscle, and organ, the origin, the course and flow of all the fluids of the body, the relation of each to the other, and the functions it is to perform in perpetuating life and health. In addition you must have the skill and ability to enable you to detect the exact location of any and all obstructions to the regular movements of this grand machinery of life. Not only must you be able to locate the obstruction, but you must have the skill to remove it.” – Autobiography, p. 358-359.



A word cloud centered around the word "HUMAN". The words are arranged in various orientations and colors. The central word "HUMAN" is in large, bold, purple capital letters. Other prominent words include "SAFETY" in large green capital letters on the left, "INDEPENDENCE" in red capital letters at the top, "dignity" in large purple lowercase letters at the bottom right, and "inclusion" in large grey lowercase letters on the right. Other words include "Acknowledgement" (purple), "Recognition" (pink), "Acceptance of" (light green), "Identity" (light green), "Fairness" (white), "UNDERSTANDING" (orange), "benefit of the doubt" (blue), and "Accountability" (brown). The background is a solid grey.

INDEPENDENCE

Acknowledgement

benefit of the doubt

SAFETY

Acceptance of

Identity

Recognition

**HUMAN**

inclusion

Accountability

UNDERSTANDING

dignity

Fairness

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## Sensitivity- Think, Pair, Share (2 minutes)

What are  
sensitive areas  
of the body?

Why?

*Slide intentionally left blank*

# Case

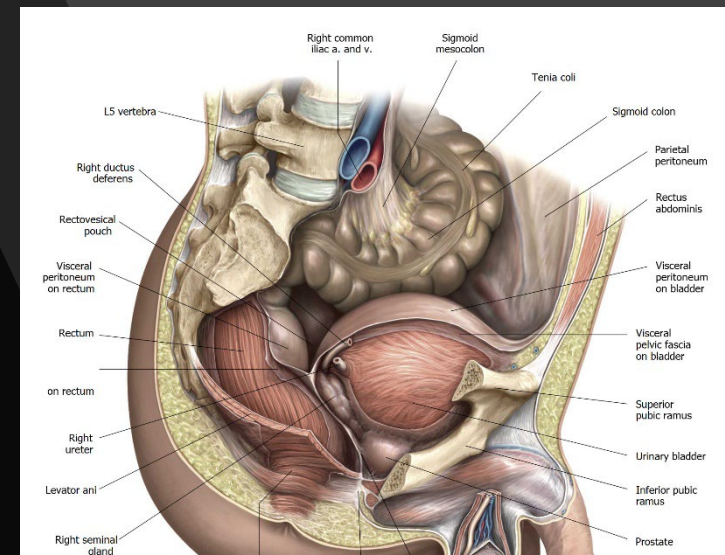
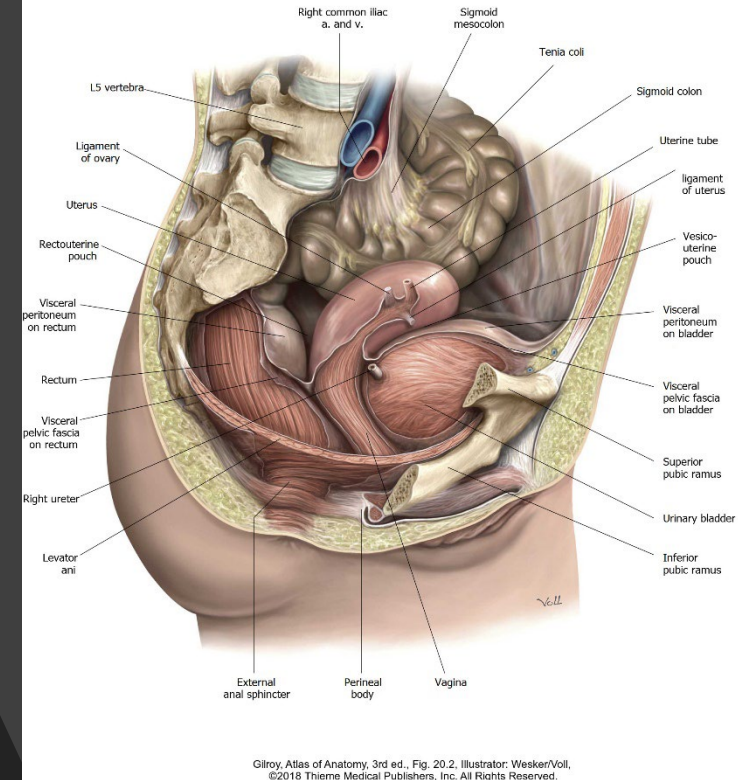
- Mrs. Jones is a 40 year-old female who presents with coccygeal pain which is worse with sitting but present on and off with different movements. She injured it in a fall about a year ago. At the time, she had an x-ray which was negative. She sat on a donut-shaped pillow for about 6 weeks which helped, but the pain has never really resolved. She also reports not feeling like herself since the fall, and has general fatigue, general muscle achiness and soreness. She was diagnosed with fibromyalgia shortly after the fall. She is G2P2, and without any prior medical conditions. ROS is positive for stress due to having two active school-aged children. She has not had OMT before but was referred for treatment of her coccyx.

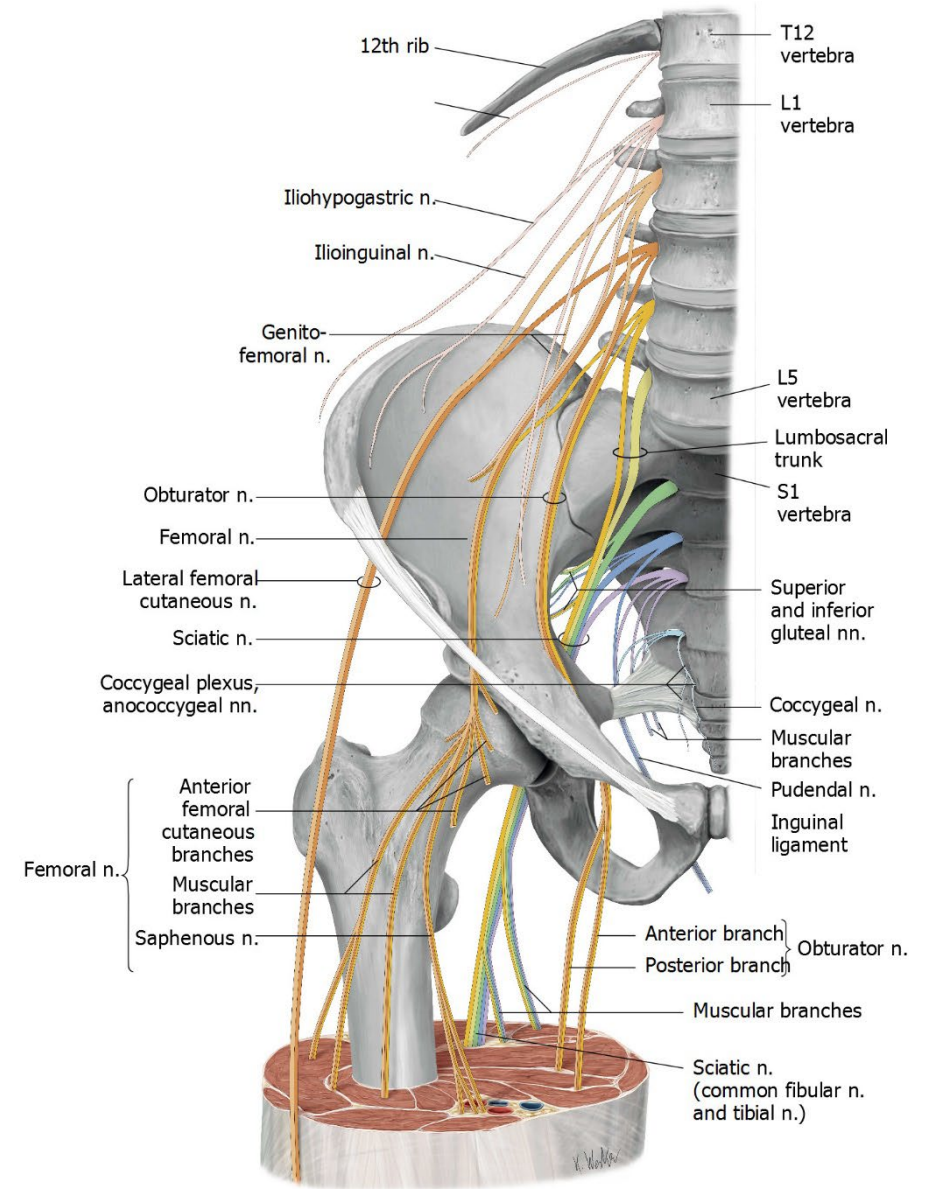
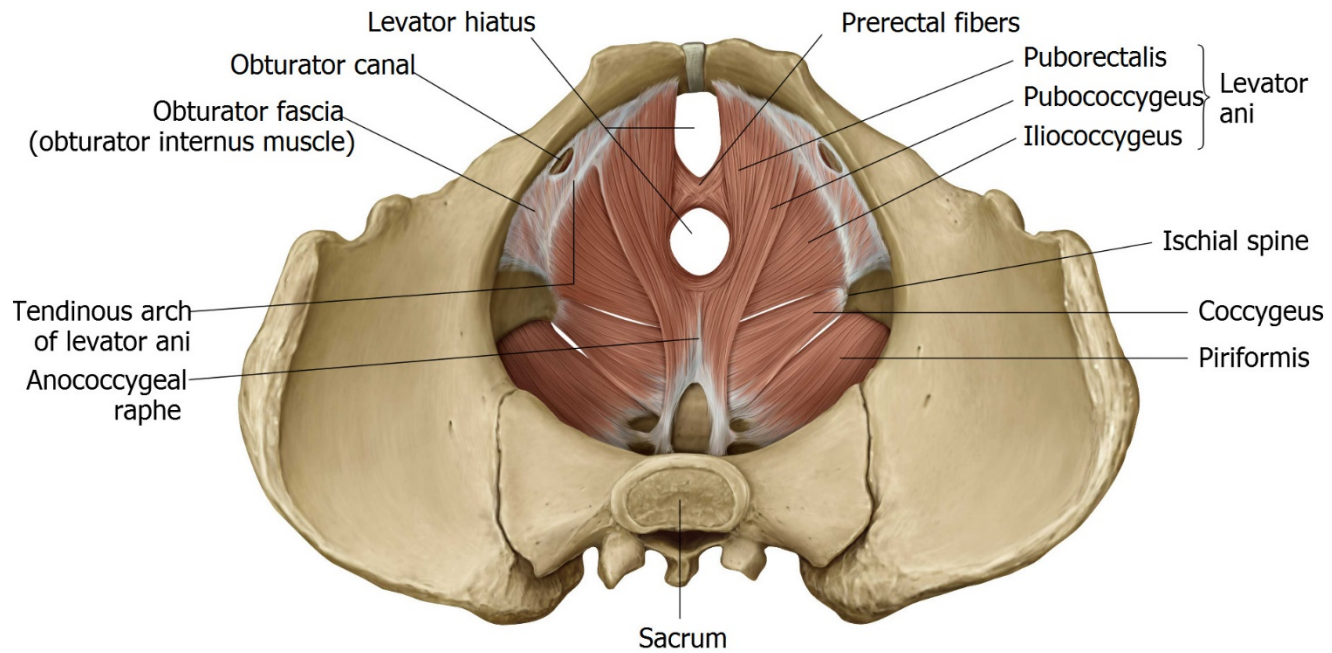
Consent for  
examination for  
somatic dysfunction  
and performing  
OMT in the pelvis  
***externally***

- What do you normally do?
- Role Play in Pairs
  - One person is the doctor
  - the other is a patient who requires examination and OMT of the pelvis for somatic dysfunction
    - 5 min

# When to consider performing intra-pelvic exam for somatic dysfunction and OMT (including but not limited to)

- History of pelvic trauma
  - Fall directly on coccyx or sacrum
    - Previous/old sacral or coccygeal fracture
  - Fall or injury to perineum/pelvic floor
  - Females- difficult delivery
- History of difficulty sitting for prolonged time
- Chronic or recurrent cystitis, prostatitis, urinary incontinence, dyspareunia, lower GI complaints/problems, lower extremity neuralgia
- *External exam often predicts or identifies possible somatic dysfunction of these structures.*







# Intra-pelvic OMT: Indications

- Intra-rectal
  - Somatic dysfunction of the: pelvic floor musculature, coccyx, sacrum, prostate, related fascias /ligaments
- Intra-vaginal
  - Somatic dysfunction of the: pelvic floor musculature, cervix/uterus, bladder, related fascias/ ligaments

Omental foramen

Hepatogastric ligament

Omental bursa

Pancreas (body)

Stomach

Middle colic artery

Transverse colon

Greater omentum

Jejunum

Rectus abdominis muscle

Bladder

Ductus deferens (ampulla)

Celiac trunk

Splenic artery and vein

Left renal artery

Superior mesenteric artery

Left renal vein

Pancreas (uncinate process)

Abdominal aorta

Duodenum, horizontal part

Mesentery

Parietal peritoneum

L5 vertebra

Left common iliac artery and vein

Rectovesical pouch

Rectum

# Intra-pelvic OMT: Recommended Precautions, Contraindications, Risks, Benefits

- Same as general precautions/contraindications to OMT
  - Acute fractures, recent surgery, recent laceration/repair, friable tissue, significant pelvic organ infection (purulent drainage)
- Avoid performing during menstrual cycle; schedule appropriately.
- Do not perform if patient does not consent.
- Risks
  - Minor discomfort during OMT, minor soreness afterward which should resolve in 24/48 hours
- Benefits
  - Improvement or resolution of symptoms, improved function of structures with somatic dysfunction.



# General Recommendations for performing internal pelvic OMT

- *AAO position paper: Recommended Guidelines for Pelvic Examination and Treatment*
- These recommendations serve as guidelines, not rules:
  - Perform OMT externally first, at least one treatment, but my personal preference is three.
    - Much somatic dysfunction can be resolved externally, with patient clothed
  - Start the dialogue of possible internal work when/if it is apparent it might be necessary. Often for it's at the 2<sup>nd</sup> or 3<sup>rd</sup> treatment.
    - Sooner if clear indication of necessity

## ***Modesty and comfort (from AAO Position paper)***

Once informed consent has been obtained from the patient, the physician may begin to perform the pelvic examination or treatment. The physician should reassure the patient that nothing will be done without telling her first. The physician should also advise the patient that the examination should not be painful unless there is a pelvic abnormality present. The patient should be encouraged to let the physician know if they become uncomfortable during the examination either physically or emotionally. Patient modesty should be maintained by utilizing a drape to cover areas that do not need to be exposed. The physician should wear gloves. Lubrication should be used for patient comfort when necessary. Some forms of evaluation for pelvic pathology may not require the patient to disrobe. For example, an osteopathic physician may need to evaluate for hypertonicity of the pelvic floor musculature which can be evaluated through clothing although there are times that disrobing is necessary for complete evaluation of the pelvic floor musculature. If the patient is required to disrobe for complete evaluation, a chaperone may be present. The presence of a chaperone is physician dependent or available upon patient request. The AAO recommends that a chaperone be present during a pelvic examination.<sup>10</sup>

# Recommendations- Communication

- Clearly explain to patient why internal examination and OMT may be necessary.
- Prepare patient for internal OMT
  - Explain procedure, including use of gloves, lubricant, draping. Let patient know to use the bathroom before visit and to not drink a lot of water.
  - Explain that a chaperone will be present.
  - Explain signed consent document on visit prior to internal OMT procedure.
  - In cases of minors, explain to the patient and their parent, encourage parent as one chaperone in room.

# Consent for OMT

- *Disclaimer- this is not legal advice*
- Variable
- Verbal is most common
- Written may be appropriate
- Document that consent was obtained, and the type
- Be mindful of minors who require parental/guardian consent and any particular laws in your state regarding emancipated minors.

# Recommendations- Practical Considerations- day of OMT

- Review procedure and steps, including consent
- Use clear, professional language, avoid jokes or innuendo
- If performing external OMT first, allow patient to be clothed
  - Disrobe for internal OMT
- Allow patient to get dressed after internal OMT
- Continue visit/OMT externally as necessary with patient clothed

# Documentation

- Similar to all other medical documentation
- Include:
  - Examination findings of somatic dysfunction by region
  - Consent obtained and type
  - Type of OMT performed
    - Equipment, chaperone, patient tolerated procedure
  - Changes after OMT (both subjective and objective)

# Training/Education

- Pelvic examination- medical school/internship/residency
- Intra-pelvic techniques
  - Descriptions in visceral technique books, articles, courses
  - CME- AAO Courses/Convocation
    - Ken Lossing, DO
  - Residency

# Case, continued

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# References

- •American Academy of Osteopathy Position Paper: Recommended Guidelines for Pelvic Examination and Treatment
  - <http://files.academyofosteopathy.org/files/positionpapers/PelvicExaminationAndTreatment2.pdf>
- •Barall, Jean-Pierre; Visceral Manipulation
- •Choosing to do or not to do a genital exam
  - Medscape <https://www.medscape.com/viewarticle/901847>
- •ACOG Committee Opinion No. 754: The Utility of and Indications for Routine Pelvic Examination
  - [https://journals.lww.com/greenjournal/Fulltext/2018/10000/ACOG\\_Committee\\_Opinion\\_No\\_754\\_The\\_Utility\\_of.60.aspx](https://journals.lww.com/greenjournal/Fulltext/2018/10000/ACOG_Committee_Opinion_No_754_The_Utility_of.60.aspx)

# Questions?

