OMT for the ACOFP Boards: A Review of Clinical and Basic Information

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Disclosures

- No association with the ACOFP Board certification process
- No submissions of test items for the exam
- Not faculty for the ACOFP Board exams
Session Objectives

- At the end of the session the attendee will be able to:
  - Answer basic questions regarding spinal mechanics, etiology & maintenance of somatic dysfunction, sympathetic and parasympathetic neural supply to organs and postural compensation patterns.
  - Discuss functional anatomy for a variety of clinical cases involving the MS system.
  - Discuss diagnosis of somatic dysfunction for body regions (including cervical, thoracic, lumbar, pelvis, sacrum, upper and lower extremities).
  - Discuss appropriate OMM treatment plans for the cases discussed.
  - Perform the OMT techniques that are demonstrated.
Plan of Attack

- 8 Case based discussions
- Brief history and physical
- Provocative questions for attendees to answer and drive open discussion
- Demonstration of OMT and practice time
- No one way of treating but we will try to explain how to prepare for the OMT (written & practical) portion of the ACOFP board exam and recertification exam.
Case 1

45 year old male presents with 1 week history of low back pain that radiates to the left thigh stopping at the knee. Patient bent over to pick up a box and felt immediate pain upon standing up. He denies numbness or tingling, and no increase of pain with cough or sneeze. Exam revels standing posture as flexed and side bent to the left. Pain and stiffness is worse after sitting or lying supine for a period of time.
Case 1

1. Describe the functional anatomy involved in this patient.
2. What are the expected neuro and MS exam findings?
3. Why is the pain radiating to the left thigh and stopping at the knee?
4. Explain the pathological process that is responsible for the postural changes.
5. What are the lumbar spine somatic dysfunctions expected in this patient?
6. What are the expected sacral dysfunction findings?
7. What is the appropriate treatment for this patient?
8. What post encounters orders/instructions should be given for the patient?
Case 2

- 28 year old female presents with 1 month history of progressive pain and heaviness in the right arm. Patient was involved in a rear-end MVA 2 months ago. She had neck pain and stiffness for 1 week followed by improvement of symptoms. Over the last month she has gradually developed the pain, numbness, and heaviness in the right arm. All symptoms are worse when trying to dry her hair or having the arms above her head for any length of time. Exam reveals DTR+2/4, strengths 5/5, and sensory intact.
Case 2

1. Describe the functional anatomy expected in this patient.

2. What is the expected physical exam of the upper extremity for this patient?

3. What are the expected somatic dysfunctions for the cervical spine, shoulder, and the ribs?

4. Why is this pathophysiology for developing the symptoms and signs so long after the initial injury?

5. What is the appropriate treatment for the patient?

6. What post encounter orders/instructions should be given for the patient?
Case 3

- 40 year old male presents with neck pain, headache and irritability. Symptoms started after MVA 2 days prior to office visit. He was a restrained driver that T-boned a car that pulled out in front of him. He was taken to ER by ambulance and released after evaluation. X-rays and MRI of c-spine were negative. No LOC. Exam reveals normal neuro exam, markedly tight cervical spine paraspinal spasm with severe decrease range of motion due to pain and stiffness.
Case 3

1. Describe the functional anatomy for this case.

2. What are the expected somatic dysfunctions for the cervical spine?

3. Where else would you evaluate for somatic dysfunction?

4. What is the appropriate treatment for this patient?

5. What post encounter orders/instructions should be given for the patient?
Case 4

- 50 year old female presents with a 4 day history of fever, chills, productive cough of green sputum, and mild shortness of breath. Exam reveals crackles in right lung base, highest fever of 101 degrees F., HRRR reg and tachy at 102, O2 sat is 92% and no cyanosis or edema.
Case 4

1. What areas of the MS system should be evaluated in this patient?
2. How would you integrate OMM into the treatment of this patient?
3. Where would you expect sympathetic & parasympathetic driven somatic dysfunction?
4. Explain the pathophysiology of a viscero-somatic reflex.
Case 5

- 65 year old female presents with a 1 week history of mid-thoracic pain after bending over and picking up her grandchild. She felt a "twinge" on the right side after rotating left and lifting the child. She denies shortness of breath or chest pain. Exam reveals VSS, HRRR, lungs CTA, muscle spasms mid-thoracic spine on left> right.
Case 5

1. What are the spinal mechanics for the thoracic spine?
2. What are the Rules of Three’s
   - 2. What muscles would be maintaining the somatic dysfunctions?
   - 3. What body regions should be evaluated for somatic dysfunction?
   - 4. What would be the appropriate treatment for this patient?
Case 6

- 24 year old female presents 4 days after an inversion injury to the right ankle while playing basketball. She was able to walk on the foot immediately but has an obvious limp. She complains of edema and ecchymosis on the anterior lateral aspect of the ankle. She did go the urgent care and had x-rays that were negative for fracture or dislocation.
Case 6

1. What are the expected dysfunctions in the lower extremity and the lumbo-pelvic-hip complex?
2. What is the functional anatomy related to the injury?
3. What physical exam should be documented for this case?
4. How is OMM integrated into this case?
5. What post encounter orders/instructions should be given for the patient?
Case 7

 38 year old female presents with 3 month progressive history of pain and numbness in the right thumb, index and middle finger. She is a court reporter and types every day and is having problems with work productivity. Exam reveals sensory intact in the hand, strengths in upper extremities 5/5 pulses 2/4, and no atrophy of hand muscles.
Case 7

1. What is the functional anatomy for this case?
2. What examination tests should be documented for this case?
3. What regions should be evaluated for somatic dysfunction?
4. How is OMM integrated into this case?
5. What post encounter orders/instructions should be given for the patient?
Case 8

- 23 year old primagravida female who is 32 weeks gestation presents with low back pain that is affecting her ability to complete her daily routine at work. She is an administrative assistant and the pain is worse with sitting. She saw her OB/GYN the day before who after evaluation recommended the referral to you for evaluation and treatment. All aspects of the pregnancy are without complication. She denies numbness or tingling or weakness.
Case 8

1. How would the patient's MS evaluation be changed?
2. What regions should be evaluated for somatic dysfunction?
3. How would you integrate OMM into this patient's management of the back pain?
4. What post encounter orders/instructions should be given for the patient?
5. What are contraindications of OMT in pregnancy?