Objectives

• Review osteopathic tenets
• Review the connection of tenets to dermatology
• Role of OMM in dermatology
• Review specific disease states
OMM and Dermatology

What is the connection between OMM and Dermatology?
Dermatology

study of skin, its structure, functions, and diseases
OMM

• Developed 130 years ago by physician A.T. Still
• Strong emphasis on the inter-relationships of the body’s nerves, muscles, bones, and organs
• The philosophy of treating the whole person
• All of the body’s systems work together, and that disturbances in one system may impact function elsewhere in the body

*patients with skin conditions may benefit from OMT as adjunctive therapy (stasis dermatitis, brachioradialis pruritis, notalgia paresthetica)
Central to osteopathic medicine are the following 4 principles:
Review of Osteopathic principles

**Principle 1:** The body is a unit
- skin disease may affect the mind (ie: acne vulgaris, psoriasis, vitiligo, melasma)
- the mind may cause or exacerbate cutaneous disease (ie: delusions of parasitosis, trichotillomania, pruritus)
Review of osteopathic principles

**Principle 2:** The body is capable of self-regulation self-healing, and health maintenance.

-some skin disease have immunologic basis for pathogenesis (ie: psoriasis, atopic dermatitis, vitiligo, alopecia areata)

-self-limited skin diseases illustrate the body’s ability to heal (ie: pityriasis rosea, granuloma annulare)

-skin disease can be actively prevented (ie: skin cancers)
Review of osteopathic principles

**Principle 3: Structure and function are interrelated**

-defects in skin structure result in skin disease (i.e.: bullous impetigo, bullous pemphigoid, pemphigus vulgaris, epidermolysis bullosa variants)
Principle 4: Rational treatment is based on an understanding of the 3 main principles.
-examine the patient as a whole (ask about their lifestyle, diet, occupation)
-understand the cutaneous signs of internal diseases (acanthosis nigricans, recurrent dermatophyte infections, eruptive xanthomas, pruritus).
...the practice of dermatology is based upon a visual approach to clinical disease, with the development of an appreciation of recurrent patterns and images (Jean Bolognia, 2008)

Let’s review some common dermatological diseases/conditions and see how we can apply OMM principles to help with disease management.
Principle 1

• The body is a unit
• Skin disorders have a psychological impact
• Teenager with acne ridiculed by peers, an elderly gentleman with large BSA involvement of psoriasis embarrassed to be out in public, a dark skinned pt with vitiligo feels culturally stigmatized
• Dermatology Life Quality Index; Psoriasis Disability Index
• Treatment can include counseling
Principle 1

- The mental state may cause or exacerbate cutaneous disease
- Seen in disorders such as trichotillomania, neurotic excoriations, acne excoriee, and body dysmorphic disorder
- Some studies suggest that depression is a modulating factor for physical stimuli such as pruritus and factitial skin disease may be a sign of underlying psychiatric illness
- Management should include a psychiatric evaluation
Principle 2

• The body is capable of self-regulation, self healing, and health maintenance
• Skin diseases have an immunologic basis for pathogenesis, seen in autoimmune blistering diseases to connective tissue diseases
• Treatment aimed at helping the body to regain its ability to self-regulate and self-heal using modalities such as immunosuppressive drugs and UV light therapy
Principle 2

- Examples of pityriasis rosea and molluscum contagiosum
- Without direct medical intervention, the body’s innate ability to heal will clear those disorders
- Treatment is symptomatic
Principle 2

- Skin disease can be actively prevented
- Inquire about lifestyle, family history of skin cancer, use of sunscreen/sunblock
- Management aimed at photoprotection and those with family hx to be regularly examined
Principle 3

• **Structure and function are interrelated**
• Defect in epidermal skin barrier implicated in atopic dermatitis
• Dysfunction of target structural proteins may result in autoimmune blistering dermatoses
Principle 4

• Rational treatment is based on understanding of the 3 main principles
• Need to examine the patient as a whole
• Skin disease have an immunologic basis for pathogenesis
• Psoriasis: Inquire about stress or recent trauma; be aware of association with metabolic syndrome
Principle 4

• Cutaneous signs of internal disease
• Acanthosis nigricans is associated with insulin resistance
• Management aimed at blood glucose control, follow up with PMD and weight loss
Osteopathic Manipulative Treatment

- Patients with skin disorders may benefit from OMT as adjunctive therapy
- Dermatoses with neurologic component may be complicated by abnormal spine mechanics
- On the PE, palpate the thoracic spine and paraspinal musculature for possible functional abnormalities
- Techniques: myofascial release, rib raising, muscle energy
Osteopathic Manipulative Treatment

- Primary hyperhidrosis may be aggravated by autonomic dysfunction
- OMT directed at normalizing the sympathetic chain will be helpful
- Techniques: OA release, sacral inhibition
Osteopathic Manipulative Treatment

- Dysesthesia syndromes: brachioradialis pruritus- cervical rib or cervical nerve root impingement; notalgia paresthetica-nerve impingement
- May benefit from manipulation of the spine
- Techniques: myofascial release, muscle energy, counterstrain
Brachioradialis Pruritus
Osteopathic Manipulation in Brachioradial Pruritis

• Patients have altered sensation in the distribution of the posterior cutaneous nerve of the arm that supplies the skin over the brachioradialis muscle
• Corresponds to C5-C8
• Presence of a cervical rib or cervical nerve root impingement may contribute to altered cutaneous sensation
• Treatment of cervical arthritis and cervical spine manipulation provides relief
Notalgia Paresthetica
Osteopathic manipulation in Notalgia Paresthetica

- Uncommon pruritic condition seen most commonly in middle aged women
- Etiology unclear, may be associated with cervical radiculopathy
- Affecting mainly the interscapular region (especially the T2-T6 dermatomes)
- OMT may decrease the sensation of neuropathic pain/itch
Stasis Dermatitis
Osteopathic manipulation in Stasis Dermatitis

• Common condition seen in older patients with cardiac insufficiency and venous incompetence

• Due to gravity and increased hydrostatic pressure leading to leaky vessels

• Hemosiderin deposits in the skin of lower extremities causing hyperpigmentation

• Lymphatic pump/effleurage may decrease edema and thus improve condition and decrease the incidence of venous stasis ulcers
Morbus Morbihan
Osteopathic manipulation in Morbus Morbihan

- Uncommon condition characterized by a hard, nonpitting edema of the central face
- Unclear whether this condition is a distinct disease or a rare complication of rosacea
- Locally pre-existing impaired lymphatic drainage plays a crucial role in the progression
- Effleurage and thoracic duct release may be beneficial
PUPPP
(Pruritic, urticarial, papules & plaques of pregnancy)
OMM in PUPPP
(Pruritic, urticarial, papules & plaques of pregnancy)

- Osteopathic manipulation may offer some relief of symptoms while avoiding potentially harmful medications
- Remove restrictions to lymphatic flow using rib raising techniques
- Paraspinal inhibition
- Open the thoracic inlet
- Promote and augment lymphatic flow with relaxation of abdominal diaphragm and use of lymphatic pump techniques
Conclusion

• Dermatology is a multifaceted specialty and incorporates the 4 major osteopathic principles into daily practice

• To treat the whole patient, dermatologists evaluate the psychological impact of a disease, the relationship between structure and function resulting in cutaneous disease, and the body’s ability to self-regulate

• Osteopathic manipulation has definite benefits to our dermatology patients

• Numerous opportunities for case reports and research on the benefits of osteopathic manipulation in the field of dermatology
References


Practical Practice Management
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No conflict of interest
OBJECTIVES

- How to be happy and succeed in practice
- Pearls to make your life easy
- Keep smiling and enjoy life
NEGOTIATE

- Lease payments
- Percentages for billing
- Interest rates
- .....staff
LOCATION

- Location Location Location - MAXIMIZE
- Opening an office
- Advertising
- Don’t spread yourself too thin
BUNDLE

- Bundle packages to get better deals
- I.e., Henry Schein AAD member pricing, member buying programs, match prices
- Share overhead
- Maximize resources
- Bundle cosmetic services
SUBLET SPACE

- Passive income
- I.e., nutritionist, aestheticians
RE-EVALUATE

- Annually
- Insurance policies
- Pension plan
- Loans/lease payments
- Equipment
- Employees
- Advertising
OFFICE MEETINGS

- Huddle
- Delegate
- Emergency situations....Be PREPARED! I.e., hurricane
SPECIALTY SERVICES

- Specialty Pharmacies
- Pre-Authorization
- Drug Representatives
- Office products
STAFF

- Be efficient
- Don’t overstaff
- Multi-task when possible
- Office manager must know all aspects of office
- Educating your staff about all services available
- Treat staff with respect; offer all services available to them
- THEY REPRESENT YOU!
IDIOMS OF MINE

- Do not let the practice run you, YOU run the practice
- Don’t bite off more than you can chew
- Love going to work!
THANK YOU!