Speakers Disclosures

The speakers do not have anything to disclose.
Learning Objectives


2. Recognize benefit of osteopathic manipulative treatment (OMT) in treatment of acute and chronic pain.

3. Describe how to incorporate efficient OMT therapeutic recommendations into your practice.

Announced 03/29/2016

New Private Sector Commitments to Address the Epidemic

In connection with today’s Federal announcements, more than 60 medical schools are announcing that, beginning in fall 2016, they will require their students to take some form of prescriber education, in line with the newly released Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain, in order to graduate. Schools include:

- A.T. Still University of Health Sciences, Kirksville College of Osteopathic Medicine
- A.T. Still University of Health Sciences, School of Osteopathic Medicine in Arizona
- Baylor College of Medicine
- Boston University School of Medicine
- Burrell College of Osteopathic Medicine at New Mexico State University
- Chicago College of Osteopathic Medicine of Midwestern University

https://obamawhitehouse.archives.gov/the-press-office/2016/03/29/fact-sheet-obama-administration-announces-additional-actions-address
Why Did We Choose This Topic?

Dozens of Medical Schools Increase Opioid Prescription Education

What Do You Need?
- Help For Yourself
- Help For a Loved One
- Info About Addiction and Recovery

Related Articles
- Utah Becomes First State to Declare Opioid Crisis a Health Emergency
- CDC Urges Limit on Prescriptions to Opioid Drugs
- Non-Addictive Painkillers on the Horizon

Opioid Crisis In America

On an average day in the U.S.
- > 650,000 opioid prescriptions dispensed
- 3,900 people initiate nonmedical use of prescription opioids
- 580 people initiate heroin use
- 78 people die from an opioid-related overdose

Economic impact of the opioid epidemic:
- $55 billion in health and social costs related to prescription opioid abuse each year
- $20 billion in emergency department and inpatient care for opioid poisonings

Rx Misuse & Abuse In Arizona

One death per day is due to prescription opioid overdoses in Arizona.

- Arizona was 15th highest in the nation for drug overdose deaths (2014) and 5th highest in opioid prescribing (2011).
- From 2008-2014, the rate of infants born with neonatal abstinence syndrome rose 245%.

CDC Guidelines – March 2016

Address:
1) When to initiate or continue opioids for chronic pain
2) Opioid selection, dosage, duration, follow-up, and discontinuation
3) Assessing risk and addressing harms of opioid use
Summary of Arizona Opioid Prescribing Guidelines For The Treatment of Acute Pain

1. Opioid medications should only be used for treatment of acute pain when the severity of the pain warrants that choice, and non-opioid pain medications or therapies will not provide adequate pain relief.

2. When opioid medications are prescribed for treatment of acute pain, the number dispensed should be no more than the number of doses needed. This should be based on the expected duration of pain severe enough to justify prescribing opioids for that condition.

3. When opioid medications are prescribed for acute pain, the patient should be counseled on the following:
   - Sharing with others is illegal.
   - Medications should be stored securely.
   - Medications should be disposed of properly when the pain has resolved to prevent non-medical use of medications.
   - Opioids are intended for short-term use only.
   - Driving or operating machinery should be avoided if a patient is sedated or confused while using opioids.


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Summary of Arizona Opioid Prescribing Guidelines For The Treatment of Acute Pain

4. Long acting opioids should not be used for treatment of acute pain, including post-operative pain, except in select opioid tolerate patients and situations where monitoring and assessment for adverse effects can be conducted.

5. The continued use of opioids should be considered carefully, including assessing the potential for misuse. If pain persists beyond the anticipated treatment duration, then the patient should be carefully reevaluated.

6. The Arizona Controlled Substances Prescription Drug Monitoring Program should be checked prior to prescribing opioids and periodically if renewing opioid prescriptions.

Time to Share…

• How have the CDC’s (and Arizona) guidelines affected how you practice?

ATSU-SOMA: Who We Are and What We Do
ATSU-SOMA’s Model For Medical Education

- 108 students per class
- OMS I year on campus in Mesa
- OMS II-IV years based at one of 12 community health centers (CHCs) across the country

ATSU-SOMA’s Clinical Presentation Curriculum

- SOMA has adopted a clinical presentation or scheme presentation model that serves as the foundation of its curriculum. This model is based on the various ways patients present to physicians. The clinical presentations represent common patient complaints (e.g., headache, abdominal pain), abnormalities of physical examination (e.g., systolic heart murmur), or abnormalities of commonly ordered laboratory studies, (e.g., anemia, hypocalcemia). The presentations serve as a starting point for the generation of relevant curricular content.

Adapted from https://www.atsu.edu/school-of-osteopathic-medicine-arizona/academics/clinical-presentation-curricular-model
In Neuromusculoskeletal System Course...

A
Limb Pain

B
Intrinsic

C
Referred

D
Articular

E
Non-Articular

F
Neurologic

G
Vascular

H
Lymphatic

And...

A
Regional Back Pain

B
Cervical

M
Thoracic

X
Lumbar/Sacral

Y
Acute

DD
Chronic

Z
Infectious

AA
Neurologic

BB
Musculoskeletal

CC
Vascular

EE
Infectious

FF
Neurologic

GG
Musculoskeletal

HH
Vascular
How We Are Addressing Opioid Prescription Education in Our Curriculum

OMS I

- Students participate in an interactive pain workshop discussing patient presentations and basic science pharmacology of chronic pain medication.
OMS II

• Students work in small groups to discuss the CDC guidelines in the context of clinical presentation cases (both live and virtual), including abuse and addiction.

OMS III and IV

• Grand Rounds
• Students exposed to this topic throughout various rotations and clinical experiences.
A Medicine Elective For 4th Year Students in the Phoenix Area Offers a Unique Opportunity For Treatment of Acute and Chronic Pain…

Healthcare for the Homeless

- This rotation offers the opportunity to treat acute and chronic pain in people experiencing homelessness.
- Application of osteopathic manipulative treatment (OMT) for this vulnerable population is a focus of this elective rotation that enables students to participate in caring for people experiencing homelessness and who are in need of post-hospital respite care.
Healthcare for the Homeless

This 4th year clerkship requires students to submit a narrative case report reflecting on their reactions to the rotation and their perceptions of the people they are serving.

As part of their reflection, students are required to discuss the use of OMT and the perceived benefits for the patients being treated.

This elective rotation was developed as part of an education research grant awarded by the American Association of Colleges of Osteopathic Medicine, which additionally funds an accompanying project to evaluate ATSU-SOMA student, faculty, staff, and physician perceptions of homeless populations.

Healthcare for the Homeless

Circle the City
healthcare for the homeless
While the epidemic is notable for affecting people from any race, gender, socioeconomic status, or other identifier, its effects are felt in unique and notably harmful ways by people who are experiencing homelessness. Evidence indicates that substance use disorders are known risk factors for homelessness, and data clearly shows that substance abuse and overdose disproportionately impact [people experiencing homelessness].
Opioid Abuse and Homelessness – Opportunities

People experiencing homelessness “with OUD [opioid-use disorders] experience significant barriers to treatment. Obstacles include disaffiliation or social isolation, lack of mobility or transportation, a fragmented delivery system, and complex treatment needs including co-occurring conditions. Additionally, the social service needs of homeless individuals, including access to employment and housing, increase the morbidity and mortality of substance use disorders.”


Opioid Abuse and Homelessness – Recommendations

“Treatment providers should increase their understanding of the additional clinical and social services necessary to engage and keep homeless people with OUD in treatment. Evidence-based training on strategies and supports for coordinated programs should be provided to substance use and primary care practitioners. Case management should be included in these clinical programs.16”

From “Adapting Your Practice: Recommendations for the Care of Homeless Patients with Opioid Use Disorders”

**Follow-Up**

Provide medical respite care facilities where patients can convalesce when ill, recuperate following hospitalization, or receive end of life care...


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**Circle the City**

How has pain traditionally been treated at Circle the City?

- Pain contract signed on admission
- Tapering of pre-existing opioid regimen
Back To The CDC Guidelines

Non-Opioids Preferred Over Opioids

- Non-opioid pharmacotherapy is safer and appears to be as effective, or more effective, compared to long-term opioid therapy:
  - Topical therapies
  - Antidepressants
  - Anticonvulsants
  - NSAIDs
  - Muscle relaxants

What about OMT?
Time to Share…

How have you used OMT for patients with pain in your practice?

OMT For Low Back Pain (LBP)

“Osteopathic manipulative treatment significantly reduces pain and improves functional status in patients, including pregnant and postpartum women, with nonspecific acute and chronic LBP.”

OMT For Neck Pain

• “Our results suggested that OMT improved pain in chronic nonspecific neck pain in a clinically meaningful way, but the improvement in functional status seemed to be small and not likely to be clinically meaningful.”


OMT For Postoperative Pain

• Studies have shown that effective relief of acute pain and the use of OMT lead to shortened hospital stay, decreased morbidity and mortality, and increased patient satisfaction. Present ongoing research has also showed a trend for less postoperative pain and less postoperative use of intravenous morphine associated with preoperative administration of morphine and postoperative OMT. The osteopathic approach has been historically positive for the patient in terms of early ambulation and body movement with the use of soft tissue techniques and the later-developed thoracic pump techniques. It continues to be an important aspect of pain and disease prevention, one that is easily implemented and cost effective.

What OMT Techniques To Use?

Special Considerations

• Do not have tables (adjustable or otherwise) that would traditionally be used for OMT
• Some of our patients are confined to wheelchairs
• Others’ mobility limits their cooperation for OMT
• And more…
ATSU-SOMA’s “Top Ten”

- Developed by the ATSU-SOMA Osteopathic Principles and Practice faculty

- The OMT techniques described in this program were selected for their effectiveness and safety as well as for simplicity of supervision by SOMA preceptors who may be unfamiliar with such procedures.

“Top Ten” OMT Basic Skill

1. Osteopathic Structural Examination: standing, seated
2. Soft Tissue and Myofascial Release Techniques: cervical, thoracic, lumbar regions
3. Indirect Techniques (Balanced Ligamentous Tension): cervical, thoracic, lumbar regions
4. Diaphragm Release Techniques: thoracic inlet, respiratory diaphragm
5. Thoraco-Lumbar Junction Inhibition
6. Occipito-atlantal Release and Decompression
7. Venous Sinus Release Technique
8. Sacroiliac Release Techniques: sacral rocking, indirect to sacrum
9. Strain-Counterstrain Techniques: cervical, thoracic, lumbar, lower extremity
10. Lymphatic Pump Techniques: thoracic and pedal pumps; rib raising
Take Home Treatments
Common Complaints In Our Patients Experiencing Homelessness
Use of OMT to Treat These Complaints
Demonstration of Techniques

INSERT PRESENTATION, PHOTOS, TECHNIQUES IN FOLLOWING SLIDES
Time to Think…

Now that you have seen our presentation…

• How will you use OMT for pain patients in your practice?

References


• https://theaddictionadvisor.com/medical-schools-increase-opioid-prescription-education/

• http://www.azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-rx-guidelines


• https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf


Any Questions?