

Student's Guide

Section I: OMM Case Presentation. Prior to the next OMM session, students, interns, and residents should read the case below and be prepared to discuss the questions in Section II beginning on page 2.

Case Presentation

Chief Complaint:

A 46-year-old female presents with low back and lower abdominal pain. There is pain and pressure radiating into the right pubic symphysis and inguinal areas. She also complains of a sensation of heaviness and pressure down the anterior thighs. The pain has been present for 2 weeks but worsened today with the start of her menstrual cycle. She notes that her periods have been heavy and longer for several months. She denies any urinary frequency or burning with urination. A pap last year was normal. A recent pelvic ultrasound showed uterine fibroids.

History:

PMH: The patient has a history of osteoporosis; occasional heart palpitations; heavy periods with cramping, clotting, and pressure

PSH: Surgeries include oral surgery, knee arthroscopy, and appendectomy.

FH: Family history is positive for breast cancer in sister, mother, and maternal aunt, prostate cancer in maternal uncle, uterine cancer in paternal grandmother, and colon cancer in paternal uncle. Type II Diabetes mellitus in maternal relatives.

SOCH: She does not smoke, drink alcohol, or use illicit drugs.

Travel History: No history of foreign travel, no recent stateside travel.

Allergies: allergic rhinitis

Home Medications: She takes Boniva (Ibandronate) monthly for osteoporosis. For regulation of her menstrual cycle, she uses Ortho Novum 1:35 oral contraceptives. Other medications include vitamins and occasional Tylenol or Motrin.

Review of systems reveals-

Physical Exam:

Vital signs - Temp. 97.9 F, BP 124/74, Resp. 14, P 84 Ht 66" Wt 143#

General: Patient is alert and oriented

HEENT:

Head: Normocephalic, no lumps no bumps.

Eyes: EOMI, PERLA

Ears: Moderate cerumen right canal.

Nose: Mild redness/inflammation of mucus membrane

Throat: Mild postnasal drip, no erythema, and no cobblestone texture.

Neck: No thyromegaly, no lymphadenopathy

Heart: Heart is regular rate and rhythm without murmur.

Lungs: Lungs are clear to auscultation.

Abdomen: Abdomen is soft with mild-moderate tenderness to palpation in the suprapubic region.

Extremities: DTR's within normal limits. No edema.

Neuro: CN II-XII grossly intact. Sensory testing of extremities is negative.

Osteopathic Structural Exam:

In the standing position, the standing flexion test is positive on the right. There is paraspinal hypertonicity at T11-12 and L4-5. L5 is ERS right. The right sacral sulcus is deep with the right ILA posterior. There is right translation of the pelvis. There is a positive seated flexion test on the right. In the supine position, there are right ASIS and pubic symphysis tender points. There is an anterior Chapman's Point palpable at the junction of the pubic ramus and ischium and a posterior point between the PSIS and spinous process of L5. There is tenderness at the right greater trochanter, with restricted external rotation of the right lower extremity. There is a right iliacus tender point and increased iliopsoas tension. There is tension in the right thoracic hemi-diaphragm; right ischiorectal fossa tension is increased.

Assessment:

Be prepared to discuss this at the OMM session.

Section II: Mini-Lecture/Discussion (approximate time 20–30 minutes)

Discussion Questions	Teaching Point
1. Propose an appropriate differential diagnosis / assessment	Differential diagnoses:
2. What are the appropriate laboratory tests and their results?	
3. What is your final diagnosis?	
4. How do you explain the current structural findings in the context of this case? <ul style="list-style-type: none"> • Are any relevant structural findings missing? • What would you do differently? Why? 	

<p>3. Which 1 or 2 of the aspects below has the greatest influence on the patient complaint?</p> <ul style="list-style-type: none"> • Pain • Fluid congestion • Hyper-sympathetic influence • Parasympathetic influence 	
<p>4. What are the acute or chronic aspects?</p>	<p>Acute:</p> <p>Chronic:</p> <p>Acute & Chronic:</p>
<p>5. Devise an appropriate treatment plan based on musculoskeletal components involved in the patient complaint</p>	<p>Goals for osteopathic manipulative management-- includes:</p> <p>The treatment plan could include:</p>
<p>6. What are the dose and frequency considerations?</p>	

<p>7. What are the outpatient, inpatient, and emergency room considerations?</p>	<p>Emergency Room:</p> <p>Inpatient:</p> <p>Outpatient:</p>
<p>8. What are the indications and contraindications for the proposed osteopathic manipulative treatment?</p>	<p>Indications:</p> <p>Contraindications:</p>
<p>9. How are you going to talk to your patient about their complaint and your treatment?</p>	
<p>10. How will you communicate your findings, diagnosis, and treatment to your <i>preceptor</i>?</p>	

Section III: Workshop/Lab (approximate time 60–70 minutes)

1. Students/interns divide into groups at the tables.
2. At each table, discuss and practice the appropriate palpatory diagnosis for this patient.
2. *Facilitator demonstrates the key treatment techniques.*

Patient Self Treatments:

4. Students and interns should practice the techniques on each other.
5. At each table, while the techniques are being practiced:
 - Identify and practice good body mechanics for the physician and patient in treatment.
 - Discuss the treatment plan.
 - Discuss what palpatory findings should change on the patient after OMM treatment.
6. Documentation

Students/interns demonstrate an appropriate documentation of this case including findings and treatment here...

Section IV: Final Wrap-up and Questions/Answers