OMT Review Topics

OMT Review Topics is a benefit of SOMA membership. The OMT Review Cards were originally produced as laminated cards, and their production was sponsored by COGMET, Consortium for Osteopathic Graduate Medical Education and Training.

SOFT TISSUE TECHNIQUES:
- Sacral rocking: for diarrhea, dysmenorrhea.
- Ischial tuberosity spread: for constipation, hemorrhoids, prostatitis, proctitis, pelvic/urogenital diaphragm.
- Rib raising: lateral or supine.
- Pectoral traction.
- Lymphatic pumps, dorsiflexion and plantarflexion of feet.
- Suboccipital tension release.
- Posterior cervical soft tissue (kneading technique).
- Myofascial shoulder release via scapular lift.

The Pelvis:
Diagnosis/Screening Tests:
- Pelvic Roll: checks lumbar rotation.
- Crest Heights: checks lumbar sidebending**(higher crest=direction of sidebending)**
- Innominate Compression Test: checks innominate rotation (if one side goes down further, either that side is rotated posteriorly, or the other side is rotated anteriorly—use standing/seated flexion tests to determine laterality)
- ASIS: checks innominate rotation.
- Hip Drop Test: hip that drops less is the weight bearing leg and the side to which the lumbar spine is sidebent.
- Seated Flexion Test: thumbs on PSIS; checks SACROILIAC function (laterality of sacrum).
- Standing Flexion Test: checks ILIOSACRAL function (innominate laterality).
- FABERE Test: differentiate hip vs. SI dysfunction.
- Spring Test: Positive test=no spring=backward sacral torsion. Negative test=spring.

SACRAL TECHNIQUES:
- Seated flexion test differentiates b/t flexion/extension of sacrum (whatever side moves first=lesioned side; If side of deep sacral sulcus=flexion, if side of shallow sacral sulcus=extension).
  ** If deep sulcus/prominent ILA on SAME side=sacral flexion/extension lesion.
  ** If deep sulcus/prominent ILA on OPPOSITE sides=sacral torsion.
Flexion Lesions:
- Unilateral=prone, gap jt. by internal rotation, monitor SI motion, press on prominent ILA, deep breath and hold it.
- Bilateral: flex patient on stool (knees/feet apart) until SI motion, one hand at ILAs and the other in middle of thorax, pt. tries to sit up against resistance.

Extension Lesions:
• Unilateral=prone, gap jt. by internal rotation, monitor SI motion, press on sacral base while pt. exhales maximally.
• Bilateral: pt. on stool, extended back with feet together, one hand on sacral base and one hand on sternum, pt. tries to sit up.

Torsional Lesions: naming lesion begins with prominent ILA; then Spring test for forward vs. backward torsions.
Forward Sacral Torsion: Negative Spring test=spring is present. Patient lies with deep sulcus down!
Right on Right / Left on Left: palpate lumbosacral jtn., flex hips and knees, rotate shoulders, raise both patient’s feet to ceiling while pt. tries to bring feet down toward table.
Backward Sacral Torsion: Positive Spring test=NO spring. Patient lies with deep sulcus down!
Right on Left / Left on Right: extend bottom hip, palpate lumbosacral jtn., rotate shoulders, top leg off of table, Doctor pushes leg down while pt. tries to lift it up.

RANGE OF MOTION AND MYOFASCIAL TECHNIQUES:
• Sacroiliac Articulation Technique: pt. in lateral sims position, hand at S2, flex knee and hip, abduct thigh, hold breath while extending the leg.
• Sacral Rocking.

Innominates:
Determine laterality by standing flexion test.
Medial Flare: Muscle Energy technique=supine, support ASIS of opposite side, flex hip, abduct, externally rotate. (pt. foot on knee in figure 4 position).
Lateral Flare: ME technique=supine, put hand in sacral sulcus, flex hip, adduct, internally rotate while pt. tries to externally rotate.
Superior Innominate Shear (upslip): traction tug with 15 degrees elevation and abduction.
Inferior Innominate Shear (downslip):
Anterior Innominate Rotation:
• ME=supine, flex knee and hip, Dr. leans on knee while pt. tries to extend hip and knee, take up slack and repeat 3 times.
• HVLA=monitor lumbo-sacral jt. and rotate shoulders (to straighten spine), hang leg off table, Dr. places forearm on ischial tuberosity and applies an anterior-superiorly directed thrust.
• Traction tug=30 degree elevation
Posterior Innominate Rotation:
• ME=supine, allow hip and leg to hang off side of table, Dr. pushes down on knee while patient tries to lift knee toward ceiling. (take up slack and repeat 3 times).
• HVLA=pt. foot in popliteal fossa, monitor lumbo-sacral jt., rotate shoulders, Dr. forearm is placed on iliac crest and thrust is directed anterior-inferiorly.
• Traction Tug=foot on table, 0 degree elevation, tug.

Public Symphysis Dysfunction:
Use standing flexion test to determine laterality.
Inferior Public Symphyseal Dysfunction: ME technique=supine, flex knee, Dr. leans on knee and places fist on ischial tuberosity, pt. tries to extend hip and knee against resistance, take up slack and repeat 3 times.
Superior Public Symphyseal Dysfunction: ME technique=supine, leg hanging off table, stabilize opposite ASIS, Dr. pushes down on knee while pt. tries to lift knee up.
Isolytic Treatment: (abduction/adduction) supine with knees bent, Dr. holds knees together while pt. tries to separate, then Dr. places fist/forearm between knees while pt. tries to bring knees together.

Lumbar Spine:
Likes to primarily SIDEBEND (esp. Type I mechanics).
** Type I Curves=long restrictors; SB/Rot. to Opposite sides; neutral; groups of vertebrae w/ apex.
** Type II Curves=short restrictors; SB/Rot. to Same sides; flex/extended; segmental.

Treatments:
ME:  Type I=concavity down/high crest down; monitor apex; flex hips and knees; Dr. raises both feet to ceiling.
     Type II=EXTENSION lesions—pt. sits up; put in flexion, monitor lesion; reverse directions of SB and Rot.
     FLEXION lesions—concavity down; extend bottom leg; flex top leg, turn shoulders; Dr. raises pt. top ankle to ceiling.

HVLA: lie on side opposite of rotation/Rotated side up.
Lumbosacral Jtn: lie on side opp. of rotation of L5 (Rotated side up); monitor L5; extend bottom leg; top leg in popliteal fossa; rotate shoulders; forearm b/t crest and ischial tuberosity; stand at pt. hips; thrust anterosuperiorly.
Thoracolumbar Jtn: lie on side opp. of rotation of L1 (Rotated side up); monitor L1; extend bottom leg; top leg in popliteal fossa; rotate shoulders; forearm below iliac crest; stand at pt. chest; thrust anteroinferiorly.
Lateral Sims Technique: (for Type II curves) lie on side of rotation (Rotated side down); chest flat on table; palpate segment; flex knee and hip, abduct, exhale, extend leg.
Frog Technique: (esp. good for pregnant women) supine, soles of feet together, hold base of sacrum/L5, inhale deeply and extend legs while Dr. pulls caudad.