

OMT

EVALUATION

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Goals of the OMT evaluation

- The OMT evaluation is directed toward three goals:
 - 1) Physical diagnosis**
 - To establish a physical, or biomechanical diagnosis.
 - 2) Indications and contraindications**
 - To identify indications and contraindications to treatment.
 - 3) Measuring progress**
 - To establish a baseline for measuring progress.

Diagnosis:

“determination of the nature of a cause of a disease”.

Medical diagnosis:

“Diagnosis based on information from sources such as findings from a physical examination, interview with the patient or family or both, medical history of the patient and family, and clinical findings as reported by laboratory tests and radiologic studies”.

Clinical diagnosis:

“Diagnosis based on signs, symptoms, and laboratory findings during life”.

Differential diagnosis:

“the determination of which one of several diseases may be producing the symptoms”.


Radiological diagnosis


Physical diagnosis

“diagnosis based on information obtained by inspection, palpation, percussion, and auscultation”.

Diagnosis based on a physical examination of a patient.

- refinement of the medical diagnosis and the functional status
- ❖ The physical diagnosis is based on a model of somatic dysfunction that assumes a highly interdependent relationship between musculoskeletal symptoms and signs.

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- In the presence of somatic dysfunction, there is a correlation between the patient's musculoskeletal signs and the production, increase, or alleviation of symptoms during a relevant examination procedure.
 - Musculoskeletal conditions that respond well to treatment by manual therapy typically present with a clear relationship between signs and symptoms.

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- An OMT evaluation that shows *no correlation between signs and symptoms*
 - *usually indicates that the patient's problem originates from outside of the musculoskeletal system*
 - so that mechanical forms of treatment such as manual therapy are less likely to help.

- ❖ The manual therapist confirms the
 - initial physical diagnosis of somatic dysfunction with a low-risk **trial treatment as an additional** evaluation procedure.
 - For example, traction is the most common trial treatment for a joint hypomobility.
 - If the trial treatment does not alleviate symptoms or if symptoms are worsened, further evaluation is necessary and a different trial treatment is tested.

Common characteristics of somatic dysfunction

Symptoms (history)

- pain, weakness, stiffness, numbness, headache, dizziness, nausea, etc.

Signs (physical examination findings)

A. Soft tissue changes

- altered tissue tension, elasticity, shape, texture, color, temperature, etc.

B. Functional changes

- impaired strength, endurance, coordination
- impaired mobility:
 - joints (e.g., hypomobility or hypermobility)
 - soft tissues (e.g., contractures)
 - neural and vascular elements (e.g., entrapment syndromes, neural tension signs)

Indications and contraindications

□ Indications

□ Indications for treatment by manual therapy are based more on the physical diagnosis than on the medical diagnosis.

➤ ***Restricted joint play (hypomobility)***


➤ ***an abnormal end-feel***

are the most important criteria for deciding if mobilization is indicated.

Grade III stretch mobilization is indicated when a movement restriction (hypomobility) has an abnormal end-feel and appears related to the patient's symptoms.

- ❖ Hypomobility presenting with a normal end-feel and no symptoms ,
- ✓ is not considered pathological, so not treated.
- ❖ In such cases, the movement restriction is either due to a
 - congenital anatomical variation,
 - Or the symptoms in that area are referred from another structure.

- In patients who cannot yet tolerate examination or specific treatment with a biomechanically significant force,
- within-the slack (Grades I-II SZ), mobilizations and other palliative modalities provide short-term symptom relief.
- These symptom control treatments are primarily used as a temporary measure to prepare a patient to tolerate further specific examination or more intensive treatments (for example, a Grade III stretch movement) that will produce a more lasting effect.

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- In patients with hypomobility due to muscle spasm in the absence of tissue shortening, relaxation mobilizations in the Grade I - II range are generally effective.
 - In the presence of excessive joint play (hypermobility), stabilizing (limiting) measures are indicated and Grade III stretch mobilization is contraindicated.

Contraindications for Mobilization

- ▣ Inflammatory arthritis
- ▣ Malignancy
- ▣ Tuberculosis
- ▣ Osteoporosis
- ▣ Ligamentous rupture
- ▣ Herniated disks with nerve compression
- ▣ Bone disease
- ▣ Neurological involvement
- ▣ Bone fracture
- ▣ Congenital bone deformities
- ▣ Vascular disorders
- ▣ Joint effusion
 - May use I & II mobilizations to relieve pain

Specific contraindications to Grade III stretch mobilization

- decreased joint play with a hard, nonelastic end-feel in a hypomobile movement direction
- increased joint play with a very soft, elastic end-feel in a hypermobile movement direction
- pain
- protective muscle spasm during mobilization
- positive screening tests, for example, pain induced by compression tests

Measuring progress

Changes in a patient's condition are assessed by

monitoring changes in one or more dominant symptoms and comparing these changes with routine screening tests and the patient's dominant signs.

Symptoms in the spine may include

- pain,
- changes in sensation,
- a feeling of greater strength or ease of motion,
- or reduced fatigue.

Physical signs of spinal origin may include

- altered joint play,
- range of movement,
- reflexes,
- or changes in muscle performance.

- ❖ Periodic reassessment of the patient's chief complaints and dominant physical signs during a treatment session guides treatment progression.
- If reassessment reveals normalization of function (e.g., mobility) along with decreased symptoms, Then treatment may continue as before or progress in intensity.

- ❖ When reassessment during a treatment session indicates that function is not normalizing
- ❖ or that symptoms are not decreasing, be alert to the need for further evaluation to determine a
 - more appropriate technique,
 - positioning,
 - direction of force,
 - or treatment intensity.