

Elements of the OMT Evaluation

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Elements of the OMT evaluation

OMT evaluation

A. Screening exam: An abbreviated exam to quickly identify the region where a problem is located and focus the detailed examination.

B. Detailed exam:

1. History: Narrow diagnostic possibilities; develop early hypotheses to be confirmed by further exam; determine whether or not symptoms are musculoskeletal and treatable with OMT.

- *Present episode*
- *Past medical history*
- *Related personal history*
- *Family history*
- *Review of systems*

2. Inspection: Further focus the exam.

- *Posture*
- *Shape*
- *Skin*
- *Assistive devices*
- *ADL*

3. Tests of function: Differentiate articular from extraarticular problems; identify structures involved (see Chapter 3).

4. Palpation

- *Tissue characteristics*

- *Structures*

5. Neurologic and vascular examination

C. Medical diagnostic studies: *Diagnostic imaging, lab tests, electro-diagnostic tests, punctures*

- 4. *Palpation (Includes tissue characteristics, structures)*
- 5. *Neurologic*
- *and vascular examination*
- C. *Medical diagnostic studies (Includes diagnostic imaging, lab tests, » Diagnostic imaging (e.g., X-ray, bone scan,*
- *CT scan, MRI)*
- *» Laboratory tests (e.g., analysis of blood and other body*
- *fluids)*
- *» Electrodiagnostic tests (e.g., EMG, NCS)*
- *» arthroscopy, arthroplasty*

- ❖ For instance, before treating a patient who is unable to flex the lumbar spine,
 - you must first determine if the limitation is due to
 - pain (e.g., lumbar radiculopathy),
 - hypomobility e.g., soft tissue contracture,
 - intraarticular swelling,
 - disc herniation,
 - nerve root adhesion,
 - weakness (e.g., peripheral neuropathy, primary muscle disease),
 - or a combination of those disorders.

D.D FOR OMT

- The OMT practitioner must make three major differential diagnostic decisions when evaluating spinal somatic dysfunction:
- » Determine whether the somatic dysfunction is primarily in the segment (e.g., the "anatomical joint") or associated soft tissues, including neural structures .
- » Determine if joint hypo- or hyper-mobility is present, and whether it is pathological (i.e., associated with an abnormal end-feel.
- » Determine whether treatment should be directed toward
 - pain control
 - or biomechanical dysfunction .

Diagnosis and trial treatment

- Through the physical examination the therapist *correlates the*
 - patient's signs with their symptoms.
 - ❖ *A relationship between* musculoskeletal signs and symptoms suggests a mechanical component to a problem that should respond well to treatment by manual therapy.

- Before initiating a treatment plan, you should be confident in your answers to the following questions.
- » Is there good correlation between the history and the physical exam?
- » What is the patient's diagnosis
(i.e., source of symptoms, mechanism of symptoms, contributing factors)?
- What are the treatment priorities?
- » Do I have enough information to begin treatment
 - or should I reexamine the patient?
 - Should I refer this patient for further evaluation?

• » What is the prognosis?

- Can I help this patient?
- What treatment do I have to offer?
- » Are there precautions or contraindications to treatment?
- » What is the patient's experience and understanding of their problem?
 - What is the impact of this problem in their life?
 - What are their expectations of treatment?

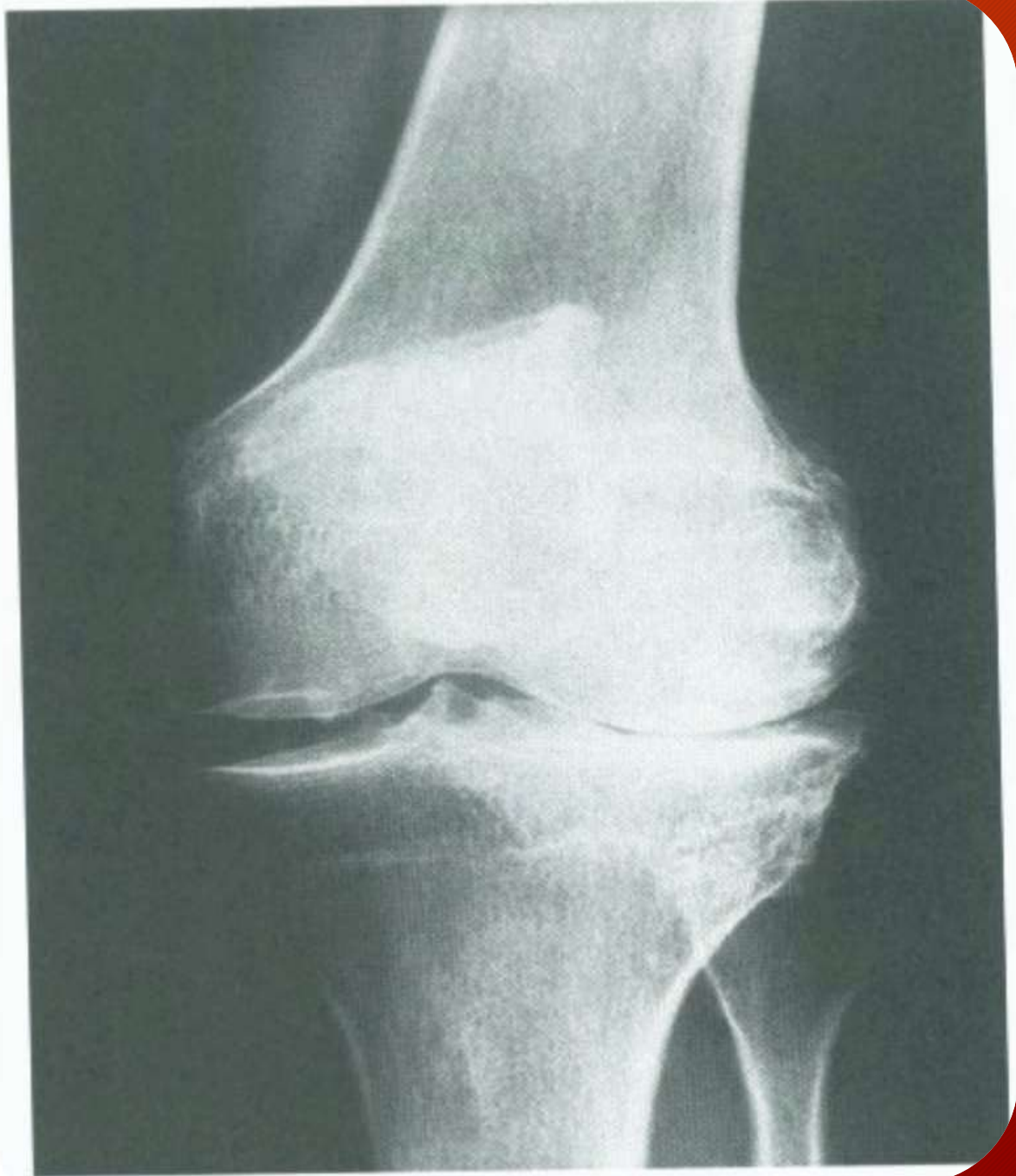




Figure 4-20. See page 67.

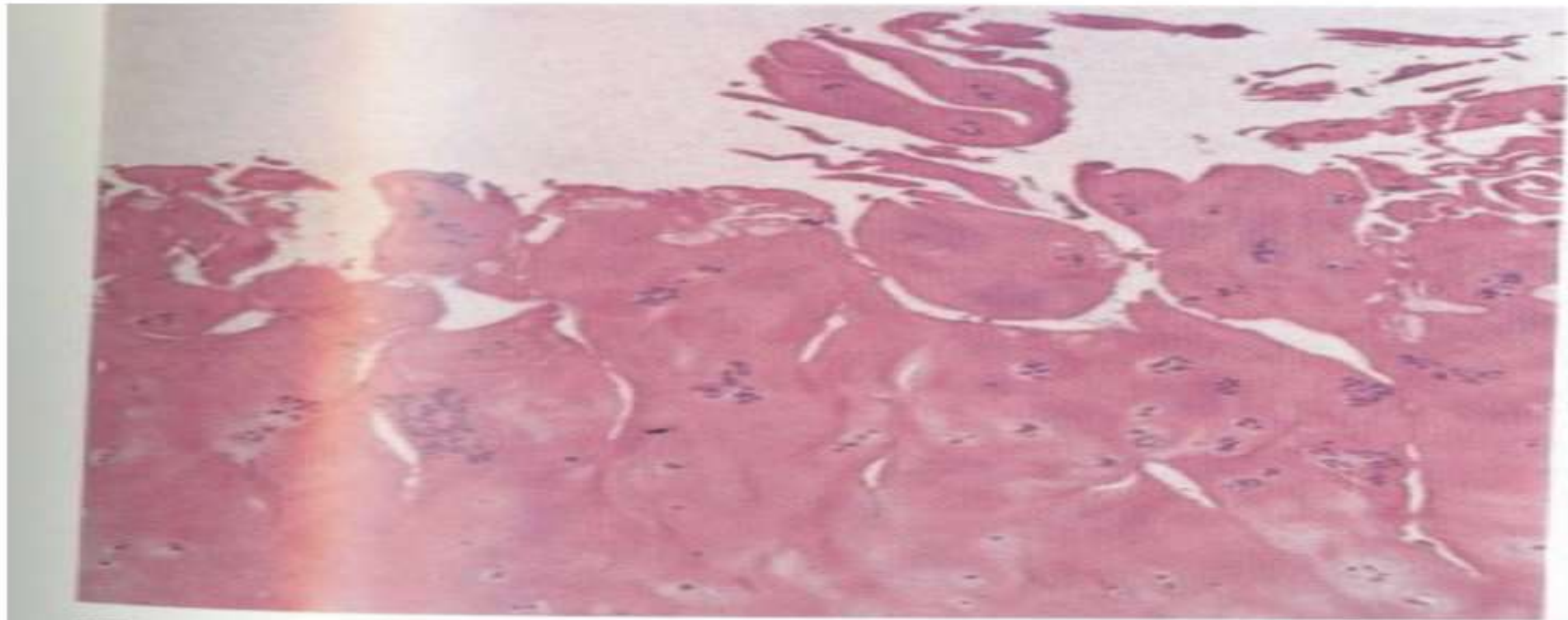


Figure 4-18. See page 66.

Normal
hand



Figure 1

Rheumatoid
arthritis

Bone
erosion

Bone
displacement



Figure 2



Ankylosing Spondylitis: X-rays



A

R



B

R





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