

Educational Topic 59: Introduction to Osteopathic Principles in Obstetrics and Gynecology

Intended Learning Outcomes:

The student will demonstrate the ability to:

- List the basic tenets of Osteopathic medicine
- Define somatic dysfunction in terms of Tenderness, Asymmetry, Restriction of motion, and, or Tissue texture changes (TART)
- Describe a structural exam of the female
- Describe the different types of Osteopathic Manipulative Treatments (OMT) commonly used in women's health care including
 - High Velocity/Low Amplitude
 - Muscle energy
 - Myofascial Release
 - Osteopathy in the Cranial field
 - Strain/counterstrain
 - Soft Tissue/Articulatory Techniques
 - Lymphatic treatment
 - Balanced ligamentous tension
 - Facilitated positional release
 - Progressive inhibition of neuromuscular structures
 - Functional technique
 - Visceral manipulation
 - Still technique
- Identify evidence supporting the use of OMT in ob-gyn

TEACHING CASE

CASE: A healthy appearing 24 year-old G1P0 female at 19 weeks gestation presents to the clinic for a prenatal visit. She complains of a sharp pain in her right hip when she attempts to stand up. She says the pain is more of a dull ache when she's sitting down or standing. The pain doesn't radiate, but she has noticed an increase in frequency of urination with dysuria. She denies vaginal itching or odor. She says her hip pain and urinary symptoms began about a week ago, and she wants to make sure she doesn't have a urinary tract infection. Otherwise she has been feeling well and has no other complaints.

Vital signs are normal. Physical examination reveals a gravid abdomen consistent with gestational age with fetal heart tones 140 beats per minute. There is no suprapubic tenderness or costovertebral angle tenderness. Structural examination revealed a positive standing flexion test on the left, level iliac crests and anterior superior iliac spines, and level pubic bones superiorly. On a more thorough evaluation of the pubic bones, an inferior shear on the left side was discovered.

A urinalysis with dipstick is negative for leukocyte esterase, and a urine sample is sent for urinalysis. Her temperature is 97.5 degrees Fahrenheit.

The physician decides to treat the patient's somatic dysfunction using muscle energy. After treatment the pubic bones are level superiorly-inferiorly. When the patient is asked to stand up she reports the sharp pain she was feeling is no longer there. The patient is told to monitor the frequency of urination and to call the clinic if she still feels burning during urination. The negative dipstick will be confirmed with the urine culture in 24-48 hours.

Competency-Based Discussions & Key Teaching Points:

Competencies addressed:

- Patient Care
- Medical Knowledge

1. What are the basic tenets of osteopathic medicine?

2. What are TART findings?

3. What common somatic dysfunctions are seen in pregnant women?

4. Which treatment modalities are commonly used during pregnancy?

5. Identify evidence supporting the use of OMT in OB-GYN

REFERENCES

Chila, Anthony. Foundations of Osteopathic Medicine, 3e, Chap. 3, 41, 64 Lippincott, Williams and Wilkins. 2011.