

## UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

---

# Educational Topic 60: Osteopathic History Taking

### Intended Learning Outcomes:

The student should be able to:

- Obtain a comprehensive women's musculoskeletal history (e.g. scoliosis, musculoskeletal traumas, biomechanical factors that may have influence on pregnancy and outcome of pregnancy)
- Assess the patient for any lifestyle risk factors that may contribute to chronic somatic dysfunction
- Obtain a thorough social history including assessment of psychosocial support

### TEACHING CASE

**CASE:** A 38 year old G3P3 presents to your office with a complaint of chronic pelvic pain. Pain began about 1 year earlier. She underwent laparoscopic assisted vaginal hysterectomy without oophorectomy three months ago for the pain, but it was unchanged after the procedure. She comes to you for further evaluation of her pain, and presumes that another surgery will be needed.

History reveals that she was involved in a motor vehicle accident about 18 months ago. She initially had significant low back and pelvic pain that improved with six months of physical therapy. Obstetrical history includes normal vaginal deliveries without complications or sequelae. The patient works as a nursing assistant in a long term care facility and frequently assists in transferring patients. She is a single mother with three teenage children. She denies smoking, alcohol or drug use. No other significant historical events were identified.

Structural examination of the patient reveals a left on left sacral torsion and tenderness of the left psoas. The standing flexion test was positive on the right. Pelvic examination revealed a normal vaginal cuff without tenderness, no adnexal masses, and tenderness in the left levator ani.

Osteopathic manipulation was performed. Muscle energy was used to correct the sacral torsion. Counterstrain was performed on the psoas, and internal vaginal counterstrain was used on the levator ani tender points. The patient's pain improved from 8 out of 10 to 2 out of 10. The patient was pain free after a series of visits for osteopathic manipulation over the subsequent two months.

### Competency-Based Discussions & Key Teaching Points:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills

1. What findings in the patient's social, medical and surgical history are important when considering somatic dysfunction in pain syndromes?
2. What components of this patient's history are possible etiologies for pelvic pain?
3. What components of the social history should be taken into consideration in chronic pain?

#### REFERENCES

Chila, Anthony. Foundations of Osteopathic Medicine, 3e, Chap. 68. Lippincott, Williams and Wilkins. 2011.

Nelson, Kenneth E. Somatic Dysfunction in Osteopathic Family Medicine, Chap. 9, Lippincott, Williams and Wilkins. 2007.