

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

Educational Topic 62: Osteopathic Diagnosis and Management Plan

Intended Learning Outcomes:

The student should be able to:

- Include somatic dysfunction as a part of the differential diagnosis when appropriate
- Incorporate OMT approaches as indicated
- Explain the indications and contraindications to osteopathic manipulative medicine (OMM) in pregnancy and women's care

TEACHING CASE

CASE: A 28 year old female G3P3 postpartum day 2 following a spontaneous vaginal delivery at 39 3/7 weeks gestation complicated by a shoulder dystocia is now complaining of low back pain, pubic pain and difficulty with ambulation. The patient has had moderate lochia, normal bladder function, and good initiation of breast feeding. Her past obstetrical history is significant for two prior vaginal deliveries. The first two deliveries were uncomplicated and the largest neonate was 7lbs, 7 oz. This pregnancy was complicated by gestational diabetes mellitus and a 9lb, 2oz neonate. The remainder of her history is unremarkable. The physical exam reveals a nontender fundus 2cm below the umbilicus.

Structural examination reveals that the pubic symphysis was tender to palpation. She had pain when lifting one leg at a time or abducting her legs. She also has pain while walking or turning over in bed. She was experiencing significant right lower quadrant pain consistent with the round ligament area. Both lower extremities had limited range of motion but no edema, and negative Homan's sign. Positive tissue tender points were noted over the sacroiliac joint and the pubic symphysis. No tissue tender points were found over either greater trochanter. The right iliac crest was more superior than the left. The right ASIS was inferior and the right PSIS superior-anterior with rotation of right innominate. The right pubic bone ramus was more superior than left. There was leg length discrepancy and the left side had positive ASIS compression with restricted range of motion, out-flaring of the right lower extremity, and distinct tenderness at the right sacroiliac joint.

Competency-Based Discussions & Key Teaching Points:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Systems-based Practice

1. What is somatic dysfunction and what is its relevance in osteopathic medicine?
2. What should you consider when doing a structural examination?
3. What are the components of an osteopathic structural examination?
4. What are the viscerosomatic and somatovisceral reflexes?
5. How does the structural examination assist in determining the differential diagnosis?
6. What techniques can be used to treat the specific structural findings that would help this patient's postpartum pelvic and pubic pain with structural limitations?
7. What are the indications and contraindications of OMT in pregnancy and women's care?

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