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

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1. What findings in the patient’s social, medical and surgical history are important when considering somatic dysfunction in pain syndromes?

- General health and nutrition
- Congenital structural abnormalities
- Falls
- Sports, recreational activities, and hobbies
- Short leg syndrome
- Scoliosis
- Fractures
- Childbirth trauma
- Lifting
- Repetitive occupational activities (i.e. typing, lifting)
- Trauma (i.e. motor vehicle accidents)
- Sedentary lifestyle
- Joint replacement
- Intimate partner violence
- Sexual trauma
- Dysmenorrhea and dyspareunia
- Surgical history

2. What components of this patient’s history are possible etiologies for pelvic pain?

- History of motor vehicle accident
- History of hysterectomy (possible adhesions)
- Heavy lifting (nursing assistant)
- Lack of social support (single mom)

**Key Teaching Point:**
Any patient history with potential to cause chronic tissue strain could be significant for later somatic dysfunction. In this patient’s case, the pelvic pain began about the time she stopped her physical therapy post motor vehicle accident. When symptoms returned, remote from the accident, underlying fascial strains were not identified as a source of her pelvic pain. Hysterectomy is often used without thorough musculoskeletal examination when no other etiology of pain is found. When pain does not resolve with simple hysterectomy, one or both ovaries may be removed with hope of resolving the pain. Gynecologists should be familiar with the identification of musculoskeletal abnormalities in relation to pelvic pain. Thorough history and structural examination can properly identify musculoskeletal origins of pelvic pain and reduce the incidence of unnecessary surgery.

3. What components of the social history should be taken into consideration in chronic pain?

- Repetitive occupational activities
- Social stressors
- Substance or drug use to control pain

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Key Teaching Point:
Any occupational duties that require significant lifting, especially bending and twisting at the same time can predispose patients to chronic pain. If the pain is localized to the pelvis, job duties may not be recognized as contributory. Also, jobs that are very sedentary may permit shortening of the psoas with subsequent spasm when standing, referred to as psoas syndrome. Regular stretching and exercise can help avert this problem.

Single mothers face special challenges. As primary bread winners with responsibilities in the work place, home and with children, anxiety and depression can contribute to pain syndromes. These responsibilities may also prevent participation in regular activities such as exercise and physical therapy to correct problems.

Patients in chronic pain may be self-medicating with alcohol, marijuana or other drugs. Make sure to include these questions in the social history.

REFERENCES


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