UNIT 8: OSTEOPATHY AND WOMEN’S HEALTH CARE

Educational Topic 61: Osteopathic Structural Exam

Intended Learning Outcomes:
The student should be able to:

- Perform an accurate osteopathic structural exam of the female patient
- Identify areas of somatic dysfunction
- Document all findings accurately in the patient chart including
  - TART findings
  - Specific somatic dysfunctions
  - Spinal curves or postural influences

TEACHING CASE

CASE: A 32 year old G2P2 presents to your office for a well woman examination. Review of systems reveals that she has been experiencing some nagging low right-sided back pain since her last delivery 9 months ago. The infant was delivered via vacuum assisted vaginal delivery. She remembers having some pain with ambulation for the first few days after the delivery. Currently the pain worsens with prolonged standing and is improved with heat, rest and ibuprofen. The remainder of the review of systems and well women examination is unremarkable.

As part of your complete exam, you perform an osteopathic structural examination. The osteopathic structural exam reveals shoulder and iliac crest heights level. No lateral spinal curves are appreciated. The right ASIS is more caudad than the left and is tender to palpation. The right PSIS is more cephalad than the left. Also noted is tenderness in the right quadratus area. No other structural abnormalities are noted.

The patient is offered osteopathic manipulation to address her low back pain and the somatic findings. The relationship between possible somatic dysfunction following delivery and her current low back pain is discussed and that osteopathic manipulation may be able to correct the abnormalities you found on examination. Her anteriorly rotated ilium is treated with muscle energy and the right quadratus tenderness is reduced.

Well women exam findings and a diagnosis of somatic dysfunction of the pelvis and the procedure code for osteopathic treatment of one region were documented in the patient’s electronic health record. The patient is advised to expect some generalized achingness for one to several days and to report if the pain recurs.

Competency-Based Discussions & Key Teaching Points:
Competencies addressed:

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills

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• Systems-based Practice

1. Describe the key elements of a structural exam:

• Assess body symmetry by examination of primary landmarks
  § A quick screen includes shoulders, iliac crests, PSIS, ASIS, knees and ankles

• Check for presence of anterior/posterior or lateral spinal curves

• For patients with pelvic and/or low back pain, regional attention to the PSIS, ASIS and pubic symphysis is important

• Somatic dysfunction is diagnosed by the presence of TART findings
  § Tenderness
  § Asymmetry
  § Restriction of normal range of motion
  § Tissue texture changes

Key Teaching Point:
The purpose of the osteopathic screening examination is to rapidly observe the most significant areas of asymmetry, and to determine if there are specific structural abnormalities contributing to somatic dysfunction.

2. What elements in this patient’s history predispose her to somatic dysfunction?

• The history of an operative vaginal delivery makes the likelihood of somatic dysfunction more common than after spontaneous vaginal delivery

• Onset of pain in the immediate postpartum period may be indicative of somatic dysfunction that occurred during labor

Key Teaching Point:
While operative delivery sometimes occurs because of maternal exhaustion or poor pushing effort, it may also occur because of a somewhat constricted pelvis or larger than normal fetus. Acynclitic or posterior presentations may also precipitate operative vaginal delivery. In these circumstances, the passage of the fetal head may cause pelvic trauma, such as stretching of the pubic symphysis. Also, full flexion of the hips may cause rotation of the ilia. The hormone relaxin allows tissues to be more pliable during pregnancy and delivery, but also make somatic dysfunction more likely to occur.

How is somatic dysfunction and treatment documented in the patient’s health record?

• The areas of somatic dysfunction should be noted in the health record under objective findings

• All areas treated should be noted.

• Diagnoses should include “somatic dysfunction of…” for each area treated

Key Teaching Point:
It is important to properly document osteopathic diagnosis and treatment.

REFERENCES
Chila, Anthony, Foundations of Osteopathic Medicine, 3e, Chap. 34. Lippincott, Williams and Wilkins. 2011.


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