

Edward Via College of Osteopathic Medicine

MED 8123/MED 8124

Clinical Integration of Osteopathic Manipulative Medicine I and II
Academic Year 2024 – 2025

COURSE SYLLABUS



Stephanie Aldret, DO

Discipline Chair, Family Medicine

Louisiana Campus

Phone: 318-342-7135

saldret@ulm.vcom.edu



David Harden, DO, FAAFP

Discipline Chair, Osteopathic Manipulative
Medicine

Virginia Campus

Phone: 540-231-7820

dgharden@vt.vcom.edu



Kevin Hayes, DO

Discipline Chair, Osteopathic Manipulative
Medicine

Auburn Campus

Phone: 334-442-4005

khayes@auburn.vcom.edu



Bethany Powers, DO

Discipline Chair, Osteopathic Manipulative
Medicine

Carolinas Campus

Phone: 864-327-9990

bpowers@carolinas.vcom.edu

Osteopathic Manipulative Medicine (OMM) is taught throughout the curriculum by faculty physicians who practice primary care and osteopathic medicine and sports medicine. The OMM curriculum is reinforced in the clinical years by providing clinical experiences with VCOM appointed clinical faculty, demonstrating the incorporation of the manipulative medicine skills of diagnosis and treatment into clinical practice.

Osteopathic manipulative medicine skills are integrated within the various clinical rotations and OMM skills are utilized in some of the clinical experiences, taught through clinically integrated case-based studies, and taught through workshops in the third year.

Students are required to maintain a log to identify the procedures performed and the number of essential patient encounters in the VLMS application. Students are also required to document all OMM workshops they have attended and log that information into the VLMS application as well. All students must review these logs with their preceptor prior to the end of the rotation period as required by the final preceptor evaluation.

	Period 2 Period 3	Workshop 1 – Family Medicine	Pass

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any workshop missed. Forms are available at: www.vcom.edu/academics/clinical-forms. The Office of Clinical Affairs requires that the medical student complete and submit this form for any OMM Workshop missed. The student must have this form signed by their preceptor and others designated on the form to obtain an excused absence and must be provided to the DSME and the Office of Clinical Affairs through the site coordinator. The form must be completed prior to the beginning of the leave. If an emergency does not allow the student to submit this prior to the absence, the "Excused Absence Clinical Rotations Approval" form must be submitted as soon as the student is physically able to complete the form. In addition to completion of the form, students must contact the Department of Clinical Affairs, the Site Coordinator, and the preceptor's office by 8:30 AM of the day they will be absent due to an illness or emergency. No excused absence will be granted after the fact, except in emergencies as verified by the Associate Dean for Clinical Affairs.

Students who have repeated requests for excused absences on OMM Workshop days are required to meet with the Associate Dean for Clinical Affairs. If a student is believed to be abusing the excused absence policy, they may be evaluated for an Honor Code violation. Students with unexcused absences for OMM Workshops will be brought before the Honor Code Council.

Students are expected to arrive on time to all OMM Workshops. If a student is late, they must notify the site coordinator and the preceptor prior to or at the time they are scheduled arrive. Students must have a reason for being late such as illness or vehicle issues and it is not anticipated that this would occur more than one occasion AND it is important the student call in prior to being late. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the Honor Code Council. Tardiness is defined as more than 5 minutes after the scheduled time the preceptor designates as the expected arrival time.

Please use this syllabus as a guide, paying particular attention to the learning objectives as an outline of what you are expected to know for each topic.

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- 3) Myofascial Release to Thoracic Inlet
 - 4) Myofascial Release to Abdominal Diaphragm
 - 5) Rib Raising
 - 6) Chapmans Reflex Points-Evaluate
 - 7) Abdominal Collateral Ganglion-Evaluate
- b. Indirect Techniques
- 1) Thoracic Counterstrain-AT7-AT12
 - 2) Myofascial Release to Thoracic Inlet
 - 3) Myofascial Release to Abdominal Diaphragm

Readings may be assigned specific to each OMM workshop at the time of the workshop.

- i Discuss how Osteopathic principles contribute to the diagnosis and treatment of arthritic conditions
- ii Briefly describe the goals of Osteopathic Manipulative Medicine (OMM) in the treatment of arthritis
- iii Distinguish between pathophysiology of rheumatoid arthritis, osteoarthritis, and gouty arthropathy
- iv Describe the clinical and diagnostic features of rheumatoid arthritis, osteoarthritis, and gouty arthropathy
- v Describe the facilitated segments model for pain and spinal cord levels involved in upper and lower extremity arthritic conditions
- vi Identify pertinent indications and contraindications for OMM in arthritic patients
- vii Identify OMM treatment approaches to the care of patients with rheumatoid arthritis, osteoarthritis, and gouty arthropathy
- viii Identify methods to incorporate holistic care in the management of a patient with arthritis
- ix Discuss the rationale for lymphatic treatments in arthritic patients
- x Discuss the rationale for cranial treatments in arthritic patients
- xi Identify methods to incorporate holistic care in the management of the geriatric patient

Readings may be assigned specific to each OMM workshop at the time of the workshop.

- i. Define constipation and its burden in the elderly.
- ii.

- xi. Demonstrate proficiency in the evaluation and appropriate direct and/or indirect osteopathic treatment for somatic dysfunctions found commonly in the geriatric patient
- xii. Osteopathic techniques reviewed in lab may include any of the following techniques
 - a. Direct Techniques
 - 1) Rib Raising
 - 2) Suboccipital release
 - 3) Spencer's technique
 - 4) Mesenteric Lift
 - 5) Colonic milking
 - 6) Abdominal pump
 - 7) Pedal pump
 - b. Indirect Techniques
 - 1) BLT small joints
 - 2) CV4
 - c. Combined Techniques
 - 1) Combined ME for the hip
 - 2) Combined MFR knee

Readings may be assigned specific to each OMM workshop at the time of the workshop.

- i. Identify the structural areas which may play a role in Vagal nerve facilitation
- ii. Identify the common rib dysfunctions found as a result of paroxysmal coughing
- iii. Describe the pulmonary effects of increased parasympathetic tone
- iv. Describe the pulmonary effects of increased acute/chronic sympathetic activation
- v. Identify the spinal segments most likely to become facilitated with lung dysfunction
- vi. Identify the anterior Chapman's points for lung dysfunction
- vii. Identify how the biomechanical, respiratory, neurological, metabolic and behavioral models describe contributions to the development of symptomatic disease and address treatment for each component.
- viii. Recognize and identify an appropriate OMT treatment plan in a patient with lower respiratory disease
- ix. Identify methods to incorporate holistic care in the management of a patient with lower respiratory disorders
- x. Demonstrate proficiency in the evaluation and appropriate direct and/or indirect osteopathic treatment for somatic dysfunctions found commonly in the patient with lower respiratory disorders
- xi. Osteopathic techniques reviewed in lab may include any of the following techniques
 - a. Direct Techniques
 - 1) LVMA Rib Raising-supine and seated
 - 2) ME Ribs -seated and supine
 - 3) Direct and indirect MFR Diaphragm
 - 4) Direct MFR-Arcuate ligaments
 - 5) Thoracic PUMP

Readings may be assigned specific to each OMM workshop at the time of the workshop.

- i. Outline the impact and effects of the autonomic nervous system on the function of the

- iii. Identify common osteopathic structural findings in pregnancy which occur to accommodate the shifting center of gravity.
- iv. Name the fascial regions/diaphragms which can restrict lymphatic flow.
- v. Identify structures/regions that may be treated with OMT in order to balance the autonomic nervous system.
- vi. From a list, identify common diagnoses/approaches to be considered in an obstetrical patient with low back pain.
- vii. Distinguish the 5 models used in osteopathic patient care for an obstetrical patient with lower extremity edema and low back pain.
- viii. Identify an Osteopathic approach to the diagnosis and treatment of an obstetrical patient with somatic dysfunction of the lumbar spine, sacrum, pelvis, and lower extremity.
- ix. Identify methods to incorporate holistic care in the management of patients receiving OB or gyn care
- x. Demonstrate proficiency in the evaluation and appropriate direct and/or indirect osteopathic treatment for somatic dysfunctions found commonly in the obstetrical patient
- xi. Osteopathic techniques reviewed in lab may include any of the following techniques
 - a. Direct Techniques
 - 1) Direct and indirect Myofascial Release horizontal diaphragms
 - 2) Ischiorectal fossa technique
 - 3) Effleurage
 - 4) Pedal Pumps
 - 5) OB Roll direct MFR and Articulatory
 - 6) Direct Myofascial Release “Frog Leg Technique”
 - 7) Lumbar soft tissue Dirgetricula/LBod (onl)-1()TjE.0016/MCID/TT1 1 Tf0 T

- iii. Identify OMM treatment approaches to the care of patients with acute and chronic asthma

Readings may be assigned specific to each OMM workshop at the time of the workshop.

- i. Identify different etiologies of ear pain.
- ii. Identify the recommended osteopathic treatments for acute otitis media
- iii. Describe the relationship between the cranial base and Eustachian tube.
- iv. Demonstrate proficiency in the evaluation and appropriate direct and/or indirect osteopathic treatment for somatic dysfunctions found commonly in the pediatric patient
- v. Osteopathic techniques reviewed in lab may include any of the following techniques
 - a. Direct techniques
 - 1)

Readings may be assigned specific to each OMM workshop at the time of the workshop.

- i. Provide the clinical definitions of tension vs migraine vs cluster headaches and describe their pathophysiology.
- ii. Provide a differential diagnosis of headaches and utilize clues in the patient's history to narrow your differential.
- iii. Identify each component of the "five model" Osteopathic approach to patient care when using osteopathic manipulative medicine in the treatment of headaches.
- iv. Identify OMM treatment approaches to the care of patients with tension headaches, sinus headaches and migraines.
- v.

- v. Identify appropriate CPT and E/M codes for Osteopathic treatment encounters.
- vi. Recall proper use of CPT modifiers as it applies to OMM billing.