Master Class Abdominal/Pelvic Pain – *(Instructor)*

January 21st 8:00 am

1. 14 year-old female with complaints of significant dysmenorrhea and low back pain which starts with menses. Takes Naprosyn 500 mg twice daily with onset of menses which helps some. Pain limits her ability to play sports. She is an avid runner and Lacrosse player. *(Look for Chapman’s reflexes for ovaries/uterus in pubic symphysis area, MFR and ME to L/S spine and sacrum)*

2. 32 year-old female 3 months post-partum c/o pressure in the groin area and some urinary incontinence with stress maneuvers. “It feels like something is hanging out”. It hurts to stand and walk as well as to exercise, there is a constant pressure sensation and occasionally rubbing. *(Chapman’s reflexes for bladder/uterus, MFR/ME to lumbar spine and sacrum, biofeedback, pelvic rehab)*

3. 22 year-old female with complaints of chronic abdominal pain, worse after eating, located diffusely, also gets nauseous after eats, no vomiting or blood in the stools, has bouts of constipation/diarrhea. Has some mild depression for which she is going to counseling. Is not taking any medications at this time. *(parasympathetic/sympathetic balancing, Chapman’s points for stomach, small and large intestine, paracolic gutters, lymphatic techniques, MFR/ME toT/L spine)*

4. 56 year-old male with chronic constipation and abdominal pain, crampy in nature, worse on left side after eats certain foods, has poor diet. Has some hemorrhoids on exam and some mild bloating. No palpable masses. *(Chapman’s points for large intestine, sympathetic/parasympathetic balancing, paracolic gutters, MFR/ME to T/L spine)*

5. 1 month old male with colicky abdominal pain, solely breast-fed, mom states that he arches his back with feeds, is very gassy, burps and spits up a lot. She has tried to modify her diet by cutting out dairy and gluten and is using simethicone gtts prn. *(OA release, parasympathetic maneuvers, lymphatic techniques, cranial)*

6. 65 year old female s/p TAH with BSO for prolapse, c/o abdominal pain and bloating since surgery, unable to pass much gas. *(Chapman’s points for small and large intestine, paracolic gutters, mesenteric release, lymphatic techniques, MFR/ME to T/L spine)*

Master Class: Cranium/Cervical *(Instructor)*

September 30th 8:00 am

1. 39 yo female presents with on-going neck pain, mostly lower cervical area, thinks she “slept on it wrong”, but can’t get it to relax, has a hard time turning her head to the left, and has to “pop” it constantly to get relief, occasionally feels some tingling in her left shoulder area. *(MFR, ME, CS, 1st ribs, BLT)*
2. 22 yo male presents with an acute neck injury, wearing a neck brace given to him by his mom, in visible pain, occurred when he was rear-ended, was restrained, is having problems moving his neck especially turning it in either direction, has been having headaches as well, has to keep his head perfectly still in order to minimize pain. *(ME, CS, 1st ribs, MFR, BLT, HVLA)*
3. 35 yo female presents with hx of frequent HAs, worse with menses, has been taking sumatriptan as needed which helps some, often has nausea and sparkles in her vision prior to HA onset, has been having this current HA for 2 days with throbbing, photophobia, and some dizziness, pain is worst around her left eye. *(cranial, OA release, PINS, MFR)*
4. 55 yo male presents with acute sinusitis with HA/facial pain and fever which has been worsening over the past 3 days with Tmax of 102 deg F, has significant pressure in the left maxillary sinus and some tooth/jaw pain, has used OTC decongestants and fluticasone without much benefit, the pressure is constant and the pain is making him nauseous. *(efflourage, venous sinus techniques, OA release, suboccipital, thoracic inlet, rib raising)*
5. 49 yo female presents with daily HAs, that have been occurring for “years”, starting in her shoulders, then moving up her neck and into the back of the head then wrapping around her head in a band-like pattern, has a high stress job, takes Tylenol and Motrin daily to help ease pain, has gotten massages in the past which have helped short-term. *(stretching/MFR, ME, counterstrain, 1st ribs, suboccipital, BLT, thoracic inlet)*
6. 45 yo male presents with pain at the base of the skull with inability to look up over his head and limited extension the neck, was working at his desk when a box fell off his shelf directly over him and hit his head while he was reading, he did not lose consciousness, but has had pain and limited mobility since then, he did not go to the ED. *(suboccipital, OA release, ME, MFR, CS)*

Extremities Master Class *(Instructor)*

May 27th, 8:00 am

1. 37 yo pregnant female at 10 weeks c/o worsening numbness and tingling in her hands. Wakes her up at night and aches during the day. *(thoracic inlet, carpal tunnel release)*

2. 16 yo female runner c/o feeling like she is running with a rock in her left shoe after she had a bad foot cramp last week after a long run. *(articulatory technique, cuboid release with HVLA)*

3. 56 yo male with worsening left shoulder pain after a fall. He has a partial tear of supraspinatus found on MRI. It hurts too much for him to move so he bought an OTC sling for comfort. *(Spencer’s techniques, MFR/ME to shoulder girdle/ribs/thoracics)*

4. 14 yo female track star twisted her ankle while throwing diskus. She was able to walk after the injury but it is very swollen and bruised laterally. She has injured that same ankle before. *(thoracic inlet, diaphragm release, popliteal release, CS, soft tissue/MFR)*

5. 20 yo female c/o right lateral knee pain. She has been training for a 10k and just started running last month to lose weight. *(CS, ME to fibular head, MFR to quads)*

6. 25 yo male presents with hip and low back pain and some numbness in his antero-lateral thigh after gaining about 50 # over the past year. He has been lifting weights and doing a lot of squats over the past couple weeks, which preceded the onset of the pain. *(inominate balancing, MFR/ME to L spine, CS, ME to iliopsoas/psoas complex)*

OB/Gyn Master Class *(Instructor)*

May 27th, 8:00 am

1. 30 yo G1P0 with pelvic pain across lower abdomen, sharp in nature, comes and goes, can last from few seconds to few minutes, also having LBP especially in sacroiliac region. *(Endometriosis, ME to L/S spine, sacrum, MFR to L spine, CS to TPs)*
2. 27 yo G3P3 s/p c-section for failure to progress with pushing due to CPD c/o LBP and b/l hip pain with paresthesias/pain in right anterior/lateral thigh and diffuse edema. *(Meralgia Paresthetica, lymphatic techniques, CS to TPs)*
3. 33 yo G1P1 6 weeks post-partum visit with c/o pain in area of epidural placement and pain with lifting car-seat, general aching, hurts more with bending/twisting/lifting. *(CS, MFR, BLT to T/L spine)*
4. 47 yo G4P4 female s/p TAH with BSO for DUB with post-op ileus and generalized edema as well as mild hypoxemia. *(ganglion release/paracolic gutters/autonomic balancing/OA release/sacral balancing/pedal pump/thoracic inlet/pelvic diaphragm release/diaphragm release)*
5. 35 yo G0P0 s/p laparoscopy for endometriosis with diffuse pelvic and lower abdominal pain and constipation seen in office 1 week after procedure. *(see above #4)*

OMM Workshop 4/25/2013

GI Cases:

1. 72 yo female with a post-op ileus POD #2 s/p exploratory laparotomy with hemi-colectomy and colostomy for perforated diverticulum/sepsis
2. 12 yo male with acute onset RLQ pain with fever and N/V and TTP along tip of 12 rib on the right side
3. 32 yo female Type A personality with c/o sharp epigastric pain, nausea, decreased appetite, pain with eating and mid-low thoracic back pain
4. 82 yo female with sudden onset of severe periumbilical/lower abdominal pain and hx of CABG/CAD, with no peritoneal signs on exam but who is severe 10/10 pain
5. 23 yo female with vague diffuse abdominal pain that comes and goes and is associated with nausea and decreased appetite with sensitivity to certain foods and alternating bouts of diarrhea and constipation

Master Class Pregnancy *(Instructor)*

April 9th 4:00 pm

1. 25 yo G2P1 at 39 weeks presents to the office comes in complaining of low back and hip pain, feels like “things are going to fall out”, has a lot of pelvic pressure and contractions on and off. *(sacral balancing, L/S MFR)*
2. 32 yo G3P2 at 40 weeks is dilated to 5cm but has stalled for the past couple hours and has been told that her infant is “sunny side up”. *(CV4, L/S MFR, sacral balancing)*
3. 16 yo G1P0 presents to OB triage at 16 weeks with c/o pain in the groin area that wraps around to her side and back. She says it hurts to walk and is sharp and pulling in nature. *(pubic release, ischial tuberosity spread, ME to inominates as needed)*
4. 40 yo G4P3 30 weeks presents to the office c/o low back pain worse with getting up from seated position and standing straight, feels pulling and popping on the pubic area and pain wrapping down her leg to her knee. She has been “adjusted” before by her chiropractor which helped some and wonders if you can do something for her. *(pubic release, piriformis stretch, CS)*
5. 33 yo G1P0 at 20 weeks presents to the office with complaints of GERD and constipation which has been worsening over the past few weeks. She also feels early satiety and can’t eat much at any one time and is very uncomfortable once she is done eating. *(paracolic gutters, ganglion release, sympathetic-parasympothetic balancing)*
6. 28 yo G2P0 at 36 weeks with a hx of asthma comes in complaining of worsening shortness of breath over the past few days. She is taking her inhalers as prescribed and has a harsh cough and is wheezing. No fever or productive sputum. *(diaphragm release/doming, rib raising, directed rib tx as needed, ME/MFR to thoracic region)*

Master Class Ribs/Thoracics *(Instructor)*

Sept 25th 8:00 am

1. 65 yo female, smoker, presents with worsening cough with increase in phlegm production, wheezing, short of breath, has cut back on smoking, no fevers, sides hurt from coughing so much. On Spiriva and Albuterol. *(exhalation restriction)*

2. 25 yo female with worsening right-sided chest pain with cough and SOB, hunched over during exam, +egophany and dullness to percussion over RLL. *(pneumonia – lymphatics/thoracic SD, diaphragm)*

3. 8 yo male with asthma, increase in cough, wheezing, some low grade temps, c/o soreness in right upper back under shoulder blade, hurts to breath. *(key rib, inhalation/exhalation restriction, floating rib)*

4. 48 yo male with harsh cough, started 3 weeks ago, had URI sx but cough not resolving, keeps him up at night, some OTC meds help, no real chest pain currently, but having some neck pain and headaches with cough. *(first ribs/suboccipital release/thoracics/diaphragm release)*

5. 36 yo female with c/o sharp CP radiating along ribs to back, started after carrying heavy boxes while moving, no real SOB but hurts with certain movements of rib cage, worst spots are along sternal margins, had prior b/l mastectomy for hx of breast cancer. *(costochondritis/counterstrain/thoracic MFR)*

Viscero-somatic Reflexes Master Class 2016 *(Instructor)*

Date 4/6/16 4 pm

|  |  |  |
| --- | --- | --- |
| Organ | Anterior | Posterior |
| Gall Bladder PancreasLiver | Rt medial 5th ICSRt medial 7th ICSRt 5th-6th ICS | Rt T6 transverse processRt T7 transverse processRt T5-T6 transverse process |
| KidneyBladder | 1” sup/1” lat to umbilicusPeriumbilical region | T12-L1 |
| Adrenals | 2” sup/1” lat to umbilicus | T12-L1 between spinous/transv process |
| Heart | Lt 2nd ICS | Medial to transverse process T2-T3 on Lt |
| Lungs | Lateral to sternum 3rd-4th ribs | Lateral to spinous process T3-T4 |
| Prostate | Lateral IT band |  |
| Small intestineAppendixLarge intestineStomach | Medial ICS R 8-10Tip of 12th rib RtAnterior IT bandsMedial Lt 5th ICS | Transverse process T8-10Transverse process T11 RtTransverse process L2-L4Transverse process T5 Lt |
| OvaryUterus | Pubic tubercle, lateral to symphysisInferior/lateral to symphysis along ischial ramus | Lateral to spinous process T10Tip of transverse process L5-S1 |

\*These are NOT to be confused with sympathetic innervation levels of the viscera/body regions

|  |  |
| --- | --- |
| Organ/Body Area | Sympathetic Innervation Levels |
| Head | T1-T4 |
| Heart | T1-T5 |
| Respiratory System | T2-T7 |
| Esophagus | T2-T8 |
| Upper GI Tract (Stomach, Liver, Gallbladder, Spleen, Pancreas, Proximal Duodenum) | T5-T9 (Greater Splanchnic Nerve, Celiac Ganglion) |
| Middle GI Tract (Distal Duodenum, Jejunum, Ilium, Ascending Colon, Proximal 2/3 of Transverse Colon) | T10-T11 (Lesser Splanchnic Nerve, Superior Mesenteric Ganglion) |
| Lower GI Tract (Distal 1/3 of Transverse Colon, Descending & Sigmoid Colon, Rectum) | T12-L2 (Least Splanchnic Nerve, Inferior Mesenteric Ganglion)Same as Prostate |
| Appendix | T12 |
| Kidneys | T10-T11 (Superior Mesenteric Ganglion) |
| Adrenal Medulla | T10 |
| Upper Ureters | T10-T11 |
| Lower Ureters | T12-L1 |
| Bladder | T11-L2 |
| Gonads | T10-T11 |
| Uterus/Cervix | T10-L2 |
| Erectile tissue of penis/clitoris | T11-L2 |
| Prostate | T12-L2 |
| Arms | T2-T8 |
| Legs | T11-L2 |

**Chapman’s Reflexes**: Chapman’s reflexes area a system of reflex points originated by Frank Chapman, D.O. These reflexes are predictable tissue texture abnormalities assumed to be a reflection of visceral dysfunction or pathology. They are considered “ganglioform contractions”. They are smooth, firm, discretely palpable nodules, approximately 2-3 mm in diameter located within the deep fascia or on the periosteum of a bone. When palpating with gentle pressure one will elicit a sharp, non-radiating, exquisite tenderness. They are used more for diagnosis than treatment. They are thought to represent viscero-somatic reflexes. Palpating for a Chapman’s reflex point can often provide the physician with clinical evidence of the presence or absence of visceral disease.

**Travell’s Trigger Points**: A trigger point is a hypersensitive focus, usually within a taut band of skeletal muscle or in the muscle fascia. It is painful upon compression and can give rise to a characteristic referred pain, tenderness, and autonomic phenomena. (ex. Trigger point 2-3 ICS mid clavicular line can trigger cardiac arrhythmia.)

**Jone’s Tenderpoints**: Tenderpoints are small, hypersensitive points in the myofascial tissues of the body used as diagnostic criteria, and as a treatment monitor for counterstrain. They are similar to trigger points in that they are taut myofascial bands that are painful upon compression. However, tenderpoints do not refer pain beyond the location compressed.

*Definitions are from “A Comprehensive Review in Osteopathic Medicine”, by Robert G. Savarese, D.O. 2nd edition.*

**Master Class Cases:** (Part of the focus of this session is to realize you can use palpatory skills to aid in the diagnosis of visceral disease and that attaining these types of skills is not solely limited to the use of OMT. A second reason for this session is that patients will not feel Chapman’s reflexes. You have to look for them and know what to look/feel for.)

1. (Liver/Pancreas – Acute Pancreatitis with Hepatitis) 47 yo male presents with mid abdominal pain that has been worsening over the past week with nausea and vomiting, radiating to the back. He cannot keep anything down including water and this morning his right side began to ache. On exam he appears jaundiced and in moderate distress due to the pain. He admits to drinking a “fifth” of bourbon before all this started a week ago.

2. (Bladder/Kidney – UTI/Pyelonephritis) 35 yo sexually active female presents with 5 day history of malodorous urine, dysuria/pyuria, and pain in her right flank area that started this morning. She has been feeling chilled/sweaty on/off since this morning but has not checked her temperature. She is nauseous and has not eaten anything since yesterday but is drinking some fluids. She was taking OTC cranberry pills which she thought was helping. This is why she did not come in sooner. Her last UTI was over a year ago. She has never felt this bad before.

3. (Lung – Pneumonia/Pleurisy) 99 yo male with hx of COPD presents with worsening cough and thick productive sputum. He has a 20 pack year history but quit when he was in his 50s. He has been using OTC cough meds which have helped minimally. His chest and sides hurt from coughing so much. He has gotten his pneumovax but not prevnar. He lives in a home with his grand-daughter and small children who attend daycare.

4. (Heart – MI) 65 yo male presents to the emergency room with mild left sided chest pain that started yesterday while he was at the gym. He walked the track then went into the hot tub and experienced CP and dizziness. It resolved in about 10 minutes so he went home. Since then it has recurred several times with exertion but resolved within 5-10 minutes of resting. He is not in distress and has no SOB. He is a former smoker and has a brother that died at the age of 50 from a CVA. He takes a baby aspirin per day recommended by his PCP. He had a treadmill stress test 2 years ago which was normal.

5. (Ovary - Torsion) 21 year old sexually active female presents with severe right sided groin pain since before going to bed (about 12 hours). She could not sleep and could not find a comfortable position. She tried Tylenol and Motrin for the pain but nothing has helped. She was feeling fine yesterday morning and is very athletic. The pain began after she ran 10 miles, which she typically does several times per week. She has never had this severe type of pain before. She has no fevers or chills and no prior history of “female issues”.

6. (Small/Large Intestine – Crohn’s/UC) 16 yo male presents to his PCP for complaints of worsening abdominal pain that has come and gone before but is now more constant. It is mostly in the lower abdomen on both sides. He has occasionally seen blood in his stool mixed with mucous. He has no appetite and has lost 15 pounds over the past year. There is a strong family history for “colon problems” but he doesn’t know what they are. His dad had a large part of his “colon” removed when he was in his 30s. His parents are divorced so he doesn’t know much but his dad takes a lot of medicine every day and sees his doctors a lot.