

Osteopathic Approach for Palliative and Hospice Care

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Objectives

- Describe the history of osteopathic medicine.
- Describe the benefits of an osteopathic approach in hospice and palliative care.
- Discuss and show how osteopathic techniques can improve quality of life for patients at the end of life.

“I can offer you nothing more”

- This saying is a dreaded thought from the past and continues today
- Hospice and palliative medicine offers quality of life until death and even further with families and friends.
- Osteopathic philosophy focuses on “Mind, Body and Spirit” medicine.
- One is not without the other.

Palliative Care and Osteopathic Philosophy

- Palliative Care represents the foundation of good medical care by treating the whole person. We focus on the patient's family, culture, spiritual, social, & psychological aspects in providing excellent care.
- Emphasis in Palliative Care is clarifying goals of care and understanding the patient's definition of quality and meaning of his/her life.

Human Touch

- An argument can always be made that the laying on of hands in a professional medical manner will always make an impact.
- A trained Osteopathic Physician can utilize his/her hands and training to provide additional quality of life when most others can “offer nothing more.”
- How are Osteopathic Physicians different?

Andrew Taylor Still, 1828-1917



Osteopathic Medicine History

- Still, Andrew Taylor 1828 – 1917
 - MD, DO
 - “Father of Osteopathy”
 - Father was a physician in the Civil War.
 - Attended a short course in medicine at the New College of Physicians & Surgeons in 1870.
 - Served 5 years in the Kansas Legislature.

The Separation of Supply and Demand

- Dr. Still would explain his philosophy in parables about pioneers and supply wagons caught on two sides of a mountainous impasse.
- Does the body not act in a similar manner?
- What happens when you tie a tourniquet around a healthy arm?

Anatomy and Physiology

- Dr. Still was a firm believer that a sound Physician would know his Anatomy and Physiology and that the imbalance between structure and function were the root of disease and pathology.
 - T - Tenderness
 - A - Asymmetry
 - R - Restricted range of motion
 - T - Tissue texture change

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- Didactics Online Video Clip
 - Neurophysiology of Somatic Dysfunctions

Dr. Still's Discovery

- Long before Osteopathic Medicine was developed, our founder A. T. Still, was using manipulative medicine to ease his headaches.
- As a boy of about ten years of experience A. T. Still would lie on a string tied to two trees in a position that would allow his head to rest at the base of his skull.
- He found his headaches were easily treated and used this idea later to influence OA Decompression.

OA Decompression



Common Issues in Palliative Medicine

- Pain
 - Pain can be predictable with certain pathology but dealing with it can be a challenge
- Dyspnea
 - Shortness of breath occurs as the body shuts down due to ineffective expulsion of respiratory secretions and regulations between the cardiovascular system
- Edema
 - Fluid buildup can be painful and troubling for the patient and treatment team
- Agitation
 - Pathology is generally manifested as increased sympathetic tone

Treatments Available for Pain

- High velocity thrusting?
- Indirect techniques are generally well tolerated.
- Facilitated Positional Release (FPR)
- Counterstrain – Wrap around a tenderpoint in a passive manner and hold for 90 to 120 seconds.
- Muscle Energy Technique (MET) – Use the patient's force to move joints with minimal effort.

Counterstrain and Muscle Energy



Dyspnea

- Why is the patient having issues breathing?
- COPD
 - Doming the diaphragm can allow the patient to regain some of their lost lung capacity
- Accessory muscles used
 - Intercostals
 - Anterior Cervical Musculature/Fascia
 - Chest and Shoulders
 - FPR and Counterstrain can be used anywhere
- Pain
 - T1-6 correspond to facilitated segments for the lungs.
 - C3-5 correspond to the Phrenic Nerve and the Diaphragm

Doming the Diaphragm

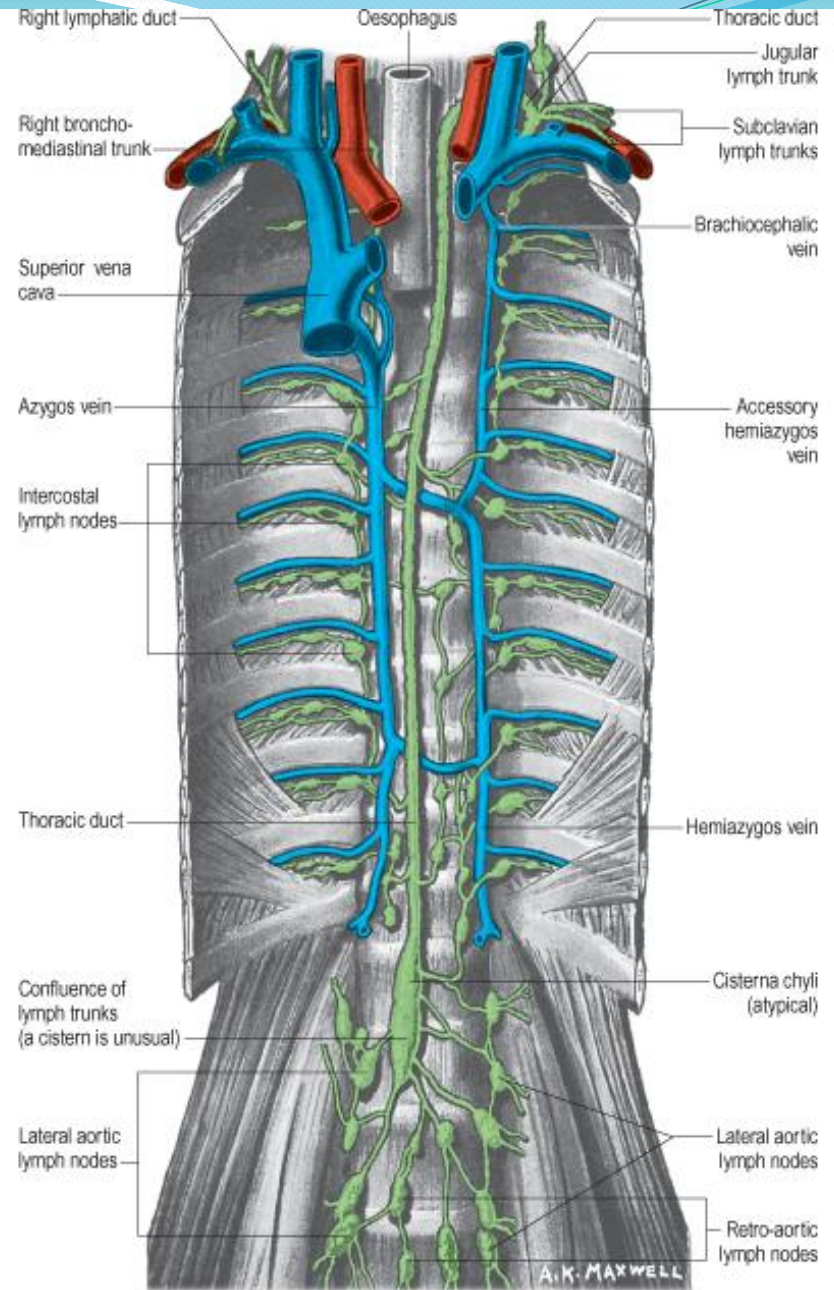


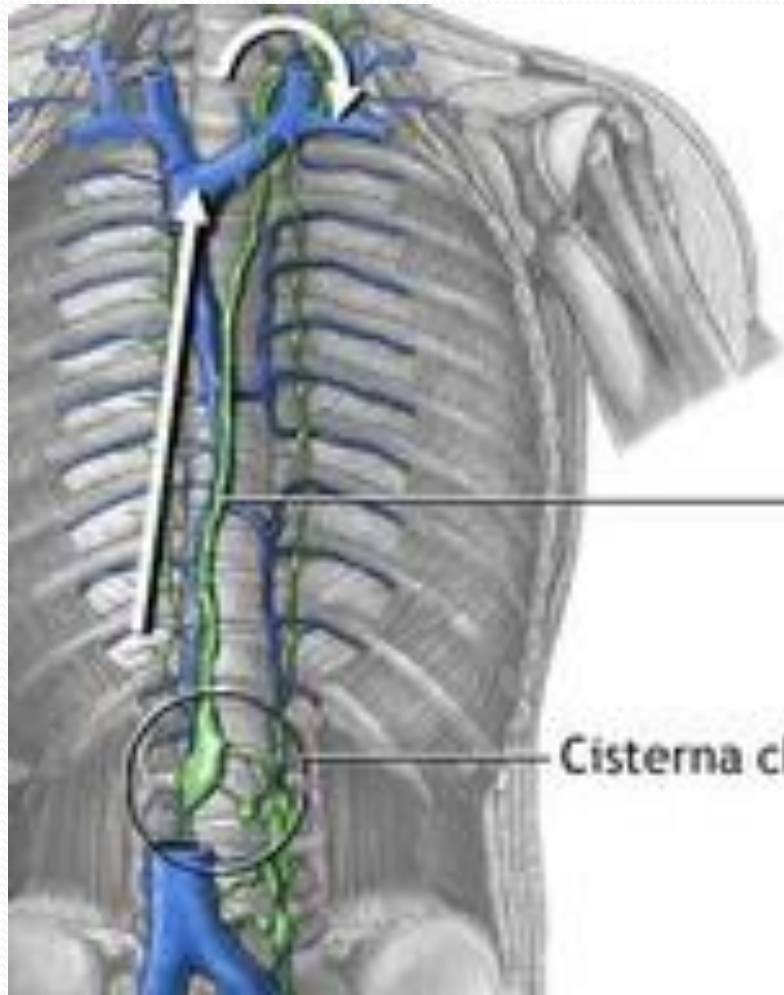
Edema

- OMT can be quite palliative and beneficial
- Cancer can block drainage of body regions, cause obstructions, etc.
- Scar tissue from aggressive treatment can do the same
- Heart Failure

Lymphatics

- When treating lymphatics, always start with the Thoracic Inlets and think logically about your progression.

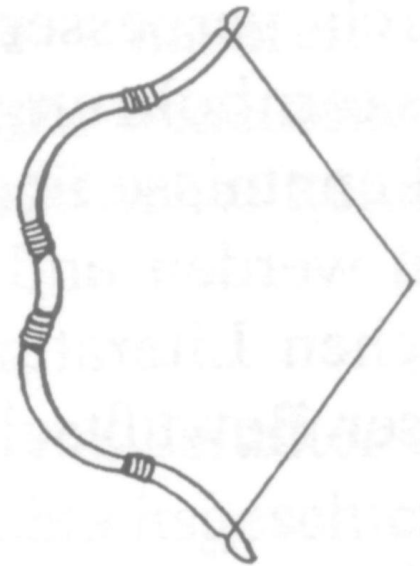
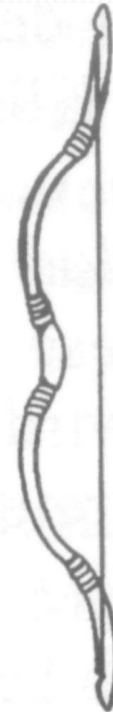




Thoracic duct



Cisterna chyli



Agitation

- OMT can affect the Autonomic Nervous System
- Sympathetics
 - Rib Raising T1-L2 for no more than 60 seconds increases sympathetic tone
 - >90 seconds decreases sympathetic tone
 - Paraspinal Inhibition can be done in addition (>90 seconds)
 - Rib Raising is also good for lymphatic drainage
- Parasympathetics
 - OA Decompression normalizes Vagal tone
 - Sacral Rocking increases parasympathetics
 - Sacral Inhibition decreases parasympathetic tone

Sympathetic Modulation



Parasympathetic Modulation



Calming down the nervous system



Emotions

- Any extra touch or effort will go a long way with the patient and their family
- Just remembering the mind body spirit philosophy will point you to the right direction
- Sometimes touching the soul by just listening can mean a world of difference

Conclusion

- Quality of life is the goal
- Anatomy and Physiology are the cornerstones of OMT
- It's not as important to memorize particular techniques as it is to apply basic concepts and appreciate what the patient's body is telling you.
- But.....if you need more help with particulars to get started visit the videos section of www.didacticsonline.com

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