An (overly simplistic) Introduction to OMT

Marcy Lake, DO
Sonia Sosa, MD
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Pennington Lectures
September 22, 2017
Objectives

• Provide an overview of the history and principles of osteopathic medicine
• Identify the elements of diagnosing an osteopathic lesion
• Understand the difference between direct and indirect techniques
• Review the principles of 4 osteopathic techniques (soft tissue mobilization, muscle energy, counterstrain, and myofascial release) and identify areas of their use
• Identify the basics of OMT billing and coding
Historical Context

• Founded by A.T. Still in the 1800’s
  – First formal school in 1892
• 1910: Flexner Report
  – 6 schools remained open
• 1953: President of the AMA—MD = DO
• 1965: DO’s can provide care to patients with Medicare and Medicaid
• 1970: All states provided DO’s unlimited licenses
• 1969-1981: Expansion of 10 schools
• 1990’s: Expansion of 4 schools
• 2000-2015: Further expansion of 11 schools
Tenets of Osteopathic Medicine

• The body is a unit; the person is a unit of body, mind, and spirit.
• The body is capable of self-regulation, self-healing and health maintenance.
• Structure and function are reciprocally interrelated.
• Rational treatment is based on the understanding of the basic principles of the body unity, self regulation, and the interrelationship of structure and function.
Diagnosing somatic dysfunction

• Diagnosed by palpation
• Defined as impaired or altered function of related components of the body including:
  – skeletal structures,
  – arthrodial components, and
  – myofascial layers.
Diagnosing somatic dysfunction

• **Tissue texture change**
  – edema, fibrosis, atrophy, rigidity, or hypertonicity

• **Asymmetry**
  – bones, muscles, or joints

• **Restriction of motion**
  – physiologic/anatomic vs pathological/restrictive

• **Tenderness**
Barriers

Neutral

Active range

Tension increases as passive motion progresses from neutral thru the Physiologic Barriers to the Anatomic Barriers

Balanced Ligamentous Tension
Barriers

- Tension
- Active range
- Restrictive barrier
- Balanced ligamentous tension
- Minor motion loss
- Physiologic barrier
- Passive range
<table>
<thead>
<tr>
<th>Direct Techniques</th>
<th>Indirect Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft tissue mobilization</td>
<td>Strain-Counterstrain</td>
</tr>
<tr>
<td>HVLA</td>
<td>Facilitated Positional Release</td>
</tr>
<tr>
<td>Muscle Energy</td>
<td>Balanced Ligamentous Tension</td>
</tr>
<tr>
<td>Articulatory/Stil Technique</td>
<td>Myofacial Release</td>
</tr>
<tr>
<td>Myofacial Release</td>
<td>Osteopathy in the Cranial Field</td>
</tr>
<tr>
<td>Osteopathy in the Cranial Field</td>
<td></td>
</tr>
</tbody>
</table>

Towards the barrier, or not?
OMT Techniques:

Soft Tissue Mobilization

- Direct Technique
- Involves lateral/linear stretching, deep pressure, traction and/or separation of muscle origin and insertion while monitoring tissue response and muscle changes by palpation
- Can be done anywhere—mostly used along the paraspinal muscles in the lumbar, thoracic, and cervical region
OMT Techniques:

Soft Tissue Mobilization
Let’s practice soft tissue mobilization...
OMT Techniques:

Muscle Energy

- Direct Technique
- Patient’s muscles are actively used on request from a precisely controlled position, in a specific direction and against a provider counterforce
- Can be used anywhere
Let’s practice muscle energy...
OMT Techniques:

Strain-Counterstrain

• Indirect Technique
• Uses passive body positioning of spasmed muscles and dysfunctional joints so as to shorten the muscle allowing it to relax
• Can be used anywhere
OMT Techniques:
Strain-Counterstrain
Let’s practice counterstrain...
OMT Techniques:

Myofascial Release

• Direct or Indirect Technique
• Soft tissue therapy
• Requires continual palpatory feedback to achieve release of the myofascial tissue by relaxing the contracted muscle and stimulating the stretch reflex of muscles and overlying fascia
• Can be used anywhere
OMT Techniques:

Myofascial Release
Let’s practice myofascial release...
## Basics of billing

<table>
<thead>
<tr>
<th>ICD-9-CM Code</th>
<th>Region of Somatic Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>739.0</td>
<td>Head (includes occipitoatlantal joint)</td>
</tr>
<tr>
<td>739.1</td>
<td>Cervical</td>
</tr>
<tr>
<td>739.2</td>
<td>Thoracic</td>
</tr>
<tr>
<td>739.3</td>
<td>Lumbar</td>
</tr>
<tr>
<td>739.4</td>
<td>Sacral/sacroiliac</td>
</tr>
<tr>
<td>739.5</td>
<td>Hip/pelvic</td>
</tr>
<tr>
<td>739.6</td>
<td>Lower extremity</td>
</tr>
<tr>
<td>739.7</td>
<td>Upper extremity</td>
</tr>
<tr>
<td>739.8</td>
<td>Rib</td>
</tr>
<tr>
<td>739.9</td>
<td>Abdomen</td>
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</table>
# Basics of Billing

<table>
<thead>
<tr>
<th>CPT 2009 Codes</th>
<th>Body Regions Treated With OMT, No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>98925</td>
<td>1 or 2</td>
</tr>
<tr>
<td>98926</td>
<td>3 or 4</td>
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<tr>
<td>98927</td>
<td>5 or 6</td>
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<tr>
<td>98928</td>
<td>7 or 8</td>
</tr>
<tr>
<td>98929</td>
<td>9 or 10</td>
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</tbody>
</table>
References

Savarese, Robert G.; Copabianco, John D.; Cox, James J.  

Stark JE. “An historical perspective on principles of osteopathy.”  

Snider KT, Jorgenson DJ. “Billing and coding for osteopathic manipulative treatment.”  

www.aacom.org/become-a-doctor/about-om/history
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