OMT Boot Camp

OMT Test Format and Test Taking Skills (Written and Practical)

Thomas E. Sabalake, DO
**DISCLOSURE OF FINANCIAL RELATIONSHIPS WITHIN 12 MONTHS OF DATE OF THIS FORM**

A. Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services.

B. I have, or an immediate family member has, a financial relationship or interest with a proprietary entity producing health care goods or services. Please check the relationship(s) that applies.

- Research Grants
- Speakers' Bureau*
- Ownership
- Consultant for Fee
- Stock/Bond Holdings (excluding mutual funds)
- Employment
- Partnership
- Others, please list:

Please indicate the name(s) of the organization(s) with which you have a financial relationship or interest, and the specific clinical area(s) that correspond to the relationship(s). If more than four relationships, please list on separate piece of paper:

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<th>Organization with Which Relationship Exists</th>
<th>Clinical Area Involved</th>
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*If you checked "Speakers' Bureau" in Item B, please continue:
- Did you participate in company-provided speaker training related to your proposed topic?  
- Did you travel to participate in this training?  
- Did the company provide you with slides of the presentation in which you were trained as a speaker?  
- Did the company pay the travel/fodging/other expenses?  
- Did you receive an honorarium or consulting fee for participating in this training?  
- Have you received any other type of compensation from the company? Please specify.  
- When serving as faculty for ACOFP, will you use slides provided by a proprietary entity for your presentation and/or lecture handout materials?  
- Will your topic involve information or data obtained from commercial speaker training?  

**DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS**

A. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

B. The content of my material(s)/presentation in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated below.

I have read the ACOFP policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts will require the ACOFP to identify a replacement.

Signature: [Signature]  
Date: [Date, February 2, 2017]

Please email this form to binam@acoef.org as soon as possible  
Deadline: Thursday, February 2, 2017
ACOFP OMT BOOT CAMP
2017

OMT TEST FORMAT AND TEST TAKING SKILLS

THOMAS SABALASKE DO
ACOFP OMT Practical Exam?

PURPOSE

- To enlighten you on the basic format of the OMT practical portion of the boards
- To discuss the three different sections you will be tested on
- To briefly review some of the popular types of treatment options
- To decrease practical exam anxiety
**Dress Code**

- **Women** – slacks preferred (dresses and skirts to at least below knee), easy to remove shoes (no high heels, sandals or flip flops)

- **Men** – long dress pants that can be easily lifted up above knee, polo or button down short sleeve shirt

- You and your clothes should be clean and not smell too good or bad (no perfume/cologne)

*Yes these are real rules – you can google them*
FORMAT

1. Breathe
2. Registration Area (with partner) – waiver
3. Given three cases – you have 15 minutes of silence to review all of your cases and choose one best answer for a diagnosis (If you choose to write notes on this paper, be aware it will be taken from you during the exam!!)
4. You and your partner will then be directed towards your first of three separate exam sections

SECTIONs

- **Spine** – to include cervical, thoracic and lumbar spine, in addition to pelvis
- **Extremities** – dysfunctions throughout the arms and legs (E.g. carpal tunnel, frozen shoulder, epicondylitis, ankle sprain, plantar fasciitis)
- **Systemic Diseases** – disease states that are treatable with OMT (E.g. sinusitis, pneumonia, irritable bowel, dysmenorrhea)
**AT EACH STATION**

- Examiner takes your paper and informs you if your diagnosis is correct and if not, they give you the correct diagnosis.
- You then have four minutes to discuss and DEMONSTRATE how you would treat the dysfunctions related to the diagnosis using at least two different types of techniques.
- You will also be required to discuss the pertinent landmarks in the area being treated.
- **DO NOT THRUST OR PERFORM ANY ACTIVE TREATMENTS!!** Just demonstrate and discuss how you would do it.

**SCORING PART 1**

- Each case will have a maximum of 8 points.
- You need 5 out of 8 points to pass.
- Graded sections:
  1. Diagnosis (Correct is 2 points)
  2. Identification of Landmarks (0-2 points)
  3. Implementation and demonstration of appropriate techniques (0-2 points)
  4. Ability to discuss each technique (0-2 points)

Professionalism is a part of the grade also (dress, behavior etc.)
SCORING PART 2

- To pass the practical examination, you need to pass (more than 5/8 points) on at least two of the stations (really 41% of possible points)

- If you do not pass two of the three stations, you will be assigned a make-up time either later that day or the next day. At that make-up time, you will redo all three stations.

- If you fail the second examination you have to wait until a future ACOFP exam date to reschedule.

COMMON TREATMENT TECHNIQUE OPTIONS

- **Myofascial Release** - Soft tissues are engaged with a constant force towards or away from the barrier (direct or indirect) until a release is felt.

- **Muscle Energy** - Physician directs the body part into the barrier and maintains the body part in this position. Patient is asked to move the body part in the opposite direction than it was placed for 3-5 seconds, then the doctor advances the motion through the barrier. (post isometric relaxation)
COMMON TREATMENT TECHNIQUE OPTIONS

- **Counterstrain** - A tender point is engaged and the body part is “folded” or wrapped around the tender point to reduce the discomfort/pain by 70% or more OR the maximum point of comfort. Hold the body part in this position for 90-120 seconds – depends on body part, then slowly returned to its normal position.

- **High Velocity Low Amplitude** – Physician engages the restrictive barrier of the body part and applies a high velocity low amplitude force (thrust) to the body part in the direction of the pathologic barrier.

COMMON TREATMENT TECHNIQUE OPTIONS

- **Lymphatics** –
  - First release all involved diaphragms (plantar fascia, popliteal fossa, pelvic diaphragm, abdominal diaphragm, thoracic inlet, tentorium cerebelli)
  - Then use one of the available pumps (Miller, pedal, pectoral traction)
  - Effleurage – gentle sweeping of tissue to enhance lymphatic drainage
SPINE CASE 1

A 54 year old woman is watching the world news on TV. She is shaking her head no so vigorously as to the state of affairs that she feels a pain in her neck, with radicular pain down her right arm in a C6 distribution down to her fingers.

Most Probable diagnosis:
1. Ulnar tunnel
2. Cervical radiculopathy
3. Shoulder tendonitis
4. Radial head dysfunction

SPINE CASE 1 DISCUSSION

2. Cervical Radiculopathy

Landmarks – cervical pillars, paraspinal muscles, 1st rib, etc.

Possible Treatments
- Myofascial release – to cervical soft tissues
- Muscle energy – to cervical articulations
- HVLA – to cervical articulations
- Counterstrain – for cervical tenderpoints
- FPR/LAS along with many other techniques
EXTREMITY CASE 1

A 46 year old physician, worried about taking her recertification exam, is vigorously writing notes daily for 7 weeks before the test. She notices a tingling in her right hand that goes to the first 3 fingers and some atrophy of her thenar eminence. No neck pain is associated.

Most Probable diagnosis:
1. Ulnar tunnel
2. Myocardial infarction
3. Brain tumor
4. Carpal tunnel syndrome

EXTREMITY CASE 1 DISCUSSION

4. Carpal Tunnel Syndrome

Landmarks – median nerve, carpal bones, thenar eminence, etc.

Possible Treatments
1. Muscle energy to wrist
2. Flexor Retinaculum release (pinkie/thumb stretch)
3. Myofascial release to upper extremity tissues
4. Treat cervicals/thoracics
5. Many others
**SYSTEMIC CASE 1**

- A 72 year old gentleman presents to your office with cough, a high fever and shortness of breath. On auscultation you hear focal rales in the right lower posterior fields with dull percussion in that area.

**Most probable diagnosis:**
1. Allergies
2. GERD
3. Pneumonia
4. Ulnar tunnel syndrome

**SYSTEMIC CASE 1 DISCUSSION**

3. Pneumonia

Landmarks – ribs, thoracic spine, intercostal muscles etc.

**Possible Treatments**
1. Rib raising
2. Lymphatic pumps
3. Treat upper/mid thoracic for sympathetic balance
4. Treat ribs, thoracic spine