OMT Boot Camp

OMT Applications for Systemic (Visceral Somatic) Somatic Dysfunctions

Margaret M. Wilkins, DO, FACOFP
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Name of CME Activity: 2017 ACOFP Annual Convention & Scientific Seminars
Dates and Location of CME Activity: March 16 - 19, 2017 - Gaylord Palms Resort and Convention Center, Kissimmee, FL

Name of Faculty/Moderator: Margaret M. Wilkins, DO FACOFP

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Signature: Margaret M. Wilkins, DO FACOFP
Date: 3/18/17

Please email this form to binam@acofp.org as soon as possible
Deadline: Friday, February 3, 2017
“Viscerosomatic OPP: Common Cases”

Adapted from workshop given by
David C. Mason, D.O., MBA, FACOFP
ACOFP Board Review
August 2016

Learning Objectives:

• By the end of the workshop the attendee will be able to:
  • Recognize new opportunities to apply osteopathic concepts and treatment techniques.
  • Apply osteopathic manipulative techniques learned in the session.
  • Document findings, treatment, billing and coding for each case.
These workshops will allow the busy family practitioner to include Osteopathic Principles and Practices in their office visits. The presenter will offer case based learning experiences using the familiar SOAP note format to integrate OMT into the thought process, documentation, and coding of the office encounter. The attendee will leave with ability to apply the knowledge and techniques clinically. The session will be primarily hands on treatment sessions focused by an interactive didactic session. A rational approach to each office encounter will be proposed, incorporating the basic tenets of osteopathic medicine. Application of functional anatomy, biomechanics and knowledge of the autonomic nervous systems physiological effects will be incorporated.

**TART**

- Tissue texture changes upon palpation
  - Acute
  - Chronic
- Asymmetry on inspection
- Range of motion deficits
- Tenderness to palpation

M99.00 Segmental and somatic dysfunction of head region
M99.01 Segmental and somatic dysfunction of cervical region
M99.02 Segmental and somatic dysfunction of thoracic region
M99.03 Segmental and somatic dysfunction of lumbar region
M99.04 Segmental and somatic dysfunction of sacral region
M99.05 Segmental and somatic dysfunction of pelvic region
M99.06 Segmental and somatic dysfunction of lower extremity
M99.07 Segmental and somatic dysfunction of upper extremity
M99.08 Segmental and somatic dysfunction of rib cage
M99.09 Segmental and somatic dysfunction of abdomen and other regions

Case 1

• 45 yo seen for the first time with complaint of “heart burn” especially after lying down with a full stomach. Associated with belching and bloating. Denies hematemesis N/V/D/C or hematochesia. OTC cimetadine offers short lived relief. FamHX: neg Past Med Hx: HTN Meds: Atenolol, NKDA, Smokes 1ppd, 4 cups Coffee daily.
Physical Exam

- 138/88 HR 68 RR 16 T 98.4
- HEENT: nl TM, Pharynx clear, midline uvula and trachea, no lymphadenopathy.
- Cor: Reg 68 no murmurs
- Pulm: CTA B/L no W/R/R
- Abd: nl BS soft, mild mid epigastric tenderness, no rebound or rigidity.
- Biomech: upper cervical myospasm, Chapman’s reflexes on sternum (esophagus) and anterior 5th intercostal space (Stomach), T5-7 paraspinal myospasm with tenderness.

A/P

- Diagnoses
  - GERD without esophagitis (K21.9)
  - Cervical (M99.01), Thoracic (M99.02), Rib (M99.08) Somatic dysfunction.
- Treatment
  - Proton pump inhibitor
  - Cervical soft tissue and ME
  - MFR of celiac ganglion
  - Seated Thoracic muscle energy
  - Inhibitory technique for Chapman’s
• Gastroesophageal Reflux Disease (K21.X)
  • A disorder in which the gastric contents enter the esophagus because of transient or chronic relaxation of the lower esophageal sphincter.

• Physiology and Associated Somatic Dysfunctions
  • Vagus nerve-
  • OA, AA, C2-
  • -Tenderpoints
  • -Tissue texture changes over cervical pillars
  • -Rotated vertebrae
  • Compression of occipitomastoid sutures as well as occipito-atlanto joint

• Sympathetics increased tone= decreased acid production and peristalsis
  • T5-10-Tenderpoints
  • Tissue texture changes over transverse processes
  • Rotated vertebrae
  • Celiac, superior mesenteric ganglion restriction

• Motor
  • C3-5 (Phrenic nerve to the diaphragm. Irritation due to proximity to diaphragm)
  • Tenderpoints
  • Tissue texture changes over cervical pillars
  • Rotated vertebrae

• Other Somatic Dysfunctions
  • Diaphragm restriction and at all attachments
  • Celiac ganglion restriction

• Treatment
  • The 2 minute treatment
    • Thoracic- Seated ME M99.02
  • The 5 minute treatment
    • Abdomen/other- Celiac ganglion: MFR M99.09
    • Abd/Other/Visceral somatic- Chapman’s reflex for stomach and esophagus: M99.09
    • Left 5th and 6th ICS near sternum and midline body of sternum M99.08

  • The Extended treatment
    • Head- Vagus: OA release M99.00
    • Head, Cervical: MFR, FPR and/or HVLA M99.01
    • Thoracic- MFR and/or HVLA M99.02
    • Abdomen other- Diaphragm-
      • Doming technique M99.09
      • Thoraco-lumbar junction – ME, MFR, HVLA M99.02,
Techniques

- Cervical soft tissue and Muscle Energy
- Seated Thoracic Muscle Energy
- Chapman Reflexes for Acidity and Motility
  Intercostal space 5-6 and 6-7, progressive inhibition
- MFR of celiac ganglion
Coding and Billing

• Dx:
  – GERD without esophagitis (K21.9)
  – Cervical(M99.01), Thoracic(M99.02), Rib(M99.08) Somatic dysfunction.

• E&M
  – 99204.25

• Procedure
  – 98926

Case 2:

• Consulted by OB/GYN for medical management of a 24 yo G2P0101 with a history of Asthma in her 30th week. She states she is using her albuterol at least twice a day for the past week. This has been increasing since her 26th week of gestation.
Physical Exam

• 124/78 HR 80 RR 24 T 98.8
• HEENT: NL TM, turbs, pharynx clear
• COR: reg at 80 2/5 systolic murmur, no ectopy.
• Pulm: Tachypnic wheezing reduced diaphragm excursion.
• Abd: NL BS, soft ,NT, Gravid uterus nearly to xyphoid process.
• Ext: good pulses, minimal pitting edema B/L.
• Biomech: OA myospasm, C3-5 taut and tender, T1-8 paraspinal myospasm, Tenderpoint at anterior scalene left and myospasm of pec minor B/L.

A/P

• Diagnoses
  – Moderate persistent Asthma, with Acute Exacerbation(J45.41)
  – Cervical(M99.01), Thoracic(M99.02), Upper Extremity (M99.07), Rib(M99.08), somatic dysfunctions
• Treatment
  – Beta Agonist
  – Inhaled steroids
  – Accessory Muscles of Respiration Assessment and Myofascial Treatment
  – Cervical Muscle Energy C3-5
  – Rib Raising Ribs 1-8
• Asthma (J45.XX)
  • A disorder of the tracheobronchial tree characterized by mild to severe obstruction to airflow. The clinical hallmark is wheezing, but cough may be the predominant symptom.

• Physiology and Associated Somatic Dysfunctions
  • Parasympathetics increased tone = increased volume of secretions and relative bronchiole constriction
  • Vagus nerve-
    • OA, AA, C2-
    • -Tenderpoints
    • -Rotated vertebrae
  • Compression of occipitomastoid sutures as well as occipito-atlanto joint
  • Sympathetics increased tone = decreased secretions and bronchiole dilation
  • T1-5
  • Tenderpoints
  • Tissue texture changes over cervical pillars
  • Transverse processes
  • Rotated vertebrae

• Motor
  • C3-5 (Phrenic nerve to the diaphragm. Dysfunction due to decreased excursion and overuse)
  • Tenderpoints
  • Tissue texture changes over cervical pillars
  • Rotated vertebrae

• Other Somatic Dysfunctions
  • Cranial extension dysfunction
  • Scalenes- tenderpoints and hypertonicity
  • Sternoclavicular- tenderpoints and hypertonicity
  • Inhalation or exhalation dysfunction of ribs
  • Flattened diaphragm
  • Thoraco-lumbar dysfunction (diaphragm attachment)

• Treatment
  • The 2 minute treatment
    • Thoracic- Seated ME M99.02
    • Abd/Other/Visceral-somatic-Chapman’s reflex for lung M99.09
    • 3rd (upper lung) and 4th (lower lung) ICS near sternal border

  • The 5 minute treatment
    • Upper Extremity- Pectoralis minor- CS, MFR and/or pectoralis traction (for lymphatic treatment) M99.07
    • Thoracic- HVLA M99.02

  • The Extended treatment
    • Head- Decreased CRI- CV4 hold M99.00
    • Head –Vagus: OA release M99.00
    • Head- Sphenopalatine ganglion stimulation M99.00
    • Cervical-C2, C3-5: MFR, FPR and/or HVLA M99.00
    • Cervical-Scalenes: CS and/or ME M99.01
    • Thoracic- MFR M99.02
    • Rib dysfunction- ME M99.08
    • Rib raising M99.08
    • Abdomen- Diaphragm-
      • Doming technique M99.09
      • Thoracolumbar junction: ME, MFR, HVLA M99.02, M99.03

• Treatment
  • The 2 minute treatment
    • Thoracic- Seated ME M99.02
    • Abd/Other/Visceral-somatic-Chapman’s reflex for lung M99.09
    • 3rd (upper lung) and 4th (lower lung) ICS near sternal border

  • The 5 minute treatment
    • Upper Extremity- Pectoralis minor- CS, MFR and/or pectoralis traction (for lymphatic treatment) M99.07
    • Thoracic- HVLA M99.02

  • The Extended treatment
    • Head- Decreased CRI- CV4 hold M99.00
    • Head –Vagus: OA release M99.00
    • Head- Sphenopalatine ganglion stimulation M99.00
    • Cervical-C2, C3-5: MFR, FPR and/or HVLA M99.00
    • Cervical-Scalenes: CS and/or ME M99.01
    • Thoracic- MFR M99.02
    • Rib dysfunction- ME M99.08
    • Rib raising M99.08
    • Abdomen- Diaphragm-
      • Doming technique M99.09
      • Thoracolumbar junction: ME, MFR, HVLA M99.02, M99.03
Techniques

• Accessory Muscles of Respiration Assessment and Myofascial Treatment
• Cervical Muscle Energy C3-5
• Rib Raising Ribs 1-8

Coding and Billing

• Dx:
  – Moderate persistent Asthma, with Acute Exacerbation(J45.41)
  – Cervical(M99.01), Thoracic(M99.02), Upper Extremity (M99.07), Rib(M99.08), somatic dysfunctions

• E&M
  – 99204.25

• Procedure
  – 98926
Case 3:

- Established pt - 25 year old school teacher with 10 day hx of mucopurulent nasal discharge. Sore throat, bad taste, OTC sinus tablets prn little relief for head and sinus pressure.

Physical Exam

- 110/64 HR 80 RR 20 T 99.8
- HEENT: TM cloudy, bulging, tenderness over maxillary and frontal sinuses, purulent nasal discharge on erythematous turbinates, pharyngeal erythema and post nasal drip, anterior cervical lymphadenopathy.
- Cor: Reg at 80 no murmur or ectopy
- Pulm: CTA, no W/R/R
- Biomech: OA myospasm, T1-4 myospasm r>I., Chapman’s reflex infraclavicular.
A/P

Diagnoses
- Acute Rhinosinusitis (J01.9)
- Head (M99.00), Cervical (M99.01), and Thoracic (M99.02) somatic dysfunctions

Treatment
- Abx
- Nasal Steroid?
- Sinus Drainage
- Anterior Cervical Lymphatic Drainage
- Direct Myofascial Release T1-4

- Sinusitis (J01.X)
  - Infection (viral, bacterial or fungal etiology) of the sinuses of the head.
- Physiology and Associated Somatic Dysfunctions
  - Parasympathetics
    - Facial nerve (CN VII) via Sphenopalatine ganglion
    - Vagus nerve
    - OA, AA, C2
    - Tenderpoints
    - Tissue texture changes over cervical pillars
    - Rotated vertebrae
    - Compression of occipitomastoid sutures as well as occipito-atlanto joint
  - Sympathetics
    - T1-4-Tenderpoints
    - Tissue texture changes over transverse processes
    - Rotated vertebrae
  - Sensory-Motor
    - Trigeminal nerve (CN V)
    - Tenderness/fascial restriction at supraorbital and infraorbital notch and over frontal and maxillary sinuses.
  - Other Somatic Dysfunctions
    - Eustachian tube dysfunction
    - Cranial dysfunction
    - Lympathic congestion of lymph nodes: pre/post auricular, submaxillary and submental, supraclavicular, and anterior cervical chain.

- Treatment
  - The 2 minute treatment
    - Head: Supraorbital and infraorbital (CNV) massage M99.00
    - Head: Frontal and maxillary efflurage M99.00
  - The 5 minute treatment
    - Head: Periauricular drainage technique M99.00
    - Cervical: Lymphatic drainage of anterior cervical lymphatics M99.01
    - Abd/Other/Visceral somatic-Chapman’s reflexes Mid-maxillary line above the clavicle for ear and below the clavicle for sinuses M99.09
  - The Extended treatment
    - Head: OA MFR M99.00
    - Head: Sphenopalatine ganglion stimulation M99.00
    - Cervical: C2: MFR, FPR and/or HVLA M99.01
    - Thoracic ME, MFR and/or HVLA M99.02
    - Rib raising M99.08
    - Head: Muncie technique M99.00
Techniques

– Sinus Effleurage
– Anterior Cervical Lymphatic Drainage
– Direct Myofascial Release T1-4

Coding and Billing

• ICD-10
  – Acute Rhinosinusitis(J45.41)
  – Head (M99.00), Cervical (M99.01), and Thoracic (M99.02) somatic dysfunctions

• E&M
  – 99213.25

• Procedure
  – 98926
Case 4:

• 7 yo patient of your FM practice with a 4 day hx of right ear pain.

Physical Exam

• 88/48 HR 90 RR18 T 101.4
• HEENT: Bulging injected erythematous right TM, no perforations. Anterior cervical and periauricular lymphadenopathy. Pharynx clear.
• Cor: Reg at 90, no murmur
• Pulm: CTA B/L no W/R/R.
• Biomech: OA congestion, Chapman’s at OA on right, T1-4 with tenderness and myospasm.
A/P

• Diagnoses
  – Acute Suppurative Otitis Media(H66.0)
  – Head(M99.00), Cervical(M99.01), Thoracic(M99.02) somatic dysfunctions

• Treatment
  – ABX?
  – Auricular Drainage
  – Mandibular Drainage
  – Muscle Energy T1-4

- Otitis media(H66.X)
- Inflammation of the middle ear, usually associated with a viral or bacterial infection

- Physiology and Associated Somatic Dysfunctions
  - Parasympathetics increased tone– copious secretions of nasal, lacrimal and submandibular glands
  - Facial nerve (CNVII)- Cranial dysfunction

  - Sympathetics increased tone– vasoconstriction and slight secretions of nasal, lacrimal and submandibular glands

- T1-5
  - Tenderpoints
  - Tissue texture changes over transverse processes
  - Rotated vertebrae

- Motor
  - Tensor veli palatine- CN V3
  - Tensor tympani- medial pterygoid branch of the CN V3
  - Levator veli palatine- CN X
  - Salpingopharyngeus- CN X
  - OA, AA, Cz -Tenderpoints
  - Tissue texture changes over cervical pillars
  - Rotated vertebrae
  - Compression of occipitomastoid sutures as well as occipito-atlanto joint

- Other Somatic Dysfunctions
  - Eustachian tube dysfunction
  - Digastric mm tenderpoint and hypertonicity
  - Cranial dysfunction
  - Lymphatic congestion of lymph nodes: pre/post auricular, submaxillary and submental, supraclavicular.

- Treatment
  - The 2 minute treatment
    - Head- Muncie technique M99.00
    - Head- Periauricular drainage technique M99.00
  - The 5 minute treatment
    - Head- Supraorbital and infraorbital nn massage M99.00
    - Head- Sphenopalatine ganglion stimulation M99.00
    - Cervical: MFR, FPR and/or HVLA M99.01
  - The Extended treatment
    - Head- Nasion gapping M99.00
    - Head- Gallbreath technique (mandibular drainage) M99.00
    - Head- Decreased CRI- CV4 hold M99.00
    - Head- Digastric- CS and/or MFR M99.00
    - Head- Vagus- OA release M99.00
    - Abd/Other/Visceral somatic-Chapman’s reflex for ear and/or sinuses M99..09
    - Mid-maxillary line above the clavicle
Techniques

– Auricular Drainage
– Mandibular Drainage
– Muscle Energy T1-4
Coding and Billing

• Dx:
  – Acute Suppurative Otitis Media(H66.0)
  – Head(M99.00), Cervical(M99.01), Thoracic(M99.02) somatic dysfunctions

• E&M
  – 99213.25

• Procedure
  – 98925

Case 5:

• 48 yo with a 9 day history of cough. He states he has thick green sputum production and dyspnea with exertion.
Physical Exam

124/74 HR 88 **RR 22 T 100.6 F Pulse Ox 94% RA**
- **HEENT:** nl TM, pharynx clear, trachea midline, no thyromegaly.
- **Cor:** Reg at 88 No murmur.
- **Pulm:** Rhonchi and brochial breath sounds, Egophony
- **Abd:** nl BS soft NT no masses
- **Biomech:** OA congestion, Myospasm C3-5 B/L, Thoracic inlet taut and tender, T3-8 paraspinal myospasm, Rib1-5 inhalation dysfunction left, reduced excursion of respiratory diaphragm.
- **Ext:** good pulses no edema or clubbing.

**A/P**

- **Diagnoses**
  - Pneumonia due to unspecified Bacteria(J15.9)
  - Cervical(M99.01), Thoracic(M99.02), Rib(M99.08), Lumbar(M99.03), Abd/other(M99.09) somatic dysfunctions.
- **Treatment**
  - Xray
  - Abx
  - Beta Agonist
  - Direct myofascial release thoracic inlet
  - Direct myofascial release with respiratory assist Diaphragm.
  - Lymphatic Thoracic pump
Techniques

• Direct MFR Thoracic Inlet
• Indirect MFR Thoracolumbar junction
• Thoracic pump Lymphatics

Coding and Billing

• Dx
  – Pneumonia due to unspecified Bacteria(J15.9)
  – Cervical(M99.01), Thoracic(M99.02), Rib(M99.08), Lumbar(M99.03), Abd/other(M99.09) somatic dysfunctions.

• E&M
  – 99214.25

• Procedure
  – 98927
Question and Answer/ Wrap up

Current Procedural Terminology

• E&M Codes CPT Book
• OV codes
  – NP Sick
  – 99201
  – 99202
  – 99203
  – 99204
  – 99205
  Established sick
  – 99211
  – 99212
  – 99213
  – 99214
  – 99215
OMT Codes

- 1-2 areas treated 98925
- 3-4 areas 98926
- 5-6 areas 98927
- 7-8 areas 98928
- 9-10 areas 98929
- 10 areas are Cranial, Cervical, Thoracic, Lumbar, Sacral, Innominate, Upper Extremity, Lower Extremity, Rib cage, Visceral.

Modifiers

- .25 separate identifiable service on same day (Patient seen for “Headache” diagnosis muscle tension type HA, Cervical Somatic Dysfunction E&M 99213.25 98925 ICD-9 codes 307.81 739.1)
ICD-10 codes

• M99.00 Head/ Cranial Somatic dysfunction
• M99.01 Cervical Somatic dysfunction
• M99.02 Thoracic Somatic dysfunction
• M99.03 Lumbar Somatic dysfunction
• M99.04 Sacral Somatic dysfunction
• M99.05 Innominate Somatic dysfunction
• M99.06 Lower extremity Somatic dysfunction
• M99.07 Upper extremity Somatic dysfunction
• M99.08 Rib Somatic dysfunction
• M99.09 Abdominal/ Visceral somatic Dysfunction