

“Practical Application of OMT in the Office: The Counterstrain Edition”

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Practical Application of OMT
in the Office: The
Counterstrain Edition

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POFPS

Disclosures

- Dr. Lorine has provided no disclosures.

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Objectives

- For the audience to have a better understanding of the practical application of Counterstrain in the office setting
- To provide the audience with a better understanding of the philosophy behind and application of Counterstrain
- To discuss indications and contraindications so the audience will know when to appropriately apply Counterstrain

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Counterstrain

- Invented by Lawrence Jones, DO, FAAO
- Initially called: Spontaneous Release by Positioning
- Theory: put the patient in a relaxed position of comfort
- Indirect technique
- Position is held for 90 seconds

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Tenderpoint

- An area of tenderness
- Typically relating to an area of musculotendinous somatic dysfunction
- Often found within the belly of a muscle, within a ligament, or within a tendinous attachment
- Typically fingertip sized point, discrete, and extremely tender, which may be tense or edematous
- Prior to your palpation of the point, the patient may not have been conscious of it

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**“Fold & Hold”
Treating with Counterstrain**

- Locate a Tenderpoint
- Quantify the tenderness as a “10”
- Place the relaxed patient into the position of comfort
- Keep the patient in this position for 90 seconds, as they remain completely relaxed
- Periodically recheck the point, to ensure pain has not increased or returned
- Once 90 seconds has passed, return the patient to neutral to reassess

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Indications

- An Adjunctive treatment prior to other OMT
- Articular Somatic dysfunction
- Myofascial Somatic dysfunction

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Contraindications

| | |
|---|---|
| Absolute | Relative |
| <ul style="list-style-type: none">• Recent trauma to tissue• Severe illness• Joint Instability• Vascular or neurologic syndromes• Degenerative spondylosis (severe) | <ul style="list-style-type: none">• Patient is unable to relax voluntarily• Patient is unable to discern pain level• Patients who cannot understand your instructions (foreign language &/or non-communicative)• Connective tissue disorders or other disorders that restrict necessary motion |

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Review of Commonly Taught Tenderpoints

- Psoas Major
- Iliacus
- Quadratus Lumborum
- Piriformis

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Psoas Major Tenderpoint

- Location: 2/3 of the distance from ASIS to midline- deep pressing posteriorly toward the belly of Psoas
- Related to lumbar or pelvic region somatic dysfunction
- May present as pain in the thoracic/lumbar regions, &/or anterior hip, groin, or thigh
- Treatment: F ST
 - Significant bilateral hip flexion, sidebending the lumbar spine towards, and externally rotating the hips

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Iliacus Tenderpoint

- Location: 1/3 from the ASIS to midline, press posterior-laterally and deep towards iliacus
- Related to lumbar &/or pelvic somatic dysfunction
- May present as pain in the thoracic/&/or lumbar region, the anterior hips &/or thigh
- Treatment: F ER
 - Significant flexion (Bilateral) with external rotation of the hips, keeping the knees flexed

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Quadratus Lumborum Tenderpoint

- Location: Inferior portion of 12th rib, lateral tip of lumbar transverse processes, superior portion of iliac crest
- Related to somatic dysfunction in the lumbar/pelvic regions &/or 12th rib
- May present as low back pain, iliac crest pain, &/or posterior sacroiliac/buttock/hip pain
- Treatment: E Abd ER
 - Extension of hip/thigh, abduction, & external rotation

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Piriformis

- Location: midway between the lower half of the lateral sacrum and ILA & the greater trochanter
- Related to pelvic somatic dysfunction
- May present as pain in the buttocks &/or the posterior thigh
- Treatment F Abd IR/ER
 - Hip flexion & abduction
 - Fine tuning typically with external rotation (sometimes internal rotation)

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Bonus Points...if time permits

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