additional care for their neck or back pain during the preceding 3 months at the 52-week follow-up was 61% among all 3 treatment arms.

These findings lend support to the use of soft tissue massage and gentle mobilizations of the spine in managing musculoskeletal dysfunction related to low back and neck pain. It is likely that participants who receive manipulative care from more experienced professionals would have even greater pain relief; however, the fact that students in training were able to provide considerable benefit to patients using manual therapy is encouraging. (doi:10.7556/jaoa.2016.097)

Osteopathic Manipulative Therapy Is Feasible and Safe After Abdominal Surgery


German researchers conducted a randomized controlled pilot trial to assess the feasibility, safety, and possible benefits of osteopathic manipulative therapy (OMTh; manipulative care provided by foreign-trained osteopaths) administered after abdominal surgery. Retrospective studies found that postoperative ileus duration was significantly shortened by osteopathic manipulative treatment (OMT).1-3 This study used a prospective design, with 20 patients scheduled for abdominal surgery randomly assigned to an intervention (n=10) or control group (n=10). Exclusion criteria included diseases of the spine, metastatic disease, and long-term opioid use. Control patients received standard postoperative treatment including “pain medication via peridural, patient-controlled or peripheral venous access with the goal of a subjective pain score below 6 on a numeric rating scale.” The intervention group received standard care and additional OMTh from postoperative days 1 to 5. The OMTh sessions lasted 30 minutes, with 10 minutes each of the following 3 techniques:

- “point-of-balance fascial tension for colon,” which was directed at visceral structures
- “neuronal inhibition for intestines,” during which pressure was applied over “the sympathetic innervation of the patient’s back (T10-L2) or the region of the superior mesenteric plexus on the abdomen, with the other hand on the target bowel area”
- “compression of the fourth ventricle (CV-4),” a frequently used OMT procedure

The safety measure was the comprehensive complication index. Complications that can be managed conservatively, such as postoperative vomiting and urinary tract infection, were classified as class I or II. Complications classified as class III or higher were considered major complications, such as intra-abdominal abscess or severe sepsis. Pain was recorded before and after the OMTh sessions. Control participants were visited and their pain was recorded with the same frequency as OMTh participants.

Results showed that the groups were demographically equal—with the exception that the OMTh group was older—and the types of surgeries were equally distributed. The comprehensive complication index safety rating was 30.8 (range, 0-67.5) in the OMTh group and 37.1 (range, 0-84.6) in the control group (Cohen $d=0.24$). Length of hospital stay was 11.3 days in the OMTh group and 17.4 days in the control group (Cohen $d=0.77$). The authors contend that these results demonstrated both the safety and feasibility of OMTh and that OMTh significantly reduced pain on postoperative day 2 ($P=0.01$).

These results contribute to the evidence base demonstrating the safety of OMTh and suggest the benefit of hospital-based OM services. (doi:10.7556/jaoa.2016.098)

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supported the ilium with one hand and, with a therapy belt around the patient’s thigh and therapist’s waist, induced a translatory lateral glide. This motion was repeated 10 times. Then the thigh was passively flexed and internally rotated as far as possible without pain, and the lateral glide was again applied by the therapist moving so as to have the therapy belt apply the glide. This motion was also applied 10 times.

To my knowledge, there is no similar osteopathic manipulative treatment technique. The use of the therapy belt allows operator-guided motion in several planes simultaneously. In the placebo intervention, the same thigh positions were made but no therapy belt lateral glide was applied, nor was repeated passive motion placement of the hip done.

The results were significantly reduced pain scores on a numerical pain rating scale and increased range of motion of 12.2° in hip flexion and 4.4° in hip rotation. Functional test results were also improved in the intervention group. Limitations were that only 1 physical therapist provided both the real and the placebo interventions and that only immediate effects were evaluated.

This study is 1 of the few showing benefit of any manual medicine or manual therapy technique in the management of osteoarthritis of the hip, and even the knee for that matter. I recommend that teachers of osteopathic manipulative treatment review this study and related literature on this technique. (doi:10.7556/jaoa.2016.099)

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References

Manual Therapy Technique Shown Beneficial for Osteoarthritis of the Hip

Portuguese physical therapy researchers evaluated the effect of 1 administration of “mobilization with movement (MWM)” on patients with hip osteoarthritis. This randomized controlled trial assigned 20 patients to the intervention group and 20 to a sham intervention group. Patients in the 2 groups had no statistically significant demographic differences. The mean (SD) age was 78 (6) years, and 54% were women.

The unique feature of this study was the nature of the intervention, which apparently is not commonly applied in physical therapy clinical practice. From illustrations and descriptions in the article, it appeared to be an articulatory maneuver with the thigh passively flexed to as close to 90° as possible without inducing pain. First, the therapist

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