Balanced ligamentous/ membranous tension


"Patients were randomly divided into three groups: (1) OMT [osteopathic manipulative therapy] +medication therapy, (2) sham+medication therapy and (3) medication therapy only. Patients received 8 treatments in a study period of 6 months."
"Techniques used were myofascial release, balanced ligamentous tension, balanced membranous tension and cranial-sacrum"
"These findings suggest that OMT may be considered a valid procedure for the management of migraineurs."


"Results: The RI [resistive index of the superficial femoral artery] reduced significantly (p < 0.008) from pre to post test in the treatment group only. Significant pretest/posttest main effects were found for ROM, balance and symptom rating (p < 0.05). Conclusion: The significant difference in RI provides evidence for the benefits of specificity within osteopathic techniques, and reveal the vascular supply to the leg was affected by the fascial releases and will possibly influence some of the pathophysiological factors of an arthritic knee."
"Paraspinal tissues associated with cervical somatic dysfunction (SD) will demonstrate quantifiable change in myofascial hysteresis [tissue-texture] characteristics after a given OMT technique but not after a Sham intervention."

"240 subjects were palpated for cervical articular SD. A randomly selected intervention (5 OMT techniques or a Sham) was applied to the cervical SD clinically considered to be most severe. A durometer (SA201®; Sigma Instruments, Cranberry, PA, USA) objectively measured myofascial structures overlying each cervical spinal segment pre- and post- intervention. Using a single consistent piezoelectric impulse, this durometer quantified four hysteresis (tissue texture) characteristics--fixation, mobility, frequency, and motoricity."

"Baseline changes in median hysteresis values were noted for each OMT technique but not for Sham interventions. Notably, segmental counterstrain OMT resulted in significant motoricity change compared to adjacent segmental myofascial measures (p-value 0.04) along with a suggestive trend in the mobility component (p-value 0.12)."

"When comparing treated to untreated cervical segments, the most significant change occurred post-counterstrain OMT with no overall change following Sham. Overall, quantifiable objective change occurs in myofascial tissues post-OMT, in addition to the noted clinical palpable change."

"Postural orthostatic tachycardia syndrome (POTS) is associated with many symptoms including orthostatic intolerance, fatigue, palpitations, and cognitive dysfunction. Treatment, which typically consists of exercise, increased dietary sodium and fluids, compression garments, and medications for orthostatic intolerance, frequently produces unsatisfactory results. The authors report the case of a 26-year-old woman who presented with a 6-year history of severe fatigue, orthostatic intolerance, heat intolerance, cognitive dysfunction, and diffuse pain. She had previously injured her jaw on an obstacle course. Results of a standing test were consistent with POTS. After standard medical therapy was unsuccessful, the patient was referred for osteopathic manipulative treatment. At her 18-month follow-up, the patient's symptoms had improved dramatically. Physicians should consider osteopathic evaluation and manipulative treatment when caring for patients with POTS."
"Objective: To determine the quantity and characteristics of OMT [Osteopathic Manipulative Treatment] performed in a single, community academic ED that houses an osteopathic emergency medicine residency."

"Main Outcome Measures: Medical record data were analyzed to determine patient demographics; treatment characteristics including number of procedures and patients per physician, OMT techniques used, night vs day procedure variation, and financial implication of future billing for OMT; chief complaints; primary discharge diagnoses; and length of stay in the ED."

"Results: Patients were aged 0 to 95 years (mean, 39 years) and were predominately female (1260 [60.69%]) and white (1300 [62.62%]). A mean of 0.74 patients received OMT per day, and a mean of 29.65 procedures were performed per physician. When data for residents were looked at separately, the mean was higher at 40.32 procedures per physician. The top 3 discharge diagnoses were low back pain (189 patients [9.10%]), muscle spasm (106 patients [5.11%]), and spasm: muscle, back (93 patients [4.48%]). Eleven different OMT techniques were recorded, with myofascial release being used most frequently (1150 of 2868 procedures [40.09%]), followed by muscle energy (672 [23.43%]). The average length of stay in the ED was 206 minutes. A total of 1663 OMT procedures (80%) were performed during the day, whereas 413 (20%) were performed at night. Potential procedural billing for all OMT performed during the study period was $33.09 per day.

Conclusion: In contrast to perceptions that OMT use is declining, the authors found that OMT is being performed on a near daily basis in the ED. Additional research is needed to fully understand the impact of OMT in the ED."

"Technique¶Balanced Ligamentous Tension Counterstrain¶Facilitated Positional Release High-Velocity, Low-Amplitude Lymphatic Pump¶Muscle Energy¶Myofascial Release¶Myofascial Unwinding¶Osteopathic Cranial Manipulative Medicine Trigger Point¶Visceral Manipulation¶No. (%)a¶261 (9.10) 213 (7.42) 86 (2.99) 80 (2.78) 672 (23.43) 1150 (40.09) 97 (3.38) 34 (1.18) 62 (2.16) 25 (0.87)¶ORIGINAL CONTRIBUTION¶=A total of 2868 procedures were performed on 2076 patients during the study period (2005-2013)."

"Osteopathic manipulative treatment has an active presence in the ED and is being incorporated by DOs in the treatment of patients of nearly all ages, sexes, and races, via myriad techniques. "

3/08/2015
"A pragmatic randomized controlled trial was conducted among a sample of women with a history of pregnancy-related LBP [low back pain] for at least 3 months after delivery."

"During 8 weeks, OMTh [osteopathic manipulative therapy] applied 4 times led to clinically relevant positive changes in pain intensity and functional disability in women with post-partum LBP."

"At each visit, OMTh was applied only to those structures with relevant osteopathic findings. Standard OMTh techniques were applied, including direct (high-velocity, low-amplitude; muscle energy; and myo-fascial release), indirect (functional techniques and balanced ligamentous tension), visceral, and cranial techniques. No predefined, standardized OMTh protocol was implemented; each osteopath was free to decide which techniques to use. Participants were not allowed to receive any additional treatment (ie, medication, physical therapy, or other sources of pain relief) during the study period. Participants in the control group did not receive OMTh, nor were they evaluated for somatic dysfunctions during the 8-week study period. At the first visit, control participants were required to fill out the VAS and ODI. The osteopath then told them that they would be placed on a waiting list for OMTh to be scheduled 2 months later. At 2 months, the control participants filled out the VAS and ODI for the second time. During the study period, participants were not allowed to receive any additional treatment for pain relief (eg, medication, physical therapy, or other sources of pain relief). After study completion, they were offered 2 free appointments for OMTh."

"During 8 weeks, OMTh applied 4 times led to clinically relevant positive changes in pain intensity and functional disability in women with post-partum LBP."

"Osteopaths performing OMT [osteopathic manipulative treatment] were trained to use only indirect and fluidic techniques which included: indirect myofascial, sutural spread, balanced membranous tension and balanced ligamentous tension (according to teachings of William Garner Sutherland, DO, and others)."

"The study suggests that osteopathic treatment may reduce a high occurrence of gastrointestinal symptoms and the rates of long-term stays."
"The results of this study suggest a potential benefit of osteopathic manipulative treatment as adjuvant therapy in children with recurrent AOM [acute otitis media]; it may prevent or decrease surgical intervention or antibiotic overuse."

"Treatments were gentle techniques on areas of restriction consisting of articulation, myofascial release, balanced membranous tension (according to teachings of William Garner Sutherland, DO, and others25), balanced ligamentous tension, facilitated positional release, and/or counterstrain treatments. "