Example Case 1

JP is a 42 year old female accountant who presents to the family practice clinic complaining of headache, fever, and a scratchy throat.

**Hx Cc:** The last 4 days she has had a full feeling in her face, pressure behind her eyes, nasal congestion, sensitivity of her nose, pain in her upper teeth, and fatigue. At times she is sensitive to light and sound, and has a decreased sense of smell. A week earlier, she had a “cold” and she took OTC cold and sinus medications. These medications didn’t help very much and she is not getting better. The severity of her symptoms are 6/10, which is making it difficult to do her work.

**Physical Exam:**

- T = 101.6 F  P = 90  R = 14/min  BP = 134/80  Wt = 140 #

  **General:** Patient appears stated age and in no acute distress, other than fatigue

  **Skin:** No color changes, rashes, changing moles, or edema

  **Eyes:** Conjunctiva appears clear. Pupils are ERLA. EOMI. Fundoscopic exam with normal cup & disc, & vessels

  **ENT:** TMs are dull with a questionable cone of light. Erythema and generalized congestion of the nasal mucosa. Pustular drainage is noted and there is mild septal deviation to the left. BL frontal & maxillary sinuses are tender to palpation. Posterior pharynx is inflamed. Anterior cervical & posterior cervical lymphadenopathy to palpation.

  **Lungs:** Clear to auscultation BL, no R/R/W

  **Cardiovascular:** RRR with S1, S2 and no M/G/R

**What is the best diagnosis?**

- A) Migraine Headache
- B) Chronic Sinusitis
- C) Acute Sinusitis
- D) Upper Respiratory Infection
- E) Tension Headache

**What landmarks are important to identify?**

**What Osteopathic Manipulative Treatment Techniques should you use?**

**Explain and demonstrate the techniques...**
Example Case 2

MJ is a 52 year old female who is right-hand dominant, high level, tennis player, who seeks medical care following an injury of her right shoulder.

**Hx Cc:** She has had an acute exacerbation of chronic aching pain in her anterior/lateral right shoulder for the past 6 weeks, after participating in the Regional US Tennis Association event. The pain began while hitting multiple overhead strokes during a tournament. The pain did not improve after taking 1 week off of play, and now she is developing stiffness of the right shoulder which is affecting her daily activities. Her pain is a constant 5/10 in severity with a burning aching quality to the pain, and when she tries to reach overhead the severity increases to 7/10 in intensity. The pain also radiates to the right medial scapular boarder and down the biceps muscle anteriorly. She can’t sleep on her right side, hook her bra, or put a sweater on overhead without discomfort. She denies having neck pain or numbness and weakness of her right arm and hand. She has tried icing the shoulder and taking Naproxen twice a day without improvement.

**Physical Exam:**

<table>
<thead>
<tr>
<th>Temperature</th>
<th>97.6 F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulse</td>
<td>78</td>
</tr>
<tr>
<td>Respirations</td>
<td>14/min</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>130/82</td>
</tr>
<tr>
<td>Weight</td>
<td>138 #</td>
</tr>
</tbody>
</table>

**General:** Patient appears younger than stated, A & O x 3, neatly groomed, and an excellent historian

**Skin:** No color changes, rashes, changing moles, scars, or edema

**Eyes:** PERRLA, EOMI

**Neck:** Neck full ROM without tenderness, lymphadenopathy, or thyromegaly

**Lungs:** Clear to auscultation BL, no R/R/W

**Cardiovascular:** RRR with S1, S2 and no M/G/R

**Neurological:** 5/5 Motor BL upper & lower extremities, 2/4 Reflexes BL upper & lower extremities

**Musculoskeletal:** Right shoulder active abduction full, but painful arc from 50 degrees to full abduction, active external rotation limited to 20 degrees secondary to pain, active and passive adduction, flexion, extension and internal rotation full and pain free, Positive Empty Can Test, Negative Arm Drop Rest, Positive Crossover Test, Mildly Positive Neer’s Test, Positive A/C tenderness, Mildly Positive Yergason’s Test, Mildly Positive Speed’s Test, Negative O’Brien’s Test, No Gross Scapular Winging, Negative Tennis Elbow Test, Negative Tinels’s Test, Negative Phalen’s Test, No cyanosis, clubbing, or edema, and capillary refill is normal

**What is the best diagnosis?**

A) Right Supraspinatus Tear

B) Right Acromioclavicular Strain

C) Right Biceps Tendonitis

D) Right Impingement Syndrome

E) Right Lateral Epicondylitis

**What landmarks are important to identify?**

**What Osteopathic Manipulative Treatment Techniques should you use?**

**Explain and demonstrate the techniques...**
NG is a 35 year old male who presents to the family practice clinic complaining of constant low back pain that started after he lifted some boxes at work 2 days ago.

**Hx Cc:** The patient was bending at the waist, heard a “pop,” and then felt pain in the low back. He had a hard time standing upright due to the pain in his back. The pain is a 7/10 in severity and is a little more on the right than the left. There is mild radiation of the pain to his right buttock, yet he has no numbness, tingling, weakness, bowel, or bladder problems. The quality of the pain is a constant throbbing pain that increases in severity and sharpness with bending or changing positions. He is having a hard time walking and can barely get into or out of the car. Rest and taking 600 mg of Advil help his pain decrease to a 4/10 in severity.

**Physical Exam:** T = 98.6 F  P = 80  R = 16/min  BP = 128/78  Wt = 162 #

**General:** Patient appears stated age, alert, and in moderate distress due to the LBP

**Skin:** No color changes, rashes, changing moles, scars, or edema

**Eyes:** PERRLA, EOMI

**Neck:** Neck full ROM without tenderness, lymphadenapathy, or thyromegaly

**Lungs:** Clear to auscultation BL, no R/R/W

**Cardiovascular:** RRR with S1, S2 and no M/G/R

**Gastrointestinal:** Abdomen has bowel sounds in all 4 quadrants, there are no bruits, is non-distended, soft, non-tender to palpation without R/G/M

**Neurologic:** 5/5 Motor BL upper & lower extremities, 2/4 Reflexes BL upper & lower extremities

**Musculoskeletal:** Slow gait with decreased loading of the left lower limb; Decreased thoracic kyphosis and lumbar lordosis, with increased TART in the right lumbar paravertebral muscle area especially in the area of L4-L5, decreased lumbar spine flexion (30 degrees) and extension (10 degrees), Moderate pain with lumbar extension, Straight Leg Raising Test causes increased LBP R>L and a tingling sensation, but no pain in the posterior legs or feet up to 50 degrees, negative FABERE Test BL, L5FRRRSBR and the right piriformis is non-tender to palpation; negative BL knee testing

**What is the best diagnosis?**

A) Herniated Disc at L4-L5
B) Spinal Stenosis at L4-L5
C) Psoas Syndrome
D) Right Piriformis Syndrome
E) Right Facet Syndrome

**What landmarks are important to identify?**

**What Osteopathic Manipulative Treatment Techniques should you use?**

**Explain and demonstrate the techniques...**