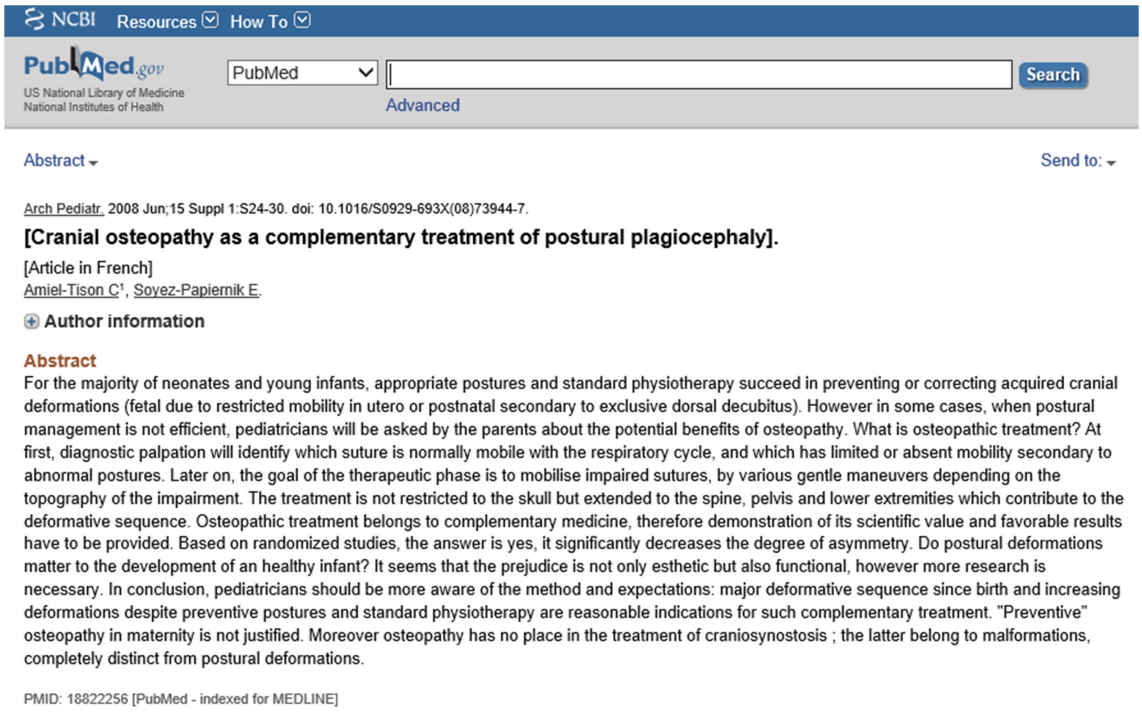
RESULTADOS DE LA OSTEOPATÍA EN OTROS CAMPOS

1.OSTEOPATÍA EN PEDIATRÍA

A continuación os presentamos algunos estudios de investigación que muestran los avances de la osteopatía dentro del campo de la pediatría.



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Arch Pediatr. 2008 Jun;15 Suppl 1:S24-30. doi: 10.1016/S0929-693X(08)73944-7.

[Cranial osteopathy as a complementary treatment of postural plagiocephaly].

[Article in French]

Amiel-Tison C[1], Soyez-Papiernik E.

Author information

Abstract

For the majority of neonates and young infants, appropriate postures and standard physiotherapy succeed in preventing or correcting acquired cranial deformations (fetal due to restricted mobility in utero or postnatal secondary to exclusive dorsal decubitus). However in some cases, when postural management is not efficient, pediatricians will be asked by the parents about the potential benefits of osteopathy. What is osteopathic treatment? At first, diagnostic palpation will identify which suture is normally mobile with the respiratory cycle, and which has limited or absent mobility secondary to abnormal postures. Later on, the goal of the therapeutic phase is to mobilise impaired sutures, by various gentle maneuvers depending on the topography of the impairment. The treatment is not restricted to the skull but extended to the spine, pelvis and lower extremities which contribute to the deformative sequence. Osteopathic treatment belongs to complementary medicine, therefore demonstration of its scientific value and favorable results have to be provided. Based on randomized studies, the answer is yes, it significantly decreases the degree of asymmetry. Do postural deformations matter to the development of an healthy infant? It seems that the prejudice is not only esthetic but also functional, however more research is necessary. In conclusion, pediatricians should be more aware of the method and expectations: major deformative sequence since birth and increasing deformations despite preventive postures and standard physiotherapy are reasonable indications for such complementary treatment. "Preventive" osteopathy in maternity is not justified. Moreover osteopathy has no place in the treatment of craniosynostosis ; the latter belong to malformations, completely distinct from postural deformations.

PMID: 18822256 [PubMed - indexed for MEDLINE]

Chiropr Man Therap. 2014 May 9;22:18. doi: 10.1186/2045-709X-22-18. eCollection 2014.

Introducing an osteopathic approach into neonatology ward: the NE-O model.

Cerritelli F[1], Martelli M[1], Renzetti C[1], Pizzolorusso G[1], Cozzolino V[1], Barlafante G[1].

Author information

Abstract

BACKGROUND: Several studies showed the effect of osteopathic manipulative treatment on neonatal care in reducing length of stay in hospital, gastrointestinal problems, clubfoot complications and improving cranial asymmetry of infants affected by plagiocephaly. Despite several results obtained, there is still a lack of standardized osteopathic evaluation and treatment procedures for newborns recovered in neonatal intensive care unit (NICU). The aim of this paper is to suggest a protocol on osteopathic approach (NE-O model) in treating hospitalized newborns.

METHODS: The NE-O model is composed by specific evaluation tests and treatments to tailor osteopathic method according to preterm and term infants' needs, NICU environment, medical and paramedical assistance. This model was developed to maximize the effectiveness and the clinical use of osteopathy into NICU.

RESULTS: The NE-O model was adopted in 2006 to evaluate the efficacy of OMT in neonatology. Results from research showed the effectiveness of this osteopathic model in reducing preterms' length of stay and hospital costs. Additionally the present model was demonstrated to be safe.

CONCLUSION: The present paper defines the key steps for a rigorous and effective osteopathic approach into NICU setting, providing a scientific and methodological example of integrated medicine and complex intervention.

KEYWORDS: Complementary and alternative medicine; Integrated medicine; Neonatology intensive care unit; Newborns; Osteopathic manipulative treatment

PMID: 24904746 [PubMed] PMCID: PMC4046173 Free PMC Article

2.OSTEOPATÍA EN MUJERES EMBARAZADAS

En este apartado os presentamos algunos de los avances en investigación en el campo de la osteopatía y la mujer durante el embarazo.

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Am J Obstet Gynecol. 2015 Jan;212(1):108.e1-9. doi: 10.1016/j.ajog.2014.07.043. Epub 2014 Jul 25.

Pregnancy Research on Osteopathic Manipulation Optimizing Treatment Effects: the PROMOTE study.

Hensel KL[1], Buchanan S[2], Brown SK[3], Rodriguez M[4], Cruser dA[5].

Author information

Abstract

OBJECTIVE: The purpose of this study was to evaluate the efficacy of osteopathic manipulative treatment (OMT) to reduce low back pain and improve functioning during the third trimester in pregnancy and to improve selected outcomes of labor and delivery.

STUDY DESIGN: Pregnancy research on osteopathic manipulation optimizing treatment effects was a randomized, placebo-controlled trial of 400 women in their third trimester. Women were assigned randomly to usual care only (UCO), usual care plus OMT (OMT), or usual care plus placebo ultrasound treatment (PUT). The study included 7 treatments over 9 weeks. The OMT protocol included specific techniques that were administered by board-certified OMT specialists. Outcomes were assessed with the use of self-report measures for pain and back-related functioning and medical records for delivery outcomes.

RESULTS: There were 136 women in the OMT group: 131 women in the PUT group and 133 women in the UCO group. Characteristics at baseline were similar across groups. Findings indicate significant treatment effects for pain and back-related functioning ($P < .001$ for both groups), with outcomes for the OMT group similar to that of the PUT group; however, both groups were significantly improved compared with the UCO group. For secondary outcome of meconium-stained amniotic fluid, there were no differences among the groups.

CONCLUSION: OMT was effective for mitigating pain and functional deterioration compared with UCO; however, OMT did not differ significantly from PUT. This may be attributed to PUT being a more active treatment than intended. There was no higher likelihood of conversion to high-risk status based on treatment group. Therefore, OMT is a safe, effective adjunctive modality to improve pain and functioning during the third trimester.

KEYWORDS: low back pain; osteopathic manipulation; pregnancy

Am J Obstet Gynecol. 2010 Jan;202(1):43.e1-8. doi: 10.1016/j.ajog.2009.07.057. Epub 2009 Sep 20.

Osteopathic manipulative treatment of back pain and related symptoms during pregnancy: a randomized controlled trial.

Licciardone JC[1], Buchanan S, Hensel KL, King HH, Fulda KG, Stoll ST.

Author information

Abstract

OBJECTIVE: To study osteopathic manipulative treatment of back pain and related symptoms during the third trimester of pregnancy.

STUDY DESIGN: A randomized, placebo-controlled trial was conducted to compare usual obstetric care and osteopathic manipulative treatment, usual obstetric care and sham ultrasound treatment, and usual obstetric care only. Outcomes included average pain levels and the Roland-Morris Disability Questionnaire to assess back-specific functioning.

RESULTS: Intention-to-treat analyses included 144 subjects. The Roland-Morris Disability Questionnaire scores worsened during pregnancy; however, back-specific functioning deteriorated significantly less in the usual obstetric care and osteopathic manipulative treatment group (effect size, 0.72; 95% confidence interval, 0.31-1.14; P = .001 vs usual obstetric care only; and effect size, 0.35; 95% confidence interval, -0.06 to 0.76; P = .09 vs usual obstetric care and sham ultrasound treatment). During pregnancy, back pain decreased in the usual obstetric care and osteopathic manipulative treatment group, remained unchanged in the usual obstetric care and sham ultrasound treatment group, and increased in the usual obstetric care only group, although no between-group difference achieved statistical significance.

CONCLUSION: Osteopathic manipulative treatment slows or halts the deterioration of back-specific functioning during the third trimester of pregnancy.

PMID: 19766977 [PubMed - indexed for MEDLINE] PMCID: PMC2811218 Free PMC Article

J Am Osteopath Assoc. 2003 Dec;103(12):577-82.

Osteopathic manipulative treatment in prenatal care: a retrospective case control design study.

King HH[1], Tettambel MA, Lockwood MD, Johnson KH, Arsenault DA, Quist R.

Author information

Abstract

The use of osteopathic manipulative treatment (OMT) during pregnancy has a long tradition in osteopathic medicine. A retrospective study was designed to compare a group of women who received prenatal OMT with a matched group that did not receive prenatal OMT. The medical records of 160 women from four cities who received prenatal OMT were reviewed for the occurrence of meconium-stained amniotic fluid, preterm delivery, use of forceps, and cesarean delivery. The randomly selected records of 161 women who were from the same cities, but who did not receive prenatal OMT, were reviewed for the same outcomes. The results of a logistic regression analysis were statistically reliable, chi2 (4, N = 321) = 26.55; P < .001, indicating that the labor and delivery outcomes, as a set, were associated with whether OMT was administered during pregnancy. According to the Wald criterion, prenatal OMT was significantly associated with meconium-stained amniotic fluid (Z = 13.20, P < .001) and preterm delivery (Z = 9.91; P < .01), while the use of forceps was found to be marginally significant (Z = 3.28; P = .07). The case control study found evidence of improved outcomes in labor and delivery for women who received prenatal OMT, compared with women who did not. A prospective study is proposed as the next step in evaluating the effects of prenatal OMT.

Comment in

DO relates positive experience with use of integrated neuromusculoskeletal release. [J Am Osteopath Assoc. 2004]

PMID: 14740980 [PubMed - indexed for MEDLINE]

Ginekol Pol. 2015 Mar;86(3):224-8.

Application of osteopathic manipulative technique in the treatment of back pain during pregnancy.

Majchrzycki M, Wolski H, Seremak-Mrozikiewicz A, Lipiec J, Marszałek S, Mrozikiewicz PM, Klejewski A, Lisiński P.

Abstract

Changes in body posture, musculoskeletal disorders and somatic dysfunctions are frequently observed during pregnancy especially ligament, joint and myofascial impairment. The aim of the paper is to present the use of osteopathic manipulative treatment (OMT) for back and pelvic pain in pregnancy on the basis of a review of the available literature. MEDLINE and Cochrane Library were searched in January 2014 for relevant reports, randomized controlled trials, clinical and case studies of OMT use in pregnant women. Each eligible source was verified and analyzed by two independent reviewers. OMT procedures appear to be effective and safe for pelvic and spinal pain management in the lumbosacral area in pregnant women.

PMID: 25920314 [PubMed - indexed for MEDLINE]