

Q: Hands-on treatment can identify clues to a patient's overall health. Welcome to SBH Bronx Health Talk produced by SBH Health System and Broadcast from the beautiful studios at St. Barnabas Hospital in the Bronx, I'm Steven Clark. Osteopathic Manipulative Treatment or OMT can restore the proper tension alignment of the bones, muscles, and joints. It promotes improved breathing, circulation, and function. Tailored to support a patient's health, it is used to treat a number of ailments such as migraines, pneumonia, ear and sinus disorders, irritable bowel syndrome, lymphedema, and joint pain to name just a few. With us here today to discuss OMT is Dr. Nicole Thorsvik, a member of the faculty in the Department of Osteopathic Manipulative Medicine of SBH Health System, welcome Dr. Thorsvik.

*A: Thank you for having me.*

Q: I know as an osteopathic physician, I mean you can go into any specialty, you can be a surgeon, you can go into primary care, internal medicine, emergency medicine, what made you decide to go into OMT?

*A: Well I was a patient of an osteopath first. I was having a lot of back and neck pain, and I had seen my primary care doctor, and chiropractors, and they had all told me that I was suffering from arthritis, and that I was probably going to have pain for the rest of my life, and as a young person that was quite discouraging and then a friend recommended that I see an osteopath which I didn't know what that was. I saw the osteopath, then after one treatment with this very gentle touch my pain was improved, and a couple treatments later my pain was completely gone and I was so surprised I had to know what it was and I had to bring this to other people because I felt more people really needed to know and have the opportunity to benefit from it.*

Q: Were you in medical school at the time?

*A: I wasn't. I had graduated from college, I was working a full time job, I was so impressed by the specialty though that I went back to school so that I could apply to medical school.*

Q: So this this personal incident actually directed your career path?

*A: It did yeah*

Q: That's a great story

*A: Thank you*

Q: So let's begin by putting to rest that OMT is not massage, and it's not chiropractic treatment right?

*A: That is correct.*

Q: What's the difference?

*A: Well practitioners of OMT are fully licensed physicians, so we have a full medical education, followed by a residency specialty training to use our hands in diagnosing the structural changes in a patient's body and how that affects their disease process. So we look at the full patient from head-to-toe, looking at the bones, the muscles, the nerves, the vessels, and we assess how that relates to the patient's presentation, or their third illness.*

Q: But the hands-on treatment is still, it's not like going to a chiropractor, or going to a physical therapist, or a massage therapist for a massage right?

*A: True, sometimes we are referred to as massage therapists because our treatments are very gentle and they often feel very nice, if you have a lot of tension in your body. Having an*

*osteopathic treatment can help relieve you of that tension, and as a result you feel very relaxed at the end of it. And so many of our patients may confuse us with massage therapists because of the feeling they have after the treatment.*

Q: But you're, I mean again my wife's a physical therapist, so I know a little bit about massage from her perspective, and that's usually a muscle problem, or joint problem, or something. You're treating illnesses or disorders that go far beyond that correct?

*A: Yes. So oftentimes muscle imbalances muscle tension, it is just a small symptom of the actual structural problem that we see, and so we examine the alignment of the bones and their relationship to one another, and the different joints, because oftentimes it's within the bones that we will sometimes see the result of the tension in the tissues.*

Q: A lot of referring doctors, like primary care physicians do they even think about referring patients for OMT?

*A: Many of the physicians in the hospital know of our service, they know how we can help their patients, and some of them have been patients themselves and they've benefited from a treatment. And so they are able to refer their patients to us when they know that the patient has a type of problem that we may be able to help them with. There are other providers in the hospital who are not as familiar with our service but we've been working to try to increase the scope of awareness that physicians and patients in the community have with our service.*

Q: But if you have a problem like, I don't know, we talked about at the beginning pneumonia or migraines, I would assume that there's a real educational process that goes into play both for referring physicians and for patients, because again if I have a migraine and I'm listening to this broadcast and I'm hearing, "well gee a OMT can actually treat my ailment", I mean that's gonna be

surprising, I would think, right?

*A: Sure there's sort of two components that go into the education process. One is that in our hospital we have both M.Ds and D.O physicians, and many people may not be familiar with the fact that there are two different essentially brands of physicians in the United States. And the difference is that D.O's have been trained within their medical school to understand structural assessment and treatment, and whereas M.Ds do not receive this form of training within their education. So the first I guess barrier to education within the hospital setting is that M.D's may not be familiar with this form of treatment and how it can benefit their patients. So part of our work here has been to work with the residency programs and the other MD physicians to teach them what we do, and how that would potentially benefit their patients. The other aspect is in educating the patients themselves, and so they also are not familiar with this form of treatment, there are very few hospitals in the United States that actually have a service that will treat patients or even a clinic that will treat patients. Most patients aren't familiar with what we do and part of the education process comes within the encounter. Teaching them that we are not massage therapists or physical therapists but that we are physicians who are fully trained to address their structural needs and how that relates to their illnesses.*

Q: Well, give me an example. Again, someone comes in who's been referred to you or maybe they hear this broadcast and they, they have a sinus disorder, where they have a migraine. What happens when they come in and they see you? I mean, what part of the body are you working on necessarily?

*A: Sure, well within our philosophy all the parts are related, and in order to have a healthy functioning individual, you have to understand the different components that come in to health. So we look at the mind of the patient, how is their stress life balance, what's going on at home.*

Q: So you actually talk to them?

*A: We talk to the patient's, yeah we get to know who they are as a person, what they value, what their life is like, what their social determinants that are also affecting contributing to their overall health and their lifestyle. We examine their body from head-to-toe, we look at you know, the legs, the arms, the back, the head, the neck, and we make our assessment by observe*

Q: By looking at it, you're talking about touching it, right?

*A: Oh yes, well we do look visually, but we also use our hands to feel the quality of the tissue. So we look are the muscles tight, is there swelling here, is the joint is the joint moving very well, or is it restricted, and so we assess from head to toe and then we're able to begin our approach to treating that patient, and it's different for each individual because everybody goes through life in a different way. They were born with you know certain backgrounds, and then you know may have had traumas, or injuries throughout the course of their life. So you know a migraine, everybody can have a migraine, but what that means for that patient is very specific to them and to their life. So it's important for us to be able to use our hands to look at them from head to toe, to see how is what does their body try to tell us and why is this migraine here*

Q: Now again, are you typically a support or complementary professional involved in working with a patient, or are you the first line or how does that typically work?

*A: Well patients will see their primary care doctors and oftentimes we will receive referrals from the primary care doctors to look more specifically at a problem, if a medication or physical therapy hasn't been successful. Sometimes we'll see the problems in conjunction with physical therapy so if somebody has back pain they'll often you know receive medication or see a physical*

*therapist and they'll see us as well, and so our patients typically will come from their primary care doctors although sometimes outside specialists will refer to us as well, and then within the hospital each of the different specialties may decide that we might be able to help their patients.*

Q: It's not a it's not typically a one-shot treatment though is it? it's ongoing?

*A: It's very dependent on the person and the length of time that the problem might have been there, for some patients they may feel better and have their problem or their complaint completely resolved after one treatment, other patients may require multiple treatments, it's very dependent.*

Q: Can you give me an example again, I want our listeners to get a real sense of how OMT can work on at least reducing or solving the problem, I don't know, you know pick an illness, or pick an ailment, and how typically it's worked.

*A: So one problem that we see frequently in the hospital is pneumonia or asthma, any type of respiratory or breathing disorder. As patients have any injuries, or if they are exposed to chemical irritants that affect their ability to take a deep breath in, as they breathe those chemicals in their nervous system sends a response to sort of halt the intake of those harsh chemicals.*

Q: well again, let's say again, a patient comes to you and they have a respiratory ailment

*A: yeah*

Q: And you know they again, they've been referred to you, maybe medication hasn't solved the issue, they come to you, is there a particular circumstances where you're actually working on them? I mean, is it like what are you treating? Are you treating around

their chest area, or their back, or is there some nerve or something elsewhere in the body because everything's interconnected

A: Sure

Q: I mean how exactly does that work?

A: So we'll look at how well their their ribs are moving, their chest wall, we examined the motion of the diaphragm which is the main muscle of respiration and we look at the different components that affect the nervous supply, or the lymphatic drainage, or the blood supply to the lungs and to the muscles of the breathing accessory muscles. And we adjust our treatments based on what we find for that patient, so someone might have COPD but it might affect them differently than the patient next to them who also has COPD, so if they have very restricted stiff ribcage our treatment will be targeted to specifically improve the mobilization of the ribs so that they can have greater and freer excursion, and then that the diaphragm might descend more freely so that they can take a deeper fuller breath than they were able to previously.

Q: So it's very customized approach? It's even hard to say, well if you've got a respiratory issue, this is what we do ABCD it may differ per patient, right?

A: Yes absolutely, that's the the main point of an osteopathic approach to care, is that regardless of what the problem is it doesn't affect all people in the same way, and we can't understand how it is affecting the patient, or how we can help that patient without first assessing them from head to toe and seeing for ourselves the evidence of what's going on with the patient, and using the information that we get from our diagnosis's we're able then to tailor a treatment specifically to treat those patient's needs.

Q: I first became exposed to OMT and osteopathic manipulation about a decade ago when I found out that you were working on newborns.

A: *aha*

Q: That seemed like an unusual audience.

A: *Sure*

Q: What exactly do you do with newborns?

*A: Yes, well we do have a service in the hospital we see all the babies that have been born at St. Barnabas, whether they were delivered through a caesarean section or vaginally, basically we examine each newborn in the same way from head to toe. They've been spent nine months developing in a womb with limited space and so sometimes also the birthing process can be particularly physically demanding for a baby who has to navigate the shape of the mom's pelvis in the position of the delivery. So we will look at the bones, and the muscles of the babies, and the position of the joints, and we'll do gentle treatments to help relax any strains that we see in there tissue, we can help improve the ability for a baby to latch on to the breast and to coordinate muscles of the tongue to suckle. We've been able to help babies who are very irritable or who are difficult to console and must be held all the time, sometimes the problem is just a strain that's in their body that's really irritating to them and they can't get comfortable. Also we're able to help with feeding and digestive issues, so if they have a lot of reflux we might be able to take a look at the stomach or the diaphragm and release tension in there that's causing them to spit up. As well as pooping, you know babies having constipation we can help reduce some of the tension in the pelvis to improve the ability for the stools to come out more easily.*

Q: I've actually, I'm assuming I believe at the time there were actually studies that showed that certain things like colic and you know newborn ailments actually are reduced through OMT right?

*A: Yes, there have been studies showing that colic has improved. There's a lot of active research I think also going on right now some physicians, osteopathic physicians in Italy are also leading the way and looking at studies and how OMT can help babies in the NICU as well.*

Q: Is OMT covered by insurance?

*A: Yes, insurances do provide coverage for OMT, and St. Barnabas is very nice and that it accepts insurance for OMT, whereas there are providers in the city who do OMT but are cash based practice, so having access to see them is much more limited.*

Q: Is St. Barnabas the only hospital in the area that offers OMT?

*A: as far as I'm aware, St. Barnabas is the only hospital I think that there may be other D.Os in the city who are using their osteopathic treatment in addition to their primary care services. But as far as I know St. Barnabas is the only hospital that has an inpatient OMT service as well as an outpatient clinic. We have a clinic five days of the week in the sixth floor of the ambulatory care center, and we see patients like you said from all stages of life and for all sorts of reasons and I think the wide variety of cases we see gives patients greater access to see us as well.*

Q: Okay well thank you Dr. Thorsvik for a few minutes today on SBH Bronx Health Talk

*A: Thank you for having me*

Q: For more information on services available at SBH visit

[www.SBHNY.org](http://www.SBHNY.org) and thank you for joining us and until next time.