PROVIDENCE St. Peter Family Medicine

OMT for Ribs

Treating ribs with OMT is one of the more satisfying protocols. Often especially when you have a Rib "Out" (subluxated rib) the patient feels sharp point tenderness. With very basic HVLA technique you can put it back in with essentially complete resolution of the pain. However other times in inhalation or exhalation dysfunctions of rib movement this will tax your OMT skills and it is important to remember your anatomy for treatment. Remember NO OMT if possibility of fracture!

"Rib Out"

HVLA to side of dysfunctional rib over articulation of rib to thoracic spine. This is usually noted by point of maximal tenderness over and can also be seen as a "Lump." You should feel tissue texture changes in this region. The HVLA can be done in several fashions. The basic method shown in the video is the "Texas Twist"



Test for inhalation/exhalation dysfunction:

Patient seated in front of you. Provider's hands contacting the rib cage. The patient breaths slowly in and out and the provider assesses movement. If the rib moves better up and won't go down it is stuck in inhalation. If it stays down and won't go up it is stuck in exhalation.



Inhalation (stuck "UP")

Sitting next to the patient on the treatment table Contact the dysfunctional rib with your hands and have the patient lean into you for firm contact. Have patient breath in and out. As patient breaths out follow movement. As patient breaths in resist movement. After no further movement is obtained ask patient to breath out fully and hold their breath as long as possible

Exhalation (stuck "Down")

Sitting next to the patient on the treatment table Contact the dysfunctional rib with your hands and have the patient lean into you for firm contact. Have patient breath in and out. As patient breaths in follow movement. As patient breaths out resist movement. After no further movement is obtained ask patient to breath in fully and hold their breath as long as possible

