Goals and Objectives

Manual Medicine Rotation

(Revised 6/2013)

The manual medicine experience is spread over all 3 years and manual medicine is integrated into nearly every rotation as an osteopathic core competency in the treatment of patients.

This Manual Medicine Rotation is a one-month rotation to improve and maximize manual medicine skills as a senior resident.

Year in training: PG 3 or 4

Level of supervision by attending physician: Direct supervision

Supervision of junior residents: No direct supervision of junior resident.

Location of rotation: MSU Clinical Center and inpatient rounds at McLaren Greater Lansing and Sparrow Hospitals

Responsible Faculty: Drs. M. Gugel, J. Gilmore, J. Rowan, L. DeStefano, W. Golden, L. Prokop, OMM Dept Faculty, MSU PM&R Faculty, Osteopathic Manipulative Medicine Residents and Fellows.

Goals of rotation:

* Demonstrate understanding of the neurophysiology, rationale, indications, contraindications, and specific considerations involved in the use of each of the following manual medicine techniques in physiatric patient management: muscle energy, myofascial release, craniosacral, strain-counterstrain, high velocity-low amplitude (HVLA), balanced ligamentous, soft tissue, and articulatory techniques.
* Discuss the role of the musculoskeletal systems in health and disease, particularly as they pertain to functional status.
* List the basic principles of osteopathic structural diagnosis.
* Performan accurate, pertinent palpatory structural examination.
* Demonstrate the ability to effectively, concisely, and accurately prescribe manual medicine treatment.
* Explain the barrier concept and its importance in treating the neuromusculoskeletal systems with manual medicine
* Describe normal vertebral motion and understand the most common dysfunctions of vertebral motion as encountered in physiatric practice.
* Demonstrate a high degree of skill in manual medicine treatment of the cervical spine, thoracic spine and ribcage, lumbarl spine, sacrum and pelvis, and upper and lower limbs using at least four of the above referenced manual medicine treatment approaches.
* Comment on the effective integration of manual medicine into physiatric practice, including how to make an effective manual medicine referral.
* Demonstrate skills to manage rehab patients referred for manual medicine evaluation.
* Display effective communication and interpersonal skills in working with a variety of attending physiatrists, nurses, therapists and other allied health care workers as well as with patients and their families
* Emulate leadership with respect, dignity and compassion for patients and their families
* Utilize osteopathic manipulative treatment skills with patients with musculoskeletal complaints

1. **Patient Care**

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| **Post Graduate Year** | **Responsibilities** |
| **Year 2** | * Demonstrate osteopathic manipulative treatment skills for patients with musculoskeletal complaints |
| **Year 3 and 4** | * Display effective communication and interpersonal skills in working with a variety of attending physiatrists, nurses, therapists, allied health care workers and patients * Perform manual medicine-focused H&P exams that are complete and accurate, reflecting the patient’s functional abilities * Effectively utilize patient safety practices and safety awareness in both inpatient and outpatient settings * Demonstrate osteopathic manipulative treatment skills for patients with musculoskeletal concerns * Performan accurate and complete palpatory examination * Demonstrate the ability to effectively prescribe manual medicine treatment |
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1. **Medical Knowledge**

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| **Post Graduate Year** | **Responsibilities** |
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| **Year 3 and 4** | * Demonstrate understanding of neurophysiology, rationale, indications, contraindications, and specific considerations involved in the use of: * Muscle Energy * Myofacial Release * Craniosacral * Strain-counterstrain * High Velocity-Low Amplitude (HVLA) * Balanced Ligamentous * Soft Tissue * Articulatory Techniques * Demonstrate efficiency in manual medicine treatment of: * Cervical Spine * Thoracic Spine and Ribcage * Lumbar Spine * Sacrum and Pelvis * Upper and Lower Limbs   (using at least four of the above-referenced manual medicine treatment approaches). |
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1. **Practice-Based Learning and Improvement**

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| **Post Graduate Year** | **Responsibilities** |
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| **Year 3 and 4** | * Effectively solicit and utilize constructive feedback from all team members, including attending physicians, patients and their families * Review current literature regarding medical information for common manual medicine diagnoses * Integrate newly acquired knowledge into the assessment of manual medicine treatment and outcomes * Properly alter the manual medicine prescription based on response to treatment |

1. **Interpersonal and Communication Skills**

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| **Post Graduate Year** | **Responsibilities** |
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| **Year 3 and 4** | * Demonstrate understanding of normal vertebral motion * Explain the most common dysfunctions of vertebral motion to both patients and other healthcare providers * Demonstrate appropriate interactive and engaging communication skills with patients with disabilities and with their families * Demonstrate effective patient communication skills based on his or her socioeconomic level * Demonstrate effective listening skills |
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1. **Professionalism**

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| **Post Graduate Year** | **Responsibilities** |
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| **Year 3 and 4** | * Exemplify respect, dignity and compassion for patients and their families * Demonstrate initiative, integrity and respect for patient confidentiality * Demonstrate skills reflecting collegial and collaborative conduct with fellow residents, attending physicians, nursing staff and allied health staff * Demonstrate an understanding of ethical principles involved in manual medicine * Respect diversity in the cultural dynamics, gender, age, ethnicity, religion, disabilities and sexual orientation of patients and co-workers * Develop professional relationships with referring physicians, therapists and ancillary health care providers to facilitate timely and effective manual medicine treatment |
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1. **System-Based Practice**

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| **Post Graduate Year** | **Responsibilities** |
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| **Year 3 and 4** | * Demonstrate an understanding of the integration of manual medicine into physiatric practice * Demonstrate the ability to make an effective manual medicine referral * Advocate for quality patient care and help patients navigate system complexities * Demonstrate sensitivity and awareness in the cost of treatment options and the ability to develop effective treatment plans accordingly |
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**Specific Functions and Roles to Accomplish Goals of Rotation**

To accomplish the above mentioned inpatient objectives, the resident will provide osteopathic manual medicine treatment for patients seen in the osteopathic manual medicine clinic, McLaren Greater Lansing Hospital and Sparrow Hospital.

The resident will participate in the didactic curriculum by teaching fellow residents on various topics, as assigned by their attending physician, Program Director or Chief Resident.

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The resident will participate in journal club, morbidity and mortality rounds, as well as root cause analysis, as assigned by their attending physician, Program Director or Chief Resident.

The resident will develop and participate in quality improvement projects, as assigned by their attending physician, Program Director or Chief Resident.

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Resident Signature

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Program Director Signature