

**AOASM 2026**

**Osteopathic Approach in the Athletic Training Room**

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2026 AOASM Clinical Conference

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**Financial Disclosures**

- None



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**Disclosures**

- This is not the gold standard treatment regimen for athletes
  - It is simply an approach that we have used/modified and seen great response anecdotally



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## Learning Objectives

- At the end of this session, participants will be able to:
  - Understand common conditions treated with Osteopathic Manipulative Treatment (OMT)
  - Discuss how OMT is applied within the training room and competitive athlete
  - Practice overall toe to head efficient OMT techniques
  - Engage in open conversation and feedback from other physicians in this room

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## Training room and event coverage

- Work closely with certified athletic training staff
- Common conditions treated:
  - SI Pain
  - Hip pain
  - Mechanical back pain
  - Neck pain
  - Shoulder pain
  - Rib dysfunction
  - Concussion and concussion related symptoms
  - Pre-participation
    - "Doc, do the thing you do!"



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## Pelvis

- Patient in supine and prone positions - diagnose innominate and sacral somatic dysfunction(s)
  - Use Applied Kinesiology (AK) and ASIS compression test as well as physical exam to localize the primary somatic dysfunction
- Diagnose innominate somatic dysfunction after hip flop; figure out which side is the primary somatic dysfunction and treat first
  - Hamstring muscle energy
  - Quadriceps muscle energy
  - Iliopsoas muscle energy
  - Piriformis muscle energy
  - Pubic symphysis muscle energy (spontaneous articulation normal)
  - If superior shear noted, then consider HVLA thrust
  - Treat contralateral side in same manner and ensure pelvic somatic dysfunction has resolved



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## Hip Abductor/adductor muscle energy



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## Pubic symphysis Muscle Energy



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### Hamstring and quadriceps muscle energy

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### Iliopsoas & piriformis muscle energy

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### Fibular Head, foot and ankle

- Diagnose fibular head somatic dysfunction on side of primary innominate somatic dysfunction
  - Perform fibular head muscle energy with ankle assistance
    - Utilize ankle plantarflexion/dorsiflexion, inversion/eversion, and internal/external rotation
    - Treat ankle somatic dysfunction
    - If patient mainly presenting with foot issues could consider navicular or cuboid whip techniques (whichever is pertinent)
    - If specific tendons are tighter than others, consider longer periods of muscle energy treatment while performing the fibular head muscle energy above
      - (i.e. posterior tibialis and peroneus longus/brevis)

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## Fibular head muscle energy and HVLA



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## Foot and ankle



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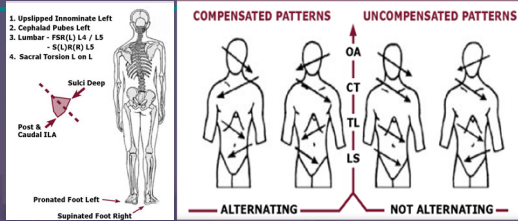
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## Common compensatory pattern



Pope, Ross E. "The Common Compensatory Pattern: Its Origin and Relationship to the Postural Model." (2005)

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## Lumbosacral spine

- HVLA/Muscle Energy
  - Treat the diagnosed sacrum with muscle energy
    - Prone position, internally rotate each lower extremity at the hip joint; also gap the SI joint and resist patient performing hip extension
  - Can use sacral C technique as alternative
  - Treat respective side of lumbar spine in sync with common compensatory pattern first
    - If L on L sacral torsion start with treating rotated right L5 followed by group curve of L1-L4
    - With muscle energy I will ensure to engage each lumbar segment
  - Repeat on contralateral side
    - Use muscle energy to decrease hypertonicity and flush out swelling and allow musculature to relax, then proceed with HVLA (if not contraindicated)
- If persistent hypertonicity, consider myofascial release and soft tissue techniques



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## Sacral muscle energy and sacral C



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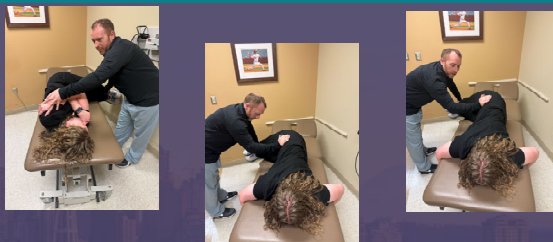
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## Sacral muscle energy and sacral C



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## Lumbar spine muscle energy and HVLA



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## Lumbar myofascial release (& sacral articular technique)



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## Thoracic spine

- HVLA
  - Treat left side first if following respective common compensatory pattern
  - Check contralateral side
- If contraindication to HVLA then consider myofascial release and muscle energy

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## Thoracic HVLA

Kirkville Crunch



Texas Twist



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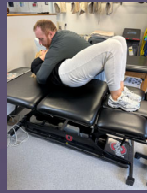
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## Thoracic HVLA (Upper)



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## Myofascial release



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## Thoracic muscle energy



- Sitting Position with Osteopathic Salute
- T1-T4
  - Engage cervical spine
  - Monitor T1-T4



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## Shoulder and elbow

- Scapular myofascial release
  - Will utilize some features of Spencer technique
  - Don't neglect 1<sup>st</sup> rib
- Lat dorsi muscle energy
- Radial head muscle energy



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## Scapular myofascial release/lift



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## Latissimus dorsi muscle energy



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## Radial head and wrist muscle energy



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## Wrist

- Carpal release
  - Place thenar eminence around patient's thenar eminences and wrap fingers around wrist
  - Compress palms together rhythmically to separate carpal bones
- Cross-friction force
  - Place thumbs in middle of wrist and spread outward to stretch tissue (apply enough force to see blanching of tissue)
  - Work up and down as technique to release retinaculum
- Dorsal Carpal HVLA to mobilize carpal bones
  - Applying a whip like thrust in palmar direction while circumduction of wrist and arm gently

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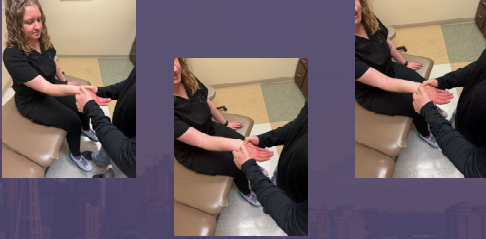
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## Wrist



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## 1<sup>st</sup> rib and cervical spine

- Check 1<sup>st</sup> rib and do pectoral traction or pectoralis minor muscle energy
  - Treat elevated first rib with HVLA or muscle energy
  - Muscle energy to pectoralis minor or pectoral traction
- Suboccipital release
- Cervical spine muscle energy or HVLA
  - AA followed by C3-C7
    - Consider sidebending only with depressed shoulder muscle energy for some levels if concurrent levator scapulae hypertonicity
    - Also perform extension/flexion based muscle energy to isolate scalene
  - If not improving with these techniques, then go to soft tissue techniques

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## 1<sup>st</sup> rib treatment and Pectoral traction



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### Suboccipital release and Soft tissue



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### Cervical muscle energy



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### Cervical HVLA



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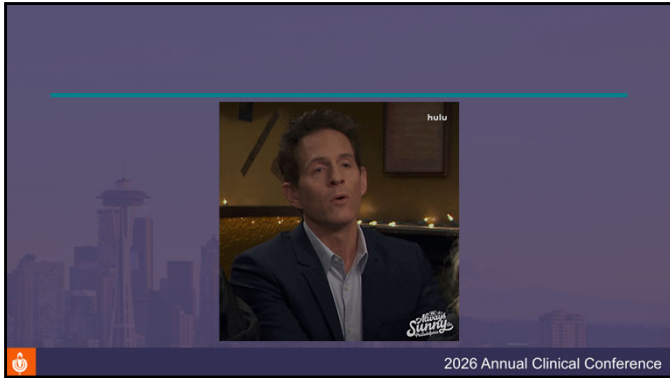
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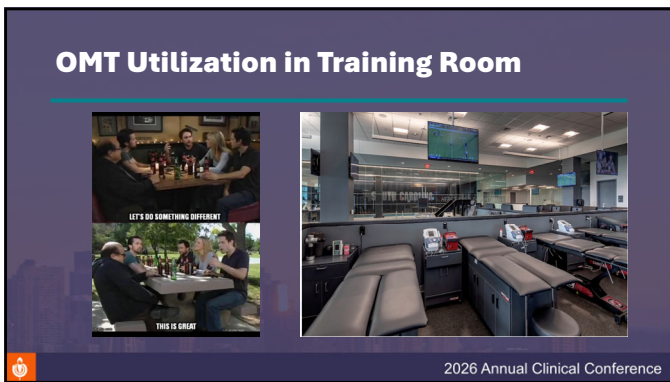
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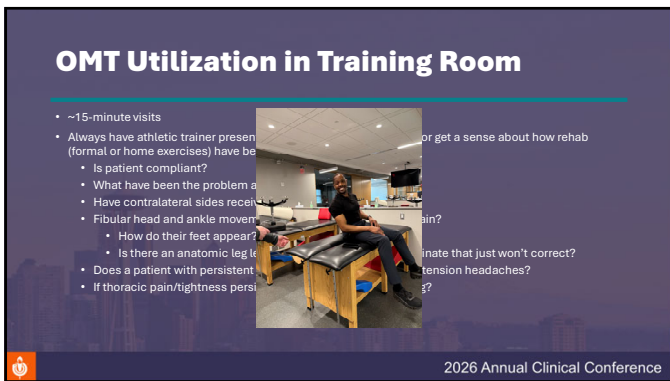
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## OMT Utilization in Training Room

- Follow holistic method and focus primarily on direct techniques with indirect techniques to areas refractory to direct techniques
  - If prior to game, or at halftime, these need to be efficient so focus primarily on direct techniques to problem area or if multiple problem areas need to do HVLA mainly with limited muscle energy
    - Football or hockey players will likely keep pads on during halftime so insert hand under pads
- If concussion, then these are longer (~30-minute visits) and not to be done in a time limited scenario
  - Focus on indirect techniques near cervical spine
  - Need to be careful not to bring on vestibular symptoms
  - Often will discuss activity modifications during treatment
  - Consider Cranial Manipulation

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**Thanks!**

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