

Pre-Competition OMM in Sports Introduction

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Objectives

- Review one approach to precompetition OMM protocol
- Summarize literature for precompetition OMM
- Perform/demonstrate precompetition OMM routine

Athletics





**Precompetition Manipulative Treatment and Performance
Among Virginia Tech Athletes During 2 Consecutive Football Seasons:
A Preliminary, Retrospective Report**

Per Gunnar Brolinsson, DO; Michael Smolka, DO; Mark Rogers, DO, MA; Suporn Sukpraprut, PhD, MA, MSc;
Michael W. Goforth, MS, ATC; Greg Tilley, DC; and Keith P. Doolan, MS, ATC

- Nearly 2000 OMT treatments over 2008-9
- Coaching staff evaluated
- Precompetition manipulative treatment
- Positively associated with improved performance among both offensive and defensive football players



PRE-COMPETITION MANIPULATION AND INJURY RISK AMONG VIRGINIA TECH FOOTBALL PLAYERS DURING THE 2015-2017 FOOTBALL SEASONS

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- 65 football starting players over 2015-17 seasons
- 47% said OMM used to manage pain
- Players who self select for precompetition OMM treatment were more likely to suffer an injury the subsequent week
- Some managing minor, preclinical injury already
- Can we intervene to prevent injury with ATC/PT?

Precompetition Protocol

- Pelvis
- Lumbosacral screen
- Thoracolumbar screen
- Leg lengths
- Lower extremities
- Sacrum
- Lumbar
- Thoracic
- Rib
- Upper extremities
- Cervical
- Cranium





Lower Extremities



Navicular Articulatory



Cuboid Articulatory



1st Rib Inhaled (up) Stills Technique



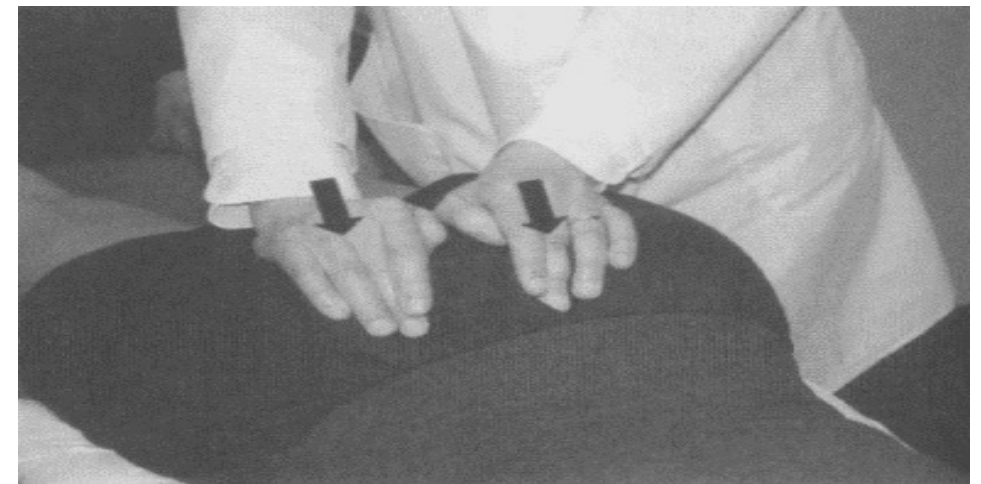
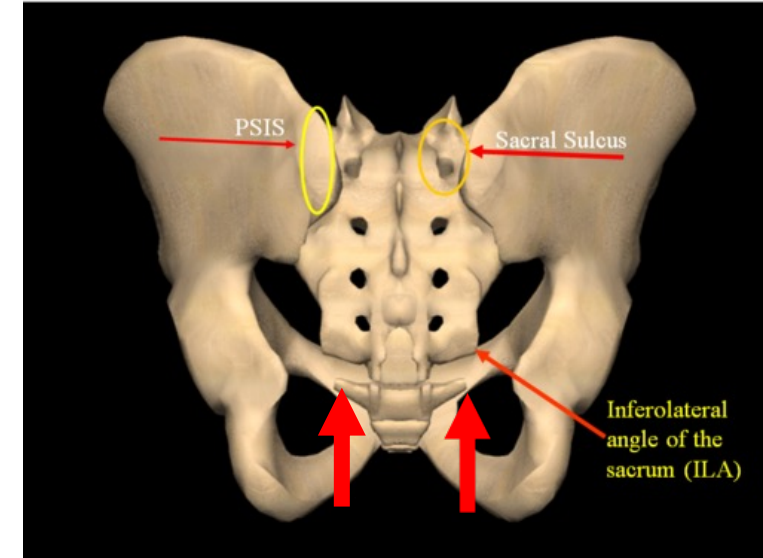
- Pronate/IR humerus
- Abduct



- Adduct

Sacral Diagnosis for Facilitated Positional Release

- Place heels of both hands onto the inferior lateral angles (ILAs)
- Direct a cephalad force through the ILAs on the left, then right
- Compare sides of the sacrum for freedom/restriction
- Right side is restricted side is dysfunctional



FPR Treatment for Sacrum



- Pt prone with a pillow under abdomen (flatten curve)
- Monitor affected SI joint (SIJ) with finger, and rest of hand on ILA
- Abduct and internally rotate the thigh until motion is felt at SIJ (to gap the joint)
- Gently push leg down toward floor until motion is again felt
- Pt takes a deep breath and exhales slowly while physician pushes cephalad (to the head) against ILA
- Release and reevaluate
- Retreat as needed

Upper Extremity



Precompetition OMM in Various Settings

