

OTM Lab
Introduction to Palpation II
August 29, 30, 2007

- I. Clinical thought process – HIPROT
- II. Somatic dysfunction thought process – TART
- III. **T**issue Texture Changes
 - a. Color
 - i. Initial inspection
 - ii. Response to skin drag – “Red reflex”
 - b. Temperature
 - c. Moisture
 - i. Skin surface
 - ii. Underlying tissue
 - d. Muscle tonicity
- IV. **A**symmetry
 - a. Visual
 - b. Palpatory
- V. **R**ange of Motion
 - a. Range of Motion - Kimberly manual pages 7-8
 - i. Active range
 - ii. Neutral
 - iii. Passive range
 - b. Barriers – Kimberly manual pages 9, 19-24, 311-313
 - i. Physiologic barrier
 - ii. Anatomic barrier
 - iii. Restrictive barrier
 - c. Types of movement testing – Gross pages 29-31
 - i. Active movement testing – gross screen for contractile and noncontractile elements. Assesses both quantity and quality of motion. Painful or painless.
 - ii. Passive movement testing – stretches noncontractile elements.
 - iii. Resisted movement testing – strong, weak, painful, or painless. Focuses on contractile tissues.
 - iv. Passive mobility (accessory) movement testing – roll, spin, and glide (translation).
 - d. Joint play – end feel – end point
 - i. Hard – bony
 - ii. Abrupt and firm – ligamentous
 - iii. Soft – tissue approximation
 - iv. Elastic – tendinous
 - v. Empty end feel (guarding) – patient voluntarily limits the motion secondary to pain

- e. Posterior to Anterior Springing of Spinous Processes
 - i. Screening test – directs physician to perform more detailed evaluation at a particular spinal segment
 - ii. Direct force perpendicular to spine
- f. Active and Passive testing of planes of motion at some of the major joints of the lower extremity. Major motions, minor motions (accessory motions or glides), barrier end feel.
 - i. 1st Metatarsophalangeal Joints
 - 1. Flexion/extension
 - 2. Medial/lateral glide
 - 3. Internal/external rotation
 - ii. Ankle (Talotibial) joint
 - 1. Dorsiflexion/plantar flexion
 - 2. Inversion/eversion
 - 3. Drawer test
 - iii. Knee (Femurotibial) joint
 - 1. Flexion/extension
 - 2. Anterior/posterior glide
 - 3. Abduction/adduction
 - 4. Internal/external rotation
 - iv. Proximal Tibiofibular joint
 - 1. Anterolateral/posteromedial glide
 - v. Sacroiliac (SI) joint
 - 1. ASIS compression test – alternately spring posteromedially (Kimberly manual page 28)

VI. Tenderness

- a. Reported by patient
- b. 0 to 4 kg of pressure
- c. 8 kg is tender to many people without dysfunction

“The art of palpation is one that must be developed. The ability to evaluate the ‘feel’ of the tissues can be developed only by practice and conscientious application to an extraordinary degree.”

Dr. Thomas L. Northrup, Reflex Diagnosis. *The Journal of Osteopathy*, Dec, 1961, pp. 18-26.

“As osteopathic machinists we go no further than to adjust the abnormal conditions back to the normal. Nature will do the rest.”

Dr. A. T. Still, *The Philosophy and Mechanical Principles of Osteopathy*, p. 33.