

Osteopathic Manual Medicine (OMM)

After Treatment Advice for INFANTS



- **What is OMM?** This is a gentle, hands-on treatment. It is helpful for adults, children, and babies. OMM has been well established for over a century.
- **Who does OMM?** This is completed by an Osteopathic Physician
- **What do we treat in babies?** We treat the whole body. Specific tissues we treat include: muscles, fascia, and a tough connective tissue called the dura. The dura runs from the sacrum (tailbone) all the way through the spine, up into the neck and head region. This is just one reason why it is important to work on the whole body.
- **How many treatments does OMM take?** Each baby is unique. The number of treatments depends on how the baby's tissue responds. We usually start with 3- 4 treatments. We can see progressive improvement with each visit. For some concerns (like head shape for example), oftentimes we need more visits as we gently treat the tissues and promote positive changes.
- **How far in between each visit?** Usually 1-2 weeks between treatments is a good time frame to see positive changes.

After an OMM treatment, infants can sometimes have:

- Deep sleep:
 - o Infants may take a longer nap than usual after treatment (sometimes even 2-3 hours long).
 - o Infants may also sleep more frequently or for longer times frames the day of treatment and the day after treatment.
 - o OMM treatment helps relax the baby and can cause this longer sleep. This is normal. You may wake the baby as needed to feed at their normal time.
- Large Bowel Movement:
 - o Oftentimes baby can have a large bowel movement (poop) after treatment, or several bowel movements. This is normal. The nerves that help control pooping are within the sacrum (tailbone) and upper neck region
- Mild temperature increase:
 - o Sometimes babies can have a slight increase in their body temperature after treatment.
 - o OMM treatment will not directly cause a fever.
 - o If the baby feels warm, unswaddle them first and then retake the temperature.
 - o If their body temperature reaches over 100.4F, this is considered a fever.
 - o The most accurate location to measure is to take a rectal temperature.
 - o Such a fever would be from something other than the OMM treatment, and should be addressed by your regular provider.
 - o For infants 4 months and older: sometimes treating with OMM in the face, neck, and mouth area helps the teeth come in. Eruption of the teeth themselves can sometimes cause a fever.
- Spitting up:
 - o While the goal with OMM treatment is to decrease spitting up, sometimes treatment can cause a mild increase with spitting up. A normal type of spit up happens during or after feeding.
 - o Such spit up should not be projectile in nature. Projectile vomiting would be vomit that travels a long distance, like hitting the wall. This would be caused by something else and would need to be addressed by your regular provider.

- Tummy time:
 - o In general, we recommend rest from tummy time that is on the floor/mat on the ground for the day of treatment, and the day after treatment. It is fine to continue with tummy time against your chest if you like.
 - o After these 2 days, you can then resume normal tummy time on the floor/mat.
 - o This small two-day break will help solidify relaxation of the muscles that were treated.
- Stretches:
 - o Similar to above, we recommend holding off on neck stretches for the day of treatment, and the day after treatment. This includes any “guppy” stretches. This will prevent any muscle irritation from occurring.
 - o When you do complete stretches: do them on BOTH sides. This will prevent an imbalance from occurring.
 - o ***** CONTINUE ALL TONGUE TIE AND/OR UPPER LIP TIE EXERCISES AS PRESCRIBED *****
- Irritability:
 - o Depending on how much tension or tightness is present in the baby’s tissues, some babies can become irritable during the treatment, and at times may be irritable for a couple days after treatment.
 - o This can be a normal part of the treatment process as a strain works its way out of the body.
 - o For example, while we are trying to optimize feeding function, some babies may experience exacerbation of latch issues for a short time while they begin breastfeeding with the muscle tightness changes that have been made.
- If another person (besides mom/dad) will bring the baby in for an office visit:
 - o We MUST have signed documentation on file with the person being named.
 - o That person MUST bring their ID with them when they bring the child in.
 - o This is clinic policy for the child’s safety.
 - o If we do not have these documents on file, we will not be able to proceed with an OMM appointment for that day.
- PT or chiropractic:
 - o Please let us know if your child is having a type of bodywork completed
 - o We recommend a chiropractic or PT visit be spaced approximately 48 hours apart from having OMM completed. This will give the body an appropriate time frame (about 2 sleep cycles) to fully integrate the changes that are being asked of it.
- Procedures:
 - o If you are planning to have a tongue tie or upper lip tie procedure: in general, we recommend waiting 48 hours after an OMM treatment to schedule having a tongue tie or upper lip tie procedure completed.
 - o This will allow the benefits of OMM treatment to fully settle in before having such a procedure completed.

OMM & NECK TIGHTNESS:

- **What is “torticollis?”** When the baby prefers to look in one direction, or when their neck appears tight in a specific direction, this is a medical term called “torticollis.” This is usually due to tight muscles and fascia. It is often a combination of tight tissue in the pelvis, tailbone, and entire spine. This is something that can occur based on how they lie in the womb, how their delivery went, how large they were when they were born, as well as other factors.
- **Why is it important to treat the neck turning (torticollis)?** It is important to help achieve full neck range of motion so that your baby can observe all parts of their world. We also treat the neck to prevent flattening and changes of the head shape.
- **What is “plagiocephaly?”** Plagiocephaly is a medical term that describes a change in head shape.
- **Why is it important to treat plagiocephaly?** Treating the head shape is not simply “cosmetic,” it is also important to treat the head shape to keep the eyes and ears symmetrical so that as your baby develops they can see and hear the world around them symmetrically. Treating plagiocephaly can also help reduce restrictions that could later cause issues with jaw issues (TMJ issues), orthodontic issues, headaches/migraines, and vision issues.

- **Neck/Head shape pillows:** We cannot recommend any type of pillow, cap/hat, or any soft item designed to hold the baby's head, neck, or body in a specific way while they are sleeping. It is safest practice to avoid such items. **They can cause risk of suffocation to the baby. Neck Tightness General Recommendations:**
- **Tummy Time:** In general, tummy time will help with strengthening the neck extensors (the muscles at the back of the head and neck region).
 - o These muscles will help the head shape become more round.
 - o Always monitor your baby during tummy time.
 - o We recommend getting a nice mirror for baby during tummy time
 - o Consider nicely contrasted black and white toys/pictures/cards.
- **Cribs/Bassinettes:** We recommend that you rotate which side you lay the baby's head while they are in a crib/bassinette/etc.
 - o For example, where the baby's head usually lies, make this where the baby's feet lie instead. You can switch directions each day or every couple days.
 - o This will encourage your baby to turn their head to both sides and use their neck muscles more equally as they become interested in hearing the sound of your voice and seeing you near them.
 - o However, if they will not turn their head at all in a specific direction (and we are working to improve their range of motion), we would prefer you allow them to look out at their world rather than just stare at a blank wall they cannot interact with.
- **Bottles:** If you bottle feed regularly, consider changing which side you feed the baby from.
 - o This will help reduce pressure on just one side of the baby's head, and also prevent the baby from only turning their head and neck in one direction.
 - o Be sure to tell any nanny/sitter/whoever may be feeding the baby regularly to rotate feeding position sides as well.
 - o If the baby gets too frustrated with changing sides, then return to bottle feeding in their preferred way. It is more important for them to feed well and for you to not get frustrated while feeding them as well.
- **Carrying:** Change which side you carry the baby on or sit with the baby, especially as the baby grows older.
 - o This will be as much for your benefit (as they grow heavier!) as it will be for their benefit
 - o For example, right-handed people may tend to hold the baby on their left side, even if they are just sitting down to watch TV with the remote in their right hand. Try to rotate between both sides to encourage the baby's head and neck to move in both directions.
 - o Discuss this with each family member that may carry the baby or sit with the baby in their lap for extended periods of time.
 - o For older children: observe in a mirror how carrying the child on each of your hips/each side affects the way they turn their head and tilt their head. Carrying on only one side can sometimes exacerbate a head tilt.
- **TV/Electronics:** Even young babies will make a strong effort to watch the TV or a phone.
 - o We can use this to our advantage to help with head turning:
 - Position them so the TV (or phone) is to their non-preferred side.
 - For example: If the baby prefers to look right, position them so the TV/phone is on their left
 - Turn the TV/phone on for about 1-2 minutes maximum at a time.
 - Letting them turn to their non-preferred side to watch the TV/phone will allow them to stretch their own muscles at a tension and for a duration they can tolerate.
 - o For regular TV watching (longer than just a couple minutes): have the babies positioned to view the TV in a straight-on position.
- **Car seats/Carriers:**
 - o If your child sits exclusively on the driver side or the passenger side, (and they usually look out the same window or watch the same sibling in the car), sometimes changing to the opposite side of the vehicle can help with head turning or head tilt preference.
 - o Otherwise, have toys on BOTH sides, and consider a mirror in front of them to keep their head and neck turning in both directions.
- **Strollers:** We recommend having toys and a mirror up on BOTH sides for them to look at and keep their head and neck turning in both directions.