

You're pregnant and in pain. Welcome to SBH Bronx Talk, I'm Steve Clark. Becoming pregnant is a blessing. It also comes with a challenge, gaining thirty or forty pounds in a short period of time. With the weight gain also comes postural change that sets many people up for lower back pain. Pregnancy is also fluid issues causing compression and swelling throughout the body. This pain and discomfort not only happens during pregnancy, but could set a women up for problems after she gives birth. Dr. Hugh Ettlinger, Director of Osteopathic Manipulative Medicine at SBH, and his team of osteopathic physicians have been making a huge difference for pregnant and postpartum women. Welcome Dr. Ettlinger

Thank you

Let's start out. What exactly is osteopathic medicine?

Osteopathic medicine was founded about a hundred and fifty years ago, by a physician who practiced on the frontier and in the civil war, named Andrew Taylor Still, and he learned about the relationship of structure and function, and how body mechanics relates to body function. Through his studies he developed the skills to use his hands to understand the structural issues of the body, and to produce manipulations to improve body structure. Therefore, body function, and that has become sort of the centerpiece of our profession. A parallel profession, we are fully licensed physicians, we learn these skills the science of body structure and how it relates to function. We learn the skills to treat patients accordingly.

So explain, it sounds a little like chiropractic medicine. How is it different?

I think the biggest difference honestly, is that we're fully licensed physicians. We make our diagnosis and treatment based on our medical knowledge. It's our knowledge that celebrates us, even though we may use maneuvers that look the same. The science behind them and the thought process, the treatment plan we use to diagnose.

Ok, so we lead off talking about pregnant women. Why don't we talk about that?

Pregnant women are particularly vulnerable to structural problems, because their body structure changes dramatically. They have weight gain that is in front of their bodies. Most guys will gain weight, we gain it all around us. We stay centered and easy to support that weight. Their weight is in the front and it creates postural changes that makes back pain very common, and yet for pregnant women it's impossible to take an Advil for pain, it's dangerous to the baby. So, a lot of women suffer from their pregnancy hanging on until their delivery. Many of the pains they have, and the swelling they have is really structurally based. So we're here to help them manage whatever issues they have during their pregnancies, and then once they give birth, we could work to support postural relations.

So what is the treatment like?

It's very gentle, it probably feel between laying on hands and a massage. It's usually very comfortable, but we do get in, and the changes that need to be effected. It could often help, a lot of people come back and say I didn't think you were doing anything, but know I feel a lot better.

How early in the pregnancy are patients treated?

I think there are a lot of health issues, and prevention is always better than trying to manage symptoms as they arrive. So women that we know, we have women through their first pregnancy, and they start up with us in the first trimester of the second pregnancy. So we could care for them when these problems arise. I would say when they start seeing any kind of symptoms (back pain, neck pain or headaches) which could come up, carpal tunnel syndrome, swelling in the hands or feet. The sooner of the onset of the onset of symptoms that we see them, better off, the easier it is to manage.

How long are these treatments?

The treatment takes about thirty minutes. The first visit is always going to be a little longer, because we have to take a history and do a thorough exam. I would say on average about a half hour.

How often?

You know it depends, usually after our first visit, I'll probably want to see someone back in a week, but once they're doing well, we'll probably spread the treatments out. Particularly through, the end of the first and second trimesters which are easily tolerated, but once the third trimester comes we'll end up seeing them more regularly, whether or not they have more symptoms, or even to just keep them well and functioning and the end of the pregnancy.

This is a medical treatment that insurance will cover it?

Yep. Absolutely.

What I also need to talk about, babies that are still here, a day or two old. Tell us a little about that.

You know, birth is a tough process. Every mother knows just how tough it is on their body, and it could be tough on the baby too. The force that comes from the uterus, even without any kind of external measures to assist the birth are significant. Although the babies are very well adapted, everyone comes out with a little bit of strain. The mother goes through a little bit of strain, because their body goes through changes to get the delivery, and the baby does too. So we made it out routine to come in on the mothers who deliver at St. Barnabas, and offer them and their baby at least one treatment while they are in the hospital. Most of the problems we find are small, and unlikely amount to anything. However, sometimes straining the baby could lead to anything like fussiness, colic, to spitting up and trouble sucking, because the strain could be in an area where it affects the nerve.

If it affects the nerve going to the tongue. They may not be able to latch or feed so well. We helped a lot of babies with feeding problems and colic as well. Changes lower down could impact the functioning of the stomach and the intestines. There are some things we could help with. If we examine them early and find them, they don't become problems later on. One or two years old, and they are much more difficult to manage.

From what I understand, treating these newborns is not something osteopathic physicians typically do., if you bring them to St. Barnabas Hospital.

Yea, it's a very unique service. I think we're only one of the hospitals in New York that offers it. I trained by a physician who sort of specialized in women and children. So, I had a lot of experience, and I understood the needs and was trained in how to do it, and then worked with Dr. Rosing of the OB

department and Dr. Lezcano in the neonatology department so we could find a way to get this service to the patients.

In addition to these services with women and newborns. What's your typical patient?

So, we have both an inpatient and outpatient service. In the inpatient, we see most of the trauma that comes to the hospital. Out of the postoperative patients, we see them to help them recover from their surgery. We see a lot of respiratory problems, we're helpful with asthma, and some of the breathing problems patients have. We have outpatient clinics, where we see almost everything. There are a lot of pain patients that have chronic back pain and neck pain, along with shoulder problems and such. People that have all types of medical problems, because our work works well with all types of problems.

Really? I'm guessing when it comes to people who have pain, osteopathic manipulative medicine might not be the area people think of.

I think that's starting to change, thankfully. We realize that people who are taking Advil for pain could even develop stomach ulcers and have kidney problems. We know all the dangers of using opioids for managing pain. So finding ways to manage pain without using medicines or invasive type procedures is becoming more common. Something we've been doing for a hundred and fifty years very successfully. So, I think it's a good thing to see these changes.

Do you think our traditional medicine is appreciating like osteopathic medicine?

Yea, I think here at St.Barnabas, our referral basis ripped. Most of the physicians once they see the work we do and how we help their patients, they set this forum.

So again, a lot of people, they don't think about going outside the box. I'm glad to hear that physicians that were trained in a more traditional way appreciate what you could do for a patient.

Yea. It's been a great experience here at St.Barnabas. It's been very open, it's sort of not "oh you need patients I'll send them". It's always show me what you do. We built our reputation on our work and our experience.

I know St.Barnabas for a number of years now and has quite a residency program. It's very unique, tell us about the residency program.

Yes, It's one of the first in the country, and it relatively a new specialty. In osteopathic medicine, we get trained to some degree, and it's very complicated work, and to develop the technical skills really takes a life time. We have about two thousand specialists in the country.

Is it a one year or two year residency program?

It's a three year residency program. It's a lot of medical and surgical training and then two years are devoted to your studies.

Ok

There aren't a lot of us. We have a lot of work to pursue. There are very few of us in practice that aren't busier then we could possibly be.

The bottom line is, if you have pain you should consider osteopathic medicine.

Even if you still need medicine, you might need less of it. There's less of a chance of having a bad side effect.

Dr. Ettlinger, thanks for coming today.

Thanks for having me.

For more information on services available at SBH Health System visit www.sbhy.org. Thank you for joining us today at SBH Bronx Health Talk. Until next time.