

The Still Point

VOLUME 5, ISSUE 2

PRE-CONVO ISSUE:
FEB 2012



Messages From Your Executive Board!

(Pg. 3-5)

The Sea Are I

Fluid currents run
'Round bone reefs and
brain coral.

The Tide of the soul.

-Alana Noritake, OMS II
PNUW-COM

Board Review!

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Submit your ideas for cover art for upcoming issues!

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Executive Board

Message from the Chair

The time of year to plan our trek to Convocation is upon us! This year our beloved event will be held at the historic Gault House in Louisville, Kentucky. For those of you unfamiliar with what Convocation is, I invite you to watch this video at <http://www.youtube.com/watch?v=UKfeLSzvlW4>. In short, Convocation is a calling home of osteopathic physicians around the world, to strengthen their connection with OMT and colleagues. It is a place where students have direct access to the world's best practitioners, hands-on workshops and opportunities to meet fellow students from across the nation. It is a gathering where opportunities abound to participate in forming our profession in many forms, including running for National SAAO office, becoming a committee member (Research, IT, Communications and Membership), showcasing your research, presenting in the A. Hollis Wolf Case Presentation Competition or by simply expanding your learning horizons to maintain osteopathy's importance in our future practices. We encourage you to chat with colleagues who have had the opportunity to attend in the past, and to consider how you would like to participate in SAAO for the future.

See You in Kentucky

Happy winter! January has always been one of my favorite months; something about the winter season brings about an intern-ing of our senses and a brief moment for introspection that is so rare in the life of a medical student. The holidays are over, I've had a chance to reconnect with family and friends, recuperate from fall semester, and now I can pause before the next round of tasks are demanding some attention. It is a lovely time to think back upon previous Convocations I have attended, and plan and think forward to what

Nicole Mullins—National Executive Council Chair (AZCOM)

A quick run-down of information –AHW participants—each school needs to confirm they will send a contestant by Jan 31, even if not selected yet. Presentations are due in March, so get your name in the hat ASAP! –SAAO Regional and National Offices—please start thinking about this now, as you must attend Convocation to be eligible. Contact current officers at emails listed in the chapter notebook; we'd be more than happy to answer your questions about what we do, and how you can be the one to do it next year! –Committee membership—open to all members, must be named by National Council.

News from a broader osteopathic medical student's world concerning our 3rd, 4th (and sometimes 5th) years: residency funding was NOT slashed, the VSAS applications are being opened to osteopathic medical students and there is legislation being proposed that would bar residents who went through a non-ACGME approved residency (eg, an AOA approved residency) from entering any ACGME fellowship programs without

repeating their residency (eg, if you went to an DO residency, you couldn't do any MD fellowships without repeating residency). As you can tell, our future as applicants to residency and as residents is in a constant state of flux. As students, it behooves us to stay abreast of these issues and become active in exercising our voices to advocate for changes that have our best interests at heart. At various times through-out the year, members of the SAAO National Executive Board were advocating for osteopathic students' interests, and we hope that as member, many of you were doing the same, whether that be by petitioning, calling senators, or attending DO Day on the Hill in Washington, DC. As a minority profession, we are stronger when we stand together; please consider planning your trip to Convocation where you have the opportunity to meet so many other osteopaths and forge relationships that will let us stand strongly together in our collective future.

Caitlyn Painter—National Executive Council Vice Chair (TouroCOM)

Louisville has in store for us this year! I hope you are all as excited for this year's program as I am! The Executive Board has been hard at work these past couple of months, putting together a program that will hopefully be of service to each of you in some way. I wanted to take a moment to highlight some events for you, and hopefully drive up some enthusiasm!

The first event I am excited about is the student mixer. This year, in honor of our hosting state, the theme will be Kentucky Derby! Spread the word,

and start searching, because there will be a Derby Hat Contest! Additionally, there will be food, libations, dancing, and games to be played. The mixer will be held on Thursday, March 22 from 5:15-8:15, right before Evening with the Stars. My favorite part of this event in years past was just having a chance to meet other Osteopathic students from across the county. It, at times, can feel, like our profession is very small, and we are isolated little islands, operating in our own little bubble. While, in reality, we

(Continued on page 4)

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are part of a small profession, it is much more expansive than it can often times feel. I encourage you to come out, meet some fellow students, and foster those new relationships. Find out the exciting things other campuses are doing, connect and collaborate, and fuel that spark that made you fall in love with Osteopathy in the first place!

Secondly, I want to briefly mention the A. Hollis Wolf Case Presentation Competition, which will be taking place on Saturday, March 24th, from 1:30-3:30. For those who don't know, the A. Hollis Wolf Competition is a case presentation competition between Osteopathic medical students, in which students demonstrate their understanding and application of Osteopathic principles, diagnosis and treatment. It truly is an inspirational afternoon, watching our fellow students embracing and articulating their experiences with Osteopathy. If you have a case, and would like to participate, please contact your chapter SAAO representatives, as there can only be one contestant per school. Also realize, the deadlines are

approaching, which include:

January 31, 2012: an email should be sent to me, informing us that your school is participating (do not need to know who yet).

March 1, 2012: Registration form must be faxed or emailed to me no later than midnight.

March 9, 2012: Final power point must be received by me no later than midnight, cannot be modified after this point!

If you don't have a case, come out and support your school, classmates, and fellow Osteopathic students! Perhaps you will be inspired for your case next year? This year we are lucky to have many generous donations for prizes including: James Jealous Phase I Biodynamics Course, Fulford Percussion Hammer from Blackstone Industries, a 6 set, 12 hour DVD series: "Human Embryology from a Biodynamic Perspective" by Dr. Brian Freeman from Pacific Distributing Books and Bones, and a flexible spine model from Shop Anatomical.

Finally, I would like to thank you all for the opportunity this year, to serve as your Vice Chair. Through this experience, I have learned a lot about our profession, about my place in the continuum, and how to be of better service to our community. That being said, there will be elections for a new Executive Board at Convocation. I want to encourage you all to take some time and contemplate running for a position. I have to admit, it is a sacrifice. We have very little extra time as medical students, our time is precious, and sometimes it can feel like you have nothing extra to give! However, sometimes giving back to the Osteopathic community is just the boost you need! I know it has been for me. So, take some time, during these introspective and reflective months, and think about how you might fit into the SAAO puzzle. Maybe it's running for an official position, and maybe it's not. We all have our own unique paths through this torturous maze called medical school!

I look forward to seeing and meeting you at Convocation. Please, if you see me, introduce yourself! And, as always, let me know if I can help or guide you in any way. Get ready Louis-

Auction 2012!

Each year the SAAO holds an auction as our main fundraiser and this year is no different. The auction is the only major fundraiser for the SAAO and we need everyone's participation to make it a success! Last year we had some great items donated including OMM tables, autographed books and amazing gift baskets.

Schools are allowed to donate up to five items and the two with the highest bid will go toward VIP points, which are used to determine Chapter of the Year. Feel free to be as creative as possible with donations because often times the items that sell the highest are not necessarily the most expensive items.

Josh Brown – National Executive Council Secretary-Treasurer (OU-HCOM)

This year we are also going to be continuing the silent auction at the SAAO booth. Bids will start Thursday and continue through the live auction.

Items can be dropped off starting Wednesday at the Board of Governors meeting through Friday at 2PM at the SAAO booth.

If you have any questions about donations or the auction itself, please refer to the document that was sent out. Any further questions can be directed to me at uaaosect@gmail.com.

The auction will take place at 5:30PM on Friday.

Please help make this year's auction as successful as last year!

Also. As others have mentioned, please consider running for a national position. As the secretary-treasurer you have the privilege of publishing the Still Point, running the national auction, and help with planning convocation each year. If you would like to run for my position please contact me and try to spend some time with me at convo so you can learn the expectations of the position.

Check the Ribs!

Elizabeth Potts—National Executive Council National Coordinator (PCOM)

Treating a rib dysfunction can make all of the difference to a patient! Recently I have seen a lot of people with rib dysfunctions. The first was my mother complaining of pain “not quite in my neck, but above my collarbone” – her left first rib was inhaled. The second patient was my father – came to me specifically complaining that his ribs were out of place. I thought that he saw how much better I had made mom, so he would see if I could just do the same thing to him and make him feel better. To my surprise he had about four different ribs that were inhaled. After five minutes of evaluating and coaching him through some muscle energy techniques, he felt so much better!

The next patient was seen in the Emergency Department in a Philadelphia hospital. He came in with acute onset asthma exacerbation. By the

time we were going to discharge him he was breathing much better but had a good deal of pain at the bottom of his chest area on the left. The PA told him that he likely pulled a muscle due to coughing and just to take motrin and he’d be fine. I decided to do a quick evaluation and found his 8th rib on the left to be elevated. In less than three minutes of evaluating and treating, his pain was relieved!

Another patient came to the same Emergency Department complaining of chest pain with a sudden onset two days ago and that moved a little when he did. He received a full cardiac work up including EKG, chest xray, and cardiac blood work even though he was only nineteen years old because he had a history of hypertension. All of his tests and labs came back as normal and the resident didn’t know what was going on with him.

I went back and reevaluated his rib cage and found a rib to be elevated. I performed muscle energy on him and almost instantly his felt much better.

Four different patients all complaining of vague chest pain that didn’t fit into a cardiac or lung type problems, were relieved with OMM. In school when we were taught about treating rib dysfunctions, I may have laughed in my head thinking that was something I was not likely to see. During cold and flu season with a lot of people coughing more frequently, it is good to remember to check the ribs. It is a strange pain to the patients that can be nearly totally gone within about three deep breaths. Remember as you see patients and family members this winter: check the ribs!

Rotating with the OMM Department at St. Barnabas Hospital, Bronx, NY

Taralyn Sowby—NUFA Liaison (LMU-DCOM)

Even though I was technically staying in the Bronx, I still had to take 3 buses to get to the hospital. My first day I was a bit nervous navigating my way through the notorious “BRONX.” I arrived safe and sound, and after the usual orientation, I was launched into OMM clinic. To say that I got “hands on experience” is an understatement for this rotation. There is no “sit back and watch” with the St. Barnabas OMM residents and attendings.

Each week you are assigned a different resident to follow and assist, allowing you to see different styles of treatment and points of view. I was also able to see a good amount of instruction from the attendings, as they were closely involved in new hospital patients, all hospital pediatric patients, newborns, all clinic patients, and labs. Yes, you read right, hospital patients and newborns! Plus, we treated all of the new moms in labor and delivery as well.

Highlights of my rotation:

- Multiple labs and discussion groups with residents and attendings
- A week of treating newborns
- Treating new moms
- Treating a pediatric trauma patient with a tension pneumothorax
- Treating an amputee patient
- Treating a patient on the vent in the ICU
- OMM, OMM, and more OMM

I highly recommend an OMM rotation at St. Barnabas Hospital. Dr. Ettlinger, Dr. Barnard, and Dr. Eucker run a great program.

PAAO Update

Message to the SAAO

I hope the 2012 will be an exciting year for you all as progress through your Osteopathic studies. Convocation will be an exciting event as always this year and I hope to see many of you there. For those of you who have signed up for the Mentor Program and those of you interested in learning more about the program, the AAO has been working hard to have the program information available on the member database. In the very near future you will be able to log

on to your member profile on the AAO webpage and see who your Mentor is. Be on the look out for an email from the AAO with an announcement on Mentor Program. Convocation will be the perfect place to meet your Mentor in person.

For those of you entering the match in the up coming months; Good Luck! I hope that you get your first choices. Remember, it doesn't matter what

John Leuenberger D.O.—PAAO Liaison

program you match at, whether it's DO or MD, or if you will do OMM or not on a regular basis; you can still belong to the PAAO, you are still an Osteopathic physician and you should continue to develop and expand your Osteopathic Manual Medicine skills. The PAAO is available to help and guide you in your future careers.

Thank you,
John Leuenberger D.O.

Individual Chapter Updates

Waiting for Spring

We have just had the first real snow fall of the year, and my fellow second year classmates and I have entered that dark hole of the seemingly endless wintertime blues. We are now being forced to determine how to best squeeze "studying for boards" time into our already busy schedules and somehow still maintain somewhat "normal" lives. To cope with our wintertime blues, SAAO at OU-HCOM has already begun to imagine the start of spring with its warm weather, new flowers, longer days, and oh yeah, Convocation! We have started making plans and in preparation, we held our annual auction in order to fund our trip.

The auction was my first new adventure of 2012, and it was an awesome experience for me. For one thing, it was the first auction that I have ever attended, and I was amazed by the energy and fast paced flurry of events surrounding me. The energy was definitely fueled by our auctioneer master, Dr. Jean Rettos, who skillfully transformed tables full of what appeared to

be junk into many new treasures. She started the bids off at just the right price. She managed to encourage friendly clashes between participants to drive up the prices of many items, including calligraphy lessons from one of our classmates for \$80 and a homemade caramel chocolate drizzle cheesecake for \$50. She also enforced rules like "everyone must buy something" and "there are no friends during an auction." The second rule seemed to come into play several times in the midst of a heated battle as the glares flew across the room in competition for the must have items.

I was also impressed with the OU-HCOM community coming together to support our cause. Several faculty members allowed us to auction off social events with them, like dinner with one of the family practice physicians and her family and 9 holes of golf with our Dean of Admissions. These events were some of our best sellers and gave students the opportunity to interact with faculty on a more personal basis. Not only did

they donate items, but many faculty members also came to the auction and purchased items for well over the market value. I think it is incredible that our faculty members are willing to support us in this way, and I hope that I can offer the same kind of support to future classes.

I appreciate how our student body and family medicine and OMM fellows came together to donate their unwanted items, time, and services and also purchase new items in an effort to support our organization.

We are extremely grateful to those who donated and purchased items at our auction to fund our trip to Convocation. I was unable to attend last year, but I am really excited that I have the opportunity to go this year. My classmates and I are looking forward to all of the exciting information and techniques we are going to learn and all of the people we are going to meet. Here's to surviving winter!

Megan Sopko—National Liaison (OU-HCOM)

Foundations of the Biodynamic Model of Osteopathy in the Cranial Field

- A four day didactic and laboratory exploration into the principles and practice of this work by the BioBasics Faculty.
 - This course is open to all levels of students and practitioners.
 - Expected mentoring ratio is 1:2.
- The BioBasics Faculty have completed extensive course work and have many years experience studying with Dr. James Jealous, founder of the Biodynamic model of Osteopathy in the Cranial Field.

Course Directors – Eric Cohen, D.O. & Evan Rubin, D.O.

Location:

Indian Head Resort, Lincoln, New Hampshire

Date:

June 8-11, 2012

CME:

Pending Approval - Anticipated 19.0 hours of AOA Category 1-A CME and 15.0 NMM/OMM specialty credits.

For more information on this course please visit our website at
www.jamesjealous.com.

Course details and outline to follow.

DOs on the Go

This fall SAAO members at the Kentucky College of Osteopathic Medicine participated in what we call, DOs on the GO, at the annual March of Dimes event held in Pikeville, Kentucky. During DOs on the GO, students interact with members of the



local community to promote the osteopathic profession while providing OMT under the guidance of one of our faculty physicians. These events not only allow students to practice osteopathic screening and treatment procedures, but students also practice taking vital signs, performing heart and lung exams, and communicating with pa-

tients. The students who participate in DOs on the GO find the experience to be rewarding, since they are actually diagnosing and treating somatic dysfunction, instead of just going through the motions in the laboratory setting.

Since winter is upon us here in Pikeville, and there are fewer opportunities to hold DOs on the GO events, the UP-KYCOM chapter turns its focus toward preparing and



fundraising for Convocation. We are thrilled that the Academy chose the Commonwealth of Kentucky as the home of Convocation this year, and as

Selena G.M. Raines—Secretary (UP-KYCOM)

someone who was born and raised in the Derby City, I can assure you that you will not be disappointed. See you in Louisville!

Osteopathy

An Open Ended Question

Our profession has three pinnacles: mind, body and spirit. We promote all three toward wellness of the whole person and say that they are intertwined. But within our professional community, I have seldom heard any attempt to bring any coherent thought to the spiritual aspect. Usually when mentioned, it is tacked on as an afterthought at the end of a lecture as if to prove that the material is holistic in nature. Many of my colleagues, who desire training in treating the whole person, have no better idea of what applied spirituality is beyond a random hodgepodge of

images from popular media; usually of someone meditating or doing yoga. Many of us, in this respect, are no more informed in how to apply holistic healing than many of the patients we seek to treat.

As professionals, if we are to claim we are giving holistic treatment, we need to have an idea of what that means and how that can be applied. Does this necessarily have to include a belief system? No. There are many secular humanists or religious who promote spirituality outside of a belief system that find comfort and meaning in something bigger or greater than

Ben Stumpf—OMS II (AZCOM)

themselves. It was psychiatrist Viktor Frankl, who survived through a death camp during the Holocaust, that said, "He who has a Why to live for can bear almost any How." He goes on to say that meaning, not success nor money, is what Man is searching to fulfill. How many physicians have seen how quickly a patient deteriorates physically or mentally when they lose hope or meaning.

So the question of the month is: "What is it to be spiritual in a way that can bring wholeness and healing to ourselves and patients?"

The New Age of Osteopathy

Anthony M. King—Chapter President (ATSU-KCOM)

Starts with us. Throughout the course of human history, several paths have been taken towards a greater future. The first was discovery. On some plain baked by the dry season, an incredible phenomenon occurred with the harnessing of fire. The second path was innovation. Irrigation preceded the wheel before the printing press, and an entire library can now be kept safely in your pocket. Today we stand at the doorstep of the third path, for which we must look within.

We live at a turning point in medicine. An ideal world with noble politicians and entrepreneurs without greed might've been fine to work for the care of our friends and families. We all know that is not the world we live in. HMO's, Medicaid Reimbursement, and litigation are the new brain centers of the United States health care body, where we reside as the organs. It is time, my fellows, to embrace the reality that we alone cannot dictate the terms of our own practice.

But we must also embrace that together we are not powerless. It is our unique knowledge that can best shape new laws and present evidence

to the FDA. It is our efforts that drive clinical trials and healthcare for the needy. It is our voice sounding the unsung needs of our patients and the renewed possibility for stem cell research. We need to become more than doctors if we're to reach our common goals, those which lie at the heart of osteopathy.

The future lies in the creation of more effective, efficient, and conservative means of care for every patient we come across. Every doctor involved in diagnostics can benefit from palpatory skills, to say nothing of manipulation's role in primary care alone. Cancer treatments must continue to become more focused and balanced with mortality. Diagnoses that can be obtained by clinical knowledge can cut costs and increase availability created by unneeded tests. These are but a drop in the bucket of change that needs to be made.

And lastly, never be ashamed of what we are. Mistakes will be made even with the purest of intentions, and they will be learned from. DO's and MD's will strive for their common goals on the same road of equality. Our sala-

ries will go down, but not our livelihoods nor our attitude towards this calling. Every path we've taken started with an idea and continued with those who chose to run with it. The third path is the redefining of our role as guardians of society's health at all levels clinical and otherwise. I believe that on this path our greatest days have not yet come.

Be True to Your Profession

“...In a pure and holy way, I will guard my life, and my art, and my science”
(Hippocratic Oath, 500 bc).

A few years back I was lazily thumbing through the medical stacks at a Half-Priced Books store in Saint Paul as I waited for my wife to finish sorting through the nursing texts. I ended up stumbling across a book that caught my eye and I ultimately decided to purchase it. The book is titled *The Hippocratic Oath and the Ethics of Medicine* by Steven H. Miles, M.D., and I would like to share with you a few intriguing points that the University of Minnesota Professor of Medicine and Bioethics makes during his in depth discussion of the ancient work. In order to be physicians who appropriately represent and respect the tradition and responsibility inherent to the profession we must always strive to uphold expectations regarding high ethical standards, promotion of the future of the profession, and responsibility to the community we serve. As Dr. Miles puts it, “the vow to ‘guard my life, my art, and my science’ acknowledges that one must be self-reflective to live a moral personal and professional life as a physician” (Miles, 2004). As future Osteopathic physicians we must make every effort throughout our careers to teach the principles and practices of medicine and osteopathy, to remain ethical throughout all endeavors, to promote the health of the community through care and education, and to hold true the driving tenants of osteopathy through a respect for the tradition and history that began with A.T. Still. As we all stated while reciting the Osteopathic Oath, “I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession” (Osteopathic Oath).

Teaching

In chapter three of Dr. Miles’ book he affirms that teaching and promotion of the future of the profession is a fundamental aspect of a physician’s job description. After completing medi-

cal school and residency, tradition and expectation dictate that a physician passes along his or her knowledge to the sons and daughters of the profession so as to ensure success in the future. As Dr. Miles writes, “in vowing to share this comprehensively defined body of knowledge, the physician pledged to sustain and nurture the future of medical learning with the insights gleaned during his own career” (Miles, 2004). He goes on to describe that the Hippocratic Oath “...implicitly recognizes that professional generations pass like the passing of generational authority in families,” a distinction which requires the profession’s teachers to serve as ethical role models for future generations (Miles, 2004). We, as osteopathic physicians in training, made that exact pledge by declaring, “I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me” (Osteopathic Oath, 1954). I believe that we are all bound by this oath and therefore must endeavor to carry out those promises.

Ethics

In ancient Greek civilization the phrase “...in a pure and holy way...” referred specifically to the ethical standards that were expected of all physicians. Since ancient time this profession, which we are all the future of, has been afforded a unique and intimate trust from the patients we serve; without ever meeting us, complete strangers will share their most private secrets and disrobe to their most vulnerable of states, all with unwavering trust that we will care for and facilitate relief from whatever is ailing them. This is a magnificent and monumental burden, one that requires constant awareness and respect. As Dr. Miles states, in Greek society and medicine “...the physician’s vow to keep ‘in a pure way’ is a pledge to strive to remain free of [moral] pollution. Purity and a holy life were thus intertwined, not in an ascetically disengaged life, but rather through a well-lived life” (Miles, 2004). His discussion goes on to de-

Jake Ludwig—Chapter President (RVUCOM)

scribe how a physician must maintain “moral vigilance” with regards to both one’s life as well as one’s science so that the physician’s two lives are “morally coherent.” As Dr. Miles puts it, “...important for professional ethics, a good life is one that achieves excellence in its purpose, an excellence that must include the exercise of virtues that are instrumental to one’s life work. Thus, in its separate uses of ‘life and techné,’ the Oath commits the physician’s entire moral life to that which is required to be a good physician” (Miles, 2004). When reading the previous statements I was fascinated by the way that Dr. Miles laid out his argument in which the profession of physician is not simply a job, or even a career, but rather a wholehearted commitment of one’s life to living the expected ethical standards regardless of setting.

Community Involvement

Another aspect of the expectations inherent to our profession is the physician’s responsibility to his or her community. This responsibility stretches far beyond the obvious burden of caring for the community’s health by also committing the physician to the task of spreading health education in addition to involvement in civil duties for the betterment of society. As Dr. Miles writes, “ancient Greek physicians were practical workers in a society that expected them to be engaged citizens rather than ascetics who stood apart” (Miles, 2004). He goes on to reemphasize that statement by declaring “...the physician will engage the world rather [than] expressing a pledge of ascetic distance from society” (Miles, 2004). Physicians have always been, and will continue to be, the most practically trained and rationally thinking individuals in a civilization, as such members of the profession have an inherent duty to the collaborative well being and success of the society in which they live. The interpretation of this burden can lead a physician to a number of different avenues for fulfilling these expectations. Some examples off the-top-of-my-head would be getting involvement in public education, political or military

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service, public health, mass disaster training, or disease control and prevention. Regardless of the path, the fact remains the same; physicians hold an intrinsic responsibility to their community's general welfare.

History of Osteopathy

Finally, I would like to quickly address how all the above falls into the context of being an osteopathic physician. As osteopathic physicians, our degree infers upon us a responsibility to always practice with the osteopathic tenants in mind: "the body is a unit; the person is a unit of body, mind, and spirit. The body is capable of self-regulation, self-healing, and health maintenance. Structure and function are reciprocally interrelated. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function" (AOA, 2012). The history and roots of osteopathy dictate that if we are to practice with the letters D.O. behind our name, then we must search for health in the patient and allow his or her own body to heal itself – we, as physicians, do not heal but simply facilitate the body in finding its own health. If you think of "osteopathy" as a brand, like Coca-Cola or Pepsi-Cola, then it is crucial to the essence of the brand for its representatives to all practice and treat with the same guiding principles in mind. We are not allopathic physicians, and as such we must never practice like M.D.'s. In order for our profession to prosper, patients must know what they are getting when they go to see a D.O. Subsequently, the patients will continue to seek out osteopathic physicians because they, as health consumers, desire a superior product. As Dr. Still so eloquently states in his *Philosophy of Osteopathy*,

"The Osteopath reasons... that order and health are inseparable, and that when order in all parts is found, disease cannot prevail, and

if order is complete and disease should be found, there is no use for order. And if order and health are universally one in union, then the doctor cannot usefully, physiologically, or philosophically be guided by any scale of reason, otherwise. Does a chemist get results by accident? ...If we wish to be governed by reason, we must take a position that is founded on truth and capable of presenting facts, to prove the validity of all truths we present" (Still, 1899).

The foundations of osteopathy that we were taught during our first weeks of medical school must always guide our practice and philosophy. Otherwise we risk hindering the future of the profession.

In conclusion, the inherent responsibilities that come with being an osteopathic physician are deep seeded in two traditions. Many of these are obligations that have been expected of physicians since ancient Greece; others are expectations that were established by A.T Still for the philosophy that drives osteopathy. Through a respect for history and tradition, as well as a desire for the future success of the profession, we, as future osteopathic physicians, must strive throughout our careers to teach the principles and practices of medicine and osteopathy, to remain ethical throughout all endeavors, to promote the health and welfare of the community through care and education, and to hold true the driving tenants of osteopathy. By maintaining these virtues the future will be bright for osteopathic medicine, and through this our world will continue to flourish with greater health and happiness. Always be true to yourself, and be true to your profession.

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Success Stories

Spencer's Bachelor Party

It's October 2010, I'm a few months into my first semester of medical school, overwhelmed with learning what seems like everything down to the minutiae of head and neck anatomy feeling crammed to the brim with knowledge. I'm sitting in our OMM lab and today's topic is "Shoulder Girdle". We are learning how to test range of motion and Apply, Neer and Yergason are casualties in my war against anatomy. We finish the testing; next up is Spencer's technique. We are told (even before we know what Spencer's technique is) that this WILL be tested on our board exams and we WILL have to know the steps in the correct order. Was this one of the first of the many intimidating announcements made that semester? Yes, yes it was.

So while sitting and learning Spencer's, I look to my left and look to my right, everyone I see looks burnt out, tired and as though no amount of coffee can help...except for the professors. They are enthusiastic and so eager to share their own wealth of knowledge with us; it's endearing, but I'm tired and I don't think I had much attention left to give. I do my best to stay focused and my partner and I practice on each other. I'm first up and I started fumbling my way through the technique and hope that I'll have time to truly learn this before the practical, after all, if it's on our boards, there's a good possibility that it will be on our practical as well. Extension, flexion, circumduction with compression and then with traction, abduction, adduction with external rotation.....or is it adduction with external rotation then abduction? At this point, Spencer has officially made it to my list of things I don't like.

It's my partner's turn, and to be honest, I was a little scared. My partner was a big man with a scruffy beard; he was extremely nice, but with how tired

he looked and how frustrated he seemed with learning this technique, I could not foresee a positive outcome. Turns out, I was right. It felt awkward and slightly different than what I thought an articulatory technique should feel like. Oh, and I also walked out of that lab hearing a louder 'Click' when I circumducted my shoulder.

It's now December in the "Snow Belt", I'm cold and smiling ear-to-ear knowing that anatomy is over and I am happy with how I did, but mostly, I'm happy that I survived almost a full semester of medical school. Friday comes and I'm driving to Harrisburg, PA for one of my best friend's bachelor party. We had a great day planned, but I had no idea that I was bringing along a friend that I wasn't such a big fan of....Spencer.

I get to my friend's place and meet up with some good friends and some new friends and we start getting ready to go paintballing. Everyone is layered with sweats and camouflage, and I am wearing a hooded sweatshirt and khaki pants, I obviously did not check the weather nor did I pack accordingly. We get to the paintball site and the thermometer says "28° F" and snow is falling heavy enough to cause an omnipresent white haze. Early into our adventures I see my friend do some sort of commando-roll to avoid being hit and when he stood up, He immediately grabbed his left shoulder in pain. He didn't mention the pain the entire day, so I assumed that the pain had subsided; but he was an ex-collegiate athlete, and I was wrong.

He and I got back to his house to get ready for dinner and our "boys night out" (as his fiancé so affectionately called it) when he brought up his shoulder pain. I had already told him about OMM and how interesting the ideas were to me, but how I haven't

seen the techniques "in action". I mention to him that I had just learned something that is supposed to help out with shoulders, but I wasn't sure how well it worked. He lackadaisically said "sure man, give it a shot" but his facial expression begged for something to relieve it. With the help of my online access to my Nicholas Atlas, I quickly get refamiliarized with Spencer. With step-by-step directions, Spencer's doesn't seem so bad and I slowly but surely start making my way through the steps (in the correct order too!). My friend gets up off of his futon (we had to improvise since neither he nor I owned an OMM table) holding his shoulder moving it in every direction then stops...he gives me a huge smile and then gives me an even bigger hug. He was so excited and confessed that every time he's had shoulder pain, no medicine could help and he had to deal with the discomfort until it faded away.

We make it to the restaurant where we meet everyone else for dinner and as soon as we get there, he starts telling the story about how his shoulder feels better than it has in years because of my "doctor-y stuff". Jokes are made and good times are had that night; and in the morning we all part ways and as I say my goodbyes, my friend again thanks me for doing Spencer's technique and is still speechless, in a sense, about how effective something could be in just a few minutes.

On my drive back to my apartment, I start thinking about the weekend and then think about Spencer's technique. I wonder if it was that effective or if my friend was just humoring me. I get my answer the next day. While in class, I missed a call and got a voicemail from his fiancé. She called

(Continued on page 13)

Nick Andrews—National Representative (LECOM-SH)

(Continued from page 12)

to thank me for doing Spencer's technique on him and to tell me how he couldn't stop ranting and raving about the improvement in his range of motion and decrease in discomfort. She goes on and on about it to the point that my voicemail cut her off. I call her back and talk to her for another five minutes about his shoulder and we catch up a little and at this moment I realize that somehow just as quickly as Spencer was put on my list, he was taken off that list and was the first to be put on my list of techniques that have further validated my choice to be an osteopathic physician. Since then, many other techniques have followed behind Spencer's technique and I know that this list will be an ever-growing list and I am waiting in anticipation for the next technique to be added and the next story to be told.

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Practicing OMT While on Clinical Rotations Konstantin Alekseyenko –National Representative (NSU-COM)

American Medical Association's *Encyclopedia of Medicine* defines an Osteopathic physician as "...a fully licensed physician with the additional training in Osteopathic palpatory diagnosis and manipulative therapy..." But what happens to osteopathic medical students as we go into our clinic years, or rather what happens to our OMM skills? With the exception of a select few, many students either choose not to, or simply believe that they don't have the opportunity to practice OMM.

A good friend of mine, after finding out that I was going to an osteopathic medical school, asked me what osteopathic medicine is all about and if it would be worth going to an osteopathic physician. Excited at the opportunity to promote D.O.s, I enthusiastically recommended that he make an appointment with a local osteopathic physician. Unfortunately, I was not thrilled about what he had to say following the appointment. My friend saw an osteopathic physician at a local Kaiser Medical Center, and not only did he not get an osteopathic assessment, but it turned out that the physician did not touch or even look at him much during the encounter. The event left me thinking if it is possible that the "additional" training, our osteopathic trump card, which is bestowed upon us in the first two years of our medical training, just goes to waste and is forgotten during our clinical rotations. If that is the case, then how can it be avoided?

During the 2011 annual AAO conference (Convocation), I heard a lecture that was given by Dr. Channell, an NMM/OMM board certified physician and a co-author of the book *The 5-Minute Osteopathic Manipulative Medicine Consult*, titled *Enhancing your OMT skills while on rotations*. The lecture was very informative and extremely inspiring. During the lecture Dr. Channel outlined many obstacles that make it difficult to practice OMT while on rotations, as well as several ways to overcome them.

Some of the more common hurdles

that medical students face, especially if working with a preceptor who themselves are not proficient in OMM, is getting their preceptor to feel comfortable allowing them to perform OMT. Other difficulties may include not knowing what to do, or when to do it. Furthermore, many students may feel that bringing up OMT or attempting to do it will cause their grades to suffer, or they just can't find time to fit it into their standard of care.

Dr. Channell then discussed some of the things that the students can do to prepare for their rotations and improve their chances of not only retaining, but further improving their OMM skills. Her suggestions were as follows:

- Create OMT objectives appropriate to your skill level for each rotation.
- Predict some of the potential obstacles to incorporating OMT on rotation
- Identify resources that allow for independent learning
- Identify several potential partners and strategies to increase your OMM training
- Review the material (anatomy and physiology) and practice techniques that are most appropriate to the rotation you will be doing.
- Have a crutch. There are many pocket manuals/ iPhone apps that are available for a quick reference if one is really needed (i.e. The Pocket Manual of OMT, The 5-Minute Osteopathic Manipulative Medicine Consult, ACOFP OMT iPhone App, etc.)

Potential responses to the concern of the preceptors:

- Reassure them you will not be doing HVLA (unless they are comfortable with it)
- Show them pictures and videos of the techniques you are interested in practicing

- Show them how to document and bill
- Show them references for OMM
- Potential benefits
- Filling the need in healthcare for more integrative medicine
- Increase the base of potential physician researchers and educators
- Increase revenue without increasing overhead

Summary of the key points highlighted during Dr. Channell's lecture

- Create a short list of techniques to practice for each rotation and practice them all rotation long
- Be integrative, not exclusive
- Regularly schedule courses or rotations where you will get additional training

Although osteopathic medicine has come a long way in the past few decades, there are still many that have no knowledge of its existence, or those who are misinformed as to what it really is. As students of osteopathic medicine it is now our duty to educate those around us. The additional training that we receive in osteopathic manipulative therapy is one of the advantages that we have over our allopathic counterparts. It is a shame that many of us who call ourselves D.O. choose to neglect that crucial part of our treating philosophy. If we abandon the essential training that we receive as osteopathic physicians, then we lose the essence of osteopathic medicine.

Pediatric OMT Clinic Brings OMT Training to Life Stephanie A. Kenny—National Representative (TUNCOM)

After extensive preparation, dozens of applications, and countless interviews, my class knew exactly what we were getting into. Most of us had spent time working in a hospital; several of us had shadowed a physician; some of us had even worked as medical professionals in other allied health careers. We were familiar with the scope of what we would be learning and the direct impact it would have on our future patients. What many of us had never experienced is the impact that osteopathic manipulative medicine can have on patient healthcare. More importantly, most of us had no first-hand experience of seeing this type of medicine in practice.

One of the experiences that contributed most to my current appreciation of the practice of OMT was getting the opportunity to volunteer at Touro's Pediatric OMM clinic. The clinic is sponsored by SAAO and the Pediatric Interest Group, and is run entirely by student volunteers under the direction of Dr. Galin, a member of the school's OMM faculty. Every week, the clinic is staffed by a different group of 1st, 2nd, 3rd and 4th year students who work with Dr. Galin in a hands-on environment with pediatric patients. Students take patient histories, perform basic screening exams, and observe Dr.

Galin as she treats her patients. After the treatment, Dr. Galin takes time to explain to the students the theory behind her treatment, what techniques she chose to use, her plan for follow-up care, and what she will be looking for to assess whether or not the treatment was effective. In this forum students get the chance to ask questions and discuss the treatment philosophy with her so that they can get a complete understanding of the treatment approaches and goals. Many of Dr. Galin's patients return multiple times over the course of the semester, which allows students to follow the patient's progress and monitor the effects of the treatments.

For most 1st and 2nd year students, working in this clinic is the first experience they have seeing OMT performed on actual patients, as well as working with children in a healthcare setting. The first time I worked in the clinic, we saw a patient who presented with dolichocephaly and an underdeveloped mandible. His parents had taken him to the orthodontist earlier that week and had been told that he would need to have an expander placed in his mouth so that they could manually expand his jaw to ensure that his teeth developed normally. Dr. Galin performed a variety of treatments on this patient with the goal of loosening

his cranial sutures and allowing his jaw to develop more normally. At the time I was in my first semester of school and had not learned anything about cranial manipulations. Even so, listening to Dr. Galin explain the treatment approaches and goals gave me enough of an understanding to realize that she was doing something that other doctors simply did not do. Instead of expanding an underdeveloped jaw, she was pinpointing why the jaw was underdeveloped in the first place, fixing that problem, and in doing so, giving the body the opportunity to heal itself.

As I begin my second semester of OMM training, I look back on my first time in the Pediatric OMM clinic and realize that it was then that I first understood the effects and benefits of this type of patient care. This experience has both enhanced my understanding of the treatments as well as fueled my desire to expand my knowledge of the subject.

OMM Special Test Word Search

Ada Lee—National Representative (NYCOM)

S Q Y V S A N X K J W N A R L
 C G H E M N N E Y D B I D F A
 V M R E R I E V L T L E S Z C
 F A W E H G G L P I G T O X H
 S Y L P B T A A A R K S N E M
 A N S L M N T S E H D L S U A
 M D Z E E R E B O O P E P Y N
 F W U W I N N L B N F K O U S
 S E R C L E S E E O S N O Q J
 A S K S L K R M J D A I H Y Z
 M S I L U S F Y L A N F C R H
 O I A G N I L R U P S E R T X
 H W M C M U R R A Y S D R R T
 T I N E L S C D C N X Q Z T T
 W I O P V Y L Z W Q J O L F W

ADSONS
 LACHMANS
 PATRICKS
 SPURLING
 TRENDELENBERGS

ALLENS
 MCMURRAYS
 PHALENS
 THOMAS
 WALLENBERG

FINKELSTEIN
 OBERS
 SPHINX
 TINELS
 YERGASONS

Board Review

COMLEX Cervical Spine Review Questions

Linda Du—National Representative (LECOM-Br)

- Q1: What are the mechanics of the cervical vertebra?
A1: OA- side bends to one side and rotates to the opposite
AA- primarily rotational
C2-C7- rotate and side bend to the same side (follows Fryette type II principle)
- Q2: At what cervical vertebra is the longest spinous process?
A2: C7- the vertebra prominens
- Q3: Which muscles cause flexion dysfunctions?
A3: Longus colli and Rectus capitus anterior
- Q4: What ligament supports the atlas as it rotates around the dens? What will happen with rupture?
A4: Transverse ligament- dens will come into contact with the cord causing neurologic damage
- Q5: What is Thoracic outlet syndrome (TOS)?
A5: Neurovascular compression between the anterior and middle scalenes, clavicle and first rib, or pectoralis minor and upper ribs
- Q6: Which tests do you perform to determine the type of TOS?
A6: Adson's- between the scalenes
Wright- between pectoralis minor and upper ribs
Costoclavicular- between the clavicle and the first rib
- Q7: How would you begin treatment in the suboccipital region?
A7: Treat the upper thoracic area first
- Q8: What is the most clinically significant somatic dysfunction which should be address in all newborns?
A8: Occipital condylar compression- affects cranial nerves 9, 10, & 11, cause be the cause of poor suck, swallowing difficulties, emesis, hiccups, congenital torticollis, and pyloric stenosis
- Q9: How does whiplash damage the cervical spine?
A9: Hyperextension on initial impact with acceleration and then hyperflexion with the head coming forward with deceleration
- Q10: What physical findings will you find with spondylosis?
A10: Spurling sign, lhermitte sign, hoffman sign distal weakness, decreased range of motion in the cervical region, hand clumsiness, upper motor neuron lesion symptoms

Board Review Questions

Kevin Cope—National Representative (LMU-DCOM)

1. A 40 year old male comes in complaining of lower back pain. Orthopedic and neurologic exams are unremarkable for anything other than soft tissue tenderness. On osteopathic exam, you notice that the left L5 transverse process seems to feel more prominent when compared to the right. A seated flexion test is positive on the right. A standing flexion test is positive on the left. The right ILA is inferior when compared to the left. What is the correct sacral diagnosis?

- A. Right on Right
- B. Right on Left
- C. Left on Left
- D. Left on Right
- E. Unilaterally flexed on the left

2. A 65 year old female presents to your office with shortness of breath and cough. Her oral temperature was 100.1°F when taken by the nurse. She reported that her sputum had been tinged pink for the last 24 hours. On physical exam, you hear crackles over the right lower lung field. A chest x-ray reveals right lower lobe consolidation. On osteopathic examination of her spine, you note paravertebral bogginess and tenderness. At what spinal segments are you most likely to find facilitation?

- A. T1-T2
- B. T4-T6
- C. T6-T8
- D. T8-T10
- E. T10-T12

3. A 50 year old male comes into your office complaining of mid-thoracic back pain. He is employed at the local automobile plant, where he works on the assembly line. He is required to routinely lift car parts that weigh in excess of 30 pounds. He cannot point to a specific cause of injury, but states that the pain has gotten worse over the last week. Orthopedic and neurologic exams are unremarkable except for paravertebral tenderness over T6-T8. The left transverse processes of these segments are more prominent when compared to the right. This prominence remains when you passively flex and extend the patient's thoracic spine. You decide to treat this lesion with muscle energy. In what position will you set this patient up to perform the treatment?

- A. Rotate the patient left and side-bend the patient right until you feel movement at the segment.
- B. Flex the patient until you feel movement at the segment, and then rotate the patient right and side-bend the patient left until you feel movement at the segment.
- C. Extend the patient until you feel movement at the segment, and then rotate the patient left and side-bend the patient right until you feel movement at the segment.
- D. Rotate the patient right and side-bend the patient left until you feel movement at the segment.
- E. Rotate the patient right and side-bend the patient right until you feel movement at the segment.

Competition

Guess the Osteopath

The **first** person to correctly identify the 10 osteopaths below and send answers to Mhansen@atsu.edu will receive a "Lymphomaniac" t-shirt from the OMT club at ATSU SOMA

This osteopathic legend was directly mentored by Dr. Sutherland and is world renowned for her breadth and depth of knowledge in the cranial field. In 1982 she opened the Osteopathic Center for Children which not only helps children reach their potential, but also provides continuing education courses as well.

As an '86 graduate of the Chicago College of Osteopathic Medicine, this osteopath has been a preceptor for several osteopathic schools as well as taught the basic cranial course at the Osteopathic Center for Children. She is a 2000 graduate of the Osteopathic Heritage Foundation's Health Policy Fellowship. Currently she is a faculty member at ATSU SOMA where she has been putting up with the harassment of her students as well as conducting research to further the understanding of the dynamics of blood flow.

He may be the osteopath's greatest supporter as he devoted an entire book to the past, present and future of DO's in America. Because of his research, he has received honorary doctorates from the College of Osteopathic Medicine of the Pacific, the Philadelphia College of Medicine and the Kirksville College of Osteopathic Medicine.

Another legend in the history of osteopathy, this man was a leading practitioner of Osteopathy in the Cranial Field and was also greatly influenced by Dr. Sutherland. From the 1940's he developed several methods to treat chronic illnesses which some considered to be the "Touch of Life."

Graduating from the American School of Osteopathy in 1900, this man spent over 20 years devising and wearing various helmet devices to try

and figure out how different cranial strain patterns could affect the system. It wasn't until 1929 that he presented his newly discovered cranial ideas before the Minnesota Osteopathic Association.

A Kirksville graduate, this man has some deep roots in osteopathy as one of 20 osteopathic physicians in his family. Aside from being the current president of the AOA, he is a distinguished fellow of the American College of Osteopathic Family Physicians. He is also a 2000 graduate of the Osteopathic Heritage Foundation's Health Policy Fellowship. Currently he serves as associate dean for educational development at Touro College of Osteopathic Medicine in the Harlem neighborhood of New York City.

This osteopath hales from Michigan State University College of Osteopathic Medicine and is an Associate Clinical Professor of Family Medicine at Oregon Health Sciences University as well as an OMM Professor at Western University of Health Sciences. He is a favorite speaker for student and professional organizations.

In 1903 this osteopath graduated as a Doctor of Osteopathy and spend the next 50 years in osteopathic research. She studied "osteopathic lesions" using animal models and out of her observations came up with list of her findings that correlated with vertebral segments.. Her observations of muscle texture and palpation of the deep spinal muscles helped get to the current use of "TART."

After practicing medicine as a having three children die of meningitis after the Civil War, this pioneer began to question the validity of medicine as he knew it. He began discovering the intrinsic ability of the body to resolve many forms of dysfunction by manipulating the system, and ultimately became the Father of Osteopathy. This osteopath was the 39th Surgeon General of the United States Army – and the only osteopath who has ever

Malinda Hansen—ATSU-SOMA

held that position. He served as a medical officer and battalion surgeon during the Vietnam war. After his retirement from the U.S. he joined the UNT Health Science Center in August 2000 after his retirement from the U.S. Army and served as president until June 30, 2006. As president, he headed an academic health center that includes the Texas College of Osteopathic Medicine.

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The Student American Academy of Osteopathy (SAAO) has been organized by students of the accredited U.S. osteopathic medical colleges under the auspices and guidance of the American Academy of Osteopathy (AAO) for the purposes for helping osteopathic medical students to:

1. *Acquire a better understanding of Osteopathic principles, theories, and practice to include:*
 - a. *Helping students attain a maximum proficiency in osteopathic structural diagnosis and treatment*
 - b. *Fostering a clear concept of clinical application of osteopathy in health and disease.*
2. *Improve public awareness of osteopathic medicine so that the community may better take advantage of the benefits provided by the complete health care concept of osteopathic medicine.*

We hope that this publication of the Still Point helps to accomplish these ideals, and encourage any thoughts, comments, or questions regarding this or future issues!

-SAAO National Council

Answer to Osteo-Cryptogram, Pg. 17:

MSUCOM is ready for the seventy-fifth anniversary of the American Academy of Osteopathy! Bring on The Unified Osteopathic Field Theory in Louisville.

Answer to Board Review, Pg. 20:

1. B
2. B
3. D

