October 2008

Fall Issue

The Still Point

Undergraduate American Academy of Osteopathy

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Trials & Tribulations of 4th Year

Jessica Ridgley—Chair, Executive Council (KCUMB)

Okay, so the title was meant as a bit of a joke! I am thoroughly enjoying my 4th year of medical school. Currently, I am doing a Family Medicine rotation on the North Shore of Oahu and finding it very difficult to not procrastinate on things outside of Hawaii. Such is the life J However, I do want to address an important aspect of our medical education…fourth year.

As busy medical students, it is easy to let 3rd year slip by and just consider that when you really need to plan for fourth year, well, you will get to it. I am so glad that I was able to take the time to really consider my fourth year and what I wanted out of it. For some people that might be delving into a specific specialty that they want to go into. For me, I consider my fourth year as a great learning experience overall and a time to have fun with medicine. I figured that once I hit residency, my nose would be to the grindstone. So why not enjoy a my last year.

There are a few lessons I have learned so far. One, don't do you subinternship in July. The purpose of a subinternship is to be an acting Intern. With brand new "real" interns running around like chicken with their heads cut off, focusing on helping you develop you as an acting intern is the last thing on the 2nd year residents mind… and rightfully so.

Two, it is easy to be overzealous! I complained to an resident that I felt that my team wasn't giving me enough patients and I wasn't challenged enough. He wisely responded, "then maybe you should look at your extra time as an opportunity to really get to know your patients. Talk to them a little more. Learn more about their problem. " In the rush of wanting to be an active member of the team I was not being fully present with the patients that I did have.

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Trials & Tribulations of 4th Year

Jessica Ridgley—Chair, Executive Council (KCUMB)

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Three, preceptors are funny things. Each one is different. Each has a different practice style. And ultimately, each wants it done their way. Even if they give you a good amount of space to learn, its very good practice to initially shut up and pay very close attention to their practice style. My problem is shutting up.

Four, don't procrastinate. So easy to say, so easy to do. While in Hawaii enjoying the beautiful sunshine, nice sandy beaches, I conveniently forgot to take a very important post test until 3 hours before I left to go to Kauai...with no internet connection. Let's just say that was a mildly stressful experience. My lesson, to fully enjoy the experience, you must the get the important stuff done first.

Five, most important, take the time to plan the best fourth year possible. Late fall is the best time to plan your rotation...you can change a few things later. The rotation I am currently on, I had to plan a year out because of the demand for the rotation. Consider these issues when you are planning so that you can have the best experience for you.

I was fortunate enough to have wise individuals give me this advice (except for the procrastination part) early on. My fourth year has been fantastic and looks to get better. Look forward to seeing everyone at the AAO Convocation in Little Rock, Arkansas!

For all you fourth years, good luck in all your final rotations!

Magic Mountains

Deepti Paturi—AZCOM: UAAO National Representative

After careful consideration on how best to extract the "most" of my ONLY free summer of medical school, I settled on the prospect of backpacking and hiking through some of America's most beautiful landscapes. The outdoors was appealing after spending my first year, along with the majority of my classmates, indoors studying or hours in the potently aromatic anatomy lab. I craved a cultural experience on a small budget and an opportunity to move my limbs. My companion and I packed up our little Honda Civic with camping essentials and hit the road heading north from Phoenix. In our two months and twenty days on the road (and on the trail), we exceeded my hopes for the summer and gained a restorative perspective in other aspects.

During my four hundred and eleven miles of travel on foot over these summer months, I observed my body becoming more tuned and efficient with each step. The hours spent just walking in the wilderness was a meditative experience allowing me to understand first-hand the healing power of motion. Movement in its physical sense, the simple act of walking, has profound physiologic benefits. The increase in heart rate and activation of the muscle pump improves fluid, nutrient, oxygen circulation and delivery, thereby strengthening every component of the body. A physician whom I greatly respect, John Upledger, D.O., O.M.M., speaks about the physical and emotional benefits of motion, as it applies to every level of human existence:

"The adapting organism must have the freedom of motion, the mobility to change. Therefore, to me health becomes synonymous with motion. Similarly, disease is stasis. The ability to adapt requires that freedom of motion. By motion I mean motion way down on the ionic, atomic, molecular, and cellular levels. I mean that fluids must be free to move and interchange with other fluids and to transport the tiniest particles in and out of the various real and virtual compartments of the organism's body. All of the movement must be effective and in response to the grand commands from whatever commanders govern that body as well as its psyche. By "psyche" I mean to include all aspects of the mind, the emotions, and the soul or spirit..."[1]

In the outdoors I experienced the restoration of my psyche and my physical body to a state of balance. Through my journey, I couldn't help but admire the metaphors of motion in nature and the human body. Watching a creek or the tributaries of a river snake down to a purposeful destination, ordained by the laws of gravity, I'm reminded of the network of vessels carrying the nurturing fluid of blood to the thirsty meadows and valleys of the body. This experience helped me gain perspective on interconnectedness of the body and nature; it's a lesson which I know will continue through my years of growth in osteopathic medicine. The perspectives gained during this summer provide me with a grounding, motivating bedrock upon which to persevere healthily through these next years of demanding medical education.

[1] Preface essay in Planet Medicine: 6th Edition. Grossinger, Richard. pages xix-xxxv. Published by North Atlantic Books. Copyright 1995.

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Promoting Physical Fitness While Improving OTM Skills

Helena Hoff—KCOM: UAAO National Representative

As future doctors, it is important for us to maintain our own physical well-being. We all know physical activity has numerous health benefits, and for most of us medical students working out is also a great way of giving our brains a well needed break. KCOM's UAAO chapter took this notion one step further to promoting physical fitness around the community. Throughout the year UAAO members helped in events like the NEMO triathlon in the fall and Reindeer Romp 5K run in the spring, using the opportunity to practice their perceptive and manipulative skills. Furthermore, our interaction with the community helps the general public gain a better understanding of what OMM is all about.

Being a first year medical student not too long ago I remember being terrified to touch anyone outside of OTM lab. After all, I was still struggling with finding transverse processes! As a second year now, I'm amazed to see the excitement and eagerness of all the new students. Even though they've only had a couple weeks of classes, they are able help athletes by doing various stretching techniques and educating the public about appropriate warm down techniques. For many students this is the first time they are treating someone outside of the "safety zone" of school and classmates. Even though I was petrified the first time I treated a real patient, I'm very glad I took this opportunity. If you are a first year student now the best advice I can give you is to be unafraid of taking every opportunity you have to diagnose and treat people. As a student, most people understand that you are still learning. This is the best time for you to make mistakes, correct them, and learn from them. To this purpose, during all of our UAAO community events we have at least one fellow and a physician advisor to help refine and improve our skills.

The athletes are also great "first patients" as most of them are very in-tune with their bodies and therefore can give students a great deal of feedback. It is very rewarding to be able to provide assistance to community as the athletes are grateful for the service we provide. As I became more comfortable and my skills slowly improved over the year, I had the opportunity to use other techniques such as kneeling and muscle energy.

Looking back at my first year I'm glad I made the choice to step out of my comfort zone and participate in events like this. Even though I still have a long way to go, I realize now that I do have the skills to help people in the community. All you need is a little humbleness to admit when you are wrong and a great willingness to learn. Don't be afraid of being the best OMT student!

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Registration Push Through Mock OMM Practical

Ashley Weis—KCUMB: UAAO National Representative

This year, as in the last few, KCUMB has used a mock practical as our big push to recruit members. The OMM practical is an exam setting that very few if any incoming first year medical students are familiar with or prepared for. The very thought of explaining to a physician with a clipboard what you are doing in words while demonstrating the technique all in three minutes time is enough to strike terror in the heart of even the most hardy of us after only a few weeks of school. In an attempt to dissipate some of that apprehension, KCUMB's UAAO chapter offers a practice run to help all the first year students get the big mistakes out of the way before it really counts.

The Mock is typically held on the Saturday before the actual practical and is run similar to the real thing. We use the same time scale and number of students per time slot. We even arrange the room in the same fashion and call time over a microphone in the same way. We utilize second year volunteers to be the "graders" (even if they mostly demonstrate how they would answer for the bewildered first year who has no idea how to even begin to describe doming the diaphragm). This year we also wrote a didactic portion similar to the one the department gives and administered it at the end of each time slot.

This year we served over one hundred first years with this experience. The morning ran smoothly and we even wrapped up ahead of schedule. The MS1's lucky enough to call themselves UAAO members and gain the opportunity to sign up for the practical will be the cream of the crop and ace their practical as a result of the Mock Practical. KCUMB's UAAO chapter can also call itself over 100 members stronger thanks to the Mock.

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When I decided to refine my OMM skills, I realized I would need a new portable, lightweight folding table to replace the ancient heavy table I had kept from my student days. I wanted adequate room for my knees so when I sat at the table I could work without unnecessary strain. That meant that at least one end of the table, as well as the sides, had to be open. I also required a table that was easy to set up and take down.

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After much research, I finally found the table that came closest to my ideal, but was amazed to discover there was no one selling it in my home town! I wanted to buy one and to make them available to the Osteopathic community.

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Up to the Challenge

John Leuenberger—LECOM: UAAO Chapter President

This is a war not for conquest, popularity, or power. It is an aggressive campaign for love, truth, and humanity

— A. T. Still

As medical students we are faced with numerous challenges, maybe even some of the greatest challenges that are available to a student. What could be harder then mastering every aspect of the human body, mind, and spirit? Most would agree that professions such as law, business, politics, economics, etc. do not compare. Yet we as osteopathic medical students felt that medicine was not enough of a challenge. We wanted to become osteopathic physicians. I may be preaching to the choir about all the hard work that it takes to become a DO because we all know that not only do we have OPP lecture and lab, practical exams, COMLEX, and the physical work required for performing manipulations, but we also have the daunting task of educating the public about what the heck is a DO.

I am not in any way, shape, or form implying that we should change our title from DO to some other acronym. In fact, I would personally fight to keep DO as my title. I wouldn't want someone mistaking me for a doctor of lesser training. My point is that we should all be proud to one day become a DO, and we should seize every chance we get while in medical school to learn what makes a DO a DO.

I try to actively participate in the local community, the LECOM community, and now with my newly found UAAO community. Medical school is a time to explore your future profession and see what options are really out there. We all have to pass the boards, pass our final exams, and pass every other test that gets thrown at us, but that doesn't mean we have to spend our 4 years of school with our noses in books. I know for a fact that I have learned more about becoming a DO by shadowing DO physicians, helping with OMS1 labs, leading the UAAO club, attending Convocation, and just talking to family, friends, strangers, or anyone who will listen about what a DO is.

I am writing this Still Point in an attempt to try and motivate my fellow UAAO members to become even more active. I know that those of you who read the *Still Point* are some of the most active UAAO members out there, so maybe a better way to put my thoughts into words is that I would encourage you to motivate other DO students to be more active in their respective communities. I know the hardest task we probably face is to influence our peers, but it is a critical issue that we must address. While I do not have a solution to our common problem, I have found some success with increasing interactions with my underclassmen by setting a good example and trying to guide them in the path of becoming the best DO possible.

So how do you increase exposure to underclassmen? Of course there are the UAAO meetings, but only the students who have joined the club are there. Try to make time in your schedule to help with the weekly OPP labs. Assisting the OPP instructors at LECOM has not only helped me get to know my instructors better, but has given me the opportunity to get to know new students. Then there is tutoring other classes like anatomy, which gives you the opportunity to make correlations with OMT. The best example I always use is to show a student how the sympathetic chain lies right on the costovertebral junction making the association that rib raising really does alter sympathetic tone. Another opportunity that I have taken advantage of is to integrate Osteopathy into the other clubs I belong to as well. For instance, I have the local Sports Medicine Doctors talk about how they use OMT in their practice when they come to talk to the Sports Medicine Club.

Meeting the challenges we face as DO students is better said than done. I hope that by reaching out to new DO students, increasing our numbers in UAAO membership, and combining our ideas, motivations and enthusiasms, we will all succeed together.

D.O., O.M.D., M.D.O....DO the Letters Really Matter?

Cynthia Tsai—NSU-COM: UAAO National Representative

In the June 2008 issue of The DO, our dean, Dr. Anthony Silvagni, wrote an opinion piece addressing changing the DO degree to an OMD. Some of the major issues he highlighted included the fact that most people in the United States do not know what osteopathic physicians are or that they have full medical rights. Another concern that he brought up was the issue of US-trained DOS being recognized in other countries. Earlier this year, a group of students from Germany came to visit NSU-COM. Some of the students were DOs, some were MDs, and others were MD/DOs. Unlike US-trained DOs, only the MDs and the MD/DOs in the group had full medical practicing rights. By having both the MD and DO letters, these students were clearly distinguished in what they could and could not do medically. In Germany, there is no confusion. However, the question arises, what happens when a US-trained DO goes to Germany? What do they do? How do you explain to a patient in a country where they have DOs, which do not practice the full scope of medicine, that you are indeed licensed to practice medicine? For US-trained DOs who go to these countries, the same title for two different professions makes it hard to distinguish one DO from another. Dean Silvagni's main conclusion was that the degree should be changed from "DO to OMD if we are to expand the professional and public recognition of our profession, both in the United States and internationally, and still identify our distinctive practice of osteopathic medicine."

From this opinion piece, the issue of changing the DO degree has become a topic of discussion among students and faculty at NSU-COM. A survey was sent out to the Class of 2011 asking if they thought the degree letters should be changed. The class was split in their opinion. While many agreed with Dean Silvagni's opinions, others thought changing the degree would change the identity of the DO.

As for me personally, I was not entirely sure how I felt about it. I could see where the benefits of changing the degree would al-

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D.O., O.M.D., M.D.O....DO the Letters Really Matter?

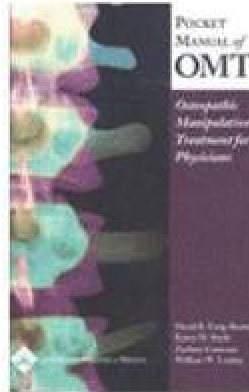
Cynthia Tsai—NSU-COM: UAAO National Representative

(Continued from page 6)

low those who wanted to work internationally being more easily recognized as a medical doctor. The challenges for both allopathic and osteopathic US-trained physicians are plenty without the addition of the degree confusion for DOs. I also thought about the struggles osteopathic physicians have in explaining the DO degree as well as the ignorance of people when talking about the profession. Last year, Keith Olbermann, a popular television personality, made the statement that Dr. Charles Sophy, a psychiatrist who is an osteopathic physician was "not a medical doctor but rather an osteopath, a doctor of osteopathy focusing on alternative treatments." For viewers watching the show and are not aware of what osteopathic physicians are and what they do, they could easily be influenced by those in the media who make such comments. On the other hand, I have had many friends and family members who have gone to DOs and never even knew that they were not seeing an MD. Of course, there are also those who went to MD after MD without any relief until they went to see a DO and swear they will never go to another MD again...but that is a topic for another Still Point altogether.

So then one has to ask: Does it even matter? Is changing the degree so important? For a student that has yet to experience life as a physician using the DO letters, it is hard to say. However, knowing the biases and confusion that exist just being a student, it may not be a bad idea if changing the degree will clear up the confusion and expand the profession. Of course, the next question to ask is, what exactly do we change the letters to?

A Pocket Manual of OMT: Osteopathic Manipulative Treatment for Physicians
David R. Essig-Beatty, Karen M. Steele, Zachary Comeaux, William W. Lemley
ISBN-10: 1-4051-0480-5, **ISBN-13:** 978-1-4051-0480-7
$29.95 from Lippincott Williams & Wilkins, Philadelphia, PA 2006:
http://www.lww.com/product/?978-1-4051-0480-7



This practical, concise, must-have handbook by faculty in the Department of Osteopathic Principles and Practice at the West Virginia School of Osteopathic Medicine will assist physicians, therapists and other practitioners, and medical students in applying manipulative treatment techniques for common problems encountered in primary care practice. For each technique, the book provides indications, contraindications, stepwise description of the technique, and an accompanying photograph—a total of over 350 photographs. Newer OMT techniques, including percussion vibrator and facilitated oscillatory release, are included for each region of the body. Exercises derived from the structural exam and OMT appear at the end of each chapter. The index allows look-up by syndrome, modality, or body region.

Stress Fracture Study

Kathrine Krantz—MSU-COM: UAAO National Representative

What started out as an osteopathic question has developed into an original and significant study of intercollegiate athletes. For the past four years, MSUCOM UAAO members have had the privilege of assisting in Dr. Lynn F. Brumm's research with MSU varsity athletes.

The researcher:

Known for his career-saving treatments of Detroit Red Wings' Jason Woolley, Dr Lynn F. Brumm has been involved with Intercollegiate Athletics at Michigan State University for the past 30 years. From this vantage point, Dr. Brumm has been able to observe injuries, treatments and outcomes.

About seven years ago, MSU's Athletic Department experienced a significant increase in athletic stress fractures. In examing these athletes, Dr. Brumm found what appeared to be significant increases in the number of lower-body functional and structural restrictions.

The question became, "Do functional and structural restrictions contribute to athletic stress fractures?" Further, if the above is true, would treatment of these restrictions affect the occurrence of stress fractures?

Dr. Brumm implemented an examination and data recording protocol for a preliminary trial. By the end of the first year, he saw a 16 % reduction of stress fractures in both male and female cross country runners. Based on these results, the Michigan State University Stress Fracture Study was born.

The research:

In the beginning, an osteopathic evaluation and treatment protocol was established and 30 second-year student volunteers were trained and examined for proficiency in the procedure. They performed the athlete examination under the direct supervision of Dr. Brumm and other assisting physicians. Since then, first-year students have been added to the study, allowing second-years to assist in training new volunteers and thereby perpetuating the study.

"The enthusiasm, the conscientious participation and outstanding leadership of the COM students has been outstanding! It is impossible to list each student, but each knows who they are. With out their participation, the Stress Fracture Study could not function." – Dr. Lynn F. Brumm (The Silver Fox)

Is There Really Such a Thing as a Sham OMM Treatment?

Jackie Ryan—LECOM-FL: UAAO Chapter President

In addition to the many interesting studies presented at the International Conference on Advances in Osteopathic Research (ICAOR) at LECOM Bradenton September 5 – 7, 2008, attention was brought to the difficulty that researchers are having in creating sham OMM techniques to serve as placebos. The reason is that one of the most important aspects of OMM is the therapeutic effect of actually placing hands on patients.

A major focus of OMM research is effectiveness of OMM on lower back pain. In such a study, the results are evaluated based on the subjective feedback given by the patients. When sham OMM treatments were created as placebos, it was found that the results varied widely on a spectrum from having an effect entirely equivalent to true OMM treatments and ranging to having completely NO PLACEBO EFFECT! Upon evaluation of the latter case, it was determined that the patients had actually understood that they were in the placebo group of the study and therefore expressed that their pain was in no way relieved.

To get around this difficulty, some researchers have abandoned attempts at creating sham OMM treatments and instead proceeded with research using two treatments: OMM and “ultrasound therapy”. The ultrasound was chosen because, like OMM, the procedure involves direct contact with patients. It is also has a picture, a gauge, and other characteristics which make it likely that a patient may actually believe it is an established therapy. Four groups are then created for evaluation: 1) OMM & ultrasound; 2) OMM without ultrasound; 3) ultrasound without OMM; 4) neither OMM nor ultrasound.

The question now is whether this type of study is or is not an effective means for studying OMM against a placebo. The fact may still remain that OMM is just as effective at treating back pain as a sham OMM treatment. It has been proposed that we look further into how to develop sham OMM treatments that are surely without real clinical value, yet are similar enough to real OMM treatments so that they may be believable to patients as “real” treatments.

Making Believers Out of Nonbelievers

Kristin Astrom—OUCOM: UAAO National Representative

School is back is session, and with that a whole new class of first year medical students. Here in Ohio, we have August Osteopathic Clinical Anatomy Orientation, shortened to just be called “Immersion” as August Osteopathic Clinical Anatomy Orientation is too much to say every time you talk about going to class. In this first month_all you do is anatomy and OMM labs all month long. It really is a great way to “ease” into medical school, if that seems possible. The basic schedule is anatomy lab meets four days per week for three hours. On the off day from anatomy, you have OMM lab in the afternoon and sometimes they throw in a lecture, just for fun. Oh, and a weekly practical, to help you gauge your learning… for some of us, this was our first human anatomy lab and there was quite a steep learning curve!

All the material is presented in a clinically relevant manner, tying together what you seen in lab with common diseases. But the best part for me was the bridging between OMM and anatomy. Dissecting the back this week? Guess what? You are also learning to palpate the muscles of the back. We even have cameras that can connect the gross lab and the OMM lab, so you literally can see the muscles that you are supposed to be palpating!

Along with any new medical school incoming class there always seems to be apprehension towards OMM. Sometimes it is touching other people, sometimes it is letting others touch you and there are always those people who at the beginning just “don’t believe in this stuff”. They decide that they need to learn the material to pass the tests, but don’t plan to use OMM in their practice and frequently sit in lab with a scowl on their faces…

So, what do you do next?

You tell them that you don’t want them to believe in this “stuff”, as one of our OMM faculty did this week in the first year lab. He told them that they do not have to take anyone’s word that this works. They will, over the course of their medical school career, learn that it works, see that it works and then based on the evidence in front of them, make their own decision.

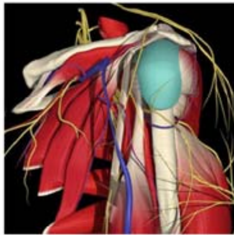
Do you remember the first time you actually got someone to feel better using just your hands? The first time you had someone relax into the right position enough for a tenderpoint to go away? Who can forget their first successful HVLA? Once your hands became medical instruments and not just something to hold a pencil with to pass the test, you became an osteopathic medical student.

My advice for the second year and above students is to help the first year students. You remember what it was like to not be able to feel ANYTHING at first in OMM lab. Remember that frustration, which is almost inevitable, when learning a new skill and help guide them into using their hands for healing purposes. To the first year students, those believers and nonbelievers alike – just keep at it, feel the tissue under your fingers, talk to your lab partner about how they are feeling while you are practicing your skills, and use the OMM faculty in your school as resources for your questions and concerns.

When OMM gets hard and frustrating here at OU, we have a saying…. You may know it already, “Remember that the body is a unit and to focus on the fingers, because the tissue is the issue!”

We can help you shorten your study time and raise your grade in anatomy & physiology!

It was great to see you at Dallas for the AAO Conference! Thanks for voting Edu Technology the "Best" and "most useful for a DO student" booth.



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And I Begin to Dance with Osteopathy...

Robert Voloshin—Touro: UAAO Member

My first direct exposure to Osteopathy was in a hillside village in Thailand with a French Osteopath who teaches Thai massage. My second Osteopathic experience was in medical school, and was strikingly different from the first. I was hungry for Osteopathy when I began school, yet initially I couldn't find what I was looking for. But over the year things began to shift. I began to pay attention to the undercurrents of what was taught by our eclectic OMM faculty, and I slowly started to understand the message behind their words. I read Becker, Sutherland, and listened to Jealous, and I began to realize that my passion for Osteopathy lies in its art. There are 2 phrases that helped me persevere when things became difficult throughout the first year of school: "palpation is a skill that can not be taught," and "D.O. means dig on."

Osteopathic workshop experiences shaped my explorations throughout the year. The first was a Continuum workshop with Bonnie Ginttis DO, where I focused on feeling my thoracic and primary respiration from the inside out. Ever since that experience I have been working under the guise that my ability to open up my internal senses, to see, feel, and hear within, is closely linked to my palpatory potential. The next moment of inspiration was meeting Dr. Ettlinger at Convocation. I learned that so much of what happens during Osteopathic treatment is about relationship and interaction, with the tissues, with the personality, and with the energy of our patients. We were so inspired by Dr. Ettlinger that my good friend Kyle Youngflesh and I flew to NY from SF to take a BLT workshop.

And this summer I went to Montreal for the Canadian Osteopathic Symposium. I took a workshop with Steve Paulus DO, an Advanced Perceptual Training in *Finding the Health*. I was able to learn from a brilliant Osteopath about the deepest roots of our profession, both historically and perceptually. Osteopathy around the world has much to offer, and I am glad that I have been exposed to some its varied perspectives. Yet I am happy to be taking the long road here in the states, and will diligently do what it takes to become an Osteopathic Physician.

My favorite etymology of the word physician is from the Greek *physis*, meaning nature or life force, and the physician being the guardian of that. Ironically, one of my least favorite etymologies is that of the word Osteopathy; "you treat bones, right?" Thankfully I made it through the treacherous road of the first year, but it is just the beginning of a perceptual odyssey that will stretch my consciousness for a lifetime.

Be Still and Know

Sergio Suarez—PCOM: UAAO National Representative

I arrived to Indianapolis on what I thought was an unseasonably cold and damp morning for mid June. However, it was my first time visiting the Midwest. As unsure as I was about what to expect from Indianapolis I was unsure about what to expect from The Cranial Academy's Introductory Course. My approach was to have an open mind and to try to learn as much as possible in the next five days. I had no idea what a truly amazing experience I was in store for.

I knew very little about Osteopathy in the Cranial Field (OCF) before the introductory course and I was therefore very eager to learn. The first morning of class we opened up with a workshop on how to palpate and differentiate between feeling bone, membrane, and fluid, "I didn't even know you could do that!" I thought to myself. At first I was just going through the motions and hoping that this would somehow start to click. We then moved on to some of the basic Cranial holds such as the Vault hold and the Becker hold and we proceeded to attempt to feel the Cranial Rhythmic Impulse (CRI) on each other. Sitting there with my partner's skull between my hands I couldn't find a comfortable position. My hands didn't seem big enough, my fingers were twitching, and I simply didn't trust myself and what I was feeling.

Then we switched partners. My partner was on the other side of the experience spectrum compared to me. He was already a practicing physician, had an extensive background in OCF, and he was at the course to obtain the CME credits. On the other hand I had just completed my first year of medical school six days ago and had no idea what I was doing. But as I rested with my head in his hands I felt a release of tension throughout my entire body and whatever he was doing was having a positive affect on me. I realized that this could be something very powerful and it would be in my interest and in the interest of my future patients to become competent in OCF.

By the end of the first day I still wasn't quite sure what I was feeling, but I knew I was feeling something and could not wait until the next day. But day two was rough. I was feeling unusually tired and I was having trouble with some of the techniques being taught that day. I kept getting frustrated with not being able to find a comfortable hand position with the Vault hold and it just seemed like things were not going my way. I must admit I was getting a bit discouraged.

I started day three with a clean slate and was ready to get back on track. As I was palpating my partner's CRI I finally felt like my hands and my brain were understanding one another and I actually could feel a strain pattern for the first time. "I'm sorry, I felt like I was gonna puke there for a second," my partner said to me. My first thought was "Why didn't you say something sooner?" My second was "Eureka!" I'd had an effect on her, definitely not the one I was looking for, but this gave me the confidence to trust my hands and what I was feeling. From that moment on I felt much more comfortable and I did not feel so lost anymore.

The fourth day flew by and before I knew it we were all cramming away like the good medical students we are for the exam and practical at the end of the fifth day. Although this once again felt like I was stressing out about a medical school final, I came to realize how much we

(Continued on page 11)

Be Still and Know

Sergio Suarez—PCOM: UAAO National Representative

(Continued from page 10)

had learned in the last few days and how much more I still had left to discover about OCF.

Day five was a blur. We got a crash course on treating the face from Dr. Eric Dolgin, ate lunch, and took our exams. I was happy to pass and receive my certificate of completion that same day.

The five day course was intense. The hours were long, but the time flew by. Being one of the younger, least experienced students there I was definitely overwhelmed at first, but by the end I felt like I had been accepted not only as a student but also as a colleague. I met some incredible clinicians and students from all around the country. I look forward to attending other Cranial courses/ conferences in the future and continuing to hone my skills throughout my career. As long as I treat what I find and be still and know I should do just fine.

The Battle and the Journey: Chronic Pain, Nemesis of Osteopathy?

Jenna Shenk—VCOM: UAAO Secretary

Most of us at some point in our lives will feel and experience a form of physical pain. It might be acute like having your finger jammed in the screen door. Or it might be drawn out such as the consequence of trying to break your fall from a mechanical bull with your forearm. Ouch. We usually make light of pain in our society. I do not know if we truly think it is funny, but television shows and comic routines would lead us to believe that pain is not relevant, saying "this too shall pass" and "what doesn't kill you makes you stronger."

As Osteopaths in training, we are to acknowledge pain and treat it as a signal of somatic dysfunction. However, enlightening as this might be to you, depending on the extent that you practice OMM, there is another dimension to pain that is not taught or easily demonstrated within the medical school realm. What I am referring to is pain that lingers and does not ever go away. I am speaking of Chronic Pain, which is draining, frustrating, unrelenting, and surprisingly unique to each suffering individual. And it is often unresponsive to our best OMT.

Wow. Wait. OMM can't fix that? Well, my dear student, remember a rational treatment must…. I know, I know, be based on, at least partially, the fact that the body has self-healing powers. But what happens to the confidence and the practice of OMM when the student is faced with a circumstance, a patient, who is living in chronic pain? Our first inclination is often to try and fix every nuance and characteristic trigger and tender point on every myalgic body.

However, finding and treating dysfunctions can no longer be a treasure hunt. It is a marathon. "What hurts?" you might ask. The reply you will most likely receive will be, "Ha! Everything". What should you do? Now, that you have localized the issue, considering that there might be 18 (such as in Fibromyalgia), hhumm…good luck. What isn't being expressed in our brief early clinical experiences is that we cannot "fix" everything. I agree that OMM may be the crucial link to wellness and that most techniques will benefit the majority of the population. But until we realize that HVLA, though T5 is seducing you to try that K-Ville crunch, might not be the best OMT to use on someone with hypersensitivity and gnawing chronic pain, Osteopathic medicine will not reach its full purpose.

Working in a rural pain clinic has allowed several classmates and myself the unparalleled opportunity of battling logic versus the paradox of chronic pain. Our creativity and stamina are consistently tested on a dozen members of the mountain community. It might be frustrating for us to return bimonthly and witness the same dysfunctions and the same stories of agonizing pain. But diminishing the pain scale for one week, one day, one evening, is completely worth it for these individuals. And that in itself makes it completely worth it to me.

I encourage you to seek out those who hide in the shadows; that at whom everyone rolls their eyes and politely professes to them there is nothing we can do. Perhaps they need HVLA, perhaps just strain-counter-strain, or perhaps, just perhaps you need to employ soft tissue and a listening ear in order to carry someone's burden for just a little while. After all, chronic pain might not be *just* a battle; as a patient and Osteopath together, chronic pain, instead, becomes a journey.

Thoracic Diagnosis

Robert Voloshin—Touro: UAAO Member

I highly recommend Jane Carreiro's chapter in Foundations on Balanced Ligamentous Tension. This chapter taught me a brilliant yet simple way to diagnose somatic dysfunction in the thoracic spine. With the patient lying supine, one places the finger pads on the spinous processes of the thoracic spine. Each time the patient inhales, the spine lengthens and the thoracic spine extends and with expiration the thoracic spine goes into flexion. As one feels the spinous processes moving under the finger pads with each breath cycle, notice if one of the vertebrae is not moving in the flexion or extension phase. Using spinous processes as handles on the vertebrae, follow that vertebra into its ease and pay attention to any rotation or sidebending that may be occurring. You have a diagnosis when you know what a vertebra is doing when it is moving into its ease. What I love about this method of diagnosis is that I get a sense of how the spine is working as a whole, rather than palpating one segment at a time. I also love that I'm monitoring the body in physiological motion, rather than inducing non-physiological movement while pushing through thick paraspinal muscles. Give it a try, and read the chapter.

TOOT (Taste of Our Towns)

Brian Hanshaw—WVSOM: UAAO National Representative

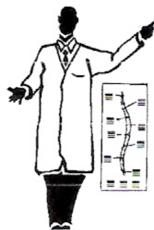
Another school year brings many opportunities to educate a new group of students about osteopathic medicine and philosophy. Here at WVSOM we hold a club night, which is a good way to expose the incoming first year medical students to all of the clubs and volunteer opportunities that we offer at our school. At club night, we were able to get the new students really thinking about osteopathic medicine, and how they can share their knowledge of osteopathy, not only to family and friends, but to the community as well. We were able to gain several new members during club night, and I believe that we will be able to have a very successful year.

At our first meeting, which will be September 15th, we will be doing our annual table drawing. We gave away and sold tickets for the table at club night for this raffle. Our hopes with this, is to begin to get our members excited about learning and being an influential part of osteopathic medicine. What better way to get the excited, then to give them a free table.

One of our annual events is Lewisburg's Taste of Our Towns (TOOT). TOOT is in Carnegies Hall's, a local theater in Lewisburg, largest fundraising event. It is a community-wide street fair featuring specialty foods from around the region presented by community groups, civic clubs and restaurants. The money raised at TOOT goes directly to Carnegie Hall's arts and education programming. Although this event is mainly tailored toward food vendors, the WVSOM chapter of UAAO gets the great opportunity of representing and educating the participants about osteopathic medicine. UAAO members, along with members of our OPP faculty volunteer at this event, doing postural exams on the fair attendees. Not only is this a great way to directly help the community, but it is a great exposure to osteopathic medicine as a whole

Although Osteopathy is becoming more recognized as a whole, there is no doubt that it is still underrepresented in the field of medicine. This year at TOOT we will have a special booth, solely dedicated to educating the community on osteopathic medicine. We will be giving them information cards about what osteopathic medicine means, its philosophies, and how it is beneficial to health care. So not only will TOOT attendees get a free structural exam, they will also leave with new knowledge about osteopathic medicine.

As our members get to educate the community about osteopathic principles and philosophies, they also get the opportunity to practice their OMT skills. This exposure will help them with their development in patient-physician communication skills and give them valuable hands-on experience with OMT. As an organization, we try to promote and educate not only to our family and friends, but to our community about osteopathic medicine. Opening people's eyes to the mind, body, and spirit philosophies of osteopathic medicine will aid in making the field of osteopathy better known, trusted, and more importantly respected and utilized.



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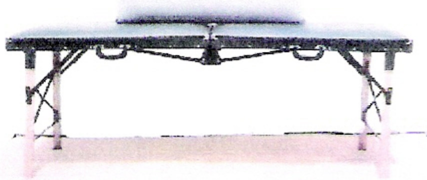

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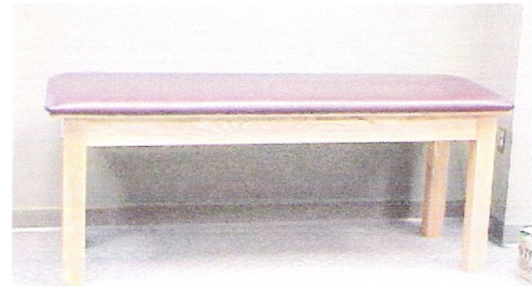


UAAO Takes on the Southeast!

Shelby Osborne—PCOM-GA: UAAO National Representative

Seeing how it's the beginning of the year and we haven't quit got our feet on the ground here in the Southeast (Georgia specifically)… we have big idea's for the future that we hope to turn into reality. Our executive committee met last week to determine how we can really change the role UAAO plays in the lives of our students here at GA-PCOM. We then took these ideas from the executive committee and presented them to the entire UAAO club, which only allowed us to expand upon our horizons.

The primary focus of our chapter of UAAO this year is to increase public awareness of what a D.O. is in our community. I have been told that DO's are quit popular in the Northeast, Michigan, and mid-west… but I'll be the first to say the South is very naive about this profession. We have decided to set up information booths, with OMM tables, at a variety of events around Atlanta. We our idea's include: Suwanee day festival, Old Peachtree Road Race, Georgia ING marathon, and the Georgia Cancer survivor health fair. If anyone knows any other connections in the Atlanta area, we would love to hear from you!

Otherwise, our primary fundraiser for the year will be selling OMM tables. We were planning to offer them mid-November as that is when the second set of disbursement checks are issued, but many of the first year students requested we offer them before that so they can practice at home ASAP. So we will be having an early "pre-sale" to those interested in tables before November. Otherwise, last year our chapter offered "seat cushions" to new members, but we decided to look around for something different this year. We were thinking coffee mugs, towels to protect the omm tables, etc… But if anyone has had success with another gift, please let us know!

Academically, the OMS II's are really going to have to get into gear this year… Dr. E has decided to create an "open" station this year (for both classes) in which any technique that we have ever learned can be questioned during the practical exam. That means at least any one of 75 or so techniques could be asked at each practical exam! As far as the first year students are concerned, the second years really stressed staying on top of OMM! Practicing techniques every week and reading through the lectures consistently to stay on top of the material.

That about sums up the GA-PCOM campus UAAO chapter's activities, ideas, plans, and goals for the upcoming year. We hope to get multiple DO speakers from a variety of specialties to teach us how they incorporate OMM into each of their practices. We look forward to meeting everyone at the UAAO meeting in March in Little Rock!

Getting Our Chapter Going

Heather Werth—TUNCOM: UAAO National Representative

What happens when your President and National Rep are gone for military training for the summer and your chapter decides not to elect a Secretary or Vice President until the fall in order to give the incoming class a greater opportunity to participate? The answer is that you start a little slow in the fall. Despite this slow start, Touro Nevada's UAAO is now fully staffed with chapter officers and is ready for a big year. Touro Nevada is now entering its fifth year of existence and our chapter's goals are aimed at building for the future. The classes before us have done an excellent job at getting our UAAO chapter started and it is the time to build on their foundation. Getting a new chapter started is never easy. The obstacles our chapter has faced include funding, membership, and participation. Therefore, we are trying to develop solutions to overcome these obstacles.

First and foremost, we are trying to increase the amount of funds available for activities. It is essential for us to have enough funds in order to sponsor speakers, pay for club activities, and help pay for trips to Convocation. Without adequate funding, it is difficult to increase participation. Therefore, one of our first priorities this year was to start fundraising. After tossing around numerous ideas, we started with a lunch fundraiser. The six officers shopped, cooked, and prepared with a goal of feeding 100 faculty and students. This lunch fundraiser provided the UAAO with increased visibility and interest. As a result, we now are planning on monthly lunch fundraisers. We are also able to donate a portion of our proceeds to Touro's Free Children's Clinic, which was started by our faculty advisor, Dr. Galin, in order to provide Osteopathic treatment for children.

With our first fundraiser out of the way and many more on the horizon, we are focusing on membership. We are building on the visibility that our lunch fundraiser provided us with a full membership drive. Our membership drive includes a raffle, free t-shirts and stress rams for new members, and Osteopathic Table Sales. Waiting to start a full membership drive has enabled us to plan and has given first year students an opportunity to get a feel for OMM before joining. All students are now equipped with loan refund checks and the shell shock of buying books and supplies has hopefully worn off. Our goals for membership are not grandiose. We would like to see equal or more increase in participation from current members.

In the past, many Touro students have felt hesitant to join clubs that cost money. Often, club leaders get questioned on the value of membership. Previously, the UAAO has provided speakers, weekly review sessions, and money for trips to convocation. Unfortunately, the cost of speakers and gas may limit our ability to pay for speakers to come and limit our ability to pay for trips to convocation. Therefore, we would like to provide more opportunities for participation here in the community. This includes more community service oriented projects. Currently, we are hashing out ideas on community service projects that reinforce the mission of the UAAO. Hopefully, we will grow our membership by providing more opportunities for active participation closer to home.

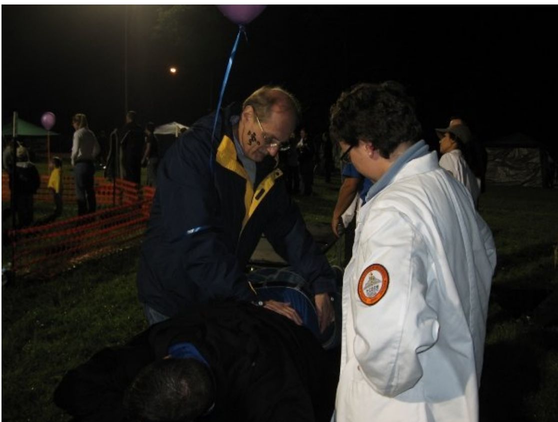
This year is going to be a building year for Touro Nevada's UAAO. We face many challenges as a newer school. Our goal is to build on the past and provide the structural and monetary foundation needed for future. Hopefully, next year's officers will benefit from our labor. Although we started the year slow, we have many plans for the future and much to accomplish over the course of the next year. We try to view obstacles as challenges to overcome. Touro Nevada continues to grow and evolve. Our UAAO chapter would like to grow and evolve with it. By building our base, we will become a stronger organization.

Embracing the Mission

Tess Vasterling—PCSOM: UAAO National Representative

The officers of UAAO at PCSOM are striving to promote the organization's mission this year. We are aiming to help both first and second year students gain an appreciation of different OMM techniques by partnering with family practice/ OMM residents, practicing clinicians and the OPP faculty of PCSOM. This is accomplished through monthly meetings. Members are welcome to come and inquire about any OMM topic or technique. The upperclassman and the residents demonstrate evaluation of patients and propose different methods for treatment. These monthly meetings are very beneficial for brushing up on previous techniques as well as learning new techniques.

The members of UAAO are also very involved in teaching the surrounding community about the benefits of OMM. We partner with SOMA to participate in DO's on the go. At these events we provide basic screenings and treatment to members of the community. This is a great promotion for the DO profession as well as a great teaching opportunity for students. We also provided treatment to the participants of Relay for Life last May. During this event, members of PCSOM and the community raised money and kept many individuals walking for twenty-four hours in honor of those battling cancer. These events will be continued this year and hopefully by future classes.



Our members are also encouraged to work in the OMM clinic. This allows students to interact with patients rather than simply other students. We have found that a lot of learning occurs outside of the classroom through interaction with patients. It is an opportunity to hone skills learned in class and perfect them to your body structure.

Our ultimate goal is to make members comfortable practicing OMM when they reach their clinical involvement stage. With this goal we hope to make OMM more accessible to all patients of DO physicians.

2009 Annual Convocation

March 25-29, 2009
The Peabody Little Rock
Little Rock, Arkansas

Basic Mechanisms of Osteopathy: Balancing the Neuroendocrine Immune System

Lisa A. DeStefano, DO, Program Chair

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below are the winning essays:

Vicki E. Dyson Scholarship

You could receive $400 for doing OMM!!!

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Complete a four week OMM rotation with a participating Physician

Write an essay on your experience

Submit by June 30th

For questions, contact Phyllis McNamara at pmcnamara@academyofosteopathy.org

Student: Jennifer Maccagnano, OMS-II – CCOM Doctor: John Hohner—Oak Forest, IL

As an osteopathic medical student, I believe that Osteopathic Manipulative Treatment is an extra tool that we can use to assist our patients, and having a great passion for osteopathy I decided to use part of my vacation this summer to gain clinical skills with OMT. During the past four weeks, I did an elective rotation with Dr. John Hohner, a family medicine physician who uses OMT in his daily practice. Participating in an OMM rotation between my first and second year of medical school was an opportunity to utilize diagnosis skills and techniques, gain new manipulative skills, and learn how to put together the patient's chief complaint with a treatment plan.

During my first week, Dr. Hohner gave me the instructions to "make a diagnosis, and start the treatment" on several of his OMT patients. I recall seeing a young, male patient with lumbosacral pain along with a tight psoas muscle. One of the challenges I noted while working on this patient is that real patients are suffering and often in severe pain, in comparison to the skills lab, where the pain may be minimal. While diagnosing, one does not want to aggravate the patient's pain; however, it is still important to palpate through the various layers of our patients' bodies to determine how the vertebrae rotate and sidebend. Working through this challenge, I learned that by using soft tissue to relive some muscle tension, it was easier to diagnose his lumbar spine.

Going beyond the diagnosis, I came to realize one must consider the various possible techniques to treat a particular dysfunction as one quickly decides what would be the best treatment to ease a patient's suffering. In the clinic setting, I find that determining the best technique for a person's size, age and strength can be compared to running through a differential diagnosis as a physician rules out various diseases in order to come to a final diagnosis. For example, in the case of OMT, one may decide to use epigastric thrust instead of knee in the back if a patient's dysfunction is more diffuse and less of a pinpoint lesion. In contrast to a differential leading to a final diagnosis, where physicians basically determine the same final diagnosis; with OMM, different osteopaths may decide to vary on the techniques because often two or more techniques can solve the same problem.

Being in a family medicine office, I often utilized my H&P skills to consider DDx as I began to investigate in order to determine a patient's ailment. Through this rotation, I had the opportunity to see patients with viscerosomatic reflexes and use these findings along with the rest of the PE to assist in diagnosis. For example, a patient presented with diffuse abdominal pain and a positive Murphy's sign, and she also complained of pain in her middle thoracics. On PE, she had TART from T7-T10 on the right, which combined with the rest of her exam, suggested cholecystitis.

Going beyond viscerosomatics assisting in diagnosis, I learned how it is essential to consider somatic dysfunction as a cause of the pain and symptoms related to a medical illness. For example, a teenager presented with possible TMJ dysfunction; however, in addition to evaluating her jaw for clicking and asymmetry while opening her mouth, Dr. Hohner taught me to do an osteopathic assessment of her cervical spin and cranium. If she had a cervical or cranial dysfunction, it could have manifest with symptoms similar to TMJ.

Besides treating acute dysfunctions, I had the opportunity to gain hands-on experience treating chronic back pain. For example, a woman with severe kyphosis since childhood, osteoporosis, and osteoarthritis is a regular OMT patient. Although she can be diagnosed segmentally, her treatment is specific to assist in decreasing the kyphosis of her thoracic spine and decreasing the lordosis of her cervical spine. In order to extend her thoracics, Dr. Hohner taught me how to move the fascia of her chest and thoracic inlet. We also ar-

(Continued on page 16)

Congratulations Vicki E. Dyson Scholarship Winners

below are the winning essays:

(Continued from page 15)

ticulated the spinous processes to assist her in obtaining movement in her spine. Finally I learned to extend her by moving the scapula medially. Her treatment goes beyond the techniques learned in class and taught me how to use OMM in order to help patients obtain more mobility.

While treating the acute and chronic musculoskeletal dysfunctions in our OMM patients, I embodied A.T. Still's holistic philosophy of mind, body, spirit. The pain from musculoskeletal dysfunctions often altered a patient's psychology. After a patient received OMT, one often noticed a smile on their face, or as one patient stated, "Oh I feel great. I hope it lasts." Therefore, I was not just treating a sore neck or back, but the whole person. As I continue through my studies on the journey to becoming an osteopathic physician, I plan to integrate the osteopathic principles and OMT in patient care. I am thankful to Dr. Hohner who opened his doors so that I could gain additional skills in OMM, which will be utilized as I treat family members, friends, classmates, and my future patients.

Student: Ivi Li, OMS-III – TUNCOM Doctor: Gregory Dott—Dallas, TX

I believe the ability to sense the primary respiratory mechanism (PRM) requires a combination of the innate gift of a warm touch along with the dedication to explore the pathways the motion can take you with each individual patient. I first learned the principles of osteopathy in the cranial field as described by W.G. Sutherland during my second year in medical school. We spent six weeks learning various cranial techniques, yet I felt defeated and frustrated because I could not seem to grasp the movement of the PRM. After learning cranial manipulation at school, I continued my pursuit to sense the motion by attending seminars on the subject, yet I was still not receptive to this powerful force.

The pivotal movement of my cranial experience occurred while I was on my FP rotation with Dr. Farahmandpour from NYCOM. I expressed to Dr. F. my frustrations with my inability to feel the PRM, and he decided to engage me in an activity. He asked me to lightly place his hand in between both of my hands to where I am just feeling skin, then he asked me to slightly take both of my hands off his hand and explained that I am now sensing the energy from the soft tissues. Incrementally, I would take both of my hands farther away from his hand to sense the ender from layers of muscle, bone and finally the PRM. He explained that although I am not palpating the intended structures, I am actually perceiving the energy from the different layers of tissue simply with an intent focus on the area of concentration. It was through this exercise that I was able to experience the PRM and become more confident in my perception of the motion.

When I rotated with Dr. Dott in Dallas, TX, I felt confident to perform most manipulative techniques, but I was still intimidated by cranial due to my inexperience. Dr. Dott was an exemplary mentor because he was able to use images and analogies to help me mentally picture and focus my intentions on the area of somatic dysfunction. I was able to induce changes in the tissues in the contralateral thoracic region with my hands simply on the patient's hand and elbow. I accomplished this feat through Dr. Dott's depictions of each anatomical structure as he guided me along to the somatic dysfunction. Although I still doubted if I was actually causing any changes in the tissue, Dr. Dott advised me that many times the act of intention can be the exact amount of force required to induce change.

Throughout the month, I was constantly amazed at my ability to help the patients improve in their pain or discomfort through cranial manipulation. One particular patient was especially memorable because she had been diagnosed with fibromyalgia and she had been seen by a plethora of physicians and specialists, yet no one was able to significantly alleviate her pain. When she came into the office, she was in great spirits and seemed to be extremely accepting of her disorder. It wasn't until further questioning that we discovered the actual amount of pain she experiences. Dr. Dott warned her that he was not exactly sure as to how much we can decrease her pain level, but we will start with a gentle treatment and see how she responds to the treatment. We spent about 20 minutes trying to engage her PRM and indirectly guide the motion. When we finished, Dr. Dott explained that it may take a few days to feel a change and we will see how the treatment had affected her next week. When she returned the next week, she was ecstatic to report that her pain level had significantly decreased after the treatment and remained relatively tolerable throughout the week. We gave her another treatment, but with more intensity the second time, and advised her to continue weekly treatments. I was able to help Dr. Dott treat her for two more times throughout the month and we saw progressive improvements in her somatic dysfunctions as well as her pain level. I felt tremendously satisfied that I was able to help her improve her pain level after the many failed attempts she made to treat her disorder. My rotation with Dr. Dott allowed me to improve my cranial technique as well as build my confidence in treating somatic dysfunctions with cranial manipulation.

I believe that what I learned from Dr. Farahmandpour represents the essential foundation of my cranial manipulation skills because he instilled confidence in me to believe that I am receptive the primary respiratory mechanism. Being able to work with Dr. Dott a few

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Congratulations Vicki E. Dyson Scholarship Winners

below are the winning essays:

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months later was an invaluable opportunity because he helped me strengthen my cranial skills. Through my pursuit to perceive the PRM, I learned that growing confidence in my palpatory skills is more important that simply learning techniques. I also realized that with conviction and dedication, I can sense the intricate motions and fluctuations of the fluid of life. As I continue to improve my manipulative skills, I will use the concepts of osteopathy that I learned from my preceptors and apply it to treating the somatic dysfunctions of the patients whom I will encounter.

Student: Stephen Babcock, OMS-III – TUNCOM Doctor: Eric Toder—Las Vegas, NV

As I was preparing my application for medical school I was introduced, by a friend, to an osteopathic physician. Previous to this, I had never heard of osteopathy. It immediately caught my interest and I decided to apply strictly to osteopathic schools. Our OMT course during first and second year was always interesting and enjoyable to go to but it wasn't until the end of my third year when I did an elective rotation with Dr. Toder that I realized that OMT should be an integral part of the practice that I will someday have. Working in this rotation improved my palpatory skills and helped me gain a better understanding of how an OMT clinic functions. I was able to see first hand that many disease processes are significantly shortened by OMT and others require OMT to resolve. Dr. Toder is an excellent physician and it was a joy to work with him. Seeing the results that I have I could not deny a patient entering my clinic the relief that may come through OMT. I am now preparing applications for FM residencies where I will continue to develop skills as an osteopathic physician.

Because of my rotation with Dr. Toder, I was introduced to the possible use of OMT in treating children with colic. This was exciting news for me having a child that cried for his first 18 months of life and one more child on the way. Just as before, our second child was quite fussy and seemed to have a lot of gas. At two weeks of age he received his first treatment where Dr. Toder and Dr. Galin released his restrictions at his OA joint, diaphragm, and SI joint. He seems to have gotten some relief from the treatment and will be going back in a week for a follow up treatment.

The Undergraduate American Academy of Osteopathy (UAAO) 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 compete 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!

-UAAO National Council