

Oct 2010

Fall Issue



# The Still Point

## National Executive Board

- **Chair**  
John Leuenberger—LECOM  
uaaochair@gmail.com
- **Vice Chair**  
Nicole Mullins—AZCOM  
uaaovchair@gmail.com
- **Secretary-Treasurer**  
Josh Brown—OUCOM  
uaaosect@gmail.com
- **National Coordinator**  
Elizabeth Potts—PCOM  
uaaonator@gmail.com
- **NUFA Liaison**  
Lauren Santelli—WU-COMP  
nufalialison@gmail.com

## Regional Coordinators

- **Region 1—TouroCOM, NYCOM, UMDNJ-SOM, PCOM, LECOM, LECOM-Seton Hill**  
Brittnea Adcock—KCUMB  
uaaoregion1@gmail.com
- **Region 2—WVSOM, VCOM, PCOM-Ga, LECOM-Br, NSU-COM, UNECOM**  
Jessica Capasso—NYCOM  
uaaoregion2@gmail.com
- **Region 3—CCOM, MSUCOM, OUCOM, DMUCOM, LMU-DCOM, PCSOM**  
Leah Welsh—OUCOM  
uaaoregion3@gmail.com
- **Region 4—KCUMB, KCOM, OSUCOM, TCOM, RVUCOM**  
Dawn Murrell—LMU-DCOM  
uaaoregion4@gmail.com
- **Region 5—PNW-COM, TUCOM, TUNCOM, ATSU-Mesa, AZ-COM, WU-COMP**  
Alexis Michopoulos—RVUCOM  
uaaoregion5@gmail.com

*Undergraduate American Academy of Osteopathy*

*Copyright © 2004-2010—Undergraduate American Academy of Osteopathy. All Rights Reserved. Opinions expressed in this publication may not represent the official position of the UAAO or the AAO.*

## The UAAO in 2010

The 2010-2011 academic year is well under way and I hope everyone is as excited about this year as I am! I would like to take this opportunity to present this year's agenda. It is focused on adding value to the function of the UAAO Executive Council, providing chapters with necessary support and promoting the osteopathic spirit.

The UAAO is one of the largest and most active osteopathic student organizations, yet there is an alarming disconnect between MSI/MSII participation in the UAAO and a dramatic decrease during the clinical years. This is apparent in the number of active AAO members. Currently the UAAO has over 5,000 members yet the AAO has only 1,056. This fact is a major concern of mine and what I believe to be a core problem with the osteopathic profession. As your UAAO Chair this is my plan to change the UAAO, affect future change in the AAO and revitalize the osteopathic spirit starting with you, the students.

- 1) Keep UAAO members actively involved during the clinical years
- 2) Provide membership incentives for joining the UAAO
- 3) Establish effective means of communication throughout the organization

First, I believe that the key to strengthening our organization is to transition UAAO members into AAO members and it begins with the clinical years of our education. The current membership numbers speak for themselves. UAAO chapters are

**John Leuenberger—National Executive Council Chair (LECOM)**

doing an exceptional job at recruiting new members and promoting Convocation, where the majority of students who attend are in their pre-clinical years. To address this issue I met with our AAO President Dr. Feely and together we are creating a mentorship program that will be initiated at the upcoming Convocation in Colorado Springs, March 2011. This program is intended to keep students who attend Convocation active after they leave campus and keep them returning the Convocation each year. While the details are not finalized, the program guidelines are as follows:

- 1) AAO members will be recruited to sign up as Mentors for the program when they register for Convocation.
- 2) Students will be able to request a member when they register for Convocation.
- 3) Each Mentor will have up to 3 students and will meet at Convocation.
- 4) Students will be assigned a mentor based on criteria involving geographic location and fields of interest for their future careers.
- 5) Communication between the student and mentor will be periodic throughout the year and for the remainder of the students' academic career.
- 6) There will be no fees associated with this program and it will be supervised by the Academy and UAAO Executive Council.

Secondly, new member recruiting has been the responsibility of each chapter. The reason I ran for the executive council is because the executive council should also be providing incentives as well. Along these lines the OMT Review book is now available on a biannual basis. Another idea that has been taken into action was to give new members a free gift. This year we are pleased to announce that wrist bands will be available to chapters for new members. Another new member and Convo recruiting tool that will soon be available is a DVD that highlights the Convo experience. It was filmed during last year's Convo and many of you may recall the filming or may have been interviewed for the video. I will have more details as the video is completed. Other benefits that the executive board has always sponsored are the A. Hollis Wolf case presentation at Convo each year and the Vicky Dyson scholarship is also available for UAAO members only. We encourage every chapter to promote these with great enthusiasm.

The last agenda item is the ongoing communication issues that are slowly resolving. This year we began the chapter gmail account that should help to resolve some of the problems that revolve around chapter officer turnover each year. The accounts can be used to access google docs and calendars, as well as establish contact lists by graduation year to aid in communicating with students during the clinical years once they leave campus. The UAAO face-

*(Continued on page 2)*

(Continued from page 1)

book page is also being revised and changed from a personal account to an organizational account where members can become a fan. This page will also be linked to the PAAO and AAO facebook pages to help with social networking throughout the organization. Another idea that I proposed that is in the approval process is the changing of the UAAO name to the SAAO, Student American Academy of Osteopathy. This change is meant to decrease confusion when explaining the name of our organization as I'm sure you have all had to do several times. It is expected that the name change will be a gradual transition over the next two years. The web page has also received considerable efforts in updating the content. Currently the Academy is undergoing a website revision and implement-

ing an online member database. When this is complete this will allow members to login and enter information that they would like other members to have access to. All students are encouraged to take advantage of this database and keep their contact information up to date. This will be a useful tool for member communication throughout the organization.

Finally, I would like to address some of the concerns about the cost of Convocation for students to attend. The Academy has changed the registration fee for students from \$365 to \$305. This reduction comes at the expense of removing the Saturday night President's banquet from the student registration fee. Students will no longer have a ticket to the banquet, but are allowed to purchase a ticket for \$100. Overall the registration fee for Convo was increased

by \$40 this year due to rising costs of hosting the event. To help students who would like to attend the banquet, the executive council is working on a program where physicians can donate unused banquet tickets or sponsor a student for the banquet. The decision was made with the overall cost for students in mind and the budget that the Academy has available for Convocation. I often receive emails about cutting Convo registration fees and why is it so expensive. The bottom line is that Convo is attended each year by approximately the same number of physicians as students. It is approximately a 60/40 mix. And as most of you are aware the Academy does not receive significant funding from sponsors such as pharmaceutical corporations. These factors place the majority of the cost of hosting an event as large as Convocation on the registration fees of

the physicians who attend. The current student registration fee is subsidized by the Academy and does not reflect the true cost of hosting an entirely separate student program that is the best osteopathic education available anywhere by far. The student 2011 Convocation program will be available in the near future. The executive council submitted several ideas to the Academy, many were based on your feedback. I look forward to announcing the program and I hope that all of you are as excited about Convocation this year as I am. As always, please feel free to contact me at [uaaochair@gmail.com](mailto:uaaochair@gmail.com). Thank you,  
John Leuenberger

The UAAO in 2010—J. Leuenberger (LECOM)	1	PCSOM Membership Drive—L. MacInnes (PCSOM)	12
OMM in an Allopathic ICU—N. Mullins (AZCOM)	3	2010 UAAO Summer Preceptorship—C. Bruno (NYCOM)	12
Ch-Ch-Ch-Ch-Changes—L. Santell (WU-COMP)	3	As the Twig is Twisted—P. Bledsoe (TUCOM-CA)	13
Every Little Bit Helps—J. Brown (OUCOM)	4	The Lives We Palpate—L. Prest (RVUCOM)	14
Speak Up! - E. Potts (PCOM)	4	The Hidden Benefit of OMM—S. Blanchet and T. Gronowski (PNWU)	15
Osteopathic Word Find—T. Sowby (LMU-DCOM)	5	Putting Money Where Your Heart Is—K. Heidle (LECOM)	15
Milestones in Osteopathic Medicine—J. Barredo (LECOM-Br)	6	How Much DO You Know About Osteopathic Medicine—J. Nguyen (TUNCOM)	16
Successful Recruitment Drive—W. Jens (PCOM)	6	The Emergent Osteopath—B. Vajen (OUCOM)	17
Vickey E. Dyson Scholarship Essay—E. Conaway (VCOM)	7	Fresh Produce for the Hungry—M. Meurer (KCUMB)	19
Counterstrain Crossword—J. Shupe (WU-COMP)	8	Planning a Practical Review Without Losing Your Mind—J. Blair (VCOM)	19
From UAAO to PAAO: Becoming an Active Osteopathic Physician	10	All Things OMM—A. Akridge (MSUCOM)	20
Realizing Your Talent—R. Katrajian (LECOM-SH)	10	2010 A. Hollis Wolf Competition Winners	22
Osteopathic Word Search—R. Davis (NSUCOM)	11	Answer Keys	23

## OMM in an Allopathic ICU

My patient came into the ICU with intractable nausea and vomiting, a ten year veteran of metastatic breast cancer, who has had more rounds of chemo and radiation than many of our colleagues have had birthdays. We have maxed out her anti-nausea medications, pumped her with as much IV fluids as her battle-scarred body can handle, yet still she lay on her left hip in bed to vomit— always her left side, since her metastasis ate away the bones in her right hip like it were tasty midnight snack. When she isn't being racked with heaves, she falls back on her bed, flat on her back, attempting to get comfortable around her porta-cath IV lines, her back pain, her damaged hip, her nausea, her headache, her neck ache from all this endless retching.

I am a third year medical student—an osteopathic medical student—in a sea of allopathic residents and attendings in a sprawling hospital in Tucson,

Arizona. I know this patient—I know her husband, her parents. I've tracked them down in the hospital cafeteria when she was undergoing a procedure to fix her looped porta-cath lines, explaining to them the how's, the why's, the expected outcomes. I've explained to them some basics about chemo, its effects, the reasons why it causes her once luscious obsidian waves to fall out in clumps, only to return a grey dusting across her scalp, the reasons why it wrecks such havoc on her intestines—things that I am amazed they've never had explained to them in 10 years of treatments and hospitalizations.

The fourth day of her admission, I engaged in yet another conversation with my senior resident about her condition, about her pain. I asked if I could try some OMM on her, then found myself having a thirty minute explanation and demonstration of what those magical, unknown letters of "OMM" meant, and why I wanted to unleash them onto

### *Nicole Mullins—National Executive Council Vice Chair (AZCOM)*

my patient. Our attending had changed days before, from one who had declined to let me practice OMM on a previous patient to a new one who allows anything that didn't incur more work on her busy schedule. My resident finally acquiesced, amused at my passion, befuddled at this entirely new concept of using your hands to diagnose things, to treat things, and I think a bit skeptical that any of the things I talked about could possibly be true.

I did not cure her cancer that day, I did not win over the entire allopathic world to the beauty and power of osteopathic medicine. I did treat my patient—her headache and neck ache melted away, her nausea subsided, her retching ceased. Her family saw me spend those extra 8 minutes with her, listened to me explain yet again, what was going on, why I was trying this. They saw her relax, and finally sleep a few peaceful hours in that hospital bed before someone else would have

to come in to draw blood that would only tell us everything looked fine, that we don't know why she is so sick. She was released the next day, 2 days before the goal we set for her—to make sure she was out by her birthday.

I tell you this because you will often have to seek out ways to use your osteopathic training, to earn that chance to try and make your patients more comfortable, to convince your superiors to let you try things they've never heard of. You may not always be successful, but if you don't try you won't ever find that success. How much you learn, how far you go, your dedication to the best care possible for your patients is up to you—don't be afraid to just keep asking, trying, learning, educating. Sometimes, you get lucky enough to see the results develop right in front of your eyes—and walk out the door with her family.

## Ch-ch-ch-Changes

All one has to do to realize the ubiquitous changes going on in the lives of NUFA members at this time of the year is check out Facebook updates. Third-year fellows: "Composing my first OMM lecture today," "Working on my 21<sup>st</sup> hour of a 30-hour shift- rotations are no joke!" Fourth-year fellows: "Can't get any of my audition rotations scheduled," "Taking Step 2 this week, then off to Philly for the PE." Fifth-year fellows: "Seeing all my former classmates in long white coats at the hospital- weird," "Have my first residency interview today- wish me luck!"

Weather we are dealing with the novelty of rotations, the

transition to fourth-year, or the anxiety of yet another application process, fellows across the country are in a state of flux. While these changes may seem overwhelming at times, we have a distinct advantage as NUFA members: a community of people who share common challenges. Although we may not have realized it at the time, the decision to become a fellow included an implicit commitment to helping one another through these changes. Veteran fellows are akin to older siblings or tribal elders; able to pass on advice and knowledge the newer fellows who may be struggling to make sense of their path.

### *Lauren Santell—National Executive Council NUFA Coordinator (WU-COMP)*

I encourage you all to embrace these roles- be willing to accept advice graciously and give guidance generously. Because our path is unique, as even the largest fellow classes in the country make up ~5% of their total class population, we should rely on our NUFA community to navigate the sometimes rocky road of being an upper classmen. Let's thrive together! Let's help each other! Let's build our fellow community! We can accomplish this by communicating more openly with one another. Please check out the Facebook profile that the UAAO has set up, with a members-only NUFA page (search for AT Still.) You can also participate in the monthly on-line meetings that take place

every fourth Sunday of the month at 8pm EST via Yahoo IM. Using these tools, we can strengthen our ties to fellows across the country!

On personal note, I recently made a pretty large transition myself- into motherhood. My husband and I welcomed our first child, a baby girl named Simone Ayala Santell, into the world on August 19<sup>th</sup>. Our lives have changed completely, and we are so fortunate to have our family and friends around us at this time for support and guidance, and to share in the joy of our little one! A community of support is truly something of great value.

## Every Little Bit Helps

Beginning third year rotations is overwhelming, scary, anxiety-provoking and exhausting. Transitioning from studying twelve hour days for boards and being on one's own time, to no longer being in control of any hour of any day is tough. Then throw into the mix: changing preceptors every few weeks, needing to learn to mold yourself into a completely different field of practice each time, learning to stay out of the way, and still trying to find time to study. Third year is nothing short of crazy (pun intended because I am on my psych rotation right now). Despite all of this, third year is a time to find yourself again and rediscover why you are going into this profession.

Although these are big challenges, the biggest challenge I have yet to face is how to incorporate OMM into the clinical years. Each of my preceptors have been receptive to my interests in OMM and have encouraged me to use it on patients. This is great news! However, due to the overwhelming nature

of seeing about 30 patients per day, and not having coaching from preceptors, it is a little difficult to find time, or even remember to use OMM.

For instance, on one of my first days of rotations a patient came in with sinus congestion. I was still gathering my bearings at this point in the rotation and completed the H&P and went to present the case to my preceptor. I was doing an excellent job remembering all of the pertinent positives and negatives of the review of systems, remembering the medications the patient was taking, and actually knowing what those meds did. My preceptor then asks: "How did his nose look and were his sinuses tender when you palpated them?" I simply stared. Of course I didn't forget to do that on a patient whose sole complaint was "sinus congestion." Okay, I did forget; how embarrassing to have to go back in and check. (And even more embarrassing that I am admitting this now). The point is that learning how to do a good H&P is important and OMM often

## Joshua Brown—National Executive Council Secretary-Treasurer (OUCOM)

takes a back seat to everything else during rotations.

Since that rotation, I have been making it a goal to at least look for one osteopathic finding and offer the patient treatment if they wish. (Yes, that is after I have remember to look at their nose and palpate their sinuses). Some patients think I'm crazy; others are receptive to the idea. I had one patient come in for pain medications for her back pain, had never heard of OMM before so I offered to treat her and she was excited at the idea. Ten minutes later her back pain

was gone and she left without needing medications. Had I not made the effort on previous patients, I may have been too shy or insecure to offer her treatment. However, since I was comfortable with my abilities, I was able to make a difference for her. Being aggressive during clinical years is an understatement when it comes to using OMM. I challenge all of you to try this. You never know what a difference you can make; every little bit helps.

**View-OMT**  
Content Authoring Platform  
Deliver your expertise!  
**Online Board Review Tool**  
*Innovation in Osteopathic Education*  
**ViewOMT.com**

## Speak Up!

This past month I was at Conemaugh Memorial Medical Center in Johnstown, PA. I was very excited when I saw in my orientation packet that there were OMM grand rounds every other Tuesday. I thought this was a fabulous opportunity to be able to see what techniques and practices can be done in the hospital. I was very disappointed to see that the first week they were cancelled because there was "no one to do OMM on" in a 560 plus bed hospital. It seemed very hard to for me to believe that out of all of those patients, none needed or could benefit from OMM. The next time, we saw two people; both of whom had pneumonia. We did rib raising and a lymph pump on each patient. Then I got fix one

patient's inhaled right first rib using muscle energy! It was very exciting being able to take a concept taught in the classroom and use it on an actual patient!

OMM grand rounds were done with an osteopathic family medicine physician, but don't be afraid to try OMM on patients of allopathic physicians. While spending time with an orthopedist there was one patient who had a stiff shoulder. Immediately I started thinking about the Spencer technique. The physician continued to talk about how he planned to put her under general anesthesia and then move her shoulder around to increase her range of motion, but how much more would she have benefited from weekly

Spencer techniques? Then I approached him and asked if I could try something first, and he was quite agreeable to the idea! Since she had previous fracture of the shoulder, I was a little extra cautious, but she did feel as though there was improved motion after I finished. How much could patients benefit from non-invasive OMM techniques instead of going through the risks of a procedure involving general anesthesia?

Most allopathic physicians that I have worked with have not been opposed to the use of OMM on their patients, because they know it is another tool that we have that can help benefit their patients. As long as you aren't using HVLA, there are relatively few contraindications for OMM,

so ask your physician if they wouldn't mind! Speak up! You can't do any OMM if you don't ask. There are lots of patients out their just waiting for your skilled hands!

## Elizabeth Potts – National Executive Council National Coordinator (PCOM)

**Osteopathic Word Find***Taralyn Sowby—LMU-DCOM: UAAO National Representative***OSTEOPATHIC WORD FIND  
LMU-DCOM**

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

ANATOMY  
CHAPMANS REFLEX  
DIAPHRAGM  
FACILITATION  
FUNCTIONAL  
JOINTS  
LYMPHATIC  
MYOFASCIAL  
PARASPINAL  
PSIS  
SACRAL ROCKING  
SOMATIC DYSFUNCTION  
THORACIC

ASIS  
COUNTERSTRAIN  
EXTENSION  
FLEXION  
HVLA  
LUMBAR  
MUSCLE ENERGY  
OSTEOPATHIC  
PECTORAL TRACTION  
PSOAS  
SACRAL TORSION  
STILL TECHNIQUE  
THORACIC OUTLET

CERVICAL  
CRANIOSACRAL  
FACILITATED POSITIONAL RELEASE  
FREYETTES LAWS  
INNOMINATE  
LUMBOSACRAL  
MUSCLES  
PALPATION  
PIRIFORMIS  
RIB RAISING  
SACRUM  
TENSEGRITY  
THORACIC PUMP

## Milestones in Osteopathic Medicine

Joel Barredo—*LECOM-Br: UAAO National Representative*

July 17<sup>th</sup>, 2010—does this day ring a bell? Well it should! I'll give you a clue; it was a Saturday at the AOA House of Delegates meeting in Chicago, IL. Saturday, July 17, 2010, Karen J. Nichols, DO, was inaugurated as the AOA's President; she is the **AOA's first female president**. It is milestones like these that serve not only as a mark to show how far we have come, but also as a reminder of how far we have to go.

Here is a small medical history quiz:

1) Who was the first black president of the AOA?

Sixteen years ago, William Anderson, DO, was the first black president not only of the AOA (from 1994-1995), but of a major medical association in the United States.

2) When did the first female graduate from an American medical school?

It has been only 161 years since the first woman has graduated from an American medical school—Elizabeth Blackwell, M.D., was the first female to graduate from an American Medical school (Geneva Medical School of Western New York, in 1849).

3) When was the first co-educational medical school founded?

One hundred eighteen years

ago, the American School of Osteopathy (ASO) was founded in 1892. It was the first medical school to accept both men and women. ASO is now known as KCOM (Kirkville College of Osteopathic Medicine at A.T. Still University).

\* The primary resource for this article is the LECOM Bradenton Osteopathic History & Heritage Course, under the direction of Thomas Quinn, D.O., F.A.O.C.O.P.M.

## Successful Recruitment Drive

William Jens —*PCOM: UAAO National Representative*

This year we have had incredible success gathering interest in the UAAO. At our first meeting we had more than 70 students (mostly first years) come to hear about how easily OMM can be applied to clinical rounds. We exposed the first years to rib dysfunctions, lymphatic pumps and muscle energy and showed them how to use this knowledge to treat COPD or other infections. Our speaker Dr. Noto was a great draw, but I attribute most of our success to a coordinated drive of events and a word of mouth campaign conducted before our first meeting to advertise the club.

Our first recruitment event this year was a Mock Anatomy Practical. Our executive board set up several bodies with tagged structures and asked questions similar to the first years' first practical exam. We also stressed the importance of applying the anatomy to the OMM lab to enhance understanding. We were able to turn it into a fundraising event by asking for donations at the door to go towards the National Brain Tumor Society (but not required as per body donation regulations). We

are currently attempting to unite the PCOM community to donate and/or walk at the Race for Hope – Philadelphia, an event that is sponsored by the NBTS.

The Race for Hope – Philadelphia was founded by Pam, Scott, and Bernie Kelberg (PCOM 64) in memory of their beloved mother/wife, Eileen S. Kelberg, who passed away from a glioblastoma multiforme in 1996. The native of Philadelphia was a teacher, librarian, and avid walker so the Kelberg family decided that a 5K run/walk would be a fitting tribute to her. The Race provides a healthy way to reach other families, patients, and survivors affected by brain tumors; raises awareness of the brain tumor cause; raises vital funds to advance brain tumor research; and supports the needs of brain tumor patients and their families. Feel free to help our cause by visiting the following website by November 7! [http://www.braintumorcommunity.org/site/TR/Events/RFH-PA?team\\_id=43651&pg=team&fr\\_id=1610](http://www.braintumorcommunity.org/site/TR/Events/RFH-PA?team_id=43651&pg=team&fr_id=1610). Our team name is "PCOM Brainiacs." It starts at 8 AM at the steps of the Philadelphia Art Museum. Don't be

afraid to come join us!

The next event that we held was giving OMM soft tissue treatments to the first years after their first written exam. Over fifty students took advantage of the soft tissue treatment to relieve sore backs and necks from days of being bent over text books. This stress reliever was a great way for the new students to calm their nerves, be introduced to some techniques they will learn, get to know the club's board, and ask questions about the club. The second years got to practice their techniques, as well, and were given an opportunity to laugh it up with the first years and relive past experiences and memories.

Two other ways in which we gathered potential members was by having a great presence at the PCOM annual club fair and by word of mouth. We had our members, who were also involved with other clubs, try to get curious students to join as well as talk about how well the UAAO had assisted them in showing OMM treatments for their specialty. In addition, officers were active in recruiting members from both their cur-

rent class and the incoming students. We were vocal within the other clubs to which we belong and we also showed up to other school events and parties to spread the word about our organization.

Our final official recruitment event will be a mock OMM practical to be held a few days before the first oral exam. The second year volunteers will serve as graders and helpers to assist the students in getting the technique and Socratic testing method down. It also gives the second years a good refresher of the techniques we learned what seems like so long ago.

## Vicki E. Dyson Scholarship Essay

- Eileen Conaway, OMS IV, VCOM

I spent an absolutely amazing month working with Dr. Thomas Crow and his FM/NMM residents at Florida Hospital East Orlando both in their outpatient clinic and on the inpatient consult service.

Every day I would spend a half day in the clinic working with either the attendings or the residents in their OMM clinic seeing often very difficult patients that had been referred to them. It was great working with so many people from different schools and backgrounds and I learned so many new techniques, diagnostic, and treatment approaches that it was like being at Convo for a full month!

I spent the rest of the half day on the OMT in hospital consult service. While I had had quite a bit of exposure to outpatient OMM, I had never rotated anywhere that had an inpatient OMM service. At the hospital any physician can call a consult to the service for a patient that they think may benefit from OMM and the team will come evaluate them. We were consulted for a huge variety of complaints including: ileus and bowel obstruction, pneumonia, chest pain after MI was ruled out, and a garden array of aches and pains. The patients were incredibly appreciative of their treatments and it was very satisfying to watch the oxygen saturation rise in the child with pneumonia or hear from the nurse about copious bowel movements in an ileus patient within a hour of treatment! I am 100% convinced that an inpatient OMT service is invaluable and that every hospital should have one. My anecdotal observation is that it seems to shorten the hospital course and improve patient outcomes.

Another aspect of this service that I particularly enjoyed was that it was usually done in teams, with one to two residents and a student or two and the attending. Thus for efficiency's sake multiple people were treating a patient at the same time. This is a method that I have also seldom experienced. It was great to be able to feel the affect of the treatment of one part of the body in another -- so that as cranial strain pattern was relieved by the person treating the head, I could feel the diaphragm that I was treating soften. It is an experience not often had directly when treating patients alone. And while not infinitely practical everywhere, it was still a unique opportunity that I would not trade.

The final thing this rotation gave me was a chance to expand my search for residencies. Until this rotation I had only submitted applications to Family Medicine Residencies. After a week with these incredibly residents I expanded my applications to include some of the combined FM/NMM programs. Thank you!!

---

## Counterstrain Crossword

Jason Shupe—WU-COMP: UAAO National Representative

### Across:

5. Name of point that is 4cm medial to ASIS, with treatment position of patient supine, physician same side, flexion external rotation abduction at hip - *bull-frog*.

8. Name of group of points with treatment position mnemonic *Arrest em, cuff em, stuff em, love em, love em with a twist*.

9. Acronym for the point on the Inferior PSIS pushing superior, with treatment position of patient prone, physician same side, leg off table with hip and knee flexion to 90 degrees, internal rotation and adduction at hip - *bad dog*.

10. Acronym for the point (find ischial tuberosity, follow ischium towards pubic symphysis ~ 4cm), with treatment position patient supine, physician same side, marked flexion with abduction patient's foot remains near midline - *ho*.

12. Acronym for the treatment position for posterior ribs 3-6.

16. Name of the point on the tendon of the adductors near the pubic bone, treated by adduction of femur.

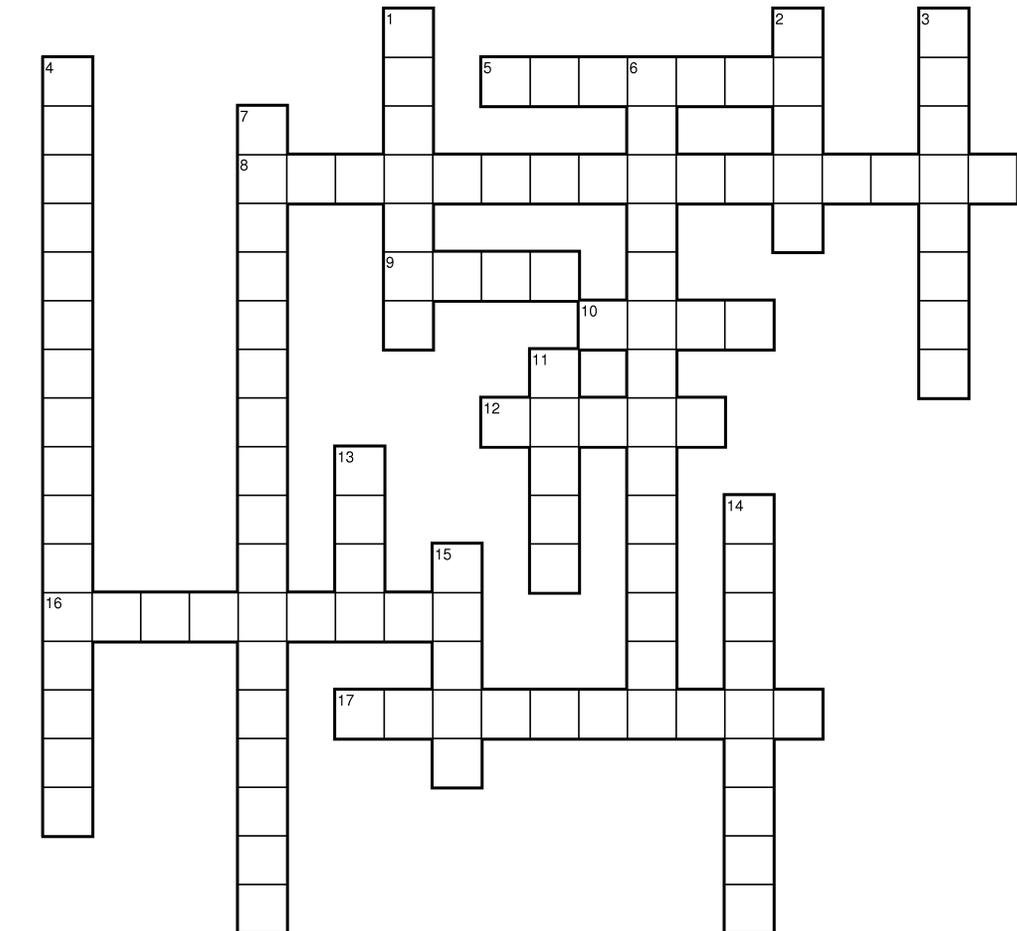
17. Name of the point halfway between greater trochanter and ILA, with treatment position of patient prone, physician seated, flex knee 135, marked abduction optional external rotation - *good dog*.

### Down:

1. Name of the point behind and medial to the greater trochanter (gluteal fold), with treatment position of patient prone, physician opposite side, extension adduction external rotation (flex knee 90) - *smelly*.

2. Acronym for the treatment position for anterior ribs.

3. Name of the point on the superior surface of lateral ra-



mus of pubic bone, with treatment position of patient supine, physician same side, marked flexion of femur.

4. Name of the point on the pubic bone near medial attachment of inguinal ligament, with treatment position of patient prone, physician same side, femur flexed to 90, good knee over bad, ankles lateral (internal rotation) - *lady frog*.

6. Name of group of points with treatment position mnemonic of *Ankles & knees, ankles & knees, ankles, ankles, knees*.

7. Name of point that is 13 centimeters below the greater trochanter on the lateral femur, with treatment position of patient prone, physician same side, abduction at hip with slight flexion.

11. Acronym for the treatment position for posterior rib 1.

13. Acronym for the point that is 4 cm below and 0.6 cm medial to PSIS, patient prone, physician opposite side, extend and adduct femur.

14. Name of the point that is 2-3 cm lateral to the PSIS pressing medially, with treatment position of patient prone, physician same side, extend femur, tune with abduction or adduction.

15. Acronym for treatment position of cervical points 2-6.

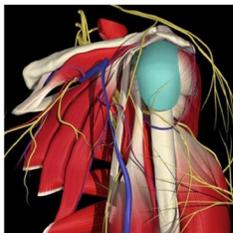
### References:

Jones L. H., Kusunose R. S., Goering E. K. (1995) *Jones Strain-CounterStrain*. Boise, ID. Jones Strain-CounterStrain Inc.

\*Answers Located on Page 23

## 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.



Edu Technology offers the best in software and technology for student education patient education, and continued education.



**Anatomy Software from Primal Pictures**

**Exercise and Stretching Handout Software from Bio Ex**

**Software and Training Videos from Anatomy Trains, Acland Dissection and other top healthcare software vendors.**

Working with professors, Primal has put together specialty priced student bundles of the best software to help with your anatomy and physiology study - Save up to 85% off of the professional price! Individual students can order from: <http://www.edu-technology.com/hescedforst.html> or contact us.



**EDU -TECHNOLOGY**

1351 Idylberry Rd San Rafael, CA 94903

877-853-8471/415-492-3322 Phone

email - [sales@edu-technology.com](mailto:sales@edu-technology.com)

[www.edu-technology.com](http://www.edu-technology.com)

## From UAAO to PAAO: Becoming an Active Osteopathic Physician

The AAO leadership created the Postgraduate American Academy of Osteopathy membership section to address the unique needs of interns and residents. Membership in the PAAO is open to osteopathic medical graduates currently receiving internship or residency training in any specialty.

The PAAO is intended to provide a forum for addressing those needs unique to interns and residents during the transition from UAAO to AAO membership. It is a great opportunity to become more involved in the AAO. The PAAO Committee holds a voting seat on the AAO Board of Governors, providing the PAAO representative greater voice in policy making. PAAO members also hold seats on the C-NMM/ OMM committee, the Louisa

Burns Osteopathic Research committee, the OPTI Liaison committee, the Membership committee, and the Informational Technologies committee.

Benefits of the PAAO membership include a discount on registration for all AAO educational programs, including the Annual Convocation (excludes the AOA Convention) and significant savings on most publications from the AAO Bookstore, where you will find material on OMT that you cannot find elsewhere. PAAO Members are also invited to yearly PAAO mixer held at AAO convocation, where they can connect with other PAAO members.

As a UAAO member you can access the following PAAO resources in your transition from UAAO to PAAO:

1. PAAO Facebook page at <http://www.facebook.com/pages/Postgraduate-American-Academy-of-Osteopathy/190852298434>
2. A continually updated list of OMT courses in United States at <http://www.academyofosteopathy.org/node/3639>
3. If you are a 4<sup>th</sup> year medical student and are getting ready to join PAAO, you can obtain the application at [http://www.academyofosteopathy.org/files/2010-PAAO\\_MembershipApplication.pdf](http://www.academyofosteopathy.org/files/2010-PAAO_MembershipApplication.pdf)

4. Please visit our home page to learn more about PAAO at <http://www.academyofosteopathy.org/paao/home>

For more information please contact:

Chair: Elena Timoshkin, DO  
[paochair@academyofosteopathy.org](mailto:paochair@academyofosteopathy.org)

Vice Chair: Scott Leggoe, DO  
[paoovchair@academyofosteopathy.org](mailto:paoovchair@academyofosteopathy.org)

## Realizing Your Talent

It's hard to believe that our second year of medical school has been underway for over a month now. We began this year by welcoming a second class to LECOM at Seton Hill and it has been an interesting change in perspective to witness them navigating their way through the onslaught the way we did just a year ago. One big difference though – we didn't have another class to help guide our way. Besides getting a handle on the intensity of the workload, the introduction of osteopathic concepts and treatment to the first years is another foreign matter that I know many of us struggled with during our first year; and some even continue to. Looking back, I am surprised with how much knowledge I have retained from year one and how much I am able to help facilitate the new class in their palpation skills.

I've been attending the MS1's OPP lectures and labs in order to take notes for review sessions held bi-weekly for practicals. As a result, though, I've been having a lot more interac-

tion with them as they start discovering the background and purpose of OMM. You can see on their faces the confusion and skepticism when they ask for help and an explanation, but also the "ah-ha" moments where they begin to understand how to diagnose, find structural asymmetry, and recognize tissues showing changes beneath their fingers. It requires a ton of patience, practice and an open mind. It brings me back to when I went through it last year, and yet I am still experiencing it as I let my skills and abilities continue to grow. It puts me in an interesting position as both a student and facilitator, and has shown me that I have the capability of overcoming new boundaries each year.

A big question many people have about OMM is "does it really work?" Many of us have wondered about the legitimacy of a particular technique or even the effectiveness these techniques will have in people with real problems. I personally have questioned whether or not I was performing a technique correctly

or if I would ever get good enough to be able to really help someone using OMM. It's difficult when you're starting out to see the full potential OMM can have especially when you struggle to find some type of somatic dysfunction. But eventually your practice pays off and you feel great relief when all of your learning comes together and you treat someone successfully. One of my first moments with successful OMM was working on my cousin's stiff neck. Everyone's had one of those, where you wake up and you just can't move your neck without excruciating pain. Well I offered to try and help him; I began with some easy soft tissue to get a feel for the dysfunction, and then went on to some FPR for the knots, some muscle energy for the tightness and finally a quick HVLA to set things back to normal. He got up and was amazed because the pain had completely subsided! I also was nothing short of ecstatic that it was actually effective and I could finally confirm that OMM "really does work."

Getting that feedback and those immediate results show how much of an advantage knowing OMM can be, thus confirming my decision for choosing an osteopathic school. Successful treatment is the final piece of the puzzle and removes any uncertainty I had at the beginning of the year. The frustration is all over many of our new schoolmates' faces, but we must all trudge through those initial doubts and learn as much as we can. In watching and guiding our new class, I hope that over the course of this coming year many of them get to experience the same success that I had in helping someone. I look forward to seeing their growing skills even if they may not notice them right away. The first years, and all of us as well, should be proud of the fact that we are becoming Osteopathic Physicians and have access to a whole world of healing at our fingertips.

**Ruba Katrajian—LECOM-SH UAAO President**

**Osteopathic Word Search***Randal Davis—NSUCOM: UAAO National Representative*

All of the words listed below are related to osteopathic medicine, and can be found within the puzzle above! Each item is listed only once, and can be found in any direction (upwards, downwards, forwards, backwards, or diagonal). Have fun!

AMERICAN ACADEMY OF OSTEOPATHY	HIGH VELOCITY LOW AMPLITUDE
AMERICAN OSTEOPATHIC ASSOCIATION	MEDICINE
ANDREW TAYLOR STILL	MIND
BALANCED LIGAMENTOUS	MUSCLE ENERGY
TENSION	MYOFASCIAL RELEASE
BODY	NSUCOM SHARKS
COUNTERSTRAIN	OSTEOPATHY
CRANIAL RHYTHMIC IMPULSE	SPIRIT
FACILITATED POSITIONAL RELEASE	UAAO
HEALTH	WILLIAM SUTHERLAND
HIGH AMPLITUDE LOW VELOCITY	

*\*Answers Located on Page 23*

## PCSOM Membership Drive

As all schools begin their fall semesters, PCSOM is particularly excited about the coming year. As with every new year, new faces are seen on campus as familiar ones move on to further their education with clinical experiences.

At PCSOM our membership drive for the coming year is still underway as first years adjust to classes and second years get back into the swing of things. We are very excited about our upcoming meeting as the incoming class has a lot of interest in the UAAO and we hope to gain many interested first years.

Fundraising for the year has already begun in hopes of bringing several students to convocation this spring including a long and short sleeved t-shirt drive, lunch boxes, and vertebrae mugs. This year PCSOM chapter second years also recycled their scrubs at a bargain rate for first years who needed extra pairs for lab. Although this was dependent upon second years' donated scrubs, it turned out well. Future fundraising plans are also already taking shape with a musculo-skeletal system clipboard and sweatpants generating a lot of interest.

## Lesley MacInnes — PCSOM: UAAO Chapter President

We have several interesting events already planned, including a D.O.'s on the Go where we take osteopathy into the community. This year we hope to bring our OMT tables and helpful hands to the Habitat for Humanity Women's Build in order to promote osteopathy as well as give to those who are already giving back to the community we share. We hope to continue these community clinics throughout the year, partnering with another club on PCSOM's campus. Additionally several guest lecturers are on deck for joining us both in class and at

club meetings throughout the year; we would like to extend our thanks to all clinical faculty and guest lecturers who take time out of very busy schedules to meet with students both for teaching and supporting us.

We are very excited about a new year and hope that other chapters are also doing well. Always remember to thank those who have gone before you for showing you the way and promote osteopathy!

## 2010 UAAO Summer Preceptorship

For most students summer vacation means being "free" from a classroom, professors, and big textbooks, however; for 35 NYCOM students the first six weeks of summer vacation between their 1<sup>st</sup> and 2<sup>nd</sup> year of medical school were filled with workshops and

summer preceptorship included 14 workshops that further expanded the student's knowledge beyond what was learned during their first year at NYCOM. The workshops were given by several physicians from NYCOM as well as by a few visiting physicians and addressed a large

array of topics. To mention just a few, the workshops included: "Sports Medicine and Knee Injuries," "OMM and Nutrition," "OMM and Acupuncture," and "OMM and the Asthmatic Patient." The program also featured a

workshop given by Dr. Stanley Schiowitz on Facilitated Positional Release (FPR), which is an OMM technique that treats both superficial and deep hypertonic muscles. What better way to learn FPR than from the doctor that invented it! All workshops during the preceptorship were hands-on and allowed students to practice various techniques and treatments on each other.



shadowing physicians in the Riland Academic Health Care Center. This six week program was the 2010 Undergraduate American Academy of Osteopathy (UAAO) summer preceptorship. The program offered students the opportunity to learn and to perform OMM outside the classroom, as well as experience how different physicians approached and treated a variety of patients. In addition, the

## Chantal Bruno—NYCOM: Event Coordinator



assigned to that physician. Joseph Ewy, one of the preceptorship participants stated, "The preceptorship was the perfect opportunity for students who just completed their first year to put their newly learned OMM skills to use under the supervision of accomplished physicians. There is no better way to learn OMM." In addition to practicing OMM skills, the students also learned about the history of each patient pertaining to the chief complaint as well as how and why certain techniques and treatments were preferred and used on a particular patient. Overall the 2010 UAAO summer preceptorship was a big success and offered NYCOM students a great learning experience beyond the four walls of a classroom!

During the six week program, students in the preceptorship were scheduled to rotate with various physicians (both OMM physicians and Family Practice physicians) practicing at the Health Clinic. Each student was given approximately five rotations during the preceptorship. The program had both morning (9-12pm) and afternoon (1-5pm) sessions. The students worked one-on-one with the physician as well as with any 4<sup>th</sup> year NYCOM students also



**As The Twig is Twisted**

Patty Bledsoe – *TUCOM-CA: UAAO Member*



“As the Twig is Twisted So It Will Grow”  
W.G. Sutherland, D.O.

## The Lives We Palpate

Lauren C. Prest—RVUCOM: UAAO National Representative

As most osteopaths know, OMM is successful at treating patients only when the basics of diagnosis are mastered. Manipulative fundamentals like palpation may appear deceptively simple at first glance but true knowledge only comes after years of practice and dedication. In acknowledgment of this fact, RVUCOMs UAAO recently hosted a workshop for first year students on the basics of palpation and assessment.

More than thirty first years enjoyed an evening of sharpening new skills like evaluating TART changes, range of motion, restrictive barriers, finding anatomical landmarks, gait assessment, and deep tissue palpation. The Class of 2013 agreed that they would have benefited from such a workshop during their first year in medical school. And, OMM can undoubtedly be a difficult art to learn expressly because most students come to medical school without any previous exposure. Likewise, due to time constraints, OMM labs often allow students the opportunity to practice new techniques on their partners only and make it difficult to expose student hands to the diversity of human anatomy. Therefore, this workshop was organized to allow the new class this much needed practice.

Since RVU has just welcomed its third class to campus there is still much groundwork to be laid regarding transitions between third year students going off to rotations and second year students taking over the reins of student leadership. This introductory workshop was a great way to help establish an alliance between the two current (on campus) classes of students

and provide a support system for struggling first years. Joann Pardun, OMS I, had this to say about the workshop "I just wanted to thank you for the workshop this evening. I found it really helpful to have students show me how they learned to palpate and etc. in a relaxed environment. Everyone was really friendly, patient, and knowledgeable. I look forward to the next workshop..." The 2010 officers certainly hope to continue to provide the new class with opportunities to further their learning especially because OMM is such an important tool for connecting with patients. Wish us luck in the months to come as we build on the framework of our young school!



### OSTEOPATHIC BOOKS SFIMMS Series in Neuromusculoskeletal Medicine

**Authors:** Harry Friedman DO; Wolfgang Gilliar DO; Jerel Glassman DO  
*This series of Osteopathic Manipulative Medicine (OMM) texts presents a comprehensive course of instruction, including theory, palpation, diagnosis, and treatment. The thoughtful student will appreciate the detail and clarity of topic presentation and the sequence of skills development. Quality close-up photographic visuals accurately depict the table sessions using human and anatomic models. The following three volumes are available in the original English version or translated into French or German.*

#### COUNTERSTRAIN approaches in OMM

- \* Basic and intermediate level instructional manual (48 course hours)
- \* Theoretical principles of indirect technique and spontaneous release by positioning
- \* Diagnostic application of tender point palpation for each body region
- \* Multiple therapeutic procedures presented for each tender point

Original/Translated      \$39.95/50 euros

#### MYOFASCIAL AND FASCIAL-LIGAMENTOUS APPROACHES in OMM

- \* Basic and advanced level instructional manual (48 course hours)
- \* Detailed connective tissue anatomy and physiology
- \* Theoretical principles of myofascial and fascial-ligamentous release
- \* Diagnosis and treatment for each body region, including a myofascial screening exam
- \* Release enhancing maneuvers and multiple operator techniques
- \* Includes approaches of Dr.'s Ward, Chila, Becker, Barral, and Sutherland

Original/Translated      \$44.95/60 euros

#### OMM Approaches to the Primary Respiratory Mechanism (formerly Cranial Rhythmic Impulse Approaches in OMM)

- \* Basic, intermediate, and advanced level instructional manual (112 course hours)
- \* Anatomic relations and physiologic principles underlying the cranial concept
- \* Palpation exercises designed to facilitate diagnostic touch throughout the body
- \* Diagnostic and treatment approaches focus on fluid, membranous (dural), muscular, articular and bony aspects of the cranial mechanism, including a cranial screening exam
- \* Includes multiple operator techniques and approaches to infants and children

Original/Translated      \$54.95/75 euros

Sample books are available to review at Booth # 315

Look for upcoming "musculoskeletal and manual medicine science eZine" on our website

Order online at: [www.sfimms.com](http://www.sfimms.com)

Shipping/handling will automatically be added to your order.



SFIMMS Phone No. 800/746-8817

## The Hidden Benefit of OMM

A study published in the journal, *Emotion*, set out to prove whether or not there was a correlation between human contact and the success of an NBA team. Researchers from the Univ. of California at Berkeley were able to conclude that the more touchy a team was (i.e. high-fives, helping players off the floor, hugs) the more successful the team was during the season. I believe that this same principle manifests itself in our weekly practice of OMM in lab. This powerful form of healing, touch, helps create a more unified class, arguably induces better performance in the classroom, and ultimately helps develop a more pleasant medical school experience.

I love my class, I really do. We have many different people from diverse backgrounds and yet we all blend together in unique ways that in essence create our class personality as a whole. The practice of OMM has helped develop the mesh that binds our class. It is not out of place to palpate in between lectures, or to greet someone while putting

your hand on their shoulder or even the occasional hug. OMM lab forced us to confront our personal boundaries with touch and space and once we got over these human inhibitions, it opened up a new level of understanding and trust with the person through palpation.

Though it is hard to say with certainty that human contact helps us perform better in the classroom in a direct fashion but I would argue that it does in an indirect way. Because we are a more unified class through OMM, competitiveness between classmates is toned down and students are generally more open to giving advice/providing help to other students in need. Whenever I have approached a class liaison or even a person excelling in a certain subject, I am almost always met with an open, helpful attitude. Not only that but discussion of test scores are not off limits amongst other students. Because we feel the openness to expose and discuss our mistakes, we can utilize these great opportunities to build our under-

standing of the material. Even if our grades may not be in direct relation with the practice of OMM, the openness, trust, and confidence OMM instills in students leads to an atmosphere in which we can rise up to our fullest potential.

Now I have described what seems like to be a perfect situation but as we all know, medical school is difficult and therefore has its ups and downs regardless of how hard we try. Overall, I am very satisfied with the current environment that is responsible for my education as a future physician. OMM has played a key role in creating this positive student environment.

*Scott Blanchet and Tanner Gronowski—PNWU-COM*

## Putting Money Where Your Heart Is

Speaking from the viewpoint of an osteopathic medical student, I believe that it would be fair to say that, on occasion, we can get so caught up in our studies and so focused on our next test that we sometimes forget why we are all doing this in the first place. We all have our various reasons for becoming a physician, however one that most, if not all, of us share is the desire to help others. We already have the power to make a difference in someone's life and this ability will only increase as we travel further along our school and career paths. For that reason, let us not forget that what we hear in lecture and what we read in textbooks, actually does translate into the real world. This was such the case when our school was ap-

proached by a local mother seeking help for her sick daughter.

For the majority of second year students at LECOM, the fall semester begins with cardiology. Amongst the many cardiovascular disorders covered in the system, one of the major topics is arrhythmias. So when we received a letter requesting aid for a local girl suffering from long QT syndrome, we knew exactly what she was going through. Long QT syndrome is a heart rhythm disorder where the heart will beat so rapidly and out of control that it can possibly lead to fainting, seizures, or even sudden death. Those of you who have taken cardiology would know that a long QT interval can also lead to other com-

plications such as torsades de pointes or ventricular fibrillation. While long QT syndrome is treatable, many of the medications have major side effects, including causing their own arrhythmias. Sometimes, as such in the case of this local girl, a more definitive treatment is the implantation of a pacemaker. There is one major issue with this though, the expense.

The particular pacemaker needed for her costs approximately \$1,200. Knowing the girl's dire necessity, our UAAO club decided it was in our power to help out. We thought that the best way to raise money was to have an OMM table fundraiser. Fortunately, we were able to strike a deal with one of the companies that for every table

we ordered, \$50 would go to the pacemaker fund. For the students who bought tables, it was a win-win situation. You helped out a great cause, and now could practice OMM anytime you wanted. After a few weeks of holding the fundraiser, we were able to sell twenty tables, raising a total of \$1,000 for the pacemaker. While it won't completely cover the whole cost, we are very happy to be able to help out with the vast majority of it. I believe that with the help of other school clubs who are holding their own fundraisers, we might be able to add on to that number and hopefully cover it all. It just goes to show that when people can get behind one common goal for a better world, amazing things can happen.

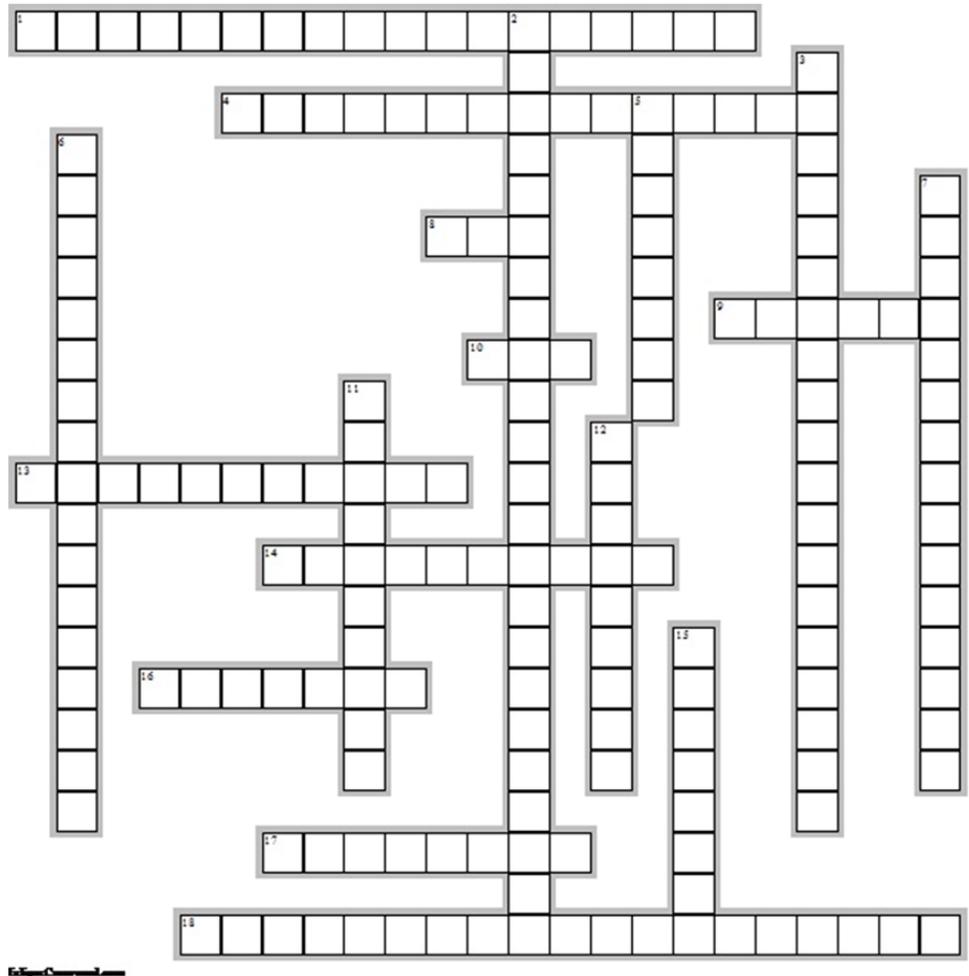
*Kenneth Heidle—LECOM: UAAO National Representative*

# How Much D.O. You Know About Osteopathic Medicine?

Judy M. Nguyen – *TUNCOM: National Representative*

**Across**

1. Where was Osteopathic Medicine founded? (2 words)
4. Osteopathic medicine emphasizes helping each person achieve a high level of wellness by focusing on \_\_\_\_\_. (2 words)
8. This system of hands-on techniques helps alleviate pain, restores motion, supports the body's natural functions and influences the body's structure to help it function more efficiently. (Acronym)
9. The establishment of \_\_\_\_\_ in 2001 hailed the modern osteopathic research era. (Acronym)
10. What is the UAAO Mascot?
13. Osteopathic medical tradition preaches that a strong foundation in \_\_\_\_\_ makes one a better physician, regardless of what specialty they may eventually practice. (2 words)



14. What is the name of the UAAO Newsletter? (2 words)
16. While DOs constitute 7 percent of all U.S. physicians, they are responsible for \_\_\_\_ percent of patient visits in communities with populations of fewer than 2,500.
17. This type of approach to patient care see each person as more than just a collection of organ systems and body parts that may become injured or diseased.
18. In what year was Osteopathic Medicine founded? (3 words)

**Down**

2. The system of techniques helps treat \_\_\_\_\_ allowing the physician to relieve joint restrictions and misalignments. (2 words)
3. Who was the founder of Osteopathic Medicine? (3 words + title)
5. What State currently has the largest number of practicing Osteopathic Physicians?
6. Osteopathic medicine emphasizes helping each person achieve a high level of wellness by also focusing on \_\_\_\_\_. (2 words)
7. The founder identified which system in the body as the key element of health?

11. The founder recognized the body's natural ability to \_\_\_\_\_ through proper nutrition and staying fit. (2 words)
12. How many AACOM accredited Colleges of Osteopathic Medicine currently exist? (2 words) Explanation: There are currently 26 colleges of osteopathic medicine, offering instruction at 34 locations in 25 states that offer the doctor of osteopathic medicine (DO) degree.
15. One key concept in osteopathic medicine is that structure \_\_\_\_\_ influences \_\_\_\_\_.

\* Answers Located on Page 23

\* Questions and answers were adapted from:

<http://www.aacom.org/about/osteomed/pages/default.aspx>,  
[http://www.osteopathic.org/index.cfm?PageID=ost\\_omt](http://www.osteopathic.org/index.cfm?PageID=ost_omt), and  
<http://www.hsc.unt.edu/orc/>.

## The Emergent Osteopath

Tick tock. The second hand edges toward the one o'clock hour. The first exam of our second year is about to begin. A comprehensive OMT practical. All material from our first year is fair game. Nervous chatter echoes in the lobby outside the exam room. What do we remember? What do we forget? There is no time for that now as the facilitator appears to lead us to our respective rooms...

The prospect of a comprehensive exam is enough to daunt anyone, let alone medical students who have just returned from a three month-long vacation. Like many other students beginning the school year, we needed to refresh our OMT skills – and what better way to do that than with an exam? With the

pressure of evaluation resting on our shoulders, we had no choice but to pull out that old bag of tricks.

Looking back at our first year of OMT instruction was a little bit like reading one's middle school diary ten years after the fact. Anticipation of the expected and unexpected leaves a sour taste in your mouth. Little did we know what we would discover. Sometime between winter and spring, we had blossomed.

To prepare for the exam, we had to return to the very beginnings of our osteopathic careers: the first day we palpated in lab, the first moments of strain counter-strain treatments. At that time, our instruction was a stepwise process. "Have your patient lie lateral recumbent. Place your

hand on the inferior angle of the scapula" and so on. OMT came to us piece by piece, vertebrae by vertebrae. And then, at some enigmatic time, the series of steps gave way to a fluid motion.

Perhaps my perspective of this evolution has been shaped by helping first year students in OMM lab. My fellow teaching assistants agree that watching new students learn the art of manipulation is an opportunity to reflect on our growth. The baffled expressions, the hesitant hands those first days of lab are a reminder of where we started with palpation. Now, with our osteopathic bellies strong and knowledge increased, we find ourselves progressively more capable of healing people (or at least helping

the body heal itself). What began as a stepwise process has now settled in our minds as applicable principles.

The exam is over now, and we have escaped unscathed. The rose-colored glasses of hindsight view the comprehensive exam as a mountaintop moment. As expected, such moments don't last for long. Each year of manipulation instruction presents new challenges, providing opportunities to augment our abilities. Our knowledge must continuously grow and progress toward understanding, and from understanding to healing.

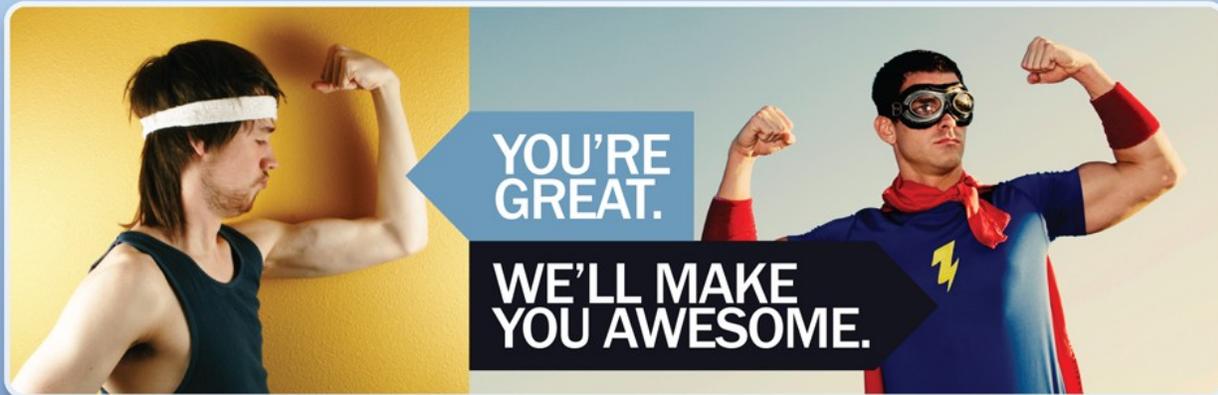
*Brittney Vajen—OUCOM: UAAO National Representative*



**DOCTORS IN TRAINING**  
LEARN MORE. SAVE TIME. BE AWESOME.

**DoctorsInTraining.com**

PHONE: (817) 870-2730  
HOURS: M-F 8:30a-6:30p CST



### Looking For A Great Review Course?

- Efficient, clear, memorable online lectures
- Clinically relevant, high-yield study guide and practice questions
- Personalized study plans and ongoing support from a student advisor

**SAVE \$50 on Step 1**

HURRY! Offer expires October 31, 2010 at Midnight CST  
Use coupon code **OUSAVE50** at checkout.

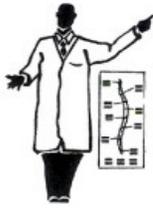
### Proven Results:

- 99% DIT student first time pass rate
- 54% of DIT students score over 555
- COMLEX Level 1 - 560s
- 20-30 point average score increase

**Our study resources have helped students from over 175 U.S. and 110 foreign medical schools.**

Facebook.com/DoctorsInTraining  
Twitter.com/DrInTraining



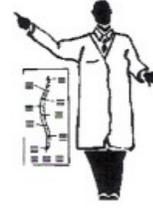


## Clay's Osteopathic Table Co.

23239 Pasture Lane  
Kirksville, MO 63501  
660-665-2174

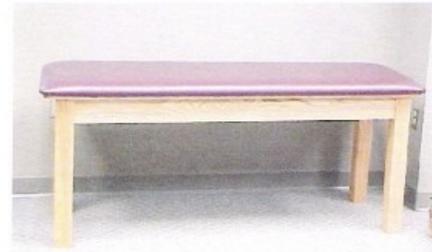
[www.claysosteopathictables.com](http://www.claysosteopathictables.com)

"A Family-Owned Business Since 1974"



- \* Portable tables are 22", 24" or 26" wide by 68" or 72" long.
- \* We use a 3/8" plywood top for strength, support and durability. We use the same 1 1/2" dense foam padding as with all our tables, face rests and stools.
- \* All working parts are made of steel using solid steel rivets
- \* Our legs are solid, varnished red oak cut to the exact height that fits you, without the worry of instability with two pieces of wood rubbing together
- \* Our set-up is as easy as **1)** unlock **2)** take handles and swing sides open **3)** set upright. That's it. No cables to mess with.
- \* These tables will hold well over 500+ lbs. Our tables have been used by the San Francisco 49'ers and with the Dallas Cowboys.
- \* **Price ranges from \$ 260-\$ 280.**

- \* These stationary tables are great for Dr.'s offices, clinics, or any educational institutions
- \* That "Made in America" toughness using a 3/4" plywood top that can be made to any width or length you desire
- \* Our legs are made of 3 1/2" solid varnished red oak and can be made to fit any height.
- \* We use only quality 1 1/2" foam padding for comfort and have 6 colors of vinyl upholstery that is easy to care for and keep clean. The same top of the line upholstery is used on all of our products. We can try to match any color decor you may have.
- \* **Price is only \$280.**



Our **NEWEST ITEM** in our product line is the

### SOLID OAK LADDER BACK TREATMENT STOOLS



- \* These stools are made of solid, quality, top of the line red oak with 3 rungs on the wide ends and 4 rungs on the long sides
- \* The seat is made of 3/4" birch plywood with our 1 1/2" dense foam padding and covered in our quality, easy-to-care-for vinyl upholstery
- \* The dimensions for the stools are 14" wide x 20" long and 21 1/2" tall
- \* We had made these years ago and the demand is **BACK**.
- \* **Price is just \$145**

The Clay's Osteopathic face rests are made with the same top quality materials as our tables. We have designed this face rest with the comfort of the patient & the Doctor in mind by cradling the head in the prone position to **enhance** many of the OMM techniques.

With the face rest being 10" in length, it will make our 68" long table a whopping 78" long. Our 72" long table will turn into an outstanding 82" in length. We continue to use our sturdy foam padding and the upholstery will match the color of the table. When you're done with it, the face rest conveniently stores away in a fitted pouch under the table. It will remain secure while the table is folded up or open & in use.

**The price of the face rest is \$ 30.**



## **Fresh Produce for the Hungry**

The KCUMB chapter is collaborating with The Society of St. Andrew which salvages fresh produce to feed the hungry. We are going to volunteer September 27th by going to an apple orchard and picking up or gleaning the apples that have already fallen from the trees. Since the fruit has already fallen and it will stay fresh for only a short time, the apples will be taken to a local food pantry, Harvesters Community Food Network. It is a treat for food pantries to have fresh produce and our members are looking

forward to giving back to the community.

*Madeline Meurer—KCUMB: UAAO National Representative*



## **Planning a Practical Review Session Without Losing Your Mind**

*Janelle R. Blair – VCOM: UAAO National Representative*

Curriculum structure varies widely from school to school, but there is one thing that many students dread everywhere: the practical. Here at Edward Via College of Osteopathic Medicine (VCOM), practical exams are held at the end of curricular blocks, usually during finals week or the end of the week prior to finals. Every Principles of Primary Care/Osteopathic Manipulative Treatment exam is cumulative to the beginning of our first year and practical exams are no exception. UAAO chapter officers offer a comprehensive review for these practical exams to UAAO members every block. After a few bumps in the road we have come up with a solid plan to execute reviews without overtaxing the club officers, or the education chair. This plan has proved useful for every party involved and student feedback regarding the reviews is positive.

**Step 1:** Get the OMT faculty involved, or at the least get their blessing.

The number one thing to avoid is stepping on toes, and ESPECIALLY stepping over the boundaries of your honor code. To avoid this, make sure your faculty is on board with what you plan to do and how you plan to do it.

**Step 2:** Schedule a time and reserve your space.

How to go about doing this varies from school to school. We reserve the space we need and train someone on the camera system before we plan to do a practical. Also, making sure you have permission to use the audio-visual equipment, before you use it, will save a headache later.

**Step 3:** Plan what you will cover.

You are going to have more curricula to cover in an hour than you will have time to demonstrate. Get a list of objectives specific to your practical from faculty if they are willing to provide them, or use the objectives from the lectures. Triage these objectives to what is most difficult for most students to comprehend independently. This is a place where faculty can help as well. Most professors will be willing to let you know what students have the most trouble with historically. Faculty can help you focus your time. What you do not have time to cover, but is expected for the exam, can go into a comprehensive hand out.

**Step 4:** Make a handout.

Making a handout that covers an entire block is a daunting task. Divvy up the work among officers by lab date. If you are

going to use materials from the power point presentations, be sure to ask permission. Many schools copyright every lecture, and the materials the professors used may have royalty issues. If you cannot find an appropriate picture, consider taking your own pictures of someone performing the technique. Save them in a library. It's a great resource to have for later. Keeping an electronic library of your handouts will reduce future work.

**Step 5:** Communicate effectively.

Let the students know that your review isn't going to encompass everything on the exam. There is no human way to do so. Students should go in with realistic expectations of what they will get out of your review session.

**Step 6:** Get table trainers.

Our reviews are entirely student run. As such, we recruit table trainers from our classmates that are proficient in OMT, or who show interest in being a table trainer. Make sure you have a table trainer session prior to your review. Training the trainers ensures everyone is on the same page with the technique. Ask a faculty member to help you refine your technique; many will be willing to give a short private session to officers

and table trainers. Try to have no more than four tables per trainer; otherwise, the volume of questions becomes overwhelming.

**Step 7:** Have fun learning!

This should be fun and educational for all involved. Teaching is a great way to learn.

If you have any more questions as to planning a comprehensive review, you can contact me at [jblair@vcom.vt.edu](mailto:jblair@vcom.vt.edu).

Ashley Akridge  
MSUCOM  
UAAO National Representative

All Things OMM

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

SOMATIC	MUSCLE	OCCIPUT
DYSFUNCTION	ENERGY	TEXAS
RIBS	CRANIAL	TWIST
OSTEOPATHY	BLT	ROTATION
MANIPULATION	BARRIER	SIDE
THORACIC	MYOFASCIAL	BENDING
SPINE	COUNTERSTRAIN	OMM
GREENMAN	INNOMINATE	SPINOUS
PELVIC	SHORT	PROCESS
CLOCK	LEG	PUBIS
SACRUM	TORSION	ASIS
FLEXION	SCAN	PSIS
EXTENSION	SCREEN	EXAM
HVLA	PELVIS	
	CERVICAL	

\*Answers Located on Page 23

# OsteopathicTables.com

Welcome, Osteopathic students and physicians, to the premiere site for all your osteopathic table needs!

Folding, stationary, & electric tables for students, schools, office, or home.

## How to Order:

Our prices are lower than Oakworks® will allow us to put online. Ordering is simple:

1. Contact us directly and ask for the order form.
2. Print and fill it out completely. Don't forget your signature!
3. Enclose payment and mail or give to your UAAO representative.

Once we receive the order, your tables should ship within two to four weeks.

## Why I Chose Oakworks®

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.

I looked at many tables made by different manufacturers.

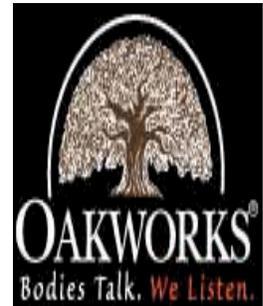
After much research, I finally found the table that came closest to my ideal, but was amazed to discover there was no one selling it in my home town! I wanted to buy one and to make them available to the Osteopathic community.

Oakworks® is an American manufacturer with a fine long standing national and international reputation in the surgical and massage communities.

I have negotiated a program with Oakworks® that enables me to discount the cost of an Osteopathic-friendly table that meets all of the requirements mentioned above.

Yours truly,

Stuart Friedman, DO, FACOP, FAAP



Stuart Friedman, DO, FACOP, FAAP  
 Aviah Friedman, Manager  
 115 E. Voltaire Ave., Phoenix, AZ 85022  
 Phone: (602) 993-7936  
 Fax: (602) 863-7775  
 Email: GreatDeals@OsteopathicTables.com



### Congratulations to the winners of the 2010 A. Hollis Wolf competition!

1	NYCOM	Jordan Werley	1000 Euros for a trip to Europe
2	TOURO-CA	May Lin	DVD of Phase I of the Biodynamics of Osteopathy
3	TCOM	Sarah Curtis	Cranial Academy Course - \$750 Scholarship
4	VCOM	Eileen Conaway	Neurofascial Release Course - Stephen Davidson
5	MSU	Carrie Janiski	Foredom Percussion Hammer

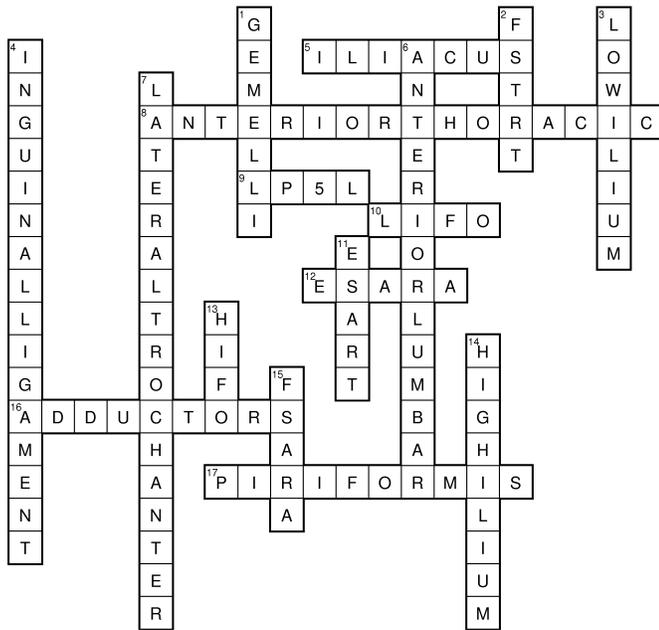
*The Undergraduate American Academy of Osteopathy (UAAO) has been organized by students of the accredited U.S. osteopathic medical colleges under the auspices and guidance of the American Academy of Osteopathy (AAO) for the purposes for helping osteopathic medical students to:*

- 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 complete health care concept of osteopathic medicine.*

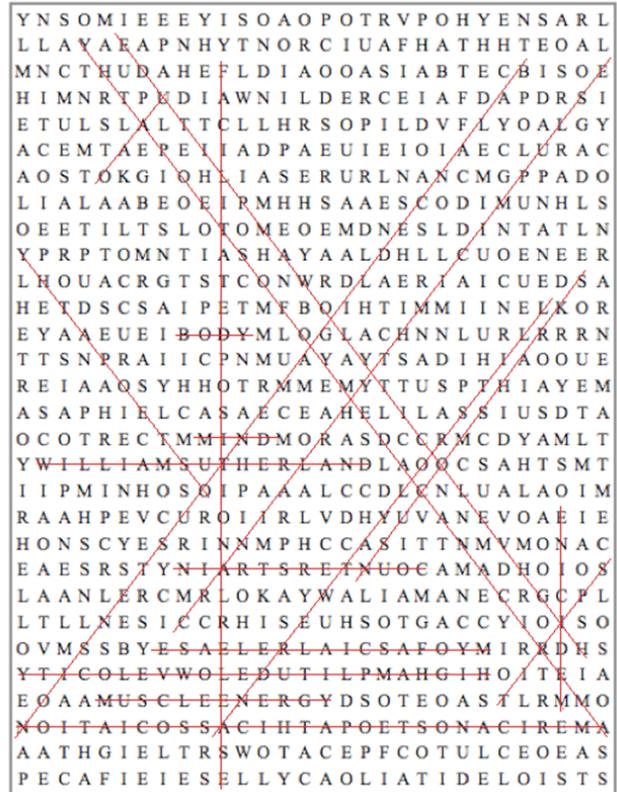
*We hope that this publication of the Still Point helps to accomplish these ideals, and encourage any thoughts, comments, or questions regarding this or future issues!*

*-UAAO National Council*

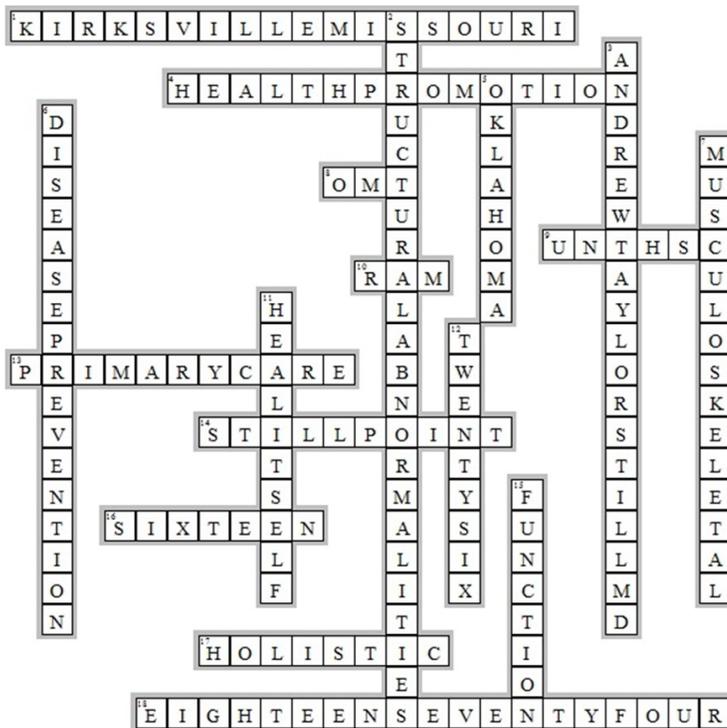
Counterstrain Crossword



Osteopathic Word Find



How Much D.O. You Know About Osteopathic Medicine?



All Things OMM

