

STUDENT AMERICAN ACADEMY OF OSTEOPATHY

# *The Still Point*

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**Messages From Your  
Executive Board!**

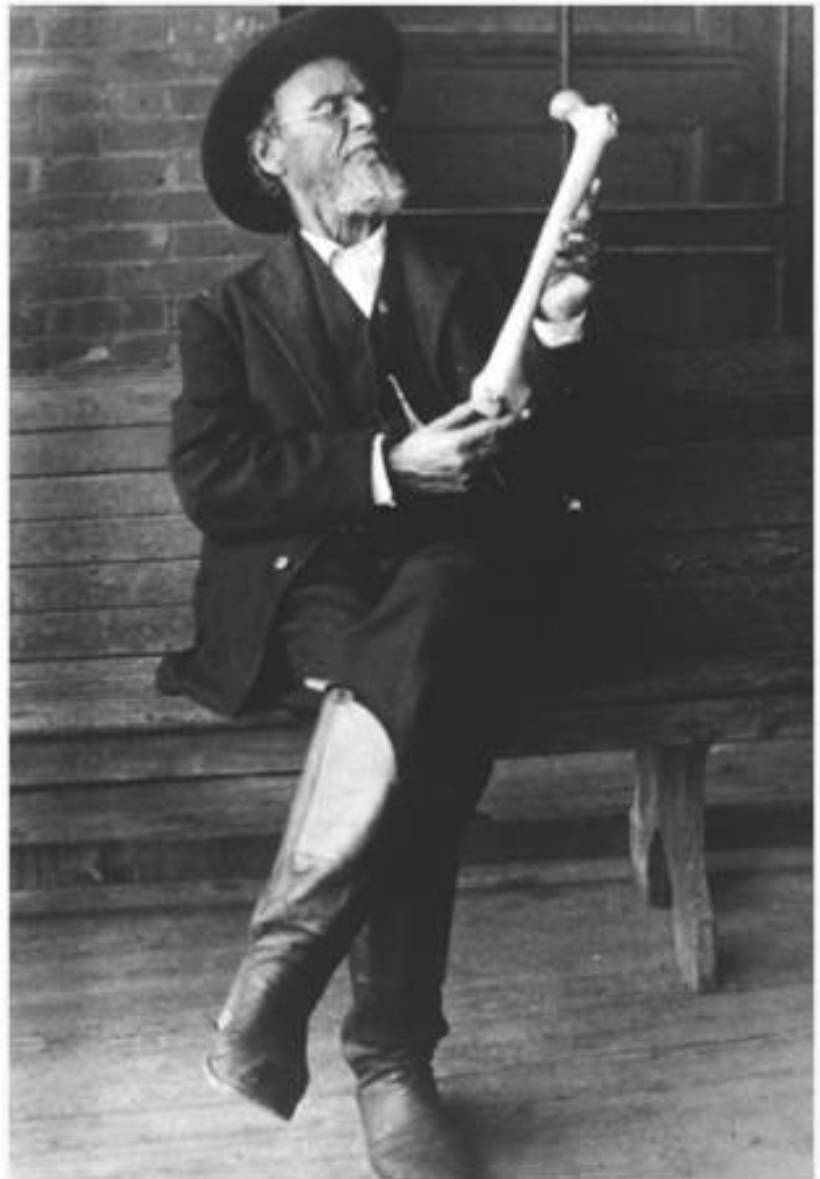
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**OMM Success Stories!**

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**Learn New Treatments!**

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**Submit your ideas for cover art for upcoming issues!**

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# Executive Board

## Discrimination in DO vs. MD Residency

Nicole Mullins—National Executive Council Chair (AZCOM)

I recently watched a thought provoking movie about a minority of people who—under the guise of national law which claimed them to be “separate but equal”—lived their hard-working lives while a very courageous few fought for a more honest equality. In just the one generation that has passed since the setting of this movie, the leaps in justice, respect and recognition for their contributions astounds me, yet I know vestiges of the “old guard” and even some misguided younger generation who continue to foster relationships with this minority based on misunderstandings, animosity and threats. While the movie I am referring to was based on the 1960’s and 70’s American race relations, I could not help but think of the parallels facing the osteopathic generations of today.

I happened to read Dr. Dickey’s essay in the AAO journal as I was pondering this movie I had just seen, and it struck a chord with me (<http://www.academyofosteopathy.org/AAOJ/AAOJSep2011.pdf>). He discusses the past 100 years of osteopathy, how our doctors were not allowed to participate in the World Wars, but stayed behind on U.S. soil to serve, only to be left unprotected when our military MD brethren returned back from war—just like the women of that era left home to work in factories and other positions, only to be forgotten and backed back into their kitchens’ corners when the men came home. Dr. Dickey discusses how our DO physicians in the early mid 20<sup>th</sup> century couldn’t get full recognition unless they had residencies and were hospital trained—yet they were barred from training at allopathic hospitals, and there wasn’t much in the way of osteopathic hospitals to train in. He addresses the “California calamity” in which DO’s were asked to trade their DO license for an MD one so they could be fully recognized, for those who did so only to realize that they were STILL barred from practicing in MD hospitals be-

cause of their training. Does any of this stink of discrimination to you: A group of people barred from participation, forced to lead a parallel life, taught to believe they are only good enough if they measure up to someone else’s standards? For a much more thorough explanation of these events that are crucial to our understanding of our past, and therefore our present, and more importantly, our future, I suggest you click on the above link and read his essay; until then, I have some thoughts and questions

The fact of the matter is, osteopathy in theory vs practice is as different today as Catholicism is in theory vs practice today. To try and maintain our profession as a whole to practice the same way as we did before the era of Evidence Based Medicine is my opinion, a death sentence to the survival of osteopathy in modern times. In the eyes of the law and governing bodies, we are equal—but we are still different because of our additional training. Because of the paucity of programs in the osteopathic realm of residencies that meet our graduates’ desires of either location, type, quality and/or length of program, many of our graduates feel their best option is to match into the Allopathic world. There we are faced with some harsh realities—our USMLE scores in general are not as good as our allopathic counterparts, many programs do not accept COMLEX only scores for admissions, we have only a roughly 65% Match rate vs the 90+% of MDs, and there are plenty of programs who just outright will not accept DO’s. All of these things add up to this—to match into many MD programs, we are at a distinct disadvantage. So what needs to change?

Do our DO schools need to change our curriculum to better suit us to succeed in our USMLE’s while still not abandoning our osteopathic training? Do we just need better and more os-

teopathic residencies in places our graduates want to live? If we try this, how do we get more residencies without showing the demand for them because we have so many of our students diverted to the MD (and other non-DO matches such as the Texas, San Francisco, Armed forces and Urology matches?) For those who argue that our training has made enough concessions as it is, how do our students accommodate for themselves when they try to get into MD programs for the aforementioned reasons? Do we have a deep seated fear that we are just not as good as our MD counterparts when they point out to us our overall GPA and MCAT scores are not as high as their institutions, that our Shelf exams and USMLE scores are not as high as their institutions? As a group, are we guilt-ridden, shamefully buying into the majority rule’s apparent belief that by measurable standards, we are not as good as our MD counterparts—the same way countless minorities of the past have had it shoved down their throats that they weren’t as good as the people who told them they were inferior because of their differences, and that they had “standard measures” like IQ tests and physical measurements, to back up their argument? I would like to think that we do not bow to perceived external opinions, but hold our heads, our pride, our education and our history high, knowing that we too make excellent doctors.

Don’t get me wrong, I am proud to be a future DO—I chose to be where I am, I respect OMM deeply and was lucky enough to be accepted to the Fellowship/Scholarship program at my school. But now in my clinical years, I am facing a very different world than what I thought I was entering into when I started medical school in 2007. I want to stay on the west coast for a specialty that is virtually non-existent in the DO world west of Michigan (two programs to be exact).

*(Continued on page 4)*

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The only option at this point is an MD residency, where I have little likelihood of osteopathic physicians who will continue to guide me at my institution. My hope is that the AOA and AAO will continue to work toward getting more allopathic training programs AOA approved so that in my future, I can work for an Osteopathic Medical School, take future OMS's to train in clerkships and proudly give back to

my osteopathic community. Who will bring our voices of concern to the powers that be? What do we want to ask them to change? Right now, I feel like I am stuck between a rock and a hard place—how can I fight for the betterment of my osteopathic schools, research, and residency training programs when I feel I must go outside our borders in order to continue with my envisioned medical education? I have always believed the best way to change a system was from the inside

rather than a tinkerer from outside; it just happens that for me, at this juncture, I think I have to ask the questions as I walk out the door, and hope to have better answers and a plan to make things better when I try to walk back in that osteopathic door after residency.

## **Osteopathic or Allopathic Residency?**

**Elizabeth Potts—National Executive Council National Coordinator (PCOM)**

**T**his fall, my main focus has been on figuring out where I want to go for residency. I keep asking myself, "Which program will be a good fit for me?" I need to find a balance for didactic learning and clinical learning, a good rotation schedule, and a place within a few hours of home. The one decision that seems easiest to make for me is applying to a program that is either only osteopathic or dually accredited. I can't imagine applying for a residency that is only allopathic. However, I realize that decision is made easier for me because I will be going into family medicine. For students who are looking for more specialized fields, there are not as many osteopathic opportunities and you may need to apply to an allopathic program.

While applying for medical schools, I only applied to osteopathic schools because I already knew osteopathic manual manipulation would be an important part of my training. Growing up I had the good fortune of having a family medicine doctor who ac-

tively treated most of his patients with OMM, so I knew what positive effects OMM could have. My palpation skills have grown immensely through out medical school, but I know there is still so much growing to do. I will have the opportunity to touch many patients in residency, and I want to continue to develop my skills in OMM. Residents are very busy with all that they need to do, and remembering to do OMM can get pushed to the back burner. By attending an osteopathic residency, there will be lectures to help remind me about the skills I want to practice. Some residencies even have specific OMM clinic times that can allow me to focus on my palpation skills for at least half a day each month.

As a student, it is important to recognize who you are rotating with when mentioning OMM in your plan for the patient. Even if you are at a hospital that only has osteopathic residents, not all of the attendings will be DO's. On a pediatric rotation recently, I mentioned to the MD I was working with

that a child could benefit from OMM. He looked at me and said, "That's not something we talk about." I replied with the only appropriate thing I could, "Okay." It's few and far between that you meet strong resistance from preceptors about doing OMM, but if you do, just remember to be respectful and that you do not have a license yet, so all liability falls under them. Usually preceptors are open to students doing OMM on patients and simply remind them to be careful before allowing them to proceed.

Overall, OMM is widely accepted as a benefit for patients. They know you care if you take the extra time to place hands on them, and they appreciate it even more if they walk out in less pain. I want to continue to be encouraged to do OMM during residency, so that I can feel confident to continue it in my practice after I graduate. For me, it is very important to be in an osteopathic residency.

## **Residency Choice**

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

When I first began medical school I had an interest in emergency medicine. That was my main motivation for coming to medical school. I enjoyed the idea of a high stress atmosphere along with nonstop trauma and crises. Soon, however, I discovered my love for OMM and I began to rethink my career choice.

I spent some time contemplating family medicine, especially once I had been accepted as one of the 2011-2012 OMM Fellows at OU-HCOM. I loved the idea of having the ability to use OMM on each patient that came in regardless of their complaint. Once I learned of integrated FP/OMM residencies I thought I was solid in my career choice and could relax and not have to contemplate what I wanted to

do when I grew up anymore. This brought about a new dilemma however, because I was taking an extra year of medical school for the fellowship, but also wanting to take an extra year of residency for further OMM training in order to become board certified.

Time went on. Third year happened. I had my OB/Gyn rotation. I fell in love. I had an epiphany just like I had when I decided I wanted to enter medical school in the first place. My fellowship started to have a lot more meaning. I wouldn't be getting an extra year of OMM under my belt during residency and the OMM I had during third year left much to be desired to further my abilities. This fellowship is going to allow me to expand on my

OMM knowledge. Any patient that comes in whether it is for an obstetric appointment or a gynecologic appointment I will be able to offer them something more than many of my counterparts. I will be able to place my hands on my patients and treat them without medications and without just shrugging off their low back pain as a "normal part of pregnancy."

This makes my decision to take part in an Osteopathic residency that much more important. Although I may not have further formal training in OMM, I will have other Osteopathic physicians around me and at my disposal. We can work together and hopefully encourage one another to continue using this amazing ability we have had the privilege to learn all these years.

## **The World of NUFA**

**Taralyn Sowby—National Executive Council NUFA Liaison (LMU-DCOM)**

On August 27th NUFA had it's first online workshop on Pubic Dysfunction and Treatments by Dr. Steven Miller DO. We will be working through some minor glitches and will hold the next online workshop in October with Dr. Hugh Ettlinger DO FAAO. Date and time TBA. Overall, this new addition for NUFA members was well received and we look forward to a future workshop in December. If you have any questions or comments about NUFA, contact the National NUFA Liaison, Taralyn Sowby at [nufaliaison@gmail.com](mailto:nufaliaison@gmail.com).

Comments from you fellow NUFA members regarding their experiences with the fellowship:

"An important lesson I have learned from my mentors in the program is that patient care is not confined to the walls of the office and hours on the door. The physicians that we have had the opportunity to work with encompass this well rounded philosophy of Osteopathic medicine and are some of the most compassionate role models in the field of medicine."

"At two months into the fellowship, I feel like I have learned more about manipulation than within my first two

years combined. It has been an amazing opportunity to work within the clinics at our school and around it; there is just nothing quite like having someone come in with complaints, and leave complaint free after our hands relieve their problems."

"I learned to integrate my OMM techniques with a physical diagnosis and use the holistic approach in a comprehensive history and physical. Now that I am on my clinical rotations, my confidence in communicating and treating my patients is evident."

"To students thinking of applying: Go for it if you have a desire to cultivate your understand and ability to perform OMT and you want to share that with others! Whether or not you have teaching experience is less important than whether or not you want to share this body of knowledge with others."

"The fellowship gave me time to breathe in the midst of medical school, time to think about what direction I want to go."

"The fellowship provides excellent opportunities to strengthen your osteopathic skills, improve your teach-

ing abilities and solidify the philosophy of osteopathic medicine into your approach with future patients."

"My best advice would be to develop your goals for the fellowship before applying. By knowing what you would like to get out of a fellowship, you can decide if the extra year in school is worth it or if you would benefit more from an NMM residency setting. Also, talk to the fellows currently in the program. They can tell you if you'll be able to accomplish your goals in the fellowship program offered at your school."



# Individual Chapter Updates

## Inaugural Class at COMP-NW

**Bachtuyet Le—Chapter President (COMP-NW)**

**G**reetings from the Inaugural Class at COMP-NW! We are so excited to have a chapter of the Student Academy of Osteopathy as one of our clubs here on campus and have been actively recruiting classmates to sign up for memberships. Last night, one of our 5<sup>th</sup> year NMM/OMM Pre Doctoral Teaching Fellows, Ki Kurtz, held our first workshop on the importance of the structural exam. We had a turnout of over half of our class! It was invigorating to see how excited our first years were about OMM. Currently, we are working hard and piecing things together as a new chapter of the SAAO

to ensure that the members here will find it fulfilling to be a part of this amazing organization. We are also keeping open communication with our sister campus down in Pomona, CA for tips on what other great activities we can do as a club here in Lebanon, OR. To all the other chapters, please feel free to offer any advice you may find helpful for a new chapter just starting up. We would love to hear from you for your advice and, if anything, just to network! Please send any questions or comments to me at [leb@westernu.edu](mailto:leb@westernu.edu)

## Our Neighbors to the North

**Kathryn Krezoski—National Representative (MSUCOM)**

**C**urrently, there are only 20 D.O.s licensed to practice medicine in Canada. This shockingly low number reflects the differences between Osteopathic medical education in Canada versus the United States. In Canada there are seven schools of Osteopathy that offer a Diploma in Osteopathic Manual Therapy Practice (or DOMTP). Osteopathic Manual Practitioners have two to four years of training in traditional manual osteopathic practice, focusing on treating patients using only manual techniques – they are not physicians. DOMTP are not trained or allowed to prescribe medication or perform surgery. However, the College of Physicians and Surgeons in each province has the right to decide who practices full medicine in that province; Ontario, British Columbia, and Alberta all recognize the American D.O. degree. Therefore, Osteopathic Physicians who graduate from a college accredited by the American Osteopathic Association may be allowed full practice rights in these provinces.

Considering the fact that there are no accredited schools of Osteopathy in Canada, it is not surprising that there

are only 20 D.O.s currently licensed to practice medicine in Canada. The annual tuition for an M.D. degree is around \$15,000(Canadian) with the country's high being \$17,887(C) at the University of Toronto. The average D.O. degree in America has an annual tuition around \$40,000, with the country's high being \$73,000 for out-of-state residents at Michigan State University COM [NOTE: MSUCOM is considered a public university and in-state tuition averages \$34,000]. In addition to the greater financial commitment, Canadian students interested in an accredited osteopathic program in the U.S. must compete for a limited number of spots with the thousands of American students that apply.

This fall, MSUCOM's Dean, William Strampel, D.O. began an initiative with the Canadian Osteopathic Association that will increase the number of osteopathic physicians in Canada and help build the osteopathic profession in both the United States and Canada. Fourteen of the 316 entering students in the MSUCOM class of 2015 are from Canada. In addition, MSUCOM plans to recruit up to 25 qualified

Canadian students each year for the next several years. "This is a culmination of four years of work to help Canada get its own osteopathic medical school," Dean Strampel said in an interview with MSU University Relations. "However, it would take a long time to establish a new school, and there were concerns about clinical education in a country with almost no osteopathic physicians. We decided on this pilot program here at MSU, with graduates returning to Canada to build the osteopathic profession there." The MSUCOM SAAO is excited to be a part of this endeavor and we hope that one day Canada will be able to open its own osteopathic medical school, leading to a Canadian SAAO counterpart!

## **The Extravaganza!**

**D**ear Friends of the SAAO,  
Our VCOM-VA chapter began a remarkable autumn with one goal: to excite first years to pursue the efficacy and joy of manipulation. Through events such as berry picking, two workshops with AAO Fellows, and an amazing Palpations Extravaganza!, we have started this year off on solid ground. The Extravaganza! was packed full of activities that honed the palpatory skills of upperclassman and new students

alike. The first years were able to feel a hair under sheets of a phone book, sense the tug of fascia through Saran wrap, induce a cranial rhythm through an inflated glove, and more. All of this led to their first opportunity to sense TART changes on each others' thoracic spines. This new event sparked excitement for our new colleagues. We would love to share the programming with anyone interested. Through our events with Dr. Blood and Dr. Lipton, we have further

pierced the nuanced difficulties of diagnosing and treating low back pain. One of the take home points for me was how crucial it is for all of us to encourage tobacco cessation and alcohol moderation when treating people with chronic pain, or else the self-healing mechanism will be disrupted. We are proud of our start to the year.

With Osteopathic love,  
J. Laughton Fields-Johnson

**J. Laughton Fields-Johnson—Chapter President (VCOM)**



We started the school year welcoming the first year class to VCOM-VA and the Blacksburg community with a berry-berry fun berry-picking day.



Past AAO president and Fellow, Dr. Stephen D. Blood, led our SAAO Chapter in a low back pain workshop. He emphasized the use of Functional Technique. We were inspired by his wisdom and experience and are honored to have his continued support.



Along with food and live music, we set-up nine carnival-style booths with different palpation challenges. Along with those mentioned in our introduction, students tried to determine if a coin was heads or tails with their eyes closed, palpated model bones through towels, and tried identify objects in bags of shampoo. We had over 40 students take on these challenges!



Dr. Jamie A. Lipton, a Navy Commander (*retired*) and AAO Fellow, held a Saturday workshop for our SAAO and SAMOPS (Military) Chapters. He covered topics such as treating back pain with heel lifts, incorporating Osteopathic techniques into running a code, and counseling patients on consequences of alcohol and tobacco.

# Osteopathy

## **How I Became Interested in OMM**

**Alyssa Tonelli—National Representative (WU-COMP)**

After attending classes, and speaking with seasoned physicians, I was interested in getting student's perspectives on the benefits of OMM and what got them interested in osteopathy. After speaking with different students, the general consensus was that OMM positively contributes to the medical field. Below are a few excerpts from different students at Western University of Health Sciences regarding their views of OMM:

"The reason I got interested in OMM is because I actually saw it work. At first like many, I was skeptical, but the basic principles are simple and logical and therefore I began treating people that needed help and got great results. I realize that it will not cure cancer, but it can be used as a supplementary tool as well as a treatment in its own right. Many young DO students have not yet found the benefit of OMM because they are healthy and have always been healthy. It is not until one becomes sick (ie acquires some somatic dysfunction) can you truly appreciate its benefits."

"I love OMM. I love the fact that it

allows us to assist a patient with our hands. We promise to do no harm, and our hands carry no side effects. I also believe touch is important in the healing process of a patient, and OMM offers us a healing touch. I became interested in OMM because I was losing hope in medicine. It seems that we only focus on symptoms many times and drugs are often the "fix." I wanted to find a different way. OMM and osteopathy were what I was looking for. They look at the whole body and try to impart change with our hands and allow the body to heal. It is wonderful!"

"I like OMM because it is a non-invasive approach to alleviating a multitude of ailments. OMM targets the root of the problem(s) while simultaneously taking advantage of the body's innate ability to heal itself. I became interested in OMM after shadowing a few remarkable osteopathic physicians that illustrated the miracles of OMM on patients who were supposedly "impossible to help" using other forms of treatment."

"I was introduced to OMM Dr. Cyr, DO.

She treats patients using a holistic approach that addresses the mind, body, and spirit. I have had temporomandibular joint disorder (TMJ) since middle school, and my jaw muscles were becoming increasingly more painful. Several orthodontists indicated that I needed jaw surgery. Dr. Cyr used an intraoral technique that helped my jaw become more mobile and pain free. Afterward, I was sold on OMM."

"I like some OMM techniques and have grown to like OMM more the more I have used it. However, I am not sure how to integrate OMM into my future profession as an anesthesiologist or a plastic surgeon."

Although students had different opinions, overall, students believe that OMM is useful and extremely beneficial in practice. I strongly believe in the healing power of OMM and osteopathy and I think the benefit of OMM can be publicized more. As a result, OMM can be used to help even more people.

## **"What is a DO?"**

**Adam Glover—Chapter Treasurer (LECOM-SH)**

Being in a large family can be a very entertaining yet very tricky circumstance for a student of osteopathic medicine. Over this past summer break between my first and second years of medical school, I had the somewhat rare opportunity to visit a large portion of both sides of my family; they range anywhere from Ohio to Florida. Also on this scheduled itinerary I traveled to Europe to see my dad, who is currently stationed in Madrid, Spain. I say rare because I am a part of a military family and am what some may call a "military brat"; I do not often have the chance to see many of them at any given time. I understand too that this was my last free summer

since I will be in the midst of medical rotations next year and afterwards residency and beyond.

During the summer many of my extended family members whom I was visiting would ask me a plethora of questions from "How is school going?" and "What are you studying again?" to "What are your plans for the rest of the summer?" and "When will you be finished?" It is funny to be asked the same sorts of questions over and over again because then I can invent new ways of talking about the same thing. After responding to many of these sorts of inquiries, by far the most asked question was "What is a D.O.?"

This question tested all of the previous year's knowledge of not only medicine, but also my understanding of osteopathic philosophy.

I often began answering by telling them that osteopathic physicians are complete physicians, in that the gamut of work that they can do is unlimited in the vast realm of the medical profession. Next, I told them about osteopathic tenets of medicine, mostly sharing with them the idea that a person is made of body, mind, and spirit; that osteopathic physicians concentrate on treating the whole patient instead of merely treating for

*(Continued on page 10)*



# Foundations of the Biodynamic Model of Osteopathy in the Cranial Field

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

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

**Location:**

Indian Head Resort, Lincoln, New Hampshire

**Date:**

June 8-11, 2012

**CME:**

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

For more information on this course please visit our website at [www.jamesjealous.com](http://www.jamesjealous.com).

Course details and outline to follow.

(Continued from page 8)

symptomatic relief. Continuing, I explained that D.O.'s are also trained in Osteopathic Manipulative Treatment, which puts them apart from most physicians. This also afforded me the opportunity to use techniques in order to illustrate what I was trying to explain. I also added that some people are not aware that their physician is a D.O. instead of an M.D.

Difficulties quickly arose through this whole situation of traveling and visiting many different relatives, and oftentimes the message concerning the identity of a D.O. became lost or convoluted. After talking with so many people, puzzled looks appeared to

become the norm rather than the exception. Fortunately enough, the source of confusion was an easily identifiable target. Many times I found that I simply had not mentioned key points, or that the conversation was too long so that those points I had previously discussed were forgotten. This was interesting to me as a soon-to-be physician: that I must be proficient in what I know as an osteopathic medical student, understand the level of my patients' knowledge and concerns as well as educate my patients, while at the same time showing empathy. My journey has only begun in the medical profession, and I have realized that although there is fun in learning modern medicine, practicing it is not an easy task to perform.

Fret not, medical student: There is an end in sight! I have heard anecdotal evidence that the first two years of medical school are the toughest. However, once you have completed those years, your future and end goals begin to fall into place. Even at the start of the second year, I have already found that there is less confusion, albeit more material, and an overall feeling of success with only one full year under my belt. With the last free summer behind me, I am riding into the future with added confidence that being an osteopathic physician was, is, and will be the best decision future doctors could make.

## Remembering the Past to Plan for the Future

Kathryn Krezoski—National Representative (MSUCOM)

For my undergraduate thesis I wrote a comprehensive review on how osteopathic medicine evolved into a professionalized system of medical care. I spent hours researching the history of Osteopathy from chronicling the life of Andrew Taylor Still and the history of D.O.s, to understanding the scientific evidence of manipulative treatment throughout the 20<sup>th</sup> century. While researching the history of osteopathic medicine, I learned how the concurrent societal forces and evolution of allopathic medicine had a large impact on the success of osteopathic physicians and the eventual professionalization of Osteopathy. For example, public dissatisfaction with orthodox (read: precursor to allopathic) practitioners and their use of blood letting, digestive purging, blistering, and other 'heroic' treatments, opened the door for unorthodox (Osteopathy, Homeopathy, Naturopathy, etc.) practitioners to treat patients and earn their trust.

Throughout the 20<sup>th</sup> century, empiricism was replaced by the scientific method and physicians moved away from heroic medicine. As the scientific research and technological advancements of allopathic medicine progressed in the first half of the 20<sup>th</sup> century, Osteopaths began to adopt allopathic practices. Due to licensure laws, Osteopaths were limited in their ability to prescribe drugs and perform surgeries in many states. As osteopathic schools expanded their curricu-

lum, however, their privileges as practitioners increased. As mainstream medicine was evolving into what we consider 'modern biomedicine,' Osteopathy evolved with it, adopting mainstream techniques. Younger generations of Osteopaths, having been educated on the scientific progress of the allopathic *material medica* (medications), began to administer drugs, vaccines, and antibiotics, much to the disappointment of the older generation.

Through various social forces, including specialization and physician shortages, osteopathic physicians started to predominate in the primary care field. As allopathic physicians pursued specialization, the number of allopathic general practitioners dropped from eighty percent in 1930 to forty-five percent in 1960 (Whorton, 2002). Osteopathic physicians, with their focus on preventative and holistic medicine and their propensity to settle in rural areas, found their niche in the American medical system as general, primary care physicians. In addition, osteopathic physicians filled the need for physicians during World War II because they were exempt from the draft and ineligible for service with the military medical corps. Thus, in the ensuing military enlistment and consequent absence of allopathic physicians, osteopathic physicians took on the care of their patients. Their new patients, after becoming more familiar with osteopathic medicine and finding

it an acceptable alternative, helped fund osteopathic hospitals and later lobbied for the full legitimization of Osteopathy in the United States. The support of the public and the legislature led to Osteopathy's eventual professionalization and licensure.

At the turn of the 20<sup>th</sup> century, Osteopathy was founded on and grew in popularity as a result of osteopathic manipulative medicine. During the 1920's and 30's osteopathic medical schools began teaching allopathic treatments based on scientific research and thus expanded osteopathic medicine to include medication, surgery, and other non-manipulative treatments. Throughout the 20<sup>th</sup> century, Osteopathic Medicine has come to parallel allopathic medicine in so many regards, that Stevan A. Walkowski, D.O. proposed in last month's JAOA that "we eliminate the word *osteopathic* as an adjective to describe *medicine* altogether, unless it is used in direct reference to the application of the mechanical principles first described by Dr Still in the late 19th century and developed since then" (JAOA 2011). So what separates allopathic medicine and osteopathic medicine in the 21<sup>st</sup> century?

As an osteopathic medical student, I find it imperative that we, as the next generation of D.O.s, rediscover what it truly means to be an osteopathic physician. According to the AACOM study

of the Class of 2014, “few applicants to COMs (29%) indicated that osteopathic philosophy was an important factor in choosing to enroll in a COM” (JAOA 2011). With so few understanding and embracing osteopathic manipulative treatment and with more allopathic physicians practicing what we consider ‘patient-based medicine,’ the difference between the professions becomes as slight as the difference between the acronyms listed after our names. Perhaps this is the future of Osteopathic Medicine but I, as a member and MSUCOM National Representative of SAAO, am determined to encourage my fellow classmates and other future D.O.s to develop their OMM skills in the classroom, at home, in the hospital, and in their practices. While OMM is just one of the skills we develop as medical students, why deny such a beneficial tool in our toolbox? Many studies have shown the benefits of OMM – sometimes treatment with OMM is comparable or better than medication or (some) surgical intervention, both of which are expensive and potentially unnecessary with simple manipulation.

While I agree that we, as students, need to participate more in researching the science behind manipulation, I think that we also need to become more enthusiastic about developing our skills and sharing our knowledge with others. At MSUCOM we look forward to doing more student outreach – visiting undergraduate colleges and teaching students about osteopathic medicine, volunteering our services in the community, and bringing in more osteopathic physicians who use OMM daily in their practices to speak with students and share their techniques and experiences. I hope that you, my fellow SAAO members, will join us in OMM outreach!

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# Success Stories

## The Gift that Keeps on Giving

Megan Sopko—National Representative (OU-HCOM)

The leaves around campus have already started to change into all shades of red, yellow, and orange, signaling the beginning of autumn. And with the beginning of autumn comes the new school year. Suddenly, the freedom of summer has vanished and it's official; we are second years!

At OUCOM, second year students are given the opportunity to be table trainers for the first year OMM classes. It is our responsibility to assist two to four students during OMM lab, instructing in correct positioning and technique and answering any questions that they may have.

Watching the first years struggling to understand the scan of the ribs and shakily assuming the position for piriformis counterstrain makes me realize how far we have come since first year. In one year, we not only gained a plethora of basic and clinical science, but also learned how to treat all parts of the body with various osteopathic techniques. We have been given the extensive gift of osteopathic

manipulative medicine. For the past year, we have been able to treat all kinds of dysfunction in our friends and family, and now as table trainers, we have been given another opportunity to share our gift with the first years each week.

Not only does our gift provide us with an extra set of tools for our "doctor toolboxes," it is also truly a gift that keeps on giving. Each of our future patients will share in our gift as we provide them with increased range of motion, decreased pain, or fewer headaches. Each improved symptom can lead to a better quality of life for our patients, enabling them to participate more in their children's lives or function more efficiently at their jobs. It is quite possible that the impact of our gift is far greater than we can envision at any given moment.

This extensive gift is what sets us apart from our allopathic colleagues. When asked to give success stories of their counterstrain treatment attempts, one brave first year student volunteered the admiration he had

gained from his friends after demonstrating counterstrain techniques on them. At first his friends, one of whom was a first year allopathic medical student, were skeptical about his ability to perform any kind of treatment. After all, he had only been in medical school for a little over a month. How could he possibly be equipped with the ability to treat others so soon? And yet, he was able to pull it off. He was able to find tender points on each friend and treat most of them effectively. It took this first year 90 seconds to turn his friends into believers, leaving his allopathic colleague jealous that he could not demonstrate any treatments he had learned.

It is important for us to continue to share our gift with those skeptics and demonstrate to them the potential benefits of osteopathic treatments. Osteopathic medicine is a gift that keeps on giving, and the number of those that benefit will continue to grow as we expand on our own knowledge, treat more patients, and assist fellow students.

## Incorporating OMT into Clinical Clerkships

Joanna L. Kramer—Clinical Representative (TUNCOM)

The transition from preclinical to clinical years is certainly one of the most exciting and anticipated times in a medical student's career. This is a time when all of the knowledge we have diligently obtained in the past two years comes to life and all of the conditions we read and study about in books are suddenly manifest in the patients we see before us. One of my (many) concerns for this time was how I might incorporate the 2 years of OMT training I had received into my clinical clerkships. I had heard from upperclassmen that this in particular has been a challenge, Nevada being a state with fewer DOs than average. Students had warned me that not all physicians are receptive to

OMT and that my clinical practice would likely be limited. Nonetheless, being an idealistic brand new 3<sup>rd</sup> year osteopathic student, I was determined to try.

For my first clerkship, I was incredibly fortunate to be assigned to a wonderful osteopathic obstetrician, Dr. Eric Grant. What a perfect setting to apply some of the techniques I had learned! Upon questioning my preceptor, I was told that he felt unable to incorporate OMM into his busy self-run practice due to time constraints. But with most of his obstetric patients complaining of neck, back, and pelvic pain, I persisted in asking if I might try a few techniques to relieve some of their

discomfort. He replied that if I explained the procedures and obtained their consent, that he would allow it. After treating a few patients with positive results and patient feedback, I suggested we look into the reimbursement that he could obtain from adding a few simple techniques to each patient visit. After considering this, he encouraged me to develop an obstetric OMT protocol for his office and needless to say, I was thrilled! I enlisted the help of Dr. Claire Galin who treats obstetric patients at our school's clinic daily. With her guidance, a brief literature review, and the practical experience gained in the clinic, I was able to develop a step-

*(Continued on page 13)*



*(Continued from page 12)*

wise protocol to address commonly encountered somatic dysfunctions found during pregnancy. This included: MFR for the cervicothoracic junction and abdominal diaphragm, seated thoracic articulation or lumbar soft tissue, cervical soft tissue or BLT of the OA, pubic decompression, SI joint mobilization, and a CV4 technique. I also developed a patient informational handout explaining the benefits of OMT in pregnancy, a patient consent form, and a SOAP note specific to our protocol. The techniques were explained to patients and consent was obtained, and techniques were performed on willing patients at

37 weeks of pregnancy and above. Not too bad for my very first clerkship! I passed on the protocol to the students that followed in my footsteps with the hope that they will continue to implement it in patients who might benefit.

I hope that this will be a great opportunity for future students to gain valuable OMT experience in the clinic. I am so thankful to my preceptor and to my professor for allowing and encouraging me to enrich my clinical experience. I felt compelled to share my experience because it truly wasn't hard at all to incorporate OMT into my rotation. Sure it took a little persistence and plenty of extra work, but the

results were incredibly gratifying and the patients certainly appreciated the treatment results. I wanted to share this experience so that other students might be encouraged to speak up and ask to use these valuable tools we have been developing for the past 2 years. Now I have moved on to an allopathic preceptor and I feel comfortable talking about OMT and offering my skills in situations where they might be useful.

## **Learning to Fail**

**Graeme McHenry—National Representative (TUCOM-CA)**

This summer I had the pleasure of attending the Osteopathic Center for Children and Families' Basic Cranial Course. I could write an article about all the wonderful things I got out of this experience. I could tell you about Dr. Viola Frymann's powerful presence or her personal attention and treatment of me when I was struggling. But what I really want to write an article about is what I did not leave the courses with. I sit here today after successful completion of my first cranial course still as utterly unable to reliably palpate the primary respiratory mechanism as I was at my first day of Osteopathic Medical School.

In order to learn Cranial Osteopathy I am having to learn an entirely different skill set than the one I came into medical school with. I am learning to sit in the place of unknowing and wait for understanding. Like many medical students I relish the kind of mania it takes to excel under the overwhelm-

ing workload school put on us. I enjoy the challenge of having to do more than I should or would or even thought I could do, in my coursework. But none of that drive is helping me at all with feeling the primary respiratory mechanism. Many of us students find ourselves frustrated by our inability to excel at OMM using the same personality traits that serve us so well in our other classroom assignments. We are used to being able to force ourselves through long study sessions to balance multiple assignments and our various personal responsibilities without missing a beat.

What OMM, and for me, Cranial Osteopathy, is all about is learning how to fail. When I fail to achieve my goals in academics I get mad; that anger gets me motivated to redouble my efforts and study harder, work longer, and push myself more. When I fail to achieve my goals of palpation I can't just push through something or grit my teeth to work that little bit harder

or longer. That doesn't work in OMM. In each moment I spend gently and intimately connected to my patient I have to be willing to feel only what I feel. Going through the attention exercises I have been taught and hoping they lead me to the kind of experience I see others around me having is my recourse.

As I continue to seek out my Professors and classmates for their advice and assistance, I am becoming more and more convinced that this lesson of patience is in its self as useful as any one technique or modality. I hope someday to have excellent 'Osteopathic hands' and to be able to apply all the great techniques I am learning for Cranial Osteopathy. Until that day I am learning to be happy to develop my 'Osteopathic mindset' and that technique is already helping me see myself and my practice in a whole new way.

## **An Act of Altruism**

Within your first week of medical school, you begin to pick up new medical jargon, the slogans of your school's surrounding area, and new phrases that will follow you the rest of your career. Phrases such as "the water hose of information", "caffeine is your new best friend", and the ever so popular "there is no "I" in teamwork". Although I remember those phrases well, the phrase that ignited something in me and will forever ring true is one that our Dean of Students at Lincoln Memorial University-Debusk College of Osteopathic Medicine told us during our student orientation, "A lone medical student is a dead one". While the morbidity is humorous, he could not have said it any better. As an osteopathic medical student (OMS), you must be willing to give and receive help from or to professors and fellow students. You simply cannot fight the beast of medical school by yourself. This unspoken rule has become a true act of altruism that anyone can see on the grounds of LMU-DCOM.

In the Spring of 2011, the local Student American Academy of Osteopathy chapter members, along with select students from the OMS class of 2014, became Teaching Assistants for the current class of Physician Assistant Students at LMU-DCOM. For 8 weeks, the volunteer OMSs gave their afternoons to the PA Lab, where they facilitated the teaching of osteopathic manipulative techniques and gave individualized attention to students. During the course of the class, it was evident that both the physician assistant students and the medical students not only enjoyed it, but val-

ued the experience immensely. It was an invaluable opportunity for the PA students to learn a "crash course" in some of the most useful and effective osteopathic manipulative treatments right before they set off for rotations; it was also a perfect time for the osteopathic medical students to demonstrate their knowledge of osteopathic treatments and teach any helpful tips they had learned from their own practice of such techniques. Several of the OMSs even organized a review session for the PA students in the days preceding their lab practical examinations, and gave much of their time quizzing and prepping the students in the lab on weekends. The PA students learned a vast amount of material in their abbreviated course, but all that was received by professors was positive feedback:

"The fellows and 1st year DOs were such a big help to us in the OPP lab. I think it's great that our PA program is able to get involved in muscle energy techniques. I think that with our class of 55, the TA's were able to make it so the help was individualized. I don't think we would have been able to grasp the concepts as well as we did without them."

**Shreeda Sheth PA-S LMU-DCOM PA Class of 2012**

"The opportunity to learn manual medicine was one of the determining factors in my decision to attend LMU-DCOM. It allows me the opportunity to assist physicians at a level beyond other physician assistants. More importantly, however, it allows me the opportunity to better diagnose and

**Sara Boyd—OMS II (LMU-DCOM)**

treat my patients' ailments; giving them the chance to live a higher quality life. Thank you for the wonderful opportunity."

**Jennifer Hess PA-S, LMU-DCOM PA Class of 2012**

By the end of the two months, much time and energy had been given voluntarily to not only teach osteopathic techniques but also to express the efficacy and merit of osteopathic medicine as a whole. The opportunity for first year osteopathic medical students to educate and express their passion for osteopathic medicine to other future allied health professionals was a priceless and enjoyable experience. At a time where the academic courses were overwhelming and exams were ever looming, members of the LMU-DCOM class of 2014 eagerly taught other students altruistically. No grade was formulated, no bonus points were awarded, and there were no hours credited; the first year students simply loved osteopathic medicine enough that they wanted to take the opportunity to share their newly learned knowledge and passion to others around them. They have realized the sound truth in the phrase, "A lone medical student is a dead one", and put forth physical proof that in order to perform their best as future doctors, we must aid each other every step of the way.

# Just For Fun!

## You Down With OMT!?

Alex Hieronymus—National Representative (UP-KYCOM)

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

OSTEOPATHIC  
 HVLA  
 FUNCTIONAL  
 OMT  
 DO  
 ATSTILL  
 CONVOCAION  
 BLT  
 SOMATIC DYSFUNCTION  
 NEUTRAL  
 FPR  
 RESTRICTION  
 FLEXION

MOTION  
 ASIS  
 CRANIAL  
 TREAT  
 MUSCLE ENERGY  
 INDIRECT  
 TABLE  
 TENDER POINT  
 TORSION  
 CERVICAL

**\*Key on Page 23\***

## Dysfunction Junction

Jessica Dibari—Chapter Treasurer (PNWU-COM)

Boggy, tender, red  
Screaming back from studying  
Need to be kneaded

Sacral dysfunction  
Too much sitting on my touché  
Rock-a-bye baby

Left side or right side  
Where do you sit during class?  
HVLA the other way

# Treatments

## Important Techniques for Hospital Setting

Christopher Breen—National Representative (LECOM)

### **Rib raising**

Rib raising is a technique that is primarily used to normalize sympathetic tone. In any disease state, there is opportunity for increased sympathetic outflow through viscerosomatic reflexes to organs in the thorax and abdomen. Rib raising can lower this high sympathetic outflow long term if it is practiced a few times per day. Rib raising also has an effect on lymphatic drainage from the thorax. Specifically, rib raising is used to treat pneumonia, which is not uncommon in the hospital.

### **Thoracic pump**

Thoracic pump is used to increase lymphatic flow within the thorax. Like rib raising, this can also be used for pneumonia or any infection within the thorax. When the lymphatics are not flowing correctly, it can lead to pulmonary congestion and edema. It also leaves the patient more susceptible to further infections because lymphatic vessels are a main form of transportation for immune cells.

### **Suboccipital release**

The suboccipital release technique can be used on practically any patient. Almost everyone has some tension and dysfunction in the OA joint. The tension can become intense and lead to a tension headache. This technique can be used to instantly relieve pain from a tension headache. Since this technique treats the OA joint, parasympathetic tone is also normalized, making it useful in treating viscerosomatic reflexes.

### **Myofascial techniques**

Hospital patients are prone to somatic dysfunction because they do not get to move around much during the day. Their bodies are in the same position for most of the day so their muscles become accustomed to that position. If they make a quick movement, it can set off a muscle spindle reflex, causing pain and somatic dysfunction. Myofascial release techniques can be used to normalize this muscle tone. This technique gives the patient instant relief from the pain associated with the somatic dysfunction.



**Face Forward**

Lindsay Michael, Kat Pederson—Council Secretary, Member (KCOM)

As cold and flu season is upon us here are some helpful notecards with a common OMT techniques to help alleviate some of your patient’s symptoms and make them get on the road to recovery. The notecard goes over the facial effleurage technique; here are some helpful printable notecards for you to keep in your white coat pocket for quick reference.

**Frontal and Supraorbital technique.**

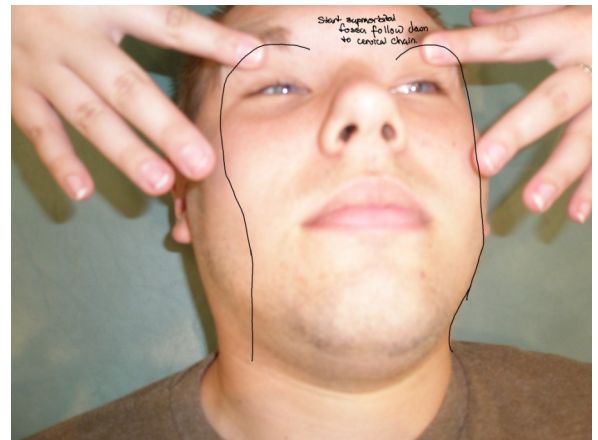
**Frontal:**

Start at the metopic suture apply pressure with thumbs then follow down the face and into the cervical chain. Repeat 2-3X



**Supraorbital:**

Start at supraorbital notch apply pressure with thumbs and follow down face into cervical chain. Repeat 2-3X

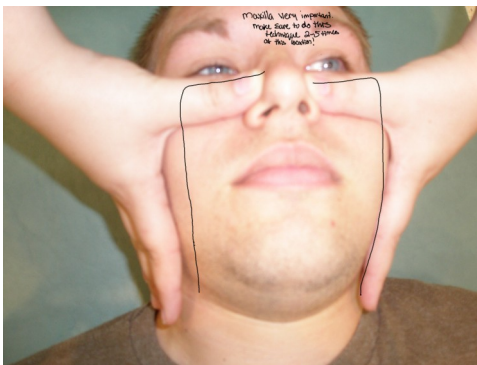


REMEMBER: Always apply pressure down the face to the cervical chain so lymph fluid can reenter proper lymph flow.

**Maxilla and Submental:**

**Maxilla:**

Start at the supraorbital/maxilla border with thumbs and follow down the face to the cervical chain. Repeat 2-3X



**Submental:**

Start at the middle of the jaw with thumbs and follow Down to the angle of the jaw and then down cervical chain. Repeat 2-3X.



REMEMBER: Always apply pressure down the face to the cervical chain so lymph fluid can reenter proper lymph flow.

Thanks to my models Ryan Keith, KCOM SAAO Member and Hand Model Melissa Kuehl, KCOM SAAO Treasure.

# Board Review

## **COMLEX CV Review Questions**

Q. Where would you find palpable changes in a patient who has just suffered from an anterior myocardial infarction?

A. T2-T3 on the left

Q. What palpable finding would you find in a patient with a history of hypertension?

A. Chapman point at the intertransverse space of both side of T11 and T12 midway between the spinous processes and transverse processes

Q. What is the somatic dysfunction that is commonly found in patients with hypertension, but its relationship has not been established?

A. C6, T2, T6 somatic dysfunction

Q. What technique is not safe to do in a patient with acute congestive heart failure, but can be performed in one with chronic congestive heart failure?

A. Lymphatic pump

Q. Vagal influence from the right side cause what types of heart pathology?

A. Sinus Bradycardia

Q. Vagal influence from the left side cause what types of heart pathology?

A. AV node block

## **Linda Du—National Representative (LECOM-Br)**

Q. What is the mechanism and goals of rib raising?

A. Anterior pressure on ganglia will cause short-lived increase in sympathetic activity, but long-term sympathetic inhibition. This would be used to normalize sympathetic activity, improve lymphatic return, and aid in a more negative intrathoracic pressure.

# OMM Experiences

## Educational Benefits of Attending Conferences

The first medical conference I attended was the 2010 Convocation in Colorado Springs, CO. I have always been interested in osteopathic manipulation and as luck would have it, the conference was scheduled for the same week as spring break, so I booked the trip. Just as anticipated, the talks were amazing and provided me with essential knowledge on how to incorporate OMT into my everyday practice; as well as an initial exposure and deeper understanding of cranial manipulations. Furthermore, the evening with the stars provided me with the invaluable opportunity to interact with some of the best osteopaths in the world. The few hours with these legends proved to be the most informative and rewarding hours I've experienced throughout my osteopathic training to date. Large conferences, such as Convocation, are usually held in venues that allow for such interactions.

## OMM Summer Preceptorship

This past summer, 40 rising 2<sup>nd</sup> year NYCOM students participated in the SAAO Summer Preceptorship Program. The program consisted of various workshops held throughout the summer, which ran from June 6 to July 22. The workshops allowed the students to expand their knowledge of OMM outside of the normal curriculum and exposed them to the use of OMT in various specialties. The workshops were led by NYCOM faculty as well as visiting physicians. Some of the workshops included were Acupuncture by Dr. Gotfried, OMM and Birth Trauma by Dr. Anthony Capobianco, Osteopathy and the endocrine system by Dr. Paul Capobianco, as well as many others. Most workshops were hands-on where students got a chance to hone in their OMM skills and practice techniques that were not taught in the first year. Not all workshops focused solely on OMM. Students were taught relaxation techniques by breathing and yoga. They also learned how to avoid getting pains from spending loads of time

Convocation was an experience that fueled my passion for OMM. However, it wasn't until the smaller state conferences that I realized how much I enjoyed being a student of osteopathy. It was amazing to see professors showing the full breadth of their knowledge not limited by the boundaries of curriculum. The conference was full of passionate professionals and students alike. In addition to the time spent learning OMT, the smaller venue was conducive to a more intimate atmosphere allowing for a more natural experience when networking with fellow colleagues and future mentors. Large conferences are filled with events that require constant attention; whereas the smaller conferences often have a greater familiarity between the faculty and students. The atmosphere leads to more open and engaging discourse and instruction with greater interaction than a large audience lecture setting.

studying. One of the academic scholars also gave a workshop on how OMM was used during her residency and gave valuable advice on what to expect during residency. Positive feedback was given on all the workshops. On the workshop given by Dr. Gotfried, Kyla D'Angelo, OMS II, said "My favorite workshop was the acupuncture workshop led by Dr. Gotfried, which opened our eyes into the fascinating world of acupuncture. I was amazed how just one needle in the top of my trapezius could make both my neck and my back relax".

The students who participated in the program also had the opportunity to shadow physicians in the Riland Academic Health Care Center. Most students had about 3 shadowing opportunities for 3-4 hours each time. Students got a chance to shadow a different OMM faculty each time since every faculty took a different approach to teaching. At times, the patient room would be crowded since there were some fourth years doing rotations in

## **Eric Chung—Chapter President (NSU-COM)**

Whether it's a small local conference or a large national conference, the importance of remaining actively involved in the practice of OMT is essential for an osteopathic physician. From my personal experience, both conferences provided me with the motivation to incorporate and maintain OMT as an essential part of my medical practice. As a conference attendee you not only have the opportunity to represent yourself but your organization as well. In doing so, you begin perfecting the art of professionalism as well as developing the poise of a true physician.

## **Ada Lee—National Representative (NYCOM)**

the clinic as well. However, both the faculty and the fourth year student-doctors were eager to teach students doing the preceptorship little tips and answered any questions presented. This was a valuable experience to see how certain OMM techniques that were taught in the first year curriculum being used in the clinic. Kyla D'Angelo states "One of the greatest aspects of the SAAO Preceptorship Program is the ability to shadow members of the OMM faculty in the Riland Clinic. You actually get hands-on experience in treating OMM patients as well as see OMM being used on people who actually have pathologies. My favorite memory was being able to see the wide spectrum of Parkinson's disease, and how the slightest techniques actually improve their mobility and their whole quality of life". All in all, these 40 students who participated in the SAAO OMM preceptorship gained a lot of valuable experience and knowledge this summer.

## **Osteopathy In Vietnam**

**Sean Martin—National Representative (PCOM)**

This summer I was fortunate enough to be a part of a medical mission trip to the Mekong River Delta located in southern Vietnam. Our team was composed of seven medical students and three doctors, as well as translators and pharmacists. We opened clinics in government meeting rooms and throughout the course of three weeks were able to see 3,000 patients. Our group, Vietnam Medical Assistant Program (VNAMP), was founded by Dr. Huy Do, D.O., PCOM alumnus and current PGY-2 in internal medicine at Johns Hopkins in Maryland. The mission of VNAMP is to help the underserved of Vietnam as well as provide the opportunity for students to learn not only medicine but about Vietnam.

As students we were tasked with the responsibility of performing histories and physicals and helping to design the treatment plans. When working with a population primarily was manual laborers the most common complaints were musculoskeletal in origin. Using the T.A.R.T. criteria our primary diagnosis was somatic dysfunction, which lead to the ability to treat with OMT. The use of OMT allowed our patients to leave the clinic feeling better and able to return to work. One of the major challenges that we face were a lack of proper OMT tables. This limited the style of techniques that we could use but also challenged the group to focus on the principles of techniques. This allowed us to come up with alternative maneuvers rather than straight memorization from an atlas of techniques. This experience really showed the importance of learning the concepts of osteopathic techniques so that they can be modified in any patient setting.

Another major challenge that we faced was the language barrier. Since our translators were not familiar with

the techniques it was very hard to relay to patients the instructions necessary for techniques such as muscle energy. The language barrier also made techniques such as counter strain very difficult since there was not direct translation for having the patient totally relax. This forced many of the techniques to be those where the patient is passive such as soft tissue and myofascial release. While these are not technically challenging maneuvers they served to be extremely effective with numerous patients, leaving with smiles on their face feeling like they had been healed.

OMT was not the only aspect of osteopathy that we were able to provide our patients. Aspects of the patient's mind, body and spirit were explored with every history. Often patients complaining of insomnia and myalgias had a social history of poverty, abuse or hardship. These patients, while benefiting from OMT, simply needed someone to talk to and listen to their story. VNAMP is able to provide more for these families than health care; through their fundraising efforts throughout the year they also are able to provide monetary relief to help ease their burden. Another major effort that was made in Vietnam was to provide health education because in the words of A.T. Still, "It is the object of a physician to find health, anyone can find disease". Health education focused on those issues that are relevant to the Vietnamese people including hypertension, hyperlipidemia, women's health and hepatitis B.

Overall my experience helped me grow not only as an aspiring osteopathic physician but as a person. The training that I have received at PCOM allowed me to walk into an underserved area and make a difference at

such an early point in my career. The osteopathic approach to patient care is what allowed our group to make a difference with such limited resources. Without lab work, imaging studies and only a limited number of medications we were forced to turn to our palpatory skills for diagnosis and treatment. It was truly a once in a lifetime experience that has served to reaffirm my choice for attending the Philadelphia College of Osteopathic Medicine.



# Vicky Dyson

## Vicki E. Dyson OPP Preceptor Scholarship

After the first day of my rotation with Dr. Constantinides I knew my month with him was going to be a good month, but I had no idea it was going to be the best rotation of third year. I remember driving home after the first day thinking, "I can do this, I can become a doctor...a good doctor." While my definition of a "good doctor" has seen many revisions during the past year, I know that the heart of this statement has been solidified by Dr. Constantinides.

What first caught my attention was his willingness to teach. Before and/or after each patient we saw he asked me to list a differential diagnosis, what would I do next, and what would I have done differently. While overwhelming at first, I found myself thinking and processing things much faster and in a different, more educated way after each day. This truly provided me with a tool on future rotations. The aspect of Dr. Constantinides's teaching that distinguished him from any other preceptor I had was the depth of his concern for my progress. He always made sure there was time for me to ask questions though out the day and at the end of the day, even if it meant answering questions and finishing charts thirty minutes after the clinic closed. I knew he had a family that he was excited to see at the end of the day, and yet he always made time to make sure I understood topics that we covered and that I could ask any question I needed to.

As the rotation went on I found that, to Dr. Constantinides, what encompassed being a doctor really was limitless and that being a doctor is a gift. He is the most giving doctor I have ever met. He is a volunteer doctor or a local high school in Colorado Springs. During the rotation I had many opportunities to help at football games, volleyball games, or any sporting activity at local high schools. He also is a ringside doctor in the state of Colorado. Many Friday or Saturday nights were spent giving physicals to fighters, sewing up lacerations, and doing post-fight checkups. While this was an amazing experience in and of itself, the most inspiring part is he would see many of these fighters for free in his clinic if they were injured during practice. This rotation really opened my eyes to the world that is family medicine. Dr. Constantinides' altruism and versatility go hand in hand with his practice.

While the experiences on this rotation were something I never thought I would encounter, the most important thing Dr. Constantinides showed me was the importance of osteopathy and manipulation. Over half of the patients we saw each week required manipulation. Many of these patients were involved in car accidents or had significant musculoskeletal issues. I was amazed that after years of physical therapy, alternative medicine, etc., Dr. Constantinides' emphasis on recurrent manipulation was found to be the best way to keep their bodies in check and to curb their chronic pain and discomfort. It made me incredibly proud to pursue an osteopathic medical degree, and made me realize how important OMM is in my medical education and in my future practice.

While this is only a glimpse into my rotation with Dr. Constantinides, he has changed my perception and thoughts of what a "good doctor" truly encompasses. I could not have asked for a better person/doctor to strive to be more like in my future endeavors.

Thomas Carmine Van Deven, OMS-IV, AZCOM

Guided by the PRM  
My Experience with R. Paul Lee, D.O.

In August of 2010 I had the honor and privilege of spending a month long OMM rotation with R. Paul Lee, D.O. in Durango, Colorado. I first met Dr. Lee at a 40 hour Basic Cranial course sponsored by the Cranial Academy in June 2008, the summer after my first year of osteopathic medical school. He and I spoke about his integration of functional medicine and acupuncture into a very successful OMM practice. We kept in touch over the next two years and when the opportunity presented itself I jumped at the chance to study with him. In preparation for our month together I enjoyed reading his book *Interface*.

One of the things about Dr. Lee that sets him apart from his peers is his understanding and application of the Primary Respiratory Mechanism (PRM). This subtle motion through the body may be seen as an extension of our own innate intelligence, the *health* as A.T. Still, MD, D.O. described. Much of our diagnosis and treatment was guided by the presence or absence, rate, amplitude and potency of the patient's PRM. At first it was difficult to follow Dr. Lee in this venture, but I slowly started to become more and more attune to it. This approach continues to be a large influence on of how I now work with patients.

Mini miracles were commonplace in the office, as we helped many patients and I do mean we. Dr. Lee was great at allowing the treatment to be a function of teamwork. We would take a moment to identify where the "fulcrum" of the treatment was located. Then we would each position ourselves appropriately physically, mentally and spiritually, to support the health of the patient as the treatment unfolded. At other times we would identify a strain pattern and approach it from different points on the body, augmenting the treatment in a powerful and synergistic way. We used various OMM techniques, including Crainial, Biodynamics, Balanced Ligamentous Tension, Counterstrain, Muscle Energy and on rare occasion High Velocity Low Amplitude. Dr. Lee would also apply acupuncture and homeopathy when indicated. Each and every patient we saw taught me something valuable and they continue to to this day.

My rotation with Dr. Lee last August was a pivotal time in my career. With his guidance and the supportive environment he created, a new greater of palpation, awareness and sensitivity was allowed to surface. What Dr. Lee taught me about treating the human spirit will continue to serve every patient of my career. Outside the office he was a great host and friend, showing me around town, sharing many meals and meeting his wonderful children. Dr. Lee is a great physician, mentor and friend and am grateful for his continued support and encouragement.

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

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

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

-SAAO National Council

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