

THE STILL POINT: WELCOME BACK!

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**STILL POINT:
SAAO T-SHIRT CONTEST
SUBMISSION DEADLINE IS
NOVEMBER 25TH!**

For more information see page

"An osteopath is only a human engineer, who should understand all the laws governing his engine and thereby master disease." A.T. Still

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HAPPY HALLOWEEN !!!

WHAT'S NEW WITH THE STILL POINT?

Meagan Verbillion — Secretary-Treasurer



Whoa.....for you avid Still Point readers out there, this issue probably came as quite a shock to you, to you new readers, I hope you enjoy your first Still Point experience. Why the Change? Well there have been a lot of requests to revamp the Still Point as well as the SAAO website and the Executive Council agrees that something needs to be done. The new and improved website features are “in the works” and well you are now viewing the newest Still Point. I will be the first one to tell you that I do not know a whole lot about journalism or marketing or how to make these kinds of newsletters look their best so please feel free to contact me with additional (constructive) ideas as to how to make your reading and learning experience more pleasurable. For now however, lets review some of the things that have changed.

1. New Layout.....each page has a little bit different flair to keep it interesting and I added some color :)

2. “Still Points”I am sure that all of you have at least flipped through or skimmed a Saverese and when I was studying for Level 1, I really found the “trigger points” helpful for last minute cram sessions/ quick reviews. So throughout the whole issue you will notice a little picture of AT Still followed by a fun fact. These little mini “Still’s” also will point you in the direction of NEED TO KNOW INFORMATION, pertaining to deadlines, important dates, upcoming events, etc.



3. Each Still Point from here on will have a theme. Your National Coordinator Randal Davis contacted and let you know that this issues theme was “Welcome Back” or “Approaches to Diagnosis and Treatment.” I will let you know soon what the next theme will be! The hope is that the theme for the issue will guide you/inspire you with something to write about.

4. Hopefully, we will be adding more advertisements/discount deals that can help you navigate medical school. If you are interested in advertising in the Still Point look at page 12.

5. Bigger font.....one of the recurring issues presented to the Executive Council was that the Still Point wasn't “readable”. So I tried to make the fonts bigger and re-arrange how the articles are presented.

6. SAAO is currently holding a T-SHIRT competition! Submit your SAAO T-shirt idea no later than NOVEMBER 25TH! The winner will receive a shirt (in a requested size) as well as continuing recognition from all members of the SAAO because they will be wearing the t-shirt that YOU designed!!! (email ideas to saaosect@gmail.com)

7. Convocation AUCTION information: **PLEASE!** Start looking for items for the SAAO auction NOW! The auction is very important for the organization so that we can raise money for all of the student events at Convocation. The better our auction outcome, the better Convocation can be. So please start contacting your colleagues, professors, and local community and asking them for donations for the auction. The auction will take place on the Friday of convocation as always, the one change is that all submissions are due Thursday by 8pm! Your submission must also include a powerpoint slide with a picture of your donation, starting price, and description of the item. There will be a laptop set up at the SAAO booth so you can either bring a flash drive with you with the powerpoint slide or email it to me (saaosect@gmail.com). Keep in mind you can get VIP points not only for making donations but also based on how much your donation sells for! If you have any questions about the auction, either email me or look in the Chapter Notebook page 24.

I hope that this issue of the Still Point exceeds all of your expectations. Finally, welcome back to the start of what is going to be an amazing year!



Notes from the Chair

Caitlyn Painter National Chair

*“Get excited..
See you in
Orlando!”*

Welcome back to another wonderful year for the Student American Academy of Osteopathy! We, as the E-Board are so excited for this coming year! As you are all settling into the new world of medical school. . . trudging through second year. . . amazed at third year. . . and trying to breathe through fourth year . . . we have been an active Executive Board! We stopped into Chicago to represent the SAAO voice at the AOA HOD, and chime in on the importance of Osteopathy at the National Osteopathic Student Caucus. From there we made our way to Indianapolis to power through an intense work meeting, in hopes of creating the PERFECT Convocation. And now, we are making preparations for sunny San Diego to participate in the world of OMED. Such excitement in the spirit of Osteopathy!

Speaking of Convocation, we hope you are as excited as we are. We have compiled a stellar program, presenting our recommendations before the EDCOM committee of the AAO, and being received as one of

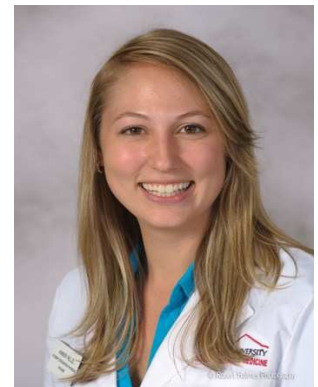
the most well planned student programs they had ever seen! Are you ready to explore the World of Lymphatics? We have lectures and workshops focused about the theme of lymphatics, but branching out to satisfy a wide variety of tastes. You are bound to find something to suit for fancy, and your skill level! Additionally, this year, we are hosting a residency panel, and residency meet-and-greet, for the first time. Come and learn about the application process, the differences between NMM-OMM residencies and perhaps rub elbows with just the right people! Furthermore, we are expanding our national role to encompass some more community service. This year, we are holding a blood drive at Convocation, in hopes that collectively the SAAO can give back to the community that has given to us in so many ways.

Get excited. .. See you in Orlando!

WELCOME

Amber Koon NUFA Liaison

As school is shifting into full gear, I want to say congratulations to the new undergraduate fellows and welcome you to the National Undergraduate Fellows Association. NUFA gives us an opportunity to come together as fellows to share ideas, learn from one another, and encourage our further development in both knowledge and skill. We have special events at the AAO Convocation each year, as well as online videos and meetings throughout the year. If you have any questions, contact your program’s NUFA representative or me at nufaliation@gmail.com.



I also want to say welcome back to the rest of SAAO and to encourage you to take advantage of every chance you get to continue your exploration in osteopathy. This is the time to find your interests and cultivate them, while you have endless resources at your fingertips. Don’t hesitate to reach out to your local chapter and your national executive board.

I wish you the best of luck and success in the upcoming year.

Making a Diagnosis and Treatment Randal Davis SAAO National Coordinator (NS-UCOM)



“Making a Diagnosis and Treatment” seems like a simple enough topic – I of course say this tongue-in-cheek as we all work through our medical education with this one simple goal in mind. We, as future physicians, work towards the goal of being able to form a diagnosis and to administer a treatment. However, as future osteopathic physicians, we are given “extra tools” to help us, if we can learn to listen to and observe the body as we learn from it.

D.W. was a 54 year-old male who presented to our manipulation clinic very early in my fellowship year with complaint of low back pain for two-weeks duration. The pain, located in the left lower lumbar region, was qualified as being dull, and was aggravated by positions of lumbar extension with rotation. The pain occasionally radiated down his left leg – but never past his knee. D.W. had tried taking NSAIDs, heat, ice, resting, and stretching (using stretches that resolved a previous instance of psoas syndrome), all without symptom resolution. The patient had history of controlled hypertension and controlled NIDDM; his last physical exam and colonoscopy were six months ago, and were unremarkable.

The multisystem physical exam was largely unremarkable. D.W. was moderately obese; deep tendon reflexes were in tact and equivocal bilaterally. The patient presented with a flattened lumbar curvature; Thomas test was marginally negative bilaterally, straight-leg-raising suggested tight hamstrings, and lower extremity range of motion was relatively close to normal limits except very slight restriction of hip internal rotation. Osteopathic and functional examination revealed a left superior pelvic shear, left unilateral sacrum with preference for extension, L5 FRSr, L2-4 NSrRI, L1 FRSI. Psoas and piriformis counter strain tenderpoints were found to be mildly tender bilaterally. A very quick thoracic and cervical examination and treatment were performed as well, but nothing stood out from the common compensatory pattern.

The listed somatic dysfunctions were treated on the first visit. The patient presented with the same symptoms and similar findings every two weeks for a six-week duration, stating absolutely no improvement. For the first visit, myself and another fellow performed the examination and treatment; at follow-up visits, the patient was able to consistently follow with either one of us. Psoas and piriformis were again found to be mildly tender and somewhat restrictive of motion. The patient was compliant in his stretches, but the true issue was still not found.

After what took far too long, we broke away from the microscope-view of lower extremity, pelvis, sacrum, and lower back. My colleague found a small spasm near the origin of latissimus dorsi that was resulting from a rib somatic dysfunction. Not to discount the findings of this dysfunction, but it did not seem to be a key lesion; by physical exam, the findings of T.A.R.T. were only significant for asymmetry and the small spasm. My colleague resolved the dysfunction with little thought. However, when the patient presented at the next visit, his body had resolved the pain entirely following the treatment without reoccurrence throughout the year.

This was one of the more frustrating presentations that I saw during my fellowship. We had followed the “proper” exam as we were taught, we pursued any viscerosomatic avenue that might exist by history, and we kept our eyes open for the key lesion. I struggled for quite a time to find the error in my approach. However, I soon saw the valuable lesson to be taken away: a quick exam is not an exam for identifying a key lesion. As osteopathic students, we are taught to correlate our physical findings with physiologic function, and we often pride ourselves in our ability to see the “bigger picture” by viewing the body as a single unit. When I find a challenging case, I now find it helpful to remind myself, for the tenth-of-thousandths of times, the objective attention to inter-related function that this sentiment truly entails.

“We broke away from the microscope-view of lower extremity, pelvis, sacrum, and lower back.”

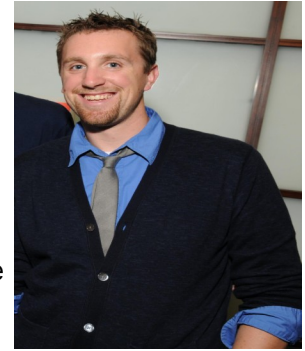
Welcome Back!

Welcome back fellow osteopaths! For the OMS 2's, 3's, 4's, and 5's I hope your summer went well! For the new OMS 1's, welcome to the profession! SAAOs goal is to help you understand what osteopathic medicine can add to your practice. There are so many ways that OMM can give you extra options in the treatment of your future patients. In no way do I believe that OMM is the end all, be all, but if there is anything I can offer before I send my patient to a surgeon I am all for it.

Last month the rest of the national board and I spent 2 days in Indianapolis planning this year's Convocation, and we are so excited. For those of you that don't know what Convo is, it is THE event of the AAO. Once a year all the minds and hands in the field of osteopathic medicine convene in one location for a week of workshops and lectures. This year we have set up what we feel is probably one of the best schedules to date! The highlight of the student schedule will surely be

the student mixer, for which we decided on an 80's theme. So be sure to bring those neon shirts, scrunchies, and slap bracelets!

Next month we will be at OMED in San Diego, CA. We will be joining SOMA for an OMM session on the Saturday before everything kicks off, so if you find yourself in town please come join us!



Tom Lettich—Vice Chair (PCOM)

QUICK QUIZ:

Allison Superneau Ga-PCOM

A 42-year-old woman presents to your office with lower back pain that radiates around to the groin. Physical exam reveals a positive standing flexion test on the left, and is confirmed by palpation of passively induced iliosacral motion. Additional testing finds the left PSIS is cephalad compared to the right, the sacral sulcus is more shallow on the left compared to the right, and the left ASIS is caudad compared to right. How would you set your patient up for treatment with muscle energy?

- A) Supine near edge of table with left thigh hanging off the table with physician's cephalad hand on right ASIS and caudad hand just proximal to left knee
- B) Supine with hips flexed to 45 degrees and knees flexed to 90 degrees and separated about 18 inches apart
- C) Supine with left leg flexed at the hip and knee with foot placed on physician's shoulder
- D) Prone with left knee flexed at 90 degrees with physician's caudad hand grasping left knee just proximal to patella and cephalad hand placed over the left posterior superior iliac spine
- E) Lateral recumbent with left side facing away from table, hips flexed to 45 degrees, knees flexed to 90 degrees, and left leg pulled forward and dropped off the side of the table



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*Every human spent about half
an hour as a single cell*

A New Beginning

Kerry Bertke—OU-HCOM

It is exciting to see a new group of students here at OU-HCOM and hear their interest, motivation, and fresh perspectives. As second-year students we may only be one year ahead, but it feels very much like we have something to offer and experiences to share with our new colleagues. We wish them well, and want them to not make the same mistakes or have the same struggles we may have had. We want their experience to be that much better than ours was only one year ago.

This notion seems especially evident by the number of second-year students who volunteered to assist in the first-year OMM lab setting once a week as Honors Teaching Assistants. Many of us want to teach them what we know about OMT, learn alongside them, and share insight, as someone who was in their position only 12 short months before. I think it says good things about our class, our medical school, and the DO profession as a whole. There is less competitive energy and more comradery and support than most outsiders may expect at a medical school, and it's exactly why we are happy to be here. It's about sharing knowledge and time, and offering "support and encouragement".

This was a phase emphasized to the second-year OMM Honors TA's during a lunch lecture, and was a thought that resonated with many of us. We are learning how to be good teachers and better listeners in this setting, as well as learning how to offer advice that is well-received and understood by our peers. These are lessons that go much farther than just the OMM classroom, and will help us become better physicians. With the introduction of this important phrase we are now more conscious of our ways of assisting, and many of us have shared this idea with our classmates in hopes that we can further our professional learning environment and be better at offering and accepting constructive criticism.

It is still early in the new school year and it's difficult to know what challenges may lay ahead. However, some things are certain and it seems like here at OU-HCOM we will certainly remain committed to helping each other be better student doctors, as well as more successful learners and teachers in the time we have together.

Spirits Not Forgotten

Erin DePrekel—PNWU-COM

"what [are] we doing to treat the "spirits" of our patients."

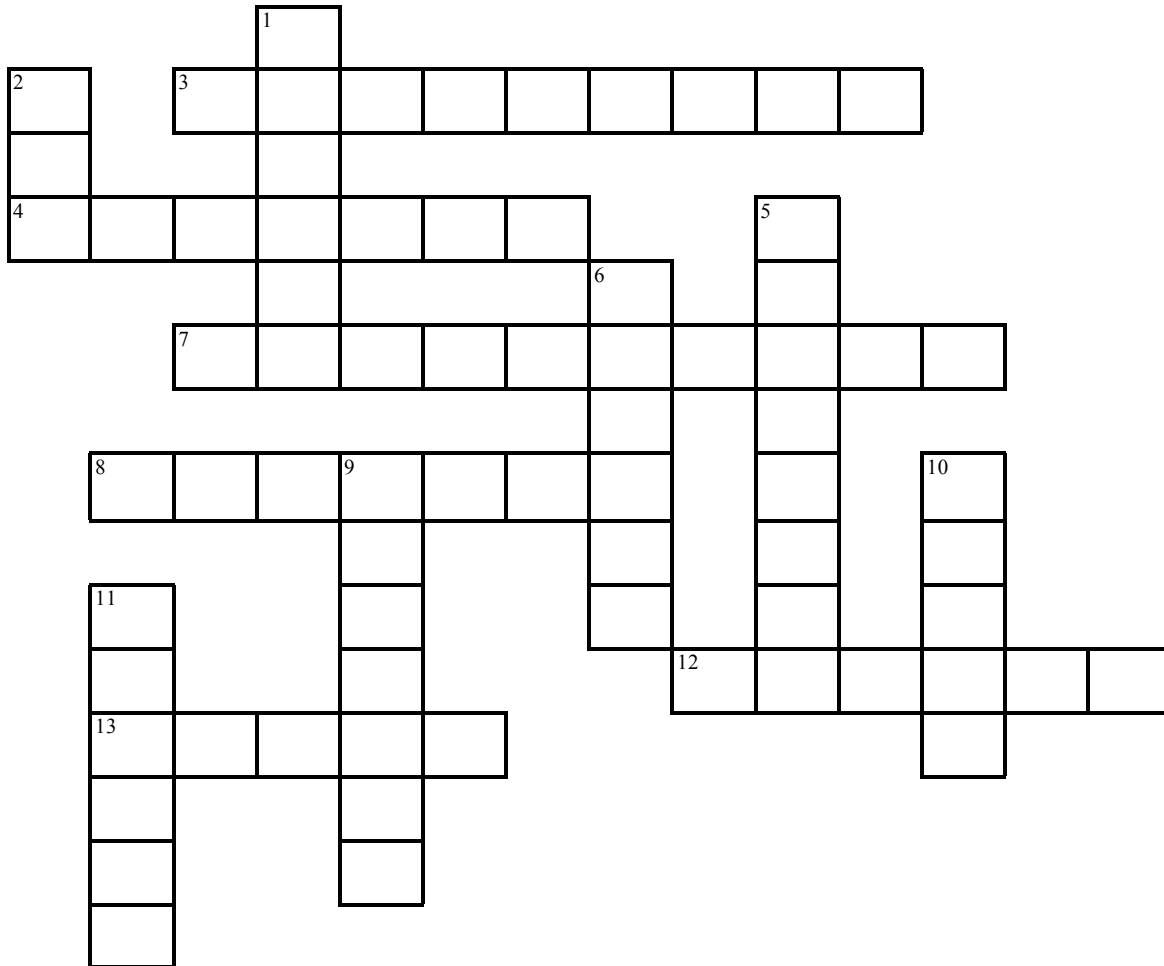
I remember reading an article in a previous Still Point where the author remarked on how much we learn about the "body and mind" components of osteopathic philosophy, but wondered what we were doing to treat the "spirits" of our patients. That comment was on my mind last spring as our school hosted a fun run and health fair for the community. Our SAAO chapter sponsored a booth doing OMT treatments for the runners and other visitors. When we "opened for business" that morning, the first person in line was a woman in her 40s, dressed for running, and looking quite eager. She came over to my table with fairly typical complaints of low back pain and neck tension. I began with some soft tissue techniques to ease the tightness, while I explained a little about osteopathic medicine and how much we value touch as a component of wellness. As the work progressed, she began to open up. Out poured a story of struggles with alcoholism and weight loss, with divorce and remarriage. She was still trying to quit smoking, but was making only slow advances. She was here walking today as a sort of "victory lap" in her life. I thought I could hear the tears catching in

her throat. Soon one of the professors wandered over to check on us, and I said we had accomplished some good work, but I wasn't quite finished yet. My patient looked up at me with tears in her eyes and disbelief in her voice as she asked, "You would take even more time with me?" I'm pretty sure I started crying then, too. Later, I made a point to catch up with my patient after the race, to congratulate her on her finish. She told me that she had crossed the finish line 7 minutes under her personal time goal.

I submit that connecting with our patients, listening to their stories, taking time with them, and genuinely caring about them is how we learn to treat their spirits. It shows that they are important as people, not just as a diagnosis and reimbursement payment. Sure, my patient probably had better range of motion in her neck and less pain in her back when we were done, but I like to think that her lightened spirit also helped carry her to her goals.

Still-isms

Molly Herring—PCOM

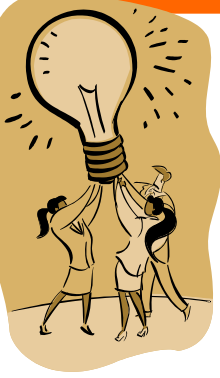


1. "The rule of the _____ is absolute, universal, and must be unobstructed or disease will result."
2. "I quote no authors but _____ and experience."
3. "Is God an _____? If so why not be governed by the plan, specification, building and engineering of that _____ in our work as healers?"
4. "When we use the word "_____", we mean anything that makes an unnatural showing in the body."
5. "I find in man a miniature _____."
6. "I know of no part of the body that equals the _____ as a hunting ground."
7. "We strike at the source of life and death when we go to the _____."
8. Diagnosis: _____ dysfunction. Treatment: OMT.
9. "You begin with _____, and you end with _____, a knowledge of _____ is all you want or need . . ."
10. "We look at the body in health as meaning perfection and harmony, not in one part, but in the _____."
11. First name of author of quotes
12. "To find _____ should be the object of the doctor. Anyone can find disease."
13. "DO means _____." (2 words)

Answers page 22

Light Bulbs in the First Year of Osteopathy

Salvatore Bertucci — RVUCOM



Often, when you walk into a dark room, the first thing you do is turn on the lights. When you do this, you do not mentally force the excitation of molecules to a point that those molecules release photons. Instead you recognize a panel allowing for mechanical manipulation to close an electrical circuit, which terminates in the release of photons. This behavior of turning on the lights was acquired through years of viewing and mimicking behavior during childhood. A child knows nothing of electricity; it can only visualize the end result. Even so, through interaction with the environment, it formulates a consistent and accurate use of this information applied regularly throughout the rest of its life. This is exactly how the science and art of osteopathy was originally discovered, and is continually rediscovered today.

The average person analyzes their environment most frequently and competently through vision. Upon entering the realm of osteopathy, however, you begin to employ the full tactile capabilities of your hands. The human hand has an amazing capacity to correctly differentiate a broad range of tactile stimuli, but few people ever develop these skills. Due to the general ignorance of these amazing abilities the largest barrier to accessing information from the hand lies in the brain processing plentiful layers of new information into a meaningful interpretation.

My beginnings in osteopathy were very typical. I spent a lot of time being frustrated and not feeling anything; compounded by being completely wrong the few times I managed to sense anything at all. I was attempting to “shoebox osteopathy”—that which focuses on one treatment or body part and ignores the body as a whole. My experience with osteopathic manipulation significantly changed when I realized that treating a human being was more than just “flipping a switch”, and the source of this change was implementing A. T. Still’s fundamental principles of osteopathy into my paradigm of health. One, the body is an integrated unit mind, body, and spirit. Two, the body possesses self-regulatory mechanisms. Three, structure and function are reciprocally interrelated. Four, rational therapy is based on the first three principles.

I remember the first time I moved to an apartment during my undergraduate schooling. None of the top outlets in my living room worked! I became so frustrated that I called the manager. It was politely explained, to my chagrin, that a light switch had to be flipped to power those outlets.

The body is just like that, except that there are even more circuits, some having switches, others having knobs, and still others having sliding bars. This daunting array of barriers is overcome most quickly through the tenets of osteopathy. Those four statements we learn in our first semester of medical school are more than easy points on an exam; they are the foundation for all osteopathic techniques discovered to date, and one of the key things that set osteopathic physicians apart.

Understanding that the body is one unit of three overlapping layers is vital to working with your patients. In many ways people are just like the electrical wires we use in circuits: which are made of a conducting wire, a ground wire, and a layer of insulation. Moreover, as a physician, it is important to deal with the layers of spirit, mind, and body—helping patients overcome the demoralization that comes with a diagnosis of terminal cancer, advising on the social pressures of a twelve-year-old diagnosed with celiac disease, or correctly diagnosis at short leg that has been causing lifelong back pain. Any one of the parts of a wire can flaw a circuit, and each one must be addressed and corrected for that circuit to reach maximum potential. Stepping back for some perspective not only allows you to find an underlying somatic dysfunction; it gives you a depth that turns you from a two-dimensional doctor into a three-dimensional physician.

Unlike a simple circuit the body has an inherent capacity for self-regulation for both repair and defense. Furthermore, each body differs drastically from another. When you add this to the mind-body-spirit triad, it illustrates the need to master a plethora of techniques. While it would be wonderful to treat all somatic dysfunctions with myofascial release, reality doesn’t work that way. Similarly, when an electrician visits your home for repairs they bring a toolbox with any tools they might need. Bodies will accept or reject certain treatment modalities on an individual basis, and as you work through school you will discover techniques to which you are more naturally inclined. Embrace these differences in others and yourself, and keep them in mind when a technique fails to work the way you intend.



The brain operates on the same amount of power as a 10-watt light bulb



The DO population is the fastest growing in the medical field..reaching a rate of ~1300 (5%) per year

Light Bulbs... Continued

The body is a collection of structured tissues, and you all know now that structure and function are interrelated; however, what does that mean? I would suggest that if your understanding of this principle is, for example, that the left innominate is shaped the way it is in order to make room for organs and muscle attachments, you are not thinking holistically enough. When working on an outlet an electrician can't simply know the amperage, but must understand how this junction affects the circuitry of the room or building. Similarly, as an osteopathic physician, you must also keep in mind the muscular and fascial connections between the left innominate and right arm and how disruption in those connections might affect coordination and proprioception. You must also ask pertinent questions in your patient history in order to identify behaviors that might impact the area in which you are medically interested.

Integrating the first three principles of osteopathy into your medical thought process not only leads to a rational treatment, but a better treatment with more relief and fewer office visits. It creates physicians in whom patients can place their trust and to whom patients come earlier in a disease process. As you go about your studies in osteopathy, I encourage you to live by the four tenets to improve your education, aptitude, and the frequency of "light bulb" moments. They are not simply something to make us different. They are the key to making us better physicians.



Greeting and Treating: Kicking Off the Year with an Osteopathic Welcome

Jordan Tichenor — LMU-DCOM

Although the 'Greet and Treat' sessions are offered every week throughout the school year and summer break, the beginning of the school year offers a unique welcome for new students into the DCOM family. It also is a great way to get to know the OMT professors outside of the classroom. Particularly this year, in which we also welcome Dr. Todd Dombroski and Dr. Eva Shay, two new OMT professors to our program. Their appearances at our sessions have not only helped us provide care to students but have allowed us to learn new techniques that they bring to the 'table' from their different backgrounds.

The 'Greet and Treats' ultimately allow our school the opportunity to provide a welcoming environment to our students, while revealing to them our passion for our future profession and the services we will be able to offer.

Every year, first year medical students anxiously await the beginning of their careers in osteopathic medicine. LMU-DCOM's SAAO chapter offers a unique way to allow these first years to begin learning OMT before classes even begin. The 'Greet and Treat' program encourages all students to get treated once a week by second year medical students, fellows, and OMT professors in a laid back, stress-free environment. This program allows students to get to know one another and first years to familiarize themselves with professors and fellows. It also creates a unique learning environment to tone-up and learn valuable new skills. In just the last few months, our efforts have treated over 220 people.

STILL POINT ADVERTISING!!!!

Frequency: Three times per year (February, May, October)
 Closing Date for Advertising Space: 30th of the month preceding publication
 Subscription Rate: Posted on the SAAO website in .pdf format for download and distribution

Advertising Rates:

Full Page: \$100.00
 ½ Page: \$75.00
 1/3 Page: \$50.00
 ¼ Page: \$25.00
 Card size: \$15.00

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 3 ½ x 2

Per column inch: \$25.00

Classified: \$1.00 per word (one and two letter words not counted)

Circulation: Downloaded by UAAO members, osteopathic school faculty, and AAO members

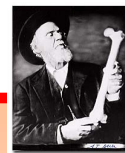
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Teaching As a Learning Process

Krystin Eklund — TCOM

“Those who teach also learn” is a statement I have found quite true. I, along with forty-five other second year classmates, have the privilege of serving as teaching assistants in the first year OMM lab sections this academic year. We spend two hours each week helping the first years learn the techniques that we learned last year. It occurred to me today at a lunch meeting just how much I learned in the previous year about OMM and medicine in general. Medicine contains its own language of procedures, diseases, equipment, and techniques. Osteopathic manipulation is also wrought with terminology that once was difficult to grasp and use, but has now become second nature. Working as a TA each week has brought new experiences unlike those I had as a graduate student teaching assistant before starting medical school. In grad school, I taught biomechanics labs which were heavily

physics-based and equation-driven. There was always a right and wrong answer to the problem and there were always formulas to memorize. By the end of the first semester of teaching, I had a firm understanding of most of the questions students asked, and could answer them readily.

Being a TA for OMM is an entirely different story. In the short time I have worked with the first years, I have learned that I am much better at demonstrating and doing OMM rather than verbally explaining technique and theory. This is not to say that I do not understand the concepts that make the techniques valid. Instead, osteopathic manipulation transcends a world of equations and black and white answers and truly embodies the art of medi-

cine. It requires hands-on work and to rely more on what your hands are feeling than what you learn from a textbook. I remember being frustrated at the beginning of last year because my hands were not trained in palpation, and I see that same frustration in some of the first years as they work through this learning process. Now that I know what it is I should be feeling and looking for, I find myself frustrated at not being able to give answers that allow comprehension for the student as quickly as it did in grad school. I have been humbled working as a TA and have learned through my attempt at teaching that there is always a need for more practice and further studying. Teaching a subject points out where weaknesses in understanding and implementation are, and I am very grateful for the experience I have had thus far.



**“Those who
teach also
learn”**

Practice Makes Perfect

Caroline Martin — KCUMB

The torch has been passed. In early September, 20 second year students gathered to help the newest members of the KCUMB family prepare for their first Osteopathic Clinical Skills practical exam experience. The SAAO sponsored mock practical afforded 44 first year students an opportunity to put their newly acquired knowledge of postures and planes, and skills in palpation basics and range of motion assessment to the (practice) test.

Each year, the mock practical serves as a major recruiting tool for the KCUMB SAAO. New students are eager to glean advice and encouragement from the class that has gone before. Second year students participate as volunteer planners, graders, time keepers and even as emcee, in an effort to “give back” to the new class what previous SAAO members have given to them. The new members provide plenty of positive feedback, including reports of increased confidence and decreased anxiety before and during the test. This event has become a well-loved tradition at KCUMB.



AZCOM Students Welcome 1st Years with an Intro to OMM

Nichole Thorsvik — AZCOM

The arrival of fall quarter at AZCOM brought nearly 260 new osteopathic medical students to campus. Like so many other first year osteopathic students around the country, many of these student brought with them questions of what an osteopathic medical education would mean to them. Knowing that a first impression can last a lifetime, for AZCOM's SAO, it was important that these students' first impression of our osteopathic upbringing be a favorable one.

Meanwhile, the students returning to AZCOM after summer break brought with them a renewed sense of energy and enthusiasm and a desire to help others with the knowledge gained from their experience. Chapter leaders recognized an opportunity to rally existing students and create a welcoming environment for incoming first years and an appreciation for the unique attributes of an osteopathic education.

To achieve their goal, SAO invited students who are passionate and enthusiastic about osteopathic manipulative medicine to host an Introduction to OMM workshop. Attendees of the event were divided into small groups which were led by Table Trainers, SAO members and other second, third, and fourth year

students. Small group leaders were instructed to answer student questions, share their experiences in the OMM lab and demonstrate techniques. Some of AZCOM's OMM Scholars and faculty advisors, Dr. William Devine and Dr. Richard Geshel, were also on hand to lend their insight and support.

“Bringing new and continuing students together to discuss osteopathic experiences proved to set a positive tone for first year students’ impressions of osteopathy.”

Many first year students who attended the event expressed curiosity about OMM and a desire to keep an open mind about it. In this environment of their peers, students felt comfortable asking questions about OMM and receiving their answers from students who had recently been in their shoes. Many students chose to remain long after the workshop had officially ended to continue their conversations and see more demonstrations. In this regard, the program was seen as a success.

Bringing new and continuing students together to discuss osteopathic experiences proved to set a positive tone for first year students’ impressions of osteopathy. The upperclassmen also enjoyed their role leading students through the event. This program demonstrated SAO's commitment to preserving and advancing osteopathic principles and practices among students. It also helped to demonstrate to the next class of future physicians that AZCOM is home to a healthy community of students who appreciate the value of their unique osteopathic training and that incoming students are welcome in this community.



Did you know? Former President George Bush's personal physician was a D.O.

Osteopathic WoRd SeArCh

Matthew Mahony — LECOM Bradenton

s	h	s	s	k	h	u	p	i	a	r	e	n
t	c	i	h	t	a	p	o	e	t	s	o	k
i	m	u	s	c	l	e	h	r	a	i	k	n
l	l	c	i	c	a	r	o	h	t	h	r	i
l	a	i	i	b	c	c	h	a	p	m	a	n
n	s	s	c	e	i	n	t	m	e	r	r	h
n	s	o	t	t	v	o	y	e	s	a	i	i
h	e	s	d	a	r	l	s	n	d	d	s	b
o	s	n	k	n	e	a	d	i	n	g	h	i
t	s	i	e	o	c	m	u	p	n	p	t	t
s	d	a	i	r	o	s	c	u	t	m	i	i
s	t	a	u	p	g	u	s	s	h	e	a	c
e	o	m	u	u	u	y	r	a	b	m	u	l

Find and circle each of the words from the list below. Words may appear forwards, backwards, horizontally, vertically, or diagonally in the grid:

Still	Osteopathic	Chapman	MuscleEnergy	Rotation
Rib	Sacrum	Supine	Pronate	Radius
Cervical	Lumbar	Kneading	Thoracic	Lymph
Inhibit	Assess			

Answers page 22

Integration

Sara Swanton — MSUCOM

“We only have six exams. This is both an advantage and disadvantage”

INTEGRATION has become the buzzword around the halls of East Fee in East Lansing this fall. A new curriculum that emphasizes the integration of basic and clinical science, fosters critical thinking, and stresses a deeper mastery of material was rolled out for the incoming class of 2016. The change came in response to a self-study completed by the school in 2009-2010. The end result is a new curriculum that focuses on better sequencing, timing, and alignment of content, integrating basic sciences with clinical content, and planned reinforcement of material with attainment early and application later. Associate professor and key leader of the osteopathic curriculum committee, Dr. Taylor Scott, DO, states that a key component of the curriculum is a “planned reinforcement;” it’s about bringing everything together and presenting the medical school experience as a four-year continuum, instead of the current two plus two perception, referring to a disconnect between the preclerkship and clerkship years. Core goals of the new curriculum include, but are not limited to:

- Produce graduates more proficient at critical thinking
- Integrate and reinforce content so that topics are not learned in isolation and readily forgotten
- Increase the synergy of basic and clinical sciences and demonstrate the utility of this combined knowledge base for clinical problem solving
- To adjust the sequencing of material for a more uniform student workload during pre-clerkship
- To address the trend of decreasing board scores

Dr. Scott goes further to say that the outcome he hopes for is a more “marketable” physician – MSUCOM graduates who are proficient at critical thinking, excel in patient care and communication skills, well-rounded in the basic sciences, humanistic and holistic, effective at using evidence-based medicine, and who score well on licensure exams.

The fundamental change to the MSUCOM curriculum is the presentation of course work. No longer are students taking separate and distinct courses in biochemistry, genetics, physiology, microbiology, etc.; instead, the coursework is integrated in order to achieve a better understanding of and better attainment of material. For example, if students are studying connective tissue in physiology, then they are also learning the biochemistry

of the blood at the same time.

They will be presented with all their basic science knowledge in just two semesters now (as opposed to the previous 4), and beginning systems biology courses this winter, only their third semester of medical school. Furthermore, students now have only 6 exams this fall semester, each exam testing the material in all subjects (e.g. biochemistry, physiology, microbiology) at once. It is a three-hour exam that has the potential for better preparing students for the marathon session board exams. This aids in attainment of material because the goal is to present information that can be tied into the other aspects of basic science and medicine. In this way, students are not simply learning the material for an exam, only to forget what they learned in order to study for the next exam. The new curriculum fosters students’ ability to think of each basic science in relation to each other and to clinical content as well. “The stakes are higher,” says Dr. Scott, but this is setting a precedent for yielding successful professional practitioners.

Incoming student Ally Karaba says of the transition, “Considering it is the first time for the faculty presenting the material this way, it seems very organized. They have definitely integrated their course material and in each lecture they are constantly referring to another class, course pack, or professors’ previous lecture. It is nice to have something in biochem be repeated in both physiology and micro to solidify learning the topic.” Second-year MSUCOM SAAO president Leo Reap agrees that having a curriculum focused on integrating different topics is a “brilliant idea” and will help the students “connect the dots” more effectively. He adds of the curriculum, “It provides a greater platform for understanding the information in a more clinical context, something that is vital for future physician comprehension and understanding. Having fewer but longer integrated exams will give them better testing endurance and subsequently prepare them more effectively for boards.”

Recognizing the potential advantage of fewer but longer and more integrated exams, Karaba states that is the hardest change to get used to. “We only have six exams. This is both an advantage and disadvantage... disadvantage because there is so much more material covered from multiple classes on each exam. If you don’t stay on top if your studying, it is almost impossible to cram before...I feel more pressure when it comes to exam time.” She acknowledges the benefits, however as “being more prepared for boards, managing time more efficiently, and not procrastinating.”

Integration Continued.....



Before antibiotics became popular, osteopathy was said to be the most effective treatment for pneumonia

Both Karaba and Reap agree that the change in curriculum has affected the relationship between first- and second-year students. Second-year students are limited in the advice they can give in regards to classes, professors, exams, and studying since they were taught in a different way; they cannot give guidance on what to expect or how to best handle the course work because it was different for them. Karaba, however, states that the second-years remain a good source for advice and encouragement because “the time commitment didn’t change with the new curriculum.”

Overall, Dr. Scott remarks that the change is going well so far; there is increased dialogue between students, faculty, and administration. There is a “spirit of change...the first-years understand and appreciate WHY” the change is being made. While evaluation is only just beginning as the first exams are being graded, the hopes are high that MSUCOM is moving in the right direction to maintain its leadership in the ever-advancing field of medicine. And to all the new students that entered Fee Hall this past June, the second years wish them a warm welcome and good luck on their journey.

The New Kids on the Block

Lora Reams — VCOM

Every fall brings the challenge of encouraging an incoming class of first year students to become excited about osteopathic medicine. While the classroom teaches them the history of A.T. Still and the innovations of our practice, it is the responsibility of our SAAO chapter to show them how beneficial, interesting and *cool* OMM is first hand. To introduce the new kids to our club, we started the year with a student event at the local rock climbing gym.

As everyone struggled their way to boulder and scale the rock walls, little did they know that they were creating somatic dysfunction throughout their whole bodies. In addition to the stress in the classroom and awkward sitting angles from studying over the next few weeks, they were ready to experience OMM first hand. The first years were invited to our club’s weekly “Crunch ‘n’ Munch” where they were introduced to hummus, cookies, and palpatory skills. Here, they were able to observe and practice the basics before learning

it in the classroom, and some were brave enough to be guinea pigs for the second years and have some of their somatic dysfunction treated. With events like this, as well as guest speakers and workshops, the first years get to experience OMM, even if they may not yet understand it. As a club, this is one of our most important roles, and it’s our hope that we’ve helped these newbies realize they’re being exposed to something truly great!



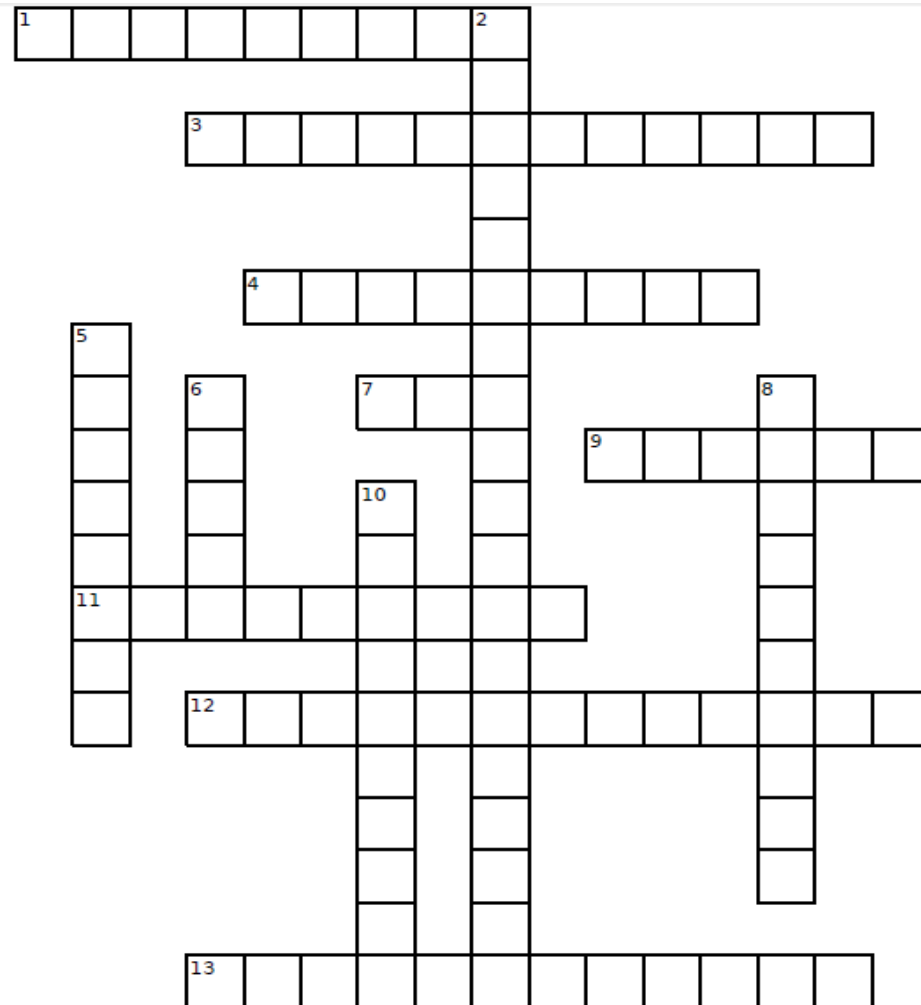
“As everyone struggled their way to boulder and scale the rock walls, little did they know that they were creating somatic dysfunction throughout their whole bodies.”



Begin With Anatomy

David Rahimian — UMDNJ

“...A knowledge of anatomy with its application covers every inch of ground that is necessary to qualify you to be a skillful and successful Osteopath..”



- Across**
- 1 abnormal bony fixation of a true joint
 - 3 pineal body, dorsal thalamus, subthalamus, and hypothalamus
 - 4 from ASIS to near tibial tuberosity; innervated by femoral nerve
 - 7 Abnormal passive abduction at knee indicates this is torn
 - 9 ulnar deviation of wrist upon wrist flexion caused by distal lesion of this nerve
 - 11 anterior hip dislocation leads to adduction deficit; lesion at this nerve
 - 12 rotator cuff muscle whose action is internal rotation
 - 13 deep tenderness 1/3 of distance from ASIS to umbilicus

- Down**
- 2 causes ipsilateral sidebending and contralateral rotation
 - 5 fracture causes tenderness in anatomic snuffbox
 - 6 de Quervain's tenosynovitis inflammation of this tendon compartment
 - 8 pelvic surface of sacrum to apex of greater trochanter of the femur
 - 10 pes transversoplanus or splayfoot due to loss of this arch

Answers on Page 22



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the average
body gives off enough
heat to bring a half
gallon of water to boil*

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NYCOM

Every NYCOM student will tell you, a summer at NYCOM is amazing. WHY? Because the Student American Academy of Osteopathy host a six week long summer workshop were student attend guest lecture presentations and shadow doctors at the Riland clinic on campus. At the clinic the student participants get to practice their skills that they learned during their OMS 1 year (because mainly upcoming second years partake in the program) and pick up new methods and different ways of doing the same treatments they learned during the school year. The following are what a few of the students had to say about the summer workshop program:

“The summer program was pretty good! The shadowing experience helps you think about how to approach and treat patients in the real world” – Vincenzo Romano

“It was an amazing experience wish we had more shadowing hours”- Pagah

At the end of the summer program the students are awarded with a certificate, which is an addition to their resume. Overall NYCOM SAAO summer workshop is a great program worth talking about.

My Experience with OMM

Yi Xiong — TCOM

I am a first year TCOM student who had little to no experience or knowledge about Osteopathic Manipulative Medicine before starting medical school. I am still no way close to an expert of OMM even at this time, however, I have at least had some extend of exposure to it and I would like to share a little of my opinion about OMM.

Before starting medical school this fall, I had heard people talking about OMM but had never seen or experienced it. It sounded a lot like the “magic tricks” that chiropractors and massage therapists do. I have always been skeptical about the efficacy of OMM for patients, in this high-tech, results driven era of medicine. Surprisingly, after talking to several students, residents, professors and witnessing some of the treatment my-self, it seems like that OMM really works.

At the end of first month of school, I volunteered for the Hispanic Wellness fair and worked at the OMM section, where I was able to see OMT in action. I paired up with a second year student and had the opportunity to observe the students, residents, and doctors implementing OMT. I was also able to practice some technique on real patients under the instruction of the supervising physician and second year student. As they told me what to do, my brain was flooded with all the new terminology, “soft tissue”, “Prone Pressure”, “Strain Counter strain”, “High Velocity Low Amplitude”, etc.

We worked nonstop from morning till lunch treating patient after patient. I guess the “magical moment” for me was seeing the patients feeling better after the treatment. What went through my mind was “Well, whatever these guys are doing, I guess, it really works. Otherwise, how could those people have gotten better?”

“I had heard people talking about OMM.....it sounded a lot like “magic tricks”

It wasn't until the following week after this volunteer experience that my first OMM class started. I finally began to learn the theory and science behind all the treatment, and actually saw parallels between OMM and traditional Chinese medicine. Being born and raised in China, I was exposed to traditional Chinese medicine. In particular, the branch of Chinese medicine called “Tui Na” has techniques that seem very similar to the philosophy and techniques of OMM. It would be interesting to later do research on the differences and similarities of these two types of medicine. There is definitely still a long course of learning I have to do to better understand OMM, and I believe it has been a good start for me. Although I am just a beginner who has not had the whole picture about OMM, I would at least consider myself as a “Believer” for OMM now.



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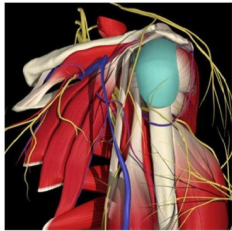
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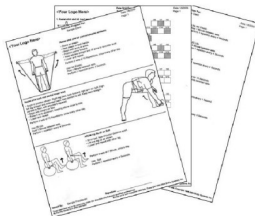


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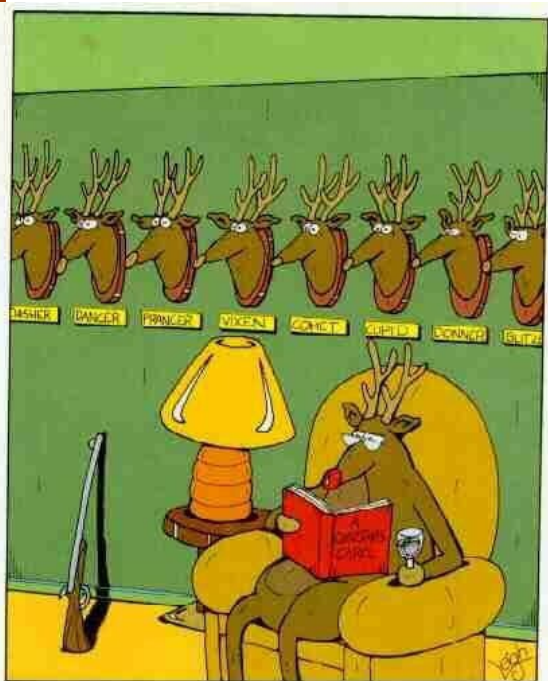
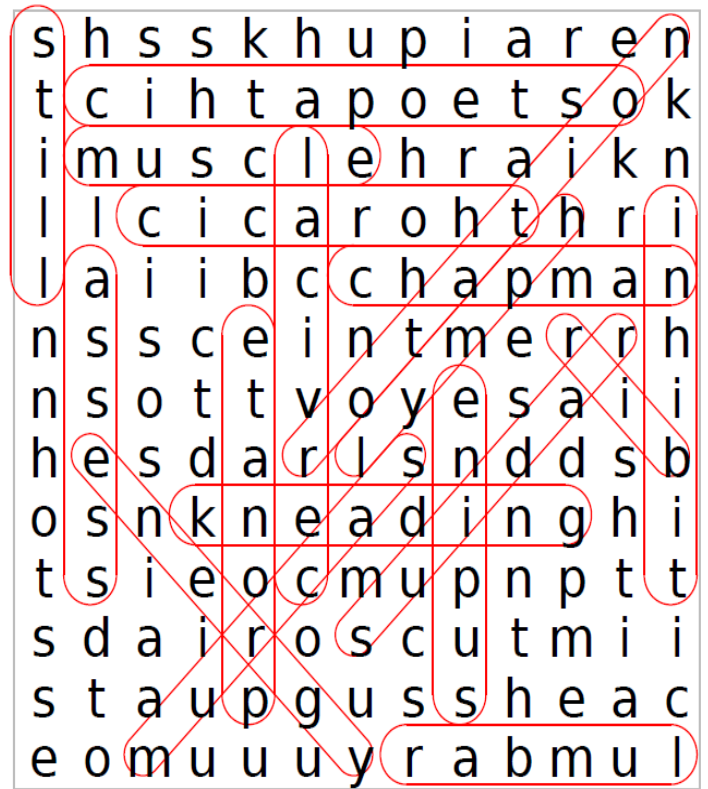
Begin With Anatomy:



Quick Quiz: C

Still-isms: 1. Artery; 2. God; 3. Architect; 4. Disease; 5. Universe; 6. Fascia; 7. Lymphatics; 8. Somatic; 9. Anatomy; 10. Whole; 11. Andrew; 12. Health; 13. Dig On

WORD SEARCH:



All of the other reindeer used to laugh and call him names.

MERRY CHRISTMAS
AND HAPPY
HOLIDAYS!



HOW LONG HAS IT BEEN SHAKING LIKE A BOWL FULL OF JELLY WHEN YOU LAUGH?

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 - Only AOA postdoctoral training programs will be advertised on this site
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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 compete health care concept of osteopathic medicine.*

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

-SAAO National Council