

The Still Point

VOLUME 5, ISSUE 3

POST-CONVO: MAY 2012

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Submit your ideas for cover art for upcoming issues!

Email ideas to saaosect@gmail.com

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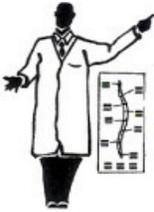
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The AOA is pleased to announce the [AOA Post Match Web service](#). Starting Feb. 13, osteopathic medical students who are unmatched will be able to search for advertised positions.

- This service is free to any graduating DO student
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- Only AOA postdoctoral training programs will be advertised on this site
- Updates on available AOA training positions will also be posted on the [AOA Match website](#)

Detailed information on all AOA programs can be found at [AOA Opportunities](#)



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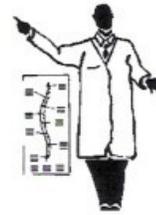
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Message from the Chair

Caitlyn Painter—National Executive Council Chair (TUCOM-Ca)

It is with much gratitude and humility I have the opportunity to address you and introduce myself. My name is Caitlyn Painter, and I am the incoming SAAO National Executive Chair for the 2012-2013 year. This past year I have had the great pleasure to serve as your National Vice Chair, working to build the 2012 Convocation program, and carry our collective voice to the AAO. Last year has served me by allowing me to learn the intricacies of national leadership and has helped to prepare me to serve as our leader this year. It is my hope that the momentum we built last year, will carry over to this year. It is with much excitement that I welcome the rest of the Executive Board, each one a new and enthusiastic presence. We are a strong team, and I have faith in our abilities to collaborate to carry out the vision of the collective student body of the SAAO.

During Dr. Jane Carreiro's first address to the Academy as incoming President, she shared that this is the year of the Osteopathic Body. What I would like to say to you, is that we, as students, as the SAAO,

are a huge part of that Body. We are the future of the Osteopathic Body, and our voice is important. No one can deny that a great shift in medicine is upon us. The healthcare system in our country is shaking at its very foundation, and change is inevitable. It has been said that Osteopathy is poised in a position to be an important part of this shift in medicine. Our society is tired of the focus on disease, the expense, and the growing divide between patient and doctor. There is a drive, a seeking, for something different. We can offer that different perspective; we can facilitate the health. We can work to empower our patient, to introduce them to their own self-healing mechanism, to offer the sustainable solution to medicine. As you know, change does not happen overnight. As our profession, the Osteopathic Body, moves forward, and builds momentum for change, it won't be long until we are no longer students but key leaders and players. So, let's start now, as students, for we will be carrying the Osteopathic Body into the next generation.

It is my goal to be your conduit; to serve to bridge the gap between student and physician, between SAAO and the AAO. Please, let me hear your voice, let me know your needs. I wish to be open, available and approachable to all of you, so that we can unite as a well rounded student group. We have heard your needs from last year, and we will be working diligently on them through this year. However, let's keep the lines of communication open; let us know how to best serve you throughout this year. I look forward to working with you and for you this year, and growing this Osteopathic Body.



Everyone is an Osteopath, They Just Don't Know it

Tom Lettich—National Executive Council Vice Chair (PCOM)

Hello all! I am really excited to represent all of you this upcoming year as the Vice Chair of SAAO! Let me first introduce myself. My name is Tom Lettich, and I am currently an OMS-II at PCOM in Philadelphia. I am originally from Hawthorne, New Jersey. I attended Drexel University, and then worked for two years as a clinical coordinator and research assistant at Thomas Jefferson University Hospital in Philadelphia. I then participated in OMM research towards a Master's degree in Biomedical Science at PCOM before joining the class of 2014. This past year I served as PCOM's SAAO chapter president.

This was my first year attending Convocation, and just as I had been told, it was an amazing experi-

ence! However, surprisingly my biggest revelation about osteopathic medicine did not come until about 12 hours after returning from Louisville as I sat half-awake during my 8 am general surgery class. That morning I half-listened as the Chair of Surgery discussed trauma with an emphasis on gunshot wounds. While I sat there updating our club's Facebook page with all the cool stuff we had done the previous week, the professor's words suddenly seeped in:

"As the bullet enters the body, the bullet's energy is dissipated throughout the body, and often that is what causes the most damage. On the surface there is a small hole that can easily be overlooked, especially in someone with multiple traumas. In-

ternally, as well as on the exit side (if there is even one), we see a much larger radius of injury."

This struck me coming from a trauma surgeon. To my pre-clinical ear, I thought, "Isn't trauma surgery more about stabilizing a patient than it is about diagnosing somatic dysfunction?" But, no. That morning, the Chair of Surgery's statement demonstrated that the principles A.T. Still developed are already engrained into the practice of all specialties of medicine. It is simply that most doctors are not aware that they are thinking osteopathically about their patients. Just as a bullet's energy is transferred throughout the body, the energy of

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any type of injury is scattered throughout, and implanted within tissues of the body. If we neglect to delve deeper to see what has been affected secondarily to the energy dissipation, the symptoms will continue to persist. Furthermore, it does not matter as much what modality we choose to fix the dysfunction, but it is important that we acknowledge its existence at a site separate from the initial trauma.

At its core, osteopathic principles are not nearly as bizarre as people often make them seem; in reality, they are quite logical. As the often-referenced "Rule of the Artery" demonstrates, if an area lacks proper blood flow, then optimal health is hindered. By resolving impediments

and restoring blood flow, the area begins to thrive. Therefore, it is up to us, the incoming generation of Osteopathic physicians, to go forth and educate people about the perspective we bring to patient care.

To the graduating class of 2012: Congratulations! I look forward to seeing what you will be bringing to our profession.

To all other classes: I look forward to working in my capacity as Vice Chair to promote Osteopathic Principles to the rest of the medical community on your behalf. If you have any questions or concerns please do not hesitate to email me, and I will do everything in my power to help.



A Message from National Coordinator

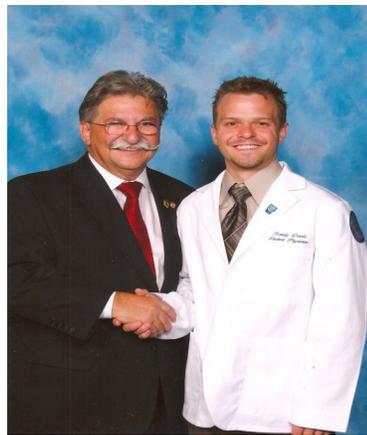
Randy Davis—National Executive Council National Coordinator (NSU-COM)

It is always a pleasure to be surrounded by so many peers and like-thinking minds! This year's convocation was a huge accomplishment that truly showed the fruits of hard labor – the work of last year's E-Board definitely revealed itself throughout the presentations and workshop sessions. As I left convocation, I was a bit afraid of how we, the new (and one returning) E-Board members, would be able to follow-up such a successful year, but now I remain only excited to begin the process.

My name is Randy Davis, the new SAAO National Coordinator, and I am currently in between my second and formal third year as a Pre-doctoral Osteopathic Principles & Practice Fellow at Nova Southeastern University (NSU-COM – the sunny, beach school in Ft. Lauderdale). The big title basically means that I have spent a year, like many other groups of fellows at other schools, learning how to teach in laboratories and fine-tuning my abilities to assist the body in its healing. If I were to share one thing that I have learned from this year, it would be the importance of separating our desire for the body to heal from the mechanisms already in place to perform that healing – if you stop to lis-

ten, you both will gain so much more from the experience!

As this year's National Coordinator, I hope to be able to convey any information that individual chapters might need. I have already enjoyed conversations with a number of you, and look forward to making things run as smoothly as possible on the communications-front. If you have any questions about any information at all, or need to express concerns or anything else, please feel free to contact me at any time at saanatco-ord@gmail.com! Let's have a



successful year!

New Beginnings

I started off my second year at OU-HCOM with a lot of goals for the upcoming year. "Goal 1: Become an OMM Fellow. Goal 2: Start studying for COMLEX early so you don't freak out later. Goal 3: Take time for me Goal 4: Just keep swimming..."

Now you may be thinking that my goals are somewhat mundane and not unlike every other 2nd year student's. However, there was one huge obstacle standing in my way....the United States Air Force. I joined the USAF just over a year ago on a scholarship to pay for school and over this past summer found out that adding an additional year to my curriculum by being a fellow was not allowed. So as you can see that affects my #1 goal for 2nd year. Needless to say I was not off to a good start and quite frankly I was crushed, but then again everything happens for a reason. Obviously, something better was on it's way.

Be Still

Every time I sat down to write this, it seemed something would come up; there would be students that needed tutored, rotations that needed sorted out, and NUFA items that needed attended. Each time, something else was more pressing, more urgent. As I sit here now, all I can think about is that to-do list on the desk next to me. I love being involved in so many roles. I couldn't imagine my life not as a medical student, not as an OMM fellow, and now not as NUFA Liaison. But sometimes, it is nice to slow down and be still.

Stillness is something that I've always struggled with. I'm constantly going. And when I get a chance to stop and be still, most of the time, I'm not really still. However, this has been my goal for the year. I want to learn how to be still. Webster defines "still" as devoid of or abstaining from motion. This, in and of itself, is difficult, but this is not the stillness I'm trying to obtain.

When I work on a patient, I am not physically still. But I try to find the stillness within myself. When I find that, suddenly the stillness within my patient becomes more apparent. I always think

Meagan Verbillion—National Executive Council Secretary-Treasurer (OUHCOM)

It wasn't long after this that I started working with Josh Brown. An incoming OMM Fellow, previous SAOA President, and current (at the time) National Executive Secretary-Treasurer. He was AMAZING! It didn't matter what I needed help with; from SAOA club business to school work, Josh was supportive, encouraging, and always willing to lend a helping hand.

Spring time rolled around and Josh mentioned to me that he was finally relinquishing his title as National Secretary-Treasurer and in true form encouraged me to think about "taking over." Then I realized, that this opportunity was the "something better" I had been looking for. When I got to Convocation, I was really nervous about running because by that point, I wanted it so bad I could hardly stand it and now here I am.

To formally introduce myself, I am Meagan Verbillion your National Secretary-

Treasurer and the first thing I want to do with my office is formulate some new goals and this is where you come in! I really want SAOA members to have a strong voice and opinion so that as a council we promote OPP in a way that is the most beneficial to you! That being said, if you have any ideas, questions, concerns, goals for this upcoming year please do not hesitate to contact me, my door is always open and I look forward to fun-filled year!



Amber Koon—NUFA Liaison (RVUCOM)

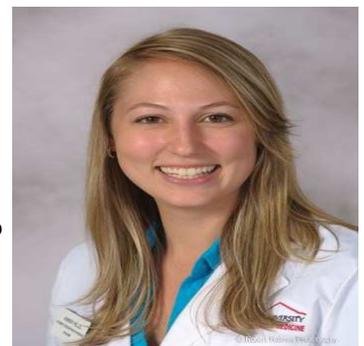
of a line from Dr. Sutherland's book, Teachings in the Science of Osteopathy. He states, "It is the stillness of the Tide, not the stormy waves that bounce upon the shore, that has the potency, the power." It is that stillness within ourselves that is more powerful than any movement we can perform.

We are all in transition. First years are completing probably one of the hardest accomplishments of their lives, getting through the first year of medical school. Second years are gearing up for boards and getting ready to really start seeing patients. Third years are moving on to auditions and interviews to determine their medical careers. And finally, those fourth years are graduating, probably the largest transition of all. I want to say congratulations to everyone. The change that is approaching is very exciting, but I challenge you to seek those moments of stillness within the next couple of months. Take a second to slow down, and Be Still.

To introduce myself just a bit, my name is Amber Koon. I'm a third year undergraduate OMM fellow at Rocky Vista University in Parker, Colorado. I

grew up outside of Wichita, Kansas, but I claim southern Missouri as home now. I am super excited to be the new NUFA Liaison. I hope to continue the great things NUFA has been doing and add a bit more. If I can do anything for you, please don't hesitate to contact me at nufalialiaison@gmail.com. If I don't know the answer, I will find someone who does.

Be on the lookout for updates from your NUFA Representative. We have some exciting things happening within NUFA. We will have a committee page with access to all of the workshop videos, an online study group, and the monthly meeting minutes. We also have some great changes and additions to events at Convo, so plan your year now and make sure you'll be in Orlando next March!



Convocation from a 1st Year Perspective

Sara Swanton & Kathryn Krezoski – National Representative (MSUCOM)

“That’s OMT!” said Dr. Brian to a group of students from MSU-COM on Wednesday night of Convo at an “Evening with the Stars & Stripes.” I distinctly remember Dr. Brian explaining to us:

“You cannot perform OMT with the expectation that a patient will come in and before they leave, all of their pain will be relieved. Say a patient comes in complaining of pain with a severity of 8/10; you treat them and they leave the office with a pain level 4/10 – that’s a 50% reduction in pain! Another doctor might prescribe a narcotic that results in the same reduction of pain – from an 8 to a 4. Using OMT, you achieved the same results, but the patient didn’t need a narcotic. That’s OMT!”

I was floored by this revelation, and it was at that point that I was truly excited for SAAO Convocation. During our weekly OMM labs, we are taught diagnoses and treatments, and twice every semester we’re tested on what we know. This had previously given me the perception that there is a right and a wrong way to do OMM. But my first year at convo shattered this perception on the first night – and that is the most important thing I took away from convo.

In class the professors talk about how great it is to have another “tool” in our tool belt that can potentially help treat a patient; but I think the greater tool is realizing that these techniques are a foundation for figuring out treatments on your own, when patients don’t present with the specific set of symptoms taught to you in class. Learning techniques at convo that are not the norm of our school curriculums helped me to see the potential for using OMT, now and in the future. It helped me to gain confi-

dence in understanding the mechanics behind the OMT treatments, but also helped me build confidence in my ability level to perform OMT well and to represent OMM as an SAAO leader. I think this is a concept that should be integrated into school curriculums because I think that it would encourage students to think about how they can perform OMT without thinking strictly in terms of right and wrong; it would build confidence in skills and boost enthusiasm in learning and practicing the art form.

Solidifying this notion was listening to the A. Hollis Wolf Presentations. While I have not many opportunities to perform my OMM skills outside of the classroom, it was enlightening to see the practical application of what we are learning – for me, it gave a brief glimpse of how my medical education will one day come full circle. And while it was scary to realize that only too soon will I be in the same position as the presenters,

taking responsibility for patients, it is exhilarating to know that somehow in the next couple of years I will acquire the knowledge and skills that will help me to do just that. I feel so far from that now – but SAAO convocation made it a reality for me – one that I look forward to.

CONGRATULATIONS!! MSU-COM on being 2012 Chapter of the Year!



Continued from page 7: Convocation from a 2nd Year Perspective

Sara Swanton & Kathryn Krezoski — MSUCOM

Returning to the SAAO Convocation as a second year osteopathic medical student felt like I was completing a circle. Convo as a first year was a time of discovery and realization of how there is an almost limitless amount of OMM techniques and methods that are designed for an even more plentiful number of dysfunctions. For starters, when I attended Convo last year our instructors had not yet discussed indirect techniques or cranial osteopathy. This made it difficult to follow Convo lectures and challenging to integrate the new techniques into my existing osteopathic knowledge. This year the circle was complete. Over the past year our professors have discussed the techniques I learned at Convo and more, which made every lecture I attended this year easy to understand and new techniques easy to incorporate into my current inventory of OMT. I know that this time next year I will have completed another, more comprehensive circle – especially after having hands-on daily experience with

patients during rotations.

Additionally, this year, Convo was an opportunity to review and perfect techniques that I was taught during my first two years of coursework. For example, HVLA on the OAA was discussed and time was allotted for practice during my first year but outside of the classroom I did not feel comfortable attempting this potentially dangerous procedure. Listening to Dr. Hohner's lecture (D.O., F.A.O.), getting one-on-one instruction from him, and building on my two years of palpatory experience helped me to finally have my "a-ha" moment. After a bit more practice I now feel comfortable taking cervical HVLA into rotations next year.

Finally, having had two years of non-manipulative coursework made it easier for me to incorporate the new OMT techniques I learned into treatment plans for various medical conditions. The A. Hollis Wolf presentations were easier to understand because I had studied the various diseases and

had more experience integrating symptoms with diagnoses and treatment. While I watched the presenters discuss their cases and OMT treatments I was thinking of myself heading into rotations in a few short months and realized how comfortable I was with that idea. Just one year ago I had thought to myself "how will I ever remember everything and be ready to work with patients next year?" I have learned a lot over the past two years including how to interact with and approach patients. Touch is a large part of that. I remember my first classes in OMM when my classmates were still nervous and apologetic about palpating each other. I am now completely comfortable with my hands and diagnosing anything from sacral and pubic dysfunctions to cranial derangements. And good thing, too, because my hands have since treated patients in our Student OMM Clinic, family members at home, and friends that had never heard of Osteopathy until I cured their posterior innominate rotation (and persistent back pain).

Sunshine and Summertime

While many of us here at OU-HCOM enjoy living in a part of the country that truly experiences all four seasons, we also welcome the thought of warmer temperatures, blooming flowers, and more blue sky as spring arrives. Second year students welcome the sunshine as they are make a final push towards boards, and look forward to a new chapter this summer when they begin preparing for their third and fourth year clinical experiences. Meanwhile, my fellow first year students and I are excited to nearly have one year of medical student under our belts. We've come so far in just one year. However, we also find ourselves again apprehensive and anxious about OMM. It is in our nature as medical students to wish to do no harm, and this technique, to be frank, is just a bit scary. Simply put, we are a bit nervous about cervical HVLA.

While eager to develop this skill and perfect the art of palpation and motion, many of us find the idea of manipulating another's neck intimidating. How do you know how much

rotation is enough? What if I input too much thrust? What if I hurt them?! These are all thoughts we've had that past few weeks, whether some of us will admit it or not.

However, with the help of enthusiastic OMM fellows, supportive second-year teaching assistants, and experienced professors we are finding our way and our confidence. Some of us have experienced early success, while some of us find our path to the cervical "pop" to be a little longer and a little more cringe-worthy. There is no doubt, however, that we will all find our way. Practice truly does make perfect, and we are lucky to have willing patients and teachers in our fellow classmates.

As students at OU-HCOM, we are also fortunate to be living and learning in a community that extremely supportive of the DO profession and believes in osteopathic medicine. Approximately twice per year each class has the opportunity to interact with and practice treating individuals in our community. While nervous, we as students benefit from their

Kerry Bertke—National Representative (OUHCOM)

gift of time and conversation, sharing their aches and pains while we begin to learn how to treat "a real person". Community members also volunteered their children last month, as two student groups organized an opportunity to learn more about OMM in the pediatric patient.

Each class, each extra session, and each clinical opportunity builds upon one another, as we gain confidence and excitement about the art (and science) of OMM. Cervical HVLA may take time and practice, but we are fortunate that summer is approaching. We will have two whole months to revisit all we've learned and practice while on a camping trip, at the beach, or while just relaxing with family and friends. These are all people who, although they might not know it yet, have many somatic dysfunctions just waiting to be treated. After all, any treatment you can perform on an OMM table you can do on a beach towel... right?

Team NYCOM versus Pediatric Cancer

Rita Aidoo—National Representative (NYCOM)

Last year NYCOM students, faculty and staff began the tradition of teaming up with St. Baldricks to help raise money for pediatric cancer research. Students participated by shaving their heads completely bald, to signify standing in solidarity with pediatric cancer patients who usually lose their hair due to treatment.

In an effort to raise the money to reach our fundraising goal of \$10,000 many student organizations co-hosted through baked sales, selling t-shirts among other events. The student organization included Pediatrics club (the main sponsor), SAAO, OB/GYN, and SOMA among others. Money raised from the baked sales, community outreach, t-shirts sales and the student and faculty who volunteered to shave their heads bald NYCOM raised \$20,000 making TeamNYCOM, the TOP fundraising team at the event which was held on March 18, 2012.



OMT in Surgical Recovery

Stephanie Kenny—National Representative (Touro University Nevada)

At the beginning of last month, I was planning to write a completely different article. I was anxious to attend Convocation, confident that I would get to write about my experiences there, the techniques I learned, and the wonderful physicians I worked with. But the timing and circumstances surrounding my trip to Convocation have led me in a different direction.

In November of 2011 I suffered from a spontaneous pneumothorax, a situation that was quite a shock to me seeing as how I had never had respiratory problems previously. I was hospitalized for 4 days with a chest tube and was able to recover relatively easily. My physicians warned me, however, that if the problem persisted I would have to get surgery. While I was on my way home from Convocation, it happened again and I rushed to the hospital as soon as my flight landed.

These hospitalizations hit me hard for a number of reasons, the biggest one being my lack of personal exposure to medicine before this point. My father is a chiropractor and has been my primary physician for my entire life. For 25 years, there was

never a sickness he could not help me fix with manipulation, nutritional support and rest. In my world, there was practically nothing that was beyond repair with this type of medical approach.

And now, I was faced with a situation that was beyond both of our control. A CT scan confirmed the presence of a bleb on the apex of my right lung, and I was scheduled for a Video Assisted Thoroscopy Surgery (VATS), a bleb resection with an accompanying mechanical pleurodesis which would remove the weakened piece of lung tissue and cause the apex of the lung to adhere to the pleural cavity, preventing a further collapse. In total, I spent 16 days in the hospital, a recovery time that was less than half the length that it could have taken me to be ready to leave the hospital and begin the rehabilitation process.

Needless to say, when I went home I was in a tremendous amount of pain and discomfort. I was prescribed narcotics to help me control the pain; my physician told me that some patients have reported needing these pills for up to two months after surgery. For me, that was simply not going to work... I needed to get back

to school. I could not drive or study when I was taking narcotics. It was as simple as that. There had to be another way. I immediately turned to OMT, and within a day I was off of my pain medication. It has been three days, and I am almost fully functional and pain-free. Even in the best of outcomes, that type of recovery was unexpected.

This experience, though difficult, has taught me a tremendous amount in personally understanding why osteopaths are such powerful physicians. When I encountered a problem that could not be fixed with OMT, an osteopath was able to perform a surgery that would fix my problem. When I needed post-operative care, an osteopath was there to monitor my recovery. And when I left the hospital and needed help with pain management, an osteopath worked with me to continue the recovery process without needing pain pills. And today, as I am functioning with almost no pain and taking no pain medication, I consider myself truly blessed to get the opportunity to become a member of this tremendous group of healers.

A Convocation Experience: Evening with the Stars and Stripes

Molly Herring—National Representative (PCOM)

I attended my first AAO Convocation this year as a first-year osteopathic medical student. I was exposed to several new techniques and variations on techniques (did you know you can palpate the liver *through the ribs*? I did not think it was possible to feel the motion of the liver with respiration by placing one's hands over the ribs – but now I have felt it!). I was particularly glad to be able to see more of the practical application of what we are being taught in lecture and OMM lab. It can be difficult to grasp the clinical relevance when most of our “patients” are relatively happy and healthy. As such, I found the A. Hollis Wolf case presentations particularly interesting – more experienced students sharing examples of when they have used OMM to treat patients. But even more than that, the one part of Convocation that I would like to share about is Evening with the Stars and Stripes.

During Evening with the Stars and Stripes, I met Richard Van Buskirk, DO, PhD, FAAO. [A quick side state-

ment: at Convocation I learned what those four letters – FAAO – mean, and I now have an enormous amount of respect for the outstanding osteopaths who have earned them!] I was not yet familiar with Dr. Van Buskirk's name, but as he introduced himself it became evident that he was the one who had resurrected – and written the book on – Still Technique. I had heard of Still Technique and knew it to be some combination of indirect and direct technique, but I had not yet seen it performed, so I was eager to see a master practice it. Dr. Van Buskirk treated real patients with real complaints (any attendees who volunteered with complaints, from an acute injury that occurred earlier that day to chronic pain and restriction). I was amazed at his intimate knowledge of functional anatomy, the ease with which he found the ease, and the confidence with which he applied a light compressive force and moved the body part through the restrictive barrier – which was no longer there! Those of us gathered round were able to see visible

changes in symmetry and range of motion, and the patients reported significant improvements in pain and motion.

When you get the chance to watch a masterful osteopath (and if someone bears the title FAAO, you can be sure that he or she fits the criteria!), take advantage of it. It reinforces your appreciation for the value that osteopathy adds to the field of medicine.

CRYPTOGRAM

Jen Ribar—Chapter President (PNWU)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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 13 11 5 10

Answer can be found on page 20

Derby Social Convocation 2012—Derby Hat Contestants



DERBY HAT WINNER!!



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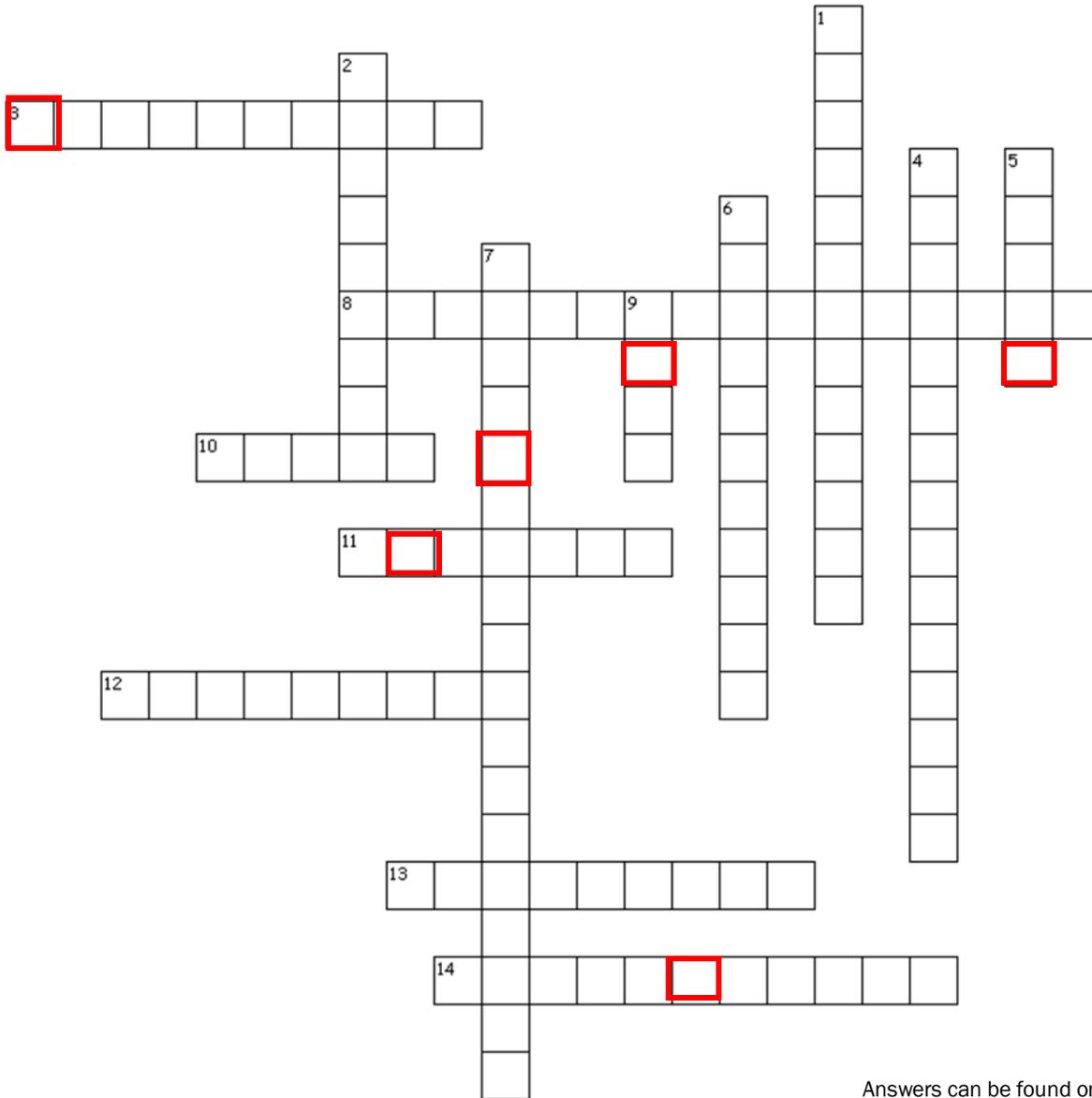
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What Unites the Entire Body?

Kyrstin Eklund—National Representative (TCOM)



Answers can be found on pg 20

Across

- 3. rib somatic dysfunction that does not descend
- 8. joint responsible for 50% of flexion/extension of the cervical spine
- 10. cause of posterior radial head somatic dysfunction
- 11. what muscle energy engages
- 12. only three applies!
- 13. hyperactive sympathetics

Down

- 1. scotty dog collar at fracture site
 - 2. most important step of OMT
 - 4. SI joint somatic dysfunction test to determine lateralization
 - 5. most common cause of lower back pain
 - 6. 60% of gait cycle
 - 7. "sciatica"
 - 9. clues to somatic dysfunction
- Answer from Red Boxes: _ _ _ _ _

Gettin' to it at the Heath and Education Expo

In October of 2011 the SAAC club of LECOM at Seton Hill participated in a Health and Education Expo in our humble community of Greensburg, Pennsylvania. The expo was filled with booths of businesses promoting their health insurance, or their practice, or their hospital, but we were the only booth promoting Osteopathic Medicine.

As people made their way around to our table it was clear that many of them had never heard of Osteopathic Medicine. We got a lot of "So what are you guys, chiropractors or something?" and to make matters worse there was a chiropractic booth right across from us. We explained that Osteopathic physicians were fully licensed physicians, just like MDs, and we made sure to tell everyone about the little something extra that sets us apart, OMT. As we elaborated on the wonders of OMT, more and more passersby became intrigued and piped up about their dysfunctions, "I've had a knot in my back" or "a kink in my shoulder for years. Do you think you could do something for that?" Fortunately, we brought an OMT table with us to the expo, and we put it to use in a big way.

Initially, our impromptu patient base was small, with just a few people convinced and willing enough to lie down and let our head of OP&P, Dr. Miller, treat them. Those few must have been singing our praises once they left though, because the next thing I knew there were people lined up for treatment. We must have caused a bit of a buzz because a newspaper reporter asked for an interview with Dr. Miller, to which he agreed. However, with Dr. Miller sidelined by the interview, the line of treatment and reputation of Osteopathic Medicine was put on us, the students.

I, and the other first years, had only a handful of OP&P sessions under our belts and probably only knew 5 or 6 techniques, so we watched as a couple second years got to work. As Dr. Miller returned and the second years were relieved of their duties, I was relieved too that I didn't have to fumble my way through any techniques. But, my relief was short lived because the next lady in line said she had a pain between her shoulder blades, and Dr. Miller looked right at me grinning and said, "You can do this one. Which technique should you use?" Needless to say, I was frazzled,

Jake Phillips—Chapter President (LECOM-SH)

so I blurted out the first technique I could remember. Luckily, it was Counterstrain. "Alright, get to it", Dr. Miller said.

It must have been the spirit of A.T. Still guiding me because I did get to it, and the counterstrain worked. About 90 seconds later, as I was finishing up the technique and reassessing the tender point, the woman was amazed that her pain was gone and actually thanked me. Being thanked for treating someone was a very new and awesome experience for me, and I look forward to earning many more "Thank You"s throughout my career with OMT.



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Be Still

Zeb Cope—SAAO Member (LECOM)

It's a funny thing growing in medicine; there will be times when you feel that the fight you are up against is so much bigger than you that it seems unbearable, insurmountable. The questions of doubt and the noise of distraction will gain in volume to a point of deafening nonsense and the thoughts of calamity and failure will appear bright and full and clear and oh-so inevitable. So far, I've found out that those are the times that require us to Be Still most observantly.

I mean that in the Biblical sense in that we should not fret about our destination nor about whether we shall be successful in our pursuits but instead simply continue on, do what we were sent to do and know that our success is already at hand due to our obedience and faith. I mean it in the general sense of simply maintaining confidence. And, of course, I mean it in the pun-y acknowledgement of the founder of Osteopathic medicine, A.T. Still.

During his time, A.T. Still watched pneumonia take a young daughter from him, the dangers of childbirth claim a wife and meningitis ravage his family as three of his children died from the disease during a nation-wide epidemic. The pain, the doubt, the feelings of inadequacy, the anger, the self-pity were probably all

loud and present, abundant and incessant, and I imagine overwhelming for a time.

A.T. Still was a deeply religious man who infused quotes about God and His plan right along with his medical teachings; for instance "Of what value is a mind when placed in the brain of a coward. If a mind is a gift of God for man to use, let him use it. A mind is not in use when it is doing no good." So, I'd like to think that during his greatest trials he turned to prayer, he chose to silence the noise, the clamor of doubt, pain and uncertainty and sought to simply be still, in order to hear clearly what God first and foremost had to say.

I'd like to think that while he was still, the reaffirmation that he was intended to be a healer was confirmed. A.T. Still believed that the medicine of his era had greatly failed not only him but also humankind in general. So, he sought to do a very simple yet in some ways ludicrous thing: transform the entire field of medicine.

How crazy, insane, impossible a task that must have appeared to have been?!?!? How much work and doubt did he have to plough through to succeed? Yet, now as it stands; 20% of all new medical doctors entering the field each year are D.O.s; a

philosophy of medicine that exists only because someone had the presence of mind, the presence of prayer to simply be still at their most trying time.

Growing in medicine for me is somewhat of an oxymoronic existence. It requires absolute stillness so that I may fight and have the fight that I mount be focused, effective and in an area where a fight must ensue. I am getting the sense that growing in medicine requires us to be still so that we may aspire to and be great.

"I do not want to go back to God with less knowledge than when I was born. I want my footprints to make an impress on the field of reason. I have no desire to be a cat and walk so lightly that it never creates a disturbance. I want my footprints to be plainly seen by all..." - A.T. Still

Dr. Channell signing her FIRST! FAO table!



Osteopathic Medicine is Pure Poetry

The officers of the VCOM SAAO wanted to show their appreciation, struggles, and sense of humor for osteopathic medicine through the only art form we could all successfully share:
the limerick.

Old Still and his methods unorthodox,
Cured the colons of skeptic M.D. docs,
But as soon as they knew,
How easily they could poo,
They came running to Kirksville in flocks.
-Kyle Judkins, President

In desperate study belated
To deduce the sacrum rotated
OMS twisted
But OMS missed it
For the diagnosis conflated
-Casey Turner, Vice president

There was a D.O. named Still
As a student I yearn for his skill
So I screen and palpate
Recheck and all's great
Now my patient is free of a pill
-Megan Mase, Treasurer

Acceptable of course if it happens when you are alone,
Yet societal constraints say do not let it be known?
Moving around and changing the OMM position,
Pushing my abdomen brings it to fruition.
Can hold it no longer, loud gas passes my innominate bone.
-Mindy Tyree, Secretary

I attend med school for D.O.
Osteopathic principles I must know
I find a spine rotated
My ego is inflated
Til professors say my work's just so-so
-Lora Reams, National Representative

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Ligamentous Articular Strain Word Search

Jie Casey—National Representative (RVUCOM)

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

bowstring keylesion Crow Sutherland immobilization somatoemotional	bootjack Lippincott Simmons Still disengage ligament	crimping Speece exaggeration vector balance fascia
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Pritham Khalsa

Matthew Fields—National Representative (AZCOM)

As a cornerstone of our OMM lab and SAAO organization, Pritham “Pri” Khalsa has demonstrated a love for Osteopathic Medicine that has been unrivaled in our class. Pri organized many guest lecturers, volunteered her time as an OMT tutor for our first year students while balancing her studies. Being so involved in our school community would be impressive on its own, but Pri’s commitment deserves special recognition.

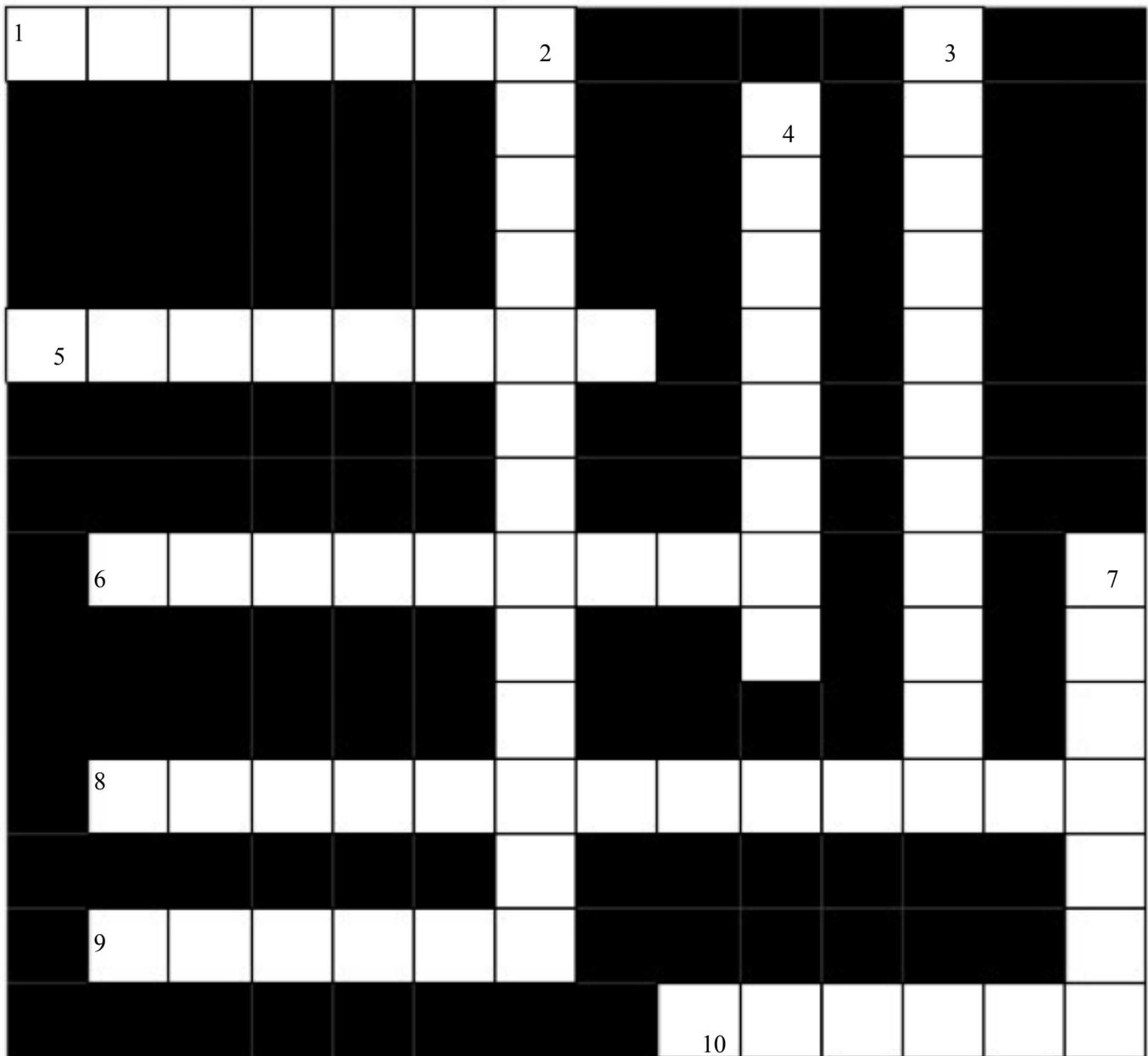
As medical students, we often get wrapped up in learning all sorts of diseases and treatments while prepping for the next test. Often times, I’ve caught myself thinking how difficult life might be for those affected with such life-altering conditions. Unfortunately things sometimes don’t fully resonate until they hit close to home. At the beginning of the fall quarter of our second year, Pri was unexpectedly diagnosed with Chronic Lymphocytic Leukemia

Not only do we hope for health and recovery for Pri, we also hope that she will be able to fully realize her dream of becoming an Osteopathic Physician. The amount of good that Pri would be able to accomplish as a doctor is unimaginable. As seen through her dedication and service at AZCOM, she is truly an embodiment and beacon for Osteopathy.

I invite you to visit http://www.heal-our-sister.com/pritam_story.html to learn more about Pri’s story. Also please join us in our support of Pri in her time of need. Even if it’s just your thoughts and prayers, I know that Pri would be most grateful for your backing.

Upper Extremity

Matthew Mahony—National Representative (LECOM-Bradenton)



Across:

1. Test where humerus is internally rotated 90deg. In sagittal plane to check for rotator cuff impingement
5. Nerve plexus of Upper Extremity
6. Speed's test checks which tendon of UE
8. Nerve likely injured when a winged scapula is present
9. Test sued to check for neurovascular compression between scalene muscles
10. Muscles tested with motor reflex of C5

Down:

2. Rotator Cuff muscle important in abduction of UE
3. Autonomic innervation to UE coming from T2-T8
4. Halstead/Military checks for neurovascular compression between 1st rib and what bone?
7. Muscles tested with motor reflex of C7

Answers on page 20.

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SHOUT OUT!!! Congratulations Kay Kelts from RVUCOM on being the A. Hollis Grand Prize Winner at Convocation 2012!

Pictured from Left to Right — David Kanze, DO; Kay Kelts, OMS IV, Adrienne Kania, DO; Kylie Kanze, DO

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

Uniting the Entire Body? (Page 12)

Across-

3. Inhalation
8. Occipitoatlantal
10. FOOSH
11. Barrier
12. Cervicals
13. Red Reflex
14. Low Back Pain

Down-

1. Spondylosis
2. Diagnosis
4. Standing flexion
5. Psoas
6. Stance phase
7. Piriformis syndrome
8. TART

Answers to red box fill in: FASCIA

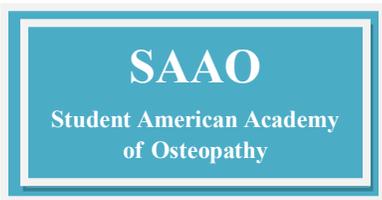
Upper Extremity (Page 19)

Across:

1. Hawkins
5. Brachial
6. Bicipital
8. Long Thoracic
9. Adsons
10. Biceps

Down:

2. Supraspinatus
3. Sympathetic
4. Clavicle
7. Triceps



Cryptogram Answer: PNWU had a great time in Louisville and we can't wait for Florida next year!