

February
2010

Pre-Conv
Issue



The Still Point

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uaaochair@gmail.com
- **Vice Chair**
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uaaovchair@gmail.com
- **Secretary-Treasurer**
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uaaosect@gmail.com
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- **NUFA Liaison**
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nufalialiaison@gmail.com

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uaaoregion1@gmail.com
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uaaoregion2@gmail.com
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uaaoregion3@gmail.com
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uaaoregion4@gmail.com
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Jeff Quigley—COMP
uaaoregion5@gmail.com

Undergraduate American Academy of Osteopathy

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Never Assume

Happy New Year! I hope everyone had a good holiday season and is looking forward to our yearly Convocation.

I'm currently spending some time on rotations in Hawaii. This is a first for me & I've been having so much fun spending time with family. I mention this not just because I've been having so much fun on this beautiful island but because I've just come off from a wonderful Pediatric rotation. I worked with an allopathic Pediatrician who graduated from the University of Hawaii's medical school & Pediatric program. We spent a lot of time working together & not only did he teach me about outpatient Peds but I was able to teach him about Osteopathy. We had conversations about how Osteopathy came about & how OMT could help his patients. It was so refreshing to share this knowledge with my preceptor as a fourth year student. I didn't think I would have many opportunities to do OMT when I started but when I was asked what I would want to do with a girl who complained of neck pain I simply said, "In school I learned some soft tissue techniques that might help her muscle spasm." I never expected him to say, "Go ahead, why don't you try it out." From then on, I did some OMT everyday; i.e. soft tissue, lymphatic drainage, muscle energy, etc. Never assume that a preceptor might not let you do something that you've learned. Always ask and many will surprise you and will give you an opportunity to shine.

As we get closer to Convocation I'm sure there will be many

questions that you will want answered. Read on for more details. If you don't find what you're looking for make sure you go to your chapter officers. If at that time you can't find what you need don't hesitate to email me uaaochair@gmail.com. In the coming weeks before Convocation your chapters should be getting a lot more detailed information in regards to student events.

Your chapters should have already sent in all registrations as the deadline for registration has passed now (deadline: Jan 31st). You can still register but there will be an added fee.

You can register online through the AAO website (<http://www.academyofosteopathy.org>) for convocation. If you are not a member, you can still register through the website, but you will not be able to get UAAO member rates. Please follow the following in order to register for convocation.

1. Go to <http://tinyurl.com/ygtf83p>
2. To login, you need to select the login option on the bottom of the menu on the left hand side of your screen. Enter in your primary e-mail address and your existing AAO password. If you do not have an existing AAO password, you must use the password "Password1" to login for the first time. You will be prompted to reset your password once logged in. If password1 does not work, then click on "Forgot your Password?" to have it emailed to you
3. Click on CME/events once you have logged in.
4. Select "Student 2010 AAO

Convocation: Pelvis and Sacrum: Where it All Comes Together." Make sure you click the STUDENT 2010 convocation.

5. Select all workshops and meal preferences
6. Proceed to checkout and complete transaction

Lodging information is also on the website. The AAO has negotiated a discount for UAAO members staying at the Broadmoor. Call and make a reservation directly with the Broadmoor. The front desk (719) 577-5775 or (866) 837-9520. Identify your reservation as: American Academy of Osteopathy. The cut off date is February 12, 2010. Room rates are good from March 13-22, 2010.

Each year we need all of our member's help. This year is no different. I'm going to be asking for your help for 2 events.

As some of you know, a student at Touro University College of Osteopathic Medicine, California (TUCOM-CA), made a video to promote Convocation. It has helped to make the turnout each year from TUCOM-CA be a huge success. The Executive Council this year will be working on making a Convocation video that we hope will benefit each school. We are asking that each school be willing to participate by suggesting interviewees for the video as well as collecting some donation

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Never Assume

(Continued from page 1)

money. We are excited to offer this and can't wait for the finished product. Please be thinking about whom you would like to see in the video and who might have a lot of fun with it. There will be a letter going out to each school and if you have someone you would like us to invite for an interview that might not be associated with your school please send their contact information including phone number and/or email to uaaochair@gmail.com. If you don't get a chance to sign up

through the letter there will be more a sign up list and more information at the UAAO booth in the Exhibition Hall with all the vendors at Convocation. Look for us as interviews will be on Thursday and Friday. The next event that we would like you to be thinking about is the Student Auction. This is the only fundraiser that UAAO is able to put on each year. The money from this goes to speakers at Convo for student, the student social and prizes for the A. Hollis Wolf Case Competition. We are doing the student auction a little differ-

Coral Peterson—National Executive Council Chair (TUCOM)

ently this year. There will be a silent auction portion along with the live auction. Some items when donated by each chapter will go immediately into the silent auction. Please think about donating unique items like ski passes, gift baskets of items special to your state or school, gift certificates, rounds of golf in the Colorado Springs area, etc. The reason we are saying this is because Convocation will be returning to Broadmoor in 2011 and what better way to make the most out of your experience in Colorado but to take a little vacation by get-

ting a couple days of free skiing in. The highest bid items from last year were those that were unique, i.e. some great photos taken by a student, a framed collage of AT Still with the border signed by FAOs. Please get creative with your auction donations this year.

Thanks for all your hard work this year. I can't wait to see some old friends and meet some new ones in Colorado. It's going to be the best time of your life.

Convocation 2010: Going Green in Colorado Springs! John Leuenberger—National Executive Council Vice Chair (LECOM)

I hope that everyone is excited about the fast approaching Convocation in Colorado Springs! It promises to be an outstanding experience as it always is.

This year's A. Hollis Wolfe Competition has many great prizes to be won. Please get your entries into me via email (uaaovchair@gmail.com) by March 1st. Please see the UAAO Chapter Notebook for details or email me any specific questions that you may have.

The reason the title says that we're going green is because this year's Convo Student Social happens to be the day after St. Patrick's Day! So the theme for our gathering will be an Irish festival. Be prepared to dress in green, enjoy green beverages, listen to some Irish music and taste Irish foods. We'll have prizes for contest winners who are the best dressed for the occasion as well as those that are the best dancers. Please check out our webpage for more details: <http://www.academyofosteopathy.org/>

uaao/home

Remember there are two ways to register for Convocation this year. The first is through your local chapter or the second way is by logging into the AAO web page and filling out the electronic application.

The Auction: What it Means to the UAAO and You *Christopher Minello—National Executive Secretary/Treasurer (PCOM)*

The UAAO auction...the only fundraising event the UAAO has all year and all of you are invited! We had some great items at the auction last year and we are looking to get even more items from all of you for this year's auction.

Since some of you are first year medical school students, first time Convocation attendees, or part of another group I unintentionally left out, let me be the first to tell you that this is one of the most important parts of Convocation because this is our one and ONLY fundraiser of the year. Having you help us with great auction items we can raise money so the UAAO can help each and everyone. This is done in many different ways and would take too much of your valuable time to discuss here. However, you should know that we are here to help you and raising money allows us to do just that.

For those who are new to the auction there are some important information which you need to be aware of. First and foremost is that the UAAO executive

council needs several volunteers to help out with the auction. This is done in many different ways including showing off auction items, setting up for the auction, runners to take final bid prices to the back table, and any other spots where we can use your help.

Secondly, as was done last year, all auction items are due by noon on Friday. One change I am implementing this year is that the auction item submission form will be available on the UAAO webpage so you can fill your forms out prior to arriving at Convocation. As has always been the standard, you are only allowed to have two items count for VIP points so make sure they are the items which will sell for the most.

Thirdly, this year we will also be having a silent auction which will start on Thursday at the UAAO Council table and go until the end of the live auction. Be sure to check the website and with your local chapter as information will be distributed to them as soon as it becomes available.

So, be sure to come by the auction and bid on the fabulous items that we have available which were donated from people like yourself. This is the one and only fundraiser that the UAAO has all year and we need all the support which you can give. If you want to know what is available for the auction all you have to do is stop by the UAAO Council table to look at these wonderful items, and while you are visiting the UAAO Council table be sure to say hi to the Council members. We are here to help each and every one of our UAAO family.

Now onto another item of business. I would like to take this time to thank everyone who has contributed to The Still Point over the last year. This year has been a great year for The Still Point. We have had many great articles written, great games which were included in many issues including this one, and have had the biggest edition of The Still Point ever published in the fall of 2009. Keep up the great work. The UAAO Council looks forward to being able to

continue to bring you this great publication thorough out the year.

Your Secretary/Treasurer,
Chris Minello

Notes from the NUFA Liaison

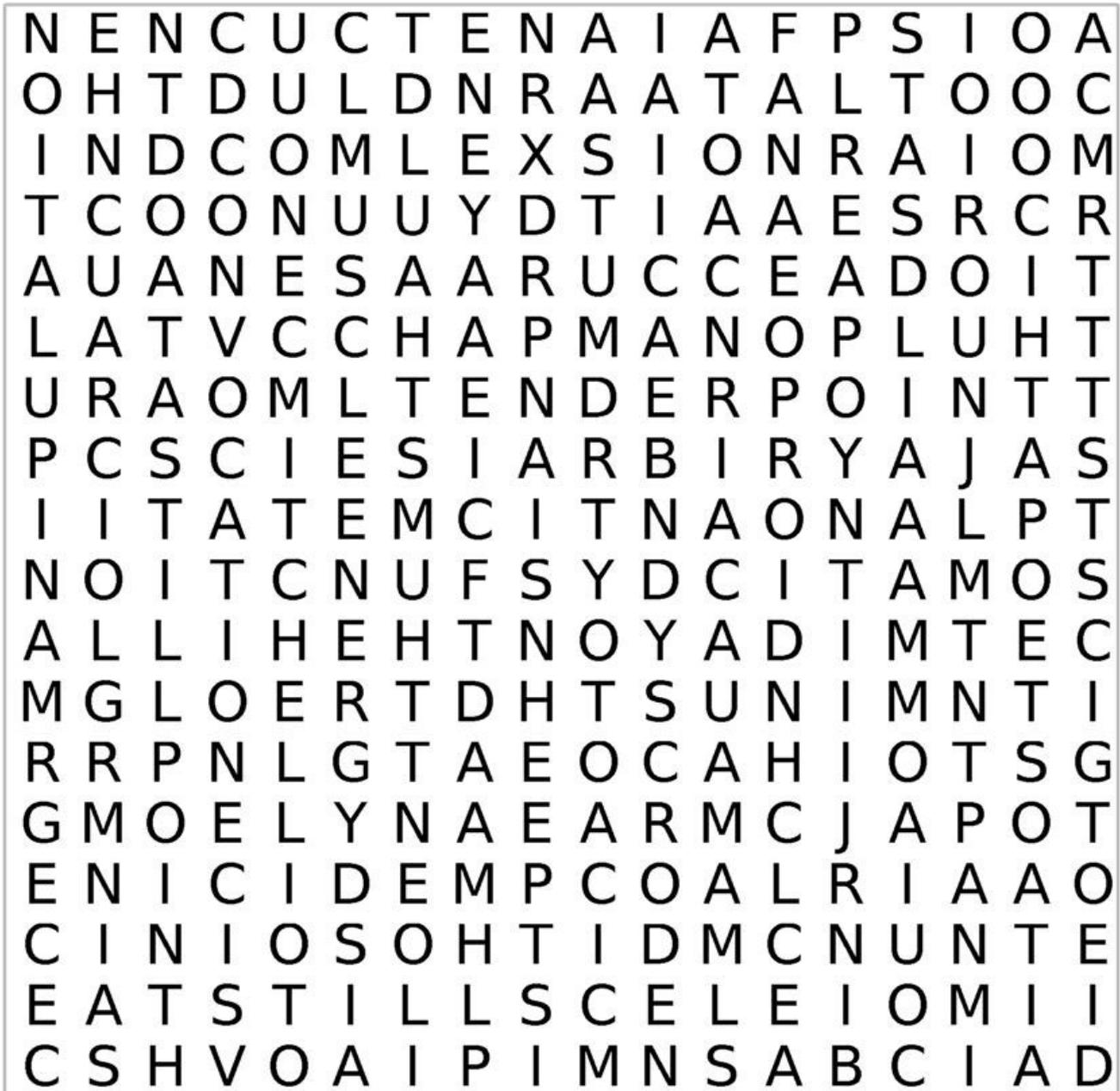
Paula Ackerman—NUFA Coordinator (OUCOM)

meetings Fellows!

Convocation is fast approaching! I am pleased to announce our speakers for the Wednesday NUFA workshops. Dr. Tettambel will be lecturing about advanced techniques for the sacrum and pelvis in the OB/GYN patient and Dr. Hensel will discuss research. The NUFA FAAO forum will be Friday featuring Dr. Stiles, Dr. Heinking and Dr. Glover. The NUFA social will also be Friday night. We look forward to meeting everyone at Convocation in Colorado Springs.

Just a reminder that NUFA has a Facebook group page under the A.T.Still profile. You can request to join. The purpose

of this site is to allow members to network and communicate. If you have any questions or concerns please email me at atnufaliaison@gmail.com

Osteopathic Word Search*Kelsey McAnally—LMU-DCOM: UAAO National Representative*

A T STILL

DAY ON THE HILL

OSTEOPATHIC

STUDENT

CHAPMAN

JONES

RIB RAISE

TART

COLORADO

MANIPULATION

SACRUM

TENDER POINT

COMLEX

MEDICINE

SOMATIC DYSFUNCTION

THORACIC

CONVOCATION

MITCHELL

SPINE

UAAO

CRANIAL

MUSCLE ENERGY

STILL POINT

ANSWERS CAN BE FOUND IN THE
NEXT EDITION OF THE STILL POINT

Oklahoma Osteopathic Students Spread the Word on OMT

Throughout the first and second years of medical school most information is learned while sitting in a classroom. During the first year there are very few chances for students to use their knowledge outside of the classroom setting. While the second year offers a few more opportunities with shadowing experiences, these times are still limited. However, by learning OMM students at OSU-COM have been given extra opportunities away from the classroom.

Students at OSU-COM are able to branch out into the community by using their knowledge of OMT, even as first and second year students. Members of UAAO along with other first and second year students, participate in several community activities throughout the year. At these activities, students provide free OMT services to participants.

One of the main avenues for students to practice their OMT is the "Tuesday Noon Clinic" held at OSU-COM during the lunch hour. Individuals from around the community sign up in advance to volunteer to be treated in the weekly clinic free of charge. First and second year students pair up to treat patients. Students assess the patient's complaint, treat as much as they know how, and present to an attending OMM professor at the end of the hour. The students and physician then discuss the OMT techniques utilized. Often the doctor then provides feedback on other treatments that could also be tried, if applicable. Through this experience, students are able to apply what they have learned in class to a real world scenario.

Another opportunity for spreading knowledge about OMT occurs during the annual

Rural Health Fair. The Rural Health Fair is held each fall by the Student Osteopathic Medical Association in a rural community outside of the college. In addition to services provided by other clubs, UAAO members participate at the Rural Health Fair by supplying OMT treatments to patients in need. Portable tables are set up and volunteer patients are screened for any dysfunctions. During this time students are able to explain OMT principles to patients who are not aware about that type of treatment.

During the spring semester, OSU-COM hosts an annual "Scrub Run." A 5K and 10K race serve as a fundraiser for LifeShare, a transplant donor service. First and second year students sign up to volunteer before and after the race. An OMT station with portable tables is set up at the headquarters of the race. Runners can have help stretching their muscles before they start, and receive OMT treatments from the students after the race. It is a way for students to show their appreciation to those participating in the fundraiser. Runners are grateful for the extra attention, and because of this special treatment are more likely to continue to participate in the race in future years. Therefore, not only are students given a unique opportunity for learning and practicing, but also are able to give back to the local community in a special way.

Students at OSU-COM count themselves fortunate to have these unique experiences. These activities provide students with a chance to apply the information they have learned in the classroom in a practical setting. Often times the way patients present with symptoms in the real world varies from the

Candice Stack – OSU-COM: UAAO National Representative

way it is demonstrated during school work. Practicing in settings like the ones mentioned above gives students a chance to experience an authentic encounter with a patient. This real world type of experience helps students learn to tailor their techniques closer to what could be expected when treating actual patients.

Perhaps the most beneficial part about having patients willing to help students learn is the opportunity to make mistakes. Everyone makes mistakes when trying out new knowledge for the first time. It is helpful for students to be allowed to make these initial mistakes in a non-threatening atmosphere. Gaining experience by laying hands on these patients eases nervousness with future patients in hospital and clinic settings. Students gain more assurance in their ability with each patient encounter. Therefore, when students have to take exams or perform in front of a physician they feel confident in their osteopathic skills.

Situations like the Tuesday Noon Clinic, Rural Health Fair, and Scrub Run train medical students in a much more distinct way than any classroom setting. Learning and practicing in a low stress environment with understanding patients builds students' self-assurance. Students are then more able to perform in later, higher stress environments they encounter during rotations. Throughout the later training of rotations and residency students can rely on these earlier experiences like the weekly noon clinics. Because students have already been spreading the word about osteopathic medicine in situations like community races and health fairs they will continue to

do so. They will be able to educate their patients on OMT treatments and manners in which osteopathic physicians care for their patients. Students will go on to project an air of pride in their osteopathic teachings and principles. Patients will feel secure in their treatments because of the confidence of their physician, a confidence that was facilitated by early, hands-on osteopathic encounters.

OMM, the Gift that Keeps Giving

Katie Lawrence—MSUCOM: UAAO Chapter Secretary

Returning from winter break to yet another busy medical school semester, I took a moment to reflect on the holidays. I flew home to Florida to visit family and friends, something I have far too few opportunities to do. I was excited to be going home but was unsure about what gifts I would give to everyone. Additionally, I was anxious about fitting in time to shop for the perfect gift. I ended up finding gifts in time for Christmas morning but, as it turned out, it was the non-materialistic gifts I gave over break that resulted in the most lasting impressions and memo-

ries.

For the first time, I felt comfortable volunteering my OMM skills to my family as a solution to their laments about various body aches and muscles pains. Although without my table or text books, I adapted OMM to be done at the kitchen table with whatever techniques my exhausted, post final exam brain could remember. During my time at home I was able to treat my mother's neck and back, fraught with somatic dysfunction from holiday stress. I also helped improve some of my father's chronic low back pain discomfort. Although less than

two years into my training, I was amazed by how effective even the simplest techniques proved to be and how receptive my family was to experience the therapeutic modalities of my future career. Even my skeptical grandma, who still doesn't understand how I differ from her chiropractor, asked me to treat her ribs and back muscles, sore from her long holiday journey. All members of my family indicated how appreciative they were that I took the time to employ my OMM curriculum to help them feel a little relief.

In the end, I was able to give everyone a personalized and

useful holiday gift while also teaching my family more about the skills I am so thankful I am learning in school. Although I am at the beginning of my Osteopathic educational journey, I realize what potential for treatment I carry solely in my hands. I know from now on I will give OMM to my family and friends; a gift that keeps on giving, one you don't need to pack in your luggage or fight the holiday shopping crowds, and which delivers the power of caring and curing through touch.

Cranial Thoughts

Ilya Yepishin —TUNCOM: UAAO National Representative

My first "real" osteopathic experience took place the year before starting medical school in a small clinic in Southern California. After a month of shadowing two family practice DOs and still wondering what really makes osteopaths different from MDs, other than more attentiveness to the patient and better bedside manners, I was referred to Dr. Eric Lin, a traditional osteopath. I only spent two hours with Dr. Lin, during which he saw two patients. Both patients had degenerative somatic conditions and had been coming to Dr. Lin for a long time. What I saw that afternoon puzzled and inspired me.

The doctor spent the first few minutes of the session assessing movement and ROM of the patients, followed by what looked like some assisted exercise, and by a long period of the patient lying supine while the doctor's hands were on the patient's different body parts, mostly around the head and neck. During treatment of the

second patient, Dr. Lin had me place my hands around the patient's ankles while he tended to the "head stuff." Then he told me to listen with my hands.

I closed my eyes and concentrated. I could feel what I thought was a pulse, but a lot more subtle and with a different rhythm. At the time, I had no idea what I was experiencing and even thought that my hands had perceived something that wasn't there. Dr. Lin offered a short discussion of the session and told me to come back in a couple of weeks. Work and medical school applications got in the way before I moved to Nevada, and to this day I still haven't gone back to see Dr. Lin. Now in the midst of my second year, as I anticipate the cranial portion of our curriculum, I reflect back to that day in Dr. Lin's office, and I try to connect that experience to the fragments of information I have learned about OCF so far. I can't help but wonder: Was it primary respiration that I had felt around the patient's ankles that after-

noon in Southern California?

Thanks to the UAAO, I have had the opportunity to participate in several informative workshops that introduced cranial OMM. The first one was taught by The Cranial Academy's president at the time, Dr. Mark Rosen. Although much of it went over my head, it was an eye-opening experience, one of those rare moments where I was reminded why I chose the route of osteopathy. Another great workshop, headed by Dr. Eric Dolgin and Dr. Rosen, took place at Convo last year; it reinforced the basic concepts of OCF and provided additional palpation training. The third was a very practical counter-strain session with Dr. John M. Jones, where the students learned particular cranial tender points and treatments to alleviate them. The most recent OMM guest lecture hosted by TUNCOM UAAO, boasted Dr. Melicien Tettambel's famous latex glove balloon. The participants used the blown-up head model to hone their ability to

determine different types of torsions and shifts that occur between the sphenoid and occiput in a newborn.

After these meaningful encounters with OCF, my understanding has broadened to include an appreciation of its vast dimensions. I am now aware of the concept of primary respiration and how it involves the movement of CSF and the bones of the cranium. In a few weeks we will begin studying OCF formally in our OMM course, and I am excited to finally approach this topic in the classroom and lab. Based on what I have learned so far, I have a feeling that thoroughly understanding the cranial concept will make osteopathy come together in a new light. And maybe then I will be ready to go back and learn a little more from Dr. Lin.

Adjusting to OMM

As the resident upper classmen at our university, we often field questions from incoming students about the life they are entering. The questions range from study style to clothing choice, asking questions such as, “How do I study for finals?” or “Where is the best place to live?” Often times the questions have multiple right answers; leaving students to discover what is right for them. A question regarding OMM practice and its “right answers” held the interest of several of our club members and faculty.

Our school is lucky enough to have a Student Advocate Association (SAA). The SAA is made up of spouses, partners and generally considerate folks who want to both support the students and each other through the difficult process of having a loved one in medical school. To facilitate that process the SAA held a “date night” with a panel of people in all stages of medical training, from 2nd year to Attending, who were there to speak on the topic of “staying together through medical school.” The audience was asked to write down anonymous questions which were then selected out of a hat and asked to the panel. A question that was asked to the panel was, “How do the spouses handle their partners touching other people in intimate ways during OMM practice?”

Following are answers from our club members:

“For me there is a spectrum of touch. On one end is loving touch and on the other is investigative touch, the difference between the two should be obvious to both the receiver and the giver” Kimberlyn Detrick, OMS II

“Each patient should be treated with dignity and respect, regard-

less of using OMM or not. If your patient feels respected, they will always consider your touch as caring rather than intimate.” – Phil Lenoue, OMS II UAAO Chapter President.

“Practicing OMM in the academic setting should be viewed as a learning experience. As long as I explained the treatment to my wife and my fellow peers understood the purpose of practice (which is to develop better touch perception and perfect technique) then my wife was not bothered by the intimate touching that goes on in lab.” -Lerraughn Morgan, OMS I

“We have developed a lot of trust in our marriage and it isn’t much of an issue. My wife does request that I don’t consistently plan to practice with an attractive female partner and invite temptations.” – Michael Smit, OMS I

“My boyfriend isn’t a jealous person anyway, but it has helped to practice on him so he now understands what exactly we’re doing.” –Sherry Johnson, OMS I

“In practicing OMM on your spouse and family they develop a clear understanding of what OMM encompasses. Students are not performing breast or rectal exams on each other. OMM is intimate only to the extent of learning to alleviate pain and discomfort in our classmates, family and future patients.” Mark Litton, OMS II

“Use of the hands in Osteopathic Medicine is an integral aspect of diagnosis and treatment. This approach to medicine is one that warrants clear communication and respect between the patient and the physician. Such respect and communication may warrant extension to spouses of Osteopathic physicians as well. This

Kimberlyn Detrick – *PNWU-COM: UAAO National Representative*

level of communication between physicians, spouses, patients, etc, will function on several levels. Communication lines will be open between parties involved. This may serve to enhance the spouses’ relationship, as well as the patient-physician relationship. In addition, the level of understanding concerning Osteopathic Medicine will be enhanced across the population. While I have not experienced any negative feedback from my spouse concerning touch and manipulative treatments, I have communicated openly about treatment methods, principles and practices, with my spouse. He understands the need for touch in my practice as a future physician. The more we are able to clearly articulate with others our methods, intents and ideas, the greater our connections among the people in our lives.” – Angela Kalil, OMS I

Our uniqueness in the medical field as users of OMT provides us with extra tools, but those tools require additional explanation. The distinct issues that face OMT students can be brought to light through discussions like this one so that future OMT students can recognize that the issue exists, communicate about it openly and become better physicians having recognized the place of touch in their practice.



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Osteopathic Jumble

Jacqui O’Kane – PCOM-GA: UAAO National Representative

A pulmonary palpation party?

GUNCOHGI

	15		10	12	6		

TIBTRSEOVUC

16	3	7	11	1			8		13	

RIRTISCEONT

4				14	2					9

NZFAILUNE

		17							5

1	2	3

4	5	6	7	8	9	10	

11	12	13

14	15	16	17

!

Unscramble each of the clue words.
Copy the letters in the numbered cells to other cells with the same number.

Answers can be found in the next edition of The Still Point!

Still and Schiowitz

The words of A.T. Still resonate every time an osteopathic student begins to learn that the human body is conveying a message, rather than imparting an agenda on it. More than a century after the founder of osteopathy encouraged his own medical students to use their hands as their primary diagnostic tool, so does Dr. Stanley Schiowitz encourage NYCOM students to “see *where things want to go*”. The NYCOM UAAO has been fortunate enough to have Dr. Schiowitz, the developer of Facilitated Positional Release, share some of his years of osteopathic experience with our student community. The aim of osteopathy is to restore the body's natural ability to heal itself and thus return it to health. Dr. Schiowitz has generously shared not only his knowledge and experience, but also his gift for using his hands as both a diagnostic tool and a mechanism with which the body is encouraged to heal itself.

From the month of September through December, Dr. Schiowitz visited our campus three times. As part of his four hour blocks of time, students in the OMM lab learned variations to FPR techniques, the mechanism behind them, why they worked, and who would benefit from them. Some of the fortunate students, had the opportunity to be treated by Dr. Schiowitz in the process of his demonstrations. From the piriformis to the sternocleidomastoid we learned how to treat patients with varying degrees of dysfunction, from asymptomatic dysfunctions to whiplash due to a motor vehicle accident. Most importantly, Dr. Schiowitz taught us the value to both doctor and patient of simply putting your hands on them.

Dr. Schiowitz will be visiting us again twice more this semester before the American Academy of Osteopathy Convocation

in March. At convocation we have the opportunity to interact with hundreds of osteopathic medical students from around the country. We all have different backgrounds with varying methods and levels of education, but the one thing that unites us is OMM. Our hands speak the same language, and although sometimes we cannot verbalize precisely what we feel or experience, we share a rich history decorated by the generations of osteopathic physicians that have come before us.

Much like A.T. Still encouraged his students to find health in the body's ability to heal itself, Dr. Schiowitz's voice can be heard booming, “*If something's not moving, get it moving.*” Still's students only had their hands to diagnose and heal; today we have the world of medical diagnostic technology at our fingertips, yet our hands still remain our best and most powerfully developed instruments. Dr. Schiowitz has not only enabled us to connect with a generation of osteopathic physicians who practice A.T. Still's method of teaching, but he has also bridged the gap between Still and our exceptional OMM department faculty. Dr. Schiowitz has helped to bring A.T. Still to life in NYCOM students and put in perspective the history and incredible development of osteopathic medicine. In the end, medical technology has not changed OMM. We have different words for what we feel and we have state of the art computerized images of what we feel, but regardless of that, it feels the same today as it did in 1874. Dr. Schiowitz has enabled us to better appreciate the generations of proud and accomplished osteopathic physicians and their gift for healing the human body.

The NYCOM UAAO expresses sincere gratitude for Dr. Schiowitz's immeasurable con-

tribution to our osteopathic medical education.

“*To find health should be the object of the practitioner. Anyone can find disease.*” Andrew Taylor Still

Daria Falkowitz – NYCOM: UAAO Chapter President

A Broader Perspective

January. Second year. The loooooong dark winter of the medical student's soul. A more advanced friend of mine recently confessed that this time was the hardest she had experienced in her training. "I would spend time on the internet looking at other jobs, imagining if I could quit now, what I would do instead- teaching, librarian work, fashion magazine editing....anything was better than making up acronyms for antibiotics." This is the time of year when the library becomes paradoxically less lively; you replace friends with flow charts, give up movies for mnemonics, trade in social activities for solo study. The conversations you do end up having start to take on a factoid-heavy, competitive spirit. Soon my classmates and I will be expelling details of fatty acid metabolism, distinguishing characteristics of large vessel pathology, and ways to remember how the sphenoid bone moves- spewing data like a kid with a *samonella* poisoning. (Or *Listeria*, *E.coli*, *Vibrio*, or *Campylobacter*, for that matter.) Full blown Board-study is now an inevitable sequelae of being a med student.

This time of the year is about Details. Facts. Precision and Differentiation of the knowledge we are working so hard to accumulate. Organization is key. To wield life and death decisions with competence and, most topically, with financial responsibility (see Atul Gawande's article, *The Cost Conundrum*, in *The New Yorker*), we MUST immerse ourselves with review books, practice questions, and case scenarios. This sense of structure and foundation is important. To supplement this emphasis on meticulousness- I would like to remind ourselves (myself included) that just like these two years are the foundation of our medical careers, the body of knowledge we are amassing is ALSO just the foundation. We are on the beginning of a journey, and it is important to gather our supplies of information- with

the intention of utilizing them in a larger context. And although some find it easier to focus on facts in isolation, it is important to remember that medicine is a social endeavor. It is our love of people that drew many of us into this field, and whether we are social butterflies or pathologists at heart, it is Others we seek to serve with this knowledge.

This balanced dichotomy of precision-within-a-broader-context is striking as I think about OUCOM's approach to our OMM curriculum. During our first year we learn the foundation of the osteopathic exam: Screen, Scan, Segmentally Define the Somatic Dysfunction. While this approach is drilled into OUCOM students, after attending convo last year, my friends and I were astounded that many of you might not be as familiar with this particular framework. As we work from the largest perspective of "does my patient HAVE a problem?" to the precise definition of that problem, we reach the universal "T5, FRSB_r" that illustrates the familiar principle: "structure and function are reciprocally interrelated." Much of the first year takes the body regions apart, in order to hone precision of perception. We memorize, with our heads and hands, the characteristics of exhalation ribs, both anterior and posterior; step through the sequence of events that occur through the talus, tibia, femur, and innominate upon inversion of the ankle; and model the motion of stuck facets in the vertebral joints. Dissection. Analysis. Thorough investigation.

THIS YEAR however, we are steadily putting our pieces back together. We had been given hints all along about "the body as a unit", but now we are delving into that principle with a relish. This year we have taken a much more integrative approach to patients and complaints. We have stopped imagining patients will come to see us, complain-

Leah Welsh – OUCOM: UAAO National Representative

ing, "I don't know, doc, it just feels like a L2 ERSB...I think I might have some dysmenorrhea going on there too. Think you can decrease that facilitation in there at all?" We have started to see that "my hip hurts" comes with a hand anywhere from the quadratus lumborum, to the piriformis, to the tensor facia lata. That patients will KNOW they've torn their "rotator cup," but that we should also pad our differential with tendonitis, bursitis, glenohumoral impingement, upper cross syndrome, and everyone's favorite, thoracic outlet syndrome. In a recent discussion of viscerosomatic considerations, one of our clinicians challenged us to always consider how the layers of autonomic, lymphatic, and biomechanic influence various disease states like pneumonia, or post-op ileus. Distinct pauses, interspersed with "aha!"-moments, during the discussion showed that we are just beginning to layer in these subtle components of physiologic balance to help our patients. Regardless of the pathology, how we will approach the treatment of our patients must take into consideration these aspects, as they are all access points on our patient's journey back to health.

Working in labs on postural imbalance and upper and lower cross syndrome, we are also wrestling with appreciating the interplay of muscular agonist and antagonist. In facilitation of the pairing of stretching and strengthening in our treatments, we are also slowly applying the principles of "self healing, self regulation, and self maintenance" as we learn how to teach postures and exercises to our patients to work on at home. Appreciation and Integration do not stop at whole body approaches; as future physicians, we also must work with our patients' motivations, history and personal drive to heal in order to *together* accomplish quality care.

So far, we have brought our

quest for knowledge from the complex details of segmental dysfunction, to working with the interplay of systems, to appealing to the motivations of our patients. But before we come to our final principle of quality care, I'd like to take one more step back. Recently I listened to California Institute of Technology's 2008 graduation address ("*Tell Me A Story*") given by Radiolab's (a WNYC program "... where sound illuminates ideas, and the boundaries blur between science, philosophy, and human experience.") Robert Krulwich. RK exhorted the Cal-Tech grads to *tell stories*- to engage others in the pursuit of science as an explanation of how the world works:

"when someone asks you about your work- even if it's hard to explain, even if you know they don't REALLY want to hear it- I urge you to try. Because talking about science to regular folks is not a trivial thing. Scientists need to tell stories to non-scientists because science stories need to compete with other stories about how the world works, and how the universe came to be."

Mr Krulwich goes on to explain that becoming an ambassador for science requires the patience to delve into difficult details, but an effort that endeavors to pursue truth, unity, and better understanding for all people.

I will suggest that physicians are no less responsible to tell the stories of how we think the body works to our patients, our colleagues, and ourselves. Stories are how we convey facts

A Broader Perspective

(Continued from page 12)

with passion. How we make tangible and personal the enormous amount of energy we have devoted to the care of the body. Stories help us recruit our patients, and our colleagues; they help us recommit ourselves to the pursuit of knowledge, and its integration into quality care. These stories can manifest on many different levels, from scholarly research in published journals, to interdisciplinary discussions among the teaching faculty at our colleges, to the

conversations we engage in with our patients in the office. Here again we have the great and important opportunity to frame details into stories that make sense and resonate with a variety of learning styles, educational levels, and interest in participation in the healing process.

After all, "rational treatment is based upon an *understanding* of the basic principles of body unity, self-regulation, and the interrelationship of structure and function." Our time during

these first two years of our medical education focuses on ensuring that as future physicians we acquire this complete, detailed, meticulous, and thorough understanding of the principles of osteopathic medicine. The rest of the years of our medical education (i.e. from now until this breath leaves our bodies) should be aimed at making sure we contribute these details to the larger pursuit of understanding the basic principles of health and wellness.

Leah Welsh—OUCOM: UAAO National Representative

Osteopathy vs. Asian Culture

The first two year of medical school have passed by quickly; it is amazing to me that we are almost half way through our studies. The benefits of the Osteopathic approach to medicine have become more and more evident each day. Recently, my third year companion, Ryan Bromm finished his OMM rotation. After rotating through OMM, he has seen how OMM fits into real life and how this approach to medicine is able to help patients. This experience has enabled him to see the medical profession in a new light.

Ryan worked with Dr. Hagopian who is an assistant professor here at COMP and owns a clinic in Calabasas, CA. Ryan said that the entire month of his rotation at this clinic was completely different from what he experienced in other more "conventional" clinics and hospital. First of all, the clinic itself is beautiful and very artistically designed. The clinic is totally silent and faces the ocean with beautiful scenery. While the aesthetics of a clinic are not usually a big concern for a clinic, in this case it is obvious that the calm and beautiful setting actually aids the healing process.

The setting for the clinic fits in well with the comprehensive and holistic approach of Osteopathic medicine. Dr. Hagopian not only practices OMM but he also practices preventative medicine. When a patient comes sees him, he sits down and discuss whatever concerns the patient has. He does not just allocate 15 minute per patient as is often the case when someone sees their physician but instead he spends an entire hour with each patient. He is dedicated to help all of the patient's concerns and does not try to rush through each appointment simply in an attempt to maximize the number of patients he sees.

Although many of Dr. Hagopian's patients have their own primary care physician, they still come to him; bring him their lab results, their X rays, their medications, their recently diagnosed disease, and ask him his opinions. These patients return faithfully to the clinic and some of them have seen him for up to 20 years. They even bring their kids and their grandkids to the clinic because they truly believe that osteopathic medicine is the best type of medicine for their family. Dr. Hagopian not only

discusses their diets with the children, but he also discusses exercise, and any psychology mood changes that they might experience during their teenage years. Amazingly, these kids almost never get sick. They look very healthy and seem to be well balanced. His work makes it apparent how truly important it is to teach our children to live a balanced life and to take care of themselves early in life.

The first two years of my studies and the stories I hear from the 3rd and 4th year students have strengthened and verified my belief in OMM. Since I am of Asian descent, I grew up in a culture that stressed a more holistic approach to life than what is common in Western society. The Asian culture is more focused on a balanced life and we tend to eat a diet that is inherently more nutritious. My experiences and focus on OMM in my first two years at COMP has been very rewarding. It is more obvious each day that this philosophy and method of treatment is not only consistent with my Eastern culture which looks at the human as a whole rather than just a collection of body parts, but also this philosophy results in better health out-

comes.

I am very excited to be nearing the end of my second year especially since in my third year I will be able to start my rotations and gain experiences similar to those that Ryan had. I am excited to begin practicing OMM and have an impact on the lives of people in the same way that Dr. Hagopian has been able to do over the years.

Tangel Chang — WesternU COMP: UAAO National Representative

The Value of Communication in Osteopathic Medicine Patrick Mullan — *LECOM: UAAO National Representative*

The ability to communicate with our patients is one of the most important skills we need to develop as physicians. Poor communication, either between medical professionals coordinating care or between doctor and patient, is recognized as one of the major contributors to medical errors. Some of these errors could be a direct result of patients not understanding the terminology that their doctor is using. As Osteopathic physicians we need to focus on patient-centered care, and this begins with good communication.

During our four years of medical school our vocabulary increases significantly. One of my professors compared the amount of new words we learn to learning two languages. At first, I thought that it would be easy to separate all of the medical expressions I was picking up

from how I describe things and relate them to patients, but the more I progress in school the harder it is becoming. It is nearly impossible to discuss what I am learning in school to my family and friends who aren't in the medical field. It is far easier to simplify a topic than to explain it in a way that is easy to understand and also comprehensive. This problem is increased by the fact that many people prefer not to let on that they do not understand some of the vocabulary so many of us use, so we may be under the impression that we are getting our point across while patients are secretly left scratching their heads. I think one of the main reasons that simple communication is becoming more and more difficult is that most of the people I interact with are other people in my class. With more patient interaction it will undoubtedly become

easier to translate our very specialized vocabulary into a dialog that everyone can understand. However, we cannot expect that we will automatically be able to talk with patients in this way. It has to be a conscious effort.

In addition to doctor-patient communication, Osteopathic medical students face a problem not faced by allopathic students. In our education we learn about somatic dysfunction, viscerosomatic reflexes and other terms that many other medical professionals are unfamiliar with. We not only need to worry about making our vocabulary accessible to our patients, but also to our peers. This is necessary to help reduce medical errors and create a better environment for patient care.

It is important that we are able to not only understand everything that we learn in

school, but also to explain it to our patients and peers. One of our most important jobs as Osteopathic physicians will be to educate our patients about their health, so we need to avoid the mindset that it is enough to learn solely about the diseases we encounter. Patient-centered treatment is not about organs, bones, viruses and vaccinations; it is about people, and only with accessible communication can we fulfill our role as Osteopathic physicians.

Before I Knew My Destiny, This Path Was Paved for Me LaToya Phillips—*VCOM UAAO National Representative*

As an osteopathic medical student in my second year, I have been drilled with the basic sciences: pathology, pharmacology, physiology, etc, but I have also studied the art and philosophy of Osteopathic Medicine. I am passionate about our philosophy and practice daily to perfect the art of manipulative medicine. My peers and I are on the brink of beginning our clinical rotations and can hardly wait to interact with living breathing patients, instead of paper ones, and wrap our minds around real clinical symptoms and diagnoses. We will finally be able to apply the knowledge we've accumulated over the past two years! ...or will we? Will I be practicing abdominal myofascial release on patients with paralytic ileus? Will I be able to apply my osteopathic knowledge to relieve sciatica and lower back pain in an obstetric patient? The answer is 'YES!', but only if I take the personal initiative to hunt down a D.O. that practices OMM regularly in his or her prac-

tice. While this is not an all daunting task when it comes to locating a family practitioner, it becomes much more challenging with regards to other specialties.

I have talked with many 3rd and 4th year students from various schools and, when asked how much OMM they are practicing on rotations, the answer is almost always the same....hardly any at all. As students in this profession, we are like sponges. We look to the doctors for knowledge and guidance. We try to mimic them to a 'T'. We read about paper patients, we study how to treat them osteopathically, we are tested up and down, but without practicing on a patient who truly harbors those symptoms, and without seeing true results, many students never truly believe in the power of osteopathic medicine. Such students will eventually become doctors of osteopathy, and having never had the opportunity to build confidence and faith in their osteopathic skills,

they do not practice as true osteopaths. Future students will sign up to go on rotations with these doctors, will not practice any OMM, and the cycle will begin all over again. I make it a point to visit a D.O. when seeking a physician. I have been to several in my area and not once have I been treated with OMM... not even for cervical pain or migraine headaches! I was actually offered only pain killers and muscle relaxants. So I ask, where are the true osteopaths? I don't blame the aforementioned doctors; it is obviously a result of their training...or lack thereof. I only hope that after myself and my peers go through the ringer that is clinical rotations, we are still as passionate about OMM as we are now.

I want to give credit to those D.O.s that practice osteopathic manipulative medicine. They are the ones who are maintaining the identity of our profession. This is a tribute to those that are turning out research and case studies on the successes of

OMM in all specialties, to those who practice holistically, to those whose patients heal faster and feel better after an office visit, and to those that volunteer to take students on rotations so that we may see osteopathy in practice. Thank you to the UAAO for providing us with a list of physicians who practice OMM so that we may strive to become true osteopathic physicians...and may this be the cycle that continues into the future.

Our Future in Osteopathic Medicine

Glenn Klucka — PCOM: UAAO National Representative

“Welcome ladies and gentlemen to one of the Osteopathy’s greatest traditions in one of the Osteopathy’s greatest hotels, it’s the march of the AAO fellows.” If you were at convocation last year, it should be pretty obvious where I got this line from. The march of the ducks Last year was my first convocation experience. It didn’t start too well due to travel problems. Once I arrived, convocation was a great experience, highlighted by Stars and Stripes and meeting students and physicians from around the country.

One of the more impressive sites during convocation was the march of the AAO fellows

during the banquet. Not just watching the fellows walk in, but the entire room standing and seeing the respect these individuals are regarded with by others in the room. People so often refer to the history of osteopathic medicine: AT Still, the influenza epidemic, fighting for practice rights. I think we often forget that we form the new history of osteopathy today. Think of the new techniques incorporated into osteopathic medicine in the last 30-40 years: muscle energy, counterstrain, FPR. This is the time period of a medical career. So Osteopathy is over 100 years old yet has still continued to grow. How will we grow osteopathy during our careers? Will

we create new techniques, find new applications for the ones we know, or fill the research gap behind many of the techniques. I do not know what we will do with our careers. I do know that years from now future osteopaths will look back at what we did with our careers and lives.

I do not ask anyone to take on this responsibility by themselves, as there have been many physicians who have contributed to osteopathic medicine. I only ask is that we do not settle with simply what we learn in class. Explore new ideas and continue to grow osteopathy. We are lucky to have such a strong base and history behind us today, but it is our obligation

to grow from this base instead of being content with what we have. As I move into the clinical phase of my education, I hope I live up to this obligation. I hope you will be able to do so as well.

A Tribute to the True Osteopathic Physicians

Caylyne DeGood—LECOM-BR: UAAO National Representative

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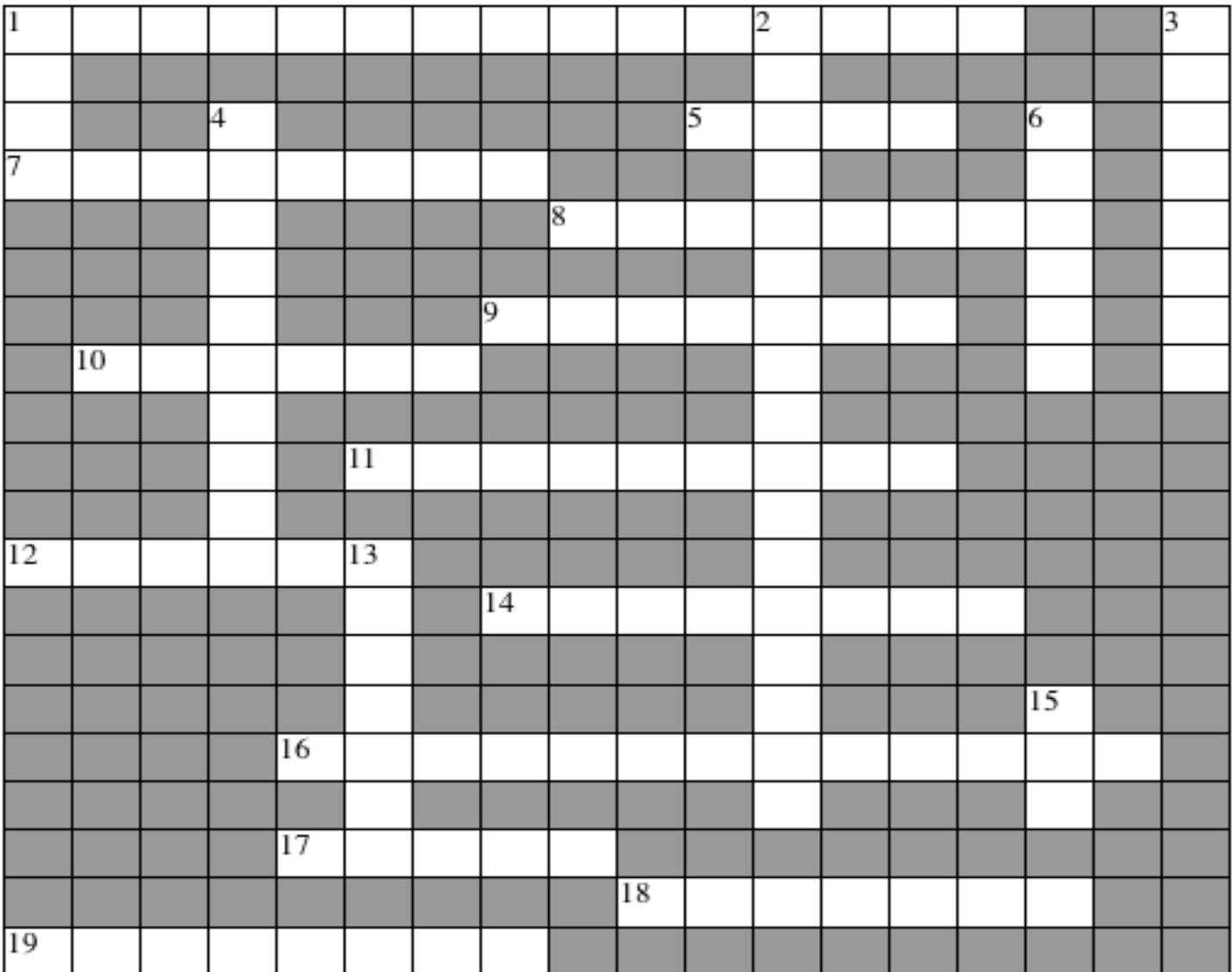
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OMM Crossword*Pierce Stewart—TUCOM-CA: UAAO National Representative*

Across:

1. Scoliosis to the right
5. Primary motion of the upper (1-5) ribs
7. This Chapman's point is located on the tip of the right 12th rib
8. Sidebending & rotation of the OA typically occur to _____ sides
9. Test aiding in the diagnosis of carpal tunnel syndrome
10. Technique used in HVLA
11. Test that detects tears in posterior aspect of menisci
12. Parasympathetic action on the pupil
14. Test used in the evaluation of sciatic nerve compression
16. Rotator cuff muscle involved with arm abduction
17. Innervates the ascending & transverse colon

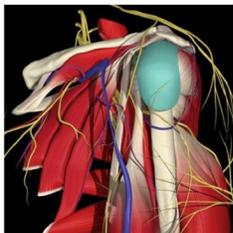
Down:

1. Attaches to the foramen magnum, C2, C3, & S2
2. Reflex that uses extraocular muscle contraction to effect cervical musculature
3. Muscle contraction against resistance while forcing the muscle to lengthen
4. The only subjective complaint of TART
6. Ligament dividing the duodenum & jejunum
13. The spine of the _____ corresponds with T3
15. Facet orientation in the cervical spine

Answers can be found in the next edition of
The Still Point!

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

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



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

email - sales@edu-technology.com

www.edu-technology.com

Gone but not Forgotten

John Baer—RVU-COM: UAAO Member

The passing of Student Doctor Brandon Trusell was a terrible tragedy to the RVUCOM family during the holiday season. Those who knew Brandon well appreciated him for his easy going friendly manner, and warm smile. The death of Brandon Trusell not only affects the students of RVUCOM, but also reverberates into a major loss to society. He was dedicated and studied hard to be the doctor that would serve those in need during a time of major healthcare shortages. Now one less seat is occu-

ried in Rocky Vista, one less fellow student and encouraging friend, one less doctor that would have served his patients well. We here at Rocky Vista will always remember Brandon for his dedication and true love for what he was doing. May all Osteopathic students remember and carry on the hopes and dreams of our fellow students whose lives have been tragically cut short. Our thoughts and prayers go out to Student Doctor Brandon Trusell and his family.



Better Living Through Chemistry

David Poliner—UNECOM: UAAO Member

It was only three years ago that emotions went from infinite complexity to a single piece of paper. Every biochemical reaction of expression was finally decoded and elucidated. Sorrow and joy no longer belonged to the human subconscious; they were sold to Pfizer and Merck at the expense of freedom of expression. For a small fee, conflicts became handshakes, pain became pleasure, and stress became serenity with release of the correct millimolar concentration of dopamine antagonists, opioid agonists, and selective-serotonin reuptake inhibitors. With the creation of the Pumps, Nitrogen was quickly replaced by an array of pharmaceuticals as the most abundant constituent in the atmosphere. For six weeks, the drug cocktail was perfect and everyone was happy.

Side Effects. Every drug has them; after all, humans are innately homeostatic-seeking creatures. The antagonists caused the shakes; the agonists created excessive euphoria; and the inhibitors reversed this exultation and destroyed the Libido, which led to massive suicides. As the death toll began to rise,

the governments of the world voted unanimously to have the pharmaceutical companies change the concoction being ejected from the Pumps.

They responded, for a small fee, by reducing the concentration of the chemicals being released. Normalcy was restored for awhile until it was discovered that because the Pumps were providing the necessary neurochemistry for humanity, the Body decided to stop producing these chemicals naturally. To further complicate the matter, genotyping revealed that the alleles required to code for the creation of the different neurotransmitters no longer existed in the human genome. In an effort to conserve its energy production, the Body had become lazy; and vicariously revolted against the pharmaceutical companies. The reduction in dispersal of the drugs therefore stopped the shakes, reduced the euphoria and increased the suicide rate.

Now the Governments of the World began to panic, if it could be called that. People were dying at exponential rates. The governments pleaded with the pharmaceutical companies to save them, and for a small fee, the drug Lords responded. If

decreasing the concentration of the drugs didn't work, perhaps changing the molecule altogether would. They released dopamine agonists, opioid antagonists, and precursors of serotonin with the hope that it would reverse the course of annihilation.

For a time, the effect seemed to stabilize humanity. The Orgasm made a triumphant and passionate return, productivity surged, and the Governments of the World continued to provide monetary sacrifices to their biochemical Deities. As the concentration of dopamine rose in the blood at ever increasing rates, however, the Body responded by increasing its hatred of other Bodies. Excessive aggression lead to increased malice, which as expected lead to an epic increase in homicides.

Where people once killed themselves, they now kill each other over power struggles. The Governments of the World have declared all-out-genocide on each other and their now forsaken drug Lords. Gunshots can be heard in every direction as another Body succumbs to the sanguine lust of another. This is

truly "Better Living Through Chemistry".

Cultivating Osteopathy

Elliott Sally —AZCOM: UAAO Chapter Secretary

An Osteopathic physician is like a gardener with the drive to cultivate the rose of health in a weed-filled field of disease, using their hands to remove barriers to the rose being able to flourish. A D.O. can use all the tools in their shed that both they and their M.D. neighbor have, but they also have their own special shed full of tools to hedge back the pesky weeds and fertilize the rose. While they may not dip into their special set of tools daily in many different clinical settings, an osteopathic physician always has those tools ready to work when the time is right. The tools are rooted in listening with ears and hands, and realizing that they can only encourage health, not create it—much like one can

encourage a seed to grow, but doesn't make the seed. The tools in the shed are power-tools that require skill and expertise to utilize to their full potential, and thus it requires time, patience, practice and more practice to use them to their maximal effectiveness.

I ease bodies into their cocoon of comfort with counterstrain, I encourage their muscle to work to its owner's advantage with muscle energy, I help the body overcome its barriers with HVLA, I help the body restore rhythm and balance with cranial, and I listen, listen, listen. I listen to the voice of a person in pain asking for help, to their face crumpled in stoic grimace, to their tissue perpetuating its incarcerated cycle of dysfunc-

tion. I listen to their mouths give me a history, and listen as their bodies give me another version, seeking the common ground they are both coming from. I listen to my hands guide me where my eyes cannot give me the information I seek, and I listen to my judgment when I know I need a more experienced guide to help me cultivate the rose of health in the body of the person I touch.

I am a gardener, a scientist, a listener, the guided, the student—I am the next generation of Osteopathic Physician.



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

1. Acquire a better understanding of Osteopathic principles, theories, and practice to include:

a. helping students attain a maximum proficiency in osteopathic structural diagnosis and treatment

b. fostering a clear concept of clinical application of osteopathy in health and disease.

2. Improve public awareness of osteopathic medicine so that the

community may better take advantage of the benefits provided by the complete health care concept of osteopathic medicine.

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

-UAAO National Council