

The Still Point

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The All-Inclusive AAO

John Leuenberger—National Executive Council Chair (LECOM)

The New Year promises to be very exciting as “the year of the Osteopathic spirit” is in full swing and the Academy sees many organizational changes taking place. This is apparent as we change our name to the SAAO; that change can be for the better and we all need to strive to improve our organization. I want to use this last Still Point of my term as Chair to address an issue that most, if not all, students are unaware of. While our numbers as student members are growing and are now over 5,000 the AAO membership has been steady for many years at approximately 1,200. This could be for a variety of reasons, but these figures represent a general apathy of osteopathic physicians to be involved, practice and promote osteopathic medicine.

The issue is truly deeper than numbers of members; it begins with the mentality and the culture of osteopathic medical schools. Osteopathic principles and philosophy (OPP) are just a part of the overall curriculum and generally kept separate from core classes of pathology, physiology and pharmacology. This perception that OPP

is just another class that has to be passed in order to graduate drives membership recruitment of SAAO chapters. Once second year is complete and rotations begin membership participation and interest disappears along with osteopathic philosophy and manipulation skills. What most students fail to realize

“The issue is truly deeper than numbers of members; it begins with the mentality and the culture of osteopathic medical schools.”

is that the knowledge and skills of the first two years is only the tip of the osteopathic iceberg. The SAAO and AAO have much to offer in the remainder of medical school, through residency and during a career as an osteopathic physician. The mission of the AAO is to teach, advocate and research the science, art and philosophy of osteopathic medicine. What osteopathic physician wouldn't accept this as part of their medical practice?

Another component is the misconception among students and physicians that the

AAO is for DO's who only do OMM. While it is true that a majority of AAO members use OMM extensively in their practice and the AAO encompasses the Neuromuscular Medicine (NMM) certifying board, it is NOT an exclusive specialty organization for physicians only doing OMM. The AAO membership includes DO's and MD's from almost every medical specialty including: Family, Internal, Peds, OB/GYN, Orthopedics, Ophthalmology, Heme/Onc, Infectious Disease, Psychiatry, Sports, Neurology and many others. As SAAO members attending Convocation this March and participating in the new Mentor program you will have the opportunity to meet and become mentored by physicians from many backgrounds and specialties.

As students of osteopathic medicine we must stay true to our foundations and resist succumbing to the allopathic world. I encourage all students to stay involved with their SAAO chapters, attend convocation and join the AAO after graduation.

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Auction 2011!

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

Each year the SAAO holds an auction as our main fundraiser and this year is no different. The auction is the only major fundraiser for the SAAO and we need everyone's participation to make it a success! Last year we had some great items donated including OMM tables, autographed books and amazing gift baskets.

This year we are also going to be continuing the silent auction at the SAAO booth. Bids will start Thursday and continue through the live auction.

If you have any questions about donations or the auction itself, please refer to the document that was sent out. Any further questions can be directed to me at uaaosect@gmail.com.

Schools are allowed to donate up to five items and the two with the highest bid will go toward VIP points, which are used to determine Chapter of the Year. Feel free to be as creative as possible with donations because often times the items that sell the highest are not necessarily the most expensive items.

Items can be dropped off starting Wednesday at the Board of Governors meeting through Friday at 2PM at the SAAO booth.

The auction will take place at 5PM on Friday.

New this year: 50/50 raffle! Tickets will be sold at the SAAO booth throughout convocation and the winner will be announced at the live auction. Winners must be present to win! Tickets will be \$1 each and \$10 for 15.

Please help make this year's auction as successful as last year!

Here Comes Convo!

Lauren Santell—National Executive Council NUFA Liaison (COMP)

It seems like just yesterday we were all gathering at the Broadmoor for our 2010 Convocation, but now the e-board is making final preparations for the 2011 meeting. This year is set to be one of the most exciting Convocations yet, and we all have been working hard to live up to expectations.

I know everyone realizes how important Convocation is to students, and that Convocation would not be as valuable if not for the work of many. With that said, please volunteer a few hours of your time to the SAAO and to NUFA while you are in Colorado Springs. We need bright, smiling faces to help with various duties and allow Convo to run smoothly.

From the NUFA perspective, we are very excited to have Dr Viola Frymann and Dr Katherine Worden presenting topics related to Pediatric Osteopathy in the Cranial Field for our 4-7pm Wednesday program. These women have a lot of knowledge, enthusiasm and experience to share, so be sure not to miss it! Also, we will announce the details of the NUFA social at this Wednesday program. The Thursday FAAO/NUFA forum will focus on cranial techniques that the presenter finds are most clinically useful. We are continuing to schedule FAAOs for this forum, but have already confirmed Dr Raymond Hruby will be present and sharing his expertise. This is another presentation NUFA members should not skip!

As always if you desire more information about NUFA, or want to be part of our monthly on-line discussions, please e-mail me at: nufaliamson@gmail.com. I'm looking forward to seeing familiar faces, and meeting new friends this year in Colorado!



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Kenneth Heidle—National Representative (LECOM)

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| BLT | Flexion | Muscle energy | Sacrum |
| Cervical | FPR | Myofascial | Sidebending |
| Counterstrain | HVLA | Osteopathy | Still technique |
| Cranial | Lumbar | Pelvis | Thoracic |
| Extension | Lymphatic | Rotation | Vertebrae |

Evening With the Stars—Local Edition

Vanessa Mervyn-Cohen, Amy Martin, Darcie Takemoto, and Jason Shupe —UAAO Executive Board (COMP)

In late November, after the OMM course had wrapped up, a small intimate gathering was held in the atrium of our new Health Education Center. Local doctors, faculty and the OMM fellows joined students for soft instrumental music, light fare, and OMT.

In all, about sixty came together for our local edition of Evening with the Stars. To offset costs, students were charged a modest fee. OMT tables were setup in excess of the number of confirmed doctors. The atrium was adorned with sparkly silver and navy blue stars and tinsel. An assortment of light exotic cuisines were offered for snacking along with spirited and non-spirited beverages.

Elegant invitations were posted early to local doctors and faculty. Students were invited via announcements during class and electronic mail. Student doctor musicians volunteered their talents and provided holiday tunes and ambiance. Doctors and students began to trickle in at half past five, building by half past six, the bulk lasting until half past eight, and by half past nine most had retired.

*The idea for local edition of Evening with the Stars was picked up from the UAAO Business Meeting at Convocation last year (unknown UAAO club).

**The event was a great success, and may serve as a model for the reworking of our annual spring mixer. Future renditions will likely feature early pre-sale tickets, and early promotion to students.

COMLEX Level 1

Joel Barredo—National Representative (LECOM-Bradenton)

This article is dedicated to all of those OMS2s out there. As an OMS2, I know that the COMLEX level 1 will be here soon enough. In order to better facilitate retention of the material, it is best to be continually exposed to and quizzed on the material. So here are some high yield questions for the OMT portion of the COMLEX level 1.

If a patient's L5 is rotated right and sidebent right, how will their sacrum present?

Sacrum will present as LoR (rotated left on right oblique axis).

A gymnast comes to your office, and complains of pain in her right elbow. Her physical examination is significant for a right posterior radial head. What is the most likely way she developed this dysfunction?

The gymnast likely had a forward FOOSH (Fall on outstretched hand). A forward fall would most likely occur on a pronated hand, which would cause a posterior radial head dysfunction..

A patient presents with a supraventricular tachyarrhythmia. What is a trigger point, and what trigger point could possibly result in a supraventricular tachyarrhythmia?

Trigger Point: a focal, hyperirritable spot located in a taut band of skeletal muscle.

Cardiac Trigger Point (aka Pectoralis Trigger Point): located in the right pectoralis major muscle, in the 5th intercostal space, between the sternal margin and nipple line

What is the upper gastrointestinal reflex?

C2 Left, T3 Right, T5 Left, T7 Right.

What are the atypical cervical counter-strain tenderpoint treatments?

C3 Posterior TP: Flex and Sidebend Toward, Rotate Away

C7 Anterior TP: Flex and Sidebend Toward, Rotate Away

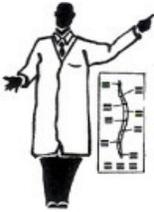
C1 Posterior TP: Inion Flex

C1 Anterior TP: Rotate Away

A patient who has recently had an inversion ankle sprain would most likely have what fibular head dysfunction?

Inversion sprains typically lead to posterior fibular head dysfunctions.

OMT is incorporated into about 20% COMLEX level I, II, and III. If there was any difficulty answering these questions, it is likely that reviewing OMT would benefit your COMLEX score.

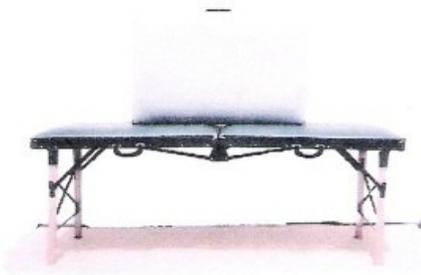
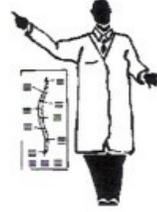


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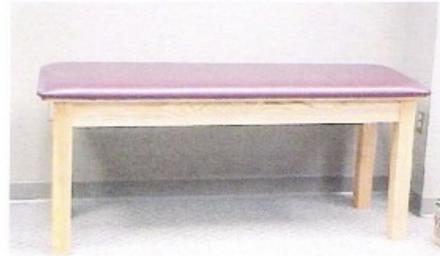
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OMT Table Fundraiser

UAAO Executive Board (LECOM)



We advertised our sale to raise funds for a local girl with Long QT Syndrome, and raised enough for her family to purchase a home AED. Most of our MS2's were also in the midst of the Cardiovascular system, so we used the opportunity to learn more in depth about Long QT.

Cranial Osteopathy: Bringing it Home

Veera Motashaw and Janelle Blair—President and National Representative (VCOM)

Carrying on VCOM's annual tradition of hosting Dr. Stephen Blood for an Introductory Cranial Course, the UAAO Sponsored a 15-hour weekend workshop in the Winter of 2010. Dr. Blood graciously accommodated over 30 students for the two-day workshop, with high attendance both days. Table trainers were invited from around the country and boasted new and familiar faces. With eight table trainers all students were able to work one on one with an experienced doctor while Dr. Blood directed the group. The abundance of trainers, and diverse group of first and second year students provided an unprecedented learning environment; keeping all students engaged and challenged throughout the weekend. From one on one instruction from table trainers to an increased awareness of the power of palpation, the Cranial Osteopathy workshop was a wide-ranging success.

At VCOM, Dr. Blood's course is often the first opportunity for many first year students to actively participate in weekend long workshop. Until approximately October many OMSI's are unsure of their ability to palpate anatomy in a way that is useful in treatment of a patient. By hosting a cra-

nia workshop in early November, students are able to make sense of the anatomy they learned in class, and hone palpation skills they were acquiring in OMM Lab. Two days of activity allows students to focus on what they feel, and expand their skills from basic palpation of the cranium to noticing the palpatory feel of strain patterns as being abnormal. Cranial requires an open mind and most of all trust of your own hands. The unique nature of Cranial Osteopathy makes it well suited to not only introduce first year students to the true spirit of Osteopathy, but as a way to build confidence in what they feel.

Our weekend began with students partnered, one student on the table and another at the right hand corner at the head of the patient. All tables were set up the same, creating a great atmosphere of symmetry and synergy for palpation and treatments. Students were asked to lightly place one hand on the forehead of their partner and another under the occiput, and then to sit and wait. Students silently observed the information coming into their hands, feeling the motion in the cranial bones and discovering a potential rhythm. After a few minutes, all operators were asked to silently

switch seats in a clockwise direction and repeat the process. As observation on multiple partners was accomplished students began to feel more comfortable with the symmetry in rhythm, better known as Cranial Rhythmic Impulse (CRI). Faces light up across the room when people began to trust their fingers and really experience the root of osteopathy: the connection between anatomy and the perpetual movement of a living system.

In the evenings the physicians stayed to share their knowledge and the gifts they possess in their hands while treating patients osteopathically. Students crowded around tables, and watched physicians treat dysfunctions with techniques they had never seen before. The integration of techniques, often taught one at a time were shown as an integrated treatment of a triune being, bringing home the lessons of the day.

With a great success under our belt and a newfound and renewed passion for our profession the students of VCOM will see everyone at Convocation!



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The Art of OMM in Family Practice

Ashley Akridge—National Representative (MSUCOM)

Before returning back to medical school after winter break, I had the opportunity to work a week in a family practice office. Over break I focused on the holidays and friends and family. I took little time to catch up on my studies or practice my osteopathic manipulative medicine (OMM) skills. I was nervous to go into the office and not remember a thing after being in a food stupor over winter break. Not only was I nervous, but I was also very concerned that I may have lost the osteopathic touch to performing OMM on patients. As it turned out, the family practice experience enhanced my OMM techniques and showed me just how much I have learned over the past two years of medical school.

The physician I worked with has been in practice for over 40 years in the same building and has seen some of his patients their entire life. He is well-respected and known for his ability to

relieve pain through OMM. He performed some aspect of OMM on nearly every one of his patients, even if their complaints seemed completely unrelated. He showed me how the thoracic outlet release could be very helpful for someone with sinus congestion and helped alleviate pressure build up. He also did several HVLA cervical techniques on patients with issues ranging from migraine headaches to anxiety problems. Patients seemed to experience relief immediately after a technique was performed and walked out of the office feeling much better already. It was amazing to see the change in patients just after OMM treatments and without the need to use steroids, shots or antibiotics.

During my time at the office, I was able to treat patients with neck and back pain that had several somatic dysfunctions. I also saw patients with chronic low back pain that were on

multiple pain medications and all benefited greatly from OMM. Although only a couple of years into my OMM training, I was astounded to see the effectiveness of even the simplest manipulations that I performed. The patients were very grateful for even the slightest relief in pain and thanked me for taking the time to learn the art of OMM and treat patients. The family practice experience helped me realize how vital OMM treatments are to the Osteopathic profession and the potential to treat someone solely with your hands.

Two Related Lower Back Case Studies

William Jens—National Representative (PCOM)

You are the product of your parents. My father threw out his back all of the time and struggled with it throughout his life. Looking back at his symptoms, I strongly suspect that he had spondylolisthesis. His pronounced kyphosis gave him a sacrum upon which you could balance cups and also a peculiar gait. His tight hamstrings had him stretching all of the time, leading to embarrassing questions as he did calisthenics or yoga on the sidelines of all our various pee wee sports. His family history indicates a bad back as well, with both of his sons having equally poor backs.

After years of hard use in various contact sports, my back was OK but would give me problems now and again. I had all of the same symptoms that my father had and, right before medical school started, it worsened to the point of seeking treatment. I had been golfing and had felt a pain shoot down the back of my leg that did not go away. Once I heard that students were able to receive free OMM treatments, I headed directly to the OMM department where the physicians eventually diagnosed me with a stable grade 2 spondylolisthesis. They freed up my SI joint, addressed my right posterior innominate, and performed sacral distraction techniques. I con-

tinued to receive treatment and have benefited greatly from the treatments, going from 5/10 to 2/10 pain scale with no radicular symptoms. I have also received good advice about how increasing core and gluteal strength to prevent a structural imbalance will reduce symptoms and increase the time between exacerbations.

This positive experience was shared with my brother. While his vertebrae appear stronger, the similar unstable body type and history expressed itself in cartilage problems. Previously, he was diagnosed with several bulging discs in his low back. He was unhappy with his past treatments and doctors, receiving little relief from the variety of medications that they tried. NSAIDs were disrupting his GI tract and other medications were not relieving the pain, simply distracting him. After physical therapy failed to help, he was left with the choices of either surgery or injections. He previously had a surgery to remove the bulge from his L5-S1 disc and it only gave a year of relief, so he did not choose that route. He knew that the shots would work in the short term but was worried about long term steroid use on several areas of his spine. Jealous of my results, he came to PCOM for treatment. His chronic back pain resulted

in tight boggy muscles that were severely painful with occasional radicular symptoms. Treatment started with soft tissue techniques and myofascial release that addressed the muscles, and treatment proceeded to conquer the skeletal issues by caring for his sacrum, pelvic, and innominate dysfunctions while releasing his SI joints. While treatment is still in the beginning stages, it has significantly reduced his pain and increased his quality of life.

While the inherited instabilities resulted in both my vertebral and his cartilage dysfunctions due to the hyperkyphosis-induced force on the lower back, the structural similarities resulted in similar treatments. In both cases, we have greatly reduced pharmacological need, increased range of motion, and have reached a better quality of life. While we may sometimes struggle with the inherited backs, we are certainly thankful for all the other experiences that our father gave to us.

The Necessity of Osteopathy

Lauren C. Prest—National Representative (RVUCOM)

“Systems may come, and systems may go, but osteopathy will go triumphantly on forever.”

~Dr. Ethel L. Burner, 1914

Though RVUCOM is still in its infancy and our curriculum is still in flux- it appears that we are no different in our struggle than any other school to keep osteopathic techniques, not just osteopathic principles, at the forefront of our model of education. It falls to UAAO chapters everywhere to emphasize learning OMT outside the classroom and fight the wave of apathy that seems to inevita-

bly move through any institution when academic rigor strikes fear into the hearts of its students and rigidity into the hands of its administration. Like any great cause, osteopathy was worth fighting for, and while DOs waited nearly a century to practice with full physician rights, they did so because the demand was strong for a brand of medicine that cures ails without the augmentation of drugs and scalpel. In a time where external remedies were deemed more powerful than the human body, a new profession arose that changed the face of medicine forever. If osteopaths con-

tinued to practice in the way A.T. Still intended, medicine will continue to flourish as it has in the past- by meeting the unmet need.

We at RVUCOM eagerly await Convocation and the chance to meet everyone traveling to Colorado! See you in March!

Osteopathic Word Find

Lindy Nettleton—National Representative (PCSOM)

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

A.T. Still

BLT

Convocation

Cranial

CRI

Direct

Extended

Flexed

Functional

HVLA

Indirect

Localize

Manipulation

Motion Mechanics

Muscle Energy

Musculoskeletal

Osteopathy

Palpation

Reciprocal Inhibition

Restriction

Rotated

Side Bent

Somatic Dysfunction

Spring

Tender

Torsion

Traction Tug

Trigger Point

Unwinding

Visceral

Spring Nutrition Lecture Series

Amy Thorne—National Representative (TCOM)

TCOM's UAAO has teamed up with two of our OMM faculty to bring a Spring Nutrition Lecture Series to first and second-year osteopathic medical students and students of other programs on the University of North Texas Health Science Center Campus such as the Physician Assistant and Physical Therapy programs. TCOM's Class of 2013 received two total lecture hours in instruction on nutrition, while the TCOM's Class of 2014 will receive one total hour on the complex issues of nutrition and nutritional therapies. Therefore, UAAO will begin and continue to sponsor an ongoing series meant to cover the gap in this part of our medical education.



To start, our first lecture will be Good Nutrition on a Budget, followed by other lectures on various topics including neurotransmitters and good nutrition, hypertension and supplements, pain and inflammation and the tandem roles of OMT and nutritional healing modalities. In addition, through various health fairs and community sponsored runs, since July of this year TCOM's UAAO has treated over 500 participants and spectators and introduced many lay persons to osteopathy and its benefits. We are including a photograph of our UAAO President at the Fort Worth Hispanic Health Fair held in August of 2010. At this event, we treated 220 people including elders and children.

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Staying Connected to OMM in Your Clinical Years and Beyond

Jessica Ridgley D.O.

Moving beyond the first two years of medical school into clinical years is exciting. The clinical years allows for the adventure of new places and new faces while putting into application what was only in books a few months previously. However, for those who are drawn to the practice of Osteopathic Manipulation in Medicine, these years can become challenging to continue expanding our skills. Then a short year after we start our clinical year, we are faced with deciding where to continue our training with residency. As exciting as all these changes are, they are overwhelming and if you want to pursue your skills in OMM, decidedly challenging.

After going through the process, I have a few words of advice for those going through it now:

1. Stay true to yourself
2. Think outside the box
3. Find a mentor to help you through the process

When I say "stay true to yourself", I have noticed that many students who want to continue learning, using and practicing OMM have this belief that the only way is to enter a Family Practice or an OMM/NMM residency program. Although this is likely the easiest route, there is a definite lack of OMM in other areas of medicine. I chose Internal Medicine because it felt like the right fit for me. However, there is a distinct lack of OMM in this area. This is just one example. Another area of medicine that can be helped tremendously is the post-operative patient from surgery. Any area of medicine can be enhanced by a physician that does OMM. Whatever

area of medicine makes your heart beat faster and your blood start pumping, take your OMM skills with you but stay true to that feeling.

Sometimes staying true to your desires requires a little creativity. Thinking outside the box is a necessity for continuing your OMM skills in clinical years/residency as well as finding a residency that fits you best. First, if you desire to continue to use your skills, you must tell your attending. Depending on the attending, this can be an arduous task. I was very upfront with most of my attendings. However, on my surgery rotation, I had this fear of rejection and it took me a week to find the courage to bring it up. Imagine my surprise when the response was "Oh, I had heard you like to use OMM. I meant to talk to you about that! You can use it on any of my patients. Just document it in the chart. I was the UAAO president at my school 2nd year and I think that surgery patients can do wonders with OMM."

Staying connected to people and groups that are focused on the progress of OMM is important. After 2nd year of school, we easily become detached from the groups that supported our skills initially. Staying involved in the UAAO during your clinical years and the PAAO during residency gives a quick resource for finding workshops and doctors who will enhance your training.

In finding a good fit for residency, I found that the Osteopathic Opportuni-

ties link from the AOA website to be particularly helpful (<http://www.opportunities.osteopathic.org/>). Each approved residency program has a description and a contact. I would look for descriptions in my chosen field that seemed to bend towards use of OMM and then contact the program with specific questions to see how they responded. This allowed me to narrow my search and decide which programs I wanted to do a subinternship and apply for residency.

Lastly, everybody should have a mentor! A person to answer questions, guide when lost and bolster when you feel that you will never be able to

achieve your specific desires. However, finding a person to fit this description can be more challenging than finding the right fit for a residency. That is why the UAAO is trying to start a mentorship program to facilitate students moving through clinical years and into residency. As a member of the Post-graduate American Academy of Osteopathy and the UAAO ambassador, I am very excited about this idea. In the PAAO, we are trying to notify our membership in hopes to gain a good number of mentors for the program. Hopefully, our experiences can be of use to those who are currently navigating the process. If you are interested in being a part of this program please contact the UAAO Chair, John Leuenberger at uaaochair@gmail.com.

"Whatever area of medicine makes your heart beat faster and your blood start pumping, take your OMM skills with you but stay true to that feeling."

UAAO Semi-Annual Bowling Tournament – More Than Just a Fun Night

Judy Nguyen—National Representative (TUNCOM)

Last year my fellow colleagues began the UAAO Semi-Annual Bowling Tournament with one event per semester (Fall/Spring). We rented out ten lanes at the local bowling alley and assigned each lane to one team consisting of four players. Each team was allowed to play three games. The top 3 scoring teams were presented with trophies and metals. In addition to the tournament, we had a costume contest that many of the bowling teams also participated in. The funds raised during this event were then used to send UAAO students to the AAO Convocation.



At first, the event was open to only the osteopathic medical students. But since the event was such a big success, we decided to include other programs at the university. These programs consist of Nursing, Physician Assistant, Occupational Therapy, and Physical Therapy. We were absolutely unaware that by doing so, we created an environment for students to socialize and network.



Our profession calls for interaction and cooperation with other professionals on a daily basis. It is important to begin that interaction early in our education to allow us to learn about each profession's role in the medical field and establish respect for one another. This event allowed us to achieve just that. It was as if the imaginary walls separating each program were crumbling

down. We were no longer secluded from each other. Lasting friendships were made.

More and more success came with each event so we expanded from ten lanes to twenty lanes. Spectators came to enjoy the festivities. Winners came back to defend their titles. Others came to challenge them. Teams from different programs returned to show pride in their professions with a little bit of healthy completion. It is ironic to say that competition can drive unity, but it certainly did in this scenario. Had it not been for the UAAO Semi-Annual Bowling Tournament, each program would still be unknown to the other.

Don't Be Scared, Be Prepared

The start of medical school for most students is a time filled with anxiousness, excitement, and most importantly the will power to succeed and do well. Although this can be said for any medical school, osteopathic medical students are presented with an additional challenge: to learn and to master the techniques of Osteopathic Manipulative Therapy (OMT). Learning to palpate a vertebral spinous process and transverse processes can be difficult enough, but having to diagnosis a particular somatic dysfunction seems almost impossible.

At NYCOM, students are tested by various physicians on the proper demonstration and concepts of these techniques. As a result, in order to ease the anxiety of its first year medical

students, the NYCOM chapter of the Undergraduate American Academy of Osteopathy (UAAO) organizes two Mock OMT Practical Exams at the beginning of the school year. In order to administer the exam efficiently and effectively, NYCOM's UAAO recruits fellow second and third year medical students as well as NYCOM physicians. This year one of the mock practical exams was conducted in September and the other in October. Each mock practical focuses on the current techniques and concepts that the first year students are expected to have learned during that particular unit. For example, first year students are required to identify and to localize a somatic dysfunction as well as be able to treat a tender point with a counter-strain technique.

Chantal Bruno—Event Coordinator (NYCOM)

The mock practical provides a way for students receive critical feedback about their presentation of the techniques, in an effort to gain accuracy and confidence in the practice of OMT. Out of approximately 300 first year students, about 160 students chose to take part in the mock practical. Robin Petrizzo, one of the first year students stated, "the mock practical offered us [1st years] the opportunity to present and demonstrate the material and concepts of OMT as well as the opportunity to receive feedback that allowed us to become of the mistakes that we were making." Overall, each of the NYCOM UAAO's mock practical exams was a success that allowed for interactive learning among fellow medical students and physicians.

Fascia—Everything is Interrelated

Amy Vagedes—Chapter President (OUCOM)

Procrastination is an art. Well, at least I keep telling myself that. I mean if it really is, then that must make me (and probably most other medical students) great artists because I seem to engage in this, er, “medium,” more often than I probably should. Regardless, of procrastination’s location on the artistic spectrum, writing doesn’t just magically appear, no matter how long I leave a Microsoft Word document open on my computer desktop. So here goes my, definitely not divine, but rather I should say, osteopathic, inspiration:

“So many treatments play on this meshwork’s ability to dance, or not, with the dynamics of our breath, cranial rhythm and muscle contractions.”

Fascia. What is it? As a first year medical student, we had this vague concept of it as something that, you know, is made of connective tissue and links body together, for “Everything Is Interrelated.” When it came to this fascia thing, we memorized lots of things from papers and powerpoints, yet actually touched and felt few of them.

“A” is for articulations! Our first year curriculum was focused on the osseous structures, joints, and their mobili-

zation. But, lo, as second years, we have entered into this uncharted and unfamiliar territory of fascia. As we began, we jogged our memories with flashbacks to the beautifully functional nuisance we had battled with a year earlier in gross anatomy lab and began to see this member of the body in a different light. Fascia is everywhere! Your anterior (cervical), your posterior (longitudinal ligament), your superior (thoracic inlet), your inferior (pelvic diaphragm), and yes, even ‘dem bones, ‘dem bones, where it wraps us all up into one big human burrito. So many treatments play on this meshwork’s ability to dance, or not, with the dynamics of our breath, cranial rhythm, and muscle contractions. I’ve come to appreciate this structure, whom I previously just saw as a silent observer, as an active participant in our bodies’ vitality. Dr. A.T. Still summarized its importance simply by stating, “By its action we live and by its failure we die.” Boy, am I glad I made it to my second year to meet this fascia guy again!

But then, how much are each of us like “fascia” in our own right? As I was sitting in the first day of a forty hour cranial course, I began to make this comparison while Dr. Chila was sharing the different traditional views on connective tissue. Dr. Angus Gordon Cathie described that fascia “both gives support and is a stabilizer, helping maintain balance,” and that, “it assists in the production of motion.” Funny how that resembles our friends and classmates... They have become our family here in medical school, our support systems to help provide balance in our stressful, busy lives. They complement our learning styles, helping us achieve success and motivate us when we need it, moving us closer to our goals. When we move one way, they will move with us, sometimes taking us by the hand and leading us there. Just like fascia. And when all we need is a hug, like fascia again, they are there to wrap us up in one. So whether you are learning about the effects of antidepressants or studying the physiology of how babies are born, getting into the endocrinology of diabetes mellitus, or categorizing the different types of long bone fractures, don’t forget fascia, friends, and how important they are to each other and to you. Remember, “Everything Is Interconnected.”

Charlotte’s Verse

Jasmine Hudnall—Community Outreach Coordinator (TUNCOM-Ca)

When I offered to do the “Still Point” I had no idea what I would do. So, when I came home, I explained that I had to put something together about Osteopathy for a newsletter and asked if anyone had an idea. My 7 year old daughter flashed excitement across her face and ran into her room. When she came running back, she had her “verse” from school – a reading exercise that she is meant to recite aloud every day. She said, “Mama, you could just change a few words and use that!” I agreed, here it is:

The light that permeates my thought
 The love that warms my heart
 The strength that courses through my limbs
 Have all been given me
 That I may do whatever I may
 To help and serve those with me on my way

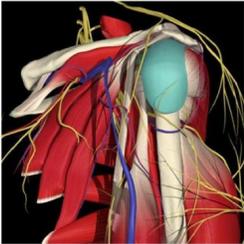
I didn’t end up changing any words because I think my daughter had it right, this is what Osteopathy is about. The tools that are handed down to us from our professors and mentors are for a purpose. They’re not for passing

the boards or impressing our preceptors. Our gifts of manual medicine – the palpatory sensitivity we cultivate, the accurate movements we practice over and over, the subtle intention we nurture in ourselves – are given to us that we may serve.

Any parents who wonder if their kids are going to be damaged because our lifestyle in school leaves little room for play and family sweetness can take comfort in this remarkable demonstration that *they get it*. Our kids and those around us absorb and emulate the passion we have for service, the dedication we have to growing love and kindness in our lives. They take the mission of medicine into their hearts and shine it back to us if we only take a moment to watch.

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Not Just Icing on the Cake

James Tyler Merchant—President-elect (LECOM-SH)

During the week and a half of sanity following my first semester of osteopathic medical school, I practically slept on and ate off my OMT table. I practiced OMM every chance I had, thanks to my family volunteering to be my guinea pigs. An accomplished chiropractor even asked me for an adjustment one afternoon. Without a doubt, seeing how much I helped my parents and grandma with their pain was really rewarding and made first semester worth every ounce of treachery. I felt good about what I was doing, but I wasn't really surprised at the results, as I had seen OMM really work throughout the preceding months.

*“Remove all obstructions,
and when it is intelligently
done, Nature will kindly do
the rest.”*

My amazement came when trying to help my best friend's mother, who suffers from debilitating fibromyalgia, on the day I was returning to Greensburg, PA to start second semester. She had been in a lot of pain recently, and clearly had areas of hypertonicity throughout her neck and back. After performing suboccipital release, some soft tissue work, and traction on her C-spine, her neck loosened up—no surprise there. After a quick HVLA adjustment of her OA and AA, her face and head pain diminished. Again, this was nice, but not particularly surprising. Neither was the fact that stretching, inhibition, and FPR of her trapezius, Jones technique on the levator scapulae, and thoracic and lumbar HVLA helped with her back and shoulder pain. Near the end of my visit with my friend and his mom, I remembered

seeing her holding her wrists earlier in the day. When I asked her about it, she said they didn't really hurt, but they just ached a little and were markedly swollen. I noticed that both wrists exhibited slight ulnar deviation, so I tried HVLA on the wrist and then checked her radial heads. One side was anterior, while the other was posterior. After some muscle energy, her

range of motion improved a bit. The last area I wanted to help her with was her knee, which was also swollen. I tried some joint stacking there, which I had not

had much opportunity to practice before. When we finished, no more than three minutes later, I asked how she felt. She said her head, neck, and back felt better, and as she was getting off the table, I saw her wrists. To my astonishment, the swelling was almost completely gone. Helping her with her pain was a really great feeling, but the speed at which osteopathic treatment had practically eliminated the swelling in her wrists made my jaw drop. As Dr. Still instructed, “Remove all obstructions, and when it is intelligently done, Nature will kindly do the rest” (*Autobiography* 399). What a great way to end break!

My father is a carpenter, and a very skilled one at that, and I have often wished I had the knack to build and fix things the way he can. My interest prior to medical school was treating

pain and, after seeing OMM put to the test, I am even more excited to have my own patients to help. As exciting is the realization that I, like Dad, am now using my hands every day, building health and fixing somatic dysfunctions. I remember an encounter during first semester with an aging woman, who saw my ID badge and inquired about osteopathic medical school. “Why did you choose to be a D.O.? Chiropractors are a dime a dozen. What we really need are real medical doctors.” “Oh, geez,” I thought, “where do I even begin?” After explaining that we are not chiropractors, she, who by this point had identified herself as a retired nurse, was still not satisfied and challenged: “So, let me ask you this: if you had a patient with a bacterial upper respiratory infection, would you give antibiotics or do OMT?”, to which I answered, “Both.” She scoffed: “Sounds like twice as much work to me!” I calmly replied, “I don't want to be a doctor to do less work; my goal is to help the patient, and if it takes me a few extra minutes to do that, then that's what I will do.” She didn't have much to say after that. To me, OMM is not icing on the cake; it is as much a part of the medical cake (that's not supposed to be a nasty image) as education, prevention, pharmacotherapy, and surgery. “When you fully comprehend and travel by the laws of reason, confusion will be a stranger in all your combats with disease” (A.T. Still, D.O., *Research and Practice* 39). I am the first to admit I do not yet fully comprehend, so I guess it's not quite so sad that I am hopelessly in debt right now.

Sacrum Study Notecard

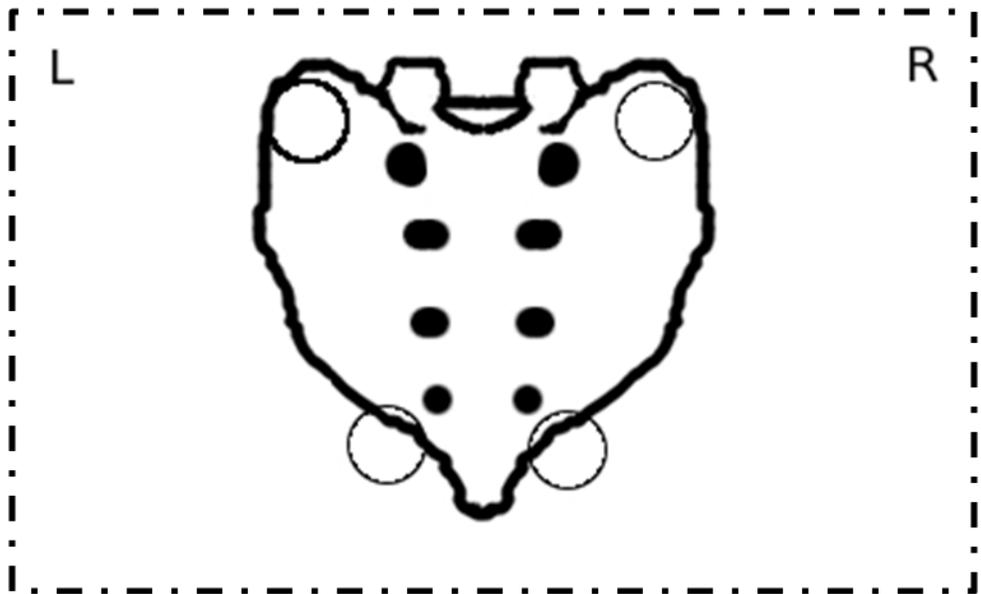
Randal Davis—National Representative (NSU-COM)

We're halfway through the year! Unfortunately, that means Boards and Shelf exams are right around the corner for some of us. The following image is formatted to fit on a 3"x5" note card. Many students in our school prefer working through sacral diagnoses with visual aids, so this will hopefully help. The image should be able to be copy-pasted for printing and sharing with your respective schools.

The circles at the superior surface of the sacrum represent the sulci near the posterior superior iliac spines (PSIS's), while the circles on the inferior surface of the sacrum represent the inferior lateral angles (ILA's). By filling the circles in, one can represent the palpatory depths found with various somatic dysfunctions.

Please feel free to reproduce and distribute any information here! Here is a quick table of typical findings (also formatted to fit a 3"x5" note card) to accompany the diagram:

Seated Flex-ion Test	ILA posterior	Left sulcus depth	Right sulcus depth	Somatic Dy-function
+ Left	Right	Deep	Shallow	R on R torsion
+ Right	Right	Deep	Shallow	R on L torsion
+ Left	Left	Shallow	Deep	L on R torsion
+ Right	Left	Shallow	Deep	L on L torsion
+ Right	Right	Shallow	Deep	R unilateral shear
+ Left	Left	Deep	Shallow	L unilateral shear
Equal	Equal (+ spring)	Equal (- spring)	Equal (- spring)	Bilateral sacral flexion
Equal	Equal (- spring)	Equal (+ spring)	Equal (+ spring)	Bilateral sacral extension



References

Sacral Diagnosis chart was made with reference to: DiGiovanna, E., Schiowitz, S., & Dowling, D. (2005). *An osteopathic approach to diagnosis and treatment* (3rd ed.). (E. DiGiovanna, S. Schiowitz, & D. Dowling, Eds.) Baltimore, MD: Lippincott Williams & Wilkins.

Diagram of sacrum composed with reference to: Netter, F. H. (2006). *Atlas of Human Anatomy* (4th ed.). Philadelphia, PN: Saunders Elsevier.

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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 compete health care concept of osteo-pathic 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

UAAO

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