

November  
2007

Fall  
Issue



# The Still Point

## National Executive Board

- **Chair**  
Tamar Gibli—CCOM  
uaaochair@academyofosteopathy.org
- **Vice Chair**  
Jessica Smart—KCUMB  
uaaovchair@academyofosteopathy.org
- **Secretary-Treasurer**  
Scott Leggoe—VCOM  
uaaosect@academyofosteopathy.org
- **National Coordinator**  
Aisha Bailey—UMDNJ-SOM  
uaaonatcor@academyofosteopathy.org
- **NUFA Liaison**  
Brianna Cross—Touro Univ.  
nufalialison@academyofosteopathy.org

## Regional Coordinators

- **Region 1—PCOM, NYCOM, UNECOM, UMDNJ-SOM**  
Jamie Rapacciuolo  
region1@academyofosteopathy.org
- **Region 2—LECOM, MSU-COM, OUCOM, CCOM**  
Breanne Willison  
region2@academyofosteopathy.org
- **Region 3—LECOM/FL, NSU-COM, PCOM-GA, PCSOM, WVSOM, VCOM**  
Jennifer Woodard  
region3@academyofosteopathy.org
- **Region 4—DMUCOM, KCOM, KCUMB-COM, OSUCOM, TCOM**  
Katherine Jorck  
region4@academyofosteopathy.org
- **Region 5—TUCOM, AZCOM, WU-COMP, TUCOM/NV**  
Ivi Li  
region5@academyofosteopathy.org

## Undergraduate American Academy of Osteopathy

Copyright © 2004-2007—Undergraduate American Academy of Osteopathy. All Rights Reserved. Opinions expressed in this publication may not represent the official position of the UAAO or the AAO.

### Research Initiative

As the old saying goes, time flies when your having fun! My first six months as the UAAO National Vice Chair have gone by much faster than I expected. In another short six months, we will be back at Convocation and I look forward to seeing many of you again!

My time as Vice Chair has been very educational for me. In July, I was given the chance to attend the House of Delegates for the AOA and SOMA. There I was given a glimpse into the administration and politics that keep this wonderful profession moving forward.

Another area that I am getting an education is the area of sci-

entific research. When I came for my interview at KCUMB, I was asked if I had any interest in doing re-

search. As a person with a degree in Economics, with no research background, I found the idea both humorous and daunting, all at the same time. However, since I have become more involved in the Osteopathic community, I have realized the desperate need for research in our field.

With this knowledge, my interest in the subject of research, especially regarding Osteopathic Manipulation, increased. Presently, I am one of the OMM

*Jessica Smart—National Executive Vice Chair (KCUMB)*



fellows at my school. One of the reasons I decided to do the fellowship was the opportunity to do research. My first lesson in research...it is a slow process with a lot of administrative paperwork!

When I started the fellowship, I spoke with Kristina Manion, a student at KCUMB and researcher in Osteopathic Manipulation. She has completed a pilot study to determine "The Effect of Manual Osteopathic Rib-Raising Treatment with Intermittent Pressure on the Autonomic Nervous System at the Heart and Digits." Her findings will be presented at the AOA convocation in San Diego as a poster presentation.

I asked Kristina why she chose to do research. She said, "Learning! It was such a good experience to write the abstract and analyze the results. I learned a lot about statistics, how to organize a research project, how to design a poster, and work with a mentor. It was great! Plus, I get to travel and present my poster. It will be a good experience for when I do

*(Continued on page 2)*

### Inside this issue:

Research Initiative—J. Smart (KCUMB)	1-2	Vicki Dyson Scholarship Winners	9-10
Research: Fellows in OMM—B. Cross (Touro)	3-4	Caveman—D. Kohn (DMUCOM)	11
		Continuing the Journey—M. Miller	11
Exciting Beginning—C. Meacham (KCUMB)	4	Convocation Information	12
Only Just Begun—J. Gantomasso (NYCOM)	5	Passing on UAAO—T. Taber (TUCOM)	12
LIVESTRONG—C. Clinton (PCOM)	5-6	Women in OMM—M. Stone (UNECOM)	13
What a Gift—R. Backer (OUCOM)	6	Student Becomes Teacher—S. Wear (WU-COMP)	13
Memorial AT Still Hall—K. Deese (LECOM-FL)	7	Stuart Pain Clinic—E. Oramas (VCOM)	14
Serving the Community—K. Jorck (KCUMB)	7	OMM & Anatomy—M. Schilb (OUCOM)	14
Field Practice—D. George (PCSOM)	8	The Journey—M. Do (Touro)	15
Mission Medicine—M. Jerome (UMDNJ-SOM)	8		

## Research Initiative

(Continued from page 1)

research as a physician.” At this point, all I see is very steep hill to climb. I envy the position that Kristina is in. At the same time, her comment reminds me of the benefits of doing research.

A problem arises very early with research. The problem is getting started. Lindsey Grone-wold, a student researcher at KCUMB and 1st place winner at ACOFP poster presentations for “Chronic Medical Conditions in New Orleans following Hurricane Katrina” stated, “The hardest part is finding a place to plug yourself in and finding a project to work on. Everyone has ‘interests’, but it often takes a lot of initiative to get a project started or finding someone else to mentor you.”

Over the last few years, internet

sites have become available to help find subjects to research in the Osteopathic field. OSTMED provides information for a literature search at [ost-med.hsc.unt.edu/ostmed](http://ost-med.hsc.unt.edu/ostmed). AACOM has an online osteopathic research community at [aacom.org/om/research](http://aacom.org/om/research). The community was developed specifically for researchers to post their ideas and research, enabling others to find topics that need more research.

The American Academy of Osteopathy started the Louisa Burns Osteopathic Research Committee in 2003. The goal is to “facilitate programs promoting collaborative efforts that further OPP/OMT research and training.” A research manual has been established as a guide to those embarking on research in the field of OMT. This manual can be found at the AAO website

## Jessica Smart—National Executive Vice Chair (KCUMB)

located online at, [www.academyofosteopathy.org](http://www.academyofosteopathy.org).

Another issue that rears an ugly head early on in the process is research funding. SOMA provides a fellowship with a cash prize of \$2000 for student/students who are doing research. The deadline for this is January 4, 2008 for research done in the summer 2008. The information can be found at [www.studentdo.com/research.htm](http://www.studentdo.com/research.htm).

The AOA also provides a research fellowship of one year that starts each year on September 30 and ends August 31. A one-year project is awarded \$5,000. The information for the fellowship can be found at [www.do-online.org/index.cfm?PageID=res\\_grants](http://www.do-online.org/index.cfm?PageID=res_grants). The AOA also has a research conference held every year at the AOA con-

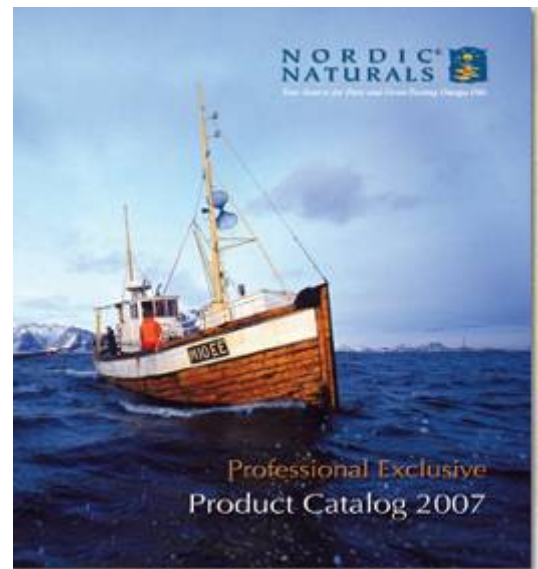
vention. Lectures and discussion on recent research is provided. Poster presentations are available to view throughout the convention.

Research definitely takes a lot of dedication and attention to detail. I can only imagine the sense of accomplishment that one experiences at the completion of a research project. I, personally, will keep plugging along because I agree with our past UAAO National Representative, Evan Rivers. When asked why he chose to do research, he said, “research is important to me, and it is essential to develop better practices for medicine, including Osteopathic Medicine.” For those of you out there interested in research, I commend you and wish you ‘fair winds and following seas’ for your projects!

**NORDIC<sup>®</sup>  
NATURALS**   
*Pure and Great Tasting Omega Oils*  
[www.nordicnaturals.com](http://www.nordicnaturals.com)

*Why are so many medical professionals and  
research institutions choosing Nordic*

- ◆ **Exceeds International Pharmaceutical Standards**
  - standards are set to protect consumers
- ◆ **Exceptional Freshness Levels**
  - freshness ensures product integrity & biological efficacy
- ◆ **Award-Winning Taste**
  - the key objections to taking fish oils are taste and aftertaste
- ◆ **Exclusive and Exceptional Raw Material**
  - A great finished product starts with the best
- ◆ **Multi-Patented Manufacturing Process**
  - Without chemicals or excessive heat
- ◆ **We use only the natural triglyceride form of fish oil**
  - considered the natural form
- ◆ **Backed by Extensive Research**



## What is the educational impact of Osteopathic pre-doctoral teaching fellows?

*Brieanna Cross—UAAO Executive NUFA Liason (Touro)*



In January 2007 Touro University, California started an Osteopathic pre-doctoral teaching fellowship. This pre-doctoral fellowship is offered to third year medical students as an additional year of training in Osteopathic principles and practice. Although this program is referred to by different names at the many Osteopathic schools, it is commonly referred to as an “OMM Fellowship”. This type of “fellowship” must be distinguished from post-graduate fellowships in manipulative medicine that are offered after or during residency training programs.

Pre-doctoral fellows are typically student faculty members of the Osteopathic Manipulative Medicine department. The fellowship program is variable at each school. At Touro University, California, the fellowship requires students to return to campus for three separate semesters during the clinical years of

medical training. While on campus, OMM fellows work along with faculty as table-trainers for the OMM laboratory sessions. In addition these students give lectures, conduct theory and practical review sessions, treat students in the UAAO treatment clinic, and work with faculty and OMM specialists in outpatient clinics.

In the 2006/2007 school year the Classes of 2009 and 2010 had no fellows on campus for the fall semester and two fellows, Brieanna Cross and Randy Villanueva, in place for the spring semester. This provided an environment for assessing the students’ initial response to the implementation of the fellowship program. In May 2007, the classes of 2009 and 2010 were given a voluntary survey that consisted of three parts with a total of 20 questions. One hundred and thirty five students completed the survey. The first section asked students about the frequency and type of interaction they had with the fellows. The second section asked students about their use of OMM outside of the classroom. In the third section, students were asked to rank specific educational outcomes on a Lichard scale to assess the impact of the OMM fellowship. This self-reported survey offers a subjective view of student’s attitudes toward OMM before and after interaction with OMM fellows.

The preliminary results from the third section of the survey provide insight into the role of OMM fellows in Osteopathic medical education at Touro University. The third section of the survey asked students to grade their response on an unweighted Lichard scale with the following responses possible: 1-No Opinion, 2-Disagree, 3-Somewhat Disagree, 5-Somewhat agree, 6-Agree, 7-Strongly agree. The questions were as follows:

1. My knowledge of Osteopathic theory improved after working with the OMM fellows.
2. Working with the OMM fellows increased the time I spent studying OMM theory outside of class.
3. I believe my grades on OMM theory exams improved after working with the OMM fellows.
4. My knowledge of Osteopathic techniques improved after working with the OMM fellows.
5. Working with the OMM fellows increased the time I spent practicing OMM diagnosis and treatment outside of class.
6. I believe my grades on OMM lab practicals improved after working with the OMM fellows.
7. My knowledge of applying Osteopathic manipulative medicine to clinical problems improved after working with the OMM fellows.
8. Working with the OMM fellows improved my interest in integrating Osteopathic Manipulation into patient management.

working with OMM fellows. Seventy-two percent believed that working with the OMM fellows increased the time they spent practicing OMM diagnosis and treatment outside of class time. However, only 50.8% believed that their interaction with fellows increased the time they spent studying OMM theory outside of class. The highest amount of neutral and unfavorable responses resulted from questions regarding time spent on OMM outside of class time.



**Brieanna Cross with Touro University OMM Department Faculty**

From bottom left: David Crotty, D.O.; Mitchell Hiserote, D.O.; John Glover, D.O., F.A.O.  
Top left: James Binkerd, D.O.

Responses were tallied by the survey program eListen. The preliminary results presented here are based on the percentages of responses collected. For the purpose of this article, responses were considered favorable if the respondent selected 7, 6, or 5 on the Lichard scale. If the student selected 4, 3 or 2 the response was considered unfavorable. If the response was 1 it was considered neutral.

The highest amount of favorable responses (94.07%) indicated that students believed their knowledge of Osteopathic techniques improved after working with the OMM fellows. The second highest percentage of favorable responses (87.8%) indicated that students believed their knowledge of Osteopathic theory also improved. Over 78% of respondents believed that their knowledge of applying OMM to clinical problems improved (78.7%) and that working with OMM fellows improved their interest in integrating OMM into patient management (78.6%). Seventy five percent of respondents believed that their OMM lab practical grades improved after working with fellows, however, only 54 % of responses favored the belief that their grades improved on OMM theory exams after

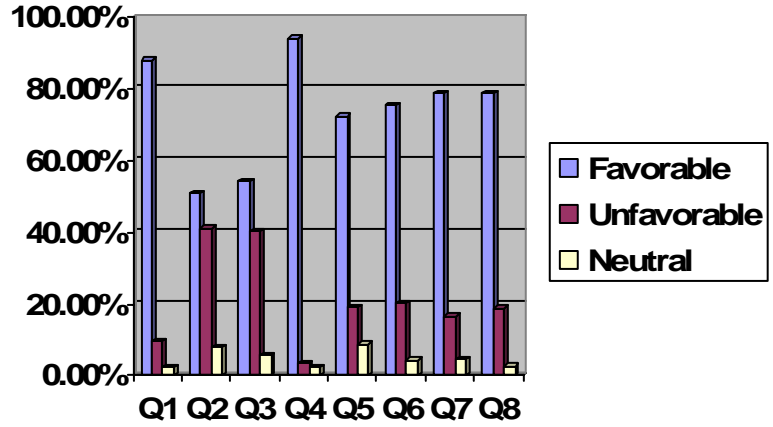
*(Continued on page 4)*

## What is the educational impact of Osteopathic pre-doctoral teaching fellows?

*Brianna Cross—UAAO Executive NUFA Liaison (Touro)*

*(Continued from page 3)*

According to our results, Touro University students believed that the OMM fellowship's greatest impact was on student knowledge of OMM theory and practice. Knowing how to apply OMM to clinical problems and a willingness to integrate OMM into patient management are goals in Osteopathic education. In this survey, the majority of the respondents reported that working with the OMM fellows helped them to think of ways to use OMM in their future practice. This preliminary view of our survey results indicates that the OMM fellowship program may have a favorable impact on pre-clinical Osteopathic education. If you would like more information about this survey or about fellowship programs at other schools, please contact the National Undergraduate Fellowship Association Liaison at [nufaliaison@academyofosteopathy.org](mailto:nufaliaison@academyofosteopathy.org).



## An Exciting Beginning...

*Crystal Meacham—KCUMB: UAAO National Representative*

It's a new year at KCUMB, and not only did it bring a brand new, anxious and excited first year class, but also a very eager and excited group of leaders to our chapter of UAAO. Each new officer brings something different and a little something extra to the leadership of our club. To me, it's as if we have six individual parts that make up a functioning unit, and without one of those parts, we wouldn't operate as smoothly. In addition to these personalities working together, I believe that the backbone of our potential success will be that we all share a love for OMM and the possibilities it possesses. Collectively, we have decided on two goals for UAAO at KCUMB. First, to make people excited about OMM – both the students and the community. We want people to know the benefits of OMM as physicians and as patients. Second, we want to educate the students of



KCUMB about the different specialties and subspecialties in which OMM can be utilized. There is a notion among several students that unless they go into a NMM-OMM specialty or Family Practice they will not have a use for manipulation.

We want to dispel this myth and make students aware that they can use OMM to help their future patients in almost any field of medicine. These two areas will be the foundation of our club's operations this academic year at KCUMB.

Back in early August we began planning the first few months of the year. We knew that the first UAAO meeting would be a great opportunity, as well as a critical time, to make a first impression on the first year class about OMM and UAAO. We knew we wanted to do something that would excite the new bunch so we took a cue from Des Moines. At the AAO Convocation in Colorado Springs, the students from

DMU-COM were kind enough to share with us information about an event that they had held previously. In order to introduce OMM, they did full body treatments on the first-year students at the beginning of their school year. Since they had also expressed how successful this event was, we decided that this was how our club needed to start the year. With the aid of some heavy recruiting at the organizational fair one-day prior, there was a fantastic turnout of over 150 first year students at the first meeting. After a brief introduction to UAAO, everyone broke into small groups as the second year students performed manipulation techniques on the first year students while those waiting to be treated listened and observed. We received incredible feedback from both first and second year students about this event as the first year class expressed their excitement for upcoming meet-

ings and the skills they would get to learn in the near future. This is an event that the officers at KCUMB would recommend for everyone and we would like to thank DMU-COM for such a wonderful suggestion. It was the perfect start towards achieving our goals for this year. Our momentum has continued through the first month, as our meeting attendance has consistently been over 100 members.

The love for OMM of our 2<sup>nd</sup> year members and their eagerness to teach it seems to be beautifully complimented by a first year class who is just as interested and eager to learn. We hope to keep the pace we've started and are looking forward to the upcoming year. We would like to wish everyone a successful year and are looking forward to see-



ing everyone at Convocation, where we will hopefully learn even more ways to enhance our clubs and the promote OMM.

## We've Only Just Begun

The NYCOM-UAAO boasted a productive summer with the promise of exciting plans and ideas for this fall. Between June and July of 2007, the Summer Preceptorship Program gave students the opportunity to work under the supervision of doctors at the NYCOM Riland Clinic and utilize their OMM knowledge with patient cases. Along with shadowing the doctors, students received extracurricular didactics with doctors and fellows on staff. The didactics were mostly based on student preference with presentations such as Tensegrity and Fascial Lines, Alternative HVLA Techniques, and Effective Ap-

proaches to Cranial and Sacral Movement. The sessions helped students hone in on their palpatory skills, while the shadowing allowed students to unify structure and function with clinical relevance in a real setting.

With the constructive bedrock of the summer behind us, the NYCOM UAAO has high expectations for the upcoming year. The incoming 1<sup>st</sup> years (hi ya'll) have showed an increased interest from last year with 52 new members signing up between 1<sup>st</sup> and 2<sup>nd</sup> year students for a total of 188 members between the classes of 2008 through 2011. New members received a free set of scrubs and a

chance to win a Schiowitz and Di Giovanna's "An Osteopathic Approach to Diagnosis and Treatment". We hosted a Book Drive early September and plan to host a Coat Drive in November. Just to show that we are not a segregated cult, we also hope to run a Toy Drive with the NYCOM Pediatrics club. Also, our coordinators for Cranial and Technique of the Week, Michael Geis and Jen Traxler, will be initiating a program to start weekly OMM didactics with NYCOM doctors.

One potential pitfall this year has been the omission of the Visiting Clinician program. As future osteopaths and present

osteopaths alike, this program is important in broadening the horizons and introducing new ways of thinking, diagnosing and treating. NYCOM-UAAO will be looking for ways to raise money in order to fund said events. We also hope that, in communicating with the neighboring osteopathic schools, we may facilitate more visiting clinicians to NYCOM as well as from NYCOM to other schools. Well folks, that's all for now. Until next time, I wish you all a wonderfully exquisite and productive year. Be good, eat healthy and lets crack some skulls.

*John Gantomasso—NYCOM: UAAO National Representative*

## LIVESTRONG

What does this word mean to you? Is it about living healthy, exercising, and studying hard? Most medical students would probably agree. Could it be a state of mind; a belief system affirming you will not accept what others tell you will inevitably occur? For a lot of cancer survivors, this may have been a mantra that kept them alive. But could it be the exact opposite? Could it be accepting what others tell you about your road ahead, even when you know it scares the hell out of you? Ask a terminally ill patient. My guess is that they relate better to this last admission, are prepared to end their life, and may even feel more at peace about their situation than you do. For a family member, this is a tough pill to swallow.

So, what is the true meaning of livestrong? This was a question I asked myself over the last few weeks. I experienced all of these different scenarios above, albeit some vicariously, and still struggled with the answer. The problem being, that each group of

people was absolutely committed to their own ideals. They were convinced that they were right and were not about to change their minds, in spite of the best advice of those around them. Never had I seen more determined individuals in all of my life. Unfortunately, it took 24 years to see it. Fortunately, it took getting my head out of the books and grasping the opportunity to experience real medicine for the first time since I entered medical school.

It all began on August 26th, when students at our college provided medical support for bike riders taking part in a 100 mile Livestrong Challenge. First, let me preface by saying that a 100-mile bike race in extremely hot conditions, on a hilly course is not easy. It is a grueling test of your endurance, muscle strength, and mental composure. In short, it is downright masochistic. I do not recommend it. Yet these riders were out in full force. The riders were largely composed of cancer survivors, as well as family

members, friends, and loved ones of cancer victims. There was even one female rider who flew in from Chicago and completed the entire course while in the middle of a chemotherapy regimen! It was absolutely jaw dropping. A member of our medical team, who had recently battled Non-Hodgkin's lymphoma, described this rider as "needing to finish the race, in order to keep her mind off the reality and gravity of her own situation." By the way, this medical student waited at the finish

line, even while the race was over, and made sure that her newly found friend made it to the end.

Over the course of the day, we witnessed riders speeding down flats and attacking hills, completely by themselves. Yet, you could feel that deep down they were back on the pavement with their old friends or loved ones, rehashing past experiences. It is very difficult scenario to have to imagine and an extremely sobering sight to see. It meant much

*Cody Clinton—PCOM: UAAO National Representative*

## OsteopathicTables.com

Welcome, Osteopathic students and physicians, to the [premiere site for all your osteopathic table needs!](#)

Folding, stationary, & electric tables for students, schools, office, or home.

Stuart Friedman, DO, FACOP, FAAP

Aviah Friedman, Manager

115 E. Voltaire Ave., Phoenix, AZ 85022

Phone: (602) 993-7936

Fax: (602) 863-7775



## LIVESTRONG

(Continued from page 5)

more than simply finishing a long bike ride, instead signifying a step closer to maybe finding some closure to a situation that they were not ready to face. You could see in all of the riders' faces that living strong was much more than just a physical challenge, but an emotional one as well.

The next unexpected development occurred shortly thereafter, on a morning when the only decision I was planning on making was whether I wanted hazelnut or regular coffee to get me through the morning. I received a call from my family notifying me that my grandmother was in septic shock and might not make it through the day. I imme-

diately rushed up to the hospital where she was being treated, not knowing whether I would be staring at a blank corpse or my last remaining grandparent. Thankfully, she was still alive, was being stabilized, and had a good prognosis. Yet, even stable, she was suffering from Parkinson's disease, congestive heart failure, a collapsed lung, immobility, and blindness. I wanted to do everything in my power to get her better as quick as possible and back into home where we could take care of her. But this was not what she wanted. What she desired, and had told my mother repeatedly, was not to be resurrected every time she fell ill, but rather left to let "nature take its course" and die in her own home. I wasn't ready to hear this kind of news.

After some tough reflective time, it soon became clear that the choice my grandmother had made was completely justified because it was what she wanted, not what the people around her felt was best.

Witnessing these difficult decisions gets me thinking about what the term *livestrong* means for patients that are nearing the end of their lives. For them, *living strong* is about being confident in their choice to die. Terminally ill patients, unlike the riders and cancer patients, do not find strength from rage or unresolved opportunities. They take solace knowing that they have fought hard and hopefully, will find a place that rids them of their suffering and rewards them for their sacrifices. For

them, *livestrong* is about resolution.

The truth is, as I am sure you know, is that the meaning of this word conjures a different ideology for each person and likely will vary throughout his or her life. Gratefully, we are all distinctive. Yet, we all share a similar passion. Health professionals, cancer survivors, and hospice patients alike, we all want to be content with our actions and decisions throughout our lives. It doesn't matter if these decisions might not be the most sensible, or if we are going "against the norm". As long as in the end, we have weighed all our options and trusted our own instincts, can we can go to sleep soundly. Only then, will the word *livestrong* hold meaning.

*Cody Clinton—PCOM: UAAO National Representative*

## What a Gift

After our first year at OUCOM we receive a three month summer break. The upper classmen intimidate us by telling us "this is the last summer off of your life". So we feverishly search for opportunities to make the most out of our summer. Some students plan medical trips to Ecuador and Kenya while many plan research with professors at our school. All of these options sounded interesting to me, yet I made no commitments. What I wanted was to enhance my OMT skills.

I had been treated with OMT years before and the outcome inspired me to change careers and become a D.O. So I applied to osteopathic schools with the intent to become a physician who specializes in OMM. In spite of my ambition, I grew frustrated as the school year

progressed due to a lack of confidence in my OMT skills. The quick pace of med school did not allow me to focus on OMT; consequently my proficiency and retention of treatments diminished. I began to fear that I was not cut out to be an OMM doc. Given this scenario, I decided to devote my summer exclusively to learning OMM.

One day in the hall, I stopped Dr. David Eland, our OMM section head, and shared my dilemma. He simply stated "if you are this interested then we would like to support your interests". With that, my summer was planned.

I spent seven weeks in Athens, Ohio, one week in Detroit, and two weeks in Dayton, Ohio with OMM specialists. My skills improved exponentially. From the start of summer when I thought "no, please don't ask me that,"

to the end of the summer when I was asking to diagnose patients all by myself. Without the rigors of the academic year, I was finally able to focus on my OMT skills.

Towards the end of my summer I had planned to take a few weeks off. But instead of relaxing, I decided to see if I could shadow some OMM docs near my hometown. I left a message at one of the offices and explained that I would like to shadow the docs there before starting my second year. Within an hour I got a call back that said "sure, just tell us how many days you'd like to visit". I was

amazed at their generosity and willingness to let me bug them for four days.

I cannot believe how lucky I am to have had these experiences. OMM docs have given so much of their time to me. I would personally like to thank Dr. Eland, Dr. Kavieff, Dr. Walkowski, Dr. Chila, Dr. Burns, Dr. Dunlap, Dr. O'Connell, and Dr. Laub for giving me such a great gift. They have taught me so much, and spending time with them has convinced me that this is exactly what I want to do for the rest of my life.

*Robert Baker—OUCOM: UAAO Chapter President*



## A Memorial

*Kelli Deese—LECOM-FL: UAAO National Representative*

In honor of our profession, LECOM Bradenton has created a hallway, dedicated to the history of Osteopathic Medicine. Hanging in the main hallway is a large portrait of Andrew Taylor Still, D.O., donated by past AOA President, Phillip Shettle, D.O. Recently, another display has been added, created by Debra Loguda-Summers, curator for the Still National Osteopathic Museum and National Center for Osteopathic History in Kirksville, Missouri. This display contains one of the most unique pictures of Andrew Taylor Still, taken in 1914 as he lectured from his porch. Now, as students walk these hallways, they can be reminded of the founder of our profession and what he strived for this profession to be.



## Serving the Community

*Katherine Jorck—KCUMB: UAAO Region 4 Coordinator*

*“Think of serving others not as a duty, but as a privilege.”*

*—John D. Rockefeller*

This quote was never put into better action than on an early Sunday morning as 30 A.T. Still University first and second year medical students as well as several of the osteopathic manual manipulation faculty arrived at the state park, tables in hand, ready to manipulate and stretch the 300 athletes participating in the NEMO triathlon.

The stretch clinic is one of our largest outreaches in the Kirksville community and both stu-

dents and athletes benefit tremendously. The students get experience working with real patients, treating and preventing injuries ensuing the great distances these athletes have just traversed.

The OMM faculty and UAAO officers work together to organize workshops to train first year medical students on the principles of OMM that they have not yet been learned, as well as brush up on the second year medical students skills to provide the utmost care for the appreciative athletes.

The day of the race, students and faculty gathered hours be-

fore the cannon blast signaling that the athletes were off and pushing their joints, muscles, and determination to the test. UAAO is present the entire race to support and cheer on the athletes, even as the last competitor crosses the finish line.

This community service opportunity motivates many first years interested in the club to discover the amazing hands-on experiences UAAO can provide. Further, as the students begin their first tumultuous year of medical school with many ups and downs, they can think back upon this experience and use the words of appreciation and

thanks from the athletes to help them through the low points. The second year students have remarked that they feel more secure in their skills and can approach the upcoming year with confidence in their OMM technique.

A.T. Still University UAAO chapter is continuously working to provide experiences that allow students to apply their OMM skills in a manner that not only serves the community but is the students' privilege and joy to have helped others in the capacity as a future physician.



# Bamboo Data Systems

## DEVELOPING INNOVATIVE E-LEARNING PRODUCTS

We have been kicking around the idea of the OMT video collection since about 1998. We found that the computer technology at the time made it difficult to produce a stable video display program. Additionally, converting analog video to digital format resulted in enormous files.

In 2004, we regrouped and began to find solutions to the previous issues. We have finally brought all of the pieces together and are able to present our OMT video collection in an easy to use form.

Our basic concept is to provide a mechanism to easily find a treatment or diagnostic technique and then display a video clip. To support the video, we have included text and figures with specifics about the clip.

### Video Reference Library

The View-OMT video library contains over 200 demonstrations of treatments and diagnostic tests.

### Text

General information related to the category you have selected and specific information about the particular video. The specific information links also list relevant pages in several textbooks.

### Figures

Approximately 100 still pictures and figures display point locations.

### OMT Review Manual

An OMT Review Manual with 100 questions and answers is linked to

Bamboo Data Systems, Inc.

43150 Broadlands Center Plaza

Suite #152; PMB #145

Broadlands, VA 20148

Phone: 1-(703) 297-4984

e-mail: [info@ViewOMT.com](mailto:info@ViewOMT.com)

<http://www.bamboodata.com/index.html>



## Practice in the Field

As students of osteopathy sometimes we get a glimpse of what it is like to treat people early on in our education careers. The nice part of our profession is that Osteopathy is such a rewarding form of treatment for patients. There is a certain thrill that comes when you the physician treat someone's pain for the first time with OMT. You as the physician are elated to see the patient's immediate response to the "cure" of the pain, and the patient is thrilled because they no longer are in pain. I have several stories, from our class, of examples of this excitement to help others using osteopathy.

At PCSOM, we start the first day

learning the theory of manipulation. By the end of the week, those of us wanting more hands on practice volunteer in the clinic to hone our skills. The first week of school last year, I went in to the clinic to practice feeling landmarks. I had no idea that I would learn how to treat a sprained knee. A person came into the clinic complaining of a twisted knee. I thought that I would stand and watch our professor treat the injury, but instead I was enlisted and given instructions where to start. The most amazing thing happened; I actually began to see the patient's leg move around in my hands on its own accord. The next thing I realized was that the person no longer had knee pain

and I had treated someone for the first time. Since that day, I have built up more confidence in myself and have strived to learn as much as possible.

Another story from our class was told to me by a friend who attended the mission trip that PCSOM sends out every year. The team went to the Dominican Republic to offer medical assistance to an underserved area. While they were there, one of our students had the opportunity of getting to know one of the head missionaries. During the week, the missionary disclosed that he had chronic lower back pain. The pain was so intense that he could no longer tie his shoes or dress himself

without sitting down. This student was able to locate the point of maximum restriction and began treatment for the missionary. Within two days, the missionary was able to bend and touch his toes. For the first time in months to years he was no longer in pain.

Both of these examples are a few of many stories that affect us as students. We are learning how to use manipulation as a tool to help treat patients. As one who has experienced both treatment from friends and treating others who are in need, I am honored to say that osteopathy is such an important part of the medicine that I will practice some day.

*Derrick George—PCSOM: UAAO National Representative*

## Mission Medicine

One of the biggest decisions a first year medical school student has to make a few months into the start of their spring semester is what they will be doing on their summer vacation. I remember going through the same thought processes, evaluating the pros and cons of what I feel would be best for me to do on my last summer vacation as a student. After attending a special international activities seminar sponsored by NBLHO on my campus I was put in contact with individuals in California who were working on a medical mission project out in Belize. The thought of going to Belize was quickly enticing for me and one my classmates who also participated in the project. We were actually the first medical mission sponsored by the 4TheWorld organization. A fourth year student who connected me with the organization encouraged me to put an Osteopathic touch onto

the medical mission. I was sure that with the patient exposure and the physician shadowing I would be doing in Belize I would definitely get a chance to practice my manipulative treating techniques as well.

Upon arriving in Belize I was shown many sites and got to interact with many of the locals including the owner of the resort I was staying at. Her name was Chena. She was excited to have medical students on her resort, and quickly began to tell us about an ongoing neck pain issue that she had been having.



Right on the spot I realized that I would get to talk to her and demonstrate Osteopathic Manipulative Medicine. After treating her somatic dysfunctions in her cervical spine she told me that she frequently goes to a massage parlor and she has never been treated in this thorough a manner before. I got a chance to introduce the ideals that we as Osteopathic students are taught everyday. My trip was already off to a remarkable start.

My clinical experience was at La Loma Luz Hospital in the Cayo

District of Belize. The patient population was diverse, from European settling farmers called Mennonites, to the Creole locals of Belize. I got to shadow a great surgeon, and assisted in some of his procedures. I was able to work with doctors in the Ob/Gyn department and Internal Medicine. One of the joys that I did have while over in Belize was getting to speak to other medical school students from overseas who were very interested in hearing about OMT. I felt like an osteopathic ambassador of sorts. My time spent in Belize was definitely worthwhile, I learned a great deal about true to life third world medicine, and got to share the osteopathic principles I was taught during my first year. I do hope I get to visit Belize again, with more clinical insight and a deeper understanding of OMM.

*Michael Jerome—UMDNJ-SOM: UAAO National Representative*

**Congratulations Vicki E. Dyson Scholarship Winners**  
below are the winning essays:

## Vicki E. Dyson Scholarship

**You could receive \$400 for doing OMM!!!**

Must be a UAAO member

Complete a four week OMM rotation with a participating  
Physician

Write an essay on your experience

Submit by June 30th



For questions, contact Phyllis McNamara at [pmcnamara@academyofosteopathy.org](mailto:pmcnamara@academyofosteopathy.org)

**Student: Terry Pexton, CCOM**

**Doctor: Hugh Ettlinger, Bronx, NY**

I have been fortunate to have a number of varied OMM rotations. I have been grateful for them all, but I am particularly grateful for my rotation with Dr. E. It is not that I learned any more on this rotation than with other rotations; it is that I learned how to begin integrating OMM into a hospital practice. My course has already been set for a residency in Internal Medicine and this was just the rotation I needed to see first hand, the utility of OMM in the hospital. My learning experience at St. Barnabas broadly falls into two major categories. One category was the hands on experience. The other was the thoughtfulness behind a treatment plan.

With regard to the first category, it was my first significant experience with using balanced ligamentous tension. While I had been taught this technique in class, I had never tried using it on anyone other than my classmates. I am thankful for Dr. E's honesty, when he says that it takes treating thousands of patients to get a good feel for it. Rather than discourage me, this realism actually gives me a lot of hope that in the years to come, I will eventually get a handle on it. After this rotation, I was dozens of patients closer to that goal. *The beginning of any long journey begins with a few steps.*

With regard to the treatment plan, I have never been so impressed with the integration of internal medicine and manipulative medicine. Physiology has always been my favorite medical subject. I have seen many osteopathic physicians address physiology within their practice, but never have I seen any take it to the level that Dr. E does. His understanding of the application of manipulative treatment to address pathophysiology not only wowed me, but served as a role model for the type of medicine I would eventually like to practice.

I highly recommend this rotation to any student of osteopathy, but particularly those going into internal medicine. I have attended convocation four times, and based on my conversations with students from around the country, I believe it is rare, if not impossible, to find OMM practiced to this degree in a hospital setting. It is truly a unique experience.

**Student: Adam Feinstein, MSUCOM**

**Doctor: Shawn Centers, San Diego, CA**

The month that I have spent with Dr. C at the Osteopathic Center for Children in San Diego was altogether educational, but also very rewarding and somewhat eye-opening. It starts with Dr. C being a physician that is not common in the current allopathic ruled medical system. In the continuing paragraphs, I will write how I have increased my knowledge on autism and its treatments, herbalism, and the most important—osteopathy.

Spending a month with Dr. C was very rewarding because I was able to get to know the families of many pediatric patients with disabilities, namely autism. Practicing with Dr. C has showed me that there are many things that osteopaths can use to treat the same autism that has no "standard treatment" in the allopathic world. I have seen major improvements in the social interaction as well as the speech pathology of patients over the last month. While treating all of his patients with manipulation, many with herbs that he learned

*(Continued on page 11)*

## Congratulations Vicki E. Dyson Scholarship Winners

below are the winning essays:

(Continued from page 10)

about prior to medical school, and using some protocol from the Defeat Autism Now (DAN) group, Dr. C has showed that while there is no complete cure for autism, there are many more ways that we can treat than by just using the antipsychotics and the SSRIs of today.

Some of the major improvements that I saw in autistic patients were with the use of heavy metal testing, as well as yeast, food allergy, and casein and gluten testing. Treatment using chelation agents and baths, as well as very strict diets showed me that I can offer something to these patients that many are not aware of.

The most surprising thing that I have taken from this experience with Dr. C is that my view of osteopathy was entirely different than what Dr. Andrew Taylor Still had in mind in the late 19<sup>th</sup> century. Attending an osteopathic school, I really had a feeling that I was different than the allopath. I felt that I was special. What I realized in the month with Dr. C is that osteopathy is much different than what I thought. I believe that although our American osteopathic schools are called osteopathic, some may lack the education that Still had in mind when separating from allopathic schools that our fellow MDs attend. The basic beliefs in osteopathy are hard to find in today's money and insurance driven medical society. Learning osteopathic manipulative medicine appears to be one of the main differences in American osteopathic versus allopathic training.

Treatment using osteopathic medicine is supposed to attack the disease by both finding its cause and by helping strengthen the body so that it can fight the disease and find health. Too many doctors of osteopathy that I have practiced with treat the disease without both looking for a cause or even attempting to look at lifestyle changes.

It is frustrating to me because the current medical practice makes it difficult to treat as an osteopath. With such a short amount of time with patients and the even smaller amount of reimbursement, it isn't hard to understand why so many osteopaths treat and function similar to their allopathic counterparts. With all this said, Dr. C and the others at the Osteopathic Center for Children have opened my eyes in showing me that there is a way to survive in today's medical world while still being the type of osteopathic physician that Dr. Still envisioned in 1892.

**Student: Ryan Seals, OSUCOM**

**Doctor: William Crow, Orlando, FL**

*"We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in just that much osteopathy must move out."* ~A.T. Still

During my clinical years as an osteopathic medical student, I have obtained a deep understanding for the above statement by Dr. Still. I believe that osteopathic physicians are some of the best in the nation. We have adopted and learned to become great physicians through medicine, surgery, technology, osteopathic manipulation, and our relationships with our patients. I could never imagine myself choosing any other path. However, with all of the new medicine and technology that has overtaken the medical field, some osteopathy has been lost. While many osteopathic physicians hold true to many osteopathic philosophies in their approach to the patient, they have let slip the methods of osteopathic manipulation. At the same time, there are those osteopathic physicians who continue to carry on Dr. Still's vision by incorporating and focusing on osteopathic manipulation as a part of their healing work; I am truly grateful for these people. I was fortunate enough to be able to spend time in Orlando, Florida with Dr. William Thomas Crow, DO, FAO to spend a month learning about incorporating osteopathic manipulation into clinic and hospital care.

During my rotation, I was able to spend time with Dr. Crow and various residents treating clinic patients as well as hospitalized patients. Surgeons consulted the service to resolve cases of ileus so that patients could go home sooner after surgery. When diuretics were unable to resolve excessive peripheral edema, manipulation produced impressive overnight results. When constipation was not resolved by other means, manipulation provided instant relief. Treatment of patients with pneumonia seemed to allow a faster recovery time. It is unbelievable that this type of service isn't offered at more hospitals around the country; it seems like a disservice to the patient. During clinic visits, patients got relief from osteopathic manipulation when medicine had failed. I was even lucky enough to treat a patient with gastric pain and present it in the A. Hollis Wolf case presentation.

The wonderful stories are numerous; it was a wonderful reminder of the benefits of osteopathic manipulation. I know that this is a type of medicine that I definitely want to make room for in my practice. Even though it may seem like technology and modern medicine are forcing out some of the roots of osteopathy, this is not the case everywhere. All over the country there are physicians like this who provide a part of what is missing from modern medicine. Not every osteopathic physician needs to dedicate their practice to osteopathic manipulation. In the same manner, not every physician needs to practice surgery. The modern age of medicine is too vast for any one person to be an expert on everything; but let us never forget the important role that osteopathy in its entirety has to offer the patients. Specifically, just as we would refer to a surgeon those cases that require such special skill, let us also refer for manipulation those patients who could reap the benefits. This way as a whole, we as osteopathic physicians, will maintain that holism to patient care that Dr. Still envisioned.

## Continuing the Journey

*"The future depends on what we do in the present."*

—Mahatma Gandhi

So often, we, as medical students get caught in the trap of thinking, "Someday I'll be a doctor, someday I won't be sitting in this class room any more." Well, we at CCOM would like to start off this new school year with a challenge for you, as we are challenging our incoming CCOM class of 2011. That challenge is to recognize that that someday begins today. So we may not be able to unambiguously diagnose sacral torsions, formulate treatment plans or write prescriptions yet, but we are determining what type of doctors we will be today. Our actions today, our commitment to excellence in scholarship, in leadership, in health, and in practice will pay off soon. Though our learning is primarily focused in the classrooms, labs, and library study cubicles for the time being—we are not restricted to these modalities. Every Os-

teopath knows and understands that the process of becoming a competent D.O. requires practice—a student must "develop" their hands and build palpatory skills through touch. Though axes of motion, steps of a structural exam, and historical osteopathic facts can all be memorized in a library-palpatory skills can not. We are encouraging our students, and you, to get into the OM lab, back into the clinics, even practicing on family and friends—practicing today what we hope to become in just a few short years!

In the words of our faculty, "The process of acquiring advanced skill requires years of thoughtful application. Understand that you are on a journey that is open-ended. As long as you seek to

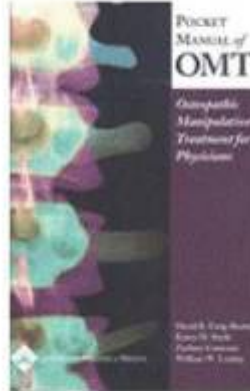
heighten the sensitivity of your hands and broaden your repertoire of techniques, you will continue to grow as an osteopathic physician." (John G. Hohner, D.O., F.A.A.O. SLEC4.1.07)

As this academic year comes into full swing remember the journey you are on to become not just a doctor, but an osteo-

pathic physician. This requires not only being competent in basic sciences to understand the complexity of the human body, but also having competent hands to appreciate the healthy state of the human body. As you dust off your Mosby's and your COMLEX reviews, remember to dust off those hands as well!

*Megan Miller—CCOM: UAAO National Representative*

*A Pocket Manual of OMT: Osteopathic Manipulative Treatment for Physicians*  
David R. Essig-Beatty, Karen M. Steele, Zachary Comeaux, William W. Lemley  
ISBN-10: 1-4051-0480-5, ISBN-13: 978-1-4051-0480-7  
\$29.95 from Lippincott Williams & Wilkins, Philadelphia, PA 2006;  
<http://www.lww.com/product/978-1-4051-0480-7>



This practical, concise, must-have handbook by faculty in the Department of Osteopathic Principles and Practice at the West Virginia School of Osteopathic Medicine will assist physicians, therapists and other practitioners, and medical students in applying manipulative treatment techniques for common problems encountered in primary care practice. For each technique, the book provides indications, contraindications, stepwise description of the technique, and an accompanying photograph—a total of over 350 photographs. Newer OMT techniques, including percussion vibrator and facilitated oscillatory release, are included for each region of the body. Exercises derived from the structural exam and OMT appear at the end of each chapter. The index allows look-up by syndrome, locality, or body region.

## If I Were a Caveman...

While watching the latest Geico commercial, I pondered what life would be like in the times of a caveman. If I were to thrive in the challenging world of the caveman, I would have to be skilled at gathering food. My survival would be dependent solely on my wits and physical skills. If I could only throw rocks, I would only be able to search for sources of food that I could hit with a stone. If I only had speed and agility, I would only seek out prey that I could run down and catch. Just imagine my success in a caveman's world if I were able to throw rocks...and run fast...and

grow crops...and build the occasional fire.

This brings me to Osteopathy. Following my 1<sup>st</sup> year at Des Moines University, I had the opportunity to do a medical mission trip to Belize. Our team worked with a local Physician providing day-clinics in villages near the Belize-Guatemalan boarder. The communities we served were considered high poverty and had limited health-care resources. The group of 14 students was comprised of a mixture of Osteopathic, Allopathic and a few pre-medical students. Performing evaluations in this setting was a terrific

opportunity to utilize the osteopathic training that I have received thus far. Without access to lab results or radiology reports, I could only rely on my clinical wits and physical skills. The Osteopathic students on our team truly stood out when performing physical examinations and offering a holistic assessment of the patients. In these poverty ridden villages, it was crucial to not only assess the patient's condition, but also their living situation, family support and access to follow-up care.

As I enter my 2<sup>nd</sup> year of Osteopathic Medical School, I look

forward to enhancing my knowledge and clinical skills. Just as a better skilled caveman would increase their chances for survival, an Osteopathic Physician is skilled to use both their head and their hands to assess and treat a variety of patients. The distinguishing features of Osteopathy will ensure it's survival in the challenging world of health-care.

Good luck to all in the upcoming school year.

*David Kohns—DMUCOM: UAAO National Representative*

## The Convo Lowdown

Where can you learn more about Osteopathy, present an interesting Osteopathic case, learn from the brightest in our field AND dance disco? **Convocation**, of course! This years convocation is in Dallas, Tx and the subject is Ribs...get it, Dallas, Ribs, come get it while its HOT! Actually, the subject is the thoracic cage, but ribs sound so much better!



We have an interesting and busy schedule planned for you at the Intercontinental Hotel in Dallas. Convocation has great workshops from highly regarded and nationally known Doctors of Osteopathy. And that's not all, on Wednesday and Thursday nights, the UAAO puts on **Evening with the Stars!** You can come and get one-on-one training with the same great speakers and other wonderful teachers at convocation.

### Jessica Smart—KCUMB: UAAO National Executive Vice Chair

Thursday night, UAAO hosts the **student reception**. The 2008 theme is DISCO! We will have food and drinks available, games, and an opportunity to strut your stuff and win cool prizes! There will be a costume competition as well as a Disco Dance Off. We hope you will join us for meeting fellow students from other schools and an all around good time!

If this weren't enough, the **A. Hollis Wolf** competition is Saturday afternoon before the banquet. Students at past convocations have brought their best

case presentations and won trips to France, great workshops held by AAO and even percussion hammers. Each school chapter holds their own competition and presents their best at this wonderful and very informative competition! For specifics, please look at the chapter notebook. If you have any questions about the A. Hollis Wolf competition, please email Jessica Smart [uaaovchair@academyofosteopathy.org](mailto:uaaovchair@academyofosteopathy.org).

I hope you will join us for this, once a year 'high' that we call convo! Its all natural, of course!

## Passing on UAAO

As our first year of medical school came to an end and the responsibilities of being a second year medical student along with a UAAO officer positions upon us, we talked about our collective ambitions for the upcoming year.

We had our meeting with our checklists in hand, and our instructions from last years officers and we set grandiose goals. Most of us attended Convocation and one of our first goals was to get the first year class excited about Osteopathy early and continue that excitement into next years Convocation.

Due to scheduling conflicts this year, our first year class started lectures a full three weeks later than we did. Even though having radically different schedules could cause some problems for the first semester we seized the opportunity to plan and prepare.

As I mentioned earlier we wanted to get the first year class involved early, after orientation was completed and classes began we announced a UAAO social to introduce the class to what to expect during their first exam block. WOW, were we blown away when 36 first year

students showed up at our informal gathering! We munched on kosher cookies and fresh fruit (the advantage of going to a Jewish school) before we started our planned activities. Thanks to Coral Peterson (our National Rep) and Jen Liu (our Vice President) for their preparation when they organized OMT type party games like find the landmark. This was a great opportunity for many UAAO second year members to guide the newbie's through the expectations of the OMM department and how the UAAO can help them feel comfortable with the curriculum. I actually think we got to show off a little bit too.

As officers of the UAAO we were very excited about how enthusiastic and involved the first year class appeared but not one of us could have predicted what happened the next day at lunch. Nima Azarbehi (one of our clinic coordinators) was overseeing his first clinic and he did a fabulous job as we were swarmed with more students than ever before in the history of the Touro UAAO clinic! Absolutely every table in our OMM department was occupied with first year class students trusting the second year "doctors" to either treat their ailments or teach

them a few tricks. Usually we have only one faculty member as proctor of our clinic, but because of the huge turn out we were fortunate that 3 more physician faculty members and our fellow, Randy Villanueva, worked through their lunch to assist us in treating every "patient". I had many favorite moments during that clinic, like for instance how I seemed to be paired with the patients who needed assistance with my most un-favorite treatment (I won't share what that was with you right now, because it is becoming less and less my most un-favorite...probably due to necessity), but the moment that topped the list was when Nima was pacing the clinic murmuring "Managed Care Clinic today... come on...we have lots of patients waiting!"

We survived that first clinic, and because we have two scheduled every week, the crowd dispersed between the clinic days, but we are still amazed at how involved the first year class is. Every clinic has used every table in our OMM lab. We have had record number of students attending the

### Tamara Taber—TUCOM: UAAO Chapter President

Thursday brown bag lectures, and every UAAO sponsored event has been overwhelmed with the influx of students wanting to learn more. I asked one of our faculty members, Dr. Mitchell Hiserote, what was up? His answer said it all, he said, "I was involved with the interview process this last year and just good grades or scores wasn't enough, we were looking for a genuine interest in Osteopathy for this years class"

Even though our UAAO chapter is thrilled with the enthusiasm of the first year class there needs to be an appreciation to all the second year UAAO members treating our "patients" in clinic and we also extend our gratefulness for our incredible faculty members for their support, expertise, and advice. I wish I could mention you all!



## When the Student Becomes the Teacher

*"What we have learned from others becomes our own reflection."*

—Ralph Waldo Emerson

The second year teaching assistants patiently wait as the first years wander into the OMM lab. The first years are unsure of what to anticipate, but the excitement that radiates off of the TAs perks up their weary eyes. They begin their introduction to palpation with simple exercises that explore a part of themselves that few of them have given any thought to—their hands. The day's instruction concludes with practicing meaningful touch, and the students, still strangers to each other, realize that conveying something this basic to an unfamiliar person takes more than they expected. As a TA, I guide them through this last exercise, but I have no explanation for my own movements; rather, I just trust what my hands are now able to communicate to me.

I appreciate these opportunities that I have with the first year students because it allows me to pass on a skill set that expanded significantly during my first year. I know that my feelings are not unique after talking with other TAs. Iris Lee describes her experiences by saying, "Becoming a TA has made me realize how much I know, and how far I have progressed with my own palpation skills and competence of OMM." Teaching others has helped us understand how far we have come, yet we all know that our progress during our first year would not have been possible without our own student mentors. I am now able to describe the process of diagnosing somatic dysfunction to the new OMM students only because my tutor spent countless hours helping me to hone these abilities.

In reflection upon my experiences during my first year of medical school, I recognize that

*Sarah Wear—WU-COMP: UAAO National Representative*



TA Naomi Biehl (right) helps first year students during OMM.

become frustrated, and I engage those that are exhausted.

The transition from being taught to teaching has become one of the highlights of the start of my second

year in medical school. As TAs we moved from experiencing the Gestalt moment ourselves to finding that precise movement or phrase that will facilitate true understanding in other individuals. A year prior, our hands struggled to convey meaningful touch, but with the patience and persistence of our student teachers we sharpened our palpation skills. We integrated our teachers' knowledge, and the class of 2011 will integrate ours.

I learned more than just a compilation of techniques from each student teacher. I acquired their enthusiasm for OMM. During my first year, my own TA tirelessly maintained his excitement as he explained concepts to us despite being met by our blank stares of confusion. I strive to express this same passion in my interactions with the new students because I know that OMM can be challenging but ultimately very rewarding. With that in mind, I provide encouragement when students

year in medical school. As TAs we moved from experiencing the Gestalt moment ourselves to finding that precise movement or phrase that will facilitate true understanding in other individuals. A year prior, our hands struggled to convey meaningful touch, but with the patience and persistence of our student teachers we sharpened our palpation skills. We integrated our teachers' knowledge, and the class of 2011 will integrate ours.

## The Women's Osteopathic Mentoring Weekend

*Michelle Stone—UNECOM: UAAO National Representative*

Last Spring I was fortunate enough to join twenty other female osteopathic students and a handful of wonderful female D.O.'s. to participate in a women's mentoring weekend at the Inn By the Sea in Cape Elizabeth, Maine. I chose to spend the weekend with these women in order to practice OMM under the guidance of female physicians who specialize in manipulation. The physicians came from all over the Northeast to teach us their own personal OMM techniques and shed a little bit of light on practicing medicine as woman while managing a family. We had three sessions of manipulation per day. In addition to these workshops, we had two sessions of

yoga (including partner yoga!), meditation, and ate delicious meals. It was a very relaxing weekend, and I met some incredible people.

One of the reasons I applied for this scholarship was because I was excited to meet women who practice the way I see myself practicing down the road. These women were in all stages of their careers, including enthusiastic first and second year students, third and fourth year students, tired residents who wanted to remember why they chose medicine, excited physicians who had just started their practice, and knowledgeable women who have been in practice for years. Everyone gathered at the Inn for similar rea-

sons: to learn more, to share experiences, to make friends, and to have a relaxing and fun weekend.

Madeleine McCormick, a patient of Dr. Mary Bayno, D.O., who has an OMT practice in New York City, founded the mentoring weekend. Ms. McCormick was a long-time recipient of osteopathic manipulation and believed her longevity was due to OMT. When she passed away at 95, she created a scholarship fund, and Dr. Bayno, who was a trustee of Ms. McCormick's money, decided to create a mentoring weekend for any female students and residents interested in OMT. This wonderful tradition has been carried on since 2004.

It has been six months since that weekend, and I realize how much of an impact it has had on me. I learned just how fulfilling life as a physician can be. In the past, I had met many tired and burned out doctors who did not seem happy with their lives or their practices. However, the women that I met at the weekend let me see that there is still joy to be found in practicing medicine. They showed me that it is possible to have a great life and maintain a healthy practice at the same time. I left the weekend with optimism and a great big smile on my face. The path ahead now seems a little less daunting and a lot more pleasurable.



# Osteopathic Equipment



**We offer a full line of Treatment and Exam Tables from Portable to Solid Oak to Fully Electric with complete OB/GYN options.**

### **Golden Ratio Portable Treatment Table:**

- The only portable table built just for the osteopathic physician or student.
- The only portable table on the market with a "For Life" Transferable Lifetime structural guarantee.
- 100% made in the USA, even components!
- Revolutionary CenterLock system allows for 360 degree access.

### **Solid Oak Treatment and Exam Table:**

- 6 or 7 ft lengths, 24 inches wide
- 1.5 inch foam
- 4 standard stain options
- 12 deluxe vinyl options
- 3 standard heights
- Removable legs for easy transport
- Hand crafted to fit your existing décor, truly a piece of furniture
- Custom built just like A.T. Still's

### **OE 200 Fully Electric Table:**

- All Electric height and back control
- "Anywhere" height adjustment bar
- Height Range of 16-36 inches
- Lifetime Structural Guarantee
- 3 year motor warranty.
- Standard width of 25 inches
- Available handset
- 1 1/4 inch high density foam
- Available in your choice of 9 vinyl colors
- ISO 9002 Certified

### **OE 300 Fully Electric Table w/ OB/GYN Option:**

- All Electric height, back, pelvic tilt, and foot section
- "Anywhere" height adjustment bar
- Height Range of 16-36 inches
- Lifetime Structural Guarantee
- 3 year motor warranty
- OB/GYN option available, making this the only full purpose osteopathic table available!



### **Also available:**

- Percussion Hammers
- Books
- Physician's Bags
- And much more!!
- Medical Equipment
- Anatomical Models and Charts

**Your Source for Everything Osteopathic & More!**  
**Visit [www.osteopathicequipment.com](http://www.osteopathicequipment.com)**

## Stuart Pain Clinic

Over an hour away, VCOM students use their OMM skills to treat low and no income patients at the Caring Hearts Free Clinic of Patrick County, VA. Our involvement with the Clinic started in 2003 when Dr. Ava Stanczak met Dr. Nicholas Kipreos at the Virginia Association of Free Clinics Health Fair. After volunteering at the clinic for about a year she started noticing more and more patients presenting with chronic pain. She thought, "we should be able to treat these people with OMM." With the help of Matt Forbush VCOM OMS-IV and first coordinator, the Stuart pain clinic was born. It now functions as a bimonthly Pain Clinic in conjunction with the Caring Hearts Free Clinic.

The clinic has a lot of patients with work related injuries, chronic fatigue syndrome, migraines and fibromyalgia. Abuse of prescription narcotics is a well documented problem in

Southwestern VA and unfortunately Medicaid will cover narcotics, but not OMM treatment.

Word has spread about the OMM clinic, and physicians in the area have now started refer-



ring patients to the Clinic specifically for OMM, according to Dr. Ava Stanczak. They have been very happy with the outcome. Volunteering at the Clinic has given students at VCOM real world experience in treating major chronic pain issues. "We are not just another branch of MDs, we use our hands to treat

patients, which allows us to represent our profession," states Dr. Stanczak

Scott Leggoe, a former Pain Clinic coordinator, recalls one of his favorite patient encounters.

During a patient interview and exam, the patient reported 10/10 neck pain and 6/10 low back pain. To ensure the patient understood the pain scale one of the first year students interviewing the patient said, "well a 10/10 would be if a person hit you with a baseball bat." The patient replied that that was the level of pain she felt. Apprehensive of this statement the medical students asked Scott Leggoe, a 2nd year volunteer, for help. The patient had very reduced ROM, her chin could not touch her shoulder, and she had to

turn her shoulder to look at the students. After performing FPR on 3 segments of her neck the patient's pain went down to a 2/10 and her low back pain was gone, explains Scott Leggoe.

The students have assessed changes in patients with good documentation, including pre and post pain scale. Scott reports that they were able to wean 3 opiate-dependant patients off their medications with OMM treatment.

The Virginia Association of Free Clinics has taken notice in the successes of the OMM clinic. After receiving a presentation from Matt Forbush OMS-IV, the association has asked about the possibility of training health professionals in muscle energy techniques so they can use this mode of treatment Statewide in their clinics to alleviate patient pain.

Statements in this paper have been made available through interviews with Dr. Ava Stanczak and Scott Leggoe

## A Rational Combo: Linking OMM & Gross Anatomy

The 2007 - 2008 academic year started early for incoming first-year Ohio University College of Osteopathic Medicine students; students arrived at campus August 1st. Following a two-day orientation to the college, all 108 students embarked on a four-week intensive immersion into osteopathic manipulative medicine and gross anatomy. The combination of anatomy lectures, labs, and clinical cases reinforced the techniques applied during introductory OMM training.

During their weekly OMM sessions, students identified landmarks, developed palpatory

skills, performed soft tissue techniques, and gained an appreciation for osteopathic principles. All OMT labs were well staffed with clinical faculty as well as second and third year medical students. Students and faculty all agreed the program was a success. First-year student Korrie Waters noted, ". . . [that] scheduling OMM and anatomy simultaneously is a logical approach to becoming familiar with osteopathic principles and practice."

The anatomy faculty helped to reinforce OMM principles through clinical questions presented each day in lab. Occa-

tionally, new students became frustrated at their inability to locate palpatory landmarks; however, visualizing the underlying structures, readily accessible in the gross anatomy lab, instilled confidence in many neophytes. As one first year student stated, "The immersion curriculum was important in gaining an understanding of the correlation between anatomy and its clinical applications." As a second year medical student, I have personally noticed a considerable improvement in this class's abilities as compared to my own class at this time last year. This is the third consecutive year for the immersion program at OU-

COM, and unlike in years past, this new class has recently begun a four-week block of material concerning the musculoskeletal system in hopes of expanding upon the knowledge base they gained during the program.

*Mikael Schilb — OUCOM: UAAO National Representative*



## The Journey

*Megan Do–Touro: UAAO National Representative*

Past officers have worked hard to bring recognition to the UAAO chapter at Touro University Nevada College of Osteopathic Medicine (TUNCOM). They had unique guest speakers give presentations pertaining to their specialties and the relevance of OMT, such as Dr. Melicien Tettambel's workshop on using OMT in obstetrics/gynecology. Along with these talks, the 2006-2007 officers also set up volunteer and fundraising events. As new incoming officers, we can further enhance and strengthen the foundations of our chapter.

Throughout summer, the new officers have already been

brainstorming. This year our chapter is not only trying to hold more active events, but to also bring more interest in OMT throughout the school and community. TUNCOM has recently opened an Osteopathic Children's Clinic to provide OMT to children at reduced or no cost. Students can come volunteer and see how kids get treated first hand. With the new clinic, the profession and school can take a step forward in reaching out to the community.

An OMT practice session is being held almost every week in the OMM Lab at the school to help first and second year students understand new tech-

niques and practice their OMM skills. Along with these and future projects, the club is promoting the AAO Convocation in March 2008. The Convocation is a great way to allow students to experience osteopathy hands on. They can recall it as an event that heightened their interest or gave them additional motivation to get through this vigorous journey. In 2006, the TUNCOM UAAO was able to send four interested members. In 2007, the TUNCOM UAAO sent nine members. The aim for 2008 is to send double or triple the amount of students who went in 2007.

TUNCOM is still a new school in

its childhood stage. Being a four-year-old UAAO chapter, we are also expanding and growing with the school. With hard work, the chapter hopes to achieve all this year's goals and more. We, the UAAO-TUNCOM UAAO chapter, the students at TUNCOM, the osteopathic professionals, have chosen to pave the way for the future.

*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*