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Fall
Issue



The Still Point

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Undergraduate American Academy of Osteopathy

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What Is it That You Do *Coral Peterson—National Executive Chair (TUCOM)*

This past weekend I went to Washington, DC, to visit one of my college friends. I hadn't seen him in a long time and throughout the weekend I got peppered with an assortment of medical questions. It's always fun for me to realize that I'm going to be a physician in a few short years and will need to be prepared to answer these types of questions on a daily basis. As he was talking to me about his problems, I kept thinking of all the treatments that I have learned in OMM lab that would be perfect for him. So, when the right time came when he asked me to fix him, I told him I knew some techniques that might help.

While treating him the night before I left, he kept asking me what it was I was doing. I answered him like I would any other osteopathic medical student, in medical terminology.

After doing this and him saying to me, "That sure was a lot of big words. I have no idea what you're talking about," I had to think about making my explanations a little simpler.

So what is it that we do? We are training to be osteopathic physicians, right? What does that all mean, exactly? Does it mean that you look in the Glossary of Osteopathic Terminology for a definition?

Osteopathic Manipulative Therapy (OMTh): the therapeutic application of manually guided forces by an osteopath (non-physician) to improve physiological function and homeostasis that has been altered by somatic dysfunction.

Is this the type of definition you want to have memorized ready at a moment's notice to say verbatim to a classmate, friend, family member, or patient? I

know that I don't.

The point is that we all need to be prepared not only with the skills to treat people but with the knowledge and words to explain what we do. We need to have prepared with what osteopathy means to us? So start thinking about what it means to you. Start preparing what your own little spiel will be. For me, it is dependent on which audience I'm speaking to. I always try to include my own definition of osteopathy; it can be more technical like the definition above or more personal. My personal definition includes how osteopathy has changed my way of thinking about medicine and how it has affected me physically.

I encourage each of you to start defining for yourself, what is osteopathy? What is it that you do?

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Update from the UAAO Vice Chair

It has been a very busy summer and now fall. I hope that everyone is adjusting well to the next level of your Osteopathic education, whether this is your first year or last year of school. As DO students, we are part of a great profession and it is also our duty to promote this great profession. I encourage everyone, no matter how many roman numerals are after your name at this point, to learn what separates osteopathic medicine from traditional medicine and practice it and teach it whenever possible.

For the many of you that are doing your best to achieve this goal; Great! Keep up the good work. For those of you that would like a few suggestions or have no clue, here are a few ideas:

1. MS I: learn as much as you can and try not to get frustrated with some of the ambiguity or intricacies (i.e. sacral mechanics). Focus on learning the basics of the philosophy and most importantly teach your family, friends or anyone you meet what a DO is.

2. MS II: Learn how to perform OMT effectively and help the MS Is. Continue to teach the public about Osteopathic medicine through various means such as volunteering, working in OMT clinics, at conferences or doing Osteopathic Outreach projects. The TOUCH point program is a great way to be rewarded for this effort.

3. MS III: Apply what you've learned the first two years of OMT lab to real patients with real problems. It can be very

John Leuenberger—National Executive Council Vice Chair (LECOM)

difficult, but also very rewarding. Don't forget to teach patients about what a DO is and try not to blend into the sea of white coats.

4. MS IV: Continue to develop OMT skills and learn from as many great physicians as possible. One of the great things about Osteopathy is that everyone does it slightly different and everyone can be just as effective. If you are struggling with OMT, learn a new technique that fits you and then adapt it to your patients. You can't go wrong if you are trying to help.

I hope to see many of you at the AOA convention in New Orleans; there we will be working with SOMA to promote OMT among other DO students. I also hope that the updates to the webpage have been helpful.

Everyone should receive a user ID and password in the next month or so to use the "members only" section of the site. A list will be mailed to each chapter's president and they will be responsible for distributing the information to the rest of the chapter. Keep planning for Convocation from 3/17 – 21 in Colorado Springs. It will be here before you know it!

One Day During a Clerkship

It was shaping up to be just like any other day on my ENT rotation. I was seeing a lot of patients, getting pimped on information based on the patients presentation from the physician, getting pimped by a patient who has Henoch-Schönlein purpura about his disease, and just taking in as much as I could.

Then something different happened. A patient came in with a chief complaint of a loss of hearing. This sounded like any normal case I had seen. Simply get out your cerumen spoon and start removing the ear wax. Well, while this was going on I noted that the patient continued to reach for their neck. After the cleaning was done I asked the patient why they were reaching for their neck and was told that she could not keep her neck to the side like that without having some pain and stiffness associated with it.

Since we had a lot of patients to see I ran off with the doctor to see the next patient while she

got a hearing test just to make sure that there was not a sensorineural type of hearing loss and that it was just conductive due to the cerumen.

When we got back to see the patient after the hearing test I again noticed that she was still holding her neck occasionally.

After the physician was done talking to the patient, he left the room and went on to see the next patient. I proceeded to follow and then stopped dead in my tracks, did a 180 and found myself asking the patient if she wanted me to help her with her neck pain.

After agreeing I began to work on her neck performing some soft-tissue techniques and incorporating some muscle energy into the mix. After about five to ten minutes she noted that the pain and stiffness she was having had subsided and that she felt a lot better.

I walked out of the room feeling like I had accomplished something for the patient. I had

Christopher Minello—National Executive Secretary/Treasurer (PCOM)

only spent a few minutes with the patient but I made a definite impact.

I found out later that day that the patient had made some compliments about me to the staff and said that she had never had anything like that before...and from a medical student none-the-less.

I took that day as a lesson to look for patients I could perform OMM on in order to make a positive impact. Since my ENT rotation I have found many opportunities to use various OMM techniques and I am sure that I will find many more opportunities in the future.

I encourage all of you to look for the opportunities so you can make the most of your osteopathic education. You spent two years learning these techniques, and even if you are not the best at them you can still make an impact on a patient and be able to show more caring and compassion.

Still Point Notes:

Thank you to everyone who submitted articles. We have received the most articles I have ever seen and we have greatly increased the number of full page articles. Keep up the great work and I look forward to the next edition of The Still Point.

Thank you,

Your Secretary/Treasurer

Christopher Minello

Gearing Up for Convocation 2010

Convocation is the UAAO's Grand Finale. We talk about it a lot, because it truly is a wonderful opportunity for students. I have had the privilege to attend several medical conferences over the past two years. Convocation is unsurpassed in when it comes to friendliness toward students. This extends well beyond the student specific workshops, student reception, A. Hollis Wolf case competition, and UAAO auction. The physicians and faculty that attend Convocation are approachable, friendly, and unguarded. They welcome student interaction and will take any opportunity to discuss or teach. It does not matter what specialty you are interested in for your future career. Convocation provides the opportunity to gain a solid foundation in Osteopathy. This foundation will help you on the COMLEX and as a physician. Over the next few months, we will be reminding you to get the word out about Convocation and will be pushing you to be prepared for Convocation. Please, look at the suggested schedule as you prepare for Convocation.

September:

1. Gauge the number of members that will attend this year and develop a budget based on that number. This will help you develop fundraising goals and will help your members set personal budgets.
 - a. Check the cost of travel and hotel
2. Post flyers to advertise Convocation

October

1. Continue to talk about Convocation at UAAO events
2. Design a poster showing

pictures of your faculty and student members at previous Convocations

3. Advertise the A. Hollis Wolf Case Presentation Competition

November

1. Plan to hold a General Body Meeting about Convocation in December
2. Revise budget as necessary based on fundraising and interest
 - a. Recheck cost of travel
 - b. Investigate hotel options: how many people/room. Are you staying at Broadmoor or somewhere less expensive? If staying somewhere else, do you have transportation plans to get to Broadmoor?
3. Consider holding Christmas fundraiser (ex. sale presents like chocolates, wreaths, food items, etc)

December

1. Hold a meeting to discuss Convocation and encourage students to commit to attending Convocation
2. Inform member that registration payments will be due upon return from Christmas break
3. Develop a plan for merchandise sales at Convocation
4. Advertise A. Hollis Wolf and gauge member interest in participation
5. Start Planning on what Auction Items to bring to UAAO auction. Think

outside the box and make sure you bring something that can be transported by plane

etc)

January

1. Collect Convocation Registration and payment early
2. Convocation Registrations are due Jan 31
 - a. Make sure you are prepared to send one check with all registration forms to AAO by deadline (Jan 31). If your school is slow at processing check requests, plan accordingly. Consider sending a personal cashier's check to cover registration fees
 - b. To guarantee your members get their choice of workshops, both Registration forms and checks must be mailed by Jan 31

3. Make hotel reservations and flight plans
 - a. Advertise less expensive flights that will allow for group travel
 - b. Help members plan for transportation from airport to hotel
4. Decide on one individual to compete in A. Hollis Wolf Case Competition
5. Consider holding Valentine's Day Fundraiser (Flowers, chocolates,

February

1. Table Reservation Request for Exhibit and Sales is due February 15
2. Deadline for Cancellation of Convocation Registration with Reimbursement is Feb 22

March

1. A. Hollis Wolf Registration is due March 1
2. A. Hollis Wolf Case Presentation PowerPoint emailed to Vice Chair March 5
3. Send list of volunteers for UAAO Booth, Auction, and Student Reception to National Coordinator
4. Things to Remember: Items for Exhibit and Sales, Auction Items, 2 Officers at Board of Governors Meeting on Wednesday, Officers present at Lunch Meeting Thursday and Friday
5. Convocation March 17-21

Heather Werth—Executive National Coordinator (TUNCOM)

Merit Scholarship Recipient: A Model for Osteopathic Students *Nicole Mullins—MWU-AZCOM: UAAO National Representative*

At the 2009 Convocation, one of my colleagues was honored with a Merit Scholarship for her commitment to osteopathic principles and delivering much needed service to our community. I've been requested to share a little bit about Deepti Paturi, a remarkable woman who will humbly claim she isn't.

Deepti is one of those people you notice right away when you walk into a room. I am not sure if that's on account of her dazzling smile, the warmth it imbues, or her ability to form quick connections with those in her path. The sense of caring she has though, is present whether she is talking with friends, working with students as one of our pre-doctoral fellows, or meeting with patients. Of all the many notable things she has done, one of the things that I am sure caught the eye of the committee was her dedication to our student run free clinics. While she was at the helm of that program, it

expanded to three sites in the Phoenix metro area, increased patient load, garnered attention from local newspapers, and impressed our own Dean's office so much that they want to implement participation at those clinics as part of a mandatory learning process. Learning is what those clinics are about: learning how to apply the skills we acquire in the classroom to a clinical setting, learning for the patients as we try to educate them on ways to help them improve their health, and learning for students about what it means to do things to help build a community, and make it stronger.

Learning and teaching, to me, are two tenets that are deeply integrated into our osteopathic profession. AT Still continued his investigations of the human form, motion and function until the end of his career and life, and throughout made sure to disseminate that knowledge so that it could grow and benefit humanity. He and hun-

dreds of osteopaths since him have held true to those beliefs, those which allow us to better the world around us, grow as communal body of knowledge, and make our community richer with our treasures of information, spirit, dedication and outreach. This is the demanding path we are all asked to follow, and this is the one Deepti has found. She is early in her career, yet she has made so many contributions to our community already, and she shows no signs of stopping.

Ms. Paturi has exemplified commitment to osteopathic principles not only in her studies, but also in how she tries to live her (hectic & demanding medical student) life. As we are asked to address a patient's mind, body and spirit, she also tries to attend to each of these in her own life. Her academics are excellent, yet she also takes time to participate in activities such as hiking, which both nurtures her body and her spirit. The summer following her first



year of grueling studies, she took weeks to traipse through trails, and was struck how many of the structures and phenomena she saw in nature being echoed as parallels in osteopathic principles. I believe she is one of those people who makes osteopathy relevant not only in the treatment room, but also as a guideline for how to put all the pieces together and make your life and health better for it.

As a student, I feel lucky to have kept her around as one of our pre-doctoral fellows on our campus for another three years. Here she is given an organized forum in which she can plant seeds into first and second year students' minds thru her example of patience, tenacity, and selfless sharing of knowledge. And she could probably teach them how to make the world a bit friendlier through that smile of hers.



Importance of Clinical Experience in Osteopathic Medicine *Patrick Mullan—LECOM: UAAO National Representative*

With your knowledge of anatomy I am sure you can practice and be successful, and should be in all cases over which Osteopathy is supposed to preside.” A.T. Still

Over the summer I spent a couple weeks shadowing two doctors who practiced Osteopathic Manipulative Medicine; Dr. Lori Dillard and Dr. Georgia Griffin. During my time there I learned a great deal about Osteopathic medicine. Not only did I discover new techniques to treat somatic dysfunction, but I also grasped new ideas to deepen my understanding of Osteopathy as a whole. The more time I spent in their office, the more I saw the complexity and importance of anatomy and

its relation to Osteopathic medicine. Even though the significance of the interrelatedness of structure and function is stressed over and over in class, it was difficult for me to really appreciate how true it is until I experienced it in a clinical setting.

A.T. Still did not teach specific treatments, but stressed the underlying anatomy. When I first learned this, I had a hard time understanding why he did not teach treatments. At first, it was difficult to understand the complexity of Osteopathic manipulation because I was mainly treating fellow classmates who did not suffer from somatic dysfunction. With my classmates it was hard to see the effects of

manipulative medicine on their overall state. After my stay at Dr. Dillard and Dr. Griffin’s office, where I observed patients with more complicated problems, manipulative therapy became more about assessing all of the somatic dysfunction happening and finding the underlying cause. Sure, the techniques I had learned during first year could definitely aid in treating the patient, but it was difficult transitioning what I’d learned into a treatment plan for patients in a clinical setting. I think this was the idea Dr. Still was getting at when he stressed not just learning the techniques, but really knowing the interactions going on within the body. That level of understanding gives

Osteopathic physicians a better grasp of the symptoms a patient is displaying and helps lead them to the correct solution.

Earlier this year, the LECOM UAAO opened the OMT clinic. This clinic gives our members an opportunity to diagnose and treat individuals in a clinical setting with physician supervision. I believe this increase in clinical exposure will greatly enhance our appreciation of the complexity and usefulness of Osteopathic manipulation. Knowledge of the interrelatedness between our structure and function and all of the complexities that result from it is what makes Osteopathic specialists so important to the medical field.

OMM Meets Rugby: A Lesson in Flexibility

Nestled between the Blue Ridge and Allegheny mountains in southwest Virginia sits the town of Blacksburg. Sprawled within its city limits, surrounded by acres of forest and agriculture, lays the stone mammoth, Virginia Tech University. In the shadow of Tech’s impressive Lane stadium (home of Hokie football) and tucked discretely behind the local Kroger, sits a humble patch of green that the Blacksburg division three rugby team calls their “pitch.” Turn down the noise from teeming crowds of undergrads, the hustle of the corner bars, cafes, and home-grown clothing stores and you might hear the grunts from the exacerbated lungs of a few VCOM students who have joined the ranks of this veteran Blacksburg team.

I got into rugby at the end of my first year, at the insistent words of a fellow classmate, as an outlet from the usual stresses of school and club officer responsibilities. I thought that out there on the rugby field I was safe from all things school

related – free to let my mind blank on everything except the ball, my footing, and the much larger players trying to take both of those things away from me. It wasn’t long, however, until some of the native Blacksburg players began asking me and my fellow classmates to “take a look at” some of their somatic dysfunctions.

I admit that I underestimated VCOM’s reputation in this college town. We will never be able to escape our reputations here as future DOs, wherever we go – but I don’t mind. These guys knew about OMT, and they knew we were just the ones to ask. A few of us wised up and began bringing our tables to games and practices, but even then the demand far outweighed the 2 or 3 table supply. Soon enough, before and after every practice, there were Spencer techniques being done on car bumpers, cervical adjustments on truck tailgates, and lumbar rolls on a stack of goal post pads. These weekend warriors of rugby had been punishing their bodies for years, so naturally, they loved us

for it.

Our sidelines, now a strange mix of water jugs, balled athletic tape, and Wellspring tables, must be an interesting site for any of our opponents. But it occurred to me, as I hovered over a lateral recumbent, 250 lb, bloody, sweaty bruiser (intimately nicknamed “Spike”) for his usual lumbar muscle energy, that this is exactly what osteopathic medicine is all about. Medicine anywhere, and in any situation for those that need it. Allowing yourself to concentrate and trust your hands, even if you are outside of your comfort zone.

I can’t help but to reflect on my experiences on the VCOM mission trip to El Salvador in February. I think about standing next to Dr. Rawlins (the dean at VCOM), as she explains her approach to adjusting the cervicals of a young woman who was spending about four hours of her day with a large jug of water on her head. This was not in a classroom, this was not a fellow classmate with “study neck,” this was not even on an osteo-

pathic table – we had pushed together three student desks from the elementary school we were utilizing as our clinic.

The ultimate message here is that some of my best learning experiences have not been in the OMM lab, but out in the field of duty. Where I was forced to adapt what I have learned to the situation at hand. Where my understanding of human anatomy allowed me to perform OMT where there are no tables with clever head rest attachments.

So I urge you, learn to be flexible with your skills. If a professor, preceptor, or classmate offers a different way to perform a technique, be sure to pay attention. Put your hands on as many tough cases as possible. Learn from the necks, backs, ribs, and ankles of those that are truly “jacked up.” Remember your anatomy, and the absence of a table will never prevent you from treating someone in need. The little old lady in room 3, who can’t sit up or roll over, will thank you.

Elliott Sally —VCOM: UAAO Chapter Secretary

UAAO Members “Tri” to Give Back to the Community *Travis Schamber – ATSU:KCOM: UAAO National Representative*

It was a beautiful morning at 1000 Hills State Park, with the sun scattering its rays over the lake. Participants of the annual NEMO Triathlon in Kirksville, MO, checked in and made last minute adjustments to their bikes and listened as the loud-speaker boomed that the race would be beginning shortly. The participants knew that they were in for a challenge with a 1200 meter swim, 18 mile bike ride, and 5K run ahead of them. The sound of the gun signaled the beginning of the race, and within 1 hour and 30 minutes participants were crossing the finish line; however, they knew they would receive more than just a medal at the completion of this triathlon. Remember that we are in Kirksville, MO, the founding place of osteopathy, and no community event would be complete without a little OMM!

As participants crossed the finish line, they turned to their left to receive water and noted the smiling faces of first- and second-year osteopathic medical students eager to give them a much deserved osteopathic treatment after a brief cool down. Before long, the line to receive a treatment outgrows the line for water, and the osteopathic students of KCOM are in their element: serving the community and promoting osteopathy all at the same time.



The NEMO triathlon serves as a time when the UAAO chapter at KCOM can give back to this community that supports us in so many ways. It is also a chance for the first-years to work with second-years, fellows, and physicians to begin to see the practicality of OTM in a “clinical” setting (wouldn’t it be great if all our clinical set-

tings overlooked a lake surrounded by beautiful scenery?!?). Even more importantly, it is a time to educate the athletes and promote wellness in our conversations as they tell us about how cold the water was on the swim or how they didn’t think they would make the last mile. On more than one occasion, you overhear a

student hashing out the tenets of osteopathy to the athletes who are new to our triathlon. On the other hand, some of the athletes are “pros” here in Kirksville and ask if the student can do that “one stretch” that they did on them last year.

At the end of the day, the athletes walk away with a sense of pride, a medal, and an OMT treatment that they rarely have the opportunity to experience at a triathlon. Meanwhile, the members of KCOM UAAO walk away with more experience, an odd smell of perspiration and sports drink that only comes off with two showers, and the satisfaction of a job well done. Already we are learning the most valuable lessons of all: giving back to the community and promoting osteopathy.





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Osteopathy Spreads its Healing Power Abroad

Caylyne DeGood – LECOM-BR: UAAO National Representative

Dylan Arnold – LECOM-BR: UAAO Chapter Vice President

This past summer of 2009, a group of LECOM Bradenton and Erie students set out to the Dominican Republic with our newly acquired osteopathic knowledge and an excited eagerness to practice it. We were based in the capitol city of Santo Domingo, a city rich in Spanish history on the island's southern border. Each day we traveled through the region's tropical terrain to different rural villages which were tucked away in the mountains. Upon our arrival, excited locals would greet us with helping hands. We would quickly set up our portable clinic and get to work.

Though we had all types of medications at our disposal, from antibiotics to antihypertensives, we became aware of the unsettling fact that pills have a limited duration of action that would end soon after we left. It dawned on us that the healing power of osteopathy, once again, would have the most beneficial long term effects on patients, especially those that had been dealing with chronic pain.

One such example was a woman who had a history of a previous car accident and had since been dealing with chronic right shoulder pain. Upon palpation we diagnosed a severely elevated first rib on the right, exhibiting an inhalation dysfunction. That patient responded with reflexive guarding in response to palpation of the tubercle of rib one, indicating a posterior tenderpoint at that location. We then performed direct muscle energy to the right first rib; resisting movement on inhalation and facilitating movement on exhalation. Because an elevated right first rib causes the first thoracic vertebrae to be

rotated and sidebent to the opposite side, we performed seated upper thoracic muscle energy directed at T1. These methods decreased the patient's tenderness in the effective area. Finally, we performed prone HVLA with the patient's head sidebent away from and rotated toward the elevated rib, which moved the rib back into its facet. Upon reassessment her rib was no longer elevated and palpation of the posterior rib tenderpoint did not produce reflexive guarding. The patient immediately responded with joy, relief, and actually a bit of astonishment that her chronic pain seemed to be alleviated. We, as students, were course filled with enthusiasm because our hours of studying and practicing OMM were materializing before our eyes as a true healing treatment that would help this patient far beyond the half life of an aspirin.

It should be noted that on this mission trip, our goal of bettering the lives of our patients had an added obstacle—the language barrier. With limited translators (most of whom were teenagers) and approximately two hundred patients to treat in an afternoon, our histories became shadows of the full histories we were taught in our first year of medical school. Instead we relied more on our physical findings for diagnosis. A particular experience that reinforced our faith in osteopathic medicine, and its ability to diagnose, was a woman who had been suffering for months from a well defined back pain. Our structural exam of her thoracic region revealed T5-T9 vertebrae were rotated to the right. After recalling that this specific span of vertebrae often resulted from viscerosomatic reflexes, we decided to perform an abdomi-

nal exam focused on the foregut. Palpation of the right upper quadrant elicited immediate guarding along with a grimace. After tracking down our translator, we questioned the patient about her gallbladder. We then learned that she had been diagnosed with gallstones three months earlier, and that the gallbladder pain coincided with the onset of her back pain. She had been unable to have surgery due to insufficient pulmonary function needed for anesthesia due to her cigarette addiction. We informed the patient that her chronic back pain was most likely the result of her gallstones and that it would continue until she could tolerate the surgery. We educated the patient on the importance of abstaining from smoking and exercising to increase her lung capacity before returning to her

physician for reevaluation. We hope that the added motivation of chronic back pain will be enough for her to quit smoking and be eligible for the surgery she needs. No matter what the outcome, it has motivated us to respect and utilize osteopathic medicine not only at home, but throughout lands and languages around the world.

“This is a war not for conquest, popularity, or power. It is an aggressive campaign for love, truth, and humanity. We love every man, woman, and child of our race; so much so that we have enlisted and placed our lives in front of the enemy for their good.” –A.T. Still



Where in the World are the Words?

Osteopathic manipulative medicine (OMM) is not just about knowing the techniques or being comfortable and confident enough to perform them. It is also having the right words to accurately ask the patient to move in a manner that fits with the treatment. While practicing OMM with friends, family and peers, I had become used to using words and phrases that an average Joe could not understand. In the absence of working with patients who do not have a working knowledge of medical

terms for anatomy and body movements, we can create a pattern of non-communication and forget expressions that lay persons can understand. Language is important not only when treating with OMM but also while talking to patients when gaining a history or explaining treatments. So many teachers have reminded me to use language patients can comprehend but unfortunately it took an overseas trip to a country where I did not speak the language for me to really appreciate what that meant. In Au-

gust I traveled on a medical mission to Peru where I was fortunate enough to practice a bit of manual medicine. I had gone on the trip with the goal of making a difference in patient's treatments using OMM and a confidence in myself and my abilities. However, without the words to actively involve the patient I ran into a few problems. When working with patients in Peru I had a limited vocabulary and much of my communication came via charades. It hit me at some point on the trip that the trouble I was

having in communicating was not just the language barrier but what exactly I was trying to say. I have since returned from Peru and along with a new semester I have decided to make a new start in OMM. This semester I will not only focus on the ins and outs of the body, understanding how to work with it and help the patient attain their highest possible level of pain free living but also focus on how to improve my communication to provide the best possible care for my patients.

Yvette Gross—MSUCOM: UAAO National Representative

The Osteopathic Oral Tradition

It is a Tuesday night at the end of July in San Diego, CA. Four of my fellow classmates, Dr. Noel Carrasco, MD, Dr. Deborah Heath, DO, Stefan Hagopian, DO, and myself sat in a circle in the living room of our suit in La Jolla. It had been the second day of an intense week at Viola Frymann's basic cranial course. Over a communal homemade dinner, an important event was taking place - one that has sustained the practice and teachings of Osteopathy since its beginnings - The Osteopathic oral tradition.

The topic of the conversation varied from embryology, to Osteopathic research, to the future of Osteopathic medicine. Ideas were flying, opinions were discussed, and history was shared. As a second year medical student I felt that I could not have learned more in any other environment.

It is interesting how little you learn about Osteopathy in Osteopathic medical school. Osteopathy is limited to a few hours a week of lecture/lab and maybe some studying before written and practical exams. Sometimes we students may feel Osteopathy becomes an extra obligation in our medical

education rather than the medical philosophy we were originally so excited to learn about and utilize. During my first year of school, I often found myself being rather cynical, wondering how osteopathic medical students are supposed to integrate two seemingly conflicting philosophies: Osteopathic and Allopathic approaches.

As we discussed many aspects of medicine and Osteopathy, the reason for the allopathic-osteopathic integration dilemma became clearer to me. Osteopathy is a philosophy of healing tailored to the individual. To organize, document, define, and systemize absolute treatments would be impossible. Each person, both doctor and patient, has infinite variables that interplay to produce an infinite amount of outcomes. There are too many variables in too many people to document an individual approach to medicine as you would in an allopathic system; hence the lack of evidence based medicine in Osteopathy.

Read about or talk to any of the great Osteopaths and it becomes clear how each has found their unique healing modality in which they relate to the

world and to their patients. They learn from many mentors, read from many texts, and treat many patients before developing their own system of treating the individual affectively and accurately. The road to becoming a great osteopath is similar to that of becoming a great artist. They must search for their own distinct modality in which they can share with patients the beauty of life while also making a positive impact on the world around them.

So how do we learn? How do we, as students, become true, holistic, osteopathic healers? We learn how to treat each individual as an individual. We hover around after office hours, ask thousands of questions and listen. We absorb and enjoy the company of those whom we respect; those we believe can teach us and can shed insight on the illusive and sometimes mystical world of Osteopathy.

There are hundreds of different realms to which Osteopathy can take you. Everyone believes something different and views the world from different angles. Some believe their way is the only way. Others dabble in multiple trades. Some ideas are loud and others are

subtle. Every dysfunction presents unique challenges.

I have concluded that what makes the biggest difference as a student in my learning process is to listen!

Osteopathy is a vast world that has many great things going for it. If you are in the right place (any osteopathic conference is likely to have wonderful teachers), make sure you ask questions to the right people. You can then experience the sacred value of the Oral Osteopathic Tradition.

Shana Shosky—ATSU-SOMA: UAAO National Representative

Fear of the Unknown

The fear of the unknown is apparent to us all when it comes time to taking that first OMT practical. Here at KCUMB, UAAO offers a mock OMT practical for all first year members. This year we had a total of 95 students participate in the mock practical. This is a great way to get students interested in UAAO



and help prepare them for their first practical. The practical is organized by the vice-president with the assistance of the other officers. The second year UAAO members volunteer as proctors for each practical station.

We try to set up the mock practical as close to the real thing as possible. At KCUMB the OMT practical consists of a written didactic portion and three stations. There are a total of nine stations in the entire practical so three groups of three can take the practical at the same time. After you are the “doc” for all three stations, you stay to be a patient for the next three students. Many of the students were unsure of how the stations worked or even how many there were. The actual set up of the mock practical helped ease quite a few stressed

students. At the stations you choose a card that typically has three to four questions. You then answer the questions or demonstrate the technique to receive all of the points. The didactic portion has clinically relevant questions over the labs. All of the material that was on the mock OMT practical was reviewed by the fellows and professors.

During the mock practical, a second year UAAO member sat in as the proctor at each station. The mock practical was not graded. It was simply to help give the students an idea of what type of questions to expect. If the students had questions, the second years helped walk them through the questions. The answers to the mock practical were reviewed at the following



UAAO meeting. We truly hope this helps ease the students into their first OMT practical. All of the first year students felt a little less apprehensive going into their first OMT practical after going through the test run put on by UAAO.

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Hard Work

Last year in January, my first-year colleagues and I attended a meeting about summer plans. This meeting was supposed to help us investigate our research options, help us get organized in looking for medical summer internship opportunities either domestically, or abroad, and make sure we knew about all the paperwork involved in whatever it was we were setting off to do. The woman who ran the meeting made sure to tell us, however, that we should think long and hard about how we wanted to spend this summer, as it would be “the last summer vacation you will have for a very long time.”

This statement, which I’m SURE was meant as a cautionary, and caring piece of advice, ending up exciting two primary emotions deep in my soul. The first one was, perhaps obviously (I AM a med student, after all): panic. Would I use these 10 weeks to the fullest? Could I find an interesting, beneficial, life affirming research project that would guarantee me first author on a paper, while furthering the aims of osteopathy at the same time? Was there an international volunteer opportunity that would allow me to hold crying babies, inspire young children, bring comfort to their parents and grandparents, AND eat delicious foreign delicacies? Or should I take this time to take a break from school, remind my parents what I look like, give my grandmother a chance to rest assured that I AM eating in med school, and maybe, just maybe, get a little R and R?

Some of my classmates contributed to

this panic: “I’ve already submitted my research proposal to the department of biomedical science, and if we get enough research subjects, will be able to present my paper and poster at THREE conferences next fall!” “Well, I’ll be going to El Salvador for the first two weeks to distribute life saving medications, learn all about tropical diseases and, probably make some headway on the development of new pharmacological advances that will make cholera obsolete in the next decade.” “Yeah, I’m going to Europe to work on my Italian. No studying for me.”

Everyone seemed so confident about their choices, and everyone seemed to know exactly what they were going to get out of this *last summer*.

The other emotion that I began to register, after the panic dulled a bit, was irritation. I know a lot of my friends and colleagues have a reputation for pushing themselves to extremes, and sometimes need strong reminders to take a break every once in a while. But this emphasis on *Last Summer EVER* somehow rubbed me the wrong way; many people have their Last Summer Ever 12 months before their high school graduation. For me to have my LSE at age 27 seemed like an extraordinary blessing. And I guess that’s where the irritation

Leah Welsh—OUCOM: UAAO National Representative

came from- Yes. Med school is HARD and it took a toll this past year. But what an AMAZING year. Not only did I learn so many intricate, fascinating things about the molecular inner workings of the body, I also got to learn about them in an integrated, holistic, and hands-on way. I shouldn’t NEED a recharge or a break, not when I’m exactly where I want to be...

Well, by the time exams finished, I did need a break- but I also needed to keep my momentum going. So I made it my goal to do both. I worked as a TA for two different intro-into-medical-school programs that OUCOM offers for the incoming first year class. I got to review the histology, immunology, biochemistry and anatomy that I had learned over the last year, and I got to read trashy fiction books at the beach. I practiced OMM with friends that stayed in town, and I taught my non-med-school friends about the Osteopathic Principles and what I’ve learned so far at a D.O. school when I went out of town. I read for fun in the library, I used my OMM table when I visited my parents, I played in the sunshine. I kept my life in balance.

The great thing was though, my fellow “Now-We’re-Second-Years!” did too. As friends started to trickle back to campus, we traded adventure sto-

ries: “I saw my first gunshot wound in the ER.” “I met great D.O. students from other schools at basic training.” “I am Really good at taking histories in Spanish now.” “I helped deliver a baby!” All of us had taken the time to follow passions that we didn’t have time for during the school year, and had come out of the experiences all the more energized for Year Two. The excitement at seeing each other again, the curiosity expressed in others’ clinical experiences, families, trips, love lives, even research papers, was inspiring and refreshing. We had all worked hard during our *Last Summer Ever*; we had worked hard at enjoying it.



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Upcoming UAAO Events at New York College of Osteopathic Medicine

Amol Malankar – NYCOM: UAAO National Representative

Last time our still point article focused the accomplishments that were made by our students at the end of the year. For this still point, which is the first of this year, we will focus on the commencement of our future goals and vision of what the UAAO will become.

To kick off the beginning of the year, our faculty advisor Dr. Sheldon Yao will be sponsoring a workshop on September 21st entitled “Back to Basics.” This will be extremely helpful to the anxious first years as well as serve as a great review for the second year students volunteering to help with the Mock Practical Exam. During the month of October, our UAAO will welcome Drs. Paul and John Capobianco for Cranial Workshops. UAAO will also be sponsoring an Acu-

puncture workshop on October 13th in an effort to expand our student population’s knowledge of global medicine. Dr. Gotfried’s workshops were extremely popular last year and the limited spots filled up quickly. We look forward to welcoming him back this year.

NYCOM’s UAAO has once again begun working on Mock Practical Exams to take the edge off the incoming class, in regards to their OMM examinations. The first two have been scheduled for September 30th and October 22nd. We look forward to a tremendous collaborative effort among, students, faculty, and academic fellows.

This year NYCOM hopes to build on our community outreach efforts. In order to do so we have begun collaborations

with the Project for Latino Health in organizing a preventative medicine and health screening at a local church during the month of October.

In an effort toward fundraising we have planned T Shirt design contests and an OMM Table Raffle in the upcoming weeks. We have also already begun an OMM Table Sale as well as a t shirt sale. We hope to encourage our new first year members to be actively involved in the club.

We have also begun brainstorming and working towards big things for the spring semester. We anticipate another preventative medicine and health screening in February and various outreach efforts at local undergraduate institutions. We have also begun efforts to wel-

come guest faculty from fellow Osteopathic schools as well as a Pediatric OMM specialist. Finally, we have begun work on a Cranial Workshop weekend event in conjunction with Drs. Anthony Capobianco and Dr. Blood.

We look forward to all of the great things this upcoming year has in store for the NYCOM chapter of the UAAO. We look to surpass our initial goals and expectations and contribute to a productive year at NYCOM. As we have only begun to touch on the events being sponsored this year please keep in touch with our chapter, and continue to look for NYCOM UAAO events.

Making Lasting Impressions in East Tennessee

Trasi Crumrin—LMU-DCOM: UAAO Chapter President

The moment so many of us are waiting for was finally here for the inaugural class at LMU-DCOM. This morning was different when they put their freshly pressed white coats on and headed out the door. Now the students were ready to take on East Tennessee. Not knowing what to expect from a brand new school, preceptors were timid and unfamiliar with the osteopathic techniques we have been trained with. Within days of starting their very first rotations, LMU-DCOM was already leaving their mark. Many students are paired with allopathic counterparts who don’t use OMT every day in practice, and were seeing patients who have never even heard of it. Many were made believers through personal experience or when nothing else had worked and D.O.’s were allowed to step in to do an osteopathic evaluation and OMT to elicit relief.

Now, preceptors are taking full advantage of OMT and its uses in every area of medicine.

Stories from afar...

M. Elstro rotating in Morristown, TN has been able to ease the pain of patients when steroid injections failed to work. Whenever she hears her preceptor calling for “Bone Popper,” a nickname given to her, she is ready to work her magic with an osteopathic exam. One day “Bone Popper” found herself fixing a sacral torsion with muscle energy techniques. When she finished the patient was so grateful he waited to thank her personally before leaving.

A. Wenner, while rotating in southwest Virginia, has been requested all over the hospital to help with musculoskeletal pain. Recently she was observing a patient with gallbladder pain, after doing an osteopathic exam she found a rib dysfunc-

tion. To the patient’s surprise, she was able to completely relieve the symptoms in a matter of minutes!

As for using OMT on a surgeon (or any doctor for that matter), why not? Our patients aren’t always lying in the hospital bed, but in fact many times they are the healthcare providers. J. Morris was experiencing another typical day presenting rounds, in Kingsport, TN, when his attending asked to speak with him. As a medical student he of course imagined the worst, but in reality the attending just needed an osteopathic touch. After hovering over patients for hours on end saving lives through surgery, who wouldn’t have a few lesions here and there? After a quick osteopathic exam and being treated for a Type II here and a Type I there, the attending was ready to save lives free of pain. J. Morris had such an impact on

his attending that the preceptor is already asking which LMU-DCOM student will be rotating with her next!

What a Year

Looking back on the past year, it is amazing how far we have come as the brand new osteopathic medical school in the state of Colorado. When we first started, it was interesting to ask our fellow students “Why did you choose to become a D.O.?” The potpourri of answers ranged from, “I don’t really know much about osteopathy, but I do know that I want to practice with a more holistic approach,” to “Three years ago I saw a D.O. for a severe back injury and the experience changed my life.”

With medicine evolving towards patients asking for more holistic treatment and truly wanting to be a partner with their physician in their health-care, as D.O.’s we have an extra large responsibility in front of us. Patients will come to us with the expectation that they will be treated with the osteopathic tools we have learned and the holistic philosophy under which we have been trained.

Aside from all of the standard challenges of being first year medical students, it was daunting to be the inaugural class, with no idea what lies ahead, and no upper classmen to share the secrets of how to survive this crucible and become successful, moreover to share the comforting words that we now tell the class behind us: “I know that professor seems really hard, but just study the notes and I promise you will be just fine. That is what I did and I’m still here!” or “I know that the concept of an indirect treatment is hard to conceptualize, but just wait till you see it work. It’s incredible!”

Fortunately, our professors took their time to explain the concepts of OMT and the underlying mechanisms and philosophy to which many of us were

exposed for the first time. The D.O.’s in our community were so excited to have the first osteopathic school in Colorado that they would clear their afternoon schedules in their clinics to help teach manipulative techniques in our OMT lab. They worked with us diligently each week, showing us the panoply of techniques from soft tissue to muscle energy, to HVLA, different ways to accomplish the same treatment and restore healthy somatic function. However, once five-o’clock arrived, we students were on our own. This provided a window for UAAO (one of the smallest pioneering clubs) to become a well-known entity within the school.

At first, the club attracted students who had previous experience with manipulation and students who just seemed to “have a knack” for the course. This ultimately resulted in a group of students with a strong belief and genuine passion for manipulation. The club began meeting with a professor once a week in the afternoon to discuss treatments and concepts. Later that evening we held an open review session, free to any student who had questions or just wanted to come and practice techniques.

Initially, attendance was scarce, but the arrival of the second midterm filled the OMM lab with students. The club constructed a mock practical with multiple stations, each lead by a member of UAAO. The students loved it, and the class average went up significantly. Students were finally grasping the concepts with which they were struggling, and who better to teach it than someone who struggled with it at first, then learned how to bridge the missing links. We followed the paradigm of “See one, do one teach

one.”

Now that we have a new class of first year students, one of the goals of UAAO is to get them as involved as possible. Announcements were made offering the free weekly-review sessions to ANY students, whether affiliated with the club or not. With the continuing support and encouragement of the professors, the new class has made an outstanding turnout for review sessions, and they are beginning their osteopathic education with a towering level of contagious excitement. UAAO currently has more members signed up than any other club. This increase in membership is opening up new opportunities for our club.

This year UAAO is creating university academic outreach programs geared towards educating pre-medical students about osteopathic medicine. We are also working on a “workshop” with our M.D. counterparts at the University of Colorado Health Sciences Center to look at different methods in approaching and treating patients and their ailments. Colorado is a very health-conscious and sports-oriented state, so we are developing pamphlets on “self-stretch techniques” to be handed out during sporting events at a booth which educates people about osteopathic medicine. Next semester we are looking forward to having our first-year students help facilitate the weekly reviews and to continue to spread the enthusiasm. One of the events that we are most looking forward to is Convocation. This year, and next, it is being held in Colorado Springs! We were only able to send two officers last year, but this year our goal is to send as many students as possible. We are hoping this will excite our

students even more after meeting people from other schools and that it will give the osteopathic community a warm introduction to RVUCOM.

The past year has been an enormous venue for growth and learning. The future of our school and of our profession lies in learning to be flexible and adaptable in accommodating the needs of our students so that we in turn will be able to provide an invaluable and skilled service to our future patients.

Alexis Michopoulos—RVUCOM: UAAO National Representative

The Power of Touch

I am currently in my second year as an osteopathic medical student. I am fortunate that during this past summer I had the experience of observing one of the advantages associated with being an osteopathic physician. My classmate invited me to attend the Asian American Physician Association tennis tournament that was held in Torrence in July of this year. This tennis tournament is somewhat unique since all the participants are either currently physicians or children of a physician. Consequently, there was a mixture of MDs and DOs from many different specialties. During the tournament, one of the physician's sons twisted his knee 90 degrees out of his knee socket

when he landed on the tennis court. He couldn't stand up and was in constant excruciating pain. He refused to call an ambulance to take him to the ER but instead tried to twist his knee back into place by himself. His efforts were unsuccessful. There were about 20 physicians attending that match that day. They came from many specialties, such as OB GYN, Ophthalmology, Internal medicine, general surgeon, etc. However, none of them were orthopedists and nobody came to his aid. It is amazing that even though some of the doctors are famous and in successful careers right but they were not willing to treat a simple knee dislocation. As a matter of fact, they wouldn't

Tangel Chang – WesternU COMP: UAAO National Representative

even try; they just all shrugged their shoulders and said the knee was not their specialty. The only physician that was willing to try was my classmate's father: a family medicine doctor and a graduate of COMP. He was the only physician that was even willing to touch the patient. Amazingly, he was able to slide the knee back into its socket with just a slight touch. At that point the validity of A.T. Still's mission statement involving the "healing touch" and the DO philosophy of using their hands to treat patients really became apparent to me.

None of the MDs even offered to help the patient. Only the DO did and that ended the

patient's suffering. If my friend's father had not helped, the patient would have ended up in the ER, been subjected to all kinds of procedures and X-rays and would have ended up with a huge emergency room bill. I am fortunate to study osteopathic medicine, in particular because it gives me an extra tool to help my patients. Being a DO allows me to have a holistic view of the patient and always reminds me that sometimes the patient just needs your healing touch.

A Great Start

A midblock dinner with an eclectic cuisine and great conversation among faculty and UAAO officers is an excellent way to kick off the year. Dr. Robert Kessler, one of our OMM professors, and his wife, were kind enough to host a dinner for the Touro Nevada OMM faculty and UAAO officers and committee heads at his lovely home in Boulder City.

It was a great opportunity for our officers to interact with the professors outside of the school setting. Dr. and Mrs. Kessler's home is nestled in a quaint part of town overlooking beautiful mountains and a world famous mountain biking spot - bootleg canyon. In fact, Dr. Kessler himself is quite a mountain biker and is one of instrumental people that were involved in creating trails at the canyon. As the pleasant glow of Nevada's magnificent setting sun (and the tasty homemade Sangrias) warmed our spirits, we nestled into the cozy tastefully selected

couches and chairs and chatted with our professors about anything and everything; from contemplating the history of Boulder City and the Las Vegas area, to discussing the newly modified OMM curriculum for this year. Dr. Rennie and Dr. Kessler reminisced about a practice they used to run together and Dr. Kessler shared his experiences with his current family medicine practice in which he utilizes OMT on a large portion of his patients. We discussed the progress of the Touro Nevada patient clinic where many of our OMM professors now see patients. Dr. Turner and Dr. Jones shared many helpful tips on assimilating second year material. This evening is just one of the examples of the effort, time, and support that TUNCOM's OMM faculty dedicates to its students. They demonstrate the highest caliber of leadership and professionalism, and as UAAO's new officers we strive to reflect these qualities at our chapter.

Ilya Yepishin—TUNCOM: UAAO National Representative

This event also served to allow our current officers and our newly elected first year leaders to get to know each other. We decided to implement three new positions this year – community service, fundraising and membership committee heads, in order to encourage active involvement in the UAAO from first year students and to further improve and expand our local chapter. As a young COM going into its sixth year, we still have a lot of potential for growth. Thanks to the foundation laid out by the leaders and members of the previous years, we are in a great position to flourish. This year, we are continuing the tradition of faculty supervised OMM practice sessions. To better match the needs of students, however, we have turned it into a bi-monthly, instead of a weekly event. With the added leadership and dedication of our new committee heads we are hoping to increase student

awareness and interest in UAAO and to provide additional opportunities for members to participate in community service, perhaps collaborating on projects with other campus organizations. We are also planning on continuing with last year's achievement of hosting a notable variety of guest speakers and workshops. Although still a few months away; we are already starting to plan and raise interest for this year's convocation in Colorado Springs. Along with the sales of Osteopathic Tables, we are going to continue to actively raise funds for guest speakers and convocation reimbursement for members. This year will be an exciting one for TUNCOM UAAO chapter. As our university grows, we grow and evolve with it, building upon the framework of students before us. We are looking forward to meeting this challenge and to continue to embody the spirit of UAAO.

The Simple Beauty of Osteopathy

Glenn Klucka—PCOM: UAAO National Representative

I don't fix people, I just guide people and their bodies fix themselves." My osteopathic mentor loves using this phrase or some variation of it. He often refuses to take credit after working on someone, saying it is only his job "to get out of the way." I want to talk about this philosophy, as I have already learned a great deal from it.

As students it is easy to get caught in the trap of this is how I treat this problem and now I move on to the next one. As we learn, it helps to break down medicine into simple algorithms without regard to the situation. I was volunteering at a bike race this past month and a man with a quadriceps muscle cramp needed treatment. "Ok, so it's

an acute process. That means reciprocal inhibition muscle energy works best because post-isometric relaxation is for chronic problems." Next thing I knew the patient's hamstring started cramping as well and he was worse than before I started. A physician there said that all the patient needed was a simple stretch in that situation because anything more causes more problems. I was so busy trying to figure out the perfect OMM technique to use that I forgot one of Still's principles, that the body has the inherent ability to heal itself. Sometimes our best treatment is to keep things as simple as possible and "get out of the way."

This brings me to the other lesson I have learned from my

mentor: that osteopathy is more than just doing OMM. I had a conversation with him recently about a concern of mine. I feel pulled toward a field where I don't know how I could use OMM, but I don't want to lose my osteopathic and OMM training. He showed me how I can still be an osteopath by how I touch my patients, use my palpatory and observation skills to diagnose and work with patients. Just because I don't necessarily treat with my hands, doesn't mean I can't use the philosophy and experiences to treat osteopathically. All of the treatments we use today came from this mindset and philosophy; this is where the true power of osteopathic medicine lies. I hope I never forget this lesson,

as it may be one of the most important of my career. I hope throughout my training I learn a great deal about osteopathic medicine and how to best care for my patients, but never forget the simple lessons that make it all work.

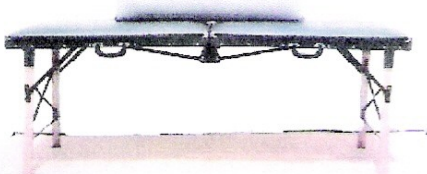
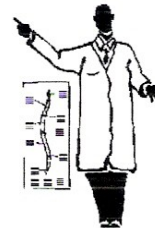


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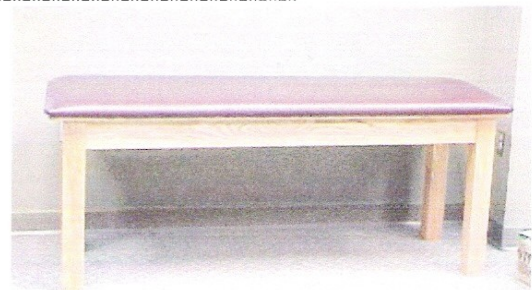
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Finding the Health

During my first year at UNECOM, I was encouraged by teachers to “look for the health” when treating my friends and family osteopathically. This summer, a patient encounter taught me something unexpected about “finding the health”.

My first encounter with this Strategy if you will of “looking for the health” was while being treated. I was fortunate during the beginning of my first year to have an OMM fellow and faculty member treat me simultaneously. At several points during the treatment the faculty member guided the fellow to “look for the health”. I found the phrase intriguing for it almost seemed to suggest that the health is somehow hidden from us as times or that it is something so common so as to be easily missed when focusing one’s mind on the problem at hand.

I was again introduced to this concept by A T Still’s famous quote identifying this very task of “finding the health” as the primary responsibility of the physician. This time it was the distinction made between finding health and finding disease that struck me. It seemed to me that Still was simply describing two sides of the same coin. Needless to say, I did not think much about “finding the health” during the summer months until I had the privilege of an interesting OMM patient encounter.

I had the opportunity to shadow an OMM patient encounter one afternoon in July. The patient was a pleasant woman in her 30’s. She had had some endocrine imbalances along with chronic pain, GI upset, and anxiety. The attending physician treated the patient with OMM. Throughout her visit she had a bounty of questions and comments. While she and

the attending were catching up on her health since her last visit she seemed eager to hear of any possible diagnosis’ the physician might make, and she spoke willingly if not eagerly of her continuing health problems and how they were changing. When the treatment was finished, I noticed how much more relaxed and healthy she appeared. The patient stated that her pain had significantly diminished. She seemed very pleased with the treatment and she was again eager for one or many diagnosis’ or prognosis’. I was then struck to observe that the attending did not oblige her, but rather gently and kindly saw her on her way.

We discussed the patient briefly and the attending asked me to recognize the attention the patient was giving her disease. I thought about it for the rest of the summer and have had some insight perhaps into this notion of “finding the health”. I knew a few more important things about the patient. I knew that she had been treated many times and loved to be treated but that the treatments didn’t seem to stick: each one was like 2 steps forward and then the time in-between was one step back. Looking back, it seems as though the treatments were fighting an opposing current. This opposing current I realized was the patient’s **mindset** of “finding the disease”.

I had thought of finding the health as a technique if you will that the physician uses to understand and access the body’s restorative mechanisms. It now occurred to me that finding the health was in fact a **mindset**, a mindset that encourages or perhaps invites the body to health. Just as an acquaintance smiling at you with an atti-

tude of friendliness might encourage you to say hello, the physician’s mindset directed of finding health may in fact encourage the healing process. This gets complicated, for in a patient counter there are at least two mindsets in the room. These mindsets may or may not be synchronized and they may or may not be synchronized around “finding the health”. So, regardless of whether the physician has a mindset that “finds the health” the patient may not. Theoretically the physician may encourage the patient forward and the patient may encourage themselves back into the state of disease. This may happen not because they are seeking disease, but because they may not be aware of the influence of their mindset just as I would not have been had I not been instructed to “find the Health” and encouraged to contemplate what that means.

In all, I have learned that finding the health is more complicated than I perhaps expected. Yes the body has self healing mechanisms. The physician can influence these mechanisms by focusing on health or disease. If they are skilled at “finding the health” then the first aspect of a patient that may need treatment is the mindset towards health or disease. So, with the admission that I haven’t the slightest idea of how to treat a person’s mindset towards disease or health osteopathically, let me return to the end of my patient encounter.

My attending physician did not oblige the patient when she pressed for additional diagnosis’. Normally I would think it important to share such information with a patient. After all, I myself would not likely want to be treated with no idea of what needed treating. However I can

now see a new perspective on this issue. If the physician is looking for the health then perhaps at times it would be best not to go searching for possible additional diagnosis’ when sufficient diagnosis’s for treatment are present simply to oblige a pressing patient. For perhaps such searching would only foster a mindset towards disease in the patient. To find the health is no simple task even in theory and yet it seems to be an essential skill to develop given the power of the mindset to influence the prognosis.

So I will finish with some hopefully provocative statements to ponder. A patient’s desire to be well may, if accompanied by worrisome attention to one’s disease, slow down or diminish their innate healing mechanism. It is possible that a physician can, with his or her mindset, encourage the innate healing mechanism or discourage it. And lastly, if a patient is focusing on disease, it is possible that the physician’s treatment may not be as effective as it would be if the patient’s mindset was oriented toward “finding the health”.

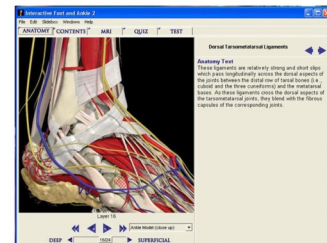
Margo Sullivan—UNECOM: UAAO National Representative

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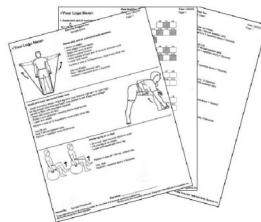


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OFL: A Unique Opportunity

Katrina Bowers—DMU: UAAO National Representative, DMU OFL Student Coordinator

OFL, Osteopathic Finish Line, is a program at Des Moines University that takes a group of students to races in the Des Moines metro area. These include some big races, such as Des Moines Marathon, Drake Relays and Dam-to-Dam races; some small 5ks, such as Flower Power 5k, Sweet Corn Festival 5k, and FireFest 5k; and even some walks to support great causes, such as Breast Cancer Walk and MS Walk. In all, the Osteopathic Finish Line appears at about 15 races a year. At these races, the medical students provide free Osteopathic Manual Medicine treatments to the runners.

I was first introduced to Osteopathic Finish Line, or OFL, during orientation week of my first year at Des Moines University. It sounded fun and since I had nothing to study yet, I signed up. That was one decision I will never regret!

I had no idea of what to expect, but as soon as I got there, I found a second year student who proceeded to explain the basics. As we waited for the runners to finish the race, the second years explained and showed us various OMM techniques. When we got a runner, the second year I was following taught me landmarks and then having me find them. She then had me help make diagnoses and then explained how and why they were treating certain findings.

The most rewarding part of the day was when a woman came to our table complaining of low back pain and got off the table pain free. I was able to watch firsthand how beneficial OMM can be and I was so excited to start learning what made my profession unique.

As the year progressed, I

attended every OFL I could and within a few months I had learned enough in OMM class to take my own runners. I had a second year next to me always willing to help. We also had OMM fellows and doctors if and when I got stuck or had questions that were there to guide me. I benefited tremendously by going to these OFLs because of this extra one-on-one help I received, whether it was just not knowing how to fix a dysfunction or even just being too small to lift a body part. I was able to get that extra little help to explain a different way to stretch a muscle or fix a sacrum that even a



tiny female could do. I got to learn different dysfunctions and new treatments than what we had covered yet in class. I was able to increase my skills as a future physician in talking to patients. From asking about red flags to explaining what I was doing and why I was doing the treatments, I got great experience in communication.

I enjoyed the OFL experience so much, considering it my best memories of medical school, I decided to become an OFL Student Coordinator. Since becoming a coordinator, I get to go to all the OFLs and run the table where the runners sign up for their free treatment. I get to hear stories of how runners come every year to the race and

make sure they always sign up or how a runner had a bad knee at the last race a few weeks ago and that their OFL treatment made the pain go away. I also get to hear from fellow students about how much they appreciate this unique opportunity.

Rochelle Remus, a second year DMU DO student, has attended almost all of the OFLs because she “feels they are a great way to practice my skills that I’m learning in class.” Like myself, Rochelle is proud to be an Osteopathic student and OMM is what sets us apart from MDs. She takes advantage of

every opportunity she can to use and practice her OMM skills now to benefit her future patients since she wants to make OMM a big part of her practice.

Rochelle also participates in OFLs to get the opportunity to work with patients and to feel like she’s actually getting to practice medicine. It also gives us an opportunity to see pathologies we don’t always get the opportunity to see in labs. The one comment I hear the most from fellow students about why OFLs are so great is that it is always a great feeling when a runner comes to you with a certain complaint and when they leave after the treatment their pain or discomfort is decreased or gone.

As a second year student, I get to practice and improve my teaching skills while teaching first years OMM. It’s also a

great way to review and keep our skills fresh. The biggest challenge I face with OMM is putting everything together. OFLs allow me the opportunity to take a patient’s complaint, figure out the diagnosis and then a treatment strategy. It is also a great reminder of how stretching hamstrings seems so simple yet still complex or how some ailments can be fixed by a simple treatment yet most people aren’t aware of them.

Jason Dauffenbach, an OMM fellow and previous OFL coordinator, has a unique perspective of the OFLs. As a first year medical student, he participated in the OFLs and had his “ah-ha” moment of why OMM was so great when an old injury was a simple fix. As a fellow now, he enjoys watching the students have their “ah-ha” moments. He also enjoys watching the students find their own unique way of doing OMM.

OFL is certainly a unique opportunity for DMU medical students. OFLs provide the opportunity to practice our OMM skills and communication skills all the while having the knowledgeable and helpful hands of OMM physicians and fellows to assist and encourage us as we become the next group of Osteopathic physicians.



Starting Again

After an invigorating AAO Convocation last spring, our novice UAAO executive council returned to school inspired to create an excellent chapter. It was as if we were starting the whole chapter over again. We gave a school wide presentation about the highlights from our favorite Convocation lectures and workshops. We stressed that Convocation offered something for everyone; research based lectures, hands on workshops and one-on-one teaching.

Our presentation included a brief hands-on review of the joint play techniques that we learned. After the presentation, both our meeting attendance went up as well as an increase in general interest.

To keep the momentum going we choose several ideas that we gathered from other schools that could be used in our own chapter. Our most successful implementation thus far was an OMM party at the beginning of the new year. A UAAO member

hosted the event at his home which had a beautiful city view from the deck. A picnic supper was offered as well as osteopathic treatments and student preceptor experiences to be shared with both first and second year students, and guests. Our PNWU OMM community became cohesive.

Our class is currently coming together to put on a silent auction. People have donated pictures from their abroad experiences; there are dinners with

faculty and several restaurant gift certificates. We are hoping to raise enough money will be raised to send many students to Convocation.

Convocation provided us with another starting point from which we could launch our chapter with clarity of our mission and enthusiasm for accomplishing it.

Kimberlyn Detrick—MSUCOM: UAAO National Representative

A Breath of Fresh Air

In the life of a constantly stressed, constantly tired, unsure medical student a little ego boost goes a long way. During the first year, that ego boost often comes during the weekly OMM lab. Walking into the OMM lab was like taking a breath of fresh air after trying to survive long hours of gross anatomy and histology during the week. These two hours were a time to relax each week and get back in touch with the reason why we came to medical school—to treat patients.

Along with gaining knowledge of OMM treatments, there was also an opportunity to gain confidence—an opportunity which does not occur very often throughout the first year. During the first year, the medical student is inundated with feelings of anxiety, worry, and fears of failing or poor performance. However, in OMM it never felt as if there was a chance of failure. Everyone is made to feel comfortable and excited about what they are learning, not fearful or anxious.

Perhaps one of the reasons this fear subsides is the fact that one can see immediate results of the effort and work put into the treatment. This positive reinforcement serves to boost the often dwindling self-

esteem of first year students. This concept is in contrast to the information being learned in other courses. Most of the time the knowledge learned during the first year is treatments and ideas the student will most likely not be able to apply to patients for quite some time. Being able to apply a treatment right after learning it, and actually seeing immediate and positive results, helps raise one's sense of confidence in abilities as a future physician.

This newly found confidence then spills over into other aspects of the student's life. It is a snowball effect. After performing well in OMM, the student goes into the next exam feeling more secure in his or her abilities, and then consequently performs well on that exam also. This boost in self-esteem continues to carry over into the student's interactions with patients. After seeing oneself successfully treat a fellow classmate during lab, the student goes out into the patient population (even if it is just friends, family members, or patient models) feeling as if he or she can effectively transfer this treatment into a real world situation.

Now that the student feels assured in many classes, he or she can begin to find a niche

within the class, school, and interactions with patients. Students begin to understand that each individual has strengths and weaknesses within the medical field. A particular student may not be an anatomy guru when compared to classmates, but now instead of feeling down about this fact the student can look on the positive side. Rather than worry about stacking up against others, the student may find that his or her forte is talking with patients and getting them to open up about their history or helping others feel better through OMT therapy. Gaining confidence through OMM lab has now allowed the student to see that not everyone excels in the same area. However, everyone still has the same potential as future physicians and each person can help patients just the same even if it may not be through the same manner.

Self-assurance allows the student to step out in other ways as well. The student feels positive enough about him or herself to take on leadership positions. Where as before the student may have been too shy to make him or herself known, now the student is becoming an officer in clubs, tutor in other courses, and a mentor to first year students. Now we are not

afraid of getting involved and taking chances. We learn to speak up with our ideas in groups, and are no longer afraid of saying the wrong thing. Whether it is a case in clinical problem solving or a student organization, we know that our individual skills are valuable and our ideas worthy of being heard.

With this change in attitude we become more certain in engaging with one another as well as with older students and practicing physicians. We are forward in asking questions and learning new skills. The development and progression of our osteopathic touch within the OMM course has taught us this confidence. With the passage of first year also comes the passage of the timid and nervous medical student. That student is now replaced with one who feels assured in his or her decision to come to medical school. The student feels without doubt now that he or she has chosen the right path and is doing the right thing. Learning OMM is more than just learning manipulation. It is a course in self-confidence. But perhaps most importantly, it is learning how to carry oneself in this chosen medical profession.

Candice Stack—OSU-COM UAAO National Representative

Two Year Old Son Receiving OMM

I wanted to share my recent and life changing experience of OMM treatment that my two year old boy received from Dr. Cislo.

My two year old son, Jaden, has suffered from hypersensitive gag reflex since the time he was born. He had very frequent projectile vomiting due to some sort of stimulation in his mouth—like his own hands or the tip of the baby bottle. From the experience of being a pediatric nurse and mother of two, I was pretty sure that he was not suffering from anatomical problems like pyloric stenosis or esophageal malasia. I brought this concern to his pediatrician at every clinic visit, but because of his above-average weight and absence of other significant clinical findings, he did not see a need for further medical evaluation.

At age two, Jaden was still eating baby food that a one year old would eat. We continued trying to help him learn in chewing and swallowing, but every time he went through another episode of a minor cold or gagging and throw up, he seemed to lose it all and start back on baby rice cereal again.

When I brought Jaden to Dr. Cislo, she had noticed that his

forehead was not symmetric and there may be a cranial nerve dysfunction due to this anatomical shift. As she inserted her fingertip into Jaden's mouth, he immediately started gagging. Normally this would result in regurgitating everything that was possibly in his stomach. However, Dr. Cislo quickly proceeded to perform cranial treatment by holding Jaden's upper palate and nasal bridge. From there, she immediately moved onto treating his forehead area with the help from Dr. McCombs. She also treated base of his skull as she explained to me that I should be expecting his bowel movement soon. (Because of his poor appetite due to his sever cold, he did not have bowel movement for few days at this point)

Within three hours, he had a large bowel movement, spontaneously without drinking or eating to stimulate peristalsis. That same night, his six year old brother noticed that jaden's forehead no longer had the little bump. My husband and I also noticed that his forehead was much straighter, almost perfect symmetry.

The real deal actually started a couple days after the treat-

ment when Jaden's appetite returned again following to the respiratory illness he was suffering from. That morning, he came to the kitchen asking for food (never happened before). Suddenly from eating oatmeal and mash potatoes, he started eating burrito, chicken nuggets, fresh pineapple, and large orange segments, all those food that he was afraid to even open his mouth for. He was willing to sit at the table for entire mealtime and most of all; he was actually enjoying the meal time and new foods, just as regular two year old boy would. My husband and I just cannot believe this was happening. Today, he is not afraid of new food, no more stress over meal time and seems to be much happier and confident. I also found him trying to hold his upper palate and nasal bridge, just as Dr. Cislo did on him.

Dr. Cislo also relieved Jaden's major discomfort on his buttocks from IM antibiotic shots. He was not able to sit on his buttocks without screaming and crying, but by the time we walk out of the OMM lab, he did not mind at all anymore (even I massaged his buttocks). Dr. Cislo also brought his fever down within a minute or two, as

many of COM students stood to watch her applied pressure to his head to reset hypothalamus temperature regulation. How much of an impact and help Dr. Cislo's treatment had right before our eyes was just unbelievable!!!!

Sorry for the long report but I wanted to share this experience with everyone. I hope one day we will master skill of OMM treatment that could change someone's life, just like Dr. Cislo did for Jaden...

An Osteopathic Lens

I never imagined that ophthalmology would serve to illustrate the tenets of osteopathy. On a very busy ophthalmology rotation in Chicago, my preceptor and I often thought the morning clinic was like a whirlwind. As soon as I would finish one history and exam, he would rush in to fill out prescriptions to hurry back to his own patient, and then on to the next. We labored to shrink the size of the 100-body occupancy in our waiting room and I often felt more like an assembly line worker than a medical student.

One day amid clinic I was hurriedly progressing through a

history and exam with Oscar, a man who had been having trouble seeing out of his left eye. I habitually rushed to my preceptor after concluding on my own so I could present the abbreviated case. My preceptor came into the room, examined Oscar's eye with the ophthalmoscope, and determined that Oscar needed a hard contact lens. We then flew to the supply closet to find a lens with measurements that corresponded to the curvature of Oscar's eye.

The human eye's lens is responsible for capturing light and reflecting an image in such a way that the brain can interpret

it. Further, the lens is responsible for near- and far-distance vision through the influence of the autonomic nervous system. If the curvature of the lens is lost, or the autonomic nervous system loses its strength in accommodation, images become difficult to capture and vision is compromised. A hard contact lens can address this stigmatism by restoring the lens' curvature and thus restoring vision.

When we returned to the exam room, we placed the hard contact lens into Oscar's eye. My preceptor sat down to begin his note and I stood quietly momentarily before I noticed an

astonished look in Oscar's face. He exclaimed, "I can see! I can see!" looking at his hand. "I can see your face!" he said, then looking at me. Oscar went on to say in an amazed demeanor that 37 years ago he had been working in a field with a machete and had been hit in the eye by a piece of wood. Since that day he had been unable to see anything more than blurry figures out of his left eye. Tears came to his face and Oscar jumped out of the exam chair to hug my preceptor and me.

After Oscar left, my preceptor remarked that he had never seen any of his patients so

Mariko Ishiyama—TUNCOM-CA: UAAO Student Member

Seth Swank — CCOM: UAAO Clinical Coordinator

An Osteopathic Lens—Continued

(Continued from page 21)

happy. I felt that day more like a medical student than an assembly line worker. The contact lens had replaced the defectively formed lens that Oscar had suffered for 37 years. Due to the physics of the human eye, function is entirely dependent upon form. Without the curvature of the lens, light is not appropriately projected and images are not captured. When we restored the form of the lens in Oscar, his eye functioned exactly as it should have. While we did not manipulate bones or muscles in our patient, the prin-

ciple that form and function being interrelated had been put into action. Ophthalmology was a virtual lens that magnified the importance of one of our osteopathic tenets in an unlikely field.

Seth Swank — *CCOM: UAAO Clinical Coordinator*

'One Year's End is Another's Beginning'

We wrapped up last year on a high note! After returning from Convocation in Little Rock, AR, we finished up the year by participating in Relay for Life, sponsoring a weekend seminar led by Dr. Edward Stiles, D.O., F.A.A.O., and planning for this upcoming year. During Relay for Life students offered OMT to participants, supporters, and survivors. Even with approximately 10-12 tables set up, participants found themselves waiting in line for their turn at treatment! It was great to get into the community and demonstrate what being an osteopathic physician is all about and what benefits can be awarded through OMT.

A late weekend in May, we enjoyed a two day seminar with Dr. Stiles. He explained how tensegrity applies to the human body and the importance of finding the area of greatest restriction (AGR) and treating it first. Then rescreen, find the next AGR, and treat it. By following the AGR you take advantage of the tensegrity system which allows you to treat more efficiently and with better results. If



you treat 'out of order' you may find the same dysfunctions continue to arise in follow up treatments. However, if you follow the AGR you will instead find new dysfunctions presenting themselves in follow up treatments as you unravel the patient's history. He also reviewed sacral mechanics, going over screening and treating the sacrum with functional techniques. Finally, Dr. Stiles shared a wealth of stories about his career as an osteopathic physician. The weekend proved to be very educational and lots of fun!

As summer approached we began looking to the upcoming year. We started making plans to attend Convocation in Colorado Springs, CO in March of 2010, and we have already begun organizing fundraising projects. We are hoping to bring more students to the upcoming Convocation than last year, and that hope is looking good. At our first meeting this year we were pleased to see so many first years attend. They are showing a great deal of interest in OMT and UAAO which we are excited about.

Natasha Phillips—*PCSOM UAAO National Representative*

The first meeting was a great success not only in numbers but in material discussed. The PCSOM fellows, residents from Pikeville Medical Center, Dr. Stiles, D.O, F.A.A.O. and Dr. Griffin, D.O., F.A.A.O. (our chapter faculty advisor) were on hand to go over techniques involving radial head dysfunctions. The first year students picked up the techniques easily and the second years were able to practice and perfect their prior knowledge. The response was very positive and much was learned. We look forward to the coming months here at PCSOM. It looks like it is going to be a great year!



Osteopathic Medicine: What's in a Name?

Jacqui O'Kane—PCOM-GA: UAAO National Representative

QP&P is:

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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 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