

The Still Point

VOLUME 4, ISSUE 3

POST-CONVO: MAY 2011

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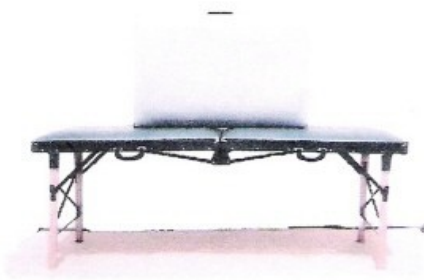
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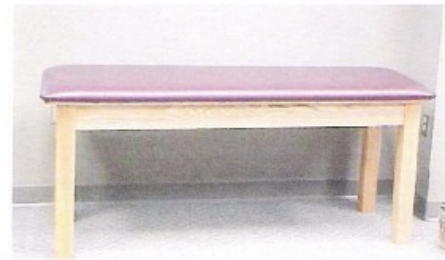
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Message from the Chair

Nicole Mullins—National Executive Council Chair (AZCOM)

Greetings fellow Osteopathic Student Doctors! In these final weeks of class, whether you are studying for Boards, prepping for rotations or planning a glorious summer break, I encourage you to take a step back and consider your title. We are “osteopathic medical students”, but does this just mean you are a medical student who also studies OMM? Does this mean that when you go on rotations, you learn excellent medicine but let your osteopathic training fall by the wayside? For you, does this mean you are a student who truly wants to practice the “mind, body, spirit” paradigm by tending to your patient’s psychological needs, by fostering health despite their disease state, encouraging holistic health practices and also performing OMM whenever beneficial? No matter where you are in your education, I hope you keep reevaluating what it means to **you** to be a part of this osteopathic profession. As a student, please be aware of all the resources you have at your disposal to help broaden the scope or deepen your knowledge in your academic pursuits; do you know all the help, advice and support you can get

through the SOMA (Student Osteopathic Medical Association), AOA (American Osteopathic Association), or with the SAAO (Student American Academy of Osteopathy)? Through the SAAO you have access to mentorship programs, scholarships, workshops, Convocation and more.

As a member of the SAAO, I am interested in tapping these resources to help make me a better osteopathic physician; as a Council Member, I am interested in making these resources more accessible and in creating new ones for our 5000 plus members. As any good student should be, I am open to suggestions and constructive criticisms for any ways in which you feel we could make the SAAO a stronger, student-needs-driven organization; please email me at saaochair@gmail.com with your contributions. I would love to open up a dialogue with whomever has ideas for improvement for **our** organization. Among my personal goals for the SAAO this year are the following: improvement, expansion and streamlining the new Mentorship Program, improving our organization’s use of So-

cial Networking, establishing better bottom-up and top-down communication between chapters and the executive council, and trying to start up and/or expand existing scholarship programs. Whether you have feedback about my goals or new ideas, I implore you on bended knee, flower stem in my teeth, hands wringed with begging and a piteous look in my eyes to email, email, email me (and make it soon, because typing with my toes while my hands are stuck wringing is really challenging)!

Wishing you a strong finish to this academic year, a beautiful spring and wondrous emails a-sailing from your hands!

Cheers,

Nicole Mullins, Executive Council Chairwoman

Mentor? Guru? Teacher? Guide?

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

As I headed off to Convocation this year, I decided it was about time to find my Mentor. I capitalize this word with purpose, to connote value and reverence. These past two years, it has been my experience that everyone seems to talk about their Mentor. People will tell you who their Mentors are, fantastic stories of their experience, and most of all, how important it is to have a Mentor in this profession. As time continued, the pressure to find my Mentor mounted. It seemed as though the only way to be a true student of Osteopathy was to have a Mentor, a singular person with the power and skill to unveil all of the secrets of Osteopathy. So, I set off to Colorado, ready to find my person, the one who would show me the way, my Mentor.

While at Convocation, a friend of mine offered me a different view of a mentor. As I explained this need I had to be shown the way, he smiled, as if he had these exact same thoughts before and said, “Why just one mentor?” It was as if someone had lifted a weighted shroud off of my shoulders, and I laughed at how silly I was to place so much importance on one person. I realized that the tendency to put our Mentors on such high pedestals is very dangerous. Accomplishing only a stoking of the fire of our ego and perhaps feeding the ego of another. That is not to stay those who have contributed greatly to Osteopathy do not deserve tremendous respect and gratitude, however it is a slippery line we tread.

If you notice, the best teachers are those who place their egos aside. These are the teachers who only feed you one tiny piece of gold, and step aside so you can develop in a way that is uniquely yours. They plant the seed within your mind and then sit back and smile as your mind trips over itself. It can often be a frustration place as a student, but I am coming to learn that’s how it should be. In his book, *The Stillness of Life*, Rollin Becker says, “Teaching is an art and a science wherein the material presented goes behind the curtain and allows the student to come a beholder, developing his own understanding from within.” This was the way Dr. Sutherland taught, not focusing upon his skill and greatness; he

(Continued on page 5)

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was on the other side of the curtain. I encourage you to value these teaching moments, appreciate these mentors, and don't try to confine them to a tiny pedestal.

Later during the week, I had a conversation with Dr. Ettlinger, and he shed more light into my inquiring mind. He explained that the study of Osteopathy is truly, "self-realization and self-exploration." He said the best way in which he teaches is to get out of the way, giving space for the unique system of the student to unfold. With this being true, then it makes no sense to imitate and study another operator. It has to be from within you,

you need to embrace the truths of Osteopathy, go behind the curtain and give yourself space to learn from your own inherent physician. In this light, being a student of Osteopathy is truly beautiful and all encompassing of life, for being a student of life and of Osteopathy are inextricably intertwined.

With my new appreciation of my role as a student of life and Osteopathy, I began to think of all of the many people who had mentored me in one way or another. Your mentor could be a student, a doctor, a patient, or perhaps the barista at your favorite coffee shop. Mentors are found within nature, within music, within any and every aspect of life. Some you can see clearly and others enter our lives

for a brief moment, teaching us lessons we never knew came to pass. So I challenge you all to open up your awareness and take note of all of those who have mentored and will mentor you in your life. Think of all the different flavors a mentor can come in. Lay your ego aside and be open to the opportunity of this process, allowing yourself to uniquely unfold into your Osteopath. And remember, you are not on this journey alone. There are people cheering for you all along the side lines, just open your eyes and embrace them.

Change is in the Air

Elizabeth Potts—National Executive Council National Coordinator (PCOM)

One thing that stood out the most to me this year at Convocation was all of the wonderful changes! One of the biggest changes is our *name change!* We are now officially the SAAO instead of UAAO. Being the Student American Academy of Osteopathy is more reflective of who we are and where we are in the growing process of becoming an osteopathic physician. Although this will cause some confusion during the change over, the new first years next year will be so much less confused!

Our community is continually growing! Each year another osteopathic medical school is opening up, giving more opportunities for people interested in becoming a doctor to come to an osteopathic school. This means there will always be a new opportunity for SAAO to grow. With the growing number of schools, we decided that it was best to rearrange the schools into six regions instead of five. We did this with each chapter in mind. There will be fewer schools to each regional coordinator to be able to better serve the local chapters. We want the chapter officers to feel they have easy access to someone who can answer all of their questions from how to run their club and when things are due to

questions about Convocation. Of course, the executive board members are always available by email to answer your questions as well!

Each year, a new executive board is voted on at Convocation. This year did not bring as many changes as last year to the board, but we are happy to welcome Caitlyn Painter as the Vice Chair! As we had to say good-bye to John Leuenberger after all of his hard work for the past two years, Nicole Mullins moved up to fill the position of Chair. Josh Brown and I are continuing in the roles we had last year as Secretary/Treasurer and National Coordinator, respectively.

Due to another change in SAAO/AAO, it is a good year for there not to be as many new faces in the executive counsel. After many years of wonderful dedication, the SAAO/AAO Coordinator, Phyllis McNamara is retiring. We wish her the best of luck in her retirement that she may her time away from the office! The continuity in executive council will help ease the change to the new SAAO/AAO Coordinator.

I wish each SAAO member the best of luck as you change your roles and responsibilities in school. If you were a first year last year and you are now stepping up into leadership roles in SAAO or other clubs, know that there is a large support system in place for you and you are not alone in your local chapter! If you are changing from second year to third year, good luck with boards and enjoy your time in the hospitals and physician's offices! Don't forget that SAAO is still around to help you connect to other students and physicians who love OMM. To the fourth years who are graduating, good luck in residency and don't forget to join PAAO! As you continue to change and grow there are many more opportunities for you in the American Academy of Osteopathy. Embrace the change and enjoy it!

And So Begins Another Year

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

First of all, I would like to say thank you to everyone who made this year's auction possible. We had some amazing donations and extremely hard working volunteers. Overall, we raised over \$7700, which was over \$2000 more than last year. Without everyone's part in this fundraiser, it would not have been a success so I am very much looking forward to running this event again. If you have any questions, concerns, or ideas about how to improve the auction feel free to e-mail me at saaosect@gmail.com.

Secondly, I am very excited to continue my role as the National Secretary-Treasurer for the SAAO. One of the ideas that came up at Convo this year was about the Still Point. Some-

one suggested having a theme for each issue and I thought that was an excellent idea! The theme of this one was obviously Post-Convo/New Transitions. The next issue is due out in October and although I would love to come up with themes myself, I would like your input in the matter. What would you like to see as a theme or themes in upcoming Still Point issues? In addition, I would like to have people submit cover artwork. I included a picture of A.T. Still on this issue, but if people would like to include their own creative picture, drawing, painting, etc into the cover I would love to see them! We will be issuing VIP points to any school that submits ideas and extra points to the school that gets chosen for each issue. This will be another great opportunity to

receive VIP points for Chapter of the Year!

Lastly, we have the website. I will be updating the site in the next few weeks with Post-Convo and New Chapter information. I know we don't have too much flexibility with how the site is organized but we do have the ability to change the content. If anyone has any ideas for additions to the site that you would like to see please let me know!

I hope everyone enjoys the rest of their year as we wind down. I am looking forward to the Still Point themes and cover art ideas so send them when you have them!

Currents to Be Caught

Corinne Ryser—National Representative (RVUCOM)

A recent letter published in JAOA (Vol 111, No 3, March 2011, 174-175) drew my attention to the challenges and the work required to help further advance the osteopathic field particularly as it applies to future and potential applicants to osteopathic medical schools. The article asserts that many aspiring physicians, when accepted to both allopathic and osteopathic schools, overwhelmingly matriculated at an allopathic program. Reasons for this seems to be variable, including cost, geographic location, preference of an MD degree; but how much does this have to do with a lack of understanding or exposure to the osteopathic philosophy, particularly in terms of incorporating OMM/OMT into a very effective means of treatment? The article also mentions that an AACOM study indicated that over 50% of individuals matriculating in a medical school had definite plans to pursue such a career by the time they graduated high school. With this, our role should clearly involve creative ways to target students in high school and college to educate them on osteopathic medicine, philosophy, and what makes us unique. We need to be pro-

gressive while retaining our strong, intelligent, and essential osteopathic roots.

A reformation of medicine is clearly underway, one whose currents we, as future osteopaths, need to catch in terms of revising to current paradigm, the current view of medicine. Part of this would include being able to demonstrate treatment outcomes on an evidence-based protocol, while retaining our "touch-knowledge," the understanding that surpasses current medical knowledge as deemed true by what we know with our hands. The *Osteopathic Research Center* at UNTHSC is focusing on this, and while many of our other schools may not have an emphasis in focused research for the efficacy of OMT, we do have the advocacy of our testimony, our voice, and our hands. The push and trend of our generation demands a non-pharmacologic approach to disease, an approach that respects and understands the capacity our bodies have for healing, and a respect that each individual has a story that is tremendously significant in terms of their health and healing.

We can revolutionize healthcare delivery; help increase the understanding of the osteopathic approach as a physician in medical school applicant pools and seize the opportunity to establish the osteopathic medical profession as a "standard of care," by which all others will be measured.

On behalf of the RVUCOM family, we would also like to recognize and congratulate our very own Alexis Michopoulos for winning the A. Hollis Wolf Case Competition at Convo in Colorado Springs, CO this year!

Must Be Your First Time

First times, first kiss, first crush, first AAO Convocation, we all have to go through these experiences, the thrill of waiting and anticipating the days before Convocation. We counted down the days before we left for Colorado Springs towards the AAO Convocation. Then Convocation arrived and upon entering the Broadmoor Hotel, realization dawned on us that after all the waiting, the event was finally here. That experience was how attending our first AAO convocation felt for me and my fellow first year SAAO members.

The first night after registration was amazing and surprising because we were thrown into an Evening with the Stars. This event was breathtaking because we had the opportunity to see the mentors who taught our professors and were able to learn firsthand from them. We also worked with the mentors, feeling techniques through their hands and observing the healing effect of OMT. Their mastery of OMT is why they are the Stars and we the eager students ready and willing to learn. "It was a reminder that this is an art with many different approaches to a problem, and to have a mind that is actively thinking when approaching a patient," said Ali Etemady, Vice President of SAAO. I think that Tony King, President, expressed it the best, "Evening with the Stars—nothing's opened my eyes to osteopathy more than this. Simply incredible stuff and I was wowed by every experience."

The second and third days were focused on lectures. Many of us were not looking forward to these days because we thought these lectures would be boring. Man we were wrong. The lectures were interactive and engaging. "The material was a little bit overwhelming but the workshops were small enough with enough table

trainers that I did not feel lost and out of my depth. The workshops were great and the lectures were phenomenal. I am not one to be easily captivated during lectures, but some of the speakers were so great I couldn't help but follow along and get excited about the presented material. It was also great to be around so many amazing osteopaths who are all but famous in our profession and to have these individuals be so accessible," exclaimed Erin Harpenau, active SAAO member.

One of the most memorable moments for us at Convo was a workshop where we blew up latex gloves and felt cranial strain patterns before touching the heads of our fellow Convo attendees and future colleagues. This Convocation was dedicated to cranial which "was still a foreign concept to us at that point. I felt like I got a little bit of a jump start with respect to my fellow classmates," said Erin Harpenau. We all felt Cranial Rhythm and strain patterns for the first time at Convocation and after coming back to

Kat Pederson—SAAO Member (KCOM)

KCOM and having it taught again, we still feel them and are excited because we began to develop the Palpatory skills at Convo.

Convocation was an amazing experience that we first timers will never forget! It was worth the waiting and anticipation because we all learned so much in such a short time. We all enjoyed making bonds and learning new techniques as well as osteopathic modalities. Osteopathic Medicine really is a profession that breeds the osteopath from first Convo until death. While this was our first time, it definitely won't be our last



Importance of Public Awareness

Eric Chung—SAAO Chapter President (NSUCOM)

A great number of students utilize Wikipedia as a source of information concerning the unknown. Applying to an Osteopathic school I quickly searched Wikipedia to find the difference between a DO and MD. At the time the unedited page mentioned that D.O.s were holistic doctors that focused on the mind, body, and spirit. The article also mentioned that our profession was limited to treatments involving our hands. Over the last few months many revisions were made to those pages to remove any misconceptions there were about our profession. However, several pages concerning the practice of Osteopathic manipulation remains unchanged. The basic fact is there is a need to raise the awareness for osteopathic medicine and manipulation as a whole. In the modern era Wikipedia may be one of the most important places to pro-

vide a good solid background of the importance of OMT. While, not everyone who graduates from a D.O school will use OMT in their practice, it is important to make the public aware that we are not glorified masseuses. There are more than 10 pages related to OMT on Wikipedia that needs to be updated. Whether it's the basic principles of counterstrain or the mechanics behind Still techniques, unless we have a unified forum that the public can see and understand, we are handicapping our profession. The point is to provide an avenue of resources for the public to find prevalent information regarding OMT. We want the public to think when they have lower back pain, shoulder pain, neck pain, or any other bodily dysfunctions to think of OMT as a viable treatment at all times. For this purpose I ask that in your spare time you take a

look at the information available on the web. See what is available to the public and determine if the information is lacking. Wikipedia is not the be all end all of knowledge; however, it is a great place to start.

A Call to Action

Sean Martin—National Representative (PCOM)

In a recent issue of the JAOA, researchers looked into the mind of the class of 2014. The researchers wanted to know what makes the class of 2014 tick and more importantly why each student decided to attend their respective osteopathic medical school. The common thread that was found is that the vast majority of the youngest ranks of our profession do not choose to attend their school because of an overwhelming desire to carry on the osteopathic tradition and philosophy. Instead the mere desire to be a physician that fills the lecture halls.

At first when reading this article I was disappointed in the fact that more of my colleagues were not excited about our tradition, philosophy and treatment. However, rather than complain, this article serves more as a call to action to our organization and alumni how have experienced the value of philosophical approach to the practice of medicine. After interviewing various members of my class at PCOM I have found that what frustrates students and turns them off to Osteopathic Manipulative Medicine (OMM)

is that they "cannot feel anything". At PCOM the entire first term is devoted to diagnosis of somatic dysfunction. This takes a certain amount of palpatory experience and the learning curve is long. The frustrations only continue to grow each passing week until students begin to hate what defines us as osteopaths. So what can be done?

This presents an interesting opportunity for the Student American Academy of Osteopathy (SAAO). The role of the SAAO should be to supplement the curriculum. An effort should be made to get first years involved early in the term. As the class of 2015 is getting ready to matriculate the various local chapters should be there from week one offering support and help. By running tutoring sessions to help first years, older students are not only going to keep more students interested in OMM but also keep their own skills sharp for upcoming rotational years. Additionally, offering introductions to simple techniques, myofascial release and soft tissue techniques, the SAAO can begin to show students the benefits of Osteopathic Manipulative Treatment (OMT)

in a clinical setting. Bringing in DOs that manipulate in various specialties is a great way to show the full range of manipulation and that OMT has a place in modern medicine. DOs from other specialties also show that OMT can be used outside of a neuromuscular medicine specialty, helping to eliminate the disconnect that is felt from a "normal" office visit.

Lastly, the SAAO should be reaching out not only to first years but to the undergrads as well. By reaching out to undergraduate premeds there is the opportunity to get people interested in osteopathy even before they begin the application process. Osteopathic physicians have a tool to offer that our MD counterparts do not and it should be something to be celebrated and practiced with confidence. Through the outreach of the SAAO the osteopathic profession can progress to the point where students are not applying to osteopathic school because they want to be a doctor but because they want to be a DO.

BioBasics – Biodynamics in General Practice

June 24-27, 2011

Best Western White Mountain Resort, Franconia, New Hampshire

Course Directors: Eric Cohen, D.O., Summit NJ and Evan Rubin D.O., NY, NY

along with the BioBasics faculty

Course Overview: The purpose of this program is to explore the foundations of Biodynamic Osteopathy, its origins and its role in general osteopathic practice. This program has been devised to fulfill the need for further clinical Osteopathic training and education of students and physicians in the Biodynamic Osteopathic model. After the course, participants will have a better understanding of the role of the neutral in Osteopathic treatment, and have an increased familiarity with the other principles of Biodynamic Osteopathy, such as the midline, synchronization, rates, zones, and the relationship of the health and the lesion.

CME: The University of New England is accredited by the AOA to provide continuing medical education for physicians. UNE has requested that the AOA Council on Continuing Medical Education approve this program for a maximum of 19.0 hours of AOA Category I-A CME and 15.0 NMM/OMM specialty credits. Approval is currently pending.

**To register for this course or for more information please visit our website at www.jamesjealous.com.

You may also contact Marnee Jealous Long at mjllong@verizon.net or (813) 765-5005 for more information.

Day One: Friday, June 24th

12:00pm **Registration**

1:00pm-2:00pm **Welcome, What is Biodynamics and Why.**
--Lecture
Evan Rubin D.O., NY, NY

2:00pm-3:00pm **The Neutral**
--Lecture
Donald Hankinson D.O., Falmouth, ME

3:00pm-4:00pm **Sensing Neutral**
--Lab
Donald Hankinson D.O., Falmouth, ME

4:00pm-5:00pm **Tempo and Synchronization**
--Lecture
Stephen Kisiel, D.O., Pittsfield, MA

5:00pm-6:00pm **Synchronization**
--Lab
Stephen Kisiel, D.O., Pittsfield, MA

Day Two: Saturday, June 25th

9:00am-10:00am **Questions, first day overview**
Evan Rubin D.O., Donald Hankinson D.O.,
Stephen Kisiel D.O.

10:00am-11:00am **Perception**
--Lecture
Andrew Goldman D.O., Great Barrington, MA

11:00am-12:00pm **Perception**
--Lab
Andrew Goldman D.O., Great Barrington, MA

12:00pm-1:00pm **Osteopathy and Nature**
--Lecture
Kim E. Tripp, PhD, Pittsfield, MA

1:00pm Break for afternoon outdoors.

Day Three: Sunday, June 26th

9:00am-10:00am **Questions, second day overview**
Andrew Goldman D.O., Great Barrington, MA
Kim E. Tripp, PhD, Pittsfield, MA

10:00am-11:00am **CV4 and Fluid Body**
--Lecture
William Foley D.O., Newton, MA

11:00am-12:00pm **CV4 and Fluid Body**
--Lab
William Foley D.O., Newton, MA

12:00pm-2:00pm **Lunch**

2:00pm-3:00pm **Embryonic Forces of Growth and Development**
--Lecture
Greg Yesensky D.O., Venice Beach, CA

3:00pm-4:00pm **Embryonic Forces**
--Lab
Greg Yesensky D.O., Venice Beach, CA

4:00pm-5:00pm **The Health and the Lesion**
--Lecture
Maureen Sacon D.O., Portland OR

5:00pm-6:00pm **The Health and the Lesion**
-- Lab
Maureen Sacon D.O., Portland OR

Day Four: Monday, June 27th

9:00am-10:00am **Questions, third day overview**
William Foley D.O., Greg Yesensky D.O.,
Maureen Sacon D.O.

10:00am-11:00am **Midline**
--Lecture
Keelyn Wu D.O., Falmouth, ME

11:00am-12:00pm **Midline**
--Lab
Keelyn Wu D.O., Falmouth, ME

12:00pm **Thank you.**

The Art of OMM in Family Practice

Ashley Akridge—National Representative (MSUCOM)

On Thursday, April 7, a number of pregnant women and men were walking around campus. You might have a puzzled look on your face and is wondering what was going on in NYCOM. It was the Fight Fistula Campaign. NYCOM's SAAO teamed with up GHO (Global Health Organization), SOIMA (NYCOM Chapter of the Student Osteopathic Internal Medicine Association), and the SGA (Student Government Association) to help PHR (NYCOM Student Chapter of Physicians for Human Rights) with this campaign. Here is a little background information to familiarize those who don't know what a fistula is. An obstetric fistula is a hole that develops over many days of obstructed labor, when the pressure of the baby's head against the mother's pelvis cuts off blood supply to the tissue, resulting in necrosis. This hole results in permanent incontinence of urine and/or feces. There is also another type of fistula, called traumatic fistula, which is the result of sexual violence. The injury can occur through rape or women being butchered with bayonets, wood, or even rifles. At least 2 million women in Africa, Asia and the Arab region are living with the condition, and some 50,000 to 100,000 new cases develop each year. Obstetric fistula occurs disproportionately among impoverished girls and women, especially those living far from medical services. Left untreated, fistula can lead to chronic medical problems, including ulcerations, kidney disease, and nerve damage in the legs. Not only do they have physical problems, these women are in constant humiliation due to the smell of leaking urine or feces, or both. Often times, family members often drive them

away to live on their own. It takes \$300 to perform one reconstructive surgery, and an additional \$150 for post-op care, facility construction, and bus fare home. The goal of the Fight Fistula Campaign was to raise money to help these women get the reconstructive surgery they desperately need.

There was a contest to see which team could raise the most money. Each team composed of about 5 students. This campaign began at 9:30am before lectures even started and lasted until 5 pm. During the entire day, one team member was "pregnant" for an hour or two. The student had a towel shaped into a pregnant belly, held in place by a scarf tied around the person's stomach. Throughout the day, this was passed off between team. While each person was "pregnant," we walked around with envelopes, asking students and faculty members to sponsor their team by making a donation. Educational fliers were handed out to those unfamiliar with the cause. This year, the SAAO team comprised of Melissa Roberts (OMS I), Nga Yan Siu (OMS I), Kyla D'Angelo (OMS I), Linda Chen

(OMS I), Allison Mangini (OMS II), and me.

It wasn't the easiest thing to be pregnant. While I was sitting in lecture taking notes, I couldn't sit as comfortably like I was used to. Kyla dropped her pen and couldn't just bend over to pick it up because the belly was in her way. Some of us looked unbelievably ridiculous because of how big our pregnant belly was. There were even bellies that looked a little squareish! People in our class anxiously waited to see who were the next ones to be pregnant. Everyone was in good spirits, donating some of their money to the cause. All in all, everyone had fun and enjoyed this campaign. Hopefully by contributing a little of our time to fundraise for the fistula campaign, a woman's life can be transformed.



Pictured: (Right) Linda Chen, OMS I ; (Left) Kyla D'Angelo, OMS I

Connecting Through OMT

Kaitlin Isley—National Representative (OSUCOM)

I was studying in the library when a fellow student came over to my table.

“Kaitlin, I know you’re good at popping necks. My neck is killing me; I woke up with a crick in it. Would you pop it for me?” he said.

“Of course,” I said, rising from my chair. “Do you want to go to the OMT lab or find a break out room with an OMT table?”

“No need,” he said, as he began to lie down on the library table. As I did HV/LA on his neck, I laughed to think how funny the scene would be anywhere but an Osteopathic medical school.

Osteopathic Manipulative Treatment is a huge part of the culture at our school, as it should be. Relationships among classmates are strengthened in lab, as it provides an opportunity each week to have one-on-one conversations with lab partners. New friendships are forged each year with the incoming class, as first year students seek out second year students to do OMT on necks stiff from studying and backs tired from leaning over their books. It is not uncommon for a large percent of the class to stay after lab as students and OMT faculty help rid each other of somatic dysfunction. Every Tuesday, a noon clinic is held and students practice their skills on faculty and staff in need of OMT. OMT is happening so often around our school that no one batted an eyelash when my classmate lied down in the middle of the library to have his neck popped.

Beyond the benefits to health and quality of life, OMT creates bonds between people. One of the best ways of making a connection with a fellow human being is through touch. I believe our school is a warmer, friendlier place because of the frequent practice of OMT, and I feel ever more grateful for the distinctively Osteopathic medical education I have been privileged to receive.

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Convocation: An Initiation

Not long ago, I attended my first Convocation. As a first year osteopathic medical student, I wasn't entirely sure what I was in for. The doctors in our OMM department who had been numerous times all spoke of the opportunity to touch base with a larger community, to reach out to old friends and treasured colleagues, and to exchange insights on expanding their abilities. The second year students who had attended the previous year spoke of the excitement of meeting students from around the country and learning the common threads between them, the privilege to be learning one-on-one from some of the most revered practitioners in the field, and the sheer inspiration of being surrounded by students and doctors gathered together with a common goal: to increase their understanding of OMM and how they can use it to help others. I attended in hopes of having even a small measure of these

experiences. To my surprise and humble delight, I found all of these experiences coupled with one I had not expected at all: an initiation.

Given the physical nature of OMM, it is a knowledge base and skill set that must be passed on personally. Often, we find that we only truly learn a new skill when our instructors place their hands directly over our own. Considering that this is how they learned as well, there is a physical connection that leads back to the elders and founders of our profession. Learning along this lineage inextricably ties learner to teacher, and thus this knowledge is not simply acquired, but inherited. As a result, along the lines the knowledge passes grows a family tree. When we begin upon this journey, we become the newest members of the family.

At Convocation I encountered all of the storied opportunities, experiences,

privileges, and inspiration, but more importantly, I began to understand the wise and vibrant family of which I am becoming a part. I realized that when us take time to patiently instruct those of us who are clumsy with youth and inexperience, it is not just because it is the only way in which the knowledge will be passed on, but also because somewhere in their past, someone looked after them just as patiently. I look upon them, as student to mentor, and I am grateful for their love and patience, and hope that I may have as much to offer, and the willingness to offer it, when I reach their position. This is the family to which I was unexpectedly initiated, and I am unchangeably better for it.

New Officer Commentaries

I'm excited to serve as our school's SAAO chapter president this upcoming year! I've seen how much the students ahead of us have done to help grow our organization, and how much continued interest there is in our school and community for opportunities to find out more about OMM. I was really inspired by this year's conference in Colorado Springs. The opportunity to learn from the best D.O.'s in the country and to meet students and professors from other schools really gave me a much better idea about the broader vision of SAAO and AAO to uphold the principals of osteopathy in education and in medical practice. The three main goals I have for our school's chapter this year are to have a successful membership drive, particularly in recruiting incoming first years; to take advantage of opportunities in our rapidly growing metroplex to participate in more community service events; and to increase participation in the monthly soft tissue clinic our chapter holds for our students, faculty, and staff. The team of officers we have this year is a talented and dedicated group of students, and our new faculty advisor, Dr. Ralph Walsh, is a gifted clinician and teacher

whom we are exceedingly fortunate to work with. 2011-2012 will be our best year yet!

-Christine Rollins, SAAO President, UNTHSC-TCOM

I'm looking forward to another great year with SAAO! Our school's SAAO chapter is very active and is involved in a wide range of outreach and volunteer events in attempt to impact the lives of those in our community while increasing Osteopathic awareness. I was inspired by our participation with the 2011 Cowtown Marathon, which had over 20,000 participants! Having the opportunity to impact so many people through OMT is an unforgettable experience! As the Vice President of SAAO, I'm looking forward to expanding our involvement with community events while maintaining the strong ties our predecessors have established!

-Heather Kelly, SAAO Vice-President, UNTHSC-TCOM

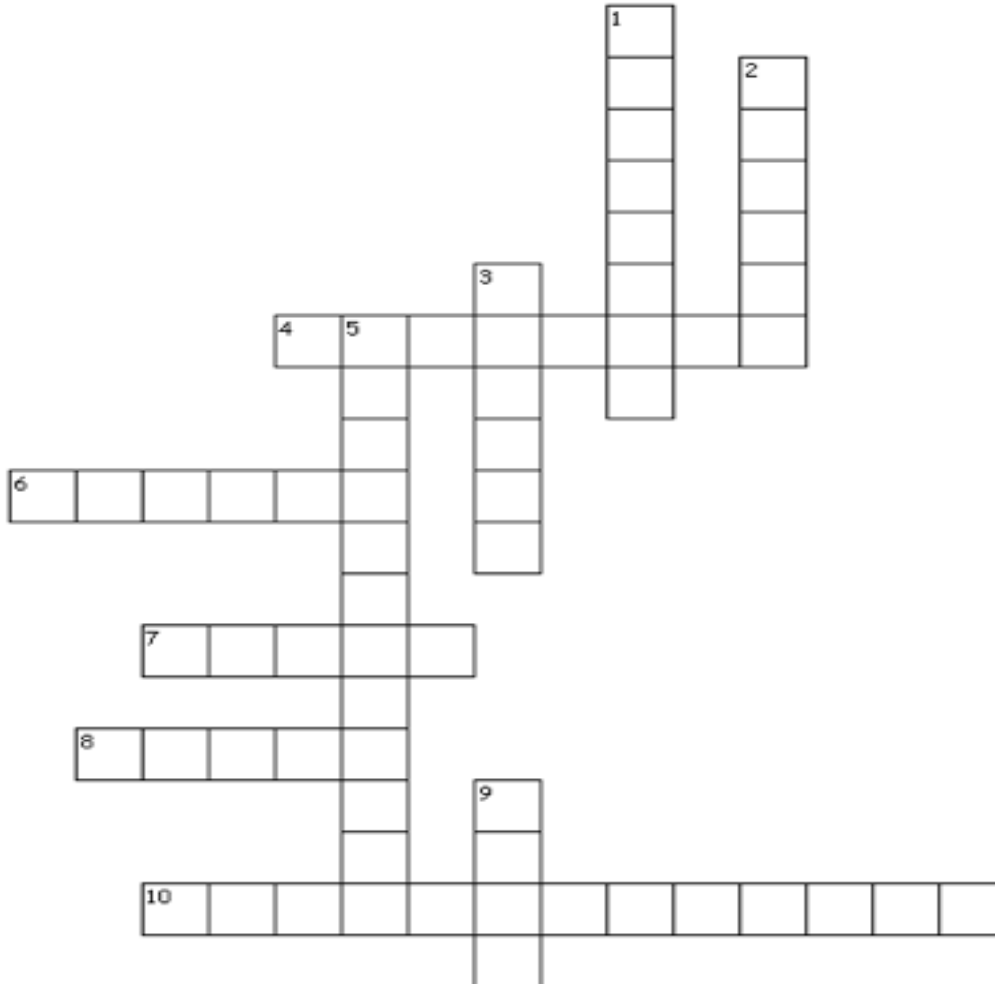
TCOM Executive Council

As the National Representative for SAAO I'm looking forward to being part of the leadership team in SAAO. We've got so many talented students and clinicians involved in SAAO that this year is going to be phenomenal and the leadership from this past year was invaluable in growing this organization and making it the most active student association on campus. There are so many wonderful opportunities to get involved in OMM education, training, awareness and community service with SAAO that students just can't find through any other organization on campus. That alone is something SAAO can be truly proud of and it gives us even more momentum to keep growing and providing these services to osteopathic medical students and the community. It's difficult to express my excitement about getting to experience convocation next year as a voting officer and I'm so thankful to have the opportunity to be active in this association and I look forward to all the great things we have yet to learn while further serving our fellow students and community.

-Ellen Wilson, SAAO National Representative, UNTHSC-TCOM

Lower Extremity Diagnostic Tests

Linda Du—National Representative (LECOM-Br)



Across

- 4. Specific test for the anterior cruciate ligament
- 6. Tests the integrity of the ACL and PCL ligaments
- 7. Test for meniscal damage
- 8. Tests the integrity of the lateral collateral ligaments
- 10. Assessment of gluteus medius strength

Down

- 1. Assessment for medial and lateral meniscal tears
- 2. Tests the integrity of the medial collateral ligaments
- 3. Assessment for a shortened iliopsoas muscle
- 5. Tests for posterior patellar articulatory surface
- 9. Assessment for contracture of the tensor fascia latae

OMM Daily

Way back in August, our faculty warned my first year class and I that osteopathy would start to become part of our daily lives and thoughts. We were told that we would start to notice people's postures and how they walked, and were encouraged to practice our OMM techniques whenever the opportunity arose.

At the time, I had my doubts about OMM becoming part of my daily life. I realized it would be natural to think about and apply OMM principles and techniques in class and on clinical experiences, but would I really encounter OMM in other settings? How often would I be given the opportunity to practice OMM outside of its traditional realm?

It is very possible that my skepticism arose from my frustration with my lack of Osteopathic "ability." Everything we did in OMM lab looked and felt the same to me back in August. My untrained eye could barely notice if a person's shoulders were at the same level, and my novice hands were unable to appreciate differences in muscle tension.

It is now spring time, and go figure... somehow OMM techniques and princi-

ples have managed to invade my thoughts and daily life. While shopping at the grocery store, I notice how people are walking; and if their gait doesn't seem quite right, I wonder if they have a sacral or pelvic dysfunction that's in need of treatment.

Somewhere along the way, my classmates and I have gained enough OMM knowledge to ask each other for treatments. We can often be caught performing OMM on each other in all kinds of situations, from soft tissue techniques in our study rooms, to thoracic HVLA on the floor at the airport (no, really).

Osteopathy has even managed to make its way into my leisure time, particularly while running. As my muscles begin to ache, I often start analyzing my pain by trying to determine what muscles are involved and what the root of the problem is. Did I stretch poorly or am I failing to maintain good running form?

I'm not sure when exactly it happened, but at some point, I've become a consultant of osteopathy to my family and friends. My friends often call me with every musculoskeletal complaint they run into, inquiring whether or not I can "fix them". Since I don't

live near most of them, it's generally not feasible for me to personally treat them, but I often try to help figure out some beneficial stretches based on our OMM techniques. They often report back that these techniques helped relieve some of their dysfunctions, and that I've made them a believer in OMM!

I imagine that most other osteopathic medical students often practice OMM on each other and have gained a similar knack for observing others' posture and gait. We have all come so far since that first day of OMM lab, back in August. I believe it's this special niche and knowledge base which sets us apart from our allopathic colleagues, giving us an additional component to aid in our diagnosis of the whole person. So, continue to watch others walk, assist friends and family with their somatic dysfunction, and practice OMM whenever the opportunity arises. It can only make us better osteopathic physicians!

Megan Sopko—National Representative (OUCOM)

Relieving Stress While in Medical School

We all know that medical school is one of the most difficult and most stressful times of our lives. So far that is. But stress can lead to many problems that we cannot afford to deal with as students. It can lead to lack of sleep, poor concentration, and anxiety attacks. Here are a couple ways to relieve stress from your life.

Exercise and stretching is one of the best ways to distress. One reason is that it releases endorphins that make your body feel great afterwards. It decreases your resting heart rate so at rest you can relax even more. Finally, exercise is something you can do to get away from school work for a moment. In a perfect world, I would say that we should be exercising at

least three days per week but I know that's not always possible but at the very least at least once per week.

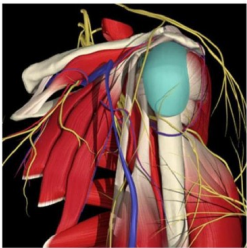
Two other things you can do to relieve stress are to take breaks and to get plenty of sleep. Taking breaks while studying is absolutely essential. The human brain cannot focus on one task for more than 45 minutes efficiently. Once ever hour, I would recommend getting up and stretching or walking around. Maybe there's some cleaning that can be done around the apartment. Anything to take your mind off of school for a moment is beneficial. Lastly, it is crucial that you get enough sleep as a student. The best way to recall the insane amount

of material that we are taught is to get a good night sleep. I know that these tips are pretty much common knowledge but they are forgotten very often.

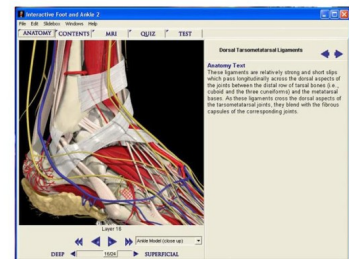
Christopher Breen—National Representative (LECOM)

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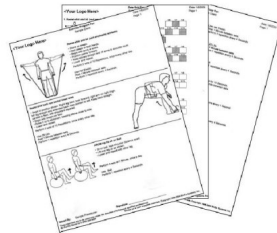


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Observational Study of Biomechanical Dysfunction in College Athletes

T. Carmine Van Deven—OMM Scholar (AZCOM)

As future osteopathic physicians we must live and thrive as part of western medicine. However, that in no way implies that we are to forget our osteopathic philosophy and practice. One way to secure and advance our beloved profession is to contribute research supporting our work. We are conducting one such study at AZCOM and we are excited to share it with you here. This is an introduction to our work, for which data collection will continue into the summer of 2011.

The goal of this study is to observe patterns of structural asymmetry and abnormal biomechanics that may predispose college athletes to sports-related injury. Thereby, exploring one of the basic tenants of osteopathy; that being the reciprocal relationship of structure and function. This would allow us to identify individuals at increased risk of injury and take preventative measures, i.e. OMM, to reduce pain, suffering and economic losses.

We are continually collecting reports of sport-related injury and will be analyzing this information after all sports seasons have concluded for the year. In the meantime, we have analysis of raw data from the athletes' screening exam to share with you now. Our re-

sults had some surprises.

Seventy-nine community college athletes were examined using osteopathic and orthopedic tests to determine the presence of biomechanical dysfunction. Data on four major body regions (shoulder, hip, knee, and ankle) and sport participation were compiled and analyzed using Excel® software. The incidence of each biomechanical dysfunction was noted by region and sport. Sports included: baseball, basketball, cheerleading, cross country, golf, soccer, softball, track.

One hundred percent of the athletes examined had one or more regional dysfunctions, irrespective of sport. Of the four regions screened, shoulder dysfunction was found in 28% of athletes, hip dysfunction in 89%, knee dysfunction in 25%, and ankle dysfunction in 51%. Of note in the entire athlete pool, hip dysfunction ranged from 78 - 94%, while knee dysfunction ranged from 18 - 30%. Shoulder dysfunction was found in 56% of volleyball players and 47% of baseball and softball players. When grouped together, 52% of track and cross country participants, along with the same percentage of soccer players, presented with ankle dysfunction.

As movement patterns in sport follow logical biomechanics, our original expectation was that major regions of dysfunction would coincide with motions prevalent in each sport. In addition to confirming this expectation, we observed relatively high, and in some instances greater frequency of dysfunction in other unanticipated regions. This may be due to a number of factors, including but not limited to: structural asymmetry, abnormal muscle firing patterns, repetition of motion, weak core musculature, previous injury, and variations in sports-specific conditioning.

This and more was presented as a poster at AAO Convocation this past March and the final poster will be on display March 2012 at AAO Convocation in Louisville, KY. Feel free to email me at carmine.vandeven@gmail.com if you have any questions regarding details of the study or would like to discuss similar research ideas.

We are the future and now is the time to support and advance osteopathy. A.T. Still, M.D., D.O., said that D.O. also means "Dig On," and so we must.

Not Just Icing on the Cake

For my undergraduate thesis I wrote a comprehensive review on how osteopathic medicine evolved into a professionalized system of medical care. I spent hours researching the history of Osteopathy from chronicling the life of Andrew Taylor Still and the history of D.O.s, to understanding the scientific evidence of manipulative treatment throughout the 20th century. While researching the history of osteopathic medicine, I learned how the concurrent societal forces and evolution of allopathic medicine had a large impact on the success of osteopathic physicians and the eventual professionalization of Osteopathy. For example, public dis-

satisfaction with orthodox (read: precursor to allopathic) practitioners and their use of blood letting, digestive purging, blistering, and other 'heroic' treatments, opened the door for unorthodox (Osteopathy, Homeopathy, Naturopathy, etc.) practitioners to treat patients and earn their trust.

Throughout the 20th century, empiricism was replaced by the scientific method and physicians moved away from heroic medicine. As the scientific research and technological advancements of allopathic medicine progressed in the first half of the 20th century, Osteopaths began to adopt allopathic practices. Due to licensure

laws, Osteopaths were limited in their ability to prescribe drugs and perform surgeries in many states. As osteopathic schools expanded their curriculum, however, their privileges as practitioners increased. As mainstream medicine was evolving into what we consider 'modern biomedicine,' Osteopathy evolved with it, adopting mainstream techniques. Younger generations of Osteopaths, having been educated on the scientific progress of the allopathic *material medica* (medications), began to administer drugs, vaccines, and antibiotics, much to the disappointment of the older generation.

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

(Continued from page 16)

Through various social forces, including specialization and physician shortages, osteopathic physicians started to predominate in the primary care field. As allopathic physicians pursued specialization, the number of allopathic general practitioners dropped from eighty percent in 1930 to forty-five percent in 1960 (Whorton, 2002). Osteopathic physicians, with their focus on preventative and holistic medicine and their propensity to settle in rural areas, found their niche in the American medical system as general, primary care physicians. In addition, osteopathic physicians filled the need for physicians during World War II because they were exempt from the draft and ineligible for service with the military medical corps. Thus, in the ensuing military enlistment and consequent absence of allopathic physicians, osteopathic physicians took on the care of their patients. Their new patients, after becoming more familiar with osteopathic medicine and finding it an acceptable alternative, helped fund osteopathic hospitals and later lobbied for the full legitimization of Osteopathy in the United States. The support of the public and the legislature led to Osteopathy's eventual professionalization and licensure.

At the turn of the 20th century, Osteopathy was founded on and grew in popularity as a result of osteopathic manipulative medicine. During the 1920's and 30's osteopathic medical schools began teaching allopathic treatments based on scientific research and thus expanded osteopathic medicine to include medication, surgery, and other non-manipulative treatments. Throughout the 20th century, Osteopathic Medicine has come to parallel allopathic medicine in so many regards, that Stevan A. Walkowski, D.O. proposed in last month's JAOA that "we eliminate the word *osteopathic* as an adjective to describe *medicine* altogether, unless it is used in direct reference to the application of the mechanical principles first described by Dr Still in the late 19th century and developed since then" (JAOA 2011). So what separates allopathic medicine and osteopathic medicine in the 21st century?

As an osteopathic medical student, I find it imperative that we, as the next generation of D.O.s, rediscover what it truly means to be an osteopathic physician. According to the AACOM study of the Class of 2014, "few applicants to COMs (29%) indicated that osteopathic philosophy was an important factor in choosing to enroll in a COM" (JAOA 2011). With so few understanding and embracing osteopathic manipulative treatment and with more allopathic physicians practicing what we consider 'patient-based medicine,' the difference between the professions becomes as slight as the difference between the acronyms listed after our names. Perhaps this is the future of Osteopathic Medicine but I, as a member and MSUCOM National Representative of SAAO, am determined to encourage my fellow classmates and other future D.O.s to develop their OMM skills in the classroom, at home, in the hospital, and in their practices. While OMM is just one of the skills we develop as medical students, why deny such a beneficial tool in our toolbox? Many studies have shown the benefits of OMM – sometimes treatment with OMM is comparable or better than medication or (some) surgical intervention, both of which are expensive and potentially unnecessary with simple manipulation.

While I agree that we, as students, need to participate more in researching the science behind manipulation, I think that we also need to become more enthusiastic about developing our skills and sharing our knowledge with others. At MSUCOM we look forward to doing more student outreach – visiting undergraduate colleges and teaching students about osteopathic medicine, volunteering our services in the community, and bringing in more osteopathic physicians who use OMM daily in their practices to speak with students and share their techniques and experiences. I hope that you, my fellow SAAO members, will join us in OMM outreach!

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Why I Decided to Pursue Osteopathic Medicine

Makoto Yoshino—SAAO Chapter Vice President (VCOM)

Until recently, I never thought I wanted to become a doctor. My ultimate childhood dream was to become a professional soccer player or professional masseuse. However, in the last four years, I realized I wanted to become a D.O. because I believed this would benefit other people the most physically, mentally, spiritually and financially.

After graduating college in Japan six years ago, I had an ambition to start my own business. I came up with a business plan that integrated alternative medicines to heal holistically all five senses of a human. Fortunately or not, I found an investor that was interested in my business. In return for his financial support, he wanted me to work for his advertisement company so I could gain experience in the business world. I was a bit confused on what to do, but it seemed like a rare opportunity, so I took the offer. Later, I found out that the investor was involved in money laundering and had disappeared soon after I entered the company. I was left in shock.

I had nowhere to go, so I stayed at the company and searched for a new business opportunity. Working at the advertisement company was an incredible experience. I learned various kinds of marketing strategies, sales and promotion techniques using multimedia, and different business schemes from working with clients. I enjoyed working, but one day, I came to a conclusion that advertising was not right for me. I realized business, especially advertisement, was a competition of taking somebody else's pie and not asking if it had provided true value and happiness to people. I defined happiness as being in a healthy condition mentally, physically, spiritually, and financially. I was looking for a business scheme that fulfilled my beliefs.

Within a year, I quit my job and I was looking for another one. That was when my father, who had just moved to Tennessee, called me and suggested I investigate physical therapy schools. I had desires to go back to the States and was tempted by my father's suggestion. I knew nothing about physical therapy or about the medical education system in the U.S., so I did my research. While researching, I began to think about becoming a doctor, particularly a D.O. Earlier, I had read Dr. Robert Fulford's "Touch of Life" and acquired a strong interest in D.O.s, especially OMM. In addition, Japan has a different medical education system than the U.S., where Japanese medical education started in college. I felt there was a better chance of being accepted if I came to the States.

I have a business degree and had not taken any prerequisite courses for entering medical school, so I entered Tennessee Technological University near my parents' house. At first, I had trouble adjusting to the English environment and building study habits, but I put all my time and effort into it. Eventually, I got used to the environment, and found myself enjoying studying for the first time in my life. I had found my "joie de vie."

One of the books that I read about succeeding said, "When you set a goal, you build a strategy on how to approach and act upon it." I told this to myself over and over, but something was missing. I lacked faith in my ability. People may think taking the investor's offer was a mistake. However, it gave me an opportunity to believe in myself. I had relied so much

on the investor's money that I was not taking any risks myself. Fear of failing made me lose confidence. I learned the only thing that limits opportunity in life, is yourself. I reset my business plan so I would take the majority of the risks. I decided to drive myself into an environment where I can no longer escape, to fight my fears, which also meant challenging my limits. For me, that was becoming a doctor. By becoming a doctor, I would be able to

provide beneficial options to patients physically, mentally, spiritually and financially. Thus, I believe OMM can help me reach my goals. I know this from my shadowing experience with Dr. Harold Chertok at Cookeville Primary Care

Associates in Cookeville, Tennessee. He has shown me that D.O.s can improve patients' quality of life. The amount of commitment I must make to become a doctor is unbelievable, yet I am still here, because this is what I chose, and I will never give up until I become a D.O.

"I learned the only thing that limits opportunity in life, is yourself."

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

1. *Acquire a better understanding of Osteopathic principles, theories, and practice to include:*
 - a. *Helping students attain a maximum proficiency in osteopathic structural diagnosis and treatment*
 - b. *Fostering a clear concept of clinical application of osteopathy in health and disease.*
2. *Improve public awareness of osteopathic medicine so that the community may better take advantage of the benefits provided by the compete health care concept of osteopathic medicine.*

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

-SAAO National Council

Crossword Puzzle Answers (Page 13)

Across-

4. Lachmans
6. Drawer
7. Apley
8. Varus
- 10: Trendelenburg

Down-

1. McMurray
2. Valgus
3. Thomas
5. Apprehension
9. Ober

