

February  
2008

Pre-Convo  
Issue



# The Still Point

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## Undergraduate American Academy of Osteopathy

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### Are You Ready?!

For Convocation that is... The program this year “Unlocking the Secrets of the Thoracic Cage” looks to be a well-anticipated event. On top of the exciting student workshop program, the other opportunities are shaping up to be great this year.

First, I would like to talk about **Evening with the Stars and Stripes**. This wonderful event provides all students close interaction with doctors that have been practicing Osteopathic Manipulation for years. Every year, the National Undergraduate Fellowship Association (NUFA) is involved in also helping students who wish to increase their skills in OMT. However, this year, NUFA will be

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

assisting by providing fellows assigned to specific treatment modalities. This will allow students to choose a type of treatment that they would like to become better at and work with a fellow to further develop their skills. This event will be hosted on Wednesday March 26<sup>th</sup>, from 8-10 pm and Thursday March 27<sup>th</sup>, from 9-11 pm.

Another great event coming to you Thursday March 27<sup>th</sup> from 5-8 pm is the **student reception**. Every year, this is a time for

**American Academy of Osteopathy®**  
**2008 Annual Convocation**  
**Unlocking the Secrets of the Thoracic Cage:**  
“Applying Functional Anatomy and Physiology to Clinical Practice”  
John G. Hohncr, DO, FAAO, Program Chair  
Dennis J. Dowling, DO, FAAO  
**March 26-30, 2008**  
InterContinental Hotel, Addison, TX (Dallas)

students to meet mix and mingle with students from other Osteopathic schools that share their passion for OMT. This year, we have been planning a special disco dance party! There will be two competitions that students can participate in. Get out your dancing shoes and watch a little Saturday Night Fever to prepare yourself for the **Disco Dance Competition!** Of course, if you gonna take the time to practice your disco, you might want to look the part, so we have a **Disco Costume Competition** also!! Just in case you don't feel like getting out and strutting your stuff, we will have other equally fun options. Students will be able to try their fancy footwork with Dance

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## Are you Ready?!

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Revolution on big screen. You can get a memorable disco picture with you and your friends for free. Last but not least, you can challenge your friends to a tricycle race! Oh, did I mention food?

Friday will be just as interesting with the UAAO Auction. Do you have a special talent or hobby?

Support your local UAAO chapter by providing them with nice items to auction off for VIP points. The items need to be worth \$5 or more and do not have to be Osteopathic in nature.

On Saturday, we have the A. Hollis Wolf presentation. Each school is allowed one student to present at A. Hollis Wolf. Maybe you could be it! The prizes in

the past year have been a trip to Europe to meet fellow Osteopaths across the Atlantic, the full set of CD's covering Dr. James Jealous Biodynamics courses, and a Percussion Hammer. We look forward to providing great competition filled with interesting cases. Then we will finish the competition with the Dr. Harold Blood Memorial Lecture given this year by Edward Stiles, D.O., FAAO. On Saturday

night, we will have our last hurrah at the AAO Banquet.

This is going to be a great program and I know that I am very excited for this years convocation and meeting the students who are joining us this year! So sleep up and bring the red bull cause you may find that you need it!

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

## The Truth About Tables

So you're a first year student interested in getting a jump on your OMM skills or even a skilled upper classmen that just never bought a table. In either case, it can be slightly daunting when you want to purchase a table, but you aren't quite sure where to start.

With this short article, I hope to inform you (if only slightly) on what features you should look for in an OMM table so as to purchase the best one for you. I will not solicit any specific brand or website, but only talk about the qualities of tables in general and I leave it to you from there to take the next step.

An OMM table is a tool, albeit a very large tool however can come portable. All tools should be made to fit the user and not the other way around. A table that does not fit your style, be it personality, technique, etc. will only hinder your OMM efforts. I truly suggest trying out as many as you can so as to find the perfect fit for you. You wouldn't buy a stethoscope that did not have the right feel to it, why deny yourself with a table?

*Scott Leggoe—National Executive Secretary/Treasurer (VCOM)*

Portability brings up the first issue I'll cover. OMM tables come in either portable or stationary. This choice is entirely up to you but should require a little consideration. Stationary tables are usually a solid piece which can be good if the center fold of a portable table bothers you. Some do come with power features that allow you to move the table but these are generally out of the med student price range. And speaking of price range, stationary tables are relatively easy to build yourself if you've got a knack for carpentry and some spare time. Portable tables are great if you find you're going to clinics or the inevitable trip home where all your relatives want that kink in their neck fixed. Beware of the weight of some of the portables, however, some are more "portable" than others and a portable table you can't lift is called a stationary table.

The next thing to think about is dimensions. There are so many different shapes and sizes of OMM tables out there to choose from. Here's some of the key things to think about:

- **Is the height adjustable to fit me**—especially for the shorter operator, make sure it goes as low or as high as you would need
- **Is it wide enough**—there are many different widths to choose from; if you're going to be working on football players, wider is better and more stable, however width adds weight and makes it harder to fit in your trunk if you have a small car; 25in is the standard but I would recommend at least 27in for a little more stability
- **Are the legs in my way**—some tables position their legs at angles or have faceplates at the head of the table that gets in the way of a sitting operator; other things to think of is leg supporters, some tables use braces, cables, etc. to hold the legs up and some can get in the way or just be plain a pain to work with; just paying attention to small details like these can save you aggravation later on when you've already purchased your table and find part of it is in your way
- **What's the head of the table look like**—there are many different styles at the head of the table for placement of the patient's head; faceholes, detachable headrests, curved tables, no headrest at all...this comes down to your likes/dislikes; just know that these options are out there and don't just settle for a table that doesn't have the one you want

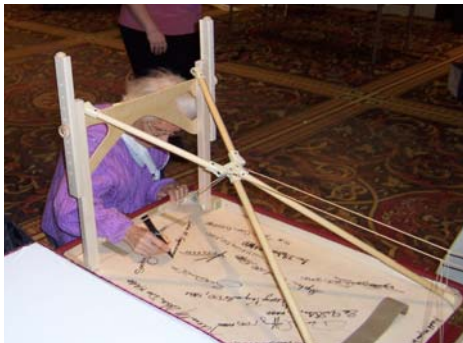
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## The Truth About Tables

(Continued from page 2)

OK, so we've talked about shapes & sizes so now let's talk materials. The structural components of tables can be wood or metal. Lightweight aluminum tables can be great, but are slightly more expensive, but be wary of wooden tables made of inferior wood or wood of an unknown type. Most companies will tell you what they

force...this is another indicator of strength. The other material to think about is the table surface. Suede may look nice, but



Viola Fryman, DO, FAO signing our student auction table from Convo 2007

use, so just make sure it's a quality hardwood and not something soft like pine (you don't want to thrust your patient through your table!). This also brings up the point of weight capacity of your table. Look for a table that can handle a 500lb+ person and that can take about 1500lbs of thrust

that only lasts as long as you don't actually use your table. Pick a durable fabric that the company promises will be tear resistant or some will even offer to repair tears. While we're on fabric, color is something to think about...a white table is a bad idea!

### Scott Leggoe—National Executive Secretary/Treasurer (VCOM)

Thickness of your padding is a very important factor, especially if you perform a lot of thrusting techniques. Too thick or soft and you'll just mush through every time. 2in thick should be the max and I'd actually advise 1¼ or 1½ which just seems to work a little better.

One last feature I'd like to quickly mention for portable tables is a bag. Make sure your table either comes with a free travel bag or if not...buy one! Nothing is worse than transporting your table and it gets dirtied or torn because it wasn't covered. Most good companies will throw in a bag for free so keep a look out.

As I said before, I'm not going to advertise for any specific company. There are many out there and the internet or conventions are a good place to start. Just keep your options open and

don't jump on the first one you see all the time. There's no shame in buying a used table from an upper classmen or off an online auction...just make sure the item is in good condition. Some companies at conventions sell their tables cheap at the end of the week so they don't have to carry them home. If you have an HPSP friend that isn't interested in OMM or are HPSP yourself, your tables are usually reimbursed. As for the price range, the sky is the limit, but I have to say my table is pretty great and only cost me \$170 so keep your eyes open.

I hope this inspires you to find the table that fits you because if you do you'll be more inclined to use it. If you talk to many older DOs, they've been using their same tables for years, so good luck with your search and happy hunting.

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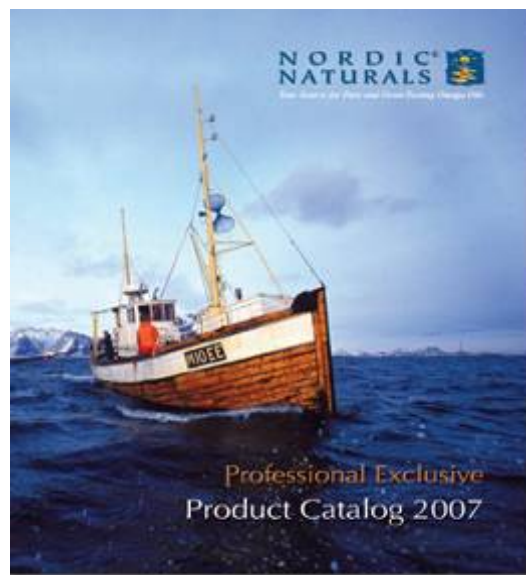
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## Living Within Your Capacity: A Practical Guide to Caring for the Self

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

Balance is a dynamic state of equilibrium. It can be thought of as a pendulum with a variable arc depending on the extremes we experience in life. Many of us are familiar with the signs of imbalance. We may feel physical or mental symptoms such as fatigue, negativity, indigestion or depression. The first step in swinging the pendulum back toward center is to notice what it feels like when we are living beyond our capacity. We feel it in our body, mind or spirit. Being mindful of where we feel stress is a gift reminding us to seek our center.

Many medical students and physicians give advice to others: eat a

healthy diet, start exercising, get more sleep. We are often better at taking care of others than we are at taking care of ourselves. We have the same excuse our patients use: "I don't have time". If we are not following our own advice, how can we expect our patients to do so? When is it time to nurture ourselves? The time is Now.

Situations are stressful when it seems we have no control over our environment. When we are on the verge of "losing it"—when exams are coming, boards are on the horizon, or call is wearing you out—it is time to regain our balance. Here are a few simple tips to make it achievable every day:

### Develop the Observer

Notice routine negative thoughts. See if you can replace negative statements with affirmations. This isn't changing, "my stomach hurts" to "my stomach doesn't hurt". We may acknowledge the pain in our stomach but focus on how beautiful the blue sky is in the morning. Find the things that you are grateful for, the things that *are* going well. Focus on blessings and it will change your perspective. One example is to notice three beautiful things during the day and remind yourself of them on your drive home. Or, notice if you are telling a friend a negative story about your day, and tell a positive one next.

### Energy In = Energy Out

Energy is a finite resource. Stress comes from expending our energy reserves. *Energy In* is anything that fills us up and brings us into the present moment. Examples of energy input are sleep, nutritious food, exercise, playing with children or pets, being creative, getting outside, gardening, reading and writing. *Energy Out* is the energy we invest in the world around us. It may be directed toward work, school, family, or relationships with others. It is important to look at how we prioritize each day to see which side of the equation we are feeding. If we are constantly putting *Energy Out* we become depleted. When we take time to give to ourselves, we increase our capacity. Most of us run *Energy Out* >>> *Energy In*. Here are a few suggestions for adjusting the equation:

#### Ω **Make time for yourself during the day.**

Do something that feels good. Start small, try five minutes at first. Go for a walk, read a novel before bed, sing your favorite song in the car. Or sit in silence for five minutes at the end of your day. The trick is, DO IT, every day for *at least* five minutes. Make YOU a habit.

#### Ω **Start looking at your commitments.**

What are you putting energy into that no longer serves you? Does your energy output match your personal priority list? If your schedule is overcommitted learn to say *no*. Having boundaries allows you to direct a better quality of effort into the things that you do. Saying *no* and *compassionately detaching* from the disappointment others may feel can be an empowering way to refocus your attention.

### Create healthy routines

Trade pastry and donut treats for apples with almond butter, bring a salad with a good protein source for lunch, try making one of your cups of coffee decaf during the day or switch to tea, try not to drink coffee in the afternoon if you are having trouble sleeping, cut down or eliminate sodas, fast food and high fructose corn syrup, try making a big serving of your favorite healthy dish over the weekend so you can reheat it for quick and yummy food during the week, trade white foods for foods with vibrant natural colors, eat something fresh every day, drink lots of water, breathe deeply, notice the sunset or sunrise and check out the moon at night, laugh, find something funny and go with it, find something that inspires you, remind yourself of it daily, practice telling yourself, "I love you". Become unconditional toward YOU, add a "mindfulness" practice to your life, try Yoga, meditation, Tai chi, or Qi gong for starters.

Most of us know what we need to do to return to our center. The catch is getting ourselves to actually *do it*. If we are out of balance we can rediscover our inner equilibrium by starting with small, sim-

ple exercises. We can also practice compassion when we are not taking care of ourselves perfectly. This is the pendulum swinging. It always swings back.



## Nevada Osteopathy

With the coming of a new year, many students are busy with classes, activities, and board studies. The UAAO chapters at every osteopathic school around the country are undoubtedly no exception. All the officers are putting together new activities and getting ready for Convocation.

Touro University Nevada (TUNCOM) UAAO is busier than ever. We are the only student organization on campus that sponsors some activity every week to show how excited and committed we are to our profession. Wednesday nights are UAAO nights, where we are either presenting a guest lecturer, or holding a faculty-supervised practice session to enhance everyone's osteopathic palpatory skills. Next week, we'll be holding a school-wide Pictionary tournament, set up to give students an opportunity to socialize, relax, and take a break from studying—and hopefully to meet

some fundraising goals! Every second and fourth Saturday of the month, our very own Claire Galin, DO, holds a non-profit OMM pediatric clinic; our UAAO members have all contributed their time to get involved in the community by learning and providing pediatric osteopathic care. Despite the loss of funding from the AOF Visiting Clinician Program, we have coordinated with our OMM Department to invite Hugh Ettlinger, DO, FAAO, for a multi-day OMM teaching experience. We also learned that Edna Lay, DO, FAAO, comes from Montana to spend her winters here in Las Vegas, so we've convinced her to visit our campus for a lower extremity workshop in February. In short, we're lucky to have

some amazing members of the osteopathic community come and share their knowledge and experience in osteopathic manipulative medicine.

Regardless of the workload size, TUNCOM UAAO continues to

provide knowledge to the student body and care to the community. We're looking forward to seeing everyone at Convocation in March, but, until then, Happy New Year from TUNCOM UAAO!

*Amy Clark—Touro: UAAO Chapter President*

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



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

## A Healing Touch

*The following article is a reflection on my experience with Physicians For Humanity, a nonprofit organization that seeks to provide medical care to all of those in need, regardless of culture, religion, way of life or geographic location. Physicians For Humanity celebrates the connection of the mind, body and spirit and promotes the formation of altruistic physicians who possess a keen understanding of the value of service, both global and domestic. Global issues focus on a PFH-established clinic in Duran, Ecuador and a future clinic in Guatemala, while domestic service is carried out at the Sheila Dennis House, a woman's shelter on North Broad. For more information on PFH please see our website: <http://physiciansforhumanity.org/> (it will be updated soon!) or contact Emily Dilzer at [emilydi@pcom.edu](mailto:emilydi@pcom.edu). Thank You!*

“Put up your windows. The road gets dusty when the trucks drive by,” said Dr. Aguirre as he gently circled his hand through the air as if he were orchestrating the dust. The truck rumbled past us and I peered through the dust-filled air at the surrounding cane houses. The road became a bit clearer as the silty air settled, but the houses remained coated with a thin grimy blanket of dirt. Thin mangy dogs with uneven and matted coats limped through the streets while skinny calico cats danced around the corners, each cat indistinguish-

able from the next. A bit down the road Dr. Aguirre pointed out a small stream where many of the local children played. Although it seemed to offer a piece of nature's playground, this natural pool guaranteed more than relief from the heat; the stagnant pools of water were home to numerous bacteria, parasites and disease-transmitting mosquitos. To the kids, however, this was simply a spot to play—so long as mom didn't find out.

We continued down the dirty road. Dr. Aguirre waved to numerous people on the streets—

many of whom were his patients; he was loved and respected by all. Small children waved to us as they pedaled their bikes along the roads while dusty clouds chased after their tires. The plumes of silt swirled and trailed behind the thick metal bikes until they reached exhaustion and laid to rest until the next bike or vehicle passed. As we neared the clinic there were numerous small cement houses clustered together and surrounded by various calibers of fences that depicted the financial situation of the family. Some fences were a bit more

sturdy than the others, yet even some of the so-called nicer fences were merely frail pieces of thin greying wood. This was their security system; it was a modest attempt to protect their home from intruders and yet it was all they could afford. As we passed the homes I peered through the fences and watched thin chickens scuttle through the front yards, pecking at pebbles, wrappers and insects. Between the houses and small convenient stores, blank cement walls served as billboards for various political figures. Candi-

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*Emily Dilzer—PCOM: UAAO Chapter Vice President*

## A Healing Touch

(Continued from page 5)

dates displayed bright propaganda in shades of blue, red and yellow along the sides of crumbling cement walls in an attempt to boost their campaigns and gain the favor of the people. Politics was a game of what could be seen, and it often took the form of signs, playgrounds and gardens. One politician had erected a large colorful playground with basketball courts directly in front of the clinic in Derecho de Los Pobres. To the innocent on-looker it appeared great; one may think, "Wow, they're really trying to make some great improvements in this city! This looks great." Looks is the key word. Perhaps somewhere across the spectrum of time people may have a need for something like a playground, but what good is a playground when people don't even have access to clean water?

We parked outside of the clinic on the side of the road. Alicia and Anita, Dr. Aguirre's incredible assistants, were inside organizing files and chatting with the patients. Alicia and Anita greeted us with sincere and welcoming kisses. The clinic was small but entirely functional. There were chairs lined up like church pews in the waiting room, a statue of Mary at the far end of the room where mass was held, a stoic bathroom, a pharmacy stocked with the basics, Dr. Aguirre's office and another room where we performed OMT. Posters about typhoid, yellow fever, HIV, STD's, hypertension and other common medical conditions shared wall space with colorful hand-painted cartoons of Dora the Explorer and other Disney characters. Stairs led up to the roof of the clinic to what seemed like a large balcony. Due to the re-

quests of the people, one of our projects (aside from aspiring to work with Engineers Without Borders to provide the people with a water source) was to build a day care on the second floor of the clinic. For now, this potential daycare was offered a bird's eye-view of Duran. I stood on the rooftop with Beth and Brandon, two other PCOM students. Together, in respectful silence, we looked out. The gaze of our eyes fixated on houses without windows, broken fences and homes built solely of cane. Yet it was beautiful. As

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we had already begun to see and would continue to learn, it was the people who lived inside of these places and walked these dusty streets that made it beautiful. Their smiles, kisses, lighthearted and loving nature quenched my thirsty soul. They were real. When the people said that it was a pleasure to meet us, they meant it. When they kindly invited us into their homes and insisted that their doors were always open, it was the truth. They live a life of love and I am blessed to have been welcomed to join in such an experience.

...We came out of our trances and made our way down from

the roof to Dr. Aguirre's office. We sat beside him in plastic chairs and observed how he interacted with the patients and explained each persons' diagnosis. Dr. Aguirre was a man for the people; to his patients he was a friend, and to his colleagues he was family. He smiled as he introduced us to each patient, "These are my friends: Brandon, Beth and Emily." He reached beyond politeness; Dr. Aguirre was continuously building relationships, introducing one group of friends to another. It was incredible;

feared disease. Ulcerous feet wrapped in gauze, invisible pain that traveled down the leg that was once there, numb and tingly fingers...but perhaps the worst symptom was the unnecessary shame brought on by society. It is not uncommon for people to assume that Leprosy results from a sort of intrinsic evilness, or is merely a physical manifestation of punishment. Imagine yourself suddenly branded by an illness, no longer defined by the person you are, but by the name of the disease that you are forced to endure. You lose your friends, much of your family turns their heads, your body changes...it becomes all too easy to lose yourself. You become Hester Prynne, suffering with your own Scarlet Letter. To an extent, this was the sad truth for many of the patients at the Foundation. Many of the patients had not seen their family for great lengths of time. Perhaps The Damien House was too far away for their families to travel, or perhaps it was just easier to forget...but it was the Damien House that rescued these people from falling prey to complete abandonment. The Damien House provided support and comfort to the patients; it offered salvation from a cruel world that turned its head and looked away.

Whether it be God, Yahweh, Allah, Buddha, Krishna, Mother Nature or a general the belief in the goodness of man, we were blessed to have the opportunity to perform OMT on the patients of Derecho de Los Pobres and the Padre Damien Foundation. The simple act of our touch and the gentle warmth of our hands was healing. Sincere compassion pulsed through into their beings as if a long-standing obstruction had finally been removed. The tension in their

## **A Healing Touch**

*(Continued from page 6)*

tissues melted, their range of motion had improved, they could breathe a bit easier....they felt better. They asked with excited anticipation, "When will you be back...are you coming back soon?" And with sadness, Beth would say, "We have to go back to the states," and then with a smile, "but we hope to come back soon!" That hope was enough for them to know that someone, perhaps ourselves or perhaps the new members of Physicians For Humanity, would return. It was the hope that we must keep that every oyster has a pearl.

My heart has a long and majestic walkway that is continually under construction. The path twists and turns through the various places that have touched my soul and nurtured my spirit. I never walk alone; along my path I am greeted by the warm faces of people who have fueled my life with love and passion. The walkway is perpetually extending; there is always a section of wet cement waiting to dry or a stone that yearns for the right hands to place it on the path. The thing is, it only dries after someone has left a mark in the undried cement, and the stone must be added by someone other than myself. My life, my world, my

soul- they have been shaped and formed by the hands of others, and now, through Physicians For Humanity and my experience in Ecuador my path shines with light and spirited footprints of the Ecuadorian people.

...There's something about their spirit; it's pure and youthful, full of passion and appreciation. It's untainted love, the kind you experience from a friend who loves you wholeheartedly, who wants to be with you because you are you. As my relationships with Dr. Aguirre, Anita, Alicia, Annie, the patients and our other friends grew, I couldn't help but feel comforted; every time I saw our friends I was

filled with a safe and familiar feeling, as if I had seen a friend from my youth or had just paged through a photo album of my best friends from college. With a sincere emotional connection, I could not deny the truths that were shared with me- the sincerity and emotional fullness of Ecuador and its people. They were our healers.

My walkway had extended. I had found the pearl in the oyster.

## **Does the New Year Bring New Hope for the Visiting Clinician Program?**

With the fresh start that the New Year brings, part of me wants to reflect on the many accomplishments of the COMP chapter during the past year and express my hopes for the new officers that will be elected soon. However, I find myself continually redirecting the words that I am allowed to voice through this publication on something that needs a new beginning—the Visiting Clinician Program.

As of August 2007, funding for the Visiting Clinician Program was discontinued by the American Osteopathic Foundation (AOF) despite three decades of support due to low participation at these events. This news was disappointing for the officers at COMP because prior to hearing this information, we had all excitedly entertained thoughts of which one of the great osteopathic physicians we would wel-

come into our school to learn clinical pearls from.

With the discontinuation of the grant, we feverishly began many fundraising campaigns to pay for this new expense in addition to the money that we already needed to raise for workshops, Convocation, and other events. Our fundraising included card sales for discounts at local businesses, OMM manual sales to first year students, holiday letter campaigns to university alumni requesting contributions, new designs for T-shirts, donations from local businesses, and funds from the university Student Government. In the end, we will still struggle to pay for a visiting clinician this year.

Still, I am optimistic that the AOF will fund the Visiting Clinician Program again. Almost six months after funding for the program was removed, the AOF

website continues to affirm that the AOF "seeks and secures support benefiting thousands of osteopathic medical professionals by...making nationally renowned visiting lecturers available to osteopathic medical schools" (<http://www.aof-foundation.org/giving.asp> retrieved January 5, 2008). This message makes me hopeful that the AOF is looking for resources to again cover this important program.

Though there are undoubtedly few medical students that place a high priority on developing a strong foundation in manual medicine, I believe that those of us that do have that desire are justified in expecting support to develop a skill that defines our profession. However, expecting support from current organizations and physicians means that one day we will have the obligation to provide not only our time

but also our resources in support of the continuation of osteopathic manipulative education. I am personally ready to make that commitment.

Please share your experiences and thoughts in support of the Visiting Clinician Program, so that we can collectively make a difference. Encourage your university's fellows, UAAO members, and faculty to write a letter addressed to the AOF Board of Directors. Please send these emails to Dr. Claudia McCarty at [doctormomm95@yahoo.com](mailto:doctormomm95@yahoo.com) by April 1, 2008.

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

## **KCUMB Loses a Little Piece of its Heart**

Just this past Fall on November 1<sup>st</sup>, 2007, the KCUMB community had to say goodbye to a very special individual – Dr. Mary Lou Butterworth. I think most people would agree with me when I refer to her as the matriarch of our university ...

Her adventures at KCUMB began as she enrolled as an osteopathic medical student in 1950 and after graduation went on to become an anesthesiologist. She later became a professor of anesthesiology as well as chairman of the Department of Anesthesiology at KCUMB. Along with many other countless as-

pects, Dr. Butterworth was in service to our University for 57 years, all the way up until the day she passed. She absolutely loved this school and was always striving to make it the best. KCUMB was her world.

Dr. Butterworth had an intense devotion and passion for osteopathic medicine. She was always recognizing the importance of giving back to others and was very active in multiple charities and other volunteer activities. I believe she embodied everything an osteopath should be and if all physicians were like her, the world would

be a better place. I feel very lucky to be in an institution that has had this kind of influence for such a long time, and I feel even luckier to have been witness to it in person, even if it was just for short time. I am finding it hard to put into words what this woman means to our university, but I know that my fellow classmates, as well as anyone who has come through our doors knows what I am trying to express. Not only is she our matriarch, but the strength, courage, and heart that make KCUMB and osteopathy so wonderful.

On a more personal note, every time I saw Dr. Butterworth roaming the campus I swelled a little with pride. She was one of only three females to graduate in 1954 from KCUMB. As a future female physician, I know that she was there to pave the way for me, and now I can go out into the world of medicine without obstacles. I thank her, and those like her, for that everyday.

Dr. Mary Lou Butterworth will be incredibly missed, but I know she will live on forever in the heart of KCUMB.

*Crystal Meacham—KCUMB: UAAO National Representative*

## **Race Day Doctors**

Tony Kopp is only a second-year DO student, but already patients are running to him...literally.

Kopp is of the student coordinators of the Osteopathic Finish Line (OFL) that offers free osteopathic treatments to athletes in more than a dozen central Iowa races annually. In 2007, the club treated 1,500 people including 238 runners in the Des Moines Marathon and 271 athletes competing in the Drake Relays. As few as 12 or as many as 75 students show up to help at the races, says Kopp. The program is open to all COM students, but because of rota-

tion schedules, races are primarily staffed by first- and second-year UAAO Members.

The races are a great way for students to get hands-on practice in manipulative medicine and promotes the profession, Kopp says. In fact, OFL is beginning to be recognized by athletes who have experienced treatments during previous races, he says. "They come back and tell us how great they felt. That's a big deal to us."

Student volunteers provide OMM to race participants under the supervision of an attending physician and clinical fellows. Although COM students volun-

teer their time and receive no class credit or reimbursement for participating in OFL, students in more than half of every class have volunteered at one or more races, says Kopp, who admits the occasionally score a free race T-shirt. Even with the academic demands of medical school, students go for the opportunity to practice their skills on patients and to be ambassadors for DMU. "The more exposure we get in the community, the better it will be for the profession down the road," says Kopp.

G. Bradley Klock, D.O., FAO, Osteopathic Manipulative Medicine department chair and advi-

sor the OFL club, says he goes to as many of the races as he can. Klock says he watches for red flags and cautions students on what they can and can't do. He says the club is valuable to the community and to the students.

"The students get first-hand patient contact and for many it's an opportunity to treat their first patient," say Klock. The program creates a positive impression of the university in the community, he adds. "[OFL] lets people know we're here. Most people are aware that there is a medical school in Des Moines. This way, they also get to see a little of what we do."

*David Kohns—DMUCOM: UAAO National Representative*



## **Cranial Academy Offerings**



February 20-24, 2008  
Winter Introductory Course  
Hotel Albuquerque  
Albuquerque, NM

May 9-11, 2008  
Crash Recovery: Treatment and Pain Management of Victims of Motor Vehicle  
Accidents and Brain Injury  
Bay Club  
Corte Madera, CA

June 14-18, 2008  
Summer Introductory Course  
Indianapolis Hilton Hotel  
Indianapolis, IN

June 19-22, 2008  
Annual Conference:  
"Dynamic Concepts in Facial Development"  
Indianapolis Hilton Hotel  
Indianapolis, IN

For more information and to sign up visit: [www.cranialacademy.com](http://www.cranialacademy.com)



## A Physician's First Impressions

Since the age of 7, I have had + PPD tests with an accompanying – chest x-ray. This past October, at the health center, the same situation reoccurred. Once the 18mm bump was measured, the nurse hurried out of the room. I, myself, felt no stress nor concern since this always happened. I mean, if the doctors at Boston Medical Center weren't worried about it and had allowed me to volunteer in the Pediatrics Department seeing patients for over a year, then why should I be concerned? Minutes later, the nurse entered the room and ushered me into another room, as if I was some sort of war prisoner being ushered out of my cell toward an interrogation room. There I waited with a slightly heightened sense of anxiety. A small, blond, extremely young-looking girl? or doctor entered the room. Her face was riddled with concern and she approached me with her fingers inter-locked until she was so close to me that I could smell the odor of spearmint gum from hours ago on her breath. With a voice that was barely audible and more like a whisper from the Grim Reaper, she said,

*"It seems like you have TB. And therefore, we are going to have to start you on a treatment plan. It's not a very nice treatment plan, and it's going to last for 9*

*months. It's called Isoniazid or INH and it may make you feel a bit sick at first. What it does is it interferes with the normal functioning of your liver. This means that you won't be allowed to drink any alcohol, and I stress the word any here, nor will you be allowed to take any aspirin either."*

Now, being told that I will have to start taking an anti-bacterial medication for 9 months was bad enough. Add to that the side effects and its mechanism of action as attacking my liver enzymes' normal functions started to make me feel very uneasy. Plus, I wasn't allowed to drink any alcohol (which is the primary means for me to relieve my stress). All of this was being whispered to me by Dr. Cindy Brady with that minty breath. The image of that moment running through my head was of me as a large black stallion caged in a horses' stable bucking on my hind legs and snorting through my giant nostrils pleading to the bales of hay surrounding me to be set free and gallop away off into the sunset.

Many long minutes later, I actually was set free. Sitting in my parked car I began to chain-smoke trying to figure a way out of this mess. I researched and I researched and I researched alternative tests that I could

take. Finally, I found the Quantiferon Gold test that is a blood test offered in Hartford, CT. Over the Christmas break, I had that test done. During the first week of January, the results came back positive. I actually had inactive tuberculosis. Now for the stats and facts.

- 1) 5% of all diagnosed people with TB become symptomatic or "active" in their lifetime,
- 2) 2% of all patients on INH develop chronic hepatitis
- 3) side effects include death, nausea, encephalopathy, psychosis, and other very bad things

So, I decided to discuss my options with fellow classmates and professors. Two faculty members advised me to comply with Maine State Law and the CDC by getting the medication on a regular basis but not physically take the medicine since I am not symptomatic and have no chance of spreading the infection to anyone else in the population. Fellow classmates seemed divided on this issue as well. I realized that I had to make a decision that was based on important moral and ethical principles. Things that I wrestled with in my mind were the following:

*"Since I'm practicing to become an osteopathic physician, I*

*shouldn't take medicine that I don't need to take just on the off-chance (5% that is) that I might become active for TB"*

*"I will receive annual chest x-rays, but what if the TB becomes active months before (or after) the x-ray and I start infecting people during my rotations or residency?"*

*"I don't want to risk getting any of those side effects (2% hepatitis) and I don't want to deal with the rest of my first year of medical school without the ability to relax and have a few cocktails after a stressful exam period."*

But then I heard a story of a resident at Boston Medical Center who had a + PPD test but put off the therapy for years until her infection finally became active and she ended up infecting hundreds of patients in the hospital. If that wasn't bad enough (on a lesser scale of importance), she had to go on the INH treatment plan and her residency was delayed those extra 9 months. Therefore, I have started the drug regimen, have curtailed my alcohol intake to a glass of wine 1 or 2 times a month, and am seeking out new, better, and healthier alternatives in dealing with the various stressors and rigors of medical school.

## A New Chapter of UAAO

While the official ribbon cutting to open the Touro College of Osteopathic Medicine in New York City took place on October 15<sup>th</sup>, 2007, the doors of the school have been open since September the 4<sup>th</sup>. With a first-year class of 134 neophytes, TOUROCOM is the first new medical school to open in

the state of New York in over 30 years.

In addition to studying, the students of TOUROCOM are actively starting clubs and organizations. No one quite realized how difficult it would be to found a chapter of the UAAO without a finalized student government consti-

tution or any upperclassmen for guidance, but things have finally begun to pick up. In its first act as a student organization, the TOUROCOM UAAO organized an OMM treatment table sale. The student response was very positive, and we hope to hold at least one more table sale in the coming year.

As we are a new chapter, we are graciously accepting any ideas or input to raise funds or recruit new members. We hope to send representatives to Convocation in March so that we may represent not only New York, but also the 134 students of 125<sup>th</sup> street in Harlem who desire to become the best Osteopathic



# Bamboo Data Systems

## DEVELOPING INNOVATIVE E-LEARNING PRODUCTS

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

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

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

### Video Reference Library

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

### Text

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

### Figures

Approximately 100 still pictures and figures display point locations.

### OMT Review Manual

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

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

## **Climbing the Research Mountain**

To the newbie, starting a research project can seem like climbing Mount Everest. Where do you start? Once you start, where do you go? Its easy to figure out an idea but getting the nuts and bolts on paper and through the process is time consuming and sometimes seems practically impossible. Last time, I chose to discuss Osteopathic Research from the options and opportunities aspect. Today, I would like to tell you about my experience thus far with Osteopathic Research.

In my initial quest, I was fortunate to find a research project that started but never completed. A previous student had developed the idea and did the research and development of protocol for two similar but distinctly separate studies. One of these studies was completed by another student with very interesting results. The other study

was initially in the works but had to be shelved do to administrative complications.

At the beginning of my fellowship, I discussed with the chair of OMT at KCUMB about my desire to do research . He showed me the study that I am currently in the process of starting. Yes, I said currently in the process of starting. One frustrating aspect of research is that the approval process can be more difficult than the actual study itself.

The first step in a research study is becoming an “expert” on the subject then developing the protocol. Although I still needed to become the expert, the protocol had been developed so I was able to jump to the next hoop. This hoop is getting the protocol approved by the Investigation Review Board (IRB) at my school. This is a very easy thing to say but not as

easy to complete.

Throughout the IRB approval process, I spent numerous hours changing a re-changing the protocol write up so that all the possible problems would be covered. Another frustrating aspect: trying to prepare for possible issues in situations that have not been addressed before. Imagination works well for this particular problem.

Once we received IRB approval, we chose to request an Intramural Grant from our school. Now money is not absolutely necessary in all studies, but it provides a great incentive to attract subjects to complete the study! An Intramural Grant is internal funds from the institution that is housing the study. There are other options for receiving funds for a research study that I addressed previously. For my research study, the intramural grant was the easiest and most

efficient option. Efficiency is very good at this point. Now, all of us involved in the study are crossing our fingers that the grant will be approved and we can move forward to the best part of this process...the actual study!

Regardless of the frustrating aspects I have encountered so far, my experience in the process of study approval and receiving a grant have been invaluable. I look forward to the possibility of completing the study before the end of my fellowship year. Even if that does not happen, I understand the process at a much more intimate level. The Mount Everest of research does not seem so high anymore. It still is a difficult climb but I know now that it is surmountable.

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

## **Are We Losing the Art of Manipulation?**

I heard an alarming statistic a few days ago from our current issues in medicine speaker and have felt compelled to write about it for this upcoming still point. The particular speaker was talking about the use of osteopathy in the medical world. He brought up very good points for the importance of hands on medicine and the skills that we are taught as Osteopaths. His lecture was about building our rapport with our patients and having the ability to listen to patients with all senses; ears, touch, body language, etc. This all sounds wonderful, but the statistic that he mentioned is that less than 5% of osteopaths use OMT in their practices when they are done with schooling.

This was alarming to me and I wanted to take the time to pose questions to the rest of the Osteopathic community to see what we can do to change this statistic.

As this particular speaker noted, touch is vital in building rapport with patients and building a better bed side manner. Manipulation is not only a diagnosis/treatment tool but also a way to get to know someone better. From what I've seen in hospital rounds, people tend to open up more when they know that you care about what they are saying. Most times, patients know that you care about what they are saying when you are willing to “touch” them either by shaking there hand or some

other form of touch representing a kinship. Manipulation is similar to these forms of touch in that a patient has a greater trust for the physician when they allow for osteopathic treatment. Referring back to the speaker's statistic about osteopathic manipulation makes me wonder where the problem is in our profession. Several questions that come to my mind are listed below: Do we lack confidence in our manipulation skills?

- *Are we spending enough time and emphasis training our skills in medical school?*
- *Is osteopathic manipulation practical in today's fast paced world of medicine?*

- *Are we compensated adequately for our time and use of manipulation in medicine?*

There are probably several more questions that need to be asked and answered by us as osteopathic physicians. My call is that we not lose our “touch” as osteopaths. This is a vital part of our rapport with patients. Manipulation is an art that can be lost if we don't continue to use it and teach it to upcoming generations.

*Derreck George—PCSOM: UAAO National Representative*

## The BioBasics Program Presents

### **Exploring Trauma Through an Osteopathic Understanding of Fulcrums**

**June 13-16, 2008**  
**(Indian Head Resort, Lincoln New Hampshire)**

**Keelyn Wu D.O., Course Director**  
**James Jealous D.O., Director of Table Training**  
**along with the BioBasics faculty**

Trauma, of one type or another, is a common presentation in any practitioner's office. In this course we will explore the diagnostics and treatment of trauma. The program will be held in a beautiful setting overlooking the Pemigewasset River in Lincoln, New Hampshire, nestled in the White Mountain National Forest. Time to rest, reflect and celebrate life is built into this program.

**CME:** The University of New England is accredited by the American Osteopathic Association to provide continuing medical education credits for physicians. This course has been designated for 19.50 Category IA credits.

\*\*To register for this course or for more information please visit our website at [www.jamesjealous.com](http://www.jamesjealous.com).

You may also contact Marnee Jealous Long at (813) 649-0708 or [mjlong@tampabay.rr.com](mailto:mjlong@tampabay.rr.com) for more information.

#### Day 1 (June 13<sup>th</sup>)

12:00pm-1:00pm	Registration
1:00pm-1:15pm	Welcome and Overview <i>Keelyn Wu, D.O.</i>
1:15pm-1:45pm	Fulcra and the Pattern of Trauma - Introductory lecture <i>Craig Goldberg, D.O.</i>
1:45pm-3:45pm	"From Here to There" (The Pattern in the Whole) – Lecture and Lab <i>Karen Gajda, D.O.</i>
3:45pm-4:00pm	Discussion in Small Groups
4:00pm-5:30pm	Differentiating between Primary and Compensatory Lesions – Lecture and Lab <i>Tom Gilson, D.O.</i>
5:30pm-7:00pm	Treating Trauma Using Barrier vs. Non-barrier Approach during Treatment - Lecture and Lab <i>Steve Kisiel, D.O.</i>

#### Day 2 (June 14<sup>th</sup>)

9:00am-9:15am	Movement of Breath and Involuntary Motion – Lecture <i>Andrew Haltof, D.O.</i>
9:15am-10:15am	Functional Tactics in Unlocking Trauma – Lab <i>Kevin Zorski, D.O.</i>
10:15am-11:15am	Primary Respiration and the Power to Heal – Lab <i>Kevin Zorski, D.O.</i>
11:15am-11:30am	Discussion in Small Groups
11:30am-12:30pm	Lab – Update of Skills <i>James Jealous, D.O.</i>
12:30am- 1:30pm	The Question of Anatomy as It Relates to Trauma and the Whole Patient – Lecture <i>Judy Aldrich, D.O.</i>

#### Day 3 (June 15<sup>th</sup>)

9:00am-11:00am	Local to Systemic Neutrals- Lecture and Lab <i>Jim Gaydos, D.O.</i>
11:00am-12:00pm	Exploring Fulcrums as a Diagnostic and Therapeutic Tool– Lecture <i>Donald Hankinson, D.O.</i>
12:00pm-2:00pm	Lunch
2:00pm-4:00pm	Neutral and Wholeness <i>Jeff Greenfield, D.O.</i>
4:00pm-4:15pm	Discussion in Small Groups
4:15pm- 5:15pm	Panel Discussion- Growth and Development of the Osteopath <i>Judy Aldrich, D.O., Francois Desrosiers, D.O., Jeff Greenfield D.O., Karen Gajda, D.O., Andrew Haltof D.O.</i>
5:15pm-7:15pm	Stories and Live Music <i>David Hoke, D.V.M.</i>

7:30pm Dinner, More Live Music and Fun!

#### Day 4 (June 16<sup>th</sup>)

9:00am-12:00pm	Relating to Trauma and Wholeness- Lecture and Lab <i>Craig Goldberg, D.O.</i>
12:00pm-1:00pm	Panel Discussion for Questions
1:00pm - end	Faculty treats Participants



## **A Dominican Lesson in Manipulation**

*Relájese. Permite que yo mueva a su cuerpo.*

*Relax. Let me be the one to move your body.*

I thought explaining the concept of manipulation to the residents of Southwestern Virginia was difficult, however I had never imagined the challenge of doing it in Spanish to people to whom the concept of body work was as foreign of a concept to them as I was. At least in the mountains of Virginia they have seen ads for chiropractors on TV and have maybe had a massage before, or at least would like to. And while I tire of constantly explaining of why osteopathic medicine is different from these other techniques, their knowledge of them does make the selling point of manipulation a bit easier.

Our school currently has three sustainable international medical clinics located in the Dominican Republic, El Salvador and Honduras, which serve as elective rotation sites for upper classmen and core sites for our dual degree students who will learn a DO and PhD in Global Health. A group of us spent part of our winter break at our site in the Dominican Republic at a makeshift remote access clinic in the sugar cane fields, the school's clinic, and working on a few public health type projects. While working with patients in the sugar cane fields offering the patients manipulation for their complaints, even after a thorough explanation, was mostly met with blank stares. I found that treatments that required the least patient participation were the most successful

and where appropriate I treated mostly with HVLA. Although it was extremely difficult, I found it was worth the effort. On one occasion I did the initial work up on an 8 year old boy who had been kicked in the chest and subsequently knocked to the ground and then trampled by an ox one year prior. He complained essentially of total body pain. I found several serious neck lesions, minimal rib movement with respiration, and a leg length discrepancy due to sacral and symphysis pubis dysfunctions. Under the direction of my preceptor I gradually work through his lesions with HVLA. When I was finished, I sat him up and watched as he slowly bent his neck from side to side and took a few deep breaths testing my work. Then a huge smile spread across his face

and seeing this, his mother did the same and turned to thank me.

If there is one thing this experience taught me, it is no matter how difficult it is to explain manipulation to my patients, the outcome and improvement that I can make in their lives will always be worth it. When I get frustrated during my rotations in the rural part of this state, I will think back to the kid I had to convince in Spanish to let me have a shot at restoring proper range of motion to his body and know that it could always be more difficult and that it is part of my job as an osteopathic student and eventually as a physician.

## **OMM and Winter Break**

At our school we don't have opportunities to practice our OMM techniques on people other than our classmates and this has always left me with a question deep in the back of my mind..."Does this stuff really work?" Of course I can practice the thoracic pump on my classmate who is nowhere near having any sort of pulmonary problem, but I've never been able to see real results because my classmates aren't sick to start with!

I had a wonderful experience over the winter break where my question was answered! Since I was around my family, 2 members of which happened to be going through some health issues, I decided to try out some of the things I learned in OMM and to my delight and surprise I

saw some very positive results! I'll only go into detail about one but can tell you briefly that the other success story taught me that paraspinal inhibition really does stimulate the parasympathetic nervous system (the pipes were flowing once again!!)

Let me start with my mom who had her ovaries removed one month before my return home. I asked her if she would like me to examine her osteopathically and she hesitantly said ok. She was at first afraid that it would hurt but I reassured her that nothing I do should hurt and that at any time if she was uncomfortable to let me know and this made her a little more at ease. I started by asking if anything hurt and she explained that she has been having a little bit of leg cramping and lower

back pain. I decided to start with Sibson's fascia release, followed by soft tissue on her back, then 2 min. of the pedal pump, superior mesenteric ganglion inhibition, and ended with treatment of an anterior thoracic tender point. After the treatment she said that she already felt about 20% better, and I was pretty happy with that! The next morning even more good news came when she walked down the stairs and said she hasn't slept so well since before her surgery and that she was amazed that her leg cramps were about 70% better!

I was so happy not only to see with my own eyes the techniques that I learned in class working on real people with real issues, but that I was able to help someone I care about. I

continued with similar treatments for the next 2 nights, each treatment producing positive results. Unfortunately I then had to return to school, but before I did I instructed my step dad on how to do the pedal pump (which really seemed to help move the fluids around in my mom's legs and thus relieve some of the cramping). I know it is a bit cheesy but to be able to help my mom this break using the knowledge from class was probably a bigger gift to me than it was to her!

*Eileen Conaway—VCOM: UAAO Chapter Social Chair*

*Robyn Kratenstein—LECOM-FL: UAAO Chapter Vice President*

## We've Got to Keep on Moving

To say that the NYCOM-UAAO persevered in the past four months would be an understatement. The goals set forth by our club were ambitious and had the majority of our board scratching our heads as to how we were going to accomplish each. However, when all was said and done the efforts we put in were well worth the impact of what we saw reverberated to us by those we reached out to in our community. This past fall saw a variety of altruistic works take place amongst the NYCOM community. The UAAO initiated this maxim throughout the first half of the year by hosting OMM Mock Practicals for first year students throughout their Fundamental and Musculoskeletal Systems. The response was overwhelmingly receptive. However, despite the time constraints we managed to accommodate all students interested in participating. To keep things interesting for the second years and expose the first years to more advanced OMM techniques, Dr. Ventimiglia, a NYCOM alumnus, gave a workshop on introductory sacral palpatory techniques in late November. The workshop called for students to use Balanced Ligamentous Tension (BLT). Dr. Ventimiglia's workshop gave many an introduction to heightening one's sense of palpation, while other veterans practiced the

continuity of their already present abilities. Dr. Sheldon Yao gave a workshop on the osteopathic approach to treatment of Rheumatoid Arthritis, which included a description of the pathophysiology of the disease as well as clinical presentation and techniques used for its treatment. He demonstrated techniques such as gentle rib raising to normalize the sympathetic tone, BLT to the joints and lymphatic drainage techniques. Students had an opportunity to practice the techniques on each other.

Continuing with our sense of giving back, NYCOM-UAAO was able to segue from within the NYCOM community and give back outside its community with a series of individual as well collaborative club efforts. From the end of November until before December break, the UAAO had a coat drive sponsored by New York Cares Inc. and were able to collect 78 coats for New York's homeless. Concurrent with the coat drive, we were also able to join forces with NYCOM's Pediatrics Club and Student National Medical Association to initiate an ambitious toy drive for the holiday season. In the spirit of the season, a Christmas tree was placed with ornaments on it and students would choose an ornament, each with a gift request from a child. Many

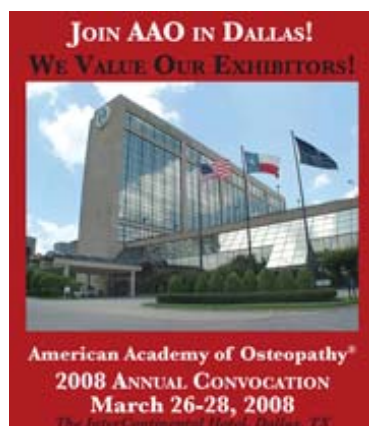
other NYCOM clubs also supported this event. At the start of Christmas break, six of the NYCOM-UAAO members took the gifts to the Children's Psychiatric Center at Nassau University Medical Center. The event was such a success that not only do we plan to do it again next year, but after speaking with the psychiatric unit therapists, they expressed a need for color paper, pencils and crayons; in coalition, with the anesthesiology club, we hope to meet this need in the coming season.

On an administrative side, the NYCOM-UAAO boasted a net profit of \$2678 this fall. These earnings came from a variety of sources. Namely, we were able to run 2 book drives, sell custom NYCOM-UAAO scrubs as well as OMT tables. With the money we successfully raised we hope to sponsor UAAO members to attend to the AAO 2008 Convocation.

On January 10th, the annual Stanley Schiowitz Case Competition took place with a vast array of cases presented by NYCOM OMM fellows. The purpose of the competition is to illustrate the integration of osteopathic principles and practice into clinical medicine. All academic fellows at NYCOM have the opportunity to participate in this competition with the possibility of representing NYCOM at the A.

Hollis Wolf Competition sponsored by the American Academy of Osteopathy. This year's winner was 3rd year Fellow, Lauryn Vandernoeth.

With the new year just in its infancy, the NYCOM-UAAO does not plan on coming up for air anytime soon. We are in the midst of organizing a community awareness series of workshops at Saint Patrick's Church, specifically targeting the Latino community. The workshops will be conducted by NYCOM alumnus President Dr. Sonia Rivera-Martinez. The UAAO members will have the chance to do diabetes and blood pressure screening test after Dr Rivera's talks. This event will also give us the opportunity to educate our community about Osteopathic Medicine. Also, with the diligence of our Cranial and Technique Event Coordinators, Michael Geis and Jen Traxler, there will be a few local DOs visiting NYCOM to conduct workshops throughout the spring. Lastly, at Convocation, we also plan to have our own table with wonderful items to sell such as...wait a second, I can't tell you that. You might steal our ideas. Sorry, nope, won't budge on it. In the meantime, good luck to our neighboring UAAO folk, continued luck this year and we hope to see you at Convocation.





# Osteopathic Equipment



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

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

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

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

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

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

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

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



### **Also available:**

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

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## Whole Healing Therapy

As a student, parent, mentor, community leader, son, physician, daughter, and influencer, how can we better facilitate natural healing to our patients? With our hands of course you may say. I would like to challenge you to go a little deeper. Reach more into your desires of healing and really think about how you could better make a difference. A lasting difference that would continue to have effects after you were finished with your hands on treatment. It may be something that everyone can use, with very little education and no monetary cost. Even children may assist their siblings or parents who are suffering from anything as the common cold or even cancer. You could use it wherever you

are, on vacation, in your office, while on rotations, and while studying.

This applicable therapy is healing prayer. No one has to know that you are using it but it may be even more beneficial if your patient knows that you do not trust in your hands to do all the work but that you trust in God. There are many stories of how prayer has helped people to deal with stress, to work out issues, to organize thoughts, to live happier lives, to be free from addictions and phobias, and to even cope with diseases.

If you are interested in learning more about Whole Healing, feel free to try it yourself at no cost for a limited time only. All you have to do is ask God to help

you to believe that He allows people to heal today, recognize that He is there with you, allow God to use you by facilitating osteopathic techniques, and thank Him for that healing. Pretty simple you may say but you really don't know until you try it for yourself.

At UMDNJ-SOM faculty, staff, and students have explored and tried this therapy and have found that it works. All are welcome to join us in unlocking the secrets of healing the whole person from any and everywhere, even in aqua therapy at Convocation in March 2008. I guarantee that you will be amazed at the outcome.

(The methods and techniques can be modified at your own risk

and are easily supplemental with any treatment techniques whether it be myofascial release, muscle energy, FPR, HVLA, or counterstrain).

More Information can be found at:

[www.orderofstluke.org](http://www.orderofstluke.org)

The Stillness of Life by [Rollin E. Becker, D.O.](#) ISBN: 0967585112

Healing Everywhere by John Gayner Banks

My Grandfather's Blessings by [Rachel Naomi Remen](#) M.D.

*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*