

THE AAO

# JOURNAL



A Publication of the American Academy of Osteopathy

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VOLUME 11 NUMBER 4 WINTER 2001



**AOA Designates UNTHSC as the  
First Center for Osteopathic  
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**20th Anniversary Celebration**  
**Osteopathic Center for Children**  
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You are invited to this conference of distinguished international and American scientists who have analyzed the concepts of Osteopathy in the Cranial Field, the Primary Respiratory Mechanism and provided sound scientific and clinical evidence of the validity and effectiveness of the work of Still and Sutherland.

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For registration and information, contact OCC,:

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**Evidence-based Research**  
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The Publications Committee of the American Academy of Osteopathy has made a proposal to publish *The Proceedings of the International Research Conference: To Educate the Professional World About Osteopathic Medicine*.

In addition to the invited papers, the Academy Publications Committee also invites other research which would be suitable for poster presentation, article format, or abstract format for consideration to be included in the *Proceedings* publication. The purpose of such a publication is to provide evidence-based and basic science research related to Osteopathic Medicine, Osteopathy in the Cranial Field, and treatment of the Pediatric Patient.

Please submit your papers, posters, and articles for consideration to:

Hollis H. King, DO, PhD, FAAO  
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**Chairperson,**  
**Department of Osteopathic Manipulative Medicine**  
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**University**

The College of Osteopathic Medicine of has initiated a national search for Chair of the Department of Osteopathic Manipulative Medicine (OMM) at the Professor level. This is a tenure system, annual year appointment. Specific qualifications for the position include: Osteopathic physician licensable in the state of Michigan, board certification in a specialty recognized by the American Osteopathic Association and board eligibility or certification in Osteopathic Manipulative Medicine. The Chair oversees all educational, clinical, research and residency programs of the Department. COM is a nationally recognized Osteopathic Medical School that integrates the resources of a major university with the assets of a Statewide Campus System. The Department of OMM is located in Lansing, MI. There is a strong tradition of commitment to medical student education and clinical care. With the arrival of Dr. Malcolm Pope as the Patenge Research Chair for the College of Osteopathic Medicine, the Department is well positioned to expand its research portfolio in OMM. Candidates should have an outstanding record of academic achievement and clinical skills. MSU is strongly committed to achieving excellence through cultural diversity. The University actively encourages applications and nominations of women and minorities.

**Applications are being accepted until an acceptable candidate is found.**

**Please forward nominations or curriculum vita to:**

Christopher C. Colenda, M.D., M.P.H.  
Chair, Osteopathic Manipulative Medicine Chair's Search Committee  
c/o Pauline Thomas  
College of Osteopathic Medicine  
Michigan State University  
A314 East Fee Hall, East Lansing, MI 48824  
Phone: (517) 432-2821 Fax: (517) 353-9862  
Email: [colenda@msu.edu](mailto:colenda@msu.edu)

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**The mission of the American Academy of Osteopathy is to teach, advocate, advance, explore, and research the science and art of osteopathic medicine, emphasizing osteopathic principles, philosophy, palpatory diagnosis and osteopathic manipulative treatment in total health care.**

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# Instructions to Authors

The American Academy of Osteopathy (AAO) Journal is a peer-reviewed publication for disseminating information on the science and art of osteopathic manipulative medicine. It is directed toward osteopathic physicians, students, interns and residents and particularly toward those physicians with a special interest in osteopathic manipulative treatment.

The AAO Journal welcomes contributions in the following categories:

## Original Contributions

Clinical or applied research, or basic science research related to clinical practice.

## Case Reports

Unusual clinical presentations, newly recognized situations or rarely reported features.

## Clinical Practice

Articles about practical applications for general practitioners or specialists.

## Special Communications

Items related to the art of practice, such as poems, essays and stories.

## Letters to the Editor

Comments on articles published in *The AAO Journal* or new information on clinical topics. Letters must be signed by the author(s). No letters will be published anonymously, or under pseudonyms or pen names.

Professional News of promotions, awards, appointments and other similar professional activities.

## Book Reviews

Reviews of publications related to osteopathic manipulative medicine and to manipulative medicine in general.

## Note

*Contributions are accepted from members of the AOA, faculty members in osteopathic medical colleges, osteopathic residents and interns and students of osteopathic colleges. Contributions by others are accepted on an individual basis.*

## Submission

Submit all papers to Anthony G. Chila, DO, FAAO, Editor-in-Chief, Ohio University, College of Osteopathic Medicine (UCOM), Grosvenor Hall, Athens, OH 45701.

## Editorial Review

Papers submitted to *The AAO Journal* may be submitted for review by the Editorial Board. Notification of acceptance or rejection usually is given within three months after receipt of the paper; publication follows as soon as possible thereafter, depending upon the backlog of papers. Some papers may be rejected because of duplication of subject matter or the need to establish priorities on the use of limited space.

## Requirements for manuscript submission:

### Manuscript

1. Type all text, references and tabular material using upper and lower case, double-spaced with one-inch margins. Number all pages consecutively.
  2. Submit original plus three copies. Retain one copy for your files.
  3. Check that all references, tables and figures are cited in the text and in numerical order.
  4. Include a cover letter that gives the author's full name and address, telephone number, institution from which work initiated and academic title or position.
  5. Manuscripts must be published with the correct name(s) of the author(s). No manuscripts will be published anonymously, or under pseudonyms or pen names.
  6. For human or animal experimental investigations, include proof that the project was approved by an appropriate institutional review board, or when no such board is in place, that the manner in which informed consent was obtained from human subjects.
  7. Describe the basic study design; define all statistical methods used; list measurement instruments, methods, and tools used for independent and dependent variables.
  8. In the "Materials and Methods" section, identify all interventions that are used which do not comply with approved or standard usage.
- ### Computer Disks
- We encourage and welcome computer disks containing the material submitted in hard copy form. Though we prefer Macintosh 3-

1/2" disks, MS-DOS formats using either 3-1/2" or 5-1/4" discs are equally acceptable.

## Abstract

Provide a 150-word abstract that summarizes the main points of the paper and its conclusions.

## Illustrations

1. Be sure that illustrations submitted are clearly labeled.
2. Photos should be submitted as 5" x 7" glossy black and white prints with high contrast. On the back of each, clearly indicate the top of the photo. Use a photocopy to indicate the placement of arrows and other markers on the photos. If color is necessary, submit clearly labeled 35 mm slides with the tops marked on the frames. All illustrations will be returned to the authors of published manuscripts.
3. Include a caption for each figure.

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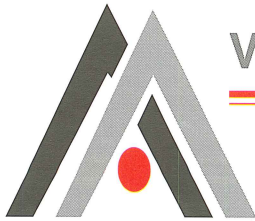
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1. References are required for all material derived from the work of others. Cite all references in numerical order in the text. If there are references used as general source material, but from which no specific information was taken, list them in alphabetical order following the numbered journals.
2. For journals, include the names of all authors, complete title of the article, name of the journal, volume number, date and inclusive page numbers. For books, include the name(s) of the editor(s), name and location of publisher and year of publication. Give page numbers for exact quotations.

## Editorial Processing

All accepted articles are subject to copy editing. Authors are responsible for all statements, including changes made by the manuscript editor. No material may be reprinted from *The AAO Journal* without the written permission of the editor and the author(s).





# OSTEOPATHY Research and Practice

**E** DUCATION 2001 is the focus of the current issue of the *Journal of the American Osteopathic Association (JAOA)*. The annual education issue of the *JAOA* will be presented in two parts: where we are (November 2001) and where we are going (December 2001).

This issue of the *The AAO JOURNAL (AAOJ)* is dedicated to the teaching and research programs of the University of North Texas Health Science Center at Fort Worth (UNTHSC). During the recent National Convention and Scientific Seminar of the American Osteopathic Association at San Diego, CA, this institution received the award of the first Center for Osteopathic Research and Excellence (CORE). Designation as the CORE is accompanied by funding in the amount of \$1,100,000 over a period of four years. Support for this project is being provided by the American Osteopathic Foundation (\$600,000), the American Osteopathic Association's A.T. Still Osteopathic Foundation and Research Institute (\$250,000) and the American Association of Colleges of Osteopathic Medicine (\$250,000). Scott T. Stoll, DO, PhD, chair of the department of Osteopathic Manipulative Medicine and director of the Physical Medicine Institute, will direct UNTHSC's Osteopathic Research Center (ORC).

I have asked Dr. Stoll to serve as Guest Editor for this issue. All submissions have been prepared under the direction of Dr. Stoll and provide an extensive overview of the UNTHSC teaching and research programs.

Fortuitously, the *JAOA* and the *AAOJ* are currently examining the osteopathic profession's educational process.

Various changes are planned for implementation in forthcoming issues of the *AAOJ*. Readers can expect to see:

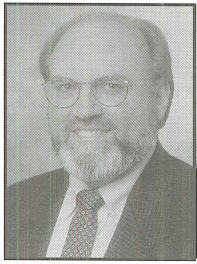
- Modification of the banner line for the Editor's Column.
- Conclusion of Message from the President and Message from the Executive Director effective with the March 2002 issue of the *AAOJ*.
- *Dig On* and *From the Archives* retained as regular columns.
- *Letter to the Editor* presenting critically chosen submissions which best serve the purpose of providing thoughtful and constructive comment about published material as well as the philosophy, science and art of osteopathic practice.
- Student submissions given first author status, and accompanied by a faculty member as second author. Student authors are designated as osteopathic medical student (OMS).
- Uniform presentation of Abstract, Author and Correspondence information with each submission accepted for publication.
- Preparation of a banner description to identify the particular role of the *AAOJ* in intraprofessional and extraprofessional publications.

ANTHONY G. CHINA D.O., F.A.O.



## Message from the President

John C. Glover, DO



# Is there any osteopathy in the specialty training of osteopathic residents?

Most people who seek osteopathic care requiring specialty management are hard pressed to find a difference in how an osteopathic vs. a non-osteopathic physician practices the same specialty. Have we missed an opportunity

As medical knowledge increased and medical specialties developed, the osteopathic profession was faced with a challenge. Should osteopathic physicians continue to practice in the traditional areas that had served the profession and its patients so well or should the osteopathic profession change with the larger medical community? Once the decision was made to change with the larger medical community, how should specialty practice develop within the osteopathic profession?

The osteopathic profession sent its best and brightest physicians to receive training in non-osteopathic institutions. After receiving training, many returned to develop residency programs within the osteopathic profession. The plan was effective in developing osteopathic residency training programs. The only problem was that the word osteopathic in front of the residency name did not necessarily mean that there was any attention paid to the role of the musculoskeletal system in the disease process or in the management of the patient.

Non-osteopathic physicians set the standards for the specialty and the osteopathic profession was striving to be accepted as equals. If the role of

the musculoskeletal system were addressed in patient management, osteopathic and non-osteopathic specialty practice would not be the same. This is where the osteopathic profession missed a golden opportunity. Instead of taking the opportunity to advance medical care by integrating osteopathic principles and OMT into patient management, the profession was satisfied to practice specialties like non-osteopathic physicians. Granted, there have been some notable exceptions, but they are still exceptions. Taken as a whole, osteopathic specialty practice is essentially indistinguishable from non-osteopathic specialty practice.

In fact, osteopathic specialists typically discourage any "osteopathic" treatment of patients under their care. How does this effect the training of residents in the osteopathic profession? It means that patients who could benefit from (and often times need) osteopathic musculoskeletal management do not receive that component of care. Many osteopathic residents who have asked about or suggested the use of OMT for a patient have been discouraged for even making the suggestion. The discouragement may be a statement such as there is no time or the patient is too sick. An attending may state that they are not comfortable supervising the resident in OMT or that there are no studies that demonstrate the benefit of osteopathic treatment. Although these comments are not negative,

other feedback from residents have been negative. The end result in both cases is to discourage the resident from utilizing OMT in patient care.

The point is that a resident, unless diligent, will not make the suggestion again. Without practice and the feedback that comes from seeing the effect an OMT procedure has on a patient, one's skills deteriorate and stop being used. Without progression of skill development, the osteopathic component to patient management is lost. That does not mean that osteopathic management only means OMT, but without the use of OMT, the structural component in disease management is lost.

Do osteopathic specialty training programs integrate osteopathic management into patient care? If you read residency documents, the only evidence of anything osteopathic in the residency document is typically a statement like "Osteopathic principles and OMT will be utilized in patient care where appropriate." With a statement this generic, it satisfies the implied intent to integrate osteopathic principles without ever requiring a resident do any OMT. No residency document, except the neuromusculoskeletal medicine residency, has a proficiency requirement for OMT.

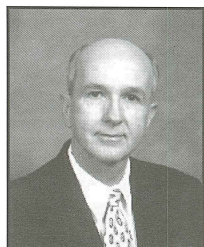
Despite the prevailing attitude of specialty trainers, there have been and continue to be residents who

*continued on page 11*



## Message from the Executive Director

Stephen J. Noone, CAE



# A Fact: The Medical Industry Doesn't Support Hands-on CME!

“Osteopathic Medicine (Osteopathy). A system of medical care with a philosophy that combines the needs of the patient with current practice of medicine, surgery and obstetrics, and emphasis on the interrelationships between structure and function, and an appreciation of the body's ability to heal itself.” (Definition from *AOA Glossary of Osteopathic Terminology*)

Along with 22 American Osteopathic Association practice affiliates and another 50 divisional societies throughout the United States, the American Academy of Osteopathy seeks to serve members' needs by planning and delivering continuing medical education programs which will enhance their ability to practice osteopathic medicine (osteopathy.) Most AOA affiliates have acquired accredited status to sponsor CME programs that enable participating osteopathic physicians to document credit required for AOA membership and certification. Accredited sponsors agree to conduct needs assessments and design their CME programs accordingly.

In my opinion, the osteopathic medical profession has failed to deliver CME programs that address the full scope of the definition of osteopathic medicine (osteopathy.) I believe that significant contributing factors to that failure lie with the reluctance of the medical industry to provide educational grants for “hands-on” CME programs and the

profession's very *dependency* on this industry's financial support to deliver low-cost seminars.

During the October 2001 AOA Convention in San Diego, I spoke with a number of executive directors and programs chairpersons of AOA affiliated organizations who expressed growing frustration with their inability to acquire medical industry grants for uniquely osteopathic CME lectures and workshops. The general reality is that the medical industry allocates a larger percentage of its marketing dollars to promote new products; and particularly, pharmaceutical companies are placing more financial resources in direct marketing campaigns to consumers. Hence, despite the “assessed need” and “desire” of osteopathic physicians for CME programs which address the unique practice of osteopathic medicine (osteopathy,) program chairs are lured by industry grants to sponsor “medical hot topics,” which of course greatly assist the chairs' ability to increase the “profitability” of the program for the organization.

*“The Mission of the American Academy of Osteopathy is to teach, advocate, advance, explore, and research the science and art of osteopathic medicine, emphasizing osteopathic principles, philosophy, palpatory diagnosis and osteopathic manipulative treatment in total health care.”*

The reader may ask, “What does a lack of medical industry support have to do with the Academy?” My response is that it diminishes our competitiveness in the marketplace. In the August 2000 through July 31, 2001 fiscal year, the Academy's leadership budgeted over \$636,000 total income to be generated in 20 CME programs, 56 percent of total anticipated annual revenue. Projected medical industry support was a modest \$13,500, or about two percent of total revenue. Hence, the revenues to support the Academy's CME programs must be generated via participants' tuition, a figure considerably higher than most other AOA affiliates.

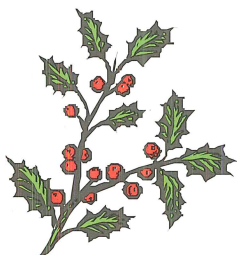
In addition to primary faculty to deliver lectures and coordinate hands-on workshops, the AAO's Education Committee must also recruit one table trainer for every 12 participants to assist the primary faculty in responding to individuals' inquiries, e.g. proper position of the physician's hands for palpatory diagnosis and osteopathic manipulative treatment, or proper position of the patient for maximum benefit derived from the OMT. Other unique expenses associated with hands-on courses include one treatment table for each two participants and special equipment unique to the individual program, e.g. fresh tissue prosections for prolotherapy courses; percussion vibrators for Fulford technique courses; radiog-



raphy, view boxes and foot orthotics for posture course.

In summary, CME programs designed to address the uniqueness of osteopathic medicine (osteopathy) are not attractive marketing venues for the medical industry in general. If they plan to deliver unique programs to meet osteopathic physicians' needs, AOA affiliated organizations will increasingly depend on tuition to these CME programs. Will DOs be willing to pay higher tuition to attend uniquely osteopathic CME? In my opinion, Academy members will continue to appreciate the considerable value of AAO's educational programs and include one or more events on their annual CME schedule. However, AAO efforts to market its courses to non-Academy members have proven difficult, primarily due to the need for higher tuition support.

I encourage all Academy members to assist the Education Committee in promoting CME programs. First of all, DOs can explain to corporate representatives how palpatory diagnosis and OMT enhance the efficacy of the medical industry's products. Hence, AAO's CME programs are worthy of unrestricted educational grants. Furthermore, AAO members can encourage fellow DOs to consider the "great value" of the Academy's educational programs in return for the higher tuition. I look forward to the day when the Academy's CME programs all meet their budget projections and an opportunity to report this success to the general membership.



*Happy Holidays  
from the AAO  
Leadership and Staff*

# 2002 CME Calendar

## January 20-23

*Basic Concepts of Counterstrain*  
John Glover, DO  
Program Chairperson  
Orlando, FL  
Hours 23 Category 1A

## February 3-10

*Cruise CME /  
Facilitated Positional Release*  
Eileen DiGiovanna, DO, FAAO  
Program Chairperson  
Mexican Riviera  
Hours: 20 Category 1A

## March 17-20

*Visceral Manipulation/  
Emotional/Trauma with Jean-Pierre  
Barral, DO, MROF*  
Kenneth Lossing, DO  
Program Chairperson  
Norfolk, VA  
Hours: 32 Category 1A

## March 21-24

*2002 Annual Convocation*  
Michael P. Rowane, DO,  
Program Chairperson  
Norfolk, VA  
Hours: 24-33 possible Category 1A

## April 20-21

*Fulford's Percussion Technique(Basic)*  
Richard Koss, DO, Program Chairperson  
Renton, WA  
Hours: 14 Category 1A

## May 3-5

*Prolotherapy / Above the Diaphragm*  
Mark Cantieri, DO, FAAO  
Program Chairperson  
UNECOM in Biddeford, ME  
Hours: 20 Category 1A

## May 31-June 2

*Greenman's Exercise Prescription  
featuring Philip Greenman, DO, FAAO*  
Brad Sandler, DO  
Program Chairperson  
Indianapolis, IN  
Hours: 20 Category 1A

## July 26-28

*Visceral /Structural Integrated*  
Kenneth Lossing, DO  
Program Chairperson  
Indianapolis, IN  
Hours: 24 Category 1A

## August 15-18

*OMT Update at WDW®*  
Ann Habenicht, DO, FAAO  
Program Chairperson  
Lake Buena Vista, FL  
Hours: 23 Category 1A

## September 20-22

*Myofascial Release*  
Judith O'Connell, DO, FAAO  
Program Chairperson  
Indianapolis, IN  
Hours: 20 Category 1A

## October 6

*One-day Course on ENT Problems*  
Ann Habenicht, DO, FAAO  
Program Chairperson  
Las Vegas, NV  
Hours: 8 Category 1A

## October 7-11

*AOA Convention (AAO Program)*  
George Pasquarello, DO  
Program Chairperson  
Las Vegas, NV

## November 8-10

*Prolotherapy: Below the Diaphragm*  
Mark Cantieri, DO, FAAO  
Program Chairperson  
UNECOM in Biddeford, ME  
Hours: 20 Category 1A

## December 6-8

*Basic Concepts of Muscle Energy*  
Walter Ehrenfeuchter, DO, FAAO  
Program Chairperson  
Mesa, AZ  
Hours: 20 Category 1A



# Dig On

Anthony G. Chila, DO, FAAO

## FIMM 2001

A very challenging presentation was given by Robert E. Kappler, DO, FAAO, during the 13th Triennial FIMM Congress at Chicago, IL. Dr. Kappler addressed lessons learned/questions unanswered in regard to the AOA/Rush Back Study (A Comparison of Osteopathic Spinal Manipulation with Standard Care for Patients with Low Back Pain). Following publication of the results of this study in the *New England Journal of Medicine (NEJM)* (November 1999) professional and media response indicated an overall very beneficial outcome for the osteopathic profession. Dr. Kappler focused on problems of the study, and how correction could be accomplished in future studies.

### *Results reported in NEJM included:*

- No statistically significant differences between standard and osteopathic care groups measured by analog pain, Roland Morris and Oswestry scales;
- Less medication and physical therapy utilized in the osteopathic care group;
- Fewer visits in the osteopathic care group;
- Spinal range of motion and straight leg raising measurements did not correlate with back pain or patient improvement.

### *Among results not reported in NEJM was data unique to the osteopathic profession:*

- The somatic dysfunction severity index correlated very well with the analog pain scale;
- No objective findings in the MD group documented pain improvement;
- The somatic dysfunction severity index documented the validity of findings from osteopathic palpatory examination;
- Initial improvement on visits 1 and 2, when calculated as a percentage of improvement, was statistically significant in the osteopathic group.

### *Deficiencies of the study observed by Dr. Kappler included:*

- Loss of an important piece of crucial data (How long have you had back pain?);
- The nurse practitioners were not blinded;
- The analog pain scale was not 10 centimeters;

- The final examination was an inconvenience for all concerned;
- The time when a patient exited the study was not standardized;
- The precise method of handling the data for statistical evaluation was not planned in advance;
- A shorter time period of treatment and a different end point (such as 50% reduction in pain) could control outside variables contributing to pain;
- Patients would misrepresent in order to be included in the osteopathic care group because of ineffective prior care.

### *Dr. Kappler addressed unanswered questions from this study which could be useful in planning future studies:*

- A lumbar spine x-ray was done on every patient, but data were never tabulated or used (Could there be a correlation between x-ray findings and clinical improvement?);
- Which x-ray findings correlate with a poor response to treatment?);
- 34 of 36 physical tests performed on the osteopathic care group correlated positively with patient improvement (For each test, what was the frequency of occurrence of positive findings?);
- How many patients had intra-scapular or thoraco-lumbar findings on the side of back pain?);
- In this study, the somatic dysfunction severity index correlated with the analog pain scale (Is there a direct correlation between somatic dysfunction and low back pain?);
- Could the somatic dysfunction severity index be used in every patient management study utilizing OMT?);
- OMT is an enabling objective and patient improvement the terminal objective (Could the somatic dysfunction severity index correlate somatic dysfunctions with the patient's problems?);
- The protocol specified once weekly treatment for one month, then biweekly treatment for two months (Would increasing the frequency of manipulative treatment in the initial period improve treatment outcome?)

Dr. Kappler's presentation was a fine service to the planning of osteopathic research studies.



# From the Archives

E. R. Booth's History of Osteopathy and 20th Century Medical Practice (1924 Edition)

## Schools Multiply

*Pages 73-74*

The early success of the parent school in winning pupils, and its financial success, in spite of itself, doubtless had much to do with the starting of other schools. The school business was thought by many to be a sure and easy way of making money. The real meaning of a school in the latter part of the nineteenth century did not seem to have entered the mind of many who were already engaged or sought to engage in the work of education. And the bad reputation, from an educational as well as a moral standpoint, of some of those connected with the so-called teaching and training of osteopaths had a deleterious effect. That the reputation of some of them could not bear illumination is an open secret, and that the impressions they have left have proved injurious to osteopathy is an historic fact. Dr. Still, himself, was so impressed with this sad condition of affairs that he thought of leaving the work of teaching to others. Everything seemed to be a cross purposes. The fact that so many faked the people and virtually robbed them of honest money is said, by those closest to him at that time, to have moved him to tears on more than one occasion. No wonder he had moments of despondency and wished that he was out of the school work. But he has never been known to abandon a good work once begun. Many others realized what an osteopathic education is and labored day and night, almost from the start, to provide for that thorough preparation of osteopaths which was required of aspirants for honors in the other learned professions. They were powerful factors in advancing the science and placing it upon the high plane it now occupies.

## Difficulties Increase

*Pages 74-76*

Some of those who first gathered about Dr. Still had not been trained in scientific methods. They cared for nothing but results. They always sought the most direct way for accomplishing certain definite ends and that way, in the opinion of many of them, was the only way. Far be it from me to cast reflections upon those pioneers in osteopathy. Next to its revered founder they deserve credit at least equal to any others, and many of them are the peers of any who later began to study under more favorable conditions. To denounce them for their shortcomings would be like berating the farmer because he is not a

merchant, a mechanic because he is not an artist, or a scholar because he is not a professor. But history shows that many of them fell far short of Dr. Still's ideals, and that they did not at that time comprehend what was necessary to prepare men and women to meet the demands of professional life on the basis of present-day requirements. Dr. C. M. T. Hulett so ably stated this thought in an address on "Pseudo-Osteopathic Schools," at the annual convention of the American Osteopathic Association in Indianapolis, in July, 1899, that I can not refrain from quoting a paragraph. He says:

"But the reason which explains all other reasons, and which underlies the whole subject, is the fact that the early graduates of the American School of Osteopathy were not qualified to plan and carry out a system of education such as is necessary to fully furnish students for its practice. They did not know because they had not been taught. The old doctor's conception of the errors of the medical profession was so vivid that to the students' minds it was all-inclusive, and some of them went out convinced that the entire store of supposed knowledge of the medical profession was a mass of error and should be wholly disregarded, and osteopathy built up symptomatology, chemistry, everything, was totally tabooed, and students were strictly forbidden to 'waste their time on any such foolishness.' In fact, the idea was cultivated that a 'good physiologist made a poor operator,' and that, therefore, scholastic attainments or ambitions were not to be considered as of special advantage in the lifework of an osteopathist. Those who did not see the fallacy of this position (and there were many who did) were therefore, not wholly to blame if they considered that they were doing a legitimate act in founding a school on such lines. This, of course, was very unfortunate. Every one now sees its error, but that does not change history, nor does it undo the harm (and in a sense the injustice) to many students who, through hard experience, are getting in their practice what ought to have been given them in their course; or, if they have not the realization of their needs which leads them to such results, they simply settle down to being, what the old doctor calls, 'engine wipers.'"

As early as 1897 the parent school recognized the fact that much of its early work was defective and in several instances discredited the qualifications of its own graduates, even some who had grades of 99 and 100 in anatomy and osteopathy. The unfriendly rivalry then existing between the original school and others that had been started,



may have been caused in part by the belief that the latter were just as able to prepare osteopaths as the former, and by the honestly growing belief of the American School of Osteopathy, that all schools must be more careful as to the qualifications of their graduates. The idea that any one after taking a few lessons in manipulation, or after reading a book on osteopathy, was competent to enter upon the practice of the general art of healing, had already done so much harm that those familiar with the situation saw that the educational qualifications of osteopaths must receive more careful consideration; and those in authority began to put forth every effort to lift the schools from the crude and chaotic condition which had prevailed.

Too often has the impression gone forth, sometimes from professed osteopaths who know little of the science, but generally from those financially opposed to osteopathy, that any one can give an osteopathic treatment. No one mistaken notion could be promulgated and doubtless the opposition often makes use of such erroneous ideas in the attempt to bring osteopathy into disrepute. C. P. McConnell, MD, DO, discusses the "Technique of Osteopathy" in the *Journal of Osteopathy* for July, 1904, in which he says:

"I believe the time is rapidly approaching when it will be universally recognized that it requires greater ability to become an expert osteopathist than an expert physician of the other schools. Also, there will be greater and more marked divergence of ability among the osteopathists themselves than among the practitioners of other schools. Osteopathy is the school of medicine that without exception treats the individual's condition as it actually exists. The other schools pay too much attention to grouping symptoms, to investigating morbid anatomy, to classifying and naming diseases, and to treating the disease or condition from an etiological point of view on the one hand, and simply compiling a formula to combat a supposed or real pathological state on the other. Herein must be shown the genuine skill of the osteopathist. He must be possessor of a technique that is original and adaptable in every instance as well as containing the quality of finesse."

## Texas

### *Pages 128-129*

Texas has no law governing osteopathy, but the medical law contains the clause, "osteopaths are exempt from the provisions of this act." By implication, at least, osteopaths have a right to practice their profession without let or hindrance. Three unsuccessful attempts have been made to pass an amendment to the law which would repeal the clause under which osteopaths have a right to practice. The osteopaths have also asked for an amendment giving them a separate examining board and confining the practice to those duly qualified, but they have not been successful in securing it.

Each time the MDs showed their opposition to a high standard of qualification for osteopathic physicians.

The latest contest was early in 1905. The osteopaths proposed a law providing for an independent board of five osteopathic examiners to be appointed by the governor. It would have restricted the practice to graduates of reputable schools, and also required applicants to pass an examination in anatomy, physiology, chemistry, toxicology, histology, neurology, pathology, diagnosis, hygiene, obstetrics, gynecology, surgery, principles and practice of osteopathy, and dietetics. A reciprocity clause was inserted. The bill passed the senate February 5, 1905, but by the usual delay tactics the house failed to reach it on the calendar before adjournment, April 15, 1905. The general result was a drawn battle, after much good work on the part of the osteopaths in educating the people upon the subject. The most effective weapon used by the 6,000 MDs was the Judge Toney decision, which was over-thrown five years before. Hence the contest was mainly between antiquated falsehood and overlasting truth, with public sentiment decidedly in favor of the latter. □

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### *Message from the President continued from page 6*

understand the benefit of integrating osteopathic principles and OMT into a patient's care. They use it when they feel it is needed, without any input from their attendings. A number of promising resident papers have been written that address the effects of OMT in patient management, but these pilot studies have not been expanded into larger clinical trials.

We are at a crossroads in the future of the osteopathic profession. It is time for each specialty group to identify the specific body of osteopathic knowledge that best applies to their specialty, put it in their residency document, teach it to their residents, test it in their examinations leading to certification and incorporate it in CME programs to stimulate the continued refinement of this body of knowledge.

It is not too late for each specialty to embrace the unique aspect of patient care that an osteopathic physician can offer. Several specialties have begun this process. The other specialty areas should be encouraged to do the same. Unless this process is embraced, the profession will move even closer to amalgamation with non-osteopathic medicine. On the other hand, if this process is successful, the osteopathic specialties will have new information to share with the larger medical community and be responsible for advancing the practice of medicine as a whole. Ultimately, both medicine and patients will benefit. □



# Component Societies' CME Calendar and other Osteopathic Affiliated Organizations

## January 12-13, 2002

*Osteopathy and Biochemistry*  
A Still Sutherland Study Group  
Sharon, CT

Hours: 11.5 Category 1A

Contact: Andrew Goldman, DO  
(860) 364-5990

Contact: F.O.R.T.  
(603) 823-5981

## February 22-26, 2002

*Osteopathy in the Cranial Field,*  
(Basic Course)

Melicien Tettambel, DO, FAAO  
CCOM; Downers Grove, IL

Hours: 40 Category 1A

Contact: Judy Staser  
(817) 926-7705

CCOM Skills Lab  
Chicago, IL

Hours: 21 Category 1A\

Contact: Max Hostetler, DO  
(219) 534-4297

## February 21-25, 2002

*Midwinter Basic Course*  
The Cranial Academy  
San Diego, CA

Hours: 40 Category 1A

Contact: The Cranial Academy  
(317) 594-0411

## February 25-March 1, 2002

*Ski & CME Midwinter Conference*  
Colorado Society of Osteopathic Medicine  
Keystone, CO

Hours: 40 Category 1A

Contact: Jeanette  
303/322-1752

## Late April, 2002

*Intermediate Face Course*  
Sutherland Cranial Teaching Foundation  
Doug Vick, DO, Course Director  
Cincinnati, OH

Prerequisites: see page 13 of this newsletter

Hours: 16 Category 1A

Contact: Judy Staser  
(817) 926-7705

## February 22-24, 2002

*Fundamentals of the Midline--*  
*A Biodynamic Approach*

Course Directors: Kevin Zorski, DO  
and Joseph Grasso, DO

UNECOM; Biddeford, ME

Hours: 16.5 Category 1A

## March 1-2, 2002

*Basic Percussion Course*  
Indiana Academy of Osteopathy

## April 20-21, 2002

*7th Annual Family Practice*  
*Review & Reunion*

Dayton Academy of Family Physicians

Mary L. Theodoras Auditorium

Grandview Hospital, Dayton, OH

Contact: Jennifer Horvath  
(937) 226-2656

# Sutherland Cranial Teaching Foundation

## COURSES:

Osteopathy in the Cranial Field, Basic Course,  
Melicien Tettambel, DO, FAAO *Course Director*

February 22-26, 2002, CCOM, Downers Grove, Illinois  
40 hrs. 1-A CME anticipated

Intermediate Face Course, Doug Vick, DO, *Course Director*

Late April 2002, Cincinnati, Ohio

16 hrs. 1-A CME anticipated

Prerequisites: 2 Basic Courses one being SCTF, and 3 years Clinical Practice

Contact Judy Staser – phone and fax: 817 926-7705

Osteopathic Contributions to the Health of Perception

Joseph Fields, DO, *Course Director*

May 15 – 18, 2002, Kennebunkport, Maine

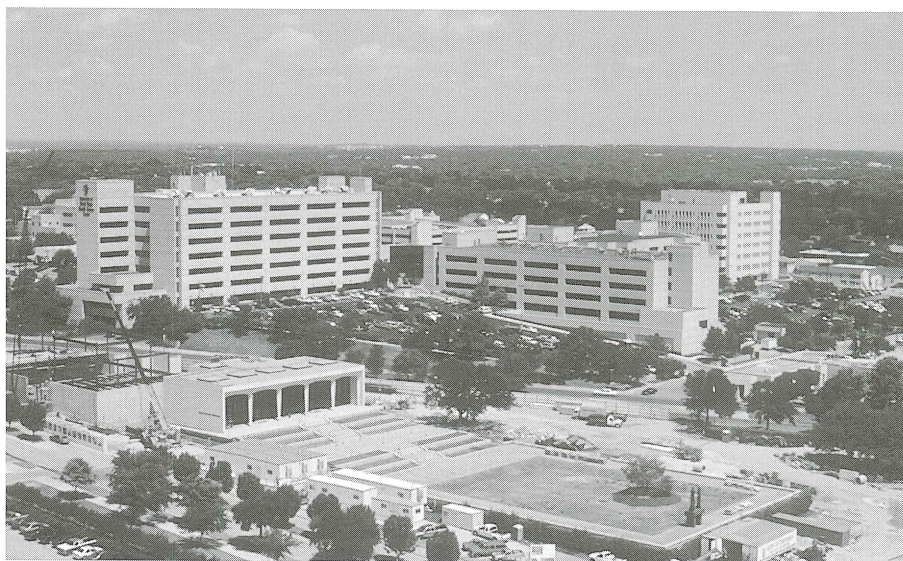
32 hrs. 1-A CME anticipated

Contact Joseph Fields, DO – 207 967-3311



# Introduction to the Texas College of Osteopathic Medicine at the University of North Texas Health Science Center at Fort Worth

Kristie Aylett, Director of News and Information, Marketing and Communications Department; Laura Squires, Senior Director of News and Information, Marketing and Communications Department; Scott T. Stoll, DO, PhD, Chairman of the Osteopathic Manipulative Medicine Department.



*Aerial View of the University of North Texas Health Science Center in Fort Worth*

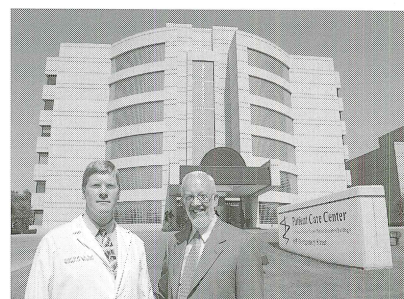
The University of North Texas Health Science Center at Fort Worth is one of the country's distinguished academic medical centers, dedicated to the advancement of all three disciplines of medical science — education, research and patient care.

A 15-acre, \$71 million medical complex, the health science center is located in the heart of Fort Worth's Cultural Arts District. Our campus sits among parks, museums and tree-lined streets rather than in the concrete world of a central hospital district.

The health science center consists of three schools — Texas College of Osteopathic Medicine, the Graduate

School of Biomedical Sciences and the School of Public Health — with a combined faculty of more than 200, a staff of 900 and a cadre of some 300 volunteer community physicians. More than 825 graduate and doctoral students are studying to be osteopathic physicians, physician assistants, scientists, and public health professionals.

The institution is led by Lt. General Ronald Blanck, DO (U.S. Army, retired). A graduate of the Philadelphia College of Osteopathic Medicine, Dr. Blanck, joined the UNT Health Science Center in August 2000 after his retirement from the U.S. Army. After a distinguished 32-year military career, he



*Left to right: Scott T. Stoll, DO, PhD and UNTHSC President Ronald Blanck, DO standing in front of the new Patient Care Center.*

retired in 2000 as the Surgeon General of the U.S. Army and commander of the U.S. Army Medical Command — with more than 46,000 military personnel and 26,000 civilian employees throughout the world.

TCOM, founded in 1970, is the health science center's cornerstone. It is Texas' only college of osteopathic medicine, and one of only 19 in the nation. Since 1997, TCOM's Department of Family Medicine has administered the health science center's Physician Assistant Studies Program, a master's-level program. Since 1993, the graduate school has offered master's and doctoral degrees in the biomedical sciences, with specializations in anatomy and cell biology, molecular biology and immunology, pharmacology and integrative physiology. The School of Public Health



was established in 1999 and offers master of public health and doctor of public health degrees. A doctor of philosophy degree in epidemiology is planned for the near future.

Faculty members in the health science center's Physicians & Surgeons Medical Group practice in all medical and surgical specialties and subspecialties. More than 190,000 patient visits are logged each year at the health science center's campus and community network of 21 clinics and laboratories. A six-story, 135,000-square-foot Patient Care Center serves as a central location for all on-campus clinics. The campus is also home to a chronic care outpatient dialysis facility, a joint venture with a national renal management group. The health science center is also home to one of the most advanced medical libraries in the Southwest and the premier DNA identity testing laboratory in Texas.

Among the health science center's physicians and scientists are nationally respected faculty members who are leaders in areas such as the biochemistry of aging, cancer, vision, heart disease, DNA and genetics, substance abuse, wound healing, osteoporosis and tuberculosis. This growing team of experts has fostered the creation of six Institutes for Discovery that conduct leading-edge research into select health issues. The health science center now receives more than \$13 million in research funding from the National Institutes of Health, and other federal, state, and local organizations.

## **The Legacy of a proud osteopathic tradition**

The formation of America's seventh osteopathic medical school (there are now 19) began with the efforts of several osteopathic physicians who saw a need in Texas for a college of medicine that would focus its energies on the education of the fam-

ily medicine/primary care physicians who were so badly needed throughout the state. It was a bold response to a critical need as well as a natural outgrowth of the osteopathic medical profession's devotion to whole-person, whole-family health care.

TCOM accepted its first students in 1970. In 1972, a relationship was forged that laid the foundation for the medical school's eventual evolution into a health science center. TCOM, then a privately funded school, contracted with North Texas State University (now the University of North Texas) in nearby Denton to teach basic science courses to first- and second-year medical students. TCOM's first graduating class of 18 received their doctor of osteopathy (DO) degrees in 1974.

The successful collaboration between the two schools combined with TCOM's commitment to "specializing" in the education of primary care physicians earned the confidence of state government leaders. In 1975, TCOM became a state-supported medical school (separate from the university) under the jurisdiction of the North Texas Board of Regents.

In response to TCOM's remarkable growth and its achievements in health care and science, the Texas Legislature redesignated the medical school as a health science center in 1993. TCOM became the cornerstone component, retaining its osteopathic identity and focus.

Today, the college is led by new dean Marc B. Hahn, DO, formerly a professor of anesthesiology and director of the Pain Medicine Fellowship Program at the Pennsylvania State University College of Medicine. Dr. Hahn was also the chief of the Pain Medicine Division at the Milton S. Hershey Medical Center.

Over the past 30 years, TCOM has become a state and national leader in training physicians skilled in comprehensive primary care/family medicine and disease prevention. Almost

three-fourths of TCOM's graduates practice primary care medicine—the highest proportion among Texas' eight medical schools and one of the highest in the nation. Other graduates successfully apply their extensive training in specialty careers as diverse as aerospace medicine and heart transplant surgery.

TCOM students perfect their medical skills under the supervision of physicians in 23 college clinics and laboratories, over a dozen affiliated teaching clinics and hospitals across Texas, and many community outreach activities. TCOM faculty physicians also provide support for the local public health departments, the public hospital system, and medical examiner's office.

## **The Exciting Future for Osteopathic Research**

As the home of the new Osteopathic Research Center (ORC), the health science center will collaborate with other colleges of osteopathic medicine to investigate the clinical efficacy of osteopathic manipulative medicine (OMM). The health science center will receive approximately \$1.1 million over four years to fund research projects.

Scott T. Stoll, DO, PhD, chair of the department of Osteopathic Manipulative Medicine and director of the Physical Medicine Institute, will direct the ORC.

Osteopathic research is nothing new to the health science center. The institution first offered pre-doctoral fellowships in OMM in the 1970s. In the early 1990s, the institution began providing additional training to physicians through post-doctoral fellowships in OMM. In 1998, philanthropic contributions allowed the program to expand, doubling the number of pre-doctoral fellows.

Currently, 12 pre-doctoral fellows are receiving training in the fundamentals of OMM research while



working toward dual-degrees in medicine, public health, and biomedical sciences. Physicians also continue to receive residency training in Neuro-Musculoskeletal Medicine and Osteopathic Manipulative Treatment.

The fellowships are now supported

through a \$1.35 million grant from the National Center for Complementary and Alternative Medicine (NCCAM), a component of the National Institutes of Health. We have a tradition here of developing future leaders and researchers capable of successful and competi-

tive clinical and basic science research in OMM. The combined funding for the ORC and the NIH NCCAM grant will allow us to expand upon that tradition. We will make every effort to leverage these resources to the benefit of the entire osteopathic profession. □

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# Department of Osteopathic Manipulative Medicine Overview

Scott T. Stoll, DO, PhD

The University of North Texas Health Science Center (UNTHSC) is composed of three schools; the Texas College of Osteopathic Medicine (TCOM), the Graduate School of Biomedical Sciences and the School of Public Health. The Department of Osteopathic Manipulative Medicine (OMM) is one of the seven clinical departments within the TCOM, which is the founding school of UNTHSC. Its mission is much the same as all other clinical departments

at academic medical centers including that of education, patient care, professional service and research. Of course, the focus of these activities within our department is in the field of the art and science of OMM.

The OMM department at UNTHSC began along with the creation of TCOM in 1970. The founding chairman was John Harakal, DO. The department has seen tremendous growth over the last thirty-one years in all areas of its primary mission.

Currently, the department is chaired by Scott T. Stoll, DO, PhD. Dr. Stoll completed a pre-doctoral fellowship in OMM as well as a residency and board certification in Physical Medicine and Rehabilitation (PM&R). Part of the growth of the OMM department has been the development of two sub-divisions, which include a Division of PM&R and a Division of OMM. Within these divisions there has been a tremendous expansion and evolution of the educational programs, inpatient and outpatient clinical services and research programs and opportunities. Figure 1 depicts the faculty of the OMM department and their primary roles within the OMM department and within TCOM and UNTHSC.

Dr. Stoll and the OMM department initiated and developed the Physical Medicine Institute at the UNTHSC and have recently seen the initiation of an Osteopathic Research Center (ORC) at UNTHSC as endorsed by the leading national organizations of the osteopathic profession.

As follows is a brief overview of the scope of projects, services and



*OMM Faculty at the Texas College of Osteopathic Medicine: (left to right) Associate Professor Russell G. Gamber, DO; Assistant Professor Stuart Williams, DO; Associate Professor Jerry McGill, PhD; Associate Professor Jerry L. Dickey, DO, FAAO; Chairman/Associate Professor Scott T. Stoll, DO, PhD; Assistant Professor Eric E. Gish, DO; Assistant Professor Michael Carnes, DO.*



opportunities associated with the OMM department at UNTHSC. In subsequent articles within this edition of the JAAO, you will see the most prominent of these programs and services delineated in greater detail.

## OMM Medical Education

The OMM department is responsible for the lion-share of OMM education occurring at UNTHSC. The faculty members of the OMM department are the course directors for the Year I and Year II OMM courses, which are part of the osteopathic medical curriculum. There is a mandatory core clinical clerkship in OMM during the third year of medical school, which is directed and taught by our OMM faculty. Our OMM faculty members direct and teach "Plus-One" and Two-year Residents in neuromusculoskeletal medicine and OMT and are also involved in a variety of continuing medical education courses related to this specialty as well.

We see our responsibility to include a seven (plus) year OMM medical curriculum. We strive to develop a rational plan for taking medical students from introduction to osteopathic history and palpatory skill to a final post-graduate product of a clinician confident and competent in daily application of OMM in a wide-variety of clinical conditions. Special programs within this seven year curriculum including a Teaching Assistant Program which enables eighteen second year medical students to earn additional money and develop additional skills by providing assistance in the OMM laboratory in training both Year I and Year II medical students. We also have a rich and complex Pre-doctoral Fellowship Program which allows exceptional and interested medical students to add an additional year

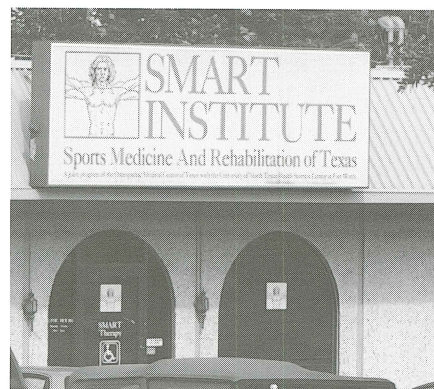
to their undergraduate medical education to focus on clinical skills, education and research in the area of OMM. This standardized seven year curriculum in combination with specialized programs such as the Teaching Assistant Program and the Pre-doctoral Fellowship Program allow both a broad minimum competency for all of our students as well as opportunities for appropriate individuals to excel in the specialty of OMM.

## Clinical Service

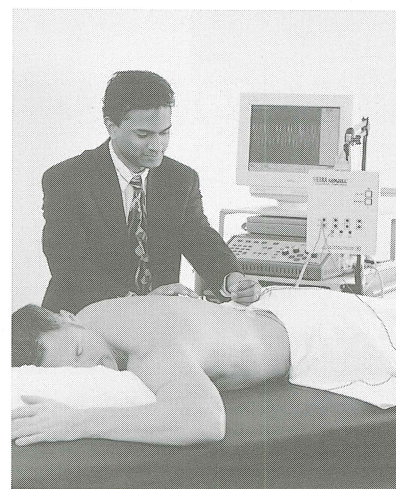
The clinical outreach of the OMM department has expanded tremendously in the recent year to the point where we now offer a wide variety of clinical services to our patients both in the areas of OMM and PM&R. Our primary inpatient clinical service and teaching hospital remains the OMCT. Dr. Michael Carnes and Dr. Eric Gish currently have their entire clinical practice composed of the Inpatient OMM Consultation and Treatment service at OMCT.

Dr. Carole Davis is Associate Medical Director of the Inpatient Rehabilitation Center at OMCT RehabCenter. She sees all of the patients on the 20-bed RehabCenter on a daily basis. In addition, to daily admissions, discharges and patient care on the RehabCenter, she also provides PM&R consultation services throughout OMCT and maintains an outpatient clinical practice at Kaner Medical Group.

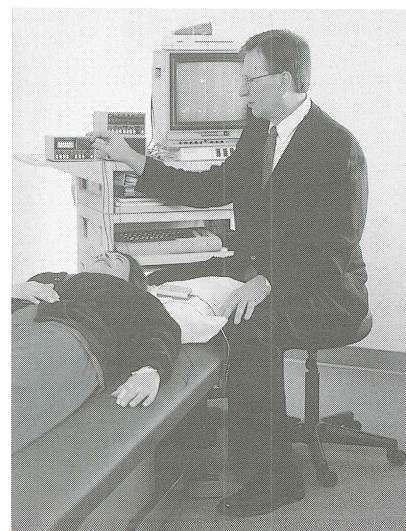
The balance of the department's clinical activities is all outpatient services. Dr. Dickey, Dr. Gamber and Dr. Williams maintain their outpatient OMM practice in our newly completed patient care center (see photo). It is in this outpatient OMM clinic that these physicians see their own patients in addition to the core clinical clerkship, pre-doctoral fellows' and residents' continuity clinics.



*Sports Medicine And Rehabilitation of Texas (SMART) Institute*



*Assistant Professor Sankar Pemmaraju, DO, conducting an EMG on a patient*



*Associate Professor Jerry McGill, PhD biofeedback testing a patient.*



Another outpatient clinic, which is located within one block of OMCT and UNTHSC, is called the SMART Institute (Sports Medicine and Rehabilitation of Texas). The SMART Institute is a joint venture between OMCT and UNTHSC and combines an outpatient physical, occupational and speech therapy center with a university physician clinic. The physician clinic associated with SMART includes two family medicine sports medicine physicians Dr. Alan Stockard and Dr. Andrew Phan, a spine surgeon, two physiatrists (Dr. Scott Stoll and Dr. Sankar Pemmaraju), an OMM specialist (Dr. Russell Gamber) and a clinical psychologist (Dr. Jerry McGill). This has evolved to include both a sports medicine clinic and an interdisciplinary spine management clinic known as the Spine Institute of Fort Worth.

In addition, Dr. Pemmaraju treats patients at the Federal Medical Center (Federal Men's Prison) in Fort Worth and Dr. Scott Stoll see patients and is Medical Director at Easter Seals of Tarrant County.

## Research Progress and Opportunity

OMM research in association with the OMM department has grown rapidly over the last several years at UNTHSC. From 1993 through 1998 the department was involved in several collaborative research efforts with other departments including the Department of Public Health and Preventive Medicine with Dr. John Licciardone, Department of Internal Medicine with Dr. Bernard Ruben, and with the Department of Integrative Physiology with Dr. Patricia Gwartz and Dr. Jim Caffrey. In 1998, the Physical Medicine Institute (PMI) was founded with Dr. Scott Stoll as the Executive Director with the initial financial support of the Osteo-

pathic Medical Center of Texas, the Carl Everett Research Development fund and further donations from other private foundations. The PMI and the OMM department were able to expand its Pre-doctoral Fellowship Program and research efforts including an intensive grant writing program. In the fall of 2000 these efforts were rewarded by the award of a \$1.4 million K-30 NIH grant for the development of an OMM research curriculum for our pre- and post-doctoral fellows from the National Center for Complementary and Alternative Medicine (NCCAM). These funds have provided us with the opportunity to expand the pre- and post-doctoral fellowship research curriculum program and develop potential for granting of a Master's or Doctorate degree in combination with the DO degree for pre- and post-doctoral fellows involved in this program.

The osteopathic profession and its leadership organizations have long known that there was a need to focus the strength and creativity of our many colleges of osteopathic medicine in order to successfully conduct the multi-center clinical outcome studies that are necessary to appropriately evaluate the efficacy of OMM. Over the last two years, a rigorous selection process was undergone to select the college of osteopathic medicine best suited to house an osteopathic research center. On October 21, 2001, at the American Osteopathic Association Convention, it was announced that the University of North Texas Health Science Center at Fort Worth had been selected to house this Osteopathic Research Center as endorsed by our national leadership organizations including the American Osteopathic Association, the American Association of Colleges of Osteopathic Medicine, the American Osteopathic Foundation

as well as the American Academy of Osteopathy, the American Osteopathic Hospital Association, the American College of Osteopathic Family Practitioners and the Association of Osteopathic Directors of Medical Education. This endorsement came with initial funding of \$1.1 million over four years. Dr. Scott Stoll was selected to be the Executive Director of this Osteopathic Research Center (ORC).

Although multiple clinical outcome studies and mechanistic research projects are planned in the area of OMM at UNTHSC, this is not the main goal of this center grant. One of the primary aims of this new ORC is to bring the strength of the many colleges of osteopathic medicine together to investigate the efficacy of OMT and to develop inter-institutional research collaborations which would have a good chance for acquiring federal funding, completing the necessary research and publishing its results.

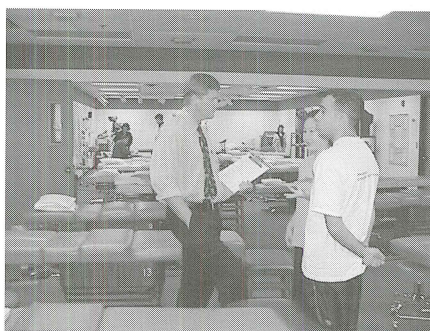
## Summary

The Department of OMM within the TCOM at UNTHSC in association with the PMI and the ORC is uniquely positioned to substantially contribute to the national effort to enhance medical education and research within the osteopathic profession. We hope that the articles included in the following pages will be helpful to others involved in these endeavors. Our faculty and staff stand ready to provide further information on our programs and processes to anyone who might inquire. Additionally, we would invite critiques of our programs that may help guide us to greater effectiveness. Please submit comments or questions to [tcomomm@hsc.unt.edu](mailto:tcomomm@hsc.unt.edu). □



# Years I and II Osteopathic Manipulative Medicine Curricula at Texas College of Osteopathic Medicine

Christian Niedzwecki, PTF; Scott T. Stoll, DO, PhD

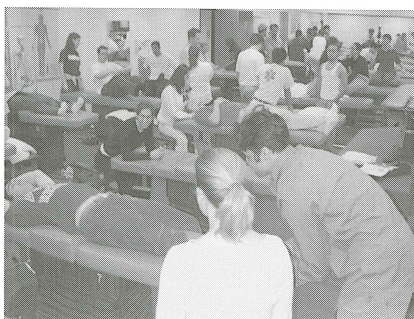


Scott T. Stoll, DO, PhD testing students.

Recent studies reveal that there are decreasing numbers of osteopathic physicians (DOs) using osteopathic manipulative treatment (OMT) in their practice. In fact, the percentage of contemporary primary care DOs using OMT today pales in comparison to the number of primary care DOs using it in the 1950s. Because OMT is at the center of the osteopathic identity, these statistics should be a wake up call to the osteopathic community. Some of these contemporary osteopathic physicians site the following reasons for not using OMT in their practice: 1) seeing OMT as solely used for musculoskeletal problems; 2) not feeling competent or confident in their OMT skills; and 3) not using or seeing it used in their post-graduate training. A condensation of these issues leads some to the conclusion that OMT is not being

taught with sufficient clinical relevance in the present osteopathic medical curricula.

Historically, the overall medical curriculum at the Texas College of Osteopathic Medicine (TCOM) has been a discipline-based model in which basic sciences comprise most of the first two years of the medical curriculum with clinical correlation being saved for the last two

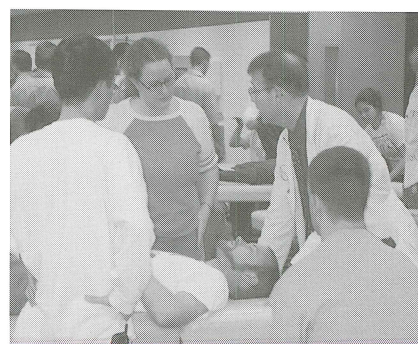


Year I Practice Training Session

years. The TCOM department of Osteopathic Manipulative Medicine (OMM) used this model and developed a spiral mechanistic curriculum model for OMT education centered on teaching technical proficiency in the skills required to perform OMT in each of the body regions. The clinical correlation and practical application of OMT was postponed to a required four-week clinical clerkship through the OMM

department in the student's third year.

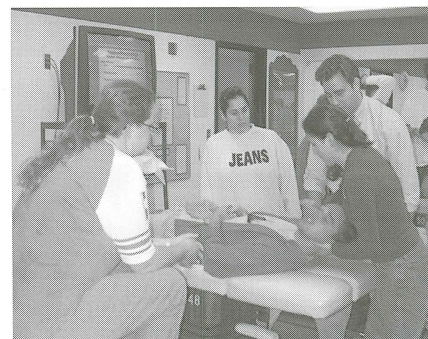
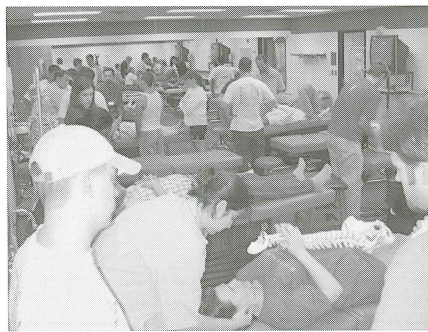
Recently, in an effort to move away from the discipline-based curriculum model, TCOM has changed to a more modern model of a problem-based approach to medical education. This model has a systems-based foundation which consolidates the disciplines of the first two years of medical school into eight basic systems (i.e. cardiovascular, respiratory, etc.). Another attribute of this model is its emphasis on adult learning strategies such as self-directed and independent study, small group discussions, and clinically relevant problem solving sessions. Finally, whenever possible, this model utilizes state of the art technologies such as the internet, audience response systems and interactive computer assisted



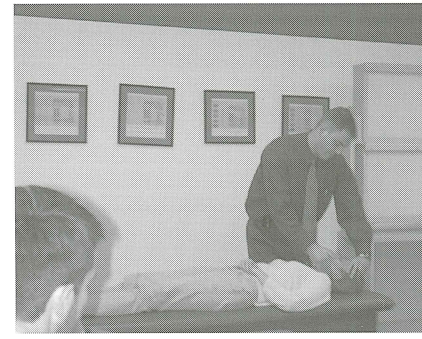
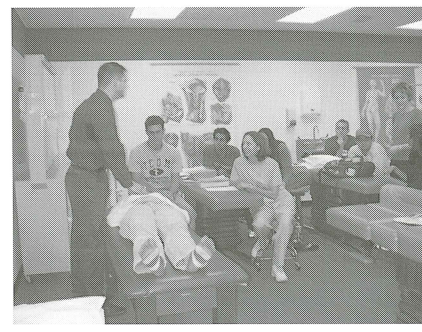
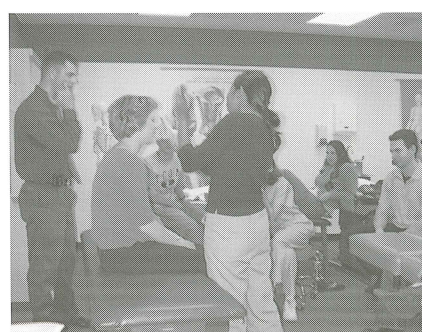
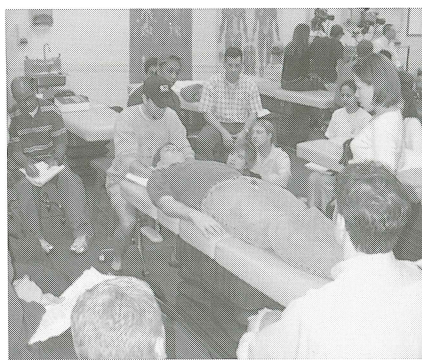
Assistant Professor Stuart Williams, DO explains technique to 1st year students.



*First-year students practice training session*



*Second-year students practice training session*



instruction in an effort to increase each student's learning potential.

To parallel the curriculum revision of the rest of the medical school, the TCOM department of OMM condensed their prior two-year mechanistic curriculum into a one-year OMM history, philosophy, and

technique class appropriately aligned with the eight systems followed by the rest of the college. The OMM department has dedicated their Year II course to a systems and clinical problems based curriculum that integrates and showcases the use of OMT in most of the major diseases seen

throughout each of the eight individual systems. To reach this type of integration, there were numerous steps taken.

- Phase I – This phase began with a cataloging of all techniques taught in the first two years of the old OMM curriculum. All of the OMM techniques were sorted by difficulty level and safety into three teaching categories according to when we felt they should be introduced to the students: first year, second year and third year level/ fellow/resident. This process allowed for a sufficient reduction in first year techniques to enable the compaction of the past Year I and II OMM curriculum into Year I only. It also enabled us to capture key techniques removed from Year I and systematically include them in the new Year II systems based curriculum.

- Phase II – We requested input from OMM departments in all osteopathic colleges and spoke individually with several OMM curriculum experts in the best design of a clinically oriented, systems based curriculum in OMM. With this input, we rewrote the entire second year course. The details of this new structure are described below. An effort was made to preserve time to develop technical proficiency in a wide variety of OMM techniques. However, an even greater emphasis was placed on developing an understanding within the students on how to 'think osteopathically.' This included a introduction to clinical conditions covered simultaneously in the rest of the TCOM curriculum. The pathophysiology of each condition was to be reviewed with emphasis on how OMM can have physiologic effects that would help reverse detrimental pathophysiologic processes and aid in the patient's recovery. The goal was to get the students beyond the cookbook approach to OMT and be able to independently



match manipulative treatments to diseases based on their understanding of the physiology of both.

- Phase III – Implementation (Current Phase).
- Phase IV – Evaluation (Pending Phase).

Specifically, the Year II OMM course is arranged around eight individual systems that last approximately 4 – 8 weeks apiece. The OMM component of each Year II system roughly follows the pattern that is described as follows. The first lecture of any given system is a case-based discussion directed at an overview of the osteopathic philosophy, principles, and models to be utilized during the system. Each class thereafter is a hands-on laboratory teaching session. At the beginning of each lab, a clinical case is given in the first 5-10 minutes followed by the presentation and practice of 3-4 techniques and the rationale for their use. As the four-week system progresses, the case presentations increase in difficulty (simple to complex), acuity (low to high), and location of presentation (clinician's office to ICU). The last three hours of OMM instruction in each system are divided into a one-hour lecture called Putting It All Together (PIAT) and two hours of Small Group Discussions (SGD). The PIAT is takes place in the lecture hall and is a rapid review of all of the clinical cases and techniques presented in the preceding laboratory sessions. The emphasis is on helping students to understand the philosophy of treatment and the importance of individualizing the OMM care. An audience response system is utilized wherein the presenter can pose questions to the students during this PIAT lecture with immediately tabulated results on

screen to help the students and presenter know if the students are getting the point. The SGDs held in the next two hours after the PIAT are to simulate the upcoming practical examination. The students are given the opportunity in small groups (12 students and one faculty member per group) to verbalize and demonstrate their understanding of how to integrate OMM into the management of patients with the clinical entities presented in class.

The lectures, labs, PIAT, and SGDs are all in preparation for the student's written and practical examinations. The Year II practical exams were reformatted to match the new Year II course design. During the Practical examination, each student: 1) draws a case similar to the ones presented in lecture and PIAT, 2) discusses the pathophysiology of the presentation, 3) explains how the OMM principles involved could affect the patient, 4) diagnoses their partners in areas that the student has identified as pertinent to treatment of the patient in the given case, and 5) demonstrates two techniques that would be appropriate to the case presented patient. Students are encouraged to use techniques taught during year I or II (or even novel techniques) as long as there is appropriate rationale for having positive effects on the pathophysiology of the drawn case.

These changes were made with the idea that this newly structured Year I and II OMM curriculum would: 1) better prepare students for all Year III and IV clerkships, including OMM, 2) better prepare students to use OMM in their residency and clinical practice, and 3) aid in the students' preparation for COMLEX. A plan has been proposed for evaluating the success of this new curriculum. Our students performance on the OMM section

of the COMLEX levels I, II and III will be compared to student performance on COMLEX before initiation of this new curriculum. A newly developed and validated Attitudes Toward Osteopathic Principles and Practices Scale (ATOPPS) has been used to measure student attitudes prior to implementation of this new curricular design. This ATTOPS questionnaire will be used to measure attitudes of students before and after our new curriculum as well. These students can also be tracked into their future clinical practices to try to determine whether this curriculum has changed their practice patterns or attitudes toward osteopathic principles or practices. □

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# Department of Osteopathic Manipulative Medicine Teaching Assistant Program

Lorna Brooks, TA Program Coordinator; Scott T. Stoll, DO, PhD

The Department of Osteopathic Manipulative Medicine (OMM), at the Texas College of Osteopathic Medicine (TCOM), utilizes the services and expertise of a group of 12 to 18 second year students in meeting the requirements of a high student to faculty ratio in OMM training lab. These students receive hands-on, personalized instruction from faculty, residents, and predoctoral fellows. They, in turn, serve as mentors to freshmen as well as their peers during practice training sessions.

The Teaching Assistant (TA) Program, which began in 1978, is the only TA program at TCOM. With a steadily increasing student population, it became evident that more hands-on assistance during practice training sessions was required. Students are in a better position to observe their peers' understanding and application of osteopathic principles and practices through their application of psychomotor skills. As a result, faculty decided it best to have them elect their mentors for the coming year. There had been times when as many as 70 nominations, out of a class of 120 students, were submitted. This method of selecting a new group of teaching assistants each year has proven to be effective. As such, for 23 years, the program has benefited faculty, students, and the institution as a whole.

Responsibilities for management of the recruitment process, election, and daily supervision of the TAs fall on the OMM academic specialist,



Lorna Brooks

who assumes the role of TA Program Coordinator. Ms. Judy Staser held this position for many years, until December 2000 when Ms. Lorna Brooks assumed responsibility.

During the latter part of the freshman academic year, usually in April, an announcement is made that the election of new TAs will soon be underway. An OMM predoctoral fellow, in association with the TA Program Coordinator, gives a brief explanation of the program, i.e., responsibilities, duties, and benefits. Names of nominees are listed on a ballot and an election date is set. After the election, the program coordinator tabulates the votes and relays the results to faculty and students.

On the first day of class in August of the following year, the first TA meeting is held. The program coordinator, together with the course director, welcomes the incoming group of TAs. Copies of the job description are distributed, and duties and responsibilities are explained. These include attending all Year 1 and 2 lectures and practice training sessions, assisting in tutoring, and housekeeping (changing pillowcases and straightening practice training rooms are but a few). Teaching assistants are categorized into two groups: paid and volunteer. Those, who garner the 12 highest votes, fall into the first category; and

subsequent highest six votes, fall into the second. TAs receive \$7.75 per hour of attendance to Year 1 lectures, TA sessions, practice training sessions for both Year 1 and 2 students, and tutoring sessions. Since TAs are paid from state funds, they are subject to the same personnel regulations as regular state employees. Excessive unexcused absences could result in the termination of TAs. Although volunteer TAs are not compensated for their services, they are likewise subject to the same responsibilities and duties as the paid TAs. If a paid TA loses his/her position, a replacement is selected from the pool of unpaid TAs. At the initial meeting, a Head TA is elected by the group. The Head TA is the point of contact for any information provided to either faculty or students.

Preservation of the TA Program has required substantial support from leaders throughout TCOM. Certainly, funding is dependent on ongoing administrative support. Additionally, the program requires scheduling of the entire Year 2 class around that of Year 1 to enable TAs to be present at both. This creates tremendous pressure on the heavy Year 2 medical school schedule, since Year 1 students are in OMM classes three hours per week throughout the entire year. Each year, as the schedule template is developed, this difficult accommodation required by the TA Program is noted by the Year 1 curriculum phase and course directors. The institution's curricular leaders have always acknowledged



the value of this program and have been supportive in its preservation.

What are the benefits of being a TA? Why should I give up two hours of lunchtime twice a week attending TA sessions when I can learn the same principles and practices in class? Is it really worth it? These are but a few questions first year students, who contemplate being a TA, ask themselves. The answers to these questions are subjective, therefore, vary. From talking to TAs, past and present, they had the following to say about their experiences:

## **Pros**

- Being a TA gave me closer contact with the OMM department and allowed me to increase my skills. I got to know my faculty much better and gained their interest in teaching me.
- I came to an osteopathic school because I believe in OMM – so this TA job gave me many opportunities to learn and meet people who would give me insight.
- I received a complete review of all techniques learned in Year 1 in the form of small group, hands-on training.
- Being a TA helped make my knowledge base stronger thereby decreasing study time needed for practical exams and written tests.
- I received personalized instruction on additional techniques and methods.
- Being a TA afforded me an opportunity to grow more than the average student. If I had to do it all over, I would be a TA again.

## **Cons**

- Time requirement: 2 lunch hours and 6 class hours, per week
- My classmates want all of my time before major exams.
- As Head TA, I had the added responsibility of making sure everyone filled out timesheets and attended TA lunches. It was not a big responsibility, but it was sometimes not a comfortable spot to be in.



*Department of OMM Teaching Assistants: (Back Row) Raymond Elsayed, Ruth Wiley, Timothy Pickering, Bruce Weaver, Pre-doctoral Fellow Christian Niedzwecki, Sam Clark, Assistant Professor Eric Gish, DO, and Heath White. (Middle Row) Kay North, Marissa Garza, Miriam Blum, Kristi Whinton, Catherine Andrews, Diane Van Maele, Patricia Meyer, Amanda Hayes, and Chairman/Associate Professor Scott Stoll, DO, PhD. (Seated) Associated Professor Russell Gamber, DO, Resident Marc Dirnberger, DO, Lorna Brooks, and Resident Brooks Blake, DO*

Overall, the benefits acquired from being a TA far outweighs the inconveniences involved in the process. While the compensation may be minimal, the sacrifices are well worth the time. Moreover, with a deeper understanding and application of osteopathic principles and practices, most TAs progress to coveted positions as predoctoral fellows. Their enhanced skills also prepare them better for their chosen fields of specialization.

The program coordinator closely monitors the TA's attendance and oversees their performance of assigned duties. Reminders are given, as needed, with a mix of maternal understanding and firmness. On a monthly basis, TAs are randomly assigned to either operate the audiovisual system or assist students at 3 to 4 practice training stations. Also, upon request, they provide tutoring to students in need of extra help in their psychomotor skills. In this regard they are truly a valued extension of the department. In appreciation of their valuable contributions, a luncheon is given in honor of outgoing

TA's and welcome of incoming ones. During this event, outgoing TAs receive a certificate of appreciation from the department.

The training of TAs are provided by faculty, residents, and predoctoral fellows during noontime sessions twice a week. Individualized, hands-on training is based on Year 1 and Year 2 techniques that will be taught during the semester. The faculty, resident or fellow responsible for presenting a given lecture facilitates these noontime sessions. Since TAs are second year medical students teaching first year medical students, they get a refresher course on techniques they have learned during their freshman year on top of learning new ones firsthand.

This picture above shows TAs with faculty during a noontime training session.

The success of the TA Program provides a win-win situation for students, faculty, and the institution. The TA's able assistance during practice training sessions has allowed faculty greater flexibility in interacting with all students. On the same note, the



institution has benefited by having additional personnel assist in educating students in osteopathic principles and practices.

The TA Program is a vital component of the Department of Osteopathic Manipulative Medicine. Over

the course of 23 years, it has provided valuable resources for the department. It has also been the stepping stone for bright and energetic students in furthering their skills. We take pride in the molding of promising osteopaths in the medical field whose

skills were honed as TAs. Therefore, as long as there is a Department of Osteopathic Manipulative Medicine, at TCOM, the TA Program will be an integral part of it.□

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# Pre-Doctoral Fellowship Program in the Osteopathic Manipulative Medicine Program at the Texas College of Osteopathic Medicine

Turner Slich, BA, OMS-III; Scott T. Stoll, DO, PhD

John Harakal, DO founded the Pre-doctoral Fellowship Program (PDF), as it is now known, in 1970, as the Undergraduate Teaching Fellowship program (UTF). The program accepted two students per year, each being paid approximately \$30,000, and required the student to remain in school an additional year, with no increase in cost (tuition). Under the direction of Scott T. Stoll, DO, PhD, from 1998-2001, the program has (1) changed its name from UTF to PDF, (2) increased to four positions including, both teaching and research tracks, (3) become partly NIH funded via a K-30 grant through National Center of Complementary and Alternative Medicine (NCCAM), and (4) is progressing toward a dual degree (DO/MS), pending final approval of the degree plan. The overall goal of the PDF is to increase the skill and knowledge in the areas of OMM practice, research, and teaching. Since the summer of 2001, the program has been under the directorship of Eric E. Gish, DO, and is administered within the Department of Osteopathic Manipulative

Medicine (OMM) with the support of the Texas College of Osteopathic Medicine (TCOM) and the University of North Texas Health Science Center at Fort Worth (UNTHSC) administration. Lorna Brooks is the PDF Program Coordinator.

The program selects four new PDF students per academic year. Fellows complete three; four-month rotations interspersed between required and elective clinical rotations. Two fellows begin at the onset of the third year, while the other two new fellows begin four months later. Two junior fellows (new) are in the department along side two senior fellows, selected from the year before. The overlap of the junior and senior fellows allows the senior fellows to advise and mentor the junior fellows, maintaining the continuity of the program. Junior fellows must complete the required one-month long, third year Core Clinical Clerkship in OMM (Core) prior to entering the program.

Fellows are paid approximately \$30,000 over three years in monthly payments, with no additional employee

benefits. Each fellow is given an educational allowance of \$2,400 over the three-year period, with the requirement of attending at least one AAO Convocation and one advanced CME course in OMM. Two of the PDF positions per year are funded by the UNTHSC Administration (hard dollars), while the other two positions are funded via research funding from local/federal grants as well as philanthropic sources (soft dollars).

Recruitment occurs during the second academic year. Applicants must be in good academic standing, as well as possess an increased interest and aptitude in OMM. Many of the accepted fellows have come from the second-year OMM Teaching Assistant Program. This program has proven to consistently produce high-quality applicants; however, the application process is open to the entire second year class. The program is announced to the class at a lunch meeting near the end of the fall semester. Students are encouraged to meet individually with current fellows to ask questions about the



program. The application process begins at the beginning of the spring semester and a decision is made in mid-March. The application consists of a one-page application form, submission of a curriculum vita and a personal statement of interest in the program. Current faculty, residents, fellows, and staff collectively interview applicants for 15 minutes per candidate. All participants of the interview share input about the candidates and faculty alone votes on the final selection.

All fellows must meet requirements in three areas: teaching, research, and academics. Teaching duties are three-fold. First, fellows teach a portion of both first and second year didactic OMM lectures and labs, under the supervision of the OMM Course Directors. Fellows also teach the associated TA training session, held twice a week during lunch, in order to prepare the TAs for upcoming material. Second, at the beginning of each month of the required Core Clinical Clerkship in OMM (Core), each third year student must complete a 20-hour OMT refresher course. The course consists of a condensed overview of the first and second year curriculum including concepts such as the 10-Step Exam, regional diagnosis and treatment, SOAP note orientation, and clinical red flags. Fellows present the entire review under the supervision of Core Clerkship Director Stuart Williams, DO. Third, the fellows are responsible for leading the Core journal club, where fellows and students discuss journal articles selected by the faculty. As opportunity arises, fellows also occasionally conduct presentations to the community or at CME courses.

All fellows are expected to complete at least one scholarly work during the program by completing a grant appropriate for submission or a manuscript suitable for publication. Fellows choose scholarly emphasis on either education or clinical or basic science research according to their own preferences. Each fellow selects a faculty advisor

who must, in association with Dr. Eric Gish, approve the nature and scope of scholarly activity and product. Examples of appropriate scholarly work include curricular reform, NIH grants submissions, and journal article submissions. It is broadly recognized at the National Institutes of Health (NIH) that the lack of clinical scientists is one of our nation's greatest limitations in biomedical research. The PDF program is an opportunity to influence the career plans of clinicians, towards research, at an impressive stage in their training. The Pre-doctoral Fellowship is a program well developed in our profession and is largely lacking in the allopathic profession. The Association of American Medical Colleges (AAMC) and the NIH should be encouraged to explore, endorse, and fund this model as a critical and integral component of their clinical scientist development programs.

Education for the fellows includes attendance of a number of didactic sessions each week. Anatomy hour is designed to review aspects of human anatomy crucial to the understanding of advanced OMM. Philosophy hour allows a time for discussions of different osteopathic principles and practices to allow the fellow to gain a more complete understanding of osteopathy. This commonly includes readings and discussions of books written by A.T. Still, MD, DO and others. Fellow's hour allows fellows to work directly with faculty in a smaller setting for training in more advanced techniques. Journal club facilitates the reading and evaluation of articles on research or osteopathic principles and allows for an avenue of discussion of the published literature. Many of these programs are shared between the Pre-doctoral Fellows and the Post-doctoral Fellows (NMM/OMM residents) in the spirit of academic efficiency. Fellows are also given the opportunity to see patients twice a week. Fellows see and

treat patients under the supervision of faculty. This is an excellent means by which to teach and learn the aspect of the patient/doctor relationship as well as providing time to practice and master various OMM techniques.

By the time this article is published, a degree plan is expected to be approved by the Graduate Council of the Graduate School of Biomedical Sciences at UNTHSC to create a Master's degree in Clinical Education and Research. This Master's degree plan was developed with the support of a five-year \$1.4 million K-30 research curriculum development grant from the NIH through the NCCAM. It is anticipated that all pre- and post-doctoral fellows in OMM should be able to obtain the Master's degree with minimal additional course work or research beyond what is already required for their programs. The OMM department plans to make this dual degree opportunity available to both residents at the Osteopathic Medical Center of Texas and UNTHSC in programs other than NMM and OMM. The department also plans to be able to offer the program to PDF students at other colleges.

The PDF program is an integral and indispensable component of our OMM department's academic mission. The fellows enable our faculty to provide high quality OMM education to the year one through three osteopathic medical students at UNTHSC in a cost-efficient manner. They provide much of the intellect, imagination, skills, drive, and manpower needed to grow our OMM research. As they enter residencies and clinical practice, the Pre-doctoral Fellows are our most articulate emissaries in both the osteopathic and allopathic world. Commonly graduating with dual degrees, they are our highest academic products. With their unique advanced training in clinical practice, medical education, and research, they are uniquely positioned to become the future leaders of our profession. □



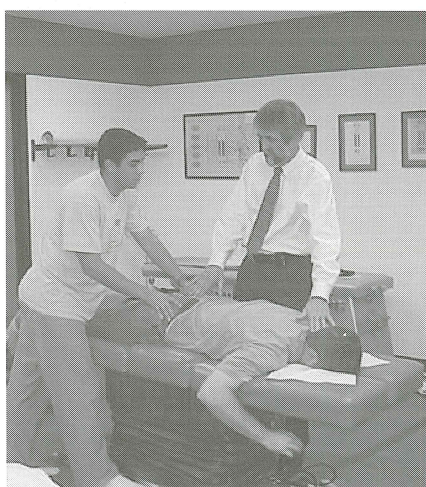
# Core Clinical Clerkship in Osteopathic Manipulative Medicine at the Texas College of Osteopathic Medicine

Lisa Butler, BA, OMS-IV; Scott T. Stoll, DO, PhD; Russell G. Gamber, DO, MPH

The required Core Clinical Clerkship (CCC) in Osteopathic Manipulative Medicine (OMM) was initiated at the Texas College of Osteopathic Medicine (TCOM) in 1993. It was created in response to a variety of issues in medical education and health care.

It had become widely recognized that the utilization of OMM was in decline nationwide. Although there are many reasons for this national trend, it seemed to be in large part due to inadequate exposure to the use of OMM in clinical settings during medical school and residencies. It seemed that our profession was caught in a reinforcing negative cycle wherein decreasing clinical use of OMM led to decreased clinical exposure to our students and residents, which then in turn led to physicians who utilized less OMM.

Another concurrent trend is that of medical school curricular reform. TCOM began the process of curricular reform in the early 1990s by laying the groundwork necessary for a move to problem-based, system oriented medical curriculum. This foundation included an effort to open more time during the Year I and Year II medical curriculum. One strategy in this curricular reform was to shorten the Year I and II OMM curriculum



*Associate Professor Russell Gamber, DO testing students on their hands-on skills.*

by moving part of that content into a required clinical clerkship in OMM.

Consequently, in 1993 it was decided that a required Core Clinical Clerkship in OMM would be created in order to decompress the Year I and Year II medical curriculum as well as to increase exposure of medical students to the clinical application of OMM.

Russell Gamber, DO was selected to be creator and initial director of this required clinical clerkship in osteopathic manipulative medicine. He got together faculty members, predoctoral fellows and medical students to develop a list of what was felt to be the most valuable elements of all of

the other clinical clerkships that were currently in existence at TCOM. It was determined, from this initial focus group session, that an optimal clinical clerkship would include the following components.

- An orientation session
- A syllabus that clearly defined the requirements and teaching objectives of the rotation.
- Didactic education to review clinical information critical to the clerkship experience.
- A faculty clinic involving student observation and education.
- A student clinical experience providing a degree of autonomy in making medical diagnoses and decisions.
- Clinical case reviews to help students understand how to integrate the use of OMT in clinical cases.
- A required paper and case presentation.
- A journal club.
- A final exam.

A schedule was then created which would allow all of these valued elements to be incorporated into the required clerkship in OMM. As this clerkship was established it immediately became very successful and highly rated and regarded by the students. This



design has stood the test of time and to a large degree has remained unchanged over the last eight years.

As follows is more detail into the structure and content of this required clinical clerkship at TCOM.

## Orientation

On the morning of the first Monday of their four-week clerkship rotation, the students receive approximately 90 minutes of orientation to their upcoming clerkship experience. This time is divided evenly between the Clinical Supervisor Joanne Davis, RN, the OMM Clerkship Program Coordinator Lorna Brooks, and the current OMM Clerkship Director Stuart Williams, DO. The clinic supervisor orients the students to the details of clinic operation that are necessary for the students to know in order to participate efficiently in both faculty and the student clinical experiences. The program coordinator orients students to the mechanics of the rotation including grading and the details of their individual schedules for the entire rotation. The clerkship director orients the students to the clinical content, their professional conduct and academic expectations. This orientation is minimally redundant and gets the students off to a strong start to this clerkship experience.

## Clerkship Curriculum

The initial week of the OMM clerkship involves 14-hours of small group and hands-on instruction. This instruction is taught almost entirely by the OMM predoctoral fellows under the supervision of the clerkship director. This curriculum includes philosophy of practice and OMM diagnostic and treatment techniques. This curriculum also reviews, with students, how to document on the standardized SOAP note form and how to recognize clinical red flags and contraindications to the use of OMT.

In addition to this 14-hour review of their Year I and II OMM education, the students receive another 6-8 hours of didactic and hands-on presentations, which emphasizes the application of OMM to a variety of common clinical conditions such as low back pain, pneumonia or headaches. We call these clinical presentations our clinical correlation lecture series.

## Journal Club

The OMM clerkship rotation has a weekly journal club in which all 10-12 students on rotation in the clerkship must participate. We have selected a set of research articles that we feel is representative of contemporary OMM research literature. Students are randomly assigned to a

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**The goal  
of the journal club  
is to get students  
to think critically  
about OMM research  
and the quality  
of OMM literature.**

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particular article. All students are expected to read all articles, but a student is expected to present on the article which has been assigned to them. Each student is given approximately 15 minutes to present their article and lead a discussion over the scientific merit (or lack thereof) of their article. These journal club sessions are supervised and facilitated by either an OMM faculty member or one of our NMM/OMM residents.

The articles are rotated on an annual basis to ensure they remain up-to-date. The goal of the journal club is to get students to think critically about OMM research and the quality of OMM literature. It is hoped that through this critical evaluation of the

OMM research literature students are encouraged to become involved in research and publication.

## Case Presentations

Each student is required to write a case presentation about the application of OMM to a clinical condition which they have seen on their rotation. They need to clear their topic with the clerkship director for approval. Once their written paper is complete, they are required to make a 15 minute presentation to the rest of the clerkship students and an OMM faculty member or NMM/OMM resident. These presentations are followed by a critical analysis of the content and presentation by everyone present.

Many of these case presentations are of high quality including a complete bibliography of articles referenced in the paper and an insightful discussion of the theory and practice of OMM integration into clinical practice. The OMM faculty grades these case study papers and the grade on the paper becomes a part of their numeric grade for their OMM clerkship. Many of these articles are edited and revised with the assistance of our OMM faculty and then submitted to journals for publication.

## Clinical Experience

There are two distinct types of clinical experiences that the students on OMM clerkship receive. One is described as their "student clinic" and the other is described as the "faculty clinic".

For three half days per week the students go to the student clinic. The 10-12 students are paired up such that five to six exam rooms are running at a time. Patients sign up to see these students at a fee of \$10 per visit. This clinic does not accept insurance and all visits are billed as a Level I Evaluation and Management (E&M) code.



The students see the patient, perform their evaluation and complete whatever OMM treatment they deem is appropriate. Once they have completed their evaluation and treatment, the students report to the OMM faculty supervising the clinic for that day. The OMM faculty reviews the case and sees each patient and provides whatever instruction and care is necessary to complete the clinical and educational encounter.

Certainly the students are encouraged to come and speak to the supervising faculty prior to initiation of treatment if there is any question about the diagnosis or the safety of proceeding with OMT. With five to six rooms to cover, this becomes a very busy half-day for the supervising physician. However, we find that this opportunity for students to have some degree of autonomy and responsibility in both the evaluation, diagnosis and treatment of patients is an invaluable component of their education. We feel this experience goes a long way in building their confidence and the ability to provide OMM in a competent and safe manner.

The students participate in the faculty clinic the other seven-half days per week. For the faculty clinic component, the students are divided among all the clinicians engaged in their own private OMM practice. Usually, two students sign up to be with one faculty for two weeks and then switch to a different faculty member for the second two weeks of their four-week rotation. By following faculty through their clinical encounters, the students have an opportunity to see how an experienced OMM clinician manages patients in a variety of clinical settings. By having the students spend only two weeks with a single faculty, they get the opportunity to see how different faculty may approach similar clinical conditions.

Some of our faculty practice only

inpatient OMM and others practice only outpatient OMM. Some of our faculty practice as Physical Medicine and Rehabilitation (PM&R) physicians both in an inpatient and outpatient setting. All clerkship physicians are required to provide OMT in at least 50

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**... this opportunity for students to have some degree of autonomy and responsibility in both the evaluation, diagnosis and treatment of patients is an invaluable component of their education. We feel this experience goes a long way in building their confidence and the ability to provide OMM in a competent and safe manner.**

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percent of their patient population.

It is during both student and faculty clinics that the students have the opportunity for one-on-one case review. It is scheduled that at the end of these clinical experiences, the student and faculty together select an individual clinical case for the day that is felt to merit further review based on either its complexity or unique applicability of OMM. These specific cases are then reviewed to discuss how OMM was integrated into the care and where necessary specific OMT skills are reviewed and practiced.

## **Evaluation**

On the afternoon on the Friday of their fourth and last week of the OMM clerkship, the students are required to take the NBOME OMM

Shelf Examination. This not only helps provide for a standardized, high-quality OMM exam, but also helps the students gain insight into the style and content of OMM questions on the COMLEX.

Faculty members also evaluate students on a variety of aspects of their participation and competence on their clinical encounters. Students are rated on qualities such as personal appearance, professionalism, knowledge base, OMM skill, etc. These qualities are rated on a numeric scale and converted to a numeric grade, which when combined with the grade on their written case report and presentation make their final numeric grade for the OMM clerkship.

Students also have an opportunity to evaluate the OMM clerkship as a whole and each of their faculty preceptors. Scores from these evaluations are used by UNTHSC to develop a satisfaction index for each rotation offered for each year. These satisfaction indices are used to help guide the development of faculty and to improve the design and content of the clerkship.

## **Summary**

We have found that this required clerkship in OMM is a highly valued element of our seven plus year OMM curriculum. The OMM clerkship that occurs during their third year medical school helps students make that critical transition from knowledge about OMM to a level of confidence and competence in the clinical application of their knowledge. The students continually rate this OMM clerkship highly in comparison to other clerkship rotations at TCOM. With this critical component of our curriculum firmly established, our students are optimally trained to utilize OMM in their residencies and clinical practice. □



# Neuromusculoskeletal Medicine and Osteopathic Manipulative Treatment Residency Programs at the Osteopathic Medical Center of Texas

Scott T. Stoll, DO, PhD; Michael Carnes, DO; Lorna Brooks

There are two pathways for residency programs in neuromusculoskeletal Medicine/osteopathic Manipulative Treatment (NMM/OMT) at the Osteopathic Medical Center of Texas (OMCT). These opportunities include the Two-year Residency and "Plus-One" options. The two-year residency program in NMM/OMT is designed for individuals who have completed an internship year and wish to obtain primary certification in the field of NMM/OMT. The "Plus-One" residency option is for physicians who have already completed their primary certification in a specialty area other than NMM/OMT. This one-year residency (postdoctoral fellowship) enables physicians to become board-eligible in NMM/OMT in addition to their primary clinical specialty training. There are many similarities between the "Plus-One" and the Two-year residency in NMM/OMT offered at OMCT; and for this reason, these programs will be described together in the article that follows.

The "Plus-One" and Two-year residency programs in osteopathic manipulative medicine began under the direction of Jerry Dickey, DO, in 1992. The program is funded and administered through the osteopathic Medical Center of Texas, accredited



through the University of North Texas Health Science Center (UNTHSC) and associated with the Texas Osteopathic Post Doctoral Training Institute (Texas OPTI). From year 1998 to 2001 the Two-year program was directed by Russell Gamber, DO and Jerry Dickey, DO was the director of the "Plus-One" program. Michael Carnes, DO, board certified in NMM/OMT and a graduate of the Two-year residency at St. Barnabas Hospital, became the Residency Director for both the "Plus-One" and Two-year NMM/OMT Residency at OMCT in 2001. Lorna Brooks is the Administrative Coordinator for these resi-

dency programs. For the last two years we have successfully recruited and hired physicians to fill our four funded positions.

Residency training in NMM/OMT is designed to help the resident learn the philosophy, principals, and practice of osteopathic manipulative medicine, including osteopathic manipulative treatment. Since physicians who are certified in NMM/OMT practice in a wide variety of environments including academics, outpatient clinics, inpatient consultations, and research we have developed a curriculum that should prepare the residents to undertake

the practice of NMM/OMT with whatever emphasis they choose. This curriculum includes (1) direct didactic and hands-on training in NMM/OMT; (2) training in becoming a clinical educator; (3) training in becoming a clinical researcher; (4) supervised clinical experience.

## Didactic and Hands-on Education

The residents' didactic education includes a weekly one-hour Anatomy discussion, a weekly one-hour Journal Club, a weekly one-hour discussion of osteopathic philosophy and a



weekly one-hour session of directed hands-on manual medicine training. These didactic and hands-on directed educational sessions with our OMM clinical faculty are commonly held in conjunction with our predoctoral fellows in the department of osteopathic manipulative medicine. The diversity of the constituency of these educational opportunities helps enrich the depth and breadth of curricular content as well as improve our overall departmental academic efficacy.

## **Clinical Educator Training**

The course directors for each of these OMM courses at UNTHSC are responsible to supervise and mentor the residents in their preparation and delivery of these lecture and lab presentations. The residents are responsible for conducting educational sessions to prepare student teaching assistants for upcoming lecture material when it is material that the resident is responsible for presenting. Additionally, residents are called upon to make special presentations either to the community or at continuing medical education courses as opportunities arise.

All residents are responsible for making presentations appropriate to the level of their ability. The residents become involved in curricular development as well as lecture and lab presentations/table training in the area of osteopathic manipulative medicine during our Year I and Year II OMM courses as well as through involvement in the Core Clinical Clerkship in OMM. Each resident gives, on average, one formal presentation per month, but may also participate as a table trainer at four or five other laboratory sessions per month.

## **Clinical Research Training**

Each resident also receives instruction on how to conduct clinical research in the area of OMM. This in-

struction comes in the form of a mentor/student relationship between the resident and their selected faculty research advisor. They attend local and national classes and courses in research, literature review, project design, methodology, project implementation, funding and scientific writing. Residents are required to complete at least one scholarly work during their residency program. This may take the form of a completed grant application appropriate for submission or a manuscript suitable for publication. The residents select their own research topic according to their own personal preferences in collaboration with their faculty advisor and residency director.

An additional opportunity currently under development will give the Two-year NMM/OMT resident the ability to obtain a Master's Degree in Clinical Education and Research during the course of their two-year residency at OMCT. This Master's degree plan was developed with the support of a five-year NIH K-30 research curriculum development grant through the National Center for Complementary and Alternative Medicine. It is expected that with transfer credit from their DO degree, a minimum of additional graduate course work in combination with their scholarly work serving as their thesis project, NMM/OMT residents may obtain a Master's Degree.

## **Clinical Experience**

Both "Plus-One" and Two-year residencies in NMM/OMT at OMCT enter into a clinical rotation schedule based on four-week blocks. This schedule includes six months per year on the inpatient OMM service in addition to four months of required clinical rotations and three months of approved elective rotations. Required rotations include (1) physical medicine and rehabilitation; (2) outpatient OMM; (3) geriatrics.

With the exception of certain elec-

tive rotations, residents participate in Year I and Year II OMM courses in an effort to both enhance their basic OMM knowledge and skill as well as to improve their teaching ability.

All residents participate in an outpatient continuity clinic located in the OMM Clinic on the 6<sup>th</sup> floor of the Patient Care Center on campus at the University of North Texas Health Science Center. These outpatient clinics are conducted as two half-day clinics per week and are supervised by the clinical faculty in our OMM department.

The Inpatient OMM service is comprised of the following patient types and service requests: new consults, consult F/Us, newborn exams, OB, post-op, ICU/CCU, Family Medicine, Internal Medicine, General/Vascular/Orthopedic Surgery, Cardiothoracic Surgery, Pulmonology, Neurology, Cardiology and Psychiatry. There are approximately 5-12 patients seen on average each day in the hospital setting including 1-3 ICU patients, 2-4 new consults, and several newborn evaluations. In the Outpatient Clinic residents tend to see 6-8 patients per half-day and the clinics are booked 3-4 weeks in advance.

Our "Plus-One" and Two-year Residency programs meet all national AOA and AAO required residency standards as published in the AOA Guidelines for Residency Programs in NMM/OMT. The basic standards document outlining the details of residency training in NMM/OMT is available from the AAO. The specifics of our residency programs are detailed in the UNTHSC NMM/OMT residency syllabus.

## **Residency Recruitment and Admission Requirements**

Our residents are actively recruited in a variety of forums including AAO convocation, AOA convention, national journal ads, OMM web site and



occasional targeted direct mailings. However, we believe that our greatest marketing and recruitment tool is by word of mouth. Interested applicants must initiate their application by contacting the Office of the Director of Medical Education at the Osteopathic Medical Center of Texas (OMCT).

Prerequisites for being considered for the program include (1) completion of a DO degree; (2) completion of an AOA approved internship; (3) the "Plus-One" residency requires completion of a residency in another AOA approved specialty area prior to admission. The details of the actual application to be considered for a residency position in our program can be obtained by contacting Lynn Johnson in the Department of Medical Education at OMCT directly at 817-735-3549.

Once the application is complete,

applicants may be invited for a site visit and interview. On the day of their interview, they will have an opportunity to speak with Pre-doctoral Fellows, Residents, staff and faculty associated with this program both in combination and individually. They will receive a tour of the facilities both at OMCT and UNTHSC and undergo the interview process. A panel composed of department faculty members, staff, other residents and pre-doctoral fellows, interviews the resident applicants. Over thirty minutes everyone has the opportunity to ask the applicant questions and the applicant may also ask questions about the program. After the interview is complete and the applicant is dismissed, everyone has the opportunity to have input and share impressions. The decision is then made by a vote of the OMM faculty members.

## Summary

These "Plus-One" and Two-year Residency Programs in NMM/OMT at OMCT and UNTHSC comprise a unique and rich opportunity for any physician who wishes to gain post-doctoral training in the area of osteopathic manipulative medicine. These residency programs are a critical and integral part of our OMM education curriculum at UNTHSC. Not only does it help develop a cadre of clinicians who integrate OMM into their daily clinical faculty; the residencies also develop the clinician researchers, educators and leaders that our profession desperately needs. Residency positions are currently available for the coming 2002-2003 academic year. □

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# Research Accomplishments of the Department of Osteopathic Manipulative Medicine of the Texas College of Osteopathic Medicine

Scott T. Stoll, DO, PhD

University of North Texas Health Science Center (UNTHSC) and its founding school the Texas College of Osteopathic Medicine (TCOM) have one of the most successful research programs of all of the colleges of the osteopathic profession. In fact, in terms of total federal competitive research grants awarded, the over \$10 million of federal grants received at TCOM in 1999 is by far the highest of any college of osteopathic medicine.

The University of North Texas

Health Science Center has a rich and complex system of researchers and support services. Under the guidance and encouragement of Ben Cohen, DO, UNTHSC Provost, there is both an Office of Clinical Trials and a Department of Research and Biotechnology. Denise Shingleton, DO is the Director of Office of Clinical Trials and Robert Gracy PhD is the Dean of the Department of Research and Biotechnology. There are six "Institutes of Discovery" at UNTHSC. These are

institutes developed around a clinical theme such as the Physical Medicine Institute. These institutes may appoint faculty; however, much of their value is in drawing the diverse expertise of clinicians and researchers across departmental lines in support of research, clinical work and education about clinical focus. The three schools at UNTHSC (Texas College of Osteopathic Medicine, Graduate School of Biomedical Sciences, and School of Public Health)



and their many constituent basic science and clinical departments have, by far, the most faculty and supported infrastructure to carry out the basic science and clinical research which makes up the majority of our research productivity. The Office of Clinical Trials and the Department of Research and Biotechnology provide tremendous centralized institutional support as needed to facilitate appropriate research productivity. It is within the context of this fertile ground of UNTHSC research expertise, enthusiasm, and support that the seeds of OMM research have been planted, taken root, and thrived.

Some of the earliest efforts in OMM research came in the late 1980s with Dr. Robert Irvin's investigation into the effects of postural balancing in professional dancers. In the early 1990s, the OMM department at TCOM completed several studies collaborating with other department's within the college. These included: (1) Patricia Gwartz, PhD, Jerry Dickey, DO and David Vick, DO investigating palpatory evidence of cardiac viscerosomatic reflexes in chronically instrumented dogs; (2) Russell Gamber, DO and Bernard Rubin, DO investigating the efficacy of strain-counterstrain in patient's with fibromyalgia; (3) Russell Gamber, DO and Donald Noll, DO investigating the clinical efficacy of OMT in hospitalized patients with pneumonia. These projects were made possible with the support from grants awarded by the American Osteopathic Association Bureau of Research.

There was a confluence of several local and national events and opportunities that facilitated rapid and successful growth within the research arm of the Department of Osteopathic Manipulative Medicine.

Scott T. Stoll, DO, PhD returned to the OMM department in 1995 following completion of his residency in Physical Medicine and Rehabilitation. In 1997, with the support of

Peter Raven, PhD, the chairman of the Department of Integrative Physiology and the Director of the Cardiovascular Research Institute at UNTHSC, Dr. Stoll was able to create and direct a Center for Physical Medicine. In 1999, this center was partially funded by the Osteopathic Health System of Texas, Dr. and Mrs. Carl Everett, and other foundations to the point it could take its place as one of the six Institutes of Discovery at UNTHSC.

At nearly the same time, the National Office for Complementary and Alternative Medicine at the National Institutes of Health (NIH) was developed and soon elevated to its current position as the National Center for Complementary and Alternative Medicine (NCCAM). With its new designation as a national center within the NIH, NCCAM saw a very rapid growth in its federal funding stream. The impact of the development of NCCAM on its impact on the growth of research in the area of osteopathic manipulative medicine (OMM) can not be underestimated. Although, the osteopathic profession as a whole is considered as a conventional health care system, the OMM component of our profession is considered to be complementary and alternative.

It has long been recognized that there is a market failure to fund research in the area of manual medicine. Unlike a new pharmaceutical which once proven efficacious will more than recover the cost of conducting research, costly research in the area of OMM will never recoup the expenses incurred. NCCAM helped solve the dilemma of the manual medicine research market failure by providing substantial federal research funding.

By late 1999, Dr. Stoll was both Chairman of the Department of Osteopathic Manipulative Medicine and Director of the Physical Medicine Institute. The OMM department had been involved in a wide-variety of

pilot OMM research projects with repeated funding through the American Osteopathic Association Bureau of Research. Since its inception in 1976, the Pre-doctoral Fellowship in OMM had always hired two new pre-doctoral fellows per year as supported by TCOM institutional funds. In the fall of 1998, with the help of private foundations, philanthropic individuals and AOA grants, we were able to recruit and support two additional pre-doctoral fellows each year. In doubling the number of students involved our Pre-doctoral Fellowship Program, we designated two pre-doctoral fellow positions as pre-doctoral *teaching* fellowship and the other two positions as pre-doctoral *research* fellowship positions. With the addition of more pre-doctoral fellows, the teaching load of each individual fellow was proportionally diminished which provided all of the fellows a greater opportunity to participate in scholarly work such as curricular and research development.

In the fall of 1999, we were finally positioned to seriously consider application to the NIH for federal funding from the NCCAM to support our research efforts. As we were developing ideas for NIH grant applications we became aware of a newly released RFA out of NIH NCCAM. This RFA was seeking grant applications to NCCAM for a newly developed grant mechanism known as a K-30 award. This grant mechanism was only two years old at NIH and specifically was to fund programs designed to create and implement a curriculum to train clinicians in how to conduct research. The deadline for submission of applications in response to this K-30 RFA from NCCAM was dated only two months after the release date of the RFA. Student Doctor Jeffrey Siu was one of our new pre-doctoral research fellows who was just beginning his first three month rotation within the OMM department in his role as pre-doctoral fellow. At that



time, Dr. Stoll was the pre-doctoral fellowship director and the OMM department chair and recognized the opportunity to apply for this K-30 grant to develop a research curriculum to train both our pre-doctoral fellows (students) and post-doctoral fellows (residents) in OMM research. Jeff Siu spent the next two months working long hours under the supervision of Dr. Stoll and with the guidance of the NCCAM K-30 program director. The application was submitted in time for the RFA deadline.

The NIH NCCAM grant application review critique complemented the design of the research curriculum program but questioned the relative inexperience of Dr. Stoll in the principal investigator role. Nevertheless, with a rapidly growing budget at NCCAM, our long history of experience with pre- and post-doctoral fellowship training and a relative paucity of quality applications which met the rapid deadline of the RFA; we were awarded the \$1.4 million over five years. We have made great strides over the last year toward achieving the aims of our K-30 grant proposal and successfully submitted the application for renewal of our grant into its second year.

For many years it has been recognized that the osteopathic profession has needed to complete quality clinical outcome studies in the area of osteopathic manipulative medicine. It also recognized that the only way clinical research could be completed with substantial methodological power would be to combine the resources, expertise and patient volume of multiple osteopathic colleges into a collaborative multi-center clinical outcomes studies. With this goal in mind, the leaders of the American Osteopathic Association (AOA), the American Association of Colleges of Osteopathic Medicine (AACOM), the American Academy of Osteopathy (AAO), the American Osteopathic Hospital Association (AOHA), the American Osteopathic College of

Family Practitioners (AOCFP), American Osteopathic Foundation (AOF) and the Association of Osteopathic Directors of Medical Education (AODME) came together and developed an Osteopathic Research Task Force (ORT) to determine a way to enhance collaborative clinical research in the areas of OMM. It was recognized that financial resources necessary to fund the needed research were beyond the means of the osteopathic profession to fund by itself. Discussion between these leading osteopathic organizations and NIH NCCAM directors indicated that if the osteopathic profession could endorse one of its osteopathic colleges to be an Osteopathic Research Center (ORC) that it would greatly enhance the likelihood of this college of osteopathic medicine acquiring significant NIH support. A process was then developed whereby one of the colleges of osteopathic medicine could be selected and funded as an ORC.

A selection committee was chosen for its scientific credentials and apolitical nature. This selection committee wrote a NIH style Request For Application (RFA) to which all of the colleges of the osteopathic medicine were encouraged to respond. This RFA required that applications be submitted in NIH format demonstrating each individual applying college's plan for the osteopathic research center and required the inclusion of two NIH style grant submissions as sub-projects to the center application. This RFA can be found on the AACOM research web site, the AOA Bureau of Research (BOR) web site and on our web site.

All of the colleges of osteopathic medicine were given an equal opportunity to apply to be designated an ORC. The application deadline was August 31, 2001. Five colleges of osteopathic medicine applied for the designation as the ORC. The applications were reviewed by the selec-

tion committee, which had written the ORC RFA. The selection committee made a unanimous decision, which was accepted by the profession's leading organizations and announced at the annual AOA Convention and Scientific seminar in San Diego, CA on October 21, 2001. The University of North Texas Health Science Center at Fort Worth as lead by President Ronald Blanck, DO was the recipient of the profession's support and endorsement.

Figure 1 illustrates the functional organizational diagram of the proposed ORC at UNTHSC. Scott T. Stoll, DO, PhD is the Principal Investigator and Executive Director for the ORC. The ORC is to receive \$1.1 million from the AOA, AACOM, and AOF over a four-year period.

There were four primary aims listed in the UNTHSC application to become the ORC. These aims include: (1) to insure the long-term support of the infrastructure of the ORC, (2) to develop and implement research training programs in the area of OMM, (3) to conduct research into the clinical efficacy of OMM, and (4) to facilitate multi-center collaborative clinical outcome studies in the area of OMM. The timelines and methodology by which these aims were to be achieved is detailed in the application. The actual application that UNTHSC submitted to the selection committee can be viewed on the AACOM research web site, the AOA BOR web site and on our web site. We encourage everyone to review this application as it clearly delineates our plan to achieve these collective goals of our profession. Comments or questions about the ORC can be directed to our OMM department e-mail address [tcomomm@hsc.unt.edu](mailto:tcomomm@hsc.unt.edu).

We are humbled and honored at UNTHSC for this tremendous opportunity and responsibility. We intend to work with the leading organizations of our profession both nationally and locally to maximally lever-



age this investment of our profession into still greater funds to the benefit of these primary aims of the ORC. The aims of the K-30 NIH NCCAM research curriculum development grant are entirely consistent with that of the ORC and the resources of this NIH grant will therefore support the common mission of the K-30 program and the ORC. The ORC will strive to facilitate national conferences to develop collaborative clinical trials in OMM as well as support the development of an osteopathic research web site including links to the osteopathic literature database, an osteopathic research collaboration center and important research resources. However, primarily the ORC at UNTHSC as lead by Dr. Stoll will make every effort to bring together researchers and institutions capable of developing and supporting multi-center collaborative outcomes studies in the area of OMM. Physicians and scientists interested in participating in collaborative multi-center OMM research projects are encouraged to register with the AACOM research collaboration web site at: <http://www.osteopathicresearch.net>

To help keep our research accomplishments and success in proper perspective, we keep on our wall of the OMM department at UNTHSC a picture of a turtle on a fence post. For we know in Texas, should you come upon a turtle atop of a fence post that it had a lot of help in getting there. We know that our research funding and recognition success comes in part from our persistence and hard work, but also know that primarily it is the result of the cumulative effort, support and vision of clinicians, scientists, and leaders throughout the osteopathic profession. We will continue to our very best to meet and exceed the expectations of those of you who have entrusted us with this great enterprise. □

## OMM DEPARTMENT

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Associate Professor

Board Certified, PM&R

Executive Director, Physical Medicine Institute

Executive Director, Osteopathic Research Center

Medical Director, OMCT RehabCenter

Medical Director, Easter Seal Society of Tarrant county

Medical Director, SMART Institute

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Residency

Director, NMM/OMM Plus-One

Residency

Program Director, Dept of OMM, OMCT

Director, Inpatient OMM Consult Service, OMCT

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Associate Course Director,

OMM Year I Semester I

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OMM Year I Semester I

Associate Course Director

OMM Year I Semester II

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Clinic Division Director, OMM

Associate Director, OMM CME

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OMM Year II Semester IV

Assoc. Course Director,

OMM Year II Semester III

Associate Director, OMM CME

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Medical Director, Spine Institute

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Course Director, Musculoskeletal/

Skin Year II Course

Chairman, Structural Medicine,

SM&R Department, OMCT

### JERRY MCGILL, PhD

Associate Professor

Chairman, Institutional Review Board

Board Certified, American Board

of Medical Psychotherapists

Board Certified, American Academy

of Pain Management



# Book Review

Reviewer: Anthony G. Chila, DO, FAAO

## Scientific Somatic Dysfunction

James E. White, DO; Joan M. Resk, DO, JD

In the practice of osteopathic palpation, palpatory diagnosis and manipulative intervention, clinicians frequently encounter patient presentations of head, neck and face pain. Challenges are unlimited in attempting to achieve satisfactory and beneficial responses to management of these complaints. Often, despite skillful use of a variety of manipulative approaches and even with interdisciplinary (dental) involvement in patient care, good results are often lacking.

James E. White, DO and Joan M. Resk, DO, JD, seek to present a holistic and integrated method approach to the diagnosis, treatment and management of head, neck and face pain. The authors utilize a group of interrelated operational definitions which are clearly related to osteopathic theory, methods and practice. Their effort continues through their explanation of methods and materials for fabricating, fitting, balancing and using osteopathic oral appliances for patients. The softbound text (128 pages including index) is written in a concise and readable style, accompanied by numerous useful illustrations which are appropriately text-related.

The practicing clinician seeking to expand his/her views about head, neck, and face pain will be challenged by the authors' use of palpatory diagnostic examination and definition of findings, craniofacial osteopathic manipulative treatment (OMT) and acupuncture. Extensive discussion accompanies the preparation and implementation of osteopathic oral appliances (OOA) which follows the diagnostic assessment. Follow-up care is discussed in detail. Postural considerations are also addressed in the authors' discussion of use of central x-ray beam recorded films. A Sony digital still camera is used to change the central beam recorded x-ray film into a bitmap. This can be archived for research purposes. The Corel Draw #9 computer program facilitates conversion of an x-ray into a vector graphic capable of being enlarged as needed. The non traumatic induction and reversal of 24 examples of somatic dysfunction reflects the clinical emphases of the authors. Some examples are headaches, unilateral and bilateral neck pain, extremity paresthesias, shoulder-arm-hand pain, mid-back and low back pain, hypertension. Throughout, the authors emphasize potential for clinical research activity via these methods which would benefit the osteopathic profession.

A dimension of the text not to be overlooked is the au-

thors' attention to physicians in training. They contend that students will have the opportunity to palpate somatic dysfunction as it is actually occurring, using non-traumatic, predictable approaches. Examples are provided.

The text retails for \$12.95, and is available through:  
Kopy-Rite Printing and Graphics  
1011 Farmington Avenue  
Farmington, NM 87401  
(505)327-7888

Discounts are given for orders of 20 or more texts.



## Avoiding the Draft

If you have an up-to-date and valid will, you deserve a standing ovation. You've completed what many people never quite get around to doing. Congratulations for taking the initiative and getting the job done!

On the other hand, many of us have practiced the fine art of procrastination. We have avoided the drafting and signing process. We are, pardon the phrase, "draft dodgers."

There are at least 10 reasons people give for not having a will. If any of these apply to you, put an "X" in the appropriate place.

- I don't have an attorney who can draft my will.
- I don't want to deal with the subject of death.
- I don't want to make decisions that could cause family discord.
- I don't have time to get my will done.
- I can't afford to have my will done.
- I don't have a way to get to the attorney's office.
- I don't know who to name as executor (or trustee, guardian, etc.).
- I am too young to have a will; I'll do it when I'm older.
- My estate is too small to have a will.
- I don't need a will; my survivors can make the decisions.

Did you mark any of the items? If so, the Academy's leadership suggests that none of the above reasons can justify the absence of a will. Hence, they encourage you to seek the counsel of your tax advisor and personal attorney immediately. In your discussion with your advisors, we hope that you will consider a donation to the Academy's Endowment Fund in your will, a legacy for future generations of osteopathic physicians. The AAO's strategic goal is to grow an endowment valued at least \$1 million. As of October 26, 2001, the market value of this investment is \$213,396.62.

If you would like to discuss your options in confidence, please feel free to contact AAO Executive Director Steve Noone. You can reach him at (317) 879-1881.



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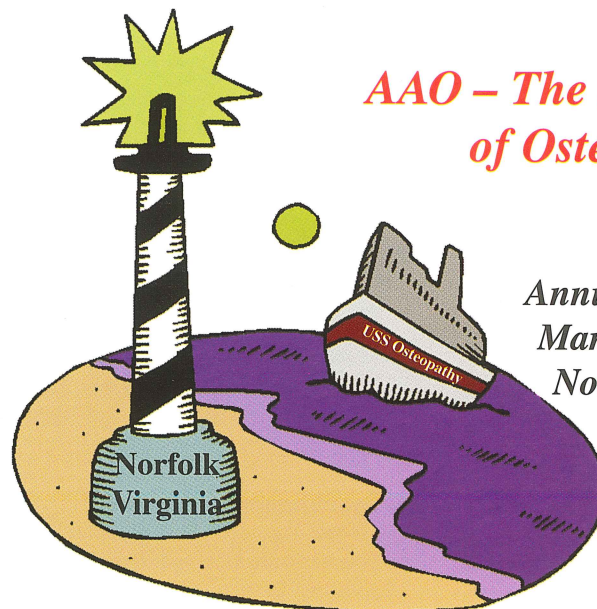
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of Osteopathy**

**2002  
Annual Convocation  
March 21-24, 2002  
Norfolk, Virginia**



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 AOA No. \_\_\_\_\_ College and Year Graduated \_\_\_\_\_

Are you certified in SPOMM or NMM/OMM?  Yes  No Spouse/Guest Name \_\_\_\_\_  
 I am willing to be a facilitator for Friday's Mentor Lunch (please purchase lunch certificate below)  
 I am willing to be a facilitator for Saturday's Mentor Lunch (please purchase lunch certificate below)  
 My topic for discussion will be \_\_\_\_\_

### Registration Classification

Are you an Academy Member?   
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 2nd Yr  1st Yr.  Retired  Resident   
 Intern  PhD

### Accounting

*All Registration Fees include ONE (1) President's Banquet Ticket  
 (Tickets required for entrance into Banquet Hall and Meal Choice)*

Physician fee WITH lunch certificates ..... \$ \_\_\_\_\_  
 Physician fee WITHOUT lunch certificates ..... \$ \_\_\_\_\_  
 Extra Banquet Tickets @ \$50 each ..... \$ \_\_\_\_\_

Please specify your President's Banquet meal preference:

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### Tickets Required for Workshops

Please circle your workshop preferences, choose (1) in each category, keeping in mind that some are duplicated. Also, some workshops may NOT involve practicing of OMT techniques.

#### Wednesday, March 20, 2002

9:00-11:00 pm  I will participate in "Evening with the Stars"

#### Thursday, March 21, 2002

2:30-4:00 pm  A1 Hip dysfunctions managed w/balanced ...  
 B1 Foot, ankle and knee management  
 C1 PINS applied to lower extremities  
 D1 Osteopathic management ... with HVLA  
 4:30-6:00pm  A2 Hip dysfunctions managed w/balanced ...  
 B2 Foot, ankle, and knee management  
 C2 PINS applied to lower extremities  
 D2 Osteopathic management ... with HVLA  
 8:00 pm  I will participate in Evening with the Stars

#### Friday, March 22, 2002

1:30-3:00pm  A3 Evaluation and treatment using axis of the body  
 B3 Functional approaches to the upper extremities  
 C3 Unwinding and the upper extremities  
 D3 The Still Technique and the extremities  
 E3 Componet Society forum  
 3:30-5:00pm  A4 Evaluation and treatment using axis of the body  
 B4 Functional approaches to the upper extremities  
 C4 Unwinding and the upper extremities  
 D4 The Still Technique and the extremities  
 E4 FAAO/NUFA forum

#### Saturday, March 23, 2002

11:00-12:30  A5 Using the extremities to lead you to the "Key" ...  
 B5 Orthotics role - postural balance  
 C5 Facilitated positional release  
 D5 Leg length discrepancy, gait dysfunction ..  
 2:00-5:00pm  A6 Publish or perish: Writing and submitting ...  
 B6 Research workshop  
 C6 Medicare compliance and HIPPA  
 D6 International forum



Michael P. Rowane, DO  
Program Chairperson

# The Extremities:

Norfolk Waterside Marriott  
Norfolk, VA

The Connection to the Center of Osteopathy

## MARCH 20-24, 2002

### Physician's Program

#### Tuesday, March 19, 2002

- 1:30-3:30 pm FAAO examinations
- 3:30-6:30 Fellowship committee
- 6:00-8:00 Investment committee
- 6:00-8:00 Long Range Planning committee

#### Wednesday, March 20, 2002

- 8:00 am-12:00 Board of Governors
- 1:00-5:00 Board of Trustees
- 2:00-7:00 Early registration
- 5:00-7:00 Opening reception
- 5:00-7:00 Exhibit hours
- 7:00-9:00 Evening with the FAAOs (open to all)  
"OMT textbook vs. the real world"  
Dennis J. Dowling, DO, FAAO, co-chair  
Richard L. Van Buskirk, DO, FAAO, co-chair
- 9:00-11:00 Evening with the Stars ★★★★★

#### Thursday, March 21, 2002 – Lower Extremity

- 6:30-8:00 am Committee meetings
- 7:30-4:00 Registration hours
- 7:30-4:00 Exhibit hours
- 9:00-4:00 Osteopathic Diagnosis and Treatment Service (OD&TS)  
(closed 11 am - 1:00 pm)

#### Morning Lectures

- 8:00-8:45 am *Functional considerations of the hip*  
Hugh M. Ettlinger, DO, FAAO
- 8:45-9:30 *Functional considerations of the foot, ankle, and knee*  
Laura Rampil, DO
- 9:30-10:00 Break/Exhibits
- 10:00-10:45 *Progressive inhibition of neurovascular structures (PINS) technique: Applied to the lower extremities*  
Dennis Dowling, DO, FAAO
- 10:45-11:30 *Leg length discrepancy, gait dysfunction, and the use of heel lifts*  
James A. Lipton, DO, FAAO
- 11:30-1:00 pm **AAO Annual Business Meeting / Elections**
- 1:00-2:30 Lunch / committee meetings
- 1:00 Intern / Resident's Business Meeting/Elections and luncheon

#### Afternoon Breakout Sessions (2:30-4:00 pm)

- A1:** *Hip dysfunctions managed with balanced ligamentous tension*  
Hugh M. Ettlinger, DO, FAAO
- B1:** *Foot, ankle, and knee management*  
Laura Rampil, DO
- C1:** *PINS applied to the lower extremities*  
Dennis Dowling, DO, FAAO
- D1:** *Osteopathic management of the lower extremities with HVLA*  
David Boesler, DO
- 4:00-4:30 pm Break / Exhibits

#### Afternoon Breakout Sessions (4:30-6:00 pm)

- A2:** *Hip dysfunctions managed with balanced ligamentous tension*  
Hugh M. Ettlinger, DO, FAAO
- B2:** *Foot, ankle, and knee management*  
Laura Rampil, DO
- C2:** *PINS applied to the lower extremities*  
Dennis Dowling, DO, FAAO
- D2:** *Osteopathic management of the lower extremities with HVLA*  
David Boesler, DO

- 6:00-7:00 pm Gavel Club reception
- 8:00-10:00 Evening with the Stars ★★★★★

#### Friday, March 22, 2002 – Upper Extremity

- 6:00-8:00 am UAAO Fun Run (everyone welcome)
- 6:30-8:00 Committee meetings
- 7:30-4:00 Registration hours
- 7:30-4:00 Exhibit hours
- 9:00-4:00 OD & TS (closed 11 am - 1:00 pm)

#### Morning Lectures

- 8:00-8:45 am *Functional anatomy of the upper extremity*  
Richard Schuster, DO
- 8:45-9:30 *Multicrusher syndrome: Going beyond carpal tunnel and thoracic outlet syndromes*  
Robert Irvin, DO
- 9:30-10:00 Break / Exhibits
- 10:00-10:45 *Functional approaches to the upper extremities*  
Harry Friedman, DO
- 10:45-11:30 *Evaluation and treatment using the axis of the body*  
Thomas Shaver, DO
- 11:30 Intern / Resident Mentor lunch
- 11:30-1:30 pm Lunch / committee meetings

#### Afternoon Workshops (1:30-3:00 pm)

- A3:** *Evaluation and treatment using the axis of the body*  
Thomas Shaver, DO
- B3:** *Functional approaches to the upper extremities*  
Harry Friedman, DO
- C3:** *Unwinding and the upper extremities*  
Anthony G. Chila, DO, FAAO
- D3:** *The Still technique and the extremities*  
Richard L. VanBuskirk, DO, FAAO
- E3:** *Componet Society forum*

- 3:00-3:30 pm Break / Exhibits

#### Afternoon Workshops (3:30 - 5:00 pm)

- A4:** *Evaluation and treatment using the axis of the body*  
Thomas Shaver, DO
- B4:** *Functional approaches to the upper extremities*  
Harry Friedman, DO



- C4:** *Unwinding and the upper extremities*  
Anthony G. Chila, DO, FAAO
- D4:** *The Still technique and the extremities*  
Richard L. Van Buskirk, DO, FAAO
- E4:** *FAAO/NUFA forum*

5:10-7:00 pm UAAO Semi-Silent Auction  
6:00-7:30 Alumni receptions  
6:30-8:30 FAAO reception and dinner (ticket required)

**Saturday, March 23, 2002**

**Extremities Relationship to the Core**

6:30-8:00 am Committee meetings  
7:30-12:00 Registration hours  
9:00-4:00 OD & TS (closed 11 am - 1:00 pm)

**Morning Lectures (8:00-10:30 pm)**

8:00-8:45 am *The extremities and osteopathy:  
Going beyond anatomy*  
Frank H. Willard, PhD

8:45-9:30 *Finding the "Key"*  
Edward Stiles, DO, FAAO

9:30-10:30 *New Ideas forum*

10:30-11:00 Break

**Morning Workshops (11:00-12:30 pm)**

**A5:** *Using the extremities to lead you to the "Key" somatic dysfunction*  
Edward Stiles, DO, FAAO

**B5:** *Orthotics role – postural balance*  
Robert Irvin, DO

**C5:** *Facilitated Positional Release*  
Eileen DiGiovanna, DO, FAAO

**D5:** *Leg length discrepancy, gait dysfunction, and the use of heel lifts*  
James A. Lipton, DO, FAAO

12:30 - 2:00 pm Lunch  
Board of Trustees' meeting  
Intern / Resident mentor lunch

**Afternoon Workshops (2:00 - 5:00 pm)**

**A6:** *Publish or Perish: Writing and submitting a paper for publication*  
Clint W. Snyder, PhD

**B6:** *Research workshop*

**C6:** *Medicare Compliance and HIPPA – Janet Horan, AOA*

**D6:** *International Forum*

6:30 - 7:30 pm President's reception  
7:30- 10:00 Dinner/Installation of President (*ticket required*)

**Sunday, March 24, 2002 –**

**The Center of Osteopathy**

8:00 8:45 am *Structural postural integration* – Paul Rennie, DO

8:45 - 9:30 *Osteopathy: Going one step further*  
David Patriquin, DO, FAAO

9:30 10:30 *Zink's common compensatory pattern: integrating  
the extremities with the axial skeleton*–David Boesler, DO

10:30 - 11:15 *Cranial – Sutherland technique integration  
to the extremities* – Guy A. DeFeo, DO

11:15 - 12:00 *Visceral connection to the extremities*  
Ken Lossing, DO

12:00 noon Convocation Adjourned

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*Classifications & Registration Fees*

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cates		
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1st year	383	428
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Resident	281	326
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PhD	200	245

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(ON-SITE student registration fee is . . . \$275.00)

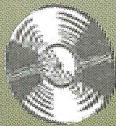




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