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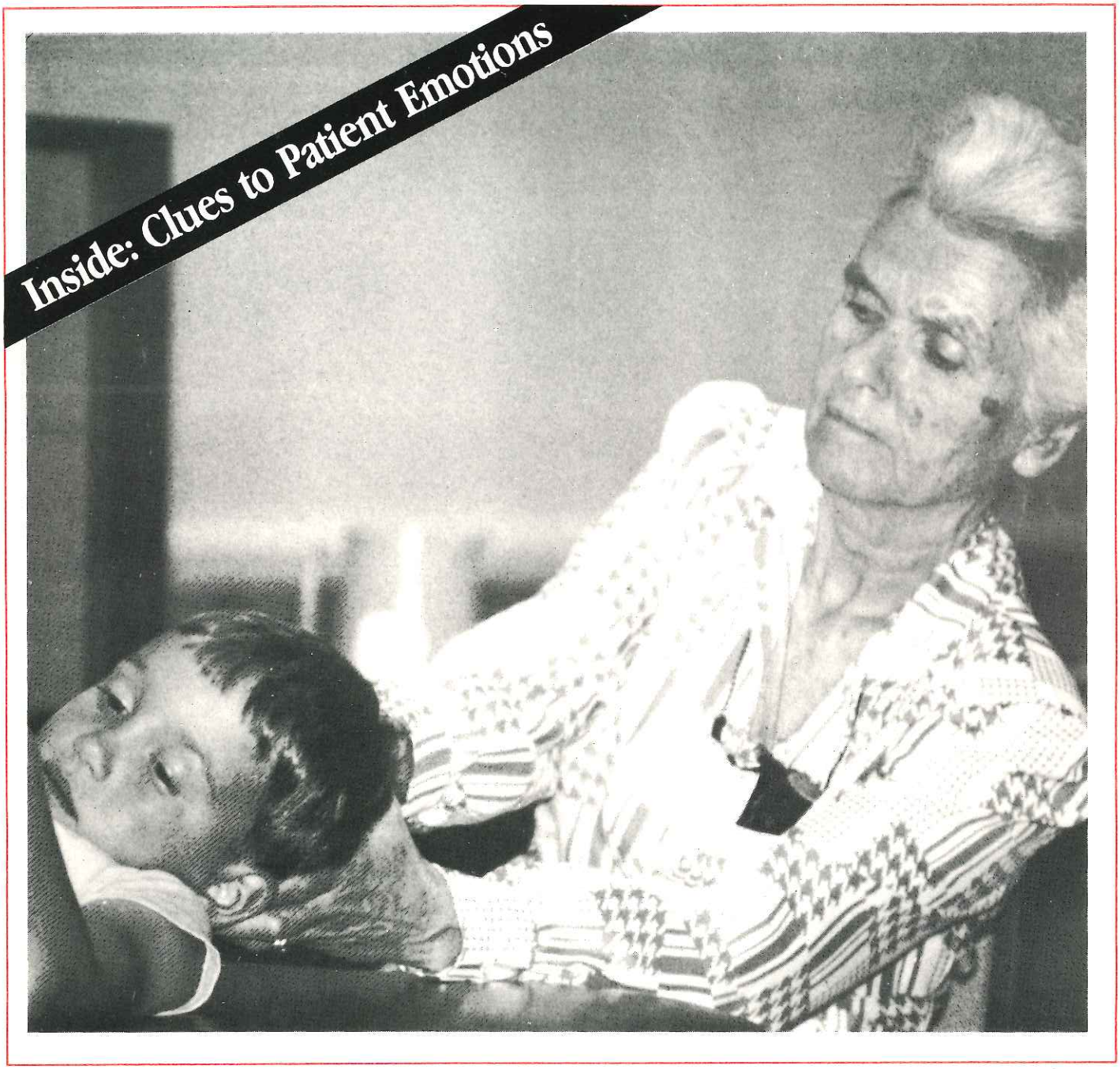

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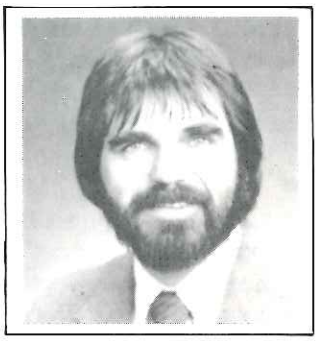
A Message From The President

Raymond J. Hruby, D.O., F.A.A.O.

As you read this, you should be holding the very first issue of **The AAO Journal.** We are proud to have our Academy newsletter expand to a full journal format, allowing us to present not only interesting and pertinent news from the Academy, but more clinical information. We are excited about this journal for a number of reasons. It will become an educational information tool for both our members and the entire ostepathic profession. In addition, it will certainly help project the Academy's image as a growing, developing and visible organization within the profession. I expect the journal to more than serve these purposes in the years to come. I am proud of the efforts made by the Academy office staff, in conjunction with The Jones Group, in producing this expanded volume. As always, we encourage your comments and contributions and would like to hear your impression of the new journal format.



I have recently returned from the AOA Convention in Las Vegas and wanted to inform you about certain events that took place that I feel are most important and will be very positive for the Academy. First of all, we had an excellent program that encompassed many of the legal, business and practice management issues that face us on a daily basis. The program was well attended and the speakers provided us with highly useful information. The program was professionally videotaped and we will have them edited, giving us high quality video monographs and a video journal which will be available to Academy members and to DOs throughout the profession. These tapes will give everyone the opportunity to avail themselves of the exciting programs being provided by the Academy.

Secondly, the marketing seminar presented by Laurie Jones, of The Jones Group, was, as always, highly successful and generated new interest in our marketing campaign kit. As a result, we are continuing to receive orders for the kit and current sales are brisk.

Finally, the Board of Governors held a special meeting at Convention and voted most favorably on a proposed policy change to create the position of Educational Director of the Academy. We feel this is a critical and most important step for the future of the Academy, and will give us the opportunity to expand our educational offerings to the profession. The Board of Trustees has appointed a Task Force to write a job description and conduct the search and we hope to fill this position as soon as it is feasible.

There are many items that could be mentioned here, but the ones above were the most important and I believe they demonstrate the positive forward direction of the Academy. As always, we want to hear from our membership with anything that is important and would be for the good of the Academy and the profession. I encourage you to contact us with your thoughts and, I especially encourage those of you who are interested, to contribute articles and other information for the new journal format.

The New Academy Logo

American Academy of Osteopathy

The new Academy logo was designed by the Jones Group, Health Care Marketing Specialists, to reflect the dynamism of the Academy membership. The solid black arch represents the certainty and solid foundation of the past. The grey or silver area represents the opportunities in the present, and the red "O" or ball represents the energy, courage and drive of the Academy members as they move into the future.

This article reprinted by permission of the LA Times and Sarah Pattee, LA Times reporter, From October 3, 1990 edition.

A Touch Opens Door to Healing

Medicine: Osteopath Viola Frymann says she simply helps ailing children realize their potential, but many parents speak of miracles.

SAN DIEGO — The little girl lay on the examination table, crying so violently that her body arched upward. Her eyes rolled wildly and her tongue jutted stiffly out of her mouth. The keening sound vibrated off the walls and seemed to stun everyone in the tiny room to numb silence.

Everyone but the doctor. Crooning "All is well, all is well," Dr. Viola Frymann approached the 2-year-old. Frymann rolled the small girl over and slowly rubbed her back. Next, she cupped her hand around the child's head and gently pressed. Behind her, a woman played a Beethoven sonata on the piano.

After what seemed like forever, but was only 10 minutes, the child's crying slowed to a small moan. Frymann then moved a small, colorful toy in front of the little girl's eyes and the child tracked it.

"That's wonderful!" Frymann said to her. "You know you've never been interested in things like this before!"

After the child was returned to her mother, Frymann said, "It's the first time she's ever paid any attention to toys. This was a dramatic change."

To most doctors, the moment would have been easily dismissed. On the surface, little more had happened than that a brain-damaged child had watched a toy.

But to Frymann, a longtime La Jolla osteopath whose work with disabled children is a mission that consumes her life, the session with the child was a breakthrough.

"You get tremendous reactions from children if you give them a chance to develop everything they've got," said Frymann, a small, handsome woman with a freckled face and sharp brown eyes. "I just permit them to be everything they can be."

Parents who bring their children to Frymann—usually after they have exhausted all other treatments—talk of miracles. The doctor doesn't like the word.

"I tell children, 'You're the one who does the healing, not me. All I do is open the door and let it happen,' " she said.

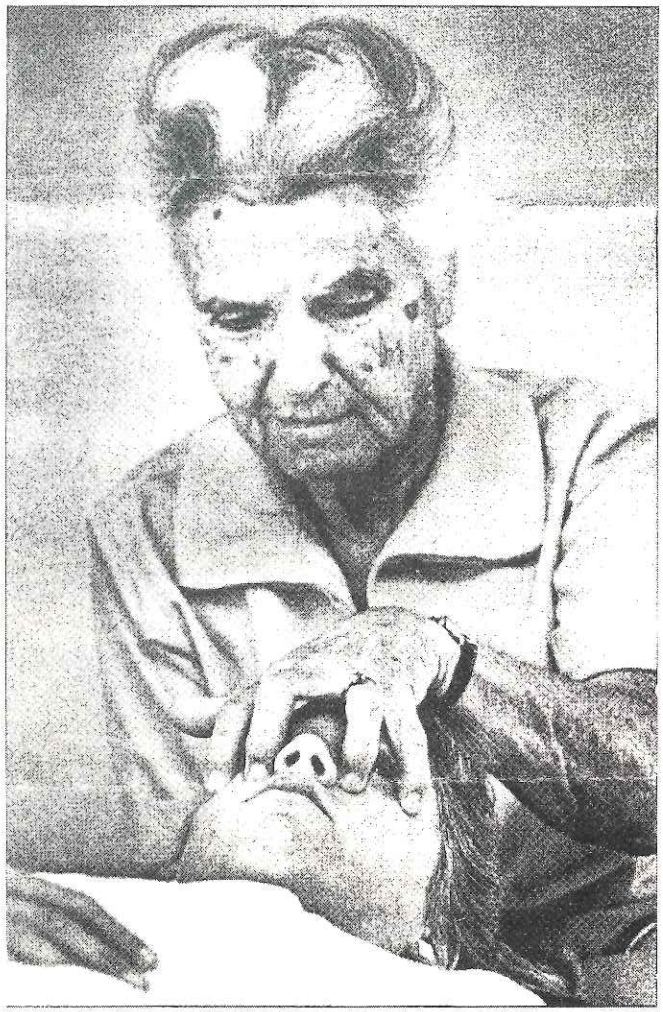
That often startles parents, many of whom want answers and time-tables. Frymann won't give them.

"Parents come in and ask, 'Do you think my child will ever walk?' I tell them I don't know. They are disconcerted because a doctor is supposed to know. But I say we will wait and see what he is capable of doing, and what his inward healing forces are," Frymann said.

Answers or no, Frymann is a healer to many people. Her work has helped a disabled child take his first wobbly steps, a severely brain-damaged teen-ager feed himself and a baby cease hours and hours of endless crying for the first time in her life.

"She got him out of trouble when no one else cared," said Steve Gallup, whose son, Joseph, has been Frymann's patient for four years. "The care is far superior to anything our son has received from any other doctor in San Diego."

Born in 1985, Joseph was still not even crawling at 18 months. He cried incessantly, and his parents took him to specialist after specialist.



Although osteopaths can prescribe drugs and perform surgery if needed, most, such as Frymann, prefer manual manipulation of the body.

"We never got a meaningful diagnosis. When one neurologist at Kaiser wanted us to sedate him, we stopped going to doctors," said Gallup, who works at General Dynamics.

Instead, he and his wife, Judy, took Joseph to Frymann after hearing about her work from other parents. She told them their son was crying because of constant head pain caused by a problem at birth.

"We're still not sure whether his birth caused his brain injuries, but after five treatments with Dr. Frymann he stopped crying and started tuning in to the world around him. Now, he's walking and talking and doing a lot of neat things. He's getting better all the time. He's a different kid," Gallup said.

FRYMANN: Special Touch

Frymann's nonprofit Osteopathic Center for Children is housed in a pastoral looking yellow cottage wedged incongruously among the trendy shops and high-rise condominiums of downtown La Jolla. The simple plaque outside the door is the only sign that this is not a residential hold-out against the town's high-rise development.

Frymann, who is approaching 70, is a D.O., or doctor of osteopathy, a 100-year-old specialty emphasizing the body's muscular and skeletal structure. Osteopaths are fully licensed physicians who see themselves as offering a more humanistic, hands-on approach than conventional medical doctors.

"The medical profession today only deals with disease and not with health," Frymann said.

Instead, osteopaths say they are trained to treat the entire patient and not just a disease or symptom. They believe that the muscles, bones and joints are interdependent parts of the body, and if one part is disturbed or damaged, the other parts will not function properly. Manual manipulation of the body is preferred to drugs and surgery, although osteopaths can prescribe drugs and perform surgery if needed. About 5% of U.S. doctors are osteopaths.

Frymann specializes in cranial osteopathy. As she explains it, the brain has inherent movement within, as does the entire body. Every muscle in the body is attached directly or indirectly to the skull and spinal column. Manipulation of the skull, which consists of moveable, bevelled plates of bones, can affect the 12 pairs of cranial nerves, which then can heal vital functions, from respiration to vision to digestion. Frymann, and other osteopaths, say that many patients respond to their treatments when conventional treatments have failed.

"What scientific medicine doesn't address today is the function of motion within the body, although it's extremely logical and extremely scientific. There's movement within the brain and we know that movement is being translated through the whole body right down to the feet," Frymann said.

She believes that the contractions of an especially arduous labor during childbirth can damage a newborn's brain.

Viola Frymann

She also attributes some of this to the "gadgets" of increasingly technologicalbirth, and says natural birth is the "ideal" for babies.

She encourages parents to bring their newborns in for a structural evaluation immediately after birth.

"If young mothers would do that, we would prevent so many problems later on for that child," Frymann said.

Like her yellow cottage, Frymann's work has gone largely unknown in San Diego. However, internationally she is famous as the doctor who will treat children labeled hopeless by everyone else.

To parents of the children she helps, she is a miracle worker. To her students who come from the College for Osteopathic Medicine of the Pacific in Pomona to train at her children's center, she is a mentor and a leader. To other like-minded professionals across the country, she is a pioneer.

"She is an outstanding physician in every way, and one of the pioneers in the field of cranial osteopathy," said Dr. Paul J. Dunn, a Chicago pediatrician.

Dunn is one of about 40 medical doctors in the U.S. who uses osteopathy to treat brain-damaged and learning disabled adults and children. Dunn says most medical doctors dismiss the effects of osteopathy on brain-damaged children because osteopathy is never discussed in medical school. "I'd say about 99% of most M.D.s have never even heard of osteopathy," he said.

At first glance, it's hard to imagine children warming to Frymann. She's not chatty and she is brisk to the point of brusque. Born in England, she is a perfect example of British restraint and austerity. Everything about her is spare; her simple pants and tunic top, her silver hair pulled neatly into a bun, her sharp and tight movements.

Parents say they often feel nervous when they first meet her.

To Frymann, children don't set limits for themselves--the adults in their lives do that for them.

"The most damaging thing we can do to anybody is lay our expectations on them," Frymann said. "According to conventional medicine, there is no hope for some of the children I treat. If you take away hope, what have you got?"

Although her patients come to her only by referral or word-of-mouth, the waiting list at her center for Frymann and her associate, Dr. James F. Murphy, Jr., can stretch to six months. This is also a teaching center, so students are always watching her sessions and she has a constant flow of out-of-town visitors.

This summer, a team of 15 doctors, government officials and medical students from Leningrad, U.S.S.R., spent two weeks in La Jolla studying with Frymann. They had met her earlier this year when she spoke at the G.I. Turner Scientific and Research Children's Orthopedic Institute in Leningrad. During her visit there she treated a 4-year-old boy whose arm was severely deformed.

"She impressed us greatly," said Vladimir Adrianov, director of the institute, during his visit to La Jolla.

"Before she saw him [the child] he had a band of connected tissue instead of a bone in his arm. Several months after when an X-ray was performed it was noted that new bones were being formed in that band. There was marked improvement," he said.

"I can not prove and Dr. Frymann can not prove what we are doing works, but when you have a 7-year-old who is not walking or a 9-year-old who is not talking, and they begin to, it's more reasonable to assume it is a direct consequence of our therapy," said Peter Springall, a clinical psychologist who specializes in child development and works with Frymann.

Frymann doesn't worry about the opinions of the mainstream medical community. She's too busy raising

money for a training center, which she hopes to open in Encinitas in 1991. She has raised $650,000 and needs a total of $2.1 million. She also dreams of an endowment of $10 million to help those children whose parents can't pay.

"I want to see that every child that needs care gets care," she said.

For those parents who can't afford treatment now, Frymann often waives her fee.

Frymann's belief in osteopathy goes back a long way. When she was 4, her father was found to have tuberculosis. Under the care of an osteopathic doctor, who prescribed a radical change in his diet, among other things, her father got better.

"Osteopathy changed the health of my family," she said.

After breaking her foot when she was 12--and ending her hopes of becoming a ballet dancer--she received treatments from her family's osteopath that convinced her to become a doctor.

Frymann also believes that cranial osteopathy could have saved the life of her only son, who died mysteriously in 1953 at 3 months of age. She also has a grown daughter.

Frymann received her osteopathic medical degree at the College of Osteopathic Physicians and Surgeons in Los Angeles in 1949.

Coincidentally, that was the year the California Legislature banned further licensing of osteopathic physicians. Osteopaths were given the choice of keeping their osteopathic degrees or trading them in for medical degrees. Although most osteopaths chose the later, Frymann remained an osteopath.

The state Supreme Court overturned the ban in 1974, and osteopathy has made a comeback. There are now about 1,000 osteopaths in California.

But few of them have Frymann's special touch with her special children.

"I don't consider the children I see to be handicapped," she said. "They see life as it is, and if they can't do something one way, they'll do it another. It makes their chances of progress so good."

DESERT STORM

The following Academy members are involved in Operation Desert Storm:

Kirsten Palen, DO
Steven C. Phillips, DO

Special Note: Victor C. Hoefner, Jr., DO, FAAO, and his wife Eleanor, had returned to their beloved Colorado following his retirement from KCOM. Dr. Hoefner had planned to write a book and just enjoy his retirement. Instead of writing his book, he is writing prescriptions and telling people to "say aaaah." Dr. Hoefner has taken over his son's practice in Palisade while Victor C. Hoefner, III, DO, is serving in Operation Desert Storm.

ANATOMIC METAPHORS:

Clues to the Emotions of Our Patients

by David Teitelbaum, D.O.

Many metaphors in the English language relate to specific anatomic areas. When these phrases are categorized by body area, definite emotional themes emerge. The fact that metaphors only remain in existence when they have received wide acceptance implies a universally accepted symbolic correlation between specific body areas and their associated emotions. This is certainly not to imply that all structural problems have symbolic meaning to all patients. It is proposed however that an Osteopathic physician aware of these correlations can use them to great advantage in many patients that present to an Osteopathic practice.

"Allowing the patient to ventilate while undergoing osteopathic manipulative treatment resulted in noticeably improved posture on standing.

Such awareness can prove diagnostically useful in uncovering emotional contributions to a variety of symptoms. For example, shoulder pain is a common presenting complaint for many practitioners. Metaphors pertaining to the shoulders relate to responsibility, as seen in bearing the weight of the world on one's shoulders, shouldering a burden, and having broad shoulders. For patients having difficulty with responsibilities in their lives and having an acceptance of such symbolism, shoulder pain may manifest. The practitioner can utilize this information to aid the patient's insight into emotional contributions to his pain.

Recently, a 29-year-old photographer presented with neck pain and bilateral shoulder pain. During the examination, it was noted that the patient was standing with forward-rolled shoulders, as though in a posture of subjugation. Somatic dysfunction was consistent with the presenting complaints. Query into his personal life revealed emotional strife related to being the sole provider for his young family and receiving low wages from his job. Additionally, a poor investment had worsened their circumstances. Allowing the patient to ventilate while undergoing Osteopathic manipulative treatment resulted in noticeably improved posture on standing. The patient recognized the connection between his financial situation and resultant physical complaints. He returned to his family physician at my request and received antidepressant medication. A follow up visit revealed substantial improvement in the aforementioned somatic dysfunction.

Many other anatomic areas which commonly are treated by Osteopathic physicians have metaphoric emotional correlations. For example, the neck may be related to aggravation, as noted in the expression about a pain in the neck. It may also be related to the degree of risk one is willing to assume in life, as noted in sticking the neck out or being stiff-necked. The back can be related to cowardice, as in chills up and down the spine, a yellow streak down the back, being spineless, and having no backbone. Metaphors about the back when in motion reveal the degree of willingness to appease, as in bowing before authority, bending over backwards to please, and putting one's back into it. When unwilling to appease, we say, "Get off my back!"

A delightful 38-year-old Irish woman presented to my office with complaints of upper thoracic, scapular and cervical pain present since the preceding October. She said, "I feel like I have the devil on my back!" (This, she later explained, was an Irish expression.) There was no known history of trauma or other suspected cause, and no previous history of pain in that region. While treating the very evident somatic dysfunction in the area, I inquired as to any major events in her life during that October. The patient burst into tears, relating a story of an unfaithful husband, with possible AIDS exposure. She had no awareness up to that visit of any correlation of her emotional trauma with the onset of symptoms. Providing this insight aided her recovery.

Somatic manifestations of emotions symbolically affecting the viscera may also present. It is common to have sternal and rib cage somatic dysfunction and tenderness in a patient suffering from a broken heart. Similarly, abdominal and linea alba restriction may present in a patient with a previous gut wrenching experience.

Such a gut wrenching experience surfaced in a 29-year-old female medical student that presented with complaints of left lower extremity, inguinal, and right shoulder pain. When queried as to any significant trauma history, she denied ever having a major injury. Indirect approach to the fascia revealed restriction at the middle of the abdomen. While working in this area, the patient was again questioned as to previous trauma. The patient once again denied major injury. As the fascia released, the patient began sobbing. Shen then remembered a previously forgotten automobile accident! This had been very emotionally traumatic to the patient who seemingly suppressed it from conscious memory. Release of the abdominal restriction and the associated emotions facilitated subsequent release of fascial restriction in the left leg, inguinal region and right shoulder.

In our language, there are many anatomic metaphors which are symbolically significant to our patients. When dealing with emotions in their lives, many will manifest symptoms in the associated area. If the symbolic meaning of specific pain manifestations can be determined, the resulting insight can be very useful in facilitating recovery. ▲

LETTERS TO A.T. STILL

Dear Dr. Still:

The other day I was thinking how much truth you discovered when you formulated the principles of osteopathy, and how far ahead of the times you were when you discovered it. You took a lot of criticism for what you believed in, but you always stood firm because you were thoroughly convinced what you had was the truth about health and disease.

Today, there are those within the profession who wonder whether we have developed those truths even further, or have obscured them beyond the point of recognition. There are new osteopathic physicians entering their first practice and they are deeply concerned they will have great difficulty making a living because of the increasing competition in the medical field. They need to have confidence in osteopathy and realize they have an approach to health and disease that places them a notch above anyone else. This is not to say that life automatically becomes easy because one practices osteopathy, but the osteopathic concept alone allows the physicians to get directly to the heart of the patient's problem, and avoid treating them just symptomatically. This uniqueness is just what the public is demanding these days. You were quoted in "Doctor A. T. Still in the Living" (p. 112) as having said: "Unless you have something better to offer and can do the job better than it is being done, there is no excuse for your existence; and unless you teach it, preach it, and practice it, neither Osteopathy nor you will survive."

We are long overdue for the time when we, as osteopathic physicians, must stop trying to fit into the standard niches the world has created, and stand up for what we know to be the truth. Yes, we can expect criticism, but history has shown that the truth survives, in spite of adversity. In that same book (p. 144) you also say "truth has no cause to fear opinions. It wants no flattery. It neither loves nor hates. It is food and comfort."

Thank you so much, Dr. Still, for the legacy of truth you have given us.

Your ongoing student,

Raymond J. Hruby

Raymond J. Hruby, D.O., FAAO ▲

Andrew Taylor Still

THE SUPREMES OF A.T. STILL

by
Irvin M. Korr, Ph.D. and
Janet Meneley Korr, M.A., M.S.S.W.

The 1988 Convocation Conundrum — the symposium designed and orchestrated by Program Chairperson Barbara J. Briner, D.O., for the March 1988 Academy Convocation, was one of the very best I have ever been privileged to participate in. Much as I enjoyed and learned from the presentations of my co-panelists, the most exciting feature that emerged for me was the puzzle with which Dr. Still, intentionally or not, presented us: a collection of assertions that appear to be mutually contradictory.

The enigma is described in the following essay by my wife and myself. A possible clue to what Dr. Still intended, suggested by my co-author, is also offered. It occurred to us that there may be an important message for the profession in the conundrum. Readers are therefore cordially invited to offer other interpretations.

Irvin M. Korr, Ph.D.

In the course of osteopathic medical education, the student hears, perhaps more frequently and in more versions that any other of Dr. Still's aphorisms, that "the rule of the artery is supreme," that the "highest officer in command is the artery of nourishment," that arterial blood is "nature's remedy" providing all needed medicines, and that "a disturbed artery marks the beginning to an hour and minute when disease begins to sow seeds of destruction in the human body."

The 1989 Annual Convocation of the American Academy of Osteopathy, however, produced a surprising — and perplexing — discovery. The theme of each lecture was a published statement of Dr. Still's, and the lecturer reviewed the scientific and clinical evidence of its validity. Before the end of the third morning of lectures, it had become evident that, in Dr. Still's mind, components other than arteries and blood were equally or more "supreme" as sources of health and, in failure, as causes disease, and the lecturers were unwittingly engaged in a collegial contest as to whose chosen (or assigned) organ or component was the most crucial to health.

We offer the following examples from the lectures. All emphasis is supplied.

Nerves

"The law of the freedom of the nutrient nervous system is **equal if not superior** in importance to the law of the freedom of the circulation of the blood" and **all diseases** are mere effects, the cause being a partial or complete failure of the nerves to conduct the fluids of life."

Lymphatics

"We lay much stress on the uses of the blood and the power of the nerves, but have we any evidence that they are of more vital importance than the lymphatics?"

Fascias

"I know of **no other part of the body that equals the fascia** as a hunting ground. More rich golden thought will appear to the mind's eye as the study of the fascia is pursued **than any division of the body.**"

Diaphragm

"The diaphragm is possibly the least understood as being **the cause of more diseases** when its supports and other parts are not in line and normal position **than any other part of the body.**"

Cerebrospinal Fluid

"The cerebrospinal fluid is **the highest known element** that is contained in the body."

Which of these statements is true, or are all of them true? How could they be?

Since we know that Dr. Still was unremittingly devoted to the truth, we can assume that at the time of writing, he regarded each of them as true. Was this, then, a reflection of indecision, of waffling? We know that this would have been uncharacteristic, and that each of these declarations was more than a fleeting opinion, that it was a deep conviction (even though, as Dr. Chila pointed out in his lecture, Dr. Still left undecided whether the cerebrospinal fluid was **the** highest or **one** of the highest known elements of the body).

Was Dr. Still so absent-minded or so enthusiastic that in extolling each component he forgot that he had already attributed the same superlatives to other components? No, because he reaffirmed, illustrated and elaborated each throughout his writings. Was he engaging in poetic hype?" Dr. Still would not have compromised the truth for the sake of rhetoric. Was he playing games, teasing his readers? While Dr. Still had an excellent sense of humor, he was not a frivolous man.

We must assume that Dr. Still meant precisely what he wrote. What, then, was the collective message of his chosen "supremes?" As Dr. Still certainly knew, there are no degrees of 'most,' 'highest,' or 'more than any other;' that is, that they are absolutes. Only **one** component can be **the** most important at any given time. When, at **which** time? In our opinion, Dr. Still meant that a given organ, tissue or other component becomes supreme in importance at the moment that it fails and casts the burden of compensation or deprivation on all the others. At that moment, also, it becomes — or should become — the focus of diagnostic and therapeutic attention. We see this as Still's way of dramatizing the unity of the body, all the parts being dependent on each other and influenced by each other.

This interpretation is supported by other of his aphorisms: "Each organ must help to keep up the universal harmony by furnishing its mite of its own kind," (Philosophy of Osteopathy, page 6) and "All organs belong to the brotherhood of labor, and they are commissioned to show perfect work and good health" (Research and Practice, page 16).

We hope that these questions and interpretations, provoked by the "supreme" 1988 Convocation, will stimulate further clarification of Dr. Still's message to the profession he founded. Is there a further message that awaits deciphering?▲

"Unless you have something better to offer and can do the job better than it is being done, there is no excuse for your existence; and unless you teach it, preach it, and practice it, neither Osteopathy nor you will survive."

A. T. Still.

MEMBERSHIP SURVEY RESULTS

Education Committee

These numbers were taken from 183 survey responses from a membership survey conducted by the Education Committee.

1. How long have you been in practice?

Student/Intern/Res	19
0-5 yrs	49
6-10 yrs	36
11-20 yrs	17
20+ yrs	52
More	10

No answers — 1

2. What is your practice emphasis?

	Primary	Secondary
OMM	115	45
Gen Practice	58	53
Specialty	27	20

No answers — 3

3. What is your training background to date?

DO	179
MD	4
DDS	0
Internship	97
Resident	46
Pre-Doc Fellowship	19
Post-Doc Fellowship	9
Other	13

No answers — 1

4. Current specialty certification status

None	104
FAAO/OMM Certified	21
FAAO/OMM Candidate	12
Certified Other	39
Candidate Other	13

No answers — 5

5. Which type of practice are you in?

Solo	104
Group	36
Academic Setting	33
Hospital	16
Other	13

No answers — 5

6. What percentage of your patients receive OMT?

0-25	28
26-50	28
51-75	21
76-100	100

No answers — 5

7. Average number of patients per hour of office time?

1	18
2	59
3	48
4-5	48
More	7

No answers — 9

8. Do you see hospital inpatients?

No	68
Yes, attending	43
Yes, consultant	23
Yes, Both	36

No answers — 9

9. Which types of manipulative approaches do you use regularly?

High vel/Low amp	144
Articulatory	85
Muscle energy	143
Myofacial release	122
Cranial/sacral	127
Strain/counterstrain	112
Other	27
Other	5

No answers — 3

10. Practice location

NY-10 MN-2 WV-5 IA-8 TN-1 CA-12 VA-4
AK-2 NE-1 WA-5 PA-10 ME-4 IN-6 MI-9
MD-1 FL-10 TX-7 OH-20 NC-1 CT-2 DE-1
IL-5 AZ-8 CO-7 NJ-2 WI-1 NH-3 OR-3
RI-3 MO-6 OK-3 GA-2 NM-2 MA-1 HI-2
KY-1 BC, Canada-1 Ontario-1

No answers — 3

11. Are you interested in having trainees in your office?

No	61	
Yes	97	
Pre-Doc students		77
Pre-Doc Fellows		57
Residents		64
Interns		62
Post-Doc clinicians		35

No answers — 20

12. Do you have an interest in teaching as part of the Academy program?

No	57	
Yes	104	
Lecturer		57
Table Trainer Assistant		87
Teaching Team Member		68
Course Director		16
Program Developer		18
Other		5

No answers — 16

13. Are you interested in taking a training program to enhance your teaching/precepting skills?

No	53	
Yes	104	
Beginning trainers workshop		56
Becoming an effective clinical trainer		73
Preparing/delivering lectures		58
Developing academic planning skills		36

No answers — 24

WHY THE OSTEOPATHIC PROFESSION NEEDS A TRIPLE BY-PASS IN ORDER TO SURVIVE

by Laurie B. Jones, President
The Jones Group
Health Care Marketing Specialists

As a Medical Marketing Consultant called in by the American Academy of Osteopathy to make an M.D. (Marketing Diagnosis) of the profession, herewith are my following conclusions.

Osteopathy is suffering from severely clogged arteries, blurred vision, stiffness of the neck, slumping of the shoulders, numbness around the mouth, and trembling at the knees. If this condition is left untreated, the prognosis is continued deterioration, exacerbated by internal hemorraging, which will lead to the profession's ultimate demise. (Demise is a word which implies fading away, but still means "dead.")

The basis and explanation of my findings follow.

Blurred Vision: The patient (Osteopathic Medicine) does not see clearly its own potential, or its narrowing window of opportunity.

This is related osteopathically in part to **Stiffness of the neck** — which comes from not looking around to see that other professions are absconding with its principles, and also from failing to acknowledge that the principles were meant to be shared, not stored and/or ignored.

Slumping Shoulders: This profession is standing neither tall nor proudly, but spends most of its time stomping out fires and defending itself from the bully Al O. Pathy.

Numbness around the mouth: This phenomenon is purely psychological. For some unknown reason D.O. refuses to speak in a distinct or even audible voice, and has even taken to mimicking Al O. Pathy when in large crowds.

(One interesting offshoot and exception to this is a core group of people who clearly know, understand, and manifest the osteopathic principles. However, it has been observed that this group prefers to sing in the shower or on picnics rather than in front of large, paying crowds.)

Trembling at the knees: This condition stems from the other ones, and is especially related to the blurred vision.

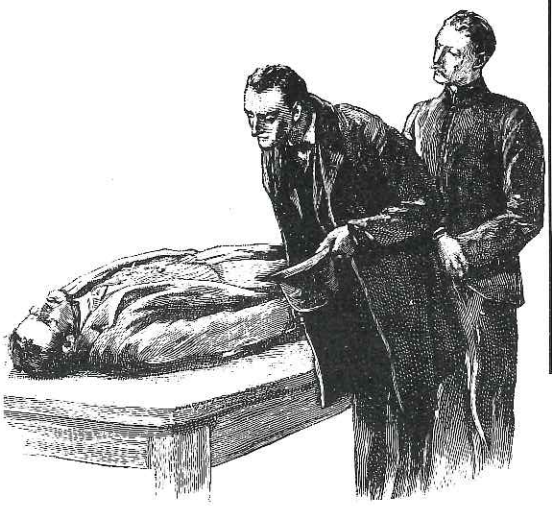
Clogged arteries: The arteries, which conduct the lifeblood of osteopathic principles and information, have become severely clogged by the patient's failure to exercise the principles. The fascia, or connective tissue, of common goals and lofty ideals have all but deteriorated as the body has become politically bureaucratized (hence paralyzed) and is thus ceasing to function as an osteopathic "whole."

This fragmentation is caused in part by the increasing numbers of anti-osteopathic invader cells and wildly multiplying non-osteopathic empty cells which are currently being tolerated in the host organism.

The clogged arteries have cut off oxygen to the brain, and resulted in distorted thinking and a false sense of security. D. O. seems to think that either everyone already knows what osteopathy is, or that since it has finally, like Al O. Pathy, attained a "letterman's jacket," this fact alone will ensure its growth and success.

Hemorrhaging: D. O.s children (the students) are forsaking osteopathic internships and residencies in growing numbers, perhaps largely because they are forced to eat dinner so much at Al O. Pathy's house.

Furthermore, it is my conclusion that most of this hemorrhaging is internal and self-inflicted, caused in part by leaders, practitioners and teachers who render repeated blows to oseopathic principles by failing themselves to understand, stress, and communicate osteopathy's strengths, differences, and opportunities not only to their students, but also and especially to the public.



Obviously, this patient is not as healthy as D.O.'s press agents would like us to believe.

Therefore, it is this professional's recommendation that an immediate triple by-pass be performed.

There have been comments that D.O. cannot afford this operation, to which I say "Not to pay for the operation today is to pay for the funeral tomorrow." To show the purely economic significance of failing to operate immediately, I ask D.O. to multiply the cost of the average funeral ($10,000) by the number of D.O.s, (30,000) and come up with a total, which is $300 million dollars.

When one adds the educational investment per D.O. ($150,000+) plus the multimillion-dollar investment in sheer bricks and mortar (D.O. hospitals and colleges) it is easy to see that failure to act can lead to a multi-billion dollar loss, not to mention the patient's own unfortunate demise.

If the patient heeds this recommendation and takes immediate action, I'm convinced the osteopathic profession can not only survive, but can also go on to become the great leader of holistic and preventative medicine it was meant to be.

For specifics on the Triple By-Pass to be performed, please call (619) 296-6563. Ask for Laurie. ▲

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He will ride to work in an advertised car, sit at an advertised desk, smoke advertised cigarettes and write with an advertised pen. Yet this man hesitates to advertise, saying that advertising does not pay. Finally, when his unadvertised business goes under, he will advertise it for sale.

Author Unknown

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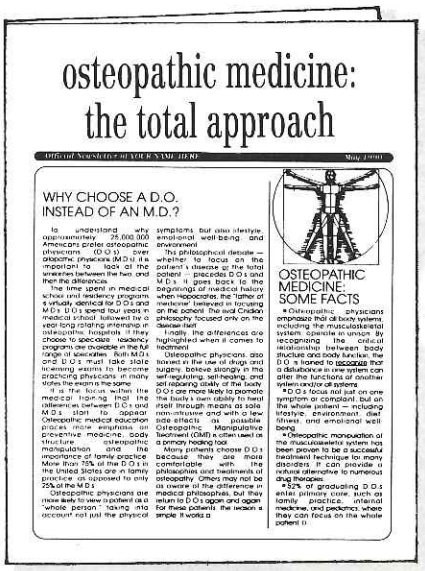
osteopathic medicine:
the total approach

Office of Newsletter or YOUR NAME HERE May 1990

WHY CHOOSE A D.O. INSTEAD OF AN M.D.?

In understanding why approximately 25,000,000 Americans prefer osteopathic physicians (D.O.'s) over allopathic physicians (M.D.s) it is important to look at the similarities between the two and then the differences.

The time spent in medical school and residency programs is virtually identical for D.O.'s and M.D.'s. D.O.'s spend four years in medical school followed by a year-long rotating internship in osteopathic hospitals. If they choose to specialize, residency programs are available in the full range of specialties. Both M.D.'s and D.O.'s must take state licensing exams to become practicing physicians in many states the exam is the same.

It is the focus within the medical training that the differences between D.O.'s and M.D.'s start to appear. Osteopathic medical education places more emphasis on preventive medicine, body structure, osteopathic manipulation and the importance of family practice. More than 75% of the D.O.'s in the United States are in family practice as opposed to only 25% of the M.D.'s.

Osteopathic physicians are more likely to view a patient as a "whole person," taking into account not just the physical symptoms but also lifestyle, emotional well-being and environment.

This philosophical debate — whether to focus on the patient's disease or the total patient — precedes D.O.'s and M.D.'s. It goes back to the beginnings of medical history when Hippocrates, the "father of medicine" believed in focusing on the patient. The evil Chicken philosophy focused only on the disease itself.

Finally, the differences are highlighted when it comes to treatment.

Osteopathic physicians, also trained in the use of drugs and surgery, believe strongly in the self-regulating, self-healing, and self-repairing ability of the body. D.O.'s are more likely to promote the body's own ability to heal itself through means as safe, non-intrusive and with a few side effects as possible. Osteopathic Manipulative Treatment (OMT) is often used as a primary healing tool.

Many patients choose D.O.'s because they are more comfortable with the philosophies and treatments of osteopathy. Others may not be as aware of the difference in medical philosophies, but they return to D.O.'s again and again for these patients the reason is simple: it works.

OSTEOPATHIC MEDICINE: SOME FACTS

• Osteopathic physicians emphasize that all body systems, including the musculoskeletal system, operate in unison. By recognizing the critical relationship between body structure and body function, the D.O. is trained to recognize that a disturbance in one system can alter the functions of another system and/or all systems.

• D.O.'s focus not just on one symptom or complaint, but on the whole patient — including lifestyle, environment, diet, fitness, and emotional well being.

• Osteopathic manipulation of the musculoskeletal system has been proven to be a successful treatment technique for many disorders. It can provide a natural alternative to numerous drug therapies.

• 52% of graduating D.O.'s enter primary care, such as family practice, internal medicine, and pediatrics, where they can focus on the whole patient.

- Four pre-written newsletters containing information about osteopathic principles, treatments and programs as well as other general health-oriented articles of interest to the public, prepared by professional health writers and artists. Just add your name at the top and print.

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Typesetting $2,000. + Staff time: 20 hours per issue x 4 = 80 hours
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or $4,000 total
P.S. who will write it?
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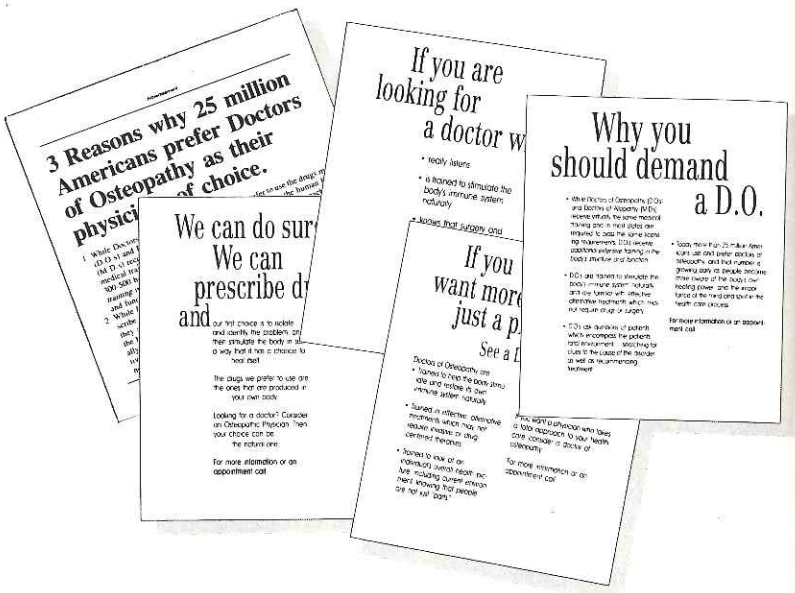

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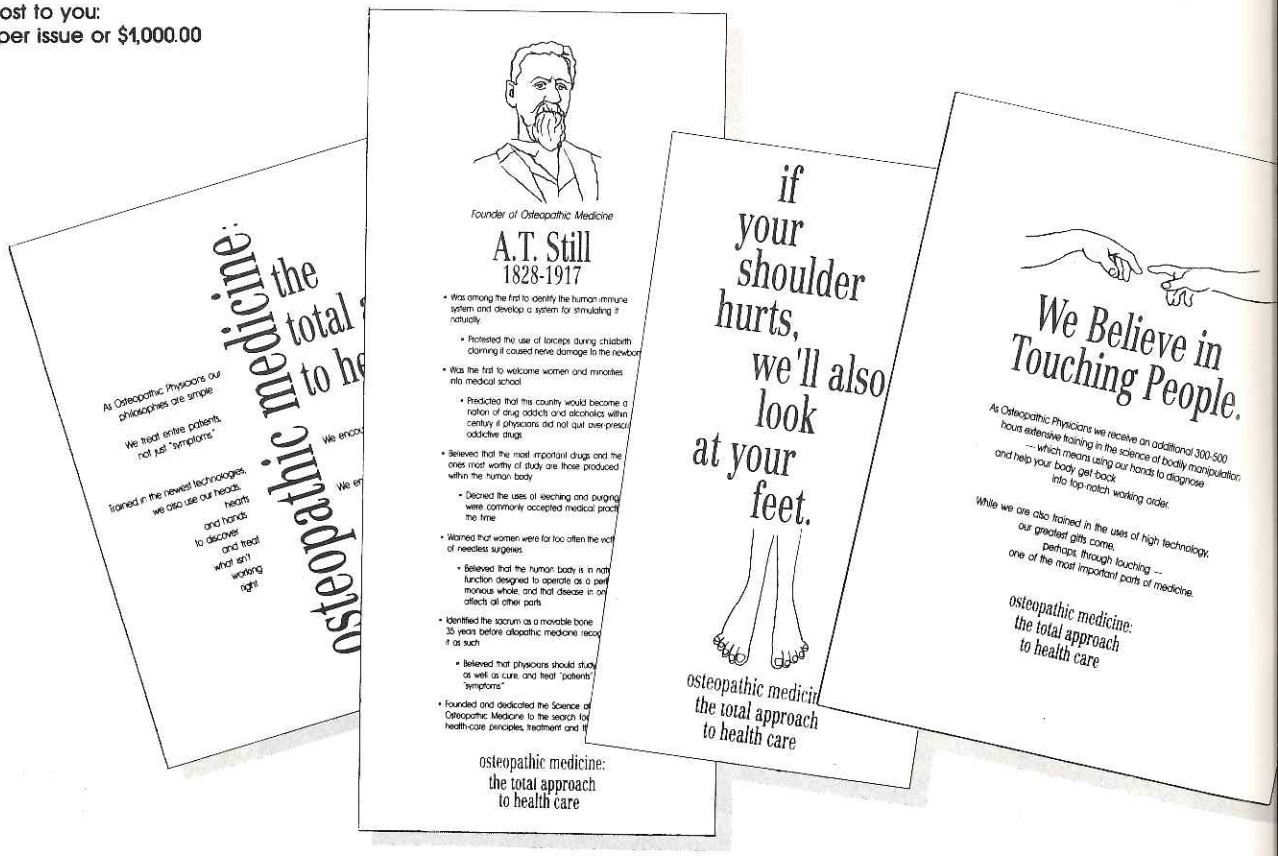
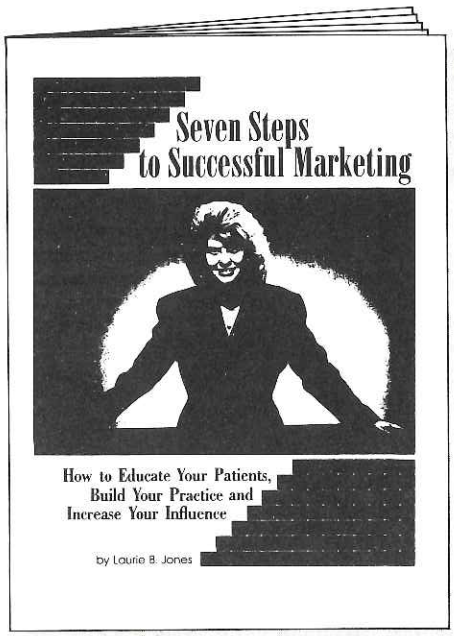
Our cost to you: $650 for entire set of five





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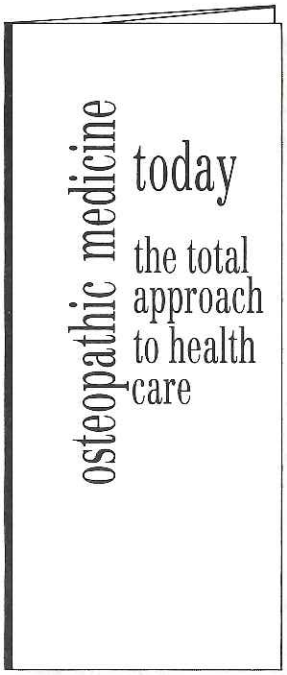

- Use this updated, lay person version brochure to explain the osteopathic difference. Put your office material on the back and use as an office brochure or to send to the media, potential referring sources, etc.
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A Report to The Statutory Advisory Committee on Medical Care

Craniosacral Manipulation

by Robert P. Lee, D.O.

History and Introduction

As with all osteopathic manipulative treatment, craniosacral manipulation is based on the premise that structure and function are interrelated. William Garner Sutherland, D.O., while a student at the American School of Osteopathy in 1901, was contemplating the structure of the disarticulated skull which was put on display by A.T. Still, M.D., the founder of the school and the osteopathic profession. A guiding thought came to the young Sutherland concerning the function of these peculiarly shaped skeletal structures. Although he tried to put it out of his mind, the idea nagged him that the cranial bones, especially the temporoparietal sutures, appear to allow for motion. It became his motivation for detailed and prolonged research into inanimate skulls and experimentation upon his own head. The rest of his medical career was spent developing and teaching the cranial concept, the physiology, pathology, diagnosis and treatment.[1]

Essentially, Dr. Sutherland discovered a previously unrecognized physiological mechanism. Neurosurgeons report movement of the central nervous system at craniotomy. Radiologists are gating for movement of the central nervous system for certain studies, especially magnetic resonance imaging.[2] Dr. Sutherland concluded from observation that the central nervous system moves and that the skeletal and dural housing accommodates for that motion. The cranial concept concurs with the osteopathic principle that the exterior is related to the internal fluid environment. In the head, the cerebrospinal fluid fluctuates with the organized movement of the central nervous system, delivering a hydrodynamic wave-form throughout the body. The inelastic dural membranes retain the volume, but allow for a distortion in the shape of the cranium. A dural tube surrounding the spinal cord is continuous from its firm attachment at the foramen magnum to the second sacral segment. It acts as a functional link between the occiput and the sacrum, such that they rock together in synchrony with the central nervous system, cerebral spinal fluid, and calvarium. Therefore, the entire axial skeleton, thoracic cage and pelvis undulate subtly in synchrony.[3]

Research

Experimental findings to support Dr. Sutherland's contentions can be found in the medical and osteopathic literature from the earliest writings to the present and from the United States and abroad. Viola Frymann, D.O. demonstrated gross motion of the human cranium by applying to it calipers which were connected through a transducer to a chart recorder. She distinguished cardiac and respiratory activity, as well as a third wave of smaller amplitude at the rate of 10 to 14 times per minute.[4] Neurosurgeons have identified various wave-forms in the pressure of the cerebrospinal fluid: Lundberg's A, B and C waves.[5] Traube-Hering-Mayer waves have also been discovered.[6,7]

A series of experiments at Michigan State University, College of Osteopathic Medicine in the 1970s were able to verify cranial movement in squirrel monkeys.[8,9] They were also able to demonstrate connective tissue, vessels and nerves within the sutures of the skull.[10,11,12] The linkage of the movement of the sacrum and the cranium were also verified in experiments at Michigan State.[13]

Several investigators have demonstrated the contractility of the oligondendroglia, the most numerous cells in the CNS. Such synchronous activity could explain the organized movement of the brain substance which is seen at craniotomy and on MRI and which is palpated by those who do craniosacral manipulation.[14]

I would especially direct your attention to two recent publications that summarize the literature in the field of craniosacral treatment: *Clinical Cranial Osteopathy*, edited by Richard A. Feely, D.O.,[15] and *The Cranium and Its Sutures,* edited by Ernest W. Retzlaff, Ph.D., and Frederic L. Mitchell, Jr., D.O.[16] Dr. Feely's work collects 28 papers regarding the cranial concept. Retzlaff and Mitchell offer a summary of the cranial concept, some of its significant applications and an annotated bibliography of research in the cranial field, numbering over 200 references. For detailed information regarding the basic principles, diagnostic technique and application of principles in treatment refer to *Osteopathy in the Cranial Field,* by Harold I. Magoun, D.O.[3]

Diagnosis

Palpation of the cranial rhythmic impulse (CRI) is essential to diagnosing a restriction of motion.[17] The movement may be from one-half to one millimeter and requires a highly trained individual to diagnose and treat. The Sutherland Cranial Teaching Foundation provides a basic forty-hour course annually for forty students. The Cranial Academy, a component society of The American Academy of Osteopathy, also provides educational courses in basic and advanced topics. All fifteen Colleges of Osteopathic Medicine provide training in the cranial concept. A few of them offer the basic forty-hour curriculum. Other individuals and groups also provide continuing medical education courses.

Dysfunctions of the cranial mechanism can be associated with a wide range of clinical symptoms. From the osteopathic perspective, full and symmetrical motion is the ideal, in the cranial mechanism, as in the movement of any other joint of fascial plane. A restriction of motion may occur from birth trauma,[18] a whiplash injury or other head trauma later in life.[19] Dental work or sinus congestion may be associated with restrictions of movement.[20,21] Entrapment of cranial nerves, distortion of intracranial spaces, misalignment of the bite are a concern to the cranial practitioner. Because of the functional link between the sacrum and the cranium, dysfunctions of the pelvis may lead to secondary cra-

nial dysfunctions and vice versa.[5] Scoliotic curves and short leg syndromes may have an indirect relationship with the cranial mechanism.[3]

Indications

Indications for the use of craniosacral treatment include the following, although this is certainly not an inclusive list. Ambylopia,[22] Bell's palsy[22] and Tic Douloureux[23] are conditions which may result from entrapment of cranial nerves. Tinnitus,[24] dizziness[24] and lymphedema[3] may respond to treatment. Migraine headaches,[24] sinusitis,[3] asthma,[3] and learning disabilities[25] may be favorably affected by cranial manipulation. In conjunction with a dentist, the cranial osteopathy can impact those who have temporomandibular joint dysfunction or unusual bite patterns.[26] Painful conditions of all kinds respond to treatment of that part of the body using the cranial concept.

Although the cranial concept is relatively new, formally presented to the osteopathic profession in 1940, and taught in osteopathic colleges for the last 15 years, a solid group of practitioners has developed who have demonstrated a capability to improve the level of health of some patients who have not been helped by medicine or surgery. Within the last few years the numbers in the state of Oregon have grown from a handful to dozens. Nationwide there are some five hundred members of The Cranial Academy. All of these practitioners are osteopathic, medical or dental physicians. There are a growing number of dentists and M.D.s who are performing cranial techniques. The interest within the osteopathic colleges is also expanding.

Summary

The cranial concept was originated by William Garner Sutherland, D.O., who discovered a physiological mechanism of the central nervous system and cerebrospinal fluid as it relates to cranial bones, dural membranes and fascia. Cyclical movement of the entire body can be palpated at the rate of ten to fourteen times per minute by those who are trained and skilled in cranial technique. Treatment is successful in alleviating many painful conditions as well as dysfunctions of the cranial structures, axial skeletal and appendicular structures. Treatment is aimed at balancing the craniorhythmic impulse, the palpable evidence of the physiological mechanism described in this report.

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Craniosacral Course Has SRO in Tucson

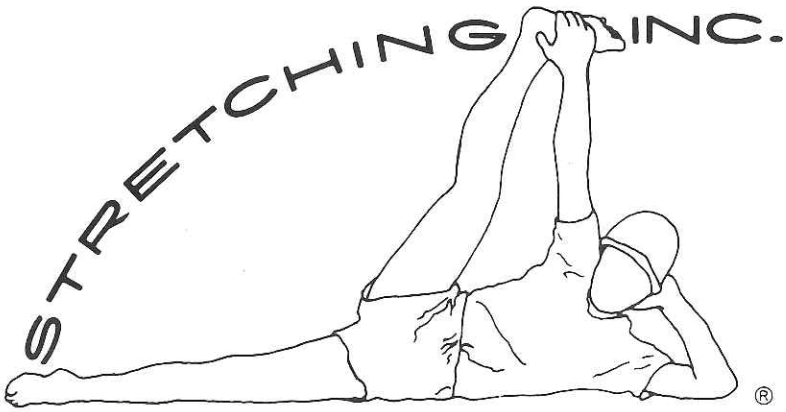
The annual Level I Craniosacral Technique course sponsored by the Michigan State College of Osteopathic Medicine was again sold out. Twenty-six participants received five days, forty hours instruction in Tucson, Arizona.

Physicians from Germany and Denmark were among the participants, including the current president of the Danish Association of Manual Medicine, Glen Rasmussen, M.D.

Barbara Briner, D.O., was program chair, and instructors for the course were Raymond J. Hruby, D.O., FAAO, John Goodridge, D.O., FAAO, Phil Greenman, D.O., FAAO, and Gary DiStephano, D.D.S. ▲

Having experienced both chiropractic and allopathic medicine, I've decided that the most valuable degree is one I don't have: D.O. I find it hard to believe that doctors of osteopathy haven't already taken over responsibility for primary care. To my way of thinking, they have it all — pharmacology, surgery, and manipulation. ▪

L. D. Gilley, M.D., D.C.
MEDICAL ECONOMICS/MAY 15, 1989



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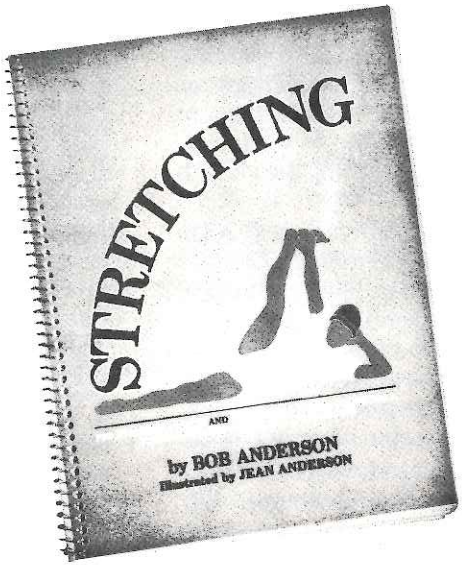

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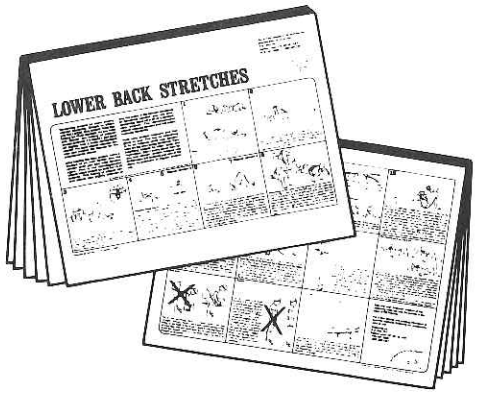

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MEDICARE/ MEDICAID NEWS

by Don Self
Medical Consultants of Texas

There is a considerable amount of confusion concerning the upcoming 1991 fee limitations to Medicare patients by nonparticipating physicians. In 1991, nonparticipating physicians will be limited to a fee limitation called Beneficiary Protection. Beneficiary Protection has yet to be completely defined by the Department of Health and Human Services, so HCFA and Medicare are both confused.

We believe one of the following will be the calculation for the Beneficiary Protection in 1991, but we do not know for sure:

1. The (nonparticipating) physician's fee will be limited to the lower of the 1990 MAAC, or 125 percent of the 1991 Nonparticipating Prevailing amount.
2. The lower of the 1990 MAAC or 125 percent of the 1991 Allowed Amount. As you know, the allowed amount is the lower of the Customary/Median amount or the non-participating Prevailing.
3. The lower of the 1990 MAAC or 125 percent of the Medicare payment amount.

As you can see, there is a vast difference in the three different calculations. When we talked to HCFA in Dallas, they stated the first would be the calculations for 1991. When we talked to Medicare, they said the last would be the calculation.

In reading the regulation set forth by the Baltimore, Maryland HCFA office, it reads: "For physicians' services of a physician furnished during 1991, the limiting charge shall be the same percentage (or, if less, 25 percent) above the recognized payment amount under this part with respect to the physician (as a nonparticipating physician) as the percentage by which —

(1) the maximum allowable actual charge, or

(2) the recognized payment amount for the service of the physician as a nonparticipating physician."

Later in this regulation, the Recognized Payment Amount is defined in subsection D as: "In this section, the term 'recognized payment amount' means, for services furnished during 1991, the applicable percentage of the prevailing charge for nonparticipating physicians for that year."

Threfore, you can see the confusion. As soon as we hear the final answer, we will let you know!

Unique Physician Identification Number

HCFA realizes that providers are having a hard time getting all of the UPIN numbers they need, so they let the November 1 date slip. The agency still has not come up with any firm date for when claims are denied, but many are betting on January 1, 1992. The UPIN will still go in box 19, on current HCFA 1500's, and box 17 on the revised form 1500, when they are required. HCFA will probably require a line item UPIN identification, per procedure, for electronic claims so they can see which doctors ordered what services around mid 1991.

Primary Care Gets Two Percent Increase

Primary care services will receive a two percent update in prevailing in

(continued on page 17)

EXPECTED RBRVs IN 1992

We have seen some preliminary figures on expected Medicare, the Resource Based Relative Value Scales that will come into effect in 1992, and the numbers do not look good for the surgical specialties. Primary care services show an improvement in most localities. Shown below are some examples, showing the code, current National Fee Ranges and Expected 1992 RBRVS ranges:

CODE	FEE RANGES	RBRVS RANGES
90215	$ 91- 129	$ 74- 99
90250	$ 37- 52	$ 36- 48
90605	$ 75- 110	$ 69- 90
93000	$ 36- 49	$ 24- 29
99160	$ 164- 235	$ 93- 135
29815	$ 670- 925	$ 280- 351
33206	$1715-2420	$ 641- 825
51550	$1500-2100	$1110-1255
51570	$2200-3080	$1585-1850

The numbers that we have for the "expected" RBRVS are extremely tentative (to say the least). There is no way to tell what the final figures will be at this time. Once we see numbers that have more credence than what we have, we will let you know.

DRS. CARLTON AND COHEN HONORED AT 1990 MEDICAL AWARDS NIGHT

Catherine Kenney Carlton, D.O., FAAO, and Phillip E. Cohen, D.O., received special recognition June 25, during the Osteopathic Medical Center of Texas' annual Medical Awards Night. Dr. Carlton received the 1990 Medical Staff Award — only the 16th such award ever — and Dr. Cohen was named "Teacher of the Year."

The Medical Staff Award recognizes a physician who has given OMCT outstanding leadership and dedicated service. The recipient is chosen by vote of the entire active medical staff of OMCT.

Dr. Carlton has been on the medical staff and a practicing Fort Worth physician longer than any other osteopathic physician in the city. For more than 50 years, her family and manipulative medicine practice has been located at 815 West Magnolia Avenue. Her first 10 years in practice were spent with her parents, who also were osteopathic physicians.

Dr. Harriette O'Connor and Dr. Jean Farrar, who presented the award, paid tribute to Dr. Carlton, listing her many community services during her years in practice. "She (Dr. Carlton) delivered babies by kerosene lantern, representing everything osteopathic medicine stands for in our city."

Dr. Carlton graduated in 1938 from Kirksville College of Osteopathic Medicine, Kirksville, Missouri. She is a fellow of the American Academy of Osteopathy and is certified by the American College of General Practitioners. Her professional affiliations include TOMA, of which she is a life member; AOA; AAO; and the American College of General Practitioners in Osteopathic Medicine and Surgery.

Dr. Cohen was selected "Teacher of the Year" by the 1989-90 graduating intern class of OMCT. He is board certified in internal medicine by the American Osteopathic Board of Internal Medicine. Dr. Cohen attended the University of Michigan and graduated from the College of Osteopathic Medicine and Surgery in Des Moines, Iowa, in 1973. His professional affiliations include TOMA; AOA; and the American College of Osteopathic Internists.▲

MEDICARE/MEDCAID

(continued from page 16)

1991, and all other services will receive no updates. This does not automatically mean that the prevailing will raise on a primary care service by two percent. Medicare still applies the Medicare Economic Index to the prevailing, as well as a computation of the 75th percentile of charges during the preceding customary period to the prevailing. Therefore, the two percent increase is pretty vague!

Balance Billing Raised

Congress, in their most recent legislation, raised the balance billing limits in 1991 from 125 percent to 140 percent for evaluation and management services. This will affect office visits, hospital visits, nursing visits, E.R. visits, critical care services and consultations. Congress also raised the prevailing charge floor for primary care services from 50 to 60 percent. We are still awaiting a definitive answer from Medicare, HCFA and HHS as to what the 140 percent and 125 percent of the Prevailing; 125 percent of the approved amount; and also 125 percent of the amount that Medicare pays. Until we get a definite answer from the powers that be, we cannot predict the effect on your fees for 1991.▲

AOA PASSES DUES INCREASE

At the annual meeting of the AOA held July 11-15, the House of Delegates considered and acted favorably upon a bylaw amendment to increase full dues by $75.00, effective immediately.

By now, AOA members should have received a supplemental dues notice which reflects the balance due. According to Mitchell Kasovac, D.O., AOA President, "The AOA's Bureau of Finance, Board of Trustees and House of Delegates have deferred this action as long as was possible (a decade) and fiscally responsible. On an annualized basis this $75.00 increase amounts to only a 2.5 percent increase per year during a period in which inflation has been running at six to 11 percent per year. During that 10 year period AOA's important educational, government relations, public relations, legal-advocacy and member services activities have been dramatically expanded.

"As we approach the profession's Centennial in 1992 both great opportunity and challenge face us. Our objective is to use our 100 Anniversary as a unique opportunity to explain and market the profession. We want to allocate significant organizational dollars to this marketing which has been so long neglected."

Additionally, Dr. Kasovac states that the presence of the AOA must be felt in every state of the nation in regards to the single pathway to medical licensure (USMLE). "The implementation of the USMLE, in possible derogation of distinctive osteopathic licensure, is the greatest threat to our continued viability since the attempted merger of the profession in California in the early '60s."

PRACTICE MANAGEMENT TIPS

"Strategic Planning in the Medical Profession"

Tom Schnack

(The following is reprinted from the September/October issue of the Hawkeye Osteopathic Journal)

Why should a medical practice be concerned about something as seemingly complex as strategic planning? The medical profession is rapidly changing. Regulatory changes are accelerating and trends are developing that will affect you and your patients in the years ahead. Do you know where your practice is headed and where you want it to go? Are you keeping up with developments that could affect the success of your practice? And most important, do you know what you have to do in order to move your practice forward in the 1990s?

If the answer to these questions is "yes," your practice is in good shape. You're undoubtedly doing well now. And you're prepared to grow and prosper in the years ahead. On the other hand, if the answer is "no," you probably have the sense that your practice is drifting and continues to be shaped by circumstances as they occur. Your concerns as a whole seem insurmountable. Individually they are very solvable.

It doesn't have to be that way. By making strategic planning part of your regular activities you can gain control of your operation. You can give your practice a definite direction and help it reach the destination you choose.

Strategic planning is simply an ongoing process that consists of setting goals and figuring out the best ways to reach them. There is nothing difficult about it. The process is the same whether you work in a large clinic or as a sole practitioner.

The first step in the strategic planning process is to gather all your key people together and take a look at the practice as it exists today. Name a project coordinator to run the session. Write a "statement of purpose" and identify the practice's driving force — what it is you have been trying to accomplish. For example: "Doe Imaging Clinic, January 1, 1991. We are a medical practice with two physicians and eight employees generating gross charges of $1.3 million a year. We provide radiology interpretation services to patients in eastern Iowa. We are trying to expand our services, our patient base and our profitability."

The next major step is to analyze the practice and identify the strengths and weaknesses. What do you handle best? What needs improvement? Use brainstorming sessions. And in the case of a group practice, what are the key contributions each physician makes, such as management ability, bringing in new business, keeping up with new regulations, etc. To simplify the process of identifying strengths and weaknesses, analyze the practice along functional lines. Examples of seven relevant categories follow.

Revenue

Have you increased your patient base? Are you adding services? Are you adding physicians? Is production meeting your expectations?

Reimbursement

Do you have a reimbursement manager? Are you being reimbursed the correct amounts? Are you billing the correct amounts to maximize reimbursement? Are there any potential problems?

Marketing

Are you positioned clearly in terms of the patients you serve? What are your principal methods of generating new business — referrals, advertising, word of mouth, etc? Do you enjoy a good reputation within the medical community and the community at large? Are you generating new referral sources?

Administration

Does your practice run smoothly, even during peak periods? Are you getting maximum productivity from the physicians? From the staff? From the equipment? Do you handle staffing well? Are you satisfied with your medical suppliers? Are you holding costs down as well as possible?

Personnel

Do you have physicians being groomed for ownership? Have you had difficulty recruiting? Do you have problems with turnover? Are you planning for future hiring needs, particularly in light of the current and projected labor shortages? Are your practice's salaries and benefits in line with those at similar practices? Is morale generally high?

Data Processing

Does you computer system handle your current needs? Does it have the capability to be expanded? Are you getting the most from the hardware and software you use now? Does it give you the information you need to plan for the future as well as to manage day-to-day operations effectively?

Finance

In looking at both balance sheets and income statements for the past three years, what do you see? How are your cash flow and accounts receivable? What is the ratio of expenses to patient revenue? The ratio of personnel costs to patient revenue? The number of staff FTEs per physician.

After answering questions such as these, you should have a good picture of your operations and of what helped you achieve success up to this point.

Now, take it one step further. The group should pinpoint the practice's single greatest strength. Is it the variety of services you offer? The way you deliver services — with speed, personal attention? Is it your reputation for honesty and dependability? For being available? That key strength is known as the driving force.

The next step is for the practice to state its plan for the future, to develop a "mission statement." The statement does not have to be lengthy or complicated. But it must be absolutely clear because it is going to become the basis of every decision you make.

The steps to take in developing the statement are to state:

1. Goals
2. Characteristics of the practice
3. Practice philosophy
4. Reputation the practice wants to achieve
5. Organization's self-image
6. Service areas
7. Patient needs

The mission statement must define present and potential business activity. State conditions for changing operations, state the firm philosophy and its self-content (its "place" in a competitive situation).

Undertaking the definition of a company mission is one of the most easily slighted tasks in the strategic planning process. The critical role of the company mission as the basis of orchestrating managerial action is repeatedly demonstrated by failing firms whose short-run actions are ultimately found to be counterproductive to their long-run purpose.

The principal value of a mission statement as a tool of strategic management is derived from its specification of the ultimate aims of the practice. It thus provides managers with a unity of direction that transcends individual, parochial, and transitory needs. It promotes a sense of shared expectations among all levels and generations of employees. It consolidates values over time and across individuals and interest groups. It projects a sense of worth and intent that can be identified and assimilated by practice outsiders and the general public. Finally, it affirms the practice's commitment to responsible action, which is consistent with its needs to preserve and protect the essential elements of sustained survival, growth, and profitability of the practice.

The next step is to spell out the goals that the practice wants to achieve. These goals should be agreed upon by the group and stated in measurable terms. The goals should be challenging as well as realistic. These are the goals that are necessary to the "mission." They must reflect a minimum number of subgoals that have to be achieved for the practice to accomplish its mission. At this point, you must decide what you need to do to reach your stated goals by the target date. This is the part that involves developing an action plan.

The action plan is critical to the implementation of your strategic plan because it establishes actions and pinpoints individual responsibilities and due dates for action.

It is also important to note that throughout the process of strategic planning it is important to have complete documentation of all meetings, consensuses reached on issues and specific actions to be taken. Again, it makes sense to break the whole into parts, as was done in identifying strengths and weaknesses.

After the first session, develop increasingly more specific plans. Let the persons responsible develop deadlines and report to the person in charge of planning on their progress. Planning is an ongoing process. Any good plan needs to be reviewed periodically and revised when necessary. At the very least, planning should be revised annually. A good strategic plan requires communication, teamwork and commitment. The results are worth it.

(Tom Schnack is with the firm of Seim, Johnson, Sestak and Quist in Omaha, NE) ▲

SOUTHEASTERN UNIVERSITY OF THE HEALTH SCIENCES

SOUTHEASTERN U. NAMED AMONG NATION'S TOP TEN

The rural medicine training program of Southeastern University's College of Osteopathic Medicine was recently named one of the nation's ten most innovative by the National Rural Health Association — one of only two medical schools so rated.

The other school selected was Michigan State University College of Medicine The NRHA, based in Kansas City, MO, studied 20 model programs designed to meet rural health care needs through mobilization of health professions education and services resources. The study, part of a Congressional mandate to alleviate the chronic shortage of health care service plaguing millions of medically underserved Americans in rural communities, was funded through the Health Resources and Services Administration.

Following a visit to Southeastern's rural program sites, located in communities ringing Lake Okeechobee, NRHA Project Coordinator Toby Turner, M.N., R.N.C., said "Although your program is young, the site inspection team agreed that you are successfully addressing many of the barriers that have persisted for the preparation of rural practitioners."

Southeastern University of the Health Sciences, an all-health profession educational institution with colleges of osteopathic medicine, pharmacy and optometry on its North Miami Beach campus, has had since its inception a commitment to teaching primary care, rural medicine, geriatrics, and minority medicine.

Southeastern is one of the few medical schools in the nation which have a required classroom course and training rotation in rural medicine. Under the rural program, students live in the community and work in established public and community health centers under the supervision of licensed physicians.

Another component of Southeastern's rural outreach efforts is the Area Health Education Center (AHEC), a federal program. In 1985, Southeastern became the first Florida medical school to be designated an AHEC center, in an effort to relieve traditional shortages of health care services in remote rural communities.

Now, five years later, the program has developed into a comprehensive, community-based health manpower recruitment, training, and retention program targeting underserved communities in a 19-county region extending from South to Central Florida.

In 1990, the State of Florida named Southeastern a major partner in a consortium of Florida medical schools to develop a statewide AHEC network. Working with the medical schools of the University of Miami and the University of Florida, Southeastern is striving to ensure that enhanced medical services will reach all of Florida's underserved areas. ▲

For More Information Contact:
Randy A. Abraham
Assistant Communications Director
(305) 949-4000, Ext. 7235

Ohio University College of Osteopathic Medicine

FOR IMMEDIATE RELEASE

OU-COM OPP SECTION HEAD STEPS DOWN

ATHENS, Ohio — After 12 years as the head of the Osteopathic Principles and Practice (OPP) Section at the Ohio University College of Osteopathic Medicine, David Patriquin, D.O., is leaving the position. John Glover, D.O. assistant professor of family medicine, will be assuming the responsibilities of the position.

Glover, who will serve a one-year term, will direct the OPP Fellowship program and fulfill other associated administrative tasks. Patriquin will remain on the college's faculty, continue to direct the OPP residency program, teach, conduct research and provide clinical service.

"When I came to this college, the dean and I talked about some things that we wanted to accomplish. In the past 12 years, we've completed those tasks. It's time to let other people bring in new ideas," Patriquin said.

"I haven't finished all that I would like to do here. This will give me a chance to help further develop osteopathic educational leaders. We have many good programs in place; now we can work on making them still better," he said.

Editor's Note: For more information, please contact Gary Snyder, writer/editor, Office of Communication at (614) 593-2202.▲

MICHIGAN STATE UNIVERSITY • COLLEGE OF OSTEOPATHIC MEDICINE • DEPARTMENT OF BIOMECHANICS

A Residency Program in

OSTEOPATHIC MANIPULATIVE MEDICINE

If you are interested in bringing the benefits of osteopathic manipulative medicine to the American people and furthering the validity of this crucial form of therapy through scientifically sound clinical research, and the fusion of the laws of biomechanics with osteopathic manipulative medicine in patient care, please consider this unique program being offered by one of the leading osteopathic medical schools in the nation: Michigan State University College of Osteopathic Medicine.

Announcing a two-year Residency Training Program in Osteopathic Manipulative Medicine sponsored by Michigan State University College of Osteopathic Medicine and its Affiliated Hospitals.

Requirements for Admission

- Hold a D.O. Degree
- Successful completion of an osteopathic internship
- Be licensed to practice in Michigan
- Be qualified by training and experience in osteopathic diagnosis and manipulative treatment

Graduates of the program will be able to apply in any patient care setting the osteopathic concepts and theories of the basic and clinical sciences as well as biomechanics; to conduct case, retrospective, and prospective clinical research studies; and to teach the fundamentals of osteopathic manipulative medicine to future generations of osteopathic physicians.

To complete the optional Master of Science degree in Biomechanics, the graduate must complete 45 credits of study and successfully defend his or her thesis, and demonstrate mastery of basic teaching and research skills.

Graduates completing the residency training program in osteopathic manipulative medicine will be qualified to seek certification by the Board of Special Proficiency in Osteopathic Manipulative Medicine.

For Further Information Contact:

Philip E. Greenman, D.O., F.A.A.O.
Program Director
Michigan State University
College of Osteopathic Medicine
East Fee Hall
East Lansing, Michigan 48824
517/353-8640 ▲

NEW PROCEDURES FOR THE VISITING CLINICIAN AND VISITING SCHOLAR PROGRAMS

Through the diligent efforts of the AAO College Assistance Committee, new guidelines and procedures have been established for the Visiting Clinician and Visiting Scholar Programs. Participants in the Visiting Clinician are D.O.s and Scholars are Ph.D.s.

To participate in the programs, all interested parties must complete an application form and submit it with a photograph and a current curriculum vitae. These will go to the College Assistance Committee for their review and recommendations will be forwarded to the Board of Trustees for their action. It is our intention to take the photographs and the information from the application form and put together a booklet with the clinician's or scholar's picture and a brief description of their area of expertise.

Applications and report forms were mailed to all the current Visiting Clinicians and Scholars and the response has been tremendous. These programs allow the schools to bring lecturers directly on campus for interaction and hands-on sessions with both students and faculty members. They have been very successful in the past and we want this trend to continue.

If any of our members are interested in applying for either of the programs or if you know someone you feel would be a definite asset to either program, please contact: College Assistance Committee, c/o Liz Barrick, American Academy of Osteopathy, 1127 Mt. Vernon Rd., P.O. Box 750, Newark, OH 43055.

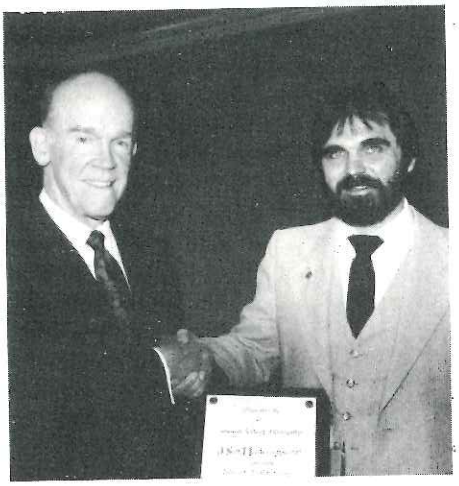
At this time, we are asking that all inquiries be in writing rather than requesting the information by telephone.

CONVENTION HIGHLIGHTS

The Academy wishes to express its appreciation to Convention Program Chairperson, Judith A. O'Connell, D.O., for the planning, development, and coordination of the Academy's 1990 Convention Program in Las Vegas, Nevada. The subject matter, excellent speakers, together with a well planned and presented program, attracted a substantial number of attendees from other affiliate groups, as well as Academy members. Special acknowledgement and thanks are extended to the speakers for their participation. A total of 105 D.O.s registered indicating the Academy as their organization of choice.

SC&TS

This year the SC&TS booth had an excellent position in the Convention Center, just to the right of the front entrance, and as a result, more treatments were given than at any other Convention. 45 physicians provided treatments for 175 patients. We would like to take this time to recognize Dr. Ross Pope for his hard work and dedication as SC&TS Chairman. Thank you for a job well done to the physicians who contributed their time and expertise to the Treatment Service.



Dr. Heatherington receiving the T.L. Northup Lecturer Award from AAO President Dr. Raymond J. Hruby.

The Annual AAO Awards Presentation/Luncheon was held Wednesday November 28, 1991, with 111 doctors and guests attending. President Raymond J. Hruby introduced the following members and guests seated at the head table: J. Scott Heatherington, D.O., AAO President-Elect; Mrs. Gerri Heatherington; Mitchell Kasovac, AOA President; John P. Goodridge, D.O., FAAO, AAO Secretary-Treasurer; Mrs. Marge Goodridge; Anthony G. Chila, D.O., FAAO, Chairman, American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine Committee; Margaret Sorrel, D.O., Cranial Academy President, and David Heilig, D.O., FAAO, Chairman of the AAO Fellowship Board.

The Thomas L. Northup Lecture was presented by **J. Scott Heatherington, D.O.**, and was entitled, "Stir What You've Got." Following the lecture, President Raymond J. Hruby presented the Eighteenth Thomas L. Northup Lecturer Award to Dr. Heatherington. ▲

ASSOCIATION OF MILITARY OSTEOPATHIC PHYSICIANS AND SURGEONS CONFERENCE

32 Hours
CME Category 1-A

"Future Challenges of the '90s"

Daniel Fitzpatrick, D.O., MPH, MAJ, USA
Program Chairman

March 24-28, 1991
The Broadmoor Hotel

Sunday, March 24, 1991

10:00 am
Welcoming Remarks:
Susan Cullom, DO, LCDR, USN

Introduction to CME Program
Daniel Fitzpatrick, DO, MPH, MAJ, USA

PREVENTIVE MEDICINE
Daniel Fitzpatrick, DO, MPH, MAJ, USA Moderator

10:15 am
"Preventive Medicine in the 90's"
Darvin Suter, DO, MPH, COL, USAF
(Sponsored by G. D. Searle & Co.)

11:00 am
"Emergency Applications of Hyperbaric Oxygen"
Thomas Woodward, MD,
MPH, LTC, USA-NG

1:00 pm
"Head and Spinal Cord Injury:
A Major National Health Problem"
Murray Goldstein, DO,
MPH, RADM, USPHS
(Sponsored by Sigma-Tau Pharmaceuticals)

2:00 pm
"Preventive Psychiatry in the 90's"
John Blough, DO, MPH, LTC, USA

3:00 pm
"Aeromedical Evacuation:
Its Roots, Risks and Recommendations"
George Woodward, DO, MAJ, USAF

4:00 pm
"Radiation Hazards"
John Mills, DO, MPH, MAJ, USA-NG

Monday, March 25, 1991

CRITICAL CARE MEDICINE
R. Todd Dombroski, DO, CPT, USA
Moderator

7:30 am
"Thrombolytic Therapy in Acute M.I."
Joann Lindenfeld, MD
(Sponsored by the Upjohn Company)

8:30 am
"Methylprednisolone and
Acute Spinal Cord Injury: Results of a National Randomized Trial"
Michael Bracken, PhD, FACE
(Sponsored by the Upjohn Company)

9:30 am
"Wound Care Symposium"
Allan Morgan, DO, MAJ, USA
David Hogan, DO, MAJ, USA
(Sponsored by Hoechst-Roussel)

1:30 pm
"Alcoholism and Polysubstance Abuse:
An Overview"
John Cusack, DO, CDR, USN

2:30 pm
"Panel - Medical Ethics/Life Support Issues"
S.T. Coleridge, DO, COL, USA
Dave McKnight, JD, CPT, USA
David M. DeDonato, MAJ, USA

Tuesday, March 26, 1991

OPERATIONAL PROGRAM
Daniel Fitzpatrick, DO, MPH, MAJ, USA Moderator

7:30 am
"Medical Operations in Support of Operation Just Cause"
Philip Volpe, DO, MAJ, USA

8:15 am
"Medical Operations in Support of Operation 'Desert Shield'"
Al Moloff, DO, MPH, MAJ, USA

9:00 am
"Medical Operations Support for the United States Space Program"
Larry Pepper, DO

10:05 am
Admiral Eske Research Seminar
Dennis Amundson, DO, CDR, USN

12:15 pm
Pharmaceutical Appreciation Luncheon
CAPT. (P) Hugh Scott, DO

2:00 - 5:00 pm
Operational Tour of the U.S. Air Force Academy

Wednesday, March 27, 1991

INTERNAL MEDICINE
Daniel Fitzpatrick, DO, MPH, MAJ, USA Moderator

7:30 am
"Management of HIV Infected Patients: An Update on Diagnosis and Treatment"
William Moore, Jr., MD, BG, USA
(Sponsored by Sigma-Tau Pharmaceuticals)

8:30 am
To Be Announced
(Sponsored by Merck Sharp & Dohme)

9:45 am
"Pulmonary Reflections of Systemic Diseases"
William Strampel, DO, LTC, USA
(Sponsored by Glaxo)

10:45 am
"Current Hypertension Therapy"
Albert Carr, MD
(Sponsored by Sandoz Pharmaceuticals)

12:15 pm
Business Meeting Luncheon

1:30 pm
"Seizure Disorders"
Roswell Dorsett, III, DO, LTC, USA
(Sponsored by Glaxo)

2:45 pm
"Cholesterol Cytotoxicity and Its Reversibility"
A. Alvin Greber, DO
(Sponsored by Marion-Merrell Dow)

3:45 pm
"Hyperinsulinemia in the Management of Patients With Type II Diabetes"
Rochelle Hanley, MD, FACP
(Sponsored by Pfizer)

7:00 pm
President's Reception and Banquet
Speaker: Mitchell Kasovac, DO

Thursday, March 28, 1991

HEALTH MAINTENANCE
R. Todd Dombroski, DO, CPT, USA
Moderator

7:30 am
"The Guide to Clinical Preventive Services:
An Overview"
Michael Parkinson, MD, MPH
(Sponsored by G. D. Searle & Co.)

8:30 am
"Alcohol Abuse From the Military Perspective"
Michael Parkinson, MD, MPH, MAJ, USAF
(Sponsored by G.D. Searle & Co.)

9:30 am
"Environmental Tobacco Smoke and the Non-Smoker: Is a Total Ban on Public Smoking Scientifically Justified?"
Donald Shopland, National Cancer Institute
(Sponsored by Marion-Merrell Dow)

10:30 am
"The Hazards of Smokeless Tobacco Use"
Steven Dilley, DDS, MAJ, USA

11:30 am
Conference Adjournment

NOTE: Program does not show continental breakfasts, exhibit breaks and prize drawings due to space limitations.

CALENDAR OF EVENTS

Feb. 1-3, 1991 — Florida Academy of Osteopathy meeting. Admiral Benbow Inn, Tampa, FL. For further information contact: John H. Potomski, Jr., D.O., Secretary-Treasurer, FAO, 720 E. New Haven Ave., Melbourne, FL 32901

Feb 2-3, 1991 — "Practice Management for Interns and Residents." Missouri Association of Osteopathy Physicians and Surgeons and the William L. Wetzel Education and Research Foundation. Location: MAOPS Central Office, Jefferson City, Missouri.

Feb 8-10, 1991 — AAO Education Committee Meeting. Location: Atlanta, Georgia.

Feb. 11-13, 1991 — Urgent Care Medicine sponsored by the Kirksville College of Osteopathic Medicine. Location: The Mirage Hotel, Las Vegas, Nevada.

Feb. 20-24, 1991 — Osteopathic Physicians and Surgeons of California 30th Annual Convention. Location: Anaheim Hilton and Towers, Anaheim, California.

Feb. 22-24, 1991 — West Virginia School of Osteopathic Medicine 8th Annual Mid-Winter Osteopathic Seminar. Location: Charleston, West Virginia.

Feb. 22-24, 1991 — AAO Long Range Planning Committee meeting. Location: Dallas, Texas.

Feb. 23, 1991 — "Setting the Fascia Free!" A workshop in diagnostic palpation and treatment. Presented by Stephen M. Davidson, D.O. Location: 1315 West Bethany Home Road, Phoenix, AZ. CME: 5 hours Category 1-A. Tuition: $195.00 (includes course and gourmet lunch). For further information contact: Practical Publications, 1303 W. Bethany Home Rd., Phoenix, AZ 85013 or call 1-800-359-7772. (see ad in the classified section)

Feb. 24-March 1, 1991 — Colorado Society of Osteopathic Medicine Ski and CME Conference. Location: Keystone Lodge and Resort, Keystone, Colorado

March 6-10,1991 — American College of General Practitioners in Osteopathic Medicine and Surgery Annual Convention and Scientific Seminar. Location: Ramada Renaissance Hotel, Washington, DC.

March 9-14, 1991 — American College of Osteopathic Obstetricians and Gynecologists Annual Convention. Location: Doubletree Desert Princess Hotel, Palm Springs, CA.

March 12-14, 1991 — Arizona Osteopathic Medical Association Annual Convention. Location: Holiday Inn, Broadway, Tucson, AZ.

March 16-17, 1991 — Doctors Hospital North 20th Annual Family Practice Seminar. Location: Fawcett Center for Tomorrow, Ohio State University, Columbus, OH.

March 20-23, 1991 — American Academy of Osteopathy's Annual Convocation, "The Foundations Upon Which We Are Built: Anatomy, Diagnosis and Treatment of the Lumbosacral Spine." Program Chairman: Boyd R. Buser, D.O. Location: Broadmoor Hotel, Colorado Springs, Colorado. CME: 18 hours Category 1-A for main program, 1.5 hours Category 1-A for optional Marketing Workshop on Friday afternoon. Registration Fees: Regular, $345; 2nd Year in Practice, $244; 1st Year in Practice, $193; Resident/Intern, $142; Retired, $193 and students, $85. Tickets for the Banquet on Friday, March 22, are $40 each. D.O. registration includes one Banquet ticket.

March 23, 1991 — Conclave of Fellows Program, "Raised With Osteopathy: It's All In The Family." Program Chairman: Robert C. Ward, D.O., FAAO. CME: 3.5 hours Category 1-A. Faculty: Myron C. Beal, D.O., FAAO; Alan R. Becker, D.O., FAAO; Evalyn H. Kennedy, D.O., FAAO and George W. Northup, D.O., FAAO.

March 23-27, 1991 — Association of Military Osteopathic Physicians and Surgeons Annual Convention. Location: Broadmoor Hotel, Colorado Springs, Colorado.

March 24-29, 1991 — AOA Board of Trustees Spring Meeting.

April 10-14, 1991 — Nevada Osteopathic Medical Association and the Utah Osteopathic Medical Association Western States Osteopathic Convention. Location: Aladdin Hotel, Las Vegas, Nevada.

April 17-21, 1991 — New Jersey Association of Osteopathic Physicians and Surgeons and the New York State Osteopathic Medical Society 20th Annual Eastern Regional Osteopathic Convention. Location: Bally's Park Place Casino Hotel, Atlantic City, NJ.

April 18-21, 1991 — Kentucky Osteopathic Medical Association Annual Convention. Location: Hyatt Regency, Lexington, KY.

April 24-28, 1991 — American College of Osteopathic Pediatricians Annual Convention. Location: Four Seasons Hotel, Newport Beach, CA.

April 25-28, 1991 — Oklahoma Osteopathic Association Annual Convention. Location: Shangri-La Resort, Afton, OK.

April 25-28, 1991 — West Virginia Society of Osteopathic Medicine 89th Annual Spring Convention. Location: Geteway Holiday Inn, Barboursville, WV.

May 1-5, 1991 — Pennsylvania Osteopathic Medical Association Annual Convention. Location: Adam's Mark Hotel, Philadelphia, PA.

May 2-4, 1991 — Texas Osteopathic Medical Association Annual Convention. Location: St. Anthony Hotel/Municipal Auditorium, San Antonio, TX.

May 2-5, 1991 — Tennessee Osteopathic Medical Association Annual convention. Location: Grand Hotel, Pigeon Forge, TN.

May 3-5, 1991 — Francisco Eizayaga, M.D. Homeopathic Seminar on rheumatic, hepatic and cardiovascular disorders. Oak Brook, IL Tuition: $215-$275. Contact: Homeopathic Ass'n. of Gr. Chicago, Box 3791, Oak Brook, IL 60522 (708) 325-2804 or 529-7552.

May 15-19, 1991 — Indiana Association of Osteopathic Physicians and Surgeons Annual Convention. Location: Adam's Mark Hotel, Indianapolis, IN.

May 15-19, 1991 — Iowa Osteopathic Medical Association Annual Convention. Location: Des Moines Marriott Hotel, Des Moines, IA.

May 16-18, 1991 — Michigan Association of Osteopathic Physicians and Surgeons, Inc. 92nd Annual Postgraduate Conference and Scientific Seminar. Location: Hyatt Regency Dearborn at Fairlane, Dearborn, Michigan. CME: 29.5 hours Category 1-A anticipated. Tuition: MAOP&S members: $250 (pre-registration) $300 at the door; non-members: $575. Students, residents and nurses will be admitted free. Members of state

associations: same fee as MAOP&S members. For further information contact: Michigan Association of Osteopathic Physicians and Surgeons, Inc., 33100 Freedom Rd., Farmington, Michigan 48024 or call (313) 476-2800.

June 16-20, 1991 — Cranial Academy Basic Course in Osteopathy in the Cranial Field. Location: KCOM, Kirksville, MO.

June 19-23, 1991 — Ohio Osteopathic Association Annual Convention. Location: Radisson Hotel/SeaGate Centre, Toledo, OH.

June 20-23, 1991 — Osteopathic Physicians and Surgeons of Oregon Annual Convention. Location: Ashland Hills Inn, Ashland, OR.

June 20-23, 1991 — Washington Osteopathic Medical Association 78th Annual Northwest Osteopathic Convention on Physical and Mental Fitness. Location: Bellvue Red Lion Inn, Bellvue, WA.

June 21-23, 1991 — Cranial Academy Annual Conference. Location: Kirksville College of Osteopathic Medicine.

June 27-30, 1991 — Colorado Society of Osteopathic Medicine Annual Convention. Location: Beaver Run Resort, Breckenridge, CO.

July 3-6, 1991 — New Mexico Osteopathic Medical Association 54th Annual Convention. Location: Holiday Inn Pyramid Hotel, Albuquerque, NM.

July 17-19, 1991 — AOA Board of Trustees meeting. Location: Toledo, OH.

July 19-21, 1991 — AOA House of Delegates meeting. Location: Toledo, OH.

Nov. 3-7, 1991 — AOA Annual Convention and Scientific Seminar. Location: New Orleans, LA.

D.O.s Solicited for MD Degrees

Ross University, a foreign medical school using a New York address, has been soliciting D.O.s for a special 45-week clinical program which leads to an MD degree.

The program is not accredited by either the AOA or the Liaison Committee on Medical Education. Graduates, therefore, are considered foreign medical graduates.

The AOA has asked the US Department of Education and the Council on Post Secondary Accreditation to investigate the appropriateness of the program. ▲

UAAO COUNCIL PLANS PRE-CONVOCATION SKI TRIP

Student Doctor George Pasquarello, UAAO Council Vice Chairman and UAAO Program Chairman has planned a ski trip to Breckenridge Ski Resort just prior to Convocation. It is scheduled for Monday, March 18th. The Council has chartered buses for the trip and we will begin boarding at 6:00 a.m. Prices for this trip are listed below:

$50 includes: bus ride, lift ticket, lunch and all rentals (skis, boots and poles)
$40 includes: bus ride, lift ticket and lunch.
$20 includes: bus ride and lunch only.

No discount will be given for partial rentals.

You may also want to schedule some time to do some shopping at the Victorian Village located at the base of the mountain.

If you wish to go on the ski trip, you need to arrive in Colorado Springs on Sunday, March 17th.

This trip is open to all Academy members, physicians and students, and we would like to see a large number turn out for this. It should be loads of fun and give everyone an extra little something, memory wise, to take back home with them.

If you wish further information on this or would like to register for it, contact either George Pasquarello at UNECOM, Box 200, 11 Hills Beach Rd., Biddeford, ME 04005 or Liz Barrick, AAO, P.O. Box 750, Newark, OH 43055 or call (614) 366-7911.

Fisons Established Award for Allergy/Asthma Residents

Fisons Corporation, a Rochester, NY-based pharmaceutical company, has established an award for osteopathic resident physicians who have done exemplary work in allergy or asthma-related areas.

Fisons will provide grants to at least two osteopathic resident physicians to attend the American Osteopathic Association Convention.

"We want to encourage osteopathic resident physicians who might dedicate their career to allergy and asthma therapy and provide them the opportunity to attend AOA activities," said Julie Reynolds, project manager, medical communications for Fisons Pharmaceuticals.

The award provides a $1,500 stipend to attend the 1991 AOA Convention and Scientific Seminar in New Orleans, LA, where award winners will participate in the four-day program and receive special recognition.

Nominations must be submitted to the Division of Postdoctoral Education, Department of Education, American Osteopathic Association, 142 E. Ontario St., Chicago, IL 60611-2864.

Nominations must be postmarked before midnight, July 31, 1991. Residency program directors may submit nominations; residents may nominate themselves or other residents.

Applications for the AOA-Fisons Pharmaceuticals Award for Residents may be

obtained from the AOA at the above address or by phoning 1800-621-1773, ext. 5846 or (312) 280-5846.

Across the nation the AOA, which represents more than 30,000 osteopathic physicians, promotes the public health, encourages scientific research, and acts as the accrediting agency for osteopathic hospitals and colleges.▲

AOA Graduate Medical Education Leadership Conference Hailed a Success

"We are all in this together," American Osteopathic Association President Mitchell Kasovac, D.O. said, addressing the participants in the AOA's first Graduate Medical Education Leadership Conference, held September 14-16 in Chicago. The conference, generously funded by the Upjohn Company, brought together experts in graduate medical education and healthcare delivery to review directions for osteopathic postdoctoral education.

As the theme, "Changes and Innovations in Graduate Medical Education," indicates, the conference also familiarized attendees with the necessity to review and revise training in their respective specialties in order to maintain academic competitiveness as the osteopathic profession prepared to meet the challenges of healthcare delivery in the 21st century.

Keynote addresses were given by Robert Eaton, J.D., MBA, Association Administrator for Program Development, Health Care Financing Administration (HFCA), and Robert G. Petersdorf, M.D., President of the Association of American Medical Colleges. Mr. Eaton spoke on "Medical Education Financing: Current Status and Future Directions." Dr. Petersdorf's presentation was titled, "In Defense of Medicine: Both Allopathic and Osteopathic."

Among the other speakers, Daniel H. Belsky, D.O., Chairman of the AOA Committee on Postdoctoral Training, gave a presentation on the perception of quality in osteopathic postdoctoral education. John A. Brose, D.O., Associate Professor, Department of Family Medicine, Ohio University College of Osteopathic Medicine, discussed problems with residency centered research currently faced by residency directors, and suggested solutions to those problems. Douglas Ward, D.O., PhD., Associate Dean, Michigan State University College of Osteopathic Medicine, presented, "Residency Goals/Objectives and Evaluations."

The conference also featured workshops on ambulatory care, clinical research, involvement of colleges with GME, and goals/objectives/evaluation. The following day, workshop leaders presented brief reports from their workshops. Specialty colleges evaluation committees also met and discussed their responses to the information presented.

Participants agreed that the conference was very worthwhile. It was so successful, in fact, that AOA President-Elect, Gilbert Bucholz, D.O., agreed that the GME conference will be held again next year. Tentative dates are September 20-22, 1991. The AOA hopes to open future conferences to all members of the osteopathic community who are involved with providing graduate medical education.▲

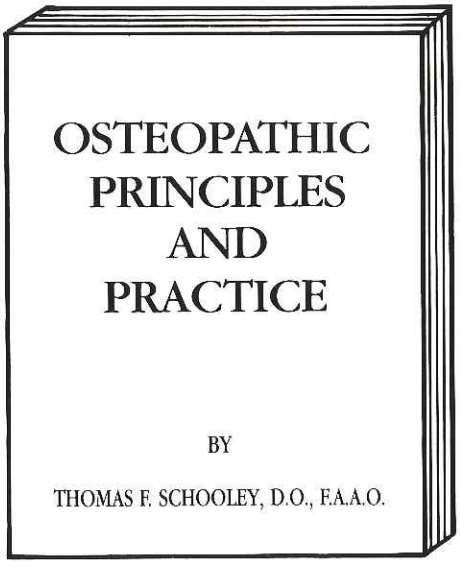
"Your spine is okay except for this one vertebra. It's an F and it should be a G sharp."

Classifieds

Established Cranial-OMT Private Practice available in a Maryland suburb just north of Washington, DC. Regular hours. Will introduce. For information, please call (301) 587-7072 days or (301) 585-7023 evenings or weekends.

Southern New Hampshire practice for sale with house (and in-house office) or they may be purchased separately. **MUST DO OMT.** Contact J. Lauber, Appleshed Realty, P.O. Box 265 Main St., Antrim, NH 03440 for further information.

Position Available: For OMT Specialist at Eastmoreland Osteopathic Hospital in Portland, Oregon. For further information please contact Ken Giles, Hospital Administrator. (503) 234-0411. This is a salaried position.



The Academy has recently published a book written by Thomas F. Schooley, D.O., FAAO which sells for $15.00 per copy. D.O. students and members are entitled to a discounted price. A current complete Academy book list is available upon request through the office.

Texas Hospital Takes "Osteopathic" Literally in Marketing Approach

Jay Sandelin, Chairman of the Board and Phil Sowa, CEO of the Osteopathic Medical Center of Texas (OMCT), decided to use an osteopathic approach in hospital marketing — one that includes not only the physicians and public but also the hospital staff itself. Concluding that many staffers at the hospital were unaware of what exactly osteopathy is and stands for, Jay Sandelin asked Laurie B. Jones to present her seminar on Osteopathic Medicine to the entire hospital staff. Nearly four hundred people attended the seminars, which were held over a four-day period, learning about A. T. Still and the concepts behind the osteopathic approach to health care.

Response to the seminar was enthusiastic. Several people stated that although they had worked at the hospital for years, they never knew what osteopathic really meant. And now that they knew, they were totally "sold" on the concept. Many requested copies of the A. T. Still poster to show to their friends.▲

AMERICAN BACK SOCIETY

Spring Symposium on Back Pain

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- The Canadian Back Institute
- Rehabilitation of the Cervical Spine
- Medical-Legal Issues
- Syndromes of the Lumbar Spine and Their Management
- Development of a Spine Rehabilitation Center
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- Exercise Physiology
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- Workplace Injury
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For further information please contact:

Aubrey A. Swartz, M.D., Executive Director
American Back Society
2647 East 14th Street, Suite 401
Oakland, CA 94601
(415) 536-9929 Fax (415) 536-1812

American Academy of Osteopathy
1991 Convocation Program

"The Foundations Upon Which We Are Built: Anatomy, Diagnosis and Treatment of the Lumbosacral Spine"

March 20 - 23

Boyd R. Buser, DO - Program Chairman
Robert C. Ward, DO, FAAO - Conclave Chairman
Please contact the Academy office for registration information

PLEASE NOTE: The Association of Military Osteopathic Physicians and Surgeons conference will begin immediately following convocation, from March 24-28. If you desire additional Category 1-A CME credits, you may want to remain and attend this program. (Complete program is located elsewhere in this publication)

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