

OMED[®] 16

SEPTEMBER 17 - 20

ANAHEIM, CALIFORNIA

31 Category 1-A CME credits anticipated

ACOFP / AOA's 121st Annual Osteopathic Medical Conference & Exposition

Joint Session with ACOFP, AAO and OIA:
Mind, Body, Spirit and OMT—Its the
Connection in Geriatric

Charles Beck, DO, FAAO

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Osteopathic
Family Physicians

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Please check where applicable and sign below. Provide additional pages as necessary.

Name of CME Activity: 2016 AOA/ACOPF Osteopathic Medical Conference & Exposition (OMED)

Dates and Location of CME Activity: September 17-20, 2016 – Anaheim Convention Center, Anaheim, California

Topic: Joint Session ACOFP, AAO and OIA: Geriatrics and Palliative Care

Name of Speaker/Moderator: Charles Beck, DO

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- A. Neither I nor any member of my immediate family has a financial relationship or interest with any proprietary entity producing health care goods or services.
- B. I have, or an immediate family member has, a financial relationship or interest with a proprietary entity producing health care goods or services. Please check the relationship(s) that applies.

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| <input type="checkbox"/> Research Grants | <input type="checkbox"/> Stock/Bond Holdings (excluding mutual funds) |
| <input type="checkbox"/> Speakers' Bureaus* | <input type="checkbox"/> Employment |
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Please indicate the name(s) of the organization(s) with which you have a financial relationship or interest, and the specific clinical area(s) that correspond to the relationship(s). If more than four relationships, please list on separate piece of paper:

Organization With Which Relationship Exists	Clinical Area Involved
1.	1.
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*If you checked "Speakers' Bureaus" in item B, please continue:

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| • Did you participate in company-provided speaker training related to your proposed topic? | <u>Yes:</u> | <u>No:</u> |
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| • When serving as faculty for ACOFP, will you use slides provided by a proprietary entity for your presentation and/or lecture handout materials? | <u>Yes:</u> | <u>No:</u> |
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DISCLOSURE OF UNLABELED/INVESTIGATIONAL USES OF PRODUCTS

- A. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
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I have read the ACOFP policy on full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts will require the ACOFP to identify a replacement.

Signature:  Date: 9/2/16
Charles Beck, DO

Please fax this form to 847-852-6116, or e-mail to joank@acofp.org as soon as possible.
 Deadline: Friday, August 5, 2016

Mind, Body, Spirit and OMT - its connection in Geriatrics and Palliative Care

AOA Convention
September, 2016

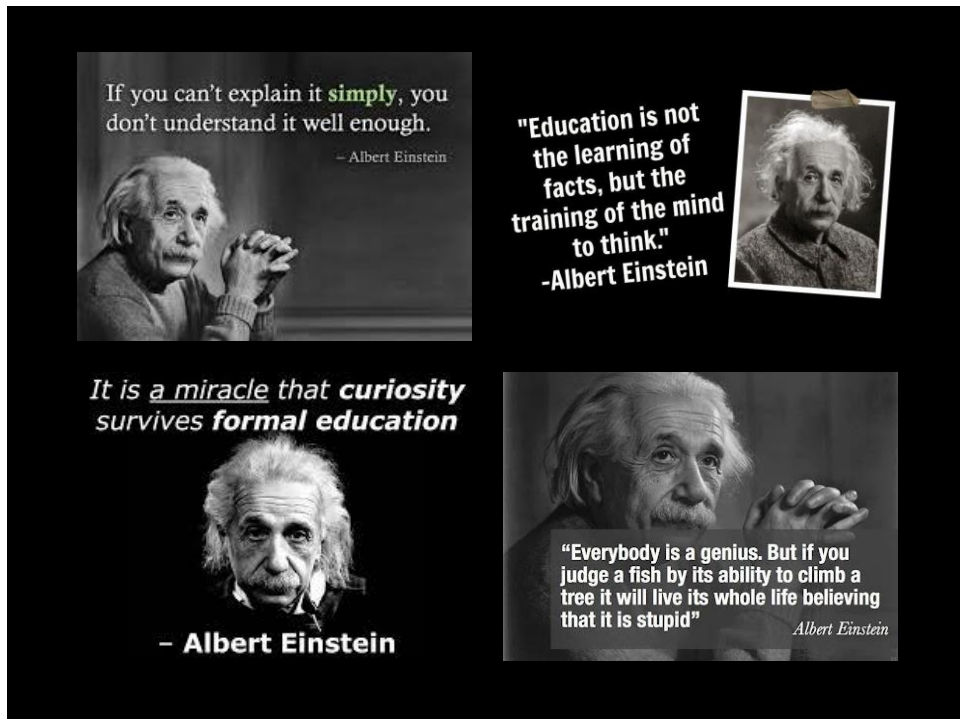
Charles Beck, DO, FAAO

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**An Osteopathic (Thought)
Approach to Illness**

“What makes a D.O. different is not OMT (manipulation), it is the way they think”

- Phil Greenman, D.O., FFAO



“When we use the word "disease", we mean anything that makes an unnatural showing in the body.”

–A.T. Still

This is the patients
body and the somatic
dysfunction it has



These are the
symptoms that the
patient expresses
when they arrive at
your office



Host + Disease = Illness



This is the portion
that is treated with
supplements or
drugs

“Most of the clinical problems that bring a patient to the doctor’s office result from changes in tissue structure and mechanics.”

–Donald Ingber

Host + **Disease** = Illness

These patients typically do not respond well to manipulation, but do respond to drugs and/or surgery

“Because of the recent advances in the molecular basis of disease, there has been a loss of interest in mechanics.”

–Donald Ingber

Host + Disease = **Illness**

These patients typically do not
respond well to drugs, but do respond
to manipulation

“The mechanical principles on which
Osteopathy is based are as old as the
Universe.”

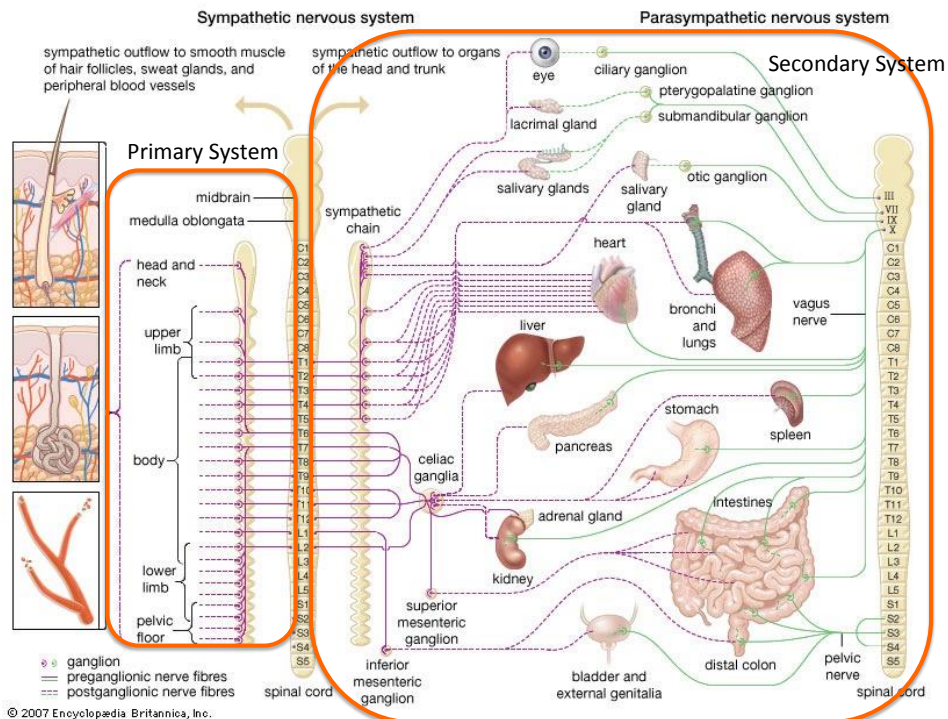
–A.T. Still

Host + Disease = Illness

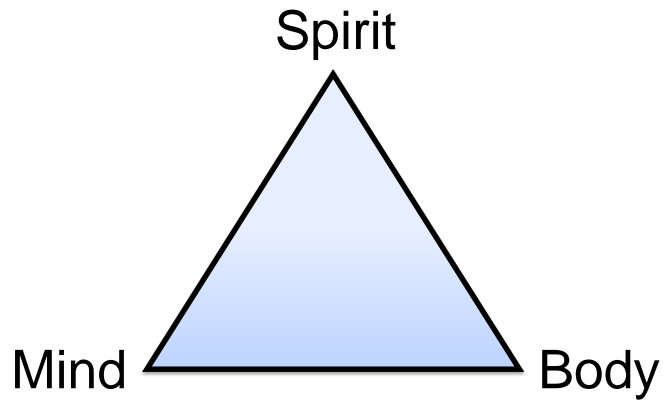
These patients typically partially respond
to manipulation, and partially respond to
drugs and/or surgery

“To find health should be the object of the osteopath, anyone can find disease.”

—A.T. Still

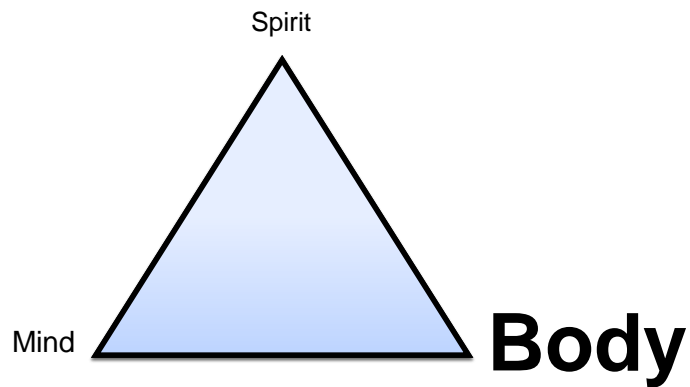


Osteopathic Triune



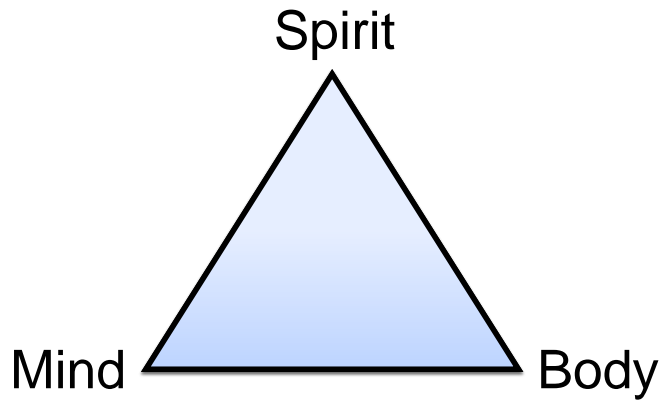
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What we got in school....



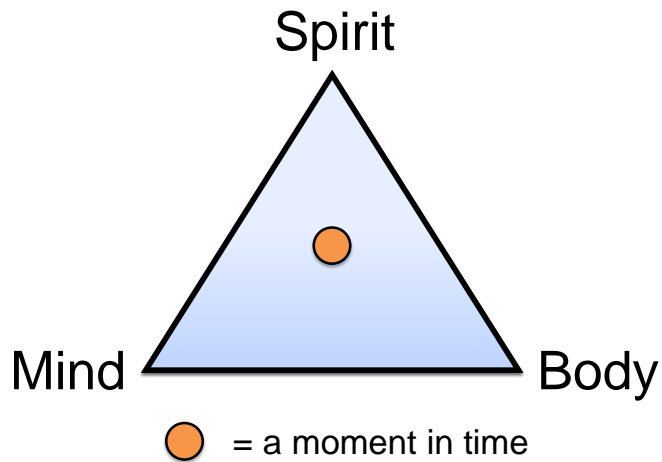
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But we exist in a continuum....



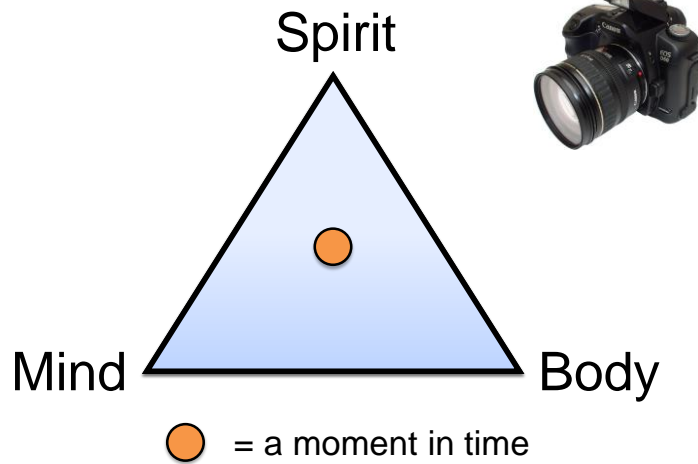
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In a continuous balance...



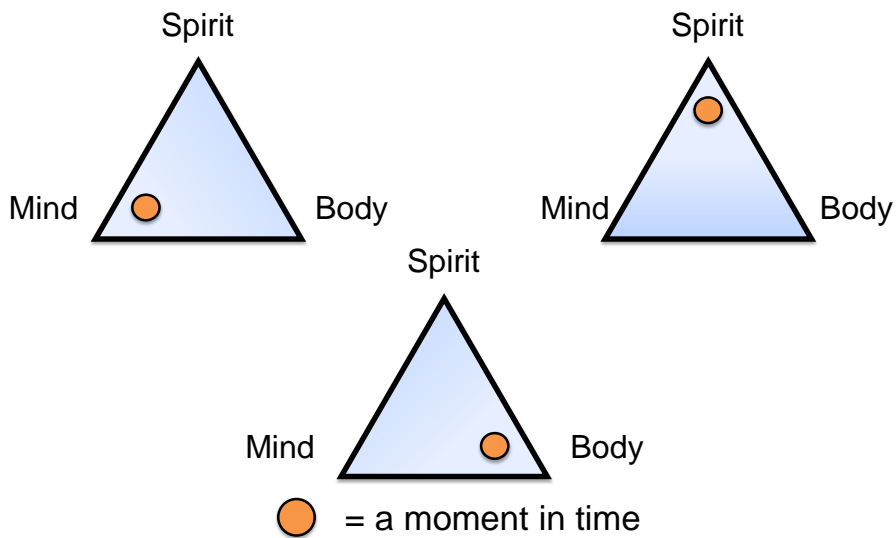
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Trauma (or life) can freeze a moment in time...



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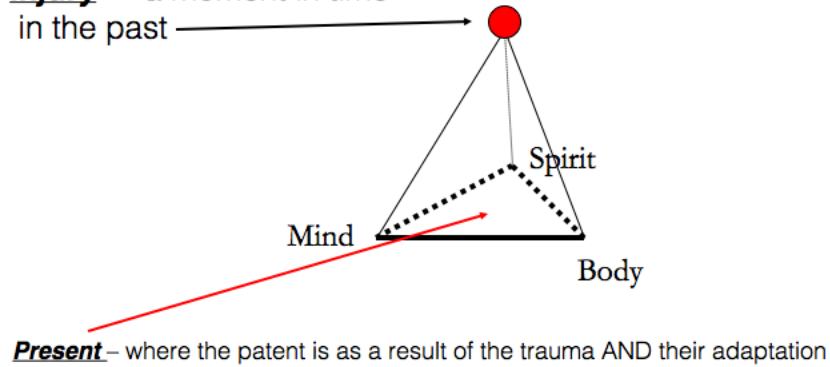
With many possibilities...



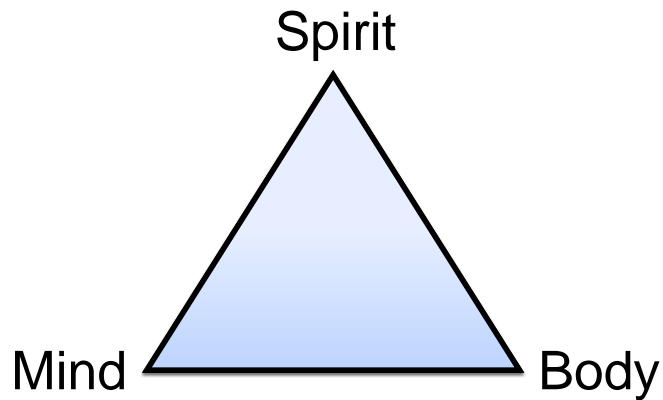
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The present and the past exist together...

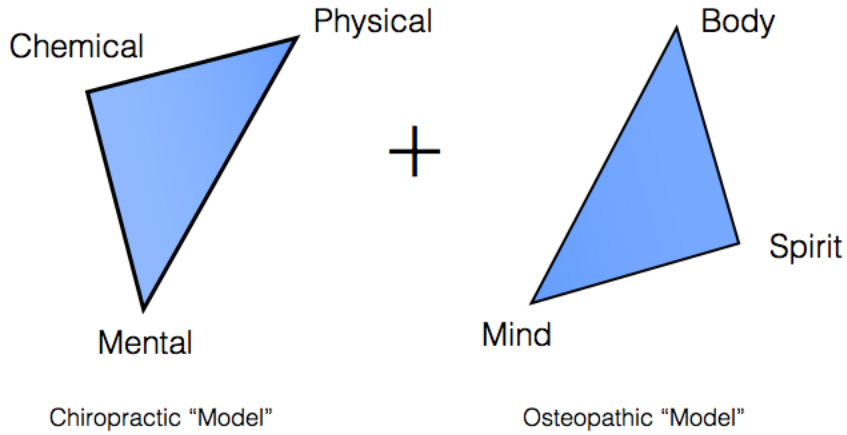
Injury = a moment in time
in the past



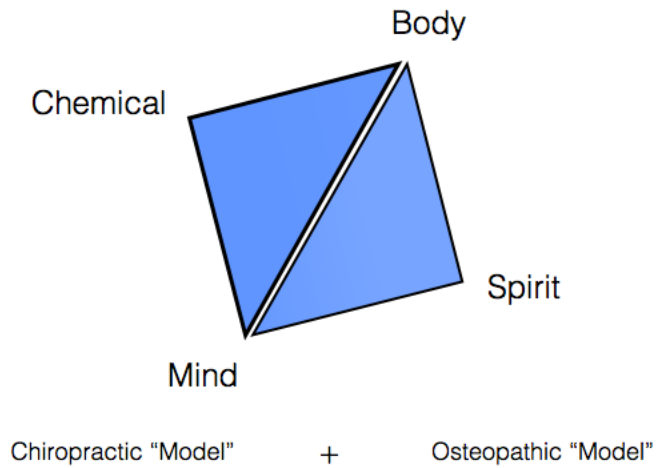
Osteopathic Triune



Reuniting Palmer and Still



Reuniting Palmer and Still



Let us now look at the individual
parts of the combined
philosophies and see what is
gained....

Let's own what we each do well

Who does each of these things well?

Body –

Osteopaths, massage therapists, PT's, chiropractors, rolfers, etc.

Mind -

Psychotherapists, counselors, somatoemotional release

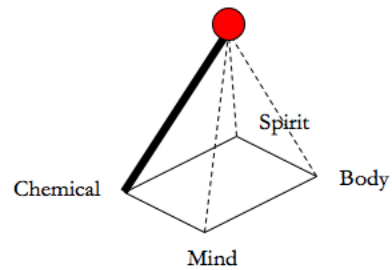
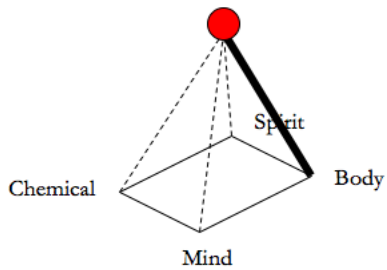
Chemical -

Physiology, pharmacology, nutrition, vitamins, minerals,
supplements

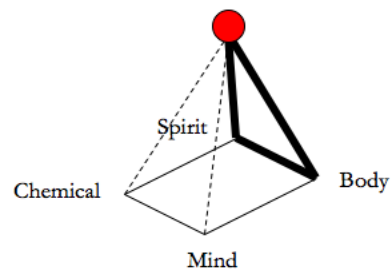
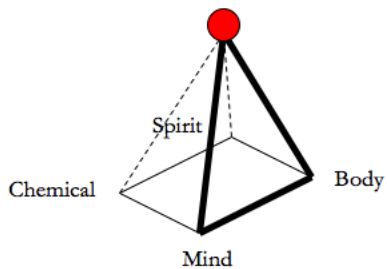
Spirit -

Spiritual belief system (religion), relationships, biodynamics

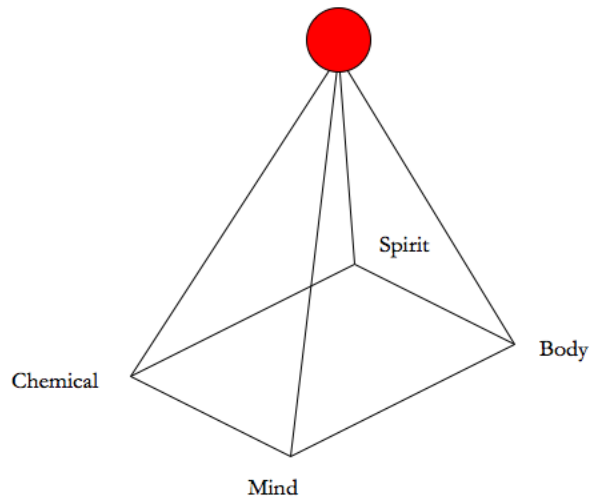
It could be simple to figure out



Or a bit more complex



Each patient, and each visit, is
unique...

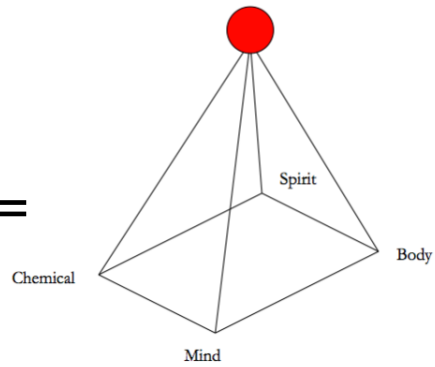


Rational Thought

With a new, “combined paradigm” framework in your mind and diagnostic information obtained from the patient, each encounter will teach us new ways to approach our own unique treatment skills and apply them to patient care.

And we should be able to better explain to ourselves and to our patients the reasons why we choose, or don't choose a certain treatment.

Host + Disease =



These patients typically partially respond to manipulation, and partially respond to drugs and/or surgery

Mind

Nutrition and the Mind

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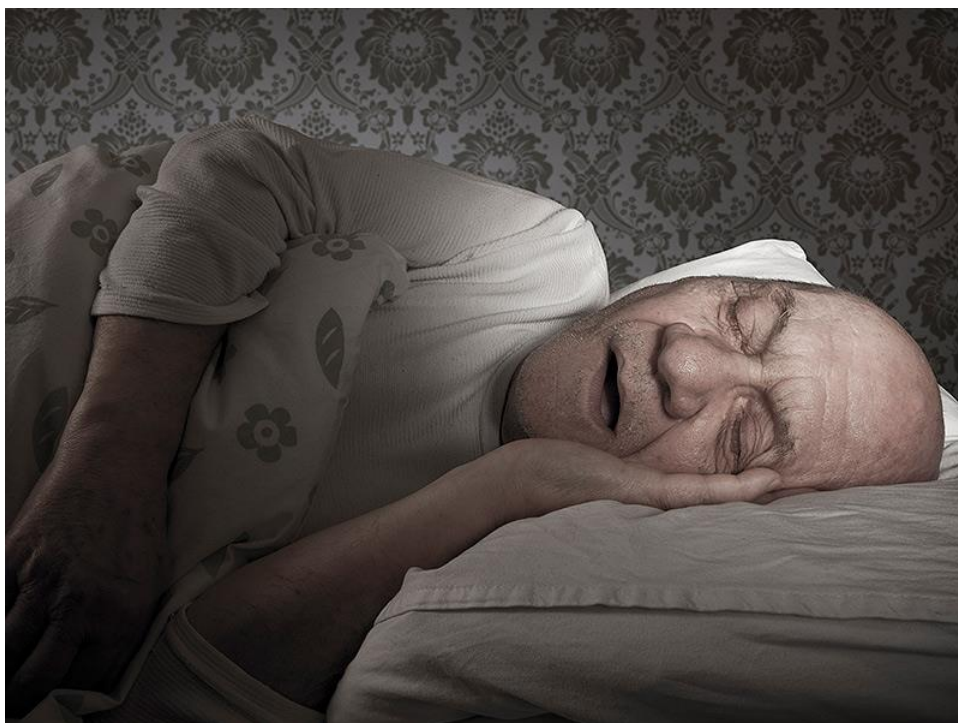


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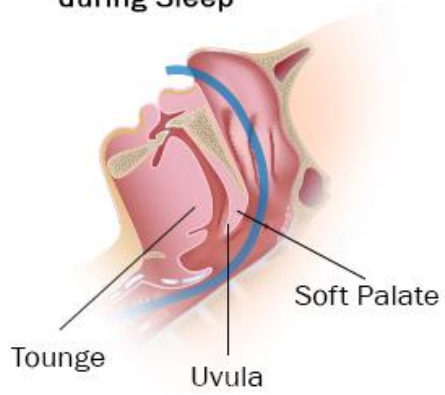


Sleep and the Mind

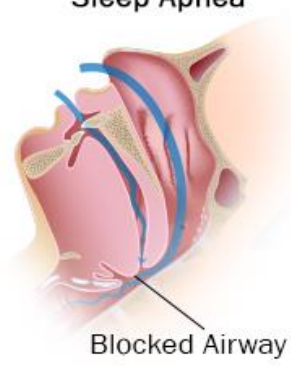
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Normal Breathing during Sleep



Obstructive Sleep Apnea

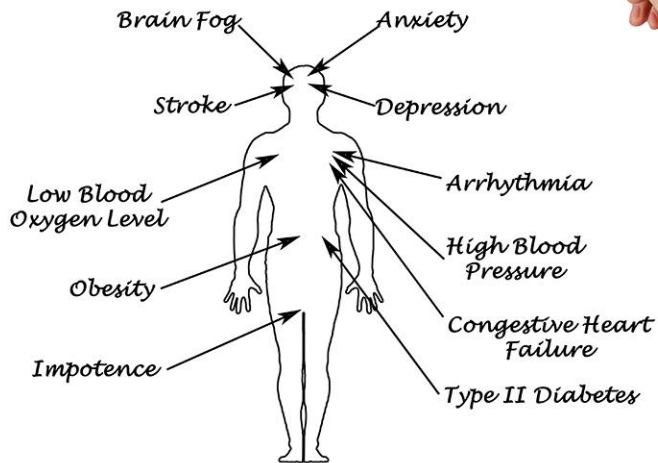


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Side Effects From Sleep Apnea



Body

Digestion

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Changes in the GI System

- Tooth loss is NOT a normal part of aging
- Decreased taste sensation
- Decreased saliva
- Decreased hydrochloric acid
- Increased risk for aspiration, indigestion and constipation
- Decreased esophageal, gastric and intestinal motility
- Atrophy of the small and large intestines

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Aging Fascia

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Spirit

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Belief Systems

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Communication



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