

May
2009

Post-Convo
Issue



The Still Point

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Undergraduate American Academy of Osteopathy

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Welcome Back from Your National Chair!!! Coral Peterson—National Executive Chair (TUCOM)

Welcome back from Little Rock! We had such a great time this year. Thanks to everyone who participated in the 2009 AAO Convocation. It was great to meet so many of you and to connect with old friends. The 2010 AAO Convocation will return to its original home in Colorado Springs, CO, at the Broadmoor. Save the date: March 17 - March 21, 2010.

This year is going to be very exciting for the UAAO. As a council we are making strides to form better communication among the chapters and with other organizations. This last year we worked more closely with SOMA (Student Osteopathic Medical Association) at the 2008 AOA Convention in

Las Vegas, NV. We hope to continue this and make it a yearly tradition. We continue to work closely with NUFA (National Undergraduate Fellows Association) and PAAO (Postgraduate American Academy of Osteopathy). It is a goal of mine this year to create more communication and build on our relationships with AMSA (American Medical Student Association) & COSGP (Council of Osteopathic Student Government Presidents).

We have meetings coming up where we will be meeting with other organizations such as SOMA, AMSA and COSGP. One of them is the House of Delegates in Chicago, Illinois from July 14-19 2009. This meeting occurs every year in Chicago

and it is where the AOA members meet to make major decisions concerning osteopathy such as the joint DO/ MD match. It is open to everyone!

For more information, please contact Carol-Lynn Zurek at czurek@osteopathic.org &

check out <http://tinyurl.com/cmn2oo>

As the new UAAO National Chair, I would like to hear your input on Convocation, your local

chapter and osteopathy as a whole. If you have any suggestions for this upcoming year I would love to hear them. We will be in the process of changing the Chapter Notebook based on items that were discussed at our business meeting. Please look for these changes and if there are any suggestions please let me know. I can't wait for this

upcoming year and the success that each of your chapters will have in recruiting the Class of 2013 to join! The executive council will be working hard to have a successful Convocation in Colorado Springs. This year can only be prosperous with all of us working together.

Please contact me at uaaochair@gmail.com and find us on facebook. I look forward to having you friend Andrew Taylor Still under the email address of uaaovchair@gmail.com

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UAAO: Osteopathic Medicine's Student Advocate *John Leuenberger—National Executive Vice Chair (LECOM)*

Hello fellow UAAO members, I have been elected the new vice chair of the UAAO executive council. I am honored to receive the challenges that this position entails.

My purpose of running for the UAAO executive council is for the advancement of osteopathic medicine. I will do whatever it takes to promote osteopathic medicine and help my fellow medical students and colleagues learn the skills of an osteopath. The UAAO is more than a vehicle to practice OMT; it is an organization that creates the next elite generation of osteopathic physicians.

My duties as vice chair include preparation for the next AAO Convocation in Colorado Springs, Colorado, and to be your representative at national

events such as the AOA Convention and the AOA House of Delegates meeting. More importantly, I will work to improve new member recruitment strategies and techniques which will include assisting local chapters with updated UAAO brochures and chapter information packets, Convocation information, and a national organization contact list. I would also like to improve communication between all medical students, residents, fellows and practicing physicians.

During the awards banquet at Convocation Dr. Edward Stiles and Dr. Donald Hampton each received the A. T. Still Medallion of Honor. This is the highest honor anyone can receive as an osteopathic physician. Dr. Stiles' career exemplified service with the creation of hospital

based OMT and his ability to promote this practice to other physicians. Dr. Hampton credited Dr. Stiles as a great influence in his career. Dr. Hampton's message was one of humility and compassion for osteopathic medicine. Most importantly he stressed that the future of osteopathic medicine lies in the hands of the many students learning and training today. I am proud to say that Dr. Hampton is my greatest influence and one of the major reasons why I have chosen to take on this responsibility.

As the president of a UAAO chapter I have overseen growth in membership, participation and an interest in the practice of osteopathic medicine. I will bring my energy and intensity to our national organization. My goal is to help chapter recruit-

ment efforts, increase communication between chapters, increase participation at Convocation and to continue to make our organization help students become the best osteopathic physician possible.

Please feel free to contact me at anytime with questions, comments or concerns in regards to the UAAO. To help with communication the UAAO has started a Facebook page under Andrew Taylor Still. Please feel free to join, as this will serve as a tool for member communication. There are so many exciting things happening now in the field of osteopathic medicine, and I feel privileged to be your representative

Past and Present: The Secretary/Treasurer *Christopher Minello—National Executive Secretary/Treasurer (PCOM)*

Greetings from unseasonably hot Philadelphia. It is both an honor and a privilege to be the new Secretary/treasurer (pictured on the left). Before I introduce myself and talk about the Secretary/Treasurer position, I would like to take this opportunity to thank Scott Leggoe (pictured on the right) for his two years of service as the previous Secretary/Treasurer. It was an honor to work with Scott during Convocation in Little Rock and be able to get to know him.

As for me, I am from Northeastern Pennsylvania and I am currently a second year at the Philadelphia College of Osteopathic Medicine (PCOM). I am also the outgoing UAAO Chapter President for my school. Serving as the UAAO Chapter President was great opportunity and learning experience. Through having this position, I was able to learn a lot about myself and how business works on the national level. I know that these experiences will allow me to be more effective as your Secretary/Treasurer.

I have also learned a lot about my position and had the opportunity to meet some of you at

the AAO Convocation in Little Rock. One of my main job responsibilities is the auction at

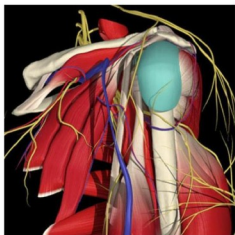
Convocation. The auction is the UAAO's one and only fundraiser for the entire year and this year we raised about \$4,000.00 thanks to the wonderful items which were donated by the schools, physicians, NUFA, the AAO, and others. Another one of my responsibilities is working at the A. Hollis Wolf competition. This year we had twelve competitors from various schools, with excellent presentations, and the winner was TJ Macari from NYCOM.

The first task I would like to accomplish, as Secretary/Treasurer, is updating and upgrading the UAAO website. I have already heard from several of you with suggestions for improving the website. These ideas have been very helpful and they are currently being evaluated. If anyone else has suggestions for the website do not hesitate to contact me. This is your website and your opinion matters. My e-mail address can be located in the left margin of the first page.

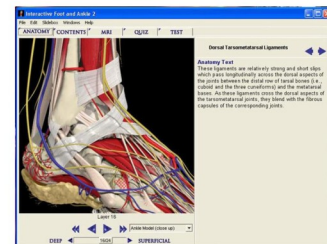


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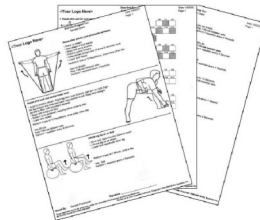


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Greetings from the National Coordinator!

Greetings from Fabulous Las Vegas. I am looking forward to working with you to make this year a great year! Let me introduce myself. Like many of you, my life has been a whirlwind of activity for the past two years. Currently, I am finishing up my second year at Touro University Nevada College of Osteopathic Medicine. Nevada is a great place to live and I am enjoying my time here. Nevada is the 8th state that I have called home. Prior to moving to Nevada, I lived near Ames, Iowa for six years. The other six states that I have lived in are Indiana, Oklahoma, South Dakota, Washington, Illinois, and Oregon. Moving around has given me a lot of perspective. My goal with this article is to give you a view of my life and provide you with my goals for the upcoming year.

As mentioned previously, I am finishing up my second year, which means that I am deep into preparing for the COMLEX this summer. It is really is hard to believe I am finishing my second year. Over the course of the past two years, I have been in-

involved in many activities. These activities include holding the positions of National Representative for the UAAO and Vice President for SOMA. The UAAO and SOMA have provided me with the opportunity to attend Convocation and DO Day for the past two years. I also attended the AOA convention last fall. As an HPSP recipient, I completed the Air Force's Commissioned Officer Training in Montgomery, Alabama last summer. These experiences plus the 100+ volunteer hours that I have completed since starting Medical School have provided me with an opportunity to both grow and learn.

Outside medical school, I like to spend time with my husband, Steve, my two girls, Harmony and Stephanie, and my dog, Max. Did I mention that my life is busy? All four of us are in school and at one time this year my dog was in Obedience School. The non-medical school activities that I enjoy include swimming, running, taking Max and my girls for walks, watching movies, and occasionally hitting the Strip. I used to enjoy garden-

ing, but have given that up since my yard is rock. My life has been centered around education for a long time. After completing my undergrad, I, not knowing what to do with myself, decided to attend nursing school. It was during my time in nursing school that I decided to apply to medical school. Nursing school is one of the reasons that I applied to Osteopathic Schools and why I value Osteopathy. The philosophy of nursing is very much in line with the Osteopathic Philosophy.

My value for the profession of Osteopathic Medicine drove me to become a UAAO member, UAAO National Representative, and now, National Coordinator. The UAAO is unique as a student organization, because it has a strong educational component. It enforces the principles that Osteopathic Medical Students learn (or should be learning) every day. Regardless of whether one plans on using OMM in practice or not, I believe the UAAO provides an invaluable service to Osteopathic Students. The problem is convincing others of the value of membership

in the UAAO. This is one of the reasons I ran for National Coordinator. My goal is to channel the frustrations and challenges I experienced last year as National Representative into positive change this year. I want to increase the communication between the Executive Council and the schools, increase membership and member benefits, and start a scholarship for students to attend Convocation. To accomplish these goals, I need your help and would appreciate your ideas, comments, or questions.

Notes from the NUFA Liaison

Hello Fellows! First I would like to thank everyone for helping to make this past convocation great. My name is Paula Ackerman, and I am the new NUFA liaison for the 2009-2010 year.

About the NUFA liaison: I am currently a fourth year fellow at Ohio University College of Osteopathic Medicine (OUCOM) in Athens, Ohio. My interest is Physical Medicine and Rehabilitation with the integration of Osteopathic Manual Medicine. I am the former Vice-President of

the OUCOM chapter of the UAAO where I also served as a table trainer in our teaching assistant program. Last July, I participated in an OUCOM medical mission to El Salvador and Guatemala.

Goals for this year: This is YOUR National Undergraduate Fellows Association. One major theme during this past convocation was the need for better communication between members and a central portal for information. In response, I have proposed the development of a invitation-only

group on Facebook, which will allow members to post and discuss online. NUFA will also look into the possibility for using resources such as YouTube for posting video lectures and fellows forums that would be accessible to NUFA members only. Other goals are to expand NUFA programming at convocation. ALL member ideas are welcome! Please email me at : Nufaliamson@gmail.com. All proposals are recommended to be submitted before June so they may be prepared for the June Board of Trustee meeting.

NUFA online monthly meetings will continue be the first Sunday of every month at 8PM Eastern Standard Time. Next Meetings will be May, June, and July at 8pm EST on Yahoo instant messenger.

Username: [nufa_liaison](#).

Participation is greatly encouraged. Thank you.

Paula Ackerman—NUFA Liaison (OUCOM)

Fulfilling the Mission of Our Founder

In 1892, the founder of Osteopathic Medicine, the great A.T. Still, set a path in motion toward what he believed would revolutionize the world of medicine. Known as 'The Lightning Bone Setter', he had been adjusting patients and healing their ailments through natural methods for twenty years before forming the first American College of Osteopathy. Though he believed that pharmaceuticals and surgical methods had an undeniable place in medicine, he believed that manipulating the structure of a person could naturally return blood flow and return health to damaged tissue. Though A.T. Still was not the first to practice 'bone setting' which dates back to ancient times, he was the first to develop an institution committed to refining and researching the exact science behind Osteopathic Medicine. Since this time, however, the Osteopathic profession has faced many adversities. Our reputation and legitimacy has been questioned by other healthcare professions who both opposed us and tried to compete with us. Our predecessors remained firm in their faith in the benefits of Osteopathic Medicine and it is up to each successive generation of Osteopathic physicians to carry forward the philosophy and practices of A.T. Still.

In years to follow the opening of the American College of Osteopathy, a magnetic healer by the name of D.D. Palmer traveled from Davenport, Iowa to Kirksville, Missouri in order to be treated by A.T. Still. He had heard of A.T. Still through an osteopathic student, a young man by the name of Stroethers, who had set up an Osteopathic practice in Davenport, Iowa during his summer break from Medical School. D.D. Palmer was welcomed into the Still home, which was the case for all visitors to the college. A.T. Still was passionate about the profession and welcomed all who might realize its potential.

Palmer was free to roam the hallways of the school and was treated by many students with whom he inquired about the teachings of Osteopathy. He left Kirksville and two years later opened his own school in 1897 in Davenport, Iowa called "Palmer School of Magnetic Cure". Though he was uneducated and never possessed a medical license, Mr. Palmer declared that he was the discoverer or a new medical science, Chiropractic Medicine, which allowed for subluxed vertebrae to be restored to their normal position, thereby restoring nerve flow to tissues and restoring health.

The argument Palmer used to defend the uniqueness of Chiropractic medicine against Osteopathy was that the founding principles of Osteopathy were 'wrong' by suggesting that obstructed blood flow was the underlying cause of all disease. He proposed that the nervous system was responsible for maintaining health. It should be mentioned here that A.T. Still did in fact believe that the cardiovascular system was affected by manipulation, having a drastic effect on the condition of the tissue. However, he also realized that many other physiologic and anatomic changes took place, such as restoration of nervous system function. Though A.T. Still did not publish the Philosophy of Osteopathic Medicine until 1902, one of his students, Dr. Elmer Barber D.O., published a book entitled "Osteopathy, The Science of Healing" in 1896, one year before the opening of D.D. Palmer's school. Dr. Barber credits all of his knowledge to teachings of A.T. Still. He writes, "In the nervous system,...the current must not be obstructed, or disease and death will be the result." He discusses the physiologic application of Osteopathy in regards to BOTH circulation and nervous flow among other things. He also defines Osteopathic treatment methods for a vast array of disorders and dis-

Caylyne DeGood—LECOM Bradenton: UAAO National Representative

eases, from heart disease to scoliosis and even mumps. Because he did not have a medical license, D.D. Palmer's school could not turn out fully licensed physicians. He used this as a selling point, insulting Osteopathy's continued use of pharmaceuticals and surgery. In his defense, A.T. Still reassured his critics that Osteopathic physicians would use Osteopathic principles and practices as the *primary* means of treating their patients. Has our profession fulfilled this mission of our founder? Are we doing our profession justice and truly living up to the original belief that Osteopathic Medicine is a revolutionary treatment for most ailments? Does the general public recognize D.O.s as multifaceted physicians who practice holistically, treating their patients first with manipulation before medicine? As a junior in college, I confided in my pre-med advisor that I wished I could be a combined chiropractor/MD because I had obtained

such great results after seeing a chiropractor for my back problems. I wanted to obtain all the tools that I needed to provide complete healthcare to my patients. I had honestly never heard of Osteopathic Medicine. I am from a small town in Indiana and the town physician is actually a D.O., yet he does not practice manipulation. I have recently been to a D.O. in Florida because I was having tension headaches, yet she prescribed me pain killers instead of Osteopathic treatment. Dr. A.T. Still would be, as they say, 'rolling over in his grave'. As a current Osteopathic Medical student I believe *all* Osteopathic Students Physicians should take a new found pride in their revolutionary profession. It also wouldn't hurt to mandate that we all practice Osteopathic treatment in primary care establishments. If we do not practice according to our Osteopathic *Principles*, how can we call ourselves Osteopathic *Physicians*?



The Journey of Medical School

The journey to overcome the obstacles of medical school takes dedication, a desire to learn, and a passion to help others. As I am going forward, my perspective is constantly changing. Before entering medical school, I viewed the medical discipline as defined by the people working in it: the doctors, pharmacists, nurses, etc. My decision to keep progressing down this road was shaped by these healthcare professionals. I saw how they ran their practice, how they interacted with patients, and the many procedures that they performed. In effect, I felt like an outsider looking in, I was intrigued with what I saw, but I was unaware of what being a doctor truly entailed.

As I am completing my first year

of Osteopathic medical school, the scenery of my journey is changing. Instead of focusing entirely on the professionals of the medical field, I am now beginning to see that the patients are the ones who are shaping what healthcare is and what it will be. This was an idea that was stressed to my classmates and me even on our first day of lecture. It was this thought, that what I do with my life now will have an impact on the type of care I will be able to give my patients that helps on those long nights of studying.

This change in perspective I am having has only deepened my commitment to Osteopathic medicine and the community. Whereas before, I had a desire to enter medicine because of my experiences with the people

that make up the healthcare community, now I am further cemented into a healthcare role because of people who I may, one day, have the opportunity to help.

Although I am beginning to appreciate the importance of patients and the community to medicine, my perspective continues to be shaped by the physicians and other healthcare professionals. Earlier this year I had the opportunity to shadow Dr. Donald Hampton, who was recently honored with the A.T. Still Medallion of Honor at this year's AAO convocation. While following him I had the chance to see how important his patients were to him, and how much they trusted him as their physician. I learned numerous lessons on the days that I came

in. In addition to the treatments and techniques that I was taught, this experience has helped me begin to grasp what the physician-patient relationship should be.

I can only imagine how my view of medicine will develop and evolve as I begin rotations and start spending more time doing clinical work, and how much more it will change when I graduate and finally become a doctor. I am confident that my training as an Osteopathic physician will help me never lose sight that medicine is more than white coats and stethoscopes, but also the patients that we can help to live better and longer lives.

Reflections of a First Year

How things have changed! I entered medical school eight months ago with really no idea what OMM is. I lucked into osteopathic medicine - I'll be the first to admit it. If I hadn't met an osteopathic physician in my hometown before I applied, I would not have considered osteopathic medical school. When I first walked into the OMM lab, I was wondering what this was really about. I worked through the first weeks of finding asymmetries, range of motion testing, range of motion asymmetries, and even more asymmetries. My contact was tenuous and hesitant. I was uncertain about everything I did. I had never diagnosed with my hands before and it showed.

Early in the year I joined UAAO, which has turned out to be a great outlet for me. I learned new techniques and how OMM can be used well before I would have been introduced to any

treatment techniques in class. I began treating friends and family, combining diagnostics and treatments. My toolbox slowly grew as I added new techniques. The most important part is that I became more comfortable touching people. This even carried over to my physical exam class, where the patients remarked about how well I moved them and how comforting my touch was while examining them.

Today, I practice OMM whenever I have the opportunity. I am confident with the techniques I have learned before and am comfortable with new techniques because I know I can learn them with some practice. At the beginning of the year I could barely feel a vertebral segment; now I am starting to feel the Cranial Rhythmic Impulse. My knowledge of OMM has grown immensely in the past eight months.

So often we hear that it's about the journey, not the destination in life. However, as medical students it is too easy to focus on the destination: the test next week, boards in a year, rotations, and ultimately the day we can put a pair of initials after our name. As we end this year and begin "the last summer of our lives", take some time to look back at how you got here and where the last year has left you. Going through so many changes this year makes it easy to forget where I started as an uncertain, unknowing first year. Remember the nerves you felt when you walked through those doors on the first day of school. This will help you interact with the incoming first years and provide them with the guidance we used or wished for during the last eight months. Remember the energy and excitement of that first day, you'll need it. Take a moment to stop and

think about how far you have come and how much you have learned this year, you'll feel more confident studying for boards. Most importantly, remember why you are in school and what makes osteopathic medicine so useful. Take this inspiration and run with it. If you do that, then you'll be the physician you want to be. You'll have all the inspiration you need.

Patrick Mullan — LECOM: UAAO National Representative

Glenn Klucka—PCOM: UAAO National Representative

DMU-COM UAAO at 2009 National Convocation



For the AAO/UAAO convocation in March 2009, DMU-COM was represented by a group of 18 students. At the world famous Peabody convention center in Little Rock, AR, we took part in 4 days of workshops, lectures, and activities. The practices of osteopathic manual medicine were well represented in a variety of specialties, from the use of OMM in treating autism to pregnancy. It was a great opportunity for us students to learn a variety of uses of our osteopathic abilities in the future. Along with all the educational opportunities, we also got to dress in the style of James Bond for the student mixer and play black jack with students from other schools. The whole event was wrapped up with a fabulous banquet for all the physicians and students in attendance.

Our Big Family

Greetings from Rocky Vista University, College of Osteopathic Medicine! As one of the two brand new osteopathic medical schools this year, I have the great honor and privilege of being a member of the inaugural class at RVU-COM. While medical school is already very challenging, being the first class demands a little bit more. Our students have bonded together and have helped form a vibrant student community, with several student organizations and plenty of student activities

to help us take our minds off of the last, or next, test.

It has been an exciting experience to be a member of the RVU-COM community. We have been able to grow and forge lifetime bonds with each other. As we are without the experienced hand of upperclassmen to guide us and to help us along the way, we have sought experience from our larger osteopathic family: all of you! Going to the AAO/UAAO convocation for the first time was a wonderful experience because it was

Matthew Puderbaugh—RVU-COM: UAAO National Representative

my first time at truly meeting more of the osteopathic family; seeing how other schools and physicians interact with each other, and learning new skills and new information to take back to our chapter. As one of the two people our chapter could send to convocation, it was a great honor and a fantastic experience to learn so much about osteopathic manipulation and to be able to pass that information on to my fellow classmates. The convocation helped me realize the vast impact that

osteopathic manipulation can have on people, and it is that impact that I wish to impart upon my future patients.

I want to extend a sincere thank you to all the students and physicians I met and the warm welcome I received from everyone there. It really felt like coming home. And so for next year, we at RVU-COM are excited to have the convocation close to our home so that we may return the favor.

Until next convocation!

A New Turn for Touro

We increased our attendance at this year's convocation by 33% by bringing four students from Touro College of Osteopathic Medicine, New York, which gives us reason to celebrate on a small scale (you can do the math on that one later). More importantly and significantly, we feel that we helped to greatly increase public awareness of the presence of another osteopathic school that houses at least a few students who are willing to care for the advancement of osteopathic medicine.

As a student who accepted admission to this osteopathic school as part of the "pioneer" class at TouroCOM-NY, which opened just shy of two years ago, I came in with a large amount of uncertainty and unawareness about my role as an osteopathic medical student and how I could make a positive impact in the medical field. Fortunately, I had the privilege of attending last year's convocation in Dallas, TX, with the persuasive encouragement coming from our Osteopathic Manipulative Medicine (OMM) faculty chair, Dr. William Morris, and the financial backing of my father. Even after having signed up and paid for my slot at Convocation 2008, I had no clue what to expect and could never have predicted the high feeling

of reward that I ultimately took with me after experiencing the humble physicians, the warm and friendly students, the mind-stimulating workshops and lectures, and the thrill of finally understanding how I could better integrate and apply my osteopathic principles and skills. I must give thorough credit to our faculty chair, Dr. Morris, who provided enormous inspiration and motivation for me to evolve into the confident and open-minded osteopathic second-year student that I am today.

William Morris, D.O., had the opportunity to present the innovatively unique two-year curriculum that he had designed and implemented into the OMM course at Touro-New York. His presentation, entitled "Connect the Dots: A Reality Check For Third and Fourth Year Rotations" was delivered at the New Ideas Forum for the current physicians. His talk focused on the key elements of his curriculum that helped prepare the students to confidently and clearly communicate to the inquiring non-osteopathic audience (1) what type of osteopathic treatments could be available for a laundry list of common health problems and hospital scenarios (i.e., congestive heart failure, otitis media, gastroesophageal reflux disease, post-surgical recovery); (2)

why the treatments are applied to certain areas of the patient's body (i.e., viscerosomatic reflexes, Chapman's points, secondary areas of somatic dysfunction); (3) the logical regimen for osteopathic treatment; and (4) the expectations and goals for the treatment. In this past year, every second year student was required to prepare and present at least two 3-minute discussions on particular clinical cases, which took place during our lab period. The ultimate goal of instituting such a program into the OMM curriculum was to encourage pre-clinical students to become comfortable with their communication skills on osteopathic principles and treatments. Ideally, these students would then take their abilities to explain osteopathic medicine to any MD attending physician or student who would be willing to lend an ear for just a few minutes. Hopefully, the new third year student fresh out of two years of OMM training can then discover increased opportunities to apply hands-on treatment for the benefit of each patient. Dr. Morris' presentation was received with much enthusiasm from the diverse crowd of practitioners and physician-teachers alike.

As osteopathic students representing the greater area of Harlem in New York City, we share

the hope with you all of carrying on the strong and positive traditions of osteopathic thinking and practice for the betterment of patient health, physician education and the osteopathic community. We are in this race together with every one of you, granted we, as a new school, have stepped onto the tracks late in the game. As new team players, our desire is to synergistically work and communicate with everyone else on the UAAO team and provide any creative suggestions and ideas for the drawing board during the appropriate moments. Thank you for the honor of allowing us to join the ranks with you all! We are truly humbled and grateful for all the support and encouragement that we have received from all corners of convocation. Until next time in Colorado Springs where the Cheyenne Mountains await us!

Brian Yoon—TCOM NY

A Learning Opportunity with TJ Macari

Amol Malancar - NYCOM: UAAO National Representative

Diana El-Neemany—NYCOM: UAAO Chapter President

As the year is coming to an end, we realize as first year medical students how much we have learned and gained from our medical experience thus far. On the other hand, our training in Osteopathic Medical Treatment appears to be moving at a slower rate. This becomes difficult for us to imagine the applicability of the techniques we learned, especially because we do not have much clinical exposure. However, having a chance to interact with our colleagues who are further down the road in their clinical training gives us insight on how OMT can be a viable and effective form of treatment. This year we had the wonderful opportunity to see several presentations at AAO Convocation in Little Rock, Arkansas, which showcased several cases exemplifying OMT's role in clinical practice.

TJ Macari, a NYCOM OMS V and Academic Medicine Fellow, entered the A. Hollis Wolf Competition and won first place. We had the privilege of interviewing TJ and got an inside look into what his experience was at the A. Hollis Wolf Competition and his progression with OMT as a medical student. The A. Hollis Wolf Competition is a national case competition that takes place at the AAO convocation every year. Students from each osteopathic medical school present a case in which OMT was used successfully and describe the associated anatomy, physiology and pathology. Here's what TJ Macari had to say regarding his experience treating a patient with supraventricular tachycardia (SVT), the competition, and his journey with OMM for the past five years:

What do you think was particularly special about your case that made it stand out?

"It was a very unique case. It is not that

often that OMT is done in the emergency room. I was given the opportunity to use my OMT skills to help a patient with a problem that wasn't responding to the standard medical treatment of carotid massage or Valsalva maneuver. For me it emphasized the connection of structure and function and how the body's physiology can be addressed using your hands. I hope that is what stood out for other people as well."

At the time the patient presented, did you feel nervous about the procedure, in particular using OMT?

"Not really. Ironically, we were just talking with the attending who was an M.D. and who was not knowledgeable about OMM. We tried some basic standard protocol things but they weren't working. [The patient] wasn't really interested in getting adenosine, one of the standard treatments for treating SVT, because of the side effects she had experienced in the past. I felt confident with my training so far and I didn't feel nervous. I didn't feel like I was going to do harm. I had adequate training and I knew I wasn't going to hurt her."

How did it feel when you saw it improved the prognosis of the patient?

"To be honest... surprised. Her initial change was so quick. Her heart rate dropped from 177 to 113 in about 45 seconds. It was a substantial change in a short period of time.

What was the reaction of every-

one in the room?

"The attending who I was just discussing OMT with said, "Oh I guess whatever you did worked." It was interesting to see him respond like that. And the resident was a D.O. so he was on board and was very pleased with the results. For me the biggest impact was later when the patient said to me, "Thank you for not using the adenosine. I hate that feeling!" That's what really drove it home, she was so thankful for fixing the problem without medication."

How did this experience help you in your goals as an osteopathic physician?

"This experience helped me with my clinical application of what I had learned in the last five years. It drove home to me how effective OMM can be, especially in an emergency room setting. As I pursue my career in OMT, I will use this case as a building block for my approach to patients in urgent care settings. It certainly helped me think quickly on my feet and how osteopathy would be applicable in this case. I also learned a lot about teaching, making powerpoints and doing lectures. I would like to be involved in the academic setting in the future and will certainly benefit from this experience when giving lectures."

After having an experience like this, does it make it any easier to explain to someone what Osteopathic Medicine really is?

"I think it did help. Many of the questions I get about osteopathy and OMM are comparing us to chiropractors. This case presentation helped me to develop my understanding of core osteopathic principles. When I try to explain osteopathy to someone now, I try and focus on the connection between anatomy and physiology. As my career progresses and my knowledge base expands, I think it becomes easier to explain. The better understanding you have of osteopathy, the easier it is to articulate those thoughts."

What are some challenges that you've faced practicing OMM thus far?

"It depends on the point of my education. When I was a first year, it was feeling transverse processes or getting the correct diagnosis. Now, I think it is more feeling the releases or changes when treating a patient. I have had attendings ask me, "did you feel that?", but I did not. It is frustrating sometimes to not get it right away. The more patients you see the better your skills become and the more comfortable you are treating people. Because osteopathy is a lifelong learning process, there are constant challenges you'll be facing."

From TJ Macari's experience it is evident that the rewards of OMM for us as student physicians and for patients take a tremendous amount of dedication and time. Although the notion seems very distant to us as first year students, our time will undoubtedly arrive when osteopathic medical treatment becomes second nature to us. In the meantime, keep a constant reminder of the osteopathic philosophy while building our arsenal of knowledge and open our minds to the Breath of Life.



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Hands Across the World

When preparing to travel to a country where one is unable to speak the language, most individuals will run out and buy a book of common phrases for that language. Unfortunately, such phrases can only get a traveler so far. True communication involves more than simple words. It involves voice inflection and body language as well as a component of touch.

As I prepare to venture on a medical mission to Peru, I find my thoughts wandering to that component of touch. How much touch is acceptable in a culture that I have never en-

countered? What experiences have the people had with manual medicine? When I don't have the words, how thoroughly can I communicate? The cultural differences can be resolved by talking to people, asking the patient's permission and explaining the procedure through gestures and interpretation. What I communicate is up to me and the way I choose to approach my patients.

While in Peru, we will have the opportunity to work with people using manipulative medicine. Not only am I excited to be able to use some of the skills I have

obtained throughout this first year in medical school, but I am also excited to have another avenue with which to communicate. When we travel as tourists, we do not walk about scanning spines or palpating ribs. When our travel includes osteopathic treatments, we have the chance to touch someone, which is a rare thing and a jewel that I hope will not be overlooked or underappreciated. When we ask a patient to relax, we are essentially asking them to trust us. Through our physical support of their bodies, we convey that we will be there to support them and prevent them

from harm. By their degree of relaxation, they convey to us that they are comfortable and secure. I hope that I am successful in my endeavor to express this sense of care and concern for everyone I work with.

Interactions between people can be so much more than words. With one secure embrace, we are able to transfer a trust that would take ages to do through language, and on this trip to Peru, I hope to communicate more than I ever have before, without even saying a word.

Yvette Gross—MSUCOM: UAAO National Representative

A Legend in Osteopathy

What a privilege it is to study osteopathic medicine! We get to satisfy our curiosity about the marvelous human body, think about medicine from a holistic perspective, and develop lofty palpation skills – all with the prospect of improving people's lives. Many of us are interested in delving deeper into osteopathic philosophy and look forward to using OMT in our future practice. The didactic part of the curriculum, however, tends to sway students into a routine of cramming to keep up with the immense course load.

The result is a tendency to focus mostly on memorizing details and procedural techniques in order to pass our exams, forgoing contemplation of the big picture of what osteopathy is all about. Attending the Annual Convocation is a great opportunity to see osteopathy beyond the realm of OMM class, and a truly motivational experience.

There have been numerous events since I've started medical school when I have really felt inspired. Attending my

first Convocation this March trumped them all. As I participated in workshops led by experts with differing styles I was stimulated in a unique way from regular school sessions. Dr. Chila's approach to diagnosis, for example, was distinct from anything I had learned so far and served to broaden my understanding of evaluating the general somatic state of a patient. In particular, it was the more intimate interactions I had at the conference that created a real sense of belonging to the osteopathic family. Where

else can you have an hour long conversation with a renowned New York osteopath who was the first medical student ever allowed to attend Convo, pick the brain of the Cranial Academy's president, casually chat with your professors outside of the school element, and discuss the inherent movement of the sphenoid bone with a student from another school? And that was just one night! The energy and excitement about our profession can be felt with every bit of interaction. Throughout the conference, one theme resonates loud

and clear: osteopathy is not just a career choice, but a passion that grows and evolves with experience. Even the distinguished FAOs will tell you that they still have a lot to learn. At the same time, their dedication to education is evident as they gladly take time to interact with medical students and share their expertise.

It was a tough decision for me to choose to come to Convocation. After all, it happened to fall right before Touro Nevada's block week, and my Neuro exam scores attest to the unfortunate timing. However, the sacrifice was well worth it when I consider that what I saw and learned cannot be replaced by regular studies. Convocation was not only inspirational, but it was an opportunity to meet future colleagues and to be introduced to the greater osteopathic family.

Ilya Yepishin—TUNCOM: UAAO National Representative



Historically Significant

Seth Swank *CCOM*

A few weeks ago I was cramming for a comprehensive OMM exam that covered my first two years of material. Memorizing thirty different Jones tenderpoints and the endless pathologies associated with the nine axes of death for the sacrum had been made all the more difficult by the slew of historical snippets in the material. At the beginning of each weekly lecture, our OMM department presents a historical fact concerning one of the OMM pioneers, or a significant event in osteopathic medicine. For the most part, I always found them annoying distracters from the more pertinent information that was to be presented in the lecture. This was, after all, an OMM class, not History of Osteopathic Medicine.

History is indeed an important aspect of any profession. I actually love history and often find it sad how little regard we have for world events that have shaped our present situations. In fact, one of my favorite books is *The Cartoon History of the Universe*, an entertaining and factual three-volume comprehensive history beginning at the dawn of time. The history of Osteopathy somehow always seemed a little short and insignificant compared to this. As I was trying to fit all the dates, characters and locations in, I realized that the significance of these individuals extended beyond their specific contributions to Osteopathy.

That Jones discovered some tenderpoints or Mitchell discov-

ered muscle energy is all

fine and good. Their contributions allow us tools to better serve patients and restore them to greater functionality. What we can really take away from these fine examples is the pioneer spirit that they had. Bob Marley sang, "If you know your history. Then you would know where you are coming from". The same applies to us currently. By studying the history of osteopathy, we can reapply the methodology of understanding and testing the shortfalls in medical explanations and treatments like our founding fathers. We can mix our current understanding with courage to tackle difficult issues and really contribute to the larger body of medical knowl-

edge.

The stories that we learn each week in our OMM department have become a reminder to me that we have a responsibility to keep an eye toward the highest standard of medicine. It is important to share the innovations that each osteopath individually makes so that osteopathy, like its patients, operates at the highest level of functionality. By knowing our history, we can guide our future. When I sat down to take the exam, there was only a single question pertaining to history. About a man, who had an idea, in 1874...

Nature Makes Nothing in Vain: Thoughts from This Side of Med School *Leah Welsh—OUCOM: UAAO National Representative*

April is here for the OMSIs, rounding out our 9th month as med students. Nine short months ago we were conceived as Medical Students. Osteopathic Medical Students, as fresh as our newly pressed white coats. We moved in, we bought our books, we chose our places at tables, in lecture halls, and began to develop. And in the footsteps of A. T. Still, we started to grow in many ways; physically, intellectually, emotionally, osteopathically. Just like our allopathic brethren, we started to develop our new medical senses: squinting at PowerPoints that were either out of focus, or too convoluted for us to decipher. "We're supposed to know ALL of that metabolism-of-carbohydrate flow chart?" "What does she mean 'memorize the autonomic nervous system' for the exam?" We developed our listening skills, practicing to take patients' histories (or practicing to take patients' dinner orders in case this

whole medicine thing didn't work out the way we planned.) We grew accustomed to the taste of microwave lunches, peanut butter sandwiches, and other easy "I don't have to think about making this" meals; got used to the smells that came along with putting off doing laundry for just one more day. However, our senses began to differentiate from those growing in MD wombs in important ways. We grew in our visual diagnostic abilities: "I can tell you hunch over your books towards your left from the way your scapula wraps around on this side." We learned to listen to our sense of touch: "I see you leaning on your right innominate lately, do you mind if I check out your PSISes to see if you have a sheer going on?" As we became more comfortable looking for clues in the body, we also became more comfortable touching the body: "I bet I can take care of that pelvic congestion you have going on; why don't I

find your ischial tuberosities real quick?"

Our growth didn't stop at our senses. We learned how to interact with new fellow students: "aha, I understand that you are even more ridiculous than I am in your note taking abilities- and I admire you for that" We learned how to ask for help- "what's a pocket pelvis?"- and how to share ideas and study tips- "Check this out, you can use your *hand* as a model for diagnosing the *sacrum*!" We committed to the ideals of holistic health both for our patients and ourselves.

Ok, ok. I know that we haven't ALL mastered these ideal and supremely poised osteopathic qualities. I say all this in the past tense, as if, at the end of these nine months we have reached some end goal or final milestone of medical development, and that we have achieved perfection in all of these realms of knowledge, but we all know the truth. This is a growth spurt, a

quest, an adventure that, if we are truly engaged in the osteopathic philosophy, will never end. Flipping through A.T. Still's biography gave me this inspiring, if somewhat silly comparison: *Chapter Four: Ear Wax And Its Uses. Nature Makes Nothing In Vain.* Our favorite philosopher was so enamored with the body and its physiology that he could not stop trying to puzzle out every last, seemingly insignificant process, all in the pursuit of total wellness. Just like Dr. Still, we are, and have always been, lifelong learners, excited about the body's mysteries, enthusiastically pursuing answers and following questions. I wish you luck on your next nine months, and the nine after that, and the nine after that...

DO's—Army Strong

Camp Bullis, TX- It is the middle of June, and the sun beats down on over 500 soldiers. Just two weeks into training, we neatly line an empty field that feels more like an oven. Organized into nine platoons, we form a horseshoe around the field, while the leadership holds a conference in the middle. Sweat trickles down our backs, but we try to “maintain our military bearing”, and not fidget (much). Soon, we will be setting off in pairs to complete the land navigation exercise. It's sort of like a 5-K map and compass treasure hunt... without the treasure. This is the Army's Officer Basic Leadership Course. It is six weeks long, and it is not exactly the picture of a picnic a recruiter might have painted for you. But really, what fun would that have been? At least you're going home with some good stories.

Most impressive, to me, is that every one of these 500 rifle carrying, road marching, and not-so-fresh smelling soldiers is a health care professional or student; the majority are medical students. The rest are veterinary, clinical psychology, dental and nursing students and professionals. There are people here most wouldn't expect to see rolling around in the dirt, going on a week without a shower; the class clown, ivy leaguers, a debutant, chess champs, lab rats, cheerleaders, the one with the silver spoon. Only now, standing in a sea of digital camouflage and military haircuts, 500 officers have replaced a throng of individuals. The individuals are still there though, on closer inspection, and since we are living 30 people to a tent, you're going to get to know each other whether you like it or not.

I do get to know many of them,

and I am increasingly impressed by the caliber of my new peers, the medical officers. I loved being an enlisted soldier, but I am pleasantly surprised by how different the dynamic is here at Officer Basic, surrounded by nothing but professionals and medical students. I guess I shouldn't have been so surprised. After a year of medical school, the secret is out; we're a big bunch of overachievers. Now we're a bunch of rifle toting, HOOAH overachievers.

Of course, in the midst of this motley crew is really where the fun begins, especially if we get to enjoy a rare evening off, though we are confined to our little camp. Over on the bleachers, a budding orthopod is showing someone how to tape up an ankle, a future preventive med doc is hunting a scorpion he found under a sandbag, and a psychologist lends a compassionate ear to a student who's having some family woes at home in a makeshift bunker. Some pretentious medical student is making authoritative claims about declawing cats; my battle buddy, a veterinary student, is apoplectic. The DO students are trying to practice a lumbar roll on each other on a cot in our tent, and a rather uptight nurse is having a meltdown. “YOU ARE NOT ALLOWED TO PRACTICE MEDICINE ONE EACH OTHER OUT HERE! THEY SAID SO!” Later, I discreetly pointed my HVLA-happy colleagues instead to the group of picnic tables across the compound, where a group of DO students were having some “strictly academic” review sessions, in a less conspicuous place. I tried to explain to the nurse they were just reviewing things we practiced on each other all the time in school, however, she seemed convinced we would paralyze one another.

Lori Hener—UMDNJ-SOM: UAAO Chapter President

Despite these differences of opinions, we got along amazingly well as a group.

Fortunately, DO students are not a minority here, and so being very careful not to be offering diagnosis or treatment for any specific medical complaints (though my lower back was feeling miraculously better afterwards), we found ourselves having little Convocation like “Evening with the Stars”, under the stars on picnic tables. Others wander by, questioning, expressing interest, perhaps limping a little, or rubbing that tight spot on their back, and of course we take the bait. We can't help it, after all, surely a little myofascial release or a bit of BLT for this poor soul couldn't hurt. Along the way, we get to educate the interested listener, or captive audience, about Osteopathy. “No, it's not chiropractic”, and “Yes we are (going to be) real doctors” is explained about 100 times. For many people, it was the first time they had ever heard of Osteopathy. Since these are our future colleagues, this informal networking and educating is invaluable.

Just a few days after our return from the field (and many long showers, sumptuous dinners, and a few nights of enthusiastic imbibing), I ran into a woman from another platoon I recognized; we'll call her LT. I was surprised to see she was wearing a sling. I knew that she was an MD student, about 25 years old, healthy, physically fit, Muslim, had a strong passion for holistic and alternative medicine, and also felt strongly against the unnecessary/over use of medication. Now, she was complaining of pain and numbness in her arm that had been getting progressively worse in the field. She was distressed that the clinic on base had not

been able to find anything wrong, and could do nothing for her pain. They had prescribed her narcotics and a sling, both of which only increased her frustration. After wearing field gear, carrying ammo and water, slinging a rifle over one shoulder, and lugging rucksacks, duffel bags, and occasionally your battle buddy around for 15 days, I suggested that she might have thoracic outlet syndrome. LT looked bewildered. I explained thoracic outlet syndrome thoroughly, but being somewhat less than confident about using my first year skills on patient with significant pain, I pointed her towards one of our “stars”, a knowledgeable upper-classman. I did not get to talk to her again, but I noticed the sling was gone a few days later.

Explaining thoracic outlet syndrome and OMT turned into an important discussion for both of us. She knew nothing of osteopathy, DO's, or the twenty-something osteopathic medical schools in the United States where manual medicine is taught. Just explaining the somatic dysfunctions that could predictably cause her symptoms, and how OMT could be used to treat it had a jaw dropping effect on her. As we continued to converse, it was clear that she was completely won over by the very concept of osteopathy and manual medicine. With her commitment to holistic medicine, she said, she wished she knew about Osteopathy when she was applying to medical school. Though I didn't treat her, I am sure that she, and hopefully several others, returned home with new respect for Osteopaths, and will probably be seeking out knowledge about osteopathy in the years to come.

National Convention: A great Place to Start Networking *Jessica Smith—WVSOM UAAO: Chapter President* *Brian Hanshaw—WVSOM UAAO: National Representative*

Each year the AAO puts on a convention with the intentions of building knowledge for today's students, as well as spreading interest in the field of osteopathic medicine. With daily workshops and lectures, students get the chance to learn new techniques, or refine their own from respected doctors and peers. While conventions such as these provide an environment to catch up with friends made from previous years, it allows for new friendships to blossom. Starting with morning lectures, students tend to group together with eagerness to learn and teach one another. As the day progresses there are more learning and social events that allows for these new bonds to flourish.

Through their admiration of

osteopathic medicine, current medical students are able to build friendships that will last throughout out their careers. Not only do students get the opportunity to network with their future colleagues, but they also get to network and know current practicing physicians. The connections that are made at convocation have allowed students shadowing prospects, residency ideas, as well as advice with the many obstacles we face as students today.

Many individuals fail to realize the importance of networking and how it can advance your career. Who you know or don't know can have great impacts on how successful you are. Knowing the right people could get you great recommendations, needed interviews, or even re-

search or job opportunities. Be sure to utilize the experience that convocation presents with, to build these bridges, and make these connections now, as they will be sure to open doors for years to come.

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Changing of the Guard: UAAO Style

Jenna Lynn Shenk—VCOM: UAAO Clinical Years Representative

Drag out a calculator if you plan to count the transitions in a medical student's life. Whether it is benchmarks, requirements, transcripts, or graduations, there is some idea of individual progression in every story. It is not often, however, that transition is considered on the Club Officer level during medical school. Clubs are considered extracurricular, even the UAAO Chapter. They might be an immediate source of enrichment, but overall most students feel Clubs, especially Officer positions, are simply good CV boosters. Get the title, attend a few meetings, grab some cool gear, rock out at Convocation, and you are done, right? Wrong. There is more to the officer "transition" than students moving on.

UAAO club officers are generally

of a specific year, OMSI into OMSII. Students' roles drastically change along with their schedules, and keeping involved on the same level is just not realistic. Unfortunately, it is all too easy to shrug off the responsibility of an "office" when faced with the idea of starting the third year. Leaving the Club "as is", whether it is in shambles or is squeaky clean, has the new officers in limbo. Steps toward responsible communication allow the hard work of everyone to prove beneficial to the Club as a whole.

With change comes personality and goal seeking differences. New officers should be shepherded and yet, not coddled into the ground. There is also the issue of over stepping the parenting role. You were an officer. Good job. Congratulations. Move

on. Dropping a boiling pot of Club drama into the incoming officer's lap has been frowned upon, as well as the new era of rehashing old "ways", mandates, demands, and attempting to maintain your "status" in the club. The point of elections is to appoint new leaders, not further enthrone the previous ones. So what if 2013 does not know who you are? The goal of a club is to support the membership not create shrines.

So there is a line, a path of sorts, between suffocation and indifference when dealing with officer transition. Here is where some suggestions, most through personal experience, might be helpful.

- Just because the transfer of leadership is activated post-Convocation, do not leave the conference as the only time

during which you mentor and hand over the positions to the new officers. There should be a gradual change and relinquishing of duties.

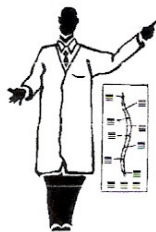
- Offer individual officer meetings to discuss specific and general duties.

- Provide detailed instructions for more difficult tasks, important deadlines, and time consuming projects.

- Note potential pitfalls to avoid, ie) administration, mailings, liability, scheduling, and recruitment.

- Transfer the passwords, announcement duties, and contact information in an organized fashion and timely fashion

(Continued on Page 16)

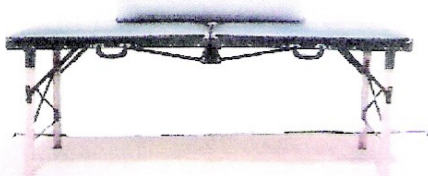
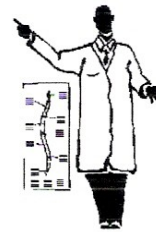


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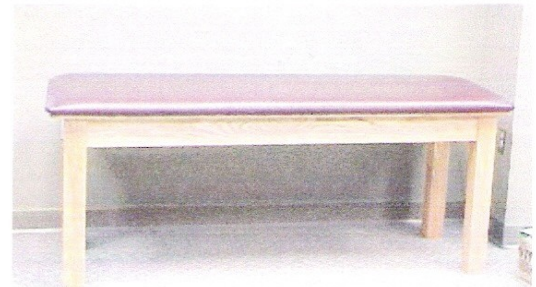
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Changing of the Guard: UAAO Style

- Speak or meet with the pivotal contacts that you have made throughout the year. Advisor, administration, regular speakers, and local attendings for your events should be made aware that collaboration will remain and that there will be no lag in attention to the club, just a fresh face.

(Though this article is mostly for the current outgoing regime...NEWBIES listen up.)

- Take notice of those interested in the UAAO and nourish that interest throughout the year. Raise up a core of OMM lovers if you can. If they volunteer for everything and have a great involvement from day one, then the transition will be smooth due to their previous experience.

- Be AVAILABLE for questions.

Answer phone calls, emails, and pleas for short meetings. Encourage independence, but be kind and remember that listening to you spout off pages of duties is NOT the same as actually DOING something for the first time.

- Be actively involved in the club. Though you may be burnt out or have no time to spare, support the new officers. Attend meetings, volunteer for events and provide mentorship for the years beneath you. You signed up to be a member of the UAAO. You were then elected as an Officer. Not surprisingly, your role has changed once again, but it has not stopped. Even without your name being registered as UAAO Officer or signing such at the bottom of your email, it doesn't delete the need for your help to ensure the wellbeing of the local

chapter UAAO.

Bottomline? Be helpers and not hindrances to your new officers, and I will see you at the Broadmoor next March!



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

1. Acquire a better understanding of Osteopathic principles, theories, and practice to include:

a. helping students attain a maximum proficiency in osteopathic structural diagnosis and treatment

b. fostering a clear concept of clinical application of osteopathy in health and disease.

2. Improve public awareness of osteopathic medicine so that the

community may better take advantage of the benefits provided by the complete health care concept of osteopathic medicine.

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

-UAAO National Council