

Adverse Effects

Haldeman, S., Kohlbeck, F. J. and McGregor, M. ***Stroke, cerebral artery dissection, and cervical spine manipulation therapy.*** Journal of Neurology 2002 Aug; 249 (8): 1098-1104 **Located in third floor stacks**

Stroke represents an infrequent adverse reaction associated with cervical spine manipulation therapy. Attempts to identify the patient at risk and the type of manipulation most likely to result in these complications of manipulation have not been successful. A retrospective review of 64 medical legal cases of stroke temporally associated with cervical spine manipulation was performed to evaluate characteristics of the treatment rendered and the presenting complaints in patients reporting these complications. These files included records from the practitioner who administered the manipulation therapy, post stroke testing and treatment records usually by a neurologist, and depositions of the patient and the practitioner of manipulation as well as expert and treating physicians. A retrospective review of the files was carried out by three (two in 11 cases) researchers using the same data abstraction instrument to independently assess each case. These independent reviews were followed by a consensus review in which all reviewers reached agreement on file content. Ninety two percent of cases presented with a history of head and/or neck pain and 16 (25 %) cases presented with sudden onset of new and unusual headache and neck pain often associated with other neurological symptoms that may represent a dissection in progress. The strokes occurred at any point during the course of treatment. Certain patients reporting onset of symptoms immediately after first treatment while in others the dissection occurred after multiple manipulations. There was no apparent dose-response relationship to these complications. These strokes were noted following any form of standard cervical manipulation technique including rotation, extension, lateral flexion and non-force and neutral position manipulations. The results of this study suggest that stroke, particularly vertebrasilar dissection, should be considered a random and unpredictable complication of any neck movement including cervical manipulation. They may occur at any point in the course of treatment with virtually any method of cervical manipulation. The sudden onset of acute and unusual neck and/or head pain may represent a dissection in progress and be the reason a patient seeks manipulative therapy that then serves as the final insult to the vessel leading to ischemia.

Abstract from publication

Adverse Effects

Jeret, J. S. ***More complications of spinal manipulation [letter].*** Stroke 2001 Aug; 32 (8): 1936-1937 **Located in third floor stacks**

Abstract N/A

Adverse Effects

Licht, P. B. ***Is cervical spinal manipulation dangerous?*** Journal of Manipulative and Physiological Therapeutics 2003 Jan; 26 (1): 48-52 **Located in third floor stacks**

OBJECTIVE: Concern about cerebrovascular accidents after cervical manipulation is common. We report a case of cerebrovascular infarction without sequelae. **CLINICAL FEATURES:** A 39-year-old man with nonspecific neck pain was treated by his general practitioner with cervical manipulation. **INTERVENTION AND OUTCOME:** This immediately elicited severe headache and neurologic symptoms that disappeared completely within 3 months despite permanent signs of a complete left-sided cerebellar infarction on computed tomography and magnetic resonance imaging. At 7-year follow-up the patient was fully employed, and repeated magnetic resonance imaging still showed infarction of the left cerebellar hemisphere. However, the patient remained completely free of neurologic symptoms, and color duplex ultrasonography showed normal cervical vessels, including

patent vertebral arteries. **CONCLUSION:** It appears that the risk of cerebrovascular accidents after cervical manipulation is low, considering the enormous number of treatments given each year, and very much lower than the risk of serious complications associated with generally accepted surgery. Provided there is a solid indication for cervical manipulation, we believe that the risk involved is acceptably low and that the fear of serious complications is greatly exaggerated.

Abstract from publication

Adverse Effects

Randall, R. ***Case study of a CVA accident post manipulation.*** Osteopathic Family Physician News 2004 Apr; 4 (4): 14-15 **Located in third floor stacks**

A 30 year old female presented to the ER with a history of sudden onset of vertigo, nausea, vomiting, blurred vision, diplopia, and right sided numbness after treatment with high velocity low amplitude (HVLA) to the cervical spine by a chiropractor. MRI and angiography confirmed the diagnosis of right lateral medullary infarction and bilateral vertebral artery dissection. Although the risk of stroke and other serious adverse events following cervical manipulation are reported to range between one in 400,000 to one in 5.8 million, the patient's history of smoking and family history of congenital cerebral vascular malformation may have put her at higher risk for adverse events than the general population.

Student abstract by Bridget Thackeray (May 26, 2004)

Adverse Effects

Rothwell, P. M. and Norris, J. W. ***Cerebrovascular complications of therapeutic neck manipulation.*** Journal of Neurology 2002 Aug; 249 (6): 1105-1106 **Located in third floor stacks**

This commentary points out that the risks of arterial dissection and stroke following therapeutic neck manipulation are unknown. Estimates of risk vary widely and there have been no prospective studies on the issue. A review of 165 cases found that the consequences of vertebral artery dissection due to therapeutic neck manipulation are often severe. A review of 64 medico-legal cases found that the majority of strokes occurred in young adults—mean age 36 years, with 90% < 45 years. The authors feel that it is essential that the risk of arterial dissection and stroke following therapeutic neck manipulation be determined. They feel that this research should be performed with a close collaboration between chiropractors and medical doctors.

Student abstract by Kathlyne Brown (May 26, 2004)

Adverse Effects

Stevinson, C. ***Risks associated with spinal manipulation.*** American Journal of Medicine 2002 May; 112 (7): 566-571 **Located in third floor stacks**

The aim of this systematic review was to summarize the evidence about the risks of spinal manipulation. Articles were located through searching three electronic databases (MEDLINE, EMBASE, Cochrane Library), contacting experts (n =9), scanning reference lists of relevant articles, and searching departmental files. Reports in any language containing data relating to risks associated with spinal manipulation were included, irrespective of the profession of the therapist. Where available, systematic reviews were used as the basis of this article. All papers were evaluated independently by the authors. Data from prospective studies suggest that minor, transient adverse events occur in approximately half of all patients receiving spinal manipulation. The most common serious adverse events are vertebrobasilar accidents, disk herniation, and cauda equina syndrome. Estimates of the incidence of serious complications range from 1 per 2 million manipulations to 1 per

400,000. Given the popularity of spinal manipulation, its safety requires rigorous investigation.
[References: 53]

Abstract from publication

Aged

Climent, G. ***Preliminary study into the effect(s) of osteopathic intervention on gait stability in the elderly.*** British Osteopathic Journal 2001; 23 (NA): 18-22 **Located in third floor stacks**

This study investigated the effect(s) of osteopathic intervention on gait stability in elderly subjects (mean age 70.1 (3.6 yrs: n=9), using temporal and kinetic analysis. The pre and post treatment tests consisted of: temporal and stride measurements, recording of ground reaction forces, and determination of resultant forces and of their angles. Following treatment temporal and stride measurements significantly ($P<0.001$) increased. Kinetic analysis revealed significant ($P<0.05$) increase of deceleration and acceleration abilities during the loading and push off phases of stance of the right limb. The left limb showed a significant ($P<0.05$) decrease of the vertical force (F_y) during the mid-stance phase, suggesting an increase in velocity, also a better ability to flex and extend the limb in the sagittal plane was not observed. A comparison of the pre-treatment values between the left and right legs was performed and revealed significant ($P<0.01$) differences in the vertical force (F_y). These asymmetries were no longer present at post-treatment, indicating a more symmetrical distribution of the body weight between the right and left side of the body during the stance phase of the gait cycle.

Abstract from publication

Aged

Waldman, M. ***Treatment of acute disease in adults / Geriatrics.*** Osteopathy Today 2000 Jun; 6 (6): 14-17 **Located in reference office**

CONCLUSION: There can be few members of the osteopathic profession who have not experienced the distress and not infrequent despair of seeing members of the family or friends struggling with the symptoms of acute illness. Influenza and pneumonia kill many prematurely; asthma, bronchitis and congestive heart disease are epidemic. Even if the nature of modern Osteopathy and its teaching is such as to have sadly diminished, almost to the point of obliteration, the call (calling?) and knowledge of and for bedside technique, surely we owe it to those dearest to us to be adequately trained and prepared for their care.

Abstract from publication

AIDS; Research

Biegalka, B. J. ***Human cytomegalovirus: survival strategies of an opportunistic pathogen.*** Ohio Research and Clinical Review 2002 Fal; 13 (NA): 14-17 **Located in third floor stacks**

ABSTRACT: Fifty-ninety percent of adults are infected with human cytomegalovirus; however, despite the high infection rates, human cytomegalovirus received relatively little attention until the onset of the AIDS epidemic. In people with AIDS and in other immunocompromised people, human cytomegalovirus causes significant morbidity and mortality. Human cytomegalovirus infection has also increasingly been linked to a number of chronic diseases, including atherosclerosis. One characteristic of human cytomegalovirus is its ability to remain latent in the infected host. The numerous proteins encoded by the virus that modulate the immune response are believed to play a

crucial role in the establishment of both primary and latent infection.

Abstract from publication

Arm, Elbow, Wrist

Henry, S. M. ***Heterotopic ossification about the elbow***. Orthopod: The Journal of the American Osteopathic Academy of Orthopedics 2001 Sep; 38 (2): 38-47 **Located in third floor stacks**

Heterotopic ossification is the formation of mature lamellar bone in nonskeletal tissue that usually occurs in soft tissues around joints. It was first described by Reidel in 1883 and again in 1918 by Dejerine and Ceillier in their World War I spinal injury patients. Heterotopic ossification can lead to pain, severe limitation of joint motion and sometimes a total loss of motion at the affected joint. At the elbow, the resulting loss of motion can prove disabling, especially if the hand can no longer be positioned for functional tasks. Heterotopic ossification can occur following local soft tissue injury or bone injury, burns, following total joint arthroplasty, or in central nervous system injury or disease. It is a poorly understood disease process due to the relative infrequency of the condition, although with specific injuries it is quite prevalent. In patients with neurologic injury and thermal burns, the elbow is a common location to develop heterotopic ossification. In fact, following thermal burns, the elbow is the most common location to develop heterotopic ossification the elbow also has a propensity to develop heterotopic ossification after injuries such as fractures, dislocations or fracture-dislocations. If elbow fractures occurred in a neurologically injured patient, heterotopic ossification was found to be present 70 percent of the time. Elbow stiffness is a common complaint after severe elbow trauma. It is sometimes further complicated by the presence of heterotopic ossification developing either from the trauma itself or from the techniques used to treat the elbow stiffness (i.e. physical therapy), which may be further increasing the development of heterotopic ossification causing in turn, a vicious cycle. Elbow stiffness is disabling because a wide range of motion (ROM) is necessary for basic daily activities. Morrey et al. electrogoniometer analysis demonstrated that an arc of elbow motion of 100° (range 30° - 130°) and an arc of forearm rotation of 110° (range 55° pronation to 55° supination) is necessary for an individual to perform 90 percent of their normal activities. The purpose of this article is to provide a review of the literature of the current understanding and treatment about heterotopic ossification at the elbow.

Abstract from publication

Arthritis

Cameron, M. ***Is manual therapy a rational approach to improving health-related quality of life in people with arthritis?*** Australasian Chiropractic and Osteopathy 2002 Jul; 10 (1): 9-15 **Located in third floor stacks**

ABSTRACT: *Background:* People with arthritic disease are advised to participate in gentle exercise on a regular basis, and pursue long-term medication regimes. Alternative therapies are also used by people with arthritis, and may sometimes be recommended by rheumatologists and other medical personnel. Alternative therapies may be divided into two types: active therapies, in which the patient takes a driving role, and passive therapies, in which the therapy cannot proceed unless driven by a therapist.

Objective: To review the effectiveness of manual therapy in improving the health-related quality of life (HRQOL) of people with two common arthritis conditions: Osteoarthritis and rheumatoid arthritis.

Discussion: Massage, and other passive (practitioner-driven) manual therapies, have been anecdotally reported to improve health-related quality of life (HRQOL) in people with arthritis. Many manual therapists consult with patients who have arthritic diseases, receive referrals from rheumatologists, and consider the arthritic diseases to be within their field of practice. Although there

is empirical evidence that manual therapy with some types of arthritis is beneficial, the level of effectiveness however is under-researched. Medical authorities are reluctant to endorse manual therapies for arthritis due to a lack of scientific evidence demonstrating efficacy, safety, and cost effectiveness.

Abstract from publication

Arthritis

DeAngelo, N. A. and Gordin, V. ***Treatment of patients with arthritis-related pain.*** Journal of the American Osteopathic Association, Supplement 2004 Nov; 104 (11): 2-5 **Located in third floor stacks**

Many causes of arthritic pain are encountered in clinical practice. Osteoarthritis is the most common form of arthritis in the United States, afflicting tens of millions of people. The authors review current literature on the treatment of patients with osteoarthritis. They discuss nonpharmacologic therapy such as physical therapy, weight reduction, and osteopathic manipulative treatment. Pharmacologic treatment of patients with osteoarthritis includes acetaminophen, nonsteroidal anti-inflammatory drugs, tramadol hydrochloride, and opiate analgesics in patients who failed all other treatment modalities. Patients who failed medical management should be referred for consideration for surgery.

Abstract from publication

Arthritis; Research

Modrzakowski, M. C. and Schutte, H. A. ***Radiographic analysis of the effect of bee venom treatment in rats with adjuvant-induced arthritis.*** Ohio Research and Clinical Review 2002 Fal; 13 (NA): 3-5 **Located in third floor stacks**

ABSTRACT: The treatment of Mycobacterium butyricum-induced arthritis with honey bee (*Apis mellifera*) venom was studied in Sprague-Dawley rats. Bee venom (1mg/kg-1), injected every 5 days for 30 days, suppressed the inflammatory response to the adjuvant as measured in the swelling of the hind feet. Up to the 15th day of the study, the bee venom-injected rats showed just as much inflammation (measured in hind paw swelling) as the saline-treated adjuvant group. Beginning at day 20 and continuing until the 90th day, the bee venom-treated group had significantly reduced swelling compared to the saline-treated group. Radiographs of the hind paws taken at days 60 and 90 confirmed that the bee venom-treated group had less soft tissue swelling and less arthritic change in the ankle joints than the saline-treated group. The finding of decreased swelling in the bee venom-treated group suggests that the venom has an anti-inflammatory effect on adjuvant-induced arthritis in the rat model.

Abstract from publication

Asthma; Dysmenorrhea; Manipulation Techniques

Felton, C. ***Osteopathic manipulation, asthma and dysmenorrhea: a review of the literature.*** British Osteopathic Journal 2000; 22 (NA): 17-21 **Located in third floor stacks**

OBJECTIVES: A comprehensive review of the literature concerning the effect of manipulative therapy on asthma and dysmenorrhea in light of current knowledge on the etiology and natural history of asthma and dysmenorrhea. **DATA SOURCE:** Articles reviewed were obtained by conducting a computer aided search of papers indexed in Medline. In addition, bibliographies from pertinent articles were manually searched. **DATA SYNTHESIS:** Osteopathic and chiropractic

manipulative therapies are used to treat asthma and dysmenorrhea. Reports of the efficacy of these modalities are largely anecdotal and much of the osteopathic and chiropractic research into the effects of manipulation can be criticized because of poor methodological design characteristics, particularly the reliance on anecdotal case reports and small patient number studies to substantiate the validity of osteopathic and chiropractic theory. Recent studies have indicated that there is biological change following manipulation. **CONCLUSION:** Although osteopaths and chiropractors use manipulation to treat asthma and dysmenorrhea, there is little scientific research to prove that these treatments are effective. Further research is necessary to understand the biological pathways by which manipulation works as a treatment.

Abstract from publication

Asthma; Manipulation Techniques

Courtney, R. ***Buteyko method, an osteopathic approach to asthma? Part I.*** Osteopathy Today 2002 Jul; 8 (7): 14-19 **Located in third floor stacks.**

INTRODUCTION: The Buteyko/Eucapnic Method is a system of breathing retaining used to treat various chronic diseases. It has become most well known as a treatment for asthma. Its proponents view the symptoms of many diseases including asthma as manifestations of a self-regulatory mechanism that the body creates to prevent excess loss of Carbon Dioxide. Osteopathic philosophy holds that the body is fundamentally a self healing organism and that the morbid symptoms of disease are often evidence of the body's attempts at self-regulation. This article explores ways that the Buteyko method or what can broadly be called Eucapnic breathing completes osteopathic practice and supports osteopathic philosophy. In asthma, breathing is restricted due to bronchoconstriction and reduced thoracic mobility. The Buteyko method and other Eucapnic breathing training techniques utilize controlled breathing or hypoventilation to reduce bronchoconstriction and re-establish normal respiratory mobility. In osteopathic terms this could be viewed as a type of indirect approach, working in the direction of the restriction to achieve normalization of ventilation. This differs from the approach used by most other breathing techniques, including those used by osteopaths that aim to increase ventilation directly with deep breathing exercises. Increasing thoracic mobility is the aim of many osteopathic protocols for conditions such as asthma however the rigidity of the thorax and the abnormal function of the diaphragm may be due to excessive levels of ineffective ventilation and responsive to a direct approach. Muscular-skeletal changes found in the asthmatic may be in part secondary to the hyperventilation found in most asthmatics. The use of breathing re-education that corrects existing hyperventilation may be useful adjunct to the use of other osteopathic techniques which aim to normalize the somatic dysfunction found in asthma.

Abstract from publication

Asthma; Manipulation Techniques

Courtney, R. ***Buteyko method, an osteopathic approach to asthma? Part II.*** Osteopathy Today 2002 Aug; 8 (8): 16-19 **Located in third floor stacks**

INTRODUCTION (to part I): The Buteyko/Eucapnic Method is a system of breathing retaining used to treat various chronic diseases. It has become most well known as a treatment for asthma. Its proponents view the symptoms of many diseases including asthma as manifestations of a self-regulatory mechanism that the body creates to prevent excess loss of Carbon Dioxide. Osteopathic philosophy holds that the body is fundamentally a self healing organism and that the morbid symptoms of disease are often evidence of the body's attempts at self-regulation. This article explores ways that the Buteyko method or what can broadly be called Eucapnic breathing completes osteopathic practice and supports osteopathic philosophy. In asthma, breathing is restricted due to

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Abstract from publication

Back Pain

Chaitow, L., Comeaux, Z., Dommerholt, J., Ernst, E., Gibbons, P., Hannon, J., Lewis, D. and Liebenson, C. ***Efficacy of manipulation in low back pain treatment: the validity of meta-analysis conclusions.*** Journal of Bodywork and Movement Therapies 2004; 8 25-31 **Located in third floor stacks**

ABSTRACT: A recent review has concluded that: "Initial studies have found massage to be effective for persistent back pain. Spinal manipulation has small clinical benefits that are equivalent to those of other commonly used therapies. The effectiveness of acupuncture remains unclear. All of these treatments seem to be relatively safe. Preliminary evidence suggests that massage, but not acupuncture or spinal manipulation, may reduce the costs of care after an initial course of therapy" (Cherkin et al., Ann. Int. Med 138(11) (2003)898). This review was based on a meta-analysis comparing the value of manipulation with massage therapy and acupuncture that concluded that: "There is no evidence that spinal manipulative therapy is superior to other standard treatments for patients with acute or chronic low back pain" (Assendelft et al., Ann. Int. Med 138(11) (2003)871). A number of opinions were sought as to the validity of these conclusions, and a commentary was offered by Professor Edzard Ernst on these opinions.

Abstract from publication

Back Pain

Comeaux, Z. ***Chronic sciatica in a complex elderly patient.*** Osteopathic Family Physician News 2003 Feb; 3 (2): 17-18 **Located in third floor stacks**

A 71 year old male with chronic back pain is presented as a case presentation. The patient's past medical history is extensive with multiple comorbidities, all complicating the diagnosis and treatment plan. It is important for the osteopathic care provider to obtain a thorough history, review of systems, physical exam, and medical records in treating patients with multiple system problems. This case demonstrates the necessity for osteopathic manipulative treatment to be used as a part of management, not by itself.

Student abstract by Clayton Roberts (April 28, 2004)

Back Pain

Gekhman, L., Reich, D. and Mitnik, I. ***Call for OMT status elevation in treating low back pain.*** Osteopathic Family Physician News 2004 Apr; 4 (4): 16-19 **Located in third floor stacks**

Low back pain is a very common problem and occurs in 15 to 45 percent of Americans yearly. Various treatment strategies have been described in scientific literature, but guidelines for the optimal approach to the management of patients with back pain has been surprisingly poorly defined. This study undertakes an important step in the effort to unify healthcare provider's approach to the treatment of low back pain. Above all, it examines the evidence-based role of Osteopathic Manipulative Treatment (OMT) in back pain management model, its benefits and possible barriers to patient referral for OMT, and it calls for a substantial improvement in OMT status as an adjunct treatment in the medical practice.

Abstract from publication

Back Pain

Licciardone, J. C. *Unique role of osteopathic physicians in treating patients with low back pain.* Journal of the American Osteopathic Association, Supplement 2004 Nov; 104 (11): 13-18
Located in third floor stacks

Low back pain is a common and costly condition in industrialized nations. Consequently, a variety of treatment modalities and providers are available. A widely recognized clinical practice guideline states that spinal manipulation, as potentially provided by various types of practitioners, can be helpful for patients with acute low back problems without radiculopathy when used within the first month of symptoms. The underlying principles of osteopathic manipulative treatment (OMT) suggest the potential utility of OMT in both acute and chronic low back pain. The author summarizes the methodologic characteristics and results of the three major clinical trials of OMT for low back pain conducted in the United States and discusses their implications for osteopathic medicine.

Abstract from publication

Back Pain; Spine

McGrath, M. and Tayles, N. *Anatomical observations related to radiological findings in spina bifida occulta of the lumbosacral spine.* Journal of Osteopathic Medicine (JOM) 2004 Oct; 7 (2): 70-78
Located in third floor stacks

Abstract: Background: Anecdotal osteopathic clinical experience suggested that spina bifida occulta (SBO) might adversely be complicating the presentation and prognosis of acute and chronic low back pain, yet the finding of spina bifida occulta (SBO) in anteroposterior lumbosacral radiological examinations is usually regarded as an innocent radiological finding. Review of the literature indicated that lumbosacral SBO is associated with an increased incidence of posterior intervertebral disc herniation. Aims and Objectives: The aim of this anatomical study was to examine the null hypothesis that SBO of the lumbosacral spine is not associated with variations in the expected appearance of the overlying posterior soft tissues. Materials and methods: Thirty-six cadavers were initially available for radiological study. Eight cases of SBO were radiologically identified and dissected. Four further cadavers were selected as dissection controls on the basis of having a normal radiographic appearance of the lumbosacral spine. Comparisons were drawn between the soft tissues of the lumbosacral region of SBO cases and the controls. Discussion: SBO of the lumbosacral spine is associated with variation of the expected appearance in the overlying posterior soft tissues. A rationale is discussed that links altered anatomy, vertebral mechanics and accelerated degeneration of the related intervertebral disc. These biomechanical and clinical rationales are further offered as a reason for the classification for the clinical differences noted in the routine osteopathic management of low back pain complicated by the presence of SBO. Conclusions: The results suggest that there are variations in the superficial soft tissues of the lumbosacral spine associated with the radiographic finding of SBO.

Bioterrorism; Psychiatry

Anonymous. **September 11, 2001 dealing with the aftermath.** Buckeye Osteopathic Physician 2001 Fal; 71 (2): 2-4 **Located in third floor stacks**

In the aftermath of September 11, 2001, many Americans are dealing with emotions and fears that they have never experienced before. The osteopathic philosophy of treating the whole patient places osteopathic physicians in the position of being able to assist these patients in understanding the connection between their physical being and their emotions.

Cardiovascular System

Cooper, M. **Heart failure: a review of osteopathic treatment.** Osteopathic Family Physician News 2003 Feb; 3 (2): 15-16 **Located in third floor stacks**

Abstract: This paper reviews the osteopathic approach to the treatment of heart failure. The osteopathic approach includes manipulation, diet, and exercise. The pathophysiology of heart failure involves increased sympathetic stimulation. The goals of manipulative therapy are to decrease sympathetic tone by correcting facilitated segments T1-T6. This will decrease cardiac workload, irritability, and coronary vasospasm. Treating T10-12 will cause dilation of afferent arterioles of the kidney and decrease sodium and water retention. Treating OA-C2 can reduce bradyarrhythmias and AV blocks. Once the autonomics have been treated, lymphatics should be addressed. Treating the thoracic inlet and pelvic diaphragm will aid in lymphatic flow. Treating the lower extremity will also reduce energy demand and eliminate structural dysfunction. Aerobic exercise is beneficial by improving cardiac capacity and decreasing sympathetic activity. Diet and nutrition are important in the osteopathic approach to treating the entire patient. Protein and albumin levels are vital to preventing edema. Dietary sodium indiscretion can precipitate exacerbation of heart failure; therefore, a reduction in salt intake and continued exercise may decrease the risks. Osteopathy alone may not cure heart failure, but it can minimize the effects of a debilitating disease.

Student abstract by Vuong Dao (April 28, 2004)

Cardiovascular System

Nelson, K. E. **Attaining optimal treatment for congestive heart failure patients.** Osteopathic Family Physician News 2004 Feb; 4 (2): 1,16-18 **Located in third floor stacks**

Osteopathic manipulative medicine as an adjunctive modality in the treatment of patients with congestive heart failure is investigated in a pilot perspective study, "Osteopathic Manipulative Treatment and Congestive Heart Failure". Patients were selected from Michael Reese Medical Center by a set of criteria which included age, sex, ethnic background, ambulatory, and established diagnoses. Thoracic electrical bioimpedance was used to measure variables of cardiac output index, systemic vascular resistance, cardiac muscle contractility, and total thoracic fluid content. The protocol for this study alternates between treatment and measurement of hemodynamic components. OMT treatments are outlined which included soft tissue, articulation, facilitated positional release, lymphatic pumps, cranial, myofascial release techniques.

Student abstract by Lan Le (April 28, 2004)

Cardiovascular System; Cranial Manipulation; Cranial Rhythmic Impulse

Nelson, K. E., Sergueef, N. and Glonek, T. **Cranial manipultaion induces sequential**

changes in blood flow velocity on demand. AAO Journal 2004 Sep; 14 (3): 15-17 **Located in third floor stacks**

ABSTRACT: Primary Objective: To demonstrate that when cranial manipulation is applied as a therapeutic intervention, the dominant, 0/1 Hz frequency, Traube-Hering (TH) component of blood flow velocity that is related to baroreflex activity is specifically amplified. Further, when intervention is stopped, the flowmetry record reflects the change in intervention. In this instance, the timing of cranial treatment depends only upon a pre-established protocol. Methods: Using laser-Doppler flowmetry to quantify the TH and other components of the blood flow velocity oscillation, we compared flowmetry records of 15 subjects before and immediately following cranial manipulation. The timing of the treatment/ non-treatment sequence was established prior to manipulative intervention. Results: Selected continuous record segments from within treatment and non-treatment portions of the experimental flowmetry records were converted to frequency-domain spectra via a Fourier-transformation (FT). From the FT data, difference spectra were computed by subtracting the spectrum acquired during a non-treatment segment from the spectrum of adjacent treatment-period records. The resultant difference showed that cranial manipulative treatment enhanced the magnitude of the 0.1 Hz component and increased the fundamental heart rate. No other prominent changes with treatment were observed. Conclusion: Flowmetry shows that cranial manipulation may be used to alter the 0.1 Hz blood flow component of the TH oscillation according to a pre-determined protocol. Thus, cranial manipulation may be used to alter blood flow according to specific interventional directives.

Abstract from publication

Cardiovascular System; Neurology

Somoanio, Y. and Hagopian, S. **Case Study: An osteopathic resolution of a neurocardiogenic syncope.** AAO Journal 2004 Dec; 14 (4): 20-23 **Located in third floor stacks**

ABSTRACT: Unexplained intermittent neurocardiogenic syncope in a 24-year-old patient, managed, but unresolved by chemical treatment, is treated osteopathically and resolved. Description of this case and a brief discussion of questions raised addresses a deficit in the osteopathic literature. Neurocardiogenic syncope is a condition in which cerebral metabolism is temporarily impaired by a reflex reduction in blood pressure causing a decrease in cerebral blood flow and loss of consciousness. Recent investigations show this to be a broad spectrum of autonomic disorders variously triggered, all manifesting with syncope, hypotension, and orthostatic intolerance. In cases of unexplained syncope, this diagnosis is made with a positive tilt-table test. It is known that neurogenic syncope involves interplay between an imbalance autonomic nervous system and cardiovascular regulation. What is still unclear, is the exact mechanism causing this disorder.

Abstract from publication

Child

Clark, J. **Bell's palsy in a pediatric patient.** Student DOctor 2001 Spr; 22 (2): 20-22 **Located in third floor stacks**

This case presentation is of a 26-month-old male child with sudden onset of unilateral facial droop, lid lag, and drooling. History and physical exam led to the diagnosis of idiopathic facial palsy, i.e., Bell's palsy. Bell's palsy - defined as a sudden onset of idiopathic, peripheral facial paralysis - is responsible for over 50% of all cases of facial paralysis. The incidence is 23 per 100,000 annually and about 1 in 60 or 70 in a lifetime. The cause of Bell's palsy is unknown, but often follows a viral illness or exposure to extreme cold. Bell's palsy is a facial nerve dysfunction. While lying in the bony facial canal or passing through the stylomastoid foramen, pressure is exerted on the nerve fibers due

to swelling caused by inflammation. The result is temporary loss of function of the facial nerve of lower motor neuron type. Different theories exist concerning the etiology of Bell's palsy, but various clinical studies point to a strong link with herpes simplex virus (HSV) Type I. In fact, there is conclusive evidence that the most common cause of Bell's palsy is the reactivation of HSV genomes from the geniculate ganglia. Other causes of Bell's palsy include Lyme disease, which accounts for approximately 25% of new-onset cases in endemic areas. The majority of patients recover completely. In severe cases, a course of 60 to 80mg of prednisone for five days followed by a taper for another five days appears to shorten the course of the disease. The severity of Bell's palsy correlates with the severity of facial paralysis at the height of the illness. Current medical literature suggests nerve grafts for refractory Bell's palsy, most commonly anastomosis of the hypoglossal nerve with the facial nerve. Interestingly, the cause of this patient's Bell's palsy could not be explained through recent HSV infection or exposure to cold. In addition to the case presentation, the etiology, pathogenesis, and management of Bell's palsy are discussed.

Abstract from publication

Child

Pradhan, F. ***Science behind infant massage***. Osteopathy Today 2002 Feb; 8 (2): 22-23

Located in third floor stacks.

SUMMARY: Current research continues to identify the link between the benefits of infant massage and the parent-child interaction. It is imperative in our society today, that our infants are not deprived of "healthy" touch. These research findings may be the foundation in the delivery of early intervention services to produce well-balanced children.

Abstract from publication

Chronic Fatigue Syndrome; Cranial Manipulation

Gregg, T. and Williams, S. F. ***Chronic fatigue syndrome: the misunderstood disease***. AAO Journal 2004 Sep; 14 (3): 20-22 **Located in third floor stacks**

SUMMARY: Chronic Fatigue Syndrome is a complicated and often misunderstood disease. There is no one, simple solution for treatment. Instead it requires dedication, hard work and understanding from the physician, the patient, and their family. The clinical research so far has been limited to following only one specific entity of CFS at a time. It becomes the physician's responsibility to understand and utilize the different research methodologies to find the best treatment for their patient. CFS is not defined in terms of only one tissue, but a conglomerate of everything the research has uncovered. The only avenue left to explore is how OMT and cranial osteopathy can help these patients. Since there is a documented deficiency of the pituitary gland to secrete ACTH under stress, then perhaps cranial osteopathy can help to increase the functional capacity of this organ. If nothing more, by utilizing cranial osteopathy, we can help to alleviate the headaches these patients feel without having to rely heavily on medications.

Abstract from publication

Counterstrain; Leg

Peters, T. W. ***Restless legs***. Osteopathy Today 2002 Oct; 8 (10): 12-13 **Located in third floor stacks**

OBJECTIVE: To determine what effect Positional Release (Strain-Counterstrain) treatment has on patients with Restless Leg (Ekbom's syndrome). DESIGN: Prospective observational study. Four treatment sessions offered at weekly intervals. SETTING: The Osteopathic Association Clinic, 8

Boston Place, London SUBJECTS: Fourteen female and six male volunteers (aet 34-82) with the syndrome recruited by means of the newsletter of a national self-help group for the condition. Thirteen patients had duration of symptoms of over five years. OUTCOME MEASURE: Visual analogue for global symptomatology at one week and five weeks. RESULTS: Nineteen patients completed the four treatment sessions, one patient withdrawing because treatment exacerbated his condition. At five weeks, five patients had complete relief of symptoms and a further five had 80% or greater relief. The remainder had at least 50% relief except one woman with a seventy year history who had 25% relief although across the cohort there was no relationship between duration of symptoms and likelihood of recovery. No patient continued using any other therapy. CONCLUSIONS: Although the etiology of Restless Legs Syndrome is known the response to positional release treatment that this study suggests would support the hypothesis that somatic dysfunction is an important factor. In view of the chronicity of this condition, the considerable distress of sufferers and its poor response to established therapy, a larger randomized controlled study is warranted.

Abstract from publication

Cranial Manipulation

Bernhardi, E. F. ***Anterior cervical fascia***. Cranial Letter 2004 Aug; 57 (3): 11 **Located in third floor stacks**

ABSTRACT: The occipito-atlantal articulation permits the occipital condyles to move forwards or backwards, or from left to right, on the superior facets of the atlas. If, after you have worked with the PRM (Primary Respiratory Mechanism), any of these movements remain restricted, examine the anterior cervical fascia for abnormal tension.

Abstract from publication

Cranial Manipulation

Bernhardi, E. F. ***Sella Turcica-Dorsum Sellae Junction***. Cranial Letter 2000 Feb; 53 (1): 6-7 **Located in third floor stacks**

The author reports on examination and treatment techniques that address Dr. Weaver's previous research. Her research showed that the motion of the cranial bones and the restrictions of intraosseous motion in the basisphenoid can play a part in the emotional disturbances of children. The author describes the examination process of monitoring the sella turcica-dorsum sellae in comparison to the more familiar monitoring of the SBS motion. The author states that there is sella turcica dysfunction if the motion is not equal on both sides. Treatment is directed at peripheral lesions first, then the sphenobasilar and the junction last. The treatment for a detected lesion is to hold one component steady, find point of balance, use body's innate forces and await the release. The patient can assist the mechanism by deep respirations, where a change in motion should be felt with experation. The author concludes that case studies of children with this dysfunction undergoing cranial therapy needs to be done to determine if Dr. Weavers results can be reproduced.

Student abstract by Charles Calvert (April 28, 2004)

Cranial Manipulation

Ferguson, A. ***Review of the physiology of cranial osteopathy***. Journal of Osteopathic Medicine (JOM) 2003 Oct; 6 (2): 74-84 **Located in third floor stacks**

The models generally used to explain the practice of cranial osteopathy have not been supported by reliable research. This paper reviews and explores the relevant physiology and finds much to advance knowledge in this field. Arterial vasomotor waves have a frequency similar to

reports of cranial rhythmic impulses; these are controlled by the sympathetic nervous system. Thermoregulation can reverse venous flow through emissary veins of the skull. Cerebrospinal fluid is circulated by arterial pulsations and is partially drained via the cribriform plate into nasal and cervical lymphatics. A model for the practice of cranial osteopathy based on well-researched physiology is proposed and some clinical implications outlined. Some reasons for poor inter-observer agreement in palpatory studies are discussed. This paper should provide a basis for informed research in this subject in the future.

Abstract from publication

Cranial Manipulation; Chronic Fatigue Syndrome

Gregg, T. and Williams, S. F. *Chronic fatigue syndrome: the misunderstood disease*. AAO Journal 2004 Sep; 14 (3): 20-22 **Located in third floor stacks**

SUMMARY: Chronic Fatigue Syndrome is a complicated and often misunderstood disease. There is no one, simple solution for treatment. Instead it requires dedication, hard work and understanding from the physician, the patient, and their family. The clinical research so far has been limited to following only one specific entity of CFS at a time. It becomes the physician's responsibility to understand and utilize the different research methodologies to find the best treatment for their patient. CFS is not defined in terms of only one tissue, but a conglomerate of everything the research has uncovered. The only avenue left to explore is how OMT and cranial osteopathy can help these patients. Since there is a documented deficiency of the pituitary gland to secrete ACTH under stress, then perhaps cranial osteopathy can help to increase the functional capacity of this organ. If nothing more, by utilizing cranial osteopathy, we can help to alleviate the headaches these patients feel without having to rely heavily on medications.

Abstract from publication

Cranial Manipulation; Cranial Rhythmic Impulse; Cardiovascular System

Nelson, K. E., Sergueef, N. and Glonek, T. *Cranial manipulation induces sequential changes in blood flow velocity on demand*. AAO Journal 2004 Sep; 14 (3): 15-17 **Located in third floor stacks**

ABSTRACT: Primary Objective: To demonstrate that when cranial manipulation is applied as a therapeutic intervention, the dominant, 0/1 Hz frequency, Traube-Hering (TH) component of blood flow velocity that is related to baroreflex activity is specifically amplified. Further, when intervention is stopped, the flowmetry record reflects the change in intervention. In this instance, the timing of cranial treatment depends only upon a pre-established protocol. Methods: Using laser-Doppler flowmetry to quantify the TH and other components of the blood flow velocity oscillation, we compared flowmetry records of 15 subjects before and immediately following cranial manipulation. The timing of the treatment/ non-treatment sequence was established prior to manipulative intervention. Results: Selected continuous record segments from within treatment and non-treatment portions of the experimental flowmetry records were converted to frequency-domain spectra via a Fourier-transformation (FT). From the FT data, difference spectra were computed by subtracting the spectrum acquired during a non-treatment segment from the spectrum of adjacent treatment-period records. The resultant difference showed that cranial manipulative treatment enhanced the magnitude of the 0.1 Hz component and increased the fundamental heart rate. No other prominent changes with treatment were observed. Conclusion: Flowmetry shows that cranial manipulation may be used to alter the 0.1 Hz blood flow component of the TH oscillation according to a pre-determined protocol. Thus, cranial manipulation may be used to alter blood flow according to specific interventional directives.

Abstract from publication

Cranial Manipulation; Manipulation Techniques

Capobianco, A. D. ***Occipito - Atlanteal Technique (Part II)***. Cranial Letter 2004 Nov; 57 (4): 4-7 **Located in third floor stacks**

INTRODUCTION (Part I): It has been said that there is no more important area in the entire cranial mechanism than the occipito-atlanteal (O-A) joint. Strains involving this area can cause or perpetuate lesions in key cranial aspects. For instance, restriction and misalignment of the occipital condylar parts and sphoneobasilar synchondrosis (SBS) can have far reaching effects. Moreover, the craniocervical junction is a vital and vulnerable point between the CNS, the center of control, and the remainder of the body in health, and in a broad spectrum of disease.

Abstract from publication

Cranial Manipulation; Manipulation Techniques

Capobianco, A. D. ***Occipito-atlanteal technique, part I***. Cranial Letter 2004 Aug; 57 (3): 12-14 **Located in third floor stacks**

INTRODUCTION: It has been said that there is no more important area in the entire cranial mechanism than the occipito-atlanteal (O-A) joint. Strains involving this area can cause or perpetuate lesions in key cranial aspects. For instance, restriction and misalignment of the occipital condylar parts and sphoneobasilar synchondrosis (SBS) can have far reaching effects. Moreover, the craniocervical junction is a vital and vulnerable point between the CNS, the center of control, and the remainder of the body in health, and in a broad spectrum of disease.

Abstract from publication

Cranial Manipulation; Philosophy; Research

Lockwood, M. D. ***Sutherland memorial lecture: William Garner Sutherland: Information, knowledge and the paradigm shift***. Cranial Letter 2004 Aug; 57 (3): 6-10 **Located in third floor stacks**

CONCLUSION: In conclusion, Dr. Sutherland knew that he "pulled aside a curtain for further vision" and set the stage. We now stand on his shoulders to observe not only the lengthening shadow of Andrew Taylor Still but of William Garner Sutherland himself. At his seventieth birthday, Will Sutherland reflected upon his life and his Maker and his lifework of obtaining knowledge and information. In a birthday card he received this quote: "The great secret you see is not to think of yourself, of your courage or of your despair, of your strength or your weakness, but of Him for whom you journey. Then you will understand that He cannot show you a task without making you capable of fulfilling it, nor send you to a trial without also giving you the means of surmounting it, knowing yourself upheld by His strength, you will be no longer concerned about your own, either to doubt or to be proud of it." Our challenge then is to learn information, assemble information, use the knowing-thinking-feeling fingers as our most credible and powerful sensory instrument, and develop the wisdom of application of information and knowledge to patient care for which we were commissioned. As practicing DOs we know from our practices the depth and breadth of benefits to our patients and the need "for further vision." Our patients are the proof of the Sutherland legacy.

Abstract from publication

Cranial Manipulation; Temporomandibular Joint Disorders

James, G. A. and Strokon, D. ***Significance of cranial factors in diagnosis and treatment***

with the advanced lightwire functional appliance. Cranial Letter 2004 Nov; 57 (4): 9-15 **Located in third floor stacks**

CONCLUSIONS: In osteopathic terms, bruxing and clenching represented a subconscious attempt by the body to level the lead using the mandible as a platform from which to exert force, i.e., the needs of the cranial mechanism dominated to the point of creating dysfunction of the temporomandibular apparatus. The temporomandibular joint and myofascial signs and symptoms were as a result of the intense force generated. Correction of the left torsion of the sphenoid, i.e., bringing the greater wing down, removed the need for the compensatory adaptive patterns. The health of the cranial mechanism and its normal function is central to the overall health of the body.

Abstract from publication

Cranial Rhythmic Impulse; Cardiovascular System; Cranial Manipulation

Nelson, K. E., Sergueef, N. and Glonek, T. ***Cranial manipulation induces sequential changes in blood flow velocity on demand.*** AAO Journal 2004 Sep; 14 (3): 15-17 **Located in third floor stacks**

ABSTRACT: Primary Objective: To demonstrate that when cranial manipulation is applied as a therapeutic intervention, the dominant, 0/1 Hz frequency, Traube-Hering (TH) component of blood flow velocity that is related to baroreflex activity is specifically amplified. Further, when intervention is stopped, the flowmetry record reflects the change in intervention. In this instance, the timing of cranial treatment depends only upon a pre-established protocol. Methods: Using laser-Doppler flowmetry to quantify the TH and other components of the blood flow velocity oscillation, we compared flowmetry records of 15 subjects before and immediately following cranial manipulation. The timing of the treatment/ non-treatment sequence was established prior to manipulative intervention. Results: Selected continuous record segments from within treatment and non-treatment portions of the experimental flowmetry records were converted to frequency-domain spectra via a Fourier-transformation (FT). From the FT data, difference spectra were computed by subtracting the spectrum acquired during a non-treatment segment from the spectrum of adjacent treatment-period records. The resultant difference showed that cranial manipulative treatment enhanced the magnitude of the 0.1 Hz component and increased the fundamental heart rate. No other prominent changes with treatment were observed. Conclusion: Flowmetry shows that cranial manipulation may be used to alter the 0.1 Hz blood flow component of the TH oscillation according to a pre-determined protocol. Thus, cranial manipulation may be used to alter blood flow according to specific interventional directives.

Abstract from publication

Cystic Fibrosis

Back, H. D. and Gamber, R. G. ***Cystic fibrosis: a case history.*** AAO Journal 2004 Mar; 14 (1): 20-21 **Located in third floor stacks**

Cystic fibrosis is the most common inherited fatal disease among Caucasians. The clinical picture of CF is a result of mucus stasis and obstruction in various organs of the body, most critically the respiratory tract. Defective mucus and decreased mucociliary clearance create fertile breeding grounds for bacteria such as *Staphylococcus aureus* and *Pseudomonas aeruginosa* leading from chronic bronchitis to bronchiectasis and ultimately to respiratory insufficiency. The degree of pulmonary impairment is the major factor affecting the patient's ultimate prognosis. Because respiratory function is key to survival of the patient with CF, modes of therapy are focused on maintaining maximum lung function and controlling pulmonary infection. Osteopathic manipulation therapy should play an integral part in the management of the patient with cystic fibrosis.

Abstract from publication

Cystic Fibrosis

Oleski, S. L. and Crow, W. T. ***Reduction in pain and improvement in forced expiratory volume in a patient with cystic fibrosis treated with osteopathic manipulation: Case report.*** Journal of the Pennsylvania Osteopathic Medical Association 2004 Sep; 48 (3): 11-13 **Located in third floor stacks**

ABSTRACT: Cystic fibrosis is a multisystem disorder of chloride ion transport with severe pulmonary sequelae and frequently associated back pain. We report a case of a patient with cystic fibrosis who was treated with osteopathic manipulation. The patient showed improvements in spirometry measurements including forced expiratory volume (FEV), as well as a reduction in back pain following the treatments. Osteopathic manipulation should be considered an adjunct treatment for patients with cystic fibrosis who suffer from back pain, chronically thickened mucus, or who fail to show improvement with spirometry testing.

Abstract from publication

Dermatology

Hall, D. L. ***Recurrent disseminated herpes zoster with varicella meningitis in an immunocompetent female.*** Ohio Research and Clinical Review 2004 Win; 14 (NA): 3-6 **Located in third floor stacks**

ABSTRACT: This report represents a rare case of recurrent disseminated herpes zoster virus with the complication of meningitis in a previously immunocompetent female. Diagnosis was difficult because the appearance of the rash was similar to that of the herpes simplex virus, and the incidence rate of varicella-zoster virus in a previously immunocompetent patient is low. A unique polymerase chain reaction assay was utilized to detect the virus in the patient's cerebral spinal fluid specimen. Prompt treatment with acyclovir reduced potential morbidity and mortality associated with reactivation. Studies have shown that an increase in the overall incidence of shingles may occur with vaccination against the varicella-zoster virus.

Abstract from publication

Dermatology

Norman, R. A. ***Osteopathic medicine and dermatology: the role of the D.O. in the prevention and treatment of skin disease.*** Journal of the American Osteopathic College of Dermatology 2004 Apr; 1 (2): 6-7 www.aocd.org/jaocd/jaocd_2004_April.pdf

The role of osteopathy and osteopathic treatments in dermatology has received little attention. I will focus on a few key areas and will provide the results of my experience with using osteopathic techniques to improve care and save costs for my patients. Osteopathic techniques in the general osteopathic exam, including the skin exam, and diagnosis, prevention, and treatment of wounds will be reviewed. By carefully studying the implementing these findings, the practicing clinician can not only save his or her patients much discomfort and costs but also adhere to the practice and principles which form the basis of osteopathic medicine.

Abstract from publication

Dermatology; Research

James, M. J. ***Metastatic amelanotic desmoplastic melanoma: a case report.*** Ohio

ABSTRACT: Amelanotic melanoma presents a diagnostic challenge that frequently leads to delayed definitive diagnosis and inappropriate therapeutic interventions. Currently, there are no standardized criteria characterizing amelanotic melanoma clinically. Desmoplastic melanoma is a rare, highly aggressive variant of melanoma that exhibits high rates of local recurrence. Clinical observations have described a pigmented macular appearance with or without a nodular component, or indurated flesh-colored nodules without any surrounding pigmentation. Immunohistochemical staining of desmoplastic melanomas show nearly 100% positivity to S-100 and vimentin. A low threshold to biopsy suspicious lesions and early histologic diagnosis with immunoperoxidase markers significantly improves prognostic accuracy and outcomes. The management of amelanotic melanoma adheres to the same guidelines as those used for pigmented melanoma; wide surgical excision remains the preferred curative therapy.

Abstract from publication

Diabetes

Shubrook, J., Fuentes, A. and Abbs, M. ***Diabetes report card for primary care physicians.*** Ohio Research and Clinical Review 2004 Win; 14 (NA): 14-18 **Located in third floor stacks**

ABSTRACT: Background: Type 2 diabetes mellitus is a worldwide epidemic resulting in substantial patient morbidity and mortality. Multiple studies have shown that aggressive management of diabetes can decrease the rate of complications associated with this disease. In most of these trials, care was provided by endocrinologists and diabetes specialists. In contrast, more than 75% of all diabetic patients in the United States are cared for by primary care physicians. The goal of this study was to determine the ability of primary care physicians at an academic health center to meet treatment guidelines as described by the American Diabetes Association (ADA). **METHOD:** A retrospective chart review was performed of all patients with type 2 diabetes (ICD 250.00) seen by primary care physicians at a group of university-based health centers over a 6-month period. Subjects were identified from billing information, and data was abstracted by manual chart review performed by medical students. **RESULTS/CONCLUSIONS:** Overall, the physicians at this academic medical center demonstrated reasonable adherence to the ADA guidelines and compared favorably to a national review of Medicare providers and the Diabetes Report Card for the 1990's. Areas of strength included home glucose monitoring, meeting and responding to the ADA blood pressure goals and providing regular diabetic foot exams. This study found that this group of physicians could have prescribed use of daily aspirin, pneumococcal vaccines and influenza vaccines for more of their patients. The principal investigator is currently studying novel strategies to improve physician adherence to ADA guidelines.

Abstract from publication

Diabetes; Research

Leal, J. ***OU-COM researchers target diabetes the silent killer.*** Ohio D.O. 2002 Win; 20 (3): 2-13 **Located in third floor stacks**

Diabetes: a disease in which the body does not adequately produce or utilize the hormone insulin, which stimulates the transport of blood glucose (sugar) into body cells. Diabetes can be classified generally into two categories: Type 1 and Type 2. Five to 10 percent of all cases of diabetes are Type 1; 90 to 95 percent are Type 2. Type 1 diabetes, formerly referred to as juvenile diabetes, is characterized by beta cells of the pancreas not producing enough, or any, insulin. In Type 2 diabetes, the pancreas produces insulin, but the insulin is ineffective at causing cells to properly metabolize blood glucose, commonly referred to as insulin resistance. Both types of diabetes lead to

hyperglycemia - highly elevated blood glucose. When hyperglycemia goes undetected or unchecked (diabetes can be undiagnosed for more than 10 years), micro vascular and macro vascular damage occurs. This damage manifests as life-impairing diseases such as blindness, impotence and vascular ailments, and life-threatening diseases such as kidney failure, neuropathy (nerve damage), heart disease and stroke. The American Diabetes Association calls diabetes the "silent killer".

Abstract from publication

Diagnosis; Headache

Giatis, I. Z. and Garwood, R. M. ***Diagnosing migraines the osteopathic way.*** Osteopathic Family Physician News 2004 Jun; 4 (6): 1, 10-13 **Located in third floor stacks**

Case studies overviewing the importance of recognizing and treating the musculoskeletal components of migraine headaches.

Abstract from publication

Dysmenorrhea; Manipulation Techniques; Asthma

Felton, C. ***Osteopathic manipulation, asthma and dysmenorrhea: a review of the literature.*** British Osteopathic Journal 2000; 22 (NA): 17-21 **Located in third floor stacks**

OBJECTIVES: A comprehensive review of the literature concerning the effect of manipulative therapy on asthma and dysmenorrhea in light of current knowledge on the etiology and natural history of asthma and dysmenorrhea. DATA SOURCE: Articles reviewed were obtained by conducting a computer aided search of papers indexed in Medline. In addition, bibliographies from pertinent articles were manually searched. DATA SYNTHESIS: Osteopathic and chiropractic manipulative therapies are used to treat asthma and dysmenorrhea. Reports of the efficacy of these modalities are largely anecdotal and much of the osteopathic and chiropractic research into the effects of manipulation can be criticized because of poor methodological design characteristics, particularly the reliance on anecdotal case reports and small patient number studies to substantiate the validity of osteopathic and chiropractic theory. Recent studies have indicated that there is biological change following manipulation. CONCLUSION: Although osteopaths and chiropractors use manipulation to treat asthma and dysmenorrhea, there is little scientific research to prove that these treatments are effective. Further research is necessary to understand the biological pathways by which manipulation works as a treatment.

Abstract from publication

Ear, Nose & Throat; Research

Powell, D. D. ***Rhinocerebral mucormycosis in a patient with acute lymphoblastic leukemia.*** Ohio Research and Clinical Review 2000 Fal; 11 (NA): 3-7 **Located in third floor stacks**

ABSTRACT: A case of fulminant acute rhinocerebral mucormycosis in a patient with acute lymphoblastic leukemia and myelosuppression is reported. Despite early diagnosis, the current recommended therapy of parenteral lipid-complex amphotericin B and aggressive surgical debridement, the patient succumbed to the disease. Microscopic pathologic diagnosis from tissue biopsy, CT scan imaging, and aggressive medical and surgical treatments are discussed. The emphasis of the case report is for the physician to have a high index of clinical suspicion for early diagnosis and prompt management of mucormycosis in an immunosuppressed patient that presents with signs and symptoms of acute fulminant mucormycosis.

Abstract from publication

Education

Simpson, C., Pheley, A. E. and Pheley, P. ***Do osteopathic residencies encourage rural practice?*** Ohio Research and Clinical Review 2001 Fal; 12 (NA): 9-11 **Located in third floor stacks**

ABSTRACT: Osteopathic training has long emphasized service in rural and other underserved areas. An increased proportion of osteopathic graduates are currently seeking and obtaining allopathic family medicine residency training. This change in training patterns may affect the practice location patterns of osteopathic physicians (DOs), which in turn may affect the osteopathic physician workforce and rural health care delivery patterns. This retrospective, cross-sectional study compares the practice location patterns of DOs that train in American Osteopathic Association (AOA)-approved, or non-AOA-approved (solely allopathic) family medicine residency programs. Completion of a non-AOA-approved residency is associated with a higher incidence of rural practice location. When compared to other estimates, the data suggests that DOs, regardless of osteopathic or allopathic residency choice, have a higher proportion of rural practice location than allopathic medical school graduates. Further work is planned to help delineate what factors are important in a student's decision about residency choice and practice location.

Abstract from publication

Education

Stoll, S. T., Russo, D. P. and Atchison, J. W. ***Physicians' and patients' attitudes toward manual medicine: implications for continuing medical education.*** Journal of Continuing Education in the Health Professions 2003 Win; 23 (1): 13-20 **Full text available on-line: <http://library.hsc.unt.edu/journals/journallist.cfm?letter=J>**

Introduction: Manual medicine (MM) is a physical modality infrequently used in primary care clinics. This study examines primary care physicians' experience with and attitudes toward the use of MM in the primary care setting, as well as patients' experience with and attitudes toward MM. Methods: Surveys were distributed to a convenience sample of physicians (54.3% response rate) attending a 1-week primary care continuing medical education (CME) conference in Kentucky. Similar surveys were also mailed to a random sample of primary care patients (35.3% response rate) living in a service region in which most conference attendees practiced. Results: Similar responses were obtained from physicians and patients. A majority (81% and 76%, respectively) of physicians and patients felt that MM was safe, and over half (56% of physicians and 59% of patients) felt that MM should be available in the primary care setting. Although less than half (40%) of the physicians reported any educational exposure to MM and less than one-quarter (20%) have administered MM in their practice, most (71%) respondents endorsed desiring more instruction in MM. The majority of those seeking additional educational exposure (56%) were willing to pay for MM training that included CME credit. Discussion: This survey suggests that primary care physicians feel that there is currently insufficient education in MM. The majority of physicians and patients feel that MM is beneficial, safe, and appropriate for use in a primary care setting. Thus, there may be a rising demand for quality instruction in MM from physical medicine doctors and other licensed therapists who currently practice MM.

Abstract from publication

Education; Philosophy

Gibson, A. ***OMT: Osteopathy's magnificent treasure.*** Ohio D.O. 2003 Win; 21 (2): 2-11 **Located in third floor stacks**

When ask how osteopathic manipulation (OMT) has impacted their patients health and

wellbeing, DOs will tell of how patients found relief for everything from lower back pain to head trauma. According to a study conducted in 1999 to 2000 by the American Osteopathic Association of more than 20,000 DOs, more than 55% use OMT. This article reports how the Ohio University College of Osteopathic Medicine has developed a fully integrate, college-wide teaching sequence of OMT.

Evidence Based Medicine; Musculoskeletal System

McClune, T. ***Evidence base of osteopathy: part II: Lumbar herniated intervertebral disc.*** Osteopathy Today 2000 Aug; 6 (8): 18-21 **Located in reference office**

INTRODUCTION: It is a slipped disc! How many times have you heard this? How many times do you say it? A symptomatic Lumbar Herniated Intervertebral Disc (LHID) is quite common. The prevalence of this condition in the general population is between 2-10%, female and male data respectively 2. From the limited data available, it appears that about 4% of patients presenting in osteopathic practice exhibit this condition 9.30. Therefore genuine symptomatic LHID is relatively uncommon in practice compared to the number of low back pain patients who may or may not have some lower extremity symptoms. This picture is clouded by the fact that LHID can be present without any symptoms. If you scanned (CT/MRI) a group of people off the street (under 60 years), between 20-76% would exhibit LHID without any symptoms 4,5,6. This then requires us to look at the pathophysiology more closely. Once we understand the mechanisms behind the pathological changes, we need to know what can be expected to occur naturally (natural history). After this our intervention as osteopaths can be judged accordingly.

Abstract from publication

Evidence Based Medicine; Research

Green, J. ***Evidence based medicine or evidence informed Osteopathy?*** Osteopathy Today 2000 Apr; 6 (4): 21 **Located in reference office**

INTRODUCTION: A recent article in Osteopathy Today (MacDonald, 2000) reiterated the importance of research to the osteopathic profession. The aim of research was stated to be to replace 'unverified methods' with 'sound evidence', so that osteopathy may qualify for 'entry to the body of accepted healthcare.' As the osteopathic profession grows it is indeed likely that more and more osteopaths will come to rely upon the NHS as a source of income. Therefore it will become increasingly important that a growing body of research exists to provide the required validation of osteopathy for funding bodies such as Primary Care Groups.

Abstract from publication

Evidence Based Medicine; Whiplash injuries

Antares, J. B. ***Response to: The evidence base of osteopathy - Article 1: Whiplash associated disorder [comment on McClune, Osteopathy Today, May 2000].*** Osteopathy Today 2000 Jul; 6 (7): 18-20 **Located in reference office**

INTRODUCTION: I should like to applaud Tim McClune's efforts to bring an Evidence Base to Osteopathy. Although I think that there is much to disagree with in his article on Whiplash-Associated Disorders (WAD) in May's edition of Osteopathy Today (vol 6.05 pp 16-18), his paper surely highlights the urgent imperative for osteopaths to offer up our practice data for research. Because otherwise claims that are made in the manipulative, medical and scientific press - claims which run contrary to what we know from our practice lives - will surely persist as an irritating thorn in our sides. I have had a particular interest in WAD for some time, which lead to my organizing last summer's

Whiplash Intensive for the WCSO. Consequently, I have been lucky enough to have waded through quite a lot of material on the subject! From this I feel compelled to add some comments to a number of the more contentious points that Tim McClune (TM) makes.

Abstract from publication

Evidence Based Medicine; Whiplash Injuries

McClune, T. ***Evidence base of osteopathy [comment in: Osteopathy Today, Joyaa Antares, July 2000]***. Osteopathy Today 2000 May; 6 (5): 16-19 **Located in reference office**

SUMMARY: Osteopaths can justifiably treat grade 9-III WAD's patients for a time-limited period (probably 8 weeks). Manipulation (soft tissue techniques, joint mobilization, HVT) should be one part of an active management program, which encourages the individual to return to normal activities and work as soon as possible, combined with encouragement of a favorable prognosis. Constant observation for Red and Yellow flags is necessary. Prevention of chronicity should be the most important aspect of our clinical management. Upper cervical rotational HVT is not recommended due to the unreliability of pre-HVT testing, and the potential life threatening consequences 2.

Abstract from publication

Eye

Van, D.-T. ***Osteopathic manipulation therapy in ophthalmology***. Journal of the American Osteopathic Colleges of Ophthalmology and Otolaryngology, Head and Neck Surgery 2001; 13 (1): 29-30 **Located in third floor stacks**

INTRODUCTION: The relationship between structure and function is an important concept in osteopathic medicine. Many osteopathic studies have shown that "structure governs function; similarly, abnormal structure governs dysfunction." (2) In the past, researchers confirmed that osteopathic manipulation could aid in diagnosing and treating many ocular diseases. However in recent years, only a small number of studies on similar topics have been published. Part II of this paper will concentrate on the fundamental structures and functions of the eye from an osteopath's point of view. Part III will discuss several simple osteopathic manipulation techniques that physicians can use to treat common eye problems.

Abstract from publication

Fibromyalgia

Guymer, E. K. and Littlejohn, G. O. ***Fibromyalgia: diagnosis & management***. Australasian Chiropractic and Osteopathy 2002 Nov; 10 (2): 81-84 **Located in third floor stacks**

Background: Fibromyalgia is a common chronic musculoskeletal pain syndrome; however its characteristics, diagnosis and management have not always been well understood. There is now increasing understanding of the pathophysiological mechanisms of fibromyalgia and development of more effective management strategies.

Objective: To explain the characteristics and diagnostic features of fibromyalgia. A discussion of current management strategies is included.

Discussion: Fibromyalgia patients have a central pain system problem that results in widespread musculoskeletal pain, and many other disabling features in the absence of tissue damage. The ability to exclude other pathology and recognize the disorder is important, as there are very real management options available. Management is most effective as a multidisciplinary, layered approach. It is important to involve the patient in their own treatment program, to enhance its success.

Abstract from publication

Fibromyalgia

Warren, C. ***Fibromyalgia: a new look at a chronic illness***. Student Doctor 2002 Spr-Sum; 23 (2 & 3): 25-29 **Located in third floor stacks**

SUMMARY: The goals of treatment in fibromyalgia are to control pain and improve function. These goals can be met using a variety of techniques. A reasonable and cost-effective strategy may be initiated using antidepressants, exercise and OMT. If patients do not tolerate these measures or if additional symptomatic relief is needed to maintain function, the addition of hypnosis, behavior therapy, acupuncture, and/or physical therapy should then be considered. If pain control or function, or both, are still poor, chronic opioid analgesic therapy should be instituted.

Abstract from publication

Fibromyalgia; Myofascial Release; Manipulation Techniques

Miller, A. ***Fibromyalgia and myofascial pain syndromes: A comparative review and osteopathic perspective***. British Osteopathic Journal 2001; 23 (NA): 15-17 **Located in third floor stacks**

INTRODUCTION: There is not only a lack of literature on the osteopathic treatment of fibromyalgia syndrome (FS) and myofascial pain syndrome (MPS), but also controversy about such literature. For instance, many rheumatologists keep manual therapy to an absolute minimum in primary FS due to patient dependency and possible exacerbation of symptoms. This is despite some literature claiming that manual therapy is beneficial in FS. Due to this controversy the author will concentrate on the (many) other aspects of intervention in FS, leaving descriptions of manual therapies to the MPS domain.

Abstract from publication

Fibromyalgia; Research

Knight, L. ***Recognition and management of fibromyalgia in the primary care setting***. Ohio Research and Clinical Review 2000 Fal; 11 (NA): 17-20 **Located in third floor stacks**

ABSTRACT: Fibromyalgia is a condition characterized by widespread musculoskeletal pain and diagnosed when at least 11 of 18 tender points are identified as set forth by the American College of Rheumatology. Common complaints include pain, morning stiffness, fatigue, and nonrestorative sleep. Patients often have coexisting depression, migraine headaches, irritable bowel syndrome, and hypothyroidism. Possible treatments include antidepressant medications, trigger point injections, pain medications, physical therapy, osteopathic manipulative therapy, and aerobic exercise. This case report of a 48-year-old, white female describes fibromyalgia presenting as a migraine headache and outlines the many treatments that were instituted for the patient. This report illustrates the importance of proper recognition of this illness in the primary care setting and presents various treatment modalities for the purpose of providing better outcomes to patients with fibromyalgia.

Abstract from publication

Foot

Melton, N. M. and Mehlmen, C. T. ***Congenital vertical talus: a case report of CVT with spontaneous resolution***. Orthopod: The Journal of the American Osteopathic Academy of

Orthopedics 2003 Apr; 40 (1): 46-48 **Located in third floor stacks**

A 11-month-old male with a diagnosis of congenital vertical talus showed functional and radiographic improvement over a 1 ½ year period. The historical treatment of congenital vertical talus has been primarily surgical with a variety of documented procedures. The following represents a well-documented case with spontaneous resolution.

Abstract from publication

Foot

Spina, R., Cameron, M. and Alexander, R. **Case Studies: The effect of functional fascial taping on Morton's neuroma.** Australasian Chiropractic and Osteopathy 2002 Jul; 10 (1): 45-50 **Located in third floor stacks**

Objective and Background: Morton's neuroma is essentially a benign tumor in the foot, which may cause extreme pain and disability. Both conservative and surgical modalities have been used, but as yet, neither has been successful in resolving the condition. This report introduces Functional Fascial Taping (FFT) developed by Alexander, as a new treatment regime and examines its effectiveness in the management of Morton's neuroma.

Discussion: Functional Foot Index (FFI) was used to assess the effectiveness of this taping modality demonstrating both amelioration of pain and improvement in functionality. Although there is anecdotal evidence to support the benefits of Functional Facial Taping (FFT) in the treatment of Morton's Neuroma, a more detailed study is warranted using larger numbers of participants to examine its long and short-term benefits.

Abstract from publication

Foot; Manipulation Techniques

Andersen, S., Fryer, G. A. and McLaughlin, P. **Effect of talo-crural joint manipulation on range of motion at the ankle joint in subjects with a history of ankle injury.** Australasian Chiropractic and Osteopathy 2003 Jul; 11 (2): 57-62 **Located in third floor stacks**

INTRODUCTION: There is little research available on the effects of peripheral joint manipulation. Only a few studies have examined the effect of manipulation on ankle range of motion, with conflicting results. This study aimed to determine whether a single high-velocity, low-amplitude (HVLA) thrust manipulation to the talo-crural joint altered ankle range of motion in subjects with a history of lateral ligament sprain. **METHODS:** Male and female volunteers (N=52) with a history of lateral ligament sprain were randomly assigned into either an experimental group (n=26) or a control group (n=26). Those in the experimental group received a single HVLA thrust to the talo-crural joint, whilst those in the control group received no treatment intervention. Pre-test and post-test measurements of passive dorsiflexion range of motion were taken. **RESULTS:** No significant changes in dorsiflexion range of motion were detected between manipulated ankles and those of control subjects using dependent and independent t-tests. Ankles that cavitated displayed a greater mean DFR and large effect size (d=0.9) compared to those that did not gap and cavitate, but analysis with ANOVA revealed these differences to be not significant. **CONCLUSION:** HVLA manipulation of the ankle did not increase dorsiflexion range of motion in subjects with a history of lateral ligament sprain.

Abstract in publication

Gait; Multiple Sclerosis

Mann, J. M. and Steele, K. M. **Effect of osteopathic manipulative treatment on gait disturbance in Multiple Sclerosis patients.** AAO Journal 2004 Sep; 14 (3): 27-31 **Located in third**

floor stacks

ABSTRACT: Multiple sclerosis is a debilitating neurological disease that affects a large portion of our population. Gait disturbance is a common symptom that these individuals suffer. In this outcome study, the author examined whether or not osteopathic manipulative treatment would affect gait disturbance. Both subjective and objective results showed a trend in improvement of gait stability. Lack of statistical significance may have been due to a small sample size (N=5) or with interrater reliability issues. Though no statistical significance was proven, multiple sclerosis patients still reported an increase in quality of life following osteopathic manipulative treatment.

Abstract from publication

Gastrointestinal diseases

Anonymous. **Challenge of GERD: Can you manage it?** Whole Patient 2002 Jul; NA (NA): 4-11 **Located in third floor stacks**

Gastroesophageal reflux (GER) is a normal, occasional, and universal physiologic process, most commonly occurring during or following a meal when the esophageal sphincter is relaxed. This normal event becomes gastroesophageal reflux disease (GERD) when the refluxate - which may be gastric or duodenal - causes chronic symptoms or results in pathophysiologic changes such as esophagitis. The development of chronic GERD has been associated with various factors, including transient lower esophageal sphincter (LES) relaxation, low resting LES pressure, presence of hiatal hernia, delayed stomach emptying, impaired esophageal clearance, and the inability of the esophageal tissue to resist injury and repair itself. Symptoms of GERD - notably heartburn and regurgitation - are among the most common complaints of patients seen in primary care settings. GERD can adversely affect quality of life and may lead to serious complications, including esophageal strictures, Barrett's esophagus and esophageal adenocarcinoma. Timely and accurate diagnosis and management of GERD relieve symptoms and may prevent complications.

Abstract from publication

Gastrointestinal diseases

Brice, C. and Mountford, R. **Study into the efficacy of osteopathic treatment of irritable bowel syndrome.** British Osteopathic Journal 2000; 22 (NA): 23-26 **Located in third floor stacks**

Osteopathy believes the body has the ability to heal itself, and treats dysfunction by manipulation. Treatment benefits the patient by providing relaxation, normalizing extrinsic and intrinsic autonomic control mechanisms and relieving congestion. The primary purpose of this research was to compare the efficacy of osteopathic and allopathic treatment of irritable bowel syndrome (IBS) in a hospital environment. Forty IBS patients diagnosed by a gastroenterological consultant using the accepted Rome Criteria received either allopathic or osteopathic treatment. Their symptoms were assessed using a symptom diary before commencing treatment, six weeks and three months post treatment. Results indicate that osteopathic treatment was effective in the treatment of irritable bowel syndrome in both the short and long term. Also, that osteopathic treatment was significantly more effective than allopathic treatment of irritable bowel syndrome.

Abstract from publication

Gastrointestinal diseases

Wax, C. M. **Osteopathic manipulative treatment for GERD.** Whole Patient 2002 Jul; NA (NA): 24 **Located in third floor stacks**

This work reiterates the philosophy and technique behind OMT as an option for normalization of structure and function, specifically applying Still's principles to the malady of GERD. OMT's potential role as part of the overall treatment plan for patients with GERD is considered. Diagnosis, treatment and prevention of GERD through manipulation of both neurosecretory (sympathetic and parasympathetic) and biomechanical (lymphatic, somatic or visceral) dysfunction domains dominate the discussion.

Student abstract by Laurel Blackman (May 26, 2004)

Gastrointestinal diseases; Research; Pain

Henning, L. C., Topinka, M. A. and Hinckley, J. B. ***Efficacy of IV ketorolac tromethamine in the emergency department treatment of acute renal colic.*** Ohio Research and Clinical Review 2001 Fall; 12 (NA): 4-8 **Located in third floor stacks**

ABSTRACT: OBJECTIVE: This study was done to compare the analgesic efficacy and safety of ketorolac tromethamine in combination with hydromorphone hydrochloride to hydromorphone hydrochloride alone for the treatment of pain associated with renal colic. **DESIGN:** This was a prospective, randomized, double-blind, multicenter clinical trial. **MATERIAL & METHODS:** From August 1999 to August 2000, subjects who had a clinical presentation suggestive of renal colic were randomized to receive 1 mg hydromorphone IV and 30mg ketorolac IV (ketorolac group) or 1mg hydromorphone IV and normal saline IV (control group). **MEASUREMENTS & MAIN RESULTS:** Using a 100mm VAS, all mean pain scores were lower in the ketorolac group than in the control group, except at baseline, where they were the same. This difference was statistically significant at 20, 60, and 100-minute intervals. In the ketorolac group, 89% felt that their pain was adequately controlled when asked. Only 76% of patients in the control group felt that their pain was adequately controlled. More patients in the ketorolac group (54%) required no further hydromorphone required an extra dose of hydromorphone as compared to the ketorolac group (18%) (P=.009). When 2 or more rescue doses of hydromorphone were require, there was no statistically significant difference. **CONCLUSION:** The addition of 30mg ketorolac IV to 1mg hydromorphone IV in the treatment of renal colic provides more effective and faster pain control than 1 mg hydromorphone alone. Less rescue hydromorphone was needed in the ketorolac group.

Abstract from publication

Hand

McCabe, D. L. ***Consider electronic acupuncture therapy to treat Dupuytren's Contracture.*** Osteopathic Family Physician News 2004 Mar; 4 (3): 14-15 **Located in third floor stacks**

These five case studies are discussed to show the use of electronic acupuncture therapy as an alternative to surgery for the treatment of Dupuytren's contracture. Surgical treatment options include fasciectomy, dermofasciectomy if overlying skin is affected by the disease, fasciotomy is reserved for the elderly who are unfit for surgery, and amputation as a rare and last resort. However, surgical complications include scarring, nerve damage, infection, bleeding, and stiffness. The specific electric acupuncture instrument used was Pointer Plus. The trigger point was located and a fixed 10 Hz pulse frequency for 30 seconds was applied. In addition, the associated fascial or tendon trigger points were also treated. The electric charge stimulates tissue repair and reduces the cicatrix; thereby decreasing the flexion deformity of the fingers and enhancing function. Case A had two previous surgeries, Case B had no function of the hand, Case C, D, and E had minor contracture of the hand. In all of the cases, there was improved functionality after electronic acupuncture therapy. Thus, it is established that electron transfer induces healing.

Student abstract by Shalini Mall

Headache; Diagnosis

Giatis, I. Z. and Garwood, R. M. *Diagnosing migraines the osteopathic way*. Osteopathic Family Physician News 2004 Jun; 4 (6): 1, 10-13 **Located in third floor stacks**

Case studies overviewing the importance of recognizing and treating the musculoskeletal components of migraine headaches.

Abstract from publication

Headache; Myofascial Release; Manipulation Techniques

Abend, D. S. *Osteopathic management case study myofascial soft tissue stretching*. Osteopathic Family Physician News 2004 Jun; 4 (6): 13 **Located in third floor stacks**

The next installment in the continuing series of osteopathic management case studies.

Abstract from publication

Headache; Spine; Neck

Murphy, D. R. *Clinical model for the diagnosis and management of patients with cervical spine syndromes*. Australasian Chiropractic and Osteopathy 2004 Nov; 12 (2): 57-71 **Located in third floor stacks**

OBJECTIVE: This article provides an overview of a clinical model of the diagnosis and management of patients with disorders related to the cervical spine. This model is based in part on the scientific literature, clinical experience, and communication with other practitioners over the course of the past 20 years.

Abstract from publication

Hip; Treatment Models

Jordan, T. *Conceptual and treatment models in osteopathy I: setting hips*. AAO Journal 2003 Spr; 13 (1): 32-38 **Located in third floor stacks**

"The importances of injuries to the hip are too much overlooked," A.T. Still wrote in 1910; "To the osteopath it should be a subject of the deepest thought." Indeed the hip was the focus of much early osteopathic thought by Dr. Still and his students. Perceived lesions of the hip and their treatment played an important part in the growth and acceptance of osteopathy in its formative years. Interestingly, the practice of "setting hips" was borrowed from all allopaths and bonesetters. Later, many began to question the nature of these "hip lesions" and this created a controversy that evolved to encompass new models of dysfunction. By examining the role of the hip in early osteopathy, we can gain a better understanding of the influences that shaped A.T. Still's thoughts and practice. It will also demonstrate how misguided treatment models are sometimes adopted, and how these conceptual models evolve as better medical information is made available.

Abstract from publication

History

Chila, A. G. *Remembering Doctor Still*. AAO Journal 2004 Dec; 14 (4): 5 **Located in third floor stacks**

Article about Dr. Andrew T. Still.
Original abstract

History

McGonigle, C. S. *Women of the osteopathic profession: past, present, and future: part 3 (part A)*. Student DOctor 2001 Spr; 22 (2): 7-14 **Located in third floor stacks**

From a small seed, the vision of Dr. A.T. Still was planted and nourished by the intelligence, courage, and creativity of the pioneering women of the osteopathic profession. This seedling of osteopathy would continue to grow upward and outward. The "Osteopathic Women of the Past" were the strong limbs that grew, strengthening the profession and forming the support and anchor for this "tree of osteopathy." The seeds and roots of osteopathy, planted and nourished by Dr. Still, his family, and his vision, provided the groundwork from which the "Women of the Osteopathic Profession" and all future women DO's could grow and flourish in the medical profession. Starting with the first osteopathic women students in 1892, women "osteopaths" have grown from pioneers into respected leaders and mentors.

Abstract from publication

History

McGonigle, C. S. *Women of the osteopathic profession: past, present, and future: part 3 (part B)*. Student DOctor 2001 Sum; 22 (3): 8-15 **Located in third floor stacks**

From a small seed, the vision of Dr. A.T. Still was planted and nourished by the intelligence, courage, and creativity of the pioneering women of the osteopathic profession. This seedling of osteopathy would continue to grow upward and outward. The "Osteopathic Women of the Past" were the strong limbs that grew, strengthening the profession and forming the support and anchor for this "tree of osteopathy." The seeds and roots of osteopathy, planted and nourished by Dr. Still, his family, and his vision, provided the groundwork from which the "Women of the Osteopathic Profession" and all future women DO's could grow and flourish in the medical profession. Starting with the first osteopathic women students in 1892, women "osteopaths" have grown from pioneers into respected leaders and mentors.

Abstract from publication

History

McGonigle, C. S. *Women of the osteopathic profession: past, present, and future: part 4*. Student DOctor 2001 Sum; 22 (3): 18-19 **Located in third floor stacks**

The profession of osteopathic medicine developed from the single vision of A.T. Still, MD, founder of osteopathy. He envisioned a profession focusing on the body as a whole and its innate ability to defend and repair itself without the intervention of the established medical methods of the 19th century, such as bleeding, purging, blistering, or heavy doses of drugs. Not only were his ideas of osteopathy and medicine ahead of their time, but also were Dr. Still's views toward women. In the 1800s, options for women outside the home were scarce. Opportunities included careers in sewing, teaching, and farming. In regard to a medical career, "doors of the colleges and hospitals were most emphatically closed against audacious women who dared to aspire to a career so unquestionably consecrated to men". In 1892, Dr. Still opened the first school of osteopathy and encouraged women to apply to his noble profession, saying, "A woman could learn to do anything a man could do."

Abstract from publication

History

McGonigle, C. S. ***Women of the osteopathic profession: past, present, and future; part 1.*** Student DOctor 2000 Fal; 21 (4): 9-15 **Located in third floor stacks**

Women have contributed to the vitality and essence of the osteopathic profession since its birth in 1874. Dr. Andrew Taylor Still, founder of osteopathy, envisioned a profession focusing on the body as a whole and its innate ability to defend and repair itself without the intervention of the established medical methods of bleeding, purging, blistering, and heavy doses of drugs. Not only were his ideas about osteopathy ahead of their time, but also were his views toward women. Dr. A.T. Still encouraged women to apply to his noble profession, saying, "A woman could learn to do anything a man could do." When he founded the first school of osteopathy in 1892, Dr. Still opened the doors to women. The first woman of the profession entered into their chosen field of study with enthusiasm and an open welcome from A.T. Still. These women had the privilege of experiencing equality in medicine and were entitled to stand side by side with their male colleagues. These first women of osteopathy would later stand at the forefront as leaders of our profession. Dr. A.T. Still's revolutionary ideas can be contributed in part to the women role models in his life. It was a combination of strong women exemplified in his mother, first wife, and second wife that undoubtedly influenced his belief in equality toward women in the medical profession. In order to fully understand the ingenuity of his vision, it is important to be familiar with the role of women during the time period preceding the development of osteopathy.

Abstract from publication

History; Philosophy; Knee

Koss, R. W., Stoll, S. T. and Simmons, S. L. ***Introduction to the Fulford percussion vibrator hammer approach.*** Physical Medicine and Rehabilitation: State of the Art Reviews 2000 Fal; 14 (1): 151-161 **Located in reference office**

The percussion vibrator hammer was refined by Dr. Robert Fulford, an osteopathic physician, to treat patients with disorders as diverse as asthma and scoliosis. Dr. Fulford used the percussion hammer and concept of vibration to restore his patients' health by breaking up the blocked energy pathways caused by physical, mental, or emotional trauma. Dr. Fulford based his work on the science of quantum physics, bioenergy, and spirituality. Even though current medical science in this country is largely based on chemistry and cell biology, some scientists today are applying many of Dr. Fulford's concepts in medicine. Dr. Fulford thought of and worked out nonpharmacologic techniques to help the ill and suffering based largely on the seemingly simple quote above. However, to be able to understand, palpate, and influence the disordered "streams of moving energy" and bring them back to health was his life's work, talent, and gift to the doctors (of medicine) in the next millennium.

Abstract from publication

Hypertension

Spivack, J. ***Osteopathic treatment of hypertension.*** Osteopathy Today 2003 Oct; 9 (10): 8 **Located in third floor stacks**

INTRODUCTION: I have been asked to write an article on the osteopathic treatment of hypertension for OT after my letter was published in *The Osteopath* July 2003 issue where I mentioned I treat hypertension. Firstly, I wish to make clear to you readers as I make it crystal clear to all my patients - I do not treat 'conditions'. The classification and labelling of disease according to the form of its gross manifestations is a peculiarly allopathic concept. There are no "diseases", there is only disease. In reality, there is only aberrant physiology: giving the symptoms a label won't make

them go away and won't make the physiology normal again! I had used the words asthma and hypertension in my letter for the purpose of brevity and "semantic convenience" in the limited space one has in such a letter.

Abstract from publication

Hypertension; Pain; Research

France, C. R. and Ditto, B. ***Hypertension and reduced pain perception: mechanisms and clinical implications.*** Ohio Research and Clinical Review 2000 Fal; 11 (NA): 8-12 **Located in third floor stacks**

ABSTRACT: Over the last two decades, research has consistently demonstrated a relationship between hypertension and decreased pain perception, or "hypoalgesia." A growing body of evidence has also established that decreased pain perception precedes the onset of high blood pressure in individuals at increased risk for hypertension, suggesting that hypoalgesia may be related to physiological processes associated with the development of the hypertension rather than high blood pressure per se. The present review will briefly describe existing literature on the relationship between hypertension and hypoalgesia, and will suggest that this relationship may have important clinical implications with regard to undiagnosed hypertension, lack of compliance with anti-hypertensive treatment programs, and "silent" myocardial ischemia.

Abstract from publication

Knee; History; Philosophy

Koss, R. W., Stoll, S. T. and Simmons, S. L. ***Introduction to the Fulford percussion vibrator hammer approach.*** Physical Medicine and Rehabilitation: State of the Art Reviews 2000 Feb; 14 (1): 151-161 **Located in reference office**

The percussion vibrator hammer was refined by Dr. Robert Fulford, an osteopathic physician, to treat patients with disorders as diverse as asthma and scoliosis. Dr. Fulford used the percussion hammer and concept of vibration to restore his patients' health by breaking up the blocked energy pathways caused by physical, mental, or emotional trauma. Dr. Fulford based his work on the science of quantum physics, bioenergy, and spirituality. Even though current medical science in this country is largely based on chemistry and cell biology, some scientists today are applying many of Dr. Fulford's concepts in medicine. Dr. Fulford thought of and worked out nonpharmacologic techniques to help the ill and suffering based largely on the seemingly simple quote above. However, to be able to understand, palpate, and influence the disordered "streams of moving energy" and bring them back to health was his life's work, talent, and gift to the doctors (of medicine) in the next millennium.

Abstract from publication

Learning Disorders

Morgan, A. ***Body expression: an osteopathic interpretation of the body postures and expression of children with emotional and behavioral difficulties.*** British Osteopathic Journal 2002; 25 (NA): 22-26 **Located in third floor stacks**

RESEARCH CONTEXT: Observation of children in the Body Learning group, held at a London school for children with emotional and behavioral difficulties (EBD's), was noted by Averille Morgan and Richenda Power from October 1998-2001. Inclusion into the group was by recommendation of the head teacher as these children were considered "most emotionally needy" and by consent from parents/ guardians and / or social workers. SAMPLE GROUP: Children in the group were aged from 6-11 years at the commencement of the project. For the first year four boys participated and

continued into the second year with the addition of a further four boys. By end 2001 a total of twelve boys participated over a 1-2 year continuous period. RESEARCH CONSIDERATIONS: Children with EBD's were noted in this field work to exhibit some similarities in body posture and expression. Commonly a state of panic or fear seemed to be an underlying expression for these children, particularly when challenged by new experiences and/or people. Postures that exhibit tension and hyper arousal or depression and withdrawal were considered (Kurtz & Presteria 1976, Lately 1996). STYLE OF RESEARCH: Through action research (Meyer 2000), models of observation, palpation and play were recorded to identify intervention that encouraged the child's awareness and expression of self. Osteopathic intervention aimed towards a "nurturing" (Bennathan 1997) experience, in which children were provided with a safe environment and encouraged to express their emotions through appropriate touch, play and consistent management through bodywork. FINDINGS: Osteopathy is effective in enabling bodily expression through the support of muscles and posture (Lately 1979, 1996). Through intentional touch by the osteopathy, unconscious emotive patterns are released (Nathan 1999) and the child is made aware of their body image. Body awareness facilitates physical and emotional releases which produce an associated behavior (Nathan 1999). For children with EBD's "acting out" their emotions may be progressive but also disruptive in family, school and social settings. This paper suggests that osteopathic contact that supports emotional and somatic release within explicit boundaries enables positive behavior development for children with low self esteem and poor self image.

Abstract from publication

Learning Disorders

Power, R. ***Bodylearning: a study of three years of osteopathy-in-action in a UK 'special' primary school for children with 'emotional and behavioral difficulties'***. British Osteopathic Journal 2002; 25 (NA): 13-20 **Located in third floor stacks**

The number of children being excluded from mainstream schools seems to be increasing. Richenda Power's (British School of Osteopathy) research examined the potential of osteopathy to help such children. Dr. Power and her colleagues provided treatment, which used osteopathy, bodily movement and free expression within safe structures to children enrolled in a London school designed specifically for children with emotional and behavioral difficulties. Over a three-year periods, osteopathy students working alongside tutors offered "Body learning Groups" to children deemed "uneducable" in the mainstream. The program assumed not that the children were ill, but rather that the environment impeded the children's growth. In taking an approach which integrated cognitive, emotional and physiological support, children became more comfortable in their own bodies, thus increasing the potential for learning.

Abstract from publication

Leg

Anonymous. ***Clinical conundrums***. Osteopathy Today 2002 Jan; 8 (1): 20-21 **Located in third floor stacks.**

INTRODUCTION: Last month, we reviewed a 63 year old healthy woman who signed up for a charity trek across Namibia despite having almost no previous experience of routine walking exercise bar that with the dog. What then was she doing suddenly running on a treadmill at the local racquet, leisure and sporty manicure club only two weeks before her trip where she was advised by her trainer to run at a gradient and work at heavy resistance on a cross trainer. Rowing and free weights were thrown in for a giggle. The lady presents almost immediately to the osteopath with acute inflammation of the first metatarsophalangeal joint on the left accompanied by heel tenderness bilaterally, profound calf hypertonia bilaterally, hip and thoracic stiffness and a reluctance to ambulate the canine due to a

fear of palpitations. We pondered: i. How did abuse of basic physiological mechanisms promote her symptoms? ii. How should this scenario be amended to promote healthy preparation? iii. Who should receive a custodial sentence?

Abstract from publication

Leg

Taylor, D., Fryer, G. A. and McLaughlin, P. ***Effect of cervical spine isometric contract-relax technique on hamstring extensibility.*** Australasian Chiropractic and Osteopathy 2003 Mar; 11 (1): 21-26 **Located in third floor stacks**

Objectives: To re-investigate the effect of a cervical isometric contract-relax technique on hamstring extensibility and examine the duration of any treatment effect.

Methods: Forty asymptomatic participants were randomly assigned equally to either an experimental or control group. Both groups underwent pre and post hamstring extensibility measurements using passive knee extension with the thigh maintained at 90° of hip flexion, with the examiner blinded to treatment allocation of the participants. Torque was measured with a hand held dynamometer to maintain consistent force in pre and post measurements. The experimental group received an upper cervical isometric contract-relax treatment. A digital camera recorded the knee extension angles and the images were computer analysed to determine hamstring extensibility.

Results: A split plot ANOVA (SPANOVA) revealed no significant hamstring extensibility differences between or within the groups, immediately or at 30 minutes.

Conclusion: The cervical isometric contract-relax treatment produced no significant effect to the extensibility of hamstring. This study does not support the use of cervical techniques to alter hamstring extensibility.

Abstract from publication

Leg; Counterstrain

Peters, T. W. ***Restless legs.*** Osteopathy Today 2002 Oct; 8 (10): 12-13 **Located in third floor stacks**

OBJECTIVE: To determine what effect Positional Release (Strain-Counterstrain) treatment has on patients with Restless Leg (Ekbom's syndrome). **DESIGN:** Prospective observational study. Four treatment sessions offered at weekly intervals. **SETTING:** The Osteopathic Association Clinic, 8 Boston Place, London **SUBJECTS:** Fourteen female and six male volunteers (aet 34-82) with the syndrome recruited by means of the newsletter of a national self-help group for the condition. Thirteen patients had duration of symptoms of over five years. **OUTCOME MEASURE:** Visual analogue for global symptomatology at one week and five weeks. **RESULTS:** Nineteen patients completed the four treatment sessions, one patient withdrawing because treatment exacerbated his condition. At five weeks, five patients had complete relief of symptoms and a further five had 80% or greater relief. The remainder had at least 50% relief except one woman with a seventy year history who had 25% relief although across the cohort there was no relationship between duration of symptoms and likelihood of recovery. No patient continued using any other therapy. **CONCLUSIONS:** Although the etiology of Restless Legs Syndrome is known the response to positional release treatment that this study suggests would support the hypothesis that somatic dysfunction is an important factor. In view of the chronicity of this condition, the considerable distress of sufferers and its poor response to established therapy, a larger randomized controlled study is warranted.

Abstract from publication

Lymphatic pump

McMillan, S., Crow, W. T. and Greene, C. H. ***Lymphatic manipulative pump research: a brief review of literature.*** AAO Journal 2004 Sep; 14 (3): 32-33 **Located in third floor stacks**

ABSTRACT: Lymphatic manipulative pump (LMP) is an osteopathic technique that has been utilized with much success for decades. During this time, there have been numerous clinical reports of its efficacy, however, scientific research to substantiate the findings have been lacking. Research that has been done documenting the effect LMP has upon the body has been promising and this review of the literature highlights current trends in this field, as well as calls for a look ahead to the future of LMP research.

Abstract from publication

Manipulation Techniques

Abend, D. S. ***Modified upper thoracic HVLA OMM case study.*** Osteopathic Family Physician News 2004 Mar; 4 (3): 18 **Located in third floor stacks**

In this article, modified upper thoracic HVLA is demonstrated.

Manipulation Techniques

Abend, D. S. ***Osteopathic management case study supine thoracic and upper lumbar HVLA.*** Osteopathic Family Physician News 2003 Nov-Dec; 3 (11): 5 **Located in third floor stacks**

In this article, the author demonstrates how to use HVLA and myofascial release to improve range of motion and circulation to decrease pain.

Manipulation Techniques

Aipoalani, D. ***Original osteopath.*** Student DOctor 2001 Sum; 22 (3): 31-35 **Located in third floor stacks**

A description of the high velocity low amplitude techniques used by Dr. Ethan Allen is presented. HVLA techniques can be used for a variety of symptoms including short leg syndrome and low back and joint pain.

Manipulation Techniques

Baker, J. ***Bowen and osteopathy - the missing link.*** Osteopathy Today 2002 Sep; 8 (9): 26-27 **Located in third floor stacks.**

In this article, the author describes the Bowen technique and its osteopathic use. A brief description of its history and research is also reviewed.

Manipulation Techniques

Comeaux, Z. ***Facilitated oscillatory release: a method of dynamic assessment and treatment of somatic dysfunction.*** AAO Journal 2003 Fal; 13 (3): 30-35 **Located in third floor stacks**

Finding a practical approach to the osteopathic mandate to diagnose and treat the patient as body, mind, and spirit has always been a challenge. Robert Fulford, DO spent a lifetime developing a protocol for an integrated approach to somatic dysfunction, the residuum of trauma, including the

percussion vibrator and manual bioelectric assessment. The author builds on this legacy introducing a treatment strategy, facilitated oscillatory release, using manually applied oscillations or vibrations to treat dysfunction. A review of scientific and traditional osteopathic literature provides a justification for considering the biomechanical, neuromuscular and bioelectric characteristics of the body as complementary aspects of one coordinative system in which rhythmic function is key., This paper represents the author's scholarly requirement for a completed application process for AAO Fellowship. Further detail on principles of application of FOR will follow in a later issue of The AAOJ.
Abstract from OSTMED®

Manipulation Techniques

Crow, W. T. *Dural tube unwinding*. Cranial Letter 2004 Nov; 57 (4): 9 **Located in third floor stacks**

INTRODUCTION: A new approach in freeing the dura will be discussed. Anatomically, the dural tube attaches to the sacrum and has attachments at the second cervical vertebra. The dura divides into the falx cerebri and into the tentorium. Torsions or twists in the dural tube can cause problems with fluid fluctuation then disease of the joint, in which the symptoms would be similar to, or almost identical with, those outlined above.

Abstract from publication

Manipulation Techniques

Heinking, K. *HVLA: Lumbar on side: flexed type II dysfunction*. Osteopathic Family Physician News 2003 May; 3 (5): 18 **Located in third floor stacks**

Many side lumbar techniques "scissor" the patient with the upper shoulder maximally rotated. The scissor approach stretches the upper side producing inappropriate sidebending. This approach might be ok if treating a group curve.

Abstract from publication

Manipulation Techniques

Heinking, K. *Osteopathic management case studies*. Osteopathic Family Physician News 2003 Mar; 3 (3): 5 **Located in third floor stacks**

This article includes a demonstration of how to perform facilitate positional release to improve left rotation, sidebending and extension at C4-5. It also includes a demonstration of HVLA/ME lumbar walk around technique to improve rotations and sidebending left and flexion of L1 on L2.

Manipulation Techniques

VanBuskirk, R. L. *Neuromusculoskeletal medicine/OMM: useful to all DOs*. AAO Journal 2003 Win; 13 (4): 15-18 **Located in third floor stacks**

Personal narrative of how Dr. VanBuskirk uses different forms of manipulation in his practice.

Manipulation Techniques; Asthma

Courtney, R. *Buteyko method, an osteopathic approach to asthma? Part I*. Osteopathy Today 2002 Jul; 8 (7): 14-19 **Located in third floor stacks**

INTRODUCTION: The Buteyko/Eucapnic Method is a system of breathing retaining used to treat various chronic diseases. It has become most well known as a treatment for asthma. Its proponents view the symptoms of many diseases including asthma as manifestations of a self-regulatory mechanism that the body creates to prevent excess loss of Carbon Dioxide. Osteopathic philosophy holds that the body is fundamentally a self healing organism and that the morbid symptoms of disease are often evidence of the body's attempts at self-regulation. This article explores ways that the Buteyko method or what can broadly be called Eucapnic breathing completes osteopathic practice and supports osteopathic philosophy. In asthma, breathing is restricted due to bronchoconstriction and reduced thoracic mobility. The Buteyko method and other Eucapnic breathing training techniques utilize controlled breathing or hypoventilation to reduce bronchoconstriction and re-establish normal respiratory mobility. In osteopathic terms this could be viewed as a type of indirect approach, working in the direction of the restriction to achieve normalization of ventilation. This differs from the approach used by most other breathing techniques, including those used by osteopaths that aim to increase ventilation directly with deep breathing exercises. Increasing thoracic mobility is the aim of many osteopathic protocols for conditions such as asthma however the rigidity of the thorax and the abnormal function of the diaphragm may be due to excessive levels of ineffective ventilation and responsive to a direct approach. Muscular-skeletal changes found in the asthmatic may be in part secondary to the hyperventilation found in most asthmatics. The use of breathing re-education that corrects existing hyperventilation may be useful adjunct to the use of other osteopathic techniques which aim to normalize the somatic dysfunction found in asthma.

Abstract in publication

Manipulation Techniques; Asthma

Courtney, R. ***Buteyko method, an osteopathic approach to asthma? Part II.*** Osteopathy Today 2002 Aug; 8 (8): 16-19 **Located in third floor stacks**

INTRODUCTION (to part I): The Buteyko/Eucapnic Method is a system of breathing retaining used to treat various chronic diseases. It has become most well known as a treatment for asthma. Its proponents view the symptoms of many diseases including asthma as manifestations of a self-regulatory mechanism that the body creates to prevent excess loss of Carbon Dioxide. Osteopathic philosophy holds that the body is fundamentally a self healing organism and that the morbid symptoms of disease are often evidence of the body's attempts at self-regulation. This article explores ways that the Buteyko method or what can broadly be called Eucapnic breathing completes osteopathic practice and supports osteopathic philosophy. In asthma, breathing is restricted due to bronchoconstriction and reduced thoracic mobility. The Buteyko method and other Eucapnic breathing training techniques utilize controlled breathing or hypoventilation to reduce bronchoconstriction and re-establish normal respiratory mobility. In osteopathic terms this could be viewed as a type of indirect approach, working in the direction of the restriction to achieve normalization of ventilation. This differs from the approach used by most other breathing techniques, including those used by osteopaths that aim to increase ventilation directly with deep breathing exercises. Increasing thoracic mobility is the aim of many osteopathic protocols for conditions such as asthma however the rigidity of the thorax and the abnormal function of the diaphragm may be due to excessive levels of ineffective ventilation and responsive to a direct approach. Muscular-skeletal changes found in the asthmatic may be in part secondary to the hyperventilation found in most asthmatics. The use of breathing re-education that corrects existing hyperventilation may be useful adjunct to the use of other osteopathic techniques which aim to normalize the somatic dysfunction found in asthma.

Abstract in publication

Manipulation Techniques; Asthma; Dysmenorrhea

Felton, C. *Osteopathic manipulation, asthma and dysmenorrhea: a review of the literature*. British Osteopathic Journal 2000; 22 (NA): 17-21 **Located in third floor stacks**

OBJECTIVES: A comprehensive review of the literature concerning the effect of manipulative therapy on asthma and dysmenorrhea in light of current knowledge on the etiology and natural history of asthma and dysmenorrhea. **DATA SOURCE:** Articles reviewed were obtained by conducting a computer aided search of papers indexed in Medline. In addition, bibliographies from pertinent articles were manually searched. **DATA SYNTHESIS:** Osteopathic and chiropractic manipulative therapies are used to treat asthma and dysmenorrhea. Reports of the efficacy of these modalities are largely anecdotal and much of the osteopathic and chiropractic research into the effects of manipulation can be criticized because of poor methodological design characteristics, particularly the reliance on anecdotal case reports and small patient number studies to substantiate the validity of osteopathic and chiropractic theory. Recent studies have indicated that there is biological change following manipulation. **CONCLUSION:** Although osteopaths and chiropractors use manipulation to treat asthma and dysmenorrhea, there is little scientific research to prove that these treatments are effective. Further research is necessary to understand the biological pathways by which manipulation works as a treatment.

Abstract from publication

Manipulation Techniques; Cranial Manipulation

Capobianco, A. D. *Occipito - Atlanteal Technique (Part II)*. Cranial Letter 2004 Nov; 57 (4): 4-7 **Located in third floor stacks**

INTRODUCTION (Part I): It has been said that there is no more important area in the entire cranial mechanism than the occipito-atlanteal (O-A) joint. Strains involving this area can cause or perpetuate lesions in key cranial aspects. For instance, restriction and misalignment of the occipital condylar parts and sphenobasilar synchondrosis (SBS) can have far reaching effects. Moreover, the craniocervical junction is a vital and vulnerable point between the CNS, the center of control, and the remainder of the body in health, and in a broad spectrum of disease.

Abstract from publication

Manipulation Techniques; Cranial Manipulation

Capobianco, A. D. *Occipito-atlanteal technique, part I*. Cranial Letter 2004 Aug; 57 (3): 12-14 **Located in third floor stacks**

INTRODUCTION: It has been said that there is no more important area in the entire cranial mechanism than the occipito-atlanteal (O-A) joint. Strains involving this area can cause or perpetuate lesions in key cranial aspects. For instance, restriction and misalignment of the occipital condylar parts and sphenobasilar synchondrosis (SBS) can have far reaching effects. Moreover, the craniocervical junction is a vital and vulnerable point between the CNS, the center of control, and the remainder of the body in health, and in a broad spectrum of disease.

Abstract from publication

Manipulation Techniques; Fibromyalgia; Myofascial Release

Miller, A. *Fibromyalgia and myofascial pain syndromes: A comparative review and osteopathic perspective*. British Osteopathic Journal 2001; 23 (NA): 15-17 **Located in third floor stacks**

INTRODUCTION: There is not only a lack of literature on the osteopathic treatment of fibromyalgia syndrome (FS) and myofascial pain syndrome (MPS), but also controversy about such literature. For instance, many rheumatologists keep manual therapy to an absolute minimum in primary FS due to patient dependency and possible exacerbation of symptoms. This is despite some literature claiming that manual therapy is beneficial in FS. Due to this controversy the author will concentrate on the (many) other aspects of intervention in FS, leaving descriptions of manual therapies to the MPS domain.

Abstract from publication

Manipulation Techniques; Foot

Andersen, S., Fryer, G. A. and McLaughlin, P. ***Effect of talo-crural joint manipulation on range of motion at the ankle joint in subjects with a history of ankle injury.*** Australasian Chiropractic and Osteopathy 2003 Jul; 11 (2): 57-62 **Located in third floor stacks**

INTRODUCTION: There is little research available on the effects of peripheral joint manipulation. Only a few studies have examined the effect of manipulation on ankle range of motion, with conflicting results. This study aimed to determine whether a single high-velocity, low-amplitude (HVLA) thrust manipulation to the talo-crural joint altered ankle range of motion in subjects with a history of lateral ligament sprain. METHODS: Male and female volunteers (N=52) with a history of lateral ligament sprain were randomly assigned into either an experimental group (n=26) or a control group (n=26). Those in the experimental group received a single HVLA thrust to the talo-crural joint, whilst those in the control group received no treatment intervention. Pre-test and post-test measurements of passive dorsiflexion range of motion were taken. RESULTS: No significant changes in dorsiflexion range of motion were detected between manipulated ankles and those of control subjects using dependent and independent t-tests. Ankles that cavitated displayed a greater mean DFR and large effect size ($d=0.9$) compared to those that did not gap and cavitate, but analysis with ANOVA revealed these differences to be not significant. CONCLUSION: HVLA manipulation of the ankle did not increase dorsiflexion range of motion in subjects with a history of lateral ligament sprain.

Abstract in publication

Manipulation Techniques; Headache; Myofascial Release

Abend, D. S. ***Osteopathic management case study myofascial soft tissue stretching.*** Osteopathic Family Physician News 2004 Jun; 4 (6): 13 **Located in third floor stacks**

The next installment in the continuing series of osteopathic management case studies.

Abstract from publication

Manipulation Techniques; Neurology

Lederman, E. ***Osteopathic neuromuscular rehabilitation.*** Osteopathy Today 2002 Jun; 8 (6): 16-18 **Located in third floor stacks**

Research was conducted to understand how osteopathic neuromuscular rehabilitation techniques affect the motor processes in patients.

Manipulation Techniques; Respiratory Tract Disease

Nelson, K. E. ***Manipulative treatment of upper respiratory infections.*** Osteopathic Family Physician News 2004 Sep; 4 (8): 1, 12-16 **Located in third floor stacks; online**
http://www.acofp.org/member_publications/index.html

The use of OMT to treat somatic dysfunction enhances antibiotic effectiveness and minimizes the need for symptom suppressing pharmaceuticals.

Abstract from publication

Manipulation Techniques; Somatic Dysfunction

Bernhardi, E. F. *Xiphoid*. Cranial Letter 2004 Nov; 57 (4): 7 **Located in third floor stacks**

INTRODUCTION: Somatic dysfunction of the xiphoid, because of myofascial relations, may affect physiologic functions in other parts of the body. Gentle osteopathic manipulation may alleviate some of these adversities. In my practice, balancing the xiphoid has helped relieve abdominal discomfort, anxiety and depression.

Abstract from publication

Manipulation Techniques; Spine; Research

Ruszkowski, W. and Fryer, G. *Influence of contraction duration in muscle energy technique applied to the atlanto-axial joint*. Journal of Osteopathic Medicine (JOM) 2004 Oct; 7 (2): 79-84 **Located in third floor stacks**

ABSTRACT: Background: Muscle Energy Technique (MET) has been advocated for the treatment of restricted range of motion in the upper neck. There is little evidence, however, to support the effectiveness of MET to increase motion in the cervical spine, or determine the optimal duration of isometric contraction during the technique. Objectives: The aim of this study was to investigate the effect of various durations of MET isometric contractions on active atlanto-axial rotation range of motion. Methods: 52 asymptomatic subjects (age range 18-43) who displayed a unilateral active atlanto-axial rotation asymmetry of 4° or more were randomly allocated to either a 5 (n=17) or 20-second (n=18) isometric contraction MET group; or a sham (n=17) treatment control group. Active atlanto-axial end-range measurements were recorded pre and post-intervention, and the examiner was blinded to group allocation. Results: Analysis with a one-way ANOVA revealed significant differences (P=0.04) in the mean change between the 5-second MET group and the control, but not between the 20-second MET group and control. MET using 5-second contractions produced the largest mean increase in rotation, both to the restricted (+6.65°) and non-restricted sides (+0.71°). The 5-second MET produced a large pre-ost effect size (d=1.01), whereas the 20-second MET (d=0.68) and control (d=0.33) produced moderate and small effect sizes, respectively. Conclusion: This study failed to demonstrate a significant benefit in the use of longer (20-second) isometric contraction when treating the upper cervical spine with MET. The use of a 5-second isometric contraction appeared to be more effective than longer contraction durations for increasing cervical range with MET, but further investigation is recommended.

Abstract from publication

Manipulation Techniques; Vertigo

McIlwraith, B. *Epley manoeuvre for treatment of benign paroxysmal positional vertigo: a simple office based technique*. Journal of Osteopathic Medicine (JOM) 2003 Oct; 6 (2): 89-92 **Located in third floor stacks**

Benign Paroxysmal Positional Vertigo (BPPV) can frequently be relieved with a simple manual positioning technique (The Epley manoeuvre). The purpose of this paper is to introduce osteopaths to the technique. Osteopaths, having both the facilities and manual skills, are ideally placed to treat this disorder in the private practice setting.

Abstract from publication

Multiple Sclerosis; Gait

Mann, J. M. and Steele, K. M. *Effect of osteopathic manipulative treatment on gait disturbance in Multiple Sclerosis patients*. AAO Journal 2004 Sep; 14 (3): 27-31 **Located in third floor stacks**

ABSTRACT: Multiple sclerosis is a debilitating neurological disease that affects a large portion of our population. Gait disturbance is a common symptom that these individuals suffer. In this outcome study, the author examined whether or not osteopathic manipulative treatment would affect gait disturbance. Both subjective and objective results showed a trend in improvement of gait stability. Lack of statistical significance may have been due to a small sample size (N=5) or with interrater reliability issues. Though no statistical significance was proven, multiple sclerosis patients still reported an increase in quality of life following osteopathic manipulative treatment.

Abstract from publication

Musculoskeletal System

Gibbons, P. and Tehan, P. *Intervertebral lesion: a professional challenge*. British Osteopathic Journal 2000; 22 (NA): 11-16 **Located in third floor stacks**

The 20th century witnessed a fascinating evolution in the way in which the osteopathic spinal lesion was defined. Initially positional factors predominated within the definitions but these gave way, in the latter half of the century, to recognition of the motion characteristics of osteopathic spinal lesions. The change in definition reflected the osteopathic profession's increased understanding of spinal biomechanics and a growing awareness of how dysfunctional tissue states impacted upon normal segmental spinal motion. Improved understanding of tissue behavioral in both normal and dysfunctional states offered the osteopathic profession the ability to explore the development of the manipulative prescription.

Abstract from publication

Musculoskeletal System

Lederman, E. *Facilitated segments: a critical review*. British Osteopathic Journal 2000; 22 (NA): 7-10 **Located in third floor stacks**

The concept of spinal facilitated segments has dominated osteopathic neurophysiology for over half the last century. This concept has been at the heart of osteopathic teachings and is often used both in clinical diagnosis and as part of the rationale of treating different musculo-skeletal and visceral conditions. Surprisingly, such an important subject has never been criticized: the existence of facilitated segments and their relevance to manual therapy or osteopathic medicine has never been questioned. This article re-examines the original studies of Korr, Denslow and their co-workers, aiming to identify what has been demonstrated in these studies and to reinterpret their findings in the light of current knowledge of neurophysiology.

Abstract from publication

Musculoskeletal System

Lee, S. *Ergonomics, occupational health and the osteopath*. Osteopathy Today 2002 May; 8 (5): 10-11 **Located in third floor stacks**

Twenty million working days were lost in 1998 due to occupational injuries and the figure is climbing each year. Many of these injuries will end up on the osteopath's treatment couch. This poses the question; is it enough for the osteopath to put the person right, then give the green light for them to go back to the same working system? Of course the working system may be fine, but then again it may not. It may be the very thing that has brought on the problem in the first place.

Abstract from publication

Musculoskeletal System

Lindley-Jones, C. ***Applied kinesiology: osteopathic approach or alien mumbo jumbo?*** Osteopathy Today 2002 Mar; 8 (3): 22-25 **Located in third floor stacks.**

Applied Kinesiology (AK) is a system that evaluates the structural, mental and chemical function of the body. AK can aid in diagnosis by testing individual muscles. AK then aids in the treatment phase by applying a combination of treatment methods. AK utilizes nutrition, manipulation, acupuncture, coordination and the latest treatment methods to restore balance. The case of a 22-year-old student with recurring hip and leg pain is presented and the AK treatment employed in the case is discussed.

Musculoskeletal System

Zegarra-Parodi, R. ***Could joint hypomobility alter optimal proprioceptive information?*** AAO Journal 2004 Dec; 14 (4): 25-30 **Located in third floor stacks**

ABSTRACT: It has long been thought that "joint complex dysfunctions" (JCD) such as those treated by osteopaths only had detrimental effects on local joints and surrounding soft tissues due to the focus on the kinesiopathological component of JCD. More recent theories emphasize on the neurophysiological component, involving afferent inputs to the spinal cord. By reviewing recent papers, it has been shown that joint hypomobility is associated with altered reflex responses involving mechanoreceptive and nociceptive pathways. As these pathways are crucial for an optimal proprioceptive function, alteration of these inputs to the spinal cord created by a JCD could decrease appropriate proprioceptive information. In this light, osteopathic treatment should be seen as more than treatment for musculoskeletal conditions. While improving mobility to restricted joints, it could have a favorable influence on several neurological reflex responses: by reducing abnormal inputs to the spinal cord, it could improve the body's ability to recover an optimal proprioceptive function.

Abstract from publication

Musculoskeletal System; Evidence Based Medicine

McClune, T. ***Evidence base of osteopathy: part II: Lumbar herniated intervertebral disc.*** Osteopathy Today 2000 Aug; 6 (8): 18-21 **Located in reference office**

INTRODUCTION: It is a slipped disc! How many times have you heard this? How many times do you say it? A symptomatic Lumbar Herniated Intervertebral Disc (LHID) is quite common. The prevalence of this condition in the general population is between 2-10%, female and male data respectively 2. From the limited data available, it appears that about 4% of patients presenting in osteopathic practice exhibit this condition 9.30. Therefore genuine symptomatic LHID is relatively uncommon in practice compared to the number of low back pain patients who may or may not have some lower extremity symptoms. This picture is clouded by the fact that LHID can be present without any symptoms. If you scanned (CT/MRI) a group of people off the street (under 60 years), between 20-76% would exhibit LHID without any symptoms 4,5,6. This then requires us to look at the pathophysiology more closely. Once we understand the mechanisms behind the pathological

changes, we need to know what can be expected to occur naturally (natural history). After this our intervention as osteopaths can be judged accordingly.

Abstract from publication

Musculoskeletal System; Physical Examination

French, S. D., Walker, B. F., Cameron, M., Pollard, H. P., Vitiello, A. L., Reggars, J. W., Werth, P. D. and Comrie, D. A. ***Risk management for chiropractors and osteopaths: imaging guidelines for conditions commonly seen in practice.*** Australasian Chiropractic and Osteopathy 2003 Jul; 11 (2): 41-48 **Located in third floor stacks**

ABSTRACT: This article is the second in a series of articles dealing with risk management in the practice of chiropractic and osteopathy, prepared by the COCA Risk Management Subcommittee. BACKGROUND: Radiographic examination carries risks that must be weighed against the possible benefits when determining patient care. OBJECTIVE: The objective of this article is to propose guidelines for the use of imaging in chiropractic and osteopathic practice. DISCUSSION: Plain film radiography, CT scan, magnetic resonance imaging (MRI) and other forms of imaging are available for use in chiropractic and osteopathic practice in Australia. The astute practitioner utilizes these imaging procedures for clinical decision making in order to make an accurate diagnosis that will determine a patient's management. This article attempts to guide the practitioner in the proper use of these imaging procedures for different regions of the body.

Abstract from publication

Musculoskeletal System; Sports Medicine

Pollard, H. P. and Fernandez, M. ***Spinal musculoskeletal injuries associated with swimming: a discussion of technique.*** Australasian Chiropractic and Osteopathy 2004 Nov; 12 (2): 72-80 **Located in third floor stacks**

OBJECTIVES: To review the biomechanics of the swimming stroke and examine common injuries which occur in swimming. A review of diagnosis and management strategies of these injuries is also performed.

Abstract from publication

Myofascial Release; Manipulation Techniques; Fibromyalgia

Miller, A. ***Fibromyalgia and myofascial pain syndromes: A comparative review and osteopathic perspective.*** British Osteopathic Journal 2001; 23 (NA): 15-17 **Abstract from publication**

INTRODUCTION: There is not only a lack of literature on the osteopathic treatment of fibromyalgia syndrome (FS) and myofascial pain syndrome (MPS), but also controversy about such literature. For instance, many rheumatologists keep manual therapy to an absolute minimum in primary FS due to patient dependency and possible exacerbation of symptoms. This is despite some literature claiming that manual therapy is beneficial in FS. Due to this controversy the author will concentrate on the (many) other aspects of intervention in FS, leaving descriptions of manual therapies to the MPS domain.

Abstract from publication

Myofascial Release; Manipulation Techniques; Headache

Abend, D. S. ***Osteopathic management case study myofascial soft tissue stretching.***

Osteopathic Family Physician News 2004 Jun; 4 (6): 13 **Located in third floor stacks**

The next installment in the continuing series of osteopathic management case studies.
Abstract from publication

Neck

Johnson, K. and Pasquarello, G. ***Cervical spine manipulation risk/benefit analysis.***
Osteopathic Family Physician News 2004 Apr; 4 (4): 13 **Located in third floor stacks**

Evidence behind the safety and benefit of cervical spine manipulation is explored.
Abstract from publication

Neck

Reggars, J. W., French, S. D., Walker, B. F., Cameron, M., Pollard, H. P., Vitiello, A. L. and Peter, W. ***Risk management for chiropractors and osteopaths: neck manipulation and vertebrobasilar stroke.*** Australasian Chiropractic and Osteopathy 2003 Mar; 11 (1): 9-15 **Located in third floor stacks**

Although rare, vertebrobasilar stroke is the best known of the possible side effects of cervical manipulation. Due to the serious sequelae that may result from cervical manipulation, chiropractors and osteopaths must take the appropriate steps to ensure the risk is minimized. This article outlines how the astute practitioner can minimize this risk. Practitioners must decide on the options for treatment of a patient with neck problems. Practitioners must also advise the patient of these options as part of an appropriate informed consent.
Abstract from publication

Neck; Headache; Spine

Murphy, D. R. ***Clinical model for the diagnosis and management of patients with cervical spine syndromes.*** Australasian Chiropractic and Osteopathy 2004 Nov; 12 (2): 57-71 **Located in third floor stacks**

OBJECTIVE: This article provides an overview of a clinical model of the diagnosis and management of patients with disorders related to the cervical spine. This model is based in part on the scientific literature, clinical experience, and communication with other practitioners over the course of the past 20 years.
Abstract from publication

Neurology; Cardiovascular System

Somoanio, Y. and Hagopian, S. ***Case Study: An osteopathic resolution of a neurocardiogenic syncope.*** AAO Journal 2004 Dec; 14 (4): 20-23 **Located in third floor stacks**

ABSTRACT: Unexplained intermittent neurocardiogenic syncope in a 24-year-old patient, managed, but unresolved by chemical treatment, is treated osteopathically and resolved. Description of this case and a brief discussion of questions raised addresses a deficit in the osteopathic literature. Neurocardiogenic syncope is a condition in which cerebral metabolism is temporarily impaired by a reflex reduction in blood pressure causing a decrease in cerebral blood flow and loss of consciousness. Recent investigations show this to be a broad spectrum of autonomic disorders variously triggered, all manifesting with syncope, hypotension, and orthostatic intolerance. In cases of

unexplained syncope, this diagnosis is made with a positive tilt-table test. It is known that neurogenic syncope involves interplay between an imbalance autonomic nervous system and cardiovascular regulation. What is still unclear, is the exact mechanism causing this disorder.

Abstract from publication

Neurology; Manipulation Techniques

Lederman, E. ***Osteopathic neuromuscular rehabilitation.*** Osteopathy Today 2002 Jun; 8 (6): 16-18 **Located in third floor stacks.**

Research was conducted to understand how osteopathic neuromuscular rehabilitation techniques affect the motor processes in patients.

OB-GYN

Korth, S. ***Mother and baby.*** Osteopathy Today 2002 Feb; 8 (2): 14-15 **Located in third floor stacks.**

In this article, the author discusses the osteopathic post-partum examination of the new mother and the osteopathic examination and treatment of infants.

OB-GYN

Nelson, K. E. ***OB/GYN osteopathic techniques to treat somatic dysfunction.*** Osteopathic Family Physician News 2004 Jan; 4 (1): 1, 18-21 **Located in third floor stacks**

In this article, the author discusses somatic dysfunction treatment in the obstetric patient. The restrictions of physiologic motion of the sacrum are presented along with a full description of sacropelvic anatomy and somatic dysfunction. The structural examination of the obstetric patient and a variety of possible manipulation techniques are reviewed and demonstrated.

OB-GYN

Rooney, J. ***OMT treatments help patients singing the PMS blues.*** Osteopathic Family Physician News 2004 Apr; 4 (4): 10-11 **Located in third floor stacks**

Current therapies for the treatment of premenstrual dysphoric disorder (PMDD) include pharmacologic therapies as well as hormone therapy. Diet modification and exercise programs have also shown positive results in the treatment of PMDD. Since osteopathic medicine is an important part of medicine and is widely accepted as a useful tool in treating a patient back to health, this paper discusses the role of Osteopathic manipulative therapy (OMT) in the treatment of PMDD. Implement OMT only after PMDD has been diagnosed. Once established, OMT should address and correct all somatic dysfunctions. Somatic dysfunctions directly related to PMDD symptoms should be treated first. The greatest focus should be to the reproductive organs since they are greatly influenced by hormonal changes of the menstrual cycle and the effect they have on the PMDD patient. This paper suggests that the osteopathic physician begin treatment with the head and work down in a step-wise fashion. OMT plays an important role in women's healthcare. Along with the above-mentioned traditional therapies, this paper recommends the use of OMT in the treatment of PMDD to allow a woman to become more functional and possibly allow the elimination her PMDD symptoms.

Student abstract by : Patrick Keehan (May 26, 2004)

OB-GYN

Sandler, S. ***Osteopathic treatment in pregnancy.*** Osteopathy Today 2002 Feb; 8 (2): 10-12
Located in third floor stacks

This article concentrates on the diagnosis, evaluation, and treatment of the pregnant patient within osteopathic practice. They are designed to show that pregnant patients are not very different from ordinary patients we meet every day and the treatment of them and their problems requires a small degree of specialist knowledge and technique well within the capability of all of us who practice osteopathy.

Abstract from publication

OB-GYN

Waldman, M. ***Theory and practice of osteopathic obstetrics. Classical bedside techniques.*** British Osteopathic Journal 2002; 24 (NA): 21-25 **Located in third floor stacks**

OSTEOPATHIC MANAGEMENT AND CARE: "Osteopathic care throughout pregnancy provides the woman with the special benefits of adjusting the functions of her body to the demands of the progressing pregnancy." Attending the pregnant patient during her carrying period, labor and through to post-0partum includes the possibility of treatment at the home and hospital bedside as well as emergency intervention. It has been noted that there can be few more rewarding clinical experiences in osteopathy than successful and timely osteopathic obstetric care. Skillfully applied it may help minimize invasive procedures, hormonally induced induction and blanket pharmacological analgesia, any and all of which may have profound long-term disadvantages for the health of the mother and development of the highly vulnerable infant.

Abstract from publication

OB-GYN; Research

Chen, E. and Miller, R. ***Case report for anesthesia in a primigravida renal transplant patient with preeclampsia.*** Ohio Research and Clinical Review 2000 Fal; 11 (NA): 13-16 **Located in third floor stacks**

ABSTRACT: A 38-year-old, white female, GI, PO, presented at 30 weeks' gestation with pregnancy-induced hypertension, status post renal transplantation. This patient had stable renal function on a maintenance immunosuppressive regimen. Because of a positive contraction stress test coupled with a non-reactive, non-stress tests and meconium-stained amniotic fluid, the decision was made to proceed with the delivery of the infant by cesarean section, despite its early estimated gestational age. A subarachnoid block was utilized to allow for early maternal neonatal bonding and decrease the risks associated with anesthesia.

Abstract from publication

OB-GYN; Research; Urogenital System

Crook, A. J., Klingele, C. J., Gebhart, J. B. and Lee, R. A. ***Counseling and treatment of female patients with vaginal urogenital anomalies: a review.*** Ohio Research and Clinical Review 2002 Fal; 13 (NA): 6-13 **Located in third floor stacks**

ABSTRACT: Structural anomalies of the vagina and urogenital system are often challenging to diagnose and treat. A multisystem approach serves the patient best and may help prevent disastrous results. Improved patient self-image and sexual satisfaction are goals that are achievable with appropriate counseling and treatment.

Abstract from publication

Obstructive Sleep Apnea

Samiec, C. B. ***Obstructive sleep apnea: no longer simply about snoring.*** Journal of the Pennsylvania Osteopathic Medical Association 2004 Sep; 48 (3): 14-18 **Located in third floor stacks**

INTRODUCTION: Obstructive sleep apnea (OSA) represents one of the most difficult challenges faced by physicians today. Recent estimates suggest that the syndrome affects 7 to 18 million people in the US (4 percent of women, 9 percent of men). More alarming is that 80 to 90 percent of affected patients may go undiagnosed. As awareness of the many devastating systemic effects of this syndrome grows, the importance of risk assessment, screening and aggressive treatment becomes imperative. This article will provide a review of the history, clinical features and pathophysiology of obstructive sleep apnea, and will discuss the current data on diagnosis, treatment and risk assessment of patients.

Abstract from publication

Osteoporosis

Cavalieri, T. A. ***Approach to the prevention and treatment of primary osteoporosis.*** Journal: New Jersey Association of Osteopathic Physicians and Surgeons 2000 Win; 99 (4): 14-16 **Located in third floor stacks**

Not long ago, primary osteoporosis was considered a disease for which there was little that could be done to alter its course. Yet, today this disorder is not only treatable, but it is preventable. The incidence and prevalence increases with age but strategies for prevention should be lifelong. While 54% of all postmenopausal women have osteopenia, another 30% have osteoporosis. Seventy percent of women over age 80 years have osteoporosis.

Abstract from publication

Pain

Dorko, B. ***Analgesia of movement: ideomotor activity and manual care.*** Journal of Osteopathic Medicine (JOM) 2003 Oct; 6 (2): 92-95 **Located in third floor stacks**

Ideomotor activity may provide an explanation for clinical phenomena seen and documented for many years, phenomena that may very well have been misinterpreted. The therapy community has typically assumed that the ablation of inherent muscular activity would lead to rest and recovery. Conversely, manual care that encourages its full expression with permission and understanding is reasonable and potentially harmless. Clearly, it adheres to the traditions of osteopathic care in its original form.

Abstract from publication

Pain

Jermyn, R. T. ***Pain programs: a unique approach to chronic pain management.*** Journal: New Jersey Association of Osteopathic Physicians and Surgeons 2001 Fal; 1.3 (NA): 6-10 **Located in third floor stacks**

Pain is responsible for 50 million lost workdays each year with a staggering economic impact of \$50 billion spent annually in the United States. In a recent study, 79 percent of patients with acute

low back pain will see one physician and 21 percent will see multiple physicians including: orthopedic surgeons, neurosurgeons, physiatrists, rheumatologists, chiropractors, and physical therapists. There is an increased cost of nearly four times for patients seeing multiple healthcare specialists rather than one primary care physician. After experiencing low back pain for three months, 54 percent of patients will seek out multiple healthcare specialists. In the current healthcare economic environment, the role of the primary-care physician in diagnoses, treatment and prevention of pain is important. The most efficient way to manage pain is for the primary care physician to understand the related neuro-muscular complex and to recommend a pain program that is individualized for the patient.

Abstract from publication

Pain

Korn, J. B. ***New, minimally invasive treatment option for treating chronic musculoskeletal pain.*** Osteopathic Family Physician News 2003 Mar; 3 (3): 16 **Located in third floor stacks**

Due to the limited options in managing chronic musculoskeletal pain, physicians often utilize narcotic medication, which has various side-effects. The newly introduced minimally invasive technique is Percutaneous neuromodulation stimulation (PNS), a hybrid between electroacupuncture, and transcutaneous electrical nerve stimulation (TENS). A study was conducted of PENS, TENS, and exercise therapy. PENS demonstrates 46% in pain reduction, while TENS shows 11%, and exercise therapy shows no significant reduction in pain. Sleep improvement was seen in 44% of PENS group, and with no significant change with the other groups. The article concludes that PNS is effective in reducing pain, improving patient activity, and reducing pain medication dosage.

Student abstract by Victor Weng (April 28, 2004)

Pain

Nadler, S. F. ***Nonpharmacologic management of pain.*** Journal of the American Osteopathic Association, Supplement 2004 Nov; 104 (11): 6-12 **Located in third floor stacks**

Pain is a complex phenomenon with various causes and issues associated with its occurrence. This complexity is especially true for those who have chronic pain. In light of the multifactorial nature of this problem, the treatment plan has to be individualized for each patient. The nonpharmacologic management of pain is the focus of this review article with an attempt to substantiate the individual components through the peer-reviewed medical literature. Strategies that have support in patients with chronic pain include the use of manipulation and mobilization, exercise, and psychological intervention; bed rest, bracing, and therapeutic modalities have not been validated in this patient population. The active use of heat modalities through a wearable wrap that allows patients to remain active during treatment has demonstrated efficacy in patients with acute pain and may be beneficial in patients with chronic pain, as well. The goal of treatment may not necessarily be to cure pain, but to manage it and restore functionality.

Abstract from publication

Pain; Gastrointestinal diseases; Research

Henning, L. C., Topinka, M. A. and Hinckley, J. B. ***Efficacy of IV ketorolac tromethamine in the emergency department treatment of acute renal colic.*** Ohio Research and Clinical Review 2001 Fal; 12 (NA): 4-8 **Located in third floor stacks**

ABSTRACT: OBJECTIVE: This study was done to compare the analgesic efficacy and safety of ketorolac tromethamine in combination with hydromorphone hydrochloride to hydromorphone

hydrochloride alone for the treatment of pain associated with renal colic. DESIGN: This was a prospective, randomized, double-blind, multicenter clinical trial. MATERIAL & METHODS: From August 1999 to August 2000, subjects who had a clinical presentation suggestive of renal colic were randomized to receive 1 mg hydromorphone IV and 30mg ketorolac IV (ketorolac group) or 1mg hydromorphone IV and normal saline IV (control group). MEASUREMENTS & MAIN RESULTS: Using a 100mm VAS, all mean pain scores were lower in the ketorolac group than in the control group, except at baseline, where they were the same. This difference was statistically significant at 20, 60, and 100-minute intervals. In the ketorolac group, 89% felt that their pain was adequately controlled when asked. Only 76% of patients in the control group felt that their pain was adequately controlled. More patients in the ketorolac group (54%) required no further hydromorphone required an extra dose of hydromorphone as compared to the ketorolac group (18%) (P=.009). When 2 or more rescue doses of hydromorphone were require, there was no statistically significant difference. CONCLUSION: The addition of 30mg ketorolac IV to 1mg hydromorphone IV in the treatment of renal colic provides more effective and faster pain control than 1 mg hydromorphone alone. Less rescue hydromorphone was needed in the ketorolac group.

Abstract from publication

Pain; Prostate

Rossi, P. J. and Dickey, J. L. ***Chronic pelvic pain syndrome***. AAO Journal 2004 Sep; 14 (3): 23-25 **Located on third floor stacks**

CONCLUSION: Chronic pelvic pain syndrome is a common syndrome of men age 25-45. This syndrome consists of vague pelvic pain, urinary symptoms of hesitancy and/or urgency, and a non-tender prostate. Sometimes described as an abacterial prostatitis (class III), CPPS is a diagnosis of exclusion when all testing is negative. Lower thoracic, lumbar, pelvis, and sacrum must be examined to find areas of tissue texture abnormality, asymmetry, restriction of motion, and/or tenderness. Myofascial considerations must be taken as well. We must remember A.T. Still's principles when evaluating patients as visceral issues may, in fact, have somatic causes.

Abstract from publication

Pain; Research; Hypertension

France, C. R. and Ditto, B. ***Hypertension and reduced pain perception: mechanisms and clinical implications***. Ohio Research and Clinical Review 2000 Fal; 11 (NA): 8-12 **Located in third floor stacks**

ABSTRACT: Over the last two decades, research has consistently demonstrated a relationship between hypertension and decreased pain perception, or "hypoalgesia." A growing body of evidence has also established that decreased pain perception precedes the onset of high blood pressure in individuals at increased risk for hypertension, suggesting that hypoalgesia may be related to physiological processes associated with the development of the hypertension rather than high blood pressure per se. The present review will briefly describe existing literature on the relationship between hypertension and hypoalgesia, and will suggest that this relationship may have important clinical implications with regard to undiagnosed hypertension, lack of compliance with anti-hypertensive treatment programs, and "silent" myocardial ischemia.

Abstract from publication

Philosophy

Beardmore, H. ***Definition of osteopathy***. Osteopathy Today 2003 Mar; 9 (3): 2 **Located in third floor stacks**

In this article, the author offers a brief history of osteopathy and how it was defined by its founder and leaders.

Philosophy

Beardmore, H. ***Why the mixing of paradigms or the mixing of principles and technique from different disciplines may be dangerous.*** Osteopathy Today 2003 May; 9 (5): 12 **Located in third floor stacks**

In this article, the author discusses why it is not to try to apply different techniques to different philosophies. For instance, allopath philosophy views each illness as separate, while osteopathy views the body as a whole and acute complaints may be a sign of a more chronic illness. Homeopathy and Naturopathy are also discussed.

Philosophy

Green, J. ***Osteopathy and the medicalisation critique: a review of the literature.*** British Osteopathic Journal 2002; 25 (NA): 27-30 **Located in third floor stacks**

INTRODUCTION: The future development of osteopathy is something that will be of concern to all currently practicing osteopaths. This is particularly so as they will have all, by definition, recently undergone an arduous registration process with the GOsC. Major intrinsic forces that are instrumental in shaping the course of the profession's development are: -the GOsC in it's regulatory role; -the osteopathic schools, which are responsible for the education of osteopaths to the standard required by statutory regulation; -the qualified osteopaths constituting the body of the profession; -the awareness and expectations of osteopathy of those elements of the general public that form osteopathy's client base. Naturally, these four factors are intimately entwined, but the ideas and actions of osteopaths themselves play a crucial role in defining the practice of osteopathy.

Abstract from publication

Philosophy

MacDonald, R. C. ***"Energy cyst": its ramifications and the use in osteopathic manipulative management.*** AAO Journal 2003 Fal; 13 (3): 16-18 **Located in third floor stacks**

SUMMARY: Energy cysts may exist in the body of a patient for many years without their awareness. It may appear with a new trauma of some kind (not just physical) or may begin to demonstrate itself as the person ages and the energy to keep it unconsciously suppressed, wanes. The energy cyst concept, and its models of diagnosis and treatment, is a very osteopathic hands on technique and can be added to any manual osteopathic approach.

Abstract from publication

Philosophy

Sykes, A. ***When less is more.*** Osteopathy Today 2003 Aug; 9 (8): 4 **Located in third floor stacks**

For several months now there has been a heated discussion on: 1) the scope of practice and 2) the definition of Osteopathy and questions are being raised as to the need or indeed the lack of, for both.

Abstract from publication

Philosophy; Education

Gibson, A. **OMT: Osteopathy's magnificent treasure**. Ohio D.O. 2003 Win; 21 (2): 2-11

Located in third floor stacks

When ask how osteopathic manipulation (OMT) has impacted their patients health and wellbeing, DOs will tell of how patients found relief for everything from lower back pain to head trauma. According to a study conducted in 1999 to 2000 by the American Osteopathic Association of more than 20,000 DOs, more than 55% use OMT. This article reports how the Ohio University College of Osteopathic Medicine has developed a fully integrate, college-wide teaching sequence of OMT.

Philosophy; Knee; History

Koss, R. W., Stoll, S. T. and Simmons, S. L. **Introduction to the Fulford percussion vibrator hammer approach**. Physical Medicine and Rehabilitation: State of the Art Reviews 2000 Feb; 14 (1): 151-161 **Located in reference office**

The percussion vibrator hammer was refined by Dr. Robert Fulford, an osteopathic physician, to treat patients with disorders as diverse as asthma and scoliosis. Dr. Fulford used the percussion hammer and concept of vibration to restore his patients' health by breaking up the blocked energy pathways caused by physical, mental, or emotional trauma. Dr. Fulford based his work on the science of quantum physics, bioenergy, and spirituality. Even though current medical science in this country is largely based on chemistry and cell biology, some scientists today are applying many of Dr. Fulford's concepts in medicine. Dr. Fulford thought of and worked out nonpharmacologic techniques to help the ill and suffering based largely on the seemingly simple quote above. However, to be able to understand, palpate, and influence the disordered "streams of moving energy" and bring them back to health was his life's work, talent, and gift to the doctors (of medicine) in the next millennium.

Abstract from publication

Philosophy; Research; Cranial Manipulation

Lockwood, M. D. **Sutherland memorial lecture: William Garner Sutherland: Information, knowledge and the paradigm shift**. Cranial Letter 2004 Aug; 57 (3): 6-10 **Located in third floor stacks**

CONCLUSION: In conclusion, Dr. Sutherland knew that he "pulled aside a curtain for further vision" and set the stage. We now stand on his shoulders to observe not only the lengthening shadow of Andrew Taylor Still but of William Garner Sutherland himself. At his seventieth birthday, Will Sutherland reflected upon his life and his Maker and his lifework of obtaining knowledge and information. In a birthday card he received this quote: "The great secret you see is not to think of yourself, of your courage or of your despair, of your strength or your weakness, but of Him for whom you journey. Then you will understand that He cannot show you a task without making you capable of fulfilling it, nor send you to a trial without also giving you the means of surmounting it, knowing yourself upheld by His strength, you will be no longer concerned about your own, either to doubt or to be proud of it." Our challenge then is to learn information, assemble information, use the knowing-thinking-feeling fingers as our most credible and powerful sensory instrument, and develop the wisdom of application of information and knowledge to patient care for which we were commissioned. As practicing DOs we know from our practices the depth and breadth of benefits to our patients and the need "for further vision." Our patients are the proof of the Sutherland legacy.

Abstract from publication

Physical Examination; Musculoskeletal System

French, S. D., Walker, B. F., Cameron, M., Pollard, H. P., Vitiello, A. L., Reggars, J. W., Werth, P. D. and Comrie, D. A. ***Risk management for chiropractors and osteopaths: imaging guidelines for conditions commonly seen in practice.*** Australasian Chiropractic and Osteopathy 2003 Jul; 11 (2): 41-48 **Located in third floor stacks**

ABSTRACT: This article is the second in a series of articles dealing with risk management in the practice of chiropractic and osteopathy, prepared by the COCA Risk Management Subcommittee. **BACKGROUND:** Radiographic examination carries risks that must be weighed against the possible benefits when determining patient care. **OBJECTIVE:** The objective of this article is to propose guidelines for the use of imaging in chiropractic and osteopathic practice. **DISCUSSION:** Plain film radiography, CT scan, magnetic resonance imaging (MRI) and other forms of imaging are available for use in chiropractic and osteopathic practice in Australia. The astute practitioner utilizes these imaging procedures for clinical decision making in order to make an accurate diagnosis that will determine a patient's management. This article attempts to guide the practitioner in the proper use of these imaging procedures for different regions of the body.

Abstract from publication

Physicians, Women

Greenwald, B. ***Women wielding influence.*** DO 2004 Dec; 45 (12): 28-35 **Located in third floor stacks**

Female DOs become a force to be reckoned with in health policy. The DO interviews nine women at different points in their careers.

Abstract from publication

Posture

Pope, R. E. ***Common compensatory pattern: its origin and relationship to the postural model.*** AAO Journal 2003 Win; 13 (4): 19-40 **Located in third floor stacks**

INTRODUCTION: J. Gordon Zink, DO was the originator of the term Common Compensatory Pattern (CCP). He used the term to describe commonly found patterns of dysfunction in the body (neuromyofascial-skeletal unit) as a whole. Several other physicians before and since, have also described recurring patterns of dysfunction found in their patient populations. Dr. Zink, however, is considered to be "... the first to provide a written, understandable, and clinically useful explanation for treatment, with a method of diagnosing and manipulative methods of treating the fascial patterns of the body." Zink himself considered these concepts to be the basis of a respiratory and circulatory care model. As osteopathic clinicians we frequently find recurrent patterns of fascial bias, postural asymmetry, somatic dysfunction, and functional disturbances. We frequently see a clinically short right leg, a cephalad pubes dysfunction on the left, a posterior ilium on the left and an anterior ilium on the right. Patients regularly display a left-on-left sacral torsion with L-5, side bent left and rotated right as well. These are just a few of many commonly found somatic dysfunctions; the list is long. Radiographically, with our patients' postural studies, we can find recurring patterns of postural asymmetry that includes the anatomic short right leg and a sacral base declination to the right with compensatory rotoscoliosis. Beyond these findings we have recurrent patterns of functional disturbance such as muscle imbalance and visceral dysfunction, coupled with common systemic complaints. Why do we see these same patterns over and over again? Is there a linkage between all of these commonly found clinical phenomena? Further, what is the clinical significance of these

patterns? There appears to be a causal linkage between fascial bias and subsequent growth of the individual. Could these governing factors explain recurrent patterns of postural asymmetry that we find in the postural model? The probable key to these questions and their answers reside in the fascia.

Abstract from publication

Primary Respiratory Mechanism

Bernhardi, E. F. **Coccyx**. Cranial Letter 2004 Nov; 57 (4): 7-9 **Located in third floor stacks**

INTRODUCTION: Your patient has a restricted sacroiliac joint. The PRM (Primary Respiratory Mechanism), with your assistance, is unable to completely release that restriction. If further examination reveals a restriction of the coccyx, releasing that coccygeal restriction should help to normalize motion at the restricted sacroiliac joint.

Abstract from publication

Primary Respiratory Mechanism

Bernhardi, E. F. **Osteopathic assistance for the PRM and the myofascial system**. Cranial Letter 2004 May; 57 (2): 8-11 **Located in the third floor stacks**

The Primary Respiratory Mechanism (PRM) is closely related to muscle and fascia. Dr. Bernhardi reviews a systemic approach to assessment of these components with common abnormal findings followed by treatment suggestions. He starts with evaluation of the PRM and its considerations. He then moves into assessment of the occipitoatlantal articulations and common dysfunctions of T3 to T5 vertebral levels. Next is evaluation of the respiratory diaphragm, sacrum, pelvic diaphragm, then lower extremities. Each section is followed with treatment using a variety of techniques.

Student abstract by Jeffrey Beeson (May 26, 2004)

Primary Respiratory Mechanism

Moskalenko, Y. E., Frymann, V. M., Kravchenko, T. and Weinstein, G. **Physiological background of the cranial rhythmic impulse and the primary respiratory mechanism**. AAO Journal 2003 Spr; 13 (2): 21-33 **Located in third floor stacks**

Osteopathy in the Cranial Field has gained a special position within the many dimensions of osteopathic medicine. The underlying causes of severe pathological disturbances are to be found in cerebrovascular insufficiency and impaired cerebrospinal fluid circulation. Throughout the early development of osteopathic medicine, Dr. Andrew Taylor Still, its founder, paid special attention to the cerebrovascular and cerebrospinal systems. The role of these systems was well known to him at the end of the XIX Century. He appreciated their respective dominance in body physiology. Another enlightened pioneer, Dr. William G. Sutherland, who advanced osteopathy into the cranial field, recognized the significance of slow fluctuations arising within the cranium, which could be responsible for skull bone motion. Thus he defined the function named the Primary Respiratory Mechanism in the late 1930s (and published it in the Cranial Bowl text in 1938). The concept was further expanded by Harold Magoun in 1966. Decades have passed since the formulation of these concepts.

Cerebrovascular and Cerebrospinal physiology have made giant advances toward understanding of the functional and structural organizations of the cerebrovascular control system and the mechanism of cerebrospinal fluid. These are critically important for understanding the mechanism of osteopathic technique in the cranial field, for evaluation of the fundamental basis of the Cranial Periodic Impulse and the Primary Respiratory Mechanism. Already, there are new possibilities for objective monitoring

of the Primary Respiratory Mechanism under development, in addition to new ways of intervention to investigate the system taking into account a principle concept of osteopathic medicine namely the dynamic unity of the patient. Functional tests of different forms were used ñ hypercapnic and hypoxic gas mixture inhalation, 30-50 seconds of voluntary apnea, the Valsalva and Stookey maneuvers. The aim of this paper is the analysis of the fundamental background of the features of the Primary Respiratory Mechanism based on modern physiological positions. The objective monitoring of some indices reflecting its activity, as well as functional tests of a different nature provide the means for evaluating the efficacy of osteopathic treatment in the cranial field. (Supported by the Cranial Academy, USA.)

Abstract from publication

Primary Respiratory Mechanism

Moskalenko, Y. E. and Kravchenko, T. ***Wave phenomena in movements of intracranial liquid media and the primary respiratory mechanism.*** AAO Journal 2004 Jun; 14 (2): 29-40
Located in third floor stacks

INTRODUCTION: Movements of liquid media - arterial, venous blood and cerebrospinal fluid, changes of their volumes and pressures, balance between them and their periodicity, were established and widely published starting at the second part of 19th Century. It is necessary to emphasize, that Dr. A. T. Still, founder of osteopathic medicine, was one of the first, who noticed the importance of these movements for the practice and who have made the step forward to understanding the principle of function relations between cerebrovascular and CSF systems. However, the accentuation on meaning of periodicity of fluctuation of intracranial media has been made some decades later, only at 30 Years of 20th Century, by Dr. W. Sutherland. (Truncated)

Abstract from publication

Prostate; Pain

Rossi, P. J. and Dickey, J. L. ***Chronic pelvic pain syndrome.*** AAO Journal 2004 Sep; 14 (3): 23-25 **Located on third floor stacks**

CONCLUSION: Chronic pelvic pain syndrome is a common syndrome of men age 25-45. This syndrome consists of vague pelvic pain, urinary symptoms of hesitancy and/or urgency, and a non-tender prostate. Sometimes described as an abacterial prostatitis (class III), CPPS is a diagnosis of exclusion when all testing is negative. Lower thoracic, lumbar, pelvis, and sacrum must be examined to find areas of tissue texture abnormality, asymmetry, restriction of motion, and/or tenderness. Myofascial considerations must be taken as well. We must remember A.T. Still's principles when evaluating patients as visceral issues may, in fact, have somatic causes.

Abstract from publication

Psychiatry

Jayber, M. A. ***Alzheimer's: a family affair and growing social problem.*** Osteopathic Family Physician News 2003 May; 3 (5): 1, 8-10 **Located in third floor stacks**

CONCLUSION: Alzheimer's disease is a devastating menace that affects patients and their families. The osteopathic physician's primary strategy is to preserve function and independence, and to maintain quality of life for as long as possible. Help to achieve these goals by maximizing the patient's general health and interacting with caregivers to optimize the patient's social environment. Nonpharmacologic interventions, including osteopathic manipulative treatment, caregivers health, Living Will decisions and nursing home considerations are just as important as pharmacologic

treatments. The current research is encouraging and the future is bright.

Abstract from publication

Psychiatry; Bioterrorism

Anonymous. **September 11, 2001 dealing with the aftermath.** Buckeye Osteopathic Physician 2001 Fal; 71 (2): 2-4 **Located in third floor stacks**

In the aftermath of September 11, 2001, many Americans are dealing with emotions and fears that they have never experienced before. The osteopathic philosophy of treating the whole patient places osteopathic physicians in the position of being able to assist these patients in understanding the connection between their physical being and their emotions.

Research

Beal, M. C. **Research directions from 1940-1988.** AAO Journal 2000 Spr; 10 (1): 21-28 **Located in third floor stacks**

Osteopathic research since 1940 has, for the most part, followed certain themes. These have been physiological research in neurophysiology, facilitation, axonal transport, circulation, autonomic control, body adaptive responses, posture, short lower extremity, joint mechanics, the effects of manipulation on the body and clinical trials of the effect of manipulative treatment. The author states that some of these studies need to be repeated for clarification or confirmation of results. He also states that steps need to be taken to improve osteopathic research design.

Abstract from OSTMED®

Research

Carey, T. S. **Interdisciplinary research brings joys, occasional pain.** DO 2004 Dec; 45 (12): 42-47 **Located in third floor stacks**

In his speech at the AOA convention's Louisa Burns Luncheon, Timothy S. Carey, MD, MPH, discusses the rewards and challenges of working with healthcare professionals in other disciplines.

Abstract from publication

Research

Carlton, A. **Creating a research culture.** DO 2004 May; 45 (5): 32-39 **Located in third floor stacks**

This article traces the beginnings of osteopathic research to the current Osteopathic Research Center. The Center, funded by the AOA, AACOM, and AOF is located at the University of North Texas Health Science Center. The ORC currently has projects studying the effects of osteopathic manipulative treatment on the third trimester of pregnancy and a pediatric otitis media study in the planning stages. The article outlines roadblocks to osteopathic research, such as funding, need for leadership, a traditional lack of offering incentive for osteopathic physicians to do research, and an already overcrowded curriculum.

Research

Matthews-Lopez, J. L. and Watson, D. K. **Navigating the review process for research involving human participants: an overview and practical guidelines.** Ohio Research and Clinical

Review 2004 Win; 14 (NA): 7-13 **Located in third floor stacks**

ABSTRACT: The purpose of this article is to convey operational guidelines applicable to the review process for research involving human participants. In order to provide a context for this information, background about Institutional Review Boards is presented. Included is a brief overview of the Code of Federal Regulations, The Belmont Report, The Nuremberg Code, and the Declaration of Helsinki. Operational steps usually encountered in the Institutional Review Board process are presented. Specific examples are also provided. The material contained in this article is appropriate for social, biomedical, and clinical researchers.

Abstract from publication

Research; AIDS

Biegalke, B. J. ***Human cytomegalovirus: survival strategies of an opportunistic pathogen.*** Ohio Research and Clinical Review 2002 Fall; 13 (NA): 14-17 **Located in third floor stacks**

ABSTRACT: Fifty-ninety percent of adults are infected with human cytomegalovirus; however, despite the high infection rates, human cytomegalovirus received relatively little attention until the onset of the AIDS epidemic. In people with AIDS and in other immunocompromised people, human cytomegalovirus causes significant morbidity and mortality. Human cytomegalovirus infection has also increasingly been linked to a number of chronic diseases, including atherosclerosis. One characteristic of human cytomegalovirus is its ability to remain latent in the infected host. The numerous proteins encoded by the virus that modulate the immune response are believed to play a crucial role in the establishment of both primary and latent infection.

Abstract in publication

Research; Arthritis

Modrzakowski, M. C. and Schutte, H. A. ***Radiographic analysis of the effect of bee venom treatment in rats with adjuvant-induced arthritis.*** Ohio Research and Clinical Review 2002 Fal; 13 (NA): 3-5 **Located in third floor stacks**

ABSTRACT: The treatment of Mycobacterium butyricum-induced arthritis with honey bee (*Apis mellifera*) venom was studied in Sprague-Dawley rats. Bee venom (1mg/kg-1), injected every 5 days for 30 days, suppressed the inflammatory response to the adjuvant as measured in the swelling of the hind feet. Up to the 15th day of the study, the bee venom-injected rats showed just as much inflammation (measured in hind paw swelling) as the saline-treated adjuvant group. Beginning at day 20 and continuing until the 90th day, the bee venom-treated group had significantly reduced swelling compared to the saline-treated group. Radiographs of the hind paws taken at days 60 and 90 confirmed that the bee venom-treated group. Radiographs of the hind paws taken at days 60 and 90 confirmed that the bee venom-treated group had less soft tissue swelling and less arthritic change in the ankle joints than the saline-treated group. The finding of decreased swelling in the bee venom-treated group suggests that the venom has an anti-inflammatory effect on adjuvant-induced arthritis in the rat model.

Abstract from publication

Research; Cranial Manipulation; Philosophy

Lockwood, M. D. ***Sutherland memorial lecture: William Garner Sutherland: Information, knowledge and the paradigm shift.*** Cranial Letter 2004 Aug; 57 (3): 6-10 **Located in third floor stacks**

CONCLUSION: In conclusion, Dr. Sutherland knew that he "pulled aside a curtain for further vision" and set the stage. We now stand on his shoulders to observe not only the lengthening shadow of Andrew Taylor Still but of William Garner Sutherland himself. At his seventieth birthday, Will Sutherland reflected upon his life and his Maker and his lifework of obtaining knowledge and information. In a birthday card he received this quote: "The great secret you see is not to think of yourself, of your courage or of your despair, of your strength or your weakness, but of Him for whom you journey. Then you will understand that He cannot show you a task without making you capable of fulfilling it, nor send you to a trial without also giving you the means of surmounting it, knowing yourself upheld by His strength, you will be no longer concerned about your own, either to doubt or to be proud of it." Our challenge then is to learn information, assemble information, use the knowing-thinking-feeling fingers as our most credible and powerful sensory instrument, and develop the wisdom of application of information and knowledge to patient care for which we were commissioned. As practicing DOs we know from our practices the depth and breadth of benefits to our patients and the need "for further vision." Our patients are the proof of the Sutherland legacy.

Abstract from publication

Research; Dermatology

James, M. J. *Metastatic amelanotic desmoplastic melanoma: a case report.* Ohio Research and Clinical Review 2004 Win; 14 (NA): 19-25 **Located in third floor stacks**

ABSTRACT: Amelanotic melanoma presents a diagnostic challenge that frequently leads to delayed definitive diagnosis and inappropriate therapeutic interventions. Currently, there are no standardized criteria characterizing amelanotic melanoma clinically. Desmoplastic melanoma is a rare, highly aggressive variant of melanoma that exhibits high rates of local recurrence. Clinical observations have described a pigmented macular appearance with or without a nodular component, or indurated flesh-colored nodules without any surrounding pigmentation. Immunohistochemical staining of desmoplastic melanomas show nearly 100% positivity to S-100 and vimentin. A low threshold to biopsy suspicious lesions and early histologic diagnosis with immunoperoxidase markers significantly improves prognostic accuracy and outcomes. The management of amelanotic melanoma adheres to the same guidelines as those used for pigmented melanoma; wide surgical excision remains the preferred curative therapy.

Abstract from publication

Research; Diabetes

Leal, J. *OU-COM researchers target diabetes the silent killer.* Ohio D.O. 2002 Win; 20 (3): 2-13 **Located in third floor stacks**

Diabetes: a disease in which the body does not adequately produce or utilize the hormone insulin, which stimulates the transport of blood glucose (sugar) into body cells. Diabetes can be classified generally into two categories: Type 1 and Type 2. Five to 10 percent of all cases of diabetes are Type 1; 90 to 95 percent are Type 2. Type 1 diabetes, formerly referred to as juvenile diabetes, is characterized by beta cells of the pancreas not producing enough, or any, insulin. In Type 2 diabetes, the pancreas produces insulin, but the insulin is ineffective at causing cells to properly metabolize blood glucose, commonly referred to as insulin resistance. Both types of diabetes lead to hyperglycemia - highly elevated blood glucose. When hyperglycemia goes undetected or unchecked (diabetes can be undiagnosed for more than 10 years), micro vascular and macro vascular damage occurs. This damage manifests as life-impairing diseases such as blindness, impotence and vascular ailments, and life-threatening diseases such as kidney failure, neuropathy (nerve damage), heart disease and stroke. The American Diabetes Association calls diabetes the "silent killer".

Abstract from publication

Research; Ear, Nose & Throat

Powell, D. D. ***Rhinocerebral mucormycosis in a patient with acute lymphoblastic leukemia.*** Ohio Research and Clinical Review 2000 Fal; 11 (NA): 3-7 **Located in third floor stacks**

ABSTRACT: A case of fulminant acute rhinocerebral mucormycosis in a patient with acute lymphoblastic leukemia and myelosuppression is reported. Despite early diagnosis, the current recommended therapy of parenteral lipid-complex amphotericin B and aggressive surgical debridement, the patient succumbed to the disease. Microscopic pathologic diagnosis from tissue biopsy, CT scan imaging, and aggressive medical and surgical treatments are discussed. The emphasis of the case report is for the physician to have a high index of clinical suspicion for early diagnosis and prompt management of mucormycosis in an immunosuppressed patient that presents with signs and symptoms of acute fulminant mucormycosis.

Abstract from publication

Research; Evidence Based Medicine

Green, J. ***Evidence based medicine or evidence informed Osteopathy?*** Osteopathy Today 2000 Apr; 6 (4): 21 **Located in reference office**

INTRODUCTION: A recent article in Osteopathy Today (MacDonald, 2000) reiterated the importance of research to the osteopathic profession. The aim of research was stated to be to replace 'unverified methods' with 'sound evidence', so that osteopathy may qualify for 'entry to the body of accepted healthcare.' As the osteopathic profession grows it is indeed likely that more and more osteopaths will come to rely upon the NHS as a source of income. Therefore it will become increasingly important that a growing body of research exists to provide the required validation of osteopathy for funding bodies such as Primary Care Groups.

Abstract from publication

Research; Fibromyalgia

Knight, L. ***Recognition and management of fibromyalgia in the primary care setting.*** Ohio Research and Clinical Review 2000 Fal; 11 (NA): 17-20 **Located in third floor stacks**

ABSTRACT: Fibromyalgia is a condition characterized by widespread musculoskeletal pain and diagnosed when at least 11 of 18 tender points are identified as set forth by the American College of Rheumatology. Common complaints include pain, morning stiffness, fatigue, and nonrestorative sleep. Patients often have coexisting depression, migraine headaches, irritable bowel syndrome, and hypothyroidism. Possible treatments include antidepressant medications, trigger point injections, pain medications, physical therapy, osteopathic manipulative therapy, and aerobic exercise. This case report of a 48-year-old, white female describes fibromyalgia presenting as a migraine headache and outlines the many treatments that were instituted for the patient. This report illustrates the importance of proper recognition of this illness in the primary care setting and presents various treatment modalities for the purpose of providing better outcomes to patients with fibromyalgia.

Abstract from publication

Research; Hypertension; Pain

France, C. R. and Ditto, B. ***Hypertension and reduced pain perception: mechanisms and***

clinical implications. Ohio Research and Clinical Review 2000 Fal; 11 (NA): 8-12 **Located in third floor stacks**

ABSTRACT: Over the last two decades, research has consistently demonstrated a relationship between hypertension and decreased pain perception, or "hypoalgesia." A growing body of evidence has also established that decreased pain perception precedes the onset of high blood pressure in individuals at increased risk for hypertension, suggesting that hypoalgesia may be related to physiological processes associated with the development of the hypertension rather than high blood pressure per se. The present review will briefly describe existing literature on the relationship between hypertension and hypoalgesia, and will suggest that this relationship may have important clinical implications with regard to undiagnosed hypertension, lack of compliance with anti-hypertensive treatment programs, and "silent" myocardial ischemia.

Abstract from publication

Research; Manipulation Techniques; Spine

Ruszkowski, W. and Fryer, G. ***Influence of contraction duration in muscle energy technique applied to the atlanto-axial joint.*** Journal of Osteopathic Medicine (JOM) 2004 Oct; 7 (2): 79-84 **Located in third floor stacks**

ABSTRACT: Background: Muscle Energy Technique (MET) has been advocated for the treatment of restricted range of motion in the upper neck. There is little evidence, however, to support the effectiveness of MET to increase motion in the cervical spine, or determine the optimal duration of isometric contraction during the technique. Objectives: The aim of this study was to investigate the effect of various durations of MET isometric contractions on active atlanto-axial rotation range of motion. Methods: 52 asymptomatic subjects (age range 18-43) who displayed a unilateral active atlanto-axial rotation asymmetry of 4° or more were randomly allocated to either a 5 (n=17) or 20-second (n=18) isometric contraction MET group; or a sham (n=17) treatment control group. Active atlanto-axial end-range measurements were recorded pre and post-intervention, and the examiner was blinded to group allocation. Results: Analysis with a one-way ANOVA revealed significant differences (P=0.04) in the mean change between the 5-second MET group and the control, but not between the 20-second MET group and control. MET using 5-second contractions produced the largest mean increase in rotation, both to the restricted (+6.65°) and non-restricted sides (+0.71°). The 5-second MET produced a large pre-ost effect size (d=1.01), whereas the 20-second MET (d=0.68) and control (d=0.33) produced moderate and small effect sizes, respectively. Conclusion: This study failed to demonstrate a significant benefit in the use of longer (20-second) isometric contraction when treating the upper cervical spine with MET. The use of a 5-second isometric contraction appeared to be more effective than longer contraction durations for increasing cervical range with MET, but further investigation is recommended.

Abstract from publication

Research; OB-GYN

Chen, E. and Miller, R. ***Case report for anesthesia in a primigravida renal transplant patient with preeclampsia.*** Ohio Research and Clinical Review 2000 Fal; 11 (NA): 13-16 **Located in third floor stacks**

ABSTRACT: A 38-year-old, white female, GI, PO, presented at 30 weeks' gestation with pregnancy-induced hypertension, status post renal transplantation. This patient had stable renal function on a maintenance immunosuppressive regimen. Because of a positive contraction stress test coupled with a non-reactive, non-stress tests and meconium-stained amniotic fluid, the decision was made to proceed with the delivery of the infant by cesarean section, despite its early estimated

gestational age. A subarachnoid block was utilized to allow for early maternal neonatal bonding and decrease the risks associated with anesthesia.

Abstract from publication

Research; Pain; Gastrointestinal diseases

Henning, L. C., Topinka, M. A. and Hinckley, J. B. ***Efficacy of IV ketorolac tromethamine in the emergency department treatment of acute renal colic.*** Ohio Research and Clinical Review 2001 Fal; 12 (NA): 4-8 **Located in third floor stacks**

ABSTRACT: OBJECTIVE: This study was done to compare the analgesic efficacy and safety of ketorolac tromethamine in combination with hydromorphone hydrochloride to hydromorphone hydrochloride alone for the treatment of pain associated with renal colic. **DESIGN:** This was a prospective, randomized, double-blind, multicenter clinical trial. **MATERIAL & METHODS:** From August 1999 to August 2000, subjects who had a clinical presentation suggestive of renal colic were randomized to receive 1 mg hydromorphone IV and 30mg ketorolac IV (ketorolac group) or 1mg hydromorphone IV and normal saline IV (control group). **MEASUREMENTS & MAIN RESULTS:** Using a 100mm VAS, all mean pain scores were lower in the ketorolac group than in the control group, except at baseline, where they were the same. This difference was statistically significant at 20, 60, and 100-minute intervals. In the ketorolac group, 89% felt that their pain was adequately controlled when asked. Only 76% of patients in the control group felt that their pain was adequately controlled. More patients in the ketorolac group (54%) required no further hydromorphone required an extra dose of hydromorphone as compared to the ketorolac group (18%) (P=.009). When 2 or more rescue doses of hydromorphone were require, there was no statistically significant difference. **CONCLUSION:** The addition of 30mg ketorolac IV to 1mg hydromorphone IV in the treatment of renal colic provides more effective and faster pain control than 1 mg hydromorphone alone. Less rescue hydromorphone was needed in the ketorolac group.

Abstract from publication

Research; Respiratory Tract Disease

Harley, D. W. ***Sarcoidosis: a case report.*** Ohio Research and Clinical Review 2002 Fal; 13 (NA): 18-22 **Located in third floor stacks**

ABSTRACT: Sarcoidosis is a systemic disease of exclusion with an unknown etiology. Patients with sarcoidosis frequently present complaining of dyspnea, cough, chest discomfort, fatigue, weight loss, night sweats, and/or ocular discomfort. Radiological studies often demonstrate bilateral hilar lymphadenopathy and diffuse pulmonary infiltrates. Upon histological examination of lymph node biopsy, non-caseating granulomas are demonstrated. No single clinical finding, laboratory measurement or test result is adequate in diagnosing sarcoidosis. Thus, diagnosis is established when all findings support the histologic verification of non-caseating granulomas. Corticosteroids remain the most effective therapy for sarcoidosis.

Abstract from publication

Research; Urogenital System; OB-GYN

Crook, A. J., Klingele, C. J., Gebhart, J. B. and Lee, R. A. ***Counseling and treatment of female patients with vaginal urogenital anomalies: a review.*** Ohio Research and Clinical Review 2002 Fal; 13 (NA): 6-13 **Located in third floor stacks**

ABSTRACT: Structural anomalies of the vagina and urogenital system are often challenging to diagnose and treat. A multisystem approach serves the patient best and may help prevent disastrous

results. Improved patient self-image and sexual satisfaction are goals that are achievable with appropriate counseling and treatment.

Abstract in publication

Respiratory Tract Disease

Clark, J. ***Spontaneous pneumothorax***. Student Doctor 2001 Sum; 22 (3): 36-39 **Located in third floor stacks**

This case presentation is of a 21-year-old male smoker with severe dyspnea and pleuritic chest pain who was diagnosed as having a 90% left pneumothorax via chest radiograph. The annual incidence of spontaneous pneumothorax is between 7.4 and 18 cases per 100,000 men and between 1.2 and 6 cases per 100,000 women. Spontaneous pneumothorax occurs most frequently in tall, thin men between the ages of 10 and 30 years, and seldom occurs in those over the age of 40. Smoking increases the relative risk of an initial spontaneous pneumothorax by nine-fold among women and 22-fold among men. In a retrospective analysis of all spontaneous pneumothorax patients admitted to a respiratory unit during 1976-1981, 89% of the total population had smoked and 40% had pre-existing lung disease. Spontaneous pneumothorax is treated successfully in 90% of patients using simple aspiration or chest tube placement. Interestingly, this patient's pneumothorax persisted despite chest tube placement, and surgical repair by way of thoracotomy was performed. Current medical literature supports surgical intervention when primary therapy fails. In addition to the case presentation, the etiology, pathogenesis, and management of spontaneous pneumothorax are discussed.

Abstract from publication

Respiratory Tract Disease; Manipulation Techniques

Nelson, K. E. ***Manipulative treatment of upper respiratory infections***. Osteopathic Family Physician News 2004 Sep; 4 (8): 1, 12-16 **Located in third floor stacks; online http://www.acofp.org/member_publications/index.html**

The use of OMT to treat somatic dysfunction enhances antibiotic effectiveness and minimizes the need for symptom suppressing pharmaceuticals.

Abstract from publication

Respiratory Tract Disease; Research

Harley, D. W. ***Sarcoidosis: a case report***. Ohio Research and Clinical Review 2002 Fal; 13 (NA): 18-22 **Located in third floor stacks**

ABSTRACT: Sarcoidosis is a systemic disease of exclusion with an unknown etiology. Patients with sarcoidosis frequently present complaining of dyspnea, cough, chest discomfort, fatigue, weight loss, night sweats, and/or ocular discomfort. Radiological studies often demonstrate bilateral hilar lymphadenopathy and diffuse pulmonary infiltrates. Upon histological examination of lymph node biopsy, non-caseating granulomas are demonstrated. No single clinical finding, laboratory measurement or test result is adequate in diagnosing sarcoidosis. Thus, diagnosis is established when all findings support the histologic verification of non-caseating granulomas. Corticosteroids remain the most effective therapy for sarcoidosis.

Abstract from publication

Rib; Somatic Dysfunction

Lipton, J. A., Neil, M., Drew, B. and McCarty, C. L. ***Case of right first rib somatic***

dysfunction diagnosed and treated. AAO Journal 2004 Mar; 14 (1): 24-31 **Located in third floor stacks**

Presented is a case, which illustrates the importance of recognizing that elevation of the first rib exists as somatic dysfunction treatable without surgery. Osteopathic physicians are taught that first rib somatic dysfunction can present both as a lone entity and at times can be part of a larger syndrome depending on severity and related conditions. Recognition and treatment of this somatic dysfunction can be accomplished cooperatively. This case illustrates through exhaustive workup that the diagnosis of an elevated first rib is clinically significant and palpable. Elevation of the first rib can be considered along with all other known disease processes, and with multilevel symptoms and signs in presentation.

Abstract from publication

Sacrum

Danto, J. B. ***Etiological factors in sacral somatic dysfunction.*** AAO Journal 2003 Spr; 13 (1): 25-29 **Located in third floor stacks**

This paper presents a conceptual framework for the etiological factors that result in sacral somatic dysfunctions. The author points to the likely multi-etiological factors that result in sacral somatic dysfunctions. These factors include ligamentous laxity of the sacroiliac articulation and somatic dysfunction of the multifidus, piriformis, erector spinae and biceps femoris muscles. The most important factors seem to be the ligamentous laxity and the multifidus somatic dysfunction. Definitive diagnosis of the etiological factors of sacral somatic dysfunctions is key to their treatment. Further study is obviously needed in this area.

Abstract from publication

Scoliosis

Comeaux, Z. ***Benefit of OMT intervention to functional scoliosis patient.*** Osteopathic Family Physician News 2003 Oct; 3 (9): 11-12 **Located in third floor stacks**

Abstract: This article deals with the subject of OMT intervention in functional scoliosis. It focuses on a twelve-year-old girl who had a positive scoliosis screen at school. The patient was discovered to have a functional scoliosis secondary to somatic dysfunction of the thorax, lumbar and sacrum. The plan of the physician focused on education, reassurance, OMT and follow-up. The author makes the point that detection, secondary prevention and prognosis in idiopathic adolescent scoliosis needs to be made clear to patients or family members. The article speaks of the importance of correcting in functional asymmetry prior to epiphyseal closure. It debates to pros and cons of screening exams of asymptomatic adolescents. It outlines the seven elements that make a good screening exam. The author emphasizes the importance of reassuring the patient and destigmatizing the disorder.

Student abstract by Daniel Harrell

Shoulder

Heinking, K. ***Osteopathic management case study counterstrain biceps - pectoralis minor.*** Osteopathic Family Physician News 2004 Jul-Aug; 4 (7): 17 **Located in third floor stacks**
Online: http://www.acofp.org/member_publications/index.html

This article contains a demonstration of a technique used to improve shoulder pain and to improve tenderness at the coracoid process.

Shoulder

Lipton, J. A. and Neil, M. ***Case study of left adhesive capsulitis presumably resulting from previous treatment with protease inhibitors.*** AAO Journal 2004 Dec; 14 (4): 17-19 **Located in third floor stacks**

ABSTRACT: Adhesive capsulitis may be linked to the administration of protease inhibitors used to treat the human immunodeficiency virus. One such case is presented where left adhesive capsulitis was diagnosed following an exhaustive workup. The etiology was presumed to stem from administration of protease inhibitors over one year prior to protect the patient following a needle stick from an HIV-infected source. The adhesive capsulitis, which presumably followed, was successfully treated through the use of osteopathic manipulative medicine.

Abstract from publication

Shoulder

Simpson, J. K. and Budge, R. ***Treatment of frozen shoulder using distension arthrography (hydrodilatation): A case series.*** Australasian Chiropractic and Osteopathy 2004 Jul; 12 (1): 25-35 **Located in third floor stacks**

Frozen shoulder (adhesive capsulitis) is a common, painful and disabling condition which is typically slow to resolve. Patients with this condition will be seen in every musculoskeletal practitioner's clinic on a regular basis. There is a wide variety of treatment modalities available, some more effective than others. This article reviews the literature on the aetiology and natural history of the condition, and the common treatments provided. The literature on hydraulic arthrographic capsular distension (hydrodilatation) is reviewed and six cases referred for this treatment from a chiropractic clinic are presented.

Abstract from publication

Shoulder

Vad, V. B. and Hannafin, J. A. ***Frozen shoulder in women: evaluation and management.*** Journal of Musculoskeletal Medicine 2000 Jan; 17 (1): 22-28 **Located in third floor stacks**

ABSTRACT: Frozen shoulder, or adhesive capsulitis, occurs most often in women, persons with diabetes, those who have sustained trauma, and those older than 40 years. In primary adhesive capsulitis, progressive and painful loss of glenohumeral motion is idiopathic. In secondary adhesive capsulitis, the cause of motion loss is known. The disorder occurs in four stages characterized by histologic changes ranging from hypervascular synovitis with a normal underlying capsule and little or no scarring to mild synovial hyperplasia with significant capsular fibrosis. Clinical changes range from pain and loss of motion during initial stages to no pain and gradual restoration of motion during the final stage. Management consists primarily of exercises to stretch the shoulder capsule and strengthen the glenohumeral musculature.

Abstract from publication

Somatic Dysfunction

Fryer, G., Morris, T. and Gibbons, P. ***Relation between thoracic paraspinal tissues and pressure sensitivity measured by a digital algometer.*** Journal of Osteopathic Medicine (JOM) 2004 Oct; 7 (2): 64-69 **Located in third floor stacks**

Abstract: Background: Segmental paraspinal tissue texture change has been proposed to be an important diagnostic sign of intervertebral somatic dysfunction. The nature and existence of these regions is speculative.

Aims: The aim of this study was to examine whether deep, medial paraspinal regions identified as having abnormal texture by palpation are confirmed as being more sensitive to pressure measured by a digital algometer. Methods: An osteopath examined the thoracic regions of 32 subjects (26 asymptomatic, six with mild thoracic symptoms) to detect an abnormal to palpation and tender (AbPT) site in each individual. Three non-tender and normal to palpation (NT) regions (immediately above, below and opposite the AbPT site) were also located. A digital pressure algometer, also known as a Palpometer, consisting of a 0.86cm force-sensing resistor (polymer film) attached to the palpating fingertip, recorded the pressure applied during palpitation. Pressure pain threshold (PPT) measurements were recorded for all sites, with both researcher and subject blinded to the reading on the algometer. Results: The AbPT regions had a lower mean PPT than the three NT regions, and a one-way ANOVA determined these differences to be significant ($P < 0.01$). A Turkey post-hoc analysis revealed the significant differences to be between PPT scores for the NT locations were not significantly different from each other. Conclusions: This study demonstrated that medial, paraspinal sites identified as having abnormal tissue texture and tenderness by palpation were significantly more tender than sites immediately above, below, and on the opposite side to the abnormal region. Further investigation of the nature of these AbPT sites is recommended.

Abstract from publication

Somatic Dysfunction

Hendryx, J. T. and O'Brien, R. L. *Dynamic strain-vector release: an energetic approach to OMT*. AAO Journal 2003 Fal; 13 (3): 19-29 **Located in third floor stacks**

Dynamic strain-vector release (SVR) is a technique of releasing tissue strains "energetically." It requires palpating a dynamic primary strain-vector with one hand at an area of somatic dysfunction, finding the end-point of the strain with the other hand, holding the endpoint through a still point, and allowing for the release of the strain. Tissue is then reassessed for normal inherent motion, texture, and tenderness. Dynamic strain-vectors can be palpated in any direction along the surface of the body, or off the body in the human energy field. Dynamic strain-vector release is an excellent technique for releasing acute or chronic somatic dysfunctions that are often not amenable to the usual physically oriented OMT techniques. The purpose of this article is to discuss an energetic OMT technique that we term, Dynamic Strain-Vector Release.

Abstract from publication

Somatic Dysfunction; Manipulation Techniques

Bernhardi, E. F. *Xiphoid*. Cranial Letter 2004 Nov; 57 (4): 7 **Located in third floor stacks**

INTRODUCTION: Somatic dysfunction of the xiphoid, because of myofascial relations, may affect physiologic functions in other parts of the body. Gentle osteopathic manipulation may alleviate some of these adversities. In my practice, balancing the xiphoid has helped relieve abdominal discomfort, anxiety and depression.

Abstract from publication

Somatic Dysfunction; Rib

Lipton, J. A., Neil, M., Drew, B. and McCarty, C. L. *Case of right first rib somatic dysfunction diagnosed and treated*. AAO Journal 2004 Mar; 14 (1): 24-31 **Located in third floor stacks**

Presented is a case, which illustrates the importance of recognizing that elevation of the first rib exists as somatic dysfunction treatable without surgery. Osteopathic physicians are taught that first rib somatic dysfunction can present both as a lone entity and at times can be part of a larger syndrome depending on severity and related conditions. Recognition and treatment of this somatic dysfunction can be accomplished cooperatively. This case illustrates through exhaustive workup that the diagnosis of an elevated first rib is clinically significant and palpable. Elevation of the first rib can be considered along with all other known disease processes, and with multilevel symptoms and signs in presentation.

Abstract from publication

Somatic Dysfunction; Spine

Fryer, G. ***Intervertebral dysfunction: a discussion of the manipulable spinal lesion.*** Journal of Osteopathic Medicine (JOM) 2003 Oct; 6 (2): 64-73 **Located in third floor stacks**

The concept of the manipulable spinal lesion - a musculoskeletal disturbance that can be detected with manual palpation and corrected with manipulation - is examined and evidence for the theories of the dysfunction is discussed. A model for intervertebral dysfunction is presented that describes both mechanical and neurological sequelae to spinal injury, leading to a deficit in regional proprioception, changes in segmental and polysegmental muscle activity and motor control, and predisposing the segment to further strain. The evidence for the proposed model and mechanisms of manual treatment is discussed. Recommendations and directions are outlined for future research.

Abstract from publication

Spine; Back Pain

McGrath, M. and Tayles, N. ***Anatomical observations related to radiological findings in spina bifida occulta of the lumbosacral spine.*** Journal of Osteopathic Medicine (JOM) 2004 Oct; 7 (2): 70-78 **Located in third floor stacks**

Abstract: Background: Anecdotal osteopathic clinical experience suggested that spina bifida occulta (SBO) might adversely be complicating the presentation and prognosis of acute and chronic low back pain, yet the finding of spina bifida occulta (SBO) in anteroposterior lumbosacral radiological examinations is usually regarded as an innocent radiological finding. Review of the literature indicated that lumbosacral SBO is associated with an increased incidence of posterior intervertebral disc herniation. Aims and Objectives: The aim of this anatomical study was to examine the null hypothesis that SBO of the lumbosacral spine is not associated with variations in the expected appearance of the overlying posterior soft tissues. Materials and methods: Thirty-six cadavers were initially available for radiological study. Eight cases of SBO were radiologically identified and dissected. Four further cadavers were selected as dissection controls on the basis of having a normal radiographic appearance of the lumbosacral spine. Comparisons were drawn between the soft tissues of the lumbosacral region of SBO cases and the controls. Discussion: SBO of the lumbosacral spine is associated with variation of the expected appearance in the overlying posterior soft tissues. A rationale is discussed that links altered anatomy, vertebral mechanics and accelerated degeneration of the related intervertebral disc. These biomechanical and clinical rationales are further offered as a reason for the classification for the clinical differences noted in the routine osteopathic management of low back pain complicated by the presence of SBO. Conclusions: The results suggest that there are variations in the superficial soft tissues of the lumbosacral spine associated with the radiographic finding of SBO.

Abstract from publication

Spine; Neck; Headache

Murphy, D. R. ***Clinical model for the diagnosis and management of patients with cervical spine syndromes.*** Australasian Chiropractic and Osteopathy 2004 Nov; 12 (2): 57-71 **Located in third floor stacks**

OBJECTIVE: This article provides an overview of a clinical model of the diagnosis and management of patients with disorders related to the cervical spine. This model is based in part on the scientific literature, clinical experience, and communication with other practitioners over the course of the past 20 years.

Abstract from publication

Spine; Research; Manipulation Techniques

Ruszkowski, W. and Fryer, G. ***Influence of contraction duration in muscle energy technique applied to the atlanto-axial joint.*** Journal of Osteopathic Medicine (JOM) 2004 Oct; 7 (2): 79-84 **Located in third floor stacks**

ABSTRACT: Background: Muscle Energy Technique (MET) has been advocated for the treatment of restricted range of motion in the upper neck. There is little evidence, however, to support the effectiveness of MET to increase motion in the cervical spine, or determine the optimal duration of isometric contraction during the technique. Objectives: The aim of this study was to investigate the effect of various durations of MET isometric contractions on active atlanto-axial rotation range of motion. Methods: 52 asymptomatic subjects (age range 18-43) who displayed a unilateral active atlanto-axial rotation asymmetry of 4° or more were randomly allocated to either a 5 (n=17) or 20-second (n=18) isometric contraction MET group; or a sham (n=17) treatment control group. Active atlanto-axial end-range measurements were recorded pre and post-intervention, and the examiner was blinded to group allocation. Results: Analysis with a one-way ANOVA revealed significant differences (P=0.04) in the mean change between the 5-second MET group and the control, but not between the 20-second MET group and control. MET using 5-second contractions produced the largest mean increase in rotation, both to the restricted (+6.65°) and non-restricted sides (+0.71°). The 5-second MET produced a large pre-ost effect size (d=1.01), whereas the 20-second MET (d=0.68) and control (d=0.33) produced moderate and small effect sizes, respectively. Conclusion: This study failed to demonstrate a significant benefit in the use of longer (20-second) isometric contraction when treating the upper cervical spine with MET. The use of a 5-second isometric contraction appeared to be more effective than longer contraction durations for increasing cervical range with MET, but further investigation is recommended.

Abstract from publication

Spine; Somatic Dysfunction

Fryer, G. ***Intervertebral dysfunction: a discussion of the manipulable spinal lesion.*** Journal of Osteopathic Medicine (JOM) 2003 Oct; 6 (2): 64-73 **Located in third floor stacks**

The concept of the manipulable spinal lesion - a musculoskeletal disturbance that can be detected with manual palpation and corrected with manipulation - is examined and evidence for the theories of the dysfunction is discussed. A model for intervertebral dysfunction is presented that describes both mechanical and neurological sequelae to spinal injury, leading to a deficit in regional proprioception, changes in segmental and polysegmental muscle activity and motor control, and predisposing the segment to further strain. The evidence for the proposed model and mechanisms of manual treatment is discussed. Recommendations and directions are outlined for future research.

Abstract from publication

Sports Medicine

Cohen, J. *Treatment, the next step*. Osteopathy Today 2003 Sep; 9 (9): 7 **Located in third floor stacks**

In this article, the author discusses how pilate training helps to strengthen the neutral spine.

Sports Medicine; Musculoskeletal System

Pollard, H. P. and Fernandez, M. *Spinal musculoskeletal injuries associated with swimming: a discussion of technique*. Australasian Chiropractic and Osteopathy 2004 Nov; 12 (2): 72-80 **Located in third floor stacks**

OBJECTIVES: To review the biomechanics of the swimming stroke and examine common injuries which occur in swimming. A review of diagnosis and management strategies of these injuries is also performed.

Abstract from publication

Temporomandibular Joint Disorders

Pasquarello, G. *OMT relieves jaw pain*. AAO Journal 2003 Spr; 13 (2): 34-35 **Located in third floor stacks**

This article discusses the case report of a thirteen-year-old female with temporomandibular joint pain and rib restriction. The manipulation techniques used were balanced ligamentous strain and counterstrain.

Abstract from OSTMED®

Temporomandibular Joint Disorders; Cranial Manipulation

James, G. A. and Strokon, D. *Significance of cranial factors in diagnosis and treatment with the advanced lightwire functional appliance*. Cranial Letter 2004 Nov; 57 (4): 9-15 **Located in third floor stacks**

CONCLUSIONS: In osteopathic terms, bruxing and clenching represented a subconscious attempt by the body to level the lead using the mandible as a platform from which to exert force, i.e., the needs of the cranial mechanism dominated to the point of creating dysfunction of the temporomandibular apparatus. The temporomandibular joint and myofascial signs and symptoms were as a result of the intense force generated. Correction of the left torsion of the sphenoid, i.e., bringing the greater wing down, removed the need for the compensatory adaptive patterns. The health of the cranial mechanism and its normal function is central to the overall health of the body.

Abstract from publication

Treatment Models

Jordan, T. *Conceptual and treatment models in osteopathy*. AAO Journal 2003 Spr; 13 (1): 31-32 **Located in third floor stacks**

The differences between the conceptual and treatment models are discussed in this paper. The conceptual model attempts to explain physical reality. As technology advances, conceptual models are continually being disproved and revisions have to be made to incorporate new scientific

fact. On the other hand, treatment models can be practical, and do not have to incorporate physical reality. For it to be successful it must provide a framework to interpret physical findings, prescribe a treatment for the findings, and give predictable results with the recommended treatment. Therefore, a physiologic process may be incorrect, but a successful treatment model can still give predictable and advantageous results. With new knowledge, conceptual models will change leading to more effective treatment models. In his series of articles the author encourages discussions of conceptual models in order to advance treatments and the future of osteopathy. He states future articles will discuss modern studies and their potential implications on other current models.

Student abstract by Shirley Sheth (May 26, 2004)

Treatment Models

Vaughan, B. and DiVenuto, G. ***Introduction to the use of outcomes questionnaires in osteopathic practice.*** Journal of Osteopathic Medicine (JOM) 2004 Oct; 7 (2): 85-95 **Located in third floor stacks**

Abstract: Background: Outcomes assessment and management is rapidly becoming a necessary part of daily osteopathic practice. Third-party payers such as workers compensation schemes, motor vehicle accident compensation schemes and health insurance companies are increasingly encouraging that osteopaths incorporate the use of outcomes assessment into their practice. Purpose: To provide and outline of the common outcome measurement questionnaires that are of particular relevance to osteopathic practice. Each of the following outcome questionnaire is reviewed: Patient Specific Functional Scale, Neck Disability Index, Upper Extremity Functional Index, Shoulder (Croft) Disability Questionnaire, Shoulder Pain and Disability Index, Oswestry Low Back Pain/Disability Questionnaire, Roland- Morris Disability Questionnaire, Lower Extremity Functional Index, McGill Pain Questionnaire. Discussion: Selection of appropriate questionnaires and basic terminology is outlined. Implementation of the questionnaires into daily practice, their interpretation, recording and tracking of results is also discussed. Conclusions: This paper presents a number of common outcomes questionnaires that are reliable, valid and suitable for use in everyday osteopathic practice. They are generally well understood by the patient, time-efficient, easily scored by the clinician and thus, the use of these questionnaires should not be a burden on practice administration, the practitioner or the patient.

Abstract from abstract

Treatment Models; Hip

Jordan, T. ***Conceptual and treatment models in osteopathy I: setting hips.*** AAO Journal 2003 Spr; 13 (1): 32-38 **Located in third floor stacks**

"The importances of injuries to the hip are too much overlooked," A.T. Still wrote in 1910; "To the osteopath it should be a subject of the deepest thought." Indeed the hip was the focus of much early osteopathic thought by Dr. Still and his students. Perceived lesions of the hip and their treatment played an important part in the growth and acceptance of osteopathy in its formative years. Interestingly, the practice of "setting hips" was borrowed from all allopaths and bonesetters. Later, many began to question the nature of these "hip lesions" and this created a controversy that evolved to encompass new models of dysfunction. By examining the role of the hip in early osteopathy, we can gain a better understanding of the influences that shaped A.T. Still's thoughts and practice. It will also demonstrate how misguided treatment models are sometimes adopted, and how these conceptual models evolve as better medical information is made available.

Abstract from publication

Urogenital System

Martin, R. B. ***Osteopathic approach to sexual dysfunction: holistic care to improve patient satisfaction and prevent mortality and morbidity.*** Journal of the American Osteopathic Association, Supplement 2004 Jan; 104 (1, Supplement 1): 51-58 **Located on third floor stacks**

Erectile dysfunction has multiple causes; most commonly the causes are mixed, a combination of physical and physiologic dysfunction. Two hypothetical case presentations provide the context for a discussion of the neurological basis of erectile dysfunction and sexual dysfunction from the perspective of osteopathic medicine's holistic approach. Both offer osteopathic physicians the challenge of correcting structural, biological, and chemical defects to restore normal function. One of the cases is representative of patients who do not tell their physicians about sexual dysfunction unless their physicians specifically ask, and even then, these patients are most likely to lie to protect their self-esteem. The second hypothetical patient is reprehensive of those patients who consult their physicians for any reason other than sexual dysfunction, expecting their physicians to figure out the real problem. Both of the hypothetical patients require not only support, but also educational and counseling to motivate them to adopt healthier lifestyles and choices. Both would benefit from osteopathic manipulative treatment to correct structural abnormalities, and an oral medication such as a phosphodiesterase type 5 inhibitor offers both patients a good and easily accepted treatment option for erectile dysfunction.

Abstract from publication

Urogenital System; OB-GYN; Research

Crook, A. J., Klingele, C. J., Gebhart, J. B. and Lee, R. A. ***Counseling and treatment of female patients with vaginal urogenital anomalies: a review.*** Ohio Research and Clinical Review 2002 Fal; 13 (NA): 6-13 **Located in third floor stacks**

ABSTRACT: Structural anomalies of the vagina and urogenital system are often challenging to diagnose and treat. A multisystem approach serves the patient best and may help prevent disastrous results. Improved patient self-image and sexual satisfaction are goals that are achievable with appropriate counseling and treatment.

Abstract in publication

Vertigo; Manipulation Techniques

McIlwraith, B. ***Epley manoeuvre for treatment of benign paroxysmal positional vertigo: a simple office based technique.*** Journal of Osteopathic Medicine (JOM) 2003 Oct; 6 (2): 89-92 **Located in third floor stacks**

Benign Paroxysmal Positional Vertigo (BPPV) can frequently be relieved with a simple manual positioning technique (The Epley manoeuvre). The purpose of this paper is to introduce osteopaths to the technique. Osteopaths, having both the facilities and manual skills, are ideally placed to treat this disorder in the private practice setting.

Abstract from publication

Whiplash Injuries

Klein, G. N., Mannion, A. F., Panjabi, M. M. and Dvorak, J. ***Trapped in the neutral zone: another symptom of whiplash-associated disorder?*** European Spine Journal 2001; 10 (NA): 141-148 **Located in third floor stacks**

Abstract from publication

Whiplash Injuries

Power, R. *Road rage*. Osteopathy Today 2002 Aug; 8 (8): 14-15 **Located in third floor stacks.**

Often the osteopathic physician is the first person to see the patient after a whiplash injury and to assess whether the patient has mild brain injury. In some cases, the patient should be advised to seek neurological or cognitive neuropsychological assessment. In cases of mild brain injury, rest and not pushing themselves to return too quickly to normal activities should be a part of any management strategy.

Whiplash Injuries; Evidence Based Medicine

Antares, J. B. *Response to: The evidence base of osteopathy - Article 1: Whiplash associated disorder [comment on McClune, Osteopathy Today, May 2000]*. Osteopathy Today 2000 Jul; 6 (7): 18-20 **Located in reference office**

INTRODUCTION: I should like to applaud Tim McClune's efforts to bring an Evidence Base to Osteopathy. Although I think that there is much to disagree with in his article on Whiplash-Associated Disorders (WAD) in May's edition of Osteopathy Today (vol 6.05 pp 16-18), his paper surely highlights the urgent imperative for osteopaths to offer up our practice data for research. Because otherwise claims that are made in the manipulative, medical and scientific press - claims which run contrary to what we know from our practice lives - will surely persist as an irritating thorn in our sides. I have had a particular interest in WAD for some time, which lead to my organizing last summer's Whiplash Intensive for the WCSO. Consequently, I have been lucky enough to have waded through quite a lot of material on the subject! From this I feel compelled to add some comments to a number of the more contentious points that Tim McClune (TM) makes.

Abstract from publication

Whiplash Injuries; Evidence Based Medicine

McClune, T. *Evidence base of osteopathy [comment in: Osteopathy Today, Joyaa Antares, July 2000]*. Osteopathy Today 2000 May; 6 (5): 16-19 **Located in reference office**

SUMMARY: Osteopaths can justifiably treat grade 9-III WAD's patients for a time-limited period (probably 8 weeks). Manipulation (soft tissue techniques, joint mobilization, HVT) should be one part of an active management program, which encourages the individual to return to normal activities and work as soon as possible, combined with encouragement of a favorable prognosis. Constant observation for Red and Yellow flags is necessary. Prevention of chronicity should be the most important aspect of our clinical management. Upper cervical rotational HVT is not recommended due to the unreliability of pre-HVT testing, and the potential life threatening consequences 2.

Abstract from publication