

### **Alternate Therapies**

Scierhorn, C, *Cannabis Medicus: Rooted in Risk?* DO, 2006 Apr, (Vol) 47, (No.) 4:22-26,28-32

#### **Located in third floor stacks**

DOs weigh in on medical marijuana controversy.

Abstract from publication.

### **Anatomy**

#### **History**

Paulus, S, *Anatomy in the osteopathic field*, AAO Journal, 2005 Sep, (Vol) 15, (No.) 3:21-23

#### **Located in the third floor stacks**

In this article, the author recounts how Dr. Andrew Still stressed the importance of the study of anatomy.

Original abstract

### **Animal Bites**

Rasor, TE, *Management of dog bite wounds in primary care*, Osteopathic Family Physician News, 2005 Jul-Aug, (Vol) 5, (No.) 7:1,10-11

A case report on how to evaluate, treat, and prevent dog bite injuries.

Abstract from publication

### **Arthritis**

Cymet, T, *Does joint cracking cause or prevent osteoarthritis*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:323

#### **Located in third floor stacks**

Poster presented at the forty-ninth annual AOA research conference

### **Arthritis**

Sousa, AM, *Alternative treatments and therapeutic options in the management of rheumatoid arthritis*, Osteopathic Family Physician News, 2005 Sep, (Vol) 5, (No.) 8:14-20

#### **Located online at: [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)**

A review of conventional therapies, as well as complementary and alternative therapies.

Abstract from publication

### **Asthma**

#### **Manipulation Techniques**

McCarty, CL, *Intercostal rib release*, AAO Journal, 2006 Mar, (Vol) 16, (No.) 1:26-29

#### **Located in third floor stacks**

The intercostal rib technique offers an additional option in the treatment of both the acute and chronic asthmatic patient. Seated, the patient is less threatened and more cooperative. There is no interference with pharmacological or medical management. The work of breathing is decreased. Physician touch and presence reassure the patient.

Abstract from publication summary

### **Asthma**

#### **Myofascial Release**

Crow, T and Kasper, D, *Myofascial trigger point on the skull: treatment improves peak flow values in acute asthma patients*, AAO Journal, 2006 Mar, (Vol) 16, (No.) 1:23-25

#### **Located in third floor stacks**

4.4 to 6.2 percent of the adult population has a physician confirmed diagnosis of asthma. Physicians use pulmonary functional tests to accurately assess and reproduce the pulmonary functional state of an asthmatic or non-asthmatic patient. Myofascial trigger points in various parts of the body have been documented to have physiological effects on the organs of the body.

Abstract from publication

## **Autism**

### **Cranial Manipulation**

#### **Child**

Doran, S, *Cranial osteopathy, another piece to solving the puzzle of autism*, Cranial Letter, 2006 May, (Vol) 59, (No.) 2:8-10

#### **Located in third floor stacks**

INTRODUCTION: While it remains a leap of faith for most people who know very little about cranial osteopathy, stories of breakthroughs in children with mild to severe autism are prompting growing numbers of parents to seek the help of osteopaths.

Abstract from publication

## **Back Pain**

### **Hip**

Peeters, L, *Relation between restricted internal rotation of the hip (in 90 degree flexion) and restricted sidebending in the lumbar spine*, AAO Journal, 2005 Dec, (Vol) 15, (No.) 4:23-31

#### **Located in third floor stacks**

ABSTRACT: Previous studies have examined the relation between bilateral hip flexion and flexion in the lumbar spine. The hypothesis of this study was that a restriction of lumbar sidebending, under influence of gravity, would be associated with a heterolateral restriction of hip internal rotation, as measured sitting with the hips flex at 90°. The study was a classic correlation study. The subjects (n=63) were between the ages of 24 – 44 (54% male, 46% female). The lumbar sidebending was measured using a metal ruler, with the subject standing, sitting normally and sitting with both hips in active internal rotation. The internal rotation of the hips was measured using a universal goniometer. The results showed a moderate significance (p=0.001) between the sidebending restriction in the lumbar spine and the active internal rotation restriction in the heterolateral hip. The study showed a difference in the range of motion in the lumbar spine, in that, the mobility in the standing position is greater than that in sitting position and much greater than in the sitting position with the hips in active rotation. The study also showed that there is a difference in the internal rotation range of the hip between men and women. The range of motion is greater in women than in men with the average difference 4.3°. The study presented an interesting clinical test for osteopaths wanting to improve hip and/or lumbar mobility.

Abstract from publication

## **Child**

### **Cranial Manipulation**

#### **Manipulation Techniques**

#### **Down Syndrome**

Magoun, J, Harold I, *Down Syndrome - Above and Beyond*, Cranial Letter, 2005 Feb, (Vol) 58, (No.) 1:11-12

#### **Located in third floor stacks**

INTRODUCTION: Many of the significant afflictions of infancy are not apparent at birth. Down Syndrome is in most cases, and causes immediate concern. Many of the myths and misconceptions which have accompanied the condition for years have been eliminated through research, education and experience. The incidence of Down Syndrome is about one in 800-1000 births, with 4-5000 new cases a year.1 (see article references). Most cases of Down Syndrome can lead productive lives and interact well with society if allowed to do so.

Abstract from publication

## **Child**

### **Ear, Nose & Throat**

Coffey, D, *Case history*, Cranial Letter, 2005 Feb, (Vol) 58, (No.) 1:**Located in third floor stacks**

Case of a 14-month old infant with 104 degree fever, crying uncontrollably, and a history of ear infections and upper respiratory infections is presented. Case history, physical examination, treatment plan, and course of treatment are discussed.

Original abstract

## **Child**

### **Manipulation Techniques**

#### **Pain**

Fuller, DB, *Osteopathic management caes study: somatic dysfunction causing adolescent chest pain - counterstrain treatment*, Osteopathic Family Physician News, 2005 Apr, (Vol) 5, (No.) 4:8-9

**Located online at:** [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)

Case study of a 13-year-old male presenting with chest pain.

Original abstract

## **Child**

### **Myofascial Release**

#### **OB-GYN**

Shuman, VL, *Osteopathic approach to Erb's Palsy*, Osteopathic Family Physician News, 2005 Apr, (Vol) 5, (No.) 4:13-15

**Located online at:** [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)

A Case presentation of obstetric Erb's palsy, a potential complication of difficult childbirth.

Abstract from publication

## **Cranial Manipulation**

### **Fibromyalgia**

#### **Pain**

#### **Stress**

McMurrey, L and Williams, SF, *Abreactions in ligamentous articular strain*, AAO Journal, 2005 Jun, (Vol) 15, (No.) 2:21-23

#### **Located in third floor stacks**

An abreaction is defined by Merriam-Webster as “the expression and emotional discharge of unconscious material (as a repressed idea or emotion).” In the 1940’s, psychiatrists began to think that such a release of pent-up feelings and energy may be essential to moving forward in one’s personal emotional evolution. It was found that intravenous injections of sodium amytal helped patients into a state in which they were less likely to “shut off” emotions that they had a tendency to avoid in traditional psychotherapy and in everyday interactions. However, patients do not require pharmacological substances in order to experience a spontaneous release of previously repressed feelings and the physical response that accompanies it. The phenomena of abreaction has been documented in intense sessions of traditional therapy, in massage therapy, energy work and acupuncture, and it has been documented in craniosacral and osteopathic manipulative treatment of these patients with post-traumatic stress similar chronic disease processes (fibromyalgia, chronic pain syndrome, and similar diagnoses).

Abstract from publication

## **Cranial Manipulation**

### **Whiplash Injuries**

Dunn, PJ, *Injury and cranial osteopathy: a gentle approach to whiplash and other traumas*, Cranial Letter, 2006 May, (Vol) 59, (No.) 1:10-12

#### **Located in third floor stacks**

Author describes several cases where cranial manipulation were used to treat different head injuries and trauma.

Original abstract

## **Dental Conditions**

### **Cranial Manipulation**

James, GA and Strokon, D, *Cranial strains and malocclusion: II. Hyperextension and superior vertical strain*, Cranial Letter, 2006 Nov, (Vol) 59, (No.) 4:8-12

#### **Located in third floor stacks**

**CONCLUSION:** Every clinician with experience has encountered a malocclusion in which the Angle Classification seems at odds with the facial type. Applying the cranial strain approach can clarify this problem. The cranial strain pattern is logical because it recognizes the realities of the primary etiology. It enables identification of each patient's unique combination of cranial, facial and dental features. The inherent logic of the cranial system suggests that this will eventually replace the Angle Classification as the standard for diagnostic evaluation.

Abstract from publication

**Diabetes****Neurology**

Burke, D, *Nerve palsy as the presentation of new onset diabetes mellitus*, Osteopathic Family Physician News, 2005 Apr, (Vol) 5, (No.) 4:16-17

**Located online at:** [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)

A case study that emphasizes the importance of osteopathic physicians viewing each patient using a holistic approach.

Abstract from publication

**Diabetes****Palpation**

Licciardone, J, Fulda, K, Stoll, S and Gamber, RG, *Osteopathic palpatory findings in type 2 diabetes mellitus: a case-control study*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:320

**Located in third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

**Disaster**

Greenwald, B, *When the levee breaks*, DO, 2006 Jan, (Vol) 47, (No.) 1:44-49

**Located in third floor stacks**

In mid-October 2005, AOA Executive Director John B. Crosby, JD, took a two-day road trip through Mississippi. Touring hurricane disaster areas, Crosby wanted to determine how the AOA could provide assistance to DOs whose lives and livelihoods have been impaired by Hurricane Katrina, which has been called the worst catastrophe in US history.

Abstract from publication

**Ear, Nose & Throat**

Ciervo, CA, Voyack, MJ and Woll, A, *Can OMT accelerate sinusitis relief?* Journal: New Jersey Association of Osteopathic Physicians & Surgeons, 2005 Spr, (Vol) 5, (No.) 2:10-13

A study entitled "The Effectiveness of Osteopathic Manipulative Therapy in Treating Acute Sinusitis" was conducted by faculty at the UMDNJ-School of Osteopathic Medicine in Stratford, NJ, through a grant from the American Osteopathic Association. The aim of the study was to assess the effectiveness of Osteopathic Manipulative Therapy in increasing the immediate symptomatic relief and decreasing the clinical course of acute sinusitis.

Abstract from publication

**Ear, Nose & Throat****Cranial Manipulation****Child**

Steele, KM, *Osteopathic care of children*, AAO Journal, 2005 Dec, (Vol) 15, (No.) 4:13-16

**Located in third floor stacks**

INTRODUCTION: The goal of the Scott Memorial Lecture is to "do something for present day students of osteopathy that would give them a glimpse of Dr. At. T. Still's principles and techniques." What I have chosen is to talk about the osteopathic care of children, discussing why one would do osteopathic manipulative treatment on children more than how. In so doing, I hope to impart a fuller understanding of the philosophy that underlies the osteopathic approach to the care of all our patients.

Abstract from publication

## **Edema**

### **Foot**

DeLaughter, JP and Gamber, RG, *Lower extremity edema: a case report*, AAO Journal, 2005 Sep, (Vol) 15, (No.) 3:27-31

### **Located in third floor stacks**

INTRODUCTION: Edema is defined as a clinically apparent increase in interstitial fluid volume. It is not a disease, but rather a symptom of another underlying disease process which alters the fundamental mechanics of the circulatory-interstitial-lymphatic fluid model. As such, one cannot diagnose edema without first defining the cause. The case described herein illustrates a possible cause of edema and provides a point from which to further explore the physiology, pathophysiology and treatment of lymphatic system dysfunction.  
Abstract from publication

## **Education**

Forman, LJ and Pomerantz, SC, *Computer-assisted instruction: A survey on the attitudes of Osteopathic medical students*, Journal of the American Osteopathic Association, 2006 Sep, (Vol) 106, (No.) 9:571-578

### **Located in third floor stacks**

Students' opinions of the importance of computer technology in medical education seem to be based mainly on their self-assessed technical competency levels. Understanding this dynamic may aid medical educators in the implementation of computer-assisted instruction.  
Abstract from publication

## **Education**

### **Manipulation Techniques**

Williams, J, Howell, J and Holzheimer, Q, *Impact of osteopathic manipulative treatment on future osteopathic physicians*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:343

### **Located in third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

### **Foot**

### **Manipulation Techniques**

Wynne, M, Burns, J, Eland, D, Conatser, R and Howell, J, *Effect of counterstrain on stretch reflexes, Hoffmann Reflexes and clinical outcomes in subjects with plantar fasciitis*, Journal of the American Osteopathic Association, 2006 Sep, (Vol) 106, (No.) 9:547-556

### **Located in third floor stacks**

Clinical improvement occurs in subjects with plantar fasciitis in response to counterstrain treatment. The clinical response is accompanied by mechanical, but not electrical, changes in the reflex responses of the calf muscles. The causative relation between the mechanical changes and the clinical responses remains to be explored.  
Abstract from publication

### **Foot**

### **Manipulation Techniques**

### **Sports Medicine**

Karageanes, S, *Acute ankle sprains*, Osteopathic Family Physician News, 2005 Apr, (Vol) 5, (No.) 4:19

### **Located online at: [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)**

An acute ankle sprain without fracture can be treated with a simple talar release technique that can improve resolution of swelling, which is a rate-limiting step in return to play.  
Abstract from publication

## **Headache**

### **Philosophy**

### **Manipulation Techniques**

Patel, A and Desai, G, *Impact of OMM on the management of tension cephalgia*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:318

### **Located in the third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

## **History**

Hildreth, AG, *Dr. Still begins to teach osteopathy*, AAO Journal, 2005 Sep, (Vol) 15, (No.) 3:11-12

### **Located in third floor stacks**

Dr. Andrew Still opened the first osteopathic medical school on October 3, 1892 in Kirksville, Missouri. He and Dr. William Smith, from Scotland, started the school with 17 students. (Article is from the "Lengthening Shadow of Dr. Andrew Taylor Still, 1938, Chapter III, pgs. 29-31)

Original abstract

## **Hospitals, Osteopathic**

Hilsenrath, PE, *Osteopathic medicine in transition: postmortem of the Osteopathic Medical Center of Texas*,

Journal of the American Osteopathic Association, 2006 Sep, (Vol) 106, (No.) 9:558-561

### **Located in third floor stacks**

Introduction: The stand-alone osteopathic hospital was a necessity to the osteopathic medical profession in an era when it was isolated from allopathic medicine. As osteopathic medicine has become increasingly integrated with allopathic medicine, however, an independent osteopathic hospital is no longer a necessity. Moreover, a stand-alone institution seems to be economically out of place in today's market. The Osteopathic Medical Center of Texas in Fort Worth is an example of a stand-alone hospital that was unable to capitalize on the benefits realized by integrated hospital systems. The author believes that his failure contributed to the institution's demise. The market power of a hospital system can be used for more favorable contracting with vendors and providers, as well as facilitating negotiations with payers. System affiliation provides economic efficiency, security, and protection in the highly uncertain, complex, and competitive healthcare market.

Abstract from publication

## **Hypertension**

### **Diabetes**

### **Manipulation Techniques**

### **Philosophy**

### **Depression**

Licciardone, J, *Osteopathic palpatory findings in hypertension, type 2 diabetes mellitus, and depression: a case-control study*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:317

### **Located in third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

## **Leg**

Richter, K, *Tips for using the Lachman test*, Osteopathic Family Physician News, 2005 Jul-Aug, (Vol) 5, (No.) 7:17

### **Located in third floor stacks**

The author demonstrates how to use the Lachman Test to assess the integrity of the anterior cruciate ligament.

Original abstract

## **Manipulation Techniques**

Clark, RC, *Art of high velocity low amplitude osteopathic manipulative treatment*, AAO Journal, 2005 Sep, (Vol) 15, (No.) 3:25-26

### **Located in third floor stacks**

Current osteopathic students and graduates seem less comfortable with high velocity low amplitude (HVLA) techniques than their predecessors. This essay attempts to analyze why this is so. It gives 14 recommendations on how to make HVLA techniques easier for the student and/or practitioner.

Abstract from publication

## **Manipulation Techniques**

### **Child**

#### **Larsen's syndrome**

Burkett, D and Gamber, RG, *Larsen's syndrome - a case report*, AAO Journal, 2006 Sep, (Vol) 16, (No.) 3:25-28

#### **Located in third floor stacks**

Summary: Larsen syndrome presents with a plethora of orthopedic complications, many of which must be addressed surgically during infancy and childhood. However, the implications of the syndrome extend beyond the pediatric population. Scoliosis, joint contractures, and postural imbalance continue to place limits on movement and overall functionally and may also produce pain secondary to structural deformities and postural problems. OMT provides a means of treating the structural and soft tissue complications of the syndrome in the adult population to allow for decreased pain, increased flexibility and improved ambulation.

Summary from publication

## **Manipulation Techniques**

### **Fascia**

#### **Ligaments**

Crow, T, *Effects of manipulation on ligaments and fascia from a fluids model perspective*, AAO Journal, 2006 Sep, (Vol) 16, (No.) 3:13-19

#### **Located in third floor stacks**

Abstract: This paper looks at the Literature concerning the effects of manipulation on ligaments and fascia from a fluids model perspective. The osteopathic literature from Drs. Still to O'Connell discussed the clinical effects of manipulation of the fascia and ligaments. The basic science literature describes the effects of trauma to the fascia and other connective tissues. In animal research, there have been studies which look at the effects of immobilization of ligaments and fascia, as well as studies that look at the effects manipulation has on joints following trauma and immobilization. The current literature also reports that changes in the structure of the tissues of the body change the structure of the endoskeleton of the cell. Such endoskeletal changes actually alter gene expression and metabolism of the individual cell. By manipulating the connective tissues of the body we can bring about significant changes on all levels.

Abstract from publication

## **Manipulation Techniques**

### **Foot**

Wynne, M, Burns, J, Eland, D, Conatser, R and Howell, J, *Effect of counterstrain on stretch reflexes, Hoffman Reflexes and clinical outcomes in subjects with plantar fasciitis*, Journal of the American Osteopathic Association, 2006 Sep, (Vol) 106, (No.) 9:547-556

#### **Located in third floor stacks**

Clinical improvement occurs in subjects with plantar fasciitis in response to counterstrain treatment. The clinical response is accompanied by mechanical, but not electrical, changes in the reflex responses of the calf muscles. The causative relation between the mechanical changes and the clinical responses remains to be explored.

Abstract from publication

## **Manipulation Techniques**

### **Hypertension**

Subera, LE, *Thoracic osteopathic manipulative treatment acutely lowers blood pressure: a pilot study*, Osteopathic Family Physician News, 2005 Apr, (Vol) 5, (No.) 4:1, 10-12

#### **Located online at: [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)**

A pilot study intended to provide evidence for the effectiveness of OMT as an adjunct to traditional anti-hypertensive therapies.

Abstract from publication

## **Manipulation Techniques**

### **OB-GYN**

Licciardone, J, Buchanan, S, Pim, K, Crusier, D and Stoll, S, *Pilot clinical trial of osteopathic manipulative treatment in pregnancy*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:320

#### **Located in the third floor stacks**

Poster presented at the forty-ninth annual AOA research conference

## **Manipulation Techniques**

### **Pain**

#### **Manipulation under Anesthesia**

Abend, DS and Ferraro, PM, *MUA/MUJA: An interdisciplinary approach for the treatment of chronic pain*, Osteopathic Family Physician News, 2005 Sep, (Vol) 5, (No.) 8:1, 10-11

**Located online at [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)**

Approaching spinal conditions through collaboration between osteopathic physicians and chiropractic physicians.  
Abstract from publication

## **Manipulation Techniques**

### **Stress**

Campomanes, C, Bixby, M, Shore, K, Larkin, J, Binkerd, J and Menini, T, *Effects of CV4 manipulation on oxidative stress biomarkers*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:330-331

#### **Located in third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

## **Manipulation with Conscious Sedation**

### **Somatic Dysfunction**

#### **Manipulation under Anesthesia**

AAO, *American Academy of Osteopathy Consensus statement for osteopathic manipulation of somatic dysfunction under anesthesia and conscious sedation*, AAO Journal, 2005 Jun, (Vol) 15, (No.) 2:26-27

#### **Located in third floor stacks**

The purpose of Osteopathic manipulation with or without general anesthesia is to restore the patient to optimal health potential. This is accomplished by the proper use of those procedures that will restore normal motion to the specific joint(s) and the associated muscles and tissues found to be in a dysfunctional state. Manipulation Under Anesthesia (MUA) is an OMT procedure performed with the added benefit of conscious or general sedation of the patient. It is used to circumvent and overcome the conscious and unconscious defense mechanisms and natural resistance to treatment manifesting in some conditions. Research and publication on the utilization and efficacy of this procedure is limited.

Abstract from publication

## **Muscle Engery**

### **Cranial Manipulation**

#### **Dental Conditions**

#### **Counterstrain**

#### **Myofascial Release**

Meulendyk, J, *Glossopharyngeal neuralgia - a case study*, Cranial Letter, 2005 Nov, (Vol) 58, (No.) 4:20-23

#### **Located in third floor stacks**

INTRODUCTION: This 53-year-old African American female presented with a chief complaint of "pain in both sides of my jaw when I begin to eat." The pain starts when she opens her mouth to take the first bite of food. Although the episode of pain only last about 30 seconds, she dreads eating because of the excruciating nature of the jaw pain. The history of the chief complaint revealed that her pain was intense and sharp in quality. On a scale of 10 points (with 10 being the most severe pain she had ever experienced), she reported the pain as an 8. She first noticed the pain shortly after she began Flolan® treatment to ameliorate her shortness of breath which was secondary to pulmonary hypertension. She reported no other oral symptoms or neck symptoms other than pain at the beginning of a meal. Her concern was that the pain was now interfering with her ability to interact with others at work during professional meetings during lunch. In asking about any other complaints, the patient stated that she felt like her eyes at times were becoming swollen and puffy.

Abstract from publication

## Neck

### Manipulation Techniques

#### Pain

#### Back Pain

#### Myofascial Release

Korn, B, *Triggerpoints and percutaneous electrical nerve stimulation - a possible treatment modality*, Osteopathic Family Physician News, 2005 May, (Vol) 5, (No.) 5:12-13

**Located online at:** [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)

An overview of a non-pharmacologic technique to treat a common source of neck and back pain resulting from motor vehicle accidents.

Abstract from publication

## Neck

### Whiplash Injuries

Rook, JL and Auburn, AM, *Multidisciplinary approach to treatment in a 38-year-old female, restrained driver following injuries sustained in a rear-end collision*, AAO Journal, 2006 Mar, (Vol) 16, (No.) 1:33-35

#### Located in third floor stacks

In 1928, orthopedic surgeon Crow was the first individual to use the term whiplash to describe neck injury related to motor vehicle accident.<sup>1</sup> With greater reliance on motorized transportation in the 21<sup>st</sup> century, the rate of whiplash related injuries in Western countries has increased significantly. New terminology has arisen to describe the complexity of injury related to both the acute and chronic phase of whiplash. Now termed cervical whiplash syndrome (CWS)<sup>2</sup> or whiplash associated disorder (WAD)<sup>3</sup>, it embodies an array of muscular, skeletal, neurological and psychosocial impairments. Treatment options and outcomes for individuals suffering from WAD/CWS have been extensive and vary in success. Modalities include pharmacological management of pain, acupuncture, physical therapy, chiropractic, hypnosis, surgery, osteopathic manipulative techniques (OMT) and trigger point injections (TPI). The treatment plan must be individualized for each patient and should include a multidisciplinary rehabilitative approach in order to provide pain management and restoration of function. We present this report as we feel that this patient represents a more complicated case of WAD/CWS suffering chronic effects from her injury. Furthermore, her case demonstrates treatment failure in the early process of management by other clinicians. Moreover, we believe that the combined modalities of OMT and TMI utilized at our clinic have been instrumental in the healing process of this patient.

Abstract from publication

## OB-GYN

### Musculoskeletal System

Baublitz, LK, *Medical Update: Somatic complaints in the pregnant female: A review of musculoskeletal dysfunction and osteopathic considerations*, Journal of the Pennsylvania Osteopathic Medical Association, 2005 Mar, (Vol) 49, (No.) 1:23-27

#### Located in third floor stacks

INTRODUCTION: During each trimester of pregnancy, women will experience various physiological, lymphatic and mechanical changes as a result of the enlarging uterus, fetus and circulating hormones. The degree and duration to which women experience such alterations in structure and function is variable. The goal of this article is to provide a brief overview of common musculoskeletal complaints expressed during the nine months of pregnancy, treatment of such entities, and osteopathic considerations.

Abstract from publication

## Obesity

Acevedo-Mogharbel, K, *Primary care after bariatric surgery*, Osteopathic Family Physician News, 2005 Jun, (Vol) 5, (No.) 6:1, 10-12

**Located online at:** [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)

An overview of the potential complications patients face post-bariatric surgery.

Abstract from publication

## **Pain**

### **Manipulation Techniques**

#### **Manipulation under Anesthesia**

Abend, DS, Ferraro, PM, Rosenberg, DC and Stein, JD, *MUA/MUJA: An interdisciplinary approach for the treatment of chronic pain*, Osteopathic Family Physician News, 2005 Sep, (Vol) 5, (No.) 8:1, 10-13

**Located online at [http://www.acofp.org/member\\_publications/index.html](http://www.acofp.org/member_publications/index.html)**

Approaching spinal conditions through collaboration between osteopathic physicians and chiropractic physicians. The article is followed by two critiques written by Drs. Stein & Rosenberg.

Abstract from publication

## **Pain**

### **Neurology**

McClennen, ER and Gamber, RG, *Acute intermittent porphyria mimic of Guillain-Barre Syndrome: A case report with the use of osteopathic manipulation for management of pain*, AAO Journal, 2005 Mar, (Vol) 15, (No.) 1:29-32

#### **Located in third floor stacks**

Motor neuropathies include a wide spectrum of clinical presentations and an extensive differential diagnosis. The following case represents an interesting incorporation of both the diagnoses of GBS and AIP. Refractory to the primary treatment for BGS and positive urine analysis for porphyria, it is still unclear the exact cause of his symptoms. None the less, the patient possesses a profound debilitating pain that remains following initial acute peripheral motor neuropathy presentation five years ago. Literature is lacking with regards to the rehabilitation benefits of osteopathic manipulative medicine in such complicated cases where standard modalities of treatment provide little relief of pain.

Abstract from publication

## **Palpation**

Licciardone, J, Fulda, K, Stoll, S, Gamber, RG and Cage, A, *Interexaminer reliability of osteopathic palpatory findings*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:320

#### **Located in third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

## **Palpation**

### **Diagnosis**

Burns, J, Pleskow, J, Eland, D, Howell, J, Williams, R and Conatser, R, *Contribution of cutaneous and proprioceptive inputs to osteopathic palpatory diagnosis*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:319

#### **Located in the third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

## **Philosophy**

### **Manipulation Techniques**

Nye, Z, Nye, D, Multack, R and Glonek, T, *Intraocular pressure correlated with osteopathic manipulative treatment*, Journal of the American Osteopathic Association, 2005 Jul, (Vol) 105, (No.) 7:317

#### **Located in third floor stacks**

Poster presentation at the forty-ninth annual AOA research conference

## **Physical Examination**

### **Back Pain**

McTruk, PT and Harding, HH, *Expanded spinal flexion test: a new palpatory tool for LBP analysis or an old test revisited?* AAO Journal, 2005 Mar, (Vol) 15, (No.) 1:24-27

#### **Located in third floor stacks**

**ABSTRACT:** Expanded spinal flexion test (ESFT), in its simplest definition, involves the application of the classical sacral test for sacral unleveling test1 (or simply sacral flexion test - SFT) to the lumbar and lower thoracic vertebrae. This incidentally discovered new test or a new application of an old test, does not appear to be documented or used elsewhere in the literature. According to the spinal motion laws documented first by Fryette2 in the osteopathic literature, Law #3 states that a motion or dysfunction in any plane of motion of a single vertebrae will cause a restriction for further motion of the same vertebrae in the remaining plane(s) of motion. Currently, the clinical palpation tests and observations regarding the dysfunction of lumbar vertebrae are geared towards side bending and rotational movements,3,4 even though the major motion of the lumbar spine is flexion and extension, i.e. on the sagittal plane. In our view, it should be intuitive that any dysfunction in this group of vertebrae may be more easily and directly observed by paying attention to the dynamic motion of the lumbar vertebrae (and its components) in the sagittal plane. Indeed, it was found that a dysfunction in the lumbar vertebrae could be clinically detected and diagnosed by applying the sacral flexion test on the lumbar and lower thoracic vertebrae. Therefore, this study aims to document this finding and explain its theoretical basis and conformance with the existing and well accepted spinal motion laws. It is hoped that an interest leading to a myriad of studies regarding its use, applicability, specificity, sensitivity may be fueled in this area.

Abstract from publication

## **Posture**

### **Somatic Dysfunction**

Milani, S, *Posture is movement enhancing osteopathic medicine with somatic movement therapies*, Cranial Letter, 2005 Nov, (Vol) 58, (No.) 4:16-20

#### **Located in third floor stacks**

**CONCLUSION:** In the world of somatics, function refers to movement. Structure is what moves and can be improved through the sensory-motor system by developing kinesthetic awareness and the ability to change one's movement. Working with movement opens the door to structural change. Bonnie Gintis has noted (p. 6), that in the origins of osteopathy in the cranial field, Dr. Sutherland's focus was on the functional as well. The goal of treatment was a movement one, the movement of the fluids. For him, a functional fluid system came first and the structural changes that mark posture—skeletal-muscular alignment range of motion, and relief of strain patterns followed. As Albert Einstein put it, "Nothing happens until something moves," (Knaster p. 272) Ultimately, writing about posture is like describing French using Russian. It would be more effective using the language of movement and touch. The meaning of good postural movement changes with each person's individual experience. I hope that the ideas presented here serve as a starting place for you. Just as the originators in the field of somatic movement did, I encourage you to investigate and explore your posture and movement for yourselves in whatever way or setting works best for you.

Abstract from publication

## **Primary Respiratory Mechanism**

### **Cranial Manipulation**

#### **Sacrum**

#### **Manipulation Techniques**

Bernhardi, J, Ernest F., *Following the PRM from the cranium, down the spine, to the sacrum*, Cranial Letter, 2005 Feb, (Vol) 58, (No.) 1:10

#### **Located in third floor stacks**

**INTRODUCTION:** Solihin Thom, DO, at the 2004 Cranial Academy Conference in Portland, Oregon, lectured on "Brainstem Motion in the CNS: Is the Brain Moving Together with the Brainstem?" "We were introduced to a model of how the cerebral hemispheres move in relation to the medulla and cord.... Solihin argued that the mechanism often becomes restricted around the lamina, holding the brain stem and cord in relative 'up' or 'down' position, which holds the cord in stasis... Often the cord is the 'culprit' being held by elements, south of the foramen magnum, that restrict its movement..."(see article references). Later, while I was using a parietal vault hold, Dr. Thom had me direct my attention to below the cranial bones and the brain, to the brainstem. When I returned to my office and used this technique with patients, their Primary Respiratory Mechanisms (hereafter referred to as the mechanism) led me down through the foramen magnum and into the spine. Afterwards, those patients all said they felt greatly relaxed, and in several cases, felt a decrease in their anxiety.

Abstract from publication

## **Reflex**

### **Manipulation Techniques**

#### **Foot**

Howell, JN, Cabell, KS, Chila, AG and Eland, DC, *Stretch reflex and Hoffmann reflex responses to Osteopathic Manipulative Treatment in subjects with Achilles Tendinitis*, Journal of the American Osteopathic Association, 2006 Sep, (Vol) 106, (No.) 9:537-545

#### **Located in third floor stacks**

The reduction of stretch reflex amplitude with OMT, together with no change in H-reflex amplitude, is consistent with Korr's proprioceptive hypothesis for somatic dysfunction and patient treatment. Because subjects' soreness ratings also declined immediately after treatment, decreased nociceptor activity may play an additional role in somatic dysfunction, perhaps by altering stretch reflex amplitude.

Abstract from publication

## **Somatic Dysfunction**

Comeaux, Z, *Somatic dysfunction - a reflection on the scope of osteopathic practice*, AAO Journal, 2005 Dec, (Vol) 15, (No.) 4:17-21

#### **Located in third floor stacks**

ABSTRACT: The development of a consensus regarding osteopathic terminology has shadowed the struggle to express the intention, method and scientific understanding of this aspect manual diagnosis and treatment. The term "somatic dysfunction" has come into use in the context of this struggle. As the osteopathic profession simultaneously expanded yet attempts to maintain unity, a review of the history, relevance and future of the definition seems timely. This article reviews these issues, intending to stimulate discussion toward a broader international consensus regarding the biophysiological implementation of the definition of somatic dysfunction.

Abstract from publication

## **Somatic Dysfunction**

### **Headache**

Coffey, D, *C1 Somatic dysfunction and unilateral retroorbital cephalalgia*, AAO Journal, 2005 Jun, (Vol) 15, (No.) 2:11-19

#### **Located in third floor stacks**

The purpose of this paper is to establish somatic dysfunction at C1, which involves the entire occipitoatlantoaxial joint complex, as a cause of unilateral retroorbital cephalalgia and to describe an osteopathic treatment when there is a laterally prominent transverse process of C1 on the same side as the cephalalgia.

Abstract from publication

## **Somatic Dysfunction**

### **Musculoskeletal System**

#### **Viscera**

Eland, DC, *Palpatory evidence for viscerosomatic influence upon the musculoskeletal system*, AAO Journal, 2006 Sep, (Vol) 16, (No.) 3:21-24

#### **Located in third floor stacks**

Practitioners using osteopathic diagnosis and treatment have experience with or exposure to many branches of the osteopathic tree. There are branches that focus upon the viscera. Jean-Pierre Barral has written and lectured extensively on palpatory evaluation and treatment of visceral dysfunction. This article will look at the various approaches used to assess the expression of viscerosomatic input in the musculoskeletal system. Chapman's reflexes are well known manifestations of visceral influence upon the musculoskeletal system. Osteopaths routinely look for somatic dysfunction at vertebral levels that correspond to the source of sympathetic innervation for a given viscus. Some identify associated characteristic tissue texture changes associated with viscerosomatic influence. William L. Johnston, DO, FAAO introduced compelling evidence for other specific indicators of visceral input affecting musculoskeletal function; 'Lack-of-Accord', 'Linkage', and certain chondral diagnostic characteristics. These elements are explored in detail in the second edition of *Functional Methods* by Johnston, Friedman, and Eland. There appears to be an additional relationship that suggests the presence of viscerosomatic input in relationship to any diagnosed dysfunction in the axial spine. When viscerosomatic input is present, there can be a lack-of-agreement between local motion input and regional motion input. This article will focus upon the concepts of local motion input vs. regional motion input and their implications for diagnosis and treatment.

Abstract from publication

### **Sports Medicine**

Sinco, P, *DOs score big as team physicians: playmakers*, DO, 2005 Aug, (Vol) 46, (No.) 8:46-53, 61

#### **Located in third floor stacks**

Osteopathic manipulation and sports medicine go hand in hand. In this article, various DOs talk about their experiences taking care of patients whose livelihoods depend on their physical abilities and wellbeing.

### **Temporomandibular Joint Disorders**

Vrona, DG, *Dental corner: Mystery of the history: a case of TMD*, Cranial Letter, 2005 Feb, (Vol) 58, (No.) 1:14

#### **Located in third floor stacks**

The case of a seventy-year-old woman with complaints of recent left-sided headache, ear, face and jaw pain, bilateral tinnitus, subjective malocclusion, eating difficulty, and limited jaw movement was presented. History, examination, radiographic findings, diagnosis, treatment and results are discussed.

Original abstract

### **Temporomandibular Joint Disorders**

#### **Case Report**

Vrona, DG, *Tale of two TMJ's*, Cranial Letter, 2006 May, (Vol) 59, (No.) 2:18

#### **Located in third floor stacks**

Patient symptoms included aching face and clicking jaw joints. The patient was diagnosed with TMJ dysfunction and myofascial pain.

Original abstract

### **Urogenital System**

Clark, RC, *Case of a patient with persistent urinary urgency*, AAO Journal, 2005 Mar, (Vol) 15, (No.) 1:20-21

#### **Located in third floor stacks**

Case history of a patient whose chief complaint was urinary urgency. The physical examination, treatment and follow-up are discussed.

Original abstract