American Academy of Osteopathy®

3500 DePauw Blvd, Suite 1100, Indianapolis, IN 46268-1136

(317) 879-1881 • fax: (317) 879-0563

editoraaoj@gmail.com • www.academyofosteopathy.org

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The mission of the AAO Journal is to facilitate a forum, with a sense of belonging, ensuring the opportunity for the present osteopathic community and its supporters to honor the past accomplishments, promote the osteopathic tenets, and advance osteopathic research and its influence within the medical field.

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Continuing Medical Education

Continuing Medical Education Quizzes

The purpose of the continuing medical education quizzes are to provide a convenient means of self-assessing your comprehension of the scientific content in each article.

To apply for 0.5 credits of AOA Category 2-B continuing medical education, fill out the applicable questions of the Continuing Medical Education for each article you read.

Submit your quizzes to the American Academy of Osteopathy via paper or digitally.

The AAO will check your quizzes against the answers, and quizzes with a 75% or higher result per quiz will be submitted for 0.5 CME credit each to the American Osteopathic Association's Division of Continuing Medical Education.

Quiz answers will be published in the next issue of The AAOJ.

Submit CME quizzes online at https://form.jotform.com/213265097425154 or send completed CME quiz page(s) to:

American Academy of Osteopathy

ATTN: Publications Administrator

3500 DePauw Blvd, Suite 1100

Indianapolis, IN 46268-1136

communications@academyofosteopathy.org

Fax: (317) 879-0563

AAOJ Call for Submissions

Time is precious and article writing is often triaged for busy physicians. In an effort to help guide the journal and stimulate interest in academic and scholarly activity, we are providing some broad topics that can be "reserved" for you. These are by no means the only topics for the journal, but it helps to eliminate the writer's block that so many of us may face.

Below are topics available to reserve if you would like to support your portfolio with academic writing:

- Osteopathic approaches to treating patients with pelvic dysfunctions
- Osteopathic approaches for the cardiac patient
- The body triune: osteopathic treatment of mind and spirit for today's patient
- Beyond Spencer technique: OMT for shoulder overuse
- Using OMT to treat patients with long-term side effects of radiation for cancer treatment

If you are interested in any of these topics, send an email to communications@academyofosteopathy.org and reserve your topic today. Manuscripts should be submitted to PeerTrack within three months of reserving a topic. See the *AAOJ*'s Instructions for Contributors for more information on submitting manuscripts.

In addition, we are asking for peer reviewers to assist us in producing the best journals we can. Contact the AAO Publications Administrator at communications@academyofosteopathy.org if you can help in this capacity. No experience is required, and training resources will be provided. Peer reviewers are expected to review at least 2 manuscripts per year.

If you have any questions, please email us at editoraaoj@gmail.com.

March 2022 Continuing Medical Education Answers

Name of article: "Student Perception of an OMM Virtual Practical Examination: In the Setting of Social Distancing"

Authors: Gabriel N. Berenbeim, OMS IV; Isaac A. Metzler, OMS IV; Drew D. Lewis, DO, FAAO; Chunfa Jie, PhD

1. What is a major shortcoming of the virtual practical examination? **Answer**: A. Lack of ability to assess a student's diagnosis for correctness.

   A virtual practical examination maintains the ability to assess students' psychomotor skills, communication skills, and teaching skills. A major shortcoming of the virtual practical examination is that testers cannot assess a student's diagnosis for correctness.
2. Which statement is not true regarding individualized feedback? **Answer**: D. The results demonstrate that individualized feedback was significantly compromised during the virtual practical examinations.

   The only statements that is not true is: The results demonstrate that individualized feedback was significantly compromised during the virtual practical examinations. All the other statements were discussed in the comments about individualized feedback in the virtual practical examination.
3. Which statement is true regarding the results of the survey question, "I put significantly more time and effort into preparing for the virtual practical than I did preparing for the in-person practical"?
   Answer: C. Over 40% of the students reported neither agreeing nor disagreeing with that statement.

   The majority of students did not agree nor disagree that they spent more time preparing for the virtual practical examination compared to the standard in-person practical examination. This suggests that the preparation time for the virtual practical examination is comparable to the standard in-person practical examination. It is ideal that a virtual practical examination does not impose unnecessary added time for preparation.
4. The props that were used in this virtual practical examination included: **Answer**: B. A pair of pants and a paper sacrum.

   This virtual practical examination was for the focused areas of the lower extremity and pelvis. Students used a pair of pants and a paper sacrum to demonstrate techniques performed on the lower extremities, innominate bones, and the sacrum. Letter b is the correct answer. In the comments, it was discussed that if a practical examination were performed for other focused areas of the body, a long sleeve shirt or a general skeleton could be utilized similarly to how we used the lower extremity props in this virtual practical examination.

Name of article: "Professional Impact of the DMU Predoctoral OMM Fellowship"

Authors: Gabriel Berenbeim, OMS IV; Megan Ellis, OMS IV; Kaitlyn Finneran, OMS IV; Isaac Metzler, OMS IV; Drew Lewis, DO, FAAO; Jie Chunfa, PhD

1. Which of the following is a correct description of predoctoral OMM Fellowship programs? **Answer**: B. Predoctoral OMM Fellowships are an additional year of medical training that frequently involves direct patient care and educating medical students on the utilization of OMM.

   In the United States, predoctoral OMM fellowships are offered in 24 of the 34 colleges of osteopathic medicine. Predoctoral OMM fellowships are an additional year of medical training that frequently involves direct patient care and educating medical students on the utilization of OMM. The amount of time allocated to fellow duties varied, with the largest amount of time spent in paying clinics with patients and teaching OMM labs. The majority of predoctoral OMM fellowships select 4 participants per year, with an average fellow to medical student ratio of 1:46.
2. Which of the following aspects of the DMU predoctoral OMM Fellowship did the majority of graduates perceive little to no improvement in their skills? **Answer**: D. Research skills.

   The curriculum and emphasized responsibilities of DMU OMM fellows has changed since its start in 1977, with a more recent emphasis on conducting research beginning in 2017. Of the time allotted to fellow responsibilities from pOMMF programs in the United States, on average only 6% of the fellows' time was dedicated to research. Similarly, the fact the DMU pOMMF was initially designed as a teaching fellowship helps explain alumni's perceived lack of research experience and the relatively small amount of time dedicated to research.
3. What percentage of osteopathic physicians report NOT using OMT on their patients in the study by Healy compared to the graduates of the DMU predoctoral fellowship? **Answer**: C. Osteopathic physicians who do NOT provide OMT 57%; DMU pOMMF graduates who do NOT provide OMT 77%

   Based on a survey of osteopathic physicians nationally, 77.74% respondents reported using OMT on less than 5% of patients, while 56.95% did not use OMT on any of their patients (Healy 2021). Insufficient time and lack of confidence are some of the most common reasons physicians report for not using OMT in clinical practice. The understanding and use of OMM is the ultimate distinction between allopathic and osteopathic physicians. Thus, finding ways of improving students' confidence and proficiency in OMM skills is of paramount interest to the osteopathic profession. In this study, the majority of pOMMF graduates attribute the fellowship to significantly improving their ability to incorporate OMT into their medical practice and 83.61% of respondents report providing OMT to patients in their current practice.
4. What were the top 4 leadership roles DMU predoctoral OMM Fellowship graduates held? **Answer**: A. Chief Resident, Clinical Preceptor, Department Chair, Medical Director

   Responses to leadership roles were filtered based on participant eligibility to be at least a chief resident in a residency program by 2020. Current and past leadership roles were reported by graduates and results showed 52.1% of the respondents reported that they held the role of Chief Resident, 54.2% were or are clinical preceptors, 22.9% have been or are currently department chairs, and 29.2% reported being or have been medical directors.

December 2021 Continuing Medical Education Answers

Name of article: "Patellofemoral Pain Syndrome: A Review of the Literature with Osteopathic Emphasis"

Authors: Thomas Balint, OMS IV; Mark Paquette, OMS IV; Joseph Amalfitano, DO

1. A 35-year-old male presents to the clinic with pain around his knee. The pain has been present for several months and is aggravated when he gets up from a chair or going up stairs. After the physical exam, a diagnosis of PFPS is made. Which of the following would be an indication for imaging? **Answer**: B. History of trauma
2. True/False: Patellofemoral Pain Syndrome is seen more in male patients. **Answer**: False
3. Which of the following areas would be most beneficial to treating a patient with PFPS of the right knee? **Answer**: D. Right internally rotated tibia
4. Which of the following would be the most appropriate screening test for a patient with suspected PFPS? **Answer**: C. "Squat" Test

Name of article: Name of article: "Osteopathic Approach to Treatment of Radial Head Dysfunction: The Radial Head Range of Motion Technique"

Authors: Megan M. Ellis, OMM Fellow, OMS IV; Drew D. Lewis DO, FAAO

1. A patient reports pain and difficulty with their forearm/elbow motion after screwing in a lightbulb. You find asymmetry of motion with ease of motion in supination and restriction of motion in pronation. No pain with flexion or extension. What is the *most likely* dysfunction causing these findings? **Answer:** A. Anterior Radial Head Somatic Dysfunction

   Restriction in pronation, but ease in supination – named for the freedom of motion, when supination is free, the radial head is anterior, thus this is an anterior radial head.
2. Patient presents with an acute injury of the arm after trying to catch themselves during a fall forward on their outstretched hand. You find asymmetry of motion with ease of motion in pronation and restriction of motion in supination. No pain with flexion or extension. What is the MOST LIKELY dysfunction causing these findings? **Answer:** E. Posterior Radial Head Somatic Dysfunction

   Fall forward classically involves prontated forearm. Restriction in supinaiton, but ease in pronation – named for the freedom of motion, when pronation is free, the radial head is posterior, thus this is a posterior radial head.
3. Why are radial head somatic dysfunctions quite significant dysfunctions for the upper limb? **Answer:** A. Resultant fascial strain can create a tourniquet effect causing congestion of fluids

   According to the teachings of J. Gordon Zink, DO, this fascial strain results in local tissue tightness of the forearm creating a tourniquet effect, as lymphatic fluid and venous return are decreased and proper arterial flow is impeded as well.
4. Choose the best answer. Effective treatment of radial head somatic dysfunction can help: **Answer:** D. Reduce pain, balance neural influence, and increase circulation to the forearm

   Effective treatment of a radial head somatic dysfunction with radial head range of motion (video) can help reduce pain, balance neural influence, and increase circulation to the forearm ultimately helping to address complaints of the elbow, forearm, and wrist.

Name of article: "Supine Counterstrain Technique for Posterior Rib Tenderpoints"

Authors: Megan M. Ellis, OMS IV; Jose S. Figueroa, DO, FAOCPMR, FAAPMR

1. Which of the following is a true statement regarding the importance of treating rib somatic dysfunctions with osteopathic medicine? **Answer**: C. Rib somatic dysfunctions have an effect on the respiratory mechanism as well as arterial, venous, and lymphatic circulation.

   Treating poster rib tenderpoints helps to address a patient's impaired respiration and circulation. Restoring the proper rib mechanics allows for improved function of the diaphragm and enhanced return of venous and lymphatic fluid.
2. With the patient supine, how does the physician assess for a posterior rib tenderpoint? **Answer**: D. After obtaining consent to touch the patient, the physician passively horizontally adducts the patient's ipsilateral arm across their chest and assesses for tissue texture changes.

   A physician must obtain consent before touching their patient. To assess for a supine posterior rib tenderpoint, the physician is seated next to the patient and passively horizontally adducts the patient's ipsilateral arm across their chest. By adducting the patient's arm the physician is moving the medial border of the scapula laterally, allowing them to assess for tissue texture changes along the rib angles of ribs 2-7.
3. What is the correct treatment position for treating a supine posterior rib tenderpoint? **Answer**: A. The physician brings the adducted arm into approximately 90° of abduction with lateral traction followed by horizontal extension.

   The patient should remain in the supine position as the physician brings the adducted arm into approximately 90° of abduction with lateral traction followed by horizontal extension. The physician will re-assess for tenderness. If the tenderness is not 75%-100% better, the physician can fine tune for tissue softening with external or internal rotation, as well as adduction or abduction.
4. If a posterior rib tenderpoint does not resolve, which of the following could be contributing to the somatic dysfunction? **Answer:** B. Muscle strains of the serratus posterior superior, intercostal muscles, and/or iliocostalis thoracis.

   Ribs that have slipped posterior may also elicit tenderness upon palpation but require a different treatment modality such as HVLA or Still techniques to bring the rib back to a neutral position2. Muscle strains (serratus posterior superior, intercostal muscles, iliocostalis thoracis) maybe keeping the rib in an inhalation somatic dysfunction and require muscle energy or HVLA to address the corresponding muscles and ligaments.