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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.

Science

- Case reports of a novel clinical situation with pertinence to OPP
- Describe the functional anatomy of a region of the body

Art

- What does the art of osteopathic medicine mean to you?
- Describe how you developed your sense of intuition in OMT

- Review ways of organizing a treatment

Philosophy

- How do you address your patient’s body, mind, and spirit in your practice?

History

- Write a short biography of one of AT Still’s students; what makes them distinctive and interesting?

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.

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 completed 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 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 aao.memberclicks.net/aaoj-cme or send completed CME quiz page(s) to:

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March 2023 Continuing Medical Education Answers

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CME Certification of Home Study

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Name of article: "Still's Osteopathy"

Author: Nicholas Handoll, DO (UK)

Publication: *The AAO Journal*, Vol. 33, No. 1, March 2023, pages 22-28

1. What did A.T. Still say of osteopathy in his definition?
 - a. Osteopathy is the science of the structure and function of the human body
 - b. Structure and function are reciprocally related
 - c. Osteopathy is a system of movements
 - d. **Osteopathy is that science of the structure and functions of the human mechanism**
2. What did Turner Hulett D.O. say should be the effect of osteopathic care?
 - a. To guide the body towards health
 - b. To modify the vital processes in the body
 - c. **To remove conditions which are interfering with the vital processes**
 - d. To help the body heal itself
3. According to H. H. Gravett, DO, what did Still say was the first step in osteopathy?
 - a. The body is a unit
 - b. The body contains self-regulatory mechanisms
 - c. **A belief in our own bodies**
 - d. Structure and function are reciprocally related

Name of article: "Osteopathic Findings and Treatment of Patient with Crohn's Disease and Post-Ileocecal Resection: A Case Report"

Author: Daniel Shulman, OMS III; Mikhail Volokitin MD, DO; Anthony Song, OMS IV; Denise Burns, DO, FAAO

Publication: *The AAO Journal*, Vol. 33, No. 1, March 2023, pages 14-21

1. Which of the following statements regarding Crohn's disease is true?
 - a. a chronic inflammatory disease that damages the lining of the digestive tract.
 - b. symptoms may vary in severity, and patients can present with abdominal pain, fever, and signs of diarrhea or obstruction.
 - c. can manifest at any portion of the GI tract, from the mouth to the anus, but is most commonly found at the terminal ileum and colon.
 - d. the distinguishing features include transmural inflammation, which can cause strictures and fistulas.
 - e. **all of the above.**
2. The main indication for surgical resection of the affected segment is:
 - a. presence of abdominal Chapman's points.
 - b. presence of enlarged and tender abdominal celiac ganglion.
 - c. **intractability of symptoms.**
 - d. constipation.
 - e. diarrhea.
3. Which of the following postoperative risks and complications of ileocecal resections before committing to the surgery patients should NOT be made aware of:
 - a. prolonged ileus.
 - b. **ascites.**
 - c. pneumonia/atelectasis.
 - d. wound infection.
 - e. urinary tract infections.
4. Which would be the best treatment approach from osteopathic perspective:
 - a. **balance sympathetic and parasympathetic systems and improve lymphatic drainage.**
 - b. visceral manipulation.
 - c. counterstrain techniques to affected areas.
 - d. HVLA to diagnosed viscerosomatic dysfunction.
 - e. Lateral fluctuation for temporal bones imbalance.

June 2023 Continuing Medical Education

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Name of article: “Osteopathic Manipulative Treatment in Patients with Anxiety and Depression:
A Pilot Study, Part 2”

Authors: Eneida Miranda, DO; Eleonora Feketeova, MD; Jennifer Giza, DO

Publication: *The AAO Journal*, Vol. 33, No. 2, June 2023, pages 39-45

1. Which neurotransmitters have been found to play a major role in the association between pain and mood?
 - a. Serotonin and dopamine
 - b. Epinephrine and norepinephrine
 - c. Dopamine and serotonin
 - d. Norepinephrine and serotonin
2. Which model can help identify differences in pain and psychiatric disorders?
 - a. Biological model
 - b. Biopsychosocial model
 - c. Psychological model
 - d. Social model
3. Where has touch has been shown to inhibit nociceptive stimuli?
 - a. Nowhere
 - b. Subcortical levels
 - c. Supraspinal levels
 - d. Both B and C
4. How does touch play a role in providing a holistic approach to patient care?
 - a. By linking sensation to perception and feelings to lessen preoccupation and provide emotional support
 - b. Touch plays no role in one's physiological and psychological development
 - c. None of the above
 - d. A and B

Name of article: “Osteopathic Management of Pediatric Feeding Disorder, Oral Aversion, and Growth Faltering: A Case Report”

Authors: Eric Beveridge, OMS IV; Mary Ann Magoun, DO

Publication: *The AAO Journal*, Vol. 33, No. 2, June 2023, pages 53-59

1. The gag reflex is carried by which two cranial nerves?
 - a. IX and X
 - b. IX and XII
 - c. V and IX
 - d. V and X
 - e. X and XII
2. Which of the following conditions is considered a “red flag” in the context of pediatric feeding problems?
 - a. Aspiration
 - b. Short stature
 - c. Diarrhea
 - d. Abdominal pain
 - e. Oral aversion
3. Intervention during which time in a child's life is considered most critical in minimizing nutrition-related mortality risk and optimizing long-term health?
 - a. The first 2 years of life
 - b. The first year of life
 - c. The first 6 months of life
 - d. The third year of life
 - e. The fourth year of life
4. Pediatric feeding disorder is defined as impaired oral intake that is not age-appropriate and is associated with dysfunction in at least one of four domains, which includes all except which of the following domains?
 - a. Medical
 - b. Nutritional
 - c. Feeding Skills
 - d. Psychosocial
 - e. Anatomic

June 2023 Continuing Medical Education

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CME Certification of Home Study

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Name of article: “A Case of Chronic Postoperative Abdominal Wall Pain Successfully Treated with the Fascial Distortion Model”

Authors: Jessica Pelletier, DO; Joshua Boucher, DO

Publication: *The AAO Journal*, Vol. 33, No. 2, June 2023, pages 60-66

1. A 45-year-old female who is s/p cholecystectomy six weeks ago presents to the ED complaining of burning pain throughout her anterior abdominal wall that frequently changes location and which does not correlate with any obvious dermatomal distribution. The pain has been present since surgery. Laboratory workup and CT imaging demonstrate no obvious abnormalities. Which fascial distortion should you suspect?
 - a. Herniated trigger point
 - b. Continuum distortion
 - c. Folding distortion
 - d. Cylinder distortion
2. A 24-year-old male presents to the ED for abdominal pain s/p exploratory laparotomy after an MVC six months ago. The pain has not changed since his surgery. His abdomen is diffusely tender to palpation with no guarding. You asked him to contract his rectus abdominis muscles, and he reports worsening of his pain. What is this clinical sign called?
 - a. Carnett's sign
 - b. Chvostek's sign
 - c. Courvoisier's sign
 - d. Cullen's sign
3. The same patient from the previous questions has a benign laboratory workup in the ED. How would you confirm the diagnosis of anterior cutaneous nerve entrapment syndrome (ACNES)?
 - a. Ultrasound of the abdominal wall
 - b. Resolution of pain with trigger point injection
 - c. CT abdomen/pelvis with IV contrast
 - d. Resolution of the pain with gabapentin
4. A 65-year-old female s/p abdominoplasty four months ago presents to the ED with severe abdominal pain along the margins of her midline scar. She points to the focal areas of her pain and describes a sensation of “bulging” there, and this has been present for several months. Her CT abdomen/pelvis and labs demonstrate no obvious etiology for her pain. You treat her herniated trigger points with improvement in pain. What is theorized to be the pathophysiology behind herniated trigger points? By linking sensation to perception and feelings to lessen preoccupation and provide emotional support
 - a. Hypersensitivity due to miscommunication between the brain and superficial cutaneous nerves
 - b. Small hernias of the abdominal wall
 - c. Entrapment of superficial cutaneous nerves
 - d. Twisting of superficial fascia