



# PULSE

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

Summer • 2012

## 2012 Spring Conference CME Activities Review

By Marta Diaz, DO, FACOP and Richard D. Magie, DO

The ACOP 2012 Spring Conference started with James R. Flanagan, MD, PhD, discussing *DRG Coding Assurance Using Clinical Language Understanding Solutions While Meeting ICD-10 Challenges*. He reviewed the importance of an accurate and concise narrative of patient care using a clinical language that can be understood and interpreted by others. He stated, "Prompting for detail is imperative. Agencies are looking at the medical record and judging your quality of care based on this." He also stated that new innovations are coming and important and will help you access information when and where you need it. His lecture generated interesting questions and comments from the audience.

Karen Berg, Scott Cyrus, DO, Michael Hunt, DO, and Richard Magie, DO, presented a stimulating session on *Implementation of an EMR in a Pediatric Practice: What a Pediatrician Should Consider* that engaged the audience and raised questions. Karen Berg discussed what is required to participate in the Meaningful Use (MU) program. Steps for MU



Continued on page 12

## Dr. Leopold Wins Harold H. Finkel Pediatrician of the Year Award

By Margaret Orcutt-Tuddenham, DO, FACOP

The American College of Osteopathic Pediatricians (ACOP) awarded the 2012 Harold H. Finkel Pediatrician of the Year Award to David W. Leopold II, DO, FACOP. The College, meeting in Memphis, TN, for its annual Spring scientific meeting announced the award at their Saturday evening award celebration on March 24, 2012. Dr. Leopold was chosen for this award for his unstinting loyalty to pediatrics, to the ACOP and for his contributions to the pediatric profession through his practice, teaching and administrative expertise.



Margaret Orcutt-Tuddenham, DO, FACOP, presents the Harold H. Finkel Pediatrician of the Year Award to David W. Leopold II, DO, FACOP.

Dr. Leopold is a graduate of Kansas City College of Osteopathic Medicine and completed his pediatric training in Grand

Continued on page 11

## DID YOU KNOW?

One third of high school students are bullied. One-quarter of elementary students who are the bully-perpetrators have a criminal record by age 30. Students who are cyberbullied are not usually the students being bullied at school. Want to know more? Turn to page 3.

## what's inside ...

Click on the article title below to view your selection!

President's Message .....	2
Melnick at Large .....	3
By the Numbers .....	3
The Editor Comments .....	4
Student Club News - CCOM.....	5
Research Committee Update .....	6
Book Review.....	6
In Their Footsteps.....	7
Members in Print .....	7
iPerch .....	8
GME Committee Spotlight.....	8
Student Club News -WVSOM .....	9
Thank you to our Supporters .....	10
Appellation Answers .....	11
Historical Highlights .....	11
FYI.....	11
2012 Spring Conference Awards .....	13
Welcome New Members .....	14



## President's Message

James E. Foy, DO, FACOP  
ACOP President



James E. Foy, DO,  
FACOP

At the most recent Board of Trustees (BOT) meeting in March, 2012, in Memphis, the Board approved developing two innovative programs that will affect our osteopathic pediatric residency programs. The first program involves collaboration between the ACOP, the American Osteopathic Board of Pediatrics (AOBP) and the National Board of Osteopathic Medical Examiners (NBOME) in the creation of an online residency in-service testing program. This program will meld the testing expertise of the NBOME with the item writing strengths of the ACOP and AOBP to develop an annual testing system that will identify areas needing additional emphasis, at both a resident and program level and allow the programs to better track the residents' progress through their osteopathic residency program. This program will be the first online program in the osteopathic profession and is scheduled for implementation in 2013.

Additionally, one of our members, Shawn Centers, DO, proposed that the BOT establish a program to recognize our resident's expertise in pediatric OMM. The Board recognized the importance of Dr. Centers' suggestion, in terms of future insurance reimbursement for pediatric OMM services, as well as documentation of the OMM training that our residents receive and the osteopathic distinctness of our residencies. The Board discussed various methods to establish such a program, including additional certification in Pediatric OMM or awarding residents an added qualification certificate in pediatric OMM. Dr. Centers has agreed to form a pediatric OMM task force to explore this area and will be reporting back to the BOT at the October meeting in San Diego.

Recognizing the growing complexity and diversity of function of our ACOP communication vehicles, the Board also formed a new committee at our previous meeting, the Communications Committee, to better manage this important area. Underneath the wings of the Communication Committee will be three distinct subcommittees: the *eJournal*, the Website and the Newsletter subcommittees. Per the Board's rec-

ommendation, a Communications Committee Task Force was formed, and met initially at the Memphis meeting. Tami Hendriksz, DO, has accepted the position of Communications Committee chair and will be leading this important new committee.

The *eJournal* will serve a new, important educational role for our members in the maintenance of certification program that is beginning in 2013 and is now under the leadership of Michael Hunt, DO. Dr. Hunt will also serve as the lead for the website committee, taking responsibility for leading our website design and function program. Finally, completing the triad of our communication efforts, Robert Locke, DO, MPH,

will continue his leadership and editing skills in the management of our newsletter. If anyone is interested in participating in the Communications Committee, or any of its three subcommittees, please let Kim Battle or Dr. Hendriksz know (Kim@ACOPped.org, tami.hendriksz@tu.edu).

Finally, with summer rapidly approaching, it will bring with it the AOA House of Delegates (HOD) meeting in July. In our role as the osteopathic pediatric experts for the osteopathic profession, we will be submitting resolutions to the HOD for approval. The ACOP Vaccine Committee has submitted resolutions in support of the MCV4 booster recommendation and new MCV4 recommendations in high-risk pediatric patients. Any ACOP member with an idea for a resolution concerning a new pediatric issue should please let me know (james.foy@tu.edu). Resolutions should be nationally applicable, not regional, and should serve to make our osteopathic colleagues in other specialties aware of new pediatric recommendations that have come to light over the past year.

Well, enjoy your summer. I hope to see you in San Diego in October.



**Keep your eyes open for the July *eJournal*!**

**Practical Learning and Free CME – all available in the upcoming July *eJournal*.**

- Mary Solomon, DO and Jason Smith, DO will be discussing various topics in pediatric sports medicine.
- Match your wits against Dr. Marshall in Marshall's Corner
- Review basic immunological signaling pathways with Katiana Wiess, DO
- Get Free Osteopathic CME by completing the OCC questions
- Take an educated guess at the picture quiz by the vaccine committee

**Did you miss seeing the last issue of the *eJournal*?**

It is still available at **ACOP Website** at  
<http://www.acoped.org/ejournalarchive.iphtml>



# MELNICK at large

By Arnold Melnick, DO, FACOP

## Two Dangerous Epidemics

Two of the bothersome current American epidemics fall squarely into the lap of pediatricians and challenge us to treat and control them. They are obesity and bullying – and both have arisen just in recent years.

This is not the first time that doctors in our specialty have been faced with a widespread epidemic – and not the first time that specific causes are unknown and no universal treatment is available. Back in the 1940s and 1950s, my early days of practice, poliomyelitis was a threatening and deadly disease. But the work of Salk and others gave us a better understanding...and a vaccine. A generation before that, diphtheria and whooping cough gave pediatricians nightmares, until we were given vaccines that practically wiped out these diseases. So, facing epidemics is not new for pediatricians.

But these new ones, we know, are not caused by any “bug”-- we really don’t know their specific etiologies, although theories are starting to arise. In fact, there are many more socio-emotional factors in these affections than physical. Even without knowing specific causes, the problem for the pediatrician (and others who treat these maladies) is that we must diagnose them and offer some kind of treatment in view of really limited knowledge. (And perhaps eventually, some brilliant scientist will give us a better handle on these two puzzles.)

PULSE has been paying attention to both in its editorial material. In the past couple of issues, we have presented some pertinent information (in digested form) about Obesity. In this issue of PULSE, we

are carrying a “By the Numbers” about bullying and a news article paraphrasing a report from the *American Journal of Public Health*.

Clearly, bullying concerns us all. But what do we do about it? As an observer, it seems to me that every pediatrician should have enough acquaintance with this entity to seek it out in every history of a school-aged child. Waiting for the parent or child to offer a complaint about it will uncover a minimal number of cases. Casually asking just one question – “Are you being bullied in school?” – also is minimalistic and will probably never get satisfactory answers. So we must be prepared to recognize fear, anxiety, or even lying in response to our questions, showing us that an underlying problem exists.

So what do we do if we suspect that there is bullying going on, or if we get an admission. We must either learn how to follow it up or know where to turn for authoritative help (school, community, police – where?). This means we must find sources and know what exists in the community, if we do not want to have the burden of handling or treating the situation ourselves. And we must do this before we suspect our first case.

Even though bullying is first a youth problem, and then very much of a societal problem, we are, or can be, the first line of approach. I hope all our efforts will lead to a situation similar to polio, diphtheria or whooping cough-- no, not a vaccine, but a solution perhaps guided by us and our fellow pediatricians.

### DID YOU KNOW?

*One in three adults claims to be victims of workplace bullying. When exposed to chronic bullying in the workplace, their cognitive performance declines by 50%.*

## By THE NUMBERS

### Bullying

By Arnold Melnick, DO, FACOP and Robert Locke, DO, MPH, FACOP

1 in 8	Teenage males and females who admit bullying
1 in 3	Teenage males who reported homophobic teasing of other student
1 in 2	High school-aged bullies will have a criminal record by age 24
1	State does not have anti-bullying laws (South Dakota)
4.4	Odds that a bully (perpetrator) has been physically abused by a family member in past year
5.0	Odds that a bullying victim has been physically abused by a family member in the past year
44% & 34%	Percentage of middle and high school students who have been affected by bullying in the past year
9-34%	Incidence of cyberbullying, depending on the source.
67%	Two-thirds of individuals who are cyberbullied are not victims of bullying elsewhere. Internet creates a separate venue from school for bullying
15%	Children who skip school because of fears of being bullied
15%	Teenage victims of school or cyberbullying who attempted suicide (seven times higher than non-bullied teens)

2011-2013

American College of  
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# THE EDITOR COMMENTS

*This feature is contributed by the ACOP PULSE Editor, Robert G. Locke, DO, MPH, FACOP, to bring attention to feature articles that have caught his eye. Any comments or suggestions are welcome and can be sent to [acopublications@gmail.com](mailto:acopublications@gmail.com).*

## Cyberbullying, School Bullying and Psychological Distress: A Regional Census of High School Students

By S. Schneider, MSPH, L O'Donnell, EdD, Ann Stueve, PhD, and R. Coulter, BS  
in *American Journal of Public Health* 2012; 102:171-177

**Study Summary:** 20,406 high school students were assessed for bullying victimization, psychological stress, depression, and self-injury. 15.8% reported cyberbullying and 25.9% school bullying in the past year. Victims reported lower school performance and school attachment and performance. Victims of both cyber and school bullying were four-times more likely to suffer from depression and five times more likely to have had a suicide attempt that required medical intervention.

**Commentary:** Bullying is a repetitive act of targeted aggressive behavior intentionally designed to hurt another person, physically or mentally. Prevention of cyber and school-based bullying is possible, but requires more than simple messaging. Whole school methods that include peer counseling, interactive sessions, active involvement of parents, teachers, school psychologists and school administration, combined with consistent and appropriate avenues for safe conversations and interventions when needed, are highly effective.

Bullying is not limited to the pediatric age group. Bullying behavior that occurs during the course of medical training or in the office workplace can have significant consequences for individuals, workplace productivity, safety and patient care delivery.

Parents/guardians have an important role in learning how to recognize if bullying is occurring at school or through social-media interactions. For children, learning strategies to deal with bullying is an important self-empowerment tool. Parents should also learn ways to prevent their child from being a target of bullying. Prevention strategies at the family level that a pediatrician can impart to a parent during a visit include: (1) Removing the bait – if there is an item, clothes or money eliminate that from the child's presence; (2) Buddying for safety – bullying is less frequent to occur when a friend is present; (3) Be calm – bullies like to repeat victimization if they know they are able to get a response; (4) Talk – have open conversations with an adult about it. Don't be shy as a family to utilize school resources to mediate the event.

Pediatrician's interaction should not only focus on bullying victims. The perpetrators – the bullies – are also showing up in the pediatrician's office. Recognizing the patterns in a child and family that are associated with being a perpetrator is important. The bullying behavior causes self-harm and is often associated with underlying emotional and family-based difficulties or being victim of bullying him/herself.

Two web sites that have good information for parents and children are: [www.StopBullyingNow.hrsa.gov](http://www.StopBullyingNow.hrsa.gov) and [www.kidshealth.org](http://www.kidshealth.org).

— VISIT —

[www.ACOPeds.org](http://www.ACOPeds.org)

FOR MEMBER INFORMATION!

# STUDENT CLUB NEWS

## Bullying Awareness Discussion Panel

By Allison Couture, OMS-I, SOPA President  
and Diana Lone, OMS-I, SOPA Secretary

On April 30, 2012, more than fifty students from the Chicago College of Osteopathic Medicine (CCOM) in Downers Grove, IL, took a break from studying to attend the Bullying Awareness Discussion Panel sponsored by the Student Osteopathic Pediatric Association (SOPA), Gay, Lesbian and Straight Students (GLASS), and American College of Osteopathic Family Physicians (ACOF). Together, the clubs identified the need to increase awareness of child and teen bullying, an important issue about which all medical students need to be educated.



*SOPA E-board at Bully Event - This is the incoming electoral board for the Student Osteopathic Pediatric Association. (Left to right) Elizabeth Ince, Madhuri Reddy, Diana Lone, Mia Blacconiere, Allison Couture, Clare Crosh, and Suzanne Forman.*

The event came to fruition due to the high interest from students, faculty and physicians in all fields. As a precursor to the event, CCOM instructor and Emergency Medicine physician, Perry Marshall, DO, helped the clubs arrange a campus-wide outing to view the movie *Bully*. This documentary offered students a chance to see how bullying negatively impacts children's daily lives. From this screening, students came to the panel prepared to ask questions about their role as future healthcare providers.

Frank Prerost, PhD, Licensed Clinical Psychologist, opened the evening with a presentation with the definition of bullying, how to identify those who are most at risk and signs and symptoms of a bullied child. Students were shocked to learn that Illinois is one of the top five states in the nation for reported incidences of bullying. Unfortunately, the harmful effects of bullying often go unnoticed, resulting in increased risks for depression, anxiety, substance abuse, self-injury and suicide.

All panelists detailed their perspectives on the issue using real stories drawn from personal and professional experiences. All agreed that the "boys will be boys" perspective is fading, as society



*Panelists for Bully Event - (Left to right) Barbara Czarnik, Travis Gayles, DO, James MacKenzie, DO, Perry Marshall, DO, and Gerald Osborn, DO, answering questions during the Q&A portion of the panel.*

begins to realize how serious the consequences of bullying can be.

Students were eager to learn how the panelists in their respective fields encountered bullied children and teens. James MacKenzie, DO, and Gerald Osborn, DO, both psychiatrists, informed students that one out of every three pediatric patients reported "social stressors" as an underlying cause for his or her depression, anxiety, aggression, or substance abuse. The ER physicians admitted that they often become involved too late, after a child who attempted suicide is rushed to the ER.

Barbara Czarnik, MSW, was able to provide a different perspective stemming from her work as a high school social worker, saying that often "parents sought out their family practice physician initially when signs and symptoms of anxiety and depression presented." Pediatrician Travis Gayles, MD, PhD, was able to weigh in on this as well, and confirmed that taking a thorough history and asking the sensitive questions about bullying, depression, abuse and suicidal thoughts are key in detecting the evasive symptoms of bullied children before it is too late.

As the event came to a close, the clubs hosted a raffle and all proceeds were donated to the Born This Way Foundation to help victims of bullying. Additionally, students were still eager to ask more questions, as all panelists were excited to continue sharing their experiences and advice. Due to the great success of the evening and the continued interest in the topic, the incoming SOPA E-Board has decided to pursue similar programming events next school year.

*If you are interested in getting involved with our efforts, please contact club president, Allison Couture, OMS-I, at [allison.couture@mwumail.midwestern.edu](mailto:allison.couture@mwumail.midwestern.edu).*

## Research Committee Update

By Carl R. Backes, DO, FACOP

ACOP Research Committee Member

During the 2012 ACOP Spring Annual Meeting in Memphis, Tennessee, students, residents, faculty and program directors presented eleven research posters. With two pediatric club posters, seven case reports and two original research projects accepted, the volume and quality of research continues to increase.

Students, residents and faculty should be congratulated for their efforts on putting together such great projects and their faculty advisors deserve special recognition as they mentor, cultivate and motivate young researchers. With many quality projects and submission, the selection committee voted to change the awards to one award for best research and one award for best case report or student poster.

The initial and best research award was titled *Role of Bone Marrow-Derived Progenitor Cells in Neonatal Intestinal Mucosal Repair and Regeneration*. The Authors were Dennis Slagle, DO, Chhinder Sodhi, PhD, Misty Good, MD, Maria Branca, Congrong Ma, Thomas Prindle Jr, David Hackam, MD, PhD. Affiliation(s): Division of Pediatric Surgery, Department of Surgery, Children's Hospital of Pittsburgh and University of Pittsburgh, Pittsburgh, PA.

This exciting research tests the hypothesis that murine bone derived progenitor cells can provide therapeutic mucosal healing and intestinal epithelial regeneration. This research addresses the

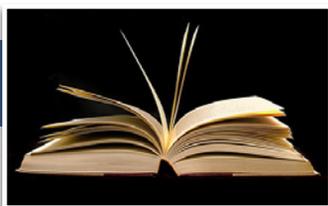
concern that mucosal damage from necrotizing enterocolitis is the leading cause of gastrointestinal death in preterm infants.

The conclusion was that co-culturing of BMCD's (bone marrow-derived cell) on IEC-6 (intestinal epithelial cell-6) feeder-layer induces differentiation into an epithelial phenotype. The presence of donor BMDC's at the site of intestinal injury suggests a role in intestinal healing.

The winning award for best case report/student poster was: *Four Case Reports on Major Histocompatibility Complex Class II Deficiency*. Authors: Brian P. Peppers, PhD., DO, Leah Cheanin, David Swender, DO, Haig Tcheurekdjian, MD, Robert W. Hostoffer, DO. Affiliations: Allergy/Immunology Fellowship; Richmond Medical Center, University Hospitals, Richmond Heights, OH

This case report investigated four children with major histocompatibility complex (MHC) class II deficiency, also known as Bare Lymphocyte Syndrome Type 2. Their conclusion was that the four documented cases supported the genetic mutation seen in MHC class II deficiency and the presentation of early age infections with failure-to-thrive. Two patients have undergone stem cell transplants. One succumbed to graft versus host disease a few weeks after transplant. The other two children are still awaiting donors.

Thank you again for your efforts and our committee looks forward to poster presentations at our fall annual meeting in San Diego, CA.



## BOOK REVIEW

By Robert Locke, DO, MPH, FACOP

### Looking Back....at SECOM

*A Personal History of Southeastern College of Osteopathic Medicine (Including an anthology of columns from "COM Outlook")*

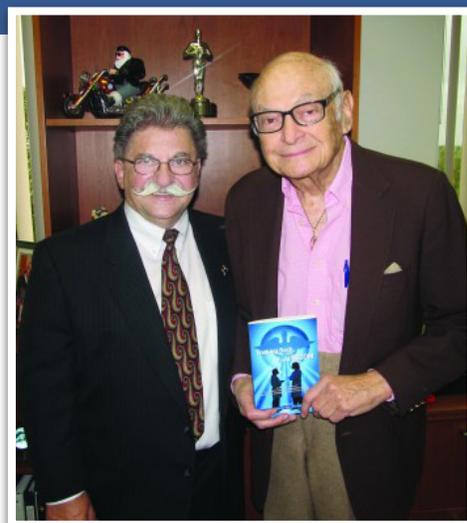
**Author: Arnold Melnick, DO, MSc, DHL (Hon.), FACOP**

In 1979, against formidable odds, the Southeastern College of Osteopathic Medicine (SECOM), became the first osteopathic medical school in the southeastern United States.

With intelligence, ingenuity and tenacity from its founders and allies, SECOM underwent remarkably rapid growth in size and reputation. SECOM is now part of Nova Southeastern University and is a leading health sciences institution.

Arnold Melnick, DO, was the founding Dean and COO of SECOM. In *Looking Back at SECOM*, Dr. Melnick tells the fascinating story of the birth of a modern osteopathic medical college with an insider's unique insights that are both personal and revealing. You do not have to be a Nova-SECOM alumnus (I am not) to find this remarkable birth a voyage worth reading.

*Looking Back .... At SECOM* can be purchased at your favorite online bookstore.



*Pictured with the inaugural copy of "Looking Back...at SECOM" are (L to R) Anthony J. Silvagni, DO, PharmD, MSc (NSU-COM Dean) and author Arnold Melnick, DO, FACOP.*



## The Belkoffs (Mike, Kenneth and Laurence)

By Arnold Melnick, DO, FACOP

They say good leadership often leads to more leadership. No better example than Past President (1969-1970) the late M. Michael Belkoff, DO, FACOP.

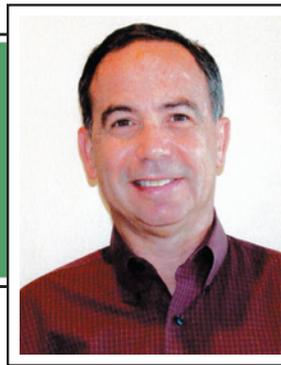
Mike not only served as leader of ACOP, as well as President of the New Jersey Association of Osteopathic Physicians and Surgeons, but gave two sons to our profession: Laurence H. Belkoff, DO, FACOS, of Philadelphia, who served as President of the American College of Osteopathic Surgeons, and Kenneth Belkoff, DO, FACOS, a surgeon in Tucson, AZ. Mike had one other son, the late Howard Belkoff.

In addition, Mike's extended family served the osteopathic profession well: it contained 15 DOs, including two brothers of his late wife, Shirley.

Mike graduated from the Philadelphia College of Osteopathy (now PCOM) in 1946, and like many graduates of the time, received his training in a preceptorship program. He almost immediately joined ACOP and attended many annual meetings, always a willing participant and active member. In 1963, he received the ACOP Distinguished Service Award and succeeded to the ACOP presidency in 1969. In 1989, the N.J. society named him "Physician of the Year".

Back home he became a trailblazer; Mike was a founder of Elizabeth's (NJ) Memorial Osteopathic Hospital (now Union Memorial Hospital), was its Chief of Pediatrics and served as President of the Medical Staff. He also founded its Poison Control Center.

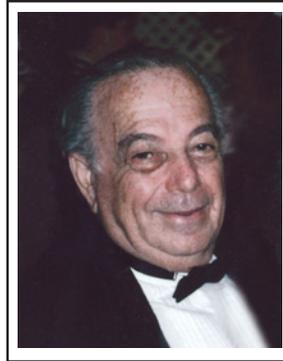
Both Larry (1982) and Kenneth (1986) graduated from UHSCOM in Kansas City and then became urologists. Larry now serves



Kenneth Belkoff, DO, FACOS



Laurence H. Belkoff, DO, FACOS



M. Michael Belkoff, DO, FACOP

at PCOM as Chairman of the Department of Specialty Surgeries and Division of Urology, as well as Associate Urology Resident Program Director at Hahnemann University Hospital. Kenneth has served as chief of surgery or urology in several Tucson-area hospitals, and is presently Chief of the Division of Urology at Oro Valley Medical Center

Larry best summed it up for the entire family and the profession, "My father was a phenomenal role model and dedicated pediatrician. He truly enjoyed the interactions he had with both his patients and the hospital staffs he worked with every day. I know I have emulated his work ethic and both Kenneth and I are blessed to have been part of this significant osteopathic legacy."

Brother Kenneth added this: "To spend so much time of my childhood engrossed with medicine, and watching my father, had the largest impact for my pursuing my career in medicine. Understanding his dedication to osteopathic medicine is what pulled me to becoming a DO."

Yes, and we recognize that this legacy had much of its origins in the ACOP and in Past President Mike. For this, we offer our thanks.

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*Anyone who knows of a parent-offspring combination, one of whom is/was an ACOP member (even if it's yourself), is urged to contact [melnick5050@comcast.net](mailto:melnick5050@comcast.net), so that we can give it appropriate recognition.*

## MEMBERS IN PRINT

The Pediatric Academic Society and Society of Pediatric Research in conjunction with the American Academy of Pediatrics and the Academic Pediatric Association held their annual joint research meeting in Boston April 28-May 1, 2012. It was good to see several of our ACOP members and colleagues there, including the following presentations. If you have knowledge of additional presentations by ACOP members, please send information to [ACOPublications@gmail.com](mailto:ACOPublications@gmail.com).

Author: Nehal A. Parikh, DO, and colleagues presented research on *Perinatal Clinical Predictors of Cerebral Microstructural Development on Diffusion Tensor Imaging (DTI) in Extremely Preterm Infants (EPI)*. Dr. Parikh also co-chaired a Workshop Session on *Design and Conduct of Randomized Clinical Trials*.

Author: Robert Locke, DO, MPH, and colleagues presented research on several topics: *Work of Breathing in Infants with Respiratory Insufficiency on High Flow Nasal Cannula vs. Nasal Continuous Positive Airway Pressure; Maternal Pre-Pregnancy Body Mass Index Increases Admission to Neonatal Intensive Care Unit; Maternal Predictors of Large for Gestational Age (LGA) Infants; and Prepregnancy BMI, Race/Ethnicity and Prematurity*. Dr. Locke also co-moderated a session on *Neonatal-Patient-Oriented Research: Long-Term Outcomes*.

# iPerch

## Reflections by Past Presidents of the ACOP

Edited by Steven Snyder, DO, FACOP



**By Arnold Melnick, DO, FACOP**  
Past President, 1952-1953

Most of the people who will read this column were not born in 1945 when I graduated from PCOM (then PCO). I have trouble remembering what I had for breakfast this morning (I'm 91+), so it's impossible to remember details of my activity--thin year of presidency in 1952.

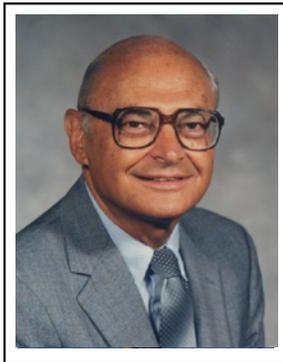
My first exposure to ACOP was in 1946, when the ACOP met in New York City. I persuaded Bill Spaeth, chair of the Department of Pediatrics, to get me excused from my intern duties for two days so I could go to the meeting. Knowing my interest in Pediatrics, he did it. So I went to New York, not sure whether I would find a large meeting room only half-full or a smaller room sort of crowded.

To my surprise, I entered a small room occupied in one corner by a large table, with about ten (maybe fewer) pediatricians seated there. This was not a committee meeting. This was not a board meeting. This was just about the total membership of the American College of Osteopathic Pediatricians -- most of them founders. (I did not know it at the time, but there were only about ten other DO pediatricians in the country, most of them centered around Los Angeles and Philadelphia.) Those present would be the coming presidents for the next few years and several who would eventually become legends in ACOP history. I was in awe.

The president, Helen Hampton, DO, of Ohio, who was only the 5th ACOP top officer and who did not know me, approached me at the end of the meeting and, handing me a sheaf of reprints, asked me to present the next day a summary of this relatively new field: developmental pediatrics. Serendipitously, I became the first formal ACOP convention speaker. I mention this distinction, not to boast, but to point out how programs and education were arranged back then and how much our activities have progressed since 1946.

The major activity of my year as president (1952-1953) was to continue the process of getting ACOP organized (it began in 1942) and trying to stimulate its growth and development. Much of this consisted of soliciting the very few osteopathic pediatricians who were not members -- at that time, these numbered maybe 25 in total across the nation. I did not dream that one day I would become the oldest living ACOP past president. Nor did I, or anyone else dare to fantasize that ACOP would reach the great heights that it has achieved, with so many wonderful programs and other activities.

The other "heavy" activity was arranging the educational program (two to three hours) for the annual meeting, held in conjunction



Arnold Melnick, DO, FACOP

with the AOA. Most speakers were "home-grown" -- other ACOP members -- and there were only a few of them. After all, who else could we call on to lecture on pediatrics, particularly in an era when osteopathic medicine and osteopathic physicians were rejected, unaccepted and unrecognized, and were on the receiving end of derisive treatment by the established medical world? I proudly brag that, through some very personal contacts, I was able to start obtaining excellent speakers from the Children's Hospital of Philadelphia (I later became the first DO on their staff). This nidus expanded over the years to the benefit of ACOP; I cannot accept credit for this as part of my presidency because it occurred from 1946 onward -- before, during and after my one-year tenure.

I also started in the late 40s the first ACOP "publication" -- I use the word advisedly -- called "The Bulletin of Pediatrics" and sent to all ACOP-ers (maybe there were 50 of them by then). I was very enamored of this four-page, mimeographed newsletter; today, while still proud of what I did, I would never enter that bulletin into any journalistic competitions. This effort, too, was part of my activity over a period of years and cannot be ascribed to one year of presidency.

My one point of real pride is that I never stopped my activity in ACOP, even though practice and personal pressures sometimes slowed me down. Like the kids we treat, I "got into everything" and have no regrets about any of it or about anything I did -- and I was fortunate enough over the years to participate in a great variety of activities with a great number of great ACOP leaders and members. I made invaluable, everlasting and phenomenal personal friendships. I have loved every minute of it -- all 66 years. It has always been a keystone of my life and I have a multitude of warm and indelible memories. I strongly admire and commend the hundreds of ACOP members and officers over the years who have built a vibrant and growing organization -- a society of which we can all be extremely proud.

Thank you for according me the privilege of being part of ACOP for all these many years and for the honors that ACOP has brought me -- and for the numerous deep personal satisfactions I have gained.

And, oh yes, I had coffee cake and coffee this morning!

## ACOP COMMITTEE *Spotlight*

### Graduate Medical Education Committee

**By Robert Hostoffer, DO, FACOP**

The GME committee has received approval from the AOA COPT to use an online resident and program director annual evaluation. This new system will combine the AOA's core competency form and the ACOP evaluation form. Therefore, only one form will be necessary to be filled out for each resident for each year. Additionally, the form will be electronically organized, allowing the program director to view all of the reports for all of his or her residents. It will also allow the GME committee to track all reports efficiently. All residents will be required to be members of ACOP in order for the information to be automatically inserted into their evaluations. The ACOP GME Committee is hopeful that this combined system will make the process of yearly evaluations easier for all parties. More changes are coming to make the residents' and residency directors' lives easier.

# STUDENT CLUB NEWS

## New WVSOM-SASCOP Student Club President and Board of Trustees Member Announced

*The PULSE interviewed Jason R. Jackson, OMS-II, who is the new ACOP Student Member to the ACOP Board of Trustees and President of the WVSOM Osteopathic Pediatric Club.*

By Jason Jackson, OMS-II

**Q. How did it make club members feel to win the Club Award for the American Childhood Cancer Organization's "PJammin'" fund raising campaign?**

A. It was truly an amazing honor and all members of the club were extremely excited when I shared the news of our winning the Club Awards for the American Childhood Cancer Organization's PJammin' campaign. From the announcement of the ACOP's involvement in this organization, we made it a top priority in our monthly activities to make sure that at least one event focused on raising money for this great cause. We could not have done any of what we accomplished in the past academic year were it not for our always-supportive faculty, staff, administration and the community of Lewisburg, West Virginia. I would also be remiss if I didn't acknowledge and thank my entire executive board for all of their hard work over the past year.

**Q. Your club had several interesting strategies to provide service, generate club interest and fund raise. What was the impetus for the ideas that your club generated?**

A. Our club is blessed to have a number of highly motivated and talented members and we are always looking for new and innovative ways to spark interest in community service. It can especially be hard once the student body begins to get stressed with the abundance of work that comes with being an osteopathic medical student. As an executive board, we decided to make a sort of internal club competition to see who could come up with the most unique and creative service projects. With all of the amazing entries it was hard to narrow it down to the ones we chose, and hopefully some of the other great ideas can be put to use in the next year. Some other events, such as our involvement in the Polar Bear Plunge came about through relationships that I have built with community members over the past two years.

**Q. What type of feedback did you receive from children during your club interactions?**

A. The children at our events have always been the best part. It is always funny at first, especially at our face-painting stations, because it takes one brave soul to get the line started and then the flood gates open. I think the most rewarding event we take part in is the annual Heart of the Holidays event at our school. To see the unbridled joy on those children's faces is priceless, and not only that but also in the eyes of the parents

where you know that even if just for a brief period you have made a difference in these families' lives.

**Q.. How does you club prospectively manage the natural turnover in membership and leadership as students move through the student years and clerkship rotations?**

A. Unfortunately, a rapid turnover of members is the nature of all student-run clubs. The best way I know to help smooth the transition is by instilling a sense of ownership in the organization early on for the new members and by maintaining open lines of communication among all of the members who may have left campus. From the beginning, we work to get our first-year members involved in leadership roles on projects and activities so that they can get an idea of what steps need to be taken to put on a successful event. To encourage involvement, I initiated a rewards program for participation in which at the end of each semester we have prizes for the top first-year and second-year student based on a points system for meetings, committee involvement, and volunteering hours. For the executive board we also make sure to have a month-long transition period in which the outgoing and incoming officers work together to organize the club's activities. Traditionally, we have always used our annual March of Dimes March for Babies event as the transitional event in which the incoming officers take the reins while we are still on campus for guidance and support. We also try to emphasize to our members out on rotations that their involvement does not have to end just because they have left our campus.

**Q. What advice do you have for osteopathic pediatric clubs at other schools?**

A. If I could pass down any information to fellow students, is first to remember that we are in school to become excellent osteopathic pediatricians so know your limits when it comes to activities, and most importantly never stop having fun. Through the times of stress and sleeplessness one can begin to lose sight of why we are doing what we are doing, and I know for me every smile I would see on child's face at one of our events would be a welcome reminder. Never be afraid to make a fool of yourself; get hit in the face with the pie, wear the crazy hats that dance and get IN the bouncy castle. Also know your resources within the school and community and

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*Continued on page 10*

never stop thanking them for their endless support of what you do.

**Q. What is next on your own personal agenda?**

A. First and foremost is that little quiz, COMLEX, in early June. After that I am very excited to be moving back to my hometown of Bridgeport, WV, for the first time in about 12 years to begin my third-year rotations at United Hospital Center. I am also extremely excited to continue being active and involved in the ACOP and the student clubs as the new third-year ACOP Student Trustee member. It is an extreme honor to be able to serve the College and my fellow aspiring osteopathic pediatricians in this capacity alongside my fellow trustee Katie McMurray. I can only hope to continue on the wonderful leadership and example that have been set by Candace Prince, DO, and Ben Abo, DO, as they move on to their respective residencies.

**Q. Anything else you would like to share with the ACOP Membership?**

A. To the practicing physicians, I want to thank you for your guidance and never-ending support of the student clubs and student members of the ACOP as we work our way through the maze of medical school. I am always amazed by the outpouring of advice and encouragement we receive as students when attending the biannual conferences. Student members, I would just like to say to never give up and keep your eye on the reason why you chose to enter medical school and consider pediatrics in the first place. Also, students, if you haven't had the opportunity to make it to one of the ACOP national conferences yet, please make sure to do so in the upcoming year. There are endless ways to get involved on the national level and to begin making an impact on the future of Osteopathic Pediatric Medicine, and Osteopathic Medicine as a whole, from day one of your medical career. And of course, no matter what, you can always find a reason to smile and a way to have fun.

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# APPELLATION *Answers* ... Whose name is it?

## Tanner Scale

A five-point scale that describes the onset and progression of pubertal changes in boys and girls.

### James Mourilyan Tanner, MD (1920-2010)

Dr. James Tanner was born in United Kingdom and attended the Marlborough College and University College of the South West of England. Dr. Tanner's athletic talent in hurdling led him to be a top contender in what would have been the 1940 summer Olympics in London. Dr. Tanner considered a military career following his father and his older brother, but after his brother was killed in battle, Tanner decided instead to become a physician. As an athlete, Tanner instructed his fellow medical students at St. Mary's School of Medicine in London, in physical education.

The Rockefeller Foundation selected a group of British medical students to receive a scholarship to come to the United States to continue their training. Dr. Tanner's training included an internship at Johns Hopkins Hospital. It was in his medical studies in the United States where he met Bernice Altire, his first wife, who was also a physician.

Dr. Tanner studied the effects of malnutrition on children at an orphanage and began by charting and photographing the growth of the children in the study over a period of several years. Although he is best known for the Tanner Scale, which measures maturation in adolescents based on sexual developmental characteristics, Dr. Tanner's research and data collection also led to the first iteration of what is now known as the modern growth chart, plotted in trajectories.

Late in his career he was appointed a professor emeritus of the Institute of Child Health at the University of London. Dr. Tanner did some of the earliest research on the use of human growth hormone to address children whose experienced growth delay. He concluded genetics was largely responsible for the ultimate height a child achieves.

Dr. James Tanner died at age 90 from a stroke.

-John Graneto, DO, FACOP

**FYI** STAY  
IN THE  
KNOW!

## Digital Games Increase Exercise

In an apparent about-face, television digital games have been created that stimulate exercise for children without being obvious about it.

These games are now being used in some elementary schools for 30 minutes two or three times a week, and the children seem to love them.

The Robert Wood Johnson Foundation has invested millions of dollars in The Health Games Research program, and results are staring to show.

Other areas for which games for health are being established include cessation of smoking, helping families of veterans, mass vaccination, chronic disease management and rehabilitation. In fact, a new scientific journal *Games for Health* (simply called G4H) has just begun publication.

In view of the emphasis on the obesity problem, pediatricians will be especially interested in the exercise games, and may even want to recommend them to parents, particularly where an overweight problem exists.

*For further information, see The Nation's Health (March) the APHA newsletter or visit websites: [www.healthgamesresearch.org](http://www.healthgamesresearch.org) or [www.gamesforhealth.org](http://www.gamesforhealth.org).*

## Leopold Wins Award

Continued from page 1

Rapids, Michigan. He is a past member of the ACOP Board of Trustees as well as a past president of the organization. He has delivered the Watson Memorial Lecture to the college and has twice been recognized with ACOP Distinguished Service Awards. Dr. Leopold served as Professor of Pediatrics at The University of Osteopathic Medicine and Health Sciences in Des Moines, IA, and currently practices clinical pediatrics at the Arizona Family Care Associates in Sierra Vista, AZ.

The Harold H. Finkel Pediatrician of the Year Award honors the memory of Harold H. Finkel, DO, FACOP, who practiced exemplary pediatrics and served the ACOP and his community throughout his lifetime.



## Historical Highlights

As closely as can be determined, it is believed that the first MD to speak at an ACOP meeting (mid-1950s) was Irving J. Wolman, MD, hematologist/pathologist at Children's Hospital of Philadelphia, followed soon after by Heinz Eichenwald, MD, internationally known infectious disease expert of the University of Texas, Benjamin Kagen, MD, of UCLA, and William Rashkind, MD, cardiologist at Children's Hospital of Philadelphia.

## 2012 Spring Conference

Continued from page 1

include: (1) Meeting eligibility as a provider; (2) Possessing certified electronic health record technology; (3) Demonstrating meaningful use; (4) Achieving functional use of the EMR; (5) Demonstrating interoperability between healthcare entities (this includes proving a summary of care to providers who you refer patients to, providing electronic copy of health information upon patient request, having the ability for patients to access their health information electronically and public health reporting, e.g. immunizations); and (6) Capturing and reporting clinical quality measures (for 2012 this will require submission of quality measures). Understandably so, the audience had many questions and concerns on meeting all of these requirements. Drs. Cyrus, Hunt and Magie discussed what they are doing in their practices by using different types of electronic medical records to meet these requirements.

Fernando Gonzalez, DO, FACOP, Chair of the American Osteopathic Board of Pediatrics, returned to give us an update on Osteopathic Continuous Certification (OCC). The goal of OCC is to “provide quality patient-centered care,” he stated. He reviewed all of the components of OCC and provided information on modules currently available to pediatricians to meet component #4: Practice Performance Assessment. His presentation also raised many questions and concerns regarding how pediatricians are going to meet the requirements for OCC.

Cory Ellen Nourie, MSS, MLSP discussed *Legal Considerations for Transitioning Into Adulthood*. Pediatricians play a key role in helping children transition into adults. Legal issues are often not addressed. For example, a Healthcare Power of Attorney should be recommended for patients who are 18 years old and wish to have their parents involved in their healthcare. For patients who are 18 years old and cannot make decisions (because of intellectual disabilities), parents can petition guardianship. By discussing legal issues before the patient turns 18, the patient and family will be better prepared to handle healthcare issues when the patient is legally an adult.

Jennifer LeComte, DO, discussed healthcare transitioning of young adults. Children with special healthcare needs are living longer. Important steps include preparing the patient and family and creating a useful portable medical record to ensure that transition of healthcare as the individual moves from adolescence to adulthood is uninterrupted.

Mark Finkelstein, DO, addressed a much-needed topic with his talks *Image Gently* and *Radiology of Pediatric Trauma*. He discussed that radiation can be carcinogenic and no level of radiation is safe.



*Jennifer LeComte, DO, FACOP, discusses healthcare transitioning of young adults.*



*Dennis Slagle, DO, Children's Hospital of Pittsburgh, (right) receives the Best Poster-Research Award from Carl R. Backes, DO, FACOP.*



*Brian P. Peppers, DO, PhD, University Hospital-Richmond Heights, OH, (right) receives the Best Poster-Achievement Award from Carl R. Backes, DO, FACOP.*

Newer techniques and equipment are used to reduce radiation exposure to children. He also discussed what test to order for different types of trauma. For example, CT scan is the best test to evaluate abdominal trauma. He emphasized that to reduce radiation exposure to children, medical imaging should be done when there is a medical indication and not secondary to parental or legal pressure.

Cynthia Jane Mears, DO, is a tremendous resource for the ACOP and provided intriguing and stimulating lectures which were informative and captivating. Dr. Mears' topics were *Teen Tobacco Use* and *Sexually Transmitted Infection Update/High-Risk Sexual Behaviors*. These topics were covered in surprising depth and with zeal that demanded attention. The audience was attentive and involved throughout the presentations by Dr. Mears.

Robert Hostoffer, DO, who was filling in for Martin Levine, DO, who was unable to attend due to airline problems, gave a wonderful impromptu presentation on allergy and insect stings. We wish to thank Dr. Hostoffer for his kind efforts and engaging and entertaining presentation.

Stanley E. Grogg, DO, FACOP discussed the *DOs of Immunizations*. He discussed the importance of vaccinations as an effective preventive tool. He reviewed the 2012 ACIP immunization schedule with a special discussion on immunizing males with the HPV vaccine. He also reviewed the importance of health care providers being the role model for immunization advocacy by staying up to date with their immunizations. He stated, “If you do not get immunized with



Participants from left, Candace Prince, Richard Magie, DO, FACOP, Nancy Monaghan Beery, DO, FACOP, and Abe Bressler, DO, FACOP, participated in an interactive session *Let's Play: How Well Do You Know the Recommended Immunizations for Adolescents?* moderated by Marta Diaz-Pupek, DO, FACOP.



Dabi Chung, (left) President of the William Carey University College of Osteopathic Medicine (WCUCOM) student club receives the Student Club of the Year-Young Club Award from James E. Foy, DO, FACOP, ACOP President.



Virginia Regula, (left) President of the Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) student club receives the Student Club of the Year-Established Club Award from James E. Foy, DO, FACOP, ACOP President.

the Flu vaccine, it sends a message to your staff who may or may not be recommending it to your patients.”

Dr. Grogg also discussed treatments for head lice. He reviewed the *2010 AAP Updates on Head Lice Guidance*. The first-line treatment for head lice remains 1% Permethrin Lotion. If resistance is confirmed, Malathion 0.5% can be prescribed for children two years of age and older. Lindane is not recommended in children because of the possible neurotoxicity. Prevention of head lice includes not having head-to-head contact with other children, not sharing combs, hair brushes, hats, etc.

Brian K. More discussed the *Tennessee Immunization Registry*. He outlined the goals of an immunization registry such as recording immunizations given in the state, making an accurate immunization record that can be readily available to patients, healthcare providers, schools and others who have may have a legitimate need for immunization information. One of the challenges, however, is to have all healthcare providers report the immunizations administered to the registry and to keep track of immunizations that were administered in different states, since we do not have a national immunization registry.

Romer Ocanto, DDS, MS, MEd, provided two lectures on oral health. Dr. Ocanto discussed the importance of having pediatricians/primary care providers as members of the oral healthcare team. He stated that the components of a preventive practice should include “parental counseling, risk assessments, chemotherapeutic recommendation, nutritional counseling, home care-oral hygiene, establishing a dental home, and sealants.” Starting preventive healthcare at a young age will not only help to prevent cavities, but, also reduce the healthcare cost of the patient in the future. He discussed preventive measures to avoid dental trauma such as restraining children in car seats and wearing face shields and mouth guards during participation in sports activities.



## 2012 ACOP Spring Conference Award Winners

### Pediatrician of the Year

David Leopold II, DO, FACOP

### Best Poster – Research

Title:

**Role of Bone Marrow-Derived Progenitor Cells in Neonatal Intestinal Mucosal Repair and Regeneration**

Authors: Dennis Slagle, DO; Chhinder Sodhi, PhD; Misty Good, MD; Maria Branca; Congrong Ma; Thomas Prindle Jr; David Hackam, MD, PhD

Affiliations: Division of Pediatric Surgery, Department of Surgery, Children’s Hospital of Pittsburgh and University of Pittsburgh, Pittsburgh, PA

### Best Poster – Achievement

Title:

**Four Case Reports on Major Histocompatibility Complex Class II Deficiency**

Authors: Brian P. Peppers, DO, PhD Leah Cheanin, David Swender, DO, Haig Tcheurekdjian, MD, Robert W. Hostoffer, DO

Affiliation: Allergy/Immunology Fellowship; Richmond Medical Center, University Hospitals, Richmond Heights, OH

### Student Club of the Year Established Club

Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) Pediatric Student Club

### Student Club of the Year Young Club

William Carey University College of Osteopathic Medicine (WCUCOM) Pediatric Student Club

# Welcome to our New Members!

## Fellow

Darrell Troast, DO, FACOP ..... Fort Myers, FL

## Associate

David R. Kroning, MD.....Tuxedo Park, NY

## Fellow-In-Training

Adam Czynski, DO .....Loma Linda, CA  
 Anne Dudley, DO .....Royal Oak, MI  
 Rachel Long, DO .....Detroit, MI  
 Holly Miller, DO .....South Rockwood, MI  
 Nolan Mott, DO.....Miami, FL  
 Daniel Rito, DO, MBA.....St Clair Shores, MI

## Resident

Diana Bayer, DO .....Troy, MI  
 Sage Church, DO.....Detroit, MI  
 Jennifer Larsen, DO .....Ann Arbor, MI  
 Christina Leo, DO .....Chesterfield, MI  
 Heather Little, DO .....Farmington Hills, MI  
 Aimee Malesky, DO .....Royal Oak, MI  
 Gerald Montano, DO.....Clinton Township, MI  
 Jennifer Quinlan, DO .....Clawson, MI  
 Amandip Birdi, DO .....Tucson, AZ

## Intern

Elizabeth DeLouise, DO .....Ferndale, MI  
 Jennifer Dick, DO.....Hilliard, OH  
 Timothy Elgin, DO .....Columbus, OH  
 Julie Kirby, DO .....Royal Oak, MI  
 Holly Kline Miller, DO .....Clawson, MI  
 Maureen Luetje, DO.....Birmingham, MI  
 Brian Peppers, DO, PhD .....Cleveland, OH  
 Ashley Shamansky, DO .....Hilliard, OH  
 Devon Swick, DO.....Westerville, OH

## Pediatric Student Club

Wendla Alderman .....University Park, FL  
 Dana Almeida .....Lewisburg, WV  
 Hussein Al-Mohamad.....Sterling, VA  
 Ryan Anderson .....Blacksburg, VA  
 Vicky Apostolopoulos .....Lewisburg, WV  
 Amy Baccetti .....Parker, CO  
 Pam Bailey .....Midlothian, VA  
 Patrick Barber .....Hattiesburg, MS  
 Carl Barrick .....Spartanburg, SC  
 Alexandria Bass .....Blacksburg, VA  
 Megan Beaton.....Blacksburg, VA  
 Amandip Birdi .....Tucson, AZ  
 Kelly Blend .....Christiansburg, VA  
 Alexandra Boster .....Spartanburg, SC  
 Alexandra Bowling.....Spartanburg, SC  
 Bethany Brown .....Lewisburg, WV  
 Kara Burns .....Blacksburg, VA

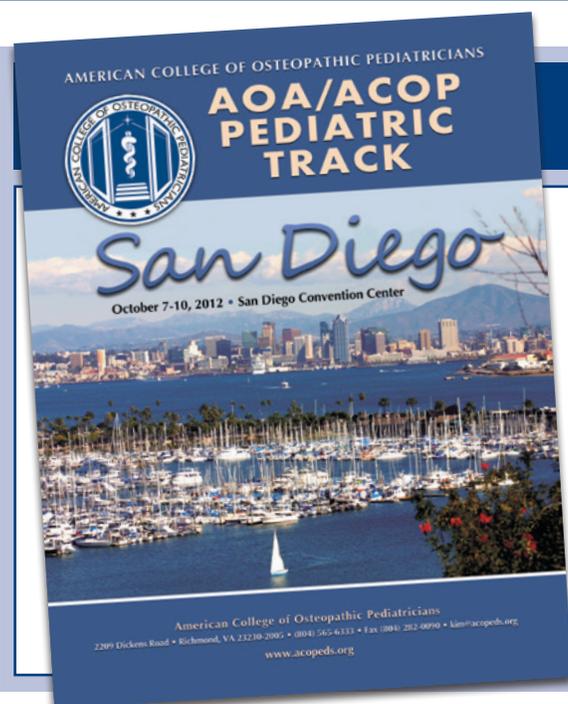
Meagan Carney.....Gilbertown, AL  
 Alexis Cates.....Hattiesburg, MS  
 Jonathan Chan .....Hattiesburg, MS  
 Christina Chen .....Lewisburg, WV  
 Fei Chen.....Sarasota, FL  
 Thomas Chu.....Springfield, VA  
 Paul Chung .....Lewisburg, WV  
 Ashley Collins .....Adena, OH  
 Jason Cooper .....Christiansburg, VA  
 Madelyn Corkern.....St. Rose, LA  
 Ashley Curtis .....Parker, CO  
 Leanne Dada .....Bradenton, FL  
 Hang Dao .....Lewisburg, WV  
 Patricia DeForest .....Blacksburg, VA  
 Ashley Denmark .....Spartanburg, SC  
 Brian Diede .....Parker, CO  
 John Diefenderfer .....Lewisburg, WV  
 Siobhan Drumm .....Boiling Springs, SC  
 Kristen Elmezzi .....University Park, FL  
 Sarah Fabry.....Spartanburg, SC  
 Korre Fairman .....Oldsmar, FL  
 Ryan Farnsworth.....Lewisburg, WV  
 Maheera Farsi .....Bradenton, FL  
 Gine Forte .....Lewisburg, WV  
 Jamie Fultz.....Spartanburg, SC  
 Greta Seiriol Gania .....Hattiesburg, MS  
 Erin Goldman .....Lewisburg, WV  
 Erin Greenup .....Bradenton, FL  
 Dana Griffin .....Hattiesburg, MS  
 Shivani Gupta .....Blacksburg, VA  
 Timothy Hadley .....Parker, CO  
 Lindsey Harvilla .....Spartanburg, SC  
 Venessa Hill .....Arcadia, SC  
 Lindsey Hines.....Lewisburg, WV  
 Kathryn Hosey.....Bradenton, FL  
 Ashley Howard .....Arcadia, SC  
 Rachel Hunter .....Lewisburg, WV  
 Anita Iari .....Spartanburg, SC  
 Shirin Jafari-Namin .....Blacksburg, VA  
 Vindya Jeyaretnam .....Lewisburg, WV  
 Ryan Kahl .....Lewisburg, WV  
 Brenna Keane .....Lewisburg, WV  
 Holly Kellogg .....Blacksburg, VA  
 Brianna Kendrick .....McCarr, KY  
 Josh Kennedy.....Hattiesburg, MS  
 Danielle Kirchhof.....Tulsa, OK  
 Phillip Knight .....Boiling Springs, SC  
 Ramya Kumar .....Lewisburg, WV  
 Emily Lantrip.....Spartanburg, SC  
 Jaelyn Lazaro .....Lewisburg, WV  
 Kayla Leach .....White Sulphur Springs, WV  
 Jana Mackercher .....Blacksburg, VA  
 Kirsten Madea .....Blacksburg, VA  
 Jenna Madeja .....Aurora, CO  
 Jeffrey Maendel .....Lewisburg, WV  
 Megha Maheshwan .....Blacksburg, VA  
 Geraldine Malana .....Gilbert, AZ  
 Rachel Mansfield.....Christiansburg, VA  
 Megan Mase .....Blacksburg, VA  
 Jessica McCallester .....Irving, TX

# Welcome New Members!

Cassandra McCoy.....	Frankford, WV	Zachary Ruppenkamp .....	Cumberland, MD
Nicholas Meade.....	Lewisburg, WV	Nicole Samies.....	Spartanburg, SC
Matthew Meece.....	Hattiesburg, MS	Hammad Sattar.....	Lewisburg, WV
Stephanie Melton.....	Bradenton, FL	Nada Saymeh.....	Blacksburg, VA
Caitlin Mlynarck.....	Blacksburg, VA	Corey Scherer.....	Aurora, CO
Mario Montalvo.....	Blacksburg, VA	Lovita Scrimshaw.....	Blacksburg, VA
Julia Murray.....	Lewisburg, WV	Ekta Sharma.....	Spartanburg, SC
Andrew Nackashi.....	Lewisburg, WV	Gretchen Siefker.....	Bradenton, FL
Prayanka Nagar.....	Lakeland, FL	Danielle Simpson.....	Lewisburg, WV
Lamson Nguyen.....	Falls Church, VA	Jessica Smith.....	Parker, CO
Dwayne North.....	Blacksburg, VA	Hope Staton.....	Christiansburg, VA
Jennifer O'Neill.....	Centennial, CO	Juliana Switanek.....	Christiansburg, VA
Jane Oosthuizen.....	Ronceverte, WV	Lindly Theroux.....	Spartanburg, SC
Sharon Parker.....	Lewisburg, WV	Megan Thompson.....	Spartanburg, SC
Akhil Patel.....	Ronceverte, WV	Mindy Tyree.....	Blacksburg, VA
Megan Pesyna.....	Lewisburg, WV	Lindsey Van Duyn Poindexter.....	Spartanburg, SC
Tyler Pittman.....	Lewisburg, WV	Alycia Weikel.....	Lewisburg, WV
Kayleigh Pung.....	Lewisburg, WV	Ashley Williams.....	Christiansburg, VA
Tyana Raynor.....	Bronxville, NY	Christopher Williams.....	Ronceverte, WV
Lora Reams.....	Blacksburg, VA	Danelle Wilson.....	Englewood, CO
Hayley Redmond.....	Lewisburg, WV	Allison Wood.....	Spartanburg, SC
Samer Riaz.....	Lewisburg, WV	Meghan Yamasaki.....	Lewisburg, WV
Jessica Rimkus.....	Bradenton, FL	Karianne Yates.....	Spartanburg, SC
Haileigh Ross.....	Lewisburg, WV	Amy Young.....	Lewisburg, WV
Jordana Ruffner.....	Travelers Rest, SC	Myra Zeb.....	Spartanburg, SC

## For Membership Questions or to Join ACOP

Contact Greg Leasure  
greg@ACOPeds.org - (804) 565-6305



## CALL FOR ABSTRACTS

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# August 1, 2012

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