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THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS



President's Message

Lee J Herskowitz, DO, FAAP, FACOP



As we are about to wrap up 2006, I think back to a little over a year ago when

we were heading to the AOA/ACOP Joint meetings in Orlando. While it seems like much more than a year ago, it was clear that there was a hurricane about to whip through the campus of Disney world. Hurricane Wilma did pass through Orlando with more fanfare than storm, but it was the start of another storm for the ACOP and new developments.

We have accomplished an incredible amount of tasks as a team over the last year. The new developments will ensure continued growth and vigor within the ACOP. We have firmly established a legacy for our up and coming members by developing councils of the directors of pediatric departments at the osteopathic colleges, as well as at the pediatric residency programs. I mention this first because it has been a major team effort led by Bob Hostoffer and Jim Foy to coordinate. As it grows, there is the echo of acclaim from the individual program directors wanting more. The initiative has involved colleges of osteopathic medicine and osteopathic pediatric residencies across the country. This effort allows us to assure, not only that there is affirmation for our newest members of the ACOP, but also that we best prepare them for their new careers by training with the finest methods and standards collectively shared by all the programs.

We have continued to partner with the AAP in shared interests and finally have negotiated to share a CME program with the AAP in July, 2007. We expect that this will be well attended by members of both organizations, and it will strengthen the relationship with a sister organization.

We have had ongoing communication with the AAP and initially let them know, in our estimation, that a provisional section of Osteopathic Pediatricians within the AAP was not in our best interest, and would be redundant of the services provided by the ACOP. Several of the osteopathic AAP members who were on this committee responded with strong support for the ACOP. This matter is still not fully resolved, but more recently a delegation from the ACOP met in Chicago with the leadership of the AAP. We came to some understandings of the mutual benefits of a stronger relationship. The AAP executive director, Dr. Errol Alden, clearly stated that a failure of the ACOP would be a failure for the AAP as well. We are still outlining some terms of a written agreement, but it is likely that the ACOP will support this new section in hopes that it can give other osteopathic pediatricians the opportunity to learn more about the ACOP. Hopefully, this can result in the continued growth of our mature membership, as well as our new residency graduates.

The CME Committee has continued the tradition of providing high quality and current programs for the membership. I think we all are in agreement that, while

there will be continued evolution of this program, it provides relevant and stimulating educational programs to fulfill our requirements for Pediatric credits as well as keeping current knowledge forefront.

Financially, the college is solvent and, in fact, in better shape than ever before. We have been fortunate to continue to see steady returns from our investments, continued membership growth and sustained support from the medical industries that we have partnered with over the years. We expect to renew a contract with the Ruggles Service Corporation for management for an additional three years. As of April, 2007, we will have been with their team for three years. I speak collectively for the Board when I state that we have been pleased with the service provided and the shape the college is in as a result from their guidance. I believe that over the next three years, we can continue to function better as a team and improve the relationship even more.

Lastly, I am nearly ready to hand over the reins of leadership to Bob Hostoffer, who has already provided great services to the college. He, along with all the other board members, are in high gear to continue to strengthen the soul of the ACOP. Those that are currently in office have shown their dedication and enthusiasm by serving and making a difference. We will always welcome enthusiastic members to work with the board. Nominations for interested new board members should be submitted to the Ruggles office and will be forwarded to the nominating committee. Things will happen a bit differently next year because of the late date of the "spring" meeting. We will install officers in April, but will not have a formal ceremony until the June meeting in Orlando.

2006-2007

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SITES FOR SORE EYES

Getting Ready to Travel Abroad?

By Gregory Garvin, DO, FACOP
Associate Editor

This September, as a member of the Irish and American Paediatric Society, I traveled to Ireland and Germany. In my random readings, I came across an article in the February, 2006, issue of *Contemporary Pediatrics* entitled: "Hitting the Dirt Road: How to Prep Families for Travel to Developing Countries." Although I must say Ireland and Germany are well developed, the article caught my eye and, of course, it had a list of web sites to visit...

- www.access-able.com is a web site for the *Mature and Travelers with Disabilities*. For example, from this site you can check out hotels that are wheelchair accessible. It also has links for cruise ships, travel agents with experience for clients with special needs and over 400 links to travel destinations for people with special needs. It has been in operation since 1995. Check it out for your patients with special needs.
 - www.cdc.gov/travel/yb/index.htm is a link to the CDC'S *Yellow Book*, a book for serious travelers that includes links about vaccinations and even a link for obtaining a hard copy of the *Yellow Book*. However, since it is updated annually, going to this web site might be better than paying for a book that becomes outdated frequently. This is definitely one to put in your favorites list.
 - www.who.int/ith/countries/en is the World Health Organization's home page, with sources for travelers going to foreign countries. It is indexed alphabetically, making it much easier to use. It also includes information about the need for Yellow Fever vaccination, as well as a link to reports of disease outbreaks in various parts of the world. Since the information seemed to be very current, it is nice site to check just before leaving for your final destination.
 - www.iamat.org provides travelers information about health risks, geographical distribution of diseases world wide, immunization requirements for various countries, and help to provide competent medical care by English-speaking doctors.
 - <http://travel.state.gov> This site has information about how to get a passport and visa, as well as links to tips about traveling abroad. It also had a link about how to get an absentee ballot when abroad. This is another site I'd highly recommend.
- Well, I hope you can find time to check out these sites about traveling abroad and, until next time, happy surfing...
- PS: If anyone has any sites to share with the membership, email me a link and I'll pass it on... garving@genesishhealth.com.

SAVE THE DATE

**2007 ACOP/AAP
CME Conference
June 28 - July 1, 2007
Orlando, FL**



MELNICK at large

By Arnold Melnick, DO, FACOP

Names, Names, Names... But Who Are They?

So, everyone knows Down's Syndrome, Tetralogy of Fallot, even St. Vitus Dance. Aha, but do you know the person each of those conditions represents—when it was described, how it came about or any other details? Probably not, if you are like me and most pediatricians. You know lots more about the medical status than about the person for whom it was named.

That's why we are beginning in this edition of *Pulse* a new feature, called *Appellation Answers*. Each column will examine an eponym and we will try to provide interesting background information about the person behind the name. Remember: in medical circles, the name is attached by others after the "discovery" by the physician, never by that physician. For example, if Dr. John Smith creates a method of replacing a vertebra, he does not refer to it as Smith's Replacement Procedure. He will talk about his "procedure for replacing a vertebra", without mentioning his own name. If the procedure lasts, others will then refer to it as "Smith's Replacement Procedure" -- and an eponym is born

Eponym? Why do we have to be concerned about eponyms? Because we are bombarded with them every single day, in medicine and out. Look at a few names

and you'll immediately know what they discovered or produced: A.M. Ampere, Louis Braille, Charles McBurney, MD, Thomas Blanket, G.W.G. Ferris and so on. Add more medical eponyms: Bell's Palsy, Morton's toe, Whipple's procedure—go on, add the ones you know. How about the numerous things named Mayo—Charles and William Mayo – attached to surgical procedures and many, many instruments

You might recognize immediately the impact of Amelia Bloomer or Charles Mackintosh on the apparel industry. Yet you probably never heard of Joel Poinsett, but you did hear of the famous poinsettia plant.

While some names are famous, others are infamous—ones we do not want to be associated with because of their negative implications: Charles Lynch, Vidkun Quisling, Jean Martinet and Captain Charles Boycott.

Starting now we will present one eponym an issue, beginning with Down's Syndrome, using interesting and pertinent biographical information. In future issues, we will present those we named at the top of the column — and then we'll go from there.

So read and enjoy!

APPELLATION ? ? ? ? ? ? ? ANSWERS... Whose name is it?

Down Syndrome

Mental retardation due to trisomy of chromosome 21, associated with characteristic facies and habitus.

John Langdon Haydon Down

Down was born in Cornwall, England, in 1828. He was interested in scientific matters while still a schoolboy, but at age 13 he left school to assist his father, a pharmacist. At 18, he moved to London to become an assistant to a surgeon in private practice, where he concentrated on blood-letting, tooth extraction and the like.

At age 19, he began to work at the laboratory of The Pharmaceutical Society where he learned organic chemistry. There, he became research assistant to now-famous Michael Faraday, one of the greatest scientists of all time. In 1853, he began medical school in the London Hospital Medical College, where he was an outstanding student and received his doctor of medicine degree in 1888.

He became medical superintendent at Earlswood Asylum for Idiots in Surry. While many of Down's publications related to mental health, he was an early protagonist for training the mentally retarded. He actually established an institution for training mentally retarded children of the wealthier classes, the first institution of its kind.

Down described mongolism in 1887 in his Letson lectures entitled "On some of the mental afflictions of childhood and youth. His monograph "Mental Affections of Childhood and Youth", published the same year, contained the classic description of his syndrome.

For many years, the term Mongolism was applied to this syndrome. In mid-twentieth century, because of the implications of that term, the syndrome came to be called Down's Syndrome. However, in more recent times, that was modified to Down Syndrome.

Known as a man of liberal views, he was an advocate of higher education for women. He vigorously disagreed with the prevailing assumption that higher education would make women liable to produce feeble-minded offspring. In 1896, he died suddenly at his home.

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The Age of Chemistry

By H. Lauren Vogel, DO, FACOP

The Age of Chemistry is an apt description for our management of many of the behavioral issues affecting kids today. The most common first therapy option for a child presenting with a behavioral problem is medication. We physicians are part of the blame. Our formal training often lacks any in-depth education about behavioral disease. I also think we're overly receptive to the demands of parents whose knowledge about the right medication comes from the TV and the Internet. The marketing influence from pharmaceutical companies contributes significantly to the problem. The challenges of schooling children in large volume classrooms also adds to the problem.

When presented with a patient that displays some impulsive behavior, I can prescribe a multitude of medications and can even mix and match them to affect some behavioral change - short term. Although the best treatment options may be modification of environmental stressors, improved parenting and restructuring of the learning process, these are hard to effect and take effort and cooperation among parents and school staff. Avoidance of confrontation in effecting behavioral change of any environmental issues contributing to

the child's reactivity to stress is much easier and is the path most of us take.

I see children with oppositional behavior almost daily. I've yet to see one of these patients where the family influence was not contributing to the problem. Yet, parental denial of their contribution is the norm. Children are not expected to display reactive behavior when under stress, even though this is probably the most healthy and normal emotional response. Unfortunately, we often treat the reactive behavior with our goal being to suppress the behavior, when it should be to examine fully and direct our treatment at the stressors causing the behavior.

Our charge, as a child advocate, must be to correct the medical problem without doing harm to the patient. Our knowledge about long term effects of the behavior medications we use is limited. Parental education should be an important component of our therapy. These goals should be shared by the pharmaceutical companies also. We need to focus more on modeling of behavior and parenting and place drug therapy as an adjuvant to more effective and perhaps less invasive treatment - long term.

Warning: Hotel Room Key-Cards Can Cause Identity Theft Trouble

Travelers are warned about the handling of hotel room key-cards because of the danger of identity theft.

Information from the California Bureau of Investigation and issued through the Pasadena Police Department, reveals that many of these hotel key cards carry essential information about you in addition to the room number. Often, your name, home address, check-in and check-out dates and credit card numbers (with expiration date) have been embedded in these cards.

Unscrupulous finders of these cards can simply run them through a scanner and learn all about you.

Everyone is warned against turning them back at the hotel desk, and you should never leave them in your hotel room. You are advised to take them home with you or destroy them. And, if you forget and find it in your possession at the airport, do not toss it into a trash basket. Take it home and cut it up.

The *AOAO Newsletter* contacted several hotel managements and received different information; some do and some do not do this. So, it is prudent that, in order to protect your identity, you destroy those hotel key cards and never leave them around for others to find.

MEMBERS IN THE NEWS

New Breastfeeding Article Series Published

The AOA Department of Communications has released the *Health for the Whole Family* article for October. The article, *The Benefits of Breastfeeding*, features osteopathic pediatrician Stanley Grogg, DO of Tulsa, OK, Past President of ACOP and Professor of Pediatrics at OSU-Center for Health Sciences. As stated in the article, studies have shown that breastfeeding can significantly contribute to the well-being of a new baby, as well as its mother. The monthly *Health for the Whole Family* series of articles gives DOs and other osteopathic family members a great opportunity to promote the profession and educate patients about a variety of health topics. They can be customized with your own information and included in your office's reception area, a newsletter, in local newspapers and online. For more information on how to use these valuable tools, contact Catherine Krause, Senior Affiliate Communications Specialist, at ckraus@osteopathic.org. The full article is posted on the AOA Daily Reports Blog; you can also read previous articles on DO-Online at <http://www.osteopathic.org/index.cfm>

MEMBERSHIP QUESTIONS?

Contact

Joye Stewart

at 877-231-2267

or by email at

joye@ACOPeds.org

PEDIATRICS... and then some!

Some pediatricians have moved their attention to areas tangential to or complementing the practice of Pediatrics. This is one of a series.

Martin A. Finkel, DO, FACOP

Find it, fix it is part of an old osteopathic adage. And that's what Martin Finkel did.

After graduating from MSUCOM in 1974 and training in Pediatrics at Doctors Hospital in Columbus, he began clinical practice at the School of Osteopathic Medicine of UMDNJ, which he grew to love so much. Then, by chance in 1982, he found that within the field of child abuse, there was little known about the sexual abuse of children. He discovered how much was missing in the diagnosis and care of these children and particularly, what medicine did not know about examining and talking to these little victims.

That began, for Martin, a new career. He went back to his university determined to become an expert — and that he did, cre-

ating a center for studying, evaluating and treating these victims. In the first two years of this project, he saw more child sexual abuse cases than had ever been described in the medical literature. He is the founder and Medical Director of the Child Abuse Research Education Service (CARES) Institute at UMDNJ, where he serves as Professor of Pediatrics. The Institute cares for over 1600 victims of child abuse yearly and has 47 full-time faculty and staff.

In the process, Martin has become a widely recognized authority on the subject and one of the leading experts in the country. Senior author of *Medical Evaluation of Child Sexual Abuse* (co-authored with Angelo P. Giardino, MD, PhD), his book is about to be re-published as a third edition by the AAP. This is a great achievement because no other known osteopathic book has ever reached a third edition or been published by an allopathic association.

Working with law enforcement agencies throughout New Jersey and with the state Division of Youth and Family Services, Martin was instrumental in developing New Jersey's statewide network of child abuse centers. He was a pioneer in the use of videocolposcopy for assessment of sexual abuse. Many of the methods and techniques established in his center have become the standards of the child abuse field.

In demand as a lecturer on the subject, Martin is kept busy speaking around the United States and abroad, most recently in Berlin and York, England. Many of his talks are sponsored by the International Society on the Prevention of Child Abuse and Neglect.

He found it. He fixed it. But he didn't leave it alone. He is still devoting all his efforts to Child Abuse and his enthusiasm for his work continues to increase.



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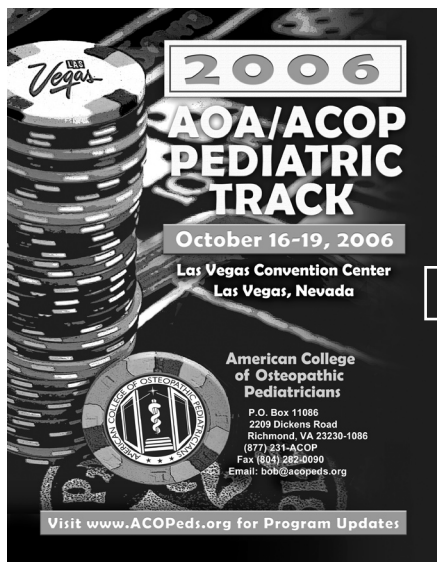
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2006 Fall Conference Highlights

Monday, October 16, 2006

Detailed Sonographic Analysis of Complex Fetal Anomalies:

Cases from Fetal Board

Harris Finberg, MD

Current Status of Fetal Surgery: How Did We Get Here and Where Are We?

William Clewell, MD

Fetal Anemia

William Clewell, MD

Infections in Pregnancy:

Common Questions

Stephanie Martin, DO

Preconception Counseling and Prenatal Diagnosis

Stephanie Martin, DO

Continuous Quality Improvement:

Ensuring Change Creates Improvement

Alissa Craft, DO

If NICU's are So Great, Why Prevent Prematurity?

Alissa Craft, DO

NICU Follow Up:

What We Need To Know

Elaine M. Ellis, MD

Tuesday, October 17, 2006

Drug Abuse: Office Evaluation of Adolescents at Risk, Experimentation with Designer Drugs

Norman Wetterau, MD

Pediatric Coding and Pitfalls:

Maximizing Reimbursement without Fear

Mary Jean Sage, CMA-AC

What's New in Pediatrics?

A Literature Review of Current Issues

Carl Backes, DO, FACOP, FAAP

Is my Child Normal? Development Screening, Surveillance and Referral

Elaine M. Ellis, MD

ADHD, Co-morbidities and Treatment

Neil S. Levy, DO, MBA, FACOP

Wednesday, October 18, 2006

Accidental or Abusive Head Trauma

John Graneto, DO, FACOP

What a Headache: Evaluation and Management of the Child with Headaches

P. Harold Finkel, DO

Joint AAO and ACOP OMM Workshop for Treatment of Headaches

Ali M. Carine, DO, FAAO

My Neck Hurts Too: Evaluation and Management of the Child with Neck and Upper Back Pain

Monica Omev Cyprian, MD

Joint AAO and ACOP OMM Workshop for Treatment of Neck and Upper Back Pain

Ali M. Carine, DO, FAAO

Hop, Skip and Shuffle: Approach to the Limping Child

Monica Omev Cyprian, MD

Short Stature: What to Do?

Growth Hormone or Genetics

Malcolm Schwartz, DO

Breastfeeding:

A Challenge to the Physician

Richard J. Schanler, MD

Thursday, October 19, 2006

Imitating Asthma

Russell G. Clayton, Sr., DO

Hack Hack Hack: Approach to Chronic Cough in Children

Russell G. Clayton, Sr., DO

Old and New Approaches to the Child in Whom Asthma Treatment is Not Working

Robert W. Hostoffer, Jr., DO, FACOP

Approach to the Child with Persistent Allergic Rhinitis

Robert W. Hostoffer, Jr., DO, FACOP

Ouch, Something Bit Me

Massoud Mahmoudi, DO, PhD

The Potential Effects of Dirty Bombs and Disrupted Utilities on Children's Health

Larry Lewellyn, DO, FACOP

Smallpox as a Weapon

Neil S. Levy, DO, FACOP

The Emotional Impact of Bioterrorism on Children

Scott Elkin, DO

Preparedness for Bioterrorism:

Things You Never Thought About

Larry Lewellyn, DO, FACOP;

Neil S. Levy, DO, FACOP;

Scott Elkin, DO; Laura Stiles, DO,

FACOP

The Effects of Technology on the Young Child

Luba M. Levy, MA, MBA

Sharla L. Snider, PhD

The ACOP completed another successful didactic meeting in Las Vegas this past October. It was held, for the first time, in conjunction with the AOA, and all the osteopathic specialty colleges participated.

Over 100 ACOP members attended and enjoyed the program. Our College also held three joint sessions with other specialty colleges, as well as an interesting OMT workshop.

Several guest speakers lectured during the meetings, and our members joined with the entire AOA group to hear Commander Richard H. Jadick, DO, MC-USN, give an inspiring talk on his experiences in Iraq. He was featured on the front cover of *Time Magazine*, honoring him for saving the lives of 20 or 30 Marines in the Battle of Fallujah.

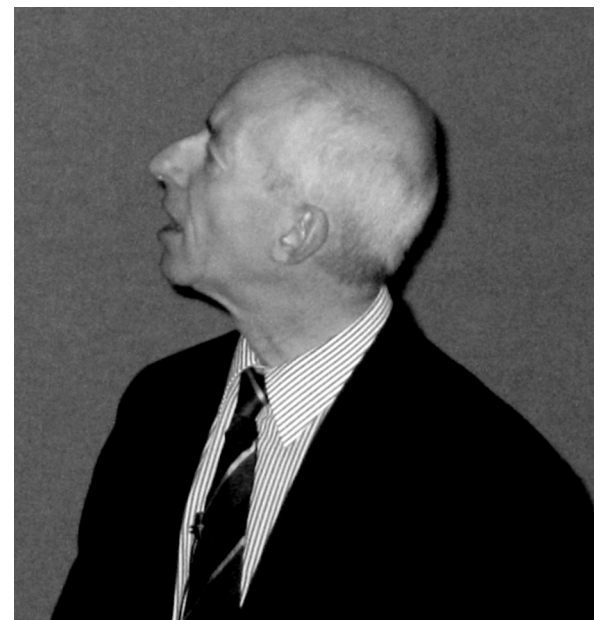
Meetings were well attended and at the ACOP sessions, many of our new members participated. Other specialists at the meeting also attended and showed great interest in our program.

Program Chair for the ACOP was Abraham N. Bressler, DO, FACOP, with the assistance of Barbara Ianni, DO, FACOP, for the Monday meeting. Scott S. Cyrus, DO, FACOP, Director of CME Programs, provided invaluable assistance with the planning.

"The CME Committee would like to thank all the faculty members for sharing their time and exceptional wisdom with the participants," said Dr. Bressler. "We would also like to thank all that attended this year's conference; we appreciate your questions, comments and thoughts," he added.

The ACOP will be meeting jointly with the AAP in Orlando June 29 through July 1. This will replace the usual Spring 2007 Meeting.

ACOP 2006 Fall Conference Participants





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