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pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

Plan Now for the AOA/ACOP Pediatric Track!

By Jacqueline M. Kaari, DO, FACOP
2008 Fall Conference Chair

The Fall, 2008, meeting of the ACOP will take place in Las Vegas, Nevada on October 26-30, 2008, at The Venetian Hotel. The conference will continue with the theme of *Fit for Life*, as designated by AOA President Peter B. Ajluni, DO.

Sunday, October 26, 2008

The first day of the conference will focus on neonatal topics. The subjects to be covered include neonatal nutrition, infection, maternal conditions and the premature infant.

Monday, October 27, 2008

Monday is the official opening day of the AOA convention. The topic to be addressed will be *Solutions to Childhood Obesity*. A keynote speaker will discuss the state of the nation with regard to this national concern. Successful interventions, the development of an in-office program, bariatric surgery and practice management topics will be presented.

Tuesday, October 28, 2008


Tuesday will be a joint meeting with the colleges of sports medicine and osteopathic manipulative medicine. Barriers to exercise, development of a weight training program, the sports physical and the treatment of injuries will be topics of the day. A hands-on OMM session will also be included.

Wednesday, October 29, 2008

Wednesday will focus on pediatric updates. Topics will include dermatology, hyperlipidemia, hypertension and newborn infection.

The AOA/ACOP Pediatric Track Conference offers an opportunity to earn continuing medical education credit, gain insight into a serious problem plaguing the pediatric population and will present clinically relevant material. There will also be ample time to network with other osteopathic pediatricians amidst the backdrop of Las Vegas.

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS
AOA/ACOP PEDIATRIC TRACK
October 26-30, 2008



THE VENETIAN HOTEL
LAS VEGAS, NEVADA

To Register, Visit
www.do-online.org

Photos Courtesy of the Las Vegas News Bureau

Visit www.ACOPeds.org for Registration and Conference Information


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Abstract Submission Deadline
SEPTEMBER 8, 2008

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Be sure to check  **PEDIATRICIANS** on your registration form in order to receive your syllabus.

2007-2009

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President's Message

Robert W. Hostoffer, Jr., DO, FACOP



We are making great headway. ACOP has matured into a college that provides more than just a place to get CME.

Soon, we will be introducing the first eJournal of the ACOP, *eJACOP*. It will include invited authors on trendy and timely topics, abstracts from our students, residents and fellows, article penned by our faculty and much more. Get your quills out and get ready to write.

Our second pamphlet entitled, *Suicide Prevention* will be unveiled via our web site. In collaboration with the National Foundation for Suicide Prevention, we hope to heighten awareness of this national tragedy.

The ACOP has written to *Time Magazine* in response to their well written article on vaccination. We hope other magazines will take this opportunity to address misconceptions.

The ACOP has signed onto a letter, along with the AMA, AOA, AAP, ACOFP, to the National Board of Medical Examiners encouraging them not to use their facility to certify advanced nurse practitioner. This is a position that we will uphold.

The student and resident clubs will meet together in Anaheim at the 2008 Joint AAP/ACOP Conference and will review topics like leadership, test taking skills, stress management and debt management. We hope you all can come!

Visit our new web site, use the *Conduit to Success* CD, come to our meetings, read the upcoming *eJACOP* and the *Pulse*...get involved!!

This has been a great year! See you in Las Vegas in October for the AOA/ACOP Pediatric Track and in Anaheim in February for Future of Pediatrics conference!

ACOP thanks the Supporters of the
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October 26–30 • Las Vegas, Nevada



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(Mead Johnson supported ACOP 2nd Edition of the
CONDUIT FOR SUCCESS CD Program)



MELNICK at large

By Arnold Melnick, DO, FACOP

Are We Child Advocates? And Should We Be?

Of course we are Child Advocates – all pediatricians are. At least, we profess to be. Don't we press for full immunization of all children? Don't we urge legislative bodies to pass regulations to protect children's health? Don't we support all public health efforts to aid children and improve their well-being? Yes, we do. But do we go far enough?

Characteristic of most of our practices is the use of anticipatory guidance. I am sure that term was first coined in pediatrics, in order to categorize what pediatricians do routinely in their offices: Tell parents what to expect in the next month – or year – or two years (depending on the age of the child). We all do it automatically, even though economic and reimbursement pressures have, in many cases, limited the time we can spend doing it.

Anticipatory guidance could also be called prevention advice – telling parents what to watch out for, how to prevent problems and how to handle problems that do arise.

I am all in favor of that. It truly makes us Child Advocates – something we have been for many years.

So unabashedly, I say we are Child Advocates – we work for the children. And that is as it should be. I am proud of that function of the pediatrician. However, I am troubled by trouble – by the environmental and societal things that affect, and many times harm, our children. Think for a moment about this short list of potential troubles:

- **Drowning** – one of the major causes of death in small children in home swimming pools
- **Child Sexual Abuse** – a ferocious and growing threat to our youngsters
- **Sexual Predators** – compounds the child sexual abuse problem
- **Lead Poisoning** – even though the incidence is about half of what it was years

ago, we still have not eradicated it

- **Animal Bites** – unrecognized and underestimated effect on young children

And for the older children and teen-agers in our practices:

- **Auto accidents**
- **Internet Uses and Dangers**
- **Money instruction** – to avoid future scams and debt potholes

One would think that some concerned groups would have lobbied long before this to get physicians, especially pediatricians, involved in preventive actions. So far, I've seen no concerted efforts in these areas.

Every one of those problems can be somewhat mitigated by advance information, and many can be prevented if we are all aware. So I ask, "Are we doing enough – enough anticipatory guidance?" I think not!

Then comes the practical – very practical – question of time and compensation. My list of problems is short – there are others to add – but, if we only spent 30 minutes on each of these topics during the lifetime of a child, it would mean adding time, our time, of 4 hours for every patient on our books – and at no compensation.

There must be some way to reach out toward the solution – to balance the conflicting pressures. One-minute conferences? Office handouts? Specialized use of office personnel? Some combination of these? Or something else? Wouldn't that be good use of anticipatory guidance time?

I don't know the answers but I think we – pediatricians especially, but also society in general – should be looking for some way to address these catastrophes and do something positive about them. We owe it to our patients. We owe it to society. We owe it to ourselves.

STUDENT CHAPTER NEWS VCOM Chapter Organizes Health Fair

Organized by the Student ACOP Chapter, the Edward Via Virginia College of Osteopathic Medicine held its annual health fair in May in Jonesville, VA, the birthplace of Andrew Taylor Still.

VCOM chapter President Empress Hughes, a freshman at VCOM, chaired the event. "The health fair," Hughes said, "was a continuation of the services that the VCOM ACOP chapter provides for Jonesville and two other rural towns annually through our Adopt-A-Town program. Our chapter of ACOP has made a commitment to provide much needed health screenings, sports physical examinations, clothes and hygiene kits."

Faculty and students provided free physical examinations, hearing and vision screenings, and cholesterol and glucose screenings to over 60 townspeople. One of the goals of hosting the health fair was to increase VCOM students' comfort level during their interactions with the pediatric population and their parents.

Activities also included parenting classes, nutrition instruction and health insurance information.

Plans are already under way for next year, according to Hughes.



The Edward Via Virginia College of Osteopathic Medicine held its annual health fair in May in Jonesville.

FAQ ...and Answers!

American Osteopathic Board of Pediatrics

By Fernando Gonzalez, DO, FACOP, Chairperson

Q *Do all US states, territories, military branches, hospitals and insurers recognize AOBP board certification?*

A Yes.

Q *What steps does the AOBP take to insure that all of the certification examinations are fair and accurate?*

A The AOA and the Bureau of Osteopathic Specialties (BOS) mandate that each of their boards must meet rigorous guidelines insuring the validity of all examinations. Periodic reviews are required. The AOBP has completed the second cycle review and has been notified by the Standards Review Committee (SRC) that it is in compliance with all of the requirements for the certification and recertification examinations it offers in general pediatrics and in five sub-specialties. These are: Neonatology, Pediatric Pulmonary Medicine, Pediatric Endocrinology, Adolescent Medicine and Pediatric Allergy & Immunology.

These steps include the use of surveys and other sources to establish what is called a Job Task Analysis (JTA). This establishes what it is that the general pediatrician or sub-specialist does in actual practice. Further refinement then defines a Table of Specifications (TOS) that lists the major topics from the JTA and determines the percentages from each area that will be represented on the examination. The number of test questions for a given area ideally should be representative of the frequency that situation occurs in everyday practice. After this distribution is established, questions from previous examinations and new questions are used to fit this distribution.

Every single question is reviewed by a panel of board-certified osteopathic pediatricians or sub-specialists for accuracy of content, fairness, relevancy and lack of regional bias. In addition, the AOBP has taken considerable effort to format questions that maximize the assessment of knowledge and not measure test-taking ability. The old "K"-type questions (a,b,c

but not d, etc) have been eliminated and negatively-worded, reverse-phrased, or "except" questions are no longer used. All item writers, board members and committee members receive extensive training in proper item-writing techniques.

Q *If I were trained in an allopathic program, am I eligible to take the AOBP board certification examinations?*

A Yes. The AOBP welcomes and encourages all osteopathic pediatricians to be AOBP certified. The AOBP website (aobp.org) clearly outlines the steps that will lead to certification from completion of a residency program through approval by the AOA Board of Trustees. Applications can be downloaded and dates of upcoming examinations can also be found.

If you are a medical student or still in training, it is best to plan ahead for this. The process is outlined in "Resolution 42" (link: www.do-online.org/index.cfm?PageID=sir_postdocabtres42).

If you completed your training in an allopathic program before 1995, click on Resolution 56. (www.aobp.org/Res_56_Application.pdf).

These steps can seem daunting, but the staff at Certifying Board Services at the AOA is available to answer questions and help solve problems. Call Ellen Woods or Ellie Kraynak at 1-800-621-1773, ext. 8267.

Q *What happens if I do not pass the re-certification examination?*

A The AOBP encourages all members with a time-dated certificate to take the examination two years prior to the expiration of their certificate. If passed early, the date on the new certificate begins on the date of expiration of the old certificate. If the individual fails the examination, he or she remains certified and can retake the examination in the upcoming year.

Research Committee Report

Research Grants Award Winners

By Robert Locke, DO, FACOP
Chair, ACOP Research Committee

The ACOP awarded Three Research Grants at the ACOP 2008 Spring Conference. The purpose of the grants is to support research activities by osteopathic residents and students or mentors whose project provides research opportunities for osteopathic residents and students.

The following three Research Grant Winners were awarded \$500 each:

Sarah MacLeish, DO

Resident at Rainbow Babies and Children's Hospital

Northeastern Ohio School Compliance with American Diabetes Association Guidelines for Children with Diabetes

Mary L. Solomon, DO

Resident at Rainbow Babies and Children's Hospital

Osteopathic Manipulative Medicine Benefits Athletic Performance

Connie Jo McCarroll, DO, FACOP

Staff member at Cassano Health Center, Dayton, OH

"DO" WOP (Diabetes and Obesity Wellness Opportunities Program) at Cassano Health Center

Each year an abstract/poster submission is selected from student and resident applications for special recognition in research excellence.

The 2008 Abstract / Poster Winner was:

AM Zidron

Ohio University College of Osteopathic Medicine

E. Juma, OUCOM and GH Ice, Keyna Medical Research Institute

Does Being an Orphan Decrease the Nutritional Status of Luo Children?

Dr. Zidron's provocative study focused on Luo orphan children, the third largest ethnic group in Kenya. Congratulations to Ms. Zidron and her colleagues.

Members interested in serving on the ACOP Research Committee should contact Dr. Locke at RLocke@Christianacare.org

Welcome to ACOP New Members!

FELLOW

Ira Howard La Voe, DO, FACOP.....
.....*Havertown, PA*
Mary H. McCarthy*Oceanside, CA*

INTERN

Elinor MacGregor, DO*Miami, FL*

PEDIATRIC STUDENT CLUB

Kenneth R. Anderson*Henderson, NV*
Pablo A. Angulo.....*Henderson, NV*
Matthew A. Goldenberg*Glendale, AZ*
Quinton Lords.....*Henderson, NV*
Tatiana Morales*Henderson, NV*
Lois S. Nosker*Henderson, NV*
Carol B. Orzga.....*Henderson, NV*
Darius M. Radvila*Henderson, NV*
Laura F. Sandoval*Henderson, NV*
Justin W. Schreiber*Henderson, NV*
Saulena S. Shafer.....*Henderson, NV*
Jack J. Sun*Henderson, NV*
Lisa C. Underwood.....*Henderson, NV*
Nori U. Watson.....*Henderson, NV*

RESIDENT

Rocio Arguello, DO.....*Miami, FL*
Daniel Eason, DO*Miami, FL*
Mark Gabay, DO*Boca Raton, FL*
David Hooke, DO*Miami Beach, FL*
Charlotte Schnellbacher, DO.....*Miami, FL*

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

Babinski Reflex

Extension of the great toe with simultaneous fanning of the other toes when the plantar surface of the foot is stimulated.

Joseph Francois Felix Babinski

At least 8 other eponyms are attached to the name of Joseph Francois Felix Babinski, who was born in France in 1857 of Polish/Slavic parents; he had one brother, Henri.

Dr. Babinski graduated from medical school at the University of Paris. He studied under Jean Martin Charcot and is reported to have been one of his favorite pupils. His senior thesis, on multiple sclerosis, received an award for outstanding merit.

His reflex is properly reported as present or absent, not positive or negative. In adults, it is a pathological finding indicating an upper motor neuron lesion on the affected side, a dysfunction of the pyramidal tract.

In neonates, however, the presence of the Babinski reflex is normal. This extensor response disappears after infancy and gives way to the flexor response around 12-18 months of age. In infancy, the corticospinal pathways running from the brain down the spinal cord are not fully myelinated. The reflex is therefore not inhibited by the cerebral cortex in infants.

Other eponyms: The Babinski Method is a technique for eliciting the Achilles reflex, performed with the patient kneeling on a chair with the legs hanging over the edge. The Babinski hammer is a particular style of reflex hammer also known as the Queensquare.

Dr. Babinski died in 1932.

- John W. Graneto, DO, FACOP



eJOURNAL

of the AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS
Volume 1 | Number 1

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WELCOME TO THE INAUGURAL ISSUE OF eJACOP!

The mission of the eJACOP is to serve as a mentor. The journal will strive to act as a teaching portal for those students, fellows and attending physicians who strive for and have a thirst for a scholarly existence.

- We strive to provide a peer reviewed venue for the working pediatrician, as well as the academic attending physician. We look to them to fill our journal with knowledgeable reviews.
- We strive to encourage residents to submit abstracts to ACOP for subsequent publication in eJACOP. We want to provide them with mentorship to create their abstracts and subsequent manuscript submission, while instilling a hunger for scholarly ventures.
- We strive to encourage students in learning the process of hypothesis development while encouraging them to develop into our future scholars and academics.

This is our journal, a harbor for the future scholar, and a beacon for the academic. Encourage your colleagues to contribute.



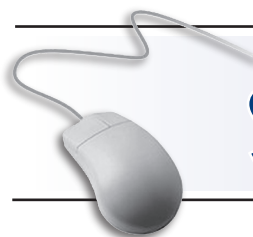
COMING SOON!

By THE NUMBERS

American Osteopathic Board of Pediatrics

By Fernando Gonzalez, DO, FACOP
Chair, AOBP

1940	year AOBP established
1	number of times test is offered each year
7	number of board members
3	board member term in years
12	maximum number of years on the board
2	number of times the board meets yearly
16	hours it takes to complete the tests
16	hours it takes for AOBP to create the test
565	number of items on the certification exam
150	number of items on the recertification exam
5	number of pediatric subspecialty examinations
7	number of years between recertification
56	resolution number which allows allopathic-trained pediatricians to be eligible for AOBP certification



SITES FOR SORE EYES

Three Sites of Interest

By Gregory Garvin, DO, FACOP
Associate Editor

I'm always very thankful when one of the members of ACOP sends to me a request to visit a website and pass on some information about the site. This time I was sent three websites to evaluate by our Editor, Dr Arnold Melnick.

I would hope, too, that if any ACOP members are using a website to enhance their practice or just their "computer life" in general, that I could receive an email about the site so that I can visit it and pass any information on to the other members of ACOP. So here goes...

<http://www.intelihealth.com>

A "consumer-friendly health information and news service"

This site is supported by AETNA and is called Intellihealth. The content partner is Harvard Medical School. It is really more geared for the consumer but may be a site you may pass on to your parents for them to access. It in my mind is much like the popular web site "Web MD."

I found a link to Children's Health and also a link called Health Kid's Line that takes you to the same web page. Another link I found useful was on Genetic Testing as well as Dental Health. All of these links have "videos" for consumers to watch and I would think they would find helpful. The Dental link was supported by the Columbia University College of Dental Medicine.

<http://www.fda.gov/cder/handbook>

Links to FDA resources

CDER is the acronym for the "Center for Drug Evaluation and Research". It is a user-friendly resource. There are links to:

1. New drug development reviews
2. Generic Drug Review
3. Over-the Counter Drugs
4. Post Drug Approval Activity
5. Communicating with CDER
6. Other Topics

Much of the information can be downloaded in a PDF (portable document format) and I found "handouts" (many are also in Spanish) for the office with titles like:

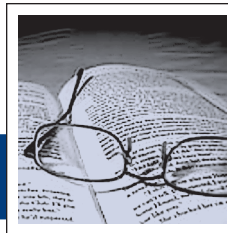
1. Kids Aren't Just Smaller Adults
2. Got a Sick Kid?
3. Don't Guess - Read the Label
4. The Best Way to Take OTC Pain Reliever

<http://word.mvps.org/index.html>

A volunteer-contributed help with Microsoft Word.

This site is called a *Word MVP Site. (Most Valuable Professional)*. It is a volunteer-run site and in not run, owned or controlled by Microsoft. I have recently started to try to switch over to Windows Vista and Office 2007 and I found this site a place to visit and find out how to understand all of the new changes of Word 2007. If you haven't switched from Office 2003 yet, you may be a little bit upset at first with the changes in Word 2007. This site provides a number of answers to the questions you may have. I actually found it quite helpful and will probably put this one in my "favorites" so that when I have a question about Word 2007, I'll have a place, hopefully, to find an answer.

If anyone has an interesting website to share, send the address to me: garving@genesishealth.com. Happy Surfing!



NEJM

Co-author: **Nehal A. Parikh, DO, FACOP**

ETHICAL DECISION-MAKING AND SCIENTIFIC DATA AT THE EXTREMES OF PREMATURITY

ACOP member, Nehal A. Parikh, DO, FACOP, a neonatologist at University of Texas Medical School in Houston, has a keen interest in producing evidence-based translational medicine that improves the clinical decision-making, especially in the extremely premature infant. Dr. Parikh's recent co-authored article has significantly advanced the ability of parents and healthcare workers to make evidence-based ethical decisions on whether to administer intensive care therapy to 22- to 25- week gestation premature infants.

Although known to have less than desirable predictive accuracy, decisions concerning intervention prior to this article were primarily based upon gestational age alone. Drs. Tyson, Parikh, and their colleagues demonstrated that greater precision in the prediction of death or major disability can be achieved by considering exposure to antenatal steroids, sex, singleton versus multiple birth, and birth weight. Female sex, any exposure to antenatal steroids, an extra 100 gm of birth weight, and being singleton each improved outcome to about the same extent as an extra week of gestation. There is an open access NICHD website that will assist with this calculation for an individual situation: www.nichd.nih.gov/neonatalestimates. Of course, every situation has other individual factors, institutional specific data, and additional conditions that need to be taken into account.

Nehal Parikh, a proud father of two and an ACOP member throughout his career, is a graduate of the New York College of Osteopathic Medicine and completed his fellowship in neonatology/neonatal-perinatal medicine at Thomas Jefferson University – Jefferson Medical College. Osteopathic students and residents seeking to do a neonatology elective at the University of Texas Medical School in Houston or having questions about entering the field of neonatology can contact Nehal.A.Parikh@uth.tmc.edu.

(Dr. Parikh's paper can be found on page 1672 of the New England Journal of Medicine, 2008:358)

AOBP Certification Offered

The American Osteopathic Board of Pediatrics will be offering the certification and recertification examinations for General Pediatrics at two separate times in 2008. The first offering will be on Friday and Saturday, August 22-23, 2008, at the AOA headquarters in Chicago, Illinois. The deadline for receipt of the application for the August examination is June 1, 2008. The second examination date will be on Saturday and Sunday, October 25-26, 2008, before the annual AOA/ACOP convention being held at the Venetian Hotel in Las Vegas, Nevada. The deadline for application for this offering is August 16, 2008. Please contact the AOA Bureau of Certifying Services at 1-800-621-1773, extension 8267, for further information. Applications are also available on the AOBP website, www.aobp.org.

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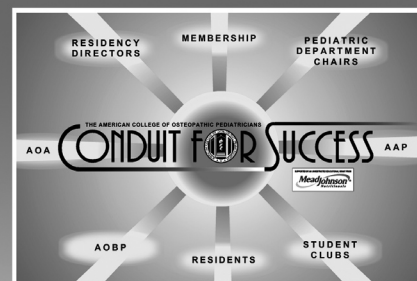
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Send your news, photos, honors, community involvement... anything you are proud of!

ACOP wants to Keep in the Know!

Send your information in Word format with any photos as separate files to beverly@societyhq.com

And don't forget to send in your Powerpoints for the **Third Edition of the ACOP Conduit for Success CD!**



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