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pulse

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

CATCHING UP WITH...

...Neil S. Levy, DO, MBA, FACOP

Recently, *Pulse* caught up with Neil Levy, now serving as the ACOP Director of CME Programs. Enthusiastic about his new post, he commented that his predecessor, Scott Cyrus, had done a great job. Neil's plan is to enhance that by extending the planning time-line for meetings. Although in the position for just a short time, his CME program planning is already one-and-a-half years ahead. He hopes to lengthen that to two years.

Originally a Biology major at Temple University, he had planned to go straight to a PhD program in Biochemistry after graduation. However, as they frequently do, circumstances altered his course, including a strong influence by a neighboring DO, who treated him in one visit for a basketball injury to his back with instant cure. From there, it was direct to the Des Moines College of Osteopathic Medicine, from which he graduated in 1971.

Neil holds strong feelings for help and advice given him by a number of DOs along his way to becoming a pediatrician, including Richard Summers, of New Jersey, Herb Greenwald, the senior resident when he stated his program (a major influence), and Herb Miller (his residency trainer). Following an internship at Martin Place Hospital in Detroit, he served a pediatrics residency there.

Asked what he has found most valuable at ACOP meetings, he responded, "The ACOP has given me everything I have in Pediatrics and at the meetings the oppor-

tunity to develop camaraderie with fellow DOs across the country."

He thought long, searching for his most interesting moment in Pediatrics and reported that "interesting moments" changed as he grew in the profession. One that he still remembers with keen excitement was the opportunity, during his residency, to visit and train at Detroit Children's Hospital frequently, even winning an award for his work in the ICU (against a number of MD residents).

What did he consider significant ACOP achievements in recent years? Neil, an FAAP, replied, "The way we have dealt with the AAP. The ACOP created an environment that supports the 'separate but equal' philosophy, something we couldn't have done otherwise. I am pleased that we are planning additional meetings with them. We now enjoy recognition of osteopathic training in Pediatrics." He added that, in order to attract more DO members of AAP to join ACOP, some of our institutions need to redevelop our residencies so that we have an outreach system enabling us to meet with and cooperate with other professional groups,

He and his wife, Luba, a PhD candidate in early childhood development, live in Keller, Texas. They have three children, none of whom appears to be headed for the health professions.

On the professional side, he serves as

ACOP Says... Let's Stop Childhood Obesity!

Childhood obesity is at epidemic proportions. The number of obese pediatric patients may be due in part to lack of adequate definition, lack of physical activity and dietary choices.

The definition of pediatric obesity has varied, but the most accepted criterion is based on body mass index, BMI. In order for a child to be classified as overweight, the BMI must be between the 85th and 95th percentile. Overweight is classified as being greater than the 95th percentile. These BMIs are calculated by means of a wheel nomogram. At this time, the process of calculating and charting the patient's BMI is not part of most pediatricians' routine, although steps have been taken by many organizations to disseminate to all pediatricians this important process.



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President's Message

Robert W. Hostoffer, Jr., DO, FACOP



The new year brings anticipation of success through the *Conduit to Success* for the ACOP. There are several events in the pipeline that are ready to explode.

A new website is in preparation. Due before the 2008 Annual Spring Conference, the new site will take on the appearance of the *Conduit to Success* CD. It will have all the necessities to assist the pediatrician in all levels of his/her career. Watch for it.

Our pamphlet entitled *Let's Stop Childhood Obesity* has recently been developed and published. It is available on our website for order, as well as through our national office. It will also be used by our student clubs to enlighten school and governmental authorities about the epidemic of childhood obesity.

An article has been submitted to *Pediatric News* describing the ACOP's efforts to call more attention to pediatric obesity and nutrition. Similar articles and advertisement will be submitted to the *Journal of Pediatrics*, *Pediatrics*, *The DO*, *JAOA* and *AAP News*. These efforts should fortify our national pediatric presence.

New for the college, ACOP will be selling coffee mugs and wine glasses emblazoned with the ACOP logo at the 2008 Annual Spring Conference. Specific student clubs will be selling the coffee mugs at the emeritus lectures and wine glasses at the Gala. The revenue from these sales will go to offset student costs at the meeting. Buy them for gifts or adorn your home and office.

Residents will be manning a table at the Spring conference demonstrating the use of a BMI wheel. We can all learn how to bring obesity monitoring to our offices in a practical manner.

I recently attended a student club meeting at the Lake Erie College of Osteopathic Medicine. It was certainly a privilege and a thrill. The students carry on their pride of Pediatrics and the ACOP. Keep up the good work, Jennifer and Danielle!

A big round of applause needs to go out to our Board, committees and the Executive Director and his associates. You have all worked hard to enhance osteopathic pediatric medicine in the United States. Go Team!!!

Catching Up With...

Continued from page 1

an Assistant Clinical Professor for the Texas College of Osteopathic Medicine (the college is now called University of North Texas-College of Osteopathic Medicine), rotating students through his practice, and he has staff affiliations with Harris Methodist Hospital, Baylor All-Saints Medical Center, and Cook Children's Medical Center, all in Fort Worth. As a representative of the Texas Osteopathic Medical Association, he serves on the statewide Texas Immunization State Working Group

"I tell students who rotate with me," he concluded, "that they must do what they enjoy—and therefore must enjoy whatever field in which they decide to practice. I explain that when I wake up in the morning,

I do not feel that I am going to work. I am getting up to do something that I like. Do what you love, I tell them, and the money will follow."

With an outlook like that, you know the future of ACOP is in good hands.

COMING SOON!

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS
CONDUIT FOR SUCCESS

SECOND EDITION



MELNICK at large

By Arnold Melnick, DO, FACOP

Nail Biting in Children

It is said that those who ignore history are bound to repeat it. I thought of that maxim recently when I came across an old research project of mine ("Nail Biting in Children") - actually the thesis for my Master of Science (Pediatrics) degree from PCO.

I honestly admit that I have not since done any intensive searches on the subject but I certainly not have seen anything over the years that adds to our knowledge. In fact, surfing the net yields mostly discussions about adults who bite their nails, with a few suppositions carried over from childhood nail biting. For some unknown reason, I never published my research as an article and, for many, many years (too numerous to record) its only exposure has been to my bookshelf or closets. I know of no significant studies since mine.

As risky as it is, I'd like to resurrect my findings (and conclusions) for you -- informally, just as if we were talking in a hallway - no scientific expertise claimed, no infallible conclusion offered. Thanks.

I surveyed 1445 children, age 5 to 13 in school settings-referred to as "average". Added to that were 218 institutionalized boys, called "abnormal." They were all classified as "biter" or "non-biter." I believe this is the largest group studied since the work of David Wechsler who looked at 3000 children in 1930. Wechsler reported, among other things, an almost zero incidence of nail biting in children under three, increasing from about 5 years through adolescence (ranging from 20% to over 40%). In my series, the overall incidence ranged about 10% higher than Wechsler at all ages but in agreement with his pattern.

I examined a number of aspects of these children as they related to nail biting. In my "average" group (based on careful statistical analyses), I found no statistical difference based on boys vs. girls, between age groups (from 5-13 years), by combined age and gender, by school grade (as would be

expected if there were no difference by age), or by combined school grade and gender.

In my "abnormal" group, there were no statistical differences by age, by IQ (measured individually), by family ordinal position, by special family position (e.g., youngest, oldest, or one and only), by color, by the combination of color and age, by the combination of color and IQ, by the combination of color and ordinal position, or by the combination of color and special position,

I also evaluated students accelerated in grade for their age and a group retarded in grade for their age. These were called "exceptionals." There was one interesting finding in the "average" group: a definite trend toward lesser incidence of nail biting in those pupils accelerated in grade (for age) and a greater incidence in those retarded in school grade. I visualized the stress theory at work. In the "abnormal" group, there was no such trend.

In comparing my "average" and "abnormal" groups, I found that there was a highly significant difference in nail biting between the two groups - "average" (boys and girls) being 44.8% and "abnormal" (all boys) being 56.2%. My conclusion was that boys in the abnormal group bit their nails more frequently than the average pupils (boys and girls). However, since the "aver-

age" group was all white, we compared them to the whites in the "abnormal" group and found no significance.

So, why do children bite their nails? No one knows for sure. Numerous theories have been offered throughout the years, ranging from "normal" (because of the high incidence), to stress, to psychoanalytic causes. Plus an additional number of ideas.

When I did my paper, one possibility stood out to me (based on my acceptance of the statistics and understanding of the stress theory). Note the rise from 3-5 years of age from zero to strong incidence. Then look at the age of starting nursery school and regular school (about 3 for nursery school and 5 for regular school-kindergarten). Consider the extreme stress that school creates in many children (away from home, away from mommy, strong structure of activity every day, giving up oral activities including suckling and thumb-sucking). From these observations, I made the assumption that school is a major provoking stimulus for nail biting.

Unfortunately, I was rejected in my proposal to the kindergarten teacher and principal that we run a one-semester experiment: encourage the chewing of gum in school, even supplying it to children who want it - then observe the incidence of nail biting. (I was not being facetious.) It is interesting to speculate what would happen to nail biting if children were allowed full freedom of oral activity.

Another aspect should be explored. Most of today's children are reared with pacifiers (as opposed to 1930 and 1953). Does this free use and increased oral activity lessen the trend to nail biting? We need another good survey of several thousand children to see the effects of the increased use of pacifiers.

Many numbers. Many theories. Even now, in looong retrospect, I like my own.

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2008 Annual Spring Conference April 10-13, 2008

The Hilton Savannah DeSoto Hotel
Savannah, Georgia

Visit www.ACOPeds.org
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The 2008 ACOP Annual Spring Conference will be held from April 10-13, 2008 in Savannah, GA. Our conference theme is Childhood Obesity and includes prevention and treatment strategies and updates for pediatricians on the latest research and recommendations in treating this current epidemic. Sessions on other pediatric issues such as immunizations, use of pro-biotics, mitochondrial disease, ADD advocacy issues, depression and eating disorders are also included. Our keynote lecture, the James M. Watson Memorial Lecture, will be presented by Martin A. Finkel, DO, FACOP, FAAP.

You will note the conference title includes Coming Home. The Board of Trustees wanted to welcome the return of our esteemed Emeritus Members, to share with our new pediatricians the wealth of their knowledge. All members of ACOP are truly family; which seems appropriate, as we have dedicated our lives in the care of children and their health. Therefore, this year we added Emeritus Member speakers each morning to enlighten all pediatricians with their expertise and experiences.

The American College of Osteopathic Pediatricians is committed to teach, inspire and train both students and residents with the Conduit for Success. Included in the program are specific lectures for both students and residents. All conference attendees are welcome to attend these lectures. There will be lectures on how to handle stress in residency, how to negotiate contracts and lectures on writing grant applications. In addition, there will be hands-on lectures on Osteopathic Manipulation, as these are always very popular.

In addition to our educational conference, we will all enjoy a Gala event planned for Saturday evening. Formal attire is recommended. We promise you this is something you don't want to miss!

ACOP is an advocate of AOA President, Dr. Peter Ajluni's Fit For Life Campaign. Please join us for a 5K Fun Run/Walk early Saturday morning in keeping with this initiative. We hope you will join us for a truly outstanding conference.

Finkel to Give Watson Lecture

Past President Martin A. Finkel, DO, FACOP, will deliver the 2008 James M. Watson Memorial Lecture at the ACOP meeting in Savannah, GA. A sought-after international speaker on child sexual abuse, he is the founder and Medical Director of the Child Abuse Research Educational Service (CARES) Institute at the UMDNJ College of Osteopathic Medicine. At that school, he is Professor of Pediatrics. Dr. Finkel is also the senior author of the preeminent text in the field: *Medical Evaluation of Child Sexual Abuse*.

Family Traditions

The Watson Memorial Lecture by Dr. Martin A. Finkel will be another incidence of family participation in ACOP. His father, Harold H. Finkel, DO, FACOP, was the Watson Lecturer in 1967, and served as President in 1960.

Another ACOP father-son team accomplished the same. Thomas F. Santucci, Sr., DO, FACOP, was President in 1954 and he gave the Watson Lecture in 1965. His son, Tom Jr., DO, FACOP, did both—in 1981 and 1983 respectively. J. Phillip Jones, DO, FACOP, gave the Watson Lecture in 1995 and his father, Myron D. Jones, DO, FACOP, was President of the College in 1964.

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

2008

Annual Spring Conference

April 10-13, 2008 • Hilton Savannah DeSoto Hotel • Savannah, GA

THURSDAY, APRIL 10, 2008

6:00 pm - 8:00 pm **Industrial Symposium Sanofi Pasteur - Wine & Cheese Refreshments**
Influenza / Immunization Update
 Michael E. Ryan, DO, FACOP

FRIDAY, APRIL 11, 2008

6:30 am - 7:30 am	Registration / Breakfast with Exhibitors / Posters	
7:30 am - 8:00 am	Emeritus Breakfast Lecture Difference in Pediatric Reimbursements. Then and Now. David W. Leopold, II, DO, FACOP	
8:00 am - 9:00 am	Pre-, Pro-Biotics Carol Lynn Berseth, MD	
9:00 am - 10:00 am	Could It Be Mitochondrial Disease? Bruce H. Cohen, MD	
10:00 am - 10:30 am	Break with Exhibitors and Posters	
10:30 am - 11:30 am	Sports Medicine David D. Dyck, Jr., DO	
11:30 am - 12:30 pm	Peer Support and Advocacy for Individuals with ADHD - Grounded in Evidence-based Science Andrew R. Adesman, MD; Mrs. Marie S. Paxson	
12:30 pm - 1:30 pm	Box Lunch with Exhibitors / Posters	
1:30 pm - 2:15 pm	James M. Watson Memorial Lecture Martin A. Finkel, DO, FACOP, FAAP	
2:30 pm - 4:30 pm	Conduit for Success	
	Session A	Session B
2:30 pm - 3:30 pm	Student Meeting	Resident Meeting (NRC) Abstract and Poster Development
3:00 pm - 3:30 pm		National Residency Club Grant Writing (Students may attend) Robert G. Locke, DO, FACOP, PA
3:30 pm - 4:30 pm	Residency Panel Day in the Life of a Resident	Residency Directors
6:00 pm - 7:30 pm	Reception with Exhibitors / Posters	

SATURDAY, APRIL 12, 2008

6:00 am - 6:50 am	Fun Run / Walk – Forsyth Park	
7:00 am - 8:00 am	Breakfast with Exhibitors / Posters	
8:00 am - 8:30 am	Emeritus Lecture Then...and Now, A Reminiscence of 60 Years Arnold Melnick, DO, FACOP	
8:30 am - 9:00 am	Fit for Life Peter B. Ajluni, DO	
9:00 am - 10:00 am	Childhood Obesity: Where We Are and Where We Are Heading Karyl Thomas Rattay, MD, MS, FAAP, FACPM	
10:00 am - 10:30 am	Break with Exhibitors / Posters	
10:30 am - 11:30 am	Treatment Approaches to the Medical Complications of Childhood Obesity Sandra Hassink, MD	
11:30 am - 12:30 pm	Panel: Strategies That May Help Prevent Childhood Obesity Marta Diaz-Pupek, DO; Sandra Hassink, MD; Karyl Thomas Rattay, MD, MS, FAAP, FACPM	
12:30 pm - 1:30 pm	Lunch and Business Meeting	
1:30 pm - 4:30 pm	CONDUIT FOR SUCCESS	
1:30 pm - 4:30 pm	Pediatric Department Chairs	Session A
		Session B
		Student Meeting Assessing Stress, Strain and Coping in Pediatrics and Combined Residents Lorraine Brewer, DO, FAAP
		Students may visit Exhibits National Residency Club Contract Negotiations Jennifer D. Bugar, JD
2:30 pm - 3:30 pm		Resident Panel National Residency Club Organizational Meeting My Vietnam Pediatric Rotation, New and Old Virus Sarah MacLeish, DO
3:30 pm - 4:30 pm		Students may attend NRC Meeting Pediatrics in the Philippines Nathanael S. Brady, DO
6:30 pm	Reception	
7:30 pm	Gala and Award Presentations Distinguished Service Award, Pediatrician of the Year Award, Student Club of the Year, Research Grant Awards	

SUNDAY, APRIL 13, 2008

7:30 am - 8:00 am	Emeritus Breakfast Lecture Pediatrics – How We Have Changed Benjamin L. Cohen, DO, FACOP
8:00 am - 9:00 am	Depression Deborah O. Mulgrew, DO
9:00 am - 10:00 am	Eating Disorders Deborah O. Mulgrew, DO
10:00 am - 11:00 am	CONDUIT FOR SUCCESS – General Session Pediatric OMT (POMT) Training for Students/Residents/Fellows Robert W. Hostoffer, Jr., DO, FACOP
11:00 am	Adjournment

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New Hyde Park, NY

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Mead Johnson, Nutritionals
Evansville, IN

Let's Stop Obesity

Continued from page 1

The causes of pediatric obesity vary as well. Genetic predispositions are clearly a cause. Dietary trends, including large portion sizes and increased sweetened beverage consumption, by children has created the means by which this population may become overweight. Certainly socioeconomic factors play a large role in maintaining the increased BMI. Physical inactivity has been decreased since the advent of computers, video games and television. The average time spent on the computer by children has gradually increased, and activity outdoors has gradually decreased. Medical conditions that are often associated with childhood obesity include hypothyroidism and Prader-Willi syndrome.

This epidemic of childhood obesity can only be dealt with by increased physical activity and good dietary choices. Increasing the child's physical activity to 60 minutes per day would be a great start. In addition, limiting TV, computer and video game time to less than two hours per day will enhance the child's exposure to other activities. Also, encouraging family time together by walking, biking and playing outdoors will certainly enhance the overall health of the entire family. Encouraging sporting activities and competition will also enhance the general social ideas of activity.

Good dietary choices are extremely important. As pediatricians, we should be encouraging our patients' families to eat together and turn the meals into family time. We need to set goals for the families in their eating habits, which include five a day fruit and vegetable intake. We also need to monitor the portion sizes that are right for the child's age. We cannot assume that the diet of an adult is adequate for the diet of a child. Parents should set the standard and be the role model for their children eating healthy foods.

When should the parent be concerned about pediatric obesity? The parent should be concerned if the child is embarrassed or distressed about his or her weight. The parents should also be concerned if the children cannot participate in physical activities due to their weight. If medical problems develop due to their weight, such as hypertension, hypercholesterolemia

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

Apgar Score

A standardized score to evaluate newborns' condition, based on five specific physiological findings.

Virginia Apgar, MD

As pioneering physicians go, Virginia Apgar (1909-1974) was ahead of her time. When she entered medical school, there were only three other women in her class. Her success began when she graduated in 1933, ranked fourth in her class at Columbia University College of Physicians and Surgeons.

She entered medical school determined to become a surgeon. At graduation, she secured a surgical residency and actually practiced general surgery for a few years. Her chairman of surgery continued to discourage her, because of her gender, from entering the traditional male field. Mostly women nurses were performing anesthesia at Columbia at that time and Dr. Apgar was "redirected" to the field of anesthesiology. There were very few formal training programs in anesthesiology in the 1930's, forcing her to seek several separate six month training positions at several institutions.

When she returned to Columbia, she was the only anesthesiologist. She practiced from 1939 to 1959, developing her own department and initiating her own residency training program. The specialty of anesthesiology was not recognized in the late 1940's and Dr. Apgar was the second woman to be board certified in anesthesiology. Dr. Apgar's score was devised as a way to measure objectively the newborn's reaction to various anesthetic effects. First designed to be scored at one minute to predict initial resuscitation needs, others extrapolated the scores to longer intervals, such as five minutes and ten minutes, to predict outcomes/prognosis.

After obtaining a Master of Public Health degree, she left medicine in the 1960's to become the Director of the National Foundation for Infantile Paralysis, now known as March of Dimes.

- John W. Graneto, DO, FACOP

or diabetes, the pediatrician then should more intensively evaluate this. And, if parents are concerned at any time about the child's weight status, they should be encouraged to bring this to the attention of the pediatrician.

The American College of Osteopathic Pediatricians has picked pediatric obesity and nutrition as the theme for our 2008 spring meeting in Savannah, Georgia. The college has recently published a pamphlet entitled: *Let's Stop Childhood Obesity*. This is available through our ACOP admin-

istrative office at 2209 Dickens Road, Richmond, Virginia 23230-2005, or through the ACOP website at www.ACOPeds.org. The national osteopathic pediatric student clubs have taken on this theme as well and will be introducing the ideas of pediatric obesity to schools and local leaders in their community. The ACOP also submitted three resolutions focused on childhood obesity awareness, which have been submitted to the American Osteopathic Association for their review, approval and support.

For Membership Questions or to Join ACOP

Contact Joye Stewart - Joye@ACOPeds.org - (804) 565-6311

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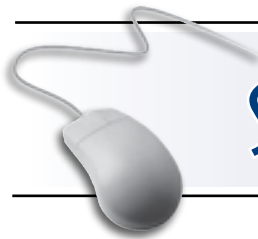
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Continued on page 12



SITES FOR SORE EYES

Dermatology Anyone?

By Gregory Garvin, DO, FACOP
Associate Editor

I recently needed to look in Google for “dermatology” and found these Web Sites... Check some of them out! There are a wealth of sites with pictures/slides if you ever need for a presentation. They are readily available to you, usually for “free”, but check carefully since some sites may charge.

1. <http://medicine.ucsd.edu/clinicalimg/Skin.html> - University of Southern California San Diego Catalog of Clinical Images.
2. <http://www.dermatlas.com/derm/> A dermatology atlas of “10,019 Images & 447 Contributors and Dermatology Links.” Bernard A Cohen, MD; Christopher V Lehmann, MD. John Hopkins
3. http://depts.washington.edu/nnptc/online_training/std_handbook/gallery/index.html Connie L Celum, MD, MPH; Jeanne Marrazzo, MD, MPH, & Anne Meegan. University of Washington Health Sciences Center of Educational Resources.
4. <http://www.mic.ki.se/MEDIMAGES.html> . Kaolinska Institute (from Sweden - in English). Karm Roding, Director. The Nobel Assembly at Kaolinska Institute awards the Nobel Prize in Physiology or Medicine. This has a link specifically to Pediatric Images.
5. <http://www.dermnetnz.org/patient-information.html>. New Zealand Dermatology Society. Loaded with information as well as images for patients

I could go on farther or even visit the “derm” sites for another PULSE issue but hope the readers find these sites helpful. If anyone has other sites of dermatology sites or other medically related sites please send me a link at garving@genesisihealth.com
Happy Surfing!

MARK YOUR CALENDAR!



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Sunny California Provided the Backdrop for the 2007 ACOP Fall Conference

By Robert W. Hostoffer, Jr., DO, FACOP

Thousands of osteopathic physicians and students attended the AOA 112th Annual Convention and Scientific Seminar in San Diego, CA. As expected, many pediatricians, students, and physicians from other disciplines attended the ACOP didactic sessions over the conference period. The continuing medical education conferences from the ACOP have been providing to the membership quality, up-to-date information in a concise, easy-to-learn format.

Monday morning began with a look at computers and PDA's in pediatric medicine and how the use of electronic devices can improve your practice efficiency and quality. "The world of medicine is going electronic, but with education and training, the transition can be smoother," stated Daniel W. Saylak, DO, FACOP. Afterwards, the AOA opening session presented presidential candidate Michael Dale Huckabee, former Governor of Arkansas, as the keynote speaker. He presented his views on the current state of the healthcare system in America and believes that there is a "health crisis" and not so much a "healthcare crisis." He reflected on a time when he had difficulty walking the Arkansas Capital steps because of his weight and what he did about his problem. In conjunction with the presidential theme of AOA President, Peter Ajluni, DO, and ACOP President, Bob Hostoffer, DO, Mr. Huckabee believes healthier habits are the answer to the crisis and it starts with physicians and leaders in this great country. The morning was completed with the annual AOA/ACOP series on practice management topics. This year, Mary Jean Sage, CMA-AC spoke on *How to Optimize Income by Proper Documentation and Billing* and Don Self spoke on *Pediatric Billing*. This series is devoted to the membership and is designed to promote the "business of medicine" through improved documentation and reimbursement, while avoiding well-known pitfalls. The short afternoon provided us with lectures on *Pediatric Obesity* and *Diabetes*. Malcolm S. Schwartz, DO, FACOP, presented two excellent lectures on the current problems

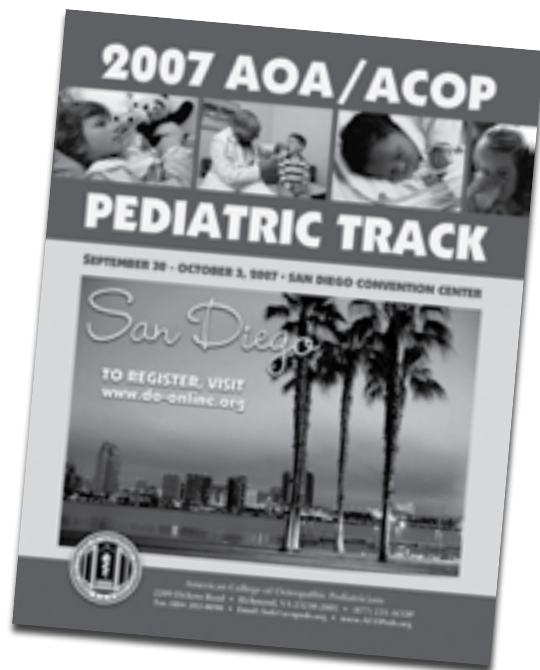
and provided the attendees with information on treatment options.

The education for the following day was directed towards the babies of the neonatal intensive care unit (NICU) and particular problems faced by pediatricians caring for these babies. Lectures on *Dysmorphic Features*, *Ambulatory Care and Death of the NICU Patient* provided participants current information on the challenging areas and, sometimes unfortunate outcomes, seen in this particular patient population. The afternoon focused on the genetics and new expanded test provided by the newborn screening tool. Michael Kayser, DO, supplied comprehensive lectures on *New Expanded Newborn Metabolic Screen* and *New Techniques for the Diagnosis of Genetic Diseases*. The day was finished with a lecture on *Current Concepts in Genetic Counseling* by Michelle A. Fox, MS, BA, CGC.

School Bullies, *Post Traumatic Stress Disorder*, *Tragic Events in the Community* and *Death and Dying* were the focus for Wednesday. These are difficult issues faced by pediatricians that don't always have simple solutions. The speakers provided insight to help the pediatrician deal with these difficult events and solutions.

The conference would not be complete without presenting to the attendees information on pediatric manipulation and supplying time for an *OMT Workshop*. "Hands on" is the key according to Shawn Centers, DO, FACOP. As in past years, Dr. Centers spoke about pediatric manipulative therapy and the treatments given to children. His focus is sharing with physicians and students the true art of osteopathic medicine and allowing them to practice the healing effects through the treatments.

President Hostoffer and the ACOP Board recognize the success of the ACOP Fall Conference is due to the commitment and diligent efforts of the ACOP CME committee to provide consistent quality conferences along with the support and attendance from the ACOP membership. We are looking forward to the Spring



Conference in Savannah, GA, on April 10-13, 2008 and look forward to seeing you there. Remember, the ACOP web site is www.ACOPeds.org which gives you the opportunity to learn more about the ACOP, the Spring Conference, and to register on line.

ACOP Thanks the Supporters of the 2007 AOA/ACOP Pediatric Track Conference

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MEMBERSPEAK

The Born Ultimatum

By Curt C. McClellan, DO
Ft. Madison, IA

Recently I was asked about the difference in my life since I left a small town with a 1:2 pediatric call arrangement to join a four pediatrician call arrangement in a larger community.

As the small town pediatrician, I attended C-sections and High-Risk deliveries, regularly requiring an emergency rapid transit on my part after hours. With the nearest NICU 1 ½ hours away, a great deal of time was spent stabilizing the child awaiting transport. The same emergent situation would occur during office hours, resulting in patient cancellations. With time, the scope of my practice became very delivery oriented, as I was left attending the majority of complicated deliveries and C-sections of other general practitioners' patients. It was frustrating to me that my contact and care of these babies was, for the majority of the cases, only during the delivery period. In my small town practice, I was the only agent in a "Born" Ultimatum.

Sharing call with more pediatricians is the most obvious change in my current practice. Attendance at C-sections and High-

Risk deliveries was also left behind with the small community practice. In my present hospital, in addition to working with three other pediatricians, I also have the support of a neonatology service. The neonatologist attends the C-sections, complicated or high risk deliveries both day and night. To my great relief, the move has brought me more face time with patients and parents in the office beyond delivery and less time racing through town. I have a team to work with and no longer play solo special agent to other physicians.

I went into pediatrics with the vision of helping children into the world and watching them grow up with my practice. It has been my experience that a small town practice does not always lend itself to the doctor/patient relationship I'd envisioned. Rather, to the pediatrician, it might leave one susceptible to specialization without support.

I write this as a reflection of my experience between two different size practices and towns. I am grateful to Gregory L. Garvin, DO for the opportunity to join his pediatric group and make a much-needed change to a larger "agency".

Proposed ACOP Bylaws Change

A Pediatric Residency Director and Pediatric Department Chair are currently serving on the ACOP Board of Trustees. However, the board would like to make sure that there will always be representation from each of these two groups. At the request of the ACOP Board of Trustees, the Bylaws Committee has drafted the following proposed bylaws change. Voting will occur at the 2008 Annual Spring Conference in Savannah.

CURRENT

ARTICLE V

Board of Trustees

Corporate powers shall be vested in the Board of Trustees, which shall consist of Officers of the College (see Article IV) and up to seven (7) trustees. The trustees must include five fellow members and may include one student member and one resident member.

PROPOSED

ARTICLE V

Board of Trustees

Corporate powers shall be vested in the Board of Trustees, which shall consist of Officers of the College (see Article IV) and up to nine (9) trustees. The trustees must include five (5) fellow members and must include one student member; one resident-in-training member; one Pediatric Residency Director; and one Pediatric Department Chair from an AOA-approved college of osteopathic medicine.

BY THE NUMBERS

Tobacco: Kids & Moms

By Robert Locke, DO, FACOP

4,000	American youths, 12-17, try their first cigarette each day
1	Tobacco is the single leading cause of preventable death in US
6,400,000	of today's children will die in the future from smoking-related disease
1 in 4	mothers of child-bearing age smoke
32,000	annual recurring years of potential life are lost due to prematurity and LBW
1994	was the most recent year tobacco companies testified in Congress that nicotine was <i>not</i> addicting
3	dollars is the cost per pack of cigarettes (average) for smoke-related health care
1	dollar is average tax paid on a pack of cigarettes
3 for 3	The top 3 brands advertised are the 3 most popular among youth
6	<i>billion</i> dollars is the annual advertising expenditure by tobacco companies
4	times higher risk of dying from SIDS if Mom smokes



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