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 opportunity 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

Continued on page 2
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!!!
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 20% to over 40%). In my series, the overall incidence ranged about 5 years through adolescence (ranging from 20% to over 40%). In my “average” 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 “average” 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 sucking 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 loooong retrospect, I like my own.
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.
### THURSDAY, APRIL 10, 2008

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00 pm - 8:00 pm</td>
<td><strong>Industrial Symposium Sanofi Pasteur</strong> - Wine &amp; Cheese Refreshments</td>
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<tr>
<td></td>
<td><strong>Influenza / Immunization Update</strong></td>
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<td></td>
<td>Michael E. Ryan, DO, FACOP</td>
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### FRIDAY, APRIL 11, 2008

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30 am - 7:30 am</td>
<td>Registration / Breakfast with Exhibitors / Posters</td>
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<tr>
<td>7:30 am - 8:00 am</td>
<td><strong>Emeritus Breakfast Lecture</strong></td>
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<td><strong>Difference in Pediatric Reimbursements. Then and Now.</strong></td>
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<td>David W. Leopold, II, DO, FACOP</td>
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<td>8:00 am - 9:00 am</td>
<td><strong>Pre-, Pro-Biotics</strong></td>
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<td>Carol Lynn Berseth, MD</td>
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<tr>
<td>9:00 am - 10:00 am</td>
<td><strong>Could It Be Mitochondrial Disease?</strong></td>
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<td>Bruce H. Cohen, MD</td>
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<tr>
<td>10:00 am - 10:30 am</td>
<td>Break with Exhibitors and Posters</td>
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<tr>
<td>10:30 am - 11:30 am</td>
<td><strong>Sports Medicine</strong></td>
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<td>David D. Dyck, Jr., DO</td>
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<tr>
<td>11:30 am - 12:30 pm</td>
<td><strong>Peer Support and Advocacy for Individuals with ADHD - Grounded in Evidence-based Science</strong></td>
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<td>Andrew R. Adesman, MD; Mrs. Marie S. Paxson</td>
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<tr>
<td>12:30 pm - 1:30 pm</td>
<td>Box Lunch with Exhibitors / Posters</td>
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<tr>
<td>1:30 pm - 2:15 pm</td>
<td><strong>James M. Watson Memorial Lecture</strong></td>
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<td>Martin A. Finkel, DO, FACOP, FAAP</td>
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<tr>
<td>2:30 pm - 4:30 pm</td>
<td><strong>Conduit for Success</strong></td>
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#### Session A

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<th>Time</th>
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<tr>
<td>2:30 pm - 3:30 pm</td>
<td><strong>Student Meeting</strong></td>
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<tr>
<td>3:00 pm - 3:30 pm</td>
<td><strong>National Residency Club</strong></td>
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<td></td>
<td><strong>Grant Writing</strong> (Students may attend)</td>
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<tr>
<td>3:30 pm - 4:30 pm</td>
<td><strong>Residency Panel</strong></td>
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<td><strong>Day in the Life of a Resident</strong></td>
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<tr>
<td>6:00 pm - 7:30 pm</td>
<td><strong>Reception with Exhibitors / Posters</strong></td>
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#### Session B

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<th>Time</th>
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<tbody>
<tr>
<td>2:30 pm - 3:30 pm</td>
<td><strong>Resident Meeting (NRC)</strong></td>
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<tr>
<td>3:00 pm - 3:30 pm</td>
<td><strong>Residency Directors</strong></td>
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<tr>
<td>3:30 pm - 4:30 pm</td>
<td><strong>Abstract and Poster Development</strong></td>
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<tr>
<td>6:00 pm - 7:30 pm</td>
<td><strong>Residency Directors</strong></td>
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### SATURDAY, APRIL 12, 2008

<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>6:00 am - 6:50 am</td>
<td><strong>Fun Run / Walk</strong> – Forsyth Park</td>
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<tr>
<td>7:00 am - 8:00 am</td>
<td>Breakfast with Exhibitors / Posters</td>
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</table>
| 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**                                              |

#### Session A

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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| 1:30 pm - 2:30 pm | **Student Meeting**  
Assessing Stress, Strain and Coping in Pediatrics and Combined Residents  
Lorraine Brewer, DO, FAAP |
| 2:30 pm - 3:30 pm | Students may visit Exhibits                                              |
| 3:30 pm - 4:30 pm | **Resident Panel**  
National Residency Club Contract Negotiations  
Jennifer D. Burgar, JD  
Pediatrics in the Philippines  
Nathanael S. Brady, DO  
Students may attend NRC Meeting |

#### Session B

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<th>Time</th>
<th>Session</th>
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| 1:30 pm - 2:30 pm | **Student Meeting**  
Assessing Stress, Strain and Coping in Pediatrics and Combined Residents  
Lorraine Brewer, DO, FAAP |
| 2:30 pm - 3:30 pm | National Residency Club Contract Negotiations  
Jennifer D. Burgar, JD |
| 3:30 pm - 4:30 pm | **Resident Panel**  
National Residency Club Organizational Meeting  
My Vietnam Pediatric Rotation, New and Old Virus  
Sarah MacLeish, DO  
Pediatrics in the Philippines  
Nathanael S. Brady, DO  
Students may attend NRC Meeting |

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<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 6:30 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

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 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 |

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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>11:00 am</td>
<td><strong>Adjournment</strong></td>
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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 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 administrative 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.

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 retuned 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

For Membership Questions or to Join ACOP
Contact Joye Stewart - Joye@ACOPeds.org - (804) 565-6311

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Lisa M. Rotelli, DO, FAAP
John R. Walker, DO, FACOP
Jennifer L. Watson, DO
Sites for Sore Eyes

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.

4. http://www.mic.ki.se/MEDIMAGES.htm - 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.

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!

ACOP 2008 FALL CONFERENCE
October 26-30, 2008
The Venetian Hotel • Las Vegas, Nevada
Visit www.ACOPeds.org for more information!
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, FACOPF. 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

Mead Johnson Nutritionalis
Supporter of ACOP 2007 Initiatives and the 2007 Conduit for Success CD Project

Ross Products Division, Abbott Laboratories, Inc.
Supporter of ACOP 2007 Initiatives and the ACOP Reception during the Conference

Genzyme Therapeutics
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.
New Members

Continued from page 9

Eric M. Imoto ................. Vallojo, CA
Matthew W. Jackson.............Bradenton, FL
Mackenzie G. Jenkinson ...........Tulsa, OK
Amber L. Jones..................Martioez, CT
Katherine R. Jones...............Athens, OH
Valerie E. Jones ................Tulsa, OK
Aisha S. Khan....................Davie, FL
Neha Khariwala..................Glen Cove, NY
Frederick B. Klinger.............Bradenton, FL
Prachi D. Kothari.................Davie, FL
Lindsay R. LaCorte ...............Davie, FL
Stephanie Lasky..................Woodmere, NY
Sherice A. Lawrence ..........Athens, OH
Kathryn D. Lee ..................Tulsa, OK
Julie C. Lewis....................Tulsa, OK
Nicole J. Licking...............Ballejo, CA
Brett Michael London ..........Vallojo, CA
Samuel J. Luchsinger.............Sarasota, FL
John R. Luksch ................Davie, FL
Meghan E. Lynch ................Athens, OH
Alex Manteghi ..................Athens, OH
Adriana M. Martinez .............Miami, FL
Poonam Mathur .................Plantation, FL
Aron K. McCloud ...............Bradenton, FL
Sean M. McCready.................Tulsa, OK
Molly K. McLean ...............Tinley Park, IL
Sandra J. Mikulin..............Tulsa, OK
Hodan M. Mohamed ..............Athens, OH
Megan E. Morrison .............Bradenton, FL
Amanda N. Morton .............Tulsa, OK
Nasim N. Moshtagh.............Bradenetn, FL
Jennifer Anne Myers .........Ft Lauderdale, FL
Jessica L. Naff ...............Blacksburg, VA
Barbara Nelson ..........Westmont, IL
Lisa C. Oelschlaeger .........Bradenetn, FL
Vanessa J. Ohleyer ....Palm Harbor, FL
Prachi I. Patel ...........Hoffman Estates, FL
Shivani J. Patel ...............Davie, FL
Alissa M. Pelzer ...............Berkeley, CA
Stephanie L. Phillips .......Christensburg, VA
Binh T. Phung .................Tulsa, OK
Benjamin R. Preiss ..Vallejo, CA
Jennifer L. Prince ..........Riverview, FL
Amanda J. Renou ..........Athens, OH
Danielle M. Renodin ......Blacksburg, VA
Joanna A. Reusser ....Tulsa, OK
Alexander C. Roby ..........Tulsa, OK
Myra Saha ..................Glen Cove, NY
Danielle Saladin ..............Glen Cove, NY
Ryan J. Schlueter ..........Christensburg, VA
Wendy C. Schmunk .......Blacksburg, VA
Ryan D. Sears ...............Tulsa, OK
Anar K. Shah ..............Bedminster, NJ
Meghna M. Shah ..........Davie, FL
Jacinda L. Shaw ..........Athens, OH
Ryan S. Shear ...............Davie, FL
Sarah B. Shelden ..........Saint Petersburg, FL
Jenna L. Shenk ..........Christensburg, VA
Joel Shirley ..........Christensburg, VA
Lane J. Shirley ..........Blacksburg, VA
Michael T. Smolka ....Blacksburg, VA
Isaac D. Spence ..........Christensburg, VA
Tara B. Summers ..........Sand Springs, OK
Ann Y. Teng ............Oakland Gardens, NY
Tracy Teo ...............Locust Valley, NY
Brad J. Thrasher ..........Blacksburg, VA
Chris M. Treat ..........Owasso, OK
Natalie A. Trent ..........Tulsa, OK
Ragen J. Vaughan ..........Tulsa, OK
Tina L. Vavro ...............Davie, FL
Brenda S. Voelkel ..........Tulsa, OK
Kristal M. Vonfleldt ......Tulsa, OK
Tiffany V. Vu ..........Lorton, VA
Kristen L. Warnock ......Tulsa, OK
Kate Weller .........Christensburg, VA
Lindsey N. Westehofer .......Bradenton, FL
Brandi N. Yarberry .......Athens, OH