“Pediatricians DOing Education Together” Conference a Success
April 25-28, 2013 • Renaissance Hotel • Columbus, OH

By Marta Diaz-Pupek, DO, Judith Thierry, DO, Ed Packer, DO, and Nancy Monaghan Berry, DO

Over 250 ACOP and AAP members attended “Pediatricians DOing Education Together,” the first joint conference of the American College of Osteopathic Pediatricians (ACOP) and the American Academy of Pediatrics Section of Osteopathic Pediatricians (AAP SOOP) in Columbus, Ohio April 24-28, 2013. Physicians earned 25.0 maximum AOA and AMA PRA Category 1 credits.

The conference reviewed the most recent scientific advances in selected pediatric topics. The attendees attended didactic lectures, Q&A sessions, research presentations (40 posters) and small interactive sessions. For early risers, each morning began with a physical activity headed by Nancy Monahan Beery, DO. All attendees had the opportunity to mingle with conference faculty and colleagues during break sessions, lunches and two evening receptions.

Carl R. Backes, DO, opened the conference lecture portion with a presentation of his outpatient management program for infants with neonatal abstinence syndrome (NAS). (Further information on this program can be found in Dr. Backes’ article in the June 2012 issue of Journal of Perinatology.) Ali M. Carine, DO, presented a comprehensive treatment approach to colic and GERD that included osteopathic and nutritional interventions. The day continued with concurrent breakout sessions designed to enhance the interaction between the presenter and attendees. Options included: Manipulative Medicine Techniques for Colic and GERD by Ali M. Carine, DO, Sports Medicine for the Pediatrician by Kate E. Berz, DO, and Pediatric Osteopathic Manipulation Techniques by Robert W. Hostoffer, DO.

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ACOP Board of Trustees Updates

At the Spring Meeting, the President of the AOA, Ray E. Stowers, DO, inducted the newly elected ACOP Board of Trustees.

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Vice President: Carl Backes, DO, FACOP
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Click on the article title below to view your selection!

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**President’s Message**

Scott S. Cyrus, DO, FACOP
ACOP President

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**Time to Get Started**

The American College of Osteopathic Pediatricians/American Academy of Pediatrics (AAP) Section on Osteopathic Pediatricians (SOOP) “Pediatricians DOing Education Together” meeting in Columbus was a phenomenal kick-off to a new Presidency. For the first time the ACOP/AAP-SOOP combined meeting was held at a training site and it was well received. Osteopathic pediatricians, whether osteopathically or allopathically trained, came together and participated in learning the latest and greatest scientific advances in pediatric medicine. Thank you to all who attended and thanks to Peg Orcutt, DO, and Lisa Ryan, DO, and the entire CME Planning Committee which brought us an excellent program.

We had the honor of having the AOA President Ray E. Stowers, DO, as our distinguished guest to deliver the James Watson Memorial Lecture and to inaugurate the officers and new Board members. The new Board officers are Carl R. Backes, DO, FACOP, Vice President; Edward E. Packer, DO, FACOP, Secretary-Treasurer; James E. Foy, DO, FACOP, Immediate Past President and myself as President, as well as Trustees Abraham Bressler, DO, FACOP; Marta Diaz-Pupek, DO, FACOP; Jacqueline M. Kaari, DO, FACOP; Erik E. Langenau, DO, FACOP; Judith Thierry, CAPT, DO, FACOP; Ashley Shamansky, DO, Resident Member; Jason R. Jackson, Student Trustee; Bret M. Nolan, Student Trustee.

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---

**Editor Emeritus**
Arnold Melnick, DO, FACOP

---

**Graphic Design**
Beverly V. Bernard

---

**Association Manager**
Kim Battle

---

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Rara avis. A rare bird. That is this column, as well as the subject of the column.

This is my paean to C. Everett Koop, MD, ScD, who died just recently – a friend of mine. Here is an osteopathic columnist in an osteopathic publication praising an MD, even as popular as he was – a rare bird, indeed. And he deserves it.

I first met “Chick” Koop when he had just become Chief of Surgery at Children’s Hospital of Philadelphia (CHOP) when he was under 30 years of age and the friendship grew over the years. We were not close, not social buddies, not a big referrer, nor did I ever suspect some action of his – but nevertheless friends, and he became a friend of the osteopathic profession. Never once did I hear a discriminatory remark or gesture, nor did I ever suspect some action of his in all the time I knew him.

Over the course of years, he spoke many times for my osteopathic groups and often recommended other fine MD speakers. He never refused me. I remember with great joy a meeting I invited him to address. Afterward, Anita and I hosted him at dinner with several other DOs. It was memorable evening, with clever and funny joshing between Anita and “Chick” – one I haven’t forgotten, nor will I ever.

His death flooded my brain with wonderful memories – no, not of his surgical wonders, or his building two careers into wonderful memories – no, not of his surgical skills – and his son died in this unglorious accident. Bitter memories!

When I wrote Professionally Speaking: Public Speaking for Health Professionals, (1998), I asked “Chick” to do the Foreword, hoping that he would dash off a brief note of praise for the work, as long as I had his name for endorsement. Instead, he wrote a page and a half praise of me, describing our cordial friendship. Noting MD/DO relationships, he wrote, “This was in the days when the relationship between osteopathic physicians and allopathic physicians was not as cordial as it is today. But that was not the case with Drs. Melnick and Koop.” So true!

One day, when he was seen leaving CHOP in the middle of the day, another staff doctor saw him and asked, “Where are you going, Dr. Koop?” He turned and said, “You remember that little patient of mine who died yesterday? Well, I’m on my way to visit her parents. You see, a doctor’s responsibility to the family does not stop with death. I need to do what I can to help the parents with their grief.” That was Dr. Koop, the MAN and the PHYSICIAN!

He had a publicized patient, a little girl from a Caribbean island for whom he performed “miracles.” I believe she was half (survivor?) of a pair of Siamese twins he separated. She had survived for a couple of years and was living at home. Notified of her death, he immediately made plans to attend the funeral, but it would take him a couple of days. The family insisted on postponing the funeral until he arrived. And he responded by giving a beautiful eulogy at the service. What a humanitarian! And what grateful parents!

He came home one night and told his wife the news that CHOP was strict about retirement at age 65 and he was approaching that age. Her response was essentially, “You better find something to do. I don’t want you hanging around here all day.” What a put-down for one who was arguably the world’s best pediatric surgeon!

But “Chick” was not one to wait for a problem to solve itself. So, not long after the conversation with his wife, he realized that incoming President Ronald Reagan was getting ready to pick his cabinet. Somehow – I know not how but leave it to “Chick” – he managed to get a message through to President Reagan: We’ve had plenty of great Surgeons-General but isn’t it time we had a Surgeon for Surgeon-General? It worked – of course, along with his stellar international reputation. He was appointed.

Now “Chick” was always a highly moral, religious man, with expressed opinions leaning heavily to the right – and with which I did not always agree. He once expressed the opinion that an infant born anencephalic with little-to-no chance to survive should not be placed in a corner of the delivery room to die; he felt that all measures should be used to keep that baby alive. But when he was appointed Surgeon-General, he publicly expressed something like, “My personal beliefs and opinions no longer matter. I am now the physician for the entire population and I must think and act for their benefit.” And he did – doing and participating in many things that were perhaps repugnant to him when in private life. What strength of character!

So this magnificent human being built an international reputation in his field of pediatric surgery, then took on a slightly different occupation – Surgeon-General of the United States – and achieved equal international acclaim in Public Health.

My last communication (brief) with him was several months ago. His wife was very ill and he was emotionally drained. His last line in that letter said, “I never knew that any human could suffer so much pain and still be alive.” Shortly thereafter, she died.

Chick, she’s now at rest and at peace. And so are you, my friend, so are you. I will miss you.
Talking to Adolescents About Disasters

By Jessica S. Castonguay, DO

I recently asked colleagues and patients to tell me about news stories from their elementary and high school days that made an impact on them. All of them gave responses that included a violent or negative act. These events, man-made or natural, are disasters that impact how our youth see the world and how they function in it. Below is a sampling of the responses I received.

January 28, 1986 – The space shuttle, Challenger, explodes killing all 7 astronauts aboard the mission.

April 19 1995 – The Alfred P Murrah Federal Building in Oklahoma City is destroyed by a truck bomb parked outside the building. One hundred and sixty-eight people died.

August 31, 1997 – Princess Diana died as a result of injuries sustained in a car accident in Paris. Her driver was attempting to evade the paparazzi.

April 20, 1999 – Columbine High School shooting leaves 13 dead and injures more than 20 and the shooters turn the guns on themselves.

August 31, 1997 – Princess Diana died as a result of injuries sustained in a car accident in Paris. Her driver was attempting to evade the paparazzi.

Here are some tips compiled from both SAMHSA and the American Academy of Pediatrics about talking to your adolescent about violence and disaster.

Be a good listener. When youth wish to talk about violence, let them. It helps them to process their feelings and relieve stress over the event. When they ask questions, answer them to the best of your ability. Watch newscasts with them and address any concerns that they have. It is important, however, not to let talk of the disaster take over all your conversation. This was my experience on

Continued on page 11
Exploring the History Behind the Fear of Vaccines

By Tami Hendriksz, DO, FACOP

Do vaccines cause autism? This is a question that I deal with often as a pediatrician, mother, and medical educator. I am asked this by the parents of my patients, the medical students that work with me, my friends and my family members. The answer is pretty easy. There has been a significant amount of research that has shown that there is no connection between autism and vaccines. Then, why are people so concerned? Understanding the history behind this controversy can help to shed some light on this touchy subject.

In the past couple of decades, we have witnessed the development of a somewhat dangerous connection: autism rates have been increasing, autism is usually detected between one year of age to three years of age, and children are getting more vaccines during their infancy and early childhood (just prior to, or at the time of typical diagnosis). However, it is always important to remember that correlation does not imply causation. When faced with a new diagnosis like autism, it seems natural that frustrated and frightened parents are going to look for something to blame. There have been a number of theories about why the rates of autism are increasing. One of the more prevalent theories addresses the fact that diagnostic criteria for autism have broadened and so more children are being diagnosed than in years prior. The other prominent theory, unfortunately, has been picked up by the mainstream media, discussed openly on shows like Oprah, and seemed initially to have some scientific backing.

In 1998, a British physician by the name of Dr. Andrew Wakefield published an article in the prestigious medical journal, the Lancet. This article described Wakefield's research on 12 children and his ultimate conclusion that the Measles, Mumps, Rubella (MMR) vaccine caused autism. A number of researchers, including Dr. Wakefield himself, have been unable to reproduce the results of that study. In 1999, the Food and Drug Administration reported that there was no link between vaccines and autism. That same year, as a precautionary measure, the mercury-containing preservative, thimerosal, was removed from almost all vaccines in the United States. The American Academy of Pediatrics also concluded that there was no reason to believe that vaccines harm children.

Over the next few years, there were dozens of studies searching for the link between vaccines and autism. None of these studies, including a Danish study of 500,000 children published in the New England Journal of Medicine in 2002, demonstrated a connection. These studies also did not get the attention of the mainstream media the way that Wakefield’s initial article and the celebrity endorsements that followed did. In May of 2005, Generation Rescue, a nonprofit organization co-founded by actress Jenny McCarthy was established. That organization promoted the idea that neurologic disorders, like autism, are caused by mercury poisoning due to vaccines. Over the next few years, celebrities like Jenny McCarthy, Jim Carrey and Holly Robinson Peete publicly endorsed the concept that vaccines are potentially unsafe and could cause autism.

While these celebrities were touting the harmful attributes of vaccines, the medical and scientific communities were still trying to find a link between them and autism. In February, 2010, the Lancet stated that elements of Wakefield’s initial article were incorrect and the journal retracted that article from their publications. In May of that year, the United Kingdom stripped Wakefield of his medical license. Further investigation into Wakefield and his initial study has suggested that Wakefield physically altered the medical histories of the participants of his study. There have also been reports that he was planning on profiting from the illustration of the dangers of the MMR vaccine by developing an alternative “safe” vaccine.

With this complicated background and prominent spokespeople touting the dangers

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Teen Driving and Cell Phones*

By Arnold Melnick, DO, FACOP

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tr>
<td>39</td>
<td>Number of states that ban texting while driving</td>
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<tr>
<td>32</td>
<td>Number of states that ban wireless while driving</td>
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<tr>
<td>24</td>
<td>Percent of youth who in the past month had ridden with a driver who had been drinking</td>
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<td>8</td>
<td>Percent who during the past month had driven after drinking</td>
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<tr>
<td>87</td>
<td>Percent of public that supports banning texting while driving</td>
</tr>
<tr>
<td>71</td>
<td>Percent of public that supports ban on handheld cell phones while driving</td>
</tr>
<tr>
<td>53</td>
<td>Percent of public that supports banning wireless and hands-free cellphones while driving</td>
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* Going Places, a publication of AAA
HIGHLIGHTS

Best Poster Research Award
Effects of Pre-Pregnancy Body Mass Index, Race/Ethnicity and Prematurity
Robert Locke, DO, MPH; Beatriz E. de Jongh, MD; Matt Hoffman, MD; David Paul, MD Neonatology, Christiana Care Health System, Newark, Delaware, United States; Neonatology, St. Christopher’s Hospital for Children, Philadelphia, PA, United States; Pediatrics, Drexel University College of Medicine, Philadelphia, PA, United States. Pediatrics/Neonatology, Thomas Jefferson University, Philadelphia, PA, USA.

Best Poster Case Study
Largest Known Genetically Related Family with Autosomal Dominant Common Variable Immunodeficiency
Brian P. Peppers*, DO, PhD; Leah Chernin**, DO; David Swender***, DO; Bodo Grimbach- er****, MD; Haig Tcheurekdjian**, MD; Robert W. Hostoffer**, DO *Pediatric Residency; University Hospitals Richmond Medical Center; **Allergy/Immunology Fellowship; Richmond Medical Center, University Hospitals, Richmond Heights, OH; ***Children’s Hospitals of Detroit, Detroit, MI; ****Spemann Graduate School of Biology and Medicine, Freiburg Germany

Poster Award-Special Recognition
Treatment for the Untreatable: Are the Current Non-surgical Medical Treatments for Fibrous Dysplasia Safe?
Anna Cannone, Senior at Upper Arlington High School; Carl Backes, DO Doctors Hospital/Ohio Health Nationwide Children’s Hospital

Student Club of the Year
Edward Via College of Osteopathic Medicine – Carolinas Campus
Carl Barrick, President; Megan Thompson, Vice President; Karianne Yates, Secretary; Nicole Samies, Treasurer; Siobhan Drumm, National Liaison

American College of Osteopathic Pediatricians

Best Student Club Poster
NSU-COM Pediatrics Club Updates 2012-2013
Kelly Segars; Ravi Patel; Leon Rosenberg Nova Southeastern University

Pediatrician of the Year
New ACOP President, Scott S. Cyrus, DO, ACOP, presents the Harold H. Finkel, DO, and Arnold Melnick, DO, Community Pediatrician of the Year Award to Randi S. Sperling, DO, FACOP from Palms West Hospital.
Ray Stowers, DO, AOA President, swears in the ACOP Board Officers and Trustees.

Attendees participate in the kick-off of the conference general sessions.

Robert W. Hostoffer, Jr., DO, FACOP, leads the Migraine POMT Session.

James E. Foy, DO, FACOP, ACOP Immediate Past President, views one of the record breaking 40 posters submitted for presentation.

Ray Stowers, DO, AOA President, swears in the ACOP Board Officers and Trustees.
Reducing Central Line Associated Blood Stream Infections (CLABSI)

By Robert Locke, DO, MPH, FACOP

A major recent breakthrough in intensive care (neonatal, pediatric, adult) medicine is the determination that all line infections can be prevented. Achieving this success is part psychological and part clinical action. The previously held assumption that infants, pediatric patients and adults would get a certain amount of catheter-related line infections as part of the “risk” of intensive care was incorrect. Changing that assumption and accepting that all line infections are potentially preventable is the first step in the process in improving outcomes. Central line best practices have demonstrated that rates can be markedly reduced, if not eliminated, by full adherence to a quality, bundled care approach to the central line placement, maintenance and selection criteria.

In an AHRQ-funded study of 100 NICUs, 17,000 central lines and 8,400 infants, CLABSI infections were reduced from a baseline of 2.043 to 0.855, a 58% reduction, after the “best practice” intervention bundle was instituted. For further information on the AHRQ CLBASI study go to: http://www.ahrq.gov/professionals/quality-patient-safety/cusp/clabsi-neonatal/index.html

A CLABSI reduction initiative by the Vermont-Oxford Network has been engaged to assist individual NICUs. In many NICUs, such as my own, following these types of bundled best practices has markedly reduced CLABSIs.

A growing body of literature is demonstrating that complications from a wide variety of medical and surgical interventions can be markedly reduced by challenging previously held assumptions, measuring and benchmarking outcomes to one’s peers and critically applying a comprehensive set of care practices that can improve outcomes. If central line associated infections are preventable, what other previous assumptions of acceptable complications are also untrue?

Recommendation Reminder: T&A and Codeine

By Arnold Melnick, DO, FACOP

Recommendation: Avoid prescribing codeine to children after tonsil/adenoid surgery. (FDA “warning” recently.)

Comment: Because codeine is converted to morphine by the liver, the U.S. Food and Drug Administration said that deaths have occurred following T & A surgery in children with obstructive sleep apnea who received codeine for pain relief after such surgery. They reported that these children had evidence of being ultra-rapid metabolizers of codeine. This is an inherited trait that causes the liver to convert codeine into morphine in the body in life threatening or fatal amounts.

According to the FDA, these patients may already have underlying breathing problems that can result when codeine is converted in the body to high levels of morphine.

The agency’s boxed warning, the strongest available, will be added to the label of codeine-containing products, including a recommendation that the drugs not be used in these patients.

School Breakfasts Prove Beneficial

Recent studies have established that providing breakfast at school creates a marked improvement in elementary and middle school students.

Based on the findings, if 70 percent of eligible children (those who receive free or reduced-price lunches) took part, these benefits would result:

- 4.8 million fewer absences every year;
- 3.2 million who would achieve better math scores on standardized tests;
- 807,000 more students who would graduate from high school; and the
- 20 percent who were more likely to graduate from high school would on average earn yearly $10,000 more than their peers.

It was found that in the lunch-aided group only about 40 percent had previously been eating breakfast. Breakfasts in the program were served right in the classrooms, an important point in the improvement, the researchers felt.

(Read about this project at www.nokidhungry.org/breakfast)

...in the News!

Dalal Taha, DO
Neonatology Fellow

Congratulations to Dalal Taha, DO, for her award in receiving the highly competitive Best Poster Presentation at the Eastern Society for Pediatric Research, March, 2013. The title of Dr. Taha’s research study was Early Caffeine Therapy for Prevention of Bronchopulmonary Dysplasia in Preterm Infants. Dr. Taha subsequently presented this research at the National Pediatric Academic Society – Society for Pediatric Research in May, 2013, in Washington, DC. Dr. Taha is a second year fellow and will be the Chief Fellow starting in July for the combined program for Neonatal-Perinatal Medicine at Thomas Jefferson University, A.I. duPont Hospital for Children and Christiana Care Health System.
A significant portion of the educational program focused on sexual and physical abuse. Marty Finkel, DO, provided didactic and small-group interactive sessions on sexual abuse. Ronald Shapiro, MD, Mary Patterson, MD, and Andrea Richey, MSW, LSW, led breakout sessions on physical abuse, staying safe and the interaction with the social worker, an interesting discussion on how we develop intuitive expertise in recognizing hazardous situations for children. There were challenging practice board questions from Carl Backes, DO; James Brien, DO and Gregg Zankman, DO. This mini-board review was followed by a dazzling set of images and case presentations of both common and rare infectious disease by James H. Brien, DO. Sandra Hassink, MD, provided an excellent instructional session on childhood obesity as part of ACOPs combined effort to address this common health problem. Members who attended the conference can download the full conference syllabus at http://www.acopeds.org/meetings/2013spring/syllabus/.

The James M Watson Memorial Lecture was presented by AOA President, Ray Stowers, DO. Dr. Stowers gave an overview on the proposed common accreditation of postgraduate training between ACGME and AOA. This issue has been highlighted the two previous issues of the PULSE, which are available on the website. He challenged all DOs, students, residents and established attendings, to stay involved in AOA advocacy events, student chapters, and state. This was followed by an inspiring inaugural address by our new college president, Scott Cyrus, D.O.

Barbara Frankowski, MD, presented an excellent overview on the American Academy of Pediatrics (AAP) Mental Health Tool Kit, including guidelines and treatment options. Break out sessions followed with Dr. Frankowski reviewing screening and treatment of depression, while Ronald Marino, DO provided several engaging session on the etiology, diagnosis and treatment of ADHD.

In addition to leading the morning calisthenics for attendees, Nancy Monaghan Beery, DO, lectured on the importance of 60 minutes of daily activity for all children, including aerobic and bone and muscle strengthening. A child’s activity should be discussed and documented in your clinical notes since HEDIS (Healthcare Effectiveness Data and Information Set) and CAHPS (Consumer Assessment of Healthcare Providers and Systems) evaluate this aspect. As part of the educational session on activity and health, personal trainer Danielle Korb talked about the importance of developing positive lifestyle changes and physicians leading by example. With fun full-audience participation, Ms. Korb demonstrated the proper methods of exercising and stretch.

James Brien, DO, gave a wonderful image-oriented presentation on the visual diagnosis of rashes. Julia Pillsbury, DO, a CPT Editorial Panel member and a member of the AAP Committee for Coding and Nomenclature, discussed the new ICD-10 codes. Dr. Sandra Hassink, MD, a leader in childhood obesity, provided an excellent state-of-the-art update.

All attendees participated in an exciting afternoon mock Jeopardy session. Three teams were part of the gaming session— including students, residents and pediatricians. The categories included genetics, osteopathic history and medical diseases contracted by past presidents. The final Jeopardy question was: “Who is the oldest living ACOP member?” Answer: See Page 3.

The Sunday morning four session marathon began with a Breakfast Panel Q & A with Drs.’ Backes, Carine, Finkel, Hostoffer and Marino. The discussion ranged from approaches to teens who may have been sexually abused to communication with children on the autism spectrum disorder and their parents. The adage, “A picture is worth a 1000 words” certainly was true, as over 100 participants engaged with Dr. James Marshall in the Visual Diagnosis - Dermatologic Manifestations of Systemic Disease, through a series of slides accumulated from decades of passionate case finding and care rendered. Mark Finkelstein, DO, took the audience through a state-of-the-art tour of Pediatric Chest Masses and Pediatric Abdominal Disease utilizing plain radiograph, MRI, CT and ultrasound, juxtaposing pathology specimens and histologic slides. Radiologic intervention for intussusception as well as a remarkable case of an assisted re-anastomosis of the esophagus was presented.

Congratulations and thank you to the Conference Co-Chairs, Lisa Ryan, DO, and Margaret Orcutt-Tuddenham, DO, members of the CME Committee and Kim Battle, ACOP’s Association Manager, for creating engaging educational CME opportunities.
Welcome New Members!

**Fellow**
Kristen Marie Schneider, DO, FACP..........................Springboro, OH
Kelli M. Udelhofen, MD ..............................................Detroit, MI

**General**
Sherri Langhorne, DO....................................................Watsonville, CA

**Pediatric Student Club**
Maryam Abid..........................................................Davie, FL
Thomas Anker ..........................................................Plantation, FL
Kimberly Barron ......................................................Davie, FL
Roy Barski ...............................................................Aventura, FL
Phillip Berges ..........................................................Plantation, FL
Samantha Bell .........................................................Davie, FL
Natalie Booth ..........................................................Davie, FL
Kolton A. Brusveen ..................................................Pikeville, KY
Wesley Cheng ..........................................................Davie, FL
Nikita Dondi .............................................................Plantation, FL
Barbara Farrell .........................................................Pembroke Pines, FL
David T. Furman .......................................................Spartanburg, SC
Anisha Gohil, OMS III ................................................Countryside, IL
Maddie Goldstein .....................................................Miami, FL
Anuj Gupta ..............................................................Davie, FL
Allison Hales ..........................................................David, FL
Brittany R. Herits ......................................................Blackwood, NJ
Lynn Hernandez .......................................................Boynton, FL
Alisa Hussain ..........................................................Davie, FL
Amanda Jurvis ........................................................Woodbury, MN
Soha Khan ..............................................................Plantation, FL
Mallory Kimsey ........................................................Fort Lauderdale, FL
Josh Koerne .............................................................Davie, FL
Lenzetta Lake ..........................................................Coral Springs, FL
Soo Jin Lee ..............................................................Davie, FL
Shane R. Mahabir ......................................................Blackwood, NJ
Paul Malezak ..........................................................Davie, FL
John D. Myers ........................................................Fort Worth, TX
Jasmine Nebhrajani ................................................Pembroke Pines, FL
Nhi-Kieu Nguyen ......................................................Fort Lauderdale, FL
Brownhilda K. Ngwang ............................................Blacksburg, VA
Justin Nippert .........................................................Lauderhill, FL
David Norton ..........................................................Davie, FL
Allison Nussbaum ....................................................Plantation, FL
Danielle Pickett .......................................................Davie, FL
Gabriella Pinto .........................................................Miramar, FL
Alexandra Pizzi ..........................................................Davie, FL
Charita Ray ...............................................................Fort Lauderdale, FL
Jennifer Sanchez .....................................................Blacksburg, VA
Kristen Selema .........................................................Coral Gables, FL
Nicole Shovlin ........................................................Davie, FL
Scott Stroshine, OMS ....................................................Jenks, OK
Colleen Timmons .....................................................Plantation, FL
Thomas VerHage ......................................................Fort Lauderdale, FL
Heather Vogel ........................................................Cape Coral, FL
Arielle Von Strooley ................................................Miramar, FL
Chelsea Wells ..........................................................Davie, FL
Amy Williams ..........................................................Plantation, FL
Aaron Willis ...........................................................Davie, FL

Fear of Vaccines

*Continued from page 5*

of vaccines, it is easy to see why people are confused about this issue. As a mother, I realize the concerns and apprehension involved in making decisions for your child’s health. I understand the desire to do only that which will benefit your child and not hurt them. As a pediatrician I have seen children get very sick and suffer devastating consequences from infections and illnesses that could have been prevented had they been vaccinated. I promote vaccination in my clinic, but I do not turn away families who choose not to vaccinate. Instead I see every visit that I have with them as an additional opportunity to educate them further on the scientific evidence and safety of vaccines. I hope that as more light is shed on this topic that parents feel more comfortable allowing their children to be vaccinated, and knowing that they are safely preventing a large number of dangerous diseases by doing so. Then the research communities can spend more time dedicated to finding out true causes and possible cures for autism.

In the early 1950s, meeting attendance was very low (perhaps 20 or 30) and many members brought their wives. Soon, the wives formed an Auxiliary, with about 20 members. It only lasted a few years and dissipated. Among the prominent members were the wives of: George Stineman, Otto Kurshner, Louis Amalfitano, Arnold Melnick, Everett Burton and Harold Finkel. Most of the meetings were just social.

ACOP Wants to Hear About Your News

Proud of your pediatric practice? Know someone who did something special? We want to know and share your good news. Send your story to acopublications@gmail.org.
Hookah... Is It In Your Neighborhood?

By Cynthia J. Mears, DO

Facts:
- About 44 million (19.3%) of the US population are current smokers.
- 22.3% of men and 17.4% of women are smokers.

Since 1974, the smoking prevalence in men has decreased by about 1% a year and in women by 0.33%. Smoking prevalence is highest in Native Americans and Alaskan Natives (23.2%), followed by Caucasians (22.1%), African Americans (21.3%), Hispanics (14.5%), and lowest among Asians (12.0%).

Most smokers begin their exposure as children. One-third of households with children under six years old contain at least one smoker. Ninety percent (90%) of smokers begin smoking before the age of 21 years of age. Unfortunately, children raised in households where one or both parents smoke are two to five times more likely to smoke.

Besides a variety of cigarettes, cigars, chew, and bidis that are designed to attract new smokers, a new trend is pervading into our communities – Hookah. Hookah, invented by an Indian physician in 1560 as a “less harmful method” for using tobacco, is not a new product. Hookah is generally “smoked” in a water pipe or bong. Even today, Hookah is marketed as being safer than cigarettes through statements such as “it is only 0.5% nicotine and 0% tar.”

However, Hookah users inhale nicotine, charcoal, combustible products and a variety of additional toxins. Hookah is as addictive as cigarettes. Compared to cigarettes, where 8-12 puffs are taken in 5-7 minute sessions and 0.5-0.6 liters are inhaled, hookah sessions last from 20-80 minutes and puffs are larger, ranging up to 1.0 liters. With Hookah, larger amounts of nicotine and toxins are inhaled than when compared to cigarette use.

Frequently laws restricting exposure to cigarette smoke do not apply to Hookah. Many high school students are able to go to hookah cafes, as there are no laws restricting them.

Tales from Adolescent Medicine

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September 11. I did very little talking, mostly because I did not know what to say, and a whole lot of listening.

Talk about the good things that come out of a tragedy, like those at the Boston Marathon that selflessly attempted to triage and rescue the injured even though they were uncertain about the presence of other devices. Talk about what can be done to help the victims of a disaster as many young people feel that they are unable to directly aid in recovery. They could start a fundraiser or collect food and clothing for those displaced by natural disasters. The small gesture of making a paper snowflake for Sandy Hook Elementary School helped many feel like they were helping the survivors of that tragedy in some way.

If the disaster is related to human violence, blame should not be placed on one group over another. Facts are released as the media sees fit and placing blame on a specific cultural group may only breed more of the hate that instigates these crimes. It is the fault of the perpetrator.

Maybe most importantly, adults must show positive coping skills. It is ok to cry. Let adolescents know that the disaster has affected you. Take some time from your regular activities, but return to them. Eat well. Sleep well. And if you need to, find someone to talk to as well.

For more information about talking to children and teens about violence, visit www.samhsa.org and aap.org.

Web-Based Resources for Disaster Coping:

Psychological Distress:
SAMHSA’s Disaster Distress Helpline
Callers will be connected to the nearest crisis center.

Health Care Toolbox
Your guide to helping children and families cope with illness and injury.
http://www.healthcaretoolbox.org/

FEMA: Coping with Disaster
http://www.ready.gov/coping-with-disaster

President’s Message

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association. There are certainly a number of exceptions to the regulation and how to accomplish OCC is being addressed by the ACOP to make the completion of OCC as painless as possible. I would encourage our membership to look at our website, www.acopeds.org or the AOBP website, www.aobp.org for more information. Feel free to contact the ACOP or the AOBP office or contact me at drcuryus@mykiddsdodoc.com for assistance with navigating the OCC maze. I believe in our education and believe we educate our physicians through the CME process very well. With the onset of OCC, many of our members will find themselves muddling through the process and the ACOP and AOBP will help any member to have a successful outcome.

ACOP’s financial strength is more solid than ever before, with strong leadership in place. I see the future of the organization being very strong. The past leadership has weathered the financial storm with decisiveness, and because of these leaders, we are on rock-solid financial footing. The Chairs of our committees continue to move our organization to the top.

The ACOP has a tremendous administrative staff with the leadership of Stewart Hinckley. His team continues to manage our organizational requirements to move our college forward. A new ACOP website is being developed. Be on the lookout for the unveiling of this vital new tool in the near future. I want to thank those that worked on the previous website.

Remember to get involved in the college and encourage others to join and get involved. Together we can make a difference for our patients, our careers and ourselves.

ATTENTION!
ALL STUDENT CLUBS

PULSE wants to know about your club activities. If you would like to publicize what you are doing to inspire others, please send a short article, photos (no more than two) and be sure to include captions for any photos sent in. These can be sent to the PULSE editor by email at ACOPublications@gmail.com.
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2209 Dickens Road
Richmond, VA 23230-2005
(804) 565-6333
Fax (804) 282-0090