2015 Annual Conference
“Traumatic Brain Injury Neuroscience & Osteopathy”
June 18-21, 2015
Naples, Florida
Musings from the Executive Director

Having now completed 10 years as the Executive Director of the Osteopathic Cranial Academy (OCA), I can look back with a sense of pride in the accomplishments of the organization over the past decade. When I started, we offered two Introductory Courses, in February and in June as well as the Annual Conference each year in June. Periodically, we would offer Intermediate Course for our members and qualified non-members to take, but the course offerings have increased over the years. In 2015, we will have offered 8 courses in total with our final two course, “The Next Step: Advancing Your Skills in Osteopathy in the Cranial Field” in September in the Washington DC area as well as, “Healing From Traumatic Brain Injury: Advance Studies” in November at NYCOM. Registration for these courses can be found online at www.cranialacademy.org/curriculum.html or elsewhere in this issue.

Our business model has also performed well generating gains for the OCA with our investment portfolio growing and our courses selling out. One area of concern is declining membership. While our courses are filled, some have chosen other directions for their practice and President Daniel Shadoan has appointed a Task Force to study our Membership decline charging them with finding out why there is a decline over the past ten years and how to stem the tide, encouraging new members and renewal membership. Chaired by Annette Hulse DO, a member of the Board and chair of our Marketing Committee, it will explore how to re-engage our members and encourage them to keep their membership status active.

Speaking of Dr. Shadoan, he was featured in a full length article in Prevention, a magazine devoted to health issues. Titled, "The Best Doctors You’ve Never Heard Of," it details Dr. Shadoan’s practice techniques in examination and treatment. The link to read the article is, http://www.prevention.com/health/osteopathic-doctors. I think you will enjoy the read and be very proud of how Dr. Shadoan represents the Osteopathic profession and Osteopathy in the Cranial Field especially.

We will be rolling out our new website interface in a few weeks which will feature a cloud based database as well as new opportunities to interact with the OCA electronically. Already, we are producing our magazine, The Cranial Letter, in an electronic format to reduce the number of copies printed and mailed, thereby reducing the cost of the magazine. Each issue currently costs over $2,000 to print and over $1,000 to mail. The new electronic version has been going out on a test basis to our medical student members and has been well received.

In my remarks to the Membership at our Annual Conference Business Meeting, I spoke of the pride I have in serving as your Executive Director. Each of you makes a difference in the lives of your patients and brings recognition to the practice of Osteopathy in the Cranial Field (OCF). Dr. Sutherland was a visionary in what he foresaw as the role of OCF in health, but I doubt that he could have envisioned the dedicated DOs, MDs, Dentists and non-physician osteopaths who practice OCF and who have learned from his teachings to provide their patients with optimal health.

Respectfully submitted,

Sidney N. Dunn
Executive Director
It is with great pride that I take the OCA helm from my friend and colleague, Zina Pelkey, DO. We owe her great thanks for her strong leadership and dedication to the OCA. I will bring my personal style to the job, but you, the membership, are the driving force behind this organization. With that in mind, we are always looking for motivated members to get involved with committees, annual conferences and fundraising along with our main task of teaching the work of Drs. Sutherland and Still.

The first month of my Presidency was a busy one for the OCA and the Profession:

An article about Osteopathy in Prevention Magazine, with a national circulation of over 3 million, hit newsstands and the internet. The author writes about her experience with Osteopathy, and specifically Osteopathy in the Cranial Field. She is the Writer-in-Residence in Biological Sciences at Columbia University and is currently working on a book on Traumatic Brain Injuries. If you missed the article, see www.prevention.com/health/osteopathic-doctors

In December 2014, AACOM Released the Ad Hoc Committee on GME Transition White Paper. At the Component Society Meeting during Convocation, AAO President, and OCA Member, Doris Newman, DO asked for our input on the AACOM White Paper. Dr. Pelkey then convened a Task Force chaired by Mark Rosen, DO to craft the OCA’s Response to the AACOM White Paper which was later shared with the AAO.

The AACOM White Paper opened with a history of the Osteopathic profession and outlined issues relevant to Osteopathic training and discussed requirements for MDs entering DO residencies. Overall, this was a well-written and fairly complete document. Osteopathy in the Cranial Field, or Osteopathic Cranial Manipulative Medicine as it is referred to now in AOA research, holds a prominent place as one of the core 7 OMT competencies.

However, the White Paper included cursory references to the four Osteopathic principles and a failure to emphasize Dr. Still’s original principle of Cause and Effect. This principle states that disease is the physiological effect of anatomical derangements. In the context of nature’s infinite wisdom and unerring tendency toward health, the purpose of treatment is only to remove the obstacles to the body’s and mind’s perfect functioning. We proposed a deeper description of the Four Principles in our response.

One of the great philosophical differences between Osteopathy and Allopathic medicine is the latter’s emphasis on specialization. In our response we wrote, “Osteopathy must be applied to the whole body and person, and becomes less effective when focused on specific diseases, organs systems, or isolated body regions.” In entering this single pathway, our profession needs to safeguard our approach and not allow our treatments to be broken down into a series of techniques applied in protocols.

The decisions made regarding Residency training must be seen in a context within the total Osteopathic education system. This includes the Colleges of Osteopathic Medicine and Residencies as well as Continuing Medical Education. Maintaining Osteopathic standards at the GME level will help preserve Osteopathic training at the College level and in CME. The OCA, along with the SCTF and the Osteopathic Center for Children, must play a significant role in the training of both DOs and MDs who wish to develop mastery of OMM. And all institutions, DO and MD, must support students and residents attending our courses.

To read the original AACOM White Paper (or the Executive Summary) see:


The OCA Response to the AACOM White Paper will be on our website

During the OCA Annual Conference, our committees were quite active. Three of our most important committees - Annual Conference, Continuing Studies and Introductory Course have new chairs: Maria Gentile, DO, Richard Smith, DO, and Zina Pelkey, DO respectively. Thank you to outgoing Chairs Paul Dart, MD and Eric Dolgin, DO who (with the help of too many to name) have built our education curriculum into an exceptional group of courses with outstanding faculty.

Our opportunities for CME are in the best shape they have ever been. We are looking forward to great Courses this Fall such as The Next Step in September, Maud Neman’s TBI course in November with more to come in the Spring. Next year’s Annual Conference in Redondo Beach, CA on The Triune: Mind, Body, Spirit - co-Directed by Yusuf Erskine, DO and Tudor Marinescu, MD - should be fantastic as well.

Declining OCA membership, however, is a crucial issue. This slow drop has occurred during a period of growth for the overall profession. Therefore, I have convened a task force to...
understand how we can better serve members at all levels: to reach new members, better engage existing members, and improve member retention. If you are interested in serving on the task force, or have input, please contact the Chair of the Task Force on Membership, Annette Hulse, DO at annettehulse@gmail.com. All suggestions are welcome.

In other news, we are compiling responses to the follow-up survey regarding the proposed Bylaws changes to US MD membership status. If you have not yet responded, please do so as soon as possible. We look forward to your feedback.

In closing, I would like to thank those who recently completed their terms on the Board for their years of service: Past President David Musgrave, DO, MD Advisor Tudor Marinescu, MD, Mary Anne Morelli-Haskell, DO and Treasurer Sasha Rupert, DO.

And at the same time, welcome the new Board members: Ali Carine, DO, Terry Cyr, DO, Secretary Junella Chin-Camacho, DO and MD Advisor Matthew Gilmartin, MD.

Forty Nine Complete the Introductory Course

Forty-nine participants successfully completed the June Introductory Course in Osteopathy in the Cranial Field under the direction of Eric J. Dolgin DO FCA, Michael J. Porvaznik DO FCA and Richard F. Smith DO. This course was offered at the Naples Grande Beach Resort, Naples, Florida.

In addition to Drs. Dolgin, Porvaznik and Smith, the faculty consisted of: Charles A. Beck DO FAAO; Jose L. Camacho DO; Karla S. Frey-Gitlin DO; Matthew A. Gilmartin MD; Luna Leyva Ramirez MD; Tudor C. Marinescu MD PhD; Wendy S. Neal DO; Hieu M. Nguyen DO; Zina Pelkey DO; Ilene M. Spector DO; Table Trainers-in-Training Jean-Yves Charabouska MD DO; Junella T. Chin DO; Jay B. Danto DO; and Julie A. Mai DO.

The faculty represented 321 years of combined experience.

The participants included 22 DOs, 1 MDs, 23 osteopathic students and 3 international participants. Six participants were members of The Osteopathic Cranial Academy, and 33 participants applied for membership. Attending the course were: Catherine Batz; Jonquille Bouchard DO; Richard Broder-Oldach DO; Karla Bullon DO; Yirong Chen; Richard Chmielewski DO; Lisa R. Chun DO; Jared G. Cruz; Shawna L. de Graff-Roberson DO; Emma Desjardins; Clare Donahue; Alexander Frantzis; Jacob Gallagher; Serge Gardere DO; Judith A. Glaser; Ari Goldwaser; Akhila Gummi; Nathan J. Hershberger; Christopher Johnston DO; Joshua P. Kempf DO; Danae Kershner; Dharam Pal S Khalsa DO; Dorothy Klingenmeier DO; Gavin Kuns; Derek Lee; Esther Lee House DO; Mark Matusak; Rohit Mehra DO; Elizabeth Mende-Geyer DO; Jessica Nikandrou; Benjason Nunez, DO; Susan Overkamp DO; David Patchett DO; Hitesh Rathod DDS; Aurosis Reddy; Justin Rutt; Teresa Saavedra DO; Diana S. Sepehri-Harvey DO; Sylvia Silberman; Frances Southwick DO; Matthew Stants-Painter DO; Daniel Stasiuk DO; Raymond Stone DO; Mo-Ping Tham DO; Eren Ural; Miral Vaghasia; Richard Van Buskirk DO; Aadil Vora and Jacob Watters DO.

The Course was very well received. Some of the comments from the evaluations were:

- “I felt very blessed and humbled to have gotten to learn from these incredible osteopaths. The intro course was one of the best experiences I’ve had thus far in my medical career and I am so grateful to you all.”
- “Thank you! I feel that I have progressed very well during the course. I am excited to get more practice and further build upon what you have introduced.”
- “Amazing panel of physicians. An honor to have been part of this experience.” I hate to give all trainers at 5 but this was a gifted group all are knowledgeable passionate and dedicated to their craft. This type of instruction inspires all of us to be better.

Finally, Jim Binkerd, DO has become President Elect and Chair of the Committee of Chairs. He has already shown himself to be an excellent choice with his clear thinking and careful exploration of complex issues. The OCA will be in good hands.

Thank you for your membership and for giving me this opportunity. I look forward to serving you as President for the next two years.

Warmly,

Dan Shadoan, DO
President of the Osteopathic Cranial Academy

Forty Nine Complete the Introductory Course
FCA Awarded To Friedman and Porvaznik

Melvin R. Friedman DO and Michael J. Porvaznik DO are the newest Fellows of the Cranial Academy (FCA) having received their honors at the Banquet of the Annual Conference, June 20, 2015 in Naples, Florida. The honor is chosen by the Fellowship Committee of The Osteopathic Cranial Academy, composed of six members, each of whom is a Fellow.

Mel Friedman, D.O., was educated at the Ohio University College of Osteopathic Medicine (with Dr Chila being a first mentor), followed by Internship and Residency at Grandview Hospital in Dayton, Ohio. Following several years in Family Practice, he has been in Private Practice specializing in OMM since 1985. He has served as an OCA Board Member, followed by being President of the OCA, and Conference Director last year have been among the greatest honors and thrills of his professional life.

Dr. Eric Dolgin presents the FCA Award to Dr. Michael Porvaznik

Michael J. Porvaznik, DO was a 1983 graduate of the Ohio University College of Osteopathic Medicine, he had been very active in various positions in the OCA including service as Course Director for the Introductory Course nine times Dr. Porvaznik holds a Certificate of Proficiency in OCF and has participated in OCA activities for over 20 years. Since 1990, he has been in practice in Arlington, Virginia. Elected as Treasurer of the OCA and had served on the Board of Directors since 2005.

The Osteopathic Cranial Academy is honored to name these two outstanding physicians as Fellows of The Cranial Academy.

International Proficiency

Jean-Yves Charabouska MD DO and Alistair. C. Moresi DO successfully completed the International Proficiency Examination offered in Naples preceding the 2015 Annual Conference.

These physicians join 17 Osteopathic Cranial Academy International members who have earned the International Certificate of Proficiency in Osteopathy in the Cranial Field.

OCA Elects New Board

At its recent meeting in Naples, Florida, The Osteopathic Cranial Academy elected Dr. James W. Binkerd to President-Elect; R. Mitchell Hiserote DO to Secretary and Drs. Theresa Cyr and Annette Hulse to Director.

In separate action, Dr. Junella Chin accepted the position of Treasurer. Drs. Mark E. Rosen and Ali Carine were appointed by the Board of Directors to fill the director’s position vacated by Drs. Binkerd and Hiserote.
“Traumatic Brain Injury, Neuroscience and Osteopathy”

The Osteopathic Cranial Academy 2015 Annual Conference in Naples was entitled “Traumatic Brain Injury, Neuroscience and Osteopathy.” Held at the Naples Grande Beach Resort, Naples, Florida, the conference gave osteopaths an osteopathic philosophical view point that allows the participant to more easily integrate the current scientific thinking in the diagnosis of TBI.

This was followed by practical sessions for the art of application. The emphasis was on a pragmatic approach for the practicing physician in evaluating and treating the patient with a TBI in light of OCF.

CDs (MP3 format) of some of the lectures are available through an order form on page 7 in this issue or from The Osteopathic Cranial Academy office.

Next year’s Annual Conference, Our Triune Nature: Approaches Supporting the Health will take place in Redondo Beach, California. More information will be available shortly on the website and in future issues of The Cranial Letter.

Photos (clockwise from the top):
- Students Receive Gift
- Osteopathic Cranial Academy Foundation $1000.00 Donors
- Sutherland Memorial Lecturer Hugh M. Ettlinger DO FAAO
- President’s plaque given to outgoing President Zina Pelkey from current President Daniel Shadoan DO
- Dr. Pelkey’s present for Dr. Shadoan
- Outgoing Director Dr. Mary Anne Morelli-Haskell
- Outgoing Treasurer Dr. Sasha Rupert

Photos by Charles A. Beck DO FAAO and Eric J. Dolgin DO FCA
2015 Osteopathic Cranial Academy Annual Conference CD (MP3 Format)

15-01 ________ TBI Research and Personal Story (Lecture); Adrienne Larkin
15-02 ________ TBI Anatomy (Lecture); Mark Schuenke PhD
15-05 ________ Neurologist’s Approach to TBI (Lecture); Sheri Hull DO
15-06 ________ Shock Release (Lab); Paul S. Miller DO FCA
15-07 ________ Sacral Treatment in Head Trauma (Lab); Ali Carine DO
15-08 ________ Sports Medicine Brain Research (Lecture); Todd Dombroski DO
15-09 ________ Force Vectors in Trauma (Lab); Conrad Speece DO
15-10 ________ Force Vector Treatment – Cervicothoracic Inlet (Lecture); Conrad Speece
15-11 ________ Histologic and Palpatory Evidence: Cranial Contusions and Compressions and Treatment of Compression; Kenneth Graham DO (Conference Participant Only)
15-12 ________ Radiology of CSF Flow (Lecture); David Harshfield MD
15-13 ________ An Embryologic Approach to the C-C Junction (Lab); Daniel Shadoan DO
15-14 ________ Sutherland Memorial Lecture; Hugh Etlinger DO FAAO
15-15 ________ Dura and CSF Flow and Parenchyma (Lecture); Maud Nerman DO
15-16 ________ Engaging TBI Physiology (Lab); Maud Nerman DO
15-17 ________ The Brain as a Dynamo (Lecture); R. Paul Lee DO FAAO FCA
15-18 ________ Global Sensing of Withering Fields (Lab); R. Paul Lee DO FAAO FCA
15-19 ________ Dentistry, Inertial Forces and Brain Injury (Lecture); Craig Zunka DDS FCA
15-20 ________ Treatment of the Face (Lab); Tasha Turzo DO
15-21 ________ Waking The Tiger: Trauma and PTSD; Charles A. Beck DO FAAO
15-22 ________ Walter Russell and Fulcra; Mark E. Rosen DO FCA
15-23 ________ Fulcra (Lab); Mark E. Rosen DO FCA

Total Number of Lectures Ordered:

_______ X $10.00 each (Conference Registrants)

_______ X $20.00 each (Conference Non-registrants) = $___________

Shipping & handling* 1 to 5 lectures $3.50
6 or more $7.00
*Overseas shipping add an additional $5.00 TOTAL = $___________

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In the first chapter of TSO, Dr. Sutherland distinguishes between knowledge and information, offering remarkable insight into the study of Osteopathy. He says, "I had to gain knowledge of many things in order to prove that motion between the cranial bones in the living adult is impossible. Had I tried them on another person I would only have had information; they would have had the knowledge." In my talk I would like to reflect on knowledge I have gained on my Osteopathic journey.

I began Osteopathic Medical School with the intention to study Osteopathy. My background was science, and I dove enthusiastically into anatomy and physiology as it applied to Osteopathic thinking. Always quick with science, the concepts made sense to me readily as I explored them, as did mechanics and palpation. I began to develop my technical skills, and I was soon offering Osteopathic treatment to classmates, friends, family, anyone I could get my hands on.

As quickly as I was able to comprehend the information and mechanical skills related to Osteopathy, equally profound were my difficulties learning perception. I completed Tony Chila's Fascial Release course 3 times without feeling a thing, before finally moving forward the completed Tony Chila's Fascial Release course 3 times.

My story of growth and transformation begins as the summer of 1990 turned to fall. Circumstances had brought me back to the OMM department at NYCOM following my Internship. My residency program was dissolved shortly before I was about to enter it, so I took a faculty position at the school "temporarily", or so I thought. It was my second year there, and Dr. Schiowitz, the OMM dept. chair and my mentor, was becoming Dean of the school. He wanted a residency program in OMM, so he offered to send me to the hospital of my choice to develop one. It had always been my dream to study Osteopathy in the acute care setting. As a student, I had studied the anatomical and physiological basis for the Osteopathic approach to systemic disease. As NYCOM faculty, I travelled to all our hospitals to deliver the Osteopathic part of the 3rd and 4th year OMM curriculum, which essentially was a lecture series that ultimately had a very limited value. In my efforts to improve the education, I sought privileges at the hospitals so I could conduct bedside teaching rounds with treatment demonstrations. I was refused at all the sites except St. Barnabas, where the Senior VP and Medical Director put my privileges through and told me it was up to me to show the Medical Staff what Osteopathy could do. You can't ask for better than that, so I eagerly accepted, and began working to develop the program at St. Barnabas Hospital. As I did so I reached a major crossroad in my professional life. My clinical practice was about to change from ultra-sheltered school clinics to a daunting, large, inner city hospital well on it's way to becoming a Level 1 Trauma center.

In October of that same year, I enrolled in the SCTF Continuing Studies program, "The Higher Human Triangles". The course director was Jim Jealous, DO, and on faculty and presenting was Anne Wales, DO. It was my first time meeting and studying with both. I was on the cusp of the next 15 years of my professional life, learning from Dr. Wales, who's every thought resonated deeply with me, and whose work was as natural and comfortable to me as anything I'd experienced, ultimately to become my "bread and butter" in practice. Then there was Dr. Jealous, whose work was as uncomfortable to me as Dr.
Wales' was natural, and who stretched me in ways I can still hardly believe. And, of course, the complex, challenging patients at St. Barnabas to explore and apply all that I was learning.

When Dr. Sutherland spoke about the concept of obtaining knowledge, he described how he devised all sorts of contraptions with straps, mitts, and bowls to twist and compress his head into every possible strain he could envision, and the dire consequences that resulted. With no one to get him out of the strain beside himself, he occasionally landed in the hospital. But the process of learning through the observation of his own physiology was profound, and profoundly different from other means of study, yielding knowledge, rather than just information.

I did not need any special apparatus. For me, apparently, my colorful youth was sufficient. And so, at a practice session during that fateful SCTF course, with what at the time seemed like a poorly chosen partner, I had the worst treatment reaction I’d ever experienced. In retrospect, it was the perfectly chosen partner, a vehicle in the unfolding of my destiny, triggering a series of events that ultimately change my life. During the lab, I had a clear sensation of profound tension arising deep in my cranial base, and immediately developed the worst headache and dizziness I had ever experienced. Finding no one to treat me at the end of the course, I struggled to get home. Little had changed 2 months later, when I arrived at my first Still Sutherland Study group meeting. At the first practice session, as soon as my partner touched my head, I felt the room begin to spin, and they said, “oh, I’d better get Dr. Wales!” And so she came over and with one simple lift, seemed to literally lift hundreds of pounds from my shoulders. Gone completely were the headache, fog, and dizziness, at least for the moment. I touched my head, I felt the room begin to spin, and they said, “it’s time for the demonstration”, and she’d lay me on the table and work on me, describing what she was doing. It was up to me to sense the treatment internally, and understand it. Sensing the internal workings of my body physiology as Dr. Wales “demonstrated” was one of the greatest challenges of my life. Years of monthly weekend visits were spent in this unique, intense study. Slowly I came to appreciate her treatments from the inside, how she engaged my physiology through her contacts, the changes as they occurred, and the principles of Osteopathy underlying her work.

It is impossible to say exactly how much of my growth during and after that time occurred due to my growing appreciation of my own physiology, or how much the development of that internal sense directly translated to the ability to sense with my hands and interpret those senses. I simply know that it did, in a profound way, and that for me Osteopathy became an internal study as much or more than an external one. And I began to understand Dr. Sutherland's thought about internal perception, and how important it is to understanding the Osteopathic concept. Physiology comes to life with such amazing clarity when it is understood from the inside out!

I am also convinced the treatment I received through my study with Dr. Wales, and the improvements she made in my body physiology and function, had a tremendous impact on my learning and skills development as well. After 3 years of regular visits with Dr. Wales and a lot of treatment, she uncovered a force vector at the root of my troubles that could have only been caused by a bad car accident I had when I was 13. My head struck the metal bars of the convertible top along side the back seat where I was sitting. My mother broke ribs and had a pneumothorax from striking her chest on the steering wheel, and my grandfather broke his wrist on the dash and struck his head on the windshield, almost going through it. All 3 of us in the car were knocked unconscious, and I was the first to awake, so I don't know how long I was out, or the details of the crash. It must have been my survival mechanism protecting me from the immediate impact of the trauma, but I never experienced pain, even when I was stitched up or anytime after, until that lab session, when the strain was exposed. What I had thought was a treatment reaction turned out to be a 20 year old strain, which I had long ago accommodated to. I am convinced my circumstances had everything to do with it’s surfacing when it did. On the precipice of an immense learning curve, I believe the strain locked in my head was about to become a major limiting factor in my ability to progress. Suddenly my longstanding perceptual difficulties could be viewed under a new light. In her description of the application of Osteopathy to developmental problems in children, Dr. Wales would often say, “Growth is slow motion, and Somatic Dysfunction limits motion” So I believe it was with me, and when the time for rapid growth arrived, the strain that was limiting my growth surfaced where it could, even had to be, managed.

As we pursue our studies, we all need to get treated, not just for our health, but to remove impediments to our growth and learning. It is also crucial to pay attention to what's happening when you get treated, rather than simply being passive and enjoying the experience. The answers we seek in our studies lie within, and can be understood through treatment from an experienced Osteopath. It is as or more important to the study of Osteopathy than the patients you see and courses you
take and reading you do. Even the simple act of observing the difference between different contacts from different partners during a course can be instrumental in developing your own meaningful contact. The difference between a student’s contact and the instructor’s, even more telling.

So the first aspect of my journey was a physical one, a study of body. I experienced improvement in my physical wellbeing and health, a growing awareness of my internal physiology, paralleled by improving clinical and perceptual skills. The relationship was direct, the effects unquestionable. Osteopathy had become a pursuit of knowledge for me.

My education continued in this way for some time. Increasingly challenging patients confronted me every day. I arranged frequent visits with Dr. Wales, where learning was so very natural and comfortable, and less frequently, courses with Dr. Jealous, struggling with his work as much as I was comfortable with Dr. Wales. Soon I arrived at the next phase of my growth, an exploration of mind, or more specifically, awareness, and self-awareness.

Self-awareness is so important in so many aspects of our lives, yet is one of the most difficult skills to develop in many ways. It is an area in which I have always struggled. We perceive in the context of our own biases, and can only view ourselves from the inside, which is so different from how we are perceived by those around us. Singing is a good example for me. My voice sounds so different from how we are perceived by those around us. Singing is a good example for me. My voice sounds so different when I listen to it on tape. I imagine this is the way it is heard by others. Taping myself and forcing myself to listen has helped me become aware of how I actually sound, and has improved my skills. Lectures as well, where our awareness of pace, clarity, even the number of times we say, “ummm” aren’t apparent until we listen to ourselves on tape. Social interactions have always been my biggest challenge. Growing up, I struggled in social situations, unaware, except perhaps to know how awkward I was. Early in life this led to a general sense of irrelevancy, no one paid much attention to anything I said or did, except to make fun of me. More recently, after a lifetime of being considered irrelevant, I’ve needed to learn how my words as a teacher could have unexpectedly powerful and unintended impact, sometimes positive, sometimes negative.

My sense of self-awareness really began to develop through my Osteopathic studies. I recall a particular day at St. Barnabas that highlights this. I was called to see a patient in the ICU. He had suffered a massive heart attack, gone into cardiac arrest, and subsequently developed ARDS. He was intubated with the ventilator requiring pressures in the 50’s just to ventilate him. He was the sickest patient I had been called to see by a fair measure at that point, and he had the stiffest chest I had ever felt. I spent 2 days trying everything gentle and perceptive I knew to no avail, nothing budged, and his condition did not improve. Finally, I followed the approach I had been taught. To achieve balance, you need to match what you feel in the tissues. So starting slowly, I increased my force, until finally I was applying traction on the rib cage with all my might, foot anchored on the bed’s side rail. Afraid of what I might do to this critically ill person, I opened my senses and paid attention to his response to my actions as fully as I could, in the hope that if anything I was doing was overwhelming or nonphysiologic in any way, I’d sense it before reaching the point of no return.

Instead, I found a balance point, and the ribs and chest responded for the first time, and by the end of the treatment, the ventilatory pressures were down in the thirties for the first time! From this moment, the concept of self-awareness in our work became primary in my thoughts. It was my attention to his response that brought me to the point of balance, and allowed me to use the forces I did safely, and effectively. I believe that becoming aware of our presence in the tissues, and our impact on the body and it’s physiology, is crucial to safe, appropriate, and physiologic work, and that attending our patients’ response to our presence and actions is the means by which we accomplish this. I have continued to work from this perspective, endeavoring to become more aware my impact on physiology through attention to the patients’ response, throughout both diagnosis and treatment.

Somehow, as my awareness of myself in the treatment process improved, I also became more aware of myself in a much more personal way. Once again, the synchrony of personal and professional growth was uncanny, how professional growth facilitated personal, and vice versa. In both, it is critical to pick up clues from the outside to avoid pitfalls and unhealthy encounters. As we try to see ourselves as we are seen, the responses we observe from our environment are critical.

In the clinical realm we seek transparency, the ability to be present and attentive without interfering, as well as clarity and precision, in both diagnosis and treatment. All depend on self-awareness. As we begin this process, we endeavor to reduce both the degree of our contact, and the degree of focus in our attention. Although we are able to reduce our “footprint” in this manner, this is not the same as self-awareness, nor does it ensure a healthy, physiological interaction with our patients. The problem is that complete self-awareness is not physically possible. Physicians have been able to develop a perfectly inert observer experimentally. But when they place this observer into an experiment, its presence still alters the outcome. None of us are close to that pure, so even our lightest, most gentle contact with our broadest, most unfocused attention will alter the underlying physiology, sometimes profoundly. We cannot sense a body’s physiology as it is without our presence, so how can we
know what our impact is? How do we gain the degree of self-awareness needed for our work?

Again, the answer lies in attending the response of our patient to our presence and actions. Even with the initiation of the lightest touch, our patient’s body will respond and shift. This initial reaction is a window through which we may sense our impact, a reflection of our influence on their physiology. We can then adapt our contact, working towards a meaningful contact that includes our presence, through which we may assess and treat our patients in a healthy, physiological way. It is not the degree of contact, or “heaviness” that is critical, but our awareness of our contact, and its impact, that makes the difference. Our attention works in a similar manner. Although a broad, less focused, attention is generally less invasive, it is not always, particularly if applied without awareness of its effect, or worse, the dangerous assumption that if it’s broad enough, we needn’t even concern ourselves with it. When performed with self-awareness, diagnosis and treatment become a process of continuous adaptation, beginning the moment we make contact with our patient. By sensing and shifting our contact and attention according to our patients’ response, we can find a combination that affords us the best clarity for diagnosis. As we shift to treatment, we must continue to read the response of our patients’ physiology to best facilitate the inherent healing process as we watch it unfold.

Learning to control our degree and quality of contact and attention is crucial. When we start in school, we typically begin with a strong contact and focused attention, learning to palpate deeper structures using increased pressure, and assessing tissues through testing, to identify barriers and restrictions. Then we come to courses outside of school, and we are taught to lighten our touch to sense more subtle inherent motions, using a broad, less focused attention. For many, these 2 very different skill sets are developed, either engaging tissue with firm contact and focused attention, or passively observing with the lightest touch and a broad, less focused attention. These 2 extreme states, as useful as they can be, are relatively narrow and restrictive. Contact and attention can ultimately be varied independently of one another, for almost limitless possibilities, if applied with awareness. Although it is often ideal to treat with a very light touch, there are times when the patient’s tissues require a more firm contact. By attending to the physiological response of the patient as the contact increases, an increasingly firm contact, with or without the addition of external force vectors, can be applied in a healthy way, without damping or perturbing the patient’s underlying physiology. Often, this works best with a broad, less focused attention for best effect and minimum invasiveness, allowing the operator to best monitor the impact of their actions on the region and the whole. This is very different from the focused attention so commonly used with a firm or heavier contact. Likewise, there are times that a precise, focused attention is useful and well tolerated. It can be used like a laser, to engage and manage tissues in situations of extreme trauma or strain, with either too much pain or actual tissue damage to engage those tissues with a firm contact. Here again, the blend of a very light contact with focused attention is unusual, but can be effective. Ultimately, the ability to individually adjust our attention and contact allows us a far broader spectrum for healthy, physiologic interactions to meet the broad needs of the patients we see. The key to success is our self-awareness, particularly the impact of our touch and attention. We must constantly endeavor to better sense our impact on our patients, so that we may adjust as needed, achieving as much transparency and surgical precision as possible in our work.

I continued on my exploration, arriving at the 3rd and final aspect of growth I’d like to speak about. The triggering event this time occurred in my personal life. Another failed relationship, another broken heart. So often when we experience heartbreak, we close our hearts to protect ourselves and blunt the pain, a pattern I unfortunately followed. But this time, as my heart broke, it broke open, and I was able to see deep within myself. What I saw was a lifetime of heartache, buried deep, literally, beneath my diaphragm. Walled off to protect me, yet gnawing at me from within, like an abscess. These feelings carried with them a sense of familiarity, as I realized they had been surfacing in my work.

For some time I had been observing unexpected clues during my interactions with patients. Many of the clearest, most profound sensations I had, particularly those relating to achieving a point of balanced tension, and the physiologic response of the patient from that point, I would sense not in my hands, but deep within me, in my heart, and below my diaphragm, in my gut. I did not understand their source, but I couldn’t deny their consistency and accuracy, even though they were often uncomfortable, sometimes powerfully so. I learned to use these phenomena to guide my work.

Now, as my heart broke open, those sensations grew stronger during treatments, sometimes overwhelmingly so, with a heaviness clearly arising from my broken heart, and a churning in my gut, making treatment uncomfortable and difficult. Despite this, the clarity of my perceptions, and potency of treatments increased, and I came to realize how critical this aspect of my experience was to my ability to sense and facilitate treatment. I believe my heart and gut are the places where I connect with my patient, the source of my inner physician, as Dr. Becker called it. Opening my heart to the patient in this manner is critical to perception, and my early struggles seem directly related to my emotional baggage, my closed heart, and buried hurt. It’s amazing I was able to develop sensing skills at all.
As I healed, the role the heart plays in the treatment process has become clearer. I believe we sense and treat from our hearts, in a very direct and literal way. This doesn’t mean we make an emotional connection to our patients in any way, although the sensations originate from the same place we feel emotions, and our emotional state impacts our ability to use our hearts in our work. Our heart and gut function as sense organs, powerfully amplifying perception. The heart is also the source of compassion and willpower, so crucial to treatment. I believe this is what Dr. Still was telling us when he said we needed to love our patients. I’m sure this is true for myself, and for others as well. I have observed this in residents and students I have worked with. The difference in how and what they sense when they are able to open their hearts into the process is remarkable. I believe we all must learn to sense and achieve this internal openness as we study and practice. The connection and communication with our patients through our hearts is crucial to clarity of perception and powerfully enhances the therapeutic process as treatment ensues. However the communication that takes place through this route can pose hazards. The connection is clearly bi-directional, and I believe it is the means by which we can take on negative energies from our patients. I’m not speaking about sensing a patient’s symptoms within ourselves as we work. Rather, the phenomenon of feeling drained, or worse, after a treatment. The challenge is to be open enough to allow a physiologic and therapeutic communication without allowing unwanted energy to enter. I believe the key is the relationship between the heart and the gut, or solar plexus. Our hearts must stay fully open to succeed. The solar plexus is the place where a filter can be created to prevent the unhealthy exchange we become vulnerable to. Awareness of these areas, and their participation in the process, seems the key. In particular, attentiveness to the area of the solar plexus, with a small outward intention, will filter the exchange so it is healthy for both patient and operator, and will allow opening the heart fully to facilitate sensing and treatment.

I believe we can help guide our students in the development of this aspect of our work. As we develop as table trainers, we learn to sense tension in our students’ hands, arms, shoulders, etc., that blocks sensing and interferes with learning. We can often even identify where along the path from the hands their sensing is blocked, and why our students are struggling. We can learn to sense when students are closed internally as well, a different, but no less palpable form of tension which blocks and limits perception, and I have seen impressive results after guiding students to relax and open internally.

As I reflect on this series of events that brought me to this aspect of growth, I cannot say why my heart opened as it did, when I had always reflexively closed to hurt in the past. Was it the nature of those particular feelings I had, or simply a matter of course? But I must again consider my Osteopathic study, and the possibility that my closed heart had become a limiting factor in my growth, much like the physical strain had previously. That I had once again reached the point where my professional growth and development, a form of slow motion as Anne had called it, became limited by this very different manner of strain, or dysfunction. And so it surfaced, like my physical strain did, so I could engage it and grow. And I did grow, both professionally and personally, simultaneously, as has been my experience all along.

My path of Osteopathic learning has been a blessed one. Throughout, the synchronicity between my professional development and personal growth has been striking. The internal, more personal growth, the most difficult part of the process for me, has also been, by far, the most rewarding. It is clear that in so many crucial ways, my professional development has been dependent on personal growth, to the point where personal issues surface when they become limiting factors, which must be addressed for professional growth to progress. This has made Osteopathy a deeply personal study for me, a pursuit of knowledge, for which I am truly grateful.

Dr. Sutherland teaches us to seek knowledge, a process that begins with our bodies, an internal study of physiology, and the effects of strain on our internal workings. It seems this is merely the beginning of the journey. It is inevitable we must confront ourselves in many ways to gain the knowledge necessary to grow to our potential. I feel I am not alone in this belief, or this process. In describing her time with Dr. Sutherland, Dr. Wales would say, "he was the most mature person I ever met". I can only believe his method of self study had much to do with that, and shaped his personal development equal to the development of his skills. Likewise, Dr. Wales exemplified a lifetime of growth. She would teach by example with her grace, humility, and generosity, the manner of her being. To me, she was someone who truly embodied Osteopathy, rather than someone who simply practiced and taught it so well. She left us so much more to aspire to than her amazing skill.

Osteopathy has given so much to me, a lifetime of growth. Not simply a science, the study of Osteopathy can be a window into ourselves if we dare to explore those realms. I encourage you all to explore in this manner, a pursuit of knowledge, a path of exploration and growth. For me, there seems to be no choice in the matter, but still, I wouldn’t have it any other way. As we gain insight into the workings of the human body, we simultaneously gain insight into ourselves, and we find our own health and happiness, as we endeavor to help our patients.

Thank you
The Next Step: Advancing Your Cranial Skills in Osteopathy in the Cranial Field
September 25-27, 2015
Course Director: Paul E. Dart MD FCA
Associate Director: Eric J. Dolgin DO FCA
Hilton Hotel Arlington, Arlington, Virginia

The Osteopathic Cranial Academy has requested that the AOA Council on Continuing Medical Education approve this program for 21.5 hours of AOA Category 1-A CME credits. Approval is currently pending.

Faculty:
Charles A. Beck DO FAAO
Paul S. Miller DO FCA
Sasha Rupert DO
Richard F. Smith DO
Ilene M. Spector DO FCA

Prerequisite for Enrollment: Successful completion of one (1) Osteopathic Cranial Academy Approved Introductory (Basic) Courses.

Registration Form

Name (Print) ______________________________________ AOA # ____________

Address ____________________________________________

City, State, Zip ________________________________________

Phone: __________________________ Osteopathic College __________ Year of Graduation __________

Date and place of cranial course taken __________________________

Registration fee includes 21.5 hours CME and one lunch. Circle appropriate fees.

CA Member (Postmarked on or before August 20, 2015) ................................................................. $900.00
CA Member (Postmarked after August 20, 2105) ........................................................................ $950.00
Qualified Nonmember ..................................................................................................................... $950.00

Total....................................................................................................................................................... $____

Paid by: Check ____ MasterCard/VISA#/American Express ___________________________ Exp. Date ____

SSN: _______________ Signature: ___________________________

Accommodations: A block of rooms has been reserved at the Hilton Hotel Arlington in Ballston, Virginia, at a rate of $139.00 for a Standard Room, single or double per night plus applicable taxes. For those arriving earlier than September 24, the rate will be higher. Reservations can be made through our website or by calling the Hilton Arlington directly at (703) 528-6000. Please tell them you are with the Osteopathic Cranial Academy group. Rooms will be available until August 31, 2015, or until the block is sold whichever occurs first.

Cancellation policy: All cancellations must be received in writing and are subject to an administrative fee of 15 percent of the total registration fee if received on or before August 25, 2015. Refunds will not be made for cancellations received after August 25, 2015, or for failure to attend. There is no discount for persons not wishing to attend food functions. No personal taping is permitted. The Osteopathic Cranial Academy teaches the application of cranial osteopathic concepts to MDs, DOs and DDSs. It is the responsibility of ALL participants to use the information provided within the scope of their professional license.

Register online at www.cranialacademy.org
Healing From Traumatic Brain Injury: Advanced Studies
November 13-15, 2015
Co-Course Directors: Maud Nerman DO CSPOMM CA
and Laura Rampil DO C-NMM/OMM
New York College of Osteopathic Medicine
Old Westbury, New York

This course is designed for physicians desiring to:

• Increase their understanding of the biomechanics of injury, including traumatic brain injury
• Refresh their knowledge of the anatomy and physiology of injury necessary for proper diagnosis
• Learn numerous safe and effective techniques to promote recovery
• Learn techniques of treatment and pain management to promote recovery
• Design their own techniques for brain injury and motor vehicle accident patients

The Osteopathic Cranial Academy has requested that the AOA Council on Continuing Medical Education approve this program for 17.5 hours of AOA Category 1-A CME credits. Approval is currently pending.

Prerequisite for Enrollment: Successful completion of one (1) Osteopathic Cranial Academy Approved Introductory (Basic) Courses.

Registration Form

Name (Print) ___________________________ AOA # ____________

Address ____________________________________________

City, State, Zip _________________________________________

Phone: __________________ Osteopathic College __________ Year of Graduation __________

Date and place of cranial course taken ____________________________

Registration fee includes 17.5 hours CME and one lunch. Circle appropriate fees.

CA Member (Postmarked on or before October 15, 2015) ................................................................. $750.00
CA Member (Postmarked after October 15, 2105) .................................................................................. $800.00
Qualified Nonmember ............................................................................................................................... $900.00

Total .......................................................................................................................................................... $_____

Paid by: Check ______ MasterCard/VISA#/American Express ___________________________________________ Exp. Date _____

SSN: ____________ Signature: _______________________________________________________________________

Accommodations: Arrangements are being made at a nearby hotel and a link will be posted on our website once that hotel has been contracted.

Cancellation policy: All cancellations must be received in writing and are subject to an administrative fee of 15 percent of the total registration fee if received on or before August 15, 2015. Refunds will not be made for cancellations received after August 15, 2015, or for failure to attend. There is no discount for persons not wishing to attend food functions. No personal taping is permitted. The Osteopathic Cranial Academy teaches the application of cranial osteopathic concepts to MDs, DOs and DDSs. It is the responsibility of ALL participants to use the information provided within the scope of their professional license.

Register online at www.cranialacademy.org
Have you ever wondered about the origin of the ‘Four Principles’ of osteopathy as taught in our schools and colleges? And have you ever questioned whether they are truly osteopathic? It may come as a surprise to learn that they were first set down in the early 1950s and were never meant to become concretized as dogma.

On 8 October 1953 Morris Thompson, president of Kirksville College of Osteopathy and Surgery, presented a landmark report to the founding school’s board of trustees.

In June the previous year Thompson had suggested that, after a half-century of osteopathic medicalization in America, ‘a proper forum should be developed for the consideration of many problems related to the teaching and clinical integration of osteopathic technic and osteopathic principles’ at the college. Beginning that September a committee composed of Drs. R. McFarlane Tilley (Chairman), M. D. Warner, Wallace M. Pearson, J. Stedman Denslow, Max T. Gutensohn, Irvin M. Korr, W. C. Kelly and J. A. Keller met for two hours every Saturday morning for several months to debate how to provide a ‘tool for more effective teaching’ of osteopathy that would serve as a guide for all courses, at all levels, in the college.

In presenting their final report, ‘An Interpretation of the Osteopathic Concept,’ Morris stated to the Trustees, ‘It is the intention that the statement shall become a yardstick by which every single course, every department, every division and every instructor is measured for the most effective teaching of this distinct and distinctive school of practice; that it will become at once the filter and the gauge for the entire curriculum.’ But, he insisted, it should not be regarded as ‘an inflexible credo or a narrow dogma.’

Though presented as a first draft, what became known as the ‘Kirksville Consensus Document’ forms the basis of the ‘Four Principles’ of osteopathy taught to this day. Students are generally taught only a list of the four headings, but it is instructive to consider the document more fully. It states:

I. The Body is a Unit
Though heterogeneous in its cellular, tissue and organic structure, the human body functions as a unit in both health and disease. It is regulated, integrated and coordinated in all its functions through its circulatory and neuroendocrine systems.

Abnormalities in structure, or disturbance in function of localized tissues or organs may exert disturbing influences on remote parts and therefore upon the total body economy. In the management of the patient, the osteopathic physician considers the patient as a whole and recognizes symptoms as the manifestation of reactions to noxious chemical, physical, environmental and biological factors.

II. The Body Possesses Self-Regulatory Mechanisms
1. For the production of natural and acquired immunity.
2. For the homeostatic regulation of vital functions.
3. For the repair of damaged tissues.
4. For compensation for irreparable damage.

Within limits, these mechanisms provide resistance to, compensation for, and recovery from injury by noxious factors, whether chemical, physical, environmental or biological. It is recognized that these mechanisms may be impaired by factors arising from heredity, nutrition, environment, human activities and other determining conditions. The impediments to health which occur in the musculoskeletal system have a high incidence, are of special and decisive importance in man, and receive emphasis by the osteopathic physician.

III. Structure and Function are Reciprocally Inter-related
Structure and function are reciprocally inter-related and inter-influential. Normal structure in all parts of the organism is necessary for maximum functional efficiency. This inter-relationship provides a basis for the structural etiology of disease and for the technics of manipulative therapy.

Osteopathy recognizes that within the scope of general structural-functional relationships there are certain neuromuscular skeletal pathologies [osteopathic lesions] occurring frequently in the axial and appendicular skeletal tissues.

IV. Rational Therapy is based Upon an Understanding of Body Unity, Self-Regulatory mechanisms and the Inter-Relationship of Structure and Function
Therapeutic measures should promote favorable modifications of the disease process, without impairing other important processes.

Therapeutic procedures are designed to:
1. Remove or minimize etiological factors.
2. Alleviate distressing symptoms.
3. Compensate for functional deficiencies or excesses.
4. Aid the body in its resistance to and recovery from injury.
Therapeutics is an art, requiring knowledge, judgment and skill. Its means and methods should not be used routinely or promiscuously but according to the recognized purposes of the therapy, and with due consideration to the patient as an integrated and coordinated unit.

Therefore, all therapy should be based upon an evaluation of the patient as a whole. The osteopathic profession gives special considerations to impairments arising in the musculoskeletal system; successful and complete therapy requires consideration of this entity.

The report was rigorous, but was based upon current practice rather than Dr. Still's teachings. And that is of the greatest importance for osteopathy.

At the British School of Osteopathy in the early 1990s we were told that there was a 'debate' about whether osteopathy should be based upon the founder's teachings or the version as then (and currently) taught. Actually there was no debate; our lecturers had already decided that Dr. Still was a historic figure and that the current teaching was the modern, scientific, and therefore better version. After studying Still for a decade and a half it is clear to me that their view stemmed from ignorance of Still's teachings. The profession must understand what he taught, for without his philosophy and principles it becomes little more than a manual therapy with little more than a legal right to call itself osteopathy.

Though Dr. Still never set down a concrete exposition of osteopathic principles, he always drummed into his students one fundamental principle conspicuously absent from the Kirksville document: cause and effect. Still's key principle is that disease represents the physiological effect of anatomical derangements. From this principle derived the concept of the osteopathic lesion, which could be primary or secondary – primary lesions being causes other than direct derangements of structure by injury, operation or accident; secondary lesions being manifestations of a variety of other factors – including poisons (including the side-effects of medical drugs), toxins (environmental, dietary and others), psychological or emotional stresses – registering as physiological changes in the body through the mediation of the nervous system.

Beyond that lies an even more fundamental issue absent from the report – and from current osteopathic teaching. Osteopathy, Still insisted, is above all a philosophy: 'Matter, mind and motion, blended by the wisdom of Deity.' A spiritual philosophy. Spiritual because its foundation rests upon a law of nature unexplained by science: nature always tends towards health. The minutiae of the physiological 'mechanisms' (consider the word and its materialist connotations) involved can be analyzed ad infinitum, yet science has never fathomed what enables this to happen. The tendency towards health only occurs when an organism is alive, yet science has never been able to reduce life to any known force, particle or energy. The whole practice of Still's osteopathy is built upon nature's infinite wisdom, and therefore our role, taking into account our relative dimness, is simply to remove the obstacles to the body and mind's perfect functioning.

Though the Kirksville team valiantly attempted to squeeze this immaterial concept into their 'four principles,' their conclusions were nevertheless formulated under a materialist philosophy.

Consider the principles in detail and further cracks begin to appear:

1. The body is not a unit. The Oxford English Dictionary defines a unit (in this context) as, 'each of the (smallest) separate individuals or groups into which a complex whole may be analyzed (the family as a unit of society).’ The body is actually a complex whole, a colony of trillions (estimates vary between about 13 to 50 trillion) of mutually dependent cells. The cell is the unit. As the German cellular pathologist Rudolf Virchow wrote, 'The organism is not a single unit but a social system.'

2. There is nothing uniquely osteopathic about the interrelationship of structure and function. It is a self-evident fact. Still's principle of cause and effect is more elegant and comprehensive.

3. The body is self-healing, self-propelling, self-adjusting. Although Still spoke of anatomy in terms of mechanical principles, he never referred to physiology in terms of self-regulatory mechanisms. The concept of physiological 'mechanisms' is a reflection of the materialist philosophy first applied to the human body during the seventeenth century. Still taught that the human organism is self-regulating, self-healing, self-moving, and so on, without reference to mechanisms, for all these qualities rely upon the 'unscientific' (spiritual, if you like) fact that the living nature always tends towards health.

4. Under osteopathic philosophy rational therapy must include, as its central and core principle, the superior wisdom of the body.

To call what you practice 'osteopathy,' you must apply this philosophy from beginning to end, and apply it to the patient under the two mutually dependent principles that derive from it, one visible and the other invisible: cause and effect, and nature's unerring tendency towards health.

Osteopathy, in the sense that Still intended it, demands a deconditioning of the material philosophy that we as a society are currently guided by. As his student John Deason wrote, 'Years of osteopathic thinking, practice and clinical research by an investigative, untrammeled mind are necessary to begin to comprehend what Osteopathy is.' The question at the forefront of all our thinking on health and disease should be to acknowledge the miracle of how nature manages to seamlessly blend the body, the mind and the spirit of life into the self-regulating beings that we
are. Nature knows more than our rational minds do; acknowledge that fact and you have taken the first step towards becoming an osteopath.

Osteopathic schools and colleges have a responsibility to teach osteopathy pure and uncorrupted by the shifting trends of convention and politics. Evidence-based medicine being the latest of these misguided trends. Students emerge from college believing what they are taught, and go on to become lecturers that teach others the dilute version they believe is true. The last century has seen a progressive corruption of osteopathic teaching. If you study Still you will learn the true scope of osteopathy and see that it is not a therapy for a narrow range of musculoskeletal complaints but a complete drugless system of medicine.

The key to understanding osteopathy is to study Still’s teachings, something that the profession consistently seems to ignore, regarding it as having only historical value (and often regarding him as a crank). When you understand Still’s philosophy you understand that his teachings are timeless – for osteopathy is another word for medicine.

\[\text{Much In Little}\]
Anthony Capobianco, DO

"It is the little things that are the big things in the Science of Osteopathy."1 – A.T. Still, M.D.

"Why not try a little osteopathy?" – Dr. William G. Sutherland to Harold I. Magoun2

A recent fortuitous encounter with the Tide awakened a memory. "Could a treatment be given with one hand?" This was the unpremeditated question I posed, in an elevator, to one Alan Becker, DO, clad in Hawaiian shirt. It arose during my first Sutherland Cranial Teaching Foundation forty-hour basic course, at the Texas College of Osteopathic Medicine, back in 1985. What follows might be helpful to fellow osteopathic travelers.

Eighty-two year old Dorothy D., a close relative with a history of severe osteoporosis, was visited in the hospital soon after suffering a fall. Apparently her foot swam in inexpensive shoe wear, too loose to secure sufficient grip, which resulted in a fall on hard pavement from a last stone step. Radiologically (a static study), the trauma resulted in a displaced left proximal humeral fracture, from the neck into the head of the bone, along with a possible hemarthrosis. When visited, she was in considerable pain despite opiate medication. (With mental awareness blunted or "drugged," narcotics often seem to leave the patient still somewhat in pain.) I was lacking the advantage of a stool to sit on and a treatment table for easy access; when standing at the bedside, the raised bed railing prohibited a more ergonomic approach for a two handed application. With the intent of being discrete, this prompted my right hand to lightly contact the fracture site through the hospital gown and bandages. I subtly sank into and met the inherent fluid movements (a dynamic study) reflecting the Primary Respiratory Mechanism (PRM), and was soon following the Potency towards a point of balanced tension (PBT). In around a dozen seconds or so, the PBT was attained, which was heralded by a little but distinct palpable click, followed by a Stillpoint (which does not require the same force to maintain the PBT), then a new Cranial Rhythmic Impulse (CRI) throughout the area. Treatment cycle3 completed, I removed my hand, trusting in the power and wisdom of the Tide, recalling also that five element Chinese medicine defines pain as coming from a lack of motion in energy.4

The next day I saw her, she appeared greatly changed for the better. Gone was the acute distress from arm pain. After quite some time, well beyond the dozen or so seconds it usually takes, with one hand again, I encountered and followed a prominent lateral fluctuation (palliative), to a PBT, then a Stillpoint, followed by the symmetrical swelling and receding of a new CRI. After the resultant ebb and flow through the area signaled completion of the osteopathic treatment, without inquiring, she voluntarily reported marked relief following the previous impromptu, brief, one-handed treatment. When it is recalled that a fracture is a massive soft tissue injury accompanied by a break in the bone, one can appreciate this remarkable result all the more.

The experience of having two separate hand contacts facilitate individual treatment cycles for individual osteopathic lesions, as with osteopathic treatment via bilateral foot/leg contacts, was not new. A couple of lessons, however, emerged and were reinforced from this encounter. One was that it can take very little in acute trauma, and even less when it is severe, to provide a welcome shift in the course of the case. If the deeply sensing osteopath can overcome the conditioning of what
should constitute a patient encounter, dare to experientially explore beyond the limitations of what is deemed evidenced – based, or challenge the secular cultural conditioning not to touch a person’s source of pain for fear of harming them, the (primary respiratory) mechanism can richly reward. What may seem so insignificant a gesture can actually yield profound results when the restricted elements of the PRM are allowed an opportunity to increase the motion needed for freedom to balance, and even with only one single hand. It must be emphasized that the same caliber of treatment result, favorably affecting the PRM, can likewise be obtained with one mechanical maneuver, by sensing and titrating obvious, sizable force, even with one hand. Trauma and its treatment, and not necessarily in proportion to one another, in terms of forces needed for release of restrictions, can occur anywhere along the biodynamic - biomechanical continuum. (This considerable variability in treatment options, coupled with awareness, within the panorama of the biodynamic – biomechanical spectrum qualifies the traditional osteopath as an “artist,” as well as a scientist.) When constraints exist, one can always try contacting the fluid Potency to allow the primacy of its unerring intelligent forces to act, if they can, within the realm of the subtle application of forces, even if “only” a palpatory presence. Dr. Viola Frymann’s advisement to clinically explore and apply osteopathy in the cranial field frontier, from a place of courage and originality, having a “pioneer spirit,” is relevant to this.

Somewhat related to this discussion, I had an experience which validated the efficacy of a “little” intervention to aid in the restoration of motion and balance for the powerful, immaterial Potency in severe acute trauma. It occurred soon after having the great fortune of being taught osteopathy in the cranial field (OCF) by Dr. James Jealous at my school, the University Of New England College Of Osteopathic Medicine. While traveling from one clinical rotation to another in the middle of a wintry night on icy roadways, I came upon a motor vehicle accident which apparently had just occurred. I immediately ran in the snowy median to where a car had crashed into a divider. There I discovered the driver, a young woman, screaming in pain, still holding the steering wheel, overwhelmed by intense fear, totally disassociated, and oblivious even to my presence. She had apparently struck the windshield with such force that a large section of it was shattered by her forehead, her integument – ruptured, somewhat deformed face, showing evidence of the severe impact. Through the missing driver’s window, I instinctively placed a hand in front of her, lightly contacting her frontals and another behind her, lightly contacting her occiput, in order to sense displaced and restricted Potency. (A subtle biodynamic approach for dysfunctional Potency, via ultra light cranial contact or even pericranial “contact” (see case below), is immediately preferred, indicated and safe in acute open or closed head injury, as long as the cardio respiratory status is viable and the cervical spine is guarded from movement during hand placement, until cervical fracture is ruled out.) Almost instantly her entire stunned, restricted cranial mechanism released - the fluid Potency began physiologically fluctuating; swelling and receding. At that same instant she lost consciousness! In the distance I saw a state trooper running towards us, and, lacking much field experience with OCF, a prayer quickly formed even though I was almost in shock myself. However, in around five seconds, which seemed an eternity, she suddenly regained consciousness – now she was totally relaxed, lucid and pain – free!

Another pertinent aside involved my daughter; two weeks post dates, born via emergency C – section with meconium aspiration. It became a concern in the neonatal intensive care unit (NICU) that bodily manipulation was fatigueing her as she was very tachypneic, despite oxygen via nasal cannula, and clearly struggling. Recalling Dr. Viola Frymann’s teaching of the possibility of sensing and treating Potency off the body surface, I placed one hand, my left, around four inches or so anterior - superior to the cranium and the other, my right, the same distance anterior to her pelvis. I soon became aware of a very hard angulated pounding sensation in the palm of my cranial hand. After a number of seconds, a PBT was reached, and the sensation ceased. Immediately her entire body was transformed: her respirations, muscle tone and skin coloration all suddenly and dramatically improved! At 22 hours after delivery she was breathing unassisted, on room oxygen, lacking all signs of pneumonia.

The traditional osteopath is encouraged, even under less than ideal conditions, to contact the Potency, in even the most severe conditions, from the most severe trauma, understanding that the application of even one hand can suffice for effective osteopathic intervention of acute (and chronic) conditions. Telling, from what is possible in the most desperate cases, is what OCF might also accomplish in everyday practice. From necessity, the answer to a question was validated unequivocally; from trying some osteopathy, with a single hand, affirming Dr. Still’s lesson of much in little and the inestimable value of osteopathy’s little things.

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1. Truhlar, DO, Robert E.: Dr. A.T. Still in the Living, Privately Published, Cleveland, Ohio, USA, 1950, p. 142.
6. Wales, DO, Anne: personal communication, Rhode Island, USA, mid – late 1980’s
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Dental Corner

MAPA: a simple tool to deal with cranial strains

A MAPA, or maxillary anterior passive appliance, is one of the simpler occlusal appliances to make and to use. It is a thin clear plastic coping covering the upper front 6 teeth. Almost all dentate adults do some nighttime clenching or grinding. This thin coping prevents normal posterior tooth contacts so that the normal clenching feedback loop is disrupted. The majority of patients say that after the first night's use, they have a much better sense of how much clenching they have been doing and that their head and neck muscles are noticeably more relaxed when they wake in the morning. This appliance can be worn occasionally or consistently during sleep time. Many people will feel their bite being a little different when they first take it out, but this self-resolves in 10 or 15 minutes.

Main indications:
1) dental patients with moderate TMD (temporomandibular disorder) or occlusal stresses (chipping teeth or restorations more than occasionally)
2) osteopathic patients that clench enough to reverse or counter the careful OMT that their physician has been providing.

Fabrication: An upper arch alginate impression, poured up with a softer stone or plaster. Trim the model to allow easy access to those anterior teeth. On a vacuum forming unit, make your splint with .060” thickness temporary splint material. My office uses a carbide bur in a high speed handpiece to cut out the needed area (a couple mm’s extra actually) and then an arbor band on a lab lathe to get closer to the final form. A good denture bur will allow for decent finishing of the borders. Don’t cover the gingiva any more than absolutely necessary. You need to mildly engage some of the undercuts of the teeth for gentle retention. If the teeth are flared or divergent, you may need to trim the splint to within a couple mm’s or less of the incisal edges to get decent draw with a little retention. Some anterior teeth have virtually no undercuts so we have sometimes made do with virtually no active retention. Nobody has choked or swallowed one (yet).

Dental labs want us dentists to use their services to make the NiTi devices. The MAPA involves the canines and not just the 2 central incisors so the MAPA provides a normal “style” of protrusive and lateral excursive guidance and works better in many situation. All you need is a vacuum forming unit and the splint material. I started out making these with .020” material which is easier to handle but most people will wear thru this too quickly (usually they perforate in the canines). A few people need more thickness than a single layer of the .060” temporary splint material to fully disclude the posteriors. We make a vacuumed coping, quickly trim the borders with some heavy shears and then melt and vacuum-form a second coping of the .060” material right over the still warm 1st coping layer. This double thickness bonds pretty well and we have never needed a triple thickness MAPA. The double thickness is tough to cut and pry off the model.

For some patients, the MAPA really gets them out of the woods on their dental or osteopathic problems and they won’t ever get caught without theirs. The clear majority know they do better with it and are conscientious in its use. About 10-15% of the patients have minimal benefit. I usually monitor the patient’s CRI for a minute, then slip a 2x2 guaze in the anterior to separate the front 6 teeth and monitor the change. Usually the change is clearly positive, but occasionally not, in which case we look at other possible interventions.

The Cranial Dental Proficiency Examinations are scheduled. For further information contact the Dento-Cranial Competency Board at 540-635-3610.
Members in the News -
David Musgrave, DO Honored By His Colleagues

Des Moines, IA – David Musgrave D.O., was honored at the 117th Annual Conference of the Iowa Osteopathic Medical Association. He was awarded the Life Service Award. The purpose of this award is to recognize those osteopathic physician members of the Association who have spent the greater part of their lives delivering health care to Iowa’s citizens, utilizing osteopathic practice and principles. In addition, they must have been active members of the Association and represented and modeled the highest ideals of the profession to their community.

Dr. Musgrave is a 1973 graduate of Des Moines University, College of Osteopathic Medicine in Des Moines. He practices osteopathic manipulative medicine in West Des Moines.

His colleague writes, "Dr. Musgrave has been a staunch supporter of our profession throughout his practicing career; always upholding the tenants of osteopathic medicine and delivering quality care to his patients. He has dedicated his life to the betterment of our profession and improving the health of his patients.”

The award was presented during the Upper Midwest Osteopathic Health Conference held April 30 – May 3, 2015 at the Embassy Suites in Des Moines, Iowa.

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Sutherland Cranial Teaching Foundation
Upcoming Courses

SCTF Continuing Studies Course: The Face
October 9–11, 2015
Embassy Suites Hotel O’Hare
500 North River Road | Rosemont, IL 60018
Course Director: Douglas E. Vick, D.O.
Faculty: SCTF Board of Trustees and Associates
Enrollment limited to 40
20 hrs 1 A CME anticipated
Cost: TBA

Limited to DOs and MDs with 3 years post-graduate clinical experience in Osteopathy in the Cranial field. Two basic courses required. One must have been an SCTF Basic Course and the other must have been an approved Basic Course. Course Director will evaluate all applications.

THIS COURSE IS FULL. A WAIT LIST IS AVAILABLE.

SCTF Basic Course: Osteopathy in the Cranial Field
June 2–6, 2016
Marian University-COM
3200 Cold Spring Road | Indianapolis, IN 46222
Hotel TBA—closest hotels are 6 miles from the campus
Course Director: Dan Moore, D.O. and SCTF Faculty
Cost: TBA

Visit our website for enrollment forms and course details: www.sctf.com
Contact: Joy Cunningham 907-868-3372
Email: jcunningham4715@yahoo.com

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BOOKS & BONES from Pacific Distributing
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**New! Double and Quadruple Size Sphenoids** Perfect for teaching. These are slightly flexible models with all the important anatomical landmarks. **Double Size $200 Quadruple Size $275**

**New! Magnetic Didactic Colored Skull - 22 parts** $367
Magnets at sutures hold skull together. Easy to assemble and has all the important anatomical landmarks- A wonderful teaching tool

**New! Flexible Disarticulated Skull** Perfect for demonstrating motility of the bones. Good sutural details $675

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**Swiss Disarticulated Skull**
This museum quality dis-articulated skull is hand molded in limited quantities to ensure the finest possible fit and finish. All pieces have the exact weight, texture, color and feel of real bone. The entire vault and base will re-articulate on sutural contact without the use of snaps or eyelets. The frontal has an open metopic suture and the occiput has beautiful wormian bones. Comes with a hard shell, foam lined case. Call for more details. **$1185.00**
Applications for Membership

(May 1, 2015 – July 15, 2015)

Regular Members*
Jonquille Bouchard DO, UNE/COM 2009
Richard Chmielewski DO, DMU/OMC 1976
Serge Gardere DO, NSU/COM 2013
Dorothy Klingmeyer DO, LECOM 2013
Rohit Mehra DO, NSU/COM 2013
Justin Rutt DO, MSU/COM 2015
Teresa Saavedra DO, NSU/COM 2011
Diana S. Sepehri-Harvey DO, TUCOM 2010
Ajay Sharma DO, Warrensville, IL
Frances Southwick DO, WVSOM 2010
Tamer Taber DO, Clarion, PA
Richard Van Buskirk DO, WVSOM 1987

International Members
Elisabeth Mende-Geyer DO, Germany
Daniel Stasiuk DO, Canada

Student Members
Catherine Batz, WVSOM 2017
Vanessa Chan, WUHS 2016
Yirong Chen, ROWAN/SOM 2016
Jared G. Cruz, LMU/DCOM 2018
Emma Desjardins, UNE/COM 2018
Clare Donahue, WUHS 2018
Alexander Frantzi, TUCOM 2018
Jacob Gallagher, NYCOM 2018
Ashley N. Garispe, WUHS 2017
Ari Goldwaser, ROWAN 2017
Christie C. Guevarra, WUHS 2017
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Gavin Kuns, UNE/COM 2018
Derek Lee, UNE/COM 2018
Mark Matusak, UNE/COM 2018
Jessica Nikandrou, MSU/COM 2017
Andrew J. Picca, WUHS 2017
Aurosis Reddy, TUCOM 2018
Sylvia Silberman, LMU/DCOM 2018
Amir Tabibnia, WUHS 2016
Richard Thai, WUHS 2017

Reinstatement Members
Karla Frey-Gittin DO, Redwood Valley, CA
E. Carlisle Holland DO, Sebastopol, CA
Joshua P. Kempf DO, Baxter, MN
Michael C. Leins DO, Fort Collins, CO
Stacey L. Pierce-Talsma DO, Vallejo, CA
Jon M. Trister MD, Worcester, MA
Michael Waddington DO, S. Windsor, CT
Kay A. Weinshienk DO, Nevada City, CA

*If no written objection is received within 30 days of publication individuals who have made application for Regular Membership will be accepted as Regular Members.

In Memoriam
Jean Guy Sicotte DO
February 28, 2015

Foundation Corner

Gifts to the Foundation are used to support the scholarship program, to purchase teaching materials and to underwrite research programs. Donations are tax deductible as charitable contributions for federal income purposes to the extent permitted by law. Donations received since May 1, 2015 include:

Pierre Arbibe MD DO
Sheila M. Brennan DO
Jean-Yves Charabouska MD DO
Arlene Dijamco MD
Michael Doerrler DO
Eric J. Dolgin DO FCA
Melvin R. Friedman DO FCA
Maria T. Gentile DO
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T. Reid Kavieff DO
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R. Paul Lee DO FAAO FCA
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The Cranial Academy Foundation, Inc. - Scholarship Pledge

Name: ___________________________ Address: ___________________________
City/State/Zip Code: ___________________________ Telephone: ___________________________
Email: ___________________________ Amount of Donation: ___________________________

Method of Payment: Credit card (circle): VISA MasterCard Check make payable to The Osteopathic Cranial Academy Foundation.

Number: ___________________________ Expiration Date: / __________

Security Code: _______________ Signature (Required): _______________

I would like my donation to go to the Frymann Scholarship Fund.
I would like my donation to go to the Tettambel Scholarship Fund.
I would like my donation to go to the Marcus Scholarship Fund.

In consideration of the gifts of others, I pledge to pay $ ___________ toward an aggregated scholarship fund for a medical student(s) from _______________ (specify Medical College or geographical region) to attend The Osteopathic Cranial Academy 40-hour Introductory Course to be offered within the coming year. Payment shall be made on a quarterly/semi-annual/annual basis (circle one).

Each aggregated scholarship will be for one-half of the cost of the 40-hour Introductory Course and the student will be notified of the names of the funding donors if given anonymously. Should no application be received from that college or region, the scholarship may be used for any other student attending the course.

I understand that a total of $1,000.00 is needed to fund one scholarship. A minimum donation of $100.00 is necessary to be earmarked for the aggregated scholarship fund.
THE SCTF BELGIUM AND THE SEOC (FRANCE)
ARE ORGANIZING, IN COLLABORATION WITH
THE SOFA (FRANCE) AND THE SCAB (BELGIUM),
A COURSE (IN FRENCH WITH SIMULTANEOUS TRANSLATION INTO ENGLISH) ON
“OSTEOPATHY AND THE DENTAL ARTS”
INTENDED FOR PROFESSIONAL DENTAL, ORTHODONTIC AND OSTEOPATHIC
PRACTITIONERS.

SEMINAR OBJECTIVES
To review and understand how bodily posture and spinal arrangement influence the position of the teeth and jaws.
To review and understand how mal positioning of the teeth, as well as dysmorphia of the upper and/or lower jaws, can disrupt bodily posture and spinal arrangement.

Lecturer: Professor Maurice Bensoussan, MD DO FCA
Specializing in Stomatology, Dentistry and Orthodontics

Dates: Friday, April 1st – Sunday, April 3rd, 2016
Please note that participation in Session One is optional – though a necessary and required prerequisite for practitioners new to these concepts – while Sessions Two and Three are mandatory for all participants.

Schedule:
Friday: 9 a.m. – 6 p.m.
Saturday: 9 a.m. – 6 p.m.
Sunday: 9 a.m. – 4 p.m.
(lunch and breaks included)

Location: LES SALONS DU RELAIS
Cour d'Honneur de la Gare de l'Est
4 rue du 8 Mai 1945 - 75010 PARIS (FRANCE)
Tel: +33 144892745 Fax: +33 144892741
e-mail: gareest.salondurelais@autogrill.net

Nearest Hotel:
Hotel Kyriad*** Gare de l’Est Paris 10 (same address as above)
Tel: +33 144892700
Price = 125 € (breakfast included: please specify « client of Salons du Relais »)

Participation Fee:
€300 for Session One
€600 for Sessions Two and Three only.
(€900 for all three sessions)
Deposit: €250 (non-refundable) upon registration.
Balance due by March 1st, 2016 (by bank transfer only) to the SEOC
IBAN (acct. #) FR34 3000 2005 1200 0000 9781 F95 - BIC code (SWIFT): CRLYFRPP
LCL Bank (centre 512) 24 rue du General De Gaulle 95880 ENGIEN-les-Bains FRANCE
NB: That payment is only possible in advance and only via Bank transfer to the SEOC.

For further information the applicant has to look at www.seoc.fr
To be registered please sent an email to contact@seoc.fr after payment of 250 euros (non refundable).
Performing arts medicine is a fledgling field, encompassing the study and care of performers within the disciplines of music, dance and drama. Osteopathic physicians are uniquely suited to care for these patients.

With its theme of “Osteopathic Contributions to Performing Arts Medicine,” the AAO’s program at OMED 2015 will explain how DOs can use osteopathic manipulative medicine to care for highly talented patients with dysfunctions that arise from singing, dancing and playing musical instruments.

Speakers will include:
- David William Shoup, DO, who has played the violin since age 7.
- Former band leader Kris Chesky, PhD, the current director of the Texas Center of Music & Medicine.
- Stephen Austin, PhD, an internationally renowned expert in vocal studies.
- Richard T. Jermyn, DO, the director of the Rowan University School of Osteopathic Medicine’s NeuroMusculoskeletal Institute.
- Rebecca Fishman, DO, a former professional dancer and singer.

Using principles developed by Jean-Pierre Barral, DO (France), participants in this course will examine the peripheral nerves of the lower body.

Program chair Kenneth J. Lossing, DO, will demonstrate visceral manipulation techniques to identify and treat dysfunctions in the general anatomy, including those affecting vascular supply, innervation, axonal transport and mechanical aspects, as well as dysfunctions resulting from lesions and trauma.

Participants will learn palpation methods for finding a nerve and for determining dysfunction by identifying lack of pliability, hardness, and nerve “buds.” In addition, participants will learn treatment approaches, effects of treatment, indications and contraindications.

Dr. Lossing studied visceral manipulation with Jean-Pierre Barral, DO (France). An internationally recognized lecturer, Dr. Lossing contributed to the second and third editions of the American Osteopathic Association’s Foundations of Osteopathic Medicine textbook. In addition, he served the AAO as its 2014-15 president.

Course Location
Midwestern University/Arizona College of Osteopathic Medicine
19555 N. 59th Ave.
Glendale, AZ 85308

Continuing Medical Education
24 credits of NMM- and FP-specific AOA Category 1-A CME anticipated.

Learn more and register at www.academyofosteopathy.org.
Osteopathic Cranial Academy

Coming Events

September 25-27, 2015 The Next Step: Advancing Your Skills in Osteopathy in the Cranial Field
Course Director: Paul E. Dart MD FCA
Associate Director: Eric J. Dolgin DO FCA
Hilton, Arlington, Virginia

November 13-15, 2015 Healing From Traumatic Brain Injury: Advanced Studies
Course Director: Maud Nerman DO
NYCOM, Old Westbury, New York

January 2016 Ophthalmologic Principles and Their Relationship to OCA
Course Director: Paul E. Dart, MD FCA
Eugene, Oregon

February 13-17, 2016 Midwinter Introductory Course in Osteopathy in the Cranial Field
Course Director: Zina Pelkey DO

February 19-21, 2016 Changing Lives: Osteopathy's Gift to Children Course
Course Director: Margaret A. Sorrel DO FCA

April 2016 Teachings of Robert Fulford DO FCA
Portland, Oregon

June 11-15, 2016 June Introductory Course in Osteopathy in the Cranial Field
Course Director: Eric J. Dolgin DO FCA
Crowne Plaza, Redondo Beach, California

June 16-19, 2016 Annual Conference
Our Triune Nature: Approaches Supporting the Health Conference Director: Tudor C. Marinescu MD PhD and Yusuf Erskine DO
Crowne Plaza, Redondo Beach, California

Website: www.cranialacademy.org/curriculum.html

Osteopathic Cranial Academy
Proficiency Examination

Thursday, June 16, 2016
Crowne Plaza
Redondo Beach, California

Application Fee: $100.00
Testing Fee $150.00

Contact The Osteopathic Cranial Academy for prerequisites and registration information.

Application Deadline
November 30, 2015