Clinic Helps Brain Injured Recover Their Lives

Imagine waking up in a hospital after a severe accident. You remember you were an accountant, or a doctor, or a college student. Now, routine tasks like tying your shoes are a challenge. That’s how persons who suffer traumatic brain injuries can feel.

MSU-COM’s Brain Injury Rehabilitation program helps patients recover skills and capabilities lost due to brain trauma. The overall goal of the program is to return the patient to a normal lifestyle and employment or at least to obtain the most independent and productive lifestyle possible.

On May 10 and 11 the Division of Rehabilitation Medicine sponsored a seminar entitled “Neurobehavioral Rehabilitation of the Brain Injured Child and Adult,” which was designed to introduce participants to the concepts behind the program’s approach to brain injury rehabilitation. The highly successful conference was attended by 67 professionals.

Madhav Kulkarni, chairperson of the seminar and coordinator of the neuro-rehabilitation program, said the program has been able to help roughly 80 percent of the brain-injured patients who enter it to full or protected employment, a high rate of success for rehabilitation programs.

“In our program, we are not taking care of [the patients], but rather, we are making sure that they can take care of themselves. It is a little bit different from other programs in terms of emphasis and approach,” Kulkarni said. “It is an innovative program. It is not done the same way in other centers.”

Many rehabilitation programs focus on merely modifying the patient’s behavior. The MSU program uses a cognitive-perceptual-motor approach, integrating all functions of the brain in the patient’s recovery. The process emphasizes sensory-motor integration.

A behavioral response to the environment is the result of a patient receiving (sensing) information, analyzing the information and acting on that information. Kulkarni said disruption of the brain through injury could result in any of those links in the thought processes being changed, leading to inappropriate behavior.

“We want to look at whether the information is being received well, whether it is being integrated with the sensory nervous system in various parts of the brain and whether the patient is coming out with a good response,” Kulkarni said.

Kulkarni said the program’s approach was not tied to any one theory about recovery from traumatic brain injury.

“It is a holistic approach, and it is an eclectic approach. It doesn’t base itself on any one theory, but borrows from a lot of theories,” he said.

The clinic uses a team approach offering services for patients including physiatrists (medical rehabilitation), psychological assessment and counseling, biofeedback.

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"Our purpose in medical rehabilitation is to 'add life to years, not merely years to life,'" Stanton said. "And our success is measured by our patients' satisfaction with their life."

physical therapy, occupational therapy, vocational counseling, speech-language therapy, nutrition services and family counseling.

When a patient first comes to the clinic, he or she is given a comprehensive evaluation to determine how severe the problem is and what services will be required.

"All members of the team evaluate the patient and then we have a team meeting to establish a long-term goal and short-term goals," Kulkarni said. He said an example of a long-term goal may be to return to full employment, while a short-term goal could be to improve speech ability or balance.

Every two months the team meets to review the patient's progress. There is also a lot of informal contact among team members.

Because of the nature of traumatic brain injuries, patients often have emotional and psychological problems. Joel Kelley, the clinic staff psychologist, said it is important to help patients identify resources they have available to them, both within themselves and among their families and friends.

"Rehabilitation is a redevelopment or a re-deployment of the patient's individual and personal resources," Kelley said.

Kelley said that although he doesn't like to give the idea that the clinic rebuilds personalities, some patients require a lot of work to help them find new ways to approach their problems.

"Sometimes we're not adding a little, sometimes we're adding a lot," he said.

Donald Stanton, medical director of the clinic, said the nature of a brain injury is what makes it so difficult for patients to recover.

"If it were just a physical process it would be easier. It's a psycho-social-economic as well as medical problem," he said.

The physical side of rehabilitation of brain-injured patients is concerned mostly with improving neuromuscular function, gross and fine motor coordination and the sense of balance and kinesthesia. A brain-injured patient may be unable to properly sense the location of his or her hand, or may find it hard to stand upright due to balance difficulties. By having patients perform simple exercises and activities and gradually work up to more complex ones, it is possible to improve coordination and balance.

Exercise and activities, both alone and in groups, also help patients regain confidence, motivation and self-esteem. If a patient enjoyed playing basketball before suffering an accident, then activities related to basketball will help the patient physically and mentally.

Motivation is one of the most important parts of the recovery process, Stanton said.

"That's the first stage of rehabilitation: to show these people enough hope that will allow development of motivation in a positive way. This is where we most often fail," he said.

Stanton emphasized that motivation is part of the process of any rehabilitation program.

"Yet I'll hear people say 'We won't take them into our program because they aren't motivated,'" he said. "They're the ones who belong in [these type of programs], the ones that aren't motivated, the ones we should be working with."

The second stage of rehabilitation is the setting of realistic goals. That can be difficult if an injury narrows the choices for a disabled person.

"It's a natural process to mature and grow generally within our capabilities. Once you've done that and then you lose a major portion of your capabilities, that's a tremendous emotional upheaval," Stanton said.

As a patient progresses through rehabilitation, eventually he or she will reach a stage Kelley likens to adolescence, a period where dependency on others will end. He said it was important to teach patients to eventually strike out on their own.

Vocational evaluation and counseling is an integral part of the rehabilitation program, so the patient is ready to enter competitive employment (if possible) upon completion of the rehabilitation process.

Kulkarni stressed that, while the ultimate goal of the program is employment, patients have to be allowed to make their own decisions and discover their own limitations.

"Every case is an individual," Kulkarni said.

"Our purpose in medical rehabilitation is to 'add life to years, not merely years to life,'" Stanton said. "And our success is measured by our patients' satisfaction with their lives."
COM Hosts Open House

An open house hosted by MSU-COM drew more than 300 people interested in learning more about D.O.s and osteopathic medicine.

The open house, held Saturday, May 19 in the Fee Halls, gave prospective medical students and their families a chance to tour the anatomy labs and the Interactive Learning Resource Center, where students have access to state-of-the-art computer and laser disc technology. There were also exhibits by the college and students, including a demonstration of osteopathic manipulative therapy by the Undergraduate American Academy of Osteopathy and blood pressure screening by the Emergency Medicine Club. Free refreshments were served.

Additional exhibits were presented on osteopathic physicians, the admissions process, financial aid, the school curriculum and alumni, as well as exhibits prepared by student organizations including the Classes of '92 and '93, Student Council, the Student Osteopathic Medical Association, the Association of Black Osteopathic Medical Students, the Undergraduate Osteopathic Academy of Sports Medicine, and the International Health Project.
MSU-COM Serves Community with CRISTO REY

"It is one of the most efficient and effective community resources that I've had the experience of working with," Barbara Ross-Lee said. “There's a lot of caring in that center.”

Osteopathic physicians are philosophically committed to serving the underserved. The commitment of MSU-COM's department of Family Medicine at Cristo Rey community center in Lansing is an example of how the College supports that responsibility.

Clinic director and health program coordinator Tomas Velasquez said the clinic opened in 1978 to serve the community. Velasquez said 35 percent of the patients at Cristo Rey have no insurance, and the remainder receive Medicaid and/or Medicare.

"We serve the indigent, the needy and the poor," Velasquez said.

MSU-COM doctors are at the clinic four half-days a week. Barbara Ross-Lee, chairperson of the Department of Family Medicine, and John Thornburg and Richard Griffin, professors of family medicine, attend the clinic together with students and family medicine residents. Ross-Lee said the clinic fits in well with the goals of the department and the college.

"The College’s mission is to graduate physicians capable of delivering high-quality primary care. This clinic is a primary care clinic organized to facilitate access and continuity of care to the medically indigent,” she said.

She added that the clinic allows osteopathic physician trainees to interact with patients within the context of the cultural, social and economic influences on their health or disease.

"We are treating the whole patient, considering all the influences on that patient’s health, cultural, psychosocial and family,” Ross-Lee said.

Not only does the program fit the College’s mission, Ross-Lee pointed out the university has a similar mission.

"MSU is a land-grant university, dedicated to developing programs that would be of service to all citizens of the state," she said.

Cristo Rey community center first opened in 1968. The center moved to its present location in the old High Street school on Lansing’s North side in 1986. The center has a community kitchen as well as the clinic. It has a unique niche in Lansing because of the position it occupies as part of the city’s Hispanic community. Sixty percent of the clinic’s patients are Hispanic and 30 percent are African American.

Velasquez said this was not an intentional purpose on the part of the center, but rather a result of its location in a predominantly Hispanic neighborhood. The center has developed into more than just a place where

Continued on page 10
New Handbook Assists ILRC Users

A new handbook for users of the Interactive Learning Resource Center (ILRC) will help students and faculty take full advantage of the resources available to them.

"The ILRC is being used. The place is packed around exam time," said John Williamson, personnel supervisor for the ILRC. "We have a lot of instructional materials, but we're not certain they're being taken advantage of fully."

Williamson said many students and faculty either were not aware or did not have time to find out all the different study aids and materials available to them. He said the extensive ILRC videotape catalog was an example of a resource not being used to its fullest potential, as well as the computer-aided instructional materials.

"Computers are still underutilized, even though growth in that area has been phenomenal," he said.

The handbook includes information on hardware, software and center resources. It also includes a glossary of computer terms. It will be distributed to students and faculty and made available in the center.

Williamson said he hopes the handbook will act as a link to allow faculty and students to utilize the ILRC more efficiently. He hopes it will also make people aware of what resources are available now.

"What we have is probably more extensive than people realize," he said.

The ILRC is currently located in room E-4 in the basement of Fee Hall. In addition to computer assisted and laserdisc technology, the ILRC provides instructional materials in a variety of media, including audiotape, reference books, slide/tape programs and videotape.

Facilities include four MacIntosh computers and four IBM compatible computers which are connected to a common file server that allows sharing of software. The file server provides access to programs and data files stored on a 160 megabyte hard disk.

Programs available on the MacIntosh include Heart Lab, General Pathology Labs, Hyperbrain, CNS Neoplasms and CNS Cytopathology, some of which use the generic video disc "Slice of Life." Various general purpose software, including MacDraw II, Word, Excel, Hypercard and WordPerfect are available for the Macintosh as well.

Programs for IBM compatibles include Electronic Medical Reference, Electronic Physician's Drug Reference, the quarterly journal Cyberlog, Introduction to Cardiovascular Examination and Upjohn simulations, including "Dermcal," "Endocal," "Mical," "Psycal."

In addition to providing information about current holdings and capabilities, Williamson sees the handbook as a step in the upgrading of the ILRC which is taking place. New facilities are being prepared for the ILRC and new equipment and materials will be acquired.

"We'll definitely be doing an update when we move into the new facilities, Williamson said.

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The ILRC handbook includes information on hardware, software and center resources. It also includes a glossary of computer terms.
**Graduate Medical Education**

**Cornwell Sees Improvement In GME**

Robert Cornwell, director of medical education at the Michigan Health Center in Detroit, has no doubt about the state of osteopathic medical education in Michigan.

"I'd put our hospitals up against anybody's," he said.

Cornwell said GME has been improving in Michigan over the past decade. He attributes it to renewed dedication on the part of administrators and a new emphasis on education.

Cornwell's work in medical education began in 1961 when he began teaching at Kansas City College of Osteopathic Medicine, where he later served as associate dean for academic affairs.

"Twenty of my 32 years in practice have been in medical education," he said.

After leaving KCCOM, Cornwell came to work in Michigan, first in Jackson, later with Botsford and Detroit Osteopathic Hospital.

Cornwell said many directors of medical education (DMEs) in the past had been doctors in semi-retirement who weren't trained in education or educational methods and had no resources to turn to for help. Now, he said, DMEs in Michigan are professionals at the peak of their careers.

"Now if you come to one of our DME meetings, I'm the oldest. I did it [became DME] by choice. It's not a retirement thing," Cornwell said.

Cornwell credits MSU-COM with supplying support for educational development.

"I think the change has been dramatic, and I think very frankly a lot of that has been the backing of Michigan State and the assistance of Dean Magen," he said.

Cornwell wrote to Michigan legislators saying further Medicaid cuts to medical education would do great harm to patient care. He proposed that rather than cutting Medicaid, legislators redirect its educational use.

Cornwell said that didn't mean there was no more room for improvement. He cited didactic presentations as an area that needed work.

Part of the reason DMEs are becoming more professional educators is that hospitals are seeking to improve their medical house staff.

"The hospitals recognize that with the malpractice issue they need quality house staff," he said. To attract quality residents, educational programs have to be strong.

Cornwell said that education and patient care are becoming so integrated that administrators are recognizing how much they need coverage through house staff.

The inner city hospital, however, faces problems that other hospitals don't have to deal with, Cornwell said. State cuts in Medicaid funding are hurting such hospitals.

Studies show that Medicaid only pays about 76 cents per dollar of hospital costs in Michigan and, Cornwell said, about 40 percent of the patients at Michigan Health Center were Medicaid patients. He said.

"There is a marked difference in the management of inner-city patients and the types and circumstances of disease they have that are different from suburban patients," Cornwell said.
Graduate Medical Education

Cornwell wrote to Michigan legislators saying further Medicaid cuts to medical education would do great harm to patient care. He proposed that rather than cutting Medicaid, legislators redirect its educational use.

For example, Cornwell proposed that house staff be required to devote 10 to 20 percent of their time in community-based ambulatory care clinics. He said this move would not only mean more physicians in the inner city, but could result in lower health care costs overall through better preventive medicine.

Because of the greater need and lower financial rewards in urban settings, Cornwell said students often don’t stay.

“They like to come here for education, but we can’t get them to stay here,” he said.

Despite the problems facing the inner-city hospitals, Cornwell says he plans to remain in medical education. He said he enjoys working with young people as they pursue their education.

“Young people are so stimulating. They’re so idealistic,” he said.

Cornwell said he has been very happy with his choice of profession.

“Our profession has done tremendous things for me. If I continue for the rest of my life I can never pay back what our profession has done for me,” he said.

Medicaid Ruling May Cost State $100 Million

A federal judge’s ruling that Michigan has set illegally low Medicaid reimbursement levels may cost the state $100 million, a budget official says.

Paul Reinhart, the Department of Management and Budget official in charge of the Department of Social Services budget, said U.S. District Judge Robert Bell’s ruling could cost the state $100 million if applied to the entire 1990 fiscal year.

In late April, Bell ruled in favor of the Michigan Hospital Association (MHA) in its suit against the state. MHA, together with other health care organizations, sued the state over Medicaid reimbursement, saying Michigan’s policies set illegally low reimbursement rates.

A spokesperson for the Department of Social Services said the state was studying the ruling and had not decided whether to appeal.

Medicaid is funded by the states, which determine eligibility and health services covered. The federal government pays around 55 percent of the state’s costs.

A study by Harold Cohen, a nationally noted health care finance expert, found Medicaid reimbursement to hospitals covered only 76 cents for each dollar of cost in Michigan. Pat Foley, MHA public affairs specialist, said the state would find it hard to win an appeal based on the record of the case.

“He (Bell) found little or no evidence to support the state’s claim that it had been paying hospitals fairly,” Foley said.

Foley did not dispute the $100 million estimate of the ruling’s cost.

“If they want to get the point across that it’s going to be expensive, well, we knew it was going to be. Hospitals have been absorbing these costs for years,” Foley said.

Reinhart said the state was still determining what the final cost will be. He said the ruling would require the state to use a 1987 reimbursement plan and adjust it upwards for inflation, approximately 25 percent.

Reinhart’s estimate of $100 million agrees with MHA estimates that Michigan hospitals are underfunded by around that amount.

MHA estimated that 75 percent of Michigan hospitals were losing money. Eighty percent of rural hospitals lose money.

MHA president Spencer Johnson said he hoped the ruling would lead Michigan to reevaluate its entire health care policy.
Students Travel to Turkey for International Meeting

Marianne Soden and Ted Van Acker, COM ’90 students, travelled to Izmir, Turkey in March to attend a meeting of the International Federation of Medical Students’ Associations (IFMSA) as representatives of the International Health Project (IHP) at MSU.

The students arranged exchanges for medical students and participated in discussions on world health problems at the conference.

Van Acker said one such presentation at the conference discussed the practices of some drug companies which market drugs in third world countries without including information on side effects and contraindications required in the U.S. and European markets.

The two also participated in a three-day exchange officers meeting in Cesme, Turkey, where they arranged for bilateral exchanges of U.S. and foreign medical students.

Bilateral exchanges involve a one to three month rotation in an IFMSA participating country for the U.S. student, who in return hosts a student from that country who comes to the U.S. Clinical experiences for the visiting students are arranged with the help of Walter Mill, professor of osteopathic medicine.

Van Acker said the Turkish people were very hospitable and the setting of the conference, at a resort on the Aegean Sea, breathtaking.

Around 50 countries participated in the exchange officers’ meeting, Van Acker said. Countries represented ranged from Austria to Zimbabwe and included many in between.

While the U.S. is not a full member country in IFMSA, MSU-COM students have participated in exchange programs through the organization.

There are some problems in arranging such exchanges because the U.S. is not a full member of IFMSA. For example, student organizations in full member countries include the cost of the visiting student's room and board as part of their budget. IHP asks students to host visiting foreign students as part of their commitment to the exchange program.

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Fee Follies plays at Wharton

The Fee Follies revue for 1990 played to a diverse audience at Wharton Center April 21. The revue raised $1,700 for the Class of 1992 graduation fund.

The Follies executive producer Shawn Bolton said the program, although a lot of work, went very well on the night of the performance.

"We're a pretty talented bunch of people," Bolton said.

Fee Follies is a chance for COM students and faculty to show talents outside the medical field, whether acting, singing, dancing or clowning around.

The evening performance, called "As the Budget Shrinks: the Life and Times of COM" was hosted by Mark Wein and Laura Hershkowitz. Bolton said a lot of the credit for the program’s success went to Scot Hendrick, the director and stage manager. "It wouldn't have been possible without him," she said.

Bolton said patrons had been particularly generous in donating money to cover costs for the revue. She said good financial support took some of the pressure off the production's ticket sales.

This was the first year Fee Follies was held at the Wharton Center. Previous productions had been held in the Hannah Ballroom. Bolton said the presence of a real stage and the Wharton's backstage assistance made the program run more smoothly and look more professional.

Skits, dance and musical numbers were performed by students and faculty. Among the skits and musical numbers performed were "The Organ is Right/Problems with PE" performed by Craig Miller, Kathy Zwick, Sue Seymour, Nena Valentino, Jenni Tabor and "Big Pete and Joe the Joker," "The Greatest Love of All," sung by Mandy Bradfield, and "Glory of Love," choreographed and performed by Roberto Corales.
Alumni News

Mark Kiffer, COM '79, has relocated his family practice to Clio Family Health Care. Kiffer is a member of the Flint Osteopathic Hospital staff. He has an active interest in sports medicine and provides medical coverage for local high school teams.

Douglas H. Joyce, COM '81, sent in an update on his recent work. He and his wife Debbie are living in Medford, N.J., where they have a five-year-old daughter Elyse and a new son, Douglas. The elder Douglas Joyce is currently performing pediatric and adult open heart surgery as a member of the staff at the Deborah Heart and Lung Center in Browns Mills, N.J. He is also the director of the surgical residency/fellowship programs at Deborah and has recently been named clinical assistant professor of surgery at the UMDNJ-Robert Wood Johnson Medical School in New Brunswick, N.J.

Thomas A. Naegle, COM '83, is coordinating an AOA-accredited continuing medical education seminar on computer medicine for Oct. 4 to 7. For more information, contact him at 4221 Indian Springs, NE, Albuquerque, NM 87109.

Patricia Grenna, COM '86, announces her engagement to Bruce Tryon of Montana. Grenna is in her last year of residency at Henry Ford Hospital in Detroit. Tryon majored in aerospace engineering at Purdue University. The wedding is planned for July and will be held in Montana.

Rebecca G. Poetschke-Snider, COM '86, and her husband Alan H. Snider announce the birth of their first child, Adam Paul Snider, born Feb. 26. Adam weighed 9 pounds, 14 ounces and was 22 inches long "and is growing like a weed," she writes. "He's the most precious thing in our lives!"

She added that Snider was recently boarded certified in orthopedic surgery and has a busy solo practice in Tecumseh. Poetschke-Snider is completing her residency in neurology at Detroit Medical Center and will open a solo practice in general neurology this fall in Tecumseh. She will be presenting a poster at the annual American Academy of Neurology meeting in Miami, Fla. this year. She presented a poster at last year's meeting in Chicago.

Elisa Ginter Villanueva, COM '86, her husband Bernardo and son Daniel announce the birth of second son Joshua Ariel. She writes to say they have traveled to South America several times since graduation. She adds: "I had the unique experience of doing a six-week medical rotation in pediatrics and obstetrics in Paraguay last spring." She is currently working in Lansing in association with COM '79 grad Harold Roth.

David Semeyn, COM '87, has joined the Montrose Clinic in Montrose. Semeyn served an internship and completed a family practice residency at Flint Osteopathic Hospital. "I can really say I love my job. I enjoy family practice because we see different people every day and are able to help them," he said.

Faculty News


Rex Carrow, Lawrence Ross and Joseph Vorro, Anatomy, have received certification in sectional imaging and clinical problem solving for the teaching of gross anatomy. The coursework and certification was completed at the Temple University School of Medicine. Imaging procedures included MRI, CT and ultrasound techniques.

James Davis, Family Medicine, has been elected president-elect to the Ingham County Association of Osteopathic Physicians and Surgeons. The society's objective is to get people involved in local, state and national osteopathic associations. Davis is also a
fellow in the American College of General Practitioners.

Kusum Kumar, Pathology, was granted an award of $8,000 for her work in interactive videodisc instruction in pathology from Integrated Technologies Curriculum Development.

Annual Alumni Football Weekend Update

Due to increases in season ticket sales, the University will not be able to inform the MSU-COM Alumni Association of the availability of tickets for the Annual Alumni Football weekend, scheduled this year for Oct. 6, until mid- to late summer.

Alumni should mark this important date on their calendars, when the Spartans go up against the Iowa Hawkeyes at Spartan stadium. A brochure about the weekend will be sent out as soon as the ticket information becomes available.

COM Participates in MAOP&S Conference


On the final day of the conference, Associate Dean Douglas Wood gave a presentation entitled "Postgraduate Education: Where Have We Been and Where are we Going?" Howard A. Dean, Internal Medicine, gave a presentation entitled "The Role of Diet in Gastrointestinal Disease" and John R. Downs, Osteopathic Medicine, presented "Exercise Testing and Prescription In Older Age Groups." Other presentations were given by clinical faculty members Pat McClellan and Jeffrey M. Bruner, as well as COM '81 graduate Mary Puls. Professor of Community Health Science Howard Teitelbaum spoke April 28 at a luncheon for MSU-COM students. MSU-COM also hosted a hospitality suite and sponsored a display booth at the conference.

Graphic Artist Brings New Look

Communique welcomes graphic artist Derek Fredericksen with this issue. Derek, a student in telecommunication, will be preparing layout and graphics for Communique, as well as other publications produced by the offices of Health Information and Continuing Medical Education.

people receive medical care and assistance and has become an important part of the community life, she said.

"If this place is open, people are here," Velasquez said.

The clinic is open five days a week and also focuses on health education for youths and young mothers and substance abuse education. "We help in whatever way we can," Velasquez said.

Ross-Lee said many hospitals in the area recognize the clinic as a place to send emergency room patients for follow-up care.

"It provides care to patients who otherwise would not have access to continuous care," she said.

Ross-Lee said the center's linkages with the community were an important part of its success.

"It is one of the most efficient and effective community resources that I've had the experience of working with," she said.

"There's a lot of caring in that center."
Continuing Medical Education

June 18-22
Principles of Manual Medicine
Principles of Manual Medicine is a combination of didactic lectures and hands-on experience sufficient to understand the principles involved in the diagnosis and treatment of musculoskeletal disorders amenable to manual medicine methods. Emphasis will be placed on the integration of manual medicine into total health care. The class is restricted to 40 participants. Principles of Manual Medicine is the prerequisite conference for all other postgraduate manual medicine courses offered by MSU. Registration is on a “first come, first served” basis. No phone reservations accepted. Faculty includes John Bourdillion, F.R.C.S.; Mark Bookhout, M.S., P.T.; Allan Jacobs, D.O., chairperson; Todd Holmes, M.D.; Edward Isaacs, M.D. Sponsored by MSU-COM and MSU College of Human Medicine. 40 hours Category I credit. Cost is $1000 or $500 for physicians in training.

July 6-7
8th Annual Cardiopulmonary Conference
Primary Medicine: Management of Rheumatologic and Pulmonary Diseases
Faculty includes Carol A. Beals, M.D.; Richard Pascucci, D.O.; Georgina Sanders, D.O.; and Robert G. Vaclav, D.O. To be held at the Grand Traverse Resort in Grand Traverse, Mich. Sponsored by MSU-COM and Riker Laboratories. Cost is $125 or $65 for physicians in training. 10 hours Category I credit.

July 20-21
4th Annual Alumni Mid-year Conference
Clinical Review: A Series of Topics for Community Physicians

August 3-5
Tutorial on Level II Myofascial Release Technique
Myofascial II continues to build on concepts covered in Myofascial I. Along with review of basic material, emphasis is placed on mechanics and myofascial problems above the diaphragm. Introduction for myofascial relationships to bone and joint mechanics are introduced and covered in some depth. Previous training in Principles of Manual Medicine and Level I Myofascial Release Technique required. Faculty includes Robert Ward, D.O., F.A.O.O., chairperson. To be held at the Homestead Resort in Glen Arbor, Mich. 24 hours Category I credit. Sponsored by MSU-COM and the College of Human Medicine. Cost is $600 or $300 to physicians in training.

For more information or to register for any of the courses, contact the Office of Continuing Medical Education, MSU-COM, A306 East Fee Hall, East Lansing, MI 48824-1316, or call (517) 353-9714.

Unless otherwise noted, all courses are held at the MSU Kellogg Center for Continuing Education on Harrison Road in East Lansing.
Students, from page eight

Last fall, two students from Innsbruck, Austria, enrolled in two-month clerkships at Traverse City Osteopathic Hospital.

Van Acker said exchanges with the U.S. were in great demand because of the reputation of U.S. medicine.

"At the meeting we were inundated with requests," he said. He and Soden negotiated 12 to 14 exchanges at the meeting.

Van Acker said foreign medical students are highly aware of osteopathic medicine, because the majority of participation in IFMSA in the U.S. is by osteopathic students.

"We're doing our best to promote osteopathic medicine world-wide," Van Acker said.

Van Acker likened the experience of meeting such diverse people and cultures to attending the U.N. After the program, the two were able to tour the city of Istanbul and visit a Turkish hospital.

Van Acker said Dean Myron S. Magen deserved a special thank you for making the trip possible, and also wished to thank Walter Mill. He said persons wishing to help house foreign medical students participating in the exchange program should contact:

Ted Van Acker
Box 527 Fee Hall
Michigan State University
East Lansing, MI 48824

Physicians interested in having a foreign student participate in a rotation with them should contact:

Dr. Walter Mill
B405 West Fee Hall
Michigan State University
East Lansing, MI 48824

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