Rehabilitation:
Body, Minds, Lives
Helping persons to recover as much as possible what they have lost — whether it is function, control, memory, the ability to be pain-free, or their very personhood — is a hallmark of the osteopathic profession. Short of pure osteopathic manual medicine, there is probably no area in which our profession’s principles become more clearly visible than in the day-to-day practice of rehabilitating bodies, minds and lives.

Why? Because such healing requires the holistic approach that osteopathic principles teach us. A parent recovering from a stroke, a young person struggling with a closed-head football injury, a husband coping with the devastation of rheumatoid arthritis — these and many other conditions impact the totality of families and individuals. They change how people feel, move, relate, work, play, sleep, organize and furnish their households, spend and save their money. They impact not only the bodies of the patients, but their minds, emotions, spirits, family and friends, workplace and ultimately, their community and state.

When physicians are wise enough to recognize and to help patients and their significant others to deal with all of these factors, healing is enhanced. When physicians are sensitive enough to listen to patients’ concerns and to help them identify their demons, they find that patients are freer to concentrate on healthy living.

I’m proud that students at the MSU College of Osteopathic Medicine are selected in part for their compassion, ability to relate and listen to patients, and demonstrated commitment to service. I’m proud that they graduate with these attributes honed and intensified, and that we see, even decades later, our alumni continuing this kind of person-centered comprehensive care.

This issue of Communiqué tells the stories of rehabilitation — of those who are recovering what they have lost and those of our osteopathic family who are helping them to do it. We know that these physicians are representatives of so many in our profession, and we thank all of you who heal holistically.

William D. Strampel, D.O.
Dean
Cheering Section

Rehabilitation Team Leads Patients to Better Health

by Steven D. Bevier

Most of us have spent at least some time in a hospital either as a patient or visitor. However, when an injury or illness is taken care of, not everyone is ready to return to a normal life. Many patients check out of the hospital weakened or functionally impaired. Perhaps they have trouble walking or speaking, or are unable to dress themselves, or simply need to regain their strength to resume their daily lives.

During their stay, patient days are structured so that every activity contributes to the rehab process. For example, they work on getting out of bed, dressing and bathing on their own and they eat all their meals in a dining room rather than the patient room, to practice home-like feeding skills. Most importantly, patients receive formal therapy for several hours each day. Each therapist, under physician direction, crafts a rehab program that addresses the patient’s current condition and needs.

The Center allows each patient to get the close attention he or she needs. “Each person’s care is individualized,” explains Dr. Wieting. “We have to ask, ‘What can the patients handle physically? Do they have other health problems?’ We also have to look at their home environment. Will they need to climb stairs or stand a lot while working? Then we talk with the patient and the family to set specific goals for recovery.” The patient-centered osteopathic approach is integrated into each person’s care.

A critical key to rehab is the team approach. Each patient has a physiatrist who directs the overall care, but one doctor can’t accomplish that without the input of the therapists and nurses who work directly with the patient on a daily basis. The Rehab Center has a large staff including trained rehab nurses, physical therapists, occupational therapists, speech therapists, psychologists, dieticians, a recreational therapist, social worker and counselors. Each team member evaluates the patient as appropriate and they work together to build the patient’s individualized rehab program.

Patients and their families are also included on the team, as they are vital to the rehab process. Family members are encouraged to be active in the therapy sessions since they are often asked to provide some level of care after the patient goes home.

Most importantly, there are team conferences, in which the doctor, therapists, and family members can meet with the patient to discuss his or her progress. The conferences are vital to communication among all team members and are essential to ensure patients get the help they need. Each patient also has a primary care doctor who monitors the non-rehab medical needs and helps the transition from hospital to rehab and back to the home.

There is also the emotional support that helps patients improve. “We all become their cheering section,” says Dr. Wieting.

The average stay in the Rehab Center is about two weeks and the majority of patients – more than 75% – end up returning to their homes, or another community-based setting. That makes a big difference to those who would otherwise need to enter an institutionalized living facility.

In the Regional Medical Center’s Rehabilitation Center is one of leading programs of its kind. It was the first comprehensive rehabilitation program in Lansing to be accredited by the Commission on Accreditation of Rehabilitation Facilities, and is also accredited by the AOAR and the Joint Commission for Accreditation of Healthcare Organizations. There is a full range of rehab services available from nutritional help to prosthetics and orthotics. Of course, as part of a teaching hospital, medical students, interns, residents and therapy students also get a chance to learn the skills of rehabilitation medicine.

Dr. Wieting says proof of the Rehabilitation Center’s success is the health and functional gains of its patients. “We survey the patients and families when they leave and 99% say their experience was good or very good and that we helped them improve. “The patient-centered osteopathic approach is vital as communication among all team members is essential.”

More than a Mascot

by Steven D. Bevier

Ingham Regional Medical Center’s Rehabilitation Center has a large team of doctors, nurses, and therapists, who work hard to provide care for their patients. However, there’s one team member that stands out – mostly because he stands on four legs.

That member is Hershey, a one-year-old Labrador retriever who is part of a pet therapy program at the hospital. Pet therapy is a common practice for rehab patients working through a variety of problems. Petting animals can help patients with weakness in their arms and hands, talking to them is useful for those with speech problems, and the companionship the animals provide can ease depression and stress. Studies have shown simply holding or petting an animal can lower blood pressure and reduce anxiety, according to Kelly Adams, a certified therapeutic recreation specialist at Ingham and Hershey’s owner.

One night a week, the Rehab Center has a regular pet therapy session with all the patients and dogs brought in by members of the community – some of them licensed therapy dogs. The rest of the week, Hershey’s presence provides a supplement to the regular sessions. He spends part of his day relaxing in the office, but when he puts on his green vest, he knows that it is time to go to work. Ms. Adams explains how pets take part in the therapy.

“For example, if a patient has weakness on the left side, we make Hershey sit on that side so the patient has to pet him with the left hand.” It’s a fun alternative for the patients, and Hershey seems to enjoy it as well.

Hershey was originally trained to be an assistance animal by Paws with a Cause, which provides pets for people with disabilities. Volunteers take dogs like Hershey and put them through testing to show that they are comfortable with people and able to obey commands.

Unfortunately, Hershey wasn’t able to continue with the program because of weak joints, so he was adopted by Ms. Adams. His training didn’t go to waste, since it made him well-suited to work with rehab patients. She started bringing him to work, and now he is in the clinic almost every day, ready to pick in whichever he is needed.

Hershey the day at work with rehab patients and his owner, Kelly Adams (above right).
by Steven D. Bevier

Traumatic brain injuries can be devastating to patients and their families due to the dramatic changes in their lives. TBI patients can be physically healthy, but suffer from a variety of memory and cognitive problems, and display significant changes in behavior. In the worst cases, such people are unable to hold jobs, stay in school, or simply handle everyday tasks that others take for granted.

Recognizing the need for intensive, specialized care of brain injury patients, Michigan State University and Peckham Inc. teamed up to create the Origami Brain Injury Rehabilitation Center, a residential facility designed specifically to help those adjusting to life after brain trauma. It is a joint venture between the MSU HealthTeam and Peckham, a non-profit company that provides job training and placement for people with disabilities. MSUCOM provides its expertise in medicine and rehabilitation, while Peckham provides resources and experience in vocational training and helping people return to a community setting.

The center’s medical services are supplied primarily by the Department of Physical Medicine and Rehabilitation and its chairperson, Margaret Fankhauser, D.O., who is medical director at Origami. “Brain injuries are a special challenge,” she says, “because patients often appear normal, but are struggling with mental function. Sometimes even the patient doesn’t realize that something is wrong. It can be difficult for families because the personality can change completely. Origami gives people with brain injury a place to go where they can get supervision and learn skills they need to live normal lives again.”

Origami is a 16-bed facility that sits on 34 acres of land in Mason, a few miles from the MSU campus. It includes a large ranch house, surrounded by gardens and wooded trails. There is a staff of approximately 50 people – full-time, part-time and volunteer workers – who organize and manage the facility and provide therapy and care for the residents. There are occupational, physical and speech therapists, psychologists, and other specialists to treat adults with mild to severe brain injuries.

Each resident has a rehab program that is adapted to the individual’s specific needs, and every activity is designed to help improve function. “Structure is very important,” says Dr. Fankhauser. “Getting residents into routines keeps them focused and helps them accomplish all the things they need to do in a day, from getting dressed in the morning to eating dinner.” The residents live in a family-like atmosphere. They share meals in the dining area, and everyone has his or her own chores and responsibilities.

Origami has a number of programs on site that not only keep the residents active, but help them develop the skills they need to interact in the community. The center utilizes programs for music therapy, horseback riding, mall walks and other activities. The gardens are tended by residents, and include raised planters for those in wheelchairs. There is a golf cart and groomed trails on site for residents to practice their driving skills. They build crafts and other items in the center’s woodshop. In fact, the shop itself was built by Origami residents. “Our maintenance crew helped them draw plans and decide what materials would be needed,” adds Dr. Fankhauser. “When they made a mistake in measurements, we let them discover the mistake themselves so they could see what went wrong and find a solution.”

Vocational training is a key part of Origami’s mission. Peckham has decades of experience providing job opportunities for people who have barriers to employment. Almost anyone can work, but not all can find jobs that fit their skill levels. Since many of the residents are young – in their 20s or 30s – their goals include a return to work. If it’s not possible for them to return to their old jobs, then therapists and job coaches train residents for new work that is suited to their ability. Once on the job, the coach provides supervision, which can mean checking on workers a couple of times a day, or sitting beside them as they complete each task. Peckham employs many workers in manufacturing and custodial services.

Dr. Fankhauser stresses that it is important for treatment to happen both at Origami and in the community. “We start therapy here, in quiet one-on-one settings. Then we slowly start working them back into the community, so they learn to block out noise and other distractions.”

Brain injuries have profound effects on the families of patients as well, so relatives and loved ones are also included in the rehab process. There are regular conferences with family members and therapists, to discuss the patients’ progress and plan for their future.

Most of Origami’s residents are in the transitional program, which generally means a stay of about six months, as they reacquire skills and return to home life. Some of the patients will remain there for the rest of their lives, but Origami is committed to making those lives as fulfilling as possible. Says Dr. Fankhauser, “We want everyone to have dignity in their lives.”
by Steven D. Bevier

There are 750,000 people in the United States who suffer a stroke each year and roughly 600,000 of those patients survive. Many are left with some form of deficit, like motor dysfunction, paralysis in the arms or legs, comprehension and speaking problems, and other cognitive difficulties. Are these deficits permanent? Not all injuries can be fully repaired, but as research continues and physicians understand neuroplasticity, we know about the brain.”

Younger brains are more adaptive,” says Dr. Pysh, “but the capacity still exists in older people as well.”

The brain is a complicated system of neurons and neural pathways, and strokes and other injuries can destroy those pathways. They can not be repaired, but there are ways the brain can build new pathways – much like a detour on a highway – to bypass the damaged area and create a new connection. In some instances, one part of the brain will take on a new function to compensate for the brain cells that were lost.

An example of this process can be seen in patients with weakness in their legs. Through physical therapy, not only do legs regain their strength, but the brain learns how to walk again. For cognitive rehabilitation, the key is to give patients mental activity to promote the growth of new pathways. Says Dr. Pysh, “Just as exercise can rehabilitate muscles, mental exercises can help rehabilitate the brain. I like to call them mental pushups.”

Not all injuries can be fully repaired, but as research continues and physicians learn more about the workings of the brain, new treatments are being developed. Dr. Pysh’s advice for everyone is to keep your brain working. Reading, doing puzzles, and playing games are ways to exercise your mind and those “mental pushups” can not only keep you sharp, but can help fight off Alzheimer’s disease and dementia later in life. “There is great hope for the future,” he says.

Joseph J. Pysh, D.O., Ph.D., has been studying neuroanatomy for forty years. by Steven D. Bevier

The Department of Physical Medicine and Rehabilitation has many fine physiatrists who use their knowledge to treat those recovering from an injury or illness. Yet, they could never bring so many people back to good health without the team of therapists that bring their unique level of care straight to the patients.

Mary Theil, M.P.T., is just one member of that dedicated and talented group. She is supervisor of physical therapy in the PM&R department at MSU’s Clinical Center. She oversees the staff and other administrative duties in addition to her time spent working with patients in the therapy rooms. “It’s a wonderful place to work,” she says.

While each patient has a physician who oversees their treatment, the doctors work hand-in-hand with the various therapists to develop the right plan for recovery.

“Communication is important. The doctors are very accessible and that really improves care.” The rehabilitation clinic services a wide scope of patients and problems, including spine, orthopedic and sports injuries, pre- and post-surgical patients, a variety of neurological insults, and chronic pain. The therapist will devise an exercise program and work directly with the patients, helping them through the treatments to get back the function they’ve lost. Every patient gets a program tailored to their needs and goals, and includes exercises that they can perform at home, between visits and after moving on from the clinic.

“Rehab isn’t just what they do here in the office,” says Ms. Theil. “They have to continue to do their exercises at home in order to improve their function.”

The rehab clinic takes a team approach to its work and that attitude comes through in the camaraderie among the staff and with their patients. Even fellow patients get to know each other during their visits and encourage each other to get better. “It’s a nice healthy environment,” she adds. “We really have a good time here.”

FOUNDING DEAN RECEIVES MSU’S HIGHEST HONOR

The founding dean of MSUCOM, Myron S. Magen, D.O., received an honorary doctor of science degree from Michigan State University at commencement ceremonies in December. Dr. Magen, who served a quarter-century as the college’s first dean, was cited for “significant contributions to the medical profession, scientific bioresearch and the university.”

The dean of the Michigan College of Osteopathic Medicine in Pontiac in 1969, Dr. Magen was instrumental in transforming that private institution into the MSU College of Osteopathic Medicine – the first college of osteopathic medicine in the United States in more than 50 years, and the first of its kind to be established at a major public research institution. With Dr. Magen’s support, many of the 11 osteopathic colleges following the MSU model were established at state universities.

He created faculty development programs to improve teaching in the osteopathic profession, was a strong advocate of biomedical research by faculty in the basic science departments, supported cutting-edge technology in educational media, and was the catalyst for the first joint D.O.-Ph.D. degree program. He assumed numerous leadership positions at the local, state and national level, and was recognized in 1994 with admission to one of the world’s most prestigious medical organizations – as the first osteopathic physician to be named to the Institute of Medicine.
A Strong Rebound

by Steven D. Bevier

Pick up any newspaper and turn to the sports page and you can probably make that list is a whole other story. What happens to the athlete after they are on the injured list. It’s as much a part of the sports page and you can probably make that list is a whole other story.

A Strong Rebound

Big Ten season against Penn State. Early in the first half, he went for a steal when he slipped in front of the MSU bench. His right leg slid out in front him as a Penn State player who was also going for the ball landed on top of him.

"I did a full split," he remembers. "My right leg came so far forward I almost kicked myself in the face." Everyone knew that something had happened. Jeff Kovan, D.O., was at that game and remembers it well. "We all thought it was a torn hamstring, but it turned out to be much worse."

After examining the leg with MRI and CT scans, the team doctors realized that the tendons connected to his right hamstring were torn completely off the pelvic bone. "I’ve seen a lot of bad hamstring tears, but never one quite like that." Dr. Kovan is the director of the MSU sports medicine department that would oversee Mr. Wolfe’s recovery.

He was brought back to East Lansing and the sports medicine team went to work. They began with surgery to repair the tendons. It was such an unusual and severe injury that his orthopedic surgeons went to the Fee Hall cadaver lab to survey what would be needed to repair the damage. The procedure has become a case study for students in the department. “We have videotape of the injury and videotape of the surgery that we show to students as teaching tools,” says Dr. Kovan.

After the surgery the team helped create a custom brace that immobilized his leg to take all the strain off the muscles and tendons. He was in the brace for six weeks. Mr. Wolfe acknowledges that he was very fortunate to have the athletic department looking out for him during his recovery. The sports medicine department takes care of the health of more than 700 Spartan athletes, from ankle sprains to serious injuries like Mr. Wolfe’s.

Part of an sports physician’s job is serving as a ambassador between the coaches and players. Coaches want their athletes to be on the field and athletes themselves are driven to compete. Sometimes it is up to the doctor to set boundaries for the athlete. "Coach (Tom) Izzo was really great about stepping back and letting the doctors decide when I could play again."

Eventually, Mr. Wolfe got out of that brace and moved into a smaller leg brace that allowed him more movement. It was more than two months from the time of his surgery before he was able to stand and walk with crutches. His recovery was just beginning, however, as he still had months of rehabilitation ahead of him.

He spent every day during the summer doing rehab at the training rooms in the Duffy Daugherty Building and the Breslin Center, where sports medicine doctors, therapists and athletic trainers help MSU’s athletes stay healthy and in shape. They crafted a program for him that included physical therapy, massage and eventually weight training, to rebuild his leg muscles and get Mr. Wolfe back on his feet.

Mr. Wolfe says that the athletic trainers and therapists were like a new set of coaches to him, encouraging him to get through the long days of rehab. "They were very creative, and gave me something new every day."

“What makes good physiatrists so special,” says Dr. Kovan, “is the positive energy that they bring. There’s a psychological component to rehab, and that personality has to be there to encourage the patient to get better. It really is infectious.”

Mr. Wolfe didn’t play basketball again until “Midnight Madness,” the first official practice of the following season – nearly ten months after his injury. "I hurt like crazy afterward, but it got me over my fear of playing," he says. Although he was ready to get back on the floor, the time away from the game, and his still-recovering injury slowed him down. "I was very sore after I played. I couldn’t practice two days in a row or play in a game for more than a few minutes."

Dr. Kovan adds, “We always say, you have to rehab the sport. Therapists will get you back to around 70%, but you actually have to play your game, do the running and jumping and turning your sport requires in order to get back to full strength.”

He did play again, although with limited minutes, as he continued his rehab and recovery. It was quite a comeback from the many weeks when he wondered if he would even walk normally again. Dr. Kovan prays Mr. Wolfe’s work ethic for his remarkable recovery. “You have to give Adam so much credit. If he wasn’t such a good student and a hard worker, his situation could have been much worse.”

When Mr. Wolfe graduated from MSU in May 2003 with a telecommunications degree, he still had a year of eligibility left and could have returned to the basketball team. However, he decided it was time to move on, a decision that was second-guessed by a lot of Spartan fans who wanted to see him play another season. "A lot of people thought it was because of my leg, but that didn’t really play into it. I have a lot of other goals to accomplish and I was ready to move on."

He has moved on, and is doing well. He is married to Marissa Wolfe, and is currently in his first year at the MSU College of Law.
International health care has long been a part of MSUCOM’s mission, and many students have taken that message to heart. Here is just a sample of some current osteopathic students who have traveled overseas to deliver much-needed medical care and bring back a greater understanding of other peoples and cultures.

Leana May (Class of 2007) got a head start on her medical career by traveling the globe during the year before she entered MSUCOM. Through a program called Cross Cultural Solutions, she spent four months living in Ho, Ghana, volunteering in various health care situations. She worked in a private clinic, a government hospital, and with community nurses visiting surrounding villages. She also spent time in the remote village of Zian, providing care to some 600 villagers, many of whom had never been to a medical facility before. She left Ghana to visit India, spending six weeks in the city of New Delhi. She worked at Nirmal Hriday (“Pure Heart”), the “Home for the Dying and Destitute” founded by Mother Teresa, where she was responsible for the care of 150 women. The rest of her time she gave talks about basic health care (via a translator) to women in the poorer sections of New Delhi.

Michelle Powell (Class of 2008) spent one year living and working in Lusaka, Zambia, conducting research on the prevalence of HIV-associated dementia among hospice patients, and evaluating the usefulness of a simple screening instrument to identify dementia in Persons Living with AIDS (PLAIDS) in sub-Saharan Africa. The project served as thesis work for a Master of Science in epidemiology, and was funded by the U.S. government through a Fulbright Grant, and a Sigma Delta Epsilon Women in Science Fellowship.

While in Zambia, she also traveled regularly into Kalingalinga, a densely populated shanty compound in Lusaka, with a home-based care team to identify and review patients with terminal illnesses and limited access to medical care. She assisted health care workers with in patient care tasks including changing bed linens, bathing and feeding, distributing medications, giving injections, starting IVs, and drawing blood. She plans to return to Our Lady’s Hospice in August 2005.

In August 2004, second-year student Esli Gollapalli organized a trip to his native India for himself and a group of fellow students. The goal was to learn about a new culture and to observe a health care system in a developing country. The group – including Joanna Nigrelli (Class of 2006), Seth Jaskowiak (Class of 2007), Stephanie Grosvenor (2007), and her husband Andrew Grosvenor – assisted local physicians in clinics in remote villages in the state of Andhra Pradesh in southern India. They observed surgeries, screened patients, visited a leprosy colony and visited homeopathic and ayurvedic clinics.

Michelle Powell (front row, second from left) and fellow hospice volunteers/workers at Our Lady’s Hospice in Kalingalinga, Lusaka, Zambia.
In August 2004, Jennifer Jury and Leana May (both Class of 2007) took time during the break at the end of their first year at MSUCOM to travel to Chiquimula, Guatemala. They journeyed into the unknown with only a piece of paper with the name of a Guatemalan doctor’s family and missionaries with whom they would be staying and working. The trip gave them a wide variety of experiences ranging from delivering babies in a Guatemalan National Hospital, to seeing patients in a private clinic, to missionary work in the mountainous villages. The students gained an understanding of Guatemalan culture, while improving their medical Spanish.

Clinics often took place in one-room schools with space for patient care and a provisional pharmacy. They quickly learned to diagnose and treat common complaints of the villagers and how to conduct exams and perform procedures using the local standard of care. With no labs, they relied only on physical exams and their osteopathic palpatory skills to make their diagnoses. At the busiest clinic, the pair saw about 175 patients in five hours - all in Spanish. It was a unique opportunity to

Interested in Acting Globally?

Students who are interested in international health or who would like to learn more about opportunities to study medicine abroad can get involved through the International Health Project, an organization of medical students from the Colleges of Osteopathic and Human Medicine.

Contact: Leana May, IHP president, at mayleana@msu.edu.
THE COLLEGE OF OSTEOPATHIC MEDICINE PRESENTS

Slavery to Freedom
An American Odyssey

THE FIFTH ANNUAL VISITING FACULTY LECTURE SERIES
THURSDAYS, FEBRUARY 3 THROUGH 24, 2005

The intent of the MSU Visiting Faculty Lecture Series is to provide opportunities for interaction with multicultural scholars from education, business, industry and government who spend time on a visiting-appointment basis at Michigan State University.

The MSU College of Osteopathic Medicine is extremely pleased to host these notable scholars who, in addition to making the presentations advertised in this publication, will also be dedicating time to teaching MSU students on campus.

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Rev. Frederick D. Haynes III
Senior Pastor, Friendship-West Baptist Church, Dallas, Texas
"Empowering Changed People to Change the World"
The Rev. Frederick D. Haynes has made his mark in Dallas and beyond as a forceful and dynamic speaker, teacher and preacher. His church has rapidly grown from its humble beginnings in 1983 with 500 members to its present 8,000-member congregation. To fulfill his mission, Rev. Haynes starts with empowering the youth of his community, preparing them not to be the slaves of the next generation.
February 3, 2005, 5:00 p.m., Big Ten BC, Kellogg Hotel and Conference Center, Reception following

Rev. Dr. Jeremiah A. Wright Jr.
Senior Pastor, Trinity United Church of Christ, Chicago, Illinois
"The Emerging of African-American Culture: Who Stole My Identity?"
The Rev. Dr. Jeremiah Wright Jr. returns to the MSU campus by popular demand after a captivating presentation on the adaptation of African culture to African-American culture. As a preacher, teacher, author and leader in the African-American community, he has led Trinity United Church of Christ since 1972, growing its membership from 87 adults to a membership that now exceeds 8,000.
The MSU Children's Choir will also be featured as a portion of this program with Rev. Wright.
February 10, 2005, 5:00 p.m., Big Ten BC, Kellogg Hotel and Conference Center, Reception following

Rev. Dr. C. T. Vivian
Civil Rights Activist, Atlanta, Georgia
"Black Power and the American Myth"
The Rev. C.T. Vivian, a Baptist minister and a living legend of the Civil Rights Movement, has carried the message of the struggles for human rights to forty-four states and ten foreign countries on five continents. His involvement in non-violent movements caused Dr. Martin Luther King Jr. to call him to his executive staff to help organize subsequent activities. Rev. Vivian worked with many community organizations, street gangs, college students, churches and political organizations. The Healing Ministry of the Rev. C.T. Vivian, a biography, was aired on PBS.
February 17, 2005, 5:00 p.m., Auditorium, Kellogg Hotel and Conference Center, Reception following

Lerone Bennett Jr.
Executive Editor of Ebony Magazine
"Before the Mayflower"
Lerone Bennett is the world's leading author on the history of race relations in the United States. His writings span five decades and include many books that have become classics for those whose lives are impacted by the black journey from Africa to America, from slavery to freedom. He became executive editor of Ebony in 1987. He is best known for the classic study of African-American history, Before the Mayflower. What Manner of Man, a biography of Martin Luther King, won him the coveted Patron Saints Award of the Society of Midland Authors. Among his awards are the Salute to Greatness award of the Martin Luther King Jr. Center for Nonviolent Change, the Carter G. Woodson Medallion, and the Distinguished W.E.B. DuBois Scholarship Award of the Association of Social and Behavioral Scientists.
The MSU Children's Choir will also be featured as a portion of this program with Mr. Bennett.
February 24, 2005, 5:00 p.m., Big Ten A, Kellogg Hotel and Conference Center, Reception following
MOA Fighting for Your Future

by Dennis M. Paradis, M.P.H.
MOA Executive Director

The Michigan Osteopathic Association (MOA) and the Michigan State Medical Society (MSMS) lawsuit against Blue Cross Blue Shield of Michigan (BCBSM) is an important part of your future.

First, let me emphasize that we are not angry with BCBSM. We continue to work closely with BCBSM to improve both insurance and health care for the citizens of Michigan. However, we disagree with BCBSM regarding the interpretation of the TRUST contract—specifically the ‘without cause’ clause that gives BCBSM the ability to terminate a physician for no reason.

If this happened to you, you? Because if you exclude Medicare, Medicaid and the uninsured, BCBSM covers 73 percent of the remaining insured population in Michigan. Over half of the 73 percent falls under the TRUST contract—and that percentage is growing rapidly. With that immense market power, your options will be to either accept whatever BCBSM wants to pay physicians, or operate your practice knowing that you will not be treating 40 percent of the insured population, including some who may already be long-time patients.

Moreover, even if you agree to accept BCBSM TRUST payment, BCBSM can throw you out of the TRUST panel at any time for no cause! This has just happened to 300 Blue Preferred Plus physicians, disrupting physician practices and many 10- to 15-year physician-patient relationships.

The reason for this disruption? In the BPP contract with BCBSM, it has been proposed that gives BCBSM the ability to terminate a physician for no reason. This “without cause” language is present in the TRUST contract. MOA and MSMS have recently filed a motion asking the court to prevent these terminations while the lawsuit continues.

In 1890 (yes, 1890) Congress passed the Sherman Antitrust Act to prohibit the development of monopolies and the restraint of trade. One outcome of this statute is to prohibit physicians from collectively bargaining. This was passed about 50 years before the predecessor corporations of BCBSM first evolved. Certainly, Senator Sherman and his colleagues did not envision a time when an insurance company would hold a monopoly position in the health care system.

It is time for our federal and state government leaders to re-examine the role of physicians in the balance of free commerce that the Sherman Antitrust Act intended to protect. Clearly, individual physicians are at the mercy of market-dominant insurers. This creates an economically intolerable situation for physicians and sacrifices the patients access to care.

The lawsuit with BCBSM is not a solution to this imbalance. Hopefully, it becomes the cornerstone of a much broader effort by physicians to educate legislators and the health care community about the need to challenge the economic realities that threaten health care delivery in the name of corporate profit.

Did you know?

FACTS ABOUT MSUCOM

Founded in 1969 to produce primary care physicians for the state of Michigan under legislative mandate.

Ranked four years as the best osteopathic college for primary care education by U.S. News and World Report.

MSUCOM has 3,318 graduates. More than 2/3 of our alumni remain in Michigan to practice patient-centered care.

Our graduates are practicing in all 50 states and in 77 of Michigan’s 83 counties.

First college of osteopathic medicine at a major university and first to receive regular public funding.

More than 4,700 faculty and 1,100 trainees in 22 hospitals comprise one of nation’s largest consortia for graduate medical education in the MSUCOM Statewide Campus System.

Students achieve outstanding success, with more than 97% passing on their first try on national board exam for licensure.

First joint D.O./Ph.D. program in the nation — the Medical Scientist Training Program.

The Alumni Endowed Professorship is a high priority of the MSUCOM Alumni Association. Make a pledge and help us reach our goal. 815 alumni and friends have made commitments to this endowment.

Be a Part of It. Currently 436 of our 3,318 graduates are members of the MSUCOM Alumni Association. Join today. See the benefits and join online at http://www.com.msu.edu/alumni/brochure/benefits.html.

MSUCOM Alumni Office
A110 E. Fee Hall
East Lansing, MI 48824
(517) 432-4979
www.com.msu.edu/alumni

MOA
MICHIGAN OSTEOPATHIC ASSOCIATION

Dennis M. Paradis

MSUCOM ALUMNI NETWORK

Upcoming Events

March 1-12: Seminar in the Sun
La Jolla de Mismaloya
Resort, Puerto Vallarta
Mexico

March 16-20: ACOFP Conference
Phoenix, Arizona

March 18: Alumni Dinner
Phoenix, Arizona

March 20: Alumni Brunch
Arizona Inn
Tucson, Arizona

WHERE ARE YOU?

Please keep us informed of recent moves or changes in your practice. It is important for college reports, grant writing, etc., that we have up-to-date information on our alumni.

Changes to your information can be made on the MSUCOM website under the alumni section or by calling (877) 853-3448.

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East Lansing, MI 48824
(517) 432-4979 or
toll free (877) 833-3448
email: camp@msu.edu
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The Golden Gate
San Francisco, California, was the place for the 2004 American Osteopathic Association (AOA) Annual Convention and Scientific Seminar in November.

As usual, MSUCOM alumni were out in force to participate in seminars and exhibits. The college held an Alumni Luncheon, which included the presentation of this year’s alumni awards. Robert Schilz, D.O., Ph.D., Class of 1988, received the Distinguished Alumni Award while Robert Snyder, D.O., Class of 1979, was given the Dean’s Award for Meritorious Contribution.

Dr. Schilz (see page 19) is currently the director of the lung transplantation at Case Western Reserve University in Cleveland and Dr. Snyder lives in Midland, where he is an anesthesiologist.

Class of 1988, received the Distinguished Alumni Award while Robert Snyder, D.O., Class of 1979, was given the Dean’s Award for Meritorious Contribution.

Seminar in the Sun
Looking for a chance to get away from the snow and cold, and earn some valuable CME credits at the same time? Sign up for Seminar in the Sun, which makes its annual getaway March 5-12. This year’s seminar is at La Jolla de Mismaloya Resort in Puerto Vallarta, Mexico. Twenty hours of CME credit are available during this all-inclusive stay in the warm sun. For more information visit http://www.com.msu.edu or call the alumni office toll-free at (877) 853-3448.

STAYING CONNECTED
The new year has started and I hope we can all make a resolution to be more involved in MSUCOM and the osteopathic profession. This past November, I attended the AOA convention in San Francisco and was thrilled by the fantastic turnout of MSUCOM alumni at both our college activities and at the seminars, some of which were led by our faculty and graduates. This college has always been a leader not just in Michigan, but across the nation, and it is great to see our school so well represented at the highest levels of the profession.

We here at the Alumni Association strive to keep you connected to your alma mater, and we are always looking for new ways to make that connection stronger. Let us know what interests you, what programs you would like to see, or any ideas you have for the future of the college. Contact our alumni office and together we can develop new ways to make these bonds stronger.

Finally, just a reminder that it’s not too late to sign up for Seminar in the Sun. This is a great opportunity for physicians to earn CME credits while taking a break from the cold of winter. You can also spend time with old friends and meet some new ones as well. I hope to see you there or at any of our great events throughout the year.

Myral R. Robbins, D.O.
President, MSUCOM Alumni Association

On the Cutting Edge
by Steven D. Bevier

Robert Schilz, D.O., Ph.D., Class of 1988, is used to breaking new ground. Dr. Schilz was the first MSUCOM student to complete the full track of the Medical Scientist Training Program, earning a D.O. and a Ph.D. simultaneously. Of course, being first isn’t always easy. After all it took him eight years to complete his degrees.

“It became a running joke at the college that I was a member of every class,” he says.

After earning his D.O. and his Ph.D. in biochemistry and molecular biology, Dr. Schilz took part in another first – the first D.O. internship at Sparrow Hospital in Lansing. That was followed by residency at the Cleveland Clinic and a pulmonary Critical Care Fellowship at Yale University. He returned to the Cleveland Clinic where he joined the lung transplantation team. Combining his medical training with research in pulmonary care, Dr. Schilz was the first MSUCOM graduate to participate in the Clinical and a pulmonary Critical Care Fellowship at Yale University. He returned to the Cleveland Clinic where he joined the lung transplantation team, combining his medical training with research in pulmonary care.

He joined the faculty at Case Western Reserve University, where he is currently an assistant professor and medical director of lung transplantation.

Organ transplants are obviously quite complex, and not just from a medical standpoint. There is the complicated process of finding donors and selecting recipients, a process in which Dr. Schilz plays an active role. He is responsible for evaluating patients to determine if they would be good candidates for transplant, then working with donor agencies to find the right organs. While transplant surgeons perform the operation, Dr. Schilz concentrates on managing patient care before, during, and after surgery. Once transplants have taken place, he monitors patients’ health to ensure they fight off infections and organ rejection.

“I can’t believe that people pay me to do what I do,” he says. “I get to take part in the development of new medicine and new technologies. We really work at the edge of scientific knowledge.”

Though Dr. Schilz spent a long time at Michigan State, it wasn’t all books and labs. He was the coach of the water ski team and a competitive curler and golfer. He was also where he met his wife, Kathryn (then Brown) who was a piano scholar in the School of Music. A concert pianist and singer, she is currently a faculty member at the Cleveland Institute of Music. They have a two-year-old daughter, Julia Grace.

After sharing MSUCOM with eight years worth of medical students, he made quite a few friends. Those fellow classmates honored him this past November, with the Distinguished Alumni Award. “It was a great honor,” he says. “Being at a big university with such a rich academic environment really rubs off on you. I was exposed to a lot of wonderful role models.”

A young Robert Schilz conducting research as a student in 1986.

Robert Schilz, D.O., Ph.D.

A concert pianist and singer, she is currently a faculty member at the Cleveland Institute of Music.
by Steven D. Reviser

Everyone knows that the cost to attend medical school is high. How expensive is it? The four-year cost for a Michigan resident to attend MSUCOM is more than $170,000 and the average MSUCOM student graduates with a debt of around $130,000.

To help ease the burden on osteopathic students, Dean William Strampel, D.O., has made it one of his priorities to increase the number and size of the college’s endowed scholarships. Although it has been around for four decades, MSUCOM is still a relatively young school compared to many older institutions that have a much larger base of alumni and endowments.

Although the college currently offers approximately 60 scholarships, most of the awards range from $500 to $2,000 each. With nearly 150 students in this year’s entering class, the funds don’t stretch as far as they are needed.

For an out-of-state student, like Bethany Milton, the cost of four years at MSUCOM can run as high as $270,000. She is a second-year student who received the Edward Hodges III Endowed Scholarship, which included a $1,000 stipend. “When I graduate, I’ll probably have about $200,000 in debt, but every little bit does help,” she says.

There are other options for students, such as education grants or service scholarships through the Armed Forces or National Health Service Corps. But for most students, in-state and out-of-state, loans will pay for the majority of their education. There are concerns that the financial crunch forces some students to abandon some of the most needed — but lower-paying — specialties to pursue more lucrative careers. Or worse, that some students pass on medical school altogether for fear that they cannot pay for it.

To learn more about MSUCOM’s endowed scholarships and opportunities for giving, contact the Office of Development at (517) 355-8355. A list of available scholarships — including many established in honor of former students and faculty — can be viewed on the MSUCOM Web site at http://www.com.msu.edu/ss/scholarships.html.

The Campaign for MSU

Michigan State University Campaign Goal: $1.2 Billion

College of Osteopathic Medicine Campaign Goal: $1.56 Billion

What do endowments provide?

• Scholarships to enable MSUCOM to recruit and retain the most talented students and to make it possible for them to graduate without overwhelming debt

• Help to loosen the constraints of restrictive operating budgets and to create flexibility to pursue initiatives that define MSUCOM

How do endowments work?

• Endowed fund dollars are invested by MSU

• The principal, usually the original gift of the donor, is never spent

• Part of the investment income from the principal is used each year to support a program in MSUCOM

• Remaining investment income is retained as a hedge against inflation

Vredevoogd, Magen Named New Chairpersons

Two new departmental chairpersons have been named at MSU — Lisa Vredevoogd, D.O., in the Department of Osteopathic Manipulative Medicine, and Jed Magen, D.O., in the Department of Psychiatry. Both have served as acting chairpersons in their units since 2003.

Dr. Vredevoogd, who is board-certified by both the American College of Osteopathic Family Physicians and the American Osteopathic Board of Neuromusculoskeletal Medicine, is a 1993 graduate of MSUCOM. She has served as co-director of the osteopathic manipulative medicine residency at MSUCOM, and as supervising physician for the Student OMM Clinic since its inception in 1999. She has taught in ten different courses at MSUCOM and in active as a faculty member for continuing medical education. She has been invited to speak at national and international conferences on manipulative medicine.

Dr. Magen, who received the D.O. degree from the College of Osteopathic Medicine and Surgery in Des Moines in 1978, is board-certified in both general psychiatry and child and adolescent psychiatry by both the American Osteopathic Board of Psychiatry and Neurology, and the American Board of Psychiatry and Neurology. He has held numerous professional positions at the local, state and national level, including serving as president of the American College of Osteopathic Neuropsychologists and Psychiatrists. Recipient of the Award for Excellence in Psychiatric Education from the American Psychiatric Association, he is the author of numerous publications, particularly on child psychiatry and medical education. He has received eight grants for his research, and has served as the residency education director of psychiatry at MSU since 1991. The psychiatry department at MSU is jointly administered by MSUCOM and the College of Human Medicine.

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The College of Osteopathic Medicine’s Student Council Presents the 10th Annual

LAS VEGAS NIGHT
& Charity Raffle

Hawk Hollow Golf Course
Saturday, April 2, 2005
7:00 p.m. to Midnight

For more information see our web site at:

Theme: Hawaiian Night

Sponsored by the Michigan Osteopathic Association