TEXAS D.O.

The Journal of the Texas Osteopathic Medical Association

Volume LVII, No. 10

November 2000

OSTEOPATHIC PHYSICIANS

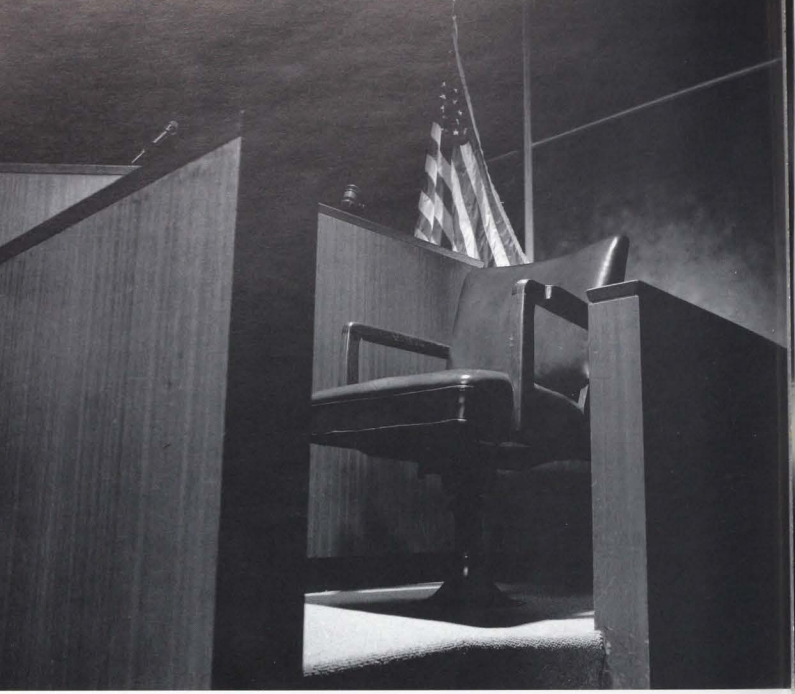
November 12 – 18

WOMEN'S HEALTH

NATIONAL OSTEOPATHIC MEDICINE WEEK

A focus on girls to young women ages 12-24

plus



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Copy deadline is the 10th of the month preceding publication.

INSIDE THIS ISSUE

CALENDAR OF EVENTS

NOVEMBER 12 – 18
"National Osteopathic Medicine Week"
Sponsored by the American Osteopathic Association
Contact: AOA, 800-621-1773, ext. 8043
312-202-8043

NOVEMBER 18 – 19
"20th Annual AOMA Fall Seminar"
Sponsored by the Arizona Osteopathic Medical Association
Location: Omni Tucson National Golf Resort and Spa
CME: 12 hours Category 1-A credits anticipated
Contact: Arizona Osteopathic Medical Association
5150 N. 16th St., Suite A-122
Phoenix, AZ 85016

DECEMBER 2 – 3
"Texas ACOFP and UNTHSC 3rd Annual OMT Update and Review"
Location: Arlington Hilton Hotel, Arlington, TX
CME: 15 hours Category 1-A credits anticipated
Contact: Janet Dunkle, 888-892-2637

DECEMBER 8 – 10
"19th Annual Winter Update"
Sponsored by the Indiana Osteopathic Association (IOA)
Location: Embassy Suites Hotel Downtown, Indianapolis, IN
CME: 20 hours Category 1-A credits anticipated
Contact: IOA, 800-942-0501 or 317-926-3009

DECEMBER 9
TOMA Board of Trustees Meeting
Location: TOMA Building, Austin, TX
Contact: Paula Yeamans, TOMA, 800-444-8662

DECEMBER 13 – 15
"Texas' Eighth Minority Health Conference"
Sponsored by the TDH Office of Minority Health
Location: Dallas, TX
Contact: Barrington P. Morgan, 512-458-7629

2001

FEBRUARY 9 – 11
"TOMA 45th MidWinter Conference & Legislative Symposium"
Sponsored by the Texas Osteopathic Medical Association
Location: Renaissance Dallas North Hotel, Dallas, TX
CME 17 hours Category 1-A credits anticipated
Contact: Sherry Dalton, TOMA, 800-444-8662

FEBRUARY 21 – 25
"Osteopathic Physicians and Surgeons of California CME Meeting"
Sponsored by the Osteopathic Physicians & Surgeons of California
Location: Hilton, Torrey Pines, San Diego, CA
CME 40 hours Category 1-A credits
Contact: OPSC, 916-561-0724; Fax: 916-561-0728
E-mail: opsc@opsc.org

FEBRUARY 23 – 27
"11th Annual Update in Clinical Medicine for Primary Care Physicians"
Sponsored by the University of North Texas Health Science Center at Fort Worth, Office of CME
Location: Harvey Hotel, Stateline, Nevada
(Lake Tahoe, California)
CME: 20 hours Category 1-A credits-AOA
20 hours Category 1-A credits-MA/PRA
Contact: UNTHSC Office of CME: 800-987-2CME
Fax: 817-735-2598

APRIL 17 – 21
"AROC 2001: NJAOPS Centennial"
Sponsored by the New Jersey Association of Osteopathic Physicians & Surgeons and the NJOEF
Location: Tropicana Casino & Resort
Atlantic City, NJ
Contact: 732-940-9000
Fax: 732-940-8899

APRIL 19
"National D.O. Day 2001"
Sponsored by the American Osteopathic Association
Contact: www.aoa-net.org

MAY 3 – 6
"104th Annual Convention"
Sponsored by the Indiana Osteopathic Association (IOA)
Location: Marriott Hotel/Century Center, South Bend, IN
CME: 30 hours Category 1-A credits anticipated
Contact: IOA, 800-942-0501 or 317-926-3009

MAY 12
"56th Annual Meeting of the TOMA House of Delegates"
Sponsored by the Texas Osteopathic Medical Association
Location: DoubleTree Guest Suites
Austin, TX
Contact: Paula Yeamans, TOMA, 800-444-8662

www.txosteo.org

ON THE WEB in November

ON THE WEB is a monthly feature of the *Texas D.O.* announcing headlines and trailers of timely osteopathic news articles, pertinent information on healthcare and education, legislative updates and much more; all of which can be found on our website <www.txosteo.org>.

- **AOA Update**
- **AOA Washington Update**
- **In Brief**
- **Health Notes**
- **Texas FYI**
- **TRICARE News and Other Military Issues**
- **Ten Years Ago in the *Texas D.O.***
- **Texas Stars**
  A Listing.

  People who have made pledges or have contributed to TOMA's Building Fund Campaign are known to TOMA as "Texas Stars" due to their commitment to the osteopathic profession.
- **Thank You**
  A Listing.

  Thank you to "Texas Stars" who have contributed above the $1,000 donation level to TOMA's Building Fund Campaign.
- **For Your Information**
  A Listing.

  Phone numbers of Federal agencies, osteopathic agencies and state agencies useful to the osteopathic healthcare community.

2001 TOMA HOUSE OF DELEGATES DATE CHANGE

The 56th Annual Meeting
of the TOMA House of Delegates
will be held on

SATURDAY, MAY 12, 2001

DoubleTree Guest Suites
— Across the street from the TOMA office —
Austin, Texas

National Osteopathic Medicine Week

A FOCUS — girls to young women ages 12 - 24

"At over 22 million strong, this group faces intense pressures in such areas as smoking, sexual activity, body image, and new alternative health choices."

Osteopathic physicians have historically flown the flag of preventive medicine ever since Dr. Andrew Taylor Still first described osteopathic medicine in 1874. Dr. Still and his unique view of medicine surfaced at a time when traditional medical practices were too often the problem and not the solution. He had grown to distrust the quality of traditional medicines, many of which were as harmful as the disease from which patients suffered. As a result, Dr. Still rejected the use of medical "cures" that were popular in his day, such as leeches and mercury.

Today, it is well documented that the effectiveness of prevention/early detection alleviates not only unnecessary suffering and death, but added expense as well. It is also well documented that a host of health conditions that develop later in life get started because of the lifestyle choices made by people in their youth. As physicians who emphasize prevention and wellness, D.O.s surely hold the key to a higher quality of life for their patients.

This commitment to preventive care is one reason the American Osteopathic Association organizes National Osteopathic Medicine Week. During NOM week, the AOA, affiliated organizations and individual D.O.s work to educate people about the benefits of preventive health care and remind them of simple things they can do to live a healthier life.

This year's NOM Week addresses the health issues of young women ages 12-24. At over 22 million strong, this group faces intense pressures in such areas as smoking, sexual activity, body image, and new alternative health choices. D.O.s are perfectly poised to help these young women become fully informed as to the best choices in safeguarding their health. It's never too early to learn the importance of routine health screenings and a commitment to a healthy lifestyle because it can make a dramatic difference in their long-term health.

To kick off NOM Week, the AOA is hosting a trilogy of events in New York City in the week following the presidential election in November. The centerpiece of the weekend will be the AOA's third National Symposium on Women's Health, slated for Saturday, November 11. Organized by the AOA Women's Health Initiative, the national symposium is designed to educate members of the public about the health care needs of women.

The following addresses just some of the issues confronting young women today.

Alcohol and Drugs

Despite increased awareness about the dangers of substance abuse, more than four million women in the U. S. are addicted to alcohol and other drugs. And according to recent studies, alcohol and other drug abuse among young women is on the rise.

Studies show the first use of alcohol is typically at the age of 13. Typically, the first use of other drugs is at the age of 14. The use of alcohol has become commonplace among young women,

with 45 percent of females aged 12 or older reporting alcohol use in the past month. In addition, the incidence of binge drinking is ranked highest among women 18-25 years old.

A chilling study presented in the February 2000 issue of "Alcoholism: Clinical and Experimental Research" presented the first concrete evidence that protracted, heavy alcohol use can impair brain function in adolescents. A research team led by Sandra A. Brown, Ph. D., chief of psychology and psychiatry at the University of California, San Diego, assessed neuropsychological function in 33 15-and 16-year old adolescents with more than 100 lifetime alcohol use episodes. Dr. Brown and her colleagues found several differences in memory function between the alcohol dependent and the control adolescents. Adolescents who had drunk heavily over time scored lower on verbal and nonverbal retention in the contexts of intact learning and recognition discriminability. Recent alcohol withdrawal was associated with poor visuospatial functioning, while lifetime alcohol withdrawal was associated with poorer retrieval of verbal and nonverbal information. Although the author pointed out that the study had several limitations and noted that longitudinal studies will be required to determine the direction of the alcohol and neurocognitive relationship, she stated, "On the basis of animal research by others, we would expect that heavy alcohol use alone can produce behavioral abnormalities in humans."

Alcohol, of course, is not the only problem. Studies estimate that 50 percent of high school seniors have tried marijuana and that just over 21 percent of the people who have entered drug and alcohol treatment programs are under the age of 24.

Facts to Consider

- High school students drink 35 percent of all wine coolers sold in the U. S.
- 39 percent of all motor vehicle deaths result from alcohol use.
- 12th graders living in rural areas are more likely than youths in urban areas to use cocaine, crack, amphetamines, inhalants, alcohol, cigarettes, and smokeless tobacco.
- 70 percent of AIDS cases among young women are drug-related.

(Sources: AOA; National Association for Children of Alcoholics; National Clearinghouse for Alcohol and Drug Information; U.S. Department of Health and Human Services; National Council on Alcoholism and Drug Dependence, Inc.)

Smoking

Smoking among young women seems to be on the rise, despite wide-scale awareness of the dangers. In 1997, estimates indicated that smoking among young females had reached a 19-year high with 35.2 percent of high school females smoking.

Of the 22 percent of American women who are smokers, approximately 90 percent of them began smoking before the age of 18. Many young women begin smoking due to pressure exacerbated by the desire to fit into a certain crowd; attract members of the opposite sex; maintain a certain weight; and/or because they date or live with a smoker. In reality, if women don't start smoking in high school, they probably won't start at all.

A study published in the September 2000 *British Medical Association journal* "Tobacco Control," should provide an impetus in the fight against smoking. The study noted that researchers have confirmed a suspicion held by some smokers but never proved – it could take just a few cigarettes to become addicted. In the study, some 12- and 13-year-olds showed evidence of addiction within days of their first cigarette.

Physicians should pay particular attention to recent studies that indicate many smokers will make serious attempts to quit smoking when counseled to do so by their physicians. Physician counseling does make a difference. Additionally, patients can obtain extra help in their fight to kick the habit through over-the-counter products such as gum, nasal sprays and patches. Oral medications are also available by prescription, such as the drug Zyban.

Facts to Consider

- Each year, more than 125,000 American women die from tobacco-related diseases.
- Approximately 3,000 young people start smoking daily.
- 90 percent of individuals who die each year from smoking began their habit before adulthood.
- 24.7 percent of adults are smokers.
- In the 1980s, lung cancer overtook breast cancer as the leading cancer killer among women.

(Sources: AOA; Campaign for Tobacco-Free Kids; American Lung Association; National Coalition for Women Against Tobacco)

Depression

Approximately 30 million Americans deal with depression at some point in their lives. One out of six of these individuals will battle severe depression. Once a condition that was more commonly associated with seniors, depression among youth – especially young women – is on the rise.

Studies show that more than 11 million American women suffer from clinical depression each year. Each person is unique and the events that trigger depression in some people do not do so in others. Events that are know to lead to depression include worrying about grades; worrying about parental and peer acceptance; dealing with self-esteem issues; suffering broken relationships; experiencing confusion over sexual identity; and suffering rape or incest.

According to various estimates, approximately 250,000 teens attempt suicide each year. Of this number, 2,000 teens succeed in their attempt, making suicide the leading cause of death among young women in the United States.

Seeking professional help to battle clinical depression is imperative. For some, overcoming depression may simply require a significant lifestyle change. For others, however, intensive counseling, psychotherapy or medication may be required. According to various studies, anti-depressant medications successfully treat depression in as many as 80 percent of the individuals who take them.

continued on next page

Facts to Consider

- More than 15 million Americans suffer clinical depression at any given moment.
- Another 15 million Americans experience mild depression.
- 160,000 people commit suicide a year due to depression.
- Each year, 250,000 teens attempt suicide.
- Each year, 2,000 teens commit suicide.
- Women are twice as likely as men to suffer from depression.

(Sources: Freedom From Fear; National Alliance for the Mentally Ill; National Depression Screening Day; PlanetRx; AOA; AAOA)

Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases affect young people in alarming numbers – statistics show that nearly two-thirds of all STDs occur among people under the age of 25.

According to a 1998 study conducted by the Kaiser Family Foundation, approximately 15 million new cases of STDs are diagnosed every year. This same study found that by the age of 24, one in three sexually active people will have contracted an STD.

Some of the more common STDs that can affect young women include: AIDS; chlamydia, the most common of all STDs; genital herpes; genital warts; gonorrhea; and syphilis.

Facts to Consider

- The cervixes of young women are not fully mature, which makes it easier for them to contract STDs.
- One in four sexually active teens is infected with an STD.
- By the age of 24, one in three sexually active people will have contracted an STD.
- The direct cost of treating STDs and their complications is $8.4 billion each year.

(Sources: American Social Health Association; Kaiser Family Foundation; Planned Parenthood)

Contraception

Over the past several years, unwanted pregnancies in the U. S. have decreased, in part because of increased sexual education in schools and at home. The decrease also can be attributed to people's fear of untreatable STD's and a growing commitment to abstinence.

But sexual activity among teens continues and so too does the risk of pregnancy. For young women who choose to be sexually active, there is an array of contraceptive choices. It is vital that they make an informed and educated choice when selecting the best form of contraception for themselves.

Contraceptive choices include: male and female condoms – both represent the only forms of birth control effective against STDs, and are therefore recommended by disease control advocates; diaphragm; cervical cap; birth control pills and minipills; and injectable and implantable progestins. Two other commonly practiced forms of birth control are periodic abstinence and th withdrawal methods – both have a high rate of failure.

The only 100 percent effective means of preventing preg nancy is abstinence. Although the number of young women wh are choosing to abstain from sexual intercourse is rising, man more are choosing to become sexually active.

Facts to Consider

- Abstinence is the only form of birth control that is 10 percent effective.
- Approximately six out of every 10 pregnancies in the U. S are unplanned.
- Vaginal spermicides are known to have a 21 percent failure rate
- A condom is the only contraceptive device that helps t prevent transmissions of STDs.
- Women who smoke are often warned against taking the pill.

(Sources: National Campaign to Prevent Teen Pregnancy; Planned Parenthoo Federation of America, Inc.; Centers for Disease Control and Prevention; AOA)

Teen Pregnancy

With over one million American teenage girls becoming pregnant every year, the U. S. holds the title for having the highest rate of teenage pregnancy in the industrialized world. To gain a clearer picture of this statistic, that breaks down to one ou of five sexually active girls becoming pregnant. However, while those numbers are a bit overwhelming, pregnancy rates have been on the decline in the past few years.

Most physicians agree that prior to becoming sexually active young women should be fully informed about abstinence, contraceptive methods and STDs.

Young women also need to know that they have rights when choosing to engage in sexual activity. And they should know that many teenage girls have chosen abstinence, whether because of their personal morals, religious values or other reasons. Also, many girls choose abstinence because it is the only method that is 100 percent effective for preventing pregnancy and avoiding STDs.

Facts to Consider

- The average age of first time intercourse among Americans is age 16.
- By the time they graduate, 66 percent of high school seniors have had sex.
- Teens who have been raised by both parents from birth have lower chances of having sex than teens growing up in other family situations.
- Three quarters of teen mothers are unmarried and 60 percent of them are between 18 and 19 years old.
- The younger a sexually active teenaged girl is, the more likely she is to have had unwanted or non-voluntary sex.

(Sources: Planned Parenthood; National Campaign to Prevent Teen Pregnancy)

Fitness

Healthy People 2010, a health initiative by the Surgeon General to prevent disease and promote the health of the American people, estimates that nearly 25 percent of young people are overweight. This is twice the percentage of 30 years ago.

Many adverse health effects associated with overweight are observed in children and adolescents. Being overweight during childhood and particularly adolescence is related to increased morbidity and mortality in later life in such areas as heart disease, stroke, Type 2 diabetes and certain types of cancer. Obesity can also foster poor self-esteem and pave the way for eating disorders.

It is worth noting that heart disease is, in fact, the number one killer of women. Also worth mentioning is that although symptoms of heart disease may not show up until a person is middle-aged or older, a study presented at the American Heart Association Scientific Sessions in 1999 found that heart disease actually begins developing in childhood. A study of transplant hearts from teenage donors found that one in six of them had significant blockages, or plaque, in at least one coronary artery.

In the area of nutrition, the U. S. Centers for Disease Control and Prevention estimate that more than 84 percent of young people eat too much fat, and that less than 30 percent of them eat the recommended number of servings of fruits and vegetables per day.

When measuring physical activity among adolescents and young adults, a dismal picture is presented in "Physical Activity and Health – A Report of the Surgeon General." The report found:

- Nearly half of American youths aged 12-21 years are not vigorously active on a regular basis.
- About 14 percent of young people report no recent physical activity. Inactivity is more common among females (14%) than males (7%) and among black females (21%) than white females (12%).
- Participation in all types of physical activity declines strikingly as age or grade in school increases.
- Only 19 percent of all high school students are physically active for 20 minutes or more, five days a week, in physical education classes.
- Daily enrollment in physical education classes dropped from 42 percent to 25 percent among high school students between 1991 and 1995.

Facts to Consider

- About 35 percent of women over the age of 20 are obese.
- Currently, 24 percent of women are seriously trying to lose weight.
- Americans spend more than $33 billion dollars annually on diet products.
- More than 84 percent of young Americans eat too much fat.

"...the signs and symptoms of bulimia nervosa are often difficult to recognize."

- Many diseases can be caused and can be worsened by poor diet and lack of exercise. Such diseases account for more than 60 percent of U. S. medical care expenses yearly.

(Sources: AOA; Centers for Disease Control and Prevention; National Safety Council; Shape Up America!)

Eating Disorders

Society's attitude toward thinness is having a dramatic and negative effect upon young women in the U. S. According to the American Anorexia Bulimia Association, Inc. (AABA), 50 percent of 9-year-old girls and 80 percent of 10-year-old girls have dieted. In addition, it is estimated that more than five million Americans suffer from anorexia nervosa, bulimia nervosa and binge eating. Of these five million, more than 1,000 will die yearly as a result of their eating disorders.

Anorexia nervosa – commonly attacks young women in their teens, although women as young as 5 and as old as 60 have been clinically diagnosed. Anorectics are obsessed with the fear of being fat or becoming fat. This fear propels them to intentionally lose a great deal of body weight in a short period of time. Anorectics may exercise excessively, simply stop eating, or do both. However, as they begin to lose weight, they do not know when to stop – they continue to think they are fat no matter how slim they become.

Some of the signs and symptoms of anorexia nervosa include: depression or anxiety; distorted body image; lack of a menstrual cycle; hyperactivity; constipation; growth of fine body hair; dry hair and brittle nails; joint swelling; loss of muscle and body fat. And, some of the effects of starvation are low body temperature, low blood pressure, slowed metabolism and sluggish reflexes; and irregular heartbeat, which can lead to heart failure. Additionally, after the loss of the body's normal fat padding, anorectics may find it difficult and painful to sit or lie down, thereby making sleep difficult.

Bulimia nervosa – an eating disorder in which an individual binges on food and then purges that food after eating. The "binge" part involves a rapid consumption of large amounts of food. Following a binge, the individual will purge through a variety of means, including vomiting, abusing laxatives, compulsive exercising or fasting. Some bulimics may binge and purge more than 20 times a day.

Although an anorectic may be easily identified because of rapid weight loss, the signs and symptoms of bulimia are often difficult to recognize. The reason for this is that bulimics often maintain a normal body weight. However, bulimics often suffer from the same problems as anorectics, such as poor body image,

depression, low self-esteem and an obsessive need to take control over their lives.

The average caloric intake for most healthy young women falls between 2,000 and 3,000 calories a day. Bulimics often average an intake of 3,400 calories in just 1 hour and some have been know to consume nearly 20,000 calories in an eight-hour period.

The symptoms of bulimia nervosa can include: mood swings, depression or feeling out of control; vomiting blood; loss of tooth enamel; swollen glands in the neck and face; broken blood vessels; stomach pain; weakness; and sore throat, Medical consequences can include dehydration, damage to bowels, liver and kidneys; and electrolyte imbalance, which can lead to irregular heartbeat or hair failure.

In order to overcome an eating disorder, the love and support of family and friends is crucial. Additionally, professional assistance in psychotherapy, nutrition counseling and behavior modification may be incorporated in a patient's wellness plan. Although there is not a specific medication that can be prescribed to cure eating disorders, many physicians are finding success with anti-depressants. The most important issue in the road to recovery is that the individual must be ready to make a change.

Facts to Consider

- More than five million Americans suffer from eating disorders.
- 15 percent of young women have unhealthy eating attitudes and behaviors.
- Anorexia nervosa has the highest mortality rate of any psychiatric condition.
- Up to five percent of U. S. college women are bulimic.
- Approximately 1,000 women die of anorexia each year.

(Sources: AOA; American Anorexia/Bulimia Association, Inc.; National Association of Anorexia Nervosa and Associated Disorders)

Diabetes

Ranked as our nation's seventh leading cause of death, diabetes afflicts approximately 8.1 million women in the U. S. Often described as the silent killer, diabetes can, if left untreated, lead to kidney failure, gangrene and amputation, blindness, stroke and many other serious health problems.

The two common types of diabetes in the U. S. are Type 1 and Type 2 diabetes.

Type 1 diabetes is the form of the disease that most often affects young women. Although a pill may soon be available, currently insulin cannot be taken in pill form because it would be destroyed by the body's digestive process before it would have the chance to work. Most young women who suffer from Type 1 diabetes are diagnosed with the disease between the ages of 10 and 12.

While symptoms may vary among people, common signs and symptoms of Type 1 diabetes include: high levels of sugar in the blood; high levels of sugar in the urine; frequent urination; extreme hunger; extreme thirst; extreme weight loss; weakness and exhaustion; irritability and mood swings; and nausea and vomiting. One of the most commonly overlooked symptoms of Type 1 diabetes in young women is increased urination.

Type 2 diabetes is the most common form of the disease in the U. S. It usually attacks individuals who are over the age of 45 and are overweight. However, it has recently been found that Type 2 diabetes in the pediatric population has been rising dramatically with obesity a significant risk factor.

Facts to Consider

- Approximately 8.1 million women in the U. S. have diabetes. That is 8.2 percent of all of the women in the country.
- Birth control pills can affect blood glucose levels and can therefore adversely affect diabetes control.
- Each year, 12,000 to 24,000 people lose their sight due to diabetes.
- Each year, 19,000 people die from diabetes-related causes.
- Diabetes is the seventh leading cause of death in the U. S.

(Sources: AOA; American Diabetes Association)

Tanning

The American Osteopathic College of Dermatology endorses the position of the American Cancer Society and the U. S. Department of Health and Human Services on the topic of tanning. Their position is that tanning, whether outdoors or indoors, poses a danger to ones' health.

Each year, more than one million cases of skin cancer are diagnosed, making it the most prevalent of all cancers. A significant percentage of skin cancer is due to sun exposure. In fact, 90 percent of all skin cancer occur on parts of the body that are not covered by clothing. A single blistering sunburn doubles your chance of developing malignant melanoma sometime during your lifetime.

Basal cell carcinoma, squamous cell carcinoma and melanoma are the three most common types of skin cancer.

Basal cell carcinoma – starts out as a pink, red or white shiny bump, or it may be a red patch that develops on the nose, lips, ears or face. This type of cancer may appear to be a sore that just won't heal. It usually strikes individuals with fair skin tones, and it accounts for about 75 percent of all skin cancers.

Squamous cell carcinoma – the affected area looks like a red, scaly patch. Like basal cell carcinoma, this cancer type is more commonly found on light-skinned people. Squamous cell carcinoma usually develops on the face, lips, mouth and the rims of the ears and makes up approximately 20 percent of all skin cancers.

Melanoma – the most serious form of skin cancer, takes on a mole-like appearance and can vary in color from dark brown to black. Melanoma can develop on any part of the body and has a tendency to spread.

When dealing with any type of skin cancers, early detection is key to the most positive outcome.

"Women on average live almost seven years longer than men and, in fact, in the year 2000, four out of five people over 100 years old are women."

Facts to Consider

- People may receive up to 80 percent of their life's total exposure to UV light by age 18.
- Every year, more than one million cases of skin cancer are diagnosed.
- UV rays are responsible for more than 90 percent of all skin cancers.
- Malignant melanoma accounts for 75 percent of all skin cancer deaths.
- Regular skin self-exams could save an estimated 4,500 lives each year.
- UV radiation exposure increases approximately 5 percent for every 1,000 feet you are above sea level.
- Experts recommend that people use products with an SPF of at least 15.

(Sources: AOA; American Cancer Society)

Gynecological Health

Going to the doctor's office for an annual gynecological exam isn't exactly something that women eagerly anticipate. And if you add in the fact that it is a young woman's first gynecological exam, that heightens anxiety even more.

Karen Nichols, D.O., an Arizona internist, says, "The most important piece of information you can give to young women to put them more at ease about this exam is that it doesn't hurt. They also should know that they have the right to ask for explanations of procedures at any point during the exam."

She encourages patients to ask about anything, even embarrassing or uncomfortable issues, because such matters are probably the most important ones to address. "When dealing with your health, no question can be considered stupid." According to Dr. Nichols, young women should receive a gynecological exam when they become sexually active or reach age 18, whichever comes first.

Women over the age of 20 should also get a clinical breast exam performed by a physician or a nurse every year and should perform a self-exam every month. According to the American Cancer Society, breast cancer is the second leading cause of cancer deaths among women. This year alone, an estimated 184,200 new cases of invasive breast cancer will be diagnosed.

Knowing what to expect during the first gynecological exam can alleviate many anxieties young women have. Not only does this exam provide an opportunity to catch health problems in their early stages, it is also an opportunity for young women to learn about ways to maintain good gynecological health.

Facts to Consider

- The best time for a gynecological exam is one week after a menstrual cycle.
- Women should not douche or use vaginal creams for at least 72 hours before the exam.
- For 24 percent of women, the gynecological exam is the only regular exam they undergo.
- Every three minutes, a woman in the U.S. is diagnosed with breast cancer.
- This year, about 13,000 new cases of invasive cervical cancer will be diagnosed in the U. S.
- Ovarian cancer accounts for the fifth most common cancer among women, with approximately 24,000 new cases diagnosed each year.

(Sources: AOA; American Cancer Society)

The over 22 million females between ages 12 and 24 living in the U.S. today are increasingly more active in school, extracurricular sports activities, and are exposed to the dangers of drugs, alcohol and sexual activity more than ever before. And they are making conscious lifestyle choices now that will greatly impact their health down the road. It is never too early to learn the importance of routine health screenings and a commitment to a healthy lifestyle because it can make a dramatic difference in their health as they age.

Osteopathic physicians are uniquely equipped to deal with these issues so that young women maintain a healthy lifestyle and a high quality of life in their later years.

Study Shows Cigarettes are More Addictive than Previously Thought

A study appearing in the September 12 issue of the British Medical Association's journal "Tobacco Control," noted that it could just take a few cigarettes to become addicted. Reported research on some 12 and 13 year olds showed evidence of addiction within days of their first cigarette.

(Fort Worth Star-Telegram, 9-12-2000)

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10/97

TOMA Welcomes New Members

The Board of Trustees of the Texas Osteopathic Medical Association is pleased to introduce the following new members who were formally accepted at the September 16, 2000 Board meeting.

Daniel T. Benscoter, D.O.
OMCT, Dept. of Pathology
2000 Montgomery
Fort Worth, TX 76107

Dr. Benscoter is a member of District 2. He graduated from the Philadelphia College of Osteopathic Medicine in 1983, is a Certified Pathologist with a subspecialty in Cytopathology.

Robert J. Byrnes, D.O.
1920 South Loop 256
Palestine, TX 75801

Dr. Byrnes is a member of District 3. He graduated from Texas College of Osteopathic Medicine in 1991, and specializes in Occupational Medicine.

Michael S. Carnes, D.O.
UNTHSC/TCOM, Department of Osteopathic Manipulative Medicine
3500 Camp Bowie Blvd.
Fort Worth, TX 76107

Dr. Carnes is a First Year Member and a member of District 2. He graduated from University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine in Des Moines, Iowa in 1997, and specializes in Neuromusculoskeletal Medicine.

Donald D. Davenport, Jr., D.O.
1330 East Eighth Street #420
Odessa, TX 79761

Dr. Davenport is a member of District 4. He graduated from Ohio University College of Osteopathic Medicine in 1995, and is Certified in General Surgery.

Conrad R. de los Santos, D.O.
1302 Caywood Lane
Houston, TX 77005

Dr. de los Santos is a member of District 6. He graduated from Kirksville College of Osteopathic Medicine in 1993, and specializes in Family Practice and Emergency Medicine.

Nga N. Goodahl, D.O.
6600 West Lakeside
Olmito, TX 78575

Dr. Goodahl is a member of District 14. She graduated from The University of Health Sciences College of Osteopathic Medicine in Kansas City in 1985, and specializes in Emergency Medicine.

Robert J. Gunderson, D.O.
800 Medical Center Drive #C
Decatur, TX 76234

Dr. Gunderson is a member of District 15. He is a graduate of Oklahoma State University/College of Osteopathic Medicine in Tulsa in 1991, and is certified in Orthopedic Surgery.

Jeffrey R. Kelley, D.O.
367 Greens Road
Houston, TX 77060

Dr. Kelley is a member of District 6. He graduated from Texas College of Osteopathic Medicine in 1984, and is in General Practice.

Vibha V. Patel, D.O.
855 Montgomery
Fort Worth, TX 76116

Dr. Patel is a member of District 2, and graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 1996. Dr. Patel is a Certified Family Practitioner.

Pamela L. Santone, D.O.
4116 South Carrier Parkway #250
Grand Prairie, TX 75052

Dr. Santone is a member of District 15. She graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 1997, and specializes in Family Practice.

Steven J. Schapman, D.O.
P.O. Box 6769
Corpus Christi, TX 78466

Dr. Schapman is a member of District 8. He graduated from University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine in Des Moines, Iowa in 1977; and is a Certified Radiologist.

Cynthia A. Sloan, D.O.
Cleveland Regional Neurological Center
203 N. College Avenue #3003
Cleveland, TX 77327

Dr. Sloan is a member of District 6. She graduated from Chicago College of Osteopathic Medicine of Midwestern University in 1995, and specializes in Neurology.

H. Gerhart Smith, D.O.
P.O. Box 1656
Burleson, TX 76097

Dr. Smith is a member of District 2. He graduated from Texas College of Osteopathic Medicine in 1979, and specializes in Orthopedic Surgery.

Alexandre F. Migala, D.O.
Department of Emergency Medicine –
Darnall Army Community Hospital
Fort Hood, TX 76544

Dr. Migala is an Associate Military Member and a member of District 18. She graduated from Texas College of Osteopathic Medicine in 1993, and is Certified in Emergency Medicine.

The following individuals are new Intern/Resident Members:

Roberta Abbott, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Family Practice at Pinnacle Health in Harrisburg, PA.

Melanie C. Barron, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Family Practice at the Osteopathic Medical Center of Texas.

Paul L. Braithwaite, Jr., D.O. graduated from Kirksville College of Osteopathic Medicine in 2000, and is serving an Internship in Anesthesiology at Wilford Hall Medical Center, Lackland AFB, TX.

Denise M. Casper, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is a Resident at Bay Area Medical Center in Corpus Christi, TX.

continued on next page

Wesley A. Clarkson, D.O. graduated from Kirksville College of Osteopathic Medicine in 2000, and is an Intern at Brooke Army Medical Center, Fort Sam Houston, TX.

Foy E. Dark, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Emergency Medicine at Scott & White Memorial Hospital in Temple, TX.

Arpan N. Desai, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Anesthesiology at Dallas Southwest Medical Center.

Kathleen Takemoto Earley, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Internal Medicine and Pediatrics at University of Texas Medical Branch in Galveston, TX.

Derek A. Farley, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 1997, and is finishing a Residency at Bay Area Medical Center in Corpus Christi, TX.

David P. Gilbert, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Family Practice at Christus Spohn Memorial Hospital in Corpus Christi, TX.

Eric R. Groce, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Family Practice at Bay Area Medical Center in Corpus Christi, TX.

Rachna Gupta, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship at Plaza Medical Center of Fort Worth.

Kathryn M. Judd, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Family Practice at St. Paul Medical Center in Dallas, TX.

D. Fatimah Lalani, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving a Residency in Obstetrics and Gynecology at R.E. Thomason General Hospital in El Paso, TX.

Geoffrey S. Landis, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at Doctor's Hospital in Columbus, OH.

Mark A. Lindemann, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at Plaza Medical Center in Fort Worth, TX.

Vipinder K. Mann, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at University of Texas Medical Branch in Galveston, TX.

Aaron G. Osborne, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at the Tulsa Regional Medical Center in Tulsa, OK.

Joseph Park, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at Baylor Medical Center in Garland, TX.

Adi M. Philpott, D.O. graduated from University of New England College of Osteopathic Medicine in Biddeford, Maine, in 1997; and is serving a Residency in Osteopathic Manipulative Medicine at UNTHSC/TCOM.

Robert G. Roach, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 1997, and is finishing a Family Practice Residency at North Broward Hospital District in Fort Lauderdale, FL.

Rocky C. Saenz, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Radiology at Botsford General Hospital in Farmington Hills, MI.

Darren D. Scherer, D.O. graduated from Kirksville College of Osteopathic Medicine in 1997, and is finishing a Family Practice Residency at St. Joseph's Hospital in Phoenix, AZ.

Rita E. Schindeler-Trachta, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving a Family Practice Internship at Brackenridge Hospital in Austin, TX.

Lenora B. Smith, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at the Philadelphia College of Osteopathic Medicine.

Jim L. Tarpley, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is serving an Internship in Family Practice at University Medical Center in Lubbock, TX.

Tom M. Thomas, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at John Sealy Hospital, University of Texas Medical Branch in Galveston, TX.

Christopher J. Trollman, D.O. graduated from Michigan State University College of Osteopathic Medicine in 2000, and is an Intern at William Beaumont Army Medical Center in El Paso, TX.

Hong Le Truong, D.O. graduated from University of North Texas Health Science Center at Fort Worth Texas College of Osteopathic Medicine in 2000, and is an Intern at the University of Texas Health Science Center in Houston, TX.

Khanh N. Vu, D.O. graduated from Oklahoma State University/College of Osteopathic Medicine in 1993, and is finishing a Family Practice Residency at Youngstown Osteopathic Hospital in Youngstown, OH.

New Osteopathic Interns and Residents

The following is a continuation, from October's *Texas D.O.*, of new osteopathic interns and residents who have recently begun their training programs in Texas.

Osteopathic Medical Center of Texas (Fort Worth)

Eduardo Aguirre, D.O.
UNTHSC/TCOM
Family Practice Resident

Jennifer A. Alexander, D.O.
OSU-COM
Family Practice Intern

Melanie C. Barron, D.O.
UNTHSC/TCOM
Family Practice Intern

Darin E. Brandt, D.O.
KCOM
Intern

Susan C. Conroy, D.O.
UNTHSC/TCOM
Internal Medicine Resident

Richard "Eric" Costello, D.O.
UNTHSC/TCOM
Intern

N. Nelle Cotten, D.O.
MSU-COM
Manipulative Medicine Plus-One

Jeffrey R. Counts, D.O.
UHS-COM
Orthopedic Surgery Resident

Edward L. Erb, D.O.
OUCOM
Vascular Surgery Resident

Michelle L. Fugitt, D.O.
OSU-COM
Family Practice Intern

Hsiu-Bun Hsu, D.O.
UNTHSC/TCOM
Intern

Rosemary "Randi" Johnson, D.O.
OSU-COM
Intern

Nicki L. Jones, D.O.
UNTHSC/TCOM
Internal Medicine Intern

Sophia Lal, D.O.
UNTHSC/TCOM
Intern

Julia A. Pewitt, D.O.
AZCOM
Family Practice Intern

Lauren L. Sims, D.O.
UNTHSC/TCOM
Internal Medicine Intern

Jennifer N. Smith, D.O.
UNTHSC/TCOM
Radiology Intern

Joseph S. Susa, D.O.
KCOM
Intern

Soledad Wang, D.O.
OSU-COM
Family Practice Resident

Jennifer A. Weatherly, D.O.
UNTHSC/TCOM
Family Practice Resident

Jeremy L. Weiss, D.O.
UNTHSC/TCOM
Intern

Stuart F. Williams, D.O.
UNTHSC/TCOM
Manipulative Medicine Plus-One

continued on next page

Scott & White Memorial Hospital
The Texas A&M University Systems Health Science Center
College of Medicine (Temple)

Daniel Akers, D.O.
CCOM
Emergency Medicine
Resident

Carl Chakmukjian, D.O.
UNTHSC/TCOM
Internal Medicine
Resident

Gregory Cusano, D.O.
NSU/COM
Hematopathology
Resident

Foy (Eddy) Dark, D.O.
UNTHSC/TCOM
Emergency Medicine
Resident

Craig Fisher, D.O.
OSU-COM
Anesthesiology Resident

Ronald Kantola, D.O.
OSU-COM
Internal Medicine
Resident

Scott Turner, D.O.
UHS-COM
Internal Medicine
Resident

Ruth Warren, D.O.
CCOM
Internal Medicine
Resident

In Memoriam

Marion A. Groff, III, D.O.

Dr. Marion A. Groff, III, of Pilot Point, passed away on August 22, 2000. He was 51. Services were held August 25 at Midway Baptist Church of Aubrey.

Dr. Groff served in the U. S. Army from June 1971 to June 1974. He was a graduate of Southeastern Oklahoma University and the University of North Texas. He received his D.O. degree in 1980 from Texas College of Osteopathic Medicine.

He set up his first practice in Rockwall, moving to Dalhart a year later, where he practiced for eight years. In 1990, he moved to Pilot Point to take over the medical practice of his father, who was retiring.

Dr. Groff was serving his fourth term as mayor of Pilot Point, and was also president of the Chamber of Commerce. He had been an active member of TOMA for many years. Additionally, he was a member of Kiwanis and president of DENCO 911 for eight years.

Survivors include his wife, Karen Groff of Pilot Point; daughter, Kristen Nicole Groff of Pilot Point; four sons, Marion Allen Groff, IV, of Garland, Bryant Adam Groff of Garland, John Robert Groff of Pilot Point, and Cole Kelly Schmitz of Pilot point; his parents, Betty and Marion A. Groff, Jr., D.O., of Pilot Point; and a sister, Janet Sims of Pilot Point.

Memorials may be made to the Dr. Allen Groff Scholarship Fund at Pilot Point Bank.

Steven Russell Price, D.O.

Dr. Steven Russell Price of Scottsboro, Alabama, passed away on October 2, 2000. He was 50. Funeral services were held October 5 in Opp, Alabama.

Dr. Price graduated from El Monte High School in El Monte, California, in 1967. He attended Abilene Christian College and graduated in 1971 with a bachelor of science in pre-medicine. In 1975, he received his D.O. degree from Texas College of Osteopathic Medicine. Dr. Price completed his internship and residency at Flint Osteopathic Hospital in Flint, Michigan.

He practiced general surgery in West Plains, Missouri, and Pampa, Texas, before moving his family to Opp, Alabama in 1989. Dr. Price and his wife, April, moved to Scottsboro in 1998, where he continued practicing general surgery until his death.

Survivors include his wife, April Schulz; his children, Christine Elizabeth Price of Canyon, Texas, Katherine Price Moore of Amarillo, Steven Russell Price, II, of Norman, Oklahoma, Lori Gayle Gwaltney of Ozark, Alabama, and DiDi Michelle Lofton of Auburn, Alabama. He is also survived by his stepfather, Tex Earl Harte Rea of El Centro, California; four sisters, Dorothy Rea of Berlin, Maine, Toni Jackson of Imperial, California, Patricia Maudlin of San Diego, California, and Chris Markus of Olympia Washington; brothers, Jack Rea of Norman, Oklahoma, Larry Rea of Riverside, California and Don Rea of Dallas. He was preceded in death by his father, Maurice Russell Price in 1972 and his mother, Frances Ann Hardcastle Dye in July 2000.

Memorial donations may be sent to the Allen Lott Transplant Fund in Scottsboro, Alabama.

Victor H. Zima, D.O.

Dr. Victor H. Zima of Kingwood, passed away on September 3, 2000. He was 83. A Funeral Mass was held September 6 at St. Mary Magdalene Catholic Church in Humble.

Born in 1917, he grew up in Geneva, Ohio. He had been a member of the Geneva High School Letterman's Association. At the time of his Eagle Scout Honor Court, he held the distinction of being the youngest Eagle Scout in the United States.

Dr. Zima was a 1944 graduate of Kansas City College of Osteopathy and Surgery (now known as the University of Health Sciences College of Osteopathic Medicine). In 1999, a scholarship was established in his honor at the osteopathic college.

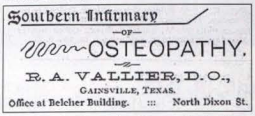
He practiced medicine and general surgery for 55 years, before retiring in 1999. Dr Zima was a co-founder of both Community Hospital in Jacinto City and East Way General Hospital. He served as chief of staff and chief of surgery at both institutions. He moved his practice to Kingwood in 1986 and, from 1992 until 1999 he served as a physician for the University of Texas Medical Branch at Galveston and for the Texas Department of Criminal Justice.

Dr. Zima was active in the American Osteopathic Association and the Texas Osteopathic Medical Association, of which he was a life member. He was also extremely active in his divisional society. In 1974, TOMA District 6 honored him with the Physician of the Year award. He was also a Fellow of the American College of Osteopathic Surgeons.

Survivors include his wife, Charlotte Zima; daughters, Vicki Campbell and Zoanne Kron; sons-in-law, Scott Campbell and Jeff Kron; stepson, Donald I. Jones, III; grandchildren, Ryan Campbell Garrett, Tanner Campbell, Hunter Campbell, Trevor Shaw, Corey Victor Shaw and Zachary Shaw; step-grandchildren, April Jones, Donald Jones, IV, and Megan Kron; brothers, Longie Zima and Frank Zima; sisters, Eugenia Brown and Angeline Hudgson.

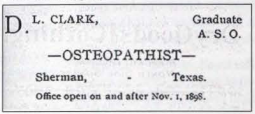
TOMA and Osteopathic Medicine in TEXAS

Advertisement from the November, 1897
Journal of Osteopathy



R.A. Vallier, D.O., of Gainsville, probably the first practicing osteopathic physician in Texas.

Advertisement from the October, 1898
Journal of Osteopathy



Herman T. Still, D.O., youngest son of Dr. A.T. Still, opened his practice in Sherman, Texas, in 1898.

D.L. Clark, D.O., of Sherman, founder of the Texas Association for the Advancement of Osteopathy.

– the First 100 Years –

November 2000 marks the 100th anniversary of the founding of the Texas Osteopathic Medical Association. The following provides a brief history of osteopathic medicine in the state and TOMA's role through the first 100 years. Information is excerpted from the speech and slide show presented by James E. Froelich, III, D.O., during TOMA's 101st Annual Convention in June, 2000.

It was a time of new ideas, a time of unheard of opportunity. The nation had emerged from the great Civil War and an industrial revolution. Change was everywhere with explosive new ideas and new ways of doing things. Osteopathic medicine was born in that environment of change.

The ideas of Dr. A. T. Still flourished in this environment and the American School of Osteopathy (ASO) was founded in Kirksville in 1892. As the new graduates of this first osteopathic college struck out to make their mark on the world, they boldly sallied forth to new lands. True pioneers – carrying this magical new discipline of medicine – osteopathic physicians followed the rails from Kirksville down the main lines to places like Gainesville, Sherman, Paris, McKinney, Waco, Fort Worth, Dallas, Palestine and Austin.

Texas held unlimited opportunity. For an ASO graduate who was willing to work hard and apply his skills professionally, success was assured.

The first practicing osteopathic physician in Texas was probably Dr. R. A. Vallier of Gainesville, in September of 1897. He was soon followed by Dr. Mollie Baldwin in Waco, and Dr. Willie Johnston in McKinney. Of interest is the following communication, written to the "Journal of Osteopathy" by Dr. Baldwin: "I have been among those who never heard of osteopathy. It is amusing to see people stop, pose and spell aloud from my sign. I have done business since the first day but not as extensively yet as I would like."

It was in 1898 that Dr. David L. Clark, one of the great osteopathic pioneers for practice rights in Texas, trekked to Texas, establishing a practice in Sherman. It should be noted that had it not been for the generosity of Dr. A.T. Still, Dr. Clark most likely would have been unable to attend ASO. Dr. Still took a note for Dr. Clark's tuition and Dr. Clark did odd jobs while his wife took in washing during his education.

Additionally, some of the other first osteopathic physicians in Texas included Dr. A.T. Still's son, Herman T. Still of Sherman, in 1898. The state's first husband and wife team was Drs. Paul and Mary Peck of San Antonio. Dr. Paul Peck went on to become TOMA's fifth president in 1904. Dr. Mary Peck was elected in 1929, becoming the 30th TOMA president and, incidentally, only the second women to hold the office at the time. One of the first osteopathic specialists in the state was Dr. J. Ellen Gildersleeve, an 1899 ASO graduate. She practiced in Waco for over 40 years, limiting her practice to women's diseases.

The first osteopathic physicians were drawn to this state as it represented a land of opportunity for educated men and women of integrity. However, soon after they arrived, there came a threat to their very existence and survival. The reality was that unlimited opportunity and freedom were also available to the charlatans, fakes and quacks of the day. A simple application made to New Orleans or Chicago, accompanied by the proper fee, afforded any enterprising person with a medical diploma with which he could start practicing medicine. Even in the absence of a diploma, a $15 fee would secure a license to practice medicine in the state. Texas was becoming a spawning ground for medicine men selling instant cures and practicing irrational and unscientific therapeutics.

Thus, shortly after the first D.O.s entered Texas, a Senator Wilson (whose brother was an M.D.) introduced a bill for the publics' protection, which later became known as the "Wilson Bill." The bill sought to limit the practice of medicine in Texas to only M.D.s. This included M.D.s who were homeopaths, eclectics and allopaths (also known as "regulars"). Besides banning the quacks and fakes, the bill would have also included osteopathic physicians as "occult and unorthodox." In ignorance, the Wilson Bill would

have ended osteopathic medicine in Texas in 1901.

The bill had passed the House with virtually no opposition before Dr. David L. Clark became aware of it. Having little time to formally organize, he used his own resources and money and hired a practicing attorney, Cecil Smith, an ex-Texas Congressman, to assist him in obtaining an amendment to the bill – stating that the law would not apply to osteopathic medicine.

As the urgent cry was sent out to the 10 to 15 osteopathic physician residing in the state, five D.O.s were able to travel to Sherman on November 29, 1900. At their meeting, a constitution was drawn up and adopted. Dr. Clark was elected the first president of the state organization. The organization named itself the Texas Association for the Advancement of Osteopathy. Out of political necessity and out of the need for good physicians to survive in a political environment, our state organization was born.

Dr. Clark and Mr. Smith immediately embarked for Austin for the "re-education" of Senator Wilson. Fortunately, they eventually convinced the Senator that he was about to commit an act of injustice, leading him to tack on the saving amendment to his own bill, which stated that the bill "shall not apply to osteopaths practicing as such."

Dr. Clark, foreseeing a future of political battles, called urgently to the D.O.s of Texas to remain vigilant. Some things never change.

Politics is central to TOMA and TOMA is central to politics – our politics – the politics of our profession and our survival. The "Handbook of Texas" points out that the Texas Medical Association (TMA) was chartered in 1853. It allowed membership to women first in 1893. Black doctors were not allowed membership until 1955. Osteopaths on the other hand were not admitted until 1972.

In 1901, during the second meeting of the association held in Fort Worth, the name was changed from the Texas Association for the Advancement of Osteopathy to the Texas Osteopathic Association (TOA). Membership grew from 10 to 15. Dr. T. S. Ray of Fort Worth was elected the second president that year, and he and Dr. Clark began working on

"In 1907, a new compromise Medical Practice Act was reached and signed into law by Governor T. M. Campbell, marking the first time that osteopathic medicine was legally recognized as a valid system of medicine."

legislation to close the loophole created by the Wilson Act amendment. The problem was that when osteopathic medicine was exempted from the Wilson Bill, it opened up the opportunity for anyone to practice medicine under the osteopathic clause. Thus, any quack, faker and psycho healer without a license could claim to be an osteopathic physician and practice medicine. Our early leaders knew that their battle was just beginning

In 1903, Dr. S.C. Red, TMA president, stated, "I think Osteopathy should be struck with the jaw bone of an ass." The osteopaths, he admitted, used certain well-known agents of cure and relieved some of their patients, but he stated that they were a menace to health and life in that they trifled with what might be serious ailments.

The answer was to have a board of osteopathic medical examiners mandated by the state legislature. Drs. Clark and Ray, and later Dr. Paul Peck, fought diligently, pushing a bill through the Texas Senate in 1905, only to see it stalled purposefully in the House by the TMA until the legislature session ended that year.

A compromise had to be struck in 1907 after a bitter battle during which the osteopathic physicians tried to establish their own board of examiners. The "regulars" fought back by trying again to oust them from the state. In 1907, a new compromise Medical Practice Act was reached and signed into law by Governor T. M. Campbell, marking the first time that osteopathic medicine was legally recognized as a valid system of medicine. John F. Bailey, D.O., of Waco, was the first D.O. appointed to that board.

World War I came and, since the AMA insisted that D.O.s were unfit for medical corps service, we stayed home and cared for the sick of Texas – gaining strength, numbers and respect. In 1918, the Surgeon General quoted the following as justification for not allowing D.O.s practice rights in the Medical Corps: "To admit Osteopathic physician as such without the degree of Doctor of Medicine would have the practically unanimous opposition of this and all Allied countries and justly so, as lowering the standards, educational and professional, of our Medical Corps, and would have a discouraging and detrimental effect upon the general morale of the Corps. "

Success came slowly but surely for osteopathic physicians. In 1925, Dr. Phil Russell became the first D.O. appointed to the State Board of Health. The year 1930 brought a new intrusion - osteopathic medical graduates were not going to be allowed to sit for the state licensure exam. It took your state organization and Writ of Mandamus plead against the State Board of Medical Examiners to allow justice to prevail. The 1930s also brought us a new name: the Texas Association of Osteopathic Physicians and Surgeons.

The year 1939 saw the first women's auxiliary. Texas D.O.s' wives were originally combined with female D.O.s in an organization known as Osteopathic Women's National Association. In 1939, wives of D.O.s in Dallas County formed the first auxiliary in Texas, and in 1940, Dallas County president Mrs. Robert Morgan formed a Texas auxiliary. Thus, that year, the auxiliary was founded with 10 charter members and Mrs. Morgan as first president.

The 1940s brought tremendous hardships, advancements and opportunity. War gripped the globe and the miracle of penicillin arrived.

My great grandfather, A. L. Thomas, M. D. of Ennis, told me that, prior to penicillin, all that doctors could do was hold

hands and watch patients die. But then, he wasn't an osteopathic physician! (By the way, my great grandfather was the same doctor who saw Dr. George Luibel's very first days of practice in Texas and delivered our own Mrs. Ray Stokes in Ennis.)

Texas D.O.s were bitterly slandered once again as unfit for service as physicians in the war effort. So, Texas D.O.s stayed in Texas and took care of the sick, and Texans noticed.

An article appearing in the Dallas Morning News on January 10, 1944, stated: "The flu has been epidemic partly because there aren't enough doctors to care for the civilian population. This shortage of doctors could be somewhat relieved, however, if the services would commission osteopathic physicians instead of making them orderlies, whose duties range from dumping bedpans to cleaning floors."

"Actually Congress has already ruled for commissioning osteopaths in the Navy, but the American Medical Association has put such pressure on Navy Surgeon Gen. Ross T. McIntire that the will of Congress has been thwarted and osteopaths are still being used frequently as orderlies."

"Admiral McIntire contends that osteopaths are not qualified for general practice. The osteopaths contend that they are. Meantime Admiral McIntire continues to use with his No. 1 patient, F.D.R., a mild form of osteopathy, which he calls physiotherapy."

Our state organization, the TAOP&S, held its first-ever House of Delegates in Tyler in 1947. The political atmosphere in Texas was electric. TMA/AMA propaganda continued to demonize osteopathic medicine and renewed charges of incompetence were leveled by a jealous M. D. profession.

In 1949, a powerful new force in moving the Texas Association of Osteopathic Physicians & Surgeons drove us forward. It was Dr. Phil Russell, the former TAO president from 1923-24. In 1949, he limited his practice to devote his full efforts to serving as the Executive Secretary of our organization. Though his accolades and achievements are too numerous to mention, his most momentous achievement may have been to finally gain the right of the Texas D.O.s and D.O. hospitals to receive payments from a new nemesis, Blue Cross, as well as other insurance companies. Prior to this, Blue Cross refused to pay osteopathic physicians or hospitals. Under Russell, the association built its first state headquarters at 512 Bailey in Fort Worth. The association rapidly gained strength, stature and stability with Dr. Russell and strong leaders and members. Dr. Elmer Baum showed up in Austin and made our presence known around the capitol–and he never left.

Then there was "The Osteopathic Question" from 1951-1961. In 1953, an AMA committee suggested "That the [AMA] House of Delegates declare [that] so little of the original concept of osteopathy remains that it [the AMA House] does not classify medicine as currently taught in schools of osteopathy as the teaching of cultist healing."

After a decade of debate and disagreement, in 1961 the AMA turned over to each state the determination of professional relationships between D.O.s and M.D.s. Prior to this, it was specifically determined by AMA/TMA policy that "All voluntary professional associations [by the M.D.s] with osteopaths are unethical." This included teaching in osteopathic medical colleges.

The year 1968 ushered in a new executive director, Tex Roberts, who led TOMA with an iron fist from 1968-1987. Great things happened in the 1960s and 1970 because of Texas osteopathic physicians and their strong leadership.

Since M.D. hospitals refused us entrance, we had to build our own. Thus, hospitals sprang up like crops in a field – Houston, San Antonio, Groves, Lubbock, Amarillo, Corpus Christi, the Dallas/Fort Worth Metroplex had the lion's share. The saying was that "If you have two osteopaths in a town in Texas, you have a hospital." After meeting a lot of independent, hard-headed Texas D.O.s, I understood the second part of that saying as, "If you had three osteopaths in any town in Texas, you had two osteopathic hospitals."

Fort Worth Osteopathic Hospital broke ground. Drs. Luibel, Phil Russell, and Roy Fisher were present with a cadre of architects creating the future nucleus of osteopathic medicine in Texas. It was of course destined to be the premier osteopathic institution in Texas and the main teaching institute of the soon to be established Texas College of Osteopathic Medicine.

A work of a lifetime became a reality for its founders in 1970 with the founding of Texas College of Osteopathic Medicine. Sacrifices were made as Texas D.O.s stepped up to the plate and gave of themselves in every respect. Gov. Preston Smith signed S.B. 160 into law in May 1971, which allowed the Coordinating Board, Texas College and University System, to contract with TCOM to provide for the education of bona fide Texas resident undergraduate medical students pursuing the degree of Doctor of Osteopathy. This prize that came at great sacrifice had to be watched over and defended.

In 1971, the TOMA House of Delegates chose a fashionable new name – we were finally the Texas Osteopathic Medical Association.

By 1980, the TMA was able to whittle the D.O.s on the Texas State Board of Medical Examiners down to one and threatened to remove D.O.s completely. With intensive lobbying and with great political prowess, we were able to twice cause profound changes in the Medical Practice Act. In 1981 the Act called for three D.O.s on the Board by statute, along with representation of at least one D.O. on all Board committees. This battle was intense and was led by Billy Clayton, at the time Speaker of the House and a friend of the osteopathic profession. He stated that there would be three D.O.s on the examining board by statute or there would not be a Practice Act. The fight continued during the 140-day regular session and through a special session, up to 15 minutes before midnight of the end of the special session, before the TMA agreed. What really helped us was an unprecedented move, whereby Speaker Clayton appointed himself to the conference committee of the two houses to work out the differences.

In both 1981 and 1983, we were successful in getting a non-discriminatory clause into the Act. It should be noted that in 1987, Joel Holliday, D.O., became the first D.O. president of the Texas Board in its history.

We built our second state headquarters in 1981 at 226 Bailey in Fort Worth under

Tex Roberts' leadership. In addition, in response to a long-held sentiment that TOMA needed a presence in Austin for political purposes, a duplex was purchased in 1990 for lobbying purposes. However, the Fort Worth base was soon perceived as a logistical nightmare in terms of the frequent need to be in Austin for certain bills or for important meeting with health care agencies.

In 1992, the TOMA House of Delegates approved a resolution in support of TOMA's relocation from Fort Worth to Austin, a decision based on years of study, discussion and deliberations by TOMA members and officials. An Ad Hoc Relocation Committee was appointed and in 1993, the committee located an acceptable temporary site in Round Rock. The TOMA office, under the direction of current Executive Director Terry Boucher, M.P.H., relocated while the committee continued its search for an Austin site. That search proved successful in 1995 with the purchase of the property at 1415 Lavaca, now known as the Bartholomew-Robinson Building, designated as an historical landmark by the Austin Historical Society.

In 1916, H. B. Mason, D.O., secretary-treasurer of the association for several years, said, "Those of us who came into the state after the battle was won, after the trail was blazed, and after the debts were paid . . . are under a lifelong obligation [to the pioneers of the profession] and should show our appreciation by supporting every activity of the state organization."

Your organization, the Texas Osteopathic Medical Association, today continues to do daily what it did first in November 1900. The people and players have changed, but the threats to our rights and our existence are tended to constantly with skill and expertise to ensure our survival.

As for the challenges that face TOMA and osteopathic medicine in the next 100 years, there is no reason for any of us to conjecture or prognosticate, because you and I will know what they are soon enough. I will say this, though, the greatest threat to our profession is complacency.

In the News

Daniel Saylak, D.O., Elected to Texas Medical Foundation Board of Trustees

Daniel W. Saylak, D.O., was elected in July by the Texas Medical Foundation (TMF) physician membership to serve on their board of trustees. Dr. Saylak joins the board with numerous years of service at national, state and local levels. He will be instrumental in advancing TMF's mission to assure quality health care for Texans during his three-year term on the board.

Dr. Saylak is a 1983 graduate of Texas College of Osteopathic Medicine and is board certified by the American College of Osteopathic Family Physicians. He practices emergency medicine/family medicine in College Station.

Dr. Saylak has served as a TMF physician reviewer since 1990. He is active in both the American Osteopathic Association and the Texas Osteopathic Medical Association, in which he serves as a member of the TOMA Board of Trustees. He is also a delegate to the AOA and maintains membership in the Texas Medical Association and the American Medical Association.

As a TMF Board of Trustees member, Dr. Saylak will provide valuable information and insight into affairs concerning physicians.

The Texas Medical Foundation is the medical peer review/quality improvement organization for Texas. TMF is a private, non-profit organization of licensed physicians (D.O.s and M.D.s) whose purpose is to promote, develop, define and encourage the delivery of high quality, cost-effective medical care and health services. TMF's membership consists of over 5,000 physicians, 16 of whom serve on the board of trustees.

Dr. George Cole Stresses the Necessity of Workers' Comp Insurance

George M. Cole, D.O., of Amarillo, recently wrote an article that appeared in the guest column of his local newspaper. His article was in response to a column published earlier, in which the author strongly resisted any effort by the Texas Legislature to require businesses to carry workers' compensation insurance. In his rebuttal, Dr. Cole raised several points as follows:

Workers' compensation lawsuits raise costs – Dr. Cole's response: "These suits are almost nonexistent. The law that currently regulates workers' compensation claims allows very little payment for attorneys in these claims; therefore, no lawsuits."

Employees and physicians exploit the system for their own gain – Dr. Cole's response: "In treating thousands of workers during the past 20 years, I have seen the occasional malingerer. However, the great majority of workers would much rather recover and go back to full-time duty."

Many small businesses have found alternative ways to cover their employees, with this practice saving 40 percent to 60 percent over the state system – Dr. Cole's response: "...you always get what you pay for, and there are no free lunches in workers' comp insurance. If the premium is that much lower, the benefits are even less. These are the policies that encourage third-party administrators' denial of benefits, delay of treatments and downright mean attitudes that our office encounters when trying to preauthorize treatment."

"The most effective oversight for the insurance programs authorized by the Texas Workers' Compensation Commission is the workers themselves. If they are not being treated fairly, adequately and in a timely fashion, they should complain. Complaints go not to the carrier but to the TWCC office."

Dr. Cole concluded, "Workers' compensation insurance should be mandated for all Texans."

Self's Tips & Tidings

By Don Self

Internet Claims and E-mail

While I am a firm believer in transmitting your claims electronically to the carriers, I am not sold on using a service that transmits them over the Internet. At this time, in my educated opinion, the security safeguards on the Internet are not at a level that I am comfortable with. In view of the fact that the HIPAA (Health Insurance Portability & Accountability Act of 1997) holds the provider responsible for electronic security of medical records and information, we advise caution in Internet communications.

In fact, I am constantly surprised by the number of people who admit wrongdoing (improper coding, fraudulent claims practices by colleagues and downright deception in e-mails sent over listservs on the Internet). For those not familiar with listservs, these are groups of people (sometime over 1000) that agree to exchange information over the Internet, so that when one person posts an e-mail to the listserv, that e-mail is sent to all of the members of the listserv. If anyone responds, that response is also sent to all of the members of the listserv. This is an excellent way to network with others in your profession that share similar job duties, and we highly recommend that everyone use this medium. In fact, we manage a free listserv called Professional Medical Office Management (PMOM) which can be accessed at <http://pmom.listbot.com/> (Note the absence of the www as it is not needed for this one.)

New Patient vs. Established Patient

There has been a clarification in a HCFA memo to hospitals, affecting whether patients will be classified as new patients or established patients, under the new OPPS (Outpatient Prospective Payment System). This affects the hospitals only and does not affect the physician's billing. If you receive a memo from the hospital with the new language, it has not changed how you bill Medicare Part B.

The new language is one sentence from the official OPPS Final Rule, "The meaning of 'new' and 'established' pertain to whether or not the patient already has a hospital medical record number."

You will continue to differentiate whether a patient is new or established in your practice on the basis of whether you have provided any professional services to the patient within the previous three years. It does not matter whether you saw them while at a different location, different billing number, different tax id number, etc. If you've provided service to them, then they are established.

Prolonged Services

Time and time again, I've talked about these codes and yet I'm finding that maybe one out of 10 doctors ever use them. When I'm talking to one of the 9, I find that they have quite a few opportunities to use them, but they do not. Let me get your attention – they increase your income by $100 when you use them.

If the visit takes 30 minutes longer than the times shown in the CPT book (and the sliderule you purchased from me) for medical necessity reasons (Alzheimer's, senile dementia, stroke victim unable to communicate, etc.), use PS codes. Medicare's allowable is usually around $100.00 – in addition to the visit code.

§15511.1 Prolonged Services (Codes 99354-99355). MCM, Part 3

Pay prolonged services codes 99354-99355 when they are billed on the same day by the same physician as the companion evaluation and management codes 99201-99205, 99212-99215, or 99241-99245;

The companion codes for 99357 are 99356 and one of the evaluation and management codes 99221-99223, 99231-99233, 99251-99255, 99261-99263, 99301-99303, or 99311-99313.

Do not pay prolonged services codes 99354-99358 unless they are accompanied by one of these companion codes.

So, use these codes but document why the visit took longer in case the record is requested. Then, you charge your visit code and the prolonged service code and you get paid for both.

PSA Test and Office Visit

The G0102 is not covered when performed on the same day as a covered E/M. It 's bundled into the E/M. V76.44 is the dx code to be used for prostate screening. It's new this year.

Diagnostic Testing Ideas

So, you have a patient that needs a multiple event cardiac monitor, and you've been sending the patient to the cardiologist just because you cannot afford the equipment. Perhaps you want to do a spirometry on the patient, sleep apnea studies or a dual function ABP plus holter. The equipment is expensive and you don't want to get into a lease or spend the money on the equipment, since you never know what Medicare will do to the reimbursement rates next year.

We have a solution. We've recently started supplying physicians with cardiac event monitors & dual function holters with ambulatory blood pressure equipment at no charge. The physician doesn't buy or lease them as they belong to the Independent Diagnostic Testing Facility. The physician gets paid for the professional component and the IDTF gets paid for the technical, as they are the ones providing the transtelephonic technical service and reports to the physician.

The patient wins, as they don't have to pay a co-pay or deductible for a consult with another physician and you are

provided the information you need, plus the reimbursement (which is not shabby) for the professional component. If you want more info, call me at 1-888-DONSELF or drop me an e-mail. Anyone in your office can be trained to do this in a very short session.

The IDTF has worked out payment arrangements with more than a thousand major payers and they pay between $400 to $480 for the professional component of the cardiac event monitor. Medicare even pays for the cardiac event monitors, although they do not pay for the dual function holter with apb.

This costs the physician absolutely nothing to use these holters and monitors. No lease, no rental, no purchase, yet the average FP can increase his/her income by $25,000 a year; internists by $50,000 a year; and cardiologists by $75,000 a year and give patients better service than they get now. For information, call Don at 800 256-7045.

Pre-op Exams

A pre-op exam is not a preventive medicine service and should not be coded with the preventive medicine codes. Pre-operative exams should be coded with the appropriate E&M visit code (which does include consultation codes if the service is documented properly).

Remember, when a surgeon asks another doctor for a pre-op exam, that is one physician asking the opinion of another. Also, all pre-ops do not qualify for EKGs and chest X-rays. Unless the patient has some condition that would require the EKG or X-ray, Medicare will not pay for it, so you better have an ABN signed if you plan on doing one and getting paid.

Add This to Your Sign-in Sheet!

Some of you are sill using sign-in sheets, even after the newsletter from a couple of months ago I published. If so, add the following statement to the bottom of each page of your sign-in sheet: "By signing this sheet, you are agreeing to allow your name to be seen by anyone who views this sheet. Should you prefer your presence to be unknown, do not sign this sheet, but let the front desk know that you are here."

Don Self, CSS, BFMA
305 Senter Avenue
Whitehouse, TX 75791
903 839-7045; Fax 903-839-7069

Even Small Doctor Offices Can Face OSHA Inspections

By Julie A. Jacob

Physicians in private practice today have to contend with so many things, like battling red tape and getting their claims paid on time, that making sure the hallways have non-slip surfaces and that there are material safety data sheets on hand may seem like the last things they have time to worry about.

But if physicians don't worry about safety concerns, they could find themselves slapped with penalties and thousands of dollars in fines from the federal Occupational Safety and Health Administration, which develops workplace safety and health regulations – especially since OSHA seems to be targeting medical facilities more often for inspections.

"A few years ago, I would have said that a physician's chance of being hit by lightning was greater than getting inspected by OSHA, but lately, OSHA has been focusing more on offices that perform outpatient surgery and offices that are associated with convalescent and nursing homes," said Duane Daugherty, vice president of MedcorSafety Inc., a medical safety consulting firm in McHenry, Illinois.

Although OSHA generally cannot inspect facilities with fewer than 10 employees, medical facilities are exempt from that rule, said Melody Sands, who serves as OSHA's director of health compliance.

However, she noted that the majority of workplace inspections are not random, but are done in response to employee complaints.

Of course, complying with the dizzying array of OSHA regulations can seem like a daunting task. Physician offices have to comply not only with medical-related regulations regarding bloodborne pathogen exposure control, hazardous chemicals and biohazard waste disposal, but also with general workplace safety regulations – things like having clearly marked exits, fire extinguishers and grounded electrical outlets.

In addition, OSHA also is developing new tuberculosis and ergonomics regulations, although it's unlikely that the ergonomics regulations will be approved in their current form, Daugherty said.

Despite the myriad regulations that a physician's office must meet, however, plenty of resources are available that can help physicians make sure their practices meet OSHA regulations and are a safe place to work.

Go Ask OSHA

The easiest way for physicians to find out what exactly they need to do to comply with OSHAQ regulations is to call the ultimate expert – OSHA itself. OSHA funds a free consulting service that is available in every state, Sands said.

Phone numbers and addresses for state branches of the consulting service can be found on OSHA's Web site <http://www.osha.gov/oshdir/consult.html>. Although OSHA pays for the service, it is run as a separate agency, she stressed, and the consulting service's findings are usually – but not always – kept confidential.

In Texas, consulting services are provided by the TWCC:
Workers' Health & Safety Division
Texas Workers' Compensation Commission
Southfield Building, 4000 South IH-35
Austin, TX 78704
512-804-4640

continued on next page

Fax: 512-804-4641
OSHCON Request Line:
800-687-7080
Web site:
http://www.twcc.state.tx.us/services/ohcon.html

Said Sands, "The only time names of employers are turned over to OSHA is if the employer flat-out refuses to correct a serious hazard."

During an office visit, the OSHA consultant will check to make sure that office procedures comply with regulations regarding exposure control for bloodborne pathogens (including needle safety), the handling of hazardous chemicals and the disposal of hazardous wastes, said Sands. The safety inspector will also check to make sure the office meets more general safety regulations – nonslip floors, adequate ventilation, fire extinguishers, records of employee injuries and so on.

OSHA regional offices are another good source of information, Sands said. While the federal OSHA office doesn't have any training materials available, regional offices usually have videotapes, posters and other training materials on hand, she said.

Private Firms Another Option

However, Daugherty warned that there are drawbacks to using OSHA's consulting service.

For one thing, OSHA consulting services are understaffed and therefore slow to respond to consultation requests, he said. In addition, OSHA consultants, especially outside of large cities, usually don't have specialized training in medical facility safety.

Another thing to consider is that, despite the promise of confidentiality, a lot of physicians are reluctant to invite anyone connected with OSHA into their offices, said Daugherty.

When choosing a private safety consultant, ask for a list of other physician offices, hospitals and clinics that the firm has done work for, Daugherty said, and also ask about the firm's background and training in physician office safety.

The going rate for a consultation is about $1,000 a day, he said. A small physician practice can be reviewed in one day, he said, but a large practice will take longer.

If an OSHA inspector shows up to inspect the office, Daugherty said that the best response is to act "professional, courteous and quiet."

Ask specifically what the inspector wants to see, but don't give him or her access to all your files, said Daugherty. If you have failed to comply with a regulation, it's best to admit it, he said. "If you fudge or try to cover up, that could lead to a willful violation, which could lead to multiple penalties."

(Reprinted from American Medical News, 7-31-2000)

When OSHA Comes Calling

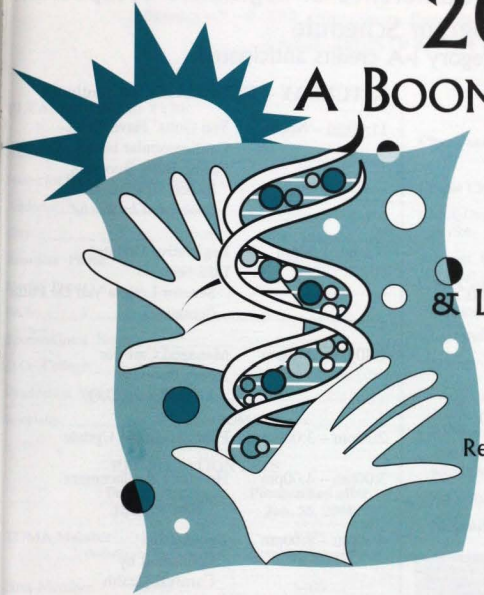
Experts' advice on what to do if the federal agency wants to take a look around your office:

- Be professional, courteous and quiet.
- Do not force the compliance officer to get a search warrant.
- Ask the compliance officer specifically what he or she wants to see.
- Escort the compliance officer around the office.
- Do not let the compliance officer look freely through all of your records. Give him or her just the ones that are requested.
- If you have failed to comply with a regulation, admit your mistake.

Advertising could be Responsible for 10 to 25 Percent of Recent Increase in Retail Prescription Drugs Spending

Over 40 percent of the increase in retail drug spending stemmed from 25 of the most heavily advertised drugs, concluded a study by the National Institute for Health Care Management. As overall retail spending on prescription drugs rose to $111.1 billion in 1999, from $93.4 billion in 1998, the study said, consumers may have been persuaded to request newer and costlier medicines from their physician even if equally effective but less expensive drugs were available. The study noted other factors contributing to increased drug spending, including an increase in the number of FDA-approved drugs, an aging population and an increase in insurance coverage of drugs.
(New York Times, 9-20-2000)

2001
A Boomer Odyssey



TOMA's 45th Midwinter Conference & Legislative Symposium

February 9 - 11, 2001

Renaissance Dallas North Hotel
Dallas, Texas

The 45th MidWinter Conference & Legislative Symposium Program Chair, Bobby Howard, D.O., has planned an excellent program specifically designed to address health issues that affect "baby boomers". It features new procedures, new products and new techniques as well as timely updates on OMT, medicare coding, risk management, and resent legislation; all presented to help keep healthcare professionals well informed as Boomers take their first step into the year 2001.

The Program Schedule and Early Registration Form are on the following pages.

Take advantage of the early registration discount. Complete the Early Registration Form on page 27 and send it in today.

DON'T DELAY! REGISTER TODAY!

Bobby Howard, D.O.
Program Chair

TOMA's 45th Midwinter Conference & Legislative Symposium
Program Schedule
17 hours Category I-A credits anticipated

FRIDAY – FEBRUARY 9

3:30pm – 8:00pm	Registration Open
3:30pm – 7:30pm	Exhibit Hall Open
5:00pm – 6:00pm	Opening Reception
6:00pm – 7:00pm	Alzheimer's Update David Orr, D.O. *Sponsored by Novartis*
7:00pm – 8:00pm	Medicare Coding Update Don Self
8:00pm – 9:00pm	Hands-On OMT Conrad Speece, D.O.

SATURDAY – FEBRUARY 10

7:30am – 4:30pm	Registration Open
7:30am – 4:00pm	Exhibit Hall Open
7:30am – 8:30am	Breakfast with Exhibitors
8:30am – 9:30am	Diabetes and Boomers *Sponsored by Eli Lilly*
9:30am – 10:30am	National Epidemic–Obesity Elaine Chiquette, Ph.D. *Sponsored by Roche*
10:30am – 11:00am	Pharmaceutical Update

SATURDAY – FEBRUARY 10 continued

11:00am – Noon	You Gotta' Have Heart–Cardiovascular Issues Facing Baby Boomers Robert Chilton, D.O. *Sponsored by Roche*
Noon – 1:30pm	Legislative Update Luncheon Senator Leticia Van De Putte (tentative)
1:30pm – 2:30pm	Managed Care for Aging Boomers Jordan Lovy, D.O.
2:30pm – 3:00pm	Pharmaceutical Update
3:00pm – 4:00pm	Hormone Replacement Therapy
4:00pm – 5:00pm	Boomer Sex! Sponsored by Carnival Health
5:00pm – 6:00pm	Looking Good! Cosmetic Surgery for Boomers

SUNDAY – FEBRUARY 11

7:30am – 8:00am	Continental Breakfast
8:00am – 1:15pm	Risk Management Program *Sponsored by Texas Medical Liability Trust Insurance*

MARK YOUR CALENDAR NOW
June 6 - 10, 2001
TOMA's 102nd Annual Convention & Scientific Seminar

Arlington Wyndham Hotel and Arlington Convention Center
Arlington, Texas

TOMA's 45th MidWinter Conference & Legislative Symposium

February 9 - 11, 2001 • Renaissance Dallas North Hotel • Dallas, Texas

EARLY REGISTRATION FORM

PLEASE PRINT or TYPE

Name:_____

Name for Badge (if different from above):_____

Address:_____

City:_____ State:_____ Zip:_____

Business Phone: (____) _____

Home Phone: (____) _____

FAX: (____) _____

Spouse/Guest Name:_____

D.O. College:_____

Graduation Year:_____ AOA#:_____

Specialty:_____ TOMA District:_____

REGISTRATION FEES

	Postmarked by Jan. 26, 2001	Postmarked after Jan. 26, 2001
TOMA Member	$250 (includes one luncheon ticket)	$325 (includes one luncheon ticket)
Non-Member	$325 (includes one luncheon ticket)	$400 (includes one luncheon ticket)

Please include _____ additional tickets for the Legislative Luncheon on Saturday, February 10, 2001 at $30 each.

REGISTRATION TOTALS

Registration Fee(s) $_____

Additional Luncheon Ticket(s) $_____

TOTAL $_____

REGISTRATION PAYMENT

Check enclosed in the amount of $_____

OR

Credit Card Payment

Check One:

☐VISA ☐MasterCard ☐AmericanExpress

Amount: $_____

Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date ☐☐ ☐☐

Name on Card:_____

Signature:_____

REFUND POLICY

- **Refund requests postmarked on or before January 26, 2001 will receive a refund less 25% administration fee.**
- **All refund requests MUST be made in writing.**
- **No refund will be given after January 26, 2001.**

Return completed form, *with payment in full,* to:
TOMA
Attention: MidWinter 2001 Registration
1415 Lavaca Street
Austin, Texas 78701-1634

Fax *ONLY* if paying by credit card
512-708-1415

Hotel Information

TOMA's 45th MidWinter Conference & Legislative Symposium will be held at the Renaissance Dallas North Hotel in Dallas, Texas, 4099 Valley View Lane (LBJ Freeway & Midway Road).

Please call the hotel directly to make reservations at 972-385-9000. **Reservations must be made no later than JANUARY 15, 2001** to receive the discounted group rate of $109 single/double/triple.

Be sure to ask for the "Texas Osteopathic Medical Association Conference Room Rate" to receive the discounted rate.

News
from the University of North Texas Health Science Center at Fort Worth

U.S. Army Surgeon General Ronald R. Blanck Joins UNT Health Science Center at Fort Worth as President

Ronald R. Blanck, D.O., has joined the University of North Texas Health Science Center at Fort Worth as its new president. Formal inaugural ceremonies are scheduled for Saturday, April 7, 2001, in Fort Worth.

Dr. Blanck, 58, most recently served as the Surgeon General of the United States Army and commander of the U. S. Army Medical Command – with more than 46,000 military personnel and 26,000 civilian employees throughout the world. He retired from the Army as a lieutenant general in July 2000.

Dr. Blanck was named to the UNT Health Science Center presidency in 1999 as the result of a nationwide search.

As president, Dr. Blanck oversees a growing academic medical center that includes the Texas College of Osteopathic Medicine, Graduate School of Biomedical Sciences, and School of Public Health. More than 190 full-time faculty and 300 volunteer community physicians work with 753 students who are training to be osteopathic physicians, researchers, public health professionals, physician assistants, and other health professionals.

After entering the Army in 1968, Dr. Blanck, who is certified in internal medicine, was initially assigned as a medical officer in Vietnam.

In his distinguished 32-year military career, Dr. Blanck served as commander of Walter Reed Medical Center North Atlantic Region Medical Command and director of professional services and chief of Medical Corps Affairs for the U. S. Army Surgeon General.

He also has served as assistant chief of the General Medicine Service in the Department of Medicine at Walter Reed, assistant dean of student affairs at the Uniformed Services University School of Medicine and chief of the Department of Medicine at Brooke Army Medical Center.

Dr. Blanck is a master and past governor of the American College of Physicians He is also an active member of the Association of Military Surgeons of the United States, the American Osteopathic Association, the Association of Military Osteopathic Physicians and Surgeons and the American Medical Association.

His academic credentials include adjunct teaching positions at Georgetown University, George Washington University, Howard University School of Medicine and the University of Texas Health Science Center at San Antonio. He earned his D.O. degree from the Philadelphia College of Osteopathic Medicine. His bachelor of science degree is from Juniata College in Huntingdon, Pennsylvania.

Dr. Blanck's military honors include the Distinguished Service Medal, the Defense Superior Service Medal, the Legion of Merit, the Bronze Star and Meritorious Service and Army Commendation Medals.

Revised "Guidelines for Osteopathic Manipulative Treatment in Patient Management" Available

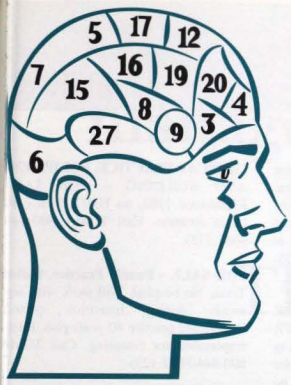
The Osteopathic Principles and Practice Committee of the Texas Osteopathic Medical Association is pleased to announce the availability of the newly revised "Guidelines for Osteopathic Manipulative Treatment in Patient Management."

Originally approved by the TOMA Board of Trustees in April of 1996, this document is invaluable to D.O.s who utilize OMT in both the inpatient and outpatient settings.

Under the direction of TOMA board member, George Cole, D.O., the Osteopathic Principles and Practice Committee met numerous times in order to revise and update the document. Important contributions to the guidelines were made by committee members and subsequently approved by the Board of Trustees.

The mission of the Osteopathic Principles and Practice Committee is to initiate and facilitate efforts by osteopathic physicians to teach, explore, advocate and advance the science and art of total health care management, emphasizing osteopathic principles, palpatory diagnosis and osteopathic manipulative treatment.

For a free copy of the revised "Guidelines for Osteopathic Manipulative Treatment in Patient Management," contact TOMA at 800-444-8662.



GIVE US YOUR THOUGHTS ON THE MATTER

The TOMA Convention Program Committee, chaired by George Smith, D.O., is interested in receiving input from TOMA members regarding TOMA's Annual Convention.

The Committee has discussed the possibility of searching for a resort location that would serve as the site of the Annual Convention every year. We would only consider sites that are full service resorts offering golf, fishing, swimming, tennis and other summertime activities for the entire family – Dad, Mom *and* the kids.

This change would require action by the TOMA House of Delegates and would not go into effect until 2005. However, we need the feedback of TOMA members now, before we consider developing a resolution to place before the TOMA House of Delegates.

Please check one of the selections below. FAX to the TOMA office at 512-708-1415 or call Sherry Dalton, Convention Coordinator, at 800-444-TOMA (8662) with your feedback. Your input is greatly appreciated.

____ I would like the Convention Program Committee to consider the new format of holding the TOMA Annual Convention in the same location every year.

____ I would like the Convention Program Committee to retain the current format of rotating the Annual Convention between the Dallas/Fort Worth metro area and other Texas cities every other year.

____ I would like the Convention Program Committee to consider having the TOMA Annual Convention in the Dallas/Fort Worth metro area every third year and in other Texas cities the other two years.

I have the following suggestions to make the TOMA Annual Convention more attractive to future attendees:

Thank you for taking the time to participate in this membership opinion survey.

2001 TOMA House of Delegates Date Change

The 2001 TOMA House of Delegates Meeting, originally scheduled for Saturday, April 7th, has been changed to **Saturday, May 12th** at the DoubleTree Guest Suites, across the street from the TOMA office in Austin. This change was made to allow everyone to attend the inaugural ceremony for Ronald R. Blanck, D.O., in-coming president of the University of North Texas Health Science Center, which is scheduled for Saturday, April 7, 2001 (see related story on page 28).

Opportunities Unlimited

PHYSICIANS WANTED

FORT WORTH, TX – Osteopathic cardiologists looking for additional osteopathic BC/BE cardiologists (interventional and non-interventional) to move into the area. Must be willing to work and get along with co-workers. Excellent opportunities available in an academic setting and in private practice. Interested candidates send CV or call Cindi Azuma at 1-800-299-2273; Osteopathic Health System of Texas, 3715 Camp Bowie Blvd., Fort Worth, TX 76107. Fax: 1-817-732-7095. E-mail: CareLink@OHST.com. (01)

EXCELLENT OPPORTUNITIES ARE AVAILABLE FOR BC/BE FEMALE OSTEOPATHIC CANDIDATES IN OB/GYN in an academic setting and in private practice. Interested candidates send CV or call Cindi Azuma at 1-800-299-2273; Osteopathic Health System of Texas, 3715 Camp Bowie Blvd., Fort Worth, TX 76107. Fax: 1-817-732-7095. E-mail: CareLink@OHST.com. (02)

PART-TIME Physician Wanted – The Davisson Clinic. Dallas, Texas. 214-546-7266. (06)

DALLAS - Physician needed at walk-in GP clinic. Flexible hours or part-time. 214-330-7777. (11)

DALLAS/FORT WORTH – Physician opportunity to work in low stress, office based practice. Regular office hours. Lucrative salary plus benefits. No call and no emergencies. Please call Lisa Abell at 800-254-6425 or FAX CV to 972-256-1882. (25)

AMBULATORY FAMILY PRACTICE has opportunities for FT/PT BC/BE FP. Full benefits package for FT including malpractice, paid time off, expenses for CME/Lic. fees. Flexible schedule, no night call, no hospital work, no administrative hassles. Enjoy the lifestyle afforded by the Metroplex. Please FAX CV to 817-283-1944 or call Shannan at 817-283-1050. (36)

PRACTICE FOR SALE/RENT

MEDICAL OFFICE SPACE AVAILABLE IMMEDIATELY – Located in heart of DFW, just 1 mile west of Las Colinas. Clinic is newly renovated and growing – multidisciplinary clinic. Dr. Jason Black, DC @ 972-594-7246. (03)

FOR SALE – FAMILY PRACTICE, AUSTIN, TEXAS. Net $200,000/no hospital. Will finance. Will work with new associate/owner during transition period. Contact TOMA at 800-444-8662. (09)

MEDICAL PRACTICE, EQUIPMENT AND BUILDING – FOR SALE. Established 1982, no HMO, 50% cash. Good location. Call TOMA 800-444-8662. (18)

FOR SALE – Family Practice, Dallas, Texas. No hospital. Will work with new owner during transition period. Established practice 40 years-plus. Buyer responsible for financing. Call TOMA 800-444-8662. (23)

MISCELLANEOUS

PROVEN SUCCESSFUL MEDICAL BUSINESS SYSTEM for profitably implementing personal injury services into your existing practice. Quit abandoning $100,000s in revenue. Call now to Mr. Patrick Hartnett, President, Medical Systems of America at 941-616-1241. (04)

HEALTH CARE LAW – Former Medicaid fraud prosecutor and medical association counsel* available for: representation before Texas State Board of Medical Examiners; managed care contract reviews; Medicare and Medicaid problems; business entity formation; fraud investigations; and related matters. Hugh M. Barton, 512-499-0793. *Not certified by Board of Legal Specialization by choice. (12)

FOR SALE – Late model MA X-ray and processor with view box and accessories; hydraulic stretcher; transport stretchers; Coulter counter and diluter; storage cabinets; office desk; assorted other items - very good condition. Contact: Dr. Glen Dow or Office Manager, 817-485-4711. (48)

CLASSIFIED ADVERTISING RATES

TOMA Members - $25 per insertion up to 85 words. $1.00 per each additional word after 85.

Non-Members - $2.00 per word (25 word minimum)

For more information call TOMA at 512-708-8662 or 800-444-8662

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