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President's Message

Now into the second half of my term as President, I feel as though much has been accomplished thanks to an incredible staff and our active and dedicated Board of Trustees, Board of Governors and Committees. We are gathering the momentum to move away from "transition" and toward "stability". Diana Finley and the AAO staff are doing an outstanding job of managing and promoting our organization.



Avecetra, a software program for association management and integration is now active. This will allow members to access and edit their personal information as well as register for AAO courses on-line. The software will also improve the AAO database access and management for the staff.

Prior to the AOA Convention in New Orleans, the AOA Director of Affiliate Affairs **Diana Ewert** and AAO President-elect **Richard Feely**, DO, FAAO moderated the first part of two strategic planning sessions. This first session focused on AAO's identity, relationships and role in the profession. We reviewed and reaffirmed the AAO mission and vision statements. We discussed issues of advocacy, education, board certification and membership involvement and retention. As we looked to the future, we agreed to investigate the relocation of AAO headquarters to the Chicago area in 2012. A consultant will be working with a BOT transition planning committee to determine our options and to outline a plan that the BOT can implement. A second strategic planning session will occur prior to the AAO Convocation in March 2010 and will build on the first session and focus on infrastructure and growth.

The BOT convened after the strategic planning session to conduct its annual business meeting. We reviewed concerns about CMS changes in its 'Guidelines for OMT' and continue to work with the AOA Bureau of Socioeconomic Affairs to advocate for fair reimbursement for OMT. The board also had an opportunity to review the survey on the AAO marketing plans for future CME training. It was felt that more input could be obtained by including a shorter survey with the AAO Convocation registration. Please be sure to respond to this shortened version of the survey when you register for Convocation.

Doris Newman, DO has done an outstanding job as Program Chair for the upcoming AAO Convocation "Pelvis and Sacrum: Where it all comes together". Pre-Convocation course offerings by **Andry Vleeming**, PhD and **Frank Willard**, PhD as well as **Ken Lossing**, DO complement this wonderful program. I look forward to seeing many of you there as we return to the Broadmoor in Colorado Springs.

PAAO will hold its first Resident Mixer at AAO Convocation. This will be a social event for the residents and interns that will give them a chance to meet and discuss programs, rotations and courses as well as to chat about experiences in their training. We hope to foster working relationships and promote solidarity among the members. The PAAO National Advisor **Lori Dillard**, DO is seeking financial support from the AAO membership to help support this first-time event. Contact Phyllis McNamara at the AAO office to join me in contributing to this important social event for our interns and residents.

Though the first half of my term has been busy, there is much that still needs to be done before March. I continue to be grateful for the opportunity to serve as your President and for the support and hard work from the AAO staff, Board and committees.

George J. Pasquarello, DO, FAAO

AAO Closes for the Holidays

The AAO headquarters will be closed during the forthcoming holidays to permit the staff to celebrate with their families. The offices will be closed on Thursday and Friday, November 26-27 for the Thanksgiving holiday. The AAO offices also will be closed on Thursday and Friday, December 24-25 and New Year's Day on Friday, January 1. We appreciate your understanding and hope that this schedule will not present any inconvenience to you.

Strategic Planning Session Held During AOA Convention

On November 1, the AAO Board of Trustees met in a strategic planning session. The outcomes from this meeting are the first step in determining the next phase of Academy growth. The current AAO vision, mission and overarching goals were reaffirmed and we will endeavor to find new and creative ways of promoting them. The Board agreed that we have a responsibility to improve our financial situation for long-term growth and organizational management.

The Board considered the relationships that AAO has with our members (physicians, residents, students, leadership) and strategic partners (AOA, AAO component societies, AOBNMM, state Osteopathic Associations and other AOA affiliates). They discussed points of intersection of interests, geographic proximity, opportunities for cooperative interactions and how to tangibly improve these relationships.

As the lease on the AAO headquarters is coming for renewal in the next few years, The Board discussed the options of maintaining our current location or moving to another market that may better serve our interests and relationships. Data was presented on the three major cities in the US that house similar organizations. The city with the lowest rent and cost of living was Indianapolis. This city is corporate headquarters for many pharmaceutical companies and several non-profit organizations. The city with the most expensive real estate was Washington, DC. Many larger medical organizations are located there with the advantage of accessing political lobbying opportunities. Chicago has the most similar sized medical association home offices, some of the easiest/non-stop air flights for members and the most CAE and association managers in medical fields. Chicago also has the best overall real estate financial value, stability, resale value, mortgage availability and professional visibility. After reviewing the data presented, it was felt that Chicago might be the best fit for a future location for the AAO headquarters.

Because of the impact this will have on current AAO resources, it was decided that a transition planning committee would be appointed to work with a consultant to investigate the viability of moving the AAO headquarters to Chicago in 2012. This committee will report to a second strategic planning session and the AAO Board of Governors at the AAO Convocation in March and will continue to work with the consultant and the AAO Board of Trustees as further planning develops.

Osteopathic Educational Leaders Convene

The AOA Council on Osteopathic Postgraduate Training (COPT) convened in Chicago under the leadership of **Michael I. Opipari, DO**, Chair. The COPT heard reports from the Council of Osteopathic Postgraduate Training Institutions and the Program and Trainee Review Committee in addition to a report on the Electronic Residency Application Service (ERAS). COPT members also discussed pending osteopathic educational issues like the impact of the H1N1 influenza vaccine mandate on program inspections and minimum number requirements, in addition to several relevant Academic Medicine articles.

Board Seeks AOBNMM Nominees

The AAO Board of Trustees has appointed the AOBNMM/Board of Governors Nominating Committee, which is charged to develop a slate of nominees who will be recommended to the AOA Bureau of Osteopathic Specialists to serve three-year terms on the American Osteopathic Board of Neuromusculoskeletal Medicine. The AAO Manual of Procedures dictates that AOBNMM Chairperson **Melicien A. Tettambel, DO, FAAO** will chair this Nominating Committee, assisted by **Laura Rampil, DO**; **Mark Rosen, DO**; and **Laura Griffin, DO, FAAO**. The Committee is currently soliciting suggestions from AAO leaders.

Eligibility criteria for AOBNMM members are that (1) they must be AAO members and (2) must hold certification in either special proficiency in osteopathic manipulative medicine (includes FAAOs certified under the former AOBFAAO) or certification in neuromusculoskeletal medicine and OMM. This volunteer service requires considerable commitment on the part of Board members, who must (1) actively participate in the examinations process, i.e. attend one weekend meeting annually (November) in Indianapolis; and attend one AOBNMM meeting during the AAO Annual Convocation; (2) serve on one of the AOBNMM committees, e.g. credentials or test construction; and (3) attend an AOA item writing seminar and write new test questions in the required format. If you personally are interested in serving on the AOBNMM, or if you know of an eligible colleague willing to make a commitment to this important service, please forward your suggestions to AOBNMM headquarters to the attention of Chairperson Dr. Tettambel.

Call for Convocation Research Posters

The American Association of Colleges of Osteopathic Medicine has joined the Louisa Burns Osteopathic Research Committee (LBORC) and the National Undergraduate Teaching Fellows Association (NUFA) as a sponsor of the Tenth Annual Scientific LBORC/NUFA Poster Session during the 2010 AAO Convocation in Colorado Springs. While this contest is open to students, physicians, researchers and any combination thereof, only students will be competing for one of four Ram Head Trophies. Student participants will have their posters reviewed by a panel of judges on Friday afternoon, with winners announced at the President's Banquet on Saturday evening. Please consider representing your school or institution and make them proud! Send your name and abstract title to **Janet Burns, DO** via e-mail janet.burns@tu.edu. The first 20 entries with students as authors or as significant contributors and co-authors will be registered and will receive full contest instructions. The Academy's leadership encourages readers to take advantage of this unique opportunity for research mentoring. Send your entry to Dr. Burns immediately!

Trustees Meet at AOA Convention

President **George J. Pasquarello, DO**, FAAO convened AAO officers and trustees for their fall meeting the day prior to the opening of the AOA Convention in New Orleans. Significant actions were (1) approval of the Nominating Committee's recommended slate of candidates for 2010-2011; (2) appointment of members to serve on the AOBNMM/Board of Governors nominating committee; (3) review and acceptance of the audit of the 2008-2009 fiscal year; (4) selection of the recipient of the 2010 A. T. Still Medallion of Honor; and (5) approval of applications for Associate membership, retired membership and waiver of dues for 2009-2010.

Chairperson **Boyd R. Buser, DO** presented to the Trustees the Nominating Committee's slate of candidates for 2010-2011. The AAO Bylaws provide for nominations from the floor to supplement the approved slate.

President-elect (elect one for one year term)

Michael A. Seffinger, DO

Trustee (elect two for three year terms each)

Jane E. Carreiro, DO*

John G. Hohner, DO, FAAO

Douglas J. Jorgensen, DO*

Michael J. Warner, DO

Governor (elect ten for three year terms each)

R. Todd Dombroski, DO*

Jane E. Carreiro, DO

Guy A. DeFeo, DO

Walter C. Ehrenfeuchter, DO, FAAO*

Kendi L. Hensel, DO, PhD*

Raymond J. Hruby, DO, FAAO*

Douglas J. Jorgensen, DO

Catherine M. Kimball, DO*

Michael L. Kuchera, DO, FAAO*

David C. Mason, DO

Doris B. Newman, DO*

Michael P. Rowane, DO, FAAO*

Karen M. Steele, DO, FAAO*

Michael J. Warner, DO*

Nominating Committee (elect four for one year terms)

Boyd R. Buser, DO*

Guy A. DeFeo, DO*

Dennis J. Dowling, DO, FAAO*

Ann L. Habenicht, DO, FAAO

Kenneth H. Johnson, DO, FAAO

Karen M. Steele, DO, FAAO*

Melicien A. Tettambel, DO, FAAO*

(George J. Pasquarello, DO, FAAO, ex-officio)

* Incumbents

Dr. Johnson Delivers Northup Lecture

If you attended the AOA Convention in New Orleans, you may have been present for the Academy's Thomas L. Northup, DO, FAAO Memorial Lecture delivered on November 2 by **Kenneth H. Johnson, DO, FAAO**. He entitled the 2009 Northup Lecture as "Osteopathy: The journey that doesn't end." If you were unable to attend, you will have an opportunity to read the lecture in the December edition of *The AAO Journal*.

Dr. Johnson is a 1992 graduate of the University of New England College of Osteopathic Medicine. He is certified by the American Osteopathic Board of Neuromusculoskeletal Medicine and the American College of Osteopathic Family Physicians. He has served as Vice-Chairman and Chairman of the UAAO Council. He is currently serving the American Academy of Osteopathy as Vice Chair of the International Affairs Committee and a member of its Board of Governors. Dr. Johnson is a past president of the AAO and has participated in the AAO Long Range Planning, Nominating and Membership Committees, and has chaired the OPTI Committee. He currently holds the position of Associate Dean for Clinical Education at the University of New England College of Osteopathic Medicine. Prior to this position, he served as faculty member of Eastern Maine Medical Center/UNECOM Family Practice Residency where he served as the Director of Osteopathic Medical Education and Director of the NMM Plus-One Program and Director of the Osteopathic Family Practice Program. He has developed, taught and been a faculty member at numerous programs on OMM and osteopathic medical education including AAO Convocation, AOA Convention, Residency Assistance Program, Society for Teachers of Family Medicine National Meeting and Northeast Regional Meeting, Maine Academy of Family Physicians and Maine Osteopathic Association. He has faculty appointments through the University of New England and Tufts. He is the founder of the "OMT Update for Residents" a bi-annual daylong educational program for residents in the Northeast. Dr. Johnson earned his Fellowship in the American Academy of Osteopathy in 2006 during his presidential term.



Exercise Prescription - Greenman's Method - January 22-24, 2010 at AZCOM

Course Description: Level II

How to access muscle balance of the musculoskeletal system, particularly in reference to somatic dysfunction. The primary goal is to prescribe an exercise program and self-mobilization techniques to fit the patient's somatic dysfunction in order for the patient to manage themselves.

Presenting:

Brad S. Sandler, DO, Program Chairperson
Philip E. Greenman, DO, FAAO

Learning Objectives

1. To understand the functional anatomical connections of upper and lower quarter musculature to the proximal trunk and pelvis.
2. To introduce the concept of neuromuscular imbalance as a contribution to chronic musculoskeletal dysfunction.
3. To learn exercises to address specific somatic dysfunctions found in the vertebral column and pelvis.
4. To be able to design and sequence a home exercise program for patients to complement manual medicine.
5. To be able to instruct the patient in an exercise program based upon his/her functional goals and life-style.

Prerequisites

Functional Anatomy; (1) Level I course or equivalent

CME:

The program anticipates being approved for 20 hours of AOA Category 1-A CME credit pending approval by the AOA CCME.

Program Time Table:

Friday, January 22.....8:00 am - 5:30 pm
 Saturday, January 238:00 am - 5:30 pm
 Sunday, January 248:00 am - 1:30 pm
 Friday & Saturday include (2) 15 minute breaks and a (1) hour lunch; Sunday includes a 30 minute break.

Course Location:

Midwestern University
 Arizona College of Osteopathic Medicine
 19555 North 59th Ave
 Glendale, AZ, 85308
 www.midwestern.edu

Register Online at http://www.academyofosteopathy.org/upcoming_courses

**Registration Form
 Exercise Prescription
 January 22-24, 2010**

Name: _____
 Nickname for Badge: _____
 Street Address: _____

 City: _____ State: _____ Zip: _____
 Office Phone: _____ Fax: _____
 E-Mail: _____

By releasing your Fax/Email you have given the AAO permission to send marketing information regarding courses via fax or email.

AOA#: _____ College/Yr Grad: _____

I require a vegetarian meal.

The AAO makes every attempt to provide snacks/meals that will meet the participant's needs, but we cannot guarantee to satisfy all requests.

Registration Rates

On or Before 12/22/09 After 12/22/09

AAO Members

Physician	\$680	\$780
Intern/Resident/Student	\$580	\$680

AAO Non-Member

Physician	\$780	\$880
Intern/Resident/Student	\$680	\$780

Membership application can be completed online at www.academyofosteopathy.org.

AAO accepts Check, Visa, Mastercard, or Discover

Credit Card # _____
 Cardholder's Name _____
 Date of Expiration _____ CW2# _____
 I hereby authorize the American Academy of Osteopathy® to charge the above credit card for the total course registration fee.
 Signature _____

Dr. Greenman's LAST Exercise Prescription course with the Academy. DON'T miss this opportunity to learn from one of the Masters! Register TODAY.

http://www.academyofosteopathy.org/upcoming_courses

Official Call to Annual Business Meeting

To the officers and members of the American Academy of Osteopathy: You are hereby notified that the Annual Business Meeting of the membership will be held at 11:30 am on Thursday, March 18, 2010 at The Broadmoor Hotel in Colorado Springs, CO during the AAO's annual Convocation. At their fall 2009 meeting, the Board of Trustees voted to approve the proposed amendments to the Academy's Constitution and Bylaws.

At the Business Meeting, the Membership will cast votes on these amendments to the AAO Constitution and Bylaws in addition to the slate of nominees for elected office. The proposed amendments are:

SECTION A. CONSTITUTION
ARTICLE VIII. Membership
SECTION 1

Members of this corporation shall be those individuals who:

- a. are graduates of an approved osteopathic college.
- b. are members of the American Osteopathic Association ~~and one of its divisional societies~~, or a national osteopathic association recognized by the American Osteopathic Association.
- c. have made proper application for membership in the Academy.
- d. have paid their current dues and all assessments.

SECTION B: BYLAWS
ARTICLE VIII. Membership
SECTION 3

A. Active Members shall be those who meet the requirements listed below:

- a. Are members of the American Osteopathic Association ~~and one of its divisional societies~~, or a national osteopathic association recognized by the American Osteopathic Association.
- b. Have made proper application for membership in the Academy.
- c. Have paid their current dues and assessments.
- d. Active Members may vote, hold office, serve on committees or as committee chairmen, and in other capacities as the Academy deems useful or necessary.

ARTICLE VI. Governors
SECTION 1

The Board of Governors shall be the policy making body of this corporation and shall fulfill other duties as specified in the Academy Bylaws.

SECTION 2

The Board of Governors shall nominate for membership on the Certifying Board of ~~Special Proficiency in Osteopathic Manipulative Medicine~~ **THE AMERICAN OSTEOPATHIC BOARD OF NEUROMUSCULOSKELETAL MEDICINE**, Academy members certified in Special Proficiency in Osteopathic Manipulative Medicine **OR NEUROMUSCULOSKELETAL MEDICINE** to the Board of Trustees of the American Osteopathic Association who are empowered to elect new members to the Certifying Board.

ARTICLE VII. Committees
SECTION 3

The nominating committee shall consist of the immediate past president and four members elected by the members of this organization at the Annual Meeting. One of these members must have previously served on this committee and shall be its Chairperson. No more than one member from any regional component society shall be on this committee. They shall review all open elective positions including those of the Nominating Committee, prior to June 1 and contact all qualified candidates in person or in writing to determine their willingness to serve and accept the full responsibility for the position concerned. The committee may nominate two people for the same position. The committee's report must be received by the Secretary of the AAO no later than ~~July 1~~ **OCTOBER 1**, and the membership shall be notified at least 30 days prior to the Annual Meeting. Nomination for any elective position may be presented from the floor by any voting member at the annual business meeting of the Academy.

ARTICLE X. Fellowship in the American Academy of Osteopathy®
SECTION 3

Information leaflets **DOCUMENTS** outlining prerequisites and requirements for Fellowship shall be provided to members of the profession upon request. All revisions of such materials shall be approved by the Board of Governors of the American Academy of Osteopathy®.

Visceral Approach for the Sacrum and Pelvis

March 14-16, 2010 in Colorado Springs, CO

Course Description:

In this course we will look at the most common medical and osteopathic problems in the sacrum and pelvis, from a visceral osteopathic perspective. Medical and osteopathic conditions that will be explored include coccygodynia, dyspareunia, menstrual irregularity, infertility, uterine fibroids, chronic low back pain, sacral fractures, stress incontinence, benign prostatic hypertrophy, chronic prostatitis, pelvic pain, and pelvic floor dysfunction. During the course we will palpate, diagnose and treat fascial chains from the feet to the pelvis, the coccyx, the sacrum (including sacral fractures), sacral ligaments, pelvic floor muscles, the lymphatics of the pelvis and its organs, the prostate, cervix, fallopian tubes, ovaries, and bladder. Internal exams and treatment will be taught, where appropriate.

Space is limited to only 24 participants!

Presenting:

Kenneth J. Lossing, DO

CME:

The program anticipates being approved for 24 hours of AOA Category 1-A CME credit pending approval by the AOA CCME.

Course Location:

The Broadmoor
1 Lake Avenue
Colorado Springs, CO 80906

Kenneth J. Lossing, DO

Dr. Lossing is a 1994 graduate of the Kirksville College of Osteopathic Medicine, Dr. Lossing completed an internship and residency program at the Ohio University College of Osteopathic Medicine. He studied under the French Osteopath, Jean-Pierre Barral, DO and has become an internationally known speaker on Visceral Manipulation. Dr. Lossing is a member of the AAO's Board of Governors.

Participants who register for this course and for Convocation will receive an additional 10% discount on the registration rate for *Visceral Approach for the Sacrum and Pelvis*.

Registration Form

Visceral Approach for the Sacrum and Pelvis March 14-16, 2010

Name: _____

Nickname for Badge: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

E-Mail: _____

By releasing your Fax/Email you have given the AAO permission to send marketing information regarding courses via fax or email.

AOA#: _____ College/Yr Grad: _____

Lunch on your own

Registration Rates

On or before 2/14/2010 \$960.00

After 2/15/2010 \$1,060.00

Convocation Package \$864.00

You must submit your Convocation registration with this form to receive the discounted registration rate.

AAO accepts Check, Visa, Mastercard, or Discover

Credit Card # _____

Cardholder's Name _____

Date of Expiration _____ CW2# _____

I hereby authorize the American Academy of Osteopathy® to charge the above credit card for the full course registration amount.

Signature _____

Concern for Guideline for OMT by Medicare

Dear President Pasquarello, and Board of Trustee of AAO,

I am writing to you to express my concern over the recent Guideline for OMT by Medicare. I have attached them to the end of my letter in case you are unfamiliar with the recent changes. The most concerning part is as follows: Osteopathic manipulative treatment is not covered when used for nondefinitive or palliative treatments or when further clinical improvement cannot be reasonably expected. Services that seek to prevent disease, promote health, prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition are considered maintenance and not covered by Medicare.

This statement would not allow Osteopathic doctors to treat patients with chronic muscular skeletal issues in the same manner that doctors of other specialties can maintain or prevent further deterioration of other organ systems. It is routine to pay for maintain of other conditions such as hypertension, Diabetes and basically everything else! Why is it that we as specialists in the Neuromusculoskeletal system do not get the same right to help our patients.

I as an active, member urgently ask for your immediate response to this situation by the following:

1. Make a public statement against this Medicare policy change on behalf of AAO and all its members.
2. Work with the AOA to do the same.
3. Start a letter campaign for all D.O. to send letters and call their congress men and woman to voice concern.
4. Encourage doctors to get their Medicare patients to send letters to their congress men and woman to express concern on policy and to express the help that OMT has provided in their lives.

As an organization based on the ideals of A.T. Still to promote health in mind, body, and spirit, we cannot stand by and allow our government to allow millions of elderly to suffer with debilitating pain without treatment.

Sincerely,
Paula M. Grimaldi, D.O.

Please see the Guideline for OMT From Medicare on page 15

Response from the Board of Trustees

The Academy shares your concerns and actively advocates on behalf of its members relative to osteopathic manipulation and reimbursement from private and federal payers. We appreciate your letter and interest regarding the Medicare policy you noted where OMT is in essence not to be used for palliative or chronic care of a condition. This is not unique to osteopathic treatment, but to all treatments for chronic conditions as Medicare, save for some of the Medicare Advantage plans, does not typically cover nor have they historically covered preventive services. What is important to clarify is that each visit with a patient entails a thorough history, exam and medical decision making, what has come to be termed the Evaluation and Management (E&M) component. The E&M is covered by Medicare for chronic illness as it is the only way to manage and monitor acute exacerbations. Furthermore, medication and other treatments are often used in this management. OMT is utilized under the medical decision making category as it is a visit by visit determination, unless predetermined at the prior visit(s) that OMT will be done at the next visit, whether or not somatic dysfunction is present. Thus, an E&M encounter determines if OMT or any other treatment is medically necessary. In federal arenas, specifically Medicare, the appellate processes have, to date, always supported this assertion and OMT was not seen palliatively as somatic dysfunctions, unless untreated, are not always present. They are acute and dynamic findings. The systemic pathology or regional injury/pathology may be present for this to recur, but it does not mean the treatment is palliative, rather each visit is assessing the presence or absence of somatic dysfunction and thereby creating medical necessity at each unique encounter. While this may seem a semantical argument, it is a critically important point and one administrative law judges have continuously upheld in appellate processes. The Booth Memorandum is the definitive Medicare statement on the matter and it is a thorough analysis of the relative value units (RVU) as well as why E&M and OMT can and should be covered on the same date of service. Certain regions of the country, due to financial pressures from Washington and the pending reform, are high consumers of the Medicare dollars. Your state is one of them, thus the Medicare contractors are implementing a number of strategies to recoup money. We all can anticipate increased scrutiny and potential audits in this process, making documentation of each encounter to prove medical necessity that much more important. Some states are also crippled by state legislation where other specialists have successfully lobbied for laws restricting who can be paid for certain services and/or procedures. These regional variations, while frustrating, typically do not hold out in federal appeals. Toward that end, individual advocacy for payment by osteopathic physicians around the country will be critically important to create regional and national precedent in the appellate systems. To date several DOs have stepped up to the plate at personal financial expense and have emerged victorious. Remembering our heritage and the practice rights for which our predecessors fought makes this process, although daunting, quite doable, but we must be our own advocates. We have not seen nor do we anticipate any federal trends that will impede access or treatment with OMT. However, regarding private payers, it is their right to make policy limiting and/or restricting payment for any procedure and/or service as long as public notification policies of such changes are followed during the implementation process. This is more challenging and will vary by region, yet with the majority of these payors being multinational companies, working with the higher level administration will yield better results as we continue to do enough research to prove the cost savings and efficacy surround osteopathic treatment.

AAO Calendar of Events

Mark your calendar for these Academy meetings and educational courses.

December 2009	December 5: AOA Bureau of Osteopathic Education, Chicago, IL
January 2010	January 22-24: Exercise Prescription, AZCOM in Glendale, AZ
February 2010	February 3: PS&E Committee Teleconference at 7:30 pm (EST) February 5-8: AOA Midyear Meeting of the Board of Trustees, Chicago, IL
March 2010	March 14-16: Visceral Approach for the Sacrum and Pelvis, Colorado Springs, CO March 15-16: Pelvic Pain: Mechanisms and Evidence Based Diagnosis & Treatment, Colorado Springs, CO March 17-21: AAO Convocation, Pelvis & Sacrum: Where It All Comes Together, Colorado Springs, CO March 18: PS&E Committee Meeting at 6:30 am (Mountain Time), Colorado Springs, CO March 18: AAO Annual Business Meeting, Colorado Springs, CO
June 2010	June 9: PS&E Committee Meeting at 7:30 pm (EST) via teleconference
July 2010	July 12-18: AOA Annual Meeting of the Board of Trustees & House of Delegates Chicago, IL
August 2010	August 11: PS&E Committee Meeting at 6:00 pm (EST) via teleconference
October 2010	October 24-28: AOA OMED in San Francisco, CA

Rettos Wins Young FP of the Year Award

Jean S. Rettos, DO, of Athens, was named Ohio ACOFP's Young Family Physician of the Year for 2009. The award recognizes outstanding DOs who have been in practice in Ohio less than five years. Honorees must be members in good standing of the ACOFR Ohio ACOFP, OOA and local District Academy.

Rettos was recognized specifically for her strong commitment to quality patient care/community service, and teaching future osteopathic physicians. When she was chief resident at O'Bleness Memorial Hospital in Athens, her organizational skills allowed her to successfully manage call and clinic schedules for fellow residents and serve on numerous hospital committees. She went on to complete an NMM Plus One Residency while maintaining a family medicine practice in the evening.

Last year, she opened a private practice in Family Medicine and OMM. Already, her census at Athens HealthSolutions exceeds 700 patients. To assist them as much as possible, she maintains evening and weekend hours-and even provides the occasional house call if needed. In addition to her busy clinic, Rettos runs the OMM consult services at O'Bleness and teaches part-time at Ohio University College of Osteopathic Medicine as an OMM lab instructor and small group facilitator. (Resource: Buckeye Osteopathic Physician, Summer 2009, page 7)

Note from the Editor: Any news you would like share with other AAO members? Send information to Jennifer Taylor, Director of Communications at jtaylor@academyofosteopathy.org. The AAO Newsletter is currently published in January, February, April, May, July, August, October and November.

Touro University Nevada

Touro University Nevada College of Osteopathic Medicine (TUNCOM) is seeking an osteopathic physician (D.O.) for a full-time faculty position in the Department of Osteopathic Manipulative Medicine. Responsibilities include teaching, patient care and program development. In addition, there are opportunities for conducting research.

Qualifications:

Graduate of an AOA-approved osteopathic medical college
Satisfactory completion of an AOA-approved internship
Certified by the American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine or American Osteopathic Board of Neuromusculoskeletal Medicine.
The applicant must also be licensable in the State of Nevada.

TUNCOM offers a competitive salary and benefits package. Touro University Nevada is an EEO.

In addition, Southern Nevada has year-round sunshine with excellent weather, close proximity to Zion, Bryce and Grand Canyon National Parks, world-class food and entertainment in Henderson and neighboring Las Vegas, and convenient access to an international airport.

Information regarding this position may be obtained by contacting:

Paul R. Rennie, DO, FAAO
Touro University Nevada College of Osteopathic Medicine
Department of Osteopathic Manipulative Medicine
874 American Pacific Drive, Henderson, NV 89014
(702) 777-1813
paul.rennie@tun.touro.edu

Application Closing Date: Open until filled.

Osteopathic Physicians Provide Education Sessions to 126

During the AOA Convention in New Orleans, the Academy's Osteopathic Diagnosis and Treatment Education service brought in 33 volunteers to provide a total of 126 education sessions in 17 hours. The Academy leaders and the OD&TE committee would like to thank all of the volunteers who offered this service and will receive .5 CME Category 1B credits for each session they delivered. Thanks again to the following physicians:

Keith Barbour, DO
Bryan Beehler, DO
Darryl Beehler, DO
Murray R. Berkowitz, DO
Boyd R. Buser, DO
Joel Cooperman, DO
Guy DeFeo, DO
Nate Delisi, DO
Dennis J. Dowling, DO, FAAO
Robin Dyer, DO
Philip Fisher, DO
Richard A. Feely, DO, FAAO

Robert W. Foster, DO
Richard B. Gargulinski, DO
Gretta Gross, DO
Patricia Hart, DO
John J. Jones, DO, III
Mark Martin, DO
Liane Muller, DO
Doris Newman, DO
Allan Olthoff, DO
Alexander Orlov, DO
George Pasquarello, DO, FAAO
Charlotte Schnellbacher, DO

P. M. Sherrill, DO
Karen Snider, DO
James L. Swartz, DO, FAAO
Lawrence W. Waite, DO
S. Walkowski, DO
R. C. Walsh, DO
Mary C. Williams, DO
Barbara Zajdel, DO
Ken Zaremski, DO

Members in the News

Following the Distinguished Service Award presentations, AOA Editor in Chief **Gilbert D'Alonzo**, DO, awarded the Northrup Medical Writing Award to **Hans Chaudhry**, PhD, lead author of the article, "Three-Dimensional Mathematical Model for Deformation of Human Fasciae in Manual Therapy." This award recognizes the author of the best article published in *JAOA—The Journal of the American Osteopathic Association* over the previous year. Following these presentations, **A. J. Stefani**, OMS IV, President of the Student Osteopathic Medical Association, announced that **Lynn Brumm**, DO, of East Lansing, Michigan, is the 2009 AOA Mentor of the Year! The other four finalists—**Terry K. Badzinski**, DO; **Scott S. Cyrus**, DO; **Raul J. Garcia-Rodriguez**, DO; **Adam Lauer**, DO—will be inducted into the AOA Mentor Hall of Fame.

AOA member **Kurt Heinking**, DO, went to the AOA Headquarters in Chicago to give AOA staff members a special presentation on seasonal health and the H1N1 influenza. Dr. Heinking focused on ways to avoid contracting the H1N1 and other viruses, how to identify the symptoms of influenza, and what to do if you suspect you have contracted it. He also discussed the role that OMT can play in treating influenza, citing its role in stemming infections during the 1918-1919 Spanish flu epidemic.

InSOPHE Elects AAO Staff Member for Office

AAO staff member, Jennifer Taylor, MPH, CHES, was elected President-Elect of the Indiana Society for Public Health Education (InSOPHE) at their fall workshop and business meeting on October 22, 2009 at Purdue University in West Lafayette, Indiana. Jennifer has served on the InSOPHE Board of Directors since 2007. Established in 1963, InSOPHE is a state-wide professional organization that promotes healthy behaviors, healthy communities, and healthy environments through its membership and partnerships with other organizations and universities. With its primary focus on public health education, InSOPHE provides leadership through a code of ethics, standards for professional preparation, research, and practice; professional development; and public outreach. InSOPHE is a chapter of the national Society for Public Health Education.

Ed Com Announces Call for Papers

The Academy's Education Committee has directed that the AAO's Annual "New Ideas Forum" be included in the 2010 Convocation in Colorado Springs. Program Chairperson **Doris Newman**, DO has scheduled the "New Ideas Forum" as a workshop from 2:00 – 5:00 pm on Saturday, March 20, 2010. The Committee has issued this "Call for Papers" to be submitted for consideration at their winter meeting.

Presentations by leading clinicians and researchers are planned for the main sessions at the annual Convocation. It is the policy of the Education Committee to invite additional contributions for possible consideration at the annual Convocation from all interested parties. Paper presentations are designed to allow presenters to show, tell, and question a large audience of peers on (1) new ideas, (2) new presentations of old ideas in a new context, (3) or forgotten ideas for resurrection. Each of the four presenters will be allotted a maximum of 15 minutes, including discussion.

Presenters receive no honorarium or reimbursement of expenses, only a listing of the title of their presentation in the Convocation workbook and approximately 15-30 minutes (depending on the number of topics approved) on the agenda. Written abstracts of ideas/papers should be directed to the AAO Education Committee, 3500 DePauw Boulevard, Suite 1080, Indianapolis, IN 46268. Deadline for receipt of written abstracts is Friday, December 25, 2009. Education Committee Chairperson **John G. Hohner**, DO, FAAO will formally notify those presenters who have been selected immediately following the Committee's winter meeting.

Pelvic Pain: Mechanisms and Evidence Based Diagnosis & Treatment

March 15-16, 2010 in Colorado Springs, CO

Course Description:

The etiology of the lumbopelvic pain has received much attention in this century due to the prevalence and economic impact of this condition. Often, the focus of investigation and treatment has been on topographic anatomy with the goal being to identify the specific pain generating structure (i.e. disc, facet, ligament, muscle). This model has led to diagnoses that are tissue specific - iliolumbar ligament syndrome, piriformis muscle syndrome. When the faulty structure cannot be identified, diagnoses such as nonspecific low back pain and idiopathic soft tissue disorders are offered.

Recently the focus of research has switched from an anatomical to a functional emphasis. Consequently, a model of how load is transferred through the lumbopelvic region has developed and furthermore, proposals of how the system can break down emerged. Clinically, specific tests have been developed to evaluate the function of the lumbopelvic region paying less attention to pain and more to biomechanical principles. Treatment programs, including both manual medicine and exercise, follow this biomechanical model. In addition, psychological factors, emotional influences and the effect they have on motor control are receiving greater attention amongst practitioners. Recovery requires attention to both the physical and psychological ramifications of dysfunction. This course will address both.

Presenting:

Andry Vleeming, PhD, Clinical Anatomist
Frank H. Willard, PhD, Neuroanatomist

CME:

The program anticipates being approved for 16 hours of AOA Category 1-A CME credit pending approval by the AOA CCME.

Course Location:

The Broadmoor
1 Lake Avenue
Colorado Springs, CO 80906

Andry Vleeming, PhD, Clinical Anatomist

Dr. Vleeming is the founder of the Spine and Joint Centre in Rotterdam, The Netherlands; a specialized clinic to treat patients with severe chronic spinal problems. Dr. Vleeming's anatomical and biomechanical research in the lumbopelvic region has been accepted worldwide and incorporated into rehabilitation programs for patients with lumbopelvic dysfunction. This research is the foundation for rehabilitation at the Spine and Joint Centre. In addition, he is the Chairman of the Interdisciplinary World Congress on Low Back and Pelvic Pain. To date, there have been six such congresses which have seen health professionals from all disciplines come together to discuss and develop future research ideas for a clearer understanding of function and dysfunction within the low back and pelvis. Dr. Vleeming has adapted the scientific research of this team into an evidence based clinical model for assessment and treatment of lumbopelvic dysfunction. The protocol for diagnosis and rehabilitation follows sound scientific principles.

Frank H. Willard, PhD, Neuroanatomist

Dr. Willard is a professor in the Department of Anatomy at the University of New England College of Osteopathic Medicine. He has earned a Bachelor of Science in Zoology from the University of Maine and a PhD in Anatomy from the University of Vermont. He was elected Professor of the Year in 1993 at UNECOM and was elected to the Visiting Scholar list from the AAO in 1989. Presently Dr. Willard is a member of the Society of Neuroscience, Sigma Xi, International Society for Developmental Neuroscience; International Brain Research Organization; American College of Neuropsychiatrists and is an honorary member of the AAO and the Russian Osteopathic Association. Dr. Willard is the author of Medical Neuroanatomy; A Problem oriented Manual with Annotated Atlas and Nociception and the Neuroendocrine-Immune Connection.

Registration Form

**Pelvic Pain: Mechanisms and Evidence Based
Diagnosis & Treatment
March 15-16, 2010**

Name: _____

Nickname for Badge: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

E-Mail: _____

By releasing your Fax/Email you have given the AAO permission to send marketing information regarding courses via fax or email.

AOA#: _____ College/Yr Grad: _____

Lunch on your own

Registration Rates

On or before 2/15/10 After 2/15/10 On-site

AAO Members

Physician-AAO member	\$685	\$780	\$830
Student/Intern/Resident	\$580	\$680	\$730
Physician-Non-Member	\$920	\$1,020	\$1,070

Membership application can be completed online at www.academyofosteopathy.org.

AAO accepts Check, Visa, Mastercard, or Discover

Credit Card # _____

Cardholder's Name _____

Date of Expiration _____ CW2# _____

I hereby authorize the American Academy of Osteopathy® to charge the above credit card for the full course registration amount.

Signature _____

Golden Ram Campaign Surpasses 54% of Goal

AAO members “dues check-off” donations to Golden Ram Society have steadily increased total contributions to this annual fund raising campaign. As of November 1, 172 donors have already contributed a total of \$43,534.38 – 54.4% of the \$80,000 goal. This represents a 6.4% increase over the same time last year, which, on November 1, totaled 163 donors contributing \$38,438.65. Thanks to all AAO members for their loyal support of this annual fund raising program!

The President’s Club \$2,500 or more

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Richard A. Feely, DO, FAAO
George J. Pasquarello, DO, FAAO
Damon M. Whitfield, DO

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Brian McDevitt, DO
Gary Ostrow, DO
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Quoc L. Vo, DO

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Eden J. Zoll, DO

Memo



AMERICAN OSTEOPATHIC ASSOCIATION

Date: November 10, 2009

To: Marcelino Oliva, DO, Chairman,
BOFHP, BOFHP Members

From: Angela Jeansonne, Assistant Director,
Federal Affairs

RE: HIT and Certification

CC: John Crosby, JD, Osteopathic
State Associations, Osteopathic
Specialty Societies, Senior Staff, Mike
Zarski, JD, Konrad Miskowicz-Retz,
PhD, Government Relations

The American Recovery and Reinvestment Act (ARRA) which was signed into law on February 17 creates two key concepts to determine whether eligible professionals qualify for HIT incentive payments - they must make "meaningful use" of HIT and in addition use a qualified or certified electronic health record. The proposed definition for HHS Certification means that a system is able to achieve government requirements for security, privacy, and interoperability, and that the system would enable the meaningful use results that the government expects.

The Office of the National Coordinator for HIT (ONC) will develop two rules for publication on certification by December 31, 2009. One rule will be an interim final rule published on certification standards and criteria. The other will be a proposed rule defining the accreditation process to become a certifying entity. It is anticipated that both rules will have either a 30 or 60 day comment period and both final rules will be published in the spring of 2010.

The Centers for Medicare and Medicaid Services (CMS) is developing the proposed rule defining meaningful use criteria to be published by December 31, 2009. This rule will have a 60 day comment period. The final rule will be published by May 2010 and implementation will begin in 2011. It is anticipated 2011 criteria will include evidence that clinicians have purchased and are using EHRs, and the EHR has the ability to capture and share data. For 2013, it is anticipated that the focus will be on process measures, to include advanced care processes with decision support. For 2015, it is anticipated that the focus will be on improved health care outcomes. A separate memo will be issued on meaningful use.

Note: It is anticipated that the rules will be highly technical in nature and any comments submitted will require a high level of specificity to address the rule's requirements. In preparation for the release of the proposed rules on certification, here is a summary of the actions that have taken place so far.

Summary:

In May 2009, HHS announced the members of two committees that were created under ARRA to advise the National Coordinator of HIT (Dr. David Blumenthal) on the implementation of HIT - the HHS HIT Policy Committee and HHS HIT Standards Committee. The HIT Policy Committee certification workgroup solicited input on the certification process through several teleconferences and a hearing in July on certification. Those testifying included product vendors, purchasers of EHRs, and representatives from certification and standards groups including the current certification group, the Certification Commission for Healthcare Information Technology (CCHIT). Many of those testifying stressed the need for certification criteria to be clearly defined and focus on meaningful use, the need for specialty certification criteria, and the need to provide financial incentives up front. Start up capital is needed by many health providers to implement HIT systems. This is a burden especially for small practices and safety net providers such as community health centers.

Recommendations on certification were submitted to the Office of the National Coordinator in August which are:

- Certification should focus on meaningful use - Criteria should meet the requirements of the statute and achieve the objectives of meaningful use. Criteria on functions and features need to be at a high level, and interoperability criteria need to be made more explicit. Criteria should be updated as the definition of meaningful use evolves over time.
- Progress on Security, Privacy, and Interoperability - Certification must address all privacy and security policies addressed in ARRA. The Office of the National Coordinator for HIT (ONC) should establish specific requirements for data exchange and interoperability, and, if necessary commission development of standards. Mechanisms should be created that will enable providers and health care organizations to test software for validity against established interoperability standards.
- Objective and Transparent Process - Defining of HHS certification criteria should be done by ONC and be separate from organizations that perform certification testing. An accreditation process should be developed by ONC and an organization should be selected to

accredit certifying organizations. Multiple organizations should be allowed to provide HHS certification. CCHIT will apply to be a certifier and anticipates they will be accredited.

- Flexible Software Sources – ONC should provide certification support to a wide range of E HR sources. Certification of components should be made available so meaningful use can be achieved by providers implementing those components. All E HRS should be certified.
- Short Term Transition – A short term plan for certification should be developed that would leverage existing certification whenever possible. This would provide an expedited process to enable HHS Certified Products to come to the marketplace as quickly as possible. It is recommended that certifications obtained during the transition be valid through 2011. Until the new certification process is established, CCHIT should continue to perform certifications of products against ONC defined criteria.

On October 7, CCHIT announced two 2011 certification programs, the Preliminary ARRA 2011 and the CCHIT Certified 2011. The Preliminary ARRA certification is designed to meet applicable proposed federal standards for certification to support 2011-2012 incentives under ARRA. The CCHIT Certified 2011 product certification is in compliance with CCHIT's published methods in the areas of functionality, interoperability, and privacy and security. It also meets or exceeds applicable proposed federal standards for certified E HRS for 2011-2012 objectives under ARRA. CCHIT has stressed the importance of launching 2011 certification now. They note that providers and hospitals waiting until Fall 2010 to choose E HR technology may not be able to achieve meaningful use in time to meet 2011-2012 incentives for payment.

It is important to note that the ARRA certification component of both CCHIT programs listed above is considered preliminary, since the final definitions of meaningful use and certification have not been published yet. CCHIT has noted that they anticipate any changes to the final rules will be minimal and will perform necessary testing to ensure that their products will meet final 2011 ARRA requirements. They anticipate that ONC will recognize the products that are certified under these programs, which will fill gaps between current criteria and forthcoming ARRA requirements.

CCHIT also plans to launch another certification program after the CMS final rule on meaningful use is published in Spring 2010. This program, ARRA 2011 Site Certification, would offer simplified testing and pricing based on a sliding scale that would provide affordability for smaller offices and hospitals. The entity being certified would either develop, assemble a mix of certified and uncertified E HR technologies, or be using uncertified E HR technology.

Anticipated Timeline:

Here is a timeline that CCHIT anticipates for the certification process. Note that these dates are estimated dates and will be subject to change. They are:

- October 2009- Applications open for the 2011 Certification Programs
- Spring 2010- Additional testing to vendors if needed, and update criteria and test scripts to the final version for 2011
- 2011 certifications would expire on December 31, 2012 unless HHS extends availability of first adoption year incentives beyond that date.

AOA Schedules 16th National CME Sponsors Conference

The CME Sponsors Conference is part of the new cluster concept and held in conjunction with the (Osteopathic Medical Education) OME XX and the CCAT workshop. This conference is scheduled to take place in Newport Beach, CA on January 8-10, 2010. The conference is designed to be a forum for educators and leaders in osteopathic medical education to come together to exchange information and ideas. Discussions and presentations will take place to facilitate conversation so that attendees leave with new methods and techniques to take back to their training programs, hospitals, and colleges.

Osteopathic educators, who are deans of colleges, hospital and college administrators, directors of medical education, residency program directors, and specialty college and state representatives typically attend this conference. However, anyone interested in osteopathic medical education is invited to participate. Information about the agenda and registration forms are available via DO-Online at http://www.do-online.org/index.cfm?PageID=acc_postdoccomeconf.

OME XX is part of the cluster concept and held in conjunction with the CME Sponsors Conference and the CCAT workshop.

Component Society Calendar of Upcoming Events

December 4-6, 2009

Indiana Osteopathic Association 28th Annual Winter Update
Crowne Plaza Hotel at Historic Union Station, Indianapolis, IN
21.5 hours category 1-A CME credit anticipated, pending approval
by AOA CCME
Contact: IOA, 800/942-0501 or 317/926-3009

January 28-31, 2010

Ophthalmologic Principles and Their Relationship to Osteopathy in the Cranial Field
San Francisco, California
Course Directors: Paul E. Dart, MD, FCA
The Cranial Academy
8202 Clearvista Pkwy, #9-D Indianapolis, IN 46256
317/594-0411 FAX: 317/594-9299
info@cranialacademy.org Web site: www.cranialacademy.org

February 11-15, 2010

Sutherland Cranial Teaching Foundation 40-hour basic course "Osteopathy in the Cranial Field"
Point Hilton Squaw Peak in Phoenix, AZ
Contact: Judy Staser – SCTF Exec. Sec.
PH 817-926-7705 FAX 817-924-9990
Email JHS4116@sbcglobal.net www.sctf.com

February 13-17, 2010

Midwinter Introductory Course in Osteopathy in the Cranial Field
Fort Worth Hilton, Fort Worth, TX
Course Director: Ralph W. Thieme DO
The Cranial Academy
8202 Clearvista Pkwy, #9-D Indianapolis, IN 46256
317/594-0411 FAX: 317/594-9299
info@cranialacademy.org Web site: www.cranialacademy.org

February, 19-21, 2010

Bensoussan Course – Intermediate Course
Fort Worth Hilton, Fort Worth, TX
Course Directors: Paul E. Dart, MD, FCA
The Cranial Academy
8202 Clearvista Pkwy, #9-D Indianapolis, IN 46256
317/594-0411 FAX: 317/594-9299
info@cranialacademy.org Web site: www.cranialacademy.org

April 8-11, 2010

Deepening Your Osteopathic Perceptual Field: Experiencing the Phenomena of Primary Respiration Through Continuum Movement
San Francisco Bay Area
The Cranial Academy
8202 Clearvista Pkwy, #9-D Indianapolis, IN 46256
317/594-0411 FAX: 317/594-9299
info@cranialacademy.org Web site: www.cranialacademy.org

April 20 - 21, 2010

88th Annual Arizona Osteopathic Medical Association Convention
Scottsdale Hilton Resort & Villas
Scottsdale, AZ 85250
888/266-6699
www.az-osteo.org

April 29 - May 2, 2010

Indiana Osteopathic Association 113th Annual Convention
Blue Chip Casino & Hotel
Michigan City, IN
800/942-0501

May 14-16, 2010

Cranial Base
East Coast
The Cranial Academy
8202 Clearvista Pkwy, #9-D Indianapolis, IN 46256
317/594-0411 FAX: 317/594-9299
info@cranialacademy.org Web site: www.cranialacademy.org

June 12-16, 2010

Cranial Academy June Introductory Course in Osteopathy in the Cranial Field
La Quinta Resort, Palm Springs, CA
The Cranial Academy
8202 Clearvista Pkwy, #9-D Indianapolis, IN 46256
317/594-0411 FAX: 317/594-9299
info@cranialacademy.org Web site: www.cranialacademy.org

June 17-20, 2010

Annual Conference - Dwelling Place: Spirit and Matter in Osteopathy
La Quinta Resort, Palm Springs, CA
The Cranial Academy
8202 Clearvista Pkwy, #9-D Indianapolis, IN 46256
317/594-0411 FAX: 317/594-9299
info@cranialacademy.org Web site: www.cranialacademy.org

Guideline for OMT From Medicare

Osteopathic Manipulative Treatment

Osteopathic manipulative treatment (OMT) is a group of manual methods applied by a physician in the treatment of somatic dysfunctions and related disorders. OMT is based on the concept that the human body's structure is related to its function. OMT is indicated to correct a somatic dysfunction which may be defined as an impaired or altered function of related components of the body framework. This includes the skeletal, joint, myofascial and visceral structures, and related vascular, lymphatic and neural elements systems.

The body region to which OMT is applied should correlate with the region of somatic dysfunction noted on the physical examination and the patient's subjective findings. Regions of compensatory changes must be described and the rationale for treatment to these areas must be explained based on physical findings.

Osteopathic manipulative procedures are covered when medically necessary in patients whose history and physical examination indicate the presence of somatic dysfunction of one or more regions. Osteopathic manipulative treatment is not covered when used for nondefinitive or palliative treatments or when further clinical improvement cannot be reasonably expected. Services that seek to prevent disease, promote health, prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition are considered maintenance and not covered by Medicare.

Providers rendering OMT should document the appropriate history, pretreatment examination, diagnosis, functional assessment, and the reason for performing OMT with the date that treatment was initiated. Documentation should also indicate the expected restoration in a specified amount of time. The type of treatment performed must be reasonable and consistent with the standards of practice in the medical community.

The medical record must provide a clear, precise description of any service billed to Medicare to be considered medically necessary. The patient's medical record must support the medical necessity of services performed for each date of service and also the number of regions treated each date. The necessity for repetitive visits must be justified in the medical record.

Basic documentation guidelines specific for OMT include:

1. What regions need to be treated - The body region(s) to which OMT is applied is required documentation and should correlate with the region of somatic dysfunction noted on the physical examination and the patient's subjective complaints. Compensatory changes should be described to help provide rationale for treatment to these areas. Supporting documentation would include tissue texture changes, asymmetry, restricted motion and tenderness.
2. What OMT technique(s) are utilized - The form of OMT utilized must be clearly indicated in the record as a variety of techniques may be employed. OMT has been used to refer to over twenty different manual treatment techniques, including but not limited to soft-tissue technique, myofascial release, lymphatic technique, thrust technique, muscle energy technique, strain-counterstrain technique, and cranial-sacral therapy. The specific technique(s) performed on each region treated should be documented. Each technique used should be recognized as effective treatment for the stated somatic dysfunction. Several treatment techniques may be integrated for use in the same patient.
3. If OMT needs to be augmented with other medical services/procedures that information should be present in the medical record. This would include any appropriate medications, exercises, modification of posture or lifestyle, or consultation with other specialists.

Utilization Guidelines

The following guidelines below are meant to be used as a general reference for Medicare coverage of Osteopathic Manipulative Treatment. They are not intended as specific criteria or to provide judgment in comprehensive case management, although it is expected that most patients should fall within the recommended parameters. It is recognized that some patients have additional factors which complicate and impact treatment utilization guidelines. Among these factors are the severity of the illness, duration or chronicity of the condition, as well as the existence and extent of comorbidities.

OMT should be performed for the minimum appropriate duration. The frequency of treatment should be consistent with the phase of the patient's disease or dysfunctional process as determined by on-going evaluation and management of the patient's condition. The frequency and duration of services must be reasonable and consistent with the standards of practice in the medical community.

To be considered medically necessary, the patient's medical record should support continued improvement in the patient's subjective and objective findings. For example, subjective improvement documentation may include how the complaint was modified. Objective improvement may be documented by a description of active and passive range of motion, the character of motion, the number and severity of myofascial tender/trigger points, and changes in tissue texture (tone, density, tenderness and tension).

Length of Treatment Guidelines

A few treatments for a somatic dysfunction resulting from a new or recent injury.

If, after a few treatments, the patient's original condition has not improved, the patient's diagnosis and treatment plan should be re-

evaluated. This information needs to be included in the patient's medical record.

For treatments more than the above performed on one patient for a specific condition, the medical record must contain documentation of continued improvement in the patient's subjective and/or objective findings.

Documentation is necessary to indicate the medical necessity of continued treatment beyond the recommended guidelines. It is inappropriate to continue OMT for patients who show no progress within a reasonable and generally predictable amount of time or when treatment becomes supportive rather than corrective in nature.

If a patient has multiple recurrent episodes related to their original complaint within one year, it should not be classified or treated as an acute problem. Conditions which are chronic and recurrent in nature usually have some lingering residual subjective complaints and objective findings. It may not be reasonable to assume that this patient's condition can be brought to an asymptomatic status.

If a patient has reached maximal medical improvement without complete resolution, permanent residuals may result. Such patients may occasionally exacerbate and require a brief regimen of additional care. Documentation of the exact nature and cause of the exacerbation, including the date of onset of symptoms, is required to validate the necessity for further care.

To reiterate, maintenance treatments after the patient has achieved therapeutic goals or for patients whose progress has reached a plateau are considered not medically necessary and not covered by Medicare.

SILENT AUCTION

Portable table used by Harold Magoun Sr., DO, FAAO • 14 x18 picture of Dr. Still with quote "to find health should be the object of the doctor, anyone can find disease" • 20 x 24 classic picture of Dr. Still • 13 x 18 photo of Dr. Still originally obtained by Harold Magoun Sr., DO, FAAO • 22 x 28 framed picture of famous Osteopathic patients: Mark Twain, Teddy Roosevelt, Buffalo Bill, and Nelson Rockefeller • 22 x 28 framed picture of famous Osteopathic patients: George B. Shaw, William H. Taft, Helen Keller, and William R. Hearst • 22 x 26 picture of the dissection of the complete nervous system; *the original in the museum in Kirksville* • Plastic models of the foot & ankle, knee, sacrum, sacrum & lumbar spine, shoulder, hand, hip, joint, and cervical spine • Copy of the book *Structured Healing* by Harold I. Magoun Jr., DO, FAAO • Copy of the book *Never Give Up* by Ron Heagy • and much much more ...



UAAO Silent Auction

Friday, March 19, 2010

5:00 pm - 6:30 pm

The BRO^ADMOOR
Colorado Springs, CO