A LEGACY OF AN OSTEOPATHIC CAREER

Professor & Chairman
Department of Osteopathic Manipulative Medicine
Philadelphia College of Osteopathic Medicine
GOALS

I. To introduce my MENTORS using an “osteopathic” model
   A. BODY, MIND AND SPIRIT!

II. Their IMPACT on me in my…
   A. Osteopathic Medical Practice
   B. Academic teaching
   C. Life in general
BODY, MIND, & SPIRIT

Core Osteopathic Principle

• Shared by many other groups, including the Jesuit order

• Cura Personalis: Latin: “care for the person’, implying a dedication to human dignity and care for the mind, body, and spirit

  ▪ Pierre Teilhard de Chardin SJ

  • “You are not a human being in search of a spiritual experience. You are a spiritual being immersed in a human experience”
Rephrasing for today’s presentation: Spirit, Body & Mind

I. Spirit-
   ▪ The prevailing or typical quality, mood, or attitude of a person, group; or, the inner quality or nature of a person

II. Body-
   ▪ The biomechanical performance of Osteopathic Manipulative Treatment (OMT): the Practice (OP&P)

III. Mind-
   ▪ The Principles of Osteopathic Treatment, Glossary of Osteopathic Terminology (ECOP), and Vocabulary
“Listen to your elder’s advice. Not because they are always right, but because they have more experience of being wrong…”

Abraham Zellis, D.O.
Clinical Professor, OMM
PCOM (Class of 1956)
VERY EARLY MENTORS

Plato
Socrates
Aristotle
Alexander The Great
EXCELLENCE

“Excellence is an art won by training and habituation

➢ “these virtues are formed in man by his doing the actions”
➢ Extrapolated to- “…we are what we repeatedly do”

Excellence, then, is not an act but a habit”
• Habit formation: Anywhere from 18 to 254 days!
“Excellence is never an accident . . .

• It is always the result of high intention, sincere effort, and intelligent execution; it represents the wise choice of many alternatives –

➢ **Choice**, not chance, determines your destiny”

- Aristotle
• And for developing kinesthetic skills (OMT), which are …

  ➢ Varyingly dependent on-

  a) Attitude

  b) Aptitude

  c) Repetition

  Genetics & quality of practice/thought for success!
AN OSTEOPATHIC CHOICE

• “Pleasure in the job puts perfection in the work”
  • With good health, a number of my mentors worked until their 80’s & 90’s
  ○ Physical contact with patients seems to increase health & decreases risk of burn-out!
  ○ Seek Health not only for your patients, but yourself by using OMT!

• “The whole is more than the sum of its parts”
  • Core Osteopathic Principle!

Aristotle
INDIRECT V. DIRECT MENTORS

Using an Osteopathic terminology orientation...

• Below are some of the more regularly impactful in my career; but, there are many others, even including my former students and patients!

➢ Indirect Osteopathic Mentors:
  • A. Cathie

➢ Direct Osteopathic Mentors:
  *See Feb 2009 AAO Convocation*
  I.  N. Nicholas & D. Heilig
  II.  J. Sulman & A. D’Alonzo
  III. J. Stookey

PCOM
1983 PCOM ‘OPP’ Department (now OMM)
* FAAO’s

Bottom, left to right:
• David Heilig*
• Walter Ehrenfeuchter*
• Jerome Sulman
• Evan Nicholas
• Robert Gober

Top, left to right:
• Nicholas S. Nicholas*
• Ida Schmidt*
• Alexander Nicholas*
• William Scott
• Anthony Leone
• Abraham Zellis
• Katherine England
• Marvin Blumberg*
THE FIRST IMPACT!

SPIRIT

• The non-physical part of a person which is the seat of emotions and character; the soul

100 year old runner
MEDICINE - THE MOST SOCIAL OF THE PROFESSIONS!

Is this a job for an introvert?
NICHOLAS S. NICHOLAS, D.O., F.A.A.O.  
KCO(M) CLASS OF 1939

- Known at PCOM as: “Big Nick”, Dr. Nick, Bear Paws, etc.
  - Chair, Department of OP&P
  - Philadelphia College of Osteopathic Medicine (1972-1987)
    - Author, *Atlas of Osteopathic Techniques*
    - Past AAO president
  - Team physician, *Villanova University* (~1947-1960)
  - Corporate Medical Consultant, A&P, Penn Fruit and Acme Markets

“NSN” with son Evan Nicholas, DO & John Potomski, DO, two of the first NMM/OMM residents in the profession

Showing student how *not* to do it! “Don't over sidebend!”
Nicholas S. Nicholas, D.O., F.A.A.O.

• Born in the same year that A.T. Still died!
  • Still passes, Dec 12, 1917
  • N.S. Nicholas born, Dec 23, 1917
    • Brockton, Mass.
      • Greek Immigrant parents
• Brockton to Kirksville, 1935
  • Was enamored of an osteopath’s practice in Brockton and much to the confusion of his family, left for Kirksville
    • They expected him to go to either Germany to study medicine or, at least, a local allopathic school in Boston
After KCO, he entered the Greek Orthodox Seminary for a short period

“What is the essence of life?
To serve others and to do good.”

-Aristotle

- Although a graduate of Kirksville, NSN donated his time to PCOM for ~20 years, for ~3 hours/day!
  - Without pay!!
EXTROVERT

TAH DAH
Because of NSN’s formidable presence, I compensated by being rather introverted

- In my first two-three years of practice and teaching was, I believe, incorrectly perceived as “conceited, haughty, and aloof”
  
  ✓ Ref., PCOM student surveys
INTROVERT V. EXTROVERT

- Studies suggest that introverts have more difficulty competing with extroverts initially for the same position
  - I was concerned for what potential success I would have
- Because I thought I was incorrectly viewed, I looked for the successful extrovert traits in my father and other teachers and tried to emulate them
  - Some authorities believe that this was a difficult and impossible conversion
CONVERTED TO EXTROVERT

• I come to work, walk into the medical building and when the elevator opens on my floor (my safe zone) think.....
ALBERT D’ALONZO, D.O., FACOI  
PCO(M) CLASS OF 1956

• Professor and Chair,  
Division of Cardiology,  
PCOM

• Somatovisceral v.  
Viscerosomatic

Late 1950’s-1960 National attempt to  
change DO to MD degree (e.g.,  
California Merger) he put one of his MD  
‘wannabe’ colleagues up against the wall  
and told him to desist promoting this  
merger or get out!
He was probably one of the most osteopathic medical specialists of his generation and would constantly remind me of visceral-somatic connections and the importance of lymphatic drainage in diagnosis and treatment!

**Arrhythmia** - while getting the EKG ready, he would quickly look for cervical, upper thoracic and costal dysfunctions in the hopes of breaking a paroxysmal tachycardia
SARCOIDOSIS

Albert D’Alonzo, D.O., F.A.C.O.I.

• Photographic “Long-term” Memory

GRANULOMATOUS DISEASES
OF UNPROVEN ETIOLOGY

Introduction
Paul B. Breslow

The section to follow includes a variety of rather uncommon and difficult-to-diagnose syndromes. These are characterized by long and fluctuating clinical responses, and the affected tissues show the picture of chronic inflammation, usually with formations of granulomas. Sarcoidosis is the most common and best known. The others are comparatively rare, and their nature and distribution are subject to controversy. For the purpose of textbook exposition the best recognized clinical forms have been described as separate diseases. It should be noted, however, that there are shades of similarity and that each of these is thought by some clinicians to be merely a variant expression of one of the others, or of the condition so-called granuloma annulare, or of sarcoidosis proper.

Sarcoïdosis
(Hutchinson’s Papillary Psoriasis and Mortimer’s Malady, Besnier’s Lupus Pernio, Ziegler’s Large Cell Hyperplasia, Boeck’s Multiple Benign Sarcoid, Herford’s Uveoparotid Fever, Jungling’s Ostell’s Tuberculosis Multiplex Cystica, Scheumann’s Benign Lymphgranulomatosis, Pinier’s Noncaseating Tuberculosis, Logren’s Syndrome)

Louis E. Mitlbach

Sarcoïdosis is a systemic granulomatous disease of underestimated etiology. It commonly undergoes spontaneous remission within two to three years but may progress to involve almost any organ, particularly the lungs, peripheral lymph nodes, skin, salivary glands, muscles, liver, spleen, myocardium, and central nervous system. Skin lesions and bone cysts are hallmarks of the condition. The interstitial lung test is frequently positive during the active phase and helps distinguish sarcoidosis from other granulomatous conditions.

ETIOLOGY

The etiology of sarcoidosis remains elusive. The concept that sarcoidosis is primarily a disease of the skin and the lungs is not well substantiated. It is likely that multiple factors are involved in the pathogenesis of this condition, including genetic predisposition, environmental exposures, and immunological mechanisms. The presence of granulomas in various tissues suggests a possible role for immune responses in the pathogenesis of sarcoidosis. Further research is needed to fully understand the underlying mechanisms of this disease.
ALBERT D’ALONZ0, D.O., F.A.C.O.I.  
DANCING WITH THE STARS

‘Cinderfella’ & Prince Charming
N.S. Nicholas & A. D’Alonzo

Harriet & Albert D’Alonzo
ALBERT D’ALONZIO, D.O., F.A.C.O.I.

• I met him at the same time as one of my other mentors, Jerome Sulman, D.O.
  • I was 15-years-old!

• He was from an osteopathic family
  • Father, brother, and sister-in-law - all D.O.’s!
  • In addition to OP&P and Cardiology, he taught me jokes, card tricks & juggling
ALBERT D’ALONZ0, D.O., F.A.C.O.I

• A fellow college baseball player (shout out to Wayne English!) we had to make decisions in life between sports and medicine
  ❑ Osteopathic medicine won out

• An ultimate storyteller: One of his former partners says that he still lives on, because I still recite his stories and jokes with the same timing and inflection!
JEROME SULMAN, D.O.
PCO(M) CLASS OF 1957

• Family physician and Professor of OPP/OMM PCOM
• He, like NSN donated many hours of his time to PCOM!
• He and my father were my two most important OP&P mentors during medical school
JEROME SULMAN, D.O.

• A joke-telling, warm extrovert who loved students and patients-alike
• Some of his best jokes were making fun of himself and his own ethnicity!
• In his late thirties/early forties, he became more thoughtful of his religion and moved from a conservative Jewish mindset to an Orthodox one
JEROME SULMAN, D.O.

• He urged me to go to Israel in the summer of 1973 and work at Shaare Zedek hospital in Jerusalem
  • I did and this had a profound effect on my personal growth

• At PCOM, we honor our closest mentors as ‘Uncle’ and he, Dr. Heilig & Dr. D’Alonzo were honored as such!
JAMES STOOKEY, D.O., F.A.A.O.
KCO(M) 1959

- Former OPP&P chair, dean, VP (KCOM, WVSOM),
  - Past AAO President
  - A.T. STILL MEDALLION OF HONOR, 1999
  - President MAOPS, 1983

• My family and others thought of him as the “Will Rogers” of the osteopathic profession
  - Helped me develop a storytelling method of teaching
    ✓ Tales of ‘horizontal airlines’ and the ‘vomit-comet’ are still remembered fondly in my household!
"Humor is the politeness of despair"

• One of my favorite quotes!
  • Attributed to many, including:
    • Achille Chavée
    • Oscar Wilde
    • Georges Duhamel
    • Boris Vian
    • Kierkegaard
THE SECOND IMPACT!

- **BODY**
ANGUS CATHIE, D.O.,
M.SC.(ANATOMY), F.A.A.O.
(1902-1970)

- PCO (Class of 1931)
  - PCO(M)
    - Chair, Department of Anatomy
      - 1944-1970
  - Chair, Department of OP&P
- 1974 Year Book, AAO
ANGUS CATHIE, D.O.,
M.SC.(ANATOMY), F.A.A.O.

• Chair of Departments of Anatomy and OPP
  • Philadelphia College of Osteopathy/Osteopathic Medicine
  • Famous nationally and at PCOM for his:
    1) Dissections
    2) Simultaneous two-handed blackboard drawings
    3) Expectations for excellence in his students and
       ✓ ‘not suffering fools gladly’
ANGUS CATHIE, D.O., M.SC.(ANATOMY), F.A.A.O.

• Fascia
• Lymphatics
• Autonomics
• Body Types
**PRIMARY LESION**

**AUTONOMIC V. MYOFASCIAL?**

**Plaque like:**
Increased sympathetic tone causing narrowed lumen

**Vasospasm like:**
Tree roots surrounding vessel = myofascial restriction around thoracic inlet
Nicholas S. Nicholas, D.O., F.A.A.O.

• I had the benefit of spending time in his medical office as well as, watching him when patients would show up to our house for a “treatment”

• Therefore, as a teenager I witnessed some of the ‘miracle’ cures that patients relate to OMT!
• So, during medical school when many of my peers would disbelieve what he and the other instructors were teaching, I already had the benefit of seeing these positive outcomes…

✓ *We will demonstrate a few of these techniques in the workshop*
N.S. NICHOLAS’
OSTEOPATHIC TECHNIQUES

• **Spencer** Technique for Capsulitis/Frozen Shoulder
  • Added Rapid Resistive Duction (Ruddy), then Muscle Energy to the technique originally described by Spencer

• **Acromioclavicular** Dysfunction
  • Dysfunctions related to sprains and/or cartilage derangement

• **Medial Meniscus Dysfunction**
  • In his time this technique provoked much adverse feedback from DO orthopedists who thought only of surgical treatments
  • They couldn’t understand that from his sports physician experience, he had successfully treated many with this condition
    • Today, watchful waiting with physical therapy is the new medical norm!
BODY- THE OMT’S

- N. S. NICHOLAS
  - The ‘Spencer’ Technique
  - Medial Meniscus Technique
The om t's

N. S. NICHOLAS

- Acromioclavicular Dysfunction
  - Lateral clavicle elevated (may be a meniscus-like dysfunction)
DAVID HEILIG, D.O., MSC., F.A.A.O.
PCO(M) Class of 1944

- Part time Chair, Department of OP&P
  - 1952-1955
  - Returned to teaching full-time, 1974
  - Vice-Chair, Department of OPP
- AAO Past President
- A.T. STILL MEDALLION OF HONOR
  - 1978
- T.L. Northup Memorial Lecturer
If you didn’t know him and want to gain insight into his thoughts, nature, and spirit, read the…

- *Collected Works of David Heilig, DO, FAAO*
  - American Academy of Osteopathy, 2004
    - Edited by Charlotte Greene, PhD
      - Philosophy of Osteopathy (1947)
      - Osteopathic Principles Relative to Heart Disease (1949)
      - Principles of Vertebral Manipulation in the Cervical Area (1952)
      - Patterns of Still Lesions …. (1957)
      - Principles of Lift Therapy (1958)
        - Et cetera, et cetera
DAVID HEILIG, D.O., MSC. ANATOMY, F.A.A.O. 
PCO(M) CLASS OF 1944

• Son of a Lutheran Pastor & later became a Quaker

• Those who knew him thought of him as a 
  *renaissance* man who personified body, 
  mind, and spirit:

  • An athlete, physician, musician (cello & bass violin), writer, artist (drawing, sculpting, carving), gardner, research scientist and philosopher!
My earliest memory of him was in the seventh grade, when he performed my sports physical and told me to turn my head and cough!

Two years later during a football game, he treated me for my first concussion.
DAVID HEILIG

Lateral recumbent lumbar

Rotational component down

Ex., Type 1 dysfunction L4, NSLRR

Ex., Type 2 dysfunction L4, F/E SRRR;
Notice leg off table!?
BODY- THE OMT’S

DAVID HEILIG

• Supine Thoracic HVLA

• Flexion v. Extension dysfunctions

Flexion ‘component’ dysfunction

Extension ‘component’ dysfunction
JEROME SULMAN

- Posterior Innominate
- Supine, combined technique
- Short-lever fulcrum with long-lever eccentric muscle energy
THE THIRD IMPACT

• MIND

David Heilig, D.O., F.A.A.O.

My construct of Osteopathic Principles comes predominantly from years of working with him!

- Direct v. Indirect principles
- Using exact wording following ECOP approved terminology
- Principles of HVLA, Muscle Energy, Somatovisceral reflex, Autonomics, Patterns of Dysfunction (patterned after W. P. Dunnington, D.O.), etc.
DAVID HEILIG’S OSTEOPATHIC TECHNIQUES

Master of HVLA –

• My father would tell everyone that ‘DOC DAVE’ was the best!

Lateral recumbent lumbar HVLA

• Dr. Heilig was adamant about following the terminology as stated in the Glossary of Osteopathic Terminology per ECOP (e.g. Direct v. Indirect principles)
  • Therefore, for this technique the rotational component must be down (proximal to the treatment table)
  • Otherwise, it doesn’t follow the rules of the upper of two segments being treated directly!
DAVID HEILIG’S OSTEOPATHIC TECHNIQUES

Therefore, he felt that some OMT teachings, while clinically successful, may not be following the biomechanical model of those proposing it.

This was his thinking about articular techniques designed to treat Type 1 and 2 dysfunctions with HVLA and MET.

- Conclusion…

  - Many are performing HVLA & MET (both osteopathic ‘direct’ techniques) with good clinical outcomes; but, unknowingly, they are performing *indirect* techniques!
INDIRECT V. DIRECT?

Pictured here with Dr. Med. Wolfgang von Heymann of Bremen, Germany

- Past President FIMM
- President MWE

Cologne, Germany
- MWE Convention 2016
I have combined his beliefs with my experience interacting with indirect HVLA-oriented German physicians

- Nelson (3rd principle of physiologic motion)
  - Restriction in one plane restricts motion in other planes
  - Therefore, in articular somatic dysfunctions, all directions may be restricted!
  - Treating the least restricted direction may be the least painful and most readily accommodating to an HVLA impulse
INDIRECT HVLA

- Not an Exaggerated method!
- It is still attempting to mobilize through a restrictive barrier
  - The barrier is just the least restricted of those present
- The technique is applied similarly to the direct style, but reversing the force vector
  - Indirect Example: C4, FSRRR
- Force vector in same direction as named dysfunctional components

Long-levered method

Short-levered method
• Conclusion

• Most of my contact came from working with him and discussions at department meetings between 1976-1998

➢ Osteopathic learnings

Autonomics, biomechanics, and specifically directed OMT

➢ Life learnings

Ethics, progressive thinking, birds, and the value of life’s simple gifts
CONCLUSION

• This afternoon, I will be demonstrating the techniques mentioned this morning in the work-shops

• Thank you for listening to me speak about those so important in my life!
Some of the PCOM OMM Department Members, 2017