President’s Message

GREETINGS FROM THE PRESIDENT!

Summer is going by all too quickly, and Fall is just around the corner! NYSOMS has been active and working diligently. In July, our Immediate Past President, Steven Sherman, DO, joined me at the NYIT-COM Alumni Career Day, when we had the pleasure of meeting many fine students interested in our respective fields of Ophthalmology & Internal/Occupational Medicine. We also had the opportunity to discuss the benefits of NYSOMS membership, which is automatically given to all osteopathic medical students in New York State. NYSOMS’ executive director, Barbara Greenwald, and I reinforced that message to incoming students at the TouroCOM-NY orientations in Harlem and Middletown in July and the NYITCOM orientation in August. Many students have expressed interest in NYSOMS’ advocacy and mentorship programs.

NYSOMS has formed a committee to work on scholarship development and distribution to deserving osteopathic medical students. Our membership committee is exploring ways to further expand NYSOMS’ benefits and reach out to potential members. Our ROC-NY committee, once again chaired by Harold Sirota, DO, and Bernadette Riley, DO, is assembling an exciting billet of lectures and workshops for April 2017! I have planned a 1/2 day CME event in Central New York—our second—on the timely topics of drugs of abuse and opiate overdose. In addition, NYSOMS has forged a relationship with the NYS Dept. of Health, which will be providing free, live CME opportunities to our members in all areas of the State.

Members, remember to activate your Medical Letter, and Dr. Law Legal Medicine CME accounts. More details can be found in the first edition of our electronic Member Benefits Profile, which members will receive in the mail soon. Be sure NYSOMS has your updated email address. Our Web development is going well, as I work with our new provider on the development and design of our new Web site and software.

In this newsletter, you will find highlights of the AOA House of Delegates meeting in Chicago, updates on what your colleagues are up to, and an outstanding piece about preserving OMT by Richard Chmielewski, DO, among other topics. As always, thanks for your support. NYSOMS has your back, and could not DO it without you. If you have any questions, or wish to volunteer, please reach out to me at president@nysoms.org.

Save the Date!

ROC-NY

APRIL 6-9, 2017

Hyatt Regency Long Island Hotel
Executive Director’s Message

As summer winds down and medical schools gear up for another academic year, I want to take a moment to recognize the dedicated osteopathic medical students who somehow manage to make enough time to be involved in advocacy. Many of them are surrounding me in the picture at left, taken at NYSOMS’ delegation dinner in Chicago during the 2016 AOA House of Delegates meeting. They represent the future of the osteopathic profession! Pictured are (left side-right side) Puneet Gill, President of the Student Osteopathic Medical Society (SOMA) at TouroCOM-Harlem; Charles Lopresto, TouroCOM-Harlem, National Research Director of SOMA; Yinglin Gao & Natasha Wu, TouroCOM-Middletown SOMA reps; NYSOMS’ Treasurer, Sonia Rivera Martinez, DO; Johnson Zhang, SGA President at Touro-Middletown, me (Barb Greenwald), Brian DelPino, SOMA VP at TouroCOM-Harlem, and Angelo Mascia, NYITCOM, National Chair of the Council of Osteopathic Student Government Presidents.

Legislative Update

The New York State Legislature is taking its summer break, but both NYSOMS and I are still hard at work for YOU! The picture below shows a rally that took place on Aug. 3, when more than 40 patient advocates and health care providers gathered on the steps of the Capitol to urge Gov. Andrew Cuomo to sign the step therapy reform bill. If you look closely, you can see me holding a NYSOMS sign in the upper left-hand corner.

As you may recall, step therapy protocols force patients to try medications other than what their doctor has prescribed before an insurer will cover the cost of the originally recommended treatment. Over the past five years, NYSOMS has been advocating for passage of a bill that would give doctors a transparent process to seek exceptions to these protocols when it’s in the best interest of the patient. The proposal (finally!) passed both legislative chambers unanimously in June, but has yet to be taken up by the governor. For news coverage of the rally, go to https://www.youtube.com/watch?v=0645UvR5rfY&feature=youtu.be

SAVE THE DATE!
DO DAY IN ALBANY
MARCH 8, 2017
AOA HOUSE OF DELEGATES

New York Strong: As the state with the fourth largest DO population, New York had a 25-member delegation, which included the SGA presidents from both NYITCOM and TouroCOM-NY. Most of them are pictured above.

The 2016 AOA House of Delegates met from July 22-24 in Chicago to create important AOA policies on a number of diverse issues. Five NY delegates sat on AOA reference committees, which are responsible for studying submitted resolutions and recommending whether the House should pass them. Below are the most notable:

1. Concussion safety: The House passed a policy paper that provides guidelines on concussion evaluation, treatment and return-to-play/return-to-learn protocols. This evidence-based information will assist states when they are updating their concussion and return-to-play laws.

2. Physician burnout: The House supports devoting more resources to physician wellness and mental health in order to develop an AOA Mental Health Task Force to collaborate with state and specialty societies on relevant mental health initiatives; develop programs to help physicians manage stress, overcome burnout and understand how to seek professional help; and identify the needs of physicians and medical students at risk for suicide and make recommendations on how best to raise awareness of the issue. Take a look at the COSGP video addressing medical students’ mental health: https://www.youtube.com/watch?v=KBnapibqYyQ&feature=youtu.be

3. Medical student finances: The House encourages residency program directors to evaluate the implementation of teleconferencing for graduate medical education (GME) interviews in order to ease the financial burden on medical students; and supports advocating for federal legislation to allow $50,000 of professional student loan payments per year to be tax-deductible regardless of modified adjusted gross income.

4. GME funding: The House opposes GME funding cuts for DO and MD programs while other programs receive funding increases and supports the distribution of federal funds for GME that prioritizes areas most in need.

5. Substance abuse: The House supports advocating for medication-assisted treatment for substance abuse disorders as the most clinically effective intervention.

6. Collective bargaining: The House supports the establishment of a task force to look into the creation of an independent collective bargaining unit for physicians and review its potential impact at the state and national level.

7. ACA grace period: The House supports insurance companies being required to pay providers for services rendered during the Affordable Care Act’s grace period.

8. Physician-led team-based care: The House supports payment models that incentivize high-quality, coordinated care and enable physicians to cover associated costs, both in the MACRA Medicare payment system and among private health insurers.
Not only did the New York delegation make its presence felt on the House floor, but it also made a splash at the AOA awards luncheon on Saturday, July 23. New York’s OPTI, the New York Colleges of Osteopathic Medicine Educational Consortium (NYCOMEC), received a Strategic Team Award and Recognition, known as “STAR.” The STAR Award recognizes contributions made by state and specialty affiliates, osteopathic medical schools and non-practice affiliates that enhance the culture of osteopathic medicine. NYCOMEC was recognized in the category of Promoting Osteopathic GME Growth. The AOA cited the innovative activities initiated by NYCOMEC to promote Osteopathic Recognition (OR) under the single accreditation system, which contributed to the accreditation of 21 new osteopathic GME programs. These initiatives include an OR awareness campaign, including faculty development programs on achieving OR, support materials to assist with the application process, a new webinar series on osteopathic medicine, newsletter updates, and new opportunities for scholarly activity. Pictured (above left), after receiving the award are (l-r) David Broder, DO, NYCOMEC president; Sharon Player, NYCOMEC manager of communication and special projects; Lynn Mark, DO, NYCOMEC director of accreditation; and NYITCOM dean, Wolfgang Gilliar, DO, NYCOMEC chairman of the board. Dr. Broder also serves as Vice Speaker of the AOA House of Delegates and NYSOMS’ Parliamentarian. Dr. Mark is the current president of the Association of Osteopathic Directors and Medical Educators (AODME).

In other photos (l-r from top middle, clockwise) NYSOMS treasurer Sonia Rivera-Martinez, DO, enjoys the NYSOMS’ delegation dinner with her husband, Dennis; delegates Suzanne Sirota-Rozenberg, DO, and Martin Diamond, DO, pause for a photo during House deliberations; NYSOMS’ board member and convention co-chair Bernadette Riley, DO, enjoys the delegation dinner with Kalliope Kyriakides, Student Government Association (SGA) president at NYITCOM; delegates Kym Carpentieri, DO; NYSOMS past president, Martin Diamond, DO; NYSOMS’ board member, Barbara Capozzi, DO; Lily Lam, DO; TouroCOM Dean, Kenneth Steier, DO; and Danielle Schehr-Kimble, DO, enjoy the Friday evening delegation dinner.
Kenneth Steier, DO (pictured, left), Dean of the TouroCOM-NY Middletown campus, has been named Executive Dean of TouroCOM-NY. Dr. Steier will continue his role as Middletown campus dean, and in this new capacity, he will be responsible for ensuring the continued alignment of the administrative, admissions and academic processes on both the Harlem and Middletown campuses. After eight years of service as Dean of TouroCOM-NY in Harlem, including his service as Executive Dean, Robert Goldberg, DO, has assumed the position of Director of Strategic Medical Initiatives for Touro College. Martin Diamond, DO (pictured, right), founding dean of TouroCOM-NY, has been appointed interim dean of the TouroCOM-NY Harlem campus. Dr. Diamond most recently served as director of osteopathic medical education at the Nassau University Medical Center. Congratulations to all!

NYSOMS’ Immediate Past-President, Steven Sherman, DO, and his wife, Joan (pictured, left) recently celebrated the wedding of their youngest son, Zachary. Not only are Dr. and Mrs. Sherman proud that their son has also started law school, but they are happy to finally be empty-nesters! Congratulations!

NSYOMS’ board member Bernadette Riley, DO, has been named Traditional Rotating Internship Program Director at South Nassau Communities Hospital in Oceanside, NY. Dr. Riley previously served as a faculty physician and Coordinator of Simulation Medicine for Students, Interns, and Residents at South Nassau Communities Hospital.

Thomas Zimmerman, DO (left), has been appointed Associate Dean of Clinical Affairs at the University of the Incarnate Word School of Osteopathic Medicine in San Antonio, Texas, which was recently granted provisional accreditation status by the Commission on Osteopathic College Accreditation (COCA). A former NYSOMS board member, Dr. Zimmerman has served as Director of Osteopathic Medical Education and Director of the Osteopathic Family Medicine Residency Program at South Nassau Communities Hospital.

NYSOMS’ President, Patricia Hunt, DO, celebrated her 25th wedding anniversary to Rob Waffenschmidt MS, PMP, in August. Waffenschmidt has been serving as NYSOMS’ volunteer Chief Technology Officer. (Credit for photo at right: www.graystudio.com)

Eric Ascher, DO, a family medicine resident at Plainview Hospital (a member of Northwell Health System), and the resident representative on NYSOMS’ Board of Directors, was recently accepted into the AOA’s Training in Policy Studies (TIPS) program, a policy-based fellowship program that provides an understanding of current health care policy issues while also providing leadership opportunities. In addition, Dr. Ascher has been selected as the resident representative to the AOA Bureau of State Government Affairs and was named Social Chair for all the residents and fellows of the Northwell Health System.
First Year Students Receive White Coats on Two Campuses

First-year medical students at NYIT College of Osteopathic Medicine (NYITCOM) in Old Westbury, NY, and Jonesboro, AR, received their white coats at August ceremonies. The Old Westbury ceremony featured remarks by NYITCOM 1992 graduate Kevin O’Connor DO, who serves as Vice President Joseph Biden’s physician (pictured at podium above, flanked by l-r, NYIT VP for Medical Affairs & Global Health, Jerry Balentine, DO; NYIT President, Edward Giuliano, PhD; and NYITCOM Dean, Wolfgang Gilliar, DO).

“Leave your house without your wallet. Leave without your keys. Leave without your phone,” Dr, O’Connor told students, “but for goodness sake, in medicine as in any profession (but especially in medicine), don’t ever, ever leave without a good dose of humility in your pocket.”

Dean Gilliar, who administered an oath of commitment, urged the students to embrace their work. “Love what you do and do what you love and your studies will no longer feel like work. Your white coat will give you direction to incredible and unexpected opportunities,” he said.

The first class of medical students from NYITCOM at Arkansas State University in Jonesboro (A-State) received their white coats at a ceremony featuring Barbara Ross-Lee, DO, NYIT VP for Health Sciences & medical affairs and founding dean of the new NYITCOM location.

“Today we celebrate this important and historic moment,” she said. “Today is their day, their first step in the transition from students to medical professionals. We share your pride in each and every one of them—we can all be proud together.”

NYITCOM at A-State is the second medical school in Arkansas and the product of three years of planning and collaboration by the two universities and a host of community partners. In June, A-State’s historic Wilson Hall was rededicated to serve as the new medical school site, with high-tech classrooms, labs, and lecture halls. Many members of the inaugural class hail from the Delta region (Alabama, Arkansas, Illinois, Kentucky, Louisiana, Mississippi, Missouri, and Tennessee); 14 are A-State graduates.
TouroCOM Student Receives Prestigious AOA Grant

TouroCOM-Harlem student Christine Choi (left) has been selected to receive a 2016 Welch Scholars Grant from the American Osteopathic Association (AOA). One second-year student from each of the AOA’s member schools is eligible to receive the prestigious grant, which is awarded based on outstanding academic achievement, participation in extracurricular activities, strong commitment to osteopathic medicine and financial need.

Choi serves as chief medical student at Englewood Hospital, works as a teaching assistant in the Osteopathic Manipulative Medicine Department and mentors high school students who attend MedAchieve—an after school enrichment program hosted by TouroCOM for Harlem teens interested in pursuing careers in medicine. She was twice awarded the school’s Silver Touch Award for contributing more than 50 community service hours in a TOUCH’ (Translating Osteopathic Understanding into Community Health) program.

Choi has also been working in a professor’s lab, helping to test the effect of a protease inhibitor found in soybeans on reducing the incidence of oral cancer. She was one of three co-authors of an article published in the Journal of Spinal Disorders & Techniques last November on surgical techniques. Choi graduated Georgetown University School of Medicine with an M.S. in physiology and biophysics in June 2013, and earned her B.S. in physiological science in 2011 at the University of California, Los Angeles.

Class of 2020 Students Don White Coats at TouroCOM-Middletown

On July 25, the 135 first-year students at TouroCOM-Middletown began their medical journey by donning their white coats for the first time. The ceremony included a musical interlude by nearby Fei Tian College students and a keynote speech by Dr. Kristine Young, president of SUNY Orange Community College.

"The White Coat ceremony marks the student’s transition to the study of medical science," explained Kenneth Steier, DO, TouroCOM Executive Dean and founding dean of the Middletown campus. "It is a rite of a passage as students embark on a career in medicine."

Along with TouroCOM faculty, attendees on stage included Dr. Alan Kadish, president of Touro College and University System, Middletown Mayor Joseph DeStefano, and Maria Bruni, Middletown’s Director of Economic Development.

Since TouroCOM-Middletown’s launch two years ago, the school has enjoyed a warm rapport with the local community, running health fairs and encouraging students to participate in community events. This ceremony was the third White Coat ceremony for the school.

Pictured, right, Tina Yang, TouroCOM-Middletown Class of 2020, receives her white coat as Dean Steier looks on.
The purpose of osteopathic treatment is to utilize the philosophy of Osteopathic Medicine, which states that: 1. the patient is a complete biological entity with it’s own regenerative capacity; 2. this biological machine is totally integrated and communicates with itself at all times; and 3. any change in its structure will alter its function.

The approach to medical or surgical treatment utilized by most MDs and DOs is to listen to symptoms and complete a thorough exam in order to generate a differential diagnosis and come to a specific conclusion for a specific area with a specific treatment (e.g., medication, injection, surgery or some form of physical therapy, exercise or nutritional intervention). This paradigm is very useful, especially for simple conditions or injuries, and is accepted and used by physicians as a rational form of problem solving. In this context, the practitioner focuses essentially on the result of some pathologic process such as a disease or an injury. In contrast, the osteopathic philosophy adds to this approach by also looking at the “host” or patient, and determining where that host’s defenses or “host environment” was changed to one in which the disease or injury could take place.

Where the osteopathic approach differs significantly is in the additional examination of the patient’s physical structure to elucidate where the body’s physiologic status is at the moment. The osteopathic practitioner, in examining a patient for illness or injury, will check the musculoskeletal and integumentary system to find clues as to how that patient is responding to the stress of their illness or injury. This would involve evaluating range of motion of any body part; skin changes, such as local heat, bogginess or ropey texture change; and areas of asymmetric motion, such as vertebral motion. The musculoskeletal system is by weight, about 70% of the person’s body, and therefore can be used as an important mediator in learning about the body’s nervous system and circulatory system response to the stress of illness or injury.

The osteopathic approach to patients is primarily a philosophical one. One can practice “osteopathically” without using any form of hands-on manipulative techniques. While osteopathic manipulative treatment (OMT) is integral to treatment within our system, it does not define our treatments. It would be like describing what an MD does as “They prescribe penicillin.” Obviously, that is not the only thing that they do. Prescribing of medication however, is one important aspect of what an M.D. does. The allopathic approach to illness and injury is to ask, “What is causing the disease or pain, and what medication or intervention can I use to reverse it?” This is very logical and extremely useful, and will many times lead to a successful outcome for that particular problem. It is used daily by osteopathic practitioners, as well.

Additionally however, the osteopathically oriented DO will not only ask “How did the patient get sick?” but “what can I do physiologically assist the patient with their own regenerative healing process in order to get them back to health?” For example, a patient might ask “why am I sick so often?” The osteopathic practitioner might reply “why are you well so often”? The answer lies in the body’s inherent ability to heal/regenerate itself. In order to have health, a patient needs a well coordinated nervous system and a functional circulatory system at the cellular level.

Osteopathic manipulative treatment looks at the structure of the human body and attempts to normalize it’s microcirculation and modulate the reflex neural arcs that are processed in the central nervous system, especially the brain and spinal cord. Imagine a left mid-chest rib (say the left 5th rib) that has been locked in position and will not move smoothly and synchronously with all the other ribs on both sides. Lay people think that the ribs are just bones floating in the muscles and they passively move when the diaphragm contracts to breathe in and out. But in fact, each rib has it’s own artery, vein, lymphatic vessels, nerves and muscles, and is connected to the vertebrae. Each rib must work in conjunction with all of the other ribs, which also have nerves, blood vessels and muscles. Each rib is like a piston in a gasoline engine. All of the pistons have to fire at the right moment. It one misfires, chaos and a drop in efficiency ensues. With a rib, that inefficiency might translate into poor breathing mechanics, such as insufficient opening of small airways in the lungs, leading to pneumonia. Pain along the rib could result and might be interpreted as a heart attack, leading to ER visits and repeated, costly visits to the cardiologist.

Even after a patient has had extensive, negative cardiac workups, they can have repeated left sided rib pain, which can lead to the patient becoming a “cardiac neurotic” who runs to the doctor or E.R. on a regular basis to have their “heart” checked out. I know such patients from the personal experience of 30 years of emergency duty as a board certified emergency physician. I have seen many such patients successfully treated with OMT, when their rib dysfunction was finally identified and treated osteopathically. (Continued on next page)
We are presently in the midst of a narcotics addiction crisis brought on by a number of factors that have given us a tsunami of addiction and overdose deaths. We have health practitioners (DOs as well as MDs and nurse practitioners) prescribing narcotics on a reflex basis and in large quantities with generous refills. There has been relentless advertising and promotion of narcotic painkillers such as oxycodone by the pharmaceutical industry, which downplays their addictive potential. There were studies and position papers focusing on how minorities received less or fewer narcotic prescriptions than their white counterparts, and papers calling for the “right of the patient” to be adequately treated for their pain. Pain was given it’s own “scale” (VAS) and promoted to a “vital sign” status. There developed within the medical community the unfounded idea that, if practitioners did not give an “adequate” amount of pain killers, they could be sued for malpractice!

When patients visit their health providers they want answers, intervention and relief, usually sooner than later. When an MD, DO or NP only thinks in terms of “problem = prescription,” it is easy to see why they quickly write out a prescription for 100 tablets of Lortab or Percocet or Norco. Everybody is happy. What other alternative do they have? NSAIDs? They often don’t work, or work well enough. Muscle relaxants? You can’t drink or drive when on them. Many patients object to the side effects. I could go on and on with other medications and treatments, including gabapentin, antidepressants, and physical therapy, massage, counseling and TENS units. They all have a place and, in many cases, may be all that is needed.

And what about another overprescribed medication - antibiotics? There has been so much overprescribing that the CDC was forced to put out a pamphlet urging health practitioners to be judicious in their use of antibiotics. I would guess that most antibiotic prescriptions are inappropriate or there is a better alternative. Doctors admit as much to their patients! I have had many a patient tell me that their primary doctor diagnosed them with “virus” and gave them an antibiotic. Huh? What microbiology class did they flunk out of? Yet, stuck with a demanding patient who has a sore throat and runny nose (over 90% viral or allergy), what is a provider to do? Frantically prescribe an antibiotic, thereby training a patient in a lie?

What about osteopathic manipulative treatment (OMT) as an alternative treatment for many illnesses and injuries? The New England Journal of Medicine, years ago, printed an article detailing that OMT was useful in treatment of low back pain. Additionally, patients required less medication for their pain. We have the well known facts (in osteopathic circles) that osteopathic treatment during the 1918-1919 influenza pandemic (which killed 50 - 100 million people worldwide) resulted in 1/40th the mortality of patients, in contrast to those treated by MDs. The same techniques are taught and used in our osteopathic medical schools. I created a video detailing this treatment during the 2009 H1N1 influenza scare. I showed that these techniques can be used / modified for upper respiratory infections including sinus and ear infections, bronchitis, pneumonia and influenza (www.youtube.com; type in: OMT Flu).

I have a busy osteopathic general medical practice and administer OMT to probably 60% of all of my patients on any given day. They are thankful for the time, the effort, the education and the results that they get from osteopathic intervention. I have medical students rotate through my practice on a regular basis. One of the things I ask of them, as they see the results that I get with headaches, neck pain, back pain, foot pain, respiratory infections, GERD, chronic constipation, chronic pelvic pain and anxiety / depression is: “As you go through your rotations in other offices, think how those practitioners would treat this same problem. Then, make a judgment. Does this approach offer anything at least as good as if not better than what you have been seeing?”

Often the student would look at me and say, “They would just write for a narcotic and a muscle relaxant, or give them an antibiotic and discharge them”. While that may be valid in many situations, would we want to limit the physiologically based, highly effective approach that the osteopathic philosophy, and just as important, osteopathic manipulative treatment offer to millions of patients?

Richard Chmielewski, DO, FACEP, is Board Certified in Osteopathic Neuromuscular Medicine and Emergency Medicine. Besides operating a private practice, he serves as a clinical instructor in the Family Practice Residency Program at St. Elizabeth Medical Center in Utica, NY, and a clinical faculty member at UNECOM (Biddeford, ME), LECOM (Erie, PA) and TouroCOM (NYC). Dr. Chmielewski is also Chairman Emeritus of EMS GLOBAL INC, a non-profit, lay organization assisting emergency departments in the Republic of Poland.

Attention Syracuse-Area DOs
Meet NYSOMS’ President—Dinner on Us
7 p.m. Thursday, Sept. 29
Spaghetti Warehouse, 689 N. Clinton St, Syracuse, NY
RSVP to Barbara Greenwald:
bgreenwa@nyit.edu or (516) 686-3958
(Details for Syracuse CME event on next page)
Upcoming Events

SYRACUSE-AREA CME
Drug Abuse and Managing Addictions
Brian Kloss, DO; Richard Chmielewski, DO
Four-hour program with lunch included
Noon-4 p.m. Friday, Sept. 30; Registration at 11:30 a.m.
Staybridge Suites, Syracuse/Liverpool
439 Electronic Parkway, Liverpool, NY 13088; (315) 457-1900
Cost: $50; Online registration: http://nysoms.org/forms/093016event.asp
Or call (212) 261-1784

Commissioner's Medical Grand Rounds—NYS Dept. of Health
From A to Zika: An Update on Zika Virus for Primary Care Providers
6-8 pm Thursday, Sept. 29, Stony Brook Health Science Center Level 2, Lecture Hall 2
101 Nicolls Road, Stony Brook NY 11794
Free of charge for all providers in NYS.
Advance registration is requested. Register below:
www.totalwebcasting.com/view/?func=VOFF&id=nysdoh&date=2016-09-29&seq=1

Henry Schein Free Expo & Classes
How to Build High-Performing Healthcare Teams that Stay!
Transitioning from fee-for-service to value: Preparing for MIPS and APM
Create a Data Centric Value-based Strategy: Transform the way you Lead with Data
Credentialing and Contracting Why risk costly delays or mistakes?
10 a.m.–4 p.m. Wednesday, Sept 28
Melville Marriott Long Island, 1350 Walt Whitman Road. Melville, New York 11747
Register by emailing Edward.Colwell@henryschein.com

NYIT Center for Sports Medicine Conference
Beyond the Sideline: Unique Sports Medicine Considerations
8:30 a.m.- 4:30 p.m. Monday, Oct. 24,
NYIT Rockefeller Auditorium / OMM Laboratory, Old Westbury, NY
The material covered in this course will provide an intensive review on managing sports concussions.
The program anticipates approval for 4.75 of AOA Category 1A CME credits, 4.75 NYS Physical Therapy CE credits and 4.75 category A CEU credits, pending approval by the AOA CME, NYS and the BOC
To Register
Call (516)-686-7521
Email sportsmed@nyit.edu
Fax (516)-686-7890
Mail to Susan Christie
NYITCOM Riland Building, Suite 53 Northern Boulevard Old Westbury, NY 11568
NYSOMS Thanks the New York Delegation

David Broder, DO, FACP, FACOI
Steven Sherman, DO, MS
Patricia Hunt, DO, MHA
Sherman Dunn, DO, FACOOG
Sonia Rivera-Martinez, DO, FACOFP
Robert Goldberg, DO
Kenneth Steier, DO, MPH, MHA, MGH
Bernadette Riley, DO
Dennis Dowling, DO, FAAO
Martin Diamond, DO, FACOFP
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Kym M. Carpentieri, DO
Jonathan Garay, DO
Danielle Schehr-Kimble), DO
Lily Lam, DO
Ronald Langman, DO
Donna-Marie McMahon, DO, FAAP
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Jeffrey Perry, DO
Lawrence Northorn, DO
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