

OSTEOPATHIC PHYSIATRY

On March 1, 1951 Lawrence W. Mills, Assistant Secretary of the American Osteopathic Association's Council on Education, authored a letter to Dr. R. McFarlane Tilley, Chairman of the AOA's Bureau of Professional Education and Colleges calling his attention to the discussion of pages 64 to 74 of the edited minutes of the Annual Meeting of the Council on Education (January 20-21, 1951) concerning the document 'Standing Orders, Department of Osteopathic Manipulation', by Drs. R. C. Ruenitz, T. B. Edmiston and W. W. W. Pritchard, which had been submitted to the Bureau of Hospitals by the College of Osteopathic Physicians and Surgeons of Los Angeles, California.¹ This document² outlines standing orders for many conditions including Anterior Poliomyelitis, Diabetes Mellitus, Pneumonias, Influenza, Postoperative Care, Obstetrical Care, and Tuberculosis (Pulmonary). The Standing Orders is prefaced as follows:

“The staff physicians and all hospital services recognize that structure and function are interdependent and that the best possible adjustment of the body chemical, psychological and physical (including manipulation and surgery), is necessary for the most satisfactory treatment.

When in their opinion, manipulative therapy offers relief or rehabilitation to the patient they will prescribe such manipulations and/or exercises as they feel are indicated for the patient. In cases of chronic disorders with marked organic changes where manipulation seems to offer little or nothing beyond temporary comfort, do not prescribe manipulative measures as a routine to be carried out year after year. Do not discuss the matter with the patient or within hearing of the patient. State your diagnosis and opinion clearly, in writing, on the chart and discharge from your service. If other departments have something to offer, transfer the patient to them.

Where manipulative therapy has to be continued for more than two weeks or where help is desired in outlining the manipulative care or postural exercises, the patient should be sent to the Osteopathic Manipulative service for consultation, and outline of treatment only.

Only those cases in which manipulation or adjustment of body mechanics, not clearly orthopedic, appears to be the major therapy of choice should be transferred to the Osteopathic Manipulative Service for Diagnosis and Treatment. The Osteopathic Manipulative service retains the right of refusing to accept such cases as they feel would either not be materially benefited by their care or in which they think manipulation is contraindicated.”

In his letter, Dr. Mills relayed the following motions that had been passed at the Council of Education Meeting:

“That the Council on Education express to the College of Osteopathic Physicians and Surgeons, and especially to Drs. Ruenitz, Edmiston, and Pritchard, its

¹ Volume I, Certifying Board

² Volume I, Certifying Board

appreciation of the opportunity to study ‘Standing Orders, Department of Osteopathic Manipulation’, and compliment them upon the constructive program toward strengthening the integration of the osteopathic concept and its application in their clinical teaching procedure.”

“That the College of Osteopathic Physicians and Surgeons and Drs. Ruenitz, Edmiston and Pritchard submit this document to the Bureau of Professional Education and Colleges and to the Bureau of Hospitals, inviting the critical analysis and constructive suggestions of these two Bureaus as aids in strengthening this valuable program.”

“That the subject matter covered in Item 10 (Reports upon the continuing problems of integrating and correlating the teaching of osteopathic concepts, philosophies, principles and technics (*sic*) into the teaching program of our colleges) on the agenda for this meeting be a continuing item on the agenda of the Council on Education of the American Osteopathic Association, and that the Council request a report from the Bureau of Hospitals and the Bureau of Professional Education and Colleges as to their progress in further perfection the plan submitted by the Los Angeles College, as submitted by Drs. Pritchard, Ruenitz and Edmiston.”

R. C. McCaughan, D. O., Executive Secretary of the American Osteopathic Association (AOA) responded to Dr. R. McFarlane Tilley, Chairman of the Bureau of Professional Education and Colleges of the AOA in a letter dated April 3, 1951³,

“This is in belated response to yours of March 17th, addressed to the members of the Bureau of Professional Education and Colleges. I have, as you suggest, read all the minutes of the Council on Education’s most recent meeting, and have given attention to the outline known as “Standing Orders, department of Osteopathic Manipulation of the College of Osteopathic Physicians and Surgeons.” I have previously commented on those orders and recognize in them an effort to respond to the opinions of the profession that the theory of practice known as osteopathy should be reemphasized in osteopathic undergraduate education.

I should have difficulty to agree with the philosophy expressed in certain fields of the outline and if it makes any difference should be seriously disappointed if the philosophy, evident or inferential in some portions of the outline, is, indeed, the majority opinion of practicing osteopathic physicians.

A good deal seems to me to hang on the business of the attempt to separate osteopathic medicine from whatever else is taught in osteopathic colleges and to call it a department or a division of instruction. The very setting off ‘manipulation’ or ‘osteopathic therapeutics’ as coordinate, for example, with

³ Volume I, Certifying Board

‘surgery’ or ‘obstetrics’, has a tendency to be emphasized by departmentalization.”

I regret that I was unable to attend the last meeting of the Council on Education of the Association.

In the meantime, Wm. W. W. Pritchard, D. O. had sent a copy of the outline on “Affections of the Low Back” to Dr. Robert B. Thomas, Chairman of the Council on Education of the A.O.A, which he noted were subject to editing, but had been approved in principle and content for inclusion in “Standing Orders, Department Osteopathic Manipulation.” He noted that they were making progress and hope soon to have more complete orders approved by the other departments. He closed by stating, “I hope to have the second draft of these orders prepared before the A.O.A. Convention in Milwaukee. Please remember that any suggestions you may have will be given careful consideration.”

Another document, titled “Manipulation in Neurologic Disorders” authored by Donald E. Pinder, D. O. and dated May 19, 1951 apparently was submitted as well. It is duly noted that, “This document has not yet been approved by the Department of Neurology. R.B.T.”

Dr. Wm. W. W. Pritchard, Executive, Department of Osteopathic Therapeutics, College of Osteopathic Physicians and Surgeons (COPS) sent a copy of a paper to the Dean, E. L. Garrison, which he proposed to present to the American Association of Osteopathic Colleges at their meeting in Milwaukee on July 14, and 15, 1951. The paper is titled “Professional Progress by Wm. W. W. Pritchard, D.O.”⁴

“A report of some changes at the College of Osteopathic Physicians and Surgeons and suggestions for the need of establishing a specialty field of structural, physical or manipulative therapy.

March 21, 1946 C.O.P. & S. established a separate Department of Osteopathic Therapeutics. This Department teaches History of Medicine, Principles of Osteopathy, Physiology of the Autonomic Nervous system, History taking, Physical examination and Diagnostic methods, Osteopathic Manipulative technics and is held responsible for al teaching of Manipulative Measures in the College, the teaching Hospital (which happens to be the Los Angeles County Osteopathic Hospital) and in the Graduate College.

The department has expanded steadily and now has a Staff of 26 Osteopathic Physicians and has absorbed the subject of “Physiotherapy” from the Department of General Medicine. This now makes our Department of Osteopathic Therapeutics correspond very closely with the Section of “Physical Medicine and Rehabilitation” of the A.M.A.

⁴ Volume I, Certifying Board

Some eighteen months ago the Los Angeles County Osteopathic Hospital separated the Osteopathic Manipulative Service from the Department of General Medicine and created a separate Department of Osteopathic Manipulation. The Senior Attending Physicians of this Department also function in the same capacity in the College Clinic and the Staff physicians rotate six months on and six months off service.

There has been a constant monthly increase in the number of cases cared for by this Service in both the Hospital and College clinic. A set of standing orders which may serve as a nucleus for a manual of Osteopathic Hospital procedure is now in preparation. We hope to absorb the service of Physiotherapy in the near future so that the Department of Osteopathic Manipulation of the Los Angeles County Osteopathic Hospital will also correspond very closely with the section of "Physical Medicine and Rehabilitation" of the A.M.A.

The October 28, 1950 copy of the Journal of the American Medical Association contains two original articles – pages 727 to 732. These deal with the scope, future and position of Physical Medicine and Rehabilitation in Medical education. Let me quote from the first article by Frank H. Krusen, M.D., Rochester, Minnesota. "Because of his qualifications and training, the physiatrist is especially well qualified to collaborate with and to supplement the work of certain other specialists. The equipment of the physiatrist is so complex and his training so extensive that the specialist in these other fields cannot expect to absorb this specialty and incorporate it with his own any more easily than he could absorb and incorporate all the complicated technics of the roentgenologist or the clinical pathologist".

I would also like to quote from the second article by Howard A. Rusk, M.D., New York. "With these advances the pendulum has swung, and today medicine's greatest problem is chronic disease and disability in an aging population.

As old as time and yet the youngest of all specialties in its present total concept, physical medicine and rehabilitation today offers the principle key to the solution of this baffling medical-social-economic enigma". Again I quote:-- "During the past seven years the number of medical schools offering instruction in physical medicine and rehabilitation has more than doubled. As compared with only five approved residencies and fellowships in physical medicine in three medical centers at that time, as of April 1, 1950 the Council on Medical Education and hospitals reported over 100 such residencies and fellowships in 42 medical centers.

The situation, however, is not as optimistic as it appears, for at the present time many of these residencies and fellowships are unfilled. The Veterans Administration, for example, has 16 approved residencies in 10 hospitals, but the score today shows 11 vacancies and only five residents."

The article contains an outline of the present four-year teaching schedule of this subject in the New York University College of Medicine, which should command the study of the curriculum committee of each approved Osteopathic College.

Again I quote from the summary:-- “When the physician is capable of standing his ground in medicine generally and can add to this the special technics and Modalities pertinent to his particular field, he is then a specialist in physical medicine and rehabilitation not only in name but in reality. He is at the threshold of great new opportunities; the door is ajar, but it must be opened wide. His is a great responsibility, for he holds the key to the solution of medicines major problem, chronic disease and disability in an aging population”.

Some County Rehabilitation officers now use the services of Osteopathic Physicians. When the public has been taught that a Physiatrist is one who is specially trained in the entire physical approach to therapy, where will we be without Osteopathic Physiatrists?

At the present time if an Osteopathic Physician has a patient who needs and is receiving structural care but must move to another location, we have no way of referring the patient to a colleague we know will give them structural or manipulative care. Through the A.O.A. Directory we can now refer them to a Surgeon, Obstetrician, Gynecologist, Proctologist, Cardiologist, Pediatrician or Internist, but there is no way to locate a Physiatrist. This is a very serious professional handicap and the condition should be corrected.

Industrial Medicine and Insurance practice will surely call for care by Physiatrists in the very near future.

It is much later than some may think but certainly it is not too late if we but apply our thoughts and energies to the problem. I submit for you consideration the following suggestions:

1. That separate Departments of Osteopathic Therapeutics or Osteopathic Manipulation, to include physiotherapy, be established in each College and their associated teaching Hospitals.
2. That the American Association of Osteopathic Colleges request the formation and approval of an American College of Osteopathic Physiatrists and an American Osteopathic Board of Physical Medicine and Rehabilitation for specialty certification.
3. That the Dean of each approved Osteopathic College appoint 4 men as Charter Members of the American College of Osteopathic Physiatrists. This nucleus of 24 members to take action to bring themselves up to date in all phases of the subject and to work out the details of both the College and the Board.
4. That each approved Osteopathic College take steps to offer in its Clinic, after an approved internship, a residency in Osteopathic

Therapeutics as part of the requirements for certification as an Osteopathic Physiatrist.

5. That the American Osteopathic Hospital Association be encouraged to offer residencies, after an approved internship, as part of the requirements for certification as an Osteopathic Physiatrist. This would offer a solution to the problem of patients receiving structural care while in Osteopathic Hospitals, and would be excellent training as well as excellent public relations.

The Osteopathic College of Physicians and Surgeons developed a program of postgraduate study, which must be taken by all instructors in their Department of Osteopathic Therapeutics and Rehabilitation. It included anatomy and physiology, local heat as a therapeutic agent, joint disabilities, visible light as therapy, ultra violet, x-ray and radium as therapeutic agents, diathermy, chronaxie, sine wave and physical therapy. Dean Garrison of the College sent a copy to Dr. Tilley, Chairman of the Council on Education with a cover letter dated November 28, 1951.

TO ALL OSTEOPATHIC HOSPITALS, December 7, 1951⁵

STANDING ORDERS

DEPARTMENT OF OSTEOPATHIC THERAPEUTICS AND REHABILITATION
LOS ANGELES COUNTY OSTEOPATHIC HOSPITAL

And

GENERAL OSTEOPATHIC CLINIC, C.O.P. & S.

By

Wm. W. W. Pritchard, D.O., Consultant

Wm. T. Sechrist, D.O., Consultant

And

John M. Andrews, D.O., Senior

Clifford L. Davis, D.O., Senior

T. Burton Edmiston, D.O., Senior

Robert C. Ruenitz, D.O., Senior

Harvey S. Taylor, D.O., Senior

Gentlemen:

“During the past fifteen years the members of the Osteopathic Profession have been very busy building hospitals. The Osteopathic Colleges during this time have been kept very busy increasing their facilities and developing Graduate Schools so that the specialists necessary to staff these hospitals may be available. This generalized concentration of effort has occasioned an insufficient amount of thought and effort towards the development of the relationship between structure and function, the basic reason for our existence as a separate profession. The past decade has produced circumstances, which have caused our brother physicians of the dominant school of medicine to delve deeply into this aspect of the approach to therapy. Thirty-seven Grade A medical schools now

⁵ Volume I, Certifying Board

have Departments of Physical Medicine and Rehabilitation and others will soon fall in line. The A.M.A. has set up a Certifying Board to certify specialists in Physical Medicine and Rehabilitation as 'Physiatrists'.

The College of Osteopathic Physicians and Surgeons and the Los Angeles County Osteopathic Hospital have combined the Department of Osteopathic Therapeutics and the Department of Physiotherapy into a single Department of Osteopathic Therapeutics and Rehabilitation, which corresponds closely in subject content with the Department of Physical Medicine and Rehabilitation set up in the dominant schools, with the exception that we place more stress upon the manipulative measures which have been pioneered by our profession.

We must soon provide machinery for certifying specialists - 'Osteopathic Physiatrists' in this specialty, which is at once the newest and the oldest specialty in the healing art.

Enclosed you will find a copy of the first set of completed Standing Orders set up for this Department. Please accept them with our compliments. They are far from perfect but they are a beginning and may well serve as a nucleus for a manual of procedure for Osteopathic Hospitals. We naturally expect to revise them from time to time and would be most grateful to anyone who will take the time to offer constructive criticisms and suggestions. A population, which is containing an ever increasing number of aging or aged people as well as handicapped young people demands that something be done about this, by our profession, before it is too late. May I suggest that, if you have not already done so, you obtain for your library the book 'Physical Medicine and Rehabilitation for the Clinician' by Krusen, published by W. B. Saunders Co. - 1951.

Extending to you the Compliments of the Season, I am"

Fraternally yours,

(Signed)

Wm. W. W. Pritchard, D.O.
Executive
Department of Osteopathic
Therapeutics and
Rehabilitation

In response to the "Standing Orders" document that was sent to the Osteopathic Hospitals, Allan A. Eggleston, D.O. of Quebec, Canada and a Trustee of the AOA sent a letter to Dr. Robert B. Thomas, Chairman of the Bureau of Professional Education and Colleges, dated January 2, 1952. In that letter he states:

"The letter of transmittal causes me a great deal of concern. Here is an official document produced and distributed by an osteopathic college, which is recognized and approved by the American Osteopathic Association. The policies

and opinions expressed in that document must be accepted as being those of the college. Since the college is recognized and approved, it would seem rational for one to infer that those policies and opinions are also approved by the American Osteopathic Association and its Bureau of Professional Education and Colleges.

In the letter of transmittal, Dr. Pritchard, Executive of the Department of Osteopathic Therapeutics and Rehabilitation, states: 'During the past fifteen years the members of the Osteopathic profession have been very busy building hospitals. The Osteopathic Colleges during this time have been kept very busy increasing their facilities and developing Graduate Schools so that the specialists necessary to staff these hospitals may be available. This generalized concentration of effort has occasioned an insufficient amount of thought and effort towards the development of the relationship between structure and function, the basic reason for our existence as a separate profession.' While one could not quarrel with Dr. Pritchard's right to express a personal opinion, it seems unfortunate that this statement should be made in a widely distributed official document.

Dr. Pritchard continues by pointing out that 37 schools granting the degree M.D. have established 'Departments of Physical Medicine and Rehabilitation' and that the A.M.A. has set up a certifying board to certify specialists in Physical Medicine and Rehabilitation as 'Physiatrists'. He then points out that the College of Osteopathic Physicians and Surgeons has imitated this development by combining 'the Department of Osteopathic Therapeutics and the Department of Physiotherapy into a single Department of Osteopathic Therapeutics and Rehabilitation, which corresponds closely in subject content with the Department of Physical Medicine and Rehabilitation set up in the dominate schools, with the exception that we placed more stress upon the manipulative measures which have been pioneered by our profession.'

He further urges that 'We soon provide machinery for certifying specialists – 'Osteopathic Physiatrists' in this specialty which is at once the newest and the oldest specialty in the healing art.'

It seems to me that these statements and the development of that particular department in C. O. P. & S. are incompatible with many of the basic policies of the American Osteopathic Association and its Bureau of Professional Education and Colleges. Those policies are so well known to you and the others receiving copies of this letter that it seems unnecessary to repeat them here.

It appears to me that 'osteopathy' has come to be considered as almost synonymous with physiotherapy by the authorities of this college. This letter of transmittal may be productive of considerable disturbance in some of our hospitals and it seems important that some means be found to re-emphasize the policies of the American Osteopathic Association with which the statements in the letter are not in accord.

The direction that this development at C. O. P. & S. appears to be taking is of much more serious import than the transient effect of the letter of transmittal. I urge you as Chairman of the Bureau of Profession Education and Colleges to see that this matter receive the serious consideration of your Bureau, and to make it a matter for careful investigation when that college is next inspected.

Permit me to express the following observations about 'Standing Orders'.

Title Page

1. 'DEPARTMENT OF OSTEOPATHIC THERAPEUTICS AND REHABILITATION.'

Dr. Pritchard explains that the name of this department was devised from the example set by schools granting the M. D. degree. He points out that 37 such schools now conduct a 'Department of Physical Medicine and Rehabilitation'. It seems to me that such deliberate imitation invites the inference that 'osteopathic therapeutics' occupies a position in our colleges (and hence in our profession) similar to that occupied by 'physical medicine' in schools granting the M.D. degree (and hence in our profession). In my opinion, such an impression is false-to-fact.

Page Two

2. '2. CONSULTATION WITH TREATMENT WHICH IS ADJUNCTIVE TO THE MAJOR TREATMENT WHICH THE PATIENT CONTINUES TO RECEIVE IN ANOTHER DEPARTMENT OF THE HOSPITAL OR CLINIC. FOR EXAMPLE, DIATHERMY IN CERTAIN SURGICAL OR GYNECOLOGICAL DISORDERS, OR MANIPULATION AND REMEDIAL EXERCISED IN THE AFTER-TREATMENT OF INJURIES'

(a) The phrase 'ADJUNCTIVE TO THE MAJOR TREATMENT' seems to me ill-chosen, for the following reasons: -

- I. Osteopathy embraces a full scope of practice as a complete school of medicine.
- II. Any therapeutic procedure carried out by an osteopathic physician becomes, in that instance, osteopathic therapeutics.
- III. In view of the above, it follows that the major treatment carried out in any osteopathic hospital or clinic must be considered osteopathic therapeutics. Phrasing similar to 'CONSULTATION WITH TREATMENT CO-ORDINATED WITH THE TREATMENT WHICH THE PATIENT CONTINUES TO RECEIVE IN ANOTHER DEPARTMENT.....' seems preferable to me.

- (b) The example given supports the impression that this department is to be considered comparable to the department of physiotherapy in hospitals staffed by physicians with the M. D. degree. If the reasons given in the above section (a) are sound, examples become unnecessary.

Page Six

A basic difference in philosophy appears to exist between those who formulated the statements on this page and the present writer. It would be necessary to reach understanding on the philosophical level before a discussion of phrasing as used on Page 6 would be productive.

Primary among those differences, are the following:

- (a) 'Osteopathic therapeutics' seems to be limited to this one department. In my opinion 'osteopathic therapeutics' should be considered and utilized as an integral part of all departments.
- (b) Inference is drawn that the authors of this page are of the opinion that manipulative therapy has little to offer in chronic disorders. Twenty three years of experience with chronic disorder makes it impossible for the present writer to agree with this inference.
- (c) The phrase 'NOT CLEARLY ORTHOPEDIC' conveys no clear meaning to me as it is used here. Does it imply that no manipulative therapy shall be used in the orthopedic department, and no orthopedics shall be carried out in the Department of Osteopathic Therapeutics? Is it possible to establish such sharp dichotomies?

The remaining pages of 'Standing Orders' appears to offer an excellent start toward the development of a working manual for osteopathic internes. On Page 1, the authors have stated 'They (Standing Orders) are not complete, they are not perfect, but they are a nucleus which may (with additions and deletions) prove to be of value to our hospitals, Clinics, and in fact to our entire profession.' Continuing progress in the development of osteopathy can be expected to create the necessity of revision of any statement prepared in 1951. Continuing experience in the use of 'Standing Orders' can be expected to produce refinements and desirables changes.

The authors are to be congratulated, both for the results of their efforts to date and for their expressed desire for constructive criticism and suggestion."

Sincerely yours.

(Signed)

Allan A. Eggleston, D. O.

Dr. Pritchard on May 26, 1952 communicated with doctors, apparently of the faculty of C. O. P. & S. about the convening in the Rehabilitation Center for the final meeting of the present session of the Participating Seminar Post Graduate Course of the Department of Osteopathic Therapeutics and Rehabilitation. The agenda included:

1. "Definition of term "Osteopathic Physiatrist". One suggested definition is enclosed herewith.
2. Discussion of need or lack of need for incorporation of this group.
3. Discussion of requirements for charter membership.
4. Discussion of ways and means of approaching the other approved colleges of Osteopathy and bring before the proper A.O.A. officers a request to set up a Specialty Examining Board for Osteopathic Physiatrists.
5. Graduate program for the next school year.

This has been a very profitable year educationally. We have all learned a great deal and have created a Graduate Faculty to offer additional work to the profession. We have seen the creation of our Rehabilitation Center as an answer to a crying need of the physically handicapped public. We have trained real specialists to render this service.

My personal thanks to each and every one of you for your splendid professional foresight and cooperation in this important work."

Fraternally yours.

(Signed)

Wm. W. W. Pritchard, D.O.
Executive

"Definition: An 'Osteopathic Physiatrist' is an Osteopathic physician who is well trained and capable of demonstrating:

First, his proficiency in the general practice of Osteopathic medicine or the healing art, and

Secondly, he has added to this, training and proficiency in the use of special diagnostic and therapeutic technics and Modalities pertinent to the field of physical medicine and rehabilitation.

He must be a real specialist and not one in name only.

He must be certified by a board created by the A.O.A.

(Signed)

Wm. W. W. Pritchard, D.O.

Copies were sent to the Executive Secretary of C.O.A. (California Osteopathic Association) and to the C.O.A, Director of Bureau of Public Affairs.

“A PROPOSAL

TO

THE BUREAU OF PROFESSIONAL EDUCATION AND COLLEGES
THE COUNCIL ON EDUCATION

THE ADVISORY BOARD FOR OSTEOPATHIC SPECIALISTS

THE BOARD OF TRUSTEES OF THE

AMERICAN OSTEOPATHIC ASSOCIATION

FROM A STUDY CLUB OF OSTEOPATHIC PHYSIATRISTS

Requesting their united action and support in working for the immediate establishment of a Specialty Board to examine and certify ‘Osteopathic Physiatrists’.

Presented herein is information, documentary references and evidence of action and good faith, to establish the importance and the necessity of accomplishing this in the shortest period of time.”

This proposal was accompanied by several documents, prefaced by a letter dated June 9, 1952 “Respectfully submitted,” by Elmer Clark, D. O., Vincent P. Carroll, D. O., and Charles C. Dieudonne, D.O., addressed “To the Members of the Osteopathic Profession.”

This letter outlined the rationale for the formation of an osteopathic specialty, “Osteopathic Physiatry.” The letter noted that: “In 1951, Dr. Wm. W. W. Pritchard presented a plan to the American Association of Osteopathic Colleges requesting their deans to cooperate and appoint four well qualified members from their faculty for charter members. This plan was received and many copies were distributed to influential members of the A.O.A., but no action was taken in 1952.”

It outlined the steps taken by the Los Angeles County Osteopathic Hospital in developing the Department of Osteopathic Therapeutics and Rehabilitation, the development of a curriculum that “was presented to the Graduate School Committee of the College of Osteopathic Physicians and Surgeons,” the development of the “Uniform

Standing Orders” and noted that these “had been in effect since December 1951” and that “A complementary copy of these Standing Orders was sent to all approve Osteopathic Hospitals in December 1951.” It was also noted that “Since January 1, 1952 the Department of Osteopathic Therapeutics and Rehabilitation of the College of Osteopathic Physicians and Surgeons has been busy equipping and setting up a complete rehabilitation center.”

The letter noted that: “In April 1952 Dr. Robert B. Thomas and Dr. C. Robert Starks on an official visit of inspection to the College of Osteopathic Physicians and Surgeons spent about five hours with the Executive of the Department of Osteopathic Therapeutics and Rehabilitation. Considerable time was spent discussing the semantics of the Standing Orders of the Department of Osteopathic Therapeutics and Rehabilitation for the Los Angeles County Osteopathic Hospital and the General Osteopathic Clinic of the College. Apparently the conflicts in understanding of the terminology were satisfactorily explained. Dr. Thomas and Dr. Starks visited the Rehabilitation Center and learned at first hand what we have accomplished and what we are doing.”

It was further noted that: “To keep the movement general and national instead of local the requirements for charter membership are suggested as follows:

- a. Membership in both A.O.A. and the State Organization
- b. Graduates of 1942 and prior to 1942 must have had five years of practice. Subsequent to 1942 they must have served an approve internship.
- c. A minimum of thirty six hours Post Graduate Participating Seminar study in this field to be completed prior to July 1, 1953. Our course

The letter concluded noting, “This movement should occasion no conflict with any other specialty or organization. It is in line with an established specialty which is rapidly finding its way into medical legal literature. It does not in any way imply that the practice of osteopathy is limited to the practice of manipulative therapy or physical medicine but quite the reverse. It in no way supplants the Academy of Applied Osteopathy nor the Osteopathic Cranial Association. It represents an additional skill and proficiency rather that a deletion from our usual manipulative technics, and obviously it is urgently needed in our profession program.”

Included with the Proposal was a paper titled “An Osteopathic Psychiatrist Program” by William W. W. Pritchard, Ph.G., D. O. that was “Read before the 48th Annual Convention of the California Osteopathic Association, Coronado, May 7-9, 1952.” This paper outlined the rational for combining the Department of Osteopathic Therapeutics with the other physical modalities and forming a Department of Osteopathic Therapeutics and Rehabilitation.

The paper included interesting quotes from The Military Surgeon Journal of November 1951, Page 634: “The problem of the disabled individual exists to an even greater extent amongst the non-veteran civilian population. For example, there were 17,000 amputees

in the army in World War II, yet during that same period there were 120,000 major amputees resulting from accident and disease in our civilian population.

Eleven thousand soldiers were wounded on the beaches of Normandy during the first 10 days after 'D' Day, yet even with curtailed traffic, automobile accidents alone accounted for more than twice that many civilian casualties in the same 10 days."

The paper noted that. "In January of 1952 the Department sent out some 3500 letters to D.O.'s in the eleven Western States and Texas. We received almost 700 post-card replies stating that they were interested in our osteopathic manipulation teaching program and that manipulation made up a considerable part of their practice." The list of names apparently was appended.

EAST COAST INQUIRY

Stanley Dorman, D. O. of Philadelphia on July 11, 1953 informed the A.O.A., Dr. J. Paul Leonard, Chairman of Bureau of Hospitals, and Dr. Earl E. Congdon, Chairman of Advisory Board for Osteopathic Specialists of the formation of a Department of Physical Medicine and Rehabilitation at Metropolitan Hospital and his appointment as the acting head of that department. He was of the opinion that this was the first such department in the osteopathic profession. He inquired as to the proper procedure to establish an American Osteopathic College of Physical Medicine and Rehabilitation and an American Osteopathic Board of Physical Medicine and Rehabilitation.

In reply to Dr. Dorman on July 22, 1953, E. E. Congdon related: "I take pleasure in advising you that this already has been done and the board members were appointed last week at the Annual Meeting of the Advisory Board for Osteopathic Specialists and the American Osteopathic Association Board of Trustees*.

**(This was an incorrect statement and was corrected in a letter from Dr. Congdon to Dr. Dorman, dated September 1, 1953 – see below) (Apparently he meant to say that a committee had been appointed by the Board of Trustees to prepare the necessary documents for the formation of a certifying board – see the Robert B. Thomas reply to Dr. Stanley Dorman of September 21, 1953.)*

In passing, I wish to clarify your thinking as to the inter-relationship of physical medicine and rehabilitation and the osteopathic concept of disease. It was brought out repeatedly during the current American Osteopathic Association Convention that there is absolutely no relationship between the two and that under no circumstances should a comparison be made between the science of osteopathy and physical medicine and rehabilitation. The latter has a very definite place in a certain group of cases and is adjunctive to allopathic and osteopathic medicine."

Dr. Dorman's reply to Dr. Congdon dated August 1, 1953 states in part: "Thank you for you letter of July 22, 1953. I am in very definite agreement with you concerning the integrity and independence of the Osteopathic school of Medicine. It should under no

circumstance be subservient to any subdivision of any school of medicine, nor should any compromise be made by our school to satisfy the whims or passing fancies of any particular specialty. However, as I stated to you in my letter the specialty of Physical Medicine and Rehabilitation will have the same relationship to our profession as any other specialty at present.

Physical Medicine is as you now by definition, the diagnosis and treatment of disease by physical methods (Dorland). By definition, manipulations, per se, would be included in this field.”

Dr. McCaughan, Executive Secretary of the A.O.A, replied to Dr. Dorman in a letter dated July 23, 1953: “There is, in this instance however, another matter which I believe should be called to your attention. There is already up for consideration a similar organization, with a very similar name, originating on the West Coast. Particularly active in the organization of the proposed group are Dr. W. W. W. Pritchard, at the Los Angeles College, and Dr. Elmer S. Clark, at Long Beach, California. That group has been working for nearly three years at the business of formulating such an organization as you apparently have in mind, and I suggest that you might want to be in touch with them, discuss your plans with them and perhaps study what plans they have in mind.”

On August 1, 1953, Dr. Dorman wrote to Dr. Pritchard inquiring as to their plans: “You may be interested to know that I have formed what I believe is the first department of Physical Medicine and Rehabilitation in our profession, unless you already have one in Los Angeles.”

“I understand that you have been working for some time at the business of formulating the organization in which we are both interested. I would appreciate any information you would care to communicate to me concerning the plans you have I mind. I have been contemplating the matter such as I have mentioned above for some ten years, but only recently have had the opportunity to make constructive plans for my future work in this field.

There are others in this area who would also probably be interested in the organizations such as we are contemplating.

Thanking you for your courtesy and consideration, and hoping that we can unify our efforts in the attainment of our goal in this important specialty,

Dr. Pritchard replied to Dr. Dorman on August 5, 1953: “For the past three years, some thirty members of the Department of Osteopathic Therapeutics & Rehabilitation in this College have been pursuing post-graduate studies in this subject.

Proposals were made to the Associated Osteopathic Colleges in 1951, to the American Osteopathic Association in 1952 and 1953. I do not have the official report as yet, but progress has been made and we hope to accomplish further action at the mid-year meeting.

We opened a Rehabilitation Center at the College, July 1, 1952, and have found it quite successful. An audio-visual report was given at the A.O.A. Convention in Chicago last July. If you did not see it, and are interested, you could book it by writing Dean E. L. Garrison here at the College. We have found this a terrific stimulus to interest in the Manipulative side of practice.”

“We would be pleased and honored to have you join our group as we are working and thinking along the same lines, and must have geographical distribution. Applications should be made to Dr. John A. Schuck, Sec’y. 1721 Griffin Ave., Los Angeles 31, California.”

Dr. Pritchard’s stationary lists the following physicians under the heading:

“Department of Osteopathic Therapeutics and Rehabilitation”

W. W. W. Pritchard, D. O., Executive

Emeritus Professors

Louisa Burns, B.S., M.S., D.O., D.Sc.O

Floyd P. St. Clair, A.B., D.O.

Faculty

John M. Andrews, D.O.

Orville D. Caldwell, D.O.

Elmer S. Clark, D.O.

P. T. Collinge, D.O.

Clifford L. Davis, D.O.

Charles C. Dieudonne, D.O.

Neil C. Doren, D.O.

T. Burton Edmiston, D.O.

Bertha S. Evans, D.O.

John F. Fahey, D.O.

W. Irvin Harner, A.B., D.O.

Robert N. Hough, D.O.

Clyde S. Longyear, D.O.

Mark M. Loveland, D.O.

Robert M. Loveland, D.O.

Chester H. Lyon, B.S., D.O.

John A. Main, D.O.

John W. McGee, D.O.

M. Gerry Mountjoy, A.B., D.O.

Mary H. O’Meara, D.O.

Sidney D. Rothman, B.S., D.O.

Robert C. Ruenitz, A.B., D.O.

Jack R. Scoles, A.B., D.O.

William T. Sechrist, D.O.

George A. Smith, A.B., D.O.

Harvey S. Taylor, D.O.

Dr. Dorman replied to Dr. Pritchard on August 11, 1953 as follows in part:

“As I mentioned to you in my previous letter, we now have in operation at the Metropolitan Hospital a Department of Physical Medicine and Rehabilitation, of which I had stated to you I am acting head. This Department had superseded our previous department of Osteopathic Therapeutics, which we had in operation since the inception of our hospital. I know you will be interested in knowing why we have made the change over to the (*new*) nomenclature. We had made considerable studies of the Official Manual (*of*) Procedure of the A.O.A., and found the following official recommendation of the Board of Trustees of the A.O.A. which was applicable to our situation:

(From the Official Manual of Procedure of the American Osteopathic Association)

From Page 77, Paragraph 26

‘The following recommendation shall be referred to the Bureau of Professional Education and Colleges;

After examining the catalogs of osteopathic colleges, it is considered inadvisable for the colleges to establish the subject of Osteopathic Therapeutics as a separate department in the schools rather than as a part of the Department of General Medicine because this type of organization of the school curriculum implies that osteopathic therapeutics is solely manipulative which conclusion is contrary to the policy of the A.O.A., that osteopathic therapeutics includes all available and accepted therapies and modalities. Such a departmental organization could have a detrimental effect upon the public education, on health programs of divisional societies, or in litigation regarding the practice rights of osteopathic physicians. (Board of Trustees, Dec. 1950, p. 122).’

You will note that the above refers to colleges only. However, there would be no reason why the precedent would not apply as well to Osteopathic Hospitals. We feel that the field of Physical Medicine and Rehabilitation would best serve the interests of our hospitals and profession while at the same time stressing the basic philosophy of our school of medicine, the all important factor of the inter-relationship between structure and function. As you know, most of our specialty colleges and boards are patterned after the medical prototypes now in existence. The American Board of Physical Medicine and Rehabilitation would be our standard, so to speak, in this regard.

I would also like to call to your attention the work of the Academy of Applied Osteopathy and the possible overlapping of the respective two fields of endeavor. As you probably also know the Academy’s interest is strictly manipulative, whereas, our field would take in a larger area in the field of diagnosis and therapeutics. However, there should be no clashing of ideas inasmuch as the Academy chooses to restrict its field, while the scope of our interest is larger.”

Dr. Pritchard’s reply to Dr. Dorman, dated September 3, 1953: “Replying to yours of August 11, 1953, I note the name ‘Department of Physical Medicine and Rehabilitation’, and am thoroughly familiar and in accordance with the reasons for this designation. Your

reference to paragraph 26 on page 77 covers a recommendation as to Colleges. You realize of course, that the College Administration here sets up and names the departments of instruction. I merely work here, and assume no responsibilities for the department name. It is my feeling however, that a suggestion to change the name would meet with little if any resistance. I am now preparing copies of a proposed set of regulations for the American Osteopathic Board of Physical Medicine and Rehabilitation, and will forward a copy to you within the next fortnight.”

You probably will be interested to know that we are now working on plans for a new hospital in which some 7000 square feet of floor space is being designated for use by the Physical Medicine and Rehabilitation Department.”

On August 24, 1953 the Osteopathic College of Physicians and Surgeons in Los Angeles solicited D.O.'s to attend a course in Osteopathic Therapeutics and Rehabilitation to be given at the College September 14 to 18, 1953. Dr. Orville Caldwell and Dr. Pritchard had developed the course, “with the help and advice of the faculty of the College, in response to an expressed need on the part of the profession.” “This course is designed primarily for the general practitioner and the manipulative specialist.” They were in hopes of attracting 8-10 attendees. The tuition was \$100.

Dr. Congdon replied to Dr. Dorman's request for a position of the Board of AOPM&R, dated September 1, 1953:

“Your letter of August 26, 1953 regarding representation from the group from Philadelphia on the Board of Osteopathic Physical Medicine and Rehabilitation, received.

In reviewing the letter, which I sent you in July, I see I was entirely too brief and apparently my wording was such as to give the impression that this board was already constituted. The following is the present status of the American Osteopathic Board of Physical Medicine and Rehabilitation.

The members of this committee are to develop the basic documents necessary for the operation of a specialty board in Physical Medicine and Rehabilitation. Before the board is established, the documents are to be studied by the Bureau of Professional Education and Colleges, the Advisory Board for Osteopathic specialists and recommended to the Board of Trustees for action. If the Board of Trustees grants approval, the committee members shall constitute the membership of the new board.

I would recommend that you direct any further communication relative to representation to Dr. Robert B. Thomas” (Chairman of the Bureau of Professional Education and Colleges.)

SPECIAL REPORT TO THE HOUSE OF DELEGATES FROM THE BUREAU OF
PROFESSIONAL EDUCATION AND COLLEGES
From Journal of the A.O.A, September 1953, Page 76

“Specialty – ‘Art of Manipulation’” – This matter came as a request from the Washington Osteopathic Association and the House of Delegates to form a committee to study the need and to devise machinery for setting up a certifying board in the “Art of Manipulation.” The Board of Trustees discussed the matter in their meeting in July 1952, and referred it to the Bureau of Professional Education and Colleges.

A committee was appointed by the chairman of the Bureau of Professional Education and Colleges to study the request of the Washington Osteopathic Association, namely, ‘that a study to determine the need for a specialty in the Art of Manipulation be initiated in a manner to be prescribed by the Bureau of Professional education and Colleges.’ This proposal, arising from the Washington Osteopathic Association, crystallizes a trend of thought that has developed in the minds of many members of the profession. The Committee had given consideration to this specific request and the philosophy residing behind this request, and we quote its report.

The specific request, certification in the ‘Art of Manipulation’, presents a problem that is not in keeping with the accepted practice in accepted certification programs. At present, the general classifications are utilized in the development of areas of certification: physiological systems such as neuropsychiatry, obstetrics and gynecology, etc., or divisions of practice, such as surgery, radiology, etc. No precedent is known where a single therapeutic procedure has formed the basis for an area of certification.

The philosophy behind the request appears to be a sincere desire to add dignity to a sound therapeutic procedure. The osteopathic profession was founded upon a distinctive approach to the problems of health and disease and continues to prosper upon that foundation. Each doctor holding the degree of Doctor of Osteopathy has earned that degree through training which emphasized that distinctive approach. He is expected to base his professional activities upon that distinctive approach, regardless of the particular fields of his interest. The use of manipulative procedures is but a part of this distinctive approach. Since it is but a part of the basic training and armamentarium of every osteopathic physician, it appears unwise to seriously consider the certification of a factor that it commonly held by every member of the profession, regardless of its importance.

RECOMMENDATION

That the Bureau disapprove the principle of establishing certification in manipulation.
(Approved by Board of Trustees, December 1951. See edited Board minutes Chicago, December 12, 15, 1951, Page 22) (Approved by House)”

Dr. Thomas wrote on September 21, 1953 in reply to Dr. Dorman’s September 10, 1953 request to him for Philadelphia representation on “the Committee appointed to develop the basic documents.” “The Board of Trustees of the A.O.A. upon recommendation of the Bureau of Professional Education and Colleges, did select a committee to proceed with the studies and preparations incident to the establishment of a certifying Board in Physical Medicine and Rehabilitation. The recommendations and nominations were developed by a committee of the Advisory Board for Osteopathic Specialists and

carefully studied by this Board and the Bureau of Professional Education and Colleges before submission to the Board of Trustees. I am sorry that no one knew of the activity in Philadelphia at that time, as I do not recall any nominee living in that area.

The only method in which you could have secured representation on this committee would have been through the Board of Trustees as they approved the names presented. If a vacancy develops I will advise the Board of Trustees of your desire for a representative from the Philadelphia area.”

The Constitution and By-laws of the American Osteopathic Academy of Physical and Rehabilitation⁶ were adopted at Los Angeles, California on October 13, 1953. Officers were elected as follows:

President	M. Gerry Mountjoy	
Vice-pres	W. Irvin Harner	
Sec/Treas	John A. Schuck	
Trustees:	Harvey S. Taylor	2 years (Pacific)
	Bryon Laycock	2 years (Central)
	C. J. Martin	initial, 1 year(Texas & South)
	Stanley Dorman	initial, 1 year (Eastern)

On December 5, 1953, Dr. Schuck, Secretary/Treasurer petitioned the American Osteopathic Association “to grant Auxiliary and Allied Status to the American Academy of Physical Medicine and Rehabilitation.” He listed the officers and noted that there were 39 active members.

In Memo # 27 from True B. Eveleth, D. O., Executive Assistant, American Osteopathic Association to Dr. Earl E. Congdon, Chairman, Advisory Board for Osteopathic Specialists in Re: American Osteopathic Academy of Physical Medicine and Rehabilitation, Affiliate Status. Board Action, December 1953. The following recommendation was adopted:

“That the American Osteopathic Academy of Physical Medicine and Rehabilitation be recommended for allied status if all reference to the certifying board in the document be removed.”

“President Eggleston: The approval of the Academy of Physical Medicine and Rehabilitation is granted provided that all reference to a certifying board in the specialty is removed from the document.”

The Constitution and By-laws were therefore revised in July of 1955, apparently in accordance with the above recommendation and the changes as outlined by Dr. Eveleth in his letter dated April 12, 1954. *(If the condition of allied status with the A.O.A. was strictly followed, the Academy did not have official status with the A.O.A. until sometime after July of 1955)*

⁶ The College, Vol. I, 1953-1963

Articles of Incorporation under the name of “THE AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION” were filed in the State of California on October 17, 1955 by Harvey S. Taylor, D. O., John A. Schuck, W. Irvin Harner, and Elmer S. Clark, “all of whom are residents of the State of California.”

On October 27, 1953, Dr. Dorman in a letter to Dr. Pritchard endorsed the members to the first Board and expressed his disappointment that an Eastern representative was not included to allow for geographical distribution, as was previously discussed. He offered several changes to the Constitution and By-laws.

On the same date in another letter to Dr. Pritchard, Dr. Dorman outlined his credentials in the field of Physical Medicine and Rehabilitation. He mentioned that he was on the faculty of the Philadelphia College of Osteopathy, and had been a member of the staff of Metropolitan Hospital “since its inception ten years ago” - 1943.

He also provided the following, which illustrates the relationship between the osteopathic and allopathic professions of the time: “I have worked in the various clinics in hospitals under various M. D.’s in this specialty, but whose names I will have to give you personally at their own request, as no doubt you understand. Furthermore, at the present time, as I have mentioned in our phone conversation, I have given up my practice to take a one year residency in advanced Physical Medicine and Rehabilitation at one of the largest departments of Physical Medicine and Rehabilitation in the country, if not in the world. Presently, arrangements are being made by myself to have a representative of the A.O.A. privately inspect what I am doing, and the results of which I will be happy to convey to you personally any time you desire.”

In a letter, dated October 27, 1953, to Dr. Dorman from J. A. Schuck, D.O., Secretary-Treasurer of the American Osteopathic Academy of Physical Medicine and Rehabilitation, 1721 Griffin Avenue, Los Angeles 31, California (address of the Los Angeles College), Dr. Dorman was informed that he had been “elected to the Board of Trustees of the American Osteopathic Academy of Physical Medicine and Rehabilitation as the Eastern Representative for the initial one (1) year period.”

He also noted that: “Dr. Glenn F. Ulansey was erroneously advised that he had been elected to this office. His name however, had been suggested as a member of the Certifying Board if a five (5) man Board is decided upon.”

Dr. Dorman on May 26, 1954 wrote to Dr. Pritchard inquiring as to his status of the approval for the American Osteopathic Board of Physical Medicine and Rehabilitation, as he was anxious to receive his certification in order to raise funds for his Department. He noted the Metropolitan Hospital “has purchased a building to be the new hospital by the coming winter. There are eight floors and a total of two hundred and twenty-five beds are anticipated. Financial conditions did not permit our Department to receive full consideration by our executive board, hence my search for outside aid.

Our institution, as you might know, is entirely self-supporting with the help of staff. This helps consists of a monthly payment of dues to the Hospital of \$25.00, and twenty-five per cent of fees received from patients. At present we have a staff of ninety doctors.

In his reply of June 1, 1954, Dr. Pritchard noted that: “the basic documents have been submitted to Dr. Robert Steen, secretary of the Advisory Board for Osteopathic Specialties. They seem to be in order. Dr. Wallace M. Pearson has kindly consented to act in my place as Chairman of the Basic Documents Committee in Toronto.

I appreciate your feelings of personal urgency, however, I know of no one with the authority to promise you anything in the way of special consideration. If and when the Examining Board in Physical Medicine and Rehabilitation is established by the American Osteopathic Association, that fact and the names of the members of the Board will undoubtedly be announce in the Journal of the American Osteopathic Association. Applications may then be made to that Board and they will be in position to give you official information as to your status.

The purchase of eight floor building by your group and plans for 225 beds by next winter is pleasant news. Your interne training schedule is interesting but I would like to suggest that you also add some time to teach them how to properly write the physical medicine prescription.

The American Osteopathic Academy of Physical Medicine and Rehabilitation is having its first annual assembly in Los Angeles, June 4 and 5. You were sent notice of this along with the proposed changes in Constitution and By-laws. The annual assembly is being held before the Toronto meeting so that these changes quite properly suggested by the American Osteopathic Association could be made in ample time to clear the slate as an affiliated body by the time of the Toronto Convention.

There will be no official meetings of the American Academy of Physical Medicine and Rehabilitation at Toronto. The program for July 16th is a part of the official American Osteopathic Association program devoted to the subject of physical medicine and rehabilitation.

The American Osteopathic Academy of Physical Medicine and Rehabilitation does plan to hold its second annual assembly in conjunction with the American Osteopathic Association convention in 1955.

At the annual meeting in Chicago on July 14, 1959, it was reported that there was an increase in the training program at the Los Angeles Rehabilitation Center. “One just finished one year program. One just completed two years of three years and two new trainees just starting Los Angeles County Osteopathic Hospital:

- 1) Appointment of Dr. J. Schuck, Head Physician PM&R
- 2) New Resident in same department – 3 years”

“We are approaching a somewhat critical time in the development of the specialty of Physical Medicine and Rehabilitation. The grandfather clause, which provided a means

of developing fairly rapidly a nucleus of members in any new specialty, will cease to operate after 1960. Thus, from 1961 on all aspirants toward certification will be required to take a three year residency or fellowship in an approved training center.

Once the grandfather clause is removed, there will be for a time at least, fewer individuals becoming certified in Physical Medicine and Rehabilitation. There are two reasons why this will be so. The first and most obvious reason derives from the time factor involved in the training period. The second reason arises from the shortage of training centers. At the present time Los Angeles has the only accredited training center, though I believe other areas are striving toward the establishment of centers suitable for training. Since we are still only a small group, we would do well to strive to increase our numbers in the short time left before the grandfather clause is removed.

If we are to encourage physicians to enter the field of Physical Medicine and Rehabilitation, we need to increase the number of centers for training. Furthermore, we need to be able to offer the aspirants towards certification some assurance that once being certified, there will be a demand for their services. No specialty can survive if those who could use its services are ignorant of what the specialty has to offer them. The second need then, brings out a third need, which lies in the field of education. We should make every effort to put on programs designed to give information as to the scope of Physical Medicine and Rehabilitation. Both District and State meetings may offer opportunities for presenting educational programs. For example, the Eastern Divisional Society presented a panel discussion on Rehabilitation of the Hemiplegic at the Virginia State Association meeting this year. Practical programs of this type are invaluable from an educational point of view.”

Divisional Society No. 2
1715 W. Girard Avenue
Philadelphia 30, Pa.

AMERICAN OSTEOPATHIC COLLEGE
OF
PHYSICAL MEDICINE AND REHABILITATION, INC.

Dear Doctor:

At the last meeting of Divisional Society No. 2, A.O.C.P.M.R. held on Friday November 20th, 1959 at the Bellevue-Strafford Hotel, it was voted that this Division assess each of its members \$10.00 per year. For those not familiar for the reason for this assessment, we are calling to your attention the fact that the National College voted to keep all the \$25.00 dues in the National Treasury due to the need for paying transportation costs of Board Members, to the National Convention and which is the practice of other specialty groups. We are given to understand that no other specialty groups send money to their local Divisional Societies. Please send \$10.00 to the undersigned. This money is needed to carry on the activities of this Division. A self addressed envelope is enclosed for your convenience.

We would also like to call to your attention the new AOA ruling going into effect in July 1960, stating that specialty certification requires the taking of an approved AOA residency in Physical Medicine and Rehabilitation, which means that there will be a hardship on those desiring to qualify inasmuch as there is only the approved residency in the Los Angeles Hospital. It was recommended at the meeting that the Secretary send notices to the members suggesting they advise their friends, who are qualified in this field to apply for certification. Those who are qualified should write to Dr. Robert C. Ruenitz, Secretary, American Board of Physical Medicine and Rehabilitation, 3122 W. Vernon Avenue, Los Angeles 8, California. We are also enclosing an application for this college, in order to increase our membership, particularly for those who are interested in this specialty. The application should be forwarded to the address at the top of the sheet. Inclosing, this specialty organization must, at its professional meeting in the future, concern itself with topics that are truly the domain of Physical Medicine and Rehabilitation. Consider the following:

‘Pre-and postpartum exercises: technics, indications, benefits.’

‘Motivation and rehabilitation of the physically handicapped.’

‘Motor and sensory dysfunctions of the female pelvis which responds to physiologic physical therapeutic measures.’

‘New trends in Balmeology’

‘Metabolic considerations as adjuncts in physical medicine with illustrated series of case histories.’

The above five subjects were quoted verbatim out of context from the June, 1959, Issue of the Archives of Physical Medicine and Rehabilitation and which were on the program of the Annual Meeting of the American Congress of Physical Medicine and Rehabilitation, in Minneapolis. The above subjects point out that we are more than a body of button-pushers, as is the general consensus of many of our colleagues. We are not condemning the use of the physical modalities as these too were discussed, but not to the exclusion of the more important subject matter of our specialty. If we wish to get out of the rut designated to us as ‘button pushers’ we must stop talking only about the ‘application of ultrasonic therapy,’ ‘application of diathermy,’ ‘application of ultraviolet,’ ETC., ETC., ETC. These latter subjects are important and should not be ignored; however, let us consider the really fundamental aspects of the subject in its relation to the musculo-skeletal system, such as the various phases of therapeutic exercise, muscle re-education, gait and posture evaluation, prosthetic and brace fitting, psychological and social factors in rehabilitation and finally, vocational testing, evaluation, and job placement.

Yours for the greater recognition of our specialty by our profession and extending to you the greetings of the holiday season, I am

Fraternally,

Stanley Dorman, D.O., Secy.-Treas.
Divisional Society, No. 2, A.O.C.P.M.

On Saturday and Sunday, May 14 and 14, 1960 a 2 day seminar on Electrodiagnostic Methods Including Electromyography for the General Practitioner or Specialist was held at Metropolitan Hospital in Philadelphia. Dr. William J. Erdman, III, Chief of Physical Medicine and Rehabilitation at the Hospital of the University of Pennsylvania made the presentation. The event was sponsored by Riverview, Metropolitan and Juniata Park Osteopathic Hospitals. (The Hospital of the Philadelphia College of Osteopathy was invited to be a sponsor, but apparently they accept.) The fee for the 2 days was \$10.00, which included a Sunday luncheon. Dr. Leon Kowalski was the Program Chairman. Wives of doctors could attend free.

Divisional Society No. 2

AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION

Stanley Dorman, D.O., Secy.-Treas.
1715 W. Girard Ave., Phila. 30, Pa

(1960)

Dear Member:

This letter will serve as the swan song of your divisional Society's No. 2 Secretary-Treasurer. In other words, I am resigning. Why? Because I am fed up! The reasons are as follows, in case you are interested.

1. First and foremost, too many of our members do not know what Physical Medicine and Rehabilitation really is. If they do know, they are certainly keeping it a secret. I for none do not know how they ever could put themselves out as specialists in the field and then to top it all, get certified. Some do not even subscribe to the specialty journal, The Archives of Physical Medicine and Rehabilitation. Do you wonder that our colleagues have such hazy and confused ideas of just what we do, when we ourselves apparently do not know?
2. Some of our members feel that this field is virgin ground in which to push their own particular therapeutic "hobby" to the exclusion of all else in this specialty. I wish you could hear the comments of other D.O.'s I have listened to and realize how this sort of thing has hurt us.
3. The lack of communication between our Divisional Society and the National organization has been appalling and has really got me down. I have written innumerable times to our National Secretary, requesting information important to our local functioning. I might perhaps receive a reply in 3 to 4 months. Upon complaining about this I was told our National Secretary has important duties and obligations in his new PMR Department. Does our College therefore take 2nd place and the membership "go hang", at least that of Divisional Society No. 2? As for accuracy of records, how many of you have received notice for National dues when you had already long paid it? I know our local members have no control over these latter things, but they certainly could have given me a little moral support when I was continually complaining about the matter.

4. I have frequently written officers and others of our group requesting help in the way of comments and suggestions and with few exceptions received none. If one is a top officer in this group, I believe he should offer some kind of assistance and not just accept the glory of his office.
5. I have frequently been criticized for not teaching what I have learned to the others who are supposedly already skilled and even certified in this specialty. Back in 1953, after forming the first Osteopathic PMR Department in these parts, I closed my office for 10 months, took intensified courses of instructions with extensive clinical experience in PMR under the top men in the field. This was on a 7 days a week basis working with in-patients in the largest New York and Philadelphia Rehabilitation Centers. How many of our members have closed their office for a single day to take post-graduate instructions? Darn few!

I regret resorting to this letter to convey my feelings, as I have not been able to do so by any other means. Our affair on May 14 and 15 will be my last official act as Secretary-Treasurer. I will be happy to cooperate as an ordinary member of Divisional Society No. 2 and perhaps live a little.

Fraternally,

Stanley Dorman, D.O., Secy.-Treas.

Annual Meeting in conjunction with the AOA held in Kansas City, July 1960

“At our annual meeting the points discussed were (1) Our need to educate our profession as well as others as to what the field of P.M. & R. consists of. (2) To increase our residency and trainee programs throughout the country. (3) To ascertain for ourselves just what the specialty of P.M. & R. is doing and what they will need to do in the future. The need for understanding of General Practitioners verses service of Rehabilitation. (4) Our need for immediate consideration that this is the last year to get qualified and interested men into our specialty via the grandfathers’ clause.”

“As you know the 1961 Convention of the AOA is in two parts. Our college will meet in January from the 23 to the 26 with the Clinical Session in Miami, Florida.”

Tom Webber was elected President and William McGill, President-Elect.

John A. Schuck, D.O.
Secy-Treas., A.O.C. of P. M.&R.

Dr. Webber, as President, began a series of Newsletters.

The first Newsletter, which is not dated, but by content it is assumed to have been written in late 1961, reads in part:

“To: Members of the American Osteopathic College of Physical Medicine and Rehabilitation

Your patience has been a great help in believing that time will resolve some of the confusion.

To review: Your President was installed in Kansas City in June of 1960. Dr. William McGill was chosen President Elect. Dr. Schuck of Los Angeles continued as Secretary. In Miami, in January of 1961, we did not have a quorum, but in view of the California situation coming up, elected an interim board (if California should secede) of Pearson, Dorrance and Webber. This went into effect July 1, 1961, because California did, in fact, secede. Dr. Pearson also took on the post of Credentials, and is our representative on the Board of Specialties. At that meeting, Dr. Pearson also was the recipient of the award of Fellow of the American College of Physical Medicine and Rehabilitation along with Dr. John Andrews and Dr. William Pritchard for the outstanding work these men have done in launching our specialty.”

A set of Rules and Regulations for Hospital Departments of Physical Medicine and Rehabilitation was enclosed.

The second is dated March 1962. It begins: “Because of your last newsletter and from personal communication, you are hereby happily informed that the AOA is 100% behind our Board, our College and its entailed activities.”

It ends: “Look for: Reports on accreditation; Residencies & Fellowships... Put pressure on Kirksville, Chicago and Philly for PM & R departments... Let us hear from you!!”

The third is dated April 19, 1962. It notifies the member that the “Blue-Sky” clause MAY be continued until July 1, 1963. The “Blue-Sky” clause was the qualifying examination to document undocumented or informal training leading to certification.

The fourth letter is dated May 15, 1962. There continued to be a push for members to seek out and encourage “eligible men” to take the qualifying examination. The next meeting is to be held in Pittsburgh on May 20. Dr. Liberson was scheduled to speak.

“In October, 1960, the Saginaw Osteopathic Hospital (*Dr. Webber’s Hospital*) started a P.M.& R. Department. It is about a 150 bed institution. The room is about 20 x 40 feet. The gross income the first year was \$18,527.00; Expenses, \$5,204.29. The work (and income) has increased monthly ever since.

If you plan on opening a small department such as this, the following is recommended:

First, locate a person who has some knowledge of this type of work and a pleasing personality. These people are usually found in county or state institutions and will be most happy to “head” such a department.

Second, gather all the equipment in the hospital together into the P.M. & R. room and take stock. Much of it can be made by the hospital carpenter shop, or by a local person at relatively small cost. Here is the list of equipment we use: Two Paust Stimulators, a Whirlpool bath, a Hydrocolator, and Ultra sound, three flat top (physiotherapy) tables, one set of exercise weights, a set of parallel bars and a full length mirror, a microtherm, infra red and ultra violet, a Hoyer lift, an invalid walker, shoulder wheel, finger ladder and exercycle, a powder board and an 8’ x 8’ low table with padding for A.D.L. The therapist must also have an adequate desk and necessary equipment.

Third, a chart sheet of distinctive color (you each received one in April), the whole chart to be sent to “therapy” each time the patient goes, for notation by the therapist, and final filing by the librarian.

Fourth, educate the staff at least twelve times yearly. Put a note in each member’s mailing by the hospital, to bring P.M. & R. to their attention. Advise them of the many services offered and how the personal service builds up patient morale.

The above constitutes in a very small nutshell how to start a department - - at least, how we started ours. Each would be different varying with the size, circumstances, drive, imagination and knowledge. Any questions?”

The fifth letter is undated, but followed the meeting in Pittsburgh on May 20, 1962. “Jack Lyons attended the meeting on the way home from spending a week at Bellevue Rehabilitation Center working with Don Covalt and Howard Rusk. We were again assured that the Bellevue Group are happy to cooperate in furthering our p. g. work at any time. It noted that the Eastern and Western Divisions were now united into one to keep from “over-organizing.” Of course, California was no longer in the picture.

The sixth letter is dated July 1962. There was an application fee of \$25.00 and dues were \$25.00 and the fiscal year was June 1 to May 31. Their goal was to have “at least one certified man in every hospital by 1965.” It was noted that the “Blue-Sky clause would end July 1, 1963 and that “Every person interested in manipulation is a potential member; here is a College - - also interested in manipulation, and in which he may become certified.”

It was noted that those who graduated since 1942 must have interned.

“To end - - we highly enjoyed Seattle, Glacier, Yellowstone and The Grand Tetons in June and sincerely regret each and every one of you were not along. Mrs. Webber, six of the kids and Big Daddy made the 21 day trip for a total cost of \$256.00, car not included – that rehabilitates the ole’ pocketbook!” – Tom Webber

California had seceded from the AOA and so were no longer a part of AOCPMR. Therefore, on July 20, 1962 Joseph C. Snyder, D.O. (Secretary-Treasurer of AOCPMR) wrote to Dr. John A. Schuck of California (previous Secretary-Treasurer), at the behest of Tom Webber, President, asking for a transfer of funds, records, and his “Bull Horn’s” (what ever they may be). They apparently were never forthcoming.

In 1961 Tom Webber proposed that AOCPMR provide a copy of the Archives of Physical Medicine and Rehabilitation to each member. This apparently was done as on September 28, 1962 Dr. Snyder wrote to the Archives:

“Recently I assumed the duties of Secretary-Treasurer of the American Osteopathic College of Physical Medicine and Rehabilitation. I find that this College provides all our members with subscriptions to the ‘Archives’.

Enclosed is our current list of paid up members for 1962-63, and a check to cover a one year subscription for each. Would you be kind enough to note on your receipted bill to them that the subscription is presented with our compliments.

I will enclose the names and check to cover same for new members, as they come in, on a monthly basis.”

Olwen Gutensohn, D.O. wrote to Dr. Tom Webber on October 5, 1962. Reference was made to the September 1962 Newsletter in which Dr. Webber reported that: “We are making headway all along the line. Dr. McGill and I are talking (sic) P. G. work at the New York Medical College in October in Electromyography and OVR (the Office of Vocational Rehabilitation) is picking up the tab”, This was of particular interest to Dr. Gutensohn, especially the fact that the OVR was picking up the tab.

Dr. Snyder in a letter to Dr. Webber dated November 12, 1962 he expressed the following opinions:

“1. Fellows: I feel rather strongly that we should not do anything either in granting credit for work leading toward certification - - and even more importantly, granting Fellowships in the College that would “downgrade” our specialty in the eyes of the profession. We have enough trouble trying to sell general practitioners and specialists that we have something to offer a patient that they do not have. As important as it is that we build up our specialty in numbers, I feel it is more important that our certified men are really specialists and can properly handle a department of P. M. & R. in all its various phases.

As to the Certificate you enclosed of the A.C.N. for Fellows, it suits me to a tee. I looked over a number of certificates of the other colleges, many of which are in roman print, and I much prefer the gothic. I feel we should be very careful to award Fellowships only to those who have significantly contributed either professionally or organizationally to our College. After the original group of ten to fifteen have received the awards, they should vote on and install new Fellows annually in the usually accepted manner.

3. President-Elect: I frankly have no one I mind (surely not me) for this most important job but I do feel that if possible he should be the head of an active department in a hospital (a teaching hospital, if possible), We have very few to choose from, especially one who has earned his way up the organizational ladder. Kowalski, Johnson, Northrup and Moser are a few names to kick

around. I personally feel that Leon (*Kowalski*) would be my choice on all counts. In addition he is a hard worker and a forceful leader.”

He noted that he still has received no reply from Dr. Schuck in California and that the treasury now had \$1,329.40.

Brief Summary of Requirements for Certification in Physical Medicine and Rehabilitation – November 1962

- 1) Applicant must be a graduate of approved Osteopathic College, be licensed in State or territory in which he practices and be a member in good standing of the AOA and State or divisional society for a continuous period of at least three years immediately prior to examination by the Board.
- 2) He must have satisfactorily completed one year’s internship in a hospital approved for intern training by the AOA. If graduated in 1942 or prior thereto, he must have training equivalent to the internship; as determined by the Board.
- 3) He must also have three years of special training (Residency, Fellowship, Etc.) in the field of Physical Medicine and Rehabilitation.
 - a. Modifications of the three year special training requirement are possible if the Board feels that the applicant’s years of practice and informal training programs in the Specialty warrant them. All such modified informal training programs must be documented by a Qualifying Examination. One, tow, or three years credit may be given as determined by the Board.
- 4) He must complete two years of practice in the Specialty field following the completion of the special training period (or the Qualifying Examination in the event of informal training) before he is eligible to take the Certification Examinations.
- 5) Applicants who have completed their formal three year special training period (Residency, Fellowship, Etc.) may be given the Oral and Written Certification Examinations at the end of the formal training period, but the practical or clinical Certification Examination may not be given until the two years of Specially practice have been completed.

R. Gilbert Dorrance, D.O.
Secretary-Treasurer
American Osteopathic Board
of Physical Medicine and
Rehabilitation

**ANNUAL BUSINESS MEETING: HOTEL FONTAINBLEAU – MAIMI, FL
January 28-30, 1963**

Speakers: David Frost, M.D. – Overview of the State-Federal Rehabilitation Program
Dr. Herbert Spencer Ratner of Oak Park, IL – Rebirth of Physical Medicine This talk was characterized as “a brilliant presentation.”

Maurice Lane Tainter, M.D. – The Therapeutic Value of Synthetic Anabolic Steroids in Rehabilitation.

Russell M. Wright showed an interesting film and spoke on Rehabilitation in Professional Baseball. “Dr. Wright is team physician to the Detroit Tigers.”

Wilber V. Cole – “Report on Resident Training Program which is now in existence at the Kansas City College.” Dr. Cole made “the request that the College forward it (*the program*) to the American Osteopathic Association with its approval as a formal fellowship training program.” “The report was accepted and turned over to the Evaluation Committee for further study.”

“During this luncheon Dr. Wallace M. Pearson was awarded our Certificate No. 2 as Fellow of the American Osteopathic College of Physical Medicine and Rehabilitation.”

“The membership voted unanimously to discontinue subscription to the Archives of Physical Medicine and Rehabilitation to the membership.”

**Report of Secretary-Treasurer
Miami, Florida
Monday, January 28, 1963**

“In looking back through past minutes, I find that in the year 1959-1960 our College had fifty-five paid members. In the minutes of the meeting held in Chicago, July 14, 1959, the treasurer’s report showed less than \$200 in the treasury.

Ladies and Gentlemen, largely due to the unstinting efforts of your president, Tom Webber, we are happy to report that as of today we have one hundred twenty-eight men on our mailing list, eighty-one paid members, three honorary members and one member in training. Our bank balance as of this moment is in the neighborhood of \$2400, which will not be greatly diminished when the bills for this meeting have been paid. The College has made terrific strides in terms of membership and men certified during this past year or two and, even with our large loss from the west coast, we are in numerically excellent condition.” - Dr. Joseph C. Snyder

Excerpts of: April 19, 1963 letter to Dr. Webber, Chairman, Evaluating Committee AOCPMR, from Harry A. Lichty, D.O., Secretary Comm. on Evaluation of P.G. Training

“I am sure you will recall our lengthy discussion of this matter during the meeting. The qualifying examinations, which were, given to Drs. Welch, Textor and Arble in 1961, were approved by the committee on Accreditation of Postgraduate Training in 1962, and these three individuals have already been accredited with three years training by the Board of Trustees of the A.O.A.

With regard to all of the individuals who have been given qualifying examinations since 1961, The Committee on evaluation of Postgraduate Training, took the following action during its recent meetings:

‘Regarding the further report of the American Osteopathic College of Physical Medicine & Rehabilitation, it was moved, seconded, and carried, to postpone the decision on the matter until after we have examined their qualifying examinations and pending further investigation.’

Dr. Martin has directed that I request you to send all of the examinations, all minutes of meetings pertaining thereto, and any other pertinent data directly to me. This must be done prior to the meeting of the Bureau of Professional Education, which is scheduled for May 10-12. It is doubtful that this matter can be completely resolved in time to present any definite recommendations to the Board of Trustees this summer. Dr. Martin has expressed the hope that you, or perhaps some other representative of your specialty college will find it possible to attend the meeting of the Bureau of Professional Education in order to help solve this entire mess.

In a May 2, 1963 letter from Dr. Snyder to Dr. Webber:

“To say that I was dumbfounded on receiving a copy of Harry Lichty’s letter to you dated April 19, 1963, is putting it most mildly. As you know, I have always screamed for higher standards and tougher examinations to improve the caliber of our Board men. I very frankly know of none of the recent examinees whose training and knowledge was equivalent to that of a man who had received a formal three years residency. I am afraid we have put ourselves in a most unfavorable position as regards the opinion of the Committee of Evaluation of Post Graduate Training and those in the A.O.A. organization.”

In a July 17, 1963 letter to Dr. Webber from Dr. Snyder:

”We still have a big mess to clear up as far as the twenty-eight men who took qualifying examinations and were turned down by the Committee on Evaluation of Post-graduate Training. It has been suggested that a formal committee be formed and that qualifying examinations papers be reviewed by this committee in formal meeting and re-evaluated and again presented to the Committee on Evaluation of Post-graduate Training. On talking to Bill McGill, it was decided that the committee should be composed of at least two board members and two college members and it was thought that George Northrup, Gil Dorrance, Leo Kowalski, yourself and myself be members.”

**Excerpts from:
Secretary-Treasurer’s Report for the Year 1962-1963
New Orleans, Louisiana – September 30, 1963**

“During this past year your Secretary-Treasurer has had a busy time. Due to the confusion that resulted from the presentation of thirty-three candidates, who had taken Qualifying Examinations, to the Committee on Evaluation of Postgraduate Training of

the A.O.A., and the fact that they had all been recommended for three years credit towards Residency requirement, and the fact that action on all these candidates was either a total rejection or deferred action, letters explaining this situation became as complex as this sentence is grammatically. In addition to the above, we had many requests for information concerning the College activities, the purpose of the College, what P.M. & R. meant and more than twenty new applications for membership. There were not a few unhappy letters to answer from members who had erroneously believed that they could become certified merely because they had practiced osteopathic manipulation and paid their application fee and dues to the College. In all, more than 400 letters went out of your Secretary's office in the past year.

On January 28, 1963, at our last annual meeting, we reported a mailing list of 128, a paid membership of 81, one fellow, two honorary members, one man in training and a bank balance of \$2,405.64. As of this date, we have a mailing list of 136, a paid membership of 107, two Fellows, two honorary members and still only one man in training. This year two men took their certifying oral, written and practical examinations. One man became certified and we are happy to congratulate Charles Steiner of Irvington, New Jersey. Last year we had 29 members register for our meeting, this year we have 34." – Joseph C. Snyder

During a meeting of the College on February 8-9 at Hotel Dorset in New York City the following was discussed:

"Dr. Kowalski (*President*) announced the purpose of the meeting was to assist the Committee Chairman in establishing the aims of the College and to brief these key people on its present status in regard to A.O.A. relations, certification requirements, existing and needed training programs, our constitution and By-Laws, etc".

COMMITTEE ON SPECIAL HOSPITALS AND FACILITIES: "During discussion regarding this committee's functions, the relationship of P. M. & R. to Osteopathic manipulation came up and was discussed at length. Some present contended that the Department of P. M. & R. should come under Osteopathic Therapeutics; others felt that the reverse should be the case. Still others felt that the two should be distinctly separate. No conclusion was reached."

COMMITTEE ON EDUCATION – W. Hadley Hoyt, D.O., Chairman. "Dr. Hoyt reported that he was in the process of preparing various training programs for submission to the A.O.A. via the Committee on Evaluation of the College, for approval. He presented a proposed three-year Fellowship Program to the Evaluating Committee for consideration. This program is to be under the auspices of the Department of P. M. & R. at the Kirksville College of Osteopathy and Surgery."

In a letter to Dr. Joseph Snyder from J. Russell Moser of Tucson, AZ dated March 12, 1964 he relates: "As you know, I have the completed application of Dr. Michael Sutula of Union, New Jersey, and two fine letters of recommendation from yourself and Dr. George Northrup. This young D.O. appears to be highly qualified for membership in our College. It is too bad that we have to wait to act upon his application as late as our meeting that is to be held in Las Vegas in October."

On March 14, 1964 Dr. Leon Kowalski wrote to Dr. Joseph C. Snyder as follows (in part):

“It is with regret that I accept your resignation as Secretary-Treasurer of the American College of Physical Medicine and Rehabilitation.”

“I have made arrangements to carry on.”

The following are those that appear to have been in the forefront of activity of the College during this time: **J. Russell Moser, Joseph C. Snyder III, W. Hadley Hoyt, Leon Adam Kowalski, Clifford H. Keating, Thomas D. Webber, John Cifala, R. Gilbert Dorrance, John J. Lalli, George F. Johnson, and Alexander Levitt,**

ANNUAL MEETING OF EXECUTIVE BOARD, AOCPMR, Convention Center – Las Vegas, Nevada October 5, 1964:

“That candidate Henry Nemeroff, who had passed his certifying examinations in 1958, be given the opportunity to qualify for certification. This petition was sent to the Osteopathic Board of Physical Medicine and Rehabilitation; Dr. Gilbert Dorrance, Secretary-Treasurer of the same, was directed to petition the Board of Trustees to approve and consider certification of Henry Nemeroff on the following grounds:

Henry Nemeroff, despite his severe handicap in vision, has continuously shown an interest in Physical Medicine. Has participated in all educational programs, and has unselfishly pioneered some specific research of his own. His practice is limited entirely to Physical Medicine and Rehabilitation. We consider Henry Nemeroff of our most valuable members and feel that he would be a great asset, not only to the Specialty but to the profession, if he were permitted to continue his interests in the lines of Physical Medicine and Rehabilitation.”

ANNUAL BUSINESS MEETING, AOCPMR, Convention Center, Las Vegas, October 6, 1964:

“The Evaluating Committee reviewed the Osteopathic Hospital of Maine’s department of Physical Medicine and Rehabilitation residency program. It approved of their objectives, eligibility and selection of applicants, training program, supervision policy, and the methods of instructions. It was particularly pleased with the terms set down for the residents and their responsibilities. The committee considered this one of the finest programs in Physical Medicine and Rehabilitation, on a residency basis that had been worked out by any hospital. It was recommended that a letter be sent to Clifford H. Keating, Chairman of the Department of Physical Medicine and Rehabilitation, and to Dr. Carman Pettapiece, Chairman, Committee on Hospitals, approving the program for residency training at the Osteopathic Hospital of Maine.” (*Dr. Pettapiece was the Chairman of the Department of Radiology at the Osteopathic Hospital of Maine.*)

“Correspondence is maintained through our AOA legal council (sic) with Dr. John Shuck in an effort to obtain previous records withheld by former officer of the American College of Rehabilitation Medicine.”

Dr. Glenn F. Ulansey of Philadelphia wrote to Dr. Leon Kowalski on February 11, 1965 in an attempt to counter the decision that he resign from the Board of Trustees of AOCPMR because it was believed that he had taken the “little m.d.” degree in California.

He made statements that appear to be somewhat deceptive in his defense, yet at the end he agreed to resign from the Board if he were granted “honorary life membership with all the privileges pertaining thereto except that of holding office,”

In the body of the letter he noted: “As you know, I am the original founder of the College of P.M.& R. and as a matter of fact registered the name in Pennsylvania before the California group became active. I was as you know the first president of the college, after it was elevated from the status of academy, and have” (He was a member of the board during 1966-67, he was awarded the degree of Fellow on September 20, 1967)

Dr. Kowalski in a letter to Dr. Hadley Hoyt dated May 9, 1966 expressed his opinion on an Executive Secretary as follows:

“It was my personal feeling that Helen could be your right arm in your new position but would not assume an official role as a corresponding or executive secretary. It would be completely in order for her to be compensated on an hourly basis for services rendered. I have the highest regard for some of the women acting as executive secretary’s but I do not believe that they would reflect the image our specialty needs. The male always has a more dynamic approach.”

At the ANNUAL BUSINESS MEETING held at the Convention Center in New Orleans, Louisiana on November 14, 1966, it was reported, “the name of our specialty college was re-incorporated in the state of Illinois as the American Osteopathic college of Physical Medicine and Rehabilitation.”

Dr. Hoyt in responding to P. Joris Hildering, R.P.T. on January 5, 1967 informed him that:

“In regard to your correspondence with Dr. Leon Kowalski concerning the feasibility to start ‘a separate National Osteopathic Physical Medicine and Physiotherapist Association.’ (sic)

This matter has been very carefully considered. In general, osteopathic specialists in physical medicine and rehabilitation recognize the need for good cooperation with physical therapists and other allied medical specialists and they are very much appreciative of the generally excellent cooperation they have had from such allied medical specialists. However, for various reasons, it does not seem realistic at the present time to attempt to formally organize the type of association you suggest.”

Dr. Hoyt in his January 4, 1967 response to James Weinburg’s inquiry about PM & R noted that:

“At the moment, this (Kirksville) is the only approved and functioning institutionally based training program in P.M.& R. in the osteopathic profession. Possibly, by the time you are ready, there may be others. I believe that the Osteopathic Hospital of Maine in Portland is ready to activate a residency program.”

“At the moment, the pay scale for the program at Kirksville is \$5,000.00 per year for the first year, \$5,500.00 per year for the second year and \$6,000.00 for the third year. In addition, there is a \$500.00 per year allowance for each dependent (as determined for federal personal income tax purposes).”

As of April 15, 1967, AOCPMR was exempt from federal income taxes as per a letter from Dr. Hoyt to Miss Collins, General Counsel of the AOA.

Dr. Hoyt in a letter to Dr. Stanley Dorman of Philadelphia, dated October 3, 1967 noted:

“As you request, this manner regarding the reinstating of an Eastern Division will be placed on the agenda for the Annual Meeting in San Francisco on October 31, 1967.”

“Currently, although it has no resident in physical medicine and rehabilitation, the Osteopathic Hospital of Maine does have an approved residency training program in physical medicine and rehabilitation. Dr. Mason Allen, a certified member of our college, is in charge

ANNUAL BUSINESS MEETING, San Francisco, California, October 31, 1967.

“It was moved, seconded and passed that a \$50 cash prize would be made available to the student in an Osteopathic college writing the best paper on a subject within the sphere of P.M.& R. The methods for making application and deciding the winner are to be arranged by the Special Awards Committee of John A. Cifala (chairman) and Leon A. Kowalski.”

“There was considerable discussion concerning the need for a mid-year educational meeting located for easy access to the concentration of our members in the eastern part of the country. The discussion was in part prompted by the desire of some members in the Philadelphia area to reactivate the Eastern Division.” It was decided to have the mid-year meeting in the New York area. Apparently the Eastern Division idea died.

“It was announced by vote of the Executive Committee, Wallace M. Pearson has been awarded honorary membership in this College. Dr. Pearson is a certified member and holder of the Honorary degree, Fellow in the A.O.C.P.M.R., certificate No. 1. *(Previously it was noted that he was given certificate # 2)*

On February 26, 1968 Dr. Hoyt was informed by True B. Eveleth, Executive Director of the AOA that: “ In November, 1966, the Board of Trustees directed ‘that the word ‘degree’ as it relates to the ‘Degree of Fellow’ shall be deleted from the Constitution and Bylaws of any practice organization affiliated with the American Osteopathic Association”

“It is the opinion of the AOA that the term ‘Fellow’ or ‘Fellowship’ is more descriptive of the type of membership status awarded to members of a specialty college as an honor in recognition of the individual’s contribution to that specialty field. To indicate that an honor or award granted to a member as a ‘degree’ when in fact the degree has not been awarded by an academic institution having buildings, faculty, etc., is confusing to the public.”

ANNUAL BUSINESS MEETING Bal Harbor, Florida October 14, 1968:

“A certified member may be awarded a fellow in the A.O.C.P.M. & R. by the Executive Board for outstanding achievements and continued unselfish interest and contributions to Physiatry as it relates to the practice of osteopathic medicine.”

“It was moved by Leon Kowalski and seconded by John Lyons that action be taken to organize a Conclave of Fellows with the anticipation that this body would be available for consultation when called upon by the Executive Board. Motion carried.”

EXECUTIVE COMMITTEE MEETING

Leroy Hospital, New York, New York

January 25, 1969

During this meeting, Roy Harvey, D.O., Washington, D.C. was “dropped from Associate Membership following non-payment of dues for the fiscal year 1968-69 and following a letter of regret from Dr. Harvey in which he explained the inadvisability of his continued membership due to heavy involvement in A.O.A. political activities assigned to him.”

“Following discussion, it was moved, seconded and voted unanimously the Dr. Roy G. Harvey be made an Honorary Member of the A.O.C.P.M. & R.”

It was decided that they should: “Establish a membership requirement that to maintain, qualify and continue as a member of the College that a certain minimum numbers of hours in formalized, recognized courses in P. M. & R. be required each year and that certification of attendance be filed with Secretary, P.M. & R. to this effect.

This will bring notice to the A.O.C.P.M. & R. as being one of the first (if not the first) college to have its members voluntarily set educational standards for all levels of membership to insure that its specialists maintain the highest quality of patient care and service with the most current, modern acceptable methods of treatment in this field.”

“Encourage through all media and organizations, committees and meetings the equal status of the specialty of Physical Medicine and Rehabilitation with other recognized specialties (Internal Medicine, Surgery, O.B. & Gyn., etc.

Review organizational and committee structure of the A.O.A, to make certain that the A.O.C.P.M. & R. is represented as the other specialties are (i.e., Committee on Hospital Accreditation, Internship Training Program.)

EXECUTIVE BOARD ANNUAL MEETING

New York Hilton Hotel

New York, New York

October 5, 1969

The minutes of this meeting reflect the positive results of the January Executive Meeting as it pertains to representation with the A.O.A.

“It was agreed that the \$15.00 charge for the annual social, scheduled for October 6, 1969, would include the bar.” (The social was held in the Tower Suite, Times-Life Building, Rockefeller Center.

“By unanimous vote, Dr. David Rothman was elected a Fellow in the American Osteopathic College of Physical Medicine and Rehabilitation. The formal award is to be made at the 1970 annual meeting.”

ANNUAL MEETING

October 6, 1969

New York, New York

Dr. Leon A. Kowalski made a motion that: “This organization shall be known as The American Osteopathic College of Physiatry.” “Following considerable discussion, Dr. Harold Goldberg moved, seconded by Dr. R. Gilbert Dorrance, Jr., that Dr. Kowalski’s motion be changed by substitution to read as follows: Article I, NAME: This organization shall be known as the American Osteopathic College of Rehabilitation Medicine. Motion carried unanimously.”

EXECUTIVE COMMITTEE MEETING

October 4, 1970

Hotel Mark Hopkins

San Francisco, California

“It was agreed that we would continue to use our Fellow certificates which reflect our former name until the supply is expended. To date only 10 of the 50 numbered certificates have been issued.” (*It is presumed that #10 was to be presented to Dr. David Rothman*)

ANNUAL BUSINESS MEETING

Sheraton Waikiki Hotel

Honolulu, Hawaii

November 16, 1971

“Following the business meeting, the members adjourned to the Monarch Room of the royal Hawaiian Hotel where they and their wives and guests enjoyed a sociable evening including a delicious Tariaki (sic) Steak Dinner and the Ray Anthony Show. At the dinner, Dr. John G. Lyons was presented with his certificate of Fellow in the American Osteopathic College of Rehabilitation Medicine.”

ANNUAL MEETING - EXECUTIVE BOARD

American Hotel

Bal Harbour, Florida

October 9, 1972

“Dr. Henry Nemerof was nominated and elected a Fellow in the American Osteopathic College of Rehabilitation Medicine.”

ANNUAL BUSINESS MEETING

Bal Harbour, Florida

October 10, 1972

“Dr. Glenn F. Ulansey died on February 26, 1972. An Active Member of our College, Dr. Ulansey was one of our founding members. At our annual Meetings of 1960 and 1965, Dr. Ulansey was a participant on our Scientific Program, as a speaker. He was a fellow of the College and held F.A.C.P.M.R. Certificate #6.”

“Committee on Relationships with Allied Professional Organizations—Dr. Dorman reported on correspondence he had carried on with the American Physical Therapy Association and with the American Congress of Rehabilitation Medicine. It appears that the A.P.T.A. has no current interest concerning official relationship with us at this time. The A.C.R.M. does appear to have interest in developing further relationships with us. He also noted that D.O.’s are now eligible for membership in A.C.R.M.”

“On October 9, 1972, the College held its Annual Social and Honors night at the Post and Paddock Restaurant.” “Past President, Stanley Dorman was awarded his Certificate of Fellow in the American Osteopathic College of Rehabilitation Medicine.”

EXECUTIVE BOARD**Telephone Conference****March 15, 1973**

“Approved in principle a proposed residency training program at Martin Place Hospital, Detroit, Michigan, as documented and submitted for review. Proposed Director of Program to be William H. McGill.”

BOARD OF DIRECTORS – ANNUAL MEETING**Hotel Fairmont-Roosevelt, New Orleans, Louisiana****October 27, 1973**

Special Awards. “Ira Rumsey’s written report was read and placed on file. The report indicated apparent disinterest on the part of osteopathic undergraduate students to submit papers about rehabilitation medicine. He suggested that College Members, affiliated with educational institutions, have another go at attempting to stimulate student interest.”

Medicare and Third Party Medicine: “Henry Nemerof submitted a written report which is on file. The report expressed his views that the past year has brought no major improvements in relationships of physiatrists with Third Party Medicine and that those bureaucrats in charge of Medicare appeared to be directing their efforts toward decreasing expenses, at the cost of quality care. He discussed the situation as he saw it, in Pennsylvania, where he feels a serious situation exists, from apparently planned confusion in that State’s health delivery system. Dr. Nemerof proposed that the College lend its efforts in any way possible toward deterring further pernicious degeneration of our health care delivery system.”

“It was agreed that, in memory of Thomas D. Webber, D.O., at each Annual Meeting henceforth, a Thomas D. Webber Memorial lecture would be part of the Program.”

“It was noted that the year 1974 is the 20th anniversary of A.O.C.R.M. It was agreed that definite recognition of this anniversary would be included in our 1974 Annual Program and conduct of College business during 1974.”

**CONTINUATION OF ANNUAL MEETING, EXECUTIVE BOARD
October 31, 1973**

“The meeting was continued to consider electing Henry Nemerof a Fellow.

Stanley Dorman moved and Gustave Conti seconded the motion that Henry Nemerof be made a Fellow of A.O.C.R.M. Motion carried and the meeting was adjourned.”

**ANNUAL BUSINESS MEETING
October 30, 1973
New Orleans, Louisiana**

“Finally and sadly, your Secretary has placed a special page in the Minutes of the College, in memory of Thomas D. Webber, D.O., who died on May 10, 1973. It should be noted that this year’s Annual Scientific Seminar program is being held in memory of Thomas D. Webber.”

“During the past year, our college has assisted the A.O.A. in the evaluation of one new training program in rehabilitation medicine. This is a residency program at Martin Place Hospital, Madison Heights, Michigan. The inspection was made by Stanley Dorman.”

“The Membership was reminded that the Annual Social Event of the College was to be held in the Plimsoll Club, on the evening of October 30. Subsequently, at this gala event, Dr. Michael Sutula gave the first Annual Thomas D. Webber Memorial Lecture, which Dr. Sutula presented as a biography of Dr. Webber, including his activities in this Specialty College.”

**EXECUTIVE BOARD – MID-YEAR
Kansas City, Missouri
March 29, 1974**

“Twentieth Anniversary Plans for 1974 Convention were discussed. It was agreed that the College Secretary would continue to utilize the 20th Anniversary stickers on all correspondence and that the Publicity Chairman would be instructed to communicate with the A.) Concerning due recognition of this anniversary.”

“Following presentation of 20th Anniversary recognition plans, as presented by President Sutula, The Executive Board approved having Dr. Connair attempt to procure a gift of plaques commemorating our 20th Anniversary, to be distributed to members at our next Annual Social Night.”

“It was proposed by Dr. John Lalli, moved by Dr. Connair, and seconded by Dr. Dorman that Dr. Michael Sutula be made a Fellow of the American Osteopathic college of Rehabilitation Medicine. Motion carried.”

ANNUAL MEETING – EXECUTIVE BOARD

**Portland, Oregon
September 8, 1974**

It was reported at this meeting that there was as yet no applications for the Special Award.

“Dr, Henry Nemerof reported his concern for continuing trends which indicated progress toward full socialization of medical practice in the United States.”

The National Board “indicated at this time no positive and concrete moves had been taken by the Board to include questions regarding rehabilitation medicine.”

ANNUAL BUSINESS MEETING

**Portland, Oregon
September 10, 1974**

Announcements:

“On this our 20th Anniversary, the Fellows of the College held their first Conclave in which various matters for the good of the organization were discussed. Michael Sutula was elected Chairman and Hadley Hoyt secretary. The Fellows will meet next at the time of our Mid-Year Scientific Seminar.

On the evening of September 10, the College held its annual Honors and Social Night at Multnomah Social and Athletic Club. This 20th Anniversary affair was a most memorable occasion. Favours for those present consisted of a pen set with a base which displayed a new College emblem designed by Robert Connair. John Lalli was presented the Second Annual Thomas D. Webber Memorial Award certificate. Michael Sutula was presented our certificate #14 Fellow in the American College of Rehabilitation Medicine.”

MID-YEAR MEETING – EXECUTIVE BOARD

**Philadelphia, Pennsylvania
March 20, 1975**

The Mid-Year Scientific meeting was held at the Moss Rehabilitation Hospital in Philadelphia on March 21, 1975. The program was to be known as the “Leon Adam Kowalski (1913-1974) Memorial Educational Seminar.”

The problem of having the meetings planned at a late date making it impossible for good publicity in advance of the meeting was discussed. It was decided that these meetings were to be planned ahead by as much as two or three years.

“Dr. Gordon also identified the potentially precarious financial position of the “Board” and requested the College reaffirm, in principle, its previous policy of financially supporting the “Board” as need arises. Executive Board action as to reaffirm this policy.”

“Regarding the matter of participation in A.O.A. Audio-Visual Service, both President Conti and Dr. Dorman voiced their opinions that, for some reason, the A.O.A. Audio-Visual Service has evidenced little interest and provided little direction toward having our College as a college, or individual members of the College, produce tapes for the A.V. service.”

ANNUAL MEETING – EXECUTIVE BOARD

Las Vegas, Nevada

November 8, 1975

Liaison with National Board of Examiners:

“President Gustave Conti reported considerable activities and definite progress. It now appears a special section of rehabilitation medicine, consisting of ten questions, will be added to the examinations of the National Board. Rather than for purposes of grading, these questions will be utilized for evaluating knowledge of rehabilitation medicine obtained by the student while in the osteopathic colleges. This should be helpful in evaluating the need for teaching of rehabilitation medicine in the colleges.”

Participation in A.O.A. Audio-Visual Service:

“President Gustave Conti reported progress in this area with the audio-visual service, now apparently ready and willing to accept productions from this College for educational dissemination to A.O.A. membership.”

“The Executive Board approved establishing a College Newsletter, as a function of the Publicity Committee. Members of the Publicity Committee are to act as the editorial board. The newsletter is to serve primarily the purpose of communication among College members. Dr. Harris Ross was appointed editor. He will be instructed to seek financial sponsorship of this endeavor.”

ANNUAL BUSINESS MEETING

Las Vegas, Nevada

November 11, 1975

“A proposed motion was carried which assigned to the Secretary the task of attending to publication of a new directory of A.O.C.R.M. The directory is to be in loose leaf form and will include an historical sketch of our College, along with a roster of membership, provisions for listing of annual college committee organization and A.O.B.R.M. requirements for certification.”

“Fellows of the American Osteopathic College of Rehabilitation Medicine conducted their Third Conclave of Fellows at a breakfast meeting, on November 10, 1975.”

“The Annual Honors and Social Night of A.O.C.R.M. was held in the MGM Grand Hotel, on November 11, 1975. During this affair, 1) Gustave Conti was presented with his Certificate #15, F.A.C.O.R.M., 2) John Cifala was presented with the Third Annual Thomas D. Webber Memorial Lecture certificate.”

EXECUTIVE BOARD MEETING

Southfield, Michigan

March 26, 1976

Educational Committee:

Claude Oster reported and reviewed the finalization of plans and program for our Mid-Year Scientific Seminar, to be conducted on March 27, at Rehabilitation Center, Inc., Southfield, Michigan. Copies of the program were provided the Executive Board and a copy will be maintained in the College archives.” “Each of the lectures is to be taped and transcribed and a typed copy of each lecture will be provided the attendees. The Public Relations firm which represents Rehabilitation Center will be on hand for preparation of news releases.” The A.O.A. was to be provided the taped lectures for use by the Audio-Educational Service.

“The first issue of the A.O.C.R.M. Newsletter, edited by Harris Ross, D.O., is ready for publication.”

“ A motion carried that A.O.C.R.M. underwrite A.O.B.R.M. expenses during 1976, in the amount of \$400.00.”

“A motion carried that Dr. Hadley Hoyt be the Fourth Annual Thomas D. Webber Memorial lecturer.”

EXECUTIVE BOARD ANNUAL MEETING

Hotel St. Francis

San Francisco, California

November 13, 1976

Educational:

“Claude Oster summarized the activities of the Educational Committee over the past year. He presented an interesting commentary on how rehabilitation medicine is contributing to the development of the curriculum in the Michigan College and how Rehabilitation Center, in Southfield, is contributing to the education of residents and to pre-doctoral osteopathic medical students, via clerkship rotations. Dr. Oster announced his preparation of a ‘Proposed Requirements and Interpretative Guide for Accredited Rehabilitation Centers of the American Osteopathic Association.’ This document has

been forwarded to the Evaluating Committee of the A.O.C.R.M. for its review and action.”

“Dr. Gordon (Sec/Treas. A.O.B.R.M.) reported that the A.O.B.R.M. has received a directive from the Board of Trustees of The American Osteopathic Association to implement a program for re-examination for re-certification, to be implemented by 1980.”

Special Awards:

“John Cifala reported no new activities have occurred this year in this area. He said this is apparently due to insufficient interest amongst the student bodies of the several colleges. The Board agreed we will continue to keep this particular committee viable and look for means with which to make it more highly visible.”

Participation in the A.O.A. Audio-Visual Aids:

“Dr. Conti reported and described some of the difficulties we have had as a College, in positively participating in this program. He included in his report the difficulties relative to taping and re-taping for distribution to the membership the several talks conducted at our Mid-Year Meeting. Relative to this, Dr. Oster described the financially prohibitive situation which occurred concerning transcribing and reproduction of the talks for distribution.”

“Dr. Conti, reporting for the Conclave of Fellows held on 3/25/76, nominated Marshall Hoag for Fellowship in the College, and Dr. Hoag was elected to Fellowship.”

“Dr. Harold Goldberg was elected to Fellowship in A.O.C.R.M.”

ANNUAL BUSINESS MEETING

San Francisco, California

November 15, 1976

Secretary's Report:

“A major highlight was the launching of the ‘A.O.C.R.M. Rehabilitation Medicine Review’, our Newsletter, and this due, in very large part, to the energy and persistence of Harris Ross. A very definite highlight of this year was our Mid-Year scientific Seminar on ‘Pain and Pain Control’, conducted March 27, 1976, at Rehabilitation Center, Inc., Southfield, Michigan. This very excellent program was conceived and arranged by Claude Oster, Medical Director of Rehabilitation Center. It was with very considerable pride that we who attended took the tour of this outstanding and singular osteopathic rehabilitation center.”

“Congratulations are also extended to: 1) Gustave Conti, upon the publication of his textbook entitled, ‘Structural Analysis and Osteopathic Manipulative Management of Spine and Extremities’; and 4) to Russell Wright, upon the publication of his book entitled, ‘The Making of An Olympic Champion’.”

EXECUTIVE BOARD MID-YEAR MEETING
Rehabilitation Institute of Chicago
Chicago, Illinois
March 25, 1977

Newsletter:

“Dr. Chambers reported on the recent publication of the 1977 Winter Issue of Rehabilitation Review. He said this had been intended to be the Autumn Issue of 1976. He indicated a second 1977 issue should be ready in the reasonably near future.”

EXECUTIVE BOARD ANNUAL MEETING
Atlanta, Georgia
November 5, 1977

Educational:

Dr. Claude Oster announced that his rehabilitation center had received provisional approval “as the first accredited osteopathic rehabilitation facility in the country.” He also reported “that he, Dr. Benaderet, and Dr. McGill, have faculty appointments at Michigan State University which permit students at M.S.U. College of Osteopathic Medicine to learn, through clinical exposure, about our field.”

MID-YEAR MEETING – EXECUTIVE BOARD
Hotel Brunswick
Lancaster, Pennsylvania
March 30, 1978

“The Executive Board agreed that, because of the poor response for requests for educational tapes we have advertised, the current cassette program be abandoned.”

“Aaron Weintraub was nominated to become a Fellow of the American Osteopathic college of Rehabilitation Medicine. The Executive Board unanimously elected him to Fellowship.” “At the Mid-Year Seminar Banquet, on April 1st, Aaron Weintraub was presented his Certificate #19, affirming his receipt of the degree F.A.O.C.P.M.R.”

ANNUAL MEETING – EXECUTIVE BOARD
Honolulu, Hawaii
October 28, 1978

“Dr. Gordon (*Richard Gordon, Secretary-Treasurer of A.O.B.P.M.R.*) called attention to a memorandum from the A.O.A., with suggestions on how best to accomplish recertification examinations and a copy of a resolution from the Advisory Board for Osteopathic Specialists which, among other things, called for implementation of a recertification program by each Certifying Board no later than 1980. In his report, Dr. Gordon opted for use of clinical review by evaluating individuals in their respective workshops and by also setting up specific requirements of continuing medical education.”

“The Sixth Thomas D. Webber, D.O. Memorial Lecture is to be delivered by Dr. Wayne R. English, Jr.” His presentation was titled “Integration of rehabilitation Medicine into the Osteopathic Curriculum.”

Special Awards:

“... Dr. Hoag (Marshall Hoag, Chairman) recommended Gary D. Wolfe receive our Student Award for his paper entitled, “The Rehabilitation of the Postmyocardial Patient.” *(As of the Dallas Annual Meeting on November 2, 1979, the author had not yet completed the required editing of the article. – Ed.)*

Free Standing Ambulatory Day Care Rehabilitation Units:

“A communication from Chairman Harris Ross, reviewed the purposes of free standing ambulatory day care rehabilitation units and some suggestions for the organization and activities of such units. His report was directed to introduce the concept of such facilities and plans for further work by the committee.”

“A proposal from the Michigan Osteopathic College Foundation to utilize its space and services for College business and programs was considered. It was agreed the Secretary will thank them for their offer and respectfully decline it at this time.”

“Richard K. Chambers, Jr., D.O. was unanimously elected a Fellow in the A.O.C.R.M.” *(If numerical order was maintained this would be Certificate #20. See following letter – Ed.)*

Letter:

In a letter to Josten’s from W. Hadley Hoyt dated February 5, 1979 it was requested that: “Please imprint Certificate #20 with the name, Robert J. Connair, D.O.; and Certificate #21 with the name, David Rosenthal, D.O. Date both certificates March 30, 1979.”

MID-YEAR MEETING – EXECUTIVE BOARD

Brown Palace Hotel

Denver, Colorado

March 29, 1979

Program Committee:

“There was also discussion on how the A.O.C.R.M might be of service to the A.O.A. in selecting a keynote speaker for the Convention and Dr. Oster was assigned, as a committee of on, to try to obtain Mr. Jerry Lewis as such a speaker and with the hope he might also be the Thomas D. Webber Memorial lecturer.”

New Business:

Dr. Oster reported a problem he was having with residents. They stay one year – “However, beyond a year, they wish to transfer to programs so based that the resident becomes eligible for both the American Board of Rehabilitation Medicine and the American Osteopathic Board of Rehabilitation Medicine.”

“On request from the Eighth Conclave of Fellows, Secretary Hoyt nominated Dr. Robert J. Connair and Dr. David Rosenthal for election to F.A.O.C.R.M.”

ANNUAL MEETING – EXECUTIVE BOARD

Dallas, Texas

November 3, 1979

Silver Anniversary Annual Meeting

Harris Ross resigned as editor of the newsletter.

“It was agreed that in our area of Special Awards, the Rehabilitation Medicine Literature Award guidelines are now changed to provide for two awards. One, for Pre-Doctoral Students in Colleges of Osteopathic Medicine and one award for Physicians in residency Training in Rehabilitation Medicine. The award, in each category, will be \$200.00.”

MID-YEAR MEETING – EXECUTIVE BOARD

Eden Roc Hotel

Miami Beach, Florida

March 20, 1980

“It appears we must drop from membership Gerald L. Wolfe, a candidate member.” (*He won the Special Award, but did not do the required editing. – Ed.*)

Robert B. Goldberg won the Special Award in the Post-Doctoral category. His paper was titled “The Therapeutic rationale of Splint and Braces for the Arthritic Patient.”

Katherine A. Martin won the Special Award in the Pre-Doctoral category with her paper, “A Rehabilitation Program for the Breast Cancer Patient.”

Dr. Marvin Zwerin was now the editor of “Rehabilitation Review”, the College’s newsletter.

At the Seminar Banquet on November 6, 1979, James D. Harris and J. Russell Moser were installed as Fellows in the A.O.C.R.M.

MID-YEAR MEETING – EXECUTIVE BOARD

Marriott (KCI) Hotel

Kansas City, Missouri

April 26, 1981

“In March, 1981 secretary Hoyt reminded those present that he had informed President Harris. Vice-President English and other officers and Fellows of the College that his retirement from the Secretary-Treasurer position was probably imminent. Today Dr. Hoyt affirmed he will very likely step down in early July 1981. Dr. Hoyt then presented a plan wherein the routine work and responsibilities of the Secretary-Treasurer’s Office could be maintained on an interim or more permanent basis. The plan included:

- A) College leasing of an apartment wherein could be housed its records, archives, and office equipment, and which would serve as a base of operations for routine Secretary/Treasurer activities;
- B) The College securing the part-time services of an Executive Assistant to carry out the regular and routine responsibilities of the Secretary-Treasurer's Office excluding matters of policy decision and signing of College checks;
- C) A College provision that in the interim between the current Secretary-Treasurer's resignation and of the next Secretary-Treasurer's election, the designated Executive Assistant would have access by telephone and other means as necessary to the College President and/or his appointee, as well as other College Officers and Committee Chairmen as needed for counsel and action in matters of College policy and fiscal responsibility, including the approval and signing of checks; and
- D) That the College would make certain acquisitions by purchase, lease or service arrangements as necessary in order to carry on College business (Needed for example are a copier, file cabinet, transcriber and dictation unit and rental of a post office box).

Dr. Hoyt related that the person currently serving as Dr. Hoyt's secretary and who is well acquainted with the responsibilities and routine of the Secretary-Treasurer's Office can be available for this proposed position of Executive Assistant. Further, this person, Julie Pickett, would agree to serve if hired under certain stipulated conditions until November 30, 1982. The conditions stipulated included: 1) that the College provide an apartment for Miss Pickett's use with utilities paid, from the date of her employment until November 30, 1982; 2) stipulated utilities included electric power and energy for heat and cooling, water service and trash collection, telephone service including College business toll charges; and 3) the College's assurance of her access to designated responsible officers and committee chairmen for counsel, policy decisions and discharge of fiscal obligations.

Secretary Hoyt speaking for himself and Mrs. Hoyt then offered to lease a two bed-room apartment to the College for a period of no less than twelve months for a rental rate, excluding utilities, of \$210.00/month. Further, he offered to loan the College for an indefinite period of time certain office furnishings including a desk, two chairs and a storage cabinet."

Miss Pickett was employed under the above conditions. Her duties were then outlined.

EXECUTIVE BOARD MEETING
New Orleans, Louisiana
October 22, 1983

"As of September 30, 1983 the newsletter for our College had not been published. Received in early September from Guest Editor Lawrence L. Prokop, D.O. was a newsletter for publication. However it was the decision of the secretary to postpone any

publication until information previously sent to Marvin Zwerin, D.O. was returned to the office of the Executive Assistant.”

“Dr. Wayne English presented to the Executive Board his proposed new residency program in rehabilitation medicine based at Texas College of Osteopathic Medicine, Fort Worth Osteopathic Medical Center, for their recommendations and approval.

EXECUTIVE BOARD MEETING
Philadelphia, PA
March 16, 1984

“As reported earlier, the Secretary’s Office has been actively involved in the researching and publication of a newsletter. In February the newsletter was mailed to all members and another publication is hoped for in May. Editor Sylvia Ferretti, D.O. and Julie Pickett, Executive Assistant request that members forward to them information appropriate for the newsletter.”

EMG/NCV REIMBURSEMENT

At the behest of Gershwin Weiner, Paul Eyer, Associate Director of the AOA Washington Office, wrote to the Department of Health and Human Service on June 6, 1985 explaining the necessity of physicians performing this procedure and hence the necessity of fully reimbursing the physician.

George R. Gerber, M.D., Associate Medical Director, Medical Affairs of Michigan Blue Cross and Blue Shield, advised Dr. Weiner on November 12, 1985 of his concurrence of physician reimbursement for EMG’s and his intent to submit their “recommendation to HCFA for their concurrence.”

Dr. Weiner was informed on November 25, 1985 by Judith D. Stec, Associate Regional Administrator of the Department of Health and Human Services that “reimbursement for the professional component of these tests will be made at 100% of the full-service tests. Reimbursement to physicians performing EMG’s and NCV’s will be the same whether performed for hospital patients or non-hospital patients.”

EXECUTIVE BOARD MEETING
Portland, Maine
May 16, 1986

EMG Subspecialty:

“Dr. Robert Goldberg discussed the concept of developing a subspecialty in Electromyography. Much discussion ensued and motion was made to formally create a subgroup of the A.O.C.R.M. which would be a component society of the A.O.A. and whose interest would be in electromyography and electrodiagnostic studies. An ad hoc committee was appointed by Dr. Hoyt consisting of Drs. Zwerin, Rosenthal and Goldberg. They will develop a concept and follow through with applications to the

A.O.A. At the Annual Business Meeting in Las Vegas on November 3, 1986 this matter was pursued.

ANNUAL BUSINESS MEETING

Las Vegas, Nevada

November 3, 1986

Dr. John Cifala presented an oral report for the Constitution and Bylaws Committee. An amendment was adopted unanimously to form and affiliate organization of the A.O.A. "The name of the component society shall be: THE AMERICAN OSTEOPATHIC ASSOCIATION OF ELECTROMYOGRAPHY AND ELECTRODIAGNOSIS."

MID-YEAR MEETING, EXECUTIVE BOARD

San Francisco, California

April 3, 1987

"Dr. Cifala again discussed the position of the A.O.A. Board of Trustees regarding the formation of a component society to A.O.C.R.M., namely A.O.A.E.E. He stated that the A.O.A. does not see the necessity of such an organization and wants additional clarification. He further stated that the A.O.A. is under the impression that technicians do the procedure.

Discussion ensued regarding the inclusion of other Colleges or Specialists being allowed to join the group and also on the actual presentation of the proposal.

It was suggested that additional help be obtained to rewrite the proposal so that it sounded more professional. Also suggested was that each member of the Executive Board research and write a letter documenting why EMG's and NCV's should be done only by physiatrists.

Motion was made and seconded that the proposal be withdrawn from further action by the A.O.A. at this time and that the A.O.C.R.M. review the proposal and make changes or additions as necessary. The secretary is to forward to the Executive Board a copy of the proposal."

New Business:

"The request of the American Osteopathic college of Radiology to support their resolution that a representative from each college be seated as a voting member of the A.O.A. House of Delegates was discussed. Motion was made and seconded to support the College of Radiology."

EMG/NCV

Dr. Rosenthal contacted all members via a letter dated June 3, 1987 soliciting comments and help in documenting the need for A.O.A.E.E. and assistance in developing the proper constitution and bylaws for the affiliate society.

Dr. Kenneth Richter responded via a letter dated July 14, 1987 expressing his opposition to formation of the organization based on its exclusivity to physiatrists when in his opinion it should be open to any specialist with the proper training. This is the case with A.A.E.E.

Dr. Donald Stanton responded on July 27, 1987 in support of A.A.O.E.E. as long as it required “strong evidence of training, experience and proficiency.” He also felt that consideration should be given to include neurologists and that and ‘grandfathering’ (if at all) should be those D.O.’s who are already active members of AAEE.

ANNUAL MEETING – EXECUTIVE BOARD

Orlando, Florida

October 5, 1987

New Business:

“Discussion was held regarding the proposal of the Academy of Sports Medicine to offer certification and conduct residency programs.”

“The American Osteopathic College of Rehabilitation Medicine does not support the formation of a certifying board by the Academy of Sports Medicine nor do they support residency programs in Sports Medicine

The problem of physical therapists obtaining independent practice was discussed and each one was admonished to do what could be done to prevent its occurrence.

EXECUTIVE BOARD MEETING

Southfield, Michigan

APRIL 15, 1988

New Business:

“Dr. Wayne English asked that the Board reconsider their position on the formation of a certifying board for Sports Medicine. Dr. English explained the concept of sports medicine and its relationship to other specialties especially rehabilitation medicine.

It was suggested that the certifying board for Sports Medicine be comprised of representatives from all colleges (i.e. PM&R, E.R., Orthopedics, Prev. Med., G.P.) Dr. English agreed this might be a possibility.

The Board asked that Dr. English furnish them with the Basic Standards of the Sports Medicine residency program and also a position paper for Sports Medicine. Then pending the review of that material we will make a final recommendation.”

EXECUTIVE BOARD MEETING

Las Vegas, Nevada

December 3, 1988

Evaluating Committee:

“If a resident has completed an A.O.A. rotating internship and is in an A.M.A. approved residency training program the A.O.C.R.M. deems it to be satisfactory to meet our standards.”

Special Awards:

There continued to be difficulty in obtaining entries for the Literary Award Competition. The award was increased to \$500.

Sports Medicine:

“It was announced that the Sports Medicine Academy was denied an examining board and will be allowed to offer only certificates of proficiency.”

MID-YEAR EXECUTIVE MEETING

San Juan, Puerto Rico

April 28, 1989

Financial Problem:

This meeting did not receive the financial support or full attendance and hence cost the College “several thousand dollars to conduct.” “A suggestion was made to ask each of the participants to donate to the College an additional \$250.00 to cover part of the loss. After much discussion it was decided to form a ‘250 Club.’ Each of the participants will be asked to donate \$250.00 to the college. For their contribution they will receive a name plate to place on their desk. It was further recommended that this ‘250 Club’ be opened to the entire membership in the fall.”

Publicity:

Dr. Mary Swajian reported that the newsletter “has been inoperable for the past three to four years.” She thought it was important to re-institute the newsletter. “The Executive Board encouraged Dr. Swajian to proceed with the newsletter and hopefully go to press before the next Annual Meeting.”

Special Awards:

Three entries were received for the Award, one pre-doctoral and two post-doctoral.

Executive Board Meeting

Anaheim, California

November 11, 1989

Treasurer’s Report:

\$4,500 had been collected from members of the “250 Club.” The money was to be used for various educational events of the College.

Old Business:

“The American Osteopathic Association has approved the establishment of a Certificate of Competence in Sports Medicine, administered under the aegis of the American Osteopathic Academy of Sports Medicine.”