

Daniel A. Shadoan, DO
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Daily schedule 8:25am – 5:30pm, Monday through Friday, unless otherwise instructed.

- First day – arrive at 8:15am. Tuesdays end at 2pm. Wednesdays begin at 9:15am

Please bring your stethoscope and an anatomy atlas/text. Professional casual dress expected, no white coat necessary. This is a small office, so be aware of others working and receiving care in our office. Despite the lack of evening or weekend work, this is a deceptively difficult rotation. Please be sure to get enough sleep.

See assignments and privacy agreements following this page. Sign final page and email it to me.

Behind the door marked private is a closet to the left, a staff bathroom and a fridge. Keep your belongings in the closet and be sure to wash your hands after each patient. Take care not to be in the way of the other doctor and patients in our small office.

Location:

2299 Post Street, Suite 308 - South side of the street between Scott & Divisadero

Our office is located in the Lower Pacific Heights/Western Addition neighborhood near UCSF Mt. Zion Hospital.

There is a front entrance at 2299 Post with a back entrance from a public parking lot (Abm Parking) at 2186 Geary Blvd. between Scott and Divisadero streets. The lot charges \$20 per day.

We have no on-site reception. When you enter our suite, # 308, there is a waiting room to the left.

Directions by Public Transportation:

BART: from Montgomery St. take MUNI Bus #38 Geary to Divisadero and Geary. Walk ¼ block east on Geary to the first parking lot and walk across it to the back entrance to our building.

MUNI: #38 and #24 stop on Geary and Divisadero. The #1 and #2 also stop nearby on Divisadero.

Transit Terminal: Take the #38 Geary to Divisadero and Geary. Walk ¼ block east on Geary to the first parking lot and walk across it to the back entrance to our building.

GOLDEN GATE TRANSIT: #92 goes from Manzanita Park & Ride to Geary and Divisadero. Or take any GG Transit bus to the Golden Gate Bridge and transfer to the #92 there. Or take a GG Transit bus to Lombard and Fillmore and change to Muni #22 Fillmore to Post St. Then walk about 4 blocks west on Post St. to our office.

Directions by Car:

80W (from East Bay) or 101N (from the Peninsula): Take Octavia St. exit off of 101 and go straight 4 blocks and turn left onto Fell. Go 7 blocks and turn right onto Scott and continue to Geary. Turn left onto Geary to get to the paid lot behind the building at 2186 Geary. The main entrance to the building is on Post between Scott and Divisadero.

280N (from Peninsula): Entering city, stay to left towards Hwy 1 Northbound and 19th Ave. Continue with main traffic flow veering left onto 19th Ave. In Golden Gate Park, stay to right and continue onto Park Presidio Blvd. Turn right onto Geary Blvd. and continue about 16 blocks, then turn right past Kaiser at St. Joseph's Avenue. Turn left onto O'Farrell and then turn left on Divisadero to get to the main entrance or, to get to the back lot, turn left at the next block, Scott and then turn left onto Geary. Enter the last parking lot before the corner of Divisadero, at 2186 Geary Blvd.

101S (from Marin): Take Golden Gate Bridge and continue to Lombard St. exit to the right ½ mile. After freeway ends, continue on Richardson as it veers left to become Lombard. Turn right onto Divisadero, go 16 blocks up and over the hill and turn left onto Post St. The office is halfway down the block on right (South) side. To get to the paid lot in the back of the building, continue to Scott and turn right and then turn right onto Geary to the lot at 2186 Geary.

Parking:

- Meters (map here) in the area are 8 minutes per quarter and meter maids check often and some side streets have 2-hour free neighborhood parking and a few have no limits (map here) but watch for street cleaning hours.
- Public Paid Parking Lots:
 - Closest lot – Enter at 2186 Geary which is on the back side of our building
 - See a more complete list on our website under Parking and Directions

Overview of Rotation

Required Reading (available on website)

- Foundations for Osteopathic Medicine, 2nd Ed. (Green cover) - Chapter on Treatment of the Hospitalized Patient by Hugh Ettlinger. Download PDF from my website.
 - This will serve as our text for the two weeks. Read through it before we start to get an overview. It is dense so don't leave it to the last minute. We will cover topics from it during the rotation and your first presentation will be based on it.
- “Right In My Own Backyard” chapter from Andrew Weil’s Spontaneous Healing. Background information you should have.

Recommended References

- *An Osteopathic Approach to Systemic Dysfunction* by Kuchera and Kuchera
- *Osteopathy in the Cranial Field* by Harold Magoun
- *Cardiovascular Physiology Concepts* by Richard Klabunde –Respiratory-Circulatory Model
- *Fundamental Anatomy* by Walter Hartwig – Embryology Chapter

Major Topics

- 1) Definition of Somatic Dysfunction – how osteopathy works
- 2) Four Principles of Osteopathy and how we utilize them on a daily basis.
- 3) A red flag list of signs or symptoms (not diagnoses) in a typical musculoskeletal pain case: headache, neck pain, back pain, shoulder and knee pain, etc. (not including acute abdomen or chest pain) that would prompt further work-up. Include +/- 10 signs/symptoms.
- 4) Differential Diagnosis of common musculoskeletal complaints
- 5) Palpation - including TART - I
 - a. Tissue texture – muscle, fascia, bone and fluid, etc.
 - b. Asymmetry (static) - landmarks
 - c. Restricted ROM/motion testing– assessing junctions and specific joints – both before and after treatment as a way to check efficacy and learn normal anatomy and function
 - d. Tenderness - subjective
 - e. Inherent motions –
 - 5.e.i. Breathing – palpation throughout the body
 - 5.e.ii. Primary respiration – membrane, fluid and bone/5 Phenomena
- 6) The Autonomic Nervous System - anatomy of its relationship to the musculoskeletal system – areas commonly impinged, autonomic reflexes, tone, use in diagnosis and treatment, etc. These should be covered in presentation.
- 7) The Respiratory-Circulatory model - including lymphatics – pumps and pathways
- 8) Creating a treatment plan for a specific visit and eventually for a course of treatment
 - a. Finding the area(s) of greatest restriction – Stiles Screen
 - 8.a.i. Differentiating primary (pathologic) from secondary (compensatory) lesions
 - 8.a.i.1. Local response only - indicates compensatory lesion
 - 8.a.i.2. Global response indicates primary lesion
 - 8.a.i.3. No response indicates treatment failure
 - b. Relating somatic dysfunction to the pathophysiology of the disease process
 - c. Balanced Tension approach to treatment
- 9) How to maximize OMT learning on other rotations –
 - a. While studying relevant anatomy to all rotations, add osteopathically important structures (fascia/connective tissue, bony attachments, innervation, circulation, etc.)
 - b. Emphasize palpation on all patients:

- 9.b.i. Rapid screening structural on all patients and correlate with pathophysiology of disease process
 - 9.b.ii. When no time for structural, choose one body part, region to assess on all patients (such as diaphragm one week, neck another, etc.)
 - 9.b.iii. With time and permission to treat, always treat most restricted area based on rapid structural screen. Assess for response – none, local or global. Rescreen and treat next most restricted area. Treat until global relaxation occurs or time
- 10) Let me know if there is anything else you want to go over.

Assignments

- 1) Prior to rotation, read Dr. Ettlinger's chapter at least once. See above
- 2) For the first day, review the definition of Somatic Dysfunction and the Four Principles of Osteopathy. Also review the bony attachments of the diaphragm and which organs/vessels directly touch it, pass through it or are very close to it.
- 3) For the second day, create list of Red Flags – see above
- 4) You will give two formal PowerPoint presentations each Friday at lunch. They should be concise (~30 min), focused and yet complete. They should be geared toward a general medical/grand rounds type audience. The goal is to learn to speak clearly about our work in a medical language common to our conventional colleagues.
 - a. First one on the Autonomic Nervous System and Osteopathy using Dr. Ettlinger's chapter as your primary source. It should address how to use it in diagnosis and treatment with particular attention to anatomy and key musculoskeletal relationships. Do not teach OMT
 - b. Second one on a research study/journal article of your choice. Present like journal club. Please email me the article at least 2-3 days before your presentation so I can read it.
 - 4.b.i. Assess study design including subject selection, controls, outcome measurement, how it could be improved and what it does well. See article on Improving Journal Club Presentations.
 - 4.b.ii. As part of this assignment, review the research articles on my webpage and search PubMed for OMT articles published after this was last updated. Email me these articles, in the same format as my webpage including PMID, and a link to full text or abstract.
- 5) There will also be a multiple choice test at the end of the rotation
- 6) Please sign the following page and email it to me prior to the first day.

Suggested Further Reading for ongoing development after the rotation:

(Available from the Sutherland Cranial Teaching Foundation and the Osteopathic Cranial Academy)

By William Garner Sutherland, DO:

- *Teachings in the Science of Osteopathy*
- *Contributions of Thought*

By Rollin Becker, DO:

- *Life in Motion*
- *The Stillness of Life*

By Andrew Taylor Still

- *Philosophy of Osteopathy*
- *Philosophy and Mechanical Principles of Osteopathy*
- *Osteopathy: Research and Practice*
- *Autobiography of A.T. Still*

By John Lewis

- *From the Dry Bone to the Living Man (see <http://www.ATStill.com>)*

See <https://cranialacademy.org/events/cme/> for a complete list of OMT CME courses offered by the OCA, SCTF, OPC, AAO and other organizations.

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Privacy Agreement and Ground Rules for Osteopathic Student Observers

- 1) All interactions between patient and physician are strictly confidential. No mention of any identifying information to anyone else is permissible.
- 2) Students are only allowed to participate in the evaluation and treatment with the patient's specific consent. Please wait in the waiting room until the physician has obtained verbal consent from the patient, and instructs you to come in.
- 3) Students shall not disrupt or interrupt the treatment process. If the patient or physician addresses you directly, please answer briefly and avoid extended responses. Unless directed otherwise, please hold all questions until after the patient has left.
- 4) Wait until the physician invites you to palpate. Do not place your hands on the patient unless specifically instructed by the physician. Some patients are extremely sensitive, and it may be only appropriate for you to observe. Often the physician will need to evaluate and decide on a treatment plan before you palpate. Do not at any time attempt to treat the patient unless the physician requests your assistance.

I understand and agree to the above directions.

Signature

Date

Printed Name