



February 2018 President's Update

Welcome to the almost-spring edition of our COMS newsletter! I trust that you are doing well. I am pleased to announce that our annual meeting will be held in CT this summer, Aug 9-12, in Mystic so save the date! I hope to see you there. We are compiling our program now in collaboration with Massachusetts and Rhode Island Osteopathic societies. If you are an interested speaker or have a topic you are craving, please let me know: connecticut@osteopathic.org. Thanks to **Jackie Cox, DO** and **Lisa Gronski, DO** who are serving on the planning committee with me. The conference is open to DOs, MDs, APRNs, and PAs as well as students and is sure to be a quality CME opportunity and great company. Please help spread the word to your local colleagues and hospital systems or organization.

In this newsletter, you'll find contributions from our members **Nick Palermo, DO** (*beginning at right*) on the use of low-dose naltrexone as a follow-up to his presentation at our last ROME meeting and **Paul Tortland, DO** on emerging treatment options in musculoskeletal care. Dr. Tortland has been a leader and educator in the application of musculoskeletal ultrasound as well as regenerative medicine.

As spring approaches, this brings renewed energy. In the past few years, we have piloted local meet-and-greet gatherings to foster our local osteopathic communities. I ask for your help in connecting with local colleagues from around the state. If you are willing to host or organize a local gathering, COMS would love your involvement and we are committed to helping make this happen. Help us energize our osteopathic community and keep us going strong.

Wishing you continued wellness,

Gregory R. Czarnecki, DO

Low Dose Naltrexone: Why Every Practitioner Should Have LDN in their Treatment Tool Box

Submitted by: Nicholas J. Palermo, DO, MS and Gene Gresh, RPh, FIACP, IFMCP

LDN has been used "off label" in the treatment of many diseases and conditions since 1985 throughout the world. LDN was pioneered by **Dr. Bernard Bihari, MD**, a board certified physician in Psychiatry and Neurology. He was originally doing research with AID's, MS and Parkinson's patients when he discovered the remarkable benefits of using LDN.

Today LDN has also been

successfully utilized in treating other multiple autoimmune diseases such as Crohn's, Hashimoto's, ALS, PMR, RA, UC, as well as in cancer, chronic pain syndromes, fibromyalgia, autism, depression, severe allergies, Alzheimer's, and more.

The LDN Research Trust website goes into full detail of LDN's multiple mechanisms of action but briefly LDN: up regulates the opioid system: increases endorphins and enkephalins and the opioid growth factor: while enhancing dopaminergic signaling to block Toll Like Receptor 4 (TLR4) which down regulates microglia hyper activation (i.e. a glial cell modulator to decreases the pro inflammatory response): and also blocks TLR9 which augments immune response (i.e. decrease cell growth in abnormal cells).

The starting dose of LDN is usually 1.5mg at bedtime (9pm to 2am) for two weeks and increased to 3mg at bedtime for two weeks and then

CONCLUDED ON P.7



Best Practices: Treating Mind, Body and Spirit

NEW ENGLAND

at the Hilton Mystic in Mystic, Connecticut

August 9–12, 2018

CO-SPONSORED BY:

The Connecticut Osteopathic Medical Society (**COMS**)

The Massachusetts Osteopathic Society (**MOS**)

The Rhode Island Society of Osteopathic Physicians and Surgeons (**RISOPS**)

The American Osteopathic Association (**AOA**)

Subjects Needed for Trigger Finger Research

Paul Tortland, DO, a specialist in Sports Medicine and Non-Surgical Orthopedics in Glastonbury, CT is seeking subjects for an informal research project investigating the effectiveness of a new device for treating Trigger Finger non-surgically.

Pathophysiology

Trigger Finger, technically known as *stenosing tenosynovitis*, involves inflammation and hypertrophy of the retinacular sheath of the flexor tendons of the fingers, progressively restricting the motion of the tendon. Though often referred to as tenosynovitis, histologic studies have shown that the pathologic inflammatory changes actually involve the tendon sheath (tenovagina) and not the tenosynovium.

The flexor tendons are anchored to the palmar aspect of the bones of the metacarpals and digits through a series of annular and cruciform ligaments known collectively as “pulleys.” The first annular pulley at the level of the metacarpal head, designated the “A1” pulley, is by far the most commonly affected pulley.

Symptoms

The initial complaint associated with trigger finger may be of a painless clicking with digital manipulation. Further development of the condition can cause the catching or popping to become painful with both flexion and extension, and be related as occurring at either the metacarpophalangeal (MCP) or PIP joints. Other patients may notice a feeling of stiffness and then progressive loss of full flexion and/or extension of the affected digit without ever developing the catching and locking of a “typical” trigger finger. A painful nodule, a result of intratendinous swelling, may be palpated in the palmar MCP area. The patient may report

MCP stiffness or swelling in the morning, or that they awaken with the digit locked and that it loosens throughout the day.

Incidence

The lifetime risk of trigger finger development is between 2 and 3%, but increases to up to 10% in diabetics. The incidence in diabetics is associated with actual duration of the disease, not with glycemic control. There also appears to be a higher risk for trigger finger development in patients with carpal tunnel syndrome, de Quervain’s disease, hypothyroidism, rheumatoid arthritis, renal disease, and amyloidosis. The ring finger is most commonly affected, followed by the thumb (trigger thumb), middle, index, and pinky in patients with multiple trigger digits.

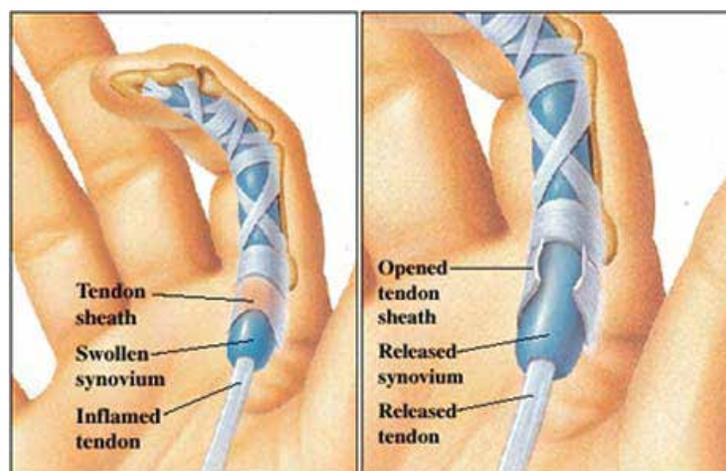
Treatment

Conservative treatment includes corticosteroid injections, physical therapy, and finger splints. However, surgery often eventually is needed. Surgery involves exposing the tendon sheath and resecting the involved pulley (typically the A1 pulley). Recovery from surgery takes 6 weeks or longer. And of course there is always the risk of scar tissue forming subsequent to surgery that can result in recurrence of the condition.

A Novel Approach

Working in conjunction with a biomedical engineer, Dr. Tortland has developed a novel device for releasing the A1 pulley

percutaneously under ultrasound guidance. The technique is done right in the office under local anesthesia, takes only minutes, and is painless. No sutures, splints or casting is required, and



the wound is closed with a simple adhesive bandage.

Dr. Tortland has verified the effectiveness and safety of the device on human cadavers (thanks to the generosity of the Department of Anatomy at the Frank Netter School of Medicine at Quinnipiac University).

Dr. Tortland is seeking patients to participate in a brief clinical trial using the device. Interested patients can all Dr. Tortland’s office to schedule an appointment, **(860) 430-9690**. For more information, please e-mail Dr. Tortland at **PTortlandVSP@JockDoctors.com**.



Pioneering the Use of Stem Cells

Autologous adult stem cell treatment is emerging as a viable treatment option for musculoskeletal injuries and painful conditions. And COMS member **Paul Tortland, DO** is helping to lead the way.

Tortland, a COMS Board member and former COMS President, was the first physician in New England, and among the first in the whole country, to begin performing both PRP (platelet-rich plasma) and autologous adult stem cell treatments, in 2007 and 2008, respectively.

No stranger to the use of regenerative medicine techniques, Dr. Tortland began treating his patients with Prolotherapy as far back as 1994, when he pestered his Sports Medicine Fellowship director at the time to allow him to get trained in Prolotherapy treatment during his fellowship. The eventual introduction and adoption of PRP and stem cell treatments was a natural extension of his Prolotherapy experience. Today Tortland is a national leader in the Regenerative Medicine community, and he lectures and teaches at national meetings around the country. Millennium Medical Technologies, a leading manufacturer of adipose-derived stem cell harvesting equipment, named Dr. Tortland as one of their three “Key Opinion

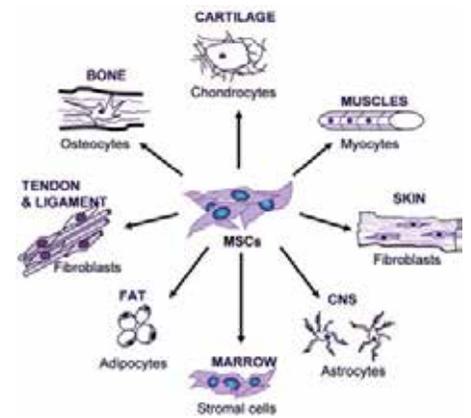
Leaders.” And Tortland was the first physician in the *world* to become certified in Regenerative Medicine by the American Academy and Board of Regenerative Medicine.

Tortland, who is Fellowship trained and board certified in Sports Medicine, focuses his use of stem cell therapy on the treatment of osteoarthritis and soft tissue injuries such as rotator cuff and meniscal tears. For the treatment of OA, research studies document an average 70% positive response rate to treatment, with no significant adverse effects or complications. “The beauty of these treatments is that they either work or don’t,” claims Tortland. “I’ve never had anyone been made worse by treatment. It’s one of those rare things in medicine where there is so much potentially to gain, with almost nothing to lose, at least in my practice.”

“Patients are looking for non-surgical alternatives,” Tortland notes. “There is a disturbing trend in orthopedics,” he continues, “where patients are getting joint replacements at increasingly younger ages and for increasingly milder forms of OA.” He adds that recent research has shown that arthroscopic surgery for symptomatic degenerative meniscal tears not only does not help, but it actually increases the risk of needing a knee replacement by 3-5 fold in the next several years. The vast majority of patients who seek out Dr. Tortland’s services fall into one of two categories: Those who never want surgery; and those who would like to delay or put off surgery until a later time.

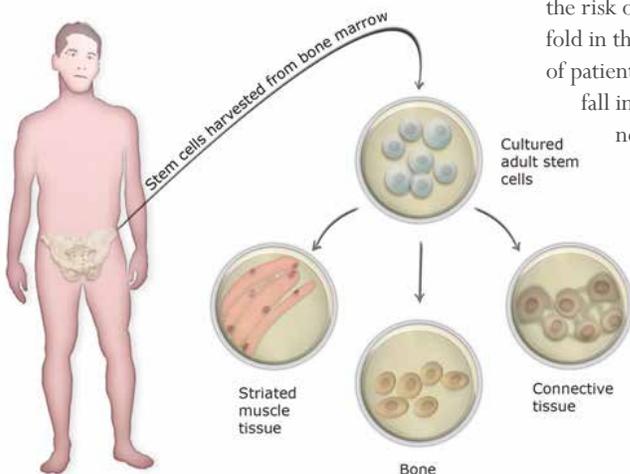
“I’m not against surgery,” Tortland claims. In fact, for patients with severe OA he encourages them to have joint replacement surgery.

And patients with complicated meniscal tears that are causing symptoms of instability or joint locking also need surgery. But many times there are non-surgical options.



Dr. Tortland harvests the stem cells either from the patient’s bone marrow (via the posterior ilium) or from the belly, buttocks, and/or flank fat using a gentle, almost painless liposuction procedure. Both approaches are done right in the office under local anesthesia. The marrow or fat is processed on-site in the office’s lab while the patient waits (all processing is performed under a Class A laminar flow hood to insure safety and sterility), and the processed cells are then immediately injected under ultrasound or fluoroscopic guidance.

For more information, check out Dr. Tortland’s web site, www.JockDoctors.com, or email him at ptortlandVSP@JockDoctors.com.



Bits&Pieces

COMS Call for Committees

by COMS Staff

Are you interested in getting involved with the Connecticut Osteopathic Medical Society (COMS)? Looking for other ways to support the osteopathic profession in your state?

Join a COMS Committee!

1. Medical Economics/Government Relations
2. Programs/Education
3. Membership/Publications
4. Bylaws

Want more information? Interested?

Email connecticut@osteopathic.org

UConn Update

By Agnes McAuliffe

The first half of the year went by quickly for the DO residents at UConn Health. The third years had their fellowship match in December and we are proud to announce great matches including cardiology at: Danbury Hospital CT, Virginia Commonwealth VA, Ochsner Clinic LA, Gastroenterology at Parkview Medical Center CO, Geriatrics and Palliative Care at Yale CT, and Hematology/Oncology at Carolinas Medical Center NC. Other residents also plan to pursue hospitalist medicine and primary care and have many job offers including many local positions hopefully keeping more osteopaths in CT! We also had several residents presenting their research at the ACP Meeting at the Aqua Turf in Southington, CT as well as at the ACG Conference in FL. After a successful recruitment season we are excited to welcome 5 new osteopathic interns to our UConn family coming from several different schools on the east coast.

COMS Newsletter Survey

Please stay tuned for a survey regarding our bi-annual newsletter. This will be sent **via email** to all COMS members. We would like your feedback on how our electronic newsletter can be improved and what content you would like to see. Your participation is appreciated!

Welcome New 2017-18 COMS Members

Marissa Hobocan
Ryan Kollar
Danielle Solomon, DO
Leon Averbukh, DO
Matthew Edwards, DO
Erika Faircloth, DO
Rohini Manaktala, DO
Ryan Colligan, DO
Fuad Hajiabdi, DO
Amanda Holloway, DO
Tejal Kothari, DO
Nathan Lemay, DO
Michael Levitz, DO

Eric Liu, DO
Stephanie Matza, DO
Zachary Steinbach, DO
Jason Andreas, DO
Michael Crone, DO
Jaren Goff, DO
Joseph Chapman, DO
Nha Duong, DO
Elizabeth Ehrlich, DO
Joshua Fakess, DO
Seth Fakess, DO
Kevin Felpel, DO
Patrick Gotimer, DO

Agnes McAuliffe, DO
Christian Mosebach, DO
Gregory Rubin, DO
Parin Shah, DO
Jessica Socha, DO
Lauren Spaciano, DO
Rebecca Ann Spear (*Dyer*), DO
Zackary Tushak, DO
Deepak Vadehra, DO
Xuan (*Tony*) Wang, DO
Meredith Lindner, DO
Timothy Veit

CALL FOR UPDATES

If you have any updates that you would like to include in upcoming newsletters or would just like to share with the general membership, we would love to hear from you! Whether it's graduating from UNECOM, starting a residency or practice, or photographs from a CME event, COMS is a family and we are committed to keeping each other connected and in touch. And if you've only just recently joined COMS, tell us about yourself! Describe what you do and where you're located.

Submit your updates to: connecticut@osteopathic.org

Join or Renew

July 1 marked the start of the 2018-2019 membership year for the Connecticut Osteopathic Medical Society (COMS). Join now and help our voice grow stronger as COMS continues to advance and promote the osteopathic profession in our state. As your champion, our members benefit from:

- A loyal advocate in the legislative and regulatory arenas
- Registration discounts on CME programs
- Opportunities to enhance leadership skills
- Events encouraging connections with colleagues
- Ongoing support of Osteopathic education and local students, residents, and interns

Join or renew your membership now! Simply log into our website at <http://www.ctosteopathic.org> and click on **Membership**.* As an added bonus, COMS members save \$185 when registering to attend the ROME New England Program August 9-12 at the Hilton Mystic in Mystic, CT.

* Alternatively, complete and return the application on the next page.

CONNECTICUT OSTEOPATHIC MEDICAL SOCIETY

Connecticut Osteopathic
Medical Society
142 East Ontario St. - 4th Floor
Chicago, IL 60611-2864

Phone: (800) 648-9777
Fax: (312) 202-8401
connecticut@osteopathic.org

Membership Application

Please Type or Print Clearly

First Name :		MI:		Last Name:		Degree:	
AOA Member?	Yes / No	AOA #		Date of Birth: (mm/dd/yyyy)			

ADDRESS: COMPLETE BOTH SECTIONS AND CHECK PREFERRED MAILING ADDRESS.

Office Address:

Practice Group:

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Type of Practice (ex. FP, EM, OMT, etc.):

Fellowships:

State of License: License # : Issue Date:

State of License: License # : Issue Date:

Board Certified? Y / N Board Eligible? Y / N/ NA

Education:

College / Osteopathic:

Location: Date Grad:

Internship Hospital: Type:

Location: Date Grad:

Residency Hospital: Type:

Location: Date Grad:

If accepted for membership, I agree to comply with the COMS bylaws and with the AOA Code of Ethics. By my signature, I authorize release of information contained in this application and in membership files of those organizations and hospitals to which I may subsequently apply for membership; and the release to COMS by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

Signature _____ Date: _____

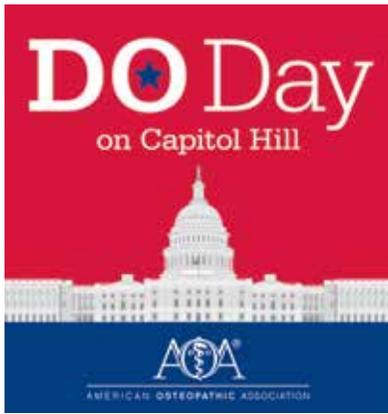
Membership Category		
	First Year in Practice	\$99
	Second Year in Practice	\$199
	Third Year in Practice	\$250
	Out of State	\$150
	Military/Retired	\$100
	Student/Intern/Resident	\$0

Amount \$ _____ Check enclosed Check #: _____ (Payable to Connecticut Osteopathic Medical Society)

Please charge my: Visa MasterCard Automatic Renewal? (Circle one) YES NO

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Return completed application/payment to: COMS, 142 E. Ontario Street, 4th Floor, Chicago, IL 60611-2864 or Fax: (312) 202-8401
Questions? Call (800) 648-9777 or email Connecticut@osteopathic.org



Wednesday, March 7
Washington, DC

Visit <http://bit.do/do-day>
for more information

OMED® 18

OCTOBER 5-9 | SAN DIEGO

"NALTREXONE" — FROM PAGE 1

4.5mg nightly thereafter. A few patients may require differing dosages and times of administration.

We have been following approximately 300 patients with various complex diseases with very few side effects. Some patients have had vivid dreams, mild sleep disturbance, nausea, dry mouth and mild headaches. These usually occur in the first two weeks and subside rather quickly. We encourage our patients to stay with it and we do reduce the dosage if necessary. We also have found that the effectiveness of LDN increases the longer they are on it. We encourage patients to stay with LDN up to one year before abandoning their LDN treatment. We have found patients who are on thyroid and diabetic medications may need to lower their dosages of these meds.

With the exception of patients on opioids including tramadol, or patients who are on immunosuppressant medications due to a transplant procedure there are no major contraindications for the use of LDN. LDN is very reasonable at about \$1 per day.

In conclusion: LDN presents a safe, cost effective, and promising tool to enhance patient outcomes and in the prevention and treatment of many autoimmune diseases, cancer, and other neurological diseases.

In my 40 years of family medicine experience I have rarely seen such subjective and objective improvements (lowered CRP, ESR, and Thyroid autoantibodies) as we are experiencing with LDN.

We encourage you to go to the LDN Research Trust web site (www.ldnresearchtrust.org) for the science and a more detailed explanation. We would also be glad to email you a brief LDN fact sheet that is more detailed with references. We would prefer to speak with you in person or meet with you for a mini tutorial. Please contact us at **860-979-0089** or email DoctorPalermo@cox.net.



ROME New England 2018

Hilton Mystic
Mystic, CT

Thursday through Sunday
AUGUST 9-12, 2018

Please check the AOA website
for up-to-date information:
www.osteopathic.org/rome

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