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Research Dissemination Speakers

Speaker Name	Presentation Title	Presentation Summary	Learning Objectives
Shan Shan Wu, DO ***American Osteopathic College of Allergy and Immunology*** 	Atopic Dermatitis: new and old treatment updates	Atopic dermatitis is a common malady of the young, although it may also affect adults. Control of its triggers such as itch, food, irritants, dryness, infection and etc. may minimize the symptoms (Geoghegan,2017). Defects of skin structures predispose the patients to atopic dermatitis. Typical treatments that have been used for years are well known by parents, grandparents, and practitioners (Powell, 2018). Although helpful in mild types, the more severe have been problematic. Newer biologicals have been exceedingly helpful in the treatment and relief of bothersome symptoms (Davis, 2018) . This discussion will review all aspects of old and new therapies in the treatment of atopic dermatitis. ***Presentation includes:*** Literature discussion Case-Study	**During this session, participants will:** 1. Be able to analyze complicated histories involving the background of atopic dermatitis. 2. Understand the cellular reactions that produce atopic dermatitis. 3. Be able to apply diagnostic tests used to determine the causative agents involved in atopic dermatitis.
Neha Sanan, DO ***American Osteopathic College of Allergy and Immunology*** 	Theme: Atopic and Contact Skin Disease	Urticaria and angioedema are a group of skin conditions that may occur together or individually (Maxim, 2018). Their causation may be the same or dramatically different. Treatment can vastly be different depending on the etiology of the disorder (Dressler, 2018). The more acute events may have a trigger. The more chronic events may have an idiopathic dilemma. Despite the nature of the process, the differential diagnosis is often muddied by physicians, therefore making the effective treatment of the patient delayed. With the appropriate historical ques, appropriate treatment may be initiated. We will discuss the appropriate question algorithm, followed by treatment. Biological therapy will be discussed within each diagnosis (Saco, 2018). ***Presentation includes:*** Literature discussion Case-Study Hands-On Demostration	**During this session, participants will:** 1. Be able to analyze complicated histories involving the background of urticaria and angioedema. 2. Understand the cellular reactions that produce urticaria and angioedema 3. Will be able to apply diagnostic tests used to determine the etiology of urticaria and angioedema.

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David Baron, MSEd, DO ***American College of Osteopathic Neurologists and Psychiatrists*** ***Monday, October 8, 2018*** ***1:30-2:30 p.m.*** 	Advanced Neuroimaging in Concussion Translational Collaboration	Sports concussion occur in over 3.8 million youth every year. Concussions occur in many youths not involved in organized sports programs. Physically abused, bullied, and youths with other neuropsychiatric disorders are at increased risk to sustain concussions that never get reported or clinically evaluated. Mild, repetitive concussions can affect cognitive, emotional and behavioral functioning acutely and after the initial injury. To date, there are no definitive diagnostic assessment tools or reliable biomarkers. Clinicians need to be knowledgeable of current diagnostic criteria and management tools to better evaluate and treat these patients. Advanced neuroimaging holds promise but needs to be carefully evaluated as a clinical tool. The work, of Dr. David Baron, MSEd, D.O.,D.FACN as Chair of the ENIGMA Sports Concussion Neuroimaging Group (the largest in the World) is focused on exploring the value of merging imaging techniques to improve clinical assessment and management of concussed patients, along with an improved understand of the core etiology of immediate and long-term symptoms. This offers significant translational opportunities. Concussion has become the most discussed injury in sports and other at-risk populations (military, homeless, intimate partner violence, substance abusers). Much of the extant literature on concussion is abstracted from existing concussion and traumatic brain injury papers, or study populations that were taken from an emergency room setting. Concussion and traumatic brain injury are not "identical twins," at best "cousins," with very different initial presentation, clinical phenotype, management strategy, and long-term outcomes. Concussion does not have a signature lesion and often goes undiagnosed and untreated after initial brain insult. This is complicated by the false negative results of virtually all current neuroimaging, including computerized tomography (CT) and positron-emission tomography (PET). Advanced magnetic resonance imaging (MRI) and magnetic resonance spectroscopy (MRS); particularly Diffusion Tensor Imaging (DTI) using MRI technology to analyze the movement of water molecules in the white matter of the brain, Diffusion-weighted imaging (DWI), Near-infrared spectroscopy (NIRS),which is a non-invasive means of measuring brain activity using blood flow and oxygen metabolism to infer brain activity and MRS are demonstrating significant promise in providing sensitive diagnostic assessment, and return to play/work/school management of these patients. Clinicians need to be knowledgeable of current diagnostic criteria and management tools to better evaluate and treat these patients. ***Presentation includes:*** Literature discussion Case-Study	**During this session, participants will:** 1. Compare and contrast TBI from Concussion. 2. Discuss the role of biomarkers, especially advanced neuroimaging, in concussion assessment and clinical management. 3. List the needs and challenges for future research in concussion neuroimaging.

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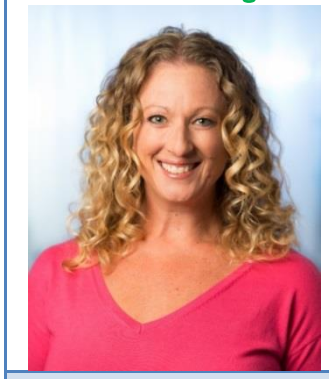
Amanda Reiman. PhD, MSW ***Flow Kana, Redwood Valley, CA*** ***Sunday, October 7, 2018*** Special Note: Speaker for Public Health Program 	Controlling drugs or people? The history of drug policy in America	Drugs were not always illegal in America. There was a time when a person could obtain a prescription for cocaine, heroin, and amphetamine from their physician. However, in 1914 all of that changed with The Harrison Act, the first federal drug law that made it illegal for physicians to prescribe drugs simply due to their patient's dependence on it. Overnight an illicit drug market and associated culture was born. And, after that, the U.S. would engage in "War" on those who did not have the privilege to obtain drugs from private sources. While the media has focused on various "drug epidemics" over the years, this session will focus on the underlying goals associated with these laws and the handling of drug issues in the U.S. ***Presentation includes:*** Literature discussion Case-Study	**During this session, participants will:** 1. Understand the role of race and economic inequality in drug policy creation. 2. Connect the drug epidemics in the U.S. to broader social issues. 3. Reconsider the public health realities of drug epidemics and what might have been more suitable responses.
	Addressing the opioid epidemic with cannabis	Accidental overdose of opiates is now the leading cause of accidental death in the U.S. In America, we comprise 25% of the world's population and consume 99% of the world's hydrocodone. As far back as 1889, doctors have been exploring the use of cannabis for opiate dependence. A sharp increase in opiate fatalities coupled with the population most impacted has regulators, researchers and others looking for novel approaches, including cannabis. This session will focus on three points at which cannabis can interface with opiates to encourage harm reduction: as a first line defense for pain, as a withdrawal medication, and as a maintenance medication to prevent relapse. Research in the area of cannabis and harm reduction will be presented. ***Presentation includes:*** Literature discussion Case-Study	**During this session, participants will:** 1. Understand the current state of opiate use and abuse in the United States. 2. Explore the use of cannabis as a substitute for opiates in various settings. 3. Question the preference for opiates over cannabis in pain management and the stigma against cannabis in recovery.

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Sheldon Yao, DO **American Academy of Osteopathy** **Saturday, October 6, 2018** **3:00 – 4:00 p.m.** *Special Note: AOA Funded Project topic of presentation* 	Impact of OMM on Parkinson's Disease: Lessons Learned and Future Directions	This presentation will focus the development of our research study which was funded by the AOA in September 2016 to investigate the effects of OMM on Parkinson's Disease motor function and biomarkers. In sharing the challenges and accomplishments from the study we hope that the audience will gain an appreciation of osteopathic research and learn how they can participate and learn from the challenges we faced. The presentation will focus on Parkinson's disease and how OMM can potentially help our subjects with movement. We will share the results of our studies examining the potential mechanism of OMM and integrating translation research. Finally we will have a hands on session where participants will learn to apply our PARK-OMM protocol used in the study. ***Presentation includes:*** Literature discussion Hands on demonstration	**During this session, participants will be able to:** 1. Differentiate the different types of scholarly activity available in osteopathic research. 2. Compare and contrast the differences between traditional double blinded studies versus OMM research involving hands-on procedures. 3. Formulate and design potential osteopathic research studies. 4. Distinguish the different symptoms of Parkinson's disease. 5. Apply osteopathic principles and our OMM protocol in the treatment of Parkinson's disease symptoms. 6. Discuss potential research tools to conduct clinical and translation research in various medical presentations.

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Melissa G. Pearce, DO ***American Academy of Osteopathy*** ***Saturday, October 6, 2018*** ***2:15 – 3:00 p.m.*** Special Note: AOA Funded Project is part of the discussion 	Addressing Health Disparities at a Student-Run Free Clinic and Research Opportunities	Several schools and colleges of osteopathic medicine have established student run free clinics, which provide health care for a variety of populations. Some of these clinics serve the institution's community of employees and students, but some also aim to serve the local community, especially those who are underserved. This session explores one such clinic at Touro University California, including research efforts such as assessing whether the clinic is serving its target population, organizing outcomes analysis of new programs, and implementation of the RIOT (Reducing Inflammation with Osteopathic Treatment) study in this venue. ***Presentation includes:*** Literature discussion Case-Study	**During this session, participants will be able to:** 1. Utilize the model provided by the Touro University California Student-Run Free Clinic (TUC SFRC) to explore interprofessional education opportunities and service to the local community. 2. Analyze the effectiveness of the TUC Student-Run Free Clinic in meeting goals of the mission statement by understanding target and actual patient populations and seeking ways to further serve those in need. 3. Gain awareness of a means of reducing health disparities utilizing a structural competency model (the HOPE program) within the local community with assessment of inhibiting social factors, organization and utilization of local resources, and outcomes analysis. 4. Analyze the structure of the research study RIOT – Reducing Inflammation with Osteopathic Treatment and learn how this research project is incorporated into clinical and community settings.