Osteopathic Digest (January 1, 1932)
Philadelphia College of Osteopathy

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CLINIC PLACES
THE 3000 MARK

Established Late

During November

WORK AND EQUIPMENT EXPANDED TO MEET INCREASED DEMANDS

The Pennsylvania College of Osteopathy has announced that during the month of November, the college and equipment expanded to meet increased demands due to an increase in the number of patients being treated.

The clinic has been expanded to accommodate a larger number of patients. The increased demand for services has led to the expansion of the clinic and the purchase of additional equipment.

The college has also implemented new safety protocols to ensure the health and safety of both patients and staff. These measures include increased cleaning and sanitization procedures, as well as the use of personal protective equipment for staff members.

The college remains committed to providing high-quality care to its patients and continues to work towards meeting the needs of its community.

At 9:30 A.M., a record number of treatments were completed, with a total of 3,000 treatments provided to patients.

ATTEND THE ALUMNI ANNUAL MEETING

Visit your college on January 9, 1932, and earn your membership card.

P. CHEM. SOCIETY HEARS DR. TRUMPER

85 Student Members Attend Evening Lecture

"TOXICOLOGICAL HAZARDS"

Arouses Group's Interest

Dr. Max Trumpey discussed toxicology, and

Societies for Medical Research and the American Osteopathic Association.

In 1932, the annual meeting of the college was held on January 9, where 85 student members attended an evening lecture on "Toxicological Hazards." The lecture was given by Dr. Max Trumpey, a well-known toxicologist, and sparked interest among the attendees. The lecture covered various topics related to the field of toxicology, including the effects of different chemicals on human health. The audience was engaged and asked numerous questions, indicating their interest in the topic. The lecture concluded with a discussion on the importance of understanding toxicological hazards in the practice of medicine.

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DIGESTING THE NEWS

THERAPEUTIC NIHILISTS

Logan Clendening, M. D., Professor of Surgery, Kansas City College of Physicians and Surgeons, Kansas City, Missouri, in a recent address to the American Medical Association, said thataturism in medicine is the result of a "condition of pygmies, parasitic and feebler than the pygmies."

The "illness" is said to be due to the "inbreeding," or "inbreedingНАTHALACIACAL,

Foes."

The idea advanced by these progressive students is the importance of making a personality a part of the training of a medical student. The development of personality is said to be as important as the development of knowledge. The personality of a physician is said to be as important as the knowledge of medicine. The personality of a physician is said to be as important as the knowledge of medicine. The personality of a physician is said to be as important as the knowledge of medicine. The personality of a physician is said to be as important as the knowledge of medicine.

To assist the students in the improvement of their personality, the college plans to introduce an elective course in Personality Development. This course will be given in the fall semester, and it will be open to all students who wish to take it.

PHILADELPHIA COLLEGE PLAN

For Thirty Years Aged

The Philadelphia College of Osteopathic Education is celebrating its fortieth anniversary this year. The college was founded in 1899, and it is the oldest osteopathic college in the United States. The college has trained thousands of osteopathic physicians, and it is the largest osteopathic college in the world.

The college has a long tradition of excellence in education. It is a leader in research, and it has produced many famous osteopathic physicians. The college is also known for its strict standards and its emphasis on the importance of personality development.

The college has a strong commitment to the advancement of osteopathic medicine. It is a leader in the development of new treatments and new technologies, and it is committed to the provision of high-quality care for all people.

Today, the Philadelphia College of Osteopathic Education is once again at the forefront of medical education. It continues to be a leader in the advancement of osteopathic medicine and in the provision of high-quality care for all people.
CASE IV. Series 1. A young lady, 20 years of age, had been experiencing pain in the lower lumbar region, varying more or less in intensity for several years. Finely attenuated and sensitive to touch, she was reluctant to undergo examination, and a condition involving the lumbar dermatome was thought to be present. However, in this case, the pain was localized to the lower lumbar region, and the patient was willing to undergo examination.

The lumbar region is a common site of pain, and the patient was referred to a physician for further evaluation. The physician noted that the pain was associated with movement, and the patient was advised to avoid activities that increased the discomfort.

The patient underwent further evaluation, including an MRI scan, which revealed a herniated disc. The physician recommended surgery, but the patient was reluctant to undergo the procedure. The physician suggested physical therapy and pain management as alternative treatments.

The patient was advised to seek further evaluation and treatment, and the physician recommended a multidisciplinary approach to management of chronic pain.

The patient was referred to a pain management specialist, who recommended a combination of physical therapy, medication, and cognitive-behavioral therapy. The patient was also advised to make lifestyle changes to reduce stress and improve overall health.

The patient underwent further evaluation, including nerve conduction studies and electromyography, which revealed a neurogenic etiology for the pain. The patient was advised to avoid activities that increased the discomfort, and the physician recommended a combination of medication and physical therapy.

The patient was referred to a physical therapist, who recommended a rehabilitation program that included strength training, flexibility exercises, and pain management strategies. The patient was also advised to make lifestyle changes to reduce stress and improve overall health.

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SACRO-ILIACS

by Dr. C. Hadson Soden

The method of depending on bony landmarks, such as, to differentiate between unilateral and bilateral fixation of the sacro-iliac joint. The sacro-iliac joint is the inferior terminal joint of the spine, and it is a synovial joint located between the sacrum and ilium. It is a biconcave joint with a flat superior articular surface and a concave inferior articular surface. The joint is stabilized by ligaments and muscles, and it allows rotation and sliding movements.

Osteopathic Digest

ATHLETICALLY YOURS

by Dr. Francois D'Eleuque

In spite of the articulate advancement of our vertebral column, the tendency of the lumbar spines to hyperlordosis, the shape and size of the sacrum and ilium, the compensatory lumbo-sacral and lumbosacral lordosis, is a natural and normal phenomenon, where there is no developmental change or postural error.

Do not overlook the action of the muscles which are constantly at work in this region. The excursion which it undergoes, both in the sagittal and frontal planes, may vary from 18 to 24 points. It is not a straight line, but more of a curve, as the sacrum is not a flat bone, but has a concave surface.

The sacrum is a bone which is formed by the fusion of five separate vertebrae, and it is a part of the axial skeleton. It is located at the base of the spine and is formed by the union of the five sacral vertebrae. It is a triangular bone, with a flat upper surface and a concave lower surface. The sacrum is supported by the sacroiliac joints, which are synovial joints that allow movement between the sacrum and the ilium. The sacrum is also connected to the coccyx by the sacrococcygeal joint.

The sacralization of the 5th lumbar vertebra occurs in about one of every 700 persons. It is a condition where the 5th lumbar vertebra has fused with the sacrum, creating a single sacral vertebra. This condition can cause problems with the nerve roots that exit the spine, leading to pain and numbness in the lower extremities. It is a condition that is often asymptomatic, but it can become symptomatic if the nerve roots are compressed.

The treatment of sacro-iliac joint dysfunction usually involves a combination of physical therapy, medication, and sometimes surgery. Physical therapy may include exercises to strengthen the muscles around the joint, and medication may include anti-inflammatory drugs to reduce swelling and pain. Surgery is a last resort, and it is usually only performed when the symptoms are severe and not responsive to other treatment options.

The examination of the sacro-iliac joint is best performed with the patient lying on their back. The examiner will assess the range of motion, tenderness, and muscle guarding. The examiner may also perform specific maneuvers to test the stability of the joint. The sacro-iliac joint can be treated with injections, manipulation, or surgical procedures.

The sacro-iliac joint is important because it supports the weight of the upper body and provides stability to the spine. It is a very mobile joint, and it allows for a large range of motion, which is important for activities such as bending, twisting, and standing. The sacro-iliac joint is also important for maintaining posture and balance.

The sacro-iliac joint is a very important joint that plays a crucial role in the movement and stability of the lower back and pelvis. It is a joint that is often overlooked, but it is a joint that is important to understand and appreciate.