



AMT
 American Medical Technologists
 Certifying Excellence in Allied Health



**Texas
 State
 Society of
 American
 Medical
 Technologists**

**THE
 NEW
 TEXAN**

VOLUME 25

FALL, 2011

NUMBER 3

Journal of Allied Health Professionals



Pre Sort
 Standard
 US Postage
 PAID
 Permit #1467
 FW, Texas

Table of Contents

Articles

Tremors

By Nancy Gabl, MHRM, BBA, RMA (AMT), AHI (AMT), CPT (NPA), CMA (AAMA)

CE Article 31-305-11page 4

Yellow Fever and the First Two Party System in the United States

By Laurel Christensen, MLS, CLC

CE Article 31-306-11page 6

What is Autism?page 8

According to CDC: A new outbreak of Listeriosis has occurred in cantaloupes.....page 13

Health Tidbitspage 13

Apple Cake recipe14

Features

Photospage 10-11

Calendar of Eventspage 14

Hotel Registration Pagepage 15

Fall Registration Pagepage 15

Departments

Officer's Pagepage 1

President's Messagepage 2

District Councilor's Messagepage 3

Kimberly's Cornerpage 3



AMT
American Medical Technologists
Certifying Excellence in Allied Health

Editorial opinions in articles printed in *The New Texan* are those of the author, and are not the official policy of the society.

The Editor reserves the right to edit all articles where necessary.

Manuscripts submitted for publication should be typewritten, double spaced with wide margins. No manuscript will be returned unless specifically requested by the author.

Changes of address of subscribers to *The New Texan* must be in the hands of the editor one month before the issuance of each number. Your old and new address should be given. Advertising correspondence, requests for information or other correspondence concerning advertising may be addressed to

Kim Meshell, P. O. Box 152023, Lufkin, Texas 75915

HOME OFFICE:
American Medical Technologists
10700 W. Higgins Rd.
Rosemont, IL
60018
847-823-5169
1-800-ASK-1AMT
(1-800-275-1268)
www.amt1.com

TxSSAMT Officers 2011-2012



PRESIDENT

Michelle Jenkins, MT
1100 Carrington Court
Irving, Texas 75060
Home (972) 986-5133
Work (972) 518-6293
dimitrimj@netzero.net



VICE-PRESIDENT

Norma "Taffy" Durfee, MT
P.O. Box 432
Iola, Texas 77861
Work (979) 776-2571
ndurfee@mail.st.-joseph.org



SECRETARY/ EDITOR

Kim Meshell, CAHI, COLT,
RMA, RPT
P. O. Box 152023
Lufkin, Texas 75915
Home (936) 831-3729
Work (936) 633-5459
Cell (936) 465-2222
kim8569@hotmail.com



TREASURER

Vernell Boyd, MT
36119 B FM 149
Pinehurst, Texas 77362
(281) 259-2548
Work (281) 259-2747
Cell (713) 826-3772
mamadowser@aol.com



CHAIRMAN OF THE BOARD

Mike James, MT
414 Fort Hill Rd.
Waco, Texas 76705
Home (254) 829-1843
pswmhjames@netzero.net



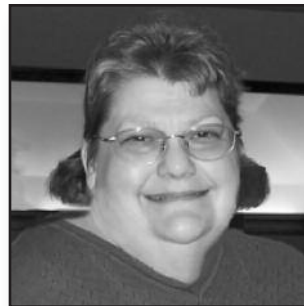
BOARD MEMBER/ ASSISTANT EDITOR

Jean Palmer, CAHI, RMA
260 Willow Springs Drive
Coppell, Texas 75019
Home (972) 462-7826
Work (469) 499-5440
jeangonshpn@hotmail.com



BOARD MEMBER

Gracie Johnston, RPT
221 Windjammer
Gun Barrel City, TX 75156
Cell (903) 340-1396
gjohnston1@embarqmail.com



PAST PRESIDENT

Pat Westbrook, MT
14330 Hollypark Drive
Houston, Texas 77015
Home (713) 453-2075
Work (713) 330-3000
pwest1@hal-pc.org



A Message from the President

Greetings from your state President

I don't know about you, but I'm thrilled that we are finally getting a break from the triple digit temperatures and slight relief from the drought!

Mike James hosted a great fall conference in Waco September 9-10. Although attendance was down, he had a great slate of speakers that covered a wide range of topics that were relevant to MTs, MLTs and RMAs. Our thoughts were with those that were unable to attend due to the relentless wildfires. We had a great time at the Friday night auction, a big thanks to Vernell Boyd and Jeff Lavender (he can't seem to let go of his Texas ties!) for continuing to make this event a fun and profitable one for our scholarship and award effort!

Katrina Fryar and Taffy Durfee are in the planning stages for the Spring 2012 meeting that will be held in Bryan, College Station March 23-24 at the Courtyard by Marriott. We will post details on the website as soon as they are available. Nominations for the Fall 2012 elections will be made at this meeting, as well as the delegate selection for the National convention, which will be in San Antonio July 9-14, 2012! Please let me know if you have any ideas for the Welcome Party or have a recommendation for speakers. Your help will be greatly appreciated!

By now you should be familiar with AMTrax – a member service designed to help you keep track of earned continuing education credit. You can now go online and enter your continuing education! Visit www.americanmedtech.org, log in as a member, and click on AMTrax under the CE tab.

This is the first journal issue that is available only in an electronic version and is available on our website at <http://www.american-medtech.org/AboutUs/StateSocieties/Texas.aspx>. If you still require the hard copy, Kim Meshell can make sure that one gets mailed to you, so that is still an option. Call her or email her to request a hard copy. Most of the states are going to the e-journals, and for our state, this will cut costs considerably. The journal is our biggest expense, and we continue to still publish 3 journals per year.

We will mail postcards to let you know when the journal is available online, and also the Spring and Fall state conference information. All of this information, along with conference program and registration details, will also be posted on our website as it becomes available. You will also continue to receive a paper copy of the ballots for the state officer elections.

Again, I'm encouraging you all to get involved with this great organization. This is one of the few certifying agencies where the members have their own independent identities and unique voices in the allied health care fields. If you have the desire to help out on the state level, please let one of your board members know.

Michelle



AMT
American Medical Technologists
Certifying Excellence in Allied Health

A New Way to Track Your Continuing Education!

AMTrax is AMT's newest online CE tracking system. Simply log in as a member on the AMT website (www.amt1.com) and click on AMTrax under the Continuing Education tab.

Benefits of AMTrax include:

- One easy and convenient place to track your CE and related activities
- Track AMT as well as non-AMT activities
- Print your record anytime for your employer or state licensing agency
- Easy way to demonstrate CCP compliance (for those certified after 1/1/06)
- Passing scores on AMT online CE tests, like STEP Online, automatically populate AMTrax
- It's FREE!



**PLEASE MAKE SURE TO KEEP
YOUR EMAIL ADDRESS
UP-TO-DATE WITH NATIONAL!**



District Councilor's Message

“CHANGE” “CHANGE” “CHANGE”

Since change seemed to be the central theme of the 2011 AMT Nat'l Convention, I will try to enlighten the Central District on what appears to be ahead of us. We opened the week by welcoming our colleagues from the Caribbean area (CAS-MET). This was a joint convention with them. At last count the attendance for the convention was 615. There were over 75 first timers this year.

From the standpoint of Award Winners, Central District garnished our usual share. I would like to acknowledge 2 major award winners. The MOM, which is the highest award given to RMA's went to Deborah Westervelt of Missouri. The President's award went to Alberta Smith also from Missouri. There were many more and they will be highlighted in the next AMT Events along with pictures of the winners.

There is now an AMT cook book with recipes from all over the USA and some foreign countries from AMT members. This is available for purchase. See AMT website for details. Speaking of our AMT website, please refer to the June 2011 edition of AMT Events for a detailed listing of the changes and how to access AMT on line. These can be read in detail on page 79.

As mentioned in earlier D/C messages, AMT is trying some new approaches to the Nat'l Convention. Beginning in 2012 in San Antonio, Texas, Saturday will be eliminated and events usually taking place on Sat. will be moved to other days during the week. They will eliminate the social event on Friday evening. The dates of the 2012 convention are July 9-14 at the Hyatt Regency on the River Walk.

The Magnolia Treasures Conference will be held Feb. 17-18 at the Embassy suites hotel in Montgomery, Ala. The program will be available for viewing on the AMT website sometime in early fall. You will receive an e-mail blast notifying of this. We will be offering about 15 CEU's for the two days.

I am very proud of Central District, and I look forward to visiting with all of you sometime in the near future. Remember if you need anything I am only a phone call or e-mail away.

Respectfully
Randy Swopes MT (AMT)
Central District Councillor



Kimberly's Corner

Hello Texans!

I hope everyone has had a blessed and safe summer. It is getting to be Fall except for the weather. I sure hope it cools down soon. We had a wonderful meeting in Waco,Tx in September. Thank you Mike James for being such a wonderful host.

As you can see the journal is now going to be online and if you still want a hard copy, please email or call me so I can get it to you.

We will be having the Spring meeting in College Station in March, so make sure you register for that also. We will be having elections coming up in the fall of 2012 so if you would like to run for a position, please make sure you attend the spring meeting.

I would love to hear from each of you on any ideas that you may have or an article.

Do not forget to tell the Medical Assistants how much you appreciate them.

Celebrate the week of Medical Assistant in October! Hope everyone has a Happy Halloween!!!!!!!!!!!!!!

Kimberly

For Employment Information

Contact:

Pat Westbrook

14330 Hollypark Drive

Houston, TX 77015

713-453-2075

TREMORS

By Nancy Gabl, MHRM, BBA, RMA (AMT), AHI (AMT), CPT (NPA), CMA (AAMA)

Have you ever been with someone whose hands appear shaky? Some people have tremors and it seems to be genetically predisposed and is frequently seen in populations that have a history of migraine headaches.

According to Medline Plus, “A tremor is a type of involuntary shaking movement. Involuntary means you shake without trying to do so. A tremor is often most noticeable in your hands and arms, but it may affect any body part (even your head or voice)”.

I never realized there are several types of tremors and they are significant in diagnosing the underlying cause. For example, there are many types of tremors:

Resting (or static) tremors: These tremors are present when your muscles are resting. The tremor may go away or become less noticeable when you move muscles that are involved. *Resting tremor* occurs when the muscle is relaxed, such as when the hands are lying on the lap or hanging next to the trunk while standing or walking. It may be seen as a shaking of the limb, even when the person is at rest. Often, the tremor affects only the hand or fingers. This type of tremor is often seen in patients with Parkinson’s disease.

Intention (or kinetic): These tremors occur at the end of a purposeful (intended) movement, such as writing, pressing a button, or reaching for an object. The tremor will usually disappear while the affected body part is at rest. Task-specific tremor appears when performing highly skilled, goal-oriented tasks such as handwriting or speaking. Isometric tremor occurs during a voluntary muscle contraction that is not accompanied by any movement.

Postural or action tremors: These occur when you are holding your arm or leg in one position for a period of time against gravity. This may happen when you are writing, holding a cup, holding your arms out, or when you stand up straight. There are several sub classifications of action tremor. Postural tremor occurs when the person maintains a position against gravity, such as holding the arms outstretched. Kinetic tremor appears during movement of a body part, such as moving the wrists up and down, while intention tremor is present during a purposeful movement toward a target, such as touching a finger to one’s nose during a medical exam.

Tremor is most commonly classified by its appearance, cause or origin. Some of the more common forms of tremor and their symptoms include:

Essential tremor: (also known as benign essential tremor) is the most common of the forms of abnormal tremor. Although the tremor may be mild and nonprogressive in some people over a long period of time, in others, the tremor is slowly progressive, starting on one side of the body but affecting both sides within a few years. The hands are most often affected but the head, voice, tongue, legs, and trunk may also be involved, typically to a lesser extent than the hands. Tremor of the hands is typically present as an action tremor. Head tremor may be seen as a “yes-yes” or “no-no” motion. Essential tremor may be accompanied by mild gait disturbance. Tremor frequency may decrease as the person ages, but the severity may increase, affecting the person’s ability to perform certain tasks or activities of daily living.

Heightened emotion, stress, fever, physical exhaustion, or low blood sugar may trigger tremors and/or increase their severity. Onset is most common after age 40, although symptoms can appear at any age. It may occur in more than one family member. Children of a parent who has essential tremor have a 50 percent chance of inheriting the condition. A variant in the gene LINGO1 has been identified as a risk gene, although not all individuals with essential tremor carry this variant—which also can be present in people without essential tremor. While essential tremor was thought not to be associated with any known pathology over many years, recent studies suggest that there is a mild degeneration of certain parts of the cerebellum in individuals with essential tremor.

Parkinsonian tremor is caused by damage to structures within the brain that control movement. This tremor, which appears characteristically as a resting tremor, can occur as an isolated symptom or be seen in other disorders and is often the first symptom of Parkinson’s disease (more than 25 percent of patients with Parkinson’s disease have an associated action tremor). The tremor, which is classically seen as a “pill-rolling” action of the hands that may also affect the chin, lips, legs, and trunk, can be markedly increased by stress or emotions. Onset of a parkinsonian tremor is generally after age 60. Movement starts in one limb or on one side of the body and usually progresses to include the other side.

Dystonic tremor occurs in individuals of all ages who are affected by *dystonia*, a movement disorder in which sustained involuntary muscle contractions cause twisting and repetitive motions and/or painful and abnormal postures or positions, such as twisting of the neck (torticollis) or writer’s cramp. Dystonic tremor may affect any muscle in the body and is seen most often when the patient is in a certain position or moves a certain way. The pattern of dystonic tremor may differ from essential tremor. Dystonic tremors occur irregularly and often can be relieved by complete rest. Touching the affected body part or muscle may reduce tremor severity. The tremor may be the initial sign of dystonia localized to a particular part of the body.

Cerebellar tremor is a slow tremor of the extremities that occurs at the end of a purposeful movement (*intention tremor*), such as trying to press a button or touching a finger to the tip of one’s nose. Cerebellar tremor is caused by lesions in or damage to the cerebellum resulting from stroke, tumor, or disease such as multiple sclerosis or some inherited degenerative disorder. It can also result from chronic alcoholism or overuse of some medicines. In classic cerebellar tremor, a lesion on one side of the brain produces a tremor in that same side of the body that worsens with directed movement. Cerebellar damage can also produce a “wing-beating” type of tremor called *rubral* or *Holmes’* tremor — a combination of rest, action, and postural tremors. The tremor is often most prominent when the affected person is active or is maintaining a particular posture. Cerebellar tremor may be accompanied by dysarthria (speech problems), nystagmus (rapid involuntary movements of the eyes), gait problems, and postural tremor of the trunk and neck.

Psychogenic tremor (also called functional tremor) can appear as any form of tremor movement. The characteristics of this kind of tremor may vary but generally include sudden onset and remission, increased incidence with stress, change in tremor direction and/or body part affected, and greatly decreased or disappearing tremor activity when the individual is being distracted. Many individuals with psychogenic tremor have a conversion disorder (defined as a psychological disorder that produces physical symptoms) or another psychiatric disease.

Orthostatic tremor is characterized by rhythmic muscle contractions that occur in the legs and trunk immediately after standing. The person typically perceives orthostatic tremor as unsteadiness rather than actual tremor. Because of its high tremor frequency, often the tremor cannot be seen, but sometimes be heard when putting a stethoscope to the thigh muscles. No other clinical signs or symptoms are present and the unsteadiness ceases when the individual sits, is lifted off the ground, or starts walking.

Physiologic tremor occurs in every normal individual. It is rarely visible to the eye and may be heightened by strong emotion (such as anxiety or fear), physical exhaustion, hypoglycemia, hyperthyroidism, heavy metal poisoning, stimulants, alcohol withdrawal, caffeine, or fever. It can occur in all voluntary muscle groups and can be detected by extending the arms and placing a piece of paper on top of the hands.

Enhanced physiologic tremor is a strengthening of physiologic tremor to more visible levels. It is generally not caused by a neurological disease but by reaction to certain drugs, alcohol withdrawal, or medical conditions including an overactive thyroid and hypoglycemia. It is usually reversible once the cause is corrected.

Tremors can result from other conditions as well. *Alcoholism, excessive alcohol consumption, or alcohol withdrawal* can kill certain nerve cells, resulting in tremor, especially in the hand. (Occasionally, alcohol, in small amounts, may even help to decrease essential tremor). Doctors may use small amounts of alcohol to aid in the diagnosis of certain forms of tremor but not as a regular treatment for the condition. Tremor in *peripheral neuropathy* may occur when the nerves that supply the body's muscles are traumatized by injury, disease, abnormality in the central nervous system, or as the result of systemic illnesses. Peripheral neuropathy can affect the whole body or certain areas, such as the hands, and may be progressive. Resulting sensory loss may be seen as a tremor or ataxia (inability to coordinate voluntary muscle movement) of the affected limbs and problems with gait and balance. Clinical characteristics may be similar to those seen in individuals with essential tremor.

In researching tremors, it is easy to realize that there are a lot of variables to consider when diagnosing this disease and it is imperative for the physician to take a good history in order to hopefully make the right diagnosis. It will also be essential for the physician to follow-up the patient over periods of time to see how the disease progresses. It also important to educate the family of the patient because, genetic factors play a significant role in not only diagnosing but long range planning, for the patient as well as the family members.

References:

Medline Plus
National Institute of Neurological Disorders: http://www.ninds.nih.gov/disorders/tremor/detail_tremor.htm

**TREMORS:
Questions**

CE Article
31-305-11

1. Enhanced psychologic tremors are a strengthening of the physiologic tremors to more visible levels. True___ False___
2. Sensory loss, related to peripheral neuropathy, may be seen as a tremor or ataxia of the affected limbs and problems with gait and balance. True___ False___
3. Orthostatic tremor is characterized by rhythmic muscle contractions that occur in the legs and back immediately after sitting. True___ False___
4. There are only 2 types of tremors a person can have. True___ False___
5. _____ tremors are present when your muscles are resting.
6. Parkinsonian tremor is caused by damage to structures within the _____ that control _____.
7. _____ tremor occurs in individuals of all ages who are affected by_____, a movement disorder in which sustained _____ muscle contraction that causes _____ and repetitive motions.
8. Essential tremor severity may decrease as a person ages. True___ False___
9. Essential tremors are known as _____.
10. Essential tremors may be inherited. True___ False___

Please do not send money, these are free CEUs.
Send a copy of your answers and the identification form below to:

Michelle Jenkins, MT (AMT)
1100 Carrington Court • Irving, Texas 75060

American Medical Technologists Institute for Education
Reporting form for Continuing Education Hours
(Please print all information)

Last Name: _____

First Name: _____

E-mail: _____

CHECK AMT CERTIFICATION:

- | | | | |
|------------------------------|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> MT | <input type="checkbox"/> MLT | <input type="checkbox"/> COLT | <input type="checkbox"/> RPT |
| <input type="checkbox"/> RMA | <input type="checkbox"/> RDA | <input type="checkbox"/> CLC | <input type="checkbox"/> CAHI |

AMT I.D. Number _____

(Do not put social security number on form)

Yellow Fever and the First Two Party System in the United States

By Laurel Christensen, MLS, CLC

“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights that among these are Life, Liberty, and the pursuit of Happiness. That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed, That whenever any Form of Government becomes destructive to these ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its foundation on such principles and organizing its power in such form, as to them shall seem most likely to affect their Safety and Happiness.” (Jefferson, 1776)

Thomas Jefferson, in his opening statement of the Declaration of Independence, unknowingly referred to the health of the citizens of the ascending new country, the United States of America. Throughout more than two centuries since the American Revolution, citizens of the United States have maintained a strong voice in the policies of public health. During the colonial period, pestilences that visited the colonies were accepted as a way of life, if the epidemic were malaria, respiratory infections, or enteric disease.

The colonials considered it a public health crisis if the affliction were smallpox or yellow fever. Any efforts to effectively institute a program of prevention were met with objections. When pestilence was besieging the city a plan of action was demanded. After the threat was addressed, intervention to prevent another occurrence of the menace was not a popular option among the citizens.

As is true today, once the crisis is past, apathy situates itself again and the status quo resumes. “Public health is determined to a large extent by the public’s standard of living. A well-fed and properly housed population is far more resistant to all of the ailments besetting humanity than one that is impoverished (Duffy, 2).”

The colonies were established on the eastern seacoast, and topography created a problem of drainage in the settlements. As the population increased with more immigration from Europe, it became evident that drainage and garbage were becoming a health threat to the citizens. In 1634, Boston enacted its first sanitary law prohibiting residents from depositing filth and garbage near the common landing. Although nuisances were acted upon occasionally, private citizens were unfettered in digging wells, building privies and making drains where feasible.

Medical thought always prevails in the address of public health concepts. During the Colonial Period of the United States, the Hippocratic Theory of humors dominated medical thought. There were four bodily substances: blood, phlegm, black bile, and yellow bile. When an imbalance occurred in the

four essences, disease was the result. Epidemic disease did not fit this theory of disease, in spite of the assertion that climate and environment were contributing causes to sickness and health. Miasmas or effluvia emanating from the interior of the earth were another theory into their hypothesis concerning the cause of illness. Physicians of that era did concede that bubonic plague and smallpox were spread by direct contact. 3

Philadelphia, in 1793, set the stage for establishment of the two party systems in the United States.

The summer had been unusual, and the city was experiencing drought. Large flocks of migrating pigeons filled the daytime skies. Many cats died that summer, and their bodies were not carried away by rain. Instead their bodies lay putrefying in the streets and sinkholes. Black clouds of mosquitoes replaced the typical large swarms of flies that usually plagued the city.

With these signs and omens, members of the medical community prepared for a virulent strain of autumnal fever. By August the doctors were puzzling over an illness that yellowed the skin and had patients vomiting an unknown black substance. Dr. Benjamin Rush, one of the signers of the Declaration of Independence, declared on August 19 that for the first time since 1762, Yellow Fever had returned to Philadelphia.

In August over two thousand refugees arrived from Haiti. The new arrivals were fleeing from the Black Revolution that occurred in Haiti. Yellow fever requires the *Aedes aegypti* mosquito for transmission of the infectious agent from infected individuals to healthy citizens. Coming from a wet tropical climate, Haitians carried the infectious agent with them when they arrived from their native country. The stage was set for an epidemic of Yellow Fever in Philadelphia and the establishment of a two party system (Pernick 356).

Yellow fever is a virus, a mosquito-borne flavivirus present in tropical areas of Africa and South America. It has transmission cycles of jungle, intermediate and urban. All cycles of the virus involve transmission of the virus between the mosquito and a primate, human or non-human. Primates serve as the primary reservoir of transmission for the virus. Most Yellow Fever infections are asymptomatic.

Yellow Fever is characterized by severe liver necrosis, renal failure, and gastrointestinal hemorrhage (Monath, 95).

No specific antiviral treatment exists for treatment of Yellow Fever. (CDC, 2011) Societies affected with impact of Yellow Fever faced a threat to life that normal commerce and human activities virtually ceased (Monath, 96).

The City of Brotherly Love was the Capital of the United States. The city was regarded as the political capital of the

newly established republic, and was also considered the medical capital of the young country. Franklin's Pennsylvania Hospital, College of Physicians' and the American Philosophical Society were located in Philadelphia and attracted the brightest scientific and medical talent of the young country. The city was also regarded as the political capital of the newly established republic. Political leaders in the young country were fragile and divided in 1793.

The French executed Louis XVI and declared war on England. A verbal duel had erupted between the Secretary of the Treasury, Alexander Hamilton and the Secretary of State, Thomas Jefferson⁴. Hamilton and Jefferson were already in conflict over fiscal policy. The viewpoint of the two gentlemen differed and served to create division in the city. Hamilton believed that governmental interference with economic laws was desirable when it aided business, yet insufferable when targeted at business regulation or sustaining agriculture or labor. He believed in class domination, and that power rested with property. He applied his beliefs to the policies he developed as Secretary of the Treasury, and blessed the country with a national debt, internal revenue and tariffs. Hamilton despised the French "anarchy" and adopted a position of opposition to the French Revolution.

Jefferson's interest in government was one of responsiveness rather than stability. His views were that government should be the majority of the will of the people. Men were more important than constitutions and the public well-being was more meaningful than statues. Jefferson sided with the French in their declared war on England.

Hamilton and Jefferson's debates served to form the nucleus from which local and national factions organized. Jeffersonians became Democratic-Republicans, while Hamiltonians became Federalists. Both sides worked to arouse public interest by taking up local and non-partisan issues. The groups worked to identify their convictions with a national party. These efforts resulted in local grass-roots movements, and the national parties became embroiled in issues confronting the city of Philadelphia. Yellow Fever arrived in August, 1793. Before the epidemic ran its course, 45,000 citizens of Philadelphia died and another 20,000 left in a panic, including George Washington⁵.

Several factors strengthened the arguments that established the party system. Physicians in Philadelphia were divided on their opinions of the origin of the disease. Republican doctors viewed the causes of Yellow Fever to be poor sanitation, unhealthy location or climatic conditions. The dead were buried in the middle of the city. Dr. James Hutchison, as Secretary to the College and Physician of the Port, reported to Governor Thomas Mifflin on August 26, "It does not seem to be an imported disease; for I have learned of no foreigners or sailors that have hitherto been infected" (Pernick, 358). Thomas Jefferson explained to Madison that the fever was "generated in the filth of Water Street" (Pernick, 359) Federalist physicians placed the blame on the recently arrived refugees as the source of the problem.

Knowing what we know today about the disease, both parties were correct in the causes of the disease, the pools of water in the streets to breed the mosquitoes, and the influx of infected Haitians who carried the virus. Dr. Benjamin Rush experimented to find a cure for Yellow Fever.

The treatment choice was the use of quinine bark, wine, and cold baths. Dr. Rush employed the bark and wine cure and lost three or four patients. Rush addressed the most collective

disaster to ever strike the city in an aggressive strategy by bleeding and purging his patients. In Dr. Rush's estimation, the fever was a sign of "morbid excitement" and required prompt attention by immediate depletion. He prescribed heavy doses of purgative every six hours until there were four or five large evacuations. Rush often bled patients two or three times a day, often removing a pint of a blood at a time (Pernick, 359). He then declared that bleeding the patient and administering mercury would effect a cure.

The "cure" again incited political division with the Federalists siding with the bleeding proposal, while the Republican-Democrats aligned with the bark and wine cure. As the crisis grew, each physician in Philadelphia was forced to take political position as to the cause and cure of the epidemic. With the intensity of the epidemic increasing, the question of leaving the city arose. Panic was intense and many citizens left. A majority of the leaders of the individuals that remained were Republicans and were involved in relief work (Pernick, 359).

Eventually physicians and citizens alike came to the consensus that sanitary reform in the city was a necessity.

Prior to the epidemic, Philadelphia prided itself on cleanliness, yet had no sewage system, no fresh water supply and provision for regular garbage disposal (Pernick, 360).

The epidemic of 1793 served to initiate a two party system, and to draw new supporters which broadened the base of the parties. Politics and public health have formed an alliance that has affected lifestyles and mortality rates in the United States since colonial times. A crisis in the form of a communicable disease, environmental problems, injury control, drug abuse, or alcohol-related issues arises, and voters make the elected officials aware of the need for change.

The political arena sets the stage where all interests can work out a solution that will be amenable to the constituents at home. The alliance of health and politics is not perfect, but for the last two centuries it has worked to allow the citizens of this country an existence that is tolerable to a majority.

References:

- Jefferson, Thomas. Declaration of Independence. Philadelphia, PA 1776
- Monath, Thomas P. "Milestones in the Conquest of Yellow Fever." *Microbe Hunters, then and now*. Ed. K Prowski and Oldstone, Michale B.A. Bloominton, IL 1996. 95-102
- Duffy, John. *The Sanitarians-A History of American Public Health*, Chicago, IL: University of Illinois Press, 1990. 20-21
- Pernick, Martin S. "Politics, Parties, and Perstience: Epidemic Yellow Fever in Philadelphia and the Rise of the First Party System." *Sickness and Health in America Readings in the History of Medicine and Public Health*. Ed. Judith Walzer Leavitt, and numbers. Madison, Wisconsin: University of Wisconsin Press, 1985. 356-366.
- Sullivan, Robert B. "Sanguine Practices: A Historical and Histographic Reconsideration of Heroic Therapy in the Age of Rush." *Bulletin of the History of Medicine*. 68.2 (1994) 21-218
- Centers for Disease Control and Prevention. *Yellow Fever Information*, Internet, 2011

continued on page 12

What is Autism?

Autism spectrum disorder (ASD) is a range of complex neurodevelopment disorders, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior. Autistic disorder, sometimes called autism or classical ASD, is the most severe form of ASD, while other conditions along the spectrum include a milder form known as Asperger syndrome, and childhood disintegrative disorder and pervasive developmental disorder not otherwise specified (usually referred to as PDD-NOS). Although ASD varies significantly in character and severity, it occurs in all ethnic and socioeconomic groups and affects every age group. Experts estimate that six children out of every 1,000 will have an ASD. Males are four times more likely to have an ASD than females.

What are some common signs of autism?

The hallmark feature of ASD is impaired social interaction. As early as infancy, a baby with ASD may be unresponsive to people or focus intently on one item to the exclusion of others for long periods of time. A child with ASD may appear to develop normally and then withdraw and become indifferent to social engagement.

Children with an ASD may fail to respond to their names and often avoid eye contact with other people. They have difficulty interpreting what others are thinking or feeling because they can't understand social cues, such as tone of voice or facial expressions, and don't watch other people's faces for clues about appropriate behavior. They lack empathy.

Many children with an ASD engage in repetitive movements such as rocking and twirling, or in self-abusive behavior such as biting or head-banging. They also tend to start speaking later than other children and may refer to themselves by name instead of "I" or "me." Children with an ASD don't know how to play interactively with other children. Some speak in a sing-song voice about a narrow range of favorite topics, with little regard for the interests of the person to whom they are speaking.

Children with characteristics of an ASD may have co-occurring conditions, including Fragile X syndrome (which causes mental retardation), tuberous sclerosis, epileptic seizures, Tourette syndrome, learning disabilities, and attention deficit disorder. About 20 to 30 percent of children with an ASD develop epilepsy by the time they reach adulthood.

How is autism diagnosed?

ASD varies widely in severity and symptoms and may go unrecognized, especially in mildly affected children or when it is masked by more debilitating handicaps. Very early indicators that require evaluation by an expert include:

- no babbling or pointing by age 1
- no single words by 16 months or two-word phrases by age 2
- no response to name
- loss of language or social skills
- poor eye contact
- excessive lining up of toys or objects
- no smiling or social responsiveness.

Later indicators include:

- impaired ability to make friends with peers
- impaired ability to initiate or sustain a conversation with others
- absence or impairment of imaginative and social play
- stereotyped, repetitive, or unusual use of language
- restricted patterns of interest that are abnormal in intensity or focus
- preoccupation with certain objects or subjects
- inflexible adherence to specific routines or rituals.

Health care providers will often use a questionnaire or other screening instrument to gather information about a child's development and behavior. Some screening instruments rely solely on parent observations, while others rely on a combination of parent and doctor observations. If screening instruments indicate the possibility of an ASD, a more comprehensive evaluation is usually indicated.

A comprehensive evaluation requires a multidisciplinary team, including a psychologist, neurologist, psychiatrist, speech therapist, and other professionals who diagnose children with ASDs. The team members will conduct a thorough neurological assessment and in-depth cognitive and language testing. Because hearing problems can cause behaviors that could be mistaken for an ASD, children with delayed speech development should also have their hearing tested.

Children with some symptoms of an ASD but not enough to be diagnosed with classical autism are often diagnosed with PDD-NOS. Children with autistic behaviors but well-developed language skills are often diagnosed with Asperger syndrome. Much rarer are children who may be diagnosed with childhood disintegrative disorder, in which they develop normally and then suddenly deteriorate between the ages of 3 to 10 years and show marked autistic behaviors.

What causes autism?

Scientists aren't certain about what causes ASD, but it's likely that both genetics and environment play a role. Researchers have identified a number of genes associated with the disorder. Studies of people with ASD have found irregularities in several regions of the brain. Other studies suggest that people with ASD have abnormal levels of serotonin or other neurotransmitters in the brain. These abnormalities suggest that ASD could result from the disruption of normal brain development early in fetal development caused by defects in genes that control brain growth and that regulate how brain cells communicate with each other, possibly due to the influence of environmental factors on gene function. While these findings are intriguing, they are preliminary and require further study. The theory that parental practices are responsible for ASD has long been disproved.

What role does inheritance play?

Twin and family studies strongly suggest that some people have a genetic predisposition to autism. Identical twin studies show that if one twin is affected, there is up to a 90 percent chance the other twin will be affected. There are a number of studies in progress to determine the specific genetic factors

associated with the development of ASD. In families with one child with ASD, the risk of having a second child with the disorder is approximately 5 percent, or one in 20. This is greater than the risk for the general population. Researchers are looking for clues about which genes contribute to this increased susceptibility. In some cases, parents and other relatives of a child with ASD show mild impairments in social and communicative skills or engage in repetitive behaviors. Evidence also suggests that some emotional disorders, such as bipolar disorder, occur more frequently than average in the families of people with ASD.

Do symptoms of autism change over time?

For many children, symptoms improve with treatment and with age. Children whose language skills regress early in life—before the age of 3—appear to have a higher than normal risk of developing epilepsy or seizure-like brain activity. During adolescence, some children with an ASD may become depressed or experience behavioral problems, and their treatment may need some modification as they transition to adulthood. People with an ASD usually continue to need services and supports as they get older, but many are able to work successfully and live independently or within a supportive environment.

How is autism treated?

There is no cure for ASDs. Therapies and behavioral interventions are designed to remedy specific symptoms and can bring about substantial improvement. The ideal treatment plan coordinates therapies and interventions that meet the specific needs of individual children. Most health care professionals agree that the earlier the intervention, the better.

Educational/behavioral interventions: Therapists use highly structured and intensive skill-oriented training sessions to help children develop social and language skills, such as Applied Behavioral Analysis. Family counseling for the parents and siblings of children with an ASD often helps families cope with the particular challenges of living with a child with an ASD.

Medications: Doctors may prescribe medications for treatment of specific autism-related symptoms, such as anxiety, depression, or obsessive-compulsive disorder. Antipsychotic medications are used to treat severe behavioral problems. Seizures can be treated with one or more anticonvulsant drugs. Medication used to treat people with attention deficit disorder can be used effectively to help decrease impulsivity and hyperactivity.

Other therapies: There are a number of controversial therapies or interventions available, but few, if any, are supported by scientific studies. Parents should use caution before adopting any unproven treatments. Although dietary interventions have been helpful in some children, parents should be careful that their child's nutritional status is carefully followed.

What research is being done?

In 1997, at the request of Congress, the National Institutes of Health (NIH) formed its Autism Coordinating Committee (NIH/ACC) to enhance the quality, pace and coordination of efforts at the NIH to find a cure for autism (<http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-pervasive-developmental-disorders/nih-initiatives/nih-autism-coordinating-committee.shtml>). The NIH/ACC involves the participation of seven NIH Institutes and Centers: the National Institute of Neurological Disorders and Stroke (NINDS), the Eunice

Kennedy Shriver National Institute of Child Health and Human Development, the National Institute of Mental Health, the National Institute on Deafness and Other Communication Disorders, the National Institute of Environmental Health Sciences, the National Institute of Nursing Research, and the National Center on Complementary and Alternative Medicine. The NIH/ACC has been instrumental in the understanding of and advances in ASD research. The NIH/ACC also participates in the broader Federal Interagency Autism Coordinating Committee (IACC) that is composed of representatives from various component agencies of the U.S. Department of Health and Human Services, as well as the U.S. Department of Education and other government organizations.

In fiscal years 2007 and 2008, NIH began funding the 11 Autism Centers of Excellence (ACE), coordinated by the NIH/ACC. The ACEs are investigating early brain development and functioning, social interactions in infants, rare genetic variants and mutations, associations between autism-related genes and physical traits, possible environmental risk factors and biomarkers, and a potential new medication treatment.

Where can I get more information?

For more information on neurological disorders or research programs funded by the National Institute of Neurological Disorders and Stroke, contact the Institute's Brain Resources and Information Network (BRAIN) at:

BRAIN

P.O. Box 5801
Bethesda, MD 20824
(800) 352-9424
<http://www.ninds.nih.gov>

Information also is available from the following organizations:

Association for Science in Autism Treatment

P.O. Box 188
Crosswicks, NJ 08515-0188
info@asatonline.org
<http://www.asatonline.org>

Autism National Committee (AUTCOM)

P.O. Box 429
Forest Knolls, CA 94933
<http://www.autcom.org>

Autism Network International (ANI)

P.O. Box 35448
Syracuse, NY 13235-5448
jsincla@syr.edu
<http://www.ani.ac>

Autism Research Institute (ARI)

4182 Adams Avenue
San Diego, CA 92116
director@autism.com
<http://www.autismresearchinstitute.com>
Tel: 866-366-3361
Fax: 619-563-6840

Autism Society of America

4340 East-West Highway
Suite 350
Bethesda, MD 20814
<http://www.autism-society.org>
Tel: 301-657-0881 800-3AUTISM (328-8476)
Fax: 301-657-0869

continued on page 12



1 Lori Holmes and Alise Petree- our guest speakers, what a great job they did.
 2 Taffy introducing Lori Holmes our guest speaker
 3 Eva Brown and her husband enjoying the food at the auction
 4 Jeff and Vernell auctioning off the items
 5 Look at that great looking group.
 6 Destiny Lankford- Our Scholarship winner. We are proud of her!
 7 Jean Palmer with her RMA students



8



9



11



10



12



13



14

- 8 Gracie with our guest speakers- Raul Martinez and Rick George
- 9 Waco Mission
- 10 Our members taking notes from the lecture.
- 11 Bud talking to one of our lovely members
- 12 Lori Holmes, MT and Alisa Petree, MT- guest speakers
- 13 Two beautiful ladies- our president Michelle giving our treasurer Ms. Vernell her silver service award.
- 14 our auction items

Yellow Fever: Questions

CE Article
31-306-11

1. When did Boston enact its first sanitary law?

2. Yellow fever is not a virus. True___ False___
3. Yellow fever is characterized by severe liver necrosis
True___ False___
4. Dr. Rush believed that fever was a sign of "morbid
excitement". True___ False___
5. When did yellow fever return to Philadelphia?

6. Who serves as the primary reservoir of transmission
for the virus? _____
7. Is there an antiviral treatment for yellow fever?

8. Most yellow fever infections are symptomatic.
True___ False___
9. According to the Hippocratic Theory of humors, what
are the 4 bodily fluids? _____

10. Physicians in Philadelphia agreed on their opinions on
what caused the disease. True___ False___

Please do not send money, these are free CEUs.

Send a copy of your answers and the identification form below to:

Michelle Jenkins, MT (AMT)
1100 Carrington Court • Irving, Texas 75060

American Medical Technologists Institute for Education
Reporting form for Continuing Education Hours
(Please print all information)

Last Name: _____

First Name: _____

E-mail: _____

CHECK AMT CERTIFICATION:

MT MLT COLT RPT

RMA RDA CLC CAHI

AMT I.D. Number _____

(Do not put social security number on form)

Autism Speaks, Inc.

2 Park Avenue
11th Floor
New York, NY 10016
contactus@autismspeaks.org
http://www.autismspeaks.org
Tel: 212-252-8584 California: 310-230-3568
Fax: 212-252-8676

Birth Defect Research for Children, Inc.

800 Celebration Avenue
Suite 225
Celebration, FL 34747
betty@birthdefects.org
http://www.birthdefects.org
Tel: 407-566-8304
Fax: 407-566-8341

MAAP Services for Autism, Asperger Syndrome, and PDD

P.O. Box 524
Crown Point, IN 46308
info@aspergersyndrome.org
http://www.aspergersyndrome.org/
Tel: 219-662-1311
Fax: 219-662-1315

National Dissemination Center for Children with Disabilities

U.S. Dept. of Education, Office of Special Education Programs
1825 Connecticut Avenue NW, Suite 700
Washington, DC 20009
nichcy@aed.org
http://www.nichcy.org
Tel: 800-695-0285 202-884-8200
Fax: 202-884-8441

National Institute of Child Health and Human Development (NICHD)

National Institutes of Health, DHHS
31 Center Drive, Rm. 2A32 MSC 2425
Bethesda, MD 20892-2425
http://www.nichd.nih.gov
Tel: 301-496-5133
Fax: 301-496-7101

National Institute on Deafness and Other Communication Disorders Information Clearinghouse

1 Communication Avenue
Bethesda, MD 20892-3456
nidcdinfo@nidcd.nih.gov
http://www.nidcd.nih.gov
Tel: 800-241-1044 800-241-1055 (TTD/TTY)

National Institute of Environmental Health Sciences (NIEHS)

National Institutes of Health, DHHS
111 T.W. Alexander Drive
Research Triangle Park, NC 27709
webcenter@niehs.nih.gov
http://www.niehs.nih.gov
Tel: 919-541-3345

National Institute of Mental Health (NIMH)

National Institutes of Health, DHHS
6001 Executive Blvd. Rm. 8184, MSC 9663
Bethesda, MD 20892-9663
nimhinfo@nih.gov
http://www.nimh.nih.gov
Tel: 301-443-4513/866-415-8051 301-443-8431 (TTY)
Fax: 301-443-4279

According to CDC:
**A new outbreak
of Listeriosis
has occurred
in cantaloupes.**

Listeriosis, a serious infection usually caused by eating food contaminated with the bacterium *Listeria monocytogenes*, is an important public health problem in the United States. The disease primarily affects older adults, pregnant women, newborns, and adults with weakened immune systems. However, rarely, persons without these risk factors can also be affected. The risk may be reduced by recommendations for safe food preparation, consumption, and storage.

There are some recommendations for preventing listeriosis listed below:

- Rinse all raw produce, such as fruits and vegetable, thoroughly under running tap water before eating, cutting or cooking. Even if the produce will be peeled, it should still be washed first.
- Scrub firm produce such as melons and cucumbers, with a clean produce brush.
- Dry the produce with a clean cloth or paper towel.
- Separate uncooked meats and poultry from vegetables, cooked foods, and ready-to-eat foods.
- Keep your kitchen and environment cleaner and safer.
- Wash hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Be aware that *Listeria monocytogenes* can grow in foods in the refrigerator. Use an appliance thermometer, to check the temperature inside your refrigerator. It should be 40 F or lower.
- Clean up all spills in your refrigerator right away-especially juices from hot dogs and lunch meat packages, raw meat, and poultry.
- Cook food thoroughly especially meats.
- Make sure to wash your hands after handling all produce and meat.

Preventing *Listeria* is similar to preventing other foodborne illnesses. Follow these guidelines (<http://www.foodsafety.gov/keep/index/html>.) to make your food safer to eat.

References:

CDC-Center for Disease Control. cdc.gov/listeria/prevention.html.

National Center for Emerging and Zoonotic Infectious Diseases NCEZID

Division of Foodborne, Waterborne, and Environmental Diseases DFWED

Health Tidbits

According to the Woman's World Magazine here are some ways to Detox away some pounds during the month....

Snacking on grapes help flush out toxins and excess fluids-grab some green or red grapes.

Liven up the liver with lemon juice...

Drinking plenty of fresh, pure water each day is one of the easiest ways to flush out your system of toxins and adding lemon boosts the benefits! Lemon is rich in d-limonene, an antioxidant that speeds the liver's breakdown of fat-trapping toxins by 30%, explains Ann Louise Gittleman, Ph.D, author of *The Fast Track Detox Diet*. Just mix 1Tbs. of fresh squeezed lemon juice into a 10 oz glass of water. Drink two a day!

Rev energy by eating chlorophyll-rich salads...

The key is to make them with either spinach, watercress or romaine lettuce. The dark green leaves are a signal that they're packed with chlorophyll, a pigment that neutralizes toxins and flushes out water weight, says Susan Lark, M.D., author of *The Chemistry of Success*. Bonus...Chlorophyll helps the liver burn fat for fuel, revving energy levels 20% in one month.

Rhubarb root detoxifies naturally!

Feeling sluggish or tired? Rhubarb root to the rescue! Research shows it helps to cleanse the liver, allowing it to rid your body of toxins more effectively, it also stimulates the gall-bladder to purge pollutants and metabolic waste, boosts circulation and reduces inflammation. What's more, rhubarb root contains rhein, a compound that halts the growth of parasites and other germs in the intestinal tract. Wow, that is awesome to know.....



Clinical Laboratory & Diagnostic Services

Stephen R. Harlow, PhD, MT, ASCLS

Certified Laboratory Consultant
Managing Director

201 Laurence #108 • Heath, TX 75032
(214) 577-9311 • (972) 771-4588 FAX
sharlowphd@roninclinlab.com

Apple Cake

- 4 gala apples, peeled, cored, halves thinly sliced
- 1 1/2 cups heart smart Bisquick
- 1/2 cup sugar
- 1/2 cup buttermilk
- 2 egg whites
- 1/4 tsp. almond extract
- 1 tbs. butter, melted
- 2 tbs. sliced natural almonds
- 2 tbs. apple jelly, melted

Preheat oven to 350 F, coat 9" tart pan with removable bottom with cooking spray. If you do not have a tart pan, use a regular pie pan. Peel, core, and halve apples: cut into thin slices, keeping slices together in shape of apple half. In large

bowl, combine Bisquick and sugar; whisk in buttermilk, egg whites and extract. Transfer to pan.

Top with sliced apple halves, trimming to fit if necessary. Brush with butter. Bake 30 min. Sprinkle with sliced almonds. Bake 10 more minutes or until golden. Cool on rack and then brush with apple jelly.



CALENDAR OF EVENTS

MEETINGS OR CONVENTIONS

**Texas State 2012 Spring Meeting
Educational Program and Meeting
March 23-24, 2012
Courtyard by Marriott
College Station, Tx**

**Summer 2012
AMT National and Program Meeting
San Antonio, Tx
July 9-14, 2012**

**Fall 2012
Irving, Tx
TBA**

**Whether you are looking
for a Great Career
Opportunity or a Great
Candidate In the Allied
Healthcare Field, begin
your Search at
AMT Career Connection.**

AMT Career Connection is the new interactive online employment center at www.amt1.com provided by American Medical Technologists and powered by Top Echelon, Inc., one of the world's most successful networks of recruiting firms.

JOB SEEKERS:

- ▶ Search for jobs in your local market or across the country
- ▶ **FREE** - no charge to the job seeker
- ▶ Fast, easy and convenient
- ▶ System is available 24 hours a day/7 days a week
- ▶ Create a job criteria search to run automatically
- ▶ Create your online resume and profile for companies to view
- ▶ Privacy - control your level of privacy
- ▶ Immediately contact employers
- ▶ View company profile information
- ▶ Unlimited usage - use as often as you like
- ▶ Free independent recruiter available via email

EMPLOYERS:

- ▶ Cost Effective - reduce recruiting costs while increasing exposure
- ▶ Place an ad for only \$50
- ▶ Searchable database of resumes - no more endless stacks of paper resumes
- ▶ Quick access to a pool of candidates
- ▶ Easy to use - system provides step-by-step guidance
- ▶ Create customized candidate alerts
- ▶ Job postings appear immediately
- ▶ Current - employers can update their ads anytime
- ▶ Flexible - offers many levels of services and pricing for small to large companies
- ▶ Secure payment methods - Visa, MC, AMEX or check accepted
- ▶ Company profile information - includes a web link to your company's home page

**To find out more about posting
a job or posting your resume,
please visit www.amt1.com and
click on the link for
AMT Career Connection.**

ANXIETY IN THE WORKPLACE OR SCHOOL

When you are taking a test and are anxious you have a feeling of fear that your performance is about to be evaluated. When you experience this type of anxiety, your abilities to think and to pay attention plummet, right at a time when you need it the most.

This sense of overwhelming fear makes performing the task you're being tested on much more difficult than it would be if your thoughts were clear and your attention was focused. In fact, research has shown that there is a negative correlation between the levels of anxiety that students have and their test scores. In other words, the more anxious you become, the lower your test score will be. The same goes in the work place. The more anxious you are, the less productive you will be.

Anxiety also hurts your self-confidence- and low self-confidence can contribute to you messing up. Its fear of the unknown!

As our world becomes more competitive and dangerous, and less personal and secure, more and more of us are responding to the stress in our environment with fear. We feel as though we have no control over our lives, and we fear what will happen as a result. To better understand the physiological changes that take place in your body when you're afraid. Your nervous system is wired to react to everything you perceive as dangerous as though it were a physical threat. It is preparing you to deal with a threat by either fighting it or running from it. As soon as your brain believes that a threat is present, your nervous system will start to produce more stress hormones than it normally does. These additional hormones, the most

well known of which is adrenaline, will change your body in the following ways:

- Your heart rate will increase about four times the volume of blood that it normally would, sending more blood to your larger muscles.
- The sweat glands that regulate your body temperature will become activated, which will protect your body from becoming overheated.
- Your thinking process will shut down momentarily while your concentration becomes focused on how you need to act to avoid or vanquish the threat.
- Your pupils increase in size, expanding your field of vision.
- Your blood coagulates faster to prevent hemorrhaging.
- Your digestive system shuts down and the blood that usually flows here is rerouted to your muscles. You may experience this blood rerouting as "butterflies in the stomach".

This is also called "fight-or-flight response". It is the only way your body knows how to react to a situation.

How many times have you heard someone say "you need to relax, you are wound up". Everybody has the ability to relax, you just have to find what works for you. By relaxing the body, you will also calm down your racing mind and your fearful feelings. Deep relaxation and anxiety are physiological opposites. Visualize a beautiful scenery and let your mind relax and go with the flow.

Once you learn to do this you will also learn more about yourself.

***Have FUN whether
its at WORK or at SCHOOL!***

TxSSAMT SPRING EDUCATIONAL PROGRAM

Dates: March 23-24, 2012

Pre-Registration Form

(Deadline - March 8, 2012 for discounted fees)

Name _____

Check One: MT MLT RMA RDA RPT CLC CAHI COLT

Check One: ASCLT NCA ASCP ISCLT AMT OTHER

Address: _____

City: _____ State: _____ Zip: _____

AMT ID# _____ Phone: _____

GENERAL REGISTRATION (All Seminars) Friday and Saturday (One Day Only) Fri. or Sat.

AMT Members	\$75.00 (\$ 85.00 at door)	_____	\$50.00 (\$55.00 at door)	_____
Non AMT Members	\$90.00 (\$100.00 at door)	_____	\$65.00 (\$70.00 at door)	_____
Military Personnel	\$50.00 (\$ 55.00 at door)	_____	\$25.00 (\$30.00 at door)	_____
Students	\$20.00 (\$ 20.00 at door)	_____	\$10.00 (\$10.00 at door)	_____
Bringing Toiletry Supplies?	Receive a \$10.00 Discount	_____	-\$10.00 (-\$10.00 at door)	_____
			Registration Total	\$ _____

Make checks payable to TxSSAMT

Katrina Fryar, 3108 Lodgepole Drive, College Station, Texas 77845

(NOTE: Your receipt will be in your registration packet. No confirmations will be mailed.)

RATES

\$99.00

Single
or Double

Send this form directly to the hotel.

(TxSSAMT is not responsible for your personal reservations.)

Courtyard By Marriott College Station Registration Form

Deadline – March 8, 2012 • Refer to code SMTR

Courtyard By Marriott College Station

3939 SH 6 South • College Station, TX 77845

(979) 695-8111

(979) 695-8228 Fax

Complimentary airport
shuttle provided for
guests booking within
reserved block.

Shuttle also available
for non-block guest
@ \$10 each way.

Shuttle hours:
7am-10pm

Arrival: _____ Departure: _____

Print Name: _____

Company: _____

Address: _____

City/State/Zip Code: _____ Phone: _____

Payment Method (Check One) Cash Check Credit Card

VISA/MASTERCARD # _____ Exp. Date: _____

(Arrivals after 6 p.m. must be guaranteed by credit card or deposit.)

Visa/Mastercard # _____ Exp. Date: _____

Signature _____ Printed Signature _____

To get the convention rate, state that you are with the Texas State Society of American Medical Technologists.

Our Advertisers

Ronin Clinical Laboratory &
Diagnostics Services13

The New Texan

Editor

Kim Meshell, AHI, COLT, RMA
P. O. Box 152023
Lufkin, TX 75915
Home: 936-831-3615
Work: 936-633-5459
Cell: 936-465-2222
kim8569@hotmail.com

Publication Committee

Kim Meshell

TO ADVERTISERS

The New Texan, Journal of Medical Technology, a publication of TxSSAMT, is published 3 times a year in one index Volume per year. Published under the direction of the editor and appointed associates, the Journal is devoted to the publication of original articles (and review articles) as well as observations in the fields of interest to medical allied professionals.

The New Texan, has not only an aim, but a goal which is to serve both our members and our advertisers through the Journal. We have over six thousand members in our Texas organization who receive this publication. Thus it serves as a constant reminder of the products or articles advertised therein.

We feel that once you advertise in *The New Texan*, you will reap the benefits of a close association with our members and will also enjoy the increased sales of you product(s).

Title of Publication: *The New Texan*, Journal of Applied Health Profession

Publisher: A publication of the Texas State Society of American Medical Technologists

Type of Publication: Journal (8½ x 11 inches)

Issues: First, Second and Third

ADVERTISING RATES PER ISSUE

	One Insertion	All Issues
Full Page	\$225.00	\$600.00
½ Page	\$200.00	\$550.00
¼ Page	\$150.00	\$425.00
Outside Back Cover	\$275.00	
Inside Front or Back Cover	\$250.00	
Business Card	\$ 20.00 an issue	

MECHANICAL REQUIREMENTS

	Width/Depth
Overall Size	8½ x 11 inches
Center Spread	10 x 16 inches
Full Page	7½ x 10 inches
1/2 Page	7½ x 5 or 3¾ x 10 inches
1/4 Page	3¾ x 5 or 2 x 7 inches

Circulation: (a) Controlled circulation of 6,000 third class mail permit. Press run 6,000. (b) Circulation to all members of the Texas State Society of American Medical Technologists. (c) Single column width. 3¾"; double column width. 7¾". (d) Depth of column - 10". (e) Columns per page - 2. (f) Column inches per page - 20.

Material requirements: Camera ready positive material.

Deadlines: First Issue - April 1. Second Issue - August 1. Third Issue - November 1. No cancellations within 5 days of the closing date.

Agency Commission: Above rates net; any agency fees used, final fees should be adjusted so that final payment agrees with above stated rates.

Terms: No cash discount, rates due 30 days following invoice.

If I can be of assistance to you or your organization, please contact me.

**Kim Meshell • P. O. Box 152023 • Lufkin, Texas 75915 • Home: (936) 831-3615
Work: (936) 633-5459 • Cell: (936) 465-2222 • kim8569@hotmail.com**

Mark Your Calendar



TxSSAMT Spring Program

March 23-24, 2012

Check-in and Check-out

Check-in: 3:00 PM

Check-out: 12:00 PM

Express Checkout

High-Speed Internet

Guest Rooms:

Wired, Wireless

Parking:

Complimentary on-site parking

Driving Directions

Property Details:

- 3 floors , 119 rooms , 6 suites
- 2 meeting rooms, 2,100 sq ft of total meeting space
- New Lobby

Pet Policy:

Pets not allowed

Accessibility

Service animals allowed for persons with disabilities

Courtyard By Marriott College Station

3939 SH 6 South

College Station, TX 77845

(979) 695-8111

(979) 695-8228 Fax

Deadline is 3/8/12. Refer to code SMTR or conference name when making reservations.

Attractions & Diversions

When you visit Bryan-College Station , you will be amazed at the number of quality Central Texas attractions, all within a 10-mile radius. Texas A&M University offers several galleries and museums — as well as the Bonfire Memorial, horticulture gardens, and a full tour of the campus, with an explanation about the various traditions that make this university so unique.

There are nine museums in Aggieland ... including the nationally recognized George Bush Presidential Library and Museum, the Brazos Valley African American Museum (one of only three in the state dedicated to African American heritage), and the Brazos Valley Museum of Natural History. Take the time to stop by the Messina Hof Winery and Resort, especially during the harvest season, for a wonderful tour of the facility and a truly Texas wine-tasting experience. Here with the kids? There are plenty of family-friendly Bryan-College Station attractions, from spending a day at the Children's Museum to ice skating, laser tag or putt-putt.

Discover all that Aggieland has to offer, and enjoy a stay full of activities and fun.

Bryan-College Station Restaurant Guide

No trip to Aggieland would be complete without sampling the delicious fare at our restaurants and eateries. From mom-and-pop diners to gourmet establishments, whatever your desire, you're sure to leave full and happy.

Take in the fun happy hour at a local Mexican-style cantina. Savor delicious pastas and wine at a romantic Italian bistro. Feast on tender beef and chops at an award-winning steakhouse. Stop by your favorite chain-style restaurant for some comfort food. And then there's the BBQ. We'll point you towards the hottest new arrivals or let you in on a few beloved local secrets — where all the fixings have been cooked the same way by the same family.



AMT

American Medical Technologists
Certifying Excellence in Allied Health