



EDITOR'S MESSAGE

Seasonal Influence on Chronic Disease

There is a certain pace in life that corresponds with the seasons of the year that affects chronic disease management. In winter, for example, Americans “bunker up” indoors, decreasing their exercise levels. Couple this with the holiday “binge eating” season and it’s a real challenge that often has detrimental short-term effects and long-term health implications. After this period of indulgence, the New Year then arrives and patients make new commitments for self preservation. This turnover provides an opportunity for hope and renewal. Physicians can use this winter life cycle to help patients work on their chronic disease management.

Another annual cycle in the medical world is the publication of new guidelines and position statements. I personally look forward to the new American Diabetes Association “Standards of Care” in diabetes management. In addition, the new recommended immunization schedule is released and I update my files as soon as possible—this too is a renewal of sorts.

In her original research project, Rachel Hunter, PA-C, and team completed a survey of osteopathic physicians to evaluate barriers to adolescent immunizations. This timely study explores physician personal barriers, system barriers, and family-based barriers to vaccination in the office setting. John Dougherty, DO, discusses “the CORE” in health and disease and applies the osteopathic and anatomical principles of the “CORE” muscles. In this comprehensive review he explains how dysfunction of these muscles contributes to physiologic movement and daily activities.

This issue also has two interesting case reports. The first by Robert Hunter, DO, discusses an unusual cause of head-

aches in a teenager. The second case report by Ronald Januchowski, DO, and student doctor Sheron Abraham explores a case of recurrent Kawasaki disease.

Alliyeah Ayadpoor, DO, and Sarah Hall, DO, provide a comprehensive review of sexually transmitted infections and diseases. This article covers chronic blood-borne diseases including viral hepatitis and HIV, as well as the traditionally considered sexually transmitted infections. For each infection the authors review the screening, diagnosis, and treatment options.

We have continued our ACOFP member service of providing a patient handout on sexually transmitted infections. The Editors thank Peter Zajac, DO, for his tireless efforts to provide these handouts for each issue. We hope that they are useful in your daily practice.

The Editorial team would like to thank all of the people who have contributed to the success of the journal. We are pleased with the many authors who have submitted their work to *OFP* and we really appreciate the work of our Editorial Committee and the physician reviewers. The peer review process is so critical in guiding the content and quality of the manuscripts in every journal. Our partnership with Elsevier also has been central to our growth as a journal and we have benefitted from partnering with the world’s largest medical publisher. I hope you enjoy this issue. If there is anything else we can do, please feel free to contact me.

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