



Bridging Conventional and Complementary Medicine



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Founder

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AN INTRODUCTION TO BRIDGES IN MEDICINE™

Vision Statement

Bridges in Medicine, Inc.™ is a multi-dimensional approach to comprehensive healthcare. The very premise of Bridges in Medicine™ is to integrate conventional and complementary medicine for an individualized health plan. We believe that healing and wellness best occur when patients have open communication with their practitioners. The emphasis of our approach is on proper healthcare education, informed decisions, and a deeper responsibility on the part of the patients with their practitioners. This direction opens the door to a personal healing journey.

The People: Bridges In Medicine™ Leadership

Bridges In Medicine was founded by Jeffrey Stuart Sollins, M.D. The concept has been developing over twenty years. Dr. Sollins completed a residency program in Internal Medicine at the University of Maryland School of Medicine in Baltimore. His interests in alternative and complementary modalities grew out of his love of music and interest in the martial arts. Each of these areas deal with creativity, visualization, focus, concentration or intent, and each has a specific body/mind/spirit result. Most importantly, both martial arts and music bring the individual to higher levels of consciousness. It is Dr. Sollins' belief that by opening those Doors of Perception,¹ we create an internal environment where healing can best occur.

After moving to Albuquerque, N.M., in 1977, Dr. Sollins practiced emergency medicine for nine years. During that time, he served the dual role of emergency physician and president of the largest emergency room group in New Mexico. Between the years of 1977 and 1986, he had direct responsibility for the development and operation of three emergency rooms and five urgent care centers in Albuquerque. From 1986 through 1998, Dr. Sollins practiced general internal medicine with New Mexico Medical Group, the largest private multi-specialty group in Albuquerque, once again serving the dual role of physician and, from 1993–97, president of the group. Under his leadership, New Mexico Medical Group began the transition from a “group practice without walls” to more traditional multi-specialty group through the development of the Jefferson Medical Campus, a 31,000 sq. ft. facility housing 15 physicians

¹ Aldous Huxley, *Doors of Perception*.

and full laboratory and radiology services. From 1994 through 1997, Dr. Sollins also served as president of The Physicians Healthcare Initiative, New Mexico's largest independent physicians' association ("IPA").

Complementary modalities that Dr. Sollins has studied include Zero Balancing, with its founder "Fritz" Smith, M.D., and Therapeutic Touch, with Dolores Krieger R.N./Ph.D.

Bridges In Medicine™ Milestones

Inception

Bridges In Medicine™ began in 1996. At that time Dr. Sollins was enrolled in a program about "creating possibilities." The underlying premise of this program stated: "The most important determinant of our success, of how we function in the present, of who we are is not the past but the future. When we are able to leave our past and stand in the future, the possibilities for every part of our lives multiply exponentially."² Dr. Sollins found this concept intriguing. His dream was to create a bridge for the integration of allopathic and non-allopathic medicine.

During the first few months of the development of Bridges In Medicine™, it was known in the community as the "Magic of Medicine" group. Their first symposium was held on February 2, 1997. Through the efforts of many wonderful healthcare practitioners from multiple disciplines, we had a dialogue between nearly 60 providers from both the allopathic and non-allopathic communities. The interest generated from this meeting was so overwhelming that a Steering Committee was created to further elaborate how these communities could continue to work together.

It was at this time that Dr. Sollins suggested creating a team consisting of five practitioners from various modalities to care for two of his patients with chronic problems. On June 22, 1997, a second symposium, now called "Bridges In Medicine," was held. The results of these two eight-week treatment programs were astounding and are discussed below. When the practitioner community present at the seminar was able to see and hear, from the patients themselves, the impact on their lives, the "word" hit the street. Within a few weeks Bridges In Medicine™ was being asked to provide medical care for various businesses in the Albuquerque area. Fortunately, during the previous year, they had started already to develop a network while planning the original symposium. In August of 1997, they officially formed "Bridges In Medicine Healthcare, Incorporated." Their present network consists of approximately 30 practitioners representing 24 different conventional and complementary specialties.

The T.E.A.M. Concept

What made these presentations unique? What made the outcomes so special? It was not unique to have patients treated by traditional M.D.s in association with "complementary/alternative" practitioners. It was unique, however, to have patients participate as integral parts of a team in which the patients helped to develop and coordinate their own healthcare treatment plan, thereby taking a proactive role in their own well-being.

How does the Bridges In Medicine™ healthcare T.E.A.M. work for you? We listen. Then an initial interview is coordinated and conducted by a Bridges In Medicine™ primary care physician (M.D. or D.O.). Next, with you present, a T.E.A.M. of professional healthcare providers will review your

² Landmark Forum.

particular medical issues. As the central figure and focus of the T.E.A.M., your input will provide the groundwork for the development of your program.

Bridges In Medicine™ Product Lines and Services—“The Journey to Health”

After an extensive interview, you and your T.E.A.M. select the practitioners who will deliver your on-going specialized care. This selection process is based on your specific needs. With this method, Bridges In Medicine™ can provide you with the knowledge and guidance to set up and maintain an ongoing health program to sustain your good health. In addition to primary care, we provide integrated health programs for your long-term needs including:

- Annual Physicals
- Regular Health Screenings
- Ongoing Health Education, Lectures and Information
- Corporate Wellness
- Family Wellness
- Video and Book Library
- Resource & Referral Network
- Credentialing Source

Innovation: The Driving Force

The cornerstone of Bridges In Medicine™, which makes us unique, is the intent of our T.E.A.M. From its inception, the vision, goal or mission was to create a model for healthcare where the “whole” patient was the focus of intention/attention. That attention would be amplified by having a T.E.A.M. of practitioners specifically create an environment of safety and comfort where patients could also participate, proactively, in their own healing journey. You might say Bridges In Medicine™ has taken a concept central to all major religions and belief systems and brought it into the 21st century. It might be said that the process which is occurring in our T.E.A.M.s is high-tech prayer. Each member of the T.E.A.M. in his or her own way is attuning to a higher level of consciousness, utilizing their particular technical expertise, and then directly applying/focusing those intentions toward the patient. Patients find themselves in a system of support and encouragement that allows them to explore their own physical, emotional, mental and spiritual issues, while recognizing they also have the safety net of high-tech Western medicine. The acronym T.E.A.M.—Trained Experts in the Art of Medicine—is exactly what Bridges In Medicine™ represents.

Innovations in the Works

A top priority is the opportunity to create a link between Bridges In Medicine™ and the Electronic Curb-side Consult program developed by Dr. William Mitchell. This has absolutely incredible ramifications. The ability to have a complementary medicine program connected via computer to the best of high-tech Western medicine would truly create a cutting edge, patient-oriented, quality process. Drs. Sollins and other staff physicians are unaware of any place in the country that presently employs this program design.

At Bridges In Medicine™, we are beginning also to plan for the development of protocols for various disease processes, especially in those areas in which traditional medicine finds itself at a loss: fibromyalgia, low back pain, substance abuse, headache, chronic sinusitis, and general lifestyle changes.

Developing a methodology to collect outcome data from the various practitioners represents a particular challenge. Utilizing the Western medicine “SOAP” (Subjective Objective Assessment Plan) note model will be a starting place, but the real challenge involves translation of those non-conventional processes into a language that is understandable to practitioners across a wide spectrum of modalities.

At Bridges In Medicine™, we have established a facility for both patients and practitioners, allowing them to work together on a daily basis, and also to serve as a training site for students in the healing arts, including:

- 1) medical
- 2) nursing
- 3) physical therapy
- 4) behavioral medicine
- 5) acupuncture
- 6) chiropractic
- 7) massage
- 8) health care administration students

Concepts that may have been considered radical just a few years ago have now moved from being visionary to approaching the norm. The beauty of the process we call “life” is our ability to consciously move into our own future. **We at Bridges of Medicine™ feel it is our obligation and privilege to move into that future with partners who have established themselves as living with a MISSION to SERVE.**



BRIDGES IN MEDICINE™ INTEGRATIVE MEDICINE & T.E.A.M. CONSULTATION

Welcome to Bridges In Medicine™, where your personal journey to healing will become a reality.

Upon completion of this introduction, you will be able to answer the following questions:

1. What is Bridges In Medicine Healthcare, Incorporated™?
2. What is an integrative medicine consultation?
3. What is the Bridges In Medicine™ T.E.A.M.?
4. How am I involved with the T.E.A.M. and what are my responsibilities toward my own healing?
5. Who are the practitioners involved with my care?
6. How much does it cost?
7. Is this covered by my insurance?
8. Will I get better?

1. **What is Bridges In Medicine Healthcare, Incorporated™?** Bridges In Medicine Healthcare, Incorporated™ is a multidimensional approach to comprehensive healthcare for today's world. The very premise of Bridges In Medicine™ is to integrate traditional and complementary medicine for a individualized health plan. We believe that healing and wellness best occur when patients have open communication with their practitioners. The emphasis of our approach is on proper healthcare education, informed decisions and a deeper responsibility on the part of the patients and the practitioners. This direction opens the door to a personal healing journey.
2. **What is an integrative medicine consultation?** An integrative medical consultation involves an evaluation by Jeffrey S. Sollins, M.D., a general internist. Dr. Sollins is Board Certified by the American Board of Holistic Medicine (ABHM) and is a founding Diplomat of the ABHM. He has experience and interests in complementary medicine modalities. Specifically, internal medicine is a branch of Western medicine that deals with adult medical care and the non-surgical treatment of internal organs and functions of the body. Internists serve as diagnosticians, personal physicians and health educators who are often utilized by other branches of medicine. The internists' approach mirrors that of many Eastern, holistic and wellness based approaches in its preventive goal and emphasis on accurate analysis and diagnosis of your past medical history and present condition. Depending upon your specific needs and previous affiliation with your other physicians, it may be necessary to perform a thorough physical examination along with the comprehensive historical evaluation. Once it has been determined that all aspects of your medical care from a Western medicine perspective have been evaluated, an integrative T.E.A.M. will be established, with your input, to

evaluate other complementary modalities that may be of benefit to your care. The T.E.A.M will be created specifically to meet the complexity of your medical issues.

3. **What is the Bridges In Medicine™ T.E.A.M.?** The T.E.A.M. Approach: Trained Experts in the Art of Medicine. The T.E.A.M. is comprised of experienced practitioners in both traditional Western medicine and various complementary medicine modalities. The cornerstone of Bridges In Medicine™, which makes us unique, is the intent of your T.E.A.M. From its inception, the vision, goal or mission is to create a model for healthcare in which the “whole” person is the focus of intention/attention. That attention is amplified by having a T.E.A.M. of practitioners specifically create an environment of safety and comfort wherein patients can also participate, proactively, in their own healing journey. You might say Bridges In Medicine™ has taken a concept central to all major religions and belief systems and brought it into the 21st century. It has been said that the process that occurs in our T.E.A.M.s is high-tech prayer. Each member of the T.E.A.M. in his or her own way is attuning to a higher level of consciousness, utilizing their specialized technical expertise, and then directly applying that focused attention/intention on you. You will find yourself in a system of support and encouragement that allows you to explore your own physical, emotional, mental and spiritual issues, while recognizing you also have the safety net of high-tech Western medicine. The acronym T.E.A.M.—Trained Experts in the Art of Medicine—is exactly what Bridges In Medicine™ represents.

4. **How am I involved with the T.E.A.M. and what are my responsibilities toward my own healing?** Your involvement with the T.E.A.M. requires your commitment to proactively participate in your own healthcare. This participation begins before your integrative medicine consultation. You will be expected to complete an in-depth health questionnaire, which has been compiled from Western medicine, Oriental medicine, chiropractic medicine, botanical medicine, and behavioral medicine. Of equal, if not greater, importance is your time and effort in compiling YOUR PERSONAL STORY. What does this mean? Your story requires you to review and document your personal medical history from your own perspective. This may include a review of your physician/hospital experiences, but most importantly involves your interaction and perceived consequence to these events. An example from our past case studies: a patient had a normal healthy lifestyle until age 33, at which time various family members contracted what appeared to be a viral syndrome from which everyone recovered except the patient. From that time forward, there was a progressive loss of energy and interest in previous activities, difficulty in concentration, and perhaps a craving or repulsion from certain foods, smells or temperatures. This information is especially helpful to an integrated T.E.A.M. as clues not readily accessible in Western medicine.

Your involvement with the T.E.A.M. goes beyond being a thorough and prepared historian. Although a treatment program will only be initiated with your consent, once agreed upon, you must be willing to participate for a minimum of 90 days. It has been our combined experience that a 90-day program is the minimal required amount of time to elicit physical, emotional, mechanical and/or spiritual responses. Obviously, you are free to stop treatment at any time; however, since you are the only person who can ultimately create a change in your own healing, we suggest that you do not unilaterally stop treatment without the consultation of your T.E.A.M.

5. **Who are the practitioners involved with my care?** Your T.E.A.M. is comprised of licensed practitioners who have mature practices, and who have been recognized in their professional communities as providing high-quality care.

6. **How much does it cost?** The integrative medical consultation with Dr. Sollins will cost \$150.00. Your T.E.A.M. consultation will cost \$300.00 per hour; it has been our experience that most initial T.E.A.M. meetings can be completed in an hour. You will be monitored by Dr. Sollins throughout your T.E.A.M. treatment in order to assimilate written and verbal feedback from your T.E.A.M. Each follow-up appointment with Dr. Sollins will last about ½ hour, and will cost \$75.00. Your individual treatments with individual practitioners will vary in cost.

Please understand that not spending time on insurance paperwork enables us focus on our patients and your T.E.A.M. consultations.

If finances preclude you from this fee schedule, please contact us. Our mission is to “do the right thing for the right reasons.” We will make every effort to accommodate your needs.

7. **Is this covered by my insurance?** If you are a Medicare beneficiary, Bridges in Medicine™ is covered by the Medicare*Plus Turquoise Plan* and the Medicare*Plus Gold Plan*. Other insurances may or may not cover your integrated medicine consultation; you will need to check with your insurance plan administrator. We will provide you with a superbill at the time of service for submission to your health plan. A referral by your primary care physician to Bridges in Medicine™ may assist the likelihood of you being reimbursed.
8. **Will I get better?** We promise to help you create a personal healing program. Bridges In Medicine™ provides integration between conventional and complementary treatments. This is accomplished by providing communication and coordination among the conventional and complementary practitioners.

Bridges In Medicine™’s purpose is to return a sense of balance and wholeness to the healing community. For too long we have been fragmented in Western medicine, with little communication occurring with the complementary community. Everyone had their own turf to protect. Bridges In Medicine™ reinforces balance and wholeness by creating a format in which all the practitioners sit together with you from the beginning. As a patient, you may relate the same story, but we are all trained to hear that story from different perspectives. By having all the practitioners available at your first T.E.A.M. consultation, we have the opportunity to interact with you as well as with each other to more clearly develop a specific treatment protocol for your needs.

It may be decided that you require a practitioner or modality that was not part of your original T.E.A.M. Or perhaps an original member of your T.E.A.M. will not be required for your program. In these cases, the intention is to create a program for you. We are an advocate for your health, and will teach you to become an advocate for yourself.

You are a unique individual with unique needs. We cannot promise to cure you, but we can promise to listen, educate, and create a wellness program that may help accelerate your healing journey. It is our hope at Bridges In Medicine™ that you develop a sense of balance and wholeness whether in illness or in health.

“We are not human beings having a spiritual experience,
rather we are spiritual beings having a human experience.”

—Pierre Teilhard de Chardin, 1881-1955

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BRIDGES IN MEDICINE™ NATIONAL BOARD

Carl Ginsburg, Ph.D.

After completing studies with Moshe Feldenkrais, D.Sc., at the first professional training in the Feldenkrais Method in North America (1975–77), Carl Ginsburg began his practice of Feldenkrais work in Albuquerque, New Mexico. In addition to his private practice, he participated (1982–87) in the Shake-A-Leg program in Newport, Rhode Island, working with people with spinal cord and brain injuries. Since 1986 he has been involved increasingly in teaching in professional training programs. He was appointed as a full trainer in the Method in 1991 and currently directs trainings in Germany, England and the U.S.

Dr. Ginsburg was Educational Director of the recently completed Santa Fe Feldenkrais Professional Training. A past president of the North American Feldenkrais Guild, and Chairman of the Training Accreditation Board, he remains active in training issues and recently helped begin an assistant's academy in Europe to provide further learning and training to assistant trainers interested in becoming full trainers.

In addition to his Feldenkrais background, Dr. Ginsburg has had personal and professional experience in many related fields such as Alexander Work, Hakomi Work, and Quantum Psychology.

Lastly, he has written extensively about the Feldenkrais Method in such publications as the *Feldenkrais Journal*, *The Journal of Humanistic Psychology*, *Somatics*, and forthcoming in the *Journal of Consciousness Studies*, as well as having edited Moshe Feldenkrais' book, *The Master Moves*. At this time because of extensive traveling, his active practice in Albuquerque is limited.

Prior to his Feldenkrais studies, Dr. Ginsburg received a Ph.D. in Chemistry.

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BRIDGES IN MEDICINE™ NATIONAL BOARD

Susan Brandt Graham, M.D., Ph.D.

Gynecologist/Anthropologist

Trained as a social anthropologist, Dr. Graham has had a life-long interest in cross-cultural issues and women's issues across the life cycle. She has field experience with several Plains Indians tribes in western Oklahoma, and in copper-mining towns in Arizona. She taught anthropology for five years at the University of Missouri at Kansas City.

When Medical Anthropology began to develop as a separate field, Dr. Graham undertook medical training. Specialization in obstetrics and gynecology was a natural outgrowth of her interests in anthropology.

She is currently the only known board-certified obstetrician/gynecologist in this country to also hold a Ph.D. in anthropology. She has published numerous articles in journals of anthropology, medicine, and medical anthropology.

Experience

Private Practice Gynecologist, 1989– present
University of Missouri at Kansas City, Assistant Professor of Anthropology, 1976–81

Education

The University of New Mexico, Resident in Obstetrics and Gynecology, 1985-89
University of Kansas School of Medicine, M.D., 1985
University of Arizona, Ph.D., 1975 (Major: Social Anthropology, Minor: Archeology); M.A., 1970
(Major: Anthropology, with concentration in Southwest Studies)
University of Oklahoma, B.A., 1967 (Major: Anthropology, Minor: German)

Special Interests

- Health across the life cycle
- Women's health issues
- Cross-cultural medicine

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Martin Kantrowitz, M.D.

Martin P. Kantrowitz, M.D., Director of the Center for the Understanding of Healing in Albuquerque, New Mexico, is a Family Physician and former Associate Dean of the University of New Mexico School of Medicine. He has a national reputation as a leader in continuing medical education as well as an implementor of innovative ideas in the practice of medicine and in medical education.

During his 24-year career at the University of New Mexico School of Medicine, Dr. Kantrowitz served as Associate Professor of Family and Community Medicine and as a Director of the Primary Care Curriculum as well as coordinator of its rural preceptorship program. As Associate Dean, he was Director of Continuing Medical Education, developed the Alternative Medicine Program, and was the founder of the Program for the Understanding of Healing. He is the lead author of two books and a number of papers and book chapters on the subject of innovative medical education and continuing medical education.

Dr. Kantrowitz has served as a consultant in the implementation of innovative medical education in Israel, Thailand, Indonesia and Burma.

Dr. Kantrowitz has held a number of national positions in the field of Continuing Medical Education, including President of the Society of Medical College Directors of Continuing Medical Education. Currently, he serves as one of the Association of American Medical College's representatives to the Accreditation Council for Continuing Medical Education.

Upon completion of his M.D. degree from the University of Louisville, Dr. Kantrowitz received his post-graduate training at the University of New Mexico School of Medicine. He is a Diplomate of the American Board of Family Practice and a member of the American Academy of Family Physicians.

Dr. Kantrowitz is now Professor Emeritus of the University of New Mexico School of Medicine. In addition to serving as Director of the Center for the Understanding of Healing, he is a consultant to medical education and industry. He is asked frequently to be a presenter and facilitator of groups examining the many aspects of healing as a component of the art and science of medicine.

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Michael Linver, M.D.

Dr. Linver is a graduate of the University of Michigan and the University of Pittsburgh School of Medicine. He served an internship in Medicine at San Francisco General Hospital, and received his residency training in Diagnostic Radiology at Vanderbilt University and University of New Mexico Hospitals. He served two years in the Public Health Service in Albuquerque. He is a Diplomate of the American Board of Radiology and of the American Board of Nuclear Medicine, and a Fellow of the American College of Radiology.

After serving on the Clinical Faculty at the Medical College of Ohio at Toledo and the University of Arizona, Dr. Linver returned to Albuquerque in 1980. Since 1987, he has been co-director of the Women's Medical Imaging Centers of X-Ray Associates of New Mexico, P.C., with a special interest in mammography. He continues to teach as well, currently serving as Clinical Associate Professor of Radiology at the University of New Mexico School of Medicine.

Dr. Linver has studied mammography extensively in the United States and Europe, having recently completed a special fellowship in mammography under Dr. Laszlo Tabar in Sweden. He has lectured extensively on mammography, serving on the faculties of several national mammography seminars throughout the United States, and has authored several articles and chapters of textbooks on mammography.

Dr. Linver spearheaded the successful effort to have a mandated mammography screening law enacted by the State of New Mexico in 1990. He co-wrote the bill, gained senate sponsorship, and helped mobilize grass-roots support in the state. Until 1997, he served as one of the four radiologists on the National Mammography Quality Assurance Advisory Committee to the Food and Drug Administration under the federal Mammography Quality Standards Act, advising the FDA on the preparation of the new federal laws regulating quality mammography throughout the United States.

Dr. Linver serves as a member of the Board of Directors and is past president of the New Mexico Division of the American Cancer Society. He is also past president of the New Mexico Chapter of the American College of Radiology.

Dr. Linver served as one of the six radiologists on the National Panel for Quality Determinants of Mammography of the U.S. Department of Health and Human Services in Washington, D.C. He is a member of the Breast Task Force of the American College of Radiology, and was co-chairman of the American Cancer Society's International Consensus Conference on Screening Mammography Guidelines in Women 40-49 in March, 1997. He was also recently appointed by Gov. Johnson to the New Mexico Radiation Technical Advisory Council.

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BRIDGES IN MEDICINE™ NATIONAL BOARD

Jeffrey Sollins, M.D.

Dr. Sollins graduated from Drew University in New Jersey in 1970 with a B.A. in Zoology. In 1974, he obtained his M.D. degree from the University of Maryland, and continued there to complete a three-year residency in internal medicine. He then moved to Albuquerque, New Mexico, where he served the dual role as elected President of Medical Emergency Services, and emergency room physician for nine years. Medical Emergency Services was the contractor providing emergency room physicians for the largest emergency room system in New Mexico. During the years 1983–86, he was also President of New Mexico Urgent Care, Inc., which established and managed five urgent care centers for the largest hospital system in New Mexico. Since 1986, he has been in private practice in internal medicine in Albuquerque. From 1993–97, he was the elected President of his practice group, New Mexico Medical Group, which was the largest private multi-specialty practice in Albuquerque. From 1994–97, he was the elected President of Physicians Healthcare Initiative, the largest multi-specialty Independent Physicians Association (IPA) in New Mexico.

In the fall of 1998, Dr. Sollins opened his new clinic, Bridges In Medicine™ Healthcare, Incorporated, which integrates traditional and complementary medicine. Bridges In Medicine™ creates patient-practitioner T.E.A.M.s whose focused attention/intention is directed towards establishing individually-designed healthcare programs that allow each patient's healing process to evolve.

Jeff's interest in holistic and alternative medicine began during his medical school training. After graduation from medical school, Jeff began studying various modalities of energetic medicine, including Zero Balancing (ZB), under the guidance of Fritz Smith, M.D., the founder of ZB. Jeff has studied also Therapeutic Touch, which he learned from Dolores Krieger, Ph.D., who studied and promulgated this system, which is now taught as a doctoral course in many universities worldwide.

Jeff has been studying Japanese Shotokan Karate for more than a decade. He considers the mind-body connection in martial arts to be another paradigm of the healing process. His interest in music as a composer and entertainer has been lifelong. Since his college days, Jeff has been on a spiritual and mystical path, and is just now beginning to glimpse the implications of this awesome journey we call "life."

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Linda Tellington–Jones

As an international leader in the field of animal–human connection, Linda Tellington–Jones is a renowned teacher and animal behavior expert. In developing T.T.E.A.M.® (Tellington–Touch Every Animal Method), Linda has created a simple, yet extraordinarily successful, method of training and healing animals that is adaptable by people of all levels of skills and abilities. To round out the bridge of bringing people and animals together in a meaningful, aware manner, Linda founded Animal Ambassadors International, a non-profit educational organization dedicated to helping people understand the critically important role animals play in their lives.

Linda draws from a myriad of experiences. Growing up in Canada, she began riding at four years of age and started her career at the age of eleven “catch riding” at major horse shows. Forty-five years as a professional in the horse world sets a solid foundation for Linda’s teachings, as well as owning and operating a breeding farm with more than 100 horses, setting world records in endurance riding and founding an internationally-acclaimed equestrian research farm. Trained in classical cavalry horsemanship, Linda co-authored two books on equine physical therapy with her then-husband, Wentworth Tellington. These books were the first to be published about specialized therapies used to increase the athletic potential of competitive horses.

Linda has set numerous benchmarks in the equestrian world, including conducting the first courses in horse management and horse psychology for the University of California, developing equine products, conducting revolutionary research projects, judging competitions, and writing three additional books, *An Introduction to the Tellington–Jones Equine Awareness Method* (1988), *The Tellington TTouch: A Breakthrough Technique in Training and Caring for Your Favorite Animal* (1992) and *Getting in TTouch: Understand and Influence Your Horse’s Personality* (1995).

T.T.E.A.M. and Linda have been the focus of more than 100 articles in prominent horse, dog and cat magazines, as well as publications such as *New Age Journal*, *Massage Therapy Journal* and *Woman’s Day*. The story of Linda and T.T.E.A.M. has also appeared in hundreds of newspapers, three German television documentaries and the Extra Dimensions TV show that has aired internationally, and a radio program, “New Dimensions,” aired across the U.S. and Canada.

Among her many accomplishments in the world of horses, Linda has won critical acclaim for her work with Olympic horses, riders and trainers from Austria, Australia, Canada, England, Finland, France, Germany, Russia, Switzerland and the United States. A record-setting equestrian champion, Linda has won top honors in many disciplines, including three-day events, jumping, dressage, sidesaddle, Western and English pleasure, hunting and steeple chasing.

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BRIDGES IN MEDICINE™ LOCAL BOARD

Angelique Cook–Lowry, D.O.M.

Angelique is a doctor of traditional Chinese medicine, with an expertise in acupuncture, herbology, orthopedics, and shamanic techniques. She is a licensed Doctor of Oriental Medicine (D.O.M) in New Mexico, as well as being nationally board-certified in both acupuncture and Chinese herbology. She is also one of five doctors in New Mexico certified in Acupuncture Orthopedics. She is certified in Primary Care in Alternative Medicine. Since 1985, she has maintained one of the busiest practices in the southwest.

Dr. Cook–Lowry served three terms as the president of the New Mexico Association of Oriental Medicine, and was the chairman of the State of New Mexico Board of Acupuncture and Oriental Medicine. In 1993, Dr. Cook–Lowry was voted “Doctor of Oriental Medicine” by the New Mexico Association of Acupuncture and Oriental Medicine, and in 1997 she received the “Award of Appreciation for Significant Contribution to the Field of Acupuncture and Oriental Medicine” by the American Association of Oriental Medicine. She was also nominated for the People’s Caring Award, given by the People Living Through Cancer support organization in 1997.

Dr. Cook–Lowry is a co-author of “Shamanism and the Esoteric Tradition,” published by Llewellyn Press in 1993, and an article entitled “Pressuring Pain, Alternative Therapies for Labor Pain Management” in the April 1997 issue of AWHONN (Association of Women’s Health, Obstetric and Neonatal Nurses).

Kristi Kennen, M.S., L.I.S.W., Behavioral Therapy

Specializing in Post Traumatic Stress Disorder and Dissociative Identity Disorder, Kristi conducts workshops, training sessions and presentations. She has studied and taught body and energetic healing therapies, and works in conjunction with acupuncturists, physicians and homeopaths. She is also a Certified Clinical Hypnotherapist. Ms. Kennen obtained a B.A. in Behavioral Science from Mt. Angel College in Oregon in 1972. She earned her M.S.W. in 1978 from Portland State University and completed internships at Oregon State Children’s Services in 1977 and at Portland State University Counseling Department in 1978. Since 1980, she has had a private practice, first in Oregon and since 1990 in Albuquerque, New Mexico. Ms. Kennen is a member of the American Society of Clinical Hypnosis, and in 1996 she was certified by the National Association of Forensic Counselors as a Master Addictions Counselor and as a Certified Criminal Justice Specialist.

Karen Ann Swift, M.S./P.T., B.S./Kinesiology, Feldenkrais Practitioner

Karen Swift is a physical therapist and certified Feldenkrais Practitioner. Karen has specialized in movement education for more than 15 years involving studies in Feldenkrais, BodyMind Centering, Rolphing, Movement Integration, and Yoga. She guides individuals to develop an awareness of their movement patterns and to expand their range of functional capabilities. By altering habitual movement patterns of the nervous system, one discovers new ways of moving, thinking and feeling. As a result, areas of stress and pain are often reduced as one learns to distribute in action throughout themselves. Karen does hands-on sessions as well as teaching both Feldenkrais Awareness Through Movement® classes and Yoga.

Jack Zipper, D.C.

Dr. Jack Zipper combines chiropractic manipulative technique with other techniques that do not involve high-amplitude, manual thrust. He has served on the New Mexico Chiropractic Association Board of Directors, as convention and legislative chairman, and as President-Elect and President. He served on the New Mexico Board of Chiropractic Examiners from 1990 to 1993, and served as Board Chairman from 1992 through 1993. He has served as a consultant for the New Mexico Board of Chiropractic Examiners and the Attorney General's office in regard to disciplinary procedure. He has been Blue Cross/Blue Shield's Chiropractic Consultant since 1985. Dr. Zipper was the New Mexico Chiropractic Association's Chiropractor of the Year in 1980–81 and 1983–84. He is the only chiropractor to have received this award twice.



BRIDGES IN MEDICINE™ CASE STUDIES

Compiled by Kathryn Ann Caudell, Ph.D., R.N., A.O.C.N., Assistant Professor, The University of New Mexico College of Nursing

Two patients from Dr. Sollins' internal medicine practice entered a Bridges In Medicine™ T.E.A.M. protocol in 1997. Each T.E.A.M. protocol lasted for two months. One patient suffered from fibromyalgia; the other from chronic sinusitis.

I. FIBROMYALGIA T.E.A.M. CASE STUDY

A. History and Background:

M.N. was a 48-year-old female with a 13-year history of fatigue, neck pain, and lack of energy. Her current medical history was significant for fibromyalgia, headaches, fatigue, insomnia, hypertension, chronic constipation, and neck and upper back pain with stiffness. Her current medications included Amitriptyline for sleep, Lotensin for hypertension, Kava Kava for sleep, Ginko Biloba, Accutane, Fiorinal for headaches, a multiple vitamin, and calcium. Due to her low energy levels, she was unable to exercise regularly on her aerobic rider, hiking, skiing or biking. She required ten hours of sleep daily, including naps. Her presenting complaints were lack of energy, waking up exhausted daily, difficulty sleeping, frequent dull headaches, and pain in the C-7 to T-1 area and neck between the scapulae, both of which were rated on a scale of 1-10 as 10 and 9, respectively (0 being pain-free).

M.N. recalls first not having energy in the fourth grade. Her mother was reportedly an over-achiever and expected her daughter to continue activities despite low energy levels. M.N. reports having an unhappy childhood. The fibromyalgia onset occurred around age 35, during a time of intense personal stress caused by multiple family situations. She felt pulled in all directions and had to depend solely on herself for support. M.N. also reported having been treated for anxiety in the past.

B. Treatment:

The T.E.A.M. for M.N. consisted of a rheumatologist M.D., a Doctor of Oriental Medicine (D.O.M.), a licensed social worker, a yoga instructor, and a physical therapist and Feldenkrais practitioner. After being evaluated by the rheumatologist, and a group T.E.A.M. consultation, the alternative practitioners began to treat M.N.

- The D.O.M.'s examination revealed wiry, tight pulses of 64. The tongue appeared swollen and quivering with slight deviation to the left. The center of the tongue was peeled. The body was pale and covered with red rough bumps and a light white coating. The right shoulder and

scapula were slightly dropped and a trigger points was noted in the trapezius with a strain and pull on the muscles in the neck.

The pulse characteristics manifest in her system as one who represses emotions, a tendency for anger or, as in M.N.'s case, depression. The pale tongue demonstrated that blood was not nourishing the ligaments, tendons and muscles, thereby becoming dry and light. The quiver in her tongue was due to her very weak chi, which is frequently observed in chronic fatigue and fibromyalgia patients. The swollen tongue indicated a spleen chi deficiency. The dry tongue was due to a deficiency of fluid in the body, while the pale color of the tongue was secondary to a blood deficiency, which was also noted as the reason for her sleep disturbances. The treatment recommended by the D.O.M. was acupuncture twice a week to build the chi, smooth the liver energy, build and move blood, and relax the muscles. The patient was also advised to avoid sugar, dairy, wheat, and preservatives.

- The licensed social worker saw M.N. five times in two months for psychotherapy. M.N. initially presented as anxious, depressed, and fearful. She had protected her family from her health problems and discomfort which eventually led to an increased sense of loneliness and helplessness. During therapy she explored a theme of self care versus self exploitation, a feeling that she frequently felt during her childhood. The goals for self care included diet, exercise, self esteem, visualization, rest, and setting limits and boundaries with her husband and sons. M.N. was also encouraged to allow more emotional expression.
- The Feldenkrais practitioner's goals were to help M.N. become aware of her patterns of organization in her life and her physical movement to guide her development of an enjoyable and sustainable movement program. M.N.'s patterns of organizing included frequent holding of her breath while being engaged in activities. Since exhaustion was a major complaint, this breath pattern could have contributed to her low energy levels. M.N. also braced her chest and neck when reaching from a sitting posture, moving forward to reach while the chest was moving backward. This reach-while-pulling pattern requires increased energy expenditure. Both the breath holding and the chest bracing make it difficult to find neutrality while in action. M.N.'s postural habits while sitting and standing also greatly contributed to her neck and shoulder discomfort. Her center of gravity while sitting fell behind her pelvis causing her pelvis to roll backward, thereby creating a "C" curve in her spine that places her head forward. This led to the neck and shoulder muscles working overtime to carry the weight of the head. M.N. also over-isolated her neck when sitting and turning, and when looking up and down, all of which led to additional muscular stress.

The Feldenkrais practitioner recommended restorative yoga, Feldenkrais hands-on and movement lessons, and aerobic activity. While supporting the body, the restorative yoga leads to a passive release of tension. While learning yoga, M.N. was also instructed in breathing techniques for increasing energy and relaxation. Both the breath work and the restorative yoga were given as meditation techniques to quiet the mind. In addition, M.N.'s exercise program consisted of biking or walking for twenty minutes, three times a week.

- The certified yoga practitioner discovered that M.N. had experienced long-term stress, which results in subsequent, chronic "holding" patterns of muscular stiffness. The primary areas in which M.N. was affected included loss of muscle tone in the arms and legs, tightness in the hips and shoulders, and a gripping in the diaphragm and intercostals. To begin releasing the tightness in the hips and shoulder, M.N. was instructed in a variety of ways to support passively the body to allow an effortless release of tension. Non-supported postures such as standing were also used to begin restoring muscle tone. Various props were used to help ensure accurate alignment so that her energy could move in a balanced way.

C. Treatment Outcomes:

M.N. responded very favorably to her integrated treatment approach. At the completion of two months, she no longer required afternoon naps. She was beginning to sleep through the night and awoke more easily and feeling more refreshed. Her activity level increased considerably and she was able to maintain increased aerobic exercise. She also gained a keen awareness of how she organizes herself in her movements. She was more sensitive to when she needed to stop and rest, and how she should pace her activities. She also has participated in activities that are joyful and fulfilling, which has contributed to feeling less depressed. Five months after treatment, M.N. continued to maintain her increased activity level, biking for several miles an hour at a time. Her discomfort and pain is considerably less, rated as a ½ and 1 on a scale of 1 to 10 (0 being pain-free). Her appearance was more relaxed and animated. Dr. Sollins saw M.N. six months after the conclusion of the T.E.A.M. protocol. Although personal stress was increased secondary to an anticipated move out of the state, she continued to manage her pain and maintain a more active and energetic lifestyle with continued positive emotional stability.

II. SINUS INFECTIONS AND SINUSITIS T.E.A.M. CASE STUDY

A. History and Background:

J.H. was a 48-year-old male who presented with a 35-year history of chronic intermittent sinus infections and sinusitis. Related surgical history included a tonsillectomy, a nasal polypectomy, and a submucous resection. J.H. had allergy skin testing while in college and received injections with no improvement. He had no hayfever-type symptoms, and never wheezes or is short of breath. He experienced sinus infections intermittently during adulthood, which became more frequent and severe since 1995–96. A CT scan of the paranasal sinuses revealed a whitened area at the base of the lower frontal sinuses bilaterally, indicating that this may be residue from prior infections and could provide the proper environment for future infections. Additional history includes two broken metacarpals, kidney stone extractions, and alcohol treatment.

J.H. is a corporate executive, a high-stress position. For stress relief, he exercises strenuously for 50–75 minutes three to five times per week. He is married and has two children.

B. Treatment:

J.H.'s treatment T.E.A.M. consisted of an internal medicine M.D., a D.O.M., a nutritionist, a Healing Touch practitioner, an allergist M.D., and a chiropractor.

- The D.O.M.'s treatment plan was to balance J.H.'s body, mind, spirit and emotions, to disburse the chi stagnation, to clear heat, and reduce phlegm. The D.O.M. used acupuncture needles, tuina massage, moxibustion, herbal therapy, diet therapy, cupping, and auricular therapy.
- The allergist M.D. performed skin testing and pulmonary function testing (PFT). The PFT was normal. There was no evidence of asthma. Skin testing showed a positive reaction to grasses and weeds, cats, peanuts, and a slight reaction to wheat and corn. The allergist offered a nasal spray for a drippy nose, and two puffs per day of a corticosteroid.
- The chiropractor noted some elevation of the right shoulder, and significant left trapezial tension with a mild trigger point in the left trapezius. Flexion and extension of various spinal locations were accomplished without pain or difficulty. The treatment plan involved spinal manipulation to improve integrity of spine and help his body function better. Cranial manipulation in the sinus region was performed to facilitate sinus drainage.

- The Healing Touch practitioner's assessment of the seven chakras revealed diffuse achy energy. The Root and Crown chakras were open and spinning clockwise. The others were energetically compromised, feeling diffused and flattened. A buzz was noted in the energy field over the area of the right jaw and face area. The treatment approach included healing touch of the whole body and symptomatic complaints accompanied by soothing music. Specific interventions for subsequent treatments included an opening spiral meditation, mind clearing, pain drain, ultrasound and laser to sinuses, full body connection, attention to the solar plexus and heart chakras, full body magnetic unruffling, pyramid balance connecting the higher and lower centers, self-chakra connection, bridging technique for the heart and back of throat, and a closing spiral meditation.
- The nutritionist was seen three times during the first four weeks of treatment. She took a dietary history and habits, and recommended that the patient restrict his intake of wheat, sugar, and dairy products. She suggested he take vitamin B and C, as well as Bromeline and liquid flax for mucous.

C. Treatment Outcomes:

During the first week into the T.E.A.M. treatment, J.H. experienced the onset of one of his acute sinus infections. He did not seek traditional allopathic therapy during this time from the internist (Dr. Sollins, M.D.). The symptoms became severe, but subsided after one week. He felt that the integrated care he was receiving helped give him the support to withstand the pain and pressure from the infection. After completing the T.E.A.M. treatment, his sinus symptoms dropped from 9 to 2 on a pain scale of 1 to 10 (0 being pain-free). J.H. reported that after running he now no longer experienced green, yellow or bloody discharges from his mucus, nor had he felt burning pressure in his sinuses. His sinuses felt stronger and more elastic. Sinusitis was a major concern in his life that had been put in its place, not in the foreground. J.H. also noted that he felt a renewed spirituality and growth. He reported that the acupuncture and healing touch therapy furthered, and perhaps accelerated, this development. Dr. Sollins has not seen J.H. for a sinus infection since the conclusion of his T.E.A.M. treatment.

III. DISCUSSION

These two case studies demonstrate the effectiveness of an integrated medical approach to reduce symptom distress and improve patients' well-being in two distinctly different, longstanding illnesses. These treatments did not control for extraneous variables that could have influenced these patients' outcomes. These treatments also did not systematically introduce the different practitioners into the treatment schedule to determine which treatment modalities had the greatest effect. Nevertheless the intent of the integrated T.E.A.M. approach was to try to improve the health of two patients with illnesses that had not adequately responded to traditional medicine.