BACKspace
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EUROPEAN CHIROPRACTORS UNION
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Photo courtesy of Grzegorz Niewiadomski

Chiropractic education

The good, the bad and the ugly

CHIROPRACTIC EDUCATION has taken a huge leap forward with the announcement that the Anglo European College of Chiropractic (AECC) has been awarded public funding. This long-awaited news means that from this September, both ECCE-accredited UK chiropractic teaching institutions – the AECC and the Welsh Institute of Chiropractic - will offer publicly-funded courses to EU students (see page 14 for the AECC's report).

There is excellent news too from Norway, where the parliament has recommended establishing chiropractic education in a university setting (see page 12).

More good news comes from The Netherlands, where the Netherlands Chiropractic Association has been granted €75,000 by the ECU General Council to assist the development of a university-based chiropractic education.

And the medical faculty of the University of Zürich is prepared to offer a course of studies in chiropractic and intends to create a chiropractic professorship. It has asked that the profession contribute to the running costs for ten years. The General Assembly of the Association of Swiss Chiropractors has agreed to this and a final decision is now expected.

However, in other parts of Europe the status of chiropractic education is less positive.

The standards of education for chiropractors and naprapaths in Sweden do not meet the criteria required by Sweden's National Agency for Higher Education, and university status has been denied. The Agency cited many shortcomings; the courses lack integration between theory and practice, most teachers lack the required competence, links to research were non-existent and students are not trained in critical analysis.

The Agency strongly recommended that both programmes become part of a state-run university as soon as possible. The Swedish Chiropractic Association is therefore putting forward requests for financial assistance from the ECU, a state-run Swedish university and the Department of Education in Sweden.

Finally, we must acknowledge the 'ugly' side of the profession. *BACKspace* has received disappointing news from Spain and Germany, where the teaching of weekend DC courses is damaging standards of chiropractic education. See pages 10 and 11 for full details.

Aims and objectives of the ECU

- To achieve legislation in those countries that do not have it
- To harmonise that legislation across Europe to conform to and embrace our professional and educational standards
- To establish full-time university-based education programmes to masters level, conforming to European Council on Chiropractic Education standards, for chiropractic in as many countries as possible
- To represent the European chiropractic profesqsion throughout Europe and defend its principles
- To be the political representative body of the European chiropractic profession within the EU
- To ensure a high quality chiropractic research programme within Europe

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President's report

Welcome to the new-look *BACKspace*

AS YOU can see and read, ECU has totally changed the *BACKspace* presentation and layout. We agreed at our last General Council (GC) meeting that *BACKspace* should be handed over to a professional organisation (Pinpoint Communication in the UK). Anne Kemp has done the job till now, at low cost, and we thank her for this, but it was impossible for her to carry on with it. She will, however, continue to be involved in its production and liaise with Pinpoint as to content, advertising etc.

We really hope you will appreciate this new layout and participate more in its development. There are many new regular items as well as opportunities for your personal contributions.

ECU is also aiming to be officially connected to *Clinical Chiropractic,* so as to have a scientific publication, an indispensable tool for EU presentation.

Important news

Since the last issue, the most important pieces of news are that the AECC has been awarded public funding, which will be in place for their new EU students in September 2005, and the Norwegian government has approved the establishment of a university-based chiropractic education in Norway – a result that is due to the serious and professional work of the Norwegian Chiropractors' Association.

At the same time, the Netherlands, Italy and Spain are progressing towards this type of education in their respective countries; chiropractic education must be assessed and established in the country to obtain legislation. This is a primary national requirement in several European countries. (See page 10/11/12 for more on chiropractic education in Europe).

"We have appointed an EU adviser"

European Union

Concerning European Union (EU) work, I explained at our last General Council meeting in Athens why the Administrative Council (AC) had terminated the contract with APCO. Whilst I felt they had done a good job, I also felt that employing them was too expensive for the ECU and that we could progress EU work by alternative means.

I then made a presentation on the current situation of chiropractic in Europe and the ways the Directives are giving opportunities in relation to European law. I explained the short- and mid-term lines of future strategy, and made particular reference to the long-term strategy, suggesting that the only way to speed up the process is by the organisation of a European Petition. But this will depend on future amendments to the Parliamentary Draft Directive. In concluding, I stressed that if one country is involved in the European process, it is vital to have co-ordination and communication between that country and the ECU.

We have appointed, at very reasonable cost, M Jacques Lemaire, an EU Adviser who has worked for chiropractic for 40 years and will be available for all strategic and legal advice on EU policy. He accompanied me to Rome on 21/22 January to help the Italians with the national law and amendment of the European Directive concerning the recognition of professional qualifications. We went on to Paris the next day on a mission of conciliation requested by the French national association. Jean Marie Courtois, past EU DG Director (he left in May 2004) has agreed to help in seeking appointments with decision makers in Parliament and the Commission. He will be engaged when necessary at a special low hourly rate.

WHO guidelines

Concerning World Health Organisation (WHO) guidelines, the result of the meeting in May 2004 was that the two professions (chiropractic and osteopathy) should have separate guidelines. A second meeting took place in early December in Milan, and WHO accepted all amendments. We did this to protect some countries from part-time education in chiropractic as happens in Italy, Germany and Spain. These guidelines will be an excellent tool during discussions with officials in European countries.

Research Council website

Jean Robert has finished the ECU Research Council website www.ecu-research-update.org and it will, of course, be constantly updated. It is very informative and well presented.

Convention

You will have already received information on the 2005 Convention in Cyprus and you can register online by going to: www.ecu2005.org. Do it today – flights to and from Cyprus for that period are getting heavily booked.

The next convention will be in Stockholm 2006, with Lisbon in 2007 in conjunction with the World Federation of Chiropractic (WFC), where we will celebrate the 75th anniversary of the ECU. The 2008 Convention will take place in Brussels. The Convention website will be maintained and updated with information on these.

Union Members

The association in Malta, due to internal official discussion on chiropractic ending in possible legislation, has been asked by its government **not** to be a member now. However, we are very pleased to announce the official request from **Chiroletzebuerg** - the official name of the Association Luxembourgeoise des Chiropractors (ALC) to become an ECU member. This will be presented during our next GC meeting in Cyprus.

Photo courtesy of Øistein H Haagensen

Philippe Druart DC
ECU President

ECU News

ECU General Council meets in Athens

PHILIPPE DRUART chaired his first meeting as ECU president when the General Council (GC) met in Athens in November 2004.

Working party report

The working party was established in November 2003 to look into the functions, structure and responsibilities of the Administrative and General Councils. Based on the conclusions and recommendations of its report, the Administrative Council (AC) put forward several proposals. It identified the need for improved communication between the AC and the GC and the importance of a focused and future strategy for the ECU.

Photo courtesy of Øistein H Haagensen

Delegates at the General Council meeting

BACKspace

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European Chiropractic Licensing Board

The possible establishment of this board was brought forward from the last meeting. A survey carried out amongst the Union Members indicated that those countries without registration were keen to move forward on this but countries where legislation is strong do not have the same requirement. The discussion is ongoing.

The *Consensus for the Chiropractic Profession*

The ECU published this document in 1998 and it was agreed that it should now be updated, where necessary. Nominations for three people with a very good knowledge of the profession will be requested at the May 2005 meeting.

Actions agreeed

- *The Administrative Council (AC) to change its name to Executive Administrative Council (EAC).*
- *M Lemaire (Belgium) to be appointed as EU Legal Adviser - see page 3.*
- *A General Assembly to take place once a year - see right.*
- *BACKspace to be handed over to a professional company (Pinpoint Communication in the UK) - see page 3.*
- *An internet working group to be set up in relation to the ECU website and future convention sites.*
- *The Student Award to be increased from €150 to €400. This award is presented annually from the ECU to the Student of the Year or for the Best Project at the Anglo-European College of Chiropractic, Welsh Institute of Chiropractic, Institut Franco-Européen de Chiropractique and the University of Southern Denmark.*
- *The Ellenic Chiropractors' Association (Greece) to be granted €20.000 in 2005 in respect of legal/lobbying fees towards the work involved in seeking recognition, plus a further €30.000 when and if recognition is achieved – see page 8.*
- *The Netherlands Chiropractic Association (NCA) to be granted the sum of €75.000, with a maximum usage of €25.000 per year, towards the development of a strategy for an outcome- and university-based chiropractic education in The Netherlands. The money was granted with the proviso that the NCA provide the necessary documentation confirming the intent of the university.*
- *The Welsh Institute of Chiropractic to be granted the sum of €4.896 to cover the cost of equipment in relation to establishing a division of postgraduate education.*
- *ProChiropractic Europe be granted €7.150 towards their work of establishing pro-chiropractic associations and expanding and updating their website.*

General Assembly

THE ECU Council has agreed to introduce a General Assembly, to take place at the annual ECU Convention, and to which all ECU members are invited.

The meeting will give the president the opportunity to tell members about the way in which the ECU works and will also enable members to ask questions.

This year's General Assembly will take place on Friday 6 May, at 17.30, during the Convention in Limassol, Cyprus. It will last for approximately one hour, and be followed by cocktails.

Award nominations

A SPECIAL ECU committee is inviting national associations to nominate European chiropractors for a prestigious award. If a recipient is chosen from the nominations, he/she will be invited to the gala dinner at the ECU Convention in Cyprus to receive it.

In 1999 the ECU General Council agreed that an award should be presented to a member of the European profession for his/her contribution to chiropractic. A small committee would be responsible for considering the nominations: the immediate past president of the ECU, the chair of the Research Council and a member of the General Council (on a rotating basis).

There have been two recipients of the award since its introduction – Arne Christensen in 2000 and Alan Breen in 2001. Nominations for the award have been requested from the national associations by 18 April.

The committee is:

- *Peter Dixon (immediate past president ECU)*
- *Jean Robert (chair of the ECU Research Council)*
- *Tuomo Ahola (president of the Finnish Chiropractors' Union)*

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ECU News

Understanding the ECU

Here, as part of its new format, BACKspace provides an explanation of how the ECU operates.

The ECU is made up of 17 Union Members in Europe: Belgium, Cyprus, Finland, France, Germany, Great Britain, Greece, Iceland, Ireland, Italy, Liechtenstein, The Netherlands, Norway, Portugal, Spain, Sweden and Switzerland.

According to the Constitution ***"Membership is open to any properly constituted national chiropractors' association in Europe, with graduates exclusively from ECCE-recognised institutions that has on its register three or more members, who are in residence and practice in the country of the association to which they belong (hereinafter known as Union Member), with one Association member per country"***

Members of each national association automatically become members of the ECU through the dues that they pay to that association, which pays an annual fee of €145 (as at February 2005) per person to the ECU. At present there are 2930 members of the ECU.

Executive Administrative Council 2004/5

President	Philippe Druart (Belgium)
Vice-President	Øistein Haagensen (Norway)
Chair, Professional Council	Raine Mäkelä (Finland)
Treasurer	George Carruthers (Great Britain)

ECU Research Council (overseen by the chair of the Professional Council)

Chair	Jean Robert (Switzerland)

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Associate membership

In a country where there is no Union Member, graduates from institutions accredited by the Council on Chiropractic Education/ European Council on Chiropractic Education (CCE/ECCE) may join the ECU as associate members. The Danish Chiropractors' Association withdrew from the ECU at the end of 2003. Its members can therefore join directly, as associate members, if they so choose. Likewise, if a European country has fewer than three practising CCE/ECCE graduates, they can join as associate members; once they reach three practising members, they can apply for ECU membership. Details of associate membership can be obtained from Anne Kemp – **ecuanne@tiscali.dk**.

ECU structure

The General Council (GC) of the ECU consists of the president (or European representative) of each national association. It meets twice a year, once during the ECU Convention in May (Ascension week) and once in November.

The Executive Administrative Council (EAC) comprises the ECU president, vice-president, chair of Professional Council and treasurer. It meets four times a year, twice with the GC and additionally in March and September.

At the Annual General Council Meeting (usually held in May) elections take place for the EAC posts, which are held for two years. Elections of president and treasurer take place on alternate years to the election of the vice-president and chairman of Professional Council, who are due for election in May of this year.

Note: Your membership of the ECU is through your Union Member – the national association of your country. If you change your name, address or other personal details, you should contact your Union Member, who will pass the information to the ECU.

New treasurer elected

GEORGE CARRUTHERS BSc DC MSc FCC (Ortho) FRSH, from the British Chiropractic Association (BCA), was elected as the new treasurer for the ECU at the General Council Meeting held in Athens in November 2004.

Since his graduation from AECC in 1994, he has achieved an MSc in Clinical Chiropractic, and was involved in the formation of the College of Chiropractors and its Faculty of Rehabilitation and Chiropractic Orthopaedics, becoming its first director of academic affairs. In 1998 he was made a fellow of the FRCO, in 1999 a fellow of the College of Chiropractors (FCC) and since 2000 holds a specialist clinical fellowship from the College of Chiropractors in Orthopaedics. He is also a fellow of the Royal Society of Health and the Royal Society of Medicine. George holds membership of the FRCO, the Pain Society, the British Society of Rheumatology and the International Headache Society. His areas of special interest include; spinal and functional rehabilitation, whiplash injury and headaches, and he runs a number of clinics in the Sheffield area of England.

Having joined the BCA's Council in 1996, he served as president from 2001 to 2003. He fully supports ECCE educational standards in Europe and unity within the profession based on open and transparent communication and a defined ECU role.

George succeeds Per-Ingvar Kopp DC (Sweden) who stood down after serving 10 years in the post.

Photo courtesy of Øistein H Haagensen

Seminar dates

DETAILS OF all seminars sent to the ECU office by national associations and chiropractic institutions can be found on the ECU website: **www.chiropractic-ecu.org**.

The website also includes membership lists for all of the 17 Union Members of the ECU. There is obviously constant movement in these lists, but they are kept as up-to-date as possible. Each national association is responsible for updating its membership list and sending it to the ECU office.

National association news

Competition in the health care market

The opposition of medical doctors and other health care practitioners is something that most European chiropractors have experienced.

HAGAN MCQUAID, president of the Irish Chiropractic Association, recently made enquiries about the legality of members of the medical profession advising patients not to attend chiropractors. He reports that a senior economist from the Competition Division of the Organisation for Economic Co-operation and Development in Paris is preparing a study into competition in the health professions and is keen to include chiropractic in this study. The publication of the report has been pushed back to April or May. However, there is still a risk of being edited out. There were last-minute problems in being allowed to even accept submissions from our profession.

Hagan has asked members to contact him with their own stories: "As this moves forward I will continue to update you. If any of you wish to share any experiences of this unfair practice with me, please do so, as this will strengthen our case."

Barry Lewis, president of the British Chiropractic Association, reported in the last issue on a situation where misinformation had been published in The Times newspaper by Dr Foster, an independent data analyst organisation.

Progress has been made; following complaints to the Dr Foster Ethics Committee and The Times, it was found that Dr Foster had been in breach of its own Code of Ethics. A major retraction appeared in The Times on 12 June 2004, offering an apology for any misrepresentation which had occurred.

The BCA successfully recovered its legal expenses from Dr Foster and has also received an ex-gratia payment from The Times in recognition of the shortcomings of the 2004 Guide.

This outcome shows that it is possible to fight unfair opposition and win, and Barry confirms that a revised questionnaire for chiropractors has been developed by the BCA and produced by Dr Foster: "We have been given an assurance by Dr Foster that any printed material in relation to the 2005 Guide in The Times will be reviewed before it is published. We have also made it clear that the exercise is a voluntary one and our members will only participate if they feel comfortable with the idea."

"It is possible to fight unfair opposition and win"

However, the experience has left its mark. Currently only 238 chiropractors have completed the questionnaire for inclusion in the 2005 Guide and The Times has now decided to defer publication until the autumn. The BCA has learned that the focus for the spring will be the development of a complementary and alternative medicine website. It will work with Dr Foster to ensure that the needs of the chiropractic profession are at the forefront of this work.

Chiropractic online

Our national associations are using internet technology to improve communication.

THE PRESIDENT of the German Chiropractors' Association, Michael Hafer reports that they have designed a new website, a temporary version of which is available at **www.chiropraktik.de**. Katrín Sveinsdóttir, president of the Kírópraktorafélag Íslands, says that their homepage should be ready in the next few months.

The Swedish Chiropractic Association has an internet portal, **www.lkr.se**, within which each member has a webpage. This portal will complement the already-established association website **www.kiropraktik.se**. President Patrich Wennergren has announced an internet marketing group, to work hand in hand with traditional marketing. The association has also established an online chiropractic magazine - **www.ryggraden.se**. It aims to share information on chiropractic in both Swedish and English. "Instead of chiropractic finding a medium to inform, perhaps the media will find chiropractic", says Patrich – a view that more and more national associations are taking.

Note: The ECU itself has established an IT Working Group including members from The Netherlands, Swiss and Swedish associations. ECU General Council has also decided to provide an online version of BACKspace on the ECU website.

Continuing professional development (CPD)

In Great Britain, the General Chiropractic Council (GCC) has now introduced mandatory CPD as a requirement for retention of registration. ***Barry Lewis DC****, president of the British Chiropractic Association, explains.*

TO FULFIL the GCC's criteria, chiropractors need to undertake at least 30 hours of learning activities each year. A minimum of 50% (15 hours) must be from learning with others, which may include courses, lectures, discussions, seminar groups and conferences. The remaining 15 hours can be further learning with others or learning in the workplace, reading articles, accessing the internet or practice-based research.

Chiropractors are required to complete at least one learning cycle each year in which they must:

- *reflect on their performance and identify their own learning needs and interests*
- *plan how those learning needs and interests will be met*
- *undertake different types of learning activities to meet their identified needs and interests*
- *evaluate the effectiveness of their learning and how it will affect their practice*

They also have to keep records of how they have met the requirements, completing a summary sheet each year and submitting it to the GCC.

Failure to comply may lead to removal from the register.

National association news

Legal status – south rises

Since 1906, when D D Palmer was imprisoned for practising medicine without a licence, the fight for legal has been a difficult one. Almost 100 years on, the legal status of chiropractic in Europe still varies greatly

IN **GREECE**, efforts to gain legislation for the profession have been assisted by the appointment of an experienced lawyer. The Ellenic Chiropractors' Association president, Vasileios Gkolfinopoulos, reports that: "Mr Pelekis is to provide us with all that is necessary, on a legal, as well as on a lobbying level."

The ECU has granted €20.000 in 2005 towards the costs of employing Mr Pelekis, plus a further €30.000 when and if recognition is achieved. "I would like to thank, on behalf of all our members, everyone involved in the ECU for their help and support", says Vasileios. "Their decision illustrates the need for an organisation such as the ECU and the unique role it plays."

The **German** Chiropractic Association has also taken legal advice. Its president, Michael Hafer, says that they have contacted a lawyer specialising in health professions' legal status: "With his support we are currently working on a new legal basis for the profession in Germany."

Meanwhile, the **French** Chiropractic Association's (AFC) meetings with the Ministry of Health stopped several months ago. AFC president Mathieu Gontard reports: "We are looking to refine our strategy, so that we always stay aware of the different ways politics may decide for our profession and how to master them."

The legal situation in **Italy** is ambiguous, due to the absence of a chiropractic law. John G Williams, president of the Italian Chiropractic Association (AIC) reports that it has created a legal fund consisting of donations from Italian colleagues and a major contribution from the ECU. This has helped provide legal services for several AIC members who have had their offices temporarily closed.

"The motivation for such closures has been the usual charge of 'practising medicine without a licence'", says John, "and we expect another wave of office inspections, since the abominable Supreme Court sentence describing just about every chiropractic procedure as a medical act reserved to MDs has just been officially published. The AIC is pursuing an information campaign aimed at educating politicians and other health care professionals as to a chiropractor's professional preparation and his role in the healing arts."

"The issue of x-rays is a legal minefield"

The circumstances in **Liechtenstein** show that even when the legal situation is positive, there can be problems associated with changes of government.

Claudia Mikus Kluchnik, president of the Liechtenstein Chiropractors' Association, reports that the health care law is currently up for revision: "Fortunately, due to our contacts with government administrators and our participation in an umbrella organisation of health care providers in Liechtenstein, we will be able to contribute our input from the earliest stages.

Unfortunately, national elections are scheduled for March and the present Minister of Health will not serve in the next term. Should an entirely new political party come into office it is unclear what their agenda would be regarding this law."

Spain shows another example of the importance of working with a willing government. The Catalonian region, according to Gregory Veggia, international vice-president of La Asociación Española de Quiropráctica (AEQ), has decided to legislate 'non-conventional' medicine through its own autonomous parliament before the end of the political term – within the next two-and-a-half years.

Gregory continues: "I, along with other chiropractors, have been able to provide information about education, safety and cost-effectiveness directly to people involved in the process. The drawback is that many people receive a chiropractic training with as little as 50 hours of classes - mainly physiotherapists - and no one knows if they will recognise chiropractic as a profession of superior education. We will do our best to influence them and we hope the WHO guidelines will help."

Iceland has had regulation for chiropractors since 1990. However, according to Katrín Sveinsdóttir, president of the Kírópraktorafélag Íslands, they have for some years been attempting to make important changes to the law. The first is to remove the clause that says that chiropractors should consult a medical doctor before treating a patient. "We have not been adhering to this", says Katrin, "and have never been penalised." The second change is to get the name chiropractor (kírópraktor) recognised, to replace the word hnykkjari, which is a very bad Icelandic translation.

The Ministry of Health in Iceland has finally shown interest, and a meeting was held recently. As Katrin reports: "The clause on medical referral is going out, the name kírópraktor will be in all legal papers but we still have a long way to go. Even though we have got a green light on free referral for plain x-rays, paid for by the national health service, in return they want to take away our right to own and run x-ray equipment."

The issue of x-rays, and who is authorised to take them, is not just a legal minefield in Iceland.

The Netherlands Chiropractors' Association (NCA) has, together with its lawyer, put together a protocol in case of a raid by public health inspectors and the closing down of x-ray facilities in chiropractors' offices. According to Ben Bolsenbroek, president of the NCA: "Up till now this has not proven necessary, but we are prepared. The battle for x-rays continues, and is supported by the entire General Assembly."

There is good news in other areas of Europe, where chiropractors are beginning to enjoy their legal status.

In **Portugal**, the parliament legalised four of the alternative medicines including chiropractic in August 2003. Antonio Alves, president of APQ says: "We are still waiting for the creation of the commission that will regulate these new professions. The APQ and the Pro-Quiro association have been very active to ensure the participation of a member of the APQ in that commission."

The Social Department in **Sweden** has proposed title protection for licensed chiropractors. The proposal suggests that non-licensed chiropractors will no longer be able to work under the title 'chiropractor', although,

up

acceptance of chiropractic from one country to another.

as Patrich Wennergren, president of the Swedish Chiropractic Association says, "licensed chiropractors without ECCE-accreditation from the Scandinavian Chiropractic College are included in the proposed title protection."

Even more positive news is that two state-funded multidisciplinary Spine Centres in Stockholm have opened and two chiropractors in each have started taking on new patients. This is an experiment in minimising employee sick-leave due to back-pain. It will be evaluated and followed with interest by all professions dealing with patients with spinal dysfunction.

The **Swiss** chiropractic profession has made equally good progress. In November 2004 the federal law on the education of medical professions, including postgraduate education (MedBG/LPMed), was submitted to the Federal Council. On 3 February this year, the president of the Association of Swiss Chiropractors, Daniel Mühlemann, presented the position of the Swiss chiropractic profession in a hearing of the Parliamentary Commission. The presentation was well received; the chiropractic position in this draft seems to be uncontested, and it is planned that the MedBG/LPMed will come into effect in 2008.

So legal acceptance is advancing, and Øystein Ogre, president of the **Norwegian** Chiropractors´ Association (NCA) tells us that title protection has now been enhanced in Norway too, so that only chiropractors can use the name. In addition, the NCA will be granted 360.000 NOK (approximately €45.000) from the government for funding postgraduate education.

The legal battles are, it seems, worth it in the end.

Chirocruise 2005

THE SWEDISH Chiropractic Association and the Finnish Chiropractic Union will co-host the second biennial chiropractic conference cruise between Stockholm, Sweden and Helsinki, Finland on 7-10 October 2005.

Chiropractors from all national associations are welcome to join. The seminar, featuring Gert Bronfort, C J Mertz and Adrian Wenban, will take place on 8-9 October. Those who board the vessel in Stockholm will cruise from 7-9 October, those in Helsinki from 8-10 October.

Visit **www.chirocruise.com** for more information.

Quality Assurance

THE NATIONAL Board of Health and Welfare in Sweden recommends quality assurance for all health care professionals legislated by the state. To maintain and improve the position of Swedish chiropractors as primary health care professionals, the Swedish Chiropractic Association has joined KvalPrak – **www.kvalprak.com** – to inspect its members for quality assurance. "Quality and patient safety, as with title protection, are of primary importance" says the association's president, Patrich Wennergren.

Chiropractic research

We all recognise the political and practical importance of increasing the amount of research data available for chiropractic treatment. Although generally resources are few, some research is being carried out in EU countries.

Cervical manipulation

IN GREAT Britain the *Prospective Study into the Effects of Cervical Manipulation* aims to involve up to 500 chiropractors from the British and Scottish Chiropractic Associations, each of whom will report on either 100 consecutive cervical manipulation treatments or consecutive cervical manipulation treatments over a six-week data collection period, whichever occurs sooner.

This study will cover the systematic documentation of the onset, worsening and/or improvement in symptoms following cervical spine manipulation. It will enable risk analyses to be carried out in a number of areas, and mirrors other studies that have attempted to assess safety issues in practice, as well as systems that monitor adverse events in health care.

Already, over 400 chiropractors have enrolled on this study, the largest of its type ever launched, which is being conducted by Haymo Thiel at the AECC. It is due to be completed within the next two years and will be of considerable interest to indemnity insurers and others who seek to question the safety of cervical spine manipulation by chiropractors.

Mapping chiropractic in Finland

The Finnish Chiropractic Union (FCU) has begun a research project directed by Charlotte Yde from the University of Southern Denmark. The main researcher is Stefan Malmqvist, who has been accepted into the musculoskeletal research group of the University of Helsinki.

The objective of the project is to map chiropractic in Finland; the profession, the patients, the outcome of chiropractic management, and thus, through publication of studies of high methodological quality in peer-reviewed magazines, to enhance awareness of the profession in academic and political spheres in Finland.

The first study will be on predictors of treatment outcomes for low back pain and co-morbidities. The FCU will be studying the outcome in different kinds of sub-groups of low back pain patients in order to learn more about which patients react best to chiropractic treatment.

Side effects

A study from the State University of Ghent, Belgium, entitled *How common are side effects of spinal manipulation and can these side effects be predicted?*, was published in the August issue of Manual Therapy (B Cagnie et al Manual Therapy 9 (2004) 151-156). The conclusions of this study, which was carried out with the participation of Belgian chiropractors, were that the number and type of minor side effects are comparable to previous studies and that these common reactions can to some extent be predicted.

Notes: The Association of Swiss Chiropractors is planning studies on clinical outcome and risk management. See www.ecu-research-update.org for details of the ECU Research Council and ongoing ECU-funded research.

Education in Europe

Intrusion into our profession

Our worst enemies - chiropractors!

Until Spanish chiropractors have legal regulation, there will be unethical individuals who take advantage of the situation, says ***Gregory Veggia DC****, international vice-president of the Spanish Chiropractic Association (AEQ).*

SPAIN REMAINS one of the only countries left in Europe without any legislation. Although the actual political party is working on an amendment at a national level, Catalonia, an independent province north-east of the country, has set itself the objective of having a law for chiropractic by early 2006.

Even though there is no law in place at this time, chiropractically speaking, the profession is thriving in this country:

- *more and more people are hearing about us, thanks to the good image chiropractors have in the community*
- *there is unity within our profession (more than 90% of chiropractors are members of the AEQ, the only chiropractic association in Spain)*
- *the association itself plays a very active role*

The main objectives of the AEQ are:

- *to create a chiropractic school within ECCE standards to train Spaniards and make chiropractic more available to the public.*
- *to participate in the legislation process to keep chiropractic as an independent health care profession with its own rights and privileges when practised by licensed professionals.*

Inappropriate use

However, since the profession does not have legal status, many are using the name of chiropractic inappropriately. Some independent schools offer short-term programmes on natural therapies, where weekend courses in 'Quiropraxia' are being taught with 50 hours or less of training before students gain diplomas as 'quiropracticos' (chiropractors).

To our knowledge, the worst has been when chiropractors themselves start to teach chiropractic techniques to outsiders **for their own financial benefit and fame**, thereby putting at risk our future status, image and the safety of patients.

This is the case with **Alain Dhers**, a French chiropractor who graduated from Sherman chiropractic college and lives in Castellon, Valencia, in the south east of Spain. He offers weekend courses to physiotherapists, osteopaths, massage therapists or even lay people with absolutely no background in the health care field. This gentleman is also creating and selling his own equipment (tables and activator) to non-chiropractors.

> **"He offers weekend courses to people with no background in health care"**

Devastating consequences

Little can be done on behalf of the association regarding such situations and their consequences could be devastating:

Patients are at risk, since the chiropractic adjustment is proven to be very safe when performed by licensed chiropractors[1] but it does not appear to be, according to recent studies, when performed by non-chiropractors. It was found last year over a period of six months, that **23 cases of injury, mostly CVA** (cerebro vascular accident) **reported in peer reviewed journals** (such as the British Medical Journal, the Journal of Neurology, Revista de Neurologia and the Journal of Neurology and Neurosurgical Psychiatry) were **attributed to a 'chiropractor' or 'chiropractic manipulation' here in Europe**. By investigating the source and details of these papers, it was found that none of those case reports involved a licensed chiropractor and the authors had therefore inappropriately used the title 'chiropractor' and/or words 'chiropractic manipulation'. Even though corrections were made in subsequent publications, thanks to Adrian Wenban, these situations leave us with bad publicity and long-term negative effects.

This is why it is paramount to follow a proper education in chiropractic science before you can claim to be a chiropractor. This is also the reason why the profession as a whole keeps its educational standards high - to maintain its own credentials and safety of its patients.

The consequence of teaching chiropractic techniques to non-chiropractors is also diminishing the strength and uniqueness of chiropractic. I remember a similar situation in France about 20 years back where two American chiropractors had started to teach chiropractic technique to osteopaths, who then themselves started to teach what they had learnt to their peers. The situation now is that France is flooded with osteopaths using chiropractic technique. They are now more powerful and accepted than chiropractors, outnumbering them by more than 10 to 1 and leaving chiropractic with very little impact on a national level.

So it is with great frustration that we report and denounce from Spain a similar situation with a chiropractor, Alain Dhers, who is looking to take chiropractic to the gutters for his own short-term fame, teaching techniques such as Activator methods, Diversified and Drop Table technique. He is not an active member of the AEQ and has been officially asked by this association to put a halt to his teaching of chiropractic techniques outside the profession, but he has refused to do so.

We are in the process of taking more measures to stop this nonsense, but needless to say, it is sad to see that some chiropractors live with so few ethics.

Reference:

[1]*Inappropriate Use of the Title 'Chiropractor' and Term 'Chiropractic Manipulation' in the Peer-reviewed Biomedical Literature*
Adrian B. Wenban, B.Sc., B.App.Sc., M.Med.Sc.
ECU conference, Helsinki 2004

Education in Europe

A serious lack of loyalty

As in Spain, unethical behaviour in chiropractic education is threatening the profession in Germany. This has historical reasons, according to ***Ingrid E White DC****, the German Chiropractors' Association's (GCA) international advisor.*

ONE OF the first chiropractors in Germany was Werner Peper, a graduate of Palmer CC, who opened his office in Hamburg in 1933.

Among Peper's medical supporters and students were those who later founded the Physicians' Research and Clinical Association for Chiropractic which eventually became the medical association Deutsche Gesellschaft für Manuelle Medizin.

This group totally disassociates itself from chiropractors in Germany, because according to German law we are registered as 'lay medical practitioners'. They will co-operate with chiropractors' associations in other countries such as Switzerland, where chiropractors are licensed and integrated as specialists in the health sector, but not with DCs in Germany itself.

Twilight zone

The training of medical and non-medical therapists has launched chiropractic into a kind of professional 'twilight zone' between lay medical practitioners and medical doctors. In recent years more and more people have started to come from the US and other European countries to train non-chiropractors on weekend courses, which we see as a very dangerous patient safety issue.

Among these are:

- *Bernd Busch DC from Boulder, Colorado*
- *Mark Styers DC, a graduate of Life and 'director' of the 'American Institute of Chiropractic' as well as World Chiropractic Alliance president - Germany*
- *Robert Straub (non-DC), director of the 'Berlin School of Chiropractic'*
- *Markus Harbort (non-DC) of the 'Deutsch- Amerikanisches Chiropraktik-Seminar' in Bremen*
- *the 'Ackermann Institute', operates under lay medical practitioners' direction and bestows certificates with misleading names like 'Master of Chiropractic' upon its weekend 'graduates'.*

Chiropractors must stand together

We fail to see the wisdom of proceeding into foreign countries without first communicating with the local national association or at least the ECU. There is no doubt that the chiropractic profession will need to stand together and co-operate globally to survive in this climate of competition between the different health professions.

Instead, because of a serious lack of loyalty to their own profession on the part of individuals who still teach 'chiropractic' to non-chiropractors in the form of weekend courses, the process of producing hundreds or even thousands of 'chiropractitioners' who don't meet our standards is still going on. The GCA is working hard to establish a legally protected independent chiropractic profession whose members meet ECCE standards.

Education in Europe

University-based education in Norway

We have recently been informed that the parliament in Norway has recommended establishing chiropractic education in Norway in a university setting. The ECU partly funded the process towards this, so here ***Øistein H Haagensen DC*** *interviews the president of the Norwegian Chiropractors' Association (NCA), Øystein Ogre, to learn more.*

Q Can you tell us a little about the process leading to this recommendation in the parliament?

A Our profession has been struggling for so many years to be part of the science and research scene. We acknowledged the fact that, like any other major health profession, a university-based chiropractic education will open doors and areas that at the present time are closed to us.

We started out by producing a strategy document that explained in detail what we wanted. Then we visited all the universities plus one university college. The university college made it clear from the beginning that it was not able to provide the standard of education that is required for chiropractic. Two universities did find our inquiry interesting, so we then arranged a 'fact-finding tour' for these. We took members of the two faculties to the University of Odense and to the AECC. Those trips 'sold' our project.

Since then, we have been lobbying politicians in the health bureaucracy and in the parliament. We managed to get support for a university-based chiropractic education from four major university hospitals, the faculties at the universities, the health regions (Norway is divided into five health regions) and then finally the parliament.

Q At what level will this education be?

A It will be a five-year programme leading to a Masters degree. The programme will be at least up to the CCE/ECCE requirements.

Q You mentioned that two universities will be competing for this education – which are they?

A The University of Oslo and the newly opened University of Stavanger.

Q Where does NCA stand in this competition?

A The NCA is a neutral party and we will give the same, and best possible, information and assistance to both universities and help them in their development of a plan for a chiropractic education. The NCA has organised a committee that will evaluate the two projects and this group will look at the advantages and disadvantages of the two options. Finally one of the alternatives will have to be chosen by the government. To what degree we will be consulted is not known at present.

Q What, in your opinion, are the advantages and disadvantages of the two alternatives?

A Stavanger is the newest university in Norway. It shows a lot of enthusiasm and innovation. The faculty members fell in love with the AECC model and they intend to copy it. They already have the drawings prepared for a student clinic and they are really eager to get started.

Oslo is the oldest and most prestigious university in Norway. The chiropractic students would study side by side with the medical students, much as they do in Odense. But the Oslo team also liked what they saw at the AECC and their intention is to pick the best out of each school.

Photo courtesy of Øistein H Haagensen

Øystein Ogre

Q Can you tell us something about the time frame for this project?

A Stavanger University has suggested that the first group of students might have 2007 as the earliest starting point. If Oslo is chosen, it will probably take a little longer.

Q What are the main obstacles left to establishing the education programme?

A Both projects need state funding and this will probably be the main obstacle to overcome. But we are getting good at political lobbying, so we would prefer to call it a challenge instead of an obstacle.

Note: BACKspace thanks Øystein for his time, and wishes him good luck with the ongoing work. We hope he will keep our readers up-to-date on news.

BACKspace wants to hear from you!

The next issue of *BACKspace* will include three important new sections, so that you can make your own contributions. We welcome:

Letters and cases to remember

– please give us your comments on articles, your thoughts about the ECU or your view on any chiropractic-related topics.

Classified advertisements

– *BACKspace* is the ideal place for you to advertise clinics for sale, positions vacant or your own availablilty for work in the EU.

Old friends

– meet up with your college friends or former colleagues by sending a note to *BACKspace*.

Send all correspondence to the following address by 1 July 2005.

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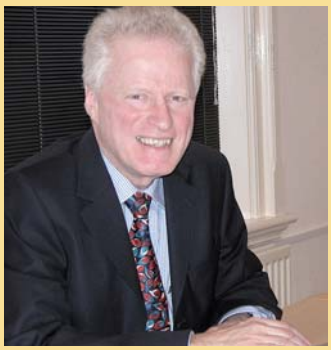
Academic institutions

AECC receives public funding

The Anglo European College of Chiropractic (AECC) has proudly announced that it will have public funding in place for incoming EU students in September 2005. AECC principal, ***Ken Vall DC****, celebrates this fantastic achievement.*

HOW FITTING this is for our 40th anniversary and I am thankful to colleagues who have worked very hard for this success. In particular I would like to mention the vice-chancellor of Bournemouth University, Gillian Slater; without her support this would not have happened. The Higher Education Funding Council for England (HEFCE) made a decision that although we were a fit and proper institution for the receipt of public funds, we could not receive these as a small independent institution but would have to seek a partner institution already in the Higher Education funded sector. Bournemouth has provided that relationship so that funding can start from September.



Ken Vall DC

We are planning to take in 110 students in September with around 80 funded and 30 full fee-paying places. I hope it will now be easier for some countries to recruit more students to come to us.

There is some confusion amongst colleagues regarding our new curriculum, particularly as it relates to the teaching of technique. This is mainly due to a misunderstanding by students of what we are trying to do. We are combining a number of techniques under one umbrella - thus a diversity of techniques rather than 'diversified' technique. We are also increasing the emphasis on both technical skills and the length and hours of technique teaching. Our aim is to produce more technically advanced graduates, an area which we perhaps have not excelled at in the past.

Our 40th anniversary celebrations start with a joint conference with the BCA on 22 to 24 April and I hope as many of you as possible can attend. We will also have a summer ball for all students and staff and an open day for the local community and patients in September.

We are at present conducting a recruiting drive for our Graduate Association (GA) and many of you (AECC graduates) will have a phone call from one of our students. I hope you will all join the association.

I will be inviting those of you who are members of the GA and Treatment a Month Club to a special reception at our conference. I will also write to all colleagues in Europe explaining how the club will work in the future. Although we have now achieved one goal as an institution, the profession still needs to support its chiropractic institutions particularly as it relates to funding research. Working together will enable us to make a difference to our excellent profession and our patients.

New law for Swiss medical profes

A new federal law on the education of medical professions (MedBG/LPMéd) will come into force in Swit
Wangler DC*, Director of the Swiss Chiropractic Institute (SCI), reports.*

SWISS CHIROPRACTORS have to do their basic chiropractic education in North America to get their DC diplomas, two-and-a-half years of postgraduate education (PGE) in Switzerland to be paid by the Swiss Social Insurances and 80 hours per year of continuing education (CE) to keep their licences. The Association of Swiss Chiropractors and the SCI have autonomously organised their PGE and CE programmes for the last 20 years.

SCI team

When the new law comes into force, the MedBG/LPMéd will regulate the education (E) as well as the PGE of all medical professions in Switzerland by defining and assessing the main criteria and goals of both.

This law will guarantee the quality of the outcomes of the medical and chiropractic E and PGE as well as free movement of medical personnel, including chiropractors, both within Switzerland and internationally. In the draft of the MedBG/LPMéd, chiropractic will be included as the fifth medical profession, together with medical doctors, dentists, pharmacologists and veterinarians. The legal basis for this procedure is the Swiss Federal Law of Sickness Insurance which demands from all medical professions, including chiropractors, that their services should be effective, functional and economical.

Postgraduate chiropractic education

As the new director of the Swiss Chiropractic Institute, I got the mandate from the Association of Swiss Chiropractors to adapt the present PGE programme to this new law. PGE broadens and extends the knowledge, skills, abilities, behaviour and social competence of graduates to prepare them for work as chiropractors.

The new law uses the five-star doctor model of the World Health Organisation as its basis. According to this model a chiropractor should, at the end of the PGE, be:

- *a care provider - including history taking, conducting clinical examinations, knowing specific diagnoses and the indications appropriate to chiropractic treatment, recognising emergency cases and knowing how to deal with them, as well as being an expert.*
- *a decision maker - understanding the principles and methods of scientific investigation, being capable of applying these in professional practice, being capable of recognising significant*

Academic institutions

IFEC celebrates 20 years

The Institut Franco-Européen de Chiropractique (IFEC) celebrated 20 years of existence in the academic year 2004/5, explains ***Charles Martin****, its director.*

THE CELEBRATION coincided with the graduation of the final year students, one of whom, Regis Bazelle can be seen performing in the evening's events (right). Many thanks should be extended to Beatrice Terrier, who organised the evening in a fantastic setting at the Tapis Rouge, in Paris. The event was attended by many previous IFEC graduates and I was presented with a sculpture of DD Palmer by Philippe Richon, previous vice-president of the French Chiropractic Association.

Refurbishment has continued to accommodate the increasing numbers in each cohort. More than 270 students are currently enrolled at the college, reflecting a steady increase in the student population.

With this increase, the number of new patients seen in both college clinics has risen. Students treat patients in both the chiropractic clinic at IFEC and the one in the north of Paris known as Ornano. Ornano has undergone major renovation to increase the number of treatment rooms available for receiving patients. In addition, more clinicians have become involved to oversee the fifth year students, sharing their expertise of the clinical management of patients and teaching the clinic students. The overall responsibility for the development of the chiropractic clinics has been overseen by the clinic director, Jean-Jacques Fradin.

Elsewhere in the college, continual adaptation of the courses allows further integration of each subject, providing a more streamlined programme. A variety of visits to chiropractic institutions has encouraged reflection on methods of teaching and course organisation. Such visits have included conferences at the major European institutions. In addition, presentations have been given in Europe and also in the USA on both teaching methods and the clinical research that has commenced at the IFEC.

A clinic room has been dedicated to pursuing clinical research. A variety of equipment has been installed to assess patients in clinic and also to begin the collection of clinical data useful for contributing to research. Various small research projects are also under way to determine basic clinical data available in the clinic. Such data was accepted for presentation in the RAC-ACC Las Vegas 2005 conference held in March.

Terry Yochum will make his first visit to the IFEC in April. His arrival is warmly anticipated by the head of the Department of Radiology, Michelle A Wessely and the students alike. Dr Yochum will share his immense knowledge with the students, as well as touring the Department of Radiology to see how radiology is integrated in the chiropractic programme.

The IFEC anticipates that 2005/6 will be challenging and rewarding, during which time it will continue to grow and produce more new members of the chiropractic profession.

Note: The college welcomes visitors; all enquiries should be directed to Thierry Kuster, Director of Academic Affairs, ***tkuster@ifec.net*** *or Charles Martin,* ***cmartin@ifec.net****.*

sionals

zerland in 2008. ***Martin***

anamnestic and clinical signs in relation to other medical domains as well as being well-informed on medical and surgical procedures in Switzerland.

- *a communicator - communicating properly with the patient and collaborating with other health care professionals and stakeholders in the Swiss health care system.*
- *a community leader - practising prevention, recognising and curing diseases as well as promoting health in Switzerland.*
- *a manager - knowing and respecting the limits of chiropractic activity, making medical and chiropractic decisions, taking into account scientific, ethical and economic aspects, being able to judge the efficacy of chiropractic services and act accordingly.*

New centre at Odense

A new centre for Human Locomotion Science has been established at the Institute of Sports Science & Clinical Biomechanics, University of Southern Denmark – Odense. ***Charlotte Gregersen DC****, course director, reports*

HUMAN LOCOMOTION Science is meant to be the co-ordinator and promotor of all musculo-skeletal research at the university. It is staffed by five people: Professor Niels Grunnet-Nilsson DC, MD, PhD, Professor Charlotte Yde DC, MPH, PhD, Professor Claus Manniche MD, Professor Tom Bendix MD, and finally senior lecturer Jan Hartvigsen DC, PhD, who is in charge of the new centre.

The University of Southern Denmark is currently considering offering the three-year bachelor programme in chiropractic in English, with the supplement of a parallel Danish course. This will enable foreign students in their three bachelor years to acquire enough Danish to be able to continue their education and pass the two-year chiropractic masters programme in Danish.

Academic institutions

Developments at ECCE

The European Council on Chiropractic Education (ECCE) continues to accredit and re-accredit our chiropractic educational institutions in Europe. ***Jennifer E Bolton****, president of the ECCE, discusses the way in which this important role will be supported by revised standards over the next few years.*

ENSURING THAT institutions not only meet specified standards, but also continue to do so through regular monitoring of their programmes, constitutes the core business of the ECCE. It is essential that these standards are rigorous and robust, reflecting the changes that continue to occur in educational theory and practice, chiropractic and health care practice, and national legislation and regulation.

The ECCE standards were first compiled almost 25 years ago, and although they have been continually modified and revised to reflect changes in the outside world, the Executive Committee decided in 2003 to undertake a complete revision of the standards, and by implication, the constitution of the ECCE.

The Council adopted the revised standards and constitution at its meeting in October 2004, and both these documents are available from **www.cce-europe.com**. Although they are based in part on the original standards, and on the model standards of the Councils on Chiropractic Education International (CCEI), I believe the revised standards to be innovative and comprehensive, arming the ECCE with a working set of criteria to evaluate and defend the excellence of ECCE-accredited institutions.

ECU Council member joins ECCE

Changes to the constitution include the addition of a member of the ECU Administrative Council to the ECCE. This reflects the desire of the ECCE to work even more closely with the ECU, and to benefit from the strengths of both bodies in fostering excellence in chiropractic education and training in Europe.

Jennifer Bolton

Other key changes were the stepping down of Knut Andersen as president and my election as his replacement. Peter Bon was elected chair of the Commission on Accreditation (the supreme decision-making authority on the accreditation and re-accreditation of institutions), replacing Philippe Moneger who was elected vice-president of the ECCE. I would like to thank, on behalf of the ECCE, both Knut and Philippe for their foresight and leadership during their terms of office, and to say how much I am looking forward to leading the ECCE, with the assistance of a very experienced team, over the next four years.

The next four years

Undoubtedly the most important change will be the implementation of the revised standards, and their use not only in the re-accreditation and accreditation of the educational institutions, but also in supporting and advising those countries in which chiropractic education and training are in the development stages. I believe that the revised standards will be influential in driving up and maintaining the standard of chiropractic education in Europe. They will also be invaluable in directing the development of new and innovative university-based full-time programmes for educating and training chiropractors as primary contact, evidence-based health care practitioners, with the aptitude and skills to continue to learn and develop throughout their professional lives and provide the best possible care for patients.

News from WIOC

Progress at the Welsh Institute of Chiropractic (WIOC), University of Glamorgan continues rapidly, reports the head, ***Susan King DC****.*

THE UNIVERSITY of Glamorgan has welcomed a new vice-chancellor, David Halton. The retiring vice-chancellor, Professor Sir Adrian Webb, expressed his pride in the success of the chiropractic programme.

The University of Glamorgan graduation ceremony was held for the chiropractic students in June 2004. Prizes were presented at the graduation ball; the ECU prize for Graduate of the Year was awarded to Lindsay Beardsworth by Peter Dixon, who represented the ECU in his role as immediate past president. Once again we were proud to have a 100% success rate for our final year students including 12 first class honours degrees.

Last autumn an ECCE accreditation panel spent three intensive days reviewing our programme and facilities. We are delighted that they have now confirmed our re-accreditation.

Three WIOC students travelled to Spartenburg, South Carolina, USA, to attend the World Congress of Chiropractic Students (WCCS) conference in October 2004. Despite the efforts of the Council on Chiropractic Education (CCE) organisations to ensure similar standards of chiropractic education are maintained internationally, it is obvious that the delivery of material and emphasis on different elements of information varies considerably between institutions. These differences made for some extremely interesting discussions and presentations at the conference.

They were also apparent at the World Federation of Chiropractic (WFC) Education Conference held in Toronto in October 2004 and attended by Susan King, David Byfield and Mark Webster. Extremely lively questions and statements followed presentations.

The continuing expansion of our chiropractic programme and WIOC has required a review of roles within the chiropractic team. David Byfield has been named as Head of Subject (Chiropractic) taking responsibility for the academic leadership and development in the field of chiropractic. Mark Webster has been named as Award Leader taking responsibility for student and administrative matters relating to the chiropractic degree.

General news

Latest progress at WFC

With the Consultation on Identity high on the list of priorities, World Federation of Chiropractic (WFC) president ***Anthony Metcalfe DC*** *reports on progress.*

THE WFC held the first of the planned meetings for the Consultation on Identity at Life West Chiropractic College, California in January. This was a meeting of the WFC's 40-member international Task Force on Identity, which is leading a worldwide consultation to establish one clear and effective public identity for chiropractic within health care services.

Over the summer work continued to produce an online questionnaire. The electronic survey on the issue of identity was e-mailed to almost 30,000 chiropractors in 56 countries during October 2004 - the first time a global survey of chiropractors has ever been undertaken.

The level of participation was well above average for such a survey and the percentage of participants for each region was statistically valid. The consultants for the project, Manifest Communications, have prepared their analysis of the results of the survey and their report has been delivered to the co-chairs, Paul Carey (Canada), Gerry Clum (USA) and Peter Dixon (UK).

The Task Force, which was formed to advise the co-chairs and the consultants in the composition of the questionnaire, met again in January. The report, entitled Consultation on Identity – Qualitative Research Findings, was delivered by Mark Sarner, president of Manifest Communications. It is available in its entirety as a PowerPoint presentation from: **www.wfc.org/doc_uploads/WFC%20Report_January%2052005.pps**

By the end of the second day, the Task Force had arrived at central and supporting draft statements describing an identity for the profession and consensus was achieved for these statements. The draft document will be used by the co-chairs to direct and inform the consultants in the preparation of their final report to the Identity Consultation, which will be presented to the WFC Assembly in Sydney, Australia, in June 2005.

World Health Organisation (WHO) – Bone and Joint Decade

The annual Bone and Joint Decade Action Week is 12-20 October and World Spine Day is 16 October. The WFC is asking all National Associations to become involved with their local National Action Network (NAN) as we have been invited to participate from the highest level. The numbers of chiropractic organisations participating in the National Action Networks is increasing which can only enhance the profile of the profession at governmental level.

WHO – Tobacco Free Initiative

The WFC's Health For All committee has arranged for Don't Smoke For Me posters to be distributed worldwide through Dynamic Chiropractic. We hope that these posters will be displayed in chiropractic clinics showing the profession's interest in the health of its patients. The posters are available from the WFC website (**www.wfc.org**) for printing locally should you wish.

WFC/ACC education meeting

This biennial event was held in Toronto, Canada in October 2004, hosted by the WFC and the Association of Chiropractic Colleges and co-sponsored by the National Board of Chiropractic Examiners. It was entitled Patient Examination, Assessment and Diagnosis and responded to the challenges raised in Sao Paulo at the previous conference in 2002.

Over 100 faculty members from 29 chiropractic colleges from 11 countries attended the conference. Pictures from the event can be seen at the website **www.wfc.org** under Events.

Of central importance was the wide variance in methods of patient examination and diagnosis in chiropractic education and practice, the lack of consistency in practice assessment procedures creating confusion in the profession and the public.

There was agreement between the colleges that "specific functional assessment of the spine, both of joints and soft tissue should be at the heart of diagnosis in chiropractic education and practice". Other statements of consensus addressed:

A balanced approach to language respectful of traditional chiropractic terms and common scientific language.

Recognition of the commonality of actual methods of patient examination and assessment being taught, as well as the inconsistency of the methods of description of these same procedures.

Endorsement of a multi-dimensional approach to the instruction of patient assessment, such as the PARTS model as described by Tom Bergman, now taught at several chiropractic colleges.

It was recognised that the disparity between college education and field practitioner methods must be addressed in patient assessment, examination and diagnosis. This would require co-ordination among educational institutions, professional associations and regulatory bodies.

WHO education guidelines

WHO held a meeting in Milan last December to finalise its guidelines on basic training and safety in chiropractic (visit the Newsroom at **www.wfc.org** for more details). This concluded a five-year consultation process. The guidelines will be distributed by the WFC to all member associations as soon as they are available.

Leaders of many WFC member associations in countries where the practice of chiropractic is not yet regulated, for example Argentina, Greece and Thailand, have explained how important the guidelines will be for them. They encourage the recognition and development of chiropractic services, and they make it clear that chiropractic is a profession rather than a set of techniques; one requiring extensive and recognised standards of education. Claims by medical doctors and physical therapists in some countries that chiropractic is essentially part of their scope of practice are clearly inconsistent with the new WHO guidelines.

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General news

Ann-Liss Taarup meets Paul Carey, co-chair of Consulation on Identity

ProChiropractic Europe

*A meeting in the US has made **Ann-Liss Taarup**, president of ProChiropractic Europe very excited about the role of the patient in standing up for chiropractic.*

I WAS INVITED to the WFC Consultation on Identity meeting in January (see page 17). As the online survey has a lot to do with the public identity of the chiropractic profession, it was of great interest for ProChiropractic Europe (PCE) to be present and deliver our opinion. Chiropractic associations have always used patients as spokesmen in the attempt to get chiropractic authorisation.

Steps are being taken to establish a chiropractic patient association in New York. PCE has great hopes that there will be ProChiropractic associations in more and more places. A big country like America will have great use of such an organisation.

In the last edition I mentioned the PhD thesis *The Legitimation Strategies of Early Danish Chiropractors 1920-1943*. The historian Søren Bak-Jensen discovered during his study that Danish chiropractors used their patients as spokesmen and they never gave up their identity. It meant they had to go the hard way, with years and years of fight. But the identity remained, and thanks to the fighting and the spokesmen, chiropractic was authorised in 1992.

It is most important today that chiropractors learn to accept each other and be one strong unit. If it is possible to divide the chiropractic world, it will also be possible to kill it. This is probably the biggest problem of today's chiropractic - and if we can solve that, chiropractic will not be absorbed, seduced, changed or stolen - chiropractic will survive.

That will be the best future for patients and for chiropractic. I find it a privilege that PCE can be of help in as many countries as possible, and we are very happy to receive the €7,150 funding from the ECU to assist with our work.

The Greek translation of 'welcome to the chiropractor' has for a long time been ready to implement on our website. As Greek letters are different to the Latin letters used in European countries, we will probably have to invest in a Greek font. With each new language available we improve the website and have even more to offer consumers around the world.

Fédération Internationale de Chiropratique du Sport (FICS)

*The World Games are the biggest championships to be held in the world this year. **Tom Greenway DC**, FICS secretary-general, reports*

THE WORLD Games run from 14 to 24 July 2005 in Duisburg, Germany. The German organising committee and our colleagues in the German Chiropractic Sports Council are doing a fantastic job. FICS has a contract to supply 15 accredited chiropractors and we are looking for volunteers to be part of this team. You will need to have an International Chiropractic Sports Science Diploma, the minimum educational requirement for involvement in an official FICS event such as this. If you would like to volunteer for the experience of a lifetime, please complete the application form on the FICS website - **www.fics-online.org** - before the end of March 2005. This marks a significant step forward for chiropractic's continuing integration into the international sporting arena.

World Games 2005 Duisburg
Bottrop, Oberhausen
Mülheim an der Ruhr

International Olympic Committee

The challenge now for FICS is the Torino Winter Olympic Games in Italy early in 2006. Daniele Bertamini is currently discussing chiropractic's involvement, but it is far too early to speculate what the outcome will be.

International Chiropractic Sports Science Diploma

The FICS postgraduate programme run by Brian Nook and Mike Murray continues to be well supported with 40 taking part in the latest one in Bournemouth, England this January. Future modules will be held in Norway from 2 to 4 June 2006, when we will also be holding the FICS AGM. The programme is also being run for the first time in Toronto, Canada from 8 to 10 December 2005 and in the USA from 15 to 17 December 2005. These programmes are a great opportunity to find out about sports chiropractic and give you some excellent techniques to use in the office on Monday morning.

Norway

FICS congratulates the Norwegian Chiropractic Association on establishing a sports chiropractic wing. This is a huge step forward for them and for sports chiropractic internationally. The Norwegian Olympic Committee has huge respect and influence within the Olympic movement and their involvement will only help to promote chiropractic in the best possible way.

FICS office

Communication has been a problem for the organisation. To try and resolve this and improve our relations with our members, we are undergoing a massive review of procedure. This includes a complete restructuring of the current by-laws and setting up a FICS office. As a result, members and the profession at large will get far more regular mailings about FICS activities.

For sports chiropractic and FICS, the next 18 months are going to be very busy and I expect to see rapid progress.

Colleague to colleague

A case to remember

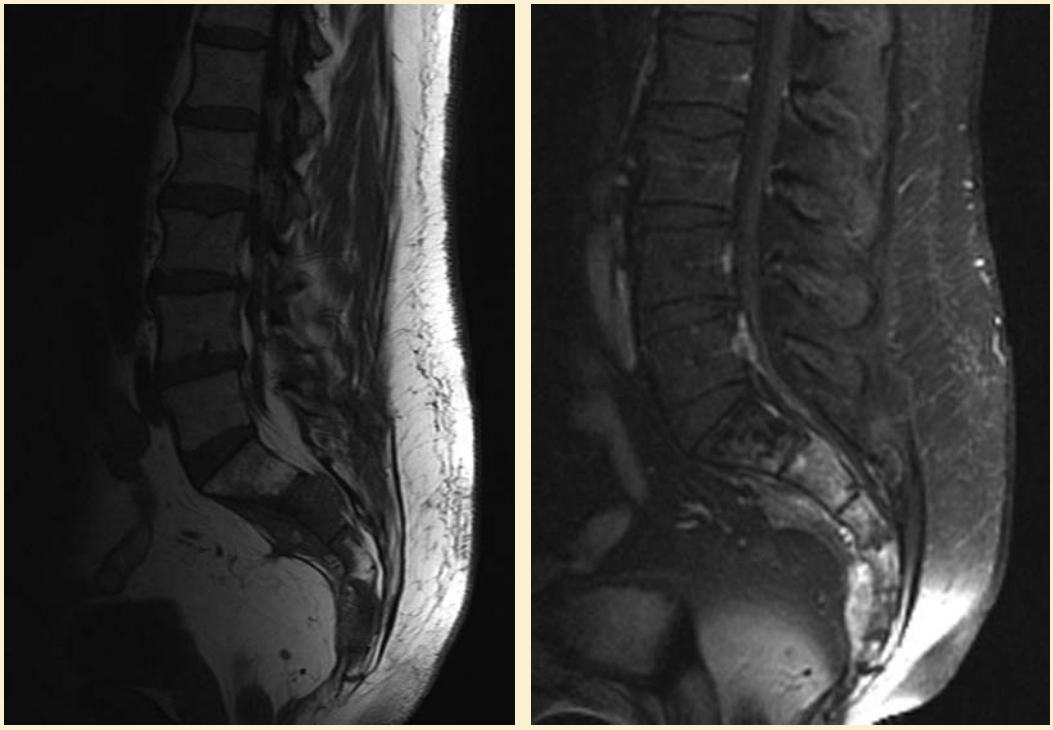
A case that brings to light new perspectives about the profession.

Case history

A RATHER PLEASANT 59-year-old woodcutter presented to my practice complaining of a two-month history of diffuse unremitting low back and progressive right posterior leg pain, occurring after digging in his garden.

The patient reported the low back pain arising as a sharp, deep, knife-like sensation localised around his right lower back. He described the intensity of the back pain having diminished since onset and on presentation depicted a dull, diffuse, tightening ache. The patient also commented on the predominance of pain in the mornings and evenings, as well as when static for more than half an hour. No relieving factor other than movement was identified. Worsening factors for the low back pain included any type of carrying, as well as working on his tractor. On additional questioning, he admitted suffering of regular self-remitting low back pain episodes for a great number of years, consequent to his previous heavy physical professional activities. He emphasised having been diagnosed with severe lumbar arthrosis for which he was prescribed some NSAIDs and told that little else could be done.

Additionally to back pain, M H D described the appearance of a sharp stabbing sensation in his right buttock, soon extending down from the postero-lateral aspect of his leg to the knee and anterior shin. The patient accounted for the occurrence of this radiation about a month prior to presentation. This leg pain had now become constant and burning in nature. On questioning, the patient denied experiencing any weakness, paresthaesia or numbness in his lower limb. Aggravating and relieving factors for the leg pain were somehow similar to those acknowledged for the low back pain.



MRI weighted T1 (left) and T2 (Right) showing osteolytic lesions of S1 and partly S3

Concerned by the unremitting nature of his low back pain and the appearance of new symptoms, M H D proceeded to consult his general practitioner, who administered him a course of three NSAID injections concomitant with a prescription of painkillers. The patient did not report any improvement following this treatment.

Past medical history revealed that the patient was hypertensive and suffered of peripheral vascular disease, both requiring an allopathic treatment, review of systems was non contributory.

Presenting complaint

Right low back pain and posterior leg pain for the last two months.

Examination findings

Observation

- *General: the patient did not appear to be in any acute distress, slightly overweight, no antalgia exhibited*
- *Upper limb: NAD*
- *Tx: hyperkyphotic*
- *Lx: hypolordotic*
- *Pelvic girdle : NAD*
- *Discrete gluteus medius gait could be observed on walking*
- *Lower limb: varicose veins; slight ankle oedema bilaterally*

Palpation

- *Hypertonic paraspinals and gluteus medius*
- *Peripheral pulses examination in the lower limb were bilaterally similarly diminished but regular*
- *The lower limbs did not appear cyanosed, nor cold to the touch*

Ranges of motion – lumbar spine

- *Flexion: restricted*
- *Extension: restricted and painful reproducing the leg pain*
- *Lateral flexion: bilateral restriction*
- *Rotations: generally restricted*

Neurological findings

- *Neurological examination of the lower limbs revealed a diminished pinprick sensation over the L5 dermatome. Other neurological functions did not reveal any deficit.*

Orthopaedic findings

- *Adam's: negative*
- *Supported Adam's: negative*
- *Kemp's: did elicit local low back pain but also increased the leg pain*
- *All of the nerve tension tests (SLR, Braggard's, Siccard's, Bonnet, Bowstring) for the lower limbs were noted negative*
- *Valsava's manoeuvre was also negative*
- *Lasègue restricted to 65° on the right but not painful, on the left Lasègue restricted to 75°*

Motion palpation findings

- *Lx: L4-L5 right rotation articular fixation of the spinal motion unit.*

Discussion

The aetiology for M H D's low back pain and leg pain did appear to be of neuro-biomechanical origin. A marked degree of dysfunction was noted in the L4-L5 spinal motion unit that was further

supported by the orthopaedic testing with the pain recreated by Kemp's test. Moreover, radiological findings of extensive degenerative joint disease of the lumbar spine only came to reinforce the suspicion of a mechanical source of complaint.

This biomechanical perspective also allowed to explain the occurrence of the objectively observable leg symptoms/pain. Indeed, nerve root irritation secondary to the motion dysfunction does explain the decreased dermatome pattern observed in this case. Moreover, the leg pain that the patient described experiencing from the buttock to the postero-lateral thigh aspect and to the anterior shin did directly overlap the L5 skin innervations.

Thus it could be assumed that secondary nerve root irritation had arisen subsequent to the dynamic dysfunction of the L4-L5 lumbar spinal unit. Additionally, the discrete gluteus medius gait observed could also be explained by a reflex inhibition of the gluteus medius on the right (superior gluteus nerve, L4/L5/S1).

In view of the information gathered during the history taking and the examination findings, I initiated a conservative chiropractic treatment of spinal manipulative therapy. Following the initial visit, the patient described a net improvement of symptoms both of the low back and leg pain. However, on his third appointment, M H D reported experiencing new symptoms such as tingling of the toes and some back pain and leg pain at night. On examination, the patient exhibited a complete loss of sensation of the sole of the foot, an absent Achilles reflex and a diminished myotomal testing of L5 of the right lower limb. With respect to these new findings, I urged my patient to consult his GP in order to perform further imaging of the incriminated area.

M H D came back to my office five days after his last visit with an MRI (and without a radiological report) of his low back. A lytic expansive lesion could be visualised on his right lateral sacrum that was impinging his sciatic nerve. He was later diagnosed with primary kidney cancer. Many other metastasic lesions could be found in the sacral region.

Personal comments

On a more personal note, I will remember this case for the rest of my career, because of the obvious devastating effects to the patient and the learning experience that it represents for a young chiropractor. Indeed, the initial signs and symptoms and rapid improvements exhibited never would have left me thinking of the final diagnosis! This emphasises the importance of a continuous assessment and monitoring of a patient's complaint throughout treatment. Furthermore, identifying and admitting the inappropriate response of M H D to treatment was a capital step into the crucial development.

Additionally, to me, this case also highlights our ambiguous position as primary health care providers. Despite the eternal debate of the legislative status of our profession throughout Europe, and despite being regarded by some like simple bonesetters (which I did believe to be at the time) or wizards, we are first and foremost confronted with patients presenting with a wide range of pathologies. Therefore, and not for personal gratification, we should continue to consider ourselves as a primary health care providers in order to ensure that our professional competences and academic formation in the medical field will perpetuate the quality of care we deliver.

Some may find this thought naïve, but I would like to think that our professional rigour and quality of treatment will constitute our best asset for the position we will integrate within each medical system throughout Europe. In all modesty, for me this case has brought to light new perspectives about my profession that I did, until then, underestimate!

Gerald Parent DC
AECC graduate 2001

Colleague to colleague

Low back disorders:

evidence-based prevention and rehabilitation

Stuart McGill ISBN 0-7360-4241-5

This book is still an extremely valuable guide for everyone involved in the treatment, rehabilitation and prevention of low back disorders. I have clearly marked my interpretations, in italics. This scientist has understood that it is important to address dogmas and to answer patient's and clinician's questions.

Unknown etiology

Feeding the belief that most causes for back troubles are unknown; leaving the patient only with a psychosocial approach is not fruitful. Taking the tissue-based and the functional causes into account can largely decrease the percentage of sufferers with an unknown etiology.

The relationship between low back tissue loading and injury risk is a U-shaped curve

Tissue loading being expressed on the y-axis, injury on the x-axis; the curve looks like a U. The tissues in our low backs need some load to strengthen and toughen tissues, too much loading causes failure.

Exercise, exercise, ...

Rehabilitative exercises should be customised and controlled by a specialist. Most patients are completely proprio- unperceptive and have wrong ideas about exercising. Improving muscle endurance is preferred to improving muscle strength.

Does treating longer than 6 to 12 weeks mean the treatment is ineffective?

Healing may take longer. Under the appropriate conditions, a longer treatment plan may be warranted. For some tissues, it has been shown that a complete process may take months, sometimes years.

Bend your knees during a lifting task

Depending on the frequency, the duration, the magnitude of the loading and the environmental conditions, other lifting strategies may be more efficient and safer.

A tissue-based diagnosis, a provocative-functional diagnosis and the psychological interaction

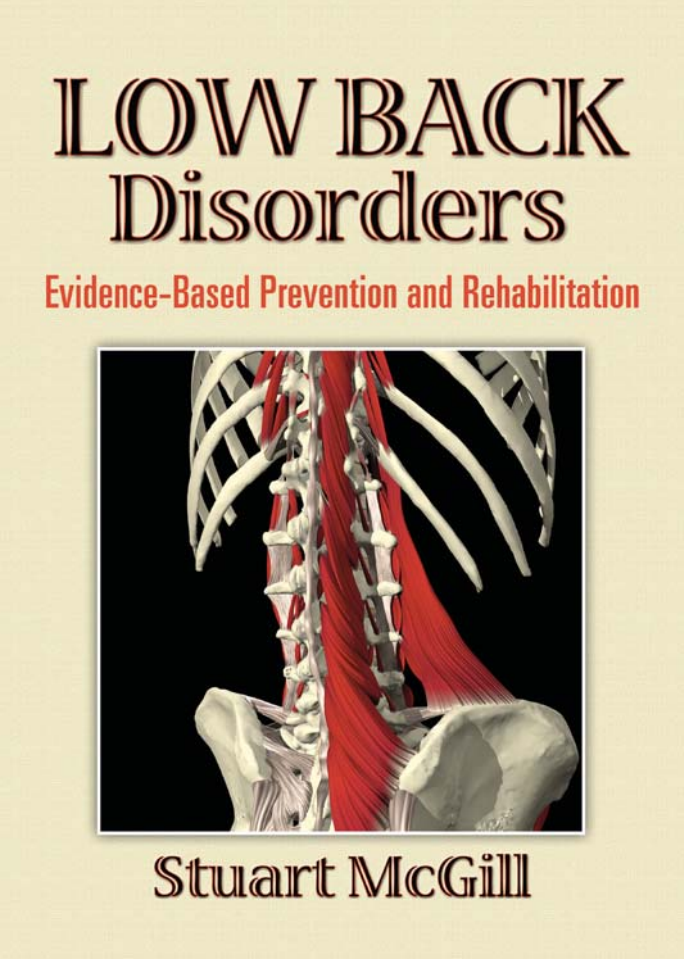
Studying the neurobiological changes that occur in cases of pain, especially chronic pain, is the future for researchers investigating 'subjective variables'. Any type of pain could probably be measured 'in between our ears' as a consequence of any type of cause, but in areas specific to the cause. Studies utilising functional MRI and studying biochemical changes in the nervous system will help to differentiate between a major psychosocial influence and/or a pathoanatomical cause for suffering (J Neurosci, Nov 2004; 24). A giant step for chiropractickind would be to demonstrate effectiveness by measuring the changes in the brain/nervous system.

The bone is flexible and can deform

Fluid cannot be compressed, bone deforms. Disc damage almost automatically implies bone damage, mainly at the endplate. Nerves and blood vessels could probably not survive in the healthy

continued overleaf

Colleague to colleague



disc, degeneration causes loss of this substantial pressure and the degenerating disc is invaded with blood vessels and nerves. Full end range of motion (especially full flexion), compression, repetitive compression and young spines are major risk factors for herniation.

The muscles close to the spine

The small paraspinal muscles of the low back are useless, biomechanically speaking. They have an insignificant moment arm and are unable to produce force. The spindle content is very high which suggests they are involved with proprioception.

The larger muscles

The larger muscles of the lumbar area are less efficient in creating extension, to eccentrically contract in flexion, to concentrically contract while lifting. The thoracic extensors have to come into play because they have the largest moment arm as they course over the lumbar region. *Do not tilt the pelvis while lifting because this excludes the major extensors of the lumbar spine in their action to resist dangerous shear forces; keep the spine in a neutral position.*

Buckling of the ligamentous spine

The ligamentous spine will buckle under ridiculous loads (2.5kg of compression) in the absence of cocontraction of the muscles. The message is: avoid peak loads to protect your end-plates; full flexion, especially in the mornings, is bad for your disc; a full range lumbar flexion to extension threatens the pars or the neural arch; peak and cumulative shear force cause facet and neural arch damage; falling causes collagenous tissue damage and sitting for too long a time, especially in a vibrating seat, will accelerate degeneration and disc damage.

Training the abdominals

They cause too much compression in flexion especially when the psoas is utilized. A traditional sit-up imposes up to 330 kg of compression to the spine. To prevent the spine from buckling, it is hypothesised that the trunk should be stiffened and stabilized by muscles acting like a hoop around the abdomen as a corset. Only a relatively small percentage of the Maximal Volitional Contraction (%MVC) of the abdominals is needed for achieving a large amount of stability.

Training the extensors

The loads imposed on the spine while hyperextending from the prone position with legs and arms outstretched comes close to 400 kg of compression.

The major ligaments resisting flexion are the supraspinous ligaments

At the end of full flexion while bending forward and in the seated position, completely relaxed and stooped, the ligaments are loaded and fully carry the weight of the torso.

Bending forward

Most lifters do not flex the spine first but flex at the hips. Power lifters will not fully flex their spine during the eccentric contraction of their back extensors.

Fast walking is therapeutic

Arm swinging reduces compressive forces. It is less strenuous than strolling, associated with static loading.

There is no ideal sitting posture

The ideal posture is an ever-changing one.

Exercise in the morning?

Full flexion is not a good idea in the morning due to increased fluid content of the disc. After a period of prolonged flexion, it is wise to avoid reloading due to spinal 'memory' as a consequence of creep. A short period of extension may be beneficial in regaining some protective stiffness.

Why do patients injure their backs, picking up a pencil from a desk?

Utilising sagittal video fluoroscopy of the lumbar spine, segmental buckling was shown to occur at a single motion unit. A sudden pain while lifting strenuously was associated with demonstrable full flexion buckling at a single lumbar joint. Low intensity bending can also cause passive tissue damage due to temporary loss of motor control. *Clinically speaking, failure of muscle control could be seen or felt when having the patient perform an eccentric contraction while bending forward. Some patients actually 'tremble' their way down during a certain phase of flexion or during the whole course of the movement. It is a live demonstration of failure of neurological control mechanisms that could be related to biomechanical disturbance of gross and/or segmental function.*

The mechanism of manipulation

Dr Howard Vernon and John Mrozek, in the Journal of Manipulative and Physiological Therapeutics, January 2005, Volume 28 Nr 1, state that a manipulation performed on a normal joint brings it close to its anatomical limit. As a consequence of reflex- and biomechanical changes, a dysfunctional joint can be brought to tension by bringing it to a 'close-packed position', locking it around two axes of rotation, in accordance with the normal biomechanical coupling mechanisms, without going to a full end range of motion. The clinical physiological range would be a safe range to work in.

Conclusion

This book should be standard reading for us chiropractors. This is a book that I have read more than once. It has certainly influenced my thinking and my approach in managing low back disorders.

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ECU 2005

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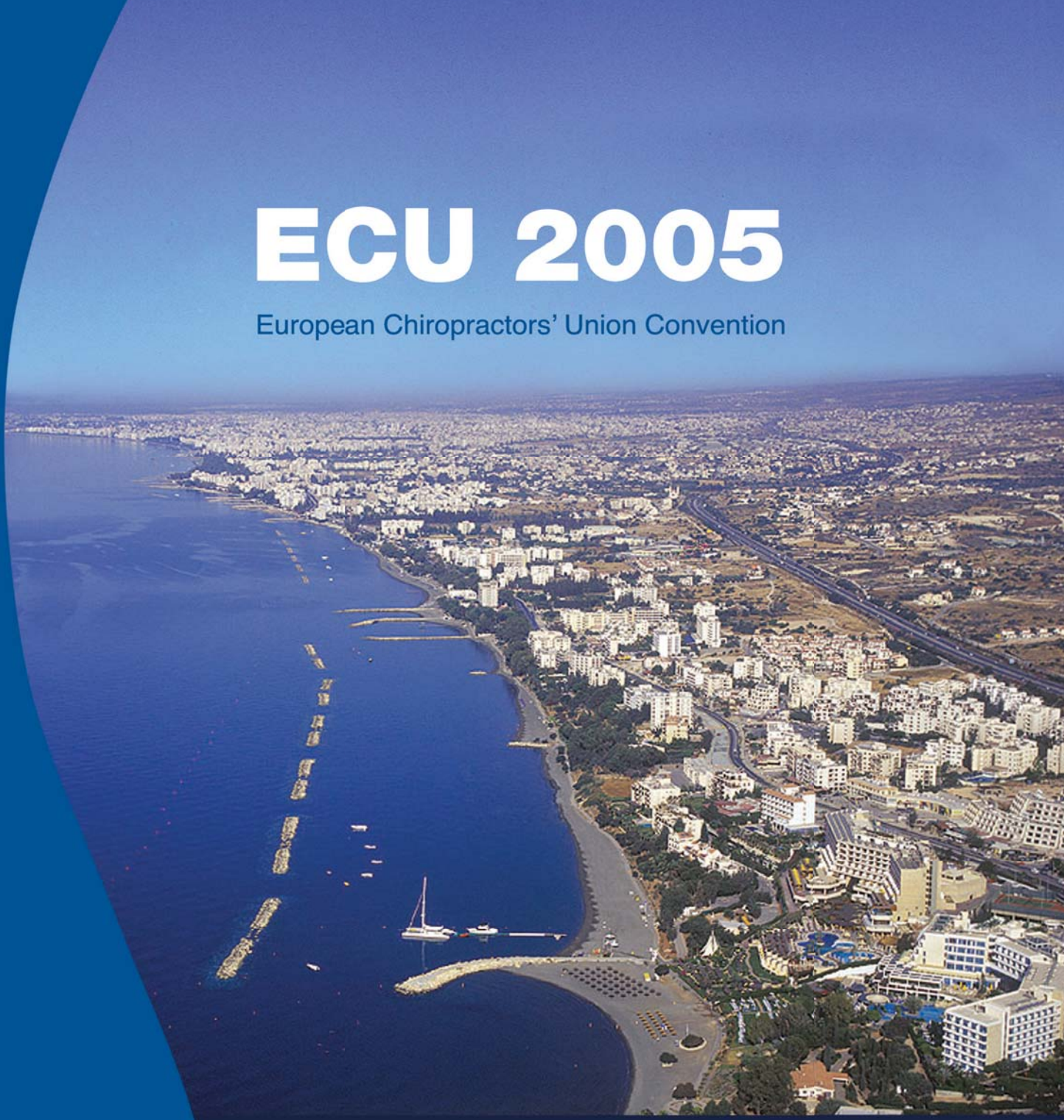

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