BACKspace
Newsletter of the European Chiropractors' Union
EUROPEAN CHIROPRACTORS UNION
March 2010
Volume 6 Number 1

Tony Metcalfe stands down after 34 years

TONY METCALFE, the only chiropractor to have represented our profession as President of his National, Regional and World Federation organisations, recently stood down from chiropractic politics.

Tony acted as President of the European Chiropractors' Union from 1993 to 1998 at a time when it was proposed to split the Union, which he saw as a detrimental step for the unity of the profession. He went on to become President of the World Federation of Chiropractic in 2004 and was a participant in the production of the World Health Organisation's Guidelines on Basic Training and Safety in Chiropractic in September 2004. He has since served a term as President of the British Chiropractic Association.

Apart from these roles, Tony was appointed to the King's Fund Working Party in 1992 which brought forward legislation for the British profession, and he was also appointed to the first General Chiropractic Council (GCC) from 1997 to 2002. From 1998 to 2006 he acted as Chairman of Governors for the Anglo-European College of Chiropractors and oversaw the transition of the College into full integration within the British university sector.

Tony has founded a multidisciplinary clinic in Teddington, where he lives, which combines conventional and complementary medicine including surgeons, general medical practitioners, medical acupuncturists, homoeopaths, physiotherapists and chiropractors, amongst others. With his wife, Julia, he has four children, three of whom have graduated into the medical professions as a general medical practitioner, a veterinary surgeon and a chiropractor. The youngest is due to graduate from Cambridge University this year and will be working in the City of London.

Tony has now served his profession continuously for 34 years and continues now as Chairman of the British Standards Institute committee on the Services of Chiropractors which is assisting the CEN, the European Committee for Standardization, to draw up voluntary technical specifications to help achieve the single market in Europe for chiropractors.

Executive Council meeting in Amsterdam:
l -r Barry Lewis, Ben Bolsenbroek, Anne Kemp, Chris Mikus, Philippe Druart, Franz Schmid

In *BACKspace*:

3 President's report
4-8 ECU news
9-20 General news
21-22 EAC
23 Research
24-25 Case to remember
A difficult baby
25-26 Review
A discussion concerning subluxation

L'Aquila - see page 11

Previous issues of *BACKspace* are available from the ECU office. See page 20 for contact details.

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Fabrizio Mancini, D.C.
- Teleology - The Science of Being Naturally Right

Joe Dispenza, D.C.
- "A Quantum Mind: Creating Success in Practice and in Life"

Michael W. Hall, D.C.
- The Cerebellar Syndrome and its Application to Chiropractic Practice - Part I*
- The Cerebellar Syndrome and its Application to Chiropractic Practice - Part II*

Stephen P. Williams, D.C.
- Chiropractic Infant Cranial Correction and Plagiocephaly*
- Low back pain, Sacro-Occipital Technique approach to diagnosis/treatment*

Dan Murphy, D.C.
- Subluxation Neurology*
- Soft Tissue Injury and Repair*
- Whiplash Injuries*

Eric Russell, D.C.
- The 33 Principles of Chiropractic*
- The Gonstead Technique*

Nicole Lederman, D.C.
- Chiropractic for Kids: Why? The 123s of the Pediatric Examination*
- The ABCs of Pediatric Adjusting & Common Childhood Conditions*

Camille Eberle - Reagan, D.C.
- On the road again: Treating Running Injuries Part I*
- On the road again: Treating Running Injuries Part II*

Dominique Hort, D.C.
- A Practical Approach to Physical Symptoms and Quality of Life Issues
- Advanced Applications for Physical Symptoms and Quality of Life Issues

Piet Seru, D.C.
- Patient Management: Communicative skills and recurrent palpatory pain patterns used during any first visit as practice building tools.

Carol Ann Malizia-Caporrino, D.C.
- What You Do and Don't Do Determines Your Destiny Part One
- What You Do and Don't Do Determines Your Destiny Part Two

Ricardo Fujikawa, D.C.
- Chiropractic Care For Patients Under Most Common Prescription Drugs*

Gilles Lamarche, D.C.
- Parker Procedures for Patient Centered Care - Day One
- Parker Procedures for Patient Centered Care - Day Two

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The Association of Italian Chiropractors

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President's report

Changes for the new year

Photo: Øistein Haagensen

New Executive Secretary

As you can read on page 6, Anne Kemp has now retired … and of course, we have been obliged to recruit someone else to occupy her post of executive secretary.

After a bad start with a lady employed for one week only, we have recruited Sue (Susan) Hymns, a very nice friendly lady from near Teddington, so the Secretariat address of ECU will be unchanged. I welcome Sue and I am sure we will co-operate very well.

Working Party for ECU restructure

Anne's retirement has brought the necessity of restructuring the ECU.

Peter Dixon, Stathis Papadopoulos, Anne herself and I were the members of this working party, which had no real decision-making power, but made recommendations to the General Council (GC). Peter Dixon accepted the role of chairman and presented his suggestions to the rest of the group, and later the Executive Council (EC).

He proposed that the EC should be cut down to a president and vice-president and that a chief executive officer (CEO) should be appointed to take on (with help from one – or two - paid employees) the bulk of the work of the rest of the EC. The spare money could be used to pay the personnel needed to 'professionalise' areas of the organisation. The new executive secretary could continue Anne's work and the ECU would need to employ a CEO.

The work of the treasurer would be taken over by a professional accountant. Most of these ideas have been taken into consideration and could possibly be implemented as soon as the GC approves the changes.

CEN meeting

Brussels 10-11 September 2009
San Lorenzo 21-22 January 2010

The second CEN meeting took place in Brussels prior to our EC meeting. Holger Muehlbauer has been replaced as secretary by Hermann Huemmer from the Austrian office. Excellent news, the president of the DCA, Peter Kryger-Baggesen, was present and has proposed Copenhagen as the meeting city in June 2010 and it has been accepted.

By the end of the second day we reached a consensus by a non-official vote that the CEN would endorse the ECCE standards, and only them, for Core Competencies and Undergraduate Education.

The third meeting was in Madrid in the lovely RCU Maria Cristina surroundings in San Lorenzo del Escorial, on January 21 and 22. It was again very productive and all texts are now ready and accepted. By June, we will present the final version of the CEN standards with the necessary ECCE bits and pieces included. By the end of the year, they will be reviewed by a college of external experts. Their remarks will be submitted to us, for us to accept or not.

In the final stages, the standards will be adopted by CEN members, go back for editing by the CEN and should be printed by April 2012.

European Working Party for Chiropractic (EWPC)

The creation of an intergoup (official group in the European Parliament) has been a little utopia. There are only 30 intergroups and four concern the health sector. Moreover, I have been told that it was a very expensive and slow process to attract the attention of the MEPs.

Therefore, we will carry on the EWPC, where a few more MEPs have responded positively, and it now represents some eight countries. Some look really proactive but, again, it will be a difficult task to bring the attention only towards chiropractic. It is obvious that the other 'similar' professions (homeopathy, osteopathy and acupuncture mainly) will prefer to organise a common group on the European health political front.

ADCE and bank account transfer to Switzerland

This project is now realised and the Association for the Development of Chiropractic in Europe (ADCE) is now the financial arm of the ECU. This is a non-profit association recognised by the Swiss State and Canton. It will allow ECU to always keep its finances in the same country, whatever the nationality of the treasurer. Although it is in Switzerland, the account is in Euros; trans-European payments in the euro zone are free of charge and user-friendly.

As an association, we will have quite a lot of other advantages and we will have, automatically, within the main accounts all the necessary separate ones (General Fund, Education Fund, Research Fund mixed progressively with EAC Accounts, Convention Fund etc).

We really hope to have a much more professional approach to our finances in the near future.

It has been decided as well to produce the ADCE accounts on the website from 2010 in the members' reserved zone.

Foundation for Chiropractic Education and Research (FCER)

When I received the news saying that FCER was bankrupt, I must admit, although few obvious previous signs, that I was totally astonished! It was created in 1946 (older than me, not easy!) and it had the whole chiropractic scientific credibility on its shoulders …

This is due to the progressive lack of support from the American DCs, and the economic crisis being once more a sad explanation. Please, join our Academy (EAC) and support research and scientific credibility of chiropractic, it is the only way to survive. The EAC has made tremendous improvement with new blood; Martin Wangler as Director of Academic Affairs and Lise Lothe, recently, as the new EAC registrar, both doing a tremendous job and greatly supporting Chris Mikus, the Secretary General.

London ECU-BCA Convention, May 2010

BCA has lived through some difficult moments this last year (see page 18). London 2010 could be the place to celebrate the end of all these problems. Please come and participate in this Convention to show your BCA support. We need another big success and know this will be a great event.

Finally I would like to take this opportunity to thank Tony Metcalfe for his constant support to ECU, thanks for his professional involvement, second to none and … welcome Richard (see pages 1 and 4)!

Sorry to have been so long.

See you soon in London,

Philippe Druart DC
ECU President

ECU news

New presidents at General Council Meeting

THE LOVELY city of Amsterdam was the venue for the November General Council (GC) Meeting on 20-21 November 2009. President Philippe Druart welcomed 15 countries to the table. There were apologies of absence from Iceland, Liechtenstein, Luxembourg and Poland. (Some of the ECU's smaller associations do not have the funds available to allow them to attend two GC meetings a year so they normally choose to go to the May meeting which precedes the ECU Convention).

There have been significant changes amongst the presidents of the National Associations:

- Sandra Ekström replaces Stephan Malmqvist as president of the FCU (Finnish Chiropractic Union)
- Richard Brown replaces Tony Metcalfe as President of the BCA
- Siobhán Guiry replaces Andrew Doody comes as the new ECU representative for the CAI (Chiropractic Association of Ireland)
- Gertjan van Koert replaces Jan Geert Wagenaar as the new President of NCA (Netherlands Chiropractic Association)
- Tobias Lauritsen replaces Stina Berg as the new President of the SCA (Swedish Chiropractic Association)
- Gian Joerger replaces Franz Schmid as the new President of Chirosuisse.

In addition:

- Mustafa Agaoglu, the President of the Turkish Chiropractic Association (which became the first Associate Union Member at the May meeting), also attended.

ECU Student Award 2009

THREE CHIROPRACTIC institutions have announced the winners of the ECU student awards for 2009.

University of Southern Denmark

Best project: *Hyperpronation in relation to achilles tendon and knee problems* by Kamilla Holst Petersen and Mikkel Alrøe Gammelby
Supervisor: Henrik H Lauridsen

Welsh Institute of Chiropractic

Graduates of the year, Kate Mosedale and Mark Thomas, were featured in the last issue of *BACKspace*.

Anglo-European College of Chiropractic

Best project: *Immediate relative effect of ischaemic compression and activator trigger points: a randomised clinical trial* by Anna Jane Allen

IFEC has not yet presented the award.

European Union – chiropractors and patients get involved!

THE EUROPEAN Union offers a host of opportunities for patients and chiropractors to get involved. The ECU and national associations are busy working with MEPs, replying to European Commission surveys and consultations, participating in the European Health Policy Forum – all activities aimed at obtaining recognition for chiropractic in areas of health policy and health programmes across Europe.

*Individuals, including **you**, can participate too!*

EU On-Line Debate

http://europa.eu/debateeurope/health/index_en.htm

This new webpage was launched in September to promote debate and the flow of information between citizens and the European Commission. You can access the EU Health Portal and regularly-updated videos and other links for news on health; participate in surveys, questionnaires, and give your opinion on the EU health issues.

European Commission Call for Health Experts

http://ec.europa.eu/health/index_en.htm
http://ec.europa.eu/health/ph_programme/ami/ami_036831_en.htm

The Commission draws upon this pool of experts to find participants on committees and to evaluate projects for support or funding. The deadline for applications is October 2010 and the work is even remunerated!

EU Registering Experts and Organisations for Research Activities

http://cordis.europa.eu/home_en.html
https://cordis.europa.eu/emmfp7/index.cfm?fuseaction=wel.logout

The ECU is already registered as an organisation. It only takes a few minutes to sign up, so why not go ahead? If you have experience in practice and preferably an aptitude for research and learning in general then take some time to study the fields in which experts are being sought. Areas might be alternative medicine, neuroscience, orthopaedics, and physical medicine, but there are dozens of others listed.

Having people from our profession involved on the inside can only help the allocation of funds in general and help us build up a knowledge base to aid future applications for involvement in EU projects.

The Cordis website explains how research in Europe works in general – there are categories for individual researchers as well as applications from consortia of universities and other organisations. There is a lot of money available, and a lot of people and organisations chasing these sums, so now is as good a time as any to join the queue!

Baiju A Khanchandani DC ICSSD
ECU Public Health Committee

ECU news

ECU Convention 13-15 May 2010

Chiropractic in the Bone and Joint Decade – Reflections, Achievements and Opportunities

THE BRITISH Chiropractic Association is delighted to be hosting a celebration of chiropractic in the world's greatest capital city, London, in May.

Marking the end of the Bone and Joint Decade, the conference will focus upon what the decade has meant for the chiropractic profession. It will reflect on how it has matured, integrated itself within the world health community and utilised best evidence. It will look at its achievements; how regulation has shaped the profession, the impact of celebrated research papers and involvement in high profile events. Finally, it will explore the exciting opportunities for chiropractors of today and tomorrow.

With research playing an ever more prominent role in determining our place in the health arena, London 2010 will showcase some of Europe's leading researchers and the presentation of their work will inspire, enthuse and direct our path for future growth and development. Similarly, practical demonstrations and workshops will expand our interests and motivate delegates to further their study and expand their scope of practice.

The event will take place in the excellent London Hilton Metropole – close to Paddington railway station and within an hour of London Heathrow and the Eurostar Link at St Pancras; access to London 2010 couldn't be easier.

There will be lots of fun as well as learning! The BCA has arranged an exciting programme of social activities, including a flight on the amazing London Eye, a River Boat Cruise and Dinner, a Traditional London Pub evening and, to mark the end of the Conference, a magnificent Gala Dinner with showpiece entertainment.

Make sure you are there to meet, to share experiences and to learn from colleagues. Find out more at **www.ecuconvention.eu**

Richard Brown DC LL.M FCC FBCA FEAC
BCA Vice-President

Extensive academic programme

THIS YEAR, in London, the academic programme is going to be very extensive. Formulated with the assistance of Jan Krir from the BCA, it is one of the most comprehensive of recent years. Its title, *Chiropractic in the Bone and Joint Decade: Reflections, Achievements and Opportunities*, was chosen to reflect the contribution and achievements of chiropractic during the Bone and Joint Decade.

A great number of keynote speakers, clinical lecturers and researchers will join us to present interesting clinical topics and practical workshops. They will cover a huge variety of themes, and will have something for everyone. A special mention needs to be made of a renowned figure of musculoskeletal medicine, Karel Lewitt, who will be present to share with us his lifetime's experience.

Some of the best chiropractic speakers, including Scott Haldeman, Alan Breen, Allan Terrett, Don Murphy, Brian Nook, David Byfield, Haymo Thiel, Joyce Miller, Michelle Wessely, Jane and Jonathan Cook, Neil Osborne and many more, will be joined by many from other health professions to put together some very exciting presentations.

Some of the clinical topics will be:

- Impaired posture and function
- Spinal stability
- Sporting activities of the young and older populations
- Imaging of sporting injuries
- Chiropractic care for the elderly
- Management of groin injuries
- Musculoskeletal ultrasound for the lower extremity
- Osteoporosis
- The use of supplements
- Patient assessment for the most serious complications of manipulative treatment
- Best and safe care
- Screening athletes for the prevention of injuries
- Dynamic neuromuscular stabilisation (DNS) technique
- Dry needling

For the first time this year, we will be also presenting interesting **actual cases**. They will be presented in an interactive way, triggering audience participation, thus making it a valuable clinical learning tool. ***You could even bring your own interesting case along and see what our panel of experts has to say about your diagnosis and treatment...***

Another new feature of this year's convention is the number of afternoon workshops: there are going to be six – instead of the usual four – every day for you to choose from! The problem isn't going to be finding something interesting, but what to leave out – but don't worry, because some topics tend to return every so often, so you will get the chance to attend the ones you miss in a future convention!

Don't forget the original research papers! Our convention is trying to increase the quality and quantity of original research presentations and to support chiropractic research in Europe. Our research award, the **Jean Robert Research Prize**, first introduced last year in Alghero, has been raised to a total of €3500, in three research categories. Read all about it in our call for papers on page 6.

Of course, the ECU Convention isn't only about the Academic Programme! Check out **www.ecuconvention.eu** to see how many satellite meetings will be taking place before and during the convention. Politically important meetings like the ECU General Council meeting and the ECU General Assembly, as well as academic meetings like those of the European Academy Administrative Council, the European Researchers, the national GEP representatives and others, are aimed at determining the identity of chiropractic in Europe, as well as shaping its future. European or International bodies like FICS, ECCE and CECE will take the opportunity to hold their annual administrative meetings, making the convention the most important chiropractic forum in Europe.

London, the capital of the biggest chiropractic country in Europe, has the opportunity to host the largest ECU convention ever! Come and join **1000 participants** from UK and the rest of Europe in this exciting event!

See you all there.

Vassilis Maltezopoulos DC MD FFEAC
ECU Convention Academic Organizer

ECU news

Call for papers

THE CALL for papers for the ECU convention 2010 has some changes from previous years. The most important is that papers will be divided into two categories: open and targeted papers. Open, are the 'usual' papers on any topic, whereas targeted are the ones on specified topics. This year's targeted papers are going to be on one of the following topics:

- Sports chiropractic (keywords: sports injuries, rehabilitation, exercise)
- Postural imbalance (keywords: posture, locomotion, spinal biomechanics, motion analysis)
- Case studies (keywords: cases to remember, case series)

Open papers will be presented at a specified plenary session, while targeted papers will be presented together with the programmed lectures during the relevant sessions.

The Jean Robert Research Prize, first introduced at last year's convention in Alghero, has been raised to a total of €3500, across three categories:

- Best clinical/practice-based research paper..... €2000
- Best experimental research paper €1000
- Best new researcher ... €500

Additionally, presenters will be given the opportunity to attend the convention at the reduced first- year graduate fee.

For more details, please check *Call for Papers* at the convention website: **www.ecuconvention.eu**

Farewell to Anne

YOU ALL know by now that Anne Kemp retired at the end of last year, after almost 20 years with the ECU.

Philippe Druart, the last of five presidents for whom she worked, finds it hard to say goodbye:

"Apart from those who worked for a long time with Anne, it is difficult for people to really understand the working link between her and the ECU president. She remembers everything, she has a 'to do list' equal to none, and so, if you are not careful, you are at risk of being quite often 'behind' her...

"We must say that her work has been well done all along, she has taken care of all the ECU side of things, knowing everybody from the USA to Australia, from Norway to Spain! She had many friends in all the national associations' secretariats. She will miss all these people, but we must admit sincerely, we will miss her a lot as well.

"From the bottom of my heart, I do thank her."

Anne herself has many memories of her time with ECU, as well as plans for her future:

"When I visited my chiropractor, Tony Metcalfe, early in 1991 for one of my regular check-ups I had little idea that it would result in a job that spanned the next 19 years (and in total, a half) of my working life!

Tony knew that I had taken a career break to bring up my children but was ready to get back into the workplace and take on a new challenge. At that stage he was the secretary of the ECU and as such was responsible for the administrative work involved but the work was increasing and they needed somebody to give it more time. He asked if I would be interested ...

"In May I found myself in Dublin (1991 ECU convention venue) attending my very first General Council meeting – what a shambles! There were 14 Union Members (national associations) of the ECU at that time. The presidents arrived from different countries and walked around the table dropping various papers at each place. An agenda had been circulated but it was difficult to discuss any of the points because nobody had time to read those papers, so many items were tabled until the next meeting – I wondered quite what I had got myself into! But I like a challenge and was determined to try and bring a little 'organisation' into the ECU. And I liked meeting all the people from all the different European countries and relished what I could learn about the chiropractic profession and the diverse cultures that Europe offers.

"I would never deny that there have been challenges during my ECU working life but on the other hand I have gained a wealth of experience, I have learned about culture in Europe, I have visited the country of each Union Member (except Luxembourg and Poland) and I have met and worked with some lovely people. I worked for the Board of Education and the ECCE. I've never missed one of the 36 General Council meetings or 72 Executive Council meetings (nor the 'joy' of taking the minutes at each one...) I've been to 19 Gala Dinners and had a ball at all of them. I have been the Executive Secretary to five presidents – Christoph Diem (Switzerland), Tony Metcalfe (UK), Flemming Teilmann Nielsen (Denmark), Peter Dixon (UK) and 'finally' Philippe Druart from Belgium. I can honestly say each one has been a pleasure to work for. They listened when I had a point of view and I have huge admiration and respect for all of them – they in turn respected my efforts and my work.

"I had a wonderful 'send-off' at my final meeting in Amsterdam last November and was given a fantastic present as a result of a 'collection' that Philippe undertook on my behalf. Thank you to everybody who contributed to that – it was so very kind of you. I have so far bought a new sofa and new garden furniture so will reflect on the ECU when I am sitting and relaxing on both...

"Thank you *BACKspace*, and thank you Manya, our patient editor and good luck to Sue!!"

Welcome to Anne's successor, Sue Hymns, who says: "This is a very exciting and challenging position. Challenging especially following in Anne's footsteps as she has done such a professional job during her 19 years with the ECU. My professional background as a personal assistant has been mainly in the hotel, advertising and property industries. However, I am a huge advocate of chiropractic having visited a chiropractor myself with amazing results.

I look forward to meeting everyone at the 2010 Convention in London".

ECU 2010 CONVENTION

CHIROPRACTIC IN THE BONE AND JOINT DECADE
REFLECTIONS, ACHIEVEMENTS AND OPPORTUNITIES

Hosted by: The British Chiropractic Association

13th – 15th May 2010

London Hilton Metropole Hotel

Register Now - Early Bird Registration Deadline 1 March 2010!

www.ecuconvention.eu

ECU

ECU news

New 2nd Vice President

FRANZ SCHMID was elected 2nd Vice President of ECU at the General Council meeting in November.

Franz, who works in Switzerland, takes over the role from Barry Lewis, who became 1st Vice President in May following the departure of Stathis Papadopoulos.

A graduate of Western States Chiropractic College, Oregon, Franz has been president of ChiroSuisse and an ECU General Council member since 2005. He is also President of the Swiss Academy for Chiropractic, responsible for PGE and CE in Switzerland, and a member of the European Committee on Standardization (CEN).

"After all these years I feel it is my duty to give something back to the chiropractic profession," he said. "It is my vision that the chiropractic profession becomes an important part of the European health care system and that chiropractic is accepted as an independent medical profession without losing its identity."

Register now for the ECU 2010 Convention and save £95!
Early bird discount valid until 1 March 2010

Further funding for WIOC

THE ECU has granted funding to the Welsh Institute of Chiropractic (WIOC) for the digitising of its existing x-ray database and the configuring of a teaching file database.

The grant, of £4500 (€5003), follows the funding, in 2008, of the development of the WIOC digital imaging computed radiography equipment.

The WIOC is integrating digital interpretation into its diagnostic imaging course modules and this technology will allow it to further utilise its existing cases and begin to expand this facility for teaching purposes. In the future it hopes to advance the use of a digital film library to the evaluation of student performance in diagnostic imaging interpretation more completely.

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General news

From left to right:
Günter Schultz, Joseph Luraschi, Anna Allen, Daniela Carini

The Chiropractic Action Team

IRONICALLY, IT takes a natural catastrophe to unify the world. In the face of disaster, groups of chiropractors have emerged spontaneously in the United States, Peru, Australia and other nations. Emergency responses and disaster appeals for many countries in recent years have shown the emergence of a new branch of the chiropractic profession in the realm of emergency care.

These intense times have shown a strong demand for chiropractic care, and positive feedback has been given by emergency response workers. A brief, precise, properly executed chiropractic adjustment helps people to feel better and work more effectively – just like an athlete who receives treatment before a major event in order to face the challenges of great physical effort in a maximum-performance state.

In 2009, for the first time in Europe, a landmark project was launched by the Association of Italian Chiropractors (AIC) that has led to a creation of an emergency response unit now known as the Chiropractic Action Team.

When the devastating earthquake took control of the medieval city of L'Aquila, in the Italian province of Abruzzo, last year, thousands of relief workers were deployed to help the innocent victims. The National Guard, fire brigade, and Red Cross began working around the clock. Numerous volunteers of many nationalities worked together with a single goal – to do all that they could to assist emergency services.

International support was evident, as one Red Cross volunteer recalled: "I worked with a Swiss nurse, a New Zealand massage therapist, and an American chiropractor, without knowing any of them – but with only one target, to save people's lives and help however we could."

During the initial phase of a Red Cross emergency intervention the common objective is to provide help where it is most needed. This includes essential medical assistance, digging in the rubble, consoling the survivors, feeding those without homes and working all hours with minimal

The results of emergency chiropractic care

***Jennifer Lovern**, the Chiropractic Action Team co-ordinator for the Association of Italian Chiropractors, discusses the results of the chiropractic effort in L'Aquila.*

ON 11 April 2009, six chiropractors began service at two Red Cross camps in the earthquake zone. By the project's completion six months later, 85 chiropractors from across Europe had volunteered on many different occasions to provide treatments in the four adjusting camps. Over 5,400 chiropractic treatments were provided.

In all, 50 AIC members and 12 ECU members participated. In addition, with the co-operation of Barry Lewis of the AECC and Olivier Lanlo of the IFEC, 20 students were allowed to participate in the project, under the supervision of their clinicians. All students performed very professionally and did well. Each walked away with a feeling of satisfaction that they were able to contribute to the relief efforts in the city of L'Aquila as well as improve their patient management skills.

Angelo Battiston, who brought a group of AECC students (see page 10), was particularly touched by the generosity of the local rugby team in donating their stadium to the Italian national guard to provide stable ground for a tent community, giving temporary housing for the L'Aquila people. He managed to organise a charity dinner with his UK club, Oakmedians RFC, to raise funds for the L'Aquila RFC. It was held on 26 September 2009 and, thanks to his contact with the L'Aquila club secretary and their star player Dario Pallota, he managed to get a signed jersey for a charity auction. Dr Battiston personally did all of the cooking for the event, and, believe it or not, offered neck massages on the VIP patio at the game! All proceeds went directly to the L'Aquila team, many of whom lost their own homes in the earthquake.

Immense gratitude has been shown for our contribution and the Italian Red Cross has initiated formal discussions with the AIC in order to explore the possibility of a pilot collaborative project in Milan.

AIC chiropractors who served in L'Aquila will be holding a reunion at the AIC Parker Seminar in Rome, 24-25 June, 2010 and welcome the participation of ECU colleagues: www.psi2010.com, www.chiropratica.it.

Many chiropractors came to L'Aquila and had life changing-experiences. Each one came to Italy to offer their time and energy and made a huge difference to these people's lives.

General news

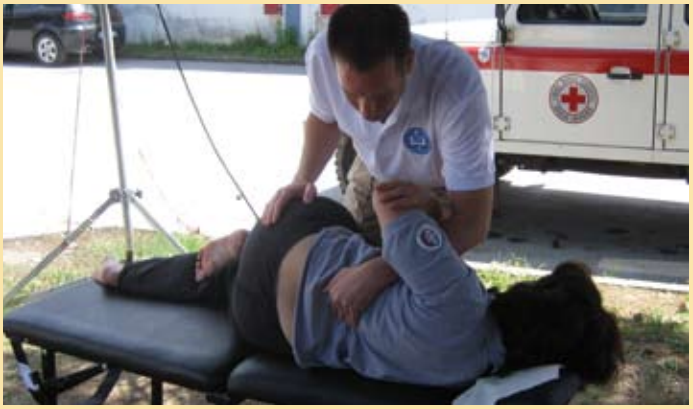
rest. In these intense phases, every minute counts and the emergency workers' bodies produce so much adrenaline that they may not even notice the pain from overexertion. In other words, they risk going beyond their physical limits without being aware of it. Here, effective chiropractic care can be a crucial aspect of disaster relief, assisting a person to return to his/her normal state of muscular-skeletal equilibrium. The need for chiropractic care was not only shown as an essential part of reconstruction efforts, but it has also demonstrated its effectiveness in a crisis situation.

What began as a small group of local chiropractors who wanted to help in some way grew to become an official collaboration between the national chiropractic association (the AIC), the European Chiropractors' Union (ECU) which contributed individuals and delegations from AECC and IFEC, and the Italian Red Cross (CRI).

At the European Chiropractors' Union (ECU) Convention held in Alghero on the Italian island of Sardinia from May 21-23, 2009, Jennifer Lovern raised financial support through raffle tickets and donations to continue the efforts of this landmark project.

At the convention, the Anglo European College of Chiropractic (AECC) was approached to provide senior clinic interns to participate in this initiative. In the last week of the academic year, a group of four students (Anna Allen, Daniela Carini, Joseph Luraschi and Günter Schultz) was escorted by Dr Angelo Battiston to L'Aquila for four days:

"It was my task to accompany four senior clinic interns. We arrived in Pescara having left Bournemouth very early on the morning of 9 July, 2009. We were met by 'Dottoressa Genniferr' and whisked away for a hearty lunch. Unaware of the fact that we were to commence treating that afternoon we tucked in to the culinary wonders of the Abruzzo region. It was glorious! That afternoon saw us working from approximately 14.00 until 22.00 with a tea break in-between

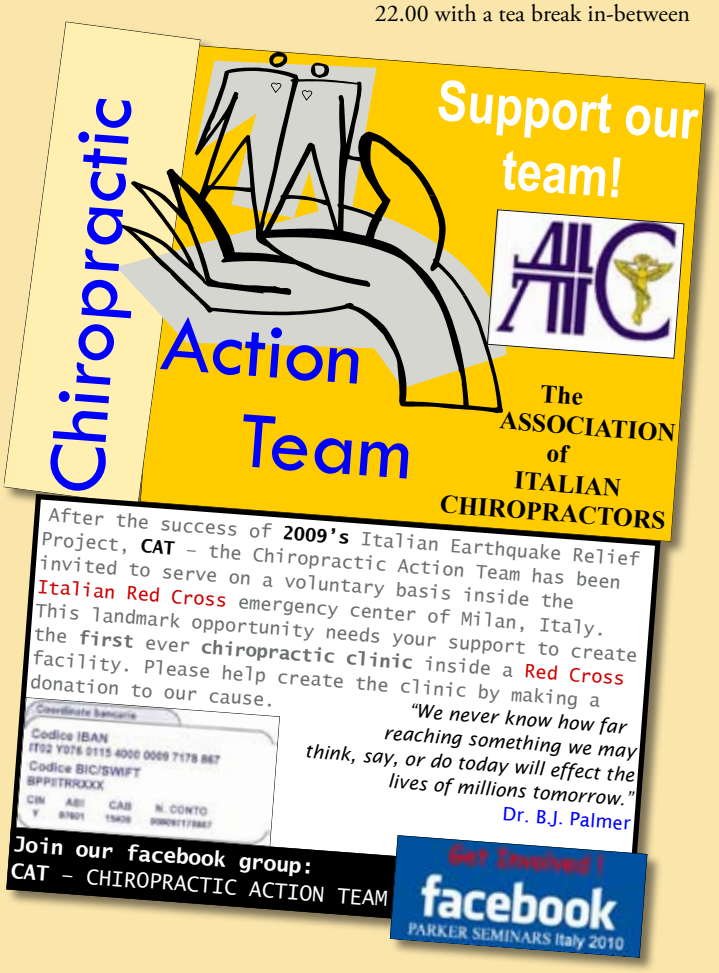


A 'working holiday'

A personal account of working at L'Aquila by ***Dawn and Andy Dane*** *from Northern Ireland*

WE HAD often talked about going on a 'working holiday', and when we saw the advertisement on the ECU website we thought it would be a perfect way to help some people in need. So we booked a long weekend and headed to L'Aquila to meet Jennifer Lovern and spend a few days helping out. It was so nice to see chiropractic fitting in with allopathic medicine to meet all the needs of the different patients!

The firemen were delighted to have treatment after a long day and even rewarded us with some wine at dinner in the mess hall! We had the chance to treat displaced families who were dealing with all sorts of emotional and physical stress and it was nice knowing that we were able to alleviate some of the strain that they were suffering. While we hope that there are no more tragedies like this in Italy we would definitely volunteer to help out in this way again and would highly recommend it to others!



and then a hearty tent dinner with members of the Italian Red Cross. This rhythm of treat, move, eat, and, oh yes, of course sleep lasted the entire time we were in L'Aquila. The experience from this mission was incredible. Not only did our graduating interns gain valuable experience and self confidence, they felt the camaraderie of working side by side with professionals who have served several missions in the world and yet were humble enough to say "grazie, grazie, siette tropo bravi…!" (Thank you, thank you, you are fantastic!).

"While we were there at the Red Cross base camp, we were treated very nicely and the Red Cross staff were very accommodating. Many of its members were very insistent about further collaborations between our chiropractic profession and their organisation."

Since the closure of the adjusting camps of L'Aquila, Dr Lovern has had five meetings with the Italian Red Cross at their headquarters in Rome to discuss a future collaboration between the International Red Cross and the ECU.

Note: The four interns who worked with Dr Battiston are now qualified chiropractors.

General news

Situation in Spain

***Philippe Druart** reports.*

SINCE LAST October, the 'Colegio' of physical therapists (PT) in Spain has sued a few chiropractic clinics, mainly in the south of Spain (Andalusia), either for illegal practice of physiotherapy or for illegalities within the clinics themselves.

The AEQ decided to react to this situation and appealed for an Extraordinary Assembly on 28 November. The members were asked to choose between several big firms of lawyers around Madrid and Burgos, but the situation was unclear and confused. Therefore, all AEQ members will vote by post on their choice of lawyers or consultants.

Many DCs, for now, practice with the 'homologation' of their DC title into a PT one: no VAT and no danger of lawsuit. But this situation cannot go on forever if they want specific legislation in Spain. The ECU is strongly supporting a fair solution in Spain and really hopes the right choices will be made.

The last CEN meeting (see page 3) was in the Real Centro Universitario (RCU) at San Lorenzo del Escorial (Madrid). It was very pleasant for all of us (nearly 30 participants) to be in this fabulous historical environment full of European memories. We had the opportunity to visit the chiropractic department, all very professional, and to have a private visit to the Royal Palace and the Monastery. This architectural entity will leave us with fantastic views and no words for the unbelievable dimensions and proportions.

'Credit crunch' encourages more students?

THE WELSH Institute of Chiropractic (WIOC) reports that student recruitment was very strong once again in 2009. It recruited 95 students overall, across the main MChiro programme, foundation year and other points of entry including year 1 Human Biology.
The Foundation Year was particularly successful (30 students), which may reflect the current economic environment, with people looking to retrain or pursue a new career as job market opportunities continue to decline.

New director for NIKKB

THE NORDIC Institute of Chiropractic and Clinical Biomechanics (NIKKB) has appointed Henrik Wulff Christensen, DC, MD, PhD as its new director.

Henrik Wulff Christensen graduated from the AECC in 1988 and has been in private chiropractic practice since then. He also graduated from the University of Southern Denmark with a medical degree (MD) in 1993, and with a PhD in Clinical Science in 2004.

In addition to his other activities, he has, over the past 10 years, conducted cutting edge clinical research at the Departments of Nuclear Medicine and Cardiology at Odense University Hospital, while holding a position as senior researcher at NIKKB. His research has focused particularly on the connection between angina pectoris and upper thoracic spinal dysfunction and he has published extensively on this and other topics in chiropractic and medical journals.

NIKKB carries out research and postgraduate education in chiropractic and currently has 25 employees. NIKKB is also part of the well-known research group Clinical Locomotion Science.

BACKspace

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General news

ECCE Training Day

Training days are held by the ECCE to ensure that evaluations of institutions are carried out in a rigorous, consistent and fair manner. The objectives of these training events are to inform potential team members of the ECCE Standards, how they are interpreted and measured, and the process of the evaluation visit from the planning stages to writing the final Evaluation Report. By attending the training day, a pool of potential Evaluation Team members can be compiled and called upon in the selection of team members for on-site visits to institutions seeking accreditation and re-accreditation.

A TRAINING DAY was held at the IFEC college in Paris on Saturday 5 September 2009. The ECCE invited representatives from the accredited institutions in Europe and the national chiropractic associations, and over 20 delegates attended the event. The day started with a presentation from the President (Professor Jennifer Bolton) outlining the ECCE Standards and their interpretation. This was followed by presentations from the President, Director of the Commission on Accreditation (Dr Arvid Thorkeldsen) and the Executive Secretary (Mr David Burtenshaw) on the process of accreditation and the role of Evaluation Team members in the accreditation process. After lunch, workshops were held in which delegates could read specimen Self-Study Reports from institutions seeking accreditation, and identify relevant questions that would verify the Reports against the ECCE Standards. The day ended with advice on writing the Evaluation Report. The ECCE thanks IFEC for hosting this event and in particular to Dr Thierry Kuster for the local organisation and arrangements.

As more educational institutions are set up in Europe, the ECCE will require a greater bank of people to draw on to ensure that Evaluation Teams are able to carry out the work of the ECCE to the necessary standard and in an appropriate and effective manner. Being a member of an Evaluation Team is a challenging and demanding task, but it is also interesting, informative and rewarding. The ECCE will continue to hold these Training Events at regular intervals in the future. More information is available on request from the Executive Secretary, whose details can be found on the ECCE website www.cce-europe.com.

Jennifer Bolton steps down

Professor Jennifer Bolton has completed her term of office at the European Council on Chiropractic Education, and the article below is taken from her last report to ECU Council.

I WOULD LIKE to thank the ECU for its support of my term as President of the ECCE. It has been an interesting period for me, and I have been ably supported by the ECCE Executive, in particular by David Burtenshaw and Markus Fechler. My thanks go to the profession for giving me this opportunity to contribute to chiropractic education and training in Europe.

In 2009, ECCE re-accredited IFEC in Paris for a five year period until 2014 and the new college in Madrid (Maria Cristina) was granted Candidate status. In October, ECCE sent an Evaluation Team to Durban University of Technology (DUT) to review the education offered by the Chiropractic Department. At its meeting in November, Council on Accreditation (COA) granted DUT full accredited status. Next year, WIOC (University of Glamorgan) will undergo a re-accreditation event.

We have recently been in contact with European Association for Quality Assurance in Higher Education (ENQA) and will seek full membership in 2010. Arvid Thorkeldsen and I attended the ENQA AGM in Barcelona in September, and have started the process for application for full membership. We expect to submit our Self-Study Report in January 2010, and undergo an evaluation event in April 2010. We thank the ECU for granting us part of the evaluation fee which enabled us to sign a contract with ENQA. As a result ENQA will be evaluating the ECCE during the week of 26 April 2010.

I believe the ECCE has an exciting future and will play a crucial role in the education and training of chiropractors far into the future. When I started at the ECCE eight years ago, we undertook a radical review of the ECCE Standards. These have now been in place for some time and are serving the ECCE well. At the same time, we rewrote the ECCE Constitution and finalised the Evaluation Team Manual. In 2007, we were successful in our bid for Candidate membership of the European Association for Quality Assurance in Higher Education (ENQA), and have now started the process for full Membership in 2010.

The ECCE is, in my opinion, a very different organisation from the one I joined eight years ago, and I would like to think that the changes have been for the better. What has not changed, however, is the remit of the ECCE as a quality assurance agency for chiropractic education and training that can be trusted to be fair and abide by its own standards at all times, and an organisation that facilitates the development and improvement of educational institutions.

I have no doubt that the ECCE will expand as a number of new institutions are accredited by the organisation, and that Tim Raven as President-elect, and Thierry Kuster as Vice-President-elect, will very ably lead the ECCE in this next chapter in its development together with Arvid Thorkeldsen as Chair of COA and Markus Fechler as Treasurer. As part of the transition, I will remain as consultant to the Council for one year as Past President.

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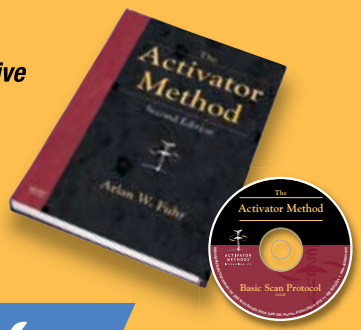

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General news

Italy 2009: chiropractic rebuffs attacks!

***Baiju Khanchandani**, DC, ICSSD, Vice President of the Association of Italian Chiropractors (AIC), provides a summary of a very successful 2009.*

SEVEN YEARS ago the chiropractic profession in Italy was besieged: the medical profession declared nine non-medical professions including chiropractic to be 'medical acts'; the courts found chiropractors guilty of practising 'medicine'; health inspectors continued to visit chiropractic offices and entrepreneurs sold fake chiropractic diplomas for tidy sums to the gullible.

Diligent work by the AIC resulted, in 2007, with legislation to recognise chiropractic. But the medical profession continued to present legal proposals to recognise their 30 credit courses in alternative medicine while successfully blocking attempts to regulate the chiropractic profession.

2009 started grimly with a flurry of renewed office inspections.

Fortunately, in the summer, the Health Minister approved the initiation of the parliamentary process to regulate the chiropractic profession and create a Professional Profile, thanks in large part to the Round Table on Chiropractic held at the Ministry in the run up to the AIC Parker Seminar in Rimini.

Several court cases against chiropractors came to a head in 2009 – and we closed the year with six court victories! One case included a malicious suit pressed by the physiotherapy profession, echoing the attack on chiropractic in Brazil.

Intensive diplomatic activity aimed at the medical profession bore fruit in 2009 – they 'undeclared' chiropractic as a medical act; belatedly, given the two year old legislation, they defined chiropractic as an autonomous health care profession, and the Bologna Local Medical Committee adopted AIC chiropractic education standards (which are, of course, the ECCE standards).

Also in 2009 the press focused their attention on fake chiropractors as a danger to the public and highlighted the training of real chiropractors while lamenting the delay in regulation. The Antitrust Agency has initiated a mechanism to investigate and penalise 'diploma mills' – a sub-standard osteopathic school has appealed a hefty fine and we hope the next target will be fake chiropractic schools.

Chiropractors worked closely with the Red Cross and other agencies in the dramatic moments and months following the earthquake in L'Aquila and relations with these organisations remains good (see page 9). Life as a chiropractor in Italy rarely involves a dull moment. The planned highlight for 2010 is the AIC Parker Seminar in Rome, 24-26 June **www.psi2010.com**, but who knows what else the year holds in store for chiropractic in Italy. Hope you can join us in Rome to find out.

www.chiropratica.it

New website for WFC

THE WORLD Federation of Chiropractic (WFC) launched a new website – **www.wfc.org** – in November 2009. It had been planned for months and tested by many colleagues and others before it was published. The goal was to produce a new and improved site with a high degree of functionality and an increased amount of information.

So far feedback has been totally positive and the numbers of visitors have increased substantially.

In addition to the existing site, new pages and areas of information are planned and will be published during 2010. This high quality website enables the WFC to relay information of interest to inspire chiropractors worldwide.

The WFC hopes that the numbers of visitors will remain high and that chiropractors throughout the world will add their feedback as to how the site can be further improved.

WFC Eastern European Seminar

A CHIROPRACTIC SEMINAR hosted by the Hungarian Chiropractic Association on behalf of the World Federation of Chiropractic (WFC) will take place at the K + K Hotel Opera, Budapest on 19 and 20 June 2010.

The WFC provides encouragement and support for pioneering chiropractors in many countries. Chiropractors from Eastern European countries such as Croatia, Hungary and Poland will be attending this seminar, which coincides with the Council Meeting in Budapest. For chiropractors in these countries, it will be their first such meeting.

Entitled *Spinal Disc Pathology – Imaging, Adjustive Techniques and Active Rehabilitation*, the seminar will be sponsored by Foot Levelers Inc.

For more information visit **http://tinyurl.com/yktfb2c** or contact WFC Executive Secretary Sandra Brown at **sbrown@wfc.org**.

Membership of bodies like WFC is important, in order to give chiropractors status within their own country when they discuss matters such as proposed legislation and educational opportunities with their governments.

Director appointed in Barcelona

A DIRECTOR OF the Barcelona Chiropractic Center has been appointed.

Martyn Walker graduated from the Welsh Institute of Chiropractic (WIOC) in 2002. He has both a BSc (Hons) in Chiropractic and a Diploma in Sports Sciences and has been in private practice in Wales since graduation. Additionally, for the past six years he has worked as a senior floor tutor, senior lecturer and functional management tutor at the WIOC. Martyn has also been a Test of Competence examiner for the UK's General Chiropractic Council since 2003.

An initial collaborative agreement, signed between the Barcelona Chiropractic College (BCC) and the Universitat Pompeu Fabra (UPF) in November 2008, established the intention to work together towards the further development of the BCC's programme of study. For the last three months negotiations have been underway with the heads of different departments of the UPF to strengthen these bonds, and it is expected that two new collaborative agreements will be signed shortly.

The BCC has a total of 29 students in its first class. The students range in age from 18 to 45.

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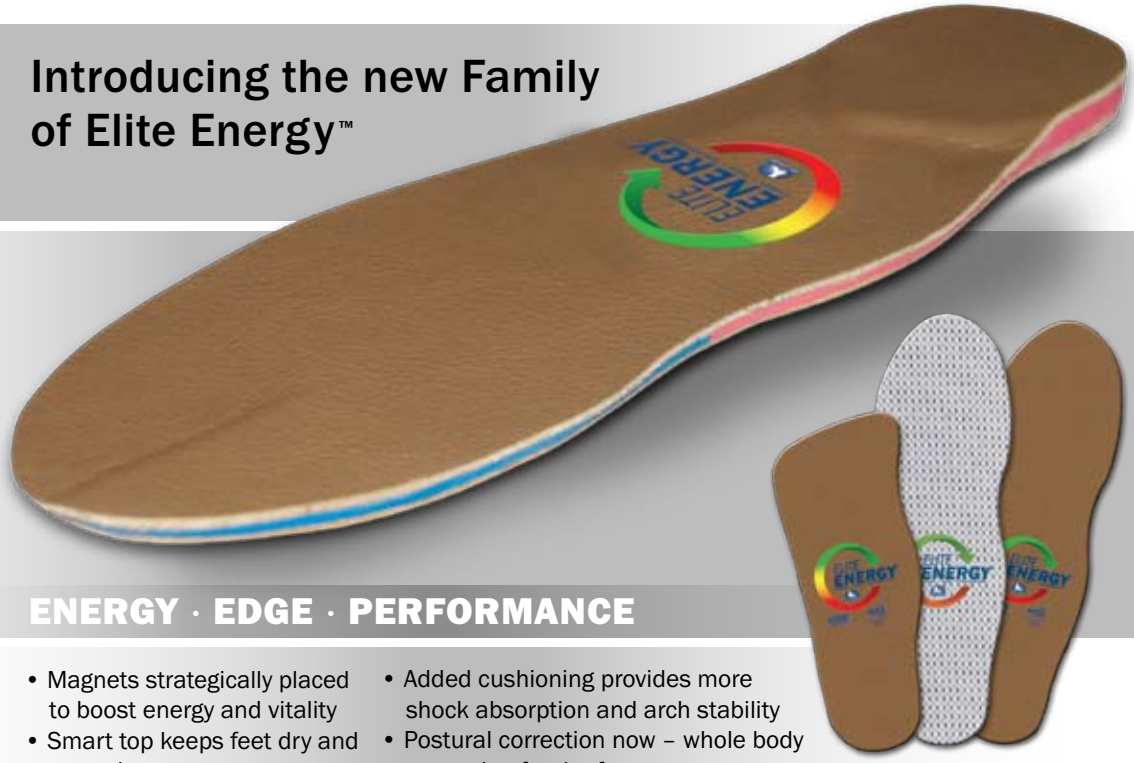

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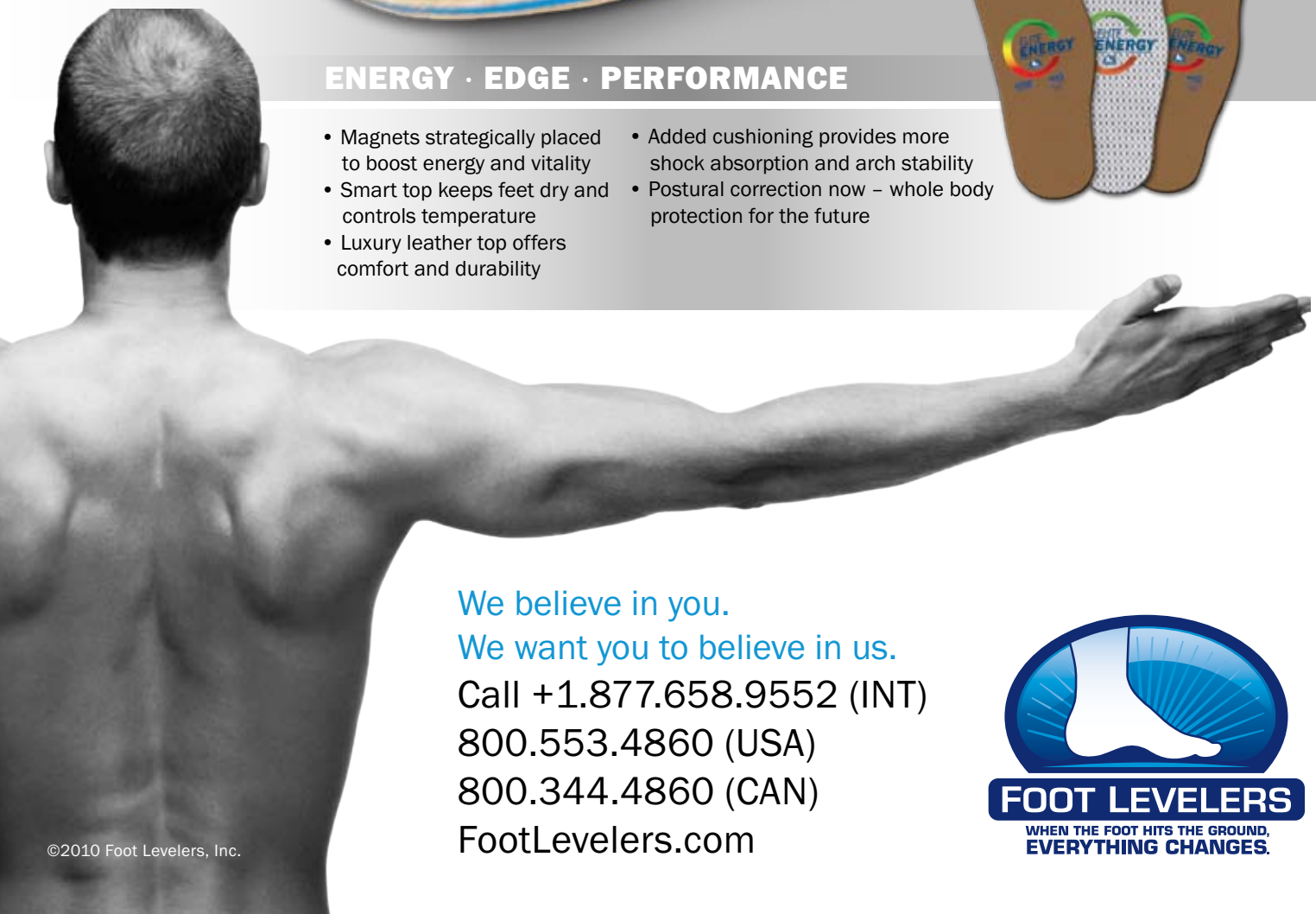

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General news

WFC election results

ELECTIONS WERE recently held for the two posts of European Representative on the World Federation of Chiropractic's Council. There were five candidates:

- Andreas Eklund (Sweden)
- Espen Johannessen (Norway)
- John Williams (Italy)
- Ricardo Fujikawa (Spain)
- Barry Lewis (UK)

Dr Johannessen and Dr Lewis were elected.

The full WFC Council

Africa:	Michael van den Bos, South Africa
Asia:	Terrence Yap, Singapore
Eastern Mediterranean:	Stathis Papadopoulos, Cyprus
Europe:	Espen Johannessen, Norway
	Barry Lewis, UK
Latin America:	Carlos Ayres, Peru
North America:	Gerard Clum, USA
	Michael Flynn, USA
	Deborah Kopansky-Giles, Canada
	Rick McMichael, USA
	Gregory Stewart, Canada
Pacific:	Dennis Richards, Australia

Cavendish House

THE FORMER clinic at the Anglo European College of Chiropractic (AECC), which now houses the Centre for Ultrasound Studies as well as various research facilities and student union services, has been renamed.

The name Cavendish House was chosen as a result of a competition for AECC staff and students. AECC has been situated at its present address since 1981 but, prior to this, was located in a much smaller building on Cavendish Road in Bournemouth.

A spokesman for the college said: "We feel the new name reflects our roots, whilst sounding both smart and appropriate for a building offering ultrasound services to the general public."

Second year of Zürich programme

*The chiropractic programme at the University of Zürich is now into its second year. **Kim Humphreys**, professor and head of chiropractic, reports.*

WE HAVE 18 enthusiastic students, from both the French and German parts of Switzerland, of whom 12 are female. As they form a smaller group of students within the medical faculty, we try to hold special social evenings to allow the students to interact with practising chiropractors in Switzerland. In September we held a special welcome dinner at an excellent Italian restaurant in Zürich. We are grateful to the Chirosuisse Association for financing this dinner and especially to the President, Dr Gian Jörger for taking time out of his busy schedule to attend. In December the local Cantonal Chiropractic Association (OCSG) very kindly paid for all students to attend their annual Christmas party. Dr Willy Beyeler, who is 100 years old, was there to meet with all the students from the University programme (see right).

Our teaching takes place in a 70m^2 classroom adjacent to the University Orthopaedic Hospital Balgrist. We are well equipped with new chiropractic treatment tables, teaching models, AV equipment, desks and chairs. We are very grateful to the ECU for the financial support that enabled us to purchase these important resources.

Our teaching team currently includes me, Daniel Mühlemann, Cindy Peterson and Hansjörg Straumann and we are supported by a very energetic and capable secretary, Frau Doris Pfister and research assistant, Rebekka Schärer. I look forward to many exciting years ahead as we develop the teaching research and clinical practice at the University of Zürich.

Willy Beyeler celebrates his 100th birthday

THE SWISS Association of Chiropractors celebrated the 100th Birthday of their honorary member, Dr Willy Beyeler.

Dr Beyeler is one of the chiropractic pioneers in Switzerland; he played a key role in the fight for the recognition of the chiropractic profession in the canton of Zürich. During his presidency, 1957-1959, first talks were initiated with the University of Fribourg with the goal of establishing a chiropractic curriculum. It took almost 50 years for the project to be realised: in 2008 the first group of students started chiropractic studies at the University of Zürich.

The picture shows our 'birthday boy' surrounded by the Swiss chiropractic students during the festivities.

General news

WCCS Congress 2009

The World Congress of Chiropractic Students (WCCS) is a gathering of representatives of chiropractic colleges from all over the world. The 2009 congress was held in Auckland, New Zealand in August and 23 different colleges were represented by 122 delegates. Students from three European colleges attended, and the following is based on reports from ***Jacob Toft Vestergaard*** *(University of Southern Denmark – SDU),* ***Dayne Ferrar*** *(Anglo European College of Chiropractic – AECC) and* ***Paul Quigley*** *(Welsh Institute of Chiropractic – WIOC).*

BESIDES HOSTING a congress each year, WCCS is also an organisation. Its objective is to bring consensus about chiropractic and chiropractic education in order to create a strong and united profession. The work being done by WCCS is defined at congress through proposals from the members.

Proposals

It was a non-stop week of proposals and debating at the New Zealand College of Chiropractic.

It had proved more complicated than anticipated for the SDU students to get the new Swiss college invited to the congress, and without an invitation, the college was unable to apply for membership of WCCS. As a result, SDU proposed that the procedures for inviting new colleges are made more transparent. This proposal was passed, as was one regarding the centralisation of the WCCS website, which SDU has been responsible for up to now.

The WIOC representatives put forward two proposals, both of which were passed unanimously. The first was to establish an online petition to the Brazilian government, supporting the legislation of chiropractic as an independent health care profession. To sign the petition, please visit **www.chiropractors.de** and help to prevent a dangerous legal precedent.

The second WIOC proposal highlighted the fact that in England and Wales, students with a previous degree are eligible for government funding if they study for a second degree in medicine, veterinary science and dentistry, but not chiropractic. As a result, WCCS will be writing to the relevant UK government department requesting that this be reviewed.

Two AECC delegates put themselves forward for specific committees. Jamie Graham is part of the Research Committee on International Chiropractic Mobility, which is looking at creating documents summarising the necessary steps needed to practise in different countries. Claire Simmons joined the Letter Writing Committee, responsible for writing and editing documents that the WCCS was sending as a result of the 2009 congress.

Other business

Significant progress was made at the event towards the incorporation and registration of the WCCS as a not-for-profit organisation, by establishing a permanent address and office at the World Federation of Chiropractic headquarters in Toronto. Up to now, the organisation has moved base to the host college of the congress every year, so the adoption of a permanent address will have many benefits. These will include the opportunity to register the WCCS as a non-government organisation (NGO) and non-profit organisation (NPO), which will allow it to participate in the World Health Organisation's World Health Assembly.

A personal view

Paul Quigley of WIOC gave a personal viewpoint on his visit: "The WCCS provides a steep learning curve in terms of global chiropractic education. I was surprised by the philosophies and curricula taught by a few of the colleges. This led to some interesting discussion despite, in some cases, rather extreme viewpoints. However, delegates were able to lay aside their personal agendas and find unity despite varying perspectives and reach consensus on the majority of proposals; a fact praised by David Chapman Smith in his inspirational address on the global direction of the profession.

"To summarise, I feel privileged that I am part of a dynamic organisation that is in the process of evolving to the next level, where there is no room for apathy and whose work is gaining recognition from the WHO, the WFC and other external bodies; the WCCS received sponsorship of $60,000 for Auckland which demonstrates the impact the organisation is making. The phrases 'character building' and 'personal growth' are both inadequate when attempting to describe the benefits I have received from the experience. My strengths and weaknesses, both as a prospective chiropractor and an individual, were exposed during congress providing insights that I consider to be invaluable towards my professional development."

The ECU was happy to fulfil the AECC's request for financial support to send delegates to the Congress. Dayne Ferrar, Head Delegate WCCS and International Chiropractic Officer of AECC Student Union said: "The AECC chapter of WCCS would like to thank the ECU for its generous donation. Its investment in the students provides essential opportunities for students to gain crucial experience and graduate with a world class degree."

Dr David Byfield, Head of Chiropractic at WIOC and the British Chiropractic Association (BCA) provided financial support to the WIOC delegates. Paul Quigley said: "I would like to thank Dr Byfield for his sponsorship of the WIOC delegation and the BCA for their generosity; their financial support has enabled our presence at this international event and will produce rounder graduates with a broader knowledge of chiropractic."

General news

NCA videos

*In the last issue of BACKspace, the Norwegian Chiropractic Association (NCA) announced that it was in the process of making five videos on chiropractic topics. Four of them are now complete. With clear, patient-focused explanations accompanied by simple animations, the NCA hopes that patients, as well as the public, will better understand what chiropractic is all about. Here, **Martin Wagle Due**, MChiro, Public Relations Manager of the NCA, describes the videos.*

A chiropractic visit

THIS VIDEO describes what a chiropractor is, what we treat and what you can expect when you visit a chiropractor.

Spinal manipulation

This is perhaps what we are most known for. What is a fixation? How is it treated? What happens when a fixation is adjusted?

Good function and a life in movement

A life in movement has always been NCA's motto. In this movie, we talk about how movement affects muscles and joints, and what happens if we do not move. We describe how we get fixations, and what this can lead to.

Chiropractic treatment of headache and neck pain

This is the first film that describes what conditions a chiropractor

treats. You will learn how the neck is put together, how and why we get neck pain, and what neck problems might lead to, for example headache. In addition, we suggest what to do when you get neck pain, both active management, and treatment.

What is a disc herniation?

This movie is in the process of being made right now. It will contain information about what a disc herniation is, the range of symptoms you can get and how it is treated, again both active and passive treatment strategies. There will also be a focus on fear avoidance.

The videos last between three and five minutes each. If there is any interest, they can be translated and dubbed into most European languages. Please contact the NCA for more information: martin@kiropraktikk.no

AECC's OSMIA device – further success

THE OSMIA (Objective Spinal Motion Imaging Assessment) device featured in the last issue of *BACKspace* has had further success.

The Anglo European College of Chiropractic (AECC) reports that research radiographer Fiona Mellor has won a research fellowship from the National Institute of Health Research, a government body in the UK.

The fellowship is worth almost £250,000 over five years and is for completion of Fiona's PhD on measuring lumbar spinal motion using the OSMIA device at the AECC clinic. In addition, Fiona and colleagues have had a paper published in *Spine* (34 (22): E811-E817) entitled *Mid-lumbar lateral flexion stability measured in healthy volunteers by in-vivo fluoroscopy*.

It is hoped that another PhD fellow will be appointed to the AECC in September 2010 for the measurement of cervical motion.

The OSMIA device has now been re-named the KineGraph VMA Technology (VMA stands for vertebral motion analysis) and is being commercialised in the USA under licence by Ortho Kinematics, Inc – www.orthokinematics.com.

BCA legal battle continues

AS REPORTED on the front page of last September's *BACKspace*, the British Chiropractic Association (BCA) has been involved in the libel action against the science journalist and broadcaster, Dr Simon Singh. Dr Singh claimed in the national newspaper that the BCA promotes "bogus" treatments for which there is "not a jot of evidence".

Last May the High Court ruled that the words meant that the BCA dishonestly promoted treatments which it knew were fraudulent. Dr Singh appealed that judgment and his appeal will be heard by three judges sitting in the Court of Appeal on 22 February 2010.

In the meantime, publicity surrounding the case has resulted in over 600 complaints being made to the General Chiropractic Council by a few individuals against BCA registered chiropractors concerning claims made on members' websites.This is costing the GCC a huge amount of time, effort and money and the process is likely to be long and protracted. The BCA is helping members respond to the complaints.

The outcome of the Court of Appeal hearing will be reported in the next issue of *BACKspace*.

British **Chiropractic** Association

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General news

French Chiropractic Sports Council created

A NATIONAL NON-PROFIT organisation for sports chiropractic – the French Chiropractic Sports Council (FCSC) / Conseil Français en Chiropratique du Sport (CFCS) – has been created in France.

FICS actively seeks to bring sports organisations from all over the world together, not only to improve their image and the quality of their training, but also to provide athletes seeking chiropractic treatment with the names of graduates in chiropractic, listed according to country.

To accomplish this, the Institut Franco-Européen de Chiropratique (IFEC), in partnership with FICS, is now offering a sports chiropractic training course in French. Chiropractors who follow this training will be able to fulfil the requirements of the International Chiropractic Sport Science Diploma.

The Institut Franco Europeen de Chiropratique (IFEC), in partnership with FICS, is now offering a sports chiropractic training course in French. The chiropractors who follow this training will be able to fulfil the requirements of the International Chiropractic Sport Science Diploma.

The course, a minimum of two years in length, will explore not only the most common sports pathologies met and treated by chiropractors; it will also explore how to work closely within a sports medical team, exploring such questions as illegal drug use.

We strongly encourage all countries throughout the world to follow this example by affiliating to FICS in order to create a unified body of sports chiropractors on an international level.

FICS warmly welcomes this new Council, and looks forward to a long partnership.

WIOC introduces hospital placements for students

THE WELSH Institute of Chiropractic (WIOC) has recently completed an innovative pilot hospital student placement observation programme in two Welsh hospital trusts (Prince of Wales, Merthyr Tydfil and Royal Glamorgan, Llantrisant).

Twelve final year student clinicians were randomly selected and placed in various hospital service areas including theatre, orthopaedic wards, fracture clinics, physiotherapy, chronic pain and various wards interacting with nurse colleagues and consultant specialists. Students rotated around the various areas to maximise the experience.

The initial feedback has been extremely positive and WIOC plans to publish the results and, it is hoped, extend the opportunity to the entire class and establish an observation fixture within the final year.

David Byfield, Head of Chiropractic, reports: "We have also established some important contacts and we hope to embark on some collaborative work in the future. My thanks go out to faculty colleagues who were instrumental in making this happen. This is a very good example of the benefits of university integration."

IFEC building work begins in Toulouse

FOLLOWING A major effort to find a location that could accommodate the teaching facilities and the growing number of students at the Institut Franco-Européen de Chiropratique (IFEC) college in Toulouse, building has got underway and is progressing quickly.

Charles Martin, director of IFEC for the past 20+years, is in the process of relocating to Toulouse and has been overseeing much of the construction, having ample experience of the needs of a chiropractic institution and how best to adapt the construction for those needs.

Elsewhere at IFEC, a new director of clinic, Dr Daniel Marchand, has recently been appointed. Dr Marchand has been involved in IFEC for many years, as a technique instructor and as a clinician, particularly in the teaching clinic based in the north of Paris.

Curriculum changes are also planned, and a small dedicated team is currently working through the various options to reform the course, so as to reflect the current and future needs of the chiropractic profession in France.

BACKspace wants to hear from you!

BACKspace welcomes your contributions:

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 availability 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 2010

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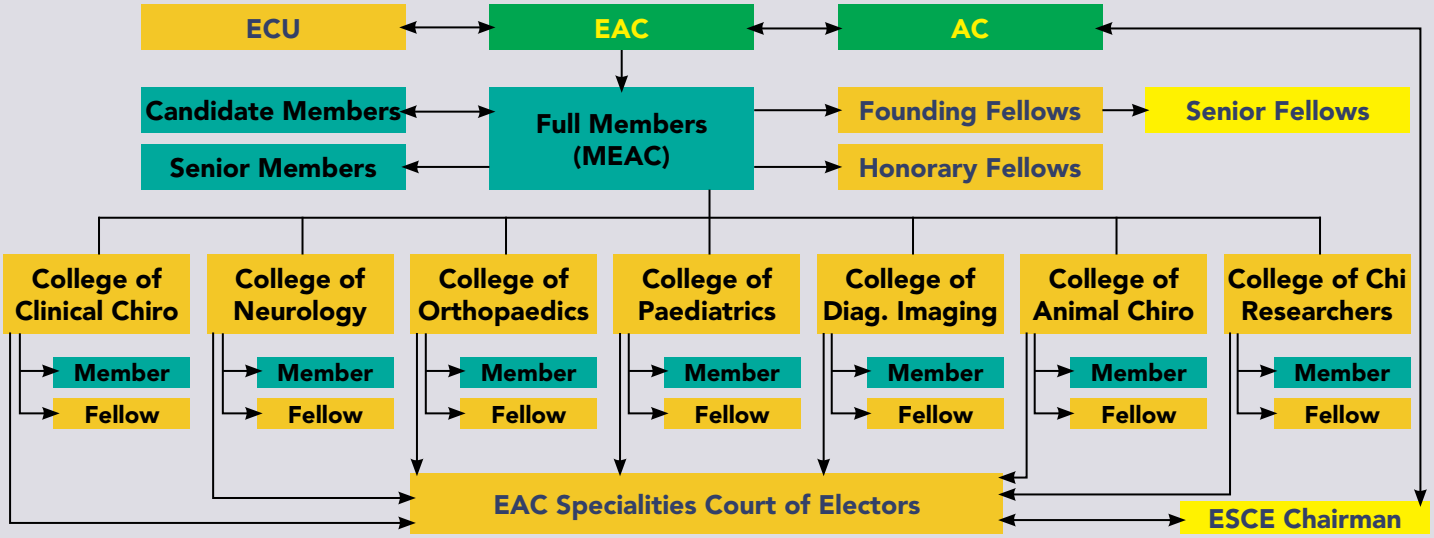
EAC

EAC New Structure

At the recent Academic Council meeting of the EAC in Amsterdam, the following restructuring was agreed upon by the council members. As can be seen, after completing their national association's GEP, all academy members become full members of the Academy. Thereafter, all members are eligible to apply to any of the specialist colleges listed. Additionally, a member may apply to more than one specialist college.



European Academy of Chiropractic: New Structure

EAC's Model for a Graduate Education Programme (GEP)

IT ALL started in Brussels in 2008! The European Academy of Chiropractic (EAC) invited GEP representatives from 19 ECU member nations to exchange first thoughts concerning a Model GEP in Europe.

All ECU member nations are invited to use such a framework for chiropractic graduate education in Europe in whatever way seems most useful, adapting it to their specific educational, economic, cultural and historical needs. EAC's promotion of co-ordinated GEP in Europe is based on the voluntary co-operation of ECU member nations.

The first draft document was designed in collaboration with 19 nations, their professional associations, the GEP representatives, educationalists from four ECCE-accredited chiropractic institutions and some of their senior graduates. Its aim is to guide, co-ordinate and harmonise the planning, initiating, developing and evaluating of national GEP. It rests on soft law mechanisms such as guidelines and indicators, benchmarking and sharing of best practice. This means that there are no official sanctions for laggards. Initiation and implementation of national GEP or adjusting already existing national GEP according to EAC's Model Curriculum – if necessary at all – enclose both top-down and bottom-up processes.

Top-down and bottom-up processes

That first-draft document, finished on 11 November, 2008 was written for circulation and consultation among stakeholders in Europe (top-down process). In a first step, EAC Academic Council members finished their review of the first-draft document on 31 December, 2008. Their criticisms were taken as basis for changes in the second-draft document. In a second step, the ECU Executive and General Council were asked for consultation of this second-draft document.

Concomitant to the top-down process, a Faculty Development Programme 2009-2013 for all 19 ECU member nations has been planned by EAC's department of Academic Affairs with the aim of discussing, understanding, performing and learning how to teach EAC's competency-based graduate training, step-by-little-step (bottom –up process). Its first workshop was offered at the ECU Convention in May 2009 in Alghero, Italy to all 19 GEP representatives. Representatives from many ECU member nations with and without an existing national GEP took the opportunity and successfully completed this workshop. A second workshop is planned for the ECU Convention in May 2010 in London (see page 5). Its topic will be *GEP and Leadership*. ECU member nations with and without an existing national GEP are very welcome!

"The areas of competence [EAC's Model Curriculum] I find to be in accordance with the educational mainstream. The cost for the EAC to build up and maintain the structure and competence on accreditation is going to be high. We know that from the CCEs. If the fee for accreditation of GEP programmes is too high the small national organisations will have little or no possibility to have their programmes validated. I have no immediate solution, but one way can be to draw on known expertise and other agencies. As far as I can see the main problems are economy and human resources. One way of financing may be income from lecture sessions/training, as indicated in the programme, and I'm sure the authors have other sources in mind"
(30.12.2008: Past President of CCE International Dr Anfinn Kilvær)

Martin Wangler
EAC Director of Academic Affairs

EAC

Specialist Colleges – an invitation to participate

THE EUROPEAN Academy of Chiropractic (EAC) welcomes your participation in our Academy and our Specialist Colleges.

The purpose of the EAC is to act as the academic arm of its parent organisation, the European Chiropractors Union (ECU). The EAC is the only post graduate professional institution in Europe accepted by the chiropractic profession – its awards have pan-national acceptance and credibility. It supports and promotes research, conventions, Graduate Education Programmes (GEP) and Continuing Professional Development (CPD) through a life-long learning pathway for European chiropractors.

The EAC grants CPD points for continuing education, encouraging chiropractors to obtain a minimum of 150 over a five year period. Being a member in good standing is a quality stamp for you as a health care provider, demonstrating that you keep yourself updated on current issues in your field of work. You will also be able to influence and benefit from being part of a community of like-minded professionals.

The benefits of membership include subsidised access to conferences, CPD events and seminars, access to members-only web-based resources, access to specialist pathways and the use of postnominal recognition and certification – MEAC (spec), FEAC (spec).

Any member of a national association that is itself an ECU member is eligible to apply to the Specialist Colleges after demonstrating special interest and knowledge in a particular domain. To spark interest in the Specialist Colleges all EAC members will be eligible to join a college or colleges of their choosing. The Specialist Colleges available will be based on the level of activity and interest in the various disciplines.

In our fellowship base, the EAC currently has Fellows qualified to run the Specialist Colleges in the field of sports, orthopaedics, paediatrics, neurology, diagnostic imaging, research and clinical chiropractic. These Colleges will be launched at the ECU convention in London, in May 2010 (see page 5) and others will follow as qualified Fellows become available to organise them.

The Specialist College Fellowship is a recognition of chiropractors within the European chiropractic community who have acquired postgraduate qualification in a separate and distinct body of knowledge, in a particular branch of the chiropractic arts and sciences. The EAC regards it of utmost importance that we keep the standards high and that we use the European-based postgraduate programmes available at MSc level as the gold standard for Fellowship. This entails the completion of a minimum two-year full-time or equivalent part-time master's level postgraduate programme based on the EUA Bologna (generally 90 ECTS validated through an ECCE-accredited chiropractic institution or an ENQA agency accredited University). The Specialist Fellowship academic level has to be meaningful to the general public and in the health care arena across Europe. The main agenda is not to produce numerous Specialist Fellows but to recognise, support and gather chiropractors who have obtained a higher level of qualification and at the same time support European Chiropractic institutions that offer postgraduate education programmes.

The EAC does not accredit institutions or programmes, only individuals. We hope that institutions and organisations that offer continuing educations programmes will affiliate with European Colleges and Universities to give participants the quality assurance their investment in continuing education deserves and that accredited education institutions can provide. Such quality assurance of postgraduate chiropractic education will increase the level of quality for the benefit of the whole profession.

There are several paths to reach Fellowship:

- Postgraduate MSc, MPhil or PhD in a relevant area of specialism
- Completion of a structured residency programme(s) at a hospital or chiropractic college teaching facility, which is, at least, a three calendar year full-time position, such as with a radiology residency.
- Portfolio based self-directed postgraduate training with core competency in a specialism with sufficient documentation of reflective learning through research and peer reviewed publications.
- A grandfather clause is in effect for obtaining Fellowship based on the old point system until the end of 2010

The EAC encourages you to visit our website at **www.ecunion.eu** to see if you qualify for Fellowship and what the criteria for Fellowship entail. As an individual, your involvement in the Academy, whether at local CPD meetings, within national colleges or specialist colleges shows that you support the continued development of your profession. The Academy is therefore there for you and through you, the European chiropractic profession.

Research

ECU-funded comparative neck pain study

Comparison of the efficacy and safety of cervical mobilisation and manipulation in patients with sub-acute neck pain: a randomised trial by ***Dr Hugh GEMMELL****, DC, Senior Lecturer, AECC*

MECHANICAL NECK pain is a common condition seen by chiropractors who use different manipulative methods to treat it. However, it is not known if any of these methods are superior in treatment effectiveness. A long-term study, mainly funded by the ECU, that explored the relative effectiveness of three commonly used methods: diversified manipulation, mobilisation and the Activator instrument, has recently been completed. Harm from manipulation is unknown, but recent large studies suggest that adverse effects are minor and short-lived. Therefore, the secondary purpose of this study was to describe any adverse effects of the study treatments.

The study was a pragmatic, randomised comparative trial among patients with subacute non-specific neck pain. The study was conducted in the outpatient clinic of the Anglo-European College of Chiropractic (AECC) from January 2007 to March 2008. Each participant received a total of six treatments over a three-week period. Follow-up occurred at the end of treatment, three months, six months and 12 months from the end of treatment. The primary outcome measure was Patient Global Impression of Change, and the secondary outcome measures were the neck Bournemouth Questionnaire, Numerical Rating Scale for pain and the Short-Form Health Survey version 2. Participants also kept a diary of analgesic medication use (rescue medication of Paracetamol 500 mg four times a day was allowed) and perceived adverse effects during treatment.

During the recruitment period, 123 patients were assessed for eligibility with 76 patients excluded for various reasons. Of the 47 participants included, 16 were randomised to the manipulation group, 16 to the Activator instrument group, and 15 to the mobilisation group. For the primary outcome at six months the manipulation group demonstrated significant improvement compared to the Activator instrument group. Those treated with manipulation were 11 times more likely to be improved compared to those treated with the Activator instrument (number needed to treat = 2). All secondary outcomes demonstrated improvement with no significant differences between the groups. There were no moderate, severe, or long-lasting adverse effects reported by any participant in any group. Due to small sample sizes a power analysis was conducted post hoc, and a power of 0.75 was achieved. Based on comparable outcomes and low risk of adverse effects, chiropractors may obtain equally effective long-term results by treating subacute neck pain patients with manipulation or mobilisation.

In hindsight the main problem encountered in conducting this study was the number of patients who did not meet the eligibility requirements, particularly with duration of neck pain extending beyond 12 weeks. As with similar studies, recruitment of participants was difficult due to not having a dedicated research clinic as well as the logistics of using a small part of the outpatient clinic as the research clinic, and the limited time that could be devoted to the study as both clinicians involved in treatment hold full-time teaching positions. With completion of the new clinic, AECC now has a dedicated research clinic, experimental science research centre and an ultrasound imaging centre. We also underestimated the cost of running a long-term trial such as this, and as funding was limited it was impossible to set aside enough time for the clinicians to see research patients. However, if it were not for the generous grant from the ECU and the support of the AECC by giving the clinicians as much time as possible, this study would not have been completed.

Research Fund support for studies

ALEXANDRA WEBB submitted her PhD thesis *The intra-articular synovial folds of the lateral atlantoaxial joints. An anatomic and magnetic resonance imaging study* in 2007 and was awarded her PhD at the University of Southampton, School of Medicine graduation ceremony in July 2008.

Alexandra studied her PhD part-time whilst working full-time as a lecturer in anatomy at the Anglo-European College of Chiropractic (Bournemouth, England) and since 2006 at the School of Medicine, University of Southampton (Southampton, England). Throughout her candidature, Alexandra was supported by a Post-Graduate Education Programme grant from the European Chiropractor's Union Research Fund.

During her studies, she had the opportunity to present her work at a number of conferences including SpineWeek, EuroSpine, Cervical Spine Research Society (European Section), Society for Back Pain Research and the ECU Conventions. At SpineWeek (May 2008, Geneva, Switzerland) the paper presented was one of 72 papers accepted for oral presentation from 575 submissions. Recently the following paper was published in the journal Spine, based on the work from Alexandra's PhD: *Webb AL, Darekar AA, Sampson M, Rassoulian H (2009) Synovial folds of the lateral atlantoaxial joints: in vivo quantitative assessment using magnetic resonance imaging in healthy volunteers.* Spine 34: E697-702.

Case to remember

A difficult baby

***Pierre Mercier**, DC, DACNB, FEAC, Lic. Phys. Educ.*

TIMES HAVE changed since I graduated from Palmer College in 1987. In my days at college, we received almost no education in 'chiropractic' paediatrics. Nowadays, fresh graduates from European chiropractic colleges are very confident in examining, diagnosing and treating young children. Chiropractors see babies for excessive crying, infantile colic, reflux disorders, sleep disturbances, asymmetry in movements, etc. In Denmark, a study showed that about 40% percent of paediatric patients are below one year of age.[1]

In October 2009, a special issue of JMPT was dedicated to infants, children and adolescents! In the editorial of this issue, Jan Hartvigsen DC, PhD and Lise Hestbaek DC, PhD from the Institute of Sports Science and Clinical Biomechanics at the University of Southern Denmark and members of the ECU Research Council were pretty optimistic towards the future of our profession in paediatric matters, and I quote: *"Chiropractors have a unique opportunity to contribute to a broader public health-oriented agenda in relation to children and adolescents by joining the larger health care and research communities in finding credible and evidence –based answers and implementing new and creative clinical strategies".*[2]

I started to treat babies at the beginning of the 90s, after taking seminars in paediatrics. Little by little, with practice, advice from colleagues and having kids of my own, I became more confident in examining and treating babies, and in making prognoses for baby-specific conditions. From a neurological point of view the treatment of babies with neurovisceral conditions (reflux disorders) is interesting to study in comparison with adults suffering from similar conditions, for example Gastro-Oesophageal Reflux Disorder (GERD). Most babies are cured in three to five HVLA (high velocity low amplitude) treatments in an average period of three weeks. Adults with similar chronic conditions will need many more treatments over a longer period of time (personal observations).

Illustration 1: Non-synostotic deformational plagiocephaly.

Case presentation

Yan was brought into this world on 30 January 2009 with a caesarean delivery because of pre-eclampsia. Neither the gynaecologist, nor the paediatrician noticed anything abnormal worth mentioning to the parents about their newborn. Yan was their second child. The mother didn't want to breast feed the baby because she was a smoker and thought that breastfeeding was not advisable under these circumstances. Ever since he was born, Yan was almost constantly looking towards the left side, and seldom turned his head to the right. It was difficult to feed the baby and the mum mentioned he seemed to have swallowing difficulties. She felt as if the milk would regurgitate in his throat and mouth, but he would not vomit, so she perceived it as not being a real reflux (silent reflux). After a few weeks, he completely stopped looking towards the right. After finishing eating, he would cry for 1.5 to 2 hours and was inconsolable. Yan and his parents consulted me on 20 March 2009, when Yan was almost three months old.

The physical examination revealed a flattening of the occipital bone on the left side (non- synostotic deformational plagiocephaly (NSDP)), and severe hypertonic muscles on the right side of the neck.

I have seen several cases of mild and more pronounced flattening of occipital bones, but this baby was exceptional mainly because of the severity of the torticollis and the degree of skull deformity (see illustration 1).

One can easily assume that the torticollis and subsequent positional disturbance when lying in bed causes a prolonged pressure on the soft occipital bones and thus creates a deformity (positional head deformity).Therefore, the restoration of the neck mechanics would be essential before one can expect to see (slow) changes in the deformity. Here the crucial question is: "After how many months post initiation of treatment should we expect to see a change?"

The answer to this question is important for the compliance of the patient (parents) to the treatment. Parents of a baby with NSDP will constantly be confronted with the unpleasant reactions of family members and visitors about the deformity and will be put under pressure to seek help from other specialists. In this particular case, I had the advantage (for compliance) of having already helped Yan's two-years-older sister. She visited me when she was four months old for reflux disorder, sleep disturbances, excessive crying and malpositioning of the head. She was cured in three treatments in a three week period.

The chiropractic (and medical) scientific literature on the subject of NSDP treatment is meagre.[3, 4, 5] An elegant study on NSDP was written by Jason Leighton DC MSc (chiropractic paediatrics) and is definitely worth reading. The article includes an evidence-based approach to long-term health and developmental implications secondary to plagiocephaly, the scope of safe and effective conservative management, including manual therapy, various outcome measures, prognosis, and alternative treatment modalities.[3]

Another issue that needs to be elucidated besides establishing that chiropractic treatment is effective in treating torticollis in babies is that a consensus should be found in determining what the most optimal treatment dosage should be. In this case, Yan was treated with HVLA adjustments once a week for four weeks. There was an immediate effect on the 'dysphagia', and after two treatments the baby cried much less. The mobility of the neck was still much decreased. However, after the fourth treatment the neck mobility started to improve. Consequently, the patient was scheduled for five treatments with a two-week interval between treatments. During that period, the child started to rest his head more and more bilaterally in bed. Two more treatments were delivered in a six week period before I closed the file.

Case to remember

In summary it took eleven treatments in a period of 4.5 months to achieve a normal mobility and an almost-normal skull shape. Was this a good strategy, or could it be better? Today, no one knows the answer.

Of greater concern than the aesthetic component for children with NSDP is the possible relationship of this condition with developmental delays. Miller and Clarren (2000) found in a cohort of 254 school-age patients, who as infants had been diagnosed with NSDP, that almost 40% of them showed evidence of developmental delays presenting as subtle problems of cerebral dysfunction. They had received special help in primary school including special education assistance, physical therapy, occupational therapy or speech therapy.[6] Another study found a higher risk of motor developmental delay in children with NSDP.[7]

Again, chiropractic treatment faces an interesting challenge: will it play a role in the health care of children with developmental delay syndromes? As said before, the future could look bright for chiropractic if more studies are produced, such as the one done by Cuthbert and Barras in 2009: *Developmental Delay Syndromes: Psychometric Testing Before and After Chiropractic Treatment of 157 Children*. The authors come to the conclusion that there might be a relationship between chiropractic treatment and the improved status in these children.[8]

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Review

A discussion concerning subluxation

A VERY INTERESTING article has been brought to my attention concerning the subluxation construct: *An epidemiological examination of the subluxation construct using Hill's criteria of causation*, by Timothy A Mirtz, Lon Morgan, Lawrence H Wyatt and Leon Green in *Chiropractic and Osteopathy* 2009, 17:13. Two other articles along these lines are: *How can chiropractic become a mainstream profession? The example of podiatry*, by Donald R Murphy, Michael J Schneider, David R Seaman, Stephen M Perle and Craig F Nelson in *Chiropractic and Osteopathy* 2008, 16:10 and *Why do ineffective treatments seem helpful? A brief review* by Steve E Hartman, *Chiropractic and Osteopathy* 2009, 17:10. The following text is not a summary of these articles but a discussion related to the subject with personal remarks and opinions. The articles can be retrieved without cost from **www.chiroandosteo.com**.

The way we are perceived by the general public and other health care professionals may generally be different from how we would like to be recognised. Since other health care professionals make their referrals based on their opinion and more importantly, patients make their 'informed' decisions based upon their understanding of chiropractic, we constantly need to polish up our own image. As chiropractors, we all individually have the duty to philosophise about this on a regular basis as a moral obligation to our profession. We all need to promote just one crystal clear image of chiropractic. Chiropractors fill a need in society that no other health care profession can fill at our level of training and expertise (at this time): non-surgical care for the spine in relation to general health.

Subluxation is a term that I never got close to translating into Dutch because, honestly, I haven't by any means understood what it meant in English. Over the years it has been a source of confusion and conflict within our profession and to me, it's a bag of unsupported claims, assumptions and wishful thinking. Musculoskeletal dysfunction and the neurophysiological consequences it may encompass, whether based on mechanical changes and/or reflexogenic changes, may have enough of an effect on the patient's quality of life and own perception of health, granted. The way the patient expresses improvement to us is personal and specific for that patient and may not be measurable by any objective method in a rigorous research environment at this time … perhaps. Only those neurophysiological changes, related to our chiropractic interventions, that are able to consistently stand up to Hill's criteria to judge for the strength of the evidence of a cause and effect association, administered to the right target group of patients, controlled for confounding variables and effect modification can be claimed and publicly expressed. An interesting confounding factor relating to Hill's criteria and neurophysiology is the fact

Review

that the cause and effect relationship may be difficult to define depending on where you start in the reflex pathway: at the level of the viscera (viscero-somatic) or the level of the soma (somato-visceral). A perceived somatic lesion may exist as a consequence of a visceral pathology/disease or dysfunction or a perceived somatic lesion may or may not lead to visceral dysfunction, measurable or not. In other words the cause may be the effect and vice versa. Again, practically speaking, for most of the visceral types of disorders, whether they would be associated with/by or could be caused by musculoskeletal dysfunction or influenced by it, I would merely just list it on my inventory of signs and symptoms but I would never make any promises. Also keep in mind that patients hardly ever consult chiropractors for visceral problems at all, even in the specialised practices.

Besides dissociating ourselves from claiming unsubstantiated visceral cures, I personally think we have another excellent opportunity, at least in Belgium, to distinguish ourselves from other therapists our patients often confuse us with. A lot of these therapists treat the organs at the organ region, hypothesizing those to commonly be the source of musculoskeletal dysfunction and to propose a cure for both disorders. It seems to me that the coherence and biological plausibility is extremely weak for this. These therapists will always cover a small market share for these types of 'treatments' but it will never become a largely utilised, generally respected and accepted service.

The second opportunity we have concerns public health issues. Prevention for low back disorders, parents' concerns with their children's posture (Straighten Up Belgium) and other initiatives are very well received by the public in general and are comparable to the dentists' "brush your teeth" promotions.

In our report of findings and proposal of our treatment plans we have to make clear to our patients that the treatment ends after a reasonable amount of time. Release your patients as soon as their function has been restored over a certain period of time, if possible (e.g. when they have been asymptomatic for three months). You will find them so charmed by you telling them they are 'functionally restored'. Personally I don't give preventive treatments if the patient has a good posture and has no symptoms at all. What can you achieve by it? Status quo or worse? How many times do you get treated yourself? Remember going to the dentist for a checkup as a child, not knowing when you would finally be released? Let's get rid of the label: "once you start going to a chiropractor, you can never stop".

There is a need for educational integration or co-operation with mainstream universities to get exposed to other disciplines and to start integration at the academic level. The fear for loss of identity is unnecessary on condition that the art and craftsmanship is continuously fostered as well as the high level and continuous development of scholarship and standardisation of the curricula. It takes years of full time practice to achieve maximum potential of chiropractic skills. Hospital post-graduate training and exposure to multi-disciplinary approaches to patient care would help to create respect amongst the different disciplines and raise the profession to top-quality level. Different post-graduate speciality programmes open to different health care professions could prove to be the best cure for prejudice (e.g. radiology, diagnostic ultrasound, neurology, podiatry…).

We are a species designed for survival and we have to constantly distrust ourselves and our peers 'in a healthy way'. Confirmation bias contributes to our chances of survival and it is bound to occur at all costs and is of no help for our sense of reality. Seeking factual certainty at every life juncture may have selectively been unwise. Cognitive dissonance is an unpleasant psychological state resulting from inconsistency between elements in a cognitive system the patient, as well as the practitioner, tries to avoid. Our day-to-day informal impressions of diagnostic reliability and clinical efficacy have been shown to be of limited value. Even when our patients get better we have to still keep reminding ourselves of the natural tendency of disease to come and go over time, regardless of treatment. Regression to the mean occurs due to the fact that patients consult us when their symptoms are greater than average. Subsequent measures will likely to be closer to average. We also have the well known placebo effect, the inspiration of the treatment for patients to live a healthier life, which could be the real reason for improvement. We are predisposed to faulty reasoning with respect to awarding credit to the treatment without considering other preceding events affecting the symptoms. Patients can desire treatment success and to avoid dissonant reality, the patient's expectation and trust may lead to rationalisation for treatment success as it is the 'role of the patient'. The self-fulfilling prophecy in confident practitioners guides patients to confirm treatment success. We should expect to make these judgment errors and we should expect them to occur even if we are not consciously aware of it.

As chiropractic clinicians we all want to practise to the full potential of our therapy for the widest possible range of indications. A suggestion I would like to make is to consider my three rules of thumb that I try to adhere to with respect to my scope of practice. The first one is an absolute and clear distinction I make for myself between my scope of practice as a primary health care provider and a health expert of the spinal column (evidence based practice) and what I may consider to offer as adjunctive, auxiliary, supportive or wellness care upon the patient's explicit request (as positive 'side-effects' due to neurophysiological changes after manipulative intervention). In that respect, I will never suggest a visceral cure to a patient, I will just make note of the problem. The second rule of thumb is that I consider what therapeutic choices I make for my family and for myself and to promote this as such to my patient population. Third rule of thumb is to only offer the type of care that, to my knowledge, cannot be offered at the same, let alone a better professional level by any other health care provider.

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