

ECU awards €100,000 to Spanish chiropractic programme

THE ECU General Council (GC) has allocated €100,000 to the Spanish chiropractic programme which will begin in October 2007 at the Royal University Centre-Escorial Maria Cristina (RCU).

The vote to award this amount was taken at the GC meeting last November in Rome. Having a chiropractic education within Spain is particularly important because the Ministries of Health and of Education there have stated that without such a programme, chiropractic cannot be legalised.

Preparations for the implementation of the programme are well under way. There is now a database of 65 prospective students, and the AEQ (Spanish Chiropractic Association) is receiving calls daily from interested people. Most of them have heard about the course through the brochure placed in chiropractic offices in Spain, though some have

heard through word of mouth, and some by contacting the RCU itself. In addition, the home page of the RCU web site contains a link to the programme (www.rcumariacristina.com/esp/index.php) – a great help for prospective students – and an information pack has been sent to potential applicants.

The RCU is linked with the largest public university in Spain, Complutense University Madrid. AEQ president Belen Sunyer and RCU vice-chancellor Edelmiro Mateos have met with the vice-chancellor of the Complutense University to acquaint her with details of the chiropractic program. She has welcomed the project in a very positive manner, offered her total support and suggested a further meeting to present the project to the vice-chancellor and the president of the Spanish Medical Association which took place at the end of January.

Further progress has also been made in the teaching clinic. The RCU has suggested the use of a building presently used as gymnasium. It is a one storey building, with a very high ceiling, in good structural condition. The RCU, with an architect from the heritage sites department, has drawn up plans to add a second storey, which will give a total usable area of 122 square metres on both floors. The ground floor will have a reception area, toilets, and four treatment rooms, while the first floor will have the clinic director's office, a student study area, and a student-clinician consultation area. Depending on planning permissions, work is scheduled for completion by 15 March, so that the clinic doors can be opened to patients on 10 April. Both Mike Kondraki and Barry Lewis of AECC have advised that the clinic must be started now so that when the students enter the clinical phase of their training there will be enough patient numbers for them to fulfil their clinical requirements for graduation.

Other matters in progress are the recruiting of teachers and sourcing and purchasing of resources such as chiropractic tables for technique rooms, laboratory equipment for chemistry, physiology and anatomy practical classes, IT resources, and books and journals (both paper and online) for the library.

There will be an inaugural summer course at the RCU in June – details on page 11



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EAC certificate and website password enclosed with this issue – please keep your address sheet for reference



Previous issues of BACKspace are available from the Executive Secretary. See page 3 for contact details.



ECU 75th Anniversary Convention **WFC** 9th Biennial Congress

17-19 May 2007, Vilamoura, Portugal

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Hosted by: the Associação Portuguesa dos Quiropráticos

www.ecuconvention.eu

President's report

2007 – 1932 = 75

FIRST OF all, this *BACKspace* issue is the one that celebrates the 75th anniversary of ECU! 75 years of building chiropractic in Europe, 75 years of unity through internal fights, 75 years to support our wonderful profession! We do really hope you will **ALL** join us in Vilamoura in May to celebrate this fantastic event. If you have already registered (www.ecuconvention.eu or www.ecunion.eu where you can register online), call a friend to accompany you. It will be a tremendous Convention, linked with the WFC 9th biennial Congress which will bring lot of colleagues from the USA, Canada, Australia ...

History

For this special event, a book has been written about the history of chiropractic in Europe. Its author, Francis Wilson, has done remarkable work with the help of national authors to present a full historical picture of our profession. It is pleasant to read and remember facts that seem to be so far ...

EAC certificate

The EAC is born. The list of the Founding Fellows is rather impressive! You will have found your Associate Member certificate enclosed with this copy of *BACKspace*. None of it would have been possible without the tireless involvement of George Carruthers, EAC Secretary General. Thank you indeed.

Swiss law

From a legislative point of view, the Swiss law is playing a great role this time. For the first time in Europe, a law regulates the chiropractic profession together with the other medical professions. It has been published in German, Italian and French, and can be

considered as a high point for the chiropractic profession worldwide. If some countries are interested, the ECU could have it translated it into English, so that we can use it in different states where legislation is still a dream!

Spanish education

From an education point of view, Spain keeps the main role. The decision was taken at General Council to help with the implementation of a chiropractic education in Spain, linked with the RCU (see front page). Planning and setting up the clinic is already under way. They are now buying and collecting (perhaps, you can help?) basic educative tools, books, tables, PCs, well everything needed to start a modern way of teaching! Spanish students are showing great interest and, if things go smoothly, the first year will start in September 2007!

Working party

During our last General Council meeting in Rome, we defined a new strategy to convince the European Parliament to take action towards a harmonised legislation in Europe – although the actual European Right prohibits any change in health matters. The only way is to unify forces from different EU Member States and create a working party with politicians who have contributed to chiropractic legislation in their own country, and working at the EU level. This working party would later extend to other MEPs so as to obtain a majority at the European Parliament.

Obviously, the two new Member States (Bulgaria and Romania) will not help us a lot, the DCs practising there being nearly none!

Visit our website

As you have read in previous issues of *BACKspace*, we have had many problems in implementing the new ECU website – so many that we have been obliged to change the web design company, which we did last December after a unanimous vote of the General Council. In less than six weeks, Phylactis Ieridis found a company in Cyprus able to produce a fully professional website, very versatile and updated, very friendly to use and explore.

Thank you to WebMaster Solutions who have done rapid and efficient work (see page 7).

New secretary

On the same line, we have taken on a full time secretary in Cyprus as well. Beth will deal with IT and web issues and take over part of the ECU books. Anne, our Executive Secretary, was overloaded by many matters that she had not had to deal with before. She will breathe a little bit and stay more efficient than ever!

'False' chiropractors

On our general action, we are still chasing 'false' chiropractors and 'false' education ... if we do not stick to our rules (which can be summarised by ECCE education first!) we will never reach the level (primary healthcare provider) that we pretend to be entitled to.

Las Vegas

Stathis Papadopoulos and I are going to Las Vegas, invited by Parker Seminars. Only 6000 delegates are expected! If we want to be updated, we must know all the facets of our profession worldwide. I am sure it will be a 'rich' experience.

A big team

So this is the latest news from the ECU and its General Council, which has now been defined by the Italian Representative (Baiju Khanchandani) as being a big team! Perhaps the best compliment we could receive – we are so more productive when we are working as a TEAM in a friendly relationship!

See you **ALL** in Vilamoura where the sun meets the sea and the mountains 300 times per year!



Philippe Druart DC
ECU President

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News from the General Council

PRESIDENT PHILIPPE Druart outlined a new strategy concerning EU work when he chaired a General Council meeting in Rome last November. He gave an update to members on aspects and organisations within the EU where the ECU is involved or will become involved. He also opened a debate on the education project in Spain, the result of which you can read about on the front cover, and there was a long discussion about further problems encountered at the Swedish College (which was featured in the last issue of *BACKspace*).

Progress in Eastern Europe

1st vice-president Stathis Papadopoulos has made contacts within six countries in Eastern Europe to try and move the profession forward in this part of Europe, but progress is slow. He is also looking into the possibility of initiating a European malpractice insurance. Whilst most of the larger associations have such insurance in place, some of the smaller associations do not, and it could therefore be of great benefit to them. Stathis also discussed the IBCE (International Board

of Chiropractic Examiners) whose purpose is to promote international standardisation of the profession and to establish itself as an independent organisation with international representation. 2nd Vice-President John Williams reported on the media training event in Brussels in September 2006 (see page 8).

ECU website

In May 2005 the General Council agreed to employ a Swedish company to design a new website for the ECU but many problems were encountered and as at September 2006 the project had not been completed. The General Council agreed that the contract with the company concerned should be terminated and that lawyers should be consulted. It was also agreed that another business, in Cyprus, would be employed to produce a website at a fraction of the Swedish company's price (see page 7).

Consensus for the Chiropractic Profession update

A small working party – Baiju Khanchandani from Italy and Pierre Mercier and Karl Devriese

from Belgium – has been updating the Consensus for the Chiropractic Profession (1998). A draft was circulated at the meeting and Philippe Druart congratulated them on producing a very impressive document. He also thanked the Netherlands Chiropractic Association who had allowed their strategy document to be used and Sue Wakefield who had edited the text. A final version will be put forward at the May 2007 GC meeting

Grant awards

- The Spanish Chiropractic Association was granted €100,000 for its education project (see front page).
- ProChiropractic Europe was granted €10,000
- Andriy Yevtushenko (from the Ukraine) was granted €5,000 for 2007, according to the ECU Scholarship Policy, having successfully completed his first year at the AECC.

The ECU Scholarship policy was set up in order to provide an opportunity for applicants from those countries where there are few native chiropractors to enter the profession and return and establish it, within three years of

graduation, in their country of origin. Any funding agreed by the ECU General Council is initially granted as an interest-free loan but this converts to a grant if the recipient returns to his/her own country. If not, repayments of the loan will be made over a period of five years.

The next General Council Meeting will take place on 16/17 May in Vilamoura, Portugal.

75th anniversary convention will be in Portugal

THE ECU'S 75th anniversary convention will take place in Vilamoura, Portugal from 17 to 19 May 2007, in conjunction with the 9th Biennial Congress of the World Federation of Chiropractic (WFC).

Hosted by the the Portuguese Chiropractic Association, this event is *Celebrating the Past, Present and Future of Chiropractic* and will explore the evolution of the art, philosophy and science of the profession. The ECU and WFC have together created an academic programme that features world-renowned speakers who will share their knowledge, experience and research through lectures, seminars and workshops. There will also be presentations from the Association for the History of Chiropractic (AHC).

The venue for the event will be the Tivoli Marinotel, a five-star hotel in the heart of Vilamoura in the Algarve region.

Don't miss it! For more details visit the Convention website at www.ecuconvention.eu.

Please visit
www.ecunion.eu
and complete our
BACKspace survey!

Mission statement

The European Chiropractors' Union (ECU) is an organisation representing and promoting chiropractic, and its education, as a distinct unified profession offering a forum and support to its members and aspiring to establish harmonised legislation throughout Europe.

ECU student awards 2006

Anglo-European College of Chiropractic

Sophie Elizabeth Haynes – Best Project

Institut Franco-Européen de Chiropratique

Nancy de Redon – Best Project

University of Glamorgan

Martin Robson – Graduate of the Year

(awarded to the graduate who demonstrated consistent clinical and academic excellence and professional behaviour in all areas of study in the final year).

Syddansk Universitet Odense

Annette Bennedsgaard Jespersen and Elinor Nordlund Hedman – Best Project: *Lumbar disc prosthesis - a follow up and a literature review*

ECU news

Changes in the ECU Research Council

JEAN ROBERT formally stood down as Chair of the ECU Research Council at the General Council meeting in November.

Jean has held this post since it was established in May 1982, when it was agreed that 100,000 Danish kroner (€13,500.00) should be allocated to the



Jean Robert

Research Fund. Since that time the Fund has supported many individuals in their work and in some instances paved the way to more in-depth research.

President Philippe Druart stressed at the meeting how important the Research Fund has been, and continues to be, and he expressed deep gratitude and appreciation to Jean for his 24 years of hard work for the profession. In turn Jean thanked the ECU for its support and friendship before introducing his successor – Inger Scheel.

Inger graduated from Palmer College of Chiropractic in 1984 and worked in private practice for eight years. She took a master's degree in Occupational Medicine and was recruited into a research project which ultimately resulted



Inger Scheel

in her obtaining her PhD from the Medical Faculty of the University of Oslo. She worked in the National Institute of Public Health from 1996-2002, spent time working with the Government and then moved to the University Hospital as research leader.

Inger is now research director at

SINTEF, working in international health. She has been a member of the Research Council for four years.

Jean will continue to work on the Research Council in an advisory capacity for the next year.

ECU website login codes

See page 7 for further details.

All members except British Chiropractic Association (BCA):

- Username: **EcuMember**
- Password: 6-digit number found on the carrier sheet with this magazine

BCA members should use the same username and password that they do on the BCA website.



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European Academy of Chiropractic: a strong future for the profession

THE EUROPEAN Academy of Chiropractic (EAC) has now been launched, and a certificate recognising you as an Associate of the EAC is enclosed with this issue of *BACKspace* along with an application form to apply for full Member (MEAC) or Fellowship (FEAC) status.

The level of entry will be decided upon by the information you put on your form. This route of entry will be reviewed at the end of 12 months. All graduates of ECCE accredited colleges in good standing with their national associations and in membership of the ECU will be accepted into Membership on application

(MEAC). However, only those who have the relevant academic or professional backgrounds will be awarded Fellowship. A pathway from Membership to Fellowship is to be put in place after the initial 12 month period has elapsed.

Why an Academy?

The concept of the Academy was devised after consultation with chiropractors. This was because the profession had grown in both size and stature since the European Chiropractors' Union (ECU) was created in 1932, and there was a need to differentiate the ECU's academic and research work from its political role.

In 2006, the General Council of the ECU unanimously created this postgraduate academy of chiropractic which is the 'academic arm' of the Union. It has absorbed, in part, the function of the ECU's Board of Education, Professional Council and Research Council.

The EAC and its National or Specialist Colleges will only accept graduates from colleges accredited by the Councils on Chiropractic Education International (CCEI), or through its regional representative the European Council on Chiropractic Education (ECCE).

Maintaining the standards of our profession

The EAC is the only postgraduate professional institution in Europe unanimously accepted by the chiropractic profession. Its awards therefore have pan-national acceptance and credibility within our profession. It is there to allow those who have completed an ECCE/CCE accredited undergraduate education, access to postgraduate professional pathways, ensuring the standards of our profession are maintained and improved.

As an apolitical organisation set up by the profession, for

the profession, it is available to, and supportive of, all national associations in membership of the ECU. It supports and promotes research, conventions, graduate education programmes and continued professional development (CPD) through a life-long learning pathway for European chiropractors.

The Academy also acts as a forum for international academic co-operation for the chiropractic profession in Europe and beyond and allows integration and collaboration through research and postgraduate professional education. Through the professional development pathways in general practice and the specialities, the EAC ensures that personal requirements and needs are attainable. It also allows those with special interests or specialities to progress, with like-minded colleagues, through the routes of specialist membership and specialist fellowship, set by the specialist colleges.

As part of the Academy you are supporting our profession's high educational standards and agree with professional postgraduate education and ongoing research. With these standards and a structure which reflects them, the profession is showing its maturity and its willingness to strive for improvement. By becoming a member of the Academy, you are embracing and supporting the future of the profession and its place in international healthcare.

As an Associate Member, although not entitled to use post nominal letters, you are automatically added to the Academy database and have access to Academy functions, conferences and courses. It also allows you to

Benefits of membership

- subsidised access to conferences
- national and international CPD events and seminars
- access to members-only web-based resources
- access to specialist pathways and non-specialist pathways
- use of recognised post-nominal letters (MEAC, FEAC, etc) with certification
- credible postgraduate professional awards
- supporting and advancing the chiropractic profession
- and all this, while keeping a minimum cost of €75/£50 to the chiropractor
- Provides automatic recognition of ECCE qualification throughout the world
- Provides qualification for all conferences, conventions and seminars in the chiropractic world
- Demonstrates updated qualifications to patients
- Assists in the exchange of academic credits outside Europe
- Assists movement to another country or continent
- Provides endorsement for those speaking at events or acting as expert witness
- Proves references for those seeking a post in chiropractic education

BACKspace is published twice a year by the European Chiropractors' Union (ECU) and distributed free to all ECU members. Opinions expressed in **BACKspace** are not necessarily those of the editor or the ECU, and the ECU accepts no responsibility for advertising content.

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Edited and produced by
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Design by Impress Publications Ltd
Print by Advent Colour Ltd,
19 East Portway Industrial Estate,
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ECU news

New ECU Website

Beth Anastassiades, who is running IT for the ECU, introduces the new website, which can be found at **www.ecunion.eu**.

NICK PIPONIDES of WebMaster Solutions has incorporated the four previous sites into one easy-to-use website to make it easy for you to stay informed. The many new features include:

- Latest news
- Upcoming events
- An easy Banner system for advertising to generate extra income for the ECU
- An updated Convention section with automated online registration
- BACKspace section (under construction) – where you will be able to find articles and news from issues of BACKspace
- A Seminars sub-section with links to registration forms
- Member Login to provide exclusive communications for ECU members only:

Log-in instructions

Located in the top right corner of the homepage is the



Member Login box. Enter your **username** and **password** (see page 5) in the appropriate fields and click the Login button.

A **Member Profile** link will appear in the Member Login box.

Click that link to change your username and/or password as well as some other settings.

Once you have logged in, you will have access to exclusive pages, links and news articles within the site.

If you wish to make any comments about our website, or add any information such as seminars, events, news or advertising, please contact me directly at **beth@ecunion.eu**.

Founding Fellows

Prof J Bolton PhD MA(Ed) ILTM FBCA FFEAC	Mr D Burtenshaw MA FRGS FFEAC
Dr D Byfield BSc (Hons) DC MPhil FBCA FFEAC	Dr G Carruthers BSc DC MSc FBCA FFEAC
Dr P Druart DC FAEC FBCA FFEAC	Dr O Holm Haagenzen DC FFEAC
Prof S Hilton MD FRCGP FFEAC	Dr N Grunnet-Nilsson DC MD PhD FFEAC
Dr K Jobst MA DM MRCP MFHom FFEAC	Dr A Kilvaer DC FFEAC
Prof S King DC MPH FBCA FFEAC	Lord Kinnock FFEAC
Prof R Kissling MD FFEAC	Dr T Kuster DC FFEAC
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Dr S Papadopoulos DC FFEAC	Lord Plumb of Coleshill DL FFEAC
Dr D Reilly FRCP MRCGP FFHom FFEAC	Dr J Robert DC FFEAC
Prof V Saraceni MD PhD FFEAC	Dr H Thiel DC MA(Ed) FBCA FFEAC
Prof M van Tulder PhD, FFEAC	Dr K Vall DC MA(Ed) FBCA FFEAC
Prof G Waddell CBE DSc FRCS FBCA FFEAC	Dr Ingrid White BS DC FFEAC

have the first rung on the ladder without needing to take another step. Within the next 12 months, however, an Associate Member may apply for full Membership (EAC) or Fellowship (FEAC), the latter depending on their academic or professional history, by completing the application form provided. As a Member, you would be able to use future CPD points in the route to Fellowship of the European Academy. It is important to appreciate that, whether in the UK, Spain, Norway, Greece or any other member state, the awards will hold credibility and acceptance within the European profession.

As an individual, your involvement in the Academy, whether at local CPD meetings, within national colleges or

specialist colleges, shows your support for the continued development of your profession. The academy is therefore there for you and through you, a strong future for the European chiropractic profession is ensured. Access to further information on the EAC is available through the ECU website at **www.ecunion.eu**.

Mission Statement

The body is called the European Academy of Chiropractic (EAC); its purpose is to act as the academic arm of its parent organisation the European Chiropractors Union (ECU). It is responsible for the academic promotion of the chiropractic profession in Europe and liaise with other academic institutions approved by the EAC.

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 2007

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Media training day

Ready to face the media challenge

Three days of intensive media training has prepared a chiropractor from every ECU member country to face the press. **Anneke Verbeeck DC**, from Belgium, explains what happened on the course last September.

AS CHIROPRACTORS, we are all aware of the headline-hitting Lana Dale Lewis court case in Canada, and also the infamous Irish TV documentary where the chiropractor who was interviewed got 'slaughtered' by the journalist. It goes to show that besides being excellent clinicians, we should also concern ourselves with our communication skills with the press. In the end, they are the ones who paint the picture of chiropractic that is perceived by the public. It's time to take control and tell them what we want that picture to look like.

In order to achieve this goal, the ECU organised a three-day intensive media training course in Brussels on 15 to 17 September 2006. Each ECU country selected a representative chiropractor to be trained by the experts, Cristina Stuart and Julia Drum from Speakeasy Training.

As a warm-up on the first day, we were presented with the latest evidence on cervical adjusting and stroke by Professor Upton (professor in neurology, Canada), Dr Rubinstein (fellow researcher, University of Amsterdam) and Dr Thiel (head of clinic, AECC Bournemouth). They refreshed our memories on the research that has been conducted and provided us with some very useful statistics (see xx).

Day one was concluded by Cristina and Julia, who briefed us on what to expect from the following two days and set us some homework: to write down the key message we wanted to convey. A key message ... what exactly did they mean by that? It turned out that a key message is the magic secret to giving a strong interview: stick to your key



Trainers and delegates relax in the bar after a hard day of intensive 'media interviews'

message and don't be misled by the (sometimes tricky) questions you are asked. At the end of the ride (and it feels like a bumpy ride once in a while, believe me), what the viewers ought to recall from the interview is nothing but your key message.

Cristina and Julia did not give us an easy time - and why should they?

Over the course of days two and three, every trainee was given the opportunity to be interviewed three times on camera. The fellow trainees were present to observe. After each interview the tape was played back and everyone gave the interviewee constructive feedback. What was good, what could be improved on, what was the body language like, how did the voice sound, did they speak too quickly, was there too much "uhm, aah...", did the key message come across? It is mind-blowing how many

points you need to pay attention to all at once. And on top of that, once you are in the 'hot seat' your mind goes blank. It became very clear that these key messages ought to be engraved into our minds. We need to practise them in the shower, in the car on the way to work, during our run in the park, even dream them out loud at night!

Cristina and Julia did not give us an easy time - and why should they? By addressing the nightmare questions ("so ... if cervical adjustments cause strokes, why do you keep adjusting people's necks?") we faced our insecurities and learned how to 'bridge':

jump away from the words and information you don't want people to remember and latch onto your key message. Spice it up with a pleasant anecdote or two and no-one will even remember what the journalist's question was in the first place ... sounds easy enough, doesn't it?

It is obvious that this training weekend is only the beginning of an exciting journey in media-land. We all realise that we need to keep practising to keep these newly acquired skills up to date. And for the non-English speakers we now need to translate the key messages and bridges into our own language. It became clear that there is a need to set up a European-wide database with the latest research and statistics so we can rapidly access and distribute any brand-new groundbreaking evidence that should come out.

And finally, Philippe Druart appealed to us to go back to our country and convey our new knowledge to our colleagues so that everyone is prepared when approached by a journalist. Buckle up and brace yourselves because the European chiropractors are ready to face the media challenge!

Skandinavisk kiropaktor søges i Sydspanien.

Honorar/løn 50% af bruttoomsætning, hvoraf 40% udbetales og 10% henlægges til køb af klinikandel. Der forudbetales € 5.000,- ved start, og indtil kommet godt i gang minimum € 2.000,- hver måned..

Kliniker Mogens Dahl er sat på en anden og længere opgave, hvorfor ideen og behovet er, at du primært overtager de skandinaviske patienter.

Vi håber at høre fra dig i dag.

Skriv venligst til info@chiro-dahl.com for mere info:

Media training day

A valuable experience

*The unfortunate Irish TV 'documentary' was an alarm that led the ECU to organise the media training. An unethical journalist from the Finnish National Broadcasting Company was influenced by the documentary, and while the end result was not as bad as in Ireland, says **Tuomo Ahola DC**, media representative of the Finnish Chiropractic Union (FCU), certain things could have been avoided if they had had the knowledge from this course six months earlier.*

FROM THE beginning, Cristina Stuart and Julia Drum warned about increasing competition in the media world. Competition among TV channels with other media has led to a situation where quality has given way to quantity. Journalists have less and less time to make more and more 'interesting' programmes. Mix a bit of fact with prejudice and you have a hit.

The journalist who approached the FCU wondered why chiropractic laws in Finland are so much weaker than in the other Nordic countries, and told us that he wanted to expose civil servants' and politicians' faults. However, instead of being the sincere journalist we were hoping for, he 'uncovered' to the public that chiropractors and osteopaths are using dangerous and non-medical treatment called rotary-cervical manipulation! He even found a patient who was paralysed by that manoeuvre **14 years earlier!** Later in the programme he mentioned that the chiropractor who treated the victim was not properly educated.

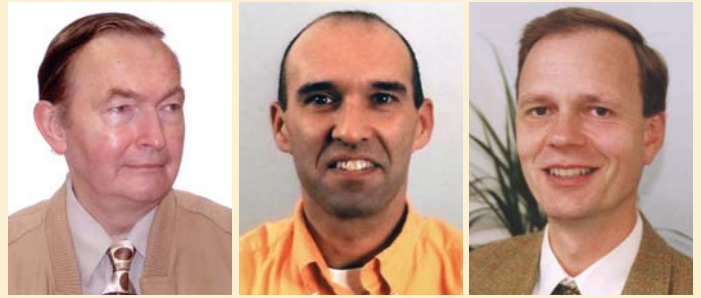
After the programme the journalist continued to send me e-mails, telling me how excited he was about the number of hits and visits there had been to the programme's website and in the internet chat sites. This was a perfect example of a journalist

who, instead of being investigative, found an easy target in his battle in the hard media business.

As long as the medical profession does not give us open approval for cervical manipulation, this issue keeps on being a target of similar exploitation. Since we cannot run away from it, we need to be prepared to defend ourselves. The media weekend prepared one representative from each national association. However, the training must be an ongoing process. Our profession has to produce more research in the field and remember that the alternative treatment options such as NSAIDs might have far more complications (see xx).

Fortunately, we are mostly approached by the friendly side of the media. During the weekend Cristina and Julia taught us to take control of the interview and convey our key messages. They showed us how to stay away from the negative issues and turn the interview into positive information. It is important that chiropractors in general, but particularly the media representatives, are updated with the latest research of both the possible side effects and positive effects of our care.

As a result of this valuable experience during the ECU media weekend, the FCU now integrates media training into the graduate education programme.



Dr Upton, Dr Rubinstein, Dr Thiel

The focus of press attention

The following are extracts from Dr Upton's presentations on NSAIDs and the neurological complications of manipulation.

NSAIDS

NSAIDS (NON-STEROIDAL anti-inflammatory drugs) are widely prescribed medications for the control of pain, fever and inflammation. Unlike opioids, NSAIDs do not produce sedation or respiratory depression and they have a very low addiction rate. Aspirin and Ibuprofen are available over the counter without prescription. In recent years aspirin (ASA) has been used to reduce the risk of thrombotic events, but some of the more recent (COX2) NSAIDs have been shown to increase the risk of cardiovascular events including arrhythmia.

The risk of gastrointestinal haemorrhage is about 1% per year for aspirin and is about half that for COX2 inhibitors. The COX2 enzyme is found in the stomach lining and it helps to prevent the stomach mucosa from being eroded by hydrochloric acid.

In addition to gastrointestinal bleeding and nephritis, NSAIDs may produce hypertension and photosensitivity. Rarer problems have included bronchospasm, rash, elevated potassium levels, raised liver enzymes, headache and dizziness.

Vertebral artery dissection

Unfortunately there is no reliable information on the statistical risk of vertebral artery dissection

after cervical manipulation. Case series and case control studies have supported the possibility that cervical manipulation is associated with stroke, but referral and selection bias reduce the value of these results. Haldeman estimated the rate of vertebral artery dissection after manipulation as 1:5,846,381. Between 1988 and 1997 there were only 23 potential cases of vertebral dissection after cervical manipulation and this was in about 135 million cervical manipulations, a rate of less than 1 in 6 million. As each case will tend to be seen by only one chiropractor, but three neurologists, it can be seen that there will be a different perception of the risk in the two professions.

We do not know the risk of developing vertebral artery dissection or stroke after cervical manipulation. To answer the questions, it will be necessary to undertake large randomised controlled trials, but these will be very expensive and will require large numbers of patients and controls. *Dr Upton's fellow presenters on the course, Haymo Thiel and Sidney Rubinstein, have both been involved in reviews and research of the possible adverse effects of cervical manipulation. See BACKspace March 2005 (Prospective Study into the Effects of Cervical Manipulation – page 9) and March 2006 (Stroke following cervical manipulation – page 11).*

National association news

Chiropractic anniversaries

This year is the 75th anniversary of the ECU, and this important event will be marked during the convention in Vilamoura in May. Chiropractic has now reached a great age in Europe, and there have been several other milestone anniversaries over the past two years.

THE BRITISH Chiropractic Association marked an amazing 80 years in April 2005 with a conference at the Anglo European College of Chiropractic - which was itself celebrating its 40th anniversary. Over 350 delegates attended the two-day conference.

On 6 October 2006, the Netherlands Chiropractic Association (NCA) celebrated - albeit a year late - its 30th anniversary. In the welcome speech by the president of the NCA, Jan Geert Wagenaar (top right), the founding fathers of the NCA were compared to the animals of Noah's Ark because of their tendency to appear in pairs.

This festive event, a celebration of the past, present and bright future of chiropractic in the Netherlands, was attended by chiropractors and their families, chiropractic assistants and chiropractic students. The day also commemorated the 40th anniversary of the Dutch Chiropractic Patients' Association, which was crucial in getting chiropractic to the Netherlands in the first place.

The Belgian Chiropractic Association (UBC) celebrated its 60th anniversary in Brussels on 9 December 2006. A full-day seminar featured presentations by Jan Hartvigsen, Michelle Wesseley,

Sally Roberts, Jos van den Hoek and Jean-Pierre Meersseman, and it was followed by a press conference, cocktail party and dinner.

This year is the 30th anniversary of the Finnish Chiropractic Association. It will be celebrated between 2 and 4 November at the Hotel Kämp in Helsinki. An international conference is planned, combining information, research, and practical sessions, and involving lecturers from Canada, Denmark, Norway, and Finland.

Chiropractic has grown up!



Top: Jan Geert Wagenaar
Above: UBC left to right Annick Jacques, postgraduate education, Albert Koentges, ex administrator, Michel Fossé, former president and administrator, Thyl Duhammeuw, secretary and acting president
Left: Jaques Lemaire, ECU advisor

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General news

Inaugural summer course in Madrid

THE SPANISH Chiropractic Association (AEQ) and El Real Centro Universitario Maria Cristina will hold their first annual summer course this June to launch the newly established university-based chiropractic degree programme.

Discovering the Art, Science and Philosophy of Chiropractic will take place at the Real Centro Universitario Maria Cristina at San Lorenzo del El Escorial, Madrid on 15, 16 and 17 June 2007.

The course will feature distinguished international speakers who are generously donating their presentations so that the fees can be included in the start-up costs of the new chiropractic programme that is set to start in October (see front page).

Speakers

Frederick Carrick

(keynote speaker)

This world-renowned clinical neurologist will embrace and integrate chiropractic art, science and philosophy with 21st century neurology and human neurological development.

Philippe Druart

The president of the ECU will speak about the specific use of medical imaging in chiropractic: *Why chiropractic interpretation of medical imaging is different.*

Joyce Miller

The lead professor in the Masters Chiropractic Paediatrics programme at the AECC will present a dynamic and

practical chiropractic paediatric presentation that will highlight clinically based applications in the treatment of the neonatal and infant patient.

Fabrizio Mancini

The president of Parker College of Chiropractic and of the Parker professional seminars will present a motivational and instructive lecture about the future of healthcare and chiropractic's role in that new paradigm.

Robert Ruppert

The WFC chiropractic researcher of 2006 will present his work and review current and future basic science and clinical research that is pertinent to chiropractic.

Francis Wilson

The chiropractic historian and chiropractor will present the little known history of chiropractic education in Europe.

Angela Olaru

Michelle Nielsen

Giles Brive

Peggy Arne Puig

Bradley Hennen

Robert Gevers

Mario Hermida

ECU General Assembly

The ECU General Assembly will take place in Vilamoura on 18 May 17.45 - 19.00 in the Neptuno Room, Tivoli Marinotel, Vilamoura.



Anglo - European College of Chiropractic

The College is a world-class university sector college with 40 years experience in chiropractic education and an established track record for excellence. AECC offers undergraduate and postgraduate education, serving the needs of 500 full-time students and the profession. The busy teaching clinic located on campus is widely used by the local community.

Director of Clinic

Circa £51 to £59K

The AECC is seeking a successful chiropractic entrepreneur to maintain and improve the business success of its clinic as a world-class chiropractic teaching facility. The successful applicant will be required to demonstrate competence in running a large chiropractic practice together with the necessary skills to manage motivated clinicians and support staff and ensure the business is successful. Interested parties may contact the Principal, Dr Ken Vall in confidence on +44 (0)1202 436200.

Closing date for applications:- 30th April 2007.

An application form and a job description are available from Rosemary Ashby, Senior Administrator (Staffing & Resources) on +44 (0)1202 436283 or rashby@aecc.ac.uk at the Anglo European College of Chiropractic, 13-15 Parkwood Road, Bournemouth, BH5 2DF, England.

www.aecc.ac.uk

General news

The importance of the CE mark

ANY EQUIPMENT that is used in the treatment of patients, and classified as a medical device, must carry CE marking if it is to be used in Europe. Without the CE marking, you may be personally liable in the event of an accident involving the equipment.

European Directive 93/68/

EEC requires that any product defined by the Medical and Healthcare Products Regulatory Agency (MHRA) as a medical device (including chiropractic tables, adjusting tools, traction units, ultrasound and multistim) and purchased after June 1994, must be registered and carry CE

certification. The CE mark is the manufacturer's declaration that a product complies with European health, safety and environmental protection legislation.

Your liability insurers could reject your claim in the event of an accident involving uncertified medical devices.

You are therefore advised to ensure that your medical devices carry CE marking. Be aware that some manufacturers outside the EU place the responsibility of registering the item with you, by including disclaimers in the purchase agreement, rather than applying for European certification for their devices.

You can access consumer advice in your home state through the following website:
http://ec.europa.eu/consumers/redress/out_of_court/links_en.htm

What is a medical device?

For the purposes of the Directives, a medical device is defined as: "any instrument, apparatus, appliance material or other article, whether used alone or in combination, including the software necessary for its proper application intended by the manufacturer to be used on human beings for the purpose of:

- diagnosis, prevention, monitoring, treatment or alleviation of disease
- diagnosis, monitoring, treatment, or alleviation of or compensation for an injury or handicap
- investigation, replacement or modification of the anatomy or of a physiological process
- control of conception and which does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, but which may be assisted in its function by such means".

Quoted directly from the MHRA website www.mhra.gov.uk

WFC elections

THE WORLD Federation of Chiropractic has announced the results of its recent election for positions on the Council for the three year term from 2007 to 2009. There were more nominations than positions available, and therefore elections took place in the African, Eastern Mediterranean, European and Latin American regions. Due to a change in the constitution, there are now two representatives in Europe, rather than one.

Following the elections, your WFC representatives in the area covered by the ECU are:

Espen Johannessen DC

(Europe)
Former president of the Norwegian Chiropractic Association and former treasurer of the ECU



Barry Lewis DC

(Europe)
President of the British Chiropractic Association and former president of the New Zealand Chiropractors' Association



Efstathios Papadopoulos DC

(Eastern Mediterranean)
Founder member and president of the Cyprus Chiropractic Association, and first vice-president of the ECU



FP7: European research and development budget

THE FP7 or Research and Development Budget has been launched by the European Commission. The sum of money available is €53 billion, and most of it will be allocated to projects within the next few months.

Where FP5 and FP6 were geared towards applications from consortia, favouring the large universities and establishments, FP7 is different. It has specific areas that favour individual researchers and smaller organisations such as high schools ("people"). Some of the budget areas are deliberately vague to favour creative applications, and are creatively titled. For example *Ideas* is a budget of €7.4 billion, open to all scientific areas, for which the only criterion for selection is "quality of the project". *Capacities* aims €4.2 billion at scientific facilities, innovation in industry (ergonomics?) and small businesses.

For the first time, after lobbying by interested parties, and as a result of new goals to make Europe a 'knowledge economy' by 2010, a specific section of the funding programme is dedicated to alternative healthcare.

The website <http://ec.europa.eu/research/fp7/understanding/index.html> gives details of the background to the FP7 and what it covers.

How to get involved

The application process will be arduous and even though the sums are large, the competition for funds will be serious. The website for participants http://cordis.europa.eu/fp7/home_en.html has details on the various programmes, forms and software you will need in order to apply.

There is also a section for *Experts* – <https://cordis.europa.eu/emmf7/index.cfm?fuseaction=wel.logout> – these can be associations or individuals.

Europe finally wants to dedicate more resources to research and development and become a major research powerhouse, to bridge the gap with the USA and Japan. With the goal of attracting foreign talent, non-European applications are welcomed. If you have links to chiropractic institutions outside Europe, you may wish to explore that possibility.

If you manage to get through the FP7 maze successfully, you are invited to share your experiences with colleagues throughout Europe via your National Association, the ECU and *BACKspace*.

Baiju A Khanchandani DC, ICSSD
chiropratico@hotmail.com



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New senior post at AECC

*The Board of Governors of the AECC has agreed to restructure the senior management of the college and create the new post of vice-principal, reports **Ken Vall DC**, principal.*

I AM DELIGHTED to report that Dr Haymo Thiel was appointed vice-principal on 1 January 2007, and is responsible for all undergraduate activity including the clinic. Dr Thiel joined the college 15 years ago and was head of clinic for more than 10 years.

The establishment of this senior post at the college is a reflection of the rapid expansion and the increased complexity of our environment. Haymo's promotion also leaves a vacancy in the clinic and I hope we will have many suitable applicants for the post of director of clinic at AECC, which is advertised

on page 11. We hope to have a new purpose-built clinic on campus for September 2008, which should provide a great opportunity for an energetic and driven chiropractor to join our successful team.

Apart from our ambitious development plans we have now installed computerised radiography in the clinic, much appreciated by both staff and students. We have also purchased a diagnostic ultrasound machine and are busy educating and developing a number of our clinicians to become experts in the field. Much of this investment comes from donations from you, our

chiropractic colleagues, members of the Chiropractic Trust Fund and Treatment a Month Club. Thank you very much for your support.

In November 2006 we held our 37th graduation at the AECC. A former principal of AECC, Dr Arne Christensen, addressed our graduates with very wise words and advice.

We awarded a fellowship this year to Mostafa El Dars. Many of you will remember his encyclopaedic knowledge of both paediatrics and neurology. Now aged 80, Dr El Dars still helps out in the clinic a few hours a week.

This graduation was also the last for Anthony Metcalfe, who steps down as chairman of the Board of Governors after more than eight years. The AECC is indebted to Dr Metcalfe; his influence and quiet advice have been crucial, particularly over the last few years when the college was successful in accessing public funding for its students. We now look forward to working with our new chairman, Professor Sean Hilton MD, FRCGP, who is professor of primary care and vice-



Suzanna Catherine Boys

principal at the medical school, St George's, University of London.

We recently had a visit from representatives from the Maria Cristina College at Escorial, and from the Spanish Chiropractic Association, who are starting a chiropractic programme at their institution (*see cover story*). The two institutions have signed a Memorandum of Understanding and we look forward to assisting our Spanish colleagues in the future.

Graduating class of 2006 Student prizes

Outstanding academic student MChiro (Yr 3)

Donated by the British Chiropractic Association to the student with the best profile of marks.

Karen Louise Baker

Best project MChiro (Yr 3)

Donated by the European Chiropractors' Union to the student with the best project, as decided by the Project Sub-Committee.

Laura Louise Davies

The Flavio Grillo prize for best clinical proficiency performance

Awarded to the student whose performance exemplifies those characteristics identified with good clinical practice

Amy Charlotte Burn

Best all-round student

Awarded by the College to the student who has contributed the most in non-academic terms to the college, his/her year, and the course.

Nageena Akhtar

Holm award

Donated by H O Holm DC to the male and female student with the most holistic approach to patient care and treatment

Ricky Rajvir Gill/Laura Louise Davies

Rehabilitation award

Donated by Howden Medical Insurance Services to the student who made an outstanding contribution to the advancement, or the implementation within the field, of musculoskeletal rehabilitation.

Richard David Barton

Outstanding academic student award (final year)

Donated by Howden Medical Insurance Services to the student with the best profile of marks in the final year.

Suzanna Catherine Boys

Modern lecture Charles Martin, director of the

FEC HAS continued to expand both its facilities and the number of students. A new lecture theatre has been constructed on the ground floor, in place of the former clinic building. It is equipped with modern audio-visual equipment, including an interactive whiteboard, and can seat over 160 people. It has been used for teaching the students, as well as for a wide variety of post-graduate and research seminars in the last trimester of 2006. More seminars are being held in 2007, including, most recently, a visit by Dr Michael Haynes

from Australia, who discussed the cervical arteries and their assessment by Doppler ultrasound.

We held a very important congress last December as part of the drive to illustrate to the medical profession the rigorous and progressive direction of chiropractic. Amongst those who attended were Professor Louis Auquier, member of l'Académie de Médecine and Dr Jean Yves Maigne, president of the Société Française de Médecine Manuelle Ostéopathe. Presentations were given by leading chiropractic researchers in Europe.

Academic institutions

Largest ever final year cohort

*Construction of new facilities has helped to accommodate the largest student cohort the Welsh Institute of Chiropractic (WIOC) has ever had, according to its head, **David Byfield DC**.*

THE 2006/07 final clinic year cohort is the largest we have had at the WIOC with 72 student clinicians. In order to accommodate this group we completed a recent construction phase which has provided us with 24 consultation rooms and a larger rehabilitation suite.

We also enrolled 100 students into year one of the degree programme and 25 students into our foundation programmes commencing in the 2006/07 academic year. We are very pleased with this response to enrol on our programme; there has been a consistent enrolment pattern over the last four years, which indicates the high interest in chiropractic as a career within the UK and Europe as a whole.

Student fees are changing and placing more financial pressure on individuals considering a professional qualification. There are more options open to students to finance their education including deferring payment until after graduation. The University of Glamorgan capped student fees at £1200 for the



2006/07 academic year, but they will rise to £3000 for 2007/08. However, **from 2007/08 Welsh domiciled and Non-UK EU students** will receive a grant of £1845 from the Welsh Assembly, bringing the student contribution down to £1200 (subject to certain criteria). A review is currently under way to consider extending this for new starters in the 2008/09 academic session.

We held our student academic awards ceremony on 9 October 2006 and I would like to congratulate the following award winners:
Foundation Year – **Jodie Skillen**
Year 1 – **Mark Thomas**
Year 2 – **Felicity James**
Year 3 – **Vanessa Gilberston and David Wheeler**

Members of academic staff have

also been busy, attending a number of conferences as representatives and as keynote speakers including the BCA Conference in Manchester, the Association of Swiss Chiropractors in Burgenstock, the World Federation of Chiropractic Education Conference in Cancun, the Consortium of European Chiropractic Educators at the AECC in Bournemouth and the General Chiropractic Council consultation accreditation criteria workshop.

Peter McCarthy and his Chiropractic Research Unit (CRU) were awarded a CIRP (Collaboration with Industry Research Partners) grant worth approximately £400,000 for investigating and testing seating materials for comfort during long

term sitting (Comfort Index). Peter is the principal investigator on the project and his research team will be Drew Heusch and Vince Cascioli from the CRU. The competition for this grant was significant.

Our mobile MRI service, through collaboration with the Cobalt Appeal Fund and the University of Glamorgan, is now up and running two days a week. It is pleasing to see the unit on site after so much time and effort to establish this collaboration. The introduction of the MRI will coincide with the launch of the multidisciplinary Sports Medicine Centre at Glamorgan at the WIOC under the direction of Professor Gareth Jones (sports physician) this month. These are significant developments for the WIOC and chiropractic education as there will be a prominent teaching link with both services, including a close working relationship with a group of consultant radiologists at the Royal Glamorgan Hospital near the university.

the theatre and additional premises for IFEC

the Institut Franco-Européen de Chiropratique (IFEC), describes the new facilities there.

New premises have been purchased and converted into a teaching clinic. This provides more space than the original clinic and also allows for the development of a

research/rehabilitation room, which will benefit patients and students alike.

As well as continued improvements to the IFEC Ivry site, an annexe to the Institute has been

developed in the south of France. For many students, the idea of leaving the warmth of the south to come to Paris has provided a barrier to applying to train at IFEC. The new IFEC annexe in Toulouse hopes to address this, as well as representing chiropractic more in the south. Most of the course there is provided by teachers from IFEC Ivry, who fly down to the site, which is conveniently located close to Toulouse airport. With an ever-increasing student body, which currently stands at more than 380 students, IFEC continues to grow,

attracting students from France but also from other countries, including Belgium, Italy, Canada and Sweden. This provides a very interesting mix of experiences for all involved in their education.

We would be delighted to welcome anyone who would like to visit IFEC. Please do not hesitate to contact us at:

cmartin@ifec.net –

Charles Martin, Director of IFEC

tkuster@ifec.net –

Thierry Kuster, Academic Dean/
Programme Director of IFEC



The new lecture room being used during the visit by several well known members of the French manual medicine professions.

Reports

ProChiropractic Europe (PCE)

*PCE is delighted that Norway has now completed the translation of its Welcome to your chiropractor information sheet, says president **Ann-Liss Taarup**.*

WE ARE now looking forward to adding Norwegian to the many European languages represented on www.prochiropractic.org, each shown by a different flag. The flags of Holland, Poland and Iceland are there, ready for a translation when it is convenient for their chiropractic representatives to do it.

There is also an empty space on the list of pro-chiropractic associations – as we know that a new French patients' association has formed, but we have unfortunately so far not been able to establish any contact.

Welcome to your chiropractor contains very diplomatic information for patients that can be used in practically every country. It explains what chiropractic stands for and is easy

for new patients to understand, although some chiropractors think it would benefit from an update.

The PCE launched a website in 1997, so can boast of being among the first on the chiropractic internet market. So it has taken us 12 years to collect translations into 11 languages and we still lack some! Why not use and enjoy what we can offer – and together we can accomplish much more for European chiropractic.

The biggest problem when establishing a pro-chiropractic association is usually finding a trustworthy person who will promote and support such a project. We have great expectations of a new association in Germany where such a person has been found, has contacted at least half the chiropractors

belonging to the German Chiropractic Association (DCG), and has received general support and many good suggestions, including:

- promote chiropractic in general via booklets, flyer, talks, presentations etc.
- a patient friendly website
- articles in regional newspapers and nationwide magazines
- set up patients' help
- support the establishment of chiropractic science and promote
- literature on the topic
- work towards a future chiropractic university/school
- be a direct partner to the DCG and the PCE
- try to set up a network on the political, economic, health and social level

- raise funds throughout Europe
- grant study scholarships for students who still have to study abroad

It is hard work to launch a chiropractic patient association, but it is a very wise step to take.

Finally let me add that we continue to believe in extending the benefits of pro-chiropractic work – as it has been vastly successful in, for example, Switzerland, Denmark and Great Britain. We believe in playing a role for the good of chiropractic – for the expansion of chiropractic for the coming decade.

We will be extremely happy to hear from you about any lack of updates, or links we have not implemented on the website – and any bright ideas for our work!

etogalt@mac.com

Fédération Internationale de Chiropratique du Sport (FICS)

*FICS finally opened its new office in the Maison du Sport International (MSI) last September. **Roland Noirat DC**, FICS president, describes this extraordinary building.*



TO BRING together under one roof several leading players from international sports administration, 20 headquarters of international sport federations and organisations and 10 active companies in the field of sport is an unrivalled achievement. The MSI, on the Avenue de Rhodanie, alongside Lake Geneva, officially opened its doors on 23 June 2006. It comprises a reception building and three office blocks, forming a modern, welcoming and functional complex in a prime location. Apart from 4,300 m² of administrative area, there are conference rooms, a cafeteria and a gym. It also offers a series of small fully-fitted offices sharing a reception and various additional services such

as photocopying machine, a fax, internet, telephone lines, cleaning services etc. I have been able to negotiate a year's free rent and charges paid by the City Council of Lausanne and the Canton de Vaud.

Owned equally by the City of Lausanne, the Canton of Vaud and the International Olympic Committee, the MSI constitutes a remarkable tool for the international sports federations, allowing them to work together, cultivate contacts, share experiences and exploit synergies. It also reinforces Lausanne's status of 'Olympic capital'.

This is the beginning of a new era for sports chiropractic in the world of international sport.

Reports

European Council on Chiropractic Education (ECCE)

ECCE president **Jennifer Bolton** reports

THE NEW Constitution has now been lodged with the German court. It has been a lengthy process, particularly in view of the fact that the German translation had to accurately reflect the English version. At the Council meeting, two minor changes were approved and these will now be incorporated into the legal document. Finally, we may now be at the stage where we have our new Constitution completed together with the new Standards, and can look forward to a period where we can operate with these robust and clear documents in place.

Having completed this task, the Executive has turned its attention to a new project. This is the application for membership of ENQA, an institution directed to quality assurance and educational standards in higher education in Europe. From informal approaches it appears that ECCE may be eligible, and we have therefore decided to go ahead with an application. The Executive felt this would considerably strengthen the position of the ECCE in a broader educational context. Naturally, the application process is not an easy

or straightforward one, and there will be a considerable amount of work in putting a first class and robust application together.

Having fully endorsed the new ECCE Standards, the CCEI is now reviewing its own Model Standards. This is an 'umbrella' set of Standards that all CCEs must adhere to.

Anneke Verbeek, nominated by the ECU, and Mike Barber, nominated by the Executive, have been elected to the ECCE Council. Both terms of office will run, in the first instance, from January 2007 to December

2010. In December 2007, Adrian Wenban's first term of office is completed, and we will seek either a re-nomination and/or nominations from ECU in mid-2007. A list of all members of the Council is available on the ECCE website www.cce-europe.com.

In 2007, the AECC is due to be evaluated for re-accreditation and in spring 2008, the University of Southern Denmark will undergo an evaluation visit.

Once again, on behalf of the ECCE, I would like to thank the ECU for its support of the work of the ECCE.



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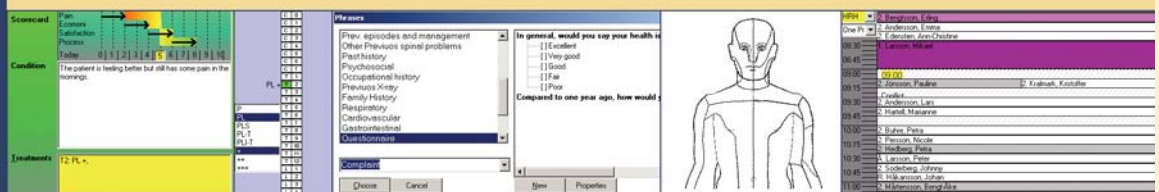
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Case to remember

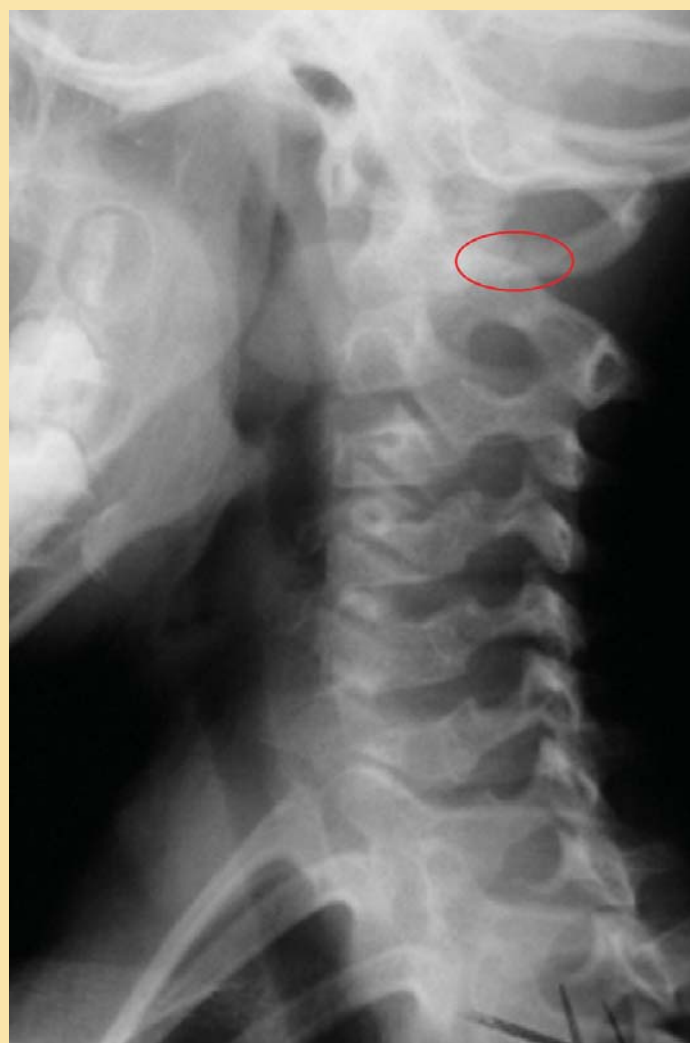
Torticollis in a child

Do not accept negative X-ray findings without checking the images for yourself, says Øistein Holm Haagenesen.

LATE ONE night in October 2000, our neighbours brought their five-year-old son to me. The mother was a bit distressed because the boy had a stiff and painful neck that would not go away. He had a one-and-a-half week history of neck pain and gradual onset of torticollis after falling head-first out of the upper level in a bunk bed at night. They had taken him for a consultation at emergency clinic after the trauma, and it was diagnosed as "muscular stiffness". The medical doctor's advice was to "leave it alone - it would be OK in a few days' time and he should go

back to kindergarten after a couple of days' rest. No x-ray examination was performed at the emergency unit.

The boy refused to go back to kindergarten after a few days' rest. They therefore visited the family physician who confirmed the "muscular" diagnosis and encouraged them to send him back to kindergarten so that he would forget his neck pain. But after this the child still refused to go back to kindergarten, and the mother decided that it was time to get a second opinion. As she had heard that there was a chiropractor



living close by, they decided that this was a good place to start.

As I examined the boy, I observed a slight torticollis and a very stiff movement pattern. He could hardly turn his head nor laterally bend to the same side. Motion palpation of the neck revealed a very rigid/locked feeling in the C₁/C₂ region.

Based on the history and these few examination findings I suspected post-traumatic pathology, and I therefore stopped further examination and referred him to the local x-ray clinic for an emergency x-ray examination the next morning.

X-ray findings were negative. No findings at all. However, I have – through years in practice – learned not to trust these reports and therefore examined the x-rays myself. I quickly got suspicious of

a small line in the atlas in several of the oblique/lateral projections (see illustrations).

I consulted my wife, who is also a chiropractor, and she agreed with me that we should have further examinations done. The boy's mother was a bit annoyed that I would not treat the boy straight away since the x-rays were negative, but accepted finally that we were not happy with the report.

A professor of x-ray at a local hospital was therefore consulted immediately, and he agreed with our suspicion and suggested further investigation at the Ullevål University Hospital Neuro-radiology department. I therefore consulted the duty radiologist and she also agreed on the suspicion of a unilateral fracture of C₁ and a

...continued on page 20

New Infrared Therapy System from Canada

An exciting infrared therapy system, from Canada, has just been launched in Europe that takes heat therapy into a new realm of deep tissue pain relief and healing.

Thermotex is a range of unique patent pending infrared therapy pads that deliver deep tissue heat therapy. Developed in Canada in the 1990s and given FDA clearance, Thermotex has been successfully used by thousands of pain sufferers and therapists, including chiropractors.

Effective heat therapy is vital to increase blood flow to the injured

site, bringing in nutrients and oxygen and taking away waste products. Unlike conventional conductive heat pads which simply heat the surface of the skin, Thermotex delivers safe FAR infrared energy waveforms that have been shown in studies to penetrate up to 6cm beneath the surface of the skin, double the depth of some conventional heat pads.

- **Increased deep tissue blood flow**
- **Large muscle group & high BMI heat therapy**
- **Can be used over strapping and casts**
- **Available in range of shapes**
- **Safe and economical to use**

"Thermotex allows chiropractors to provide deep tissue heat therapy to patients whilst they wait for treatment in the waiting area," says Benedita Sousa, Product Manager, Steadfast Corporation Ltd, "giving pain relief and relaxing patients prior to treatment".

In addition, most patients choose to buy Thermotex to relieve pain and stiffness at home and to encourage healing.

For more information about Thermotex Infrared Therapy Systems, please call +44 (0)20 8709 7000 or visit www.thermotex.info.

The advertisement features a large background graphic with a dark red gradient. Overlaid on this is a dynamic, flowing pattern of bright orange and yellow light waves, resembling heat or infrared energy. In the upper left, the 'THERMOTEX' logo is displayed in a stylized font, with the 'M' and 'O' containing a graphic of a globe with latitude and longitude lines. Below the logo, the words 'INFRARED THERAPY SYSTEMS' are written in a clean, white, sans-serif font.

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Case to remember



...continued from page 18

CT scan was ordered. The CT scan confirmed the x-ray findings and the child was admitted to hospital for one day to fit a stiff collar that he would wear for six weeks. Chiropractic examination after six weeks of using the collar revealed no functional spinal lesion in the neck and he was pain-free and functioning normally.

Final considerations

Do NOT adjust upper cervical spine in children with torticollis after trauma without a proper examination and necessary investigations. A quick treatment at home or in other out-of-clinic settings may sometimes be tempting, but remember that it requires the same consideration and caution that you would show in your clinic.



Do NOT accept negative x-ray findings without checking the images for yourself. This is especially true for trauma cases, cases of no treatment response and where other health personnel have failed to manage the case. Always see for yourself.

Chiropractors can manage trauma cases like this one just as well as, or better than, the GP due to our palpatory skills, knowledge of musculoskeletal pathology, experience with 'normal' neck problems and our radiology skills. This is one of several cases I have seen in my practice where upper cervical fractures have been missed by radiologists and medical doctors. They are not uncommon, so stay alert.

Øistein H. Haagensen DC, FFEAC



Book review

...continued from page 21
thus to promote coping, a change of behaviour, expectations and imposed demands, acceptance ...

Group interventions require a professional multi-disciplinary approach. The risk of reinforcing 'sick behaviour' as a consequence of increased attention is to be considered. A more individual approach should be implemented for some patients.

Helpful and valuable mental images and expert opinions

Karel Lewit states that we have to insist that function (physiology) is as important as anatomy (pathology). This is a worthwhile consideration because, in light of the classical, biological, doctor-oriented, diagnostic type of approach, patients are fixated on this. It is difficult sometimes to convince them of our functional approach in contrast with what may be visualised on an image and what seems more real to them. Pathology could be compared to the hardware and dysfunction to the software of the system. Psychology is important because the locomotor system is the effector of our mental activity. With respect to the visceral chain or patterns, Lewit states that the motor system mirrors the entire organism and can be of significant diagnostic value.

Explaining pain as a temporary illness like a common cold is a nice tool and works as an image. It is easier for a patient to accept it and it requires less complicated explanations, such as ones about facilitation, inflammation and tissue damage, muscle spasm and compensation.

Nonspecific back pain

Subclassification of the largest group (85-90%) of back pain sufferers is a top research priority. With respect to the treatment-based classification system, the stability test for the lumbar spine deserves our attention. The patient is placed prone on the table, feet on the ground and upper

body supported. Shear posterior to anterior pressure is applied over the spinous processes similar to the seated palpation procedures. If pain is present with the feet contacting the floor, disappearing when the feet are in the air and thus contracting the back muscles, instability is suggested. The patient may benefit from stability training.

It is interesting to discover that the clinical prediction rule, for a 92% statistical chance that manipulation will be successful in the treatment of this type of low back pain, relates to a recent onset of pain, a lack of radiation of pain beyond the knee, a low score on the fear-avoidance beliefs questionnaire, at least one level of lumbar hypomobility and decreased medial rotation of at least one hip of below 35°. Decreased stride length and lack of pelvic and thoracic uncoupling that should occur in normal accelerated gait, decreased ankle dorsiflexion and gluteus medius weakness are all strongly associated with low back pain.

Neck pain

The predictors of future disability and pain are significantly related to the patients' expectations, a high pain intensity of long duration and low self-rated health. The degree of cervical lordosis or lack thereof has no predictive value for future neck pain or future degenerative changes. The larger the disc herniation, the more likely it is to reduce in size over time. There is a relationship between forward head posture and decreased isometric strength and endurance of neck flexors.

We are finally overcoming the dictum propounded by Descartes of the separation of mind and body. It has taken hundreds of years. I'm sure that this book, the 'bible' of spinal rehabilitation, will be a prolongation of the success of Craig Liebenson's first book and it will surely help us to get rid of similar persistent dogmas of the past.

Karl Devriese DC
karldevriese@telenet.be

Bats in my Belfry

by Bernard Preston

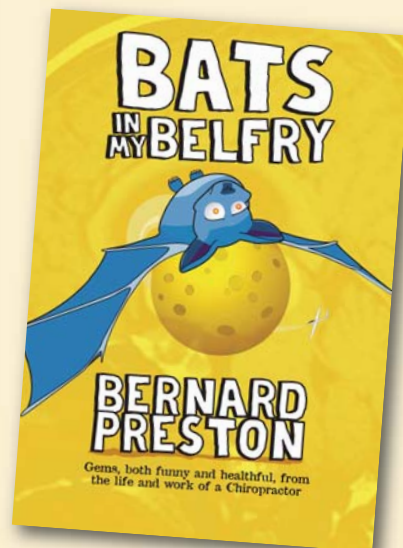
BATS IN my Belfry is yet another wonderful book by Bernard Preston, author of *Frog in my Throat*, to which this is a much welcome follow-up. Originally, I had planned to read it on one of the tedious transatlantic flights that I was due to take but thought that I would just make a start, just to see how it began. I started to read the book on the way to the airport in Paris and, before I knew it, I had arrived in the UK, totally captivated by the memories that the stories brought back. Every chiropractor has interesting experiences to relate but few have had the opportunity of sharing them with fellow chiropractors and patients.

You will read of many fascinating insights that Bernie Preston gives on the doctor-patient relationship. Many revolve around how he grows in awareness and chiropractic technique, as he is challenged by interesting patients, inspired by other chiropractors, and yet disappointed in some colleagues.

For example, the new patient who has a stroke in front of him, before he touches her, another he suspects he has 'stroked', not after a cervical adjustment but by palpating a possible thrombosis in the calf.

Preston also takes us into the intriguing aspects of hobbies: he tells how he himself develops a torticollis after a hundred mile flight at 14,000 feet in his ancient glider, and about the bishop who nearly has a thrombosis after having his beehives vandalised, as well as the bishop's wife who, at the age of 50, has 'a little problem' that Preston can't fix.

Bernie Preston also confronts the darker side of his own soul and the difficulties of many



doctors who may find themselves in compromising situations. The book starts with him in a stress-induced depression after being unfairly accused of a misdemeanor.

He likes to consider controversial situations; the patient who is raped, the patient with Aids, the elderly and the obese are all described with Preston's penetrating pen.

Bernie's books should be read by chiropractors and chiropractic patients alike; they give such an excellent insight into clinical experiences and are useful – allowing the recollection and reanalysis of similar situations – and, above all, extremely enjoyable.

Michelle Wessely, BSc (Chiro), DC, DACBR

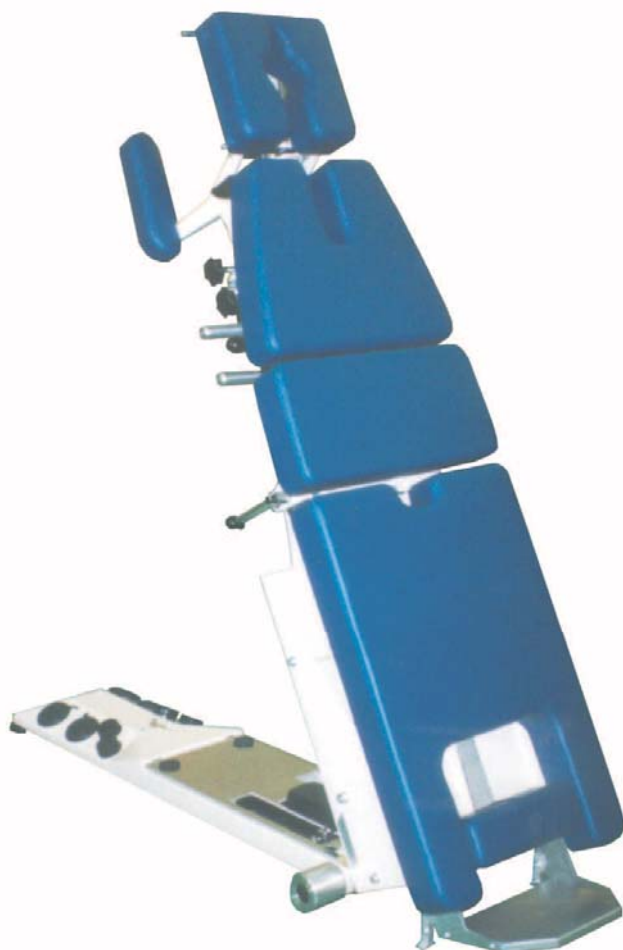
Publisher: Pen Press Publishers Ltd
ISBN-10: 190562137X
ISBN-13: 978-1905621378

Extracts can be accessed on the following websites: www.bernardpreston.com/order_-_bat_in_my_belfry.htm or www.bernardpreston.com/frog_in_my_throat.htm



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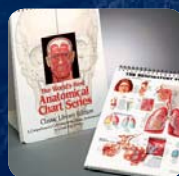
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