BACKspace
Newsletter of the European Chiropractors' Union
EUROPEAN CHIROPRACTORS UNION
March 2011
Volume 7 Number 1

Left to right: Tom Michielsen (Belgium), Marc Hudson (Spain), Francine Denis (Spain), Niko Kalogeropoulos (Greece), Chris Mikus (Liechtenstein).

THE ECU General Council ran a workshop at the General Council meeting in Barcelona last November. Called Vision 2020, the workshop challenged the members to think about where they want to be in ten years' time.

The event was initiated by ECU president Øystein Ogre, who said: "I feel it is important to have a clear vision of where we want to be as professional health care practitioners, and also as a profession, in the future. It makes it so much easier if we can agree on some common goals to work towards. We don't have to agree on everything, but agreeing on a few major goals is important."

Working in groups of five or six, the council members considered:

- Ten years from now, what status should chiropractic in Europe have? What kind of rights should chiropractors have?
- In order to reach these goals in 2020, what are the major areas that the profession needs to focus on?

This process involved everyone, and was met with enthusiasm. Many interesting discussions emerged. Perhaps surprisingly, differences in opinion were not as great as anticipated.

A working group will now put together the results and make a plan that will be presented at the General Council meeting in Zürich during the 2011 ECU Convention.

Chiropractic law in France

THE LEADERS of the French Chiropractic Association (AFC) have announced that the first decree relating to the regulatory framework for the practice of chiropractic was published in the *Journal Officiel de la République Française* (an official bulletin giving details of laws and official announcements) on 9 January 2011.

President of the AFC, Philippe Fleuriau, said: "This official event is to be considered a big step for all of us, as almost nine years have gone by since the law was passed. One more small step is still to be taken in order for us to get the second decree that deals with chiropractic education."

A translation of the decrees will be published shortly.

In *BACKspace*:


Photo: Barry Lewis

A sculpture from the Sagrada Familia church in Barcelona, the city where the General Council met last November – see page 7.

Previous issues of *BACKspace* are available from the ECU office. See page 3 for contact details.

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President's message

The biggest threat to chiropractic is what?

WHEN I went to chiropractic school, I was told that the biggest threat to chiropractic was accepting rights to prescribe drugs. We were told to look at the osteopathic profession in the US and see how it had been absorbed by the medical profession and consider what might happen to us if we accepted these rights. At the time, I accepted the arguments against prescribing without question. Today, many years later, I still hear these arguments advanced when the subject of prescription rights is discussed. But is it really true that gaining limited prescription rights is the biggest threat to our profession? I doubt it.

Major debates

There seem to be two major debates raging within the profession at the moment. The first of these is chiropractors seeking limited prescription rights. This is an issue that will be heavily debated during the WFC conference in Rio de Janeiro in April, which will include speakers from ECU member nations. The second debate surrounds the concept of the vertebral subluxation complex, which historically has been inextricably linked to the chiropractic profession. The reality is, however, that in our European educational institutions, it is no longer considered to be the mother of all diseases and forms no part of the modern European undergraduate teaching model. These two debates are most interesting. We will no doubt continue to follow them closely and ongoing discussion will almost certainly find its way on to future pages of *BACKspace*.

The biggest threat to chiropractic in Europe, however, is neither achieving limited prescription rights nor the profession's belief in the vertebral subluxation complex. The biggest threat to the chiropractic profession today is that in most of Europe *we do not exist*, and in most of Europe *we do not grow*. If we are to survive as a unique and distinct profession, this situation must change.

Wake up call

As of today, there are only a few countries in Europe that have dedicated legislation to regulate the chiropractic profession. The rest of Europe has either only partial legislation or no legal recognition of chiropractic at all. Because chiropractors have tended to be individually successful and have derived a good living from what they do, many of us have lived in a comfort zone for too long. I attended my first ECU meeting back in the eighties. Disappointingly, many of the problems we discussed all those years ago remain with us today. Back then, three decades ago, I saw national associations that failed to recruit students to the profession and had no future strategy for how the profession should grow and prosper to enable chiropractic to become a household word among millions of Europeans.

Today, we can see a shift in attitudes, where more national associations take measures to seek legislation, encourage recruitment to the profession and seek academic recognition by looking to establish undergraduate educational programmes within their own nations. This is all very positive, yet the pace of actual change is frustratingly slow. This relative stasis also makes us vulnerable as a profession and we are now seeing attempts by the physiotherapy profession to take over the chiropractic profession in some European nations. At the same time, the numbers of osteopaths in Europe grow in number by thousands every year.

These facts alone should be a wake up call for many national associations. Our destiny is in our hands. We still have time to take positive action and make a change, but that time is running out. I strongly encourage all chiropractors to get out of their comfort zone and re-examine the belief that the world will always stay the same. In a fast-paced world, we must adapt or we shall die as a profession. We all have a responsibility to unite in serving the profession, in strengthening the profession and in recognising that the future of chiropractic in Europe depends on positive action.

Setting common goals

The General Council of the ECU has started a visioning process which will help all national associations to set common goals. In Zürich, we will present a document setting out a joint vision for the chiropractic profession in Europe. Our aim is for all national associations to adopt this document, set common goals and have clear strategies for how these goals will be reached. This document will serve as a guide for the national associations in their quest for professional and public recognition.

It is also my belief that if chiropractic is to become a major player in the health care system in Europe, it needs to grow in areas where it is non-existent or only marginal. The Executive Council of the ECU has therefore called for a conference where chiropractic educationalists will explore ways of expanding the establishment of chiropractic programmes in European universities where chiropractic has never previously had a presence. I will tell you more about these exciting developments and much more when I see you during the ECU Convention in Zürich in June.

Until then, all the best.

Øystein Ogre
ECU President
Blog address: **ecupresident.org**
Email: **president@ecunion.eu**

BACKspace

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ECU news

Is your patient getting better?

ECU convention Zürich June 2-4 2011

WE KNOW from experience that most of the time, patients under chiropractic care do get better, but how can we be certain? How can we demonstrate improvement in an unbiased way, ruling out the law of chance?

These and other questions will be raised and hopefully answered during the convention in Zürich. The keynote speakers include professors Alan Breen DC, PhD, professor of musculoskeletal health care at Anglo European Chiropractic College (AECC), Jenni Bolton PhD, MA Ed, FSEA, FCC, professor in chiropractic education and director of research and postgraduate studies at AECC, and Charlotte Leboeuf-Yde DC, MPH, PhD, professor of research at the university of Southern Denmark.

Zürich is the largest city in Switzerland with approximately 380,000 inhabitants. It was voted city with the highest quality of life in 2007 and 2008 and ranked second in 2009. It is the cultural centre of Switzerland with a well-functioning public transport network including cable cars, buses, trains and boats. The convention centre and hotel is located only five minutes from the airport and a mere eight minutes from the vibrant city centre.

The venue is a first-class superior hotel located between Zürich airport and the city. 347 non-smoking rooms and suites feature panoramic views of Zürich and the snow-capped Swiss Alps. There is a range of different leisure facilities available for guests to enjoy such as the Amrita Spa and Fitness Centre with the infinity pool overlooking the city on the 32nd floor, and cocktails at the Edison Bar and Lounge. The newly-renovated convention centre is the perfect setting for our conference. It is located on the second floor of the hotel with 19 conference rooms, high-speed internet and garage parking.

There will be two evening functions available for participants and partners: the Swiss night on Thursday night and the gala dinner on Saturday night. The Swiss night will feature typical Swiss food combined with wonderful Swiss music and folklore. All in all it's going to be a very fun night and nobody should miss it! The gala dinner will be no less entertaining with an awesome band, and dancing will be encouraged.

We have also organised some fun tours in and around Zürich for accompanying persons or, if required, some pre- or post tours. Specifics will be available on our website **www.ecuconvention.eu**

For online registration please visit us at: **www.ecuconventions.com**

We are looking forward to welcoming the European community of chiropractors to Switzerland; we're going to have a great time!

Petra Rutz DC
Head of Organising Committee

Convention: call for papers

THE EUROPEAN Academy of Chiropractic (EAC) and the Organising Committee invite interested individuals and research institutions to submit original research papers for presentation during the June convention in Zürich.

Accepted papers will be divided into:

- Oral - 10 minute platform presentations during the plenary sessions
- Poster presentations - displayed in the exhibition area during the convention

Guidelines for submissions

- Submitted abstracts should include title, author(s), introduction, methods, results, discussion and conclusion.
- The length of the abstracts should be 500 words plus references.
- Authors should be mentioned with their degrees and institution/work situation, specifying the presenting author with his contact details.
- Only one presenting author for each paper will be allowed. The presenter must be one of the authors.
- Each prospective presenter may submit and present a maximum of two papers, but can be mentioned as co-author of other papers.
- Scheduling of all presentations will be determined by the Convention Organiser to ensure best fit within the overall programme.
- All papers will be blind-reviewed by two reviewers.
- Accepted papers will be included in the Convention Proceedings, available at the time of the convention.
- Posters sized 120x90cm (height/width) should be prepared and provided by the authors to the convention secretariat the day before the convention.
- Keeping in line with the ECU Convention policy, fee, honorarium or expense payment will not be provided for the presenters.
- Presenters of accepted papers will have to register for the convention, at a reduced registration fee equivalent to the 1st year graduate fee.
- All accepted papers which display all results at the time of submission of the abstract are eligible for the **Jean Robert Research Prize**, judged by a convention research committee appointed by the ECU Research Council, in the following categories:

  Best Clinical/Practice Based Research Paper €2,000
  Best Experimental Research Paper €1,000
  Best New Researcher's Paper €500
  Best Poster €500

  Winning one of the research prizes is not automatically linked to publication in a peer-reviewed journal.

Deadline for submissions: 7 March 2011

Papers should be submitted electronically to:
Beth Anastassiades, ECU Convention Secretary beth@ecunion.eu
For further information please contact:
Vassilis Maltezopoulos DC, MD, FFEAC, ECU Convention Academic Organiser vmalt@otenet.gr

ECU 2011 Convention

2-4 June 2011
Zürich, Switzerland

Hosted by the Swiss Chiropractic Association

Is Your Patient Getting Better?

Alan Breen - Jennifer Bolton - Alice Kongsted - Palle Pedersen - Cindy Peterson - Michelle Wessely - Timothy Mick - James Brandt - Kim Humphreys - Edward Rothman - Daniel Muehlemann - Mark Webster - Matthew Bennett - Dr William Smith - Rosemary Oman - Clayton Skaggs - Bernard Masters - George Rix - Molly-Meri Robinson Nicol - Mark Langweiler - Rolf Nussbaumer - Peter McCarthy

Register Now - Early Bird Registration Deadline 14 March 2011!

www.ecuconvention.eu

To register online: www.ecuconventions.com

ECU CONVENTION, ZURICH 2-4 JUNE 2011

IS YOUR PATIENT GETTING BETTER?

ACADEMIC PROGRAMME

Thursday 2 June 2011

08.30–08.45
Opening Ceremony

08.45-10.30
Session A1 Asking the Right Questions
Chairman: Vassilis Maltezopoulos DC, MD, FFEAC

Better for Whom?
Alan Breen DC, PhD, MIPEM

Is Your Patient Well Enough? – Measuring Improvement in Practice
Jennifer Bolton BSc, PhD, MA Ed, ILTM, FCC(Hon)

When to Stop? – Ensuring Safety in Chiropractic Care
Martin Wangler DC, MME, FEAC

Why Don't They All Get Well? - Identification of Patient Sub-Groups that Benefit from Chiropractic
Alice Kongsted DC, PhD

How Could I Possibly Have Missed That? Common Mistakes in Case History Taking That Increase Risks Unnecessarily
Palle Pedersen DC, PhD

10.30–11.00 Morning Break

11.00–13.00
Session A2 Correlating Clinical, Radiographic & Advanced Imaging Findings For Optimal Patient Care
Chairman: Kim Humphreys BSc, DC, PhD

Common Diagnostic Mistakes and Red Flags
Cindy Peterson DC, DACBR, M.Med.Ed

Interpretation of Magnetic Resonance Imaging of the Spine and How to Avoid Pitfalls
Michelle Wessely BSc (Chiro), DC, DACBR, FCC (UK), DipMEd

Utilisation of Erect MRI for the Clinical Evaluation of Spinal Conditions
Timothy Mick DC, DACBR, FICC

Correlation and Application of Imaging Findings in Clinical Cases
James Brandt DC, DACBO

13.00-14.30 Lunch Break

14.30–16.00
Session A3 Concurrent Workshops
(180 minutes, continued in Session 4)

Workshop 1: Implementing Outcome Measures in Everyday Practice
Kim Humphreys BSc, DC, PhD (90 minutes)

Workshop 2: Correlation of Advanced Imaging to Clinical Decision Making
Timothy Mick DC, DACBR, FICC
James Brandt DC, DACBO

Workshop 3: Master Class: College of Chiropractic Paediatrics
Safety in Chiropractic Paediatric Practice

Workshop 4: Master Class: College of Chiropractic Educators
Assessments of Non-Cognitive Qualities: MMI throughout the Undergraduate Curriculum – MiniCEX during the Postgraduate Curriculum

16.00–16.30 Afternoon Break

16.30–18.00
Session A4 Concurrent Workshops

Workshops 2–4 (Continued from Session 3)

Workshop 5: Validity and Specificity of Orthopaedic Tests - Common Diagnostic Mistakes
Edward Rothman BA, BS, MA, DABCO, FEAC, FCC

Friday 3 June 2011

08.30–10.30
Session B1 Research Session
Chairman: Anthony L Rosner, PhD, LLD (Hon), LLC
Presentation of Accepted Research Papers

10.30–11.00 Morning Break

11.00–13.00
Session B2 The Foot and Ankle
Chairman: Vassilis Maltezopoulos DC, MD, FFEAC

Biomechanics of the Foot and Ankle
Mark Webster BSc, DC, MSc, FCC (ortho)

Imaging of Foot and Ankle Disorders
Michelle Wessely BSc (Chiro), DC, DACBR, FCC (UK), DipMEd

The Chiropractor's Approach to Foot and Ankle Problems
Mark Webster BSc, DC, MSc, FCC (ortho)

The Role of Orthotics
Matthew Bennett DC

13.00–14.30 Lunch Break

14.30–16.00
Session B3 Concurrent Workshops
(180 minutes, continued in Session 4)

Workshop 1: Clinical Value of Conferences and Seminars in CPD
Jennifer Bolton BSc, PhD, MA Ed, ILTM, FCC(Hon)
Matthew Bennett DC (90 minutes)

Workshop 2: Chiropractic Management of Foot and Ankle Problems
Mark Webster BSc, DC, MSc, FCC (ortho)

Workshop 3: Master Class: College of Chiropractic Sports Science (Europe)
Tissue Biomechanics as the Foundation to Understanding Sports Injuries and Rehabilitation

Workshop 4: Master Class: College of Clinical Chiropractic
The X-Factor - Chiropractic! Technique Selection Criteria for Patients with Low-Back Pain with Radiation into the Leg

16.00–16.30 Afternoon Break

16.30-18.00
Session B4 Concurrent Workshops

Workshop 5: When to Send a Patient for Spinal Surgery
William Smith MD

Workshops 2–4 (Continued from Session 3)

Saturday 4 June 2011

08.30–10.00
Session C1 Concurrent Workshops
(90 minutes, repeated in Session 2)

Workshop 1: Chiropractic Pre-Natal Care
Rosemary Oman DC

Workshop 2: The TMJ Revisited
Clayton Skaggs DC

Workshop 3: Aberrant vs Protective Spinal Fixations
Bernard Masters BEd (Hons), DC, PhD, DACNB, FCC

Workshop 4: The Dizzy Patient: Differential Diagnosis and Management of Vertigo
George Rix BSc, DC, PhD
Kim Humphreys BSc, DC, PhD

10.00–11.00 Morning Break and Poster Visit

11.00–12.30
Session C2 Concurrent Workshops

Workshops 1–4 (Repeated)

12.30-14.00 Lunch Break

14.00–16.00
Session C3 Widening Horizons
Chairman: Gian Jorger DC

Global Standards of Chiropractic Education as Compared to other CAM Practices
Molly-Meri Robinson Nicol

The Development of Inter-Professional Relationships between Medicine and Chiropractic in Switzerland
Daniel Muehlemann PT, DC

Intergraded Medicine
Mark Langweiler

Manipulation under Anaesthesia
Rolf Nussbaumer DC

Detection of Viscero-Somatic Reflexes
Peter McCarthy PhD

16.00-16.30 Afternoon Break

16.30-17.30
Session C4 Round Table Discussion

Current Issues Involved in the Chiropractic Profession from the Viewpoint of all Stakeholders: the Clinicians, the Researchers, the Politicians
Chairman: Charlotte Leboeuf-Yde DC, MPH, PhD (Introduction)

Panel: Jennifer Bolton BSc, PhD, MA Ed, ILTM, FCC (Hon)
Richard Brown DC, LLM, FCC, FBCA, FEAC
Andrea Cecchi DC, ICSSD

17.30-18.00 Conclusion – End of Proceedings
Presentation of Original Research Awards
Preview – ECU's Annual Convention – 2012
Closing Address

ECU news

Welcome Claire

CLAIRE WILMOT has recently joined the ECU as an administrator, and will initially take over the EAC work currently carried out by Beth Anastassiades in Cyprus and when necessary assist with ECU work. Claire will be based at the ECU head office in the UK and will be working part-time each morning Monday to Friday (except Wednesday).

Claire has been working as an administrator for a number of companies whilst her family was growing up and before this she obtained a postgrad in marketing and hopes to bring some of these skills to her new position with the ECU.

General Council

BARCELONA WAS the setting for the November General Council Meeting last November, and the first for Øystein Ogre as ECU president. He welcomed representatives of 14 countries. Five countries - Finland, France, Iceland, Poland and Portugal – were not represented, but following an agreement at the meeting that the ECU will contribute 50% of air fare to those countries with 25 members or fewer, it is hoped that in future more smaller countries will be able send a representative to General Council meetings. Michael Santec, president of the Croatian Chiropractic Association was welcomed to the meeting as an observer.

It has been announced that Jan-Geert Wagenaar takes over the presidency of the Netherlands Chiropractic Association from Gertjan van Koert, Harri Maki-Pesola replaces Sandra Ekstrom as president of the Finnish Chiropractic Union and Jacob Lothe is now president of the Norwegian Chiropractic Association, replacing Øystein Ogre.

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 awards 2010

CONGRATULATIONS TO Fay Sidebottom, who was presented with the ECU Graduate of the Year Award at the Welsh Institute of Chiropractic in 2010, and to Jennifer Dummett (above), who won the ECU best project award at the Anglo European College of Chiropractic. Jennifer was also presented with the outstanding academic student award, as well as being chosen as valedictorian to speak on behalf of the graduating class at the ceremony in November.

General news

Education in Sweden

THE NATIONAL Agency for Higher Education recently presented its proposal for establishing a chiropractic degree within the Swedish university system – by making chiropractic and naprapathy master's degrees after students have achieved a physiotherapy licence.

The agency has put this forward as the best long-term solution to a situation where there is poor integration and great competition between chiropractors, naprapaths and physiotherapy manual specialists. The physiotherapists have reacted positively, as this would make their bachelor qualification a five year degree offering a variety of master's programmes.

However, the Nordic chiropractic associations have expressed their great concern to the government, citing letters of support from the ECU and WFC (which you can read on Øystein Ogre's blog www.ecupresident.org). President of the Swedish Chiropractic Association, Tobias Lauritsen reports: "We will soon be offering the government an alternative solution, based on the current proposal, which could be accepted by the profession, maintain patient options and achieve interprofessional integration."

Editor's note: Read a profile of Tobias Lauritsen in **Making the most of it**, *page 20*

Norwegian Chiropractic Research Initiative

A NEW INITIATIVE to generate more chiropractic career researchers is underway in Norway. A far-sighted programme of development, partnered by the Norwegian Chiropractic Association (NCA) and the Faculty of Social Sciences at the University of Stavanger in South-Western Norway, aims to open a pathway for graduate chiropractors to enter PhD programmes.

The Research School

The NCA has obtained a grant from the European Chiropractors' Union and contributed its own funds to provide weekend courses that will prepare chiropractors to enter PhD studies. Twenty practitioners from all over Norway have been converging on Stavanger every month, starting in September 2010, to receive training in evidence-based practice and research methods. The course is co-ordinated by Lise Lothe, a graduate of the Anglo-European College of Chiropractic (AECC) in Bournemouth and herself a PhD student at the University of Oslo. This will continue through to April 2011.

Professor of Chiropractic

To help to establish musculoskeletal research at the University, a new post of Adjunct Professor of Chiropractic has been created. In September, Alan Breen was appointed to this post. Alan is both a chiropractor and a long-established researcher. He is currently Professor of Musculoskeletal Health Care at the AECC and a visiting professor at Bournemouth and London Universities. He is now 'on loan', one day per week, from the AECC and will liaise between the Research School, the University and Stavanger University Hospital to establish musculoskeletal research projects.

This initiative reflects the alertness of the chiropractic profession in Norway to how essential it is to have chiropractors working in universities. This is vital both for the future status of chiropractic and for the development of better treatment for musculoskeletal disorders. When the Research School finishes, the task of arranging grant and career support for those chiropractors who decide to enter academia through doctoral studies will begin.

Editor's note: for more about the importance of chiropractic PhDs, see **Chiropractic Trailblazers** *on page 21.*

Spine problems and chiropractic in children and adolescents – a focused research effort

HEALTH AND lifestyle in childhood have a profound impact on health and quality of life later in life. This includes spine problems and back pain that start early in life and greatly increases the risk of pain and disability in the adult years. Children constitute only a small proportion of patients in chiropractors' offices and overall chiropractors do not play a significant role in the prevention and treatment of spine problems in children. Part of the problem is of course that even though some chiropractors have good experience, we do not have a good evidence base for interventions in children. That is why we at the University of Southern Denmark, the Nordic Institute of Chiropractic and Clinical Biomechanics, and the Spine Center of Southern Denmark are launching a focused research effort in order to create this much-needed knowledge. As part of two large population based and multidisciplinary research projects, one PhD project is ongoing and no less than five new PhD projects will be launched during 2011. The projects use different research designs and will deal with physical activity and back pain, screening for back pain, the effect of preventive chiropractic treatment, and the effect of direct access chiropractic treatment. The projects are sponsored by the Danish Chiropractic Research Foundation, the University of Southern Denmark, the Nordic Institute of Chiropractic and Clinical Biomechanics, and a number of other institutions and foundations. Senior Researcher Lise Hestbaek, Professor Charlotte Leboeuf-Yde, Professor and orthopaedic surgeon Niels Wedderkopp, and Professor Jan Hartvigsen supervise the projects.

Jan Hartvigsen

General news

Left to right: Brian Nook, Martin Wangler, David Byfield

EVERY TWO years, a meeting is held in conjunction with one of the chiropractic teaching institutions, and members of the teaching institutions along with those from regulatory authorities and national associations meet for three days of presentations and discussions on clinical chiropractic education.

This year was the turn of Europe to host this meeting for the first time – the venue was El Escorial, Spain and the hosts were Royal University Centre Maria Cristina and the WFC member for Spain – the Asociación Española de Quiropráctica. The meeting was a joint venture (as it usually is) between the World Federation of Chiropractic (WFC) and the Association of Chiropractic Colleges (ACC), although this time - as it was the first of these gatherings to be hosted in Europe – the sponsors were joined by the Consortium of Chiropractic Educators (CECE). It was the best-attended clinical education conference held by WFC – partly because there had been some effort to encourage attendance by members of the profession outside of the educational sphere.

There were certainly more representatives from national associations than normal – from the USA, UK, Australia, Netherlands and, of course, Spain, who hosted the welcome cocktail party the evening before the conference began. The AEQ's international vice -president, Francine Denis, made all delegates feel welcome at that point – and there were also welcomes from the Rector of the University, Padre Edelmiro, David Chapman Smith (Secretary-General, WFC), Dennis Richards (1st Vice President, WFC), Martin Wangler (CECE) and David O'Bryon (ACC). The ECU was represented at the meeting by Øystein Ogre (President, ECU) and Barry Lewis (1st Vice President, ECU).

The conference programme was strong with excellent presentations and opinion on a diverse range of topics including four sessions on different aspects of undergraduate training in clinical competencies, interprofessional education and collaboration, assessment, faculty development and the worth of a postgraduate clinical year. This last topic was one of the major issues discussed, and postgraduate mentorship and the European Graduate Education Programme (GEP) model were promoted by a number of speakers as the model that should be followed worldwide. There appears to be something of a shift in opinion about such programmes from North America, where attitudes towards programmes like the GEP is far more welcoming than it was a decade ago.

All this from 110 delegates, from 26 programmes, in 12 countries! Discussions are now being held for a follow-up meeting to develop co-operation and share experiences that can further develop chiropractic education worldwide.

Øystein Ogre speaks at CAI conference

THE CHIROPRACTIC Association of Ireland (CAI) held its annual conference in Cork in November 2010, and esteemed chiropractic speakers and educators at the well-attended event included Allan Terrett, Marie Cashley, Ed Bates and Alfred Turner.

Siobhán Guiry, ECU/GEP Representative for the CAI, reports: "The highlight of the conference was the attendance of the new ECU president Øystein Ogre. We were privileged to have Dr Ogre address our assembly and present his new and innovative vision for the future of the ECU. His presentation included the chiropractic history within Norway and highlighted the major advancements of the profession there over the past ten years. Dr Ogre highlighted how the development of the profession provided a number of benefits, yet increased benefits and recognition came with professional responsibilities. The new ECU visionary process for chiropractic in Europe 50 years from now demonstrated a scope towards legislation, and tertiary education, of chiropractic within all European countries. He highlighted the willingness of the ECU to be the catalyst of these goals, but acknowledged that most of the work needed to be performed at grassroots level, taking the goals of local chiropractors, cultures and laws into account. Dr Ogre explained the development of the ECU's taskforce on legislation and education and how the ECU is available to help national associations to achieve these goals.

"Dr Ogre's open approach and attitude is proving to be encouraging to the CAI executive and its members and we look forward with great anticipation to his workshop to be held at our AGM on 12 February 2011. We hope to attain a better understanding of where chiropractors in Ireland want to be in 20 years' time, the rights and legislation desired and strategies on how to achieve them. Dr Ogre, thank you for your generosity of time and vast experience."

Speakers at the CAI conference November 2010 – left to right: Ed Bates, Alfred Turner, Øystein Ogre, Marie Cashley, Allan Terrett, Michael Cronin

General news

Students represent Europe in Dallas

This year the 31st Annual Congress of the World Congress of Chiropractic Students (WCCS) was hosted by Parker College of Chiropractic in Dallas, Texas. Student representatives from both the Welsh Institute of Chiropractic (WIoC) and the Anglo European College of Chiropractic (AECC) received financial support from the ECU for the trip. AECC's ***Dayne Ferrar*** *and WIoC's* ***Paul Quigley*** *report on the event.*

HISTORY WAS made at this year's WCCS event. The congress voted to allow WCCS to take the necessary steps to apply to become a non-profit organisation in Toronto, Canada, and elected the first Board of Directors. It also created a new purpose statement:

The purpose of WCCS is to advance and unite the global chiropractic profession through inspiration, integrity and leadership.

The AECC WCCS Chapter took two proposals to congress. The first proposal was to send a letter to the General Chiropractic Council (GCC) to ask for their current graduate registration fees to be changed to a pro-rata basis. Since the letter was sent, there has been strong support from the UK chiropractic associations and WCCS is looking forward to seeing these changes implemented in the future.

The second AECC proposal was to send a letter to the Principal of the McTimoney Chiropractic College (MCC), encouraging MCC to implement the necessary changes and additions to their current course to meet the eligibility criteria for accredited status, and deliver education and training in full compliance with the ECCE Standards. WCCS is very happy to see that the MCC has now gained ECCE candidate status.

The WIoC attended this year's Congress with three new delegates. All had worked extremely hard to prepare themselves for entering into debate with the 120 other delegates from colleges across the globe.

A hot topic this year was the General Chiropractic Council's guidance on the Vertebral Subluxation Complex (VSC); there appears to be a great deal of ambiguity internationally regarding the purpose of the statement and the role of the GCC, which led to debate off the floor and outside the congress.

Other popular themes for proposals included inter-professional education, a pertinent issue as the World Health Organisation has recently acknowledged it as an essential component of all health professionals' education, and several public health initiatives.

The WIoC's proposal this year was to implement a research newsletter that is to convey contemporary, high quality research articles to the affiliate schools and be hosted on the WCCS research website. The WIoC's own Charlotte Tribe will be Chair for the Newsletter Committee and is currently collaborating with representatives from other continents to put together the first draft. The first issue of the newsletter is due March 2011.

The remaining WIoC delegates are involved in two ongoing projects; the Blue Trunk Library Committee and the Committee on International Mobility. The Blue Trunk Library Committee is investigating the possibility of including public health information regarding back safety and spinal health in the World Health Organisation's Blue Trunk Library, and if it is possible, to create or identify existing musculoskeletal-specific materials that may be used for inclusion.

The International Mobility Committee is attempting to research the possible strategies and feasibility of improving the international mobility of chiropractors. Committee members are to investigate and discuss with each regulatory board, accreditation bodies, governments, chiropractic organisations and other organisations of interest.

The European chiropractic schools are working to develop greater inter-chapter communication between Congresses.

The AECC WCCS Chapter and the WIoC students would like to thank the ECU for its support in helping to send them to Dallas. The WIoC students would also like to thank Dr David Byfield, the British Chiropractic Association and Dr Barry Lewis for their generous assistance.

The 2011 congress will be in Rio de Janiero, Brazil from 2 - 6 April, followed by the World Federation of Chiropractors conference from 6 – 9 April.

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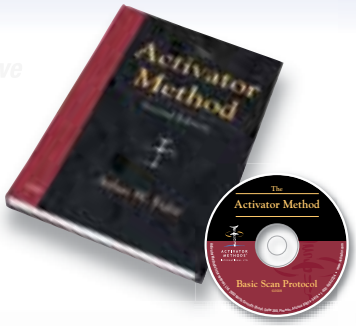

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General news

BCA: "No confidence in regulator"

AT ITS Annual General Meeting in October 2010, BCA members voted overwhelmingly to support an expression of no confidence in the UK statutory regulator, the General Chiropractic Council. At the present time over 500 BCA members are facing allegations of unacceptable professional conduct over claims made on their websites. This stemmed from complaints made by known UK-based sceptics who undertook trawls of BCA members' websites and made formal complaints about statements they made about non-musculoskeletal conditions, notably childhood disorders and other diseases.

As a result of the complaints, the GCC commissioned Professor Gert Bronfort, who authored a report entitled *Effectiveness of Manual Therapies: the UK Evidence Report*. This report has subsequently been used as a tool by the GCC Investigating Committee (IC) which has referred over 80% of all complaints to the Professional Conduct Committee. However, far from restricting itself to non-musculoskeletal conditions, the IC has formulated allegations relating to chiropractors' claims to treat conditions such as ankle strains and sprains, medial epicondylitis and hip pain.

Amidst the BCA's fierce criticism of the GCC's process, interpretation and proportionality in regulating the UK chiropractic profession, which has attracted the support of all national associations, the Chair of the Investigating Committee has stepped down and a GCC Governance Working Group has been established to investigate all allegations.

The Chair of the GCC is former ECU President Peter Dixon. In a letter to the UK associations, Dr Dixon wrote: "We note with due seriousness your members' deep unhappiness with the manner in which the Council is seen to manage its regulatory functions and you have our assurance that we will consider very seriously your clear statement that change is needed."

BCA President Richard Brown commented: "The BCA has serious concerns over a range of issues in relation to chiropractic regulation in the UK and the vote of no confidence was a clear statement which reflected this. We are reassured that the GCC has undertaken to look into these matters, but positive change is needed to ensure 'right touch' regulation and to remove the culture of fear that the GCC has generated amongst its Registrants."

BCA chiropractors shine in effectiveness pilot scheme

AN AWARD-WINNING project involving BCA chiropractors has received high acclaim after reducing referrals to a hospital's spinal orthopaedic department by over 30%.

Mark Gurden DC, PhD, a BCA chiropractor based in Essex, was part of a multidisciplinary team that developed a service to provide manual therapy as part of a dedicated neck and back pain pathway. Also including osteopaths and physiotherapists, the pathway provided patients with a choice of specialist and delivered rapid access and local care using a biopsychosocial model. The scheme drew on the guidelines issued in the UK as part of the Musculoskeletal Services Framework (2006) and the low back pain guidelines issued by the National Institute for Health and Clinical Excellence (NICE) published in 2009.

Under the scheme, patients received GP-led conservative care for the first four weeks. Following this, if they were still suffering symptoms they were referred to the project and were seen within 14 days. Patients then underwent an assessment and six treatments before being discharged back to the GP with reports and recommendations. The effectiveness of the project was assessed by the use of both patient and GP satisfaction questionnaires as well as face-to-face interviews.

The results were impressive. A total of 2810 patients were seen within the project, distributed between physiotherapists, osteopaths and chiropractors. The average waiting time for appointments was four days and 97% of patients were seen within two weeks of referral. Only 6% of patients did not gain improvement, with 74% of patients describing themselves as improved or much-improved. A total of 96% of patients rated their experience as excellent or very good, while referrals to the spinal surgeon at the local orthopaedic department dropped by 30%.

Commenting on the project, BCA President Richard Brown said: "This demonstrates the opportunities that chiropractic has in providing cost- and clinically-effective care in an integrated setting. The evidence for effectiveness is there and chiropractors should be utilised as spinal health care specialists throughout the UK National Health Service."

Research portfolio at Zürich

New first-year students start the University of Zürich chiropractic programme

THE RESEARCH portfolio at the University of Zürich consists of 14 ongoing studies, the largest of which is focused on clinical outcomes, in chiropractic patients throughout Switzerland, for low back and neck pain after one week, one month, three months, six months and one year.

Also being studied are patient outcomes for lumbar disc herniation after chiropractic spinal manipulation and for chronic neck pain after manipulation under anaesthesia.

Kim Humphreys, Head of Chiropractic Medicine, comments: "As well as the projects mentioned above, we are supervising five master's students as they work with us on different research projects.

"In addition, the third cohort of students in the six-year Master in Chiropractic Medicine programme began their studies in September 2010, with a very experienced chiropractic faculty. We are very proud of all our students. They are bright, energetic and enthusiastic to learn."

General news

RCU Maria Cristina runs pilot exam

THIRD AND fourth year students at the Real Centro Universitario Maria Cristina in Spain were invited last autumn to participate in a pilot examination conducted by the International Board of Chiropractic Examiners (IBCE).

The purpose of this project was to have the examination given in Spanish. Proctors were trained to comply with the requirements of the IBCE in setting the examination – the first time this has happened in Spain.

Low tuition fees in Wales

THE MINISTER of Education for Wales has recently announced that from the 2012/13 academic year all Welsh domiciled students and students from EU countries outside the UK will only pay the current £3,290 top-up fee for their university education.

Welsh universities will be able to set their tuition fees up to a maximum of £9000 but the Welsh Assembly Government will make up the difference. This is a wonderful opportunity for students in Wales and the rest of the EU to consider studying chiropractic as a future career during difficult economic times. It is understood that this funding arrangement will be in place until 2014/15 and reviewed at that time.

Michael Pedigo

THE AMERICAN Chiropractic Association (ACA) mourns the loss of past president Michael Pedigo, DC, who passed away in October following a battle with cancer.

A tireless champion for unity within the chiropractic profession, Dr Pedigo served as president of ACA, the California Chiropractic Association (CCA) and the International Chiropractors' Association (ICA). To this day, he is the only doctor to receive the Chiropractor of the Year Award from both ACA and ICA.

However, within the profession, Dr Pedigo is probably best-known as one of the lead plaintiffs in *Wilk, et al. v. AMA, et al.*, the federal antitrust lawsuit that exposed and—after a 14-year legal battle—defeated the American Medical Association's (AMA) effort to "first contain and then to eliminate the profession of chiropractic" in the United States.

Voices from across the profession have chimed in to remember the life and legacy of Dr Pedigo.

"We all mourn the loss of our great friend. Dr Pedigo was a true servant-leader and a chiropractic warrior," said ACA president Rick McMichael, DC. "He served as president of ACA and ICA with attention to bringing the profession together in service to our patients. As a plaintiff in the Wilk v. AMA suit, Dr Pedigo stood up for the profession against powerful adversaries and stayed the course until the case was won. His courage and passion lifted us to new levels as a profession. The positive effects of his life will impact on us for generations to come."

George McAndrews, attorney for the chiropractors in the Wilk case and a long-time friend of Dr Pedigo, said: "He gave unstintingly

of his time, his knowledge and his personal worth, at heavy sacrifice to himself and his family, to guarantee that the truth would be told and justice would prevail in combating the AMA's nefarious, nationwide effort against the profession, but Mike did not stop there. He dedicated his life to trying to advance the profession, its practitioners, its patients, its schools and its organisations."

Rebecca Downing, CCA's executive director at the time of Dr Pedigo's presidency, recalled: "I respected Mike for his personal integrity. I never knew him to make a decision based on expedience, or to try to take the easy way out of a situation. Mike's personal value system didn't really permit shortcuts or half-truths. When he was in the room he was in charge, and you knew you were going to get his honest take on any issue."

"Dr Mike Pedigo was a giant in our profession. His legacy will be one of great inspiration for the challenges and achievements he garnered during his life," said World Federation of Chiropractic President J Michael Flynn, DC. "He served for many years on the Council of WFC and was a personal mentor to many. His brilliance, his courage and his passion will long be remembered. The international professional community mourns his loss and will be forever grateful for the positive difference he made for doctors of chiropractic and chiropractic patients globally. Rest in peace Mike and thank you."

However, in a style befitting a great leader, perhaps the best example of Dr Pedigo's passion for chiropractic care can be found in his own words. In 1995, the year of the chiropractic centennial, he assumed office as president of CCA. His message on the election ballot read as follows:

"To serve as president of CCA during the centennial year will be a great honour. The chiropractic centennial marks a historic landmark for the chiropractic profession and the power of never giving up and never quitting. Our profession has survived incredible adversarial attacks. It has grown because we had a service the public wanted and needed and because doctors of chiropractic refused to quit serving the public no matter what! I salute all of those that made it possible for us to celebrate the profession's first centennial! We will continue serving and fighting for our patients' and our profession's rights NO MATTER WHAT!"

Donations in memory of Dr Pedigo can be made to fund chiropractic research; an effort he supported throughout his chiropractic career.

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General news

ENQA membership for ECCE

The European Association for Quality Assurance in Higher Education (ENQA) voted at its September meeting to grant the European Council on Chiropractic Education (ECCE) full membership. The ECCE application for membership of ENQA has been a long process, involving many members of the chiropractic community, and it has been reported extensively in the pages of BACKspace. ***Tim Raven****, president of ECCE, discusses the importance and value of ENQA membership for the European chiropractic community.*

ENQA DISSEMINATES information, experience and good practice in the field of quality assurance (QA) in higher education to European QA agencies, public authorities and higher education institutions. The current membership of ENQA consists mainly of the large national accrediting agencies in Europe. In Britain this is the QAA, in France it is AERES, in Switzerland it is OAQ, Spain has five member agencies and Germany eight – there is a total of 39 higher education accrediting agencies across Europe that are members of ENQA. ECCE is unique amongst its ENQA peers not only in terms of size but also because it is a pan-European organisation that accredits educational programmes in one professional field.

ECCE's membership of ENQA is a stamp of quality on the procedures currently in use in quality assurance of chiropractic educational institutions. Whilst still having potential for improvement, ECCE has demonstrated that it is fit for purpose. By participation in ENQA meetings and seminars, ECCE will stay abreast of current concepts in QA at the same time contributing to the growing body of knowledge in this area. ENQA membership provides a vehicle for continuous improvement through a five-yearly cycle of re-evaluation and review. Some changes that have been implemented or are proposed include full publication of evaluation reports, involvement of students on evaluation teams and strengthened diversity within ECCE membership.

This successful application marks another 'first' for the chiropractic profession and establishes confidence in the ECCE as the benchmark for the accreditation of undergraduate chiropractic education and training in Europe. The support of the profession during this process has been overwhelming. Many of our colleagues generously gave their time to the application and review process and we are extremely grateful.

On behalf of the ECCE I extend sincere thanks to the ECU for invaluable encouragement and significant financial support. The ECU, ECCE and the Danish Chiropractors' Association jointly financed the project.

ProChiropractic Patients' Federation Europe

PRESIDENT ANN-LISS Taarup is delighted to announce a new official name - *ProChiropractic Patients' Federation Europe*.

"We hope that the European Patient Forum will no longer consider us to be a chiropractic organisation, but recognise us as a patient federation!

"Our website address remains **www.prochiropractic.org**. Please do visit it - we would very much value your comments about all the information we provide. Let us know if you find anything that needs correction - receiving your feedback will enable us to fine-tune the site and will greatly strengthen the weight of our patient organisation. **etogalt@mac.com**

German association encourages new university education

TIMO KASCHEL, new president of the German Chiropractic Association (GCA), has announced that it is encouraging the development of a chiropractic programme at the Dresden International University (DIU).

The DIU, which runs the majority of its courses in the health care field, aims to start the chiropractic programme in April, and is currently applying for ECCE accreditation. This is good news for the GCA, which has a long history of struggle against US-based chiropractors who run short courses leading to chiropractic qualifications which do not conform to ECCE guidelines.

ECU president Øystein Ogre says that this is a very positive step forward: "If chiropractic is to grow and prosper in Europe, we need to see more university institutions adopt a chiropractic programme. Germany has one of the largest populations in Europe, but less than one chiropractor per one million people. This is something we have been waiting for. We welcome this development and will assist in any way possible."

AECC Student wins FICS scholarship

CATHERINE HUGHES, a 3rd year student at AECC, has won a US $1,000 scholarship from the Féderation Internationale de Chiropratique du Sport (FICS). The prize, sponsored by Erchonia Laser Healthcare, was awarded for an essay entitled *"The chiropractor is the most important person on the team staff"* (a quote from international cyclist, Lance Armstrong).

Catherine participates extensively in fitness and sports activities, particularly karate, where she has won three gold medals at TYGA World Championships. Although yet to qualify as a chiropractor, she has already completed a BSc (Hons) in Sports Science, coaching awards and referee qualifications in rugby football league. With this background and enthusiasm for sport coupled with her chiropractic education, Catherine promises to be a great role-model for chiropractic in sport.

The scholarship awarded to Catherine was one of four. Competition was fierce, and applications were received from 43 students from 21 colleges worldwide.

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General news

One voice for chiropractic

AIC PARKER Rome last June was the third consecutive international seminar organised by the Associazione Italiana Chiropratici (AIC). The programme was organised by the AIC Seminar Committee, chaired by Thom Rigel, and Parker Seminars and College. Baiju Khanchandani reports.

A total of 14 speakers presented 24 sessions lasting 90 minutes each, on the subjects of applied clinical neurology, paediatrics, cervical trauma, chiropractic principles, athlete care, subluxation, soft tissue injury, patient care, wellness, practice procedures, Gonstead and SOT techniques, plus a Chiropractic Assistant course of six 90-minute sessions, conducted by three instructors in English, with simultaneous translation in Italian and Spanish.

North American licence renewal CE credits were obtained and EAC awarded CPD credits. For the first time, EAC collaborated with a national association in a pilot sign-in/sign-out procedure. The system ran smoothly and cost about €1000 to administer.

Attendance was beyond expectations: 312 chiropractors, 118 chiropractic assistants, 20 exhibitors, 6 chiropractic colleges, and 200 accompanying persons: a total of over 600 participants. The Hotel Melia venue created a 'campus' learning atmosphere well-received by delegates. Nobody noticed that the Colloseum still has not got a roof.

The 2008 Rimini event led directly to a Health Ministry draft regulatory law following up the chiropractic law of 2007. This draft is currently meandering its way through parliament. It consolidates the 'Doctor of Chiropractic' and ECCE standard. The AIC seminar was the backdrop to a PR campaign to distinguish qualified chiropractors from 'abusives' - who set up shop and treat people without formal training. The PR initiative resulted in yards of print space and the AIC President, John Williams, was interviewed on prime-time breakfast TV.

This year, the AIC will present *Priniciples and philosophy of the Gonstead technique from the beginning until today* in Rimini on 18-19 June, with speakers Dr Gary Pennebaker and Dr Andrea Cecchi. Details at www.chiropratica.it.

Dr Joe Dispenza sizes up his 'full house' audience of 500

Dates for your diary

EAC CPD Seminar **Copenhagen 17 September 2011**

Manual Therapy for the Paediatric Patient: Treating safely and according to the evidence.

by Joyce Miller DC, BS, DACBO, FCC

(Details of venue and seminar programme to be announced)

IFEC inaugurates new campus in Toulouse

Left to right: Charles Martin, Sebastien Leclair (student), Olivier Lanlo and Thierry Kuster

THE INAUGURATION of the new Toulouse campus of the Institut Franco-Européen de Chiropratique (IFEC) took place on 6 November 2010 on site. Present for the ceremony were Régis Godec, deputy Mayor of Toulouse, Philippe Fleuriau, president of the French Chiropractic Association, Olivier Lanlo, president of AFEFC-IFEC, Charles Martin, Director General of IFEC and Director of IFEC Toulouse, and Thierry Kuster, Director of IFEC Paris and Head of Studies.

Mr Martin gave a presentation chronicling the 27-year history of IFEC and its recent developments in Toulouse, after which Mr Godec spoke to the guests. They were then given a tour of the new facilities which include a teaching clinic with ten treatment rooms, student social facilities, two large two-storey amphitheatres with state-of-the-art projection technology, lecture rooms, radiology facilities, IT facilities, a library, technique rooms and an administration section.

A cocktail party followed – with the divine food and champagne that the French are well-known for!

ECCE accreditations

THE UNIVERSITY of Johannesburg (UJ) chiropractic programme has been accredited by the ECCE for a period of three years, from 2010 until 2013.

The UJ Department of Chiropractic underwent a four-day on-site evaluation in September 2010 during which the ECCE team visited facilities and met with staff. UJ is only the second institution outside of Europe to be accredited by ECCE. It offers a five-year, full-time Master's degree qualification within the Faculty of Health Sciences.

The Commission on Accreditation of the ECCE has granted Candidate (for Accredited) Status to Barcelona College of Chiropractic for its five-year Master's in Chiropractic programme. This is for five years, commencing 12 November 2010. The college is expected to apply for Accredited Status for its Master's in Chiropractic programme by November 2015.

According to Tim Raven, president of ECCE, there are no evaluation visits planned for 2011: "This temporary lull in accrediting work will provide Executive, and particularly the Quality Assurance Committee, with the opportunity to reflect on the recommendations made by ENQA. This fits well with the cycle of review of our documentation due at this time. 2012 will most likely see ECCE perform four evaluations of institutions in Europe and South Africa. As there are several new chiropractic educational institutions operating in Europe, ECCE must be prepared for a steady increase to its workload.

"Thanks to all ECCE Council members for their continued hard work."

General news

AECC graduation lecture

THE BIGGEST award ceremony in the history of AECC took place in Bournemouth on 19 November, when 120 graduands were celebrated, as well as 36 postgraduate awards.

The graduation speaker was Dr Efstathios (Stathis) Papadopoulos from Cyprus, the immediate past president of the World Federation of Chiropractic (WFC). Stathis, who has given most of his life to developing the chiropractic profession, spoke passionately about how the profession has evolved throughout the world and particularly in Europe.

The following is taken from his address:

"When I graduated in 1981, there was little research evidence supporting the appropriateness of spinal manipulation, which was regarded as ineffective and dangerous by medical authorities.

"You are graduating into a new world of great opportunity. Today, evidence-based clinical guidelines in the UK and internationally clearly recommend skilled spinal manipulation as a first line approach to management of most patients with back and neck pain and the most common forms of headache.

"Yes, this is a very different era and one in which graduating chiropractors can enter a now mature international profession with broad and growing practice opportunities.

"Here a few other developments of particular relevance to the UK and Europe:

- The WFC, formed in 1988 and in official relations with the World Health Organisation since 1997, now represents member national associations of chiropractors in 88 countries worldwide.
- In 1997 the European Parliament accepted the Lannoye Report which called for the recognition of chiropractic services by law throughout Europe. At that time there was chiropractic legislation in the UK, the Nordic countries and Switzerland and also my home country of Cyprus. However it was the Lannoye Report that has led to new legislation in Belgium, France, Italy and Portugal, and this will soon be followed in Spain and other countries in Europe.
- In 2005 the World Health Organisation, which previously had no policy on chiropractic, published its *Guidelines on Basic Training and Safety in Chiropractic*. In these guidelines WHO pointed out that chiropractic services were a valuable part of national health care systems, recognised in about 40 countries internationally, and gave national governments recommendations on minimum educational standards for the recognition and regulation of chiropractic services in their countries.
- Since the 1980s there have been sports chiropractors at the Olympic Games, but only associated with specific national teams. At last year's Vancouver Winter Olympics there were 22 chiropractors in the host medical services team available to all athletes. Similar arrangements are already in place for the 2011 Pan American Games in Mexico and then the London Summer Olympics in 2012.
- Chiropractic education is now in institutions affiliated with public universities. This and the now growing trend towards interprofessional education at the student level means that chiropractic, medical and other health science students have much more communication and familiarity with each other's disciplines than in the past. The future will feature collaborative care.

"The rewards of a career in chiropractic and the promise of the future are all supported by the fact that my daughter Anna has now decided upon a chiropractic career and is a first year student at the AECC."

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Feature

Interprofessional education: Europe leads the way

SPORTS CHIROPRACTORS at an international level have for many years worked closely with health care colleagues from other disciplines to promote optimum physical performance in athletes, but until relatively recently, chiropractic education has been delivered in non-university based programmes that are isolated from other health care and academic disciplines. This may well have contributed to professional barriers between chiropractors and other health care providers in the clinical setting.

In Europe, however, the current trend is for chiropractic programmes to be offered within a university setting, or by an interdisciplinary team, with all the resulting advantages of cross-curricular integration.

Zürich – studying alongside medical students

In Switzerland, chiropractic has now been integrated within the medical curriculum. Students wishing to study chiropractic at the University of Zürich must first be accepted into the Faculty of Medicine, where currently 20 student places per year are offered. The Chiropractic Medicine curriculum is based on the Bologna two-cycle, six-year programme and is similar to the Human Medicine programme. The first cycle of three years leads to the Bachelor of Medicine degree, followed by the three-year Master of Chiropractic Medicine degree.

During the Bachelor of Medicine (B Med) cycle, chiropractic students are completely integrated into the curriculum, taking all of the same core subjects, practical laboratories, clinical and small group sessions as the traditional medicine students. They must also take the chiropractic course in years 1 to 3, where they are introduced to the principles and practice of chiropractic, clinical anatomy and biomechanics, examination and diagnostic procedures and basic therapeutic interventions relevant to chiropractic. Chiropractic students must pass all of the traditional medicine examinations and assessments as well as the chiropractic course.

It offers the possibility of addressing traditional barriers such as philosophical differences, professional bias and prejudice

During the Master of Chiropractic Medicine (M Chiro Med) cycle, chiropractic students continue to participate in the traditional medical curriculum, but in a decreasing manner each year (60% in year 4 to 10% in year 6). The M Chiro Med is focused on the specific diagnostic and therapeutic skills as well as the professional knowledge necessary for chiropractic clinical practice. Year 6 is the clinical year; students will spend 50% of their time treating and managing patients under supervision, and 50% in chiropractic and medical rotations in outpatient and hospital settings.

According to Kim Humphreys, Head of Chiropractic Medicine at the University of Zürich, this is a new and exciting development: "It offers the possibility of addressing traditional barriers such as philosophical differences, professional bias and prejudice, and lack of knowledge and clinical experience between chiropractic, traditional medicine and other health care professionals."

AECC – an interdisciplinary clinical team

With a long history as a chiropractic-specific institution, the AECC has built up an interdisciplinary team approach in its teaching clinic, where students interact and co-manage patients with a number of health care professionals. In addition to chiropractic members of clinical staff, the interdisciplinary team includes an exercise scientist, a consultant for rheumatology, a former medical consultant for geriatrics and neurology, a general practitioner, a physiotherapist, a clinical psychologist, a clinical nutritionist, a surgical podiatrist, and a number of medical sonographers and musculoskeletal ultrasound specialists. In addition, there are plans to start a general medical practice on site in the very near future. This will be run by a general medical practitioner who has also a special interest in musculoskeletal and sports medicine.

In addition, off-site integration with other health professions is achieved through clinical rounds at the Royal Bournemouth Hospital. These include general medical and geriatric ward rounds with a consultant physician and his team, and students also attend the pain clinic and observe patient assessments and a variety of clinical interventions and treatments offered by a consultant pain specialist.

Students also have the opportunity to attend three six-week modules of interdisciplinary learning with medical students at Southampton University – and the medical students spend a day observing in the AECC teaching clinic.

Haymo Thiel, AECC's vice-principal, says: "The benefits are quite simply reflected on one hand by a mutual understanding and recognition of each other's diagnostic and therapeutic capabilities, and on the other, by improved patient care. With an early introduction to these benefits, it is more likely that graduates will be better equipped to manage patients within their future, respective health care settings."

WIoC – hospital placement programme

The Welsh Institute of Chiropractic (WIoC) has been developing a hospital placement scheme for final year students over the last two years and a full placement programme for final year students commenced in January 2011 at the Prince of Wales Hospital in Merthyr Tydfil, just north of the WIoC.

The programme is based around the Trauma and Orthopaedics Department. Each student spends a full week at the hospital engaging in lectures, clinics and rounds within the department. The entire final year class will also have access to the live theatre feed into a multi-purpose lecture hall so that all students will be

Feature

able to view various surgical procedures, and some will be in the operating theatre itself. The students will also take lectures from the consultant and his team throughout the year. It is hoped that this programme will expand to include interaction with other health care students to share experiences and learn from one another.

WIoC is also establishing a partnership with the clinical simulation unit in the faculty for its second- and third-year students, to reinforce their physiology and pathology knowledge using sophisticated human mannequins. Final year students will also be involved in problem-based learning via pre-determined clinical scenarios employing the technology in the unit.

David Byfield, Head of WIoC, says that these developments demonstrate the potential collaborations that can result from the Institute's position within the university setting. "These programmes will help to de-isolate our educational programme, expand learning and knowledge about the wider health care community and enhance students' understanding of their role in health care delivery. This is also an opportunity for the chiropractic profession to interact closely with the medical profession to learn and contribute to patient care."

SDU – integrating with medicine

As in Zürich, chiropractic students at the University of Southern Denmark (SDU) study alongside medical students for much of their degree. During the three-year Bachelor level, all biomedical and academic/scientific subjects are taught together with medical students.

During the two-year Master's degree, the chiropractic students learn separately from their medical colleagues. However, the last year is entirely clinical, and they are taught at the multi-disciplinary Spine Centre of Southern Denmark, west of Odense, where they join one of the five treating teams which each include a rheumatologist, a medical doctor, a physiotherapist, a chiropractor and a nurse.

Henrik Hein Lauridsen, Director of Studies at SDU's Institute for Sports Science and Biomechanics, says: "Integrating with medicine is essential if you want the profession to be a part of the national health care system. Students get respect for each other from early on, and build a professional relationship based on trust and respect. In this way we're trying to develop a chiropractic identity that fits between the roles of the orthopaedic surgeon and the rheumatologist."

Dr Lauridsen points out that there are disadvantages to the integrated approach, because relatively few chiropractic students learn amongst a very large number of medical students, leading to problems with identity. However, the SDU has set up a strong students' union as well as a voluntary skills training centre, both of which are improving the situation.

Building a solid future

There are very obvious benefits of a long full-time education which introduces chiropractors to a range of other health care specialisms, while also ensuring that medical practitioners understand and appreciate the skills of the chiropractor. It is clear that European institutions are leading the way for newly-qualified chiropractors to work as practitioners respected and valued by their peers in other health care professions.

Making the most of it

Focusing on what is possible

***Tobias Lauritsen** was a chiropractor working in London when an accident left him paralysed – but his commitment to the profession remains so strong that he is now president of the Swedish Chiropractic Association (SCA).*

My dedication to chiropractic ... was not going to change as a result of a poor dive.

I HAD GRADUATED from the AECC in 2001, and was working in London. In late June 2003, I was enjoying a hot and sunny Sunday afternoon by the Thames with a group of friends. We had jumped into the river a few times to cool off, but not for about an hour. We decided to dive in again. I ran a few metres and jumped in head first, only to realise that the tide had gone out, and I hit my head on the bottom.

Paralysed underwater, I was wondering what was going on, but as soon as one of my friends pulled me to the surface it was obvious. A complete loss of sensation and motor function speaks for itself. I told him I had fractured my neck and that he had to get me out of there. It is a totally surreal feeling when you're in panic trying to picture your life to come, at the same time as your wife-to-be is screaming out in tears and 500 people are staring with curiosity and concern from the bank of the river.

It turned out to be a C6/7 facet dislocation and a complete C6 spinal cord injury - meaning loss of finger function and very poor triceps on top of the paralysis below the shoulders. I spent the next six months in hospital, the first three at the Royal London Hospital in Whitechapel.

Due to complications including pneumonia, however, my rehabilitation did not start properly until Johanna and I had moved back to Stockholm, where I spent several months in a rehabilitation centre. After a year of practising dressing, getting in and out of the wheelchair and going to the toilet on my own, things started to look a bit more promising, and Johanna and I were married in 2007.

Not being able to work clinically as a chiropractor, my focus turned to the patients I had found challenging, but also the most interesting – those where the psychosocial variables play a major role in preventing the maintenance of good health. From 2005 to 2007 I studied cognitive behavioural therapy (CBT), which is clearly structured, goal oriented and in my opinion a great complement to chiropractic care. With the simple mission of making clients their own therapists, it could not fit better with the identity of the chiropractic profession, emphasising individual responsibility for health and encouraging patient independence. Heading down that road was therefore a reasonably straightforward decision. After my studies I started work in a chiropractic clinic as a point for referral for chiropractors finding challenges with patients suffering from stress and anxiety.

Personally, I have had to accept that I cannot do certain things and have learnt to focus on what is possible. This gives you peace of mind in what seems a poor situation. It is also something I try to convey to those I meet in my work who are on long-term sick leave and struggle to move on.

My dedication to chiropractic, and my belief that it is a greatly under-utilised health care profession, was not going to change as a result of a poor dive. I never intended step away from chiropractic, so working politically for the profession I am best trained in makes perfect sense. I could not think of anything more inspiring, particularly when chiropractic in Sweden has the chance to take a giant leap forward, despite current obstacles (see page 8).

I could say that my experience of a long struggle to reach a goal is useful to apply to the current political situation. But, if anything, I find my knowledge from CBT the most necessary. Giving talks at companies on stress management and work environment has led me to study aspects of leadership and organisation. Without this experience of structured work and the understanding of how an organisation functions I would never have been a candidate for presidency.

Last summer we held vision discussions within the SCA to clarify long-term aims. I would love to see these aims - specified goals for integration within the health care system, a research institute, increased professionalisation of the SCA and a university-based education - fulfilled before I step down. After that, or if I'm asked to leave before, I will step back into the classroom for a couple of years to get a full psychotherapy licence.

And somewhere along the line, children will start to arrive...

Chiropractic trailblazers

Charlotte Leboeuf-Yde

The report of a new initiative in Norway, which has been set up to generate more chiropractic PhD researchers (see page 8) highlights the growing importance of research to the development of chiropractic in the 21st century. Charlotte Leboeuf-Yde is someone who is hugely aware of this importance; she is an AECC graduate who practised as a chiropractor in France and in Sweden, taught chiropractic in Australia, took a Master's degree in Public Health and a PhD in chiropractic and has been a research professor in clinical biomechanics in Denmark since 2004.

CHARLOTTE BELIEVES that, as a relatively young profession, chiropractic has a particular need for good research: "There are elements of fantasy and excessive greed among us. Such elements are, of course, equally common in other professions, but we are more vulnerable than, for example, the cardiologists, as we have only recently entered the stage, and this entry has not been unanimously applauded. A young profession most definitely needs to show its serious and responsible sides, and research is one of them."

In showing its serious side, chiropractic needs strong research documentation, to prove its effectiveness to potential patients, their doctors and their governments. Charlotte is frank in her assessment of the current documentation: "We know that manual therapy has a positive effect in some people, but we do not know on which ones. We know that people with back problems, who react positively with treatment, do so fairly quickly, but we do not know through which mechanism. We also have not been able to 'capture' the subluxation/fixation, so we do not know if the 'effects' that we see in daily practice could also have occurred if treatment had taken place without prior detection of where to treat. We have no sure chiropractic tests and we are guessing when providing a diagnosis most of the time.

"We know that sometimes non-musculoskeletal reactions happen after treatment but we cannot predict when this will happen. We do not know how best to educate our students and we do not know how to change practice behaviour in clinicians, when new evidence makes this relevant. As you can see, there is no risk of boredom, if you happen to be a chiropractic researcher!"

A powerful force

The new Norwegian initiative aims to provide more chiropractic PhD students – and, as Charlotte says, they will not be bored! There is plenty of work for people who have learned how to read the research literature critically, and can distinguish between good and bad research, and Charlotte feels that they are a powerful force for taking the profession forward: "Chiropractors with a PhD education can conduct research projects themselves, they can talk to other researchers, make useful contacts, develop areas of expertise, and so be very helpful to their colleagues and their professional organisations in many ways. If they are also capable of teaching they can be useful both in undergraduate and postgraduate teaching and they can be anchor points in professional discussions and political work. Each country should have a certain percentage of chiropractic PhDs, whether there is a chiropractic academic institution or not."

There is another reason why Charlotte and researchers of her calibre are important to the profession. Research is always good PR – whether they are academic journals or mainstream press, the media love a good research story – and according to Charlotte, our young profession can mature quickly through PR: "When chiropractors publish good research in respected research journals, clinicians from other health care professions read the publications and realise that we represent a mature profession. When chiropractors can show that they are well informed on the research literature, this evokes admiration and respect among other clinicians and patients. All these points of contact, based on research and/or research findings add up, and illuminate our profession with the same or better effect than a massive and expensive PR campaign. In other words, our profession is seen as responsible and mature, when it becomes known that it bases its work (as far as possible) on research findings as opposed to (mainly) beliefs and habits."

Developing a research culture

The chiropractic profession is still at the stage when it needs to develop a research culture, and Charlotte is very clear on how she believes this should be done: "Closure of substandard educational institutions would probably be the first prerequisite, as it is pretty difficult to change

Chiropractic trailblazers

people who are already out there in practice.

"A reasonable intellectual level of the students who enter the 'good' institutions is another basic need, and these institutions should perhaps recruit students also for research and academic work and not only for clinical practice. A research stream at undergraduate level would perhaps be possible, at least in the larger institutions, or in a collaboration between several such schools.

"The professional chiropractic organisations in the different countries then need to raise funds to make it possible for chiropractors to drop out of practice for three to four years without going bankrupt whilst doing their PhD studies.

"Thereafter, there needs to be a career path for these people, i.e. research positions must be made available. Many universities would welcome chiropractic PhDs but funding is hard to obtain, so they would have to bring their own funding. This means that the chiropractic research funds really have to be very substantial, in order to provide full-time or part-time positions for chiropractic PhDs in universities, if there are no chiropractic institutions available. In non-governmental chiropractic institutions, which are mainly kept alive on students' fees, there is no possibility of an extensive research department, so here too, the professional association would have to help set up a substantial research fund. Money and close collaboration with other researchers within and outside the chiropractic profession are the absolute prerequisites for a true culture of research."

I fear that that there will be a very wide split between those who accept new findings and those who hang on to dogma

The future of the profession

The profession is lucky to have, as a research trailblazer, someone as dedicated to its future. Charlotte is straight-talking and some may find her opinions hard to take, but it is clear that without research, and the PhD students who make it happen, the profession cannot be taken seriously in the longer term.

So what does Charlotte herself see for chiropractic in the next ten years?

"In some places I think it will slowly die out whereas it will prosper in areas where the profession has been allowed to adapt to modern times. In some places I think that we might see chiropractors taking the role of main primary care practitioner for musculoskeletal disorders, and their role will not necessarily be only to treat but also to screen and advise people who are not typical chiropractic patients.

However, I fear that that there will be a very wide split between those who accept new findings and those who hang on to dogma. I am not sure that there will be a continued acceptance that there 'must be room for everybody' in the professional organisations."

EAC

Martin Wangler elected Dean of the European Academy of Chiropractic

MARTIN WANGLER, former EAC Director of Academic Affairs, has been elected Dean of the EAC, following in the footsteps of his predecessor, Jean Robert.

Dr Wangler said: "The Academy thanks Dr Robert for his support and academic promotion of the chiropractic profession in Europe since its inception. Professor Jennifer Bolton and Mary Lou Thiel have agreed to work in the Academy's Department of Academic Affairs, and Professor Bolton has been elected as the acting Director of Academic Affairs. The Academy will certainly benefit from Professor Bolton's and Dr Thiel's long experience in postgraduate education. This is an exciting area and one where additional rewarding work will be done in the future.

"I am very proud of such a professional team working for the Academy. Under the guidance of Registrar Lise Lothe and with the help of Chris Mikus, Beth Anastassiades and Nick Piponides, most parts of the new Academy website, including an online credit card system for membership and seminar fees, has already been developed. One of my first goals will be finalising it at the beginning of 2011. This website will be the Academy's platform for improving communication and collaboration among all stakeholders involved in Continuing Professional Development (CPD) in Europe.

"My second goal will be the stimulation of Membership and Fellowship in order to create financial and personal resources for the Academy."

The EAC was established in 2007 by the ECU General Council (GC) to take on the academic work of the ECU including the academic convention and the Research Council. In the intervening years it has worked on developing a structure to enable the Academy to fulfil the tasks assigned by the GC.

The Academy has started to validate and award CPD points to academically-oriented seminars throughout Europe. In addition to this, the EAC has developed a conceptual framework for a Model Graduate Education Programme (GEP) in Europe, already approved by the GC. With the assistance of the ECU a joint venture with COCA was agreed upon to provide the peer-reviewed online journal *Chiropractic and Manual Therapies* (see page 25). Speciality colleges have been established to provide a faculty for future CPD projects and to set the standards in their field of expertise. At the present time the Academy runs on an annual budget of approximately €50,000, 50% of which is covered by ECU. In 2015, the Academy aims to expand its membership to 1500, thereby achieving financial independence.

The Academic Council has decided to focus on a five-year strategy plan with the aim of providing high quality CPD in Europe. For 2011, this plan includes:

1 European day-seminars, based on the existing convention infrastructure, offered several times in the year at different locations in Europe – see page 24 for full details.
2 a proposal for CPD guidelines.
3 an interactive website that will create a CPD portfolio for each EAC member, a speciality college interactive forum, newsflashes for the 'x-ray case of the week', dates of upcoming seminars and news from the Academy as well as an online credit card payment system.
4 speciality college masterclasses at the ECU convention.
5 faculty training for GEP.
6 multi-level membership fees.

News from the EAC Research Council

CHANGES TO the Research Council's policy have been adopted by the ECU Executive Council and the new policy is now online at www.ecu-research-update.org/ECU_researchCouncil.php.

The major change is in the financial part of the policy. From 2011 onwards, the Research Council can now fund the full salary of a PhD student and also a project or post-doctoral grant when this would help to establish this person's position in the research community. With this change, the Council hopes to bridge the gap a little between private practice and committing time to research.

The Research Council also conducted a survey amongst all the ECU nations (including Denmark) to get an overview of the different existing national and supra-national funds available. All nations replied to the survey. It is anticipated that the results will give a better overview of what resources are available, direct the nations towards future strategies to organise research funds and lead to more co-operation. Results will be presented in the next issue of *BACKspace*.

ECU-supported projects

Project B01.01 from A Webb has generated two more publications – in the *Journal of Manual Therapy* and the *European Spine Journal*. One of these, like a previous publication in Spine, was published without revision, which indicates good quality.

Project A09.02 from Luc Ailliet generated its first publication in the *JMPT* about the characteristics of chiropractors and their patients in Belgium.

More details about these projects are on the Research Council's website www.ecu-research-update.org.

All current projects are running smoothly. Some have large cohorts of low back and neck patients, so it is hoped that some interesting results will emerge.

Tom Michielsen, DC, MD, FEAC, EAC Research Director

EAC

European CPD seminars

THE ACADEMIC Council of the EAC has decided to start an annual programme of one-day seminars, which will run at different European locations, in order to offer ECU members more continuing education opportunities and to assist national associations with their CE and GEP programmes. At least two seminar topics will be offered at two different locations each, in the months between successive ECU conventions. Topics could be selected from highly-attended convention sessions or workshops.

Aim and purpose

These seminars will be low cost – high impact events, of clinical interest and of a hands-on nature, to be used for CE and GEP purposes.

- CE seminars will run regionally, on a regular basis, at various European locations to attract DCs from neighbouring countries, in order to provide ECU members continuing education opportunities, in addition to the annual convention.
- GEP seminars will be organised by the academy only at the request of the national associations, in order to assist them in providing parts of the GEP to their members. A list of topics, in line with the model GEP, will be available to all associations and will be updated as necessary.

Ensuring low-cost

CPD seminars will be offered to all participants at a minimum fee, in order to make it feasible for as many as possible to attend them *(average €125)*.

This will be achieved by:

- Utilising the existing ECU convention infrastructure and know-how, as well as the specialist colleges' faculties.
- Selecting central locations, easily accessible by car, train or cheap to fly to.
- Not requiring an overnight stay.
- Always running seminars on a Saturday, to minimise absence from practice.
- Making coffee breaks and meals simple.
- Providing lecture notes via e-mail or handing them out in electronic form; attendance certificates in pdf form will be sent via e-mail.
- Ensuring that locations will be attractive, so that participants could bring their families along, giving them the extra benefit of a short holiday.

Ensuring high-impact

EAC CPD seminars will be of high educational value and clinical significance to the field practitioner. Maintaining high standards will be achieved by:

- Selecting topics of high interest, out of the ones that attract most attendance during the convention, building on the momentum and expanding their content.
- Providing clinically-significant and evidence-based hands-on experience for over 50% of the seminar's duration.
- Exploring the possibility of bringing in real patients or visiting hospitals/clinics.
- Running the same seminar at different locations during the year, giving us the opportunity to improve it and enrich its contents as we go on, taking into account the needs of the field practitioner.
- Employing methods of seminar evaluation and reflective learning.
- Using speaker assistants when more than 50 participants attend the seminar.

Online announcement, reservation and payment

Announcements with dates, locations and programme contents, as well as reminders of upcoming events, will be sent via e-mail to all ECU members. A complete seminar schedule will be posted and updated on the EAC's website.

An online system for reservation of place and payment will be available to participants.

The first European CE seminar will be held in Brussels in May – see right

European CE Seminar

Saturday 7 May 2011, *Hilton Brussels City (Town Hotel SA), Place Charles Rogier plein 20, B-1210 Brussels*

Painful Shoulder Syndrome – Management and Rehabilitation: What is the Evidence?

Speaker: Mark Webster BSc, DC, MSc, FCC (ortho)

Introduction

SHOULDER PROBLEMS are the most common extremity conditions that come to a chiropractor's practice. They are usually very persistent and often become a chronic burden to the patient's quality of life.

New knowledge on shoulder conditions, from MRI imaging as well as from diagnostic ultrasound, gives us a better understanding of the pathogenic mechanisms responsible for shoulder joint malfunction.

Learning to assess functional integrity not only of the shoulder itself, but the whole upper quadrant of the body, and addressing these problems appropriately are important in effective evidence-based management of patients with shoulder problems.

Learning objectives

Attending this seminar will enable you to:

- Learn which are the two most common conditions that account for 90% of shoulder problems
- Learn how to assess shoulder joint function, as well as the functional units that affect shoulder integrity
- Learn what available treatments exist and how to incorporate them effectively into your approach to managing shoulder problems
- Learn shoulder rehabilitation protocols and how to strengthen specific shoulder girdle stabilisers
- Practise all taught material, so you can use it right away
- Get all available research and related literature documentation
- Earn 6 CPD points awarded by the European Academy of Chiropractic (EAC)

Seminar outline

09:00-09:30 Registration

09:30-11:00 Part 1 **Review of shoulder anatomy and common shoulder conditions. Orthopaedic and functional shoulder assessment** (lecture)

11:00-11:30 Coffee break

11:30-13:00 Part 2 **Orthopaedic and functional shoulder assessment** (workshop)

13:00-14:00 Lunch break

14:00-15:30 Part 3 **Treatment options for shoulder complaints: the evidence** (lecture)

15:30-16:00 Coffee break

16:00-17:30 Part 4 **Treatment options** (workshop)

17:30-18:30 Optional part **Discussion and practical**

Mark Webster

Mark is currently the Award Leader for the undergraduate Masters of Chiropractic degree (MChiro) programme at the University of Glamorgan/ Welsh Institute of Chiropractic, where he is also a Principal Lecturer in orthopaedics and functional management. He graduated from the AECC in 1993 and was in private practice until he joined the team at the WIoC ten years ago.

EAC

Five-year strategy plan: consensus statements

IN 2007, the EAC was established by the General Council (GC) to take on the Academic work of the ECU including the academic convention work and the Research Council. In the intervening years the Academic Council (AC) has worked on developing a structure to enable the Academy to fulfil the tasks assigned by the GC.

The Academy has started to validate and award CPD points to academically oriented seminars throughout Europe. In addition to this, the EAC has developed a conceptual framework for a Model Graduate Education Programme (GEP) in Europe, already approved by the GC.

With the assistance of the ECU a joint venture with COCA has been agreed upon to provide the peer-reviewed online journal *Chiropractic and Manual Therapies* (see below, right).

At the same time, speciality colleges have been established to provide a faculty for future CPD projects and to set the standards in their field of expertise.

During the Academic Council meeting on November 2010, the AC decided to focus on the following five-year strategy plan with the aim of providing high quality CPD in Europe:

2011

- Low-cost easily accessible day seminars based on the existing convention infrastructure (expanding on the best attended lectures/workshops), offered several times in the year at different locations in Europe, for
  - CPD (on a regular basis)
  - GEP purposes (on request from national association)
- Draft a proposal for CPD guidelines
- Establishment of an interactive website in order to create
  - CPD portfolio for each member
  - Speciality college interactive forum
  - Newsflashes for the 'x-ray case of the week', upcoming seminars and news from the Academy
  - Online credit card payment system
- Speciality colleges' masterclasses at the ECU convention
- Faculty training for GEP
- Offer multi-level membership fees (see appendix right)

2012

- Short clinical 'guidelines' developed by the speciality colleges to assist everyday practitioners in clinical decision-making and in evidence-based practice
- Provide an online template for presenting national GEP to facilitate exchange of knowledge
- Offer online podcast sessions of lectures and seminars
- Collaboration with existing national colleges (academies, agencies) in the area of CPD
- Explore possible fundraising opportunities (outside fees) eg advertising on website, sponsors
- Consultation with the stakeholders on CPD guidelines

2013

- Implementation of an e-learning platform for Continuing Professional Development CPD (stage I)
- Finalise the GEP Model Curriculum and begin implementation
- Establish a Bio-Ethics Committee for clinical-based research

2014

- Implementation of an e-learning platform for CPD (stage II)
- Development of an assessment method for GEP graduates in order to provide future Doctor of Chiropractic (DC) diplomas

At the present time the Academy runs on an annual budget of approximately €50,000, 50% of which is covered by ECU. In 2015 the Academy aims to expand its membership to 1500, thereby achieving financial independence.

Appendix: Example of multi-level fees (draft)

Service by the EAC	DC not paying a fee to the EAC: € 0	DC paying a fee to the EAC: € 40/50
ECU Convention	Full payment	10% reduction
Masterclass (SpCol)	€ 10 each	€ 0
Short guidelines	€ 0	€ 0
Interactive case studies Interactive podcast sessions E-learning	N/A	€ 10
Low-cost seminars (rough first estimate)	€ 120	€ 100
Portfolio	N/A	€ 0

C&MT

CHIROPRACTIC & MANUAL THERAPIES
New research journal – free

CHIROPRACTIC AND Manual Therapies is a joint venture between BioMed Central and the EAC, in association with the Chiropractic and Osteopathic College of Australasia (COCA). This online journal will publish research articles from chiropractors and other manual therapy practitioners, and will be available to all ECU members.

You can access the journal via www.chiromt.com and a link will also be available from both the EAC and ECU websites. In addition, if you register via the website (this is free), you can elect to receive a regular article alert to stay up-to-date with the latest content, either every time a new article is published or every 7, 14 or 30 days. You can also specify any particular areas of interest and alerts will be sent accordingly.

For those of you in the research field this is an ideal opportunity to publish articles; all submitted manuscripts are overseen by a distinguished editorial board and tracked and indexed by PubMed within days of acceptance by the editors. In addition the EAC and COCA have committed to cover all publishing fees for manuscripts submitted before January 2013, making the journal a very attractive place to publish research articles.

This open-access journal offers rapid communication of research findings around the world and all original research articles published by BioMed Central are made freely and permanently accessible online immediately upon publication. To date, its most-accessed article has received over 37,000 hits. It offers readers the opportunity to contact researchers via email and comment on the research. The EAC hopes that *Chiropractic and Manual Therapies* will promote chiropractic and manual therapy research and offer a fruitful inter-disciplinary platform.

EAC

The necessity of continuing education

THE ACADEMIC Council of the EAC has decided to enhance the role of the Academy in chiropractic continuing education (CE), by organising multiple European high-quality/low-cost day-seminars on topics of clinical interest, in order to offer chiropractors more opportunities for Continuing Personal Development (CPD) (see page 24).

Why? What for? What is in it for you as a chiropractor?

Taking part in research, reading the scientific literature, understanding best practices and adopting habits of lifelong learning all have an important impact on clinical competencies and practice in the following domains identified by the European Academy of Chiropractic: expert performance, communication, collaboration, management, community performance, scholarship and professionalism (1).

Developing the capacity of reflection in the lifelong learning process is very important. Reflection - i.e., 'thinking about thinking' - can occur at all stages of chiropractic care: before, during and afterwards. Understanding of both the self and the situation has a wider impact on lifelong learning than simply identifying the acquisition of new knowledge and skills, such as how to perform a particular procedure (2). Reflection facilitates learning: having an experience, reflecting on it, conceptualising, applying it to another situation, developing therapeutic relationships and professional practice (3).

Chiropractic Continuing Education must include the development of self-reflection skills and portfolio developments such as these are crucial professional requirements, not only as an expectation of today's health providers, but also increasingly as a legal requirement for licensure to practice. This is the field where the European Academy offers leadership, high-quality/low-cost seminars, accreditation and national support if requested.

These European CE day-seminars will run on a regular basis several times a year at different locations, they will be of excellent quality and affordable by all – more details can be read on page 24.

Visit the EAC website for the updated seminar schedule and take the opportunity to sign up for one of them! The first will be in Brussels in May – see page 24.

For further information, please contact:

Vassilis Maltezopoulos, EAC Convention Director (**vmalt@otenet.gr**), or Claire Wilmot, secretary of the EAC (**claire@ecunion.eu**).

Martin Wangler
Dean of the European Academy of Chiropractic (EAC)

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Book review

Chiropractic Technique, Principles and Procedures

Third edition by Thomas F Bergmann and David H Peterson

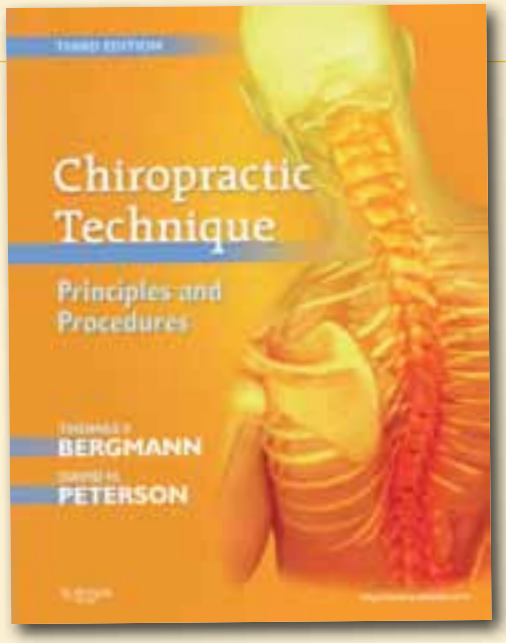
ISBN: 978-0-323-04969-6 Elsevier 2011

IT'S AN original consideration by the authors to reserve the singular diagnosis of 'joint dysfunction' or 'subluxation syndrome' for instances when it is determined to be the sole identifiable lesion. They propose not to use the term as a category for all conditions treated with adjustive therapy but only when dysfunction is perceived as the sole cause of the disorder and if no other treatment is warranted. Structure and function are interrelated in such a complex way that multiple diagnoses and parallel treatments (by different specialists in the field of neuro-musculo-skeletal disorders) may indeed be suitable in some, or even many, cases.

Historically, joint subluxation used to be defined in structural terms. It was even proposed as the primary cause for all disease by the founders of chiropractic. The mono-causal concept of subluxation-induced disease was an interesting hypothesis a century ago but it has not been able to stand the test of time. Since the published work of Gillet, Illi, Mennell, Sandoz and Faye, joint integrity has also been defined in functional terms. Joint misalignment does not predict the presence, the absence nor the direction of joint dysfunction. Consequently, perfect alignment does not imply perfect function.

We and other health care providers struggle with multiple definitions and explanations for manipulable lesions. As far as I'm concerned, there is nothing wrong with parting from terminology that has been 'contaminated' by erroneous assumptions and built on old principles, such as 'subluxation' or even 'vertebral subluxation complex'. We need to bear in mind that there have been incongruences between our explanations of the past and current reality. Patching up the definitions of the old terms causes misunderstanding. Let's embrace new terms. The same thing occurs with medical terminology and diagnoses. Remember the diagnosis Reflex Sympathetic Dystrophy? Now it is called Complex Regional Pain Syndrome, type 1, because of misuse of terminology and doubts about the underlying pathophysiology, after a consensus workshop in 1993. Changing a term should help to clarify things better, nothing else. It does not imply a tendency to reductionism, it does not diminish the full potential of manipulation in any way.

Book review



An interesting point was made concerning some of the research on the precision of localisation and the effectiveness of 'specific' manipulation, as we like to call our interventions, versus 'gross' or 'aspecific' manipulation. It is likely that manipulation has dose-dependent therapeutic effects. Research trials may not come close to approximating the typical course of adjustive treatments. The immediate pain and stiffness relief noted for patients in all the investigated groups may conceal differences in groups that may only develop after time and a certain dosage. Although research seems to indicate that localisation by spinal palpation techniques has poor inter-examiner reliability for segmental range of motion, end feel and soft tissue texture change, intra-examiner reliability for end play motion palpation is good, intra- and inter-examiner reliability for joint pain provocation is fair to good, intra- and inter-examiner reliability for palpation of bony or soft tissue pain and regional range of motion is good. At this point it appears that a combination of manual examination procedures, including pain provocation and patient feedback increases the reliability to an acceptable level, keeping in mind that it has not been conclusively demonstrated to be an important issue after all, although we hope so (and I think so). Another area of research related to this is the localisation of joint cavitation to targeted joints by using skin-mounted microphones and accelerometers capable of detecting and localising sound or vibrations associated with it. The general conclusion is that HVLA manipulation or adjustments may not be as focused and specific as clinically assumed. The most interesting conclusion to me is that the targeted joint most likely cavitates when multiple cavitations are produced. It is postulated that the joint capsule may be tight when the manipulated joints fail to produce an audible crack. It's clinically observed that several treatments may be needed before this can be achieved. Regarding specificity, the same hypothesis concerning dose-dependent therapeutic effects is proposed. Possibly, over the course of the treatment, the targeted joints cavitate more and more precisely, as envisaged by the clinician. Hypothetically, at first only a regionally improved mobility can be achieved, over time the targeted joints could be accessed more easily and as they become more mobile, they become more capable of cavitating.

The labelling of the post-cavitation increase in joint movement as paraphysiologic can be misleading. This is the space in which cavitation is thought to occur when a joint is moved through its active and passive range of motion and past the end play zone, beyond the elastic barrier, after which additional movement is only possible after joint cavitation. After cavitation, the passive range of motion is extended into paraphysiologic space. Movement within these boundaries does not induce joint injury even though the terminology almost suggests that the anatomic limits could easily be breached with plastic deformation and joint injury as a consequence. Maybe it would be worth considering renaming this space in a consensus workshop as well. It's probably one of the simplest and most often encountered critique by opponents of HVLA manipulation. Patients easily pick that up and may presume you are working 'on the edge' of injury due to the increased amount of pain experienced during end play testing at a dysfunctional motion segment.

Digital videofluoroscopy (DVF) is probably one of the most promising radiographic procedures for the assessment of segmental spinal motion but it is still in the investigational stage. For clinical practice it is not justifiable at this time due to the high cost, inferior image quality compared to plain-film studies and the limited amount of diagnostic information retrieved versus the additional radiation exposure.

In this book the authors have achieved a precision of description, both of the theoretical depth and breadth of everything concerning the chiropractic act, that I would almost be afraid to offer it to the competition. Fortunately, after 20 years of practice I'm increasingly convinced that the strength of our profession lies in the unique combination of theory and extensive practice to reach the high standards of craftsmanship as described in this work in a uniform way and in the accompanying well-made videos, before starting to practice the art of chiropractic. Our survival over the coming years will depend on a similar level of perseverance as exemplified by the authors. It can only be hindered by sticking to old concepts and beliefs and by living in the past. It is time for clear communication, leaving old terms covering theories that proved to be wrong behind, realising that we will not limit the effect of the manipulation by distributing correct information in line with current research findings. Rather than protecting an unrealistically large list of indications for manipulation with our lives, claiming possible cures for every single type of ailment known to mankind, allegedly cured in one or two patients by one or two gurus, we can make a strong case for those indications known to systematically respond to skilled chiropractic care delivered by more than one chiropractor on more than one patient, on more than one occasion. The quality of life of our patients and their perception of health will improve just as well as before, just as our level of mental health as our position in healthcare will grow exponentially under those conditions.

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Correction

We apologise for an error in the text on page 30 of last issue's book review, whose author clarifies below the comments regarding McKenzie's tests.

The group of patients with non-specific types of complaints is very large and scattered. In current research, scientists are therefore trying to identify subgroups of patients with similar characteristic signs and/or symptoms. The results of this type of research will help us to better predict the course and the outcome of these disorders. It will help to determine the validity of the different types and/or combinations of care. Some of the McKenzie tests have been used to define subgroups of non-specific low back pain patients; chances are his tests will be used for the non-specific cervical and thoracic spine disorders."

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