



ACA President attends GC Meeting

ACA President at GC meeting – Keith Overland, Øystein Ogre and David Chapman-Smith

AT THE invitation of the ECU, Keith Overland, the president of the American Chiropractic Association, was in London in November to participate in the ECU General Council meeting.

Dr Overland, a 1981 graduate of New York Chiropractic College, was appointed ACA President in 2011 and as a former member of the ACA's Health Care Reform Task Force was invited by ECU President Øystein Ogre to participate in the *Pursuit of Legislation* workshop (see page 9) as well as giving an address to the GC on the state of chiropractic in the United States.

Having run a successful practice in Connecticut for over 30 years, Dr Overland has specialised in sports chiropractic

but his role as ACA President has involved him in all aspects of the profession. In particular, he spoke of the opportunities for the profession in the wake of President Obama's health care reform and the keen public demand for chiropractic services.

He said, "I can't help but think about the amazing opportunities standing before our profession. For example, recent estimates show that there will be a shortage of more than 90,000 primary care medical physicians in the US over the coming years, and society is finally looking at the need to increase wellness and preventive services."

In addressing the ECU General Council, Dr Overland spoke of the ACA's desire to implement positive change in the US chiropractic profession.

He warned of the need to avoid polarisation of the profession and to focus on optimising professional practice and collaborative care. There was, he said, near-universal agreement on the major issues affecting the profession and this boded well for the future of chiropractic in the United States.

In particular, said Dr Overland, there was a need to ensure adequate female representation in the leadership of the profession. Historically, this had been notoriously poor, but recent years have seen an emergence of strong women leaders and a shift away from male-only committees.

Øystein Ogre thanked Dr Overland for coming 'across the pond' and looked forward to a continuing warm relationship between the ECU and the ACA.

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President's message

Are you a true supporter of chiropractic?

AS I compile this message, the New Year is just a day old. At this special time I think it is appropriate to stop and reflect on our work and on life in general.

On every New Year's Eve, the King of Norway addresses his people and shares some thoughts with them. One of the issues which he addressed this year was the number of challenges that arise out of increasingly diverse cultural representation. Such challenges are not unusual and can affect every one of us.

The King said: "I am convinced, however, that different cultures may coexist and enrich each other, and my hope is that we will become better at looking for

what it is that unites us as human beings instead of what separates us."

A couple of years ago, at a chiropractic seminar, I clearly recall meeting a colleague who sought my opinion on different issues regarding the development of chiropractic in Europe. We found out that we had a lot in common. My colleague then asked me how she could best support such development in her own country.

I answered by saying that she should continue to support the leadership in her association and voice her opinion whenever she had a chance.

"Well, there is a slight problem with that," she said. "You see, 35 years ago I had a quarrel with some people on the executive board of my association, and I haven't been a member of the association since."

This response perplexed me. In front of me stood a colleague who had essentially been a 'free rider' of the profession for 35 years. I was not impressed. My answer to that colleague then (and still today) was: "Get over it! Grow up, and start supporting your own profession."

There is a worrying number of similar tales in the chiropractic profession. When two parties oppose each other it becomes easy to choose conflict instead of dialogue. My hope is that we, as a profession, should become better at meeting these conflicting approaches and opinions with respect.

The King of Norway, in his speech, went on to explain that what on the surface may look like a major conflict is often more a

question about an inability to tolerate difference.

Through the years we have seen numerous conflicts within our profession. Too often, conflict has reigned over the more peaceful option of constructive dialogue. In many nations today we find that the stability of longstanding national associations is challenged by smaller and less well-developed associations offering less expensive subscriptions. Colleagues have felt compelled to leave the mother association for a number of stated reasons: differences in philosophy; a feeling that the national association has not done enough; or simply on financial grounds.

My hope for 2013 is that we all become better at tolerating the differences within our own profession. There is, after all, much more that unites us than separates us.

If you belong to a national association that is a part of the ECU, you have already financially supported the establishment of chiropractic programmes in Europe. You have also supported many of the educational institutions with equipment. Students have been financially supported in attending international student conferences. You have supported a number of political initiatives in Brussels and in other countries with the aim of achieving proper legislation and regulations for chiropractors to work in that country.

You will also be supporting the *Chiropractic and Manual Therapies journal*, co-owned by the EAC, COCA and the UK College of Chiropractors, in which European chiropractors can publish their research. The accrediting body



(ECCE) is also supported by ECU, as is the membership of the profession in ENQA and EQUAR. Without your personal support of your national association, and through that the ECU, none of this would have been possible.

The growth of chiropractic in Europe is dependent on continuous financial support from the profession. There is general agreement today that if we are to survive as a profession in the long run, we need to grow in areas of Europe where we are sparsely represented or not represented at all. There is a market out there and competing professions will not sit back and wait for us to make a move.

Embrace the diversity of approach in chiropractic. Tolerate differences in philosophical perspectives. Live shoulder by shoulder with colleagues from different chiropractic backgrounds but at the same time belong to a national association which actively supports research and education in the context of a larger union of nations.

If you can do all of this, then you are a true supporter of chiropractic.

**Øystein OGRE DC, FEAC
President ECU**

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BACKspace

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ECU structure reform in 2013

PROPOSALS TO reform the structure of the ECU Executive Council are set to be formally approved by the General Council later this year.

At its November 2012 meeting, the General Council considered the recommendations that first arose from a 2009 Working Party and subsequently from the current Executive Council. It overwhelmingly supported moves to streamline the Executive and centralise the administrative affairs of the ECU. The two main reasons why change was seen as desirable were (1) the need in the ECU Head Office for skill sets more commonly associated with a Chief Executive Officer and (2) the move from a decision-making Executive Council towards one that is concerned with strategy and future direction.

The Executive Council presented proposals for restructuring. These include a reduction in the number of members of the EC from the current five officers to three (President, Vice-President and Treasurer) and the appointment of a Secretary-General, whose roles would include overseeing the central ECU administration, advising the Executive Council and ensuring compliance with decisions made by the General Council.

The main implications of these proposals will be to improve productivity and efficiency while at the same time delivering cost savings. Formal approval is set to be given at the next General Council meeting in Spain and an update will be given in the next issue of *BACKspace*.

ECU Business Seminar in London this June

IN RESPONSE to a call for more tangible benefits of membership, the ECU has organised a Business Seminar to take place in London on 8 June 2013.

This high profile seminar will feature leaders from the worlds of business and chiropractic. It will be specifically aimed at assisting chiropractors in acquiring ethical business skills to help them achieve success in their practices. It will be held at the Radisson Blu Hotel near London's Heathrow Airport.

The keynote speaker will be Richard Denny, one of the UK's leading business motivational speakers. He specialises in business growth and is unique in that his presentations not only motivate, inspire and educate, but also contain highly practical ideas to enhance business performance.

Richard will be supported by Caro Kingsnorth, a long term chiropractic patient and

dynamic business coach who specialises in team organisation and management. With extensive experience working with blue chip companies, Caro will bring a wealth of ideas to a chiropractic audience.

Successful chiropractors from a variety of practice backgrounds will also share their unique experiences in practice and reveal what it is that has helped them to achieve their own success.

Finally, the chief executive of a financial services company will describe the pros and cons of pensions investment and financial planning for chiropractors.

Places are limited for this seminar which is being heavily subsidised and will be offered at the extremely low rate of £49 (€60) to include lunch and refreshments. Early booking is essential – contact Claire Wilmot at the ECU Head Office (contact details on page 3).

ECU says farewell to Beth

BETH ANASTASSIADES has stepped down from her role as secretarial consultant to the ECU.

A well-known face at ECU Conventions over a number of years, Cyprus-based Beth served her apprenticeship under veteran Convention organiser Phylactis Ierides before taking on the role of administrator for the annual ECU event.

Working with the local host organising teams, Beth was responsible for successful Conventions in Zürich and Amsterdam.

In paying tribute to her work for the ECU, President Øystein Ogre said "We are very grateful to Beth for everything she has done in organising the Conventions and liaising with sponsors over many years. Very few people know what is actually involved in organising an event of this nature. All of us at the ECU wish her well for the future."

Amsterdam-based company Global Conference Support has been appointed by the ECU Executive Council to organise its Conventions from 2013.



ECU President wins Golden Spine award

ECU PRESIDENT Øystein Ogre was honoured with the NCA Golden Spine Award at a glittering ceremony hosted by the Norwegian Chiropractors Association (NCA) during its annual conference last October.

The Golden Spine is the highest honour that the NCA has in its power to award any of its members and it was given in recognition of his contribution to chiropractic both in Norway and in Europe. Dr Ogre received a standing ovation from NCA members after the presentation.

In paying tribute to Dr Ogre, NCA President Jakob Lothe said: "When the history of the NCA is written down in the future, the eight years from 2002-2010 under Øystein's leadership will stand out as a very successful period with great progress and growth for the profession in Norway. This award therefore symbolises our enormous gratitude for his big achievements so far. I warmly congratulate Øystein for this very well-earned award!"



ECU news

General Council workshop helps member nations pursuing legislation

THE ECU General Council looked at strategies to assist member nations seeking statutory recognition when it met in London in November 2012.

At present, while chiropractors in some ECU member countries benefit from the privileges associated with legislation, such as hospital referral rights and state reimbursement of treatment fees, others continue to practise under the constant threat of prosecution.

Continuing with the new format of General Council meetings, ECU President Øystein Ogre introduced an afternoon workshop during the London meeting, entitled *The Pursuit of Legislation*.

Speakers Bart Vandendries (Belgium), Jakob Lothe (Norway), Matthew Bennett (UK) and special guest Keith Overland (United



Scott Oliver and Vivian Kil at the meeting

States) outlined their experiences and described the strategies they had used in approaching governments and politicians when working towards achieving laws to regulate chiropractors.

Following excellent presentations from all speakers, delegates and observers were all invited to participate in small group discussions to consider which factors may commonly benefit countries seeking legislation.

This resulted in the formulation of a set of consensus statements (see below) to assist ECU countries looking for laws to regulate the profession. With WFC Secretary General David Chapman-Smith also in attendance to provide a global perspective on chiropractic legislation, the workshop was well-received as a useful addition to the business of the General Council meeting.

The pursuit of legislation: consensus statements

1. Be prepared

- a. Establish unity in the profession and a consistent message.
- b. Ensure that documentation is in place (for example, association bylaws, code of ethics, summary of education, identity statements, safety, cost effectiveness, research evidence base).
- c. Utilise existing guidelines (for example, the CEN Standard, WHO chiropractic guidelines).
- d. Research existing health professions' legislation and regulatory frameworks in your country.
- e. Learn from the experiences of other chiropractic national associations.
- f. Identify leader(s) in the profession, allocate resources to enable them to undertake

the work required and engage experts (legal, political).

- g. Be seen to be active in the community, including public health initiatives.
- h. Ensure adequate funding.
- i. Understand this may take many years.

2. See situations from the perspective of others

- a. Government priorities: patient protection, no additional cost, impact on other professions, satisfying voters.
- b. Medical profession: is chiropractic an opportunity (reduced burden of chronic MSK disorders on GPs and hospital outpatient) or a threat (loss of control)?
- c. Patients: want choice without financial barriers.

- d. Jargon avoidance: speaking a language that all may understand.

3. Identify and engage relevant parties

- a. Influential politicians including a 'chiropractic champion'.
- b. Opinion-leaders in other health professions.
- c. Media organisations and individuals.
- d. Public and patients; individuals, advocacy groups, consumer organisations.
- e. Industry and workers' organisations.

Throughout the process of pursuing legislation, there should be continued primary focus on:

- Fundamental purpose – protection of patients.
- The basis for this protection – high standards of education.

ECU funding for national research organisations

THREE ECU member national associations have received funding to support the establishment of national research organisations, following a decision made by the ECU General Council.

Recognising the value of research, the ECU voted in favour of a motion to support properly constituted research organisations by granting €15 per member. As a consequence, Norway, Sweden and the UK all filed successful applications for funding.

ECU President Øystein Ogre congratulated the three national associations: "Research drives the credibility of the profession and it is vitally important for chiropractors to have solid evidence underpinning their work. These three members have demonstrated their commitment to supporting research and I look forward to seeing other national associations taking similar steps."

The granting of funds by the ECU has boosted other contributions to the organisations. The Norwegian government has injected a total of one million Krone (€136,000), while the BCA has allocated £100,000 (€122,000). In addition, the BCA membership has voted in favour of a levy on its subscription to further boost the funds available for research.

To qualify for ECU research organisation funding, a member association must demonstrate and submit evidence that it has established a properly constituted and registered organisation. For more information, please contact the ECU Head Office.

ECU Claire keeps the show on the road

*Claire Wilmot works part-time at the ECU Head Office in London. Here, she talks to **Richard Brown** about her work inside and outside the chiropractic profession.*

NOW IN her third year with the ECU, Claire Wilmot is known to callers as the voice of the ECU Head Office. Initially recruited as the administrator to the European Academy of Chiropractic (EAC), Claire's role has expanded to include more extensive administrative duties since the departure of ECU Executive Secretary Sue Hymns.

"I started working with the ECU in 2010 when I attended the Autumn Meeting of the EAC Academic Council in Barcelona," recalls Claire. "This was my first meeting and was a baptism of fire – within five minutes of the meeting a new Dean had been appointed and it was all systems go!

"However, the whirlwind change of officers was the easy part. I was bombarded with a stack of new acronyms and keeping up with what they all meant was mind-boggling!"

Claire's work for the EAC is varied. At the heart of her job is a focus on securing maximum value to Members and Fellows of the Academy and to promote the image and reputation of what is the academic arm of the ECU. Since joining, Claire has added a number of services for members, such as weekly radiology cases, Journal Club reports, enhanced website information and the co-ordination of low-cost CPD seminars.

ECU Secretary Richard Brown works closely with Claire. She is, says Richard, an invaluable feature of the ECU office: "Claire is unflappable!" he says. "Her admin support work really keeps



the ECU show on the road. I can speak for the entire ECU membership when I say it takes special people to adapt well to what the ECU asks of them."

Born in Africa, Claire has spent much of her life overseas. Periods in Singapore, Belgium, Germany, Holland and Australia have given her a real sense of international multiculturalism which, she says, really helps her with her work at the ECU. Settling in the UK, she spent a number of years with global giant Tetra Pak, where she gained significant experience in marketing and communications. This led to a post-graduate certificate in marketing.

Although the majority of her work is now ECU-related, it also extends into some other interesting areas. Another main role is with a forensic consultancy, where she deals with anything from post-mortems to finding expert witnesses to comment on anything from handwriting to blood spatter. The balance of her hours is spent working for a travel PR company, an accountant and a

voice recording company.

Away from work, Claire enjoys skiing, scuba diving, canoeing and swimming. On a daily basis, she cycles to the office from her home and whenever she can, she enjoys a yoga class. It is this exercise, she says, that allows her to indulge her other passion: good food.

Although Claire loves her work at the ECU, she does admit to frustration when requests for information go unanswered. However, she sympathises with chiropractors who juggle their roles between working as practising chiropractors and as leaders of their association.

"I know how busy chiropractors are and we all know how difficult it is to remember to answer one email in a pile of 400 others, but it would make it so much easier if requests weren't having to be sent multiple times. Just a few quick words of response would make all the difference."

For Claire, as well as trips to Amsterdam, Spain and Budapest with the ECU Executive Council, there was another big highlight of 2012: "The London 2012 Olympics were so amazing," she says. "The cycling road race came through my home town of Teddington and created a real buzz."

But most exciting of all was watching Olympic running hero Mo Farah collect his gold medals: "Mo lives here in Teddington, so it was extra-special that he won gold. There is now a gold painted postbox within a short walk of my house and much of the ECU mail goes into it!"

Convention 2013

Dolce Sitges, Barcelona, Spain, 9-11 May

THIS YEAR'S ECU Convention will take place in Dolce Sitges, a 5-star complex on the Spanish hills overlooking the warm and inviting waters of the Mediterranean, and just a short journey from Barcelona airport.

The convention will encompass all the constituent aspects of evidence-based practice (EBP) – evidence from research, patient preference and chiropractic expertise – in an attempt to present the current status of EBP in chiropractic, at the same time providing a forum for all sides to be heard, in an effort to unite the diverging forces within the profession.

BCA shares marketing materials

THE BRITISH Chiropractic Association (BCA) is to share its marketing materials with ECU national associations and their memberships.

The BCA has over many years invested heavily in promotional leaflets, information sheets and online videos for use by its members and it is hoped that by allowing them to be used throughout Europe the profile of chiropractic can be enhanced throughout ECU member nations.

The BCA received €10,000 from the ECU for allowing the sharing of its marketing materials. The BCA itself funded the rebranding of the materials with the ECU logo.

Subjects covered by the materials include posture, driving, gardening, lifting and carrying, the use of computers and other sporting activities.

For more information on how to acquire these materials, please contact your national association.



ECU 2013 CONVENTION

*Chiropractic in an Evidence-Based Environment;
Opportunities & Threats*



Keynote speakers

Jan Hartvigsen, Jennifer Bolton, Ricardo Fujikawa, Adrian Wenban, David Byfield,
Cynthia Peterson, and Dominique Hort

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- Diagnostic Methodology: What Constitutes a Documented Diagnosis and a Safe Treatment Plan?
- Patient Involvement in Care: Patients Reported Outcome Measures & Patient Preferences in Treatment
 - Chiropractic Techniques: Documentation vs Clinical Experience and Anecdotal Evidence
 - Application of a Low-Tech Active Rehabilitation Programme in Chiropractic Practice
- Round Table Discussion/Debate: Bridging the Gap between Evidence & Principle Based Practice

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9-11 May 2013

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Convention 2013, 9-11 May, Sitges, Barcelona

CHIROPRACTIC IN AN EVIDENCE-BASED ENVIRONMENT: OPPORTUNITIES & THREATS

ACADEMIC PROGRAMME

Thursday 9 May

08:30–08:40

Opening Ceremony

08:40–10:40

Session A1 (plenary) So where's the evidence? Chiropractic's role in spinal pain

Chairman: Jan Hartvigsen DC, PhD

Current guidelines for the management of spinal pain

Jan Hartvigsen DC, PhD

Neck pain and whiplash – to adjust or not?

David Cassidy DC, PhD

Who cares about Cochrane? What do we do with the results?

Sidney Rubinstein DC, PhD

Quantitative v Qualitative evidence for the subluxation complex

Ricardo Fujikawa MD, DC

Is there any evidence that the elderly need chiropractic?

Lisa Killinger DC

Brain – the Final Frontier

Kim Humphreys DC, PhD

10:40–11:10

Morning Break, Exhibitor/Trade stands and poster presentations

11:10–13:10

Session A2 (plenary) Platform Research Papers

Chairman: Tom Michielsen MD, DC, FEAC

Presentation of Accepted Research Papers

13:10–14:30

Lunch Break, exhibitor/trade stands and poster presentations

14:30–16:00

Session A3 Concurrent Workshops

1. Presentation of Accepted Research Papers (continued from session A2)

Tom Michielsen MD, DC, FEAC

2. How to improve your imaging diagnostic skills (repeated from session A3)

Cynthia Peterson RN, DC, DACBR, MMed.Ed.

3. Developing a low-tech, clinic-based active rehabilitation programme

John Hyland DC

4. Back to basics: evidence-based examination and treatment of the paediatric patient (part 1)

Joyce Miller BSc, DC, DACBO, FACO, FCC (Peds)

16:00–16:30

Afternoon Break, exhibitor/trade stands and poster presentations

16.30–18.00

Session A4 Concurrent Workshops

2. How to improve your imaging diagnostic skills (repeated from session A3)

Cynthia Peterson RN, DC, DACBR, MMed.Ed.

3. Developing a low-tech, clinic-based active rehabilitation programme (repeated from session A3)

John Hyland DC

4. Back to basics: evidence-based examination and treatment of the paediatric patient (part 2)

Sue Weber BSc, DC, MSc

Stephen Williams DC

5. Students' open workshop

Kim Humphreys DC, PhD

Donald Murphy DC, DACAN

Ricardo Fujikawa MD, DC

Friday 10 May

08:30–10:30

Session B1 (plenary) Getting it right: what constitutes a documented diagnosis and safe treatment plan?

Chairman: Cynthia Peterson RN, DC, DACBR, MMed.Ed

The 'Three Questions of Diagnosis' approach

Donald Murphy DC, DACAN

Evidence-based use of diagnostic imaging in chiropractic practice

Cynthia Peterson RN, DC, DACBR, MMed.Ed.

What to keep in mind when treating patients with inflammatory conditions

Christoph Gorbach DC, MD

Diagnostic challenges in the aging patient

Lisa Killinger DC

Moving chiropractic diagnosis in pain patients from a mechanical to a more holistic model

Maria Jose Hernandez Ortiz MD, DC

10:30–11:00

Morning Break, exhibitor/trade stands and poster presentations

11:00–13:00

Session B2 (plenary) Getting patients involved: PROMs and preferences

Chairman: Jennifer Bolton PhD, MA Ed, FHEA, FCC(Hon), FBCA, FFEAC

Introduction to PROMs: what they are and what they're for

Jan Hartvigsen DC, PhD

Using PROMs as evidence on the quality of care

Jennifer Bolton PhD, MA Ed, FHEA, FCC(Hon), FBCA, FFEA

Using PROMs to inform clinical practice

Jonathan Field DC, PgC, MSc, FCC

Using PROMs in whiplash and for insurance settlements

David Cassidy DC, PhD

PROMs in Elderly Care

Lisa Killinger DC

Health-related quality of life: the current state of the art

Adrian Wenban BSc, BAppSc, MMedSc, MACC

13.00–14.30

Lunch Break, Exhibitor/Trade stands and poster presentations

14:30–16:00

Session B3 Concurrent Workshops

1. Evidence-based diagnosis of neck related disorders

Donald Murphy DC, DACAN

2. A diagnostic algorithm for rheumatic disease

Christoph Gorbach DC, MD

3. Care Response: an introduction

Jonathan Field DC, PgC, MSc, FCC

4. Brain based clinical applications for the Chiropractic physician

Igor Dijkers MSc, DC, DACNB, FACFN, FABVR

Denis Alemi

16:00–16:30

Afternoon Break, Exhibitor/Trade stands and poster presentations

16:30–18:00

Session B4 Concurrent Workshops

Workshops 1-4 repeated (as session B3)

18:15–19:15

ECU General Assembly

Saturday 11 May

08:30–10:00

Session C1 Concurrent Workshops

1. Evidence-based diagnosis of low back related disorders

Donald Murphy DC, DACAN

2. The pros and cons of using health status and quality of life outcome measures in clinical settings

Adrian Wenban BSc, BAppSc, MMedSc, MACC

3. Introduction to SOT and craniopathy

Luke Ramsay BSc, DC, FCC

4. How to make your practice evidence based without changing your techniques

Dominique Hort DC, CCN, ND

10:00–11:00

Morning Break, exhibitor/trade stands and poster presentations (poster authors present at poster stands for Q&A)

11:00–12:30

Session C2 Concurrent Workshops

Workshops 1-4 repeated (as session C1)

12:30–14:00

Lunch break, exhibitor/trade stands and poster presentations

14:00–16:00

Session C3 (plenary) Will innovation be silenced by a strict adherence to research evidence?

Chairman: Ricardo Fujikawa DC, MD

Chiropractic technique systems: principles and evidence

Ricardo Fujikawa DC, MD

Instrument adjusting: its biomechanical effects on the spine

Arlan Fuhr DC

SOT in the modern chiropractic world

Luke Ramsay BSc, DC, FCC

Clinical implications of research in functional neurology

Bernard Masters DC, BEd (Hons), PhD, DACNB, FCC(Orth)

What impact does the evidence base for SMT techniques have on professional standards and educational curricula?

David Byfield BSc (Hons), DC, MPhil, FCC, FBCA, FFEAC

16:00–16:30

Afternoon break, exhibitor/trade stands and poster presentations

16:30–17:30

Session C4 (plenary) Round table discussion: As the chiropractic profession evolves, is evidence-based clinical practice an opportunity or a threat?

Chairman: Dominique Hort DC, CCN, ND

Adrian Wenban BSc, BAppSc, MMedSc, MACC

David Byfield BSc (Hons), DC, MPhil, FCC, FBCA, FFEAC

Roberta McDonnell PhD, BA, Dip N, RMN

Richard Brown DC, LL.M, FEAC

17:30–18:00

**Conclusion – End of Proceedings
Presentation of Original Research Awards**

Preview of the ECU Convention 2014

Closing Address

Chiropractors need to contribute altruistically to public health

THE KEYNOTE editorial of the September 2012 issue of the *Journal of Manipulative and Physiological Therapeutics (JMPT)* was titled *Chiropractic Care and Public Health: Answering Difficult Questions about Safety, Care through the Lifespan and Community Actions*. One conclusion in the editorial is that chiropractors need to contribute altruistically to public health. The ECU Public Health Committee supports this contribution by encouraging public health activities amongst its members.

Each year a number of health-related world days are organised by the WHO and other organisations

including the Bone and Joint Decade World Spine Day. These world days are excellent opportunities for chiropractors to address public health by endorsing them and their proposed actions, which include increased physical activity, healthy eating, smoking cessation and moderate alcohol consumption.

Right is a list of relevant world days which clinics and national associations can support. These days will also be highlighted under the PHC section of the ECU website throughout the year, with basic advice on how to promote them as they approach.

Recommended steps to

undertake for each day are to:

1. Check the World Day website
2. Add the logo to your national association or clinic website
3. Include information, logo and links in your newsletter
4. Download information from the website for distribution to patients and public in your clinic and in press releases

Keep yourself informed and help demonstrate that the chiropractic profession is poised to contribute to important aspects of public health.

Tobias Lauritsen
Baiju Khanchandani
ECU Public Health
Committee

Date	World Day	Website
4 Feb	Cancer Day (WHO)	www.worldcancerday.org/
14 Mar	Kidney Day	www.worldkidneyday.org/
7 Apr	Health Day (WHO)	www.who.int/world-health-day/en/
28 Apr	Safety and Health at Work (ILO)	www.ilo.org/safework/events/safeday/lang--en/index.htm
17 May	Hypertension Day	www.worldhypertensionleague.org/pages/whd.aspx
31 May	No Tobacco Day (WHO)	www.who.int/mediacentre/news/releases/2012/tobacco_20120530/en/index.html
Last Sun of May	Heart Day (WHO)	www.who.int/mediacentre/events/annual/world_heart_day/en/
12 Oct	Arthritis Day (BJD)	www.worldarthritisday.org/
16 Oct	Spine Day (BJD)	www.worldspineday.org/
20 Oct	Osteoporosis Day (BJD)	www.worldosteoporosisday.org/
14 Nov	Diabetes Day (UN)	http://www.idf.org/worlddiabetesday/

Research Chairman Tom to step down

CHAIRMAN OF the ECU's Research Council, Tom Michielsen, is to step down in 2013.

At the ECU General Council meeting in London, Dr Michielsen's work was honoured by the Executive Council, which presented him with a commemorative painting in recognition of his work.

Dr Michielsen, a practising chiropractor from Mol in Belgium has been ever-present at meetings of the General Council and has headed the Research Council for the past few years. The office is an important one; a proportion of every chiropractor's ECU fee is ring fenced for research, and the distribution of these funds supports research throughout Europe, resulting in high-quality research projects and published papers.

During his tenure as Research Council chairman,

Dr Michielsen has seen the ECU contribution to research rise steadily; during 2012 over €100,000 was allocated for research projects.

In paying tribute to Dr Michielsen, ECU President Øystein Ogre said: "Tom's contribution to the ECU has been enormous. Being from a chiropractic family, he has chiropractic running through his whole body and we are extremely grateful for the contribution that he has made to the development of ECU-sponsored research projects in Europe. His replacement will have a tough act to follow."

As *BACKspace* goes to print, the Executive Council will be carefully considering the applications for Dr Michielsen's replacement.

Read Tom's own reflections on his time in office on page 12.

ECU funds hi-tech education kit at WIoC clinic

THE ECU General Council has approved funding for the METI Learning Space, an exciting web-based video/ audio educational platform, to be set up within the outpatient clinic at the Welsh Institute of Chiropractic (WIoC). The METI system is capable of monitoring clinical activities, so providing a feedback and assessment tool to meet key competencies.

David Byfield, Head of Clinical School and WIoC, reports that so far, 18 treatment areas have been completely re-wired and the installation of the video and audio equipment was completed in January: "The next stage is to optimise

the benefits of the equipment by providing a full package of training and launching a series of pilot projects based around student clinician activities (case history taking, examination and treatment). There are a number of considerations in respect of consent and confidentiality but these are being carefully assessed in the context of WIoC being an educational institution.

"This innovative development will transform the educational experience for student clinicians and we are extremely grateful to ECU for making this project possible through its generous funding."

Chiropractic Research at the University of Zürich

Following the establishment of a Teaching and Research Chair in Chiropractic Medicine within the medical faculty at the University of Zürich in 2008, a ten-year research plan, extending from 2010 to 2020, is focusing on multidisciplinary research into neuromusculoskeletal (NMS) disorders relevant to society in general and chiropractic patients in particular. Professor B Kim Humphreys, DC, PhD, Head of Chiropractic at the university, reports.

Clinical outcomes research

OUR FIRST research projects were clinical outcome studies looking at patient improvement during chiropractic treatment for low back pain with and without leg pain and neck pain with and without arm pain. More than 2,500 patients took part in these studies, which enabled us to create a large database of clinical information at the beginning of patient care and clinical outcomes at 1-week, 1-, 3-, 6-, and 12 months after the start of chiropractic treatment. Five publications have so far resulted; the most important findings were that both acute and chronic back and neck pain patients improve clinically. If acute patients are going to improve they do so within 1-4 weeks. Chronic back and neck pain patients also improve, although at a slower rate (within 1-3 months). We found that radiculopathy either in the leg or the arm and dizziness in neck pain patients were not predictors of negative outcomes in patients undergoing chiropractic treatment. The large database will continue to be a valuable resource and in particular we will be looking at recovery and recurrences of back and neck pain patients at one year and 18 months.

This research gave us the opportunity to enhance our collaborations with the Departments of Radiology. Prof Dr Jurg Hodler, Head of Radiology, University Hospital and Prof Dr Christian Pfirmann, Head of Radiology, University Hospital Balgrist have been very supportive in terms of education, clinical practice and

research. One study on 3,900 patients, half from the chiropractic and half from the radiology patient databases, was recently published in BMC Musculoskeletal Disorders. Another, just accepted for publication in JMPT, compared patients with MRI-confirmed lumbar disc herniations treated either by spinal manipulative therapy or imaging-guided therapeutic lumbar nerve root blocks.

Costs related to back pain are a major concern for government, insurance companies and society in general as they continue to escalate without signs of significant improvement. We were grateful to receive funding last autumn from the EAC towards hiring Dr Taco Houweling as a Research Fellow to investigate costs and outcomes for back pain in chiropractic and medical practices in Switzerland.

We are very grateful for the support of ChiroSuisse and the chiropractors in Switzerland who enrolled patients for the outcome studies, and thanks go to Dr Cindy Peterson, the main organiser of this project, and to Professor Jennifer Bolton for her advice, support and expertise.

Novel brain imaging technologies

Our current understanding of chronic low back and neck pain is lacking and efforts in back pain research have thus far been disappointing. However, research investigating the complex interaction between the central nervous system and patients' clinical manifestations of pain,



physical and psychological disabilities seems much more promising, particularly using new technologies such as functional MRI (fMRI) and functional Near Infrared Spectroscopy (fNIRS).

As Chair of the Division of Chiropractic Medicine, I am pleased to have developed a dynamic group of young, talented and enthusiastic neuroscientists with experience in fMRI and pain research. Dr Sabina Hotz is a neuroscientist who has qualifications in physiotherapy and psychotherapy and Dr Michael Meier is a neuroscience/fMRI Postdoctoral Fellow in dental pain research. The group also includes two PhD students from Movement Sciences and Sports and has developed strong collaborations with neuroscientists, clinicians and technicians. As a result, we have open access to two research-dedicated 3 Tesla fMRI scanners and an experimental 7 Tesla fMRI scanner as well as fNIRS equipment, technicians and technological assistance.

The focus of our research will be the introduction of fNIRS and its application in sensorimotor

investigations such as pain for recording cortical activation patterns with chiropractic manual examination methods and treatments. The use of fNIRS will be accompanied by fMRI measurements to verify its results. Similarly, we aim to investigate the process of chronification in low back pain from various angles of neuroscience with the aim to find possible neurophysiological markers for its prevention. In this area the cortical representation of the back should be established as well as its reorganisation in low back pain patients over time. In addition, cognitive theories that may sustain chronic low back pain, such as fear avoidance behaviour, have gained increasing interest and will be a topic of investigation using neuroimaging techniques.



Research

We have now concluded our investigations on control participants and have started on acute and chronic back pain patients. We have been able to establish that our methodology and techniques are functional, valid and reliable for use in patient research. To our knowledge this is the first time any research group has been able to do this and puts us in an excellent position to become important contributors to neuroscience and back pain research in the future.

Back pain and children

Research suggests that the problem of back pain in adults probably begins with back pain in children. We have therefore formed a strong collaboration with the ETH Zürich, Department of Health Sciences and Technology (D-HEST) which began with my co-supervision of five of their Masters' students who did their research projects in our Division. In particular the ETH's

Dr Brigitte Wirth, PT, PhD has done a tremendous amount of work in developing this area. We are also grateful for the full support and collaboration of ChiroSuisse, particularly Dr Marco Vogelsang and Dr Gian Joerger. Each year ChiroSuisse promotes a 'Spine Day' when parents are encouraged to bring their children in for a free spinal assessment. Dr Wirth has worked hard to make this an evidence-based assessment using a questionnaire and physical examination tests as well as approval from many Cantonal Ethics Committees. This year data for approximately 1,000 children attending Spine Day has been entered into a research database and is undergoing analysis for future publications and Masters' projects.

Currently we have four Masters' students who are developing new clinical tests for proprioception, mobility and flexibility in children with and without back pain. We

plan to establish a PhD studentship to develop this important area in the near future.

Neck pain and dizziness

A project is under way to identify if chiropractic neck pain patients demonstrate vestibular dysfunction similar to that in patients who attend the neurology clinic. This involves collaboration with Drs Dominik Straumann and Konrad Weber from the Neurology Department at the University Hospital Zürich and the Interdisciplinary Group on Dizziness as well as Dr Sally Rosengren, a Research Fellow in vestibular disorders from Royal Victoria Hospital in Sydney, Australia. We are pleased that Dr Sharyn Eaton, DC, PhD from McQuarie University in Australia is also taking part. Modern technologies such as Vestibular Evoked Myogenic Potentials (VEMPs) testing will be undertaken.

The positioning of the chiropractic programme and the Chair within



the Faculty of Medicine at the University of Zürich has resulted in many amazing research opportunities and we have grown from one person in 2008 to more than eight who are currently involved in part-time chiropractic research. We have also attracted approximately 500,000 CHF in research grants from the ECU, the EAC, Balgrist hospital and private foundations. Our ultimate aim is to become an internationally-recognised centre for cutting-edge back pain research.

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Research

Tom steps down

Dr Tom Michielsen will step down from the Research Council at the ECU Convention 2013 in Barcelona. Here, he reflects on his time as chairman.



IN 2008, I took over the chairmanship of the ECU Research Council from Dr Jean Robert. This year, I have decided not to seek re-election and, at the General Council meeting in Barcelona, a new chairman will be appointed. An announcement will be made in the next issue of *BACKspace*.

Reflecting on my time with the Research Council, I recognise that many positive developments have increased support for research from European chiropractors:

- The Researchers' Day is now a well-attended annual event, which serves as a platform where young researchers can build a network and established researchers can exchange ideas and increase inter-institutional co-operation
- The annual budget of the Research Fund has been increased twice
- The fund has twice received additional support on top of the annual allocated sum
- One third of any profit made from the ECU convention is allocated to the Research Fund

- An adjustment to the ring-fenced portions of each per capita subscription raised the allocation of funding to the Research Fund
 - Unused funds can be carried over to be used in successive years
- As a consequence of these developments, ten large projects are now being supported by the Research Fund: four PhD projects and six post-doctoral projects. PhD students receive support that allows them to enter universities and increase the knowledge base through new research. This will increase the credibility of the profession on a global level.

In turn, post-doctoral projects help successful chiropractic researchers to establish their positions at universities, often in multi-disciplinary settings. At a time of global economic crisis, this proves critical where university budgets are in decline in every country.

Recognising the importance of research, several nations (France, Switzerland, United Kingdom, Norway, Sweden and the Netherlands) also significantly

increased their local support for education, research and development of researchers.

At the next General Council meeting and the Researchers' Day in Barcelona, politicians and researchers will be holding a joint session that will help each to understand the other's viewpoint and direct further support of research in Europe.

At the same time, Sidney Rubinstein will present a European research agenda. This is the result of a widespread consultation where every chiropractic researcher in Europe was contacted to provide feedback about future research priorities. These results were narrowed down to a consensus statement that is now being circulated in its last Delphi round.

My vision for the future of European chiropractic research includes:

- increased co-operation among different European research funds
- the acquisition of external sources of funding
- greater co-operation with other health care professions
- improving communication between researcher and clinician

- continuing efforts to convince chiropractors of the value of research

In the meantime, I'm delighted to report that all projects benefiting from Research Council funding are running smoothly.

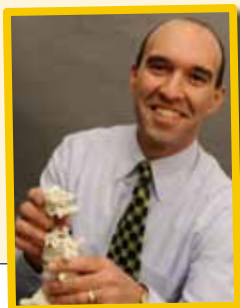
Finally, I would like to thank those people who ensured that my Research Council chairmanship was both rewarding and enjoyable, including Drs Philippe Druart and Øystein Ogre, the Executive Council, the ECU member nations, the EAC Academic Council including its Dean Dr Martin Wangler, the Public Health Committee, chaired by Dr Baiju Khanchandani, the past and present Members of the Research Council (Lise Hestbaek, Norbert Fraeyman, Alan Breen and past chairman Jean Robert) and last, but not least, the researchers for their continuing support, enthusiasm and commitment in helping research to become more important to our profession.

Tom Michielsen DC, MD, FEAC

ECU funds research post in Netherlands

THE ECU has agreed to provide €15,000 per year for five years to support a part-time research post at a prestigious university in the Netherlands.

The Netherlands Chiropractic Association (NCA) received ECU support to help fund the position at the VU University in Amsterdam, where well-known chiropractic researcher Dr Sidney Rubinstein



has been working since 2004. Cuts had threatened his position without this external funding.

In approaching the ECU to co-sponsor the post, the NCA explained the need to continue the valuable collaborative work that has been taking place for the past twenty years. This has led to chiropractic's involvement in guideline development and multidisciplinary research.

Dr Rubinstein graduated *magna cum laude* from Los Angeles Chiropractic College

in 1992 and went on to complete his PhD at the VU University, Amsterdam under the supervision of world-renowned spinal researcher, Professor Maurits van Tulder. He maintains a private practice whilst undertaking research as a registered epidemiologist in the Netherlands, contributing to Cochrane reviews and publishing widely across the globe. In addition his many tasks, he also serves on the Associate Editorial Board of the Cochrane Back Review Group.

Dr Rubinstein was delighted at the news of ECU financial

support: "This is excellent news for me personally and also for the chiropractic profession in Europe," he said. "I thank both the NCA and the ECU for their support and look forward to working more closely with the ECU in advancing the profession in the coming years."

Dr Rubinstein's funding will commence in April 2013. This latest allocation of funds reflects the ECU's commitment to research and follows the awarding of financial support for Professor Charlotte Leboeuf-Yde's work at IFEC.

Seminar organised by AIC Servizi SRL

ANNOUNCEMENT: CHANGE OF SPEAKER. DR. LINDSAY ROWE HAS WITHDRAWN FROM THE PLANNED SEMINAR IN ITALY DUE TO UN-FORSEEN CIRCUMSTANCES BEYOND HIS CONTROL. WE APOLOGISE FOR ANY INCONVENIENCE.

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Biography of Stephen P. Williams D.C., DICS, F.C.C. (paed), F.C.C. (cranio), F.B.C.A.

Dr Williams has practised SOT and had a significant interest in chiropractic paediatrics for the past twenty years. He has lectured extensively to chiropractic, medical and dental groups in United Kingdom, Australia, France, Switzerland, Greece, and the United States. He helped to develop and teach the MSc APD Chiropractic Paediatrics at the AECC and authored the book "Pregnancy and Paediatrics: A Chiropractic Approach". Steve presented for several years a 36 hour certification course at Logan Chiropractic College in the USA. He runs a family based practice in Southampton specialising in craniopathy.

Steve has a good understanding both of his subject and of effective teaching aids and techniques. He presents an astonishing amount of material in a very accessible format which is suitable for all types of learning styles, creating a relaxed atmosphere which is conducive to learning. He encourages questions throughout the sessions where clarification is needed.

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General news

IFEC volunteers support CAT team in Italy

STUDENTS AND clinicians from the Institut Franco-Européen de Chiropratique (IFEC) have supported the Chiropractic Action Team (CAT) in its ongoing humanitarian efforts.

Just three years after central Italy was struck by a devastating



New General Manager for IFEC

MARIO MILLAN officially took over from Charles Martin as the General Manager of IFEC on 1 September 2012.

The president of IFEC, Olivier Lanlo, reports that this change of leadership will bring about a partial reorganisation in relation to the decision-making process, the administrative organisation, and the general work culture: "To start this reorganisation, we held a general meeting in Porto, in which all staff participated. At the meeting, we determined the way we want to go, prioritised our actions and outlined the next five-year programme for the institute. Some new procedures are being instigated and, more generally, there will be a somewhat altered administration, to be able to cope with the increased numbers of students and staff members.

"We will, of course, maintain our particular 'IFEC spirit'!"

earthquake in L'Aquila, May 2012 saw a second earthquake, this time in the northern region of Emilia Romagna.

Towns and villages were left severely damaged by a series of tremors that struck the region, leaving nearly 30 people dead, and a state of emergency was declared. With organisations rushing to Emilia Romagna to take part in the rescue efforts, the Chiropractic Action Team was once again mobilised to assist the emergency aid workers. This time, they were assisted by student and clinician volunteers from France's chiropractic educational institute, IFEC.

Italy's National Fire Brigade and the Civil Protection were supported by the International Red Cross as they worked tirelessly until late autumn to assist the local population in rebuilding their communities.

Over the period of most acute need, four teams of five (four students accompanied by one clinician) travelled from IFEC to the disaster zone, providing chiropractic treatment to earthquake victims and support workers. Working six days a week, the IFEC teams from both the Toulouse and Paris campuses found themselves in the heart of an unfamiliar environment as they delivered well over 3000 chiropractic adjustments in makeshift clinics consisting of tents and chiropractic tables.

With a CAT 'chiropractic clinic' in a number of camps, the teams moved from one location to another, providing vital spine care and support to the aid workers. Fire-fighters were especially appreciative, with queues forming as soon as the chiropractic teams arrived.

News of the chiropractors' humanitarian actions spread quickly, and the media jumped on the story; national and local news

agencies reported on the work being undertaken and two interviews were conducted with the chiropractic volunteers. The importance of the partnership between CAT and the Red Cross was highlighted, as was chiropractic's role in humanitarian efforts.

CAT's Jennifer Lovern was highly impressed with the commitment shown by the IFEC teams: "This was a fantastic effort by everyone at IFEC to get their people to the earthquake zone," she said. "For students and clinicians to give up their summer vacations to come to Italy and endure harsh conditions as volunteers is truly humbling."

Chiropractors were on hand to provide relief to rescuers working in the midst of the devastation and in the exhausting heat of the Italian summer. From daybreak until after midnight, these intrepid volunteers showed how chiropractic is a vital part of any disaster aid effort.

For the IFEC students, this was a life-changing experience. Mentored by experienced chiropractors from both France and Spain, their work at Emilia Romagna was unforgettable and was a valuable exposure to the varied environments in which chiropractic can be delivered.



The CAT Executive Board would like to thank its sponsors and partners who have made a tremendous impact on the success of the Earthquake Relief Project 2012. For their practical and financial support, CAT would especially like to recognise:

- Association of Italian Chiropractors
- European Chiropractors' Union
- Riannydd Haslock and all at the AECC Student Union
- Dr Eric Russell, President of the New Zealand Chiropractic College
- New Zealand Chiropractic Students' Association
- Dr Fabrizio Mancini, past-President of Parker University
- All participating ECU chiropractors donated their time, shared their practice wisdom, and made a significant difference to people's lives in the earthquake zone.

To help it to continue its work, CAT is asking all European chiropractors to consider giving practical or financial support to this 100% volunteer charitable organisation. Donating your money or time is easy: just visit www.chiroaction.org and get involved today!



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General news

New chair for AECC Board

ADRIAN WILD has been appointed as the new Chair of the Board of Governors at the Anglo European College of Chiropractic (AECC).

Adrian is a chartered accountant and works for Smith & Williamson, one of the larger national firms of accountants in the UK, and has been a Governor at the AECC since 2006.

Haymo Thiel, Dean of AECC expressed the college's thanks to Sean Hilton, from whom Adrian takes over, for his dedication and leadership during his time as Chair.



Odense conference success

WHY IS it that people get better after that 'crack'? Three aspects of 'what happens' were dealt with in a conference hosted by the Danish Chiropractors' Association and the Nordic Institute for Chiropractic and Clinical Biomechanics (NIKKB), in Odense, Denmark recently.

The conference involved many parallel sessions that participants could choose from. *Neurological mechanisms – what happens during the spinal manipulation?* was the most popular one.

Three researchers explained the basic neurological mechanisms surrounding local pain relief, supra-spinal pain relief, and other reactions than the purely spinal dysfunction improvements that chiropractors are most known to achieve.

Brian Budgell, PhD from the Canadian Memorial Chiropractic

College, and a well known researcher into the autonomic nervous system, shared his vast knowledge in this area. Mario Millan, PhD student at Université Paris Sud in collaboration with the University of Southern Denmark, dealt with the immediate, mainly local, pain reducing effects that spinal manipulation has been shown to have. Mr Millan, who has experience in many fields, including medicine and acupuncture, recently stepped into the position of general director at the Institut Franco-Européen de Chiropratique (IFEC). Soeren O'Neill is the Lead Chiropractor at the Spine Center in Middelfart (part of the chiropractic course in Denmark) and is at the same time finalising his PhD work at Aalborg University, with a special interest in the supraspinal mechanisms of pain in chronic low back pain. The session had been conceived, organised and chaired by Professor Charlotte Leboeuf-Yde, who is also

the Research Director at IFEC. This was, therefore, an example of the increasing collaboration between different research teams and chiropractic institutions in Denmark, France and Canada.

It was also an example of how research findings need no more be seen as a limitation to chiropractic practice but should be considered windows to the future.

RCU appoints Carlos Gevers

THE PRESIDENT of the Spanish chiropractors' association (AEQ), Dr Carlos Gevers, has been appointed as the new clinic director at Real Centro Universitario (RCU), supported by the appointment of a sub-director, Dr Joao Paulo Lovatel.

In addition, new initiatives for 2013 at the Madrid university include the development of its postgraduate studies, collaborating with local institutions in the design and implementation of research studies. Aligned with this, it will also be renewing the IT infrastructure and investing in new technologies that will allow fast data streaming and distance learning access. The addition of 'smart boards' to teaching areas will further enhance the educational experience of students and widen the scope for innovative learning methods.

Finally, the expansion of its ChiroGlobal International Student Exchange Programme will develop the learning experience and broaden knowledge within the student body.

Cyprus celebrates statutory regulation

THE CYPRUS Chiropractic Association has announced that the profession in Cyprus is now fully regulated following an amendment to the Basic Chiropractic Law that was passed in 1991. The new legislation means that patients in Cyprus are safeguarded and the title chiropractor is protected. With the establishing of a new Chiropractic Register, only those registered can legally practise.

This historic development follows years of lobbying and detailed consultation with the Ministry of Health. The amendment, which came into Cyprus law on 28 October 2012, means that a Chiropractic Regulatory Council will now be established, to consist of three registered chiropractors and two Government representatives.

This has necessitated the setting up of a Treasury and Disciplinary Board and the appointment of a Registrar, Mrs Despo Olympiou. All registered chiropractors must speak one of the official languages of the republic of Cyprus (Greek or Turkish).

Recently re-elected President of the Cyprus Chiropractic Association, Dr Efstathios (Stathis) Papadopoulos, was understandably delighted at the introduction of a formal regulatory structure for chiropractors working in Cyprus: "This is a major achievement for the profession, and it gives me immense personal satisfaction to see the completion of this great project which we started 28 years ago," he said.

The strength of the Cyprus Chiropractic Association has been

cemented by the requirement that all registered chiropractors are members of the national association.



Cyprus Chiropractic Association (CyCA) delegation outside the Cyprus Parliament after its last meeting with the health committee of parliament. Left to right: Phylactis Ierides (CyCA vice-president), Stathis Papadopoulos (CyCA President), Pambos Kammass (Director, Cyprus Standards office)

General news

WIoC joins local project

THE WELSH Institute of Chiropractic has announced that it will be providing chiropractic sessions as part of an enhanced chronic pain/musculoskeletal service with the Cwm Taf Health Board.

Arising out of the Institute's hospital placement programme and its collaboration with the Welsh Pain Society, this pilot project will involve the provision of both chiropractic and osteopathic sessions to which patients will be referred from the MSK Triage team. The project has already attracted interest on a national level.

Head of WIoC David Byfield commented: "Not only is the project helpful in terms of interdisciplinary teamwork, but it also stands to provide important exposure to the chiropractic profession as part of mainstream MSK health care delivery."

AECC clinic qualifies for AQP

THE ANGLO European College of Chiropractic has announced that its Southampton Chiropractic Clinic is now part of the UK National Health Service 'Any Qualified Provider' (AQP) scheme, which enables patients to have more choice about what type of treatment they receive under the NHS.

The clinic has qualified under the scheme to provide services for back and neck pain on behalf of the NHS in Southampton, Hampshire and Portsmouth.

Netherlands campaigns against VAT

THE PROPOSED imposition of Value Added Tax (VAT) on chiropractic fees by the Netherlands authorities is being vigorously opposed by Dutch chiropractors and their patients.

Over just four weeks, a campaign led by the Netherlands Chiropractic Association (NCA) resulted in a petition containing nearly 19,000 signatures of those people against the potential 21% hike in treatment fees. Antsje Boersma, manager of the NCA secretariat, and Esther Blaauw, long-time chiropractic patient and avid supporter of the profession, handed the petition to four members of the Netherlands parliament.

At the centre of the controversial move by the Dutch government



to impose VAT on chiropractic fees, which commenced in January 2013, is the fact that physiotherapists and other comparable professions in the Netherlands will not be included.

NCA President Vivian Kil

said: "This move penalises both chiropractors and their patients. We will continue to fight the government on this issue, which we see as a grossly unfair tax on a recognised and important form of health care for Dutch citizens."

The NCA's petition follows a similar petition containing 42,000 signatures in support of CAM practitioners, acupuncturists and members of Artrosezorg, a national association for sufferers of arthritis.

Along with other organisations, the chiropractic protesters expressed their disappointment to politicians and promised to continue their campaign. Further protests are planned for later in 2013 when the government will revisit its decision.

UK College of Chiropractors awarded Royal Charter

IN WHAT has been hailed as the biggest achievement for the chiropractic profession since the passing of the Chiropractors' Act, the UK College of Chiropractors has been granted a Royal Charter.

At a meeting of the Privy Council in November last year, Her Majesty Queen Elizabeth formally approved the granting of the Charter, the first to be granted to a health care organisation in the UK outside mainstream medicine.

The College of Chiropractors is an academic, professional membership body, established along the lines of the medical Royal Colleges. Since it was formed in 1999 it has sought to ensure that the public interest is best served by ensuring that quality, safety and excellence are at the forefront of chiropractic practice.

In the UK, chiropractic is regulated by statute and although chiropractors provide their services largely within the private sector, National Health Service funding for chiropractic treatment is now emerging region by region under the Department of Health's new commissioning arrangements.

Rarely granted, a Royal Charter signals permanence and stability. In the case of the College of Chiropractors, it is a clear indication to others of the leadership, value and innovative approach the College brings to the development of the chiropractic profession.

The Royal Charter essentially formalises the College's position as a unique, apolitical, consultative body, recognising its role in promoting high practice standards and certifying quality and thus

securing public confidence.

Tim Jay, a BCA member and President of the College, said: "The College of Chiropractors' Royal Charter emphasises to the public and other health bodies that chiropractic is a health care profession with parity in the field of musculoskeletal health, providing a viable and recognised option for patients."

BCA President Richard Brown congratulated the College of Chiropractors on its historic achievement: "I'm truly delighted for the College," he said. "This is the product of many years of hard work and persistence, not only from Tim, who has spearheaded the campaign for the Charter, but also Dr Rob Finch, whose role as Chief Executive has been instrumental in developing the status of the College."

Accrediting across continents: ECCE reports on global activity in 2012

ECCE president **Tim Raven** has overseen one of the ECCE's busiest periods during 2012. Here, he reports on its activities and celebrates a successful year.

FOLLOWING THE successful re-evaluation of AECC in February 2012, as reported in the last issue of *BACKspace*, ECCE sent evaluation teams to a further three institutions during 2012.

South Africa

In September, a Team was sent to Durban, South Africa for the first re-accreditation evaluation for the programme at the Durban University of Technology (DUT). ECCE is pleased to announce that the Department of Chiropractic at DUT has been re-accredited for a period of four years.

Spain

Real Centro Universitario Escorial-Maria Cristina (RCU) welcomed its first Evaluation Team in the second half of October. Despite the very tight timeframe, the report was completed in time to be reviewed at the final meeting of the Commission on Accreditation (CoA) in Brussels where RCU was granted accredited status for the maximum three years and becomes the first institution in Spain to be accredited by ECCE.

France

The final evaluation for 2012 occurred in December and took



place at the IFEC Toulouse campus. This was the first evaluation for full accreditation of the second French chiropractic programme and the result will be decided at the next meeting of CoA. For the first time, students were full members of all evaluation teams in 2012. This is a milestone for chiropractic education accreditation throughout the world. Not surprisingly, the students brought a valuable perspective to each of the teams.

Denmark

In February 2013, the programme at the University of Southern Denmark, Odense will host a team for a re-accreditation evaluation visit. Such a hectic programme of evaluation requires organisation and hard work. I would like to recognise the efforts of evaluation team members, chairs and in particular, the untiring work of

the evaluation secretary, David Burtenshaw.

Annual General Meeting

The ECCE AGM took place in Brussels on 29 November and 1 December 2012 and representatives from ten countries attended. The Council comprises educators, chiropractors and non-chiropractors and decides and approves ECCE's work. The agenda this year included an informative presentation from Nathalie Lugano, project manager with the European Association for Quality Assurance in Higher Education (ENQA), on the role and activities of this organisation. The ECCE currently accredits seven institutions in five countries.

ECCE at the WFC Education Conference

In September, Murdoch University hosted the World Federation of Chiropractic/Association of Chiropractic Colleges' Education Conference in Perth, Australia.

I was a member of the organising committee for the event, which featured many European chiropractors and educationalists. The subject of the conference – *Translating Evidence*

into Practice – looked at the role of evidence-based learning and practice. I was honoured to deliver a presentation entitled *Accreditation Criteria in Europe and the Evidence Supporting Them*. The conference, hailed as a great success, was felt by delegates to have had real value to practitioners and educationalists alike.

ENQA

ECCE continues to be an active member of ENQA by participating in workshops, seminars and conferences. ECCE has a unique role in the field of European higher education, accrediting a single discipline and professional education in five countries and as such has a particular insight into the challenges of international accreditation.

In a recent letter from the ENQA Board, the ECCE was commended on the steps it has taken to develop and improve its procedures and processes since the successful membership application in 2010.

I would like to thank all who have contributed to ECCE in 2012 and look forward to continued co-operation in meeting the challenges and opportunities facing chiropractic education in Europe in the coming years.

ECCE accreditation for RCU

REAL CENTRO Universitario (RCU) Maria Christina in Madrid has announced that it has been fully accredited by the European Council on Chiropractic Education (ECCE).

This is a significant milestone and Dr Ricardo Fujikawa, the

head of school, is understandably delighted: "Being the first educational institution in Spain to be ECCE-accredited makes us very proud. This is the product of a huge amount of work by the staff and faculty here in El Escorial and helps to cement our

reputation as a provider of high quality chiropractic education."

As a reflection of that quality, all 28 graduates of the class of 2012 have secured employment across Europe, and RCU chiropractors are now practising in Spain, Italy and Estonia.



General news

Stronger facilities for BCC

THE BARCELONA College of Chiropractic (BCC) has strengthened its facilities and faculty as it heads into a new year. It has opened a new 575m² clinic in the centre of the city, overseen by Clinic Director Dr Rod Pendarvis, who is currently enrolled in a programme of study that leads to a Masters degree in Medical Education at the UK's University of Dundee.

With the goal of achieving excellence in all areas of the BCC's programme, the administrative and teaching staff spent January working with Professor Bernard Moxham, Head of Teaching at the Cardiff School of Biosciences, President of the European Federation for Experimental Morphology and President of the International Federation of Associations of Anatomists.

In addition, the BCC has welcomed an additional faculty member. Dr Pablo Martinez, a 2003 Life University graduate who presently serves as the Secretary of the Federation of Latin American Chiropractic (FLAQ), is a Spanish national who has spent the last eight years practising in Venezuela. Fluent in both Spanish and English, Dr Martinez is currently enrolled on a Master in Neuroscience programme.

The College reports that its relationship with the University Pompeu Fabra (UPF) is continuing to flourish. In 2012, an agreement was reached that has resulted in UPF co-teaching on the programme and awarding BCC students a Master en Quiropractica. The Times Higher Education World University rankings to rate UPF highly, with a place in the top 250 universities globally.

McTimoney College Masters

THE FULL-TIME Masters in Chiropractic programme, introduced at the McTimoney College of Chiropractic (MCC) in 2009, has recently had a change of validator, from the University of Wales to BPP University College, which is one of the largest private universities in the UK. The significance of this move is that, as part of BPPUC's new School of Health, students can gain access to higher education funding for their studies, the College is now included in the standard UK admissions service (UCAS), and chiropractic is seen as included within a wider health care context.

Christina Cunliffe, Principal of the MCC, explains: "Recent investment by BPPUC has consolidated this new relationship by doubling the teaching space and, with a wholesale upgrade to the latest technology throughout the College, has placed the new campus at the cutting edge of electronic information delivery. The student teaching clinic already has state-of-the-art recording and monitoring equipment, but one advantage of the new upgrade means that lectures and seminars can now be recorded and uploaded on the virtual learning environment for future consolidation of lessons by students.

"Future developments will continue to explore the exciting possibilities for student learning through improved electronic delivery of chiropractic curricula. This opens up the potential for sharing of resources between the accredited institutions which would have the advantage of promulgating good practice, and could, for example, allow students across Europe to view virtual lectures by some of the great tutors we all have in our academic institutions."

The MCC's full-time Masters in Chiropractic provides a standard route to registration with a classic September start and weekday delivery. Nearly 70 students are currently enrolled.

ECU grants funding to CPFE

THE ECU General Council has granted €5000 to the Chiropractic Patient Federation Europe (formerly Pro Chiropractic Europe).

The CPFE is an umbrella organisation of chiropractic patient associations in Europe. While they exist and are successful in some countries, such as Switzerland, United

Kingdom and Denmark, patient associations do not exist in others.

CPFE is committed to supporting drives for legislation in countries that do not currently regulate chiropractic. Recognising the value of patient organisations, ECU Secretary Richard Brown said: "Chiropractors and their national associations cannot expect to be successful in

achieving legislation without patient organisations. Politicians want to hear the views of patients and understand the needs of the communities they serve."

CPFE President, Ann Liss Taarup will be attending the ECU Convention in Barcelona where she will meet with chiropractic leaders and further explain the role of the CPFE in Europe.

Liechtenstein chiropractic law approved

THE SMALLEST nation in the ECU has gained legislation to regulate chiropractors.

The Principality of Liechtenstein is a tiny country covering 62 square kilometres and with a population of just 35,000.

Despite the diminutive size of its national association, the Liechtenstein Chiropractic Association has worked for many years to obtain parity with its Swiss neighbour. By maintaining regular contact and lobbying the Liechtenstein government and health ministry, LCA President Dr

Chris Mikus recently announced that the association had been successful in raising the requirements for chiropractic licensure.

The Liechtenstein government has now given its final approval to the law. In future, chiropractors seeking licensure in Liechtenstein will be held to identical high standards as those in Switzerland.

Commenting on its success, Dr Mikus said, "This has been a goal that our association has been



pursuing for some time. It will ensure that high standards are set that will both protect patients and maintain the reputation of our profession."

Gian Joerger, the President of Chirouisse, the Swiss Chiropractors' Association congratulated the LCA. In a message to Dr Mikus he expressed his delight that the LCA had sought and attained strong legislation that will further protect the profession in central Europe.

General news

Norway represented at BJD Conference

JAKOB LOTHE, leader of Norway's Bone and Joint Decade (BJD) Task Force since 2009, travelled to Vietnam in November to represent Norway at the BJD World Network Conference. The BJD has representation from the major health professions, medical specialities and patient advocacy organisations in the

musculoskeletal field. Dr Lothe's presentation introduced BJD National Action Network Norway (MST), which consists of 11 non-commercial members (health professionals and patient organisations, and the Norwegian Directorate of Health), explaining that its main focus has so far been to advocate increased research on prevention

and treatment, as well as public awareness of musculoskeletal disease.

MST hosts an annual conference in co-operation with the Norwegian Directorate of Health aimed at scientists, health professionals, health officials and the general public. Recently a state-sponsored national musculoskeletal research forum (MUSS) was launched in Norway after MST took the first steps to initiate this nationwide co-ordinated effort.

In addition, it has initiated and financed an updated report on the cost and burden of musculoskeletal disease in Norway, to be published in April, that is expected to generate much attention from the Norwegian media, as well among Norwegian politicians.

Strategically, MST is advocating a coherent use of an acronym (MUSSP) for various musculoskeletal diseases, based on the BJD definition. This is in order to establish a common



understanding among both health professionals and policymakers in the field of musculoskeletal diseases using a defined and distinct health disorder category. It is hoped that this will increase the public awareness of, and the political focus on, the actual scope of the problem area, and thereby the need for a reinforced effort towards battling musculoskeletal related problems in Norway.

For more information, see www.mst.no.

Professor Pete makes inaugural speech at Glamorgan

PROFESSOR PETER McCarthy has been awarded a professorial chair at the University of Glamorgan.

In his inaugural professorial speech made at the University on 15 January, 2013, Dr McCarthy described his entry into the world of science and reflected on over 20 years associated with the chiropractic profession.

"I have always been interested in how things work, so entering the sciences was an obvious choice: the need for machines with flashing lights and those that went 'ping' came later.

"My research career (I did not realise that was what this was at the time) was apparently doing well until I started to look for a full-time lectureship. It was then that I was told that working outside of the mainstream university structure would seriously hamper my future career: a message I had to take seriously as the person who told me this went on to become head of physiology and emeritus professor at Cambridge!

"However, as always, I ignored this advice and found the AECC and later the WIoC perfect playgrounds which directed me



to questions of greater human and clinical relevance. These questions have at all times required me to use or develop technology; from simple electrical studies, through biomechanics of movement to the more complex sensor-orientated approaches my collaborators are currently working with. The benefits are that I can apply myself and the technology to a range of questions rather than being locked in a single area."

With characteristic humour, Professor McCarthy highlighted one key advantage of his new post: "The outcome of being a professor? I am occasionally allowed to play with or develop toys and call it research!"

The ECU congratulates Professor McCarthy on his appointment and recognises his contribution to the chiropractic profession in Europe.

New WIoC research assistant

NEW WELSH Institute of Chiropractic (WIoC) graduate Bianca Zietsman has just taken up a research assistantship at the Institute to work on aspects of neck injury in international elite sport.

Bianca, who graduated in 2012, began her journey 14 years ago when she stepped onto a playing field and passed a rugby ball. From that day, she was hooked on touch rugby and, latterly, touch football.

As a result of these sports and the injuries she both witnessed and sustained, Bianca decided on a career in chiropractic. Her final year dissertation, studying elite female rugby union and touch rugby players, allowed

her to develop her interest.

Funding to continue this work was obtained by Professor Peter McCarthy and, as a consequence, Bianca is now in the process of writing up the data gathered in her research with the prospect of publication, as there appears to be little if any previous research in this area of international female sport.

This year will also see similar data gathering in the area of elite male ice hockey players and swimmers. To complete the rugby data 'set', further research will also focus on rugby league and sevens players.



Feature

Global alliance for MSK health

The Bone and Joint Decade (BJD), the only organisation that brings together stakeholders considering all musculoskeletal conditions, calls for urgent action to 'keep people moving'.

MUSCULOSKELETAL CONDITIONS are the second greatest cause of disability globally, according to a report by international experts published in *The Lancet* on 15 December, 2012.

In the first comprehensive study of the worldwide impact of all diseases and risk factors, musculoskeletal (MSK) conditions such as arthritis and back pain were found to affect over 1.7 billion people worldwide and have the fourth greatest impact on the overall health of the world population.

This burden has increased by 45% over the last 20 years and, the BJD states, will continue to do so unless action is taken. This landmark study of the global burden of all diseases provides indisputable evidence that musculoskeletal conditions are an enormous and emerging problem in all parts of the world and need to be given the same priority for policy and resources as other major conditions like cancer, mental health and cardiovascular disease.

Professor Anthony Woolf, from the Royal Cornwall Hospital, Truro, UK and Chair of the Bone and Joint Decade (BJD) International Co-ordinating Council, said: "Across the world, health policy has ignored diseases which affect the quality of lives and independence of people living with them and has focused on those with high mortality, such as infectious diseases, and more recently on heart disease and cancer.

"Now it is time for priority to be given to dealing with the enormous burden of arthritis, back pain and other musculoskeletal conditions to prevent unnecessary pain and disability. Despite there being effective ways of preventing and treating these conditions, many people do not have access to them because they are not considered a priority. This data justifies what the BJD has been campaigning for over the past ten years."

This call is echoed by Professor Christopher Murray and the authors of the study who say that health systems will need to address the needs of the rising numbers of individuals with a range of conditions that largely cause disability, not mortality.

The *Global Burden of Disease 2010 Project* is led by Professor Murray, Institute for Health Metrics and Evaluation, Seattle, and the World Health Organisation and involves researchers from around the world.

Leader of the MSK Expert Group, Lyn March, University of Sydney, Australia said: "This data provides the clearest evidence to date of the huge and increasing burden on global health from musculoskeletal conditions. It shows that lower back pain is the leading cause of disability and osteoarthritis is one of the fastest growing conditions. We need clear action to reverse this situation and to keep people moving and living without pain and disability."

Neil Betteridge, a patient advocate, Vice President of the European League against Rheumatism (EULAR), representing People with Arthritis and Rheumatism in Europe (PARE), and Policy Lead at the British Society for Rheumatology said: "The finding that musculoskeletal conditions are the second greatest cause of disability globally should drive policy changes for the millions of people living with these painful and disabling problems. Despite the huge personal, social and economic impact of rheumatic and musculoskeletal conditions, policymakers have not prioritised them. This is now set to change."

Professor Woolf added: "Since its launch in 2000, the Bone and Joint Decade has done much to change priorities by identifying the effect these conditions have on people and on society. Now we need actions by policy makers to prioritise preventing and treating these conditions to avoid people having unnecessary disability and pain."

The ECU welcomes this data which shows the enormous and growing effect of these painful disabling conditions on people in Europe and echoes the call for urgent action: "We need to ensure people have access to effective musculoskeletal services," said ECU President Øystein Ogre.

The Bone and Joint Decade is calling for urgent action by the World Health Organisation, the United Nations, and by national governments and for explicit plans to respond to the Global Burden of Disease 2010 data.





Chiropractic helps to power Red Bull to further F1 success

Chiropractor Paul Cheung speaks to Richard Brown on another amazing Formula One season with Red Bull.

WORKING AS a chiropractor in sport is rarely as glamorous as one might think. Unsociable hours, tough work with demanding individuals and little or nothing in the way of remuneration is the norm for most. Yet one BCA member has what must surely rank as one of the most coveted roles on the planet – to be the chiropractor to the Formula One championship winning team, Red Bull.

Paul Cheung has just completed another season and, just as he thought things could not get any better with Sebastian Vettel winning both the 2010 and 2011 Driver's Championships, he repeated the feat in 2012. So how was it this season, being Red Bull's globetrotting team chiropractor?

"After five years with Red Bull, the buzz of being involved is still intoxicating," says Paul. "Even with the mediocre start we made to this season, there was still tremendous belief that was shared by all of us."

Wins for the team led to numerous showers of champagne but behind the victories were hours of meticulous preparation. Paul sees his role as team chiropractor as being a precision human technician. With a detailed focus on human performance, his role in working with the drivers was to ensure that biomechanical function was optimised to match the mental and cardiovascular attributes of some of sport's finest athletes.

There are many memories that will stay with him from the 2012 season. Among these was the opportunity to introduce his elderly Chinese relatives to F1 champion Sebastian Vettel.

"They were in awe of meeting a World Champion and were quite bewildered to find themselves in the midst of an autograph-hunting mêlée," laughs Paul.

This year there was a further link to chiropractic as the girlfriend of Antonio da Costa, one of the young Red Bull drivers, is a first year student at AECC. Following an impressive performance in Abu Dhabi, da Costa succeeded in obtaining his

Super Licence to drive an F1 car, and, says Paul, is a driver to watch for the future.

Paul is conscious that his own personal performance needs to be championship-winning. Recognising that everyone has to be at the top of their game, he is constantly assessing and reassessing the human performance factors that can mean the difference between triumph and despair.

"I am very aware of the skills that my chiropractic training has given me," says Paul. "We have a very distinct way of working with athletes and I think this brings a unique perspective to the medical care within the team."

"Both within the F1 environment and at the Olympic Games in 2012, I've been reminded how chiropractic contributes a specialist skill set that perfectly complements other MSK health providers.

Having a diverse skill set also helps Paul to deliver world class treatment to Red Bull's champion drivers.

"My time at AECC gave me an excellent start to my career. As well as the International Chiropractic Sports Science Diploma, I've done courses in Applied Kinesiology, Kinesiotaping, myofascial techniques and a load of other CPD relevant to sports injury. As chiropractors, I think we all have so much to offer to elite sport.

So what is the lasting memory of 2012?

"Hearing the team principal, Christian Horner, telling Sebastian on the team radio that he was World Champion, was incredible. It was exhilarating, emotional, and almost unbelievable that history was in the making. All the stress, hard work, long hours, long flights and jet lag, simply disappeared in the champagne, the congratulatory hugs and handshakes and the never-ending camera flashes."

Paul's F1 season starts in Australia on 17 March. In the meantime, he is back in the UK working in his Harrogate practice with associate Giles Muller and other members of his clinic team.

Feature

Thoughts about clinical practice

Karl Devriese details some personal thoughts on the clinical decision making process, the report of findings, formulating the diagnosis and defusing erroneous preconceptions about manipulation in a preventive manner.

Anamnesis, ask about LOC₂₄QSMAT

HAVING OBSERVED numerous colleagues in exam situations in Belgium and the Netherlands over the years, it has been reassuring to witness an undeniable tendency for most chiropractors to start agreeing upon the minimal requirements and some elementary standard procedures in our chiropractic clinical encounters. This is the first and one of the most important key requirements for us to maintain our position in the ranks of primary health care management, keeping in mind that only what is documented in the record counts.

Examination: collecting the information without jumping to conclusions

Trusting the perceived outcome of a test and just taking note of the result, negative or positive is important. What you see is what it is, at that particular moment in time and circumstance and no immediate explanation for each sign or symptom is needed, nor is it at all times possible.

Trying not to jump to a conclusion based on one indication goes for the experienced as well as the new chiropractor. Thinking out loud and reporting the results briefly at all times is reassuring for the patient (and the examiners), but it is still necessary to slow down for a report of findings, while sitting down with the patient after the full examination and before proposing to start a treatment or to advise a referral if deemed necessary.

Keeping a record of the negative findings in written form is generally more easily forgotten and leaves one in doubt, at a later stage, as to whether the test was performed at all. The red and yellow flags can also be easily overlooked in written files. In electronic medical record keeping, elegant solutions do exist and are an added value.

The specific chiropractic examination and finding indications for treatment

Different chiropractic techniques come with their own specific examination procedures. A general rule is that in our chiropractic examination we start collecting our indications for treatment. We have to have our indications, no matter what our approach may be.

Let's talk about manipulation and the minimal requirements to justify one. This precise, fast stretch movement, implemented at high speed with a small amplitude by means of a short lever, is usually directed, as precisely as possible, at a motion unit where joint and muscle dysfunction can be demonstrated by means of different palpation techniques and keen observation; frequently associated with a lowered pain threshold for the patient. No matter what other signs and symptoms the dysfunction may or may not be associated with, complicated by or caused by, this is what we are ultimately looking for. The level, the side, the direction and the treatment dose will depend on all the other parameters obtained from the history and the examination. However complex our diagnosis and treatment may be, it often boils down to a mechanical intervention at some point. That's what we do and what we control to some extent and that's where our control ends, about 300 milliseconds later.

Generally speaking, it is not our intention to change the anatomical structural integrity with the exception of breaking up adhesions occurring

well within the physiological and biomechanical boundaries. In fact, we choose to treat well within those boundaries and it's comforting for the patients to have that explained to them over and over again: "I'm not changing anything in your anatomical structures; I'm just changing local flexibility and associated muscle hypertension".

The restoration of this functional potential and the biomechanical properties may over time result in the more lasting changes we try to achieve for the patient, mainly by means of neuro-physiological processes depending on it. This is a proposition of a careful approach we may well have to follow in order to stop confusing everyone including ourselves. We treat the dysfunction that is occasionally associated with, or the cause of, or the consequence of, hernias, vertigo, arthropathy, headaches ... and so on. I believe that's an important nuance to be highlighted.

Defusing erroneous beliefs

We will always have to cope with the instinctive aversion some people, and many primary health care practitioners, have to the cracking sound often associated with manipulation. Many people reflexively correlate this sound with damage or at least a potential for damage over time, on a purely emotional basis. The cracking sound is very similar to the sound of a breaking bone.

Here's a proposal for defusing this misconception. A physiatrist referring many patients to me gave me this idea by saying to them that a chiropractor doesn't 'crack' his patients. Being confronted with a patient asking about this beforehand, it becomes a bit tricky. It led me to make this fine distinction: "I will not crack you, I will perform a very safe fast stretch that happens to be accompanied by a cracking sound".

Throughout the explanation I make sure to stress the fact that nothing changes in their anatomical integrity. Joints generally don't get stuck, blocked or fixated unless the patient presents in a fixed antalgic position, which I find to be relatively exceptional. Explaining about localised joint and ligamentous stiffness and increased resistance to stretch associated with muscle spasm gives you the opportunity to clarify why this manoeuvre may need to be repeated over a period of four to six weeks on a more intensive basis. The logic is that if you unblock joints, you wouldn't have to repeat it over time, whereas it sounds completely acceptable that stretching tissue takes a bit of time as well as the adaptation of the according reflexes.

Many people believe the chiropractor balances on a rope on the verge of either creating tissue damage or providing instant relief. Spreading erroneous biomechanical concepts feeds fear and misconception. The direction, as well as the magnitude of the induced force of a proper manipulation should be well within the boundaries of what the tissue can take in the hands of a well trained professional. The high speed at which a manipulation is performed increases the safety but it is often confused with high force and this also should be addressed.

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Making the most of it

The first chiropractor at WHO

The World Health Organisation (WHO) is the health arm of the United Nations. BCA member Molly Meri Robinson-Nicol is the first chiropractor ever to have joined the WHO in Geneva as a full time member of staff. Richard Brown spoke to her.

SEEING MOLLY Meri Robinson-Nicol in action is quite an experience. When I saw her lecture at an ECU Conference, such was the velocity of her delivery I felt that I had just been caught in the middle of a ferocious tornado of knowledge. Newly-arrived in Europe, this young Northwestern graduate was telling us exactly what she was going to be doing at the WHO in Geneva. We were all immensely proud that a chiropractor would be working there as an intern – little did we know at that stage that Molly would go from strength to strength and become widely respected within such a prestigious global organisation.

Molly Meri's journey into health care stemmed from a strong desire nurtured over many years: "From a very early age, I was convinced that I was meant to go into health care, even if I wasn't exactly sure which option was my favourite."

"Having been an athlete from that early age, I wanted to combine my experiences and passion to work with athletes and improve performance. I grew up with orthopaedic surgeons and physical therapists, and it was not until I was 17 that I first saw a chiropractor."

Molly Meri grew up in Northfield, a small town in Southern Minnesota. Her teacher parents were in the first generation of their respective families to go to college and education was revered in the Robinson household. She recalls a three week trip where, because of space restrictions, she was only allowed to take one book: she chose a 2000-page college literature anthology!

In addition to her love of books, Molly Meri was incredibly active

and loved playing sports. She started gymnastics when just a toddler, progressing to volleyball and fastpitch softball. In Geneva, she continues to play volleyball with the Geneva Volleyball Club, and fastpitch softball with the Geneva Jets: "I was honoured to represent Switzerland with the Lucerne Eagles team last August at the European Softball Federation's National B League Championships in Ostrava, Czech Republic, where we took bronze."

She graduated from Northwestern Health Sciences

"Working in Geneva is definitely a unique experience. It is incredibly stressful and demanding, but also unbelievably rewarding"

University with her Doctor of Chiropractic degree in 2007: "The nearly limitless support that I got made that institution the best experience I could have asked for."

WHO internship

It was at the WCCS annual conference in 2007 in Johannesburg that Molly Meri became aware of the internship programme at WHO, and she submitted what became a successful application.

"I was already passionately committed to working on behalf of the chiropractic profession and as an advocate for patients through public health, education, legislation, and other efforts. Working at WHO seemed like the logical next step. Here was a larger stage from which I could try to affect health care policy for the benefit of all people."

Following a highly successful internship, she was invited back as a full-time staff member in January 2009.

"Being offered the chance to return to WHO as a staff member was an honour I did not take lightly. I was proud that my contributions as an intern were appreciated, but also concerned about being the first person from the chiropractic profession ever hired to serve as a technical officer at WHO. There was never any question for me about whether or not I would take the position,

but I did have to consider what it would mean to give up being in practice – potentially indefinitely. I really love being a Doctor of Chiropractic, and I really love delivering patient care. I never intended to wind up in politics or policy full-time, but the opportunity came to me, and I felt I was destined to serve."

Improving the health of the population

Molly Meri has found her experiences in Switzerland both challenging and exciting: "Working in Geneva is definitely a unique experience. It is incredibly stressful and demanding, but also unbelievably rewarding. I get to work with some of the brightest minds in all areas of public health, from Maternal and Child Health to Tropical Diseases, from prevention through

diagnosis to treatment. I am also able to work with individuals from many different disciplines and from countries around the globe, which exposes me to a very broad spectrum of experiences and perspectives, but all working toward the same goal of improving the health and lives of the population. It's amazing, and a completely unique environment".

Molly Meri's skills within the department at WHO have led to exciting developments. Over the 2012 calendar year, her team at WHO underwent some transition and reorganisation. As a part of these changes, she became the responsible officer for the International Classification of Functioning, Disability and Health (ICF), and she moved into a position of greater authority on the project to produce the 11th Revision of the International Classification of Diseases (ICD-11), working as the project manager.

The ICF is the WHO framework for measuring health and disability at both the individual and the population levels. ICD Revision is, however, the larger project, and one that is particularly exciting because of the huge impact that this will have on practitioners and patients everywhere.

ICD is the foundation upon which most health systems are built, not only in terms of documentation, coding, and reimbursement, but also in areas such as research, epidemiology, policy development, and others. Nearly every practitioner, everywhere in the world, uses ICD in some way. Molly Meri is excited at this opportunity: "To be a part of the team working

Making the most of it

on this, and to be responsible for the management of such a huge, influential project, is something I never dreamed I would be doing.”

The chiropractic position

She speaks passionately about the impact of unethical conduct and the impact it has on the credibility of the profession: “In the majority of situations globally, chiropractors tend to be solo or small-group practitioners with a very individualised mindset. This can be a very good thing, as it allows for freedom and unbounded creativity. It is also a wonderful thing when the individual practitioner feels responsible for his patients, develops a closer ‘partnership’ type of relationship, and goes the extra mile to do what needs to be done in the interest of each patient.

“It can also be a dangerous thing, however, when chiropractors forget that they are part of a larger community, and think that because they are in their own space, they can do or say whatever they like, regardless of what that might do to the reputation of the profession or their neighbouring professionals. When one practitioner decides to engage in unethical practice, or commit fraud, because they think either that they can get away with it or that it is worth the risk, it brings down the value of all of the rest of us. When one practitioner decides that the way he/she sees something is the only possible right way to see things, he/she can do a lot of damage to everyone else.”

Molly Meri has recently become an overseas member of the British Chiropractic Association and therefore a member of an ECU national association: “The BCA is a growing organisation of very committed professionals with the best interests of the profession and the public at heart. It is admirably effective with its membership, and

I look forward to taking greater part in its activities in the future, as time and circumstance permit.”

Chiropractic education

Molly Meri is married to Richard Nicol, a graduate of the mixed mode programme of the McTimoney College of Chiropractic. Richard found himself able to practice in the UK, but limited in being able to accept opportunities overseas. He is re-qualifying at the AECC, where his ECCE-recognised qualifications will permit him to work outside of the UK. Having seen at first hand the inequalities of chiropractic education, Molly Meri has strong views on the most important objective for the chiropractic profession worldwide: “In my opinion,

the most important priority for the profession at this time should be the improvement and standardisation of chiropractic education internationally. More than eight years ago, WHO produced the *WHO Guidelines on Basic Training and Safety in Chiropractic*, a normative standard which outlined recommendations for the absolute minimum educational standards that should be required of any educational programme aimed at training chiropractors.

“These were not intended to be the goal of training programmes, but rather the baseline minimum from which to start. To date, many schools go above and beyond these standards, as they should, but many, unfortunately, fail to meet even these basic guidelines.”

The future

Molly Meri takes pride in her work and recognises the privilege of being a member of the world’s most authoritative health organisation. Her achievements at such a young age are significant, but how does she see her future career developing?

“At this time, I am fully committed to WHO, and to the projects for which I am responsible. I do not expect to spend my entire career here, as there are many other things I would like to pursue, but I do not have immediate plans to leave yet, either.

“When I do leave WHO, I think I would like to go back to academia. Initially, I would like to teach in the areas of public health and professional ethics, both clearly passions of mine, where I could share the experiences I have had and the lessons I have learned from WHO – something no other chiropractor can yet teach. I have come to know and appreciate a great many things that I would never have been exposed to in a different environment, and the best thing that I can do with this information is to share it with those who could take the information, learn from it, and go on to break into new fields.

“I think I would be able to contribute well in the areas of curriculum and University development, as educational standards for health care practitioners has also been within my area of work at WHO.”

Molly Meri’s prolific career to date reflects her steely determination and her passion for the profession. Greatly respected at the WHO, she is also a visionary with commitment and drive. Clearly this marks her out, not only as a leader in her current field, but also as a leader for the future, when her achievements will make a permanent imprint on the chiropractic profession.



Chiropractic trailblazers

On top of the world

David Chapman-Smith, Secretary-General of the World Federation of Chiropractic, is a lawyer who first became interested in chiropractic when he acted as counsel for the New Zealand Chiropractors' Association.

DAVID WAS raised in Auckland, New Zealand in the 1950s and 60s. His father was qualified as a lawyer but worked in real estate, and his mother had been a pharmacist before her children were born, at a time when pharmacists actually mixed and made the pills they sold. "This meant she knew both their benefits and limitations," explains David. "Medicine was little used and only as a last resort in our house."

He originally studied law by default: "It seemed to be the best option left after I decided what I did not want to do. However, I then loved law school and, following that, practice as a litigator. Its real attraction for me was the power to understand people, structures in society, and the world around you. I had always been attracted by language, logic, and debate."

During his career he has worked on many unusual, and amusing, cases. "I won a fascinating tax appeal for a Bulgarian immigrant, now very wealthy, whose story was that he won his wealth betting on racehorses based upon signs in dreams from his homeland. Women washing clothes in the river was horse number 9, if it was his mother washing, this was horse 9 in the second leg of the double."

"Unsurprisingly the authorities didn't believe this, but by matching his large deposits with race records and showing no other possible source of income, we won. Leaving the courtroom after the hearing, but before the decision was given, I told my client I had never had an opinion on whether or not his story was true and then gave him \$20 to put on a horse. The following week he delivered \$230 – this may or may not have been the result of an actual bet!"

Finding out about chiropractic

Then, in 1978, there was a Commission of Inquiry into Chiropractic in New Zealand, and David was asked to be one of the two lawyers for the NZ Chiropractors' Association: "I had never heard the word 'chiropractic', but over 18 months of hearings I discovered the profession, its opponents and supporters, and a whole new world of controversy in health care."

The success of the NZ Commission, with strong findings supporting the chiropractic profession, led to an invitation for David to speak to associations in North America. When he spoke in Toronto, the Ontario Chiropractic Association asked him to act as its consultant for two years during a major legislative review. He did, taking a two-year break from his law partnership from 1982 to 1984. And he never went back: "This experience was such a challenge and so enjoyable that I stayed permanently."

Once he was based in Canada, David was soon doing work for national associations, including both the American Chiropractic Association (ACA) and the International Chiropractors' Association (ICA) in the US and in a number of other countries.

Making history

In 1986 the ICA asked for assistance in work it was doing at the World Health Organisation. This led to a Presidents' Meeting in London in 1987 where there was a resolution to form a World Federation of Chiropractic (WFC). David was asked to

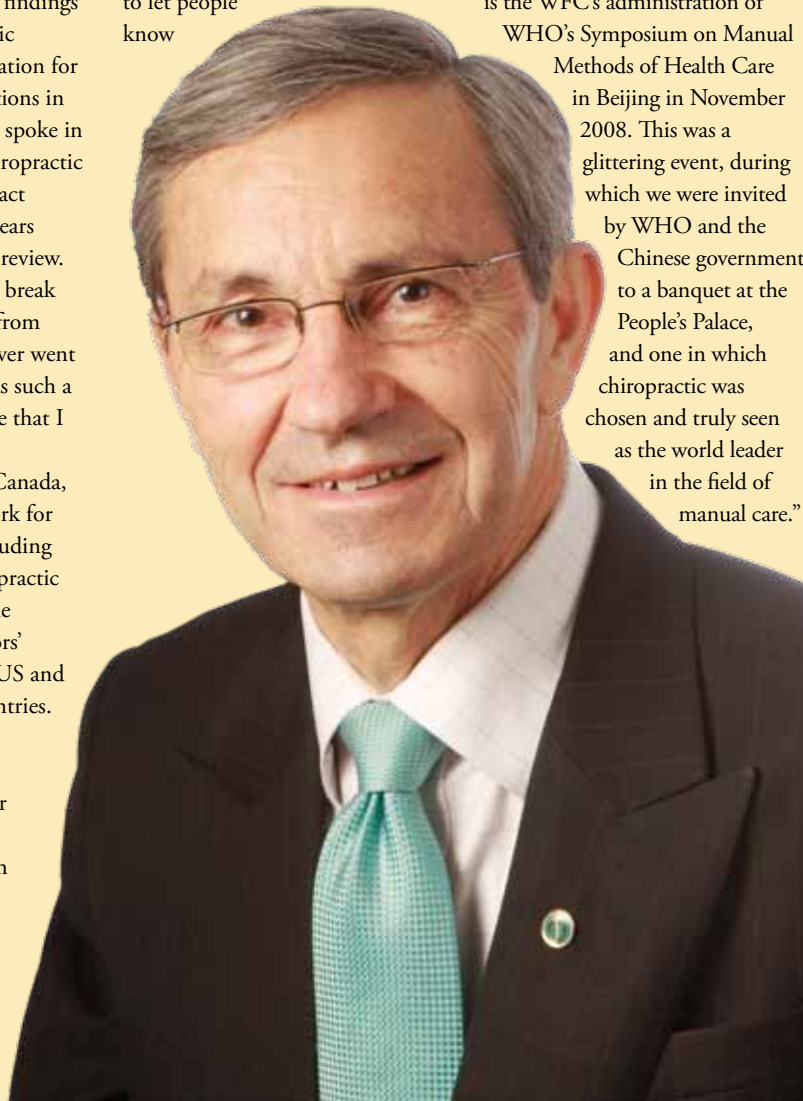
lead a consultation to develop the organisation and it was duly formed a year later.

At around the same time, he began to publish *The Chiropractic Report*: "On one hand chiropractic literature and developments internationally were beginning to mushroom, and there was much to report at last. There was no existing newsletter of this sort – getting reliable, concise, referenced information out to individual chiropractors. On the other hand, this was a good way to let people know

I was there. I remember Dr Louis Sportelli, who was a great supporter and help, telling me not to put too much in the first few issues in case I ran out of material. Not a problem!"

Career highlights

There have been many high points in David's career: "The complete success of the WFC's initial Congress in Toronto in 1991, without which the WFC would likely have failed, is undoubtedly a career highlight for me. So too is the WFC's administration of WHO's Symposium on Manual Methods of Health Care in Beijing in November 2008. This was a glittering event, during which we were invited by WHO and the Chinese government to a banquet at the People's Palace, and one in which chiropractic was chosen and truly seen as the world leader in the field of manual care."



Chiropractic trailblazers

Amongst the many, many chiropractors he has met, and worked with, does David particularly admire one?

“Yes, Dr Scott Haldeman – read his biography by Dr Reed Phillips for about 100 reasons! There are many others tied for second place – the numerous fine individual chiropractors and clinicians I have constantly come across during my 30 years working with the profession, the salt-of-the-earth chiropractors hugely loved by their patients who are the reason this wonderful profession has prevailed and grown against all odds.”

Success with sports chiropractic

For the past five years, the WFC has made the development of the International Federation of Sports Chiropractic (FICS) and sports chiropractic a priority. Reasons include the star power and prominence of elite athletes, but also the great model and potential that sports chiropractic has for the whole profession – with its emphasis on enhanced performance and prevention as much as injury treatment, and on collaboration within a health care team approach.

David reports that, as a result, FICS has received staff support from the WFC, and its operations have been administered from the WFC offices in Toronto since January 2009. There is a new constitution, strengthened leadership and, following exciting developments in 2012, FICS now truly represents and has the support of all national sports chiropractic organisations worldwide. This includes the Canadians, who made such a success of the Vancouver Winter Olympics, and the British, who did the same within the host medical services at the London Summer Olympics.

Goals for FICS now include full development of a sports chiropractic speciality, in terms of

education and research as well as practice, and acceptance by sports administrators all the way to the International Olympic Committee that chiropractic services are an integral part of the core sports medicine team at any large games event.”

Alongside such stunning success, David has had what he considers bizarre experiences with the chiropractic profession over the years: “Watching a major chiropractic college spend over \$1million lobbying against the inclusion of a school of chiropractic in a major state university in the United States was one. And I found it equally bizarre to watch the profession in Spain, still unregulated and under attack from so many quarters, unable to throw its whole support behind its first school – given that ten years earlier such a school, in such a university centre, led by such inspired leadership, seemed an unattainable dream.”

Global challenges

Through all his experience, David has a very clear view about the biggest challenges for the profession, both globally and within Europe: “Globally, one big challenge is completing, as soon as possible, the long-term change that is currently underway – from valuing isolation and independence, to valuing collaboration and interdependence.

“Establishing independence has been an achievement. High success, as Stephen Covey has explained in his writings, requires interdependence. You get just so

far telling everyone you are good. When everyone from WHO leaders down to those planning health care in your community tell patients you are good you have much bigger horizons and possibilities. Ultimately this is about true confidence, real maturity in the profession.

“Another global challenge is remaining true to your roots in your educational process. Being collaborative and joining mainstream health care does not, and must not, mean weakening the core philosophy and competencies of chiropractic health care. Chiropractic students must graduate with a fundamental respect for the natural healing powers of the body and the power of an adjustment, and great confidence in and primary use of manual treatment methods.

“Within Europe, a particular challenge is growth – training a sufficient number of chiropractors, and building the profession.”

Key priorities for the profession

As you would expect, the Secretary-General of the WFC has a very strong opinion about the key priorities for the profession as we go into 2013: “You need to have a clear and united plan for the future, nationally and internationally. Some of the profession’s competitors in the health care marketplace – such as physical therapy, naturopathy and massage therapy – do at a national level.

“In absolute terms, the chiropractic profession remains

very small and vulnerable. All large and ambitious organisations require a strategic plan and unity behind it for success.

“Chiropractic, historically, has been like a family business, with all the strengths and weaknesses that involves. In 2013 and beyond it must act on a true corporate model – vision, planning, use of outside expertise as needed, trusting market research rather than gurus, loyalty to one appropriate market identity. For chiropractic that identity, established by the members of the WFC in 2005 and recently re-affirmed by others including Palmer College, is leading expertise in spinal health – within mainstream health care.”

Things have never been more exciting for the profession and those, like David, associated with it. As he has explained, both the challenges and opportunities are large: “In the WFC I am dealing with true pioneers, like Dr Caroline Mwendwa and her eight colleagues in Kenya, where the first law for chiropractic is being drafted, and world leaders in research such as Canadian chiropractic scientists Dr David Cassidy in the epidemiology of neck pain, Dr Greg Kawchuk in biomechanics and Dr Mark Erwin in the causes of disc degeneration.”

However, David’s personal involvement with the profession will change in a few year’s time, as he has recently given notice to the WFC that he will be retiring as Secretary-General following the May 2015 Congress being held with the ECU Convention in Greece: “At that time I will be almost 68. I plan to remain on for a year or two to assist the new Secretary-General and to continue my work with FICS, and time will tell what happens then. Right now I cannot imagine ever being in full retirement.

And most chiropractors throughout the world cannot imagine the WFC without him.

The Global Advance of Chiropractic: the World Federation of Chiropractic 1988-2013, written by Dr Reed Phillips, and edited by Dr Gerard Clum and David Chapman-Smith, is being prepared to celebrate the silver anniversary of the WFC. It is an illustrated history of the era in which the profession has gone truly global.

David says: “There are about 1,000 photographs in a superb coffee-table quality hardback book of 240 pages that makes great reading for anyone with any passion for the chiropractic profession. It has been a labour of love for all of us associated with it.”

It will be launched at the Durban Congress in April.

EAC – building on your feedback

IT'S BEEN an exciting 2012 for the EAC. Its Governing Council has been working hard to try and raise its profile and create real value in being a Member or Fellow of the Academy.

During the summer, we conducted an EAC Benefit Survey amongst all ECU member countries to discover whether the current benefits offered match the needs and expectations of current EAC members and are attractive enough for non-members to consider joining.

We had 1013 responses. One of the first surprises was that some people are unsure whether or not they are members, thinking

that by being part of an ECU member national association automatically made them EAC members. As things stand, this is not the case and both Members and Fellows must apply for membership.

We found that members like our involvement with Chiropractic and Manual Therapies, the free online access journal. This is something of which the EAC is very proud – see left for an update from Bruce Walker, the journal's Editor-in-Chief.

Our low-cost EAC seminars are also popular with members and we have more planned for 2013. Respondents to the survey liked our e-learning case of the week and the clinical updates we put out to members.

The discounts on CPD events were popular with EAC members, as well as the €30 discount that is given to delegates to the annual ECU Convention.

In November, the Governing Council met in London, and we looked at how we can deliver even better service to the profession in 2013. In particular, we focused on how best to facilitate Graduate Education Programmes, encourage lifelong learning and stimulate interest research.

Graduate Education Programmes (GEP)

Seventeen countries sent their delegates to Frankfurt to attend our GEP Conference in 2012. There they shared ideas and learned how they could best support the newest members of their associations.

It was inspirational to hear how experienced chiropractors were giving their time to develop GEPs and were creating pathways for newly-qualified chiropractors to grow in confidence and knowledge. The EAC is pleased to be offering a second GEP Conference on 3 March, 2013. Again, this will be held in Frankfurt and will again enable all National Associations to share best practice in setting up and delivering GEP programmes. Not only will this be another opportunity to exchange ideas between associations with formalised training programmes but it will also be aimed at those wishing to develop or update existing schemes.

This year's GEP conference topic will be professionalism: what it means, why it matters and its importance in a mainstream health care profession. As with our 2012 event, there will be plenty of opportunities for all associations to network and share ideas.

Lifelong learning and research

EAC members will again benefit from a reduced rate to attend the ECU Convention in Sitges, near Barcelona, which takes place from 9 to 11 May, 2013 (see page 6). Its theme, *Chiropractic in an Evidence-Based Environment* is both relevant and timely. Increasingly, evidence-based clinical practice is seen a key attribute of any primary health care professional and I am personally very excited about the academic programme on offer.

For the Academy, one of the highlights this year will be our annual Researchers' Day, which precedes the Convention, on 8 May. This event brings together the most talented chiropractic

C&MT going from strength to strength

CHIROPRACTIC AND Manual Therapies, the open-access online journal co-owned by the ECU's European Academy of Chiropractic and the Chiropractic and Osteopathic College of Australasia (COCA) has had its most successful year to date, according to its Editor in Chief, Associate Professor Bruce Walker.

2012 saw the publication of a record 38 articles, consisting of a wide range of papers from both Europe and Australasia. With strict quality guidelines (only 50% of submitted articles are accepted for publication) this increase reflects a growing profile for C&MT as a highly respected platform for publication. It is currently indexed with 13 listing organisations and is applying for Medline listing.

Associate Professor Walker is delighted with his editorial team: "We are incredibly fortunate to have a first class team of editors from Europe, North America and Australasia," he said. "It makes the job go smoothly and with a strong relationship with our publisher, Biomed Central, the future looks really bright for the Journal."

The Journal has been strengthened in 2013 with the addition of a third joint venture partner. The UK's College of Chiropractors (CoC) became a partner in January and is seen as a valuable addition to the body of expertise behind the publication. The College's Chief Executive, Dr Rob Finch, welcomed the opportunity for the CoC to join the partnership: "C&MT is a respected international publication that has high editorial standards and a wide readership. The College is very pleased to become a partner and looks forward to a positive and constructive relationship with both the EAC and COCA."

With publication costs co-sponsored by the joint venture partners until 2015, Associate Professor Walker is looking forward to another record-breaking year for the Journal and welcomes submissions.

"Our success will be driven by practising chiropractors, researchers and others with an interest in the profession feeding us high quality work," he said. "There is good support in place for potential contributors and we have a strong peer review process to assist with submissions."

Chiropractic and Manual Therapies is an open access online journal which is financially supported by the ECU via the EAC, COCA (Australia) and the College of Chiropractors (UK). For more information, notes to potential authors and to access articles free of charge, visit www.chiromt.com.

EAC

research minds in Europe for a stimulating day of ideas, proposals and shared best practice.

This year's Researchers' Day will focus on establishing and implementing research priorities for the chiropractic profession in Europe and will also consider the respective roles of researchers and politicians in the field of chiropractic research. It will also explore the value of patient-reported outcome measures (PROMs), utilising online data collection systems.

As mentioned above, the EAC is also committed to continuing with our one-day seminars, which we host in a range of European cities. In March 2013, the German Chiropractic Association will host an EAC Seminar on diagnostic imaging over the weekend of its Annual Meeting and in doing so, will hopefully increase the average number of attendees to its AGM! Along with the other high-quality events presented by other CPD providers that the EAC accredits during the course of the year, the EAC Seminars provide great opportunities for chiropractors to get together, share ideas and learn. Both inside and outside the classroom, chiropractors develop as practitioners and the profession flourishes as a result.

Our purpose is to facilitate postgraduate development and lifelong learning in all ECU member countries. In turn, this will

help ECU member countries grow and develop. The Academy is a committee of the ECU which means that, in addition to membership subscriptions, it is supported by the per capita fees that all ECU national associations pay each year.

We are striving to create real value in EAC membership. We want to create an environment where Members and Fellows are proud to use their MEAC/FEAC post-nominal letters.

On the basis of what the Benefit Survey has revealed, we will be bringing proposals to the ECU Annual General Meeting in 2013. To develop we must adapt and to do that we must ensure that our structure meets our desired function.

I encourage everyone to become a member of the EAC and benefit from our exciting evolution.



Martin Wangler
Dean of the EAC

Case to remember

Predictive, personalised, patient-centred chiropractic approach to a patient diagnosed with L4/5 disc herniation

PREDICTIVE, PERSONALISED, patient-centred chiropractic approach to a patient diagnosed with L4/5 disc herniation

Mrs E, a 42-year old Caucasian female presented complaining of a severe episode of acutely disabling low back pain. Accompanied

by her husband, she relayed the familiar phrase that chiropractic remained her last hope.

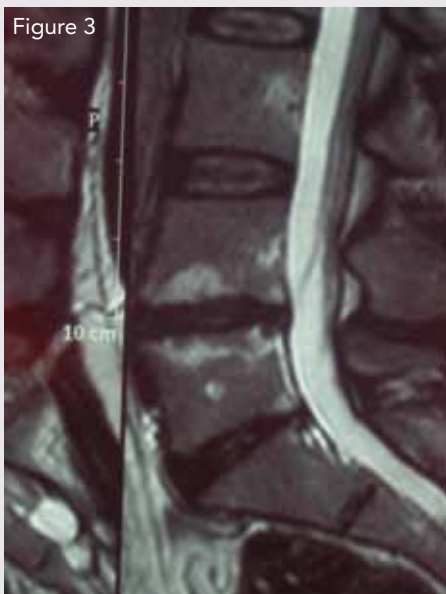
Having experienced a gradual onset she reported that the pain had risen to such a level that in the previous three nights she had not slept and was experiencing a shooting pain

from the right buttock to the right foot. The pain could not be relieved in any position.

Mrs E recounted a long history of low back pain dating back to her teenage years. She had undergone numerous medical consultations and had seen many spinal specialists, but had



Case to remember



never consulted a chiropractor. Spinal surgery had been proposed by a neurological surgeon two years earlier following an MRI scan (Figure 1) which revealed a substantial disc herniation at L4/5. This was declined in preference to a pharmacological approach consisting of Voltaren (a non-steroidal anti-inflammatory) and Muscoril (a muscle relaxant). This had been successful until the significant exacerbation that had caused her to consult the chiropractor.

A similar drug regime, this time including oral cortisone, was repeated unsuccessfully. A second MRI (Figure 2) demonstrated a worsening of the herniation with compression of the right L5 root. Surgery was again recommended but declined.

Mrs E chose to contact a chiropractor on the recommendation of a family friend. The assessment findings, which included positive neurological findings (grade 3 right extensor hallucis strength and a 20 degree straight leg raise) were consistent with a right L5 radiculopathy. Additional applied kinesiology testing confirmed adverse dural tension following therapy localisation to the sacrum, which showed weakness of the hamstring and pectoralis sternalis muscles on deep inspiration.

Established AK methods and treatment techniques were performed. Following the first treatment the SLR increased to 30 degrees and muscle strength testing improved. The Valsalva test for increased intradiscal pressure was negative. The patient was able to leave the chiropractors' office unassisted.

On the second visit, there was no evidence of dural tension and treatment progressed to full spinal adjustments using diversified techniques. Treatment continued twice weekly for four

weeks, whereupon the patient reported being asymptomatic with negative neurological and orthopaedic tests. Referral into a back school followed with a concomitant maintenance care programme consisting of chiropractic adjustments and therapeutic advice over the following five months.

Shortly after this, Mrs E underwent her third MRI scan (Figure 3), which showed a near-complete resolution of the disc herniation. The patient was discharged with advice to continue with home exercise and back school classes with treatment as required.

This case illustrates the value of combining the best available scientific evidence, the clinician's experience and the preferences of the patient – the three arms of evidence-based medicine. Here was a patient who was opposed to surgical intervention and sought a drug and surgery-free intervention. Her preferences were respected and upon consulting a chiropractor a combination of evidence-based spinal manipulation and applied kinesiology techniques, some of which have less robust scientific evidence, was utilised.

Faced with a case such as this, the chiropractor is called upon to be innovative in his approach to care and be mindful of the specific requirements and preferences of the patient. The case highlights the value of the judicious use of clinical skills and wisdom gathered over years of practice.

Whereas in the medical sphere, pharmaceuticals and surgical methods are tested in an experimental university or hospital setting, chiropractic innovation is frequently developed in the field using experiential and anecdotal experience to drive clinical decision-making.

It is likely that in many similar cases, surgery would have been employed. Italian guidelines published in 2005 document the complication rate from surgical intervention as 3 to 6 per cent; in the case of second surgery this rises to 3 to 15 per cent. Mortality rates for spinal surgery range from 0.5 to 1.5 per 1000.

Comparatively, the safety of chiropractic manipulation has been shown to be safe, although chiropractors need to be mindful of the potential for cauda equina syndrome in cases where large disc herniations exist and should routinely question their patients for evidence of adverse bowel or bladder signs or saddle anaesthesia.

This case demonstrates the potential for resorption of herniated disc material with careful and judicious chiropractic management. While it is acknowledged that this case report alone cannot form a rule, it does nonetheless provide an avenue for further research and suggests a role

for chiropractors in the frontline management of disc herniations with radiculopathy.

Manuel Mazzini, DC
Association of Italian Chiropractors

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Book review

Soft Tissue Release: A Practical Handbook for Physical Therapists

Mary Sanderson, Lotus Publishing: 2012, ISBN 9781905367375

FOR THE many chiropractors using adjunctive techniques within their practices, *Soft Tissue Release* provides straightforward and informative material on this complementary technique, which is used by many health professionals working in the field of musculoskeletal medicine.

Written by an experienced senior sports massage therapist well-known to UK chiropractors, this book illustrates how soft tissue release (STR) can be used to treat a range of common injuries and conditions.

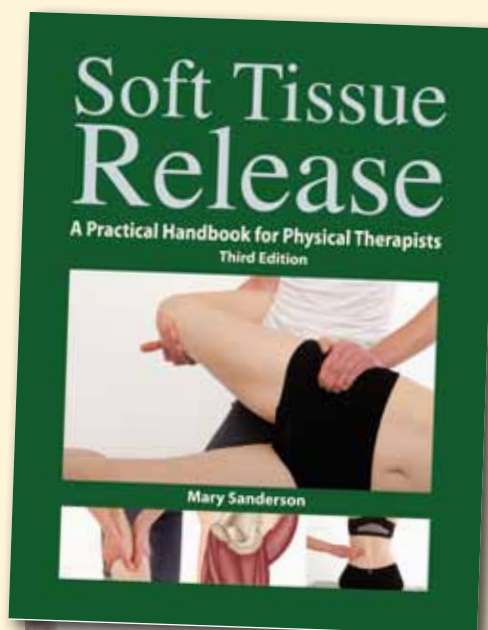
One of the strengths of the book is that it is packed with photographs and illustrations, allowing the reader to visualise the techniques and understand the mechanism of action. It is commendably practical in its focus and does not attempt to be overly academic in its presentation of the technique.

The 168-page text introduces STR by explaining the role of soft tissues in kinesiology and kinesiopathology. It describes succinctly the nature of injuries to tissues before explaining the role of STR as a valuable soft tissue treatment in injury management and rehabilitation.

Setting out the role of the connective tissue and fascia, the author explains the theoretical and research framework underpinning STR. In particular, she stresses the role of concentric muscle contraction combined with specific broadening pressure into the myofascial tissue.

Readers may be left wanting greater depth in the theory of STR; while there is a bibliography, in a climate of evidence-based medicine, there seems little in the way of scientific evidence offered in the body of the text to support the underlying theories of the technique. To be fair to the author, this is acknowledged, and should not detract from the useful techniques that are presented. The difficulty, as Sanderson points out, is the variability in inter-examiner reliability when it comes to the palpatory assessment of soft tissues.

In part two of the book, the author explains the practical aspect of STR in greater detail. One of the fundamental components of the technique is called 'Lock and Stretch', where pressure is applied to the affected soft tissue



to lock it in place before an active or passive stretch to the affected limb is applied. Three types of STR are explained: passive, active and weight-bearing. All three techniques involve movement, but in active and weight bearing STR, it is the patient who provides the movement.

The Lock is well explained in the context of the STR technique and, coupled with excellent photographic images, explains clearly to the reader how the method is applied. Its use in conjunction with other techniques, such as Muscle Energy Technique and Post Isometric Relaxation makes it a versatile approach to complex myofascial injuries.

The book sets out various techniques and manual contacts for applying STR, ranging from single digital contact to broad forearm contacts. What is made clear is that this is a technique that can be applied in a range of circumstances and treatment environments,

from the classic clinic setting to pitch-side care.

The bulk of the book divides application of STR into lower limb (part three), trunk and neck (part four) and upper limb (part five). Each section commences with a useful anatomical overview before looking in turn at the major anatomical components of the region.

One of the strengths of the text is its focus on functional rehabilitation rather than being condition-specific. As well as systematically explaining in the text how the STR technique is applied, a series of photographs describes the stages of applying the lock and stretch.

Of interest to chiropractors is the section on the trunk and neck. Acknowledging that STR may be contraindicated in cases of acute inflammatory disorders or radiculopathy, the author sets out the role of the fascia of the trunk and neck. In using STR, specific techniques involving pelvic tilts and hip movements are used while the lock is applied to the thoracolumbar fascia and erector spinae.

Chiropractors with a particular interest in whiplash associated disorders will find the techniques on neck STR interesting and informative. Treatment to the sternocleidomastoid and scalene muscles is demonstrated, with procedures to improve neck rotation also included.

There are smaller sections towards the end of the book dealing with pre- and post-event treatment, STR and the young athlete, STR and pregnancy and STR and the older person.

With chiropractic consisting of a package of care, it is incumbent on the modern chiropractor to equip his/her toolbox with a range of techniques to manage all manner of musculoskeletal disorders. *Soft Tissue Release* is a very helpful and informative introduction to this practical technique, which all chiropractors can integrate into their daily practices whatever the focus of their patient base. While on its own it will not confer expertise on the reader, it will prompt further inquiry and a desire to seek out practical seminars to develop skills and knowledge.

Richard Brown DC, LL.M

#1 THE WORLD'S INSTRUMENT TECHNIQUE



ACTIVATOR V
2012



ACTIVATOR IV
2004



ACTIVATOR III
2001



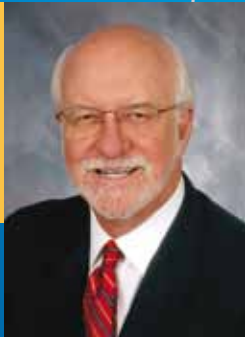
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