BACKspace March 2014 Volume 10 Number 1
Newsletter of the European Chiropractors' Union
European Chiropractors' Union

National coverage:
how Ireland has mastered PR

IT WAS once said that if you don't tell your story, someone else will. Whether we like it or not, impressions are gained often not by what we do, but by the appearances that we create. Within chiropractic, PR has often been neglected. The desire to advertise has often overshadowed the will to tell a good real-life story or to educate the public of the undeniable benefits of chiropractic through a public health campaign. Far too often, we are seen as a profit-making business, not a service to the public.

'Public relations' is defined as our relationship with the public; our communities who seek out solutions to their problems, whatever those problems might be. How that relationship works is very dependent upon the image of ourselves that we seek to portray.

The Chiropractic Association of Ireland (CAI) has become the master of chiropractic public relations in Europe. For the second year running, its public health campaign, Straighten Up Ireland, has achieved widespread publicity, reaching audiences in the national and local press, on radio and on television.

Yet the CAI is not a big spender when it comes to PR and marketing. With a membership of around 100 and a very limited budget for anything, let alone PR, the association is forced to be disciplined and effective when it comes to getting chiropractic into the public domain.

So how is it that chiropractic in Ireland seems to have attracted such enviable publicity?

"Our current PR campaign has steadily been constructed over the course of three years", says Siobhan Guiry, CAI president. "Although we had been running Straighten Up Ireland since 2006, we were not getting satisfactory return on our PR investment. We wanted a fresh perspective on Straighten Up that would capture people's imagination."

Straighten Up was conceived in 2004 by American chiropractor, Ron Kirk. Since then, it has been adopted in countries throughout the world and has attracted widespread publicity. Yet Ireland's success has largely come about through the style of promotion that it gave to the public health campaign.

Continued on page 29

France quits ECU

France's national ECU Member, the Association Française de Chiropratique (AFC) has left the ECU. Read the story on page 8.

In *BACKspace*:

Working with nothing; offering everything – see page 31

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

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President's message

An eventful twelve months in European chiropractic

BY THE time this message reaches you, I hope that you will already have signed up for the upcoming ECU Convention taking place in Dublin from 29 to 31 May. If you want to experience what promises to be the best ECU event ever, please make sure you register soon.

Together with our new academic organiser Gitte Tønner, we have changed the format of the convention. We have retained a focus on the very latest research and emerging evidence, but this year we have placed far greater emphasis on hands-on workshops. We have also recruited some internationally-renowned keynote speakers who not only give their fascinating perspectives on chiropractic but will also participate in some lively round-table debates. This will definitely be a convention you will not want to miss, so I would encourage you all to sign up at the ECU website (**www.ecunion.eu**)!

Core chiropractic messages

This last twelve months in European chiropractic have been exciting and eventful. The ECU has been present and has worked with our member national associations in France, Finland and Luxembourg. Both I and our secretary-general Richard Brown have been asked to speak at international conferences in the United States, South Africa and the Philippines.

Our core messages have focused on why the profession needs to go mainstream, the need for a unified profession, our continuous support for research and high standards of undergraduate and postgraduate education, and why recruitment to the profession and integration into our health care systems is critical for the development of chiropractic in Europe. These messages have all been well received by European chiropractors and those seeking progress in our profession.

The ECU's voice is being heard worldwide, and seems to be becoming a model for many regions in the world. I can promise you that our constant efforts to move the profession forward in Europe will continue.

New members

We were delighted to welcome Austria and Malta as new members in 2013, which has now grown our organisation to 21 member national associations. There is enthusiasm to develop educational programmes in three member countries, namely Italy, Turkey and Poland, and these members are working tirelessly, with ECU support, to make undergraduate chiropractic degrees a reality. Meanwhile, Belgium looks set to achieve legislation for chiropractic in 2014, which will be the product of a huge amount of hard work from the Belgian Chiropractic Union.

Strategic plan

At our autumn General Council in Brussels in November, the ECU General Council adopted the framework of a strategic plan for the ECU. This plan will guide our work in the years to come and will secure continuity and consistency, which are of critical importance if we want to achieve the success to which we aspire. Despite very positive results in some countries, there is no room for complacency and we are committed to helping all our member nations move forward.

As can be seen on page 8, France's AFC has given notice of its withdrawal from the ECU. I believe that this is a bad move, not just for individual French chiropractors but also for the unity of the chiropractic profession in Europe. Having achieved both education and a law for chiropractors in France, the AFC has achieved much with ECU support, but voted to leave the ECU if the GC did not agree to provide money for its PR campaign. As the ECU has never previously supported PR campaigns, the request was turned down by the GC and in a letter sent in January, the AFC pulled out of the ECU.

I see Germany as another area where the opportunities for chiropractic are enormous. With a population of over 80 million and seen as the economic powerhouse of Europe, it has just over 100 chiropractors; this gives each practitioner nearly one million potential patients! For chiropractic to succeed in Europe, Germany holds a key position. Just imagine if Germany could mirror the success achieved in nations like Switzerland, Norway and Denmark. Norway has 750 chiropractors achieving cultural authority and credibility serving just five million people. Using same ratio for Germany would mean opportunities for 12,000 chiropractors! For the chiropractic profession to survive, successful recruitment policies are of utmost importance. This can only be done by starting new chiropractic programmes in places where chiropractors are scarce in numbers or not present at all. I therefore see Germany as the most fertile ground in Europe for chiropractic's development.

Convention 2014

Finally, I return to our showpiece event of the year. In September, along with my colleagues on the Executive Council, I visited the Conference Centre Dublin, which will play host to the 2014 Convention. It is a truly spectacular venue and as the world's longest established chiropractic federation, the ECU is delighted to be coming to Ireland. There will be opportunities to meet colleagues from Europe as well as further afield. I am excited about it and I hope you are too. See you in Dublin!

Øystein Ogre DC, FEAC
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BACKspace

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ECU news

ECU Convention Dublin 2014

It is a fine balance between wanting to renew and reinvent and not 'throw the baby out with the bathwater', explains ***Gitte Tønner****, ECU Convention Academic Organiser.*

IN DUBLIN this year you'll find many speakers new to the ECU Convention, a slightly-changed format and a lot of hands-on workshops. There will be fewer plenary half-days and more time for speakers to go in-depth with the material.

In Dublin, we present something for everyone – theory, practice and discussion – for new graduates, middle-of-their-career chiropractors and the veterans among us. In these financially tight times for associations, institutions and clinicians alike I believe we have renewed our convention to compete with in-depth seminars. As the 'cherry on top', we are fortunate to host Bruce Lipton for an exciting talk on *Harnessing the Mind*.

Within the theme, *Celebrating Diversity*, we've developed 'threads' so that you can become more proficient in one area , or pick and choose as you go along in true convention style:

- **Sports/hands-on:** Sports chiropractic is not only fun for the clinician on and off the field but also one of the better ways to promote chiropractic to the general public. In my interview with Alan Sokoloff, who's part of the opening day and also gives a custom-built hands-on workshop later, he said: "They wouldn't put me in charge of million-dollar athletes if it was quackery." You don't need to be treating athletes in order to attend – these techniques are applicable in everyday practice.
- **Discussion/debate:** Among other things, the ECU Convention is a place, literally, to convene, converge, debate, discuss – not necessarily for the sake of agreeing but for the sake of having a common ground to discuss our differences. Under this sub-theme you'll find different workshops with changing formats and more interaction – for instance, an entire morning illuminating all aspects of maintenance care, or how about an interactive debate on dosage?
- **Brain/neurology:** it's an up-and-coming subspecialty, more so because of increasingly advanced imaging (fMRI) and a broadening knowledge base. Also, it's the Year of the Brain in Europe in 2014. Some top lecturers will enlighten us about where we as chiropractors can be a part of this new frontier: Professors Carrick, Cassidy, and Humpreys are people to pay close attention to. With Mary Baker from the European Brain Council attending, we should be able to generate some publicity for our convention and thus chiropractic in Ireland.

See you in Dublin!

ECU news

Convention 2014, 29-31 May, Dublin, Ireland
CELEBRATING DIVERSITY
ACADEMIC PROGRAMME

Thursday 29 May

0830 – 1030
SESSION 1: Celebrating diversity
Chair: Gitte Tønner
Welcome and opening ceremony
Does diversity dilute the profession? Panel debate
Richard Brown, Gerry Clum, Charlotte Leboeuf-Yde, Ciaran Bolger
The amazing power of teamwork
Alan Sokoloff
A word from our sponsors

1030 – 1100
BREAK – visit the exhibitors' area

1100 – 1230
SESSION 2: Clinical implications of current research
Chair: Sidney Rubinstein
Platform presentations

1230 – 1400
LUNCH – visit the exhibitors' area

1400 – 1530
SESSION 3: Harnessing the power of the mind (part 1)
Chair: Gerry Clum
Bruce Lipton
SIG Clinical Chiropractic Master Class: The Dublin Dosage Debate
Chair: Tammy de Koekkoek,
Moderator: David Byfield
Debaters: Francine Denis, Dominique Hort, Chris Mikus, Donald Murphy

1530 – 1600
BREAK – visit the exhibitors' area

1600 – 1730
SESSION 4: Harnessing the power of the mind (part 2)
Chair: Gerry Clum
Bruce Lipton
Current Basic Sciences Research
Chair: Sidney Rubinstein
Platform presentations

1830
Social programme: Irish Night
Coaches board at 1830


Charlotte Leboeuf-Yde

Friday 30 May

0830 – 1030
SESSION 5: Concurrent sessions
Maintenance Care (part 1)
Chair: Iben Axén.
Participants: Charlotte Leboeuf-Yde, Martin Descarreaux, Charles Normand, Lise Hestbæk
Introduction to Dynamic Neuromuscular Stabilization
Brett Winchester
The Top 5 Moves On and Off the Field
Alan Sokoloff
Functional Neurology – Where to start?
Nicole Oliver

1030 – 1100
BREAK – visit the exhibitors' area

1100 – 1230
SESSION 6: Concurrent sessions
Maintenance Care (part 2)
Chair: Iben Axén
Introduction to Dynamic Neuromuscular Stabilization
Brett Winchester (repeated)
The Top 5 Moves On and Off the Field
Alan Sokoloff (repeated)
SIG Neuro Master Class – cases caught on video
Chair: Igor Dijkers

1230 – 1400
LUNCH – visit the exhibitors' area

1400 – 1600
SESSION 7: Concurrent sessions
Waiting for the Tsunami – a wave of neurodegeneration is coming
Chair: Gitte Tønner
Speakers: Mary Baker, Enda Connolly, F.R. Carrick, Charles Normand
Footlevelers: An Olympic Joint-by-Joint Approach (part one)
Jonathan Mulholland
SIG Orthopedics Master Class – Interactive orthopedics
Chair: Jan Krir
Speakers: Donald Murphy, Brett Winchester
SIG Sports Masterclass: The Upper Limb
Speaker: Thomas Lauvsnes

1600 – 1630
BREAK – visit the exhibitors' area

1630 – 1800
SESSION 8: Concurrent sessions
Evidence-based therapies for the cervical spine
Donald Murphy
Footlevelers: An Olympic Joint-by-Joint Approach (part two)
Jonathan Mulholland
TBA
Student Workshop
Heidi Grant

1815 – 1915
ECU General Assembly

Saturday 31 May

0830 – 1030
SESSION 9: Concurrent sessions
The Injured Brain
Chair: Gitte Tønner
Speakers: David Cassidy, F.R. Carrick
Ultrasound Workshop
Jane Cook
Myofascial Manipulation workshop (repeated in session 10)
Stefano Casadei
The Role of Mentors in Graduate Education Programmes
Chair: Jennifer Bolton

1030 – 1100
BREAK – visit the exhibitors' area

1100 – 1230
SESSION 10: Concurrent sessions
Mapping the Brain
Chair: Igor Dijkers
Speakers: F.R. Carrick, Heidi Grant, Kim Humphreys
Evidence-based therapies for the lumbar spine
Donald Murphy
Myofascial Manipulation workshop (repeated)
Stefano Casadei
Activator Method Concussion Protocol workshop
Arlan Fuhr

1230 – 1400
LUNCH – visit the exhibitors' area

1400 – 1700
SESSION 11: Debate and closing
Was Darwin on to something? Debate on adaptability in our profession
Chair: David Chapman-Smith
Speakers: Gerry Clum, Richard Brown
Including Research Awards, presentation of next year's convention in Athens and closing statements by Øystein Ogre and Siobhan Guiry.
Get ready for Gala Dinner, seating commences at 1930.


David Chapman-Smith

ECU news

ECU General Council meeting report

THE AUTUMN meeting of the ECU General Council took place from 15 to 16 November 2013, in Brussels.

General Council representatives were joined by a number of observers, some from national associations but others from a range of European chiropractic stakeholders. Particularly welcomed were Damiano Costa, a student from the Madrid College of Chiropractic (formerly RCU) as a representative of the World Congress of Chiropractic Students (WCCS) and Espen Johannesson, European representative of the World Federation of Chiropractic.

Iceland, Liechtenstein, Poland, Sweden and Turkey were not represented and sent apologies for their non-attendance. In the absence of AFC President, Philippe Fleuriau, France was represented by Jean-Paul Pianta.

ECU restructuring

President Øystein Ogre reported on the progress of the ECU's restructuring process since its adoption at the last meeting, noting that the size of the Executive Council had been reduced to three and that Richard Brown had been provisionally appointed as the new Secretary General. The General Council unanimously ratified this appointment and congratulated Richard on his new office.

DC certificates

The subject of the issuing of Doctor of Chiropractic certificates was raised during the meeting as an ongoing issue causing some difficulty. For some countries, the DC has no significance, while in others it is written into existing legislation. Dr Ogre undertook to form a Working Group to examine the issue.

Reports and presentation

Each of the GC representatives presented their country report and answered questions. Reports were also presented by Martin Wangler (European Academy of Chiropractic) and Philippe Druart (EU Affairs Committee). Richard Brown presented a report on behalf of the Research Council.

The national associations of Malta and Austria were welcomed as new members of the ECU. Nicolo Orlando, President of the Maltese Chiropractors' Association, and Christian Domitner, President of the Austrian Chiropractic Association expressed their gratitude to the GC for accepting them as joining members.

Richard Brown gave a presentation, *Manipulating Our Future: a Strategic Vision for the ECU*, which was followed by a workshop to discuss issues that were raised.

Financial requests

Three financial requests were considered by the General Council. The first of these was submitted by the French Chiropractic Association (AFC) for the sum of €50,000 per year for three years to fund PR activities. There was no support for this request, largely on the grounds that it has never been the policy of the General Council to support PR activities, but a number of GC members were critical of the lack of detail contained within the proposal.

The second request was in relation to the continued funding of a Fellowship position at the World Health Organisation in Geneva. The ECU had previously provided €10,000 to support this initiative and it was noted that it was the only regional federation to have done so. While the GC was extremely supportive of the work being undertaken by chiropractors at the WHO, it felt that contributions should also be made by other federations. It noted that the current Fellow, Anni Preisler, from Denmark was being entirely funded by the Danish Chiropractic Association and that it was likely that the next Fellows would be from North America.

Finally, the ECU had received a request for €10,000 from the Chiropractic Patients' Federation (Europe). The ECU has supported this organisation for many years and the request was granted unanimously.

Joint ECU Convention/WFC Congress for 2015

ORGANISERS INVOLVED in the joint ECU Convention/WFC Congress to be held in Athens in 2015 say that planning for the event is well advanced and they are pleased with progress.

The Hilton Athens has been named as the official Congress hotel, and it will host the pre-Congress meetings and events, including the WFC Assembly, which will be attended by representatives from over 90 countries. Situated in a prime location overlooking the ancient Acropolis and the unmistakable Athens cityscape, the hotel boasts spacious accommodation, three fabulous swimming pools and the tranquil Hiltonia spa.

The Congress itself will take place in the Megaron. This fabulous exhibition and conference venue doubles as the Athens Concert Hall and features state-of-the-art facilities.

The joint ECU Convention/WFC Congress will take place from 13 to 16 May, 2015. Athens was selected as the venue for its mix of ancient treasures and integrated contemporary structures, its beaches and its status as the capital of European ancient history. Perfect for families, Athens offers a range of activities to occupy visitors of all ages.

In November, the organisers met in Amsterdam to discuss the logistics and academic programme for the event. With David Chapman-Smith and Greg Kawchuk from the WFC, Richard Brown and Gitte Tønner from the ECU, and Vasileios Gkolfinopoulos and Nikos Kalogeropoulos from the Hellenic Chiropractors Association, supported by Global Conference Support (the ECU's professional conference organisers), preliminary plans have been made for an exciting and captivating academic programme.

Combined with a fascinating social programme, Athens 2015 promises to be a truly historic event. Keep the dates free in your diary and prepare for a memorable visit to Greece.

ECU news

ECU supports WCCS at Paris event

CHAPTERS OF the World Congress of Chiropractic Students converged on Paris in November for the first regional event of the organisation to be held in Europe.

Organised by IFEC student Camille Andre, the event brought together representatives from AECC, McTimoney, WIOC, RCU, BCC, SDU and IFEC who enjoyed three days of sharing ideas, perspectives and experiences of chiropractic education, philosophy and leadership.

The event was strongly promoted by the ECU and resulted in financial support from a number of ECU member national associations.

Starting with a welcome cocktail on the Friday evening, student leaders got to know each other with a range of 'ice-breaking' events. Despite a late night, delegates were seated at 8.00 the following morning for two full days of debate and discussion.

After presentations from the head delegates of each of the participating schools, the event featured an academic programme and participants were treated to a wide range of presentations. AFC President, Philippe Fleuriau, spoke on the implications of French law on chiropractic in France. Veteran chiropractors Jean-Paul Pianta and Jean-Pierre Meersman presented their experiences and approaches to chiropractic. AEQ President Carlos Gevers spoke on the advances in neuroscience and its applicability to chiropractic, while Richard Brown, ECU Secretary-General, gave a presentation on the importance of leadership in the profession. Swiss chiropractor and naturopath Dominique Hort gave an animated description of his work in Network Spinal Analysis, while Jean Jacques Chartrousse drew from his work in the profession over five decades. Finally, French surgeon and nutritional specialist Henri Joyeux spoke of his affection for the profession and his personal experience of chiropractic care.

The event also featured three group discussions on contemporary topics in the profession, which allowed time for small group debates and animated discussion.

Saturday evening was given over to a tour of Paris followed by a late night, building bonds and developing international friendships. Camille was delighted with the outcome:

"The feedback has been fantastic," she said. "Delegates told us that it was professional, with a high standard of speakers and was very rewarding. We've set up a Facebook page and very much want to repeat this event again in the future."

ECU meetings 2014: key dates

The General Council (GC) comprises representatives of each of the ECU's 21 member nations. In many cases, the GC representative is the president of the member national association but some members appoint dedicated individuals to serve on the GC.

THIS YEAR'S ECU General Council (GC) meetings will be held in Ireland and Sweden.

The General Council's Annual General Meeting will be held on Wednesday 28 May, 2014 in Dublin, Ireland. As is customary, the meeting will be held on the day before the ECU Convention. This year, there will be elections for the offices of ECU President and Treasurer and member associations will be invited to submit nominations in advance of the meeting.

The autumn meeting of the General Council will be held on Friday 14 and Saturday 15 November, 2014 in Stockholm, Sweden. This meeting is held over two days and for the past few years has featured a workshop to help identify and define ECU priorities and policy (see page xx for a report on the 2013 meeting).

The current ECU Executive Council comprises Drs Oystein Ogre (President), Francine Denis (Vice-President) and Vasileios Gkolfinopoulos (Treasurer). The ECU Secretary General (Richard Brown) and Administrator (Claire Wilmot) also attend meetings. As well as regular telephone conferences and email discussions, the EC meets four times a year; twice immediately prior to the GC meetings, then in March and September.

THE FIRST ECU meeting this year will be held in the capital of one of the ECU's newest members, Austria. The meeting will take place in Vienna on 28 February to 2 March. It has also become a tradition for the September meeting of the EC to be held at the following year's Convention venue; as the joint ECU/WFC Convention will be held in Greece, the late 2014 EC meeting will take place in Athens.

Athens, venue of the 2104 EC meeting as well as the 2015 ECU/WFC Convention.

ECU news

France quits ECU

FRANCE'S NATIONAL ECU Member, the Association Française de Chiropratique (AFC) has left the ECU.

In a letter sent to the ECU General Council, AFC President Philippe Fleuriau claimed that the withdrawal represented the democratic choice of the AFC membership, which followed a General Assembly held in Paris in September 2013.

France's exit follows a sequence of events which started in April 2013, when the AFC proposed leaving the ECU in order that it could instead divert funds to PR and marketing after it found itself under pressure from the rapid expansion of the osteopathic profession in France.

ECU President Øystein Ogre and Secretary General Richard Brown travelled to Paris in July for emergency talks with the AFC Executive Council, where it was agreed that the ECU would do whatever it could to support the French association. At the same meeting, the ECU was invited to write an open letter to the AFC membership setting out why it should remain as part of the Union. This letter, translated into French, was sent to the AFC for onward transmission to the AFC membership.

In August, the ECU received a financial request to fund a PR campaign from the Treasurer of the AFC, Nicolas Destang. This request, totalling €150,000, represented the largest financial request received by the ECU in recent years. In a short document, the request gave only a very limited overview of the plan, which focused on the creation of a mascot, Facebook and YouTube videos, street leaflet distribution, media campaigns and advertising in pharmacies.

The nature and brevity of the AFC's request was such that Dr Ogre expressed his concerns that to place it before the ECU General Council in its current form would not be well received. Offers made by the ECU Executive to assist the AFC in redrafting its financial request were not taken up.

In September, Dr Ogre was invited to address the AFC membership at an Extraordinary General Assembly convened to discuss the proposed withdrawal. Although he was not permitted to remain in the Chamber while a discussion took place and a vote was taken, Dr Ogre understands that there was strong support for remaining in the ECU. Correspondence subsequently received by the ECU stated that the membership had voted to remain in the ECU on the sole condition that the General Council supported its financial request. A further offer to redraft the document to assist in obtaining a favourable response from the General Council received no response.

At its meeting in November, the General Council unanimously rejected France's request for PR funding. Concerned by the magnitude of the sum requested and the lack of clarity in setting out the proposal, the GC was also dismayed by the ultimatum given by the AFC that a failure to support its request would result in France's exit from the ECU. In December, Richard Brown wrote formally to Dr Fleuriau (who had not been present at the GC meeting) advising him that, with regret, the AFC request had not been successful and set out the reasons why this had been the case. At the same time, the ECU offered assistance with any future applications that the AFC might submit.

The ECU received no response from the AFC to this correspondence and no formal notification of its intent to withdraw from the ECU until a six-page letter from Dr Fleuriau was received on 16 January 2014. This letter attacked both the ECU Executive Council and members of the GC, drawing angry responses from a number of ECU members.

Dr Ogre said of France's decision: "The AFC's decision to quit the ECU is bitterly disappointing, as is the manner of its departure. The ECU sympathised with the AFC's plight and offered assistance on numerous occasions. However, if we receive no response, we can only assume that such assistance is not needed. It is also sad that until Jean-Paul Pianta's presence at the table in November, the AFC did not send anyone to represent its members at GC meetings for over two years.

"The GC's support of IFEC, its funding of Dr Charlotte Leboeuf-Yde at Orsay, its support of a research foundation for France and the unity it showed in defending French chiropractic with regard to CEN all demonstrate the ECU's commitment to supporting the interests of French chiropractors. Dr Fleuriau's decision to lead the AFC out of the ECU is therefore most regrettable."

Further funding for Chiropractic Patients' Federation

THE ECU General Council has unanimously voted to offer further financial support for the Chiropractic Patients' Federation (Europe).

This organisation, which represents chiropractic patients' organisations throughout Europe, has been supported by the ECU for many years. Its long-time president is Ann-Liss Taarup.

"I'm really grateful to the ECU for supporting the CPFE. I was so pleased to hear about the positive result of our request. More and more, people are realising that supporting patient organisations can have a real impact for chiropractic in Europe."

ECU Secretary General Richard Brown commented: "I would urge every ECU Member Association to encourage the formation of a national chiropractic patient association so that the CPFE can have a voice and influence European health policy. There are a critical number of such associations that have to be in existence in order for the CPFE to have a voice within the European Patients' Forum. This is important as the EPF is seen as a very powerful lobby within healthcare."

At the GC meeting, Luxembourg committed itself to the formation of a chiropractic patients' organisation.

The ECU's latest grant of €10,000 will be used to support the CPFE's attendance at European patient events and assist in its running costs.

What is the European Patients' Forum?

The European Patients' Forum is an umbrella organisation that works with patients' groups in public health and health advocacy across Europe. Its members represent specific chronic disease groups at EU level or are national coalitions of patients.

The mission of the EPF is to ensure that the patient community drives policies and programmes that affect patients' lives to bring changes, empowering them to be equal citizens in the EU.

The EPF co-ordinates best practice exchanges between patient organisations at European and national levels.

To find out more about the EPF, visit www.eu-patient.eu.

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ECU news

'Profession must go mainstream'

ECU PRESIDENT Øystein Ogre has stressed the need for the profession to 'go mainstream' if it really wants to progress and be respected throughout the world.

At the annual conference of the Chiropractic Association of Australia (CAA), held in October in Sydney, Dr Ogre spoke of the need for the profession to mature and recognise that to develop cultural authority, chiropractic must talk a language common to other health professionals and attain an identity that is consistent with being a primary spine care expert in the health care system.

However, Dr Ogre was careful to point out that chiropractic should remain separate and distinct and not be included in other health professions.

"Chiropractic occupies a unique place within health care," he said. "With the global burden of disease and the need for spine care experts, what we can offer as primary health professionals can really make a difference. We don't have to dismiss the work of those who've gone before us, but we must embrace the current and future needs of our health care systems."

This view was echoed by the President of the Chiropractic Association of Australia, Laurie Tassell. Both Drs Ogre and Tassell are graduates of Palmer College, which has recent adopted a new identity emphasising the role of chiropractors as primary spine care experts.

"The ECU's presence at events like the CAA Conference shows how close we really are as a profession," commented Dr Ogre. "There will always be those who tarnish the reputation of chiropractic, but in reality there is far more that unites us than divides us as chiropractors. By standing together, we will be stronger as a profession."

Secretary General speaks at Asia-Pacific Assembly

ECU SECRETARY General Richard Brown visited the Philippines in January to speak at the Asia-Pacific Chiropractic Doctors' Federation (APCDF).

Richard was invited by the APCDF to discuss opportunities and challenges experienced by the ECU and how they might be addressed in a region where many of the national associations are in their infancy.

Held in Manila, the 7th Annual General Assembly was attended by delegates representing Australia, Singapore, South Korea, Sri Lanka, China and the Philippines. Also in attendance was Dr Denis Richards, President of the World Federation of Chiropractic and Dr Narantuya Samdan, Regional Adviser in Traditional Medicine for the World Health Organisation.

Dr Samdan expressed her views on the potential for chiropractic in the region, where access to medical care is mixed and there is a strong reliance upon traditional, drug-free care. In discussion, she was particularly interested in the role that chiropractic could take in managing the health needs of the aging population.

Richard's presentation, *The roles of regional versus global federations*, was well-received and focused on the benefits that unity within a region can bring to the entire profession. There are now five global federations, based in Latin America (FLAQ), the Middle East (EMMECF), Africa (ACF), Asia-Pacific (APCDF) and Europe (ECU). The ECU is the longest-established chiropractic federation in the world and, with 21 members, brings together the largest group of countries.

Taeg Su Choi, Roger Hinson, Richard Brown, Janet Sosna, Lawrie Tassell, Michel Tetrault, Dennis Richards, Narantuya Samdan (WHO)

"Regional federations represent a commonality of purpose and create a strength that comes from mutual support and a sharing of resources," said Richard. "In a region such as Asia Pacific, like Europe there are nations that are very advanced and established, while at the same time there are those where pioneer chiropractors struggle to establish a profession in a country where chiropractic is unknown."

Richard stressed that there is a place for both regional federations and a global federation. The future and development of the profession, he said, relied on international support and unity.

President of the APCDF, Dr Janet Sosna, reported on developments in countries where chiropractic was an emerging profession. One of these countries was Sri Lanka, where the government has just authorised the establishing of a chiropractic clinic in the capital city, Columbo. Similarly, in China, chiropractors are working in hospitals delivering primary spine care.

In concluding his presentation, Richard drew from the words of John F Kennedy: "Geography has made us neighbours. History has made us friends. Economics has made us partners and necessity has made us allies. Those whom God has so joined together, let no man put asunder."

ECU President meets with Finnish Ministry of Health

ECU PRESIDENT Øystein Ogre recently visited the Finnish capital, Helsinki to attend a meeting with a member of the Finnish Health Ministry. Together with the Finnish Chiropractic Union president, Roope Rinta-Seppälä, and other delegates, Dr Ogre stressed the importance of regulation of the chiropractic profession in Europe. The talks were constructive and it is hoped that further discussions may take place in the near future.

ECU news

Plans for EU involvement

PHILIPPE DRUART, chairman of the EU Affairs Committee, has set out the key priorities for the ECU in its involvement within the European Parliament.

In a key presentation to the ECU General Council in Brussels, Dr Druart explained how the ECU and its Member Associations must familiarise themselves with relevant changes to European legislation that will have a direct impact on the chiropractic profession.

Among the most important recent developments in EU legislation are changes to the **Professional Qualifications Directive**. This Directive has been modernised to allow citizens qualified in one EU Member State to have their professional qualifications recognised in another. By reducing the complexity of recognition procedures, the proposal aims to facilitate the mobility of professionals. So far as chiropractic is concerned, once the profession is regulated in at least one third of EU Member States (there are currently 28), a common training framework can be established.

Dr Druart stressed the adoption and utilisation of the CEN Standard as a means of working towards recognition. He reiterated the fact that for countries without chiropractic legislation, the CEN Standard is regarded as the legal standard.

He went on to discuss the issue of **Cross Border Health Care**, giving citizens the right to choose and be reimbursed for treatment. With variations present in the provision of chiropractic throughout the EU, the need for standardisation is paramount.

Chiropractic is the first health profession to have obtained a CEN Standard. Dr Druart emphasised the need to ensure that the profession maximises the benefits from it by advancing its status in Europe. It is therefore one of the key aims of the ECU to establish a **Common Training Framework** for chiropractic.

Dr Druart described the work of the **European Public Health Alliance** (EPHA), an organisation that exists to promote greater awareness amongst European citizens about policies and programmes. The ECU has attended a number of EPHA meetings, making valuable connections as a new stakeholder.

Finally, Dr Druart referred to the **European Union Health Policy Forum** (EUHPF) a body that works towards ensuring an open, transparent health strategy that is responsive to public concerns. The ECU will be working towards membership of this organisation in 2014.

At the meeting, the General Council approved terms of reference for the EU Affairs Committee, which outlines the work to be undertaken by Dr Druart and his committee members.

Research

Research Corner: Which study when?

Sidney Rubinstein, DC, PhD

OVER THE coming issues of *BACKspace*, I intend to tackle various concepts concerning scientific method. It is my hope that this will enhance the clinician's appreciation and give them a better understanding which ultimately should translate into better patient care. So here goes…

Which study design for which research question?

Research begins with a question. For example, is spinal manipulation an effective therapy? Implicit in this is a comparison. If one is interested in examining this then the randomised controlled trial (RCT) is the best design. The goal of randomisation is to ensure that the intervention and control group are equal with respect to prognostic factors at baseline (i.e. beginning of a study). Prognostic factors include factors likely to influence how patients recover or improve. This includes variables such as age or gender because older people are likely to recover differently than younger, and men and women may recover differently from one another. In most cases, the actual process of randomisation is performed using a table of random numbers generated by a statistician, while the actual assignment of patients is carried out by an independent researcher. If patients are not properly randomised, the choice of treatment (by the patient or therapist) could be determined by some arbitrary confounding baseline measure which will generate wrong conclusions. For example, if one were to compare chiropractic care to surgery for patients with a herniated disc, and the patients were free to choose which treatment they wanted to undergo, then patients with more pain and disability at the beginning of the study, or even those who had previously undergone conservative care, might be more likely to seek surgical care. The result then would be that patients with a worse prognosis (the surgical group) would be compared to a group with a more favorable prognosis (the chiropractic group), which would artificially inflate the effect of chiropractic care.

Choice of study design

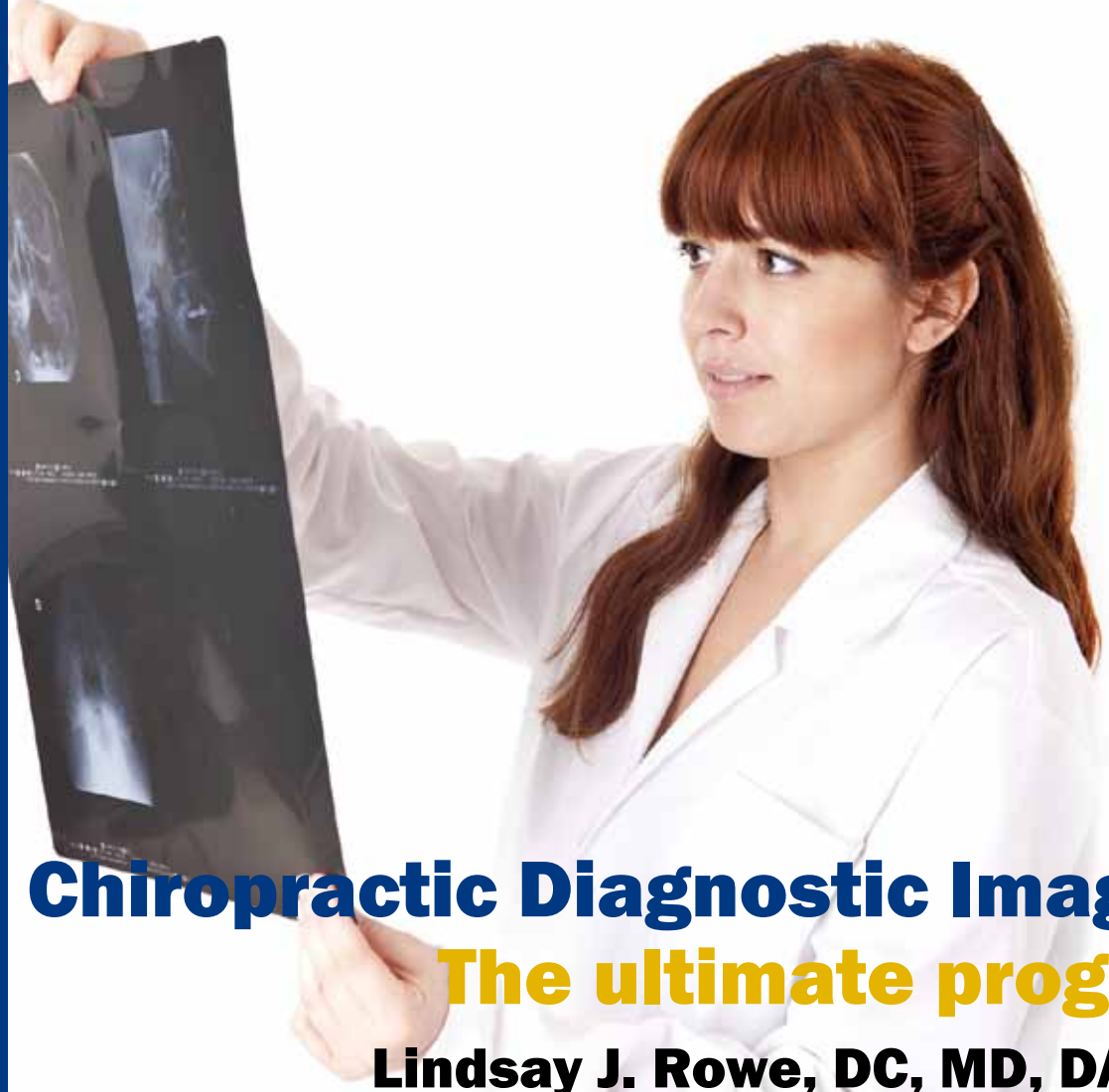
We have all learned that RCTs are the gold standard. However, it is not always feasible, practical or ethical to randomise patients. There are numerous situations when this is not appropriate or possible. For example, if one were interested in the relationship between smoking and cancer, it would be unethical to randomise subjects to smoking. One way to approach this problem would be to examine specific types of cancers likely to be influenced by smoking (e.g. lung cancer) and subsequently ask patients whether they ever smoked and if so, ask how much and for how long. This type of design is known as a case-control study, provided a suitable control is included. The obvious advantage to this design is that it provides a quick answer to a question that would otherwise take years if patients were to be followed prospectively. However, depending upon what decisions are made by the investigators, bias may be introduced, such as reporting bias. For example, if those who have cancer suspect that the reason for their condition has to do with their choice to smoke or not, they might be less likely to report honestly their prior history of smoking.

On the other hand, if one is interested in the safety of an intervention and the adverse event (or complication) is rare, then randomisation can also be problematic. For example, if one is interested in the relationship between cervical spinal manipulation and stroke, millions of patients would have to be randomised and followed over a long period of time in order to generate enough information (i.e. data) in order to draw valid conclusions. Obviously, this is not possible and here again a case-control design can offer an elegant answer to our question. This can be achieved by identifying those who have had a stroke and subsequently ask them whether they had been to a chiropractor prior to their stroke. However, this can also introduce bias (e.g. recall bias) because patients who have had a dissection might be more likely to have been differentially questioned about a visit to a chiropractor at the time that they were admitted to a hospital, and subsequently more likely to remember this months or even years later (as compared to a control, such as a TIA or non-dissecting stroke because manipulation has not been associated with these types of stroke and thus, these subjects are not likely to have been differentially asked).

In this issue, I have briefly discussed issues surrounding study design. In future issues of *BACKspace* I will address other issues of study design as well as explore other concepts of scientific methodology.

> ***"We have all learned that RCTs are the gold standard. However, it is not always feasible, practical or ethical to randomise patients."***

AIC SPRING SEMINARS 2014



Chiropractic Diagnostic Imaging
The ultimate program

Lindsay J. Rowe, DC, MD, DACBR

MILAN, Italy
April 5th-6th, 2014

Dr. Lindsay J. Rowe, DC, MD, DACBR is a distinguished international lecturer and author who has pursued a varied career as both a chiropractor and a medical doctor. He is well versed in the latest imaging technologies including SPECT bone scan, diagnostic ultrasound, helical 3D, CT and MRI. Now in its third edition, *Essentials of Skeletal Radiology*, (co-authored with Dr. Terry Yochum) is an internationally respected text on skeletal radiology.

After earning his DC degree with honors from the Royal Melbourne Institute of Technology in Melbourne, Australia in 1979, Dr. Rowe subsequently practiced chiropractic, and later achieved board certification in chiropractic radiology. He chaired the Department of Radiology at the Canadian Memorial Chiropractic Hospital in Toronto, Ontario from 1982 to 1984.

Dr. Rowe received his medical degree from the University of Newcastle, where he completed a hospital residency program in general and emergency medicine and surgery before becoming senior registrar and a Fellow in Diagnostic and Interventional Radiology in Newcastle, Australia.

Dr. Lindsay J. Rowe currently practices radiology at John Hunter Hospital in Melbourne, Australia and is an associate professor at the University of Newcastle. He is also an adjunct professor at both Northwestern Health Sciences University and Murdoch University, and has recently joined the radiology staff at the Center for Diagnostic Imaging (CDI) which has locations worldwide.

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General news

New BCA president continues support for ECU

THE BRITISH Chiropractic Association (BCA) has a new president. Matthew Bennett has been vice-president of the ECU's largest national association since 2009 and became the Great Britain representative to the ECU General Council in 2011.

Matthew takes over from ECU secretary general, Richard Brown, and is looking forward to supporting the ECU in its role of developing the profession in Europe: "A strong and vibrant ECU is vital for the growth of chiropractic throughout Europe. It is important that the larger nations, which have already benefited from ECU support in the past, continue to help nations where a chiropractic profession is still emerging. The BCA will continue to support the ECU and help it achieve its aims."

Matthew is a 1987 graduate of the Anglo-European College of Chiropractic and has been active within the UK profession for many years.

Having previously served on BCA Council in the 1990s, he rejoined Council in 2009 and has been a key part of developing the BCA's digital strategy: "It's important that the BCA stays abreast of technology and uses the latest developments to its advantage," he said. "This means staying abreast of social media as well as having a fresh, innovative web presence."

Matthew's other passion has been in the area of graduate education programmes and for many years he has been the director of the Post-Registration Training scheme at the Royal College of Chiropractors. He sees the period immediately following graduation as being of critical importance: "Our colleges do a fantastic job of training our graduates to a high standard but the transition to front-line practice can be a difficult time. By supporting them through this first year or two we help them develop habits and professionalism that last a lifetime."

The UK profession achieved statuary recognition in 1994 but, as Matthew points out, there is a downside: "In the UK the burden of compliance is the price of professional recognition. Supporting members through the fitness to practice hearings of the statutory regulator, the General Chiropractic Council, is time consuming and expensive. The BCA plays a key role and wins most of the cases it takes on."

Matthew sees this as a key role of the BCA in the coming years as well as tackling the rise of civil negligence cases which are affecting all health professions.

In his first speech to the BCA, Matthew also highlighted the need to focus on giving members value-for-money for their dues. He will be focusing on improving the services the BCA provides to make life in practice as smooth as possible, as well as developing marketing support to help members promote themselves. He is also keen to assist the ECU to offer similar support to its members.

Another important issue that Matthew has identified is the poor understanding of the work of the ECU at a national member level: "Most individual association members throughout Europe don't have much idea what the ECU does or why it is so important. That must change. Every national association must have this as a priority and must tell its members that together we can achieve far more."

AECC hosts 10th COP conference

THE 10TH annual Chiropractic Osteopathy and Physiotherapy (COP) conference took place at the Anglo-European College of Chiropractic (AECC) on 9 November 2013. The keynote speaker was Dr Felicity Bishop, a leading researcher in the psychology department at Southampton University, who is involved in an interdisciplinary programme of research, including the utilisation of complementary and alternative medicine and the psychosocial mediators of their effectiveness.

Throughout the day, 24 students and recent graduates, representing eight institutions both in the UK and Europe, gave presentations about their research projects, with subjects including therapeutic alliance and attachment, an RCT concerning instrumented SMT, and attitudes and views concerning osteopathic principles, to mention just a few. This resulted in a rich diversity of subject areas, generating many questions and discussion during coffee breaks and lunch.

Later in the day the second invited speaker, British Chiropractic Association member Jonathan Field, gave a talk about the highs and lows of carrying out research while in clinical practice, offering useful pointers and tips concerning the practicalities and hurdles to overcome in order to achieve success.

The final talk was given by Steve Vogel, Vice Principal (Research), at the British School of Osteopathy, concerning tips for publishing research.

Prizes for the presentations were awarded by Dr Dave Newell, AECC Research Director. This year, publishing company Elsevier generously donated the prizes, which were awarded to Hannah Kasari-Martino for *Osteopaths' views and definitions of osteopathic principles* (1st prize), to Catherine Feier for *A European survey of equestrians' attitudes toward equine chiropractic* (joint 2nd prize) and to Siobhan Quirke for *Trait emotional intelligence amongst BSO students* (joint 2nd prize).

Prof Haymo Thiel, Principal AECC, commented: "I would like to thank all at the AECC who helped to make this conference possible: the AECC student crew who diligently directed and ushered throughout the day, Dave Newell and all the other academics from attending institutions who chaired and judged sessions and our sponsors, the Royal College of Chiropractors, the Chiropractic Patients' Association and Apexquick Ltd for their generous support."

General news

AECC student Caitlin Hunter (3rd from left) and faculty member Jacqui Rix (4th from left) outside a carpenter's shop serving as the maternity outreach for the day

Changing lives in Uganda

STUDENT CAITLIN Hunter and chiropractic faculty member Jacqui Rix at the Anglo-European College of Chiropractic (AECC) wanted to help the underprivileged and felt the ideal way to do so would be to start a charity. In the summer of 2013 Jacqui and Caitlin travelled to Uganda to make initial contacts, and to investigate which projects would be suitable to become involved in.

During their stay the pair visited several orphanages and foster families giving toys and shoes, donated from people back home, to the children. Jacqui recalls: "We were moved to see some clinical cases of cerebral palsy and birth defects at one of the orphanages; they informed us that there were many cases like this in Uganda as there is a lack of adequately trained midwives and facilities in the area.

"We also spent some time with a local midwife, HIV nurse and paediatric nurse in a rural community outreach linked to a small rural clinic. We were surprised to find it set up in a carpenter's shop front for the day with paediatric vaccinations taking place under a tree outside. One of the clinics ran a physiotherapy outreach for children on a tarpaulin under a tree once a month. This was primarily for children with cerebral palsy as well as those with physical and mental handicaps. Throughout the trip we were overwhelmed by the general poverty we saw. Running water and electricity were privileges and in some areas non-existent."

Jacqui and Caitlin realised that the needs of those in Uganda were great and if AECC staff, students and alumni could get involved, even in a small way, they would be able to make a huge difference.

Upon their return to the UK they decided to launch the charity, named *The Mukono Foundation*, which means 'done by hand' - the translation of the AECC motto into Swahili. The duo have since formed a committee of AECC staff and students and are working towards fundraising to send essential supplies with a team of staff and students to Uganda in August. Their ultimate goal is to be able to help fund an existing rural clinic and create a sustainable clinic with adequate staff and supplies.

If you wish to get involved, please contact the foundation on **mukonofoundation@gmail.com** or visit **www.facebook.com/themukonofoundation**.

NCA works towards chiropractic education

THE NORWEGIAN Chiropractic Association (NCA) was invited to hearings with both the Health Committee and with the Education and Research Committee in November, following the 2014 fiscal budget proposal to the Norwegian Parliament. Comments centred on the two main political domains: education and public reimbursement.

The absence of a chiropractic education in Norway is probably the main barrier for full academic recognition and professional integration for chiropractors in the Norwegian health care system. Establishing an educational programme for chiropractic at university level and a collaborative milieu for musculoskeletal research in primary care have been the NCA's highest priorities for the past 25 years. Chiropractors are now the only fully authorised group of health care professionals in Norway without academic affiliation, so the NCA is determined that the government take action to establish a Norwegian chiropractic education. Two academic institutions, the University of Oslo and the University of Stavanger, have made plans for integrating a chiropractic curriculum into their academic programme. The only topic in need of clearance before the programme can be realised is government funding.

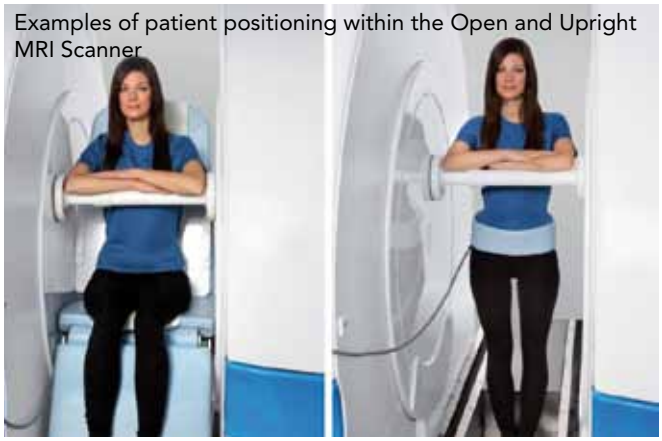
Public reimbursement in Norway for patients in need of chiropractic treatment is at a minimum compared to the level of other health care professionals such as medical doctors and physiotherapists. Furthermore, the annual increases in total reimbursement are expanding at a rate lower than the average growth in consumer wages, thereby turning chiropractic into an excessively expensive treatment option for patients with musculoskeletal complaints. In order to ameliorate reimbursement for chiropractic treatment, making chiropractic more affordable to those with lower income, the NCA has proposed three steps:

1. Removal of the reimbursement limit of 14 treatments per year
2. Introducing a special rate for children so that treatment can be provided to this group of patients regardless of parents' income
3. Increase the rate of reimbursement for the initial consultation with a chiropractor. Accumulatively these steps will lower the economic threshold for patients seeking chiropractic treatment making chiropractic as equally attractive and available as other health care professions in the musculoskeletal domain.

There are now over 750 chiropractors in Norway. Following the launch of a bold strategic plan almost a decade ago, chiropractors in Norway now enjoy privileges that are the envy of the world, including referral rights for MRI scanning, to physiotherapy and to hospital consultants – a remarkable achievement in a country of just five million.

NCA President Jakob Lothe has also announced an exciting collaboration with the UK's AECC, which is now delivering programmes in diagnostic ultrasound and musculoskeletal paediatrics (see page 18) in Norway.

General news



Examples of patient positioning within the Open and Upright MRI Scanner

Open and upright MRI scanner for AECC

THE ANGLO-EUROPEAN College of Chiropractic (AECC) has completed negotiations and formally ordered a brand-new open and upright magnetic resonance imaging (MRI) scanner to be housed in a purpose-built one-storey extension to its clinic building. The order comes after almost two years of careful deliberation and Board of Governors' approval.

The scanner is a Paramed 0.5T open magnet, which will allow scans to be obtained both standing up and lying down. Its advanced computing systems allow it to obtain MRI sequences capable of displaying all of the major musculoskeletal pathologies. It will also enable referrers to investigate, for example, the effect of weight-bearing postures on such pathologies as disc protrusions and spinal stenosis.

Professor Alan Breen, who led the Procurement Group said: "This technology puts AECC and chiropractic in the UK firmly in the advanced spine diagnostics arena. This scanner will be a focus for service to patients and the community, enhanced education for students, CPD for graduates, and research opportunities for academics. It will be the only open, upright scanner in the south of England."

Principal Haymo Thiel commented: "This scanner is unique as it will provide an alternative to the traditional tunnel experience, which is challenging for many patients and can be restrictive for MSK clinicians. Furthermore, our students will benefit from the additional and unique learning opportunities that the MRI scanner will present. Finally, we will be providing a needed clinical service to the health care community and patients in the south of England, offering an imaging service for patients who suffer from claustrophobia or anxiety, are bariatric or who need a weight-bearing scan. This is an exciting time for the AECC."

AEQ disappointed by talks with Spanish health ministry

CARLOS GEVERS, president of the Spanish Chiropractors' Association (AEQ), was disappointed at his recent meeting with the Ministry of Health about formal recognition of chiropractors in Spain. The Ministry advised that there are limited ways that it will regulate chiropractors in Spain: either they create a Masters conversion programme (one year) accessible to physiotherapists and MDs, as a Masters speciality, or they accept a far lower standard of regulation requiring basic technical training only.

Although they have had a national association for many years, chiropractors in Spain have been discriminated against by the authorities, which have repeatedly favoured the more established physiotherapy and medical professions.

Despite this setback, the AEQ has committed itself to continuing talks and has streamlined its Council as well as establishing new committee chairs. With the first cohort of students due to graduate from the Barcelona College of Chiropractic in 2014, the numbers of chiropractors in Spain will continue to rise in the coming years.

Rugby research at WIOC

THE CLINICAL Technology and Diagnostic Research Unit (CTDRU) at the Welsh Institute of Chiropractic (WIOC), has been further developing its links with rugby at the University of South Wales, led by Professor Peter McCarthy.

In advance of the Millennium Stadium clash between Australia and England in the Rugby League World Cup, WIOC undergraduates, led by chiropractor Bianca Zeitsman, undertook a full ACROM (Active Cervical Range of Movement) assessment of the Australian team.

Thanks to the Welsh Rugby Union, ACROM assessments have been performed on both elite male and female rugby players. They are used as an aid both to diagnosis and rehabilitation and are seen as a reliable point of reference in measuring the degree of recovery from injury.

The CTDRU has been undertaking injury surveillance at all levels of rugby in Wales and has had a number of scientific papers published in highly respected peer-reviewed journals. These include the Journal of Sports Science and the Journal of Sports Medicine and Physical Fitness.

The Australians were impressed with the professionalism of the WIOC chiropractic team and a definite opportunity has arisen to work with them again in the future.

Positive results for WIOC project

A PROJECT AIMED at developing closer links with mainstream health care in Wales has achieved positive results.

As part of the Cwm Taf Collaborative Project, chiropractic students at the Welsh Institute of Chiropractic (WIOC) have engaged with physiotherapy colleagues to provide back and neck pain services and it is hoped that the outcomes of the project will open more doors at local hospitals for inter-professional dialogue.

The Cwm Taf Project final report will be presented to the Health Board for consideration and with a view to future funding. The project demonstrated that back and neck pain services can be delivered both cost-effectively and using patient-focused methods.

Dr David Byfield, head of WIOC, said: "Our final year students are highly regarded and I am very proud with the way they acquit themselves in the hospitals and the local community. I would also like to thank Sue Beckman from the Welsh Government Delivery Unit for her dedication to this project."

WIOC is hoping to submit an abstract for the 2014 ECU Convention in Dublin.

General news

Legislation in Belgium: the story continues...

They say that a day can be a long time in politics. For chiropractors in Belgium, since the day that the Colla Law was passed in 1999, establishing a framework for the legislation of chiropractic, progress has been painfully slow. ***Bart Vandendries****, vice-president of the Belgian Chiropractors' Union, reports.*

NAMED AFTER the then Belgian health minister, Marcel Colla, the law recognised what were considered the four principal complementary health professions. Despite opposition from the medical profession, Colla pushed through legislation that has paved the way for chiropractors to achieve statutory recognition in Belgium.

Progress has been slow – painfully so. It took 12 years after the passing of the Colla Law before the current health minister Laurette Onkelinx executed the three next steps set out in the Colla Law:

1 The recognition of the Belgian Syndicate of Chiropractic as an official professional organisation and political body
2 The establishment of a Chamber of Chiropractic
3 The establishment of the Paritary Commission.

The Chamber of Chiropractic consists of five representatives of the BCU and five medical doctors representing the medical faculties of the Belgian universities. This chamber is required to provide advice to the health minister on various aspects of the chiropractic profession (definition, registration, education, post-graduate education, code of ethics, etc).

The Paritary Commission consists of eight practitioners of non-conventional health professions (two chiropractors, two osteopaths, two homeopaths and two acupuncturists), along with eight medical doctors. The Paritary Commission's task is to provide advice to the health minister on general aspects of the practice of a non-medical health profession and reviews the advice of the Chamber of Chiropractic.

The advice of both the Paritary Commission and the Chamber of Chiropractic was passed to the Health Minister for consideration in December 2012. Before a decision is taken a final hearing will take place in the Health Commission of Parliament where the Belgian Chiropractors' Union is expected to present the chiropractic profession and respond to questioning by MPs. Once this hearing has been conducted, a final decision is anticipated very soon after.

However, chiropractors in Belgium are still waiting for the date of this hearing. Over the course of last year, the health minister has expressed in the media on several occasions her desire to take a decision and publish a Royal Decree on all four professions in advance of the national and European elections on 25 May 2014.

Realistically, for this to happen the hearing must take place prior to the end of March 2014. The Royal Decree on homeopathy was published last summer, the Royal Decree on osteopathy was published in January 2014, and chiropractic is next in line.

Will Belgium be the next country in the EU and ECU with legal recognition of chiropractic as a primary health care profession or will we still have to exercise patience? For chiropractors in Belgium, we are experiencing exciting times. We hope to report good news in the next issue of *Backspace*.

NCA President awarded Golden Spine

JAKOB LOTHE, president of the Norwegian Chiropractic Association (NCA) has been awarded the Golden Spine, the association's highest honour, given to members who have made extraordinary efforts in the development of chiropractic in Norway.

Dr Lothe received the honour for his political work and outstanding achievements with regard to public recognition and education. Over many years he has pushed for the establishment of a national educational programme for chiropractors in Norway, a programme thought soon to be realised at a university level.

Dr Lothe accepted the award with gratitude and said it has inspired him to continue his work in the years to come.

Inspectie voor de Gezondheidszorg
Ministerie van Volksgezondheid, Welzijn en Sport

UCM preserved in the Netherlands

THE NETHERLANDS Chiropractic Association (NCA) has successfully defended the rights of qualified chiropractors to use upper cervical manipulation, following a threat that the technique might be outlawed in the Netherlands.

After incidents of alleged adverse events involving upper cervical manipulation, manual therapists voluntarily withdrew their right to use it on their patients, but proposals to ban the technique throughout the Netherlands were strongly opposed by the NCA.

As a result of high-level meetings with the IGZ (Netherlands Health Inspectorate), the threat to prohibit the technique was withdrawn. The NCA presented strong evidence defending the safety and effectiveness of cervical manipulation and were assisted by respected researchers in the field, including Professor David Cassidy of the University of Southern Denmark.

In consequence of the actions of some chiropractors, including those in the Netherlands outside the NCA, and from outspoken figures from the United States, the ECU has issued a statement drawing attention to the WFC Policy of Non-Interference by one nation in another nation's affairs. This can be accessed from the ECU website: **www.chiropractic-ecu.org**

General news

MSc in paediatrics in Norway

THE NORWEGIAN Chiropractic Association (NCA), in collaboration with the Anglo-European College of Chiropractic (AECC), has launched an MSc programme in paediatric chiropractic to be held on Norwegian soil.

This popular programme has previously only been available for chiropractors who can commit to travelling to the UK. However, this innovative partnership offers a part-time, 'at a distance' programme enabling chiropractors to combine professional learning in the workplace with a postgraduate academic qualification.

The programme provides a unique opportunity for chiropractors to attain the skills and attitudes of continuing professional development, experiential learning and reflective practice, and to develop advanced clinical and practical skills in this specialised area of practice.

Exciting times for Turkey

THE TURKISH Chiropractic Association (TCA) has a new executive. In December, Dr Aurelie Francine Belsot became the new president, while Dr Burak Esendal has become vice-president. Immediate past president Dr Mustafa Agaoglu will remain very active in the association and is currently involved in national issues affecting the profession.

The TCA currently has seven members

Aurelie Belsot graduated from İFEC in France in 2004. As a teenager she wanted to become an MD, but at that time her grandfather was very ill and his doctor treated him badly, so she decided to look for another medical profession.

The opportunity came when her uncle introduced her to his chiropractor, Dr Baudouin in Arras, France. Soon after that she enrolled at İFEC.

After graduating, she worked for almost four years in Germany, France and the Netherlands before moving to Turkey, where chiropractic is less well-known: "Here people are not familiar with what we are doing. Chiropractors in Turkey get to see a wide spectrum of patients, some of whom we would never come across in Europe. Our diagnosis skills are really important as it is quite common to get patients with a red flag - people who have a tumour, osteomyelitis, the beginning of heart attack, etc., but have not been diagnosed with such.

"Our main challenges are to get regulation for chiropractic (it's on the way, thanks to our immediate past president) and to get the education started.

"Turkish chiropractic is still in its infancy. Chiropractors here have a lot of job opportunities, such as care of professional sports teams, or in polyclinics. Other medical professionals do not yet see us as a threat. I think it is in our hands to try to keep it that way."

Burak Esendal is an MD DC who graduated from Palmer College, USA in 2010. He works at the Anadolu Hospital in Istanbul.

In other news, the Head of the Masters Programme in Physiotherapy at Bahçeşehir University in Istanbul recently approached the TCA to ask whether Dr Agaoglu could teach the theory of spinal manipulation and the effects of chiropractic care to physiotherapists. As a result, he has invited Dr Agaoglu to assist him in instructing physiotherapists.

Finally, a leading neurosurgeon in Turkey, who also served as the president of the Turkish Neurosurgical Society, runs what are called Advanced Spinal and Peripheral Surgical courses. Dr Agaoglu was invited to present on the subject of *Chiropractic and its Effects on Chronic Low Back Pain and Leg Pain*. Preliminary discussions have taken place regarding multidisciplinary events involving both chiropractors and neurosurgeons in Turkey.

First steps for Luxembourg

CHIROLETZEBUERG PRESIDENT Scott Oliver has taken a small but important step towards formal recognition of the chiropractic profession in Luxembourg.

In November, he was granted the opportunity to meet with the influential College Medicale, the body responsible for advising the Health Ministry about prospective legislation, registration and regulation of health professionals in the Grand Duchy of Luxembourg.

The Council mainly comprises medical practitioners – its chairman is a neurologist and the vice-chairman is a vascular surgeon – along with dentists and pharmacists. The power of the College Medicale dates back to a treaty in 1818, when it was given huge powers to govern medicine and health care. It has retained these powers to the present day.

ECU Secretary-General Richard Brown was also present at the meeting, during which the College Medicale was given information about the status of the chiropractic profession in Europe, the potential benefits of incorporating chiropractic into the health system and the protection of the public that statutory recognition of the profession would give. The College was presented with a file of supportive papers.

As with many other medical bodies in Europe, concern was expressed by the College Medicale about granting anyone outside the medical profession the right to diagnose, seen as its sacred preserve. It stressed the critical importance of proficiency in the official languages of Luxembourg, namely French, German and Luxembourgish.

Speaking after the meeting, Richard Brown commented: "The road to statutory regulation is a long one, with twists, turns and obstacles. However, Scott and his colleagues in Chiroletzebuerg have made important progress by getting time with the College Medicale. I felt that the meeting was productive and the questions generated by the presentation indicated a genuine interest in the work of chiropractors."

General news

'Bournemouth Cherries' in safe hands

THE ANGLO-EUROPEAN College of Chiropractic (AECC) will ensure that AFC Bournemouth players (known as the Cherries) receive top-class treatment and support after becoming the club's official performance, assessment and rehabilitation partner. The AECC now assists the Cherries' medical and sports science staff in providing treatment and sports rehabilitation for players of all levels across the club.

Two final-year students currently work with first team physiotherapist Steve Hard both at the club and the AECC, while there are also students assigned to the development squad and youth team. In addition, AECC provides third kit sponsorship for Cherries players Mohamed Coulibaly and Charlie Daniels.

Steve Hard, who has had a long-standing relationship with the AECC, said: "I have used the facilities at the college for the last five years and have found this very beneficial for all of the players, not just for the injured but also for maintaining the performance of fit players.

"We use their facilities regularly for player screening to find any weaknesses and to address these."

Neil Osborne, Director of the AECC Bournemouth Clinic, added: "The partnership is a great opportunity for us to be involved with our local football club and we are proud of the success they have achieved. The team has our fantastic facilities at its disposal; they can be used to help keep players at the top of their game, whilst the partnership also benefits our students as it allows them the opportunity to work closely with sporting professionals. We see people from all walks of life in the clinic, and those who play sport for a living require treatment programmes tailored differently to others who are less active. This variety is great experience for the students. AFC Bournemouth is a fantastic addition to our current sporting links and we look forward to working with them throughout the season."

Members of the AECC and AFC Bournemouth at The Goldsands Stadium

Latest news from ECCE

THE EUROPEAN Council on Chiropractic Education (ECCE) continued its work in accreditation of chiropractic education in Europe and South Africa during 2013.

EQAR

ECCE was accepted onto the European Quality Assurance Register in 2013. The register provides a list of quality assurance agencies in good standing that meet the European Standards and Guidelines. EQAR publishes and manages a register of quality assurance agencies that substantially comply with the European Standards and Guidelines for Quality Assurance (ESG) to provide the public with clear and reliable information on quality assurance agencies operating in Europe. Inclusion on the register confirms that ECCE continues to strive for the highest standards in quality assurance in chiropractic education in Europe.

Johannesburg

In September, ECCE sent an evaluation team to the University of Johannesburg as part of the re-evaluation process for the university. ECCE is pleased to announce that the Department of Chiropractic at University of Johannesburg has been re-accredited for a period of five years, the maximum duration possible.

Evaluations

Forthcoming evaluations include a joint evaluation of IFEC Paris/ Toulouse towards the end of 2014. Whilst the dates are not confirmed ECCE expects an accreditation cycle for Barcelona College of Chiropractic to begin in 2014 and also expects McTimoney College of Chiropractic to apply for accreditation in 2014.

ECCE Executive changes

There were a number of changes to the membership of Executive at the recent Council meeting in Paris. Tim Raven's first four-year term as president came to an end and he did not seek re-election. Tim continues on the Executive for one more year in the capacity of immediate past president.

Olivier Lanlo from France was elected as the new ECCE president. Olivier has many years of experience in chiropractic education and has served as vice-president on the Executive.

Cindy Peterson from Zürich was elected as the new vice-president. Cindy has been working as the chair of the Quality Assurance Committee and has many years' experience in chiropractic education in several countries.

Markus Fechler, who has been treasurer/secretary of ECCE for 14 years has decided to step down. Markus has been the core of ECCE during his time on the Executive and has devoted an untold number of hours to ECCE business. He has provided stability and continuity for both the Executive and Council. Markus' contribution to ECCE has been outstanding and he'll be sadly missed as he enjoys his time sailing around the world with his wife Judith.

Markus will be replaced as treasurer by Alexander Ruhe from Germany. Alex is new to ECCE but has a desire to contribute to chiropractic education and will be a great asset to the team.

The final change to the executive is the inclusion of Christophe Sem from Switzerland as the new chair of Quality Assurance. With the ongoing contribution of Arvid Thorkeldsen as chair of Commission on Accreditation and Mandy Stagg as executive secretary, ECCE has a strong and enthusiastic leadership team for the coming years.

General news

German court judgment opens doors for chiropractors

FOR MANY years it has been necessary for German chiropractors to take and pass the Heilpraktikererlaubnis in order for them to practise independently. GCA President Timo Kaschel is frustrated at the continued imposition of the test for fully-qualified chiropractors having attained their degrees at ECCE-accredited educational institutions.

"Having to take a test consisting of a written and an oral examination has been more than bothersome to many colleagues," says Timo. "It requires month-long preparations and does nothing to advance the status of chiropractors in recognising their academic education – on the contrary it legally places chiropractors on a level with lay healing people who have no need for any formal medical education at all."

In the past few years the need to take this test has been successfully avoided by a number of chiropractors through litigation – they sued the state of Germany. Although the status achieved by these successful challenges is not what the GCA ultimately aspires to achieve, it does make it easier for chiropractors to start working in Germany on a legally-sound basis.

In a recent court case, a GCA chiropractor and AECC graduate has also received a positive verdict from the German courts. Of special interest is the explanation of this verdict by the judges in the case. The following statements by the judges are worthy of note:

1 The current Heilpraktiker law does not state that an applicant has to take a test at all. The only binding obligation is that an applicant must be shown not to be a danger to public health (Gefahr für die Volksgesundheit).
2 The scope of practice of a chiropractor is not defined.
3 The WHO Guidelines on basic training and safety in chiropractic were helpful in determining the status of chiropractors as diagnosticians (although one judge rejected this argument and stated that chiropractors should not be permitted to diagnose).
4 Chiropractic should be considered an officially-recognised profession in Germany. The first mention of it was in 1970 by the Bundesverwaltungsgericht.
5 Chiropractic is a legitimate, regulated profession in a number of countries worldwide and the existence of the German Chiropractic Association (GCA) reflects the establishment of the profession in Germany.
6 Any regulation of the chiropractic profession in Germany must take account of EU law, particularly in respect of legislation relating to the mobility of health professionals. The German government has limited powers to restrict the entry of chiropractors into Germany to practise chiropractic.
7 The efficacy and mechanisms of action of chiropractic care have been established by the World Health Organisation.
8 Chiropractors must be clearly distinguished from Chiropraktiker, who have no formal chiropractic education. An unqualified chiropraktiker poses far greater potential danger to members of the public.

The three main reasons for the judgment were the appellant's successful completion of the Masters degree in chiropractic from AECC, his two years continuous private practice as a chiropractor and his completion of a Graduate Education Programme with the GCA.

As a consequence of this historic judgement a licence was issued, restricted to the field of chiropractic. Certain activities were explicitly excluded, such as midwifery, prescription of medicines and the treatment of infectious diseases. Specifically, the judges relied on EU Law, Article 49. Equivalence was also placed on the qualification from AECC with a Masters degree issued by a German university.

What is Article 49?

Article 49 of the Treaty on the Functioning of the European Union (TFEU) prohibits restrictions on the freedom of establishment of nationals of a Member State in the territory of another Member State.

Freedom of Establishment includes the right to take up and pursue activities such as self employed persons and to manage firms or companies. This, along with Article 56, which permits the freedom to provide cross-border services.

The European Commission has stated that national laws that restrict freedom of movement or freedom of establishment must be modified. Member States are only permitted to retain restrictions where they have an impact on public policy, public security or public health.

The Commission has the power to commence infringement proceedings against any Member State which it believes has laws that are incompatible with Community Law.

Enhanced prescription rights for Swiss chiropractors

CHIROPRACTORS IN Switzerland will now enjoy wider prescription rights for the treatment of musculoskeletal conditions. Under new legislation, chiropractors, who are legally recognised as medical professionals in Switzerland, will be able to prescribe a range of medication including muscle relaxants, non-steroidal anti-inflammatories and vitamin supplements. This is in addition to their rights to refer for diagnostic imaging and laboratory tests.

Prescribing amongst chiropractors remains a controversial area. With strong opponents and strong proponents of prescribing, the profession is split by the topic. While some argue that prescribing is contrary to the principles of chiropractic, others see it as another component of the package of care that chiropractors can offer as primary spine care clinicians.

Meanwhile, Chirosuisse has announced an exciting collaboration with a telemedicine company and is working in conjunction with an insurance company to identify subgroups likely to benefit most from chiropractic care.

General news

Kenneth Vall receives Honorary Doctorate

Dr Ken Vall (right) with Bournemouth University's Vice Chancellor Professor John Vinney

PAST PRINCIPAL of the Anglo-European College of Chiropractic, Dr Kenneth Vall, has been awarded an Honorary Doctorate in Education from Bournemouth University.

At the graduation ceremony of the School of Health and Social Care at Bournemouth University, Dr Vall was formally recognised for his achievements in chiropractic education, which span five decades.

Dr Vall is the first chiropractor to receive such an accolade at a public UK university.

In the citation leading to the conferment, Dr Vall was hailed as an authoritative leader in the chiropractic profession and mention was made of his involvement with the ECU, EAC, ECCE and WFC. It was noted that he had advised governments on chiropractic education and specific mention was made of his work in helping to establish the chiropractic programme at the Real Centro Universitario at Escorial in Madrid.

It was noted that Dr Vall had been the recipient of the ECU Honour Award in 2010 for his outstanding service to the profession. The citation went on to acknowledge Dr Vall's contribution to education which led the development with Bournemouth University of a successful collaboration, leading to its status as an associate college offering both Bachelors and Masters programmes in chiropractic.

In responding, Dr Vall said that the Honorary Doctorate in Education was the greatest accolade that had been bestowed upon him during his career. He stressed that education was the most powerful weapon in achieving social justice and that there should be an unceasing effort to seek out and nurture talent wherever it exists so that young people may achieve their full potential. He encouraged the audience to care not just for their patients, but also for themselves.

Commenting on the award, ECU president Dr Øystein Ogre said: "I am delighted to learn of this honour and congratulate Kenneth on receiving yet another acknowledgement of his contribution to the profession. Those of us who have known him for years know that this Honorary Doctorate is richly deserved. It is a great honour for him personally, but is also an endorsement of the profession that leaders in chiropractic education are now being recognised in this way".

Regulatory changes planned for British chiropractors

CHANGES TO the way chiropractors' fitness to practice is assessed in the UK are due to be confirmed in 2014, and a new scheme of revalidation will be introduced in 2015. Consultations over revalidation – which is designed to assure the British public of a chiropractor's fitness to work as a chiropractor – have been ongoing for a number of years and have been met with resistance by many practitioners, who are upset by having another tier of regulation imposed upon them. A pilot scheme to test the proposals will be launched later this year.

At the same time, the current Code of Practice and Standard of Proficiency – the documents setting the standards of care to be provided by chiropractors in the UK – will be reviewed in 2014. The current Code and Standard is the fourth version since 1999 and is the document against which chiropractors' conduct and proficiency is measured.

Greek recognition discussions continue

CHIROPRACTIC REMAINS unrecognised and unregulated in Greece, but President Vasileios Gkolfinopoulos has taken important steps in securing talks with the Greek Ministry of Health. Vasileios, who is the Treasurer of the ECU, has now had two meetings with the Ministry and has found both to be constructive.

He said: "The road to statutory recognition here in Greece will be a long one and we recognise the magnitude of the challenge that lies ahead of us. However, the important thing at this stage is that we are at the table."

Greece will host the joint WFC Congress/ECU Convention in 2015 (see page 6) and it is hoped that the event will provide an opportunity for politicians in Greece to be exposed to the status of chiropractic on the global stage.

General news

GCC commends McTimoney College

A SUCCESSFUL VISIT from the General Chiropractic Council has secured recognition of the UK's McTimoney College of Chiropractic (MCC) for the next five years. The college was commended on the commitment of the teaching team, its enhanced resources, the variety and the strength of pastoral, research and academic support for the students, the robust quality assurance of the programmes, the opportunities for interdisciplinary working and the positive involvement of patients in both student learning and assessment.

Christina Cunliffe, principal of the college, commented: "Something that we have been particularly proud of over the last couple of years has been the increasing involvement of patients in the development, teaching and assessment of the programme. This started with inviting an occasional patient in to talk about their experiences, and has now become an integral part of the programme from year one, using a database of patients with a wide range of ages and conditions who are willing to be involved in a number of different ways.

"For example, in the early years of the programme, patients attend classes to talk about their experiences, but also to be questioned and interact with the students. In the later years patients with specific conditions attend clinical teaching sessions where those conditions are being taught, and others, such as older patients or pregnant women, will attend practical teaching sessions to aid students as they learn how to adapt their treatment style.

"Importantly, patients are also involved in programme development meetings, and in the assessment of students in clinic. Initially we found some resistance by staff and students to the use of patients in this way, but ultimately we are all judged by our patients in practice so this is the ideal time to get used to it!"

Another successful visit by the GCC to the MCC's new Manchester campus also took place last year. This represents the first chiropractic programme to be available in the north of England: "We hope that this will open up the interest in chiropractic and persuade those who would not have made the journey to the south to train," said Dr Cunliffe.

The MCC graduated its first cohort from the four-year programme in September 2013 and is now preparing a self-study report in anticipation of the ECCE accreditation visit in November 2014.

First meeting for BSHC

THE BRITISH Society for the History of Chiropractic (BSHC) held its first educational meeting and AGM at the Anglo-European College of Chiropractic (AECC) on 19 October. The weekend of the gathering coincided with the 100th anniversary of the passing of Daniel David Palmer, chiropractic's founder.

The society aims to promote study of the history of chiropractic, promote preservation of historical source materials and provide opportunities for collaboration, discussion and critical analysis.

Alison Selby, one of the founders of the Society, pictured in the AECC's History Library

The meeting was attended by chiropractors from different branches of the profession and also by non-chiropractors, including three osteopaths. This provided a basis for healthy discussion and contextualisation of chiropractic's history.

Robin Kirk, the principal of the London School of Osteopathy, spoke about the relevance of history for the chiropractic and osteopathic professions. Christina Cunliffe, the principal of the McTimoney College of Chiropractic, examined the origins of the McTimoney branch of the chiropractic profession. Francis Wilson, senior lecturer at the AECC, explored the myths that surround chiropractic's emergence.

Delegates were given a tour of the Donald and Elizabeth Bennett History Library which offers a valuable resource for those wishing to undertake academic study of the history of chiropractic.

Delegates at the first educational meeting of the British Society for the History of Chiropractic

Opened in 2003, the Library's focus is on the history of chiropractic in Europe. The collection contains source materials from Britain dating from the 1920s, including records relating to the formation of the British Chiropractors' Association in 1925.

The first educational meeting of the BSHC was a successful one and there were many positive comments from those who attended. One of the delegates tweeted afterwards: "Great day with lovely people at @TheAECC for the first official meeting of The British Society for History of Chiropractic."

Membership of the Society is open to those who support its aims. For further information please visit **www.historyofchiropractic.org.uk**.

General news

World Spine Day at AECC

Every year on 16 October people from around the world join together to raise awareness on World Spine Day as part of the Bone and Joint Decade's Action Week. ***Anna Papadopoulou*** *reports on the Anglo-European College of Chiropractic's first World Spine Day event in October 2013.*

THE AECC students were very engaged in the spirit of the day. They started their morning lectures with a demonstration of spinal exercises and heard a talk on the Bone and Joint Decade campaign to alleviate the suffering of people with MSK conditions. This led to positive feedback from the students, who saw the greater picture of how chiropractic can make a difference to the economy of governments as well as individual people's lives.

A relaxing yoga session to engage the body and mind was led by Juliette Oliver of OrcKid Yoga. A number of people from the local community attended this class, and reported that it was a great way of starting their day and paying tribute to their spines.

Everyone had the opportunity to continue the day with free personalised consultations and advice about their own musculoskeletal condition. These consultations were delivered by the clinic interns. This was an excellent way to interact with members of the public and give some advice about ways to improve their daily activities in relation to their complaint.

Concurrently in Bournemouth town centre the AECC- WCCS team was promoting spinal hygiene and awareness of the MSK burden with a Giant Spine Parade and Straighten Up UK leaflets about spinal exercises.

www.worldspineday.org

RCU becomes MCC

THE CHIROPRACTIC programme at the Real Centro Universitario Maria Cristina (RCU) has officially changed its name. Since 1 February 2014, it has been known as the Madrid College of Chiropractic (MCC). This will create an individual identity for the programme, although the college will still be managed through RCU.

Research has now been integrated into all five years of the chiropractic programme at the MCC. An agreement has been signed with the Jimenez Dias Foundation (FJD), one of the foremost Spanish research institutions. Dr Arantxa Ortega, MCC co-ordinator, will be managing research within the FJD. Funding has been provided by the RCU Council and the Spanish Chiropractic Association.

Clinical training at MCC has been expanding, both with the local teaching clinic and with the well-established outreach clinic in Madrid. Care is provided at no cost to the patients. The reports of students participating in this programme display an appreciation of humanitarian and relief work, as well as a sense of civic duty.

Key WHO document translated into Hungarian

ONE OF the key documents of the chiropractic profession – the World Health Organisation's Basic Safety and Training in Chiropractic – has been translated into Hungarian.

The document has been used by numerous chiropractic organisations to help secure statutory recognition for the chiropractic profession and Zsolt Kalbori, president of the Hungarian Chiropractors' Association (HCA), is hopeful that making it accessible to Hungarian-only speaking politicians will assist with the HCA's quest for the profession to become recognised in his country.

General news

Integrating chiropractic into the health care system

*Switzerland is showing how chiropractic can be integrated into national health systems, as the world recognises the need to more effectively deal with the burden of musculoskeletal disorders, especially back pain. Post-doctoral researcher **Taco Houweling DC, PhD** is currently undertaking work looking at subgroups of patients most likely to benefit from seeing chiropractors.*

ACROSS EUROPEAN countries, the problem of increasing health care costs and limited budgets, as well as the drive to optimise patient outcomes, remains an important topic of discussion. Decisions on how to reduce costs and improve the delivery of health care may be aided by getting a better understanding about the type of patients treated in different health care services as well as the outcomes and costs of care for these patients. Compiling this data is useful to compare treatment options and their potential benefits, while informed decisions based on such evidence could ultimately allow practitioners to make more efficient use of their time. In doing so, health care expenses may be reduced, and patients may benefit more through better co-ordination of care.

Despite possessing a health system that is envied throughout the world, Switzerland is no exception to this problem. Although the Swiss health care system offers a wide range of services, insurers and health care providers, health care expenditure per capita in Switzerland is among the highest in the world.

Despite the high cost of caring for patients, evidence on real-life outcomes and costs in patients attending routine health care services is scarce. In order to contribute to the accumulation of knowledge in this field, two studies involving chiropractors and general practitioners are being conducted by the University Hospital Balgrist (Zürich).

The first, a study conducted in conjunction with a Swiss telemedicine provider, is looking at the impact of different care pathways on experiences and costs in patients suffering from a number of musculoskeletal conditions. The second is a clinic-based study partly sponsored by the ECU Research Fund of which the objective is to identify differences in outcomes and costs of care in low back pain patients for whom the first point of contact for care is either the chiropractor or the general practitioner. These studies will ultimately provide more information about the role of chiropractic in the health care system.

Learning about how chiropractic can make a valued contribution to the health of the nation is an exciting journey. If we can clearly demonstrate the subgroup of back pain patients most likely to be treated effectively by chiropractors, the outcomes may benefit patients in many parts of the world.

Editor's note: After completing a PhD fellowship jointly funded by the BCA and AECC in 2011, Dr Houweling went on to work in private practice alongside Dr Martin Wangler (Dean EAC) as part of the requirements for the Swiss postgraduate chiropractic education programme. He is also pursuing research as a Postdoctoral Fellow at the University Hospital Balgrist in Switzerland.

New NCA Board

The new Norwegian Chiropractic Association board, elected in October 2013. Top from left: Kerstin Ulrich, Jakob Lothe (President), Espen Ohren, Morten Bogseth. Bottom from left: Kasper Vincent Myhrvold (Vice-President), Hege Herstad, Eirin Nordhaug.

General news

AECC supports World Spine Care

THE ANGLO-EUROPEAN College of Chiropractic (AECC) has decided to offer one full academic scholarship to a qualified student from an underserviced country wishing to pursue studies towards a BSc (Hons) Human Sciences/MSc Chiropractic degree programme at the college, in support of World Spine Care.

World Spine Care (WSC) is a multinational not-for-profit organisation, bringing together the full spectrum of health care professionals involved in spinal health – medical physicians and specialists, surgeons, chiropractors, and physiotherapists. WSC is focused on providing evidence-based, culturally integrated prevention, assessment, and treatment of spinal disorders in underserviced communities around the world (see page 31).

"I am very excited for AECC to participate in this programme and look forward to welcoming our first student in the near future," said AECC's principal Haymo Thiel.

WSC was founded in 2008, on the inspiration of Dr Scott Haldeman, a leading figure in the assessment and treatment of spinal disorders and president of WSC.

www.worldspinecare.com

Timo Kaschel to step down in 2014

LONG-TERM PRESIDENT of the German Chiropractors' Association (GCA), Timo Kaschel, has announced he will be stepping down in 2014. Timo, an AECC graduate, will be handing over to Josef Heinemeier, who represented Germany as part of the CEN Standard Technical Committee.

ECU President Øystein Ogre paid tribute to Timo's contribution: "Timo has had to lead the GCA through some difficult times and has made brave decisions over controversial issues. My Executive and I wish him all the best for the future."

Talks underway for chiropractic education in Italy

THE PROSPECT of chiropractic education in Italy is moving forward. Constructive talks have been held between John Williams, president of the AIC and Guy Riekeman, president of Life University. The five year, full time Doctor of Chiropractic programme is planned for launch within the next 18 months.

Presentation of an Honorary Fellowship awarded to Dr Stathis Papadopoulos by the International College of Chiropractors, (FICC) and presented by David Chapman-Smith

New opportunities in EMMECF

THE EAST Mediterranean Middle East Chiropractic Federation (EMMECF) had its third regional meeting, hosted by the Emirates Chiropractic Association (ECA), in Dubai on 25/26 October 2013. The number of chiropractors in this fast-developing region is steadily growing and the federation encourages new chiropractors to seek employment here.

Almost 30 chiropractors now practise in the UAE and there are potential opportunities for graduates of European institutions to join them.

Previously in Dubai, the Minister of Health gave out licences on approval of graduation certificates and evidence of at least two years practice. Malpractice insurance is mandatory. Now the Ministry of Health requires the Emirate Chiropractic Association to examine applicants, an important advance. There is a new prospect for a chiropractic school in Dubai, given the support of a member of the royal family, HH Sheikh Manea bin Hashir Al Maktoum, who is a chiropractic patient.

As a first step towards chiropractic education, the Sheik is funding a spine care symposium jointly organised by the ECA, EMMECF and WFC, to be held in Dubai on 29 March 2014.

Confirmed international speakers include Dr Scott Haldeman, Dr Amy Bowzaylo, Dr Alan Breen and Dr Haymo Thiel, principal of the Anglo-European College of Chiropractic.

Further information is available at www.emmechirofed.org

Dr Stathis Papadopoulos, president EMMECF with H H Sheikh Manea bin Hashir Al Maktoum concluding the meeting at Raffles Hotel in Dubai with a warm handshake. This historic meeting was also attended by representatives of the ECA, the EMMECF, and the WFC.

Feature

Committed to chiropractic

*The new ECU Secretary-General, **Richard Brown**, has a desire to make chiropractic available to all and works hard towards that goal.*

BORN IN Cornwall, England, in 1968, Richard is the son of a herdsman. His family moved to North Devon when he was six years old, where they lived in a farm worker's cottage. He grew up driving tractors and milking cows with a dream of becoming a veterinary surgeon.

However, it was a different opportunity that presented itself: "Unlike many chiropractors, I had no 'Road to Damascus' moment; I was not healed miraculously by chiropractic treatment, nor were members of my family. In fact part of my desire to see chiropractic available to all is driven by the fact that my personal circumstances never would have allowed me access to chiropractic care.

"I was introduced to chiropractic by my biology teacher at college. With no real idea what I was to become after it became clear that my childhood dream of becoming a vet was not going to happen, chiropractic seemed to offer exciting potential as an evolving profession in the UK."

So he applied for and received a discretionary grant from his local authority for his fees and living expenses and graduated from AECC in 1990.

Richard Brown with Lord Coe at the London 2012 Olympic Games

List of professional appointments

Chair, BCA Professional Standards Committee 2001-2008; BCA Vice-President 2007-2009; BCA President 2009-2013; Secretary General EAC 2011-present; ECU Secretary 2011-2013; ECU Secretary General 2013-present; Chair, Chiropractic Research Council 2013-present; Clinic Director, The Lansdown Clinic 1999-present; Head of Medical Services, Forest Green Rovers Football Club 2011-present; Member, Medical Team, London 2012 Olympic Games

Determination and hard work

Richard did not delay the start of his chiropractic career: "After graduating on a hot Saturday in July, I started work the following Tuesday at Sutton Chiropractic Clinic in Surrey. The principal chiropractor was Brian Hammond, to whom I am eternally grateful for his dynamic leadership, supportive mentorship and for demonstrating the potential of a career as a chiropractor.

"My wife of six months and I packed our worldly belongings into a little trailer and had to live in bed and breakfast accommodation for the first week while a flat above a chiropractic clinic near Gatwick was being completed. We spent nearly all our savings on that and I had to ask for an advance on my first month's wages."

Richard continues to embrace challenge. As well as running his own multidisciplinary clinic in Stroud, Gloucestershire, he has added to his academic qualifications. First he obtained a Certificate in Counselling Skills because he felt that communication and empathy were the key attributes of any health professional, and then, between 2007 and 2009, he attended Cardiff University, obtaining a Master of Laws (LL.M) degree in medical law. This, he says, "helped me to develop both personally and professionally and has literally been a life-changing qualification."

A valuable apprenticeship

When you read the list of professional appointments Richard has held (see below, left) you might conclude that he has always wanted to be involved in chiropractic politics, but that is not the case: "Being involved in medicolegal work for many years and chairing the British Chiropractic Association's (BCA) Professional Standards Committee gave me an insight into the work of the BCA Council but I never saw myself as a politician. However, the opportunity arose for me to become BCA Vice-President and I served under Tony Metcalfe, who by then had already been ECU and WFC President. It was a valuable apprenticeship and I learned much from Tony's quiet and dignified diplomatic skills."

His recent four years as president of the BCA was a busy period. He had to deal with a legal storm surrounding a media attack on chiropractic and the resulting avalanche of complaints from UK sceptics, but feels that he, and the BCA, emerged stronger as a result: "These were challenges to overcome but I was privileged to work with some excellent people, particularly Sue Wakefield, Executive Director at the BCA. The membership owes her a huge debt of gratitude for the work she has done and continues to do for the profession."

Work-life balance

Now, having stood down from the BCA presidency, Richard is very much enjoying his new role as the ECU's first Secretary-General. While running his own clinic and fulfilling numerous professional commitments leave him little time for leisure, it is his

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personal life that gives him the support and energy he needs to work hard: "I have been married to my beautiful wife Caroline for 24 years. We married during my final year at AECC but have been together since we were 17. She has been incredibly supportive throughout my career and I would not have been able to do what I've done without her constant encouragement and tolerance.

"In the positions I have been fortunate enough to hold, there will always be a work-life balance difficulty but we cherish the time we have together and are lucky to have two healthy beautiful daughters: Robyn, who is a fourth year medical student at University College London, and Hollie, who is studying business administration at Bath. Oh, and of course there is Tilly, our 11-year old Labrador 'puppy' and Bean, a giant rabbit!"

Some of Richard's WIOC colleagues and former students may remember him as a chiropractic rock star, when he played saxophone and sang with the WIOC band Audible Release! Sadly, he no longer has time for that, and his leisure moments are generally quiet, but he hasn't entirely given up the rock lifestyle: "Caroline and I have a small apartment in Mevagissey, a small fishing village in my home county of Cornwall. The pace of life is slow and it is the perfect escape on a Friday afternoon. I also ride a 1100cc Honda Blackbird and a blast around the lanes helps to blow out some cobwebs!"

Developing chiropractic in Europe

Richard's objective for his new role is clear: "Working with the Executive Council and, of course, the 21 national association Union Members is a great honour. I am committed to seeing the chiropractic profession develop in Europe and get the recognition that it deserves as a primary spine care profession. This will of necessity involve working with the large, established organisations and also the smaller nations."

So it is perhaps not surprising that his chiropractic hero is Scott Haldeman: "He is an amazing ambassador for the chiropractic profession. He has raised its status in so many parts of the world and although he has medical qualifications as a neurologist he has continued throughout his career to fly the flag for chiropractic. His humanitarian work in establishing the World Spine Care project marks him out as an exceptional human being as well as an exceptional chiropractor."

Working long hours and enjoying all of them, the ECU's new Secretary-General will endeavour to make the best of every opportunity: "I don't think you ever stop encountering obstacles, but if you see them rather as challenges and work to overcome them, each one presents opportunities to move forward. Prejudice from other health care professions, managing associates and staff, political pressures; they all challenge the status quo, but they also make you see the world differently."

When in Rome ...

ECU Secretary General Richard Brown travelled to Rome in January to meet with Drs John Williams and Baiju Khanchandani, president and vice-president of the Italian Chiropractic Association (AIC).

THE PURPOSE of the trip was to learn more about the work of the AIC on current projects regarding chiropractic education and legislative regulation, and to understand the AIC's participation within the European Union and how it affects the chiropractic profession.

There are currently 145 full members of the AIC, yet despite their relatively small number, much has been achieved by the association, including legislation recognising chiropractic as a primary health care profession in 2007. Its veteran leader, John Williams, a 1979 Palmer Chiropractic College graduate, has been the AIC president since 2004, while 1986 AECC graduate Baiju Khanchandani has been vice-president since 2007 and ECU General Council representative since 2005.

During the meeting, Richard, John and Baiju were joined by Laura Frattari, the AIC's retained lawyer and an expert in EU health law, who has worked with the AIC since 2000. She has helped to co-ordinate strategy and draft documentation for the AIC in the face of legal and political challenges from medical institutions to make chiropractic a 'medical act'. She works closely with the AIC Executive in drafting legislative and regulatory proposals, parliamentary actions, and negotiations with Ministries and she advises at a regional and provincial level.

Dr Frattari advises members on matters pertaining to practice and when they are accused of practising medicine without a licence, along with other licensing and administrative law issues. She works alongside the AIC accountant as well as members' representatives on fiscal issues (for example, she drafted the written reply to European Commission consultations on VAT and workforce topics).

Dr Frattari has been instrumental in the ongoing restructuring of the AIC, advising on statutes, rules, PR guidelines, ethics and EU strategy

Like many countries in Europe, Italy is currently experiencing challenges with so-called 'quack schools' who sell diplomas and awards which are subsequently used to try to legitimise those calling themselves chiropractors. The AIC recognises the importance of title protection and is close to confirming the professional parameters defining who is to be considered a chiropractor before opening the professional register.

"The influx of unqualified people masquerading as chiropractors is a real issue in Italy," says Dr Williams. "Even though the chiropractic profession has been recognised, we desperately need regulation in order to achieve protection of title. Fake chiropractors damage the profession, but more than that, they are a risk to the public."

The AIC is insisting on establishing university- based education in line with international standards before a statutory register is opened. As it stands, there are a number of loopholes that can

be exploited and the AIC is working with Dr Frattari to ensure these are safely closed. One area of particular interest is in the field of chiropractic education. The Italian chiropractic legislation requires a five year continuous-cycle (straight) programme leading to a Doctor of Chiropractic degree, rather than the 3+2 Bologna model of education favoured in other European institutions.

The Italian Parliament is divided into a Chamber of Deputies (630 members) and a Senate (315 members). It is estimated that around three per cent of parliamentarians are medical doctors, but in the Joint Committee on Health and Social Affairs at least three-quarters of the committee members are medically qualified. At a regional level, the AIC has advocated the unconstitutionality of regional law proposals aiming to create a chiropractic speciality for medical doctors. One such region, Lombardia, is currently proposing a law to create 'medical chiropractors', but should this pass, it will result in a legal challenge by the AIC. Italy is further divided into 111 provinces; of these, 16 have opened a medical register for 'medical chiropractors', but three of them require its members to be a graduate of a CCE accredited college.

The AIC is keen for the ECU to dedicate itself more to EU work and Richard was able to understand from the discussions the main areas of concern. In common with many ECU members, it is felt that the main areas of work should centre on the objectives of promoting the chiropractic profession and protecting and defending the interests of practising chiropractors, thus guaranteeing EU citizens access to safe, quality chiropractic care. With Italy having the Presidency of the EU from July 2014, the AIC feels that this is a good time to lobby ministers and push forward with a work plan.

One such area of concern regards the imposition of VAT on chiropractic services. AIC President John Williams won a case against the tax authorities in relation to VAT, and there are a dozen or so other cases, but three of these have been appealed to the Supreme Court by the tax authorities. The AIC has successfully argued for respect in Italy of the EU principle of fiscal neutrality with regard to similar services provided by different professional figures. Furthermore, the spirit of the Italian VAT law (dating back to 1934) is that citizens should not be unjustly burdened with additional costs of health care. The medical authorities counter-argue that this should only apply to services provided by a medical doctor, even though such non-medical figures as masseurs and lifeguards are included in the original law and many other para-medical professions have since been added. As seen before in Europe, preservation of the right to diagnose is strongly defended by medical doctors, yet the AIC relies heavily on the World Health Organisation document on chiropractic Basic Training and Safety, which sets out the requirement for chiropractors to diagnose. The medical monopoly on the right to diagnose is an area being strongly contested by the AIC, who maintain that in no country in Europe is the term diagnosis included in medical acts of parliament, and other professionals such as dentists and psychologists have limited diagnostic privileges written into their laws.

"Laura Frattari, the AIC's retained lawyer and an expert in EU health law ... has worked with the AIC since 2000."

In relation to title protection, Dr Frattari argues that this must be put in place as soon as possible, not simply to protect patients, but also to protect the profession from medical doctors improperly calling themselves chiropractors. As it is not possible to be named on two registers, medical doctors will need to remain on the medical register, so prohibiting them from referring to themselves as chiropractors.

The AIC argues that the importance of chiropractic as a health profession is not simply about health care, but extends into the areas of employment, state benefits and the economy. This has been acknowledged by the Italian EU Commissioner for Health, Tonio Borg, who is sympathetic to the arguments put forward by chiropractors. In relation to the seven flagship initiatives of EU strategy, new skills, new jobs and health feature strongly.

The AIC feels that there are a large number of opportunities where the ECU could involve itself in the work of the EU and is supportive of greater investment in these areas. It wants a Joint Action plan to gain representation on key committees such that the voice of chiropractic is heard on public health care matters in a way that it may gain influence on EU health care policy. Health policies and health programmes form an important component of the work plan and in discussion it is clear that there are many opportunities. Prioritising goals and resourcing projects are likely to be the key determinants of success. The AIC is already moving forward as an Associate Partner in the EU Joint Action on EU Health Workforce Planning and Forecasting.

"This has been a really helpful visit," concluded Richard following the meeting. "It is clear that the work of the European Commission must be a core focus of the ECU's work and I look forward to continuing discussions with both the AIC and Philippe Druart, the ECU's Chair of EU Affairs, as to how to maximise our resources in this area."

Feature

National coverage: how Ireland has mastered PR

Continued from page 1

"We wanted to make Straighten Up Ireland distinctive and fresh. By taking it into schools and then by making it fun, we felt that it would have appeal and would capture the imagination of the Irish public.

"It was never about trying to attract patients or force chiropractic into their living rooms. The media coverage that the CAI has attracted as a consequence of our PR may have had that effect, but in my opinion any PR campaign that sees that as its sole aim will fail.

"For the CAI, Straighten Up was all about providing a service to the people of Ireland. In my view, the public immediately sees through campaigns that just seek to line the pockets of chiropractors. Our PR is altruistic and service-oriented; it's the only way to be."

Historically, the CAI was spending significant amounts on PR, and with a company held on an annual retainer of €15k, it was continually disappointed with the lack of exposure. The CAI decided it was time for a change, recruited a new company on a campaign-by-campaign basis and in 2012 set about reforming its strategy. Siobhan feels that the CAI's success is about its new PR company understanding its needs and the message that it wishes to convey.

"We felt that by bringing chiropractic into schools, we would be able to create an attractive message that people of all ages would relate to," she says.

"The dressing-up idea made the message fun but also sent the more serious message that people from all backgrounds and all occupations can suffer with back pain. The CAI commissioned a professional photographer for a day and children who were mostly sons, daughters, nieces and nephews of the CAI Council were recruited as models. As you can see from the photographs, they had the time of their lives and we got images that really got us noticed."

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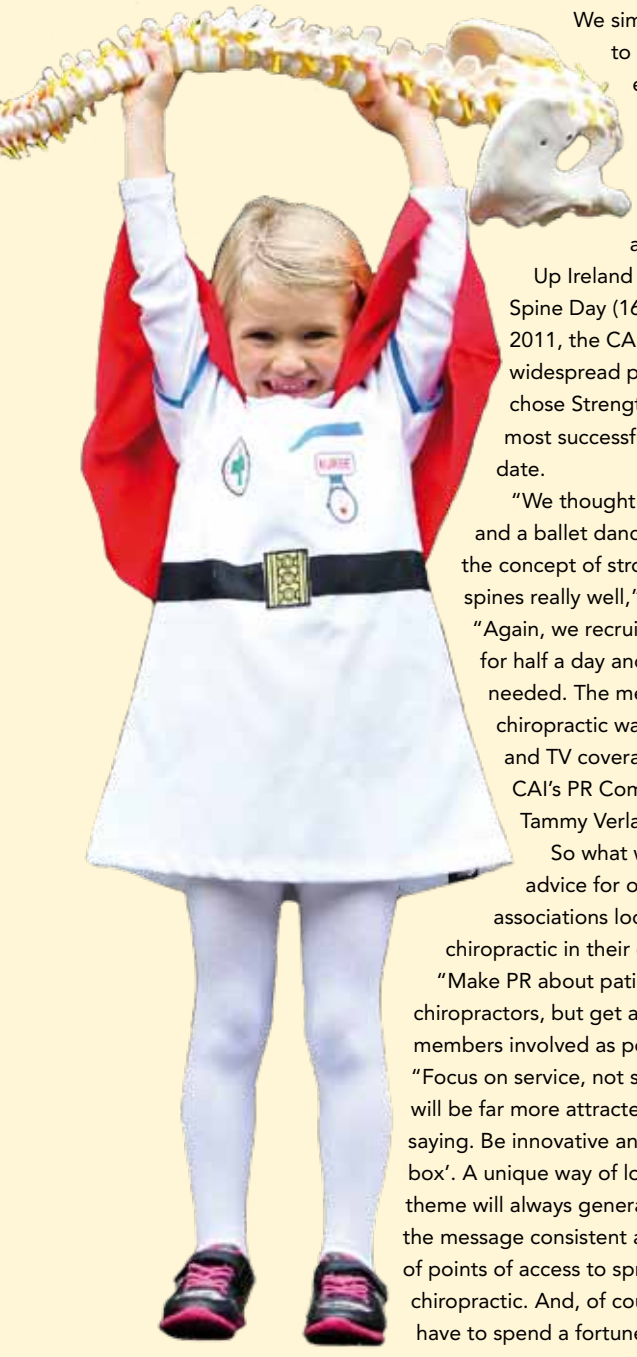
The campaign was a massive hit and for a modest investment the CAI achieved huge returns. By sending out the story to as many outlets as they could find, the CAI quickly discovered that the media loved the images and the story. Siobhan and a number of other CAI members were called into radio stations and television studios to talk about back pain and spine care. Chiropractic was on the map in Ireland.

Other innovative programmes have followed. A school bag, seating and healthy living initiative gave Siobhan the chance to appear on RTE 1, Ireland's leading TV channel, and helped to further promote chiropractors as spine care experts.

"For us, it's been about making our message simple. The media like to cover stories that people will relate to and with back pain being such a prevalent condition, it's always a popular topic with audiences of all ages. We simply couldn't afford to pour thousands into expensive projects, so it was a case of having to think smarter."



By combining the annual Straighten Up Ireland week with World Spine Day (16 October) since 2011, the CAI has achieved further widespread publicity. In 2013 it chose Strength and Flexibility, its most successful PR campaign to date.

"We thought that a bodybuilder and a ballet dancer would illustrate the concept of strong and flexible spines really well," says Siobhan. "Again, we recruited a photographer for half a day and got the shots we needed. The media loved it and chiropractic was given great radio and TV coverage, featuring the CAI's PR Committee Chair, Dr Tammy Verlaan Ross."

So what would be Siobhan's advice for other national associations looking to promote chiropractic in their countries?

"Make PR about patients, not about chiropractors, but get as many association members involved as possible," she says. "Focus on service, not selling and the media will be far more attracted to what you are saying. Be innovative and think 'out of the box'. A unique way of looking at a common theme will always generate interest. Keep the message consistent and provide plenty of points of access to spread the word about chiropractic. And, of course, don't think you have to spend a fortune to get great PR!"

"Focus on service, not selling and the media will be far more attracted to what you are saying."

Siobhan Guiry (left) was talking to Richard Brown

Feature

Working with nothing; offering everything

World Spine Care (WSC) is a multinational not-for-profit organisation founded in 2008 to 'fill the profound gap in the treatment of musculoskeletal conditions found in the developing world'. Involving medical physicians and specialists, surgeons, chiropractors, and physiotherapists, WSC is focused on providing evidence-based, culturally integrated prevention, assessment, and treatment of spinal disorders in countries of the developing world. ***Rosemary Oman****, who practises in Switzerland, was recently inspired to go to Botswana, and take part in a WSC project there.*

I LIKE STEPPING out of the norm, I like going in to the unknown, and helping people is what I do. After my positive experience with CAT (Chiropractic Action Team) in Aquila, Italy, working in an earthquake zone, I realised that WSC was another chance to step out of my comfort zone. I've always wanted to go back to Africa, so what better way than being able to live and work among the people for six weeks?

I remember looking out of the window of the plane as we landed in Gaborone (the capital of Botswana), and seeing how vast and endless the landscape was, and I couldn't believe I was there! Then I waited in the airport for the clinic director to pick me up. I didn't know what he looked like. I was just hoping that it **was** the clinic director who came up to me asking if I was Rosemary!

A different way of life

Botswana is very different from home, and there were days when I **really** missed the efficiency of Switzerland. After a week, I stopped wearing my watch. No one was on time anyway. I needed a good ten days to accept the slow, easy-going Motswana way of life. Once I accepted it, however, I took an exceptional liking to it and I still miss it today.

The day would start at sunrise, shortly after 5am. It also ended early. Often I was in bed and asleep by 8.45pm.

Batswan are known for waiting. This is a waiting culture. They wait for everything! When you live among the people, life in an African country is not a safari. It is not breathtaking sunrises and sunsets (I experienced only one amazing sunset in my six weeks). Instead, I too had to wait in line at the cashier to pay, I had to wait in line at the gas station ("Sorry, no more diesel today."), I had to wait in line to get money at the bank machine (one day, I went to four different machines before giving up).

I did, however, attend a Motswana funeral, and a wedding. I was invited into people's homes.

My living conditions were not primitive, nor basic by Botswana standards. During my first five weeks, I lived in a room separate from the main house. Unlike the main house, my room had no air conditioning. It did, however, include a toilet and a shower - not typical for many Motswana houses. In the beginning I also had electricity, but as the rainy season settled in, that failed. I did look forward to knowing I'd be waking up to electricity when I returned to Switzerland.

Water, in general, was not a problem; however one day it did come to a complete halt - while I was standing under the shower after a hot afternoon run, with shampoo in my hair!

The Batswan with whom I had contact in clinic are thankful people. They were very accepting with me. In fact, I was given a Motswana name on my first day. They can be very happy, and yet many have very sad stories to share. Some stories are trapped deep within them. I was able to read it in their eyes. Some suffer very deeply. They are family-orientated and deeply religious.

As for the Batswan on the streets, of course at first I was stared at. Then, when they saw me on a regular basis at the grocery store, the gas station, or running, they started to wave, or even ask how I'd settled in. Children would join me in running, others climbed trees to overlook the cement wall surrounding our compound, to dance and clap to my saxophone playing.

A different kind of health care

A normal clinic day would start at 8am. Twice a week I worked in a clinic in the hospital in the city of Mahalapye (where I lived) and three times a week we drove 40km out to the village of Shoshong.

Vocabulary explanation:
Botswana- country
Setswana – language
Motswana – is one person, or the adjective for Botswana
Batswan – more than one Motswana (the plural of Motswan)

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Taking care of people at the level we do here in Europe does not compare to what is available to a clinician in Botswana. The hospital setting in Mahalpye made it easier to refer patients to other specialists, or to acquire x-rays, although the waiting list was extremely long - the next available orthopaedic consultation was in four months! In general, these patients were a bit more educated, spoke a bit more English, and knew something about health, however limited.

The patients in the village of Shoshong, on the other hand, only had access to 'general care'. From what I could tell through translation, they had little understanding of health. This patient population was older, so degenerative changes were common. The problem was that not one patient understood the concept of degeneration!

Learning basic Setswana (body positions, directions, body parts, when, where, how, etc) was a definite asset. Two young women worked as 'clinical auxiliaries' and their function included translating, but unfortunately it was limited. With my limited Setswana, I repeatedly questioned whether they in fact translated to the patient what I had just said!

My function was not limited to that of a chiropractor. I was also a physiotherapist, an occupational therapist, and often, a massage therapist. It was also important to have a knowledge of internal medicine, and it was interesting to learn about HIV and its effects on the locomotor system. Twenty per cent of the patients I treated were HIV positive.

Resources were very limited. Patients in Shoshong were sent to Mahalpye for x-rays and I had to ask first whether they had transport to the hospital, or even money to pay for it. MRI/CT examinations took place in Francistown, a three-hour drive away. At the start of my stay, the MRI had just experienced a defect. When I left six weeks later, neither the part nor the service man from South Africa had arrived, so my ability to diagnose was limited. And every time I suggested applying ice to an affected area, I had first to ask if the patient owned a refrigerator!

There was so little diagnostic equipment, I would ask myself: "Am I doing the best I can for this patient?" I would question my choice of treatment and ask if it was the appropriate one. So many times, I let my head hang and thought: "I am diagnosing and working with nothing, absolutely nothing!" However, time helped me to accept, that yes, I was doing the best for this patient **under these circumstances**. And yes, this was the best choice of treatment **under these circumstances**.

I was forced to be creative; when applying ice, using bandages, even giving home exercises.

Over and above everything, patients returned with improvement; they were motivated to learn an exercise; they were excited about correcting their posture! Although I felt I was sometimes working with nothing, they felt I was offering everything.

There are several stories that really touched my heart:

- A 35-year-old man who had experienced a CVA at 29 (low CD4 counts put patients at high risk for CVA). In the six years since the incident, he has never had therapy. He did, however , learn to do his own 'therapy' using stones. As I suggested to him to slowly increase the weight of the stone, I realised he had to find one that would accommodate his handgrip.
- A 55-year-old lady presented with knee pain which started after sitting "too long". Two months before, two of her children passed away, four weeks apart. It is normal and customary in Botswana that the vigil takes place in the home of the parents, and the mother sits the entire time with the body.
- My favourite story is about the 50-year-old who, at the beginning of my stay asked for my shoes. I worked in Nike running shoes. On my second to last day in clinic, I presented her with my shoes, my good Swiss hiking boots, a jacket and a pair of trousers. She was so overwhelmed, and cried: "I never had new shoes in my life!" We held each other and cried together.

When I think of Botswana, I think contrast. I think of an Africa with its devastating illnesses, and its blossoming health care; a country of never ending dryness, and its torrential rainfall; a people who have cried in their hearts, and sing with joy in their voices; I think of their toughest fights, and their sweetest peace.

I remember people and their smiles. And as my stay was coming to an end, the hugs, the squeezing my hands, the thanks, even the tears, made me realise that it is not what we have, it is what we do and who we are that make us rich.

The people of Botswana have made me richer.

So if you're thinking of taking part in World Spine Care, this is my advice:

- When the doors open, go through. You never know when they will open again!
- If the opportunity arises, go. No one is too young; no one is too old.
- I always say: "What you lose on the swings, you gain on the merry-go-round." The four weeks not spent in your own practice will give you years of impressions and memories. (Note: minimum requirement has now been reduced to four weeks.)
- Definitely participate: you will appreciate **everything** that is available to you in your own practice!

Chiropractic trailblazers

Contributing to a greater cause

*When **Vasileios Gkolfinopoulos**, ECU treasurer, sees something wrong, he wants to fix it. What better reason to become a chiropractor?*

VASILEIOS WAS born in Patras, Greece and was soon recognised as a talented sportsman. By the age of 14 he was a professional water polo player, but it was not just his experience as an athlete that influenced his choice of career – it was also his experience of medical care after injury: "I participated in seven premier leagues, won two Greek youth championships, played for the Greek national youth team and participated in a final-four phase of the water polo equivalent of the UEFA cup.

"During what was to be my last season, I dislocated my left shoulder seven times. I received what I now understand could be called 'criminal' medical care for this recurrent injury. I will only specify that I received, on several occasions before important games, multiple local anaesthetic injections simply to allow me to play, while I was receiving reassurance by the team physician that this was common practice. After completing the season, I had to have surgery. I was told that the damage was so extensive that I was lucky to keep the use of my arm and that I should forget about sports.

It's not surprising this experience inspired me to pursue a health care related career - but obviously it was not going to be medicine!"

A wide-ranging career

Vasileios was looking for something 'different, patient-centred and inspirational'. He studied at the Physical Education and Sports Science department of the University of Athens, before deciding that chiropractic fitted the description perfectly! He graduated from the AECC in 1999 and began his chiropractic career at the Back and Neck Chiropractic Clinic in Cardiff, Wales.

Today, treating patients in his private practice in Athens is just one part of his chiropractic career. He is a Fellow of the European Academy of Chiropractic and, since 2004, he has been president of the Hellenic Chiropractors' Association.

As well his BSc (Hons) and MSc from the AECC, he completed an MPhil in Research at the University of Glamorgan: "It was original research that got published at the European Journal of Chiropractic. It was a twisted mix of pain and pleasure! I haven't yet excluded the possibility of a PhD. You never know…"

He was also a part-time lecturer at the University of Glamorgan for two years: "I loved every second of it and miss it greatly! I hope I'll be fortunate enough to teach again one day. I still can't decide what is more satisfying and fulfilling; treating patients or teaching students."

The simple truth is that Vasileios has to get involved: "I am one of those people who, when they see something wrong, have to try to fix it. I can't understand people who only criticise and never do something. I love contributing to a greater cause; it's a prerequisite for me in order to be happy and content. I was in the student council all six years through high school, and president during my graduation year. I simply can't help but get involved!"

Achieving a balance

For Greek people, and especially for Vasileios, family is of paramount importance. He's been happily married to Maria

since 2007 and they have two sons, Spyros who is five and Thanos who is two-and-a-half: "This is such a precious age, to be cherished by us parents. My boys They see me as Superman, Spiderman and Captain America all in one! There is no second to be missed with them. I also make sure that my wife and I have a fun evening out every now and then – the key to a work/life balance is a capable, understanding, resourceful and loving life partner. It's a cliché but such a true one!"

Hippocratic inspiration

As a man who says Hippocrates is his role model, Vasileios is very clear about his achievements: "Having been a professional athlete, student, teacher, practitioner, politician and family man, I could list great achievements! Nevertheless the one fundamental achievement that reflects all of these roles is managing to stay true to myself, my principles, and the people putting trust and faith in me.

This determination to maintain his principles stands true for his ECU role too: "I hope that I have contributed in simplifying the monetary aspect of the ECU for the member countries, and I know that the ECU has been financially healthy during my term. I hope that in the future I will manage, in conjunction with the recent reconstruction of the ECU administration, to automate the fiscal procedure through the head office, allowing for the treasurer to have more of a political role rather than an administrative one."

But his main ambition and drive are to contribute to the unity of the profession: "I really hate the divide we keep seeing that simply serves the interests of few in the expense of the majority. During a recent meeting with the Secretary General of the Ministry of Health in Greece, I handed over a copy of the CEN standard. I was stared at in disbelief. After a couple of minutes going through it I was told that we must be a very united profession, to have achieved such a 'Herculean labour'. That means something! We have more uniting us than dividing us. We need to sort out our act!"

Like all trailblazers, Vasileios won't let obstacles stand in his way: "I studied abroad in a country with a mentality that differed considerably from the one I was born and raised in, and had to speak a different language. I currently practise in a country without legislation, title protection, patient reimbursement or malpractice insurance. Nevertheless, I still feel extremely fortunate. Most people go to the office to spend a whole day doing something they hate or don't care for. I spend my working day loving every second of it!"

EAC

Education – the powerhouse to survival as a profession

THE EUROPEAN Academy of Chiropractic (EAC) was established to develop and promote graduate education programmes (GEP) and facilitate postgraduate education, explains Martin Wangler, Dean, EAC.

Training after graduation

The EAC held its second GEP Conference on 3 March 2013 in Frankfurt, Germany. Professor Jennifer Bolton and Mary Lou Thiel finalised the programme, supported by members of the GEP Planning Group. 22 participants (including six official speakers) from 14 different ECU nations were present. Delegates felt that the conference had worked very well, was informative and a good use of time. The key issue arising from this conference was the complex nature of professionalism (see page xx).

There was common agreement that every professional is an expert, but not every expert is always a professional. A professional chiropractor should be a spinal care expert, a good communicator, collaborator, manager, health advocate, and last but not least, a committed scholar.

Spinal care expert

This role is central to all chiropractors. Practising chiropractors possess a defined body of knowledge, understanding, and clinical and procedural skills, as well as professional attitudes for providing effective patient-centred care. The EAC facilitates training after graduation and offers masterclasses during the ECU Convention (this year's is entitled *SIG Clinical Chiropractic Master Class: The Dublin Dosage Debate*) as well as providing many low-cost seminars around Europe.

Good communicator, collaborator and manager

Chiropractors effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the chiropractic encounter. We chiropractors work within a health care team to achieve optimal care, consult with and refer to other doctors and health care professionals, deliver advice amongst colleagues, and support interdisciplinary collaboration and chain care, i.e. co-management of difficult patients.

Integration of our profession into today's health care system is one of the key competencies if we are to be successful as a health care profession in the future. The EAC helps chiropractors to work effectively and efficiently in health care organisations, to allocate available health care resources wisely, to use information technology to optimise patient care and to engage in lifelong learning through special workshops.

Scholar and health advocate

Chiropractors demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of expert knowledge. The EAC funds the annual Researchers Day, where European researchers with an interest in chiropractic meet, helping chiropractors to critically assess new scientific knowledge. It has also offered fee reduction on a Research Review Service since 2013.

The EAC facilitates development and maintenance of continuing education by recognising, listing and offering numerous CPD seminars through its website. This enables us to apply our expertise and influence to advance the health and well-being of individual patients and communities as well as our profession in Europe. We all contribute to the health of patients and the community. The EAC facilitates 'reporting and learning' (e.g.CPiRLS) to enable chiropractors to act adequately in case of incidents during daily practice.

Some of the EAC activities and benefits are only for EAC members and fellows, despite being substantially funded by the European Chiropractors' Union (ECU). Therefore, the strategic vision of the ECU and EAC involves making every member chiropractor an EAC member.

EAC assists Belgium in developing GEP

AT THE second EAC Graduate Education Programme (GEP) seminar in March 2013, which focused on integrating professionalism into a GEP curriculum, the EAC offered to assist nations with their own national GEP programmes

Having found the seminar both inspiring and useful for all chiropractors working with younger colleagues in Belgium, Frans Wauters, Chairman of the GEP Committee in Belgium and Tom Michielsen, a member of that committee, decided to contact Dr Martin Wangler, Dean of the EAC to organise a one-day seminar in Brussels in the autumn.

Both Martin and his co-tutor, Dr Beatrice Zaugg, have advanced qualifications in medical education and put together a seminar entitled How to provide feedback and improve inter-professional relationship skills.

A total of 25 enthusiastic Belgian Chiropractic Union (BCU) members attended this seminar and found the information provided gave them enormous help in giving feedback to younger colleagues working in their offices. The outcomes of the seminar were also that inter- and intra-professional co-operation, improved care delivery to patients and a positive method of giving feedback was achieved, in turn resulting in improved clinical and communication skills.

The day was very 'hands-on' with lots of role-playing of different feedback situations between younger colleagues and more experienced chiropractors. Importantly, it also gave the attending BCU members skills that could immediately utilised on Monday morning.

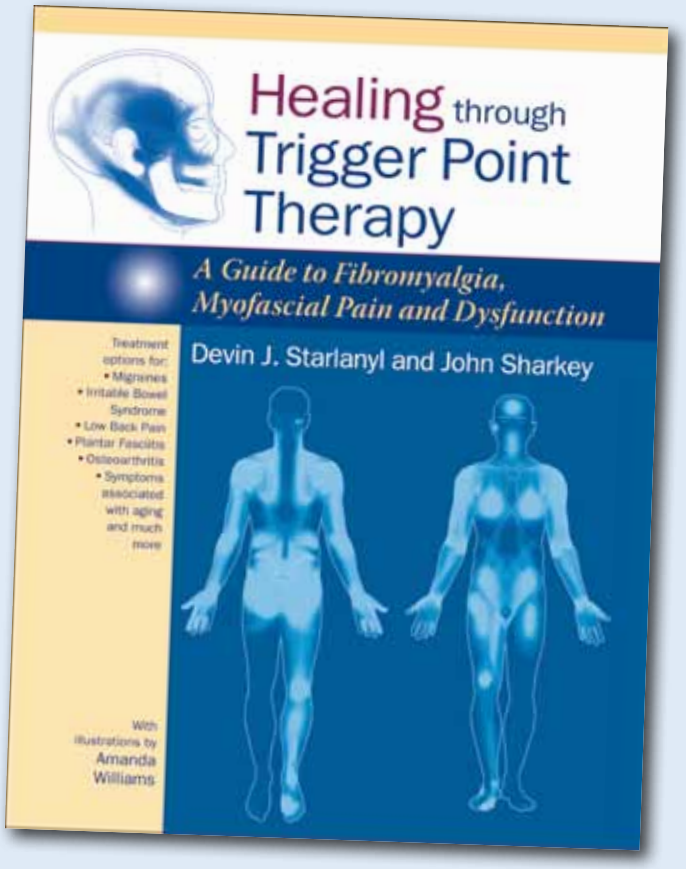
Perhaps most importantly in the development of the profession in Belgium was a change in the attitude of practice principals from being a boss to a mentor, guiding newly-qualified chiropractors through the first steps of their professional lives.

We would strongly recommend this seminar to other ECU Member Nations who want to inject evidence-based learning and professionalism into their GEP programmes.

Review

Healing through Trigger Point Therapy

A guide to Fibromyalgia, Myofascial Pain and Dysfunction



Devin J Staranyl and John Sharkey
Lotus Publishing
ISBN: 9781905367399

FIBROMYALGIA IS a common condition. It is thought to affect one in 25 adults and more women than men suffer with it. It is not a degenerative or an inflammatory condition, but it often has a profound impact on those suffering from it. The exact causes of fibromyalgia are not known, but anxiety, physical and mental trauma and sleep disturbance are thought to play a part.

Fibromyalgia and myofascial pain are often poorly-understood conditions that cause distress and suffering. There is often a mix of physical and psychological factors, response to conventional approaches is inconsistent and the clinical presentation can be difficult to define.

With the emphasis placed on neuromusculoskeletal dysfunction by chiropractors, all will be familiar with the nature of trigger points, tender, painful nodules and ropey bands in the soft tissues. Trigger point therapy, pioneered by Janet Travell in the 1950s, has been used for decades and is recognised as a powerful tool for treating diverse symptoms, including muscle weakness, joint dysfunction and general fatigue.

In chiropractic practice, fibromyalgia sufferers represent a challenging clinical entity. Despite having a varied toolbox of treatment modalities, chiropractors, like nearly all health professionals, struggle to deal with the complex constellation of signs and symptoms.

This book is aimed primarily at patients but is also a useful text for chiropractors wishing to involve themselves more in the treatment of fibromyalgia sufferers. With myofascial trigger points forming a key component of soft tissue-generated pain, it looks at methods of addressing common and uncommon sites of trigger points.

The authors stress the nature of trigger points as symptom generators that refer pain remotely to other parts of the body, creating a cascade of dysfunction. The mapping of trigger points is accompanied by guidance in pain management and self-help that will assist readers in the management of this complex condition.

Written in a style that is accessible for patients with chronic pain, the first section of the book sets out the nature of fibromyalgia and chronic myofascial pain before proceeding in section two to look at specific anatomical locations.

This section makes up the majority of the book and contains much information about the nature, location and clinical manifestations of myofascial trigger points throughout the body. It is a useful anatomical refresher and excellent illustrations demonstrate the relationships of the myofascial structures to surrounding tissues and the referral patterns of a wide range of trigger points.

The third section of the book is more targeted at care providers and helpfully details how history-taking and examination must be adapted in fibromyalgia sufferers to take account of the multi-system involvement and the biopsychosocial factors that are endemic in the condition. A range of treatment techniques and care options is outlined, including self-help measures, often seen as important in the management of fibromyalgia. Importantly, reference is made to psychological support.

The book has an extensive bibliography which will provide the reader with far more detailed information on the subject and allow for a more in-depth study of the nature and scientific research on fibromyalgia and chronic myofascial pain.

In summary, this is a book that is a useful reference rather than a definitive text. While it can be used by health professionals in increasing awareness of fibromyalgia and chronic myofascial pain, it is not a substitute for practical training and further study in myofascial techniques should be undertaken by those with a keen interest in learning more and incorporating treatment of these chronic pain sufferers into their practices.

Richard Brown DC, LL.M, FRCC

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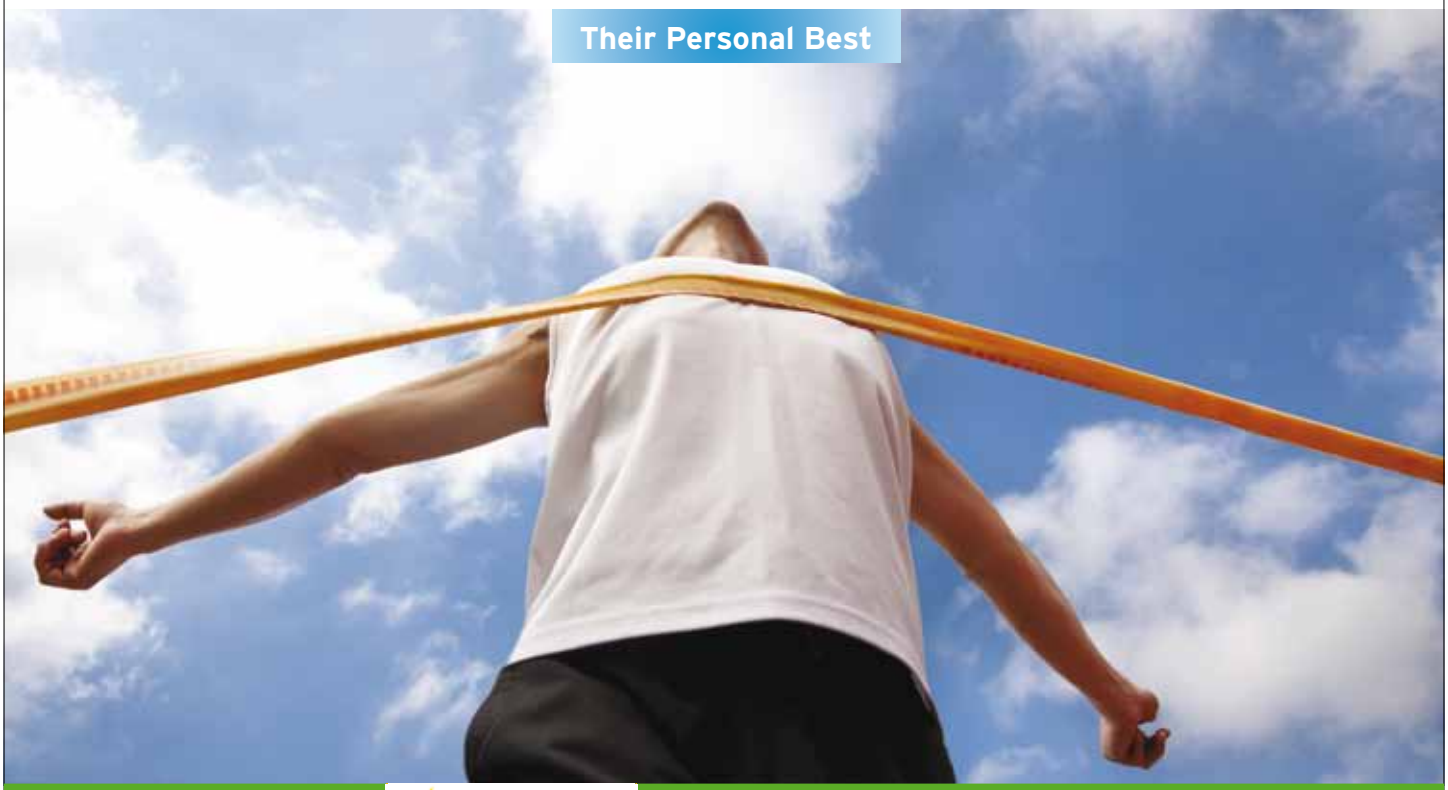

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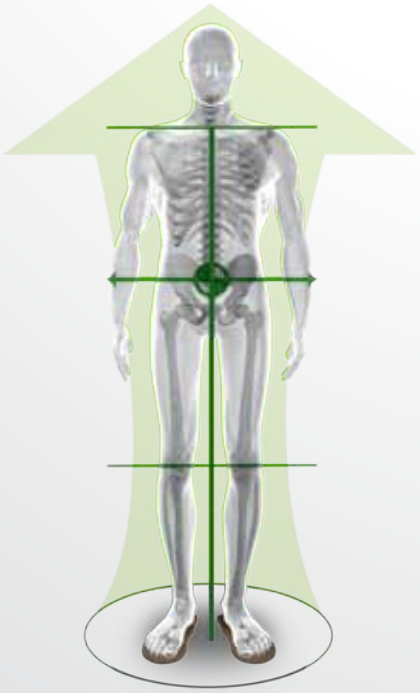

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