

What's new in this issue?

Øystein Ogre
on unity in the
profession

3

Francine Denis'
hopes for
development
in the
profession

24

22

Baiju Khanchandani
on what he wishes
he'd known years ago

4

Introducing
the new
Secretary-
General

26

Lise Lothe on
the future of
the Academy

28

What you
should know
about Special
Interest Groups

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

Athens convention 2015

8

... and much, much more

The World's #1 Adjusting Instrument

In addition, the most used brand according to Chiropractic Economics Survey



ACTIVATOR V



ACTIVATOR IV



ACTIVATOR II

The Original. Since 1967. The Activator Method is one of the most widely researched techniques and the only instrument adjusting technique with clinical trials to support its efficacy. When you really want to help your patients, use the new industry standard, the Activator V.

- Always at the forefront of technology
- Soft tissue mobilization and acupressure
- Extend the life of your practice
- Check our international seminar schedule at activator.com for seminars in your country



**ACTIVATOR
METHODS®**

INTERNATIONAL LTD.

Visit: activator.com

1-602-224-0220



President's message

Is unity important?

THE SYDNEY *Morning Herald* made an interesting observation in July this year when it claimed that "the chiropractic profession is notorious for its infighting, with quarrels over the value of vaccination, the evidence or lack thereof to support the theory of subluxation and whether spinal adjustments should be performed on children." The statement came from a journalist with only a general knowledge of the profession, commenting on a recent development in Australia where yet another chiropractic association has been formed. If this is how the profession looks from the outside, it is certainly something we should be addressing from the inside.

Chiropractic has a 100-year history of a split in the profession. Originally, it was the 'mixers'

versus the 'straights', and that split exists even today. We see it most clearly when we debate the scientific evidence for the existence of the vertebral subluxation complex. There is probably not a single chiropractor on the face of the earth who has not taken part in such a debate. In 100 years, that on-going debate has not moved the profession forward one inch. On the contrary, in many areas of the world it has led to a division of the profession, which again has led to stagnation and in some instances a decline. The debates have often been forceful, aggressive and without any signs of the two parties finding common ground. The result is that many colleagues do not want to get involved because they find the climate of the debates destructive, unproductive and tiresome. Facing deadlock in the national association, we have seen several different associations being formed within many countries.

Division weakens the profession and confuses our patients. It is often unhealthy. The main argument for continuing to squabble seems to be a view that the beliefs of the founders of chiropractic constitute an eternal truth and should not be tangled with or questioned. I don't sympathise with that viewpoint. President Obama said in a speech in Kenya recently, when he referred to the on-going discrimination against Kenyan women: "Just because something is a part of your tradition, doesn't make it right. It doesn't mean that it defines your future." Likewise in chiropractic we must acknowledge that just because someone we admire postulated something 100 years ago, that doesn't necessarily make it right today. In science and healthcare, there is no such thing as eternal truth. Everything

changes; ideas, understanding and treatments move on as knowledge and experience grow. So it is too with chiropractic and chiropractic philosophy.

The diversity of fundamental viewpoints, and how we have handled that diversity, has had a negative effect on the unity of the chiropractic profession. But, why is unity important? Well, for one thing the associations in those countries which have experienced great progress will tell you that without unity in the profession it would not have been possible to move forward and achieve effective legislation and proper working conditions for chiropractors.

The learning experience and the take-home message have always been: When dealing with political authorities speak with one voice. If you do not, the health bureaucracy, the politicians and the law-makers will simply not listen.

The unity I am talking about can be a very difficult companion, almost as difficult as democracy. It means that you have to accept that you cannot always have it

your way. You are not entitled to walk away if you don't like the conclusion. Sometimes you must show great restraint in the interests of mutual respect and tolerance.

This unity must not be mistaken for uniformity or a grey dullness of mediocrity. There can be a thriving diversity *within* a profession that yet presents a vibrant common front that celebrates a blend of science, experience and curiosity. One example would be the medical association, which stays unified and speaks with one voice despite the fact that some of its members perform abortions and some of its members are forcefully pro-life.

Unity within the chiropractic profession is long overdue. It is about time we spoke with one voice and stopped trying to navigate through the rear-view mirror.

**Øystein Ogre DC, FEAC
ECU President**

Blog address:

ecupresidentblog.com

Email: ecupresident@gmail.com



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

European Chiropractors' Union,
The Glasshouse, 5A Hampton Road,
Hampton Hill, Middlesex TW12 1JN

Tel: +44 (0) 20 8977 2206

Email: info@chiropractic-ecu.org

Website: www.chiropractic-ecu.org

Edited and produced by
Manya McMahon at
Pinpoint Communication Ltd

www.pinpoint-uk.co.uk

info@pinpoint-uk.co.uk

Tel: +44 (0) 1395 269573

Design by Impress Publications Ltd

Print by Advent Colour Ltd,
19 East Portway Industrial Estate,
Andover, Hampshire SP10 3LU

To advertise in BACKspace, please
contact Claire Wilmot, Business
Manager at ECU Head Office: info@chiropractic-ecu.org

© ECU. All rights reserved. Reproduction
of any part of BACKspace is not allowed
without the written permission of ECU.



Photograph © Ø H Haagen

Making an impact – and quickly!

The new ECU secretary-general Ian Beesley introduces himself.

AT THE May General Council I was asked why I had been attracted to the ECU and if I had any initial thoughts about the role.

To the first question I said that my father had taught me that

if you have talent it is a sin not to use it or, as people in North America say: “Use it or lose it.” A look at the ECU website had convinced me that here was a profession ready to step up to the

next level of achievement and recognition and I wanted to be part of that journey.

So, I asked myself the question: “Why would anyone listen to me?” Well, I have had a career in four parts and I have taken lessons from each.

I started at grammar school in the north-west of England and won a place at Oxford University where I read Politics, Philosophy and Economics. My first job was as a professional statistician in the Government Central Statistical Office. There I learned **the value of evidence and the power of numbers**. After a few years, with trepidation because of its awesome reputation, I moved to the British Treasury to help control public expenditure. There I learned that **evidence is not enough, you have to win the arguments and, above all, you have to take action**.

In 1980 I joined the staff working for the British prime minister, the scientifically-trained Margaret Thatcher. I spent five-and-a-half years there and led her Efficiency Unit, dedicated to reducing the costs and improving the performance of central government. There I learned that **you have to make an impact – and quickly. You only get one chance to impress**.

Then I joined PricewaterhouseCoopers (PwC) as a consulting partner and worked on four continents. I learned that if **you exceed the client’s (the patient’s) expectations your business will prosper**; and I also learned that it is more fun making money than saving money.

After leaving PwC I took a Doctorate (PhD) in History at the University of London and became the official historian of the British Cabinet Secretaries. The lesson



“Evidence is not enough, you have to win the arguments and, above all, you have to take action”

from those studies is that **there is no standing still, you either move forwards or you slide backwards**.

Now I have taken on a fifth challenge, in the large footsteps of my predecessor Richard Brown. He leaves a European profession that is on its way to great things provided that it looks to the good it can do for the patient and is not afraid to apply the lessons I have drawn.

After four months in the role, I know from the reception I have had from everyone and from the leadership I have seen in Øystein Ogre that I made a good choice.
secgen@chiropractic-ECU.org

ECU secures sponsorship

AS A parting gift on leaving for the World Federation of Chiropractic, Richard Brown signed a ground-breaking sponsorship deal on behalf of the ECU with Activator Methods International.

The agreement, signed on 10 June, runs to the end of 2018. In return for a generous annual contribution to ECU funding, Activator becomes the exclusive Platinum Convention and Seminar sponsor and exhibitor of leading instrument adjusting devices. Further, the company is authorised to advertise itself as ECU Platinum Convention sponsor in its promotional literature and will be the named sponsor of one convention plenary session with associated platform presence. It will also be the sole sponsor of ECU General Council meetings.

The ECU will provide two full-page advertisements for Activator in *BACKspace* and will advertise, via social media channels, Activator-organised events. ECU stationery will show the Activator logo and acknowledge its sponsorship. In return, Activator will publicise ECU conventions.

Commenting on the successful conclusion of sponsorship

negotiations between the ECU and Activator, the Honorary ECU Treasurer, Vasileios Gkolfinopoulos, said: “I warmly welcome the support from Activator Methods. It is encouraging to see equipment suppliers investing in the leadership of our profession and I look forward to many years of fruitful co-operation.”

Judi Fuhr, CEO of Activator Methods International, added: “Chiropractic is a young profession with a long history. Throughout that history there have been trailblazers of high integrity and a driving passion to improve patient care. We are delighted to help the current generation of chiropractic leaders in Europe as they continue in that noble tradition.”



**ECU PLATINUM
SPONSOR**

ECU news

New faces at General Council

BACKspace introduces the recently-elected presidents of two national associations

	Netherlands	Switzerland
		
Name	Reem Bakker 	Priska Haueter 
Full or part-time	40%	80%
Education	AECC	University of Bern
Qualifications	BSc Chiropractic UEFA TC3 licence	Lic.phil.hist.
Discipline	Chiropractor	Administrator
Name of clinic	Reem Bakker, Chiropractor	n/a
Type of clinic	Solo general practice	n/a
Special interests	Sports	n/a
Ambitions in the post	Improve the status of chiropractic in the Netherlands and eliminate legal and tax discrimination. Strengthen chiropractic recognition in the EU.	A stronger profession: legally and as a primary care provider in integrated healthcare. Retaining and bringing on the next generation of talented young chiropractors.
Mentors	My clients	My predecessors
Other appointments	City Councillor for the Liberal Party (VVD) – spokesperson for healthcare, social care, sports	Family
Relaxation	'What did I learn today?'	Physical activities; history, the arts
Contact address	voorzitter@nca.nl	Priska.haueter@chirosuisse.ch

ECU General Council Meeting

A report of the meeting on 13 May 2015

Financial support

ON-GOING FUNDING of €35,000 a year was granted in support of the European Council of Chiropractic Education (the accrediting body for chiropractic colleges).

A grant of €5,000 was awarded to assist the Turkish national association with current legal proceedings over recent government legislation.

The Research Council evaluated four requests for funding from Norway, Spain, the UK and IFEC in collaboration with the chiropractic college in Quebec. Funding was agreed for the Norwegian project (Identifying the course of neck pain in chiropractic patients and possible subgroups related to selected predictive factors) and to the UK (A study of lumbar inter-vertebral motion patterns to inform the design of clinical trials and prognostic studies). The financial commitment to these projects represents approximately €80,000 over four years, in addition

to existing projects which the Research Fund supports.

Membership

The ECU will no longer recognise a distinction between Associate and Full membership of national associations.

The Danish Chiropractors' Union (DKF) will decide in early November whether to re-join the ECU.

Exceptionally, Clause 3(a) of the ECU Constitution (which restricts membership of a national association to graduates of accredited educational institutions) was suspended for two years for graduates of the Barcelona College of Chiropractic and the chiropractic programme at Zürich University pending further developments in accreditation of these institutions.

An updated ECU website (incorporating the European Academy of Chiropractic) has gone live at www.chiropractic-ecu.org.

Forthcoming meeting

The General Council will meet again on 20-21 November 2015.

Welcome to the new ECU vice-president

VIVIAN 'VIV' Kil is a chiropractor with ideals, who has ambitions for the profession across Europe. She has the energy of a dynamo and unlimited optimism. It is an engaging and exciting combination.

Shortly after being elected the youngest, and the first female, president of the Netherlands Chiropractic Association, Viv told *BACKspace*: "My generation needs to take responsibility for our future. When I graduated I

never doubted there would be work as a chiropractor and that I would be allowed, by law, to work in the Netherlands. But that freedom was won by the efforts of many who went before me."

Now, elected vice-president of the ECU in May this year, Viv has the opportunity to help shape a future across Europe for all generations of chiropractors, built on the pillars of recognition of the profession, superior education and a devotion to

evidence-based research and continuous improvement.

Chiropractic in Europe has come a long way since the founding of the ECU in 1932 but there is still much to be achieved. Viv will have special responsibilities in the Executive Council for growing public awareness and trust in chiropractic care and lifestyle advice.



At the same time, Viv will remain a busy practitioner at Nervus Praktijk Voor Chiropractie, the clinic which she has set up in Valkenburg, a pretty town in the south of the Netherlands which is a thriving tourist attraction. It has been Vivian's goal ever since starting training to bring chiropractic back to the area where she grew up and, as a result, she was the first chiropractor to practise there.

ECU honours Richard Brown

ØYSTEIN OGRE presented Dr Richard Brown, the outgoing secretary-general, with the ECU's most prestigious award, the Honour Award, at the May 2015 Convention, in



a particular interest in sports chiropractic; he spent a period as team chiropractor for Wolverhampton Wanderers Football Club and in 2012 he

recognition of his outstanding work on behalf of the European profession over many years.

Thanking him for his service, the ECU president said: "We would have liked to have Richard on board as our secretary-general for many years to come. At the same time, we feel proud that our man was selected to lead the main office of the World Federation of Chiropractic. I know that I have all my European colleagues behind me when I wish him good luck in his new challenge. It has been both fun and rewarding working with Richard and he will be missed."

Richard graduated as a chiropractor in 1990 from the Anglo-European College of Chiropractic; he also holds a Master's degree in law from Cardiff University. For over 20 years he practised in a multi-disciplinary clinic in Stroud, England, where he developed

was a member of the medical team at the London Olympic Games. He served four years as president of the British Chiropractic Association and from 2010 on the ECU Executive Council, being appointed as the first ECU secretary-general in 2012. He is also the chair of trustees of the Chiropractic Research Council.

With an exceptional capacity for work and an instinctive interest in how fellow chiropractors are contributing to healthcare throughout the world, Richard has left his mark on the profession in Europe. He is known as an eloquent speaker and has travelled extensively to promote the chiropractic profession. Now, as the new secretary-general of the World Federation he follows in the footsteps of the legendary David Chapman-Smith – a challenge he will both relish and rise to.



George Gedevanishvili, the intermediary on behalf of the TSMU, and Øystein OGRE

Georgia and Turkey plan chiropractic education

THE TBILISI State Medical University (TSMU) took the first steps towards a post-graduate chiropractic education programme in June.

Just a few days after the devastating floods hit Tbilisi, in Georgia, at a ceremony led by the University Rector, Dr Zurab Vadachkoria on 19 June, 60 members of the university faculty heard ECU president Øystein OGRE speak about the role of chiropractic in primary healthcare. They enthusiastically supported a decision to develop, with ECU help, the new programme at the Clinical Centre of Sports Medicine and Rehabilitation under Professor Lela Maskhulia.

Since its foundation in 1918 the TSMU has produced over 40,000 doctors. It has almost 5,000 undergraduates (20% from overseas) and 200 post-graduate students. Georgia is one of 29 countries that are signatories of the Bologna Convention that

proposes a European Union Higher Education Area designed to ensure comparability in higher education qualifications.

The ECU is funding an initial study to map the TSMU undergraduate courses against the normal requirements for post-graduate chiropractic education in Europe. The General Council of the ECU plans to discuss the results of this study at its meeting in November and will then decide on the most appropriate actions.

Meanwhile, on 27 July, the Turkish Ministry of Education approved a proposal from the University of Baħecesehir (BAU) in Istanbul to launch a chiropractic programme and discussions are taking place with the ECU about the curriculum to be followed. BAU is a private university with over 14,000 students (4,000 of whom are post-graduates). It has a Graduate School of Health Sciences with 11 faculty members.



ECU WIOC Graduates of the Year – Nicola Thalmann and Alex Becu Steinson

Customize and order your table at vodamed.com

We proudly build each table to order!



BEST PATENTED DROPS ON THE MARKET

The Patented modular Accelerator™ III manual drop design provides faster acceleration with increased tension and future upgradeability.

REINVENTING THE ADJUSTING TABLE

ErgoStyle™ changes how all adjusting table are viewed. It's modular design allows for quick modifications and upgrades in the field. Upgrades can be added later as your techniques and practice grow.

**New cushions with a wide range
of colours in Healthcare-grade Vinyl
and Leather Upholstery**

Several tables in stock for immediate delivery

Build your practice with BEST-IN-CLASS Ergonomically designed tables

VODAMED is Europe's leading supplier of chiropractic tables and supplies. Over 12 years VODAMED has brought together some of the industries finest brands. We are the proud importer of ErgoStyle Tables, Eurotech & Tradeflex Table series, Thuli Tables, FMST Tools, Thumper Massagers and more.

- Variable Height / Elevation
- Manual or Auto-cocking Drops
- Manual or Automatic Flexion
- Stationary Tables
- HYLO
- Benches
- Portable Chiropractic Tables
- Traction & Decompression Tables
- Roller Massage Tables
- Large variety of chiropractic table parts

VODAMED

For a complete chiropractic table listing and
a dealer in your area:
Call us on +31 (0)85 4010900 or visit vodamed.com



Scan to learn more

Convention

The Alpha and Omega of Spinal Healthcare

The ECU Annual Convention and the WFC's Biennial Congress were held in Athens during May. Entitled The Alpha and Omega of Spinal Healthcare the Convention was hosted by the ECU and the Hellenic Chiropractors' Association and welcomed over 900 delegates from more than 45 countries around the world. All photos by Ø H Haagenen.

No ordinary convention

Having attended most ECU conventions since graduating in 2001, Prab Chandhok was certainly excited, though a little nervous, to be attending this one. The Greek Eurozone crisis was all over the media and he expected to arrive in the middle of a dysfunctional city in chaos.

NOTHING COULD have been further from the truth. A smooth arrival, check-in to the hotel and straight into the hustle bustle of 900 delegates signing in to the convention. A true sense of collective camaraderie exists at ECU, and especially joint ECU/WFC, conventions. There are surprise meetings with old college friends, and opportunities to meet new connections and forge lifelong friendships from around the world.

So what made this ECU/WFC convention so special for me? The speakers covered a wide range of subjects. A history of chiropractic by Jan Hartvigsen (see page 12) included a comic depiction of the early fascination practitioners had with instruments many of which resembled the rack!

Greg Kawchuk presented a blunt description of the perceptions chiropractors and chiropractic students commonly hold, which more often than not oversimplify the reality of what chiropractic truly has to offer. He urged us to see chiropractic as an amalgamation of not just biomechanical or neurological concepts but also a blend of others including genetic and biological.

The authority that is Scott Haldeman updated us on the latest in the neurology of spinal health

care. Heidi Haavik, Stuart McGill, Charlotte Leboeuf-Yde, Mark Gurden, Nadine Foster, Brian Nook and regulars such as Joyce Miller and Lisa Killinger all entertained and informed with their chosen areas of special interest, whilst backing up their presentations with the latest research.

I loved the short, but engaging, informative format of the lectures, something that ECU has mastered for some years. You always walk away with new gems and clinically-relevant ideas to take back to your practice.

It's not all lectures, workshops and trade stands in the sun. The great thing about ECU and WFC conventions is the social time, which naturally supports the professional aspects of the convention. The Greek night at an idyllic venue, the Vorres Museum, gave us the opportunity to enjoy Greek hospitality amidst traditional architecture coupled with modern art in a truly wonderful art museum.

The free night on Friday allowed us to attend alumni receptions from various colleges as well as venture into the city to sample the best of Greek hospitality. I dined on a lake with a group of Dutch and South African

chiropractors I had just met, enjoying sumptuous seafood. We made great memories and then escaped to the Greek bars at the foot of the Acropolis, finishing up at the convention hotel's rooftop bar, with breathtaking views over Athens. We stared awestruck at the Acropolis lit up in front of us. Oisten Haagenen managed to snap a masterpiece of a photo from the bar.

This was however, no ordinary convention. The gala dinner was in honour of David Chapman-Smith, marking a career of over 27 years as secretary-general of the WFC, undeniably raising the worldwide status of chiropractic. He was joined by his supportive wife, Sira, and surprised by a presentation of his 'best bits' which was set to a beautiful song, later revealed to be beautifully sung by his own daughter. A fitting tribute to a man to whom the profession and every chiropractor and patient owes a great debt of thanks.

There was also the opportunity for ECU to bid farewell and give thanks to Richard Brown, who has similarly elevated ECU into an organisation that enjoys even greater influence and respected status today. Fittingly, Richard celebrated taking over the secretary-general's role from David Chapman-Smith at WFC and will continue his great work.

Quietly in the background of the gala dinner, another of chiropractic's great leaders celebrated his retirement alongside his two long-standing colleagues. I am especially privileged in making mention of Tony Metcalfe, as he introduced me to chiropractic back in the mid-nineties and I was glad to help celebrate his epic career at the same time.

The evening, though emotionally-charged, was lively and thoroughly enjoyable with a first-class band and music keeping everyone on the dance floor and then in the bar until the early hours.

To me, ECU conferences represent the best of all aspects of the chiropractic profession. Lifelong learning, furthering of our skills and knowledge combined with camaraderie and a whole lot of fun taken to a new country each year – it's just not worth missing!

L-R Prab Chandhok, David Chapman-Smith, Richard Brown



Convention

The opportunity to sample the best Greece has to offer

BCA Vice President, **Elisabeth Angier**, enjoyed the venue as much as the convention.

ATHERNS, ONE of the world's oldest cities, nestled at the foot of the beautiful Acropolis and Parthenon, was a fitting location for this year's Convention. The ancient city is famed for its classical heritage and some of the world's greatest philosophers, scientists and academics – where better to gather and discuss the science, art and philosophy of chiropractic?

There was a fantastic academic programme with three full days of fascinating lectures delivered by a wide range of international speakers. Well-moderated and fast-paced, the huge range of topics included the history

and philosophy of spinal manipulation, the prevalence of musculoskeletal problems and the burden that these place on global healthcare systems and the management of different aged populations. All the speakers were lively and dynamic and supported their talks with the most recent research and evidence. They were sure to include plenty of take-home 'clinical pearls' to use in clinic and there were hands-on workshops and interactive sessions every afternoon. The latest research was very well-represented with over 200 original research presentations, plenary sessions and posters, and there was time

to discuss the findings with the researchers themselves.

It wasn't all work and no play; we delegates had the opportunity to sample the best that Greece has to offer with a spectacular Greek night held at the famous Vorres Museum, complete with traditional Greek dancing and entertainment, as well as the splendid gala dinner and awards ceremony.

There was even a little time to explore the Plaka, the ancient centre of Athens, or to kick back, chatting with friends and colleagues on a roof-top terrace watching the sun set behind the Acropolis.

It really was a fabulous convention, and I came away

feeling refreshed and invigorated, up-to-speed with the latest research and bursting with all things chiropractic. However, for me, some of the best times were to be had exploring the cobbled streets or leafy tree-lined avenues, discussing the world of chiropractic with my colleagues from around the world.

It made me wonder just how many other academics, researchers and philosophers had wandered along those tree-lined streets, or sat below the pillars of the Parthenon, discussing the subtle nuances and delicate intricacies of their chosen profession over the last two millennia ...

Jean Robert Research Award

One of the judging panel, former ECU Convention academic organiser **Vassilis Maltezopoulos**, reflects on the success of these awards at the Athens Convention.

THE ECU introduced the prestigious Jean Robert award some years ago in an effort to improve the quality of research, and this year I was honoured to be invited to be a member of the team that evaluated the papers, and I felt very privileged to be the one to hand the awards to the winners. It was definitely the best part of the convention for me.

It was, as always, part of the closing ceremony. As I stood up in front of the full amphitheatre, I felt so glad to recognise in the faces of participants a warm gratitude for all that had taken place over the three convention days. They applauded

the winners with enthusiasm and pride for what chiropractic research has offered to the profession in recent years.

This year's winners

1st Prize – €2000

Dave Newell, Jenni Bolton, Emily Diment

The UK PROMs collection initiative: Final results and reflections on an 18 month study.

2nd Prize –€1000

Cynthia Peterson, Christian Pfiffmann, Jürg Hodler, Christof Schmid, Serafin Leemann, Bernard Anklin, B. Kim Humphreys

Symptomatic, MRI confirmed cervical disc herniation patients: A comparative effectiveness observational study of two age and gender matched cohorts treated with either spinal

manipulative therapy or imaging guided cervical nerve root injections.

Best new researcher –€500

Jørgen Jevne,

Jan Hartvigsen, Henrik Wulff Christensen

Compensation claims for chiropractic in Denmark and Norway 2004-2012

As far as the 'inside' story goes, I can reveal how difficult it was for us in the research evaluation team to come up with the winners in all categories, when all papers were of such high quality and the top two scored almost equally. It was such a gratifying experience to be part of this exercise, alongside some of the top researchers, and I felt that my view as a field chiropractor was more than welcome.

I'm looking forward to events as successful as Athens 2015.



WFC Research Council awards

Chair of the WFC Research Council, **Professor Greg Kawchuk**, reports on the high quality of the competition in these leading awards for the chiropractic profession.

BUILDING ON the success of the last meeting in Durban, the 2015 joint WFC/ECU Biannual Congress in Athens showcased a stunning array of scientific papers and posters. Marking a new format which allowed more high-quality platform and poster presentations, the Research Council would like to congratulate all the authors of the almost 200 submissions that were accepted for presentation this year. It was evident to all that not only is the Congress the premiere venue to present chiropractic research, it is a growing global community that spans a diverse range of disciplines and professions.

The principal research awards given at the Congress are the Lou Sportelli Awards for best papers. These are the most lucrative of research awards in the profession, and the Sportelli winners are selected by the Research Council from a pool of papers submitted into this voluntary competition and then published in the *Journal of Manual and Physical Therapies (JMPT)*. The first prize is named after the first chair of the Research Council, Dr Scott Haldeman. Demonstrating the ever-increasing quality of the competitors and the difficulty in judging these submissions, two Honourable

Mentions were given for the first time this year.

In addition to the Lou Sportelli Awards, poster awards were selected from the entire pool of accepted poster submissions.

Congratulations again to all the winning authors. The Research Council anticipates an even greater competition when these awards are next given in 2017.

LOU SPORTELLI AWARDS

First Prize – The Scott Haldeman Award \$12,000
Neck pain participants show impaired ability to perform a mental rotation task in a four week longitudinal study as compared to healthy controls
Julianne Baarbé, Michael Holmes, Heather Murphy, Heidi Haavik, Bernadette Murphy

This longitudinal study tested the ability of subjects with subclinical neck pain and healthy controls to recognise an object's orientation. They found that healthy participants performed the task of mental rotation better than those with neck pain, suggesting that the ability to perform a complex mental rotation task may involve cerebellar connections and that those with neck pain may have altered

sensorimotor function of the neck that can disrupt processing and integration of sensory inputs.

Second Prize – \$7,500
The UK PROMs collection initiative: Final results and reflections on an 18 month study

Dave Newell, Jenni Bolton, Emily Diment

This prospective multi-centre observational study of 844 patients explored the feasibility of implementing a web-based patient reported outcome measures collection process in UK chiropractic practices to explore the practicality of this method for collecting a number of key outcomes, particularly cost analysis using Quality-Adjusted Life Years (QALYs). This study found that the collection of patient-reported outcome measures is feasible, that the majority of patients undergoing chiropractic care experienced substantial clinical improvement at reasonable cost, and that the level of care exceeded their expectations.

Third Prize – \$5,000
Spinal manipulation attenuates neuropathic pain through activating endogenous anti-inflammatory cytokine IL-10
Xue-Jun Song, Zhi-Jiang Huang, William B. Song, Xue-Song Song, Arlan W. Fuhr, Anthony L. Rosner, Harrison Ndetan, Ronald Rupert

This small animal model study investigated the effect of instrument-assisted spinal manipulative therapy on inflammatory markers (cytokines interleukin (IL) -1 β , TNF- α , and cytokine IL-10) on chronic compression of the dorsal root ganglion. They found that

instrument-assisted spinal manipulative therapy may help to reduce neuropathic pain induced by primary sensory neuron compression by activating endogenous anti-inflammatory cytokines IL-10 in the spinal cord.

Private Practice Award – \$3,000
Direct access to chiropractic services versus physician referral: Analysis of a large data set from the UK

Jonathan Field, Dave Newell
This prospective study utilised a web-based system to monitor outcomes of 8222 patients presenting to chiropractors through referral from National Health Service (NHS) primary care physicians compared with those presenting privately. It was found that patients presenting for chiropractic care, either privately or through their NHS primary care physician, experienced excellent results for patient-reported outcomes thus showing that chiropractic services in the UK may be appropriate for both private and NHS-referred patient groups.

Honourable Mention
Who will have sustainable employment after a back injury? The development of a clinical predication model in a cohort of injured workers
Heather M. Shearer, Pierre Côté, Eleanor Boyle, Jill A. Hayden, John W. Frank, William G. Johnson

Honourable Mention
The effect of high and low force cervical manipulation on mechanical neck pain: A randomized controlled trial
Lindsay Gorrell, Roger Engel



WFC poster regional awards

Convention

POSTER AWARDS

First prize – \$1000

Are chiropractic patients afraid of moving? You can easily find out if your patients are
Alice Kongsted, Kai Leland, Sture Hammern

Second prize – \$750

Pain and physical activity in adolescents: Analyses of a population-based international survey
Michael Swain, Nicholas Henschke, Steven Kamper, Inese Gobina, Veronika Ottová-Jordan, Christopher Maher

POSTER – REGIONAL AWARDS

Africa – \$500

A systematic review to determine the evidence to support the use of flexion distraction chiropractic technique
Dillon Cuppusamy, Charmaine Maria Korporaal, Laura Maie O'Connor

Asia – \$500

Effect of chiropractic treatment, ultrasound, and kinesio taping treatment on active rotational range-of-motion of sternocleidomastoid muscle
JinOk Choi, SungBum Choi, HyeRin Cho, HanSuk Jung, SungEun Kim

Europe – \$500

Somatotopy of the lumbar spine in the secondary somatosensory cortex
Sabina Hotz-Boendermaker, Bart Boendermaker, B. Kim Humphreys, Michael L Meier

Mediterranean – \$500

Does improvement towards a normal cervical sagittal configuration aid in the management of lumbosacral radiculopathy: A randomised controlled trial

Ibrahim Moustafa, Aliaa Mohamed Diab, Deed Harrison

North America – \$500

Behaviour-related factors associated with low back pain in the US adult population
Haiou Yang, Scott Haldeman, Dean Baker

Pacific – \$500

The prevalence and impact of neuropathic pain in older women with arthritis
Katie de Luca, Parkinson Lynne, Julie Byles, Henry Pollard, Fiona Blyth

South America – \$500

Symptoms associated with chiropractic treatment: adverse effects and improvement of primary complaint
Eduardo Bracher, Gilberto Barros, Dayane Cabral, Julianna

Bellangero, Bianca Leme, Tamires Canin, William Marchetto

POSTER – STUDENT AWARDS

Student first prize – \$750

Health professional perspectives regarding the use of patient-reported outcome measures in an integrated primary care health centre: A pilot project.
Kirsten Olesen, Peggy Howard, Shirley Xing, Fok-Han Leung, Deborah Kopansky-Giles

Student second prize – \$500

Development of an effective and low-cost system to monitor PROMs using mobile technology and the internet: An exploratory trial of the Patient Health Information (PHI) software application.
Ahmet Ulsan, Andrew L. Vitiello, David Newell

An online paediatric resource for the family chiropractor

THE PAEDIATRIC CPD PROGRAM



ASSESSING



ADJUSTING



MANAGING

Specifically designed to increase your confidence and competence when examining, adjusting and managing the paediatric patient.

Practical hands on instruction supported by interactive e-books, photos, and over 130 videos. Offering over 85 continuing education credit hours.

www.cpd.c4k.com.au

Enquiries: c4k@netspace.net.au

The lessons of history



PROFESSOR JAN Hartvigsen of the University of Southern Denmark (SDU) and Nordic Institute of Chiropractic and Clinical Biomechanics (NIKKB) intrigued a packed plenary hall with a lightning-fast historical survey of spinal manipulation therapy (SMT) from Ancient Greece to the modern day.

He showed fascinating illustrations of treatments in widely different cultures across many centuries, ranging from frescoes to middle-eastern manuals, from Japanese woodcuts to what looked suspiciously like an extract from the Karma Sutra. Such treatments were part of a spectrum from medicine to manipulation.

In the 19th century, however, medicine slowly embraced natural science and distanced itself from theology and spirituality. Doctors were increasingly university-educated, well-organised and subject to legislation. Their recognition and authority rose dramatically. By contrast, spinal manipulation slowly fell out of grace, along with those who practised it. So-called bonesetters were unorganised, unregulated and disunited, and they often had little formal education.

Different therapy and belief systems including chiropractic evolved in the late 1800s and early 20th century and practitioners of SMT became organised and better-educated. Many chiropractors, however, defined themselves in opposition to medicine and were reluctant to accept new knowledge and scientific advances in healthcare; consequently they were left with a sense of cultural inferiority. It was only slowly towards the latter part of the 20th century that chiropractors started to embrace scientific thinking and academic underpinning of their practices.

Drawing on epidemiological research by Eric Hurwitz¹, Hartvigsen drew our attention to Hurwitz's conclusion that around 10% of the North American population receives SMT each year, overwhelmingly delivered by chiropractors and mostly for back and neck pain. Around the world there are large variations in usage of SMT and in practice patterns for chiropractors.

Jan Hartvigsen called for more and better research into the clinical effectiveness and mechanisms of action of SMT. How such research should be defined and funded in collaborations between clinicians and researchers, and also how the profession should show unity and identity (see *President's Message* on page 3) are topics for debate in future issues of *BACKspace*.

On the final morning of the convention, Bill Meeker of Palmer College presented the results of research in the United States that offered a global identity: *The experts in spinal healthcare within the healthcare system based on:*

- a) An ability to improve function in the neuromusculoskeletal system, and overall health, well-being and quality of life.
- b) A specialised approach to examination, diagnosis and treatment, based on the best available research and clinical evidence with particular emphasis on the relationship between the spine and the nervous system
- c) A tradition of effectiveness and patient satisfaction
- d) Enabling patients to avoid drugs and surgery where possible
- e) Expertly qualified providers of spinal adjustment, manipulation and other manual treatments, exercise instruction and patient education.
- f) Collaboration with other health professionals
- g) A patient-centred and biopsychosocial approach, emphasising the mind/body relationship in health, the self-healing powers of the individual, and individual responsibility for health and encouraging patient independence.

The chiropractor should be seen to be a combination of expert, professional, ethical, knowledgeable, accessible, caring, human, and positive.

Some thought the proposed identity too limiting. The *BACKspace* team and your national association would like to hear your views; e-mail the editor, Manya McMahon (manya@pinpoint-uk.co.uk).

¹ Eric L. Hurwitz, Epidemiology: Spinal manipulation utilization, *Journal of Electromyography and Kinesiology* (2012)

Researchers' Day

MUSCULOSKELETAL DISORDERS are now the leading causes of disability worldwide and the costs and suffering associated with them are astronomical. Intuitively, one would think that research into effective prevention and effective early treatment would be a top priority for governments everywhere.

This year's Researchers' Day saw over 70 researchers from Europe, Australia, Asia, and North America meet to debate how research could counter the challenge of raising awareness of MSK disorders and attract funding for research.

In a provocative speech, Professor Jan Hartvigsen, University of Southern Denmark, pointed out that apparently MSK disorders are not governmental top priority, because even though we know very little about how to prevent and best treat, for instance, back pain, funding for research, guideline development and implementation of guidelines is negligible in most countries.

Also speaking at the event was Christine Goertz, the only chiropractic member of the Patient-Centered Outcomes Research Institute board (PCORI). She gave a personal account of how to convey the

message about the importance of MSK disorders to people outside the field.

There were several key messages that came out of the discussions, not least of which was the call to open up dialogue with other professions, be inclusive instead of divisive, and to integrate our research with other public health research.

In the afternoon, delegates split into two parallel sessions. New researchers had the chance to meet each other and senior researchers. In a lively, informal session, 14 new researchers gave short presentations of their projects and research interests.

In the parallel sessions, use of administrative data in Health Services Research and Practice-based Research Networks were discussed, based on examples from around the world.

The organisers, Lise Hestbaek, David Newell, and Sidney Rubinstein, were delighted with the day. David said: "There was an overwhelming interest from the new researchers in meeting and presenting, and this session will surely be repeated. It is a wonderful opportunity to meet with other new researchers. We're looking forward to meeting up again next year in Oslo."

2016 Convention Building Bridges

Oslo 5-7 May 2016 • Radisson Blu Scandinavia

Exciting topics:

Value added care • Biomechanics 2.0 • Vitamin D • Ultrasound • Lower extremity •
Muscle testing • Professional Integration • Discussion and debates
Special Interest Groups in: Neurology, paediatrics, clinical chiropractic & sports

Invited speakers:

Greg Kawchuk • Heidi Haavik • Johan Moan • Arlan Fuhr • Ulrik Sandstrøm • Simon Bird •
Nicole Oliver • David Byfield • Kent Greenawalt • Thomas Lauvsnes • Jørgen Jevne and many more



Registration opens 1 November 2015 www.chiropractic-ecu.org

Building Bridges

IN OUR practices, offices and classrooms, we may feel a little isolated some of the time. The ECU Convention 2016 will be in Oslo, Norway, and will play host to all of the diverse 'islands' a chiropractor can inhabit: Student, Researcher, Educator, Policy Maker and Clinician. This is the one European chiropractic event of the year where we easily cross bridges from one 'island' to another, hear what's going on in current research and refresh our knowledge, meet old friends and make new ones.

One central discussion in Oslo

will be: Is it possible to stay true to our roots and native language while at the same time connecting with other islands in the ever-growing archipelago of modern healthcare? How do we initiate and maintain contact with other key players to optimise patient care? That will be a starting point in Oslo, and sessions throughout the convention will have bridge-building as an underlying theme.

We will have plenty of debates and workshops to shorten the distance between the islands: there will be technique workshops with the popular Ulrik Sandström and

Thomas Lauvsnes; neurology, sports, paediatrics and clinical chiropractic will be showcased in collaboration with the European Academy of Chiropractic; we'll have top people, both local and international, from neighbouring healthcare 'islands' presenting their expert views distilled from years of experience. We'll start off Thursday with *Building Bridges*, then on to *The Clinician's Dilemma* (chaired by Charlotte Leboeuf-Yde) on the Friday morning and end by *Bridging the Gap* with Heidi Haavik and *Building Trust* with Kent Greenawalt on the Saturday morning. Names will be made public as soon as speakers are confirmed – please keep an eye on our ECU Conventions Facebook page.

A true Scandinavian gem, the city of Oslo inhabits the mountainsides at the bottom of a spectacular fjord, like those found all along the rugged coastline of Norway. Generations of Norwegians have eked out an existence with harsh winters in isolated villages. They've always known the strength there is in

connecting and reaching out – perhaps this is why Norway is considered one of the leading countries for chiropractic in Europe. Inspired by the Norwegian resilience and geography, the theme for the 2016 ECU Convention is *Building Bridges*.

Gitte Tønner
Academic Organiser

"How do we initiate and maintain contact with other key players to optimise patient care? That will be a starting point in Oslo, and sessions throughout the convention will have bridge-building as an underlying theme."

New Convention Features in Oslo!

WE ARE hosting a Viking Extravaganza – the working title is Frock'n'Rock – on the Friday night instead of the traditional Saturday night. Anyone who's had the pleasure of knowing Norwegians knows that they throw a great party, and we want as many of you to be able to attend as possible. Hosting it on Friday will save a night's accommodation, thus making it more feasible for you to be there, frocking and rocking!

Local Organising Committee

THE YOUNG, energetic and talented Norwegian team will keep you fit throughout the convention with early morning exercise before we start the day's academic programme. Many thanks in advance to Lovisa, Hege, Haavard and Martin!



Research

Research Corner:

Are psychosocial factors relevant for chiropractors?



IN 1987, Gordon Waddell introduced a paradigm shift to the treatment of low-back pain, which questioned the traditional medical model of disease.¹ He noticed the failure of the traditional pathological model in the treatment of back pain, and called for a new approach, hailing the introduction of the biopsychosocial model. In fact, this model had been introduced a decade earlier in psychiatry by Engel,² but had not been previously applied to the neuromusculoskeletal system.

Essentially, the model states that the complex, multi-dimensional nature of low-back pain cannot be explained by the reductionist biomedical model. Instead of reducing the cause of the complaint to a specific pathology, the new model proposed that a person's unique biological, psychological, and social factors (such as illness beliefs, coping strategies, fear and depression) be given equal weight in the aetiology and treatment of LBP.³

It has been more than 25 years since this 'revolution', and the results are telling. The last two decades have witnessed intense efforts to identify those psychosocial factors, such as fear, depression, and catastrophisation, which can help determine the outcome of a patient with back pain. In short, it has been found that these factors can help predict whether a patient is likely to benefit from care, and whether another approach may be necessary. A well-known example of such efforts is the STarT back screening tool, which was introduced for the purpose of assisting general practitioners'

decision-making during the initial treatment consultation in patients with LBP.

The role of psychosocial factors has also been the subject in prominent international spine conventions as well as ECU conventions. For example, a position statement was introduced following the 12th International LBP Forum, held in Denmark in 2012, which called for more clarity about the role of the biological, but more notably, the psychosocial factors in the aetiology and prognosis of LBP.⁴ In addition, the psychosocial factors were deemed by the chiropractic profession in Europe to be important predictors of outcome, whereby this subject was given top priority in a research agenda established for the European chiropractic profession in 2014.

These studies and this paradigm shift has led to some positive results in the world of back pain care. We see, for example, in the Netherlands, fewer patients with permanent back pain, fewer surgeries, and more appropriate use of medication and advice for those consulting the general practitioner.

The implications to the clinician would seem to be apparent: if a patient exhibits such behaviour as fear-avoidance, depression, has irrational thoughts and makes an incident appear worse than it is (catastrophisation), or exhibits physical symptoms as a result of psychological distress (somatisation), the chiropractor should then modify his treatment plan accordingly, including where needed, referral to the proper professional.

Nevertheless, experience in chiropractic practice and recent studies have led some of my colleagues and me to question whether or not psychosocial factors are as important in the chiropractic practice as the current trend in general practice would suggest. The value of this tool has also been examined in chiropractic settings, and while it appears to be useful in some back pain populations, it does not appear to differentiate outcomes in low-back pain patients seeking chiropractic care.⁵

In order to examine this, Luc Ailliet and I, along with our colleagues at the VU University in Amsterdam, conducted a prospective study in 97 chiropractic practices throughout Belgium and The Netherlands. We wanted to find out if the psychosocial factors are, in fact, associated with improvement or recovery in chiropractic patients; and whether they provide more predictive information that can otherwise be explained by the traditional biological factors, such as the nature and severity of low-back pain. If not, it would then be a reason not to focus too much attention on them during the initial patient contact.

In order to study this, we looked at more than 900 patients with neck and low-back pain, and used an observational study design, in which the care given by the chiropractors was at their own discretion. We collected data on:

- sociodemographics: e.g. age, gender, education, employment;
- biological factors: e.g. nature and duration of the pain;
- social and psychological factors: e.g. distress, depression, anxiety and somatisation; beliefs

concerning the effect of physical activity and work; and social support structures.

Data was collected at the end of the second visit, and at 1, 3, 6 and 12 months. Patients were also queried about their pain and disability weekly using SMS-tracking. This is a relatively new and exciting method of data collection, most notably in use by our Scandinavian colleagues in order to enable more frequent data collection than is otherwise possible with traditional methods.

So, what did we find out? Did our data support the psychosocial model in chiropractic practice? Are psychosocial factors (as) relevant for us and our patients? Should you be measuring them in clinical practice? And, do they help predict recovery?

Answers to these questions and perhaps many others (!) will be provided in the next issue of *BACKspace* ...

1 Waddell GL. 1987 Volvo award in clinical sciences. A new clinical model for the treatment of low-back pain. *Spine* 1987;12(7):632-44.

2 Engel GL. The need for a new medical model: a challenge for biomedicine. *Science* 1977;196:129-36.

3 Weiner BK. The biopsychosocial model and spine care. *Spine* 2008; 33(2):219-23.

4 Pincus T et al. Twenty-five years with the biopsychosocial model of low back pain-is it time to celebrate? *Spine* 2013;38(24):2118-23.

5 Field J et al. Relationship between STarT Back Screening Tool and prognosis for low back pain patients receiving spinal manipulative therapy. *Chiropractic & Manual Therapies* 2012; 20:17.

Sidney Rubinstein PhD, DC
Chair, ECU Research Council

History of the ECU Research Fund

Alan Breen stepped down from his position on the ECU Research Council in spring of this year, having served there since 1999. This position will be hard to fill, as his work has meant much for chiropractic research in general, and for the Council specifically. In this article, Alan reflects on the humble beginnings of the Council and its development over the years.

ORIGINALLY, RESEARCH by chiropractors in Europe consisted of nothing more than the profession's leaders transforming their thoughts to paper. Examples of this include Fred Illi and Henri Gillet. Few, if any, gathered data and none collaborated with a university or research institution. The main interest at the time was to explain how spines functioned and how chiropractic treatment affected them.

I entered the field in 1971, when an epidemiologist from Manchester University wanted answers to the following questions: "What is a chiropractor?", "Who are his patients?" and "What does he do?" Once these questions were answered, we could move on to the next question: "Does it work?"

The first questions were answered by the British Chiropractic Survey¹ (Breen 1977) and the latter (partially) by a trial by a UK Medical Research Council unit² (Meade 1990). Following this, it became apparent that no treatment works for everything and this led to further questions about how we stratify care. In other words, how are the conditions classified and what works best for whom? As there were no chiropractic researchers to help, I looked for funding for a PhD student to develop a case-history based system of classification of low-back pain based on hierarchical clustering³

(Langworthy 1997). This was provided by the new European Chiropractors' Union (ECU) Research Fund.

The Fund was started to bring order to financial requests for research, which at the time were managed by the ECU General Council. In the beginning, there were few requests. One of these was from me and went back to the questions first asked by Gillet and Illi about how intervertebral function works. The only way to observe it seemed to be through fluoroscopy and the only way to measure this was by tracking the vertebral images. So in 1986, I asked the ECU for a grant to buy one of the first image processing computers. I was successful, and it started what is now a programme of work and spine technologies known as OSMIA (Objective Spinal Motion Imaging Assessments). However, it also pointed to the need for a fair system for receiving, judging and awarding research grants.

In the early stages, the profession's main motivation was to 'prove that chiropractic works'. Needless to say, this did not win it much respect with the rest of the research community. The ECU was, therefore, wise to appoint people with a scientific background to the first ECU Research Council.

The first Council chairman was Jean Robert. Jean is a man with scruples and is open-minded. He was joined by Claude Perret (a

neurophysiologist from Paris University, Huitte) who had a sympathy

and interest in chiropractic. When I joined (1999) there was a fund and a small flow of applications. These were difficult to judge because there was no policy, no priorities, no application form and very little funds. All meetings were conducted in French, with which I struggled.

As time went on and policy and procedures became better established, it became apparent how tough research life is. Research Council members like Lise Haestbaeck and Inger Grunnes-Scheel understood both the chiropractic and university cultures and could bridge the gap in decision-making, while pure university academics like Norbert Freymann and Claude Perret could only look on in wonder at the naivety of some of the applications. The survival of the Fund rested on a culture of kindness and firmness combined with scientific rigour in the midst of endless sources of confusion, suspicion and conflicts of interest. Fortunately, Jean and Claude had these in abundance and were soon joined by Tom Michielsen. His organisational skills and political astuteness lead to an era of greater security.

In the 1990s, some of today's chiropractic research giants entered the scene. Europeans like Charlotte Leboeuf-Yde, Gert



Bronfort and Sidney Rubinstein, who obtained their PhDs in university centres of excellence, brought that culture to bear. These and workers like them abroad made chiropractor researchers much more credible on the world stage.

European chiropractic owes much of its success and credibility to people who were supported by the Research Fund. People like Henrik Lauridsen, Lars Ureholt, Iben Axen, Sidney Rubinstein, Alex Webb, Cecilia Bergström and many others owe their start to the Fund. It is a great testimony to the vision of the profession's leaders in keeping the Fund alive and its early leaders who fought, often under siege, to keep it fair and transparent.

References

- 1Breen, A. C. (1977). "Chiropractors and the treatment of back pain." *Rheumatology and Rehabilitation* 16: 46-53.
- 2Langworthy, J. M., Breen, A.C. (1997). "Rationalising back pain: the development of a classification system through cluster analysis." *Journal of Manipulative & Physiological Therapeutics* 20(5): 303-310.
- 3Meade, T. W., Dyer, S., Browne, W., Townsend, J., Frank, A.O. (1990). "Low back pain of mechanical origin: randomised comparison of chiropractic and hospital outpatient treatment." *British Medical Journal* 300: 1431-1437.

Research

Research progresses well at CTDRU

CHRONIC BACK pain, martial arts and rugby are among the current research topics at the Clinical Technology and Diagnostic Research Unit (CTDRU) at the University of South Wales.

The CTDRU has a new PhD student, Kent Stuber, who is looking at the treatment of patients with chronic back pain. Kent is based in Canada, as head of the unit, Professor Peter McCarthy explains: "Kent is based in Calgary, over 2,000 miles from Toronto and nine-and-a-half hours flying time from Wales. He has been awarded funding of £18,000 from the Chiropractic Research

Council which will definitely help. I will be joined in Kent's supervisory team by Dr Mark Langweiler in the UK and Dr Sil Mior of the Canadian Memorial Chiropractic College."

Another PhD student from Canada, Mohsen Kazemi, is an ex-Olympian whose PhD thesis, due for completion this year, is about the martial art of *Tae kwon do*.

Further involvement with chiropractic for the martial arts has come from senior lecturer Mark Langweiler, who chaired a panel on Pedagogy and presented a paper jointly with Stefani Sachsenmaier of Middlesex University at the Martial Arts Studies Conference,

held at Cardiff University. Its title was *On Not Neglecting the Near for the Far - The Practice of Wu Style Tai Chi Chuan*.

Together with Andrew Heusch, Lee McCarthy and Bianca Zietsman, Professor McCarthy recently attended the Physiological Society meeting in Cardiff, to present their work on Active Cervical Range of Motion (ACROM) in elite male athletes: "Feedback was interesting," he reports, "and gave us pause for thought regarding our next moves in this area."

In addition, recent PhD graduate Nadia Nair showed some of her work on sensor calibration

International Congress of Metrology in Paris in September.

The Research Unit is now close to the end of the data collection stage of its longitudinal rugby union/league study with two London clubs (London Welsh and London Broncos) and the team is soon to meet the management of a Premiership football team to consider possible research with its Academy squads.

Follow the CTDRU:

On Twitter at (@CTDRU), Facebook at www.facebook.com/ctdru.usw and on our website <http://ctdru.research.southwales.ac.uk/>

General news

AECC is 50!

THE STUDENTS and staff of the Anglo-European College of Chiropractic (AECC) have this year celebrated its half-century.

The AECC has grown significantly since its beginnings in 1965. Not only is the college the founding teaching institution for chiropractors in Europe, but it has also produced some of the finest and most respected chiropractors in the world.

The AECC's name and reputation has continued to grow throughout the years and the support shown by its graduates and alumni has been remarkable. With events such as the openings of the new clinic building in 2009 and of the new MRI facility in 2015, and over £300,000 in donations received, it is clear to

see that those who have become part of the AECC family truly do care about its future.

The AECC is set to continue its expansion. In addition to excellent campus facilities, undergraduate and postgraduate programmes are continuously being developed and refined to offer students the best mix of knowledge and clinical skills in order to enable them to achieve the best for their patients and the profession.

The college would like to thank all alumni and supporters who have contributed so much to its successes over the years ... and looks forward to next 50 years of chiropractic and AECC!



BCA advertising success

THE BRITISH Chiropractic Association (BCA) recently met with the UK's Advertising Standards Authority to push for changes in the way chiropractors' claims in advertising have been treated. Currently, chiropractors' claims suffer discrimination, because they are treated differently from those made by physiotherapists and osteopaths.

BCA president Matthew Bennett reports a successful outcome: "I am pleased to say they are prepared to change their stance and have already amended their online advice, taking chiropractic out of the Therapies section and putting it in the Health section. Further developments are expected with regard to claims in advertising."

General news

DXA and MSK ultrasound services introduced at WIOC

THE CLINICAL Services Unit at the Welsh Institute of Chiropractic (WIOC) is becoming well-established.

Following the installation of a state-of-the-art DXA (Dual Energy X-Ray Absorptiometry) bone mineral density and body composition scanner last year (see *BACKspace* volume 10 number 2), the DXA service commenced on 12 March 2015. This was initially as part of a staff training exercise, under the supervision of an applications specialist from Vertec, the supplier of the scanner.

A member of the WIOC

academic staff, Angela Sims, is being trained to operate the scanner and drive the service. Angela also teaches on the chiropractic programme and will integrate the DXA service into it.

As of the end of August, 50 patients, referred by WIOC student clinicians and local chiropractors, have been scanned, and the official launch of the service was on 21 September. The DXA service will be accepting referrals from a wide range of health professionals in the South Wales region and Head of Chiropractic David Byfield reports that they are collaborating with the

local hospital trust, and also with SportWales:

"We have established a working relationship with SportWales' Elite Performance Group in Cardiff to scan their elite athletes as part of their biannual health status checks. The Faculty and SportWales will encapsulate this work as a research project looking at a number of parameters related to body composition, training effect and competition results. The project is currently being reviewed by the Faculty Ethics Committee for approval."

An additional service – MSK ultrasound – moved into the WIOC at the end of September under the direction of Dr Alf Turner. The relocation will have significant benefits in terms of patient care and the local referral base.

Full five-year reaccreditation for WIOC

THE COMMISSION on Accreditation of the European Council on Chiropractic Education (ECCE) has announced that the Welsh Institute of Chiropractic (WIOC) has been reaccredited for the maximum period of five years.

The Commission's report recognised the overall quality of the chiropractic education and training provided by the university.

Head of Chiropractic at WIOC David Byfield, is delighted at the news: "This is a great achievement and I would like to thank everyone for their efforts in reaching this outcome."

WIOC has been an accredited institution of the ECCE since 2002.



THE AECC'S new Master of Chiropractic, MChiro (Hons), degree programme has successfully undergone Bournemouth University validation and General Chiropractic Council (GCC) accreditation.

The GCC panel made the following commendations:

1. The shared strategic vision for the future of the College and its academic programmes that was manifest across all staff groups.
2. Staff engagement with the full range of the work of the College was very positive. Across all groups there was a palpable enthusiasm and spirit of being forward-looking.
3. The enhanced educational experience that is being provided for the students arising from multi-disciplinary and inter-professional

learning opportunities.

4. The estates planning and the facilities enrichment that enhance student learning.

The new programme is an integrated 1+4 undergraduate Masters programme; a five-year programme with two entry points where students will either start in Year 0 (a foundation year specific to the programme) or Year 1 dependent on the level of their academic qualification at application. It will allow all eligible UK and EU students to receive Student Loan Company funding for the entire duration of their studies and it began enrolling students in September.

The MChiro (Hons) programme will keep the same ethos and values that the AECC has always had with the education centred on clinical training and evidence-informed practice.

Netherlands court rules in favour of chiropractic

CHIROPRACTIC IN the Netherlands is not currently regulated by the BIG law (Beroepen in de Individuele Gezondheidszorg – Professions in Individual Healthcare) that exempts regulated professions from VAT. Dutch Chiropractors were, until very recently, therefore not exempt from VAT, unlike their physiotherapy and manual therapy colleagues.

The BIG law was due for revision this year, and the Netherlands Chiropractic Association (NCA) used this opportunity to get chiropractic onto the political agenda. The NCA's Reem Bakker explains: "We are establishing good contacts in parliament. A political party (VVD) has asked questions about chiropractic within the health system to the Minister of Health. Many other questions have been asked which have resulted in a delay

in the revision of the law. The new deadline is now summer 2016. What started as an update and refreshment of this law from 1997 now starts to look like a big renovation in progress. The NCA is very active and tries to stay maximally involved."

On the VAT issue, the NCA was involved in a court case against the tax office. The court ruled that chiropractic care and physiotherapy are at the same medical level and compete with each other and different tax regimes (VAT) are therefore not allowed. The Dutch Ministry of Finance and tax office appealed against the decision, but then withdrew that appeal at the beginning of September. As a result, with retrospective effect, chiropractors working in The Netherlands and who are members of the NCA will be VAT exempt from 1 January 2013.

General news

Move on chiropractic education in the Norwegian parliament

Establishing a national chiropractic education on a university level has long been the main priority for the Norwegian Chiropractors' Association (NCA). Joachim Tansemb Andersen, communications officer at NCA, provides an update.

DESPITE BROAD endorsement by past political leadership and 'thumbs up' from several universities, a national chiropractic education is yet to be included in the fiscal budgets. Provoked by this lag in the political machinery, two parliament committees joined forces on 5 May, pushing for a prompt resolution on the matter.

The debate centred on the increasing societal burden of musculoskeletal pain and its oversized load on the welfare budget. Similar to other western countries, a large proportion of the Norwegian population is suffering from pain somewhere in the musculoskeletal system, which in turn may lead to disability and loss of quality of life. The financial burden of musculoskeletal pain alone amounts to more than 70 billion Norwegian kroner per year. Hence, there is a great demand for high-quality healthcare services in the management of such disorders.

Two MPs from the Norwegian Labour Party, representing the parliament committees on healthcare and education, addressed the respective ministers in two separate interpellations. Both MPs focused heavily on the need for a solid educational programme for chiropractors in Norway as an important step to ensure high-quality health services in the domain of musculoskeletal care.

"There are obvious challenges to the fact that Norway now has an authorised group of healthcare personnel who perform over two million consultations per year but still have to travel abroad in order to obtain a degree," claimed one of the MPs, Marianne Aasen.

"Furthermore, without university affiliation chiropractors are left

with a huge disadvantage with regard to continual professional development and careers in academia," she continued.

The debate that followed exposed great support by many MPs for a priority boost in the field of musculoskeletal care and a swift establishment of a national chiropractic educational programme. Amongst those who were in favour of Aasen's appeal was liberal representative Ketil Kjenseth. He encouraged his colleagues to look to Denmark where chiropractors and medical students study together during the first years, proposing a similar model of education in Norway.

Although the interpellations fostered great enthusiasm amongst the majority of the speakers that afternoon, no promises were made by the ministers of the governing parties. Thus yet again the NCA is left with anticipation for the upcoming fiscal budget. However, as this was the first time two parliament committees collaborated on one clear cause, another milestone has been reached in the ongoing professionalisation of chiropractic in Norway.

"We are very pleased with what is now happening in parliament and in the political milieu at large," said NCA president Jakob Lothe. "At present there are strong political forces eager to strengthen the chiropractic profession with its own place in academia. The parties are in agreement; what now remains are mere practicalities, and of course financing.

"The NCA will, of course, continue to lobby for our goal so that we may finally realise what we have been fighting for over the past decades."

GP training programme at the AECC

FINAL YEAR trainee general practitioners (GPs) have, for the past six years, attended the AECC to spend a day with interns and clinical staff. This year, 45 GP registrars and their supervisors, as well as a consultant orthopaedic and spinal surgeon, formed the largest group the college has seen so far.

The day provided an opportunity to show the GPs the college's on-site facilities and to outline the nature of chiropractic education as well as the range of clinical services available at the AECC.

The doctors were shown some

simple physical and chiropractic examination procedures and advised on patient self-care for back pain, along with some aspects of how and why chiropractors would assess function and performance in the asymptomatic individual.

Principal of AECC, Professor Haymo Thiel, is enthusiastic about these annual visits: "It is fantastic to be able to see the two professions working more closely together now, and it is an experience that provides a strong platform on which to further mutual respect and learning from each other."

IFEC teacher gains doctorate

DR ARNAUD Lardon, chiropractor, head of department and teacher at the Institut Franco-Européen de Chiropraxie (IFEC) successfully defended his doctoral thesis on *Predictors of spinal pain in children and adolescents* in July.

The distinguished jury included Professor Olivier Gagey and Christine LeScanff from Université Paris-Sud (Orsay), Professor Claude Dugas from Université du Québec à Trois Rivières, Alain

Hamaoui, lecturer (HDR) from Université JF Champollion (Albi, France) and Professor Charlotte Leboeuf-Yde from the University of Southern Denmark.

In parallel to his teaching, Doctor Lardon will continue his research with a one-year postdoctoral programme at the Université du Québec à Trois Rivières, specialising in biomechanics and motor control, with Professor Martin Descarreaux.

Madrid College enters research

THE DEVELOPMENT of a Research Department at the Madrid Chiropractic College – Real Centro Universitario (MCC-RCU) arises from the need to find answers to our questions. These answers help us comprehend not only the benefits of chiropractic treatment, but also how our body responds to such intervention. With this understanding, we will be able to improve quality of life for our patients, as well as the quality and safety of our treatment interventions.

At the MCC-RCU we seek to expand our knowledge, and research is without a doubt the best way to achieve this. As a result, we plan to incorporate research as one of the pillars of academic training in the chiropractic programme. Our greatest challenge at present is to provide scientific evidence through objective data. This will not only allow us to verify the relevance of the chiropractic profession, but will also help to define its role in the current healthcare system.

We are presently working in collaboration with the Healthcare Research Institute-Jiménez Díaz Foundation. The initial findings from current research being carried out at the Foundation, *Positive Effects of Chiropractic Manipulation on the Bone Status of Ovariectomized Rats*, were presented at the World Federation of Chiropractic's 13th

Biennial Congress in Athens, Greece in May of this year.

One month prior to the Congress, the communication, *Musculoskeletal Effects of Chiropractic Manipulation in an Osteoporotic Animal Model* was accepted at the 4th Joint Meeting of European Calcified Tissue Society (ECTS) and the International Bone and Mineral Society (IBMS). The primary objective of this study was to evaluate the effects of chiropractic manipulation on skeletal muscle in ovariectomised rats, hypothesizing that chiropractic manipulation may improve osteoporotic bone through a mechanism involving skeletal muscle.

At present the MCC is investing in basic research, although we are aware that this type of research must be accompanied by clinical research. Therefore, in the short or medium term, we propose to apply the results obtained in animal models to patients. In the long term, we propose translational research ('from bench to bedside') where the results obtained in animal models are used for improving patient treatment.

At the MCC, we believe that the establishment of collaborative agreements with other institutions opens the door not only to accessing other sources of

Head of Research Department of MCC Dr Arantxa Ortega-De Mues with Dr Ana López-Herradón, performing DEXA scan on rats in the Healthcare Research Institute-Jiménez Díaz Foundation



Head of Research Department of MCC Dr Arantxa Ortega-de Mues with Dr Ana López-Herradón and students of MCC, Isabel Muñoz and Pilar Ruiz in the Healthcare Research Institute-Jiménez Díaz Foundation

funding, but also to incorporating different perspectives. Currently, the *Fondation de Recherche du Quebec* is financing a Proteome Project, where the objective is

to find changes in the proteome of muscle and bone cells caused by chiropractic treatment. We will count on the participation of specialists at the Healthcare Research Institute-Jiménez Díaz Foundation.

We have also started a collaborative agreement with RMIT University (Melbourne, Australia) and the University of Seville (Spain) involving a multi-centre project related to musculoskeletal disorders.

We are aware that this is only the beginning, but research has become an important priority in the future growth of the MCC.

Barcelona College to reapply for ECCE accreditation

THE BARCELONA College of Chiropractic (BCC) and the Universitat Pompeu Fabra (UPF) are planning to reapply for full accreditation with the ECCE in April 2016, having successfully graduated their second cohort of chiropractors this July.

A total of 20 graduates were awarded the *Título Superior en*

Quiropráctica from the BCC and a *Master en Quiropráctica* from the UPF.

According to principal Adrian Wenban, enrolment for the coming academic year (2015-16) is satisfactory: "More incoming students have met all entry requirements and paid their related admission fees than were

in this year's graduating class."

Regarding the modifications to the programme of study related to accreditation, Dr Wenban reports that all is proceeding as planned. "Importantly, the BCC now has a collaborative agreement with a very well-respected evidence-based institution,

INPECS, which is run by the head of the local branch of the Cochrane Collaboration. Across August and September key staff received 40 hours of advanced evidence-based training with INPECS, focused on teaching and applying the evidence-based approach in clinical settings."

Improving everyday practice

A challenge for you

Take the time to test your knowledge with this clinical quiz, supplied by AECC. Find the answers on page 23.

Theme: Cutaneous Innervation of the Upper Limb

For each of the options below, identify the innervation of the skin. There is one correct answer for each question.

1. Distal attachment of the deltoid muscle

- a. Musculocutaneous nerve
- b. Posterior cutaneous nerve of the arm
- c. Radial nerve
- d. Axillary nerve
- e. Anterior interosseous nerve

2. Medial epicondyle of the humerus

- a. Ulnar nerve
- b. Medial cutaneous nerve of the forearm
- c. Median nerve
- d. Musculocutaneous nerve
- e. Posterior interosseous nerve

3. Scaphoid fossa

- a. Median nerve
- b. Radial nerve
- c. Ulnar nerve
- d. Medial cutaneous nerve of the forearm
- e. Anterior interosseous nerve

4. Thenar eminence

- a. Median nerve
- b. Radial nerve
- c. Ulnar nerve
- d. Medial cutaneous nerve of the forearm
- e. Anterior interosseous nerve

5. Nail bed of the little finger

- a. Median nerve
- b. Musculocutaneous nerve
- c. Posterior interosseous nerve
- d. Radial nerve
- e. Ulnar nerve

Theme: Conditions and injuries affecting the extremities

For each of the options below, identify the most likely condition or injury. There is one correct answer for each clinical scenario.

6. A 36 year old man returns from a walking holiday. Whilst away he developed a red rash associated with a headache and a 'flu-like illness'. On his return he has had generalised weakness in all four limbs and pins and needles in his hands.

- a. Diabetes mellitus
- b. Sarcoidosis
- c. Lyme disease
- d. Critical illness polyneuropathy
- e. Guillain-Barré syndrome

7. A 51 year old obese man with a known peripheral sensory neuropathy and retinopathy presents with increasing pain and weakness in his left thigh.

- a. Diabetes mellitus
- b. Sarcoidosis
- c. Lyme disease
- d. Critical illness polyneuropathy
- e. Guillain-Barré syndrome

8. A 38 year old man, previously well, presents with a ten day history of a 'flu-like illness' and weakness in his lower limbs. Neurological assessment of his cranial nerves and upper limbs are normal, but his lower limbs have grade 4/5 distal weakness, diminished reflexes and equivocal plantar responses. Vibration, joint position sense and light

touch are also reduced distally.

- a. Diabetes mellitus
- b. Lyme disease
- c. Alcoholic polyneuropathy
- d. Guillain-Barré syndrome
- e. Myasthenia gravis

9. A 70 year old woman falls on her elbow. She has marked bruising and tenderness of the upper arm. Examination reveals an inability to extend the wrist.

- a. Acromioclavicular joint dislocation
- b. Colle's fracture
- c. Fracture of the shaft of humerus

- d. Fracture of the radial head
- e. Supracondylar fracture of the humerus

10. A 10 year old child fell on her outstretched hand one hour ago. The child is complaining of severe pain in the elbow, which is swollen and tender. Examination reveals an absent radial pulse.

- a. Colle's fracture
- b. Fracture of the radial head
- c. Supracondylar fracture of the humerus
- d. Subluxation of the radial head or 'pulled elbow'
- e. Smith's fracture

SAVE THE DATE

THE CHIROPRACTIC EVENT OF THE YEAR

THE WAVE

AN IDEA WHOSE TIME HAS COME

AUGUST 5-6, 2016

SAN FRANCISCO, CALIFORNIA, U.S.A.

www.lifewestwave.com

Improving everyday practice

The things I wish I'd known ...

Baiju Khanchandani considers the advice he wishes he'd had on graduation day, and offers it to all newly-qualified chiropractors.

WHEN I was invited to pick the three top things I wish I had known the first day after graduating in 1986, I was taken aback by how close to a panic attack was the sensation I got while thinking about the thousands of micro and macro actions and decisions I take every day and trying to select the three key ingredients that count the most today, 29 years, almost to the day, out of college.

The first concept I wish I had embraced right after graduation is **Level of Intensity**. This was explained to me three times (before I finally got it): at a the student bar over a beer paid for by a well-travelled colleague; by a PC Magazine manager, again at a bar, in New Jersey, and at an osteria in Italy. Basically the concept is to immerse yourself in every aspect of the profession: work on your skills, build your reputation and relationships in your community; attend as many seminars as your budget permits; join your national association; work for your association; hire associates; write papers. In summary investigate every angle of the chiropractic profession and participate at every level. But first: sort out who you are: write a mission, aims and then set goals, based on your own personal and professional principles and values; and they advised me to read stuff by Anthony Robbins, Steve Covey, Napoleon Hill ... and attend Parker Seminars - which I did not do till 1993.

Number two, **Philosophy**, in the broadest and most superficial sense would have been enough. I read Sophie's World in 1997 when studying the meaning of my daughter's name. Learning how people have reasoned in order

to try and understand the world around us over the millennia was a revelation. That simple book on philosophy took me to reading about the actual thinking process of cognitive neuroscience, a fledgling discipline then, and to behavioural psychology and behavioural economics. Philosophy and thinking, our own and that of our patients and staff and colleagues, are fundamental to daily practice. Why don't patients stop smoking, take exercise and "come back next Tuesday" when I say so? Or on a wider scale, why don't colleagues join their national association, invest in research; and wider still, why is the profession reluctant to lobby in Brussels and build bridges with

other professions and health policy makers? Which brings us full circle to chiropractic philosophy: the contentious views on this topic were easier to contemplate once I learned that philosophers had been enjoying heated arguments for thousands of years: sometimes on matters of life and death in the case of Socrates; and sometimes on small stuff such as how many more grains of sand does it take to make a pile of sand as opposed to a collection of granules. Centuries later that last debate lead to fuzzy logic maths and the software to regulate air-conditioning units, to make sure rockets don't topple over at launch, and to guess the ups and downs of the stock market. So if philosophy is

applied in so many other fields, fortunes made and Nobel Prizes (Kahneman) awarded, perhaps there is a place for this topic in our profession too.

The third top tip is the study method, **breadth, depth and application**, which came via Applied Kinesiology and Functional Neurology. Why did I file away Mr Tyler's class notes on neurophysiology from AECC instead of re-reading them every day after graduation?! The nervous system, I discovered in 1994, really is the system that integrates the function of the rest of the body and the patient: the chemical, structural, and mental aspects of a person. Just like the books say. And the philosophers have always thought. Going back to first principles is a mantra I learned at college from Des McCann our pathology lecturer, but the importance only registered almost a decade later. AK and FN offer the knowledge, tools and procedures to read a problem, patient, person through the prism of a paradigm other than that of a simple symptom. What I learned in 1994 was to read a subject in its breadth, then go into depth in areas pertinent to our work, and then apply the knowledge in the clinic the next day.

One last point, to make four not three, I remember putting off marriage one year to 1995 in order to work at the Commonwealth Games and open a clinic in 1994. **There is no justification for putting off the festa of a life-time.** And there is one person who gently reminds me of this at every wedding anniversary. Draw your own lesson from this final paragraph, and thank me at the bar one day at some future seminar or convention.



Improving everyday practice

Answers:

1. D – Axillary nerve

The upper lateral cutaneous nerve of the arm supplying the skin over the deltoid is a branch of the axillary nerve. The axillary nerve can be damaged in dislocation of the shoulder joint and fractures of the surgical neck of the humerus.

2. B – Medial cutaneous nerve of the forearm

The medial cutaneous nerve of the forearm pierces the deep fascia in the mid upper arm with the basilic vein and supplies the skin over the medial aspect of the lower arm and forearm to the wrist.

3. B – Radial nerve

The radial nerve passes under the brachioradialis muscle in the forearm and crosses the scaphoid fossa. It innervates the skin over the posterior aspect of the hand and the lateral two and a half digits, as far as the nail bed.

4. A – Median nerve

The median nerve supplies the lateral palm and skin over the anterior aspect, and the tip of the nail bed of the lateral two and a half digits.

5. E – Ulnar nerve

The ulnar nerve supplies the anterior and posterior aspects of the medial side of the hand, and the palmar one and a half, and dorsal three and a half fingers, through its palmar and dorsal branches.

6. C – Lyme Disease

Lyme disease, or Lyme borreliosis, is a bacterial infection spread to humans by infected ticks. It is estimated that there are 2,000 to 3,000 new cases of Lyme disease in England and Wales each year. About 15% of cases occur while people are abroad. Many people with early-stage Lyme disease develop a distinctive circular rash at the site of the tick bite, usually around 3 to 30 days after

being bitten. This is known as erythema migrans. The rash is often described as looking like a bull's-eye on a dart board. There then follows a latent second stage, marked by cardiac, neurological and arthritic symptoms. The neurological sequelae include cranial nerve palsies, meningitis and a peripheral radiculoneuropathy.

7. A – Diabetes mellitus

This diabetic man has a long-standing sensorineuropathy and has now developed diabetic amyotrophy. This is a motor neuropathy of the lower limbs which occurs principally in Type II diabetic, middle aged to elderly, obese men. The symptoms are often asymmetrical.

8. D – Guillain-Barré syndrome

This man has developed Guillain-Barré syndrome following a viral respiratory tract infection. This disorder represents a polyneuropathy which is thought to be an autoimmune cellular response

directed against the myelin sheath. Patients usually develop motor and sensory symptoms several weeks after the onset of an infection although up to 40% have no identifiable preceding event.

9. C – Fracture of the shaft of the humerus

This is a common injury in the elderly. The extensive bruising is characteristic and the diagnosis is supported in this case by the finding of a wrist drop which has been caused by a radial nerve injury where it lies in the spiral groove of the humerus.

10. C – Supracondylar fracture of the humerus

This injury is typically confined to childhood. The humerus fractures just above the condyles and the distal fragment is pushed and tilted posteriorly. The danger of a supracondylar fracture is direct injury to the brachial artery leading to immediate and severe peripheral ischaemia as in this case.

AECC

Continuing Professional Development

Mobilisation of the Nervous System - Tim Beames	24-25 October
A day in the Infant Clinic - J Miller and guest speakers	7-8 November
The Joint by Joint Approach – Managing Lower Extremity Injuries in Athletes - Jonathan Mulholland	7-8 November
Certified Chiropractic Extremity Practitioners Programme - Keith Rau	14-15 November
Sports Nutrition for Athletes and Patients in Chronic Pain - David Seaman	14-15 November
Clinical Whiplash & Neck Pain - Christian Worsfold	21-22 November
Rehab to Performance: Core Skills Integration - Jason Brown	21-22 November
Motion Palpation Institute – Lower Dynamic Movement Assessment - Sarah Macchi	28-29 November
Benign Paroxysmal Positional Vertigo - Richard O'Hara	5 December
Gonstead Seminar of Chiropractic - John Cox	16-17 January
Motion Palpation Institute – Adjustathon - Mark King & Brett Winchester	6-7 February
Rehab of the Athlete & Continuum of Care - Craig Liebenson	5-6 March
Professor Stuart McGill- Building the Ultimate Back: From Rehabilitation to Performance (McGill Level 2 to follow in Feb 2017)	16-17 April
Extremity Adjusting - Mark Charrette	21-22 May

For more information
cpd@aecc.ac.uk

+44 (0) 1202 436 200

aecc.ac.uk/cpd

Moving forward

*As **Francine Denis** stands down as ECU vice-president after four years in the post, she offers some thoughts and hopes for the future of the profession.*

I AM VERY pleased with the changes I have observed in the ECU while I served on the Executive Council and I am confident that the present Executive team will continue to work well to achieve the goals of the ECU.

In particular, I applaud the work done to promote unity within our profession, focusing on our common ideals while respecting the differences that exist among national associations, in order to move forward proactively.

It's great to see that there are new education programmes on the horizon, although there's still a long way for us to go if we are to grow the profession in countries with very few chiropractors and no educational institutions.

During my time in office, two national associations have left the ECU. However, Malta, Austria and Estonia have joined, and they, together with the imminent return of the Danish association, allow for continued growth. It is quite promising to see that communication has remained open with Portugal and France and it is my fervent hope that they too will return to the Union in the near future.

The ECU and student chiropractors

Students are the future of the profession. With that in mind, it is of utmost importance that we guide and support them in becoming the people whom we want to see taking chiropractic forward.

Students who participate in the World Congress of Chiropractic Students (WCCS) have a direct influence on the larger student body worldwide. Furthermore, they are often the same people who take on leadership roles once they graduate. For these reasons I think it is imperative to maintain communication with representatives of the WCCS, to continue inviting them to participate as observers at General Council meetings, as well as supporting them both financially and with mentorship.

A Leadership Development Programme, to educate and mentor future leaders of our profession, was introduced to the General Council at their meeting last November in Stockholm. The idea is to identify future leaders among chiropractic students and our members, and to establish access to leadership programmes. By doing so, we will provide them with the tools and skills required to be effective leaders. This will help ensure continuity and succession of leaders within various chiropractic associations and organisations. I hope to see this proposal, which was very well-received, set in motion in the near future.

Patients' Associations

Our patients are, essentially, who we work for. They are the people we serve on a daily basis. Without them there would be no need for us, so we should always be patient-centred in our policies and actions. It therefore seems fundamental to have a Patients' Association within each country. Ideally, a Patients' Association creates a mutual support system between chiropractors and their



Photograph © Ø H Haagen

"Our patients are, essentially, who we work for ... so we should always be patient-centred in our policies and actions."

patients. It is a means by which we can understand patients' needs and preferences as well as allowing us to provide them with educational information on lifestyle, diet, exercise, etc. Furthermore, Patient Associations can be effective in lobbying health authorities to ensure their right to a high standard of safe, effective chiropractic care within their country and across Europe.

From a political perspective, it simply makes sense to have Patients' Associations - both national and pan-European. The patients, as consumers and a collective group of exponentially larger numbers than ourselves, have much greater influence on government policy-makers than we as a profession can ever have. In the past few years it has been observed that there is an

Feature

increasing influence of Patients' Associations on government policy, especially at the EU level.

I suggest, therefore, that there be continued effort made by National Associations to help create Patients' Associations where they do not yet exist. I hope that soon we will collectively reach the required number of national Patients' Associations that will allow the European Chiropractic Patients' Forum (ECPF) to become a full member of the European Patients' Forum. I'd like to see a revitalised ECPF enjoying the full confidence of the ECU. Without our wholehearted support I fear that our profession will lose a potentially very significant ally.

Presenting chiropractic to the world

One of the current challenges discussed within the profession is agreeing on a united identity with which to present ourselves to the world. So often I hear people tell me that they are not sure what chiropractic is. They may have vague ideas, some more erroneous than others, but in general, most people don't really know what we do. Yet we have already officially agreed on an identity for the profession.

In 2005, at the World Federation of Chiropractic's Congress in Sydney, Australia, there was unanimous agreement on a public identity for the profession, that being: "The spinal health care experts in the health care system." This was the result of the work done by the WFC Identity Task Force, a project which required a great investment of time, money and energy. It's interesting to note the conclusion made by the task force: "...the profession's work on identity has just begun ...there must then be a well-planned and prolonged program of implementation." I won't go into details about the key recommendations on identity, but I do suggest that you read the report which can be found on the WFC website.

Ten years later we've not made much progress with implementing the agreed identity and indeed the profession still has much work to do regarding this important challenge. We should utilise the report created by the WFC Identity Task Force, review its recommendations, adapting them if necessary. It would be a shame to overlook the extensive work that has already been done.

New personal endeavours

Now that I have stepped down from political involvement in both the ECU and the Asociación Española de Quiropráctica (AEQ), I have more time to focus on family and new professional endeavours.

My three girls are growing up quickly. Although they're now young ladies (24, 20 and 15 years of age) they still need their mum, at times more now than when they were small. Last September we moved to Barcelona which presented me with new job opportunities, especially teaching, something I hadn't aspired to until recently. Apart from having a small private practice, I now teach at the Barcelona College of Chiropractic. I fully enjoy working with the students as well as the challenges presented by unfamiliar experiences. I'm confident that these will keep me quite content, not to mention busy, over the next few years.

Stop press! Watch this video promoting an active lifestyle by Estonian chiropractor **Karl Pärjamäe**
www.youtube.com/watch?v=qz1RTO2ICUQ

War refugees desperate for help

*There are over two million refugees in Turkish camps, most of them from war-torn Syria. **Aurelie Belso**t and a colleague have been to one camp and offered chiropractic help. As she reports, it's an urgent problem and volunteers are desperately needed, but you have to be well-prepared for the experience.*

MY COLLEAGUE Fatima Karagöz and I went to one of the many refugee camps in Turkey last March. We spent just two days there, and it changed our way of thinking.

These are not the poor; they are war refugees. This is very different from working with poor people – there is physical and mental trauma, they've lost relatives, they've lost limbs and they're really damaged. These people are also from another culture that is completely different from ours and the communication isn't easy, even with a translator.

They have absolutely nothing, not even a change of clothes, and they don't get food every day; we had to hide to eat our lunch.

We have plans to return during October, and are working on a project with two different associations who can provide better working conditions for chiropractors.

However, the war in Syria is not going to end soon, and nobody knows what is going to happen to all these people. They need help, and if you would like to volunteer, please contact Aurelie on chirilili@gmail.com or Fatima on karagozfati@gmail.com. But be warned: if you come from a nice European city, this will be a big shock, especially if you have never volunteered before. It will be traumatic, and you need to prepare yourself for this difficult, but essential work. We recommend that you read the WHO Psychological first aid: Guide for field workers <http://tinyurl.com/pcxrodc> to prepare yourself.

A powerful article about Aurelie and Fatima's first visit to the camp, written (in French) by **Nathalie Ritzmann**, appeared in **Lepetitjournal.com** (<http://tinyurl.com/qbqhjc2>).



Chiropractic trailblazers

Getting to know Lise Lothe – new Dean of the EAC

Now that Martin Wangler has handed over responsibility for the European Academy of Chiropractic (EAC), Ian Beesley has been talking to the new Dean, Lise Lothe.

LISE LOTHE grew up in the north of Norway, and completed her chiropractic education in the United Kingdom and the United States. In 1991, she returned to Norway and began her career in Grimstad: “I was born and raised above the Arctic Circle where summer is short and cold,” she explains. “We have a saying: ‘If snow can carry the weight of a grown man at midsummer, then you know that spring will come late.’”

“I first got a taste of living in the south when I moved to a high school for top athletes in Lillesand when I was 15, and in the national swimming team. I then realised that this is the area where I would like to live - not having to wear mittens in summer was an eye opener! Grimstad has the most sun hours in Norway and when there was a job opening, I took it.”

Chiropractic treatment inspired a career

Lise’s first experience of chiropractic was the inspiration for her career. An old injury had been bothering her and the national swimming team coach sent her both inside and outside the Norwegian healthcare system to find treatment that could help. It turns out that that the

only effective treatment was chiropractic: “Its effect on my performance and the good feeling coming from treatment inspired me to become a chiropractor and later to research the neurophysiological mechanism behind what chiropractors do.”

She also spent seven years as a researcher at the University of Oslo, completing a PhD, so she fully understands the demands of a research career, not least the funding issues: “I am a curious person and like all aspects of research. Being integrated into a research environment at a university was probably the most fulfilling thing I could do. You can’t do research in a vacuum and being part of a PhD university programme gave me the technical, administrative and academic support that is needed to succeed.

“I am still involved in a project similar to my PhD project where we are now studying the neurophysiology of neck muscles. The university hospital has been open and willing to hire me, but the problem is, as always, funding. Having to work part-time as a chiropractor to finance research takes time away from research. Research should be a full-time activity, otherwise it has a tendency to become a hobby.”

Improving CPD availability

Lise became involved with the EAC in 2008 when she became Registrar, responsible for the award of continuing professional development credits. This allowed her to improve the availability of CPD events for European chiropractors: “We have been able to set up a website where all organisers of CPD events in Europe can promote their courses and seminars for free or for a small fee. This gives European chiropractors a tool to find

good-quality events to attend for their continuing professional development. My aim has been to be open-minded when deciding on whether or not an event should receive the stamp of approval from EAC while adhering to the academic principles that underpin the organisation.

“We have also helped organisers become better at promoting their seminars – for example, by challenging them to highlight what the participant will get out of attending, by clearly stating learning outcomes.”



“Being integrated into a research environment at a university was probably the most fulfilling thing I could do.”

Chiropractic trailblazers

CPD over the next decade

The new EAC Dean is very keen to emphasise the on-going importance of CPD to every chiropractor: "CPD is not just to uphold your level of knowledge, but also to increase your competency. As society becomes more informed, our patients will seek out practitioners who have special skills. Patients and third-party payers will be more aware of research and demand evidence of effect. Our profession must step up to this challenge both by informing practitioners of new developments to keep their knowledge current and also by providing post-graduate education such as advanced MSc or PhD programmes. These will give chiropractors the opportunity to be awarded academic merit for their CPD investment.

"The British model of various exit levels for postgraduate training; certificate, diplomat or advanced MSc, is an attractive model. I am impressed by the way AECC has used this model to develop the Advanced Professional Practice (Clinical Sciences) programme where you attend CPD courses of your choice and use these towards your Advanced MSc with the opportunity to exit at the lower PgCert or PgDipl levels. I hope chiropractors seek this opportunity to develop their skills and attitudes and that more chiropractic institutions will offer similar post-graduate programmes in the future. I also hope that private organisers liaise with educational institutions in order for their attendees to obtain academic qualifications. There are some very good seminar series on offer from private organisers that deserves such recognition.

"Stimulating chiropractors to seek university-based post-graduate programmes relevant to chiropractic, such as sports medicine or public health, at their local university, is another

way to enable our profession to have impact in settings outside of private practice and to give chiropractors opportunities in a broader job market. Being able to show that we have an academic base for our speciality training is particularly important when dealing with decision-makers, regulatory boards and reference

"As society becomes more informed, our patients will seek out practitioners who have special skills. Patients and third-party payers will be more aware of research and demand evidence of effect."

systems such as the European Commission ESCO project.

"The Academy recognises chiropractors who have made the effort to increase their skills by dedicating themselves to programmes that give academic credentials that are meaningful outside our profession as well, by awarding EAC Fellowship. This is given to chiropractors with an additional MSc, MPhil or PhD. I trust that EAC Fellows will help advance our profession in the next decade through the work they do both locally and through the EAC Special Interest Groups (SIGs)"

Balancing education and research

Lise understands that in this day and age, the profession needs chiropractors with research competence as well as practitioners who know how to put research into practice. She also appreciates that this requires the profession to embrace new methods, but also take difficult and painful steps to discontinue using methods that are shown to be ineffective: "Translating research into

practice is a major challenge. As a clinician you have limited time and resources to keep up-to-date on every aspect of research. The EAC recommends at least 30 hours of CPD yearly, self-study and/or with others. The academy has an agreement with Research Review Service to give members a discount on the price of weekly

summaries of relevant research. In future Academy programmes we will continue to support research and researchers through the ECU fund and Researchers SIG, and just as important, support the dissemination of knowledge into clinical practice through the SIGs and through our conference."

The SIGs were established to connect chiropractors with a special interest in a particular field. Three Fellows are required to set up and run each one, and they utilise the expertise within it to disseminate knowledge through workshops, masterclasses, case presentation and discussions. The SIGs are open to all chiropractors and other groups may form as the need arises. (Information on the individual SIGs can be found on page 28).

EAC benefits in clinical practice

Some people may ask what benefits chiropractors gain on a day-to-day basis from the EAC. Lise has a very clear view of its importance: "The Academy is first and foremost for the chiropractor

in regular clinical practice. As of 2015 ALL chiropractors who are members of an ECU national association have automatic membership of the EAC. We offer a website where chiropractors can seek out CPD events; we offer membership in SIGs, discount to RRS service, an opportunity to share and learn from clinical incidents through CPiRLS and the opportunity to attend events such as the ECU conference."

And relax ... maybe ...

Lise is a busy chiropractor with an impressive career and a family, so it's not surprising when she admits that she's not good at relaxing: "I know how to relax, but I am not good at it!

"I used to be a fairly good competitive swimmer, and I still use swimming as a way to keep in contact with old friends through Master Swimming. Last year my relay team set a European master record and I have a few national and Nordic individual records in my age group. As you get older it gets easier as competition seem to die off...

"I am restless and enjoy travelling. Nowadays training is mostly to keep fit enough to be able to run from one end of Schiphol to the other when I am late for my flight without getting the taste of iron in my mouth, or to enjoy hiking in the mountains by foot or on skis. I also instruct a couple of fitness classes through Friskis & Svettis, a non-profit organisation. This is my way of practising what I preach to my patients and giving back to the community. But none of this is relaxing.

"I am an incurable ailurophile and relax best with a cat on my lap and a box of dark chocolate next to me, either watching Netflix with Tim or preferably by the fireplace on our terrace looking out over the fjord as the sun sets on the islands. Usually that gives me an urge to get the kayak on the water..."

Martin Wangler hands over role of EAC Dean

AFTER EIGHT years at the European Academy of Chiropractic (EAC), Martin Wangler has handed over control to Lisa Lothe.

When Martin arrived on the European scene in 2007, the foundations were there for a giant step forward in the development of the profession. First as Director of Academic Affairs and lately as Dean of the EAC he has led an initiative for a Graduate Education Programme (GEP) focused on the transition from new graduate to seasoned professional fit to practise in an autonomous and independent manner.

Many of the most distinguished chiropractors have been through that transition, from nervous ingénue to earning a living in a competitive world. But that does not make the change any easier. Now, eight years later, two-thirds of the 22 member countries in the ECU have defined their own GEP requirements.

In 2010 the education accreditation agency created by the ECU, the European Council on Chiropractic Education (ECCE) was formally recognised by the European Association for Quality Assurance in Higher Education. In some European countries graduation from an ECCE-accredited institution is now a condition of lawful practice in the profession. The work to set up a GEP adds to an accredited qualification by creating strategies for professional and personal development for new entrants to chiropractic. A well-structured GEP



of long standing in Switzerland, for example, enabled inclusion of chiropractic in the Swiss Law of Medical Professions (2007).

But, Martin emphasises, a good professional is committed to life-long learning and key to this is reflection on what happens in clinic and how this relates to the experiences of others. So, in addition to the transitional programmes for new graduates, Martin is rightly proud of his role in helping set up the open access, peer-reviewed, online research journal Chiropractic & Manual Therapies which is included in the world's leading biomedical bibliography PubMed. As the journal's publication costs are met by a consortium of European and Australian chiropractic bodies the result is that authors need not pay an article publishing charge.

Other initiatives during Martin's stewardship include seminars for more senior clinicians on how to mentor more junior colleagues and a paper on the attributes of a professional in practice. The challenge, as ever, is to guide and stimulate but not to prescribe.

Martin sees the next challenge as professional development in an environment of integrative care, involving a wide range of healthcare professionals. It is a challenge he is up to facing at a personal level as he becomes a partner in a medical centre that involves general medical practitioners, paediatricians, an orthopaedic surgeon, a neurosurgeon, psychiatrists and psychologists and physiotherapists all working in Burgdorf, Switzerland.

EAC Special Interest Groups

Below we highlight the EAC SIGs and their activities.

SIG Sports

WHO WE are: Practitioners with an interest in the use of chiropractic in the assessment, treatment and management of athletes.

What we do: We support the facilitation, endorsement and establishment of the advanced knowledge, skills/techniques and attitudes required for the effective assessment of athletes, both with injuries (incorporating an awareness of risks and best management) and without injuries (incorporating an awareness of risks of provoking injuries and improving and enhancing performance).

Why we exist: We wish to endorse and collaborate with institutions offering post-graduate academic training in the field of sports chiropractic.

Who we're reaching out to: ICCSP chiropractors who wish to further their academic and research qualification and qualify for Fellowship in the Academy.

Present and future activities: We are eager to get involved in setting up online courses, and to endorse and promote the Internationally Certified Chiropractic Sports Practitioner (ICCSP) programme. We also aim to organise pre/post ECU convention seminars.

If you are interested and would like to know more or get involved, contact Angelo Battiston at abattiston@aecc.ac.uk

SIG Education

WHO WE are: Chiropractors and other professionals with an interest in chiropractic education, with the mission to facilitate and support educational skills within the chiropractic profession.

What we do: We organise training conferences, liaise with the ECCE and ECU, and act as a resource for educational consultation.

Why we exist: Chiropractors, like all other health care professions in the modern world, have an educational role, whether it is supervising a new graduate, formal teaching in a chiropractic college, presenting a seminar or presenting a case study to colleagues. We exist to support and nurture chiropractors in fulfilling that role.

Who we're reaching out to: All chiropractors with an interest in clinical supervision, teaching, or sharing knowledge.

Present and future activities: We will be involved in presenting seminars at the ECU conferences for the next three years. These include: 2015 – ECCE Evaluator course in collaboration with the ECCE 2016 – GEP Mentor Course

2017 – How to present a short seminar – PowerPoint skills, organisation etc.

If you are interested and would like to know more or get involved, contact Valerie Nichols at eacsigeducation@gmail.com

EAC

SIG Neurology

WHO WE are: We are chiropractors who agree on the supreme importance of the nervous system for human health and the potential for the nervous system to change and adapt to the challenges of life.

What we do: We have set up a collaboration with one of the best providers of postgraduate neurology seminars: Neuroseminars.co.uk. This is the first-ever collaboration between a SIG and a third party and has already paid off on both sides.

Why we exist: We are committed to enriching chiropractors with new knowledge and clinical applications that are directly based on the latest insights in the neurosciences. Developments and understanding in the neurosciences in their broadest sense are evolving at an exponential rate. This will be of huge importance for us as clinicians and will change the way we will treat our patients in the next few decades.

Who we're reaching out to: Are you interested in the neurological aspects of chiropractic (of course you are!)?

Present and future activities: CPD points and multiple lecture site locations all over Europe are now a fact. Instructional videos from Neuroseminars are available to EAC members on our Facebook page (search on EAC SIG Neurology, and ask for access).

Future masterclasses by the Neurology SIG at the ECU conventions will be co-ordinated with Neuroseminars as well. For Oslo we are planning a masterclass on (low-tech!) clinical applications for the pontine area. The pons houses many important nuclei that have a high capacity for neuroplastic change and as such provides great opportunities for clinical implementation. Moreover, the pons is essential in the communication between cortex and cerebellum. If we focus on neurology there is no escaping: you'll need to know and study the pons.

We are looking at ways to provide online education in several ways. Instructional videos, PowerPoint presentations, article evaluation, case descriptions and so on. We are hoping to launch these early in 2016

If you are interested and would like to know more or get involved, contact Igor Dijkers igor.dijkers@gmail.com, become a member of our SIG, start participating on our Facebook site, and come up with ideas and initiatives.

Researchers SIG

THE EAC SIG in Research facilitates the interaction and collaboration of European researchers with a background in chiropractic. Each year the it hosts the Researchers' Day in conjunction with the ECU Convention. The purpose of the Researchers' Day is to provide an opportunity for researchers to interact, learn and formulate common strategies.

The report of this year's Researchers' Day is on page 12.

Details of the SIG Orthopaedics will be featured in the next issue of *BACKspace*

The European Commission is recruiting for its scientific committees. Appointments will be for 2016-2021 and attract an allowance of €450 per meeting day. For further details and how to apply see <http://tinyurl.com/q26b7xt>. The deadline for applications is 2 November.

SIG Paediatric

WHO WE are: The Fellows leading this SIG are Sue Weber and Joyce Miller (current chairperson). Our primary purpose is to promote and advance post-graduate education and research in this focused area. We are working to involve chiropractors in providing safe care along with research that gives evidence of what constitutes effective care to improve the quality of our patients' lives.

What we do: Our learning objectives are to improve risk management and safe practice in all chiropractic paediatric practices, to improve the standard of post-graduate education and to guide and develop paediatric research. To achieve these goals, the team, along with EAC members, will develop seminars and lectures on current topics, disseminate new research and research ideas and propose interactive learning strategies. A part of our work is participating in an international team of paediatric experts helping to form guidelines for the treatment of the paediatric patient. This is critical to our profession as this group is particularly vulnerable and safety is of greatest importance.

Why we exist: To act as a resource for chiropractors providing care for paediatric patients and for those interested in understanding the type of care provided by chiropractors for this patient group. We wish to collaborate with those providing research and research ideas to advance the evidence in chiropractic care for paediatric patients. We also want to increase awareness on an international level of the need to promote education, research and high standards of paediatric care.

Who we're reaching out to: All chiropractors interested in care for paediatric patients. We welcome chiropractors with an MSc in Paediatric as Fellows of the Academy and wish to facilitate collaborative research on the safety, efficacy and cost-effectiveness of chiropractic care for this patient group. To get involved, contact jmiller@aecc.ac.uk.

Present and future activities: We will continue to develop our successful masterclasses for future ECU conventions. These aim to raise awareness of the importance of mastering skills in differential diagnosis and treatment for this group.

SIG Clinical Chiropractic

WHO WE are: A SIG which focuses on evidence based clinical issues relevant to chiropractic practice.

What we do: We develop workshops of interest to the chiropractic community, dealing with challenging topics such as treatment frequency and manipulation skills.

Why we exist: We exist to represent clinical practice issues, raise the profile and engage other chiropractors who wish to participate

Who we're reaching out to: All ECU chiropractors

Present and future activities: The ECU as an organisation is committed to creating an incident reporting culture within the profession in Europe to manage compensation claims and provide chiropractors with a risk-management tool to introduce into their practice as a learning aid. The Clinical Chiropractic SIG has put forward a workshop proposal to be considered for the next ECU Conference in Oslo in 2016. This workshop would introduce a programme linked to current compensation claims data from various associations and provide some important context and meaningful rationale to engage in an incident reporting scheme.

If you are interested and would like to know more or get involved, contact david.byfield@southwales.ac.uk

Chiropractic care and the risk of vertebrobasilar stroke: results of a case–control study in US commercial and Medicare Advantage populations

Thomas M Kosloff^{1*}, David Elton¹, Jiang Tao² and Wade M Bannister²

Research recently published and available in the EAC/ECU journal *Chiropractic & Manual Therapies* [www.chiromt.com/content/23/1/19] has found no significant association between chiropractic visits and vertebrobasilar stroke. In this guest review, **Professor Stephen Perle** from the University of Bridgeport discusses the findings and their limitations.

THE ASSOCIATION between vertebrobasilar artery system (VBA) stroke and cervical spinal manipulative therapy (C-SMT) is a controversial topic and it evokes strong emotions in some.

Damage to the VBA system usually leads to major disability or death.

Vertebrobasilar stroke carries a mortality rate of more than 85%. Because it involves the brainstem and cerebellum, most survivors have multisystem dysfunction, such as quadriplegia or hemiplegia, ataxia, dysphagia, dysarthria, gaze abnormalities, and cranial neuropathies.

VBA cases are rare, which means that more is unknown than is known. The knowledge vacuum magnifies the value attached to anecdotes, which are prone to the logical fallacy of post hoc ergo propter hoc (after this, therefore because of this).

The literature has many case studies documenting VBA stroke following violent neck movements that apply unusual forces to the neck. So the biological plausibility for VBA stroke following forceful neck manipulation is reasonable.

However, from a research point of view the condition's small incidence means that inevitably the most commonly-used method to establish causation is the case control study. Case control studies are usually retrospective and are known for their bias including recall bias.

In a study published on 16 June 2015, Kosloff and colleagues have analysed the largest health insurance data set (both commercial insurance and Medicare Advantage (MA) plans) used to investigate the association between chiropractic visits and stroke.

The research reviewed below is important for all practitioners. People who develop a stroke are likely to seek care immediately before the stroke, including from chiropractors. This research should serve as a warning when a patient walks into a clinic complaining of a sudden onset of neck or head pain.

Data from approximately 5% of the US population, over 39 million persons from 49 of the 50 US states (only North Dakota was excluded) were used. Three years' worth of data were searched to find cases, which were all patients admitted to an acute care hospital with VBA occlusion and stenosis strokes (chosen by ICD-9 codes).

Four age- and gender-matched controls were randomly selected. Exposures were encounters with either a chiropractor or a primary care physician (in the US a medical doctor who is typically an internist or family practitioner) prior to the VBA stroke.

The cases included 1,159 VBA strokes in the commercial health plan and 670 in the MA plan. Consistent with previous research, no significant association was found between chiropractic visits and VBA strokes in the older population. However, contrary to other case control studies Kosloff and colleagues also found no association between chiropractic visits and VBA strokes.

The authors acknowledge certain limitations of their study due to the nature of insurance claims data. These data do not code for what specific treatment was rendered or immediate responses to treatment. Thus it is not known if chiropractic manipulation was performed during any office visit and if there was any immediate adverse response. Further, the accuracy of the VBA stroke diagnoses is unknown. Finally as the authors note there is a loss of "contextual information surrounding clinical encounters between chiropractors and primary care physicians and their patients." This limits the knowledge of other known risk factors.

The authors' conclusions are correctly reserved given the limitations. The dataset does not find a significant association between chiropractic manipulation and VBA stroke, thus adding weight to the view that chiropractic care is an unlikely cause. But this finding does not exclude the possibility that chiropractic manipulation might have some role in causation.

Professor Stephen Perle, University of Bridgeport, Connecticut, USA

1 Optum Health – Clinical Programs at United Health Group, 11000 Optum Circle, Eden Prairie MN 55344, USA

2 Optum Health – Clinical Analytics at United Health Group, 11000 Optum Circle, Eden Prairie



CHIROPRACTIC & MANUAL THERAPIES

LIFEROMASEMINAR.COM

LIFE *ROMA* SEMINAR

EXPLORING CONTEMPORARY CHIROPRACTIC

Philosophical Principles and NeoVitalism

Subluxation Theory and Research

Subluxation Correction and Functional Neurology

Patient-Centered Care and Communication

D.C.
and C.A.
SESSIONS

A special
program for
chiropractic
assistants

LIFE
UNIVERSITY

AIC
ASSOCIAZIONE ITALIANA CHIROPATICI
ASSOCIATION OF ITALIAN CHIROPRACTORS



15 EAC
Credits

For more information or to register visit
www.liferomaseminar.com
EARLY BIRD 30 SEPTEMBER 2015

ROMA - PARCO DEI PRINCIPI GRAND HOTEL & SPA
NOVEMBER 20-21, 2015

Experience ACTIVATOR *Online*[®]

Learn the world's #1 instrument
adjusting technique for only \$299



Activator Online is the only web-based seminar dedicated exclusively to the **Activator Method Chiropractic Technique**. Our program offers comprehensive training on the **Basic Scan Protocol**, the cornerstone of the AMCT.

- Training from the best – curriculum developed by Activator Chairman & Founder Arlan W. Fuhr, DC
- Flexibility and convenience in a complete, interactive learning experience
- Perfect for learning on the go from any device
- Check our international seminar schedule at activator.com for seminars in your country



**ACTIVATOR
METHODS[®]**
INTERNATIONAL LTD.

Visit: **activator.com**

1-602-224-0220

