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President's message

A perfect vision for the profession

THOSE WHO attended the ECU/WFC joint Congress earlier this year will know what EPIC, the Congress' theme, stands for. It is about being Evidence-based, People-centered, Inter-professional, Collaborative in the care we provide. Add in to the equation the misery and costs created by low back pain (LBP) and musculoskeletal (MSK) conditions, and there is a perfect vision and opportunity for the chiropractic profession. That is exactly why we have advanced from a theme of 'EPIC' in Berlin 2019 to a theme of 'A perfect vision for chiropractic' for ECU 2020 in Utrecht, The Netherlands, 22-24 May.

There are recent significant wins that I find greatly encouraging: foremost amongst them the decision of the European Court of Justice, in late June, following a legal battle by the Belgian

Chiropractors' Union, that ruled against the application of VAT to chiropractic services. It creates a precedent for all EU countries and levels the playing field for

"Research to the researchers; politics to the politicians."

chiropractic with services provided by other health care professionals.

There is also news from the UK of chiropractors acting as First Contact Practitioners (FCP), taking up a new role, integrating within the country's National Health Service, relieving some of the pressure on family doctors where one in eight appointments involves an MSK condition. Does this imply a restricted vision of what the chiropractor can do? Not at all! I think that interpretation would be to misrepresent a golden opportunity to be seen to come into the centre of mainstream health care.

Discussion of a better, sustainable – name it as you wish – future is one that started some time ago. In my closing remarks at the Berlin Congress I called upon the profession to coalesce around a flag, a banner. I called out for that flag to lead our troops into battle against the upcoming MSK epidemic with the EPIC principles firmly at the centre. And I stand by that message, stronger and more determined than ever. The opportunity provided to us is one of a kind and should not be missed. We can re-invent and modernise our profession as much as we wish – and so we should – but ultimately it is the outside world at large that will determine our identity. Meanwhile, we clinicians must keep doing what we always have done best: the alleviation and prevention of LBP, neck pain, spine and MSK conditions.

This issue of *BACKspace* features on page 26 a review of *Chiropractic Identity-Building* by Andries Kleynhans. Matthew Bennett reviews this contribution

to a debate surrounding identity that has plagued the profession since its inception. The key message I draw from all this lies in the contrast between "... how decision-makers, the public and healthcare professions will decide our identity for us and how it will be unsatisfactory compared with what we can do through profession-controlled identity-building." We have to give a lead here or we will be at the mercy of the waves and wind of a climate determined by others.

I will continue to work tirelessly to make sure that our profession doesn't choose, by default or by decision, to stand still while we argue, quarrel and fight about who is right and who is wrong, which identity is best, which one respects our history and tradition, which one follows the current evidence etc.

The global review of the chiropractic workforce by Stochkendahl et.al., as published recently in the *Journal of Chiropractic and Manual Therapies*, showed that we are still a relatively small profession that has not yet reached maturity. Our resources, human and financial, are limited and should be handled with wisdom and care. History teaches that 'divide and conquer' works every time, so unless we wish to be conquered, we'd better concentrate our energy on working together towards a common goal and identity that is beneficial to all (above all patients/people). A vision of serving society and the

public's need for easily accessible, effective, cost-efficient, and safe MSK primary contact health care is a goal we can all adopt regardless of our background, ideology or philosophical inclination. It will bring a prosperous and bright future. The future our profession deserves.

A last, but vital and significant, aspect of this vision is that it will widen the acceptance, recognition and integration of the profession, and its related service, in health systems. That process will, hopefully and inevitably, generate more and more rigorous, relevant research via expanding access to sources of research funding. Much-needed research that will allow researchers to shed light on all that we don't yet fully understand and eventually assist politicians in banishing unsubstantiated claims and bad practices to the dustbin of history.

But a vision is just a picture until it is brought to life. We need more good evidence from our researchers and a clear political rallying cry from our politicians. It is a concept that I have always firmly supported: Research to the researchers and politics to the politicians.

Vasileios Gkolfinopoulos ECU President



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BACKspace

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News from the ECCRE

ECCRE Young Researcher of the Year

THE SWEDISH researcher in physical activity epidemiology, Melker Johansson, was named ECCRE Young Researcher of the Year at the joint WFC/ECU Congress EPIC2019 in Berlin.

He graduated as a chiropractor from the University of Southern Denmark in 2015. Since then, he has been active in research projects and started as a PhD candidate in 2017. His main research interest is in physical activity epidemiology. Other areas of interest are how musculoskeletal pain can be a barrier to an active life, the interaction between musculoskeletal disorders and other lifestyle diseases and how physical activity can play an important preventative role in public health.

He has published six peer-reviewed scientific papers and is part of the prestigious CARL Programme, where talented early-career researchers get inspiration and guidance from eminent leaders in musculoskeletal research.

His presentation at EPIC2019 was entitled: *Does time spent in stationary behaviours and physical activity differ between individuals with and without persistent musculoskeletal pain? A descriptive study using accelerometer-based measurements of physical behaviours in the Copenhagen City Heart Study.*

ECCRE awards funding to five research projects in 2019

ONCE A year ECCRE invites researchers from the ECU member countries to apply for grants for musculoskeletal research. The ECCRE board decided to award research funds to five research projects in 2019, based on recommendations from its Academic Advisory board:

- The relationship between physical activity, low back pain and cognitive impairment. A cross-sectional and longitudinal analysis of data from the Danish Twins Registry – lead researcher Damian Bailey: €18,805
- A second CARL programme

– lead researcher Jan Hartvigsen: €51,650

- Phenotyping low back pain - a prospective observational pilot study – Lead researcher Petra Schweinhardt: €56,934
- Growing pains in Danish children: A quantitative and qualitative description – lead researcher Sara Thunø Jensen: €107,950
- Spinal manipulative therapy for acute low-back pain: systematic review and meta-analysis – lead researcher Sidney Rubinstein: €20,155

The total amount awarded in 2019 is €255,494.

First ECCRE-backed research project completed

THE FIRST of the 13 research projects to receive part-funding from ECCRE has now been completed. In 2016, Andreas Eklund and his co-investigators embarked on the research project Chiropractic Maintenance Care – cost-utility, psychological factors and pain trajectories. This has now been completed.



Melker Johansson

Their research concludes that chiropractic Maintenance Care (MC) reduces the number of days of pain within each LBP episode among patients classified as dysfunctional (by the MPI-S instrument), by limiting the impact of each new episode, stabilising the clinical course and increasing the number of pain free weeks. Timing of treatment and patient selection appear to be key features. Patients with a predictable clinical pattern, with episodes with high impact on life, are good candidates for the MC intervention.

ECU financial grants

THE FOLLOWING financial grants were agreed at the meeting of the ECU General Council on 20 March 2019:

- A grant of €10,000 to the CAI (Ireland) to help meet the cost of consulting senior Counsel to review the strength of a possible legal case challenging the Irish Government's ban on chiropractors referring patients for x-rays. The president of the CAI reported that senior Counsel had advised that their case was weak and would be expensive. It had,

therefore, been decided not to proceed with a legal challenge. Attention had been switched to discussions with the Faculty of Radiologists to explore a possible understanding which would allow chiropractors to send those patients requiring x-ray on medical grounds to radiology departments. Private hospitals were already accepting such referrals.

- A request from the AEQ (Spain) for €44,700 to meet the costs of a lobbying campaign over the following three months

to establish the AEQ in the public mind and government as a legitimate spokesperson for the profession. The association is asking their members to hold themselves to the highest educational, professional and ethical principles, which are in line with ECU standards. Meanwhile the GC welcomed the decision of the Madrid Chiropractic College to sign the educational statement by the International Chiropractic Education Collaboration.

- A request from the NKF (Norway) for a grant of €40,000

towards the cost (estimated at €70,000) of a strategic report to be conducted by Oslo Economics, a consultancy trusted by the Norwegian Government. The report was to be an empirical study with exploratory design with the aim of providing quantitative data on the overall socio-economic costs associated with back and neck disorders in Norway, so as to provide increased insight into the field and the chiropractors' contribution and value within the overall health service. See page 8.

ECU news

Be EPIC, be bold

Gerly Truuväär reports on a meeting at the Estonian Ministry of Social Affairs in May, when a group of Estonian chiropractors met with the General Director of the Health Service Department of Health Board, the Secretary General of Ministry of Social Affairs and Health Board advisers.

THE ESTONIAN Chiropractic Association became an ECU member four years ago. With four chiropractors in the country, an association was established in order to start mapping chiropractic as a profession in the Baltic region. There are challenges, as there are no examples to follow or strategy to adopt, but the biggest advantage of starting from the ground up is that you get to build your own road, using your creativity and vision to be bold in widening the horizon, especially where politics involve regulations, integration and education.

After the Lancet studies were published in 2018 it became very clear that we needed to change the

ways in which health care providers treat and manage LBP and neck pain. Clearly the few chiropractors in a country of 1.5m are not enough to take the load. We need integration of skills in mainstream health care and accredited professional education.

There were no questions about the need for regulation of the profession; we all shared EPIC values and vision. Once you talk about EPIC you don't have to explain yourself further. With great respect to the Palmers and the founding fathers of the profession, there is no way you could look straight into the eye of a minister or neurologist and state that their historic philosophy and techniques

are what chiropractic remains today. The Palmers were practising and developing chiropractic at the same time as bloodletting was used for headaches!

During our meeting, I was very proud to have the Lancet research in my hand, full support from the ECU and WFC, and from Dr Toomas Toomsoo (Director of Neurology, Tallinn Regional Hospital), Dr Kadi Lambot of the Confido Private Medical Centre and our consultants at Ernst and Young Baltics. It does take a team to make a difference and to be heard.

The ministers saluted us in our efforts of promoting higher quality standards of care for musculoskeletal



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disorders. They were greatly surprised by the level of chiropractic education, and we talked about our vision of having regulation and full health system integration by 2030. Our team was wholeheartedly thanked for broadening their vision and they offered their support and contacts for taking next steps, including starting to organise a Masters programme of chiropractic education in Estonia, the first of its kind in the region.

It is hard to imagine a better outcome.

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ECU lecture to become part of McTimoney curriculum

ECU PRESIDENT Vasileios Gkolfinopoulos spoke to assembled students at the Abingdon McTimoney campus on 29 May about how the medical professions are changing and will continue to change.

He highlighted how the debates about Big Data, algorithms and Artificial Intelligence are relevant to MSK professionals. "In the chiropractic profession we sense change in the air during discussions about the role of patient expectations in treatment and in discussions about the placebo effect," he said. "We sense it in research about the origins and management of pain and, looking further ahead, in the potential for gene therapy – particularly for life-threatening conditions."

This was the first of what will become a regular annual feature in the McTimoney programme to create an awareness of the future direction of chiropractic culture. It provides a new and revitalised confidence and strength from knowing that as an individual clinician you share a common attitude and approach to treating MSK disability with the thousands of other chiropractors worldwide; a common history and a common future.

As the Lancet papers reminded us, musculoskeletal problems are the number one cause of disability in Europe, and low back pain disability alone is greater than lung,

bowel and breast cancer disability combined, yet current health care policies are failing to deal with them effectively. There is an epidemic of musculoskeletal disability which hard-pressed family doctors are already struggling to combat – with the temptation to reach for the medicine cabinet, whereas specialist maintenance care from chiropractors can bring significant improvement and, perhaps just as important, significant hope that conditions can be managed and life conditions improved.

The ECU embraces the importance of continuing professional development and its education arm, the European Academy of Chiropractic, is working on an exciting new project under the title GEN-C (Global Education Network of Chiropractic). It is a collaborative project between the Academy, the Royal College of Chiropractors and Chiropractic Australia. It aims to establish a joint venture network of like-minded chiropractic educational organisations to facilitate the production and dissemination of high-quality continuing education that focuses on evidence-based management to support practitioners in the delivery of high-quality patient care. It will be a keystone in staying relevant and demonstrating fitness to practise.

"I believe," Vasileios told the students, "that you will go out into the professional world and will

EAC will bring CPD at the touch of a mouse

Tom Michielsen, EAC chair, explains.

THE EUROPEAN Academy is all about education. It is part of a consortium of the ECU, Chiropractic Australia and the Royal College of Chiropractors working to improve access to the evidence base for chiropractic, to be called GEN-C.

An important and exciting project that relates to the development of an online learning platform for all ECU member, GEN-C (Global Education Network for Chiropractic), will host online CPD modules by leading experts in our profession. The EAC special interest groups have contributed significantly to the first modules, which will be evidence based and clinically orientated.

We will start off with the following modules:

- Professor David Byfield will talk you through the evidence-based approach of cervical and lumbar radiculopathy
- Ulrik Sandström will repeat his hamstring module from the Berlin congress
- Professor Peter Tuchin will host an extensive up-to-date review of vertebrobasilar insufficiency that is a must for all chiropractors.

The system will be launched in September 2019

Each ECU member will receive an e-mail from his/her national association that will guide him/her through the application process and log-on procedures. Access is free for ECU members - the cost is incorporated into the ECU membership fee.

CPD credits

All modules are designed for you to go through at your own pace and will have a specific number of learning hours linked to it. At the end of a module, a multiple-choice session will help you with the learning process. An email will be forwarded to you when you have completed the whole session successfully, to be used with your local CPD regulator.

Other content

As well as specific topics, there will be a 'paper of the month' module. Important research will be presented with multiple choice questions added to it to enhance understanding and to give more options to obtain CPD credits. In the future, we will have input from the authors themselves linked to these articles.

Many more modules are in the production phase and will be released on the platform when ready.

improve the well-being of those in your communities. I hope that you will invest in yourself through CPD, in the world of health care through collaboration with other health care professionals, and in your own profession by asking yourself not just what you get from it, but also what you give to it.

"You are the future. Your actions will determine how

healthy the profession is in 10 or 20 years. Today we properly salute the thought leaders of yesterday. We bow to those who have educated us. But I want to issue a challenge to you; ask yourself what is the legacy you will leave to this beautiful profession? In the words of an ancient Chinese proverb: One generation builds the street on which the next will walk."



ANNOUNCING

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chiropractic CPD developed
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in our profession*

AVAILABLE SEPTEMBER 2019

GEN-C is produced collaboratively by leading chiropractic professional bodies



Oslo Economics report calls for action

A SEPARATE SOCIOECONOMIC analysis of back and neck conditions has been published in Norway for the very first time. The report, conducted by the renowned consulting firm Oslo Economics and partially financed by the ECU, documents that back and neck pain are the most important causes of non-fatal health loss in Norway.

Back and neck conditions are widespread in the population and involve reduced function, pain and reduced quality of life. Approximately 1.2 million individuals (of a total of 5.3 million) annually are affected by lower back and neck pain, and these conditions account for about 85% of all muscle and skeletal disorders.

General practitioners (doctors), physiotherapists/manual therapists and chiropractors are the three main health professionals with public reimbursement rights and the right to both refer to specialists and report sickness in Norway's primary care system.

Although being a relatively small profession, the new report documents that chiropractors treat 32% of all the individual back and neck patients in Norway's primary care system, compared to 51% by the GPs and 17% by physiotherapist/manual therapists (with reimbursement rights).

The report documents that back and neck complaints alone – conservatively estimated – cost a staggering NOK 165 billion in lost health, and charge the health care system 8.7 billion annually. Today's ominous state challenges the sustainability of the welfare state.

"This issue is extensive and growing. Knowing that only half of employed Norwegians keep working until retirement age, it is important to address this enormous

health problem for the population and society, and to take measures that directly affect the patient group. Even small improvement can bring great savings and help many," says Espen Ohren, President of the Norwegian Chiropractors' Association.

"The report shows the need for new thinking and investments in the musculoskeletal health field, including even greater use of chiropractors' expertise and availability. Special attention must be paid to the diagnosis, treatment and coordination of patients with back and neck complaints in the primary health service."

The report was published in Norway on 28 June 2019. A full version in English is due in September 2019.

Report summary Most people are affected by back and neck conditions during life

The cause of back and neck complaints is often unknown and/or due to composite factors. In addition, the type of work or conditions at the workplace constitute key risk factors for the development of back and neck disorders. Data from the Norwegian Survey on Income and Living Conditions show that the incidence of neck and shoulder pain amounts to about 40%, while the incidence of back pain was 37% in 2015. Back and neck pain is more common among women than among men; in the survey, 50% of the women reported that they experienced neck and shoulder pain, compared to 34% of men. For back pain, the proportion was 40% for women and 34% for men. The incidence is generally highest in the age group 45-49 for both genders. Lower back and neck pain are the leading causes of years lived with disability in Norway.

People with back and neck conditions have lower participation in work. Prolonged or chronic back and neck pain constitute a considerable burden for the patient, their relatives and society at large. For many patients, this type of pain is of great importance to their ability to work. People with back and neck conditions may find it more difficult to stay at work, while some fall out of work.

We identified a total of 149,820 unique patients on sick leave due to back and neck conditions during 2018, of which 77,971 were women and 71,849 men. A total of NOK 3.4 billion was paid in work assessment allowance for people with back and neck conditions in 2018. The annual expenditure on disability benefits for people with back and neck complaints amounted to NOK 7.8 million in 2015. In addition, some employees with back and neck conditions are less productive when they are at work (e.g. because they produce less than what they could otherwise have done within a given time frame).

Overall, lower back and neck pain accounted for almost 126,818 health-adjusted life years lost. Measured in NOK, this health loss amounts to NOK 165 billion. The production loss, due to sick leave, social security benefits and reduced productivity for those who are still in work amounts to NOK 50 billion. The total health service costs associated with the diagnosis, treatment and follow-up of patients with back and neck complaints are estimated at NOK 8.7 billion.

Health care services and welfare benefits

Just under half a million people were in contact with the primary care service during 2018 and more than 70,000 people were in contact with specialist health

services entailing considerable time and travel cost; about 11.8 million hours was spent in 2018. This use of health care services for people with back and neck conditions includes the use of diagnostics, treatment, follow-up, rehabilitation, use of various aids and assistance for ergonomic measures.

Back and neck conditions constitute a major challenge for society

Whilst there is a need for research-based knowledge on how to improve the diagnosis, treatment and prevention of back and neck conditions in Norway much can be done already:

- The employer can contribute by facilitating tailored work tasks and ways of organising the work.
- The authorities should design the tax and social security schemes in such a way that the individual is motivated to work when possible. A workplace provides meaningful tasks and an important social arena. It is of great value to the individual to limit sick leave, which can quickly lead to persistent exclusion.
- The health service can contribute with correct and timely diagnosis and knowledge-based treatment. It will be crucial to implement measures enabling individuals to live with back and neck conditions, and that sick leave is only provided when it is medically necessary.
- In recent years, the health service has increasingly focused on preventive measures. It will be important to strengthen preventive measures for back and neck complaints, which mainly include lifestyle measures such as smoking cessation, physical activity and a healthy diet.

CPD survey results

CONTINUED PROFESSIONAL

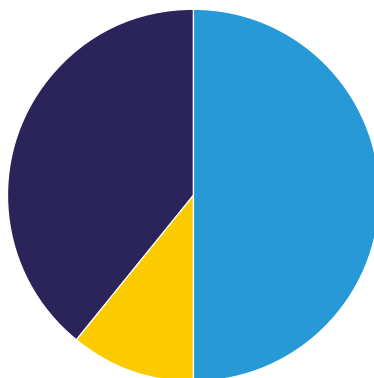
Development (CPD) is any learning outside of undergraduate or postgraduate studies. It encompasses a variety of development and educational activities which chiropractors undertake to maintain and enhance their knowledge, skills, performance and relationships in the provision of care. CPD has been implemented as a requirement in many health care disciplines across the world as it has been demonstrated to have a positive influence on quality of care of patients, as well as practitioner competence and skills.

The EAC is examining CPD in the profession in a three-part study. Part one will look at CPD requirements in each ECU member country; part two will look at ECU members preferences as well as barriers to attending CPD; and part three will look at CPD being accredited by the EAC for trends. The aim of this study is to gain an understanding of the role of CPD in the profession, as well as explore challenges and barriers to CPD requirement implementation.

The EAC recently completed part one of the study by sending out a CPD survey to all ECU Member Associations. The aim of the survey was to gain a better understanding of individual countries CPD requirements in ECU member countries. The response was very good, with 78% (18 countries) of member associations completing the survey. Thank you to all the countries which replied, your assistance is greatly appreciated.

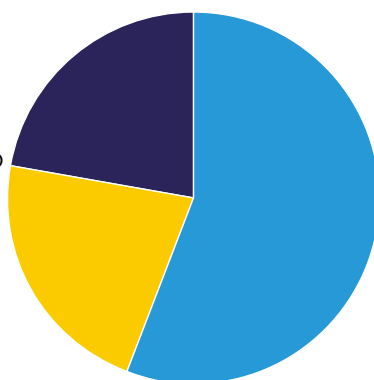
CPD requirements

■ CPD requirement
■ Voluntary CPD submission
■ No CPD requirement



Number of CPD hours required

■ 30 hours of CPD
■ More than 30 hours of CPD
■ Less than 30 hours of CPD



Fifty percent (9 countries) of ECU member countries have compulsory CPD requirements (see figure 1). Of the countries which have a CPD requirement, 56% (5 countries) have a requirement of 30 hours per year which is in keeping with the EAC recommendation for CPD hours (see figure 2). Of the ECU member countries which have a CPD requirement, 33% (3 countries) require CPD for registration as a chiropractor.

In 78% (7 countries) of ECU member countries, CPD is submitted to, and regulated by the National Associations. 22% (2 countries) have separate regulatory bodies which regulate CPD. All

countries submit CPD attendance certificates, however some countries require additional reflective pieces of work or learning cycles to complete the CPD requirement. In 89% (8 countries) CPD submissions are evaluated in some form either by the regulatory body or National Association. Percentage of submissions evaluated, or evaluation criteria were not explored in this survey.

The countries which do not have a CPD requirement were asked if there were plans to implement a CPD requirement in the future. Whilst 11% (1 country) indicated that CPD requirements were in the pipeline, the remaining 89% (8 countries)

indicated that there were no plans to implement CPD requirements. One country stated that members of the national association opposed CPD requirements, while another indicated that trying to get members to engage with CPD was a problem.

In summary, out of 18 ECU member countries:

- 7 countries have requirements of 30 or more CPD hours per year.
- 3 countries have a CPD requirement to register as a chiropractor in the country

The aim of CPD is to maintain quality of care and improve standards of treatment, which should be what we, as a profession, are striving for. For the countries who are looking to implement CPD requirements, even as a voluntary submission and would like support or guidance on how to do so, please contact the EAC.

Jacqueline Rix (EAC Educational Development)



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"The aim of this study is to gain an understanding of the role of CPD in the profession, as well as explore challenges and barriers to CPD requirement implementation"

REPORT FROM EPIC 2019 – GLOBAL

The workshops are an essential part of the Convention – bringing an extravaganza of up-to-date techniques and practice. The European Academy of Chiropractic is the beating heart of this body of knowledge. Here's a selection of what was on offer.

Ulrik Sandstrøm gave a masterclass on hamstring injuries.

He guided delegates through three grades of injury. **Grade 1** is on overstretching but no tearing of the muscle or the tendon. There is no pain during activity, but pain starts after the activity. Strength and flexibility stay good. There is possible presence of tightness during sitting and descending or ascending stairs or steep terrain.

Grade 2 shows a partial tear of the muscle. Strength and/or flexibility is reduced. There will be immediate pain on activity. Pain is present with stretching and muscle testing. Limping is very likely while walking and the knee may be slightly flexed. Swelling and discoloration due to bleeding is present.

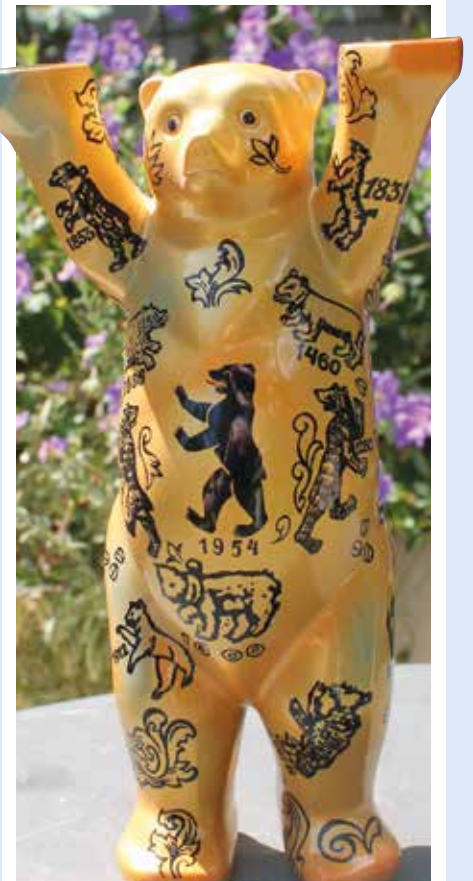
Grade 3 displays the presence of a severe or complete tear. There will be severe sharp pain, and a swelling and depression are visible. Walking shows a limp. Bleeding is prominent. May need surgical repair.



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Vasileios Gkolfinopoulos, President, ECU

In short, what I believe that EPIC stands for is throwing away the clothes that have been in our wardrobe for many years which no longer fit and choosing the clothes of tomorrow. As chiropractors we should want a better tomorrow, not a better yesterday.



Igor Dijkers gave a general overview of the definition of concussion, post-concussive syndromes and the epidemiology in this area. Mild traumatic brain injury (mTBI) is a common public health concern that affects millions of people each year.

Matthew Antonucci explained that as no two brains are exactly the same, every patient is a study of one. He provided tools to assess patients, including the Trail Making Test which is sensitive to detecting cognitive impairment, and the Go/NoGo Test where the patient is tested for capacity for sustained attention and response control.

Nicole Oliver rounded off the session with some tangible tips for rehabilitation. One example was Saccadic Eye Movement Exercises. She stressed that as with most neuro-rehab exercises, patients should practise little and often, and stop before the point of fatigue.



In a tribute to the Berlin Film Festival, EPIC 2019 awarded its own Berlin bears.

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The EPIC journey will continue in ECU 2020 – A PERFECT

Congress

OPPORTUNITIES IN SPINE CARE

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Sue Weber, Amy Miller, Aurelie Marchand and Lise Hestbaek presented on behalf of the EAC special interest group for paediatrics.

Did you know that when a child is overweight at 6-7 years old, it is very, very likely that they will be overweight adults, especially girls? The biomechanical consequences, the endocrine changes, the psychological changes and many others will influence these children throughout the rest of their lives. And it is not as simple as energy in equals energy out.

The session gave insights into the epidemiology of paediatric obesity, prevention of obesity in pregnancy, breastfeeding and early nutrition, anatomical and biomechanical considerations in obese children, physical activity, obesity and MSK health together with chiropractic treatment options, and a rehabilitation programme for children with suboptimal motor patterns.

Identifying and managing psychosocial factors in spinal pain was presented by David Byfield, Jonathan Field, Tim Raven, and Stuart Smellie.

The workshop was valuable in helping the busy practitioner identify some of these factors. Simple, easy to administer questionnaires were discussed as well as the types of questions that can be asked to open up a conversation around these issues.

Of particular value was the plethora of simple interventions that can be used with patients who exhibit these factors. The interactive nature of this workshop was revealing in terms of the wide disparity of knowledge of these interventions amongst delegates.



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VISION FOR CHIROPRACTIC – UTRECHT MAY 22-24

ECU2020 Utrecht

Gitte Tønner, academic organiser and president of the Netherlands Chiropractors' Association, offers a preview

THE NETHERLANDS is a little big country – historically an entrepreneurial powerhouse and now a modern melting pot. We're 17 million colourful people living on a very small piece of land; making islands where there weren't any and mastering the forces of water. The Netherlands Chiropractors' Association (NCA) is similarly colourful and multi-cultural (300 members from 13 countries and 20 chiropractic institutions), and more recently full of entrepreneurial spirit (we'll have a surprise for you, but you'll have to come to Utrecht to hear about it).

The NCA is proud to co-host the 2020 ECU Convention and besides hoping you'll be inspired by the academic programme, we're very excited to have you participate in our local night. This will kick off with a boat ride on the canals of Utrecht, and drop you off for a culinary journey in a two-storey canal house where taste sensations will be countered

with musical ones – we have secured the ever-popular Audible Release for a special performance not to be missed!

The theme of the convention is *A Perfect Vision for Chiropractic*. The presenters have been chosen for their expertise in their fields – a fair number from outside the chiropractic profession. This is in line with the perfect vision we have for chiropractic - because we naturally collaborate and share knowledge and insights with numerous other clinicians and researchers, as part of a global movement to improve the health of our patients.

You'll recognise names such as Sidney Rubinstein, Greg Kawchuk, Pierre Côté, David Byfield and Dave Newell – and hopefully, you'll be curious to see what the new faces on the stage have to offer, including Lesley Haig, Michael Freeman, Adam Toulon, Michael Pierce and Jamiu Busari. There will be the latest insights in pain, surgery, rehabilitation;



hands-on workshops with our popular Ulrik Sandstrøm; the European Academy of Chiropractic's Special Interest Groups will present their most encouraging advances – and we'll have some fun and interaction with Kahoot! You'll have a chance to catch up with colleagues and have conversations with your chiropractic research heroes around the poster exhibition.

In short: what you'll experience at the ECU2020 Convention is that we're right where we want to be: chiropractors as equal partners in lifting the burden of MSK issues. That, to us, makes this convention *A Perfect Vision for Chiropractic*.

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Save the date – registration opens on 15 October
www.chiropractic-ecu.org/ECU2020

Research Corner:

Questions raised by the update of the Cochrane review

IN THE previous edition of my column, I devoted attention to my update of the Cochrane review on the effect of spinal manipulative therapy (SMT) for chronic low-back pain. We concluded that: "SMT produces similar effects to recommended therapies ..., whereas SMT seems to be better than non-recommended interventions for improvement in function ..."¹ Seemingly, a positive conclusion, suggesting that SMT is certainly on-par with other commonly prescribed interventions for the treatment of chronic low-back pain. Unfortunately, not everyone was happy. One active Tweeter took issue with the observation that there is a small difference between the effect of SMT and sham SMT (or placebo), therefore, questioning the efficacy of SMT.² In the days that followed, a Twitter firestorm was unleashed.

This raises an important issue. How is it possible for an intervention such as SMT to be equally effective as recommended therapies, including exercise, yet essentially no different than sham? Is this evidence of ineffectiveness of all treatments for low-back pain? These are difficult questions to answer which I will attempt to explain.

Efficacy vs effectiveness

Intervention studies can be viewed to be on a continuum, progressing from efficacy to effectiveness trials. Trials of efficacy are designed to examine an intervention under ideal and controlled circumstances, such as in a laboratory, whereas trials of effectiveness are designed to examine an intervention under 'real-world' conditions. In order to examine efficacy of SMT, it is important to 'blind' patients as in

pharmaceutical trials. 'Blinding' reduces bias by eliminating patient beliefs about a given therapy. We know that patient beliefs influence the manner in which self-reported (subjective) outcomes are measured. Think about it, if you were a participant in a RCT and were offered a (potentially) effective medication or a sugar tablet and knew to which arm of the study you were assigned, it is unlikely that you would assess your outcomes equally. This is particularly relevant for low-back pain because most of the outcomes which we measure are subjective (e.g. pain, functional status). We choose for these outcomes because it is more important to

"SMT is a hands-on therapy, meaning subjects cannot be adequately blinded"

know how the patient feels or thinks about their pain rather than to focus on other types of measures or physiological outcomes, such as range-of-motion or electrophysiological measures. The problem is, SMT is a hands-on therapy, meaning subjects cannot be adequately blinded. In the case of a SMT vs sham SMT trial design, patients are likely to decipher which therapy they received, and thus give a biased view of their outcomes. Given this, it could be argued that these trial designs are flawed and we should focus on pragmatic trials, such as when SMT is compared to physiotherapy or standard GP care (i.e. effectiveness). Both designs are relevant and answer different questions, but have their own inherent forms of bias.

So what is the ideal trial? Does that even exist?

Problems with the present approach

Given the above, it is perhaps not unremarkable that the 'ideal' trial on SMT has not been conducted, nor is it likely to ever be conducted. Even the UK BEAM trial which included >1,300 patients left many questions, as is illustrated by the letters to the editor. This highlights some fundamental problems in the present approach to low-back pain. For example, we treat aspecific low-back pain as if it is one (homogeneous) condition when clearly it is not. Furthermore, some subgroups of patients are

more likely to benefit from a specific therapy than another; the basis for 'personalised medicine'. The problem is, identifying these subgroups remains somewhat elusive. Consider also the following: one might expect that trials of SMT would only include those with a 'manipulable lesion' or fixation. After all, I believe this is the fundament of what we are treating. Aside from the problem of how this would be objectively defined and identified, I don't believe that this has ever been considered an inclusion criteria. Problems also include presentation of the data. An often-heard comment is that we present results for the 'average' participant, yet ignore those who clearly benefit. One manner to circumvent this problem would be to express

the results as % improvement (e.g. 30% or 50% reduction in pain). I am happy to see that this is reported in the more recent trials. Other problems include the measures used to assess outcomes: they might not be 'sensitive' enough to detect real change. Subjects typically begin in the lower half or lower quarter of the pain and disability scales, respectively, reflecting a phenomenon known as the 'floor effect'. The list goes on, not to mention attention for the contextual factors surrounding treatment, but I will leave that to my good friend, David Newell.

What does this mean for you, the clinician? The update of the Cochrane review probably won't change the way you practise. It does, however, make clear that SMT appears to be equally as effective as recommended treatments, such as exercise. It is another piece in a puzzle, albeit in my opinion, a large piece. Perhaps most importantly, it can help convince those who are sceptical. It can also facilitate conversations with policymakers and governmental agencies where SMT/chiropractic care is brought into question.

Sidney Rubinstein, DC, PhD

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- 1 Rubinstein SM, de Zoete A, van Middelkoop M, Assendelft WJJ, de Boer MR, van Tulder MW. Benefits and harms of spinal manipulative therapy for chronic low-back pain: systematic review and meta-analysis. *BMJ* 2019;364:l689. <http://dx.doi.org/10.1136/bmj.l689>
- 2 <https://www.bmj.com/content/364/bmj.l689/rapid-responses>. See O'Keeffe and O'Connell



Research

Barcelona College faculty member wins VII Queen Maria Cristina research award

MARSHALL DELTOFF, radiology instructor at Barcelona College of Chiropractic, was recently awarded the VII Queen Maria Cristina International Research Award. Dr Deltoff's winning paper, *One Profession – but not one oath; a new survey revisiting the chiropractic oaths*, studied and analysed the various oaths used at the 45

chiropractic colleges worldwide, and proposed the composition of a singular universal chiropractic oath.

The award of €3,000 was presented to Dr Deltoff at the sponsoring institution, the Real Centro Universitario Escorial Maria Cristina, in San Lorenzo de El Escorial, Spain, by Reverend Father Marceliano Arranz

Rodrigo, Order of San Agustín, Rector of the Royal College of Higher Studies and Director RCU

Escorial - María Cristina. The university is also the site of the Madrid Chiropractic College.



l-r Reverend Father Marceliano Arranz Rodrigo, Marshall Deltoff, Ricardo Fujikawa, director, Madrid Chiropractic College

Conference on work disability prevention and integration a huge success

MORE THAN 200 researchers took part in the Work Disability Prevention and Integration Conference (WDPI) 2019 at the University of Southern Denmark from June 4 to June 7. The conference was a huge success and highly appraised by the many participants from the international research community on work disability prevention and integration.

The WDPI Conference is a biennial conference activity of the WDPI Scientific Committee of the International Commission on Occupational Health (ICOH). It serves as an international forum for research and knowledge exchange in the field of work disability prevention and integration, addressing issues in both developed as well as developing countries.

The theme for this year's conference was *Work and health in an integrated life course perspective*. The academic programme featured several relevant and interesting keynote speeches by leading

researchers in the field as well as many smaller sessions on work disability prevention and integration and a poster session and awards: the Dr Patrick Loisel Award for the best presentations was awarded to Michiel Greidanus and the Best Poster award was awarded to Kaat Goorts.

During the conference the speakers and participants addressed the labour market entry in the early years of work life; work retention or work re-entry when disease and life circumstances impact workability, and the exit from the work force in the late stages of work life. They did this through a transdisciplinary and evidence-based perspective, and through personal, cultural, social, health care and legal lenses.

The conference was organised by the University of Southern Denmark and the National Research Centre of the Working Environment and chiropractors Mette Jensen Stochkendahl and Jan Hartvigsen.

The acute effects of joint manipulative techniques on markers of autonomic nervous system activity: A systematic review and meta-analysis of randomized sham-controlled trials

MANY CHIROPRACTORS and osteopaths think that joint manipulative techniques, especially spinal manipulation, can influence the autonomic nervous system, but what does the literature reveal on this topic? We did a systematic review of studies comparing autonomic activation following a mobilisation or a thrust manipulation to that of a sham procedure. The results showed that some types of mobilisations did increase skin sympathetic nerve activity regardless of the 'treated' area, as shown by an increase in skin conductance (i.e. sweating). This finding is interesting in an experimental context but has limited clinical relevance.

Our results also showed that a spinal (high velocity low amplitude) manipulation may have no acute effect on autonomic activity. There are still gaps in our understanding of this topic, so there will likely be more research needed to make these conclusions more certain. Regarding the current state of knowledge, our main message for chiropractors and other manual therapists is that the use of spinal (high velocity low amplitude) manipulation to obtain specific acute effects on the autonomic nervous system is not supported by scientific evidence.

Read the full article at <https://tinyurl.com/yyud3tmn>

Education

London-based MChiro programme completes its first year

Mark Thomas writes from London South Bank University (LSBU)

WE WERE very pleased to welcome our first cohort of 15 students to the four-year Integrated Masters in Chiropractic (MChiro) programme at LSBU in September 2018. At the time of writing, it is expected that our second cohort this September will be a further 25 students. LSBU is based in the heart of London, with great views over some the city's landmarks, including the London Eye, The Shard and the Houses of Parliament. The University, as you would imagine, is very diverse and is home to 18,000 students from over 130 countries.

The University started as the Borough Polytechnic in 1982 and has developed into an outstanding Higher Education Institute with significant research output. LSBU's focus has always been in vocational training and equipping students to meet the challenges of the workplace. The University has won *The Times University of the Year for Graduate Employment* for the last two years running. Our programme collaborates with local clinics, requiring students to observe and engage with practising clinicians throughout every year of study. We have been overwhelmed with the support from local clinics looking to help support the education of future colleagues.

The MChiro programme sits within the Department of Allied Health Science, home to the following specialities; physiotherapy, sports rehabilitation, radiography, occupational therapy and operating theatre practitioners. As such, both staff and students experience a truly interprofessional environment. During year 1, all allied health care students embark on a *Concepts of Interprofessional and Collaborative Practice* module. This module requires students to work in interprofessional learning sets and to be taught and assessed by both lecturers and patients.

The students have already exceeded our expectations and received excellent feedback from the placement providers. In addition, they have started a World Congress of Chiropractic Students (WCCS) chapter



and were recently accepted as a member at the WCCS 2019 AGM in Brisbane, Australia. We thank our president, Alison McLuckie and Vice President, James West for all their dedication and hard work.

Meanwhile, the University has joined the International Chiropractic Education Collaboration and strongly supports its focus on evidence-based practice.

We are still recruiting for September 2019 and look forward to the growth and development of the programme. For further information, please visit www.lsbu.ac.uk or contact me mark.thomas@lsbu.ac.uk or the Professional Lead, Mark Langweiler langweim@lsbu.ac.uk directly.

ECCE updates processes of evaluation

THE EUROPEAN Council on Chiropractic Education (ECCE) has been undergoing intensive internal evaluation and analysis of its policies and procedures. One important outcome of this is the expansion of the maximum time frame for re-accreditation from five years to eight years. The expanded maximum re-accreditation time period also provides flexibility to facilitate joint accreditation events with national accrediting agencies where possible.

In order to reduce possible subjectivity in assigning re-accreditation time periods, the ECCE undertook a study to identify which of the 37 standards should be more heavily weighted in determining accreditation and length of accreditation. This new policy has been successfully applied to the most recent accreditation events. The full paper (*The European Council on Chiropractic Education identification of critical standards to accredit chiropractic programmes: a qualitative study and thematic analysis*) is available on the ECCE website (<http://cce-europe.com>) or at J Chiropr Educ 2019;00(0):000-000 DOI

10.7899/JCE-18-21.

The ECCE is the only chiropractic-specific accrediting agency in the world to include students as full members of council as well as evaluation teams. This too has been assessed to investigate and improve the effectiveness of student members in these roles in the following study: *Is there any benefit to adding students to the European Council on Chiropractic Education Evaluation Teams and General Council? Survey Feedback from Stakeholders*.

Findings from the study led to new training materials and formal training events for new student members of Council as well as to expanding the eligibility of student members to include those in recognised post-graduate programmes. This allows their time on Council to be extended beyond one or two years. The study will be placed onto the ECCE website in the near future.

Cindy Peterson, ECCE Quality Assurance

Education

SPCE Annual Lecture – May 2019

Report by Satjit Singh



WHO KNEW that a world-famous heart surgeon liked bungee jumping? Our keynote speaker did just that. When on a foreign trip he passed a sign that advertised free bungee jumping for the over seventies, he couldn't resist!

The other speakers at the Society for Promoting Chiropractic Excellence's (SPCE) Annual Lecture did not recount such adventurous stories; they did nevertheless inspire, cajole and exhort the invited audience of leaders of the chiropractic profession, to reach for a vibrant future and destiny.

The keynote speaker was Sir Terence English, former president of both the British Medical Association and the Royal College of Surgeons. He has been a great friend and supporter of the chiropractic profession and it was his support that led to the establishment of the Royal College of Chiropractors in the UK. His support continues and his desire to see chiropractors working as part of mainstream health care shone through.

"Both painted vivid pictures of their experiences"

The two other speakers, Ken Vall, president of the European Council on Chiropractic Education (ECCE) and Aurelie Belsot, former president of the Turkish Chiropractic Association, both painted vivid pictures of their experiences and pointed the way for a brighter future. All the lectures are on the SPCE website.

The audience included key figures from the world of chiropractic. Vivian Kil was there, in one of her first roles as interim president of the WFC, along with Richard Brown, WFC's secretary-general, Rishi Loatey (treasurer) and Ian Beesley (secretary-general) of the ECU. We grabbed the opportunity and asked Vivian to present mementos to the speakers; this she did most graciously.

Other well-known figures from the European chiropractic associations lent their support to the evening: Catherine Quinn (UK), Gitte Tønner (Netherlands), Bart Vandendries (Belgium), Tony Accardi (Ireland), Baiju Khandanchani (Italy), David Fontova (Spain). In addition, leading chiropractors from the UK were also

present. Other guests included the chairman of Leicestershire University Hospitals Trust; the deputy chair of trustees, London University as well as the chair, chief executive and director of education of the General Chiropractic Council.

The proceedings began with a review of SPCE's activities during the past year as well as the plans and aspirations for the future in Europe and beyond. Peter Dixon, in a rousing speech, with more than a nod to Nehru's *Tryst with Destiny* address when he became the first prime minister of independent India, exhorted the profession to scale higher peaks and continually strive for the well-being of the patients and the profession.

Matthew Bennett introduced all the speakers with his inimitable humour. Sir Terence lauded SPCE's ambition to grow the profession by expanding chiropractic education in universities and supported the principle of inter-professional learning. He also suggested that chiropractors share knowledge of their profession and collaborate with other professions such as orthopaedic surgeons and those involved in pain management.

Ken Vall highlighted the scarce resources available for expanding chiropractic education and called on educational institutions to collaborate by sharing resources. Following on from his talk, the SPCE and the Royal College of Chiropractors, along with existing UK schools, are taking forward an initiative to explore how this can be achieved. He also called for more innovation in chiropractic education and for the profession to fund it with at least as much enthusiasm as it funds research.

Aurelie Belsot spoke eloquently about the challenges in establishing a university-based chiropractic programme in Turkey, a country where the profession is still in relative infancy. The nods around the room indicated that the Turkish experience struck a chord with many who are still trying to get an education programme started in their countries. Aurelie, an enthusiastic presenter, was the only speaker of the evening to require a bleep on the video. The live audience loved the uncut version!

The formal part of the evening ended with the announcement that SPCE's chairman, Major General David Howell was stepping down due to other commitments; he would,

EAC to develop GEP template

THE EUROPEAN Academy of Chiropractic (EAC) organised a workshop on the national Graduate Educational Programmes (GEP) at the EPIC2019 conference in Berlin in May. The GEP representatives for each member nation were invited to participate in a three-hour session with the aim of discussing the findings of a recent GEP survey, the perspective and barriers for future development of GEPs and to share experiences about how to successfully overcome such barriers.

The workshop was started off by two guest speakers, Jens Jacobsen (Denmark) and Michael Schneider (USA), both of whom have unique experiences and insights as pioneers in establishing clinical and educational programmes for chiropractors.

As evident from the GEP survey, the current situation is one of considerable heterogeneity between ECU member nations: roughly half have established GEP programmes of varying scope and extent in place. The other half have no such programmes and the majority of those countries report having no serious ambitions to develop a GEP in future.

In light of this very mixed state of affairs, it was the general consensus in the workshop that a one-size-fits-all solution to GEP programme development was unrealistic. Instead it was considered that a viable way forward would be for the EAC to produce a generic GEP programme template, which could be made available to, and adapted by, individual member nations, as and when they decide to pursue such development. The EAC will undertake this work in the coming months.

The survey results can be seen at <https://internus.shinyapps.io/GEP2019/>

however, continue to be involved as a member of SPCE's Advisory Board. Tim Lang, a lawyer and a leading light in health regulation, was announced as the new chairman; he will start this role in September 2019.

Following the vote of thanks, everyone retired to join the drinks reception to network and enjoy the evening.

Addressing the shortage of chiropractors

THERE IS a world shortage of chiropractors highlighted by a new report. *The chiropractic workforce: a global review* draws attention to the scarcity of chiropractors especially in parts of Europe and developing countries. Whilst the USA, Canada and Australia have a relatively good proportion of chiropractors for the population the rest of world is poorly served.

Most of us working away in a busy practice might find hard to see the vulnerabilities of the profession in a global context. But we should care if we want chiropractic to thrive over the next 50 or even 100 years. We must take steps now to secure our legacy and bring chiropractic to the whole of Europe and beyond.

Most European countries have a tiny number of chiropractors and a poorly developed profession. A government is not going to bother regulating a profession with a handful of practitioners. Besides state regulation, access to state funded health care, research and undergraduate training are the hallmarks of a mature profession and, with a few exceptions, we are a long way from this. Even in countries with relatively well-developed legislation and institutions like the UK, a sustainable future is not assured as growth in numbers of chiropractors has been static for several years.

The growth of the profession in Europe has also been static. There are around 6000 chiropractors under the arc of the ECU and this hasn't changed much in a decade. Other professions have grown while we have been sitting on our hands. Osteopathy in France is booming with over 20,000 listed. In Italy there are 6000 osteopaths and around 25 educational institutions according to the Forum for Osteopathic Regulation in Europe (FORE). The Netherlands has 600 osteopaths or so.

It is wonderful that most of us will live to an age that our grandparents could never imagine. Better living standards, improved public health and universal access to health services have all helped. This is excellent but living longer means that we are likely to be working longer. It also means that for us to enjoy that longevity, we need to live active, fulfilling lives. Too many people are afflicted by musculoskeletal pain mainly in the back and neck. This not only has physical implications, but like so many chronic problems, has effects on mental health too.

Musculoskeletal problems are responsible for 30% of visits to a GP and have an enormous impact on the quality of life of millions of people. The health care system, already under so much strain, has to cope with the burden of an increasing number of people presenting with MSK issues; besides, the economy certainly cannot afford to lose so many working-days.

Not only are we faced with an increasing MSK burden, we also lack the health care resources to deal with it. In the UK, the National Institute for Health and Care Excellence (NICE) recommends manipulation as part of the package of care to deal with back pain and the package of care offered by chiropractors helps many other musculoskeletal conditions; however, we only have 3,300 chiropractors for a population of 67 million. We need more, many more. At our existing rate of growth, it will take the UK over 175 years to reach the Canadian levels of penetration, i.e., one chiropractor for 4,000 people. Besides, not only do we have an ageing population, our health workforce is also ageing.

Until recently there were only three universities in the UK offering chiropractic degrees, the most recent of which opened 20 years ago.

Many secondary schools are not even aware of the profession to make it available as a choice to their students. That is why the Society for Promoting Chiropractic Education (SPCE) was established last year. Launched by George Freeman MP, former Life Sciences Minister and Chairman of the Prime Minister's Policy Board, it aims to encourage school leavers to consider a career in chiropractic; whilst simultaneously working with universities to offer chiropractic degree programmes.

Successes so far include getting London South Bank University to launch a new four-year masters course in chiropractic; they admitted students to the programme in September 2018 (see page 16). SPCE was also successful in persuading Teesside University, in north-east England, and the University of Central Lancashire, in north-west England, to start MChiro programmes in 2020. These universities boast world-class facilities. What is especially important is that these new courses will be based within their existing health faculties and, students will learn in multi-professional settings alongside others studying physiotherapy, nursing and occupational health, etc. This will ensure that future graduates understand how they fit into the wider health landscape.

We are also planning new programmes in poorly served geographical locations in Europe. In addition, we stand ready to help those in other European nations who want to establish chiropractic degree programmes in their countries. SPCE has been advising the chiropractic associations in the Netherlands and Belgium on starting their own programmes as well as assisting the Chiropractic Association of Ireland in approaching universities there.

If we are to assure a vibrant future for chiropractic as a profession and for chiropractors, we need to tackle the shortage of chiropractors in Europe and beyond. Chiropractic organisations, associations and decision-makers in health must make this a priority to ensure that patients with MSK problems get the care they need.

Matthew Bennett

Read the report at <https://tinyurl.com/y6eo32jl>



ECU SECRETARY GENERAL – APPLICATIONS SOUGHT

THE ECU SECRETARY GENERAL, IAN BEESLEY PHD, IS STANDING DOWN AT THE END OF MAY 2020 AFTER 5 YEARS IN POST AND APPLICATIONS ARE INVITED FOR THE POSITION ON A ROLLING 2-YEAR CONTRACT FROM 1 JUNE 2020.



Ian has made a marked improvement in the professionalism of the Union and in the support provided to the elected officers. In November the General Council will have a first discussion of a report by a review group that has been working on a strategy for the ECU 2019-2023 and organising the implementation programme will feature strongly in the responsibilities of the Secretary General.

Other key responsibilities are:

- To support the elected President and members of the Executive Council.
- Take overall responsibility for corporate governance of the organisation and ensure that the ECU achieves its core objectives.
- To support the implementation of ECU strategy.
- To ensure that meeting venues and the logistics of meetings are forward planned.
- To prepare items for Executive Council and General Council meetings, produce agendas and records of the meetings and brief the President on the conduct of the meeting.
- To serve as a central access and communication point for ECU member organisations, including to disseminate information on issues relevant to chiropractic in Europe.
- To be responsible for **BACKspace**, the ECU App and ECU presence on social media in conjunction with the communications adviser.
- To review the ECU Constitution, Bylaws and other standards of governance regularly and to ensure compliance with them.
- To liaise with members of the General Council and help ensure that their concerns are properly handled.
- To liaise with the Treasurer and ECU accountant in ensuring good financial governance, with timely issuing of invoices and collection of outstanding dues.
- To deal with issues in relation to individual chiropractors' enquiries on matters that are not usually covered by ECU member associations.

This is a senior appointment for which candidates must have demonstrable credentials and experience at the highest levels of corporate governance.

How to apply

Visit www.chiropractic-ecu.org/news or classified ads on the ECU App for details. Applications will close on 14 October.

Inside the health tent

Christian Ankerstjerne, Head of Communication at the Danish Chiropractors' Association (DCA), describes their involvement in the annual Folkemødet on Bornholm.



OVER A four-day period in June, for the past eight years, Allinge on the northern coast of the Baltic island of Bornholm has hosted a tented roadshow that sees its population swell from under 2,000 to over 40,000. Danish politicians, NGOs and citizens debate current political concerns in this idyllic town in an initiative known as 'Folkemødet' – literally, people's meeting. No surprise that Sundhedstelt – the Health Tent – is at the centre of interest.

During the four days more than 3,000 events take place – all are free and within walking distance of each other. Strolling around the streets you may meet the current Danish Prime Minister, stars from the media and even former Liverpool FC central defender Daniel Agger.

Each of the 13 political parties represented in Folketinget – the Danish Parliament – has the opportunity to give a major speech, and every night there are parties across the town.

The DCA, along with colleagues in the rest of the Danish health care system, naturally take part; 16 health care organisations – chiropractors, nurses, physiotherapists and so on – have joined forces. The result is 'Det Fælles Sundhedstelt' – The United Health Tent. It has been going since 2016 and is now the second largest indoor venue at Folkemødet. Further, the DCA has been a part of the steering committee since day one.

Arranging the programme is a task that goes on for nine months, from September through June, and takes a lot of co-operation between the respective organisations. Each pays a participant fee of approximately €3,000 which covers practicalities in relation to the actual tent, but not travel

expenses, fees to moderators, nor accommodation – to secure the latter is in itself a bit of a task.

But the work is worth it. This year the #sundtelt twitter handle was the 7th most used during the four days, and #sundpol handle, which is used for health care politics, was the 2nd most used. This means that the events at Det Fælles Sundhedstelt are well-attended and perform well above average for all events at Folkemødet in general. It also means that it is easier to attract the right politicians and other stakeholders into the tent – because they know that their attendance will be noticed and that there will be people watching.

For the DCA this is very important. We're not the largest, nor the most important or influential, organisation in the Danish health care system, but being part of this

tent means that we have a platform for raising the profile of MSK issues and makes it easier to attract the right people for DCA events during the rest of the year.

The DCA has attended every year for the last five, the last four in Sundhedsteltet. During that time the DCA chairperson, Lone Kousgaard Jørgensen, has been taking on politicians, medical doctors, the director of the National Board of Health and many others, debating the challenges of those who suffer from MSK.

Does it work?

Here's Lone's view: "Taking part in Folkemødet obviously doesn't solve all our political challenges by itself, but by being there and setting up an event, we can reach and have meaningful conversations with our most important stakeholders. Because everybody's there anyway,

it's perfect for setting up informal meetings with other organisations and politicians. And also, the social events make it possible to get really close to some of the organisations, stakeholders and decision makers, who we usually only meet in more formal settings."

This year the DCA decided to focus its input on patient fees and the cost of seeing a chiropractor. In Denmark seeing a family doctor is free for residents (those with a personal identification number). But seeing a dentist or a chiropractor, among others, is only partly funded by the public health care system (typically 20%). This means that only people with either sufficient funds or appropriate health care insurance are able to seek chiropractic help.

To discuss this the DCA invited two politicians from the Left in the political spectrum – both heavily involved in health care politics, and both in key positions after the June 2019 general election in Denmark when the outgoing conservative coalition lost out to a social democrat-led coalition.

The responses from the politicians were mainly positive. First of all, there was a broad consensus that the cost of going to see a chiropractor prevents the poorest patient groups having sufficient access to chiropractic treatment. But there was also agreement that it there has to be a better way than the current one, where user payment is inconsistent. Lone again: "We should stop the silo thinking in the health care system. With investment in prevention and quick diagnosis and treatment, the country would potentially save a lot of money on sick leave and early retirement."

Next year the DCA expects to be back inside the Sundhedstelt.



General news



Fédération Internationale de Chiropratique du Sport (FICS)

HAVE YOU heard of FICS? It's a not-for-profit association representing national sports chiropractic organisations and the chiropractic profession internationally in the field of sports chiropractic. FICS is the voice in the international arena of sports chiropractic both politically and through our new educational programmes.

Strategic plan

FICS released its strategic plan in 2018, setting the framework for the future and a busy agenda for 2019. This year sees the return of FICS to Lausanne, release of our upgraded e-Learning System (eLS) giving members access to the International Certificate in Sports Chiropractic (ICSC), more hands-on seminars to extend sport chiropractors skills and participation in more international games to provide members with the opportunity to work on elite athletes.

Our objective is to grow FICS into an internationally recognised thought leader in sports chiropractic owing to the

importance of sports chiropractic to athletes and its contribution to their ability to achieve their optimal performance without the use of drugs. We want sports chiropractors to always be part of the core health care team at major international sports events and ultimately the Olympic Games.

International Sporting Federations (ISFs)

The ISF Commission is responsible for FICS' identification of, and engagement and interaction with, pertinent ISFs which FICS aligns itself with in order to achieve its goal of attaining IOC recognition and full accreditation. The Commission manages all aspects of FICS' participation at selected international events and is the liaison for FICS with the World Games Association and the Global Association of International Sports Federations (GAISF).

The ISF Commission is responsible for sending a delegation to the annual Sport Accord Convention. This provides FICS with the opportunity to meet and

network with all 106 accredited sporting federations from around the globe who are members of GAISF.

The ISF Commission has worked hard to fill and secure our Games Calendar for 2019 with over 40 World Championship events covering just under 20 different International Sporting Federations.

Highlight events in August included the International Fistball Mens World Cup in Switzerland, the Sport Climbing World Championships in Japan, and the World Youth Championships in Italy. September has the World Tug of War Championships in Ireland, Waterski and Wakeboard Championships in France and the inaugural GAISF World Urban Games in Budapest.

We are always looking for volunteers. If you are interested in applying to work at any of these events, we would love to have you on board.

International Certificate in Sports Chiropractic

One of FICS primary objectives is promoting excellence in

postgraduate education and practice in sports chiropractic worldwide, in part through the development of postgraduate sports chiropractic programmes.

FICS's aim is to set an appropriate minimum standard in theoretical and practical sports chiropractic education for chiropractors wanting to develop special competence in the field of sports chiropractic and to be qualified to serve on FICS teams, or teams selected with assistance from FICS, at international events.

FICS eLS has 10 new evidence-based modules of amazing materials that any sport chiropractor would feel inspired by. The joint forces of FICS and North Western University now provides us with a strong educational platform. The modified practical hands-on modules are also a success and well received by attendees.

For more information on how to start your eLS program and to register for any of the hands-on modules please visit

<https://tinyurl.com/y6eaoec9>
Graeme Harrison-Brown,
Secretary General

Chiropractic in the news – a selection from what is being said about the profession

De Specialist – 2 May 2019



"The lower back pain guideline was developed together

with the Health Care Knowledge Centre (KCE report 287). This is an adaptation of the NICE guideline, made more workable to Belgian standards. But even then, a book of 268 pages remains, which is not very workable in practice. "It says in particular what you should not do," explains Prof. Depreitere. "That is why we produced a care path and a specific flow chart. That was the second project together with the KCE. It resulted in report 295, supported by all players: insurance doctors, chiropractors, general practitioners, physiotherapists, psychologists, occupational physicians, neurosurgeons, orthopaedists, algologists, physical medicine. That was the beauty. A flow chart for lower back pain and one for radicular pain came about. The KCE made it an online tool and that is a wonderful tool. It spans acute, subacute and chronic problems in primary care and in the hospital, and it's about health care providers and reintegration. The extremely user-friendly tool can be found at www.lagerugpijn.kce.be."

La Libre Belgique – 28 June 2019, also Belga and De Morgen



"Treatment by chiropractors and osteopaths in

Belgium must be exempted from VAT, as are already the doctors or paramedical practitioners, the Court of Justice of the European Union decided on Thursday."

Danmarks Radio – 30 May 2019



"In 2018 more than one in five Danish babies visited a

chiropractor during their first year- a doubling over the situation 10 years ago... But despite the large increase researchers have not yet shown that, for example, treatment for colic is effective."

"There have been several studies, but they have been quite small. We suspect that there is a beneficial effect, and the research points in that direction," says Lise Hestbaek, who is a senior researcher at the Nordic Institute for Chiropractic and Clinical Biomechanics, NIKKB, at the University of Southern Denmark.

The Director of the Nordic Cochrane Centre, Karsten Juhl Jørgensen, does not believe that there has been important new research since a 2012 report concluded that there is no scientific evidence that chiropractic treatment is effective. He questions whether public funding should support such treatment.

Lise Hestbaek again: "There is no other treatment with documented evidence of effectiveness for crying babies... Besides, we have no reports of side effects from the treatment of babies and according to the latest report (from 2014) there have been no complaints to the Health Board or the Danish Chiropractor Commission."

Corriere della Sera – 8 July 2019



"Tension in the world of health professions has

returned. Those stirring up the water are mostly the chiropractors, a discipline recognised in most of the world with a five-year degree, which in Italy is at the centre of a

dispute. In the last reform of the health professions, chiropractic was assigned a three-year degree course and, consequently, is incompatible with the existing law from 2007 that defines chiropractic as a 'primary health care profession' and requires a five-year degree. The fact that the previous law was not repealed would suggest that there are now two incompatible laws about a single profession."

Bergen Tidende – 28 June 2019



A new report shows that back and neck pain are the most important reasons for sickness absence from work. (See page 8 for further details).

The report, from Oslo Economics, has been shared with the medical faculty at Bergen University which wishes to establish a five-year chiropractic education and awaits the go-ahead from the Government. "We can start in 2021," says the dean of the medical faculty, Per Bakke, "with much of the teaching in the first years undertaken in common with the medical students."

europapress/chance/ tendencias – 1 April 2019



"Chiropractic is becoming a health trend focused on

the diagnosis and treatment of mechanical disorders of the musculoskeletal system. However, it is still an unknown practice to many users, even though a large percentage of the population suffers from bone and muscle pain. With the aim of throwing light on this discipline, the Asociación Española de Quiropráctica is explaining the benefits of chiropractic for our health."

Maldita.es/ malditaciencia – 10 April 2019



"To date, there is no evidence that chiropractic is an

effective treatment for any health problem. The only possible exception is the treatment of chronic low back pain, but it has neither been confirmed nor denied that it works better than other conventional treatments. The same happens with its possible side effects: there are known cases of severe damage to the spinal cord, with serious consequences such as epidural hematoma, stroke or death. There is no reliable data on the frequency they occur and more and better research is needed."

De Volkskrant – 18 June 2019



"Majority of Dutch people want alternative care in the basic package."

"More than half of the Dutch population would like to see one or more alternative medicine disciplines reimbursed from the basic health insurance package. In the eyes of a quarter of the population, alternative care has 'just as much value' as regular health care."

"According to research carried out by the Central Bureau of Statistics (CBS) to be published on Tuesday, June, 18 2019, 6% of the population visited an alternative healer in 2018. The osteopath, chiropractor and acupuncturist were the most frequently mentioned. Women and the more highly educated make relatively more use of alternative medicine than men and less educated people."

Newell's Notes

Making room for humanity

HOW HUMAN beings provide care for each other is complex and profound. Advances in artificial intelligence (AI) provide immense opportunities to make medicine more effective but will they ever be able to replicate the complexity of a successful therapeutic encounter? This encounter comprises a multitude of interactions between the clinician's and the patient's brain via complex cues and signals including body language, empathetic language, mellifluousness of voice, socialisations and cultural paradigms. How we interpret these cues and signals creates and modulates the meaning of an encounter.

Emerging research suggests that our very awareness of ourselves, of each other and of the world around us may be generated through real-time guesswork. In Bayesian language:

- 1 The brain predicts what might be happening using internal representations of the world gained from our individual experience
- 2 It gathers conscious and unconscious signals from our body and the wider environment, including the perceptions and expressions of others, to 'check' the ongoing accuracy of these predictions
- 3 It adjusts the internal representations or the incoming information to minimize the error between the two.

This incessant 'betting' on a range of possible 'reality horses' on the whole tends to generate predictions that are ostensibly correct, in the sense that they correlate to a substantive degree with the physical reality inside and outside of us.

But that does not mean that what we are experiencing is objective reality. It is merely the best fit to our learned experience; checked against the cues and signals we are getting at any particular time. These cues and signals particularly those interpreted as auguring a positive outcome (such as the reduction of pain) can be self-fulfilling (reduce our pain), as we alter the perceptions to fit the world we have predicted. Contrastingly, those cues and signals interpreted as associated with increased pain can increase our pain. The neurobiology underlying this phenomenon is now fairly well known and constitutes the placebo and nocebo response.

The confluence of placebo research and AI is fascinating. The advent of Deep Learning has been a game changer. Essentially this is a technique where artificial neural networks are fed huge numbers of instances of a particular phenomenon (faces, tumours on MRI scans, Facebook posts, buying habits, chess and Go moves or stock market behaviour) which they then 'learn' to leverage, developing an expertise at predicting what a previously unseen instance is. Such learning machines can predict to high levels of accuracy how we might vote in the next election by categorising the sort of political views we hold as gleaned from Facebook posts, buying habits and a wide range of other characteristics displayed. Deep learning underpins speech recognition, IBM's 'Watson' and the recent stars of artificial game playing networks that now are better than any human at chess and Go.

In medicine, fears have emerged that AI and super smart pattern recognition may replace the clinician. I think this unlikely in the medium term. Why? Because it is emerging that the elements in a therapeutic encounter are numerous and deeply human in nature and there is much more in an encounter than the specific things the doctor or the patient think they are doing. These have powerful effects on actual physical outcomes:

- We know from the few trials that have compared placebo surgery to real surgery that placebo surgery works just as well for knee or shoulder pain, with the effects lasting over years, even when the patients are told they received placebo.

- We know that when you give an inert pill to low-back pain patients and tell them it is a placebo they clinically improve their pain scores to a greater degree when compared to usual care.
- We know that if you first pair a strange-tasting drink with an immunosuppressive drug, cellular changes associated with an immunosuppressive drug can be detected even when you subsequently just give the inert drink.
- We know that if you tell an athlete that they have been given a drug that will damage their performance, despite it being inert, physiological changes associated with reduced performance and actual reduced performance ensue.
- We know that if you tell someone they are breathing low oxygen levels equivalent to high altitude they develop headaches as if they were at high altitude. Furthermore, this is accompanied by all the consequent changes in blood enzymes (cyclooxygenases) that would normally be a reaction to real high altitude.

AI will not make headway in this area for some time. Language, trust, cultural authority, subtle body cues including touch, powerful stories and a host of other deeply human interactions are paramount in leveraging an expectancy and subsequent reality of such changes. These contextual cues are common in all health encounters and particularly so in more human-centred types of care typical of professions such as nursing, psychotherapy, primary care and of course the manual therapeutic professions.

So where will AI impact? Simply said, done well and with intelligence, AI may afford clinicians more quality time. This most obviously includes doing the heavy lifting of administrative tasks now carried out, for example, by GPs. Looking up a patient's past history, checking the dosage of prescriptions and what else (s)he may be taking can all be personalised by present semi-smart technology.

But what if an AI had a deep knowledge about the patient's genes, past health, activity, diet, living conditions, socioeconomic status? Here then is AI sitting in the background, able to whisper in the doctor's ear during the consultation. What if, even more subtly, an AI has already primed you with the sort of language, approach and behavioural change techniques tailored precisely to the patient? What if a super smart AI sat in the background helping you create a rich and targeted consultation that sensibly maximises patient expectations, allays fears and maximises the power of context to raise the chances of better outcomes?

The urge to help each other is strong and deeply human. So is the urge to exploit and control. There remain many ethical issues around access to, and protection of, huge amounts of personal data gleaned from our day-to-day living. This would need to be solved before their use by AI can be supported. However, the tech giants already have a good deal of this personal information (and sell it to companies that target adverts or, even worse, seek to manipulate voting habits) – couldn't we find a way to allow AI to use it to support healthier and happier lives?

Utopia or dystopia. The choice is ours.



Dave Newell is Senior Research Fellow at the Southampton University Department of Primary Care and Population Sciences, and Director of Research at AECC University College. The views he expresses are his own and are not necessarily the views of the European Chiropractors' Union or AECC University College.

Feature

UK chiropractors enter the field as first contact practitioners

THE UK is experiencing the first sustained drop in family doctor (GP) numbers for 50 years. With MSK issues accounting for one in eight GP appointments it is estimated that 29% of the UK population live with an MSK condition. The British Chiropractic Association (BCA) reports that, for some time, physiotherapists have been helping relieve the burden on family doctors by providing services in a First Contact Practitioner (FCP) role and that, from 2020, the doors will open more widely for chiropractors to enter the field.

There are already a handful of chiropractors in this role. Recently qualified BCA member Hannah Fairris told *Contact*, the BCA magazine, that: "Because I'm able to relieve some pressure in the system and the patients have fed back high levels of satisfaction, GPs and Advanced Nurse Practitioners are happy. Of course, because NHS colleagues tend to have more experience of physiotherapists, some do think I am a physio or an osteopath, but by being here and working in this role I can champion the chiropractic profession. To be honest, I haven't had any negative feedback about being a chiropractor, just apprehension due to a lack of understanding of our skillset. My NHS colleagues are impressed that our training is to such a high standard."

As a chiropractor in a GP practice, Hannah reports that MSK patients only wait one to two days to see her, versus the one to two-week wait time for a GP appointment and a four month wait to see a physiotherapist.

Jonathan Field, pioneer of Care Response, reports something similar.

He is now four months into the FCP role in a GP surgery, having already provided triage services in a hospital setting for a number of years. From this secondary level role, he has become well-known to, and trusted by, local GPs. He estimates that in 2020 there will be 2000 new FCP roles as a result of a new GP contract with the National Health Service (NHS). But he believes that success in part depends on becoming familiar with the culture and language of the NHS in order to convince other health care professionals that you see their point of view. This can be a slow-burn.

Jonathan also points to research by Christine Goetz about the importance of accepting the culture of the individual hospital if chiropractors are to be effective collaborators in a multi-discipline environment. Thereafter it is possible to shape the role a chiropractor plays in the system and even, over time, to change the system subtly towards, for example, using fewer injections and adopting the psycho-social model.

The FCP role won't be for everyone. There is a perception that it requires some trade-off between financial reward and less tangible benefits from being a valued member of a team and the satisfaction from bringing care to a wider range of the population, especially where fees for treatment are not reimbursed by the state or easily accessible through patient insurance. As a responsible profession with a collective social conscience, involvement at the first contact level is surely to be encouraged.

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TEXTBOOK	✓				
SPECIFICALLY APPROVED BY MEDICARE	✓				
FDA REGISTERED	✓	✓	✓	✓	✓
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TGA CERTIFIED	✓				

Activator V is a superior instrument with a sleek, ergonomic design and is the only fully wireless electronic instrument on the market.

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PRE-LOADED TIP	✓	✓	✓			
23 CLINICAL TRIALS	✓	✓	✓			
COMPATIBLE WITH ACTIVATOR METHODS CHIROPRACTIC TECHNIQUE	✓	✓	✓			
ERGONOMICALLY DESIGNED	✓	✓	✓			
SPECIFICALLY APPROVED BY MEDICARE	✓	✓	✓			
FDA REGISTERED	✓	✓	✓	✓	✓	
MADE IN USA	✓	✓	✓			
TGA CERTIFIED	✓	✓	✓			

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Review

Biotensegrity

The structural basis of life

2nd edition

Graham Scarr

Handspring 2018 ISBN 978-1-909141-84-1

Reviewed by Marshall Deltoff DC, DACBR, FCCR(C), Barcelona College of Chiropractic

DR GRAHAM Scarr, an osteopath widely regarded as an authority on tensegrity, opens with a chapter introducing the concept, including its definition and its brief history as a fairly recent area of investigation. Tensegrity is a contraction of tension + integrity.

Tensional integrity, also referred to as floating compression, is a structural principle based on the use of isolated components in compression inside a net of continuous tension, in such a way that the compressed members do not touch each other and the prestressed tensioned members delineate the system spatially. In effect, it defines a stable three-dimensional structure consisting of members under tension that are contiguous and members under compression that are not. Presenting an interesting way of looking at structure, stability, forces and building, the book goes on to explain how the principles of tensegrity logically extend to living organisms, hence, biotensegrity.

Biotensegrity is a rather new, emerging area of science that provides a different way of viewing and appreciating anatomy, structure and biomechanics. It comprises a paradigm shift in current biomechanical thought and teaching; for example, challenging the almost universally accepted concept that bones are the load-bearing structures of our bodies, like bricks in a wall or a building frame, and that they directly pass force loads to each other. Rather, the bones do not actually touch each other, but are effectively 'floating' in a tension structure formed by our muscles and fascia. In fact, when the tensegrity structure around a particular joint is injured or becomes weak, bones can touch each other, and transfer load directly; this is anatomically and clinically problematic, causing dysfunction and resulting in degenerative arthritic changes.

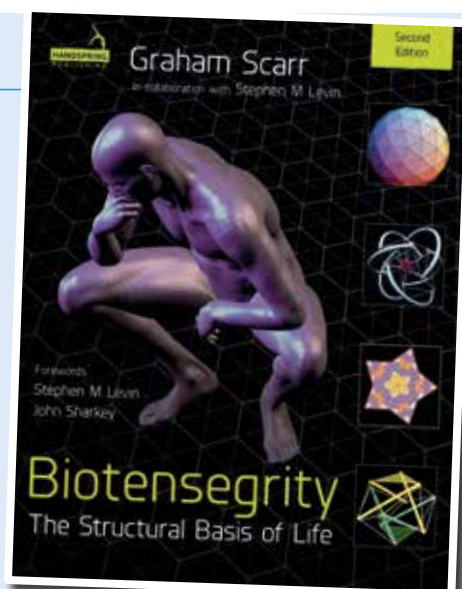
Another example, directly applicable to us as chiropractors, is the biotensegrity model of the spine, wherein the vertebrae float apart from each other without touching, supported by tension forces in the surrounding muscles and

fascia, in contrast to the common conceptual model with vertebrae stacked up on each other while passing force compressively to each other; this model implies that the forces are being transferred through the discs, suggesting that they could be crushed and ground apart as we move and rotate our spines. In the biotensegrity model, a weak or injured tension network (muscles and fascia) can no longer hold the vertebrae apart. The experienced forces will now start passing compressively through the vertebrae and discs, leading to back pain, disc bulges and herniations and other spinal failures. This weakening of the tensional support system

"Biotensegrity is a rather new, emerging area of science that provides a different way of viewing and appreciating anatomy, structure and biomechanics."



Marshall Deltoff



and atrophy of critical weight-supporting paraspinal musculature is encouraged by lack of exercise and a highly sedentary lifestyle.

Dr Stephen Levin, an orthopedic surgeon and consultant to Scarr's book, was the first to apply tensegrity concepts to complex biological organisms. He maintains that the consideration of the skeleton as the lone system of load-carrying, like the beams and rafters of a house, results in force calculations that predict shearing and crushing of bones under our regular daily force loads. He reasons that we can only account for the ability to perform everyday tasks by accepting that it is primarily and optimally the 'tensional members' of our bodies, i.e. muscles and connective tissue, that transmit forces.

Over the course of twelve chapters, the explanation of biotensegrity is integrated into biomechanical evaluation, starting with the simple geometry present in complex living organisms, the balance of unseen forces, the issues with the current model of biomechanics, a discussion of the cytoskeleton within a living cell, how motion enters into the equation and affects the tensegrity structure, the misnomer of 'hard' and 'soft' tissues; complex patterns in biology, and then presents biotensegrity as a rational approach to biomechanics, and as the structural basis for life. Appendix 1 describes how to construct your own simple tensegrity models in order to better illustrate the principles in their proper three-dimensional state.

Each chapter is beautifully and plentifully illustrated with full-colour drawings, photos and models demonstrating the concepts being explained. In my opinion, the book provides an interesting, novel, yet correct and logical, way of approaching human structure and function. Yet, overall, this decidedly theoretical text is lacking in overt clinical/practical application.

The book is not my cup of tea, and, while a unique read, it's not for everybody.

Chiropractic Identity-Building

Approaches to better patient care

Andries Kleynhans

ITM Press Institute of Therapeutic Manipulation P/L 2019
ISBN-10 0994383118 ISBN-13 978-0994383112

Matthew Bennett reviews this contribution to the debate surrounding identity problems that have plagued the profession since its inception.

CHIROPRACTIC, A profession at war with itself; introverted, isolated and divided. We have heard this from authors many times before over several decades. What is new and exciting about this book is that it offers a practical solution. Andries Kleynhans has put together a comprehensive blueprint for saving the chiropractic profession from itself.

The profession itself is aware that there is a problem. At the WFC/ECU Congress in Berlin in March 2019 much time was given to discussing a sustainable future and improving collaboration and cultural authority. Platform speakers highlighted the importance of evidence-based practice which prompted organisations who felt under attack to subsequently complain most vigorously. Kleynhans has it right it seems.

The WFC and ECU, through their recent EPIC campaign, have focussed on plausible and supportable assertions regarding chiropractic care. The emphasis on evidence-based, patient-centred, interprofessional and collaborative approaches to spine care are echoed in the American Chiropractic Association's *Choosing Wisely* campaign. Kleynhans would applaud these campaigns and sees them a vital for our future. He urges unity in spite of calls from some quarters to split the profession.

He opens with a thoughtful summary of why identity building is essential. He highlights that the chiropractic profession cannot continue to present multiple identities to the world and that the public/market does not use a service it does not understand. He adds that decision-makers will not accept marginal theory or philosophical rhetoric.

Early on Kleynhans explains how decision-makers, the public and health care professions will decide our identity for us and how it will be unsatisfactory compared with what we can do through profession-controlled identity-building. The book decries a tiny but vocal minority in our profession "with a profound retrograde ideology" and how these individuals and organisations

have caused untold reputational damage. It cites adherence to a "flawed chiropractic ideology centering on innate intelligence and vitalism; claims of cures for visceral and other non-musculoskeletal conditions". This will not be a surprise to most chiropractors.

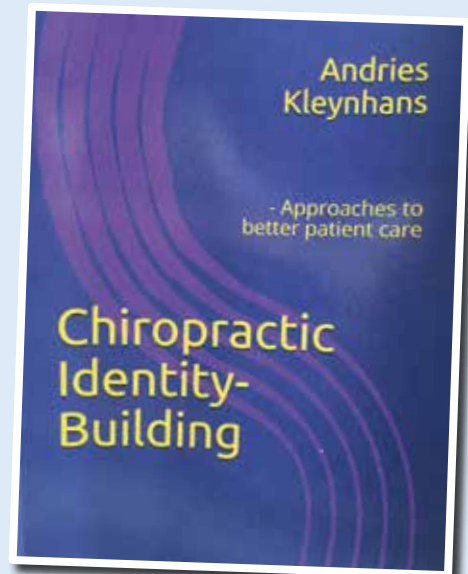
He has pulled off a remarkable feat with *Chiropractic Identity-Building: – Approaches to better patient care*. He has laid out complex and detailed concepts in simple ways that are easy to grasp. He uses chapter introductions and summaries and lots of tables and highlights so you can skim read and get a general idea or you can drill down to the detail.

There is a common thread throughout, pulling the interests of patients to the fore. Patients are mentioned 257 times no less. Esteemed chiropractor Raymond Sandoz is quoted: "Chiropractic does not belong to chiropractors... it belongs to patients and those who will make the most of it." Quite so.

Kleynhans acknowledges the anxieties chiropractors might feel about identity-building including loss of autonomy, discomfort at changing practice based on research findings and challenges to firmly held beliefs. He is clear that the goal will, however, be worthwhile – increased utilisation, access to government funding for education and research and everything else that comes with the status of a mature and accepted profession.

The second half of the book lays out a blueprint for achieving a clear identity which all groups can sign up to. Kleynhans goes into considerable detail outlining the steps to take but, smartly, does not prescribe the outcome. He recognises that different jurisdictions and cultures exist and instead details the steps to take. He provides different pathways that might suit different circumstances, but the thrust is the same - do this or fail to reach our potential or worse, be supplanted by others.

His template is first, understand where we are and how we got here and then produce a



framework or plan to design the future. Kleynhans cites examples of how other professions and organisations have done this and he cites research extensively to back up his action plan. He recommends forming task forces from all stakeholders to gather information, create a consensus and agree on a future worth pursuing which will lead to the vivification of chiropractic. Kleynhans acknowledges the resistance that this process might encounter but recommends small initial steps to get a dialogue going between various factions. It is this part of the book that is the most powerful addition to the literature and is the reason that every chiropractic leader, regulator and decision-maker should read it.

Kleynhans was an advocate of evidence-based care before it became a buzz phrase and he supported multi-disciplinary training when it was frowned upon in chiropractic. He has contributed to chiropractic recognition, education and regulation throughout the world over the last 60 years representing the profession to the World Health Organisation and several governments.

This book, the first in a series, is a culmination of the author's experience and wisdom gathered through the slow and often turbulent progress of the chiropractic profession. It is an indictment of chiropractic leaders, myself included, who have failed to bring unity to a fractured profession. It offers the stepping stones to a more sustainable future for the benefit of individual chiropractors but most of all to our patients.

Matthew Bennett is the past-president of the British Chiropractic Association.

People



Professor Lesley Haig

Principal of AECC University College and enthusiast for motivational interviewing

The Secretary General's interview

HOW DO you follow a successful and much-loved predecessor? That was always going to be a challenge for the new principal of the UK's AECC University College, and it is clear that Lesley Haig is well up to the task. She is a bundle of well-directed energy, engaging to talk to and open about her ambitions to continue and accelerate the strategy put in place to capitalise on the achievement of University College status. So, who is Professor Lesley Haig and what motivates her?

A keen player of sports (hockey at National League standard with Ealing Ladies and tennis as a second interest), like many, she first came into contact with manual therapy when injured. She elected to train as a physiotherapist at the prestigious St Thomas's Hospital, London, aged 18, and soon developed an academic interest in sports-related musculoskeletal issues and rehabilitation. Whilst also continuing to work in private practice she has moved in and out of academia, letting the one feed off the other.

It was as a clinician that Lesley became fascinated with the conundrum of how to motivate patients to persevere with changes in everyday behaviour that can contribute to the prevention or alleviation of chronic pain. This led to a PhD in Motivational Interviewing and a lifetime fascination with the psychological and social relationship between patient and clinician. Too many experienced clinicians from a wide variety of disciplines take a short cut to prescribing a solution before they have really got to the bottom of the patient's circumstances

– the almost irresistible urge to offer a fix. Those who heard Julian Treasure at EPIC 2019 will recall his startling statement that the average time before a doctor in the US interrupts their patient can be as little as 18 seconds.

After spells as an academic at St Mary's University and London South Bank, which trains 350 nurses a year plus other allied health professionals, she found the chance to give strategic leadership to the relatively newly independent University College irresistible. Not only did the University College have a stellar reputation in the musculoskeletal world but the combination of that with its well-established leadership in postgraduate teaching of ultrasound and imaging brings the opportunity to wrap chiropractic into a wider envelope of health care professionals. Lesley is convinced that the skillset and competence of chiropractors is sufficiently strong for the identity of the profession to thrive – working harmoniously alongside physiotherapists, osteopaths and others. Nor should the profession be afraid to address challenges such as the ethical discharge of prescription rights.

As AECC UC is an institution that has a high reputation across Europe and recruits significant numbers of students from outside the UK, it was inevitable that our conversation turned to the likely effects of Brexit on the University College. Encouragingly the institution looks to be well prepared for even the most extreme outcome. The badge of independent degree awarding powers is important here. There is no artificial cap on numbers or

other requirements imposed by a wider university body. In charge of its own destiny, the University College is determined to maintain an open door to good quality students from beyond the UK. It is confident that its status within the UK university system will, despite the high cost of providing chiropractic education, support a continuing strategy to educate chiropractors at undergraduate level from many countries. It will also continue to offer fly-in postgraduate education delivered in other European countries on topics such as ultrasound and a planned paediatric initiative.

As to the ability to maintain a quality intake, Lesley acknowledges that the current exclusion of chiropractic from the UK Allied Health Practitioner (AHP) group is a disadvantage in marketing terms but points to the success of optometry, which is also outside the AHP group, in attracting strong potential student interest. She is also keen to widen access (whilst maintaining quality) through conversion courses for suitably qualified graduate entry from those with academic degrees in other health care topics or science, and points to the success of the physiotherapists and osteopaths in so doing. The accompanying inflow of mature and experienced students would reinforce the quest to maintain high quality in teaching: they will not accept second best; and their accession into the ranks of chiropractors can only improve the reputation of the profession.

Which brought our conversation onto the issue of chiropractic career paths post-qualification.

Encouraging clinicians to become academics and researchers is vital if the schools are to grow and the evidence base to remain competitive. Yet it is something of an underdeveloped territory. As indeed is the absence of an academically recognised postgraduate advanced practitioner licence or specialism in the profession. Both need attention if chiropractic is to fulfil its potential as a mature profession. This requires offering courses to enable clinicians to develop academic teaching competence and/or to enter the fierce world of academic research. Perhaps because the profession in the UK has developed outside the National Health Service and the teaching hospitals, with their strong public service ethic and close day-by-day contact with teaching and research, there is a cultural barrier in all these areas.

Nor is Lesley a believer that a university can be an elite island in the landscape. The AECC University College clinic is well established in the local area and is known well beyond Bournemouth for innovation in, for example, imaging. However, in the pursuit of encouraging chiropractors to become engaged with all local communities, Lesley has the aim of building strong relationships with those in most need of help in integrating with more established groups. There is a significant refugee population nearby for which the College can offer a safe space as well as appropriate care. It is a living example of Lesley's belief that the chiropractor must be seen to be authentic, living the values that underpin the profession in their wider lives.

People

60-second interview

BACKspace interviews figures from the world of chiropractic



Mark Langweiler

Principal Lead – Chiropractic London South Bank University

What is your career history?

I came to chiropractic following careers in music, science and technical publishing. I graduated from Cleveland Chiropractic College, Kansas City, MO. USA in 1988.

What attracted you to chiropractic?

Like many, I was attracted to chiropractic following an auto accident. A local chiropractor (local in New Jersey!) was recommended for my neck and shoulder pain. I was quite impressed, so much so that a year later I was enrolled.

I have post-doctoral training in pain management; that remains an interest. I also have an interest in performing arts injuries, especially musicians. Needless to say, chiropractic pedagogy is of primary importance. I seem to be moving towards medical humanities lately, that is where my reading and writing are. I am currently looking at the cultural context of health and healing.

What is your most memorable professional moment?

Trying to come up with a single memorable moment is difficult. My career path is rather unusual for a chiropractor. Aside from practising in four countries, I was also the Director of Medicine at an oncology clinic in the States. I left that in 2008 to teach full-time.

What are your ambitions for the LSBU course?

The programme at LSBU is a real opportunity to encourage the further development of the chiropractic profession. Being based in one of the most cosmopolitan cities in the world can only help with the spread. I can see the Integrated Masters becoming a world-class programme. You don't think that's too ambitious, do you?

Contact

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WIOC ECU Award 2019

Laura Devenney has received this year's ECU award for Chiropractic Graduate of the Year at the Welsh Institute of Chiropractic (WIOC).

I ALWAYS KNEW I wanted to have a career that could help either humans or animals, but I had mixed feelings for many years as to which profession I would enjoy the most. I had considered a different course at university, but I quickly changed my choice after watching a chiropractor treat my horse.

Following my horse's chiropractic appointment, I booked myself in for a consultation and treatment with the same chiropractor, as I had ongoing musculoskeletal complaints, which had not been resolved with various other types of care. Chiropractic exceeded my expectations. I felt great relief and could identify the positive effect it had on my horse and his performance. I quickly fell in love with the profession and knew it was the right path for me, and even better, I could help both humans and animals by providing conservative care.

Although I never expected it, I feel very privileged to receive this award. My priority is always to ensure my patients receive the thorough care they deserve and through this, I established an excellent rapport and results with my patients in my clinical year.

I believe the future of chiropractic lies within further development of integrated care, involving various health care professionals co-managing patients to achieve the desired outcome. This will demonstrate how our profession can be very beneficial in relieving stress upon the NHS and will lead to further recognition of the high skillset that we hold.



Sven Knippahls

Vice-president of the German Chiropractors' Association

What is your career history?

I started sprinting at 16 years running 100m in 12.31 seconds, which is pretty slow. In 2007, when I started studying chiropractic, I ran 10.73, which qualified me for my first German Championships. In 2011, I qualified for my first World Championships after sprinting 10.23. I was 'only' substitute for the 4x100m but in 2012 I was able to compete at my first international championships in Helsinki, missing the 200m final by 1.5/100 of a second. And again, I was substitute for the 4x100m relay at the London Olympics.

From 2013 till 2016 I was part of the German relay team, lowering my 100m personal best to 10.13 (9th in the German all-time list) and winning one silver and one bronze at the European Championships in 2014 and 2016. We were 4th twice, at the World Championships in 2013 and 2015. Being substitute at the 2012 Olympics I was very keen on making the team for Rio, where we missed the final by 7/100 of a second and came in 9th.

The most special moment in sport was my 100m heat at the world championships in Beijing 2015, where I missed out on qualifying for the semis but ran, from my point of view, the best race of my life, in front of 80,000 spectators in a floodlit 'birdsnest'.

I ended my sprinting career in 2018.

I studied at the Anglo European College of Chiropractic and graduated with a Master of Chiropractic with Merit in 2013. It was such a special time of my life, and I can easily recommend studying at the AECC to anybody. The depth of education I got exposed to still helps me in a lot of fields even outside of the profession. In terms of continuing professional education, I am more of an autodidact as I have a poor concentration span and am more an auditory learner. I've attended about 20 seminars in different fields (SOT, CCEEP, extremity adjusting, Gonstead etc). At the moment I'm learning a lot about training, sports performance, injury prevention and functional nutrition to better help the athletes I take care of.

What attracted you to chiropractic?

I was treated by Alex Steinbrenner, a chiropractor from my home town, and I really thought he understood the human body better than anyone I knew, so I thought, as an athlete I would like to understand how the body works. That brought me to the Idea of studying chiropractic.

What is your most memorable professional moment?

I treated an autistic child for headaches - he was banging his head on the wall and told his parents that he didn't want to live any more due to his pain. After three treatments he only had mild episodes, which did not bother him much.

What are your ambitions for the Association?

My main goal is to optimise the relationship between the members and the boards. Furthermore, I want to assist the president in the daily business, so he can focus more on other more important things.

Contact

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People



Tom Mullarkey MBE
CEO of British Chiropractic Association

What is your career history?

I started out as an Army officer, after a management degree, and served in the UK, Germany and Northern Ireland. I was lucky to be selected as the British Exchange Officer to the Canadian Artillery and to the Indian Staff College, two fabulous family postings. I then spent two years as the strategic advisor to the Deputy Chief of Defence Staff before my last posting to Rwanda, just after the genocide. On leaving the Army, I worked in the City of London for 15 months and then went to Manchester to put together the Commonwealth Games Project, which paved the way for our successful Olympic Bid for 2012. In 2002, I became CEO of the National Security Inspectorate, repositioning the previously disparaged security industry to favour the customer/consumer and after four years there moved to the safety industry, where I ran the Royal Society for the Prevention of Accidents (RoSPA) for 11 years. Once again, the challenge was to adjust the position of safety (much maligned 'health and safety') to show the value which accident prevention can bring to reducing mortality and morbidity to millions of people worldwide, also relieving the pressure on domestic health services.

What attracted you to chiropractic?

The BCA role interested me because I really enjoy helping to maximise the impact of sectors which have yet to achieve their full potential and gain the respect they deserve from wider society. I see the chiropractic profession as one which is not sufficiently understood and appreciated and yet which can help to alleviate enormous pain and misery whilst again reducing pressure on the health care system. There is a natural crossover between MSK prevention (RoSPA is big in safe people handling in the NHS for example) and first-line treatment and I think I understand more than most how to 'join the dots'.

I like to think big and long-term and I've made my career on working through strategic options in sufficient detail to be able to foresee the inevitable and sometimes intractable obstacles and how they can be overcome or avoided. I've become much more interested in epidemiology in recent years and I'm hoping to get to grips with the chiropractic evidence base as I embark on this new chapter in my career. Once the arguments are reduced to incontrovertible facts, they become irresistible.

What is your most memorable professional moment?

In Rwanda, I wrote and developed the post-genocide restoration plan for the country and was privileged to be given responsibility for its delivery personally by the UN Secretary General, Dr Boutros-Boutros Ghali. This was the most exhilarating, demanding and rewarding period of my professional life.

What are your ambitions for the Association?

The BCA is a proud leader for the profession and a champion for chiropractors, whichever affiliations they may have, and because we are such a significant player in Europe, that influence reaches internationally. I'd like to see us secure the alignment of the profession around the core common ideas and interests which embrace all, but which also provide a clear picture to the outside world, of the clinical value of the profession. The heart of any profession is the people who practise within it and as their principal representative and ambassador in the UK, I foresee the BCA's voice becoming crisper and more accessible, which will benefit everyone, in Europe and the wider world.

Contact

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Happy 30th issue!

*This is the 30th edition of **BACKspace** since it became a professionally edited, designed and printed magazine in March 2005. **Manya McMahon** has edited all 30 issues, working alongside no fewer than four ECU executive editors – Anne Kemp, Sue Hymns, Richard Brown and Ian Beesley.*

MY JOB as editor of **BACKspace** involves helping the ECU's executive editor with planning each edition, writing articles and reworking, trimming and correcting the language and grammar (where necessary) in those written by others, collating and co-ordinating copy, photos and advertisements and working with designer Louise Wood to prepare a magazine where everything fits, ready for print and distribution. Louise has taken **BACKspace** through three redesigns since we began (as well as getting married and having two children!) and we work very well together. Efficiency of production has certainly improved over the years – I used to have to mark up corrections on paper proofs with a red pen. Now it's all done on screen, with pdfs and digital 'sticky notes'!

Looking back over copies from the early days, the most noticeable change has been in the quality and quantity of the photos we include, and I think that there are two main reasons for this. The first is that Øistein Holm Haagensen has, it seems, made a second career out of supplying us with stunningly high-quality photographic records of ECU Conventions – he does a fantastic job. The second is that the quality of mobile phone cameras has improved massively in recent years, meaning that we can use many photos that in the past we would have had to reject for being too low in resolution. You only have to see the amazing photos on pages 10/11 and 30 of this issue to see what I mean!

You would not be wrong to deduce from this that I see less change in the material itself. While there is a definite and positive move towards more feature articles and opinion pieces these days (news tends to be released on the ECU App) our early issues covered themes that are still very much alive today – chiropractic education, consultations on chiropractic identity, treating the scourge of low-back pain...

Is there one thing I'd say to the profession from this privileged position as an outsider, inside?

Before I worked for the ECU, I spent nearly eight years as a communications consultant for the BCA, and edited *Contact* magazine. Then, as now, there were constant discussions about identity, and about clarifying the differences between chiropractors and other MSK specialists. The joke that was trending for a while was: "Chiropractors and osteopaths are like crocodiles and alligators. Everyone knows that they're different, but no-one knows how." Nowadays, there are still differences, and, sadly, they are often between chiropractors with apparently opposing ideologies.

I believe it's time to get that identity question answered for once and for all (see page 26), so that chiropractors can get on with the honourable and enormous task of improving people's lives.



*The channels of ECU communication continue to develop, now encompassing the ECU App, **BACKspace** in print and electronic versions, the ECU website and convention website and a variety of social media:*

- The President's Facebook @EcuPres VasGkolfinopoulos
- ECU Facebook @EuropeanChiropractorsUnion
- ECU Conventions Facebook @ecuconventions
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People

Finding inner peace at 300 km/h

Christian Domittner is president of the Austrian Chiropractic Association. And he has a secret. He races motorbikes, riding a Ducati Panigale V4S. Here he reflects on why he has adopted this dangerous sport.

I SUPPOSE THAT I could be called an adrenaline junkie. In my younger days, my thrill and challenge was martial arts; I am 1st Dan Black Belt in Tae Kwon Do. I was twice Austrian champion of Kickboxing at 63 kg and a member of the Austrian ITF Tae Kwon Do National Team, also at 63 kg.

In my 40s I practised Iaido, the art of Japanese sword fighting, for 10 years and I am 1st Dan in Muso Shinen Ryo. I practise once a week with a real and sharp Katana made in Japan. And I ride my XDiavelS with my sword on my back to training and home – combining two hobbies.

Now that I am 52 years old, I am still looking for ways to challenge myself and still seeking the thrill and adrenaline in dangerous competitive sport. I am not made for sitting on the couch, so I chose something that is age appropriate. I race my Ducati Panigale V4S with 212 horsepower and 310 km/h top speed on the track.

For me, MotoGP is the most exciting sport to watch and racing motorcycles myself is the most exciting sport I can do. It is not only exhilarating and breathtaking, it gives me inner peace and a feeling of accomplishment and satisfaction. It also regenerates my life battery and I ride with a big smile on my face.

I would have chosen this sport 30 years ago but I could not even afford the tyres you need for racing. Thanks to chiropractic, I now can afford this sport. It is funny how many men over 50 are on the race track. It is one of the few sports in which you can compete on equal terms against younger men.

It is not just the feeling of going 300 km/h on the straight, but mainly that incredible moment

and feeling, when you are on the perfect line, braking just right into the curve, the front of the bike drops down and then you release the brake... in the same moment you accelerate out of the curve and it is like a slingshot – you are moving towards the next curve, standing on your toes steering the bike under you by moving your body from one side to the other.

Once you have control over your bike, you can corner the curve at a 50-55 degree angle, cut through like a scalpel and pass between two slower riders, accelerating out of the curve without any stress – what an indescribable thrill.

Yes, it is dangerous and you are stupid if you are not afraid of destroying your bike or your body. And sure, there are moments of apocalypse, as I call them. The moment when you feel you are going too fast and you are not going to make the next turn and you take a dive. You drive 210 km/h towards the brow of a slope and you do not see what is behind it – a right curve, and the moment you reach the top you have to brake down to 90 km/h to make the corner.

But you face your fear until you are not afraid any more.

The good thing is that we have the Dainese D-Air Suit that protects the body from severe injuries. And usually it goes so quickly that you are a passenger and there is not a lot you can do. I did have a highsider (accident)

in Brünn in a left curve at 120 km/h. There was a bump in the road that World Champion Rossi has a name for. I know it now too. There was nothing I could do, just hold on to the bike, so it slides and doesn't tumble and let go once we hit the ground. The air bag in the suit opens and you relax and let it happen.

Without that suit, I would have had broken shoulders and clavicles. With D-Air, I was sliding and tumbling, jumped up and got my bike up. The bike had €650 of damage and I was able to keep riding another day. The helmet was replaced for €1,250 and the suit repaired for €650. €4500

of equipment saves your life, and your body is well protected.

Crossing the street or riding a bicycle without a helmet is more dangerous than riding on the race track.



People

Fragmentation hinders development of the profession

Jan Geert Wagenaar, the ECU Vice-President, introduces himself

I'M 50-YEARS-OLD, married to Astrid with two sons and one daughter. I graduated in 1999 from the then Anglo European College of Chiropractic. Since 2001 I have been working in my private practice in Deventer, the Netherlands, together with my colleague Ailsa van Poecke-Barrett. Through my background in sports I am involved with local sport teams and events such as the Dakar Rally. Sports chiropractic has proved to be a wonderfully effective way of giving chiropractic a podium.



From an early age I had an interest in sports, football in particular. During my active years as a professional footballer, I incurred a back injury. Despite several visits to the team's sports physician, the physio and the manual therapist, it was two visits with my mother's chiropractor that got me fit, fully recovered and on my way to chiropractic college.

During most of my working life of 20 years I have been, on and off, closely involved in chiropractic politics. I served my time in college as Student Union president, in the Netherlands as president of the NCA and now in Europe as vice-president for the ECU. In 2004, a few years after graduating from the AECC, I wrote a strategic document for a university-based chiropractic education in the Netherlands. With this document we visited many universities and governmental agencies and I quickly came to an understanding that lawyers and policymakers are not interested in just a good story and the wonders of our profession. We must make them realise that back pain causes high costs and a great pressure on society. It's up to us, the politicians, to present this evidence and show them how chiropractic can play a positive role.

Between 2008 and 2014 I was the president of the Dutch Chiropractic Association. We still have two associations in the Netherlands, and I am still disappointed that we have not been able to unify our profession. This has often been an obstacle during our talks with government and for this reason I firmly believe in the benefits of unity in our profession. However, unification should never be at the expense of quality. The quality should always be number one in order for the profession to survive and thrive! By keeping educational and professional standards high, in the Netherlands we have been able to influence and overturn a government decision in 2013 on VAT, creating a financial and legal equality with other 'regulated' health professions. This later served as an example for other European countries.

The ECU is a platform for 23 member states in Europe. Some countries are strong, well regulated and well organised, whereas other countries are smaller and still searching for recognition from public and politics. The ECU member states collectively discuss, plan and execute the future of the profession in Europe and support other individual member states in their goals and developments for the future. It would therefore be such a good thing if important countries as France and Portugal would commit to the ECU and by doing so unify the chiropractic profession in Europe.



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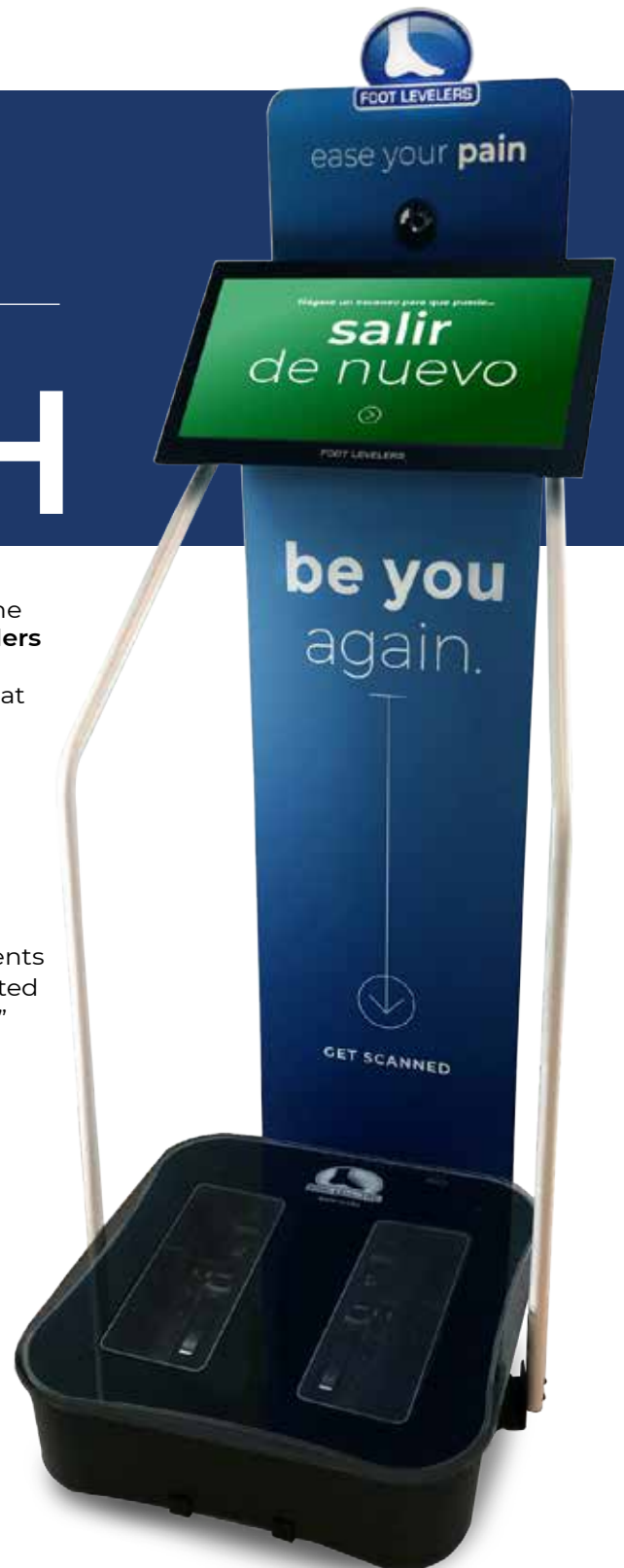


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