BACKspace
Newsletter of the European Chiropractors' Union
EUROPEAN CHIROPRACTORS UNION
September 2010
Volume 6 Number 2

ECU introduces a new president

General Council meeting: left to right Franz Schmid, Sue Hymns, Chris Mikus, Barry Lewis, Vasileios Gkolfinopoulos, Øystein Ogre

AFTER SIX years as ECU president, Philippe Druart has stepped down and has been replaced by Øystein Ogre, who has been president of the Norwegian Chiropractors´ Association for eight years. Øystein was proposed by several ECU members and has been on the General Council for a number of years. In accepting the office, he paid tribute to Philippe Druart for his years of service and invited him to complete his current projects with CEN and within the European Parliament.

In his opening address to the General Council, Øystein Ogre said that he wants to communicate better with the members of the ECU: "There is a lot of good work being done in the field of chiropractic around Europe. This needs to be communicated to all our members in the ECU and everyone else who is involved with our profession. Many of our field doctors deserve more attention. The same goes for our educationalists, our researchers, our sports chiropractors and our chiropractic politicians. My intention is to keep our members updated on many of the great things that are happening on the European chiropractic scene. This will be done by using new social media like Facebook, Twitter and a president´s blog on the ECU website. I want full transparency in all parts of the ECU. In this way we will build trust in the organisation and interest in the work we are doing."

The ECU also has a new treasurer, Vasileios Gkolfinopoulos. Following his successful nomination, Vasileios said: "I will do my best to ensure that our finances are dealt in a manner that is understandable by each and every member. I will build on the work done by my predecessors to make the financial future of our association secure and reasonable for those paying the fees. The 'economic crisis' that the world, and specifically Europe, is experiencing demands that we revisit our usual ways of doing things and adopt ones that will guarantee our long term ability to represent and support the profession across Europe."

Franz Schmid was re-elected as second vice-president, Barry Lewis continues in office as first vice-president and Christopher Mikus as secretary.

In *BACKspace*:

New ECU office - see page 4

Previous issues of *BACKspace* are available from the ECU office. See page 6 for contact details.

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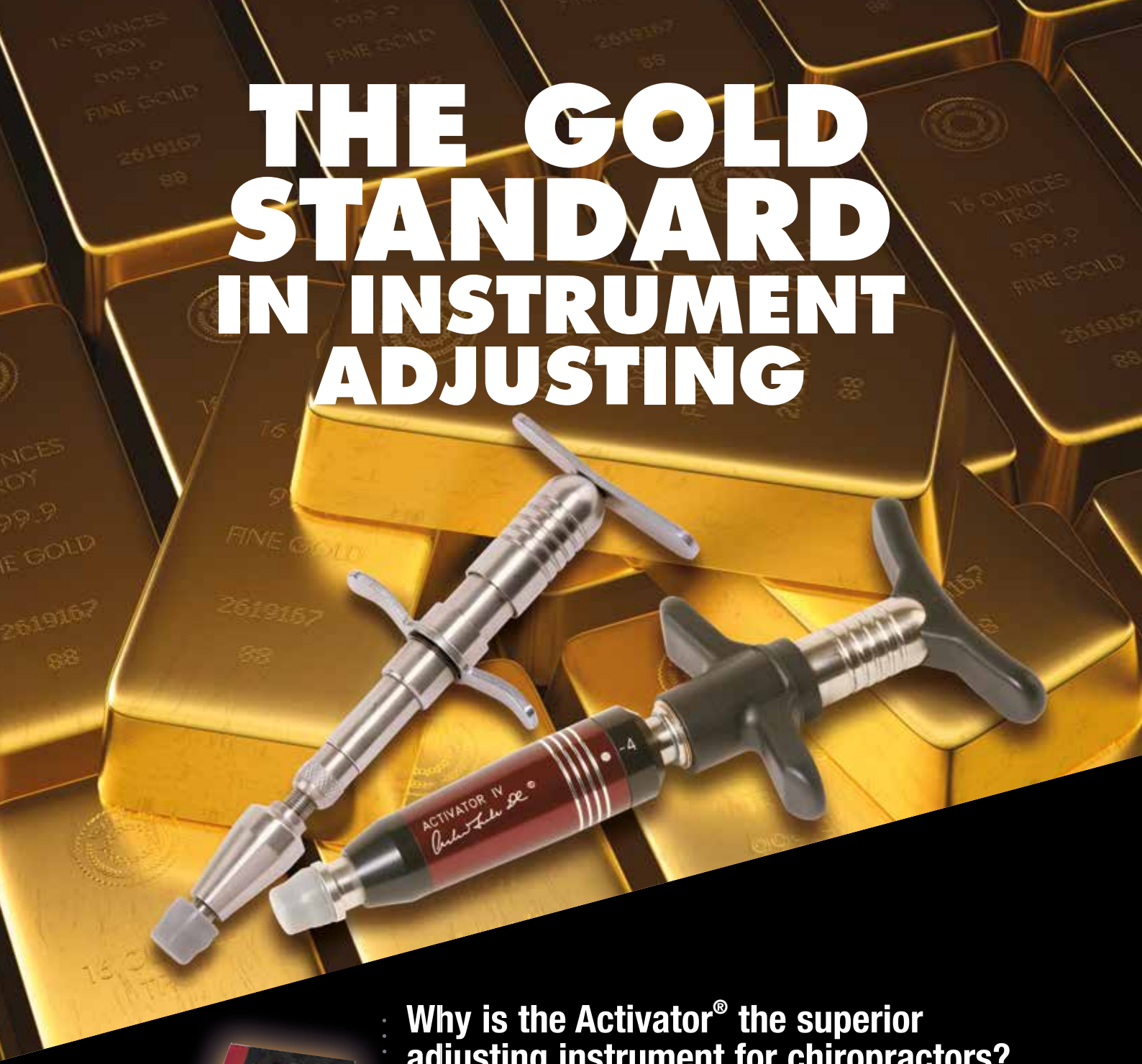

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President's report

Sharing a vision. Investing in chiropractic?

IF YOU were a farmer, you would know that you have to ferment the soil, sow and plant in the springtime in order to harvest the crop a few months later. Would it be possible to use the same kind of thinking about chiropractic? That is: you invest in the profession in order to make it grow, and later you harvest. We have seen this in several European countries. As a profession, we have invested in chiropractic by building new teaching institutions. We have invested in research; our national associations and every one of us have invested in our private practices. This has been necessary for the profession to grow.

Some countries in Europe have experienced enormous progress during the last two decades when it comes to legislation and public acceptance. This is fantastic and gives us every reason to be optimistic about the future. There is a close relationship between what is being invested in the profession and the outcome. ECU did a survey not long ago which showed that the national associations with the higher membership dues were able to invest more and had the best laws and regulations for practising chiropractic. The national associations that were reluctant to invest in their own profession had gained little or nothing in this area. Sufficient membership dues give the association means to get better organised and use professional help when needed. In a process where the profession moves forward towards legislation, we will need expert help from lawyers, politicians and the health bureaucracy and that costs money. Supporting your national association and paying your membership dues is investing into your own profession and a necessity if we want to harvest in the future.

Supporting pillars: education, research and organisation

We have good reasons to be very proud of our chiropractic institutions in Europe. They are accredited by the European Council on Chiropractic Education which gives us the security that they uphold the high standard which the profession requires. The ECU policy will be to get the chiropractic programmes into the universities or seek university affiliation if possible. This is, however, not possible in all countries in Europe today, but this is something we want to work continuously towards. Lately we have seen more chiropractic programmes established. As a result, we now have schools in Madrid, Barcelona, Zürich and Toulouse. These are most welcomed. If we want our profession to grow and expand, we need to see even more around Europe.

Recruitment

Recruitment to the profession is essential. There are quite a few countries in Europe that have no knowledge of chiropractic, where there are no chiropractors or only a handful practising. This is especially true when it comes to former eastern European countries. In my eyes, the only way we can expand the profession in these areas is to establish chiropractic programmes in the universities. This is something that the ECU will look into, and investigate the possibilities for this to take place.

Research

Research is another supporting pillar of the chiropractic profession. The amount of research that is being done by the profession is in many ways a reflection of how healthy the profession is. Research is important for the development of the profession, for reputation and recognition, for interaction with other health professions and for public relations. The ECU made an important and significant decision at the last meeting at the ECU Convention in London, when it contributed €50,000 to an international research school for chiropractors at the University of Stavanger in Norway.

Chiropractors will now have the opportunity to enter the world of research. This is an arena that has not been well accessible for the profession. For some participants at the research school, this will be the first step towards a PhD. For others, it will be a step-up into research and deeper insight into research methodology. I hope many of you will take this opportunity to apply for entry to this programme. The ECU has made it financially secure, and it will also sponsor the participants' admission fees. You will find more information about the research school and how to apply for entry on page 16.

In many ways, chiropractic has been a success story. We have all the reasons in the world to be proud of what we have achieved. However, I strongly believe that if we want this success story to continue, we need good leadership at all levels. As newly elected president of the ECU I am humble to the fact that good leadership can make a difference. The European Chiropractors' Union has the potential of playing a major role in the development of this profession, and I am determined to see that happen. Please join me in this effort.

Best wishes

Øystein Ogre
ECU President

BACKspace

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ECU news

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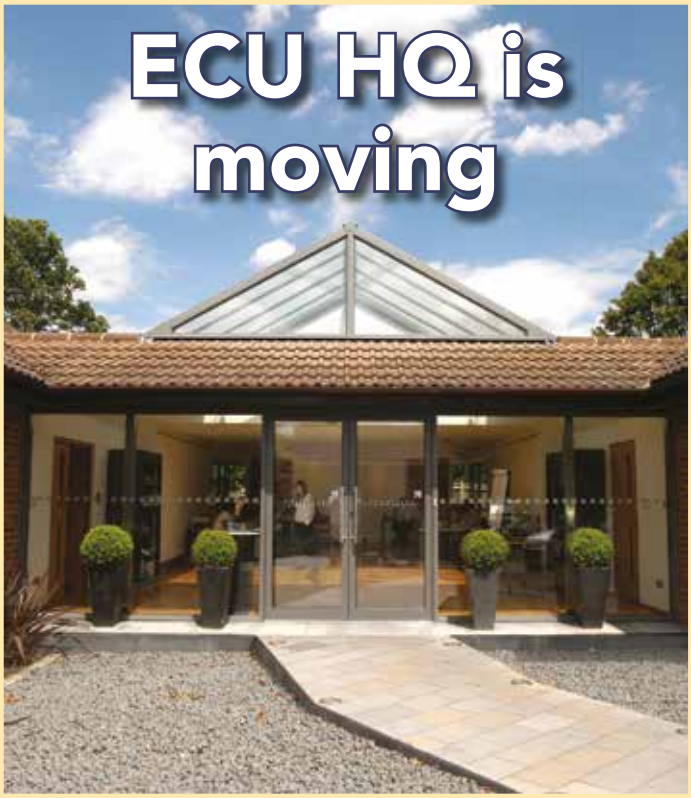

THE ECU administration has recently moved to a new, larger office just two kilometres from the previous one and slightly closer to Heathrow airport.

The larger office will allow the ECU to accommodate a few extra people as we develop the team in preparation for bringing as much of the administration as possible under one roof. This will, in turn deliver a smart, professional and cohesive system.

Not only is the new office in a very attractive, modern building but we have managed to secure the lease for very little extra cost. It is large enough not only to grow the team, but also to hold a small meeting there should the need arise, which will save the cost of hiring a meeting room.

The new address and contact details are shown on page 6.

ECU funds 2010 WCCS delegation

THE ECU has made a donation towards the cost of sending delegates to the 2010 World Congress of Chiropractic Students which will be held in Dallas, Texas from 16 to 23 September.

The donation of £750 was made to the Anglo-European College of Chiropractic, which will send between five and eight students, and the Welsh Institute of Chiropractic which will be sending four.

Further donations to help cover the costs of this visit would be greatly appreciated by the Student Unions.

We look forward to publishing reports from both groups of delegates, about their experiences at the Congress, in the next issue of *BACKspace*.

Zürich to host 2011 ECU convention

THE SWISS Chiropractic Association will host the 2011 ECU convention in Zürich from June 2-4.

Zürich is best-known for being one of the biggest financial centres in the world, and a centre for cutting-edge research and development. Consistently placed among the top three cities in the world in quality of life surveys, Zürich is the chosen base for many of the world's largest multinational corporations engaged in both business and top technical and medical research. It is therefore a very fitting location to address the theme of next year's convention: *Is your patient getting better?*

Although we as chiropractors know from experience that the vast majority of our patients do get better, next year's convention will look at unbiased ways of measuring and demonstrating the effectiveness of chiropractic treatment for various conditions and injuries. Clear measures of patient improvement help patients to see their progress over time and helps doctors develop better treatment plans. This is a very relevant topic throughout Europe and the rest of the world currently, as the economic climate has forced individuals, insurance companies and governments to embrace health care services seen as cost-effective, while cutting back on facilities and services whose effectiveness and value has not been clearly demonstrated.

All the lectures and many of the meals will take place within the Zürich Swissotel, where a reduced room price has been negotiated for advanced bookings. Although reasonably priced, Swissotel is one of the largest and most well-known in all of Switzerland, and offers all the luxuries you might expect from a first-class hotel. For those with more time or desiring a larger taste of the Swiss culture and atmosphere than the official *Swiss Night* can offer, there will be a wide range of activities available, catering for a wide variety of interests. With experts from all over the world hosting a great academic programme (see page 5) and so much to see in the surrounding city and countryside, 2011's European Chiropractic Union convention in Zürich promises to be an enlightening and memorable experience for all who attend.

Financial assistance to BCA

THE ECU recently approved an assistance grant to the BCA of €115,000, during the General Council meeting in London on 12 May 2010.

This grant followed a proposal by the Executive Council to provide financial assistance in respect of the recent legal action against Simon Singh. BCA president Richard Brown said: "While the costs of the affair have not yet been finalised, the BCA is most grateful for this grant and thanks the ECU for its support."

Mission statement

The European Chiropractors' Union (ECU) is an organisation representing and promoting chiropractic, and its education, as a distinct unified profession offering a forum and support to its members and aspiring to establish harmonised legislation throughout Europe.

ECU news

Is your patient getting better?

***Vassilis Maltezopoulos**, academic organiser, introduces the academic programme for the 2011 ECU Convention*

ECU CONVENTIONS have managed in recent years to maintain a high level of scientific content. Next year in Zurich, we will try to meet high expectations and at the same time increase the quality and quantity of original research papers presented, as well as the interactive character of lectures and workshops.

The title of the 2011 ECU convention has a question we all ask ourselves in everyday practice: *Is the patient getting better?* Most of the time, patients under chiropractic care get better, but how do we know? How can we be sure? How can we demonstrate improvement in an unbiased way, ruling out the law of chance? How do the other health care disciplines perceive our achievements? Has research come up with well defined patient sub-groups that benefit more from chiropractic care? Have the majority of field chiropractors in Europe been applying quality outcome measures or predictive indicators? Do they apply adequately any safety measures? What is the value of CPD conferences and seminars in shaping a responsible model of practice?

These are all questions that will be raised and hopefully answered during the convention in Zurich, together with the presentation of some very interesting clinical topics, round table debates and original research papers.

Keynote speakers like professors Alan Breen, Jenni Bolton, and Charlotte Leboeuf-Yde will be there to share their understanding of how things are going and to 'shake' the audience with the realities of up-to-date chiropractic practice. In addition, speakers on clinical topics, including Edward Rothman, Kim Humphries, George Rix, Bernard Masters, Cynthia Peterson, Timothy Mick, James Brandt, Michelle Wessely, Sidney Rubinstein, Daniel Muehlemann, Rosemary Oman, Rolf Nussbaumer and many more, will put together both interesting and provocative lectures and workshops.

The clinical topics that will be presented include:

- Asking the right questions in patient outcomes
- Correlating clinical and advanced imaging findings for optimal patient care
- Implementing outcome measures in everyday practice
- Validity and specificity of orthopaedic tests - common diagnostic mistakes
- Chiropractic management of foot and ankle problems
- The TMJ revisited
- Differential diagnosis and management of vertigo
- Chiropractic pre-natal care

Finally, for the first time next year, the newly formed EAC specialist colleges will run their annual master class seminars during the convention, open to their members or to chiropractors interested in becoming members or fellows.

For more details, please visit the convention website (**www.ecuconvention.org** or **www.ecunion.eu**)

Hope to see you all there.

Vassilis Maltezopoulos DC, MD, FFEAC
ECU Convention Academic Organiser

Call for Papers

THE EUROPEAN Academy of Chiropractic (EAC) and the Organising Committee invites original research papers from interested individuals and research institutions for presentation during the above convention.

Accepted papers will be divided into

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

Deadline for submissions: 1 March 2011

Papers should be submitted electronically to:
Beth Anastassiades
ECU Convention Secretary
beth@ecunion.eu

Guidelines for submissions:

- Submitted abstracts should include title, author(s), introduction, methods, results, discussion and conclusion.
- The length of the abstracts should be 500 words plus references.
- Authors should be mentioned with their degrees and institution/work situation, specifying the presenting author with his contact details.
- Only one presenting author for each paper will be allowed. The presenter must be one of the authors.
- Each prospective presenter may submit and present a maximum of two papers, but can be mentioned as co-author of other papers.
- Scheduling of all presentations will be determined by the convention organiser to ensure best fit within the overall programme.
- All papers will be blind-reviewed by two reviewers.
- Accepted papers will be included in the Convention Proceedings, available at the time of the convention.
- Posters sized 120 x 90 cm (height/width) should be prepared and provided by the authors to the convention secretariat the day before the convention.
- Keeping in line with the ECU convention policy, fee, honorarium or expense payment will not be provided for the presenters.
- Presenters of accepted papers will have to register for the convention. This will be at a reduced registration fee: 1st year graduate fee.
- All accepted papers which display all results at the time of submission of the abstract are eligible for the **Jean Robert Research Prize**, judged by a convention research committee appointed by the ECU Research Council, in the following categories:
  Best Clinical/Practice Based Research Paper €2000
  Best Experimental Research Paper €1000
  Best New Researcher's Paper €500
- Winning one of the research prizes is not automatically linked to publication in a peer-reviewed journal.

For further information please contact:
Vassilis Maltezopoulos DC, MD, FFEAC
ECU Convention Academic Organiser **vmalt@otenet.gr**

ECU news

Ken Vall receives ECU Award 2010

THE PRESTIGIOUS ECU Award was granted to Dr Kenneth Vall during the Gala Dinner at this year's ECU Convention in London. The award is decided upon by an Awards Committee and their choice of Ken as the recipient was unanimous.

He graduated from AECC in 1974 which at that stage was at its old premises in Cavendish Road (he was a classmate of Charlotte Leboeuf-Yde). After graduation he worked for several years together with Anglo-Swedish chiropractor Harry Holm in southern England.

He then moved to Sweden and established a practice of his own in Brahegatan in Stockholm. He became active in the Swedish Chiropractic Association as a member of the Board. In the early

1980s he moved back to the Bournemouth area and worked for an English chiropractor for a couple of years before becoming employed at the AECC as a clinic tutor and establishing his own successful practice in Ferndown.

In 1997 Kenneth was elected chairman of the Board of Governors at AECC. After some years in this position, he stepped down to become AECC vice-principal.

During his time as vice-principal he gained further qualifications with a Masters in Education, which made him well-qualified to apply for principal of AECC when the post became vacant a few years ago.

Among his achievements at AECC there are two that truly stand out as having had a great influence on the recruitment of future chiropractors at AECC. These are the attaining of public funding of student fees at AECC and the building of the new clinic on the premises which had its grand opening in April 2009.

Kenneth's well-deserved ECU Award was presented to him by Barry Lewis, first vice-president of ECU, to a standing ovation by those present at the Gala Dinner.

EU Expert Panels

Chiropractors are invited to apply for positions on EU Expert Panels – see http://ec.europa.eu/eahc/phea_ami/ for more information or contact Baiju Khanchandani, DC, ICSSD, FAFN at chiropratico@hotmail.com

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ECU Public Health Committee

THE ECU is elaborating a plan to promote chiropractic where it counts in the European Union institutions. It is looking for dynamic and intelligent people who live or work within a short travelling distance from Brussels to work on its projects.

The work will entail evaluating opportunities, formulating replies to EU consultations and surveys, sometimes attending events in Brussels (and perhaps Strasbourg) such as seminars, congresses or working party meetings, and probably much more. The work will also be largely tedious, unappreciated, unpaid, but extremely important.

It's not quite like winning the lottery, but being selected to work on these ECU projects will be your contribution towards making chiropractic a mainstream profession, recognised and available to citizens across Europe.

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FOOT LEVELERS

Convention

London 2010

For three days in May, the London Hilton Metropole Hotel was home to the largest gathering of international chiropractors seen in the UK for some time. The ECU Convention, hosted by the British Chiropractic Association, has been hailed as a great success, creating the foundation for optimism and enthusiasm for chiropractic in the decade ahead. Below, the BCA gives a summary of proceedings.

FOR A change, the British weather came up with three glorious days of sunshine to coincide with the convention, meaning that our chiropractic visitors and other guests, many of them coming to the UK for the first time, could really enjoy the capital at its best. The conference hotel, the London Hilton Metropole, proved to be an excellent base for the events; centrally located near public transport links and with excellent conferencing and meeting facilities to meet the varied needs of the convention and the other associated meetings and events taking place.

Coinciding with the close of the Bone and Joint Decade, the convention sought to reflect on the progress of the profession, celebrate what has been achieved and look towards the future. An impressive array of speakers was brought together to present a varied programme over three days, including Scott Haldeman, Allan Terrett, Don Murphy, Karel Lewitt and Rickardo Fujikawa. The leaders of most of the ECU member countries were present, together with key figures from the World Federation of Chiropractic.

Panel discussion during the event

The Convention was a great opportunity for all to meet, interact and learn.

With a focus on research, the programme also included many presentations on research projects, enabling everyone to share in some of the developments taking place across Europe. Wide choices of workshop sessions were available, including technique demonstrations, case study presentations and clinical management seminars. The feedback from most delegates was extremely positive, with attendees feeling there was something for everyone, no matter what their level of experience or clinical interest.

Many UK and overseas delegates chose to take advantage of aspects of the social programme. Both external events, a trip on the London Eye followed by a Thames cruise and fish and chips, and the medieval banquet were extremely popular; nearly 100 people went on the London Eye trip! Quite a few delegates took their families on these evening trips and the weather, thankfully, was extremely generous to them. The gala dinner, which rounded off the whole convention, was extremely well-attended and the entertainment grabbed everyone's imagination; many revellers had never heard of, let alone experienced, a ceilidh before! It was not long before everyone got the idea and the floor was full for each dance.

The gala dinner was also where the official presentations took place.

Professor Jenni Bolton from AECC, who has recently stepped down from her role as president of the European Council on Chiropractic Education (ECCE), was presented with a gift and tribute by Timothy Raven, the new ECCE president.

Dr Kenneth Vall was presented with the ECU award, presented for an outstanding contribution to the chiropractic profession.

First vice-president, Barry Lewis, made a presentation to the outgoing ECU treasurer, Ben Bolsenbrook and then formally presented the new president, Øystein Ogre, to the gathering. Øystein then delivered a heartfelt and rousing speech.

Once all the learning and dancing was over, people prepared to make their way home (volcanic ash permitting!) and all eyes looked towards the next convention, from 2 – 4 June 2011 in Zürich, Switzerland (see page 4).

L-R: Øystein Ogre and Jenni Bolton

Convention

FICS Council Meeting in London

EXECUTIVE COUNCIL members of the International Federation of Sports Chiropractic (FICS) presented regional reports for Africa, Asia, the Eastern Mediterranean, Europe, Latin America, North America and the Pacific at their annual meeting during the ECU Convention. European representatives are FICS president, Dr Roland Noirat of Switzerland and FICS secretary, Alex Steinbrenner of Germany.

There was also a host country report from the British Chiropractic Sports Council's president, Carla How and Tom Greenway, team chiropractor for Chelsea Football Club and the chiropractic representative on the Organising Committee for the London 2012 Olympic Games.

Dr Greenway, who is on the Physical Rehabilitation Work Group for LOCOG, confirmed that chiropractic services will be included in the main polyclinic for both the Olympics and Paralympics in 2012. Detailed preparations are already under way and a team of at least 20 chiropractors will be available for all athletes at both these events.

FICS provides volunteer teams of qualified sports chiropractors for international games. For example, there was a FICS team at the Tug-of-War Indoor World Championships in Italy in February and there will be another at the Tug-of-War Outdoor World Championships in South Africa in October. Many forthcoming events were discussed in London.

For more information on FICS and its programmes visit **www.fics-sport.org**.

Council members (left to right) Gordon Lawson, Canada, Roland Noirat, Switzerland, Carla How, UK, and Marcelo Botelho, Brazil.

Source: FICS

Reflections from the ECU Convention

*ECU Convention Director **Vassilis Maltezopoulos** reflects on a very successful event.*

ORGANISING AN ECU convention is not an easy job any more. It takes at least two years of preparation and it requires a very intense effort from everybody involved. Luckily, the ECU administration team, namely Phylactis Ierides and Beth Anastassiades, were there to make sure everything to the smallest detail was taken care of. They were greatly assisted by the BCA office staff, led by Sue Wakefield, who made all the necessary arrangements. The huge Hilton Metropole, recently renovated, with very big conference rooms and facilities, proved the right choice to hold our convention.

More than 450 delegates from all over Europe, America and Australia came to London to meet up with colleagues and attend one of the biggest academic programmes in recent conventions. It had the greatest variety of clinical topics, case studies, lectures and workshops, truly something for everyone. The general theme was *Chiropractic in the Bone and Joint Decade: Reflections, Achievements and Opportunities*. It celebrated the conclusion of the first Bone and Joint Decade and reflected upon the contribution of chiropractic in the formation of guidelines on the management of low back and neck related syndromes.

Keynote speakers including Scott Haldeman, Alan Breen, Allan Terrett, Don Murphy, Alan Jordan, Scott Middleton and many more were there to share their knowledge and experience of current and emerging issues related to the practice of chiropractic.

Many clinical topics were presented during plenary sessions and discussed in detail in the workshops that followed. For the first time ever, we had six concurrent workshops for delegates to choose from in the afternoons of the three convention days! One of the most interesting lectures came from one of the leading figures of musculoskeletal medicine, professor Karel Lewitt, who came to address the audience and to share his lifetime's experience. Together with him, Pavel Kolar and Alena Kobesova, who lead the Rehabilitation Department at the University Hospital Motol School of Medicine, Charles University in Prague, presented their unique Dynamic Neuromuscular Stabilization (DNS) technique.

There were two workshop sessions devoted to case presentation and discussion and many high quality original research papers were presented. The best three were awarded the Jean Robert research prize (see page 24), worth in total €3,500!

The ECU Convention is also a time where friends and colleagues spend some enjoyable time together. The extensive social programme, that started with a 'flight' on the famous London Eye on the first night and ended with Celtic and other traditional dances during the gala dinner on the last night, served as the best opportunity to meet friends and to make new ones.

The ECU Convention also serves as a venue for many important meetings. This time there were elections and a new ECU president and treasurer were elected (see front page). The European Academy held its academic council meeting too, launching several specialist colleges (see page 23). Soon these colleges will contribute to the academic programme of the convention and, already, from next year they will run their masterclasses together with the ECU convention. FICS held its annual meeting in London, in conjunction to the convention, too (see above). The ECCE was present, as well as the European patient association, ProChiropractic Europe.

Finally, I would like to thank all of you who attended the London convention, because it is through your continuing support that all this is made possible. Our aim is to always improve the quality of what the convention has to offer and to make it as educational and enjoyable as possible. For that reason I would like to encourage you to send me any observations, thoughts or suggestions you may have, in order to take your point of view into account when planning future conventions.

Vassilis Maltezopoulos DC, MD, FFEAC
ECU Convention Director
vmalt@otenet.gr

Convention

WFC/FCLB International Meeting on Regulation

IN TODAY'S world, with chiropractors frequently changing countries or travelling temporarily with sports teams or cultural events or for disaster relief, regulatory issues are international. To address this the World Federation of Chiropractic (WFC) and the US Federation of Chiropractic Licensing Boards (FCLB) held a successful first meeting of regulatory bodies in Montreal in April 2009. Participants asked for a second meeting.

That second meeting was held in London on 15 May at the time of the ECU convention. Titled Mobility Issues and Regulation of the Chiropractic Profession, and attracting over 40 representatives of regulatory bodies and associations, it addressed:

Permanent Relocation – Problems and Barriers to Change. There were speakers from Australia, Canada, Sweden, the UK and the USA. Phillip Donato, chair, Chiropractic Board of Australia described a new format of national regulation of professions in Australia from 1 July – rather than regulation by individual states as in the past.

Peter Dixon, chair, UK General Chiropractic Council described a relatively flexible relocation policy in the UK – foreign-trained chiropractors seeking registration in the UK must have graduated either from a programme accredited by a member of CCEI (eg CCE in the US or the European Council on Chiropractic Education) or a school recognised by government and chiropractic authorities in the country in question. Joe Brimhall, president, CCEI described a more restrictive situation in the US which will be hard to change – many state laws require graduation from a school accredited by CCE in the US and no other accrediting agency.

Temporary Relocation – Sports and Cultural Events. Donna Liewer, executive director FCLB presented a working model for short-term license or registration.

Temporary Relocation – Disaster Relief. Jennifer Lovern, who has developed an ongoing relationship with the International Red Cross after her leadership of the chiropractic relief effort following the earthquake in L'Aquila, Italy in April 2009, introduced Chiropractic Action Team, an NGO working with the International Red Cross to build a delivery system to ensure chiropractic care is available, particularly for emergency workers and volunteers, in disaster situations in the future. A pilot project is being launched in Milan (see page 20).

Teaching non-chiropractors in other countries to adjust. The problems caused by such activity, which is against WFC policy and prejudices DCs working in countries where the profession is not recognised or regulated, were addressed by Janet Ruth Sosna of Singapore, Michael Hafer of Germany and Marcelo Botelho of Brazil.

Next Meeting. The next meeting will be held in Rio de Janeiro, Brazil on Wednesday 6 April, 2011 at the time of the WFC Congress and is being organised by the regulatory bodies themselves. The planning team comprises Phillip Donato, Australia, Peter Waite, Canada, Margaret Coats, UK, Ed Weathersby (IBCE) and Donna Liewer (FCLB) USA, with WFC president, Mike Flynn representing the WFC.

Source: World Federation of Chiropractic

General news

New regional federation for WFC

Immediate past president of the World Federation of Chiropractic (WFC), ***Efstathios (Stathis) Papadopoulos****, announces the formation of the Eastern Mediterranean & Middle East Chiropractic Federation (EMMECF).*

AFTER SEVERAL years of hard work to encourage the formation of National Associations and the organising of a series of five successful annual WFC-Regional meetings (Cyprus 2006, Turkey 2007, Egypt 2008, UAE 2009 and Jordan 2010), sufficient momentum was gained to create the Regional Federation.

The historic meeting for the formation of the EMMECF was held as part of the WFC's 5th Annual Eastern Mediterranean Meeting on 17-18 April 2010, sponsored by the Jordan University of Science and Technology (JUST) and the Canadian Memorial College (CMCC).

The founding Members of EMMECF are Cyprus, Egypt, Lebanon, Libya, Jordan, Palestine, Saudi Arabia, Syria, Turkey and United Arab Emirates.

The rationale for a regional body is that we:

- have strength in unity and numbers
- support development of the profession with legislation, education, public awareness and use of services, reimbursements
- represent chiropractic in the region and internationally, eg CPD/CE, funding support
- defend against attacks and unqualified persons
- promote the profession and National Associations and individual practices through the website.

The EMMECF is modeled on the ECU as the oldest, most successful regional body. The structure is as follows:

Members are the 11 founding countries that were present and unanimously voted to start the organisation and form the General Council. There was an election also of the interim Executive Council.

- President – Dr Efstathios (Stathis) Papadopoulos, DC, FFEAC (Cyprus)
- 1st VP – Dr Mustafa Agaoglou, DC (Turkey)
- 2nd VP – Dr Samer Shebib, MD, DC (Syria)
- Secretary – Dr Reza Jafari, DC (Iran)
- Treasurer – Dr Abdullah Al Harbi, DC (Saudi Arabia)

It was agreed that the next meeting (2011) will be held in Cyprus. Date and venue will be announced later.

Special thanks must be given to the Jordan University of Science and Technology for hosting the meeting and CMCC for its sponsorship. Mr David Chapman-Smith, WFC Secretary General, is to be congratulated for his continued support and dedication to the profession and assistance during the meeting, Dr Phylactis Ierides for his organisational support for the different meetings and Dr Yousef Meshki, the Jordanian-Canadian chiropractor who is acting as WFC consultant with respect to the establishment of a chiropractic educational programme for the Middle East in Jordan. The project is part of a larger WFC project to expand chiropractic education, practice and presence in regions where the profession is not yet well-established.

Finally, I would like to express my gratitude to all my colleagues in the EMME Region for their co-operation, support and foresight for taking this historic step to advance the chiropractic profession in the region.

The seed has been planted, let's all work together to make the chiropractic profession flourish under the banner of the East Mediterranean Middle East Chiropractic Federation.

ProChiropractic Europe (PCE)

President ***Ann-Liss Taarup*** *reports*

PCE HAS now started updating the website **www.prochiropractic.org**. Currently, you can access it in English, German and Danish and we now have a Dutch version – translated by the Dutch Chiropractic Association – other languages are still 'work in progress'. The site had 50,000 hits 2009; 20,000 of them had been there before – which means we have about 30,000 new visits each year.

We are delighted to welcome a new PCE secretary, Ms Maureen Atkinson, who has been the chairman of the British Chiropractic Patient Association (CPA) for many years – and we look forward to our work together. We thank Jenny Ruuskanen for the four years she has been our secretary, and we wish her well in her work for the Finnish Chiropractic Patient Association (FPA).

PCE had its General Assembly in London at the same time as ECU had its convention. This year we had an observer from the Swedish Chiropractors' Secretariat as they are considering reactivating a Chiropractic Patient Association.

Our membership of the European Patient Forum (EPF) has brought us a lot of work. Lots of information to read, many questionnaires to fill out - work done in excellent co-operation with the ECU. We have been invited to three meetings – one in Gothenburg, two in Brussels – but unfortunately the EPF has misunderstood the role of PCE, as being a chiropractic organisation, not a patients' association.

EPF call it misunderstanding – I call it having prejudice against chiropractic – not accepting chiropractic, but liking to keep in touch. Bringing the word 'patient' into our logo/name/domain/brochure etc several more times will be quite expensive. PCE hopes to be amongst the other 42 patient associations in the EPF – and we will try to sort out this 'misunderstanding'. But I doubt we can do it alone.

www. prochiropractic.org
etogalt@mac.com

General news

ENQA evaluation of ECCE

New president of the European Council on Chiropractic Education, ***Tim Raven****, reports on this year's activity.*

NEW PRESIDENT of the European Council on Chiropractic Education, Tim Raven, reports on this year's activity.

The start of 2010 has been an important, albeit hectic period for ECCE. In 2007, the ECCE was successful in its bid for Candidate membership of ENQA, the European Association for Quality Assurance in Higher Education. Typically, members of ENQA are national, higher education accrediting bodies that have large budgets and staffing levels to match. In 2010 the ECCE, with support from the ECU, accredited chiropractic institutions and other stakeholders, applied for full membership of ENQA. Membership of this organisation provides a stamp of quality for the procedures and processes of the ECCE. ECCE has already participated at ENQA seminars and Professor Jennifer Bolton attended a training day for ENQA Evaluation Team members. The ECCE feels that it can make a worthwhile contribution to the field of higher education accreditation through its involvement in ENQA.

ECCE's application for full membership of ENQA culminated with an on-site evaluation visit by ENQA from 26 to 28 April 2010, kindly hosted by the AECC. I take this opportunity to thank Dr Ken Vall, principal of AECC, and his staff for facilitating such an important visit. The ECCE enlisted the help of Mrs Mary Louise Thiel from AECC to assist in the preparation and execution of the evaluation visit and act as an intermediary between the ECCE, ENQA and AECC. Her contribution was invaluable and was duly recognised by the ENQA panel.

Professor Jennifer Bolton was responsible for co-ordinating the writing of our self-evaluation report, a reflective document examining the operations of the ECCE with respect to its documented procedures. The report is available to download from the ECCE website. During the three-day evaluation, ENQA representatives interviewed members of ECCE Executive and working committees, representatives of accredited institutions, past graduates, employers and students. The on-site evaluation was a costly exercise but an expense that the ECCE saw as vital in the context of quality control of its work. No matter what the outcome of the evaluation, the ECCE has already derived benefit from the reflective analysis of its procedures required for the membership application. A final verdict concerning membership will be available after the ENQA board has discussed the Evaluation Panel report at its meeting on 2 September.

The ECCE would like to thank the ECU, accredited institutions, and other stakeholders for the enthusiasm and support demonstrated during the evaluation visit.

In May 2010, ECCE's Commission on Accreditation (CoA) re-accredited the Welsh Institute of Chiropractic, University of Glamorgan for a further five years for its Master of Chiropractic (MChiro) degree programme. The CoA has granted Candidate (for Accredited) Status to McTimoney College of Chiropractic for its four-year integrated Masters in Chiropractic plus Foundation Year programme. Candidate (for Accredited) Status is granted for a five-year period and applies **solely** to the four-year integrated Masters in Chiropractic plus Foundation Year programme. It is anticipated that McTimoney College will apply for Accredited Status for this programme before May 2015.

From 13 to 17 September, ECCE is sending an evaluation team to the University of Johannesburg to review the chiropractic education offered by the Department of Chiropractic. This will be the second South African institution to undergo evaluation by ECCE following Durban University of Technology's successful application for Accreditation in November 2009.

There are many developments within chiropractic education in Europe on the horizon. This will create an increased workload for the ECCE, but fortunately there is an active and enthusiastic team at both Council and Executive level that will handle the challenges that eventuate. I would like to thank my Executive, executive secretary David Burtenshaw, and Council for an enjoyable and exciting start to my tenure as ECCE President and look forward to the time ahead.

Delighted at the news

David Byfield, head of the Welsh Institute of Chiropractic said:

We are very proud of this award and our continued relationship with the ECCE is very important for the university and our students. I would like to thank all the staff involved in this major exercise and a job well done. I would particularly like to thank David Burtenshaw and his accreditation team for their professional approach to the accreditation visit.

Christina Cunliffe, principal of the McTimoney College of Chiropractic commented:

"The academic team at the College was delighted with the news that we have secured candidate status for our new, full time Integrated Masters in Chiropractic programme. Our first cohort of students on this programme has just completed their first year of study and will be looking forward to their second year commencing in September. We are busy recruiting for our new first-year intake at the moment, and hope that the ECCE status will help us attract more students, especially from Europe. It is our intention to apply for full accreditation in June 2013, after our first cohort of students graduate. In the meantime, we are looking for larger premises to support not only this programme but the other undergraduate and postgraduate programmes that we deliver."

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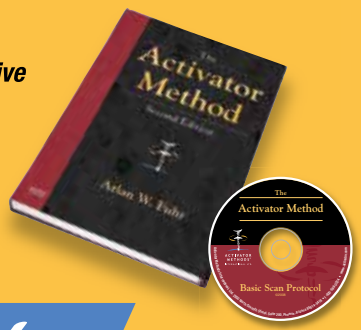

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General news

Graham Heale

*Friend and colleague **Matthew Bennett** pays tribute to Graham Heale DC FCC DChiro, who died in a motorcycle accident on 3 June 2010 aged 57.*

GRAHAM WAS one of the most highly-qualified practising chiropractors in the UK. He graduated from the Anglo-European College of Chiropractic in 1981. He had an inquisitive and critical mind and he recognised that further education would make the most of his skills as a chiropractor. He studied for a Diploma in Biomechanics at Strathclyde University in 1993 and he applied the knowledge in daily practice and in the development of ideas about adjusting.

Graham loved learning. So much so that he did a PhD in it. His thesis *CPD and Practice Change: a Chiropractor's Perspective* is a detailed look at how we learn, how we develop and improve our practice and how we interact with our peers. It took eight years and many late nights to complete, but it equipped him well for his various roles in post-graduate education.

He worked in Luton for all of his nearly 30 years in practice whilst, at the same time, establishing several clinics in nearby towns and in London. He founded an occupational health company, Heales Medical, with his close friend Eamonn Swanton and together they grew the company to a point where it was looking after 180,000 employees across the UK. They also developed various other innovative projects, and Graham had several other jobs too.

There are few people in chiropractic who have held such a wide range of posts and responsibilities at such a high level. At the time of his death he was the Director of Academic Affairs and Chairman of the Court of Electors for the College of Chiropractors, a Fellow of the College and one of the key people in the inception of the College.

He had previously been president of the BCA for the three years leading up to the *Chiropractors' Act* in 1994 and was instrumental, with others, in bringing that about. He had chaired just about every committee on the BCA.

Graham looked forwards rather than to the past and took a pragmatic approach to what could be achieved rather than what should be protected. This was a useful diplomatic skill which he used to great effect as Britain's representative to the WFC and ECU in the early nineties.

Graham was proud of his achievements and of having played a part in moving the profession forward. He was elected a Fellow of the Royal Society of Medicine in 2005. He was most proud, however, of his family. He was married to Lizzie for 35 years and her steady support through college and in his professional life gave him much confidence. He loved and admired her greatly and his children Peter and Corrie were a source of constant glowing pride.

Lothar Nafziger

***Ingrid E White**, immediate past president of the German Chiropractors' Association, remembers Lothar Nafziger, who died last May at the age of 75.*

LOTHAR GRADUATED from National College of Chiropractic in Chicago, Illinois, USA, in 1963, and initailly worked in Switzerland before returning to Germany to open his office in Aachen.

He was a founding member of our association, which was founded, and registered in Bremen in 1980. He served as secretary from 1980 to 1986 and as both vice-president and secretary from 1986 to 1996. Many initiatives, constitutional changes, personal and professional counsel were started and given by him with much professional foresight.

During an ECU-Convention in Avignon, France, on 25 May 1990, the European Council on Chiropractic Education (ECCE) was founded. Lothar was one of the founding members and signed the constitution along with Pierre Gruny, John Naef, Anfinn Kilvaer, Eric Faigaux, and two additional members. He wrote the German language version of the ECCE-constitution and registered the ECCE at court (Registergericht) in Aachen, where the organisation is still registered.

From 1990 till the end of 2000 he served as treasurer and secretary of the ECCE.

During the last few years, Lothar was an honorary member of the German Chiropractors' Association and maintained contact especially with his fellow founding members, his successor in the ECCE, and former fellow association executives.

Since the death of his wife, Christa, last year, Lothar lived alone in Aachen.

We have lost an ever-positive and friendly colleague, who was always ready to assist with good counsel when asked.

Thank you, Lothar.

President's blog

A LOT OF good chiropractic work is being done within our profession, and president Øystein Ogre is telling members about it: "In my new blog I want to make you all aware of the fantastic work of our field doctors, educationalists, researchers, sports chiropractors, chiropractic politicians and much more. I hope this will be source of inspiration to many chiropractors. Follow me at www.ecupresident.org. You can also get updated information about chiropractic in Europe by searching for *ECU President Øystein Ogre* on Facebook."

New alumni association for WIOC

THE WIOC Alumni Association has been created by three final-year students at the Welsh Institute of Chiropractic.

The WIOC now has about 700 graduates, and the new association will contribute to the development of chiropractic education and donate to potential research projects and studentships within the Chiropractic Research Unit.

For more information, go to www.wiocalumni.org

General news

Seminar in Spain

DR JOHN Donofrio will present his *Y-Files* seminar on 19 and 20 November, on the same weekend as the AEQ's General Assembly, in Madrid.

The seminar will offer 12 CPD credits.

For more information see **www.quiropractica-aeq.com**

UK revalidation programme

THE UNIVERSITY of Glamorgan, in conjunction with the Welsh Institute of Chiropractic and University of Glamorgan Corporate Services (UGCS), has won a contract with the UK General Chiropractic Council to develop and test a revalidation programme within the UK over the next 18 months.

Promotions at AECC

PATRICIA COLLINS and Joyce Miller have been appointed to the roles of professor and associate professor respectively at the Anglo European College of Chiropractic (AECC).

Pat, who becomes professor of anatomy, describes her new post as "the culmination of more than 30 years of teaching medical and health care students." Joyce commented that her appointment was "a massive surprise" and a "hugely kind gesture" by the AECC.

The two have particular areas of expertise – Pat in the fields of anatomy, neuroanatomy and embryology and Joyce in the care of young patients. Their new posts will allow their specialities to be brought to the fore at the same time as promoting the quality of academic study at the AECC.

Their greatest focus will be to expand research activity undertaken by the college and develop the AECC curriculum, and a new 'Bologna style' BSc/MSc degree programme from 2011.

"The AECC is aiming to specialise in many areas of health care and we are already building a considerable reputation for education, research and patient treatment outside of chiropractic. I will be endeavouring to generate ideas for research and promoting the AECC as a Centre of Excellence for the study of anatomy," says Pat.

Joyce Miller believes that the AECC can build its reputation for the care of young people.

"The European Academy of Chiropractic includes a group specialising in diagnosis and treatment of young people," she says. "In that group we are hoping to put together a research agenda which will be specifically aimed at the type of research critical to determine the success rate of our care."

"We are embarking on a study with Poole Hospital on babies with suck dysfunction and working closely with our Centre for Ultrasound Studies on babies that have difficulty feeding. We are also hoping to propose several new aspects of study here at the AECC, including pregnancy and older children."

Patricia Collins (left) and Joyce Miller (right)

Further development of OSMIA at AECC

SPINAL MANIPULATION is a complex intervention that is poorly understood, often generating scepticism in the health community. However, AECC's breakthrough with Objective Spinal Motion Imaging Assessment (OSMIA) research has opened the door to investigating it. OSMIA works by tracking motion between vertebrae using low-dose fluoroscopy while the patient executes brief, but controlled, bending sequences. Inter-vertebral motion patterns or 'phenotypes' for each level can be measured and changes in them monitored – see **www.aecc.ac.uk/imrci/osmia.aspx**.

This work is now set to expand with another PhD fellowship. The first is already in progress, sponsored by the UK government (£240,000 over five years) and is focussed on determining the differences between inter-segmental mechanics in back pain patients compared with controls. The second is the result of an award from the ECU Research Fund (€90,000 over 3.5 years) to study the effects of manipulation in the cervical spine.

The future direction of OSMIA research, after the present phase of explanatory studies, is towards full-blown randomised controlled trials that use it as an outcome measure for physical treatments, including SMT. The OSMIA team, led by Professor Alan Breen, has put many years of effort into getting to the present stage and the project is now one of the College's major success stories.

Susan King retires

PROFESSOR SUSAN King retired from the University of Glamorgan in July 2010, after a long and distinguished academic career.

Susan was responsible for the commencement of the chiropractic programme at the university in 1997 and led the programme as the subject leader and head of clinic until 2005 when her interests moved to postgraduate development and national competency assessment programmes. Her contribution to undergraduate chiropractic education and the chiropractic profession in the UK and Europe as a whole are substantial and her political influence has helped the profession reach its current status.

All her former students and colleagues thank her for her commitment to chiropractic and wish her well in her retirement.

General news

Scientific research workshop for chiropractors

The Norwegian Chiropractors' Association in collaboration with the University of Stavanger invites you to attend the Scientific Research Workshop for Chiropractors in Stavanger, Norway.

The European Chiropractors Union is sponsoring part of the tuition for participating European chiropractors.

Target Group: The course is aimed at clinicians who are interested in conducting a PhD study in the future, or are in the process of deciding whether or not a research career is appropriate for them. The target group is those who want to learn more about how to tackle systematically issues pertaining to clinical research and evidence-based practice.

The students' qualifications: Qualified chiropractor from a college accredited by the Council on Chiropractic Education, ECCE or CCEI.

The aims of the course series are to:

- Bridge the gap between research and clinical practice, the quintessential leap that is evidence-based practice in the modern health care environment
- Create a meeting place for clinicians to brainstorm and develop clinic-based research questions
- Educate clinicians in research methods
- Educate clinicians in critical literature reading
- Educate clinicians in research ethics
- Educate clinicians in statistics sufficient to understand the literature and conduct research
- Educate clinicians in protocol development and funding application
- Improve oral and written communication in research
- Form a network of trained clinical researchers who are competent to participate in multicentre studies
- Collaborate on joint projects with international research centres such as NIKKB, IRIS and AECC

The goal of the course series is to enable the clinician to plan, seek funding and carry out a research project.

Course outline: The research school will be module based with lectures and workshops given primarily on weekends to facilitate access for clinicians in private practice. Seven weekends are planned from October 2010 to May 2011.

1-3 October 2010 – Evidence-Based Clinical Practice part I
5-7 November 2010 – Evidence-Based Clinical Practice part II
3-5 December 2010 – Research Methods for Clinicians part I
14-16 January 2011 – Research Methods for Clinicians part II
February 2011 – Developing a proposal
March 2011 – Ethics in research - how to play by the rules
May 2011 – Knowledge translation and scientific dissemination

Main teaching staff: Stavanger University – course director Alan Breen and staff from UiS and UiS Pluss are in charge of co-ordinating the course.

AECC – Professor Jenni Bolton and her group will present Evidence-Based Clinical Practice and Research Methods for Clinicians.

NIKKB – Professor Henrik Wulf Christensen and his group will be presenting relevant research from Denmark and inspire collaboration on research projects. NIKKB has supervisors and funding available for future research that fall under NIKKB's action plan and the senior researchers' areas of investigation.

Outcome evaluation: A pass/fail grade will be awarded, based on take home assignment and group projects after seminars and workshops. The assignments will be meaningful and develop the clinicians' understanding of research.

Academic accreditation: The course content will comply with requirements for university ECTS points and continuing professional development (CPD) points for the chiropractic profession through EAC.

Application: Send your CV and a short resumé of research interest by e-mail to: Lise Lothe **lrlothe@gmail.com**

Medical simulation equipment develops skills

THE CLASS of 2010 at the Welsh Institute of Chiropractic (WIOC) has been involved in a medical simulation project using state-of-the-art technology capable of recreating actual clinical scenarios.

This simulation equipment is based around sophisticated human mannequins that are programmed to replicate actual clinical events providing the students with the opportunity to develop clinical skills and solve problems in a controlled environment.

WIOC has also just completed a second pilot hospital observational programme at the Prince Charles Hospital Students were placed in the trauma and orthopaedics unit, outpatients and theatre, where they observed hip and knee replacement surgery. Discussions are now under way to expand the programme to include all final-year students.

These innovative approaches will become an integral part of the WIOC undergraduate training, improving communication with colleagues in the health professions, de-isolate the chiropractic education and expand the student experience and understanding of the health care system.

RIO 2011

11th WFC Congresso da FMQ

April 6 - 9
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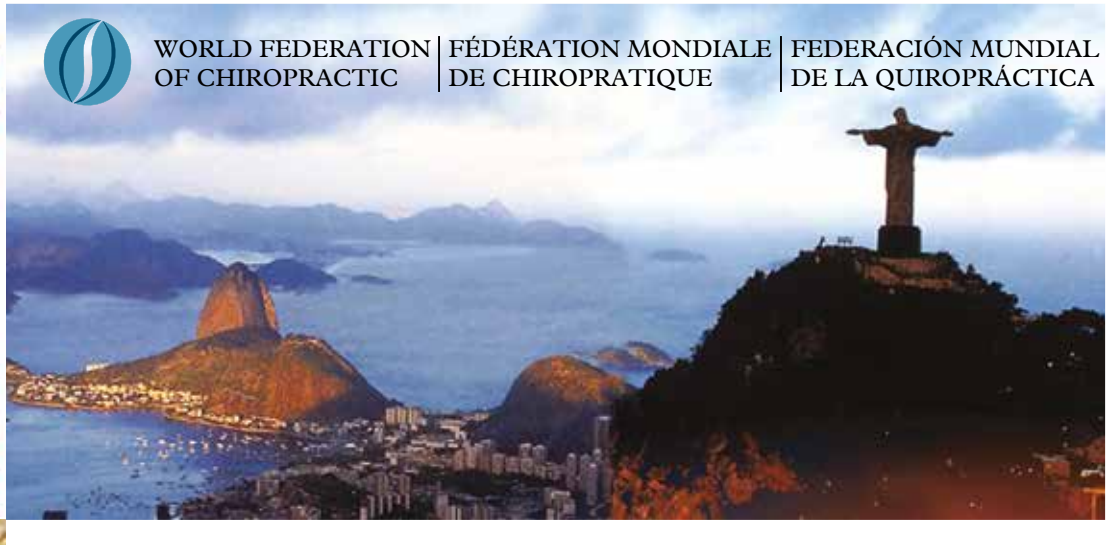

WFC's 11th Biennial Congress

Redefining Chiropractic Around the World

- **Venue:** Rio Intercontinental Hotel, Rio de Janeiro, Brazil.
- **Dates:** April 6-9, 2011.
- **Academic Program:** Leading chiropractic medical and PT speakers on the cervical spine, history and current status of spinal manipulation, pediatrics, sports chiropractic, technique, philosophy and much more.
- **Original Research:** Catch up on the best and latest research worldwide – 100 platform (32) and poster (68) presentations and $30,000 in awards.
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General news

Countdown to the London 2012 Olympic and Paralympic Games

In just under three years' time, the London 2012 Olympic and Paralympic Games will begin. The vision of the London Organising Committee of the Olympic Games and Paralympic Games (LOCOG) is to use the Games to inspire change. The Olympic and Paralympic Games is the largest sporting event in the world and will generate enormous excitement and enthusiasm, which many people want to be part of – including volunteer chiropractors.

Olympic and Paralympic medical services

THERE WILL be three Olympic and Paralympic Villages and five sites for the football venues (spread around Great Britain). The 26 sports will compete in 34 venues at the Olympics and 21 venues at the Paralympics. There will be 10,500 athletes at the Olympic Games and 4,200 athletes at the Paralympic Games coming from 205 and 147 countries respectively. The Olympic Games last for 17 days and the Paralympic Games for 11 days with each Games having a two-week build-up prior to the opening ceremony when medical services have to be provided; over two months in total.

Physical Therapy services

Physical therapy encompasses chiropractic, osteopathy, physiotherapy and sports massage. A physical therapy service will be provided at the main Polyclinic in the Olympic Village (in East London), at the smaller Polyclinics at Royal Holloway (rowing and canoeing) and Weymouth (sailing) as well as at all the competition venues and some training venues.

This is the first time a chiropractic service will be provided at a summer Olympic and Paralympic Games. Working within their scope of practice, chiropractors will use their knowledge, skills and experience to assess, treat and rehabilitate, remaining aware of the importance of working within an interdisciplinary team and using referrals to other disciplines when necessary.

The chiropractic service will be part of the core medical services provided at the Polyclinic. The chiropractor will have particular responsibility to see athletes who do not have their own national team medical staff and will work closely with other medical professionals, including osteopaths, physiotherapists, sports massage practitioners, sports medicine doctors, radiologists, and podiatrists. They will provide back-up advice and support for national team medical staff.

The Olympic and Paralympic Games are truly inspirational and this really is a unique opportunity for chiropractic volunteers to be part of it and to promote the expertise available in the UK. Medical volunteers bring unique and special skills which will enable London to host a safe, successful and inspirational Olympic and Paralympic Games.

Chiropractors who will be part of this once in a lifetime event will all:

- Be registered with the General Chiropractic Council
- Have suitable professional liability insurance
- Have evidence of appropriate and current CPD in the context of working with athletes
- Have over five years' postgraduate clinical practice
- Be holders of a current basic first aid in sport or life support qualification
- Have experience of working in a multidisciplinary team
- Have three years' (full-time or equivalent) experience of working in sport and exercise / musculoskeletal area
- Have extensive experience with athletes / sports as a clinician in the field and the clinic setting.
- Have sports-specific experience at international level
- Have knowledge and understanding of the needs of all athletes
- Be excellent team workers, and good communicators
- Have knowledge of the World Anti-Doping Agency policy

It is preferred that they will also have:

- Membership of the British Chiropractic Sports Council and the College of Chiropractors Sports and Exercise Faculty
- Post-graduate manipulative / soft tissue skills
- Post-graduate taping qualification / experience
- Post-graduate sports massage qualification / experience
- Previous experience (at least one full season) with a sports team
- Experience of working within with special groups / disability sport i.e. amputees, spinal injuries, visually impaired, neurologically impaired
- Experience of working in a multi-sport environment
- Working towards an MSc in a sports-related field
- Experience of working with other sports medicine professionals
- Foreign languages spoken
- IT competency

Tom Greenway DC, official chiropractor for LOCOG, reports: "LOCOG looks forward to working with all its medical volunteers to provide high quality medical care to Olympic and Paralympic athletes and all those taking part in the Games."

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Sue Hymns, ECU Executive Secretary, European Chiropractors' Union, The Glasshouse, 5A Hampton Road, Hampton Hill, Middlesex, TW12 1JN. UK

Tel/fax: +44 (0) 20 8977 2206
Email: exsec@ecunion.eu Website: www.ecunion.eu

General news

World Federation of Chiropractic

THE WORLD Federation of Chiropractic has undergone an election process for WFC Council. All posts (worldwide) were up for election at the beginning of 2010. In Europe, there were five candidates and following the elections the incumbents were returned. All those elected took up their posts at the next annual WFC Council meeting which was held in the beautiful eastern European city of Budapest.

At the conclusion of the meeting, Dr Stathis Papadopoulos (Cyprus) retired as president of WFC and was replaced by Dr Michael Flynn (USA). Other posts included the election of Espen Johannesen (Norway) as secretary/treasurer.

During the meeting itself, some time was spent discussing current European issues – particularly those that have occurred in Great Britain. These included the recent legal challenge made by GB's member, the British Chiropractic Association, when they sought a legal opinion of an article that appeared in the Guardian newspaper some time ago. This was written by a local science reporter, Simon Singh, who had co-authored a book with Professor Edzard Ernst entitled *Trick or Treatment: Alternative Medicine on Trial*. Whilst promoting his book, Singh made a number of disparaging comments about chiropractic and made what the BCA claimed were essentially defamatory statements about the BCA itself. Following a number of court hearings the matter has concluded with the BCA being effectively unable to prove their claims and they withdrew from the case.

The case encouraged support from others outside of chiropractic to become involved in the controversy which resulted in a number of complaints being made to the UK statutory regulator (the General Chiropractic Council) regarding claims made by chiropractors on websites and chiropractors utilising the title 'doctor'. These complaints are ongoing at the moment.

Here are several dates for your diaries: the next biennial convention will be held in Rio de Janiero, Brazil in 2011. The dates are 6 – 9 April for the Congress which will be preceded by the Executive meeting, a Council meeting and the Assembly of Member nations.

A little closer than that is the WFC Education Conference. This will be held at Royal University Centre Escorial Maria Cristina from 14 – 16 October. This year, it is being held in conjunction with ACC (Association of Chiropractic Colleges), but a new partner is included – CECE (Consortium of European Chiropractic Educators). A call for papers was recently sent out to interested parties in the profession and the final menu of papers to be presented promises to be one of the best clinical education conferences held by WFC. The meeting is mainly for educators and those in regulatory authorities but there is much of interest to those within chiropractic national associations – what happens in education eventually impacts on the profession so leaders of the profession might well find much to interest them at this conference.

Registration for both of these conferences can be gained through the recently updated WFC web-site at www.wfc.org

Espen Johannesen
Barry J Lewis
European Representatives, WFC Council

'Crossing the Equator' at the RCU

IN THE Spanish university system, there is a tradition called 'Crossing the Equator'. Equator in Latin means the equaliser, the one that makes it equal. It is a point of equal distance from the beginning and the end. In the university tradition, crossing the equator means that students are closer to the conclusion of their academic studies in the university than the beginning. It means that now they are at a point that symbolises more than half of the way.

As happens every year, the Royal University Centre Escorial Maria Cristina (RCU) celebrated its 'Crossing the Equator' in the closing ceremony of the academic year on 15 May 2010. What was so different about it this year? The answer is that for the first time in Spanish history, chiropractic students 'crossed the equator'. This cohort began their studies in 2007 when the RCU started the first chiropractic academic programme in Spain. These students have been through two-and-a-half years of subjects, work, activities, examinations, and have done well so far. These 30 pioneers are excited about the world of opportunities that unfolds before their very eyes as they get closer to graduation.

As part of the academic ceremony, each student received from the hands of the Rector of the University a college sash that was placed across the chest, and with which the students will present themselves for graduation when they finish their studies. The colour selected for chiropractic is green. Green is used in connection with health, meaning growth, and development, and also hope - hope for a better and healthy world. On the occasion, the guest speaker was Belen Sunyer, immediate past president of the Spanish Chiropractic Association and one of the key people involved in developing a chiropractic college in Spain.

The importance of this event goes beyond the walls of the university. It is a message to Spain and the world that chiropractic has come here to stay, that chiropractic, once established by the first pioneers who came to Spain to practise, is growing as a profession and deepening its roots in this land and will do so through excellence in academics, thus justifying the legitimate presence of the chiropractor in the world of integrative health care.

Ricardo Fujikawa, MD, DC
Director of Chiropractic Studies
RCU Escorial Maria Cristina
Madrid, Spain

General news

Chiropractic's solidarity through service

From L'Aquila 2009 to Milan 2010 – and then the world

IN RESPONSE to 2009's devastating earthquake which struck the Italian city of L'Aquila and, for the first time in chiropractic's history, the European continent, a six-month contract of collaboration was successfully completed between the Italian Red Cross (CRI), Italy's national Association of Italian Chiropractors (AIC) and the European Chiropractors' Union (ECU). The landmark project led to the creation of an emergency response unit known as CAT – Chiropractic Action Team - that served inside the Red Cross 'infirmary tents' in the various camps of the earthquake zone. True solidarity was displayed as National Guard members, firefighters, Red Cross medical doctors and volunteers, and CAT chiropractors began working together around the clock to save people's lives and help however possible with emergency relief services.

It was their sincere appreciation of chiropractic and the insistence from the Red Cross relief workers in the earthquake zone that motivated CAT's director Jennifer Lovern to meet with the Italian Red Cross's extraordinary commissioner Francesco Rocca at the conclusion of the AIC's contract of service. Thanks to the professionalism and effective treatments exhibited by 85 AIC - ECU chiropractors in 2009, they discussed a follow-up project, this time involving their volunteers in northern Italy. The aim is to facilitate the provision of on-site support by chiropractors for Red Cross volunteers and staff during emergency situations and in times of tranquility with the implementation of monthly preventative lectures entitled *Protect Your Back*.

Jennifer Lovern (l) and Marie Turgot (r)

In order to move forward on an international level, CAT grew to become an independent non - governmental entity with the purpose of serving as the bridge between national chiropractic associations and national Red Cross societies. CAT's executive board communicates directly with the national Red Cross, and creates mutually beneficial partnerships for each involved party.

Through this partnership, all the organisations are achieving their goals by strengthening outreach efforts and bringing education and assistance to thousands. The six-month project will be composed of many different phases, including service, research, and community outreach. The clinic will be serviced a few hours on Saturdays by local AIC chiropractors on a volunteer basis. The purpose of the project is to set an example by creating a template with the lecture series that CAT can use in other Red Cross facilities all over the world, and potentially lead to paid positions for local AIC chiropractors by educating the 97,000 Italian Red Cross members on the importance of chiropractic, stretching and posture recommendations.

During the weekend of Parker Seminars in Rome, 24 – 26 June, the AIC president John Williams was honoured with a token of appreciation in the form of a commemorative plaque from the Italian Red Cross for his extraordinary contribution to the relief efforts of 2009. Italian Red Cross T-shirts for Haiti were sold by members of CAT, organised by Marie Turgot of the AIC. Dr Turgot herself was honoured, at the first annual CAT reunion and strategy meeting on 26 June, for her humanitarian efforts in the past year.

The inauguration of the first ever chiropractic clinic inside a Red Cross structure - the Milan Emergency Centre in Bresso, Italy, will take place this year on 18 September. There Dr. Williams will present a cheque on behalf of the AIC – for 2010's fundraising efforts for Haiti to the President of the Milan Red Cross. The example set by the Italian association sends a strong statement to the rest of the profession that one country can make a big difference for chiropractic in the world and the greatest thing one person can do is to volunteer their services to another person in times of need.

From Italy to the world

CAT has also entered collaborative talks with the American Red Cross's (ARC) head of disaster partner services to develop a Memorandum of Understanding between the two organisations in the United States. And in June 2010, CAT presented *Chiropractic and the Red Cross* at the International Red Cross headquarters (IFRC) in Geneva, and at the annual International Red Cross reunion commemorating the birth of the idea of the International Red Cross in Solferino, Italy.

As every year, there was a torchlight procession honouring Henry Dunant's idea of a Red Cross foundation, organised by the Italian Red Cross with participation of volunteers from all over the world. In that same place, the Austrians fought against Napoleon's army when almost 5,000 men died and 22,000 were injured. Shocked, Henry Dunant took the initiative to organise the civilian population to provide assistance to injured and sick soldiers and he convinced the population to service the wounded without regard to their side in the conflict. What was important was not Dunant's personal role in Solferino, but rather the two

General news

ideas he drew from the experience: the creation of voluntary relief societies – the birth of the Red Cross – and a treaty protecting medical staff on the battlefield - the start of the Geneva Conventions.

Many chiropractors often feel helpless and isolated in the face of the huge problems that face our world or our profession. We are only individuals, and what can a mere individual do? Dunant's example should give us courage and hope. He may not have been able to stop wars, but at least he was able to set in motion a great movement that did much for the victims of wars. From a tiny seed, a great tree can grow.

Now 151 years later the International Red Cross and Red Crescent Movement, comprising the ICRC, the International Federation of Red Cross and Red Crescent Societies (IFRC) and national societies boasts 100 million workers and volunteers in more than 186 countries and territories, offering assistance in times of peace, conflict and natural disasters.

CAT would like to register its support for the Code of Conduct for The International Red Cross and Red Crescent Movement in Disaster Relief and its willingness to incorporate its principles into their work and align the chiropractic profession with their *Strategy 2020*. This strategy is guiding the actions of the IFRC during the next ten years. It defines three strategic aims and three enabling actions for the IFRC and its member National Societies in order to achieve the common vision:

To inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Just like the International Red Cross, the idea of CAT was born in Italy. The success of CAT was only made possible with the generous support of the Italian Association of Chiropractic. CAT has had much success in a short amount of time on the national levels of the Red Cross and has grown tremendously in the past year. It is currently developing and expanding its worldwide Disaster Response Network (DRN) database. CAT membership will be limited to Doctors of Chiropractic with specific training in disaster relief who desire to provide pro bono chiropractic services to first responders in times of great need. We encourage all chiropractors interested in participating in humanitarian work to join our database, by contacting us at **chiroaction@gmail.com**. The key is to prepare and train our members now in tranquil times so that we will be able to mobilise quickly in the future – especially when CAT will be called upon to participate in future disasters, and wherever chiropractic services may be needed most. Now, it is important to work across agencies and organisations to develop and deliver a world class disaster response.

Dr Jennifer Lovern
President of CAT
www.chiroaction.org

EAC

Report from the EAC Research Council

THE EAC Research Council has never had so many applications (and they were good applications) as this year – but it has also received more funding from the ECU to invest in the much-needed research into our profession that will gain us more credibility. Three new projects have been approved. Below is an overview.

Project 1:

PhD student Jonathan Branney, with supervisors Alan Breen, Jenni Bolton and Gerd Bronfort, will start a 4.5 year PhD project called *The effects of manipulation on cervical spine inter-vertebral motion patterns and patient-reported outcomes*. This is an important research question, since it will try to validate one of our belief systems, i.e. motion palpation.

The methodology of this project is a prospective case-control study of patients with chronic mechanical neck pain (CNP) and controls matched for age, sex and BMI with a nested, prospective cohort study of the patients.

All participants will complete questionnaires and receive a quantitative fluoroscopic assessment of their cervical inter-vertebral motion patterns at baseline and four-week follow-up. Patients will receive up to eight sessions of SMT (manipulation, mobilisation and light soft tissue massage as clinically necessary) by an experienced chiropractor over four weeks, plus standard advice about pain control and activity. SMT will be informed by the baseline results of quantitative fluoroscopic studies and all treatment procedures will be documented on standardised forms. Asymptomatic participants will receive no treatment and will not report outcomes.

Analysis will be of change scores of VAS, NDI and SF-36 in relation to IV-ROM, laxity (neutral zone) and regularity indices (correlation between global and inter-vertebral motion patterns) at individual motion segments.

Project 2:

Kim Humphreys, Cynthia Peterson, Daniel Mühlemann and Jenni Bolton have started a large (over 1000 patients) prospective cohort outcomes study. They will investigate the outcomes of neck and back pain patients presenting to local chiropractic practices for treatment and who have not been treated with spinal manipulative therapy in the previous three months in chiropractic practices in Switzerland. Their main research question is: 'How do different subgroups of patients with LBP or neck pain respond to chiropractic treatment at various time intervals'?

This study is already ongoing and the first results were presented during the ECU London 2010 convention in the research session. This will also be a very valuable study since the research community thinks that large prospective cohort studies are probably a better way to 'prove that chiropractic works' instead of randomised clinical trials.

Project 3:

Alexandra Webb will start a project lasting two years, called *Magnetic resonance imaging of the synovial folds of the lateral atlantoaxial joints following whiplash injury*. Her main research question is that the synovial folds of the lateral atlantoaxial joints are considered to be a potential source of neck pain and headache, especially following whiplash injury. The development of new methods and technologies has recently made it possible to image the synovial folds *in vivo*. The purpose of this project is to determine whether changes in the size and signal intensity of the synovial folds of the lateral atlantoaxial joints are present to a greater extent in patients with whiplash associated disorder compared to healthy control subjects. An external expert of the research council stated that this is ground-breaking work that could possibly help in getting a better understanding of the injury mechanism of whiplash patients.

Other news

The research council website has been updated. Past research council chairman Jean Robert has done a lot of work to accomplish this. You'll find a good overview of all the projects the ECU has ever supported with a short overview and results of the more recent projects. There is also a list of all chiropractic researchers in Europe with their specific interests and specialities. The website is accessible at **www.ecu-research-update.org** or as a pop-up screen through the ECU website.

We have also made an effort to stimulate registration of chiropractic researchers on the European commission health forum Cordis. More than 10 researchers have registered themselves at **http://tinyurl.com/336xj56.**. This website calls for experts who can be recruited by the European commission to evaluate the funding of scientific proposals. So far, no colleague has been asked to do this but if we are not present, we do not have the opportunity to become involved. If you are interested in enlarging our research presence, you can register on the link above.

EAC GEP Workshop

AT THE ECU Convention in May, the department of academic affairs of the European Academy of Chiropractic invited all 19 ECU member nations' representatives to a three-hour workshop entitled *GEP and leadership*.

GEP is postgraduate training for young colleagues to master patients of a national health care system. The demands of becoming a primary health care provider (practitioner) are getting more and more challenging. With its European standards, the GEP Model Curriculum guarantees a common professional approach for patient-centred care and finally aims to facilitate mobility for chiropractors working in different ECU member nations. A survey conducted in spring 2010 revealed different appraisals of how to achieve this, especially between the northern and southern parts of Europe.

Sixteen representatives from 10 different ECU member nations elaborated on the strengths and weaknesses, opportunities and threats of future GEP in Europe. Commitment and participative leadership seem to be the formula for success. The participants decided on a first small step, ie conducting a national needs assessment 2010/2011 in order to prepare future graduates to maintain and improve on best and safe chiropractic care for lifelong, self-directed learning and professional development. The survey tool, including its analysis, will be developed and provided by the EAC. Results and potential action plans will be discussed at the next EAC GEP Workshop 2011 in Zürich.

Martin Wangler
EAC Director of Academic Affairs

EAC

Joint venture announced

A JOINT VENTURE agreement was signed between Martin Wangler (European Academy of Chiropractic) and Bruce Walker (Chiropractic and Osteopathic College of Australasia), at BioMed Central's office in London, on 8 June The two organisations have agreed to work together to co-publish the open access journal currently entitled *Chiropractic and Osteopathy* (**www.chiroandosteo.com**) with BioMed Central. As part of this agreement, from January 2011 the journal's title will change to *Chiropractic and Manual Therapies*.

BioMed Central's publishing director, Deborah Kahn, who witnessed the signing, said: "We are delighted that this joint venture has been agreed and are looking forward to working with both bodies to promote the research carried out by their members to a worldwide audience of readers of the journal."

Martin Wangler (left), Bruce Walker (centre) and Deborah Kahn (right) signing the joint venture agreement

Our own European journal – what's in it for you?

Some people may think this unfair on the JMPT, which many feel is THE chiropractic journal. The Academy is convinced that the quantity of good scientific journals now is so great that the research community can take two good journals, and that two equally good journals will improve the standard through healthy competition. Isn't it great to have our own journal in Europe, encouraging chiropractic professorships affiliated with universities and offering free publication and access? C&O as a web-based journal is free to everybody. Once an article is accepted, it is published in C&O immediately as a provisional PDF file. The paper will subsequently be published in both fully browseable web form, and as a formatted PDF. The article will then be available through C&O, BioMed Central and PubMed Central, and will also be included in PubMed.

Free publication and access for clinicians, educationalists and practitioners

You, as an author, do not to have to pay for publication in this online journal. EAC will pay for you. C&O can be easily and freely accessed on the website **www.chiroandosteo.com**, so also disseminating articles to people who live in areas where there is no library. Practitioners as well as faculty staff members of present and future Graduate Education Programmes (GEP) - especially from small ECU member nations – will have free access and will not have to pay for publication. This will help to close the gap between research and practice.

Now it will be up to you, practitioners and researchers, to send in lots of interesting and high quality papers for publication.

EAC Specialist Colleges

SEVEN EAC colleges were launched at the London ECU Convention in May 2010. Others will follow as qualified Fellows become available to organise them.

Any ECU member is eligible to apply to a Specialist College after demonstrating special interest and knowledge in a particular domain. EAC Specialist College *membership* has no requirement for speciality training past graduate training as a chiropractor. A member in good standing acquires a minimum of 150 CPD hours over a five- year period. This is a 'quality stamp 'for the practitioner, showing him/her to be a health care practitioner who is well updated on current issues in the field of chiropractic practice. To become a *Fellow* of a Specialist College, the chiropractor must document formal training in a specialist field.

The Specialist College Fellowship is a recognition of chiropractors within the European chiropractic community who have acquired postgraduate advanced qualification in a separate and distinct body of knowledge, in a particular branch of the chiropractic arts and sciences. The seven areas of specialism currently offered are: clinical chiropractic, orthopaedics, paediatrics, diagnostic imaging, sports sciences, research and chiropractic education. Neurology and veterinary sciences are forthcoming.

Each specialist college is run by a faculty of three Fellows forming the Specialist College Governing Committee. The faculty will be organising future master class and advanced workshops at ECU conventions and play a vital role in developing the specialist field they are representing. You can be a part of this process by becoming a member of a specialist college that serves your area of interest. Through the specialist colleges, members and fellows are able to benefit from being part of a community of like-minded professionals and have an influence on the advancement of the specialist field.

Contact Lise Lothe, **registrar@EACacademy.eu** for more information and an application form.

Research

Jean Robert research prizes 2010

A larger number of papers than ever before was submitted for the research sessions at the London ECU convention. Poster presentations were therefore introduced for the first time. The review committee – Alan Breen, Claire Johnson, Bart Green, Anthony Rosner, Vassilis Maltezopoulos and Tom Michielsen – were pleased to report that the quality of the submissions increases every year.

We reproduce below the abstracts of the papers. To view the references, please go to **http://tinyurl.com/3ypwy66**

First prize

The effectiveness of spinal manipulative therapy for chronic low-back pain: An update of the Cochrane review

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Abstract

Background. Low-back pain is a common and disabling disorder in western society, which represents a great financial burden in the form of direct and indirect costs. Many interventions exist for the treatment of low-back pain including spinal manipulative therapy, which is a worldwide, extensively practiced intervention by a variety of professions. The efficacy of this intervention for chronic low-back pain is, however, not without dispute.

Objectives. To assess the effects of spinal manipulative therapy for chronic low-back pain.

Search methods. An update of the previous review (last searched up to January 2000) was conducted by an experienced librarian who searched multiple computerized bibliographic databases up to June 2009 for randomized controlled trials (RCTs) from the medical, chiropractic and allied health literature. There were no language restrictions. References in the included studies and other pertinent systematic reviews were also screened.

Selection criteria. RCTs which examined the effects of spinal manipulative therapy and examined adults with chronic low-back pain were included. No restrictions were placed on the setting nor type of radiating pain; however, studies were excluded which exclusively examined specific pathologies (e.g. sciatica). The primary outcomes were pain, functional status and perceived recovery. Secondary outcomes were defined as well-being and return-to-work. Physiological measures were not considered relevant.

Data collection and analysis. Two review authors with a background in chiropractic and movement science independently conducted the study selection, risk of bias assessment, and data extraction using pre-determined forms. Any disagreements were resolved through consensus. GRADE was used to assess the quality of the evidence. Sensitivity analyses and investigation of heterogeneity were performed for the meta-analyses.

Results. In total, 26 RCTs were identified (total participants = 6,006),1-26 nine of which with a low risk of bias.1;4;10-14;22;23 Approximately three-quarters of the included studies (n=19) were new studies not evaluated in the previous review. In general, there is low to very low quality evidence that spinal manipulative therapy is statistically not more effective than no treatment, inert interventions or sham spinal manipulative therapy. There is also low to very low quality evidence that spinal manipulative therapy has a statistically, but not clinically-relevant effect on short-term or intermediate-term pain relief or functional improvement when added to another intervention. There is, however, moderate quality evidence from many studies with a low risk of bias that spinal manipulative therapy has a statistically, but not clinically-relevant effect on short-term and/or intermediate-term pain relief and functional improvement when compared to other interventions, including both passive or ineffective interventions (n=4 RCTs) and active or effective interventions (n=14 RCTs). Sensitivity analyses suggested the robustness of these findings. Update of the Cochrane review: SMT for chronic low-back pain

Limitations and strengths. There are a number of limitations to this review. The primary limitation, which is common to many systematic reviews, is the lack of studies with a low risk of bias. Despite the fact that the majority of the studies included in this review were published in the last decade, good methodologically conducted studies are lacking.

A second limitation is the possibility of publication bias, which we attempted to minimize

Research

through an extensive database search. We did not actively seek unpublished studies, but it could be argued that this is unlikely to have had an important impact on the overall results. Testing both visually and statistically might suggest a greater effect of spinal manipulative therapy for pain relief when compared to other effective or ineffective interventions; however, these results are open for interpretation.

A third limitation regards our interpretation of a fatal flaw. There is little consensus on what it is and whether it should be applied. Some propose not using it, that is, including all studies and examine them further in the sensitivity analysis. We chose to exclude studies from the meta-analyses with blatantly flawed methodology. This exclusion was added as a buffer in order to prevent a biased assessment. Although a sensitivity analysis could have been conducted in order to determine to what extent these studies had on the overall effect, sensitivity analyses are by definition secondary analyses, even when defined a priori and therefore, also must be treated with care. Based upon our assessment, all four studies with a fatal flaw also had a high risk of bias. Whether our definition finds universal recognition is, however, a subject for future debate.

Strengths of this review include the methodological rigor applied as well as conducting meta-analyses, which allowed us to conduct meaningful sensitivity analyses.

Authors' conclusions. Spinal manipulative therapy is neither superior nor inferior to other advocated interventions in patients with chronic low-back pain. High quality evidence is not available, so future studies with a low risk of bias and adequate sample sizes are still needed. Determining subgroups that may benefit from spinal manipulative therapy, as well as determining cost-effectiveness also has high priority.

Second prize

Degenerative Marrow (Modic) Changes on Cervical Spine MRI Scans: Prevalence, Inter- and Intra-examiner Reliability and Link to Disc Herniation.

EUGEN MANN (final year medical student), Cynthia Peterson, DC, DACBR, M.Med. Ed., Christian Pfirrmann, MD, Marco Zanetti, MD, Juerg Hodler, MD, MBA

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Eugen Mann (l) and Cynthia Peterson (r)

Abstract

Study Design. A retrospective prevalence and reliability study of Modic changes in the cervical spine.

Introduction. Degenerative marrow changes seen on MRI scans were described and classified by Modic as type 1, 2 and 3 with recent studies suggesting a link between these and low back pain (1-4). Modic type 1 changes demonstrate low signal intensity on T1-weighted images and high signal intensity on T2-weighted images, typical of bone marrow edema. Type 2 changes reveal high signal intensity on T1-weighted images and are either hyperintense or isointense on T2-weighted images (1-3). Histological examination identified type 1 as vascular granulation and type 2 as fatty degeneration (5-7). Type 3 showed low signal intensity on both T1 and T2 weighted images, corresponding to subchondral sclerosis seen on plain radiographs (2). Most of the literature pertaining to Modic changes has focused on the lumbar spine with a recent paper identifying a link between new Modic changes and disc herniations (8). As little has been written regarding Modic changes in the cervical spine, the purpose of this study was to assess the prevalence of Modic changes (MC) in this region in a large number of patients, their association with disc herniations (DH) and to investigate the reliability of the Modic classification system. To date, no reliability studies and only one prevalence study have been published in this area (1).

Methods. The T1 and T2-weighted sagittal and axial cervical MRI scans of 500 patients over the age of 50 were retrospectively evaluated for the prevalence, type and location of Modic changes and disc herniations at the C3-4 through C6-7 levels. 200 of these same scans were independently analyzed by a second observer to evaluate inter-observer reliability of diagnosis with 100 re-evaluated by this same observer 1 month later to assess intra-observer reliability. The SPSS program and Kappa statistics were used to assess prevalence and reliability. The risk ratio comparison of DH and MC was calculated.

Results. 426 patients (85.2%) met the inclusion criteria, and their mean age was 61.7 +/-9.1 (range 50-89). Modic changes were observed in 40.4 % of patients (14.4 % of all vertebral motion segments). 4.3% of the Modic changes were type 1 and 10.1% were type 2. Disc herniations (protrusions and extrusions) were seen in 78.2 % of patients or in 13.3 % of all motion segments. Both MC and DH were most frequently observed at the C5/6 and C6/7 levels. The extrusions were positively associated with MC (RR = 2.4). In the reliability study, an upper moderate inter-observer (k = 0.54) and an almost perfect intra-observer agreement (k = 0.82) were achieved.

Conclusions. A high prevalence of Modic changes was observed in the cervical spine with motion segments C5/6 and C6/7 most commonly involved. MC type 2 predominated in this group of patients over 50 years of age. However, it is likely that this study underestimates the number of patients with Modic type 1 changes as these tend to occur in slightly younger patients and thus may have been missed in this study (1). Patients with Modic changes are 2.42 times more likely to also have a disc herniation at the same level. Further studies should concentrate on any additional clinical relevance of these findings. The Modic classification system for the cervical spine is reliable and reproducible, and applicable for specialists with varying clinical experience and should therefore be applied in clinical research and practice.

Research

Prize for new researcher in the field

The variations of pain; description of the course of low back pain in 244 chiropractic patients followed for six months.

IBEN AXÉN, DC[1], Irene Jensen, professor[1], Lennart Bodin, professor[1], Laszlo Halasz, MHSc (Clin Biomech)[2], Fredrik Lange, MHSc (Clin Biomech)[2], Peter W. Lövgren, DC[2], Annika Rosenbaum, BAppSc (Chiro)[2] & Charlotte Leboeuf-Yde, professor[3].

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Abstract

Introduction. Research into low back pain (LBP) is complicated because of varying definitions and outcomes. There is evidence that LBP is recurrent in a large proportion of cases and persistent in some [1, 2]. Authors have pointed out the need for exploring the details of the course of LBP [2], as little is known about this subject [3]. Frequent data collection would therefore be advantageous in order to bring some more knowledge into the extent and frequency of LBP events in people who suffer from this problem.

In prospective studies, data are often collected only at two time points, i.e. at baseline and follow up. The difference between the outcome measures at these two time points is then considered to express what has happened over the elapsed time. However, the details of the patients' relapses and remissions cannot be captured by measuring only two occasions, as the clinical course may be fluctuating. Thus, two measurements may show the same value (i.e. the condition looks stable), when in fact the patient has been feeling either worse or better between the two points of measurement. Therefore, to accurately describe a clinical course, a more dense data collection is needed over a fairly long period of time.

Aim. The aim of this study was to describe, by means of weekly measures, the course of LBP in patients with acute, recurrent and persistent pain. The primary outcome variable was number of days with bothersome pain, which was analyzed for association with known predictor variables (age, gender, leg pain, type of occupation and self rated health). Patients were followed for six months.

Method. This study is using a novel approach in data collection: short message services, SMS, sent to the respondents' mobile phones. Using software specifically designed for this purpose, respondents received an SMS every week, which they responded to also using SMS. The question was: "How many days this previous week has your low back pain been bothersome (i.e. has affected your daily activities or routines)? Please answer by a number from 0 to 7."

Baseline variables (gender, age, type of occupation, area, duration, frequency and insensitivity of pain, general health (using EQ5D), and sick leave) were collected when the patient consulted a chiropractor for their LBP. Patients were further assessed at the 4th visit (collecting data on pain and self rated improvement). A follow-up questionnaire was sent to the respondents at the end of the six months (assessing general health). The associations of the primary outcome with baseline variables were investigated using mixed linear models.

Preliminary results. 244 patients were enrolled in the study. Compliance was high; on average 82.5 %. Factors remaining in the final model were duration, EQ5D start score and self-rated improvement. Thus, duration of the back pain the previous year (more or less than 30 days), self rated health (as described by the EQ5D score) and self-rated improvement at the 4th visit were significantly associated with the number of days with bothersome pain during the 26 weeks of the study. Age, gender, leg pain and type of occupation were not.

Discussion. One advantage of using this method is that the quality of data is less biased by recall than many other methods, as patients are asked every week and the question relates to the previous week only. Second, the reasons given for stopping participation (non responders), suggest that the methodology itself is very user-friendly. Third, as mobile phones are virtually in everybody's pocket, it is easy to reach the patient. The patient, on the other hand, has the possibility of answering whenever he/she finds it convenient. Finally, the method is far cheaper than sending out questionnaires by ordinary mail. In summary: gathering data using this technology seems promising.

It is now possible to calculate the total number of days with bothersome LBP for this group of respondents, suggested as a good estimate [4]. Looking at the moving mean of all respondents, this is reflecting the clinical course on a population level. The patients who seek care are in pain, but they rapidly improve. After analyzing the primary outcome in this population of chiropractic patients, we found that this measure is not related to some previously known predictor variables; gender, age, type of occupation and the presence of leg pain. However, studying the first 8 weeks only, type of occupation and leg pain are associated with the outcome in this time period. This could suggest that these variables are associated with the number of days with LBP in the short term only. Duration of pain the previous year, self rated general health and self rated improvement at the 4th visit are associated with the total number of days with bothersome pain during the 26 weeks of the study. These findings are similar to other studies on chiropractic patients suggesting that patients with pain of longer duration have a less favourable prognosis compared to patients with short term pain [5] and that outcome at the 4th visit predicts long term outcome [6, 7]. Moreover, general health is possibly reflecting duration of pain, and may thus explain the association with the outcome.

Conclusion. This new method of data collection offers a unique opportunity to evaluate the course of the low back pain condition in detail. It seems promising because of good compliance and data not affected by recall bias. Some recognized predictors of outcome (leg pain, gender and type of occupation) were not found to be significant in this material, suggesting that these may only be important in the short term or in different patient populations. Duration of pain, general health and self rated improvement at the 4th visit were associated with the total number of days with bothersome LBP.

Acknowledgements.

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Research

Children's posture and health

In a study done by the chiropractors of the Swiss canton of Grisons with 190 students from Cazis, children's posture and health was closely examined.

A TOTAL of 190 children were examined in this study concerning the health of children's spines. Special attention was paid to the weight of the children's schoolbags.

One positive observation was that 95 per cent of the students carried backpacks. Less favourable was that many of these backpacks were too heavy: only ten per cent of bodyweight is the recommended load but many of the packs often exceeded this upper limit. The heavier the backpack, the worse the back pain, and this was confirmed by this study. Sitting for long hours in front of the computer and television and not enough sleeping hours worsened back pain.

Forty per cent of the students showed a postural deficit. Those participants who admitted intense television viewing were especially affected. One result of the study might end a common discussion in many families: sitting in front of the computer seemed to have no effect on posture.

What the study also revealed was that those who do not eat any breakfast usually had a higher bodyweight than others.

The study from Cazis demonstrates that parents should be more observant and should act: the weight of the backpacks must be reduced to 10 per cent of body weight. Power, co-ordination, endurance and equilibrium are all enhanced by reducing the load. Also, a well-balanced diet brings great benefit and time in front of the computer and television should be limited. Deficiencies related to posture must be recognised and addressed early by the experts.

The role in the chiropractic profession of ultrasound diagnosis

A CRITICAL REVIEW of the literature confirms the role of high frequency ultrasound as an aid to the accurate diagnosis of most common musculoskeletal problems. In addition, no other imaging modality can match the capability of diagnostic ultrasound to provide dynamic assessment of the soft tissue structures and so contribute significantly to clinical understanding.

The musculoskeletal ultrasound application provides a cost effective, non-invasive method of obtaining diagnostic information from dynamic studies, as tendon assessment and joint evaluations can easily be compared to the unaffected side. Ultrasound examinations are relatively quick, require little patient preparation, entail less patient discomfort than more invasive procedures and are certainly less expensive than supplementary imaging modalities. Interest in this rapidly expanding application has resulted in new areas of ultrasound investigation for musculoskeletal problems. The advent of sonoelastography ultrasound application, for the measurement of strain ratio of soft tissue, has aided in the early diagnosis of tissue damage, leading to early intervention and a balanced approach to patient management.

Ultrasound imaging of the musculoskeletal system is gaining popularity among non-radiologists, in particular, musculoskeletal physicians and practitioners such as chiropractors. Chiropractors are well placed to adopt ultrasound as an add-on to their existing clinical skills in making an accurate judgment of patient management. The Centre for Ultrasound Studies (CUS) has introduced musculoskeletal ultrasound as a frontline imaging modality in the assessment of patients presenting with soft tissue problems at the Anglo-European College of Chiropractic (AECC). In most cases the examination is done on the same day thus facilitating immediate diagnosis and leading to appropriate treatment.

This judicious use of ultrasound in the chiropractic profession, in the opinion of the practitioners at CUS, has been shown to have the following advantages:

- Enhanced management of patients' problems
- Appropriate and accurate treatment plan
- Monitoring of patients' progress and response to treatment
- Appropriate referrals for complementary imaging modalities
- Appropriate and timely referral for higher opinion

There are of course limitations in the use of musculoskeletal ultrasound; only the cortical surface of the bone may be interrogated because of the increased absorption of sound that occurs at the soft tissue and bone interface. The diagnostic quality and interpretation of ultrasound images are also, to a great extent, dependent on the expertise and experience of the operator.

Chiropractors already have a good working knowledge of joint and soft tissue anatomy, as well as an understanding of the clinical context of the musculoskeletal problems to be investigated. The adoption of ultrasound by chiropractors has the potential for a unique combination of clinical expertise and technology in practice, essential in enhancing patient management.

Conclusion

Chiropractors have recognised clinical skills in the treatment and management of patients presenting with musculoskeletal problems. The adoption of ultrasound and the attendance of a recognised education and training programme will equip chiropractors with the required skills to practise safely.

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Research

What counts as evidence?

'A main cause of philosophical disease – a one-sided diet: one nourishes one's thinking with only one kind of example.' Ludwig Wittgenstein

IT IS with this quotation from Wittgenstein that the authors of *The evolution of evidence hierarchies: what can Bradford Hill's 'guideline for causation' contribute?* (Howick, Glasziou and Aronson, 2009) introduce their paper, and it is a quote, I think, that will chime with a number of chiropractors, albeit in potentially different ways. The topic of what counts as 'evidence' has been and remains a 'hot potato' in chiropractic, so when I read this excellent paper the first thing I wanted to do was tell everyone about it, and I wish to do that here (if you find research a bit dull, please don't be put off – I'll try make it as interesting as possible!)

The essence of this paper, and why I think you will find it interesting and particularly relevant to chiropractic, is to discuss when non-RCT evidence is considered suitably sound evidence. While RCTs are considered the gold standard for testing treatment interventions, they are better suited to evaluating the likes of pharmaceutical (homogeneous) interventions rather than the more complex chiropractic (heterogeneous) encounter (Bolton, 2001). In their paper, Howick *et al* (2009), state that: "RCTs are often not required to establish causation". Treatments including the Heimlich manoeuvre, cardiac defibrillation and parachutes to prevent death (Smith and Pell, 2003) have never been tested in RCTs, yet their effectiveness is surely supported by the evidence. They also convincingly argue that evidence-grading systems that place RCTs at the top of a hierarchy will deliver misleading conclusions in cases where RCTs are insufficient or unnecessary. Instead of relying solely on RCTs they propose a revision of Bradford-Hill's 'guidelines on causality' where studies should satisfy some or all of the following (Howitz *et al*, 2009):

- ***Direct Evidence*** from studies (randomised and non-randomised) that a probabilistic association between intervention and outcome is causal and not spurious i.e. confounders sufficiently ruled out, dose-responsiveness
- ***Mechanical Evidence*** for the alleged causal process that connects the intervention and the outcome i.e. evidence for mechanism of action*
- ***Parallel Evidence*** that supports the causal hypothesis suggested in a study, with related studies that have similar results e.g. results are reproducible

Interestingly, Bradford-Hills himself said: "It will be helpful if the causation we suspect is *biologically plausible*, though this is a feature we cannot demand. What is biologically plausible depends on the biological knowledge of the day (Hill and Hill, 1991).

So, where does that leave chiropractic research? Well, if we are truly to embrace evidence-based medicine (or evidence-informed chiropractic as I would put it in the context of our profession) we cannot get away from the usefulness of RCTs, both scientifically and politically (Bolton, 2001). However we should take encouragement from Howitz *et al* (2009) from the Centre of Evidence-Based Medicine, University of Oxford, who convincingly challenge the supremacy of the RCT. Even Sir Michael Rawlins of NICE questioned the effectiveness of RCTs at assessing the benefits of drugs in real-life situations, i.e. outside laboratory conditions (BBC, 2008). And, after all, it is real-life situations we aim to have an effect on. At the middle of it all there are human beings who come to us for help. We combine the best available evidence (whatever that may be and where it is available), with individual expertise and the needs of the individual patient to be truly evidence-based (Sackett, Rosenberg, Gray, Haynes and Richardson, 1996). I do not believe 21st century chiropractors could ever be accused of nourishing their minds on a one-sided diet – and I encourage you to read Howitz *et al* (2009) to further satisfy your appetite.

Jonathan Branney

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Newly published

AN ARTICLE entitled *Current understanding of the relationship between cervical manipulation and stroke: what does it mean for the chiropractic profession?* by **Donald R. Murphy** was recently published in *Chiropractic and Osteopathy*.

Accessible at **www.chiroandosteo.com/content/18/1/22**, the article examines the recent evidence, and the suggestion that the relationship is not causal, but that patients with VADS often have initial symptoms which cause them to seek care from a chiropractor and have a stroke sometime after, independent of the chiropractic visit.

The article concludes that chiropractors should be taking a proactive, public health approach to this uncommon but potentially devastating disorder.

Research

Identity crisis

*British Chiropractic Association president **Richard Brown** discusses the latest controversy over the Vertebral Subluxation Complex and calls for a balanced approach.*

EARLIER THIS year the UK's statutory regulator, the General Chiropractic Council, issued guidance to the profession in relation to the Vertebral Subluxation Complex (VSC)[1]. The GCC reminded registrants of the need to ensure that any marketing claims made in relation to VSC were supported by robust evidence, particularly where those claims related to VSC being the cause of disease or health concerns. Controversially, the GCC expressed the view that the VSC was seen as an historical concept which was no longer taught within any of the UK-based educational institutions.

In drawing the attention of its members to this guidance, the BCA issued a statement of its own, noting that no provider of UK-based chiropractic undergraduate education taught VSC theory in the context of modern health care delivery. The statement was not made lightly; in line with its *Vision, Values and Identity* document the BCA expressed support for an evidence-based care model.

Indignation and vitriol

The move sparked a furious response from proponents of the VSC. Rallying cries accused the BCA of betraying the very principles upon which the profession was founded and being the very anathema of all that chiropractic represented. By challenging the VSC, they said, chiropractic risked losing its identity and its uniqueness by leaving it open to being subsumed into the morass of manual therapy.

The indignation and vitriol that has followed the BCA's statement perhaps reflects the current state of the profession and explains why it has been subjected to ridicule by science commentators and sceptics. For fear of being subsumed into mainstream health care, the profession has tended to adopt an isolationist stance which has led to it being viewed with suspicion, not only by health professionals, but by scientists and, most damagingly, by the media. If this stance continues it will undoubtedly result in a suicidal demise of the chiropractic profession. It is therefore time to challenge the misguided view that integration is somehow tantamount to a betrayal of the profession's identity and embrace the opportunity for chiropractic to take its place in the wider health care community.

Biopsychosocial model

The profession has long held the view of chiropractic being a science, art and philosophy and to dismiss these three components would clearly be to lose a fundamental part of its identity. Each component has a role to play and in this respect it is important that a broad consensus be reached within the professional associations of the UK and beyond. Waddell's model of a biopsychosocial model of care[2], promoted within chiropractic, demonstrates that the profession need not discard its traditional values to integrate itself with mainstream medicine. Likewise, the fact that both medicine and chiropractic have a considerable way to go to promote themselves as exclusively reliant upon RCTs and systematic reviews emphasises the indisputable fact that the art of delivering health care compassionately and holistically remains a critical aspect of health care.

There are also those who see no role for a philosophy of health care in chiropractic. The extremists at each end of the chiropractic spectrum have sought to define chiropractic by a rigid adherence to belief systems, be they vitalistic or mechanistic, and their demands that a choice be made between the two has arguably led to further crises over identity.

Some supporters of a pure vitalistic approach have taken the concept of subluxation several steps further in their claims for the VSC and it is here that a divergence of opinion develops. Claims that it is the cause of systemic disease and even death, largely based on anecdotal and observational studies, remain unsubstantiated by clinical research evidence.

A clear identity

More than at any time in its history chiropractic needs to be clear about its identity. To remain viable as a distinct health care profession, it must reconsider its position in the global marketplace and clearly define itself as a spinal health care specialism. Does that mean we cannot positively influence overall quality of life and enhance the complete health status of our patients? Of course not, but without a clear direction chiropractic will struggle to retain its place within the fast-paced world of health care.

The opportunity to stake our place and fill the void is with us, but we risk losing it by holding on to dogmatic adherence to outdated beliefs. Contemporary health care has a set of rules and if we are to stay in the game we must be prepared to play by those rules. A commitment to research, support of high quality education, a willingness to integrate as part of a health care team and a recognition that unity will strengthen our profession must ultimately be the goals towards which we should all strive. A patient-centred philosophy of care, a valuing of the art of care delivery and a desire to understand the science behind what we do must therefore all retain a place in modern chiropractic practice.

[1] General Chiropractic Council. Guidance on claims made for the chiropractic vertebral subluxation complex. Accessed at http://www.gcc-uk.org/files/page_file/guidance_on_claims_for_VSC_May_2010.pdf

[2] Waddell G. *The Back Pain Revolution 2nd Ed.* (2004) Churchill Livingstone

Richard Brown DC, LLM
BCA President

Past president's farewell

Six years of achievement

After six very busy years, there aren't enough pages in BACKspace to accommodate all the exemplary work Philippe Druart was involved in. Here he highlights the most significant events.

FIRSTLY, I want to congratulate Øystein Ogre and wish him success. Chiropractic in Europe has made major steps forward towards higher credibility. I am sure he will defend its values.

2005: We started the negotiations with the EU Commission concerning the important Recognition of Professional Qualifications (RPQ) Directive. All National Associations participated, and we became the first profession to access the Common Platform. But the EU said that the RPQ does not aim to harmonise Member States' regulation or modes of delivery of health and social services, so we realised that this is a non-issue, only valid for countries where a profession is already regulated!

2006: The ECU was restructured with one president, 2 vice-presidents, one treasurer and one secretary who would be the link with the EAC, as secretary general. The Professional Council was replaced by the future Academy.

The ECU decided to support a new chiropractic educational institution in Spain by sponsoring the AECC model programme.

At the same time we were fighting many DCs 'educating' laymen and non DCs in costly seminars.

We opened a second office in Cyprus, to deal with the overload of work and the new EAC.

2008: The new website was launched.

The ECU part-funded the ECCE's application to join ENQA, the European Network for Quality Assurance.

The first European Research Day took place in Brussels: nearly 30 European Researchers participated. This was an immediate success, and the Jean Robert prize was created.

We started the first meetings with the CEN in Brussels. 13 countries will participate in the development of European chiropractic standards.

The AIC received assistance from ECU members at L'Aquila after the disastrous March earthquake.

In November, we assisted at the WHO Congress on Traditional Medicine in Beijing, where the WFC was chosen to deal with the manual therapies. Chiropractic was demonstrated to be in the forefront of these.

2010: The Singh affair was a heavy load for the BCA, but also for the rest of the chiropractic world. Its sad conclusion will have many repercussions, some direct, some indirect.

At the European Parliament, the chairman of the EWPC made a Declaration of Intent for the harmonisation of our profession throughout Europe. This has become a Written Declaration that we are asking all MEPs to sign to make it an official request to the European Commission and National Parliaments. So far, the results are poor despite a vigorous campaign. We have till 20 October to convince them to sign Declaration 46/2010. Thanks for your help!

ECCE now awaits the full ENQA membership acceptance, but we can be positive. Tim Raven has taken over the ECCE presidency - big shoes to wear after Jenni Bolton – but he has proved he knows his subject during the CEN meetings!

ECU president Øystein Ogre comments: "We are sincerely grateful for the time and energy Philippe put into the profession. He has always had his heart in chiropractic."

Book review

The Cervical & Thoracic Spine, Mechanical Diagnosis & Therapy

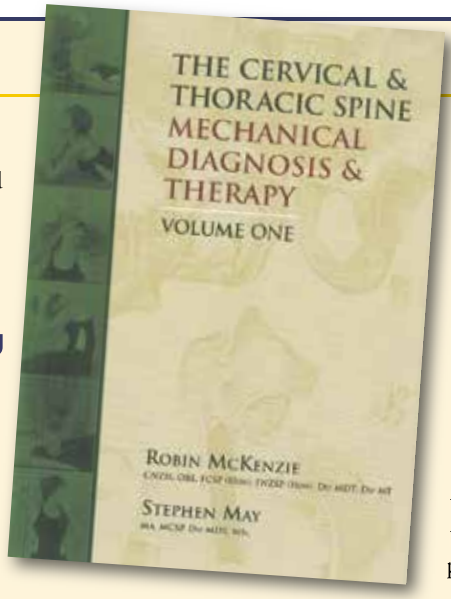
Robin McKenzie, Stephen May

OVER THE last decades, Robin McKenzie has definitely made his name as an expert in musculoskeletal problems of the spinal column. Not many clinicians have added so many hard-to-ignore principles to today's classification, diagnosis and treatment approaches in our common field, having introduced them long before the birth of bio-psycho-social models of pain, evidence-based health care and patient involvement in management.

He ventured, with success, to provide us with an approach for the lumbar spine. In this work he applies his logical, easy-to-learn protocol to the cervical and the thoracic spine. He considers the most recent evidence concerning the improved potential of defining subgroups of patients more clearly (particularly necessary for the large group of non-specific types of complaints) and the clinically relevant difference it may make in patient outcomes, specific to the problems they encounter, as well as the validity of the different types and/or combinations of care for the lumbar spine; we'd better pay attention to this application for the cervical and the thoracic spine. Even though we need evidence, McKenzie provides us a beacon, completely patient-orientated.

Interestingly, the classification of mechanical syndromes: derangement, dysfunction and postural, may be a potential source of major confusion for us. As chiropractors, I suspect we may find joint and muscle dysfunction in all classifications. Since these terms are conventional, we need to use the right terminology in the right context and consider the proposed definitions. They are distinguished by features of the clinical presentation and responses elicited when applying a structured sequence of loading strategies.

Book review



Derangement syndrome

- most common syndrome
- variable clinical pain pattern: shifts from side to side, proximal/distal
- gradual or sudden onset
- constant or intermittent symptomatology
- symptoms influenced by repeated movements and postures in a lasting manner (McKenzie techniques)
- range of movement (ROM) may be obstructed or diminished

McKenzie attributes the pain to disc displacements.

Dysfunction syndrome

- usually a consequence of trauma, spondylosis, previous pain episodes
- never constant, appears only upon mechanical loading
- restriction of end-range movement

McKenzie attributes the pain to loading of abnormal, damaged tissue (contraction, scarring, adherence ...) and inadequate remodelling.

Postural syndrome

- most distinguishable syndrome
- only prolonged static loading of normal tissues causes pain
- no pain upon movement or activity
- no restriction of movement

The key to the technique

Repeated active ROM trials, usually 10 to 15, are undertaken with the intention of increasing the range towards the last execution. The patient is constantly asked for feedback about the symptoms (central and peripheral), before, during and one to two minutes after the tests; the ROM is also monitored. Positive changes occur when the pain in the distal/central regions diminishes and/or when the pain occurs more in central regions (centralisation) and/or when the ROM increases. Initially increased pain is possible and is acceptable. The symptoms are recorded as better, worse or unchanged. As soon as a positive change occurs, there is no further testing. This will be the exercise for the patient to perform typically every 2 to 3 hours, generally 10 to 15 repetitions. Different postures may be attempted in acute conditions to decrease the gravitational challenge. Slight overpressure is used in the loading progressions, first by the patient and finally by the clinician if the patient induced active ROM doesn't result in positive changes. If the symptoms are unchanged or worse, the next mechanical testing step is tried as listed and generally in this order: sagittal plane, frontal plane, horizontal plane.

Sagittal plane loading strategies

Protraction

Usually, movements in the sagittal plane are explored first, starting with protraction (to extend the chin forward as far as possible in a slouched posture).

Retraction

A posterior horizontal movement of the head to tuck in the chin is performed in the seated position, if possible (alternatively supine or prone). Retraction is by far the most common directional preference and should be explored most extensively, possibly using force progressions as described above.

Retraction followed by extension

Next, a combination of retraction followed by extension is produced. If necessary, overpressure is produced by adding rotation from side to side 5 to 10 times with the head relaxed in extension. The lying position may be used to unload if the seated position is not tolerated. The patient is lying at over the edge of a treatment table, the hand may be supporting the head, performing five to ten reps.

Flexion

Pure flexion, bringing the chin to the chest, is seldom used. Force progressions may be necessary by applying overpressure, by interlocking the hands around the back of the head. McKenzie sees a relationship with symptoms at the anterior or antero-lateral side of the mid to lower cervical spine and around the throat. Swallowing may be painful. The onset may be related to a motor vehicle accident. The patient may be unable to flex and extension is not obstructed.

If neuropathic signs and symptoms occur (adherent nerve root, post surgical, cervical radiculopathy), flexion is also used first and with less force and fewer repetitions (five to six reps, five to six times per day).

Frontal plane loading strategies

Frontal plane movements (10 to 15 reps) are explored next, taking the ear to the shoulder in the retracted head position and back to centre until the directional preference can be determined. They are used immediately in case of acute wry neck or lateral deviation because in this case there will be no testing in the sagittal plane.

Horizontal plane loading strategies

Rotation is explored with slight retraction turning to one side and back to neutral. Force progressions may be necessary as well as exploring alternative gravitational situations.

Brugger relief posture

For most of the movements, the Brugger relief posture needs to be adopted. It is impossible to achieve the full potential of retraction without forward tilt of the pelvis and increasing the lumbar lordosis, tilting up the chest, lowering the shoulders. This is perfectly in line with the approach for the lumbar spine and accords well with the current biomechanical principals of spinal stability. Postural correction in one area positively affects the other.

McKenzie states that management strategies should be devised in line with symptom and mechanical responses and should not simply follow a patho-anatomical concept. In the non specific types of syndromes I suggest we also need to consider the complexity of pain/nociception in the central nervous system in the absence of any 'demonstrable pathology'. The explanation of the patho-anatomical basis of the different syndromes may be outdated, but the concept of centralisation and other responses to targeted movements and a systematic approach in classification, diagnosis and self treatment may be found to be very up-to-date. Palpation techniques are not covered, although, to me, they fit the picture of a patient-centred and feedback-driven approach, if used as such. He advocates manipulative therapy as a last resort, if all else fails; a statement open for further discussion. I will use this information to guide rehabilitation and to give the patient a tool to gain confidence and self control, mainly after manipulation.

Karl Devriese, DC, DACNB, ICSSD

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