What’s new in this issue?

Meet the 2017 Convention speakers

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Care Response

... and much, much more

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To jaw-jaw is better than to war-war

I t HAS been said that chiropractors have more in common than what separates them. In this issue, you will see that the ECU has taken the initiative to explore this further. Also, on page 4, you will see a set of statements of what most chiropractors have in common, which are a result of talks between the ECU and The Rubicon Group. Opinions may differ over their precise formulation and no doubt we could spend many pleasant hours debating a word here or a phrase there. Ideally, they should be more precise but they are a compromise after many hours of frank debate.

The purpose of the statements is to stimulate a spirit of coexistence between competing visions of the future which will allow ideas to flourish and be debated in the open marketplace of public opinion. They are not an attempt to describe the profession fully.

But hold on, I will start by giving you some background to the origins of the talks we started with The Rubicon Group. For more than a hundred years, chiropractors have been fighting amongst themselves about who can claim to practise the right kind of chiropractic. It has been the straights vs the mixers, the evidence-based vs the subluxation-based etc, etc. Historically we have circled the wagons and then shot inwards, when we should have come together in a unified front to develop and expand our great profession. Chiropractors have more or less accepted the internal squabbles as normal and ignored the danger they represent. Those who have been involved in other big organisations will tell you that if you cannot clean up a long-standing internal conflict, the organisation will deteriorate and ultimately die.

Last year the ECU received numerous reports from students, faculty and field practitioners who were frustrated over the aggressive language used in social media, at seminars and conferences, between the vitalistic and non-vitalistic groups of chiropractors. Preparations for open-trench warfare were being drawn up with management, where we know of negotiation and compromise. Ideally, they should be more precise but they are a compromise after many hours of frank debate.

During last summer, ECU representatives (ECU Treasurer Vasileios Gkolfinopoulos and ECU Secretary-General Ian Beesley) met with Guy Riekeman and Gerry Clum of Life University to explore if there was enough common ground for the two parties to collaborate and conduct a meaningful conversation. Draft statements were then scrutinised and amended in a meeting in Geneva in August where the whole Rubicon Group was present together with the ECU Executive Council.

The Executive Council believes that these statements are the first stepping-stones to a situation where the profession can act in a unified way. They are a result of negotiation and compromise. If one of the parties had written the statements themselves, they would have looked different. They reflect where we found common ground. So far, the discussions have not covered areas like the subluxation complex, vaccination, the use of drugs and patient management, where we know there is a significant difference in opinion between the two groups.

"Ideally, they should be more precise but they are a compromise after many hours of Frank debate"

Those areas and many more can be visited in the future. Many will ask: “Do these statements restrain my ability to express my academic and political opinion?” Absolutely not! As a practitioner, firmly based in science, I welcome and encourage an open and free debate on every academic or professional topic. I do, however, believe that both camps can learn from the dialogue that will come as a result of the EC initiative.

Freedom of speech matters in Europe. It is the basis of progress across the field. Let us now resume a conversation where differences in opinion will be debated in a spirit of openness, respect and dignity.

Øystein Ogre DC, FEAC ECU President
Blog address: ecupresidentblog.com
Email: ecupresident@gmail.com

1 Winston Churchill, Washington, 26 June 1954
2 The Rubicon Group comprises the heads of vitalistic chiropractic colleges: LIFE College Georgia, LIFE West California, Sherman College, McTimoney College, Barcelona College, New Zealand College
ECU Executive Council challenges national associations to protect gold standard of education

ECU EXECUTIVE Council held discussions with leaders of The Rubicon Group, to explore the extent of overlap in approach between various perspectives in the profession, during the summer and autumn of 2016.

The results were set out in a number of statements about chiropractic agreed between the parties. They reflect the substantial degree of unanimity in approach and provide a basis for mutual respect and collaboration in the interests of wider availability of chiropractic education and care and the basis for a common front to the outside world. They do not set out to define the profession, but to emphasise what, as professionals, chiropractors have in common, rather than dwell on the areas where they disagree.

Commenting on the initiative, Øystein Ogre confirmed that the ECU will continue to regard education as the heartbeat of the profession, both the initial qualification of chiropractors through an accredited course and an insistence on the clinician staying abreast of developments in the discipline throughout their working life.

This is not just a matter of skills, knowledge and competence but also how the clinician is able to deploy his/her skills and knowledge in the best interests of the patient.

“We will fight to maintain the gold standard in our profession,” Øystein Ogre said, “through continuing to invest a good share of our income in research relevant to clinical practice in an increasingly multidisciplinary environment and through protecting the integrity of being qualified to call oneself a chiropractor. These are absolutes and will not be compromised. The Executive Council calls upon each national chiropractic association to be active in promoting these values.”

The statements

1. Preamble statements/ethics:
   1.1 A united profession is powerful; a divided profession is weakened.
   1.2 Chiropractic should be more widely available and accessible globally.
   1.3 The chiropractor should practise in the best interest of the patient respecting the legal and ethical boundaries of their locale.
   1.4 Chiropractors should demonstrate tolerance of the professional choices of fellow chiropractors.

2. Characteristics of the profession
   2.1 Chiropractic is a well-established member of the health care community in the western world and is seeking to establish itself in the rest of the world.
   2.2 Members of the chiropractic profession are highly-educated members of the health care community who commit to continuing education through self-directed, lifelong learning.
   2.3 Members of the chiropractic profession endeavour to provide effective care and to enhance neural plasticity and improve performance as knowledge and practice strategies evolve.
   2.4 Chiropractic is a primary contact health care profession.
   2.5 Chiropractic influences the structure and function of the body.
   2.6 Chiropractic influences the nervous system to minimise dysfunction and to promote health and well-being.
   2.7 Chiropractic includes patient assessment, diagnosis, care, promotion of well-being and prevention of health disorders.
   2.8 The main mode of care of chiropractic is specific adjustment of the body’s articulations with emphasis on the spine.

3. Professional context
   3.1 Chiropractic is a conservative approach to health care that recognises the body’s ability to recuperate and adapt.
   3.2 Science and philosophy are important elements of the profession. Research is central to the profession and its advancement and philosophy contextualises its scientific and evidence base.
   3.3 Patient consent practices must be consistent with local custom and practice. Similarly, payment policies should be culturally acceptable and must be fair and equitable.
   3.4 Monitoring patient outcomes and experience with chiropractic care is advised and encouraged.
   3.5 Chiropractic legislation and regulation should be sought at a national or state level.
   3.6 Chiropractors who bring disrepute on the profession should be called to account.

Looking to the future

THE ECU General Council, at its November 2016 meeting, set up a working group with the following terms of reference:

- To examine all the functions carried out by the European Academy of Chiropractic (EAC) with particular attention to (but not confined to) CPD courses, GEP management, Fellowship and the activities of SIGs, representation at conferences and entertainment etc.
- To consider whether there is an ongoing need for each of those functions
- To consider whether there are additional functions that should fall within the purview of the Academy
- To review the current tasks carried out by each of the officers of the Academy and their cost
- For those functions that are deemed necessary, to consider where and how they should be carried out in future having regard to their effectiveness and efficiency
- To report and make recommendations to the Executive Council by 28 February 2017

The members of the working group are Matthew Bennett (Great Britain), Bart Vandendriess (Belgium) and John Williams (Italy).

Lise Lothe, Dean of the Academy, commented: “We welcome the opportunity to review and improve where possible the operations of the EAC.”
ECU news

ECU General Council Meeting

A report of the meeting on 4-5 November 2016

Financial support

The Council approved a grant of €1,655 to the Belgian Association in recognition of the inauguration of a Belgian Chiropractic Research Council.

The British Chiropractic Association reported an increase in membership consistent with the plan submitted to the General Council in November 2015 and on that basis the General Council agreed to release the second tranche of ECU support for the BCA membership initiatives (€50,000).

The Council confirmed a general expectation that requests for financial support should show matched funding raised by the applicant body.

Research

The European Centre for Chiropractic Research Excellence was reported to have got off to a flying start with 13 research applications and four awards made, totalling €308,269. The funded projects are:

Mauritz W van Tulder (Netherlands) and co-investigators for the project Back complaints in elders (BACE): A prospective, longitudinal analysis of older people with low-back pain in chiropractic care. The project aims to provide the knowledge necessary to improve our understanding for older people with low back pain in a chiropractic setting in order to provide safer and more effective care. Older patients over 55 years of age who consult a chiropractor for a new episode of low back pain will be recruited from practices in several European countries, and the data on the effects of treatment, including pain and functional status and costs of care, will be measured using validated instruments.

Andreas Eklund and co-investigators for the project Chiropractic maintenance care – cost-utility, psychological factors and pain trajectories. The project will look at four objectives in connection with the preventive treatment Maintenance Care (MC): 1) Is MC cost-effective and in a limited health care budget which treatments will benefit patients and society the most? 2) How psychological factors affect the outcome of MC. 3) How MC affects LBP by investigating the trajectory of pain before and after the visit to the chiropractor to reveal if the timing of the treatment is important. 4) Can a psychological profile predict the overall clinical course regarding number of days with pain, pain-free intervals between episodes, self-rated health and activity limitation?

Cecilie K Øverås and co-investigators for a PhD-project Pain in the spine and elsewhere – patterns and consequences; an epidemiological study. The project will provide new insight into the frequency and patterns of co-occurring musculoskeletal pain among people reporting non-specific low back pain through observational studies of clinical and general populations. The researchers want to see if any specific pain pattern is associated with higher rates of disability among people with primary pain in the low back and if such an association is altered by lifestyle factors such as obesity, physical activity, and sleep.

Jan Hartvigsen and co-investigators for the International Chiropractic Research Leadership and Capacity Building Programme, which will bring together the ten best young academics in chiropractic in a network that meets yearly at one of the three home institutions of the three mentors leading the programme and between meetings will communicate online and work on collaborative research projects in an effort to enhance evidence-based research.

“The Council confirmed a general expectation that requests for financial support should show matched funding raised by the applicant body”
Meet the 2017 Convention speakers

**Dr William E. Morgan**  
Keynote address: Integrating chiropractic into mainstream health care

Dr William Morgan is the newly appointed president of Parker University. Before that he was the White House chiropractic consultant and chiropractor to the United States Capitol, treating members of the US Congress and the Supreme Court.

A pioneer in hospital-based chiropractic, Dr Morgan has been an accredited clinician at five hospitals, including the prestigious Walter Reed National Military Centre. In 2015, Walter Reed recognised him with its highest honour for clinical excellence, the Master Clinician’s Award. In addition, he has held faculty appointments at a number of chiropractic colleges and at a medical school. He will speak about the integration of chiropractic care into multidisciplinary health care.

Dr Morgan is a 1985 graduate of Palmer College. From 2009 to 2016, he was the team chiropractor for the United States Naval Academy American football team. In addition to many other awards, he has received the American Chiropractic Association’s Chiropractor of the Year Award. He has also been featured on CCN.com and has been interviewed by the Washington Post. He has authored many articles and papers: these range from technical peer-reviewed papers, to educational expositions, to clinical articles, and editorial opinion. He is an international lecturer for both medical and chiropractic venues in the United States and abroad.

**Dr Carlo Rinaudo**  
The dizzy patient

Dr Carlo Rinaudo is a registered chiropractor with post-graduate training in Functional Neuro-Rehabilitation (Functional Neurology). He is director of a multidisciplinary clinic, focused on helping people with dizziness and balance-related conditions. His first degree was from Sydney University with Honours in Medical Science prior to undertaking a Masters. He is currently undertaking a PhD in Vestibular (balance) therapy at the University of New South Wales and Neuro-science Research Australia (www.NeuRA.edu.au), working alongside leading researchers and neurologists in the field.

Dr Rinaudo’s training in Australia and overseas, with Prof Ted Carrick and at the Cerebrum Health Centres (www.cerebrum.com), has led him to become a sought-after practitioner when it comes to helping people suffering from concussion, whiplash, mild and acquired brain injuries, balance and vertigo disorders like BPPV, vestibular migraines and Mal De Debarquement Syndrome.

**Dr Greg Lehman**  
Biomechanics and the science of pain

Greg Lehman is both a physiotherapist and chiropractor. He treats musculoskeletal disorders within a biopsychosocial model. Prior to his clinical career, Dr Lehman was one of only two yearly students to train with Professor Stuart McGill in his Occupational Biomechanics Laboratory. He subsequently published more than 20 peer-reviewed papers in the manual therapy and exercise biomechanics field. Dr Lehman asserts that the biopsychosocial model of care suggests that pain, disability and injury are more than just what is influenced by the biomedical factors. Expectations and beliefs can often drive unhealthy behaviours which contribute to disability and ongoing pain.

He will lead an introductory workshop that will teach therapists to use their existing knowledge, along with new concepts, to develop pain science key messages for specific patients.

Dr Lehman will also speak on successful injury management and prevention, arguing that exercise prescription can be unduly complicated and can be simplified by following basic rules of graded exposure and graded activity. This talk will explore the evidence behind exercise prescription and provide practical examples of prescribing and progressing exercise for a variety of patient populations.

**Dr Ulrik Sandstrøm**  
Olympic tales

Ulrik Sandstrøm graduated from the AECC in 1991 and started working at the Sheffield Chiropractic Clinic before setting up in Mansfield in 1997. His special interest is sports chiropractic, providing treatment to athletes at the highest level, and he will speak on this subject. He was part of the medical team working at the Athletes Village for the 2012 Olympic Games in London and is in his 6th season as Team Chiropractor to Leicester Tigers Rugby Team. He has delivered chiropractic consultancy to England Rugby, GB Basketball, Chelsea FC, Sheffield Wednesday, Sheffield United, other teams and individual athletes. In 2011 he completed an Ironman distance triathlon, but says that he has learned from his mistakes and plans never to do anything like that again!

Dr Sandstrøm has lectured nationally and internationally to students, chiropractors, physiotherapists and medical doctors and often has a chiropractic student sitting in with him during a consultation. He is currently working on videos for his website and YouTube channel with exercises and postural advice.

**Dr René Fejer**  
Tales from Rio

Dr René Fejer was the karate champion of Denmark for two years running. He knows how important it is for an athlete to avoid injury. He specialises in rheumatology and orthopaedics relating to the neck, back, shoulder and knee. In addition to his own clinic, Active Health, he works out of the largest Danish centre for back problems and during the past four years has used ultrasound scanning in the diagnosis of sports injuries. He has a doctorate from the University of Southern Denmark, where he is a clinical lecturer, and has published over 20 peer-reviewed articles. He will talk about his experiences at the Olympic Games/Paralympics in Rio 2016 and will also lead a workshop about motor development and injuries in young athletes.

**Professor Olivier Gagey**  
The clinical shoulder

Professor Gagey is an orthopaedic surgeon and Head of the Orthopaedic Department at Bicêtre University Hospital, Paris. He is also Professor of Anatomy at the Université Paris Sud. His main
research concerns shoulder function and the pathomechanics of cuff degeneration and shoulder instability. He has published extensively, in these and other areas.

Professor Gagey has proposed an innovative model of the deltoid muscle function and is currently researching the function of complex muscles. This latest work aims to better understand the muscles not only from the viewpoint of a rope pulling on the bone but looking at the mechanical consequences of the three-dimensional shape of some muscles. Professor Gagey was one of the star performers at the 2016 Convention and we can look forward to a dynamic perspective that will enthral and entrance.

**Workshop – Managing recent onset radiculopathy and improving standards/quality of care**

**David Byfield**  
Welsh Institute of Chiropractic, University of South Wales

**Dr Alice Kongsted**  
NIKKB, University of Southern Denmark

**Stuart Smellie**  
The Royal College of Chiropractors, UK

**Dr Rob Finch**  
The Royal College of Chiropractors, UK

Low back pain with radiculopathy presents as a challenging and complex condition for most chiropractors. This interactive workshop will explore the Royal College of Chiropractors (RCC) quality standards concerning Acute and Chronic Low Back Pain in conjunction with the ‘nerve root package’ and Danish national guidelines for cervical and lumbar radiculopathy.

**Dr Marc Bronson**  
Are we moving forward?  
Dr Bronson took an honours degree in kinesiology from the University of Ottawa in 2001, a doctorate in chiropractic medicine from the Canadian Memorial Chiropractic College in 2006 and a diploma in contemporary medical acupuncture from McMaster University School of Medicine. He also has certifications in exercise physiology and conditioning.

Dr Bronson is the founder and director of the Rehabilitation and Performance Centre. The centre is dedicated to improving health and the performance of the neuromusculoskeletal and cognitive systems using traditional medicines, including soft tissue and joint manipulation, acupuncture, and prescriptions for nutrition/nutraceuticals and functional exercise programmes. Dr Bronson's professional interests include manual medicine, sports medicine, chronic pain, nutrition sciences and health care policy. He is a strong advocate of efforts to integrate traditional medicine into health care services to offer a holistic, biopsychosocial model.

In 2015 he received the ECU/WFC Convention award for Best New Researcher for his work on compensation claims in chiropractic. More recently he has developed lectures and workshops on movement medicine.

**The future of chiropractic education**

It can be argued that the core of a profession lies in the quality and availability of its education. Chiropractic is now considered complementary medicine and moving on a path to becoming a fully-fledged allied health profession. As part of this progression, the ECU Executive wishes to see all chiropractic training conducted in high quality universities. The question is, how does the profession attract the support of relevant university leaders to achieve this goal?

Three prominent chiropractic educationalists will debate the future direction and promotion of the chiropractic profession to potential students. They are:

**Professor Haymo Thiel**  
Principal of the AECC

In addition to a Doctor of Chiropractic qualification, Haymo completed an MSc at the Department of Orthopaedics, Royal University Hospital, Saskatoon, Saskatchewan and a PhD at the School of Pharmacy and Biomedical Sciences at the University of Portsmouth. He holds a postgraduate Diploma in Medical Education from the University of Dundee. Haymo has published extensively in both clinical and educational research areas and is serving on the editorial boards of several peer-reviewed journals. His research interests are in patient safety, incident reporting, treatment outcomes related to manual therapies of the cervical spine, and clinical risk management.

**Dr Bruce Walker**  
Head of the chiropractic programme at the School of Health Professions at Murdoch University, Perth.

Bruce is Associate Professor (Research) in the School of Health Professions. He teaches evidence-based practice (EBP) and public health. He has lectured in evidence-based practice/clinical epidemiology to pharmacy students at Murdoch University, to medical students at Monash University, to chiropractors in Queensland and under the auspices of the Chiropractic & Osteopathic College of Australasia (COCA) to general practice registrars at James Cook University, as well as to general practitioners and exercise science students. He has published extensively with 67 papers in peer-reviewed journals and over 2500 citations.

**Dr Gerard Clum**  
President, Life Chiropractic College West 1981-2011

Dr Gerard (Gerry) Clum is a 1973 graduate of Palmer College, at Life Chiropractic College in Marietta, Georgia and at Life Chiropractic College West. He is a former President of the World Federation of Chiropractic (2006-2008) and was co-chair of the WFC Identity Task Force in 2003 – 2005. He is Director of The Octagon, a think-tank addressing matters of health, health care and contemporary perspectives on Vitalism. In August 2016, Life Chiropractic College West announced the establishment of a $1.2 million Gerard W Clum, DC Endowed Department Chair.
What do you know about Cyprus?

This island is the venue for the 2017 ECU convention in May. Test your knowledge of Cyprus before you arrive. Answers are on page 10.

1. The temperature in late May in Limassol is likely to be:
   (a) 12-15 degrees (b) 15-20 degrees
   (c) 20-25 degrees (d) 25-30 degrees

2. The sea temperature in late May is likely to be:
   (a) 15 degrees (b) 18 degrees (c) 20 degrees

3. The daily hours of sunshine in late May should be:
   (a) 5 (b) 7 (c) 10 (d) 12

4. The local cheese is:
   (a) Feta (b) Halloumi (c) Cheddar (d) Parmesan

5. Cyprus is one of the 10 best wreck dives
   (a) True (b) False

6. How many members does the Cyprus Chiropractors’ Association have?
   (a) 8 (b) 11 (c) 15 (d) 20

7. Which Goddess was born on the island?
   (a) Athena (b) Artemis (c) Demetra (d) Aphrodite

8. Which Cypriot city has two different time zones?
   (a) Nicosia (b) Larnaca (c) Limassol (d) Paphos

9. How long is the Limassol beach promenade?
   (a) 5 km (b) 7 km (c) 9 km (d) 11 km

10. Where is Cyprus’s largest carnival held?
    (a) Nicosia (b) Larnaca (c) Limassol (d) Paphos

11. Dionysus is the God of:
    (a) Thunder (b) Wine (c) Sun (d) Alcohol

12. For which animal is Cyprus famous?
    (a) Donkey (b) Cow (c) Sheep (d) Goat

13. Cyprus gained independence from Britain in:
    (a) 1956 (b) 1960 (c) 1964 (d) 1974
ECU CONVENTION
25-27 MAY 2017
LIMASSOL

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Researchers blaze the trail for chiropractic

**KAROLINSKA INSTITUTET** in Stockholm is the largest medical university in Sweden and one of the most sought-after research locations in the world. It is home to the Nobel Prize for Medicine. With over 6,000 students, 2,000 of whom are working towards a PhD, and 1,700 researchers, it is only for the best and provides most types of medical education – for doctors, nurses, physiotherapists, psychologists, dentists – though not for chiropractors (yet!).

Despite this current gap, there are two chiropractors blazing the trail for the profession. Andreas Eklund and Iben Axén work in one of the institute’s 22 departments, the Institute of Environmental Medicine, which in turn has 16 research units. Theirs operates under the obscure title the Unit for Intervention and Implementation Research for worker health (IIR). The IIR takes an interdisciplinary approach to psychosocial factors and musculoskeletal exposures in working life. Much of this is highly relevant to chiropractic care. Just take a look:

- **Is chiropractic maintenance care effective?** A randomised study which compared the outcomes for patients receiving regular chiropractic care with the aim of preventing symptoms with care offered only after symptoms had appeared.
- **Predicting the outcome of chiropractic care.** In this longitudinal study patients with low back pain were classified according to psychological profile and the outcomes at the fourth chiropractic treatment session were compared.
- **Psychological profile of chiropractic patients.** This study compared chiropractic patients with secondary and primary care patients, using a validated questionnaire.
- **Preferences for physical activity.** This study elicited employee preferences for exercises to manage low back pain.
- **Assessing biomechanical exposures from repetitive work.** A current project that is developing an assessment package to allow practitioners to evaluate workers’ exposure to biomechanical load.
- **The determinants of reduced work ability.** This project uses large repeated population surveys to assess physical and psychological factors affecting the ability to work.
- **Promoting physical activity at work.** The study investigates how important physical activity at work is in the total activity (and inactivity) of the individual.
- **Sleep quality and multisite pain.** In a large observational study the aim was to assess whether persistent good or bad sleep can predict the onset or recovery from multisite pain.
- **Sleep quality and sickness absence.** The effects of persistent good or bad sleep as a predictor of future sickness absence in patients with lower back or neck pain.
- **The effects of exposure to stress on heart rate variability (HRV) and sleep quality.** Based on self-reported sleep quality, stress, hearing disabilities, tinnitus and nocturnal heart rate variability will be analysed for the relative importance of stress and genetic factors on HRV and the sympa-tho-vagal balance.
- **What type of rehabilitation is of most benefit in securing a return to work?** This study investigates the evidence used in rehabilitation programmes relative to reduced future sick leave.
- **The economic value of preventive measures.** A method is under development to calculate the economic benefits of preventive measures in the workplace. The method captures both the managers’ and employees’ views of health and work environment problems and their effects on performance.

For further information on any of these projects contact iben.axen@ki.se or andreas.eklund@ki.se.

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**Your views sought**

**SYSTEMATIC REVIEWS** and meta-analyses play a vital role for clinicians, patients and all stakeholders who make use of the health care system. They are a summary of the best available evidence on a given issue and can both shape policy and provide clinicians with an unbiased view of the literature to inform their practice. The ECU would like to gauge interest in participating in a potential workshop on the interpretation of systematic reviews, targeted on clinicians and likely to take place during the ECU convention in 2018.

Please email your response to the questions below to wuytack@tcd.ie.

Would you be interested in taking part in a workshop on how to interpret systematic reviews?

Yes/No

If yes, which format would you prefer?

a. A two-hour introductory workshop during the ECU main convention
b. A half-day pre-convention workshop (self-funded)
c. A full-day in-depth pre-convention workshop (self-funded)

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**Call for papers**

The Real Centro Universitario Escorial-María Cristina invites the submission of original and unpublished chiropractic research in English or Spanish by 8pm (CET) on 7 April 2017.

The prize, the V Queen Maria Christina Award, is sponsored by Banco Santander and worth €3,000.

For full details and the regulations governing the award go to www.chiropractic-ecu.org/award.

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**What do you know about Cyprus?**

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**Answers**

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11 b
12 a
WHEN YOU read this, the new year will have come and be long forgotten, but at the time that I write this, 2017 is barely upon us. Looking out of my window, the sky is grey and I long for the sunshine and warmth which spring promises. I thought this would be an opportune moment to give you an idea of the projects to look out for this year and the year(s) to come.

Projects conducted at the VU Amsterdam, The Netherlands.
Report from Sidney Rubinstein

1 What is the effect of spinal manipulation in patients with chronic low back pain? This question has been answered in the Cochrane review and the data summarised in traditional meta-analyses. This gives an indication of the overall effect of the treatment, or in other words, whether it works and how much. This standard approach has many advantages because it summarises the best available evidence for the clinician, but it also has limitations. Most importantly, subgroup data are typically missing or data may be pooled together and therefore, limit their relevance for the management of patients in clinical practice. An alternative approach in a project led by Annemarie de Zoete is to collect the individual data from each RCT. This has several advantages. To date, we have collected data from 18 RCTs with more than 4,500 patients in total, and hope to be able to include more than 5,000 patients.

2 What is the effect of chiropractic care on the elderly and which clinical factors may help identify who is likely to benefit or be harmed from your care? These are but a few questions which we hope to answer in a new PhD-funded study by ECCRE. We talk about evidence-based care, yet relatively little research has been conducted on the elderly, despite the ageing population. Even more dismaying is the fact that many RCTs on chiropractic care exclude the elderly, so where is the evidence? This new study will fill that gap.

Collaborative projects between NIKKB and the University of Southern Denmark
Report from Alice Kongsted

1 Do patients with low back pain have better outcomes if chiropractors and physiotherapists are educated how to deliver care in line with clinical guidelines rather than just making the information available and hoping it will be read and implemented in practice? In Denmark, there is a political appeal for standardisation of care packages and delivery will be required for public reimbursement of treatment. This project will also explore, among other things, the facilitators and barriers for its implementation.

2 Do radiographic findings in patients with low back pain help predict their clinical course? In other words, do these findings have clinical implications? Do beliefs about back pain in patients change following imaging? These are just some of the questions that researchers will answer using a new cohort of patients with low back pain.

Many RCTs on chiropractic care exclude the elderly

"Many RCTs on chiropractic care exclude the elderly"

IOB (Institute of Sports Science and Clinical Biomechanics) project in collaboration with NIKKB
Report from Henrik Hein Lauridsen

What is the relationship between motor performance in 3- to 6-year old kindergarten children and musculoskeletal health? This project will investigate if a structured programme aimed at improving motor skills in these children has the potential to improve their gross motor performance and any aberrant movement patterns.

Projects conducted in collaboration with AECC
Report from David Newell

1 How can we best measure whether our patients are getting better (or worse) using outcomes instruments that are both scientifically valid and clinically relevant? This new project is to be conducted in collaboration with Keele University. Keele is also responsible for the STarT Back tool, which is a tool that helps stratify care based upon the psychosocial profile of patients and thus helps to identify those who are at risk of a poor outcome. Our collaboration with this group will help to solidify the working relationship with Keele and make future collaboration possible.

2 Research is important, and should form the backbone for establishing evidence-based care, but how can we best build research capacity within the UK? The aim of this recent initiative will build capacity in the UK by providing chiropractic PhD students and experienced UK-based researchers an opportunity to work in an interdisciplinary setting. This will facilitate interdisciplinary collaboration and stimulate discussion beyond the chiropractic arena.

Projects conducted at Karolinska Institutet, Sweden
Report from Iben Axen

Is maintenance care for recurrent and persistent low back pain more effective than care which is initiated when a patient is in pain? Most, if not all of us in clinical practice, treat patients on a preventive basis. Patients report less pain over the course of time and fewer recurrent episodes, yet up until now there was no strong evidence to support this approach. A new large, multi-centered RCT concluded that patients receiving maintenance care experienced 20 days less bothersome pain over a year compared to the patients who consulted when in pain only. Additionally, those who received maintenance care received only two more treatments than the control group, so this approach is likely to be cost-effective. These findings make a very strong argument when talking to third-party payers.

Exciting stuff. Stay tuned…

Sidney Rubinstein, DC, PhD Chair, ECU Research Council
s.m.rubinstein@vu.nl
Exploring the definition of ‘acute’ low back pain

Karin Mantel describes her recent thesis

Mechanical, nonspecific low back pain (LBP) remains a very common condition in developed countries with a significantly damaging impact on individual suffering, as well as health and workplace costs.

Where the condition is recent it is best managed with manual therapy, medication, patient education and reassurance, some specific exercises and discouragement of bed rest. Spinal manipulation generally shows a more favourable outcome for this group of sufferers (recent-onset) than for the chronic sufferers.

However, patients with mechanical LBP are a heterogeneous group, and it is reasonable to assume that they consist of various subgroups. Currently, there are no standardised categorisations. If more specific and homogenous subgroups could be identified, this may lead to a better understanding of each condition. Clinical research could then compare treatments within the various subgroups to look for the best-suited therapeutic intervention for each.

New research projects are focusing on finding clearer definitions and subgroups of patients with LBP, especially in terms of duration and frequency of their symptoms. The most commonly used categorisation in terms of duration of complaint is: acute (0-4 weeks), subacute (4-12 weeks) and chronic (over 12 weeks). But this definition is not a worldwide standard, nor are there proper data on the homogeneity of the three groups.

In addition, the strongest and most consistent predictor of clinical improvement is how quickly the LBP patient starts to respond to treatment. So, for example, it is reasonable to ask if patients who have had symptoms longer than two weeks do as well as patients with a shorter record of symptoms. In particular:

- Are there differences in clinically significant improvement for patients with either high-acute (0-2 weeks) or mid-acute (2-4 weeks) duration of symptoms undergoing chiropractic treatment?
- Is there a similarity between the groups of mid-acute (2-4 weeks) and subacute (4-12 weeks) duration of symptoms undergoing chiropractic treatment?

Results

475 high-acute (0-2 weeks), 141 mid-acute (2-4 weeks) and 163 subacute (4-12 weeks) patients were looked at initially. But from this total of 779 patients there were several drop-outs who missed more than one of the five data collection points. Comparing baseline characteristics, we found that a significantly higher percentage of mid-acute patients reported below average health and were more similar to the subacute patients than to the high-acute patients.

A significantly higher proportion of the high-acute patients reported clinically relevant ‘improvement’ at one week, one month and six months compared with the mid-acute patients. For the secondary outcome measures, the high-acute LBP patients also reported a significantly higher Oswestry change score at one week, one month and three months. The NRS change score was significantly higher at all data collection time points (one week, one month, three months, six months, one year) compared with the mid-acute group.

Subsequently the mid-acute and the subacute groups were compared. A significant difference in the proportion of patients reporting clinically relevant ‘improvement’ as well as the NRS change scores was only seen at one week, with the mid-acute group reporting better outcomes. The Oswestry change scores were significantly higher for the mid-acute patients at one week, one month and three months, however.

Conclusion

The results of this study demonstrate that the outcomes from LBP patients with 2-4 weeks (mid-acute) duration of symptoms are more similar to patients with 4-12 weeks (subacute) than they are to patients with 0-2 weeks (high-acute) duration of symptoms. Hence, the most commonly used period of 0-4 weeks as the definition of ‘acute’ may not reflect an appropriate categorisation and should be challenged.

For further details of the study contact Karin Mantel at karin.mantel@chiroswiss.ch
Inspired by the vision set by WCCS President Damiano Costa, the programme was designed to align with the pillars of purpose adopted by the WCCS: to advance and unite the global chiropractic profession through inspiration, integrity and leadership. It attracted a wide range of speakers from the chiropractic world and beyond.

We had the honour of having Peter Sage from the International Chiropractic Association (ICA) speak about personal development, Dr Steve Williams from the University of Chiropractic Canada talked about paediatric chiropractic, Dr Jeppe Dahl’s talk was about sports chiropractic, Dr Joe Tilley showed us the importance of our role in a future of integrated health care, and Penny Spawforth presented the concept of non-violent communication. We also had the pleasure of the company of WCCS alumni, now successful chiropractors, who shared with us their experiences in the professional world and explained how our organisation helped them to succeed. A special mention goes to the secretary general of the ECU, Dr Ian Beesley, who showed us the progress made by the ECU in Europe towards advancing and uniting the profession. It has been delightful to see how the ECU’s efforts are in line with the purpose of the WCCS. We also want to thank the AECC principal, Dr Haymo Thiel, who supported the WCCS-AECC chapter in hosting the 2016 European Regional Event at the AECC campus. Dr Thiel opened the event with an inspiring speech about how the school also promotes the pillars of the WCCS purpose.

Feedback from participants was highly encouraging:

“An inspirational experience to be a part of a community where people want to better themselves as much as possible. A place of diversity, understanding and acceptance.” (Mads, 2nd year student at Southern Denmark University).

“Certainty and fearless commitment are keys to succeed in life. Values like Unity, Integrity and Leadership were represented in different forms during the event; as a chiropractic student, I found them in line with my core being and inspiring for the future of our profession.” (Charlotte, 4th year student at Institut Franco-Européen de chiropraxie, and WCCS Board of Directors member)

We received a special mention for ‘inspiration and leadership’ from the World Federation of Chiropractic judging panel for the World Spine Day competition, and the WCCS chapter of the University of Johannesburg came second in the Educational Institutions category. Also, the WCCS AECC chapter donated £614 to World Spine Care (South Africa) came second in the Educational Institutions category. They also receive a digital website code to use the seal on their clinic website, and when a patient clicks on the seal they will be forwarded to a page on the BCU website which explains the background to the quality seal – https://tinyurl.com/hc24f4y.

Royal College of Chiropractors Standards Week

The UK Royal College of Chiropractors (RCC) designated the fourth week in January as Standards Week, featuring a different quality standard each day on Facebook: Chronic Pain, Chronic Low Back Pain, Acute Low Back Pain, Supportive Self-Management, Acute Neck Pain, and Clinical Governance. A subsequent post read: “It's never too early (or late) to familiarise yourself with our Chiropractic Quality Standards for best practice. These documents are accessible online all year round for your use. So, if you missed Quality Standards Week here's the link to all of the current Quality Standards http://bit.ly/quality-standards.”

The primary purpose of The RCC’s quality standards is to make clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.
Ken Vall was elected President of the European Council on Chiropractic Education (ECCE) in November. He presented to the ECCE Council a new vision of independent transparent accreditation for chiropractic education aligned with the best of medical and other health care training. There will be much to do and the decision-making processes at the ECCE can be cumbersome. Undaunted, however, Vall has launched a programme of radical improvement.

ECCE Council members will again discuss the strategic plan in November 2017 but work on rebuilding the ECCE has already started. The ECCE Executive has:

- Submitted a new proposal for charging institutions for ongoing accreditation to Council members for approval. If agreed, it will substantially increase income for the ECCE.
- Set in train the recruitment of new academic members (non-chiropractors) and more students to the Council.
- Drafted a new appeals and complaints policy to be considered by the ECCE Executive in March.
- Contacted the General Chiropractic Council to explore joint accreditation in the UK. The ECCE already has such an agreement with the Swiss authorities.
- Opened up contact with the UK body linked to ENQA (the QAA) to discuss areas where the ECCE could learn and improve using the QAA experience.
- Set up a new spreadsheet with information about ECCE reviewers, including qualifications, when and how they were trained in accreditation, which institutions they have reviewed and what feedback they got. This will be a standing item on the Committee of Accreditation agendas and will help with team selection.
- Introduced self-assessment questionnaires for all ECCE meetings to engender a spirit of continuous improvement.
- Appointed a quality assurance consultant with a remit of preparing the Council for a further accreditation visit by the European Association for Quality Assurance in Higher Education (ENQA) in 2018.
- Removed the post of evaluation secretary and resources transferred to the executive secretary in line with existing recommendations from ENQA.

Up to the Constitutional Court regarding osteopathy care under medical prescription. The proposal ran into political opposition as insufficiently rigorous and has been taken back to the drawing board. New proposals are expected shortly.

During the celebrations to mark 70 years of the Belgian Chiropractic Union (BCU), ECU President Øystein Ogre presented BCU President Bert Vandendries with a special award in recognition of the Belgian association’s promotion of the highest ethical standards and standing of the profession as experts in spinal health within the health care system.

Luc Ailliet received a Special Achievement Award for his contribution to the scientific foundations and credibility of the chiropractic profession through his PhD thesis on the efficacy of adding psychosocial factors to baseline patient information. Luc had previously won the ECU’s new researcher award for 2016.

2016 was a good year for Belgian researchers. In the year when the BCU set up a Belgian Research Council, Bert Ameloot was invited to present his work at the 9th interdisciplinary World Congress on Low Back and Pelvic Pain in Singapore. “It has been an eclectic networking and learning opportunity in the midst of this dazzling city,” he said. “And even though the chiropractic profession has a limited membership, we were well-represented by more than a dozen chiropractic speakers.”

The BCU also manned a stand at the Health Fair in Brussels in November - an excellent opportunity to promote chiropractic and inform the general public about what it is that chiropractors do.

The coming year will be even more important for the profession in Belgium. The Minister for Social Affairs and Health, Maggie De Block (a former general practitioner), announced plans in 2016 to bring access to chiropractic and osteopathy care under medical prescription. The proposal ran into political opposition as insufficiently rigorous and has been taken back to the drawing board. New proposals are expected shortly.

The BCU has also reached the final stage of appeal to the Constitutional Court regarding a new law which imposes VAT on chiropractors. The Council of Ministers has sent in their second reply to the BCU. It is now up to the Constitutional Court to decide. A ruling of the court is expected by June 2017.
New logo for the German Chiropractors’ Association

IN HIS seminal work on bringing about change, Howard Gardner of Harvard Business School defines intelligence as ‘a biopsychological potential to process specific forms of information.’ He goes on to identify six types of intelligence: linguistic, logical-mathematical, musical, spatial, bodily-kinesthetic, and naturalist intelligences.

Chiropractors will score highly on bodily-kinesthetic intelligence but it is the last of these types of intelligence that is exploited by the advertising industry in its use of logos.

Originally of vital importance to our ancestors in detecting which plants were poisonous and which were nutritious this sense is now vital to brand recognition and is evident from a very young age. Just consider how accurate small children can be at recognising the marque of cars. So, it is worth refreshing a logo as styles change and design develops. Hence, the German Chiropractors’ Association has recently embarked on a renewal of its signage and adopted a new logo.


Improved subsidies for patients in Denmark

A NEW AGREEMENT between the Danish Chiropractors’ Association (DCA) and the public health care administration, the Danish Regions, enrolls Danish chiropractic clinics in the country’s public quality control programme while individual chiropractors are enrolled in a system that monitors their postgraduate educational activities. This came in October, after intense negotiation by the board of the DCA, led by President Lone Kousgaard Jørgensen.

An important part of the new agreement is that it introduces historically high public subsidies for patients with cervical and lumbar radiculopathy and patients with spinal stenosis in three new structured, evidence-based, care procedures. These include profound diagnostic examination and consultation at regular milestones, following the Danish national clinical guidelines – i.e. for patients with lumbar radiculopathy four fixed consultations during a period of eight weeks and extra consultations in-between if needed. The chiropractor is obliged to notify the patient’s GP at the start of the consultation and again at the end of treatment. In the latter case the information must cover the outcome of the programme so as to maintain an interconnected health system based around the patient.

A structured, evidence-based, care procedure for patients with lumbar radiculopathy already existed. Now there are two additional conditions where patients following the relevant care procedure get 60% in subsidy for the first consultation and 40% for the following consultations. This compares with an average subsidy for all types of consultation of only 18% of the price.

There are also changes to the subsidy regime for all other conditions and as the new agreement becomes effective in April, the spring months will be busy for Danish chiropractors. Spring will also be the time when a new vision is developed for Danish chiropractors and the DCA. In November, the DCA Board will present this new vision to replace the current one, which was nutritious this sense is now vital to brand recognition and is evident from a very young age. Just consider how accurate small children can be at recognising the marque of cars. So, it is worth refreshing a logo as styles change and design develops. Hence, the German Chiropractors’ Association has recently embarked on a renewal of its signage and adopted a new logo.


Hungarian chiropractor makes the front page

ZSOLT KÁLBORI, President of the Hungarian Chiropractic Association was recently featured on the cover of a popular current affairs magazine (Haszon Magazine – https://digitalstand.hu/haszonmagazin).

The magazine has a wide circulation, with approximately 14,000 printed copies a month. The contents are usually stories on financial issues, politics and features of general public interest. The December 2016 issue ran a piece with interviews of an eclectic group of health care specialists. These included a Vietnamese professor, a Chinese surgeon/professor and his colleague, a Hungarian rheumatologist/physical therapist doctor, who has been in practice for over 40 years, a homeopathic doctor and a Russian eye surgeon.

Zsolt Kálbóri was the only non-medical person featured. Sandwiched between articles such as Forget investment in bonds and The newest success sectors was True miracle doctors, how many do they treat and what is good and what is not?

The fact that he made front cover was as big a surprise to him as it may have been for many of his patients when they kept running into his picture at the newspaper stands. He is coy about the reaction of his children to seeing their father playing chiropratic air guitar – perhaps an undiscovered talent.

BACKspace www.chiropractic-ecu.org March 2017
Dutch swimmers take 21 Paralympic medals in Rio

Six months after the Rio Games, Tamar Bakker, chiropractor to the Dutch Paralympic swimming team, says that it still gives her goose bumps when she thinks back on what, together, they achieved.

“I THINK EVERY athlete and supporting staff member will confirm that the Games bring something special which you cannot match in any other competition.

I first started working with the Dutch Paralympic swimming team six years ago. Then there was a focus on treating injuries. This was something I really wanted to change, because I believe that every training session an athlete misses can make a difference between winning or making up the numbers. So, together with the head coach Mark Faber, we shifted our focus to injury prevention. The resulting programme included exercises which I evaluated from a chiropractic perspective once every week or two, depending on the swimmer. This appeared to make a big difference, as the injury rate dropped enormously. The intensity of individual training could go up and the result was that in Rio we had a super-fit team right from the outset of the Games. By the time the Games came to a close the team had won 21 individual medals. A well-deserved result for which they worked incredibly hard and from which they returned home to a great welcome.

"Winners are the ones who are most flexible in the way they handle such situations."

Working with a successful team is amazing and seeing them perform so well was the icing on the cake. Rio was the second Games that I have attended and, like London, the atmosphere in the stadium was one never to forget. Despite some negative media stories, the Olympic village was, for the most part, good. We had only minor issues, all of which were resolved quickly and did not affect the performance of our athletes. Transportation by bus was generally quick, although discouragingly some of the drivers had teething troubles in finding the right directions to the sports facilities. Luckily, they had time to get to know the route before competition started. Such little things could upset an athlete, but as our head coach liked to say, winners are the ones who are most flexible in the way they handle such situations.

I cannot recommend the experience of providing chiropractic care to all sports men and women too highly. The personal rewards are phenomenal when your team performs well because of the help you have given them. More chiropractors should get involved in elite sports treatment and training as I believe that we can really help athletes improve their performance in a significant way.

Generosity + lobbying = success

THE NORWEGIAN Chiropractic Association (NKF) has traded a marginal reduction of the reimbursements paid to practitioners for a substantial increase in state transfers to the NKF research and education fund. This result of negotiations with the Health Department over a one-and-a-half-year period has increased research funding more than threefold to a total of almost one million euros a year from 2017 onwards.

Jakob Lothe, NKF President, commented: “The Health Department has met us half-way on our requests for greater emphasis on education and research in the state financial support for chiropractic. This is indeed welcome news. As a result, there will be more research, more doctorsates, better continuing education and, most importantly, enhanced quality of service to our patients and improved competitiveness for the profession. Our members have demonstrated beyond dispute that they are willing to dig into their pockets to support the future of the profession.”

https://tinyurl.com/hcp79a7

Honour for loyal supporter of chiropractic

KENT GREENAWALT, CEO of Footlevelers, has been installed in the Business Hall of Fame of Junior Achievement of Southwest Virginia - a charitable organisation that seeks to ensure that children have a fundamental understanding of the free enterprise system and own their personal economic success.

Volunteers from the local business community go into schools at all levels to explain how business works. The volunteers present materials and lessons that are fun and informative, but they also serve as role models, sharing their own business experience to help students understand the relationship between what they learn in school and their success in later life. Altogether, Junior Achievement reaches approximately 5.2 million students worldwide.

In his acceptance speech, Greenawalt said: “What better investment do you have than investing in young people who value the free enterprise system and want to go on and have an achievement mentality?”. In what he described as a ‘spur of the moment thing,’ Greenawalt announced that he would match any gift given to the organisation in the following week, up to $50,000.
IAN BEESLEY’S official history of the Cabinet Secretaries of the UK Government was launched on 16 January when the Strand Group at King’s College London hosted a glittering event. The Group is the signature seminar of the Policy Institute at King’s. Its events explore how power is wielded at the very heart of government, bringing together senior figures from the Civil Service, politics, business, journalists and students, to discuss and debate issues of national and international importance.

The launch took place in the presence of five of the six living Cabinet Secretaries of the UK government (the highest office in the British Civil Service and custodian of the unwritten UK Constitution). It is 100 years since the first Cabinet Secretary took office on 9 December 1916, in the midst of the first world war.

The book covers the period 1947-2002 and is the result of nine years’ research. It runs to 715 pages (350,000 words and 4,000 footnotes). Appointed Official Historian by the then Cabinet Secretary in 2007, Ian was granted unfettered access to government files. The result is a major work of collective memory and insight into the innermost workings of Cabinet government in the United Kingdom.

Before coming to the ECU Ian had worked for Mrs Thatcher in 10 Downing Street and also in HM Treasury, picking up a PhD in contemporary history along the way. So, he was chosen to write the history as someone well-placed to understand the nuances of the role.

For example, the description of the immediate actions taken by Sir Richard Wilson to protect against a possible attack on London as the news broke of the 9/11 atrocities in New York are positively riveting. In his address, Ian spoke of the high emotion of discovering a neglected document initialled by Churchill, dated 8 April 1945 (Victory in Europe Day), in which he spelled out his priorities for the peace. Or when the Cabinet Secretary gave Prime Minister Anthony Eden some very private advice shortly before the Suez invasion of 1956 and other moments of courage when it has been necessary to ‘speak truth unto power’ – not the easiest of tasks. On a bizarre note, he also pointed to the official report from the Joint Intelligence Committee about the activities of a ghost that stalked the Committee’s corridors in 1957.

On retirement, Cabinet Secretaries are ennobled and take their seats in the House of Lords. In the picture are, from the left, Lord Turnbull (2002-2005), Lord Butler (1988-1997), Lord Armstrong (1979-1987), Dr Ian Beesley, ECU Secretary General, Sir Jeremy Heywood (2012 - ), Lord Wilson (1998-2002) and Dr Jon Davies, Director of the Strand Group. Lord O’Donnell (2005-2011) was on holiday in South America and unable to attend.

The book is an imprint of the renowned academic publishing house Routledge and is selling well.

© David Tett
WHat IS large yet small? What is popular but unsung? What is old but in its infancy? Answer: The chiropractic profession in the UK.

The number of chiropractors in the UK, at just over 3000, makes it the largest national group in Europe and yet with 1.6 million health professionals in the UK we are the smallest of all the regulated health professions. Our patients give us rave reviews but our National Health Service largely ignores our contribution to the care of musculoskeletal conditions. The British Chiropractic Association is one of the oldest in the world; it has been going since 1925, but it has not yet achieved a powerful political voice alongside other mainstream health associations. The reason for these problems is the size of the profession.

In Canada, there is one chiropractor for every 4,000 people. In the UK that number is one for every 22,000 people. We are growing every year but half of the new graduates from AECC and WIOC return to their country of origin. Once death, retirement and change of career are factored in we have a net growth of about 70-80 new chiropractors joining the register every year. This growth rate is set to plummet as there is a demographic time bomb ticking away. More DCs are nearing retirement than at any other time.

We have not been as active as we might have been in addressing this issue. There have been no new courses in the UK for 20 years. But that is about to change.

In 2018 a new course will open at London South Bank University (LSBU) in the heart of the capital. The University, which can trace its roots back to before the dawn of chiropractic, is highly-regarded for its health care courses. Nursing, occupational health, midwifery and acupuncture are offered alongside a new physiotherapy course opening this year. The opportunities to learn alongside other health professions will undoubtedly broaden students’ horizons. The University’s links with London’s teaching hospitals will be a boon for learning whilst on placements and help inter-professional understanding. The University runs an out-patient clinic for its acupuncture course which, as it has spare capacity, may be used for chiropractic students alongside their placements in the final clinic year.

The facilities in the LSBU health faculty are first class. MRI and x-ray suites are stuffed with the latest equipment as the University trains the capital’s radiographers. The staff are keen to innovate in all the programmes offered. Online learning is used with state-of-the-art audio-visual recording to ensure a richer student experience.

In developing the course the University has sought input from the profession to highlight the requirements in the field. Senior chiropractic educationalists have been approached to help develop the programme and work alongside the existing LSBU staff. The regulator, the General Chiropractic Council, has indicated its readiness to validate the course at the earliest opportunity. The University has also expressed strong interest in attracting students from Europe and beyond. The new course in London will help open the way for further course development within the university system. British universities are keen to open courses for which demand is high and job prospects are good.

London South Bank University will help the chiropractic profession to grow in the UK and beyond.

Øystein Ogre commented on behalf of the ECU: “The AECC and WIOC are amongst the jewels in the European educational crown. With this exciting and optimistic development we have the prospect of making a further sparkling addition. The General Council of the ECU warmly welcomes the new graduates from AECC and WIOC are amongst the jewels in the European educational crown. With this exciting and optimistic development we have the prospect of making a further sparkling addition. The General Council of the ECU warmly welcomes the BCA on the initiative.”

Good news for chronic pain sufferers in Norway

HERE WILL no longer be a limit of 14 treatments for reimbursement of the costs of chiropractic treatment by the Norwegian state, after a long campaign by the Norwegian Chiropractic Association. On 19 December, the Norwegian Parliament (Stortinget) changed the law and recognised the importance of chiropractic in the treatment of MSK conditions. There was much support in the discussions for the establishment of chiropractic education on home ground – a long-standing ambition of the NKF, which will resume the push for a Norwegian school with renewed energy.

Commenting on the change, Norwegian President Jakob Lothe said: “I know that many chiropractors have, in the past, provided treatment for those who suffer chronic pain well beyond the limit of 14 sessions, at a cost that their patients could afford. Now the Norwegian state has demonstrated its confidence in the integrity of the chiropractic profession by removing this arbitrary limit.”

https://tinyurl.com/hs8wywyw

Did you know?

ANALYSIS OF the medical regulator records in the United Kingdom for 2015 shows that:
- Chiropractic accounted for 0.2% of those registered
- Osteopaths 0.33%
- Physiotherapists 3.4%
- The chiropractic register is growing at a net rate of 83 registrants per annum.

If there were no further growth in the number of osteopath registrants it would take 24 years for chiropractors to equal their numbers.

54% who responded to a survey of new registrants were educated at AECC or WIOC; 35% at McTimoney. 40% were aged less than 30 and 40% worked fewer than 30 hours a week. Again 40% took up posts in London and the South. No-one went to the North-West conurbations.

Food for thought!

1 Sources: The Professional Standards Authority, the General Chiropractic Council
The Carrick Institute is both excited and proud to announce the inauguration of our updated Vestibular Rehabilitation curriculum. This new addition to the Carrick Institute Program has been designed to allow physicians to obtain mastery in the assessment, diagnosis, and rehabilitation of the peripheral and central vestibular system.

This series will culminate to an understanding of when, why, and how to implement vestibular rehabilitation, through evaluation procedures, biometric technologies, and hands-on applications. If you desire to assist those suffering from numerous conditions such as dizziness or vertigo, chronic pain, headaches, migraines, mTBI's, and other complex neurological presentations, a skill-set of vestibular assessment and applications will be a pivotal contribution to your expertise in the healthcare community.

Learning Objectives

- Utilize a modern and updated examination process to aid in their differential diagnosis of patients.
- Diagnose and treat conditions of the vestibular system
- Learn how to apply vestibular rehabilitation applications to conditions such as:
  - musculoskeletal pain syndromes
  - conditions of cognition
  - treatment of mTBI / concussion
  - and more!

Tuition

- General Tuition: $1450USD per module
- Early-Bird Tuition: $1250USD per module
- Pre-Payment Option for all 6 Modules: $6600USD

SAVE $2100!

Early Bird Registration will expire 45 days before the Module

Vestibular Anatomy and Physiology
Vestibular Pathology and Diagnosis
Vestibular Testing and Diagnosis
Neurological Examination and Diagnosis
Vestibular Rehab Applications I
Vestibular Rehab Applications II

The Essentials of Clinical Neuroscience

The Carrick Institute’s 350-hour curriculum is designed to fulfill the growing requests from within the chiropractic profession to provide a modern approach to clinically relevant neuroscience education and training.

This curriculum infuses the latest in evidence-based assessment and rehabilitation applications to give you an updated model of care that will allow you to get:

- Increased accuracy in your diagnosis
- Improved specificity in your treatment
- Faster, more consistent results for a wider variety of patient conditions

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**General news**

There is more to student life than academic distinction

Most students have always known this fact, and it has been one of the pluses of campus universities to be able to integrate recreational and educational aspects of student life more easily than others. Undaunted by this reality the AECC is pioneering a new approach to student engagement in wider college life. It has built on the existing rating of staff by students by reversing the roles with a wider canvas than simply academic prowess.

In 2016 the Anglo European College of Chiropractic (AECC) Students’ Union governing representatives set about trying to find a way to improve student engagement in college life. After attending several conferences on quality assurance and workforce engagement, it became clear that recognising outstanding individuals could play a key part in improving student engagement too.

President of the Students’ Union, Charlie Bertoia, approached the Principal, Haymo Thiel, with a proposal for Staff-Led Student Awards (SLSAs). Based on the already-successful Student-Led Teaching Awards, the tried and tested recognition blueprint would be reversed and rolled out, this time with staff voting for outstanding students excelling in all areas of student life.

**The categories are:**

1. **Academic Engagement award**
   For the student who consistently participates in the academic process.

2. **Practical Skill Development award**
   For the student who excels in their practical development at the college.

3. **Professionalism award**
   For the student who demonstrates professionalism both inside and outside the classroom/clinic.

4. **Ethos award**
   For a person who embodies the ethos of a health care institution, i.e. who promotes the college, is helpful to students, staff and visitors alike and who otherwise receives little to no commendation.

With staff engagement being a significant factor when considering student engagement, the awards served to bring staff and students together. A panel of academic staff assessed all the nominations and selected the winners based on pre-set criteria including going ‘above and beyond the call of duty’ and being a true ambassador for the college and its health care ethos.

Although 2016 was the first year the SLSAs were run, a huge number of staff got behind it. Students revelled in having their achievements, both academic and otherwise, recognised and made public. This has led to greater student participation across a range of college activities. In turn, staff participation in college activities has also increased. Charlie Bertoia commented: “This is a great way for college staff to commend students who are excelling and leading in the areas of academia, practical development, professional development, and community support. It has been shown time and time again that recognition in this manner is a very effective way to encourage students to continue with excellence.”

With the scheme being so successful in its first year, the AECC will continue to run the SLSAs and expects to see continued student and staff engagement. Haymo Thiel commented: “Initiatives such as the Staff-led Student Awards, in addition to the already-established Student-led Teaching Awards, are excellent schemes which recognise and reflect the efforts of our students, not just within an academic context, but also in relation to extra-curricular life within and outside the College community.”

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**Is this chiropractic’s walk of fame?**

At Foot Levelers’ headquarters in Roanoke, Virginia, the company’s 65-year history is on full display. Near the front lobby, in a glass-encased wall, is the Wall of Feet.

The Wall displays plaster casts of some of the world’s most famous feet, from award-winning actors and actresses to politicians, from musicians to Olympic or two. The casts represent some of the many patients the company has helped over the years with custom-made orthotics, its flagship product.

For privacy reasons, we can’t let you know exactly whose feet are there—we’ll leave that up to your imagination! Suffice it to say that the casts go from the dainty to the outright astonishing.

The Foot Levelers museum is also home to even more memorabilia: books written by its late founder, Dr Monte H Greenawalt, magazine ads from the 1960s through to today, original orthotic prototypes and foot measuring devices—to name a few.

Roanoke is the home of what is described as America’s toughest road marathon, the Blue Ridge Marathon, next to be run on 22 April, and sponsored by Footlevelers.
General news

60-second interview

**BACKspace interviews three figures from the world of chiropractic**

<table>
<thead>
<tr>
<th>Name</th>
<th>Education and practice</th>
<th>What attracted you to chiropractic</th>
<th>Memorable professional moment</th>
<th>Special interests</th>
<th>Your ambitions</th>
<th>Contact</th>
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<tr>
<td>Iben Axen</td>
<td>I graduated from the AECC and I practice in Stockholm, Sweden. I received my PhD at Karolinska Institutet and still work as a researcher there.</td>
<td>It was the fact that I could help people, that I could work independently and that the treatment was ‘natural’</td>
<td>I was awarded ‘chiropractor of the year’ in Sweden 2011. It made me so proud to get this vote of confidence from my peers, as I was just about to defend my PhD thesis at the time.</td>
<td>The course of pain over time. Prevention of recurrent and persistent pain</td>
<td>To establish a chiropractic research group at a Swedish University</td>
<td><a href="mailto:iben.axen@ki.se">iben.axen@ki.se</a></td>
</tr>
<tr>
<td>Andreas Eklund</td>
<td>I graduated from AECC 2002 and was awarded my PhD from Karolinska Institutet 2016. I am the co-owner of a multidisciplinary rehab unit (Hälsan Östertälje) in Södertälje where I practice as a chiropractor (40%). I also have an employment as a Post Doc (60%) at Karolinska Institutet in Stockholm.</td>
<td>Initially, enthusiastic and charismatic chiropractors. Later, the chance to work in a health profession that has the possibility of making an important contribution to some of the greatest health challenges in today's society, musculoskeletal disorders in general and low back pain specifically.</td>
<td>Being so close, defending my PhD thesis has to be at the top right now. It was one of the most exciting, challenging and rewarding days of my life. And what a party we had in the evening!</td>
<td>Prevention of low back pain, psychological and behavioral aspects of the pain experience, effect and cost-effectiveness evaluations of chiropractic practice.</td>
<td>As a researcher: to help build and manage Sweden's first research unit specifically for musculoskeletal disorders and manual medicine. As an extension of this, to teach and guide the next generations of chiropractors in a university-based education here in Sweden. As a clinician: further develop the quality and care in our clinic by testing and implementing electronic patient reported outcomes across the rehab units in the county of Stockholm.</td>
<td><a href="mailto:andreas.eklund@ki.se">andreas.eklund@ki.se</a></td>
</tr>
<tr>
<td>Adrian Wenban</td>
<td>Bachelor of Science (Anatomy) Bachelor of Applied Science (Chiropractic) Master Medical Science (Clinical Epidemiology) Postgraduate Certificate (Medical Education) I have been in practice since 1990 and despite working full-time at the BCC I still run a part-time practice.</td>
<td>I initially came to chiropractic as a patient seeking sports injury relief. Between the age of 15 and 17 I had suffered five dislocations of my left shoulder as a result of participation in heavy contact sports. I was informed by my doctor at that time I had no choice but to undergo a surgical procedure if I wanted to prevent ongoing dislocations and premature degeneration of the involved shoulder complex. I started receiving chiropractic care at that time and have never dislocated my shoulder again and nor did I have the prescribed surgical procedure.</td>
<td>Having the opportunity to be a chiropractor for the Australian Clay Target Shooting Team in the lead up to the 1996 Atlanta Olympics and to see three of the members of that team win Olympic medals in Atlanta.</td>
<td>Professional – Striving to bring out the best in others; Philosophy of science; Critical appraisal of the health-related peer-reviewed literature; Patient generated individualised health-related quality of life questionnaires; Empathy and professionalism. Sport – Ultra-marathon mountain bike racing, high intensity interval training, strength training, sprint triathlons</td>
<td>To practice as a chiropractor as well and for as long as I possibly can. To serve as the principal of the BCC to the very best of my ability for as long as doing so serves the best interests of chiropractic in Spain. To place in the top five at an ITU World Triathlon (Sprint) Event (Category - Male aged 55-59) two years from now.</td>
<td><a href="mailto:adrianwenban@gmail.com">adrianwenban@gmail.com</a></td>
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Looking at the entire range of chiropractic techniques, systems and approaches, it is appropriate to ask this question: what is the significance of the Activator Method in the chiropractic profession after 50 years of existence?

It’s worth noting that even now, as we talk about chiropractic techniques, it’s as if we’re watching fans debate the relative merits of rival football teams. People are passionate and typically either like or dislike a technique. Perhaps it has to do with the way systems and techniques are often first presented to us, i.e.: “This technique is the best one and will fix every problem.” Through the years, the tone of those declarations has evolved to the more politically correct: “All techniques work, but this one is just great.” That leaves us with a larger, often unspoken issue within our profession: which techniques are willing to undergo scrutiny, and which will emerge from that process with confirmation that it is clinically relevant and useful?

Activator, throughout its 50-year history, has never backed away from that question. Since its inception, the Activator Method has been concerned about research and the hypotheses that explain the model used by its method.

"Since its inception, the Activator Method has been concerned about research"

Ever since Haldeman (1977) presented the four criteria to explain the neurobiological mechanisms in manipulative therapy, Activator Methods has been enthusiastically publishing studies on how the instrument works, the effects on animal models and the translation into clinical research. In fact, in all seminars, participants are encouraged to use patient-reported outcome and experience measures (PROMs and PREMs) in their practices to evaluate the care provided.

The research continues. Recently, Song (2016) published a paper in which the Activator instrument was used and he described the possibility of spinal manipulation in activating the endogenous anti-inflammatory cytokine IL-10 in the spinal cord and its role in neuropathic and postoperative pain.

Along similar lines, researchers from the Jimenez Díaz Research Foundation Hospital in Spain are studying the effect of articular manipulation using the Activator instrument on bone metabolism in osteoporosis. The department of rheumatology of the same institution has just approved a new project to study the effects of instrument-assisted articular manipulation in osteoarthritis.

Today, Activator remains the only instrument method of chiropractic adjustment that has been the subject of scientific review and clinical trials.

That willingness to subject itself to rigorous review is underscored by the fact that Activator Methods has not remained the same in its half century of existence, but instead has embraced change. Over the years, some procedures have been modified and new ones developed and submitted to clinics to be used and evaluated, generating relevant feedback.

Perhaps there is some confusion generated by the fact that the Activator Method uses a systematic approach that replaces the basic elements of the clinical encounter (case history, physical examination). Further, many clinicians still see the Activator Method as a ‘boxed protocol,’ providing the same treatment procedures to all patients regardless of their complaints and clinical presentation.

Neither of those presumptions is correct. In practice, the Activator Methods procedures are applied when choosing a therapeutic treatment and establishing a management plan for the patient. What is known as the ‘Basic Protocol’ is just the starting point to develop all the applications of the technique. An experienced clinician who uses the technique knows that as one develops proficiency in the Activator Method, the protocol subsides to clinical reasoning and expertise in addressing specific complaints. The Activator Method also emphasises the importance of including other therapeutic approaches such as rehabilitation and exercises.

It is important to note that although Activator’s training seminars still exist, the emphasis has shifted toward teaching the technique within the chiropractic curriculum, fostered by an academic environment that contributes to its progress. It does not pretend to be an exclusive approach, but rather a tool in the clinician’s toolbox.

Activator Method International also has a strong commitment towards the chiropractic community, sponsoring at the highest level the major organisations and events of the profession. On a more national level, Activator has supported national associations working toward regulation of the profession. It also provides support to educational institutions with donations of didactic material and instruments, and by providing instructors at the lowest costs to schools in Brazil and recently in Turkey. To the students, emphasis is placed on the importance of evidence-based care and safety issues with regard to spinal manipulation using controlled and reproducible forces.

So, to return to the original question about the current significance of the Activator Method: through its openness to research and evolution of theory and practice, Activator Methods has established itself as a demonstrated leader in the world of chiropractic. Indeed, there is much to celebrate for the 50th anniversary of Activator Methods.
Supported by Research and Clinical Trials for over 30 Years

Activator is the only clinically proven chiropractic technique

The Activator Method is one of the most widely researched chiropractic techniques and the only instrument adjusting technique with clinical trials to support its efficacy.

**ELECTRONIC PRODUCT COMPARISON**

<table>
<thead>
<tr>
<th>ACTIVATOR V</th>
<th>ArthoStim (Impac)</th>
<th>Impulse</th>
<th>Sigma</th>
<th>Pulstar</th>
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</table>
- 23 Clinical Trials
- Ergonomically Designed
- Electronic Cordless
- Portability
- Compatible with Activator Methods Chiropractic Technique
- Textbook
- Specifically Approved by Medicare
- FDA Registered
- ISO Certified
- Made in USA

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

**MANUAL PRODUCT COMPARISON**

<table>
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<tr>
<th>ACTIVATOR IV</th>
<th>ACTIVATOR II</th>
<th>ACTIVATOR I</th>
<th>Jtech CAT</th>
<th>Jtech CAT LT</th>
<th>Generic Adjusting Tool</th>
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<td>✔</td>
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</tbody>
</table>
- High Grade Stainless Steel
- Offers an EZ Grip Model
- Pre-loaded Tip
- 23 Clinical Trials
- Compatible with Activator Methods Chiropractic Technique
- Ergonomically Designed
- Specifically Approved by Medicare
- FDA Registered
- Made in USA

Find out more at [www.activator.com](http://www.activator.com) or call 800-598-0224

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Patient-reported outcome and experience measures (PROMs and PREMs) are increasingly being used to collect information on a routine basis. The information they provide may be used to demonstrate changes in health achieved by a patient attending a clinic and their experiences with this care.

In a report on chiropractic, the Institute for Alternative Futures (2013) describes a possible integrated future for the profession within the next 10 years with chiropractors entering mainstream medicine as ‘the spinal health experts’. The route to achieving this is reported to be the profession’s ability to demonstrate the experiences of patients through the collection and collation of PROM/PREM data from day-to-day practice. Practices able to show these results are more likely to succeed, with others becoming marginalised and increasingly struggling to attract new patients.

Whilst not able to come up with firm conclusions, a recent review of studies looked at the evidence from PROMs for patients with non-malignant pain. It suggests the information collected may contribute in four ways:

- During initial consultation to assess patients and assist decision-making regarding care
- During the course of treatment to track progress, evaluate current treatment and change the course of care if required
- Influencing the therapeutic relationship between patient and clinician
- Having a direct influence on outcomes such as pain and satisfaction

Use of paper-based PROMs can bring challenges in terms of time, resources and impact on patients and practitioners. However, the use of electronic approaches for collecting PROM data (ePROMs) brings significant benefits in simplifying collection and analysis, reducing administrative time, costs and paper, leading the International Consortium for Health Outcome Measurement to suggest that electronic systems are likely to be the dominant method in the near future.

Figure 1. Illustration of patient assessment – select area of problem by clicking on body map.
Care Response

Care Response is an ePROM system developed by chiropractic clinicians and academics to help clinical practices with the routine gathering of PROM/PREM data in day-to-day clinical practice. It is accessed via the internet and is freely available for clinical use via an online wizard which guides users through the set-up process (https://www.care-response.com/CareResponse/Registration.aspx). There are no charges made for its use. The system allows practices to automate the sending of requests to patients to complete assessment questionnaires which they can do either via the internet or in the clinic.

Patients are initially enrolled with their name, date of birth, and e-mail address by the practice. Usually this is done when they first call for an appointment.

In its routine use, Care Response generates a pre-examination questionnaire containing questions selected by the clinical organisation, with the system sending an email request to complete the assessment to the patients. Patients access the assessment via a link in the e-mail request.

This allows patients to complete the questionnaire on any computing device (PC, tablet computer etc.) able to access the internet (Figure 1). Alternatively, patients may opt to complete the assessment when attending their first appointment at the treating organisation either on paper (to be keyed in later by organisational staff) or more usually on an iPad or similar tablet while in the waiting area. At the time of any assessment request patients may opt out of participation and no further assessments are generated.

If the date of initial appointment is entered into the system, follow up questionnaires can either be generated automatically at timed intervals and sent to patients by e-mail or can be specifically produced at any time according to clinical need. The intention is that routine collection of PROM or similar information can take place with minimal work from administrators or clinicians at treating organisations.

Live results for individual patients are constantly available to treating clinicians with the requisite security access. These include graphical summaries of patients’ PROM responses to facilitate quick interpretation and shared decision-making between patient and clinician during a consultation (Figure 2).

Information governance

Issues of information governance arise with the use of any electronic system for storing or transmitting patient data. Access to Care Response uses encryption for transmitting and receiving information with no data being stored on users’ computers. Information is accessed via a user name and password combination.

All data is stored in an encrypted format. Data files containing patient identifiable data are separate from files with other information such as responses to survey questionnaires.

Care Response also provides anonymised collated summaries of patients’ results from within individual treating organisations and shared (anonymous) results from all participating organisations. It thus enables comparisons of outcomes for practitioners/organisations to reflect on (Figures 3, 4 & 5).
between these are encrypted and held in a separate location. Should a third party gain access to one or more data files and be able to decrypt these, such measures result in an inability to determine which information relates to which patient.

Care Response is able to provide some assurance to users as to its processes and procedures, having passed the UK NHS IG toolkit to level 2. This governance assessment has been established to demonstrate that qualifying organisations can be trusted to maintain the confidentiality and security of personal information (IG Toolkit, 2016).

Within the definitions of data governance regulations, clinics enrolling patients to Care Response are the ‘data owners’. The Care Response System acts as a ‘data processor’. This mean, your practice and patients can never be revealed to anyone without your expressed permission.

User support
Currently 414 chiropractors use Care Response for the collection of PROM/PREM and 80,295 patients have been enrolled. Five chiropractic undergraduate education clinics use the system to track their patients’ progress, and where it has been introduced generally there is agreement that it has provided a positive impact on student clinician’s management and provision of care.

With the support of the Finnish Chiropractors’ Union, the ECU’s European Academy of Chiropractic and the ECA, Care Response has gone multi-lingual. Currently English, Finnish and Norwegian are supported with German, Swedish and Spanish coming soon.

The system is supported by the Royal College of Chiropractors in the UK. In Canada and Norway, the national chiropractic associations are starting programmes in February 2017.

See page 29 for a profile on Jonathan Field, the creator of Care Response.

References


A novice’s experience with Care Response

Roope Rinta-Seppälä reports

FINLAND WAS the first non-English speaking country to roll out Care Response. Thanks to a grant from the ECU the requisite system and programming changes for a foreign language have been completed and the Finnish Chiropractors’ Union arranged translation of the patient questionnaire. This can be done by filling-in a long spreadsheet and costs around £500.

Our plan is to approach and influence health policy makers after we have a year’s data. So far we have been using Care Response for only a few months so I will write about my own experience with the programme from the practitioner’s perspective.

Although I possess hardly any top-notch tech-savvy skills, Care Response has been easy to set up and use. Filling in the patient details takes few minutes and if patients book online it is easy to copy and paste the details needed for the registration. The clinic front desk can have its own admin access codes to help with this.

Patients receive an email and authenticate themselves with their date of birth. They are then asked to fill in a questionnaire, which also has space for free comment. The patient can do all of this at home prior to a consultation, or by using a tablet in the waiting room, and this saves time during consultation by helping the chiropractor get right to the most pertinent issues.

Patients then automatically receive follow-up questions on their progress and satisfaction at 14, 30 and 90 days from the initial visit. For me to see the progress has been rewarding and has encouraged me to strive for even better results.

All feedback is valuable: Care Response has created a convenient and non-threatening route for the patient to give feedback through the follow-up emails. This has proved to be a very useful management tool; for example, a patient mentioned that more postural advice/exercise would be helpful for after the course of treatment was finished, so I was encouraged to go even deeper with exercises during the next treatment session.

I recommend all practitioners have a look at care-response.com.

Figure 5. Collated results for patients’ satisfaction with reception and care services.
Education, education, education: A view from the slopes

Training primary health practitioners is resource-intensive and complex. As most chiropractors know, the skills and competencies required of such individuals can take a whole lot of work, time and money and require a commitment that many will probably feel was one of the biggest, and hopefully best, they will ever contemplate.

Over the last 30 years I have had the good fortune to have seen a few thousand chiropractic students qualify and have played a part in their journey. What I know from the institutions where I have taught (the Integrated Masters at the AECC and McTimoney College, the Post Graduate Masters at Surrey University, and the course at Macquarie University, Sydney) is that the vast majority of our students are committed, work hard and are focused.

Chiropractic education has come a long way since it began in Palmer College all those years ago. There are now over 40 programmes worldwide. Most are at least four years in duration, some extending to seven. Most are accredited, by regional accreditation bodies (e.g. CCEA, ECCE, FCC). 1

Even so, numbers in the profession in Europe are barely standing still. We need to educate many more students and extend the opportunities to new groups. Much discussion has taken place about the content and focus of the chiropractic curriculum. These issues are largely settled, at least for now. But the issue of the mode of delivery is still controversial.

Early clinical education across all health care professions was dominated by structure and process a fixed period of time dominated by set hours of contact. Here the underlying assumption, often expounded as a rite of passage by those who had gone through it themselves, was that unless you had spent X number of hours, traditionally lectures, you couldn’t possibly have acquired enough education.

However, modes of education change, often due to shifts in understanding how students learn. During the 1970s and 80s there emerged a different paradigm that moved the focus away from the time-based idea of learning to the idea that educational goals to be achieved by the end of training should be the drivers of the curriculum. It is now pretty much universally accepted that this approach outcome-based education (OBE) is a better way and essential for curriculum planning, in the same way that we wouldn’t start a journey without knowing the destination. Our own accreditation body, the ECCE, moved to an OBE model in 2004.

An analogy might be that accreditation defines the altitude and geographical position of a mountain top amongst the landscape of everything that can be learned. Programmes then construct routes up the slopes offering students different approaches to the summit.

So what routes up the mountain are admissible for chiropractors? Some argue that no matter what the route, the view is the same at the top. This implies there are a number of routes indeed capable of providing learning opportunities that, if effectively taken, deliver a student to the mountain top. Again, using this analogy, some students come to chiropractic education already familiar with the foothills, the middle ranges or even territory near the summit. These students could take a shorter route. Other students may be able to do most of their text book science learning online or as part of a distance-learning methodology, with face-to-face teaching time reserved for the hands-on components of the curricula. Learning might be full- or part-time and there could be a combination of modes.

A number of already-accredited models offer a variety of routes, but it may be time for existing institutions to consider providing them. For example, McTimoney College in the UK has for many years been providing a part-time route that has been accredited by the national registration body the General Chiropractic Council. Other routes are also on offer, including the University of Central Queensland that delivers most of its chiropractic curriculum online. Tutors who are geographically distributed along the east coast of Australia mentor students, record lectures and run online tutorials. These tutors then deliver technique classes to tranches of students at different locations, allowing multiple groups who are geographically dispersed to complete the same programme.

Expanding the provision of alternative routes to the summit of graduate chiropractic competency is a powerful way in which we can increase the number of chiropractors. This development could allow many more opportunities for people even if they are unable to attend full-time programmes.

Accreditation is, of course, fundamental to maintaining standards, (i.e. the summit height and position of the mountain as it were), and must be rigorously defended. However, having taught on many programmes, I know that those programmes provided career changers and more mature students with a route to chiropractic registration that they would otherwise have been unable to afford, in terms of time, money or other personal commitments. And let’s be honest, the reality is that students often work part-time on full-time courses. The mountain top is the important determinant, not the route to it.

So what does all of this mean? Undergraduate education has changed over the years and needs to continue developing. OBE curricula are now the accepted paradigm for clinical education and, given the necessity of expanding numbers of chiropractic graduates, we must provide all the routes that students want in the highly-competitive market that is higher education. It would seem the obvious thing to do. Of course, whatever routes offered, we must maintain quality standards, but simple objections born perhaps of misunderstanding or even prejudice will only serve to keep barriers that prevent greater numbers and more diverse students from having the opportunity to become chiropractors. The case is proven. Now is the time for action not further debate.

David Newell is Registrar at the European Academy of Chiropractic and teaches at the AECC. The views he expresses are his own and are not necessarily the views of the European Chiropractors’ Union or the AECC.

“I AM CONVINCED that every day there is less for us to do to get regulation of chiropractic in Spain.”

So says Tomás Pascual Ruiz, the new Executive Director of the Spanish Chiropractic Association.

With a degree in Political Science from the Complutense University in Madrid, Tomás has solid multidisciplinary work experience. He has worked in research projects within the university as well as having been a political advisor in different organisations both inside and outside Spain. He has been a parliamentary technician for the UPyD and Ciudadanos political parties, and abroad, he worked as a public works consultant for the Deputy Minister of Health and Public Policy of El Salvador.

In addition, he has international experience in democratisation processes, so in his new role as head of AEQ management, he has a lot to offer:

“In a former job, one of my functions was to receive groups, accompanied by people who worked in institutional relations, that raised their desire for legislation change on a particular issue. I worked with people like me now! So I fully understand the needs and expectations of those people who will receive us. I know what kind of information and documentation we must provide for them and it will be useful to make them understand the need for chiropractic regulation.”

Spanish chiropractic’s main challenge is to be taken into account as a health profession, as it is in the rest of Europe. It needs to make the administration, society and other health professions understand that chiropractors are not there to compete, but to give a greater service to users and patients:

“We have focused our strategies to address this challenge around three pillars,” explains Tomás. “The first is the communication that covers the other two because it is necessary to make chiropractic known in Spain, where we are still a small group. The second is institutional relations. We must make it clear to the political powers, both legislative and executive, that regulation of chiropractic is necessary in order for the user to receive a better service and to allow the free movement of professionals within the European Union, due to the legislative situation of chiropractic in Spain. And, finally, the creation of a university degree in chiropractic, to train qualified professionals within one’s own country.

“For all this, our expectations are growing because in Europe chiropractic is already fully recognised. In some ways, in Spain we are going against the current with respect to European regulations. We are the exception that confirms the rule, so chiropractic will eventually be regulated in Spain.”

There is finally a new government in Spain, but the feasibility of getting regulation through during this legislature depends on its duration – signals suggest that it will be short, not reaching the four year term. However, says Tomás, the government is in the minority and needs the support of other parties: “It is easier to negotiate more between political parties. For the regulation of the chiropractic profession, it is a question of finding a political interlocutor who understands our cause as we understand it and takes our claim as its own. Our aim is to engage in a direct dialogue with the government, but if this is not possible, we will have to talk to the parties in opposition.”

One of the main tasks of the Spanish profession has been to prepare a white paper, but Tomás feels the concept is now obsolete: “It is, in short, a document that includes the limits of the profession and integrates them into a reflection. I have done a study of different white papers and memories of other health professions and we are collecting the best or most complete aspects to assimilate them into ours. Once the lines of action on this subject have been determined, through the AEQ we will seek allies who give us support and knowledge, here and abroad, knocking on the doors of Spanish and European universities.”

Meanwhile, his relationship with the board of directors of the association and the communication department has got off to a good start: “As soon as I arrived I felt quickly integrated. The Board of Directors is a young group, with whom I identify well, and with democratic principles that I admire. I receive great support from all of them. With the rest of the work team, the same thing happens - they have made me feel at home from day one.”

Ironically, Tomás had never received chiropractic care before beginning his new role at the AEQ. However, that soon changed, and he is now very happy to be a patient: “As soon as I started working at the AEQ, I looked for a chiropractor in order to know how to proceed. I must say that my chiropractor is a young guy, but very professional and I am delighted because he feels the concept is now obsolete: “It is, in short, a document that includes the limits of the profession and integrates them into a reflection. I have done a study of different white papers and memories of other health professions and we are collecting the best or most complete aspects to assimilate them into ours. Once the lines of action on this subject have been determined, through the AEQ we will seek allies who give us support and knowledge, here and abroad, knocking on the doors of Spanish and European universities.”

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Jonathan Field is the creator of Care Response, which offers the prospect of moving chiropractic into the big time through Big Data. But there is much more buzzing around in his fertile brain. An hour spent discussing his concept of a chiropractic future in the mainstream of primary health care left me breathless at the prospects for transforming the influence wielded by the profession. Here is a man of ideas who is showing the world what chiropractic can contribute.

So where did it all start? Conventionally enough as a child of an orthodox medical family in Chichester, where Jonathan showed a natural interest in engineering. A chance meeting with the late Frank Hunt of Chichester Chiropractors opened his mind to the prospect of a marriage between a medical career and engineering and he enrolled at the AECC, taking a Bachelor Degree in 1987. A Master’s followed in 2000 and it was then that the scales began to drop from his enquiring eyes to reveal that engineering wasn’t enough. Dealing with psychosocial factors was at least as important as mechanical adjustment.

He credits Jenni Bolton at the AECC with introducing him to the concept of outcome measures – then attempted using a paper-based system. He has just submitted a PhD thesis that examines the importance of a patient’s beliefs in the efficacy of treatment and how collecting data on patient outcomes and patient experience of the relationship with the chiropractor can improve the day-to-day operation of the practice.

Jonathan’s week is busy. He works from a clinic in Midhurst in West Sussex, he chairs the specialist Pain Faculty of the Royal College of Chiropractors and is a visiting academic and research fellow at the AECC. Additionally, he works in a groundbreaking UK National Health Service (NHS) initiative to provide spinal triage in East Hampshire and West Sussex. When a general practitioner in the area refers a patient for any spinal care in the NHS it is Jonathan who takes the first triage decision on the care path. Often this can be done on the basis of a paper review but he can also call the patient in, order tests/scans and has the option to send the patient directly to surgery. He then acts as the patient’s champion in the system with access to all hospital records and staff in the NHS area. The national NHS Pathfinder Group has recommended models similar to this for wider application. In the service, it has cut down the time a patient has to wait for treatment to around seven days, improving the prospects for a satisfactory outcome. It is both effective and economical, reducing the call on expensive surgeons’ time for triage. Jonathan looks forward to the day when a patient coming to a GP surgery with back or neck pain is first seen by a chiropractor who will assess whether the condition is medical or whether treatment can be initiated by the chiropractor – irrespective of whether it will be delivered by a chiropractor, osteopath, acupuncturist or physiotherapist.

“But,” I say, “there are nowhere near enough chiropractors to offer this service on a widespread basis. How can we make the profession more attractive to school leavers and other potential students?” He replies that many of the barriers are in the chiropractor’s mind. Effective manipulation is not confined to the chiropractic profession. Others can offer it too. But what marks out chiropractic from other therapies is the speed with which new graduates are able to operate independently and unsupervised in clinic. This has to be an attraction to sixth-formers contemplating a career in health care and should be promoted to careers advisers and other influencers at this stage in a young life. Watch how medical training is developing, he counsels.

Online learning is rightly gaining ground, as are part-time courses catering for mature students with dependents. What should be the aim, however, is to break down the social barriers between health care professions through fishing in a pool of common training in basic science and anatomy etc., to recruit those who will become chiropractors. With one important proviso: the pass mark for entrants to the specialist training must not be lower than that for the general medical profession.

Finally, I turn to research. How can it be made more accessible to practitioners? I suspect that Jonathan thinks that is the wrong question. He acknowledges that there is a disconnect between the two. But he suspects that too many practitioners misunderstand the purpose of research. It is not to show how good chiropractic treatment is; it is to explore why some things seem to work for some patients some of the time and what is a satisfactory outcome anyway. Pain, he says, is like a large piece of paper. If it sits in front of your eyes it is debilitating. But if you can move it to one side, it still exists but you can do much more than you could before. For the grandmother who can now kneel to play with her grandchildren, or the grandfather who can now walk to the car to take them out, those are successful outcomes. The quality of life has been transformed.

Future chiropractors will accept that their skill is much more than manipulation. It can include reassurance for the patient, working up a self-help regime together, how to prevent a flare up of a problem and how to manage it if a flare up should happen. Case notes will record all of these aspects, not just that “I manipulated joint X.” They will listen to their patients and use collected reports of their outcome and satisfaction to demonstrate the experiences their clinic provides to service users, and that brings us neatly back to Care Response…
Does spinal manipulation of the neck cause strokes or is it just an “accident waiting to happen”?  

To give us a background on this issue Professor Charlotte Leboeuf-Yde* wrote a blog post for BioMed Central® to discuss two articles recently published in Chiropractic & Manual Therapies that fall on either side of this debate. An edited version of that post is seen below as are references to the two articles.

Spinal manipulation

DURING one year, about half of all adults will have felt some type of neck pain, and some of these will seek treatment. Many of these patients will receive spinal manipulation and most will probably feel some immediate relief.

Spinal manipulation can be described as a manual manoeuvre in which a spinal segment is placed in an extreme ‘end’ position, upon which the manipulator adds a quick, low force and shallow movement, resulting in the spinal joint giving way in an ‘additional’ step, which is within its anatomical boundaries but usually outside the natural movement pattern. This is meant to affect the biomechanics and/or neurology of that spinal segment, which may or may not have a positive effect on spine-related symptoms.

Usually spinal manipulation is as uneventful (in a negative sense) as when you crack the knuckles in your fingers. Nevertheless, it may also happen, although exceedingly rarely, that real adverse events occur after spinal manipulation of the neck, such as damage to the wall of the artery that passes through the neck to the brain (arterial dissection), which may result in a stroke, with various potentially catastrophic symptoms following.

If it closes off the arterial system, serious and perhaps irreversible damage may occur within the brain.

If this stroke is caused by a clot and the clot is small or lodges itself in an area where there is additional blood-supply, the symptoms may be minor or short-lasting. But if it closes off the arterial system, serious and perhaps irreversible damage may occur within the brain. This is broadly called a cerebro-vascular accident (CVA). Specifically, in relation to spinal manipulation, we are dealing mainly with a vertebral artery dissection, either with local symptoms from the surrounding tissues or symptoms further away (vertebro-basilar stroke).

Arterial dissections may occur after serious trauma, after quite mundane activities which involve prolonged or extreme neck positions, and possibly also spontaneously. Cervical spine manipulation is therefore only one among many potential causes.

As the CVA is a rare occurrence and, as CVAs associated with spinal manipulation-of-the-neck are so rare, it is a very difficult phenomenon to study, meaning that mainly very large case-control studies are suitable.

The cause of a stroke?

As this type of injury can occur spontaneously or after activities involving certain neck positions, a major question rears its head at regular intervals, namely: “Is the CVA truly the result of the cervical manipulation or is it only ‘an accident waiting to happen’?” This question is based on the notion that people with a painful cervical dissection are likely to seek care, and if manipulation is performed in such patients, a clot may dislodge itself to complete the pathology but – on the other hand – it may have happened already, completely on its own, regardless of the manipulation.

Indeed, a previous study by Cassidy et al showed that vertebro-basilar stroke was equally common in people who had consulted a medical practitioner as in those consulting a chiropractor. For most practitioners using spinal manipulation after this report, the question was answered: the stroke patient’s early symptoms made him consult and the full-blown stroke would follow, regardless of the treatment. However, not everybody agrees. Some argue, for example, that cervical manipulation does not have enough benefits to justify this potential risk.

Current debate

In the current issue of Chiropractic & Manual Therapies, two teams are debating this old question, this time based on the issue of misclassification of cases. One team (Paulus & Thaler) argues that the Cassidy case-control study is faulty, because vertebro-basilar stroke in general was not separated from stroke specifically caused by vertebral artery dissections, the presumed culprit in cervical spinal manipulation. According to Paulus & Thaler, this would potentially result in a dilution of ‘real’ manipulation-related strokes among all other causes of stroke that are much more common. They argue that the Cassidy-analyses therefore were polluted by this misclassification, whereas the other team (Murphy et al) vehemently disagrees.

Not surprisingly, we have here the added dimension of professional political boundaries: the ‘no-to-manipulation’ and the ‘yes-to-manipulation’ teams, representing two different professional groups.

The final word has clearly not yet been pronounced on this issue and both these teams agree that research has to address various methodological challenges to obtain a trustworthy answer. Nevertheless, without an international collaboration involving prospective cases this seems an almost impossible task, particularly in view of the rarity of the condition, problems in capturing all cases (going from the reversible to the permanent injuries), the likely large anatomical and physiological variations between individuals and the daunting task of obtaining relevant and precise descriptions of treatments from a multitude of practitioners.

In the meantime, practitioners and patients have to make a decision, similarly to judging risk in other walks of life, such as, should I take the plane or stay at home?

References


2 Cassidy, J David, Boyle, Eleanor PhD, Côté, Pierre, He, Yaohua MD, PhD, Hogg-Johnson, Sheilah et al. Risk of Vertebrobasilar Stroke and Chiropractic Care: Results of a Population-Based Case-Control and Case-Crossover Study. Spine, 15 February 2008 - Volume 33 - Issue 4S - pp S176-S183

* Charlotte Leboeuf-Yde, DC, MPH, PhD, is professor in Clinical Biomechanics at the University of Southern Denmark and works at the French-European Institute of Chiropractic in Paris. She is a chiropractor with extensive research experience within the epidemiology of back pain and various clinical aspects of chiropractic. She is, for example, one of the first researchers to have studied normal and adverse reactions of spinal manipulation in large practice-based study populations.
A high-fidelity voice for chiropractic research?

The ECU European Academy of Chiropractic (EAC) is co-owner of the open-access journal Chiropractic & Manual Therapies (C&MT). The editorial team and the journal’s publisher, BioMed Central (a subsidiary of Springer NATURE), have decided to apply for Medline listing and a Thomson Reuters impact factor in 2017. MEDLINE is the principal online bibliographic citation database used internationally to provide access to the world’s biomedical journal literature. The decision whether or not to index a journal for this service is an important one and is made by the Director of the US National Library of Medicine, based on considerations of scientific policy and quality advised by the Literature Selection Technical Review Committee, which reviews journal titles and assesses the quality of their contents.

The Thompson Reuters impact factor uses quantitative tools to rank, evaluate, categorise, and compare journals. It is a measure of the frequency with which the ‘average article’ in a journal has been cited in a particular year or period – a ratio between citations and recent citable items published. Thus, the impact factor of a journal is calculated by dividing the number of current year citations to the source items published in that journal during the previous two years. If successful, C&MT will be the first journal with the word ‘chiropractic’ in the title to receive MEDLINE listing or a Thomson Reuters impact factor. Moreover, due to extensive cross-referencing, other journals publishing research in our field will boost their impact factor as soon as C&MT obtains Medline listing. A win, win situation for all!

The task of securing an impact factor for C&MT will be made easier by continued regular publication of articles of a good scientific quality that provide new knowledge. Particularly important are original research, clinical trials, surveys and meta-analyses. To assist this, we call all ECU member researchers to consider submitting articles to the journal in 2017. We understand that this is not always possible but please consider this, as your contribution may make the difference in the quest for recognition.

The EAC, with co-owners NIKKB, COCA and RCC, have already funded the publishing fee, thereby guaranteeing that your membership through the ECU/EAC allows you to publish in our journal at no cost. In 2017 the abstracts accepted for the Jean Robert Research Award at the upcoming May ECU Convention in Cyprus will be published as a supplement to C&MT in June. Not only is all this a benefit to chiropractic researchers, but it also makes research readily available to clinicians.

There have been over three million article accesses in the ten years of C&MT being online. As an example, the most viewed article of all time is Effectiveness of manual therapies: the UK evidence by Bronfort et al, published in 2010. This article has been accessed 116,330 times and cited by others 140 times. Needless to say, C&MT is a voice for chiropractic research that has ramifications well outside academia.

Obtaining a MEDLINE listing and an impact factor will bring ‘high-fidelity’ to this voice. Your help, through putting forward good quality research articles to C&MT, will be much appreciated.

Bruce Walker, Editor-in-Chief, C&MT
What are the 2 biggest obstacles to ending her chronic back pain?

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• Do you participate in sports?
• Have you ever injured your knee, back or neck?
• Do your shoes wear unevenly?
• Do your joints hurt while standing, walking, or running?
• Do you have one leg that is shorter than the other?
• Do you have knock knees or bow legs?
• Do you have bunions, corns, flat feet, etc.?
• Do your feet ‘toe out’ when you’re walking?

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