



THE ICA CHOICE

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ICA President announces Board adoption of Value Statements

International Chiropractors Association (ICA) President Stephen P. Welsh, DC, FICA recently announced the adoption of new Value Statements by the ICA Board of Directors.

Dr. Welsh stated, “For too long there has been divisiveness and disrespectful discourse within our profession. This disrespect was on full display at presentations by members of the World Federation of Chiropractic Research Council in Berlin that were so egregious that

the ICA Board voted unanimously to file a formal complaint (see sidebar story page 5). The ICA is resolved to lead the change within our profession by adopting value statements in order to set a new tenor for our professional community worldwide.”

ICA’s five new Value Statements are:

Respect: We acknowledge and honor the diverse perspectives and approaches in the practice of chiropractic and in

promoting health, healing, and well-being. We pledge to conduct ourselves with kindness, compassion, direct and honest communication.

Equitability: We advocate for a health-care system that is just, fair, and free from discrimination. We believe that all people should have equal access to services that promote health and wellbeing, including chiropractic care. We support the inclusion of all licensed health

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ICA celebrates historic 93rd Annual Meeting

The International Chiropractors Association (ICA) celebrated its 93rd Annual Meeting over the weekend of April 11-13, 2019, on the campus of Logan University in Chesterfield, Missouri. The ICA’s Annual business session drew a large global contingent of representatives, including Board members, members of the ICA Representative Assembly and a record number of Student ICA chapters. The ICA leadership focused the meeting on the association’s programs, policies and global development plans in a series of intensive planning sessions.

Among the highlights of the 93rd Annual Meeting was the announcement of a ten year cooperation agreement between the ICA and King Koil China that will provide for an estimated \$3.5 million for the development of chiropractic

in the People’s Republic of China, a nation of over 1.3 billion people.

Included in this new series of initiatives is a continuation of the ICA’s Ambassador Program through which ICA Doctors of Chiropractic (DC) tour all sections of China educating the media, public policy makers, other health professionals and the public on the science, art and philosophy of chiropractic. To date, more than two dozen ICA DCs have travelled throughout China in two- and three-week scheduled tours, presenting ICA and chiropractic to an eager and open-minded public.

For more than fifty years the ICA has partnered with King Koil Sleep Systems to design and educate the public on the importance of high quality, spine

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Annual Super Conference on Chiropractic & Pediatrics, December 6-8, 2019.
<https://icaevents.org/nashville/>

DECEMBER 6-8
LOEWS HOTEL

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Action &
Making a
Difference*

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President's Message

Stephen Welsh, DC



By Stephen P. Welsh, DC, FICA

I am honored to have been elected as President of the International Chiropractors Association (ICA) at the Annual Meeting in April. I am pleased to have Selina M. Sigafoose-Jackson, DC, FICA of Pennsylvania serving as Vice President and Dr. Jon L. Stucky of Utah as our Secretary Treasurer.

Since April, we have rolled up our sleeves and gotten to the important work of ensuring the ICA is serving its membership and advancing the goals of promoting the chiropractic. As many of you know, my first career was not chiropractic. I have an engineering background and my career took me to a Vice Presidential level in the corporate world. This background provides me a different skill set and approach to management than others who have served in this role. Focusing on process and being results driven is needed as the ICA home office had two major staff retirements at the end of 2018. We have recently made several home office adjustments and are focusing on improving our membership services outreach. I want to see chiropractors who have formerly been a part of the ICA to come back home. I also want to see chiropractic students at every chiropractic college become student members of the ICA and stay as members once they graduate.

To paraphrase our founder, B.J. Palmer, chiropractic care across the life span is the best health insurance anyone can have. For too long, the allopathic, drug-centric mainstream medical approach has focused on symptom-management rather than health creation. The crisis of pain management referred as the opioid crisis by mainstream media is the latest example of where chiropractic care can provide a real alternative pathway for our patients.

ICA has been bringing this solution to policy makers. After listening to the entire chiropractic community, we drafted legislation that provides a comprehensive, non-controversial, solution to removing the discriminatory barriers in Medicare and mandate to reimbursement of basic services such as exams and x-ray/imaging in addition the adjustment to correct

a subluxation. This legislation also will ensure that Medicare beneficiaries have the freedom to privately contract with chiropractors just as they currently have with all other physician level providers. We have crafted this legislation so that it can be swiftly implemented and are working hard to see it introduced soon. We have also been supportive of legislation that expands access to chiropractic for our military and veteran's communities.

The ICA is 93 years young this year and is in an exciting transformational phase. I am determined to shepherd the ICA during my tenure into an organization that represents practitioners, students, chiropractic assistants, educators and lay persons world-wide in a way that would please our founder.

The ICA as part of our interprofessional relationship building and advocacy has played an active role in the Integrative Health Policy Consortium. I was pleased to be on Capitol Hill this spring for the launching of the Integrative Health and Wellness Congressional Caucus in the 116th session of Congress with the new co-chairs

Representative Judy Chu (D-CA) and Representative Jackie Walorski (R-IN).

Representative Walorski has introduced H.R.2883 – Chiropractors Equity Act of 2019 which seeks to eliminate discrimination in the Medicare “Opt-Out” provision by allowing chiropractors to provide items and services through private contracts with Medicare beneficiaries. Eliminating this disparity has long been a goal of the chiropractic profession and is one of the key parameters in ICA’s proposed Medicare Legislation which we are diligently working to get introduced.

I urge everyone to reach out to their member of Congress and ask them to (1) join the Integrative Health and Wellness Caucus and (2) to co-sponsor HR 2883. We need to support legislators who are willing to take a leadership role on our issues by helping build support for these activities.

Recently, the ICA coauthored a report with the American Black Chiropractors Association (ABCA) entitled Advancing Diversity as We Advance the Chiropractic Profession. I pre-

sented to the Council on Chiropractic Education (CCE) at their July meeting. The report was positively received. ICA plans to continue our engagement in this area in order to achieve increasing diversity among our profession in the coming years.

ICA is a global organization, with members in 52 countries. I am proud that Dr. Jimmy Nanda serves as the ICA's International Representative on our Board. ICA continues its longstanding relationship with King Koil with our educational programs across China several times a year. We have ICA members traveling across China for several 2-3-week educational programs. I am excited about this opportunity for the people of China as well as for the chiropractic profession. China is a nation with more than 1.4 billion residents.

The ICA is 93 years young this year and is in an exciting transformational phase. I have for the years that I have been involved in the ICA Board listened to your positive and negative feedback. I am determined to shepherd the ICA during my tenure into an organization that represents practitioners, students, chiropractic assistants, educators and lay persons world-wide in a way that would please our founder. The ICA is dedicated to the growth and development of the chiropractic profession based on Dr. Palmer's fundamental belief in the

principle and philosophy of chiropractic as a unique, separate, distinct and drugless health care profession. I look forward to continuing to hear from you about what we get right and what we can do better.

The ICA Mission

To promote and protect the chiropractic profession throughout the world as a distinct, drugless healthcare profession based upon its unique philosophy, science and art.

Support the organization that is supporting your profession.

[To join ICA click here.](#)



ICA President announces Board adoption of Value Statements

Continued from front page

providers that are practicing within the scope and standards of their profession and advocate for compensation that is commensurate and fair for services provided.

Empowerment: We advocate for a health care system that gives people control of their own health and health-promoting practices. We foster the development of health promoting capacity in individuals, organizations and health professions through education, knowledge and information, advocacy, access, communication, and collaboration.

Collaboration: We are dedicated to working in respectful dialogue and supportive partnership with others to address the needs of individuals and society for better health and health-care systems.

Transparency: We act in a way that is easy for others to see what we are doing and why we are doing it. We make available full information required for collaboration, cooperation, and collective decision making.

The ICA Vision statement provides that we seek to Empower humanity to optimal life expression, health and human po-

tential through specific and scientific chiropractic care. The ICA's Mission is to protect and promote chiropractic throughout the world as a distinct health care profession predicated upon its unique philosophy, science, and art of subluxation detection and correction.

The ICA has recently streamlined its affiliation process and welcomes all chiropractic associations worldwide that support the ICA vision, mission, and value statements to apply for affiliate status.

Dr. Welsh continued, "To fulfill our mission and vision, it essential to have respectful dialogue and collaboration both intra-professionally and inter-professionally. We work cooperatively to eliminate discrimination against all vitalistic health care professions, of which chiropractic is the largest. ICA is currently working to advance federal legislation to eliminate discrimination against chiropractic patients currently existing in the Medicare system. The ICA objective is to remove existing barriers in order to provide Medicare beneficiaries a non-drug alternative for both acute and chronic pain conditions related to the subluxation, we will work with our professional colleagues to achieve this goal."

ICA Leadership Line

Weekly Interactive Teleconference



Each week ICA brings you the greatest minds and personalities in chiropractic in an open forum. ICA's interactive weekly Leadership Line provides direct access to valuable information from the leading experts on a wide range of subjects in a convenient, no-cost, user-friendly format. Please join us!

Every Wednesday at 9:00 PM (Eastern)

Call in and Listen, Ask Questions

No cost to you. Non-ICA Members welcomed

Call-In Number: 1-712-770-5505 (Passcode: 326002#)

Want email reminders? www.chiropractic.org/subscribe

The Leadership Line calls are recorded and available for replay inside the members area of www.chiropractic.org.

Log in and click "Members Only Content."

ICA celebrates historic 93rd Annual Meeting

Continued from front page

friendly mattresses which are now available in more than sixty countries.

ICA's democratically elected leadership reviewed the association's legislative goals and reaffirmed its commitment to federal legislation to expand coverage under the Medicare program to include x-rays and exams and also provide for the ability of Medicare beneficiaries to privately contract with doctors of chiropractic in the same manner they can with doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine and optometry.

ICA's leadership placed a major focus during its 2019 deliberations to plans and initiatives to defend chiropractic practice rights, including x-ray privileges and chiropractic care for patients of all ages and to maintain the subluxation focus of chiropractic science and practice worldwide and authorized the filing of a formal complaint with the World Federation of Chiropractic.

The 93rd Annual Meeting also marked a significant leadership transition as the association welcomed new officers including Dr. Stephen Welsh of Roswell, Georgia who began a two-year term as ICA President. Dr. Selina Sigafoose-Jackson from York, Pennsylvania was sworn in as ICA Vice President and Dr. Jon Stucky of Hyrum, Utah was installed as ICA Secretary-Treasurer. Dr. Hugo V. Gibson of Lee's Summit, Missouri was named the 2019 ICA Chiropractor of the Year, ICA's highest honor.



Stephen Welsh, DC

"ICA's 2019 Annual Meeting was a high energy, positive and exciting gathering of world leaders who have selflessly stepped forward to serve chiropractic," said ICA's new president Dr. Stephen Welsh. "I look forward to working in close cooperation with this growing group of dedicated leaders to serve our profession and doctors of chiropractic, worldwide, always anchored in ICA's vision and values."

ICA Board files formal complaint with World Federation of Chiropractic

The International Chiropractors Association (ICA) stands firmly in support of its worldwide members who practice vitalistic, subluxation-oriented chiropractic. ICA opposes the use of the World Federation of Chiropractic (WFC) Research Council as a platform to divide the profession and promote intolerance. As a result of recent events including unprofessional and offensive comments made during a presentation at the WFC's Berlin meeting, the ICA's Board voted unanimously to file a formal complaint to the World Federation of Chiropractic. ICA President, Stephen Welsh, DC, FICA in submitting the official complaint this week stated:

"As a member association of the WFC, the ICA cannot stand by while direct insults to all chiropractors that focus on the correction of the subluxation are hurled from a global stage. Such a public display of intolerance undermines the credibility of the entire profession."

The ICA supports the World Federation endorsement of an evidence-based, patient-centered, interprofessional and collaborative approach in chiropractic. Any suggestion by a handful of researchers and academics that the practice of vitalistic, subluxation-oriented chiropractic is unscientific and not evidenced-based is a false premise that will aggressively challenged by the ICA.

By filing a formal complaint, the ICA seeks a swift corrective action by the WFC in order to reaffirm the underlying foundational principles of the WFC that includes an acknowledgment and respect for the variations in practice that exist between international jurisdictions.



Summary of ICA's proposed Medicare legislation

The ICA, working with several key legislators, has drafted a bill that will eliminate discrimination against the patients of chiropractors who are currently being denied reimbursement for covered chiropractic services.

The International Chiropractors Association (ICA) is in consensus with the entire US-based chiropractic community that Medicare needs to be fixed. For too long the vestiges of restraint of trade discrimination have lingered in the Social Security Act laws through which Medicare is administered.

The ICA, working with the staff of several key legislators, has drafted a bill that will eliminate discrimination against the patients of chiropractors who are currently being denied reimbursement for covered services when they are provided by a Doctor of Chiropractic.

We do this while preserving the subluxation reference in the definition of chiropractic. We know going into this legislative process that we cannot be seen as increasing dramatically the cost of Medicare.

The draft legislation has been developed based upon the following parameters:

1. Maintain the current mandate for coverage of the adjustment to correct a subluxation.
2. Remove the restrictive language used to limit reimbursements to the adjustment "only".
3. Introduce the concepts of Sec. 2706 of the Public Health Service Act and eliminate discrimination based upon provider license type.

4. Maintain economic neutrality by removing barriers to reimbursements for existing covered services only.

5. Establishes equitability in reimbursement rates to other physician-level providers.

6. Eliminate discrimination that denies patients of chiropractic physicians the ability to privately contract.

7. Once our legislation is introduced, the ICA will be soliciting support from the entire chiropractic community.

Read the JCCP Online

CLICK
HERE

The only public-access chiropractic pediatrics journal in the world.

Published by the ICA Council on Chiropractic Pediatrics.

Articles in the current issue include:

Improvements in a three-year-old girl diagnosed with autism spectrum disorder following a trial of chiropractic care: a case report

By Stephanie K. Makela, DC

Functional constipation in children: which treatment is effective and safe? An evidence-based case report

By Nathaëlle Martin-Marcotte, DC

Chiropractic care of a 10-year-old female with primary nocturnal enuresis: a case report

By Anissa St-Jean, DC

Pediatric osteosarcoma of the knee: a case-report

By Jessica Dallaire, DC

Does breastfeeding lower the risk for childhood obesity: what is the evidence?

**By Emily Norton, DC, MChiro, PG Cert.
and Joyce E. Miller, DC, PhD**



Integrative Health & Wellness Congressional Caucus Co-chair introduces Medicare opt-out bill

Your voice is needed to build caucus & bill sponsorship

The International Chiropractors Association (ICA) is pleased to see that Representative Jackie Walorski, (R-IN), Co-Chair of the Integrative Health and Wellness Congressional Caucus recently introduced H.R.2883 – Chiropractors Equity Act of 2019 which seeks to eliminate discrimination in the Medicare “Opt-Out” provision by allowing chiropractors to provide items and services through private contracts with Medicare beneficiaries. Eliminating this disparity has long been a goal of the chiropractic profession and is one of the key parameters in ICA’s proposed Medicare Legislation which we are diligently working to get introduced. Our objectives are to:

1. Maintain the current mandate for coverage of the adjustment to correct a subluxation.
2. Remove the restrictive language used to limit reimbursements to the adjustment “only”.
3. Introduce the concepts of Sec. 2706 of the Public Health Service Act and eliminate discrimination based upon provider license type.
4. Maintain economic neutrality by removing barriers to reimbursements for existing covered services only.
5. Establishes equitability in reimbursement rates to other physician-level providers.
6. Eliminate discrimination that denies patients of chiropractic physicians the ability to privately contract.

Representative Walorski joined Representative Judy Chu (D-CA) in March as Co-Chairs of the bi-partisan Integrative Health and Wellness Congressional Caucus in the 116th Congress.

Call Your Representative

To help, please call your Representative and ask them to do two things: Co-Sponsor H.R. 2883, the Chiropractors Equity Act of 2019; and join the Integrative Health and Wellness Caucus.

To join the caucus, members of Congress should contact Representative Chu’s office. To find your member of Congress and their contact information, click [here](#). Consider reaching out to your Representative on social media to make the request as well.

The Congressional Caucus is intended to provide legislators a forum to learn about and engage with the integrative and wellness community. Both Representatives Chu and Walorski support expanding access to integrative health professionals and both serve on the powerful House Ways and Means Committee. ICA in collaboration with the Integrative Health Policy Consortium (IHPC) sponsored the March event that announced the Caucus.

The ICA has participated in the IHPC for many years. Our President, Dr. Stephen Welsh is on the IHPC Board of Directors and Executive Committee and serves as Co-Chair of the Integrative Approaches to Pain and Addiction Committee. Working with IHPC during the previous administration, we were able to see the Public Health Service Act amended to include Section 2706, a provision endorsed by the ICA to promote non-discrimination for covered services in insurance.

Dr. Stephen Welsh, stated, “It is heartening to see a member of Congress have the courage to introduce legislation that will eliminate the private contracting disparity and give chiropractic patients who are Medicare beneficiaries the same medical freedom to privately contract with their providers as patients of all the other physician level providers have. We need to help Representative Walorski gain support for HR 2883 and help increase the membership of the Caucus.”

ICA wants to hear from you about your interactions with your Representative. Please email Beth Clay, Acting Executive Director and Director of Government Relations at bclay@chiropractic.org and share your experience and any feedback. We will provide updates to this and all legislation on the ICA website and through email communications.

Dr. Stephen Welsh, ICA President continued, “The ICA is very active on Capitol Hill. We are continuing to promote our draft Medicare legislation which will fully eliminate discrimination against the patients of chiropractors who are currently being denied reimbursement for covered services such as the exam and x-ray when provided by a Doctor of Chiropractic. We do this while staying true to our values and preserving the existing mandate to cover the adjustment to correct a subluxation in the current definition of chiropractic within the law.”



ICA and the American Black Chiropractic Association issue a new report at semi-annual CCE meeting: *Advancing Diversity as We Advance the Chiropractic Profession*

The International Chiropractors Association (ICA) President Stephen P. Welsh, DC, FICA spoke during the semi-annual meeting of the Council on Chiropractic Education (CCE) last month. He delivered a joint report from the [American Black Chiropractic Association](#) (ABCA) and the ICA titled, *Advancing Diversity as We Advance the Chiropractic Profession*. The report calls for increasing diversity through engagement with academic program accreditation organizations. In addressing the CCE, Dr. Welsh requested the CCE's support in increasing diversity in chiropractic academic institutions and the chiropractic profession by:



Dr. Welsh requested the CCE's support in increasing diversity in chiropractic academic institutions and the chiropractic profession by:

- Developing and supporting opportunities in chiropractic admission criteria not only focused on grade point average, test scores, or time to complete a program but allowing consideration of minority students' experiences and attributes.
- Creating and supporting policies and practices that help to develop strategies to recruit minority faculty members to match the population needs.
- Developing college environments that better support students of color and focus on minority recruitment efforts.

Dr. Welsh stated, "We as a profession have yet to achieve diversity proportional with the population. To meet the growing need for chiropractic care among all people we can no longer



American Black Chiropractic Association

simply talk, we must act to develop and implement strategies to address diversity and cultural competence. The ICA is pleased to be engaging with the ABCA on this important issue.



Dr. Quentin M. Brisco, President of the American Black Chiropractic Association stated, "The American Black Chiropractic Association has been actively engaged in increasing diversity

in the chiropractic profession since its founding. Six months ago, ABCA requested the CCE's support to develop and support opportunities in chiropractic admission criteria not only focused on grade point average, test scores, or time to complete a program but allow consideration of minority students' experiences and attributes. The ABCA also requested the CCE create and support policies and practices that help to develop strategies to recruit minority faculty members that match the population needs, in order to develop college environments that better support



students of color and focus on minority recruitment efforts. I look forward to continued discussion with the Council on Chiropractic Education so that we can help all Doctor of Chiropractic programs become increasingly diverse."

Dr. Winston Carhee, Immediate Past President of the American Black Chiropractors Association added, "Six months ago, I made comments at the CCE meeting on behalf of the ABCA, I am pleased Dr. Welsh was at this meeting and heard my remarks, investigated the matter and determined it would become a priority for the ICA."



Racial and ethnic diversity among health professionals has been shown to promote better access to healthcare and improved healthcare quality for underserved populations. This also meets health needs of an increasingly diverse population.

[Click here](#) to read a PDF copy of the *Advancing Diversity as We Advance the Chiropractic Profession* report.

The American Black Chiropractic Association (ABCA) meets annually at its National Convention, which changes locations according to regional rotations. During the annual meetings, any organizational business is handled including nominations and voting on leadership, confirming policies and procedures and discussing organizational goals and any new business brought forth by general members.

The 2019 ICA Council on Upper Cervical Care Symposium was a tremendous success!!

Doctors and students from all over the world gathered in Denver last month for the Upper Cervical Event of the Year. We had an amazing speaker lineup, paper presentations, an expert panel, and President's reception where we celebrated the 2nd Diplomate class graduation and gave a number of prestigious awards. Congratulations to the 2019 Diplomates:

Geoffrey Besso, DC
Jeremy Barone, DC
Clark E. Benson, DC
Jaime Browning, DC
Christopher Chapman, DC
Michael Foran, DC
Mylene Hopf, DC
Sarah Johnson, DC
Noah Kaplan, DC
Jared Kohler, DC
Benjamin Kuhn, DC
Jordan Landholm, DC
Kevin Lin, DC
Christi Osborne, DC
Brent Owens, DC
Rion Peddy, DC
Brian Pokorski, DC
Tonia Rogers, DC
Kevin Segall, DC
Christopher Slininger, DC
George Sooley, DC
Jennifer Taylor, DC
Devin Young, DC

Award winners included:

Dr. Roy Sweat, BJ Palmer Lifetime Achievement. In honor of a lifetime of achievement in the philosophy, science, and art of upper cervical chiropractic.



Dr. Ian Bulow, Upper Cervical Chiropractor of the Year. Given in recognition of services and contributions, which have made a lasting impact in upper cervical chiropractic.

Dr. Charmaine Herman, Upper Cervical Researcher of the Year. In sincere appreciation of the research contributions made to the field of upper cervical chiropractic.

Arete Chiropractic, The Innate Clinic Award. To the team of unique individuals that come together to facilitate a better expression of life and health in their clinic and community.

Dr. Stan Pierce, Jr., The Impact Award. Awarded to any individual (Chiropractor, Chiropractic student, advocate, philanthropist, or otherwise) who has made a lasting impact on the progress and development of upper cervical chiropractic

If you missed out on the symposium this year, unfortunately, it won't be held again until 2021 in Atlanta. Hope to see you all there!

The Upper Cervical Conference of the Year!

ADVANCES IN SPINAL CARE
a symposium presented by the
ICA Council on Upper Cervical Care
June 6-8th, 2019
Brown Palace Hotel & Suites, Denver, CO

2019 NASHVILLE

ANNUAL SUPER CONFERENCE

on Chiropractic & Pediatrics



REGISTRATION PRICES

	Advanced <i>(Before Oct. 6)</i>	Regular <i>(After Oct. 6)</i>	Onsite <i>(December 6th)</i>
DC	\$429	\$499	\$549
ICA member/ Pediatrics Council Member	\$399	\$469	\$519
Student	\$179	\$249	\$299

Attend a packed program with current chiropractic pediatric material, in a culturally rich city, filled with world class food, music and over 15 CEs for every DC!

DECEMBER 6-8
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REGISTER NOW!

icapediatrics.com/Nashville

ICA Legislative Update

Advancing Chiropractic Through Policies and Research

By Beth Clay

Acting Executive Director/Director of Government Relations

The International Chiropractors Association (ICA) has been on the forefront of advancing improvements to chiropractic policies since its inception. A lot of what we do is behind the scenes. One of my goals going forward is to better inform our membership through social media and through our publications. Our 93-year history is vibrant and diverse. I am confident the coming years are going to see ICA grow and the field of chiropractic prosper. Why am I so confident about this? For two reasons – First, because the ICA membership are such amazing people and health professionals. Everyone I meet and talk to are inspiring. The dedication to the profession and to helping the public and future professionals is extraordinary. I am proud that the ICA is firmly dedicated to helping military members, veterans and their families have access to care, and I am proud of those within the ICA ranks who train and care for patients across the entire life span.

The other reason I am so sure that ICA and the profession are going to prosper is the increase in peer reviewed scientific evidence that informs your practice. For example:

103,469 Chiropractors World-Wide. Danish researches conducted an international, cross-sectional survey of all 193 United Nations member countries and seven dependencies to better understand the global chiropractic workforce on four levels - location, quality, accessibility and acceptability. Information was gathered from 90 countries in which at least one chiropractor was present. There are currently 103,469 chiropractors in practice globally. This important study highlights that there is a global need to expand the chiropractic profession¹.

Young People Benefit from Chiropractic Care. A retrospective analysis of prospectively collected quality assurance data attained from a chiropractic clinic database found that youth aged 10 to 24 years with spine pain showed clinically and statistically significant improvement in all four spinal regions following chiropractic management. Addressing spine pain early in life is important as this is an established risk factor for spinal pain later in life. Chiropractic management, the study concluded is a viable conservative pain management option for young people².

Chiropractic Care for Military Members

Globally. This scoping review explored the available evidence related to chiropractic services within active duty military. The study is important because musculoskeletal injuries are frequent and influence operational readiness in militaries globally. In the United States, data shows that musculoskeletal diagnoses were frequent (43%), with back pain (29%) being the most common musculoskeletal diagnosis. In the Canadian Air Force, musculoskeletal injuries were one of the most common reasons personnel were not deployed and caused 42% of all medical releases in 2013. In the Swedish Air Force, aviators 51.7% reported experiencing neck pain while 53.3% of rotary-wing crew and 69% of fast-jet crew reported neck pain in the Royal Air Force. Across the military, musculoskeletal injury accounts for significant lost productivity. The authors call for further qualitative, descriptive, and clinical trial data worldwide to inform the role and value of chiropractic services in active duty military globally³.



Beth Clay

The more well designed, unbiased research conducted, the more we can substantiate with evidence what ICA members see in their practices every day and that is chiropractic care is safe effective and changes lives.

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A summary of current studies related to chiropractic and manual therapies for pediatric patients

By JCCP co-editors Cheryl Hawk, DC, PhD, CHES and Sharon Vallone, DC, FICCP

Reprinted from the June JCCP, [available online](#)

In the March 2019 position statement by the Chiropractic Board of Australia, Interim policy on spinal manipulation for infants and young children, [the Board recommends](#) that chiropractors do not treat any children under age two years with spinal manipulation. This is an interim position awaiting an independent expert review by Safer Care Victoria on spinal manipulation for infants and young children.

The Board goes on to state that, “there is no current clinical guideline, or peer-reviewed publication, to guide chiropractors with respect to the care of infants and young children, and the use of spinal manipulation in particular.”

While we acknowledge that there is not enough research on the effects of spinal manipulation on infants and young children, we would like to be sure that chiropractors and the public realize that there currently exists a growing body of evidence, plus an evidence-based set of recommendations for “best practices” for chiropractic care of children, which provide fairly substantial support for the safety of chiropractic care.

It is also important to note that for this interim policy the Board defines “spinal manipulation” as “moving the joints of the spine beyond the child’s usual physiological range of motion using a high velocity, low amplitude thrust.” This definition is important to keep in mind, because much of the published research on manual therapy involving children, particularly infants, suggests that very often Doctors of Chiropractic (DCs) and osteopathic physicians (DOs) do not use high velocity, low amplitude (HVLA) thrusts.

This editorial will briefly address a few of the studies which we hope will also be covered in the future review by Safer Care Victoria. It focuses on the safety of manual therapy in general because this is the chief concern of the recent policy. Effectiveness is, of course, important, but safety must be a primary concern.

2019 Systematic review of manual therapy for the pediatric population. This review detailed the use of manual therapy for children. “Manual therapy” included high-velocity, low-

amplitude thrust maneuvers, mobilization, and low-force manual techniques. It found that in the 20 (of 50) studies that reported on adverse events, no serious or long-lasting adverse events were reported for children receiving any type of manual therapy.¹

2018 Systematic review and meta-analysis of manual therapy for unsettled, distressed and crying infants.² This thorough study is somewhat unique in that it included not only randomized controlled trials (RCTs) but observational studies as well, excluding only single case reports and non-peer-reviewed literature. It included studies in which the intervention was manual therapy, defined as involving “physical and/or manual contact with the patient for therapeutic intent.” This study stated that manual therapy is a “relatively low risk intervention.”^{2, p.13} In fact, in the meta-analysis, the authors found that, “there was an overall RR [Risk Ratio] of 0.12 (95% CI 0.12 to 0.66); that is, those who had manual therapy had an 88% reduced risk of having an adverse event compared with those who did not have manual therapy.”^{2, p.6}

2015 Review of adverse events related to manual therapy for infants and children.³ This extensive review searched from the inception of searchable databases through March 2014, and included all manual therapists—this is a period of more than 50 years. Serious adverse events in infants and children receiving any type of manual therapy were rare. A total of 15 serious adverse events were reported, including three reported deaths. It is important to note that none of the deaths and seven of the 15 serious adverse events were attributed to chiropractors, even though chiropractors provide a substantial majority of manual care for children. In four of the seven serious adverse events related to chiropractic care, underlying preexisting pathology such as osteogenesis imperfecta contributed. It is also important to note that HVLA manipulation was applied in 10 of the 15 total serious adverse events. Mild, transient adverse effects such as temporary soreness or temporarily increased crying were much more commonly reported.

Review of biomechanical forces of chiropractic techniques used with children.⁴ This study discusses the findings of literature related to the amount of biomechanical force applied when chiropractors work with infants and children. It found that DCs often modify their usual techniques according to the patient’s age, decreasing the amount of biomechanical force,

particularly with respect to HVLA. The description of Marchand's findings and recommendations arising from a survey of European chiropractors is particularly relevant to preventing adverse events.⁵ See Table 1 for a summary of these recommendations. In this context, it is worth noting that many, if not most, chiropractic colleges in the U.S. are now using Force-Sensing Table Technology in training students in application of HVLA techniques, so they will be able to deliver selected levels of force.⁶ It is also worth noting that, as indicated in Table 1, thrust manipulation (HVLA) is not recommended for infants and children under age two.

Recommendations on “best practices” for chiropractic care of children.^{7,8} These recommendations were first published in 2009 and then updated, based on an accompanying systematic review, in 2016. The 2009 original paper was actually structured to follow a current (at that time) Australian draft guideline on the same topic. The updated one included a systematic review, but the recommendations regarding safety did not change substantially. Based on the literature, and still

congruent with the more recent studies summarized above, we recommended practices which would not only address the safety of manual procedures themselves, but would also help avoid what Vohra et al term “indirect” adverse events: those occurring as a result of delayed referral for necessary care from another provider, or failure to correctly diagnose “red flags” which would contraindicate chiropractic care.⁹ These recommendations include age-appropriate history and examination; detection of “red flags” and modification of manual techniques to be suitable to the patient's age, size, developmental stage—especially in terms of skeletal development, muscle mass and ligamentous flexibility—and comfort.

Conclusion

The current studies summarized above suggest that manual therapies are rarely associated with serious adverse events in children, even infants. For additional protection of patients, our profession has also developed an evidence-based set of recommendations for “best practices” for chiropractic care of children.

Level and age	Type of force	% of force used for adults	Approximate Newtons (actual force)
Grade 1: Ages 0-2 months	Low force; Low speed	10%	~11 N
Grade 2: Ages 3-23 months	Low force; Low speed	30%	~34 N
Grade 3: Ages 2-8 years	Moderate force; Moderate speed	50%	~56 N
Grade 4: Ages 8-18 years	Moderate force; High speed	80%	~90 N

Table 1. Recommended application of biomechanical forces to children of different age groups.^{4,5}

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News from the ICA Pediatric Council

A lot has happened since January 1st, 2019. The election of three new council board members as well as the retirement of Molly Rangnath and Ron Hendricksen are just a few of the changes. The transition has been challenging, but we've been hard at work and we appreciate your patience. Let us introduce the new board members.



Dr. Stephanie O'Neill-Bhagal is the new Chair. She graduated from Palmer College in Davenport, IA in 2002 and completed her Pediatric residency at Palmer in 2005 as well as obtaining her DICCP. Dr. O'Neill taught at Palmer for 15 years and now is a professor at Life West and serves as faculty clinician at Life West Health Center. She maintains a private

practice and her focus is on routine and complex pediatric and pregnancy care. She also teaches in the diplomate program. With her husband, she travels to underdeveloped countries with Peak Potential Outreach to provide healthcare.



Dr. Meghan Van Loon is the new vice-Chair. She graduated from Northwestern College in 1991 and has been in private practice for 28 years. She received her DICCP in 2000 when she concentrated her practice in pediatric and maternity care. Dr. Van Loon taught pediatric-related courses at New York Chiropractic College for 19 years as well as

teaching pregnancy modules in the diplomate program. She has also taught at various pediatric chiropractic conferences.



Dr. Sonia Morin is the new Secretary. She graduated from Palmer College in Davenport, IA in 1994 and obtained her DICCP in 1998. As well as maintaining a private practice for over 25 years, Dr. Morin has been teaching at the University du Québec à Trois-Rivières since 1996. The courses taught includes pediatrics for more than 14 years, ob-

stetrics, clinical exams, orthopedics, emergency care and continues teaching chiropractic techniques, including some pediatric technique. She also taught different modules in the diplomate program and in the continuing education in Québec from the Ordre des Chiropraticiens du Québec.

The board members want to thank the previous members for their help through this difficult transition: Dr. Lora Tanis, Dr. Sharon Vallone and Dr. Tracy Barnes as well as Stephanie Becker at the ICA. Their support, advice and time are greatly appreciated.

The Pediatric Council would also like to remind the chiropractic community of the online journal, *Journal of Clinical Chiropractic Pediatrics* (JCCP) available for viewing at www.jccponline.com. The JCCP is a biannual peer reviewed journal that includes commentaries, case reports and research pertaining to the chiropractic care of the mother and child from gestation through pregnancy and infancy to the adolescent years. With the present climate in maternal and pediatric chiropractic, it benefits us and our patients to keep up to date with the available research. If you are interested in submitting a paper or article to the JCCP, please go to the Submission Policy tab on the JCCP website for the guidelines.

The board members are looking forward to a productive future, including the Annual Conference in Nashville, TN on December 6-8, 2019. Please join us there and help strengthen the Pediatric Council and the future of pediatric chiropractic.



The ICA Council on Chiropractic Pediatrics is one of the largest specialty councils in the United States recognized worldwide as a leader in chiropractic pediatric education. It is committed to excellence in education and high standards of practice for the doctor of chiropractic caring for infants, children and pregnant women.

News Briefs

Advancing diversity as we advance the chiropractic profession

19 July 2019 (Falls Church, VA and Atlanta, GA): The International Chiropractors Association (ICA) President Stephen P. Welsh, DC, FICA spoke during the Semi-Annual Meeting of the Council on Chiropractic Education (CCE) last month. He delivered a joint report from the [American Black Chiropractic Association](#) (ABCA) and the ICA titled, *Advancing Diversity as We Advance the Chiropractic Profession* calling for increasing diversity through engagement with academic program accreditation organizations. In addressing the CCE, Dr. Welsh requested the CCE's support in increasing diversity in chiropractic academic institutions and the chiropractic profession by:

- Developing and supporting opportunities in chiropractic admission criteria not only focused on grade point average, test scores, or time to complete a program but allowing consideration of minority students' experiences and attributes.
- Creating and supporting policies and practices that help to develop strategies to recruit minority faculty members to match the population needs.
- Developing college environments that better support students of color and focus on minority recruitment efforts.

Dr. Welsh stated, "We as a profession have yet to achieve diversity proportional with the population. To meet the growing need for chiropractic care among all people we can no longer simply talk, we must act to develop and implement strategies to address diversity and cultural competence. The ICA is pleased to be engaging with the ABCA on this important issue.

Dr. Quentin M. Brisco, President of the American Black Chiropractic Association stated, "The American Black Chiropractic Association has been actively engaged in increasing diversity in the chiropractic profession since its founding. Six months ago, ABCA requested the CCE's support to develop and support opportunities in chiropractic admission criteria not only focused on grade point average, test scores, or time to complete a program but allow consideration of minority students' experiences and attributes. The ABCA also requested the CCE create and support policies and practices that help to develop strategies to recruit minority faculty members that match the population needs, in order to develop college environments

that better support students of color and focus on minority recruitment efforts. I look forward to continued discussion with the Council on Chiropractic Education so that we can help all Doctor of Chiropractic programs become increasingly diverse."

Dr. Winston Carhee, Immediate Past President of the American Black Chiropractors Association stated, "Six months ago, I made comments at the CCE meeting on behalf of the ABCA, I am pleased Dr. Welsh was at this meeting and heard my remarks, investigated the matter and determined it would become a priority for the ICA."

Racial and ethnic diversity among health professionals has been shown to promote better access to healthcare and improved healthcare quality for underserved populations. This also meets health needs of an increasingly diverse population.

Advancing Diversity as We Advance the Chiropractic Profession is [available here](#).

June issue of JCCP now available

Co-editors Cheryl Hawk, DC, PhD, CHES and Sharon Vallone, DC, FICCP have announced that the latest issue of the *The Journal of Clinical Chiropractic Pediatrics* (JCCP) has been published and can be viewed online, without cost or registration, [here](#).

JCCP is the official peer-reviewed journal of the ICA Council on Chiropractic Pediatrics. It is committed to publishing research, scientific and professional papers, literature reviews, case reports and clinical commentaries for chiropractors and other health care professionals interested in the treatment of the pregnant, postpartum and pediatric patient. Through the publication of these papers and the dissemination of this information, the JCCP seeks to encourage professional dialogue and awareness about chiropractic pediatric care to help enhance patient care and improve patient outcomes.

Pain Management Task Force issues final report

The Pain Management Best Practices Inter-Agency Task Force, managed by the US Department of Health and Human Ser-

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ices issued their final report entitled, *Pain Management Best Practices, Updates, Gaps, Inconsistencies, and Recommendations*. [It is available as a PDF here](#).

The introductory comments acknowledge the importance of an integrative approach to pain management: “It is imperative to ensure that patients with painful conditions can work with their health care providers to develop integrative pain treatment plans that balance a focus on optimizing function, quality of life (QOL), and productivity while minimizing risks for opioid misuse and harm.”

In establishing ‘best practices’ for individualized, multimodal, multidisciplinary pain management the Task Force included complementary and integrative health as one of five treatment approaches. The other four are medications (opioid and non-opioid); restorative therapies; interventional procedures; and behavioral health approaches. In the ICA comments submitted to the Task Force on the draft version of the report earlier this year were supportive of the task force’s initial conclusion, “...chiropractic treatments, are commonly used for pain management.”

Specific Gaps and Recommendations from the report specific to the complementary and integrative health include:

GAPS AND RECOMMENDATIONS

GAP 1: A large variety of complementary and integrative health approaches are often overlooked in the management of pain.

- **RECOMMENDATION 1A:** Consider complementary and integrative health approaches, including acupuncture, mindfulness meditation, movement therapy, art therapy, massage therapy, manipulative therapy, spirituality, yoga, and tai chi, in the treatment of acute and chronic pain, when indicated.

- **RECOMMENDATION 1B:** Develop CPGs for the application of complementary and integrative health approaches for specific indications.

GAP 2: There is a gap in the understanding of complementary and integrative health approaches.

- **RECOMMENDATION 2A:** Conduct further research on complementary and integrative health approaches to determine

their therapeutic value, risk and benefits, and mechanisms of action.

- **RECOMMENDATION 2B:** Consider the inclusion of various complementary and integrative health approaches as part of an integrated approach to the treatment of chronic pain.

- **RECOMMENDATION 2C:** Conduct further research on nutritional supplements such as alpha lipoic acid, L-carnitine trans-ferase, and vitamin C and their effect on acute and chronic pain management.

Dr. Stephen Welsh, President of ICA upon reviewing the report noted: “While the Task Force may have issued its final report, the work to implement its recommendations will continue for many years. ICA is actively engaging with legislators and policymakers on legislative and policy changes needed to eliminate the vestiges of restraint of trade discriminatory acts that continue to create barriers to chiropractic care. ICA member chiropractors, a skilled group of health professionals, are a vital component to the solutions to the pain management crisis brought on through the over-prescribing of opioids.”

F4CP applauds World Health Organization

In the *Bulletin of the World Health Organization* [article](#), *Care for low back pain: can health systems deliver?*, the authors review six sets of updated international guidelines for managing low back pain, pointing out that all recommend avoiding medication, if possible, as a first step. They also highlight that after educating patients about low back pain and urging them to remain active, the second-step care options generally include: therapies such as spinal manipulation, most often performed by a doctor of chiropractic (DC), as well as massage and exercise. International guidelines also prioritize psychological and complementary therapies, such as mindfulness-based stress reduction, yoga, acupuncture and tai chi, over medical and surgical interventions.

“This report confirms what doctors of chiropractic around the world continue to witness in their practices on a daily basis: non-pharmaceutical, non-surgical care approaches to managing general low back pain, such as spinal manipulation and exercise, are vastly superior methods,” said Sherry McAllister, DC, executive vice president of F4CP. “This is an important study that we hope will help continue to expand the worldwide consensus toward managing low back pain patients with

safer, more effective and longer-lasting pain relief methods that drive increased mobility.”

WHO Research Introduction

Low back pain is the single biggest cause of years lived with disability worldwide, and a major challenge to international health systems. In 2018, the *Lancet* Low Back Pain Series Working Group identified a global problem of mismanagement of low back pain. The group documented the phenomenon of unnecessary care in both high- and low-income settings, whereby patients receive health services, which are discordant with international guidelines. The articles summarized the strong evidence that unnecessary care, including complex pain medications, spinal imaging tests, spinal injections, hospitalization and surgical procedures, is hazardous for most patients with low back pain.

The movement away from medicalized management of low back pain is reflected in recent clinical guidelines. All six of the major international clinical guidelines released since 2016 prioritized non-medical approaches for patients with low back pain. Primary-care clinicians following these guidelines would manage uncomplicated cases with advice, education and reassurance. For patients at risk of developing chronic pain and disability, clinicians would, depending on which guidelines they followed, consider offering treatments such as spinal manipulation, massage, acupuncture, yoga, mindfulness, psychological therapies or multidisciplinary rehabilitation. Most health systems are not well-equipped to support this approach.

Changing the Culture

Authors point out, however, that reaching a worldwide low back pain consensus among all healthcare providers and payers will require a system-wide change involving governments, employers, consumers, professional organizations and other stakeholders. F4CP recommends helping usher in this cultural change by implementing the following steps:

1. Reduce co-pays for evidence-based, effective treatments such as chiropractic care, acupuncture and occupational therapy
2. Decrease unnecessary administrative obstacles, such as medical necessity reviews for these conservative, cost-effective treatments
3. Refine visit limits to encourage members to make such therapies part of their long-term, chronic pain management strategy, preventing the need for pharmacologic intervention

4. As authors also note, attempts to reduce opioid prescriptions should be accompanied by adequate access to substance-use disorder services, social programs and evidencebased non-pharmacological approaches to relieve psychological and physical pain.

As patients take advantage of non-pharmacological care approaches and experience better outcomes, cultural expectations and beliefs around managing low back pain will change. Continued research on the efficacy of non-pharmacological approaches to low back pain would also help advance this cultural shift.

For example, a study published in *The Journal of Alternative and Complimentary Medicine* concluded that adults receiving chiropractic care for low back pain were 55% less likely to fill a prescription for an opioid analgesic in comparison to adults who did not receive chiropractic care. The object of the investigation was to evaluate the association between utilization of chiropractic services and the use of prescription opioid medications. Based on the findings, the F4CP notes that pain management services provided by DCs may allow patients to use lower or less frequent doses of opioids, leading to reduced costs and risk of adverse effects.

DCs lead in safe, effective low back pain management

DCs are front-line providers for spinal health and well-being, specifically as it relates to the management of back, neck and headache pain. In addition, DCs are required to receive a minimum of seven years of higher-level education—similar to other healthcare providers. In addition, DCs are specifically trained to diagnose, evaluate and provide non-pharmaceutical care and rehabilitation to individuals suffering from acute, subacute and chronic low back and neck pain, headaches, neuro-musculoskeletal and other related conditions.

“It is exciting to be a part of this monumental shift toward evidence-based, safer care for the millions of patients worldwide suffering from low back pain,” said Dr. McAllister. “We urge the WHO to move forward in establishing international guidelines for the condition that advises against ineffective pharmacological and surgical care approaches and embraces drug-free pain management methods, such as spinal manipulation delivered by a doctor of chiropractic.”



Should you see a chiropractor for low back pain?

By Robert H. Shmerling, MD

Faculty Editor, Harvard Health Publishing

If you've ever seen a doctor for back pain, you're not alone. An estimated 85% of people experience back pain severe enough to see a doctor for at some point in their life. Yet despite how common it is, the precise cause of pain is often unclear. A single, best treatment for most low back pain is unknown. For these reasons, doctors' recommendations tend to vary. "Standard care" includes a balance of rest, stretching and exercise, heat, pain relievers, and time. Some doctors suggest chiropractic care. The good news is that no matter what treatment is recommended, most people with a recent onset of back pain are better within a few weeks, often within a few days.

What's the role of chiropractic care?

Some doctors refer back pain sufferers to a physical therapist right away. But many people with back pain see acupuncturists, massage therapists, or a chiropractor on their own. Experts disagree about the role of chiropractic care, and there are not many high-quality studies to consult about this approach. As a result, there are a number of questions regarding the role of chiropractic care: Should it be a routine part of initial care? Should it be reserved for people who don't improve with other treatments? Are some people more likely to improve with chiropractic care than others?

The answers to these questions go beyond any academic debate about how good chiropractic care is. Estimates suggest that low back pain costs up to \$200 billion a year in the US (including costs of care and missed work), and it's a leading cause of disability worldwide. With the backdrop of the opioid crisis, we badly need an effective, safe, and non-opioid alternative to treat low back pain.

A recent study on chiropractic care for low back pain

A 2018 [study](#) published in *JAMA Network Open* is among the latest to weigh in on the pros and cons of chiropractic care for treating low back pain. Researchers enrolled 750 active-duty military personnel who complained of back pain. Half were randomly assigned to receive usual care (including medications, self-care, and physical therapy) while the other half received usual care plus up to 12 chiropractic treatments. After six weeks of treatment, those assigned to receive chiropractic care:

- reported less pain intensity
- experienced less disability and improvement in function
- reported higher satisfaction with their treatment
- needed less pain medicine.

While no serious side effects were reported, about 10% of those receiving chiropractic care described adverse effects (mostly stiffness in the joints or muscles). Five percent of those receiving usual care had similar complaints.

All studies have limitations

And this one is no exception. While this study suggests that chiropractic care may be helpful for low back pain, some aspects of the study make it hard to be sure. For example:

- It only lasted six weeks. Most new-onset back pain is better by then regardless of treatment. For those with more long-lasting back pain, we'll need more than a six-week study.
- The differences in improvement between those receiving chiropractic and usual care were small. It's not clear how noticeable such a difference would be, or whether the cost of chiropractic care would be worth that small difference.
- The study included a mix of people with new and longer-standing low back pain and a mix of types of pain (including pain due to a pinched nerve, muscle spasm, or other reasons). If this study had included only people with muscle spasm, or only people who were obese (rather than military recruits), the results might differ. So, it's hard to generalize these results to everyone with back pain.
- Most of the study subjects were young (average age 31) and male (77%). All were generally healthy and fit enough to pass military fitness testing.
- Study subjects knew which treatment they were receiving. This creates potential for a placebo effect. Also, the added time and attention (rather than the spinal manipulation) might have contributed to the response. Then again, these factors may not matter to a person who just wants relief.
- This study only included people who were willing to receive chiropractic care. Even within the two groups, the care varied — that is, not everyone in the usual care group received the same treatment, and this can also be said for the chiropractic group. If any of these factors had been different, the results might have been different.

Bottom line

This new study lends support for chiropractic care to treat low back pain. But it's important to recognize the limitations of this trial, and keep in mind that treatment side effects were more common among those receiving chiropractic care. In addition, chiropractic treatments aren't free (although, fortunately, insurance coverage for chiropractic care is becoming more common). This won't be, and shouldn't be, the last study of chiropractic care for low back pain. But until we know more, I'll continue to offer it as one of many treatment options.



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Campus Rounds

ICA affiliated colleges: Cleveland University, Life University, Life Chiropractic College West, Parker University, Palmer College of Chiropractic, and Sherman College of Chiropractic

Sherman College honors alumni, chiropractors and supporters

Sherman College honored alumni, chiropractors and supporters during its 46th Lyceum, a homecoming and continuing education event attended by hundreds of chiropractors and students throughout the U.S. and internationally. Lyceum is held each May in Spartanburg, SC, and involves three days of seminars, special events and other programs.

Special congratulations to ICA members: **Cathleen Padden, D.C., Barbara Eaton, D.C., Irene Gold, R.N., B.S., M.A., D.C., and Julie Mayer Hunt, D.C., D.I.C.C.P., F.C.C.J.P.**

The 2019 award recipients are:

Thom & Betty Gelardi Service Award: Gary & Cathleen Padden, D.C.s, '83 and '85

Chiropractor of the Year Barbara: Eaton, D.C.

Regent of the Year: Irene Gold, R.N., B.S., M.A., D.C.

Sherman Advocate Award: Randi Cohen

Chiropractic Advocate of the Year: Karen Brower Rhodes, M.B.A.

Spirit of Sherman College Award: Alan Brewster, D.C., '89

Spirit of Sherman College Award: Jaime Browning, D.C., '09

Service to Sherman College Award: Patrick Lausier

Service to the Profession Award: Julie Mayer Hunt, D.C., I.C.C.P., F.C.C.J.P.

Distinguished Service Award: Daniel & Richelle Knowles, D.C.s, '96 and '99

Rising Star Award: Jared Dreckman, D.C., '14

ROAR Career Advisor of the Year: David Vazquez, D.C., '17

NYCC Spring 2019 Commencement Ceremony

New York Chiropractic College will host the Spring 2019 Commencement Ceremony on Saturday, August 3, 2019 at 9:30 a.m. The ceremony will be held on the campus of New York Chiropractic College in the Standard Process Athletic Center. Doors open to the public at 8:30 a.m. and graduates should arrive no later than 8:15 a.m. Tickets are not required and seating is unlimited and on a first-come, first-served basis.

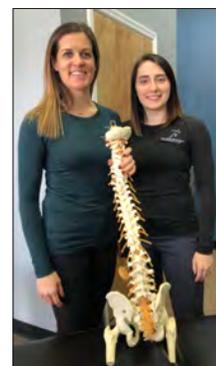
After the ceremony, there is a reception for graduates, guests,

faculty, and staff immediately following. The Commencement Ceremony will be live-streamed on the website (www.nycc.edu). The link to the ceremony will go live by 9:55 a.m. on August 3, 2019. On the NYCC home page a link will be posted beneath "News and Events" labeled NYCC Spring 2019 Commencement Livestream. It is hoped this will allow graduates to have family and friends who cannot be here enjoy this wonderful event and celebrate this outstanding achievement.

For further details, please call the Registrar's Office at 315-568-3061 or email Sonya Smith at ssmith@nycc.edu.

Logan Preceptorship Program expands clinical opportunities for DC students

Logan University's Preceptorship Program allows qualified Trimester 10 Doctor of Chiropractic students to work in a clinical atmosphere outside the campus setting and gain real-world experience. Logan strives to transform chiropractic clinical education by continuously adding meaningful and engaging clinical sites to its already robust list of partnerships. Logan is also working external clinical experiences earlier into its curriculum. To date, students have completed preceptorships at more than 400 unique clinical sites around the world, from private practices to community health centers to universities.



Lauren Hendrix, DC, left, with student.

Lauren Hendrix, DC (2010), MS (2013) has been hosting Logan preceptors, master's interns and chiropractic assistants for the past four years at her private practice, West County Spine & Joint Chiropractic Clinic in Ellisville, Missouri.

"Logan provides an invaluable education to set students up to be successful in practice. Getting an early opportunity to apply that knowledge in a successful chiropractic office helps students fine-tune their skills prior to graduation," she said.

Dr. Hendrix, who concentrates her practice in treating spinal pain and extremity injuries, said hosting Logan students keeps her on her toes because they often share the latest research

and facilitate productive discussions on patient care, technique and office management. As a Logan student, Dr. Hendrix studied as much research as she could get her hands on and worked as a chiropractic assistant, which helped her develop her office management skills. Today, Dr. Hendrix strives to help her own preceptors and interns develop whichever skill or knowledge base they feel needs improvement.

"I would encourage all students to take advantage of Logan's Preceptorship Program and challenge their clinical skills," she said. "Nothing will prepare you more for practice."

Researchers investigate the concept of regional interdependence in a study published by Drs. Shawn Engell, John J Triano and Sam Howarth

Force transmission between thoracic and cervical segments of the spine during prone-lying high-velocity low-amplitude spinal manipulation: A proof of principle for the concept of regional interdependence

According to Howarth, the Director of the Canadian Memorial Chiropractic College (CMCC) Human Performance Lab, "the concept of regional interdependence is based on clinical data demonstrating that applying treatment to a remote anatomical region can reduce pain in the area of the patient's primary complaint.

A common example is administering treatment to the upper thoracic spine for patients with neck pain. The contemporary model of regional interdependence suggests that biomechanical forces are transmitted within the body to initiate a cascade of neurophysiological responses that result in therapeutic benefits. Our study tested a precursor to this model; namely, that forces applied to the upper thoracic spine during spinal manipulation are transmitted to the cervical spine. These data provide a clear proof-of-principle for the first part of the proposed model for regional interdependence."

[Complimentary download](#) of the article is available online until Aug. 30, 2019.

Washington State law opens door for chiropractic students

In May, the Washington State Senate Bill 5817 (formerly HB1477) was passed in both Washington legislative chambers and signed into law by Governor Jay Inslee. This bill allows senior chiropractic students in approved preceptor locations to administer chiropractic adjustments. The bill's implemen-

tation expands training opportunities for students in Washington state, which will allow licensed chiropractic physicians to participate in student's clinical training, as well as improve access to chiropractic services for patients.

"University of Western States (UWS) is proud to have played a role in advocating for this important legislation, which will enhance the clinical education opportunities available to our chiropractic students. We are also looking forward to engaging our alumni and friends in Washington state who are interested in participating in our preceptor program," said UWS President Dr. Joseph Brimhall.

Under the previous law, senior chiropractic students in the state of Washington were not permitted to provide adjustments, which was a deterrent for some preceptorship-eligible students to complete their clinical training in Washington, including some that were already residents or wanted to practice in the state once they graduated.

"While my preceptorship experience was great, not being allowed to continue to the full capacity of my skills while in the final months of the program was moderately disconcerting," said UWS Alumna Austin Bell, DC (Class of 2018). "Many students have avoided amazing preceptorship opportunities in the state of Washington simply because they weren't allowed to get more time performing chiropractic manipulations. I was very happy to provide support for this bill to help influence change to this outdated legislature and get more, great, new chiropractic physicians to Washington!"

With the passage of SB5817, students will be able to participate in a variety of preceptor experiences with expanded opportunities to hone their skills in real-world application.

Dr. Ryan Burdick Receives a Yale IMPAACT Fellowship

Competing for – and winning – a two-year fellowship that seeks young professionals with "exceptional leadership potential" is the latest achievement for Cleveland University-Kansas City (CUKC) alumnus Dr. Ryan Burdick.



Dr. Burdick, a 2019 graduate of the CUKC College of Chiropractic, is a recipient of a fellowship that is a partnership between the Yale Center for Medical Informatics at the Yale University School of Medicine and the Veterans Administration Connecticut Healthcare System. The partnership is called Innovations

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Campus Rounds

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in Musculoskeletal Pain Administration, Analytics, and Care Training (IMPA2CT).

“It is a big honor to receive this fellowship,” Dr. Burdick said. “I’m looking forward to the opportunity to advance healthcare delivery and to be an influencer and shaper of healthcare policies and programs at a national level.”

The two-year fellowship program, under the direction of Anthony Lisi, D.C., begins in August. The program will provide advanced training in healthcare policy, administration, and informatics relating to managing musculoskeletal pain disorders. Medical informatics is a relatively new term describing the intersection of information science, computer science, and healthcare. The medical informatics field seeks efficient use and management of patient healthcare information.

Logan Whole Health: Take 5

School’s out which means summer camps and youth sports are in full swing. As youngsters of all ages head to the parks and playing fields, Logan’s Human Performance Center Resident Cami Stastny, DC, MS, CCSP, reminds parents and coaches to follow a few simple steps to minimize and prevent the risk of youth sport injuries.

- Ensure proper warm-up and instruction of exercises/drills
- Be aware and cautious of overuse injuries
- Encourage participation in multiple sports and activities so the body learns many planes of movement and becomes more adaptable

Dr. Stastny said some coaches lack a fundamental understanding of exercises and how to implement training methods, and unfortunately, they may mirror their personal past experiences and “old school” mentality, which might not fit the group of children they are training. She said it’s not uncommon to see previous collegiate or semi-pro athletes implement training strategies on youth athletes whose bodies are just not ready for it.

When it comes to youth sports, it’s also important to take the time to understand best practices and strategies, which include proper nutrition and hydration, getting plenty of rest

and wearing proper gear. Chiropractic care is a valuable tool for treating injuries and keeping active youth in good shape, on and off the field. In general, adjustments help with keeping joints healthy. Additionally, movement and mobility screenings can provide a personalized assessment of an injury.

Dr. Stastny said being able to see deficiencies in movement can allow for some simple rehab exercises that can both enhance performance and prevent injury. For example, a chiropractor can make sure the foot is able to absorb forces properly, which can make a big difference in performance and training.

Not all injuries and athletes should be treated the same. While the knowledge and the techniques used to treat the patient will be similar, how they are applied to each person should be customized to fit the individual.

Anatomy & Physiology Camp 2019

Last year, the Cleveland University-Kansas City Anatomy & Physiology Camp was the first of a new kind of immersive experience for area high school students who see themselves entering the science and healthcare fields. A total of 13 students completed the camp in 2018. In 2019, the five-day camp held June 10-14 attracted 22 juniors and seniors from Blue Springs and Blue Springs South high schools.

“The camp is designed as a problem-based learning project for high school students who are essentially pre-med, pre-healthcare-focused,” said Dr. Cheryl Carpenter-Davis, CUKC



Nearly 20 CUKC faculty and staff members participated in the camp, including President Carl S. Cleveland III, who welcomed the students to campus on the first day. Brian Peterson, CUKC instructor in the College of Health Sciences, helped coordinate the week’s activities.

vice president of academic affairs.

“The activities relate to diagnosing a mock patient’s described symptoms, and in the process, learn how human biology principles from anatomy, physiology, and biochemistry apply in healthcare occupations.”

This mock patient case involved describing health symptoms to a doctor of chiropractic while the high school students observed and took notes. The sessions included an overview of the full spectrum of chiropractic care and the use of occupational therapy and radiologic technology in today's multidisciplinary health care environment.

In sessions that related to the mock patient's symptoms, the camp's attendees saw physics principles at work in the CUKC Technique Simulation Laboratory and were introduced to the anatomy lab used by CUKC's chiropractic students.

Pragmatic Chiropractic Business Models seminar

*The event has been rescheduled
for October 17, 2019.*

Southern California University of Health Sciences is hosting a free panel discussion on pragmatic chiropractic business models. The event will include a catered breakfast, and is free to attend. It will be held October 17, 2019 at the Long Beach Hilton, 701 West Ocean Blvd., in Long Beach, CA.

The goal is to provide SCU students, alumni, and friends with updated information on the best business practices, with a primary focus on Doctors of Chiropractic.

[Click here](#) to register for this free event, or to get more information.

IFEC shows off latest high-tech equipment

Editors Note: This story was translated from the original French and any errors in that translation are apologized for. The original article can be [found here](#).

The Franco-European Institute of Chiropractic (IFEC) has announced they have obtained ultra-sophisticated tables for each of its sites. The tables will be released in September 2019 for the tutorials of Anatomy of 3rd year students.

The Anatomage tables will also be used for teaching imagery. Students wishing to improve their knowledge could finally have access to it through anatomy clubs supervised by teachers.



Currently, in France, only a few faculties of medicine have such a teaching tool. The acquisition of these tables is a new illustration of the high technicality of the technical platform that IFEC makes available to its students in Ivry and Toulouse.

In 2017, the IFEC had equipped with force-sensing tables, a learning material unique in Europe that allows each chiropractic student to develop the precision and speed of his manipulations.

Life West's The WAVE 2019 August 16 - 18

Join doctors of chiropractic from across the nation at The WAVE, Life Chiropractic College West's annual event for the chiropractic community, August 16-18. This is the conference to attend if you want to enhance your skills, expand your knowledge, and make new connections. Hear from world-class speakers and learn from the experts during this three-day conference in Northern California's beautiful Bay Area. Life West welcomes visitors from around the globe as we will delve into the Science, Philosophy, and Art of Chiropractic with an examination of the Salutogenic Model in 2019.

Learn about salutogenesis, which literally means "that which gives birth to health." The Salutogenic Model guides the way Life West presents its curriculum, providing a place to develop and exercise expertise in a chiropractic philosophy that embraces the mind-body connection, while offering the resources to achieve greater wellness.

Get Your CE at The WAVE. Earn up to 20 CE credits. California attendees will earn all annual required CE categories. Friday and Saturday: 12 CE hours, including 4 hours California mandatory topics. Sunday: 5 X-Ray hours, Online: 3 hours via exclusive Life West online seminars, including 2 hours Ethics. [Click here](#) for event details and registration information.



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Campus Rounds

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Dr. Lee Van Dusen named to Baldrige Board of Examiners

Congratulations to Logan University's Vice President of Strategic Performance & Continuous Improvement Lee Van Dusen, DC, who has been named to the Malcolm Baldrige National Quality Award Board of Examiners for 2019. The Baldrige Award is the nation's highest honor for organizational innovation and performance excellence.

Dr. Van Dusen said he is honored to be selected to this prestigious group. "Being involved in the award process, you learn a lot both individually and for your organization," he said. "I look forward to serving among colleagues representing various businesses and organizations across the United States."



Examiners are appointed by the Commerce Department's National Institute of Standards and Technology Director and are responsible for reviewing and evaluating applications submitted for the Baldrige Award, as well as other assessment-related tasks. The examiner board is composed of more than 325 leading experts competitively selected from industry, professional, trade, education, health care, and nonprofit (including government) organizations from across the United States.

Those selected meet the highest standards of qualification and peer recognition, demonstrating competencies related to customer focus, communication, ethics, action orientation, team building and analytical skills. All members of the board must take part in a nationally ranked leadership development course based on the Baldrige Excellence Framework and the scoring/evaluation processes for the Baldrige Award. They must also complete an independent review of a Baldrige Award application or other comparable examiner task.

McTimoney College wins National Quality Award

Pictured below is Gill Amos collecting the Clinical Management Quality Mark at the Royal College of Chiropractors AGM on behalf of McTimoney College of Chiropractic. McTimoney



is proud to have held this prestigious award for our community training clinic since 2013. With the Patient Partnership Quality Mark also awarded to our training clinic, we are confident that we are demonstrating high clinical excellence and meeting patient expectations.

Based in Abingdon, just outside Oxford, the [McTimoney College of Chiropractic](#) offers a number of undergraduate and postgraduate programmes delivered from its custom-designed premises.

Student research opportunities at Life University

The Office of Sponsored Research and Scholarly Activity (OSRSA) at Life University is accepting applications until September 3, 2019, for student research opportunities. The program is open to full-time students in the College of Chiropractic.

Email OSRSA@life.edu for more information.





ICA SEMINAR SERIES

Advances in the Management of Traumatic Injuries (AMTI) MODULE 4

September 7–8, 2019 • Sat: 9:00am – 6:00pm • Sun: 8:00am – 1:00pm
Omni Interlocken Resort • 500 Interlocken Blvd., Broomfield, CO 80021



Dr. Evan Katz



Dr. Deed Harrison



Dr. Joe Betz



Sarah Brittain, MS



Dr. Alex Vidan

Seminar:

Module 4 will be a detailed overview of the traumatic injuries to the brain, spinal cord, TMJ and extremities. Traumatic brain injuries (TBI) and spinal cord injuries are common in MVC's and are often completely missed or misdiagnosed by other providers. You will learn how to identify the signs and symptoms of TBI's and possible spinal cord injuries, properly document them, order imaging when necessary and what providers should be co-managing these challenging cases. In addition, in this module you will learn how to properly diagnose, document and treat injuries to the TMJ and extremities and how chiropractic can help effectively manage these injuries.

Early Bird

Registration:

Now – August 2, 2019

\$395 for ICA Members

\$450 for Non-Members

\$165 for CA Members

\$215 for CA Non-Members

\$165 for Students

Group

Registration:

Now – August 2, 2019

\$1,678.75 for all 5

Module Registration

\$1,580 for Member Group
(3+ attendees, one module)

\$1,750 for Non-Member
Group (3+ attendees)

MODULE 5: November 2-3, 2019

* Module 5 will be held at the Westin Westminster in Broomfield, but is not yet approved for CE.

Normal

Registration:

August 3 – September 1, 2019

\$445 for ICA Members

\$500 for Non-Members

\$215 for CA Members

\$265 for CA Non-Members

\$165 for Students

Up to 13 Hrs. of CE!

13 Hrs. CE Applied for
Approval Pending: CA, FL,
GA, KS, MO, NC, ND, NJ, NM,
NV, SD, WI

13 Hrs. CE Approved: CT,
CO, DC, DE, IA, ID, IL, IN, MA,
MD, MI, MS, MT, NE, OH, OR,
RI, SC, UT, VA, VT, WA, WY

Register Online: www.chiropractic.org/AMTI4

Questions? Contact the ICA Events Department at sbecker@chiropractic.org
or call **703-528-5000**.



10,000 steps a day? Maybe you don't need them all



Over the past decade, as pedometers have proliferated in smartphone apps and wearable fitness trackers, another benchmark has entered the American lexicon: Take at least 10,000 steps a day, which is about five miles of walking for most people.

As with many other American fitness norms, where this particular number came from has always been a little hazy. But that hasn't stopped it from becoming a default daily goal for some of the most popular activity trackers on the market.

Now new research is calling the usefulness of the 10,000-step standard into question—and with it, the way many Americans think about their daily activities. While basic guidelines can be helpful when they're accurate, human health is far too complicated to be reduced to a long chain of numerical imperatives. For some people, these rules can even do more harm than good.

I-Min Lee, a professor of epidemiology at the Harvard University T. H. Chan School of Public Health and the lead author of a new [study](#) published in the *Journal of the American Medical Association*, began looking into the step rule because she was curious about where it came from. “It turns out the original basis for this 10,000-step guideline was really a marketing

strategy,” she explains. “In 1965, a Japanese company was selling pedometers, and they gave it a name that, in Japanese, means ‘the 10,000-step meter.’”

It turns out the original basis for the 10,000-step guideline was a marketing strategy. In 1965, a Japanese company was selling pedometers, and they gave it a name that, in Japanese, means ‘the 10,000-step meter.’

Based on conversations she's had with Japanese researchers, Lee believes that name was chosen for the product because the character for “10,000” looks sort of like a man walking. As far as she knows, the actual health merits of that number have never been validated by research.

Scientific or not, this bit of branding ingenuity transmogrified into a pearl of wisdom that traveled around the globe over the next half century, and eventually found its way onto the wrists and into the pockets of millions of Americans. In her research, Lee put it to the test by observing the step totals and mortality rates of more than 16,000 elderly American women. The study's results paint a more nuanced picture of the value of physical activity.

Yet, Lee's research found, “Among older women, as few as approximately 4,400 steps/d was significantly related to lower mortality rates compared with approximately 2700 steps/d. With more steps per day, mortality rates progressively de-

creased before leveling at approximately 7500 steps/d. Stepping intensity was not clearly related to lower mortality rates after accounting for total steps per day.”

“The basic finding was that at 4,400 steps per day, these women had significantly lower mortality rates compared to the least active women,” Lee explains. If they did more, their mortality rates continued to drop, until they reached about 7,500 steps, at which point the rates leveled out. Ultimately, increasing daily physical activity by as little as 2,000 steps—less than a mile of walking—was associated with positive health outcomes for the elderly women.

That nuance can mean a lot to people who want to be less sedentary but aren’t sure how to start or whether they can do enough to make a difference, says Lindsay Wilson, a clinical professor of geriatric medicine at the University of North Carolina School of Medicine.

“I don’t think setting the bar at 10,000 steps is a very successful way to approach exercise,” she says. “Some people are not walkers. They don’t have safe neighborhoods, or they feel unsteady on sidewalks. You need to be more creative. Is this a person who needs to go to a gym class or the pool, or sit on a stationary bike?”

Wilson says that’s especially true for the elderly patients she treats, but that the principle is safe to generalize. Adding in a little extra physical activity is good for most people both physiologically and psychologically, regardless of goals or bench-

marks. At the same time, setting the same goal for everyone can be discouraging to the people who need activity the most.

If many of the persistent myths of American health, like eating breakfast and getting a certain number of steps, are based on marketing rather than science, why do they stick so well? “A big challenge is that the public and the media want cut-and-dried, black-and-white messages and findings, and science just doesn’t operate that way,” says Virginia Chang, a physician and sociologist at the NYU College of Global Public Health. “The uncertainty in the research doesn’t get translated well into the messaging. People just want to know what they should do.”

The authors wrote that the results could be a motivator: “These findings may serve as encouragement to the many sedentary individuals for whom 10,000 steps pose an unattainable goal.” Still, public-health advocates try to work nuance and moderation into the dialogue. In 2018, the American Heart Association released new [guidelines](#) to emphasize the importance of even short bursts of activity, which had previously been dismissed as inconsequential.

The American Heart Association’s *Physical Activity Guidelines for Americans* ([PAG](#)) recommends that adults do at least 150 to 300 minutes of moderate-intensity aerobic physical activity a week, or 75 to 150 minutes of vigorous-intensity activity, or an equivalent combination of moderate- and vigorous-intensity activity.”

Lee says that thanks to advances in technology that make wearable fitness trackers more affordable and reporting on activity more reliable, her research is just starting to explore a fuller understanding of how physical activity and overall health are tied.

Because her study was observational, it’s impossible to assert causality: The women could have been healthier because they stepped more, or they could have stepped more because they were already healthier. Either way, Lee says, it’s clear that regular, moderate physical activity is a key element of a healthy life, no matter what that looks like on an individual level.

“I’m not saying don’t get 10,000 steps. If you can get 10,000 steps, more power to you,” says Lee. “But if you’re someone who’s sedentary, even a very modest increase brings you significant health benefits.”





Vertoplasty surgery outcomes are the same as placebo in clinical trial

Many studies have shown that almost no matter where you point an MRI on a body, you can find something wrong there, even parts that are completely free of pain.

In one famous [study](#) called, *Magnetic resonance imaging of the lumbar spine in people without back pain*, MRIs were performed on subjects who did not have back pain. Fifty two percent of the subjects had at least one bulging disc or other MRI abnormality for which surgery is sometimes recommended. Given these findings, the authors stated that: “the discovery by MRI of bulges or protrusions in people with low back pain may frequently be coincidental.”

In a similar [study](#) called, *Abnormal magnetic-resonance scans of the lumbar spine in asymptomatic subjects. A prospective investigation*, MRIs on individuals who had never suffered from low back pain revealed that one third had a substantial spinal abnormality and 20% under the age of 60 had a herniated disc.

According to author Todd Hargrove who says in his [book](#), *Play-*

ing With Movement: How to Explore the Many Dimensions of Physical Health and Performance, “unlike drugs, orthopedic surgeries can be sold to the public before they undergo rigorous testing to ensure they are safe and effective. Thus, millions of surgeries for knee, shoulder, and back pain have been done without studies to confirm they actually work. Recently, research has found that many popular surgeries (but not all) work no better than a placebo. And yet these surgeries are

still done at the rate of hundreds of thousands per year. This is something everyone should know if you are considering surgery, or in the business of treating chronic pain.”

Hargrove goes on to say that there is evidence that backs can have major

structural damage and still not hurt. Further, backs can hurt a lot even when they have no apparent damage. In fact, this is quite common — most chronic low back pain is classified as “non-specific,” meaning it cannot be explained in reference to a mechanical or structural cause. Although there is only a poor correlation between back pain and structural back damage, there are many surgeries to correct any damage that

The lesson here is that the medical establishment has some biases in the way it treats chronic pain. It favors treatments based on simple structural explanations for pain, and tends to ignore complex neurophysiological processes that may be more important. We need to be aware of these biases and learn as much as possible about the complexity of pain so that treatment can be improved. And chronic pain clients need to ask their surgeons some good questions before going under the knife.

happens to appear on an MRI. Several perform no better than conservative care.

For example, vertebroplasty attempts to treat back pain by injecting bone cement into fractured vertebrae. A [study](#) published in 2003 in the *American Journal of Medicine* showed it works as well as no treatment at all after six weeks.

In 2009, a [study](#) called, *A Randomized Trial of Vertebroplasty for Osteoporotic Spinal Fractures*, showed it worked no better than a simulated procedure for fractures related to osteoporosis. The study said, "In conclusion, at 1 month, clinical improvement in patients with painful osteoporotic vertebral fractures was similar among those treated with vertebroplasty and those treated with a simulated procedure. These data suggest that further studies should be undertaken to determine whether the long-term outcome is similar in the two groups, especially because our crossover study design limited our ability to shed light on the long-term efficacy of vertebroplasty."

Low back fusion is a common procedure, and is intended to enhance low back stability. In 2013, the *Spine Journal* published a [study](#) comparing spinal fusion to non-operative treatments like cognitive behavioral therapy and exercise. It found no difference in long term outcomes and concluded that "the use of lumbar fusion in chronic low back pain patients should not be favored" over conservative care and exercise.

Yet the research showing the relative ineffectiveness of sur-

gery has been slow to affect practice. Nikolai Bogduk, an internationally renowned anatomist and back pain expert, explains that, "Surgeons and others believe that surgery is effective for back pain. They base this belief either on their own experience or on observational studies. This belief is, by and large, not vindicated by the outcomes in well-reported clinical trials. Those trials indicate that only a small proportion of patients do well from surgery.

To be clear, none of the above means we should not trust orthopedic surgeons, or that surgery should never be used to treat chronic pain. Many surgeries have been proven to work and are definitely a good idea under certain circumstances. I personally know many people who have received excellent and ethical advice from their surgeons, and dramatic benefits from surgery. By contrast, I also know people who got a surgery that had been proven to be ineffective, were never advised of the relevant research, and ultimately did not get a good result.

The lesson here is that the medical establishment has some biases in the way it treats chronic pain. It favors treatments based on simple structural explanations for pain, and tends to ignore complex neurophysiological processes that may be more important. We need to be aware of these biases and learn as much as possible about the complexity of pain so that treatment can be improved. And chronic pain clients need to ask their surgeons some good questions before going under the knife.



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We are the official magazine of the International Chiropractors Association, and we can get your message to the worldwide chiropractic community inexpensively and effectively. Digital ads have so much more to offer than print. Working hyperlinks to take our readers directly to your website or sales page. Working email links and full color ads for the price of black & white. Ad rates on the inside back cover of this issue and on the website, or call Steve at C&S Publishing, 916-729-5432 or email CandSpublishing@gmail.com



Sponsor Spotlight



Thank you Social Media, risk management is alive and well

By Dr. Stu Hoffman

Risk Management has been synonymous with the insurance arena, forever. We've brought it into the malpractice space, and everyone collectively in our profession identifies with it today. In fact, throughout the country I'm recognized by my risk management expertise, and here I am once again being asked to put pen to paper to engage you in the subject. I also realize that most of you have little to no interest in hearing about risk management and do your best to ignore the topic unless a situation comes up where you have no choice but to pay close attention because your future depends on it. How do I know this, you ask? Because I speak with you all on the phone daily to review incidents that come up in their office.

By definition risk management means, "...the identification, evaluation, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability or impact of unfortunate events or to maximize the realization of opportunities."

Risk avoidance is "...the elimination of hazards, activities and exposures that can negatively affect an organization's assets."

Whereas risk management aims to control the damages and financial consequences of threatening events, risk avoidance seeks to avoid compromising events entirely. In other words,

risk management is reactionary. It's what you deal with when you've already had an incident occur. Think of it as western medicine. Whereas, risk avoidance is much smarter. No exposure, no risk! Think of it in this comparison, as Chiropractic Care!

As the President and founder of ChiroSecure Malpractice Insurance, I spend most of my time helping Chiropractors with risk management putting much more emphasis on risk avoidance. Let's compare the two:

Risk Management

YouTube loudest crack videos
Facebook posts claiming cures
Airing laundry on social media
Strange Bedfellows, i.e. National medical specialty societies
Guidelines contrary to current standards of care, i.e. ACA x-ray guidelines
Billing Fraud
False advertising
Poor/No documentation
Not complying with State Boards

Risk Avoidance

ChiroSecure's live events
Facebook, Yelp and Google reviews
Chiropractic research
Patient testimonial videos
Following proper protocols
Use of Proper Codes & Modifiers
Staying in your lane
Proper note keeping & documentation
Complying with State Boards

What should your Malpractice Provider be best at? If you follow the Chiropractic groups on Facebook, inevitably, the question comes up as to "who is your malpractice carrier?" Most malpractice companies are well represented in the opinions of the Doctors, and we are thankful that so many of you support ChiroSecure so strongly. But how should you really choose your malpractice carrier?

ChiroSecure surveys the profession daily to determine the most important reasons Doctors just like you chose ChiroSecure. This list is what we see most often (not in any specific order):

- Philosophy
- Supporting Research
- Owned & Operated by a Chiropractor
- Subluxation based
- Customer Service
- Years in business
- Premium/Price
- Selection
- Ability to speak with Owner

I want to add two additional reasons that very few mention: experience in both risk avoidance and risk management. I started ChiroSecure over 28 years ago focusing on both. If your provider doesn't make your education of risk avoidance a priority, then all you are left with is risk management (western medicine) and at ChiroSecure we believe that being defensive is not the safest place to be.

Dr. Stu Hoffman continues to labor tirelessly for chiropractors and chiropractic, making extraordinarily positive and significant contributions to the profession. For 36 years he owned and operated 14 chiropractic offices and employed many associate DCs. For over the past 26 years he has served as founder as well as owner and operator of ChiroSecure, a malpractice insurance company that he personally spearheaded to become the second largest program in the chiropractic market.



Dr. Hoffman's expertise and love for chiropractic allow him to stay on the cutting edge of Risk Management and he is one of the most sought after speakers on this topic in the chiropractic profession by state associations throughout the US as well as chiropractic colleges, To stay on top of the Choose Wisely® issue and to receive the famous ChiroSecure Informed Consent Form text the word "CHOICE" to 480-500-6574.

A close-up photograph of a hand holding a wooden gavel. The gavel has a silver metal band around its middle. The hand is positioned as if about to strike the base of the gavel, which is also made of wood with a silver metal band. The background is blurred, showing a person in a dark suit.

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CHIROPRACTOR RESOURCES

Adding value to your ICA membership!

Beginning with this issue of the *ICA Choice*, the International Chiropractors Association is pleased to be able to provide members with office posters/flyers that can be easily printed off and given to patients, or placed on bulletin boards. Covering a variety of timely and health related topics, these easy to print flyers are available online at www.ICAchoice.com under the CHIROPRACTOR RESOURCES tab.

We have created a FREE [printable PDF](#) of the ***Tips for safe stretches*** poster on the following page.

Please feel free to print out and use any or all of the flyers available online.



Your *ICA Choice* magazine

available worldwide.

www.ICAchoice.com

Tips for safe stretches



There are many benefits to regular stretching. Not only can stretching help increase your flexibility, which is an important factor of fitness, but it can also improve your posture, reduce stress and body aches, and more.

Virtually every activity you do relies on ease of motion. Stretching can help in numerous ways. It can often relieve back pain, stiff necks, and sore knees when tight muscles are to blame. It can counteract too much sitting whether you're doing it for work or a pleasurable activity. If you're a runner, a tennis player, a golfer, a hiker, or a biker, the right stretching program may set you on a path toward better performance. And as you age, stretching can help keep you active and flexible, making it easier to accomplish innumerable everyday tasks involving walking, climbing stairs, or reaching.

While it's tempting to skip right to the stretches, it's best to think about safety first. These tips will help you make the best flexibility gains possible, while reducing your risk of injuries.

- 1.** Stretch for 10 minutes every day. Regular stretching improves your balance, strength and flexibility.
- 2.** Get advice to avoid injury. Check with your chiropractor or health professional before stretching if you have an injury, are unsure of how to stretch properly or have had a previous injury.
- 3.** Warm up your muscles before stretching. Try 10 minutes of gentle exercise like walking. Stretching cold muscles may result in injury.
- 4.** Hold a sustained stretch for 10 to 30 seconds. Don't bounce when stretching. Overstretching causes muscle to contract and can cause small tears in fibres.
- 5.** Only stretch to the point of mild discomfort. Once your muscle feels comfortable, increase the stretch then hold it again. If it hurts, you're pushing too hard.
- 6.** Balance your routine. Work opposing muscle groups each time you stretch. If you start by stretching the muscles in the back of your thigh, then follow by stretching the muscles at the front.

*This healthy living information is provided by your Doctor of
Chiropractic and the International Chiropractors Association (ICA)*





The ICA Choice is a quarterly magazine published by the International Chiropractors Association (ICA), chiropractic's oldest and most distinguished international organization. Published in a digital newspaper format for easy reading, *The ICA Choice* covers issues of importance and relevance to the practicing chiropractor; provides a forum for debate on controversial issues, and addresses topics to help the practitioner become more successful as a business person as well as a clinician. Articles written by recognized chiropractic leaders and experts in the field are timely, and compelling.

The ICA Choice is read because ICA has an important standing in the chiropractic community. It makes news and the viewpoints of its leaders are of significance to the practicing chiropractor and to the future of chiropractic. Every issue is jam-packed with exciting news, timely articles and important issues. Your advertisement in *The ICA Choice* will be seen and read! Advertise and see the difference!

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Fourth Quarter 2019	October 25	Nov., 2019
First Quarter 2020	January 24	February, 2020
Second Quarter 2020	April 24	May, 2020
Third Quarter 2020	July 24	Aug., 2020
Fourth Quarter 2020	October 23	Nov., 2020

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Full page (bleed)	8 5/8" wide by 11 1/4" tall	\$799	\$779	\$759
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Half page	8" wide by 4 3/4" tall	\$399	\$379	\$349
One Third (V)	2 7/8" wide by 7 1/2" tall	\$259	\$239	\$219
One Third (H)	8" wide by 3 1/8" tall	\$259	\$239	\$219
Quarter Page	3 7/8" wide by 4 3/4" tall	\$199	\$179	\$149
One Sixth	3 5/8" wide by 2 7/8" tall	\$99	\$79	\$49

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