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Watch your language!

Most of us acknowledge that the world is not black and white, but rather filled with different shades of grey. Most of us acknowledge that there is no single answer to the most challenging issues.

We need to change the way we speak about each other. It serves no good purpose to maintain the practice of categorising colleagues as mechanists, vitalists, principle-based, wellness-based, subluxation-based, philosophy-based, etc. It serves only those who benefit from promoting division. We should not allow anyone, least of all our colleagues, to bring that into doubt and the profession into disrepute. Any attempt by anyone to put a stamp on your forehead saying ‘mechanist’, is an attempt to degrade your professional integrity and competence – to limit your scope. It is an attempt to say: “You don’t understand; you do not see the complexity of the world around you. You don’t understand that the body has an ability to self-heal,” and maybe most importantly: “You don’t belong with us; you are not welcome.”

And similarly when some people want to categorise you as a vitalist, they assign to you certain misconceptions about how the world functions and how you approach care: “You are not evidence based. You practise alternative medicine like healing and voodoo. You are out-dated, not evidence based. You practise how you approach care: “You are

Defense Donald Rumsfeld put it, we cannot know what we do not know.

We should not accept being pigeon-holed. Some of these attempts to categorise colleagues are not well-meant. When some people try to put a stamp on your forehead saying ‘mechanist’, it is an attempt to degrade your professional integrity and competence – to limit your scope. It is an attempt to say: “You don’t understand; you do not see the complexity of the world around you. You don’t understand that the body has an ability to self-heal,” and maybe most importantly: “You don’t belong with us; you are not welcome.”

And similarly when some people want to categorise you as a vitalist, they assign to you certain misconceptions about how the world functions and how you approach care: “You are not evidence based. You practise alternative medicine like healing and voodoo. You are out-dated, stuck in the 19th century, and not informed. You don’t belong with us; you are not welcome.”

We need to change the way we speak about each other. It serves no good purpose to maintain the practice of categorising colleagues as mechanists, vitalists, principle-based, wellness-based, subluxation-based, philosophy-based, etc. It serves only those who benefit from promoting division. We should not accept being pigeon-holed. Some of these attempts to categorise colleagues are not well-meant. When some people try to put a stamp on your forehead saying ‘mechanist’, it is an attempt to degrade your professional integrity and competence – to limit your scope. It is an attempt to say: “You don’t understand; you do not see the complexity of the world around you. You don’t understand that the body has an ability to self-heal,” and maybe most importantly: “You don’t belong with us; you are not welcome.”

We need to change the way we speak about each other. It serves no good purpose to maintain the practice of categorising colleagues as mechanists, vitalists, principle-based, wellness-based, subluxation-based, philosophy-based, etc. It serves only those who benefit from promoting division. We are highly-educated, independently-minded people with the knowledge and skills to make our own professional judgements in the best interests of our patients. We should not allow anyone, least of all our colleagues, to bring that into doubt and the profession into disrepute. Any attempt by anyone to put a stamp on your forehead is to debase me and my profession. It must stop.

Sadly, it is a fact that upholding a division in the profession has become an industry in itself. Some people are nurturing the split and seek to make a good living from maintaining divisions. Consequently, recruiting people to their side is good for business. It is no coincidence that we see these people making statements like: “We are the Spartans, we need to stand together and rally under one shield.” I have no sympathy with that kind of semantics. I think we need to remind some of our colleagues that we are trying to build a health care profession and that kind of language has no place in our vocabulary.

Next time you meet colleagues, and especially speakers at seminars, who are trying to degrade colleagues by categorising them, trying to make them look like stereotypes, or who use aggressive, divisive language, I hope you will have the courage to stand up and tell them that this kind of behaviour is unprofessional and damaging to all concerned. It does the noble cause of chiropractic no good at all.

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

A report of the meeting on 4 May 2016

Financial support

The Council approved a grant of €9,000 a year for three years to support the revision and updating of WHO guidelines for chiropractic education and for safety in chiropractic care. The grant would be made through part-sponsoring World Federation participation in the revision tasks.

A grant of approximately €1,500 was agreed to support the recent creation of a National Chiropractic Research Council in Ireland.

Strategy

A substantial part of the meeting was devoted to discussion of future strategy in the light of potential developments that could create centrifugal forces that in turn could threaten the identity and stance of musculoskeletal care. A fuller report is presented on page 10.

Election of officers

Øystein Ogre and Vasiléios Gkolfinopoulos were re-elected for further terms of office as President and Treasurer of the ECU respectively. In a message to the Council, Dr Ogre reported that with the creation of the European Centre for Chiropractic Research Excellence, the research commitment of the ECU had multiplied several times. Another notable achievement had been the establishment of a chiropractic education programme in Turkey. Nevertheless, big challenges were facing chiropractic in Europe. It would be important to maintain the historic strength of the ECU in its diversity of cultures, attitudes and beliefs. It should represent all chiropractors in Europe and be careful not to make an organisation so exclusive that many will not feel that the ECU is their home. He called on all chiropractors to invest in their profession. Increased willingness to give something back to the profession would reflect optimism in the future; and he re-asserted that his leadership would not compromise on research, on educational standards or on doing what is right for the profession.

World Congress of Chiropractic Students

The World Congress of Chiropractic Students held their annual AGM in the lovely city of Paris, France in April this year. As vice-president of the European Chiropractors Union and a (young) leader in the field in Europe, Vivian Kil was invited to speak at the congress.

I WOULD LIKE to thank the students for giving me the opportunity to visit their event, and address the group at their Sunday morning session. I was asked to talk to the students about my experiences in leadership within the profession. They were especially interested in my views on how to balance a career as a chiropractic clinician with other interests, such as working in leadership positions in one of the many professional associations.

I was thrilled to find a group of very enthusiastic students, joined together in a professional as well as amicable atmosphere, seriously discussing matters of importance to the future of our profession.

I expressed the need of our profession to support and inspire the new generation of chiropractors to pursue a career in a variety of fields other than clinical expertise. For example, we need people specialising in education, leadership and research. The students met my plea for keeping an open mind and exploring different routes of development for their future professional careers with great interest, enthusiasm and a healthy amount of curiosity.

Following my visit to the congress I would like to congratulate the board of WCCS on the work they are doing, and I hope to meet many of them in the field once they have finished their student careers and move on to become chiropractors in the field.

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ECU news

Finding our way around Brussels. We need your help!

The ECU EU Affairs Committee (EUAC) had its first meeting during the recent ECU convention in Norway. Made up of five senior people, the EUAC has the difficult task of continuing Philippe Druart’s excellent work for the profession. New chairman Reem Bakker reports.

The EUAC has a simple goal: it wants to know about new EU legislation in progress and influence it if it concerns chiropractic. It is our task to improve the position of chiropractic and chiropractors in Europe and get our educational standards and professional name ‘chiropractor’ regulated.

So far the theory. The real world is much more complex. Almost 80% of national regulation of EU member states is a direct result of EU legislation that has been developed in Brussels and Strasbourg. There are the European Commission, the European Council, the European Parliament and the European sub-committees.

The 750 members of the European Parliament (MEPs) all have their special interests. They represent national political parties that unite with European allies, with their own specific goals. There are about 30,000 professional lobbyists active in Brussels who are all trying to do the same thing as we do – but with much larger coffers at their disposal. Many other Brussels-based organisations try to influence the political decision process as well.

Chiropractic is a small player in this field with limited financial resources. But we are fighting for a good cause! It is important for us to find allies and MEPs (or their staff) who are interested in our profession. Some have already been identified and must be nurtured; others still have to be developed.

The EUAC consists of chiropractors who have political interest and/or live close to Brussels. We monitor EU developments and respond to EU consultations. We are analysing our potential allies and will plan to meet them.

Things would be easier if we had more direct contacts within the EU parliament. If there are any ECU chiropractors who know MEPs or their staff personally, we would like to know. We are a small profession but we know a lot of people and can have a lot of influence. Help us!

The EU Affairs Committee consists of chairman Raymond (Reem) Bakker, chairman of the Netherlands Chiropractors Association, Baiju Khanchandani, vice-president of the Association of Italian Chiropractors, Bart Vandendries, chairman of the Belgian Association of Chiropractors, Vivian Kil, vice-president of the ECU and Ian Beesley, secretary-general of the ECU.
A message from the new convention academic organiser

Thomas Lauvsnes is the newly-appointed convention academic organiser of the ECU. Below he introduces himself and shares the academic visions of the ECU.

I am 43-years-old, I graduated from AECC in 2001 and I have since then worked at a private clinic in Lillestrøm, Norway. My internship was spent with Dr Espen F Johannessen, the newly-elected president of the WFC. He was, and is, my mentor and we are today business partners and colleagues. I live in Oslo and I have two children; Vilde 14 and Martin 7. Apart from family time with my kids and girlfriend and some occasional skiing and kitesurfing, I spend most of my time working with, thinking of and talking about chiropractic.

Chiropractic is for me not only a lifestyle – it influences most parts of my life and is, apart from my kids of course, the greatest thing that has ever happened to me. I am not a business builder and shall not boast of a busy practice myself. I am way too fond of talking, and spending a long time, with my patients to ever have the busy patient lists most other chiropractors have. I do however, give patient management talks. I strive for fellow chiropractors to be busier and able to help more people. I have spent seven years working at an outpatient pain clinic at a university hospital in Oslo. Chiropractors are long overdue in hospital settings, particularly in the musculoskeletal field of course, but I also see a role for us in other settings, such as in the neurology and paediatric departments.

We are a proud profession with dedicated clinicians/therapists and we have history – we have managed to come a long way in the short timespan we have existed. All measures must be taken to keep this history but it should not keep us back from advancement. The earth moves, history goes on and science and medicine certainly move on. We have to keep abreast and advancing as a profession.

There are, in my opinion, elements in our profession that negatively affect this advancement in various ways and that is, to put it mildly, a shame. There are many times when we are judged and valued by others – other health professionals, influential administrators or politicians – and we are certainly then being judged upon the words and actions from this faction of the profession.

Being a newbie on the European/international chiropractic scene I have come to learn and experience that this is the ‘elephant in the room’ – a thing that we must be careful about talking too loudly about and a situation that must not be ignored any more than it is. We need to take a stand here. We must decide, together, what we want the future to be like, how our profession should develop, and what we want our legacy to look like when we eventually decide, each on our own, to leave the clinic, the community, the health care of our friends and neighbours to the younger generation of chiropractors following in our footsteps.

It is imperative that we all stand together and united in bringing chiropractic into the 21st century. I certainly did not attend five years of university and get my hard-earned degree in order to be compared to healers and other alternative health care disciplines. I suspect that that counts for the majority of all my colleagues out there.

We are in this together and it is our common duty to make the most of our profession and all that we can give to all the people around us. I once had a discussion with colleague of mine, a manual therapist. He is well known in the MSC field in Norway and Europe. I asked him what his take on pain-science was. This is a field that he is really passionate about and something that he, almost single-handedly, is changing Norwegian MSC clinicians/therapists’ opinion about. He says it is comparable to the environmental case – you turn one person at a time. One person who starts to behave in a more environmentally-friendly way, recycling and caring more for the environment. One part. Then more parts. Eventually all parts make a whole.

That is my hope and vision for chiropractic: to become a whole – as a profession, to stand united, to become a profession that can say proudly that we are working for progress and advancement and to become integrated into the main health care settings around the world and be seen as practising integrated health care.

I value co-operation and inputs from everyone and I have already expressed my views to the ECU General Council regarding getting input from all ECU member countries.

The feedback from the ECU Convention in Oslo in May has been formidable and we will have to work hard to surpass it both in terms of the academic and social programme.

We are now planning the next convention which is to be held in Cyprus in 2017. Some ideas have already been pitched and some parts of the programme are already set. However, we are very open to suggestions and ideas about speakers and topics that you think should be included, not only for this coming convention but future ones. Your voice, opinion and input count. Please pitch in and let your voice be heard.

We are open to anything that has substance and meaning and that will bring us forward as an evidence-based, progressive and forward-thinking profession. We do want all parts and factions of chiropractic to be seen and listened to and the message does not necessarily need to be that of progress – but it would be nice if it was.

Everyone will be heard. I do however, reserve the right to not comply with or follow up your suggestion if the suggested speaker, topic or theme would not fit the overall theme of the convention. We have a mission to create an interesting, fun, informative and awesome social convention with high academic standards and that does mean we need to be selective and hard-working in order to accomplish it.

Please do make yourself and your fellow-members heard.

Thomaslauvsnes@gmail.com
+47 95 14 96 98
2017 Convention
Life is Movement

Limassol 25-27 May 2017 • Grand Resort Hotel
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Global discussion at Activator headquarters

It is not often that you get five chiropractic thought leaders in one conversation; and even less often that the emerging message is as clear as happened in mid-June when Vasileios (Vas) Gkolfinopoulos, ECU treasurer, visited the headquarters of the ECU’s platinum sponsor – Activator Methods International.

AFTER VISITING the premises, Vas was part of a discussion with five influential global chiropractic leaders to provide an in-depth look into the practice of chiropractic in the United States and to facilitate an exchange of ideas about how to promote the benefits of chiropractic care, the quality of care and standards of practice worldwide. The ultimate goal of the conversation was to build international strategies to improve patient care.

Opening the session, Arlan Fuhr, the inventor of the Activator method, said: “We spotted a unique opportunity to bring together a diverse group of leaders in our profession and to use that accumulated brainpower to advance a dialogue around consistency of care. I firmly believe a patient should be able to expect an effective, similar chiropractic adjustment whether it is delivered in the United States, Great Britain, Australia or Brazil.”

Participating in the conversation with Vas were Craig S Little, president of the Council on Chiropractic Education, Fab Mancini, president emeritus, Parker University, Clay McDonald, president of Logan University, David O’Bryon, chair of the Academic Collaborative for Integrative Health and former chairman of the Association of Chiropractic Colleges and Lou Sportelli, president of the chiropractic insurance group NCMIC and former president of the World Federation of Chiropractors.

After a brief review of the experiences of the chiropractic colleges, the structure of their accreditation authorities and the developing health care scene, the brains trust called for four priorities to guide future action by leaders of the chiropractic profession:

1. The achievement of a visibly-united profession – the only enemy of the profession should be disease and the public have a right to expect members of the profession to unite under an inspiring banner to help combat musculoskeletal conditions. There is not one exclusive approach to chiropractic any more than there is one exclusive approach to medical treatment.

2. The future of health care is in integrative care with chiropractors as valued members of multidisciplinary teams that are led not by virtue of the dominance by one professional group but by the individual’s knowledge, skill and capacity to apply those qualities in the interests of patients.

3. The overwhelming need is for more rapid expansion of the profession with many more accredited chiropractic schools of the highest academic and vocational attainment required around the world. Chiropractic should be seen as an independent world movement in primary care with consistent ethical practices and standards of care.

4. Uniting around and promoting a recognisable definition that chiropractors are spine care specialists who pay particular attention to the effects of spinal health on the skeletal and nervous systems and to the optimisation of those relationships. Unless we are clear about who we are and what we stand for we cannot expect the public to understand the benefits we can offer.

Limbering up for the 2017 ECU Convention

THE THEME of the 2017 ECU Convention will be Life is Movement. ECU president Øystein Ogre, spent his holiday getting ready. Together with his wife Eva he walked 360 kilometres along the pilgrim route from Leon to Santiago de Compostela in Northern Spain.

That might sound daunting but on Sundays in Norway it seems like the whole nation is outdoors walking, in the cities, the forests or the mountains; and in the wintertime they do so on skis. Perhaps that is why walking for 15 days in a row did not sound that bad a way to spend a holiday.

In front of the Activator entrance - L-R Clay McDonald, David O’Bryon, Arlan Fuhr, Vasileios Gkolfinopoulos, Craig Little
ECU Honour Award

Veteran chiropractic institution, the AECC, scooped the prestigious ECU Honour Award at the ECU convention on Friday 6 May. The award, which has never before been handed to an institution, recognises outstanding service and leadership to the chiropractic profession in Europe and is a great accolade, marking the significant contribution the college has made in its 51 years of existence and continues to make today.

PRESIDENT ØYSTEIN Ogre began his introduction to the award by saying: “The recipient of this award has been a part of the profession for over 50 years, and has been growing bigger in size since then.” He then went on to comment on the recipient’s achievements within education, both in the undergraduate and postgraduate fields, as well as CPD and it slowly became clear to the room that it was the AECC that he was talking about.

It is anticipated that just over half of chiropractors practising in Europe hold a professional qualification from the AECC. The excellence in quality of education, as well as the clinical training and research, have cemented the AECC as a pillar of the chiropractic community. A trusted institution, which continues to expand into new areas of health care and the integration of chiropractic into mainstream health care.

Reflecting on his surprise, Haymo Thiel, principal of the AECC commented: “Once I had recovered from the initial shock and had made my way up to the stage to receive the award for the AECC, I made it clear that for me this award reflects above all the commitment, work and dedication of AECC’s staff and students, past and present, as well as of those individuals who founded our institution 50 years ago. I’d like to formally congratulate everyone associated with the AECC for their part in us achieving this award.”

The AECC has been providing education and clinical training in the fields of chiropractic and other healthcare subject areas, at both undergraduate and postgraduate levels for over 50 years. Visit www.aecc.ac.uk for more information.

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A strategy for growth

It is widely recognised that the chiropractic profession in Europe is too small. During the ECU General Council meeting on 4 May the Council held an extended debate on future strategy. Four-six person discussion groups considered scenarios ranging from no change from the present situation to the breakup of the profession into warring groups. Brought together in a plenary session, their assessment of opportunities and threats coalesced around a robust strategy for the profession to thrive.

An opportunity shared between the scenarios and seen by the discussion groups as essential in turbulent times was to present a profession whose members show respect for each other’s views, perspectives and position within the group; where members avoid inflammatory language and reject intolerance.

During the plenary session it was argued, and later confirmed by the overlapping points made by Guy Rieckeman and Greg Kawchuk during the 2016 convention debates, that 80% of the ground covered by the various approaches to chiropractic is common ground. Though circumstances differ in the countries of Europe there is more to unite the profession than to divide it. This, it was maintained, provides a solid basis on which to demonstrate the uniqueness of chiropractic and to defend the right to call oneself a chiropractor. Unity is central to maintenance as an independent primary contact profession with rights to diagnose patient conditions.

The most important threat to the profession was seen to be any attempt to limit or define chiropractic as a set of manual therapy techniques with the resulting likelihood that the right to make an independent diagnosis would be lost.

The challenge is how to pursue unity without seeking to enforce the uniformity that would be a certain path to division and destruction. Paradoxically, the preferred route was identified as creating a common education platform supporting a set of basic chiropractor competences underpinning safe and effective care at an affordable cost. Educational establishments should be accredited by a reputable body recognised nationally and internationally at university level. As with other graduate programmes, content would be relatively homogeneous but the manner in which content would be taught may differ between establishments. Some courses would put an emphasis on the historical development of chiropractic, others less so. The extent of individual tuition would vary. All graduates should, however, be equipped with the skills and attitudes of critical thinking and understand the importance of scientific underpinning. All should be able to deploy knowledge and skills relevant to the well-being of the musculoskeletal and nervous structure of the human body safely and appropriately.

By contrast, the pursuit of a common definition of chiropractic was thought to be problematic. The general view was that it would be better to concentrate on the competences of chiropractors.

A key question was whether this unity requires regulation in all cases. As local circumstances differ so much between countries it was thought that, whilst regulation is key to the protection of title and acceptance into the mainstream of health care, the speed of progress would also differ. Nevertheless, chiropractors who bring disrepute on the profession because of misconduct, disruptive or unethical behaviour should be called to account. The extremes in the profession should not be allowed to call the shots.

A further key component of future strategy should be an emphasis on sharing and communicating the results of research to practitioners in accessible language. All ECU-supported research should be required to include good plans for effective dissemination of its results and guidance on its implications. Researchers should be encouraged to seek feedback from practitioners on the relevance and applicability of their findings.

Finally, a strategy should involve wide engagement and involvement with other health care professionals based on expertise in triage of patient conditions. ECU conventions should encourage wide participation. Scheduling clashes between chiropractic conventions must be avoided as they signal competition whereas the emphasis should be on co-operation across the profession. In the short to medium term, recruitment through conversion courses should be encouraged. In short, the strategy should be to focus on the commonality within the profession, not the differences between how individuals interpret their calling.

Uptake of DC certificates

Since the last issue of BACKspace, 106 Doctor of Chiropractic certificates have been issued to chiropractors in Europe. The interest has come from Germany with 33 members applying, Spain (4) the UK (5) and also from IFEC graduates (64) who have joined the ECU as individual members after completing their GEP programme.

The majority of the certificates (84%) has been issued to those who have graduated in the last five years, with 10% who graduated 2000-2009 and 6% who graduated in the 1990s.

If you are interested in applying for a DC certificate please contact info@chiropractic-ecu.org. All applicants must have completed their GEP/PRT programme. You must be a current member of a National Association of the ECU, or apply for individual membership of the ECU.

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* Issued to graduates from IFEC upon completion of their GEP programme and application to the ECU as individual members.
Who is invited?

Life Roma Seminar is specifically geared towards DCs who want to effectively deliver the latest in contemporary chiropractic to their community, while recognizing the importance of our founding principles and philosophy.

A Special CA program featuring training on office procedures, neurology, social media, communication and personal development will also be offered.
Lovisa Klingenberg explains her reasons for attending conventions regularly.

The most important bridge

Tobias Lauritsen reflects on the ECU Convention 2016.

Fifty presentations, twice as many bridge metaphors and an estimated 300 pictures of bridges. Rarely has a convention theme been as apparent as when the ECU convention was held in Oslo under the banner, Building bridges.

Improved relationships within the profession and with external bodies were reflected upon in the context of successful examples ranging from chiropractic integration into hospitals to positive press on chiropractic care. During workshops, The Pons bridged the ‘neuro’ to the ‘musculoskeletal’ and a test of the ‘Magnificent 7’ – the gap between functional capacity and the performance goals of young athletes. The programme clearly provided a bridge for each participating explorer, nothing less than expected when European chiropractors meet to bond, debate and progress.

The most visionary, strategic and constructive example of bridge building was provided by the Canadian Chiropractic Association (CCA) through CEO Alison Dantas. The CCA in 2012 asked the key question – which bridge is of most importance and what is it made from? Consensus was reached on prioritising the link between the public and the profession. Analysis showed a bridge reasonably well-known to the public and robust enough to pass over, but adjacent paths to other professions appeared stronger and safer to the public, including a bridge leading to fictional ‘neuromusculoskeletal experts’.

The strength of the rival bridges came from perceived credibility, trustworthiness, clinical skillset of practitioners and low pressure for continuing care. With this in mind, the CCA has changed its focus to provide the best and most sought after primary contact clinicians in the field of musculoskeletal health care, it is imperative that we stay updated and knowledgeable in this area.

Most of us will, on a daily basis, hear from a patient: “My doctor told me that it is most likely some muscular issues.” Improper understanding and outdated models of explanation result in poor communication with the patient and failed interventions. If the patient does not understand what is wrong, he or she will not get the necessary knowledge and help to make the right choices.

At the 2017 ECU Convention in Cyprus we will improve and update your understanding of movement and pain science. The programme will cover clinical chiropractic, rehabilitation, neurology, extremity treatment and rehabilitation, updated clinical knowledge of the shoulder, DNS, radiology and pain science. These topics and many more will be covered by keynote talks, workshops and hands-on practical groups.

Lots of social activities are also on the programme and we can promise some great days in the Cyprus sun on sandy beaches and activities for delegates and their families.

I’m attending the ECU Convention every year

The first ECU Convention I went to was in Amsterdam in 2012 as a student. Since then, I’ve been trying to make it every year. I love meeting old classmates and colleagues, discussing science or politics over a beer, gaining new knowledge and learning from others, as well as dancing the night away with people from all over the world.

When attending the convention as a student, I noticed that the gap between the younger part of the profession and the more experienced crowd was a lot smaller than I expected. The speakers, professors, researchers and future colleagues were interested in talking to me despite my young age and limited experience. This was a pleasant surprise, and made me feel welcomed and included.

At the conventions, I get to meet chiropractors with different backgrounds, education, experience and views. Even though it sometimes seems that there is more diversity between us than similarities, we are all there to form new friendships and gain knowledge about the profession we love. I’ve learnt that listening to someone different from me, and trying to understand that person, gives me a broader perspective on things.

So, to me, attending the conventions is not about gaining new knowledge from research, learning another technique or hearing a panel discussion (though I love these). It is about meeting people.
Unity: The existential question

DEFINITIONS OF unity abound. I have chosen two examples but the general idea is familiar to all of us.

1. a condition of harmony
2. the state of being in full agreement

On 23 June this year the UK population voted on membership of the European Union. This vast project, with its lofty social, political and economic aims spawned in a Europe brought to its knees by the chaos of the second world war, had included the UK for the last 43 years. Strong and passionate views as to its merits or failings were articulated and debated during the drawn out ‘in’ and ‘out’ campaigns and much virtual ink has been used in lamenting the tactics and misinformation allegedly used by each campaign to sway the voting public. For me, it was a sad day when 52% of my compatriots voted to leave. For others an exultant one full of the speculative promise of ‘sovereignty’, ‘going our own way’ and ‘getting our country back’.

For me it is inevitable that we must increasingly come together if we are to solve bigger and bigger problems and the idea of ‘going our own way’ seems to fly in the face of progress; a retrograde step away from an admittedly imperfect organisation. Others feel they have an own way’ seems to fly in the face of progress; a retrograde step away from an admittedly imperfect organisation. Others feel they have an

This debate has strong resonance on a much smaller scale in our profession. Recently two papers addressed key issues in the profession that are seen by some as barriers to such unity. The first by Bruce Walker articulated a 10-point plan for the profession suggesting that:

“Adherence to this fresh 10-point plan will, over time, see the chiropractic profession gain full legitimacy in the allied health field and acceptance by other health providers, policy makers and the public at large.”

Within the plan three elements stood out as central to the debate: establishing a progressive identity, marginalising what he sees as nonsensical elements of the profession and embracing evidence-based practice (EBP).

The second paper by André E Bussières et al in Canada was a review that looked at the current state of knowledge on EBP, research utilisation, and knowledge translation in chiropractic. They state that:

“Multilevel strategies involving professional chiropractic leaders, teaching institutions, researchers and other stakeholders are needed to help transform the culture of chiropractic toward one that is guided by EBP principles.”

Both of these papers talk of embracing evidence-based principles as key to the future of the profession but what does this mean? This issue is complex and much misunderstanding abounds within the profession. Let me try to state it as simply as I can.

In a complex area such as delivering health care interventions or advising on patient care it is reasonable to expect that the practitioner will use all the relevant information available that could impact positively or negatively on the outcome for the patient. This may include the practitioner’s own previous experience, that of other experts, the patient’s wishes and the best relevant scientific evidence available. EBP assumes that where such information is available a responsible clinician will be willing to be guided by it. Such evidence should not be lightly discarded even if it contradicts the practitioner’s instincts.

But EBP also requires that if hard scientific evidence is lacking then, in addition to reliable (i.e. replicable) clinical experience and patient preference, at the very least a clinical decision should be based on ideas that have scientific or biological plausibility. In other words, an EBP approach assumes that clinicians should not simply take on unverified claims of efficacy as a basis for practice if those claims lack current scientific underpinning. That surely makes sense to most people?

So here’s where I see the steep climb toward unity in the profession. Let’s say that all those with disparate ideas managed in some way to agree that they would co-exist, respecting each other’s views of how the body works. This internal unity would be a tough negotiation and would require some serious compromises but I guess could be achieved.

But here’s the crux of the issue. The profession does not operate in a vacuum. It works in the public arena under the scrutiny of competing specialists from the wider health care professions, all of which are concerned to protect their position. How does it then articulate what it does, its scope, its paradigms, its theories as to why what it does is justified and legitimate? How does it defend those now in this ‘big tent’ who proclaim evidence-lacking, biologically and scientifically implausible ideas? How does it prevent the wilder notions of extremists from contaminating the profession as a whole?

The problem I see is that while it may, just may, be possible to gather most of the profession within a ‘big tent,’ then are we confined to stay within the tent? If we don’t want ridicule, how do we plug into the wider health care world, their conversations, their health care initiatives, their collaborative programmes and their evidence-based paradigm? Or are we prepared to give up on involvement with mainstream health care in the interests of unity?

Henry Ford once said: “If everyone is moving forward together, then success takes care of itself.” Who moves forward and how we approach that steep climb is an increasingly important existential question for the profession.

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

Researchers’ Day – 2016

Under the title, Down from the ivory towers: breaking down the barriers between research and clinical practice, 30 chiropractic researchers and clinicians met to discuss avenues for the transfer of research findings into clinical practice at this year’s Researchers’ Day at the ECU convention.

The transfer of knowledge has historically been an unidirectional and passive flow of information from research to practice and maybe as a result of this, researchers are sometimes accused of being autocratic at best and condescending at worst. Criticism is common regarding research that does not reflect clinical practice or relevant populations, and for not listening to clinicians or valuing their experiences.

The critique brought to bear against the research community can be harsh, but is it just? This question and many more related ones were discussed in the morning session by associate professor Alice Kongsted (Denmark), chiropractor and knowledge broker Jørgen Jevne (Norway), and chiropractor and newly-appointed ECU academic organiser Thomas Lauvsnes (Norway).

After lunch, participants were invited to an open session with the opportunity to present their research, new ideas and projects. Six researchers gave short presentations on their projects covering diverse topics including children, educational research, posture and pain, and pelvic girdle pain.

The organisers of Researchers’ Day, David Newell, Sidney Rubinstein, and Mette Jensen Stockkendahl, were delighted with the outcome. Mette said: “There was an overwhelming interest from the participants in improving the translation of research. The speakers were thought-provoking, and the discussion will surely be continued.” Under the operating guidelines for the new European Centre for Chiropractic Research Excellence, which will command around 25% of the ECU budget, particular attention will be paid to communication plans to engage practitioners with research findings.

The EAC Special interest group for Research hosts Researchers’ Day at the ECU Convention. In 2016 the day was kindly sponsored by NIKKB.

Research prizes at the 2016 Convention

The Jean Robert prize is awarded to the best chiropractic research presented at the ECU convention. Andreas Eklund and Cecilia Bergström won first and second prizes, while Luc Ailliet won the new researcher award for Adding psychosocial factors doesn’t improve predictive models in patients with spinal pain enough to warrant extensive screening for them at baseline.

Andreas Eklund graduated from AEC in 2002 and is currently the co-owner of the multidisciplinary rehabilitation unit Hälsan Östertälje in Sweden. He will defend his PhD thesis Course and prevention of low back pain in October 2016 at the Karolinska Institutet, Stockholm. His main research interests are prognostic factors, stratified care and prevention of low back pain and his winning study is entitled Do psychological and behavioural factors classified by the West Haven-Yale Multidimensional Pain Inventory (Swedish version) predict the early clinical course of low back pain in patients receiving chiropractic care?

There is evidence indicating we can improve effect and cost effectiveness for the management of low back pain (LBP) in a primary care setting if we consider psychological and behavioural factors. This has been tested on chiropractic populations and the results are contradictory. There is convincing evidence that the treatment outcome (for chiropractic patients) at the fourth visit has an important prognostic value.

Patients who describe themselves as definitely improved by the fourth visit have a better outcome at three and twelve months.

This study has investigated if psychological and behavioural characteristics can predict the outcome at the fourth visit with regard to subjective improvement and pain intensity. 329 patients were analysed, based on three psychological subgroups derived from an extensive psychological and behavioural screening instrument (West Haven-Yale Multidimensional pain inventory, Swedish version).

There was no difference between subgroups in the proportion of individuals who experienced a ‘definite improvement at the fourth visit’. There were small differences in the reduction in pain intensity but these were not clinically relevant.

The results are very intriguing as there are now a number of studies indicating that psychological and psychosocial factors seem to have less of an importance for chiropractic patients than previously thought.

Cecilia Bergström currently holds a postdoctoral position at Umeå University, Sweden in the unit for Obstetrics and Gynaecology. She is the principal investigator of a project aiming to study risk factors and long-term consequences of persistent pelvic girdle pain (PPGP) in women 12 years after delivery.

Pelvic girdle pain (PGP) is common among pregnant women. Severity of symptoms varies; most women recover fully after delivery, but for some women symptoms do not resolve. Consequently, PGP cannot be considered a self-limiting condition in some women.

This is a long-term follow-up of previous cohort study that commenced in 2002. The main purpose was (through an extensive questionnaire) to investigate the prevalence of PPGP 12 years after delivery. Additionally, we wanted to evaluate the questionnaire and investigate several other health-related factors.

In total, 295 women (47.3%) responded to the questionnaire and almost 1 in 5 (19%) women reported PPGP of various degree 12 years postpartum. The majority reported more than 30 days of pain the past 12 months. Over 20% had been on sick leave in the past 12 months, 11% had been granted disability pension, widespread pain was common, and expectation of improvement was less than 50%.

This unique study demonstrates that spontaneous recovery with no recurrences is an unlikely scenario for some women with PPGP.

Persistence of symptoms may also result in long-term sickness absence and disability pension.
Research Corner:
Is research being wasted? Are we asking the right questions?

It is estimated 85% of health science research is wasted.1 Given that $200 billion per year is spent globally on health and medical research, this implies an annual waste of $170 billion.2 To put this in context, if you had this amount of money, you could buy 5,666,667 cars at $30,000/each or 850,000 houses at $200,000/each.3 Quite some waste!

Half of this waste can be attributed to clinical trials that are never published. If these data are not published, knowledge is lost, not to mention the fact that participants have been exposed to potentially dangerous treatments for nothing. While the exact reason why these trials don’t see the light of day is not known, misrepresentation of studies may result in invalid conclusions regarding the effectiveness of a therapy. For example, it is well known that studies with negative results are less likely to be published. This will result in therapies appearing to work better on paper than in reality. For commercial reasons, ‘negative’ studies might also be suppressed by those conducting the research. These phenomena are known as publication bias. No one is perhaps more guilty of this than the pharmaceutical industry. Billions have been spent on medications, such as Tamiflu (an antiviral medication used to treat influenza) or selective serotonin reuptake inhibitor (SSRI) antidepressants for adolescents, which have been proven later, once all published and unpublished data have been collected, to be ineffective, or at the least, appear to be less effective than previously believed. This is much less likely to be a problem in chiropractic because most studies are funded by government agencies, where there are no patents or commercial interests at stake, so the motivation to suppress studies with less than positive findings is minimised.

In order not to waste our resources, we must also ensure that we ask the right question. If a scientific study is not driven by a clinically-relevant question, then the research has no basis. The condition of our patients and investigating the best way to manage them should always be the focus of our work. Listening to the research presentations at the most recent ECU conference in Norway and talking to my colleagues reassures me that we are on the right path.

“... It is well known that studies with negative results are less likely to be published...

For example, Luc Ailleret and Andreas Eklund examined the biopsychosocial factors and their association with outcomes in large cohorts of patients. It would appear that these are perhaps less important in a chiropractic population than previously believed. Iben Axén is examining the issue of ‘maintenance care’. Cecilia Bergström has addressed pelvic girdle and low back pain in post-partum women, while Anne Marie Gausel has examined low-back pain in pregnant women. Cindy Peterson has examined the association between MRI abnormalities and outcomes in patients treated with spinal manipulation for lumbar and cervical disc herniation, while Christofer Herlin, and others, have investigated the association between modic changes and low-back pain. Using an innovative study design, Annemarie de Zoete is collecting individual patient data from RCT’s which have investigated the effects of spinal manipulation for chronic low-back pain. This amounts to data from thousands of individuals. Analysis of these data will make it possible to examine sub-groups, which may shed new light on the characteristics of treatment and types of patients who are most likely to improve.

We have asked, and are clearly asking, important questions, but there are areas which still need to be addressed. For example, conspicuous by its absence is research on the ageing European population in the chiropractic setting. Consider that the majority of clinical trials limits inclusion to subjects less than 65 years of age, while a large percentage of our often most satisfied patients is older. Since research also serves to drive change in clinical practice, the right questions will need to be generated from, and representative of, broad clinical practice.

So, are subsidies for chiropractic research being wasted? Well, in the past, funds from the ECU have been extremely limited. We have had to function on a shoestring budget. To put this in perspective, our annual budget would have paid only the first year of one four-year project in a large, academic institution. In order to supplement this difference, many chiropractic researchers in the past have had to fund their own work by donating their time and/or spending time in clinical practice.

Despite this, the ECU Research Fund made it possible for many chiropractors, such as me, Iben Axén, Lars Uhrenholt, and recently, Luc Ailleret, to obtain PhDs. It has also supported post-docs, such as Cecilia Bergström, not to mention the many talented researchers who are currently in various stages of working on PhDs, such as Andreas Eklund and Annemarie de Zoete. With formation of the new research institute, the European Centre for Chiropractic Research Excellence, the profession in Europe will be able to fund larger and better quality projects, which will lead to publications in prominent journals. Our profession is developing a research tradition of quality and relevance that we all may be proud of. There is no waste here.

Sidney Rubinstein, DC, PhD Chair, ECU Research Council s.m.rubinstein@vu.nl

2 http://blogs.bmj.com/bmj/2016/01/14/paul-glasziou-and-iain-chalmers-is-85-of-health-research-really-wasted/
After four years of debate, the European Union has ratified a new data protection law (Regulation (EU) 2016/679). In George Orwell’s 1984 the fear was of Big Brother physical surveillance. With the rise of the internet, email, smartphones, and tablets there has been an exponential and unprecedented growth in personal data such that Big Data is increasingly the basis for marketing, profiling and the development of sophisticated algorithms for determining action. The new Regulation responds to these developments by significantly altering existing law to give the individual more control of their personal data held by businesses. It will automatically come into force on 25 May 2018 without any further action by member states – though in the case of health there will be some opportunities for national authorities to supplement the requirements. Every organisation which handles personal data will have to comply with the new law and will have to demonstrate that they have complied (including all organisations in countries outside the EU if those countries want the ability to market and sell to the internal market). The law looks set to become the de facto world standard for data protection.

Personal data are defined as ‘any information relating to an individual, whether it relates to his or her private, professional or public life’; and data processing is defined as ‘any operation or set of operations which is performed on personal data or on sets of personal data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction’. So the management of patient records is within scope of the new law. The regulations cover consent, management and use of data. Some of the changes are quite fundamental and will require chiropractors and clinic managers to re-evaluate how they deal with personal data about their patients and their employees. A two-year transition period might sound generous but it is important to start planning soon for the new environment as re-configuring the management of existing personal data can be burdensome.

Consent
Independent research suggests that currently individuals often don’t know if they have given consent to the collection and retention of personal data or to data being sold or used in profiling. In future it will be necessary to obtain unambiguous and explicit consent that is freely given for the specified use of personal data and can be as easily reversed. (For those under 16 years the consent of a parent or guardian is required.) Silence, pre-ticked boxes or inactivity will not constitute consent. Only data that are necessary for the service provided will be regarded as freely given and even then the individual must have genuine free choice and the ability to withdraw or refuse consent without detriment. (Not all is at risk, however, as there is evidence that the more personal the service on offer the more likely that individuals expect to provide personal information.) Also, when consent is obtained the individual must be informed of the duration for which the record will be kept.

In addition, (s)he must be informed of the purposes for which the personal data are intended as well as the legal basis for it; the right to request access to and rectification of personal data or a restriction on how it may be used; the right to data portability (see below for further details); the right to withdraw consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal; the right to lodge a complaint with a supervisory authority; whether the provision of personal data is a statutory or contractual requirement, as well as the possible consequences of failure to provide data; and the existence of any automated decision-making that may be based on the data, including profiling, with meaningful information about the logic involved, significance and envisaged consequences of such profiling.

However, the right to data erasure (the so-called right to be forgotten) does not apply to an individual’s health record, or when personal data are used for public health or research purposes. Nor can the individual refuse access by professional bodies in the ‘prevention, investigation, detection and prosecution of breaches of ethics for regulated professions.’

Clinics need to track when, where and what they have asked for in consent. At a minimum they should date and time stamp every record created, whether paper based or electronic. The
burden of proof that consent has been freely given will lie with the record holder. If a patient finishes a course of treatment within the period of retention for their data and then returns later, consumer research indicates that three-quarters of people will expect consent to be sought again.

Overall, across all providers of goods and services, individuals are six times more likely to agree to first party use of their data than to their details being passed to a third party (only 5% readily agree to this). The new law requires separate consent to be obtained for first party business use (for example, the ECU writing to those who have attended a recent convention with details about a forthcoming event) and for more generic marketing use such as from seeking consent to pass email addresses to exhibitors.

Data management

Clinics will need to review their privacy and data retention policies and how those policies are promulgated to staff and to patients. The language will need to be clear and uncomplicated. The statements will need to be prominently displayed and attention drawn to them (including proof that this has been done, such as by the individual ticking an appropriate box agreeing to the terms). Standard icons are under preparation in the European Commission that will be able to be used by clinics to symbolise that no personal data are passed to third parties.

The underlying concept in the new law is that the patient is entrusting you with his/her data for safe keeping. It is your responsibility to have effective technical and organisational measures to ensure the security of data and to monitor how data are used. Large businesses (i.e. those that process more than 5000 records) will be required to appoint Data Protection Officers who will have personal responsibility for the organisation complying with the new rules.

At bottom, the new law requires those who hold personal data to adopt an approach based on the likelihood and severity of the risk of holding erroneous data and of a breach of data confidentiality. Consumer research (across all industries) points to 70% of people expecting their personal details held by businesses to be right every time and over half saying that the details are regularly wrong or misspelt (often errors in the recording of postal addresses). Hence the Regulation gives the citizen the right to access and correct the personal information held about them.

The Regulation also introduces a new right, to data portability. This could mean clinics being asked by patients for electronic personal data in an appropriate form so that they can choose to go to another provider of care (not necessarily a chiropractor). Data holders will be required to respond to requests for access to the individual’s personal data normally within one month (and without charge). There may be a spike in requests as the new law comes into force and is tested – putting pressure on staff and on how proof of identity will be required and an audit trail established.

The preferred approach is to design data protection into procedures from the outset, involving a wide range of staff. Though data breaches should be rare clinics do hold sensitive personal information and should have a breach notification plan – what type of data you manage, where it is and who will co-ordinate the media response, customer communications and remedial action in the event of a breach. Should that happen, what types of information have been compromised? (A recent breach in a telecommunications company brought widespread anger when the company said that it could not be sure what had been compromised.)

The same consumer research indicates that just over half of citizens (57%) accept an obligation to help keep records up-to-date by reporting changes in their circumstances – though there is strong resistance to sharing changes between organisations. (BACKspace distribution, for instance, suffers from failures to do so with significant extra postal charges.) 43% are reported open to being asked to validate their data periodically and 29% every time they use a service. With a shelf life for holding personal data clinics may wish to put in place procedures for checking addresses electronically with patients and renewing permissions to hold the data.

Restrictions on use

Consent to using personal data for profiling will become a new requirement and patients will be able to object to their data being processed for direct marketing. This may give rise to a grey area concerning whether it is legitimate to profile patients and use this information to invite them to take up wellness or check-up consultations. It seems likely that this will only be legitimate against an explicit consent (renewable at six-monthly intervals) that recognises the patient’s right to question and fight decisions that affect them and that have been made on a purely algorithmic basis.

ACTION PLAN

In summary, what actions should chiropractors now consider in the light of the new law:

1. Review data protection/privacy policies to ensure that they are clear and accessible
2. Review whether documents and forms of consent comply with the need for affirmative action
3. Review processes for pseudonymisation or anonymisation of patient records
4. Review how you provide information to patients during care
5. Review data retention procedures
6. Review procedures and monitor requests for access to a patient’s data
7. Review how you will establish audit trails
8. Check that consents that will last until the law comes into force have been freely given, are explicit and informed – it will be your burden of proof
9. Conduct an impact analysis and prepare for breaches
10. Plan awareness training for all clinic staff
11. Stay in touch with your national association over specific developments to be introduced by your national health care authorities

This article reviews material in briefing papers from the NHS European Office (www.nhseconfed.org/europe), DataIQ (www.dataiq.co.uk - General Data Protection Regulation, Identifying its impact on marketers and the consumer’s moment of truth), Allen & Overy (www.allenandover.com The EU General Data Protection Regulation), and Computer Weekly (www.computerweekly.com/opinion/Proposed-EU-Data-Protection-Regulation-what-should-companies-be-thinking-about).

An earlier version of this article was kindly subjected to peer review by Sarjit Singh (CEO BCA), Reem Bakker (Chairman ECU EU Committee) and Richard Brown (Secretary General WFC). I am very grateful for their help but any mistakes remain my responsibility.
GEP announced in Spain

Beatriz Santamaria, GEP representative of the Asociación Española de Quiropráctica (AEQ), has announced that the association’s Graduate Education Programme (GEP) was approved at the last AEQ General Assembly in Madrid in April 2016 and begins on 1 September 2016.

The GEP is a learning programme that will help new graduates gain the skills and knowledge needed to practise responsibly in Spain. The aim of the GEP is to help newly-qualified chiropractors in the transition period from the academic world to the work environment. By undertaking different activities, reflecting on the key competencies and the day-to-day work of a chiropractor, new graduates will be able to improve their skills and get new ones, thus becoming better professionals.

Each new graduate will be mentored by an experienced chiropractor throughout the one-year programme. Since its approval, many experienced chiropractors have registered as mentors and are looking forward to sharing their knowledge and expertise with the new graduates.

The Board of Directors has presented the programme to the new graduate cohorts of the Madrid College of Chiropractic and the Barcelona College of Chiropractic, and their response has been very positive.

The Spanish GEP meets the quality criteria set by the European Academy of Chiropractic (EAC) in their practical guidelines. By completing the GEP, the new graduates who meet all the conditions set by the EAC will be able to apply for the courtesy title of Doctor of Chiropractic. The AEQ is confident the GEP will improve the perception of chiropractors as competent health providers in both the general and the health care communities in Spain.

Beatriz commented: “The Spanish Chiropractic Association hopes our experience in setting up the GEP can be helpful and inspiring for other National Associations wanting to develop their own programmes. The Board of Directors of the AEQ would like to thank Dr Nicoline Lambers, Director of Academic Affairs of the EAC, for her continuous support and advice.”

Facelift for CPiRLS

The Royal College of Chiropractors has announced that a new, revamped CPiRLS website went live at the end of July, together with the student version CPiRLS-4S. All reporting data have been transferred to the new site from the old, and all access details remain unchanged for each ECU member association.

The functionality of the site remains largely unchanged but new features include chronological numbering of submitted cases and a search facility for page content. Case content still resides in the underlying database.

The main changes are to the look and feel of the screens which are now much neater and professional-looking, and to the back-end of the site such that the Royal College has full content management control without recourse to the developer.

Please contact your National Association for information about how to access the site.

Raising the game

The ARTHRITIS and Musculoskeletal Alliance (ARMA) has elected the president of the British Chiropractic Association, is the first chiropractor to be elected to the ARMA board. One of his first tasks as a board member was to attend a reception at the House of Commons for the launch of a new report on arthritis research – Working with Arthritis. The report lays out the extent of MSC, including back pain, osteoarthritis and other inflammatory conditions such as rheumatoid arthritis and assesses the impact this has on the workplace. In the United Kingdom only two-thirds of working age people with a musculoskeletal condition are in work and these conditions are now the leading cause of sickness absence, resulting in a fifth of all absences – around 3.6 million working days – lost each year. Back pain alone costs the UK economy an estimated £10 billion each year. And the burden of MSC is likely to worsen as the population ages and is expected to lead longer working lives.

The report was launched by the Minister for Disabled People, Justin Tomlinson MP (pictured with Matthew above). Other attendees included several members of parliament as well as representatives from the MSC community. Characteristically, Matthew’s comments focused on the importance of including all health care professions in a national pathway for serious MSC conditions based on their clinical competence and knowledge: “Only by working together can the community of doctors, physiotherapists, chiropractors and others improve the care that patients need. It is an honour and a privilege to raise awareness of the plight of MSC sufferers with policy makers and health care bodies.”

ARMA is part of the Bone and Joint Decade Global Alliance for Musculoskeletal Health. The ECU is one of its signatories together with some national chiropractic associations. If your National Association is not involved yet, please encourage it to sign up and join a national action network.

For more information go to www.arma.uk.net or www.bjdonline.org
Regional seminar in Dubai

The Eastern Mediterranean and Middle East Chiropractic Federation (EMMECF) was hosted by the United Arab Emirates (UAE) Chiropractic Association from 11-14 May 2016 for its annual regional seminar and Annual General Meeting. In excess of 40 delegates from Bahrain, Cyprus, Egypt, Iran, Lebanon, Palestine, Saudi Arabia, Turkey, and the UAE assembled in Dubai for sessions focused on the implications of neuroscience for chiropractors.

Stathis Papadopoulos, president of the EMMECF commented: “I was delighted by the attendance and must extend thanks to all those who made the effort to come to Dubai to support our regional efforts to promote the chiropractic profession. Many chiropractors here practice in extremely challenging situations, often in countries that have suffered open conflict over many years.”

“The number one goal for the region was the establishment of a university-based chiropractic school. With strong support also from the ECU and the Madrid College, as of last September the Bahcesehir University in Istanbul started a Master of Chiropractic Sciences programme. Hopefully soon we will be able to expand further in the region.”

The EMMECF’s seminar in Dubai was generously supported by the Carrick Institute for Graduate Studies, to enable the attendance of Dr Matthew Antonucci, who gave an outstanding two-day session on the chiropractic implications of applied neuroscience.

Next year’s AGM will be held in Limassol, Cyprus, on 24 May 2017 in association with the annual ECU convention, giving many from the region the opportunity to attend the ECU convention as well.

Class of 2016

CONTINUING ITS emphasis on the future of the profession, representatives of the Executive Council have spent part of their summer visiting new graduates and student bodies. Vivian Kil (vice-president) writes elsewhere in this issue about her attendance at a WCCS meeting in Paris; Vasileios Gkolfinopoulos (treasurer) and Ian Beesley (secretary-general) attended the graduation of 103 Doctors of Chiropractic at the Atlanta campus of Life University; all three were present, together with Timo Kaschel, the president of the German Chiropractic Association, when the Dresden International University/Chiropraktik Akademie saw the first cohort of chiropractic graduates emerge from chrysalis-like wrappings to the cheers of a select number of family supporters who had made the journey to Meissen for the celebrations.

Southern States hospitality in the USA is legendary but it was still moving when new DCs and their families (many of whom had made significant sacrifices to enable mature women students to fulfil a dream of qualifying at the highest level) rushed up to their European guests to enthuse about the physical demonstration of unity across national boundaries that they see as characteristic of chiropractic. An air of optimism and vocation pervaded these occasions, reminding us that in all the difficulty and turmoil of political and ideological divisions chiropractic continues to attract and motivate many good people in the great cause of serving all humanity – reminding us that in the end we all have backbone – and that the profession must continue to prove its worth by transcending boundaries.
### 60-second interview

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

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<tr>
<th>Name</th>
<th>Education and practice</th>
<th>What attracted you to chiropractic</th>
<th>Memorable professional moment</th>
<th>Special interests</th>
<th>Your ambitions</th>
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<tr>
<td>Damiano Costa</td>
<td>Degree in physiotherapy (University of Genoa, 2010)</td>
<td>The first time I heard about chiropractic I was working as a physiotherapist in Italy. I was not satisfied with what I was doing; I felt a need to gain more knowledge about the human body and how to help people. Chiropractic and its focus on the spine and the nervous system drew my attention more than anything else.</td>
<td>The mission trip to Lima (Peru) organised by the Madrid College of Chiropractic for the fourth graduation year. Seeing people's gratitude in response to receiving chiropractic care for the first time was overwhelming.</td>
<td>I’m interested in taking care of athletes. I am currently treating Brazilian Jujitsu and Mixed Martial Arts fighters in Dublin. I want the chiropractic profession to be more recognised and respected around the world.</td>
<td>The WCCS is the organisation that forms future chiropractic leaders and helps the profession to advance among the other primary health care professions. I hope that the organisation itself will grow in order to represent all the chiropractic students around the world in the future. One voice that sends a strong message of unity and respect with the purpose of advancing the global chiropractic profession; that’s what I’m aiming to accomplish.</td>
<td><a href="mailto:president@wccsworldwide.org">president@wccsworldwide.org</a></td>
</tr>
<tr>
<td>Karl Pärjamäe</td>
<td>AECC, Master of chiropractic with Distinction, 2014. Currently running my own practice in the suburbs of Tallinn and being an associate chiropractor to Gerly Truuväärt, the president of Estonian Chiropractic Association.</td>
<td>My mother is a trained general practitioner, but she never worked as a doctor and went straight into pharmaceuticals. My father is a trained psychologist and works as a management coach. I guess my decision to take up chiropractic, rather than general medicine or psychology, was that chiropractic, at the time, at least for me, seemed to be an intersection of the two – hands-on medical approach with a lot of communication and motivational aspects to it with regard to patient education and training. My eyes to the chiropractic profession were actually opened by Martin Heinmets, who is a graduate of the AECC as well and currently runs a successful and very well respected practice in Estonia. Therefore I certainly owe a lot to him!</td>
<td>Seeing those surprised bulging eyes of acute patients who you can help with just one adjustment. They are so grateful to rise from the bench without any pain, surprised by the fact that they were just suffering under agonising pain when trying to get into side-posture. But mostly I appreciated a hug from a young lady patient with a very, very bad disc, whom we were able to keep off a neurosurgery table. Literally changing someone's life for the better is invaluable.</td>
<td>Cervical pathology and dysfunctions. General human movement capabilities and expansion of those via chiropractic care and training.</td>
<td>Address the growing gap between evidence-based and ‘straight’ chiropractors. Regulating, or at least moving forward with the regulation of chiropractic in Estonia with the Estonian Chiropractic Association. In a nutshell – trying to make a difference.</td>
<td><a href="mailto:karl.parjamae@gmail.com">karl.parjamae@gmail.com</a></td>
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**ECCE to set up a task force to plot the way ahead**

The European Association for Quality Assurance in Higher Education (ENQA) recently decided to put the European Council on Chiropractic Education (ECCE) membership under review for a period of two years, pending a response to its recommendations for improving the accreditation of chiropractic education in Europe. As a result, the ECCE has decided to convene a small task force to examine the way forward, starting with the vision, goals, aims and strategy of the Council.

It will be led by Ken Vall (ECCE) and there will be representation from ECCE stakeholders (the ECU, accredited institutions, ECCE executives and students). The task force will start work in September and aims to provide the ECCE Council with interim thoughts at the AGM in November.

Speaking on his appointment, Ken Vall said: “This is a rare opportunity to recalibrate the vital process of educational accreditation. With the great diversity of regulatory structures in chiropractic Europe, the ECCE has a superb opportunity to unite the profession behind sound professional standards and processes that celebrate innovation, diversity and tradition. Its standards must be seen to be robust and relevant to the continued development of chiropractic care; its processes must be seen to be fair, honest and constructive. Its language must be that of respectful colleagues, not warring factions. I am honoured to have been chosen to lead this initiative and am greatly looking forward to working with my colleagues on the task force.”
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Italian chiropractors fight for the survival of their profession

Eight years after chiropractic was recognised as a primary health care profession in Italy, it now risks being demoted to a technical profession similar to physical therapy or radiology technician. AIC president John Williams explains.

The problem arose when the Health Minister presented a law to outline the competencies and scope of practice of a chiropractor and finally complete the regulation process. The medical lobby in Parliament immediately seized the opportunity and presented amendments that completely reversed the Minister's intentions, by calling for a repeal of the existing legislation and proposing to recognise chiropractic as part of the technical rehabilitation professions. In the Senate, they were able to pass their amendments in record time by not allowing the AIC a hearing in Commission, and avoiding an explanation of what the future of chiropractic would be as a result.

Italian chiropractors now risk their professional autonomy by losing the right to diagnose, give a prognosis or elaborate a treatment protocol, and worse yet, the chiropractic curriculum would be reduced to three years of superficial classes to be held in hospitals, regional offices and public health facilities. This would remove chiropractic from the university system and create manipulation technicians.

In September there will be the passage in the Camera of Deputies, where we absolutely must change those amendments or they will become law and we'll witness the end of the chiropractic profession in Italy. The Medical Association has published a series of articles citing supreme court sentences that mentioned ‘practising medicine without a licence’ if chiropractors infringed on certain activities such as diagnosis, reserved to medical doctors (in the absence of a chiropractic law); one of these referred to convicted con-artist faith healers, but was mentioned in the same context, as if they were chiropractors. The physical therapists picked up on that and published an article in a widely-read web-based health care newspaper that denigrated our education and referred to chiropractors as nothing more than faith-healers. I was forced to file a libel suit in this case against the author of the article.

The AIC recently held a press conference in a parliament square building where we presented the information on chiropractic that the Senate Healthcare Commission neglected to consider. Even though none of the Deputies crossed the square to participate (vacations are a priority in Italy), the conference was an enormous success with the media, which was in fact, our primary goal. Maintaining media interest for a profession of 400 in a country with 450,000 medical doctors is no easy quest, but absolutely essential if we are to have any chance of beating the medical monopoly that sits in Parliament. We were able to put the Italian problem onto an international stage by highlighting international standards and legislative norms in Europe and the rest of the world, while citing research on cost-effectiveness and education.

I’m proud to say that representatives of the entire chiropractic profession spoke up, and their presence certainly made the difference with the journalists, who produced the largest news coverage that the chiropractic profession in Italy has ever seen!

The Italian chiropractic profession owes a great debt to all those who dropped everything and travelled to Rome, and I sincerely thank the ECU president, Oystein Øgå for interrupting his vacation to explain chiropractic educational and legislative standards in Europe, the WFC president, Espen Johannessen for taking time off work to communicate these same worldwide standards; Gerry Clum from Life University for his explanation of chiropractic’s status and value from an economic and health care point of view, and Robert Scott, also from Life University, who flew in from Atlanta to discuss the academic standards necessary to train a chiropractor in the United States. All of these chiropractic leaders made the extra effort to support the future of chiropractic in Italy, along with Guy Rieckeman, who wrote a personal letter to the health minister and another to parliament, and also sent a video explaining the consequences if the amendments should become law, David O’Bryon, president ACC, Kim Humphries, University of Zährich, and Haymo Thiel, principal AECC, who all wrote concerned letters against lowering chiropractic educational standards.

The AIC is now preparing for a hearing in the Camera of Deputies that will decide our future, and thanks to the media attention that the Rome press conference produced, I’ll go in with confidence.

Collaborative research

COLLABORATIVE RESEARCH funded by the Chiropractic Research Charity is bringing the Anglo-European College of Chiropractic close to being able to locate the strain points in individual patient spines. The CRC is supporting the research between IMRCI (The Institute for Musculoskeletal Research & Clinical Implementation, based at the AECC) and the Exeter Biophysics Group to combine the motion from quantitative fluoroscopy sequences with tissue architecture on 3-D images from MRI to work out the load distributions between vertebrae during spinal movements. The method uses ‘finite element modelling’ which applies individual values from individual patients to a mathematical ‘mesh’ that represents all the features (width, depth, velocity, compressibility) of a set of vertebral linkages. As described by Professor Alan Breen and Dr Jonathan Branney at the BCA / AECC Anniversary Conference last year, the aim is to ‘look inside’ patients in much greater detail in the future.
CMCC and SDU sign memorandum of understanding to explore collaboration in education and research

CANADIAN MEMORIAL Chiropractic College (CMCC) has signed an official memorandum of understanding with the University of Southern Denmark (SDU) Institute of Sports Science and Clinical Biomechanics. The memorandum is an important step in formalising an alliance between the two institutions that will ultimately provide opportunities to foster co-operative and mutually rewarding relationships in areas of research and education. This co-operation extends to areas of collaboration and joint publication of scientific papers in musculoskeletal research, joint applications for funding of research, joint educational courses, graduate and undergraduate student mobility such as internships and study abroad, facilitation of common graduate student projects, adjunct appointments and exchanges for senior researchers, development of joint courses and exchange of faculty for teaching and observation.

“We are proud to reach this agreement with our colleagues at SDU, commented CMCC president Dr David J Wickes. “Such agreements at an international level not only increase our capacity, they promote a cross-cultural knowledge sharing that ultimately enhances joint initiatives. We look forward to developing such projects and opportunities.”

Dr Jan Hartvigsen, professor and head of the Research Unit for Clinical Biomechanics at the Faculty of Health Sciences, University of Southern Denmark as well as senior researcher at the Nordic Institute of Chiropractic and Clinical Biomechanics, is delighted that CMCC and SDU have signed this important memorandum: “We have a global network of collaborators in musculoskeletal research, and with CMCC’s strong commitment to research and evidence-based advancement in chiropractic, this is a perfect partnership. It will increase opportunities for high-level research as well as student exchange on both sides of the Atlantic,” remarked Professor Hartvigsen.

Dr Silvano Mior, CMCC’s vice-president for research and external relations, has spearheaded this as well as many other such initiatives that continue to define new models of partnership and knowledge sharing between academic institutions and between chiropractors and other health scientists: “Agreements such as this promote international dialogue and enable collaboration, reducing barriers to care for patients,” he said. “We look forward to advancing collaboration within research and increasing learning opportunities for students.”

“A perfect partnership. It will increase opportunities for high-level research as well as student exchange on both sides of the Atlantic.”

Accreditation – the road to elite status

A NEW STUDY by leading chiropractors has affirmed the importance of accreditation for education establishments on the road to chiropractic’s elite status in the health care world.

The study by Stanley Innes, Charlotte Leboeuf-Yde and Bruce Walker (published in Chiropractic and Manual Therapies and available in full through http://tiny.cc/kfo0dy) finds that there is more to unite the approaches to accreditation across the chiropractic world than to divide them, but there are significant differences between the European approach and the more prescriptive Australian and Canadian approaches. It argues that accreditation ‘ensure(s) that there are professional standards that must be met in chiropractic pre-professional training so that patients are protected and treated properly.’ On the one hand, a less prescriptive approach can encourage innovation; on the other greater prescription can reduce the capacity for deviation and potentially irregular practice. ‘Three aspects of competence were studied in depth: professional and intellectual development, patient assessment and diagnosis, ethics and law. The European approach scored well in being the only one to bring together knowledge and skills into problem-solving and in the responsibility towards the development of junior colleagues. It scored less well in specifying standards of practice management such as follow-up to care, record keeping, staff and financial management, specification of practitioner boundaries (physical, communication and emotional), and knowledge of the law.

None of the approaches looked for standards to be reached at varying points in the student’s progress (continuing assessment). Nor did they reflect recent medical trends to move away from solely a chronological approach in the clinical experience and specify competences for roles in the profession such as expert, researcher, educator, health advocate.

The authors are clearly ‘evidence-based’ chiropractic academics and emphasise the benefit this offers in integration into mainstream health care. However, they stop short of an outright recommendation that this is the only road to competence, preferring to recommend that ‘content taught should be required to be done in the context of the evidence that underpins it.’

AECC Reunion

IF YOU graduated in 2006, 1996, 1986 or 1991 you will be celebrating a milestone year since you became a qualified chiropractor with the AECC – a perfect excuse to go back, visit the college and meet up with old friends. The reunion is open to all graduates and all years are invited to attend. The evening reunion party will take place at the ever popular Bournemouth Marriott Hotel on Saturday 8 October with a fantastic band and some special surprises in store. The AECC will also be opening the college during the day; this is free to attend and there will be bubbly and nibbles available plus informal tours of the college so that alumni can reminisce and see just how much has changed. Booking is open online at www.aecc.ac.uk/reunion.
AECC accredited to award its own degrees

TAUGHT DEGREE
Awarding Powers (TDAP) have been given to the Anglo-European College of Chiropractic (AECC). TDAP give UK Higher Education providers the right to award taught bachelor’s degrees with honours and other taught higher education qualifications such as master’s degrees, but not postgraduate research degrees.

In the UK, only accredited higher education institutions are able to award degrees on their own authority. They must meet rigorous standards of educational attainment and independence with a commitment to academic freedom. So the granting of degree-awarding powers to the Bournemouth-based AECC is a major milestone. AECC principal, Haymo Thiel explained what this means to the college:

“We are immensely proud of this monumental achievement. As we have just celebrated our 50th anniversary, we have now laid solid foundations for the next 50 years, this time as a higher education institution in our own right. I am delighted that earlier this year, we also achieved Institutional Designation in addition to TDAP, which allows eligible students to receive funding through the Student Loan Company for the degree programmes we offer. This news means that the AECC will be able to validate, deliver and award its own degrees in chiropractic and other subject areas. We can also apply for University College title and will hold the powers to validate degree programmes at other institutions; both exciting opportunities for the future.”

People

Belen Sunyer receives the first ECU Humanitarian Award

IN A glittering ceremony hosted by the City of Oslo in the iconic City Hall on 4 May, Øystein Ogre presented Madrid-based chiropractor and former president of the AEQ, Belen Sunyer, with the first-ever ECU Humanitarian Award for her work with the homeless and refugees of Madrid.

Each month, Belen and some of the final-year students from the Madrid school provide chiropractic care to those being looked after by the Fundacion Pilar de la Mata, a Caritas-based charity founded by the Catholic Church after the Spanish Civil War with the primary purpose of helping people in precarious situations. The house is run by a group of nuns who are there 24 hours a day. In the shelter there are social workers, MDs, a psychologist and volunteers.

There are approximately 80 people in the shelter at any given time. The majority are men, many with addiction-related issues, often refugees from countries in Africa, Eastern Europe, and other parts of the world. Since many of them do not speak Spanish it can be difficult to obtain a complete clinical history, sometimes even because they do not want to reveal everything about their past.

The Madrid College of Chiropractic opened its doors in 2007 and has provided chiropractic at the centre since 2012, the first year the College had a graduating class. The Augustinian Order has overseen the University since its foundation in 1892. Belen explains: “At an advisory board meeting we decided to start a social project involving the chiropractic students, and since the Augustinians had been supporting and collaborating with the shelter since 1995, we thought that it would be an appropriate place to begin. Our students find the experience very rewarding. It gives a hidden sector of society, which normally would have no information about, and certainly no access to, chiropractic, a chance to receive care and experience what the profession has to offer its patients.”

Belen was born and raised in Madrid, and the first time she did volunteer work was in her early teens as a counsellor in a summer camp the Red Cross set up for special needs children from poor families. A few years later she went to India, to the State of Bihar, a largely unknown and very poor area. She worked in a mission hospital which had only a few solar panels for electricity, so used small kerosene lamps in the evenings to attend to emergencies and births. “Everything was very basic, but I learned that one has to manage with the resources that are available at the time,” she says. On her return to Spain Belen first went to nursing school, and afterwards to Palmer in Davenport, US, returning in 1993 to open the clinic where she continues to work today.

Asked about her ambitions for the profession Belen speaks eloquently about a profession which integrates itself into an ever-evolving society without losing its uniqueness. That requires leadership from those who stand for office in national associations and a cohort of members who are truly grateful for the opportunity to serve humanity through chiropractic and are excited about getting to their clinics or classrooms every Monday morning. For Belen, being a member of the Spanish Chiropractic Association is crucial: it is an institutional tool which will help obtain specific chiropractic legislation in Spain and at the same time it is a body that allows members to work together towards a vision which is greater than that of any individual alone.
WHY WAS my chiropractic education not delivered using more images? Joking aside, social media is no longer a new exciting niche used by a few forward-thinking souls. Social media is here to stay. Its roots are deep and if you aspire to run a professional, up-to-date and welcoming practice you need a successful social media profile and following.

A year ago Facebook reported that it had almost 1.5 billion users. Today it is about 1.65 billion. Meaning that approximately one in every five people on the planet uses Facebook. It is a social media platform where your community can get to know your clinic intimately and which will influence patient choices. Weekly updates, videos, events, your contacts and, most importantly, quick replies and positive, five-star, feedback is what to aim for. Using imagery on Facebook is a great way to build a following, but you cannot do so just by throwing money at it. Facebook is a medium that can deliver useful, informative and engaging content. Let’s face it, patient power is here to stay and you ignore it at your peril.

Campaigns and prize-games are the easiest means to increase the number of positive responses to your pages, but one challenge is how many of the responses (to your campaigns and games) are from your real followers or potential patients? Different types of campaigns have different ways of engaging users – you can ask them to respond positively to your page (known as ‘likes’ in the jargon of Facebook) for a prize, you can organise a posture photo competition, you can ask them to select their favourite rehab exercise, you can ask them health-related questions or build an interactive game. Options are endless; however, I wonder how many chiropractors who have their own Facebook pages set out to attract a target group to their website and deliver advertisements and insights relevant to that target audience?

Of course Facebook is not the only game in town. Instagram has 500 million monthly active users. 300 million daily active users. 20% of global internet users aged between 16 and 64 have an Instagram account. 14% of drivers with an Instagram account admit checking the feed while driving. Dangerous? Yes. Effective and useful? Absolutely. An image is a powerful tool. Whether it is a clip of you showing a cat-camel exercise, or a picture of a healthy meal or something more innovative, the messages conveyed via Instagram can go a long way. Especially if you are consistent, innovative and, dare I say it, somewhat controversial.

And let us not forget good old YouTube. It reaches more 18-49-year-olds than any cable network in the United States. That’s something! Now I know there are questions to be answered concerning using real cases with real patients on a YouTube channel, like Chiropractic Excellence had. But the fact is, those videos inspired me throughout my studies. Out of the blue, many patients have told me how they saw these videos and turned to chiropractic because of them. What it is appropriate to show in a video for YouTube is a sensitive topic, but on the safe side of the fence, educating patients via video on how to perform a squat or a hip-hinge (in your local language) is an opportunity not to be missed.

On a lighter note, consider what the Pokémon Go phenomenon is contributing to more people taking more exercise. I’d guess that it is far more effective than government exhortation. Players, who spend hours running around in a virtual world, definitely do their 10,000 steps.

So, take your first steps in the world of social media; paint chiropractic in professional colours and start using social media consistently as part of your marketing.
ON 20 December 2015 a four-person ocean rowing boat, crewed by patients of Harrogate chiropractor Paul Cheung (AECC class of 1990), left San Sebastian de la Gomera as entrants in the 3,000 mile Talisker Whisky Challenge to row across the Atlantic - the world’s toughest rowing race. 67 days 5 hours and 2 minutes later not only had they reached Antigua, finishing 22nd in the race, but they had set a Guinness World Record for the oldest all-female crew to row across an ocean and joined an elite list of fewer than 100 women who have done so.

With skipper Janette Benaddi were Helen Butters, Frances Davies and Niki Doeg (known collectively as The Yorkshire Rows). Members of the Guy Fawkes Boat Club in York, all left behind proud but worried families, including home-based children. On board, in addition to rowing every two hours, the skipper controlled the provisions and stowage (all refuse had to be brought ashore), Helen was responsible for turning sea water into drinking water, Frances was chief navigator and Niki was responsible for the electronics in their custom-built eight-metre boat named Rose – in honour of their Yorkshire roots.

So, how did it all start and what share did Paul (who was more accustomed to the challenges as team clinician for the Red Bull F-1 motor racing team, 2007-2013) have in their success? Paul himself describes what happened:

“It started in summer 2014 when Gareth Doeg, my friend and financial adviser, mentioned to me that his wife Niki and three of her friends had decided, over a drink, that they were to row the Atlantic Ocean. Stunned silence followed. Then my questions: what about the kids, work, and sanity. What was in place relating to health, fitness, diet, nutrition, injury prevention? Gareth admitted: ‘Well, nothing at the moment.’ That is how my association with four remarkable and inspiring women began.

“Training for endurance and strength was the obvious key factor and so a fitness trainer was brought in to construct a programme. We needed to develop bodies that could withstand the constant rowing action, so Niki, Frances, Helen and Janette each hired Concept 2 rowing machines to use every day. Plenty of Pilates and yoga too. Weight training was also used at a later stage to bulk up muscle and strength. Then diet … I specifically told them: ‘This is not a beauty contest - eat loads of good wholesome food, plenty of protein and veg!’ I advised that they should occasionally have a full English breakfast instead of low-fat yoghurt and a sprinkling of chia seeds, which is what Helen had for a short period and was wondering why she ran out of puff during training.

“Every two to three weeks over a period of 18 months, I assessed and treated the rowers for the back aches, neck and shoulder pains, the occasional thoracic outlet syndrome, strained wrist flexors, knee problems … mostly from the sheer mileage and volume of training they were doing. There was plenty of deep tissue work and adjustment, all for the sake of minimising time lost from injury, and maximising training time.”

At 5am during Easter 2015, Yorkshire Rows left Southwold harbour in Suffolk to row the 120 miles across the North Sea. They did it as a test run and though it was supposed to take 45 hours, they broke a record! Then in December 2015, Paul and the team went to La Gomera for final preparations. By this stage, all 26 entries had done their courses on first aid / medical training at sea, astro-navigation, survival, RYA Yachtmaster Ocean and also on how to survive in the claustrophobic company of each other.

All teams packed 80-90kg of dehydrated food per person (plus
The history of Activator®: a chiropractic revolution

by Dr Arlan W Fuhr

IN THE 50 years since the Activator Adjusting Instrument was born, I’ve often been asked what drove us to create it. The answer is simple: my body hurt too much.

I was just three years into my practice, adjusting a high volume of patients using a thumb thrust generated by bringing the elbows together with quick force. After long days of leaning over a low table, using my thumb to make contact and snapping my elbows together, the wear and tear took its toll. In the morning, I soaked my elbows in hot water and at night, iced them in the kitchen sink.

One painful evening, the conclusion became clear: there had to be a better way to administer an effective, light force, high speed adjustment. A quest was launched to find an object or instrument that could provide the same, speedy thrust and to do it consistently, even after many uses.

Our first success came by accident, when a local dentist showed us a surgical mallet used to split wisdom teeth. By replacing the scalpel with a brake shoe rivet and using a rubber tip from a doorstop, we created first modern-day chiropractic adjusting instrument.

Activator has come a long way in the many years since. Clinical research, experimentation and development led us to the current array of Activator instruments, including the fully electronic, cordless Activator V. The Activator Method® technique is now standard curriculum, taught in nearly every chiropractic college in the US and internationally, with 150 contracted doctors of chiropractic who teach the Activator technique in seminars worldwide. It is the only instrument technique that has ever had two textbooks in current circulation.

Moreover, recent surveys confirm Activator is the global leader in instrument adjusting techniques, and with tens of thousands of clinicians using the instrument in their practices, it is also the world’s top chiropractic adjusting instrument.

Research has always been the bedrock for everything we do at Activator. Early on, I determined it made no sense to fight criticism; instead, we should welcome it and be willing to stand up to scrutiny. Activator, as a result, has become one of the most-studied instrument techniques, with consistently favourable outcomes. It has also allowed us to reach a goal that has been of great significance to me: to create an instrument and an accompanying technique that provides consistent, reproducible results. I liken it to McDonald’s restaurants: you know you’ll receive a Big Mac that is the same in Shanghai as it is in Denver. Similarly, we know patients will always receive an Activator adjustment that is safe, comfortable and effective, anywhere in the world.

It is a privilege to live at a time in which we are seeing an unprecedented level of work in the field of chiropractic. I’m equally privileged to have played a role in training the practitioners who will take our profession forward in ways I never could have imagined.

“The Activator Method of joint analysis and diagnosis represents a unique contribution to the health care field…”

“...its ease of application and presumed safety have made it the most popular of mechanically assisted manual methods among healers.”

FICS and its role in Europe

The Fédération Internationale de Chiropratique du Sport (FICS), founded in 1987 and representing the profession in the world of international sport, is now also the ECU’s SIG or special interest group for sports chiropractic. Ståle Hauge (Norway), FICS secretary, gives an overview of its role in Europe.

The voting members of FICS are national councils of sports chiropractors; in my country, for example, it is the Norwegian Sports Chiropractic Council with over 60 members and led by president Anette Kristvik.

FICS held its 2016 Council Meeting in Oslo during the ECU Convention, chaired by the president, Peter Garbutt of Australia. Those present included the 13-member Council representing seven world regions, chairs of the nine FICS Commissions and member council presidents from many countries. Europeans on the Council are Carla How (UK), Philippe Roulet (Switzerland) and me.

Through its postgraduate ICCSP certification course and other activities, FICS promotes excellence in sports chiropractic education and practice. A key goal is to increase access to and use of chiropractic services by elite athletes. This in turn promotes greater awareness and use of chiropractic services in general, and also in nations not generally exposed to chiropractic services like we are in many European countries.

One strength of the sports chiropractic model is that it focuses on improved performance and prevention at least as much as management of injuries. Another is that it is interdisciplinary. At all levels up to and including the Olympics, sports chiropractors work within a medical team model. In this way we have the opportunity to demonstrate how chiropractic may fill a unique gap in the management of functional disorders by the sports medical team.

Although it is a world organisation, FICS has an increasing and now very significant impact in Europe. That can be seen in the June FICS News, available on the website, which includes articles on:
- The SportAccord Convention held in Lausanne in April. The members of SportAccord are the international federations for all sports and multisports organisations including the IOC. FICS, an associate member, had six delegates, a booth, and signed contracts for supply of FICS teams to a number of world and regional championships during the next two years.
- The FICS team of Philippe Fleuriau, France, and Alex Eatly, UK, at the European Jiu Jitsu Championships in Ghent, Belgium from 3 – 5 June. At this event, under the auspices of the Jiu Jitsu International Federation (JJIF) and one of several for which FICS has supplied teams in the past few years, athletes treated came from 15 European nations.
- The FICS team at the Muay Thai World Championships in Sweden from 19 – 29 May. 17 sports chiropractors from the Norwegian and Swedish Councils treated athletes from 26 nations during the biggest sporting event in Sweden since the 1912 Olympics.

Next year FICS will provide a 40-person team for the World Games in Wroclaw, Poland – the Olympic Movement’s games for sports vying for a place in the Olympics. For more on FICS, and its impact in Europe and around the world, visit [www.fics-sport.org](http://www.fics-sport.org).

**News from the Special Interest Groups**

The Clinical Chiropractic SIG is currently in the process of organising a workshop for the next ECU conference. This interactive workshop will be a collaborative effort between NIKKB and the Royal College of Chiropractors. Alice Konsted, Rob Finch, Stuart Smelle and David Byfield are working together to bring together the RCC Quality Practice Standards and newly-developed Danish practice protocols for low-back pain promoting evidence-based care. Contact david.byfield@southwales.ac.uk.

The Neurology SIG provides a forum for those wishing to develop their existing neurological expertise and acquire new knowledge and skills in the neurosciences. To achieve this goal, the SIG has been collaborating with Neuroseminars, well-known for their neurological rehabilitation seminars throughout several European countries. The pre-convention seminar at the most recent ECU convention was co-hosted by the SIG and Neuroseminars on the hot topic of concussion and its diagnosis and treatment. Another pre-convention seminar is planned for the 2017 ECU convention in Cyprus. A further major aim is to create an e-learning platform within the ECU on neurology-related topics. Meanwhile, the Neurology SIG is open to all structural ideas and potential contributions to further grow the interest and knowledge in neurology amongst chiropractors. If you would like to contribute please contact igor.dijkers@gmail.com.

An overview of the Sports Chiropractic SIG (FICS) appears above and a report on the Research SIG Researchers’ Day can be found on page 14.
In at the deep end

LISE LOTHE, dean of the Academy, has many talents. In 2015 she was awarded a PhD by the University of Oslo for a thesis on the electrical activity in motoneurons to deep back muscles. The main findings included the utilisation of self-sustained motoneuron activity for production of muscle tone in healthy subjects, altered common drive to the motoneuron pool in patients with low-back pain, and reduced discharge variability after spinal manipulation in patients. A fellow researcher summarised the importance of the work: “Lise pioneered a new method of guiding EMF-wires to the muscles in the back by CT scanning and how to interpret the brain’s control of the spinal cord to control the muscles. She found some differences between low-back pain and non-pain subjects at the spinal cord level of control. She also found some changes in these aspects of control following a spinal manipulation. This may help us to understand more about how muscle control is altered with low back pain and how manipulation may change these alterations.”

Lise will be presenting the research from the platform at a scientific conference in Singapore in November. Hopefully there will be time for a swim; in the 2016 Master European Championship in London she was part of a relay team that won the 4x50 medley and set a new European record in a team whose combined age was 179 years. They beat a national team from the Ukraine that competed regularly in European competitions until recently. Lise also won a silver medal for the 200 metres backstroke and set two Nordic and a Norwegian record.

European Academy of Chiropractic welcomes new Fellows

The EAC Court of Electors meeting on 6 May 2016 awarded Fellowship to the following applicants:

Rene Fejer
PhD from Faculty of Health Sciences at University of Southern Denmark

Arek Mazur
MSc in medical health and physical culture from Gdansk University, Faculty of Physical Education and Sport

Carlos Gevers
Masters in Neurosciences from Universidad Pablo de Olavide, De Sevilla

Martin Young
MPhil from University of Glamorgan

Espen Johannesen
MSc in Musculoskeletal Ultrasound from AECC

C&MT best article

Importance of psychological factors for the recovery from a first episode of acute non-specific neck pain - A longitudinal observational study

Wirth B, Humphreys BK, Peterson


This was selected by the editorial team of Chiropractic & Manual Therapies as the best paper for the first quarter of 2016. The full-text article is available free online at: http://tiny.cc/ev00dy. Lead author Brigitte Wirth summarises the study below.

NECK PAIN is one of the leading causes for global years lived with a disability1. Its course is typically fluctuating, but the majority of patients do not completely recover from their symptoms2 and about 5-10% of all neck problems become chronic1. It is widely established that psychological factors play an important role in chronic non-specific neck pain. Prognostic factors in acute neck pain are widely investigated in whiplash, but studies in acute non-specific neck pain are sparse. The goals of this study were to investigate how some psychological factors develop in the first three months after a first episode of acute neck pain, and how these psychological factors are associated with self-perceived recovery. The study is based on a secondary analysis of patient data that were prospectively collected in various chiropractic practices throughout Switzerland. The population of this study consisted of 103 patients (68 female; mean age = 38.3 ±13.8 years) with a first episode of acute (<4 weeks) neck pain. Prior to the first treatment, the patients filled in the Bournemouth Questionnaire (BQ) which measures seven dimensions of the bio-psycho-social pain model: 1) pain, 2) disability (activities of daily living), 3) disability (social activities), 4) anxiety, 5) depression, 6) fear-avoidance (work-related) and 7) pain locus of control. At one week, one and three months later, they completed the BQ again along with the Patient Global Impression of Change (PGIC). The temporal development of the BQ questions 4 (anxiety), 5 (depression), 6 (fear-avoidance) and 7 (pain locus of control) was analysed as was the influence of these scores on the PGIC. Within the first month, all psychological parameters showed significant reduction. The parameter ‘anxiety’ was associated with outcome at one and three months. Furthermore, baseline depression, but not baseline anxiety, was a predictor for poor outcome after three months. Lastly, a high reduction in anxiety within the first month was a significant predictor for favourable outcome after one month. Thus, psychological factors emerged from this study as relevant in the early phase of acute non-specific neck pain. Particularly persistent anxiety and depression at baseline might be risk factors for a transition to chronic pain. Clinicians should be aware that baseline depression and persisting anxiety might be risk factors for poor prognosis, which should be addressed in the early management of patients with acute non-specific neck pain.

References:


The future of the chiropractic profession – a clinician’s view

Earlier in 2016, Bruce Walker published a thought-provoking paper on the future of chiropractic, which set forth a ten-point development plan aimed at better recognition as 'a fully accepted allied health profession'. David Newell comments on page 13 on some of the issues raised. BACKspace invited Baiju Khanchandani, whose clinic is in San Benedetto del Tronto in Italy, for a practitioner’s reactions.

Walker’s plan of action | The practitioner’s response
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To become a fully accepted allied health profession, not one that only graduates competent manual therapists. | I find this too limited an ambition. Chiropractic is an independent health care profession that is not subservient to the dominant incumbent profession.
Chiropractic education should where possible be conducted at universities and this does not mean small single-purpose institutions that are deemed universities in name only … government-funded universities insist on intellectual evidence-based rigour in their learning and teaching and importantly require staff to be research-active. | An attractive proposition spoilt by the author’s claim that there must be something wrong with existing accreditation and regulatory systems that allow colleges to graduate primary care practitioners and subluxation based chiropractors who go on to obtain licensure in jurisdictions across the world.
Chiropractors need to become solely musculoskeletal practitioners with a special emphasis on spinal pain. | Dropping ‘neuro’ from neuromusculoskeletal care would be a step backwards. The profession needs to become a structured group that offers primary care, as other health care professions.
Chiropractic as a profession should also develop a special interest area in the health sciences that can make a worldwide contribution to other related health sciences. | I find this proposal confusing and vague, though it may provide a basis for a strategy towards other professions.
As professionals, chiropractors should not tolerate colleagues or leadership in the profession who demonstrate aberrant ideas. | In countries with chiropractic regulation this is already the case and is increasingly so more widely.
Chiropractic should get involved in health promotion and disease prevention … where there is a synergy with musculoskeletal disorders such as osteoporosis, falls prevention, the ageing spine, ergonomic design of furniture and work … and to actively counter the disinformation perpetrated by rogue elements within the profession. For example, chiropractors promoting anti-vaccination views need to be countered and also those in the profession who seek to medicalise infancy by ‘diagnosing’ infants with notional spinal manipulable lesions. | This is an excellent proposed demand side intervention currently pursued in a piecemeal fashion by the profession. The limitation here is partly down to the small size of the profession and partly the unwillingness of too many to participate in external debate and activities. It is surprising that the author does not call for more research into caring for infants or for a strategy to counter disinformation by rogue and institutional elements in competitor professions.
Practitioners should support and become involved in chiropractic organisations that are clearly ethical and evidence based … chiropractic organisations should be encouraged to market and advertise the profession at large in a non-controversial manner with professional advertisements … [that are] evidence-based. | A good case for wider involvement by a wider proportion of the profession in the self-regulation and discipline that should characterise a true profession.
Chiropractors should be prepared to alter how they as individual practitioners communicate with patients, the diagnostic tests used or ordered, the prevention strategies recommended and the therapies administered including the use of medication … chiropractors should, where possible, seek to work in multi-disciplinary environments. | The real issue is one of developing a strategy to combat obstruction by established interests. I am not convinced that pursuing prescription rights will make chiropractic sufficiently attractive to patients to justify the opposition from other professions. There is no evidence that populations are ‘under-prescribed’. On the contrary the trend is to abuse the use of pharmaceuticals, particularly in our core market of (neuro) musculoskeletal conditions such as back pain.
The profession should embrace evidence-based practice … ‘practitioner ideology’ and ‘practitioner values and circumstances’ [are] self-serving and dangerous [that] should not be entertained. Aberrant practices cause significant reputational damage to the profession. | The ‘significant reputational damage to the profession’ is unquantified and should be put into perspective against, for example, the three billion US dollar fine imposed on Glaxo in 2016 for bribing doctors to use its drugs; or the BMJ report pointing to medical error as the third most common cause of death.2
Research needs to become the number one aspiration of the profession … [to date] the [research] contribution by the chiropractic profession can only be described as seed-like. | Research can be a powerful influence on the supply and demand for chiropractic but is of little value unless it is applied. It should be concentrated on chiropractic and neuromusculoskeletal conditions, their prevention and establishing wellness as part of health policy.
Change within the profession will likely only occur if individual chiropractors show personal leadership … As part of this personal leadership it will be critical to speak out within the profession. Speak out and become a mentor to less experienced colleagues; speak out and embrace those around you with similar ideals and join them in actively progressing the profession. | The most important need is to grow the profession. There are something like 3000 medical schools worldwide but only 40 chiropractic colleges. Growth whilst maintaining the gold standard of chiropractic education should be the top priority.
In 1619, a young army engineer began his pursuit of finding fundamental truths upon which he could mathematically construct an explanation of world. This young man was René Descartes and although his attempts are now known to be fatally flawed, he went on to formulate what he considered to be the three fundamental truths or substances from which all existence originates: Matter, Mind and God.

From these ideas arose a type of thinking called Cartesianism which led to an intellectual and culturally extended separation of the mind from the body within Western scientific thought. This Cartesian split of mind and body in one form or another has persisted over the 350 years since. The idea that the mind is the same biological matter as the body has long been known but the influence of thought on physiology and vice versa has remained controversial at least in the detail. This has always seemed nonsensical to me given that we all experience every day the influence of thought on physiology when confronted with a stressful situation or an unexpected loud bang!

Beyond these well-known effects though, increasing evidence has been slowly and convincingly accumulating that provide a firm basis for thoughts having more influence on our physiology than first considered. Cure is a book that outlines these emerging effects.

From the influence of thought on pain, immune modulation, sports performance and others to the way that meaning and social context directly affect our physiology and through that our health, Marchant sketches the outline of a scientifically-informed body of knowledge that is finally putting the Cartesian mind/body dogma in its grave. She scatters moving and astounding anecdotes throughout the book to illustrate that how what we think influences our body.

In reading this book along with an ongoing deep interest in placebo and contextual effects, I began to get the feeling of an emerging health paradigm where disparate areas of evidence from diverse research fields seemed to be homing in on some fundamental and generic mechanisms that explain much of what at present is seen as magical or inexplicable. In this context, this is a must-read for any health professional.

A word of caution though. Some of the science behind such phenomena as mind-based pain modulation is substantial while some around immune modulation is less so. However much of the science is very preliminary and it may be tempting for some to use this book as a justification of ideas that look to non-material forces linking mind and body. This would be a mistake. In fact, this book begins to articulate a potpourri of areas of scientific exploration that are just that. Scientific. And in this regard it firmly introduces the reader to a number of new scientific and evidence-based disciplines such as psychoneuroimmunology and others that are beginning to show that we are indeed one whole, not only within our own bodies but in deep ways with each other as a community. Within this non Cartesian paradigm explanations of why our health is good or bad may be more fully realised.

David Newell

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