LOGAN SPEAKS

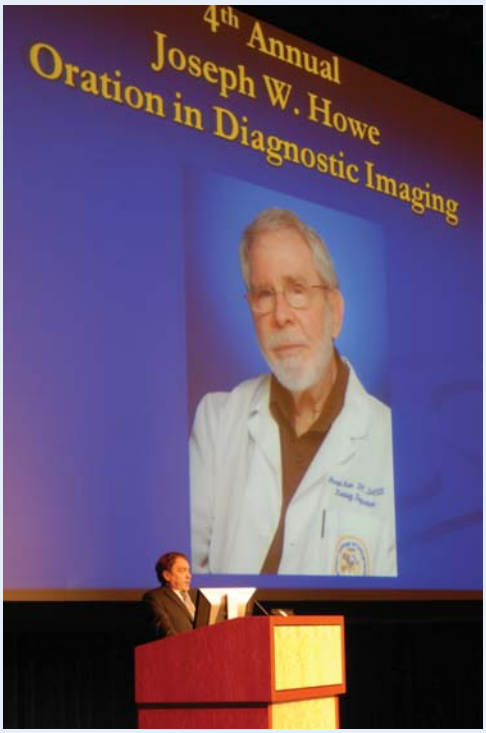
SUMMER 2011 | Logan Speaks is produced by the departments of Institutional Advancement and Public Relations

LOGAN
COLLEGE OF CHIROPRACTIC
UNIVERSITY PROGRAMS

Forgotten Roles of a Radiologist:

Howe Oration Focuses on Chiropractor-Radiologist Partnership

Page 2



Howe Oration in Diagnostic Imaging Presents View of the "Forgotten Roles of a Radiologist"

In 1895, two new medical disciplines—chiropractic and radiology—emerged to change the health care landscape of the United States.

While today, the healing hands of chiropractors paired with the keen eyes of chiropractic radiologists have rendered accurate diagnoses and effective treatment protocols for countless patients, some radiologists argue that the professions' complementary paths are reaching a crossroads. The issue was recently addressed by 1979 Logan graduate Victor Tong, DC, DACBR, who served as the keynote speaker for the 4th Annual Joseph W. Howe Oration in Diagnostic Imaging. The oration was held May 26 at the William D. Purser DC Center on the Logan campus.

A Closer Look at the Chiropractor-Radiologist Partnership

To honor Dr. Howe and provide the 225 audience members with clinically relevant information, Dr. Tong began by referencing a February 2011 Journal of the American College of Radiology article. In the journal story, the authors, David Levine, MD, and Vijay Rao, MD, reported that the "quality of patient care will suffer because some of the roles of the radiologists are overlooked" as health care physicians work to access cheaper, faster radiological reports.

Dr. Tong argued that chiropractic radiologists contribute to patient care and management by sharing knowledge beyond the generated X-ray report. "The radiology department can assist clinicians with expertise on when, how and where to perform imaging, which is indispensable to quality health care delivery," he remarked.

Dr. Tong said the radiologist supports chiropractors through his profession's five key roles:

- Pre-examination consultation
- Quality assurance of the exam
- Diagnostic interpretation
- Post-exam consultation and recommendation
- Education and research: treatment and prognosis

Still, to achieve maximum patient benefit, Dr. Tong stressed the significance of the chiropractor-radiologist partnership. To enhance collaboration and, ultimately, arrive at accurate patient diagnoses and treatment programs, Dr. Tong says clinicians should check their patients' records and symptoms to evaluate the appropriateness of X-ray examinations based on the physical exam findings. He also advised that practitioners offer a working diagnosis at all times.

"The top radiologist in the world cannot arrive at the accurate diagnosis if the wrong examination is ordered," Dr. Tong said. "Properly selecting a patient for the appropriate examination is also the best way to protect the public from unnecessary radiation."

He says it's then the radiologist's responsibility to advise the clinician if any special views should be included to confirm the diagnosis.

"Good enough is never good enough," said Dr. Tong, when it comes to the radiologist providing clinicians with quality assurance and proper radiological views. "Never accept a single-view study as a diagnostic study. Radiation should not factor as a concern when there is clinical justification for an additional view that can prevent unnecessary diagnostic and treatment procedures."

As for the view from inside Logan's Radiology Department, chair Dr. Norman Kettner concurs that his fellow DACBRs (Diplomates of the American Chiropractic College of Radiology), who are trained in both chiropractic technique and radiology, can serve as valuable health care partners to chiropractic clinicians.

"At our core, we are collaborators, interpreters, educators and researchers," said Dr. Kettner. "We have been trained to think in terms of biomechanics, which is why clinicians will find strong biomechanic components in our interpretations that aren't found in mainstream radiology reports. We have an intuitive level of understanding of neuromuscular function and abnormalities, and we uniquely possess the ability to formulate an opinion that integrates clinical viewpoints of significance for the care of the chiropractic patient."

Joseph W. Howe, DC, DACBR, Fellow, ACCR

Dr. Joseph Howe

The 4th Annual Joseph W. Howe Oration in Diagnostic Imaging was held on May 26 inside Logan's William D. Purser, DC Center. Approximately 225 audience members—made up of Logan students, faculty, radiology residents, and graduates—celebrated Dr. Howe's extensive contributions to education, research and chiropractic radiology. Dr. Howe's achievements, which span five decades of service, include acting as a founding member of the American Chiropractic College of Radiology and his ongoing commitment to extend his vast clinical and radiological knowledge with interns and residents at Logan College of Chiropractic.

Victor Tong, DC, DACBR

Dr. Victor Tong

Dr. Tong, a 1979 Logan graduate, is the first resident to complete a radiology residency program with Dr. Howe at Los Angeles College of Chiropractic at Southern California University of Health Sciences. For 32 years, Dr. Tong has served on the faculty for two chiropractic colleges, including Southern California University of Health Sciences and the Cleveland Chiropractic College-Los Angeles. He also maintains a private X-ray consultation practice.

Multi-Disciplinary, Evidence-Based Process for Hospital-Based Standardized Spine Care Results in Minimized Lower Back Pain and Treatment Costs

A recent study published in the *Journal of Manipulative and Physiological Therapeutics* (February 2011, Vol. 34, Issue 2, Pages 98-106) reports that use of a patient-centered multi-disciplinary Spine Care Pathway (SCP) helped to minimize lower back pain (LBP) and the associated treatment costs.

The National Center for Quality Assurance (NCQA) Back Pain Recognition Program (BPRP) provided the framework for the study, "A Hospital-Based Standardized Spine Care Pathway: Report of a Multidisciplinary, Evidence-Based Process." The SCP provided patients with the five care options cited as the most effective in the back pain literature: spinal manipulation, extension and flexion directional preference exercises, core stabilization exercises, and mechanical traction.

According to Ian C. Paskowski, DC, lead author and medical director of the Medical Back Pain Program at Jordan Hospital, Plymouth, Mass. where the study's data was derived, lower back pain is a common condition affecting an estimated 90 percent of the population at some time and yet current methods of relieving LBP are often uncoordinated, inefficient and expensive. Dr. Paskowski said his team of researchers was the first to implement an evidence-based, standardized SCP, which aligned individual patients with the appropriate conservative care option. As a result, he said, patient health and satisfaction rates improved while costs decreased.

The LBP program at Jordan Hospital, managed chiefly by doctors of chiropractic, treated 518 patients in the first six months using a two-tiered clinical management approach. Of the total patient population, 402 were exclusively cared for by DCs who achieved successful treatment outcomes in an average of just 5.2 visits at the extremely low cost of only $302 per case, while maintaining a patient satisfaction rate above 95 percent. Self-reported pain and disability scores were reduced by about 70 percent over the course of just a few weeks.

Primary care physicians (PCPs) have traditionally been the providers to initially see LBP patients. Dr. Paskowski said the study demonstrates that when this spine care pathway is offered to PCPs, they will utilize these evidence-based guidelines and chiropractic services. Dr. Paskowski said he credits DCs for achieving these excellent clinical outcomes and attaining such high patient satisfaction rates, and anticipates that this SCP will become the globalized framework for uniformity and consistency in health care for LBP management.

This information was provided by the Foundation for Chiropractic Progress, a not-for-profit organization that aims to inform and educate the general public about the many benefits associated with chiropractic care. For more information, please visit the organization's website www.yes2chiropractic.com.

The Mind-Body Connection

Logan's Radiology Department Measures Endothelial Function to Promote Healthy Patients and Practices

Stress kills.

According to Dr. Robert Sapolsky, professor of neurology at Stanford University and author of the acclaimed book *Why Zebras Don't Get Ulcers*, prolonged stress causes or exaggerates a range of physical and mental disorders, including heart disease.

After years dedicated to studying primates in the African Serengeti, Dr. Sapolsky compares human stress patterns to wild animals, like the zebra. While we've all heard the adage "it's a jungle out there," it remains doubtful any of us reading this *Logan Speaks* article have experienced the same levels of stress as, say, a zebra surprised by a hungry lion lunging toward his body. Despite the traumatic encounter, the surviving zebra suffers no long-term health consequences from the near-death episode or associated stress levels.

On the other hand, says Dr. Sapolsky, humans can get stressed simply by their own thoughts, which "turn on the same stress responses as does a zebra" under duress.

Imagine standing on a vacant stage, preparing to deliver a presentation to 300 of your peers. You may experience stress indicators such as an accelerated heart rate, sweaty palms and upset stomach. For most of us, these symptoms would subside at the conclusion of the presentation. Now envision carrying this high-stress sensation daily. Dr. Sapolsky and other researchers have found when the stress response remains "on," people get sick … or suffer from ulcers, colitis, heart disease, and other physical and mental ailments.

As the fight-or-flight response—the physiological reaction to stress regardless of whether the origin stress is real or perceived—prepares the body to challenge or escape from a threat, it also sets off a chain of events that burden the cardiovascular system. While stress, exercise and diet can throw the human body into a state of chaos, it's also part of the cure—one that chiropractic physicians are uniquely suited to treat.

Chiropractic and Vascular Disease

In the United States, one heart attack occurs every 24 seconds. If it takes you five minutes to read this article, by the time you are through, roughly 12 people will have suffered a heart attack. Despite the suddenness of the event, a heart attack is the product of a progressive disease, which is fueling new areas of medical research and countless forums,

Dr. Norman Kettner

Dr. Daniel Haun

including the American Society of Hypertension's (ASH) annual scientific meeting and exposition.

This past May, members of ASH gathered in New York City to exchange information related to the study and management of hypertension, a risk factor for heart attacks and other cardiovascular diseases. Among the presenters was Dr. Martha Kaeser, Logan's diagnostic imaging resident, who shared a research project she completed with her co-investigators Norman Kettner, DC, DACBR, and Dan Haun, DC, DACBR, of Logan College of Chiropractic's Radiology Department. The poster presentation, regarding the normative dilation of the brachial artery after reactive hyperemia [see sidebar for additional details regarding the team's research], reflects the Logan radiology department's commitment to vascular study and diagnoses.

"Logan's radiology department has a proven tool—ultrasound—that can monitor the vascular system and see vascular abnormalities before calcified plaque appears," said Dr. Kettner, chair

MISSION

LOGAN UNIVERSITY

Logan University is a diverse and engaging community committed to excellence in health sciences, education and service, guided by integrity, commitment and passion.

MISSION

LOGAN COLLEGE OF CHIROPRACTIC

Logan College of Chiropractic prepares students to become doctors of chiropractic who are superbly educated and clinically competent, practicing portal-of-entry chiropractic physicians. This mission is accomplished through our dedicated faculty, recognized for student-centered excellence; comprehensive science-driven, knowledge-based and information-facilitated curriculum; enhanced by community and public service. The institution is committed to the conduct of research and other scholarly activities.

of Logan's Radiology Department. Logan's current vascular studies are focused on the endothelium, the thin layer of cells lining the interior surface of blood vessels. According to Dr. Kettner, by assessing endothelial function with ultrasound, his team of chiropractic radiologists can detect irregularities and also measure the overall health of a patient's lifestyle.

While this area of research may seem unusual for a chiropractic institution to undertake, Dr. Kettner believes chiropractic serves as a critical health care partner for the prevention and treatment of a root cause of vascular disease: stress.

"Stress, not just diet, produces abnormal vessels," said Dr. Kettner. "For example, a dynamic low-mood state might cause thickening of the endothelium. This area of investigation is reaffirming the mind-body relationship, which chiropractic therapies can positively affect."

Applications for the chiropractic profession include equipping clinicians with information regarding a patient's early endothelial changes. The chiropractic physician can then ensure these patients receive appropriate care, e.g., dietary recommendations, exercise programs and smoking cessation, to reduce the cardiovascular risk factors. Patients' responses to these non-invasive treatment protocols are measurable via ultrasound, allowing Dr. Kettner and his team to efficiently monitor the patient's endothelial integrity and confirm health progress.

"Chiropractic's unique ability to treat the whole body through non-invasive measures and to prescribe nutrition, exercise and stress-management protocols for our patients makes us an ideal health care partner for at-risk patients," Dr. Kettner said. "Even when we find that a patient already has plaque buildup, current research supports the notion that plaque is reversible through adherence to a vegetarian diet and stress reduction. Standard medical interventions have not demonstrated the same level of results."

Advancing the Flow of Information

With the accepted research at ASH, Dr. Kettner says he'd like to explore additional endothelial-function studies. While his department's research plans are still in development, Dr. Kettner says he'd like to investigate the affect of interventional manipulation on the endothelium through a controlled study.

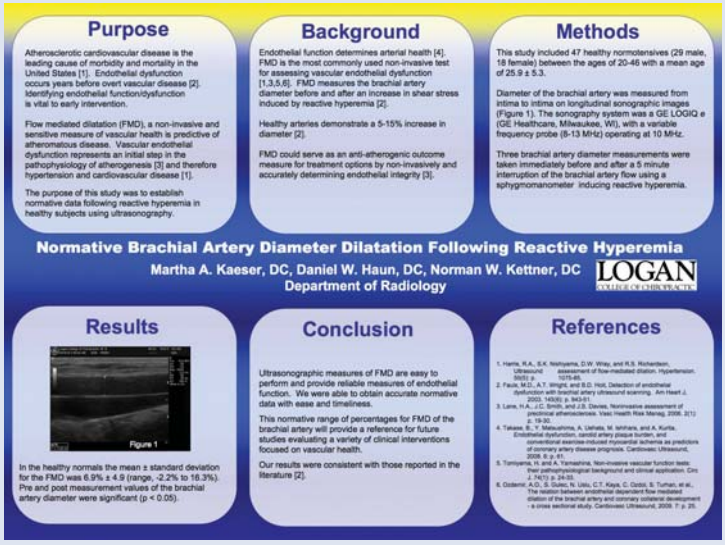
"Ultimately, our research objectives are to get in front of the known events that lead to plaque buildup," said Dr. Kettner. "We want to learn more about this responsive tissue, the mind-body relationship and what impact interventions, including chiropractic, have beyond the neuromusculoskeletal system."

Normative Brachial Artery Diameter Dilatation Following Reactive Hyperemia

Dr. Martha Kaeser

The Logan Radiology Department employs diagnostic ultrasound to determine flow mediated dilation (FMD)—the most commonly used noninvasive test for assessing vascular endothelial function/dysfunction—in the brachial artery. FMD measures the brachial artery diameter before and after an increase in shear stress induced by reactive hyperemia, which is generated by a transient circulatory arrest in the arm obtained by suprasystolic sphygmometric cuff occlusion.

The study evaluated 47 healthy normotensive students between the ages of 20-46 with a mean age of 25.9 +/- 5.3. FMD in this group was tabulated at 6.9 percent +/- 4.9, which is consistent with the results reported in current literature. The team also demonstrated that ultrasonographic measures of FMD were easy to perform and provided reliable measures of endothelial function. The normative range of percentages for FMD of the brachial artery will provide a reference for future studies evaluating a variety of clinical interventions focused on vascular health.



The poster above was presented at the American Society of Hypertension's 26th Annual Scientific Meeting. Dr. Martha Kaeser is first author of the poster and currently a third-year radiology resident in the radiology department at Logan.

Logan Students Southeast Missouri Hospital Clinical Rotation

A partnership between Logan College and Southeast Missouri Hospital has chiropractic interns scrubbing in as part of their student experience. Under the direction of Dr. Scott Gibbs, neurosurgeon with the Brain & NeuroSpine Clinic of Missouri, LLC, and Dr. Laney Nelson, director of Logan's BIOFREEZE® Sports & Rehabilitation Center, Logan student interns are gaining more than an exclusive look inside the operating room (OR). The interns report they are also learning about the value of relationships between chiropractors and neurosurgeons and how these doctors, who employ such distinct tools to help their patients, can serve as resources for each other.

From left to right: Jared Newman, Nicholas Keim, Michael Koch (sitting), Eric Werner and Elra Morgan.

The two-day rotation program takes Tri-8 students out of the classroom and clinic and places them in the OR where they watch Dr. Gibbs perform spinal procedures, like laminectomies and microdiscectomies. They also observe how Dr. Gibbs interacts with patients during pre- and post-operative rounds.

Some students say they walk away with a deeper appreciation for their own work in the health care field and a greater understanding of medical doctors' roles. Other students report the most rewarding aspect of the program is learning how various disciplines can co-manage and co-treat a patient in an integrated health care model. Either way, the program provides students with an opportunity to make their own assessments and gain firsthand knowledge of collaborative partnerships in the medical field.

Gaining Perspective

This past spring, students who participated in the rotation said the experience was helpful in identifying approaches to patient care mitigating misconceptions and myths between the chiropractic and surgical fields.

"It provided me the opportunity to see the pre-, intra- and post-operational procedure, as well as observe the clinical reasoning of one of the top-skilled, forward-thinking, and respected neurosurgeons in the state," said Logan student Elra Morgan. "It's important for all DCs to see that surgeons have their specialty niches, just as we have ours, and they go hand to hand."

Students arrive at the hospital in the early morning of day one where they are given a brief orientation and tour of the neurosurgery suite before scrubbing in for the operating room to observe Dr. Gibbs' scheduled surgeries.

Morgan said during his rotation, he and a fellow Logan student observed three procedures, including an endoscopic carpal tunnel release and a decompressive laminectomy. The third procedure, he said, required two surgeons and combined several surgical components, including the removal of a fractured facet and an anterior lumbar interbody fusion with a Sovereign implant and buttress screws—a procedure that lasted six hours.

"In school, you read about the procedures, you watch videos, but it doesn't really hit you as far as how traumatic the surgery is to the patient," said Logan student Michael Koch. "Just knowing now firsthand what the patient goes through, I can sympathize with them. I have a better understanding of what they went through, as opposed to just seeing X-rays, MRIs and CT scans. The diagnostic imaging, from this point of view, is invaluable."

Throughout the surgery, Morgan said Dr. Gibbs asked for their clinical opinions on some of his non-surgical cases, answered questions and even suggested specific reference texts for the students' medical library. Koch said his coursework and instruction at Logan has been an excellent pre-requisite for the program and he felt prepared to engage in discussions.

"We basically are experts of the spine. We know all the anatomy and functions and have conducted our human cadaver dissections," he said. "This partnership with Dr. Gibbs was great as far as a visual learning experience."

Logan student Eric Werner had a different view of surgeons before going into the rotation. He had been working with a patient who, as a result of two failed back surgeries, was in excruciating pain. When he arrived for his rotation with Dr. Gibbs, he observed the same surgery that was performed on his patient.

"I learned that there's a necessity and need for the things that each of us do," he said. "While preventative care can keep people out of surgery, we've shown my patient that even though her surgery failed, we're not giving up on her."

Today, with the help of chiropractic care, Werner said his patient is doing great. She has gone from three times a week chiropractic treatments to two, and is expected to eventually move down to weekly treatments.

"It's an eye-opening experience, and watching Dr. Gibbs, in some instances, recommend preventative care first made me appreciate the other disciplines," he said. "The experience showed how it's possible for these disciplines to co-exist in an integrated health care model."

On the second day of the rotation, Logan students shadow Dr. Gibbs during pre- and post-operative rounds with patients. Logan student Nicholas Keim said he expected to learn about what drives patients to surgery. What he didn't expect was a crash course in patient communication.

"I've struggled with how to bring up a sensitive matter with a patient," he said. "Watching Dr. Gibbs and his staff interact, using choice words with patients about exams and delicate issues, I feel much more confident in my ability to communicate with my patients."

While the techniques may differ between surgeons and chiropractors, students say the thought process is ultimately the same.

"We use the same clinical reasoning, assessments and orthotests to determine a diagnosis and treatment protocols," said Morgan. "The only difference between the professions is the approach."

Koch said at times Dr. Gibbs recommended chiropractic care and physical therapy; other times, he recommended allopathic medicine with cortisone shots. No matter the treatment decision, it was clear that Dr. Gibbs and the Logan interns share the same focus: making sure the patient achieves the best personal outcome.

Students, like Keim, said they were also surprised to see a neurosurgeon recommend more conservative care over surgery, depending on the needs of the patient.

"I had shoulder surgery as a result of a college soccer injury after just one MRI," said Keim. "Chiropractic, physical therapy or pain management was never shared with me as an option. It's great that Dr. Gibbs has such a good working relationship with Logan and that we can learn how to better manage the care of our patients."

Students said they not only recommend this program to others, but would like to see it as a requirement at Logan. Koch said the program is a real eye-opener, even for those not interested in neurology, and can help bring perspective to the respective practices.

"Having knowledge of other types of treatments is invaluable when talking with patients," he said.

Improving Patient Performance

This September, Drs. Gibbs and Nelson—along with fellow medical doctors, chiropractors, physical therapists and nurses—will host a program called the Performance Academy. The three-day forum is open to students, practicing physicians, faculty and staff interested in learning how to improve physical performance, patient performance and practice performance through an improved understanding of the surgical decision-making process and the role of chiropractic stabilization and strengthening for effective spinal care.

Each participant will learn integrated care best practices to help patients achieve their best personal performance. Additionally, doctors will receive step-by-step instructions for developing collaborative partnerships and hospital-based spine care programs in their communities.

Save the Date

The Performance Academy

September 23-25, 2011
Logan College of Chiropractic

Scheduled Speakers
Laney Nelson, DC, DACBSP
Scott Gibbs, MD
Danielle Spath, MS, DC, CCSP
Norman Kettner, DC, DACBR, FICC
Brian McGaughran, DC
Kyle Colle, MD
Kathy Vickery, MS, RN
Laurie Hill, MS, RN
Laura McLaughlin, MA, JD
Daniel Haun, DC, DACBR

Conference Topics
Nursing Demands for Spine Surgical Care
Differential Diagnosis for Post-Op Pain in the Lumbar Spine
Rehabilitative Ultrasound Imaging: Applications in the Lumbar Spine
Disc/Low Back Surgical Workshop
Stable and Unstable-Pain vs. Weakness
Discussing the 10 determinates for Successful Spine Case Management
Pre Surgical Chiropractic Management
Symmetrical Pre/Post Surgical Gait Patterns and Affect for Lumbar Stability
Surgical Options for Cervical Spine
Post Surgical Chiropractic Assessment and Rehabilitation Management
Failed Back Syndrome—Second and Third Spinal Procedures
Advances in Spinal Pain and Function Management
Hospital Education for Chiropractic Rotations
Hospital Affiliation Agreements and Liability Concerns

Registration
$275 - Participant
$250 - Exhibitor
$200 - Non-Logan chiropractic faculty/senior rate (over 60)
$50 - Medical/osteopathic, non-chiropractic students
Free - Southeast Missouri State University and Hospital staff/Logan students and faculty

Registration forms are available on the Logan College of Chiropractic/University Programs website at www.logan.edu.

To register, mail, email or fax completed forms to:
Logan College of Chiropractic/University Programs, Attn: Postgraduate Department
1851 Schoettler Road, PO Box 1065,
Chesterfield, MO 63006-1065
postgrad@logan.edu
636-207-2400 fax

For more information, call 1-800-842-3234.

Postgraduate Seminars

August – December 2011

August 27-28
Introduction to Rehabilitative Ultrasound Imaging for the Practicing Chiropractor
Instructors: Daniel Haun, DC, DACBR and Manuel Duarte, DC, DABCO, DACBSP®, CSCS

September 10-11
Internal Health Specialist #6
Instructor: Howard F. Loomis, Jr., DC, FIACA

September 10-11
Certified Laser Practitioner #1 (Online)
Instructor: Nelson Marquina, DC, PhD

September 10-11
Scoliosis: Reversing the Disease the Chiropractic Way
Instructor: Gary Smouse, DC

September 23-25
Performance Academy
Multiple Instructors

September 24
Chiropractic Assistant Program #1
Instructor: Courtney Zindrick-Lehmen, DC

September 24-25
Whiplash Certification Program #5
IME and Peer Review
Instructor: Mario Fucinari, DC, CCSP®, MCS-P

October 1-2
Neurology Certification Program
Instructor: William Huber, DC, DACAN, DCBCN, MS

Advanced Acupuncture: Chinese Herbs – Part I
Instructor: Zev Myerowitz, DC, Dipl.Ac.(NCCAOM), L.Ac, DABCA, FICC

October 8-9
Biomechanics, Biomechanical Distortions and Corrections
Instructor: Howard F. Loomis, Jr., DC, FIACA

Certified Chiropractic Sports Physician®
Session #1 – Overview
Instructor: Marianne Gengenbach, DC, DACBSP®

October 15-16
Laser Certification Program #2
Instructor: Nelson Marquina, DC, PhD

Basic Acupuncture #1
Instructor: Dennis Baker, DC, FIAMA, FASA

October 22
Chiropractic Assistant Program #2
Instructor: Courtney Zindrick-Lehmen, DC

October 22-23
Whiplash Certification Program – Session #6
Cervical Biomechanics & Specific Adjustments
Instructors: Ralph Barrale, DC and Ralph Filson, DC

Energy Medicine
Instructor: Nelson Marquina, DC, PhD

October 29-30
Neuro Functional Fitness
Instructor: Laura Hanson, DC, DICCP, NDT

November 5-6
Neurology Certificate #2
Instructor: William Huber, DC, DACAN, DCBCN, MS

Advanced Acupuncture – Chinese Herbs Part 2
Instructor: Zev Myerowitz, DC, Dipl.Ac (NCCAOM), L.Ac., DABCA, FICC

November 12-13
Unique Options 2011
Multiple Instructors

November 19
Chiropractic Assistant Program #3 – Insurance Billing and Coding
Instructor: Courtney Zindrick-Lehmen, DC

November 19-20
Whiplash Certification #7 – Treatment & Rehab of the Cervical Spine Injury
Instructor: Mario Fucinari, DC, CCSP®, MCS-P

Basic Acupuncture #2
Instructor: Dennis Baker, DC, FIAMA, FASA

December 3-4
Neurology Certificate #3
Instructor: William Huber, DC, DACAN, DCBCN, NS

Detect and Treat Viscero-Somatic Stress
Instructors: William Austin, DC and Dennis Frerking, DC

December 3-4
Science, Subluxation, Nerve Interference & Clinical Practice
Instructor: Steve Troyanovich, DC
Please Note Location: Paducah, KY

December 10-11
Musculoskeletal Diagnostic Ultrasound, Physical Exam and Care of the Extremities
Instructors: Daniel Haun, DC, DACBR and Mitch Mally, DC

Basic Acupuncture #3
Instructor: Dennis Baker, DC, FIAMA, FASA

December 17
Chiropractic Assistant #4 – The CA as Office Manager
Instructor: Theresa Powell

December 17-18
Whiplash Certification Program #8 – The Trial Experience
Instructor: Mark Floyd, JD

Certified Chiropractic Sports Physician® #2 – Elbow, Wrist and Hand
Instructor: Laney Nelson, DC, DACBSP®

Did You Know?

In an effort to keep you informed about recent news and industry changes that may affect the profession and your practice, we've collected the following news briefs from various trade publications and news articles. We hope you find this synopsis beneficial.

Excerpts

Dynamic Chiropractic

Military Corner Launched

The Foundation for Chiropractic Progress has launched "Military Corner," a dedicated section of its website (www.f4cp.com/military/integration.php#section) created to provide "exclusive educational information about chiropractic care and the military, specifically referencing the Department of Defense (DoD) and Veterans Affairs (VA)."

The online resource includes lists of current chiropractic clinics within the DoD and VA; information on official DoD and VA policy related to chiropractic care; information on employment opportunities for chiropractors at military health care facilities; and information on patient and practitioner rights regarding access to chiropractic care.

The Foundation for Chiropractic Progress

Chiropractic Care More Effective for Treating Common, Work-related LBP

The study "Health Maintenance Care in Work-Related Low Back Pain and Its Association with Disability Recurrence," which was published in the April 2011 issue *Journal of Occupational and Environmental Medicine*, found chiropractic care to be more effective for common, work-related, low-back pain (LBP) when compared to treatment by a physical therapist or physician.

Following the analysis of 894 workers' compensation cases, it was concluded that the preventive health care, predominantly and explicitly recommended by chiropractic doctors, is associated with lower disability recurrences. Additionally, the research team, comprised of medical and healthcare professionals outside the chiropractic profession, found chiropractic patients illustrated lower medical expenses and shorter initial periods of disability.

American Chiropractic Association

Senate Bill Calls for Chiropractic at all VA Major Medical Facilities

The American Chiropractic Association (ACA) and the Association of Chiropractic Colleges (ACC) issued a news release commending Sen. Richard Blumenthal (D-Conn.) for introducing legislation in the U.S. Senate designed to fully integrate chiropractic care as a covered service within the Department of Veterans Affairs (VA) health care system.

The bill, S.1147, requires the VA to have a doctor of chiropractic on staff at all of its major medical facilities by 2014. The legislation was introduced on June 6, and has been referred to the Senate Committee on Veterans Affairs.

Chiropractic Economics

Researcher/Blog Advise "Nix the 6s and Eats the 3s"

To help Americans make better lifestyle choices, the research of Dr. Bill Lands, former senior scientific advisor to the director of the National Institutes of Health and author of more than 250 papers on fatty acids, is now available via WellWise.org. According to Dr. Lands and the current literature, the average American diet contains a dangerous imbalance of omega 3s and 6s. Too many omega 6s in one's diet dramatically increases the risk of contracting asthma; coronary heart disease; many forms of cancer; autoimmunity or neurodegenerative diseases, such as Alzheimer's; and increases the likelihood of becoming obese, depressed and hyperactive.

The Missouri Chiropractor

Excerpts from the Insurance Committee Report

ICD-10 Transition: ICD-10 codes must be used on all HIPPAA transactions, including outpatient claims with dates of service and inpatient claims with dates of discharge on and after Oct. 1, 2013.

Version 5010 Transition: Providers who do not conduct electronic health transactions using Version 5010 (from Version 4010/4010A1) as of Jan. 1, 2012, may experience delays in claim reimbursements.

Marketing Motivation

Marketing Motivation will return in the February issue of Speaks.

Doctor to Doctor

Dr. Ralph Barrale

Logan College and the Logan Alumni Association have partnered to sponsor Doctor to Doctor, a practice tips section featuring effective practice management methods from successful DCs. Doctor to Doctor is spearheaded by Dr. Ralph Barrale, vice president of chiropractic affairs and dean of postgraduate education. If you would like to submit a practice tip to Doctor to Doctor, please contact Dr. Barrale at 800-782-3344, or e-mail your tip to tower@logan.edu.

This installment of Doctor to Doctor features practice tips from Dr. Steven Weiniger, managing partner of the BodyZone LLC in Alpharetta, Georgia. Dr. Weiniger is a chiropractor and continuing education instructor for the University of Bridgeport Chiropractic College and New York Chiropractic College.

Dr. Weiniger shares this article with Logan College of Chiropractic/University Programs for publication in Logan Speaks. Logan claims no copyright interest in Dr. Weiniger's work.

Seven Reasons to Take Posture Pictures Along With X-rays

Dr. Steven Weiniger

Posture pictures are an essential tool for the musculo-skeletal professional, perhaps as important as X-rays. DCs once routinely took 14x36 films to observe whole body distortions, but for many reasons most DCs today depend on 14x17 films, which means they can rely less on radiographic findings of the whole body bio-mechanics to guide their adjustments and treatment. Even for adherents of techniques that rely on X-rays, reducing exposure and expense is appreciated. While X-rays are invaluable to screen for osseous pathology, to rule out red flags or observe disc degeneration or other level specific tissue changes, and MRIs are an even better (albeit expensive) diagnostic tool, posture pictures are inexpensive and complement c-rays in some surprisingly significant ways.

1. Observing global bio-mechanics of posture

Structural screenings, especially looking at the four PostureZones (the weight bearing zones of posture including the head, torso, pelvis and lower extremities), is easier from a whole body gridded image than just looking at a specific region on an X-ray. If you agree that posture is important, then carefully examining a photo of the overall body posture gives you the opportunity to correlate symptoms, exam, palpation and other findings with their body mechanics. Tie it altogether in a narrative explaining the problem...which creates value for reason No. 2.

2. Communicating and engaging patients

I've shown many people the curves and spurs of their spine; early in my career that was how DCs explained to a patient what was wrong. To my frustration, many of them didn't care. Patients then and now asked, "Can you help me?"

Think about this: When someone sees a photograph of five people, who do they look at first...and hardest? Themselves. People are wired to look at themselves, and people are intently interested in your words when you "connect the dots" between their problem and a picture of their body, using biomechanics as a framework to explain your objective findings. A report analyzing their posture—software generated or using a felt-tip marker and a ruler on a printout—is a great reminder to help them understand and retell that narrative, which creates value for reasons No. 3 and 4.

3. Demonstrating progress

People are engaged and want to see changes when you retake posture pictures either at the end of a phase of care or

when you compare this year's annual posture picture to prior ones. A digital photo against a grid to track progress makes sense, and can be done far more often than X-rays to assess any changes and build body awareness.

4. Documenting for insurance carriers and other third parties

Pre- and post-treatment posture pictures of a patient can show change and demonstrate real value, even to a skeptical claims examiner.

5. Affordable expense with no radiation exposure

Posture pictures only require a camera and printer. With the evidence-based care, communities support less X-rays and insurance guidelines have diminished the value and reimbursement of X-rays. While adherents of some techniques can disagree with insurance companies, it makes sense to minimize exposure and unnecessary expense, as well as improve patients' understanding of their own bodies.

6. Positioning a practice

Teaching a patient to be aware of his or her own posture reinforces the importance of chiropractic adjustments in maintaining their ability to stand tall and aligned and move full range with symmetry. The first step in strengthening posture awareness is with a photograph, which people often show to friends and family when they talk about their "posture doc."

7. Positioning the chiropractic profession

Chiropractors do not agree about many things, and many people do not agree with anything about chiropractic. However, no responsible voice in healthcare argues with the benefits of standing up straight versus slouching. Especially as baby boomers slump into their senior years, posture will grow in relevance, and is a potential unifying branding message for the chiropractic profession.

Posture is functional and dynamic, so improving posture does not merely mean standing up straighter. Improving, or strengthening, posture means improving the balance and alignment of the body, and maximizing moving with stability (e.g. avoiding injury) in the tradeoff between flexibility and stability between motion and effort. But that's the subject of another article.

Bottom line: Posture pictures create value by engaging and educating patients.

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A Publication of Logan College of Chiropractic for Alumni, Students, Employees and Friends of the College

LOGAN SPEAKS
Summer 2011
Logan Speaks is published three times a year: Winter, Spring and Summer.

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***Logan Speaks* is produced by the departments of Institutional Advancement and Public Relations. Reader comments can be sent to the editor via e-mail at tower@logan.edu.**

Thomas F. Keller
Associate Vice President, Public Relations
Logan Speaks Editor

LOGAN SPEAKS
Logan College of Chiropractic
1851 Schoettler Road
PO Box 1065
Chesterfield, MO 63006-1065
tower@logan.edu
www.logan.edu
1-800-782-3344

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A PUBLICATION OF LOGAN COLLEGE OF CHIROPRACTIC UNIVERSITY PROGRAMS

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Accrediting Commission Seeks Third Party Comments About Logan College of Chiropractic/University Programs

The Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (NCA) is seeking public comment about Logan College of Chiropractic/University Programs. Logan has been accredited by the Commission since 1987. Logan will undergo a comprehensive evaluation visit October 3-5, 2011 by a team representing the HLC.

For the past two years, Logan College of Chiropractic/University Programs has been engaged in a process of self-study, addressing the Commission's requirements and criteria for accreditation. The evaluation team will visit the institution to gather evidence that the self-study is thorough and accurate. The team will recommend to the Commission a continuing status for the University following a review process. The Commission itself will take the final action.

The public is invited to submit comments regarding Logan to:

Public Comment on Logan College of Chiropractic/University Programs
The Higher Learning Commission
30 North LaSalle Street, Suite 2400
Chicago, IL 60602

or through the following web address:
http://www.ncahlc.org/information-for-the-public/third-party-comment.html

Comments must address substantive matters related to the quality of the institution or its academic programs. Written, signed comments must be received by September 2, 2011. The Commission cannot guarantee that comments received after the due date will be considered. Comments should include the name, address, and telephone number of the person providing the comments. Comments will not be treated as confidential.

The HLC is one of six accrediting agencies in the United States that provide institutional accreditation on a regional basis. Institutional accreditation evaluates an entire institution and accredits it as a whole. Other agencies provide accreditation for specific programs. Accreditation is voluntary. The Commission accredits approximately 1,100 institutions of higher education in a 19-state region. The Commission is recognized by the U.S. Department of Education.

(Note: Individuals with a specific dispute or grievance with the institution should request the separate Policy on Complaints document from the Commission office. The HLC cannot settle disputes between institutions and individuals. Complaints will not be considered third-party comments.)