

33

UNITED CHIROPRACTIC ASSOCIATION

ISSUE 58 | SUMMER 2020

PRINCIPLES

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Humanity Growing Up, Through Chiropractic

By Nimrod Mueller

WHAT ABOUT
TRADITIONAL
MEDIA?

Ed Groenhart

CALLING
ALL ANIMAL
CHIROPRACTORS
OUT THERE!

Emma Fretwell

HOW TO NEVER
RUN LATE WITH
ADJUSTMENT
SESSIONS AGAIN

Jo Davison

ARE YOU
GROUNDED?

Mary Sanders

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Humanity Growing Up, Through Chiropractic



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How to Never Run Late



MEET THE UCA TEAM

YOUR UCA HEAD OFFICE TEAM AND CONTACT POINT



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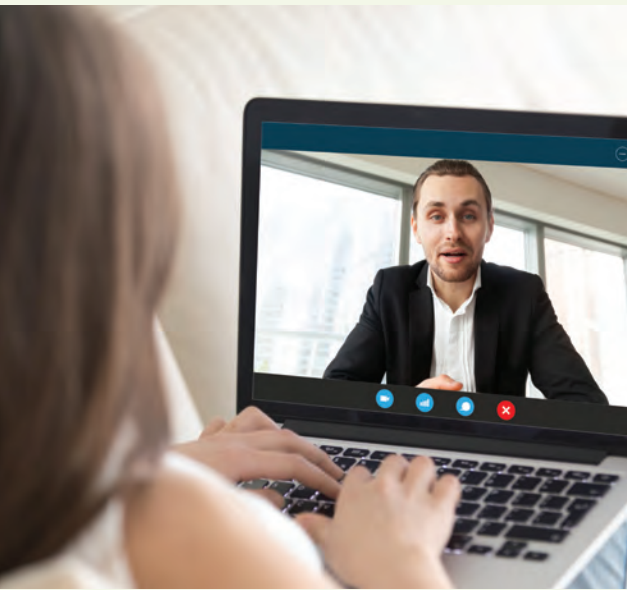
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PRESIDENT'S REPORT



Dear Members,

Welcome to the Summer edition of the 33 Principles.

I can honestly say I did not imagine writing a Presidents address commenting on what we have and are still going through over the last few months. In the last edition I wrote about looking forward to the Spring Conference, which was fantastic with a great turnout. Little did I imagine that in just over two weeks after that most of our practices would be closed and that will have been our last live event for months.

To have the majority of our lives shut down has been a huge challenge for all of us on many levels, professional, personal, emotional and financial. Everyone has been touched in some way by the Covid-19 pandemic. I appreciate it has been a huge challenge for us as Chiropractors as it goes against our natural instincts to not adjust and help our practice members in such stressful times.

It is with sadness that we have mourned the untimely loss of a great friend to the UCA, Chiropractor, researcher and educator David Russell during the lockdown. We are lesser as a profession as a result. We also received the sad news that Tricia McGregor, the interim GCC Chief Executive and Registrar before the incumbent Nick Jones passed away in June. She did a lot to build the relationship between the GCC and the profession attending our conferences to speak to members personally.

I applaud you all as we adapted to a fast developing situation to stay connected with the people we serve, digitally, via the phone and in person for urgent care where required in the early days. I appreciate that there was some variation in opinion in the profession on how open we should be or not and confusion with the government legislation allowing Chiropractors to remain open and deemed essential travel. We felt it important that in balancing patient safety with need that

some access should be maintained for urgent care particularly as many of us see keyworkers. Whilst there has been communication across the profession and cooperation I regret we missed an opportunity to speak as one. Thankfully practices have reopened and most of those who want to access our care can with the shielded population due at the time of writing this to end their shielding at the end of June.

Life is not back to normal by any means and there are still challenges to negotiate however we are moving forward. Hopefully the PPE will be a thing of the past in the not too distant future and the feedback that we are receiving is that practices are bouncing back albeit with a limited capacity due to the Covid secure measures that are being implemented. There have been positives to be gained, we learned to embrace the use of digital tools in practice some of which can be retained, and there has been a greater appreciation of what is important and of our care. We have connected with those we serve at a different level in our practice communities and we have all had a time to pause and reflect on our personal and professional lives. Some of those "projects" have been started or completed and we have realised how vital teachers are!

IT GOES AGAINST OUR
NATURAL INSTINCTS TO NOT
ADJUST AND HELP OUR
PRACTICE MEMBERS IN SUCH
STRESSFUL TIMES.



This has applied to the association as well in that we have had regular emails and zoom calls for the membership with Melissa, executive members and myself in attendance. These were daily during the lockdown, being weekly at the moment and we intend to continue them. It has been a pleasure to connect with the membership in a digital face-to-face, assist in navigating through the pandemic and listen to your thoughts and concerns. We have had some quality speakers organised by Melissa who have shared their wisdom and advice on a voluntary basis. Thanks to James Chestnut, Bill Esteb, Laurence Tham, Billy Chow, Travis Corcoran, Shawn Powers, Ryan Rieder, Christophe Vever, Tom Waller, Alex Smiljanic, Mary Phillips and Martin Harvey to name a few along with Bankside Law, Balens and Backhouse Law. The phone has hardly stopped and we have had great engagement and feedback from many of you.

We look forward to better times ahead and as always we are here as the heart of chiropractic to help.

On behalf of the UCA executive.

Paul McCrossin, President UCA.



PAUL McCROSSIN
President, UCA

STUDENT **REPORT**

STUDENTS FIGHTING TO BECOME A CHIROPRACTOR

BY SARI BOTROS

During the COVID-19 pandemic many practices have closed, and it has been difficult for the UCA to hold student events with all planned events having to be cancelled. At this period as well, Universities faced a challenging task of simply 'what to do with exams and students?!' It is especially difficult for the 1st year graduates and those in their final year. Therefore, we decided to reach out to our own students and hear from the frontline of how they were coping with the COVID-19 Pandemic. You will see that their morale is incredibly high and in spite of all of this, they are still fighting hard to become a Chiropractor.

Please have a read, any support you can give be it telephone calls or arranging zoom events for students then please feel free to get in touch with me. You'll see below that their morale is very high, and we would like to offer all students the best support we can!

Innana Botros

Since the lockdown it has been hard at times to stay focused on studying, as the way the world is around us it's hard to imagine what the future will be like. But then I remember that soon this will all be over and if I keep at it, I will be a Chiropractor!



Emma Wolfendale

I am in the final year of my Master of Chiropractic as an intern at the McTimoney College of Chiropractic clinic.

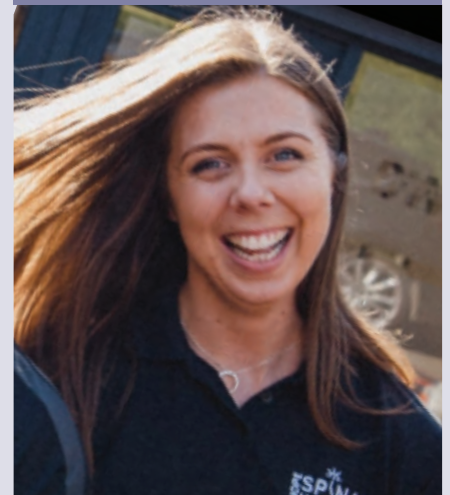
I have to say I am really impressed with how McTimoney college have adapted in order to allow for our studies to continue online.

We have scheduled Microsoft Team meetings where we can tune into our lectures remotely which has been fantastic and works really well. Of course, you can't substitute hands on experience with real life patients. However, in difficult lockdown times, this approach has given us the chance to connect with our colleagues, learning from each other, whilst benefiting from our clinic supervisors experience of real life situations.

I cannot thank McTimoney College enough for the fast action, forward thinking and enthusiasm. Keeping our brains firmly in learning mode has really helped maintain focus in unprecedented times.

Amy Dearberg

At McTimoney College of Chiropractic, there has been a lot of commitment and energy put into ensuring things are in working order for us students during this time. All our studies and lectures have been taken virtually, which has been working very well and has meant we have still been able to have the interaction and communication with our lecturers. They have also provided us with additional virtual tutorials and techniques lessons that are helping us to stay engaged in all areas of our studies. McTimoney College of Chiropractic have been very proactive and have really supported us while we have not been able to physically be there to make sure we are able to continue with our studies as normal as possible at this time.





Sophia Taylor

Hello all, I am Sophia Taylor, a WIOC student reaching my final year.

I first discovered the UCA in my second year of studies, after hearing about the conferences from my chiropractic mentor.

Since then I have cultivated a true passion and understanding for the profession and following this, decided to take up the opportunity to reach out and share this experience with WIOC students.

The conferences have highlighted the areas of our profession that might

have otherwise been less easily represented at university, they have also opened up a door to developing lifelong friends and a community of support, surrounding the basis of chiropractic philosophy.

Through meeting influential chiropractors and inspiring students, many of us have been motivated with this throughout our studies.

The UCA provides a platform to remind us of the focus and ambitions that we carry within ourselves, despite the uncertainty during these times.

1ST-YEAR GRADUATES PERSPECTIVE OF THE CURRENT SITUATION

Árdís Birgisdóttir

My name is Árdís Birgisdóttir, Icelandic new grad from AECC. Since finishing AECC in June 2019 pretty much everything has changed so dramatically. Since graduating I worked at the lovely Goose Lane clinic in north of England where I knew nobody, which was a massive change from living with all my friends within walking distance for 5 years. My goal was to get more experience in chiropractic and educate myself further before heading back to the motherland. My communication skills certainly improved over the first months, but in a way, I often confused myself and others with the content I was communicating. I realized I had very little knowledge of what Chiropractic really is other than some joints, muscle, aches and pains. Some brilliant colleagues of mine convinced me to sign up for the ACP program from Sherman College, the Academy of Chiropractic Philosophers, which I will be forever grateful for and I cannot recommend the program enough. Only halfway through the program I have gained so much deep understanding on what chiropractic is and why we do what we do.

When the corona virus sprung up so suddenly and dramatically, I went back home to Iceland to stay with my family and friends as lockdown in England was approaching and I could not bear the thought of staying by

myself for the months to come. Suddenly with all this time on my hands I started reflecting on my situation and what really means the most to me in life. I concluded that family and friends are really the most important treasure in my life and without them I wasn't really happy. Following that realization, I decided to move back home permanently. This certainly added to the mix of uncertainty following this pandemic, however, I could not be happier with the change in my situation when it comes to my personal life. I'm very excited to continue the ACP program and other projects I have signed up for in the near future. This pandemic as tragic as it is, has really given me the push to reflect and take actions I was afraid of before, and I encourage everyone to do the same if you have not done so already. In a way for many of us this pandemic comes as a reset button where new opportunities and perspectives can encourage us to make change to the better.

I'd like to thank the UCA for being such a great association, especially for the support during my student years and the great support you've shown during this pandemic. The UCA has helped forming me into the chiropractor that I am and will become and is doing a great job shaping the profession within the UK.

I wish you all a happy and healthy future, Árdís B.



DR SARI BOTROS
BSC (HONS), MCHIRO
Student Liaison Officer.
Centre Director at ROCK
Chiropractic Health
Centre

**NEW OPPORTUNITIES AND PERSPECTIVES
CAN ENCOURAGE US TO MAKE CHANGE.**



CHIRO MEMBER NEWS



Chiara Grace

Marc and Jo Muncila would like to announce the birth of their baby girl Chiara Grace Muncila on the 20th April 2020 weighing 8lbs 2oz, born at the Midwife led Bluebell birthing centre in Warwick.



Esben

UCA executive board member Glenn Fredericksen welcomed the arrival of baby Esben, who was born on the 12th of March 2020 at home.

Mum, Rosalind and big sister Isla are thrilled!



Celebrating 15 years' Service!

Tracey McCormick originally started with us as our cleaner but has since become our lead CA (has been the leader for around 4 years now). Her superpower is amazing organisational skills, plus a brilliant memory. She remembers minute details about patients sometimes which makes everyone's lives (mine mainly) so much easier.

Spencer and Julia Pullin (UCA member)



Happy Life

Congratulations to Rebekah Gregory who married Andrew Richardson on the 21st March at the Sun Pavilion in Harrogate, North Yorkshire. We wish you a happy life together.

COVID AND CHIROPRACTIC

BY PAUL McCROSSIN

“Stay in your lane” is an expression that was eloquently phrased by UCA executive member Glenn Fredericksen at a recent board meeting. I realise that the influence of Chiropractic on the immune system is seen by many as “staying in your lane” and therefore we should be extolling the potential benefits of Chiropractic in this regard. Many of us see anecdotal evidence of this in practice with those under care reporting not getting sick as often or recovering better when under regular Chiropractic care. So what would be a more important time to discuss this than in a global pandemic with a respiratory infection such as Covid-19?

If so why did all the professional associations sign a joint statement on the 21st of March to say effectively the opposite that there is not the evidence to say that Chiropractic improves or boosts the immune system?

This arose off the back of a scheduled UK Chiropractic Forum zoom meeting between the Professional Associations, Royal College of Chiropractors and the GCC on the 20th of March. The GCC were concerned as they were getting complaints about claims made in relation to treating COVID -19. This is because standard B3 of the Code stipulates: *“Ensure your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to their current guidance, such as the CAP Code.”*

The ASA don't apply the true interpretation of evidence based care as described by David Sackett in only considering the best available external evidence as substantiation for healthcare claims.

Many of the advertising complaints by the Good Thinking Society were made on this basis. The required evidence for substantiation of claims by the ASA consists of high quality RCT's. Such robust evidence does not currently exist regarding immune function. This is not to say that Chiropractic adjustments do not impact the immune system, and there are many studies to show this. However at this stage we cannot make such claims without further robust research.

An equally important aspect of evidence-based practice is our clinical experience and expertise however with standard B3 of the Code requiring that we comply with the ASA it is not enough to

advertise or make claims that Chiropractic boosts or improves immune function.

The mass advertising complaints highlighted the difference between the conversations we can have about conditions with an individual and how our care may affect them compared to those that we can advertise. Just because you see it in your practice does not mean you can put it in your advertising. This applies to all claims not just those relating to the immune system.

So in signing the joint statement following the GCC statement on the 20th March the motivation was not about making a political statement. It was to protect you the members from unneeded complaints to the GCC which are unwelcome at any time let alone when our practices and livelihoods are being impacted by Covid-19.

Our legal team at Bankside law issued a statement for those on the disciplinary defence scheme following the GCC and joint statements. A link has been attached to our regular emails and it states, “Under the terms of the membership plus package we have advised the UCA that it is reasonable for them to prioritise the interests of members who follow the advice/statement as against those who don't and for the UCA to decline to provide legal representation in any ensuing GCC proceedings against those who do not follow the advice and GCC statement.” It is not fair that those who follow advice should have to fund those that ignore it and everyone have higher costs as a result.

So take heed if you have not reviewed your current and historical social media or website content do so now as unfortunately there have been complaints to the GCC. Some of them have been made by other Chiropractors, which is a sad reflection on our profession. Rather than contacting the GCC if you see some questionable content give the Chiropractor concerned a call, build a relationship, give them a chance to amend it if necessary as in most cases it is an oversight.

Many of you have already had a call from head office to advise you of content that may leave you exposed to a complaint. We would much rather act proactively rather than reactively. If you are unsure you can always refer to the CAP copy team of the ASA.

Chiropractors are experts in spinal function and how this impacts the nervous system we are not immune specialists. We have so much to offer in this arena so as far as claims regarding Chiropractic care it is important to “Stay in our lane”.



TAKE HEED
IF YOU
HAVE NOT
REVIEWED
YOUR **SOCIAL**
MEDIA OR
WEBSITE
CONTENT.



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WHAT ABOUT TRADITIONAL MEDIA?



Ed Groenhart spent 2018 looking to get into radio, TV or print media. He asked for help, and now has a regular slot on local radio. Here he shares the advice given to him, as well as his own experiences.

BY ED GROENHART

Setting up a new business requires a lot of tenacity and persistence, but it also requires humility to accept that asking others who've been there and done it is arguably even more important. Whether young or old, there are always colleagues out there who have walked a different path, and just having a few good conversations can help you on your way. That is what happened when I asked...

Print Media

I spoke to my colleague, former long-time Executive Committee member, Estelle about getting the message out through newspapers and magazines. Estelle had gained positive exposure in her local newspaper over the years. She said that there was always a need to gain interest with a controversial "twist" on the common perception of chiropractic, backed up of course with research, data and sound reasoning. She advised me to target the media that could give me the biggest reach in my community.

Estelle also advised me to seek out a journalist, and "hound" them, in the nicest possible way, with personalised emails aiming to pique their interest (showing the benefit to them of potentially more readers), and by thinking of what might catch a reader's eye. A chat over a coffee might get me over the line, she suggested.

Radio

Fellow committee member, Tom Waller, was next as I sought to find out more. His advice was clear:

seek to influence the community's health, not intent to drive new patients to your door. Focus on your vision rather than your role as a chiropractor. Offering to talk, for free, about wellbeing (for 10 minutes), targeting local radio – the smaller, content-driven "talk" stations first – can be a win-win as airtime needs filling each week.

TV

Finally, I had a long chat with an old colleague of mine, Zarah Hussain, who broke into TV a few years ago and appeared on TV in her local Asian community. She advocated using your unique personality – hers was being a British-Asian-Muslim female chiropractor. She initially had a big slot on local radio, but was eventually head-hunted to appear on TV. Her advice was to start with finding an angle that would trigger good local community interaction, such as focussing on health in children or the elderly. The exposure has opened a lot of doors for her locally to talk at public events.

My Experience So Far

Serendipitously, I learned of a local Cambridge radio journalist who was looking for people to talk about health and wellbeing in the community. He had initially contacted a colleague who couldn't make it, so I stepped in (we now both appear monthly). The universe delivered in an unexpected way (as usual), so don't give up, but be specific in your intention and vision. I have now been on the radio for just over a year, and intend to look for a wider audience in 2020.

Thank you to all of the colleagues above who shared their experiences with me (I let them know I intended to share with a wider audience!)



ED GROENHART

Ed came into chiropractic after completing a Bachelor's degree in Physiology at the University of Newcastle upon Tyne Medical School. He then enrolled on the Master's Chiropractic course at the University of Surrey, Guildford. He is an Executive Committee member of the United Chiropractic Association, member of International Chiropractic Paediatric Association, and has held full registration in Australia as well as the UK.

FORBIDDEN ANATOMY

PART 1/3

BY TIMOTHY SALTYS

I remember sitting in my high school biology class when my teacher said, “Don’t take everything you read or learn for granted! Make sure it makes sense to you before you embrace it as being true.” This was confusing to me at the time, and for many years to follow – how could science be anything but the truth, especially if it was written in a textbook? That teacher was not the only educator I have had who has encouraged me to reason free of bias. I believe this was a common theme among the best educators I have had the opportunity to study under, not to sprout seeds of conspiracy or rebellion, but rather to nurture the possibility of creativity and contribution in each young, plastic mind they encountered. For it has been in humankind’s ability to, paradoxically, reason *outside the box* that the greatest breakthroughs for society have come to be.

Don’t we live in an interesting world today? I think so. Especially interesting to me is the modern world of healthcare. A world that outlaws and demonizes drugs, yet it is acceptable to be prescribed drugs under the trust of a medical doctor, and to purchase them under the roof of a pharmacist. A world that acknowledges health as “not merely the absence of disease”, yet health insurance companies are unwilling to

“

**PEOPLE DYING FROM
DRUGS THAT WERE
PRESCRIBED** CORRECTLY
EACH YEAR IS NOT VERY
NEWSWORTHY.



cover preventative care. A world that is driven by innovation, yet I get to practice in a jurisdiction that weighs the predicted acceptance of an innovation and its scientific basis equally in considering whether or not to allow the innovation to be integrated into the scope of practice. A world where hundreds of thousands of people dying from drugs that were prescribed correctly each year is not very newsworthy, yet the solitary and supposedly true headliner of the chiropractor who caused a stroke is. A world that venerates the outcomes of evidence based practice, yet at the same time can all too easily forego the underpinnings of such practice – logic and reason.

How did the clinical application of logic and reason in modern healthcare become so shunned? I am not exactly sure, but I would surmise that this question motivated Smith & Pell (2003) to investigate its role in healthcare. They performed a systematic review on the effectiveness of parachutes in preventing “major trauma related to gravitational challenge”. They found – nothing! Due to the obvious lack of a control group willing to face gravity without a parachute. “The perception that parachutes are a successful intervention is based largely on anecdotal evidence.” In reading this rhetorical, yet *BMJ*-published article, the authors grant us all the opportunity to tap back into the untainted reasoning that the best of our educators attempted to stimulate in us in our most formative years.

I find it difficult to apply such clean reasoning all the time, but I believe I have my moments! In my chiropractic college application letter I wrote about how I witnessed a boy coming to get adjusted by my father experienced tremendous behavioral change after just a few weeks of care. How could this be? His mother told me that nothing else in his routine or diet had changed. It was obvious to me at the time that adjusting the spine must be causing biochemical changes in the brain - that there really must be a



THE PERCEPTION THAT
**PARACHUTES ARE A
SUCCESSFUL INTERVENTION**
IS BASED LARGELY ON
ANECDOTAL EVIDENCE.



connection between the spine and the brain. Even though I did not understand how, a relationship between the two was apparent.

What bridges this relationship? All these years later, I finally know: the senses. Not the ones taught in Grade 1, but the ones made out by textbooks to be complicated and elusive. They are the senses of position and orientation.

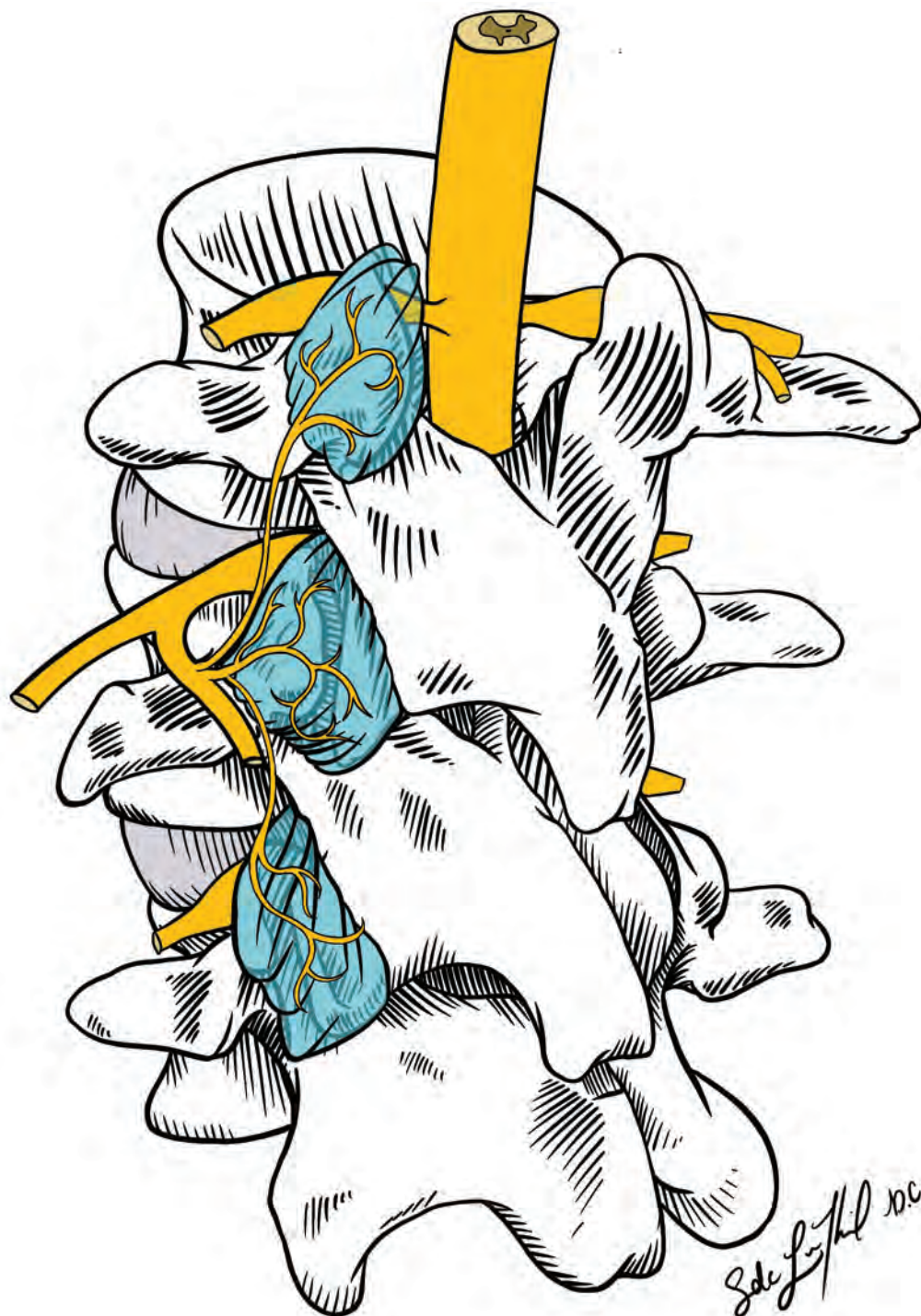
In all of my studies, the senses of position and orientation are the key to understanding how chiropractic adjustments affect the brain. This is the science of afferentation.

Technique, philosophy, conflicts of interest, preconceived notions and even randomized controlled trials aside, focus your studies and research on the anatomy and physiology of the spine and I promise you will be in awe of how historically incredulous chiropractic outcomes suddenly become reasonable and logical.



TIMOTHY SALTYS

I was born and raised in Portugal. I'm a ChiroKid! I have always played tennis and I chased that dream to Spain, and then to America where I earned a Bachelor of Science in Biology and a Bachelor of Arts in Psychology from Purdue University. In the Fall of 2014 I attended the UCA Conference, which solidified my path as a chiropractor! I attended Life Chiropractic College West and graduated in 2018. I will be sitting for my American Chiropractic Neurology Board examinations Fall of this year.



Take a moment to marvel at this image. All credit to Dr. Sean De Lima Thiel, D.C. author of *The Anatomy Companion*. To my knowledge it is the first professionally-drawn, purely anatomical image of its kind found *anywhere* – and that blows me away. Why? The first published article that I can find in PubMed involving the effects of afferentation are over 70 years old. The only thing that came somewhat close were visuals on how nerve blocks are delivered. If it has been known for decades that nerve blocks work by interfering with spinal afferentation, is it also

not reasonable to expect that uninhibited spinal afferentation would have neurological consequences? I say, without a shadow of a doubt. Then why is the practical application of this field not more mainstream in modern healthcare? It is hard to know with certainty, but maybe it is because acknowledging the role such *forbidden anatomy* plays in driving neurological function would be inconvenient in today's modern world of healthcare. Stay tuned as parts 2 and 3 of this series will dive deep into afferentation as it relates to the chiropractic adjustment!

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CALLING ALL ANIMAL CHIROPRACTORS OUT THERE!

BY EMMA FRETWELL

I am pretty sure that if you have been treating animals for a while, you will have heard about the new RAMP set up. RAMP – Register for Animal Musculoskeletal Practitioners – has been created with guidance from the Royal College of Veterinary Surgeons (RCVS), and DEFRA (Government body), to try to

encapsulate all the people working on animals with MSK within the veterinary act.

I attended a meeting with RAMP in February, giving us the low down on the industry, where the legislative issues sit, and how they want to take it forward in the future.

The law surrounding animal chiropractic is separate and different to human chiropractic law, and all the MSK registrars will often ignore animal treatment so therefore therapists are left to their own devices. This can be hugely detrimental to our industry, not to mention confusing and isolating for animal chiropractors.

Within the people treatment world there is a protection of title, to all leading MSK therapists – Physiotherapy, Chiropractor and Osteopath, and therefore anyone using this title who is not registered with the relevant governing



body, and found treating people can and will be prosecuted.

RAMP had aimed to set the standards around the protection of title, and make things clear to vets and to Owners. They took Barrister advice – and these Barristers made it clear that the current acts (Chiropractors Act, Osteopaths Act etc) were definitely written for human practice and animal practice was not taken into consideration. Therefore DEFRA and the RCVS wanted an industry led solution to tidy up this legal mess, create an all encompassing register, and provide a contact point for all parties involved.

RAMP was launched in 2016 to fulfil that requirement, becoming the largest voluntary regulatory body for animal MSK therapists in the country. It is now self sustaining and it is impartial to therapist background training.

Going back to this protection of title: each profession within the MSK industry has its protected title. In 2017, each of the governing bodies (HPC, GCC, GOC) all declared they would not prosecute anyone prefixing the title with Animal, Equine or Canine ie Animal Chiropractor,

regardless of their qualifications, as it didn't apply to the human field that they are regulating. This was recently investigated and confirmed with the RAMP appointed barrister, and so the protection of title does not apply to animal prefixes.

As a voluntary regulator of the Animal MSK industry, RAMP has a very different role to play compared to the associations, your association is there to help and protect you, whereas RAMP / is there to help and protect the animal and the general public. Therefore RAMP does not replace any of the associations such as UCA, MCA, BCA, SCA. It maintains and provides a link between the associations members that treat animals, and the regulators and government (RCVS & DEFRA), and represents its registrants in its political discussions.

RAMP provides a recognised listing of registered practitioners to the Vets and to the Public. Plus is registrants are recognised and appear on the preferred provider listing for all the main pet insurance companies.

RAMP sets the gold standard for best practice methods in the animal MSK treatments industry. This gold standard has been appointed by DEFRA.

With all this in mind, RAMP have set up the largest register of Animal MSK therapists, the challenge has always been the pan-therapy, different education levels for different sectors of the industry, different political views and professional rivalries. However they have overcome all of these challenges, set an entry level at Academic level 6 in post graduate study, they have met head on with these issues with legalities, and are forging a path ahead with our best interests at the forefront. We would encourage you as Animal practice members to join RAMP. There are big changes afoot as the Veterinary Act is due to be under review and consultation, so RAMP need as loud a voice as possible to keep MSK at the forefront of the changes, for the good of its registrants.



EMMA FRETWELL

Emma originally qualified in 2000 from Oxford Brookes University as a human chiropractor, but went on to train as a chiropractor for animals. Her studies have taken her to the USA and to Germany with the International Veterinary Chiropractic Association. Within the Association, she is Board Examiner, School Inspector, and now lectures on chiropractic techniques. She was also Team Chiropractor for the Dog Agility GB teams in 2009 and 2010.



MSK REGISTRARS WILL
OFTEN IGNORE ANIMAL
TREATMENT SO THEREFORE
**THERAPISTS ARE LEFT TO
THEIR OWN DEVICES.**





LASER THERAPY AND ITS HEALING PROPERTIES

BY ROBERT G. SILVERMAN

Professional athletes have gruelling schedules that often don't allow for adequate rest and recovery between matches. The fatigue of a long season can erode skills and lead to career-damaging injuries. Fortunately, today there's a proven way to reduce fatigue and speed recovery from injuries. Low-level laser therapy (non-thermal laser) accelerates healing, reduces pain and swelling, improves fatigue, and puts athletes back in action sooner.

Low-level laser therapy, also known as photobiomodulation therapy (PBMT), is a non-invasive treatment that uses a single, focused wavelength of light – a laser. Low-level laser therapy

can accelerate joint and soft tissue repair and improve markers of muscle fatigue.

How Laser Therapy Heals

Just as light triggers photosynthesis in a plant and makes it grow, laser light is

absorbed by specialised light receptors in your cells and triggers positive chemical changes. Current research says laser therapy works by stimulating mitochondria (the tiny powerplants that provide energy) in the cells. The mitochondria then produce more of the chemical signalling molecules that are key to accelerating tissue repair, reducing inflammation and pain, and improving joint mobility. Laser therapy has been used for more than

fifty years to help heal wounds by stimulating the production of collagen, the connective tissues that hold your body together.

Laser light can stimulate other healing pathways, including those that improve energy production in the cells. The light may also affect nitric oxide production in the cells, which can lead to improvements in the blood circulation of the painful area. Better circulation brings more oxygen and nutrients in and takes out waste products more efficiently. Laser light also stimulates the nerves in the injured area and helps restore them to normal function.

Other healing modalities, such as chiropractic, physio, exercise rehab, and acupuncture, also work to heal injured areas. When combined with low-level laser therapy, the effect is synergistic – together, they work better and faster.

Safety of Laser Therapy

Aside from quicker healing and a faster return to playing fitness, laser therapy offers another significant advantage: less reliance on painkillers, anti-inflammation drugs, and other medications. Many of these drugs are toxic in themselves and may even slow healing. Laser therapy is a safe, non-toxic way to reduce injury pain and improve performance.

Laser treatment is painless and very safe, with virtually no contraindications. The laser operates at levels that penetrate below the skin but don't generate any heat, vibration, or noise. A typical treatment session takes approximately 15 minutes.

Faster Recovery, Less Fatigue

For professional footballers, the number of competitive matches in a season is high, and the time between events may not be sufficient for full muscle recovery. Fatigue, and the increased risk of injury it brings, can become a significant factor as the season goes on. By shortening recovery time and reducing incidences of injury, laser therapy can help high-level athletes stay healthy over a long and challenging season.

Numerous studies of laser therapy have shown it is effective for faster muscle recovery. Biomarkers related to muscle damage, inflammation, and oxidative stress all improve when laser therapy is used. Studies also show that laser therapy before an exercise session can increase the number of repetitions, time until exhaustion, and peak strength of the individual athlete.

A 2019 study from Brazil has taken these results to the next level to show that pre-exercise laser therapy can increase aerobic capacity and decrease muscle damage and inflammation – all factors that accelerate post-match recovery time.

The study looked at 22 high-level male football players aged 18 to 35 from the same team in Brazil.



LASER THERAPY HAS BEEN USED FOR MORE THAN FIFTY YEARS TO **HELP HEAL WOUNDS** BY STIMULATING THE PRODUCTION OF COLLAGEN.



The players were randomly assigned to receive either real or sham laser therapy to the lower legs before an intense progressive running test on a treadmill. The players and the researchers were all blinded as to treatment – they didn't know whether a player had received real or sham laser therapy. The test was repeated two weeks later, this time crossing over the players who received real and sham laser therapy. Ergospirometry was used during the treadmill test to measure aerobic output. Blood samples were drawn from all the players just before and five minutes after the exercise session.

When the results were analysed, they showed a powerful benefit from the pre-exercise laser treatment.



ROBERT G. SILVERMAN

DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR

Dr. Robert Silverman is a chiropractic doctor, clinical nutritionist, national/international speaker, author of Amazon's #1 bestseller, "Inside-Out Health," founder and CEO of Westchester Integrative Health Ctr. The ACA Sports Council named Dr. Silverman "Sports Chiropractor of the Year" in 2015. His extensive list of educational accomplishments includes six different degrees in clinical nutrition.

Dr. Silverman is on the advisory board for the Functional Medicine University and is a seasoned health and wellness expert on both the speaking circuits and within the media, as well as a frequent health expert contributor on national blogs such as Consumer Health Digest. He has appeared on FOX News Channel, FOX, NBC, CBS, ABC, The Wall Street Journal, NewsMax. He was invited as a guest speaker on "Talks at Google" to discuss his current book. A frequently published author in peer-reviewed journals and other mainstream publications, Dr. Silverman, is a thought leader in his field and practice.

Dr. Silverman was the principal investigator on a Level 1 laser FDA study.

His new book, Superhighway to Health, is expected to be published in June 2020.

- Laser treatment before the running test significantly increased oxygen uptake and total time until exhaustion, compared to the players who got sham treatment. The players who got laser treatment were able to run longer and faster than the players who didn't.
- Laser treatment significantly reduced after-exercise blood levels of creatine kinase and lactate dehydrogenase – essential markers of muscle damage – compared to the players who got sham treatment.
- Laser treatment before the running test significantly decreased after-exercise levels of the inflammatory marker IL-6, compared to the players who got sham treatment. High levels of IL-6 can lead to muscle and joint damage; lowering them helps reduce the risk of injury.
- Laser treatment before the running test significantly decreased post-exercise markers of oxidative damage, compared to the players who got sham treatment.

Oxidative damage is an underlying cause of tissue damage and fatigue; reducing the damage helps prevent and relieve fatigue.

The results leave little doubt. Laser treatment before exercise has effects that both enhance athletic performance and improve post-exercise recovery.

Laser for Neck and Head Injuries

Chronic neck and shoulder pain from lingering sports injuries can be debilitating. Icing, physiotherapy, and chiropractic are all standard treatments that can help, but often they're not enough for long-term relief from the pain and limited movement.

Low-level laser therapy, by itself or in combination with other treatments, can be beneficial for lasting improvement in pain and range of motion. Laser treatment can also help improve the symptoms of acute head injuries. Because laser light can penetrate the skull, it can be valuable for treating inflammation, metabolic dysfunction, and damaged neuron pathways. LLLT may also stimulate the production of brain-derived neurotrophic factor (BDNF). This key growth factor aptly called fertiliser for the brain, is needed to repair and regrow neurons after a head injury.

Erchonia Laser Therapy

The Erchonia XLR8 Laser provides low-level laser therapy at 635 nm; the wavelength research shows to be highly effective for reducing pain and inflammation. The XLR8 is the only laser device to receive market clearance by the US FDA for



LOW-LEVEL LASER THERAPY, BY ITSELF OR IN COMBINATION WITH OTHER TREATMENTS, CAN BE BENEFICIAL FOR **LASTING IMPROVEMENT.**

the relief of pain and increase range of motion in the cervical and shoulder regions. As a sports chiropractor, I have had excellent results using the XLR8 for improving endurance and treating injuries for weekend warriors and professional athletes alike. I have found LLLT to be the most efficient, most versatile, and safest tool of the 21st century for rapid injury recovery and increased sport performance.

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we have a duty to make sure we aren't left in the past!



"keep evolving what you do and what you offer or run the risk of being left behind."

- Dr. Robert Silverman

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A close-up photograph of a person's hands in a mudra (a specific hand gesture used in yoga and meditation). The person is wearing a white, long-sleeved shirt. The background is softly blurred, showing what appears to be a person's legs and feet, suggesting a yoga or meditation session. The lighting is warm and natural, coming from a window. The title 'ARE YOU GROUNDED?' is overlaid in large, grey, sans-serif capital letters.

ARE YOU GROUNDED?

BY MARY SANDERS

Throughout my entire professional career as a Chiropractor, I was operating under the belief system that I was grounded in my body. I thought that because I was an athlete, yoga practitioner, acutely aware of my physical body and knew how to deliver an energetically charged adjustment then surely that meant that I was grounded. Right?!? Grounded to what? To my body and Mother Earth. Little did I know that I was operating under false pretenses and missing out on the most sustainable energy available to us as humans, earth energy.

So why is this a big deal? As Chiropractors, we deal with all sorts of energies every day. We physically have our hands on bodies delivering adjustments while holding energetic space and clear

intentions for healing. As a direct result, many of our patients unconsciously use our energy system to ground themselves when they are in pain and/or in need of healing which ultimately depletes our personal energy and potentially leaves us feeling drained and empty. Long-term we simply can not sustain this energetic dynamic otherwise we will suffer physically and/or emotionally.

Grounding is not a new concept. It has been around for centuries and practiced in various different cultures and religions. It is a simple practice that you can add to your meditations or prayers as a visualization or affirmation. It connects you to the frequency of the earth's vibration measured and referred to as the Schumann's Resonance. This atmospheric electromagnetic resonant frequency is 7.83 Hz, which is an extremely low frequency. It has



THE EARTH'S VIBRATION WILL NEUTRALIZE OUR DISCORDANT ENERGY.



been scientifically proven that the earth's vibration will neutralize our discordant energy (much like a grounding cord for your computer) and replace with electrons which provides antioxidant properties stimulating the body's natural defense system.

Francesca McCartney, PhD the author of *Body Of Health: The New Science of Intuition Medicine®* for Energy & Balance and founder of Academy

of Intuition Medicine writes at length about four grounding anchor points (refer to pages 39-42): (1) meditation sanctuary, (2) the first chakra, (3) the feet chakras and (4) the aura. The meditation sanctuary (located in the hypothalamus area of your brain) is where your spirit grounds into your body. The first chakra is your emotional connection to the earth, your feet chakras connect you to physically to earth and the aura is your energetic skin that protects you from the world. It is important that during your meditations or prayers you set clear intentions to ground all four of these anchor points to enhance your connection to Mother Earth so you can release potentially negative energies from your system and absorb positively charged earth energy.

How do you know if you are grounded? Simple and honest reflection will tell you the truth. Do you find it difficult to stay focused and complete a task? Do you feel scattered, forgetful and lack direction or purpose? Do you feel apprehensive in large groups and unsure of yourself? Do you find yourself driving absentmindedly and miss your exit. Do you go through the daily motions in your office mechanically without intention? Do you use food, sugar and alcohol to self sooth? These are everyday occurrences and clues that you would benefit from grounding. Professionally, the more grounded you are in present time consciousness the more you are able to move healing energy through your body and facilitate healing in your practice and in your life.

Obviously, meditations, prayers, affirmations and visualizations will enhance your ability to ground. What about exercise, body work, good nutrition, being in nature and the right frame of mind? Have faith in Mother Earth's energy, the power that animates the living world, the most sustainable energy that we have available to ourselves and widen and deepen your grounding. You deserve it!



MARY SANDERS

Dr. Mary is an embodied spirit on a human journey and lives globally. Her life purpose is to support others during their personal and professional transformation. She graduated from Logan College of Chiropractic in 1994, obtained a Certification in Positive Psychology in 2015 and completed her Masters in Intuitive Medicine in 2020. She would love to hear from you at drmary@avivacoaching.com.

SPINAL AWARENESS WEEK 2020



SHARP MIND, STRONG BODY, HEALTHY HABITS.

Throughout Spinal Awareness Week 2020 we celebrated the theme 'Sharp Mind, Strong Body, Healthy Habits.' The aim was to promote the benefits of Chiropractic through the ages.

Due to COVID-19, many of our Chiropractors were unable to participate in this year's campaign. The UCA have re-branded all our social media posts so that you can continue to use them throughout the year. See samples below.

You can log in to our members areas to download a copy of all the new posts.

The media pack is still available in our members area should you wish to use it. There are lots of different tools to use including a video, social media posts, articles, and a children's pack.

For further information please visit the members area of our website unitedchiropractic.org/ or contact colleen@unitedchiropractic.org

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HORMONE HARMONY

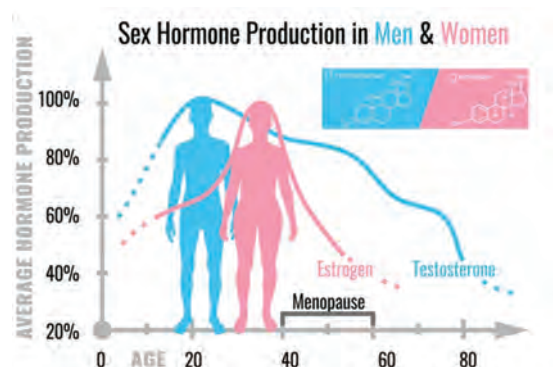
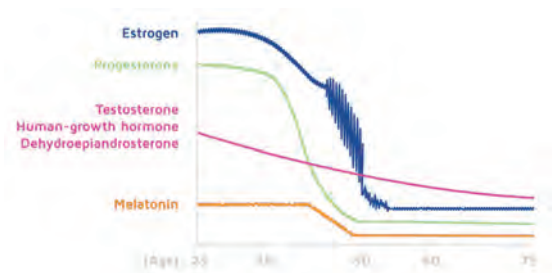
PART 2

BY VERONICA HOPE

Both sexes experience hormone changes with the transitions of aging in life. Our baseline health will determine whether it's simply a ripple or a tidal wave to the experience of our health and quality of life. Men experience a type of menopause called andropause. It is more gradual and marks a decline in testosterone that occurs with ageing mostly from 50 years onwards. Overweight men with significant visceral fat are also prone to problems with oestrogen dominance and this can include issues like loss of muscle mass, man boobs, reduced libido, erectile dysfunction and prostate issues. So taking care of our hormones is important for all of us but the symptoms of disharmony can occur from an earlier age for women and may be more abrupt, pronounced and disruptive over a longer period of time. So neither sex is immune to the powerful effects of hormones, especially oestrogen— what I've learnt is that balancing hormones takes a lot more than hormones. It requires an active awareness and effort, in many aspects of our daily lifestyle that can unknowingly result in hormone dysregulation and harmful overexposures to oestrogen.

Hormone decline with aging

However, with the right nutrition - deflaming principles and lifestyle modifications, improvement and balance is possible for both sexes. A number of food-based compounds can help support hormone balance too. These include the proper use of abundant plant based foods containing phytonutrients (carotenoids/ polyphenols), phytoestrogens, fatty acids, certain seeds, herbs, as well as a concentrated effort to completely reduce refined carbohydrate (sugar & grain flour products), reduce omega 6 oil intake and the over consumption of alcohol. In my opinion hormonal health is very dependent on good anti-inflammatory nutrition, correct quality calorie intake, a healthy BMI and maintaining a lean body mass with age. Sounds easy enough, but the reality of living these



principles in addition to teaching and guiding others to do so is more challenging.

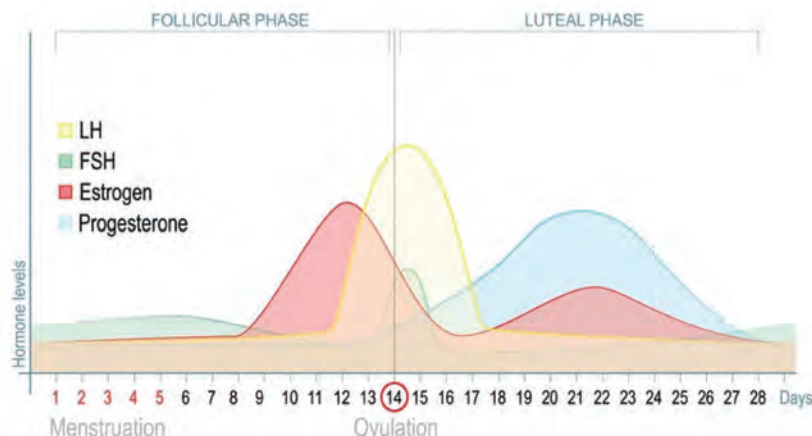
In cycling women, progesterone and oestrogen are the two primary sex hormones produced during a monthly cycle by the ovaries. Normally, during the first fourteen days-follicular phase, the ovaries secrete increasing amounts of oestrogens. Halfway through a woman's cycle, around day 14, ovulation occurs and this marks the luteal phase of the menstrual cycle and is orchestrated by progesterone being more dominant. This regular cycling pattern can move into the experience of a roller coaster ride during the perimenopausal years when oestrogen can be fluctuating wildly while diminishing against the already depleted backdrop of progesterone. Menopause means low levels of both hormones compared to our cycling years therefore our baseline health, nutrition and function is fundamental if we want to attempt to counterbalance the loss of their systemic anabolic effects.

Hormones in the menstrual cycle

It is important to remind us here that the roles of sex hormones in the body are far reaching beyond the specifics of reproduction, Oestrogen is fundamental for function in the brain, bones, heart, liver, skin, breast, ovaries and uterus. So its fluctuation and ultimate loss over the perimenopausal years and beyond can have far reaching systemic effects. Progesterone also has many roles beyond maintaining pregnancy. Progesterone opposes and regulates oestrogen in every way, and it therefore acts to protect the body against oestrogens powerful growth effects.

I feel progesterone's properties in brain function are also very often overlooked. Progesterone is involved in regulating cognition, mood, inflammation and mitochondrial function not to mention its brain neuro protective & reparative effects. In women the perimenopausal decline in progesterone occurs first and fastest. Oestrogen dominance largely occurs when there is not enough progesterone present to counter oestrogen and this can present as a significant alteration in mood, anxiety, depression, sleep difficulty and loss sense of wellbeing to name just a few indicators. Further, the neurotransmitter GABA is well known to be involved in promoting calmness, good mood and sleep, and is up regulated with higher levels of progesterone. So in women presenting in the perimenopause and menopause years with anxiety, depression and sleep concerns consider the significance of this loss of progesterone and its effect on brain and cognitive function as well its influence on loss of GABA function.

So let's understand Oestrogen dominance a little more and why excess oestrogen can be problematic. Although oestrogen is one of the most important female reproductive hormones and is crucial, too



much of a good thing and loss of homeostatic balance can cause difficulty. Too much estrogen, and not enough progesterone is not only linked to a long list of frustrating symptoms but it also increases the risk for a variety of more serious issues. By far the greatest risk associated with oestrogen dominance is hormone dependent cancers such as oestrogen receptor positive breast cancer in women. The statistics are sobering, one in eight women will develop breast cancer in her lifetime and up to 80% are oestrogen sensitive.

Firstly when we say oestrogen, it is not a single hormone, but is actually a class of over two dozen different types of oestrogen hormone molecules. The most commonly known are oestrone, oestradiol, and oestriol. Oestradiol is the predominant form of

TAKING CARE OF OUR
HORMONES
IS IMPORTANT FOR
ALL OF US.



oestrogen in cycling females. It is the most potent of all the oestrogens, meaning it has the ability to provoke the most growth in cells. Oestrone is produced in the ovaries and by fat cells in both men and women, and is the dominant oestrogen in postmenopausal women. Oestriol is secreted in large quantities by the placenta during pregnancy. All types of oestrogens are created from cholesterol via a hormonal domino effect. The first in line is pregnenolone, which converts into other hormones including DHEA, progesterone, testosterone, and the various forms of oestrogen.

The liver is the first port to metabolize or deactivate and prepare hormones for excretion through the gut or kidneys. The take home message here is that optimizing liver function and integrating detoxification strategies is important for proper



I ALWAYS SAY **EAT
UNLIMITED VEGETABLES**
AT EVERY MEAL FOR
HORMONE HEALTH.

hormone metabolism and balance. The gut and microbiome is also vital to hormone metabolism and detoxification and in relation to oestrogen it is called the estrobolome more on that in part 3.

The liver converts oestrogens into oestrogen metabolites free radicals at that stage through the actions of certain enzymes and can be affected by both genetics and lifestyle. Three of the main oestrogen metabolites are 2-hydroxyestrone, 4-hydroxyestrone, and 16-alpha-hydroxyestrone. The 2-hydroxyestrone is considered the most favourable, least risk pathway. Of course all 3 pathways will occur and it is the impact of unbalanced oestrogen homeostasis that is important and when issues are much more likely to occur, predominantly moving down the 16 pathway is considered more proliferative, the 4 pathway is considered more carcinogenic. Simply put, we want to encourage moving down the least risk 2 pathway and something as simple as eating a plentiful amount of cruciferous vegetables can help the body do that. So that is why I always say eat unlimited VEGETABLES at every meal for hormone health. The amount of cruciferous vegetables required is consistently upwards of 600g per day or 2 and half cups. Two of the many active



VERONICA HOPE
Functional Chiropractor,
UCA Chiropractor of the
year 2019.

components in cruciferous vegetables are indole-3-carbinol (I3C) and diindolylmethane (DIM). Physiologically, DIM is the predominant active agent and I3C is the precursor. I3C is found in a number of cruciferous vegetables, including broccoli, brussels sprouts, cabbage, cauliflower, collard greens, kale, mustard greens, radish, swede and turnip. The highest concentrations are found in cress and mustard greens. I3C is released when these foods are chewed then converted to DIM by the action of stomach acid.

This level of consumption would have numerous additional anti-inflammatory benefits such as increasing our polyphenols, glucosinolates and carotenoids and various other phyto nutrients driving us toward more optimal pathways in hormones and health generally, I can't see any downside to just eating more vegetables and including a significant amount from the cruciferous family. Some women may choose to supplement with DIM (100-300mg) which lowers oestrone/oestradiol in circulation through increasing phase 1 metabolism. But caution needs to be taken with DIM, if for example despite oestrogen dominant symptoms her age or functionality indicates lower general oestrogen levels ie, being in menopause or the later part of perimenopause with low levels of % body fat then this would not be an ideal choice. That is why I think testing is very helpful and I recommend the DUTCH test (Dried Urine test for Comprehensive Hormones) which will measure sex hormones and their metabolites, cortisol/cortisone metabolites and diurnal pattern, melatonin, nutritional and neurotransmitter metabolites.

Other antioxidants useful for optimising oestrogen clearance are NAC (N-Acetyl-Cysteine) and Glutathione but be aware we must have cofactors readily available such as Selenium, Vit C, Vit E, CoQ10 & Mg to process. Quercetin is a flavonoid found in dark grapes, raspberries, cherries, red onions, black tea, broccoli can also be helpful. Finally Sulforaphane is a sulfur like compound naturally occurring in cruciferous vegetables like broccoli and broccoli sprouts, cauliflower, cabbage, kale, brussels sprouts, rocket and watercress. It's activated when raw vegetables are chopped or chewed and has been recommended for its anticarcinogenic and anti-inflammatory properties. So the take home message is eat more vegetables of all varieties and colors in plentiful amounts at every meal consistently, for hormone health especially include the green leafy and cruciferous varieties. Next time we will look at the effects of gut health, the microbiome and estrobolome, insulin and time restricted eating on hormonal health. Email me hswchiro@gmail.com if you would like more info on Dutch test or to receive my easy guide to Eating for Hormone Health. You are welcome to join my Facebook group Hope Women's Health & Hormones.



CASE SERIES

REDUCTION IN ANXIETY AND DYSAUTONOMIA IN FIVE ADULT PATIENTS UNDERGOING CHIROPRACTIC CARE FOR VERTEBRAL SUBLUXATION

A Case Series and Review of the Literature

Bruce Steinberg, DC, CACCP*

Kate Clodgo-Gordon, DC*

David G Russell, BSc (Psych), BSc (Chiro), Cert TT**

Abstract

Objective: To chronicle the reduction in severity of anxiety, measured with the Hamilton Anxiety Rating Scale (HAM-A), in 5 patients receiving chiropractic care.

Clinical Features: Five patients from one chiropractic office with a chief concern of anxiety. Pre and post care HAM-A assessments, heart rate variability (HRV) and thermography studies were performed. The patients, aged 24 to 53 years, also presented with a variety of musculoskeletal complaints.

Interventions and Outcomes: Chiropractic care was provided using the Torque Release Technique (TRT) protocol for the assessment and correction of vertebral subluxation. Visit schedules ranged from 6 to 12 weeks. The patients reported improvements in their presenting complaints and additional non-musculoskeletal symptoms. Each patient demonstrated clinically significant improvement in their HAM-A scores improving from moderate/severe anxiety to mild or mild/moderate, and reduction in dysautonomia as measured by HRV and thermography studies.

Conclusion: This case series describes a reduction in severity of anxiety symptoms measured by the HAM-A, as well as improved autonomic nervous system function measured through HRV and thermography, in 5 adult patients receiving chiropractic care.

Keywords: Chiropractic, anxiety, vertebral subluxation, adjustment, Hamilton Anxiety Scale, Torque Release technique

Introduction

Mental health disorders, of which anxiety is common, is of growing public concern and are among the highest ranking causes of nonfatal burden worldwide.^{1,2} Anxiety disorders were reported as the 9th leading cause of nonfatal burden as measured by years lived with disability.³ It is estimated that 1 in 9 adults have experienced an anxiety disorder in their lives.⁴ In the United States it is estimated that 31.1% of adults will experience an anxiety disorder at some time in their lives, equaling an estimated annual economic burden of \$46.6 billion.⁵⁻⁷

Anxiety is commonly defined as the presence of “fear or nervousness about what might happen”.⁸ It is a natural emotion that supports adaptability and promotes survival. The DSM-IV describes the criteria for anxiety disorders as “excessive anxiety and worry (apprehensive expectation), occurring on more days than not for at least 6 months, about a number of events or activities (such as work or school performance).”⁹ Anxiety disorders are known to have far reaching effects including impact on quality of life, individual performance, family and social life, and economic sustainability.¹⁰⁻¹² Globally it is recommended that government bodies seek to provide adequate services for the treatment and prevention of mental health disorders such as anxiety.¹

Psychotherapy, psychological approaches and pharmacological interventions are most commonly employed for mental health disorders such as anxiety, panic attacks and depression.¹³ As anxiety symptoms are also common in individuals experiencing depression, prescription of benzodiazepines and anti-depressant medications is common.¹³

There is a growing usage of complementary and alternative medicine (CAM) approaches for mental health management, with approximately 20% of anxiety sufferers choosing CAM approaches to help manage their condition.¹⁴⁻¹⁷ The most commonly used CAM approaches include relaxation techniques, meditation, massage, and spiritual healing.^{17,18} Chiropractic is the largest and most regulated CAM healthcare profession, though is rarely indicated as a CAM choice for people

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with anxiety.¹⁷⁻²⁰ As it is so common, individuals presenting for chiropractic care may have mental health concerns such as anxiety, regardless of their primary reason for choosing chiropractic care.²¹

There is limited evidence describing the chiropractic management of and benefit to individuals presenting with anxiety. Two clinical trials report conflicting results, though a recent review reported benefit in isolated cases in clinical practice.²²⁻²⁴ The purpose of this case series is to chronicle the reduction in severity of anxiety, measured with the Hamilton Anxiety Rating Scale (HAM-A), and improved autonomic nervous system function, measured via heart rate variability (HRV) and thermography, in 5 patients receiving Torque Release Technique (TRT) chiropractic care.

Case Series

This retrospective case series chronicles 5 patients presenting for chiropractic care with a complaint of anxiety. The patients (2 female and 3 male) ranged in age from 24 to 53, and all presented with concomitant musculoskeletal complaints (headache, neck pain, and/or back pain) except for one presenting with concomitant hypertension. All patients declared a goal of decreasing stress and anxiety. Inclusion criteria for the case series included reporting anxiety as a complaint, having a baseline and at least one follow up assessment using the HAM-A, clinical findings identifying vertebral subluxation, receiving chiropractic care for at least one recommended program of care, and having pre and post care HRV and thermography studies. None of the patients received external care or additional lifestyle and home care advice during the course of their chiropractic care.

Outcome measures - HAM-A, HRV and Thermography

The HAM-A is one of the most widely used, clinician-rated instruments for the assessment of severity of anxiety, and is considered reliable and valid.^{25,26} The HAM-A is a 14 item questionnaire where each question is rated 0 (absent) to 4 (very severe), with a maximum possible score of 56. A combined total score of >17 out of 56 indicates mild severity, 18-24 mild to moderate severity, and 25-30 moderate to severe severity.

HRV and thermography data were collected using Insight™ scanning technology. HRV is widely used in healthcare and a reliable, valid, objective measure of changes in autonomic nervous system activity.²⁷ HRV readings are considered more desirable when numerically higher on the y-axis, with balance between the sympathetic and parasympathetic part of the autonomic nervous system represented by a dot point approximating the x-axis (Figure 1).

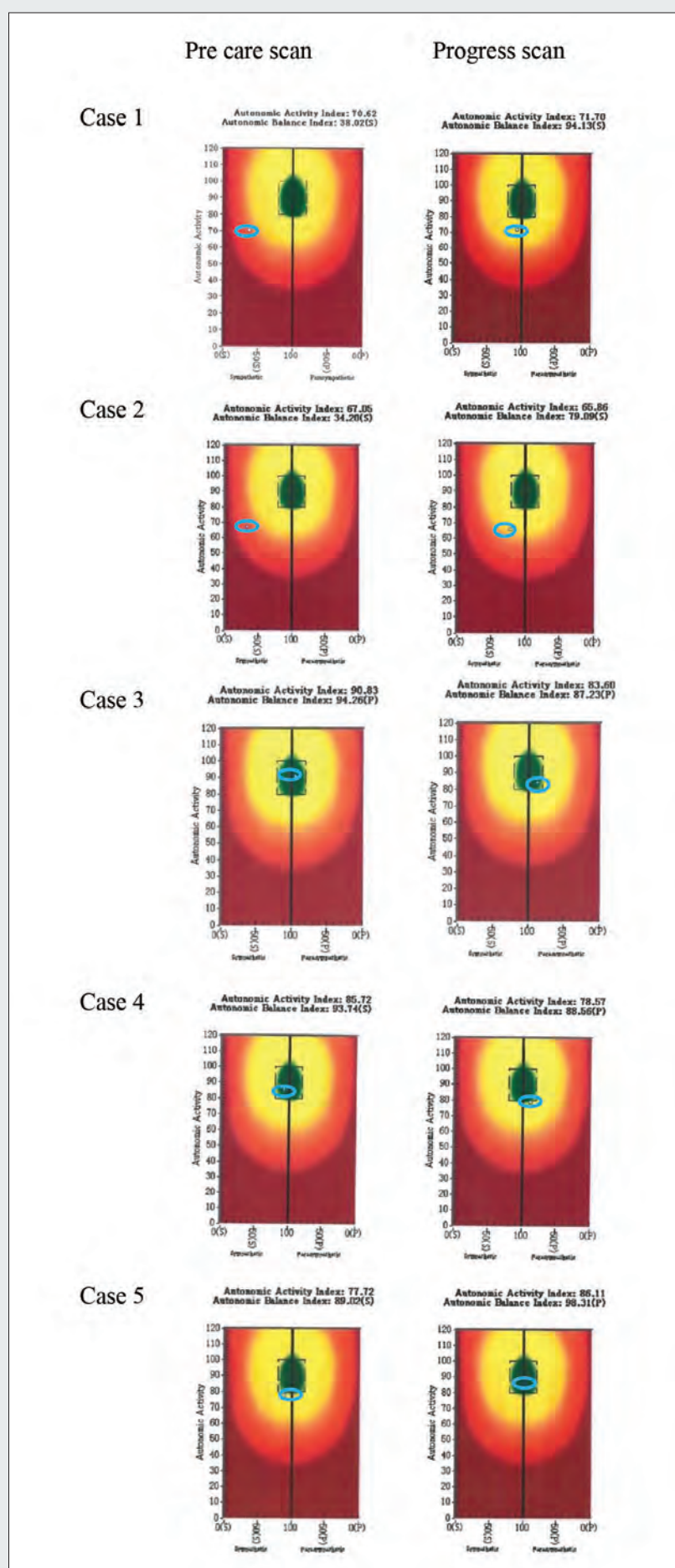


Table 1. HAM-A scores for each patient (initial and progress exam scores).

Case	Initial HAM-A score	Progress Ham-A score
1	31	15
2	39	2
3	31	5
4	39	18
5	39	18

Thermography is used as an indirect measure of autonomic nervous system function through paraspinal skin temperature.²⁸ Thermographic readings varying up to 0.6C° are considered within a normal range, variations above that range are coded mild (green), moderate (blue) or severe (red) alteration from normal autonomic function (Figure 2). Both HRV and thermography are recorded at rest, and measure the impact of vertebral subluxation on the autonomic nervous system known as dysautonomia.

Clinical assessment for vertebral subluxation

All patients were initially assessed for vertebral subluxation using a battery of commonly-used direct clinical indicators.²⁹ Clinical indicators identified in each patient included aberrant static and intersegmental spinal and pelvic motion on palpation, palpated changes in paraspinal muscle tone on soft tissue, and observed prone leg length inequality, Derefield and cervical syndrome tests.

Chiropractic management protocols

Each patient followed a unique care plan for a period of time ranging in duration from 6 to 12 weeks. Patients were typically examined twice weekly at the initiation of care, frequency of visits was reduced as determined by the chiropractor. A progress examination, where each patient completed a follow up HAM-A questionnaire and HRV and thermography studies, was completed at the end of the initial program of care. Subjective improvements as reported by the patient were also recorded.

Chiropractic care was administered using TRT protocol. TRT protocol applies functional leg checking and confirmatory spinal pressure testing procedures for the assessment of levels and directions of vertebral subluxation. Vertebral subluxations are primarily identified at locations of dural attachment, notably the occiput, upper and lower cervical spine (C1, C2, C5), sacrum, coccyx and the pelvis. The application of the chiropractic adjustment is via the hand-held Integrator instrument.^{30,31}

Patient responses to chiropractic care

All patients HAM-A scores indicated a reduction in severity of anxiety symptoms. The initial average

HAM-A score was 35.8 out of 56 and the average progress exam score was 11.6 out of 56. Three of the patients HAM-A scores demonstrated a reduction from moderate/severe to mild severity of anxiety symptoms, while the remaining 2 patients scores reflected the lowest level of mild/moderate severity of anxiety symptoms, down from moderate/severe. For a complete review of HAM-A scores for each patient see **Table 1**.

Case 1

A 47-year-old male presented with chief complaint of neck pain with concomitant anxiety, headaches, weight management concerns, allergies and decreased immune system function. No previous medical treatment had been sought for these presentations. His initial HAM-A score was 31, indicating moderate/severe anxiety. Chiropractic care was provided on a total of 12 visits over a 6-week period. Following chiropractic care the patient reported a decrease in anxiety, less neck and hip pain, better mood and increased energy and diminished allergies. A follow-up his HAM-A had improved to a score of 15, indicating a reduction in severity to mild anxiety. Improvement in autonomic nervous system function was recorded on both HRV and thermography studies (**Figures 1 and 2**).

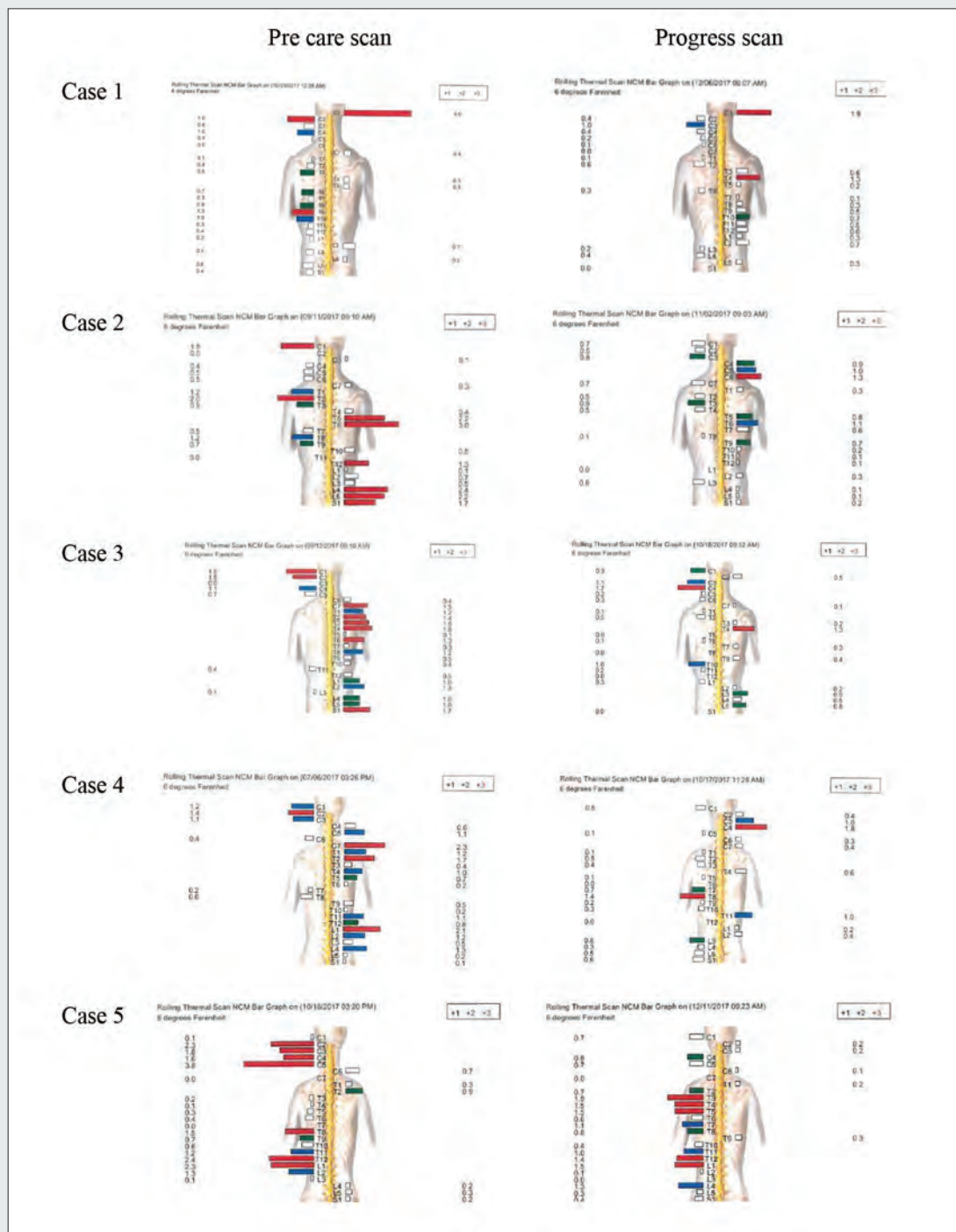
Case 2

A 24-year-old male, smoker, presented with a chief complaint of neck pain stemming from a car accident 3 years prior which resulted in fractures of C2 and C3. He also presented with anxiety, headaches and decreased immune system function. He had previously seen a medical doctor and physical therapist for his complaints and was prescribed Paxil which he only took for 2 weeks. His initial HAM-A score was 39, indicating moderate/severe anxiety.

Chiropractic care was provided on a total of 13 visits over a 6-week period. Following chiropractic care the patient reported a decrease in anxiety, better mood, less stress, more energy, less neck pain, better digestion and improvement in sinus issues. A follow up HAM-A showed a score of 2 indicating a marked reduction in severity to mild anxiety. Improvement in autonomic nervous system function was recorded on both HRV and thermography studies (**Figures 1 and 2**).

Figure 1. HRV scans pre and post chiropractic care. HRV is represented graphically by 2 factors; a data point (circled in blue) approximating the X-axis signifying sympathetic / parasympathetic balance or deviation to either sympathetic dominance (right side) or parasympathetic dominance (left side); the data point relative to the Y-axis represents autonomic activity where the green area is considered optimal.

Figure 2. Thermography scans pre and post chiropractic care. Thermographic readings varying up to 0.6°C are considered within a normal range (white), variations above that range are coded mild (green), moderate (blue) or severe (red) alteration from normal autonomic function.



Case 3

A 53-year-old male presented with a chief complaint of anxiety, and diagnosed hypertension and high cholesterol. He also had sleep and mood disturbances. The patient was medically managed with Lisinopril and low dose aspirin for the hypertension and cholesterol. His initial HAM-A score was 31, indicating moderate/severe anxiety.

Chiropractic care was provided on a total of 11 visits over a 6-week period. Following chiropractic care the patient reported that he was back in the gym, a decrease in anxiety, resolution of heart palpitations and more focused. A follow up HAM-A showed a score of 5, indicating a

reduction of severity to mild anxiety. Improvement in autonomic nervous system function was recorded on thermography studies, while the HRV remained fairly consistent (**Figures 1 and 2**).

Case 4

A 43-year-old female presented with a chief complaint of anxiety along with headaches, allergies, sleep disturbances, PTSD and depression. She was managed by a neurologist and allergist, and prescribed Topamax and Imitrex for migraines, Loratadine, Montelukast, Fluticasone and Flovent for allergies and asthma, Trazadone for sleep, Prozac for PTSD and nightmares and Effexor for depression.

Her initial HAM-A score was 39, indicating moderate/severe anxiety.

Chiropractic care was provided on a total of 19 visits over a 12-week period. Following chiropractic care the patient reported less frequent headaches, improved movement, less anxiety, improved immune system function, improved digestion and bowel movements, less panic attacks and a decrease in the frequency of use of Imitrex for migraines and had reduced other medications (unspecified). During the time of her care she had experienced the grief of the loss of a close loved one. A follow up HAM-A showed a score of 18, indicating a reduction of severe anxiety to mild/moderate anxiety. Improvement in autonomic nervous system function was recorded on thermography studies, while the HRV recorded lower autonomic activity (**Figures 1 and 2**).

Case 5

A 46-year-old female presented with a chief complaint of headaches and neck pain with concomitant anxiety and decreased immune system function. No previous medical treatment was administered but patient was taking Zquil and Excedrin for headaches. Her initial HAM-A score was 39, indicating moderate/severe anxiety.

Chiropractic care was provided on a total of 12 visits over a 6-week period. Following chiropractic care the patient reported having stronger, better works outs, feeling healthier, more alert, decrease in neck and low back pain, less frequent headaches, ability to calm herself easier, decrease in anxiety, improved immune system function and had ceased the use of over the counter medications. A follow up HAM-A showed a score of 18, indicating a reduction of severe anxiety to mild/moderate anxiety. Improvement in autonomic nervous system function was recorded on both HRV and thermography studies (**Figures 1 and 2**).

Discussion

This case series chronicles the reduction in severity of anxiety and improvement in autonomic nervous system function in 5 patients receiving chiropractic care following the TRT protocol. Reduction in severity of anxiety was measured using the HAM-A instrument, and improvement in autonomic nervous system function via HRV and thermography studies.

While there is scientific evidence supporting chiropractic management of people with anxiety, the available literature suggests this is an area that warrants further investigation. The neurobiological mechanisms by which vertebral subluxation effects on nervous system function could lead to altered mental health has been described in a recent review.³²

Previously established theories and current clinical evidence suggest that an individual's psychological experience and mental health is related to the function of their autonomic nervous

system, and that dysregulation of the autonomic nervous system negatively effects that individuals psychological experience.^{32,33} Outcome measures of autonomic nervous system integrity, such as HRV and thermography, are commonly used to assess changes following vertebral subluxation correction. Kent concludes it is biologically plausible that vertebral subluxation compromises autonomic nervous system function affecting mental health.³²

Of the available literature, two clinical trials examined the effects of chiropractic care, using an Activator instrument, on subjects with anxiety using the Spielberger STAI self-reported instrument with conflicting results.^{22,23} Yates et al²² reported significant improvement in anxiety scores following chiropractic care, while Brockman²³ reported no significant improvement between the control and chiropractic groups. A key difference between these 2 studies is the populations used. Yates et al used subjects with a medical history of hypertension, where Brockman used subjects that were healthy.

Additional evidence suggests chiropractic care may play a role in reducing anxiety symptoms. Russell and Glucina²⁴ conducted a recent review of the available literature and reported on a further case series (reporting on 5 adults) and 7 case reports, in all cases there were positive improvements in presenting anxiety symptoms following a program of chiropractic care. Improvements in anxiety symptoms were self-reported in 4 of the case reports, though formal assessment of anxiety using the Generalized Anxiety Disorder – 7 (GAD-7), Patient Health Questionnaire – 9 (PHQ-9), Short Form -36 (SF-36, or Patient Health Questionnaire – 4 (PHQ-4) all demonstrated reduction in anxiety in the reported cases. In the current case series a clinically significant reduction in severity of anxiety symptoms was reported in all cases, in this case measured with the HAM-A instrument.^{25,26}

In the 10 available clinical trials, case series and case reports describing the chiropractic management of individuals with anxiety, all studies specifically discuss the correction of vertebral subluxation as the chiropractic intervention.²²⁻²⁴ The assessment and correction, or reduction, of vertebral subluxation has been reported as being a core objective of chiropractic clinical practice.³⁴ A primary aim of chiropractic care is to optimize an individual's health and wellbeing through improving nervous system function through the correction or reduction of vertebral subluxation regardless of their symptomatic presentation,³⁵⁻³⁸ The Australian Spinal Research Foundation has conceptually defined vertebral subluxation as “a diminished state of being, comprising of a state of reduced coherence, altered biomechanical function, altered neurological function and altered adaptability.”³⁹

The general theme in reduced anxiety symptoms reported in this case series is congruent with those

previously reported in the literature.^{22,24} Further, the recorded change in HRV and thermography studies reflect a reduction in nervous system interference attributed to the correction of vertebral subluxation.^{27,40} While the current literature is positive, further research is recommended to investigate the role chiropractic care may play in supporting similar populations of people so as to inform clinical practice.

Limitations

As with any case series there are inherent limitations. Study limitations include a small sample size, lack of a control group, and inability to control for confounding factors. While all patients demonstrated reduction in severity of anxiety, it cannot be ruled out that these improvements were due to natural progression, pain reduction in concomitant MSK presentations, or unreported home care or adjunct therapies administered during the program of care.

Conclusion

This case series describes a reduction in severity of anxiety symptoms measured by the HAM-A, as well as improvement in autonomic nervous system function measured through HRV and thermography, in 5 adult patients receiving chiropractic care using the TRT protocol. Considering the burden mental health issues, such as anxiety, have on society globally, further clinical research investigating the role of chiropractic care and its effects on anxiety is warranted.

Highlights

- Anxiety is a major burden on society and impacts on an individual's quality of life
- Anxiety is a major economic burden on society
- Chiropractic care may provide a benefit for individuals with anxiety

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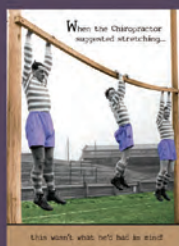
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HUMANITY GROWING UP, THROUGH CHIROPRACTIC

BY NIMROD MUELLER

“Oh wow! I can actually think clearer. Now I can feel my body better.”

Take a moment, and think about one person who got off your table, in the last week or two, and said something like the above. They most probably said it more to themselves, than to you. But, becoming aware of their own realisation – about their clarity of thought, about their heightened sensations and feelings – they look up at you, in wonder, and curiosity. And, their eyes are brighter, wider (you know they can see with greater sharpness and distinction). But their eyes are also expressing their gratitude to you. In fact, their whole face is; they don't need to say it with words.

They are grateful for the improvements, the changes, and they are grateful for how their day will now be completely different. They are, without a doubt, now on a different trajectory to how they were just 15 minutes prior, before their adjustment.

Their curiosity lingers. How is it that the adjustment can cause so much change? How is it that chiropractic can bring about such intense differences? And, while the physiological changes are certainly there, the more profound ones are possibly far from the physiological: they are the differences in the depth of feelings and sensations, the expansiveness of thought, and the new introspections and realisations of novel awareness, rising into conscious thought.

Your mind may start to wander down that pathway that has you thinking: while we so often attribute these changes to “the adjustment” or to “chiropractic”, the truth is far more revolutionary – these changes are all due to incredible comprehension and organisation of Innate

Intelligence. How do I best open up this dialogue, at this time?

Then you bring your attention back to the person in front of you, see the glow and gratitude on her face, give her a big smile, a light squeeze of her shoulder, and tell her you look forward to seeing her on her next visit.

But the questions remain with you, and they rise up to your conscious awareness, pestering for your attention, in every break you have that day, even following you home at night.

How is it possible? Why does it happen? Will it happen every time? What does it mean specifically for her? And, not only for her, but also for the people she works with, for the partner she has, for the family she impacts?

Could it be that the trajectory she is now on, one that is undeniably different as a result of her Innate Intelligence expressing more fully, could this now mean that she has a different impact on the close circle around her? On her community? Could this have a ripple effect, that may magnify at some point further out, and that gives the World itself a little jostle?

How could this be? How could we create more of this? And, should we?

Such great questions.

These are all philosophical questions that explore the philosophy of chiropractic in very important ways. They bring our philosophy alive, to what we see every single week, not only in our own practice, but in every single chiropractic practice all around the world.

How many times, every single week, every single day, are we creating deeper perceptions of feelings and sensations, more profound thinking, greater levels of awareness, that ripple changes outwards to



“

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families and communities, and create little jostles, all around the World?

There is a link between the depth of the philosophy of chiropractic, the exploration of it, and the magnificence that we observe in practice every single day, and that bridge that links philosophy to practice is science. It is taking those questions and applying them in a systematic, rational, deliberate way that helps us to make sense of what we have seen, and also helps us to be able to somewhat predict what may come about in the future.

We have seen more and more wonderful science emerge in the recent past, and it very much helps us to make greater sense of the world that we observe. And, not only do we understand our world of chiropractic better, but by understanding the science better, we are also more able to ask better questions, more interesting questions about what unfolds in practice. It further builds our sense of curiosity, and it feeds back in to greater curiosity about our philosophy, and greater refinement in delivering what we do with our people.

The science is that bridge from our exploration of our philosophy, to observing Innate Intelligence express itself more fully, in our practices.

And what is the potential for that person, when she gets up off the table, realises her deeper perceptions, feelings, sensations, when she has greater clarity of thought? What is the potential, now that she is more aware of her awareness of these happenings within her body and within her mind? What is the potential, now that she is on a slightly or completely different trajectory, one that will impact those around her in utterly different ways?

When people are more aware, they see all of those things that are going on for them, in their body, in their life, in a different way. They start to look at them, rather than look through them. The things become the subject of their observation, rather than the world they are living in. They are more able to step away from their bodies controlling them, and being a victim to their bodies, being controlled by their addictions, feeling helpless to the circumstances in their life, oppressed by what is happening to them. They start waking up, and looking at things, from enough of a distance to start to ask meaningful questions about them.

And, as they wake up, they not only start to see what is happening in their life in a different way, they are also able to start to see more of the wonder, to more frequently appreciate the fulfilling moments in their life, to live with more awe. They also start to broaden their capacity for life – to deepen their emotions and their ability to lean into them; they grow their capacity to live with the uncertainties of life. They have a greater capacity for vulnerability, and a greater expanse for kindness and compassion, for courage and connection. And, so often, we see



THIS IS AN ABSOLUTE **SHIFT**
IN THINKING, A **SHIFT** IN
BEING, A **SHIFT** IN
PERSONAL PHILOSOPHY
AND VALUES.

these shifts happen internally first: more connection with oneself, more kindness and compassion to oneself. And, then, with those around them. Above-Down, Inside-Out.

And, as their new trajectory takes them on a path of waking up, to what they are perceiving, to their thoughts and imaginations, to their own self, so too are they growing up: in their state of awareness of who they are, of those around them, of the interconnectedness of not only those in their immediate surroundings, but the interconnectedness of all people, around the world. And, beyond this awareness of the interconnectedness of humanity, growing up brings with it an awareness of the interconnectedness of all things, of the greatness of this ecosystem we belong to.

This is an absolute shift in thinking, a shift in being, a shift in personal philosophy and values. This is one person growing up. This is the path for humanity growing up.

And now this is an entirely different trajectory, not only for her, and for her family, colleagues and her community. Now the World itself has been nudged onto a different trajectory. And the potential of that is immense, and utterly unknown.

But, that is all entirely up to her Innate Intelligence, and how it now expresses itself more fully.

And, that – that is entirely up to what we do through chiropractic. That is entirely up to you.

Humanity is now at a point in which it could devolve, to an old way of being, one that had us moving along a certain path. Or, there is the choice for humanity to grow up, to move up to another way of being, there is the choice for humanity to evolve. That requires intelligent reorganisation. That requires Innate Intelligence comprehending and organising in greater quantity than before.

That requires the magnificence of chiropractic.

Chiropractic is not just an improvement on another model. It's not even a shift in paradigm.

Chiropractic is an entirely different realm of life – one that can make a vital difference to humanity growing up. One that can make a vital difference to the World.



NIMROD MUELLER

Nimrod is passionate about the potential chiropractic has to impact the health and life of every person and the World at large, viewing chiropractic as the social driver that will shift people in to a new paradigm of living, reaching their greatest human potential. He is dedicated to ensuring that chiropractors have greater confidence, certainty and credibility in chiropractic, in a way that is congruent with the philosophy of chiropractic, manifesting through its unique paradigm, philosophy, science, practice, communication and politics. Nimrod has been a long-standing board member of the Australian Spinal Research Foundation, CAA(NSW), and served on the UCA board, amongst others. He practiced in Sydney, in the UK, and is now back practicing in Barcelona.



HOW TO NEVER RUN LATE WITH ADJUSTMENT SESSIONS AGAIN



BY JO DAVISON

If we want a busy, dynamic centre, that runs smoothly so we can help lots of people who need us, we must master the process of running to time with our adjustment sessions.

WHAT IS THE NUMBER ONE REASON THAT MAKES CHIROPRACTORS RUN LATE?

LACK OF INTENTION eg they didn't decide to ALWAYS run to time. If you DECIDE to run to time and use a recipe that we call 'the 5 Act play' it will really help you achieve this!

SO WHAT IS THE 5 ACT PLAY?

It is the 5 action steps that every chiropractor should follow to allow you to lead the session, ensure you give great patient care and you run to time.

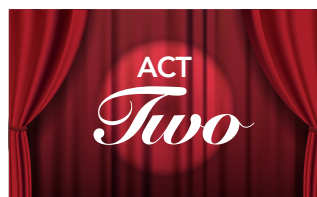


What happens on the first visit?

Chiropractors should set their intention with the patient from the very first adjustment session.

Many of us will be seeing patients frequently in the beginning and we know how we like to work eg do you like to adjust with their shoes on or off, in a gown or fully dressed? It doesn't tend to change. It is different for every Chiropractor and there is no right or wrong. Tell the patient how you work from the beginning so they can prepare for the session:

- clothes on/off
- Shoes on/off
- Explain I am not going to ask you every time 'how you are' (and explain why)
- Orientate them to how Chiropractic works
- Explain in advance how they may feel as they do through their course of care
- Give them a clear report or findings so they know what their care plan is going to be
- Reserve their appointments in your diary
- Book regular reviews



The start of their adjustment session

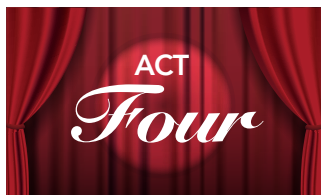
How long is your adjustment session in total? What % of that time do you allocate to the greeting part? The greeting is anything that takes place from the time they are in your room to when you start their actual adjustment. Coach the patient so they know how to be ready for their adjustment as per your instructions in ACT ONE. This way you are not telling them the same things in each session or waiting for them to take their coat off so you can get started.



The deliverable

This is the part between the greeting and the close. Where you will be doing your adjustments, using touch and tell, checking stretches, giving advice. How long to you allocate for this part of the session? Create a routine that you can consistently use to ensure you check everything you want to check smoothly and adjust as you go. For example, do you start with your

patients low back, then move onto their thoracic area, then check their ribs, then look at their neck? What order do you check them? Or do you make it up every time? I am not saying you adjust the same levels every time of course, I am saying check them with the same routine. This will help you be ultra efficient.



The Close

How long do you allocate for closing the session? We want all our patients to feel listened to and that they have received what they need in each session. We don't want our practice to seem like an uncaring conveyor belt. So in this part we add in some time to ask the 'Do you have any questions today'? In most cases, if you have been connecting well and educating them during your sessions as well as using a regular structured review and re-report session, the likelihood is that they won't have any. However if they do, the questions are best to discuss AFTER you have adjusted them not in ACT TWO.

You can then create an anchor so your patient knows that your session is done. One example we give our clients is that you could be that you sit the patient up, check their neck range of motion, ask them to take a couple of breaths in and then tap them on the shoulders and say, 'we are done for today'. Find an anchor that you feel comfortable with and that suits how you practice.

Using a closing anchor, stops a common problem where the Chiropractor is ready to leave the room and the patient starts asking lots of questions. This can be awkward and frustrating for both parties.



JO DAVISON

Jo Davison is a chiropractor, speaker and practice growth mentor. She co-owns Blue Cow Practice Coaching and Dream Practice Secrets with her husband Steve Davison. They have helped hundreds of practice owners and their teams around the world transform their practices. <https://www.facebook.com/bluecowpractice/>



Checking next appointment

When you have closed your session (using your anchor), you should let your patient get themselves and their belongings together, whilst you write your notes. Then check when their next appointment is reserved in your diary or if they have not reserved their appointments (we strongly recommend you do if you want a busy centre and want to give them their ideal appointment times), you decide when they should come in next. You do not want your patient leaving you without a clear plan of when they are coming back and ensuring that appointment is booked.

FREQUENTLY ASKED QUESTIONS

What if a patient is late?

I get asked this a lot! The answer depends on how well you coached your patient from the start to know that they are paying for outcome NOT time. If you explain that, even though we reserve X amount of time (add your appointment length), the actual time I spend with you will vary depending upon what we need to do in that session. Explain that you will never keep them longer than you need to, as you respect they have busy lives and maybe coming into see you frequently at the start of their care.

If you have explained this at the start and a patient is late, they will know that you will be getting them in and getting everything done in the time they have left in their session and they will be ok with this. You will still use your 5 act play, however it will be faster!

If you have not explained at the start, they will expect you to still spend the same amount of time and therefore run late with everyone else just because they were late or they will waste the appointment by not coming in at all as they assume 'you won't have enough time'.

So be sure to pre-frame this from the start of their care.

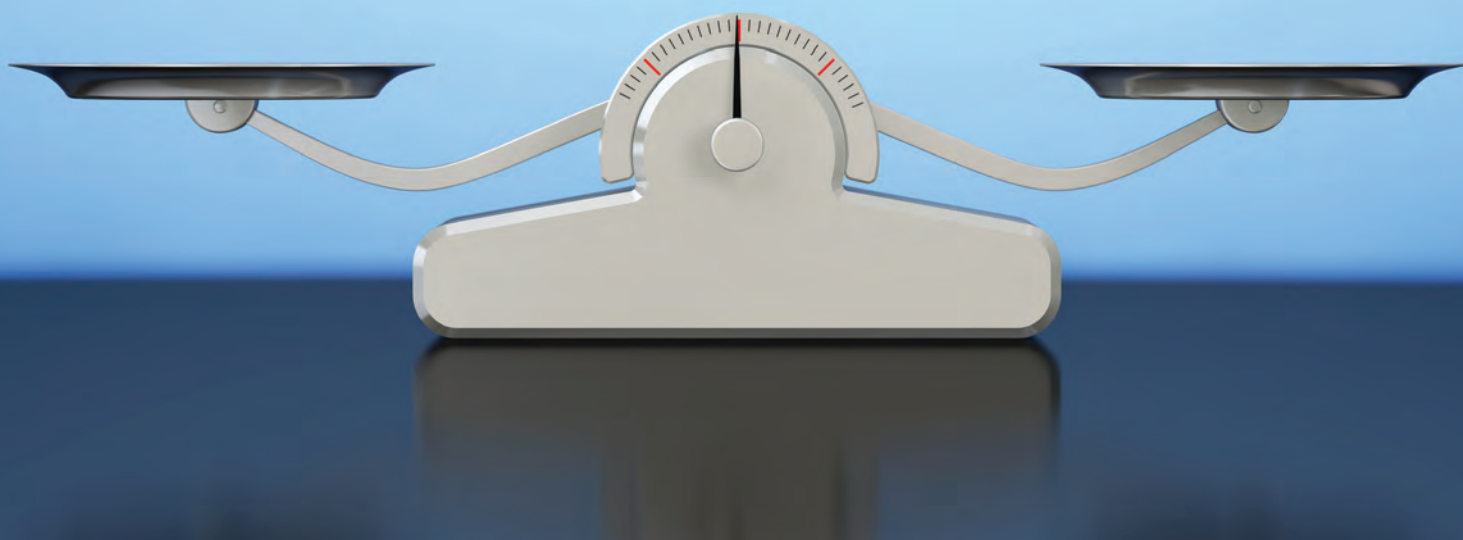
You can use this analogy: 'Imagine you are a dentist, the patient is booked for a root canal treatment which was supposed to take 20 mins. Yet the dentist is done in 10 minutes. Does the patient want the dentist to keep drilling for an extra 10 minutes purely because they have paid for it or are they happy that it took less time?'

What if my patient comes in and they are an emergency or in lots of pain?

Hopefully you have a team member who can communicate to other patients that on this rare occasion you are running late because you had an emergency patient. Your other patients don't mind this if you normally run to time. However you still do not have to run REALLY late if you use the 5 act play and if you coach your CA team in how to support you with emergency patients.

TWO 'TAKE AWAYS' TO ENSURE YOU NEVER RUN LATE AGAIN:

1. Coach your patients in YOUR 5 act play.
2. Coach your patients that they are paying for outcome not time.



EVIDENCE-BASED CHIROPRACTIC = ADJUSTMENT-CENTRIC, LIFESTYLE SUPPORTED CHIROPRACTIC

BY JAMES CHESTNUT

Haldeman & Degenais elegantly describe what being an evidence-based/informed practitioner entails in their 2008 article in *The Spine Journal*. “The guiding principle behind evidence-informed management is that practitioners should be aware of and use research evidence when available, make personal recommendations based on clinical experience when it is not available, and be transparent about the process used to reach their conclusion.”¹

I would add that this principle applies not only to care directly provided by any given practitioner, but also to care provided via integration and collaboration with, and/or referrals to, other practitioners.

I’m not sure how any ethical healthcare practitioner could disagree with this guiding principle.

I contend that only when we, as a profession, ethically and objectively apply this guiding principle will we unite, express our potential, and earn the cultural authority, interprofessional respect, referrals, inclusivity, and reimbursement that the evidence clearly indicates we deserve.

The evidence for chiropractic should neither be exaggerated nor unfairly downgraded. The evidence can and should speak for itself and the evidence, when available, can and must guide our clinical decision making. When as a profession we choose to become fully aware of the evidence, and, most importantly, practice according to it, we will not



NO TAPING TECHNIQUE,
NOR ANY “SPECIAL”
EXERCISE PROGRAM
IS CLASSIFIED AS
EVIDENCE-BASED IN ANY
SYSTEMATIC REVIEW.

only best serve our professional interests we will, most importantly, best serve the public interest. This is, of course, true for all healthcare professionals.

Chiropractic adjustment or chiropractic thrust SMT, based on the available randomized controlled intervention trials, comparative trials, and comparative analyses, should fairly be recognized as the most evidence-based spinal healthcare intervention currently available with respect to effectiveness, cost-effectiveness, and safety for non-cancerous, non-infectious, non-traumatic instability (non-surgical) spinal healthcare.

What interventions for non-surgical spinal health issues, other than chiropractic SMT/adjustment, general spinal and overall fitness exercise, and healthy lifestyle advice, even meet the standard of being classified as an evidence-based intervention?

Although many have aggressive marketing and zealot followers, no soft-tissue technique like ART or Graston, no taping technique, nor any “special” exercise program is classified as evidence-based in any systematic review for low back pain or spinal healthcare.

For decades passive modalities such as TENS, IFC, and ultrasound were considered the gold standard treatment in physical therapy and many chiropractic colleges made such modalities mandatory as part of their clinical education. There was never any valid evidence of their effectiveness. Due to this lack of evidence, they are now considered guideline discordant in the peer-reviewed literature.²

For decades, the gold standard usual medical care intervention in virtually all medical clinical

guidelines for the treatment of low back pain was paracetamol/acetaminophen/Tylenol.

A study by Davies et al. in 2008 found that there had never been a single placebo-controlled trial showing effectiveness of this “gold standard” medical treatment.³ Finally, after decades of being considered the gold standard, in 2017 the Chou et al. systematic review for the American College of Physicians Clinical Practice Guideline declared acetaminophen ineffective.⁴ As shocking as they may be to realize, there had never been a shred of valid evidence for the clinical guidelines “gold standard” first line usual medical care intervention for low back pain.

NSAIDS have also been ubiquitously recommended as first-line usual medical care treatment for non-surgical spinal health issues for decades. The latest Cochrane Review published in 2020 examining the effectiveness of NSAIDS for acute low back pain concluded that, though there was evidence of small effects for (short term only) pain relief (7.29 points on the 100 point VAS scale) and small effects for functional improvement (2 points on the 24 point Roland Morris Disability Scale), that, “The magnitude of these effects is small and probably not clinically relevant.”⁵ A Cochrane Review in 2016 looking at the effectiveness of NSAIDS for chronic low back pain showed even less effectiveness.⁶

Muscle relaxants are also commonly prescribed. No valid evidence of clinically relevant benefit. Antidepressants are now commonly prescribed. No valid evidence of clinically relevant benefit.

There has recently been a greater use of glucocorticoid joint injections. No valid evidence of clinically relevant benefit, considered “off label”, yet, despite this, increasing in prevalence.⁷

Spinal fusion surgeries have also been widely performed for decades and, despite no valid evidence of benefit and ample evidence of harm, these too are increasing in prevalence; such back surgeries now outnumber hip replacement surgeries.⁸⁻¹²

I would be remiss not to mention Vioxx and opioids which have also been widely utilized as part

“

MUSCLE RELAXANTS ARE ALSO COMMONLY PRESCRIBED. **NO VALID EVIDENCE OF CLINICALLY RELEVANT BENEFIT.**

of usual medical care. I think we are all aware of the devastating effects of these interventions.

The idea that chiropractic or chiropractors should seek approval from, or defer to, any other practitioner or profession for expertise, or evidence-based interventions, or ethics regarding false claims, or safety, with respect to non-surgical spinal health issues is scientifically absurd, illogical, and unethical.

The undeniable fact is that the unscientific, unfounded, deliberate bias against chiropractic SMT/adjustment, and for less effective, less safe, more expensive alternatives, has cost hundreds of thousands of lives, millions of quality life years, and hundreds of billions of dollars.

Certainly, there are many health issues for which chiropractors should defer to, and refer to, other healthcare professionals. Non-surgical spinal health issues, for patients of any age, is most assuredly not one of them. From pediatric to geriatric patients with non-surgical spinal health issues, chiropractors represent the most highly trained, most skilled, and most competent healthcare professionals with the most evidence-based intervention.

The undeniable truth is that being an evidence-based chiropractor does not require a move away from a focus on chiropractic SMT/adjustment, it demands a move toward it. The further we move



away from the spine and the further we move away from SMT/adjustment, general spinal and fitness exercise, and general healthy lifestyle advice, the further we move away from evidence-based care.

Yours in evidence-based, patient-centric, compassionate, ethical healthcare.

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JAMES CHESTNUT
B.ED., M.SC., D.C., C.C.W.P.

Dr. James L. Chestnut has been studying human wellness and prevention for over 30 years. He holds a Bachelor of Physical Education degree, a Master of Science degree in exercise physiology with a specialization in neuromuscular adaptation, is a Doctor of Chiropractic, and holds a post-graduate Certification in Wellness Lifestyle. Dr. Chestnut is also the author of 'Live Right for Your Species Type', which, along with his previous books, is considered the gold standard evidence-based argument for lifestyle intervention.

thewellnesspractice.com





DATES FOR YOUR DIARY

Make a note of the great events and promotions the UCA head office have planned for 2020.

SEPTEMBER

BACK TO SCHOOL CAMPAIGN

Members Only

OCTOBER

HALLOWEEN ACTIVITY PACK

Members Only

NOVEMBER

UCA AGM

6th November 2020

8WW WORKSHOP WITH DANE DONAHUE

6th November 2020

Hilton Birmingham Metropole

CHIROPRACTIC ESSENTIALS (CE)

Sat 7th & Sun 8th November

Hilton Birmingham Metropole

<https://bit.ly/UCACE20>

DECEMBER

CHRISTMAS CARE & SHARE CAMPAIGN

Members Only

MEMBERSHIP RENEWALS

15th November.

CHRISTMAS OFFICE HOURS

Head office will be closed Thursday 24th Dec 2020 and will re-open 5th January 2021.

JANUARY 2021

WOMEN'S CONFERENCE

Saturday 23rd January 2021

Radisson Edwardian Heathrow, UB3 5AW

MARCH 2021

UCA SPRING CONFERENCE

Saturday 6th March 2021

Park Inn Heathrow UB7 0DU



SIMPLE SUMMERY LIME AND ZOODLE SALAD

This zesty tasting zoodle salad can be eaten on its own or tossed with some protein or used as a side. Great dish to be having on these warm summers days!

Ingredients

2 zucchinis
2 carrots
1 lime + extra for serving
2 Tbsp Changing Habits Inca Inchi Oil
Changing Habits Seaweed Salt and pepper to taste
½ cup of herbs of choice (coriander, parsley, basil, mint)
6-8 cherry tomatoes, sliced
Optional: homemade garlic or pepita pesto to mix through it

Step by Step

1. Spiralise the carrots and zucchini and place in a large bowl.
2. Dress with herbs, lime, salt, pepper, tomatoes and oil and mix together.
3. You can choose to add boiled eggs, leftover roast chicken, chopped leftover sausages, fresh prawns or cooked fish here too, along with a good amount of pesto to mix through if desired.
4. Place onto two plates and enjoy! Serve with extra lime.

Online: To check out this recipe and other fantastic mouth watering dishes from Cyndi O'Meara, Changing Habits, go to: www.changinghabits.com.au

CHANGING
HABITS



CLASSIFIEDS SUMMER 2020

PLACING AN ADVERT

If you'd like to place an advertisement please contact:

AUKC, Unit 57, Basepoint Centre, Metcalf Way, Crawley, West Sussex, RH11 7XX

Telephone: 01293 817175

Email: contact@unitedchiropractic.org

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ASSOCIATE/CHIROPRACTOR REQUIRED

Associate Chiropractor

We have an exciting opportunity for an Associate Chiropractor to join our growing team in Jersey, Channel Islands.

Experience with all, or a number, of the following would be very beneficial: SOT, Applied Kinesiology, N.O.T, B.E.S.T., TMJ, BGI, Paediatrics, Cranio-dental.

This is a full time position requiring an energetic, inspired practitioner with excellent communication skills

In addition to a CPD allowance, we hold regular team development & training sessions for all staff, so that we all grow and develop together.

Please forward your CV with a brief email to: jane@humanhealthcentre.com

Chiropractic Associate SW London

We are looking for a full time Chiropractor to take over a long-standing client base in Northcote Chiropractic in October 2020.

If you love to check and adjust young families, are professional, fun and energetic then we bet that you will fit in really well with our joyful, focussed and skilful team.

You will enjoy heaps of support, respectful challenge, gentle guidance and skilful mentoring from our associates and amazing CAs

If this resonates with you then we are the practice that you are looking for.

Reach out to us at
emma@northcotechiropractic.co.uk

New Forest

Associate position available 3-to-5 days/week working between our New Milton (Hampshire) & Westbourne/Bournemouth (Dorset) clinics. The associate will either work three or five days per week, depending on their availability and income needs. There is the possibility to see between 40 and 120 patients per week. Guaranteed minimum income of £24k pa with £35k-to-£55k being more likely in your first year.

Full training, support and mentoring by BritChiro's founder Dr Peter Westergaard provided. You will need an interest in evidence based Chiropractic protocols similar to those taught internationally by Dr James Chestnut and a desire to become a top professional primary practitioner. Join a fantastic, dynamic and friendly team of approx. 25 across 3 clinics, where we treat patients the way we would want to be treated ourselves.

All clinics have digital in-clinic X-ray departments, Zenith Hi-Lo verti-lift benches and well trained support staff. See our website www.britchiro.com for videos and more information about our clinic group.

E-mail your CV with a cover letter to britchiro@gmail.com to register your interest.

Associate Position in Richmond, London

We are a busy, chiropractic wellness centre, established for over 25 years. This is a unique opportunity to gain mentoring from the principal chiropractor that is experienced in many techniques and protocols.

Our modern clinic has a positive and caring feel, uses state of the art equipment, including x-ray machine and digital processor, front desk and complete paperless system with high-end chiropractic tables.

Our competent and supportive team is there to make sure that you have the skills to run a busy, stimulating and exciting practice. They will make sure that you receive what you need at every turn.

We will support you with a retainer. On average you will be earning in excess of £50,000.

If you are a confident enthusiastic pro-active chiropractor who wants to learn, serve and work full time you will fit in well.

If you feel this position is for you, then we look forward to hearing from you.

Please email CV to both email addresses
info@sheenroadchiropractic.com
and sheenroad@gmail.com
or call 07736635736.

Outstanding opportunity at Caerphilly & Blackwood Chiropractic!

We have an amazing opportunity for Associates to join our team.

We are based in South Wales, 20/40 minutes from Cardiff.

We are the right clinic for you if you want:

- The opportunity to take over a busy patient list
- A full time position
- Great Salary
- Mentoring and support from experienced and dedicated Chiropractors

You're right for us if, you will be:

- Outgoing and enthusiastic
- Keen to develop in a supportive environment
- Willing to go that extra mile

Our goal is to help you achieve your dream career, email your CV to caerphillyblackwood@gmail.com

CONTACT US FOR HALF PAGE AND FULL PAGE ADVERT PRICES AND SIZES OR VISIT:
unitedchiropractic.org/advertising

UPDATED!

Fabulous associate position – Hammersmith, West London

Fabulous associate position available at The London Chiropractic Clinic based in Hammersmith for an immediate start. We are looking for an associate to take over an existing patient base. We would highly value paediatric experience. Flexible on hours. Minimum 3 years of practice and comfortable with volume with a proven track record. You will be working in a beautiful clinic with state of the art technology, light spacious rooms and a great team for support

Please email your CV and reasons why you would be suitable for this position to sarah@thelondonchiropracticclinic.com.

ASSOCIATE/CHIROPRACTOR REQUIRED

Love Being a Chiropractor?

Would you like to be part of a five star award winning team, dedicated to helping patients become vital and enjoy their life to the full?

If you want to grow professionally and personally whilst earning good money we would love to hear from you.

We offer a full mentorship programme. You will learn from an SOT advanced practitioner and craniopath, well versed in advanced rehabilitation techniques such as DNS (dynamic neuromuscular stabilisation technique), ethical patient management and communication.

Our aim is to help you be a passionate and technically brilliant chiropractor.

We are well-established (25 years) in a beautiful leafy suburb of North Leeds, within easy reach of the cosmopolitan vibrant city centre of Leeds and the Yorkshire Dales. So why not come up North where the pace of life is more relaxed, your money goes further and the people are down to earth and friendly?

Please visit our website www.headchiro.com to see more information.

If you are interested please contact Mark Butterworth on **07721314886** or markb@hcc.eclipse.co.uk

We Will Come Thru Covid-19 and We're Recruiting!

Our lovely clinic is closed for face-to-face appointments at the moment, but we have a wonderful opportunity for the right associate. Scroll down to see our original advert posted on 14th February.

We have a Patient Base @ our Thriving, Caring and Award-Winning Clinic. We even offer a guaranteed retainer!

Contact me on 07830 107558 or email James.Revell@LushingtonChiropractic.com and we can arrange a time to meet remotely.

Our Commitment to You:

- Walk into an Established Patient Base
- Join a Highly Successful, Thriving Clinic (we see over 20,000 Rx/Yr.)
- Multi-Award-Winning Clinic with Excellent Reputation
- Outstanding Support & Mentoring
- Team Socials & Events
- PLUS, Guaranteed Retainer
- PLUS, % Commission

More info at www.backblog.co.uk/career/

Despite this Covid-19 crisis life goes on. Contact James Revell, Clinic Director on 07830 107558 or James.Revell@LushingtonChiropractic.com

Advertising Costs And Classified Terms

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(Plus 50p for every additional word)*
INCLUDES: Advertising on website for 90 days and next edition of the magazine.

*Payment must be received in advance

Associate Chiropractor Needed in Shepperton, Surrey

A great opportunity to join our clinic in Shepperton, TW17, that has been serving the community for almost 20 years. We are a team of 3 Chiropractors and 2 Sports massage therapists. We are offering 2 or 3 shifts per week as a part time position. Our website is www.sheppertonchiropractic.com if you would like to know more about us and should you be interested please email.

Mika Janhunen DC at
info@sheppertonchiropractic.com
or call **01932429584**

Make a true impact on people's health by being the chiropractor you want to be.

Our clinic established in the heart of the Maidenhead community has a unique opportunity for a new chiropractor to join our team. Due to one of our chiropractors reducing their hours, this vacancy full or part-time has a huge demand of patients.

We are here to allow our patients to live their life to the fullest by providing tailored treatment to their needs and providing them with the tools that allow them to stay active.

Offering a clean, professional yet personable clinic our patients become part of community that genuinely cares for their wellbeing. We are trusted, relied on and keep no secrets when it comes to educating them about maintaining their health and wellbeing.

The successful applicant for the role will be looking to establish a long-term relationship with our team, hitting the ground running. You will also have business opportunities available to you with your continued service.

Contact jenni@activehealthclinics.com to apply for the role or call us on **01628 626565**

Great opportunity in South Manchester

Join our team! We have available a full time position in a clinic that have been established for 19 years. A great opportunity for the right candidate to build a thriving business but also learn to love learning. The position also comes with a £1000 -£1500 retainer per month if needed. You will be supported and trained in all aspects of patient management. We also have over 400 hours of Carrick functional neurology online to learn.

www.chiropractichealthsolutions.co.uk
Please email CV and covering letter to Andrew Jackson at agjax0@gmail.com

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CLINIC/PRACTICE FOR SALE

Great opportunity for the right practitioner

Owner retiring and the longest established chiropractic clinic in the midlands requires a new owner. Two full-time chiropractors and fully equipped with three treatment rooms with a possibility of two extra rooms that can be converted. The website is birminghamchiropracticclinic.co.uk. Interested persons can contact me on **07738338985** or email jamesmrousseau@gmail.com

Clinic Soth West London

A thriving well established, highly profitable chiropractic clinic with great potential is for sale. Located in South West London. Currently a single practitioner, it is well maintained with a large reception area with two treatment rooms.

Turn Key operation. Current principle would consider working a transition period if required.

Contact:
swlondonclinicforsale@gmail.com

York Practice for Sale

This is a very busy clinic with a fantastic maintenance base and is just waiting for the right Chiropractor/s to take over.

High rate of New Patient enquiries weekly

Experience or knowledge of Chiropractic Biophysics Posture Correction techniques would be helpful, however experience in Diversified technique would form a good base.

All interested parties please enquire by email to Dr Paul Stick
info@simplychiropractic.co.uk.

LOCUMS

Experienced Locum Available

With thirty years' experience I can vary practice style and technique to suit your clinic to enhance patient / staff satisfaction and consistency.

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United Chiropractic Association

