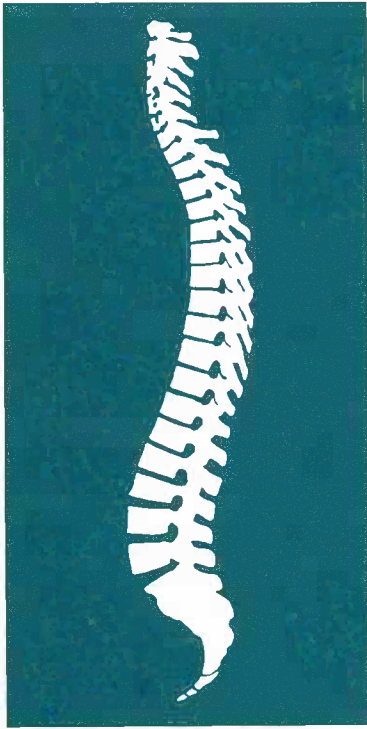


THE CHIROPRACTIC REPORT

Editor: David Chapman-Smith LL.B. (Hons.)

September 1999 Vol. 13 No. 5



PROFESSIONAL NOTES

Chiropractic Principles and Research Methodology - Where Do They Meet

The modern era of chiropractic research began in 1975 with the interdisciplinary NINDS Conference in Bethesda, Maryland, convened by the U.S. National Institutes of Health to plan a research agenda. One participant, Canadian Ronald Gitelman, DC, was asked to give his views on current progress at a similar interdisciplinary planning conference held at the University of Calgary in Canada last November - the Canadian Chiropractic Scientific Research Symposium sponsored by the Canadian Chiropractic Association.

In his provocative address titled *The Myth of Progress*, recently published in the JCCA, Gitelman was critical of the reductionist model and "the literature fascists" on one hand, and the chiropractic "pseudo-religious fanatics" on the other. From the perspective of someone with long experience of private practice and clinical research Gitelman:

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KEY JOURNALS, NEW BOOKS AND KNOWLEDGE

A. INTRODUCTION

CHIROPRACTIC inhabits two worlds in health care, spinal care and what is currently called complementary and alternative medicine (CAM). Both are in a state of revolution - indeed the title of Gordon Waddell's acclaimed new text on the management of back pain is *The Back Pain Revolution*. How much time do you devote each week or month to reading to keep abreast of developments influencing the future of your profession and therefore your practice - developments within chiropractic, but also within spinal care generally and CAM? Today:

- New editions of major medical texts such as Melzack and Wall's *Textbook of Pain*, Frymoyer's *The Adult Spine*, Hochschuler's *Treat Your Back Without Surgery* and Kirkaldy-Willis' and Bernard's *Managing Low-Back Pain*, all have chapters on spinal manipulation by chiropractors. This reflects scientific evidence and clinical guidelines for physicians that give chiropractic methods including manipulation a front line role in the management of patients with spinal pain. Significant integration of chiropractic and medical care, long desired by the public, is now an established trend. Even Harvard University and its teaching hospitals have two chiropractors on staff - Palmer graduate Dr. James Barassi and CMCC graduate Dr. Geoffrey Bove.

- Likewise new texts by chiropractors have many of their chapters by medical, osteopathic and physical therapy leaders and illustrate another trend - a broader understanding of the locomotor system and wider use of soft-tissue techniques and exercise in chiropractic practice.

- The CAM revolution, analysed in the March 1999 issue of this Report, continues to explode internationally, educating

chiropractors on the real attitudes and beliefs of their patients - 95% of them, when surveyed independently, say they want chiropractic and medical doctors who can work together and that they and their families use other forms of holistic care and CAM besides chiropractic.¹

In recent months there has been an avalanche of important new books and research. What's available, and what should you be reading? In this issue we make recommendations on best journals and new texts in chiropractic, spinal care and CAM.

B. JOURNALS

2. On the broad assumption that you are unlikely to find time to subscribe to and read more than two scientific journals, they should be:

a) *Journal of Manipulative and Physiological Therapeutics* (JMPT). Mosby, 9 issues/year, individual U.S. subscription \$99.00. *Information and orders:* Tel: 800-453-4351 or 314-453-4351 or www.mosby.com/jmpt.

This is the profession's premier publication for research. Abstracts for all papers are brief, clear and have conclusions that can be quoted with authority. Many studies and case reports will be of immediate clinical interest. Reading them over time will keep you comfortable with scientific writing and familiar with the most important references.

From articles and reviewing the editorial board you will be familiar with the names of leading chiropractic scientists internationally. The most recent issue included articles on the validity of premanipulative tests; the relative effectiveness of acupuncture, NSAIDs and chiropractic manipulation for patients with chronic spinal pain; the reliability of chiropractic

assessment procedures for the lumbar spine; stress levels reported by chiropractic patients; and the biomechanics of the CNS. Currently there is an ongoing debate about the validity of motion palpation in letters to the editor.

b) *Spine*. Lippincott Williams and Wilkins, 9 issues/year, US\$319.00. *Information and orders*: 800-638-3030, 301-714-2300, Fax: 301-824-7390 or www.lww.com. Pricey but excellent, this is the medical profession's foremost journal for spinal research, and its editorial board is an interdisciplinary who's who of spine care internationally. Chiropractic members are Scott Haldeman, DC MD PhD and Reed Phillips, DC PhD. *Spine* is now the official journal of medical spine societies in Asia, Australia, Europe, Latin America and North America.

Originally heavy on orthopaedic surgery, *Spine* has changed dramatically in recent years and now incorporates a large volume of chiropractic and other conservative care research. Recent issues have featured important new chiropractic studies on measurement of normal and abnormal cervical range of motion (Charles Lantz, DC PhD et al from Life West,^{2,3}) what link there is between smoking and low-back pain (Charlotte Leboeuf-Yde, DC MPH PhD from Odense University⁴ – her literature review shows there is none) and neck movements/spinal manipulation and vertebrobasilar artery dissection (Scott Haldeman et al⁵ – the paper reviewed in the July 1999 issue of this Report.) However the fundamental reason for getting *Spine* is that this is where most of the important spine-related research is published – and from this, commentaries and editorials you see the emerging trends and the position of chiropractic and your practice in spinal care in general.

3. Other important journals and periodicals include:

a) *Topics in Clinical Chiropractic* (Aspen, 4 issues per year, US\$79.00. *Information and orders*: North America and Japan, Tel: 800-638-8437, or www.aspenpublishers.com.) Edited by Robert Mootz, DC, Associate Medical Director for Chiropractic, State of Washington, Department of Labor and Industries and with associate editors from most chiropractic colleges, TICC devotes each issue to one topic of clinical importance (e.g. upper extremity, thoracic spine,

headache, women's health, rheumatology) and provides both a clinical overview and detailed clinical aids including management flow charts or algorithms and patient handouts. Quality and relevance are high. After six years TICC and Aspen have just published four volumes containing all their clinical papers and practice aids on:

- Sports chiropractic
- Chiropractic care of special populations (infants and children; women's health; and geriatric health).
- Chiropractic technologies.
- Best practices in clinical chiropractic.

b) *The Year Book of Chiropractic*, (Mosby, one volume/year since 1995. *Information and orders*: Tel: 800-453-4351 or 314-453-4351 or www.mosby.com.) Edited by Dana Lawrence, DC of National College, this is the best annual series in chiropractic. Many medical specialties also use this method of an annual year book to give clinicians a comprehensive overview of research and clinical developments during the past 12 months. From the general health sciences literature Lawrence selects the most important papers relevant to chiropractic practice under categories such as basic sciences, biomechanics and functional anatomy, evaluation, clinical management, specific health problems, and occupational and sports injuries; these papers are then each reduced to one page abstracts by professional editors at Mosby and then published with one or two paragraphs from Lawrence highlighting the significance of each paper. In other words, the profession's most experienced editor does the work for you and you have an efficient summary of significant developments. *The Year Book* for 2000 will be available in November – order a copy as a trial run, then make your final decision for future years.

C. RECOMMENDED BOOKS

4. Complementary and Alternative Medicine

Essentials of Complementary and Alternative Medicine, ed. Jonas WB and Levin JS, Lippincott, Williams and Wilkins, 1999, 605 pp. U.S. \$44.95. ISBN: 0-683-30674-X. *Information and orders*: Tel: 800-638-3030, or 301-714-2324. Fax: 301-824-7390 or www.lww.com.

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This is the book if you want to be informed on CAM. It was produced by Wayne Jonas, MD during his recent time as Director, Office of Alternative Medicine, National Institutes of Health, Bethesda, Maryland and Jeffrey Levin, PhD MPH, Senior Research Fellow, National Institute for Health Care Research, Rockford, Maryland. The principal target audiences are firstly the medical profession and secondly other health professionals. It is written for the international community – associate editors come from Germany, Japan and the U.K. Reasons why it is the best and important reading in this field for chiropractors include:

a) The book will be widely read and influential, and will shape the attitudes towards chiropractic of many people in health care.

b) It is clear, concise and very informative. There are chapters on many CAM systems written by experts from each discipline – Ayurvedic medicine, TCM, Native American medicine, Tibetan medicine, chiropractic, osteopathy, naturopathy,

thy, holistic nursing, acupuncture, phytomedicine, spiritual healing, massage therapy, qigong, biofeedback, hypnotherapy, behavioral medicine, orthomolecular/megavitamin therapy, homeopathy, nutritional biotherapy and meditation/mindfulness. Each chapter deals with history and development; principal concepts; education; major indications for use; diagnostic and treatment methods; reimbursement status; and future prospects.

The chapter on chiropractic is by Dana Lawrence, DC, Professor of Chiropractic Practice, National College of Chiropractic and Editor, JMPT, who introduces readers to the profession thus:

“The major difference between chiropractic and other forms of Western medicine, such as osteopathy and allopathic medicine, is that chiropractic focuses on the spine as integrally involved in maintaining health, providing primacy to the nervous system as the primary coordinator for function, and thus health, in the body. The approach of chiropractic is the maintenance of optimal neurophysiological balance in the body, which is accomplished by correcting structural or biomechanical abnormalities or disrelationships. The primary method for accomplishing this balance is spinal manipulation, known as the chiropractic adjustment.”

He concludes by noting that many people within the chiropractic profession “would argue that chiropractic medicine is no longer complementary and alternative medicine but now mainstream.”

c) The basic messages of the book, delivered clearly in Jonas’ and Levin’s introduction, are that there are sound reasons for the huge growth in CAM, that it is here to stay, that good medical and health care practice now necessarily involves an integration of conventional and complementary medicine, and that “basic knowledge of common CAM practices will be an indispensable component of medical information in the 21st century.” This book provides that information.

5. Spinal Care – Back Pain

The Back Pain Revolution, Waddell G, Churchill Livingstone 1998, US\$60.00, CAN\$96.95. ISBN:443-060-398. *Information and orders*: Tel: 800-545-2522 (U.S. only), 800-387-7278 (Canada only),

or 314-453-7010. Fax: 800-568-5136 (U.S. and Canada only), or 314-453-7095, or www.churchillmed.com.

Managing Low-Back Pain, Kirkaldy-Willis WH and Bernard TN, Churchill Livingstone, 4th edition 1999, 434 pp, US\$85.00, CAN\$137.00. ISBN: 0-443-07948-X. *Information and orders*: Same as for *The Back Pain Revolution* above.

These are the two best books, by two of the most influential figures shaping the medical management of back pain internationally since the 1980s – Scottish orthopaedic surgeon Gordon Waddell, DSc MD and Canadian orthopaedic surgeon William Kirkaldy-Willis, MA, MD. Anyone managing patients with low-back pain, and wanting to be literate about contemporary best practices across the health professions should be familiar with these texts. They present the interesting sight of surgeons arguing against surgery and other invasive care for most patients, and endorsing the contemporary clinical guidelines that call for patient reassurance, early return to activities and the conservative approaches of skilled manipulation and exercise. It will be appealing to chiropractors that both books acknowledge a major role for the chiropractic profession.

In *The Back Pain Revolution* Waddell explains how and why the biopsychosocial model of back pain proposed by him over the past 15 years has replaced the former biomedical model. Forewords are from two major figures who endorse Waddell’s expertise and his book – Swedish orthopaedic surgeon Alf Nachemson, MD PhD, Senior Editor of *Spine*, and U.S. chiropractor Reed Phillips, DC PhD, President, Los Angeles College of Chiropractic.

The strength of this book is in its descriptive overview of back pain – the history of medical approaches, epidemiology, risk factors, the physical basis, the psychosocial basis, a new model for management, scientific evidence for the different treatments, clinical guidelines in the U.S., U.K. and New Zealand, information tools for patients, etc. Waddell, who was a major figure in the development of the U.S. and U.K. government-sponsored guidelines in the 1990s, describes a front line role for skilled manipulation for most patients. His book, however, does not have detailed comment or separate chapters on

management methods such as manipulation. It is an overview, written by him alone.

Kirkaldy-Willis’ book has a similar basic model for management, identifying physical and psychosocial influences, but more detailed chapters on individual management approaches. In this 4th edition of the book just released, co-editor is orthopedic surgeon Thomas Bernard, MD from Tulane University, New Orleans If you wanted to give a medical colleague a gift this holiday season that is an authoritative overview of contemporary management, and strongly endorses the role of chiropractic services, this is the gift. It is noted:

a) The main point that Kirkaldy-Willis and Bernard make in their brief preface is that “it has become even more apparent to us that the contributions from colleagues of many disciplines of science and medicine are fundamental to the understanding and successful treatment of back pain.” Later they acknowledge chiropractors as either potential team members or captains. (See Table 1).

Table 1 – TREATMENT TEAM

Team Captains

Family practitioner
General practitioner
Orthopedist
Neurosurgeon
Chiropractor
Osteopath

Team Members

Manual therapist
Physical therapist
Chiropractor
Osteopath
Neurologist
Neurosurgeon
Anesthesiologist
Psychologist
Psychiatrist
Employer
Attorney
Insurance company
Family
Friends
Case manager
Minister

From Kirkaldy-Willis and Bernard 1999)

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continued from page 1

NORTH AMERICA

- Points to the inherent conflict between the medical paradigm of research, reducing everything to its simplest component, and the chiropractic holistic paradigm.
- Acknowledges that research focus on a "primary diagnosis" (e.g. specific joint dysfunction) and one modality of treatment (e.g. a specific form of manipulation) obviously has some value in chiropractic research.
- Concludes, however, that this focus is counter-productive if chiropractors forget "the secondary diagnosis . . . of the broader status of the statics and dynamics of the locomotor system . . . and its neurologic components" and the more complete intervention of "chiropractic care."

Interestingly his conclusions are exactly those of a large and representative group of U.S. chiropractic researchers at the 4th Annual Research Agenda Conference (RAC IV) funded by the U.S. National Institutes of Health and administered by the Palmer Center for Chiropractic Research held in Chicago from July 23-25. Key questions before the meeting were "are chiropractic philosophy and research at odds", "can the profession generate testable hypotheses related to chiropractic philosophy", and "where should we now be going in chiropractic research?" Following invited speakers from several disciplines and across the chiropractic spectrum, panel discussion, then vigorous debate, there was an extremely strong consensus on the following points:

- There are major problems with the medical reductionist approach to research in the evaluation of chiropractic care – recently illustrated, for example, in the asthma trial published in the *New England Journal of Medicine* which was felt to be unrepresentative of chiropractic patients, management and results.
- The chiropractic profession would be unwise, however, to place its prime emphasis on subluxation-based research. This would produce a number of scientific and political problems. As to the latter, research is done in a social context, and the subluxation is of little perceived interest or significance to anyone outside the chiropractic profession. This represents a fatal limitation in a world looking for pragmatic research and in which collaboration between chiropractic and other researchers is vital to generate the financial and human resources necessary to advance the chiropractic research agenda.
- There is a correct middle road. Rather than concentrating on subluxation or a reductionist model chiropractic research should centre on *the chiropractic clinical encounter*. All components of chiropractic care (e.g. physical procedures, patient management and educational procedures), and all aspects of patient response (e.g. primary condition, other symptoms, overall feeling of well being, functional outcomes, satisfaction, reduction in use of other health care services, quality of life, etc.) should be assessed.

Firstly, the methodology now exists to measure these things. Secondly this focuses upon and captures the holistic nature of chiropractic care.

Coincidentally, the World Health Organization is currently developing *Guidelines for Methodologies on Research and Evaluation of Traditional Medicine* – the title WHO gives to chiropractic, traditional Chinese medicine and other forms of complementary and alternative medicine. The World Federation of Chiropractic (WFC) is a major participant in this process which will recognize that holistic care requires modified research methodology. Draft guidelines are to be reviewed at a meeting in Hong Kong next April at which chiropractic representatives will be William Meeker DC MPH (Palmer College, U.S.) and Lynton Giles, DC PhD (University of Queensland, Australia).

U.S. – Cost of Occupational LBP is Falling. For many years there has been agreement that disability and cost from low-back pain (LBP) is steadily rising. A new study from the Liberty Mutual Research Center in Massachusetts shows that the picture has changed dramatically – certainly for occupational LBP in the U.S.

- Data examined came from Liberty-Mutual, a workers' comp provider covering about 10% of the privately insured labor force in the U.S., the Washington State Department of Labor and Industries and the U.S. Bureau of Labor Statistics for the period 1987 to 1995.
- In this period the annual LBP claims rate decreased 34%. Costs of claims reduced by even more – 58%. LBP claims costs were 36% of total workers' comp payments in 1987 – only 23% of total in 1995. However occupational LBP "remains a major problem in the U.S." with an estimated \$8.8 billion spent on claims in 1995, and LBP claims filed at the rate of 1.8 per 100 workers per annum.
- The authors, and Paul Shekelle, MD MPH from RAND in his commentary, consider the reasons for this decline in claims and cost. There are many, with relative weight a matter of speculation. They include the rise of managed care and utilization review; changes in professional behaviour in response to much better research and guidelines on preventive and therapeutic interventions; and various programs introduced by employers including fitness programs, better ergonomic design of work places, and availability of modified work schedules for early return to work.

EUROPE

1. Norway – New Government Funding: Chiropractic practice is recognized by law in Norway, as in all the Scandinavian countries, but there has only been government funding for patients seen on medical referral. New law in June provides government funding for all patients without the need of medical referral and rights to refer directly to medical specialists, to admit patients to hospital emergency departments, and to sign sick-leave/ disability certificates.

2. European Parliament Accepts Lannoye Report: The European Chiropractors' Union, which represents 16 member countries and national associations in negotiations with the European Union and Parliament, reports that the Parliament has now accepted the Lannoye Report – which is recommending the coordination of laws across Europe for the recognition of chiropractic and other complementary health care disciplines. This is a major advance since the practice of chiropractic is still technically illegal in some countries (e.g. France, Hungary, Spain) and there have even been isolated prosecutions in recent years. The Lannoye Report proposes directives for all EU countries for:

- The mutual recognition of diplomas and other evidence of formal qualifications of practitioners of chiropractic;
- The coordination of provisions laid down by law, regulation or administrative action with respect to chiropractic practice.
- The setting up of an advisory committee on the education and training of chiropractors.

3. Ireland – The Profession Grows: Until the 1990s there were few chiropractors in Ireland, where the practice of chiropractic is well accepted and legal but unregulated by law. Dr. Rory Murphy, President, Chiropractic Association of Ireland, reports there are now 61 chiropractors in practice but that that number is expected to double in the next five years. There are 35 Irish students presently at chiropractic college in the U.K.

4. Research: Adolescent Low-Back Pain Linked to Early Disc Degeneration. Jouko Salminen MD, from the Department of Physical Medicine and Rehabilitation, University Hospital, Turku, Finland, has been following a large group of teenagers for nine years assessing the frequency and causes of low-back pain. In past papers he has reported that nearly 50% of teenagers have a history of low-back pain by their late teenage years, but that most of this pain is relatively mild and not recurrent or disabling.

His latest paper, described as “very important new epidemiologic evidence” by Jeremy Fairbank MD from the U.K. in his commentary, reports that a sub-group of about 8% of adolescents has LBP “as a recurring problem soon after the age of rapid physical growth” and that in this subset there is a clear link between LBP and early disc degeneration apparent on MRI. (Salminen JJ, Erkintalo MO et al, *Recurrent Low-back Pain and Early Disc Degeneration in the Young*, Spine 1999;24(13):1316-1321.)

AFRICA

1. South Africa – Hospital Training and Services: At the recent WFC Congress in Auckland Dr. Glynn Till, Head, Department of Chiropractic, Technikon Natal, Durban, spoke of the success of the chiropractic internship program at Kimberley Hospital. In this program, commenced in June 1996, clinical training is strengthened as interns see a wide cross-section of patients from all socio-economic groups in the hospital and in the chiropractic out-patient clinic. Many require concurrent chiropractic and

medical care. As a result of the program this year Kimberley Hospital has established a full-time funded chiropractic staff position.

2. Zimbabwe – Putting Your Problems in Perspective: After years of hard fought negotiations there was finally chiropractic legislation in Zimbabwe in 1975. The battles are now social and economic. Palmer graduate Dr. Evalie Heath, President, Chiropractors' Association of Zimbabwe, reports massive devaluations in currency, war with the Congolese, social upheaval, a focus on survival and the fact there are now only four chiropractors in the country. Beyond their chiropractic practices they are all deeply involved in social work – Dr. Heath has spent much time in recent months organizing a shelter for battered women in Bulawayo. (Contact: ekheath@telconet.co.zw).

3. Ethiopia – Hospital Chiropractic Services. Until recently there were only three chiropractors in Ethiopia, led by Palmer graduate Dr. Mulu Baffa. In 1997 they were joined by Cleveland graduate Dr. Zewde Worko. At the invitation of the Minister of National Defence Dr. Worko, who previously practised in Los Angeles for 10 years, has now established a Chiropractic and Rehabilitation Clinic at the National Defence Forces Hospital in Addis Ababa. The clinic has been most successful and this year Dr. Worko has been joined by Dr. Selam Aklilu, another Ethiopian Cleveland graduate from California.

Those wishing to support the chiropractic profession in Ethiopia should contact Dr. Fethi Shami in Los Angeles (Tel: 310-673-8802, Fax: 310-673-2599, e-mail: fshami@aol.com).

Advances in Spinal Diagnosis and Treatment **American Back Society**

December 8-11 1999, Riviera Hotel, Las Vegas

Panel of Chairmen

Nikolai Bogduk, MD PhD, Rene Caillet, MD,
Ronald Donelson, MD, Stephen Esses MD,
Philip Greenman, DO, Scott Haldeman, DC MD,
Robin McKenzie, PT, Craig Morris, DC,
James Rappaport, MD, Duane Saunders, PT.

Description

An interdisciplinary meeting of lectures, grand rounds, technique workshops, technique seminars, in which you can review the state of spinal care with international experts in an environment that respects all health professions equally. Highly recommended.

Contact for further information

ABS, 2647 East 14th Street, Suite 401, Oakland CA
94601 USA

Tel: 510-536-9929, Fax: 510-536-1812, Email:
ambasoc@aol.com, or www.americanbacksoc.org

b) Chiropractic authors have a prominent role, not only writing the chapter on *Spinal Manipulation* (Dale Mierau, DC MSc FCCS and Haymo Thiel, DC MSc FCCS with Kirkaldy-Willis) but also key chapters on *Differential Diagnosis of Low Back Pain* (Scott Haldeman, DC MD PhD), *The Site and Nature of the Lesion* (Jeffrey Quon DC FCCS, now a tutor at the Faculty of Medicine, University of British Columbia) and *The Three Phases and the Three Joints* fundamental to back pain (Mierau with Kirkaldy-Willis).

c) The chapter *Spinal Manipulation* presents this as primarily a chiropractic art and science. It features a positive review of the trials for manipulation, an explanation of mechanisms of action, comment on the need for extensive education, and strong evidence-based support for the use of spinal manipulation in the presence of disc herniation - stronger than in the previous edition and strengthened by the fact that Kirkaldy-Willis is one of the authors.

If the chiropractic profession is interested in further integration into mainstream health care services and retention of leadership in the manipulative arts, this is the book you should read, quote and place before influential figures in your health care world.

6. Spinal Care – Rehabilitation

Rehabilitation of the Spine: A Practitioner's Manual, Liebenson C, Lippincott, Williams and Wilkins, 1996, 436 pp. US\$80.00. ISBN:0-683-05032-X. *Information and orders:* Tel: 800-638-3030 or 301-714-2324. Fax: 301-824-7390 or [www:lww.com](http://www.lww.com).

Spinal Rehabilitation, Stude DE, Appleton and Lange, 1999, US\$85.00. ISBN: 0-8385-3685-9 *Information and orders:* Tel: 800-262-4729 (U.S. only), 800-565-5758 (Canada only). Fax: 1-614-759-3641 or www.mghmedical.com.

Liebenson's text, previously reviewed in depth, remains an excellent overview of the three pillars of contemporary management of spinal disorders:

- Integration of traditional chiropractic adjustment techniques, myofascial therapy and exercise.
- Identification and management of psychosocial factors.
- Appropriate measurement of outcomes or results.

This is now joined, and complemented, by the newly released *Spinal Rehabilitation* from David Stude, DC of the Northwestern College of Chiropractic, Minneapolis. This book is a superb overview of contemporary trends in care. In his foreword, U.S. orthopedic authority Professor Vert Mooney, MD, Past Chairman, Department of Orthopedic Surgery, University of California, San Diego describes the text as a unique blend of "the two major physical approaches to spinal care – manual therapy and active exercise", "the way of the future" and "forward thinking at its very best." Although chapter authors come from many disciplines the major influence is chiropractic and, says Mooney, the book "clearly demonstrates the ongoing integration of chiropractic into comprehensive medical care."

Major sections of the book deal with *Foundation Principles* (e.g. the role of active exercise, integration of passive and active care, high vs low-tech, data and outcome management, patient education and activation), *Evaluation Principles* (e.g. orthopedic, functional capacity, radiological and McKenzie Methods - all by

DCs; psychosocial - Jennifer Bolton, PhD; and cardiac – Steven Heifetz, MD), *Principles of Manual Treatment* (e.g. adjustment – Tom Bergmann, DC; mechanically-assisted mobilization – James Cox, DC; and soft-tissue assessment and treatment – Michael Leahy, DC and Joe Pelino, DC) and *Principles of Exercise* (e.g. exercise physiology, low-tech exercise, aquatic rehabilitation, high-tech exercise, exercises for older adults, motivation and compliance).

Why should you be reading all this? The first reason is obviously keeping current with evolving chiropractic management for improved patient care. The second, pinpointed by Mooney in his foreword, is the new pressure to deliver and document the most appropriate and cost-effective services – in the future these will be the only services funded by the mainstream health care system.

7. The Cervical Spine

Conservative Management of Cervical Spine Syndromes, ed. by Murphy DR, McGraw-Hill, 1999, US\$95.00. ISBN: 083-85-63864. *Information and orders:* Tel: 800-262-4729 (U.S. only), 800-565-5758 (Canada only), Fax: 1-614-759-3641 or www.mghmedical.com.

The best known chiropractic texts on the cervical spine have a specific focus – Foreman and Croft's *Whiplash Injuries: The Cervical Acceleration/Deceleration Syndrome* deals with whiplash and Vernon's *The Upper Cervical Syndrome: Chiropractic Diagnosis and Treatment* relates to the upper cervical spine. There has been no comprehensive and widely quoted text on the cervical spine since *The Cervical Syndrome* by Ruth Jackson MD in 1977 and this is now dated.

For these reasons the comprehensive and fine new text *Conservative Management of Cervical Spine Syndromes* by Donald Murphy, DC DACAN, Clinical Director, Rhode Island Spine Center, with faculty appointments at the University of Bridgeport College of Chiropractic, New York Chiropractic College, Los Angeles College of Chiropractic and Brown University School of Medicine, is particularly valuable and exciting. Other reasons include:

a) It presents all aspects of management of the cervical spine with major sections on basic sciences (e.g. functional anatomy, biomechanics and posture, neurophysiology and stability, epidemiology); clinical syndromes (e.g. MVA cervical trauma, headache, cervical radiculopathy and pseudoradicular syndromes, cervicogenic vertigo and dysequilibrium, orofacial pain, neuropsychological dysfunction); evaluation (e.g. joint dysfunction, posture and movement patterns, imaging, history taking and clinical exam); treatment (e.g. manipulative techniques, muscle and soft tissue techniques, chain reactions, acute soft tissue injuries, TMJ, surgical management); rehabilitation (e.g. sensorimotor training, stabilization, McKenzie Methods, patient education) and general management (e.g. management protocols, protocols for difficult patients, psychological management, outcome measures).

b) As in Stude's book on general spinal rehabilitation individual chapters are by an impressive range of academic and clinical experts as appropriate. The epidemiology of cervical disorders is by Eric Hurwitz, DC PhD of UCLA. Reviews of evidence for headache (Craig Nelson, DC) cervicogenic vertigo (Don Fitz-Ritson, DC)

and orofacial pain (Darryl Curl, DDS, DC) are by those who have done the leading clinical research. Main clinical chapters are by experienced clinicians and teachers from private practice.

a) This book is designed as a practical manual for the clinician. The discussion of clinical examination, for example, includes a full summary of the various diagnostic tests; the discussion of patient education has patient education and home exercise hand-outs.

Murphy, like Liebenson and Stude, has studied extensively with leaders from all disciplines during the past 10 years and is now in high demand as a lecturer in chiropractic postgraduate courses in rehabilitation. Whereas Liebenson and Stude have focussed on the low-back, Murphy has focussed on the cervical spine. He has now produced an impressive text that is both state-of-the-art and practical in this field.

8. Technique - Joint Adjustment

Chiropractic Technique: Principles and Procedures, ed.

Bergmann TF, Peterson DH, Lawrence DJ, Churchill Livingston, 1993, 803 pp. US\$192.00, CAN\$303.00. ISBN: 0-443-08752-0. *Information and Orders*: Tel: 800-545-2522 (U.S. only), 800-387-7278 (Canada only), or 314-453-7010, Fax: 800-568-5136 (U.S. and Canada only), or 314-453-7095, or www.churchillmed.com.

Chiropractic Manipulative Skills, ed. Byfield D, Butterworth-Heinemann, 1996, 256 pp, US\$65.00. ISBN: 0-7506-0968-0, *Information and Orders*: Tel: 800-366-2665 Fax: 800-446-6520 or 781-933-6333 or www.bhusa.com.

These remain the two best texts. The former, by leading U.S. experts from Northwestern, Western States and National College, deals with joint assessment as well as treatment, and with extremity techniques as well as spinal. It is the profession's most comprehensive text. The latter by David Byfield, DC a prominent British clinician and teacher now at Glamorgan University, focuses on treatment of the spine and pelvis only. However it is strong in these core areas. Particular strengths are excellent illustrations of appropriate and inappropriate technique and a chapter devoted to postural advice – again beautifully illustrated – for decreasing wear and tear on you the practitioner.

9. Technique – Soft Tissue

Functional Soft-Tissue Examination and Treatment by Manual Methods, ed. Hammer WI, (Aspen Publishers, 2nd edition 1999, 625 pp, US\$110.00. ISBN: 0-8342-0630-7. *Information and orders* : Tel: 800-638-8437, Fax: 800-901-9075 or 301-698-9329, or www.aspenpublishers.com.) There has been extensive new information on soft-tissue examination and treatment by manual methods since Warren Hammer, DC MS DABCO, who practises in Norwalk, Connecticut, wrote the first edition of this text in 1991. This comes from clinicians and teachers in the chiropractic, medical, osteopathic and physical therapy professions.

It is captured in clear, practical terms in this new and greatly expanded edition of Hammer's text. The 17 contributing authors, though predominantly chiropractors, come from all these professions. There are revised chapters on somatic technique, muscle imbalance and post-facilitation stretch, strain/counter-strain and friction massage, and three new chapters on myofascial pain and release by experts Karel Lewit, MD, John Barnes, PT and Michael

Leahy, DC CCSP. As Hammer explains in his preface "different originators of new manual techniques are reaching the same conclusions about the importance of the fascial system and its effect on the body from both a local and a global point of view" and description of this is only one of many strengths of this now comprehensive and leading text.

10. Special Interest Books

Important new books in areas of special interest include:

a) **Differential Diagnosis: *Differential Diagnosis for the Chiropractor: Protocols and Algorithms*** (Souza T, Aspen Publishers, 1997, 750 pp, US\$69.00. ISBN: 0-8342-0846-6. *Information and orders*: Tel: 800-638-8437, Fax: 301-695-7931 or www.aspenpublishers.com). This is from Thomas Souza DC, Professor and Chairman, Department of Diagnosis, Palmer West. As its name implies the book illustrates its text with management flowcharts or algorithms for many specific pain syndromes (e.g. facial pain, thumb pain, chest pain, traumatic shoulder pain) and a wide range of disorders seen in practice (anemia, sore throat, enuresis, cough, eye complaints, etc.)

A second strong text for clinicians as well as students is the newly published ***Differential Diagnosis for Primary Practice***, by Jennifer Jamison MD PhD EDd, Professor of Diagnostic Sciences, School of Chiropractic, RMIT University, Melbourne. (Churchill Livingstone, 1999, 507 pp, US\$ 37.50. ISBN: 0-443-06264-1. *Information and orders*: Tel: 800-545-2522 (U.S. only), 800-387-7278 (Canada only), or 314-453-7010, Fax: 800-568-5136 (U.S. and Canada only), or 314-453-7095, or www.churchillmed.com.) Whereas Souza features algorithms, Jamison, a medical physician with over 10 years experience of chiropractic education, has a wealth of practical clinical tips laid out in a clear and concise format. A fine clinical companion.

b) **Measuring Results: *Outcomes Assessment*** (ed. Yeomans S, Appleton and Lange, 1999, US\$116.25. ISBN: 08-38515-282. *Information and Orders*: Tel: 800-262-4729 (U.S. only), 800-565-5758 (Canada only), Fax: 1-614-759-3641 or www.mghmedical.com). In this book, by Steven Yeomans, DC FACO, from Wisconsin, we have another new major text filling another gap and serving another clear need in chiropractic practice. As the profession has been warned by the IAF Report *The Future of Chiropractic*⁶ and is clear from competitive developments in health care, chiropractors must produce much better outcomes data and practice statistics if chiropractic practice is to expand in the next decade. Single chapters in other texts, some by Yeomans himself, give an overview of outcomes assessment. This book gives the detailed expert and practical advice clinicians have been looking for on questionnaires (general health, pain perception, condition-specific – such as the Oswestry for the low-back and the Neck Disability Index, psychometric, patient satisfaction), provocative tests (e.g. nerve root entrapment tests, hip joint tests, sacroiliac tests) and functional capacity evaluations.

c) **Pediatrics: *Pediatric Chiropractic*** (ed. Anrig C, Plaugher G, Williams and Wilkins, 1999. 800 pp, US\$89.00, ISBN: 0-683-00136-1. *Information and orders*: U.S. customers, Tel. 800-638-0672, Fax: 800-447-8438. Canadian customers, Tel. 800-665-1148, Fax: 800-665-0103. Elsewhere Tel: 410-528-4223, Fax: 410-528-8550 or www.wwilkins.com). Claudia Anrig, DC and

Gregory Plaucher, DC of Life West at last give the chiropractic profession a comprehensive and excellent text on the management of children and infants. Many authors review all aspects of management, and the new chiropractic/medical collaborative research into common conditions such as infantile colic and middle ear infections is reported. Helen Rodriguez-Trias, MD a Los Angeles pediatrician and Past-President, American Public Health Association writes the foreword, saying that with current knowledge and this text "chiropractic care for infants and children is now coming of age."

d) **Philosophy: Chiropractic: A Philosophy for Alternative Health Care.** (Coulter I, Butterworth-Heinemann, 1999, 120 pp. US\$39.95. ISBN: 0 7506 4006 5. *Information and orders:* Tel: 800-366-2665 or 781-904-2500, Fax: 781-904-2620, or www.bhusa.com.) Ian Coulter, PhD, a sociologist and health consultant at the RAND Corporation, Santa Monica provides an informed and provocative analysis of the philosophy and clinical art of chiropractic, the chiropractic paradigm of health care, and why chiropractic and medicine are distinct health encounters. Coulter has solid qualifications for this fine book, being a Past-President of the Canadian Memorial Chiropractic College and currently holding professorships at LACC and the School of Dentistry, UCLA.

e) **Radiology:** This Report has previously reviewed the outstanding new text *Clinical Imaging: With Skeletal Chest and Abdomen Pattern Differentials*, by Dennis Marchiori DC DACBR of Palmer College. (Mosby 1999, 1077 pp, 2453 illustrations, US\$149.00. ISBN: 0-8151-8616-9. *Information and orders:* Tel: 800-453-4351 or 314-453-4351 or www.mosby.com). Forewords from prominent chiropractic and medical radiologists praise this as a unique and outstanding text combining "a pattern approach to radiology usually used in clinical practice . . . using radiologi-

cal signs to develop the differential list of possible diagnoses" and then a discussion of the several diseases or conditions on that list.

f) **Sports Chiropractic: Conservative Management of Sports Injuries** (ed. Hyde T, Gengenbach M, Williams and Wilkins, 1997, 747 pp, US\$99.00. ISBN: 0-683-03944-X. *Information and orders:* U.S. Tel: 800-638-0672, Fax: 800-447-8438, Canada: Tel: 800-268-4178, Fax: 905-470-6780, elsewhere: Tel: 410-528-4223, Fax: 410-528-8550 or www.wwilkins.com.) Recent years have seen great advances in understanding sports biomechanics and injuries and in providing optimal non-surgical management for athletes generally and for special groups such as female, young and senior athletes. In this book by prominent sports chiropractors Thomas Hyde, DC DACBSP and Marianne Gengenbach, DC DACBSP from Florida, clinicians are given a comprehensive text incorporating this new knowledge. An impressive list of authors covers the body from top to toe, including inexpensive low-tech methods of rehabilitation easily accomplished in a small office space or by the athlete at home.

D. CONCLUSION

That's it. Take your picks, start reading, and become current. New knowledge gives authority and power, and never more so than in today's world of constant change. Are you moving into mainstream spinal care in your community, or it is moving you out? And consider attending that American Back Society meeting in December (see notice on page 5) – as for many other chiropractors it may have a major impact on your future direction and practice. **TCR**

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