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The Week in Chiropractic

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In This Issue

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FCER Update

2007 Informed Consent Patient Program on CD-Rom

As you know, there has been a lot of recent publicity, particularly in Connecticut, about stroke and chiropractic manipulation. Further augmenting the discussion of the issue surrounding stroke and chiropractic manipulation

is the discussion regarding "informed consent." Several states, including Florida and Massachusetts, have incorporated rather specific commentary into their language on the subject of informed consent. Other states will in all probability follow suit as the issue becomes more and more highly visible.

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Coming Events

ORTHOPEDIC DIPLOMATE CLASSES

Are you considering the Orthopedic Diplomate? Review classes begin soon. Testing will be held at Northwestern Health Sciences University and at National University of Health Sciences.

For more information

CERVICAL - LUMBAR RADICULOPATHY WORKSHOP

Various Dates and Locations

For more information

Inside Chiropractic

- **ABC's 'Dancing With the Stars' Features Chiropractic**

ABC's hit program Dancing with the Stars has revealed the reason behind football great Emmitt Smith's success on the show – Chiropractic.

The Oct. 10 episode highlighted Smith's relationship with his doctor of chiropractic, Robert Parker, DC. The video footage showed Smith receiving a few "minor repairs" before this week's Samba competition. After receiving treatment from Dr. Parker, Smith went on to deliver "the best samba of the night," according to head judge Len Goodman. Dr. Parker has treated Smith since 1995.

And Smith isn't the only contestant relying on the benefits of chiropractic care to stay in top dancing form. According to Entertainment Tonight correspondent and past Dancing with the Stars contestant Lisa Rinna, two of the show's dancing professionals -- Karina Smirnoff and Ashly DelGrosso -- were both dancing injured during the Oct. 10 episode. As a result, the program producers had a chiropractor standing by just in case the women needed treatment.

Dancing with the Stars is a unique series that pairs celebrities with professional ballroom dance partners in a live competition in front of a studio audience and the nation. Each season has a select number of celebrity/professional dance pairs. The pairs are then judged by a panel of expert judges, as well as by the viewers at home, with one team eliminated each week. The series

is routinely the top-rated show during the 8 p.m. timeslot each week.

To see the latest mentions of chiropractic in the media, follow this link: http://www.acatoday.org/level2_css.cfm?T1ID=21&T2ID=99

To report media coverage in your local area or for help with an upcoming interview, contact Angela Kargus, communications and PR manager, at akargus@acatoday.org or (757) 253-1676.

www.acatoday.com. October 13, 2006

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Research Review

Those interested in obtaining full articles for the abstracts listed below, may do so via the following links. FCER members may order some articles via their free access to the MANTIS database. There may be a charge from the publisher for the article.

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http://www.logan.edu/pages/lrc_if.asp

- **Variability of Force Magnitude and Force Duration in Manual and Instrument-Based Manipulation Techniques**

Objective: The goal of this study was to compare the variation of manipulative forces produced by instruments and a manual technique.

Methods: Four operators (2 experts and 2 novices) used 4 different mechanical instruments to apply force to a uniaxial load cell. A different group of 2 expert and 2 novice operators used a traditional manual technique to apply force to a sensor mat. Two primary outcome variables were obtained from each sensor system: peak-to-peak force magnitude (N) and peak-to-peak force duration (millisecond). Multiple analyses were performed to determine the absolute differences and variation in each variable.

Results: Force-producing instrumentation exhibited less variation in absolute force and force duration compared to manual techniques. However, the same instrument in the hands of different operators often produced significantly different values of absolute force and force duration. Although absolute values of force magnitude generally differed between operators, intraoperator variation was equal for instruments and the manual technique. Conversely, for force duration, significant differences in interoperator variability were observed for the manual technique and for one of the instruments.

Conclusions: Force-producing instruments reduce absolute variation in force magnitude and duration. However, this reduction does not eliminate significant differences in absolute force parameters observed to occur between some operators using the same instrument. Given these observations, claims of instrument superiority that do not account for interoperator variability should be considered with caution.

Kawchuk GN, et al. *Journal of Manipulative and Physiological Therapeutics.* October 2006; Vol. 29, Iss. 8, pp. 611-618.

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- **Coping and Back Problems: A Prospective Observational Study of Danish Military Recruits**

Objective: The aim of this study was to investigate if Antonovsky's coping questionnaire (“sense

of coherence" [SOC]-13) can be used to predict self-reported low back pain (LBP) and associated leg pain in young men subjected to the first 3 months of military service and to challenge such a link with a number of biosocial variables.

Methods: A prospective observational study of a fixed cohort consisting of 357 military conscripts was completed. Data were collected at baseline and after 3 months of military service. The outcome variables were self-reported LBP and leg pain at any time during those 3 months. The main independent (predictor) variable was coping. Covariables were biological (age, height, weight, fitness, strength, and a history of previous problems) and social (type of work, years of education, and social support). The clinical usefulness was shown for the best model, with each outcome variable in relation to sensitivity/specificity, positive/negative predictive value, numbers correctly classified, and the area under the receiver operating characteristics curve.

Results: The SOC-13 questionnaire could successfully predict leg pain (odds ratio [OR], 3.3), but only 1 of its 13 items predicted LBP (OR 2.0). For leg pain, the strongest predictor was age (OR, 4.5), and for LBP, the strongest predictor was previous LBP (OR, 6.7). The receiver operating characteristics curves of the final models were 0.85 and 0.79, respectively.

Conclusions: In these young Danish conscripts, coping or elements of coping (as defined with the help of the SOC-13 questionnaire) could predict LBP and leg pain occurring during a 3-month period. Biological and psychological variables dominated the final models, but none of the social variables could significantly predict LBP or leg pain.

Larsen K, Leboeuf-Yde C. *Journal of Manipulative and Physiological Therapeutics*. October 2006; Vol. 29, Iss. 8, pp. 619-625.

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• The Effects of Thoracic Manipulation on Heart Rate Variability: A Controlled Crossover Trial

Objective: The objective of this study was to measure the effects of thoracic spinal manipulation on heart rate variability (HRV) in a cohort of healthy young adults.

Methods: A controlled crossover trial that was conducted on 28 healthy young adults (23 men and 5 women; age range, 18-45 years; mean age, 29 ± 7 years) measured HRV before and after a sham procedure and a thoracic spinal manipulation.

Results: In healthy young adults, thoracic spinal manipulation was associated with changes in HRV that were not duplicated by the sham procedure. The ratio of the powers of the low-frequency and high-frequency components increased from 0.9562 ± 0.9192 to 1.304 ± 1.118 (P = .0030, Wilcoxon signed rank test). In subjects undergoing sham spinal manipulation, there was no statistically significant change in the low-frequency or the high-frequency component of the power spectrum; neither was there any in the ratio of the two regardless of whether the comparison was made using the paired t test or the Wilcoxon signed rank test.

Conclusion: High-velocity and low-amplitude manipulation of the thoracic spine appears to be able to influence autonomic output to the heart in ways that are not duplicated by a sham procedure or by other forms of somatic/physical therapies.

Budgell B, Polus B. *Journal of Manipulative and Physiological Therapeutics.* October 2006; Vol. 29, Iss. 8, pp. 603-610.

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• Canadian Chiropractors' Perception of Educational Preparation to Counsel Patients on Immunization

Objective: This study describes the prevalence and correlates of perceptions of Canadian doctors of chiropractic regarding the adequacy of their undergraduate (UG) and postgraduate (PG) educational preparation to counsel patients about immunization/vaccination and explores their

preferences for continuing education (CE) in this area.

Methods: A cross-sectional population-based postal survey of Alberta chiropractors was conducted in the summer of 2002.

Results: The response rate was 78.2%. Forty-five percent perceived that their formal UG chiropractic education prepared them adequately to counsel people on immunization compared with 64% who agreed that their self-directed PG education prepared them adequately. College of graduation was significantly associated with perceptions related to UG but not PG education. Those who felt prepared to counsel on immunization by UG education used different immunization information sources than those who felt prepared by PG or both UG and PG education. Use of specific sources and perception of preparedness to counsel on immunization were both associated with antivaccination behaviors. Those who felt prepared by PG or both UG and PG education were more likely to engage in antivaccination behavior than others. Most respondents indicated interest in CE on immunization.

Conclusion: The proportion of doctors of chiropractic who perceive themselves adequately prepared to counsel on immunization varies by type of education considered and is related to vaccination behavior. Many are interested in some form of CE related to immunization/vaccination.

Injeyan HS, et al. *Journal of Manipulative and Physiological Therapeutics.* October 2006; Vol. 29, Iss. 8, pp. 643-650.

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- ## A Comparison Between Two Physical Therapy Treatment Programs for Patients With Lumbar Spinal Stenosis: A Randomized Clinical Trial

Study Design: Multicenter randomized, controlled trial.

Objective: To compare two physical therapy programs for patients with lumbar spinal stenosis.

Summary of Background Data: Scant evidence exists regarding effectiveness of nonsurgical management programs for lumbar spinal stenosis.

Methods: Fifty-eight patients with lumbar spinal stenosis were randomized to one of two 6-week physical therapy programs. One program included manual physical therapy, body weight supported treadmill walking, and exercise (Manual Physical Therapy, Exercise, and Walking Group), while the other included lumbar flexion exercises, a treadmill walking program, and subtherapeutic ultrasound (Flexion Exercise and Walking Group). Perceived recovery was assessed with a global rating of change scale. Secondary outcomes included: Oswestry, a numerical pain rating scale, a measure of satisfaction, and a treadmill test. Testing occurred at baseline, 6 weeks, and 1 year. Perceived recovery, pain, and other healthcare resources used were collected with a long-term follow-up questionnaire.

Results: A greater proportion of patients in the manual physical therapy, exercise, and walking group reported recovery at 6 weeks compared with the flexion exercise and walking group (P = 0.0015), with a number needed to treat for perceived recovery of 2.6 (confidence interval, 1.8-7.8). At 1 year, 62% and 41% of the manual therapy, exercise, and walking group and the flexion exercise and walking group, respectively, still met the threshold for recovery. Improvements in disability, satisfaction, and treadmill walking tests favored the manual physical therapy, exercise, and walking group at all follow-up points.

Conclusions: Patients with lumbar spinal stenosis can benefit from physical therapy. Additional gains may be realized with the inclusion of manual physical therapy interventions, exercise, and a progressive body-weight supported treadmill walking program.

Whitman JM, et al. *Spine*. October 15, 2006; Vol. 31, No. 22, pp. 2541-2549.

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does inclusion imply agreement with FCER's views.

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