Spring 2016 Volume 30 Number 1

CONTACT

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The BCA rocks!

Members would have been saddened to hear of the sudden passing away of Simon Bird. Simon was due to speak at the BCA Spring Conference and it was fitting that the conference commenced with a tribute to him. BCA Council will be looking at ways to preserve his memory and enthusiasm for the profession. An obituary appears in this issue.

Over a hundred BCA chiropractors and other members of practice teams were enthusiastically lined up to hear Dr Fab (Dr Fabrizio Mancini) speak for the first time at a BCA Conference. In his own unique style he reminded us that the pharmaceutical profession would give almost anything to have the same reported success and satisfaction rate as chiropractic. He also suggested that the profession needs to meet the public where they are, not where we are. The profession is often promoting chiropractic when the majority of the public aren't looking for it at that time (although many are looking for better lifetsyle choices and other potential benefits of chiropractic).

In learning about communication we were astounded to discover the one sentence that leads to decreased pain and anxiety in 60% of patients along with improved function is "I know what's wrong with you". It was even more alarming to find out that patients associate their doctors competence with whether the receptionist smiled within 30 seconds of the patient arriving! Conference delegates enjoyed learning about appropriate maintenance care, the importance of social media and the positive benefits of making your practice team feel part of something bigger!

The conference was titled the *Chiropractic, it's the Business*.The BCA is dedicated to you and your practice success and has been investing heavily in a PR program to drive members of the public to your practices. We now have nearly 8000 unique searches a month for the *Find a Chiropractor* section of the website. Please do ask the person responsible for your website to monitor the number of clicks through from the BCA website.

At the conference, Sealy also launched a new portal for BCA members that they and their families will now be able to use to purchase mattresses at greater discounts, with industry leading enhanced guarantees all within a two week delivery time. There are further details in this issue. After the successful launch of this we will then be developing a portal specifically for patients of BCA members so that they can also benefit from discounts and enhanced guarantees on the Sealy range. Our BCA Privilege scheme has been running for 18 months and we now have many members who have literally saved hundreds of pounds on items as varied as their energy supply to holidays. Please check the Member's Area and *In Touch* newsletter, as the benefits are being constantly updated.

In this issue you will read about the AECC intergalactic collaboration with Kings College London and WIOC input into raising standards for the degree recognition criteria and looking at the skills and competencies required by chiropractors in today's healthcare world. AECC has been involved in training football's Premier League team doctors and WIOC is advising Sport Wales Elite Performance Athletes and first division rugby teams. We are very fortunate to have two outstanding centres of excellence in chiropractic education. It is great to see that they are now being increasingly recognised by other parts of the scientific and healthcare community.

The issue of manipulation not causing cervical artery dissection also seems now to be increasingly recognised by neurological community. In the following paper the group states "the idea seems to enjoy the status of medical dogma" and "there is no convincing evidence to support a causal link, and unfounded belief in causation may have dire consequences". We will get there!

http://www.cureus.com/articles/4155-systematic-review-and-meta-analysis-of-chiropractic-care-and-cervical-artery-dissection-no-evidence-for-causation

Rishi S Loatey
Editor

RG2

RG3

RG5

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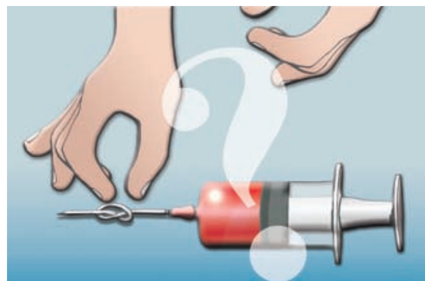

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A thriving profession

We chiropractors are individualistic by nature. Many of us are attracted to the profession not only because of our caring role but also because we like working for ourselves rather than a healthcare behemoth like the NHS. We like the challenges that we face running our own businesses and we like the independence that being a chiropractor brings. It can also make us self-centred when we think about our future and the future of the profession as a whole.

It is natural enough to have our own self-interest at heart when thinking of the future. Eighteenth century economist Adam Smith described self-interest as the "invisible hand" that guides the economy. He went on to say that the miracle of a market system is that self-interest produces behaviour that benefits others. Our labour benefits our patients, their employers and the people we employ as well as ourselves and our families; in short it benefits society and the economy. It also benefits our profession as a whole.

What makes a profession thrive?

Our collective efforts with patients, our daily toil over a treatment bench and our individual aspirations are the core of a profession. The institutions such as the associations, the colleges, the GCC, the RCC and the Chiropractic Patients Association (CPA) make up the rest. A profession can only thrive if the collective self-interest also pushes the profession forwards. Without the institutions we would not only be without a profession we would be without a job. Could you have trained yourself to be a chiropractor or got the Chiropractors Act through on your own?

5000 UK chiropractors

BCA Council has considered the future and we have determined that if we want a respected, vibrant and thriving profession in two decades time we need to be bigger. We are a tiny group, 3118 at the last count. That is one chiropractor for every 22,000 people. In Canada it is one chiropractor to every 4000 people. We are growing so slowly at about 70-100 chiropractors a year, that it would take us 50 years to match the density of Canadian DC's. There is also a demographic time bomb ticking. Many chiropractors are approaching retirement so we could easily tip into negative growth. To address this, your Council has set a goal of having 5000 chiropractors in the UK by 2025. Despite being a modest overall figure it will not be an easy target to hit.

New models of education

Increasing numbers of chiropractors by this amount will need more colleges training more chiropractors in more ways. It takes several years to get a chiropractic programme up and running and several more for a chiropractor to qualify. The traditional college course takes four or five years of full time education. Other models of education could supplement traditional routes, for example, by conversion courses for those with other health degrees. There is a precedent for this. The University of Surrey offered an accelerated programme for those with a health science degree before it closed some years ago and a few medical schools do still. In Brazil, a conversion programme led to the profession growing from three chiropractors in 1990 to 800 now. In Europe, similar courses are being offered. AECC is assisting the Polish Chiropractic Association set up a conversion course which should open its doors soon.

Excellent shorter conversion courses and mixed mode programmes can help us grow. Educationists are now talking about outcomes rather than mode of delivery. If graduates know and do the same things what does it matter how they got there. Imagine a health professional with an existing degree building on those existing competencies to develop the specialist skills that we need. A stronger and more vibrant profession will be the result.

We have challenges ahead but by focussing on innovative solutions we can meet the future with the confidence that we will leave the next generation of chiropractors a respected, vibrant and thriving profession.

Matthew Bennett
BCA President

Shaping our future

First of all, I hope that you have not been adversely affected by the bad weather that we have had this year. The floods, rain, high winds and snow, have caused havoc in many parts of the country and our hearts go out to those who have suffered as a result.

I am sure that you are in the thick of running your busy practices, looking after grateful patients and making a big difference to their lives. Meanwhile your team at BCA House will continue to make sure that you get all the support you need from us to allow you to concentrate on running your busy clinics.

We have just had a very successful conference, with an array of internationally known speakers on stage. Those who were fortunate to be there were extremely effusive about the day. There was a real buzz! I hope that many, many more of you will be able to attend our autumn conference on 1st and 2nd October at Leamington Spa. I promise you that it will be an event to remember.

There is so much happening around us that affects the profession and the BCA is leading the charge on all the major issues. I have previously written to you about the Law Commission recommendations on improving regulation of healthcare professionals. The Bill, as proposed, addressed many of the shortcomings in our current legislation and would have allowed the GCC to make substantial improvements in its fitness-to-practise processes. However, the government has determined not to proceed with the Bill, instead deciding to undertake a fundamental rethink on how healthcare professionals should be regulated. It is taking its inspiration for this exercise from the work undertaken by the Professional Standards Authority (PSA).

The PSA has produced a document which has found favour with government and which is likely to form the basis of future thinking on healthcare regulation. This document is entitled Rethinking Regulation. The BCA was invited to the recent Regulatory Symposium, hosted by the PSA, to give its input into shaping the future regulatory landscape for healthcare professionals; all the main regulators were there but we were the only *healthcare membership body* invited. I will keep you abreast of events as they unfold.

Whilst proposed changes to the regulatory landscape are being debated, what is constant is your commitment to patient care and well-being. Chiropractors enjoy very high approval ratings and all the patient feedback points towards chiropractic being highly effective. However we cannot afford to be complacent. Despite the excellent research showing benefits of what we do, more is needed; not just proving what we currently do but also improving on it.

The lack of adequate relevant research is also the reason why the profession has encountered difficulties in persuading the Committee of Advertising Practice (CAP) as to its ability to make claims. There is constant dialogue with CAP but change is slow, laborious and difficult. However, the BCA is fully engaged with CAP and both Matthew Bennett and Richard Brown have submitted evidence for evaluation by them. I will keep you posted on developments on this front. Meanwhile,

> *"The BCA was invited to the recent Regulatory Symposium, hosted by the PSA, to give its input into shaping the future regulatory landscape"*

please review your websites and all your publicity material to ensure that these comply with the current CAP guidelines.

Change is happening around us and we must be flexible to adapt to that change. Throughout history, the most successful leaders and communities have been those that have adapted to change. As Churchill so aptly said,

"If we open a quarrel between past and present, we shall find that we have lost the future".

The United Kingdom is a nation that has, throughout its history, adapted to

the changing environment and made a success of it. All this whilst keeping true to its values. The BCA values of *Collaboration, Innovation, Integrity, Professionalism and Support* are timeless; they have served us well in weathering many storms and will support and strengthen us as we seek to fashion our future.

Finally, I urge you not be deterred in your quest by attacks from sceptics or anyone else; instead you should heed what Mahatma Gandhi said;

"First they ignore you, then they laugh at you, then they fight you, then you WIN!!!"

I look forward to working with you to ensure that the chiropractic profession claims its rightful place in the healthcare landscape of the United Kingdom.

Satjit Singh
Chief Executive Officer

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What a buzz!

'Chiropractic: it's the Business'. What a fitting title for a really successful BCA Spring Conference! With a variety of speakers from the world of chiropractic, business, marketing and professional healthcare we were able to deliver a day that had something for everyone.

Fab Mancini opened the day with a fabulous uplifting and passionate presentation reminding us of why we do what we do; the enormous impact that we can have upon a patient's life by ultimately improving their overall health and wellbeing. Fab explained how we need a 'patient-centred approach', focussing on specific goals for each and every patient whether it be knocking a minute off a half-marathon time for an elite athlete, being able to push a new grandchild to the park in the pram, just being free from pain, or getting a good night's sleep! He also explained how, with our skills as primary healthcare clinicians, we are able to address many of the biopsychosocial issues, comorbidities and 'yellow flags' that our patients so often present with; the 21st century 'wellness care' with appropriate onward referral for problems outside our remit. Fab emphasised the important role that we have in easing the enormous burden that MSK disorders place on our hugely overstretched healthcare system, and highlighted the necessity to work together with other health professionals.

Collaboration with the local healthcare community was also addressed by Dr Giles Hazan, a GP with special interest in MSK and Clinical Lead in MSK medicine in his local CCG. Giles highlighted the problem; one in three people have ADL's affected by MSK disorders, which make up 30% of GP consultations (and yet GPs have little or no specialist training in MSK!) and these disorders are often associated with complex comorbidities and psychosocial factors. With an increasingly ageing population and one that wants to stay fit and active, the burden is only going to get bigger. So, as Giles explained, we chiropractors are exactly what is needed! Succinct and polite communication with local GPs and collaboration with patient groups and key stakeholders at the national level will help to raise the profile of the chiropractic profession and boost our clinic numbers. Giles also emphasised the need for research, particularly patient-reported outcome measures, to provide the much-needed evidence to support the good work that we do.

The ability to communicate effectively was addressed by BCA President, Matthew Bennett. He very effectively communicated how it can be broken down into three key components; charisma, clarity and consistency and how we can build and develop each of these. Charisma can be improved with pace of speech and body language (particularly poise, posture and eye contact) and can generate a feeling of warmth, trust and sincerity. Clarity and consistency are essential too; on average, a patient remembers less than 10% of the information that is delivered at the first visit, so repetition of the diagnosis, ROF, agreed goals etc. at subsequent visits can help address this.

Stuart Smellie also discussed the need for collaboration and communication with our patients when it comes to maintenance care, involving them in their ongoing care and encouraging them to self-monitor and self-manage their condition, to some extent. The terms 'maintenance' and 'wellness' can often make people shudder and, regrettably, is something that is sometimes open to abuse and exploitation by the less-ethical practitioners out there. However, if we change the terminology to 'preventative', a term widely used in Public Health, it becomes much more palatable! Secondary and tertiary preventative care are particularly relevant in preventing re-injury, minimising the impact of an ongoing condition, preventing deterioration and supporting the patient. All things that we chiropractors probably implement on a regular basis. However, as Stuart explained, there needs to be an established care plan, discussed, agreed with and consented to by the patient, with clearly defined goals and outcomes, informed consent and regular reviews, not to mention thorough, legible documentation and note-taking! 'As above, three months' and a squiggled initial doesn't suffice! Stuart co-authored a set of RCC *Clinical Guidelines on Supportive Self-Management in Chronic Care* that sets out exactly how we should provide, manage and document our maintenance care. Definitely worth a read!

"It'll just take small 'adjustments' from all involved parties to make big changes happen!" – Dr Giles Hazan

Stuart Smellie

The necessity for careful documentation and thorough note-taking came under the spotlight with a lively presentation from

Matthew Bennett

Fab Mancini

"If there's a problem, and someone's behaving oddly, deal with it. Ring the BCA!" – Tim Lang, Weightmans LLP

our legal team at Weightmans. Considering they're the ones who deal with our complaints, their talk was not only hugely informative but surprisingly entertaining and upbeat, complete with cartoon slides of Kermit the Frog! Tim Lang and Jo Harrison presented some of the types of cases that they see, and how they're handled, together with some essential advice of how to avoid a complaint in the first place. Essentially learn how to communicate well with your patients, don't ignore a potential problem and seek advice and support as soon as possible and keep good notes! It is your written documentation that will save you. After all, it is the only formal evidence of a patient interaction, one that is likely to be far more memorable for the patient than for you. A visit to the chiropractor is a hugely memorable event for a patient and yet they are often just another name on the patient list in a busy clinic day in a busy week (I bet you can remember your last trip to the hairdresser or the dentist but would they remember you?!).

All of these presentations equipped us with what is needed to make us busy, successful and safe practitioners. However, there is often a whole other side to running a practice that we often forget (or don't understand!) and having listened to the feedback from our delegates, we recognised the need to provide a little more training in this area. So, we employed the help of Roger Cawte, a business consultant, who gave a series of useful presentations on setting up and marketing a small business. He emphasised the need for specific, well-defined goals, (ideally a written business plan!), a clear identity and brand, the importance of networking within your local community, setting appropriate price points, effective marketing and the value of customer testimonials. We all know just how valuable and effective WOM recommendations are at bringing in new patients!

He also listed some of the skills and qualities that are needed to be a successful entrepreneur: passionate, committed, reliable, tenacious, sociable, perceptive, motivated, outgoing, people skills, good communication... many qualities that we ought to have as healthcare professionals! So, we really have no excuse!

With a whopping 97% of customers being influenced by websites the value of the internet and, in particular, social media was explained by Lindy Jones, social media guru. She explained how we are now dealing with 'word of mouth' recommendations and that with the average attention span of just seven seconds (less than your average goldfish!) what we need to post has to be succinct and snappy. However, we have to be mindful and compliant with ASA and CAP guidelines and Lindy reminded us of some of the complaints that had been discussed earlier by Tim and Jo from Weightmans regarding inappropriate advertising claims.

We will all be cognisant of how valuable our team of staff is in the clinic. How our brilliant receptionists can magically turn-around a frantically busy, late-running clinic into an opportunity for our patients to relax and unwind for a few minutes in the reception area, browsing through our magazines and perhaps having a cup of coffee. Or how it can all fall to pieces if one of them has to leave early for a family crisis, or, heaven forbid, they're off sick! But how often do we actually acknowledge the valuable and essential, contribution that they make? Let alone express our gratitude?! Jo Davison taught us how we can change things around in clinic, building and supporting an effective 'team' that will make for a smoother, happier and more efficient environment. She explained how we can go from a hectic, stressful environment where we clinicians are juggling things around, wearing many different hats of clinician, boss, clinic manager, accountant, business consultant, secretary and general

General Comments

- Great content. Great lunch served with care, good variety and nice serving staff.
- Very relevant content.
- This was one of the best conferences I've been to.
- Motivating/inspiring speakers, coming away feeling motivated to 'be the best'
- Really well organised, punchy subjects, inspirational, very entertaining.
- Good to have themes and diversity, so all past conferences have fulfilled this.
- Very practical and helpful.
- Well organised, friendly conference, interesting speakers.
- Thank you for a great conference again.
- Well done today, much appreciated.
- It woke me up and made me realise you need to evolve practice and update every so often – in this case, monthly!
- Good food, good lectures, met a lot of people = great!
- Very reasonable cost – an encouraging feature.
- Good rooms, good food.
- Enthusiasm and positivity.
- Best BCA conference I've been to.
- Great work! This was useful and worth coming to!
- Liked BCA reps introducing themselves. Good sound and screens – very smart.
- It has been a really good and positive conference. Useful, interesting, good speakers.
- This is the most enjoyable BCA conference I have been to so far. Relevant and not boring. Thank you.
- It was a refreshing seminar with good content. Very relevant for anyone in a modern practice who needs to run clinic more efficiently and also be aware of how many legal issues etc we now need to be aware of. All DCs should be informed and reminded of these issues more often.
- Generally very informative & good quality. I left motivated!

dogsbody to a calm, efficient, well-run clinic with effective and appropriate delegation and teamwork. Whilst creating a place that doesn't fall to pieces the minute we clinicians leave the premises! Even the simplest things like going out for a coffee with your team (not 'staff'!) can make a huge difference.

In between lectures we had plenty of breaks, with time to visit the many trade-stands and exhibitors that were there (a chance to grab a few bargains!) as well as catch-up with friends and colleagues. The beautiful Radisson hotel was a great venue – large, light airy rooms and fabulous food. The team at the BCA had all worked hard to make what I'm sure you'll agree was a slick, well-run affair. There was a really positive vibe and palpable buzz encapsulated by the BCA extending its philanthropic arm by giving a donation to charity in recognition of the commitment given by each of the speakers. This year's chosen charities were World Spine Care, 'a global charity on a mission to improve lives in under-served communities through sustainable, integrated evidence spine care' and the Chiropractic Research Council, a UK-based charity, 'concerned with advancing chiropractic research for the benefits of patients'.

> *"Collaboration, communication and just be proud to be a chiropractor. That's what matters!..." Fab Mancini*

After an interesting panel discussion with lively participation from all the speakers, Fab Mancini rounded up the day with another uplifting presentation. Fab reminded us of just what a fantastic job we do, but also what a privileged position we hold, able to make such a difference to people. He also reminded us of the responsibility that comes with that, and the need to act professionally and ethically at all times, with the best interests of the patient at the heart of everything we do. But most importantly, he reminded us that we must remember to enjoy what we do. After all, #chiropracticrocks! #BCArocks!

Enjoyed it? Want more? SAVE THE DATE!!! Join us at the BCA Autumn Conference in Leamington Spa, 1st -2nd October 2016.

Keep an eye on the BCA Conferences and Seminars Facebook page for regular updates.

Elisabeth Angier
Chair, Conference Committee

Conference perspective – a view from a GP

One of the great pleasures of working in the field of musculoskeletal medicine is that it affords so many opportunities to meet and work with colleagues from a diverse range of clinical backgrounds. This was brought home to me during the fascinating day I had at the BCA conference where I had been invited to speak on how delegates can work more closely with established NHS services.

As Clinical Lead for Musculoskeletal Medicine in the High Wealds, Lewes and Havens Clinical Commissioning Group I have been part of a team working over the last few years to introduce a new, integrated musculoskeletal service. The model we designed is based on core principles of better communication as well as innovative, interdisciplinary working that strive to break down some of the historical boundaries between the different specialties.

There is no question of the obligation to address the ever-increasing number of people suffering with any of the 200+ musculoskeletal problems that now cause MSK conditions to be rated as the single highest cause of disability in the UK. These come not only at a great personal cost in quality of life for the individual but also as a cost to wider society in time off work, use of NHS resources and the wider impact on family and carers.

This needs to be seen in the context of historically poor provision of training and resources in primary care and a significant workforce crisis developing both in primary and secondary care. This is leading to higher patient numbers attending their GP than ever before, less time to spend with patients and increased burnout amongst clinicians.

Crisis can, however, be a driver for change. We need to look at how we address our health and wellbeing as a population: the passion shown during the talks by Dr Mancini for empowering people to take charge of their own health emphasized the principle that we need to be moving away from the patrician role as clinicians to that where we can help educate and enable the population to lead healthier lives and manage their own conditions.

Part of that innovation is looking at different ways of working and widening the range of services to patients. There is an evidence base for the use of manual medicine that has led to its inclusion in NICE guidelines and there are strong pilots, such as those in North East Essex, that show there is a place for Chiropractic medicine within NHS services.

As with most conferences and courses you often get as much out of the brief discussions between the talks as in them. And so it was during the BCA symposium where I had the opportunity to talk with a wide range of delegates and hear more about what the BCA is doing to set standards, develop guidelines and enhance clinical practice. What I heard was a great sense of passion for your practice as well as a desire to grow the profession and work closer with the NHS.

As with most things in life communication is at the very core of good relationships, the first step of effective collaboration is to open a conversation. So go out and meet your local GPs, tell them what you do and offer to help out with teaching at practices and at the protected learning time events that CCGs run. Send letters to GPs about their patients (with consent of course) keep them brief and outline diagnosis, treatment and outcome. Nothing beats a face-to-face meeting and you may find this helps to break down some barriers.

We live in a world of evidence based medicine so use the tools you have available to you to gather outcome data alongside patient experience measures to show the benefit you are having and consider how this might be integrated into your local services. Continue to work with patients on educating them on how to manage and promote good musculoskeletal health and consider linking to patient participation groups that exist at both GP and CCG levels.

I would emphasise what I said in summation in my talk which is that change happens in often incremental steps but that is the definition of an 'adjustment' and adjustments are your specialty!

Giles Hazan MD

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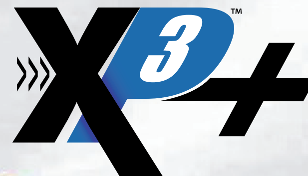

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For up to date information look at our Facebook page (ECU Conventions) or the website.

Privileged Information

BCA Privilege was launched to members in September 2014 as an extensive package of benefits to support members both personally and professionally. The people behind BCA Privilege are Parliament Hill Ltd who specialise in creating and managing member benefit schemes. Here Jamie Capaldi from Parliament Hill takes *Contact* through how the scheme works to support BCA members.

Here at Parliament Hill, we run member benefit schemes for over 80 membership organisations in the UK, eg. associations, institutes, trade unions, colleges etc. What all these groups have in common is that they all have a membership base, are 'closed' user groups and they want to provide their members with as much value as possible for their membership fee. Most organisations will provide a wide range of services for their members (and the BCA is no exception!) some very bespoke to their profession and others which simply give members lots of ways to save time and money, either as an individual or in their place of work.

So, what are the obstacles in membership organisations providing money saving offers in-house? Well the first one is resources. The job is often given to someone with many other functions to fulfil, many of which are more central to the business of the organisation. The second obstacle is buying power. Unless the membership organisation is very large it can often be hard to negotiate benefits with any sort of meaningful discount. When you combine these two factors, it can be difficult to source and negotiate offers that will stand up to scrutiny. Therefore, the danger is that the organisation could launch offers that are a bit of a damp squib or offers that members can find better deals on themselves.

So what does Parliament Hill have to offer? Resource and buying power for starters! We have a dedicated team of employees who look after clients, their respective benefit schemes and the providers that offer benefits. We have a sizeable buying power, collectively representing over two million individuals which enables us to negotiate and secure truly excellent deals on goods and services from a broad range of blue-chip suppliers and retailers.

For these reasons a lot of the benefits are backed by one of Parliament Hill's price promises: a Provider Price promise which means you should be getting the best possible price or offer that the company makes available, or a National Price Promise which means that you should be getting the best possible price in the UK for the given product or service. This collective buying power has been harnessed to bring you, wherever possible, prices which we believe are very hard to beat!

How are these benefits presented? The benefits available to members are categorised under the headings Lifestyle, Travel, Insurance and Work & Business. To ensure that the benefits remain competitive, the benefits on offer to members are regularly reviewed. New and seasonal discounts are introduced and communicated to members to ensure that they can take advantage of the savings as early as possible. Watch out for updates in each edition of your *InTouch* electronic newsletter.

A criticism often leveled at benefits schemes is that they are too complicated. There is a feeling in some instances that accessing the benefits is time-consuming and, ultimately, more trouble than it is worth. Hopefully members can see that this isn't the case with BCA Privilege! You can calculate the level of savings you will make by using the straightforward online Savings Calculator. This highlights the services on offer, enables you to enter current levels of expenditure on any given item or service and then calculate the typical levels of savings that you will make. This puts the information at your fingertips and demonstrates the real value of the benefits on offer. All you need to do is use the dedicated website, accessed via http://bit.ly/bcaprivilege and all the offers are there.

Some recent member savings include:

- Eight members saved £320 in November 2015 by redeeming their Naked Wine vouchers
- Three members saved £35.89 in November 2015 on flowers
- Two members saved £432.01 in November 2015 by using the free utility comparison service on BCA Privilege
- A member saved £95.56 in December 2015 on their Package Holiday

Accessing BCA Privilege

BCA Privilege is committed to providing members with benefits and services that meet their needs.

Get more from your membership by choosing the package of savings and benefits that suits you – take advantage of one or all these benefits.

BCA Privilege is managed on behalf of the BCA by Parliament Hill Ltd.

Four years strong

Sealy, the biggest bed brand in the world, is proud of its ongoing partnership with the British Chiropractic Association (BCA), a relationship that was originally established back in 2012. Here Neil Robinson, Sales and Marketing Director Sealy UK, brings *Contact* up to date with what the connection means to both brands.

Founded in 1925 Sealy recognises that the BCA has enormous credibility and a deep base of knowledge. Given it is the largest and longest-standing association for chiropractors in the UK it forms the perfect fit with Sealy; a company also known for its heritage and commitment towards providing healthy, orthopedically correct beds to its customers.

The last 12-months have been very busy for us and have seen us record our best month ever after our Teramo mattress achieved *Which?* Best Buy status, recording the highest score by reviewers of ALL beds they tested, with the magazine reporting it as "the best mattress we've tested in years". Sealy has also launched an exciting World of Sport campaign and is working with a whole host of people, including some of the biggest names in sport across the UK, to advise its customers on how to get the sleep they need to be at the top of their game and why this is so essential to their own performance. Current involved parties include Olympic snowboarder, Zoe Gillings-Brier, Ironman veteran and published author, Andrew Holgate and champion bodybuilder, Kim Wilson. Boxing superstar, David Haye also attended the NBF Beds Show in Telford back in September last year, hosting an exclusive meet and greet on the Sealy stand.

To coincide with the BCA Spring Conference, Sealy is pleased to announce a number of exciting developments that will see it forge even closer links with the BCA and its members.

Successful research projects

Over the last four years, Sealy and the BCA have collaborated on a number of successful projects and initiatives, not least a number of joint research pieces exploring consumer attitudes and behaviours when it comes to sleep habits, and back and neck pain.

One such joint study was released in 2014 with findings including: "neck or back pain has prevented nearly half (48%) of people from sleeping" to an enthusiastic media reception. BCA spokespeople, Rishi Loatey and Tim Hutchful and I were quoted extensively in the media coverage.

More recently, Sealy and the BCA conducted research into consumer trends when it comes to replacing mattresses. As we know, mattresses should be replaced every eight to 10 years but some rather unpleasant results emerged showing that a staggering one-in-ten consumers would wait until their old mattress smells before considering replacing it!

Sealy and the BCA are now in discussions to follow up the well-received joint

research with some further activity in 2016 and beyond, exploring the issues related to sleep and health in more depth. If there are important issues or topics related to sleep that you would like to see explored in more detail, please do let the BCA know (anne.barlow@chiropractic-uk.co.uk).

Exciting goings-on at the BCA Spring Conference

We ran a number of fun and interesting initiatives aimed at BCA members. It gave attendees the chance to win a new Profile Bed, worth up to £1,650. However, for those BCA members that weren't feeling so lucky, they could also 'earn' a Profile bed by getting involved in a Sealy research project.

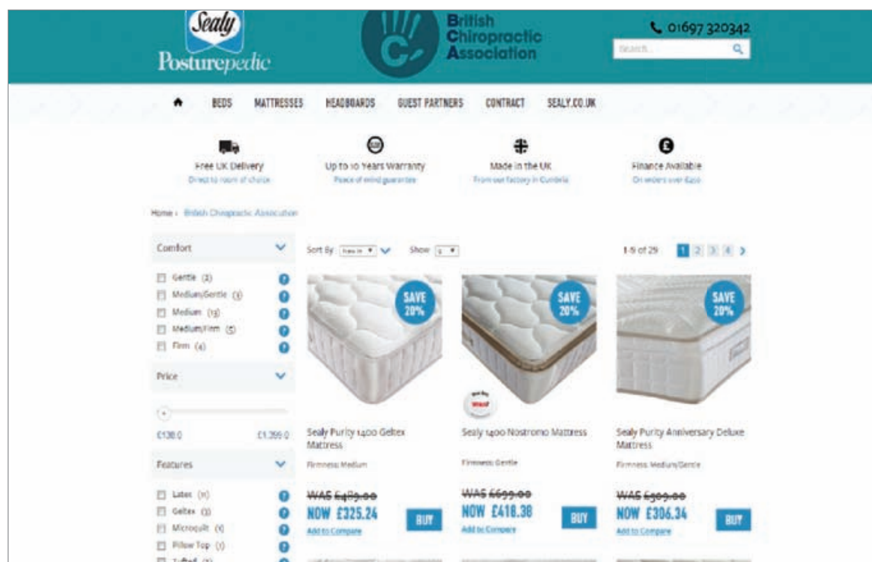
The Profile mattresses are based on various anthropometric studies which detail and 'profile' the proportions of the human anatomy. Essentially, it's the first mattress that's shaped to fit your body. The directional and variable zoning along its length from head to toe means the mattress doesn't have to be rotated, any way, ever! The mattress pays special attention to offering exactly the right kind of support to the shoulders and hips, which are the key pressure points that cause tossing and turning. In addition there is an area of increased lumbar support to ensure the spine is kept at exactly the right alignment throughout the night.

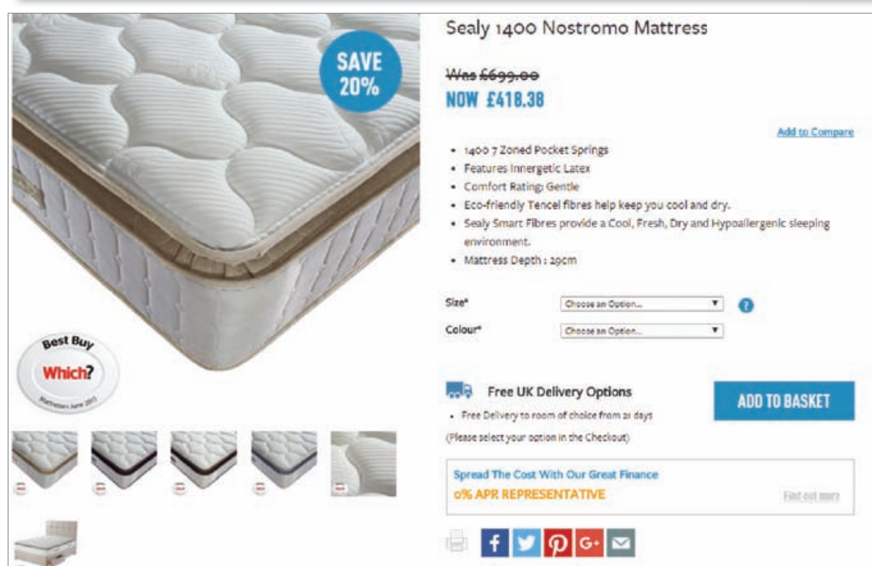
The Profile mattresses also contain Sealy's range of 'Smart Fibres' with Purotex which holds Allergy UK's Seal of Approval endorsement. It's important that those suffering with house dust mite allergies are able to choose a mattress confidently that will help them to reduce the allergens in their bedroom, in that knowledge it has undergone stringent scientific testing.

Sealy has 25 mattresses available for BCA members to test. All they will need to do is register their interest and, if they are selected, they will get the chance to provide full and honest feedback after sleeping on it. Best of all they can keep the mattress when they've finished! The study is all about involving the BCA more closely with Sealy's product development, and about leveraging the wealth of knowledge and insight the chiropractic community holds.

An exclusive online store for members

Last year saw Sealy launch its highly successful 'direct to consumer' online shop, a bold move for the brand that has already been well received across the country. Now, as part of its commitment to forging closer ties with the BCA as well as ensuring more people can become deeper sleepers, we have expanded its online store to include an exclusive section for BCA members.





What does this mean? Well, the store gives BCA members, as well as their families and friends, exclusive access to a fantastic 50% off the RRP of Sealy beds and mattresses. Not only that but they will also get free delivery and an extended, no-quibble return guarantee of 60 days. This means that, if after 60 days you do not like the mattress, Sealy will exchange for a different model of the same price or make a refund. All in all an unbeatable deal.

It's so easy to take advantage of the Sealy offer; all BCA members need to do is send an email to ecom@sealy.co.uk requesting to join the scheme, and don't forget to add "BCA790" in the subject line. Within 24 hours you will receive an email asking you to join. Once complete, visit http://shop.sealy.co.uk/bca.html and your purchase price will include 50% off the RRP. Easy!

Sealy and the BCA: an exciting future working together

We at Sealy are excited about the ongoing working relationship with the BCA and we are always looking at ways of offering members added-value, especially when it comes to experiencing Sealy's beds first-hand. The future is certainly bright and we are hoping BCA members will play an ever-closer role in advising, inspiring and helping develop Sealy's ever-expanding range of products and helping keep it at the forefront of supportive and orthopedically correct comfort.

To find out more information about Sealy visit: www.sealy.co.uk

New year ahead

We hope all students and new graduates are having a great year. Don't forget to make full use of your free student BCA membership, including BCA Student Privilege benefits such as money off your weekly shop, Apple products or even a holiday. (http://bit.ly/BCAPrivStu)

The BCA has made a donation to both AECC and WIOC chapters of WCCS to allow the students to be able to represent their institution in Paris. We hope that it is a productive trip and look forward to hearing the news and seeing your pics.

Enjoy the spring/summer and why not go and observe a local BCA member over your next break.

In this edition, BCA Student and New Graduate Committee member, Polly Hand, writes about Pregnancy and Referrals.

Ever since my WIOC application – that dreaded personal statement (!) – I have dreamt of 'specialising' in pregnancy and paediatrics. I said it then and I stuck with it. A true passion and purpose from day one of knowing that I wanted to be a chiropractor. I've always been a little baby obsessed and the clinic I worked in as Practice Assistant saw the odd baby or pregnant woman here and there, but they did not have a particular special interest in the area. All the same, I knew it was what I wanted to focus on once I jumped those hoops, stood on that stage in my blue and yellow Glam Gown and kissed the MChiro certificate!

So my journey began. I graduated and started practising in a clinic that had previously pretty much turned away babies and pregnant women; the chiropractors there really weren't interested in that area so they didn't actively search for or welcome these patients. I couldn't believe it, were they mad?! No, in fact they were spot on. Why would you wish to adjust these complicated creatures with little or no further training in the area, far better to pass them on!

> *"Very soon my reputation as a paediatric chiropractor in the local area grew more rapidly"*

So my boss said I could be their 'go to' lady for this patient base. Brilliant! I then proceeded to attend courses, read books, shadow other chiropractors and get my hands on as many babies and bumps as I possibly could. I wrote articles for NCT magazines, reached out to baby groups, bought a box of toys for the clinic and welcomed the babies and bumps of Balham with open arms. Whilst my patient base did grow, it never totally boomed whilst I practised in that clinic. As with any clinic or patient base when it came to baby visits, there were busy weeks and quiet weeks. I kept up with my CPD courses, always exceeding the required amount and kept on shadowing paediatric chiropractors soaking up all I could. I also then trained as a Doula (yep, I know, you've never heard of one but if you wish to go in to pregnancy and paediatrics then it's a good idea to find found out more about them). They are professional birth partners and post-natal carers, an asset to any new mum or mum to be.

Shortly after I completed my Doula training, my situation changed dramatically and, due to a series of unforeseen events, I ended up setting up a clinic on my own. In that first week of practising alone I saw six neonate new patients, more than I had ever had in a week in my old practice. Never underestimate the power of intention and laws of attraction. I must say I really am a believer!

So that was it. Very soon my reputation as a paediatric chiropractor in the local area grew more rapidly in a few months than it had in the previous four years. I also practised as a Doula alongside the clinic work and realised that the two qualifications really did complement each other beautifully. I meet multiple other birth workers, new mums, pregnant mums and have been able to educate more and more people on the amazing and positive effects of chiropractic for pregnant women and babies.

Just two and a half years later I had the opportunity to expand my clinic space and am now working alongside a reflexologist, acupuncturist, sports therapist, masseuse, counsellor and podiatrist. The reflexologist, acupuncturist and masseuse all also have a special interest in pregnancy care and, interestingly, each one of them was the first of their profession to apply for the jobs. I hadn't put anything about the specialist area in the advert, but, again, it just seemed that those were the ones that were attracted to the clinic.

So why am I telling you all this? Over the years I have learnt a lot whilst practising as a

chiropractor. I have always longed to concentrate on pregnancy and paediatrics but being keen I have also done many other courses, seminars and CPD unrelated to this area. I noticed that, for a time in my career, I was determined I could be a bit of an expert at a lot of different things. Someone would come in with a foot/ankle problem and I was convinced I would get them 100% better. Yes, of course I knew how to adjust the area, I knew to look at the kinematic chain, improve the function of the pelvis and the knee for example but my adjustments and rehab weren't ground-breaking and these kinds of issues weren't resolving as brilliantly as I wished. I now know why. Areas such as extremities, sports injuries, and geriatric care don't get my heart beating fast. I would see that someone had booked in with an extremity issue and my heart would sink a little. We just simply can't be experts at everything and we can't get everyone 100% better, at least not single-handedly. It is our duty to our patients to admit when something is beyond our remit and we mustn't be selfish. Find your purpose, your passion; follow it and concentrate on it. I now practise in a way that allows me to concentrate on continuing to further my skills in the pregnancy and paediatric area. I still LOVE to adjust all other patients too and I absolutely don't turn people away. People get better and my practice manages to run on mainly referrals and very little marketing. However, as soon as I feel someone has a problem that may be managed better by another team member, I send them their way. Ankles and knees go to my sports therapist or podiatrist, specific soft tissue work goes to the masseuse. You get the picture. The same goes for my pregnant ladies. Off to the reflexologist for relaxation and help when they're nearing or over their due date, acupuncturist for a nice natural induction option.

"I now practise in a way that allows me to concentrate on continuing to further my skills"

Whilst you're studying and even in your first couple of years practising you will be finding your feet and learning what area it is that you love best, be it postural issues, headaches, sports injuries, paediatrics or even yellow flag patients! It won't necessarily be clear from the start but when you find the area that really gets you going, embrace it! Be the best you can be and utilise your referral skills; your patients will thank you for it and you will see the numbers of new patients referred to you rocket!

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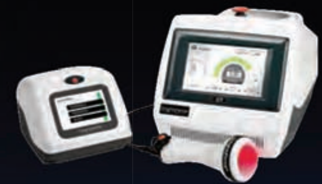

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Exercise Therapy for Chronic Musculoskeletal Pain: Innovation by Altering Pain Memories

Original research authors: Nijs J, Girbes EL, Lundberg M et al.
Manual Therapy 2015; 20: 216-220
This Research Review By Dr. Demetry Assimakopoulos©

Background Information

Central nervous system (CNS) hyperexcitability, otherwise known as central sensitization, is a common feature in a number of chronic musculoskeletal (MSK) conditions. In some patients, even though the original nociceptive pathology has long-since resolved, they are left with a protective, movement-related 'pain memory' that can hamper their desire, and even their capacity, to move and exercise (or even return to normal activities, work etc.).

It has been proposed in several studies that exercise therapy can potentially decrease the sensitivity of the nervous system [1-5]. Unfortunately, while these claims are great in theory, exercise therapy has not been explicitly shown to decrease pain in larger clinical trials. This narrative review describes how clinicians might combine pain neuroscience education [6, 7] with exercise/motor control training to alter the 'pain memories' associated with chronic pain.

Summary

Imagine receiving a referral letter from a local physician, asking for your consultation on a female patient with sacroiliac joint and posterior leg pain. They have undergone many unsuccessful attempts at physical rehabilitation and manual therapy. The patient arrives and they describe being rear-ended at high speed one year ago. They anticipated the impact and braced themselves, but unfortunately the collision was bad enough to write the car off. Immediately post-accident, she developed dizziness, neck pain, lumbosacral pain, groin pain and left posterior leg pain. She also reports diffuse parasthesiae throughout the low back and left leg. The leg pain and parasthesiae progressed over the year to encompass the entire leg and foot. This patient is not working, and is getting by on disability. Their brain, cervical spine, lumbar spine and hip MRI's are unremarkable, and only demonstrate mild diffuse degenerative changes.

> *"The centrally sensitized brain often demonstrates heightened activity in various brain structures"*

They have a flat affect, and their pain is rated 10/10. Your examination reveals difficulty flexing forward due to lumbosacral and left posterior leg pain. The patient then refuses to complete the rest of the ROM examination, because she anticipates aggravating her already tremendous level of pain. Deep tendon reflexes are 2+ bilaterally in the upper and lower extremities. Cerebellar testing is normal. Pathological reflexes are absent. Your sensory examination reveals diffuse hypo-sensitivity to pinprick, soft touch, vibration and cold, with diffuse hyper-sensitivity to moderate deep palpation throughout the left leg. This patient is likely depressed and kinesiophobic, which magnify pain and limit activity. The sensory abnormalities described likely come from central sensitization, cortical smudging [14] and from the brain trying to decrease pain by decreasing sensory perception in the affected area (known as non-dermatomal sensory deficit or NDSD). This patient is a prime candidate for cognition-targeted exercise therapy, which will be discussed below.

Step 1: Preparations to provide cognition-targeted exercise therapy

Clinicians must first intimately understand pain mechanisms, and how long-term nociception can lead to dysfunctional central processing [8, 9]. Building on this foundation, one should then learn the evidence-based mechanisms behind central sensitization as it relates to chronic MSK pain [10]. Additionally, clinicians are encouraged to understand the influence of kinesiophobia (fear of movement – more on this below), and how this is involved in the development of chronic pain.
The patient should then be educated in pain science concepts to challenge, and hopefully change their beliefs about why they suffer from chronic pain.
It is also necessary for clinicians to be educated in various biopsychosocial therapies, such as graded activity, graded exposure and acceptance-based interventions. The clinician can then utilize these methods to build a graduated rehabilitation program to improve neuromuscular control [11-13] and combat kinesiophobia.

The centrally sensitized brain often demonstrates heightened activity in various brain structures, namely the insula, anterior cingulate cortex, prefrontal cortex, various brain stem nuclei, dorsolateral

frontal cortex, parietal associated cortex and amygdala. For simplicity's sake, this network of brain areas is known as the neuromatrix. Hyperactivity is thought to be facilitated by long-term potentiation of neuronal synapses from ongoing nociception, and decreased GABA neurotransmission.

The amygdala is particularly important, as it has a cardinal role in sensitizing CNS pathways and preserving memories of painful movements, creating what are referred to as 'pain memories'. Interestingly, even when nociception has subsided, the chronic pain patient's brain continues to demonstrate these protective pain memories, which are manifested physically through pain behaviours such as antalgic postures and movements, altered motor control and/or kinesiophobia.

Patient's often become kinesiophobic, particularly to activities or movements that were initially painful during the acute/subacute injury phases. While it might be necessary to avoid these activities early on, it is likely that these actions are perfectly safe to perform in a chronic pain state. In spite of this, kinesiophobia often persists because the brain potentiates an association between movement and danger, creating pain memories. In these cases, appropriately regressing, and slowly exposing patients to (what the patient may consider) 'dangerous' movements is necessary.

Step 2: Cognition-targeted exercise therapy for chronic MSK pain

Cognition-targeted rehabilitation aims to reconceptualise pain associated with exercise and movement, rather than training the individual to simply avoid pain. Essentially, the effort is to change the pain memory.

Goal setting should be a central component of an exercise program. The acronym SMART (*Specific, Measurable, Achievable, Realistic, Time-targeted*) should be used for goal setting. Generally, goals are set by the patient, with the guidance and assistance of the clinician.

During exercise sessions, the clinician must attempt to de-threaten 'dangerous' activities. Exercise selection and progression is based upon what the patient describes as painful or fearful. [14] (*Writer's aside: for instance, if the chronic pain patient finds forward spinal flexion painful/threatening, the movement can be regressed to side-lying spinal flexion with bent knees. Performing the movement without the influence of gravity may decrease the patient's perception of threat associated with spinal flexion. With time, the exposure to spinal flexion could be progressed to side-lying flexion with the knees straight, quadruped spinal flexion, and finally to standing, etc.*). The therapist should identify if the patient feels any irrational fear or threat from exercise. If fear does exist, the clinician must identify why the patient feels threatened, and what they feel will happen if they do perform the exercise. The patient's reasoning and fear should then be challenged, by reminding them that chronic pain quality and intensity are not based upon the amount of structural damage, but rather on CNS hypersensitivity. In some cases, further exercise regression will be required.

Clinicians are cautioned against using language that can perpetuate threat, such as 'improving stability' – this language might make patients feel frail, and feel they require additional safety measures. Once mastered, the patient can be exposed to these movements during times of heightened psychosocial and cognitive stress, such as in the workplace, or social environments [14]. A complement to this type of exercise is motor control training, which has been investigated in great detail by other groups [11-13].

Clinical Application & Conclusions:

The goal behind cognition-targeted exercise therapy is to systematically desensitize painful movement and activity. This is achieved through repeated, graded exposure to 'dangerous' activities/movements to replace maladaptive pain memories with newer, safer ones. To accomplish this, the clinician should first enhance their knowledge of pain science, and teach the patient the neurophysiological mechanisms behind ongoing pain. Specifically, the patient should understand that chronic pain is often mediated by heightened excitability and efficiency of CNS synaptic communication, or central sensitization. Knowledge is power!

Once the patient has a thorough understanding of these concepts, they can be progressively exposed to threatening movements and improve motor control. The hope is that the combination of pain science education, enhancing motor control and graded exposure will desensitize the patient to ongoing pain.

Study Methods

This was a narrative review. No statistical measures were taken, nor pertinent study methods described.

Study Strengths / Weaknesses:

Strengths:

- The article is incredibly well referenced. This will provide the reader with a map into the chronic pain management rabbit hole, should they desire.

Weaknesses:

- The authors did not include enough examples for the reader who may be unfamiliar with some of these concepts.
- The authors also did not allude to any studies statistically proving any of their claims. We are simply to accept their narrative without any empirical, high-level evidence to use as a backdrop.
- The authors did not discuss how this model of care fits into standard medical care.

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Critical Evaluation of the Trigger Point Phenomenon

Original research authors: Quintner JL, Bove GM & Cohen ML
Rheumatology 2015; 54(3): 392-9.
This Research Review By Dr. Demetry Assimakopoulos

Background Information:

Myofascial pain syndrome (MPS) is a popular theory, which posits a local, muscular origin for painful trigger points (TrPs). Treatments for MPS, and thus TrPs, most often target the local painful tissue, through methods such as manual pressure, dry needling or injections. The authors of this article propose that the MPS theory is flawed and should be discarded. Furthermore, they propose two testable neurophysiological hypotheses which might explain the aetiology of MPS and TrPs.

This review paper became rather controversial, sparking a virtual boxing match among several authors and experts. A few of the rebuttals and comment are also included below.

Summary:

Trigger Point Theories:

Trigger points (TrPs) were initially described as focal lesions within connective tissues, harbouring low grade inflammation. The inflammation was theorized to activate sensory fibres which innervate muscle spindles and interstitial tissues [1, 2]. This hypothesis has unfortunately not been confirmed since its inception. Later theories [3] speculated that palpable muscle hardening of an unknown cause might lead to reflexive muscular tension, resulting in a self-perpetuating pain-reflex-pain cycles.

Travell and Rinzler [4] later proposed that these pains are myofascial in origin. Building on this theory, Travell and Simons [5] hypothesized the Myofascial Pain Syndrome (MPS) theory, and its central tenant, the trigger point (TrP). TrPs are defined as tender and hyperirritable areas found deep within voluntary muscle. TrP palpation produces a predictable and characteristic zone of deep aching pain, manifested within the immediate region and/or remotely from the TrP, aptly termed 'pain referral patterns'.

TrPs were thought to represent contracted muscle fibres, that when stimulated create a local twitch response demonstrable on EMG. The affected muscles also clinically demonstrate antalgic inhibition during strength testing and intolerance to passive stretch.

Travell and Simons later defined what they termed a 'latent TrP': a site of potential tenderness within a muscle not associated with spontaneous pain, but with the potential to cause pain. A primary TrP causing referred pain can potentially activate latent TrPs found in adjacent body regions, inevitably snowballing to cause widespread body pain.

The authors of this review opine that the existence of peripheral pain generators within myofasciae, causing both spontaneous pain and widespread body pain, is dubious. They add that the theory of MPS exemplifies circular reasoning: TrPs cause myofascial pain, because painful muscles contain TrPs.

Review of Evidence

Clinical Diagnosis

Unfortunately, no consistent diagnostic criteria for MPS and TrPs exist. A recent systematic review concluded that until a reliable definition is created, claims for effective interventions for this condition should be viewed with caution [6].

Inter-examiner reliability studies for TrP localization have shown both positive and negative results. Studies of well-trained clinicians who are aware of an existing TrP problem, generally demonstrate favourable inter-examiner reliability. However, studies of expert practitioners who are blinded to the diagnosis demonstrate a poor ability to detect TrPs in the majority of subjects suffering from MPS [7]. This leads to the unfortunate, yet logical conclusion that the pathognomonic physical examination criterion for making the diagnosis of MPS is unreliable.

Pathology and Tissue Biochemistry

The very first histological study of fibrositic nodules demonstrated diffuse inflammatory changes in the tissue and increased extra-cellular fluid. The authors suggested that the resulting turgor from the extra-cellular fluid might explain the clinical finding of mechanical tenderness. Unfortunately, the inflammatory changes have not been demonstrated in later studies. Altered histology has been demonstrated in cadaveric histological samples, but the clinical relevance to palpatory findings is unknown.

Tissue samples of trapezius trigger points have been compared to the same patient's non-painful gastrocnemius tissue sample, and to trapezii of non-symptomatic patients. The symptomatic patients demonstrated elevated calcitonin gene-related peptide (CGRP), substance P (SP), norepinephrine, TNF-alpha, Il-6, and low pH in all sampled regions, including the gastrocnemius. These diffuse alterations in biochemical environment are consistent with inflammation from tissue damage or altered peripheral nerve function, in contrast to local tissue pathology.

EMG and Imaging Studies

The EMG literature pertaining to TrPs is quite variable. Some have failed to provide evidence of ongoing denervation or focal muscle spasm, while others demonstrate spontaneous electrical activity in TrP regions. Another study showed that endplate noise is characteristic of, but not restricted to, TrPs, and that this finding might not be a reliable diagnostic criterion. Endplate noise from TrPs is thought to be elicited from activation of the intermuscular nerve termini after needle insertion.

A study using magnetic resonance elastography to investigate painful upper trapezius TrPs demonstrated a characteristic TrP chevron-like pattern, in line with the clinically identified taut band. However, the authors did not offer any diagnostic criteria, nor comment on the relationship of the taut band to a TrP. Similar imaging studies utilizing diagnostic US, sonoelastography and Doppler imaging have shown mixed findings due to various methodological concerns.

Animal Models

Animal models are often used to infer pathophysiology in ways that are difficult to perform in humans. These models must have symptomatic and/or pathological similarities to the condition being studied. Unfortunately, no such model for TrP research exists. In spite of this, several studies have been done with limited evidence of morphological or histological changes, or clinical relevance. Delayed Onset Muscle Soreness (DOMS)

DOMS has been related to TrPs in one study, which induced DOMS in the extensor digitorum of the middle finger using eccentric exercise. Subsequently, the painful region was palpated and taut bands were found. The authors of this review argue that the results of this study are clinically meaningless, because the anatomy of the muscle itself is also band-like. Also,

the authors argue that DOMS is generally self-limiting, while the pain associated with chronic muscle pain is not. Still, subsequent studies have proposed this as a possible aetiology for MPS.

The Integrated Hypothesis

It has been postulated that low-level isometric contraction, eccentric or submaximal concentric contractions may result in muscle dysfunction or damage, causing the formation of painful TrPs. Taut bands have been theorized to form due to excessive release of acetylcholine from dysfunctional motor end-plates. The taut bands themselves could then compress adjacent capillaries causing muscle ischemia, leading to an energy crisis. The response to the crisis could be the release of pro-inflammatory molecules, which activate nociceptive neurons. The motor endplate-energy crisis phenomenon is widely accepted as the etiological factor of tonic muscle hyperactivity and TrP formation, in spite of a lack of experimental supporting evidence.

Interestingly, subsequent studies have demonstrated that digital pressure and other stimuli causing MSK pain causes a decrease in agonist muscle tone. Additionally, TrP botox injections have demonstrated no effect on pain intensity, despite reduction in motor endplate activity and EMG interference patterns. Because of this conflicting data, the integrated hypothesis remains conjecture at this point.

Treatment

Both non-invasive (i.e. compression, TENS, high intensity focused US) and invasive interventions (i.e. dry/wet needling, botox etc.) have been proposed for the treatment of TrPs. A recent systematic review [8] failed to demonstrate evidence in favour of needling therapies. Similar reviews have concluded that a lack of sufficient evidence exists to support the use of most interventions [9]. Bearing this in mind, the authors of this review conclude that the vast majority of studies and meta-analyses do not support the prediction that focal TrP treatment is effective for MPS.

Why then, do many clinicians insist their treatments work? The answer might lie in the fact that treatments are often multimodal, employing a combination of manual therapy, home exercise and stretching. Another common factor is that most therapies are painful, creating a competing noxious stimulus. The competing stimulus might then elicit a transient pain reduction by recruiting higher order regions responsible for anti-nociception [10, 11].

Clinical Application & Conclusions

The acceptance of the TrP has been hampered by two outstanding considerations:

1. The lack of a diagnostic gold standard, and;
2. lack of a generally recognized pathogenesis.

These authors propose that sufficient research has been performed to reject and therefore discard the current TrP theories. The current literature demonstrates that the diagnostic features are unreliable, and that local TrP treatments are indistinguishable from placebo. They then offer two testable neurophysiological, etiological hypotheses for MPS:

Neuritis Model

The theory of nerve inflammation as a pain source has been proposed, but not widely studied. Interestingly, studies have shown that TrPs are often remarkably close to peripheral nerves. The authors theorize that sensitization of peripheral nerve axons, possibly due to inflammation, may cause secondary hyperalgesia, occurring in muscles that are structurally and physiologically unimpaired. Research in support of this theory has emerged, demonstrating that focal inflammation of peripheral nerves leads to ectopic axonal mechanical sensitivity and spontaneous discharge of some, but not all, nociceptors within the inflamed nerve. The abovementioned changes can lead to focal areas of neurogenic inflammation, and possibly to secondary sensitization of innervated muscle.

The Referred Pain and Tenderness (Allodynia) Model

Nociception in deep tissues has been shown to induce remote localized pain and tenderness. This theory downgrades the TrP from a primary site of nociception, to a site of secondary allodynia, reflecting altered central nociceptive mechanisms.

In review, the authors first explored the history of the MPS theory, and then subsequently discussed the strength of the evidence surrounding diagnosis and treatment of TrPs. Based on the lack of diagnostic criteria, and a lack of evidence for the diagnosis and treatment of TrPs, the authors argue that the theory of local TrPs causing chronic MPS is conjecture, has been refuted, and should be discarded. The authors provided interesting, new neurobiological etiological hypotheses for MPS and TrPs, which can, in the future, advance the knowledge and therapeutics in this challenging (and controversial) clinical area.

Study Methods

This was a literature review. No methods section describing search history or statistics was included.

Rebuttals & Comments

Rathbone A, Henry J & Kumbhare D. Comment on: A Critical Evaluation of the Trigger Point Phenomenon. Rheumatology 2015; 54: 1126-1127.

The authors disagreed with the notion that all working hypotheses related to the "conjecture" of MPS theory have been refuted. They acknowledge that the physical assessment of trigger points is inconsistently done, and that the literature demonstrates poor inter-rater reliability for the palpation of TrPs. However, they state that clinical detection of the TrP is not confined only to the skill of manual palpation. Other important criteria exist that can positively influence examiner judgement, such as observation of a twitch response or jump sign, local tenderness confirmed by patient feedback, and recreation of referred pain patterns. If these criteria are not employed, reproducibility studies will yield inconsistent findings. None of the studies included in the Quintner et al. review commented on these factors.

Quintner et al. criticized the biochemical analyses of TrPs because changes in the biochemical milieu were also found in unrelated muscles. However, the authors of the original study believe that the altered biochemistry in unrelated muscles is a consequence of either central sensitization, or inadequate clearing of metabolites, which might predispose individuals to the development of TrPs.

With regard to ultrasound (US) evidence, Rathbone et al. quote other studies demonstrating 81% specificity and 69% sensitivity in discriminating active TrPs from normal muscle. Still, further research is required to define the US characteristics of the TrP.

They conclude that this field is in its infancy, and further study is needed with robust standard methodological procedures to define physical examination, US and biochemical study of TrPs. Once these are adequately completed, the standard procedures used require prospective validation. Prospective measures would assist in establishing composite diagnostic criteria and allow further study of treatments.

Quintner J, Bove GM & Cohen M. Comment on: A Critical Evaluation of the Trigger Point Phenomenon: Reply. Rheumatology 2015l 54: 1126-1127.

Quintner et al. stated that the definition, identification and fundamental nature of

TrPs has yet to be determined, in spite of the theory being present for more than fifty years. This notion suggests that either the research into the objective evidence of TrPs needs to be intensified, or that the research needs to be steered in a completely new direction. They state that the latter is most needed.

Quintner et al. argue that the methodological problems in the biochemical analyses studies confound the interpretation of the results, and argue that TrPs invoking central sensitization is speculative. With regard to US identification of TrPs, Quintner et al. counter that specificity and sensitivity figures cannot be identified in the absence of a gold standard. They add that since one cannot differentially identify a latent TrP before it becomes active, how can there be objective differences between active and latent TrPs demonstrable via US?

They conclude by inviting Rathbone et al. to consider that problems arise out of the subjectivity of the hypothesis itself. Refutation of a hypothesis should lead to modification of the theory that created it.

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Case study: Milk of Calcium Gallbladder

In the first of a new regular feature for *Contact,* Pro Chiropractic Radiology brings BCA members a case study review. This time, Milk of Calcium Gallbladder By Dr Martin Timchur and Dr Kristin Grace.

42-year-old male c/o chronic LBP and headaches

Radiographic findings

In the medial right upper abdomen there is an inverted 'exclamation' shaped homogenous soft tissue opacity with large central lucency that has calcified margins. An additional large partially calcified concretion is seen proximal to the 'tail' of the opaque mass with suggestion of obstruction and dilatation of the gall bladder.

Epidomology

Milk of Calcium gall bladder (a.k.a. limy bile) is a rare finding (prevalence less than 1%) in patients that have undergone biliary lithiasis surgery. There is a minor predilection toward females and it occurs in any age, although patients over 40 are most common. The appearance is due to the presence of a viscous substance composed of calcium carbonate and has a high association with cholelithiasis and chronic cholecystitis.

Clinical Presentation

Patients may be asymptomatic and the condition is identified incidentally on x-ray (as in this case) or they may present with symptoms including RUQ tenderness or jaundice. Patients with associated cholelithiasis may present with symptoms related to obstruction including right shoulder pain and mid-back pain.

Pathogenesis

The pathophysiological mechanism is unknown, however it is suggested to develop from stasis of bile content in the gallbladder such as a Phrygian cap or porcelain gallbladder, or due to bile duct (CBD) obstruction or pancreatic tumour. This leads to inflammation of the gallbladder and eventually hydrops (dilatation of the gallbladder) often due to obstruction. This can then present as acute cholecystitis.

Radiographic Features

X-ray: On x-ray, milk of calcium gallbladder will appear as highly radiodense and may demonstrate a calcium-fluid level on standing x-rays. Obstruction may be visualised by non-calcified, or calcified gallstones (cholelithiasis) and dilatation, as in this case.

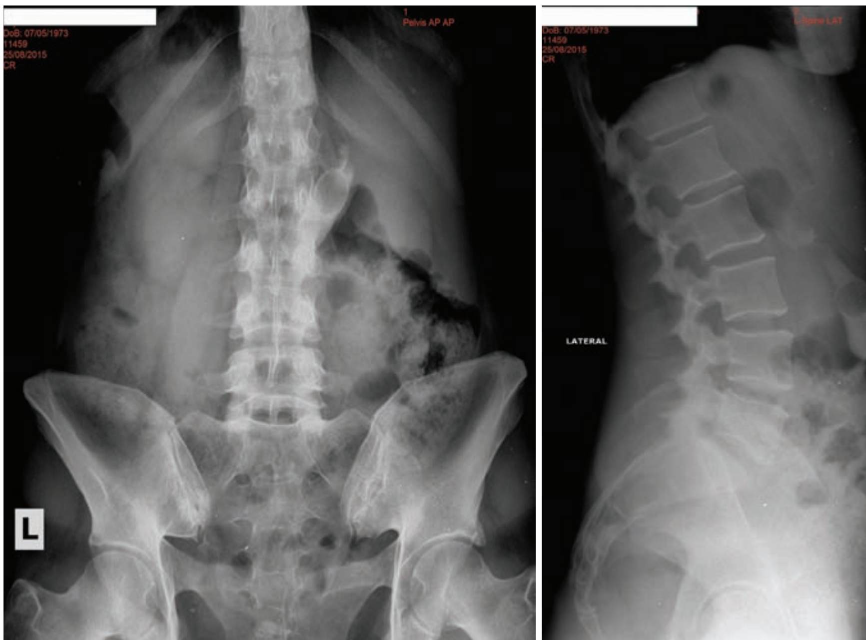
Ultrasound:
Ultrasound is not particularly useful for diagnosis as it does not differentiate gallbladder sludge from limy bile.

CT:
CT is probably the best modality to fully evaluate the disorder as it allows for assessment of the limy bile, lithiasis (stones), obstruction, hydrops, cholecystitis and surrounding anatomical structures.

MRI:
MRI is no more valuable than CT for assessing milk of calcium gallbladder, however Magnetic Resonance Cholangiopancreatography (MRCP) is a special type of MR protocol that produces detailed images of the hepatobiliary and pancreatic systems and is most accurate in both sensitivity and specificity for detecting obstruction.

Management

Spontaneous resolution has been reported however surgery is the mainstay for treatment, especially when associated with obstruction and cholecystitis. If left untreated the condition may progress



Milk of Calcium bile and gallstones w obstruction 1 and 2

to emphysematous cholecystitis or pancreatitis.

Summary

- There are many abdominal soft tissue caclifications though milk of calcium gallbladder has a characteristic appearance and is usually diagnostic on conventional x-ray.
- It is a rare condition that may be asymptomatic or present with RUQ tenderness or typical cholecystitis symptoms.
- Any associated causes, including gallstones, should be explored through CT to evaluate for inflammation, obstruction, hydrops and pancreatitis.
- Management is usually directed to a hepatobiliary surgeon, though spontaneous resolution may occur.

About the authors

Dr Martin Timchur – DC, B.App.Sc. Grad Cert. Eng, M Chiro, M. App.Sc (Med Imag Interp) PhD Candidate)

Dr Martin Timchur began his academic teaching role in chiropractic technique and orthopaedics at Macquarie University in New South Wales, Australia before shifting focus to radiology. In 2004 he moved to the United Kingdom to conduct a 3-year radiology residency and a PhD at the University of Glamorgan. He held a senior lecturing position at the university between 2004 and 2007. He is currently the Clinical Director at PRO Chiropractic Radiology.

Dr Kristin Grace – DC, DACBR

Kristin Grace is a registered chiropractor and Diplomate to the American Chiropractic Board of Radiology (DACBR). Kristin maintains a small private practice in New Zealand and devotes a large amount of her time to chiropractic diagnostic imaging consultation with PRO Chiropractic Radiology.

This case study was brought to you by PRO Chiropractic Radiology and Total Lifestyle Chiropractic Airlie Beach, Queensland, Australia. If you have any follow up questions or feedback please email martin@proxraymanagement.com

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Yorkshire Rows

As many will have seen from the extensive coverage the team received on BBC Breakfast, after almost 68 days across 3,000 miles the Yorkshire Rows, a team of four intrepid mums, became the oldest all-female crew to cross the Atlantic.

As you will see from a previous report in *Contact*, I have been involved with this inspirational team for sometime providing Chiropractic care as part of their preparation

The 26 Talisker Whisky Atlantic Challenge rowing teams had set off from the port of San Sebastian, La Gomera on Sunday 20th December; changes to tides and wind direction had caused race organisers to delay the departure by five days.

The journey had been eventful. Team member Helen was regularly sea sick for nearly two weeks although she got over it and grew a pair of sea legs. They were blighted with electrical issues which stopped the GPS and the auto-helm working. As a result, they had to steer their boat 'Rose' manually and use a compass, stars and charts! The water pump desalination unit had to be operated manually too, which meant that after two rowers had done a two-hour shift of rowing, apart from wiping themselves down to get the salt off the body,
eating, and drinking, they then had to set about pumping water, steering and navigating using the traditional methods. Time was taken away from precious sleep as a result, which meant the rowing pace was not as high they had hoped. Some of the electrical issues were fixed eventually and they got themselves into a rhythm. They also faced a three-day storm where they had to drop the parachute anchor to minimise drifting and lock themselves away in two of the hot and humid cabins until the storm had passed. On Christmas Day they comforted themselves with the mince pies I had packed for them and the miniature bottles of rum from the Antiguan rowers!

Despite the troubles, the team have enjoyed seeing whales, sea turtles, marlins, sharks and also being followed by pods of dolphins. There have also been some nights when the night sky was lit up by millions of stars.

Having finished the epic marathon the crew, who all have children at the same school, were proud and excited by their achievement. Most of all, they were delighted to have started as best friends and finished as best friends. A truly marvellous achievement and one I was proud to be a part of.

Paul Cheung

Contact questionnaire

Many, many thanks to those member readers who participated in the feedback questionnaire. The results are being reviewed and the Editorial Board are looking at how the magazine can be restructured in a re-design activity to encompass the feedback. This includes the feasibility of an iPad electronic version of the magazine. More news in the next issue.

New table launch

The BCA Spring conference at Heathrow hosted a world first; the unveiling of the New RM5 treatment table by Atlas Clinical Ltd.

The whole table has been designed using the latest CAD software and laser cutting technology to aid accurate manufacturing of the series. The table will continue to use the ground breaking Spinlight drop mechanisms and a solid stable platform for long term clinical use.

David Antrobus, Director of Atlas, said "Atlas has built on the tried and tested methods of 40 years of table construction to create a new table featuring the latest in computerised active traction systems for the lumbar and cervical spine. The table can accurately move the patient in flexion distraction modes with millimetre accuracy on a repeatable basis. The cyclic action can also aid proprioceptive change in the elderly spine".

Haymo Thiel, Principal of AECC, unveiled the table during the break in the morning sessions of lectures. In the past, Atlas has supported the college with donations of tables to the clinic and the Alumni Association. Atlas has also been instrumental in bringing the OSMIA project to fruition for the research department by developing and building the passive and active acquisition systems.

Dr title update

The issue of the use of the Dr title by chiropractors was something that the BCA had taken up with the GCC. The view of the BCA was that, as long as it was made clear in the context that there was no implication that the chiropractor concerned was a medical doctor, it should be acceptable to use the Dr title. The Committee of Advertising Practice (CAP) had not agreed with this and were of the view that chiropractors could not use the courtesy title at all.

The GCC have since had discussions with CAP who have now made changes to their on-line advice and published revised guidance on their website: http://bit.ly/1TSn6qn

This development brings the CAP advice for chiropractors in line with the advice they give to dentists and alters their previous view on the use of the courtesy title. It now considers that, if the title is clearly and prominently qualified with additional text which makes clear it is a courtesy title and the practitioner does not hold a general medical qualification, reference to the title 'Dr' may be acceptable.

The updated guidance and other information on advertising compliance can be found on the BCA Members' area http://bit.ly/1LgKevA

Sad news

Chiropractor Simon Bird, who has died aged 47, was one of the liveliest of his generation. Not only was he a highly skilled chiropractor, he was also an inspirational leader, a stirring speaker and a loving father. A 1998 graduate from AECC, he served with distinction on the BCA Council from 2012-14 and on the board of SOTO Europe. Simon was a regular on the lecture circuit at AECC and WIOC as well as BCA and ECU conferences.

He had boundless zest for being in practice, both the clinical and business side of things- which made him unusual amongst his peers. To know Simon was to experience enthusiasm and fun. He was always looking to the future and trying to improve his own performance and that of those around him. His relaxed approach belied a keen and inquiring mind. His energy and insights shaped the lives of many chiropractors who will forever be in his debt. Simon combined his passion for his profession with compassion for his patients, transforming their lives. He was so young and had so much to give to the world; his patients must feel bereft at his untimely death.

Simon touched the lives of all who came in contact with him. A bright light has gone out and we will miss him greatly. Our thoughts go out to his loved ones.

Research Review Service

The BCA subscribes on behalf of its members to the Research Review Service (RRS) an online resource that posts evidence-based and clinically relevant research reviews each week, allowing its members to stay in contact with the most recent information directly or indirectly relevant to chiropractic.

RRS has become an online database of concise, comprehensive reviews of current research that can impact practice and enhance patient care.

RRS gives subscribers:

- New reviews every week, emphasising practical understanding and application of recent research.
- Access to the RRS database of over 400 existing reviews – categorised and keyword searchable.
- MP3 audio reviews, letting you download reviews to your iPod or MP3 player.

All reviews and content are contained on the website. There is no hard copy format for the service but BCA members may print them out for their own personal use only. They may not be forward distributed or posted on any other website.

BCA members have full access to the entire reviews database, which is divided into sections (eg. lumbar spine/pelvis, lower extremity, acupuncture etc.). The database is also fully searchable and many reviews are cross-posted in more than one category.

RRS has changed the way users access its services so BCA members now need to create an individual user account.

If you have not logged in to RRS since October 2015, you need to go to the RRS page on the BCA Members' area and follow the instructions.

Propacs

The BCA recognises the value of quick turnaround Chiropractic radiology reporting as a diagnostic tool readily available to its members. We also understand the need for safe, secure and patient diagnostic data transmission and back up. This ties in with our aim to achieve better patient outcomes and that our members all operate to the highest industry standards.

We are therefore delighted to announce that the BCA has entered into a partnership with PRO, enabling BCA members to enjoy the benefit of fast Chiropractic radiology reporting via PROPACS. This unique and low cost DICOM back-up and Specialist Radiology Report Cloud System will allow our members to deliver a service which will improve patient outcomes. To find out more go to this link http://bit.ly/1QJVTIM

Also see here http://bit.ly/1TSruFO to read the PROPAC introductory flyer and here http://bit.ly/1XihCmz to see how it works.

To hear more about the PROPACS or if you have any questions please e-mail info@proxraymanagement.com and the support team from PRO will assist you.

News from AECC

The winter weather may be dull but there has been a whole host of exciting activities happening in and around the campus over the past few months. We have recently been collaborating on a project with Kings College London that looks set to impact the future of space travel as we know it. We have been chosen to work on a European Space Agency project that centres on a Gravity Loading Countermeasure SkinSuit (SkinSuit for short). The study looks to determine the effect of the SkinSuit, which aims to mitigate the spinal elongation and possibly also some of the musculoskeletal deconditioning that occurs to an astronaut during space flight. Researchers from Kings College London are using state of the art evaluation equipment in our High Performance Centre and our imaging facilities in order to carry out tests on the SkinSuit over the coming months. The aim is to assess what the effects of axial loading are while wearing the suit to inform recommendations for participants in a range of planned studies, such as further space flight experiments (the SkinSuit was worn by Andreas Mogenson on the International Space Station in September 2015) and in certain populations here on earth. The SkinSuit may also be useful for individuals who are immobilised; athletes who have a traumatic injury or people who have prolonged stays in hospital. A key area of interest is Intensive Care, which is associated with a profound loss of muscle. A potential opportunity is for individuals to wear the suit when in Intensive Care with the aim that the axial loading provided by the suit might help protect some of those core stabilizer muscles, which will then facilitate an earlier progression into more functional exercise once recovered. The team will return to AECC later this year to continue tests on the suit using the college's Open Upright MRI scanner with the hope that evidence can be gained to support a SkinSuit being provided to astronaut Thomas Pesquet, who will fly out to the International Space Station next year.

Gravity Loading Countermeasure SkinSuit

"We are proud to have renewed the partnership with AFC Bournemouth for the 2015-16 season"

We also welcomed news that our Centre for Ultrasound Studies (CUS) has been chosen to provide accredited ultrasound training to Premier League club team doctors. The initiative will look to enhance clinical judgement in the diagnosis and treatment of football players and reduce the need for MRI examinations. The CASE-accredited course is being taught by our specialist CUS faculty at four locations around the UK, attracting club doctors from both Premiership and Championship teams including Arsenal, Southampton and Liverpool to name just a few. The training was awarded to CUS based on its reputation for providing high quality education and training to MSK practitioners.

On the subject of Premiership teams, we are proud to have renewed the partnership with AFC Bournemouth for the 2015/16 season, where we will continue to provide student and intern support to medical staff at the club's Vitality Stadium. Four students work alongside team physiotherapist Steve Hard in a unique opportunity at the Barclays Premier League Club and this is something that the team has often spoken highly about, commenting that it helps their performance on and off the pitch. Our links with other areas of sport are also strong with our onsite clinic having just signed a partnership agreement with Bournemouth Athletics Club allowing us the privilege of working with Commonwealth and Olympic athletes, a partnership that we look forward to progressing with when the season kicks off in the next few weeks.

AFC Bournemouth's player Callum Wilson receiving treatment

We are also celebrating achievements of our services. Our Bournemouth Open Upright MRI has celebrated the new year by scanning its 500th patient since opening in October 2014. A large number of our referrals are for patients who have been unable to cope with MRI previously and it's very rewarding for us to be providing a scanning service that they feel comfortable and relaxed in. Often we are managing to produce important diagnostic images for the first time on patients who had given up hope of having an MRI.

We are currently taking referrals www.bournemouthopenuprightmri.co.uk

Celebrations also extend to the achievements of our academic staff. Professor Pat Collins, AECC's Professor of Anatomy, recently received her copy of the new 41st edition of Gray's Anatomy. Pat has worked on the past four editions of Gray's Anatomy both as a Section Editor and the author/editor of all of the chapters on embryology and development throughout the book. The 41st e-book contains video clips of a 24 week foetus filmed in our Centre for Ultrasound Studies. The new 2015 edition features imaging techniques that no one could have imagined even just ten years go.

I must also extend congratulations to lecturer Alison Selby for achieving the Fellowship of the Higher Education Academy (FHEA). The Fellowship was awarded in recognition of Alison's work in teaching and learning practice at AECC and is richly deserved. Alison's successful application means that now approximately 40% of the AECC faculty hold Fellowship status with the HEA. On the theme of academic excellence we were also thrilled to receive news that Medical Physicist, Alex Breen, successfully defended his PhD thesis at Bournemouth University (Faculty of Science and Technology). His research *Exploring the spine and lower limb kinematics of trans-tibial amputees* looked for links between intervertebral motion patterns and the limb-prosthesis movement in lower limb amputees during gait, setting the scene for investigating back pain in amputees with AECC's quantitative fluoroscopy technology.

> *"Our Bournemouth Open Upright MRI has celebrated the new year by scanning its 500th patient"*

Haymo Thiel
Principal

Professor Pat Collins

Research at AECC

Society for Back pain Research Conference at AECC

On the 5th and 6th of November 2015, AECC hosted the Society for Back Pain Research annual conference. The theme of the conference was encapsulated in the title *Biological factors in nonspecific back pain* and a list of prestigious international speakers presented concerning a range of contemporary research issues. Not a society to shrink from addressing controversy and uncertainty in the research field concerning low back pain, a number of the talks centred on where the low back pain research community currently was in its thinking and a reassessment of cherished paradigms. For example, amongst many other distinguished speakers, Professor Maurits van Tulder from VU University in Amsterdam examined the biopsychosocial model while Professor Mark Hancock from Macquarie University, Australia examined the challenges in researching the importance of biology in back pain. The biomechanical theme was extended throughout the two days and included Prof Sally Roberts from Agnes Hunt Orthopaedic Hospital, Oswestry and Keele University who looked at our contemporary knowledge underpinning the phenomenon of disc degeneration. Finally, on the last day, Professor Charles Greenough the National Clinical Director for Spinal Disorders at NHS England and Professor Dr. Wim Dankaerts, a senior member of Professor Peter O'Sullivan's research group and an Associate Professor in Musculoskeletal Physiotherapy at the University of Leuven, Belgium took part in a debate for and against the conjecture non-specific low back pain is a valid concept. Suffice to say the debate was feisty and informative with a somewhat less than perfect resolution at the close of day. This, of course, is the nature of science where perhaps both approaches add useful insights into the ongoing efforts to understand more fully how to address the considerable burden of low back pain in society.

Joint PhD student presents at Royal College of Chiropractors

Michelle Holmes, a PhD student jointly supervised between ourselves and the University of Southampton and part funded by the Royal College of Chiropractors (RCC) gave an excellent talk at the RCC AGM in January this year. Her talk entitled *Reconceptualising patient-reported outcome measures* explored the theoretical basis behind why the use of patient reported outcome measures in clinical practice may have other benefits over and above the simple recording of symptomatology during a course of care. This is in the process of being submitted as a systematic review and we hope to succeed in publishing this in the next few months.

Visiting Professor

In other news, we are delighted to be able to announce the appointment of Professor Alan Breen, Director of IMRCI at AECC, as a part-time visiting Professor of MSK research in the Faculty of Science and Technology at Bournemouth University (BU). AECC has had a long and productive research relationship with BU and this post will allow Alan to liaise more closely with the teams at BU and engage in grant proposals jointly produced between the two institutions.

Dave Newell
Reader and Director of Research

News from WIOC

The academic year continues to fly by and every day brings new challenges and interesting developments in the chiropractic programme and across the University of South Wales. There is never a dull moment which keeps the work appealing in so many ways. Staff in all areas of the programme continue to work hard to maintain the standards that we have helped to set for chiropractic undergraduate education in the UK and across Europe and ensure that all students have an excellent experience. We are currently engaging with the GCC Education Committee providing input into the revised criteria for degree recognition now called the Educational Standards in line with the publication of the new *Code of Practice and Standard of Proficiency* which will come into effect in June 2016. A revised educational standards document provides the opportunity to implement changes in chiropractic education in the UK and a chance to inject some innovation in key areas such as clinic training, professionalism and research. It is important to keep pushing the standards higher but at the same time take a look at the horizon and capture the skills and competencies that chiropractors need to assimilate to work in a modern health care world. Shifting our attitude and challenging traditional practice methods requires commitment and leadership across the institutions. We are hoping that the inclusive consultation process will provide these opportunities for the future of chiropractic education.

By the time you read this article we will have reached the end of the Easter Break after which the final examination period will commence. Academic and clinic staff have been busy preparing assessments and practical exams for both internal and external scrutiny well in advance of the actual May examination period. I would like to send my good luck wishes to all students across the USW Chiropractic Programme in the build up to their exams and successful progression. The assessment season has already commenced as we held the Mock Clinic Exit exam for the final year students on February 10th and the Mock Clinic Entrance exam on March 9th. This gave students the chance to 'sample' the real event and acts as a training event for our staff to engage in standard setting and induction for new members of staff.

WIOC awarded a Royal College of Chiropractors PPQM

WIOC has had a number of visitors recently speaking to students and staff about the direction of the profession, practice issues and leadership. On January 18th, Oystein Ogre (President, ECU), Ian Beesley (Secretary General, ECU), Peter Dixon (President, Royal College of Chiropractors (RCC)) and Rob Finch (Chief Executive, RCC) spoke to the final year students. It is important for our students to meet the leaders of the profession and get a sense of the challenges facing our profession in the UK and the wider European context. Matthew Bennett (President, BCA) and Elisabeth Angier (Vice-President, BCA) will also be addressing our final year students before the end of their academic journey to set the stage for their transition into practice.

> *"I would like to send my good luck wishes to all students across the USW Chiropractic Programme"*

One of our recent graduates, Daniel Morgan, received the PRT Trainee of the Year award at the recent RCC AGM. I would like to congratulate Daniel on his achievement and also thank him for committing so much of his time to promote WIOC and chiropractic education in Wales. Daniel is working with the BCA Student/New Graduate group and also attending local school events, including a planned Taster Day where he will speak to prospective students about the education and opportunities within the profession. We need more people like Daniel providing this important insight into his experience as a student and new graduate in the profession.

The WIOC Outpatient Clinic was recently awarded the prestigious RCC PPQM merit at their AGM on January 26th for the period 2016 – 2018. This is a very important quality mark and represents our commitment to patients and their care. The fact that we operate a training clinic makes the exercise even more of a challenge with 110 student clinicians while still maintaining high standards. I would like to personally thank Steph Davey for the hard work and dedication she shows in the preparation of the paperwork required to meet this standard. Steph and her team have reached and surpassed the necessary requirements to ensure that the student experience is consistent and that patient care is of high quality.

WIOC is hosting two Speed Meet events

for our final year students this year. On February 20th we had 14 clinics descending on WIOC to interview 35 students for prospective associate positions. I have to thank Steph and her team again for organising this event and all the complex logistics it involves. This is an indicator of how the profession view our graduates and a good indicator of the employment opportunities for new graduates. We have another Speed Meet date scheduled , when we have an additional 10 clinics taking part. We would like to thank the participating clinics and professional staff for their participation in the event and for their trust in our graduates.

Our DXA scanning service is up and running and we are actively receiving referrals from qualified practitioners. Angela Sims is leading the scanning service and has established a link with Sport Wales Elite Performance athletes. Alf Turner is leading the MSK Diagnostic Ultrasound service, under the direction of Annemarie Bevan and the plan is to extend the number of clinics throughout the week commencing from March 1st. We are confident that recent MSK students will be providing their expertise for the service along with Dr Roger Denton, a GP with MSK and Sportsmedicine interest will be joining the team. For more information go to www.southwales.ac.uk/WIOC

Our final year students continue to participate in observation rounds at Prince Charles Hospital with Professor Karras and also connect with local chiropractors managing first division rugby teams. They have also had opportunities this academic year at the European Lifesaving Championships in Swansea, the European Disabled Golf Championships at the Vale of Glamorgan and the Welsh Strongman Event in Bridgend.

So that's just about it for now, so until we meet again

David Byfield
Head of Welsh Institute of Chiropractic

Research report

Developments on the research front have been slowly starting up again, there being changes in many areas. An actual reduction in available research student space on campus has had to be factored into our plans, with more emphasis on 'desktop research' (including reviewing the literature) with the hands on work having a more part-time, externally based focus. Simultaneously, we will be seeing a dissociation between clinic and non-clinic orientated faculty staff, with the latter moving on to the university campus. There is also a draw for me to move into a more faculty orientated-role around business and ethics (an interesting mixture), thus decreasing my involvement within the undergraduate chiropractic programme.

We have had a couple of peer-reviewed publications over the last few months:

- David Byfield and George Zafiropoulos published work on how Multidisciplinary Meeting (MDM) can provide education and reinforcement of inter-professional development in *Educational Research and Reviews* (doi 10.5897/ERR2015),
- Sally Lark, Drew Heusch and WIOC grad (now AECC tutor) Phil Hume and I published our work on how wearing American football helmets increases cervicocephalic kinaesthetic awareness in 'elite' American Football players but not controls in *Chiropractic and Manual Therapies,* (doi: 10.1186/s12998-015-0077-4)
- Lastly, a further publication from the long term collaboration between Vince Cascioli (Murdoch Uni), Zhuofu Liu (Harbin Uni: along with other colleagues), Drew Heusch and I: *Microenvironment temperature prediction between body and seat interface using autoregressive data-driven model. J Tissue Viability* (doi: 10.1016/j.jtv.2015.08.00) as part of our attempts to pin down an objective way of viewing comfort and discomfort when sitting.

Mark Langweiler has been racing across the globe as usual this time spending some of his Christmas break getting prepared to attend a meeting in Poona, India. Firstly, he led a pre-conference workshop on complementary research methodology based on our co-edited book *Methodologies for Effectively Assessing Complementary and Alternative Medicine (CAM): Research Tools and Techniques:* ISBN 978-1-84819-251-5. Following this, Mark chaired two sessions (Recent Research in Ayurvedic and Unani Medicine) and gave a presentation on the globalization of medicines. The main meeting, titled the International Conference on Advances in Asian Medicine, was organised by one of our authors, Dr Narendra Bhatt, MD (Ayurveda). Mark also used this opportunity to make contacts for our follow-on text into meta-methods which might find use in CAM research.

The chiropractic patient pilot study being undertaken in Canada by Kent Stuber has been completed and has had a methodology paper submitted to CMT. This project has also obtained funding from the Chiropractic Research Council.

Bianca Zietsman, Drew Heusch and I presented more of our data relating to neck dysfunction in top professional sports people at the BASEM (British Association of Sports and Exercise Medicine) Conference, the Physiological Society before Christmas and the Royal College of Chiropractors AGM in January. At the latter, we also presented a study reporting on why people might choose a particular chiropractic professional association membership based on a recent undergraduate project by Sheena Wotherspoon.

Our work with the British Bobsleigh and Skeleton Association (BBSA) went ahead and, amazingly, it all went quite smoothly with WIOC graduate, Carrie King, our electronics whizz, Alex Oleon and me carrying out the research testing. Some of this work was presented to the Royal College of Chiropractors in January. The planned research with football academies has been set back a little due to the inevitable upheaval that management change brings. Daniel Morgan (WIOC grad and now active in the BCA as a Student and New Graduate Committee Member) is helping drive this study forward and, due to his diplomatic skills, we are still in with a chance of working with the teams that we have lined up.

Peter McCarthy

The Twitter feed of CTDRU (Clinical Technology and Diagnostic Research Unit, which encompasses the old Chiropractic Research Unit) can be found at (@CTDRU), Facebook at www.facebook.com/ctdru.usw and website http://ctdru.research.southwales.ac.uk/

Free business advice

Claire Moore, Senior Consultant from Croner's Business Support Helpline takes a look at recent issues that BCA members have faced and gives guidance on how to deal with them. For free help with tax, VAT, employment, payroll, health & safety and commercial legal issues contact the helpline on 08445 618116 quoting scheme number 25742 (24 hr service for employment queries, normal office hours for other topics). Members can also use the online Business Essentials portal, accessed via the Members' website.

We offered a job to a candidate but since our offer she is being very precise and picky about her working hours. Given that we did not issue her a written contract of employment, can we just inform her we no longer want to take her on?

A contract of employment may be made formally or informally. It may arise following interviews, an exchange of letters and formal documentation being drawn up or it may arise from a conversation whereby the employee agrees to work for the employer for a wage or salary. The contract of employment is covered by general rules of contract law and its existence is not dependent on a written document.

An agreement over the phone could constitute a verbal contract as an offer was made and the candidate appears to have accepted. If she has given notice to her current employer this could be deemed a consideration, another element to there being a contract.

If the candidate is varying or suggesting alternative hours to those that were proposed or indicated during the process, then you could argue that this is negotiation and you could hold her to the hours you offered or the standard office hours that you work to. However, if she is simply indicating that she has external responsibilities that will impact on her ability to work outside of the hours that were initially proposed or discussed, then there would be a strong argument to say that the contract is binding and you would need to terminate the agreement rather than state that you no longer wish to take her on.

I have heard about the new national living wage of £7.20 per hour. Is it compulsory and when will I need to start paying this to my staff?

The new national living wage took effect from 1st April 2016. It is an amendment to the National Minimum Wage regulations and will be a compulsory payment to all workers aged 25 years and above.

Do I have to pay employer pension contributions when an employee is on maternity leave and receiving SMP?

An employer's pension contributions should continue during any period of paid maternity leave when the employee is in receipt of SMP, contractual maternity pay or both. The employer's contributions are calculated as if the employee were receiving normal remuneration. Any employee's contribution is based on what she actually receives during the maternity leave period (ie SMP, contractual maternity pay or both).

> *"The contracted employment is covered by general rules of contract law and its existence is not dependant on a written document"*

We had a Legionella risk assessment completed two years ago by a competent third party. A safety representative has stated that she wishes this to be reviewed as required by the Approved Code of Practice but our contractor has said this is not necessary. Could you clarify the situation?

Guidance contained in the *Approved Code of Practice L8 Legionnaires' Disease. The Control of Legionella Bacteria in Water Systems* used to state that "the assessment should be reviewed regularly (at least every two years) and whenever there is reason to suspect that it is no longer valid".

However, this publication was reviewed and republished in 2013. Both the *Approved Code of Practice* and guidance state that the risk assessment should be kept under review in case anything has changed. The suggested two-year period is no longer detailed in the publication.

HSG247 states that "the assessment of risk is an ongoing process and not merely a paper exercise. Duty-holders should arrange to review the assessment regularly and specifically when there is reason to suspect it is no longer valid".

Factors that may influence the decision to review the assessment include:

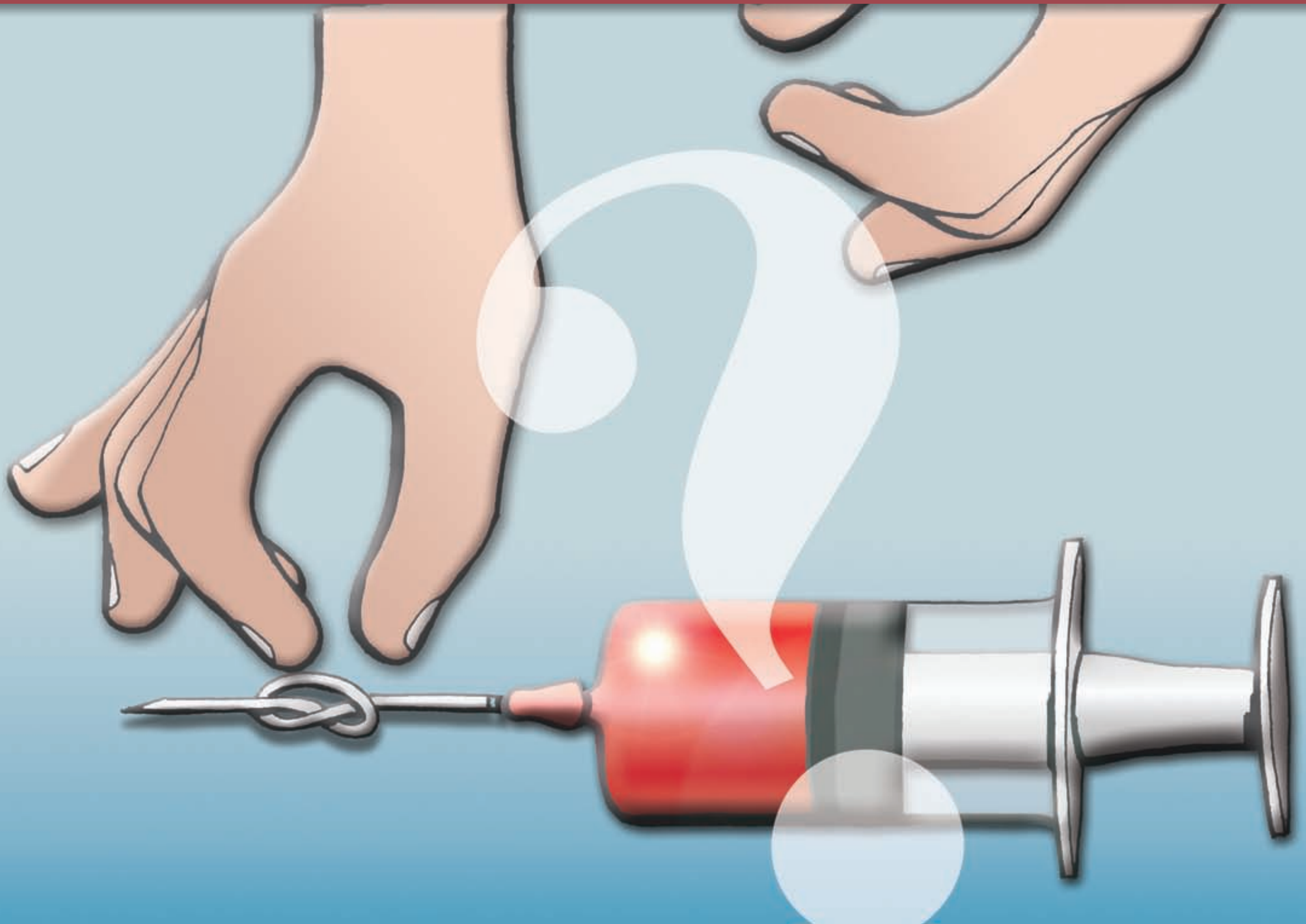
- a change to the water system or its use
- a change to the use of the building where the system is installed
- the results of checks indicating that control measures are no longer effective
- changes to key personnel
- a case of Legionnaires' disease/ Legionellosis associated with the system.

As such the duty-holder and/or the competent responsible person appointed by the duty holder should be monitoring processes, procedures and control measures to identify any changes as those details above that may indicate the risk assessment is reviewed.

The review process will be driven by the particular change that has been identified but *BS8580 Water Quality. Risk Assessments for Legionella Control. Code of Practice* suggests that, when reviewing a current risk assessment to determine whether it remains valid, the risk assessor should consider the following:

- the key risks identified and how these are changing over time
- the monitoring data for the controls in place
- whether key risks are being managed so far as is reasonably practicable
- resources and how they are prioritised
- escalation of risk management issues.

The same British Standard also suggests the review should take into account any



on-going training of the duty holder and responsible person, changes to suppliers and an audit trail of documentation, as well as the factors considered in the original assessment.

Can you tell me what the legal requirements are for staff to be offered and be obliged to have immunisation against viruses?

Under health and safety legislative requirements, such as those in the *Control of Substances Hazardous to Health Regulations 2002 (COSHH)*, employers have an obligation to prevent or reduce, so far as is reasonably practicable, exposure to biological agents through the application of an infection control programme.

Once a risk assessment has been completed the methods chosen to adequately control the identified risks should, as far as possible, follow the hierarchical approach set out in the *Management of Health and Safety at Work Regulations 1999 and COSHH*, which ranges from eliminating the risk to immunisation against the risk.

Vaccines produce their protective effect by inducing active immunity and providing immunological memory. Immunological memory enables the immune system to recognise and respond rapidly to exposure to natural infection at a later date and thus to prevent or modify the disease.

Immunisation is last in the hierarchy and should never be considered the primary defence against infection because:

- immunisation can be partial with some subjects not receiving adequate protection
- there is often a risk of side effects and there may be medical contraindications against immunisation
- not all infections can be protected against by immunisation.

"Consent to undergo vaccination must be given voluntarily and freely"

The Health and Safety Executive website clearly states that "employees are at liberty to refuse immunisation, but any refusal should be considered as part of the risk assessment".

It may be advisable, in such circumstances, to seek appropriate medical advice when completing the risk assessment so as to determine the risks of not being immunised and whether the risk is tolerable.

Where vaccination is deemed a reasonable control, employers should ensure that employees are made aware of the advantages and disadvantages of immunisation and its limitations. An appropriate level of consultation should take place with employees, either individually or through their respective representatives.

Consent to undergo vaccination must be given voluntarily and freely. Consent remains valid unless the individual who gave it withdraws it. If there is new information between the time consent was given and when the immunisation is offered, it may be necessary to inform the employee and for them to re-confirm their consent.

Do we have to give our employees a contract of employment??

The Employment Rights Act 1996 requires an employer to give a written statement of employment particulars within two months of the employee starting employment. In practice, it is better to issue the terms of employment at an earlier stage to avoid any disputes arising about the terms under which the employee is engaged. Failure to issue a contract of employment could give rise to a claim at Employment Tribunal and cost an employer between two and four weeks' pay.

New tax rules

There has been much in the press regarding the significant changes to tax rules being brought in from April 2016. Here, Michael Bennett takes readers of Contact through the changes.

I am getting feedback from some of the various seminars that my clients have been attending and it is very clear that different strategies are being offered for dealing with these changes.

One of the difficulties that most people will face when considering their options is the fact that there can be many elements to someone's income and which element gets looked at in the context of applying tax rates.

The main areas of change are (i) dividends and (ii) rental income. For those of you not trading through a company, it might be best to skip to the section marked Rental Income!

From 1st April everybody is entitled to a new tax relief whereby no tax is paid on the first £5,000 of dividend income received. However, you are also entitled to a tax-free personal allowance of £11,000 so, if you had no income apart from dividends, you could have £16,000 tax-free dividends income. Most people who run their own companies take a salary so this £16,000 can be shared out between the salary and dividend.

Assuming salary plus dividend is more than £16,000, you will be taxed at 7.5% on all dividend income within the basic rate band. This means income up to a total of £43,000 (£11,000 tax allowance plus £32,000 basic rate band). If your dividends take you above this level, you would then begin to be taxed at 32.5%; the rate increases to 38.1% if your total income exceeds £150,000.

Some general basic advice is circulating that you should look to maximise your dividends during 2015/16 and build up a reserve within the company that can then be drawn against in future years. Let me flesh that out with figures and then offer an alternative suggestion

If we assume a salary of £10,000 plus dividends up to the high rate threshold, for 2015/16 the personal tax liability will be zero; for 2016/17 this increases to £2,025. Assuming you had undistributed profits sitting in your company, you could decide to take your income up to, say, £100,000 for the year, paying high rate tax; this means additional dividends of £52,000. If you do this in 2015/16, this gives a tax liability, payable by 31st January 2017, of just over £13,000.

> *"However, you are also entitled to a tax-free personal allowance of £11,000"*

As an alternative, you could take an official loan from your company of £52,000. If you do not charge interest on this loan it becomes a benefit-in-kind and attracts both NIC and tax charges on the deemed benefit value. The benefit value is calculated on the official rate of 3.25%. So £52,000 x 3.25% = £1,690 charged at (NI 13.8% + Tax 40%) =x 53.8% = £909. However, if you pay interest to your company at 3.25%, the whole of this charge goes away. You therefore pay £1,690 interest for the year (which could be a book-entry added to your loan just like a bank loan). The company now has to pay tax on this additional income £1,690 x 20% = £338; the company therefore retains £1,352 which becomes additional profit available for dividend. In my book, £338 is a lot better than £909 when it comes to tax payable.

There is, however, an extra twist. Where a director takes a loan from the company that is not repaid within nine months of the company year end, there is a 'quasi-tax' charge levied on the company. This is charged at 25% of the sum borrowed so, on the £52,000 loan, the company pays £13,000. Initially this appears to be the most expensive option but the loan is reviewed annually and, if the balance owed by you to the company decreases during the year, the company receives a proportionate refund.

Again, fleshing out with numbers, say you borrow £50,000 from the company over three years. For the first year the company pays £12,500 'tax'. The next year, having repaid £15,000 of the loan, the company receives a tax credit of £3,750 to set against corporation tax for the year. The following year, having repaid another £15,000, the company again has a £3,750 reduction in their tax bill. In the final year, you repay the balance of £20,000 and the company tax bill gets reduced by £5,000.

So the company has paid £12,500 – £3,750 – £3,750 – £5,000 = 0. This may be a better medium term strategy than taking larger dividends during 2015/16. The loan period is not restricted to three years but could be for a longer or shorter period.

Rental Income

Up to and including 2015/16, loan interest can be set off against rental income as a deduction. Also, for furnished rented properties, there is an allowance of 10% of the rent for wear and tear of the furnishings in exchange for which actual expense incurred on maintaining the furnishing is not allowed as a deduction.

From April 2016 this latter situation is reversed which means that the 10% allowance goes but you can claim relief for actual expenditure. In my view this is not a bad thing as it means that, in order to get a tax break, landlords have to maintain the furnishings.

Over the next four years, the proportion of loan interest that will be allowed as a deduction will reduce by 25% per year.

Year	Allowable	Not allowable
2016/17	75%	25%
2017/18	50%	50%
2018/19	25%	75%
2019/20	0%	100%

The allowable element will remain a deduction against rental income. Tax will then be calculated in the normal way on the resulting rental profit. Once the tax has been determined, there will be a tax credit equal to 20% of the disallowed amount set against the liability. The aim of this is to restrict relief on mortgage interest to 20% across the board.

There is a side effect in that by disallowing the interest, it increases the taxable profit and could actually push the marginal tax rate on the rental income into the 40% band.

One other knock on effect of these two new regimes is the payment on-account rules applicable to anybody whose directly payable tax liability is more than £1,000. You will recall that earlier I said that people drawing salary plus dividends to just below the high rate band could face a tax bill of £2,025; this is clearly more than £1,000 so their January 2018 payment could be £3,000+, compared to nothing to pay in January 2017.

Similarly, if you decide to take the large dividends out in 2016/17, the £13,000 tax bill for the year becomes a payment of £19,500 in January 2017.

It is now more important than ever to discuss your options with a suitably qualified professional adviser and time is running out!

Fit for work

The Government estimates that there are currently 140 million working days lost per year in Great Britain due to sickness absence*. Many large organisations already invest in occupational health services to facilitate their absent employees in returning to work and to reduce unnecessary time off for sickness absence. However, a new free scheme has been rolled out across England and Wales to assist all employers. Melanie Parsons, Regional Employment Consultant for Croner Consulting, looks at how it works.

What is it?

The "Fit for Work" scheme aims to work with employers to try to help them cut back on problematic employee sick leave, increasing the productivity and workload of the entire company. It is predicted that use of the new scheme may cut the cost of sick pay by between £80m and £165m per year. If an employee has been or is likely to be off work for a period of more than four weeks, he or she can be referred for health advice and an Occupational Health Assessment under the scheme. Employees must have given consent before a referral to the fit for work service is made through their GP or their employer. A referred employee will be assigned a Case Manager, who will assess the employee and devise a return to work plan that can be shared with their employer (with the employee's prior consent). The plan will provide the employer with advice and information relating to the employees return to work. For example, this could include a timeline for their return and anything that the employer may be able to do to help them to speed up their recovery, including recommending certain treatments. A fit for work service plan has the same status as a fit note and should be accepted for SSP purposes.

Who is eligible?

- Employees only (not self-employed).
- Individuals who have been absent from work or are likely to be absent for at least four weeks.
- The employee should have a likelihood of being able to return to work within three months and have not used the service in the previous 12 months.

What are the benefits to employers?

- It is not compulsory for employers to use the scheme when tackling long-term absence; however there are some benefits for doing it.
- The service is free.
- Tax breaks for employers who pay for treatments recommended by Fit for Work are available up to £500 per employee per tax year.
- Recommendations contained in the return to work plan are not legally binding for employers.
- Lowering the cost of absences.

"The Fit for Work scheme is available to all businesses and employers"

Using the scheme

The Fit for Work scheme is available to all businesses and employers regardless of size in England and Wales. Fit for Work Scotland is accepting employer referral by phone, but its online referral system is yet to be launched.

Practical suggestions

The guidance recommends that employers consider whether to update their sickness absence policies and procedures to reflect the availability of the Fit for Work service. For employers who already have effective absence policy in place, there is no need to take advantage of the entire scheme. It is possible to use a mixture of your own occupational health provider as well as the Fit for Work scheme, or use a two-phase approach, using the scheme first then if absence does not improve, using your own provider.

Croner clients – if you have a question on the policies and procedures you can call the Business Support Helpline for help and guidance.

**Source: SAR's analysis of Labour Force Survey, ONS; average of four quarters to March 2011; Age 16–64; GB (not seasonally adjusted). In its latest absence and workplace health survey 2011, the Confederation for British Industry (CBI) estimates nearly 190 million days were lost to absence in 2010, though this reflects their generally higher reported absence levels (due to the survey bias towards larger firms)*

Dismissing employees with less than two years' service

Stuart Chamberlain, Croner Author and Employment Law Specialist, looks at the issues BCA members must consider when dismissing an employee who has less than two years' qualifying service.

The helpline gets a fair number of calls about dismissal of employees. Firstly it is important to note that unfair dismissal is the most frequent claim to the employment tribunal. An employee has to have been employed for two years before he or she can bring such a claim – known as the qualifying period.

Is it 'safe' therefore, for an employer to dismiss an employee who has less than two years' qualifying service?

Well, no, there are notable exceptions to this general rule. Although the employee with less than two years' service cannot claim unfair dismissal, there are other claims that can be brought, regardless of the length of their current employment.

> *"Employers should be aware of the exceptions set out and consult the ACAS Code of Practice"*

The exceptions

The following are the main key exceptions (although the list is not exhaustive) and are irrespective of length of service:

- The dismissal is discriminatory. Employers should ensure that the reason for dismissal is not linked in any way to a protected characteristic under the *Equality Act 2010* (such as age, disability, pregnancy, race, sex and sexual orientation). In these cases there is no cap on compensation and an award for "injury to feelings" is also payable.
- The dismissal is for making a protected disclosure (ie a "whistleblowing" complaint).

A protected disclosure is a disclosure of information made by an employee who reasonably believes that malpractice has taken place, or is likely to take place.

- The dismissal is for a health and safety reason. A dismissal connected to the employee carrying out activities relating to health and safety at work, or is the representative or a member of the workplace health and safety committee.
- The individual has asserted a statutory right. Where an individual asserts a relevant statutory right, or raises a claim to enforce a relevant statutory right (for example, under the *Working Time Regulations* or asserting that an unlawful deduction from pay has been made), he or she is protected against dismissal on that basis.

Breach of contract

The employer may have a dismissal procedure, however if they fail to follow it, then the employee may have a claim for breach of contract, ie a wrongful dismissal. The employee will be able to claim damages resulting from the breach of procedure without a qualifying service requirement.

Minimising the risk

All dismissals carry a degree of risk. Employers should be aware of the exceptions set out and consult the *ACAS Code of Practice*. A failure to follow the advice in the Code could lead to 25% uplift in the compensation awarded to the employee.

It's always worth seeking expert guidance in cases of dismissal. The Croner Employment team are always on hand to help BCA members with tricky employment issues. You can find the contact details in the Q&A section.

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6th – 7th May 2016

JEMS Movement ART (Analysis, Treatment and Rehabilitation) Part 1: Understanding and Interpreting Functional Movement in Clinical Practice Leicester
Contact: info@gemsmovement.com
www.jemsmovement.com

7th – 8th May 2016

Introduction to Dry Needling
John Reynolds 11 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

13th – 15th May 2016

Lumbo Pelvic Pain: Mechanisms and Evidence Based Diagnosis & Treatment
Andry Vleeming 18 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

21st – 22nd May 2016

Certified Chiropractic Extremity Practitioners Programme Seminar 6 – Gait and Orthotics
Kevin Hearon 15 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

21st – 22nd May 2016

Extremity Adjusting
Mark Charrette 12 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

4th June 2016

Stable Function of the Neck and Shoulder Girdle
Jonathan Cook 7 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

4th – 5th June 2016

Fascial Movement Taping: 1 & 2 (Rocktape)
Paul Coker 13 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

11th June 2016

Nasal Release Technique
Cynthia Stern 8 hours CPD London
Contact: conquerconcussion@gmail.com
nasalreleasetechnique.com
https://youtu.be/KtvpR7y4Nio

11th – 12th June 2016

Sports First Aid – Immediate Care in Sport & Exercise Medicine
Tony Bennison 13 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

11th – 12th June 2016

Cox Technique – Lumbar Spine
Ralph Kruse 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

18th – 19th June 2016

Cervicogenic Dizziness & Vestibular Rehabilitation
Richard O'Hara 14 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

18th – 19th June 2016

MSK Healthcare Essentials
Jeffrey Langmaid 11 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

25th – 26th June 2016

Neuro Orthopaedic Institute – Explain Pain
Tim Beames 14 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

25th – 26th June 2016

MAST Performance Technique
Thomas Solecki 15 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

2nd – 3rd July 2016

DNS Exercise Course Part 2
Eliska Gerzova 13 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

2nd – 3rd July 2016

The Activator Method Chiropractic Technique Series – Track 2
Craig Scott-Dawkins 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

8th – 9th July 2016

Paris Symposium on Cocyx Disorders Paris
Contact: www.pariscoccyx2016.com

- These diary dates can also be found on the members' area of the BCA website: www.chiropractic-uk.co.uk
- *Contact* endeavours to make sure diary date entries are accurate, but we strongly advise you **always** check the details with the training provider before booking.
- The GCC mandatory CPD cycle for 2015/16 runs from 1st September 2015 to 31st August 2016. Don't forget the BCA has a CPD guide for members and this can be found on the Members' Area of the website or by calling the BCA office

8th – 10th July 2016

Fascial Manipulation – Level 1 Part 1 (6 days total, 2nd 3 days in Sept)
Antonio Stecco 25.5 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

30th July 2016

RPW Shockwave and Introduction
Cliff Eaton 6 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

13th – 14th August 2016

Cervical, Thoracic and Upper Limb Manipulation Masterclass
Leonard Faye 12 hours CPD Radisson Blu Heathrow
Contact: h.chambers.1986@gmail.com

20th – 21st August 2016

Lumbar and Lower Limb Manipulation Masterclass
Leonard Faye 12 hours CPD Radisson Blu Heathrow
Contact: h.chambers.1986@gmail.com

16th – 18th September 2016

Fascial Manipulation – Level 1 Part 2
Antonio Stecco 25.5 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

1st – 2nd October 2016

BCA Autumn Conference
Leamington Spa
Contact: Michelle Allen 0118 959 5950
michelle.allen@chiropractic-uk.co.uk

1st – 2nd October 2016

Care of the Pregnant Pelvis
Elisabeth Davidson 10 hours CPD WIOC
Contact: 01443 482482
cpdwioc@southwales.ac.uk
www uswcommercial..co.uk/cpdwioc

1st – 2nd October 2016

Certified Chiropractic Extremity Practitioners Programme Seminar 7 – Global Assessment of the Extremities
John Downes 15 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

8th – 9th October 2016

Treatment of the Warrior Athelete
Bill Morgan 12 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

29th – 30th October 2016

The Activator Method Chiropractic Technique Series – Track 3
Craig Scott-Dawkins 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

3rd – 6th November 2016

Craniosacral Therapy Around Death and Dying (CADD)
Don Ash 36 hours CPD Bedfordshire
Contact: 01234 870236 / 07802 864 275
suzyedge@btinternet.com

5th – 6th November 2016

Manual Therapy and Exercise Progressions in the Treatment of Common Knee and Ankle-Foot Dysfunction
Evan Osar 16 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

12th – 13th November 2016

DNS Exercise Course part 3
Petra Valouchova 13 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

19th – 20th November 2016

Preparing for the Silver Tsunami
Paul Dougherty 11 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

4th February 2017

McGill Level 2: The Back Assessment, Reducing Pain & Enhancing Performance
Stuart McGill 8 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

11th – 12th March 2017

The Shoulder: Theory and Practice
Jeremy Lewis 14 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

1st – 2nd April 2017

Chronic Myofascial Pain and the Sensitised Segment
Jay Shah 15 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

29th – 30th April 2017

Gait Analysis
Brett Winchester 12 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

Who & Where

ANGLO-EUROPEAN COLLEGE OF CHIROPRACTIC (AECC)
13-15 Parkwood Rd, Boscombe,
Bournemouth, Dorset BH5 2DF
Tel: 01202 436200
Fax: 01202 436312
www.aecc.ac.uk

BRITISH CHIROPRACTIC ASSOCIATION (BCA)
59 Castle Street, Reading,
Berkshire, RG1 7SN
Tel: 0118 950 5950
Fax: 0118 958 8946
enquiries@chiropractic-uk.co.uk
www.chiropractic-uk.co.uk

CHIROPRACTIC PATIENTS ASSOCIATION (CPA)
Twingley Centre,
The Portway,
Salisbury, Wiltshire SP4 6JL
Tel: 01980 610218
www.chiropatients.org.uk

THE ROYAL COLLEGE OF CHIROPRACTORS (RCC)
Chiltern Chambers
St. Peters Avenue,
Reading RG4 7DH
Tel: 0118 946 9727
e-mail: admin@rcc-uk.org
www.rcc-uk.org

EUROPEAN CHIROPRACTORS' UNION (ECU)
The Glasshouse,
5A Hampton Hill,
Middlesex, TW12 1JN
Tel: 020 8977 2206
www.ecunion.eu

GENERAL CHIROPRACTIC COUNCIL (GCC)
44 Wicklow Street,
London, WC1X 9HL
Tel: 020 7713 5155
Fax: 020 7713 5844
e-mail: enquiries@gcc-uk.org
Website: www.gcc-uk.org

WELSH INSTITUTE OF CHIROPRACTIC (WIOC)
University of South Wales
Treforest, Pontypridd, CF37 1DL
Tel: 01443 480480
Fax: 01443 482285
www.southwales.ac.uk/chiro/

Royal College of Chiropractors

2016 AGM & Conference

BCA members who attended the Royal College's AGM in January can access the awards photos, speakers' slides and a video of Professor Charles Greenough's lecture about the Pathfinder pathway for the management of low back and radicular pain (bit.ly/Pathfinder-LBRP) in the latest issue of Articluate.

Correspondence with Professor Greenough since the event has confirmed the suitability of chiropractors for the triage and treat role identified in the pathway. This role will help ensure the continuity of care within NHS management of low back pain that current linear pathways lack.

Chronic Pain Quality Standard

The Royal College's sixth chiropractic quality standard will shortly be released for consultation and RCC members will receive email notification of this soon. The views of non-members will also be very welcome and all chiropractors are urged to look out for a forthcoming consultation announcement on the RCC's website. Note that all published RCC chiropractic quality standards are now listed in NICE Evidence at www.evidence.nhs.uk/

Rob Finch
Chief Executive – rob.finch@rcc-uk.org

RCC CPD Diary	
23rd April 2016	
Event:	Toddlers to Teenagers
Speaker:	Elizabeth Davidson FRCC (Paeds)
Convenor:	Claire Gordon MRCC (Paeds)
Venue:	Holiday Inn Bristol Filton, Filton Rd, Bristol, BS16 1QX
Contact:	lucianna.harrison@rcc-uk.org 01189469726
Register at:	rcc-uk.org/rcc-events
11th May 2016	
Event:	Persistent Pain
Speaker:	Lizzie Bradshaw BSc (Hons), MSc, MCSP
Convenor:	Sian Davies-Todd LRCC
Venue:	Engineers House, Bristol
Contact:	lucianna.harrison@rcc-uk.org 01189 469726
Register at:	rcc-uk.org/rcc-events
25th & 26th June 2016	
Event:	2016 Paediatrics Faculty Symposium
Speaker:	Multiple Speakers
Convenors:	Elizabeth Davidson FRCC (Paeds) & Lara Cawthra FRCC (Paeds)
Venue:	Holiday Inn, Gatwick Airport, Povey Cross Road, Gatwick, RH6 0BA
Contact:	lucianna.harrison@rcc-uk.org | 01189 469726
Register at	rcc-uk.org/rcc-events

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ECU report – A call to arms

At the November meeting of the General Council of the European Chiropractors' Union delegates voted overwhelmingly to hold out the hand of financial help to the BCA in support of membership initiatives and closer association with the other chiropractic organisations in the UK. In total, the assistance could amount to €170,000. Why did the General Council do this? The answer lies in the ECU's ambition for the profession in Europe and the leadership that the United Kingdom can show.

We believe in the promise that chiropractic treatment offers both in terms of healthcare for sufferers and effective treatment at reasonable cost. As a relatively small profession, chiropractic already punches above its weight but it needs to move up a division if it is to realise its potential for healthcare. That means greatly expanding numbers across Europe, looking for innovative delivery of education to produce a step change in the output of highly qualified graduates. AECC and WIOC already measure up to required standards in the quality of their graduates. The gold standard of our graduates is a powerful weapon but not enough school leavers know what the profession offers. How often do we hear a young boy or girl say, 'I want to be a doctor?' How rarely do we hear them say 'I want to be a chiropractor'? How sure are we that enough people know what a chiropractor does? When I took on this position, a professor friend at a highly rated college in London University got confused between chiropractic and chiropody!

All this must change. We must welcome converts from other professions and other careers who have the ability and determination to meet our demanding standards. We must measure the gold standard by what comes out of our education.

Faced with the seemingly unstoppable advance of the Japanese army in Burma in World War II, General Bill Slim pondered on the keys to morale and a return to winning ways. He concluded that the most important were for his soldiers to have a belief in something greater than themselves, a great and noble object that was morally understood by the individual, knowledge that its achievement was vital, an approach that was active and a sense that their actions would contribute directly to attaining that noble object. There can be no doubt that as a profession chiropractic has a noble purpose whose achievement is vital to the future of welfare for our families, friends and fellow citizens. But we must ask ourselves individually and collectively whether we are active enough in pursuing the wider potential of our profession. Are we prepared to be up front and personal on the issues? Are we offering an attractive scenario of growth and success to those who enter the profession?

The grant offered by the ECU recognises that the BCA, as the largest association in Europe, has a special part to play in setting an example and challenging others to follow. The ECU looks forward to a strengthening partnership with the BCA and a profession in the UK that presents a united front to the outside world.

Ian Beesley,
ECU Secretary-General

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ASSOCIATE OPPORTUNITIES IN BRISTOL AND SWINDON

THE Medical are looking for associate chiropractors for both our Bristol and Swindon clinics.

We are looking for dynamic, pro-active, enthusiastic, self-motivated chiropractors to join our well established multidisciplinary network of private practices across the UK. You will be joining our friendly team of chiropractors, GP's, physiotherapists, osteopaths, sports injury therapists and massage therapists.

THE Medical is passionate about growing the profession and its multidisciplinary footprint across the UK and so offers a unique Partnership Programme allowing you to pursue options beyond being an associate such as clinic management or ownership. Whilst working at THE Medical you will have access to a comprehensive CPD programme to help you develop both clinically and commercially. X-ray facilities are available and new graduates will be mentored and fully supported by our team of experienced chiropractors.

We are looking to recruit motivated practitioners who are personable, have excellent manual therapy skills and who enjoy being part of a team. Dry needling skills would be advantageous. These roles have the option of part or full time and would suit either a new graduate or somebody who is looking to transition on to our Partnership Programme and progress their career further. Please forward your CV and covering letter to hr@themedical.co.uk

ASSOCIATE CHIROPRACTOR – SURREY/HAMPSHIRE BORDER

Confident, competent diversified adjustor needed for immediate start in centrally positioned chiropractic clinic, located between Guildford, Farnham and Farnborough. Part-time, self-employed. Joining a busy team of three chiropractors, a masseur, reflexologist and hypnotherapist. Training and PRTS if needed. Rental or percentage agreement available.
CV and letter of application to:
elsteadchiro@hotmail.com.

CHIROPRACTOR REQUIRED FOR BUSY MULTIDISCIPLINARY CLINIC IN INVERNESS SCOTLAND.

Clinic info: www.highlandchiro.co.uk
Would suit Chiropractor with very evidence orientated style of practice.
For more details contact Valerie by email at info@highlandchiro.co.uk

CHIROPRACTOR REQUIRED

We are looking for an associate to join our existing self-motivated team of professionals. We have a purpose designed modern clinic. Onsite we have digital x-ray and fully paperless system (running clinic office).
We are looking to bring on board an associate due to our outstanding rate of growth.
The ideal candidate would be:

- Self-motivated
- Positive, enthusiastic and social
- Team player
- Passionate in providing chiropractic care as a lifestyle choice.

What we offer in return:

- Clinical training and patient management
- Excellent remuneration package
- Work and life balance including social events
- Great location – Billericay (30 mins by train to Liverpool St, London)

Please email your CV and cover letter to Grayson Nolan (Chiropractor) at grayson@ccbillericay.com if you feel you are inspired to take part in an exciting adventure sharing the message of chiropractic!

WANTED WELLNESS CHIROPRACTORS

We are looking for two part time experienced Chiropractors to join our very busy Chiropractic and Injury Treatment Clinic based in West Sussex. An established multi-disciplinary practice with over 20 years experience. We are looking for 2 highly motivated chiropractors with excellent communication, patient education and patient management skills. Are you pro-active and as passionate about chiropractic as we are? Enjoy helping others? Thrive on the challenge of being busy? Than this is an amazing opportunity for a positive vibrant enthusiastic chiropractor. Please forward your CV to reception@richmond-clinic.co.uk or telephone 01903-210175

WOLFF CLINIC (Est. 23 years)

Opportunity for a highly motivated chiropractor to join well-established clinic based in South London. A minimum of two years experience preferable, but not essential. You will be required to maintain and build upon your patient base, referring on to our in house exercise rehabilitation specialist. Working as part of a team you will have good communication skills, confidence and a dedication to succeed. CCEP qualified would be an advantage.
The position will include Saturday mornings.
Tel: 020 8763 2629
email: joan@wolffgroup.com

ASSOCIATE CHIROPRACTOR

Do you want to work with 2 experienced Chiropractors and a Sports Therapist? Our 20 year old practice is looking for a dedicated, compassionate Chiropractor to take over an established patient base. As a team the clinicians use Diversified, Thompson Drop, Soft Tissue Techniques, Dry Needling and Acupuncture, as well as giving rehabilitation exercises and nutritional advice. We are based on the outskirts of Southampton, close to the New Forest National Park. If you are interested please send your CV to Robin Cole at rscole@btinternet.com

ASSOCIATE REQUIRED FOR LONDON CLINICS ESTABLISHED FOR 30 YEARS.

At least two years experience would be preferred, but would consider a new graduate. Please ring 07812 132099

WANT TO BE BUSY, WITH GENUINE MENTORING, CAREER DEVELOPMENT AND RETAINER?

We're a highly-successful, well-established, commercially astute, multi-disciplinary clinic, with five chiropractors, four massage therapists and 8 other practitioners. We have an 11 year track record of award-winning care, including PPQM, CMQM, "CA of The Year" and "Business of the Year".
We remain true to traditional Chiropractic ideals and recognise the importance of lifestyle changes as part of an ethical and holistic model of modern wellness care.
You'll be part of a great team of chiro's who have over 30 years experience combined. We're ethical, hard working and have fun too (cake days, team builds etc). You'll be supported by well-trained, award-winning CAs who are genuinely enthusiastic about their work, your patients and chiropractic.
As well as our usual clinic growth, one of our DCs is taking some gardening leave to go travelling for a few months and needs cover, so you'll need to be able to cope with being busy in practice. He sees 90-110/wk.
We're looking for someone who cares about their patients and wants to be part of a high-performing chiropractic team. We have a strong patient base (over 8,000) and great bonuses for someone making a long-term commitment (3-4 years).
We are looking for someone who wants to reconnect to their passion for chiropractic. Our values are community, health and success. If you want to be busy in practice, as part of a proven, established clinic, then email drjrevell@hotmail.com now.
Check out www.lushingtonchiropractic.com and www.facebook.com/LushingtonChiropractic/ New graduates and oversees chiropractors welcome.

AN ASSOCIATE CHIROPRACTOR IS REQUIRED to join our 30 year old, established, multidisciplinary clinic in Farnham, Surrey. We are looking for someone with good adjusting and communication skills and a friendly, caring approach to be part of our happy and relaxed clinic.
The clinic is situated on the outskirts of the pretty castle town of Farnham, 45 minutes from London and the South coast.
Please email your CV and covering letter or any queries to the practice manager, Mandy Hammond at: mandy@farnhamclinic.co.uk

CHIROPRACTOR REQUIRED |MULTI-DISCIPLINE CLINIC SHEFFIELD
Kinetic Clinics Ltd are looking for a chiropractor to practise from a chiropractic clinic space; to treat both existing and new clients. 1000-client database with high referral potential. Competitive rates, days to suit you Immediate part-time start; full-time available from April www.kineticclinics.co.uk / 01142 454300 / dannielsen.kinetic@gmail.com

A MOTIVATED, ENTHUSIASTIC AND CARING CHIROPRACTOR IS REQUIRED to join a practice established for 29 years in the leafy suburb of Bromley (20 minutes by rail from London Victoria). The clinic is in its own building, with Xray facilities, a full-time friendly reception team and part-time massage therapist. The clinic has high numbers of new patients and has a good reputation locally. The Associate must be proactive in building a patient base, have excellent inter-personal skills and be good at patient management. Ideally this post would suit a chiropractor with some experience who is keen to be busy. Please send application to info@bromleybackcare.co.uk

TWO EXCITING OPPORTUNITIES IN THE CITY OF LONDON.
We are seeking two chiropractors to join our multidisciplinary clinics in Clerkenwell and Islington. The first being a full-time position for a motivated, proactive practitioner. The successful applicant must be a team player and keen to be involved with internal and external promotions, they will receive our marketing support to develop and grow a current patient base due to a practitioner leaving.
The position also comes with a £1000 -£1500 retainer per month dependant on experience. PRT graduates welcome to apply. The second position is for Maternity cover required from 1st Sept 2016 for 8 Months, working 8am-7pm Mondays and Thursdays, Diversified technique, Dry Needling, Thompson and SOT preferred.
If interested in either position Please email CV and covering letter to:
shaheeda@clerkenwellbeing.co.uk

SEEKING A MOTIVATED, CONSCIENTIOUS CHIROPRACTOR AS ASSOCIATE in a modern, well equipped practice in St. Ingbert, Germany, fifteen minutes from Saarbrücken. Treatments include diversified spinal and extremity adjusting, flexion distraction, ART, Graston (IASTM) and rehabilitation. Please write to bewerbung@aktive-chiropraktik.de for further information.

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A fantastic position seeing 160-200 pv/wk is available for one DC or two sharing – working in BritChiro Clinics' high street practice in New Milton town centre, 20 mins East of Bournemouth and 90 mins SW of Central London.
We look forward to welcoming a new DC on-board our 30 member BritChiro team.
You will have personal integrity, sincerity, confidence and commitment, and aspire to be the best Doctor of Chiropractic you can be. We will help you fulfil those aspirations within a positive, well-managed, high-quality environment with Zenith Vertilift treatment benches and in-house Digital X-ray departments. Our practice philosophy is very similar to that of 'Chestnut' ie Evidence Based Wellness Care. www.britchiro.com or see us on Facebook.
Please send your CV (with a photo if you have) to Peter Westergaard DC, BritChiro Clinics, 13 West Street, Horsham, RH12 1PB or to westergaard@hotmail.co.uk

EXCITING JOB OPPORTUNITY:
Are you looking to work in a friendly forward thinking evidence based environment in a lovely location? Our clinic is located in Irby a lovely village on the Wirral only 30 mins from Liverpool or 25 mins from historic city of Chester.
Sarah Younger is principle Chiropractor and has been practising in the area for the last 9 years. Claire Allen AECC grad practices at the clinic as well as Jennifer Tipper (WIOC).
Our clinic attracts a variety of patients from paediatrics through to geriatrics.
We are looking for a Chiropractor either new grad or with previous experience to join our friendly team. Two of our Chiropractors are going on maternity therefore huge scope to build up quickly in a busy established clinic.
A locum would also be considered. We will provide full clinical support and guidance where required.
For further information please send a copy of a covering letter and CV FAO Sarah Younger to sarah@youngerchiropractic.co.uk
www.youngerchiropractic.co.uk

A GREAT OPPORTUNITY TO SHINE, INSPIRE AND ENJOY
We're a busy, friendly, chiropractic clinic, based on diversified technique and supported by a multidisciplinary team of therapists. We are focused on providing an outstanding service to patients, with the aid of an afferentation approach to help improve assessment and treatment outcome.
The ideal candidate would enjoy the challenge of problem solving, lateral thinking and having fun. Strong ethical and communication skills viewed as essential; together with the motivation to build a busy, vibrant practise. Training and support from our chiropractic team will be plentiful.
What we ask of you is plenty of highly satisfied patients; your good company and enthusiasm to learn and develop.
The clinic is located in Penwortham, west of Preston, Lancashire; within easy reach of Manchester, Liverpool, the Lakes, Peak District and North Wales. The position is Self-employed and hours flexible.
To arrange an informal chat with Louis please call us on 01772 749245 or e-mail us at reception@back-in-action.com for more information, an application form and to submit your CV. Thanks!

CHIROPRACTOR NEEDED
at a chiropractic clinic in Salisbury. Support will be given in practice-building, patient management and technique. Contact Julie on 01722 820400 or email info@afonhouse.co.uk.

AN ASSOCIATE CHIROPRACTOR POSITION AVAILABLE
in a well established expanding West Midlands clinic. Experience preferred, but new graduates are welcome to apply.
Self employed position, with excellent remuneration for the right candidate.
If you are interested please e-mail the clinic at admin@hollycottagechiropractic.co.uk with a CV and cover letter marked for the attention of Ashley Burn

ASSOCIATE POSITION AVAILABLE IN ESSEX
An opportunity to work in a very busy practice which was founded in 1971 alongside three other experienced Chiropractors. Our PPQM awarded clinic offers excellent working conditions with onsite digital x-ray. Experience with diversified, activator and SOT an advantage. Good patient management skills essential. This part time position with availability to grow to full time is open to new graduates and experienced chiropractors. RCOC PRT training available. Please send CV or contact for further details. readd@chelmsfordchiroclinic.co.uk

ASSOCIATE REQUIRED

A fantastic opportunity for you to join a very busy, well established, friendly clinic in Kingswinford, West Midlands. This is a position suitable for existing or new graduates keen to learn and gain experience. We have a modern equipped clinic and enjoy good working relationships with local GP surgeries, and business and leisure community as a whole. Kingswinford is a large village close to a densely populated area, near industry and sports clubs, but also very close to the beautiful South Staffordshire countryside. There are excellent transport links to city amenities, or plenty of countryside if you prefer the outdoor life and leisure. Applications by email to Dr. Nigel Corbett, at drncorbett@gmail.com, or in writing to me at Kingswinford Chiropractic Clinic, 17 Park Street, Kingswinford, West Midlands, DY6 9LX. Applications must include CV, covering letter, and references.

FANTASTIC ASSOCIATE POSITION AVAILABLE IN CHESTER, AUGUST 2016

We're a busy, expanding practise looking for a motivated, evidence based chiropractor to join our friendly team on a long term basis. Our established clinic is ideally situated between the historic city of Chester, the affluent Wirral peninsula and beautiful North Wales countryside. We have built an excellent reputation locally and attract a wide variety of patients. Experienced chiropractors & new graduates are welcome to apply. We offer full clinical support and guidance with our principal chiropractor and dedicated team, and an excellent rate of remuneration. The successful applicant will have the option to live on site in spacious, fully furnished living accommodation for as long as is required.

CVs and covering letter to Helen at helen@hardingchiropractic.co.uk
www.hardingchiropractic.co.uk

JOB TITLE: CLINICAL MANAGER

Qualification required: Registered Chiropractor
Area: Eccleston, Lancashire
Hours: Flexible, part time from eight hours per week, leading to full-time if desired
For full details email:
gavin@thecentreforwholehealth.co.uk

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PRACTICE REQUIRED

LOOKING TO RETIRE?

If you're thinking of retiring or moving and are contemplating what to do with your practice, this could be the ideal solution for you!
I am looking for an established clinic to take over in the southern half of England. I am happy to entertain various purchase/takeover strategies. I am interested in putting together a mutually beneficial arrangement which will enable my relocation closer to family. If this interests you and you would like to investigate possibilities further, please drop me a line. Any inquiry will be treated in the strictest confidence. practicepurchase100@gmail.com

PRACTICE FOR SALE

CLINIC FOR SALE IN WEST SUSSEX

Est. in 2003, this profitable, modern, well-equipped clinic, has an excellent reputation and a strong network of patients. The clinic has average profits of £115,000 (adjusted) over the past four years with two chiropractors (principal and associate). Full details at:
www.Finance4Chiropractors.com
Tel: 01326 660022 Email: hello@thepeloton.co.uk

HAMPSHIRE PRACTICE FOR SALE

Ground floor practise based in Fareham town centre with 2 rooms and street frontage. Established 16 years with a loyal patient base. Easy commute with M27 corridor. Walk into a successful clinic with low overheads for an immediate start and income. For more details contact: M27practice@yahoo.com

ESTABLISHED PART TIME CHIROPRACTIC BUSINESS FOR SALE IN WORCESTERSHIRE

Based within a multidisciplinary GP practice opened by HRH Prince Charles in 2008. The Chiropractic Clinic has been consistently built on reputation and referrals over the last 8 years from a strong network of local patients. The opportunity now exists for a forward looking Chiropractor to progress the clinic to the next level.

- Immediate income and large stable patient base
- Good profitability with excellent growth potential
- Low rental overhead within purpose built Medical Centre
- New website (plus domain) with database marketing ability
- Regular maintenance patients avoids need for start up situation
- Town setting on the beautiful Worcestershire/Gloucestershire border

Please call 0779 309 8272 for further information.

PRACTICE FOR SALE

Established by me 36 years ago I am offering this busy, vibrant, easy to run clinic in the market town of Ludlow for sale. The new owner would take over a huge patient list with a healthy number of new patient appointments each week.
The premises are purpose built, leasehold, ground floor with on site parking, easy access. The overheads are extremely low for this kind of setup.
The clinic is multidisciplinary, I rent rooms to other practitioners on an hourly basis. Potential to expand as I only work three days a week now. Email nigel@cfclinic.co.uk

ITEMS FOR SALE

CHATANOOGA ERGOSTYLE FX MANUAL RG3 LOW BLACK FAUX LEATHER CHIROPRACTIC BENCH for sale. Immaculate condition. Extremely low usage. Price £5,100 collected Gloucester based clinic. Photos texted first will buy. Call 07793 098272.

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British Chiropractic Association
59 Castle Street, Reading,
Berkshire RG1 7SN
Tel: 0118 950 5950 Fax: 0118 958 8946
contact@chiropractic-uk.co.uk

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