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CONTACT

A helping hand for members of the British Chiropractic Association

British Chiropractic Association

Making Contact

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Looking for you!

I am pleased to report that, since our last issue of *Contact*, the number of unique searches on the *Find a Chiropractor* section of the BCA website has continued to increase and in March broke through the 9,000 searches/month mark. The BCA is committed to helping to increase your business by driving patients to your clinic and hopefully you are noticing the benefits.

We had a letter from a BCA member after the last issue of *Contact* who actually checked how much traffic was being directed from the BCA website to her clinic website. She was pleasantly surprised to find that over 37% of the traffic had come via the BCA website. You can find out how to check this yourself on page 10.

The move for Brexit has caused some uncertainty for all businesses. Our business support partner, Croner Consulting, has a complementary Business Post-Brexit Healthcheck available as well as advice for members in this issue. In line with the government's message of building stronger relationships with Europe despite leaving the EU, the BCA will continue to play it's leading role in the ECU. I recently attended the ECU General Council meeting where you really get a perspective on the variety of challenges the profession is facing in different countries. We really are stronger together!

You may have been aware of the government proposals to "rethink regulation" and decrease the number of statutory regulators. There are a variety of options that may be considered for chiropractic, from merging the GCC with another regulator to total deregulation for the profession. You can read more in the CEO's report but, hopefully, with so many other things to consider changing regulation may be a low priority for the next government.

There is exciting news from our colleges with AECC recently being awarded powers which enable it to validate and award its own degrees in chiropractic as well as other subject areas. In addition WIOC has just graduated it's largest ever cohort of students, that's over 100 new graduates joining the profession. Daniel Morgan is the new chair of the BCA Student & New Graduate Committee and, if any new graduates would like to get involved, please do get in touch with him. It is your profession!

Our President, Matthew Bennett, has been appointed a Trustee of the Arthritis and Musculoskeletal Alliance (ARMA). This is excellent news for all the professions involved with the hands-on treatment of musculoskeletal disorders, especially chiropractic. It is important that chiropractic is one of the options being mentioned by the decision makers and influencers. In his President's message Matthew also talks about chiroprACTic, transforming the patient experience and a checklist for change.

We have had a rather full postbag for Reflex on the issues of unity in the profession and chiropractic remaining a distinct profession. There are already moves in North America, led by Don Murphy, for a new professional dedicated to the primary care of spine related disorders, the Primary Spine Practitioner, for which chiropractors are probably best placed. We also have an open letter from Peter Dixon with regards to developing the profession.

Finally, please don't forget to book your place at the BCA Conference on 1st / 2nd October. In recent times each BCA Conference seems to set the bar higher than the previous one – the line up looks great and it will be good to see you there.

P.S. Hope you like the new look!

Rishi Loatey,
Editor

In this issue...

Read about the World Spine Care programme on page 9

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President's message

Putting the ACT back in chiroprACTic

There has been an explosion in the use of capitalisation in the profession. There are TICs, ToCs and TORs as well as the dubious use of a big C for Chiropractic! There is a blunderbuss of acronyms from AECC, WIOC, PRT, RCC, SOT, AK, NSA, CBP to, of course, GCC. I don't want to be left out so, when Greg Kawchuck mentioned chiroprACTic at the recent ECU convention, I was hooked.

To me putting the ACT back into chiroprACTic means focusing on what we do with our patients viewed from their perspective. It means putting the patient centre stage and the chiropractor assuming the role of the supporting actor. Instead the drama at the moment revolves around the chiropractor not only stealing the main actor's lines but also writing the play itself.

Our offering to our communities hasn't changed much in decades and, for some of us, the way we practise is based on a health philosophy that predates the discovery of DNA. It was a fine philosophy of the time, especially if you wanted to stay out of prison for practising medicine without a licence. We should honour our tradition but we must evolve. Even BJ Palmer said "In science, the thing is to modify one's ideas as knowledge advances". We should indeed.

Trust

A recent survey in Canada showed utilisation rates, the number of people who had used a chiropractor over the previous year, to be about 15%. Satisfaction rates were high too, more than 90% of patients were satisfied. This compares well to satisfaction rates for family doctors (84%) and physical therapists (74%). The bigger question is, with numbers like that, why aren't more people going to see a chiropractor? The answer from the survey was trust. Chiropractors are not trusted to have the patients' best interests at heart. If we are to grow, this must change.

Our self-obsession with definitions, principles, philosophical ideas and position statements allows us to think that we are protecting chiropractic and serving the patient but the emphasis is firmly on the protecting rather than serving. If we want patients to trust us more, use our services more and broaden our impact on healthcare, we need to shift our focus from what we want to provide to what the patient wants, what we do and how we do it. We must shift our focus onto the ACT of our intervention rather than the principles behind it.

Transforming the patient experience

For too long we have been trying to convince the public to buy what we are selling. Instead we should be asking what do you want and how can we deliver it?

We need to transform the patient experience and, with it, the image of chiropractic. We need to offer more consistent treatment. We need to align our business model with patient centred goals, in-clinic experiences and outcomes. Here is my checklist for change and you may have some of your own

Checklist for change

1. Put the patient first in everything that we do
2. Inform patients rather than educate them
3. Ensure the patient understands the diagnosis
4. Ensure the patient agrees with the treatment plan
5. Review the treatment plan regularly
6. Under claim and over deliver
7. Back up each claim with research
8. Seek collaboration rather than conflict
9. Be proud of our heritage but not stuck in it
10. Let our results speak for themselves

Welcome to chiroprACTic.

Matthew Bennett, *President*

Presenting Haymo Thiel of AECC with an award in recognition of achieving TDAP

CEO message

A Call to Arms

In the closing years of the nineteenth century, DD Palmer proposed chiropractic as a form of alternative to medicine. Like all pioneers he was controversial and persecuted for his views and it took a long time before the noble profession of chiropractic was accepted by the healthcare establishment. In the UK too we have faced many hurdles and it was through the pioneering efforts of the BCA that we have been able to take our rightful place in the healthcare landscape. The BCA not only established and expanded the profession in the UK, it also promoted chiropractic across Europe by setting up the European Chiropractors Union.

In the UK we established the Royal College and AECC as well as heavily supporting the establishment of WIOC. Most importantly we took our place alongside the established healthcare professions as a statutorily regulated one. The passing of the *Chiropractors Act* and the subsequent establishment of the General Chiropractic Council has given our profession status, clout and acceptance. Together we fought for our rights making great sacrifices along the way and we succeeded. We can be proud of our achievements. We are primary care professionals.

Despite being established in the UK for nearly a century our profession is still relatively small. In recent years the number of Chiropractors reaching the end of their careers and leaving the register has been increasing, whilst the number of new registrants has been falling. This decline is largely attributable to the fact that universities have attracted a large number of overseas students most of whom return to their countries of origin upon graduating. As a result the profession is growing extremely slowly leaving large parts of the population without access to chiropractic services. The UK is already poorly served in this respect.

Canada has one chiropractor for 4,000 of population the comparative figures for Norway and Denmark being 8,000 and 9,000 respectively. By contrast, the UK has one chiropractor for every 22,000. Given current growth rates reaching the levels of coverage in Canada would certainly not happen in this century or the next for that matter! Even this assumes no growth in the UK population. At just over 3,000, we compare unfavourably with 5,000 osteopaths and 50,000 physiotherapists. Our low numbers mean that we have not exercised the influence that we are capable of and deserve. The greater the number of chiropractors, the more the awareness of the profession and that is what will lead to higher demand for our services. Expanding the size of the profession and ensuring a wider geographical spread is a priority which we need to address as a matter of some urgency.

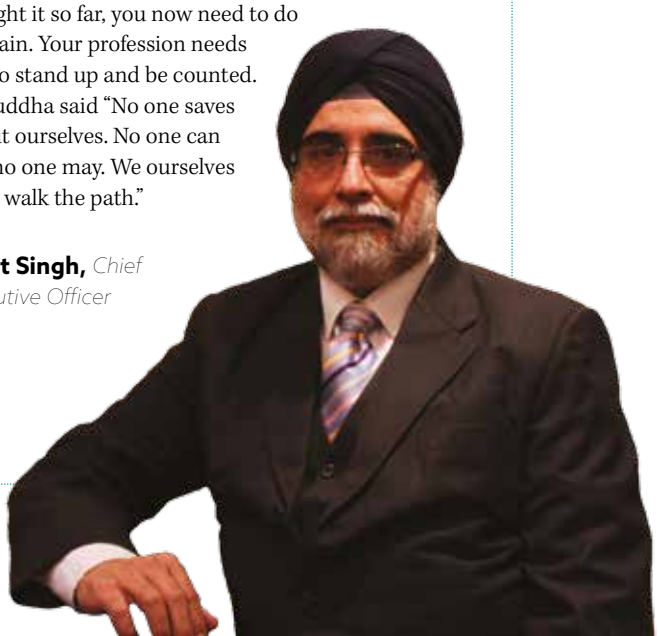
During the past few months the political airwaves have been rendered blue with all the arguments and counter-arguments about the EU referendum. The result may have pleased some and left others unhappy but that is all behind us now. Meanwhile, as I said in the previous issue of *Contact*, the government has signalled that it intends to revisit the healthcare regulatory landscape. Options range from merging the GCC with another regulator like the HCPC, to outright deregulation. The former will mean that we are one of nearly a score of professions regulated by one organisation; chiropractic issues are unlikely to be at the forefront of such a body. If the latter is the case it will be back to the days of the wild west, when having lost the protected title, Chiropractor, anyone can set up shop. No qualifications or training will be necessary and this could spell the death knell for the profession as we know it.

The low numbers coupled with the potential threats on the regulatory front mean that the profession faces an existential threat. This is not a problem just for the BCA it is a matter of concern for all chiropractors in the UK. We must all make common cause to address these threats. As a leading voice of the profession in the country the BCA will take the lead in putting together a robust response to these challenges. We are being tested as a profession and I assure you that we will not be found wanting. We will knock on every door and where access is denied to us we will break down the doors. We will not give up.

Our greatest strength, as always, is the professionalism of our members. You have made patients' lives immeasurably better and you are a credit, not just to the chiropractic profession, but to healthcare professionals everywhere. You have set the benchmark against which all others are measured. As the greatest footballer of all time, Pele, said "Success is no accident; it is hard work, perseverance, learning, studying, sacrifice and most of all, love of what you are doing or learning to do." He could well have coined this for chiropractors!

You have taken the profession on this journey and brought it so far, you now need to do so again. Your profession needs you to stand up and be counted. As Buddha said "No one saves us but ourselves. No one can and no one may. We ourselves must walk the path."

Satjit Singh, *Chief Executive Officer*



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Arthritis Research UK Launch Report

BCA President, Matthew Bennett, recently attended a reception at the House of Commons and met a Government Minister, several MPs and representatives from the MSK community. He was invited to represent the BCA at the launch of the new Arthritis Research UK report - *Working with Arthritis*. This report laid out the extent of conditions including back pain, osteoarthritis and other inflammatory conditions such as rheumatoid arthritis and the impact this has on work.

Matthew Bennett met Justin Tomlinson MP, Minister for Disabled People who said

"Supporting disabled people into work is a priority for this government which is why our Access to Work grants are available throughout people's careers.

"I strongly encourage employers and employees to take up this support so that we can reduce the disability employment gap and make sure everyone benefits from being in work."

The Minister went on to say that the Government was providing a further 25,000 places this year in addition to the 37,000 places currently available on the Access to Work scheme. This scheme especially helps small and medium-sized businesses provide support, make adjustments to the working environment to get disabled people back to work and keep them in work.

At a national level, the need to address MSK conditions in a work context is clear. Only two thirds of working age people with a musculoskeletal condition are in work and these conditions are now the leading cause of sickness absence, resulting in a fifth of all absence, around 3.6 million working days lost each year. Back pain alone cost the economy an estimated £10 billion each year. The burden of MSK conditions is likely to worsen as the population ages and people are expected to lead longer working lives.

The report highlighted that people with MSK conditions often make adaptations so that they can keep working. They may choose to change the type of work they do; reduce their hours, become self-employed, change duties, have flexible arrangements allowing them to work in a comfortable setting and pace their activity. The ability to take emergency leave can also help people with arthritis to stay in work.

Matthew Bennett said "The reception was a wonderful opportunity to meet the Minister and MPs and hear their views on the importance of MSK conditions. It is clear that the government is taking this problem very seriously.

"Chiropractors have a key role in treating not only spine related MSK conditions but also advising and supporting people with other inflammatory conditions and osteoporosis. The BCA is committed to working with all stakeholders in the MSK community. Indeed, our vision is to become the leader in spine care and to work collaboratively to achieve this."

Mary Robinson, MP for Cheadle, was interested to hear how chiropractors approach MSK conditions and was supportive of the BCA's role within the Arthritis and Musculoskeletal Alliance (ARMA).

One of the schemes highlighted in the Arthritis Research UK report is the government's relatively new Fit for Work scheme. It became available last year and provides free, work-related health advice provided via a website and telephone line and a referral to an occupational health professional for employees who have been off work for four weeks or more. Occupational health professionals produce a return to work plan tailored to the employee's needs. Referrals into the scheme are normally made by GPs but employers are also able to refer. This will be particularly helpful for small and medium-sized businesses without occupational health departments.

Some employers are keen to support their employees in returning to work by paying for treatment. A new government scheme provides an exemption from income tax for any payment up to £500 per employee per year made by an employer to meet these costs. The treatment must have been recommended by an occupational health service including the Government's own fit for work service.

Several patients' representatives were on hand at the reception to offer their views about how their working lives have been improved by understanding and support from their employers. They highlighted the difficulties associated with attending dozens of medical appointments a year and, whilst they appreciated the difficulties this presented their employers, they appealed for flexibility. They talked passionately about the desire to continue working even though their pain and disability often presented challenges.

Arthritis Research UK is the charity dedicated to stopping the impact that arthritis has on people's lives. Their focus is on reducing the pain and keeping people active. Their remit covers all conditions which affect the joints bones and muscles including back pain osteoarthritis, rheumatoid arthritis and osteoporosis. They fund research into the cause, treatment and cure of arthritis and they provide information on how to maintain healthy joints and bones and how to live well with arthritis. Along with the BCA they are members of ARMA, an alliance providing a collective voice for the arthritis and musculoskeletal community in the UK. It works to ensure that MSK disorders are a priority in policy and practise. It has 40 member organisations ranging from specialised support groups for rare diseases to major research charities and national professional bodies like the BCA.

World Spine Care

In 2008, recognising the enormous global health care burden caused by Spinal disorders, Dr. Scott Haldeman launched World Spine Care (WSC). Although a major health care issue in developed countries, the burden is four times higher in developing countries where there is little or no access to appropriate care. For most people in the world, back pain can directly affect a family's ability to put food on the table. It is an issue of survival!

World Spine Care is a non-profit organization directly addressing this global health care crisis by bringing sustainable, evidence-based, inter-professional care for spinal disorders to under-served regions around the world. Its vision is a world where everyone has access to the best spine care possible.

Since 2008 WSC has become a well-established organization with clinics running in Botswana, the Dominican Republic, Ghana and more to open in India at the end of 2016. The vision of Scott Haldeman has drawn support and endorsements from most of the major spine societies around the world and drawn together leading spine researchers and clinicians from the international community.

Last year Dr. Mark Perrett, a Canadian Chiropractor, decided to donate a day's wages to World Spine Care. From this idea he decided to challenge other chiropractors around the world to "work a day for World Spine Care". Please join the ever-increasing number of chiropractors who are supporting this incredible organization.

For more information, please visit the WSC website at: www.worldspinecare.org

Back to Business

Arif Soomro, BCA member from Essex, has developed a campaign aimed at promoting the benefits of adopting good posture to local businesses. Arif and his team created Back to Business, a fitness campaign with a difference. It's a sequence of six simple exercises that anyone who sits at a desk all day can do every hour to alleviate stiffness, prevent back pain, develop better posture and improve energy levels. Each exercise has been given a memorable name and only takes seconds to perform; the intention is that they will become second nature. They have been specifically developed to be performed in the close confines of the office and the goal for businesses is to help them reduce staff days off work due to back problems and help staff feel better through improved posture.

London Southend Airport was the first company to get involved. Jon Horne, Chief Operating Officer and back-pain sufferer, was keen for his staff, especially air traffic controllers, to be more aware of their backs and posture so they can avoid the debilitating effects back pain can have on long term health. Arif visited the airport and delivered two training sessions, he also created a video www.cliffschiropractorsouthend.co.uk/back-to-business to show exactly how the exercises should be performed for maximum efficacy. A member of the airport staff has become a Back to Business ambassador, responsible for cascading the information to other staff, and receives additional training at Arif's clinic to help staff stick to the regime.

Arif's work does not end here though. He is currently working on a Back to Business programme centred on manual handling as well as a project with local government which still needs development. This could prove exciting as a new patient and business affiliation driver to help grow BCA members' practices; something Arif and his wife, fellow BCA member Melanie Cutting, want to share with the profession as a positive contribution.

Lord Walton of Detchant

Lord Walton, a key figure in the ultimate passage of the Chiropractors Act, passed away on 21st April. He was President of the Royal Society of Medicine when the Colloquia on Complementary Medicine took place, which led to increased support from orthodox medicine. Tony Metcalfe and I met with him in January 1991 at which time he was quite sceptical about chiropractic. I arranged for him to visit AECC and, as he was being shown around by Alan Breen, they entered a lecture room where an examination of cranial nerves was being demonstrated. Lord Walton, a distinguished neurologist, was most impressed. Thereafter, he was on our side and gave much help and advice. Having been a Chairman of both the BMA and the GMC, Lord Walton became a member of the King's Fund Working Party on Chiropractic which recommended statutory regulation. The radiologists and their representative on the Working Party made fundamental objections to our progress. Lord Walton supported our arguments against these objections; a key moment in our progress. He was a most important ally in gaining the support of the medical profession.

He was always a pleasure to work with, correspondence was dealt with immediately and I could always reach him by telephone when needed. Indeed, he wrote to me offering to introduce our Chiropractors' Bill through the Lords if we failed to find an MP. He also wrote to all the MPs who had been successful in the Private Member's Bill Ballot suggesting they take on our Bill whilst he would steer it through the Lords. David Lidington MP took on the Bill and Lord Walton expertly piloted the Bill through the Upper House.

On a personal note I remember Lord Walton presenting me with GCC registration number one at the launch of the GCC and officially opening my wife Michele's practice in Braintree.

In summary, without Lord Walton's help there would probably have been no *Chiropractors Act* (and chiropractors would still be paying VAT). He should be remembered.

Ian Hutchinson DC, FBCA, FRCC

Chiropractic Research Council

A BIG thank you to all those BCA members who have donated to the Chiropractic Research Council (CRC) over the last year or two. So that's every one of you! (via the BCA Research levy). Admittedly it was something of a blow when members voted to cut the Research Levy in half last September (from £2 a week, to £1 a week) but it is something that the CRC understands the reasons behind. Many members decided to donate the 'saving' back into the CRC anyway for which we are extremely grateful. What's more, by donating directly to the CRC, GiftAid can be applied, which means an extra 25p for every £1 that is donated!

Thanks to careful budgeting from the outset and all of the officers of the CRC volunteering their time and efforts, the CRC is flourishing. There are two research studies well underway storming into their second year; one addresses patient-centred care and the other is looking at spinal motion so hugely relevant and applicable to what we do as clinicians in every day practice. We'll be putting out a call for funding applications later this year, so keep an eye on the CRC website for further details. The website gives full details of how and when to make your application. You never know, you may be eligible for some funds! (www.crc-uk.org).

We've got another very exciting initiative in the pipeline at the moment, regrettably we can't spill the beans just yet as we're sworn to secrecy by the involved parties but safe to say it should put UK chiropractic firmly on the global research map. All being well we should be able to tell you more about it soon.

However we really need people to get involved with the CRC and we are on the hunt for Trustees so, if you understand just how important it is to support research in order for this great profession to progress, have a little bit of time (most of it is done via email) and some great ideas, then please just get in touch. (elisabeth.angier@btinternet.com)

Another great thing would be if you could stick a pot on your clinic reception desk and put a little bit of loose change in the bottom. You'll be amazed how many patients add to it and just how much you can collect. If you make any personal donations don't forget to GiftAid! It's easy to do, either through the CRC website (www.crc-uk.org) or JustGiving (www.justgiving.com/c-r-c).

Once again a BIG thank you to you all. With your support we can really help chiropractic patients and the public by advancing chiropractic research, making the treatment of back and joint pain safer, more effective and much more widely available.

Thank you 'Find a Chiropractor'

Here is what a member wrote to the BCA recently about the 'Find a Chiropractor' feature on the BCA website.

"There was a mention in Contact *magazine about how the BCA website 'Find a Chiropractor' button gets a lot of hits from the public. It also advised asking your web developer to check this for you.*

I'm guessing most people never bothered to follow this through. Well, now I know that the BCA website does in fact drive patients to our clinics and puts 'backs on our benches'.

For example, last month, 37% of the hits to our website, came via the BCA website alone!

Even if only a few of those hits lead to appointments, the BCA dues suddenly look really good value for money. Who doesn't want quality free advertising?!

I think the BCA should make more of the 'free traffic to websites' aspect of membership.

To help all my colleagues out there find out how to check their own stats – it literally takes 4 clicks:

1. *Log into your Google analytics account (you may need to create one first, but it is easy)*
2. *Click on Acquisition tab on the left-hand menu.*
3. *Click on Overview tab within that.*
4. *Click on Referral link.*

Voila, right there at a glance for free, you can see the BCA's website details and figures on how much traffic to your website came for free from there!"

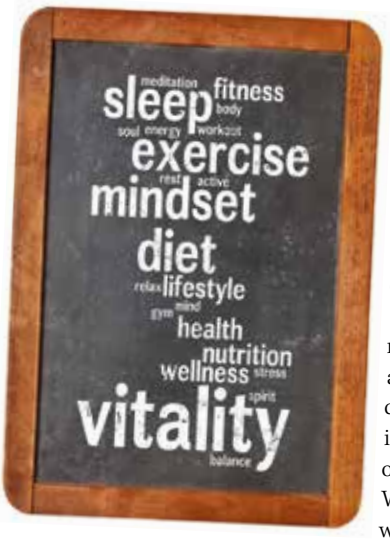
Thank you for the feedback. The BCA website receives many thousands of hits every month and a large proportion of these are for 'Find a Chiropractor'. Members of the public are using the facility to search each and every day for chiropractors in their area and your clinic will be one of them. Take some time to check your stats as suggested by this happy member and see the value BCA membership brings.

The Age of Chiropractic

BCA Autumn Conference - Woodland Grange - 1st-2nd October 2016

We all know just how good chiropractic is for spines of all ages, shapes and sizes. So, this autumn, we're going to be focusing on the care of patients of all ages, from the examination and assessment of the newest born baby, to the management and rehabilitation of the young adult, the office worker or sports person, through to the care of the frail and elderly. We'll be looking at the specific needs of each group and providing you with some useful hints, tips and clinical pearls to use back in clinic on Monday morning. With the ever-increasing burden that musculoskeletal complaints place on our already stretched healthcare systems, now really is the 'age of chiropractic'!

We've got an exciting line up of speakers from around the world who will be sharing with us their wealth of experience in a series of lectures and practical workshops. Dr Lisa Killinger is flying in from the States to share her work with elderly patients and, with her passion for paediatric care, Dr Jacqui Bunge is heading in from South Africa to teach us what do to when we cry 'help, there's a baby in my treatment room!' We're certainly not forgetting the patients in the middle, the average, every-day 'bread and butter' patient that we all see in clinic whether it be the weekend warrior, breaking himself each weekend as he tries to relive his high-school athletic triumphs or the reluctant couch potato who is unwilling to follow our advice and just wants to be fixed. Dr Jesper Dahl will be explaining how we can best manage this group! We've also got eminent spinal surgeon, Dr Robert Gunzburg, joining us and he'll be explaining why, when and how we should be referring on and Dr Chris Colloca will be explaining some of the research behind instrument adjusting and how we can best use it in clinic.



But there's more! Obviously we've got plenty of trade stands and exhibitors coming along, selling their wares and latest gadgets, all the things that you might need in clinic. There'll also be the opportunity to meet with members of BCA Council and Office team during a Council Surgery on the Saturday morning plus the BCA Annual General Meeting on Saturday afternoon, both opportunities to hear what is going on at the BCA and, importantly, to have your say.

We've got a fantastic Dinner Dance planned for Saturday evening (we've gone for a more relaxed feel this year, no black tie!) and, with a slightly later start on the Sunday morning, it'll be a good chance to let your hair down and catch up with friends and colleagues.

If you're not tempted by a night of dancing you could always sweat it out in the gym, chill in the sauna or luxuriate in the jacuzzi. There's plenty of accommodation at the Woodland Grange and, since we're just down the road from historic Warwick Castle and Stratford on Avon, you could make a weekend of it and bring the family too (we won't tell if you head off to a jousting tournament at the castle...!).

So, don't delay and book your place! We've got early-bird booking rates available and you can book online or call Michelle at the BCA Office. The conference is open to everybody - not just BCA members and not just chiropractors - so do encourage your friends and colleagues to come along too!

BOOKING INFORMATION
Book online:
www.conf.chiropractic-uk.co.uk
or by phone: 0118 950 5950

Talking animals

Chiropractic is a profession with huge diversity and one such growing sub-group is for veterinary use. Animal chiropractic is a growing profession both in the United Kingdom and worldwide. **Zoe Freedman**, BCA member, has successful human and animal practices. She gives an introduction to the world of animal chiropractic.

Animal chiropractic is a distinct, specialist profession requiring a high standard of postgraduate training. Courses offer qualified chiropractors and veterinarians the opportunity to learn how to apply chiropractic principles and techniques to the animal patient.

As is the case with a human practice, chiropractic for animals is a profession not merely the ability to manipulate a quadruped. Animal chiropractors frequently formulate treatment plans that include soft tissue work, cold laser therapy and ultrasound. We also prescribe rehabilitation plans to help improve strength, endurance, proprioception, balance and gait alongside traditional home care advice (cryotherapy, stretches etc) to maximize treatment outcomes.

The use of animal chiropractic has grown in popularity for a range of veterinary considerations, from professional, international eventing teams to general veterinary conservative geriatric pet pain management. Common uses include performance enhancement (agility, flyball, show jumping, dressage etc), the treatment of common musculoskeletal conditions, post-operative care, conservative management of arthritis and often for the reduction of reliance on medication alone for pain management.

I have been working with both large and small animals since 2008 and within the practice premises we have two entrances and waiting areas, one human and one animal. There is also a specialist treatment room. When working within a veterinary practice alongside the veterinarian I have the ability to treat under sedation if required. This can be extremely useful when trying to adjust animals with stress, anxiety and/or aggression issues.

As well as working within a small animal veterinary practice and treating privately owned horses, I have established a monthly clinic for a local charity, Tyne and Wear Riding for the Disabled Association (RDA). The centre is a registered charity within Washington Riding Centre and offers riding lessons to disabled children and adults. It is a fantastic facility staffed with specifically trained instructors and they have a wide range of specialist equipment so enable almost everyone with a disability to ride if they wish. The charity was officially opened in 1977 by HRH the Princess Royal and since then it has grown in size and popularity. Musculoskeletal maintenance of the horses used by the charity has been an integral part of their welfare since 2008. All this growth and development has led to the need for significant structural and on-site service expansion and, in May this year, HRH the Princess Royal visited the Centre to open a new building. The new facilities offer a treatment area with chiropractic in mind; rubber matted flooring, heat lamps, specialist 'bales' to adjust from, cold laser and ultrasound treatment areas. Dysfunctional movement patterns and strain will always occur in horses when they carry an unbalanced/physically compromised rider and chiropractic helps to maintain them in good condition.

As part of her visit, Princess Anne was keen to observe the new centre in action and learn about its workings. I was asked to examine and adjust one of the horses as part of the tour. This proved to be more involved than I had initially anticipated as the Princess was genuinely interested in learning about the profession of chiropractic and the mechanics of an adjustment. We spoke about rehabilitation techniques, rein position, hand and body positioning etc. However, the topic of particular interest was the audible release. I explained that the audible release is not common in quadruped adjusting nor necessary, (we are attempting to induce movement of the facet/other joint) but an accessory carpal adjustment provides quite a sound. Successful joint adjusting of a

British Veterinary Chiropractic association:
www.bvca-uk.org

International Veterinary Chiropractic Association:
www.ivca.de

McTimoney College of Chiropractic:
www.mctimoney-college.ac.uk

Options for Animals Chiropractic College:
www.optionsforanimals.co.uk

Tyne & Wear RDA:
www.washingtonridingcentre.co.uk/index.htm

restricted movement then provides a window of opportunity for change through analgesic effect, ability to improve posture, enhanced range of motion, gait etc.

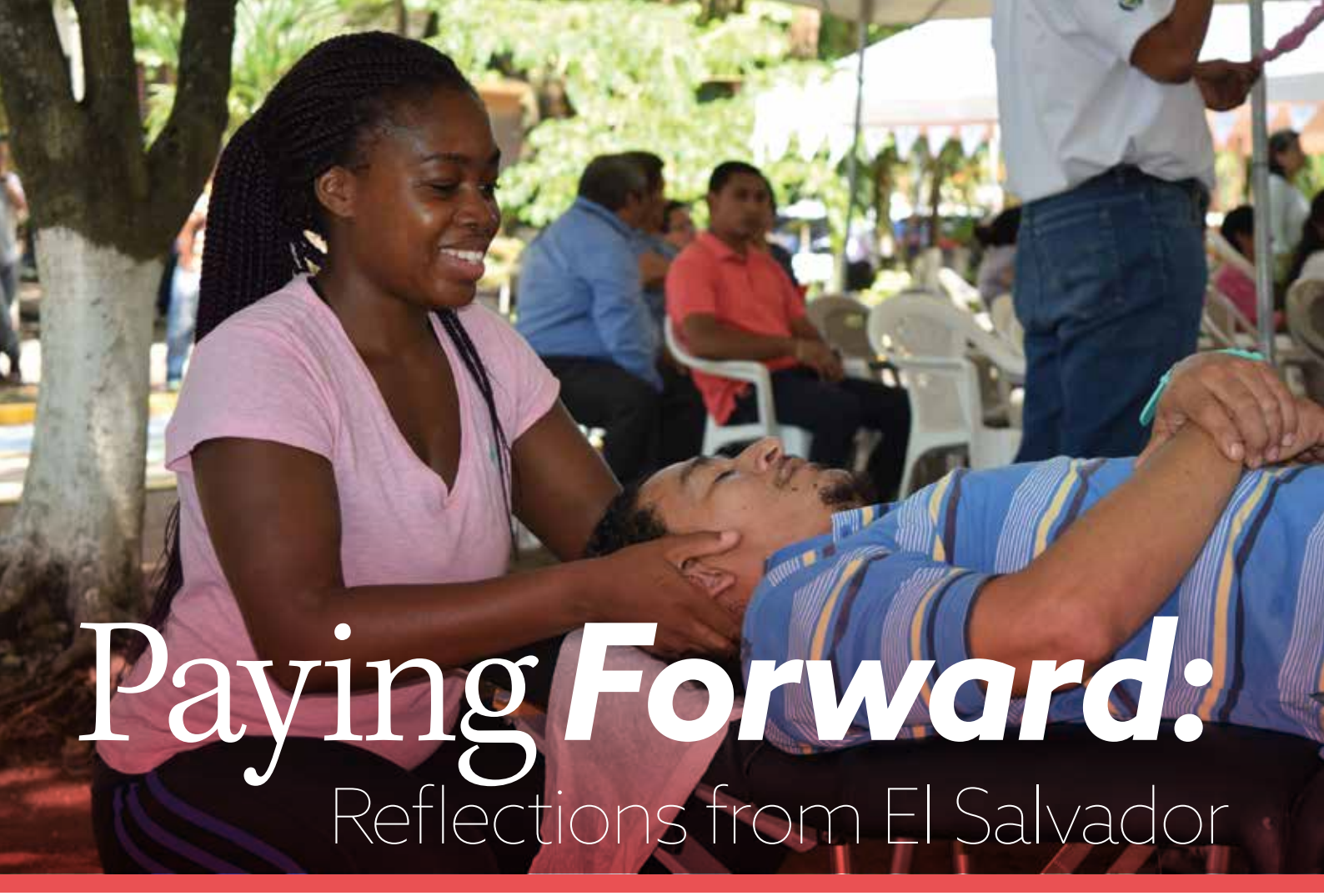
Chiropractic has become a regular and valued part of the Tyne & Wear RDA charity and I have found my involvement to be incredibly rewarding. Horses which carry disabled riders will always suffer musculoskeletal compromise but, using chiropractic and associated rehabilitation plans, the incidence of severe musculoskeletal injury has reduced and, in my opinion, improved the quality of life of the horses.

Since the official opening of the new buildings there has been a great deal of interest in animal chiropractic within the north-east region. The BBC recently visited the practice for a day in order to observe treatments, interview owners and generally familarise themselves with this aspect of the chiropractic profession. Their coverage of animal chiropractic was extremely positive and focused on the level of training required of chiropractors entering the field of animal chiropractic. As part of the programme, veterinarians were also interviewed regarding their perception of animal chiropractic and how it definitely enhances the care packages available to the animals they treat.

Mainstream veterinary medicine and chiropractic often gels together well. Since both are private healthcare industries, the transition for owners from primary veterinarian to an animal chiropractor is generally an easy one. With animals living longer veterinarians are keen to offer alternatives to long-term analgesia. Animal chiropractic is also used post-operatively to aid recovery and rehabilitation as well as to enhance performance for canines and equines involved in competitive sport.

In the UK there are several routes for chiropractors wishing to pursue a chiropractic career that includes the treatment of animals. The McTimoney College of Chiropractic offers an MSc Programme in Animal Manipulation. The International Academy of Veterinary Chiropractic, based in Germany, teaches their basic course every one to two years in the UK. From 2017 Options for Animals, established in 1987 in the USA, will be teaching annually in the UK as well as from their headquarters in Wellsville, Kansas. There are also several other animal manipulation short courses available in the UK. The British Veterinary Chiropractic Association (BVCA) is made up of chiropractors and veterinarians who have undertaken International Veterinary Chiropractic Association (IVCA) approved education programmes and have successfully complete the independent certification examinations.

Zoe Freedman graduated from the AECC in 2005 and subsequently completed an MSc in Paediatric Musculoskeletal Health at AECC as well as training with the International Academy of Veterinary Chiropractic. She runs her own practice in the north-east of England and splits her time between her human practice, which is heavily paediatric-based and her veterinary practice. Zoe has attended the Advanced Certification Programme in animal chiropractic at Options for Animals, USA and is current chair of the British Veterinary Chiropractic Association.



Paying *Forward:*
Reflections from El Salvador

Last year I read an article about a chiropractor who was involved with the medical efforts aiding the Syrian refugee crisis. I knew then I wanted to make a positive change for people in desperate situations so I set off on a journey that led me to El Salvador and I wanted to share my experiences with readers of *Contact*.

When exploring ways I could combine my skills as a chiropractor with volunteering, I soon discovered www.spinalmissions.org, a non-profit organisation whose mission statement stood out to me. I contacted Shannon Darrow and, soon after, I had a week-long trip to El Salvador in the diary! This soon escalated to a 12-month plan to travel the world, connect with chiropractors, and treat people at any given opportunity.

El Salvador is not quite at the heart of a refugee crisis but the country exists with its fair share of internal struggles. The first few months of 2016 saw the country claim the title of the most violent peacetime nation in the world due to its prolific gang culture. Sadly it's not just those in gangs that get caught up in the violence. Simple tasks for everyday people, like their commute to work or school, could be dramatically lengthened due to having to travel around specific geographic areas instead of through them. Even in 'safe' areas people must be constantly vigilant. It's no doubt most Salvadorians are forced to live life with their sympathetic nervous systems on high alert but given that Spinal Missions had been organising mission trips to El Salvador for over eight years, I was confident safety would not be an issue.

My partner and I arrived in sunny San Salvador in July 2015 and were immediately in awe of the beautiful scenery that surrounded us. We began introducing ourselves to the team of 38 American chiropractors and chiropractors-to-be who, like us, were brimming with excitement. Days one and two were dedicated to arrival, introduction and rest. I don't use the word 'rest' lightly. We had no idea what was in store for us, the number of people we would be treating and, for me, how much my limited GCSE level Spanish from yesteryear would be put to the test. After a team trip to a beautiful lake set in the crater of a volcano, a little souvenir shopping and lots of passionate 'chiro-talk', I was fully charged and ready to go!

We all piled into our minibuses, benches in tow and away we went to our first location. It's safe to say I was astounded by the large group of people who had congregated, patiently waiting for our arrival. So began four days non-stop treatment. As soon as one person got off the bench, an usher would show another person straight to me. It was fantastic seeing how certain patients seemed to gravitate toward chiropractors with a particular specialty; with my passion for treating pregnant women, I always seemed to have several pregnant women each day on my bench. My Belloost pregnancy cushion would have really come in handy if only I had space

in my backpack! Having said that, there were a number of other tools being passed around; funky rock-tape, activators, blocks and, of course, a number of different techniques: Diversified, Thompson drops, SOT, Logan, BGI... the list goes on.

We treated a staggering 2000-2500 people each day in the four different locations we visited. Some communities were poorer than others. Each person I touched had their own story and, although there was not always the opportunity to communicate fully, I could feel it in their spine. For some patients, what brought them for treatment could have been the tension built up from years living in very basic conditions or from working hard well past average retirement age. For others just living in an environment with a palpable tension in the air was the cause. A lady I treated had been hunched with terrible thoracic pain for four months. It took two gentle adjustments and she was able to stand straight! I could give you stories like this for days.

The majority of people we treated were people who could not afford basic healthcare; they had to just live with their pain. The Spinal Mission dates were exceptionally valuable for these communities and it showed.

Being one of eight chiropractors already in practise, I spent much of the day helping some of the student chiropractors with their adjusting technique and there were also technique classes every evening. It was great being able to play a role in developing the skills of future chiropractors and I found this massively rewarding.

The majority of people we treated were people who could not afford basic healthcare; they had to just live with their pain. The Spinal Mission dates were exceptionally valuable for these communities and it showed.

The whole experience developed my confidence in being able to understand and speak a different language enough to treat people; something I would never have gained whilst in the comfort of practice in the UK. Chiropractic care has no language boundaries; people get it! I was the only British chiropractor on the trip and there is always a distinct lack of UK chiropractors taking part in these mission trips. I think it's about time that changed. I urge you to jump out of your comfort zone and challenge yourself to use your extraordinary chiropractic skills to touch the lives of our wider global community. Students, you will grow and reconnect with your 'why'. Practising chiropractors, you will master your craft and inspire those around you. So please, let's start representing the UK more in these charitable efforts and thrust some positive chiropractic energy into humanity.

Sharon Sackey

For more information regarding chiropractic mission trips contact Sharon on sharondc@belloost.com. To follow my chiropractic travel adventures, join me on Snapchat - 'sharon.sackey'

happy

Using a blog for your business website can be a great way to connect with customers and strengthen your clinic brand

A business blog is a cost-effective and easy way to promote your clinic business. The aim is to increase the number of patients to your clinic, establish you as a knowledgeable authority on musculoskeletal conditions and outreach to new sections of the local population that might otherwise not see your other marketing/promotion materials. As small business owners, chiropractors, like many others, find it difficult to find the time or the ideas to start and maintain a viable blog. Here are some hints and tips:

Make sure you aim your blog towards patients or potential patients

Don't forget that just like your website, Twitter feed, Facebook page etc, your clinic or practitioner blog is not for you, it's firmly for your patients or potential patients and not for you or fellow chiropractors to enjoy. You are looking to offer knowledge and insight as well as providing help and tips. All of these things establish your authority on the subject matter and help guide new patients to your website and, ultimately, to your clinic waiting room.

Content

It is hard to find the time to write a blog and many people also feel that they won't be able to find enough topic points to keep it going. Key here is to keep each post simple and cover just one point – don't put all your knowledge into a few blog posts, spread it amongst many! Think about things your patients frequently ask about, common conditions you treat, common causes and exacerbating factors. Covering more obscure subjects is OK as these establish your knowledge and authority but they are unlikely to resonate with the majority of the readership and you may lose subscribers as a result. You could probably list enough ideas to keep it running for weeks or even months ahead.

Another thing you can do is to be guided by popular content on your existing feeds. Look at your website analytics to see which of your website pages are most popular. See which posts on your Facebook page attract the most 'Likes' or 'Shares'. Monitor your Twitter feed for most re-tweets etc. You can also use the Google Adwords Keyword Tool to identify keyword phrases that people are using to search for chiropractic or help with back pain for example. Keyword phrases, once identified, can be some or part of a blog title.

If time is a big issue you could see if a colleague at the clinic can assist otherwise a local PR/Marketing freelancer will be able to help you out.

Writing your blog

Blogs need an informal style without being too casual. Your blog should reflect the 'human' face of your clinic. Let the personality of you, your staff and clinic come to the fore and avoid a hard sell. People will relate more readily to a relaxed, knowledgeable, conversational style. Another way to keep people's attention and make your ideas last longer is to keep a blog post to no more than 450 words. You want people to read it and not just skim through. A catchy title also makes a difference. Good, correct use of paragraphs, layout and punctuation will also make a big difference.

Well laid out text is more appealing to read compared to chunks of unformatted text. Importantly, be consistent. Keep the style of writing, length and format the same for each post. If you have second or third authors, it is better to differentiate between them so as to explain different styles; you'd be surprised how easily different writing styles are identifiable. You can give biogs about each contributing author; it will add to the authenticity and credibility of your blog.

Establish upfront how often you will post a blog and be consistent. If you post several times a week to begin with and then tail off to once a month, this will give a negative appearance. Decide what is realistic for frequency of posting and stick to it, weekly or fortnightly is just fine. As search engines respond to fresh content, the more frequently you update your blog (and website) the better the situation will be for your search engine ranking.

Share

You don't need to be told that social links are extremely important on the web today. Make it easy for readers to share your blog by placing share icons with each blog post – Twitter, Linked In, Facebook, Instagram etc If someone sees something of interest to one of their social or work groups, or even for a specific individual, you want to capture that intention straight away and make it easy for them to share that thought. This will have the consequence of reaching different and diverse audiences which should drive traffic and interest to your blog and website.

Measure

Many people judge the effectiveness of their blog by the number of comments – this is a common mistake! Even if your blog is not getting any comments chances are it is still being read. Do you always comment on a blog? Most people don't and many will not until they build up a 'relationship' with the blogger, get to know what they blog and build the confidence to interact. Far and away the best and most accurate way to measure your blog is to use a web statistics measurement tool; the most popular is Google Analytics as it is free, easy to set up and pretty comprehensive. If you don't already use this for your clinic website, make sure you do it for that as well!

It is essential to see how many people are visiting your site or blog but also where they are referred from (the BCA website, for example). It will help you understand where advertising is working for example.

Incredibly helpful too in that you can also measure the relative popularity of different blog posts and web content, helping you to hone your content to meet the needs of your visitors. It is important that you build content profiles for your readership so that you can use your website and blog to their best effect. Remember, a blog for your business is not a vanity project, it is a marketing tool and you must make sure you are investing your time to the best effect.

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Brexit

Since the UK electorate voted to leave the EU the BCA business support partner, Croner Consulting, has been receiving calls from clients concerned about the short and long term impact on their organisation. What will happen to those who employ foreign workers? Will red tape and legislation be simpler? In this expert briefing, Croner considers the impact on employment and health & safety law and offer advice to those businesses which currently employ foreign workers.

What will happen to the foreign workers I employ?

The most significant effects on the UK workforce are likely to be in terms of jobs won or lost. It is estimated that around two million EU Nationals work in the UK. Indeed, we are already receiving calls from industries where they have a high percentage of EU and EEA workers, such as the agriculture, care and service sectors.

The UK Government will now be able to control borders with a view to reducing immigration. However, work arrangements will have to be re-negotiated with the EU and its Member States although it is doubtful if the new arrangements would simply replicate the present freedom of movement. If policies restrict the UK labour supply or the services provided by that labour, it will present problems to a considerable number of employers. UK employers will need to consider what their future workforce will look like if work arrangements significantly reduce the number of workers available to them.

Will UK employment law be simpler?

Now the UK has voted to leave the EU the Government will need to negotiate a new trading agreement with Europe. If we have a similar trade agreement to that of Norway, which is viewed as a best practice example, we would have to adhere to much of the EU employment regulation, which is how Norway operates as per the terms of their agreement. However, with no voting power over EU employment directives, although we are expected to comply with them, we are likely to have less control over them.

What will happen to existing EU laws such as maternity entitlement, equality, equal pay and working time?

It is likely that any attempt to repeal these rights would be met with fierce opposition by workers and trade unions. At the very least there would be several years of legislative confusion as domestic and EU law is untangled, leaving employers in a very vulnerable position. It is essential that during this period of uncertainty employers comply with all current legislation and that their policies and procedures remain up-to-date.

Not all UK statutory employment rights derive from Europe. For example, pay and deduction of wages, the right not to be unfairly dismissed and the right to a redundancy payment are all products of UK National law. This legislation can be amended at any time.

Those European laws that have been incorporated into UK law by primary legislation – by Act of Parliament, such as the *Equality Act 2010* – will remain in force unless they are expressly repealed by Parliament. Other European law that has been brought into UK law by secondary legislation such as parts of the *Working Time Regulations* could fall away once this legislative framework is removed.

Therefore the courts and tribunals would no longer be bound by the *Working Time Regulations* but instead by the *Data Protection Act* and the *Equality Act*, unless they were repealed by Parliament.

The impact on courts and case law

Judges in the UK will no longer have to interpret UK law in accordance with the decisions of the Court of Justice of the European Union (CJEU) and will therefore have more flexibility to interpret domestic legislation, although it must be remembered that the UK is still a signatory to the *European Convention on Human Rights*.

However UK case law works on the principle of precedent and it may take some years before new decisions reach the appellate courts and tribunals and have to be followed. In the meantime, the CJEU decisions could continue to have a strong "persuasive" influence.

What might Brexit mean for H&S?

Roughly two thirds of our Health and Safety laws originate from EU legislation, the requirements of which are implemented through UK-specific Regulations. Reports such as the 2010 Government-commissioned report *Common Sense, Common Safety* and the subsequent *Löfstedt* review in 2011 have shown that UK H&S law is broadly fit for purpose and therefore it is unlikely that the majority of our laws will be significantly changed.

What safety changes could we see?

Realistically any immediate changes will focus on eliminating contentious 'regulatory burdens' where employers feel that they are disadvantaged compared to other countries or the cost of compliance is too great compared to the risks. Possible areas of focus include:

- The *Working Time Regulations 1998*, which are estimated by the Open Europe think tank to cost the UK economy £4.4bn each year (although a significant proportion of this relates to the UK holiday entitlement over and above the *Working Time Directive*).
- The requirement for employers to meet the cost of eye and eyesight tests for display screen equipment work.

What should I be doing now?

The pace of change is unknown, but it is likely to take two years at the very least and possibly longer, to uncouple UK and EU legislation. Those businesses that currently employ foreign workers should ensure that they have the right to work in the UK and have all the necessary visas and checks in place for non-EU Nationals. All businesses should also take this opportunity to make sure all their policies and procedures are up-to-date and that documentation such as employment contracts are robust to help future-proof their organisation.

Those businesses that currently employ foreign workers should ensure that they have the right to work in the UK and have all the necessary visas and checks in place for non-EU Nationals.

How can Croner help?

- Croner is offering a complementary **Business Post-Brexit Healthcheck**. This practical onsite review will ensure that your current working practices are up-to-date, including visa applications, pre-employment checks, document and contract reviews, workforce/contingency planning and the types of contracts you may now need to have in place. To take advantage of this service call the Croner team on 0800 032 4088 or email enquiries@croner.co.uk.
- Croner's Event Programme is now covering the impact of Brexit on the UK workforce, for more information about Croner events in your area visit https://croner.co.uk/events/.
- As part of our full service, Croner provides an Employee Assistance Programme to its clients. This 24/7 service can help them to deal with personal and professional problems which could be affecting their workplace performance, productivity, health and well-being.

See the Business QA page for details on how to contact the Business Support helpline.

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.

I run a small practice and I'm having trouble paying the National Living Wage (NLW). What can I do?

Unfortunately, there is no escape. Payment of the NLW at the minimum rate of £7.20 is mandatory for all workers who were 25 or over on 1st April 2016. There is no small business exemption.

Nor can workers waive their right to the 'premium' or contractually consent to receive other benefits — such as additional holiday or bonuses — in lieu of the minimum level of the NLW.

There are, however, a number of steps you could consider to reduce your other staff costs to offset the cost of the NLW. For example:

- restrict future pay increases
- offer less generous pension contributions
- cut staff hours
- reduce 'perks' such as overtime and bonuses, Sunday and Bank Holiday pay and withdraw pay for breaks.

Another option would be to employ fewer people to do the job — initially through less recruitment — and consider a rise in efficiency and productivity to achieve savings by the increased use of technology.

Be aware of the legal trap of resorting to cost cutting through redundancies — if you select only the older workers who receive the NLW you risk claims of age discrimination.

None of these however are likely to be popular with your staff.

I am reviewing our current health and safety policy and, in particular, the written statement on our general policy. Are there principles I can follow to make sure the written statement is meeting best practice?

To ensure that an appropriate written statement is developed, the organisation should reflect on the purpose of the written statement.

HSG65 Managing for Health and Safety states that "policies should be designed to meet legal requirements, prevent health and safety problems, and enable you to respond quickly where difficulties arise or new risks are introduced". It further suggests that the policy sets "a clear direction for the organisation to follow".

Similarly, *BS18004 Guide to Achieving Effective Occupational Health and Safety Performance* states that a policy "establishes an overall sense of direction and should guide the setting of objectives against which all subsequent actions will be evaluated".

OHSAS 18002 notes that the policy should demonstrate "the formal commitment of an organisation, particularly that of the organisation's top management, towards good OHS management".

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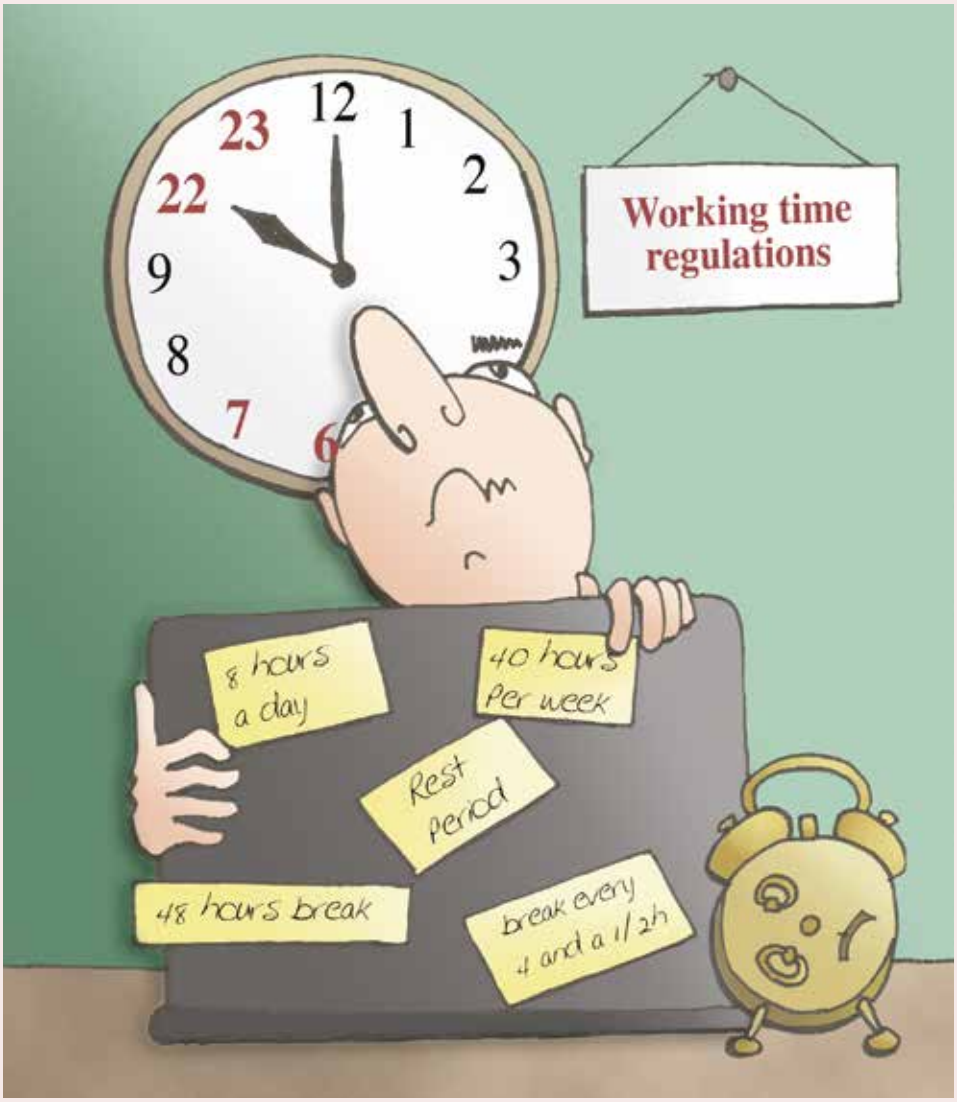
In summary, the written statement of general policy should:

- include a commitment to provide safe and healthy working conditions
- be appropriate to the nature and scale of the organisation's risks
- provide a framework for setting objectives
- include a commitment to satisfy applicable legal and other requirements
- include a commitment to the control of risks using the hierarchy of controls
- include a commitment to continual improvement of the management system
- include a commitment to participation of workers or their representatives.

To enable the written statement to be developed it may be necessary to consider what inputs are necessary. This will include identification of the relevant legislative requirements, historical and current performance by the organisation, the needs of other interested parties and opportunities for continual improvement.

BS18004 suggests that the policy should be consistent with a vision of the organisation's future, and be realistic, neither overstating the nature of the risks the organisation faces nor trivialising them.



We are looking to employ a person who is 17 years old. I have been told there are a number of restrictions in relation to the hours they can work. Is this correct and what are the rules?

Under the *Working Time Regulations* any person who is over the compulsory school leaving age but younger than 18 is treated as a 'young worker' and there are a number of specific limitations that apply to them.

They can only work a maximum of eight hours per day and 40 hours per week. If the person works for more than one employer the hours worked for each employer are added together in calculating whether these hours have been reached. Therefore you should ask the individual whether they are working elsewhere and contact any other employers to ensure that the maximums hours are not exceeded. This should also be regularly reviewed to ensure that, as far as is reasonably possible, their working hours remain within the limits moving forwards.

A young worker is also not permitted to undertake any work for you between the hours of 2200hrs and 0600hrs, unless their employment contract specifies that they are required to work after 2200hrs, in which case they cannot work between 2300hrs and 0700hrs.

In addition, they are entitled to a rest period of not less than 12 hours in each 24 hour period within which work is undertaken. In each seven day period, they should have a continuous break of 48 hours. Both of these rest periods may be interrupted where the work activities are split up over the day or are of short duration. In relation to weekly rest, this can be reduced to a minimum limit of 36 hours if it is justified by technical or organisation reasons.

Finally, the young worker will be entitled to a 30-minute break if they are working for more than four and a half hours. Again, if they work for another employer, the working hours are calculated by adding the hours worked elsewhere to the hours worked for you.

I have dismissed an employee during her probationary period for poor performance and she has told me that she is entitled to be paid for her holidays that she has not taken, is that correct?

Under the *Working Time Regulations 1998*, from the start of a worker's employment, they begin to accrue holiday; the current allowance for full time workers is 5.6 weeks per year and is often called the 'statutory minimum' holiday allowance. Therefore, this employee will be entitled to receive the holiday pay she has accrued since starting work under the *Working Time Regulations*, even though she was on her probationary period.

However, if the employee's contract of employment provides for additional contractual holiday entitlement over and above the statutory minimum and stipulates that this does not accrue until after the probationary period has been completed, then this does not need to be paid. However, this holiday entitlement is dependent on each particular employment contract.

I have an employee who has just handed in his notice; I have sent him on at least three training courses this year which the company has paid for. Can I ask the employee to pay us back the money for these courses? We are not going to get any benefit from him having taken the courses now that he is leaving.

There is no legal right to recover training costs from employees who leave employment. However, review the employee's contract of employment and/or any other contractual agreement/document he has agreed to prior to the employee taking the courses. As if there is an agreement between the company and the employee that he will repay the costs of the training and if he leaves before an agreed period of time and he is still within this period, then you will have an entitlement to recoup the costs in accordance with the agreement.

In a new feature for *Contact*, we are inviting members to share a shelfie with fellow members. Is there a book, app, web site or social media page that has particularly inspired you recently (or not so recently)? If so, share it with your colleagues. We want to help members find new and interesting things to read, follow or download.

All we need is between 400 (no less please) and 800 words (no more please!) and full details of the thing you are reviewing – ie where people can find it! Send your contribution to **contact@chiropractic-uk.co.uk**

To get things started **Elisabeth Angier, BCA Vice President**, shares her shelfie!

Crack It!: 5 Steps To Creating Your WOW! Chiropractic Practice

I was inspired by Jo Davison's upbeat presentation at the BCA Spring Conference on how to transform the lives of chiropractic business owners. Many of Jo's tales had hit home. I had a successful, busy practice but was I really on top of things and what would happen if I was not there? Was I running an efficient clinic that would function in a 'WOW' way (With or Without me?) or was it a ticking time bomb, likely to explode with one receptionist heading off unexpectedly?!

So, I was delighted when my copy of *Crack It!: 5 Steps To Creating Your WOW! Chiropractic Practice* thudded through the letter box (together with its baby brother *Crack it for Chiropractic Assistants*, a useful read for those non-chiropractic team members). Even better, its arrival coincided with some glorious sunny weather so, armed with a large mug of tea and a pair of sunnies, I sat outside to dose up on Vitamin D and get cracking with Crack It.

But what's it all about? After the opening pages of endorsements and inspirational quotes, there follows the 'about me' story with Jo describing her journey from being an average chiropractor, setting up a busy and successful clinic with her husband Steve, to the moment she reached breaking point, trying to juggle clinic, family life and the inevitable staff issues. Then there's the lightbulb moment around the kitchen table over a takeaway and a bottle of wine where the 'Intention Statement' was drafted, together with the 'recipes' or plans that would bring it to life.

Jo goes on to describe the Crack It! blueprint, the five steps that are needed to grow and maintain a successful practice, the 'five V's - vibe, velcro, voyage, visibility and visceral'.

The 'Vibe' describes the intention and the culture of the clinic; more than just a mission statement, or USP, it describes the 'feel' of the clinic and enforces the ideas and concept of the practice owner, that everyone visiting the clinic should 'get'.

The 'Velcro' is what makes people stick, what makes an effective and cohesive team. Likening it to a football team bus where every player is headed in the same direction, Jo explains how to lead positively from the front, how to recruit (and keep!) efficient staff (sorry team members!) and to engage new patients or 'guests'. She explains why written protocols or 'recipes' produce an efficient work environment and how to coach and mentor with plenty of positive feedback.

The patient's journey through the clinic is explained in the 'Voyage'. Simple concepts like a clean, inviting clinic, a warm friendly welcome from staff, a professional and informed clinician who inspires trust and confidence are all explained and, again, these should be supported with written protocols.

'Visibility' addresses the concept of marketing and patient recruitment and highlights some of the commonly used and most effective methods e.g. word of mouth, patient testimonials, social media, advocates of chiropractic and even a patient referral voucher scheme.

The final step is 'Visceral' and explains how the clinic can be built into a community, with 'members' joining the clinic and coming in for regular follow-up care for them and their families.

Like many business start-up books and management guides, the Crack It! concept is relatively simple. Define your goal, identify your 'brand', write it down, devise and follow some specific strategies, reviewing and fine-tuning along the way. Inspire, motivate and engage with your team, make it a place that they want to work and ensure that you are a person they want to work with. Train and instruct them well and have written protocols so that the business will flourish, even if you are not in situ. Use effective marketing strategies to build and maintain your business. Nurture and cherish your clients, customers (or patients!) so that they feel the most important part of the business (effectively a patient-centred approach) and use their testimonials as they are the most effective marketing tool.

Having experienced the highs and lows of many chiropractic businesses, Jo and Steve are able to apply these relatively straightforward principles to chiropractic in their own Crack It! way. They have plenty of entertaining anecdotes and useful 'take home' clinical pearls. There are, of course, bits that I don't like. Personally, I'm not comfortable with the term 'guests' or 'members' when referring to patients, nor am I sure about the whole 'membership' ideology. In the wrong hands it is easy for a cook-book approach to be adopted with the same processes and methodology being rolled out for each and every patient at the expense of the patient-centred approach.

However, ultimately, it is an interesting and enjoyable read and I've definitely taken some things away from it. I've taken time to re-explain the whole 'idea' of the clinic with the team, I've reviewed our written protocols and finally taken them all out for a much needed clinic lunch!

www.amazon.co.uk/Crack-Steps-Creating-Chiropractic-Practice/dp/0956096514

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Growth Imperative

Despite the rise in musculoskeletal problems, chiropractic as a profession is failing to grow here in the UK. *Contact* investigates the issues and looks at what each and every chiropractor can do to help.

The statistics say that nearly everyone will suffer from back pain in their lives and that every other person is suffering right now. Added to which we've got an increasingly ageing population, a population that has grown up during the health and fitness era and wants to remain fit, active and determined to prove that they've still got it. This is great for us chiropractors. They keep breaking, we keep fixing them.

People are also taking much more of an interest in their health. 'Wellness' and 'holistic' have become commonplace terms with 'wellness checks' even on offer in the local chemist. Now we've even got GPs discussing yellow-flags and biopsychosocial issues, something we've been doing as chiropractors since our inception.

We all know that it's all a question of supply and demand. The demand is there so why aren't we, as a profession, booming?

There are many factors at play but one major and pretty fundamental answer to this issue is that there are simply not enough of us.

The General Chiropractic Council has over 3,000 registered chiropractors on the register and it has been stagnating at this number for the last 10 years. Whilst we have some of the leading academic institutions in Europe, each UK college only produces around 100 graduates each year and half of these go back to their native countries in the first couple of years after graduation.

So, what can we do about it? We could, of course, start up new chiropractic courses or encourage overseas chiropractors to head to the UK. The former is more of a medium to long term strategy and, when it comes down to encouraging more people from overseas....well, in the aftermath of the EU Referendum we don't, at present anyway, know how easy it will be for people to remain after they graduate

However, there's a relatively easy solution to this problem. Saturate our existing chiropractic colleges with UK students who'll hopefully stay in the UK. That way we'd increase our number of chiropractors pretty much straight away, as we wouldn't see as big an exodus of new graduates.

This is where chiropractors themselves can play a part in encouraging people into the profession. We have to let them know what a

fantastic career chiropractic is, we must make chiropractic a viable alternative to the more mainstream choices of medicine, dentistry, nursing, physiotherapy, vet sciences, health sciences, sports science etc.

Why chiropractic? We know that it works, we're good at it and the research shows just how safe and effective it is. There's a huge and ever-increasing demand for what we do. There are all sorts of career choices available, the ability to 'mix and match' by dabbling in a bit of education whilst working in clinic and collecting data for a research study. You can work on your own, in a clinic, or be part of a big healthcare team at a local hospital. You can fulfil your entrepreneurial spirit, building a chain of successful clinics, franchising your chiropractic 'brand'. You can work part-time and still have a successful and financially viable career, taking time out to raise a family or travel the world. Best of all, you can work anywhere, because musculoskeletal and spinal pain affects people from every walk of life. What's more, (dare I say it!), you can earn well. Taking the traditional BCA formula of 40% of 40 patients a week, based on £30 per treatment for 48 weeks a year gives a starting salary of £23,040. If someone is able to pick up more like 80 patients a week this doubles to around £46k. Quite an earning potential! Compare this to the median salary of £55,000 for male medical professionals 10 years after graduating (*The Times*, 26 April 2016).

We're also building a framework for a presentation that could be given at a local school or 6th form college.

So it's great to be a chiropractor but we could just do with more of us! Every day we talk to a lot of people in clinic some of whom may be starting out on their working life or someone who might be looking for a career change; they may have a friend, acquaintance, parent, sibling, child or grandchild, who might be interested in a career in chiropractic. It doesn't matter, we just need to get in touch with that potential source of chiropractors! Use every opportunity to recruit for the profession. You talk to your patients and find out a lot about their lives and the lives of those around them; If you evangelise about your profession, you just never know who might pick up on it.

At the BCA we're putting together a pack of posters, prospectuses and various leaflets/flyers to be distributed to interested people. Watch InTouch newsletters for details of the launch of the materials. We're also building a framework for a presentation that could be given at a local school or 6th form college.

The idea is to encourage more people to consider a career in chiropractic. That way, we'd increase the number of people applying to UK colleges and widen the diversity of people entering the profession. Added to which, with an abundance of applicants for a limited number of places, the colleges would be able to pick the best of the best.

If we don't do this chances are we'll just be swamped out of the market. With 54,000 physiotherapists and 5,000 osteopaths out there, we're in danger of simply being outnumbered. We all know what a unique profession and chiropractic is, so let's make sure that we don't become extinct!

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BCA members have exclusive access to the Research Review Service (RRS), where latest research papers are reviewed by a team of top class reviewers. These are published weekly and details posted in *InTouch* and on the BCA Member Twitter feed. In each edition *Contact* selects recent reviews to highlight. You can access RRS via the Members' Area of the BCA Website: select *Services* tab and then *Research Review Service*.

Acupuncture for Neck Disorders – Cochrane Review

Original research authors: Trinh K, Graham N, Irnich D et al Acupuncture for Neck Disorders *Cochrane Database of Systematic Reviews 2016; Issue 5. Art. No.: CD004870. DOI: 10.1002/14651858.CD004870.pub4.*

This Research Review by Dr. Demetry Assimakopoulos©

Background Information:

Neck pain is a very common musculoskeletal complaint, with a 12-month prevalence between 30-50%[1]. Unfortunately, except perhaps for those of us in practice, neck pain recurs in 50-80% of people[2]. The symptoms of neck pain vary, ranging from mild discomfort, to severe impairment. Neck pain can also be associated with headache, arm pain and neurological deficit, and has a substantial impact on health care costs[3].

Acupuncture is growing in popularity as an alternative to traditional therapies for neck pain. A prior 2006 Cochrane systematic review concluded that there was moderate-quality evidence that acupuncture can provide short-term neck pain relief[4]. Unfortunately, the articles included in the abovementioned systematic review had small population samples, which might mask positive results. Luckily, more recent studies have used more modern and improved methods of assessment. This Cochrane review sought to summarize the most current scientific evidence on the effectiveness of acupuncture on acute, subacute and chronic neck pain.

Pertinent Results:

Twenty-seven trials (including a total of 5462 subjects) were included for review. The majority of the included studies had some variable risk of bias.

Acupuncture vs. Sham Acupuncture

Pain intensity (VAS): Moderate quality evidence suggests that acupuncture is beneficial for mechanical neck pain in the immediate-, short-, intermediate- and long-term post-treatment periods, compared to sham. *The data examining the effect of acupuncture on pain intensity in the short-term were homogeneous and pooled for meta-analysis. The analysis concluded that acupuncture is favourable compared to sham at short-term follow-up. The data examining the effect of acupuncture on neck disability and quality of life were also pooled for meta-analysis, which was in favour of acupuncture.*

Acupuncture vs. Inactive Treatment

Pain intensity (VAS): Of the studies included, acupuncture did not yield superior effects compared to inactive treatment in the immediate and long-term post-treatment periods. *However, the authors concluded that moderate quality evidence exists in favour of acupuncture for the treatment of chronic mechanical neck pain in the short-term (1 day to 3 months).* Interestingly, the authors initially wished to rate the evidence in favour of acupuncture in the short-term as high, because the majority of the GRADE criteria were met. They downgraded their rating to moderate however, because of small sample sizes used in the original studies. Only low-quality evidence exists for pain relief in the intermediate post-treatment period.

Disability and quality of life: There was no convincing evidence favouring acupuncture in the short-, intermediate- or long-term.

Acupuncture vs. Wait-list Control

Pain intensity (VAS) at short-term follow-up: One study was included for review, studying the effect of acupuncture on neck disorders with radiculopathy. *The results favoured acupuncture for short-term pain relief.* However, there was no evidence of improvement in the immediate post-treatment period.

Disability and Quality of life: One study was included for review, which assessed the effect of acupuncture on mechanical neck pain and disability (NDI) in the short-term. Acupuncture was superior to wait-list control. No convincing evidence favoured acupuncture in any other measures (i.e. SF-36).

A total of 14 studies reported adverse effects, such as bruising, increased pain, fainting, worsening of symptoms, local swelling and dizziness. No life threatening adverse effects were reported. A single, multi-centred trial reported that acupuncture is cost effective.

Clinical Application & Conclusions:

The authors found that acupuncture is more beneficial than sham for mechanical neck pain in the immediate post-treatment period. They also found that acupuncture is superior to sham and inactive treatments at short-term follow-up for pain intensity. Acupuncture is also superior to sham for pain intensity and ratings of disability in the short-term follow-up period, compared to patients assigned to a wait-list control. Unfortunately, these abovementioned effects are likely not sustainable over the long term. No serious complications have been reported.

Interestingly, the authors found that the acupuncture treatment dose was associated with treatment outcome. Ideally, treatment should consist of six or more acupuncture sessions. Included studies with fewer than 6 treatments failed to show favourable outcomes.

It is important to understand that the rigorous constraints inherent to performing RCTs in an attempt to measure a specific result might mask some of the effects of acupuncture observed in a clinical setting. Many of the effects reported by non-research clinicians are non-specific (things like: greater vitality, better sleep, return to activity, etc). In many instances, these non-specific benefits are deliberately not observed, in favour of rigorously studying a single outcome variable. Clinicians that are speculative of the effects from acupuncture should bear this in mind.

The notion that acupuncture can provide short-term analgesia is also important to recognize. Like many other physical treatments, acupuncture might provide temporary symptomatic relief, allowing the patient to return to normal activity, and take part in active or rehabilitative therapy.

Study Methods:

The authors included RCTs, quasi-RCTs and clinical controlled trials.

Inclusion criteria:

- RCTs, quasi-RCTs, or clinical controlled trials examining the effect of acupuncture on neck pain. Studies involving manual, electrical, heat, laser and other forms of needle stimulation were included.
- Participants had to be 18 years of age or older and suffering from: mechanical neck disorders (MND), whiplash associated disorders (WAD) 1 or 2, myofascial pain syndrome, degenerative changes, neck disorder with headaches, and/or neck disorder with radiculopathy/WAD 3.
- Duration of neck pain could be acute (< 30 days), subacute (30-90 days) or chronic (> 90 days).

Exclusion criteria:

- Neck disorders with definite or possible long tract signs, or neurological disease
- Neck pain from pathological entities
- Neck pain from fracture/dislocation
- Coexisting headache where neck pain is not dominant
- Mixed headache

The effect of acupuncture was measured at multiple time intervals, including the immediate post-treatment period (up to one day), short-term follow-up (1 day to 3 months), immediate-term follow-up (> 3 months to < 1 year) and long term follow-up (≥ 1 year).

A number of databases were electronically searched. Additional resources were screened through study-cited resources, professional communication and personal files. Chi-square tests were used to calculate agreement between investigators for study inclusion, selection and validity process before reaching consensus. Kappa statistics were used to measure author agreement. Each resource was rated as having high, low or unclear risk of bias.

Standardized mean differences/effect size, 95% confidence intervals, and risk ratios were used to summarize group description, interventions, outcomes, adverse effects and costs of care.

Random effects meta-analysis was performed where possible. If not possible, the authors described the results qualitatively in the context of clinically comparable trials.

The overall quality of the data was assessed using the GRADE criteria:

- High quality evidence: findings consistent among at least 75% of RCTs with low risk of bias; consistent, direct and precise data; and no known or suspected publication bias.
- Moderate quality evidence: one of the domains is not met. Further research is likely to have an important impact.
- Low quality evidence: two domains are not met. Further research is very likely to have an important impact.
- Very low quality evidence: three domains are not met. Very uncertain about the results.
- No evidence: No RCTs addressed this outcome.

Study Strengths / Weaknesses:

Weaknesses:

- Clinical heterogeneity in both the control and experimental groups in many cases prevented data pooling and meta-analysis.
- Many studies did not report subject dropout rates.
- The authors did not search many non-English language databases, and did not search Chinese databases beyond 2005.

Strengths:

- Acupuncture treatments based on classical meridian points and dry needling were pooled together. There were not enough studies examining the effects of dry needling alone to separate the data. Past reviews have attempted to separate these two modalities.
- The quality of acupuncture studies for neck pain has improved over time (especially since the last Cochrane review on this topic).
- The authors used a comprehensive, librarian-assisted search of several databases.
- Use of group consensus approach.
- The authors were not members of a single profession, but practice in a variety of disciplines.
- The data in some categories (listed above) were homogenous and meta-analyses were performed.

Additional References:

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Chiropractic Care and Cervical Artery Dissection: No Evidence for Causation

Original research authors: Church E, Sieg E, Zalatimo O, et al
Systematic Review and Meta-analysis of Chiropractic Care and Cervical Artery Dissection: No Evidence for Causation
Cureus 2016; 8(2): e498. DOI:10.7759/cureus.498

This Research Review by Dr. Michael Haneline©

Background Information:

Based on case reports/series and case control studies, an association between chiropractic neck manipulation (CM) and cervical artery dissection (CAD) has been proposed. However, questions remain as to whether CM is actually a cause of CAD, or if the relationship is the result of other extraneous factors.

Though millions of people receive CM each year, CAD is a rare occurrence with an annual incidence of approximately 2.5–3 cases per 100,000 in the population for internal carotid artery dissection and 1–1.5 per 100,000 for vertebral artery dissection[1].

Chiropractic manipulation-related CAD cases have been publicized repeatedly, in part because the affected patients are often relatively young and in seemingly good health before the incident. Nonetheless, if CM is actually a cause of CAD, the condition could potentially be prevented.

The purpose of this study was to examine the strength of evidence about whether CM causes CAD by performing a systematic review, meta-analysis, and evaluation of the body of evidence as a whole.

Pertinent Results:

The database searches netted 253 articles, with 77 of them being judged as non-relevant. Four of the relevant articles were considered to be class III studies and only 2 were deemed class II. Sixty-three studies were considered to be class IV and were not included in the meta-analyses.

Although there were considerable differences between the outcomes of the included class II and III studies, a small association between dissection and chiropractic care was suggested, OR 1.74 (95% CI 1.26-2.41). When class III studies were excluded and the meta-analysis repeated, a small association between dissection and chiropractic care was still apparent, OR 3.17 (95% CI 1.30-7.74).

The GRADE rating of the quality of the body of evidence was determined to be very low due to the involved study designs being observational, the potential for bias, and because the body of evidence was derived from measures of association.

Hill's criteria for assigning causation to an association were used to determine the likelihood of causation between CM and CAD. There are 9 Hill's criteria, including strength of association, consistency, specificity, temporality, biological gradient, plausibility, coherence, experimental evidence, and analogy. Only one of the 9 criteria was clearly met, four were considered equivocal due to the absence of relevant data, and four failed to meet Hill's requirements.

Clinical Application & Conclusions:

The most impactful message presented in this paper is best captured in a quote from the authors themselves: *"We found no evidence for a causal link between chiropractic care and CAD. This is a significant finding because belief in a causal link is not uncommon, and such a belief may have significant adverse effects such as numerous episodes of litigation."* There have been many case reports of this relationship and case-control studies have shown small associations between CM and CAD; however, the quality of the body of evidence is very low. Furthermore, because there is an association between neck pain and CAD which leads patients to seek CM, there is a high risk of bias and confounding among the involved studies.

The authors indicated that cervical artery dissection is a rare event and CM has only been reported as being associated with CAD in 6% to 9% of cases[2]. Thus, the possibility of a CAD occurring in association with CM is exceedingly rare. Nonetheless, when a patient suffers CAD in close proximity to CM, right or wrong, the practitioner may be blamed.

The best clinical strategy when performing CM is to be vigilant for signs and symptoms of CAD and when present do not perform CM; instead, refer the patient for appropriate medical care[3].

Hill's criteria for assigning causation to an association were used to determine the likelihood of causation between CM and CAD.

Study Methods:

A search of the Medline and Cochrane databases was conducted using the terms "chiropract*," "spinal manipulation," "carotid artery dissection," "vertebral artery dissection," and "stroke." Articles were included if they involved human trials that considered patients with carotid or vertebrobasilar artery dissection and recent CM. Articles that were not written in English were excluded.

Articles were reviewed independently by 2 of the study's authors, who also independently rated the articles using the American Academy of Neurology's

classification of evidence scheme[4]. Any discrepancies in rating the articles were arbitrated by a third author.

A meta-analysis of class II and class III studies was performed (higher class numbers point to lower quality). A second meta-analysis, which excluded class III studies, was also performed.

The quality of the total body of evidence was evaluated using the GRADE system which rates evidence as high, moderate, low, or very low quality. In rating studies, the GRADE system considers study design, risk of bias, inconsistency, indirectness, imprecision, publication bias, effect size, dose response, and all plausible residual confounding.

Study Strengths / Weaknesses

This was a well-done, unbiased review that fairly considered the relationship between CM and CAD. This appears to be especially true when one considers that the authors are affiliated with highly reputable neurosurgery centers.

The studies included in this review were generally of low quality. Even the better studies that comprised the meta-analysis acquired data from health administrative databases that may have included erroneous ICD coding leading to misclassification bias.

The authors indicated that the most significant threat to drawing firm conclusions from the studies in this review is that they only point to a correlation, not a causal relationship. Furthermore, a number of extraneous variables potentially confound this relationship. The most probable confounder is the fact that 80% of patients with CAD report symptoms of neck pain and/or headache and are therefore more likely to visit a chiropractor than patients without neck pain.

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Upper Cervical & Upper Thoracic Manipulation vs. Mobilization & Exercise for Cervicogenic Headache

Original research authors: Dunning JR, Butts, B, Mourad F et al. Upper Cervical and Upper Thoracic Manipulation vs. Mobilization and Exercise in Patients with Cervicogenic Headache: A Multi-Center Randomized Clinical Trial BMC Musculoskeletal Disorders *2016; 17: 64-76.*

This Research Review by Dr. Demetry Assimakopoulos©

Background Information:

Cervicogenic headaches (CGH) are defined by the presence of unilateral headache pain that is re-created by applying pressure over the ipsilateral upper cervical spinal structures. Patients with CGH commonly exhibit limited cervical spine range of motion, and worsening headache after neck movement or prolonged postures[1,2]. A CGH episode is often, but not always, accompanied by neck pain[3].

The prevalence of CGH is approximately 20% of the total headache population[4, 5]. Interestingly, the prevalence increases to as high as 53% in patients suffering from headache after a whiplash injury[5].

Bronfort et al.[6] reported that spinal manipulation and mobilization often lead to positive outcomes in this population. However, they failed to determine whether cervical spine manipulation resulted in superior outcomes to mobilization. Thus, the authors of this randomized controlled trial sought to determine if spinal manipulation provides superior outcomes to mobilization for the management of CGH.

Pertinent Results:

A total of 110 patients were included. Subjects were randomly assigned to either an upper cervical/upper thoracic spine manipulation (SMT) group or to a group who received a combination of upper cervical/upper thoracic spine mobilization and exercise (mob/ex). Six-to-eight treatment sessions were provided. Treatment was directed mainly to the C1-C2 and T1-T2 spinal levels. The average number of completed treatment sessions was not significantly different between the two groups (7.17 treatments for the SMT group, and 6.90 treatments for the mob/ex group). There was a 97% follow-up rate.

Both groups demonstrated clinical improvement. However, the SMT group demonstrated statistically significant greater improvements in neck pain intensity, weekly headache frequency, headache duration and disability at the 1-week, 4-week and 3-month follow-up periods. There was a significant between-group percentage change in headache intensity (36.58%) and disability (35.56%) from baseline to 3-month follow-up in favor of SMT. The SMT group also reported more dramatic changes in self-perceived overall improvement, and significantly less medication usage at all follow-up periods. No major adverse events were reported in either group.

Clinical Application & Conclusions:

Upper cervical and upper thoracic SMT treatment resulted in greater

improvement in cervicogenic headache (CGH) intensity, disability, headache frequency, headache duration, perceived improvement and medication intake than a combination of spinal mobilization and exercise at 3-month follow-up.

The results of this study, however, require a bit of perspective: while only the SMT group showed statistically significant changes in headache features, *BOTH GROUPS* demonstrated clinically significant changes in all of the above-mentioned variables. *These results DO NOT mean that mobilization does not work. Rather, they provide the message that if SMT cannot be used for some reason (i.e. patient or doctor preference), then using mobilization and exercise as an alternative to manipulation can still provide clinically meaningful results.*

We as clinicians might utilize a variable combination of spinal mobilization, manipulation and rehabilitation to treat patients suffering from CGH. You might be able to elicit a positive change in your patients' headache symptoms by beginning your treatment plan with mobilization and exercise, and later moving on to using a full spinal manipulation when the patient feels comfortable and ready to receive that therapy. Either way, you are providing the patient with a beneficial and evidence-based treatment for CGH. Remember, you must pick the right treatment, for the right patient, at the right time!

Study Methods:

This was a multi-centered, randomized control trial.

Subject Inclusion Criteria (3):

- Age 18-65
- Unilateral headache, without side-shift, beginning in the occipital region, with eventual referral to the ipsilateral oculo-tempo-frontal region
- Pain triggered by neck movement and/or sustained awkward neck positions
- ≤ 32° of passive right or left rotation during the Flexion-Rotation Test (CROM)
- Pain recreated by digital pressure over C0-C3
- Moderate-to-severe, non-throbbing and non-lancinating headache pain
- Headache frequency of at least 1 CGH episode per week, for a minimum of 3 months
- Minimum headache intensity pain score of 2/10
- Minimum disability score of ≥ 20% (i.e. ≥ 10 points on the NDI)
- Confirmatory diagnostic anaesthetic block was not required

Upper cervical and upper thoracic SMT treatment resulted in greater improvement in cervicogenic headache (CGH) intensity, disability, headache frequency, headache duration, perceived improvement and medication intake than a combination of spinal mobilization and exercise at 3-month follow-up.

Subject Exclusion Criteria:

- Other primary headache (i.e. TTH, migraine, etc.) or bilateral headache
- Presence of red flags
- ≥ 2 positive neurological signs, consistent with nerve root compression
- Diagnosis of cervical spinal stenosis
- Bilateral upper extremity symptoms
- Evidence of CNS involvement
- History of whiplash injury within the previous 6 weeks
- Prior surgery to the head/neck
- Undergone previous treatment for head and/or neck pain from any practitioner within the previous month
- Undergone physical therapy or chiropractic treatment for head/neck pain within the previous 3 months
- Had pending legal action regarding the headache and/or neck pain

Twelve physical therapists administered treatment. They had an average 10.3 years of clinical experience. Each therapist completed a post-graduate certification program in manual techniques, and completed a 4-hour training session in an attempt to ensure treatment standardization.

Each patient underwent a thorough history and physical examination at baseline. They also completed the Neck Pain Medical Screening Questionnaire, Neck Pain Rating Scale (0-10 headache intensity), Global Rating of Change Questionnaire (GRC) and the Neck Disability Index (NDI). They also provided information on weekly headache frequency, headache duration (hours) and weekly medication intake. The physical examination included, but was not limited to, passive right and left rotation CROM using the Cervical Flexion-Rotation Test. The primary outcome measure was the patient's headache intensity at 1-week, 1-month and 3-months following the initial treatment session.

Patients were randomized to either the SMT or mobilization/exercise group, using a computer-generated, randomized number table. Patients were asked to not discuss the particular treatment procedure received with the examining therapist. It was not possible to blind the patients or the treating therapists.

Each patient underwent 6-8 treatment sessions of high-velocity, low-amplitude spinal manipulation (SMT) or a combination of mobilization and exercise (mob/ex).

The manipulation group underwent right and left C1-C2 and T1-2 joint manipulations on at least one occasion over the 6-8 treatment period. Therapists were also free to manipulate other cervical, thoracic or costo-vertebral levels at their discretion. SMT was performed with the patient lying supine. Mobilization, exercise and other modalities were not provided to this group.

Mobilizations were performed on the right and left C1-C2 and T1-2 articulations, on at least one of the 6-8 treatment sessions. During other treatment sessions, the therapists either repeated these mobilization techniques, or targeted other cervicothoracic or costovertebral areas, at their discretion. To avoid a 'contact' or 'attention effect', therapists were instructed to only mobilize one cervical segment (i.e. right and left) and one thoracic segment during each treatment session. The practitioners provided three 30-second bouts of prone, unilateral grade 4 posterior to anterior (P-A) mobilizations to the applied segment, as described by Maitland[7].

The mobilization group also received supine cranio-cervical flexion exercises, as previously described in Jull et al.[8, 9]. For this, the patient was placed supine with their knees

bent. Head position was standardized by ensuring that an imaginary line connecting the patient's forehead and chin was parallel to the ground. An air-filled pressure biofeedback unit was placed in the suboccipital region, and pre-inflated to 20 mmHg[9]. The patient was then asked to perform the cranio-cervical flexion action, and attempt to visually target pressures of 22, 24, 26, 28 and 30 mmHg from a resting baseline of 20 mmHg, and hold the position steady for 10 seconds. If substitution of the superficial flexors (SCM or anterior scalene muscles) or neck retraction was noticed before the completion of the 10 second isometric hold, it was regarded as a failure. The last successful target pressure was used to determine each patient's exercise level, and the patient performed 3 sets of 10 isometric holds. The patients were additionally required to perform 10 minutes of progressive resistance exercises targeting the lower trapezius and serratus anterior (11).

Statistics & Outcome:

Descriptive statistics were compiled and calculated to summarize the data. Treatment effect on headache intensity and disability were examined with a 2x4 mixed-model ANOVA. Separate ANOVAs were performed for headache intensity and NDI. Independent t-test was used to determine the group differences in percentage change from baseline-to-3-month follow-up. Separate Mann-Whitney U tests were performed for headache frequency, GRC, headache duration and medication intake as dependant variables. Bonferroni correction was performed to explain the difference between-groups.

A successful outcome was categorized as a 2-point NPRS decrease in headache intensity. Numbers needed to treat and 95% CI were also calculated at the 3-month follow-up.

Study Strengths / Weaknesses:

Strengths:

- Multi-centered nature of the study enhances generalizability to multiple populations.
- Large population sample.
- Standardization of manual therapy and rehabilitation was attempted, however therapists were free to treat spinal areas other than the upper cervical or upper thoracic regions – this would have 'de-standardized' the treatment a little (although there is nothing wrong with pragmatic treatment studies!).

Weaknesses:

- While the benefits of spinal manipulation were maintained at 3 months, it is uncertain of the results would have been sustained in the long term.
- Bilateral upper cervical and upper thoracic manipulations were used. It is uncertain if the results would have been similar if different manipulations had been utilized (i.e. seated, prone, etc).
- Minor adverse events, such as worsening of symptoms, minor soreness, etc. were not measured (although no major adverse events were reported).
- The mobilization group could only have received one cervical and one thoracic segment treated during a treatment session. Is it possible that the SMT group received a higher treatment volume?
- There was no true control group.

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News from AECC

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We have had a very exciting couple of months at AECC. We celebrated being granted Taught Degree Awarding Powers (TDAP) by the Privy Council. This news means that we will be able to validate, deliver and award our own degrees in chiropractic and other subject areas, rather than in conjunction with another educational partner. We are immensely proud of this monumental achievement and, as we have just celebrated our 50th anniversary, we now lay solid foundations for the next 50 years as a Higher Education Institution in our own right. I am also delighted that, earlier this year, we also achieved Institutional Designation in addition to TDAP, which allows eligible students to receive funding through the Student Loan Company for the degree programmes we offer. I would like to thank all of my staff and others associated with AECC for their efforts and significant contributions and to our Higher Education Partner institution, Bournemouth University, for its support over the last ten years. I would also like to thank BCA President Matthew Bennett who, on behalf of the BCA, presented us with an award in recognition of our achievement, which we were absolutely thrilled to receive. Achieving TDAP means that we will be able to apply for University College title and that we now also have the power to validate degree programmes at other institutions; both of which are exciting opportunities for the future.

I am also happy to report that our Access programme has been successfully validated by the Cambridge Access Validating Agency (CAVA). Congratulations to Programme Leader, Phil Dewhurst, the Access teaching team and support staff. The panel has recommended to the CAVA board that the programme be validated for five years. In April we received a visit by the ECCE Accreditation Panel and our MChiro (Hons) programme was accredited for the maximum period of time without raising any conditions or concerns. I am thankful to Programme Leader Amanda Jones-Harris and all of our academic and professional support staff for their hard work and preparations. I would also like to acknowledge the contributions from our student representatives who always meet with the visiting panels and who do an excellent job in representing the College.

In May we were thrilled to scoop the prestigious European Chiropractors Union (ECU) Honour award. The award, which has never before been handed to an institution, recognises outstanding service and leadership to the chiropractic profession in Europe and is a great accolade for the college, marking the significant contributions AECC has made during its first 50 years of existence and continues to make today. As he presented the award ECU President, Øystein Ogre, commented on our achievements within education, both in the undergraduate and postgraduate fields, as well as CPD. We are proud of our delivery of high

Research at AECC

Locating the strain points in individual patient spines

Collaborative research funded by the Chiropractic Research Council is bringing us close to being able to locate the strain points in individual patient spines. The CRC is supporting collaborative research between IMRCI and the Exeter Biophysics Group to combine the motion from Quantitative Fluoroscopy sequences with tissue architecture on 3-D images from MRI to work out the load distributions between vertebrae during spinal movements. The method uses 'finite element modelling' which applies individual values from individual patients to a mathematical 'mesh' that represents all the features (width, depth, velocity, compressibility) of a set of vertebral linkages. As described by Professor Alan Breen and Dr Jonathan Branney at the BCA / AECC Anniversary Conference last year, we are aiming to 'Look Inside' patients in much greater detail in the future!

AECC, as ever, was strongly represented at the ECU Conference in May with six posters and staff contributing to several workshops and two platform presentations, one of which was part of our ongoing collaboration between WIOC and AECC. Dr Alyx Taylor, our new physiologist, attended the Research Council for Complementary Medicine (CAMSTRAND) recently and presented on mental stress amongst students studying at university and ways of relieving this. AECC was also represented at the 14th International Low Back and Neck Pain Forum in Buxton with a scientific poster presentation.

Our PhD Students jointly supervised with three different universities (Southampton, Bournemouth and Teesside) are progressing with their studies, attending both the ECU conference and CAMSTRAND. Faculty at AECC are also involved with grant submissions in conjunction with the prestigious international MSK research group at Keele University.

quality education, clinical training and research which have cemented AECC as a pillar of the chiropractic community. We continue to expand into new areas of healthcare and work on the integration of chiropractic into mainstream healthcare. For me this ECU Honour award reflects above all the commitment, work and dedication of AECC's staff and students, both past and present, as well as of those individuals who founded our institution 50 years ago. I would like to formally congratulate everyone associated with AECC for their part in us achieving this award.

On the subject of expanding AECC is planning to start a new pathway in its MSc APP framework to complement those in Clinical Sciences, Paediatric Musculoskeletal Health and Functional Musculoskeletal Health. The MSc APP in Clinical Neurosciences programme is aimed at the primary contact MSK practitioner and aims to enhance knowledge, understanding and the application of clinical neurosciences relevant to managing MSK related conditions. There are three core clinical neuroscience units covering neuropathology, neurological diagnosis and neurological based therapeutics. Like the other pathways, the programme adopts a self-directed learning approach in accessing relevant information (e.g. CPD seminars and courses, conference events, training courses, clinical and scientific reading, peer discussion, etc.) and using this in an evidence-informed manner to change and improve individual clinical practice. We hope to validate this degree in early 2017 ready to admit students in September 2017.

We are always thankful to receive support from individuals and organisations linked to the chiropractic profession. One of our greatest supporters was Alan Cadbury (of Cadbury chocolate) who is well known to AECC as he sponsored a number of our alumni throughout their studies. In June we were grateful to be visited by his daughter, Lady Garnier, who came to the college to present us with one of her late father's paintings which will be displayed in the 'Alan Cadbury Room' in our clinic. We continue to recognise Alan Cadbury's work by presenting the Alan Cadbury award annually to the first-year student with the best academic profile.

As you can see we have plenty to celebrate this year and that brings me nicely onto the announcement of our 2016 Alumni Reunion. If you graduated in 2006, 1996, 1986 or 1991 you will be celebrating a milestone year since you became a qualified chiropractor, a perfect excuse to come back, visit the college and meet up with old friends. The reunion is open to all graduates and we invite you to come along. The evening reunion party will take place at the ever popular Bournemouth Marriott Hotel on Saturday 8th October. We've gone all out on the band and have some special surprises in store! We will also be opening the college during the day on Saturday. This is free to attend and we will have bubbly and nibbles available, plus we will be offering informal tours of the college so that you can reminisce and see just how much has changed. You can book the event online at: **www.aecc.ac.uk/reunion**. We have also secured discounts with local companies to give you even more value for money and will be announcing these on the run up the event; check our website for more details.

I look forward to welcoming you back at your Alma Mater.

Haymo Thiel

Principal, AECC

Principal, Haymo Thiel, Lady Garnier and Director of Clinic, Neil Osborne

News from WIOC

It is hard to believe that we have completed another academic year. My thanks to all academic and clinic administration staff for their hard work and commitment to conclude another year. Hats off to Mark Webster and Rhys Breckon for coordinating all end of year academic administration to ensure high quality and fairness across all assessments. We have moved into the summer period where we welcome the new final year class of 2017 into the clinic. They engage in an intense clinic induction programme to ensure that they are prepared to work within the clinic environment under supervision. The class of 2016 completed their clinic requirements and portfolios, meaning we had approximately 160 students in the clinic at the same time! It is an exciting time for both groups as some prepare to enter professional life and the others commence their clinical training. The graduation ceremony for the Class of 2016 was on July 12th, which also included a graduation ball the same evening. I will report on this for the next edition of *Contact*. This year, there are more job opportunities for the new graduates and we are getting daily notification of associate positions. This is a very good sign for the future, as long as the economy continues to grow and stabilise. We have successfully hosted a number of Speed Meets this year to help connect students with potential employers and there are plans to continue this during 2017.

This year, our students have been engaged in a number of external events to enhance their clinical experience. Groups have provided care under supervision at a number of events, including the LTA Four Nations International Tennis Championships in North Wales. I played in this event for Wales' 60's men's team and help supervise the students during the event. I was very proud to see how professionally the students conducted themselves over the weekend. Final year students also attended the Cardiff Velethon, a triathlon in Llanelli and a rugby charity event in June. I would like to thank all the local chiropractors (Bill Kusiar, Helen Harding, Andrew Smy, Steve Massey and Peter Wagenaar) who gave their time to guide the students during these events. I would also like to thank local chiropractors Dan Morgan and Bianca Zeitsman for their continued commitment and dedication to our students by helping at these kinds of events. Students are being provided with the opportunity for different experiences which allow them to develop additional skills.

We have recently been very busy in the Faculty of Life Sciences and Education with the development of a new management structure with the goal of ensuring the stability and viability of the institution in the future. These new developments bring opportunities to the chiropractic programme, including more resources and cross-faculty collaborations which will add to the depth of our programme. Mark Webster will be concentrating on his chiropractic academic management career and will be managing the programme from August 1st and I would just like to congratulate Mark for his hard work to achieve this status. I will be focussing my work on innovations in clinic training, establishing external links, developing additional clinical services, managing the clinic operation and providing the link with our external partners, including the GCC, BCA, ECU and RCC. This new structure provides a secure focus of activity and I can see there will be substantial gain for WIOC as a result. Rhys Breckon will take over the day to day award management and Annabel Kier will continue her excellent work with the clinic training module. As a team, we are also exploring different approaches to the research component of our programme and we are planning to implement some in advance of the revised GCC Educational Standards.

The outpatient clinic is very busy at the moment and our MSK Ultrasound and DXA services are starting to ramp up. Alf Turner has a small team of sonographers now including Roger Denton (Sports Medicine GP), Mike Barne (NHS Podiatrist) and Alison McBride (NHS sonographer). Angela Sims is leading our DXA service and we have secured the services of Dr Michael Stone, Metabolic Bone Disease Consultant as her mentor. There are plans to increase the availability of these services over the next 12 months and add in new interventions.

I have some very sad news to report that one of our 2014 graduates, Francois Thouvenin, recently passed away in a tragic mountaineering accident. Francois will be remembered as a passionate individual and a talented chiropractor. Our condolences go to his family and friends.

On a final note, I would like to congratulate the class of 2016 for their accomplishments and wish them all the success in the future. Until we meet again

David Byfield

Head of WIOC

World Congress of Chiropractic Students AGM, Paris

Student report

Exams are over and the majority of international students have already travelled back home leaving Treforest suddenly very quiet. The clinic, however, is crowded as it has never been before, reaching its peak of population with both outgoing and ingoing final year clinicians working together during the induction period. It is humbling to see the stress and doubts of the coming 4th year calmed down by the tips and positive energies of the outgoing senior student clinicians. Excitement is nonetheless a common feeling floating around. This summer, the biggest year ever seen in WIOC is about to graduate with over 100 students stepping into the profession and spreading all around the world with the same intention of helping others. What an exciting time for Chiropractic!

Our WIOC WCCS Chapter would like to thank the BCA for their continual support and generous donation. This financial support, along with the contribution from the Royal College of Chiropractors, our School of Health, Sport and Professional Practice and the UCA helped three of our delegates (Naomi van Veen, Lorenzo Camerlingo and Aline Bidlingmeyer) attend the AGM in Paris at the end of March.

I was extremely impressed by the professionalism of the organisation, the impact of its actions and by the burning desire of all 120 students to bring the chiropractic profession forward. Students from all over the world, some with differing views, all had the drive to carry out one mission: to advance and unite the field of chiropractic. Our delegation brought a proposal forward to create a database with information from patient files collected by student clinicians all over the world. We were extremely honoured to see this project approved by a large majority. With the support of Professor McCarthy, we are looking forward to see this database increase and improve the quantity and quality of chiropractic research performed by students around the globe.

Aline Bidlingmeyer

Research report

We have had major changes to the structure and responsibilities of the faculty which are likely to impact on research output in the future. The off-campus research continues to move forwards with projects starting in Finland, working on the effects of playing ice hockey on neck function and one closer to home with Dan Morgan preparing to collect data from Swansea City academy. Bianca Zietsman has also been returned in the role of Research Assistant with a RCC grant to look at designing and implementing a trial of an 'intervention' aimed at reducing the impact on cervical spine function of playing professional rugby union.

In addition, congratulations should go to a couple of postgraduate students who have now completed their studies and have been awarded their higher degrees:

Ceri-Anne Jones was awarded a Masters in Research and Tahwinder Upile a PhD.

Of the currently registered PhD students Kent Stuber's initial protocol, the pilot study for which is nearing completion, was published recently: *Stuber KJ, Langweiler M, Mior S, McCarthy PW. Assessing patient-centered care in patients with chronic health conditions attending chiropractic practice: protocol for a mixed-methods study. Chiropr Man Therap. 2016 May 9;24:15. doi: 10.1186/s12998-016-0095-x. eCollection 2016.* This is a study which will eventually involve both chiropractic patients and chiropractors across Canada.

David Byfield presented undergraduate research project data in his area of interest to the ECU meeting in Oslo. A platform presentation entitled Future, Identity and Role of Chiropractic: Student survey results from two UK Chiropractic Programs, in collaboration with AECC plus two poster presentations: a pilot study concerning approaches to learning in chiropractic students (W Wong and D Byfield) and a pressure profile study (L Leiknes, P Hammeren, M Hacke, J Delgado, P Hagen, S Hjertaasthe and D Byfield). Lars Leiknes should have a special mention as he was responsible for learning how to obtain valid data from the pressure equipment, which is no mean feat and then helping other students gather the data and interpret it.

This year's large undergraduate group (>100 students) has produced some interesting data. Some of this is currently being put together with the aim of publishing and more of this in the next report I am sure. One of the more successful undergrad projects this year built on a series of attempts to look at viscero-somatic relationships with palpatory findings. The methodology has varied slightly each year, but the findings have been almost identical, however this year's data and analysis was the most robust and potentially defendable. Student, Aline Bidlingmeyer, has since built on the concept and has stirred WCCS to help in future research in this area. We are currently investigating whether Aline's project contains sufficiently strong dataset to justify publication. Until next time,

Peter McCarthy

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Your profession, **your** Association, **your views** contact@chiropractic-uk.co.uk

The opinions expressed are those of the BCA members concerned and do not reflect the views of the British Chiropractic Association.

Your input is vital

Dear colleague

I am writing to you because I want your opinion on what is probably the biggest decision that we have faced in the last 30 years. As a profession we have come on a remarkable journey over the last three decades. We have moved from a small, unique and often pilloried group of healthcare workers into a recognised, registered and, in many circles, respected healthcare profession. We still have our critics but we also now have the institutions and infrastructure of an established profession and therein lies the problem. Have we lost that fighting spirit?

We are very good at in-fighting (always have been) but that is destructive and often counterproductive. We are at our strongest when we stand together in pursuit of a common goal. We did that in the 1980s when we lobbied successfully for *The Chiropractor's Act*. Admittedly there were only two associations then but one could hardly claim that the McTimoney Chiropractic Association and the British Chiropractic Association were on the same page. What was understood then was that the goal of achieving our own regulator was more important than our internal squabbles.

Now we face a similar issue. We are still a very small profession, an issue I will address later, but we now also face pressure on our continued independence as a profession. There is very real movement within official circles to deregulate the chiropractic profession or, at the very least get rid of the GCC and let another regulator such as the HCPC regulate us. This could well be considerably cheaper than the GCC, but the chances of us having any representative on the HCPC Council would be negligible. Their Council is made up of 12 people with six of these lay members and will probably end up regulating 18-20 professions. I am not sure that any of us would be happy that so much sweat, tears and money was spent to achieve independence for us only to give it up without a fight. The other option is to remove regulation all together. That would also be much cheaper and would remove the regulatory burdens that we are currently subject to but it would also remove protection of title. Anyone could call themselves a chiropractor and I am sure that if someone set up next door to your clinic without any training whatsoever calling themselves a chiropractor and started to treat your patients you would not be happy. That could and would happen in these circumstances.

I believe that we should resist such changes vigorously not only for our benefit but also for the safety of our patients and I would be very interested to hear your thoughts.

Additionally for the first time since it was opened, the GCC register now has more Chiropractors leaving it than joining it. This is when our education providers are delivering a better education than ever before and the opportunities for chiropractors are as good, if not better, than ever before. One part of the problem is that many graduates are going overseas after they finish studying. A second part of the problem is that more chiropractors are reaching the end of their careers and ceasing to practice, but there are simply not enough people training to become chiropractors to take their place. Anyone who has tried to recruit a new associate recently will be only too aware that the number of job offers vastly outweighs the number of candidates. It is clear that we need to provide more training places and that these be geographically placed to move the emphasis away from the South West. When I was Chair of the GCC we tried to encourage several Universities to add chiropractic to their health programmes but there were various barriers, often associated with our own rules, which prevented success. Those rules have now been relaxed and the environment now, for various reasons, is very different. There are now two Universities, one in the South East and one in the North, that are very interested in establishing chiropractic programmes and we are actively pursuing these opportunities. If, and when, we are successful we will be seeking support from local chiropractors and the profession as a whole. We will keep you posted as to developments. To help facilitate this initiative, we are setting up a charitable foundation to help with seed funding to get the programmes up and running and, in turn, this fund will provide bursaries and scholarships to encourage recruitment and growth in the future.

I have dedicated the whole of my professional career to chiropractic, I love it and I want to see it continue to thrive and develop. As a past Chairman of the GCC and current President of the Royal College of Chiropractors, along with the other roles I have occupied, I have a lot of experience on both the national and international stage, I know what the profession can achieve and I know how easily it can become distracted. Now is a time to pull together and rally behind the chiropractic banner. There is a great opportunity to emphasise our identity and grow the profession; I implore you to grasp it. If you are keen to support this initiative, are interested in learning more or understanding the threat that we potentially face, then please email me your thoughts on: peter@dixon-health.co.uk. Please also talk about this with friends and colleagues as these two issues are of fundamental importance to us all.

I hope that this finds you fit and well and enjoying life as a chiropractor. Let's work together to make sure it continues to be a fulfilling career with all of its diversity, so that more people can get the benefit of it both as members of the profession and as patients.

I look forward to hearing from you.

Peter Dixon, *Chiropractor*

A political shift

It seems that there is a definite political shift toward chiropractic unity within the profession in the UK. We have recently seen the BCA and ECU Presidents making statements about unity and the fact that it brings strength to the profession as a whole. But, if we do not recognise and publicly demonstrate our differences, we are not being fair to our patients. I recently spoke to a GP patient of mine who said he was happy to refer to our clinic as he knew how we practised but he had previously worked next to a clinic that appeared to treat non-musculoskeletal conditions that in his opinion had nothing to do with chiropractic. As such, he would not refer to chiropractors in general because he wouldn't know what sort of chiropractor he was referring to. I had to sympathise and explained I have the same issue.

In Scotland this situation may soon become a whole lot worse. There are apparently attempts to open a 'vitalistic' chiropractic college. There seems to be a clear and specific agenda as to the 'brand' of chiropractic that will be taught. My concern is that a degree could be ratified by a foreign University and, as such, it may circumvent the bodies in the UK that regulate our professional qualifications.

It is only fair if we are promoting a unity agenda we recognise, even celebrate, our differences and make them clear to our patients. Acting now will prevent a lot of chiropractors becoming very disillusioned with how the profession is moving in Scotland. We need to make the distinction between mechanistic/medically orientated chiropractors and vitalistic chiropractors. My personal opinion on chiropractic care is that, for any given musculoskeletal condition, I am presented with there must be a best approach for getting the person out of pain and back to their normal life. Whether that's adjusting, referring for steroid injection or surgery, making orthotics, referring to hydrotherapy, CBT, rehab exercise etc that is my role, end of story. I am also in favour of limited prescribing rights for chiropractors and these opinions, although held by many, are at odds with vitalistic chiropractic.

I do not believe I can make a person healthy by adjusting their spine, nor do I believe it can treat most of the 300+ medical conditions listed in the ICA best practices document. I also fundamentally disagree with the Alliance of UK Chiropractors (SCA, MCA and UCA members) stating to the GCC, "One of the indications for requiring radiographic examination is the presence of neurological signs or symptoms. A subluxation (or any other name they wish to call it) by nature has a neurological component. Presence is an indication for x-rays (amongst other reasons)".

So I have a huge issue referring to a 'vitalistic' chiropractor because it is my belief it does not add anything meaningful to overall health.

However providing at the very minimum, all chiropractors are well trained in evidence-based care, can detect and rule out pathology and practise safely with regard to x-rays and treatment with outcomes and not incomes as their goal, I am happy for the sake of unity to be under the Chiropractic 'umbrella' but, and this is a big BUT, the differences are recognised in a public way so we can have informed and satisfied patients.

The debate needs to be had now whether we use the term traditional or vitalistic chiropractor for one philosophical approach and medical chiropractor or musculoskeletal or biomechanical chiropractor for the other, (not great names but I'm sure someone can come up with something better) . This needs to be cleared up for the medical profession, our patients and those of us in practice. I hope this debate can be had as this issue will soon come into sharp focus. Deal with this now and remain united or else it may all fall apart. We already have four associations, we don't need five.

Eugene Pearce

Amalgamate to survive?

The President's Message in the edition of *Contact (Vol 29, N°4, Winter 2015)* mentions the fact that "physiotherapy has become synonymous with manual therapy, exercise and rehabilitation… Chiropractic has become synonymous with manipulation." Then he goes onto say that "we talked of adjustments being a superior form of manipulation with superior benefits. Then the research came along. We struggled to prove that premise. The evidence showed that the listening, the reassurance, the encouragement to stay active and the exercises as well as adjustments were valuable. The bio-psychosocial model had arrived and lo, we had been doing it all along."

What our President omits to mention is that the osteopaths had also been doing it and the manipulative physiotherapists are quickly learning how to treat spinal pain patients with the bio-psychosocial model. Whether we like it or not, we are not alone in doing what we do. There are just over 3,000 registered chiropractors, over 5,000 osteopaths and 1100 members of the Musculoskeletal Association of Chartered Physiotherapists (a subset of the 54,000 members of the CSP). The latter's list of conditions that can be helped include back pain and neck pain (they do not appear to get into trouble with the Advertising Standards Authority).

Looking at it coldly, we chiropractors represent barely 5% of professionals who look after neuro-musculoskeletal problems. We have achieved a great deal since the formation of the BCA in 1925 but I get the feeling that the physiotherapists are now discovering on their own what we have been doing all along and will very soon automatically become the experts in manipulative management. In any event we are still on the margin; only a small number of us have managed to work their way into the NHS. I am concerned about the future of chiropractic as a distinct profession.

If we want to remain part of the 'spine carers' we have to amalgamate with the physiotherapists and the osteopaths to become an integral part of one strong profession. This is the 'new era' that our President should be looking to and steering the three professions towards. The main stumbling block to the three professions becoming one is the lack of an appropriately suitable term that would be acceptable and identify us to other health professions and the public. Just like the term 'dentist' is an indisputable term, the manipulative professions need to come up with a name that will give them the identity of 'providers of manipulative care' within the established health care providers. Of course it is likely that the new buzzword, 'MSK Practitioner', will stick but I feel it is not inclusive enough and may be reserved exclusively for 'medically approved' practitioners. Be that as it may the new term should unite the three professions, needs to reflect the professionalism associated with our skill level and be informative enough to help us develop the identity that we want to project. It should also be short enough and preferably a single word.

For this reason I would like to propose the term: ORTHOKINESIST which could be defined as one who restores correct function, particularly of the neuro-musculoskeletal system. Armed with a term that does not favour one profession, our President would be spearheading a movement to unify the manipulative professions and ensuring that chiropractors are not left out. We have to change with the times and be part of the change.

Similarly, the chiropractic profession has survived and become legitimate but we are still not part of the establishment and probably never will be as 'chiropractors'! What I am proposing is to some of my colleagues unimaginable but will not prevent them still calling themselves chiropractors and continue doing what they do best, but to the patient, it all makes sense and should have been done years ago. If on top of that we can identify what we are with a professional title that correctly identifies us then we shall prevent our annihilation by the establishment.

I shall now put on my bullet-proof vest and look twice before I venture out of my door.

Gilbert Méal

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Satjit Singh t 0118 950 5950 e satjit.singh@chiropractic-uk.co.uk

10th September 2016

Kinesiology and Pregnancy Taping
Richard Moore • Holiday Inn Express, Birmingham NEC
t **0118 946 9726**
e **lucianna.harrison@rcc-uk.org**
w **rcc-uk.org/rcc-events**

16th – 18th September 2016

Fascial Manipulation – Level 1 Part 2
Antonio Stecco • 25.5 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

24th – 25th September 2016

Clinical Hypnotherapy Certificate for Chiropractors Part 1/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Bournemouth
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

30th September – 2nd October

ICCSP Lower Extremity Module
Multiple Speakers • Jurys Inn, Oxford
t **0118 946 9726**
e **lucianna.harrison@rcc-uk.org**
w **rcc-uk.org/rcc-events**

1st – 2nd October 2016

BCA AUTUMN CONFERENCE and AGM THE AGE OF CHIROPRACTIC
Jacqui Bunge, Christopher Colloca, Robert Gunzberg, Lisa Zaynab Killinger and Jesper Dhal • 11 hours CPD • Woodland Grange, Leamington Spa
w **https://conf.chiropractic-uk.co.uk/**

Care of the Pregnant Pelvis
Elisabeth Davidson • 10 hours CPD • WIOC
w **www.uswcommercial.co.uk/cpd/chiropractic-cpd/**

1st – 2nd October 2016

Certified Chiropractic Extremity Practitioners Programme Seminar 7 – Global Assessment of the Extremities
John Downes • 15 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

7th – 9th October 2016

Evidence Based Clinical Practice
J Bolton & A Jones-Harris • 16 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

8th – 9th October 2016

Clinical Hypnotherapy Certificate for Chiropractors Part 1/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Cardiff
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

Introduction to Dry Needling
John Thomson • 11 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

12th – 15th October 2016

Clinical Audit & Research Methods
J Bolton, A Jones-Harris & P Miller • 28 hours CPD • AECC
t **01202 436237**
e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

15th – 16th October 2016

Clinical Hypnotherapy Certificate for Chiropractors Part 2/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Bournemouth
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

29th – 30th October 2016

The Activator Method Chiropractic Technique Series – Track 3
Craig Scott-Dawkins • 12 hours CPD • AECC
t **01202 436237**
e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

3rd – 6th November 2016

Craniosacral Therapy Around Death and Dying (CADD)
Don Ash • 36 hours CPD • Bedfordshire
t **01234 870236**
m **07802 864 275**
e **suzyedge@btinternet.com**

5th – 6th November 2016

Clinical Hypnotherapy Certificate for Chiropractors Part 2/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Cardiff
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.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
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

12th – 13th November 2016

Clinical Hypnotherapy Certificate for Chiropractors Part 3/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Bournemouth
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

DNS Exercise Course part 3
Petra Valouchova • 13 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

The Activator Method Chiropractic Technique – Track 3
Craig Scott-Dawkins • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

19th – 20th November 2016

Preparing for the Silver Tsunami
Paul Dougherty • 11 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

26th – 27th November 2016

Clinical Hypnotherapy Certificate for Chiropractors Part 3/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Cardiff
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

Upper Body Clinical Assessment & Dynamic Angular Petrissage
Paul Lewis • 13 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

3rd – 4th December 2016

Clinical Hypnotherapy Certificate for Chiropractors Part 4/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Bournemouth
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

A Day in the Neonate Clinic
J Miller, D Heritage, L Smith & Guests • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

7th – 8th January 2017

Clinical Hypnotherapy Certificate for Chiropractors Part 5/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Bournemouth
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

21st – 22nd January 2017

Clinical Hypnotherapy Certificate for Chiropractors Part 4/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Cardiff
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

28th January 2017

The Chiropractic Adjustment
A Battiston & A Bakken • 8 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

4th February 2017

McGill Level 2: The Back Assessment, Reducing Pain & Enhancing Performance
Stuart McGill • 8 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

4th – 5th February 2017

Clinical Hypnotherapy Certificate for Chiropractors Part 6/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Bournemouth
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

18th – 19th February 2017

Toddler to Teen Paediatric Seminar
10 hours CPD • WIOC
w **www.uswcommercial.co.uk/cpd/chiropractic-cpd/**

25th – 26th February 2017

Clinical Hypnotherapy Certificate for Chiropractors Part 5/6
Dr Pat Partington PhD • 100 hours CPD for 6 part course • Cardiff
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

25th February 2017

Treating Patients rather than Images
Cynthia Peterson • 7 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

4th – 5th March 2017

Motion Palpation Institute – Nutrition (TBC)
David Seaman • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

4th March 2017

Professional Confidence & Assertiveness
Jo Blakeley • 6 hours CPD • AECC **(TBC)**
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

11th March 2017

BCA Spring Conference
Radisson Blu Heathrow
t **0118 950 5950** e **michelle.allen@chiropractic-uk.co.uk**

11th – 12th March 2017

The Shoulder: Theory and Practice
Jeremy Lewis • 14 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

18th – 19th March 2017

The Joint by Joint Approach: Managing Lower Extremity Injuries in Athletes
Jonathan Mulholland • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

Clinical Hypnotherapy Certificate for Chiropractors Part 6/6
Dr Pat Partington PhD • 100 hrs CPD for 6 part course • Cardiff
t **07876 033003**
e **pat@traininggreatminds.com**
w **www.traininggreatminds.com**

25th – 26th March 2017

Gonstead Thoracic Spine (TBC)
Jeanne Taylor • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

1st – 2nd April 2017

Chronic Myofascial Pain and the Sensitised Segment
Jay Shah • 15 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

29th – 30th April 2017

Gait Analysis
Brett Winchester • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

6th – 7th May 2017

A Functional Approach to Human Performance (TBC)
M Murray & L Bell • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

13th – 14th May 2017

Rehabilitation of Temporomandibular and Cervico-thoracic Disorders (TBC)
James George • 11 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

20th – 21st May 2017

Integrating PRI, FMS and Functional Training into the Rehab and Sport Performance Practice (TBC)
Robert George • 16 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

Who & Where

Anglo-European College of Chiropractic (AECC)
13-15 Parkwood Road, Boscombe, Bournemouth, Dorset BH5 2DF
t 01202 436200 f 01202 436312 w www.aecc.ac.uk

British Chiropractic Association (BCA)
59 Castle Street, Reading, Berkshire, RG1 7SN
t 0118 950 5950 f 0118 958 8946
e enquiries@chiropractic-uk.co.uk w www.chiropractic-uk.co.uk

Chiropractic Patients Association (CPA)
Twingley Centre, The Portway, Salisbury, Wiltshire SP4 6JL
t 01980 610218 w www.chiropatients.org.uk

European Chiropractors' Union (ECU)
The Glasshouse, 5A Hampton Hill, Middlesex, TW12 1JN
t 020 8977 2206 w www.ecunion.eu

General Chiropractic Council (GCC)
44 Wicklow Street, London, WC1X 9HL
t 020 7713 5155 f Fax: 020 7713 5844
e enquiries@gcc-uk.org w www.gcc-uk.org

The Royal College of Chiropractors (RCC)
Chiltern Chambers, St. Peters Avenue, Reading RG4 7DH
t 0118 946 9727 e admin@rcc-uk.org w www.rcc-uk.org

Welsh Institute of Chiropractic (WIOC)
University of South Wales, Treforest, Pontypridd, CF37 1DL
t 01443 480480 f 01443 482285 w www.southwales.ac.uk/chiro/

11th – 12th June 2017

Cervicogenic Dizziness & Vestibular Rehabilitation
Richard O'Hara • 14 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

24th June 2017

Fascial Movement Taping 1 (Rocktape)
Paul Coker • 7 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

8th July 2017

The Art of Communication (TBC)
Jo Blakeley • 6 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

15th – 16th July 2017

Treatment of the Warrior Athelete
Bill Morgan • 12 hours CPD • AECC
t **01202 436237** e **cpd@aecc.ac.uk**
w **www.aecc.ac.uk/cpd**

30th September – 1st October 2017

Introduction to Chiropractic Neonatal Examination and Treatment
10 hours CPD • WIOC
w **www.uswcommercial.co.uk/cpd/chiropractic-cpd/**

- 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 2016/17 runs from 1st September 2016 to 31st August 2017.
- 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

Student/New Graduate Report

The latest report from the Student/New Graduate Committee sees retiring Chair, Prab Chandhok, introduce incoming Chair, Daniel Morgan

Passing on the baton...

I am pleased to report that Daniel Morgan has taken on the role of Chair of the BCA Student and New Graduate Committee. There comes a time in every leadership role when it is important to pass on the baton. To make space for new and exciting ideas, powerful enthusiasm and replenish the well of creativity. Thankfully, this was not a decision that needed to be made but was, instead, an exciting natural progression which began in my mind after Daniel Morgan joined the committee a year ago. He brings with him fresh ideas, strong determination and a first-hand understanding of the challenges and aspirations current students and new graduates face and strive for.

My sincere thanks to each and every person that has made invaluable contributions to the committee's initiatives under my leadership over the past few years. Those that have stepped up to the plate of speaking at student events, helped write articles or provided valued advice. My thanks to BCA staff and fellow Council members, our CEO Satjit Singh and his predecessor Sue Wakefield, Anne Barlow, Polly Hand, Nuran Sen and, of course, Daniel for their much appreciated support.

I look forward to an even brighter future for students and new graduates joining the BCA under Daniel's fresh leadership. My final message is a simple one; any committee acts very much like an engine and navigation system rolled into one and, in order to reach that destination, it works in partnership with the wheels, our resourceful office team, awesome students & new graduates and the entire BCA membership. Let's dust off those talents and look at how we can share them with our future profession, the students and new graduates. My best wishes to Daniel and the committee.

Prab S. Chandhok,

Immediate Past Chair, Student and New Graduate Committee.

Be brave. Be bold. Be safe

Firstly I'd like to say a huge thank you to Prab for everything that he has done for new graduates and students over his time leading the committee. He has been a pleasure to work alongside and has helped me enormously in my transition to lead the committee. I am extremely happy that he is staying on as a BCA Council Member and as an advisor to the committee as this will provide a vital link with Council. Secondly I'd like to say how much an honour it is to be asked to lead such an important committee at the BCA. The development of new graduates is something that I, like the rest of the committee, feel extremely passionate about. I have been fortunate enough to have a number of highly experienced mentors, both during both my time as a student and as a new graduate. I feel that these people, particularly Ann Marie Keogh, Simon and Inge Marie Leyson, have helped shape me as a professional and as a practitioner.

I am fully aware that not everybody is as lucky as I was to have such great mentorship and, as such, would like to think that I can now use this opportunity to communicate the wealth of knowledge shared with me on to students and new graduates across the country. I too come into the category of a new graduate and a student as I started my MSc in Sport and Exercise Medicine.

I am by no means the complete article but have been fortunate enough to have had support across all areas of practice, from advice on purchasing a practice to patient management issues. Most recently, due to the close proximity of my place of work to the Welsh Institute of Chiropractic, I have been fortunate enough to be able to assist and observe students treat at a couple of external events such as the Cardiff Velathon and Sospan Sizzler Triathlon in Llanelli. These events were a joy to be part of and observing the students at these events made me believe the future is bright for the profession. I recently had the pleasure of attending the BACS conference at

the McTimoney College of Chiropractic; there was a turn out from all colleges. Being a WIOC graduate I got the opportunity to meet and talk with students from AECC and McTimoney. It was a great opportunity to gather their thoughts and aspirations for the profession as well as hearing about their own individual goals and targets.

At University we were always told "what you are taught here are only the basics, you will find yourself when in practise" and this is certainly true for me. I knew sports was the area I wanted to move towards but, without multiple conversations and nudges in the right direction from numerous people in that area of expertise, I wouldn't have the tools I currently possess. I would actively encourage every member to open their doors to student and new graduate chiropractors in the area; this is something that has been going on for over 10 years in South Wales and Bristol. A meeting topic is set and discussed in a professional environment, offering the perfect opportunity to network and make connections. By inviting current students into these kinds of professional environments, allowing them to learn and be a part of discussions, gives them the right combination of experience and fresh knowledge; an unrivalled learning environment. There has been many an occasion where I have felt that I'd learnt something new following a discussion with a current student and I can assure you I am not alone in that.

I truly believe that every single person reading this article can play a role in the development of the profession. If you are a student or new graduate you are the bright future of the profession. Your ideas, your research and your efforts are what will shape and develop the profession. If you are an experienced chiropractor, your wealth of knowledge and vast experience is what students and new graduates need to be able to develop well and become fully rounded practitioners.

I'd like to end my first post as Chair of the Committee with a message to the current students and new graduates of 2016. Good luck to those awaiting results and currently seeking jobs, good luck to everyone who is about to embark on a new adventure, be that home or abroad. Remember, you all are the future; what you make of it and what you put in you will gain back in abundance. Be brave. Be bold. Be safe. I look forward to hearing from you all over the forthcoming months and hopefully will see you all soon, either at a conference, one of the institutions or at a regional meeting.

Daniel Morgan
Chair, Student and New Graduate Committee

Royal College of Chiropractors

Annual PRT Review

Each year the RCC's PRT Committee undertakes a review of the PRT programme in order to help ensure it meets the needs of participants and stakeholders. The review involves collection and analysis of a range of data including feedback information from candidates and trainers (mentors) and an Annual Review Meeting to which all professional associations are invited. The feedback information collected from candidates and trainers is particularly important in helping us to determine whether the PRT programme is achieving its aims, especially in terms of meeting the needs of participants. It provides insight and enables us to identify and explore ways that we can continually improve our scheme.

As a direct outcome of the review, a number of small modifications are planned, including encouraging candidates to observe as many other chiropractors as they can in practise during their programme. We will also be distributing a response to the questionnaire feedback received from candidates and trainers.

PPQM and CMQM Call for Applications

Calls for applications for the RCC's two quality marks for the period 2017-2019 are now live.

Launched in 2006, the Patient Partnership Quality Mark (PPQM) recognises excellence in meeting patient expectations, as defined and assessed by The Royal College of Chiropractors' Lay Partnership Group. To be successful, practices must demonstrate that patient expectations are met in a range of areas including accessibility, booking systems and out-of-hours cover, cleanliness, safety and privacy, communication, patient education, record keeping and forward planning. More than 150 chiropractic practices currently hold this prestigious award.

Both awards demonstrate excellence to patients, other healthcare professionals, external organisations and commissioners

The Clinical Management Quality Mark (CMQM) was launched in 2008 to complement the PPQM. To be successful, applicants must be able to demonstrate an appropriately managed and systematic approach in respect of clinical audit, risk management, incident reporting, outcome measurement, patient satisfaction and operational policies.

Both awards demonstrate excellence to patients, other healthcare professionals, external organisations and commissioners in terms of maintaining and improving the quality of clinical services. Full application details are available at http://rcc-uk.org/rcc-quality-marks/. The deadlines for receipt of applications are Friday 30th September 2016 (PPQM) and Friday 4th November 2016 (CMQM). Practices can choose to apply for either or both awards.

Rob Finch

Chief Executive

e rob.finch@rcc-uk.org

ASSOCIATE REQUIRED

ASSOCIATE CHIROPRACTOR REQUIRED

Associate Chiropractor required to join friendly dynamic multidisciplinary clinics in the Sheffield area, to work as part of a great team. The position is to take over an existing patient base for maternity leave from a long term associate, with a view to a permanent position.

Would suit an experienced Chiropractor looking for new opportunities, or a newly qualified Chiropractor seeking to join a great team. Needs to be motivated, enthusiastic, a team player and willing to develop their own patient base. Email CV and covering letter to activeclinics@hotmail.co.uk

ASSOCIATE VACANCY

Enthusiastic chiropractor required to join a friendly, busy wellness based practice in the Cotswolds. An interest in SOT, Paediatrics and Nutrition beneficial.

Principal willing to mentor towards advanced SOT and /or Cranial qualifications.

Please send CV to Alastair Atkinson, 2 College Farm Buildings, Tetbury Road, Cirencester, Gloucestershire, GL7 6PY or email: alastair@cirencesterchiropractic.co.uk

CAREER OPPORTUNITY

South London clinic (Est. 24 years) is looking for an enthusiastic and ambitious associate to join their team.

Applicant requirements:
- work well with a professional team
- have good communication skills
- maintain and build upon a patient base
- refer to exercise rehabilitation
- CCEP skills an advantage but not essential.

The successful candidates would be well rewarded both financially and with professional support.

For further information contact:
joan@wolffgroup.com Tel: 020 8763 2629

ASSOCIATE CHIROPRACTOR REQUIRED

We are looking for a full time associate to work on the South Coast in Rustington.

Applicants should have good diversified adjusting skills, be confident using Digital X-Ray, a working knowledge of SOT would be an advantage.

Good communication skills and a friendly, caring attitude are essential.

New graduates/PRTS welcome.

Please email CV to Philip Curtis
back2fitness.biz@googlemail.com

ASSOCIATE OPPORTUNITY

Conscientious and caring Chiropractor required to take over large patient base.

Well positioned for Leeds, Sheffield and Manchester, Almondbury Chiropractic is a busy clinic in Huddersfield.

Experienced chiropractors and new graduates welcome. We offer help towards first year GCC fees and mentoring will be available.

hello@almondburychiropractic.co.uk

ASSOCIATE CHIROPRACTOR REQUIRED: WHITSTABLE, KENT

An Associate Chiropractor is being sought to join our multi-disciplined team at Evolution Health – Whitstable Chiropractic Clinic in Kent, a clinic with a strong reputation for over 30 years in the community. The Associate Chiropractor, either experienced or a recent graduate, would be responsible for new patients and be willing to build a practise.

Evolution Health is a relaxed and patient centred clinic offering primarily Diversified and Sacro-Occipital Techniques. A flexible start date, with proposed 25-30 hours clinic time available.

Email applications or questions to:
enquiry@evolutionhealth.co.uk

CHIROPRACTIC MENTORSHIP – OPEN TO NEW GRADS OR MORE EXPERIENCED DCS

Do you want to join a team of people who work ethically and diligently to meet their community's healthcare needs and lifestyle goals?

Do you want to be supported in a professional, positive and encouraging manner?

Do you want partner with us in facilitating the fulfilment of your potential, as well as your patients' - with some fun along the way?

This all sounds a bit grand, we know – but we genuinely believe it all!

We are looking for the right people to join our expanding team in our 8 clinics in the Liverpool and Manchester area. All clinics are within a 25 minute commute from Liverpool or Manchester, situated in beautiful Cheshire. Snowdonia, the Peaks and the Lakes are all an hour's drive away. We are right for you if you want:

- To practice in an ethical, evidence-based environment (we were recently awarded with 16 PPQM and CMQM awards by the Royal College of Chiropractors – a College record)
- See private as well as NHS patients, thus growing in confidence and skill at liaising with personnel within the NHS
- A full-time position, with excellent work/life balance
- A great salary
- GCC fees paid
- An excellent mentorship program from experienced, inspired chiropractors
- Support from an amazing team, with a great social life
- Opportunities for career progression
- Opportunities to travel and be involved in supporting various charitable organisations around the world

We are passionate about our team, and helping them to be the best they can be, so that they provide our patients with their best. If you would like to be a part of what we are doing please email your application to: jemma@albaclinic.co.uk

If you want to be a part of a team where you can fulfil your potential personally and professionally, whilst helping others to change their lives for the better, come and join us! Email me at jemma@albachiropractic.co.uk, with your CV, and a paragraph about what inspires and excites you.

HIGHLY MOTIVATED CHIROPRACTOR REQUIRED

City Clinic is an award-winning, multidisciplinary clinic, within close proximity to Plymouth City Centre. Established for over 10 years, we serve Plymouth and the greater South West of England area.

Our team consists of highly qualified and experienced professionals who are experts in their field.

Our patient base is fast growing, offering service to individual patients, as well as small and large companies. We now require an Associate Chiropractor to take on a combination of existing patients, along with the high volume of new patients.

This position is suited to either a newly graduated Chiropractor, or an experienced Chiropractor looking to progress their career further. New graduates will be mentored and supported by our team of multi-disciplined chiropractors with over 25 years' experience.

We are looking for a confident, pro-active, and highly motivated Chiropractor to join our well-established network.

Candidates must possess:
- excellent communication and organisation skills
- the ability to work among a team of specialised health professionals

This is a self-employed position with flexibility on working days and hours.

For more information about the role, or to forward a copy of your CV, please email:
citychiropracticclinic@gmail.com

FULL TIME CHIROPRACTIC POSITION IN KENT

We have two very busy Clinics in Beckenham and Sevenoaks that have been established for 35 years.

Suitable for experienced Chiropractors as well new graduates who will receive full training and support.

For further information please email:
pauline.bailey@live.com or call 07739 395959

ASSOCIATE WANTED TO SPLIT TIME BETWEEN TWO LAID BACK COUNTRY CLINICS.

We are essentially a traditional wellness based Practice with a wide scope of patients.

A knowledge of some type of Cranial technique, nutrition and dry needling is preferable, as is an ability to independently practice build.

CV to heidelmeer15@gmail.com or call 01837 55118

FULL/PART TIME ASSOCIATE WANTED

Full/Part time associate chiropractor required to join our busy and well established health clinic.

The clinic is situated in the fast growing riverside town Maidenhead; 15 minutes walk from the train station with excellent access to London/ Reading / Heathrow Airport.

We are looking for an enthusiastic, trusted and patient centred associate who can take over a very busy patient list. We are a multidisciplinary practice with lots of involvement in local community events and activities.

If you are interested, please call Reka at Active Health Clinics 01628 626565 or email your CV and a covering letter to reka@activehealthclinics.com

JOIN OUR TEAM: CHIROPRACTOR REQUIRED

Physio & More is a multi-disciplinary practice in Kingston upon Thames where Chiropractors, Physiotherapists and Osteopaths work together treating and rehabilitating all levels of severity of injury and promoting health and well-being to our clients.

We are looking for a Chiropractor to join our team in August 2016 to take over a list on a part time basis, likely to be three sessions each week including two afternoon/evenings and Saturday morning. There is certainly room for the right candidate to develop and grow this part of the business.

The person we are looking for should be:

- A skilled diversified adjuster
- Confident and skilled at dry needling
- Have good and varied taping skills
- Confident/competent assessing and treating extremity joints, muscle, tendon and ligament injuries
- Able to prescribe palliative and rehabilitative programs
- Able to work in a multi-disciplinary team

To apply for the role please submit a comprehensive CV to jobs@physioandmore.co.uk

FANTASTIC OPPORTUNITY: "I WISH I HAD THIS AS AN ASSOCIATE"

Calling all motivated, health oriented, compassionate, happy and skilled chiropractors: we have an excellent position available replacing a long-term associate with a full patient base. We are based in central Scotland with three busy practices. We also have a very impressive new patient quota and retention rate due to our high standards of care and credibility within the communities. CPD sponsorship, chiropractic and business training plus expert mentoring also part of the package. Recent graduates also welcome. Special interest in paediatrics & sport is advantageous. Please send your updated CV with a coversheet to:

jakkia1chiro@gmail.com

ASSOCIATE REQUIRED - SURREY

Busy long established Surrey Chiropractic Clinic looking for enthusiastic and motivated Associate. An interest in SOT would be advantage. Hours of work negotiable. Send CV to ashtead.chiro@btconnect.com

ASSOCIATE CHIROPRACTOR POSITION IN CARDIFF

We are looking for a friendly, patient focused, diversified chiropractor who is keen to join our multi-disciplinary team. Experience preferred, but new graduates are welcome to apply, support and mentoring will be provided. The position is employed, part-time (15-20 hours per week), with the potential to grow to full time. As this is a new position a retainer will be paid dependent on experience. Working days can be chosen to suit you, with an immediate start. If you are interested please e-mail the clinic at info@thewhitchurchclinic.co.uk with a CV and cover letter marked for the attention of Andrea Howell. Clinic info: www.thewhitchurchclinic.co.uk

CHIROPRACTOR WANTED

Back2Health require a motivated and dynamic chiropractor. The position is full and / or part time at two clinics within Hampshire. We require applicants to be GCC and BCA registered.

Please send CVs to:

Jane Tarrant, Back2Health, 84 Fawcett Road, Portsmouth, Hants PO4 0DN

Or email to: j.tarrant@b2h.co.uk.
W: www.b2h.co.uk

ASSOCIATE/PRTS OPPORTUNITY BRISTOL AREA

Due to maternity leave a Chiropractic position is available to build upon an already existing patient base. Knowledge of SOT an advantage, but not essential. For further information about working in a fun, friendly clinic please contact Portishead Chiropractic Clinic via email at portisheadchiropracticclinic@gmail.com with a copy of your C.V.

ASSOCIATE OR LOCUM CHIROPRACTOR URGENTLY REQUIRED IN HERTFORDSHIRE CLINIC. STARTING JULY

We need an associate or a locum who can help us in our clinic in Hertfordshire. You will take over an existing patient base (currently approx 50 pts pw) and will work with an expanding and dynamic team.

New grad or experienced practitioner considered. Flexible working times to suit. Percentage remuneration dependent upon experience.

Please send email resume and queries by email only to: clinicmanager6@gmail.com

PERMANENT ASSOCIATE REQUIRED – NORTH EAST- AUGUST 2016

To replace a busy chiropractor currently working 36 hours a week, hours can be flexible. Well established highly regarded riverside clinic. Good percentage, excellent incentives available, full patient base to take over, constant feed of new patients. New graduates or experienced chiropractors welcome, PRT mentorship provided. Please call Kerri on 07809 212278, or email kerri@stocktonchiropractic.co.uk for further details.

PRACTICE FOR SALE

PRACTICES FOR SALE IN NORTH CUMBRIA

Honest, caring, patient-oriented Chiropractor urgently wanted to take on 3,000+ patient lists, split between two part-time practices - one in a GP surgery and the other in a multi-disciplinary clinic. Sale does not include buildings, etc., and is purely for the patient lists. Established sixteen years ago. Rent is paid on a weekly basis and so outgoings are very low. Great opportunity to start off and expand further. 1-8 new patients per week (rarely more or less). Sensible offers considered, and hand over to be as soon as possible - suddenly decided to retire early and live life. Great area for enjoying the outdoors, being on the edge of the The Lake District, with all facilities to hand - London four hours by train and Newcastle airport one and a half hours drive away (Manchester has a door to door train service from Carlisle).

For further information please contact sunderdown2@googlemail.com, or ring me at home in the evenings on 01697 507467 or 07774 844466

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- Confirmation of booking: all advertising must be confirmed in writing and paid for before copy date, otherwise entry cannot be guaranteed
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