NEWSLETTER OF THE
CHIROPRACTIC & OSTEOPATHIC
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National Conference 2012

"I lecture around the world, and I have to say I was very impressed by the audience and the speakers in Sydney. The diversity of specialties represented from the Surgeon, Rheumatologist, Physiotherapist to the Chiropractors was excellent, and the audience was a cut above the usual standard. People asked better questions and seemed more engaged, with an interest in how this translates clinically."

Dr Michael Schneider

Peter Tuchin

BSC(ANAT), GRADDIPCHIRO, DIPOHS, PHD, FACC

HOW MUCH SHOULD WE INVEST IN OUR PROFESSIONS?

The campaign by the "Friends of Science" to push for universities to cease running non-evidence based courses including chiropractic highlights the need for research supporting our professions. But where will the funding for this research come from?

NH & MRC funding will only support a small percentage of projects (ie. less than 10%) and this is often only given to researchers with a proven track record. Other areas of research funding are even more competitive, making the success of chiropractic projects very unlikely.

So it is up to us to fund our own start up projects. Unfortunately, research can be expensive, which is why COCA is very active in fundraising for research, and we have recently engaged a professional fundraising company to assist us.

However, there are still many things you can do to help.

Let me give you an example. If each practitioner (chiropractors and osteopaths) treats 100 patients each week and on average the fee is $50, each chiropractor has a gross weekly income of $5,000. Therefore, if every practitioner donated 50 cents per patient, this would represent a donation of 1% of your income to spinal research and if even 500 chiropractors committed to this for 1 year, as a profession we would generate $1,300,000 per annum for research. Imagine what we could achieve!

What effect could this 1% donation have:

- Clinical trials for manipulation of neck pain, tension headache, hip or knee osteoarthritis, paediatric conditions, and many other areas which all have limited research
- Studies on the mechanism of manipulation, cost-effectiveness or dose-response relationship
- Studies on multidisciplinary or multi-modal care, which demonstrate that chiropractors and osteopaths can work in health care teams or hospitals

How much do you invest in the future of your profession?

There are also other ways that you can support research. For example:

- Attend conferences (which also helps to raise funds for research)
- Don't attend conferences that are not run by researchers (ie people that regularly publish articles in international journals, preferably with impact factors)
- Download articles on chiropractic and osteopathy to support the researchers
- Support research that is achievable and has implications outside of chiropractic and osteopathy
- Become a donor to the COCA Research Fund

UK College of Chiropractic

Some may be aware that the UK College of Chiropractic has received royal charter which will now make the College "The Royal College of Chiropractic". COCA continues to have strong ties with the UK College and congratulates their Executive on this outstanding achievement.

COCA 2012-13

On behalf of the Executive I am delighted to be able to say that COCA has had another fantastic year, launching our online CPD program, presenting a calendar of relevant and interesting seminars, running a well-attended National Conference on the subject of The Aging Spine, and achieving significant membership growth. This is due to a strong Executive and administrative team who remain committed to continuing the growth and development of your organisation.

We have an exciting year in the planning for 2013, so please join us at COCA to see what is happening.

Regards,

Peter Tuchin
BSc(Anat), GradDipChiro, DipOHS, FACC

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CONFERENCE REVIEW

National Conference Follow Up

Dr Michael Schneider & Dr Paul Dougherty

By: **Matthew Bulman**

Following on from COCA's National Conference, which was held in Sydney over the weekend of 13-14 October, the new editor of COCA News, Matthew Bulman, spoke with the two keynote speakers, Dr. Michael Schneider and Dr. Paul Doherty.

Dr Michael Schneider speaking to guests at the COCA Research Fund dinner.

Dr. Schneider, DC, PhD is a 1982 graduate of Palmer College of Chiropractic with a PhD in Rehabilitation Science. He is an Assistant Professor at the University of Pittsburgh in the Department of Physical Therapy, within the School of Health and Rehabilitation Sciences. He has published extensively in the field of musculoskeletal pain and rehabilitation.

At the conference Dr Schneider presented research investigating the use of flexion distraction for lumbar spinal stenosis and was the after dinner speaker at a fundraising dinner for COCA Research Ltd where he presented his vision for the future of how a "doctor of musculoskeletal medicine" can be part of healthcare reform around the globe.

"There is a healthcare problem all over the world, where primary care physicians like General Practitioners, Nurse Practitioners, and others are triaging patients for musculoskeletal problems, and they are not trained to do so. What we need are doctors of musculoskeletal health, highly trained professionals who are on the front lines, diagnosing musculoskeletal problems. That is the Holy Grail of healthcare reform."

"The Chiropractor, Osteopath and Physiotherapist are natural allies in this process. Yet we tend to fight amongst ourselves, instead of banding together to put the public's needs first."

"There are many ways of approaching the opportunities in healthcare today. There are profession-centred healthcare models, doctor-centred models, and government-centred models."

"However, these are top down approaches, and the average patient with musculoskeletal pain gets lost in this system. What about the patient? We need to focus on our skill set, what we can provide. For example, in the United States, if you have a certain category of internal medical problems, such as a cold, you will present to any number of professionals in a healthcare setting to determine if it is the common cold, influenza, pneumonia, etc. But you are just as likely to see a Nurse Practitioner, a Medical Doctor, or a Physician's Assistant. It is the skill set, not the profession that is important in this process."

"The key here lies in integration, not isolation. The future of medicine is in team settings. In order to be part of a team, you need to know where you fit in. What can you provide? And clearly there is a good fit for us in spine care and musculoskeletal diagnosis. Virtually 100% of the world's population will have a spine problem at some point in their life. We have the skill set necessary to be on the front line, to triage these patients more effectively than anyone else. This is the role of the doctor of manual (musculoskeletal) medicine."

Dr. Dougherty DC, DABCO is a 1990 graduate of Logan College, and earned his diplomate in orthopaedics from the National College of Chiropractic in 1996. He is a faculty member at New York Chiropractic College and also an adjunct faculty member in the Department of Orthopaedics at University of Rochester School of Medicine, where he serves on the clinical teaching faculty and is involved in research. Dr. Dougherty also serves as a clinician and research scientist at the VA (Veterans Health Administration) Outpatient Clinic, and is the former chair of the American Public Health Association Chiropractic Health Care Section.

"I'VE SURROUNDED MYSELF WITH PEOPLE THAT ARE SMARTER THAN ME. WHEN YOU DO THAT, GOOD THINGS HAPPEN."

Dr Paul Dougherty during one of his presentations at the conference.

Educator, researcher, and clinician, Dr. Dougherty is capable of lecturing with scientific authority on the literature, yet speaking with him individually, one senses a natural humility and compassion, traits typically reserved for clinicians. This ability to connect, relate and include people from disparate backgrounds is Dr. Dougherty's strength. He is a collaborator.

"I've surrounded myself with people that are smarter than me. When you do that, good things happen."

It is unlikely that he views himself as a politician, yet he has found himself as an ambassador in hospital wards and on interdisciplinary medical teams, foreign territory for chiropractors. Along the way, he has advanced to leadership roles and forged partnerships, branding chiropractic in a favourable light. And these are often organisations and professions which have been, at times, antagonistic towards the profession.

For example, consider his experience in Monroe Community Hospital, "I originally expected the MD's to be our biggest barrier, but initially the physical therapists (PTs) were more concerned about the chiropractic presence. Yet we took the first step by asking if our students could follow the PT's around and learn from them, what their particular skill set was. I now consider the PT's to be my personal friends."

That particular relationship has grown and been reciprocated over time, with one Federally funded project being saved by those same physiotherapists, who, coming to Dougherty's aid, participated in a large scale study that had lagged behind.

Similarly, Dr. Dougherty has earned mutual respect in the Veterans Health Administration (VA) Outpatient clinic. "We approached the VA with a rational model of chiropractic care as part of a team setting. We clearly defined our role as musculoskeletal specialists and put patient care first."

This patient centred approach has been pivotal in Dr. Dougherty's success. The willingness to leave behind opinion and orthodoxy for an evidence based approach has paradoxically created more of a need for chiropractic in the public health system. Advancements have come by keeping the focus on the person, not the profession.

"I always quote Bob Mootz, who said, 'Until chiropractic cares more about the general public and less about itself, chiropractic will never advance as a profession.'"

Dr. Dougherty is expanding the presence of chiropractors in the VA. Under his watch, the inclusion of chiropractors in public health settings has grown over the past decade. Now, in the VA, chiropractors are seen as respected specialists alongside orthopaedists and neurologists. Chiropractic "Remote Interns" spend 3 - 9 months there, amongst other medical residents, and the first residency for chiropractors has just started within the VA system.

"I'm always telling my students that we need to get away from opinion and move towards evidence based practice. What's best for the patient?"

Dr. Dougherty has conducted research investigating Conservative Care for Chronic Lower Back, Efficacy of Spinal Manipulation in Older Adults, Prediction of Responsiveness to Spinal Manipulation, and Spinal Manipulation and Active Exercise Therapy in Chronic Lower Back Pain, and is currently using functional MRI to study the effects of chronic pain in patients. It is his objective to develop questionnaires and guidelines which determine how to best triage patients who exhibit biopsychosocial factors in clinic.

Editors Note: I would like to acknowledge Dr. Brent Kinsler's wonderful podcast, On The Other Hand, May 24, 2011. Episode 28 – "Dr. Paul Dougherty on chiropractic in the APHA and the VA outpatient clinic" for its usefulness in reminding me of my conversation with Dr. Dougherty.

Research Presentations

Prior to COCA's National Conference a Call for Papers was distributed which resulted in a strong field of entries for both Podium and Poster presentations. Podium presentations were held concurrent with the first plenary sessions of the conference and were judged by Dr Michael Schneider and Dr Lainie Cameron.

As in previous years Aon sponsored the Research element of the conference and Aon's James McConnell was on hand to congratulate the winners and present them with their cheques. The standard of both the Podium and Poster presentations was very high. Bruce Walker won the Best Podium presentation and Jeff Hebert won for the best Open Poster, while Katie de Luca's poster won her the Post-Graduate Poster category and a group of 5th year student from Murdoch University won the Under Graduate Poster category.

Katie de Luca is congratulated by James McConnell from Aon for her win in the Post Graduate Poster category.

Dr Bruce Walker is congratulated by James McConnell from Aon for winning the Best Podium presentation.

Winner of the Post Graduate Poster category Katie de Luca also presented research from the Podium.

COCA Executive member Dr Simon French presents his research from the Podium.

COCA Researchers' Day

Research collaboration, information sharing, learning and networking

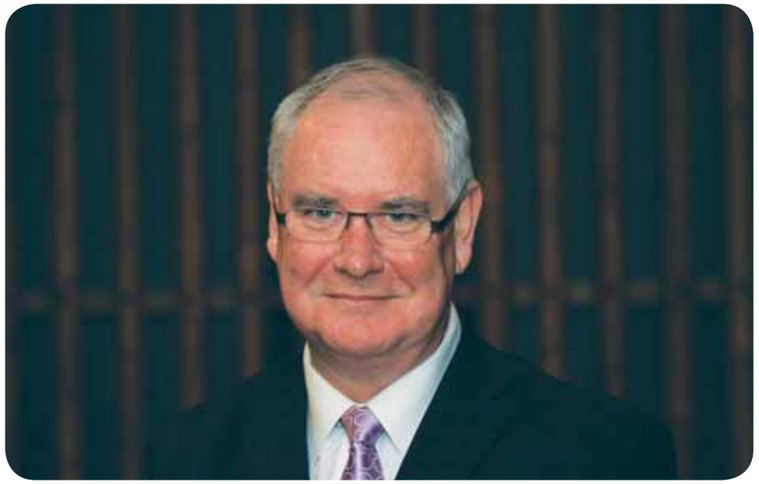
Drs Bruce Walker and Simon French convened the inaugural COCA Researchers' Day on Friday October 12th, 2012, the day preceding the COCA annual conference. Twenty five chiropractic and osteopathic researchers attended the day to discuss their own research and be challenged by the speakers to increase their research activity. Dr Michael Schneider and Associate Professor Philip Bolton spoke about their own research careers and gave tips on how to apply for grants and write publications.

Delegates were very fortunate to have Prof Chris Maher host the Researchers' Day at the George Institute in Sydney, and generously gave up his time to discuss his stellar research career and to workshop the secrets of applying for grants. Delegate feedback from the day was extremely positive, and plans are in place to hold this event every year prior to the COCA annual conference to bring together the community of chiropractic and osteopathic researchers in Australia.

Bruce Walker

By: **Matthew Bulman**

Dr. Bruce Walker, DrPH, is a Senior Lecturer at Murdoch University, School of Chiropractic and Sport Science, where he teaches evidence based practice, public health and conducts research. Dr Walker was instrumental in the establishment of COCA, is a past President of the organisation and has served on the Executive for many years. With his recent appointment as Head of the Chiropractic program at Murdoch, Dr Walker has decided to step down from the Executive this year. He was generous enough to take some time out of his busy schedule to share with the members some of his reflections and experiences.



Looking back over your years on the COCA Executive, what are you most proud of?

Going back to the start when Peter Werth and I reinvigorated the organization, we did so because we saw a niche in the profession for good quality, continuing education. What became evident as this quickly grew in popularity was that members wanted something more. And so, in what was very much a team effort, it developed into a college. And there was some confusion early on as to whether or not this was a new association; but it was and is very much a college. We modelled COCA on the Royal Australian College of GPs. This is a similar model to how the GPs have their college, and then their Union is the AMA. The analogy holds true for our profession. We have a college, and then a member association, the Chiropractic Association of Australia.

So, the two things I'm personally most proud of is getting the college started, and then developing it in a team effort along our core values of evidence based, ethical practice.

Where would you like to see the Board take COCA in the next few years?

I think they should stay on track with what they are doing at the moment, but apart from that they should nurture the research fund. Back in the early 1990s, we developed a mission statement and a set of objectives for the organisation. They have remained fairly stable since that time. One of those objectives was to foster related research for Chiropractic and Osteopathy, and I'm very proud to say that the research fund was established early last year. In 100 years time, I think the profession will look back and be proud that the Executive and members of COCA started something that produced good, quality research.

As for other directions, it is probably time for me to step away from those decisions. However, if I was going to give another piece of advice it would be to develop more member benefits, particularly in the area of continuing education, and also, to consider investing in a building to provide a permanent headquarters for COCA.

In October 2012 at COCA's National Conference, Dr Walker was presented with a plaque in recognition of his dedication, commitment and distinguished service as a Founding Member, Past President and long-serving Director of the Chiropractic & Osteopathic College of Australasia.

What role do you see technology, innovation and social media playing in the way research will be conducted and distributed in the near future?

Technology has changed the way research is conducted, fundamentally. We are only in the early stages of this, and it will get better and better. The use of SMS messages to follow up patients is well documented. Now, a few key-strokes from a patient can provide enough information for follow up. iPads are used in interview situations. Facebook and social media are used to recruit patients.

Similarly, research is now updated minute-by-minute. Biomed Central, who publish our journal Chiropractic and Manual Therapies, constantly monitor Facebook and Twitter, offering up newly published articles to parties that might be interested. And the internet has changed the nature of print journals, which used to cost thousands of dollars, so that we see a trend towards free access journals online. This has allowed these journals to be highly accessed, and this is especially important for third-world countries, whose residents would not otherwise have access to this medical information. Free full text online is the future of research publication.

What are the future directions of research in the field of manual medicine?

Many randomized controlled studies have been conducted on the subject of pain and the spine, well over 50. Systematic reviews have even been conducted of these trials. Research scientists from many fields have studied the subject and the conclusions seem to suggest that all treatments seem to be similar: there is an effect but it is relatively small, and there is no Gold Standard for treatment. Our treatments have stood out well compared to some others, but no one treatment is better than another. However, what should be noted is that these studies have most often been conducted on a symptom, not a diagnosis. I am a believer in multiple causations of spinal pain, I would put forth that it is a big ask for any single modality to fix, cure, assist, or alleviate all of the potential subsets of spinal pain diagnoses that are potentially there. I think the future of research will be to sort out, if we can, those particular patients who will respond to a particular treatment. It's the Holy Grail of diagnosis at the moment.

What direction do you see education going in the field of manual medicine, and how will this change in the next decade?

What will drive education in the clinical sciences is the evidence. Of course, we know that evidence based practice is an equation of the best scientific evidence, clinical experience and patient values. The equation which makes up evidence based practice will drive the direction of education. And we will teach subjects in this context. For example, if there is good evidence to suggest a particular treatment is effective, we will teach that treatment in light of that evidence. If it there is conflicting evidence, then we will teach that there is conflicting evidence. If there is anecdotal evidence, then we will teach that there is no research, but there is anecdotal evidence from the profession as long as there is biological plausibility for the anecdotes. However, if there is evidence that a particular treatment, diagnosis or preventative method does not work, then it will be discarded. It will take time, but this is the direction Murdoch will go and manual medicine generally.

Any parting words?

I would like to thank all of my colleagues who have supported me along this journey. Moving COCA from just myself and Peter Werth to the growing organisation it is today, with over 1200 members, could not have happened without their help. Their support has kept me going, and kept me motivated to make a difference to the profession. And I have a message to my colleagues who have supported COCA and that is to keep at it, because it is the patients who will benefit in the long run, and as a bonus, so will the image of the profession.

"SO, THE TWO THINGS I'M PERSONALLY MOST PROUD OF IS GETTING THE COLLEGE STARTED, AND THEN DEVELOPING IT IN A TEAM EFFORT ALONG OUR CORE VALUES OF EVIDENCE BASED, ETHICAL PRACTICE."

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6 November 2012

A message to all Chiropractors in Australia

A bright future for Chiropractic at Murdoch University

A new School of Health Professions is being set up at Murdoch University and Chiropractic will be part of that School. The University is undergoing a restructure and this new School will include the health disciplines of Chiropractic, Nursing and Midwifery and also Counselling. It is likely that other health professions will join the School at a later time. This development has received some publicity and we are writing to you as members of the chiropractic profession to clarify the situation and provide information.

We wish to assure all chiropractors that Murdoch University is fully committed to the Chiropractic program and to maintaining the academic standards and integrity of the training provided. Indeed it is our goal to ensure the program provides the highest possible standards of professional training and support to our students.

As part of this commitment we are going to expand the program's current Perth-based footprint to include the Peel area. The University already has an established campus in this rapidly developing region. While the chiropractic program will continue to be based in Perth, we will be seeking opportunities to extend the program in the Peel region. One probable development is the establishment of a second teaching and research clinic in the Peel region. This will augment and extend our training capacity as well as provide coordinated services to the region.

Chiropractic at the Murdoch campus is secure and any offerings in the Peel region should be seen as an expansion of the program into a dual campus model. Students will not be disadvantaged and as we move forward we will take every opportunity to enhance the student experience at Murdoch.

So, in essence it's business as usual. The University values the profession's contribution to the course over the past 10 years and we look forward to this continuing into the future. For now we need you to spread the message of certainty of chiropractic at Murdoch and we need you to recommend students to the University so that the great profession of chiropractic can grow and reach its full potential.

Yours sincerely

Associate Professor Max Sully
Pro Vice Chancellor Health Sciences

snAPPShot

A brief review of apps to suit iPhone, iPad, iPad touch, Android or Blackberry.

iHEADACHE

Headache diaries are such a useful tool with diagnosing and treating headaches. This app allows for real time tracking of symptoms, triggers, frequency and duration of headaches. It can follow medication dosages and allows for patient specific settings. It is also linked to international headache society criteria, and was designed to help clinicians and patients communicate more effectively. A very patient centric app that can aid in the diagnosis of headaches and determine if treatment is having a measureable impact.

iPhone, iPod touch, iPad, Blackberry. Free versions available, or $9.99 full version.

DOCTORMOLE

This application is promising in helping both clinicians and patients detect abnormalities in moles. Manual therapists see more skin than many other practitioners, and this is an area we can be very helpful to our patient's overall health. While not a replacement for a specialist's opinion, this is certainly a useful tool when questions arise regarding suspicious dermatological changes. Images can also be stored to detect moles which may change over time.

Android, iPhone. $3.99

PHYSIOADVISOR

With over 500 exercises, this is a useful, inexpensive paperless replacement for handouts in your clinic. There is also the benefit of an exercise reminder which can aid your patients who forget to do their exercises. One can also add a personalised "My Program" section that loads specific exercises with images to help remind your patients about proper technique.

iPad, iPhone, Android. $2.99

MY MEDICATIONS, iPAD AND iPHONE

Developed by the American Medical Association, this app was developed to allow patients to list their medications, including dose and frequency. This information can be emailed to health care practitioners. Immunizations and allergies can also be stored in this app, as can a list of their medical team.

$0.99

PAIN TRACKER

Developed by iHealth Ventures. A simple and practical app for tracking and graphing pain levels over time.

iPhone, iPod Touch. $0.99

KANDO PERFORMANCE

A fun application designed to challenge you while you perform some simple hand-eye coordination, finger dexterity, steadiness and quickness to achieve the highest possible scores defined by recording your accuracy and reaction times during the tasks. KanDo presents some simple human performance related tasks that require you to use your fingers, hands, or arms to complete them as accurately as possible. A useful tool with obvious implications to measure motor control and coordination over time.

iPhone, iPod touch, iPad, $0.99

GOOGLE READER

By: **Dr. Ben Muir, BSc MChiro**

Have you ever seen that orange square logo with a dot and half shaped rainbow? Ever wondered what it was? Well it's an RSS Feed and it stands for Really Simple Syndication and is a way for websites to broadcast content as it is produced. It's a simple and efficient way to keep up to date with information and allows you to keep your finger on the pulse.

Commonly used by a variety of sites such as news, journals and blogs, there are over 12 million websites utilising RSS feeds meaning there should be plenty of sites to cater to your tastes. Some relevant RSS feeds include JMPT, The Cochrane Collaboration and COCA's very own Chiropractic & Manual Therapies.

To access these RSS feeds you usually use a Feed Reader which can be web-based, a desktop client or a mobile app. I personally use the web-based Google Reader which also has its own mobile apps, available on both iOS and Android. Third party apps are also available on the Windows Mobile and Blackberry platforms.

RSS feed readers have many advantages over traditional methods of gleaning information off the web, the highlights being:

- gives you the latest updates as soon as they are published
- saves time on surfing with the convenience of having a multitude of information in one place
- no mailing lists clogging up your email and no risk of spam
- subscribing and unsubscribing to feeds is hassle free

In this information age it is easy to be overwhelmed, so making efficient use of your time by organising that information through RSS feeds makes sense.

To use Google Reader you need a Google Account, which you will already have if you use Gmail or other Google Web services. Google Reader is free and can be found at www.google.com/reader. Other popular feed readers are Reeder (Mac/iOS), Feedly (Firefox/Chrome/iOS/Android), Netvibes (Webapp) and FeedDemon (Windows).

NEWS & REVIEWS

Abstracts

HALDEMAN S., ET AL, **ADVANCEMENTS IN THE MANAGEMENT OF SPINE DISORDERS.** *BEST PRACTICE & RESEARCH CLINICAL RHEUMATOLOGY 26 (2012) 263–280*

Spinal disorders and especially back and neck pain affect more people and have greater impact on work capacity and health-care costs than any other musculoskeletal condition. One of the difficulties in reducing the burden of spinal disorders is the wide and heterogeneous range of specific diseases and non-specific musculoskeletal disorders that can involve the spinal column, most of which manifest as pain. Despite, or perhaps because of its impact, spinal disorders remain one of the most controversial and difficult conditions for clinicians, patients and policymakers to manage. This paper provides a brief summary of advances in the understanding of back and neck pain over the past decade as evidenced in the current literature. This paper includes the following sections: a classification of spinal disorders; the epidemiology of spine pain in the developed and developing world; key advancements in biological and biomechanical sciences in spine pain; the current status of potential methods for the prevention of back and neck pain; rheumatological and systemic disorders that impact the spine; and evidence-based surgical and non-surgical management of spine pain. The final section of this paper looks to the future and proposes actions and strategies that may be considered by the international Bone and Joint Decade (BJD), by providers, institutions and by policymakers so that we may better address the burden of spine disorders at global and local levels.

GRAVES ET AL; **EARLY IMAGING FOR ACUTE LOW BACK PAIN: ONE-YEAR HEALTH AND DISABILITY OUTCOMES AMONG WASHINGTON STATE WORKERS.** *SPINE: AUGUST 2012 - VOLUME 37 - ISSUE 18 - P 1617–1627. DOI: 10.1097/BRS.0B013E318251887B*

OBJECTIVE: To evaluate the association of early imaging and health and disability status 1 year following acute low back injury, among a population-based sample of Washington State workers' compensation claimants.

SUMMARY OF BACKGROUND DATA: Use of early diagnostic magnetic resonance imaging (MRI) for low back pain (LBP) contributes to increasing health care costs but may not lead to better outcomes than delayed imaging. In the worker's compensation system, LBP is common and costly. This research examines the association between early MRI among workers with LBP and health outcomes (pain intensity, Roland disability score, and 36-Item Short Form Health Survey scores) and disability status 1 year after injury.

METHODS: This nonrandomized prospective cohort study of Washington State workers' compensation claimants with nonspecific LBP used administrative claims and interview data. Multivariable regression methods were used to estimate change in health outcome scores, the relative risk of disability at 1 year, and the rate of recovery 1 year after injury.

RESULTS: Of 1226 participants, 18.6% received early MRI. Most (77.9%) had mild/major sprains and 22.1% had radiculopathy. Participants with early MRI differed significantly at baseline in pain, function, and psychosocial variables. After adjusting for covariates, early imaging was not associated with substantial differences in 1-year health outcomes for sprains or radiculopathy. For workers with mild/major sprain, early imaging was associated with a 2-fold increase in the likelihood of work disability benefits at 1 year (adjusted relative risk: 2.03, 95% confidence interval: 1.33–3.11). Early imaging was not associated with an increased risk of long-term disability for workers with radiculopathy (adjusted relative risk: 1.31, 95% confidence interval: 0.84–2.05). For both groups, early MRI was associated with longer disability duration ($P < 0.001$).

CONCLUSION: Among workers with LBP, early MRI is not associated with better health outcomes and is associated with increased likelihood of disability and its duration. These associations warrant further testing in a randomized controlled trial. Our findings suggest that adherence to evidence-based guidelines is an important factor in ensuring that workers receive the highest quality care for occupational injuries.

CYNTHIA K PETERSON, JENNIFER BOLTON AND B. KIM HUMPHREYS. **PREDICTORS OF OUTCOME IN NECK PAIN PATIENTS UNDERGOING CHIROPRACTIC CARE: COMPARISON OF ACUTE AND CHRONIC PATIENTS.** *CHIROPRACTIC & MANUAL THERAPIES 2012, 20:27 DOI:10.1186/2045-709X-20-27*

BACKGROUND: Neck pain is a common complaint in patients presenting for chiropractic treatment. The few studies on predictors for improvement in patients while undergoing treatment identify duration of symptoms, neck stiffness and number of previous episodes as the strong predictor variables. The purpose of this study is to continue the research for predictors of a positive outcome in neck pain patients undergoing chiropractic treatment.

METHODS: Acute (< 4 weeks) (n = 274) and chronic (> 3 months) (n = 255) neck pain patients with no chiropractic or manual therapy in the prior 3 months were included. Patients completed the numerical pain rating scale (NRS) and Bournemouth questionnaire (BQ) at baseline prior to treatment. At 1 week, 1 month and 3 months after start of treatment the NRS and BQ were completed along with the Patient Global Impression of Change (PGIC) scale. Demographic information was provided by the clinician. Improvement at each of the follow up points was categorized using the PGIC. Multivariate regression analyses were done to determine significant independent predictors of improvement.

RESULTS: Baseline mean neck pain and total disability scores were significantly ($p < 0.001$and $p < 0.008$ respectively) higher in acute patients. Both groups reported significant improvement at all data collection time points, but was significantly larger for acute patients. The PGIC score at 1 week (OR = 3.35, 95% CI = 1.13-9.92) and the baseline to 1 month BQ total change score (OR = 1.07, 95% CI = 1.03-1.11) were identified as independent predictors of improvement at 3 months for acute patients. Chronic patients who reported improvement on the PGIC at 1 month were more likely to be improved at 3 months (OR = 6.04, 95% CI = 2.76-13.69). The presence of cervical radiculopathy or dizziness was not predictive of a negative outcome in these patients.

CONCLUSIONS: The most consistent predictor of clinically relevant improvement at both 1 and 3 months after the start of chiropractic treatment for both acute and chronic patients is if they report improvement early in the course of treatment. The co-existence of either radiculopathy or dizziness however do not imply poorer prognosis in these patients.

VON HEYMANN WJ ET AL., **SPINAL HVLA-MANIPULATION IN ACUTE NONSPECIFIC LBP: A DOUBLE BLINDED RANDOMIZED CONTROLLED TRIAL IN COMPARISON WITH DICLOFENAC AND PLACEBO.** *SPINE (PHILA PA 1976). 2012 SEP 28.*

STUDY DESIGN: A randomized double blinded placebo-controlled parallel trial with three arms.

OBJECTIVE: To investigate in acute non-specific low back pain (LBP) the effectiveness of spinal high-velocity-low-amplitude (HVLA) manipulation compared with the non-steroidal anti- inflammatory drug (NSAID) diclofenac and with placebo.Summary of Background Data. LBP is an important economical factor in all industrialized countries. Few studies have evaluated the effectiveness of spinal manipulation in comparison to NSAIDs or placebo regarding satisfaction and function of the patient, off-work time and rescue medication.

METHODS: A total of 101 patients with acute LBP (<48 h) were recruited from 5 outpatient practices, exclusion criteria were numerous and strict. The subjects were randomized to three groups: 1. spinal manipulation and placebo-diclofenac, 2. sham manipulation and diclofenac, 3. sham manipulation and placebo-diclofenac. Outcomes registered by a second and blinded investigator included self-rated physical disability, function (SF-12), off-work time and rescue medication between baseline and 12 weeks after randomization.

RESULTS: 37 subjects received spinal manipulation, 38 Diclofenac and 25 no active treatment. The placebo group with a high number of drop outs for unsustainable pain was closed praecox. Comparing the two active arms with the placebo group the intervention groups were significantly superior to the control group. 93 subjects were analyzed in the ITT-collective. Comparing the two intervention groups, the manipulation group was significantly better than the Diclofenac group (Mann Whitney test: P = 0,0134). No adverse effects or harms were registered.

CONCLUSION: In a subgroup of patients with acute non-specific LBP spinal manipulation was significantly better than NSAID Diclofenac and clinically superior to placebo.

M. J. HAYNE ET AL., **ASSESSING THE RISK OF STROKE FROM NECK MANIPULATION: A SYSTEMATIC REVIEW.** *THE INTERNATIONAL JOURNAL OF CLINICAL PRACTICE. 19 SEP 2012. DOI: 10.1111/J.1742-1241.2012.03004.X*

BACKGROUND: Strokes, typically involving vertebral artery dissection, can follow cervical spinal manipulative therapy, and these types of stroke occur rarely. There is disagreement about whether a strong association between neck manipulation and stroke exists. An earlier systematic review found two relevant studies of association that used controls, which also discussed the limitations of the two papers. Our systematic review updates the earlier review, and aims to determine whether conclusive evidence of a strong association exists.

METHODS: PRISMA guidelines for systematic reviews were followed, and the literature was searched using a strategy that included the terms 'neck manipulation' and 'stroke' from the PubMed, Embase, CINAHL Plus and AMED databases. Citations were included if they met criteria such as being case–control studies, and dealt with neck manipulation and/or neck movement/ positioning. Papers were scored for their quality, using similar criteria to the earlier review. For individual criteria, each study was assigned a full positive score if the criterion was satisfied completely.

RESULTS: Four case–control studies and one case–control study, which included a case- crossover design, met the selection criteria, but all of them had at least three items in the quality assessment that failed to be completely positive. Two studies were assessed to be the most robustly designed, one indicating a strong association between stroke and various intensities of neck movement, including manipulation, and the other suggesting a much reduced relative association when using primary care practitioners' visits as controls. However, potential biases and confounders render the results inconclusive.

CONCLUSION: Conclusive evidence is lacking for a strong association between neck manipulation and stroke, but is also absent for no association. Future studies of association will need to minimise potential biases and confounders, and ideally have sufficient numbers of cases to allow subgroup analysis for different types of neck manipulation and neck movement.

NEWS & REVIEWS

Systematic Reviews

KEEPING THE ELDERLY RETIRING PATIENT ACTIVE

The transition to retirement has been recognised as a critical turning point for physical activity (PA). In an earlier systematic review of quantitative studies, retirement was found to be associated with an increase in recreational PA but with a decrease in PA among retirees from lower occupational groups.

They concluded that in order to encourage adoption and maintenance of PA after retirement, interventions should promote health-related and broader benefits of PA. Interventions for retirees from lower occupational groups should take account of busy post-retirement lifestyles and the low personal value that might be attributed to recreational PA. Future research should address predictors of maintenance of recreational PA after the transition to retirement, the broader benefits of PA, and barriers to PA among retirees from lower occupational groups.

Barnett et al., **The experience of physical activity and the transition to retirement: a systematic review and integrative synthesis of qualitative and quantitative evidence.** *International Journal of Behavioral Nutrition and Physical Activity* 2012, 9:97 doi:10.1186/1479-5868-9-97

DOES BACK PAIN BECOME MORE FREQUENT AS WE GET OLDER?

It is generally believed that the prevalence of back pain increases with age and as the proportion of elderly will keep rising we may be facing serious public health concerns in the future.

A total of 12 articles were included covering the entire spine. Neck pain was studied nine times, low back pain eight times, back pain three times, upper back two times and neck/shoulders once. All studies showed no significant increase of back pain with age, neither when passing from middle age (i.e. 45+ years of age) into the sixties, nor later in life. In contrast, most studies reported a decline for the oldest group. They concluded that back pain is no more common in the elderly population (>60 years) when compared to the middle age population. Back pain does not increase with increasing age, but seems to decline in the oldest people.

René Fejer and Charlotte Leboeuf-Yde. **Does back and neck pain become more common as you get older? A systematic literature review.** *Chiropractic & Manual Therapies* 2012, 20:24 doi:10.1186/2045-709X-20-24

DOES SPINAL MANIPULATION INCREASE ROM'S? A SYSTEMATIC REVIEW

The objective of this review was to assess the quality of the literature and to determine whether or not SMT is associated with an immediate increase in ROM. Fifteen articles were retained reporting on experiments on the neck, lumbar spine, hip and jaw. Millan et al concluded that SMT seems sometimes to have a small effect on ROM, at least in the cervical spine. Further research should concentrate on areas of the spine that have the potential of actually improving to such a degree that a change can be easily uncovered.

Millan,M., et al., **The effect of spinal manipulative therapy on spinal range of motion: a systematic literature review**. *Chiropractic & Manual Therapies* 2012, 20:23 doi:10.1186/2045-709X-20-23

DOES SPINAL MANIPULATION REDUCE EXPERIMENTALLY INDUCED PAIN?

Although there is evidence that spinal manipulative therapy (SMT) can reduce pain, the mechanisms involved are not well established. There is a need to review the scientific literature to establish the evidence-base for the reduction of pain following SMT.

These results indicate that SMT has a direct local/regional hypoalgesic effect on experimental pain for some types of stimuli. Further research is needed to determine i) if there is also a systemic effect, ii) the exact mechanisms by which SMT attenuates pain, and iii) whether this response is clinically significant.

Millan, M., et al. **The effect of spinal manipulative therapy on experimentally induced pain: a systematic literature review.** *Chiropractic & Manual Therapies* 2012, 20:26 doi:10.1186/2045-709X-20-26

THE CLINICAL COURSE OF NON-SPECIFIC LBP

The findings of this review indicate that the assumption that spontaneous recovery occurs in a large majority of patients is not justified. There should be more focus on intensive follow–up of patients who have not recovered within the first 3 months.

A total of 11 studies were eligible for evaluation. They found that in the first 3 months, recovery is observed in 33% of patients, but 1 year after onset, 65% still report pain.

Subgroup analysis reveals that the pooled proportion of patients still reporting pain after 1 year was 71% at 12 months for studies that considered total absence of pain as a criterion for recovery versus 57% for studies that used a less stringent definition.

Itz CJ et al. **Clinical course of non-specific low back pain: A systematic review of prospective cohort studies set in primary care.** *European Journal of Pain,* 09/24/2012

OZONE THERAPY – A SYSTEMATIC REVIEW

Ozone therapy appears to yield positive results and low morbidity rates when applied percutaneously for the treatment of chronic low back pain. Eight observational studies were included in the systematic review and 4 randomized trials in the meta–analysis. The indicated level of evidence for long–term pain relief was II–3 for ozone therapy applied intradiscally and II–1 for ozone therapy applied paravertebrally.

De Oliveira Magalhaes FN et al. **Ozone therapy as a treatment for low back pain secondary to herniated disc: a systematic review and meta-analysis of randomized controlled trials systematic review.** *Pain Physician,* 03/23/2012

ADDITIONAL BENEFITS OF CERVICAL FUSION APPLIED ANTERIORLY

There is no additional benefit of fusion techniques applied within an anterior discectomy procedure on pain, recovery and return to work.

Results revealed no clinically relevant differences in recovery: the pooled risk difference in the short–term follow–up was –0.06 (95% confidence interval –0.22 to 0.10) and –0.07 (95% confidence interval –0.14 to 0.00) in the long–term follow–up. Pooled risk differences for pain and return to work all demonstrated no differences.

Van Middelkoop M et al. **No additional value of fusion techniques on anterior discectomy for neck pain: A systematic review.** *Pain,* 08/09/2012

Info Bites

CAM USAGE

CAM usage remains constant over the past 12 years when comparing 2012 with 20000 according to Harris et al (2012) who conducted the survey over some 15 countries. Estimates of 12–month prevalence of any CAM use (excluding prayer) from surveys using consistent measurement methods showed remarkable stability in Australia (49%, 52%, 52%; 1993, 2000, 2004) and USA (36%, 38%; 2002, 2007).

In another study seeking to explore CAM usage in Australian mid-aged women (10492 subjects) with LBP, it was found that they utilise a range of conventional and CAM treatments (Broom et al, 2012). Consultation with complementary and alternative medicine (CAM) practitioners or self–prescribed CAM was predominantly in addition to, rather than a replacement for, conventional care.

They found that back pain was experienced by 77% (n = 8063) of the cohort in the previous twelve month period. The majority of women with back pain only consulted with a conventional care provider (51.3%), 44.2% of women with back pain consulted with both a conventional care provider and a CAM practitioner. Women with more frequent back pain were more likely to consult a CAM practitioner, as well as seek conventional care. The most commonly utilised CAM practitioners were massage therapy (26.5% of those with back pain) and chiropractic (16.1% of those with back pain). Only 1.7% of women with back pain consulted with a CAM practitioner exclusively.

Harris P., et al. **Prevalence of complementary and alternative medicine (CAM) use by the general population: a systematic review and update.** *International Journal of Clinical Practice,* 10/16/2012

Broom AF et al. **Use of complementary and alternative medicine by mid-age women with back pain: a national cross-sectional survey.** *BMC Complementary and Alternative Medicine,* 07/30/2012

LBP AND PREGNANCY

Factors associated with a higher risk vary between LBP and pelvic girdle pain (PGP). History of LBP, related or not to previous pregnancy or postpartum, LBP surgery, and anxiety were the factors more strongly associated with pregnancy-related LBP. When these variables are taken into account, obstetrical data from current or previous pregnancies and other variables do not show a significant association with LBP. Stage of pregnancy and depression were associated with PGP.

Francisco et al. **Prevalence and Factors Associated With Low Back Pain and Pelvic Girdle Pain During Pregnancy: A Multicentre Study Conducted in the Spanish National Health Service.** *Spine:* 2012 - Vol 37 - Issue 17, p1516–1533. doi:10.1097/BRS.0b013e3182dcb74

SCOLIOSIS SURGERY OUTCOMES FOR THE ELDERLY AS COMPARED TO THE YOUNG

These data demonstrate the potential benefits of surgical treatment for adult scoliosis and suggest that the elderly, despite facing the greatest risk of complications, may stand to gain a disproportionately greater improvement in disability and pain with surgery.

Smith J.S. et al. **Risk-Benefit Assessment of Surgery for Adult Scoliosis: An Analysis Based on Patient Age.** *Spine* 2011 - Vol 36 - Issue 10 - p 817–824. doi:0.1097/BRS.0b013e3181e21783

CORTISONE AND CARPAL TUNNEL – WHO IS MOST LIKELY TO RESPOND

Steroid injection is an appropriate treatment in carefully selected patients. Those who are female, diabetic and have neurophysiological confirmation of diagnosis have the highest risk of relapse. These results may be used to guide initial treatment and counsel patients about the risk relapse.

Jenkins PJ et al **Corticosteroid injection for carpal tunnel syndrome: a 5-year survivorship analysis** *Hand*, 02/06/2012

OWN BLOOD INJECTIONS FOR PLANTAR FASCITIS

Injection of Platelets rich plasma is safe and doesn't affect the biomechanical function of the foot. The successful early findings with injection of Platelets rich plasma indicate that this may become a very commonly used modality in treating this difficult condition.

Ragab EMS et al. – **Platelets rich plasma for treatment of chronic plantar fasciitis.** *Archives of Orthopaedic and Trauma Surgery,* 05/08/2012

CAN YOU PREVENT LOW BACK PAIN IN SEDENTARY WORKERS

This pilot study suggests that Low Back Pain (LBP) can be prevented in 50–year–old healthy working persons by daily, mild home calisthenics that improve balance–muscle strength.

Moore C et al. – **Prevention of Low Back Pain in Sedentary Healthy Workers: A Pilot Study** *The American Journal of the Medical Sciences,* 07/31/2012

Classifieds

LOCUMS AVAILABLE

Dr Craig Lyon *Chiropractor*
Friendly, motivated and hardworking 2002 graduate available for an associate position or locum opportunities in the Sydney region. Relocated from South Africa with valuable experience in family care. Proficient in TRT, Diversified, Drops, Auriculotherapy, Soft Tissue/Trigger Point Therapy and Dry Needling. I'm eager to observe/learn and can model my technique and practice style on yours ensuring continuity in patient care. I am passionate about providing quality health care. Contact via chirocraig1@gmail.com or 0406 618 234

Victoria – *Melbourne & Surrounds*
Chiro with 25 years diverse experience in over 40 clinics – vast knowledge base/ profound people skills - seeking part time work to help out chiro who wants to cut back on his/her workload- Melbourne and surrounds or perhaps a day at a country practice. Email peter.bresnahan@optusnet.com.au

Dr Brad Jones *Chiropractor*
2004 Macquarie Graduate available from Jan – May 2013. Competent in most mainstream modalities & techniques including Div, AK, Act, SOT, Gon, Drop piece, NET, RNR. Available Australia wide. Will observe prior to locum. Further information: 0478011692 or boudihealth@hotmail.com

Do you need help to recruit a locum or associate? Are you a locum searching for a position?
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Dr Ashka Mehta *Chiropractor*
2011 Murdoch graduate with previous locum experience. Available to work in Perth, Brisbane, Sydney and Melbourne metropolitan areas. I predominantly use diversified technique but am able to adapt to your practice style. Phone 0423 163 367 or email ashka316@yahoo.com.au

Dr Meighan Fenwick *Chiropractor*
1996 Macquarie Graduate available for short term locum work in Hunter Valley region. Techniques include Diversified, Drop piece, soft tissue and trigger point therapy. I have also worked for SOT and Activator practitioners. Please email browne_meig@yahoo.com.au or call 0451 656 740.

Dr Lorraine Combrinck *Chiropractor*
Friendly, motivated Murdoch graduate available for work in WA. Diversified, trigger point therapy, soft tissue, rehab and dry needling modalities, with basic SOT and activator knowledge. Willing to observe and adapt to any style in which you practice. Phone 0402 408 108 or email lorrainecombrinck@hotmail.com

Dr Nassim Varghayee *Chiropractor*
Female chiropractor, resides in Melbourne (Victoria) practices predominantly low force techniques, Activator, Blocks and Drop Piece. Has background in AK, SOT and NIP. Contact via nassimvarghayee@gmail.com or 0401 227 669

Dr Victor Joppich *Chiropractor*
Male locum Chiro with more than 20 years experience. My excellent clinical and adjusting skills in combination with my proficiency as a practice builder will enable you to take that much needed break with peace of mind knowing that your clients are in good hands. Happy to observe and adapt to your practice style. (Available nationwide) Ph: 0468 670 255 or email: vjoppich@gmail.com

Dr. Luke White *Chiropractor*
Macquarie Graduate 06. Competent in most mainstream modalities. Available throughout Australia. Will observe prior to locum. Further information phone: 0410 106 905 or Email: whitey189@me.com

Dr. Marcus Soane *Chiropractor*
Reg. in NSW, QLD & VIC. Quality work, specialist in sport. Will observe 1 day before. D.C, D.O, N.D. Ph: (02) 4997 0284

Dr. Amanda Smith *Chiropractor*
2007 Murdoch graduate available for work in WA. Diversified, soft tissue, trigger point therapy, rehab and PT modalities. Adaptable to style in which you practice. Happy to observe prior. Ph: 0422 933 844 Email: Amanda_a_smith@yahoo.com

Dr. F. Pakzamir *Chiropractor*
1992 RMIT graduate available for work in Victoria. Exp in different techniques inc manual adjusting, activator, blocks, laser, ultrasound, electrotherapy, etc. Will observe before. Ph: 0407 831 183
Email: fpakzamir@hotmail.com

Dr. Doug Brinsmead *Chiropractor*
1986 RMIT graduate. Available for work nationally. Ph: 0405 679 883 or 0409 239 770.

Dr. Pascal Barrette *Chiropractor*
1996 Palmer graduate. Available for work in Vic. Exp in diversified, Gonstead, activator, SOT. Ph: 0402 259 123
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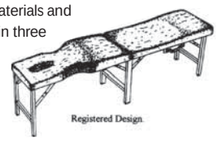

Classifieds

BUSINESSES FOR SALE

SA – *Reynella:* "Well established practice of 12 years, 30 min from Adelaide CBD. Well run office, full systems & procedures in place, large data base, HIGH patient volume & good New Patient flow. Large premises with beautifully equipped rooms. Lots of room for growth, no local competition, recently re-branded, new signage & website/online presence. Associate Chiropractor and CAs ready to stay on, owner available to stay on and work part time as required. All organised for you, just move in and thrive. Purchase the goodwill & equipment, long term secure lease or purchase the building. Please phone Ideal Practice on 1300 652 361 or email to anthony.c@idealpractice.com.au."

VIC – *West Melbourne:* A fantastic opportunity to purchase a well established Chiropractic and Wellness practice in the inner West Melbourne area. Significant scope exists to either increase capacity within the building footprint, or sub-let to create additional revenue streams from multiple consultation rooms. Providing ease of parking and long-term dedicated staff utilising modern practice administration software, this is an easy move into long term business. Currently operating with two part time chiropractors, a remedial massage therapist, and counselling services. This business is a gem with loads of potential to build. Please contact 0413 580 205 or direct email to allison.awp@gmail.com.

QLD – *Noosa:* Live the lifestyle Noosa offers whilst only working two and a half days a week or expand those hours to suit your needs. 20+ year established family oriented maintenance based practice with committed loyal patient base. Contact Tim on 0422324577 or email svelton@bigpond.com.

TO LET

NSW – *Narrabeen, Northern Beaches:* 2 serviced, furnished rooms suitable for physical or allied health care, includes kitchen, secure parking in established Osteopathic practice Narrabeen, Northern Beaches. Range of office services available from full reception, switchboard for your phone number, bookkeeping and marketing. Please contact: Dr Tony Tranfield, Beaches Osteopathic Centre, (02) 9913 7900 Web: www.osteopathiccentre.com.au

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QLD – *Brisbane:* 1 x Manual, Leander lite flexion distraction table with electric verti lift, cervical and mid drop sections $4500 • 1 x motorised osteopathic traction / adjusting couch, adjustable head & mid-section. Comes with harness lumbar / cervical $1800 • 1 x Sitting cervical adjustable traction chair with pulleys, weights etc. as used by harrison biophysics $1600 • 1 x stainless steel 30 litre urn used for hot packs $50 • 1 x high back swivel office chair plus 5 waiting room chairs $140 the lot • 2 x X-Ray viewer boxes 50x37cm $30 • Soto blocks and base plus 10 solid high density foam blocks enclosed in fabric (all shapes) $95 • 1 x magazine table $15 • 1 x full flexible spine on stand, and 4 stages of vertable degeneration model $50 for both • 1 x physio med 3 tristronics, 1 x microtizeron trolley, 1 ultrasound US5 TGS as is, $200 for all 3 • 1 x massage and adjusting couch with solid wooden base, may require re-upholstering $170 • Paul Check - 8 x core and fit ball core conditioning and rehabilitation tapes and manual, plus another on golf conditioning $150.
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NSW – *Sydney:* Flexion – Distraction 'Leander' table with cervical, thoracic and lumbar drops. Used. Recently re-upholstered. $1500.00 neg. Call: 0405 103 330

NSW – *Sydney:* Zenith 440 table, 4 drops, hylo. Renovated, looks good & fully functional, with 4yo JunAir super quiet compressor. $9.5k neg. Zenith 210 hylo. Sweet table, fresh leather, works well. $5k neg. Athlegen 'Access' pro massage table. Needs new motor. Make an offer. Sydney: mail@hiles.info or 0409 826 845

QLD – *Burleigh Heads:*
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ASSOCIATES REQUIRED

QLD – *Townsville:* Energetic, positive and hard working Associate wanted for busy family practice. Diversified adjusting skills a must. Will work along side a very experience and talented doctor and take over a significant patient load immediately. Competitive salary. Many new patients each month, so growth potential is fantastic. Possible buy out option available as well. Practice located in beautiful Townsville, QLD. Enjoy all the amenities of a big city in a relaxed atmosphere. Please email cv to: rollman_c@hotmail.com

QLD – *Kingaroy:* A full/part time Associate Chiropractor is required at In Touch Chiropractic. We are situated just 2 hours west of the Sunshine Coast in an ever growing community. Our clinic has a special interest in pregnancy and family health as well as sports injuries and rehabilitation. The successful candidate will be working closely with another full time Chiropractor as well as the Principal Chiropractor who will be there to provide support and mentorship. In Touch Chiropractic provides a compassionate, fun environment in which to work and grow. Contact karissa@intouchchiro.net.au or 0429 621 320.

WA – *Newman:* Associate Chiropractor position available for start ASAP in the busy country and thriving mining town of Newman, just a direct flight NE of Perth. We are open to a flexible arrangement of working hours with fly in- fly out options and also includes accommodation. We are looking for an Associate who is self-motivated, an excellent communicator, and passionate about offering the best levels of care to the patient. This practice is thriving as it is the only Chiropractic practice in the region with large numbers and new patient enquires and bookings. This position is ideal for an individual or a couple where the partner is trying to get into mining. Please email all enquires to info@idealpractice.com.au

NSW – *Port Macquarie:* Associate Chiropractor fulltime position is available. A Family Orientated Practice established for 11 years, we believe that health is among our most valuable possessions and we're committed to teaching our patients that true health is a journey, not a destination. We are looking for an Associate who is self-motivated, an excellent communicator and passionate about offering the best levels of care to the patient. The new associate will be partly responsible for building his/her own patient list. Work for a centre that values and rewards committed hard working staff. Please submit your application with your resume to be emailed to info@idealpractice.com.au

VIC – *Wimmera Region:* Wimmera Chiropractic Centres – Future Partnership & Buy-ins considered.Our Horsham based practice & satellite clinics are growing rapidly and require an Associate Chiropractor to join our expanding team. The right candidate must be professional, ethical and hardworking, self-motivated and must have a strong focus on client outcomes. Techniques utilised: Manual Adjusting, TPT, Nimmo, Drop Table. Applicants must be confident in manual adjusting people of all ages, including pregnant women and paediatrics. Please submit your application with your resume to be emailed to info@idealpractice.com.au

ACT: Associate required in the ACT. Genuine position as incumbent is moving overseas. Can expect to gross over $100K. Phone 0402 247 390 or 0404 346 491

VIC – *Berwick:* Busy Berwick chiropractic clinic requires an experienced Chiropractor to fill the void left by our two existing female practitioners. The position requires a skilled manual (Diversified) practitioner who utilises soft-tissue therapy as part of their treatment. Please Email any expressions of interest to Tara at complete.chiro@bigpond.com

WA: Interested in Working at the Mines?
Chirofit is a newly established Perth-based company seeking "Expressions of Interest" from Chiropractors who are interested in working on-site at mining locations across Western Australia, and possibly Australia wide. Chirofit has just completed a thorough initial "set-up" phase and is now ready to meet with interested practitioners.
Duties will likely involve:
1. Provision of chiropractic care
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Once Chirofit has gathered a list of interested parties, we will hold an information evening on a date to be decided. If you are interested, please email: info@chirofit.com.au You can also visit our website: www.chirofit.com.au

WA – *Margaret River:* @ Ease Chiropractic & Wellness, a small chiropractic clinic located in Margaret River, is seeking the right chiropractor to cover as a locum with the potential to remain as an associate following maternity leave. Minimum 5 month position. Starting January 2013. Please see website www.AtEaseChiropractic.com.au for more information about the clinic. Contact Dr. Sue Pausin at drsue@AtEaseChiropractic.com.au or on (08) 9757 9005.

QLD – *North Brisbane:* Joyner chiropractic is looking for a long term Associate with a view to eventually buying into the clinic. Pleasant working environment 45min from Brisbane and 1hour from the beautiful sunshine coast. The clinic is set in a semi rural environment, multidisciplinary in nature including massage therapy, acupuncture, hypnotherapy and NLP. Generous salary packages available increasing with increasing patient numbers. Email details to: dmwassociates@bigpond.com for further information.

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SA – *Adelaide (Northern Suburbs):* We are looking for an associate to join our team. The applicant must have availability for evening shifts. A positive attitude with a caring, enthusiastic, dedicated and self-motivated nature is essential. Our growing practise is located in the northern suburbs, 20mins from the CBD. Our centre offers excellent facilities and great support staff. Treatment techniques utilized in this practise are AK, Diversified and Activator. Please phone (08) 82603499 or email Vanessa at whcchiro@gmail.com

NSW – *Mona Vale:* Associate/long term locum required to take over established patient base in Mona Vale on Sydney's Northern Beaches. An opportunity to take over an established patient base seeing 90-100 ppw. You could be part of one of Sydney's best Holistic health clinics, working with other very experienced practitioners and amazing front desk team. You are very proficient in NET, AK, activator, drop piece, diversified and have some knowledge on nutrition. This is as good as an opportunity gets! Beaches lifestyle, established patient base. Contact Steve 0412 09 44 18

QLD – *Brisbane (Milton):* Looking to work for a unique and growing practice in Brisbane? Chiropractix is expanding to be a multi-disciplinary clinic with several benefits including: • Great remuneration • Ongoing training • Excellent location • Existing patient base • Existing relationship and referrals from the local GPs • Flexible hours
We are seeking someone who is:
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QLD – *Townsville:* Bauer Chiropractic Centre has a position available for an Associate Chiropractor for start ASAP in in Townsville, North Queensland. Integrity, proficient adjusting & excellent communication skills are essential. Excellent salary package for the genuinely committed. Join our progressive team in a well-established practice. Please email all enquires to info@idealpractice.com.au

WA – *Canning Vale:* We require a chiropractor who is interested in a long term proposition with a view to buy-in. Applicant must be an ethical person who has initiative, confidence, consistency, persistence and a 'can do/will do' attitude. The Canning Vale area is a middle class white/blue collar residential district adjacent to a large industrial distribution centre and one of the fastest growing and expanding regions in Australia. Canning Healthcare Centre established since 1991, is a multi-discipline, multi-practitioner centre with two chiropractors, two massage therapists and an occupational therapist. Experienced or new graduate chiropractors may apply. Send your resume by email to: Ms Shari Norrish, Office Manager: chc@iinet.net.au View our website at: www.canninghealthcare.com.au for more information or phone (08) 9455 2959

QLD – *Brisbane (Manly West):* Tyack Health is a multi-disciplinary practice located in Manly West, Brisbane. We have an exciting opportunity for a dynamic, personable team player to join our busy team of 6 Chiropractors. Our team (including 45 practitioners across 15 health disciplines) is passionate about delivering an integrated client-centric approach. With this focus, we have delivered improved clinical outcomes.
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QLD – *North Brisbane to Sunshine Coast:* Associate Chiropractor position is available at Spectrum Health Chiropractic Centres. Work for a group of clinics that values and rewards committed hard working staff. Opportunity to learn techniques & approaches from an experienced clinician in a well-established practice & new locations, enabling you to go to another level of practice satisfaction & financial reward. Prefer mature applicant with previous practice experience who must be able to ensure client satisfaction & compliance, as well as having the ability to obtain, educate and retain patients. Please submit your application with your resume to be emailed to info@idealpractice.com.au

QLD – *Brisbane North:* Do you want to work in a well established, busy family practice within a wellness focused multi-disciplinary team environment? Do you want a full time income but only work part time? Do you want to take over a client base of well educated patients and have an abundance of new patients? Would you like all of this and work less than 30mins from the Brisbane CBD and 30mins from the gorgeous beaches of the sunshine coast? If you are a wellness chiropractor, who is enthusiastic, a great communicator, an excellent adjustor (or motivated to learn to become one) who is keen to become a valuable team member we would love to hear from you. Immediate start is available and all applications are treated in strict confidentiality. Please email directors@embracelife.net.au with your Covering Letter and Resume.

QLD – *Sunshine Coast:* Associate required for Sunshine Coast. Enjoy living and working on the beautiful Sunshine Coast, with all the benefits this lifestyle has to offer. Aassociate required to take over principals patient base. The successful candidate must be committed and motivated to maintain and expand the practice with the support of principal. Contact Tim on 0422324577 or email svelton@bigpond.com

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