ChiroFutures

Chiropractic Society of Texas

March 18-19, 2022

Matthew McCoy DC, MPH
CEO & Co Founder
ChiroFutures Malpractice Program
Phone: 800.219.9090 FAX: 800.219.9619
drmccoy@chirofutures.org

Course Overview

- Ethics, Risk, Documentation
- The Current Landscape – 30,000 Foot View
- Immunity Claims & Chiropractic (Ethics, Risk)
- Evidence Informed Practice (Ethics)
- Consent (Ethics) – Deep dive
- Risk, Risk Perception & Communication (Ethics)
- Documentation (X-ray *risks*)
- Credible Evidence (Risk, Ethics)
- Solutions (Ethics)

DEBRIEFING

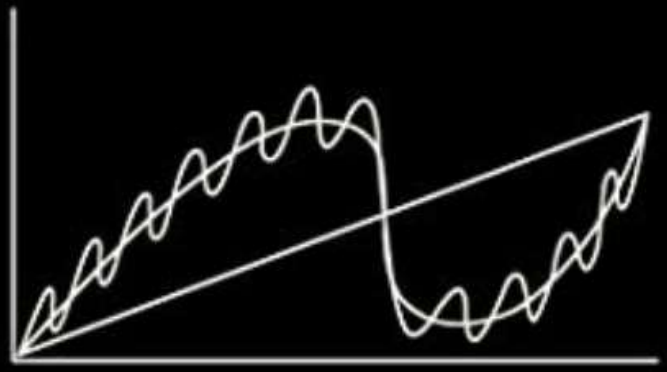
Risk Management



NEW YORK TIMES BESTSELLER

Principles for Dealing with

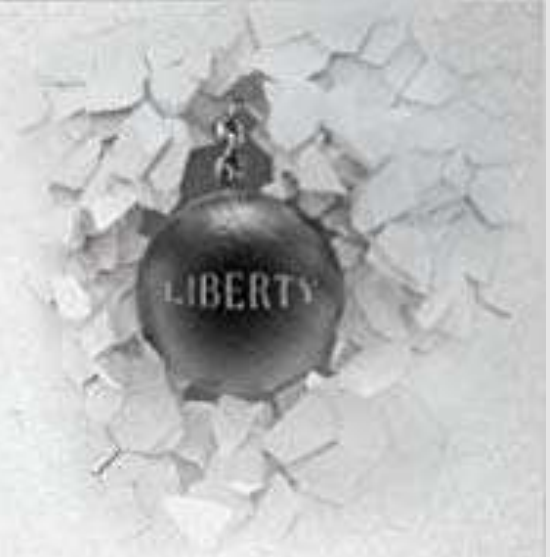
THE CHANGING WORLD ORDER



Why Nations Succeed and Fail

RAY DALIO

AUTHOR OF THE #1 *NEW YORK TIMES* BESTSELLER *PRINCIPLES*
AND FOUNDER OF THE WORLD'S LARGEST HEDGE FUND



DECONSTRUCTING THE ADMINISTRATIVE STATE

★★ The Fight for Liberty ★★

EMMETT MCGROARTY, JANE ROBBINS,
AND ERIN TUTTLE

b. Enforcement Committee

- Dr. Baucum reported that 27 cases were reviewed at the previous day's Enforcement Committee (EC) meeting to determine whether any laws under the Board's jurisdiction were violated.
- He discussed his visit to Parker University students with Dr. Wofford to educate them on potential enforcement pitfalls.
- He noted the committee's desire to attempt regulation of practice management groups if possible, due to the increasing number of complaints alleging billing fraud or scope of practice violations by doctors who are attending practice management seminars and receiving incorrect legal advice. He highlighted cases involving stem cells and P-Stim acupuncture devices in multi-disciplinary practices as recent examples.
- Dr. Baucum then invited Dr. Bronson to address the Board regarding the improper use of the term "board certified" among the licensee population. Dr. Bronson discussed ongoing efforts by the FCLB to create a national database of accredited certifying institutions and boards. Dr. Baucum suggested a change to the Board's advertising rules that would require licensees to only advertise board certifications from such a database.
- Dr. Baucum also proposed that Board members start randomly attending and auditing continuing education (CE) courses to ensure that topics outside the Texas scope of practice or other potentially unlawful practices are being properly addressed.


POLITIE

Evidence Informed Practice & Immunity Claims in Chiropractic



News

New public health order requires the CCBC to record vaccination status of registrants

March 8, 2022 8:45 am CCBC News, COVID-19

A new Order of the Provincial Health Officer (PHO) has been issued "to prevent or reduce the risk of the transmission of infection with SARS-CoV-2 by health professionals."

The *Health Professionals COVID-19 Vaccination Status Information and Preventive Measures Order* requires the College of Chiropractors of BC (CCBC) to record the COVID-19 vaccination status of all its registrants by March 31, 2022. On request by the CCBC, registrants must provide proof if they are vaccinated or have an exemption. It also requires the College to disclose to the PHO or medical health officer, on request, registrant information regarding vaccination status and place of work, either in aggregate or by individual.

COVID-19 Update

March 3, 2021

As you all know by now, the governor has announced that the COVID-19 mask mandate and business restrictions will be lifted on March 10. Many of you are already asking the Texas Board of Chiropractic Examiners (Board) what this means for you as an essential healthcare provider in Texas and for additional guidance. In light of the governor's announcement, the Board recommends the following to all licensees:

1. Licensees should continue to use best practices to prevent the spread of COVID-19 and to protect their patients and employees.

2. Licensees should continue to use their professional judgment to assess the risks to patients and employees based on licensees' individual circumstances.

3. Licensees should continue to follow any legally enforceable orders regarding safety protocols in their local jurisdictions.

You will no longer be under a state mandate requiring the use of masks on March 10. If you wish to continue to require their use by your employees and patients after March 10, that decision is up to your professional judgment as a portal-of-entry healthcare provider. The Board is confident you will all continue the high standards of professionalism that Texas chiropractors have shown throughout this health crisis.

Mark Bronson, D.C. President, Texas Board of Chiropractic Examiners

Colorado Chiropractors Now Able to Give COVID Vaccine Injections

Wednesday, January 13, 2021 - 23:30

NEWS STAFF



Decision Reflects Broad Changes in the Profession Since COVID Began

According to Emergency Rules now in effect for COVID-19 vaccinations in the State of Colorado, **chiropractors may now inject patients with the experimental COVID-19 vaccine in hospitals, inpatient and outpatient facilities.**

CLICK HERE to view the Order

Canadian Chiropractic Association Endorses Vaccination - Now Considers it "Safe and Effective"

Wednesday, December 4, 2019 - 15:02

NEWS STAFF

Canadian Chiropractic Association

Move Designed to Promote Chiropractic as a "Trusted and Respected Healthcare Profession"

The Canadian Chiropractic Association (CCA) has doubled down on its efforts to align the chiropractic profession with organized medicine, abandon the profession's roots and gain acceptance within the public health community in regards to its promotion of universal vaccination.

Chiropractors in Quebec To Give COVID Vaccine Injections After Training

Thursday, December 10, 2020 - 19:56



Health Minister Says Purpose is to Increase Vaccination Capacity

Following in the footsteps of the **United Kingdom** where chiropractors can sign up to be **"vaccinators"** the **Quebec Health Minister Christian Dubé has stated that students and a variety of Quebec health professionals, such as chiropractors and veterinarians, will be able to help give COVID-19 and flu vaccines.**

CLICK HERE for the UK Story

Canadian Chiropractors Helping Inject COVID Vaccines into Thousands of Canadians

Thursday, July 22, 2021 - 14:26



Canadian Chiropractic Association Says its "Proud" of its Members Who Have Volunteered to Inject Canadians

In one of the most bizarre and surreal developments in chiropractic, members of the **Canadian Chiropractic Association** (CCA) and its leaders are bragging and virtue signaling about their involvement in the injection of the experimental, novel molecular COVID machine into thousands of Canadian citizens.

In an article titled: **"The door of hope – Chiropractors step up to accelerate COVID-19 vaccinations"** **Joannie Dupont** DC, a Canadian chiropractor stated:



Many chiropractors answered the call to help vaccinate Canadians.

Canadian Chiropractic Association Board member Dr. Gerald Olin (left) and CCA member Dr. Tim Pethrick (right) are seen here at a vaccination clinic in Winnipeg, MB.



"Sometimes chiropractors are perceived as being on the outskirts of healthcare, and this time we are participating in the centre of it"

Canadian Chiropractic Association Member **Marie-Josee Bernier at** a vaccination clinic in Winnipeg, MB

Administering the jabs isn't the only important job in the process. The vaccine must be drawn into the vials at the correct dose and dilution. That's where chiropractors in Manitoba, like **Dr. Marie-Josée Bernier**, come in.



Canadian Chiropractic Association Member **Marie-Josee Bernier at** a vaccination clinic in Winnipeg, MB



In addition to administering the vaccine, she has also been tasked with preparing doses.

The clinic aims to immunize one person every 60 seconds, so she estimates she has already helped thousands of Manitobans.

Canadian Chiropractic Association Member **Marie-Josee Bernier at** a vaccination clinic in Winnipeg, MB



"Helping with vaccinations is a way to fuel the impatience in my belly of moving on. It was an action I could actually have control over. As soon as they asked chiropractors to help, I knew it was my cue."

Canadian Chiropractic Association Member Joannie Dupont DC at a vaccination clinic in Montreal, QC.

By her estimates, she has vaccinated more than **5,000 people**. “Depending on the day, it’s between 80 – 120 people. Some days it feels like a drop in the bucket, but each jab counts,”



Canadian Chiropractic Association Member **Joannie Dupont DC** at a vaccination clinic in Montreal, QC.

Hello,

We are pleased to announce that in light of the state of Texas reaching a surplus of COVID vaccines we are now fully stocked with all **THREE** versions of the COVID-19 vaccine. That's right, we are pleased to announce that The [redacted] Clinic has several doses of the **Pfizer, Moderna, and Johnson & Johnson COVID** vaccines available to our patients, our patients' families, and the local community for *free of charge*.

According to the Texas Department of State Health, as of March 29, 2021, all Texas residents over the age of 18 are eligible to receive the COVID-19 vaccine, if they so choose, regardless of their ability to pay. There is no out-of-pocket expense for receiving a COVID-19 vaccine for any individuals in our clinic.

In order to receive a COVID-19 vaccine you must first contact our office to schedule an appointment by phone or via our website using the Request Appointment button at the top left of our home page. We are accepting appointments for anyone to receive the COVID-19 vaccine as supplies last.

In order to see day-to-day information about our supply of the COVID vaccine you can find us on the Texas COVID-19 Vaccine Availability map listed under the [redacted]

We understand you may have questions about the vaccine, and our providers are prepared to answer any questions you may have during a separate appointment so that you can make an informed decision about your health. When scheduling please state clearly your intention to discuss the vaccine or to receive the vaccine. This will help us keep appointments on time and maximize the amount of benefit attained.

In addition, we are encouraging patients who have a smartphone to enroll in v-safe, a tool that can be used to tell the CDC if someone has any side effects after getting a COVID-19 vaccine. If you report serious side effects, someone from CDC will call to follow up.

As your trusted local primary care clinic, we aim to provide multiple treatment options that best serve our patients. By integrating family and physical medicine, chiropractic, and physical rehabilitation together into a team-based model, we strive to offer a variety of curative and preventative services with your best health in mind.

As always, thank you for trusting us with your health.

Yours in Health,

The [redacted] Team

[redacted]

97[redacted]

REQUEST APPOINTMENT

HOME ABOUT PRACTICE PROVIDERS TREATMENTS & SERVICES SERVICES NEW PATIENT FORMS BLOG TESTIMONIALS CONTACT


[redacted]

D.C.

Chiropractor


[redacted]

D.C.

TCA Texas Chiropractic Association

ACA American Chiropractic Association

The Christian Chiropractors Association

[redacted]

PROUDLY CARING FOR VETERANS

UK's Chiropractic Regulatory Board Promotes COVID Vaccine - Warns Chiropractors They Must Do the Same

Sunday, December 6, 2020 - 16:47

NEWS STAFF



Regulatory Board Threatens Chiropractors for Telling the Public the Truth

The United Kingdom's General Chiropractic Council (GCC) has issued a threat and a warning to UK Chiropractors: **Promote the COVID vaccine narrative that we approve or else.**

The **General Chiropractic Council** is the only regulatory and licensing board overseeing chiropractic in the United Kingdom and **has a long history of anti-chiropractic policy making** that targets those chiropractors practicing the management of vertebral subluxation in a salutogenic, vitalistic model.

General Chiropractic Council

The GCC Newsletter

From Covid to Consultations

The Spinal Column by Nick Jones, Chief Executive and Registrar

I hope your bank holiday weekend was restful.



It is clear the road to reopening our society is not linear, emphasising the importance of ongoing vigilance and professionalism. Also clear, is the importance of the vaccine programme in reducing transmission and the severity of disease in those who do catch the virus.

Some people may have legitimate reasons not to be vaccinated. However, registrants must put patients' health first, respect them and ensure that their health and welfare is always promoted. This normally means a registrant should be vaccinated, and where a registrant cannot be vaccinated then clinical guidance must be followed to protect themselves, colleagues, and patients.

The GCC will shortly be submitting its response to the Department of Health and Social Care's consultation on the future of health and social care regulation. With the GCC Chair, I was pleased to meet colleagues from the Royal College of Chiropractors (RCC); representatives from the chiropractic associations; and through the RCC Deans' Forum leaders from the education institutions. These meetings were convened to share views and I was delighted by the thoughtful insights offered, which will certainly inform the response made by the GCC.

Finally, we are aware that some patients have experienced a significant breach of security relating to their personal data following data loss at a third-party patient record system supplier to some registrants, apparently further to a malicious act. As such, registrant *data controllers* were obliged to report the matter to the Information Commissioner's Office. Follow-up action, including full disclosure to affected patients and other steps to recover or reproduce data are ongoing.

We continue to monitor the specifics here. In the meantime, this incident acts as a reminder to all registrants that the information held about patients places a heavy responsibility on them to safeguard it – including where that data is processed by a third party.

I wish you well.

Nick Jones
Chief Executive and Registrar

n.jones@gcc-uk.org

Royal College of Chiropractors Urges Chiropractors to Help Vaccinate UK Citizens

Sunday, December 6, 2020 - 16:32

NEWS STAFF

The Royal College of Chiropractors

College Wants Chiropractors to Help the Large Scale Vaccination Program

The **Royal College of Chiropractors** in the United Kingdom is urging chiropractors to sign up with the National Health Service (NHS) of England as **"vaccinators"** as the NHS begins its recruiting of thousands of people to help inject citizens with the rushed vaccine.

The Department for Health and Social Care recently **changed the law to allow a wider group of people to inject the rushed vaccine** against the CCP virus. These are paid roles.

Northwestern Chiropractic Program Mandates COVID Testing of all Students

Thursday, December 3, 2020 - 13:44

NEWS STAFF



Is Mandated Vaccination Next for These Students?

According to an announcement from **Katie Burns Ryan DC, Director of Clinical Services at the College of Chiropractic at Northwestern Health Sciences University**, students will be **mandated to undergo COVID testing** after the first of the year. The school instituted voluntary testing following Thanksgiving break so they could work out the kinks and be ready once the new year begins and students return to campus.

Please Let Us Vaccinate - Michele Maiers of Northwestern's President's Cabinet Begs Federal Government

Thursday, September 23, 2021 - 12:54

NEWS STAFF



Maiers is Executive Director at Northwestern & President of the American Chiropractic Association

Michele Maiers DC, MPH, Ph.D a Member of the **President's Cabinet at Northwestern University of Health Sciences (Formerly Northwestern Chiropractic College)** and Executive Director of Research & Innovation there, begged the federal government to **add chiropractors to the list of eligible providers so they can inject the COVID vaccine**.

Allow Chiropractors to Give COVID Vaccine Injections Urges the American Chiropractic Association

Wednesday, September 22, 2021 - 15:58

NEWS STAFF



ACA Urges HHS to Allow Chiropractors to Give COVID Vaccine Injections & Says Chiropractors Meet Criteria to Give Vaccine

According to the The 2021 Q1 Lobbying Report filed by the **American Chiropractic Association (ACA)** The ACA stated that it was lobbying the U.S. Department of Health and Human Services and **"urging"** them to allow doctors of chiropractic to administer COVID-19 vaccines.

Northwestern to Give Flu Shots

Wednesday, October 24, 2012 - 00:00

STAFF WRITER

Fulfills Role as Primary Care Provider

In an e-mail that went out to students and staff of Northwestern Health Sciences University, the institution states it will be offering free flu shots to interested employees and students this year to assist them in "staying healthy this flu season".

Reporting that the Minnesota Department of Health has confirmed the first flu cases of the 2012-2013 flu season in Minnesota, NWHSU asked: Are you ready for flu season?

Judging by disparaging comments made on Facebook at these efforts, there is some concern that vaccinations would be given out at an institution primarily known for training chiropractors. Such efforts should not surprise anyone however, given that all chiropractic institutions are mandated to train primary care physicians per the Council on Chiropractic Education (CCE) and that vaccinations are part of the responsibility of primary care providers.

Employees and students interested in getting the flu vaccine were asked to send an email with the word "yes" in the subject line to flushots@nwhealth.edu or to contact Deborah Hogenson at dhogenson@nwhealth.edu with any questions.

Chiropractors Ordered to Get Flu Shots

Tuesday, September 22, 2020 - 13:16

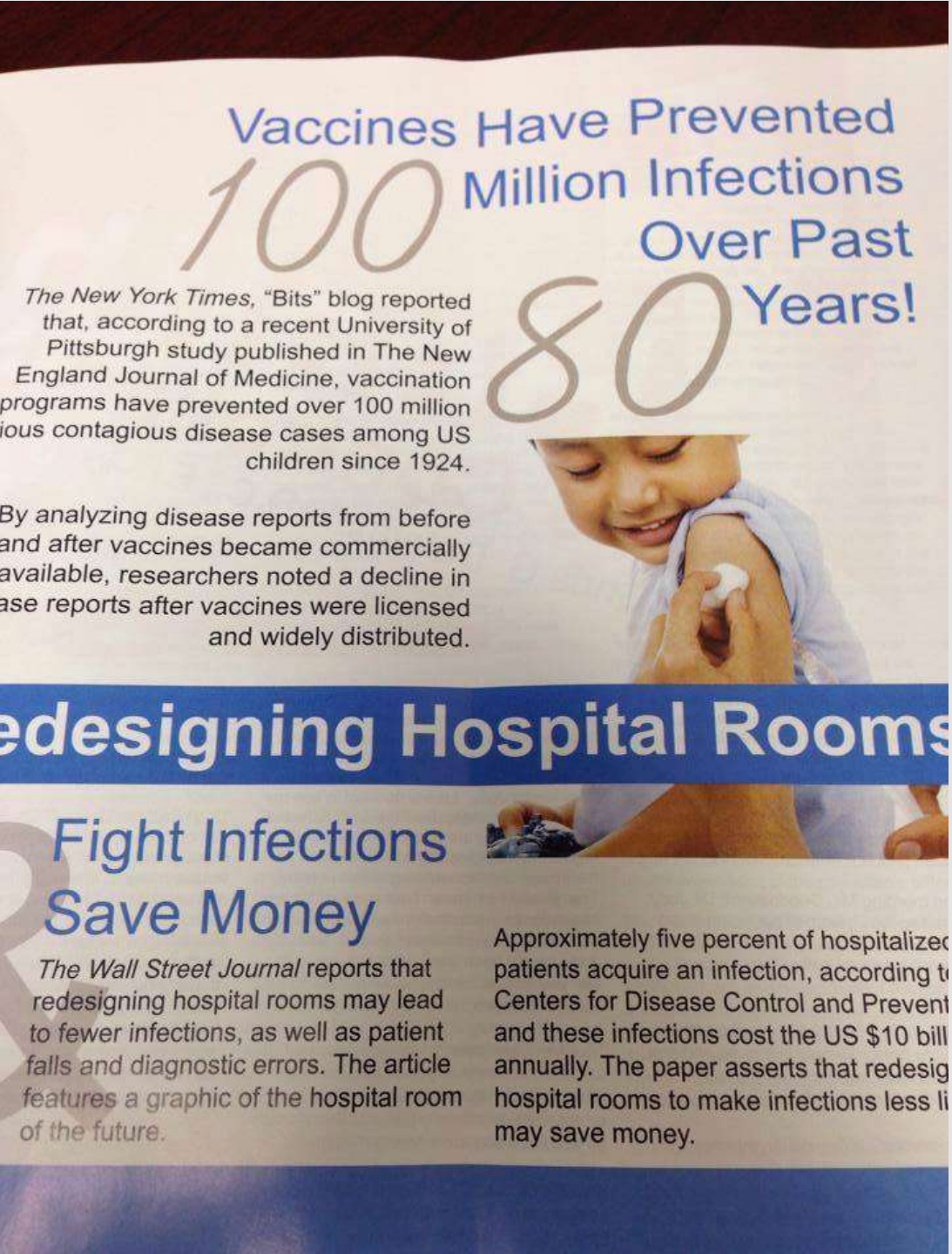
NEWS STAFF



Refusal May Result in Civil Enforcement or Criminal Penalties

Richard Wickenheiser, MD the Health Officer of **Tehama County California** has issued an ORDER (No. 12-01) **mandating influenza vaccination** of health care workers during the 2020/2021 influenza season. The order dated September 1, 2020 applies to:

Hospitals, Ambulatory and Community Clinics, Medical Practices, Skilled Nursing and other Long-Term Care Facilities, Dentist Offices, Chiropractic Offices, Physical Therapy Practices, and other Health Care Facilities.



Vaccines Have Prevented 100 Million Infections Over Past 80 Years!

The New York Times, "Bits" blog reported that, according to a recent University of Pittsburgh study published in The New England Journal of Medicine, vaccination programs have prevented over 100 million ious contagious disease cases among US children since 1924.

By analyzing disease reports from before and after vaccines became commercially available, researchers noted a decline in ase reports after vaccines were licensed and widely distributed.

Fight Infections Save Money

The Wall Street Journal reports that redesigning hospital rooms may lead to fewer infections, as well as patient falls and diagnostic errors. The article features a graphic of the hospital room of the future.

Approximately five percent of hospitalized patients acquire an infection, according t Centers for Disease Control and Prevent and these infections cost the US $10 bill annually. The paper asserts that redesig hospital rooms to make infections less li may save money.

Texas Chiropractic Association

Another California County Mandates Flu Shots for Chiropractors

Wednesday, September 23, 2020 - 13:10

NEWS STAFF



California Chiropractors Brace for Fallout

Following in the footsteps of Tehama County which issued mandatory flu vaccination for all health care workers including chiropractors on September 1, 2020, **Karen Ramstrom, DO, MSPH the Health Officer for Shasta County issued an identical order on September 17, 2020.**

CLICK HERE for the Tehama County Story

The Shasta County **ORDER mandates influenza vaccination of health care workers during the 2020/2021 influenza season**. The order dated September 17, 2020 applies to:

Hospitals, Ambulatory and Community Clinics, Medical Practices, Skilled Nursing and other Long-Term Care Facilities, Dentist Offices, Chiropractic Offices, Physical Therapy Practices, and other Health Care Facilities

Chiropractors Who Work in the VA Must Get Injected with Experimental COVID Vax

Monday, July 26, 2021 - 22:09

NEWS STAFF



Given Eight Weeks to Comply & Bonus Pay Once Injected

The Department of Veterans Affairs Secretary Denis McDonough announced he will make **COVID-19 vaccines mandatory** for Title 38 VA health care personnel — **including chiropractors** — who work in Veterans Health Administration facilities, visit VHA facilities or provide direct care to those the VA serves.

The mandate also applies to physicians, dentists, podiatrists, optometrists, registered nurses, physician assistants, and expanded-function dental auxiliaries.

Western States is Latest Chiropractic School to Push for Chiropractors to Inject COVID Vaccine - Will Do "Whatever is Necessary"

Friday, October 1, 2021 - 15:49

NEWS STAFF



Oregon Board Says Chiropractors Can Volunteer to Inject

According to the University of Western States (Formerly **Western States Chiropractic College**) the Oregon Board of Chiropractic Examiners (OBCE) released a statement that **chiropractic physicians and chiropractic students are authorized to administer COVID-19 vaccinations.**

The announcement is posted on Western states website. CLICK HERE to

50% of Chiropractors in Oregon Have Been Injected With Experimental COVID Vaccine

Friday, July 16, 2021 - 12:19

NEWS STAFF



45% of Chiropractic Assistants Have Also Taken the Injections

According to just released data from the Oregon Health Authority (OHA), **50% of chiropractors and 45% of chiropractic assistants** have received injections of the experimental emergency use COVID vaccine in that state.

Chiropractic Economics Magazine Promotes Flu Shots

Thursday, December 7, 2017 - 14:44

NEWS STAFF



Recommends Vaccinating Staff & Telling Patients About Benefits

An article published December 5, 2017 in the chiropractic trade magazine ***Chiropractic Economics***, they recommend the flu shot as one of the "things you can do to stop the spread" of flu viruses. Along with washing your hands and disinfecting your office, Chiropractic Economics also included: **Get your flu shot**

Alex Tauberg, DC, owner of Tauberg Chiropractic & Rehabilitation in Pennsylvania was quoted as saying:

"At my office, to prepare for flu season, we make sure that the providers that will be in contact with patients receive the flu vaccine."

The article went on to promote the flu vaccine claiming that:

"This helps protect staff from patients who may be carrying a bug, as well as protecting the patients if staff happen to be sick."

Sherman College Addresses Mandatory Vaccination & Consent Issues

Thursday, August 5, 2021 - 14:45

NEWS STAFF



States College Respects the Right to Freedom of Choice in Healthcare

As vaccination mandates for students and health care workers spread throughout the United States, chiropractors and chiropractic college students are increasingly becoming caught up in the fight for their personal autonomy. At the time of this writing, Oregon, California and Denver have mandated COVID vaccines for all health care workers. Oregon is home to the **University of Western States** which houses a chiropractic college and California is home to two chiropractic Colleges: LIFE **West and Palmer West.** Thus far none of those schools have issued any statements on the vaccination issue or how it will impact their faculty and students.



Sherman College of Chiropractic embraces the ethical principles of informed consent and personal autonomy in making health care decisions. Individuals have the right to make informed decisions concerning whether to accept or reject medical and other healthcare interventions. All medications and procedures carry an element of risk, and individuals are entitled to decide whether to accept or reject the potential benefits and risks of any drug or intervention without fraud, duress, or coercion. In acknowledging patient autonomy, Sherman College of Chiropractic adheres to the ethical principles of maintaining respect, integrity, and veracity. Sherman College of Chiropractic has not and does not require vaccination of students or staff. The college acknowledges that this is a personal decision for each individual. Furthermore, the college respects the right to freedom of choice in healthcare on the basis of personal, philosophical and religious beliefs.

Informed Consent, Personal Autonomy, Evidence Informed Practice and Health Care Mandates

ChiroFutures
Malpractice Insurance Program
www.chirofutures.org



It is the individual's decision whether or not to undergo a health care intervention. That decision comes about through an open, patient centered, evidence informed, consent driven process where the individual makes that decision knowledgeable about the evidence, comfortable with the intervention as safe, effective and consistent with their values.

British Columbia Bans X-Rays for Vertebral Subluxation Assessment

Tuesday, February 9, 2021 - 12:40

NEWS STAFF



Most Other Uses Banned as Well - Use Allowed for "Serious Pathology" Only

In what at any other time or from any other place would be considered unbelievable, the College of Chiropractors of British Columbia (CCBC) has outright banned the use of radiographs for the evaluation and assessment of vertebral subluxation.

According to the ban the only application of x-rays is to identify "serious pathology".

CLICK HERE to review the ban

British Columbia College of Chiropractors Attacks Again - This time its Websters, Labor, Birth, Birth Trauma and Hormones

Friday, December 27, 2019 - 15:46

NEWS STAFF

Meanwhile Board Members Passing these Draconian Rules Continue to Violate their own Policies

The British Columbia College of Chiropractors can't seem to stay out of the news as it continues to marginalize chiropractors who manage vertebral subluxation in a vitalistic, salutogenic manner.

As other Canadian Provinces fall in line with the example set by them, the BC College of Chiropractors (the Licensing & Regulatory Board) adopted more policies intended to **restrict the free market trade of chiropractors by adding more absurd language to their Efficacy Claims Policy and the infamous Appendix "N".**



Richard Brown @UK_Richard... · 13h

No one is safe until everyone is safe.

> **NHS** @NHSuk · 1d
>
> The COVID-19 vaccine protects you and those around you.
>
> Don't delay in getting your vaccine when it is offered to you. Find out if you're eligible here: nhs.uk/CovidVaccine



Part I

Medical Error & Immunity Claims in Chiropractic



Medical Error & Immunity Claims in Chiropractic

“A medical error includes an inaccurate or incomplete diagnosis or treatment of a disease disorder, injury, syndrome, infection or other ailment”

Medical Error

- Inaccurate diagnosis
- Inaccurate treatment
- Incomplete diagnosis
- Incomplete treatment

. . . of a disease, disorder, injury, syndrome, infection or other ailment

Rabbit Holes



Received: 5 October 2021 | Revised: 11 November 2021 | Accepted: 12 November 2021

DOI: 10.1111/jep.13640

COMPREHENSIVE REVIEWS

Journal of Evaluation in Clinical Practice

WILEY

The danger of the single storyline obfuscating the complexities of managing SARS-CoV-2/COVID-19

Joachim Sturmberg MBBS, MFM, DORACOG, FRACGP, PhD, A/Prof[1,2] | Elisabeth Paul PhD[3] | Wim Van Damme MD, MPH, PhD[4] | Valery Ridde PhD[5] | Garrett W. Brown PhD[6] | Andreas Kalk Med, MS (Gen Surg), MCommH[7]

[1]Discipline of General Practice, College of Health, Medicine and Wellbeing, University of Newcastle, Newcastle, New South Wales, Australia

[2]Foundation President—International Society for Systems and Complexity Sciences for Health,

[3]School of Public Health, Université Libre de Bruxelles, Brussels, Belgium

[4]Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium

[5]CEPED, Institute for Research on Sustainable Development (IRD), ERL INSERM SAGESUD, IRD-Université de Paris, Paris, France

[6]Colead—Global Health, School of Politics and International Studies (POLIS), University of Leeds, Leeds, UK

[7]Kinshasa Country Office, Deutsche Gesellschaft für Internationale Zusammenarbeit, Kinshasa, Democratic

Abstract

Chimamanda Ngozi Adichie showed how a single story is limited and thereby distorts the true nature of an issue. During this COVID-19 pandemic there have been, at least, three consecutive single stories—the 'lethal threat' story, followed by the 'economic threat' story, and finally the 'vaccine miracle' story. None of these single stories can convincingly and permanently capture the dynamics of the pandemic. This is because countries experienced different morbidity and mortality patterns, different socioeconomic disadvantage, age and vulnerability of population, timing and level of lockdown with economic variability, and, despite heavy promotion, vaccines were beset with a significant and variable degree of hesitancy. Lack of transparency, coherence and consistency of pandemic management—arising from holding on to single storylines—showed the global deficiency of public health policy and planning, an underfunding of (public) health and social services, and a growing distrust in governments' ability to manage crises effectively. Indeed, the global management has increased already large inequities, and little has been learnt to

current issues in molecular biology

MDPI

Article

Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line

Markus Aldén [1], Francisko Olofsson Falla [1], Daowei Yang [1], Mohammad Barghouth [1], Cheng Luan [1], Magnus Rasmussen [2] and Yang De Marinis [1,*]

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[2] Infection Medicine, Department of Clinical Sciences, Lund University, 22362 Lund, Sweden; magnus.rasmussen@med.lu.se

* Correspondence: yang.de_marinis@med.lu.se

Abstract: Preclinical studies of COVID-19 mRNA vaccine BNT162b2, developed by Pfizer and BioNTech, showed reversible hepatic effects in animals that received the BNT162b2 injection. Furthermore, a recent study showed that SARS-CoV-2 RNA can be reverse-transcribed and integrated into the genome of human cells. In this study, we investigated the effect of BNT162b2 on the human liver cell line Huh7 in vitro. Huh7 cells were exposed to BNT162b2, and quantitative PCR was performed on RNA extracted from the cells. We detected high levels of BNT162b2 in Huh7 cells and changes in gene expression of long interspersed nuclear element-1 (LINE-1), which is an



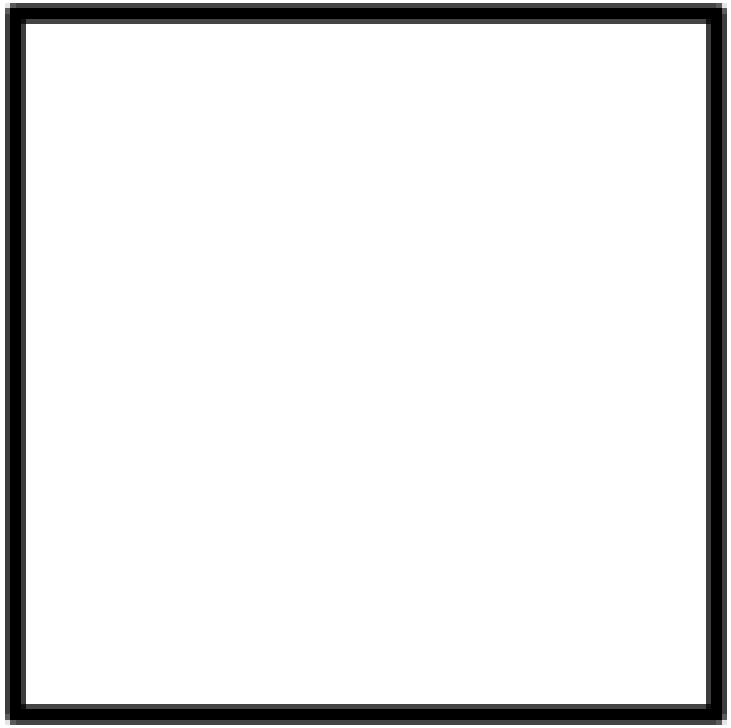
Sonia Sotomayor

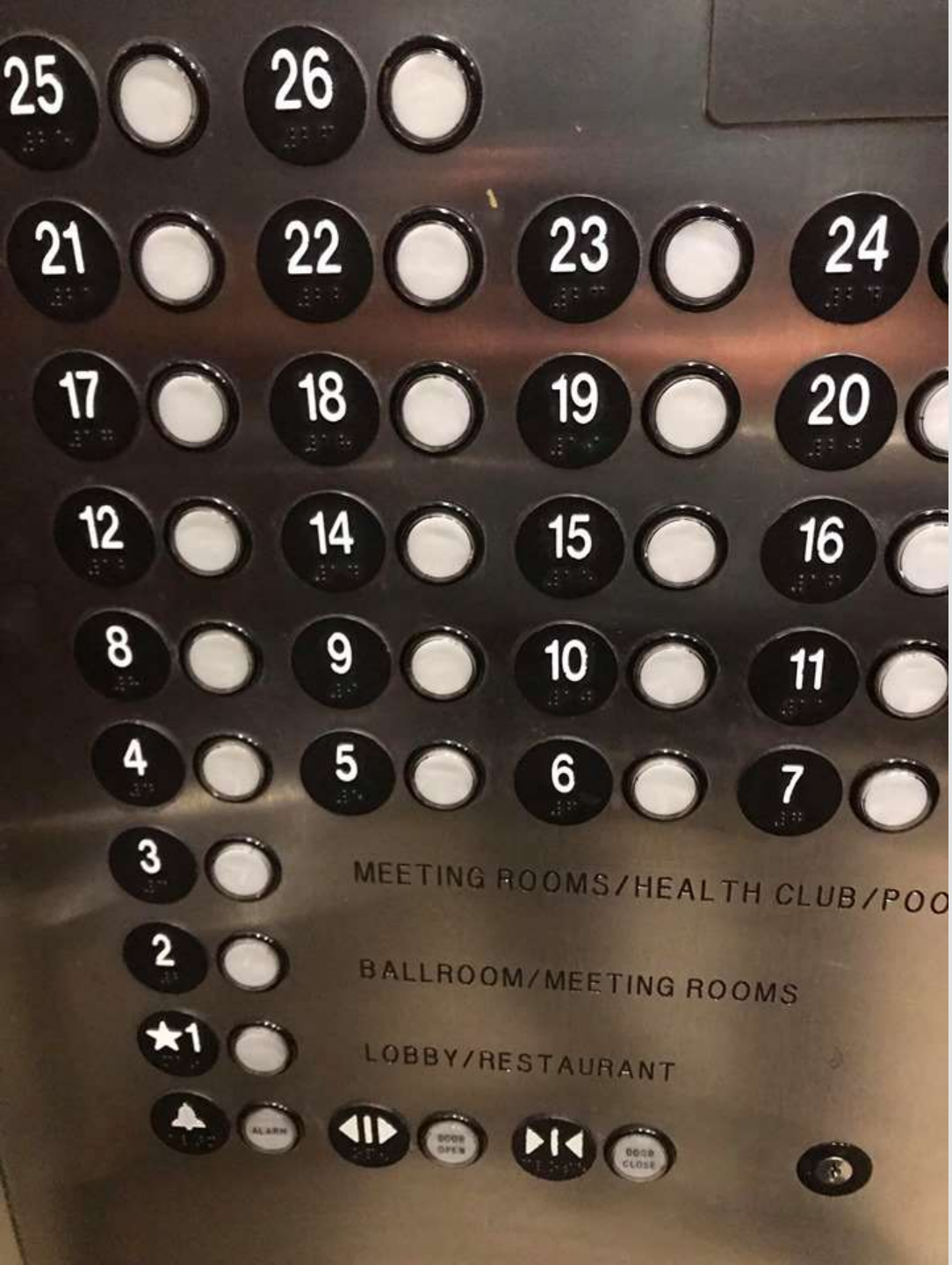
stated on January 7, 2022 oral arguments at the Supreme Court:

> **"We have over 100,000 children, which we've never had before, in serious condition, and many on ventilators" due to the coronavirus.**


THOUGHT
CRIMINAL

This is a Circle




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7
3
MEETING ROOMS/HEALTH CLUB/POO
2
BALLROOM/MEETING ROOMS
★1
LOBBY/RESTAURANT
ALARM
DOOR OPEN
DOOR CLOSE


21
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P1
P2
★L
NO SMOKING
NO FUMAR
PLEASE KEEP YOUR
SOCIAL
DISTANCE
6 FEET

NOTICE



ELEVATOR SOCIAL DISTANCING

3 PEOPLE MAX

REMEMBER TO FACE THE WALL TO HELP STOP THE SPREAD OF COVID-19


HERE
STAND
HERE



Risk Defined

Risk = Hazard + Outrage



I am as mad as hell and I'm not going to take it anymore!

http://www.americanrhetoric.com/MovieSpeeches/moviespeechnetwork2.html

Four Kinds of Risk Communication (p. 1)

Copyright © 2003 by Peter M. Sandman

1. Public Relations (also health education) -- high-hazard, low-outrage

Audience:	Apathetic and inattentive; but undefended, uninterested in talking back. Huge -- most people, most of the time, on most issues.
Task:	To produce brief messages that reinforce whatever appeals are most likely to predispose the audience toward your goals. For serious hazards, this usually means provoking more outrage.
Medium:	Monologue via the mass media.
Barriers:	Audience inattention; audience size; media resistance; need to package everything into short sound bites; policy implications of trying to provoke outrage.
"Silver lining":	There is little need to listen, or to address audience concerns, reservations, or objections; this audience has few if any.

2. Stakeholder Relations -- medium-hazard, medium-outrage

Audience:	Interested and attentive, but not too upset to listen: The ideal audience ... but a fairly unusual one.
Task:	To discuss the issues openly and rationally, explaining your views and responding to audience questions and concerns.
Medium:	Dialogue in person, supplemented by specialized media (web site, newsletter, etc.).
Barriers:	None, except perhaps the inefficiency of one-on-one dialogue. And you have to be prepared to explain the technical details; this is the only audience that really wants to hear them.
"Silver lining":	This is the easiest communication environment. Duplicating it is the goal of the other three kinds of risk communication.

3. Outrage Management -- low-hazard, high-outrage

Audience:	Outraged, largely at you. A small group of "fanatics" is usually accompanied by a larger, less outraged constituency watching to see how the controversy evolves.
Task:	To reduce audience outrage by listening, acknowledging, apologizing, sharing control and credit, etc. The controversy ends when the "fanatics" declare victory or their constituency thinks they have won enough.

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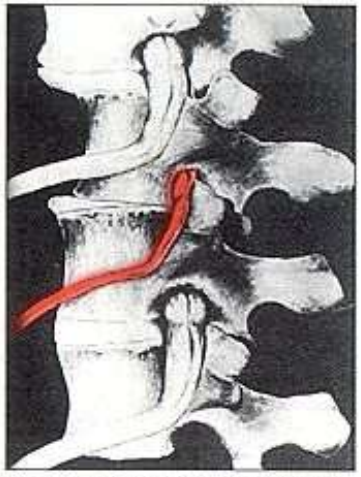
Phone: 1-609-683-4073
Fax: 1-609-683-0566

Consulting, Training, and Research in Risk Communication

ChiroFutures

1. Public Relations (also health education) – high-hazard, low-outrage

Audience:	Apathetic and inattentive; but undefended, uninterested in talking back. Huge -- most people, most of the time, on most issues.
Task:	To produce brief messages that reinforce whatever appeals are most likely to predispose the audience toward your goals. For serious hazards, this usually means provoking more outrage.
Medium:	Monologue via the mass media.
Barriers:	Audience inattention; audience size; media resistance; need to package everything into short sound bites; policy implications of trying to provoke outrage.
"Silver lining":	There is little need to listen, or to address audience concerns, reservations, or objections; this audience has few if any.



This is one type of vertebral subluxation (nerve interference) – the "silent killer."



Immunity & Chiropractic

NEWS

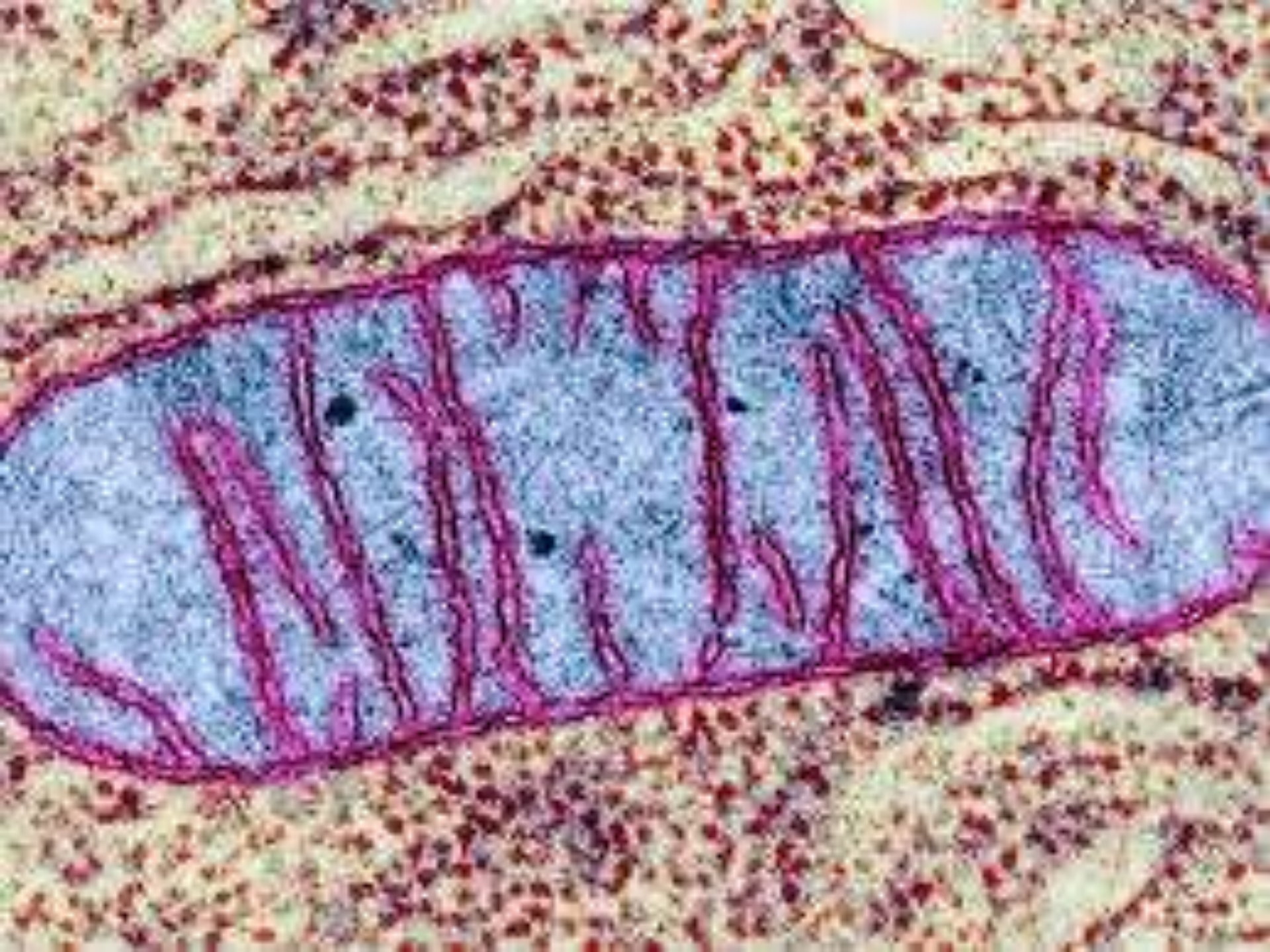
Boost your immunity through **chiropractic** care

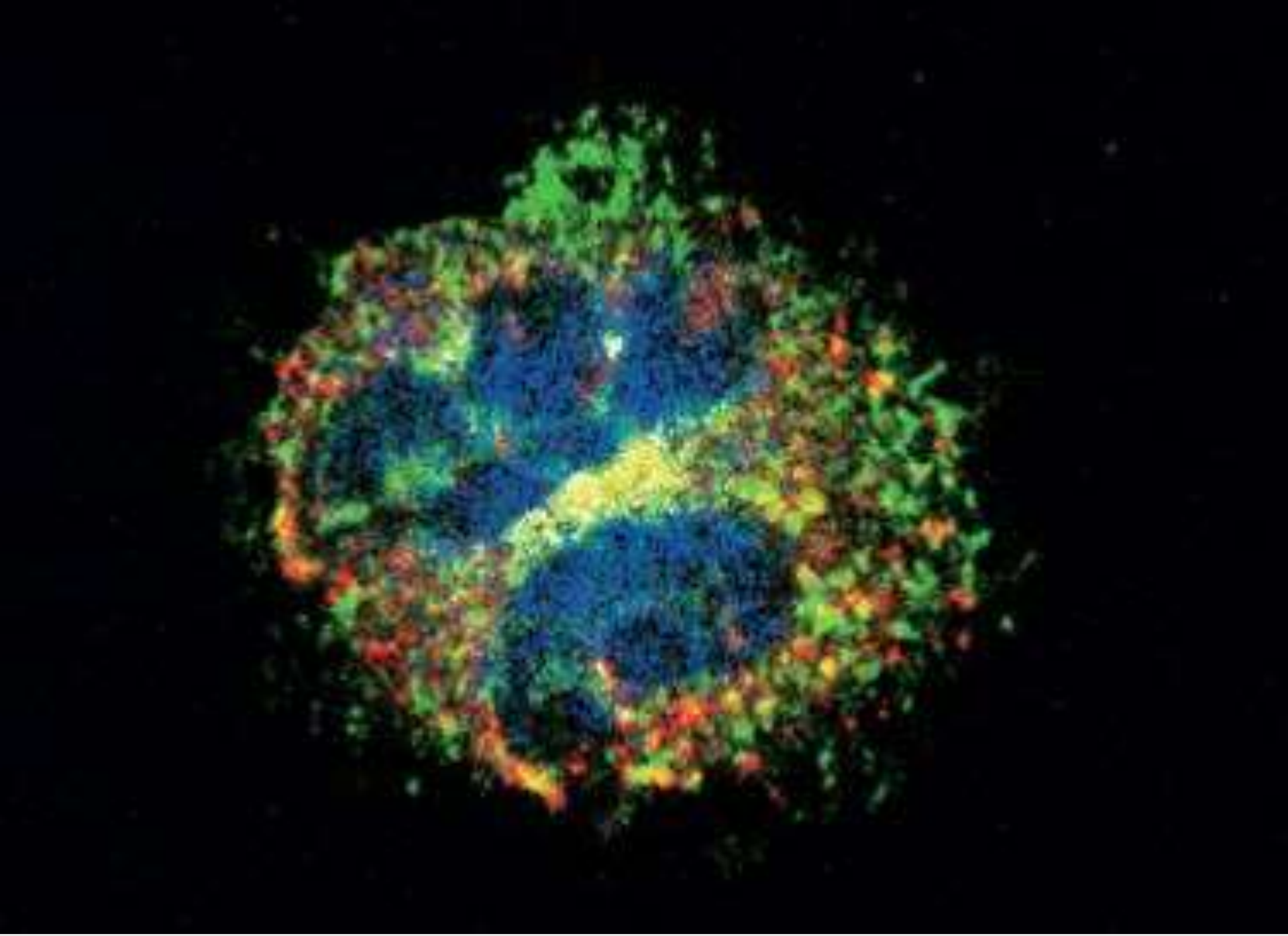
Lahaina News

How **chiropractic** care boosts your immunity: The upper cervical region consists of the head, the C1 and C2 neck vertebrae and the spinal cord.



Flag as irrelevant





Comment > J Manipulative Physiol Ther. 1992 Jun;15(5):334-5.

Enhanced neutrophil respiratory burst as a biological marker for manipulation forces: duration of the effect and association with substance P and tumor necrosis factor

B S Polkinghorn

PMID: 1377220

No abstract available

Chiropractors Muzzled

- What happened?
- Why did it happen?
- What was the response?
- What are the facts?
- What do we do next?

Agenda

- Ethical issues
- Medical Errors & Consent
- Risk & Credible Evidence

The Current Landscape

- Scope & Purpose of Clinical Care
- Personal Autonomy & Consent
- Free Speech
- Compelled Speech
- Evidence Informed Practice
- The Chiropractic Cartel



Scope & Purpose

Neuromusculoskeletal →Musculoskeletal

Portal of Entry → Primary Care

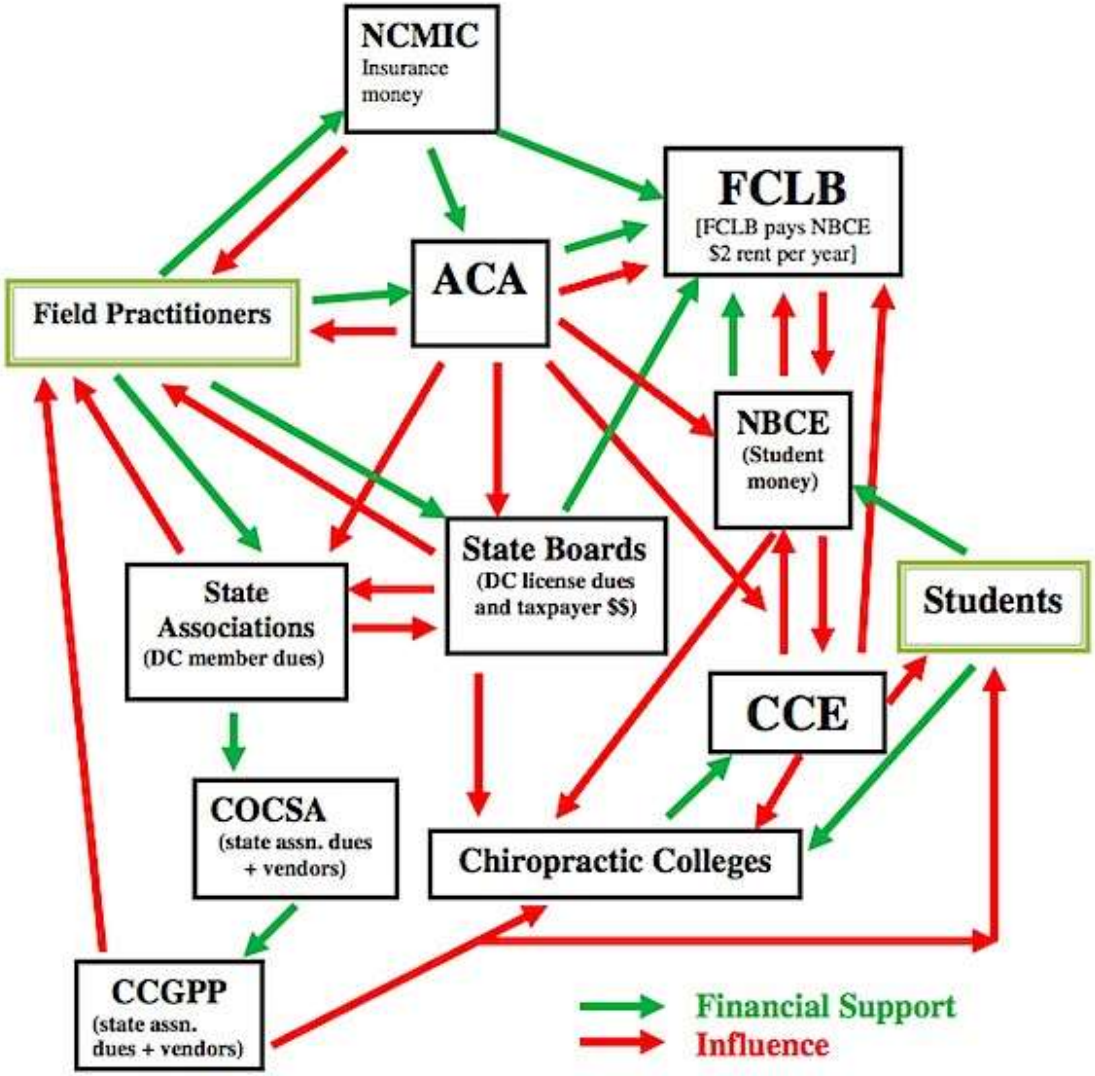
Specific Adjusting → Unstick stuck joints

An adjustment is . . .



a very safe, specific,
controlled force applied
to a joint to restore
PROPER FUNCTION AND ALIGNMENT.
Chiropractic adjustments
reduce pain, increase movement
and **improve performance.**

The Chiro Cartel Flow Chart



NOTE: Most money starts with Doctors of Chiropractic (also through vendors) and Chiropractic Students.

Cultural Authority

Strategic Competitive Advantage

Vertebral Subluxation

ChiroFutures

Epidemiology

- Role of subluxation in health & disease
- Global Burden of Vertebral Subluxartion

ChiroFutures

SECONDARY ANALYSIS OF A DATASET TO ESTIMATE THE PREVALENCE OF VERTEBRAL SUBLUXATION AND ITS IMPLICATIONS FOR HEALTH PROMOTION AND PREVENTION

EMPH Prevention Science Track – Thesis Defense

Christie Kwon

Thesis Committee Chair: Jose Binongo, PhD

Thesis Field Advisor: Matthew McCoy, DC, MPH

June 30, 2020



Secondary analysis of a dataset to estimate the prevalence of vertebral subluxation and its implications for health promotion and prevention

By

Christie Kwon

D.C., Life University, 2011
M.S., Johns Hopkins University, 2005
B.S., Johns Hopkins University, 2002

Thesis Committee Chair: Jose Binongo, PhD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Prevention Science
2020

Abstract

Secondary analysis of a dataset to estimate the prevalence of vertebral subluxation and its implications for health promotion and prevention.

By Christie Kwon

Objective Vertebral subluxation (VS) is a clinical entity defined as the misalignment of the spine affecting biomechanical and neurological function. The identification and correction of VS is the primary focus of the chiropractic profession. The purpose of this study is to estimate the prevalence of VS using a sample of individuals presenting for chiropractic care and to explore the public health implications.

Methods A brief review of the literature was conducted to support an operational definition for VS that incorporated neurologic and kinesiologic exam components. A retrospective, quantitative analysis of a multi-clinic dataset was then performed using this operational definition. Patient demographic data included age, gender, and past health history characteristics. In addition to estimating overall prevalence of VS, age- and gender-stratified estimates in the different clinics were calculated to observe for potential variations.

Results A total of 1,851 patient records from 7 chiropractic clinics in 4 states were obtained. The mean age of patients was 43.48 (SD = 16.8, range: 18-91 years). There were significantly more females (n = 927, 64.6%) than males presented for chiropractic care. Patients reported various spinal or extremity pain, numbness, or tingling; headaches; ear, nose, and throat-related issues; visceral symptoms; mental health concerns; neurocognitive issues; and concerns about general health as well as overall wellness as their reasons for seeking chiropractic care. The overall prevalence was 78.55% (95% CI: 76.68-80.42). Female and male prevalence were 77.17% and 80.15%, respectively; notably, all per-clinic, age, or gender-stratified prevalence were ≥ 50%.

Conclusion Albeit nonrandom, the sample has a broad geographic distribution. The results of this study suggest a high rate of prevalence of VS in a sample of individuals who sought chiropractic care. Further investigation into the epidemiology of vertebral subluxation and its role in health promotion and prevention is warranted.

Keywords: *vertebral subluxation, chiropractic, epidemiology, prevalence, prevention science*

The Deniers Attack



Misleading Claims



NEWS

Boost your immunity through **chiropractic** care

Lahaina News

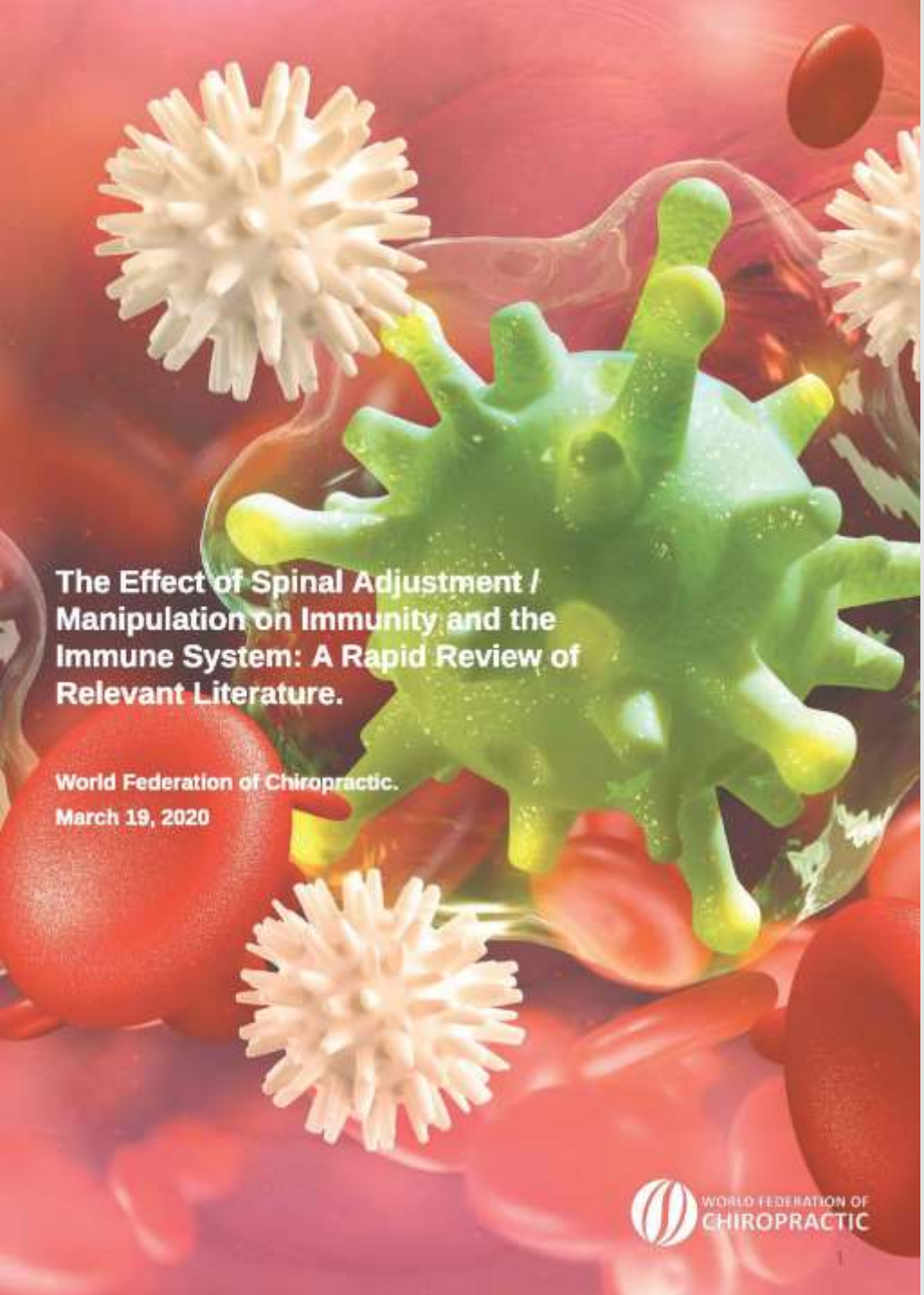
How **chiropractic** care boosts your immunity: The upper cervical region consists of the head, the C1 and C2 neck vertebrae and the spinal cord.



Flag as irrelevant



A SHOT ACROSS THE BOW



The Effect of Spinal Adjustment / Manipulation on Immunity and the Immune System: A Rapid Review of Relevant Literature.

World Federation of Chiropractic.

March 19, 2020

WORLD FEDERATION OF CHIROPRACTIC

The Effect of Spinal Adjustment / Manipulation on Immunity and the Immune System: A Rapid Review of the Relevant Literature

World Federation of Chiropractic.

March 19, 2020

Introduction

The world is currently in the midst of a global health crisis due to the spread of Coronavirus Disease 2019 (COVID-19). The World Health Organization (WHO) has declared COVID-19 a pandemic, meaning that it is being spread uncontrolled across country borders. At the time of writing, COVID-19 is affecting some 143 countries worldwide and there have been over 200,000 reported cases. As testing for COVID-19 has been limited, it is estimated that the true prevalence of COVID-19 is far greater than the situation reports have stated.

WHO has issued information and guidance with a view to reducing the spread of COVID-19 and controlling the pandemic. This information has included correcting misinformation about COVID-19.

The World Federation of Chiropractic (WFC) has supported WHO in its advice and recommendations and on March 17, 2020 issued an advice note to the worldwide chiropractic profession.

One of the key messages contained in the WFC advice note highlighted the lack of credible, scientific evidence supporting claims of effectiveness of spinal adjustment / manipulation in boosting immunity and strengthening the immune system. Immunity is defined as the ability of an organism to resist disease, either through the activities of specialized blood cells or antibodies produced by them in response to natural exposure or inoculation, or by the injection of antiserum, or the transfer of antibodies from a mother to her baby via the placenta or breast milk.

This rapid review considers materials the WFC is aware have been cited in support of claims of effectiveness for spinal adjustment / manipulation in conferring or enhancing immunity.

1. Pero R, Flesia J, (1986) University of Lund, Sweden

Citation: None available.

Overview: It has been reported that in 1986 Dr Ronald Pero, a Professor of Medicine in Environmental Health at New York State University, collaborated with Dr Joseph Flesia, a basic science researcher and chiropractor. Reports state that subjects receiving chiropractic care (n=107) had a 200% greater immune competence than those who had not received chiropractic care and a 400% greater immune system competence than those with cancer or other serious disease.

Response: Numerous attempts have failed to retrieve this study. Without the original study to review, no scientific assessment of its claims can be made. Therefore, the "Pero and Flesia" study does not constitute credible, scientific evidence that spinal adjustment / manipulation enhances or confers immunity nor should it be used as a basis to provide care.

2. Enhanced phagocytic cell respiratory burst

Citation: Brennan PC, Kokjohn K, Kaltinger CJ, Lohr GE, Glendening C, Hondras MA, McGregor M, Triano JJ. Enhanced phagocytic cell respiratory burst induced by spinal manipulation: potential role of substance P. J Manipulative Physiol Ther. 1991 Sep;14(7):399-408. PMID:1719112.
https://www.ncbi.nlm.nih.gov/pubmed/1719112

Overview: This study examined the effect of spinal manipulation on the respiratory burst of polymorphonuclear neutrophils (PMN) and monocytes in asymptomatic adults. The investigators found changes in levels of substance P in subjects who underwent spinal manipulation but not in subjects who underwent sham manipulation.

Response: The clinical meaning of the study's results regarding cellular activity is not known. No clinical research has been performed in this area. Therefore, it is not known if these observations have any effect on human health. This report does not constitute credible, scientific evidence that spinal adjustment /

manipulation enhances or confers immunity.

3. Enhanced *in-vitro* interleukin-2 production following spinal manipulation

Citation: Teodorczyk-Injeyan JA, Injeyan HS, McGregor M, Harris GM, Ruegg R. Enhancement of in vitro interleukin-2 production in normal subjects following a single spinal manipulative treatment. Chiropr Osteopat. 2008 May 28;16:5. doi: 10.1186/1746-1340-16-5. PMID: 18507834; PMCID: PMC2423359.https://www.ncbi.nlm.nih.gov/pubmed/18507834

Overview: The purpose of this study was to report on spinal manipulation-related changes in the production of the immunoregulatory cytokine interleukin 2 (IL-2) in asymptomatic adults. This study found a short-term increase in IL-2 with spinal manipulative intervention, with or without cavitation.

Response: The clinical meaning of these *in vitro* observations of cellular activity on human health is not known. No clinical research has subsequently been performed in this area.

4. Interleukin-2-regulated *in vitro* antibody production following single spinal manipulative treatment.

Citation: Teodorczyk-Injeyan JA, McGregor M, Ruegg R, Injeyan HS. Interleukin 2-regulated in vitro antibody production following a single spinal manipulative treatment in normal subjects. Chiropr Osteopat. 2010 Sep 8;18:26. doi: 10.1186/1746-1340-18-26. PMID: 20825650; Central PMCID: PMC2945351.https://www.ncbi.nlm.nih.gov/pubmed/20825650

Overview: The purpose of this study was to determine if spinal manipulation-related augmentation of *in vitro* interleukin-2 synthesis in asymptomatic adults is associated with the modulation of interleukin 2-dependent and/or interleukin-2-induced humoral immune response. While the augmentation of IL-2 induced IgG or IgM synthesis in subjects receiving spinal manipulation, the amount did not exceed the physiological range of normal human response.

Response: The clinical meaning of these *in vitro* observations of cellular activity on human health is not known. No clinical research has been performed in this area. Further, the authors state "The clinical significance of the elevated responsiveness to IL-2 demonstrated in this *in vitro* study is presently unclear."

5. Effects of specific upper cervical adjustments on CD4 counts in HIV positive patients.

Citation: Hightower BC, Pfleger B, Selano J. The Effects of Specific Upper Cervical Adjustments on the CD4 Counts of HIV Positive Patients. Chiropractic Research Journal 1994 ;3(1):32-39. No PubMed ID available – this publication is not indexed by PubMed https://www.chiroindex.org/?search_page=articles&action=&articleId=5619

Overview: This project sought to demonstrate if upper cervical specific adjustments have a profound effect on the physiology, serology and immunology of HIV positive individuals. No statistically significant differences between the treatment and control group were found.

Response: With only 5 subjects in the experimental treatment group, no description of how the study was conducted or analyzed, and no reporting of absolute change in CD4 values, these results are highly questionable. Further, the authors state "...it must be noted that we cannot generalize our findings to the general population." The clinical meaning of these *in vitro* observations of cellular activity on human health is not known.

6. Reports of decreased mortality in chiropractic/osteopathic patients during flu epidemics.

Citation: Kendrick Smith R. One hundred thousand cases of influenza with a death rate of one fortieth of that reported under conventional medical treatment. Proceedings of the Annual Convention of the American Association of Clinical Research, New York City (October 18,1919) Reproduced in J American Osteo Assoc. 2000 May; 100(5): 320-323.

Overview: It is claimed that the treatment of patients by chiropractors during the influenza pandemic of 1918 resulted in fewer deaths than those treated by medical doctors.

Response: These narrative reports of historical events do not equate to scientific studies. Their lack of methodological structure or data analysis is likely to have resulted in incomplete information and a high likelihood of bias. We note that even those who have written about these events in a positive light (https://doi.org/10.7556/jaoa.2013.036) concede that there is no way to tell if these observations can be attributed to manual medicine and care philosophy or "statistical issues of reporting". These various reports do not provide the necessary evidence to justify the use of spinal adjustment / manipulation for infectious diseases.

7. Effects induced by spinal manipulative therapy on the immune and endocrine system

Citation: Colombi A, Testa M. The effects induced by spinal manipulative therapy on the immune and endocrine systems. Medicina 2019; 53:448. doi 10.3390/medicina55080448.

Overview: This was a narrative review of the available literature that aimed to provide an overview of the available evidence supporting the biological plausibility of high-velocity, low-amplitude thrust on the immune-endocrine system. Following a search, 4 studies were retrieved studying the effect of spinal manipulation on the immune system.

Response: The authors concluded that "While spinal manipulation may stimulate the neuroimmunoendocrine system, the evidence supporting a biological account for the application of high-velocity, low-amplitude thrust manipulation in clinical practice is mixed and conflicting." It also concluded that the clinical relevance of most of the studies remained unanswered as they were conducted on healthy subjects. This study supports that there is no current basis for which to provide spinal adjustment / manipulation for the purpose of conferring or enhancing immunity.

Conclusion

No credible, scientific evidence that spinal adjustment / manipulation has any clinically relevant effect on the immune system was found. Available studies have small sample sizes and a lack of symptomatic subjects.

At the time of writing, there exists no credible, scientific evidence that would permit claims of effectiveness for conferring or enhancing immunity through spinal adjustment / manipulation to be made in communications by chiropractors.

In the event that new scientific evidence emerges, it will be critically appraised using scientific methods of analysis.

Acknowledgments

The WFC is grateful to the Research Committee for its work in compiling this rapid review:

Greg Kawchuk DC, PhD (Chair)

Christine Goertz DC, PhD (Vice-Chair)

Iben Axén DC, PhD

Martin Descarreaux DC, PhD

Simon French B.App.Sci (Chiro), MPH, PhD

Mitch Haas MA, DC

Jan Hartvigsen DC, PhD

Carolina Kolberg BSc (Chiro), PhD

Michele Maiers DC, MPH, PhD

Treatment

To date, there are no specific antiviral treatments or vaccines currently available for COVID-19. People with COVID-19 should receive care to relieve symptoms. People with serious illness should be hospitalized. Most patients recover due to supportive care. Possible vaccines and some specific drug treatments are under investigation and are being tested through clinical trials.

A healthy lifestyle will make all bodily functions work better, including immunity. Eating healthy diets, with plenty of fruit and vegetables, keeping physically active, quitting smoking, limiting or avoiding alcohol intake, and getting enough sleep are key components of a healthy lifestyle.

5 SCIENCE-BASED BENEFITS OF HUGS

1. Releases oxytocin, which reduces stress hormones cortisol & norepinephrine

2. A 2014 study linked more support shown in form of hugs to decrease chance of getting sick



3. Extended hugs boosts seratonin levels, the feel good hormone

4. Hugging shown to reduce blood pressure & heart rate

5. Hugs linked to improved pain tolerance

@MeowMeix

Kawchuk et al. Chiropractic & Manual Therapies (2020) 28:24
https://doi.org/10.1186/s12998-020-00314-9

Chiropractic & Manual Therapies

RESEARCH Open Access

The use of internet analytics by a Canadian provincial chiropractic regulator to monitor, evaluate and remediate misleading claims regarding specific health conditions, pregnancy, and COVID-19

Greg Kawchuk[1*], Jan Hartvigsen[2,3], Stan Innes[4], J. Keith Simpson[4] and Brian Gushaty[5]

Abstract

Background: Internet analytics are increasingly being integrated into public health regulation. One specific application is to monitor compliance of website and social media activity with respect to jurisdictional regulations. These data may then identify breaches of compliance and inform disciplinary actions. Our study aimed to evaluate the novel use of internet analytics by a Canadian chiropractic regulator to determine their registrants compliance with three regulations related to specific health conditions, pregnancy conditions and most recently, claims of improved immunity during the COVID-19 crisis.

Methods: A customized internet search tool (Market Review Tool, MRT) was used by the College of Chiropractors of British Columbia (CCBC), Canada to audit registrants websites and social media activity. The audits extracted words whose use within specific contexts is not permitted under CCBC guidelines. The MRT was first used in October of 2018 to identify words related to specific health conditions. The MRT was again used in December 2019 for words related to pregnancy and most recently in March 2020 for words related to COVID-19. In these three MRT applications, potential cases of word misuse were evaluated by the regulator who then notified the practitioner to comply with existing regulations by a specific date. The MRT was then used on that date to determine compliance. Those found to be non-compliant were referred to the regulator's inquiry committee. We mapped this process and reported the outcomes with permission of the regulator.

Results: In September 2018, 250 inappropriate mentions of specific health conditions were detected from approximately 1250 registrants with 2 failing to comply. The second scan for pregnancy related terms of approximately1350 practitioners revealed 83 inappropriate mentions. Following notification, all 83 cases were compliant within the specified timeframe. Regarding COVID-19 related words, 97 inappropriate mentions of the word "immune" were detected from 1350 registrants with 7 cases of non-compliance.

(Continued on next page)

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Côté et al. Chiropractic & Manual Therapies (2020) 28:21
https://doi.org/10.1186/s12998-020-00312-x

Chiropractic & Manual Therapies

COMMENTARY Open Access

A united statement of the global chiropractic research community against the pseudoscientific claim that chiropractic care boosts immunity

Pierre Côté[1,2,3*], André Bussières[4,5], J. David Cassidy[3], Jan Hartvigsen[6,7], Greg N. Kawchuk[8], Charlotte Leboeuf-Yde[9], Silvano Mior[2,10], Michael Schneider[11,12] and more than 140 signatories# call for an end to pseudoscientific claims on the effect of chiropractic care on immune function

Abstract

Background: In the midst of the coronavirus pandemic, the International Chiropractors Association (ICA) posted reports claiming that chiropractic care can impact the immune system. These claims clash with recommendations from the World Health Organization and World Federation of Chiropractic. We discuss the scientific validity of the claims made in these ICA reports.

Main body: We reviewed the two reports posted by the ICA on their website on March 20 and March 28, 2020. We explored the method used to develop the claim that chiropractic adjustments impact the immune system and discuss the scientific merit of this claim. We provide a response to the ICA reports and explain why this claim lacks scientific credibility and is dangerous to the public. More than 150 researchers from 11 countries reviewed and endorsed our response.

Conclusion: In their reports, the ICA provided no valid clinical scientific evidence that chiropractic care can impact the immune system. We call on regulatory authorities and professional leaders to take robust political and regulatory action against those claiming that chiropractic adjustments have a clinical impact on the immune system.

Keywords: Chiropractic, Spinal manipulation, Immunity, Pseudoscience, Coronavirus

Background

We are currently facing the greatest global public health crisis in a century. Fighting the coronavirus pandemic has required that we change the way we live and observe strict public health guidelines. This is necessary because, at this time, there are no effective vaccines, treatments or cures for COVID-19 [1, 2]. Chiropractors, as members of the health care system, should disseminate the best available public health information to the public [3]. Any attempt to behave otherwise can be misleading and potentially dangerous to individual patients and the public at large.

On March 20, 2020, the International Chiropractors Association (ICA), a US based chiropractic organization, posted a report claiming that chiropractic adjustments can boost immune function with the implication that it might be helpful in preventing COVID-19 [4]. In their

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Côté et al. Chiropractic & Manual Therapies (2020) 28:48
https://doi.org/10.1186/s12998-020-00334-5

Chiropractic & Manual Therapies

LETTER TO THE EDITOR Open Access

More published full-time researchers, early career researchers, clinician-researchers and graduate students unite to call for actions against the pseudoscientific claim that chiropractic care boosts immunity

Pierre Côté[1,2,3*], André Bussières[4,5], J. David Cassidy[3], Jan Hartvigsen[6,7], Greg N. Kawchuk[8], Charlotte Leboeuf-Yde[9], Silvano Mior[2,10] and Michael Schneider[11,12]

On May 4, 2020 we published a commentary entitled: *"A united statement of the global chiropractic research community against the pseudoscientific claim that chiropractic care boosts immunity"* [1]. Our paper generated significant interest within the research community and several individuals contacted us to ask whether they could co-sign the commentary. We believe that it is important for members of the research community to formally add their voice to this important public health discussion.

On May 6, 2020, the authors of the commentary were asked to inform their networks of the opportunity to add co-signatories. This included an invitation made on social media. Specifically, we invited full-time researchers, early career researchers, clinician-researchers, graduate students and individuals who have published in the peer-reviewed literature during the course of their career to add their name to the list of co-signatories [2].

On May 20, 2020, 71 new individuals had responded to our call. Of those, 52 are affiliated with academic or research institutions, 15 are in private practice, two have retired and one is currently inactive. Therefore, 224 signatories are now calling for "regulatory authorities and professional leaders to take robust political and regulatory action against those claiming that chiropractic adjustments have a clinical impact on the immune system."

It is likely that other individuals in the research community would like to add their signatures to the commentary. Therefore, a webpage has been created (https://nikkb.dk/table/cmt-signatories/) to display the names of all signatories, and provide the opportunity to those who qualify (publication in the peer reviewed literature) to add their names to the list.

Acknowledgements
Signatories‡.

‡ The views and opinions expressed herein are those solely of the authors and may not represent the views of their institution.
1. Jon Adams, University of Technology Sydney, Sydney, Australia
2. Knut Andersen, Private practice, Norway
3. Sasha Aspinall, Murdoch University, Perth, Australia
4. Pierre Boucher, Université du Québec à Trois-Rivières, Trois-Rivières, Canada
5. Jonny Branney, Bournemouth University, Bournemouth, UK
6. Alexander Breen, AECC University College, Bournemouth, UK
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8. Christian Calvert, Private Practice, Sweden
9. Edward Cambridge, Private practice, Canada
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Plener et al. Chiropractic & Manual Therapies (2020) 28:26
https://doi.org/10.1186/s12998-020-00318-5

Chiropractic & Manual Therapies

COMMENTARY Open Access

Chiropractic students call for action against unsubstantiated claims



Joshua Plener[1*], Ber Csiernik[1], Geronimo Bejarano[2], Iesper Hjertstrand[3] and Benjamin Goodall[4]

Abstract

Background: The 2019 coronavirus pandemic is a current global health crisis. Many chiropractic institutions, associations, and researchers have stepped up at a time of need. However, a subset of the chiropractic profession has claimed that spinal manipulative therapy (SMT) is clinically effective in improving one's immunity, despite the lack of supporting scientific evidence. These unsubstantiated claims contradict official public health policy reflecting poorly on the profession. The aim of this commentary is to provide our perspective on the claims regarding SMT and clinically relevant immunity enhancement, drawing attention to the damaging ramifications these claims might have on our profession's reputation.

Main text: The World Federation of Chiropractic released a rapid review demonstrating the lack of clinically relevant evidence regarding SMT and immunity enhancement. The current claims contradicting this review carry significant potential risk to patients. Furthermore, as a result of these misleading claims, significant media attention and public critiques of the profession are being made. We believe inaction by regulatory bodies will lead to confusion among the public and other healthcare providers, unfortunately damaging the profession's reputation. The resulting effect on the reputation of the profession is greatly concerning to us, as students.

Conclusion: It is our hope that all regulatory bodies will protect the public by taking appropriate action against chiropractors making unfounded claims contradicting public health policy. We believe it is the responsibility of all stakeholders in the chiropractic profession to ensure this is carried out and the standard of care is raised. We call on current chiropractors to ensure a viable profession exists moving forward.

Keywords: Chiropractic, Regulation, Student, Education, Public safety

Background

Chiropractic students are frequently reminded that it has never been a better time to be a chiropractor [1]. We the authors are excited at the prospect of joining the profession and making a difference, as we agree the future of chiropractic looks bright. However, we are questioning the above sentiment in light of the current global crisis of Coronavirus disease 2019 (COVID-19). The world is struggling to come to terms with COVID-19, chiropractic students are no exception. The delivery of education has changed, many campus clinics have closed, and future plans of graduating students have been placed in jeopardy. Despite these trying times, we appreciate and are encouraged by the initiative and collaborative spirit of the chiropractic profession. Chiropractic institutions have ensured the availability of quality education in an online format [2], associations have supported and advocated for their members [3], and researchers have appraised literature to assist with knowledge translation [4].

In spite of the above-mentioned efforts, a small minority of the profession has publicly claimed that chiropractic treatments have a role to play in the fight against COVID-19. Specifically, this minority of chiropractors,

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Kawchuk et al. Chiropractic & Manual Therapies (2020) 28:34
https://doi.org/10.1186/s12998-020-00319-4

Chiropractic & Manual Therapies

RESEARCH Open Access

Misinformation about spinal manipulation and boosting immunity: an analysis of Twitter activity during the COVID-19 crisis

Greg Kawchuk[1*], Jan Hartvigsen[2,3], Steer Harstec[2], Casper Clissmann Nim[4,5] and Luana Nyirö[6]

Abstract

Background: Social media has become an increasingly important tool in monitoring the onset and spread of infectious diseases globally as well monitoring the spread of information about those diseases. This includes the spread of misinformation, which has been documented within the context of the emerging COVID-19 crisis. Understanding the creation, spread and uptake of social media misinformation is of critical importance to public safety. In this descriptive study, we detail Twitter activity regarding spinal manipulative therapy (SMT) and claims it increases, or "boosts", immunity. Spinal manipulation is a common intervention used by many health professions, most commonly by chiropractors. There is no clinical evidence that SMT improves human immunity.

Methods: Social media searching software (Talkwalker Quick Search) was used to describe Twitter activity regarding SMT and improving or boosting immunity. Searches were performed for the 3 months and 12 months before March 31, 2020 using terms related to 1) SMT, 2) the professions that most often provide SMT and 3) immunity. From these searches, we determined the magnitude and time course of Twitter activity then coded this activity into content that promoted or refuted a SMT/immunity link. Content themes, high influence users and user demographics were then stratified as either promoting or refuting this linkage.

Results: Twitter misinformation regarding a SMT/immunity link increased dramatically during the onset of the COVID crisis. Activity levels (number of tweets) and engagement scores (likes + retweets) were roughly equal between content promoting or refuting a SMT/immunity link, however, the potential reach (audience) of tweets refuting a SMT/immunity link was 3 times higher than those promoting a link. Users with the greatest influence on Twitter, as either promoters or refuters, were individuals, not institutions or organizations. The majority of tweets promoting a SMT/immunity link were generated in the USA while the majority of refuting tweets originated from Canada.

Conclusion: Twitter activity about SMT and immunity increased during the COVID-19 crisis. Results from this work have the potential to help policy makers and others understand the impact of SMT misinformation and devise strategies to mitigate its impact.

Keywords: Social media, Twitter, Spinal manipulation, Chiropractic, Misinformation, Immunity

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Simpson and Young *Chiropractic & Manual Therapies* (2020) 28:35
https://doi.org/10.1186/s12998-020-00307-8

Chiropractic &
Manual Therapies

DEBATE Open Access

Vitalism in contemporary chiropractic: a help or a hinderance?

J. Keith Simpson[1] and Kenneth J. Young[2*]

Abstract

Background: Chiropractic emerged in 1895 and was promoted as a viable health care substitute in direct competition with the medical profession. This was an era when there was a belief that one cause and one cure for all disease would be discovered. The chiropractic version was a theory that most diseases were caused by subluxated (slightly displaced) vertebrae interfering with "nerve vibrations" (a supernatural, vital force) and could be cured by adjusting (repositioning) vertebrae, thereby removing the interference with the body's inherent capacity to heal. DD Palmer, the originator of chiropractic, established chiropractic based on vitalistic principles. Anecdotally, the authors have observed that many chiropractors who overtly claim to be "vitalists" cannot define the term. Therefore, we sought the origins of vitalism and to examine its effects on chiropractic today.

Discussion: Vitalism arose out of human curiosity around the biggest questions: Where do we come from? What is life? For some, life was derived from an unknown and unknowable vital force. For others, a vital force was a placeholder, a piece of knowledge not yet grasped but attainable. Developments in science have demonstrated there is no longer a need to invoke vitalistic entities as either explanations or hypotheses for biological phenomena. Nevertheless, vitalism remains within chiropractic. In this examination of vitalism within chiropractic we explore the history of vitalism, vitalism within chiropractic and whether a vitalistic ideology is compatible with the legal and ethical requirements for registered health care professionals such as chiropractors.

Conclusion: Vitalism has had many meanings throughout the centuries of recorded history. Though only vaguely defined by chiropractors, vitalism, as a representation of supernatural force and therefore an untestable hypothesis, sits at the heart of the divisions within chiropractic and acts as an impediment to chiropractic legitimacy, cultural authority and integration into mainstream health care.

Keywords: Chiropractic, Vitalism, Social contract, Legitimacy, Cultural authority, Fiduciary duties

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"We are aware that some chiropractors are claiming that chiropractic adjustments confers or enhances immunity. We are fortunate to have a research committee containing the worlds leading chiropractic researchers to call upon who have undertaken a rapid review of available evidence and formed our key message that there is no credible scientific evidence supporting these claims of effectiveness"

Vivian Kil DC
President – World Federation of Chiropractic

The Chiropractic Chronicle
Be Informed. Ignorance is not bliss.
ChiropracticChronicle.com

AMERICAN CHIROPRACTIC ASSOCIATION

"There is no quality research, data or evidence that suggests that a spinal manipulation itself will support the immune system"

Keith Overland DC
American Chiropractic Association

Interview on FOX News

The Chiropractic Chronicle
Be Informed. Ignorance is not bliss.
ChiropracticChronicle.com

ACA Says No Evidence That Chiropractic Supports the Immune Systen



https://www.screencast.com/t/TKuR6QDv



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Monday, June 22, 2020

Navigating Difficult Times

A Message from the ACA Board of Governors

As we work to live life on adjusted terms during the ongoing coronavirus (COVID-19) outbreak, the American Chiropractic Association (ACA) continues to act as a trusted source of information and a force for change on behalf of our members, the chiropractic profession as a whole, and the public. We deeply value the support and encouragement we have received as we navigate these difficult times.

Recently, a few organizations have made false claims about our work in support of the profession. These claims include, strangely, that ACA does not support chiropractors. As the voice of the chiropractic profession, we pushed strongly to establish doctors of chiropractors as essential workers during this healthcare crisis. It was clear that the profession had a key role to play in helping to keep frontline workers on the job and to keep people in pain out of emergency rooms so that ER physicians could focus on COVID-19.

In April, ACA contacted the Cybersecurity and Infrastructure Agency (CISA) of the Department of Homeland Security requesting the addition of chiropractors to the federal list of essential healthcare providers. Shortly following pressure from ACA, CISA amended their list to include DCs as part of the essential critical infrastructure workforce. Examples of chiropractors who support the "front lines" are evident across the country, including this doctor in Hawaii.

Providing the profession with credible information as well as timely, detailed analyses of federal legislation and relief efforts has been a major focus of our efforts since the pandemic began. In the early weeks of the outbreak, we connected doctors with guidelines and recommendations, including advice from the World Federation of Chiropractic, to help them adapt, stay safe and, where possible, continue to serve their patients.

ACA is equally committed to protecting the interests of patients. In late March, we released a statement reiterating the association's commitment to providing reliable information about chiropractic care. It directly addressed claims that spinal adjustments can boost immunity and decrease the risk of contracting COVID-19, stating, "While spinal adjustments are effective for a number of conditions, there is no quality evidence to support that they can improve immunity to COVID-19."

At the same time, ACA has consistently and effectively established the fact that chiropractors across the country play a vital role in helping patients improve their health through their physician-level clinical practices, which includes guidance on preventing obesity, metabolic diseases like diabetes and heart disease, and tips on preventing injuries. ACA has worked with major media groups such as the *Wall Street Journal* and the *Washington Post* during the pandemic to provide the public with strategies to prevent injuries while working from home. Readership and media coverage of our work on our consumer website, HandsDownBetter.org, grows every month.

While pivoting to address the serious issues at hand, ACA continued to build support for the Chiropractic Medicare Coverage Modernization Act, or H.R. 3654. Congressional cosponsors continue to sign on to support the bill, which would allow beneficiaries to access all Medicare-covered benefits allowable under a chiropractor's state licensure. Visit HR3654.org for more information and to learn how you can contact your Members of Congress in support of this important legislation.

Together, we can keep the profession moving forward.

ACA Board of Governors

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Michele Maiers, DC, MPH, PhD
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Hon. Steve C. Roberts, Esq.
Governor

World Federation of Chiropractic - WFC
March 21 at 3:29 PM ·

GCC ISSUES STATEMENT ON UNSUBSTANTIATED CLAIMS AROUND COVID-19. The UK statutory regulator for the chiropractic profession, the General Chiropractic Council (GCC) has issued a statement warning chiropractors about the consequences of marking unsubstantiated claims about the effect of spinal adjustment / manipulation on immunity and the immune system. The statement refers to the WFC statements issued earlier this week and can be read in full at https://www.gcc-uk.org/.../claims-made-about-the-effect-of-ch...

In response, the UK Royal College of Chiropractors and each of the four UK national chiropractic associations, including the WFC's UK member, the British Chiropractic Association, have unequivocally supported this statement, which can be read below. #BeEPIC #WFCmatters

Statement by the Chiropractic Profession *21 March 2020*

The UK chiropractic professional associations and the Royal College of Chiropractors support the UK General Chiropractic Council's statement of 20 March 2020 regarding claims made by some chiropractors that spinal adjustment and/or manipulation may protect patients from COVID-19, or will enhance their recovery, by boosting their immune system.

To date, there is no scientific evidence that supports these claims.

Our organisations and our members are fully committed to providing the very best chiropractic care and support to our patients and communities at all times.

Catherine Quinn	**Berni Martin**	**Ross McDonald**	**Paul McCrossin**	**Mark Gurden**
President British Chiropractic Association	*President* McTimoney Chiropractic Association	*President* Scottish Chiropractic Association	*President* United Chiropractic Association	*President* Royal College of Chiropractors

“There’s No Credible Evidence”



https://www.screencast.com/t/upfx4DVKUbz

“There’s no credible evidence and it breaks my heart to say it”



https://www.screencast.com/t/GdohqUFE

“We’re Making Claims We Can’t Back Up”



https://www.screencast.com/t/g2CoOLkk

“You Are Going to be Under the Hand of the Law”



https://www.screencast.com/t/aogGgV75b



Marc Bronson ▶ Evidence Based Chiropractors

Admin · 4 hrs ·

Last week we had a few brave volunteers step forward to gather and submits complaints in Ontario regarding false and misleading COVID-19 claims (mostly pertaining to immune boosts). A longstanding and vocal critic chiropractic in Canada posted images on their Twitter of Ontario and other chiropractors across Canada making dubious claims about adjustments and immunity. They sent me over 100 images.

I am calling for EBC volunteers across Canada to submit complaints in their home province. This is simply something I cannot do alone or keep up with. If you're interested, you can send me a PM if you want to keep it private.

The idea here is to this completely professional using a standardized template. No editorializing or moralizing, just the facts.

While the CBC here appears to have another hit piece that tarnishes the whole profession it was vitalists that gave them the bullets Hopefully our efforts here in Canada will at a minimum get results at the regulatory level. Maybe then, the CBC for once, or any other major Canadian news outlet will write something positive about the majority of the profession who are providing excellent spine/NMS care in both public and private sectors.

chiropractors from being licensed in this province. Simply review the position statements coming out of States with regard to chiropractic treatment and Covid-19. They are unfortunately all over social media. These position statements coming from the south of the border are dangerously contradictory to the world federation's position.

The unregulated circulation of such opinions, views, and non-scientific claims are unquestionably against the public's interest. A mandate that must be protected by the college. It is against public interest to license American chiros who do not follow the same clinical standards we have set in this province.

If the college is not going to act on this matter, then 145 colleagues and I who have written a position statement on this matter, will be approaching the ministry of health directly to discuss regulatory mechanisms that the college is currently failing to implement. Be smart. Act. Don't lose the capacity to self-regulate. It can easily be taken away during this current atmosphere.



Bobby Maybee ▶ Forward Thinking Chiropractic Alliance
Saturday at 1:39 PM ·

Here's a recipe for how to go about making a difference, online, in regards to false claims.

1. If your jurisdiction has made a directive, it's up to you to act. And you can. If your jurisdiction has no directive, your work ends here. Make them announce one!

2. When you witness someone making a false claim, or alluding to one, SAY NOTHING. Instead, access their social media/website and screen capture EVERYTHING related to violations. Have all of the info before you speak to them, or they will erase it all. (Which is technically okay too).

3. Share the directive with the chiro. They will argue with you. Just share directives and facts. You are now properly armed with FACTS thanks to WFC and Parker and ACA.

4. Once you have shared the directive and the facts, calmly ask them if they will rescind their false advertising. Let them know you have samples of all of it, if need be. If they're being difficult.

5. Once you have professionally done this. Shared the

Write a comment... GIF

2. When you witness someone making a false claim, or alluding to one, SAY NOTHING. Instead, access their social media/website and screen capture EVERYTHING related to violations. Have all of the info before you speak to them, or they will erase it all. (Which is technically okay too).

3. Share the directive with the chiro. They will argue with you. Just share directives and facts. You are now properly armed with FACTS thanks to WFC and Parker and ACA.

4. Once you have shared the directive and the facts, calmly ask them if they will rescind their false advertising. Let them know you have samples of all of it, if need be. If they're being difficult.

5. Once you have professionally done this. Shared the directive, politely admonished them and asked them to make a change as a peer, if they don't want to listen... then do your duty and report them. You tried.

6. If they aren't in your jurisdiction. If they won't listen to anything after that... Flame them out.

An example can be found in the Oregon DC Discussion group.

Write a comment... GIF



Marc Bronson
@MarcBronson13

I've been advised to put this *extremely* important message here. My wife and I will not tolerate any harassment or threats to our well being.



Marc Bronson
April 18 at 7:30 PM ·

I condemn on the strongest terms the bad actors who are deliberately trying to install fear and hate against me and my wife due to the untruths written by a fringe US chiropractor and "educator".

I cannot think of anything more vile and unethical than unorthodox chiropractors and their partisans attempting to bring my wife into professional matters.

This has crossed all normal boundaries and decency, it is unreasonable and I have notified the College of Chiropractors and the appropriate authorities.

These attempts to silence me or put a chill on our evidence-based chiropractic colleagues from reporting health misinformation by unethical and unscientific chiropractors in Ontario will not succeed.

I will not be making any further comments about this matter until I receive responses from the appropriate authorities.I nevertheless feel obligated to make a statement given the attempts at subterfuge that have accelerated in recent weeks and now include attempts at contacting my spouse.

Be well, stay safe,
Marc and Rachelle.

12:42 PM · Apr 20, 2020 · Twitter Web App



Greg Kawchuk
@GNK1

" A majority reported beliefs that the chiropractic profession should not advertise that spinal manipulation provides any immune system benefit."
researchsquare.com/article/rs-379...

9:05 PM · Jun 27, 2020 · Twitter for iPhone

Katherine A Pohlman Retweeted



Jan Hartvigsen @JanHartvigsen · Mar 18
Thank you to @WFCchiropractic for speaking out against dangerous nonsense!

> **Greg Kawchuk** @GNK1 · Mar 17
> Chiropractors should refrain from any communication that suggests spinal adjustment/manipulation may protect patients from contracting COVID-19 or will enhance their recovery. Doing otherwise is potentially dangerous to public health." /2 bit.ly/COVID-19_170320
> Show this thread

2 18 71

WFC @WFCchiropractic · Mar 19

bit.ly/WFC_immunity.. The WFC has published a rapid review of the available literature on SMT and claims relating to immunity. There is no credible scientific evidence to support these claims.#BeEPIC #WFCmatters



1 12 19

Wisconsin Chiropractic Association

Contact: John Murray, WCA Executive Director
jmurray@wichiro.org
608 609 1130

April 2, 2020

The Wisconsin Chiropractic Association released the following statement regarding the topic of spinal adjustments and immunity to the Covid-19 virus.

"The Wisconsin Chiropractic Association fully endorses the statements of the World Federation of Chiropractic and the American Chiropractic Association on the topic of chiropractic adjustments and immunity to Covid-19.

Given the lack of quality scientific evidence related to spinal adjustments and immunity to Covid-19, the Wisconsin Chiropractic Association has been advising its members to avoid making any such claims or risk being in violation of state laws regarding misleading advertising, professional conduct and practicing outside of their scope of practice.

Chiropractic clinics that are choosing to remain open as essential healthcare providers under the Governor's emergency Stay at Home order should exercise an abundance of caution and closely follow all relevant safety, sanitizing, privacy, advertising and evidence-based guidelines."

Read the World Federation of Chiropractic statement here:

https://www.wfc.org/website/images/wfc/Latest_News_and_Features/Spinal_Manipulation_Immunity_Review_2020_03_19.pdf

Read the American Chiropractic Association statement here:

https://www.acatoday.org

Chiropractic Examining Board

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Chiropractic Examining Board
DSPS
PO Box 8366
Madison, WI 53708-8366

(608) 266-2112

Email for questions:
dsps@wi.gov

The Chiropractic Examining Board is created in Wis. Stat. § 15.405(5) and has authority as outlined in Wis. Stat. ch. 446.

Contact: Valerie Payne, Executive Director

Valerie.Payne1@wisconsin.gov

Members

The members of the Chiropractic Examining Board are appointed by the Governor and confirmed by the Legislature to serve 4-year terms. The Board consists of four members who are licensed chiropractors in this state, and two public members.

Member	Officer	Member Type	Term Expiration
King, Jeffrey A.	Chairperson	Chiropractic Member	7/1/2023
Gerondale, Bryan R.	Vice Chairperson	Chiropractic Member	7/1/2021
Damrow, James M.	Secretary	Chiropractic Member	7/1/2023
Bautch, Scott D.		Chiropractic Member	7/1/2021
Fortier, James		Public Member	7/1/2020
Kugler, Carl		Public Member	7/1/2021

**Board members whose terms have expired may continue to serve until their successor is confirmed by the Senate.*

Announcements

World Federation of Chiropractic: COVID-19 Advice for chiropractors as of March 17, 2020, produced with advice and guidance from the WFC Research Committee and WFC Public Health Committee.

World Federation of Chiropractic Coronavirus Statement on 3-17-2020

The Board reminds licensees that advertising in a manner which is false, deceptive, or misleading is unprofessional conduct. Please see Wis. Admin. Code Chir 6.015 and 6.02(15).

Last updated: 3/20/2020

The Texas Board of Chiropractic Examiners agrees with and endorses the statements made by the World Federation of Chiropractic relating to chiropractic treatment and COVID-19.



The Texas Board of Chiropractic Examiners agrees with and endorses the statements made by the World Federation of Chiropractic relating to chiropractic treatment and COVID-19.

https://www.wfc.org/website/image/wfc/Latest_News_and_Features/Coronavirus_statement_2020_03_17.pdf

https://www.wfc.org/website/image/wfc/Latest_News_and_Features/Spinal_Manipulation_Immunity_Review_2020_03_19.pdf

The Board will investigate claims made that chiropractic spinal adjustment/manipulation confers or boosts immunity as a violation of the law.

We encourage concerned Texans to file complaints with the Board. The Board's complaint process, as well as a link to our complaint form, can be found here: http://www.tbce.texas.gov/complaint-information.html.

MINNESOTA
BOARD OF CHIROPRACTIC EXAMINERS

Dear Doctor of Chiropractic:

With the concerns about coronavirus, we want to reassure you that the Minnesota Board of Chiropractic Examiners (MBCE) is remaining focused on our mission of public health and protection during these unprecedented times. The MBCE encourages all chiropractors to stay up-to-date with recommendations and protocols established by the World Health Organization (WHO), the U.S. Centers of Disease Control and Prevention (CDC), and local health departments in regard to COVID-19.

All licensees are advised that anyone making claims that adjustments can provide immunity to the flu or coronavirus is likely in violation of statute and rule relating to both scope of practice and advertising claims.

Please watch your local news and check the Minnesota Board of Chiropractic Examiners (MBCE) home page for links to the latest governing agencies' web pages and information on this health emergency.

Sincerely,

Minnesota Board of Chiropractic Examiners
www.mnchiroboard.com

March 23, 2020: All licensees are advised that anyone making claims that adjustments can provide immunity to the flu or coronavirus is likely in violation of statute and rule relating to both scope of practice and advertising claims.

Given there are no specific guidelines from the national and international agencies at this time for chiropractic offices, we recommend that you use discretion and consider the cautions for everyone to stay home as much as possible. There has been a temporary lessening of restrictions and penalties regarding tele-medicine. With that in mind, we recommend that you use heightened screening protocols with patients regarding travel / exposure / illness and those with increased risk / vulnerability, before accepting them into your clinic. Close your waiting room and have patients wait in their car until you're ready to see them. Use discretion and best practices regarding safety for your staff and patients.

COVID-19: How to Contact the Board

Due to the current COVID-19 health emergency, the Minnesota Board of Chiropractic Examiners (MBCE) is practicing social distancing. We ask that you conduct all business with the MBCE via email, online or by phone. You may find our contact information on this page.

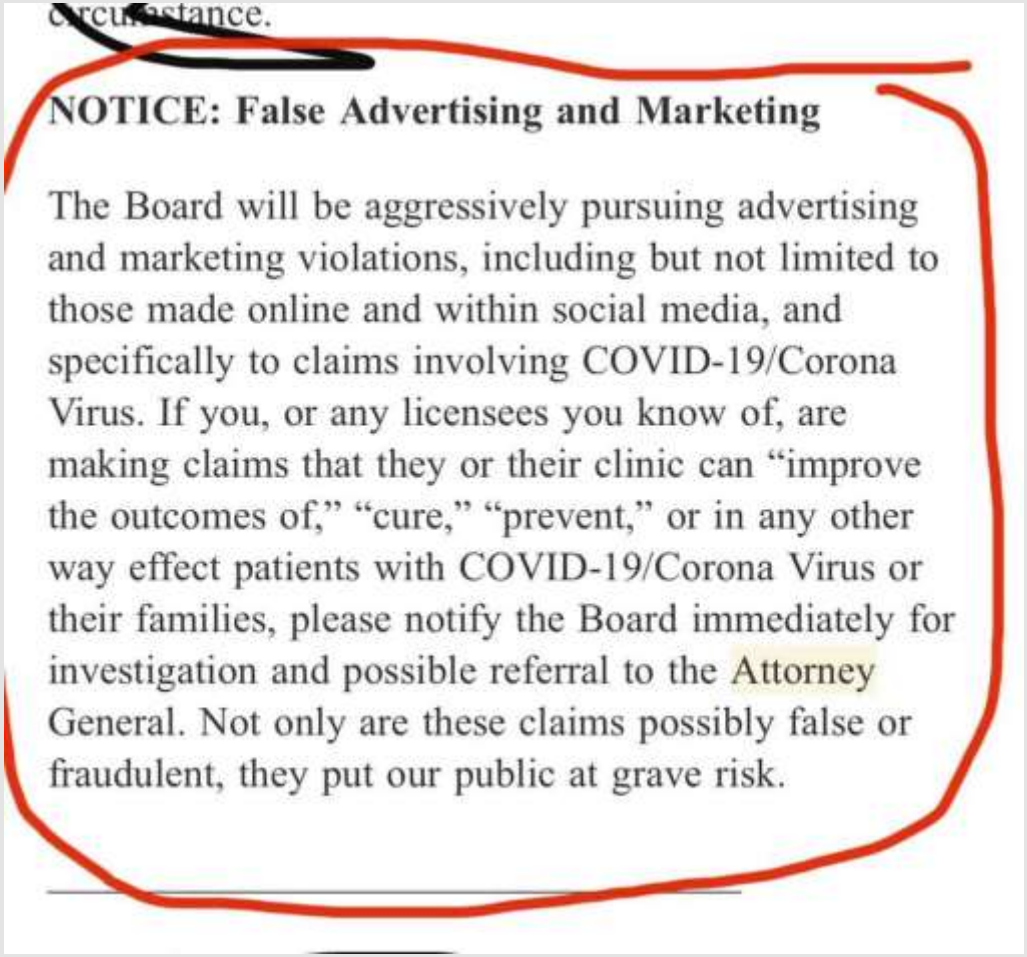
If you must come in personally, admittance will be limited to one person at a time. Please do not bring others, such as children, with you as they will be required to wait in the hall. The specific staff member you wish to speak to may be working at a remote location and only available by phone or email.

Tennessee

Advertising

We further recommend reviewing statute (T.C.A 63-4- 101) and rules (0260-02-.02) with attention to rule (0260-02-.20) as it provides boundaries for advertising. The Board recommends caution in advertising and to refrain from making claims that are not substantiated by peer-reviewed, evidence-based studies. With regards to COVID-19, there is no credible evidence or evidenced-based clinical guidelines that chiropractic spinal adjustments/manipulation increases immunity or provides a cure for those suffering with the flu or Coronavirus. All licensees are advised that anyone making claims that spinal adjustments/manipulation can boost immunity or provide a cure for the flu or Coronavirus is likely in violation of statute and rule relating both to scope of practice and advertising claims. Please frequent the board website for the most current information about this and other important issues pertaining to chiropractic licensing and regulation.

Oregon



circumstance.

NOTICE: False Advertising and Marketing

The Board will be aggressively pursuing advertising and marketing violations, including but not limited to those made online and within social media, and specifically to claims involving COVID-19/Corona Virus. If you, or any licensees you know of, are making claims that they or their clinic can "improve the outcomes of," "cure," "prevent," or in any other way effect patients with COVID-19/Corona Virus or their families, please notify the Board immediately for investigation and possible referral to the Attorney General. Not only are these claims possibly false or fraudulent, they put our public at grave risk.

FTC Sends 45 More Letters Warning Marketers to Stop Making Unsupported Claims That Their Products and Therapies Can Effectively Prevent or Treat COVID-19

New "treatments" targeted include herbal, homeopathic, and music therapies

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FOR RELEASE

May 7, 2020

TAGS: Coronavirus (COVID-19) | deceptive/misleading conduct | Bureau of Consumer Protection | Northwest Region | Southwest Region | Consumer Protection | Advertising and Marketing | Health Claims

The Federal Trade Commission announced it has sent 45 more letters warning marketers nationwide to stop making unsubstantiated claims that their products and therapies can treat or prevent COVID-19, the disease caused by coronavirus. This is the fourth set of warning letters the FTC has announced to sellers of such products as part of its ongoing efforts to protect consumers from COVID-19 related scams. In all, the Commission has sent similar letters to almost 100 companies and individuals.

The FTC previously sent warning letters to sellers of vitamins, herbs, colloidal silver, teas, essential oils, and other products pitched as scientifically proven coronavirus treatments or preventatives.intravenous (IV) "therapies" with high doses of Vitamin C, ozone therapy, and purported stem cell treatments.

Several of the letters announced today target other "treatments," including Chinese herbal medications, music therapy, homeopathic treatments, and even shields claimed to boost the immune system by protecting the wearer from electromagnetic fields. However, there is currently no scientific evidence that these, or any, products or services can treat or cure coronavirus.

The FTC sent the letters announced today to the companies and individuals listed below. The recipients are grouped based on the type of therapy, product, or service they pitched to supposedly prevent or treat COVID-19

EVENTS CALENDAR

Related Resources

Coronavirus Warning Letters

For Consumers

Blog: FTC warns 45 more sellers of scam Coronavirus treatments

For Businesses

Blog: 45 more companies get coronavirus warning letters

The Office of
Minnesota Attorney General Keith Ellison
helping people afford their lives and live with dignity and respect • www.ag.state.mn.us

March 31, 2020

[redacted]

[redacted]orth [redacted]00

[redacted]

Re: Agreement to Refrain from Deceptive COVID-19 Representations.

Dear [redacted], D.C.:

As you are aware, the Minnesota Attorney General's Office ("AGO") has received reports that your company has engaged in deceptive advertisements and marketing of its chiropractic services related to the ongoing COVID-19 public health emergency. Specifically, [redacted] has represented, among other things: (1) that its chiropractic services are "WAY more effective than social distancing;" (2) "See a CHIROPRACTOR to Increase Your Chances of Survival From Coronavirus;" and (3) signage that it was providing Coronavirus treatment.

As you know, you previously discussed [redacted]'s COVID-19 related advertising and marketing practices with Assistant Attorney General Katherine Kelly. During this call, you agreed that your business would immediately remove all COVID-19 related advertising and marketing materials (including social media and YouTube videos). You further agreed to not engage in any further COVID-19 related representations when advertising and marketing your company's chiropractic services in the future.

The Attorney General is the chief legal officer for the State of Minnesota and is authorized to utilize enforcement measures whenever the AGO has reason to believe that any person is using misrepresentation, misleading statements, or deceptive practices in connection with the sale of goods or services. *See* Minn. Stat. §§ 8.31; 325F.69. The AGO may file a lawsuit seeking civil penalties of **$10,000 per violation**, along with injunctive relief and recovery of the AGO's attorney fees and costs. *Id.* § 8.31, subds. 3, 3a.

Please confirm your above-described agreement to refrain from making deceptive COVID-19 representations by responding to this correspondence by letter or email **on or before April 3, 2020**. In your written response, please also verify that all COVID-19 related advertising and marketing materials (including any and all social media and YouTube posts) have been deleted and/or removed.

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Marketing Concerns, Malpractice and COVID-19

Sunday, March 15, 2020 - 00:00

CHIROFUTURES MALPRACTICE PROGRAM

Some in the Profession Don't Want You to Tell the Chiropractic Story

We have heard stories from chiropractors who remain very busy triaging and caring for their existing practice members and welcoming new ones looking for strategies to deal with the current crisis. We are heartened that there are so many chiropractors that have this sense of obligation to serve.

We are heartened by this because there are also chiropractors, chiropractic organizations, chiropractic regulatory authorities and "leaders" in chiropractic that are attacking those who choose to keep serving in the face of this unprecedented event.

Chiropractors are being told and even threatened not to "Tell the Story". Sadly, they are being told not to tell the public about the fact that the nervous system controls the immune system - the two of them are actually a combined supersystem. They are being told not to share these facts with anyone and not to tell anyone that in addition to the important public health measures such as hand washing, responsible social distancing etc. that they should also consider getting their spines checked and adjusted if necessary along with other salutogenic activities that will support nervous and immune function.

These actions are as important and crucial as all of the other measures because beyond the hand washing and distancing there is no other solution except the robustness of one's immune response.

Unfortunately there are those such as The World Federation of Chiropractic (WFC) that has put out a deeply flawed "document" asserting there is no credible evidence in regards to the role of chiropractic and the nervous and immune systems. Sadly, Parker University's President and their Director of Research are promoting this nonsense, the American Chiropractic Association has endorsed it and the Texas Board of Chiropractic and a few others have sent out notices otherwise endorsing the WFC "document" and threatening chiropractors with it.

We will not tolerate those within or outside of the profession who seek to silence these truths or the science supporting them because that will lead to a worsening of the public health crisis and people will suffer unnecessarily due to their ignorance.

If we do our jobs correctly as chiropractors then we may be part of the solution in this crisis because we can help the engines of commerce to continue to function and help triage people who do not belong in the ER. Then those who are not sick and not at higher risk can work, provide for their families and take care of those among them that cannot take care of themselves.

At ChiroFutures we feel strongly about the role of chiropractic as a staple in supporting the health and well being of the public along with other salutogenic measures to enhance health and well-being and assist the body in adapting to physical, chemical and emotional challenges.

Chiropractic Regulatory Boards May be Restraining Trade During COVID-19 Crisis

Wednesday, April 1, 2020 - 00:00

CHIROFUTURES MALPRACTICE PROGRAM

Are Active Market Players Attempting to Hurt their Competition?

ChiroFutures Malpractice Insurance Program is aware that several chiropractic regulatory boards in the United States have endorsed and/or adopted a policy statement published by the World Federation of Chiropractic (WFC) on the role that chiropractic clinical management has on immune function.

The WFC claims that, based upon their "review", chiropractors may not communicate claims of effectiveness for conferring or enhancing immunity. Some of these boards, and at least one chiropractic college President, have used this policy to directly threaten licensed chiropractors.

Every regulatory board in the United States is made up of active market players - meaning those chiropractors who serve on the board are in competition with all other chiropractors in the state. These active market players, who have the authority to discipline and sanction their competitors, endorsed and/or adopted this flawed policy that appears to restrain the trade of their competitors. To our knowledge they also did this without any formal process, hearing or input from their competition in the marketplace or from the public. To our knowledge they also did this without active oversight of the state.

ChiroFutures has reviewed the document these Boards relied upon and endorsed to potentially restrain the trade of their competitors and have determined that it is methodologically flawed and scientifically invalid.

Anyone receiving communication from a chiropractic regulatory board regarding this issue is urged to preserve that communication along with all other communications, emails, letters, website posts and any other material related to this issue from the regulatory board. Victims of any regulatory boards' attempt to restrain chiropractic trade related to these issues are urged to consult with legal counsel to explore the various remedies available to them.

The United States Supreme Court has held that active market players involved in anti-competitive and unfair methods of competition may be found liable for unreasonably restraining trade in violation of antitrust law.



medicina

MDPI

Review

The Potential Mechanisms of High-Velocity, Low-Amplitude, Controlled Vertebral Thrusts on Neuroimmune Function: A Narrative Review

Heidi Haavik [1], Imran Khan Niazi [1,2,3,*], Nitika Kumari [1,2], Imran Amjad [1,4], Jenna Duehr [1] and Kelly Holt [1,*]

[1] Centre for Chiropractic Research, New Zealand College of Chiropractic, Auckland 1060, New Zealand; heidi.haavik@nzchiro.co.nz (H.H.); Nitika.kumari@nzchiro.co.nz (N.K.); imran.amjad@nzchiro.co.nz (I.A.); Jenna.Duehr@nzchiro.co.nz (J.D.)
[2] Faculty of Health & Environmental Sciences, Health & Rehabilitation Research Institute, AUT University, Auckland 0627, New Zealand
[3] Department of Health Science and Technology, Aalborg University, 9220 Aalborg, Denmark
[4] Faculty of Rehabilitation and Allied Health Sciences, Riphah International University, Islamabad 46000, Pakistan
* Correspondence: imran.niazi@nzchiro.co.nz (I.K.N.); kelly.holt@nzchiro.co.nz (K.H.)

Abstract: The current COVID-19 pandemic has necessitated the need to find healthcare solutions that boost or support immunity. There is some evidence that high-velocity, low-amplitude (HVLA) controlled vertebral thrusts have the potential to modulate immune mediators. However, the mechanisms of the link between HVLA controlled vertebral thrusts and neuroimmune function and the associated potential clinical implications are less clear. This review aims to elucidate the underlying mechanisms that can explain the HVLA controlled vertebral thrust–neuroimmune link and discuss what this link implies for clinical practice and future research needs. A search for relevant articles published up until April 2021 was undertaken. Twenty-three published papers were found that explored the impact of HVLA controlled vertebral thrusts on neuroimmune markers, of which eighteen found a significant effect. These basic science studies show that HVLA controlled vertebral thrust influence the levels of immune mediators in the body, including neuropeptides, inflammatory markers, and endocrine markers. This narrative review discusses the most likely mechanisms for how HVLA controlled vertebral thrusts could impact these immune markers. The mechanisms are most likely due to the known changes in proprioceptive processing that occur within the central nervous system (CNS), in particular within the prefrontal cortex, following HVLA spinal thrusts. The prefrontal cortex is involved in the regulation of the autonomic nervous system, the hypothalamic–pituitary–adrenal axis and the immune system. Bi-directional neuro-immune interactions are affected by emotional or pain-related stress. Stress-induced sympathetic nervous system activity also alters vertebral motor control. Therefore, there are biologically plausible direct and indirect mechanisms that link HVLA controlled vertebral thrusts to the immune system, suggesting HVLA controlled vertebral thrusts have the potential to modulate immune function. However, it is not yet known whether HVLA controlled vertebral thrusts have a clinically relevant impact on immunity. Further research is needed to explore the clinical impact of HVLA controlled vertebral thrusts on immune function.

Keywords: high-velocity; low-amplitude thrust; HVLA; chiropractic; spinal manipulation; central nervous system; prefrontal cortex; immune system; endocrine system

check for updates

Citation: Haavik, H.; Niazi, I.K.; Kumari, N.; Amjad, I.; Duehr, J.; Holt, K. The Potential Mechanisms of High-Velocity, Low-Amplitude, Controlled Vertebral Thrusts on Neuroimmune Function: A Narrative Review. *Medicina* **2021**, *57*, 536. https://doi.org/10.3390/medicina57060536

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1. Introduction

The COVID-19 pandemic has resulted in significant global morbidity and mortality [1,2], especially amongst individuals who are immunocompromised, such as older people and those with underlying medical conditions [2,3]. The current pandemic and

"It is not yet known whether HVLA controlled vertebral thrusts have a clinically relevant impact on immunity."



Heidi Haavik

John Minardi Bhk DC, In a research article like this we have to write in 'science' language. And in science language 'clinical evidence' means Randomized controlled trial (RCT) studies showing proof that something does something.

So that sentence means in lay language that we simply do not have ANY RCTs that have explored whether chiropractic boosts immune function.

Which is the truth, as no one has ever done one.

We now have to get our shit together and do a great RCT exploring effect of chiro care on Immune function!!!

11h Like Reply 4



Research Committee

Terms of Reference (October 2020)



Dr Imran Khan NIAZI MS, PhD (New Zealand). Senior Research Fellow, New Zealand College of Chiropractic. PhD biomedical science and engineering (University of Aalborg, 2012), Masters in biomedical engineering (University of Lübeck). Research interests in patient-centered rehabilitation engineering using brain-computer interfaces. Currently investigating neurophysiological effects of chiropractic care on the central and peripheral nervous systems. Currently engaged in 12 international collaborations.



Evidence Informed Practice

Hierarchy of Research Designs & Levels of Scientific Evidence



APPENDIX “N”



College of Chiropractors of British Columbia

900 – 200 Granville Street
Vancouver, BC V6C 1S4
Phone: 604-742-6470
www.chirobc.com

College of Chiropractors of British Columbia

Policy Title – Efficacy Claims **Responsible Office: College of Chiropractors of British Columbia ("CCBC")** **Contact:** registrar@chirobc.com	**Reference Information:** *TBD*
	Replaces former policy: NA
	Date Effective: October 1, 2018
	Last Update: NA
	Next Review Date: September 30, 2019
Keywords	**E.g. efficacy, marketing, advertising, acceptable evidence**

1. **Policy Rationale & Purpose:**

   As stated in section 14(1)(f) and Appendix "N" of the CCBC's *Professional Conduct Handbook* ("PCH"), chiropractors must not advertise health benefits of their services when there is no acceptable evidence that those benefits can be achieved. The Board is concerned registrants may be making claims in marketing or directly to patients that chiropractic care has beneficial effects on some diseases, disorders and conditions when there is no acceptable evidence for those claims.

   This policy identifies efficacy claims that are not supported by acceptable evidence, and therefore, must not be made.

2. **Policy Scope**

   This policy applies to all registrants who market or advertise their services.

3. **Policy Statement:**

   Due to the absence of acceptable evidence supporting such claims, **registrants must NOT represent** to patients or the public that chiropractic:

   (a) can be used to treat diseases, disorders or conditions such as: Alzheimer's disease, cancer, diabetes, infections, infertility, or Tourette's syndrome, or

   (b) has any beneficial effect on childhood diseases, disorders or conditions such as: ADHD (or ADD), autism spectrum disorders including Asperger syndrome, cerebral palsy, Down syndrome, fetal alcohol syndrome, or developmental and speech disorders.

   The above list of diseases, disorders or conditions is neither final nor conclusive. Absent acceptable evidence, registrants are not free to make claims about the effectiveness of chiropractic in treating a disorder, disease or condition simply because it is not included in the list.

British Columbia

Efficacy Claims Policy

1. Policy Rationale & Purpose:

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This policy identifies efficacy claims that are not supported by acceptable evidence, and therefore, must not be made.

WATSON'S DICTIONARY *of* WEASEL WORDS,

CONTEMPORARY CLICHÉS, CANT & MANAGEMENT JARGON



DON WATSON

Bestselling author of DEATH SENTENCE

3. Policy Statement:

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"has ***any beneficial effect*** on childhood diseases, disorders or conditions such as: ADHD (or ADD), autism spectrum disorders including Asperger syndrome, cerebral palsy, Down syndrome, fetal alcohol syndrome, or developmental and speech disorders."

Acceptable Evidence?

6. **Definitions:**

- "acceptable evidence" means objective, clear evidence based on accepted principles of good research that support the therapeutic claim (see Appendix "N" of PCH)

APPENDIX "N": Acceptable Evidence

It is the duty of a registrant, when requested by the college or Inquiry Committee to verify statements and claims made in their marketing materials

The College of Chiropractors of British Columbia (CCBC) recognizes that chiropractic care may offer relief for persons experiencing neuro-musculoskeletal symptoms. Chiropractors must not make statements or claims that create an unjustified expectation of the potential benefit of chiropractic treatment and care.

Under section 85 of the College Bylaws, registrants must not engage in marketing that is false, inaccurate, unverifiable, misleading or misrepresentative of the effectiveness or a technique, procedure, instrument or device. Both specific claims and the overall impression of marketing must be considered. Marketing violates section 85 if it is likely to create unjustified expectations for treatment in the mind of patients or the public.

In addition to more traditional advertisements and printed materials, marketing also includes the use of websites, email newsletters, social media, promotional activities and public appearances. Chiropractors are strongly encouraged to regularly review their marketing to ensure compliance with section 85 of the Bylaws and Part 14 of the College's Professional Conduct Handbook.

What is acceptable evidence?

Adopted from the Australian Health Practitioner Regulation Agency

Chiropractors must not advertise health benefits of their services when there is not acceptable evidence that these benefits can be achieved.

When assessing whether there is acceptable evidence for therapeutic claims, the issues to consider include:

- Is the evidence relied on objective and based on accepted principles of good research? Is the evidence from a reputable source? For example a properly peer-reviewed journal.
- Do the studies used provide clear evidence for the therapeutic claims made or are they one of a number of possible explanations for treatment outcomes?
- Have the results of the study been replicated? Results consistent across multiple studies, replicated on independent populations, are more likely to be sound.
- Has the evidence been contradicted by more objective, higher quality studies? (For example, evidence from a single study would not be acceptable evidence if it is contradicted by a systematic review) Statements and claims in marketing that are contrary to higher-level evidence are not acceptable.

The following types of studies may not be considered sufficient acceptable evidence for advertising claims:

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British Columbia

"Acceptable" Evidence

What is acceptable evidence?

Adopted from the Australian Health Practitioner Regulation Agency

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- Do the studies used provide clear evidence for the therapeutic claims made or are they one of a number of possible explanations for treatment outcomes?
- Have the results of the study been replicated? Results consistent across multiple studies, replicated on independent populations, are more likely to be sound.
- Has the evidence been contradicted by more objective, higher quality studies? (For example, evidence from a single study would not be acceptable evidence if it is contradicted by a systematic review) Statements and claims in marketing that are contrary to higher-level evidence are not acceptable.

- Studies involving no human subjects;
- before and after studies with little or no control or reference group (eg. case studies);
- self-assessment studies;
- anecdotal evidence based on observations in practice; and,
- outcome studies or audits, unless bias or other factors that may influence the results are carefully controlled.

The evidence base for clinical practice is constantly developing so it is important that chiropractors make sure that any scientific information they rely on is current.
Chiropractors must take care to not mislead or create false impressions when using scientific information in marketing. Scientific information in marketing must be presented in a manner that is accurate, balanced and not misleading and using wording that will be readily understood by the intended recipients. The source of the information must be accurately cited.

r Dr.

Texas Board of Chiropractic Examiners (Board) is investigating allegations that you have
ated laws or rules under the Board's jurisdiction.

egations:

1. It is alleged that on your Chiropractic" website:
you provide treatment with "specific concentration on sens
disorders, including children with ADHD, autism spectrum disorders, and sensory processing disorders," which are outside the scope of chiropractic. By advertising treatment of conditions which are outside the scope of chiropractic, you engaged in dishonorable conduct that is grossly unprofessional or of a character likely to deceive defraud the public in violation of Texas Occupations Code §201.502(a)(7).

2. It is alleged that on your Chiropractic" website:
you provide treatment with "specific concentration on sen
disorders, including children with ADHD, autism spectrum disorders, and sensory processing disorders," which are outside the scope of chiropractic. By advertising treatment of conditions which are outside the scope of chiropractic, you advertised in manner that is false or would tend to mislead the public in violation of Texas Occupations Code §201.502(a)(9).

3. It is alleged that on your Chiropractic" website:
you provide treatment with "specific concentration on s
disorders, including children with ADHD, autism spectrum disorders, and sensory processing disorders," which are outside the scope of chiropractic. By the use of advertising containing a false, misleading, deceptive, or fraudulent claim, or indic the licensee provides services outside the scope of practice, you violated 22 Texas Administrative Code (TAC) §77.1(a).

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tbce@tbce.state.tx

From: Dr. Mark Bronson <drmark@bronsonclinic.com>
Sent: Monday, April 26, 2021 8:35 PM
To: William Rademacher <wmjrdc@gmail.com>
Cc: Kevin Fogarty, D.C. <drkevin@fogartychiropractic.com>; Karlos Boghosian <kboghosian@sovitahartford.com>; Jon Schwartzbauer, D.C. <JSchwartzbauer@fclb.org>
Subject: very late thoughts about the subluxation resolution

Dr. Rademacher and gentlemen of the FCLB,
This comment is WAY too late, I know, and I apologize and beg your forgiveness. Dr. Rademacher, you asked me a long time ago to assist you in drafting your resolution and I declined due to my schedule and a seemingly endless stream of emergency issues.
Just now, I decided to share a concern that I have with the proposed resolution to acknowledge subluxation. The document contains two paragraphs which mention research, one by Dr. BJ Palmer and the other by Dr. Sharpless. My concerns include:

1. Dr. Sharpless doesn't have a first name. I google searched "Dr. Sharpless" and found several notable MD's. I google searched "sharpless chiropractor" and found a John Sharpless in Kokomo, Indiana. Is this the one to which the resolution refers? Please pardon my ignorance. I should know this, I'm sure, but I just don't.
2. Dr. Sharpless's research is 45+ years old. Has it been reproduced? Again, I'm sorry that I don't know off hand.
3. Dr. Palmer's research is 60 to 80 years old, and while immensely historic, I'm not aware of a more current reproduction. Again, please forgive my ignorance of something this basic to our profession, but as a causation analyst I'm always required to cite the quality of the evidence in literature, and I can't ignore it.

Other than these questions, I'm good with it. But as it is, I'm not comfortable with it and I want to protect the integrity of the Federation. I just want you all to know before it goes to a vote. If edits are too late, then it doesn't matter. And ultimately Bill is the author and may not want it changed for any reason, and I respect that. So besides this correspondence, I'm going to stay out of it, and I'll just promise you Bill that if it doesn't pass the vote then I'll help you draft one that will.
Mark

British Columbia College of Chiropractors Attacks Again - This time its Websters, Labor, Birth, Birth Trauma and Hormones

Friday, December 27, 2019 - 15:46

NEWS STAFF

Meanwhile Board Members Passing these Draconian Rules Continue to Violate their own Policies

The British Columbia College of Chiropractors can't seem to stay out of the news as it continues to marginalize chiropractors who manage vertebral subluxation in a vitalistic, salutogenic manner.

As other Canadian Provinces fall in line with the example set by them, the BC College of Chiropractors (the Licensing & Regulatory Board) adopted more policies intended to **restrict the free market trade of chiropractors by adding more absurd language to their Efficacy Claims Policy and the infamous Appendix "N".**



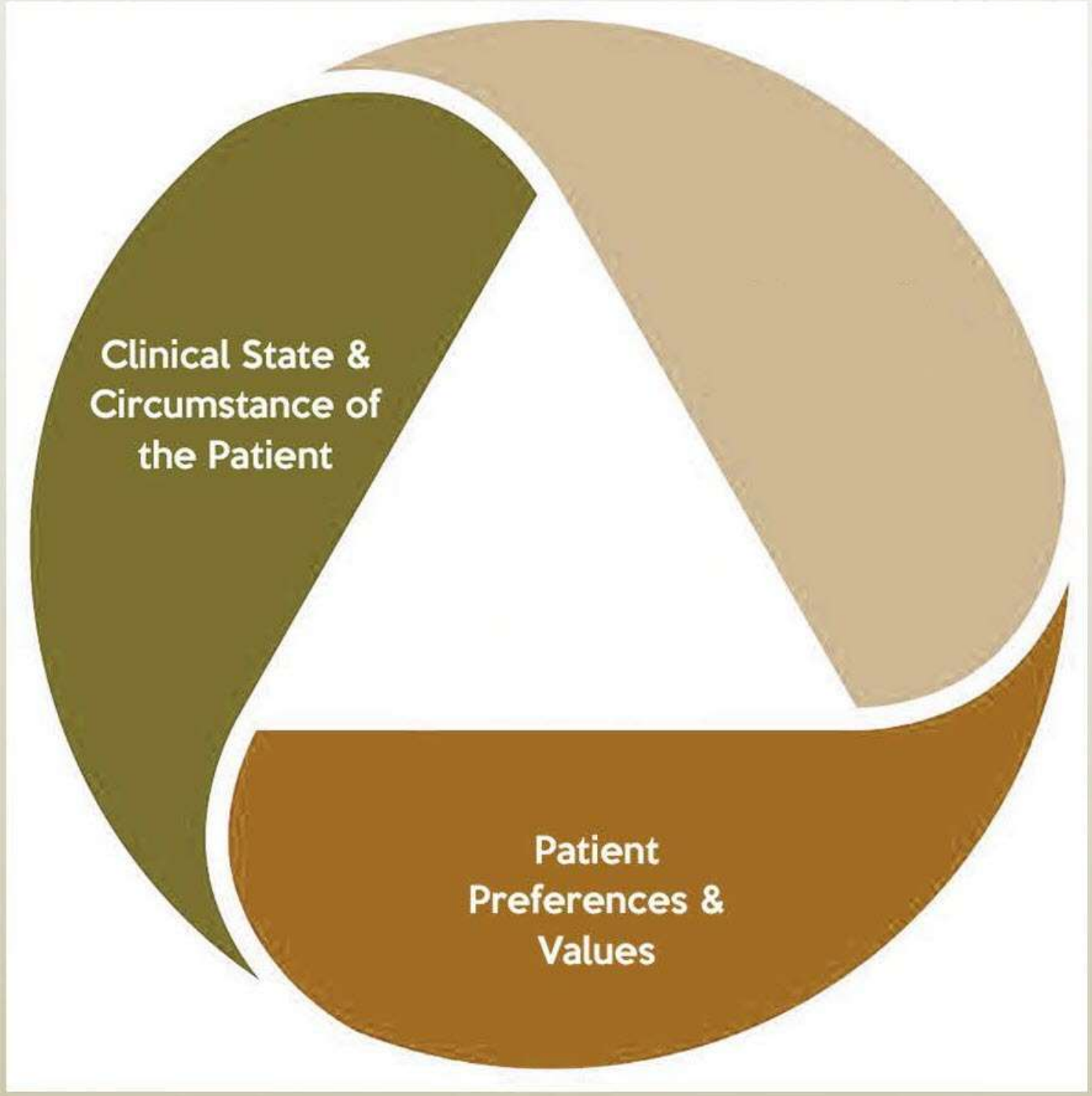
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Sufficient Evidence

There is sufficient evidence to support the management of vertebral subluxation in a vitalistic, salutogenic model.

Foundation for Vertebral Subluxation

Foundation for Vertebral Subluxation

Risk Management, Consent, Immunity Claims & Chiropractic



Current Risk Issues

- HIPAA
- Your vaccination status
- Your staff's vaccination status
- Your patient's vaccination status
- Public Health Law
- Professional Membership Associations

Current Risk Issues

- Vascular related complaints
- Pregnant women
- Fainting
- Table issues
- Children
- Pre-participation Physicals

AAP: Kids with COVID-19 may need ECG before returning to sports

INFECTIOUS DISEASES IN CHILDREN

By Ken Downey Jr.

ADD TOPIC TO EMAIL ALERTS

+ Source/Disclosures

In updated guidance, the AAP said some children with COVID-19 may need an ECG before they return to playing sports, based on growing evidence that SARS-CoV-2 infection can severely damage the heart.

Kids Returning to Sports After COVID-19

Posted on September 15, 2021



If your child has a positive COVID-19 test, notify their pediatrician. The doctor can advise how long they need to wait before returning to exercise or sports. This will be based on how severe their COVID-19 symptoms are, and whether they develop signs of multisystem inflammatory syndrome in children (MIS-C), myocarditis (inflamed heart muscle), or other post-COVID conditions:

- Children and teens with no symptoms or mild symptoms of COVID-19, and no symptoms of MIS-C need to be screened with questions about specific heart symptoms. A child with a positive heart screening will need an EKG and referral to a pediatric cardiologist for possible additional cardiac tests.
- Those with moderate symptoms and no signs of MIS-C should not exercise until their symptoms are gone and they are seen by their doctor for a cardiac screening, complete physical exam and EKG. Moderate symptoms are considered to be 4 or more days of fever over 100.4 F, a week or more of muscle aches, chills or fatigue, or a non-ICU hospital stay.
- Children who were very sick from COVID-19 or diagnosed with MIS-C must be treated as though they have an inflamed heart muscle (myocarditis). They should not exercise or compete for 3 to 6 months. A pediatric cardiologist should examine these children before they are allowed to return to exercise or competition, with a schedule of gradually increasing activity.

Monthly Archives

November 2021
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January 2019
November 2018
October 2018
September 2018
August 2018
July 2018
June 2018
May 2018

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

Have you had COVID-19? (check one): □ Y □ N

Have you been immunized for COVID-19? (check one): □ Y □ N If yes, have you had: □ One shot □ Two shots □ Three shots □ Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

This form should be placed into the athlete's medical file and should *not* be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another examination.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
COVID-19 VACCINE		
Previously received COVID-19 vaccine: ☐ Y ☐ N		
Administered COVID-19 vaccine at this visit: ☐ Y ☐ N If yes: ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster date(s)		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

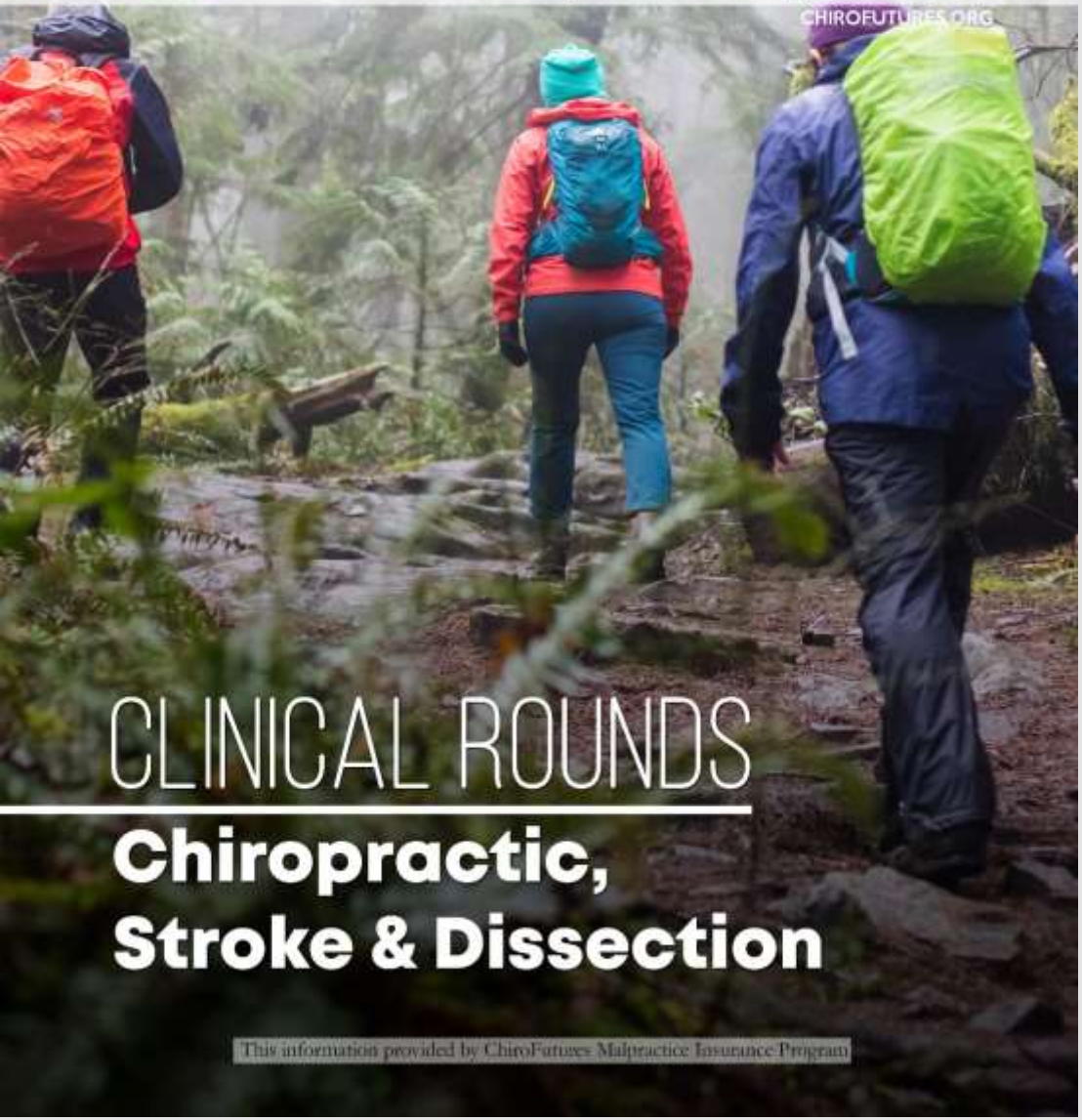
Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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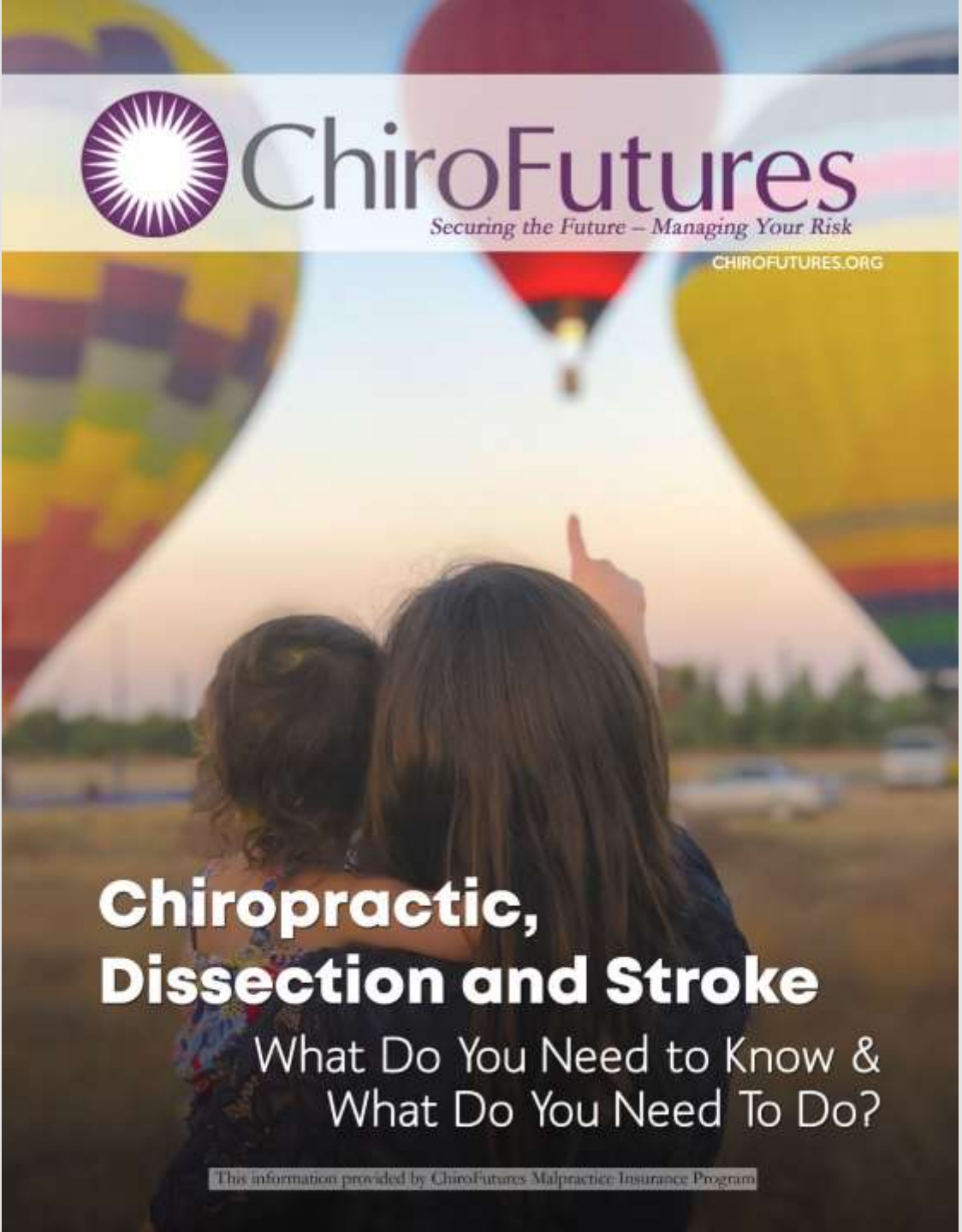
Securing the Future – Managing Your Risk



CLINICAL ROUNDS

Chiropractic, Stroke & Dissection

This information provided by ChiroFutures Malpractice Insurance Program


ChiroFutures
Securing the Future – Managing Your Risk
CHIROFUTURES.ORG
Chiropractic,
Dissection and Stroke
What Do You Need to Know &
What Do You Need To Do?
This information provided by ChiroFutures Malpractice Insurance Program

A risk should be disclosed if a reasonable patient, in what the doctor knows or should know to be the patient's position, would be likely to attach significance to the risk or cluster of risks in deciding whether to forego the proposed therapy. Patients and doctors must make this decision based upon appropriate information.

You need to be aware of the clinical issues surrounding a potential dissection or cerebrovascular accident. In our experience, claims that chiropractors caused a stroke are really a timing issue – this is known as temporality. In other words, the patient was already in the midst of a dissection or stroke or was going to have one anyway and just so happened to have seen a chiropractor during that time frame.

The good news is that this is exactly where you can reduce the risk that you will be accused of causing the event and perhaps help your patient avoid the devastating consequences of a dissection or stroke. You probably remember being told over and over again in school and in continuing education programs that you always need to be considering cancer, infection and fracture in patients presenting to you for care – especially if those patients are in pain. Add one more critical item to that list: *vascular problems.*

When you have a patient come in to see you complaining of head, face and/or neck pain (especially pain that is different or more severe than they have had before), take an alternate approach.

"There is no human, experimental evidence that chiropractic adjustments or neck manipulations are causally related to strokes"



History & Examination

You need to differentiate this pain from the garden variety mechanical neck pain and/or cervicogenic headache. This patient could be presenting a potential dissection or impending stroke.

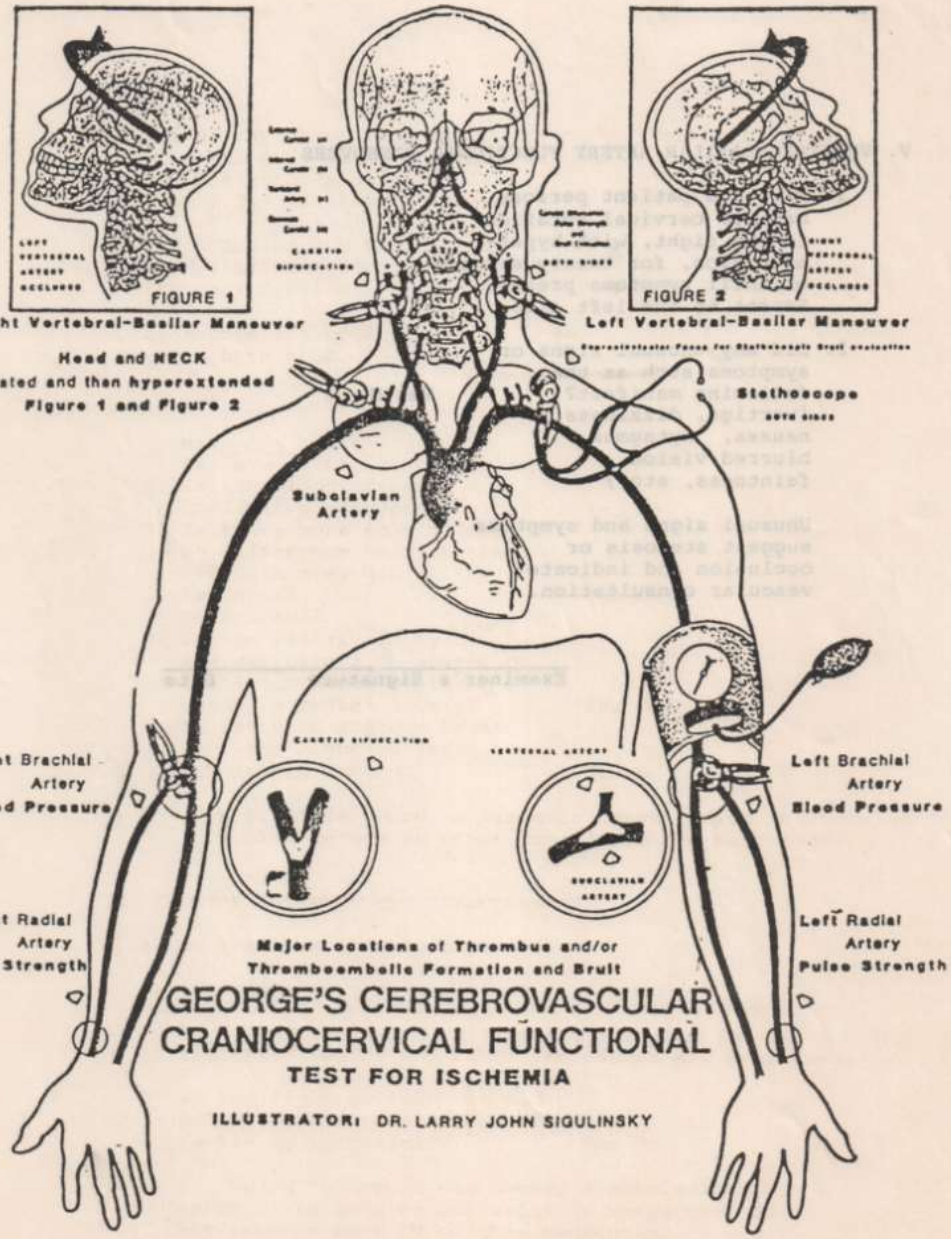
History

If the history and examination lead you to suspect even the outside possibility of a dissection or stroke – **DO NOT** adjust or manipulate the patient – call 911, get them to a hospital, have them lay down and monitor the patient while you wait. Don't give them anything to eat or drink and do not allow them to go home if they improve while laying there. Same goes if they have stroke like symptoms after a treatment.

You are better safe than sorry to order an MRA and an MRI to rule out dissection and stroke. As a chiropractor your number one goal is to help people. Many patients come to see you with neck pain and headaches. You feel confident you can help them. In some cases those complaints are secondary to vascular problems that may already be in process. Recognize this so you can make sure your patient gets the right care.

If those complaints are coupled with history and/or physical exam findings that suggest dissection or stroke: **Stop, Look and Listen** more intently and **err on the side of caution**.




FIGURE 1
Right Vertebral-Basilar Maneuver
Head and NECK
rotated and then hyperextended
Figure 1 and Figure 2
FIGURE 2
Left Vertebral-Basilar Maneuver
Stethoscope
Subclavian
Artery
Right Brachial
Artery
Blood Pressure
Left Brachial
Artery
Blood Pressure
Right Radial
Artery
Pulse Strength
Left Radial
Artery
Pulse Strength
Major Locations of Thrombus and/or
Thromboembolic Formation and Bruit
GEORGE'S CEREBROVASCULAR
CRANIOCERVICAL FUNCTIONAL
TEST FOR ISCHEMIA
ILLUSTRATOR: DR. LARRY JOHN SIGULINSKY



Part II

Risk & Consent

Cultural Authority

Strategic Competitive Advantage

Vertebral Subluxation

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Epidemiology

- Role of subluxation in health & disease
- Global Burden of Vertebral Subluxartion

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SECONDARY ANALYSIS OF A DATASET TO ESTIMATE THE PREVALENCE OF VERTEBRAL SUBLUXATION AND ITS IMPLICATIONS FOR HEALTH PROMOTION AND PREVENTION

EMPH Prevention Science Track – Thesis Defense

Christie Kwon

Thesis Committee Chair: Jose Binongo, PhD

Thesis Field Advisor: Matthew McCoy, DC, MPH

June 30, 2020



Secondary analysis of a dataset to estimate the prevalence of vertebral subluxation and its implications for health promotion and prevention

By

Christie Kwon

D.C., Life University, 2011
M.S., Johns Hopkins University, 2005
B.S., Johns Hopkins University, 2002

Thesis Committee Chair: Jose Binongo, PhD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Prevention Science
2020

Abstract

Secondary analysis of a dataset to estimate the prevalence of vertebral subluxation and its implications for health promotion and prevention.

By Christie Kwon

Objective Vertebral subluxation (VS) is a clinical entity defined as the misalignment of the spine affecting biomechanical and neurological function. The identification and correction of VS is the primary focus of the chiropractic profession. The purpose of this study is to estimate the prevalence of VS using a sample of individuals presenting for chiropractic care and to explore the public health implications.

Methods A brief review of the literature was conducted to support an operational definition for VS that incorporated neurologic and kinesiologic exam components. A retrospective, quantitative analysis of a multi-clinic dataset was then performed using this operational definition. Patient demographic data included age, gender, and past health history characteristics. In addition to estimating overall prevalence of VS, age- and gender-stratified estimates in the different clinics were calculated to observe for potential variations.

Results A total of 1,851 patient records from 7 chiropractic clinics in 4 states were obtained. The mean age of patients was 43.48 (SD = 16.8, range: 18-91 years). There were significantly more females (n = 927, 64.6%) than males presented for chiropractic care. Patients reported various spinal or extremity pain, numbness, or tingling; headaches; ear, nose, and throat-related issues; visceral symptoms; mental health concerns; neurocognitive issues; and concerns about general health as well as overall wellness as their reasons for seeking chiropractic care. The overall prevalence was 78.55% (95% CI: 76.68-80.42). Female and male prevalence were 77.17% and 80.15%, respectively; notably, all per-clinic, age, or gender-stratified prevalence were ≥ 50%.

Conclusion Albeit nonrandom, the sample has a broad geographic distribution. The results of this study suggest a high rate of prevalence of VS in a sample of individuals who sought chiropractic care. Further investigation into the epidemiology of vertebral subluxation and its role in health promotion and prevention is warranted.

Keywords: *vertebral subluxation, chiropractic, epidemiology, prevalence, prevention science*

Schloendorff v. Society of New York Hospital - 1914

The plaintiff, Mary Schloendorff, was admitted to New York Hospital and consented to being examined under ether to determine if a diagnosed fibroid tumor was malignant, but withheld consent for removal of the tumor.

The physician examined the tumor, found it malignant, and then disregarded Schloendorff's wishes and removed the tumor.

Schloendorff v. Society of New York Hospital, 211 N.Y. 125, 105 N.E. 92 (1914). New York Court of Appeals - 1914

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Schloendorff v. Society of New York Hospital

The court noted that:

“Every human being of adult years and sound mind has the right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent, commits an assault for which he is held liable in damages."

"This is true except in cases of emergency where the patient is unconscious and where it is necessary to operate before consent can be obtained.“

http://www.ama-assn.org/amednews/2008/03/10/prca0310.htm

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Persaud v. NY Presbyterian

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK: IA PART 16

----------X

BRIAN PERSAUD,

Plaintiff,

Index No. 106011/2004

-against -

Motion Seq. No. 004

NEW YORK PRESBYTERIAN HOSPITAL,
ERIC M. MANIAGO, M.D., personally,
and "JOHN DOE" # 1-5, personally,

Defendants.

FILED
DEC 21 2007
COUNTY CLERK'S OFFICE
NEW YORK

----------X

SCHLESINGER, J:

Persaud v. NY Presbyterian

Construction worker in his early thirties, was hit in the head by a wooden beam and knocked to the ground

Transported by ambulance to New York Presbyterian Arrived fully conscious and alert and oriented.

Resident informed him that she would perform a rectal examination and proceeded to do so.

Plaintiff repeatedly and forcefully declined to consent to the rectal exam, became agitated, and struck a hospital employee while attempting to resist the exam.

Hospital security was called and plaintiff was restrained, sedated and temporarily intubated. When extubated, plaintiff remained agitated and the hospital called the New York City Police Department.

When the police arrived, plaintiff was handcuffed to a bed and arrested and confined for approximately 24 hours. He ultimately received an adjournment in contemplation of dismissal in Criminal Court and the matter was consequently dismissed and sealed.

Persaud v. NY Presbyterian

Persaud sued for assault and battery, unlawful confinement, negligence, and lack of informed consent.

Jury found for the Defendant

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Informed Consent

What is the Doctrine of Informed Consent?

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Informed Consent
Categories of Information

- What treatments involve (Broadly)
- Risks (Including Medical Error)
- Benefits
- Alternatives
- Implications of declining treatment

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THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE
Volume 14, Number 6, 2008, pp. 000–000
© Mary Ann Liebert, Inc.
DOI: 10.1089/acm.2007.0803

Paradigms

Autonomy, Consent, and Medical Paternalism: Legal Issues in Medical Intervention

Matthew McCoy, D.C.

Abstract

Patients are increasingly questioning their relationships with their doctors during a time when use of alternative health care approaches is rising, paternalistic models of health care are waning, and police powers related to health care are expanding. Focusing on the topics of mandatory vaccination and forced medical treatment of children with cancer, this paper reviews issues related to autonomy, informed consent, medical paternalism, forced medical treatment, the police powers of the state, and related legal issues. Based upon this review, it becomes clear that the fight over personal autonomy and paternalism in health care is far from over.

Introduction

nations in life expectancy, ranks 28th in infant mortality among 39 industrialized nations, has the highest incidence

The Model State Emergency Health Powers Act[1]

Draft as of December 21, 2001

A Draft for Discussion Prepared by:

The Center for Law and the Public's Health
at Georgetown and Johns Hopkins Universities

For the Centers for Disease Control and Prevention [CDC]

To Assist:
National Governors Association [NGA],
National Conference of State Legislatures [NCSL],
Association of State and Territorial Health Officials [ASTHO], and
National Association of County and City Health Officials [NACCHO]

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PREP Act

- Public Readiness and Emergency Preparedness Act of 2005

- The PREP Act authorizes the secretary of HHS to issue a declaration that provides **immunity from tort liability** for claims of loss (except willful misconduct) caused by, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the secretary to constitute a present or credible risk of a future public health emergency.

  –The immunity applies to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures.

  –The PREP Act immunity explicitly applies to products or technology intended to enhance medical countermeasures, in addition to the countermeasures themselves.

Dear Licensees: the WV Department of Health and Human Resources (DHHR) requested that the WV Board of Chiropractic send the notice below to all licensees. Thank you!

The West Virginia Department of Health and Human Resources (DHHR) continues to plan for the upcoming COVID-19 Vaccination Program. As outlined in the West Virginia COVID-19 Vaccination plan, healthcare personnel are the first persons eligible to receive initial doses of vaccine. Healthcare Personnel is broadly defined as "paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home". It is critical that we account for the entire healthcare workforce in the state to ensure our supply is distributed equitably and vaccine is available to all who are eligible. We are asking for your assistance with this task.

Please have a representative from your agency complete the survey at the link below to help us capture general information about your healthcare facility and your personnel:
https://www.surveymonkey.com/r/GGKZYZN

Important note: We have been working closely with the WV Health Care Association, WV Primary Care Association, WV Hospital Association, and WV Board of Pharmacy and have collected facility-level information through those channels. Please do not submit this information if you are employed by a Nursing Home/Assisted Living Facility, Federally Qualified Health Centers (FQHCs), hospital/health system (including outpatient and offsite/satellite locations), or pharmacy.

We appreciate your ongoing dedication to caring for your communities during this difficult time. If you have any questions about the information being requested, please email them to COVIDVaccinationProg@wv.gov. Thank you for your cooperation and assistance with this effort.

Caitlin Cohn
She / her / hers

Center for Threat Preparedness
Bureau for Public Health, WVDHHR
505 Capitol Street, Suite 200
Charleston, WV 25301

Office: (304) 558-6900 ext. 71473
Email: Caitlin.R.Cohn@wv.gov
http://www.dhhr.wv.gov/healthprep\
ion, so think about inserting phrases like "for a limited time only" or "only 7 remaining!"

Another California County Mandates Flu Shots for Chiropractors

Wednesday, September 23, 2020 - 13:10

NEWS STAFF



California Chiropractors Brace for Fallout

Following in the footsteps of Tehama County which issued mandatory flu vaccination for all health care workers including chiropractors on September 1, 2020, **Karen Ramstrom, DO, MSPH the Health Officer for Shasta County issued an identical order on September 17, 2020.**

CLICK HERE for the Tehama County Story

The Shasta County **ORDER mandates influenza vaccination of health care workers during the 2020/2021 influenza season**. The order dated September 17, 2020 applies to:

Hospitals, Ambulatory and Community Clinics, Medical Practices, Skilled Nursing and other Long-Term Care Facilities, Dentist Offices, Chiropractic Offices, Physical Therapy Practices, and other Health Care Facilities

Chiropractors Ordered to Get Flu Shots

Tuesday, September 22, 2020 - 13:16

NEWS STAFF



Refusal May Result in Civil Enforcement or Criminal Penalties

Richard Wickenheiser, MD the Health Officer of **Tehama County California** has issued an ORDER (No. 12-01) **mandating influenza vaccination** of health care workers during the 2020/2021 influenza season. The order dated September 1, 2020 applies to:

Hospitals, Ambulatory and Community Clinics, Medical Practices, Skilled Nursing and other Long-Term Care Facilities, Dentist Offices, Chiropractic Offices, Physical Therapy Practices, and other Health Care Facilities.



Admiral Brett P. Giroir, M.D



Gustave Perna





United States Army four-star general who serves as the chief operating officer of Operation Warp Speed. As chief operating officer, he serves as co-leader and oversees the logistics in the United States federal government's search for a vaccine to the COVID-19 pandemic.

Kentucky man with COVID-19 refused to remain hospitalized, so deputies are surrounding his house

March 17, 2020 10:55 AM in News Source: CNN By: WBRZ Staff Share:



Appeals Court Judge Orders Kentucky Man to Quarantine

A Kentucky appeals court judge has ordered a Kentucky man exposed to the coronavirus to quarantine himself and to get tested.

By **Associated Press**, Wire Service Content May 8, 2020, at 12:37 p.m.

WHITLEY CITY, KY. (AP) — A Kentucky appeals court judge has ordered a Kentucky man exposed to the coronavirus to quarantine himself and to get tested.

Judge Jeff S. Taylor ordered the 27-year-old man in McCreary County to self-quarantine from Tuesday through Saturday, the Lexington Herald-Leader reported. The judge also required the man to cooperate with the McCreary County Health Department in tracing contacts since his exposure. The man's name wasn't included in the court filings.

Virtual Try-On
Find the perfect pair of glasses from your couch starting at $6.95.
GET STARTED

Couple forced to wear ankle monitors to self-isolate after Kentucky woman tests positive for COVID-19

National Desk Staff



2 more COVID deaths in Keys; 2 residents arrested for not quarantining

By Timothy O'Hara Key West Citizen

July 29, 2020

Two Lower Keys Medical Center patients who tested positive for COVID-19 have died, and in a separate incident, two other Key West residents were arrested and charged for not following orders to quarantine after testing positive for the coronavirus.

The exact cause of death still has to be determined by the Monroe County Medical Examiner's Office, but the director of the Monroe County offices of the Florida Department of Health, Bob Eadie, said the two patients had tested positive for the virus before dying. The two deaths bring the total to eight, according to Health Department.

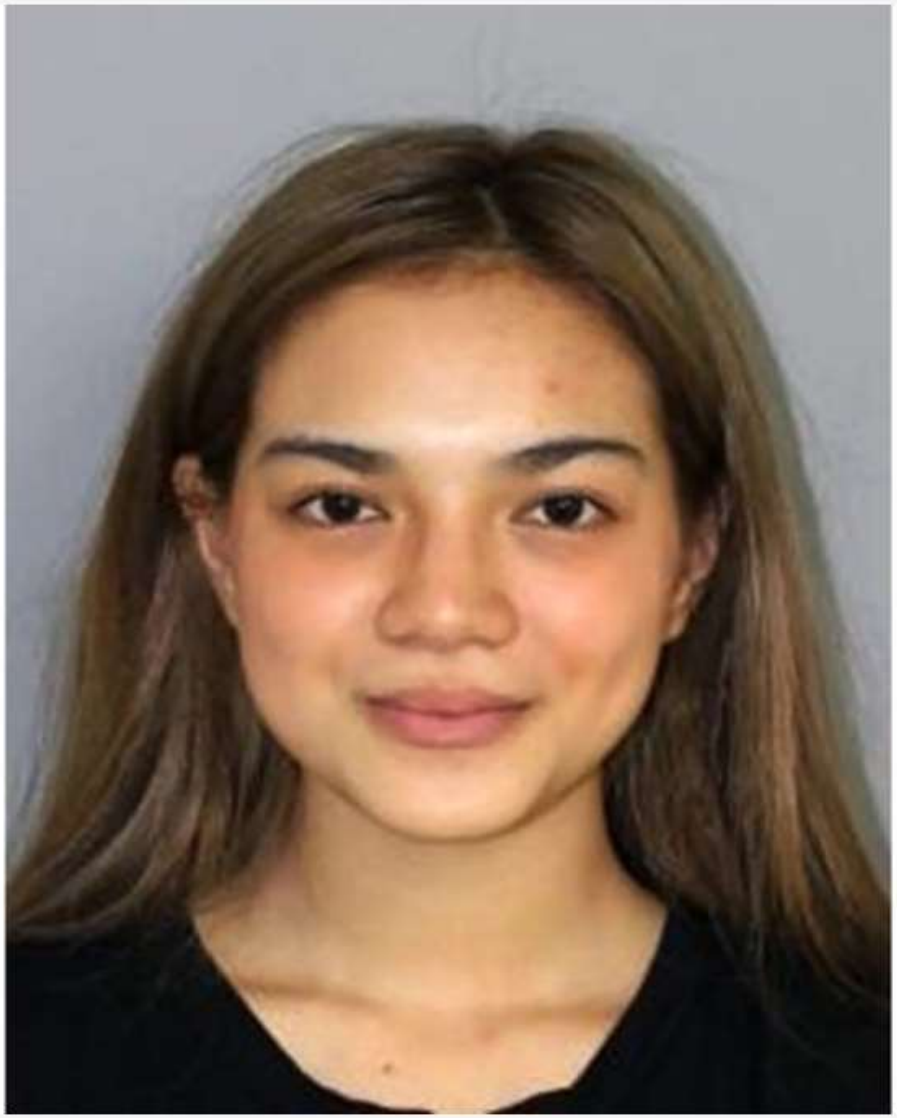
On Wednesday, Key West Police Department arrested Yohana Anahi Gonzalez and Joses Freire Interian, who live in the 1800 block of Harris Avenue, on one count each of violating a quarantine order and another charge each of violating a emergency preparedness directive, according to the Monroe County Sheriff's Office website.

Key West police spokeswoman Alyson Crean did not have details of the arrest on Wednesday night. Eadie told The Key West Citizen the two had been ordered to quarantine and violated that order.

tohara@keysnews.com

In-store dancing leads to Hawaii visitor quarantine arrest

July 24, 2020




COVID-19 ARREST
CORONAVIRUS
HOMELESS MAN ARRESTED FOR ESCAPING QUARANTINE
5
0:12 / 2:04

- Tennessee

Coronavirus

CNY person with coronavirus arrested for breaking quarantine, released due to bail reform laws

Updated Jul 09, 2020; Posted Jul 09, 2020

Additional details about the suspect were not released, but authorities called them “selfish.”

By Geoff Herbert | gherbert@syracuse.com

Oneida, N.Y. — A Central New York resident with coronavirus has been arrested for breaking quarantine rules, and then released due to New York state’s bail reform laws.

WKTV reports the person, whose name will not be released due to HIPAA privacy laws, was arrested by Oneida city police for failing to follow a mandatory quarantine order after testing positive for Covid-19. They were charged with criminal contempt for not self-isolating after multiple warnings.

Advertisement



HEALTH & FITNESS

Texas county says it'll arrest COVID-19 positive residents who don't quarantine

Thursday, July 9, 2020



EMBED <> MORE VIDEOS

ARRESTED OVER COVID-19? It may sound unheard of, until you listen to what one Texas county is doing.

PANDEMIC INFLUENZA BENCHGUIDE:

LEGAL ISSUES CONCERNING QUARANTINE AND ISOLATION



2019 EDITION

A Project of the Florida Court Education Council's Publications Committee

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Place your cursor over the item you would like to view and press Control+Click to go directly to that item.

To open links to citations, place your cursor over the citation and press Control+Click, or right click on the item and choose "open hyperlink". Most of the legal citations are hyperlinked to the Westlaw database. When you click on a link, you will be asked for your Westlaw sign on information. Once you are signed on, you should be able to retrieve all of the Westlaw hyperlinks you select. Some rules of court and statutes are linked directly to the primary source.

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Florida's Department of Health is equipped to use the special needs doctrine, or other applicable exigent circumstances as described above, under section 381.00315(1), Florida Statutes. This section governs a State Health Officer ordering testing, vaccinating, or treating diseases during a "public health

emergency" as defined by section 381.00315(1)(c):

> "Public health emergency" means any occurrence, or threat thereof, whether natural or man made, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters.

During such an emergency, section 381.00315(1)(c)4 allows the State Health Officer to order

> an individual to be examined, tested, vaccinated, treated, isolated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to isolation or quarantine.

Additionally, such orders by the State Health Officer are immediately enforceable by a law enforcement officer under section 381.0012, which empowers the department to, among other things, seek warrants. Thus, if the State Health Officer were to use these capabilities in a manner unrelated to the state's traditional interest in law enforcement, under the special needs doctrine the State Health Officer probably would not need a warrant to obtain samples by ordering an individual to be examined or tested.[15]

During a public health emergency, section 381.00315(1)(c)4, Florida Statutes, permits the State Health Officer to order examination, testing, treatment, or vaccination of individuals. If individuals so ordered do not comply, "for reasons of health, religion, or conscience," the State Health Officer may also order isolation or quarantine. If examination, testing, vaccination, or treatment is ordered, it must be performed by a "qualified person authorized by the State Health Officer." § 381.00315(1)(c)4.a, Fla. Stat. Pursuant to section 381.00315(1)(c)4.b, any individual who "poses a danger to the public health" that cannot be isolated or quarantined by any "practical method" may be vaccinated or treated by the State Health Officer using "any means necessary." Despite the extremely liberal language of this subsection, the State Health Officer should be bound to some standard of reasonableness. Finally, any order given by the State Health Officer "to effectuate [section 381.00315(1)(c)4] shall be immediately enforceable by a law enforcement officer." *Id.*

In summary, Florida presently has the necessary statutes to effectuate a mandatory vaccination program during a public health emergency. In the

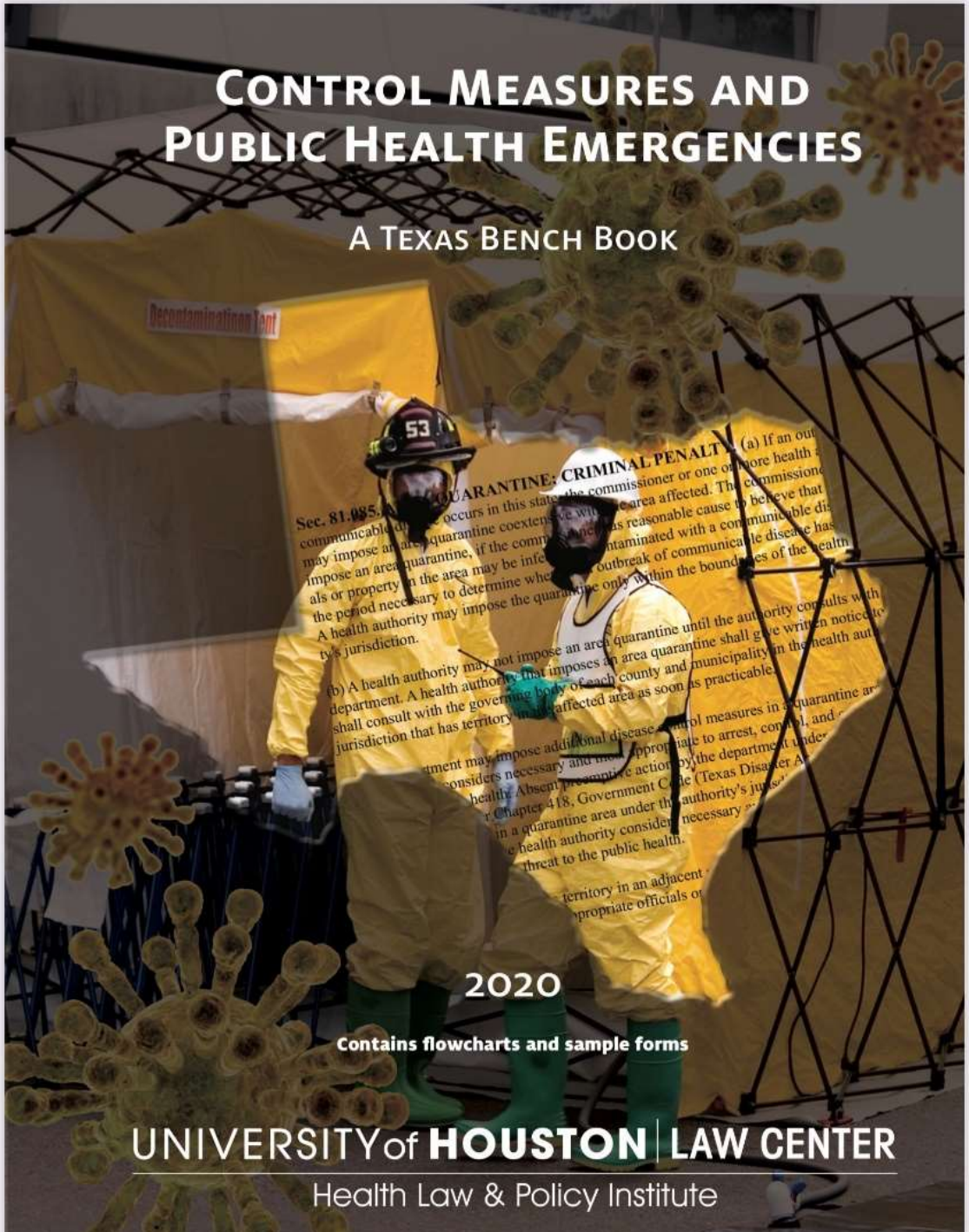
Georgia Pandemic Bench Guide 2018



DEVELOPED BY
THE ADMINISTRATIVE OFFICE OF THE COURTS OF GEORGIA
AND THE
JUDICIAL COUNCIL OF GEORGIA

Control Measures and Public Health Emergencies

A Texas Bench Book



2020

Contains flowcharts and sample forms

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Health Law & Policy Institute

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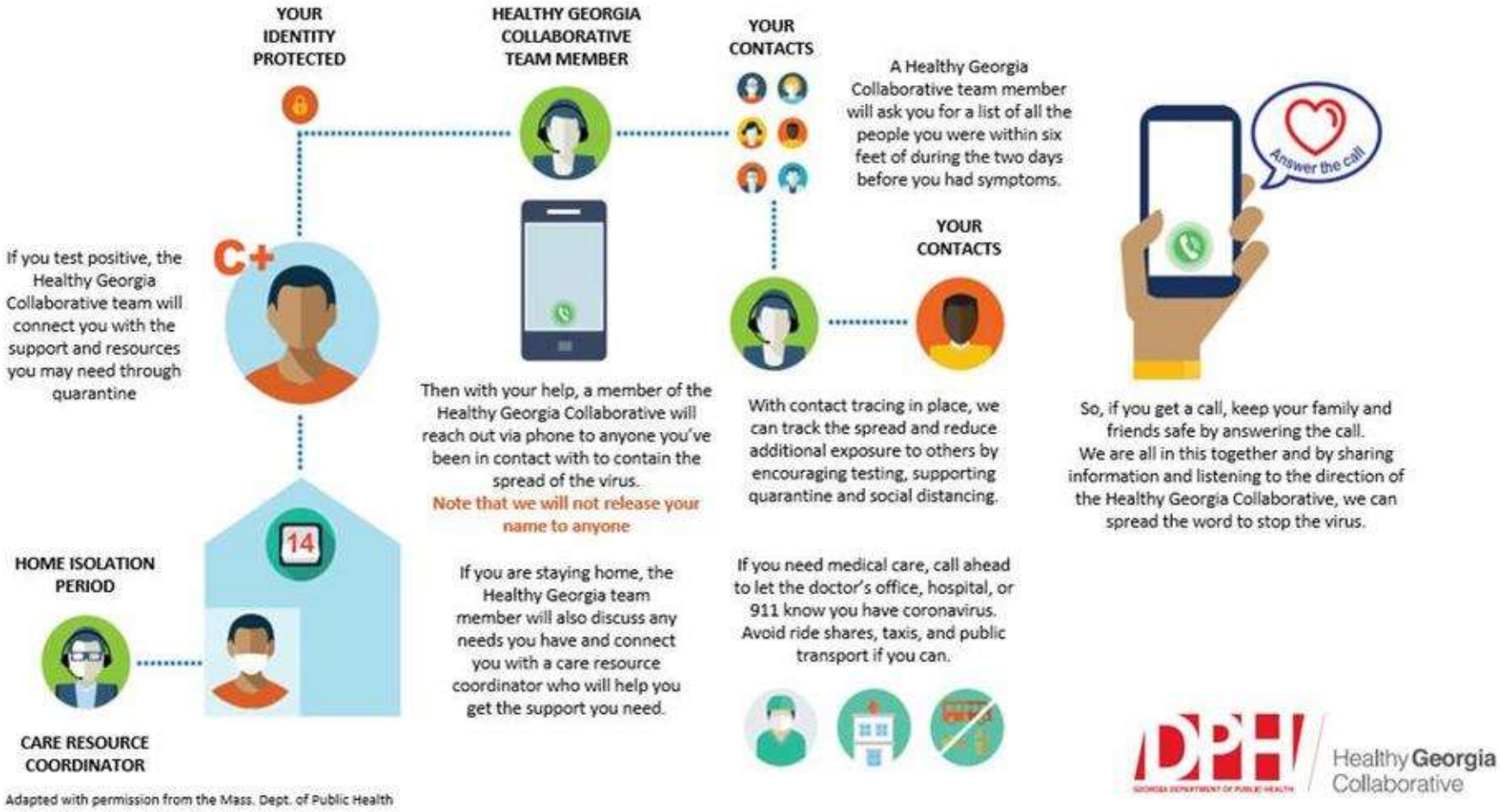
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Georgia prepares to launch new coronavirus tracing program





You are required to cooperate fully with all state and federal public health authorities, including the Georgia Department of Public Health, and to follow the measures outlined below.

DPH
Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3142

dph.ga.gov

STATE OF GEORGIA
DEPARTMENT OF PUBLIC HEALTH
SEVENTH AMENDED[1] ADMINISTRATIVE ORDER
FOR PUBLIC HEALTH CONTROL MEASURES

WHEREAS, on March 14, 2020, Governor Brian P. Kemp issued Executive Order 03.14.20.01, declaring a Public Health State of Emergency in Georgia due to the impact of Novel Coronavirus Disease 2019 (COVID-19); and

WHEREAS, on March 16, 2020, the Georgia General Assembly concurred with Executive Order 03.14.20.01 by joint resolution; and

WHEREAS, the Public Health State of Emergency has been extended through and including July 12, 2020; and

WHEREAS, the Centers for Disease Control and Prevention ("CDC") recommends that all states and territories implement aggressive measures to slow and contain transmission of COVID-19 in the United States; and

WHEREAS, the number of cases of COVID-19 in the state of Georgia continues to grow; and

WHEREAS, COVID-19 presents a severe threat to public health in Georgia; and

WHEREAS, COVID-19 is a severe respiratory disease that is transmitted primarily through respiratory droplets produced when an infected person coughs or sneezes; and

WHEREAS, although the vast majority of Georgians are complying with public health recommendations and guidance for the isolation of persons with symptoms of COVID-19, I have received reliable reports that a small number of persons may be behaving in a way that contributes to the spread of this disease in the community; and

WHEREAS, I have determined that it is necessary and appropriate to require persons who:

- have received a positive lab-confirmed test for COVID-19, or
- are suspected to have COVID-19 based on symptoms recognized by the CDC, or
- have been in close contact with a person with known or suspected COVID-19

to isolate or quarantine themselves at home, in order to slow the spread of COVID-19, reduce the number of people who will become infected, and avoid unnecessary strain on Georgia's healthcare system.

[1] This Fourth Amended Administrative Order amends and supersedes the prior Orders issued on March 21 and 23, April 3 and 15, May 5 and 12, and June 2, 2020.

ARTICLE

Preventive Detention in American Theory and Practice

Adam Klein* and Benjamin Wittes**

Introduction

It is something of an article of faith in public and academic discourse that preventive detention runs counter to American values and law. This meme has become standard fare among human rights groups[1] and in a

*Adam Klein is a third year J.D. candidate at Columbia Law School and Articles Editor of the *Columbia Law Review*. He previously served as legislative assistant to U.S. Rep. C.W. "Bill" Young and as a staff member of the 9/11 Public Discourse Project, the nonprofit successor to the 9/11 Commission.

** Benjamin Wittes is a senior fellow in Governance Studies at The Brookings Institution. He is the author of *Detention and Denial: The Case for Candor After Guantanamo*, forthcoming from the Brookings Institution Press. He is also the author of *Law and the Long War: The Future of Justice in the Age of Terror*, published in June 2008 by The Penguin Press, and the editor of the 2009 Brookings book, *Legislating the War on Terror: An Agenda for Reform*. He co-founded and co-writes the Lawfare blog (http://www.lawfareblog.com/), which is devoted to non-ideological discussion of the "Hard National Security Choices," and is a member of the Hoover Institution's Task Force on National Security and Law. His previous books include *Starr: A Reassessment*, which was published in 2002 by Yale University Press, and *Confirmation Wars: Preserving Independent Courts in Angry Times*, published in 2006 by Rowman & Littlefield and the Hoover Institution. Between 1997 and 2006, he served as an editorial writer for *The Washington Post* specializing in legal affairs. Before joining the editorial page staff of *The Washington Post*, Wittes covered the Justice Department and federal regulatory agencies as a reporter and news editor at *Legal Times*. His writing has also appeared in a wide range of journals and magazines, including *Slate*, *The New Republic*, *The Wilson Quarterly*, *The Weekly Standard*, *Policy Review*, and *First Things*.

[1] *See, e.g.*, David Fathi, Op-Ed, *Dangers of a preventive detention law*, BOSTON GLOBE, Jan. 1, 2009, http://www.boston.com/bostonglobe/editorial_opinion/oped/articles/2009/01/01/dangers_of_a_preventive_detention_law/ (criticizing proposals for terrorist preventive detention statute and characterizing sex offender commitment laws as a "narrow exception" to the "rule" espoused by the Court in United States v. Salerno, 481 U.S. 739, 755 (1987), which held that "[i]n our society liberty is the norm, and detention prior to trial or without trial is the carefully limited exception").

The trouble with such civic mythology is that it is, ultimately, an inaccurate description of past practice, and thus a misleading indicator of the theory on which such practice rested.

Our purpose in this paper is to describe just how mythological this particular civic myth is — indeed, to show that nearly every aspect of it is false:

Preventive detention is not prohibited by U.S. law or especially frowned upon in tradition or practice.

The circumstances in which it arises are not isolated exceptions to a strong rule against it; rather, they are relatively frequent. The federal government and all 50 states together possess a wide range of statutory preventive detention regimes that are frequently used, many of which provoke little social or legal controversy.

The diverse statutes and regimes authorizing the preventive detention of individuals not convicted of a crime to prevent harms caused by that person range widely in purpose and subject matter:

- Wartime detention powers cover not merely prisoners of war and unlawful enemy combatants but also the nationals of countries against which the United States finds itself in a state of armed conflict;
- The Constitution's Suspension Clause specifically contemplates that Congress might in crises suspend normal constitutional presumptions limiting detention — a power which has been invoked several times in American history;
- Detention authorities ancillary to the criminal justice system include both pretrial detention and the detention of material witnesses not even facing criminal charges;
- The immigration law permits the detention of aliens facing deportation and "arriving aliens" denied entry to the United States;
- State and federal laws permit the detention of the seriously mentally ill, when they pose a danger to themselves or to the public at large, as well as the detention of sex offenders even after they have completed their criminal sentences;
- State and federal statutes provide broad authority to quarantine people who have communicable diseases; and
- States and localities have a variety of protective custody powers, permitting the noncriminal detention — often for their own protection — of, among others, the intoxicated, alcoholics, drug addicts, the homeless, and pregnant drug users.

Governor Ron Desantis declares public health emergency in Florida



The order says the "State Health Officer is authorized and directed to use his judgment as to the duration of this public health emergency." (CDC) (WJHG)

Published: Mar. 1, 2020 at 9:57 PM EST

FL National Guard called up in response to COVID-19 outbreak



Photo: The National Guard (KOSA)

Published: Mar. 29, 2020 at 1:49 PM EDT

By: WCTV Eyewitness News

March 29, 2020

News

Press Releases

2019 Press Releases

Photo Gallery

Social Media

Kemp Declares Public Health State of Emergency

MARCH 16, 2020

Atlanta, GA – On March 14, 2020, Governor Brian P. Kemp signed a **public health state of emergency** to address novel coronavirus and COVID-19 in Georgia. Kemp gave a televised address to Georgians with the following remarks:

"My fellow Georgians: Over the past few weeks, our state has been facing an unprecedented public health threat with the spread of novel coronavirus. In only a matter of days, communities within the metro-Atlanta area and North Georgia have seen several cases, including hospitalizations, where the source of infection is unknown. Many of these cases have no connection to travel, and the capacity of our healthcare system remains at the forefront of my mind as we prepare for more local transmission. As of this morning, there are now sixty-four cases of COVID-19 in Georgia, which is our largest increase over a twenty-four period to date. This information will reflect on the Department of Public Health's new website shortly.

There are now fifteen cases in Cobb, eleven cases in Fulton, eight cases in DeKalb, seven cases in Bartow, five cases in Cherokee, four cases in Fayette, three cases in Floyd, two cases in Coweta, two cases in Gordon, two cases in Gwinnett, and one case each for Lee, Henry, Lowndes, Polk, and Charlton counties. In Bartow, Cobb,



CBS46.COM

Governor Kemp calls up 2,000 National Guard troops in response to coronavirus





The 2019 Florida Statutes

14.022 Governor; emergency powers to quell violence.—

(1) The Governor of Florida is hereby authorized and empowered to take such measures and to do all and every act and thing which she or he may deem necessary in order to prevent overt threats of violence or violence, to the person or property of citizens of the state and to maintain peace, tranquillity, and good order in the state, and in any political subdivision thereof, and in any area of the state designated by the Governor.

(2) The Governor when, in her or his opinion, the facts warrant, shall, by proclamation, declare that, because of unlawful assemblage, violence, overt threats of violence, or otherwise, a danger exists to the person or property of any citizen or citizens of the state and that the peace and tranquillity of the state, or any political subdivision thereof, or any area of the state designated by the Governor, is threatened, and because thereof an emergency, with reference to said threats and danger, exists. In all such cases when the Governor shall issue a proclamation as herein provided she or he shall be and is hereby further authorized and empowered, to cope with said threats and danger, to order and direct any individual person, corporation, association, or group of persons to do any act which would in the Governor's opinion prevent danger to life, limb, or property, prevent a breach of the peace or the Governor may order such individual person, corporation, association, or group of persons to refrain from doing any act or thing which would, in the Governor's opinion, endanger life, limb, or property, or cause, or tend to cause, a breach of the peace, or endanger the peace and good order of society, and shall have full power by appropriate means to enforce such order or proclamation.

(3) The Governor, upon the issuance of a proclamation as provided for in subsection (2), is hereby authorized and empowered to take and exercise any, either, or all of the following actions, powers, and prerogatives:

(a) Call out the military forces of the state (state militia) and order and direct said forces to take such action as in the Governor's judgment may be necessary to avert the threatened danger and to maintain peace and good order in the particular circumstances.

(b) Order any sheriff or sheriffs of this state, pursuant to a proclamation as herein provided, to exercise fully the powers granted them, and each of them, under s. 30.15(1)(f) (suppress tumults, riots, and unlawful assemblies in their counties with force and strong hand when necessary) and to do all things necessary to maintain peace and good order.

(c) Order and direct the State Highway Patrol, and each and every officer thereof, to do and perform such acts and services as the Governor may direct and in the Governor's judgment are necessary in the circumstances to maintain peace and good order.

(d) Authorize, order or direct any state, county, or city official to enforce the provisions of such proclamation in each and every and all of the courts in the state by injunction, mandamus, or other appropriate legal action.

(4) The Governor is hereby authorized and empowered to intervene in any situation where there exists violence, overt threats of violence to persons or property and take complete control thereof to prevent violence, or to quell violence or any disturbance or disorder which threatens the peace and good order of society.

2019 Florida Statutes

< Back to Statute Search

Title XVII MILITARY AFFAIRS AND RELATED MATTERS

Chapter 252 EMERGENCY MANAGEMENT

SECTION 36 **Emergency management powers of the Governor.**

252.36 Emergency management powers of the Governor.—

(1)(a) The Governor is responsible for meeting the dangers presented to this state and its people by emergencies. In the event of an emergency beyond local control, the Governor, or, in the Governor's absence, her or his successor as provided by law, may assume direct operationa emergency management functions within this state, and she or he shall have the power through proper process of law to carry out the provisions of this section. The Governor is authorized to delegate such powers as she or he may deem prudent.

(b) Pursuant to the authority vested in her or him under paragraph (a), the Governor may issue executive orders, proclamations, and rules and may amend or rescind them. Such executive orders, proclamations, and rules shall have the force and effect of law.

(2) A state of emergency shall be declared by executive order or proclamation of the Governor if she or he finds an emergency has occurred or that the occurrence or the threat thereof is imminent. The state of emergency shall continue until the Governor finds that the threat or dange that the emergency conditions no longer exist and she or he terminates the state of emergency by executive order or proclamation, but no state of emergency may continue for longer than 60 days unless renewed by the Governor. The Legislature by concurrent resolution may terminate Thereupon, the Governor shall issue an executive order or proclamation ending the state of emergency. All executive orders or proclamations issued under this section shall indicate the nature of the emergency, the area or areas threatened, and the conditions which have brought the em possible its termination. An executive order or proclamation shall be promptly disseminated by means calculated to bring its contents to the attention of the general public; and, unless the circumstances attendant upon the emergency prevent or impede such filing, the order or proclamati Department of State and in the offices of the county commissioners in the counties to which the order or proclamation applies.

(3) An executive order or proclamation of a state of emergency shall:

(a) Activate the emergency mitigation, response, and recovery aspects of the state, local, and interjurisdictional emergency management plans applicable to the political subdivision or area in question; and

(b) Be authority for the deployment and use of any forces to which the plan or plans apply and for the use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or arranged to be made available pursuant to ss. 252.31-252.90 or any other provis

(c) Identify whether the state of emergency is due to a minor, major, or catastrophic disaster.

1. For a major or catastrophic disaster, the proclamation is authority for a health care practitioner licensed in another state to assist in providing health care in the disaster area according to the provisions specified in the proclamation.

2. For a catastrophic disaster, the proclamation constitutes a formal request for mobilization of the military, which shall be communicated to the President of the United States.

(4) During the continuance of a state of emergency, the Governor is commander in chief of the Florida National Guard and of all other forces available for emergency duty. To the greatest extent practicable, the Governor shall delegate or assign command authority by prior arrangeme executive orders or rules, but nothing herein restricts the Governor's authority to do so by orders issued at the time of the emergency.

(5) In addition to any other powers conferred upon the Governor by law, she or he may:

(a) Suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business or the orders or rules of any state agency, if strict compliance with the provisions of any such statute, order, or rule would in any way prevent, hinder, or delay necessary actio

(b) Utilize all available resources of the state government and of each political subdivision of the state, as reasonably necessary to cope with the emergency.

(c) Transfer the direction, personnel, or functions of state departments and agencies or units thereof for the purpose of performing or facilitating emergency services.

(d) Subject to any applicable requirements for compensation under s. 252.43, commandeer or utilize any private property if she or he finds this necessary to cope with the emergency.

(e) Direct and compel the evacuation of all or part of the population from any stricken or threatened area within the state if she or he deems this action necessary for the preservation of life or other emergency mitigation, response, or recovery.

(f) Prescribe routes, modes of transportation, and destinations in connection with evacuation.

(g) Control ingress and egress to and from an emergency area, the movement of persons within the area, and the occupancy of premises therein.

(h) Suspend or limit the sale, dispensing, or transportation of alcoholic beverages, firearms, explosives, and combustibles. However, nothing contained in ss. 252.31-252.90 shall be construed to authorize the seizure, taking, or confiscation of firearms that are lawfully possessed, unle commission of a criminal act.

(i) Make provision for the availability and use of temporary emergency housing.

(j) Take effective measures for limiting or suspending lighting devices and appliances, gas and water mains, electric power distribution, and all other utility services in the general public interest.

(k) Take measures concerning the conduct of civilians, the movement and cessation of movement of pedestrian and vehicular traffic prior to, during, and subsequent to drills and actual or threatened emergencies, the calling of public meetings and gatherings, and the evacuation and provided in the emergency management plan of the state and political subdivisions thereof.

2010 Georgia Code
TITLE 38 - MILITARY, EMERGENCY MANAGEMENT, AND VETERANS AFFAIRS
CHAPTER 3 - EMERGENCY MANAGEMENT
ARTICLE 3 - EMERGENCY POWERS
PART 1 - GOVERNOR
§ 38-3-51 - Emergency powers of Governor; termination of emergency; limitations in energy emergency; immunity

O.C.G.A. 38-3-51 (2010)
38-3-51. Emergency powers of Governor; termination of emergency; limitations in energy emergency; immunity

(a) In the event of actual or impending emergency or disaster of natural or human origin, or pandemic influenza emergency, or impending or actual enemy attack, or a public health emergency, within or affecting this state or against the United States, the Governor may declare that a state of emergency or disaster exists. As a condition precedent to declaring that a state of emergency or disaster exists as a result of a public health emergency, the Governor shall issue a call for a special session of the General Assembly pursuant to Article V, Section II, Paragraph VII of the Constitution of Georgia, which session shall convene at 8:00 A.M. on the second day following the date of such declaration for the

Georgia Emergency Powers

Gives the state authority to commandeer private property and effectively take control of hospitals if “reasonable and necessary” for the emergency response.

2) To seize, take for temporary use, or condemn property for the protection of the public in accordance with condemnation proceedings as provided by law;

(3) To sell, lend, give, or distribute all or any such property among the inhabitants of the state and to account to the proper agency for any funds received for the property.







Christie signs Executive Order No. 164. Creates the Ebola Virus Disease and Response Team

October 22, 2014

Acting to ensure a unified, effective response to the Ebola virus, Governor Chris Christie today activated an Ebola preparedness plan to direct all activities of key state departments, hospitals and the medical community and homeland security apparatus to protect the public and create a strong line of defense against Ebola in New Jersey. Read the rest of the Governor's press release.

New Jersey Accepts Rights for People in Quarantine to End Ebola Suit



Kaci Hickox at her home in Fort Kent, Maine, in 2014. She was held in quarantine for three days that year after returning from working with Ebola patients in West Africa. Spencer Platt/Getty Images

Rights Under Quarantine

- Anyone quarantined in New Jersey can contest the order
- Has the right to legal counsel
- Right to be given prior notice of any hearings
- Right to send and receive communications
- Guarantees a person the right to privacy *so long as it does not interfere with vital public health needs*

Final Thoughts



“You Are Going to be Under the Hand of the Law”



https://www.screencast.com/t/aogGgV75b

~~Medical Error~~
Chiropractic Error

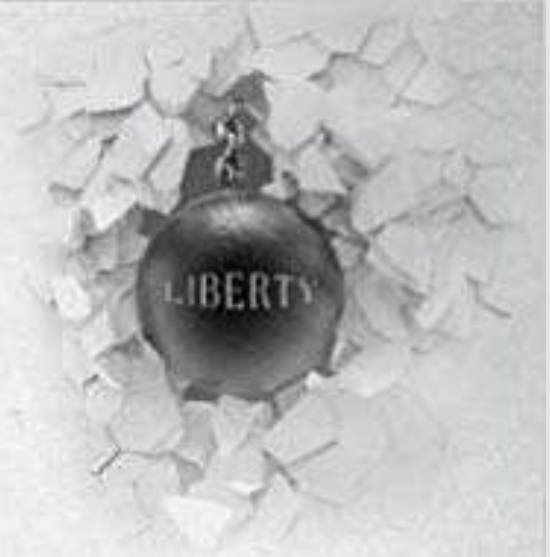
- How many did not seek care?
- How many were not told?
- How many stopped care?
- How many got sick?
- How many died?

ChiroFutures

Recordkeeping & Documentation

Matthew McCoy DC, MPH
CEO & Co Founder
ChiroFutures Malpractice Program
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DECONSTRUCTING THE ADMINISTRATIVE STATE

★★ The Fight for Liberty ★★

EMMETT MCGROARTY, JANE ROBBINS,
AND ERIN TUTTLE

ChiroFutures Urges FCLB to Drop X-Ray Language

Wednesday, March 31, 2021 - 22:08

CHIROFUTURES MALPRACTICE PROGRAM

ChiroFutures
Malpractice Insurance Program
www.chirofutures.org

FCLB Set to Adopt Dangerous X-Ray Language

The Federation of Chiropractic Licensing Boards is set to vote on and adopt several resolutions on May 1, 2021. One of those is a Resolution regarding the **taking of radiographs by chiropractors**. In light of the recent amendments passed by the College of Chiropractors of British Columbia (CCBC) where x-rays for the analysis of vertebral subluxation have been banned, all chiropractors should be especially concerned by this action from the FCLB.

PACE

Streamlining Continuing Education Provider Approval

INTRODUCTION

The Federation of Chiropractic Licensing Boards (FCLB), the non-profit association of government agencies empowered to regulate the chiropractic profession, is pleased to present the FCLB service entitled Providers of Approved Continuing Education (PACE).

Material Risks

“2. That prior to obtaining radiographic imaging, a treating Doctor of Chiropractic will inform the patient of the benefits, options, and material risks of x-ray and will receive consent from the patient to be x-rayed;”

Issues – Material Risks

- Must disclose oncogenic and genotoxic effects
- They will claim that there is no evidence that patients x-rayed get better outcomes
- That all of this must be disclosed to the patient.
- It also appears to require a separate informed consent and/or specific language to be added to already existing consent forms and processes.

Position Statement

ChiroFutures supports the use of x-rays for the analysis and management of vertebral subluxation. We encourage an evidence-informed approach to the use of radiography in the assessment of vertebral subluxation. Doctors of chiropractic are trained to determine the safety and appropriateness of chiropractic care. This training includes the use of X rays to detect and characterize vertebral subluxations, congenital and developmental anomalies which may affect the selection of chiropractic techniques, and conditions which may contraindicate certain chiropractic adjusting methods. Furthermore, radiography may reveal conditions requiring referral to another type of health care provider.

General Chiropractic Council

GCC Registrant Guidance

Diagnostic Imaging

British Columbia Bans X-Rays for Vertebral Subluxation Assessment

Tuesday, February 9, 2021 - 12:40

NEWS STAFF



Most Other Uses Banned as Well - Use Allowed for "Serious Pathology" Only

In what at any other time or from any other place would be considered unbelievable, the College of Chiropractors of British Columbia (CCBC) has outright banned the use of radiographs for the evaluation and assessment of vertebral subluxation.

According to the ban the only application of x-rays is to identify "serious pathology".

CLICK HERE to review the ban

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

CCBC Notice

Email | 604-742-6470 | 877-742-6470

CCBC Notice

April 15, 2021 - Notice of Extraordinary General Meeting

The College of Chiropractors of British Columbia (the 'College') has received multiple requests under s. 33(5)(b) of the College Bylaws, from 15% or more of College registrants, to convene an extraordinary general meeting (EGM). Accordingly, the Board has approved the convening of a 'virtual' EGM from 10:00 a.m. to 12:00 p.m. on Saturday, June 5, 2021, being within 60 days following the College's receipt of the meeting requests, as required under the Bylaws.

The registrants requesting this extraordinary meeting have described the general nature of the business to be considered at the meeting as "includ[ing] but … not limited to discussion of board motions and resolutions to be presented as required by bylaw".

To date, the College has not received any resolutions proposed by registrants. However, resolutions supported by ten or more registrants may be submitted in writing to the College at least 30 days prior to the EGM (i.e. received by the College by not later than **5:00pm, Thursday, May 5, 2021**) and heard at the meeting in accordance with s. 35 of the College Bylaws.

This meeting is open to the public. Registrants and members of the public who wish to attend may register on the CCBC website.

Sincerely,

Michelle Da Roza

Registrar

Name

- Copy of CorrespondenceResXraySublux_bronson 20210620
- Copy of CorrespondenceResXraySublux_bronson 20210621
- Copy of minutes_campion
- Copy of ResolutionProposal_Radiographs
- Copy of ResolutionProposal_Subluxation
- Copy of Texas Board of Chiropractic Examiners Mail - Deadline Reminders
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB 2021 Conference Update
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB Annual Business Meeting Highlights
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB Elections and Resolutions
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB Proposed Resolutions
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB Resolutions Deadline Reminder
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB Resolutions Posted
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB update from Midyear meeting in Orlando, Florida
- Copy of Texas Board of Chiropractic Examiners Mail - FCLB Zoom meeting updat from 7_14_2020
- Copy of Texas Board of Chiropractic Examiners Mail - FW_ Delegate Designation Reminder
- Copy of Texas Board of Chiropractic Examiners Mail - FW_ Register Now for the FCLB 2021 Annual Meeting
- Copy of Texas Board of Chiropractic Examiners Mail - FW_ Register Now for the FCLB 2021 Annual Meeting_reply
- Copy of Texas Board of Chiropractic Examiners Mail - FW_ Update on the FCLB 2021 Conference
- Copy of Texas Board of Chiropractic Examiners Mail - Hear from the Resolution Authors
- Copy of Texas Board of Chiropractic Examiners Mail - Register Now for the FCLB 2021 Annual Meeting
- Copy of Texas Board of Chiropractic Examiners Mail - Reminder_ Resolution Comments Accepted until Monday!
- Copy of Texas Board of Chiropractic Examiners Mail - Reminder_ Resolutions Forum
- Copy of Texas Board of Chiropractic Examiners Mail - thread
- Copy of Texas Board of Chiropractic Examiners Mail - Update on the FCLB 2021 Conference

“Regarding subluxation, I never understood what it meant to ‘correct’ it, so I don’t propose to”

Mark R. Bronson, DC, FIANM

President, Texas Board of Chiropractic Examiners

Chief Examiner, National Board of Chiropractic Examiners

Fellow, International Academy of Neuromusculoskeletal Medicine

Diplomate, American Board of Chiropractic Orthopedists #2235

Diplomate, Academy of Integrated Pain Management #1937

Diplomate, American Board of Disability Analysts #2837-96

Certified Medical Examiner, DOT National Registry #4193121796

Designated Doctor, Texas Department of Insurance, DWC

Faculty & Subject Matter Expert, TDI/DWC

"From a regulation standpoint, we have to consider benefit vs risk, and times are changing such that repeating x-rays to see correction is not considered appropriate"

Mark Bronson DC

Chair – Texas Board of Chiropractic

silly question

christopher <christopher@tbce.state.tx.us> Fri, Sep 18, 2020 at 6:13 AM
To: Mark Bronson <mark@tbce.state.tx.us>, Patrick Fortner <patrick@tbce.state.tx.us>
Cc: Patrick Fortner <patrick@tbce.texas.gov>, Christopher Burnett <christopher@tbce.texas.gov>

That is why the Board should never repeat (or try to define) statutory language in a rule. It just muddles things and causes confusion and delay.

Sent via the Samsung Galaxy S8, an AT&T 5G Evolution capable smartphone

-------- Original message --------
From: Mark Bronson <mark@tbce.state.tx.us>
Date: 9/17/20 4:26 PM (GMT-06:00)
To: Patrick Fortner <patrick@tbce.state.tx.us>
Cc: Christopher Burnett <christopher@tbce.state.tx.us>, Patrick Fortner <patrick@tbce.texas.gov>, Christopher Burnett <christopher@tbce.texas.gov>
Subject: Re: silly question

That's what it comes down to. They made a mistake by redefining statute unnecessarily and another to write an unnecessary rule on VONT.
Be advised that the FCLB is drafting an outline to become the hub for legitimizing chiropractic specialties. We should avoid that band wagon for as long as possible. Let it gel for a decade or so first.

On Thu, Sep 17, 2020 at 3:35 PM Patrick Fortner <patrick@tbce.state.tx.us> wrote:

> They didn't have our GC.
>
> On Thu, Sep 17, 2020 at 3:25 PM Christopher Burnett <christopher@tbce.state.tx.us> wrote:
>
> > I shouldn't Monday-morning quarterback, but I cannot for the life of me understand why the Board decided to define subluxation in a rule if the term was already used in Chapter 201 by the legislature. Under construction doctrines, the commonly accepted meaning of a term in a statute will govern, and that includes medical terms. By adopting the rule, the Board just opened a back door to do a rule challenge as a means to attack the statute.

Gmail

Patrick Fortner <patrick@tbce.state.tx.us>

FCLB update from Midyear meeting in Orlando, Florida

1 message

Karen <dockc@suddenlink.net> Sun, Nov 29, 2020 at 1:51 PM
To: "Dr. Mark Bronson" <drmark@bronsonclinic.com>, mcolucci@fclb.org, "Rich Guarino D. C." <Rich_Guarino@cox.net>, Beth Kidd <Beth.Kidd@chiro.ok.gov>, mkollasch@chiroboard.az.gov, Amanda Miller-Housh <chiromiller@yahoo.com>, Cathy Riekeman <hands_on@swcp.com>, drrachel@coloradochiropractic.org, Heather Dehn <heatherdehn@me.com>, Steven Gould <drgoulddc@gmail.com>, kleinchiro@gmail.com, robert.puleo@dca.ca.gov, Christopher Waddell DC <waddellchiro@gmail.com>, Nicholas Baucum <nicholas@tbce.state.tx.us>, "Michael P. Henry DC" <mphenrydc@gmail.com>, Patrick Fortner <patrick@tbce.state.tx.us>, "Dr. Jason Jaeger" <jjaeger@nbce.org>, drdmcclain2@sbcglobal.net

Greetings everyone:

Happy Thanksgiving to everyone! Hoping this email finds everyone healthy and having had an enjoyable Thanksgiving with your families. Please see the attached update on the FCLB midyear meeting that was held at the Florida Chiropractic Association conference in Orlando, Florida on November 7-8, 2020. While the event was smaller due to our current COVID situation, it was nice to finally have a meeting with social distancing / masks etc. in person. We had a majority of the BOD members in person with the remainder of the BOD zooming in for the 2 day meeting.

There are some dates highlighted in the attachment that you may want to review in order to plan for next year's travel. These are subject to change due to the future of the COVID issue by the time we get to our annual conference in April – May 2021. We will have an alternate plan in place should you not be able to travel due to state restrictions or personal choice.

Please let me know if your state has any regulatory hot topics that you would like the BOD to discuss at any future zoom meetings or at the upcoming annual conference in 2021. I will be happy to put them on the agenda for you for discussion. To name a few that the BOD is looking into : specialty recognitions, dry needling, CAQH issue regarding chiropractors being able to get their board certification recognized when you update your info on CAQH. It was recently reported that CAQH does not have a way in their updated program for D.C.'s to put in their credentials for specialty boards. This was discussed at the midyear meeting and is being looked into by the FCLB office. Will update you when I have more information.

As always, I appreciate the opportunity to continue to serve District IV members and look forward to hopefully seeing everyone again in the near future. Please share this information with others on your state board or at an upcoming state board meeting agenda item. Please call me 979-229-8914 or email me at kcampion@fclb.org. **with any questions you may have. I'm here to serve you!**

Gmail

Mark Bronson <mark@tbce.state.tx.us>

Re: FCLB Proposed Resolutions

Mark Bronson <mark@tbce.state.tx.us> Tue, Apr 6, 2021 at 10:42 AM
To: "Michael P. Henry D.C." <michaelh@tbce.state.tx.us>

The author is "straight" and you know they tend to cling to those green books. I can comment ahead of the open forum so they have a chance to consider more recent references. What do you think about leaving those names out, and just saying something like, "...the body of evidence in the chiropractic literature?"

On Tue, Apr 6, 2021 at 9:56 AM Michael P. Henry D.C. <michaelh@tbce.state.tx.us> wrote:
> That was the only one that gave me pause but I think there is valid research out there that does suggest that the subluxation complex does have an effect on other systems and body functions. It would probably be a good idea to use more Modern examples than DD Palmer and Dr. Sharpless if I had to criticize.
>
> Sent from my iPhone
>
> > On Apr 6, 2021, at 9:47 AM, Mark Bronson <mark@tbce.state.tx.us> wrote:
> >
> > Thanks. What about 3-21, the one about subluxation? It says, "Whereas, subluxation research by Dr. Sharpless in 1975, revealed that 10 mm Hg pressure on spinal nerve roots reduced action potential from 100% down to 60% in 15 minutes..." One might read this and wonder, who is Dr. Sharpless and is that research validated with follow-up studies? I want these FCLB resolutions to be bulletproof in content.
> >
> > On Tue, Apr 6, 2021 at 8:41 AM Michael P. Henry D.C. <michaelh@tbce.state.tx.us> wrote:
> > > I thought all of those were well written and potentially helpful in policy discussions.
> > >
> > > Sent from my iPhone
> > >
> > > > On Apr 6, 2021, at 8:05 AM, Mark Bronson <mark@tbce.state.tx.us> wrote:

From: William J Rademacher, DC
To: Dr. Mark Bronson
Subject: Re: from Bill Rademacher RE: Congratulations
Date: Saturday, May 1, 2021 7:31:41 PM

You are a good defender of regulation and of Chiropractic. I'm proud of you, Mark.
Bill

On Sat, May 1, 2021, 3:34 PM Dr. Mark Bronson <drmark@bronsonclinic.com> wrote:

> Thank you Dr. Rademacher! Likewise, congratulations to you. One delegate didn't understand why these are appropriate for regulation but I can say for sure that they are.
>
> Sent from my iPhone
> Mark R Bronson, DC, FIANM
>
> > On May 1, 2021, at 2:48 PM, William Rademacher <wmjrdc@gmail.com> wrote:
> >
> > **Dr. Bronson,**
> >
> > **I congratulate you on the adoption of your resolution! Great work and I am proud of you.**
> >
> > **Bill**
> >
> > *William J. Rademacher, D.C.*
> >
> > **Cell: 309-824-8388**
> >
> > **WMJRDC@GMAIL.COM**

Gmail

Mark Bronson <mark@tbce.state.tx.us>

FCLB Proposed Resolutions

Mark Bronson <mark@tbce.state.tx.us> Tue, Apr 6, 2021 at 8:05 AM
To: Board Members <boardmembers@tbce.state.tx.us>
Cc: Patrick Fortner <patrick@tbce.texas.gov>, Christopher Burnett <christopher@tbce.texas.gov>

Board Members,
The Federation of Chiropractic Licensing Boards (FCLB) considers adoption of resolutions proposed by member licensing boards as a resource in the context of regulation, basically to show consensus of opinion. These could be used during witness testimony to a state legislature for example. As such, resolutions should be carefully drafted. I'll be discussing and voting on three proposed resolutions on your behalf within the next few weeks. Please take a careful look at these and send me your thoughts before April 20. Of course, please do not reply to all, but rather only to me. 2021 - Resolutions (fclb.org)
Thank you,
Mark

--
Mark R. Bronson, D.C., F.I.A.N.M.
Board President
Texas Board of Chiropractic Examiners

- *Allow the TBCE to share confidential information with the Federation of Chiropractic Licensing Boards (FCLB) to input disciplinary actions into the database CIN-BAD and also report to the federal National Practitioner Databank (NPDB).* The TBCE is a member of the FCLB, an organization composed of chiropractic licensing boards from across the country and world. One service offered by the FCLB is the Chiropractic Information Network – Board Action Database (CIN-BAD), a comprehensive database containing public actions taken by chiropractic regulatory licensing boards and/or chiropractic exclusions from Medicare/Medicaid reimbursement reported by the United States Department of Health and Human Services. When information is reported to CIN-BAD, the FCLB will report the same information to the NPDB for the reporting board. A crucial part of the NPDB report is the disciplined licensee's social security number, information that is considered confidential under the Public Information Act. Without authority to disclose this information to FCLB for purposes of reporting to the NPDB, the TBCE cannot utilize this function of the FCLB.

27. Requests from Board members for future agenda items:

Mr. Allen proposed discussion at the next meeting on the subject of requiring all new licensees to attend a Board meeting.

Dr. Bronson proposed discussion at the next meeting on the subject of assessing the Board's CE requirements.

7. Discussion of the Board's duty to assess the continuing education needs of licensees and to adopt requirements for mandatory continuing education under Texas Occupations Code §201.356:

Dr. Bronson introduced the topic by offering his analysis of Texas Occupations Code §201.356's requirement that the Board assess the continuing education needs of licensees. Dr. Bronson noted a specific reference to sanitary conditions and suggested the Education Standards Committee consider whether required CE hours need any sort of emphasis on sanitary conditions. Dr. Neal asked whether CE topics are sometimes reactions to issues noticed during the enforcement process and Dr. Bronson noted that they can be. Dr. Baucum reported that most complaints regarding sanitary conditions in clinics do not result in enforcement action.

Dr. Bronson then discussed the NBCE's *Chiropractic Practice Analysis of 2020* results and noted that 65% of chiropractors nationwide focus their practice on "wellness and maintenance of health." He suggested this be a potential consideration for the Education Standards Committee moving forward.

FLORIDA CHIROPRACTIC SOCIETY™ Est. 1965

A LETTER FROM THE FCS PRESIDENT

Continuing Education rule, change on the horizon!

On February 24, 2022 at the State Board of Chiropractic meeting, the Florida board of chiropractic voted to approve an overhaul of the current rule on continuing education.

Some of the key changes include the following:

- Testing requirement for in-person courses for each credit hour with 75% passing score or retake the course. This potentially means more cost and loss of time to the attendee.

- In-person attendance to include video surveillance monitoring at every entry and exit point in the meeting room with date and time recording. This would violate privacy laws and increased cost to the attendee.

Despite the Department of Health and (MQA) Medical Quality Assurance's firm warnings and disagreement for the need for the rule change and despite overwhelming public testimony in opposition from Practitioners in private practice, several organizations (state and national) and Chiropractic Colleges, The Board voted to move forward on the rule making process for the petitioned rule.

20. Discussion and action on proposing the repeal and replacement of 22 TAC §75.5 (Prepaid Treatment Plans):

Action Taken: HENRY **MOVED** and WOFFORD **SECONDED** to table this agenda item until the next Board meeting. The Board **APPROVED** the motion unanimously.

9. Discussion of the results of the October 20, 2021, stakeholders' meeting on whether there is a regulatory need for the Board to consider rulemaking regarding membership, concierge, or other similar business models:

Mr. Burnett provided an overview of the discussion at the stakeholders' meeting. He started by explaining that the current Rule 75.5 needs to be reviewed and updated under the current statutory guidelines.

Dr. Henry then provided his thoughts on how the Board should proceed with any potential rulemaking on any business model rulemaking. He felt that a broader rule would be more appropriate rather than a rule addressing each individual business model.

Dr. Bronson then invited Dr. Scott Kelly of the Chiropractic Society of Texas (CST) to speak. Dr. Kelly simply reiterated that the CST's positions on the subject were stated in their comments provided for the stakeholders' meeting.

6. Public Comment:

There were no public comments.

3. President's Report:

Dr. Bronson began by presenting the 2021 Outstanding Board Award from the Federation of Chiropractic Licensing Boards (FCLB) to Mr. Fortner on behalf of the whole agency.

Dr. Bronson then discussed recent activities of the Board:

- Ms. Ebony Todd, J.D., resigned from the Board and was subsequently appointed to the Texas Medical Board.
- Dr. Bronson maintained his involvement with the National Board of Chiropractic Examiners (NBCE) and the FCLB as the Board's representative. He remained actively involved with the NBCE as a chief examiner for the Part 4 Examinations and as the Board's delegate to the NBCE. He also remained actively involved with the FCLB's PACE program to review and audit continuing education courses, and served on the FCLB's finance and audit committee. He recently agreed to serve on the FCLB's model practice act committee with former Board President Dr. Cynthia Tays.
- The FCLB hosted its district meetings on September 24-26, 2021. Topics discussed included addicted and mentally ill licensees, compliance monitoring, documentation requirements for maintenance and wellness care patients, the length of time disciplinary records are maintained, how far back in time criminal history reporting requirements extend, continuing education distance learning, engaging with licensees, public input, telehealth, chiropractic specialties, recovering legal costs, corporate ownership of chiropractic clinics, performance tracking, disciplining board members, rule language review, board meetings, mask mandates, codes of ethics, and international applicants.
- On November 12-14, 2021, Dr. Bronson served as chief examiner and Dr. White served as an examiner at the NBCE Part 4 Examinations at Parker University in Dallas, Texas.

Dr. Bronson then announced future events:

- Dr. Bronson is scheduled to serve as the chief examiner for the May, 2022, NBCE Part 4 Examinations at Parker University. He invited his fellow licensee Board members to participate as examiners.

3. President's Report:

Dr. Bronson began by commenting on Governor Abbot's advice to appointed officials at the recent state leadership event.

Dr. Bronson then discussed recent activities of the Board:

- Dr. Bronson announced his appointments of the Board member to the Board's committees and which members would serve as chairs of the committees.
- Dr. Bronson reviewed his continued involvement with the National Board of Chiropractic Examiners (NBCE) and the Federation of Chiropractic Licensing Boards (FCLB) as the Board's representative. He remained actively involved with the NBCE as a chief examiner for the Part 4 Examinations and as the Board's delegate to the NBCE. He also remained actively involved with the FCLB's PACE program to review and audit continuing education courses, and served on the FCLB's finance and audit committee.
- On December 14 and 15, 2021, Dr. Bronson, Mr. Fortner, and Mr. Burnett attended the Government Law and Liability Conference in Austin, Texas, for education on various government agency topics.
- On February 1, 2022, Dr. Bronson, Mr. Burnett, and Mr. McLaughlin represented the Board at a stakeholder meeting regarding proposed changes to the Board's scope of practice rule. The Texas Chiropractic Association and Texas Medical Association were also represented.

Dr. Bronson then announced future events:

- The FCLB and NBCE's annual meetings are scheduled for May 5-7, 2022, in Denver, Colorado. Several Board members are planning to attend along with Mr. Fortner and Mr. Burnett if possible. Dr. Bronson requested the Board nominate him to serve as the Board's voting delegate and Dr. Wofford as an alternate delegate.

Action Taken: BAUCUM **MOVED** and HENRY **SECONDED** to nominate Dr. Bronson to serve as the Board's voting delegate and Dr. Wofford to serve as an alternate delegate to the FCLB and NBCE at their annual meetings. The Board APPROVED the motion unanimously.

- On May 14 and 15, 2022, the NBCE Part 4 examinations are scheduled to be held at Parker University in Dallas, Texas. Dr. Bronson is scheduled to serve as the chief examiner. Dr. Bronson mentioned the importance of the participation of the Board members in the NBCE examination process. Dr. Neal volunteered to serve as an examiner at the May examinations.

UNOFFICIAL COPY

9. Discussion of the possible inclusion of items in the Board's next strategic plan to be prepared for the next session of the Texas Legislature:

Mr. Fortner discussed some of the details of what he planned to include in the report and invited the Board members to provide feedback. He discussed certain aspects of the state's budget processes and noted a desire to add an independent clinical director to staff to analyze standard of care and scope of practice questions for both CE and enforcement functions at the staff level. Mr. Fortner also discussed a request to the Legislature to allow the agency to keep a greater share of revenue to spend on increasing staffing and staff retention.

b. Enforcement Committee

- Dr. Baucum reported that 27 cases were reviewed at the previous day's Enforcement Committee (EC) meeting to determine whether any laws under the Board's jurisdiction were violated.
- He discussed his visit to Parker University students with Dr. Wofford to educate them on potential enforcement pitfalls.
- He noted the committee's desire to attempt regulation of practice management groups if possible, due to the increasing number of complaints alleging billing fraud or scope of practice violations by doctors who are attending practice management seminars and receiving incorrect legal advice. He highlighted cases involving stem cells and P-Stim acupuncture devices in multi-disciplinary practices as recent examples.
- Dr. Baucum then invited Dr. Bronson to address the Board regarding the improper use of the term "board certified" among the licensee population. Dr. Bronson discussed ongoing efforts by the FCLB to create a national database of accredited certifying institutions and boards. Dr. Baucum suggested a change to the Board's advertising rules that would require licensees to only advertise board certifications from such a database.
- Dr. Baucum also proposed that Board members start randomly attending and auditing continuing education (CE) courses to ensure that topics outside the Texas scope of practice or other potentially unlawful practices are being properly addressed.

On Wed, Apr 7, 2021, 6:08 PM Scott Wofford <scottw@tbce.state.tx.us> wrote:
That's awesome. I'll help expedite that if you want

On Wed, Apr 7, 2021 at 6:06 PM Patrick Fortner <patrick@tbce.state.tx.us> wrote:
No worries.

Just don't need a quorum by email.

Btw, we're reaching out to Parker to address students about to graduate.

An intro to their regulatory body.

An idea CB and I have been kicking around since the Clardy meeting there.

On Wed, Apr 7, 2021, 6:01 PM Scott Wofford <scottw@tbce.state.tx.us> wrote:
My bad. Sorry

On Wed, Apr 7, 2021 at 6:00 PM Patrick Fortner <patrick@tbce.state.tx.us> wrote:
Please.
No one else " reply all."

On Wed, Apr 7, 2021, 5:52 PM Scott Wofford <scottw@tbce.state.tx.us> wrote:
I absolutely agree with you

On Tue, Apr 6, 2021 at 8:41 AM Michael P. Henry D.C. <michaelh@tbce.state.tx.us> wrote:
I thought all of those were well written and potentially helpful in policy discussions.

Sent from my iPhone

On Apr 6, 2021, at 8:05 AM, Mark Bronson <mark@tbce.state.tx.us> wrote:

How to Think About Your Scope of Practice



As the Board's general counsel, I frequently take calls from licensees who ask if a certain device, supplement, or procedure is within the chiropractic scope of practice. You are asking the wrong question.

The real question you should ask is why you want to use a particular piece of equipment, supplement, therapy, or procedure on your patient. The "why" is the most important factor in determining whether your use of that equipment, etc., is within the chiropractic scope of practice.

The legislature in Texas Occupations Code Chapter 201 has established the scope of practice for licensees. In a nutshell, the legislature has said your scope of practice allows you to use noninvasive methods to diagnose and treat the subluxation complex or a biomechanical condition of the musculoskeletal system. The Texas Supreme Court, in a 2020 decision, clarified that this also includes the nerves associated with the musculoskeletal system.

So your scope of practice (as defined by the legislature and the courts) determines first what the purpose must be in order for you to use a particular device, procedure, therapy, or supplement on a patient. If the purpose is to treat the subluxation complex or a biomechanical condition of the musculoskeletal system and associated nerves, what you want to do is probably within scope. But to get a final answer, you then need to look at the specific acts or procedures that the legislature says are by law outside the scope of practice.

Confusing, right? So here's the easy way I recommend you do the analysis; just ask yourself these two questions.

1. Will I use the device, equipment, procedure, technique, therapy, or supplement to treat the subluxation complex or a biomechanical condition of the musculoskeletal system or the associated nerves? If yes, go on to the second question; if no, it is outside the scope of practice.

2. Does the device, equipment, procedure, technique, therapy, or supplement I want to use fall under one of the acts or procedures that chiropractors can't use by law? Those are:

- Incisive or surgical procedures;
- Use of incisive needles;
- Use of therapeutic x-rays or radiation;
- Manipulation of a patient under anesthesia;
- Prescribing or performing solely cosmetic procedures; and
- Prescribing controlled substances, dangerous drugs, or any other drug that requires a prescription

If the answer is yes to this second question, using that device or act on a patient is outside the scope of practice. If the answer is no, then it's most likely within scope.

Use this method when you have a scope of practice question; I think you'll be able to answer those questions by yourself. But if you go through these two questions and still find the answer elusive, you can always call us for clarification.

Christopher Burnett

Texas

(b) A person practices chiropractic under this chapter if the person:

(1) uses objective or subjective means to analyze, examine, or evaluate the biomechanical condition of the spine and musculoskeletal system of the human body;

(2) performs nonsurgical, nonincisive procedures, including adjustment and manipulation, to improve the subluxation complex or the biomechanics of the musculoskeletal system;

(3) represents to the public that the person is a chiropractor; or

(4) uses the term "chiropractor," "chiropractic," "doctor of chiropractic," "D.C.," or any derivative of those terms or initials in connection with the person's name.

ChiroFutures

▶RULE §77.8 Records and Documentation

(a) An adequate chiropractic record, as described in this section, for each patient shall be maintained for a minimum of six years from the date of last treatment.

(b) If a patient was younger than 18 years of age when last treated by a licensee, the chiropractic records of the patient shall be maintained until the patient reaches age 21 or for six years from the date of last treatment, whichever is longer.

(c) Chiropractic records that relate to any civil, criminal or administrative proceeding shall not be destroyed until the proceeding has been finally resolved.

(d) Chiropractic records shall be maintained for such longer length of time than that imposed by this section when mandated by other federal or state statute or regulation.

(e) Each licensee practicing at a facility and each facility is equally responsible for compliance with this section.

(f) Licensees shall maintain patient and billing records in a manner consistent with the protection and welfare of the patient. A licensee's patient records shall support all diagnoses, treatments, and billing. Records shall be timely, dated, accurate, legible, and signed or initialed by the licensee or the person providing treatment. Electronic signatures are acceptable.

ChiroFutures

(g) Licensees are required to perform an appropriate history and exam based on the nature of the presenting problem described by the patient and in accordance with accepted documentation guidelines. Accepted guidelines include, but are not limited to, the latest edition of the American Chiropractic Association Clinical Documentation Manual, American Medical Association CPT Code Book, 1997 DG and/or Chiropractic Service Manual Guidelines set forth by CMS.

ChiroFutures

(h) All patient records for an initial visit shall include:

(1) Patient History;

(2) Description of symptomatology or wellness care;

(3) Examination findings, including imaging and laboratory records when clinically indicated;

(4) Diagnosis;

(5) Prognosis;

(6) Assessment(s);

(7) Treatment Plan;

(8) Treatment provided or recommended; and

(9) Periodic reassessment(s) when appropriate, with a minimum of once per calendar year.

ChiroFutures

(i) Each patient visit after the initial visit is considered a subsequent visit unless there is a new illness or injury. The following information must be reported in each patient's file on each subsequent visit:

(1) Updated History:

(A) Review of the chief complaint(s);

(B) Changes, if any, since the last visit;

(2) Physical Exam:

(A) Examination of the area involved in the diagnosis;

(B) Assessment of any change in the patient's condition since last visit;

(3) Treatment:

(A) Documentation of treatment given;

(B) Documentation of patient's response to the treatment rendered on that visit;

(C) Change in treatment plan or planned referrals if indicated.

(j) All licensed chiropractors shall observe and comply with all documentation laws pertaining to health care providers under state and federal law. Nothing within this section should be construed to constrain or limit the obligation of chiropractors to meet duly authorized law, rules and regulations.

Source Note: The provisions of this §77.8 adopted to be effective January 29, 2015, 40 TexReg 379

Texas

(b) A person practices chiropractic under this chapter if the person:

(1) uses objective or subjective means to analyze, examine, or evaluate the biomechanical condition of the spine and musculoskeletal system of the human body;

(2) performs nonsurgical, nonincisive procedures, including adjustment and manipulation, to improve the subluxation complex or the biomechanics of the musculoskeletal system;

(3) represents to the public that the person is a chiropractor; or

(4) uses the term "chiropractor," "chiropractic," "doctor of chiropractic," "D.C.," or any derivative of those terms or initials in connection with the person's name.

ChiroFutures

(5) Musculoskeletal system--The system of muscles and tendons and ligaments and bones and joints and associated tissues and nerves that move the body and maintain its form.

(6) On-site--The presence of a licensed chiropractor in the clinic, but not necessarily in the room, while a patient is undergoing an examination or treatment procedure or service.

(7) Practice of chiropractic--The description and terms set forth under Texas Occupations Code §201.002, relating to the practice of chiropractic.

(8) Subluxation--A lesion or dysfunction in a joint or motion segment in which alignment, movement integrity and/or physiological function are altered, although contact between joint surfaces remains intact. It is essentially a functional entity, which may influence biomechanical and neural integrity.

(9) Subluxation complex--A neuromusculoskeletal condition that involves an aberrant relationship between two adjacent articular structures that may have functional or pathological sequelae, causing an alteration in the biomechanical and/or neuro-physiological reflections of these articular structures, their proximal structures, and/or other body systems that may be directly or indirectly affected by them.

ChiroFutures

(b) Aspects of Practice.

(1) A person practices chiropractic if they:

(A) use objective or subjective means to analyze, examine, or evaluate the biomechanical condition of the spine and musculoskeletal system of the human body; or

(B) perform nonsurgical, nonincisive procedures, including adjustment and manipulation, to improve the subluxation complex or the biomechanics of the musculoskeletal system.

ChiroFutures

(1) In the practice of Chiropractic, licensees of this board provide necessary examination and evaluation services to:

(A) Determine the bio-mechanical condition of the spine and musculoskeletal system of the human body including, but not limited to, the following:

(i) the health and integrity of the structures of the system;

(ii) the coordination, balance, efficiency, strength, conditioning and functional health and integrity of the system;

(iii) the existence of the structural pathology, functional pathology or other abnormality of the system;

(iv) the nature, severity, complicating factors and effects of said structural pathology, functional pathology or other abnormality of the system;

(v) the etiology of said structural pathology, functional pathology or other abnormality of the system; and

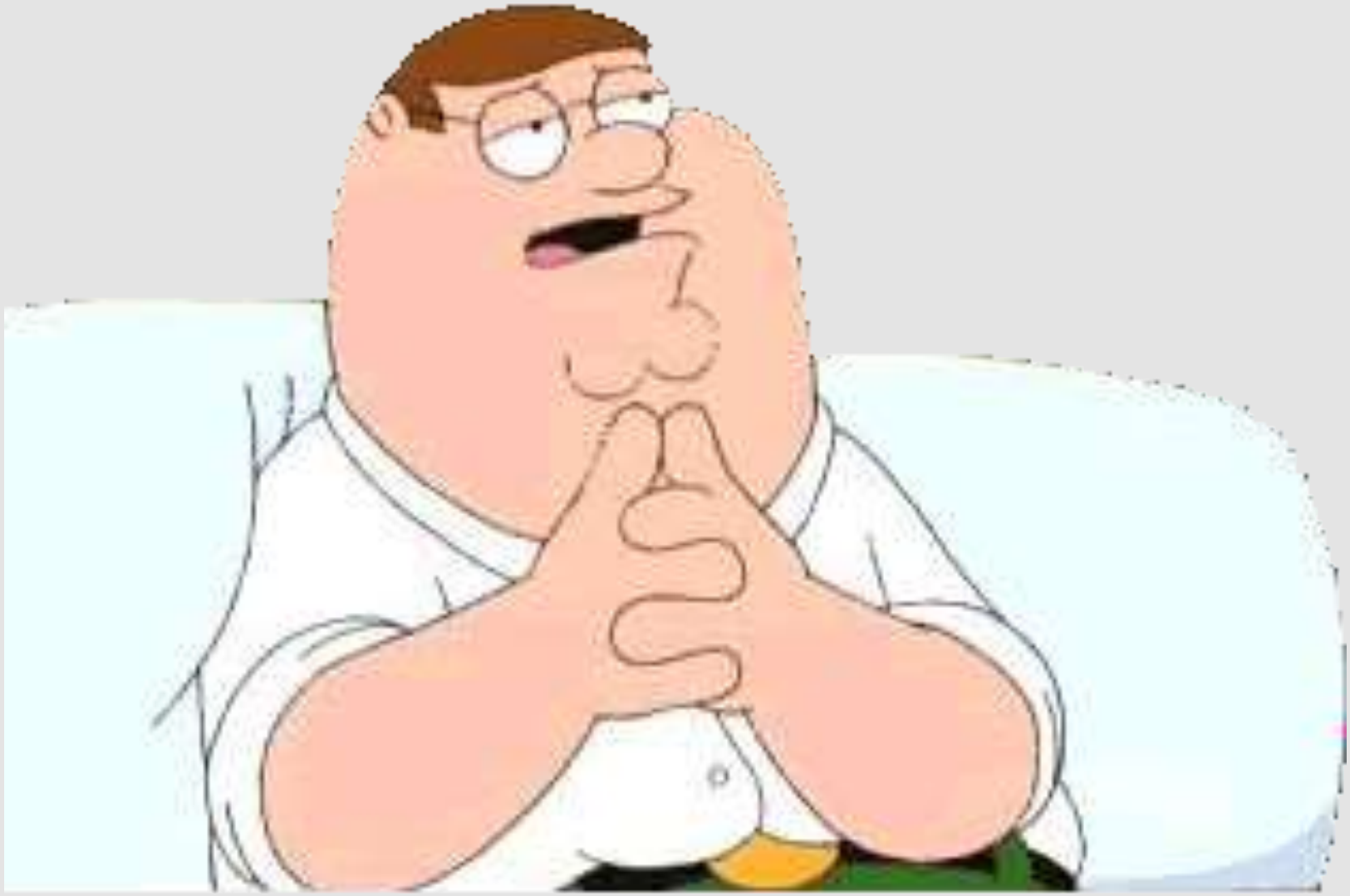
(vi) the effect of said structural pathology, functional pathology or other abnormality of the system on the health of an individual patient or population of patients;

(B) Determine the existence of subluxation complexes of the spine and musculoskeletal system of the human body and to evaluate their condition including, but not limited to:

(i) The nature, severity, complicating factors and effects of said subluxation complexes;

(ii) the etiology of said subluxation complexes; and

(iii) The effect of said subluxation complexes on the health of an individual patient or population of patients;



Go on...

NBCE
NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

The Supreme Court of Texas has Reached a Decision Regarding TBCE v. Texas Medical Association

Greeley, CO. – The Supreme Court of Texas has reached a decision in TBCE v. Texas Medical Association. The decision made by the Supreme Court of Texas underlines the value of allowing chiropractic physicians to practice the full range of their specialized skills in caring for patients and ensures that the public has access to safe, well-regulated chiropractic care.

The Texas Supreme Court opinion reversed the earlier Court of Appeals decision which struck the Chiropractic Board rules and found that including "nerve" exceeded the statutory scope of practice. The Court went on to say, "Simply put, a healthcare provider cannot diagnose a problem without ruling out other potential causes of the problem. In other words, making a differential diagnosis is an unavoidable part of making a diagnosis. Virtually any problem that a chiropractor treats could potentially have a non-chiropractic source."

The National Board of Chiropractic Examiners and the Federation of Chiropractic Licensing Boards provided financial support for the filing of an Amicus brief to allow additional representation for the chiropractic profession. Our organizations applaud those who have worked towards this decision and what it means for chiropractic patients and overall public health.

Headquartered in Greeley, Colorado, the NBCE is a non-profit testing organization ensuring professional competency in chiropractic skills through excellence in testing. Established in 1963, the NBCE develops, administers, and scores standardized examinations for candidates seeking chiropractic licensure in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and in several international countries.

For more information, please contact the Communications Department at **communications@nbce.org** or 800-964-6223.

National Board of Chiropractic Examiners, 901 54th Avenue, Greeley, CO 80634

IN THE SUPREME COURT OF TEXAS

No. 18-1223

TEXAS BOARD OF CHIROPRACTIC EXAMINERS;
PATRICK FORTNER, IN HIS OFFICIAL CAPACITY AS THE BOARD'S EXECUTIVE DIRECTOR;
AND TEXAS CHIROPRACTIC ASSOCIATION, PETITIONERS,

v.

TEXAS MEDICAL ASSOCIATION, RESPONDENT

ON PETITION FOR REVIEW FROM THE
COURT OF APPEALS FOR THE THIRD DISTRICT OF TEXAS

Argued September 16, 2020

CHIEF JUSTICE HECHT delivered the opinion of the Court, in which JUSTICE GUZMAN, JUSTICE LEHRMANN, JUSTICE DEVINE, JUSTICE BLACKLOCK, and JUSTICE BUSBY joined in full, and in which JUSTICE BOYD and JUSTICE BLAND joined except with respect to Part III(D).

JUSTICE BLAND delivered an opinion dissenting in part, in which JUSTICE BOYD joined.

JUSTICE HUDDLE did not participate in the Court's decision.

This ten-year-old case is part of "a long history of professional, scientific, or economic antagonism between chiropractors and the medical community, and resultant disputes, spanning all three branches of government, regarding where any legal line between chiropractic and the

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JUSTICE BLAND, joined by JUSTICE BOYD, dissenting.

The Texas Legislature strictly limits the scope of practice for chiropractors, optometrists, podiatrists, physical therapists, nurses, and others who are not medical doctors.[1] Chiropractors are non-physician healthcare providers who focus on the spine and musculoskeletal system. Despite this limited area of competence and the Legislature's corresponding limits on chiropractic practice, the Texas Board of Chiropractic Examiners established a rule authorizing chiropractors to perform eye examinations (outside the spine or musculoskeletal system) to diagnose neurological conditions unrelated to the spine or musculoskeletal system.

It is not, however, for the Chiropractic Board to grant such permission. The Texas

THE CHIROPRACTIC NEWS SOURCE

Dynamic Chiropractic™

MAR 2017



COVER STORY

CHIROPRACTIC IN TEXAS IS UNDER ATTACK

Will TMA succeed in delegitimizing chiropractic & severely limiting its practice?

BY WILLIAM MORGAN, DC, PRESIDENT, PARKER UNIVERSITY

Click to Continue »

To quote another founding father, Thomas Jefferson is attributed as saying, "The cost of freedom is eternal vigilance." This fight will never end; it is eternal, just like our commitment to our patients. Part of being a master clinician is to be an advocate for our patients. This is the time to become that advocate.

Be assured that we at Parker University will do everything in our power to represent the interests of the university, our students and our alumni in order to preserve the rights of all chiropractors in Texas to practice the art and science of chiropractic as effectively and efficiently as possible.

We have a serious battle ahead of us, one that will require the resolve of every member of the chiropractic community to guarantee victory. I am calling upon you for political and material support.

I encourage each of you to step forward to help us preserve and protect chiropractic for now and the future. The nation will be closely monitoring the outcome of these deliberations, since the impact of the Texas decisions will certainly resonate across the country.

Our patients are relying upon us and we shall not let them down. Failure is not an option. I hope I can count on you to join the fight when the battle lines are formed.

May our credo be "Semper Fidelis" (Always Faithful) as we enter this contest.

British Columbia Bans X-Rays for Vertebral Subluxation Assessment

Tuesday, February 9, 2021 - 12:40

NEWS STAFF



Most Other Uses Banned as Well - Use Allowed for "Serious Pathology" Only

In what at any other time or from any other place would be considered unbelievable, the College of Chiropractors of British Columbia (CCBC) has outright banned the use of radiographs for the evaluation and assessment of vertebral subluxation.

According to the ban the only application of x-rays is to identify "serious pathology".

CLICK HERE to review the ban

NO. D-1-GN-06-003451

TEXAS MEDICAL ASSOCIATION	§	IN THE DISTRICT COURT OF
	§	
Vs.	§	
	§	TRAVIS COUNTY, TEXAS
TEXAS BOARD OF CHIROPRACTIC EXAMINERS and GLENN PARKER, Executive Director	§	
	§	250 JUDICIAL DISTRICT

FILED
06 SEP 14 AM 8:50

PLAINTIFF'S ORIGINAL PETITION FOR DECLARATORY JUDGMENT and APPLICATION FOR INJUNCTIVE RELIEF

TO THE HONORABLE JUDGE OF THE DISTRICT COURT:

Texas Medical Association ("TMA"), plaintiff, files this Original Petition for Declaratory Judgment and Application for Injunctive Relief against the Texas Board of Chiropractic Examiners ("the Board") and its Executive Director, Glenn Parker, defendants, and as grounds for this lawsuit will show the following:

Discovery control plan

1. This lawsuit is governed by Level 2 discovery as set forth in Tex. R. Civ. P. 190.3.

Service of Process

2. (a) The Texas Board of Chiropractic Examiners and its Executive Director, Glenn Parker, may be served with process by serving Glenn Parker at the Board's office which is located at 333 Guadalupe Street, Tower III, Suite 825, Austin, Texas 78701.

(b) Because of the alternative constitutional challenge to a statute which is

2006 Needle EMG & MUA

Contradictions

Its OK to make the connection between the nervous system and PAIN

And its OK to talk about the connection of the nervous system to balance

And its OK to bill for those diagnoses.

But don’t talk about the role of the nervous system, subluxation & chiropractic in immune function



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47w

335 views

APRIL 18, 2020

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PATRICK FORTNER, IN HIS OFFICIAL CAPACITY AS THE BOARD'S EXECUTIVE DIRECTOR;
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The Texas Legislature strictly limits the scope of practice for chiropractors, optometrists, podiatrists, physical therapists, nurses, and others who are not medical doctors.[1] Chiropractors are non-physician healthcare providers who focus on the spine and musculoskeletal system. Despite this limited area of competence and the Legislature's corresponding limits on chiropractic practice, the Texas Board of Chiropractic Examiners established a rule authorizing chiropractors to perform eye examinations (outside the spine or musculoskeletal system) to diagnose neurological conditions unrelated to the spine or musculoskeletal system.

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It is not, however, for the Chiropractic Board to grant such permission. The Texas Constitution vests the Legislature with the authority to "pass laws prescribing the qualifications of practitioners of medicine."[2] The Legislature has done so by enacting the Medical Practice Act,[3] which exempts some non-physician healthcare providers from its mandates.[4] Chiropractors are among the exempted non-physician providers, but they must "engage strictly in the practice of chiropractic as defined by law."[5] The Chiropractic Act establishes this limited scope of practice for those trained in chiropractic care.[6] The scope of practice for chiropractors is straightforward: chiropractors "diagnose, analyze, examine, or evaluate *the biomechanical condition of the spine and musculoskeletal system of the human body*."[7]

This limited scope does not permit chiropractors to conduct neurological testing or to make diagnoses that do not involve the "biomechanical condition of the spine and musculoskeletal system."[8]

The Chiropractic Board's rule permitting chiropractors to conduct eye examinations to diagnose a sensory nervous system problem of the inner ear is beyond the chiropractic scope of practice that the Legislature has established.[9] The trial court and the court of appeals thus correctly concluded that the Board exceeded its authority in authorizing chiropractors to detect and diagnose whether a patient has neurological problems related to the vestibular system and the inner ear.

The Board's authority to implement this scope of practice both empowers and constrains. The Chiropractic Act authorizes the Board to "adopt rules clarifying what activities are included within the scope of the practice of chiropractic and what activities are outside of that scope."[16] Because the Board's role is to "clarify" the activities that fall within the practice of chiropractic, it may permit only what the Legislature allows.[17] The Board has no authority to unilaterally expand the scope of practice of chiropractic care beyond its statutory limits.[18]

Determining the boundaries of chiropractic practice is an act of policymaking, which is the Legislature's prerogative.[19] When interpreting statutes, we give effect to the Legislature's intent as it is reflected in the statute's plain text.[20] We "presume the Legislature selected language in a statute with care and that every word or phrase was used with a purpose in mind."[21] Adhering to this principle protects executive agencies and courts from substituting their policy preferences for the elected Legislature's.[22] It is not for courts, under the guise of agency deference, to bless agency actions that exceed statutory limits that the Legislature imposes.

The Chiropractic Board's rule permitting neurological examinations and diagnoses unrelated to the spine or musculoskeletal system contravenes the Chiropractic Act's limits on chiropractic care. The rule defies the Act's principal objective, which is to constrain the practice of non-physician healthcare providers to their areas of competence. We should hold that the Board of Chiropractic Examiners exceeded its statutory powers in authorizing chiropractors to conduct neurological examinations to diagnose disorders unrelated to the spine or musculoskeletal system. Because we do not, I respectfully dissent.

Jane N. Bland
Justice

OPINION DELIVERED: January 29, 2021

Credible Evidence

Ethics, Immunity Claims & Chiropractic



Get Dr. McCoy's Notes and Other GOODIES!



Just send your email address by text message:

Text

MCCOYNOTES

to 22828 to get started.

Message and data rates may apply.

Côté et al. Chiropractic & Manual Therapies (2020) 28:21
https://doi.org/10.1186/s12998-020-00312-x

Chiropractic & Manual Therapies

COMMENTARY Open Access

A united statement of the global chiropractic research community against the pseudoscientific claim that chiropractic care boosts immunity

Pierre Côté[1,2,3*], André Bussières[4,5], J. David Cassidy[3], Jan Hartvigsen[6,7], Greg N. Kawchuk[8], Charlotte Leboeuf-Yde[9], Silvano Mior[2,10], Michael Schneider[11,12] and and more than 140 signatories# call for an end to pseudoscientific claims on the effect of chiropractic care on immune function

Abstract

Background: In the midst of the coronavirus pandemic, the International Chiropractors Association (ICA) posted reports claiming that chiropractic care can impact the immune system. These claims clash with recommendations from the World Health Organization and World Federation of Chiropractic. We discuss the scientific validity of the claims made in these ICA reports.

Main body: We reviewed the two reports posted by the ICA on their website on March 20 and March 28, 2020. We explored the method used to develop the claim that chiropractic adjustments impact the immune system and discuss the scientific merit of this claim. We provide a response to the ICA reports and explain why this claim lacks scientific credibility and is dangerous to the public. More than 150 researchers from 11 countries reviewed and endorsed our response.

Conclusion: In their reports, the ICA provided no valid clinical scientific evidence that chiropractic care can impact the immune system. We call on regulatory authorities and professional leaders to take robust political and regulatory action against those claiming that chiropractic adjustments have a clinical impact on the immune system.

Keywords: Chiropractic, Spinal manipulation, Immunity, Pseudoscience, Coronavirus

Background

We are currently facing the greatest global public health crisis in a century. Fighting the coronavirus pandemic has required that we change the way we live and observe strict public health guidelines. This is necessary because, at this time, there are no effective vaccines, treatments or cures for COVID-19 [1, 2]. Chiropractors, as members of the health care system, should disseminate the best available public health information to the public [3]. Any attempt to behave otherwise can be misleading and potentially dangerous to individual patients and the public at large.

On March 20, 2020, the International Chiropractors Association (ICA), a US based chiropractic organization, posted a report claiming that chiropractic adjustments can boost immune function with the implication that it might be helpful in preventing COVID-19 [4]. In their

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Full list of author information is available at the end of the article

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Risk Defined

Risk = Hazard + Outrage



I am as mad as hell and I'm not going to take it anymore!

http://www.americanrhetoric.com/MovieSpeeches/moviespeechnetwork2.html

Four Kinds of Risk Communication (p. 1)

Copyright © 2003 by Peter M. Sandman

1. Public Relations (also health education) -- high-hazard, low-outrage

Audience:	Apathetic and inattentive; but undefended, uninterested in talking back. Huge -- most people, most of the time, on most issues.
Task:	To produce brief messages that reinforce whatever appeals are most likely to predispose the audience toward your goals. For serious hazards, this usually means provoking more outrage.
Medium:	Monologue via the mass media.
Barriers:	Audience inattention; audience size; media resistance; need to package everything into short sound bites; policy implications of trying to provoke outrage.
"Silver lining":	There is little need to listen, or to address audience concerns, reservations, or objections; this audience has few if any.

2. Stakeholder Relations -- medium-hazard, medium-outrage

Audience:	Interested and attentive, but not too upset to listen: The ideal audience ... but a fairly unusual one.
Task:	To discuss the issues openly and rationally, explaining your views and responding to audience questions and concerns.
Medium:	Dialogue in person, supplemented by specialized media (web site, newsletter, etc.).
Barriers:	None, except perhaps the inefficiency of one-on-one dialogue. And you have to be prepared to explain the technical details; this is the only audience that really wants to hear them.
"Silver lining":	This is the easiest communication environment. Duplicating it is the goal of the other three kinds of risk communication.

3. Outrage Management -- low-hazard, high-outrage

Audience:	Outraged, largely at you. A small group of "fanatics" is usually accompanied by a larger, less outraged constituency watching to see how the controversy evolves.
Task:	To reduce audience outrage by listening, acknowledging, apologizing, sharing control and credit, etc. The controversy ends when the "fanatics" declare victory or their constituency thinks they have won enough.

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Consulting, Training, and Research in Risk Communication

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Immunity & Chiropractic

NEWS

Boost your immunity through **chiropractic** care

Lahaina News

How **chiropractic** care boosts your immunity: The upper cervical region consists of the head, the C1 and C2 neck vertebrae and the spinal cord.

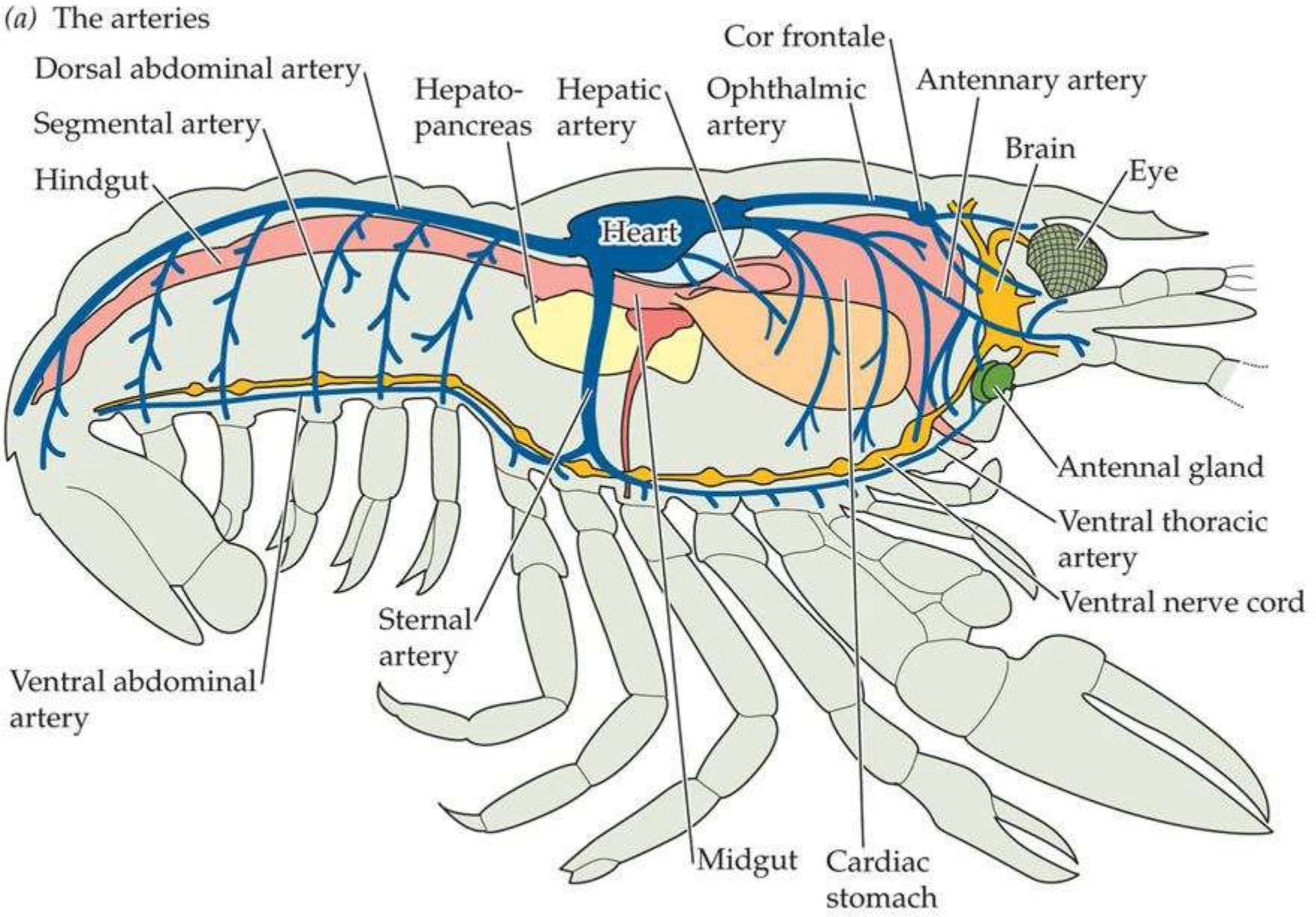


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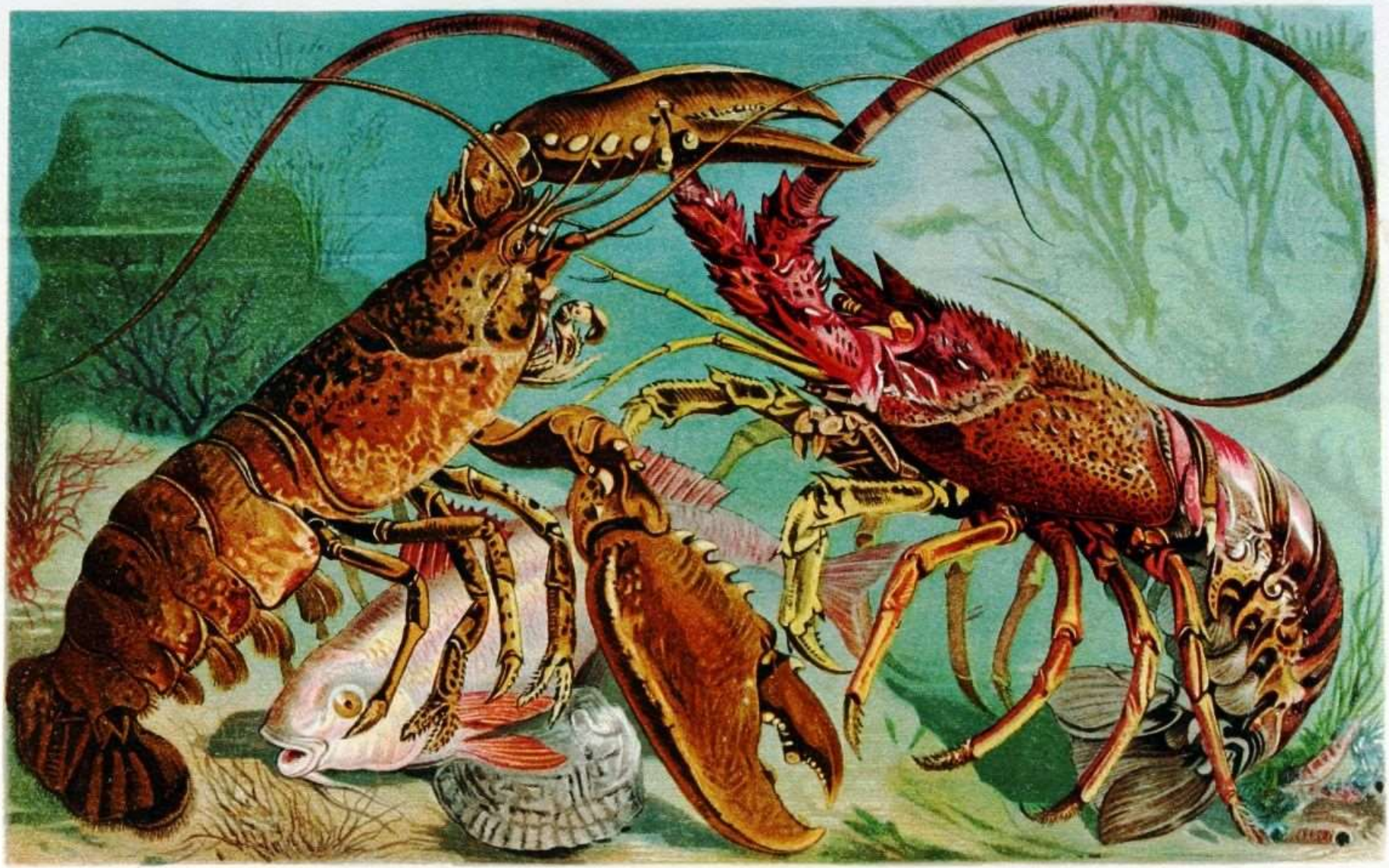
- But first . . .



Figure 23.22 Circulation through the body of a crayfish or lobster (Part 1)



ANIMAL PHYSIOLOGY, Figure 23.22 (Part 1) © 2004 Sinauer Associates, Inc.



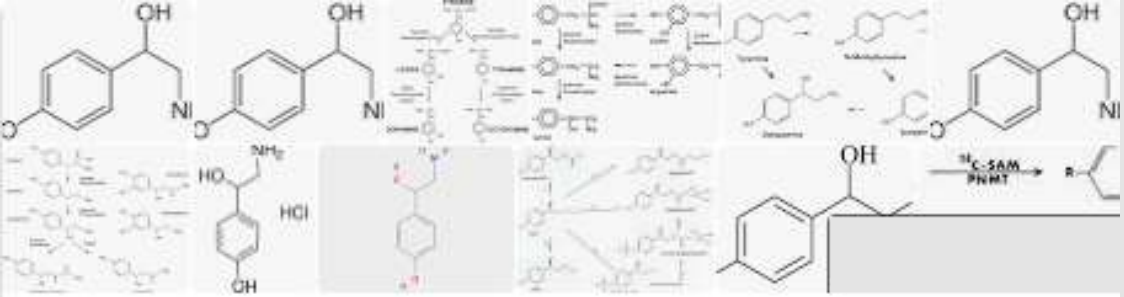
HUMMER UND LANGUSTE.

Chemistry

- Serotonin
- Octopamine

- Ratio of two brain chemicals that modulate communication between lobster neurons

- Winning increases the ratio of serotonin to octopamine



Octopamine

Octopamine is an organic chemical closely related to norepinephrine, and synthesized biologically by a homologous pathway. Its name derives from the fact that it was first identified in the salivary glands of the octopus. In many types of invertebrates octopamine is an important neurotransmitter and hormone.

Molar mass: 153.178 g/mol

CAS ID: 104-14-3

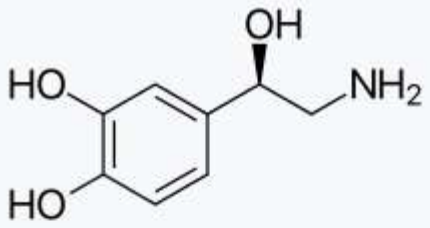
Classification: Organic compound

Receptors: TAAR1 (mammals); OctαR, OctβR, TyrR (invertebrates), Oct-TyrR

Source tissues: invertebrate nervous systems; trace amine in vertebrates

Agonists: Formamidines (amitraz (AMZ) and chlordimeform (CDM))

Norepinephrine





Clinical data	
Other names	NE, NA, Noradrenaline, (*R*)-(−)-Norepinephrine, l-1-(3,4-Dihydroxyphenyl)-2-aminoethanol
Physiological data	
Source tissues	locus coeruleus; sympathetic nervous system; adrenal medulla
Target tissues	system-wide
Receptors	α_1, α_2, β_1, β_3
Agonists	sympathomimetic drugs, clonidine, isoprenaline
Antagonists	Tricyclic antidepressants, beta blockers, antipsychotics
Precursor	dopamine
Biosynthesis	dopamine β-monooxygenase
Metabolism	MAO-A; COMT

Serotonin

Serotonin or 5-hydroxytryptamine is a monoamine neurotransmitter. Its biological function is complex and multifaceted, modulating mood, cognition, reward, learning, memory, and numerous physiological processes such as vomiting and vasoconstriction. Wikipedia

Formula: $C_{10}H_{12}N_2O$

Molar mass: 176.215 g/mol

Boiling point: 780.8°F (416°C)

Melting point: 333.9°F (167.7°C)

Metabolism: MAO

IUPAC ID: 3-(2-aminoethyl)-1H-indol-5-ol, 5-Hydroxytryptamine

Lobster Posture

- A lobster with high levels of serotonin and low levels of octopamine is a cocky, strutting shellfish
- This is because serotonin helps regulate postural flexion.
- A flexed lobster extends its appendages so it can look tall and dangerous
- When a loser lobster is given serotonin it will stretch itself out and advance itself on former victors and fight longer and harder.

Lobsters

- If the dominant lobster is defeated its brain basically dissolves and it grows a new subordinate brain.

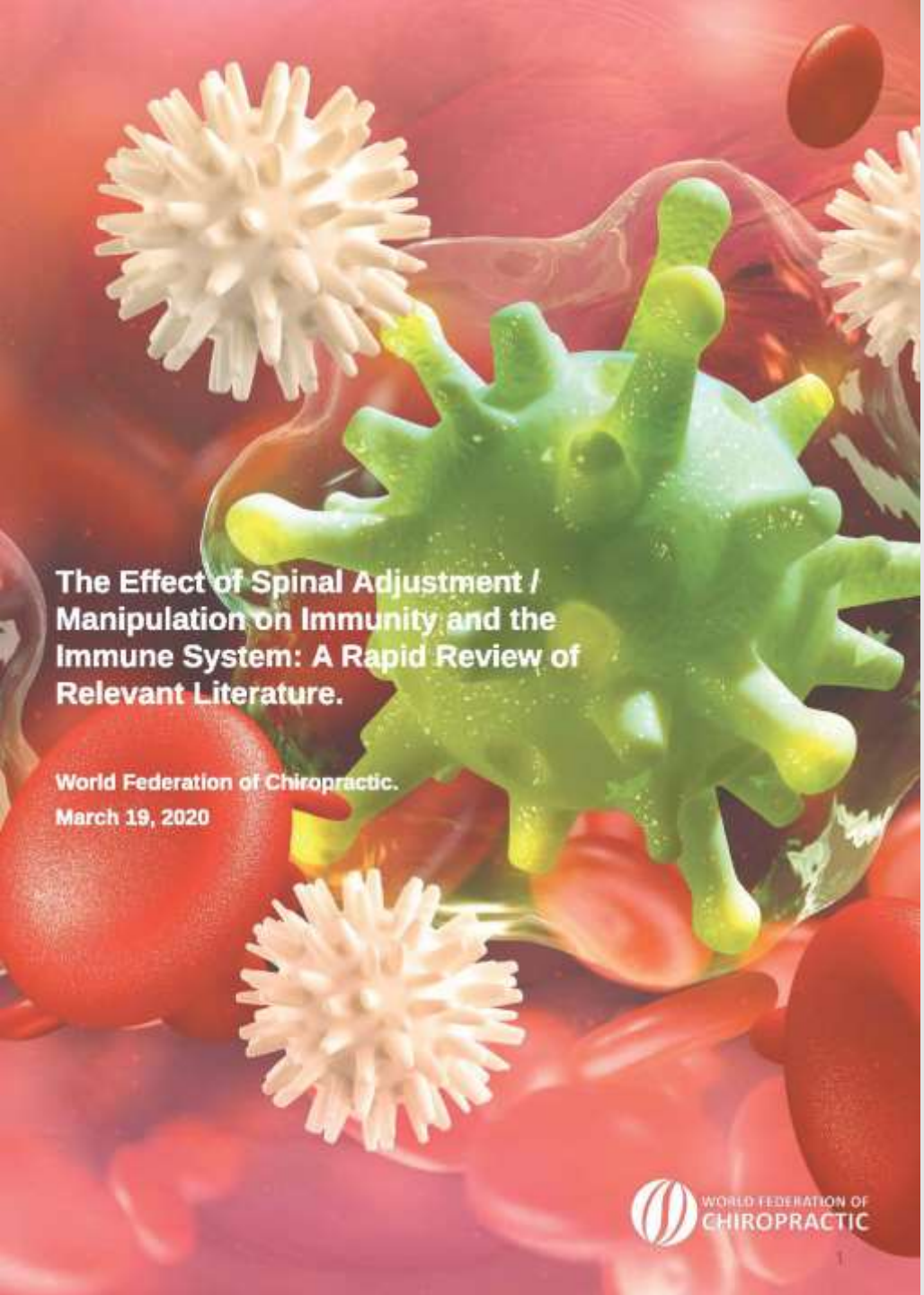
- Its original brain is not sophisticated enough to manage the transition from dominator to dominated.



Lobtsers

140 Million Years





The Effect of Spinal Adjustment / Manipulation on Immunity and the Immune System: A Rapid Review of Relevant Literature.

World Federation of Chiropractic.

March 19, 2020

WORLD FEDERATION OF CHIROPRACTIC

“There’s no credible evidence and it breaks my heart to say it”



https://www.screencast.com/t/GdohqUFE

"You Will be Under the Hand of the Law"



Former Surgeon General Jerome Adams says pandemic is "spiraling out of control again" because of unvaccinated Americans

FACE THE NATION

BY MELISSA QUINN

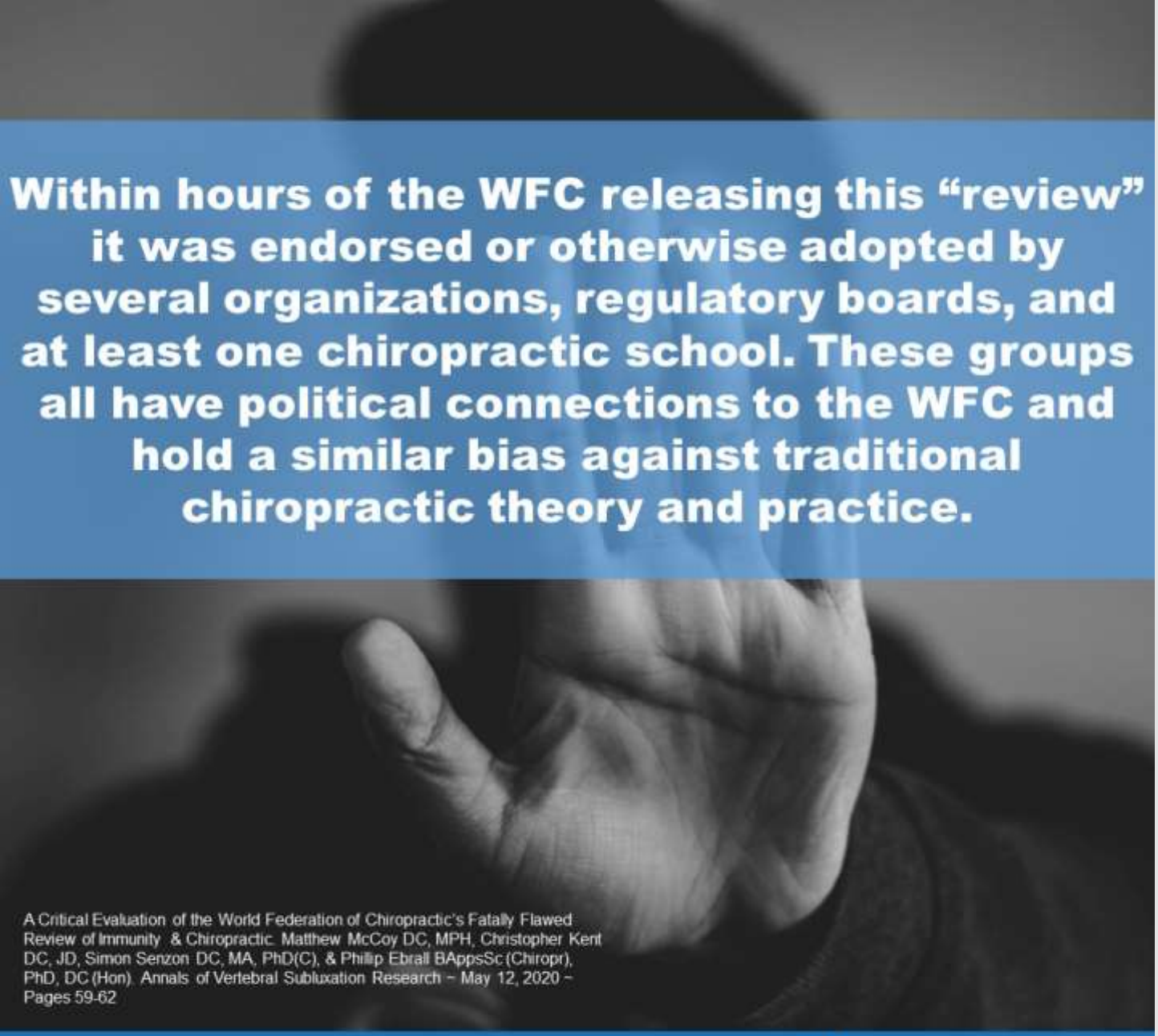
JULY 26, 2021 / 8:06 AM / CBS NEWS

WFC
@WFCchiropractic

"I call upon you all to continue finding new and innovative ways to promote health and wellness" - US Surgeon General Jerome Adams, addressing chiropractors at the Parker Seminar.



4


Within hours of the WFC releasing this "review" it was endorsed or otherwise adopted by several organizations, regulatory boards, and at least one chiropractic school. These groups all have political connections to the WFC and hold a similar bias against traditional chiropractic theory and practice.
A Critical Evaluation of the World Federation of Chiropractic's Fatally Flawed Review of Immunity & Chiropractic. Matthew McCoy DC, MPH, Christopher Kent DC, JD, Simon Senzon DC, MA, PhD(C), & Philip Ebrall BAppsSc (Chiropr), PhD, DC (Hon). Annals of Vertebral Subluxation Research – May 12, 2020 – Pages 59-62
VertebralSubluxationResearch.com
Subluxation Spoken Here



The regulatory boards then used the document as a rationale to outright threaten their licensees for communicating any inference that chiropractic plays a role in immunity.



A Critical Evaluation of the World Federation of Chiropractic's Fatally Flawed Review of Immunity & Chiropractic. Matthew McCoy DC, MPH, Christopher Kent DC, JD, Simon Senzon DC, MA, PhD(C), & Philip Ebrall BAppsSc (Chiropr), PhD, DC (Hon). Annals of Vertebral Subluxation Research ~ May 12, 2020 ~ Pages 59-62

VertebralSubluxationResearch.com
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The Response



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FOR IMMEDIATE RELEASE

Sunday, April 5, 2020

FLORIDA CHIROPRACTIC SOCIETY

The FCS REJECTS STATEMENTS BY THE WFC AND THE ACA DENYING CONNECTION BETWEEN CHIROPRACTIC AND IMMUNITY

MIAMI, FLORIDA, April 5, 2020– The Officers and Board of Directors of the Florida Chiropractic Society (FCS), on behalf of its membership, reject recent statements of several organizations including the American Chiropractic Association (ACA) and the World Federation of Chiropractic (WFC) denying connection between chiropractic and immunity. On March 17, 2020 the WFC sent out an alert stating that, "*There is no credible scientific evidence that chiropractic spinal adjustment/manipulation confers or boosts immunity*". Subsequently on Monday, March 30, Dr. Keith Overland, past president of the ACA, issued a statement intended to address "misinformation" about any link between spinal adjustments and the immune system. *"There is no quality research, data or evidence that suggests that a spinal manipulation itself will support the immune system,"* stated Overland.

At a time when chiropractors have been deemed essential critical infrastructure workers by the US Department of Homeland Security and the Governor of Florida, (https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-91.pdf) amidst a national health emergency and global pandemic, the FCS finds such statements to be untrue, misleading and harmful to the profession and the patients we are here to serve. Chiropractic care is a necessary procedure for millions of patients who lose function and stability or suffer in pain should care be denied. In particular, chiropractors care for patients with conditions they would otherwise manage with dangerous, addictive opioid drugs; and for those recovering from addiction chiropractic has been shown to improve recovery outcomes.

As portal-of-entry healthcare providers, doctors of chiropractic are educated and licensed to diagnose and care for patients and work in private practices, multi-disciplinary clinics and hospitals. They are trained to refer patients to other health care providers when necessary. Further, in regard to the current Covid-19 outbreak, chiropractors have been a valuable resource in caring for a segment of the population who may otherwise revert to the emergency rooms, which would create an unnecessary burden to the system.

We at the FCS feel strongly about the role of chiropractic as a staple in supporting the health and well being of the public along with other salutogenic measures to enhance health and well-being and assist the body in adapting to physical, chemical and emotional challenges. The active nature of chiropractic care confers health benefits, improves quality of life and optimizes physiology to create a state of wellbeing and optimize human potential. This is never more important than when your immune system needs to defend you.

It is a well known fact that the human body is a marvelous machine and that the "The nervous system controls and coordinates all organs and structures of the human body", therefore there is a factual relationship between the nervous system and the immune system. According to the Foundation for Vertebral Subluxation, ***"there is a growing body of clinical and basic science research demonstrating the relationship between the nervous system and the immune system and the beneficial role of chiropractic in that relationship."*** There is also



Sherman College of Chiropractic
April 8 at 11:51 AM ·

For nearly 125 years, the chiropractic profession has been committed to serving humanity. The focus of chiropractic care is allowing the body to function to its fullest potential. The nervous system is responsible for integrating and maintaining the functions of the entire body.

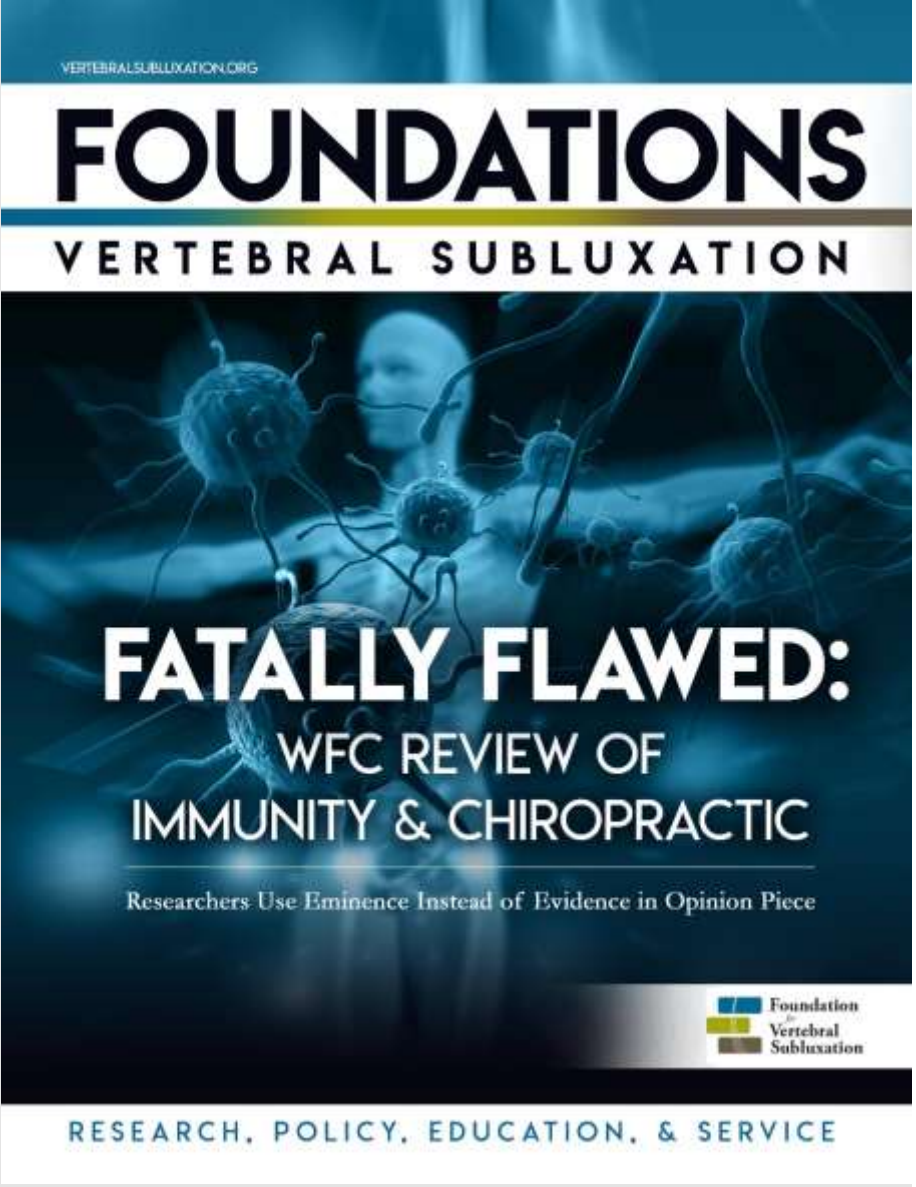
Chiropractic corrects spinal abnormalities called vertebral subluxations that result in interference with nervous system function. Since the nervous system controls all functions of the body — including the immune system — chiropractic care can have a positive effect on immune function. Doctors of Chiropractic recognize the importance of locating and gently correcting vertebral subluxations so that the body may function at its best.

A growing body of evidence supports the role of the nervous system in immune system function. Furthermore, basic science studies and clinical reports in the scientific literature provide evidence of the potential, beneficial effects of chiropractic care in improving function, including immune system function, and quality of life.

Sherman College of Chiropractic supports chiropractic practice in an evidence-informed, patient centered model. Evidence-informed practice involves the integration of the knowledge and experience of the chiropractor, the best available research evidence, and the needs and preferences of individual patients.

Sherman College of Chiropractic supports the right of chiropractors to discuss, publish, and otherwise disseminate the best available evidence, and in practice, apply it to the needs of individual patients. Chiropractors have stood ready to provide professional services in times of crisis. Furthermore, Sherman College of Chiropractic acknowledges that chiropractic is an essential health service, and should be available to all patients who request it.

Christopher Kent, D.C., J.D.
Director, Center for Scholarly Activity



Foundation for Vertebral Subluxation

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www.vertebralsubluxation.org

FOR IMMEDIATE RELEASE

WFC Review of Immunity & Chiropractic Fatally Flawed

Researchers Use Eminence Instead of Evidence in Opinion Piece

MARCH 28, 2020 - Atlanta GA

The World Federation of Chiropractic (WFC) has issued what they call a "rapid review" of materials that they are ". . . aware have been cited in support of claims of effectiveness for spinal adjustment/manipulation in conferring or enhancing immunity."

The "rapid review" was conducted by the World Federation of Chiropractic's Research Committee made up of the following individuals:

Greg Kawchuk DC, PhD - Canadian Memorial Chiropractic College Adjunct
Christine Goertz DC, PhD - Palmer College of Chiropractic Honorary Alumna
Iben Axén DC, PhD - Institut Franco-Européen de Chiropratique
Martin Descarreaux DC, PhD - Université du Québec à Trois-Rivières
Simon French B.App.Sci (Chiro), MPH, PhD - Macquarie University
Mitch Haas MA, DC – University of Western States
Jan Hartvigsen DC, PhD - Nordic Institute of Chiropractic
Carolina Kolberg BSc (Chiro), PhD - Latin American Federation of Chiropractic
Michele Maiers DC, MPH, PhD – Northwestern Health Sciences University

The Flawed "Rapid Review"

The Research Committee of the WFC claims to have reviewed these "materials," which include 7 items. The first one is an unpublished report that they do not provide a citation for (Pero). Four studies involve enhancement of immune markers following chiropractic intervention; one study on enhanced respiratory burst, two studies on increased interleukin 2, and one on increased CD4 cell counts. They also cite a review of literature on the evidence supporting stimulation of the neuroimmunoendocrine system and a review of one hundred thousand cases of influenza managed by osteopathy during the 1918 flu pandemic.

All of the reports they reviewed demonstrated positive findings in support of manual methods such as chiropractic adjustments and manipulation in effecting a positive immune response.

Despite these positive findings, the WFC Research Committee came to the following bizarre, highly nuanced conclusion:

"No credible, scientific evidence that spinal adjustment / manipulation has any clinically relevant effect on the immune system was found. Available studies have small sample sizes and a lack of symptomatic subjects. At the time of writing, there exists no credible,



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For immediate Release: **Joint Statement Response to the WFC**

(20.04.2020)

On behalf of the undersigned national and international organizations, professional associations, trade and professional organizations representing thousands of chiropractors globally, we collectively reject the recent statements of several organizations including the American Chiropractic Association (ACA), Parker University, and the World Federation of Chiropractic (WFC) denying scientific evidence of the connection between chiropractic and immunity. The perceived eminence of these institutions should not be exclusively relied upon without careful consideration of all available evidence. To release an opinion piece without labeling it as such, particularly at a time of fear and panic, is irresponsible. Contrary to its own conclusion, the research articles included in the WFC rapid review, though the sample size is small, actually demonstrate positive findings regarding spinal integrity and immunity. The persistent and specific exclusion of published, reputable scientific studies that validate the correlation between the spine, the nervous system, chiropractic care and immune function, downgrades the important role chiropractic care plays in healthcare. The opinion piece is methodologically flawed, as they have failed to define inclusion criteria, made unfounded assertions, and therefore, drawn flawed conclusions. This leads to a misguided model of evidence informed practice, and is not conducive to a model of patient centered care.

Credible evidence for a link between chiropractic adjustments and immune system function exists. We recognize the Foundation for Vertebral Subluxation's **collection of supporting evidence**, the International Chiropractic Association's **document**, the International Federation of Chiropractors and Organizations' **statement**, and Axiom Seminars **supporting evidence**, amongst others. The chiropractic profession does not claim to diagnose, treat, or cure Coronavirus or conditions caused by COVID-19.

As portal-of-entry healthcare providers, doctors of chiropractic offer an irreplicable component of healthcare which optimizes the body's inborn ability to heal and adapt. Chiropractic care is concerned with the totality of human experience. Timely and consistent access to chiropractic care is important to public health, as it allows people to successfully adapt, heal and improve performance. This is of particular significance now with increased physical and mental stress. Chiropractors are essential in reducing undue stress on the already overburdened healthcare system. For these reasons, chiropractors have been deemed essential critical infrastructure workers by the US Department of Homeland Security. The role of chiropractic is a staple in supporting the health and well-being of the public in a salutogenic model.

Autonomic dysregulation produced by vertebral subluxation compromises the adaptive capacity of the human body. We implore the WFC to acknowledge and respect the unique role of chiropractic and its impact on nervous system function, stress and immunity. Opinion statements such as that released on March 20, 2020 by the WFC, risk damaging the sanctity of the profession and its obligations to the general public. In the spirit of collaboration and professional betterment, we thereby recommend the WFC and ACA to recognize these consequences and consider revising or retracting their position, after a thorough review of the linked evidence. Until all professional bodies representing the profession can agree to uphold these crucial values and principles, funding and support for such institutions shall be reconsidered.

The Undersigned:











































































If you would like to add your organization, please send an email with the logo and the subject line "Joint statement": post@axiomseminar.com



INT. FED. OF CHIROPRACTORS & ORGS. ENDORSES WFC REJECTIONS STATEMENT (PDF)



ILLINOIS PRAIRIE STATE CHIROPRACTIC ASSOCIATION REJECTS STATEMENTS BY WFC (PDF)



SHERMAN COLLEGE OF CHIROPRACTIC REJECTS WFC STATEMENT (LINK)



PORTUGUESE CHIROPRACTIC ASSOCIATION REJECTS WFC STATEMENTS (PDF)



CONNECTICUT CHIROPRACTIC COUNCIL REJECTS WCF STATEMENTS (PDF)



AUSTRALIAN SPINAL RESEARCH FOUNDATION REJECTS WFC STATEMENT (PDF)



FOUNDATION FOR VERTEBRAL SUBLUXATION
WFC REBUTTAL
(PDF)



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Review

A Scoping Review of Chiropractic, Vertebral Subluxation and Immune Function with Implications for Development of a Protocol for Measurement of Immune Biomarkers in Chiropractic Research & the Development of Related Policy

Matthew McCoy DC, MPH[1]
Christopher Kent DC, JD[2]
Suzzanne M. Candelaria-Perez BSc[3]
Anquonette Stiles DC, MPH[3]
Christie Kwon DC, MS, MPH(C)[3]
Christopher Long BS[3]
Brooke Mills AA[3]

1. *Vice President – Foundation for Vertebral Subluxation*
2. *President – Foundation for Vertebral Subluxation & Director of Center for Scholarly Activity Sherman College of Chiropractic*
3. *Research Fellow – Foundation for Vertebral Subluxation*

Abstract

Objective: To discuss the existing literature on chiropractic, vertebral subluxation and immune function in order to inform the development of an integrative review of the literature, a review of immune biomarkers in relation to chiropractic, development of a research protocol, the implementation of future studies and the development of related policy.

Methods/Results: We conducted a scoping review of existing literature available to the authors and conducted further searches and gathering of documents based on that available literature. 125 papers were gathered and included in this review.

Conclusions: This is a scoping review of the literature regarding chiropractic and its relationship to neuroimmunology. It is intended to inform a larger project and give that team as much background as possible in a short period of time. The results of the already available research demands that we further explore the neuro-immuno-regulatory effects of chiropractic, adjustment and spinal manipulation and it provides a starting point for doing so. While adjustments reduce pain and inflammation, they also improve immune-regulatory function. How and to what extent is the subject of this current multi-pronged project.

Key Words: *Chiropractic, immunity, neuroimmunity, neuroimmunology, psychoneuroimmunology, neuroimmunoendocrine system, immune biomarkers, supersystem, vertebral subluxation, adjustment, spinal manipulation*

Introduction

It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system.[1] Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care.[2-4]

Recent events related to the Coronavirus Pandemic have brought this relationship to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening the immune system and that there is no credible, scientific evidence that spinal adjustment and/or manipulation has any clinically relevant effect on the immune system.[5]

As a result of the assertions by these researchers, some chiropractic regulatory boards, chiropractic trade organizations and chiropractic educational institutions from around the world are claiming that there exists no credible, scientific evidence that would permit claims of effectiveness for conferring or enhancing immunity through spinal adjustment and/or manipulation to be made in communications by chiropractors.[6] Essentially, chiropractors have been effectively muzzled and banned from discussing any connection between the nervous and immune systems.

Scoping Review

A Scoping Review of Salivary Tests for Immunoglobulin A, Cortisol, and C-Reactive Protein in Consideration of Their Use as Immune Biomarkers in Chiropractic Research

Matthew McCoy DC, MPH[1]
Suzzanne M. Candelaria-Perez BSc[3]
Christopher Kent DC, JD[2]
Christie Kwon DC, MS, MPH(C)[3]
Anquonette Stiles DC, MPH[3]
Christopher Long BS[3]
Brooke Mills AA[3]

1. *Vice President – Foundation for Vertebral Subluxation*
2. *President – Foundation for Vertebral Subluxation & Director of Center for Scholarly Activity Sherman College of Chiropractic*
3. *Research Fellow – Foundation for Vertebral Subluxation*

Abstract

Objective: To perform a scoping review of the existing literature on salivary tests for immunoglobulin A (IgA), cortisol and C-reactive protein (CRP) to inform researchers in regards to their use as measurements of immune biomarkers following chiropractic intervention.

Methods/Results: We conducted a scoping review of existing literature available to the authors and conducted further searches and gathering of documents based on that available literature. 46 papers were gathered and included in this scoping review.

Conclusions: This is a scoping review of the existing literature on salivary tests for immunoglobulin A, cortisol and C-reactive protein. Its purpose is to inform researchers on the existing science in order to inform their use as measurements of immune biomarkers following chiropractic intervention. It is intended to inform larger projects and give that team as much background as possible in a short period of time. The results of this scoping review reveal the potential use and utility of salivary tests as measurements of immune biomarkers to explore the neuro-immuno-regulatory effects of chiropractic, adjustment and spinal manipulation.

Key Words: Chiropractic, immunity, neuroimmunity, neuroimmunology, psychoneuroimmunology, neuroimmunoendocrine system, immune biomarkers, supersystem, vertebral subluxation, adjustment, spinal manipulation, Immunoglobulin A, C-Reactive Protein, cortisol, salivary tests

Introduction

Salivary testing has gained in popularity as a monitoring tool for human health. Saliva is a rapidly and easily available biological fluid, its analysis is non-invasive and is utilized in disciplines including medicine, dentistry, psychology, pharmacotherapy and epidemiology.[1] Saliva is a safe and low-cost alternative to the use of serum and research has shown that levels of some salivary markers correlate well with those in serum.[2]

Saliva refers to the clear, slightly acidic, hypotonic and mucoserous exocrine fluid synthesized and secreted by the salivary glands.[1] The major salivary glands include the parotid, submandibular and sublingual glands and produce 90% of saliva. Whole mouth saliva, as opposed to saliva produced by specific glands, is a mixture of oral fluids made up of 99% water, inorganic salts, enzymes, polypeptides and proteins. Alterations in the composition of blood may be mirrored by changes in the biochemical composition of saliva because blood-based molecules enter the highly vascularized salivary glands. Whole mouth saliva has also been proposed to resemble plasma in its composition.[3,4]

Salivary compounds can derive from plasma by passive diffusion or active transport and because of this, salivary analysis has great potential as a diagnostic tool as several

Proposal

Chiropractic, Vertebral Subluxation and Immune Function: A Multi-Pronged Project to Address Fundamental Questions in an Evidence Informed Framework

Matthew McCoy DC, MPH[1]
Christopher Kent DC, JD[2]
Anquonette Stiles DC, MPH[3]
Christie Kwon DC, MS, MPH(C)[3]
Suzzanne M. Candelaria-Perez BSc[3]
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1. *Vice President – Foundation for Vertebral Subluxation*
2. *President – Foundation for Vertebral Subluxation & Director of Center for Scholarly Activity Sherman College of Chiropractic*
3. *Research Fellow – Foundation for Vertebral Subluxation*

Abstract

Objective: To briefly outline a multi-pronged project to address fundamental questions regarding chiropractic, vertebral subluxation and immune function.

Background: Recent events related to the coronavirus pandemic have brought the relationship between the nervous and immune systems to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening the immune system and that there is no credible, scientific evidence that spinal adjustment and/or manipulation has any clinically relevant effect on the immune system.

Methods: An ad hoc team made up of individuals with experience in research, law, public health, and chiropractic from the Foundation for Vertebral Subluxation and Sherman College of Chiropractic developed a rapid outline to serve as a guideline for the development of projects related to chiropractic and immunity.

Discussion: This outline describes a multi-pronged approach to complete a scoping review of chiropractic, immunity and biomarkers, a comprehensive, integrative review of the scientific literature on chiropractic and immunity, the development of research protocols, feasibility studies, development of a prospective longitudinal health outcomes study, and the development of policy and best practice statements for practitioners and patients in an evidence informed framework.

Conclusion: It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system. Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care. The chiropractic profession is encouraged to further explore these relationships.

Key Words: *Chiropractic, immunity, neuroimmunity, neuroimmunology, psychoneuroimmunology, neuroimmunoendocrine system, immune biomarkers, supersystem, vertebral subluxation, adjustment, spinal manipulation, best practices, health policy*

Background

It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system.[1] Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care.[2-4]

Recent events related to the Coronavirus Pandemic have brought this relationship to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening

The Chronicle of Chiropractic
The Source for News on Conservative, Traditional Chiropractic

World Federation of Chiropractic Loses 17 International Sponsors Since Flawed Report on Chiropractic & Immunity Published

Saturday, September 12, 2020 - 15:58

NEWS STAFF

WFC Leader Richard Brown Blames "Challenging Business Environment" Due to Pandemic

According to a comparison of Partners and financial supporters of the World Federation of Chiropractic (WFC) before and after the WFC released its deeply flawed report on chiropractic and immunity, **17 corporate partners, malpractice companies, nutritional support companies,**

BLOGS

- Historic, First Ever Conference on Chiropractic & Immunity Reveals Widespread Evidence for Role of the Profession
- Historic Conference on Chiropractic & Immunity Scheduled
- Kristine Salmon Compares Those Fighting Canadian X-Ray Ban to Those Asking to See Obama's Birth Certificate - Salmon Sits on Complaint Committee that Investigates Chiropractors
- Foundation for Vertebral Subluxation Rejects FCLB X-Ray Resolution
- New Research on Breastfeeding Difficulties & Birth Trauma

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The Chronicle of Chiropractic
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WFC Researchers Resign Abruptly From Troubled Research Committee Claiming They Can No Longer Function as Independent Academics

Saturday, September 12, 2020 - 16:45

NEWS STAFF



Team Was Involved in Deeply Flawed Immunity Report Used Against Chiropractors Internationally by Regulatory Boards During COVID

In a turnabout of events that have long been simmering within the chiropractic political and research world, **six members of the World Federation of Chiropractic's (WFC) Research Committee have abruptly resigned from the Committee claiming they ". . . no longer feel it is possible to function as independent academics".**

The Researchers who resigned are well known **Subluxation Deniers** within chiropractic and include:

BLOGS

- Historic, First Ever Conference on Chiropractic & Immunity Reveals Widespread Evidence for Role of the Profession
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Research Committee

Terms of Reference (October 2020)



Dr Imran Khan NIAZI MS, PhD (New Zealand). Senior Research Fellow, New Zealand College of Chiropractic. PhD biomedical science and engineering (University of Aalborg, 2012), Masters in biomedical engineering (University of Lübeck). Research interests in patient-centered rehabilitation engineering using brain-computer interfaces. Currently investigating neurophysiological effects of chiropractic care on the central and peripheral nervous systems. Currently engaged in 12 international collaborations.

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Adrian Sheridan
Peer review???? 2

1d Like Reply

Douglas John Scown
Adrian Sheridan Surely not!! 2

1d Like Reply

Author
Heidi Haavik
Jeff Taylor their summary statement is accurate. We do not have any clinical evidence yet. I've explained this in our review on www.therealitycheck.com



The Reality Check - Dr. Heidi Haavik
therealitycheck.com

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Review

The Potential Mechanisms of High-Velocity, Low-Amplitude, Controlled Vertebral Thrusts on Neuroimmune Function: A Narrative Review

Heidi Haavik [1], Imran Khan Niazi [1,2,3,*], Nitika Kumari [1,2], Imran Amjad [1,4], Jenna Duehr [1] and Kelly Holt [1,*]

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* Correspondence: imran.niazi@nzchiro.co.nz (I.K.N.); kelly.holt@nzchiro.co.nz (K.H.)

Abstract: The current COVID-19 pandemic has necessitated the need to find healthcare solutions that boost or support immunity. There is some evidence that high-velocity, low-amplitude (HVLA) controlled vertebral thrusts have the potential to modulate immune mediators. However, the mechanisms of the link between HVLA controlled vertebral thrusts and neuroimmune function and the associated potential clinical implications are less clear. This review aims to elucidate the underlying mechanisms that can explain the HVLA controlled vertebral thrust–neuroimmune link and discuss what this link implies for clinical practice and future research needs. A search for relevant articles published up until April 2021 was undertaken. Twenty-three published papers were found that explored the impact of HVLA controlled vertebral thrusts on neuroimmune markers, of which eighteen found a significant effect. These basic science studies show that HVLA controlled vertebral thrust influence the levels of immune mediators in the body, including neuropeptides, inflammatory markers, and endocrine markers. This narravtive review discusses the most likely mechanisms for how HVLA controlled vertebral thrusts could impact these immune markers. The mechanisms are most likely due to the known changes in proprioceptive processing that occur within the central nervous system (CNS), in particular within the prefrontal cortex, following HVLA spinal thrusts. The prefrontal cortex is involved in the regulation of the autonomic nervous system, the hypothalamic–pituitary–adrenal axis and the immune system. Bi-directional neuro-immune interactions are affected by emotional or pain-related stress. Stress-induced sympathetic nervous system activity also alters vertebral motor control. Therefore, there are biologically plausible direct and indirect mechanisms that link HVLA controlled vertebral thrusts to the immune system, suggesting HVLA controlled vertebral

check for updates

Citation: Haavik, H.; Niazi, I.K.; Kumari, N.; Amjad, I.; Duehr, J.; Holt, K. The Potential Mechanisms of High-Velocity, Low-Amplitude, Controlled Vertebral Thrusts on Neuroimmune Function: A Narrative Review. *Medicina* **2021**, *57*, 536. https://doi.org10.3390/medicina57060536

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Publisher's Note: MDPI stays neutral

Abstract: The current COVID-19 pandemic has necessitated the need to find healthcare solutions that boost or support immunity. There is some evidence that high-velocity, low-amplitude (HVLA) controlled vertebral thrusts have the potential to modulate immune mediators. However, the mechanisms of the link between HVLA controlled vertebral thrusts and neuroimmune function and the associated potential clinical implications are less clear. This review aims to elucidate the underlying mechanisms that can explain the HVLA controlled vertebral thrust–neuroimmune link and discuss what this link implies for clinical practice and future research needs. A search for relevant articles published up until April 2021 was undertaken. Twenty-three published papers were found that explored the impact of HVLA controlled vertebral thrusts on neuroimmune markers, of which eighteen found a significant effect. These basic science studies show that HVLA controlled vertebral thrust influence the levels of immune mediators in the body, including neuropeptides, inflammatory markers, and endocrine markers. This narravtive review discusses the most likely mechanisms for how HVLA controlled vertebral thrusts could impact these immune markers. The mechanisms are most likely due to the known changes in proprioceptive processing that occur within the central nervous system (CNS), in particular within the prefrontal cortex, following HVLA spinal thrusts. The prefrontal cortex is involved in the regulation of the autonomic nervous system, the hypothalamic–pituitary–adrenal axis and the immune system. Bi-directional neuro-immune interactions are affected by emotional or pain-related stress. Stress-induced sympathetic nervous system activity also alters vertebral motor control. Therefore, there are biologically plausible direct and indirect mechanisms that link HVLA controlled vertebral thrusts to the immune system, suggesting HVLA controlled vertebral thrusts have the potential to modulate immune function. However, it is not yet known whether HVLA controlled vertebral thrusts have a clinically relevant impact on immunity. Further research is needed to explore the clinical impact of HVLA controlled vertebral thrusts on immune function.

Keywords: high-velocity; low-amplitude thrust; HVLA; chiropractic; spinal manipulation; central nervous system; prefrontal cortex; immune system; endocrine system



Heidi Haavik

John Minardi Bhk DC, In a research article like this we have to write in 'science' language. And in science language 'clinical evidence' means Randomized controlled trial (RCT) studies showing proof that something does something.

So that sentence means in lay language that we simply do not have ANY RCTs that have explored whether chiropractic boosts immune function.

Which is the truth, as no one has ever done one.

We now have to get our shit together and do a great RCT exploring effect of chiro care on Immune function!!!

11h Like Reply 4

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1		IN THE FISHING NET							
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No Credible Evidence

“No evidence, my ass”

Amy Haas DC, Ph.D

Freedom of Information Request - Ontario College of Chiropractors

Inbox Ontario

M

Matthew Mc... Dec 14, 2021

to cco.info, rbustria, akissoon, cmckeow...

College of Chiropractors of Ontario
59 Hayden Street, Suite 800
Toronto, ON M4Y 0E7

To Whom it may concern -

Pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) I am requesting copies of any and all documents related to the commissioning, development, publication and implementation of the following document: Accessing Centre for Expertise. Context COVID: Understanding the Evidence, Policy and Regulatory Implications of the Relationship between Chiropractic and Immunity. Toronto, Canada. 26 November 2021.

I am requesting any and all related records including: communications between, among, from, or to the College of Chiropractors and from any individual or entity including Accessing Center for Expertise (ACE), its staff and contractors including but not limited to: Mark Dobrow, Jessica Bytautas, Lucas Dufour, Rebecca Hancock-Howard, Nadine Ijaz. Please include records from any committee, subcommittee, meeting minutes, resolutions, financial records, financial payments, contracts, invoices, notes, e-mails, documents, letters, legal opinions/advice/counsel, drafts, texts, electronic communications, records of phone calls and any other information related to this issue.

According to (FIPPA), institutions have 30 calendar days to process FOI requests. Please notify me if my request will not be processed during that time and any appeal rights I have in this regard.

Please also inform me as to who your Freedom of Information and Privacy (FOIP) coordinator is at the College.

Thank you for your assistance in this matter.

On Tue, Dec 14, 2021 at 1:34 PM Jo-Ann Willson <jpwillson@cco.on.ca> wrote:

> Good afternoon:
>
> Thank you for your communication dated December 14, 2021.
>
> There is a great deal of information about CCO's involvement with ACE on CCO's website, including information contained in a number of Council information packages (the full report is also posted, as well as being linked in the President's Message dated December 10, 2021). In addition, Dr. Mark Dobrow spoke to all of Council at an open council meeting on November 25, 2021, attended by a number of guests. All of CCO's council meeting dates are listed on the website and are open to the public. My understanding is that initially you were listed as an international individual who *may* be interested in participating in the work being done, although it isn't clear if you actually did participate. You are of course free to review the report and as a

Ms. Willson -

I am a little confused by your response as you provide an overview of information related to this issue that is available on public facing websites.

And you offer other minutiae that was not requested.

You do not however actually respond to my FOI request for documents other than perhaps this single short sentence sandwiched between the non response: "The balance of your inquiries will be reviewed in due course."

My understanding of the Freedom of Information and Protection of Privacy Act (FIPPA) is that institutions have 30 calendar days to process FOI requests.

Please notify me if my request will not be processed during that time and any appeal rights I have in this regard.

The short answer to your inquiry is that CCO is not subject to the *Freedom of Information and Protection of Privacy Act*. More specifically, the purpose of the *Freedom of Information and Protection of Privacy Act* (*"FIPPA"*) is to provide the public the right of access to information (s. 1, *FIPPA*). The Act applies to any record in the custody or under the control of an institution (s. 69(1), *FIPPA*). "Institution" is defined at s. 2(1) as:

> (0.a) the Assembly,
>
> (a) a ministry of the Government of Ontario,
>
> (a.1) a service provider organization within the meaning of section 17.1 of the *Ministry of Government Services Act*,
>
> (a.2) a hospital, and
>
> (b) any agency, board, commission, corporation or other body designated as an institution in the regulations;

CCO does not fall within the definition of an "institution" under *FIPPA*. It is obvious that CCO is not an institution as described in s. 2(1)(0.a),(a),(a.1), and (a.2). Turning to s. 2(1)(b), designated institutions are listed in

The Notice, dated November 26, 2021, was then followed up at the 2021 Annual General Meeting of the College on December 1, 2021 where 78 percent of those in attendance voted in favor of a resolution to **"maintain the right to medical freedom of choice"** for chiropractors.

The Resolution submitted by Mark Foullong DC states:

Be it resolved... That the CCBC take a stand to protect and maintain the right to medical freedom of choice for all health/medical interventions for BC registrant chiropractic doctors (not impose any conditions on licensure) and BC chiropractic patients (not impose conditional or discriminatory access to chiropractic care). That CCBC registrants and chiropractic patients in BC maintain the right to choose medical privacy and have honoured their medical privacy, and further their right to choose whether or not to engage in health/medical procedures free of coercion, manipulation or mandates.

Over 200 British Columbia Chiropractors Threaten Legal Action Against Board Over Proposed Mandatory Vaccination Policy

Thursday, December 9, 2021 - 14:45

NEWS STAFF



Group Sends Notice of Liability to Chiropractic Board: "Ignorance of the law is no excuse"

In an extremely detailed and thoroughly referenced 33 page notice sent to the College of Chiropractors of British Columbia, **227 licensed chiropractors warn the individual members of the regulatory board of their personal liability should they mandate COVID vaccination as a condition of licensing.**

CLICK HERE to review the document

BC Regulatory Board Found Guilty of Hiding Complaints About Its Own Board Members Says Independent Investigator

Saturday, December 4, 2021 - 15:28

NEWS STAFF



Da Roza

Board Registrar Michelle Da Roza's Actions are "Troubling and Unreasonable" - New Investigations Ordered

The **College of Chiropractors of BC (CCBC)**, like most other chiropractic regulatory boards around the world, is controlled by the **Chiropractic Cartel** which is run by **Subluxation Deniers** who many times deny the very existence of subluxation as a pathophysiological process in need of management.

November 26, 2021

Attention:
Dr. Amarpaul (Paul) Dhaliwal
Dr. Arvin Bahri
Dr. Chris Anderson
Dr. Christopher Gainor
Dr. Daniel Zybutz
Dr. Elliot Mayhew
Dr. Jennifer Forbes
Dr. Johnny Suchdev
Dr. Shannon Patterson
Dr. Stephen Mogatas
Dr. Travis Morgan
Mr. Colin Bennett
Mr. Ken M. Kramer
Mr. Martin Sattler
Ms. Dawana St. Germain
Ms. Jacqueline Tarantino
Ms. Susan Powell
Ms. Terri Van Steinburg

Dear Sirs and/or Madames:

Re: BC Government Mandatory Testing/Vaccination Policy

We are writing to you as a large group of concerned chiropractors regarding the mandatory vaccination policies and health orders that are anticipated from the B.C. Government that are expected to compel chiropractors and their staff to submit to an experimental injection or face the suspension of their ability to practice and ability to work. Dr. Bonnie Henry has said she is going to expand the reach of these policies to include healthcare professionals in private practice. Comments made recently by BC Health Minister Adrian Dix suggest the Government is going to make receipt of the experimental injection a condition of licensing with our College.

Please note, we are concerned that you may be unaware of your exposure to personallegal liability as a member of the CCBC board. It is our position that anyone who directs, authorizes, assents to, or acquiesces, or participates in, these mandatory vaccination policies will be personally liable for all of the harms caused by the policies. Such persons will not be able to avoid personal liability by saying they were simply following the mandates under a provincial health order. The consequences for those who are held liable for harms caused by a mandatory vaccination policy may include fines, incarceration, and payment of damages and costs for strongly supporting or acquiescing in these mandatory vaccination policies, essentially requiring them to become a condition of licensing. Ignorance of the law is no excuse, nor is willful

not millenarian, nor does he promise that his methodology will turn this world into a modern paradise. His vision seems quite modest. The world informed by "public relations" will be but "a smoothly functioning society," where all of us are guided imperceptibly throughout our lives by a benign elite of rational manipulators.

Bernays derived this vision from the writings of his intellectual hero, Walter Lippmann, whose classic *Public Opinion* had appeared in 1922. From his observations on the Allied propaganda drives' immense success (and his own

"If we understand the mechanisms and motives of the group mind, it is now possible to control and regiment the masses according to our will without their knowing it.

In almost every act of our daily lives, whether in the sphere of politics or business, in our social conduct or our ethical thinking, we are dominated by the relatively small number of persons who understand the mental processes and social patterns of the masses.

It is they who pull the wires which control the public mind."

EDWARD BERNAYS


YOU CANT COMPLY YOUR WAY OUT OF TYRANNY
8
MAROO
Nam

Denver Demands Proof of Religious Beliefs for COVID Vax Exemption

Monday, November 22, 2021 - 15:53

NEWS STAFF

Also Demands Weekly Testing for Those Exempted - Both Go Beyond Orders

The **Public Health Investigations Division of the Denver Public Health & Environment** is contacting employers and demanding that they provide written documentation on their employees demonstrating:

". . . how specifically getting the COVID-19 vaccination conflicts with sincerely-held religious beliefs for all individuals with religious exemptions."

Georgia Department of Public Health
1h ·

Get tested. Say "YES" to the COVID-19 vaccine. Here's where:
dph.ga.gov/covid-vaccine



#ISaidYesGA

22 2 Shares

Like Share

Georgia Department of Public Health limited who can comment on this post.

Open Records Request - GA Dept Public Health

Inbox

GADOH Open Records

MATTHEW MCCOY Jan 8

to DPH-OpenRecords@dph.ga.g...

DPH-OpenRecords@dph.ga.gov

TO: Custodian of Records Georgia Department of Public Health
RE: Open Records Request

To whom it may concern:

Recently the Georgia Department of Public Health has blocked the posting of comments by consumers to its postings on its public facing Facebook page.

Pursuant to the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.), I am requesting the following records in relation to this decision.

Please provide any and all records related to this issue including: communications between, among, from, or to the Georgia Department of Public Health and from any individual or entity. Please include records from the Georgia Department of Public Health, any subcommittee, meeting minutes, resolutions, notes, e-mails, documents, letters, drafts, texts, electronic communications, records of phone calls, communications from the Governor's office, attorney general, attorney general opinion(s) and/or letters and any other information related to this issue.

Please provide any and all records related to this issue including: communications between, among, from, or to the Georgia Department of Public Health and from any individual or entity. Please include records from the Georgia Department of Public Health, any subcommittee, meeting minutes, resolutions, notes, e-mails, documents, letters, drafts, texts, electronic communications, records of phone calls, communications from the Governor's office, attorney general, attorney general opinion(s) and/or letters and any other information related to this issue.

The Georgia Open Records Act requires a response time within three business days. If access to the records I am requesting will take longer than three days, please let me know. If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

I look forward to your response to this matter.

Matthew McCoy MPH

Re: Open Records Request - GA Dept Public Health

Inbox

GADOH Open Records

D

DPH, DPH-Open Reco... Jan 10

to MATTHEW, DPH-Open

Good morning Mr. McCoy,

The Department of Public Health has no obligation to open the social media account up for public comment. All users can still see, like, and share our posts. They can also comment and tag us on their own timeline in any posts we publish. Users can also send us messages through messenger if they have questions or comments as well.

Best regards,
-Open Records Officer

Re: Open Records Request - GA Dept Public Health

Inbox

GADOH Open Records

M

MATTHEW MCCOY Jan 10

to DPH-Open, MATTHEW

Dear Open Records Officer -

Thank you for your e-mail, however it is non responsive to my open records request. I did not ask you whether you had an obligation or not - I asked for specific records as noted in the request.

Please advise whether or not you are going to respond to my open records request and if not what appeal rights are available to me.

I also request the name of the Open Records Officer for the GADOH.

Thank you for your help in this matter.

Re: Open Records Request - GA Dept Public Health

Inbox

GADOH Open Records

D

DPH, DPH-Open Reco... Jan 10

to MATTHEW, DPH-Open, me

Mr. McCoy,

Please find records responsive to your request attached.

Jasmin Hughes
Open Records Officer
Georgia Department of Public Health
2 Peachtree Street
Atlanta, GA 30303
Telephone 404-463-3770

From: Simon, Melanie
To: Hughes, Jasmin
Subject: FW: Facebook Inbox Message
Date: Monday, January 10, 2022 9:54:50 AM

Below is the email string related to the Facebook inquiry. We are not aware of any other communication on this topic.

From: Simon, Melanie
Sent: Thursday, January 6, 2022 4:05 PM
To: Dobard, Frederick <Frederick.Dobard@dph.ga.gov>
Cc: Nydam, Nancy <Nancy.Nydam@dph.ga.gov>
Subject: RE: Facebook Inbox Message

Yes, we are good. We have no obligation to open the social media account up for public comment. If we do open it, we cannot discriminate against users based on the viewpoints they express.

From: Dobard, Frederick <Frederick.Dobard@dph.ga.gov>
Sent: Thursday, January 6, 2022 3:55 PM
To: Simon, Melanie <melanie.simon@dph.ga.gov>
Cc: Nydam, Nancy <Nancy.Nydam@dph.ga.gov>
Subject: FW: Facebook Inbox Message

Hey Melanie,
Nancy asked me to share this with you in case you have any thoughts. FYI, no one is blocked on social media. We turned off the ability to comment directly on social media posts for all users around Christmas. Everyone can still see, like, and share our posts. They can also comment and tag us on their own timeline any posts we publish. They can also send us messages through messenger if they have questions or comments as well.

Just want to make sure we are good.

Best,

Frederick Dobard-Gary III, MPA
Sr. Manager, Web Properties and Digital Content Division of Communications

PHONE 404-657-2571 / **MOBILE** [redacted]
Frederick.Dobard@dph.ga.gov

M

MATTHEW MCCOY Jan 10

to DPH-Open, MATTHEW

Dear Ms Hughes -

Thank you for the follow-up, however it seems clear from what you sent that there were previous communications between staff on this issue.

For example: the exchange between Nancy, Melanie and Frederick.

Also missing is what Frederick is referring to: "Nancy asked me to share this with you in case you have any thoughts."

What was shared between Nancy Melanie and Frederick?

It seems pretty clear that a decision was made. What is not being provided are the relevant documents related to communications that led to the decision.

Again, please inform me as to my appeal rights in this matter as this remains non-responsive to my request.

regards,
Matthew

Re: Open Records Request - GA Dept Public Health

Inbox

GADOH Open Records

D

DPH, DPH-Open Reco... Jan 10

to MATTHEW, DPH-Open

The Georgia Open Records Act (ORA) pertains only to the production of documents, which DPH has provided. These are the only records that exist related to your request. No public officer or agency is required to prepare new reports, summaries, or compilations not in existence at the time of the request. See O.C.G.A. § 50-18-71(j).

Please note that upon submitting an Open Records request, follow-up questions regarding the substance of the produced documents are not encompassed within such requests. Unfortunately, the Georgia Department of Public Health is only able to respond to requests for documents and cannot answer questions related to documents that are responsive to your Open Records request. There is no appeals process related to open records requests.

Our World in Data

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All charts | Sustainable Development Goals Tracker

Statistics and Research

Coronavirus (COVID-19) Vaccinations

Home > Coronavirus > Vaccinations

59.2% of the world population has received at least one dose of a COVID-19 vaccine.

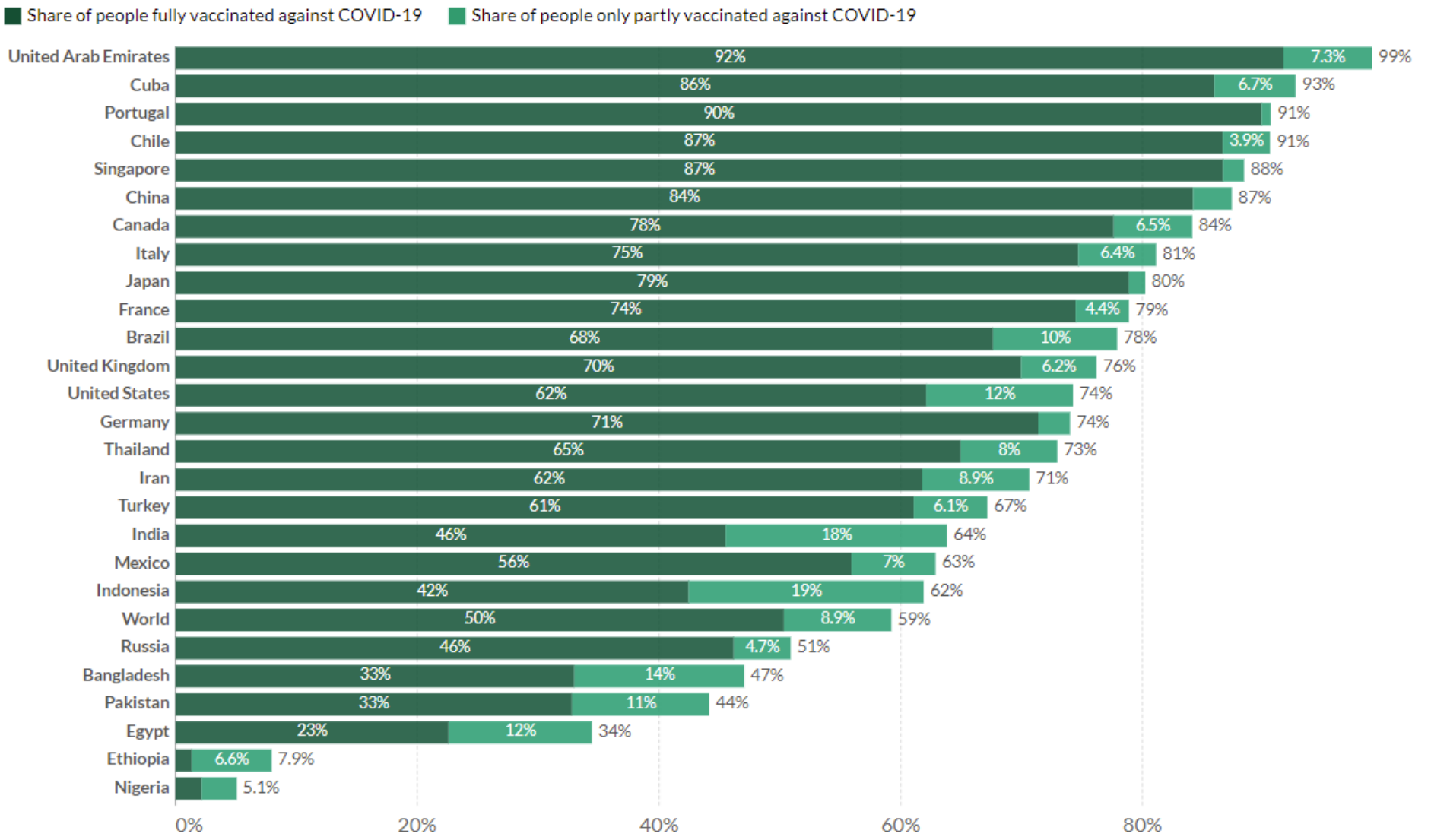
9.49 billion doses have been administered globally, and **35.22 million** are now administered each day.

Only **8.9%** of people in low-income countries have received at least one dose.

World Population = 7.8 Billion

Share of people vaccinated against COVID-19, Jan 10, 2022

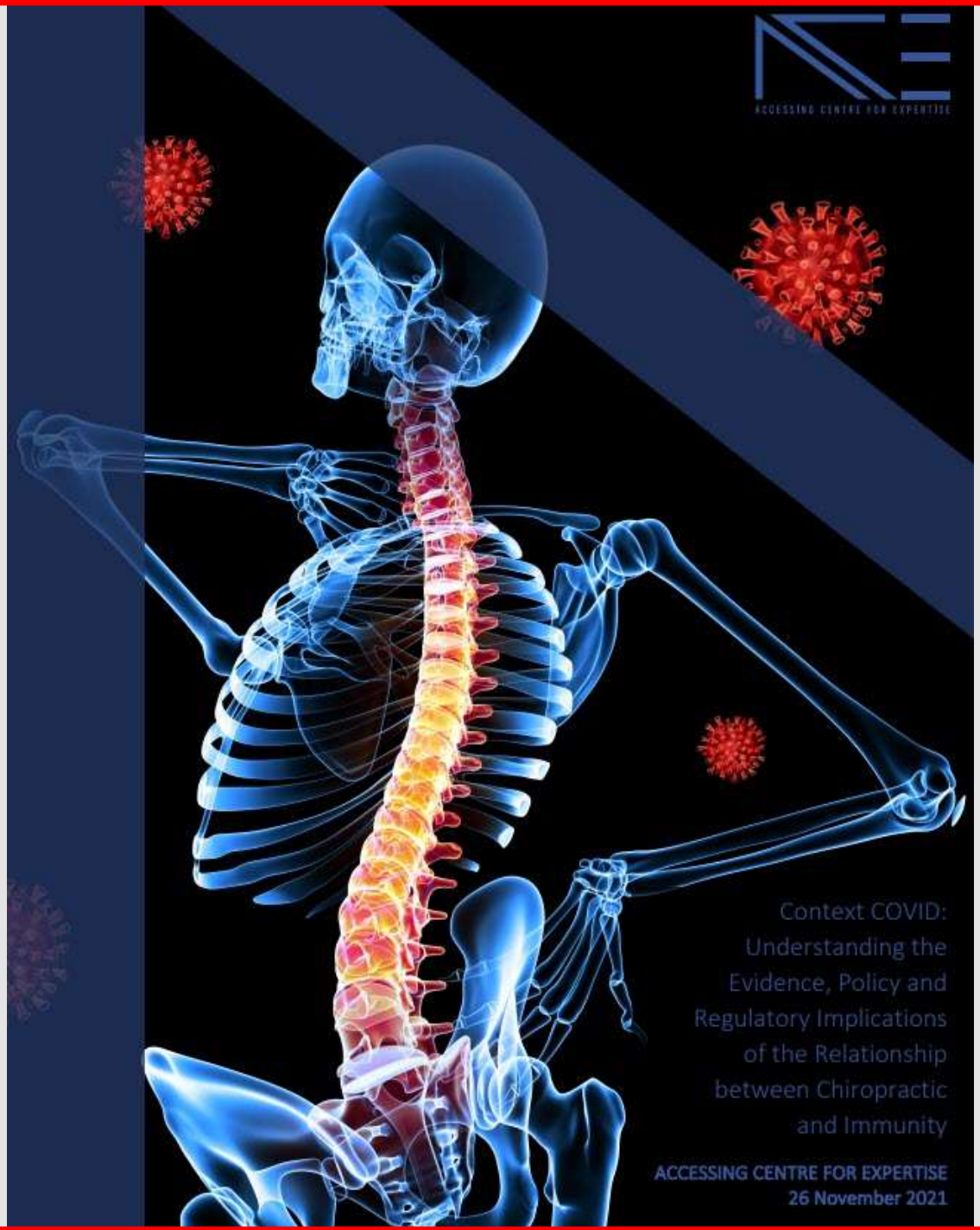
Our World in Data



Source: Official data collated by Our World in Data
Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

CC BY

Dec 13, 2020 — Jan 10, 2022


ACCESSING CENTRE FOR EXPERTISE
Context COVID:
Understanding the
Evidence, Policy and
Regulatory Implications
of the Relationship
between Chiropractic
and Immunity
ACCESSING CENTRE FOR EXPERTISE
26 November 2021

ACE

About ACE

The mission of the Accessing Centre for Expertise (ACE) is to make it easier for a diverse range of health organizations and stakeholders to connect with academic researchers and graduate students representing multidisciplinary health services, systems and policy expertise. ACE is led by researchers who hold faculty appointments in Canadian universities including the Institute of Health Policy, Management and Evaluation in the Dalla Lana School of Public Health at the University of Toronto.

Why?

About this Report

ACE was commissioned by the College of Chiropractors of Ontario to prepare this report on the nature of the evidence on the relationship between chiropractic and immunity, and the related implications for the regulator, particularly in the context of the COVID-19 pandemic. We appreciate the participation of chiropractic experts and stakeholders in key informant interviews and deliberative dialogues that informed the report. The views expressed in this report are those of ACE and its authors and do not necessarily reflect those of the College of Chiropractors of Ontario or project participants.

ACCESSING CENTRE FOR EXPERTISE

CONTEXT COVID: UNDERSTANDING THE EVIDENCE, POLICY AND REGULATORY IMPLICATIONS OF THE RELATIONSHIP BETWEEN CHIROPRACTIC AND IMMUNITY

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Complaints

In the context of the COVID-19 pandemic, the professional regulatory agency in Ontario, the College of Chiropractors of Ontario (CCO), has noted:

"…an unprecedented number of complaints relating to claims involving chiropractic and immunity. CCO has a complaints and discipline procedure designed to ensure a thorough and fair investigation of any accusation of professional misconduct, consistent with the requirements of the Regulated Health Professions Act, 1991."

In response, CCO has issued several ceaseand-desist orders to chiropractors, which have effectively curtailed these claims.

Weasel Words

CCO commissioned the Accessing Centre for Expertise (ACE) to **examine the evidence base for claims of immunity due to chiropractic care** to inform the regulatory body's policy considerations as it exercises its statutory mandate to regulate all of chiropractic in the public interest.

Follow the MONEY

CCO provided ACE with funding and the request to focus on chiropractic care and immunity. Beyond that, ACE was given full independence to pursue this study without interference and the assurance that

the final report would be made publicly available.

Methods

ACE employed multiple methods, including (i) a scoping review and targeted scan, (ii) key informant interviews, and (iii) deliberative dialogues.

• The scoping review identified 1743 articles across the multiple databases searched. This ultimately resulted in 70 articles being included in our final results, of which 40 were based on empirical research (9 experimental studies, 31 observational studies), 17 were evidence reviews (4 systematic reviews, 3 narrative reviews, 2 scoping reviews, 1 rapid review, and 7 reviews of unstated type), and 13 commentaries, essays, and other types of study.

• We invited 33 individuals to participate in a key informant interview, with 18 agreeing to participate (including chiropractors, researchers, regulators, educators, and advocates with 13 from Canada and 5 from international jurisdictions).

• We conducted 2 deliberative dialogues with (i) 8 chiropractic patients, and (ii) 21 health profession regulators in Ontario.

Key Messages

1. There is a lack of high quality empirical research studies supporting a positive relationship between chiropractic and immunity.

Key Messages

2. Our interviews with a range of chiropractic experts and stakeholders echoed the literature – there are two camps that are at odds with one another, have distinct philosophies, epistemologies and orientations towards chiropractic practice that reflect entrenched professional positions.

A. One camp was characterized as privileging vitalistic chiropractic values (e.g., drawing on the natural healing force within the body that is expressed through the central nervous system),
B. While the other camp was characterized as privileging scientific values and the contemporary evidence-based paradigm (e.g., emphasizing the relative quality of research evidence through adherence to an explicit hierarchy based on the risk of bias for different study designs)
C. Beyond these two camps is an important middle group, but it is not clear what proportion of chiropractors this represents or how homogenous or heterogeneous their views are.

Key Messages

Our work highlighted a critical need to develop greater clarity on key concepts, including ‘chiropractic’, ‘immunity’, ‘evidence’, and ‘risk’, to inform policies and actions.

A key challenge in providing clarity on these fundamental terms for the chiropractic profession appears to be an **underlying disagreement about what constitutes ‘chiropractic’ and what ‘immunity’ impacts are deemed to be important.**

The lack of consensus on what should constitute ‘evidence’ for chiropractic may not be surprising **given that a scientific orientation is core to the scientific camp**, but we observed several examples from putative members of the vitalist camp that acknowledge forms of evidence hierarchies, suggesting there may be some room to develop greater consensus on the term.

Summary

Our review results align with other **well-conducted reviews** that the current research evidence base **does not provide sufficient justification for claiming a positive, clinically relevant relationship between chiropractic and immunity.**

Summary

Our interviews and deliberative dialogues with stakeholders provide further insight, pointing to some core challenges, including

1. Entrenched professional positions and the lack of a clear voice for the majority middle of the profession,
2. Ambiguity surrounding key concepts that underscore challenges developing a relevant evidence base, and
3. Consensus on the need for more research but not necessarily on how research priorities should be set.

Summary

In the short-term, in the context of the COVID-19 pandemic, **CCO should be confident in fulfilling its regulatory role to protect the public from unsupported immunity claims related to chiropractic interventions.**

Can’t Make This Up

“The Inquiries, Complaints and Reports Committee, and in some cases the Discipline Committee, relied on existing standards of practice in exercising their statutory mandates, ***which did not necessarily reflect the best available information concerning chiropractic and immunity***”

What is Chiropractic?

Most studies we reviewed framed chiropractic care as spinal adjustment or manipulation.

Often, the use of ‘adjustment’ versus ‘manipulation’ signalled the philosophical position from which the authors approached their article, with the language of ‘adjustment’ suggesting an alignment with vitalistic chiropractic values (e.g., drawing on the natural healing force within the body that is expressed through the central nervous system11,12).

While the language of ‘manipulation’ suggested an alignment with scientific values and the contemporary evidence-based paradigm (e.g., emphasizing the relative quality of research evidence through adherence to an explicit hierarchy of evidence based on the risk of bias for different study designs13,14).

What is Chiropractic?

The use of ‘subluxation’ for example, marks a point of tension among the chiropractic community. McCoy and colleagues (2020) state that:

Language should be a tool for minimizing ambiguity, and establishing precision in communication. […] The use of terms that homogenize rather than differentiate foster ambiguity and imprecision. The practice of conflating terms, such as vertebral subluxation, joint dysfunction, adjustment, and spinal manipulation has ethical and political implications. […] They are not the same thing.

“Key Informants”

We invited 33 individuals to participate in a key informant interview, with 18 agreeing to participate. These included chiropractors, researchers, regulators, educators, and advocates. Often these roles overlapped.

Most informants were located in Ontario (n=9), but we also spoke with four informants from the rest of Canada, and five international informants.

Of the 16 who did not participate, three formally declined to participate, three were lost to follow-up (i.e., they initially responded, but did not return our repeated requests to schedule an interview), and nine never responded to multiple invitations to participate in an interview.

From: Matthew McCoy <drmccoy@chirofutures.org>
Date: Monday, April 5, 2021 at 9:24 AM
To: Mark Dobrow <mark.dobrow@utoronto.ca>
Cc: Jessica Bytautas <jessica.bytautas@utoronto.ca>
Subject: Re: interview study on chiropractic care and immunity

EXTERNAL EMAIL:
Dear Dr. Dobrow -

Thank you for your patience as I evaluated whether to participate in this process or not.

After careful consideration I will respectfully decline. My decision is based on several concerns I have about this project and those involved.

As you may be aware the College of Chiropractors of Ontario has adopted an extremely controversial "Efficacy Claims Policy". A similar policy has been adopted by other chiropractic regulatory boards in Canada. This policy and it's now infamous "APPENDIX N" effectively dismantles the evidence informed practice model. As a result of this policy the only evidence the Board can consider in terms of policy are RCT's, systematic reviews and practice guidelines. This is the practice of scientism and strips away any role that the doctor and the patient themselves have to play in making informed health care decisions. If you have not read APPENDIX N - you really should.

Whether or not you are aware of the political machinations involved, the reality is that these policies are political tactics being used to intentionally marginalize the practice of chiropractic for anything outside of a musculoskeletal framework. This is well documented in the profession. What historically takes place in the chiropractic political research world is that those chiropractors and organizations that practice chiropractic in an evidence informed, salutogenic model are asked to participate in these types of projects under the guise of inclusion and input. What happens is that those chiropractors and organizations are simply used in the process so that the controlling faction can check the box and say all viewpoints were included. We cannot allow our names and related organizations to be used in such a way.

You are conducting a scoping review on chiropractic and immunity, however a scoping review has already been conducted by our team, it has been published and we are now in the middle of an integrative review. We also just recently published a Best Practices recommendation. While it will be interesting to see what your team comes up with in comparison to ours - we've already "been there and done that" so to speak.

On reviewing the document you prepared for Ontario I noticed that you limited your search to basically PUBMED and GOOGLE. This is a very narrow search strategy when it comes to chiropractic. You may or may not be aware that many chiropractic journals are not indexed by PUBMED and this discrimination has a long and sordid history. This was the reason for the creation of the Index to Chiropractic Literature which indexes all of the chiropractic literature. Nevertheless, if this approach is taken with immunity and chiropractic you will end up with a very limited number of papers which the College will then base policy on.

Recently, the College of Chiropractors of British Columbia purchased a "rapid review" of chiropractic and the role of radiography in clinical practice. The group that conducted the review was paid at least $150,000.00 and the result was so horrendous that chiropractors have been stripped of their rights to order x-rays on their patients outside of "severe" circumstances. The decision is so mired in controversy that it has resulted in the filing of a lawsuit against the regulatory board to get an injunction and the signing of a petition with nearly 5000 signatures opposing the ruling. Thus far, the allegations include that the outcome was decided before the commissioning of the review and that the researchers and the Board refused to look at all of the evidence as it would not fit their narrative and goals which is to strip radiography from the tools that chiropractors use to manage their patients. This is nothing short of a public health crisis. This is consistent with what we have seen the chiropractic regulatory boards do in Canada on other issues.

Given all of this history, coupled with the fact that you do not have anyone on your team knowledgeable about chiropractic, immunity or neurology leaves me with no choice but to decline participation. Having content area experts involved solely as "interviews" is simply unacceptable and may erode any confidence in the final product.

I wish you luck in your project and will be interested in the outcome.

Regards,
Matthew

Matthew McCoy DC, MPH
drmccoy@chirofutures.org
CEO & Co-Founder
ChiroFutures Malpractice Insurance Program
http://www.chirofutures.org

Their “Experts”

- Mark Dobrow MS, Ph.D
  - Epidemiology and Health Policy
- Jessica Bytautas
  - PhD **student** who did the scoping review and expert interviews
- Nadine Ijaz, PhD,
  - Medical Sociology & Health Policy. **Provided insights** on the project.

Their “Experts”

- Lucas Dufour, PhD
  - Professor of Management
- Rebecca Hancock-Howard Ph.D,
  - Health Economist

“They review our work at different stages to provide feedback but are less directly involved”

Independent?

- We also get input from the College of Chiropractors of Ontario throughout the project.
- Funded by COO for $80,000.00

Credible Evidence?



Review

A Scoping Review of Chiropractic, Vertebral Subluxation and Immune Function with Implications for Development of a Protocol for Measurement of Immune Biomarkers in Chiropractic Research & the Development of Related Policy

Matthew McCoy DC, MPH[1]
Christopher Kent DC, JD[2]
Suzzanne M. Candelaria-Perez BSc[3]
Anquonette Stiles DC, MPH[3]
Christie Kwon DC, MS, MPH(C)[3]
Christopher Long BS[3]
Brooke Mills AA[3]

1. *Vice President – Foundation for Vertebral Subluxation*
2. *President – Foundation for Vertebral Subluxation & Director of Center for Scholarly Activity Sherman College of Chiropractic*
3. *Research Fellow – Foundation for Vertebral Subluxation*

Abstract

Objective: To discuss the existing literature on chiropractic, vertebral subluxation and immune function in order to inform the development of an integrative review of the literature, a review of immune biomarkers in relation to chiropractic, development of a research protocol, the implementation of future studies and the development of related policy.

Methods/Results: We conducted a scoping review of existing literature available to the authors and conducted further searches and gathering of documents based on that available literature. 125 papers were gathered and included in this review.

Conclusions: This is a scoping review of the literature regarding chiropractic and its relationship to neuroimmunology. It is intended to inform a larger project and give that team as much background as possible in a short period of time. The results of the already available research demands that we further explore the neuro-immuno-regulatory effects of chiropractic, adjustment and spinal manipulation and it provides a starting point for doing so. While adjustments reduce pain and inflammation, they also improve immune-regulatory function. How and to what extent is the subject of this current multi-pronged project.

Key Words: *Chiropractic, immunity, neuroimmunity, neuroimmunology, psychoneuroimmunology, neuroimmunoendocrine system, immune biomarkers, supersystem, vertebral subluxation, adjustment, spinal manipulation*

Introduction

It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system.[1] Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care.[2-4]

Recent events related to the Coronavirus Pandemic have brought this relationship to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening the immune system and that there is no credible, scientific evidence that spinal adjustment and/or manipulation has any clinically relevant effect on the immune system.[5]

As a result of the assertions by these researchers, some chiropractic regulatory boards, chiropractic trade organizations and chiropractic educational institutions from around the world are claiming that there exists no credible, scientific evidence that would permit claims of effectiveness for conferring or enhancing immunity through spinal adjustment and/or manipulation to be made in communications by chiropractors.[6] Essentially, chiropractors have been effectively muzzled and banned from discussing any connection between the nervous and immune systems.

CHIROPRACTIC- RELATED RESEARCH PAPERS
ASPECTS OF BIOCHEMISTRY AND PHYSIOLOGY

Anaphylaxis [200]
ACTH [201]
ß-endorphins [201-204]
Biophotons [205]
Blood pressure [206-208]
Calcetonin [202]
Catecholamine [209]
CD 4 cells [210]
Chemiluminescence [211]
Conjunctival nevi [212]
Cortisol [201,213,214]
Endocrine [215]
Endotoxic shock. [200]
Heart rate [209]
Immune complex deposition [216]
Immune response [215,217]
Immunoglobulin M (IgM) [218]
Immunohistochemistry [212]
Immunoreactive ACTH [201]
Inflammatory cell changes [215]
Interleukin-2 [219]
Lectins [220]
    Helix pomatia agglutinin (HPA)
    Phaseolus vulgaris leucoagglutin (PHA-L)
Killer cells [221,222]
Lymphocytes [223]
Macrophages [224]
Melanomas [212]
Melatonin [225]
Neuroimmunomodulation [226]
Neutrophils [211,227-229]
Oxygen radicals [224]
Phagocytosis [227,230]
Prostaglandin [231,232]
Respiratory burst [228-230,233]
Serum aldosterone [234]
Substance P [227,228]
Tumor necrosis factor [226]

This table demonstrate s the wider aspects of chiropractic research. (Note: Many of these studies concern an immunological response. More than one term may appear in a single paper. Papers are not necessarily related to spinal manipulation but more the broad nature of chiropractic research.)

- From Rome . . .

Chiropractic & Impaired Immune Response

- Enhanced Respiratory Burst
- Increased CD 4 Counts
- Crohn's Disease
- Serum Thiol
- Cortisol
- Prostaglandins
- Immunoglobulins
- CD 4 Counts
- B-Lymphocytes
- Pulmonary effects
- Serum Thiol
- Decreased Colds & Flu

- Substance P
- Tumor Necrosis Factor
- Interleukin 2
- Killer Cells
- Macrophages
- Melanoma
- Serum Aldosterone
- Immunoreactive ACTH
- Catecholamines
- Calcitonin
- Adrenal glands
- Immunoreaction
- Autonomics & Lymphocytes

The Hypothesis

Rome contends that the hypothesis has four integrally linked steps:[8]

1. That there can be sufficient somatic disturbance to alter the normal sensory input at that segmental level.
2. That this aberration would primarily consist of a bombardment of noxious somatic sensory input, and resulting in modulation of normal autonomic (ANS) activity
3. That resultant altered efferent somatovisceral activity may then interfere with the physiology of the innervated structures(s) involving that reflex level. This may be via central processing, neurologically directly onto that structure – or other mechanisms.
4. That in the case of that structure being an organ, such interference may be in the form of physiologic dysfunction, with associated symptoms, simulated disease of that organ, or possibly degrees of, or predisposition to pathology.

- Rome P. Neurovertebral Influence on Visceral and ANS Function: Some of the Evidence To Date - Part II: Somatovisceral. Chiropr J Aust 2010; 40: 9-33

REVIEW OF THE LITERATURE

Objective Physiologic Changes and Associated Health Benefits of Chiropractic Adjustments in Asymptomatic Subjects: A Review of the Literature

Sean M. Hannon, BA, DC

ABSTRACT

Objective: To review existing literature documenting objectively measured physiologic changes and their associated health benefits subsequent to chiropractic adjustments, primarily in asymptomatic individuals.

Data Collection: "Asymptomatic" "normal" "pain-free" and "healthy" subjects were keywords used to search for articles pertaining to the objective. Data was collected directly from the bound journals of the Palmer College of Chiropractic library in Davenport, IA, Life University library in Marietta, GA, and the Sherman College of Chiropractic library in Spartanburg, SC. Some articles were downloaded from peer-reviewed journals accessible through campus Internet subscription.

Results: More than twenty studies were found documenting objective health benefits in subjects who were specifically described as "asymptomatic," "healthy," "normal," or "free from physical injury." Nearly an equal number of studies were found documenting objectively measured health benefits in subjects to which no symptomatic presentation was described.

Conclusion: The data reviewed lend support to the contention that chiropractic adjustments, often for the purpose of correcting vertebral subluxation, confer measurable health benefits to people regardless of the presence or absence of symptoms. A significant amount of preliminary evidence supports that people without symptoms can benefit from chiropractic care. Improved function can be objectively measured in asymptomatic individuals following chiropractic care in a number of body systems often by relatively non-invasive means. It is plausible that chiropractic care may be of benefit to every function of the body and have the potential for long-term, overall health benefit to those receiving chiropractic care.

Key words: *chiropractic adjustment, subluxation, objective measurement, health benefit*

Introduction

A recent survey of 658 randomly selected US chiropractors revealed some surprising data.[1] Eighty-eight percent (88.3%) of respondents agreed or strongly agreed that the purpose of maintenance care was "to maintain or optimize state of health." Eighty-percent (80.2%) of respondents agreed or strongly agreed that the purpose of maintenance care was to "determine and treat subluxation." Furthermore, US chiropractors agreed that "maintenance care was of value to all age groups, with the value increasing slightly with an increase in a patient's age." However, only forty-percent (40.2%) agreed that "adequate research existed to support the concept of maintenance care," and ninety-three percent (93.4%) agreed "there was a need for more research." It seems that US chiropractors agree and are of the opinion that correcting subluxation is of value to all people, but nearly 60% do not think there is sufficient evidence to verify their opinion. One chiropractor expressed this frustration in a Letter to the Editor in the August 6, 2000 issue of *Dynamic Chiropractic*, a trade journal of the chiropractic profession:

> "I try to encourage my patients who are open to continue maintenance care… However, I have yet to see a single research finding that indicates that those patients who do receive regular chiropractic care, regardless of symptomotology, benefit in any measurable way."
> -Scott Rogers, MA,DC

Others have expressed their opinions on the subject in peer-reviewed literature:

> "Many chiropractors will continue to adjust imaginary subluxations in the spines of perfectly healthy patients, perpetuating unsubstantiated claims and discouraging chiropractors who wish to specialize in the treatment of neck and back pain…[2] Chiropractors who believe that vertebral alignment has something to do with general health often encourage their patients to submit to regular and frequent manipulation, even when these patients are asymptomatic… I cannot personally justify manipulating the spine of a healthy, symptom-free patient… It is unfair to patients to allow them to believe that they must have regular spinal adjustments in order to stay healthy… I cannot see any basis or justification for routinely manipulating the spine of a healthy patient for the purpose of maintaining health or preventing disease."[3]
> *-Samuel Homola, DC*

Sean M. Hannon, BA, DC, Private Practice, Denver, CO

Objective Physiologic Changes and Associated Health Benefits of Chiropractic Adjustments in AsymptomaticSubjects: A Review of the Literature

Sean M. Hannon, BA, DC

- Statistically significant improvements in:
- Respiration
- Range of motion
- Heart rate variability
- Autonomic function
- Endocrine function
- Cardiovascular function
- Immune function
- Muscle strength
- Overall athletic ability

Hannon Con't…

- Neurocognitive functions
- Reaction-time
- Information processing,
- Visual acuity,
- Stress
- Reproductive hormones,
- Healing
- Recovery time,
- General health of senior citizens,
- Reduced labor times

Immune Biomarkers

medicina

MDPI

Review

The Effects Induced by Spinal Manipulative Therapy on the Immune and Endocrine Systems

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Received: 10 June 2019; Accepted: 2 August 2019; Published: 7 August 2019

check for updates

Abstract: *Background and Objectives*: Spinal manipulations are interventions widely used by different healthcare professionals for the management of musculoskeletal (MSK) disorders. While previous theoretical principles focused predominantly on biomechanical accounts, recent models propose that the observed pain modulatory effects of this form of manual therapy may be the result of more complex mechanisms. It has been suggested that other phenomena like neurophysiological responses and the activation of the immune-endocrine system may explain variability in pain inhibition after the administration of spinal manipulative therapy (SMT). The aim of this paper is to provide an overview of the available evidence supporting the biological plausibility of high-velocity, low-amplitude thrust (HVLAT) on the immune-endocrine system. *Materials and Methods*: Narrative critical review. An electronic search on MEDLINE, ProQUEST, and Google Scholar followed by a hand and "snowballing" search were conducted to find relevant articles. Studies were included if they evaluated the effects of HVLAT on participants' biomarkers. *Results*: The electronic search retrieved 13 relevant articles and two themes of discussion were developed. Nine studies investigated the effects of SMT on cortisol levels and five of them were conducted on symptomatic populations. Four studies examined the effects of SMT on the immune system and all of them were conducted on healthy individuals. *Conclusions*: Although spinal manipulations seem to trigger the activation of the neuroimmunoendocrine system, the evidence supporting a biological account for the application of HVLAT in clinical practice is mixed and conflicting. Further research on subjects with spinal MSK conditions with larger sample sizes are needed to obtain more insights about the biological effects of spinal manipulative therapy.

Keywords: spinal manipulative therapy; immune system; endocrine system; back pain; neck pain; physiotherapy

1. Introduction

Spinal disorders are conditions affecting an increasing number of people, and their associated

The aim of their paper was "to provide an overview of the available evidence supporting the biological plausibility of high-velocity, low-amplitude thrust (HVLAT) on the immune-endocrine system". Their search retrieved 13 relevant articles and two themes of discussion were developed. Nine studies investigated the effects of manipulation on cortisol levels and four studies examined the effects of manipulation on the immune system.

They concluded that spinal manipulation seems to trigger the activation of the neuroimmunoendocrine system and encouraged further research to obtain more insights about the biological effects of spinal manipulative therapy.[66]

"Trigger"

Cytokines

Cytokines are cell signaling protein molecules secreted by cells of the immune system and are a category of signaling molecules used in intercellular communication. Spinal manipulation has been shown to reduce the production of pro-inflammatory cytokines and increase the blood levels of cytokines that are immuno-regulatory in nature.

Over 30 of them – Examples . . .

Interleukin-1 (IL-1), IL-12, and IL-18
Tumor necrosis factor alpha (TNF-α)
Interferon gamma (IFNγ)
Granulocyte-macrophage colony stimulating factor (GM-CSF)

Clinical Trial > J Manipulative Physiol Ther. 1991 Sep;14(7):399-408.

Enhanced phagocytic cell respiratory burst induced by spinal manipulation: potential role of substance P

P C Brennan [1], K Kokjohn, C J Kaltinger, G E Lohr, C Glendening, M A Hondras, M McGregor, J J Triano

Affiliations + expand

PMID: 1719112

Abstract

The effect of spinal manipulation on the respiratory burst of polymorphonuclear neutrophils (PMN) and monocytes from treated adults was measured by zymosan-stimulated chemiluminescence (CL). Peripheral blood was collected 15 min before and 15 min after treatment (sham manipulation, thoracic spine manipulation, or soft tissue manipulation), the cells were isolated, challenged with a standardized, opsonized luminol-containing suspension of zymosan, and monitored for CL. Plasma from two subsets of subjects was radioimmunoassayed for Substance P (SP). PMN were also preincubated with SP in vitro over the dose range 5 x 10(-12) M to 5 x 10(-8) M and the CL response monitored. The CL responses of both PMN and monocytes from subjects who received spinal manipulation were significantly higher after than before treatment, and significantly higher than the response in sham or soft-tissue treated subjects. Measurement of the force applied by sham and spinal manipulation suggested a force threshold for the enhancement of the CL response. Plasma levels of SP before and after treatment in sham treated subjects did not differ significantly; however, elevated plasma SP was observed in subjects after spinal manipulation. Preincubation of PMN with 1 x 10(-11) M, 5 x 10(-11) M or 1 x 10(-10) M SP in vitro primed PMN for an enhanced respiratory burst when the cells were subsequently challenged.

Brennan, et al., demonstrated that upper thoracic spinal manipulation resulted in a significant increase in phagocytic activity of neutrophils and monocytes when compared to a sham manipulation or soft-tissue treatment.[67] In another study by Brennan, et al., they found that spinal manipulation results in viscero-somatic responses that affect the phagocytic activity of both neutrophils and mononuclear cells.[68]

"Enhancement"

Comment > J Manipulative Physiol Ther. 1992 Jun;15(5):334-5.

Enhanced neutrophil respiratory burst as a biological marker for manipulation forces: duration of the effect and association with substance P and tumor necrosis factor

B S Polkinghorn

PMID: 1377220

No abstract available

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The Effects Of Specific Upper Cervical Adjustments On The CD4 Counts Of HIV Positive Patients

Jeffrey L. Selano, Brett C. Hightower, Bruce Pfleger,
Karen Feeley Collins, John D. Grostic

THE EFFECTS OF SPECIFIC UPPER CERVICAL ADJUSTMENTS ON THE CD4 COUNTS OF HIV POSITIVE PATIENTS

Jeffrey L. Selano, D.C.
Brett C. Hightower, D.C.
Bruce Pfleger, Ph.D.
Karen Feeley Collins, D.C.
John D. Grostic, D.C.

ABSTRACT

The researchers of this project sought to demonstrate that upper cervical specific adjustments would have a profound effect on the physiology, serology and immunology of HIV positive individuals.

The effect of specific upper cervical adjustments on the immune system CD4 cell counts of HIV positive individuals was measured by CD4/mm3 in the blood. These tests were performed by the patients independent medical center where they were under medical supervision for the condition. The measured CD4 counts in the regular group were dramatically increased over the counts of the control group. A 48% increase in CD4 cells was demonstrated over the six month duration of the study for the adjusted group.

Key Indexing Terms: Chiropractic, atlas, subluxation, CD4 count, immunology, dentate ligament, HIV.

In a study of the effects of specific spinal adjustments on the immune system looking at CD4 cell counts of HIV positive Individuals, six subjects receiving real chiropractic adjustments experienced a 48% increase in CD4 cell levels over a period of six months.



Chiropractic and the Neuroimmune Connection. Ari Cohn, DC. Journal of Vertebral Subluxation Research – September 30, 2008 – Pages 1-5

Chiropractic & Immunity

VertebralSubluxationResearch.com
Subluxation Spoken Here

SPINAL MANIPULATIVE THERAPY REDUCES INFLAMMATORY CYTOKINES BUT NOT SUBSTANCE P PRODUCTION IN NORMAL SUBJECTS

Julita A. Teodorczyk-Injeyan, PhD,[a] H. Stephen Injeyan, PhD, DC,[b] and Richard Ruegg, PhD, DC

Teodorczyk-Injeyan showed that chiropractic treated subjects have also shown attenuation of lipopolysaccharide induced production of the inflammatory cytokines unrelated to systemic levels of the neurotransmitter substance P.[70]

ABSTRACT

Objective: To examine the effect of a single spinal manipulation therapy (SMT) on the in vitro product inflammatory cytokines, tumor necrosis factor α, and interleukin (IL) 1β, in relation to the systemic (in vivo) levels of neurotransmitter substance P (SP).

Methods: Sixty-four asymptomatic subjects were assigned to SMT, sham manipulation, or venipuncture control group. SMT subjects received a single adjustment in the thoracic spine. Blood and serum samples were obtained from subjects before and then at 20 minutes and 2 hours after intervention. Whole-blood cultures were activated with lipopolysaccharide (LPS) for 24 hours. Cytokine production in culture supernatants and serum SP levels were assessed by specific immunoassays.

Results: Over the study period, a significant proportion ($P \leq .05$) of sham and control subjects demonstrated progressive increases in the synthesis of tumor necrosis factor α and IL-1β. Conversely, in a comparable proportion of cultures from SMT-derived subjects, the production of both cytokines decreased gradually. Normalization of the observed alterations to reflect the changes relative to self-baselines demonstrated that, within 2 hours after intervention, the production of both cytokines increased significantly ($P < .001$ to .05) in both controls. In contrast, a significant ($P < .001$ to .05) reduction of proinflammatory cytokine secretion was observed in cultures from SMT-receiving subjects. In all study groups, serum levels of SP remained unaltered within 2 hours after intervention.

Conclusions: SMT-treated subjects show a time-dependent attenuation of LPS-induced production of the inflammatory cytokines unrelated to systemic levels of SP. This suggests SMT-related down-regulation of inflammatory-type responses via a central yet unknown mechanism. (J Manipulative Physiol Ther 2006;29:14-21)

Key Indexing Terms: *Manipulation; Spinal; Cytokines; Substance P; Inflammation; Spinovisceral Effect*

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Although the exact biologic mechanism(s) of systemic effects of spinal manipulative therapy (SMT) remain unclear, the current model of somatoautonomic or spinovisceral reflex provides a critical link between spinal manipulation, the autonomic nervous system, and various visceral functions.[1] Animal experiments have demonstrated that somatoautonomic reflex effects are apparent in multiple nonmusculoskeletal systemic responses, including those of the cardiovascular, digestive, urinary, endocrine, and the immune system.[2,3] On the other hand, similar studies in humans are still limited particularly with respect to the effect of SMT on the integrated biologic activities of the nervous and immune systems

"Reduces"
"Attenuation"
"Down Regulation"

Reduction in high blood tumor necrosis factor-alpha levels after manipulative therapy in 2 cervicogenic headache patients

Gábor Ormos [1], J N Mehrishi, Tibor Bakács

Affiliations + expand

PMID: 19748410 DOI: 10.1016/j.jmpt.2009.08.006

Erratum in

J Manipulative Physiol Ther. 2009 Oct;32(8):701

Abstract

Objective: This case report discusses the treatment of 2 patients with cervicogenic h
attending the Outpatient Clinic of the Hungarian National Institute for Rheumatology
Physiotherapy (Budapest, Hungary) and reviews the pathophysiology, therapeutic str
problems associated with the treatment of CHA.

Clinical features: Patient 1 was a 27-year-old female who sustained a whiplash injury
shooting headache developed, readily induced, and aggravated by just bending the neck backward or
by turning her head. Magnetic resonance imaging revealed a disk protrusion at C4-C5 pressing the anterior cerebrospinal space. Patient 2 was a 62-year-old female who sustained a whiplash injury; her cervical movements became restricted, which precipitated headaches. Magnetic resonance imaging revealed a paramedian disk hernia between the C4 and C5 vertebrae that intruded into the right ventral cerebrospinal space.

Intervention and outcome: After 4 weeks of manipulative therapy for patient 1, both active and passive range of motion returned to normal, and the high tumor necrosis factor-alpha (TNF-alpha) level (63 pg/mL) was substantially reduced (28 pg/mL). Patient 2 was started on manipulative therapy twice a week for 4 weeks; after 2 months, the patient became symptom-free, and high TNF-alpha level (72 pg/mL) was reduced greatly (35 pg/mL).

Conclusion: Two patients with whiplash injury and disk herniation developed CHA associated with very high TNF-alpha levels. After manipulative therapy, these patients became symptom-free, and their TNF-alpha levels decreased substantially.

Research has explored the relationship of spinal manipulation, spino-autonomic reflexes and their influence on activity of immune and inflammatory cells. This research has shown a reduction in pro-inflammatory cytokines after spinal manipulation. This is includes reduction of inflammatory cytokines, tumor necrosis factor and interleukin-1ß.[71]

Spinal manipulation down-regulates inflammatory-type responses via a central mechanism and manipulation ameliorates the physiological responses of blood cells to an inflammatory stimulus suggesting that spino-visceral reflexes alter the functional activity of cells in the immune and inflammatory systems.

"Ameliorates"
"Decreased"
"Reduced"

Journal of Chiropractic Medicine (2010) 9, 107–114

ELSEVIER

JOURNAL of CHIROPRACTIC MEDICINE

www.journalchiromed.com

Inflammatory response following a short-term cours[e] of chiropractic treatment in subjects with and without chronic low back pain☆

Richard A. Roy DC, MSc[a,b], Jean P. Boucher PhD, FACSM[c], Alain S. Comtois

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Received 19 November 2009; received in revised form 17 May 2010; accepted 9 June 2010

Key indexing terms:
Manipulation;
Spinal;
Diagnosis;
Interleukins;
C-reactive protein

Abstract

Objective: Inflammatory markers interleukin-6 (IL-6) and C-reactive protein (CRP) [have] been evaluated in response to a short course of lumbar spinal manipulation. The p[urpose of] this study is to observe the responses of inflammatory markers (IL-6 and CRP) after a series of 9 chiropractic spinal manipulations.

Methods: Twenty-one participants were assigned to a treatment or a control group. Only the treatment group received 9 chiropractic interventions. Pre- and postintervention measures were recorded for blood samples for detection of proinflammatory cytokines IL-6 and CRP.

Results: Mediators of inflammation (IL-6 and high-sensitivity CRP) were modified by the intervention received in the treatment group, and the effect size demonstrated a tendency toward the control group values.

Conclusion: A total of 9 chiropractic lower back manipulations caused the mediators of inflammation to present a normalization response in individuals suffering from chronic low back pain.

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☆ Disclaimer: Nothing of value related to this research was received from a commercial entity.

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Introduction

Many different outcome measures as a means of monitoring the treatment course of chiropractic adjust-

In 2010, Roy, et al., did pre- and post-intervention measures from blood samples and detected a reduction in pro-inflammatory cytokines interleukin 6 (IL-6) and C-reactive protein (CRP) after a series of nine chiropractic manipulations from T12-L5 using an adjusting instrument and related protocol in 10 chronic low back pain patients and 10 healthy subjects. Both IL-6 and CRP levels were lowered toward the values in healthy subjects showing that chiropractic is capable of attenuating the inflammatory response. The authors of the study suggest that it is plausible the inflammatory process can be reversed in those receiving adjustments.[72]

"Modified"
"Normalization response"
"Reversed"
"Attenuation"

PALMER

JOURNAL of CHIROPRACTIC MEDICNE

VOLUME 1 NUMBER 1

MARCH 2002



National

Interleukin-2 (IL-2)

Increased secretion of interleukin-2 (IL-2) has also been found following chiropractic care.

IL-2 is an important cytokine in T-cell-dependent immune responses.

It also plays a role in the development, maintenance and survival of regulatory T cells making it critically important in immune tolerance.

IL-2 is an immune-regulatory cytokine and signaling molecule necessary for the response to microbial infection as well as the body's ability to discriminate between self and non-self.

Chiropractic & Osteopathy

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Research

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Enhancement of *in vitro* interleukin-2 production in normal subjects following a single spinal manipulative treatment

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Abstract

Background: Increasing evidence supports somato-visceral effects of manual therapies. We have previously demonstrated that a single spinal manipulative treatment (SMT) accompanied by audible release has an inhibitory effect on the production of proinflammatory cytokines in asymptomatic subjects. The purpose of this study is to report on SMT-related changes in the production of the immunoregulatory cytokine interleukin 2 (IL-2) and to investigate whether such changes might differ with respect to the treatment approach related to the presence or absence of an audible release (joint cavitation).

Methods: Of 76 asymptomatic subjects, 29 received SMT with cavitation (SMT-C), 23 were treated with SMT without cavitation (SMT-NC) and 24 comprised the venipuncture control (VC) group. The SMT-C and SMT-NC subjects received a single, similar force high velocity low amplitude manipulation, in the upper thoracic spine. However, in SMT-NC subjects, positioning and line of drive were not conducive to cavitation. Blood and serum samples were obtained before and then at 20 and 120 min post-intervention. The production of IL-2 in peripheral blood mononuclear cell cultures was induced by activation for 48 hr with Staphylococcal protein A (SPA) and, in parallel preparations, with the combination of phorbol ester (TPA) and calcium ionophore. The levels of IL-2 in culture supernatants and serum were assessed by specific immunoassays.

Results: Compared with VC and their respective baselines, SPA-induced secretion of IL-2 increased significantly in cultures established from both SMT-C and SMT-NC subjects at 20 min post-intervention. At 2 hr post-treatment, significant elevation of IL-2 synthesis was still apparent in preparations from SMT-treated groups though it became somewhat attenuated in SMT-NC subjects. Conversely, IL-2 synthesis induced by TPA and calcium ionophore was unaltered by either type of SMT and was comparable to that in VC group at all time points. No significant alterations in serum-associated IL-2 levels were observed in any of the study groups.

Conclusion: The present study demonstrates that, the *in vitro* T lymphocyte response to a conventional mitogen (SPA), as measured by IL-2 synthesis, can become enhanced following SMT. Furthermore, within a period of time following the manipulative intervention, this effect may be independent of joint cavitation. Thus the results of this study suggest that, under certain physiological conditions, SMT might influence IL-2-regulated biological responses.

In one study, 76 asymptomatic subjects were randomized to receive an upper thoracic manipulation with cavitation or without cavitation, or were included in a control group. All subjects had their blood drawn before, 20 minutes and two hours after the intervention. Induced secretion of IL-2 increased significantly with the T-lymphocyte response becoming enhanced after spinal manipulation suggesting that manipulation may influence IL-2 immune regulated biological responses.[73]

"Increasing evidence supports . . ."
"Inhibitory effect"
"Can become enhanced following . . ."
"Influences"

Teodorczyk-Injeyan *et al. Chiropractic & Osteopathy* 2010, **18**:26
http://www.chiroandosteo.com/content/18/1/26

CHIROPRACTIC & OSTEOPATHY

RESEARCH Open Access

Interleukin 2-regulated *in vitro* antibody production following a single spinal manip treatment in normal subjects

Julita A Teodorczyk-Injeyan[1], Marion McGregor[2], Richard Ruegg[3], H Stephen Injeyan[4*]

Abstract

Background: Our recent investigations have demonstrated that cell cultures from subjects, who rec spinal manipulative treatment in the upper thoracic spine, show increased capacity for the producti immunoregulatory cytokine, interleukin-2. However, it has not been determined if such changes infl response of the immune effector cells. Thus, the purpose of the present study was to determine whether, in the same subjects, spinal manipulation-related augmentation of the *in vitro* interleukin-2 synthesis is associated with the modulation of interleukin 2-dependent and/or interleukin-2-induced humoral immune response (antibody synthesis).

Methods: A total of seventy-four age and sex-matched healthy asymptomatic subjects were studied. The subjects were assigned randomly to: venipuncture control (n = 22), spinal manipulative treatment without cavitation (n = 25) or spinal manipulative treatment associated with cavitation (n = 27) groups. Heparinized blood samples were obtained from the subjects before (baseline) and then at 20 minutes and 2 hours post-treatment. Immunoglobulin (antibody) synthesis was induced in cultures of peripheral blood mononuclear cells by stimulation with conventional pokeweed mitogen or by application of human recombinant interleukin-2. Determinations of the levels of immunoglobulin G and immunoglobulin M production in culture supernatants were performed by specific immunoassays.

Results: The baseline levels of immunoglobulin synthesis induced by pokeweed mitogen or human recombinant interleukin-2 stimulation were comparable in all groups. No significant changes in the production of pokeweed mitogen-induced immunoglobulins were observed during the post-treatment period in any of the study groups. In contrast, the production of interleukin-2 -induced immunoglobulin G and immunoglobulin M was significantly increased in cultures from subjects treated with spinal manipulation. At 20 min post-manipulation, immunoglobulin G synthesis was significantly elevated in subjects who received manipulation with cavitation, relative to that in cultures from subjects who received manipulation without cavitation and venipuncture alone. At 2 hr post-treatment, immunoglobulin M synthesis was significantly elevated in subjects who received manipulation with cavitation relative to the venipuncture group. There were no quantitative alterations within the population of peripheral blood B or T lymphocytes in the studied cultures.

Conclusion: Spinal manipulative treatment does not increase interleukin-2 -dependent polyclonal immunoglobulin synthesis by mitogen-activated B cells. However, antibody synthesis induced by interleukin-2 alone can be, at least temporarily, augmented following spinal manipulation. Thus, under certain physiological conditions spinal manipulative treatment might influence interleukin-2 -regulated biological responses.

In another study of 74 subjects the increased production of interleukin-2 as a result of thoracic manipulation was associated with increased antibody synthesis from monocytes. The study showed that there was increased synthesis of immunoglobulin G (IgG) and immunoglobulin M (IgM) antibodies in peripheral blood mononuclear cells in those subjects who received thoracic manipulation. This means that antibody synthesis (IgG and IgM) induced by interleukin-2 is increased after manipulation.[74]

"Increased capacity"
"Augmentation"
"Modulation"
"Increased"
"Elevated"

Induce & Enhance

Studies demonstrate evidence indicating that chiropractic and spinal manipulation may influence immune system response.

Studies suggest that manipulation consistently reduces the production of pro-inflammatory mediators associated with tissue damage and pain from articular structures.

Other studies provide evidence that manipulation may induce and enhance production of the immune-regulatory cytokine IL-2 and the production of immunoglobulins.

THE EFFECT OF CHIROPRACTIC SPINAL MANIPULATIVE THERAPY ON SALIVARY CORTISOL LEVELS

PETER J. TUCHIN B.Sc., Grad.Dip.(Chiro), Dip.(OHS).*

Abstract:
Objective: This study examines the effect of chiropractic spinal manipulative therapy on salivary cortisol levels.
Design: Prospective case series over six weeks duration. The trial consisted of establishment of each individual's baseline cortisol level, a two week treatment period (4 treatments), and a two week post treatment period.
Setting: Macquarie University Chiropractic Research Centre.
Participants: Nine subjects (six male, three female), employed in a large corporation, volunteered to the trial of spinal manipulative therapy.
Main Outcome Measures: Saliva samples were analysed using an Amerlex Radioimmunoassay Kit to determine the cortisol concentrations present.
Results: Statistical interpretation, after exclusion of an apparent outlying subject, revealed results of statistical significance ($p<0.001$) for reduction of salivary cortisol over the complete five week study. In addition, there was no apparent alteration in salivary cortisol levels immediately preceding and 15 minutes after spinal manipulative therapy.
Conclusion: The initial evidence is inconclusive, however, the potential relationship demands further investigation. Additional research is necessary in measuring the physiological effects of Chiropractic spinal manipulative therapy. This method is currently being used in a larger randomised controlled trial.

Key Indexing Terms (MeSH): Salivary cortisol, chiropractic, spinal manipulation.

INTRODUCTION

Stress, is a term which is gaining increasing notoriety in society today. Some doctors term stress the "RSI of the brain", as it is becoming more costly within our advancing society. Whether claims are legitimate or not, stress is already costing a lot in human resources and money. Compensation claims accepted for stress in public servants are increasing at a rate of 20% a year and are expected to cost $50 million by the end of this financial year (1). Since 1989, the number of claims accepted by the Commonwealth has almost doubled (2). In 1993/4 there were 1,600 claim
levelling off (3). Con
insurer, run by the
estimates that by June
been lodged. Based on
compensation claim, t
liability of up to $82 m

Selye defined stress as
body to any demand",
definition of essentiall
body. Selye assessed
body to stress and the
an individual. He propo
which indicate a reduction of the body's ability to tolerate stress. These signs include irritability, hyperexcitation, depression, many other psychological distortions, insomnia, migraines, neck pain and/or tension and back ache (5).

Research into the effectiveness of chiropractic intervention for spinal conditions has shown good results in reduction of back and neck pain (6-22). The relationship of pain in the development of stress or stress related illness is area which remains uncertain. However, some studies have indicated a possible causative relationship (5,7,23).

A number of studies have analysed the relationship of salivary cortisol with stressful events (24-27). These studies have shown that salivary cortisol levels often increase in relation to increases in the level of stress. A possible mechanism for this is that stressors have shown to be able to override the feedback systems, which leads to enhanced frequency and amplitude of cortisol pulses being released from the adrenal glands (27). This prompts a higher heart rate, shaking, tremors, churning of the stomach and sweat glands working overtime. As a result, it can lead to a loss of ability to concentrate and solve problems. From this it has been demonstrated that the level of stress of a patient can be correlated with secreted cortisols levels (24).

Glucocorticoids have widespread effects on the body

In a study examining the effect of chiropractic spinal manipulative therapy on salivary cortisol levels by Tuchin, nine subjects received chiropractic over six weeks revealing reduction of salivary cortisol over the complete time frame of the study.[75]

"Reduction"

THE EFFECT OF CHIROPRACTIC MANIPULATION ON SALIVARY CORTISOL LEVELS

Tara L. Whelan, DC,[a] J. Donald Dishman, DC,[a] Jean Burke, PhD,[a] Seymour Levine, PhD,[b] and Veronica Sciotti, PhD[a]

ABSTRACT

Background: The stress response in humans is a healthy response and is necessary for life. ... of chiropractic manipulation (CM), if any, on stress are ill-defined. Cortisol has been used as a ... measure of the stress response system in humans. Salivary cortisol is a noninvasive technique ... accurately quantify biologically active cortisol.

Objective: To determine whether basal salivary cortisol levels can be properly detected and ... CM has any direct effect on basal salivary cortisol levels in humans.

Methods: Subjects were adult male students attending a chiropractic college. Salivary sample ... collected for 5 weeks. During Week 1, samples were collected by the students at home upon w... During Weeks 2 through 5, home samples were collected upon waking and were followed by a... additional time course of samples collected in a laboratory setting before and after CM. Salivar... was measured by enzyme-linked immunoassay.

Results: Chiropractic manipulative therapy did not significantly change basal salivary cortisol... The time course of acute changes to cortisol levels was independent of testing week and group. A decrease in salivary cortisol was detected over time on each trial testing day. Overall, cortisol levels significantly decreased from the time of the home samples until the pretreatment laboratory measurement ($P < .05$). Cortisol levels subsequently decreased from pretreatment to 15 minutes after treatment ($P < .05$). After treatment, there were progressive decreases in cortisol levels from the 15- and 30-minute time points to the 60-minute time point ($P < .05$).

Conclusion: The results of this pilot study suggest that there is no effect of CM on salivary cortisol levels in asymptomatic subjects. As such, we conclude that neither the anticipation of CM nor the spinal manipulative procedure itself induces a state of stress or anxiety. (J Manipulative Physiol Ther 2002;25:149-53)

Key Indexing Terms: *Chiropractic; Salivary Cortisol; Stress*

According to the study's authors chiropractic manipulative therapy did not significantly change basal salivary cortisol levels. A decrease in salivary cortisol was detected over time on each trial testing day. Overall, cortisol levels significantly decreased from the time of the home samples until the pretreatment laboratory measurement). Cortisol levels subsequently decreased from pretreatment to 15 minutes after treatment. After treatment, there were progressive decreases in cortisol levels. The authors concluded that neither the anticipation of manipulation nor the spinal manipulative procedure itself induces a state of stress or anxiety.[77]

INTRODUCTION

Chiropractic manipulation (CM), with its hallmark high-velocity, low-amplitude (HVLA) impulsive thrust, has been documented to be efficacious in the treatment of neck and back pain.[1] However, the literature is scarce with regard to the effects of CM on physiologic stress.[2-4] CM may indeed result in some degree of physiologic stress, as a result of paraphysiologic joint space excursion and moderate forces being applied to paraspinal soft tissues. Alternatively, CM may actually attenuate stress-induced physiologic changes to the spine that might otherwise contribute to back pain. Methodologic limitations of previous research warrant further investigation into the relationship between CM and physiologic stress.

The level of stress an individual has can be positively correlated with secreted cortisol levels.[5,6] Cortisol circulates in plasma primarily bound to plasma proteins and is physiologically active in its unbound form. Salivary cortisol has been shown to be a valid and reliable measure of unbound "free" cortisol levels, compared with the unbound hormone levels in blood.[5] Salivary cortisol concentration is also

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This research study was supported by the New York Chiropractic College Research Committee.
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Widespread

To be sure, the literature base supporting the clinical role of chiropractic in supporting immune function is widespread and it is buttressed by the expanded depth and breadth of the literature on those manual methods, in general, that are directed at improving the structure and function of the spine and nervous system.

Boost?

- Attenuates
- Reduces
- Down regulates
- Ameliorates
- Decreases
- Modifies
- Reverses
- Normalizes
- Inhibits
- Enhances
- Influences
- Increased capacity
- Modulates

Similar and opposite words

boost

verb

help or encourage (something) to increase or improve.

Similar

improve raise uplift increase augment magnify swell amplify enhance encourage heighten help promote foster nurture arouse stimulate invigorate revitalize inspire perk up support bolster buttress shore up buck up jack up give a shot in the arm to

- push from below; assist.

  Similar

  lift raise hoist push thrust shove heave elevate help aid assist hoick give someone a leg up upheave

noun

a source of help or encouragement leading to increase or improvement.

Similar

uplift lift spur encouragement help inspiration stimulus pick-me-up fillip support bolster shot in the arm

- an increase or improvement.

  Similar

  increase expansion upturn upsurge upswing rise elevation escalation augmentation improvement development advance growth boom spurt hike step up jack up

I manipulate spines to help with pain

Pain sensation has neural pathways that travel from joints to the brain

These pathways have secondary and tertiary connections to the immune system, mood, and bodily function

Subluxations don't exist and there's no connection between the spine and nervous system



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OSTEOPATHY

JAOA ORIGINAL CONTRIBUTION

Impact of Osteopathic Manipulative Treatment on Secretory Immunoglobulin A Levels in a Stressed Population

Gregory Saggio, DO; Salvatore Docimo, DO; Jennifer Pilc, DO; Jennifer Norton, DO, RN; and Wolfgang Gilliar, DO

Context: High levels of human secretory immunoglobulin A (sIgA) have been shown to decrease the incidence of acquiring upper respiratory tract infections. Osteopathic manipulative treatment (OMT) has been shown to improve cardiac indices, increase lymph flow rates through the thoracic duct, and decrease sympathetic tone in postoperative patients and those in intensive care. Therefore, we hypothesized that OMT may also increase sIgA levels in people under high levels of emotional and psychological stress, thereby enhancing immunity and potentially preventing subsequent infections.

Objective: To determine if OMT increases sIgA levels in highly stressed individuals.

Methods: Twenty-five second-year osteopathic medical students were randomly assigned to an experimental group (n=12) or a control group (n=13). All participants were scheduled to take their national board examination (Comprehensive Osteopathic Medical Licensing Examination-USA) within 2 to 3 weeks after the experiment. After each participant submitted a saliva sample for a baseline sIgA level assessment, the experimental group received 20 minutes of OMT while the control group sat quietly and relaxed in a separate area for 20 minutes. Participants in both groups rested quietly for 1 hour after the 20-minute session and then submitted a second saliva sample.

Results: A 2 × 2 repeated measures analysis of variance revealed that the experimental group displayed a statistically significant greater increase in postintervention sIgA levels than the control group ($F_{1,23}$, 5.92; $P<.025$).

Conclusion: This study demonstrates the positive effect of OMT on sIgA levels in persons experiencing high stress. Results suggest that OMT may then have therapeutic preventive and protective effects on both healthy and hospitalized patients, especially those experiencing high levels of emotional or physiological stress and those at higher risk of acquiring upper respiratory tract infections.

J Am Osteopath Assoc. 2011;111(3):143-147

Secretory immunoglobulin A (sIgA, also r*salivary IgA*) is the major immunoglobulin the mucosal system[1] and is found in saliva, inte bronchoalveolar lavage fluid, and other muc Secretory IgA provides protection from pathoger by preventing attachment, replication, and co such organisms.[1,3]

Recent literature has indicated an inverse between stress and the level of mucosal immun increasing levels of stress—caused by either a p physical stress—cause a decrease in mucosal sIg sIgA in humans have also been shown to indi system potency. High levels of sIgA in humar shown to decrease the incidence of upper resp infections (URTIs).[6] Hospitalized patients, especially those under physiologic stress such as ventilated patients, have demonstrated lower levels of sIgA.[7] Lower levels of sIgA have been associated with an increased incidence of nosocomial pneumonia in critical care patients.[8]

Additional studies have demonstrated an indirect relationship between low levels of sIgA and high levels of stress. Jemmott and colleagues[9] found dental students who were exposed to high levels of stress were found to have decreased sIgA levels, and increased sIgA levels correlated with periods of relatively lower levels of stress. Bosch and colleagues[10] found that an increase in the amount of bacterial adherence to teeth accompanied low levels of salivary IgA following periods of increased stress.

In osteopathic patient care, OMT has been shown to improve lymphatic circulation and augment immunologic

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Financial Disclosures: None reported.

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> In osteopathic studies of Immunoglobulin A (IgA) it has been shown that Osteopathic Manipulative Therapy (OMT) has a positive effect on IgA levels in persons experiencing high stress. Results suggest that OMT may then have therapeutic preventive and protective effects on both healthy and hospitalized patients, especially those experiencing high levels of emotional or physiological stress and those at higher risk of acquiring upper respiratory tract infections.[79]

"Positive effect"
"Therapeutic preventive"
"Protective"

Noll et al. Osteopathic Medicine and Primary Care 2010, 4:2
http://www.om-pc.com/content/4/1/2

OMPC OSTEOPATHIC MEDICINE AND PRIMARY CARE

RESEARCH Open Access

Efficacy of osteopathic manipulation as an adjunctive treatment for hospitalized patients with pneumonia: a randomized controlled trial

Donald R Noll[1*], Brian F Degenhardt[2], Thomas F Morley[3], Francis X Blais[4], Kari A Hortos[5], Kendi Hensel
Jane C Johnson[2], David J Pasta[7], Scott T Stoll[8]

Abstract

Background: The Multicenter Osteopathic Pneumonia Study in the Elderly (MOPSE) is a registered, doub
randomized, controlled trial designed to assess the efficacy of osteopathic manipulative treatment (OMT)
adjunctive treatment in elderly patients with pneumonia.

Methods: 406 subjects aged ≥ 50 years hospitalized with pneumonia at 7 community hospitals were ra
using concealed allocation to conventional care only (CCO), light-touch treatment (LT), or OMT groups. A
received conventional treatment for pneumonia. OMT and LT groups received group-specific protocols f
minutes, twice daily until discharge, cessation of antibiotics, respiratory failure, death, or withdrawal from
The primary outcomes were hospital length of stay (LOS), time to clinical stability, and a symptomatic and
functional recovery score.

Results: Intention-to-treat (ITT) analysis (n = 387) found no significant differences between groups. Per-p
(PP) analysis (n = 318) found a significant difference between groups (P = 0.01) in LOS. Multiple compar
indicated a reduction in median LOS (95% confidence interval) for the OMT group (3.5 [3.2-4.0] days) ver
CCO group (4.5 [3.9-4.9] days), but not versus the LT group (3.9 [3.5-4.8] days). Secondary outcomes of d
intravenous antibiotics and treatment endpoint were also significantly different between groups (P = 0.0
0.006, respectively). Duration of intravenous antibiotics and death or respiratory failure were lower for th
group versus the CCO group, but not versus the LT group.

Conclusions: ITT analysis found no differences between groups. PP analysis found significant reductions
duration of intravenous antibiotics, and respiratory failure or death when OMT was compared to CCO. G
prevalence of pneumonia, adjunctive OMT merits further study.

Background

Pneumonia is the fourth most common hospital discharge diagnosis in the US with a mean (SE) length of stay (LOS) of 5.1 (0.1) days [1]. The elderly are a vulnerable population: the majority of pneumonia-related hospital admissions occur in persons 60 years and older, and the elderly have a longer mean LOS, higher severity of illness, and greater mortality than younger age groups [2-5]. Adjunctive nonpharmacologic treatments for pneumonia may enhance conventional antibiotic therapy. Chest physiotherapy, early mobil
continuous lateral rotational therapy have been investigated with mixed results [6-11]. Osteopathic manipulative treatment (OMT) is a nonpharmacologic manual therapy developed in the late nineteenth century before the use of antibiotics. OMT includes a number of manipulative techniques intended to enhance host defenses and physiologic function [12-16]. Many of these techniques, such as rib raising, doming the diaphragm, and the thoracic lymphatic pump, were specifically developed to treat pneumonia [15]. Two small randomized controlled trials of OMT for pneumonia suggest OMT may reduce LOS in the elderly [17,18].

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18 Studies

OMT has also been shown to aid in the recovery from pneumonia by enhancing the functioning of the immune system, and maximizing the effects of antibiotics. In addition, OMT has been associated with decreased hospital-stay duration, decreased use of intravenous antibiotics, and decreased incidence of respiratory failure or death in elderly patients hospitalized with pneumonia.[80-98]

Reduce LOS
Reduced time to clinical stability
Decreased antibiotics
Decreased death
Decreased respiratory failure

(The following paper is published by order of the President of the American Osteopathic Association because of the unique importance of an "old school" medical convention admitting it to its program, also because of the vital psychological value to the general public of the fact that the statistics of such startling results from osteopathic treatment were officially presented before a national medical association. As this is the first time in the history of osteopathy that such a thing has occurred, it is urged that members distribute reprints enough to cover the entire country, in order to show the people that the medical profession is ignorant of the truth no longer, but has been officially informed of osteopathic conquest of diseases in which medicine has failed. These reprints may be obtained from the Orange office at $4.00 per hundred or $30.00 per thousand.)

One Hundred Thousand Cases of Influenza with a Death Rate of One-Fortieth of that Officially reported under conventional medical treatment

R. KENDRICK SMITH, M. D., D. O.,
Boston.

(Read at the Annual Convention of the American Association of Clinical Research, New York City, Oct. 18, 1919.)

THE leading article in the October 9th number of the Boston Medical and Surgical Journal is by J. Madison Taylor, M. D., professor of physical therapeutics of the medical department of Temple University, Philadelphia. "No one," says Doctor Taylor, "has a right to condemn, deprecate, or deny efficacy to reputable measures until he has honestly and adequately subjected them to fair trial under fair conditions. In the immediate future much revision of bio-kinetic therapeutic measures must come about, and to the vast advantage of medical potential."

While I know it is not necessary to preface the startling statements which will be made in this paper by an appeal to the members of this scientific organization to retain open minds for the consideration of novel procedures, I cannot refrain from the above quotation. I cite it in order to remind you of a precedent of a recognized authority of the "old school" in an official position in a medical school and writing the first article in a most conservative medical journal, therein vouching for the scientific aspect of some of the foundational principles underlying the therapeutics to be discussed in this paper.

Doctor Taylor had personal experience in the comparative treatment of influenza with and without drugs. Before reporting to you the amazing statistics of the 100,000 cases reported in this monograph, I again ask your permission to quote Doctor Taylor's brave words in condemnation of the medicinal treatment of influenza and in championing the physical and mechanical therapeutics of this and other diseases as follows:

"The resources of medication, large as they are, must have limitations. These limitations in grave exigencies impress us with a despairing sense of inadequacy. Moreover, instances are met of vast harm wrought by lack of wisdom in the manner of their use. This harm is occasionally fatal. Fatalities from medication are, however, not confined to misuse, but to fatuous confidence in them which fails to be justified.

"Never did this scientific groping so impress me as during the recent epidemic of influenza. I was guilty myself. The guilt of others, however, struck me often with even greater force. Perhaps the fatal cases were hopeless when met. Perhaps we groped in a slough of ignorance. A larger proportion died than was justified.

"Whereas, sharing equally with most of these colleagues grave doubts as to the efficacy of some standard drugs in fullest dosage, also graver doubts as to the by-effects of those drugs, I am absolutely certain that the remedial procedures, reconstructive or bio-kinetic measures employed, did no harm if perchance did no good. So much for squaring the account with my conscience.

"I postulate that: in striving to accomplish equilibration of the regulative energies in the cardio-vascular cycle, vastly greater safety resides in agencies exerted from outside, by attempts at influencing reflex response, vasoconstriction, also eliciting vagogenic and sympathetic helpfulness, readily applied and re-

JAOA EDITORIAL

The Coming Influenza Pandemic: Lessons From the Past for the Future

Michael M. Patterson, PhD

Fatality rates in diagnosed H5N1 victims are running about 50 percent. Even if that fell to 5 percent as the virus traded virulence for transmissibility among people, [Frederick G.] Hayden, [a University of Virginia virologist and an advisor to the World Health Organization] warns, "it would still represent a death rate double [that of] 1918, and that's despite modern technologies like antibiotics and ventilators."

—W. Wayt Gibbs and Christine Soares[1]

This dire warning echoes those of the experts monitoring the spread of influenza strain A, the avian influenza virus H5N1, out of Asia and now into Europe. This virus has many characteristics similar to the H1N1 virus that was responsible for the disastrous 1917–1918 influenza epidemic that killed at least 40 million people around the world in approximately 6 months. The 1917–1918 epidemic began in Kansas as a milder form of the virus and spread with military troops to Europe during the First World War, when it mutated to a virulent form that then swept around the globe.[2]

At present, H5N1 can only be spread easily from bird to bird or from birds to humans who have direct contact with birds or perhaps with bird droppings. However, there is a substantial probability that this avian virus will mutate again or that it will exchange genes with a more readily transmissible human influenza virus, beginning a new pandemic.[1]

Although such a virus requires an incubation period of a few days before symptoms become severe, carriers are infectious during that time and are actively, though unwittingly, spreading the disease. With present-day air transportation, human carriers of the virus could literally be around the globe before their symptoms develop and the "bird flu" pandemic could spread worldwide in days, not months.

Given this scenario, the US government has made plans to respond to an outbreak through the *US Department of Health and Human Service's Pandemic Influenza Plan*.[3] This plan—which was released on November 3, 2005, and supersedes the *Draft Pandemic Influenza Response and Preparedness Plan*[4]—provides guidelines to local, state, and national agencies as they prepare for a possible pandemic influenza outbreak. It is an appropriate and necessary guide that should be taken very seriously, here and abroad.

As the document notes, however, in the case of a true pandemic, hospital capacity may well be overwhelmed, and healthcare workers may themselves become ill.

Should the pandemic strike as some experts fear it will, nations around the globe could be thrown into chaos. In the United States, as in many other developed nations, we have a robust medical system, but how would such a crisis be managed by developing nations?

And yet, even in our own country, we have about 965,000 staffed hospital beds total and many fewer critical care beds.[5] Should a pandemic hit in the United States, it could easily affect more people than the total number of hospital beds available nationwide. Most likely, a large number of people would not be able to get into a hospital—let alone receive the gold standard of care, which would include ventilators, potent medications, blood transfusions, and private care. I would remind readers that the current estimate of the virus' fatality rate after infection—even with access to the best treatment possible—is 50%.[1]

In a recent article on this potential disaster, Bernadine Healy, MD,[5] cites Jim Bentley, Senior Vice President for Strategic Policy Planning at the American Hospital Association, who suggested that medical care in the United States would quickly regress to the level of care available in the 1950s as medical facilities and supplies are overcome by successive surges in demand.

As we saw in the aftermath of Hurricane Katrina, care for victims of large-scale natural disasters often requires that many victims be provided with medical care outside of the hospital setting. Victims of a coming pandemic may find themselves placed in schools, armories, sporting arenas, and other sites capable of housing large numbers of people temporarily.

Unfortunately, no plan, at this time, can address exactly how to deal with the illness itself; that step will be left to the healthcare providers managing the crisis.

There have indeed been many medical and public health advances in the treatment of patients with influenza since 1918, however.

Annual influenza vaccinations and antiviral medications such as oseltamivir phosphate (Tamiflu) and zanamivir (Relenza) are somewhat effective against current strains of

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JAOA EDITORIAL

Influenza Epidemic or Pandemic? Time to Roll Up Sleeves, Vaccinate Patients, and Hone Osteopathic Manipulative Skills

One single disease, in spite of the best in modern science and medical research, appears to be more lethal to our army than forty years of the most hellish preparation for wholesale destruction of human life made by the Huns.

C. P. McConnell, DO, October 1918[1]

For primary care physicians practicing in temperate regions of the United States, winter heralds the "flu season." And, we know that influenza epidemics can be deadly. During the period between 1990 and 1999, the average annual rate was 36,000 deaths attributed to influenza and its complications.[2] Moreover, influenza viruses are responsible for worldwide increased illness and death rates from complications of the flu.

Although no age group escapes influenza,[3-5] children have the highest rates of infection. Persons older than 65 years and persons who have increased risk for complications due to chronic medical conditions, however, have the highest rates of serious illness and death.[3,6-8] Fortunately, given these statistics, we have in our armamentarium a primary means—vaccination—to prevent influenza and its serious and sometimes fatal complications.

In its 2004 recommendations,[9] the Advisory Committee on Immunization Practices (ACIP) includes new or updated information regarding:

- ☐ influenza vaccine for children aged 6 to 23 months;
- ☐ vaccination of healthcare workers with live, attenuated influenza vaccine (LAIV);
- ☐ personnel who may administer LAIV;
- ☐ equivalent strains that may be used in the manufacturing of several 2004–2005 trivalent inactivated vaccine virus strains;
- ☐ the assessment of vaccine supply; and
- ☐ the timing of influenza vaccination.

The ACIP recommends the following groups as primary targets for annual vaccination:

- ☐ populations such as persons older than 65 years, children aged 6 to 23 months, pregnant women, and persons of any age with certain chronic medical conditions who are at increased risk for influenza-related complications;
- ☐ persons aged 50 to 64 years, a group that has an elevated prevalence of certain chronic medical conditions; and
- ☐ persons such as healthcare workers and household contacts who live, care for, or have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk.

Further, the ACIP suggests such strategies as reminders and recall systems and standing orders to improve vaccine coverage among persons younger than 65 years who are at increased risk for flu-related complications among all racial and ethnic groups, among blacks and Hispanics older than 65 years, among children aged 6 to 23 months, and among healthcare workers.

Influenza viruses also can cause pandemics, during which rates of illness and death from influenza-related complications such as pneumonia can increase worldwide. In fact, during the last week of August, *The New York Times* and other news media announced that the US Department of Health and Human Services had drafted a proposal for planning and preparedness to respond to a flu pandemic. (The draft is available at *http://www.hhs.gov/nvpo/pandemicplan/finalpandemiccore.pdf.*)

The drafting of a preemptive plan for a global outbreak of influenza was prompted in part by the experience with anthrax exposure and severe acute respiratory syndrome. The Bush Administration warns that the death toll in the United States might reach 207,000 if an influenza pandemic were to hit.

"A pandemic virus will likely be unaffected by currently available flu vaccines that are modified each year to match the strains of the virus that are known to be in circulation among humans around the world," according to Tommy G. Thompson, secretary of Health and Human Services. Each year, currently available flu vaccines are modified to match virus strains that are known to be in circulation among humans globally. Of concern is that such strains will likely be ineffective against a pandemic virus.[10] Of primary concern, however, is the time required to produce a vaccine against a new virus strain, possibly one that is created by genes of the A(H5N1) strain of avian influenza combining with the genes of a human influenza strain.

Yes, vaccination is the cornerstone of prevention and treatment of influenza and its serious complications. And, antiviral medications are an effective adjunct to the vaccines we administer to our patients. But, as osteopathic physicians, we have another effective adjunctive mode of treatment—osteopathic manipulative medicine.

Osteopathy & 1918 Pandemic

Osteopathy has also been credited with providing improved health outcomes during the 1918 Flu Pandemic.

Smith reported that mortality among a total of 110,120 patients with influenza treated by the 2445 members who reported “authenticated detailed case reports” to the American Osteopathic Association was 0.25%.

Mortality due to influenza in patients receiving traditional medical care, however, was ultraconservatively estimated at 5% to 6%.

Among patients with pneumonia treated medicinally, mortality was estimated at 33%, and even as high as between 68% and 78% in some large centers.

The death rate due to pneumonia among 6258 patients cared for by osteopathic physicians was 10%.

Chiropractic & the Spanish Flu Pandemic of 1918

In Davenport, Iowa, 50 medical doctors treated 4,953 cases, with 274 deaths. In the same city, 150 chiropractors including students and faculty of the Palmer School of Chiropractic, treated 1,635 cases with only one death.

In the state of Iowa, medical doctors treated 93,590 patients, with 6,116 deaths - a loss of one patient out of every 15. In the same state, excluding Davenport, 4,735 patients were treated by chiropractors with a loss of only 6 cases - a loss of one patient out of every 789.

Rhodes W. The Official History of Chiropractic in Texas.
Texas Chiropractic Association 1978

A FEW FEARFUL PHYSICIANS FORCE FUNNY FARCIAL "FLU" FRIVOLITIES FOR FRENZIED FOLKS

AND

A FEW FURTHER, FIRM AND FORESEEN FATAL "FLU" FACTS AND FIGURES

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PRESIDENT, THE PALMER SCHOOL OF CHIROPRACTIC
"CHIROPRACTIC FOUNTAIN HEAD"
DAVENPORT, IOWA

WFC & Pero

Numerous attempts have failed to retrieve this study. Without the original study to review, no scientific assessment of its claims can be made. Therefore, the "Pero and Flesia" study does not constitute credible, scientific evidence that spinal adjustment/manipulation enhances or confers immunity nor should it be used as a basis to provide care.

The Genotoxic Aspect of the Vertebral Subluxation: Transcript of Lecture Given by Ronald W. Pero Ph.D

Ronald W. Pero, Ph.D[1]

ABSTRACT

This is looking at life at the chemical level. There are, basically, three main events that organize information. Duplication, transcription, of that information that's present in the DNA molecule, and then translation of that material into protein which carries out the metabolic functions in the cell. The crucial event is in duplication. That is really genetic toxicology. If the cell can't do that, it's the end. It can live with a lot of abnormalities in translation and transcription, it can't live with abnormalities in the DNA duplication. So that is what Harry Truman says, "The buck stops here". The responsibility stops here. That's it. The DNA molecule. You can't go back any further. That's what I'm offering you as a basic from which to look at the scientific basis of chiropractic. That's chemically speaking. Now this is kinetically speaking. What happens is this is just taking the human cells, the cell division cycle, it's usually about 8 hours, and this is what happens, these are different phases. We can recognize the phases in the cell very nicely. "M' is the mitosis, when the cell actually divides and the chromatin is very condensed."G1" is when the cell is preparing to replicate its DNA, "S" is when the replication actually takes place. "G2" is it begins to condense, and "MI", it actually comes apart. The events themselves are very nicely seen and very important in the duplication of cell information.

Keywords: *chiropractic, subluxation, adjustment, manipulation, oncogenes, genotoxicity, stress, immunity, cancer, mutagenesis, neuropathophysiology*

Publication Note: This paper is a reprint of the transcript from a lecture given by Ronald W. Pero Ph.D circa 1980.

Introduction

By Dr. Joseph Flesia

Every one of you knows Dr. Pero. His introduction will consist mostly of some of the new things he is doing. He is, as you all know, a member of the Chiropractic Advisory Board of Renaissance.

He is the Chairman of the newly founded Chiropractic Basic Science Research Foundation, the fund granting foundation we talked about earlier, and he is on the Peer Review Committee who will be giving out the funds to the various scientists for more conclusive research.

He is also the director of Molecular Genetics at the University of Lund in Lund, Sweden. Director of the Division of Cancer Research at the Preventive Medicine Institute, Strang Clinic, downtown Manhattan. He is the Director of the PMI Research Center for Preventive Medicine, and a Scientific Editor for the Keyser/Strang Lung Research Center.

Dr. Pero is a friend of Renaissance and, therefore, a friend of chiropractic. He will be one of the two men receiving a partial grant from the donations upstairs, to immediately begin large amounts of genetic testing of patients in Phases I and III of subluxation degeneration under long term chiropractic care.

Dr. Ronald Pero

Okay, are we ready? (A loud "Yes" from the audience). (Dr. Pero is standing with his back to the camera). Lights! Camera! Action! Let's get the camera in focus. We should get it on the right people- the audience. They're the ones who've got to be

1. Director of Molecular Genetics University of Lund, Sweden

Biochemical & Endocrinological Changes Due to Neuropathologic States That Can Lead to Gentoxic Consequences: A Testable Hypothesis for Health Effects Induced by Spinal Pathomechanics

Desmond B. Johnson, B.Sc., Ph.D[1], Ronald W. Pero, Ph.D[2], J.M. Flesia Jr., D.C.[1]

ABSTRACT

Anatomical, histopathological and neuropathological consequences of spinal cord injury have been reviewed previously. The present review concentrates on literature published since then, and is particularly concerned with the molecular events following spinal cord injury, with the emphasis on such events that relate to genotoxicity. Modern theories relating to oncogenes, to initiation and promotion, and to co-carcinogens are dealt with. There is overwhelming evidence in the literature for the role of hormones in the etiology of cancer.

As co-carcinogens, or agents of promotion, hormones have a prominent role in tumorigenesis through their influence on cellular environment and on the expression of growth capacity. In addition, some writers have suggested that hormones may also be important as initiators of neoplasia as well as being promoters of neoplasia initiated by other agents.

Because of the chronic nature of the results of many spinal injuries, to whatever degree of debilitation, the impact of stress on the human organism must be considered. Hormonal changes elicited by physical and psychological stress are summarized. While pain is included in the general context of stress, it is also treated from other viewpoints: recent literature on pain perception, on endogenous opiates, and on pain control are included in the review. In addition, attention is drawn to the side effects of some drugs, including analgesics as it is clear that some drugs are closely connected with carcinogenesis.

Key words: *chiropractic, subluxation, adjustment, manipulation, oncogenes, stress, immunity, cancer, mutageneis, neuropathophysiology*

Publication Note: This paper is a reprint of the original with the addition of an abstract and key words.

Background

Anatomical, histopathological and neuropathological consequences of spinal cord injury have been reviewed previously (Stiga & Flesia, ref.1). The present review concentrates on literature published since then, and is particularly concerned with the molecular events following spinal cord injury, with the emphasis on such events that relate to genotoxicity.

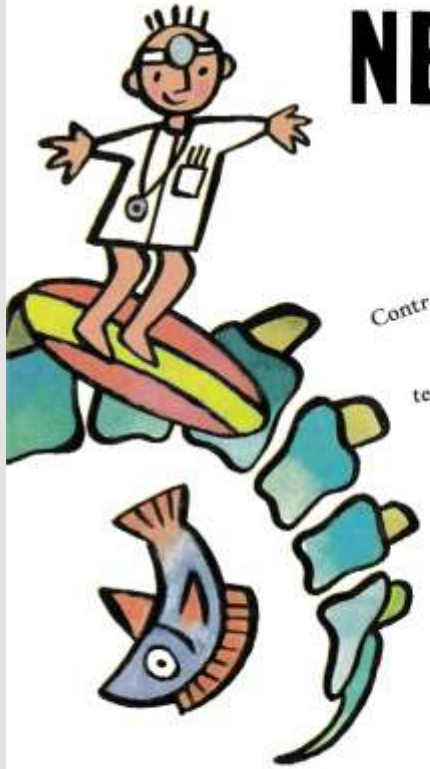
Because cancer is a main research thrust today in the health care sciences as a measure of genotoxic events, this report has an oncological orientation. Modern theories relating to oncogenes, to initiation and promotion and to cocarcinogens are dealt with. There is overwhelming evidence in the literature for the role of hormones in the etiology of cancer. As cocarcinogens, or agents of promotion, hormones have a prominent role in tumorigenesis through their influence on cellular environment and on the expression of growth capacity. In addition, some writers have suggested that hormones may also be important as initiators of neoplasia as well as being promoters of neoplasia initiated by other agents. Because of the chronic nature of the results of many spinal injuries, to whatever degree of debilitation, the impact of stress on the human organism must be considered. Hormonal changes elicited by physical and psychological stress are

1. Chiropractic Basic Science Research Foundation

CHIROPRACTIC'S NEW WAVE

BY MARK N. MEAD

Controversial new ideas, tools, and techniques are transforming this spine-oriented therapy.



Lying motionless on her left side, Kay Kennedy scans a wall covered by anatomical and acupuncture charts and drawings. A man in white medical attire gently palpates her neck and spine, then reaches for a small black device that measures infrared heat given off from the spine. Holding the instrument perpendicular to and a half inch from her back, he slowly follows the entire spine from the tailbone to the base of the skull. Churning out a small ticker tape, the device graphs temperature readings which show a "cold area" in the upper back.

Next Kennedy stands before a high-tech x-ray machine and is asked to twist slowly in each direction. A nearby screen shows the vertebrae rotating as she moves, while video tape records the action for later review. Then, using a machine that projects curved lines on her back, the man Kennedy calls "Doc" checks the lines to determine muscle contour, hence structural asymmetries in her body.

After applying pressure to various points along the spine, the physician places his thumbs at the base of her neck and presses down hard. At this point, Kennedy gives a vigorous nod of approval. "That time you got those kinks in my brain too, Doc," she

Illustration by Mary Anne Lloyd

BOOSTING YOUR IMMUNITY THROUGH CHIROPRACTIC

In 1975, Ronald Pero, Ph.D., chief of cancer prevention research at New York's Preventive Medicine Institute and professor of medicine in Environmental Health at New York University, began developing scientifically valid ways to estimate individual susceptibility to various chronic diseases. Pero and his colleagues found strong evidence that susceptibility to cancer could be gauged by the activities of various enzymes involved in metabolic and genetic changes due to exposure to carcinogenic or "mutagenic" chemicals. An individual's immune system responsiveness, or "immune competence," also was directly linked to certain DNA-repairing enzymes, which provided an objective way to assess disease susceptibility. Lack of those enzymes, Pero said, "definitely limits not only your lifespan, but also your ability to resist serious disease consequences."

Pero was also fascinated by various hormones' synergistic relationship with other cancer-inducing agents to promote the disease. For example, thyroid hormones affect the early phases of radiation- and chemically-induced cancers. If the thyroid produces too much of either thyroxine or thyroid-stimulating hormone, cancer risk greatly increases. And since the nervous system regulates hormonal balances, it too can influence susceptibility to cancer. Along these lines, various kinds of spinal cord injury are accompanied by a high risk of developing cancer, particularly lymphomas and lymphatic leukemias. This connection led Pero to consider chiropractic as a potential alternative for reducing the risk of immune breakdown and disease.

In 1986 Pero collaborated with Joseph Flesia, D.C., chairman of the board of directors for the Chiropractic Basic Science Research Foundation, Inc. With a hefty grant from CBSRF, they began a research project at the University of Lund in Lund, Sweden. Using Pero's tests to gauge resistance to hazardous environmental chemicals, they hypothesized that people with cancer would have a suppressed immune response to such a toxic burden, while healthy people and people receiving chiropractic care should have a relatively enhanced response.

Measuring 107 individuals who had received long-term chiropractic care, Pero's team turned up some surprising findings. All chiropractic patients were "genetically normal"—that is, they had no obvious genetic reasons for increased resistance or susceptibility to disease. Any difference, therefore, had to be accounted for by environmental or therapeutic factors. The chiropractic patients also had 200 percent greater immune-competence than people who had not received chiropractic, and 400 percent greater immune-competence than people with cancer or other serious diseases. Surprisingly, despite a wide range of ages in this study, the immune-competence did not show any decline with age—it was uniform for the entire group.

Pero concluded that "chiropractic may optimize whatever genetic abilities you have" so that you can fully resist serious disease. "I'm very excited to see that without chemical intervention . . this particular group of patients under chiropractic care did show a very improved response," he told CBSRF. "These changes occur from chiropractic treatment."

One shortcoming of this study, however, was its failure to distinguish the effects of dietary practice, which were also part of the treatment. When questioned on this point, Pero conceded that this would have to be answered in the next phase of the study. But he was unaware of any research showing that such differences could be accounted for by nutritional changes alone. Pero, who has published over 160 papers in peer review journals, firmly believes that chiropractic care was the critical factor in this study. —*M.N.M.*

findings at We Care Chiropractic Research Center in Dravosburg, Pennsylvania. "Anyone who practiced upper cervical work had the best track record."

Another theory, conceived by Logan Chiropractic College in Missouri, asserts that if the *base* of the spine is leveled, the rest will follow. Despite the apparent split between the Palmer and Logan schools, many chiropractors find merit in using both approaches interchangeably. Pierce says he practiced upper cervical strictly for nearly four years before beginning pelvic work. Today, however, almost all of Pierce's practice focuses on cervical adjustment, which he believes reflects how widespread upper cervical problems are in America.

Still other chiropractors are beginning to look beyond mechanical correction of body structure to explore more subtle problems of the spine and nervous system. This second school of thought, far less popular than the first, considers subluxations as one aspect of a more subtle problem involving the protective membranes of the brain and spinal cord, the meninges. Both schools, however, share a common emphasis on balanced nutrition and health-promoting lifestyle.

New Tools of the Trade

Among the many tools chiropractors use for assessing body structure and spinal alignment, the hands are the most fundamental. Palpation of the back enables one to detect muscular, mechanical, and anatomical abnormalities. Areas of tenderness or stiffness may suggest neurological problems. But touch is insufficient for giving chiropractors all they need to know about the condition of the spine—a realization Palmer arrived at through his experience with two types of patients: city people and country people. The urbanites came more frequently to Palmer's office because they lived close by. To Palmer's surprise, those who came three times a week—the city folks—had *poorer* results than those who came in once every three weeks. Eventually realizing that there were times to adjust and times not to adjust, Palmer invented the neurocalometer, which he said monitored heat given off by the nerves. With the device, Palmer took measurements of heat changes along the spine and correlated them with the success of chiropractic adjustments.

Although Palmer didn't realize it at the time, he was actually measuring infrared heat given off by the blood vascular system, not by the nerves themselves. When a misaligned vertebra impinges on

Pero

"It is clear from the literature review and the data presented above that spinal pathomechanics can cause hormonal changes that, in turn can lead to genotoxic responses, altered physiological states of health and disease. Hence it becomes imperative to research the possible scientific molecular basis for chiropractic."

Johnson D, Pero R, Flesia J. Biochemical and endocrinological changes due to neuropathologic states that can lead to genotoxic consequences. A testable hypothesis for health effects induced by spinal pathomechanics. Chiropractic Basic Science Research Foundation.

CHIROPRACTIC- RELATED RESEARCH PAPERS
ASPECTS OF BIOCHEMISTRY AND PHYSIOLOGY

Anaphylaxis [200]
ACTH [201]
ß-endorphins [201-204]
Biophotons [205]
Blood pressure [206-208]
Calcetonin [202]
Catecholamine [209]
CD 4 cells [210]
Chemiluminescence [211]
Conjunctival nevi [212]
Cortisol [201,213,214]
Endocrine [215]
Endotoxic shock. [200]
Heart rate [209]
Immune complex deposition [216]
Immune response [215,217]
Immunoglobulin M (IgM) [218]
Immunohistochemistry [212]
Immunoreactive ACTH [201]
Inflammatory cell changes [215]
Interleukin-2 [219]
Lectins [220]
    Helix pomatia agglutinin (HPA)
    Phaseolus vulgaris leucoagglutin (PHA-L)
Killer cells [221,222]
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Substance P [227,228]
Tumor necrosis factor [226]

This table demonstrate s the wider aspects of chiropractic research. (Note: Many of these studies concern an immunological response. More than one term may appear in a single paper. Papers are not necessarily related to spinal manipulation but more the broad nature of chiropractic research.)

- From Rome . . .

Induce & Enhance

Studies demonstrate evidence indicating that chiropractic and spinal manipulation may influence immune system response.

Studies suggest that manipulation consistently reduces the production of pro-inflammatory mediators associated with tissue damage and pain from articular structures.

Other studies provide evidence that manipulation may induce and enhance production of the immune-regulatory cytokine IL-2 and the production of immunoglobulins.

Boost?

- Attenuates
- Reduces
- Down regulates
- Ameliorates
- Decreases
- Modifies
- Reverses
- Normalizes
- Inhibits
- Enhances
- Influences
- Increased capacity
- Modulates

Similar and opposite words

boost

verb

help or encourage (something) to increase or improve.

Similar

improve raise uplift increase augment magnify swell amplify enhance encourage heighten help promote foster nurture arouse stimulate invigorate revitalize inspire perk up support bolster buttress shore up buck up jack up give a shot in the arm to

- push from below; assist.

  Similar

  lift raise hoist push thrust shove heave elevate help aid assist hoick give someone a leg up upheave

noun

a source of help or encouragement leading to increase or improvement.

Similar

uplift lift spur encouragement help inspiration stimulus pick-me-up fillip support bolster shot in the arm

- an increase or improvement.

  Similar

  increase expansion upturn upsurge upswing rise elevation escalation augmentation improvement development advance growth boom spurt hike step up jack up

Sufficient Evidence

There is sufficient evidence to support the management of vertebral subluxation in a vitalistic, salutogenic model.

Foundation for Vertebral Subluxation

Foundation for Vertebral Subluxation

The Fork in the Road



Proposal

Chiropractic, Vertebral Subluxation and Immune Function: A Multi-Pronged Project to Address Fundamental Questions in an Evidence Informed Framework

Matthew McCoy DC, MPH[1]
Christopher Kent DC, JD[2]
Anquonette Stiles DC, MPH[3]
Christie Kwon DC, MS, MPH(C)[3]
Suzzanne M. Candelaria-Perez BSc[3]
Christopher Long BS[3]
Brooke Mills AA[3]

1. *Vice President – Foundation for Vertebral Subluxation*
2. *President – Foundation for Vertebral Subluxation & Director of Center for Scholarly Activity Sherman College of Chiropractic*
3. *Research Fellow – Foundation for Vertebral Subluxation*

Abstract

Objective: To briefly outline a multi-pronged project to address fundamental questions regarding chiropractic, vertebral subluxation and immune function.

Background: Recent events related to the coronavirus pandemic have brought the relationship between the nervous and immune systems to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening the immune system and that there is no credible, scientific evidence that spinal adjustment and/or manipulation has any clinically relevant effect on the immune system.

Methods: An ad hoc team made up of individuals with experience in research, law, public health, and chiropractic from the Foundation for Vertebral Subluxation and Sherman College of Chiropractic developed a rapid outline to serve as a guideline for the development of projects related to chiropractic and immunity.

Discussion: This outline describes a multi-pronged approach to complete a scoping review of chiropractic, immunity and biomarkers, a comprehensive, integrative review of the scientific literature on chiropractic and immunity, the development of research protocols, feasibility studies, development of a prospective longitudinal health outcomes study, and the development of policy and best practice statements for practitioners and patients in an evidence informed framework.

Conclusion: It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system. Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care. The chiropractic profession is encouraged to further explore these relationships.

Key Words: *Chiropractic, immunity, neuroimmunity, neuroimmunology, psychoneuroimmunology, neuroimmunoendocrine system, immune biomarkers, supersystem, vertebral subluxation, adjustment, spinal manipulation, best practices, health policy*

Background

It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system.[1] Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care.[2-4]

Recent events related to the Coronavirus Pandemic have brought this relationship to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening



Immunity Research Agenda

- Project Outline
- Scoping Review of Chiropractic & Immunity
- Scoping Review of Biomarkers
- Development of Protocols
- Database & Website
- Conference
- Integrative Review
- Best Practices Statement
- Feasibility Study
- Health Outcomes Studies
- Health Care Policy

Steering Committee

- Christopher Kent DC, JD
- Amy Haas DC, Ph.D
- Jon Chung DC
- Ian Shtulman DC DACCP
- Joel Alcantara DC, Ph.D (C)
- Matthew McCoy DC, MPH
- Anquonette Stiles DC, MPH
- Christie Kwon DC, MS, MPH

The Foundation for Vertebral Subluxation Presents:

Conference on Immunity & Chiropractic: The Global Burden of Vertebral Subluxation

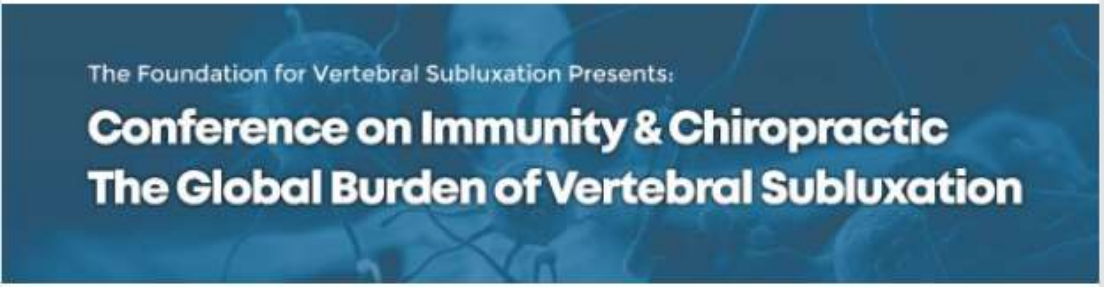
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CENTER FOR SCHOLARLY ACTIVITY- SHERMAN COLLEGE OF CHIROPRACTIC

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Never before has the role of chiropractic on the functioning of the nervous and immune systems been so important to understand.

The Foundation for Vertebral Subluxation and the Sherman College of Chiropractic – Center for Scholarly Activity bring you the

Conference on Immunity & Chiropractic: The Global Burden of Vertebral Subluxation Replay

Here you will be able to view inspiring discussions exploring the biological effects of chiropractic on the neuroendocrine immune axis, health and well being and the implications for the future.

CLICK HERE TO FIND OUT MORE or VIEW THE CONFERENCE REPLAY!

What speakers and topics will you find on the Conference Replay?

- **Christopher Kent DC, JD** - Science, Law & Policy. Truth or Dare?
- **Jonathon Chung DC** - The Vagus Nerve, HRV, and Immunity Baby!
- **Ian Shtulman DC, DACCP** - It Starts in the Womb. Well, Maybe Sooner.
- **Amy Haas MS, DC, Ph.D** - Coordination, Integration & Cytokines - Oh MY!-

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My Drive > Immunity

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Name

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Articles to be gathered

General Background

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Files

1. Gudi-Preparedness and L...

2. Deenick-Molecular and c...

3. Kenney-Autonomic nervo...

4. Rome-Neurovertebral Infl...

5. Cevikbas-Neuroimmune i...

6. Schmidt-Somatic afferen...

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7.Johnson-Sensory and sy...

8.Sato-The modulation of v...

10.Khalsa-The 2005 confer...

11.Cohn-Chiropractic and t...

12.Brown-Psychoneuroim...

2020-Immune Project Master Spreadsheet

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	Author	Title	Journal	Year	Month	Volume	Issue	Pages	Database	Categ
1	Gudi SK, Tiwari KK.	Preparedness and Lessons Learned from the Novel Coronavirus Dise	Int J Occup Environ Med	2020	April	11	2	109-112	pubmed	
2	Deenick EK, Lau A, Bier J, Kane A.	Molecular and cellular mechanisms underlying defective antibody r	Immunol Cell Biol	2020	April				pubmed	
3	MJ Kenney, CK Ganta	Autonomic Nervous System and Immune System Interactions	Compr Physiol	2014	July	4	3	1177-1200	PMC	
4	Rome P	Neurovertebral Influence on Visceral and ANS Function: Some of the	Evidence To Date - Part II: Somatovisceral.	2010	August	40		9. 33	ICP	
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15	Ressel O, Rudy R.	Vertebral Subluxation Correlated with Somatic, Visceral and Immuni	Journal of Vertebral Subluxation Research	2004	October	2004	1	1 . 23	VSR	
16	Hannon S.	Objective Physiologic Changes and Associated Health Benefits of Ch	Annals of Vertebral Subluxation Research	2005	September	2004	1	1 -. 7	VSR	
17	Takeda Y, Arai S, Touichi H	Long Term Remission and Alleviation of Symptoms in Allergy and Cri	Annals of Vertebral Subluxation Research	2003		4				
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20	Egan A, Alcantara J.	Resolution of Gastroesophageal Reflux in an Infant Following Chirop	Journal of Pediatric, Maternal & Family Health	2019	May		1	46 . 54	VSR	
21	Stone-McCoy P, Taylor C.	Resolution of Asthma and other Functional Disorders Following Chir	Journal of Pediatric, Maternal & Family Health	2018	April	2018	1	26- 33	VSR	
22	Fedorchuk C, Opitz K.	Improvement in Quality of Life and Improved Cervical Curve in an 1	Journal of Pediatric, Maternal & Family Health	2014		2014	2	37 . 46	VSR	
23	Fujimoto T.	Resolution of Allergic Dermatitis in an Infant Undergoing Chiropract	Annals of Vertebral Subluxation Research	2007	August	2007		1 . 6	VSR	
24	Korthuis M.	Improved Allergen-Specific IgE Levels in an 8-year-old Female Follov	Journal of Pediatric, Maternal & Family Health	2017		2017	2	82-92	VSR	
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27	Kachinsky B, Kachinsky J.	Improvement in a Pediatric Patient with Neurofibromatosis Type 1 a	Journal of Pediatric, Maternal & Family Health	2011		2011			VSR	
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29	Whittle-Davis H, Czegus K.	Chiropractic Care of a Pediatric Patient With Asthma: A Case Report	Journal of Pediatric, Maternal & Family Health	2011		2011		77- 81	VSR	
30	Davis H, Byrley A	Correction of Subluxation and Alleviation of Asthma Symptoms in a	Journal of Pediatric, Maternal & Family Health	2012		2012		69-73	VSR	
31	Rectenwald R.	Resolution of Severe Chronic Asthma in an Infant Following Upper C	Journal of Pediatric, Maternal & Family Health	2014	May			27-29		
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34	Elster E.	Upper Cervical Chiropractic Care For A Nine-Year-Old Male With Tou	Annals of Vertebral Subluxation Research	2003		2003			VSR	
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IMMUNITY

Priming of Neutrophils For Enhanced Respiratory Burst By Manipulation of the Thoracic Spine

Jul 23, 2020 | Immunity

Patricia C. Brennan, PhD and Maria A. Hondras, B.S. Proceedings of the International Conference on Spinal Manipulation. 1990. 4 pages Abstract Experimental mechanical stimulation of rat spinal column afferents is reported to decrease blood pressure and both adrenal...

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Natural Killer Cells as an Outcome Measure of Chiropractic Treatment Efficacy

Jul 23, 2020 | Immunity

Grace E. Lohr, B.S., John C. O'Brien, Jr., B.S., Donald L. Nodine, B.S., and Patricia C. Brennan, PhD Proceedings of the International Conference on Spinal Manipulation. 1990. 4 pages Abstract Natural killer (NK) cells are a unique subpopulation of lymphocytes that...

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Chiropractic Adjustive Manipulation on Subjects with Acute Low Back Pain: Visual Analog Pain Scores and Plasma Beta-Endorphin Levels

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Gary E. Sanders, PhD., Otto Reinert, D.C., Rodger Tepe, PhD, and Patrick Maloney, PhD Journal of Manipulative and Physiological Therapeutics. September 1990. Volume 13, Number 7. Pages 391-395 Abstract The purpose of this study was to evaluate pain scores and plasma...

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Plasma Substance P Following Spinal Manipulation

Jul 23, 2020 | Immunity

Katrina Kokjohn, B.S., Clifford Kaltinger, B.S., D.C., Grace E. Lohr, B.S., Cynthia Glendening, B.S., Maria A. Hondras, B.S., D.C., Marion McGregor, D.C., MSc. and Patricia C. Brennan, PhD Proceedings of the International Conference on Spinal Manipulation. 1990. 4...

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Immunity

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Best Practices/Practice Guidelines

Immunity & Chiropractic Clinical Practice

Authors . . .

RECOMMENDATION

Rating: Established
Evidence: E, L

A growing body of evidence supports our understanding of the role of the nervous system in immune system function. Basic science studies and clinical reports in the scientific literature provide supportive evidence of the beneficial effects of chiropractic care in improving function, including immune system function and quality of life. These guidelines support chiropractic practice in an evidence-informed, patient centered model. Evidence-informed practice involves the integration of the knowledge and experience of the chiropractor, the best available research evidence, and the needs and preferences of individual patients. Furthermore, chiropractors must be free to discuss, publish, and otherwise disseminate the best available evidence, and in practice, apply it to the needs of individual patients.

Health Policy

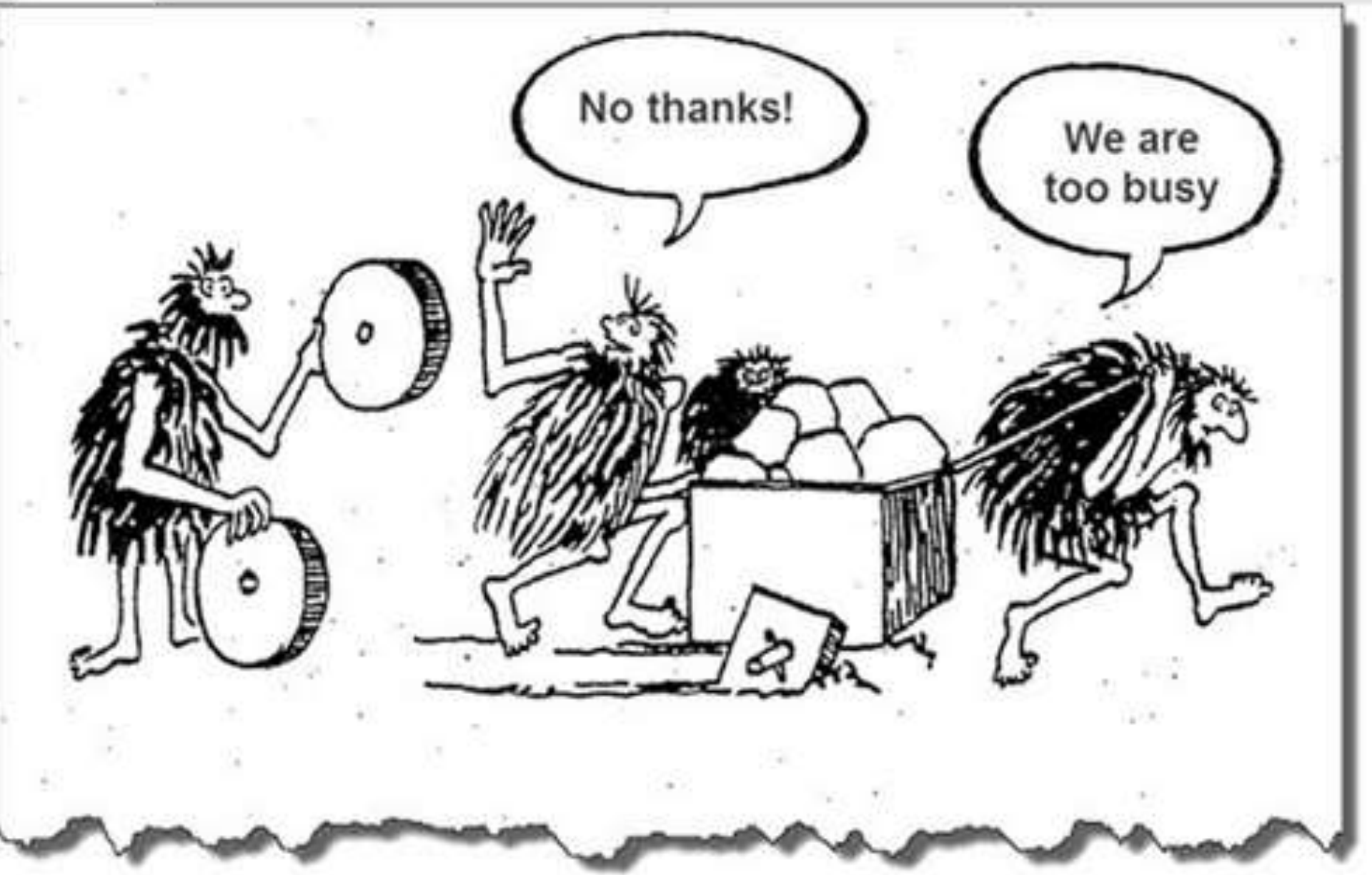


The Problem

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- We have a **political** problem
- We have a **marketing** problem


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Questions?



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ChiroFutures Malpractice Program
Phone: 800.219.9090 FAX: 800.219.9619
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Critical Evaluation

A Critical Evaluation of the World Federation of Chiropractic's Fatally Flawed Review of Immunity & Chiropractic

Matthew McCoy DC, MPH[1]
Christopher Kent DC, JD[2]
Simon Senzon DC, MA, PhD(C)[3]
Phillip Ebrall BAppsSc (Chiropr), PhD, DC (Hon)[4]

1. *Vice President – Foundation for Vertebral Subluxation*
2. *President – Foundation for Vertebral Subluxation*
3. *Research Fellow – Foundation for Vertebral Subluxation*
4. *Health and Wellbeing Research Group, Southern Cross University*

Abstract

The objective of this paper is to provide a critical evaluation of the World Federation of Chiropractic's (WFC) "Rapid Review" of the role of chiropractic in immunity and their conclusions. The WFC claims to have reviewed 7 items including an unpublished report with no citation, four studies involving enhancement of immune markers following chiropractic intervention (including enhanced respiratory burst, increased interleukin 2, and increased CD4 cell counts), a review of literature on the evidence supporting stimulation of the neuroimmunoendocrine system and a review of one hundred thousand cases of influenza managed by osteopathy during the 1918 flu pandemic.

All of the reports they reviewed demonstrated positive findings in support of manual methods such as chiropractic adjustments and manipulation in effecting a positive immune response.

Despite these positive findings, the WFC Research Committee came to the opposite conclusion that no credible, scientific evidence exists that spinal adjustment / manipulation has any clinically relevant effect on the immune system.

Our critical evaluation reveals that their conclusion is based on flawed methodology, a grossly incomplete review of the literature, unfounded interpretations of the results of the studies, and bias demonstrated by the authors. It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system. Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care. The scientific literature reviewed here, while limited, demonstrates a positive, salutogenic effect from chiropractic on the human immune system.

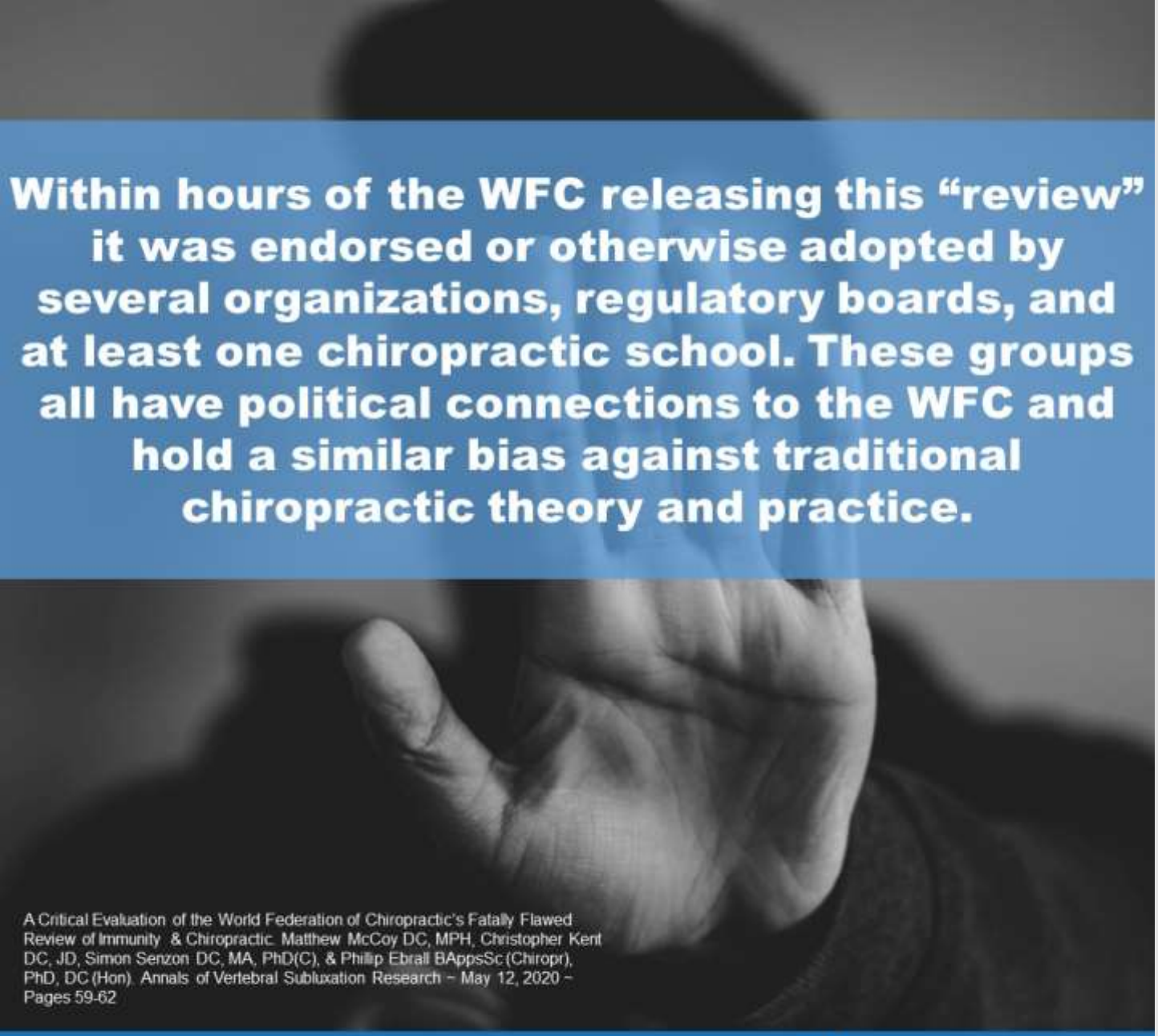
Key Words: *World Federation of Chiropractic, immunity, chiropractic, adjustment, manipulation, vertebral subluxation, coronavirus, COVID-19*

Background

The World Federation of Chiropractic (WFC) has issued what they call a "rapid review" of materials that they are ". . . aware have been cited in support of claims of effectiveness for spinal adjustment/manipulation in conferring or enhancing immunity."[1]

The "rapid review" was conducted by the World Federation of Chiropractic's Research Committee made up of the following individuals:

- Greg Kawchuk DC, PhD - Canadian Memorial Chiropractic College Adjunct
- Christine Goertz DC, PhD - Palmer College of Chiropractic Honorary Alumna
- Iben Axén DC, PhD - Institut Franco-Européen de Chiropratique
- Martin Descarreaux DC, PhD - Université du Québec à Trois-Rivières
- Simon French B.App.Sci (Chiro), MPH, PhD - Macquarie University


Within hours of the WFC releasing this "review" it was endorsed or otherwise adopted by several organizations, regulatory boards, and at least one chiropractic school. These groups all have political connections to the WFC and hold a similar bias against traditional chiropractic theory and practice.
A Critical Evaluation of the World Federation of Chiropractic's Fatally Flawed Review of Immunity & Chiropractic. Matthew McCoy DC, MPH, Christopher Kent DC, JD, Simon Senzon DC, MA, PhD(C), & Philip Ebrall BAppsSc (Chiropr), PhD, DC (Hon). Annals of Vertebral Subluxation Research – May 12, 2020 – Pages 59-62
VertebralSubluxationResearch.com
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The regulatory boards then used the document as a rationale to outright threaten their licensees for communicating any inference that chiropractic plays a role in immunity.



A Critical Evaluation of the World Federation of Chiropractic's Fatally Flawed Review of Immunity & Chiropractic. Matthew McCoy DC, MPH, Christopher Kent DC, JD, Simon Senzon DC, MA, PhD(C), & Philip Ebrall BAppsSc (Chiropr), PhD, DC (Hon). Annals of Vertebral Subluxation Research ~ May 12, 2020 ~ Pages 59-62

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WFC & Pero

Numerous attempts have failed to retrieve this study. Without the original study to review, no scientific assessment of its claims can be made. Therefore, the "Pero and Flesia" study does not constitute credible, scientific evidence that spinal adjustment/manipulation enhances or confers immunity nor should it be used as a basis to provide care.

The Genotoxic Aspect of the Vertebral Subluxation: Transcript of Lecture Given by Ronald W. Pero Ph.D

Ronald W. Pero, Ph.D[1]

ABSTRACT

This is looking at life at the chemical level. There are, basically, three main events that organize information. Duplication, transcription, of that information that's present in the DNA molecule, and then translation of that material into protein which carries out the metabolic functions in the cell. The crucial event is in duplication. That is really genetic toxicology. If the cell can't do that, it's the end. It can live with a lot of abnormalities in translation and transcription, it can't live with abnormalities in the DNA duplication. So that is what Harry Truman says, "The buck stops here". The responsibility stops here. That's it. The DNA molecule. You can't go back any further. That's what I'm offering you as a basic from which to look at the scientific basis of chiropractic. That's chemically speaking. Now this is kinetically speaking. What happens is this is just taking the human cells, the cell division cycle, it's usually about 8 hours, and this is what happens, these are different phases. We can recognize the phases in the cell very nicely. "M' is the mitosis, when the cell actually divides and the chromatin is very condensed."G1" is when the cell is preparing to replicate its DNA, "S" is when the replication actually takes place. "G2" is it begins to condense, and "MI", it actually comes apart. The events themselves are very nicely seen and very important in the duplication of cell information.

Keywords: *chiropractic, subluxation, adjustment, manipulation, oncogenes, genotoxicity, stress, immunity, cancer, mutagenesis, neuropathophysiology*

Publication Note: This paper is a reprint of the transcript from a lecture given by Ronald W. Pero Ph.D circa 1980.

Introduction

By Dr. Joseph Flesia

Every one of you knows Dr. Pero. His introduction will consist mostly of some of the new things he is doing. He is, as you all know, a member of the Chiropractic Advisory Board of Renaissance.

He is the Chairman of the newly founded Chiropractic Basic Science Research Foundation, the fund granting foundation we talked about earlier, and he is on the Peer Review Committee who will be giving out the funds to the various scientists for more conclusive research.

He is also the director of Molecular Genetics at the University of Lund in Lund, Sweden. Director of the Division of Cancer Research at the Preventive Medicine Institute, Strang Clinic, downtown Manhattan. He is the Director of the PMI Research Center for Preventive Medicine, and a Scientific Editor for the Keyser/Strang Lung Research Center.

Dr. Pero is a friend of Renaissance and, therefore, a friend of chiropractic. He will be one of the two men receiving a partial grant from the donations upstairs, to immediately begin large amounts of genetic testing of patients in Phases I and III of subluxation degeneration under long term chiropractic care.

Dr. Ronald Pero

Okay, are we ready? (A loud "Yes" from the audience). (Dr. Pero is standing with his back to the camera). Lights! Camera! Action! Let's get the camera in focus. We should get it on the right people- the audience. They're the ones who've got to be

1. Director of Molecular Genetics University of Lund, Sweden

Biochemical & Endocrinological Changes Due to Neuropathologic States That Can Lead to Gentoxic Consequences: A Testable Hypothesis for Health Effects Induced by Spinal Pathomechanics

Desmond B. Johnson, B.Sc., Ph.D[1], Ronald W. Pero, Ph.D[2], J.M. Flesia Jr., D.C.[1]

ABSTRACT

Anatomical, histopathological and neuropathological consequences of spinal cord injury have been reviewed previously. The present review concentrates on literature published since then, and is particularly concerned with the molecular events following spinal cord injury, with the emphasis on such events that relate to genotoxicity. Modern theories relating to oncogenes, to initiation and promotion, and to co-carcinogens are dealt with. There is overwhelming evidence in the literature for the role of hormones in the etiology of cancer.

As co-carcinogens, or agents of promotion, hormones have a prominent role in tumorigenesis through their influence on cellular environment and on the expression of growth capacity. In addition, some writers have suggested that hormones may also be important as initiators of neoplasia as well as being promoters of neoplasia initiated by other agents.

Because of the chronic nature of the results of many spinal injuries, to whatever degree of debilitation, the impact of stress on the human organism must be considered. Hormonal changes elicited by physical and psychological stress are summarized. While pain is included in the general context of stress, it is also treated from other viewpoints: recent literature on pain perception, on endogenous opiates, and on pain control are included in the review. In addition, attention is drawn to the side effects of some drugs, including analgesics as it is clear that some drugs are closely connected with carcinogenesis.

Key words: *chiropractic, subluxation, adjustment, manipulation, oncogenes, stress, immunity, cancer, mutageneis, neuropathophysiology*

Publication Note: This paper is a reprint of the original with the addition of an abstract and key words.

Background

Anatomical, histopathological and neuropathological consequences of spinal cord injury have been reviewed previously (Stiga & Flesia, ref.1). The present review concentrates on literature published since then, and is particularly concerned with the molecular events following spinal cord injury, with the emphasis on such events that relate to genotoxicity.

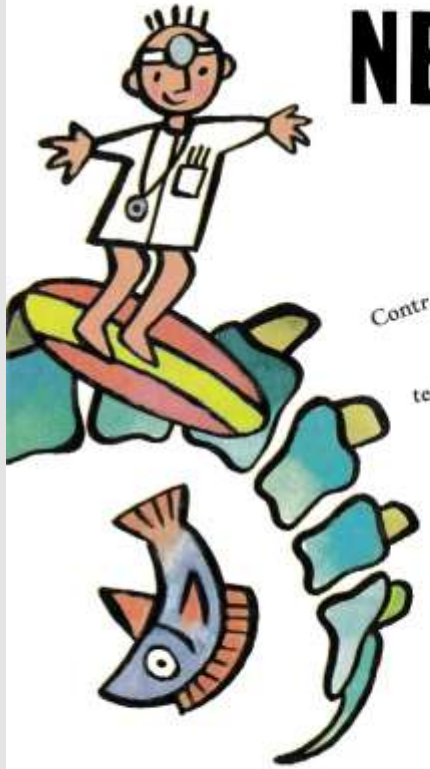
Because cancer is a main research thrust today in the health care sciences as a measure of genotoxic events, this report has an oncological orientation. Modern theories relating to oncogenes, to initiation and promotion and to cocarcinogens are dealt with. There is overwhelming evidence in the literature for the role of hormones in the etiology of cancer. As cocarcinogens, or agents of promotion, hormones have a prominent role in tumorigenesis through their influence on cellular environment and on the expression of growth capacity. In addition, some writers have suggested that hormones may also be important as initiators of neoplasia as well as being promoters of neoplasia initiated by other agents. Because of the chronic nature of the results of many spinal injuries, to whatever degree of debilitation, the impact of stress on the human organism must be considered. Hormonal changes elicited by physical and psychological stress are

1. Chiropractic Basic Science Research Foundation

CHIROPRACTIC'S NEW WAVE

BY MARK N. MEAD

Controversial new ideas, tools, and techniques are transforming this spine-oriented therapy.



Lying motionless on her left side, Kay Kennedy scans a wall covered by anatomical and acupuncture charts and drawings. A man in white medical attire gently palpates her neck and spine, then reaches for a small black device that measures infrared heat given off from the spine. Holding the instrument perpendicular to and a half inch from her back, he slowly follows the entire spine from the tailbone to the base of the skull. Churning out a small ticker tape, the device graphs temperature readings which show a "cold area" in the upper back.

Next Kennedy stands before a high-tech x-ray machine and is asked to twist slowly in each direction. A nearby screen shows the vertebrae rotating as she moves, while video tape records the action for later review. Then, using a machine that projects curved lines on her back, the man Kennedy calls "Doc" checks the lines to determine muscle contour, hence structural asymmetries in her body.

After applying pressure to various points along the spine, the physician places his thumbs at the base of her neck and presses down hard. At this point, Kennedy gives a vigorous nod of approval. "That time you got those kinks in my brain too, Doc," she

Illustration by Mary Anne Lloyd

BOOSTING YOUR IMMUNITY THROUGH CHIROPRACTIC

In 1975, Ronald Pero, Ph.D., chief of cancer prevention research at New York's Preventive Medicine Institute and professor of medicine in Environmental Health at New York University, began developing scientifically valid ways to estimate individual susceptibility to various chronic diseases. Pero and his colleagues found strong evidence that susceptibility to cancer could be gauged by the activities of various enzymes involved in metabolic and genetic changes due to exposure to carcinogenic or "mutagenic" chemicals. An individual's immune system responsiveness, or "immune competence," also was directly linked to certain DNA-repairing enzymes, which provided an objective way to assess disease susceptibility. Lack of those enzymes, Pero said, "definitely limits not only your lifespan, but also your ability to resist serious disease consequences."

Pero was also fascinated by various hormones' synergistic relationship with other cancer-inducing agents to promote the disease. For example, thyroid hormones affect the early phases of radiation- and chemically-induced cancers. If the thyroid produces too much of either thyroxine or thyroid-stimulating hormone, cancer risk greatly increases. And since the nervous system regulates hormonal balances, it too can influence susceptibility to cancer. Along these lines, various kinds of spinal cord injury are accompanied by a high risk of developing cancer, particularly lymphomas and lymphatic leukemias. This connection led Pero to consider chiropractic as a potential alternative for reducing the risk of immune breakdown and disease.

In 1986 Pero collaborated with Joseph Flesia, D.C., chairman of the board of directors for the Chiropractic Basic Science Research Foundation, Inc. With a hefty grant from CBSRF, they began a research project at the University of Lund in Lund, Sweden. Using Pero's tests to gauge resistance to hazardous environmental chemicals, they hypothesized that people with cancer would have a suppressed immune response to such a toxic burden, while healthy people and people receiving chiropractic care should have a relatively enhanced response.

Measuring 107 individuals who had received long-term chiropractic care, Pero's team turned up some surprising findings. All chiropractic patients were "genetically normal"—that is, they had no obvious genetic reasons for increased resistance or susceptibility to disease. Any difference, therefore, had to be accounted for by environmental or therapeutic factors. The chiropractic patients also had 200 percent greater immune-competence than people who had not received chiropractic, and 400 percent greater immune-competence than people with cancer or other serious diseases. Surprisingly, despite a wide range of ages in this study, the immune-competence did not show any decline with age—it was uniform for the entire group.

Pero concluded that "chiropractic may optimize whatever genetic abilities you have" so that you can fully resist serious disease. "I'm very excited to see that without chemical intervention . . this particular group of patients under chiropractic care did show a very improved response," he told CBSRF. "These changes occur from chiropractic treatment."

One shortcoming of this study, however, was its failure to distinguish the effects of dietary practice, which were also part of the treatment. When questioned on this point, Pero conceded that this would have to be answered in the next phase of the study. But he was unaware of any research showing that such differences could be accounted for by nutritional changes alone. Pero, who has published over 160 papers in peer review journals, firmly believes that chiropractic care was the critical factor in this study. —*M.N.M.*

findings at We Care Chiropractic Research Center in Dravosburg, Pennsylvania. "Anyone who practiced upper cervical work had the best track record."

Another theory, conceived by Logan Chiropractic College in Missouri, asserts that if the *base* of the spine is leveled, the rest will follow. Despite the apparent split between the Palmer and Logan schools, many chiropractors find merit in using both approaches interchangeably. Pierce says he practiced upper cervical strictly for nearly four years before beginning pelvic work. Today, however, almost all of Pierce's practice focuses on cervical adjustment, which he believes reflects how widespread upper cervical problems are in America.

Still other chiropractors are beginning to look beyond mechanical correction of body structure to explore more subtle problems of the spine and nervous system. This second school of thought, far less popular than the first, considers subluxations as one aspect of a more subtle problem involving the protective membranes of the brain and spinal cord, the meninges. Both schools, however, share a common emphasis on balanced nutrition and health-promoting lifestyle.

New Tools of the Trade

Among the many tools chiropractors use for assessing body structure and spinal alignment, the hands are the most fundamental. Palpation of the back enables one to detect muscular, mechanical, and anatomical abnormalities. Areas of tenderness or stiffness may suggest neurological problems. But touch is insufficient for giving chiropractors all they need to know about the condition of the spine—a realization Palmer arrived at through his experience with two types of patients: city people and country people. The urbanites came more frequently to Palmer's office because they lived close by. To Palmer's surprise, those who came three times a week—the city folks—had *poorer* results than those who came in once every three weeks. Eventually realizing that there were times to adjust and times not to adjust, Palmer invented the neurocalometer, which he said monitored heat given off by the nerves. With the device, Palmer took measurements of heat changes along the spine and correlated them with the success of chiropractic adjustments.

Although Palmer didn't realize it at the time, he was actually measuring infrared heat given off by the blood vascular system, not by the nerves themselves. When a misaligned vertebra impinges on

Pero

"It is clear from the literature review and the data presented above that spinal pathomechanics can cause hormonal changes that, in turn can lead to genotoxic responses, altered physiological states of health and disease. Hence it becomes imperative to research the possible scientific molecular basis for chiropractic."

Johnson D, Pero R, Flesia J. Biochemical and endocrinological changes due to neuropathologic states that can lead to genotoxic consequences. A testable hypothesis for health effects induced by spinal pathomechanics. Chiropractic Basic Science Research Foundation.

“There’s no credible evidence and it breaks my heart to say it”



https://www.screencast.com/t/GdohqUFE

The Fork in the Road



Proposal

Chiropractic, Vertebral Subluxation and Immune Function: A Multi-Pronged Project to Address Fundamental Questions in an Evidence Informed Framework

Matthew McCoy DC, MPH[1]
Christopher Kent DC, JD[2]
Anquonette Stiles DC, MPH[3]
Christie Kwon DC, MS, MPH(C)[3]
Suzzanne M. Candelaria-Perez BSc[3]
Christopher Long BS[3]
Brooke Mills AA[3]

1. *Vice President – Foundation for Vertebral Subluxation*
2. *President – Foundation for Vertebral Subluxation & Director of Center for Scholarly Activity Sherman College of Chiropractic*
3. *Research Fellow – Foundation for Vertebral Subluxation*

Abstract

Objective: To briefly outline a multi-pronged project to address fundamental questions regarding chiropractic, vertebral subluxation and immune function.

Background: Recent events related to the coronavirus pandemic have brought the relationship between the nervous and immune systems to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening the immune system and that there is no credible, scientific evidence that spinal adjustment and/or manipulation has any clinically relevant effect on the immune system.

Methods: An ad hoc team made up of individuals with experience in research, law, public health, and chiropractic from the Foundation for Vertebral Subluxation and Sherman College of Chiropractic developed a rapid outline to serve as a guideline for the development of projects related to chiropractic and immunity.

Discussion: This outline describes a multi-pronged approach to complete a scoping review of chiropractic, immunity and biomarkers, a comprehensive, integrative review of the scientific literature on chiropractic and immunity, the development of research protocols, feasibility studies, development of a prospective longitudinal health outcomes study, and the development of policy and best practice statements for practitioners and patients in an evidence informed framework.

Conclusion: It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system. Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care. The chiropractic profession is encouraged to further explore these relationships.

Key Words: *Chiropractic, immunity, neuroimmunity, neuroimmunology, psychoneuroimmunology, neuroimmunoendocrine system, immune biomarkers, supersystem, vertebral subluxation, adjustment, spinal manipulation, best practices, health policy*

Background

It is well established that the nervous system controls and coordinates all functions and systems of the human body including immunity and the immune system.[1] Many in chiropractic consider that this relationship confers salutogenic benefits in people undergoing chiropractic care.[2-4]

Recent events related to the Coronavirus Pandemic have brought this relationship to the forefront within and outside of the chiropractic profession. This includes assertions by researchers within the chiropractic profession that there is no credible evidence supporting claims of effectiveness of spinal adjustment and/or manipulation in boosting or strengthening



Immunity Research Agenda

- Project Outline
- Scoping Review of Chiropractic & Immunity
- Scoping Review of Biomarkers
- Development of Protocols
- Database & Website
- Conference
- Integrative Review
- Best Practices Statement
- Feasibility Study
- Health Outcomes Studies
- Best Practices Statement
- Health Care Policy

Steering Committee

- Christopher Kent DC, JD
- Amy Haas DC, Ph.D
- Jon Chung DC
- Ian Shtulman DC DACCP
- Joel Alcantara DC, Ph.D (C)
- Matthew McCoy DC, MPH

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Our Instructors for the Program:

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- Jonathon Chung DC - The Vagus Nerve, HRV, and Immunity Baby!
- Ian Shtulman DC, DACCP - It Starts in the Womb. Well, Maybe Sooner.
- Amy Haas MS, DC, Ph.D - Coordination, Integration & Cytokines - Oh MY!-
- William Decken DC, L.C.P, D.Ph.CS - Adaptability & Expression Can You Hear Me?
- Christie Kwon DC, MS, MPH (C) - Vertebral Subluxation Epidemiology & You.
- Anquonette Stiles DC, MPH - Looking Forward While Going Backwards.
- Matthew McCoy DC, MPH - It's My Immune System!
- Joel Alcantara DC, Ph.D (C) - Salutogenesis & Coherence Walk into a Bar . . .
- Monique Andrews MSc, DC, DNM - I Have a Gut Feeling . . .
- Parkash Kumar MD, MPH - Where is the Immune System These Days?
- Terry Lancaster MA, Ph.D (C) - And What's the Immune System Up To?
- Simon Senzon MA, DC, Ph.D (C) - Lies, Damn Lies & Deniers

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Best Practices/Practice Guidelines

Immunity & Chiropractic Clinical Practice

Authors . . .

RECOMMENDATION

Rating: Established
Evidence: E, L

A growing body of evidence supports our understanding of the role of the nervous system in immune system function. Basic science studies and clinical reports in the scientific literature provide supportive evidence of the beneficial effects of chiropractic care in improving function, including immune system function and quality of life. These guidelines support chiropractic practice in an evidence-informed, patient centered model. Evidence-informed practice involves the integration of the knowledge and experience of the chiropractor, the best available research evidence, and the needs and preferences of individual patients. Furthermore, chiropractors must be free to discuss, publish, and otherwise disseminate the best available evidence, and in practice, apply it to the needs of individual patients.

Health Policy



My Drive > Immunity

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IMMUNITY

Priming of Neutrophils For Enhanced Respiratory Burst By Manipulation of the Thoracic Spine

Jul 23, 2020 | Immunity

Patricia C. Brennan, PhD and Maria A. Hondras, B.S. Proceedings of the International Conference on Spinal Manipulation. 1990. 4 pages Abstract Experimental mechanical stimulation of rat spinal column afferents is reported to decrease blood pressure and both adrenal...

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Natural Killer Cells as an Outcome Measure of Chiropractic Treatment Efficacy

Jul 23, 2020 | Immunity

Grace E. Lohr, B.S., John C. O'Brien, Jr., B.S., Donald L. Nodine, B.S., and Patricia C. Brennan, PhD Proceedings of the International Conference on Spinal Manipulation. 1990. 4 pages Abstract Natural killer (NK) cells are a unique subpopulation of lymphocytes that...

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Chiropractic Adjustive Manipulation on Subjects with Acute Low Back Pain: Visual Analog Pain Scores and Plasma Beta-Endorphin Levels

Jul 23, 2020 | Immunity

Gary E. Sanders, PhD., Otto Reinert, D.C., Rodger Tepe, PhD, and Patrick Maloney, PhD Journal of Manipulative and Physiological Therapeutics. September 1990. Volume 13, Number 7. Pages 391-395 Abstract The purpose of this study was to evaluate pain scores and plasma...

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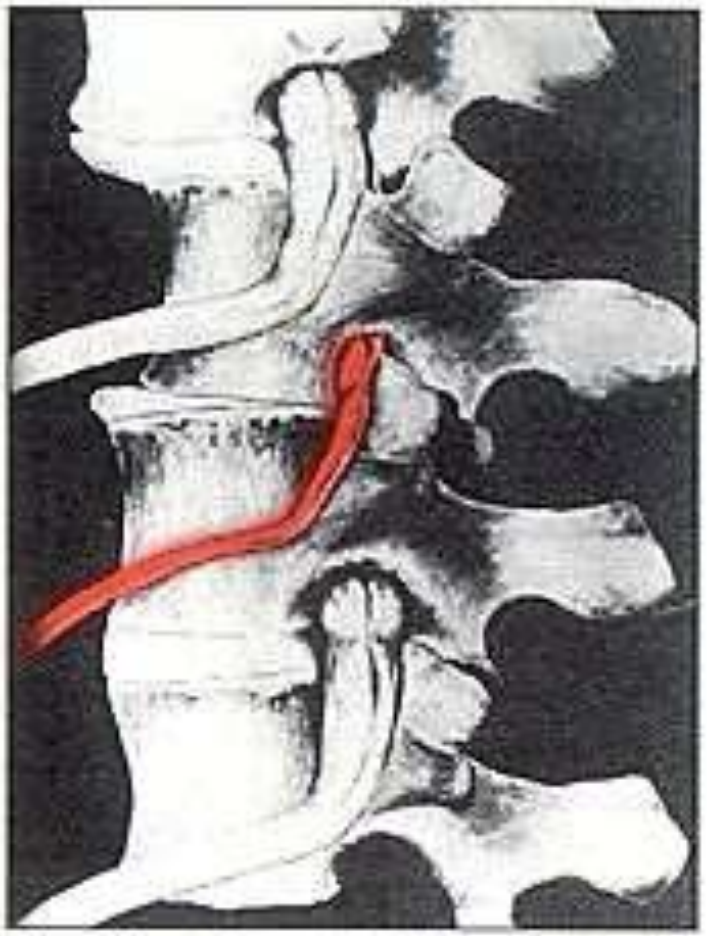
2020-Immune Project Master Spreadsheet

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1	Gudi SK, Tiwari KK.	Preparedness and Lessons Learned from the Novel Coronavirus Dise	Int J Occup Environ Med	2020	April	11	2	109-112	pubmed	
2	Deenick EK, Lau A, Bier J, Kane A.	Molecular and cellular mechanisms underlying defective antibody r	Immunol Cell Biol	2020	April				pubmed	
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33	Graham R, Pistolese R.	An Impairment Rating Analysis Of Asthmatic Children Under Chiropr	Journal of Pediatric, Maternal & Family Health	Chiropractic		1	4	1 . 8	VSR	
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So What About the Silent Killer?



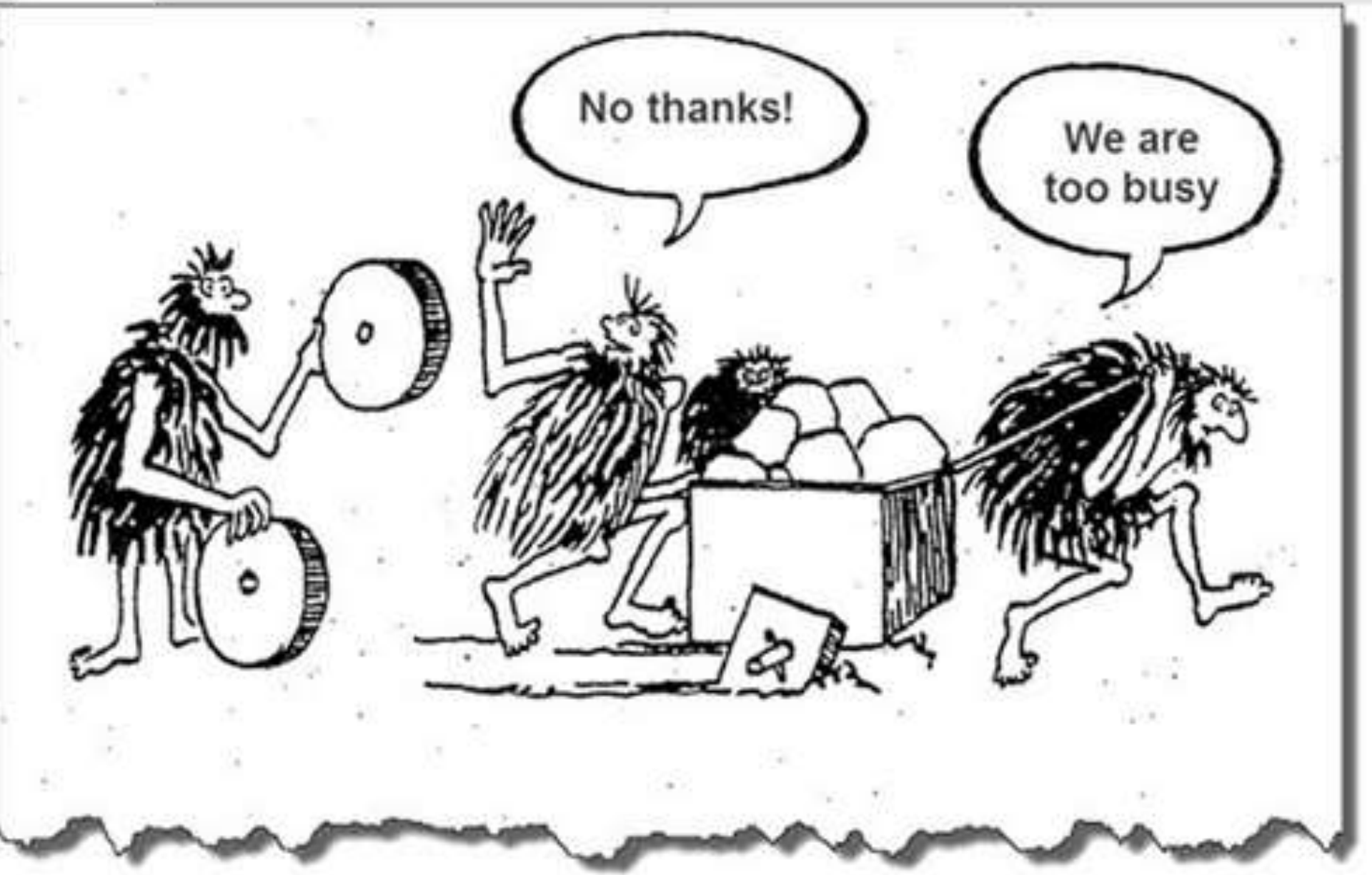
This is one type of vertebral subluxation (nerve interference) – the "silent killer."

The Problem

- We do not have a “research” problem.
- We have a **political** problem
- We have a **marketing** problem


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Questions?



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