



Sports Chiropractic: An Era of New Maturity and Acceptance

A. Introduction

IN THE PAST FIVE YEARS THE specialty of sports chiropractic has developed greatly, and athletes have had much improved access to chiropractic services.

For many years individual elite athletes, such as former and new Wimbledon tennis champions Martina Navratilova and Andy Murray, Formula 1 world champion Sebastian Vettel and many PGA golfers, have travelled with their chiropractors. This has been to maintain optimum neuromusculoskeletal function in order to prevent and manage injuries and to improve performance in training and competition.

For many years amateur and professional teams, and an increasing number of national Olympic teams, have had team sports chiropractors. But this has typically been at the insistence of athletes rather than with the acceptance of others in the sports medicine team and many athletes have been denied access when they wanted it. In a recent interview Dr Craig Buhler, team chiropractor for the Utah Jazz basketball team for 26 years from 1979, explained that he was never fully accepted by the medical staff despite the strong endorsement of the players and despite helping the Jazz have the lowest “player missed games due to injury” rate of any NBA team – 61 per year or less than 50% of the league average of 141.¹

What has changed in recent years is that sports chiropractors are now fully integrated in many sports medicine teams up to and including major national and international games, with their services available to all athletes. Therefore for example:

- Sports chiropractors were part of the host medical services for all athletes at the 2010 Winter Olympics in Van-

cover, Canada and the 2012 Summer Olympics in London in the UK. They were selected by national sports chiropractic councils in Canada and the UK, respectively the Royal College of Chiropractic Sports Sciences (RCCSS Canada) and the British Chiropractic Sports Council (BCSC).

- There were teams of 35-45 sports chiropractors as part of the host medical services at the 2011 Pan-American Games in Guadalajara, Mexico and the just completed 2013 World Games in Cali, Colombia from July 25 – August 4. These teams comprised specialist sports chiropractors from 15 countries chosen by the Fédération Internationale Chiropratique du Sport (FICS), the world body/federation for sports chiropractors. All of them held the Internationally Certified Chiropractic Sports Practitioner (ICCSPP – formerly ICSSD) post-graduate qualification offered by FICS through a combination of online learning and weekend hands-on seminars.

2. This new integration of chiropractic services has been rated a huge success by athletes, administrators, and medical colleagues. To illustrate this from the World Games, held under the patronage of the Olympic Movement every four years for many sports not yet included in the Olympics:

- One of the three lead stories on the Games under News at www.theworldgames.org is titled *FICS Healing Hands* and has International World Games Association President Ron Froehlich (USA) and CEO Joachim Gossow (Germany) thanking the FICS team of 35 chiropractors for their excellent services in injury prevention and healing for the 4,500 participants from 101 countries.

- Many of the sports administrators present wrote thank you emails to FICS.

Professional Notes

Chiropractic for Hip OA Pain

A new trial of treatments for primary care patients with pain and disability arising from osteoarthritis of the hip reports that the addition of chiropractic manual therapy to a patient education program produced significantly better and clinically relevant improvement compared with patient education alone.

The superior results of combined manual therapy (MT) and the patient education (PE) program were evident at the conclusion of the six-week treatment period and were maintained at twelve month follow-up.



Principal investigators were Erik Poulsen (*left*), Jan Hartvigsen, and Henrik Wulff Christensen, chiropractic researchers from the Nordic Institute of Chiropractic and Clinical Biomechanics at the University of Southern Denmark.

As they note in their paper, just published online in advance of print in *Osteoarthritis and Cartilage*, the journal of the

continued on page 4



IWGA President Ron Froehlich (center) with FICS President Dr Sheila Wilson (center left) and other members of the FICS team at the Cali World Games.

Tony Tilenni of Australia, Treasurer for the World DanceSport Federation (WDSF) thanked the FICS team “for your wonderful work in Cali” and asked for a FICS team at the WDSF world championships in Taiwan this month.

3. These advances come from the work of early sports chiropractors and the new maturity of the profession in this field. Hallmarks of this maturity are new post-graduate training opportunities, qualifications and research, and professional development under one unified international organization, FICS, and its member national organizations – known as national chiropractic sports councils (NCSCs). Accordingly sports chiropractic offers new practice opportunities to individual chiropractors and greater public exposure to the profession. In this issue of the Report we review:

- The structure of international sports.
- Post-graduate sports chiropractic opportunities.
- The roles of FICS and national sports chiropractic councils.
- The advice of sports chiropractic leaders to those who want to build a sports chiropractic practice.

B. Organization of International Sports

4. International Federations (IFs)

Each sport, whether large and well-known like gymnastics and swimming or smaller such as dragon boat racing and tug-of-war, has its own international federation (IF). National organizations are members of the IF, which administers the sport and establishes regional and world championships.

Some IFs, such as FIFA for football with 209 national member associations and many age-group world championships and the World Cup, and the International Volleyball Federation (FIVB) with 220 national member associations, are prominent and powerful. Some such as the International Fistball Association (IFA – 39 members), the International Federation of Sleddog Sports (IFSS – 42) and the Federation of International Polo (FIP – 76) are smaller. All of the IFs belong to SportAccord.

5. **SportAccord** (www.sportaccord.com). SportAccord, previously known as the General Assembly of International Sports Federations (GAISF) until it was rebranded in March 2009, is the umbrella membership organization for all IFs, together with bodies that organize multi-sport games such as:

Table 1

Artistic and Dance Sports DanceSport, Roller Skating Artistic, Gymnastics Trampoline, Gymnastics Rhythmic, Gymnastics Aerobics, Gymnastics Acrobatics.

Ball Sports Beach Handball, Fistball, Rugby Sevens, Canoe Polo, Korfball, Softball, Racquetball, Squash.

Martial Arts Ju-Jitsu, Sumo, Karate, Wushu.

Precision Sports Bowling, Archery, Billiard Sports, Boule Sports.

Strength Sports Tug of War, Powerlifting.

Trend Sports Roller Skating Speed, Air Sports, Duathlon, Roller Sports Road, Life Saving, Roller Inline Hockey, Water Ski, Finswimming, Flying Disc, Climbing, Canoe Marathon, Orienteering.

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- The Association of Summer Olympic International Federations (ASOIF). Its members are the IFs for sports in Summer Olympics.

- Association of the International Olympic Winter Sports Federations (AIOWSF).

- The International World Games Association (IWGA). The IWGA is within the Olympic Movement but its members are IFs for sports not currently in the Olympic Games. See Table 1 for the 36 sports represented at the World Games in Colombia last month.

FICS, as the international organization representing sports chiropractic, is an associate member of SportAccord. In this capacity it attends the biggest annual international event in the world of sports administration – the week-long SportAccord Convention. This year the convention was held in May in St. Petersburg, Russia. FICS delegates were Dr Brian Nook, Chair, International

Federations Commission, Dr Sheila Wilson, President, and Dr Phil Santiago, Secretary-General. The SportAccord Convention is where the international sports calendar and events are planned. For FICS it provides the opportunity to meet the leaders of IFs for all sports and to arrange chiropractic services for their regional and world championships.

6. Olympics and Paralympics. The modern Olympic Movement was founded by Baron Pierre de Coubertin from France and is based in the city of Lausanne in the francophone half of Switzerland. This explains why French, with English, is one of the two official languages of the Olympic Movement, and why many sports organizations – including FICS and its medical equivalent FIMS – have French names.

The International Olympic Committee (IOC) and the International Paralympic Committee (IPC) work closely with SportAccord and its members. As already noted the associations representing the IFs for the Summer and Winter Olympic Games are SportAccord members.

7. Games – International and Local Committees. Who decides if there will be chiropractic services included in the sports medicine team made available to all athletes at a games event? International games events typically have two administrative bodies making decisions. These are the organization under whose name the games are held (either an IF like FIFA or a multi-sport organization such as the IOC, IWGA, Pan-American Games Organization and International Masters Games Association) and the LOC or Local Organizing Committee. It is of fundamental importance to understand who has authority for healthcare services. This will be different for different games. For example:

a) London Olympics. The IOC had certain requirements but left many detailed decisions, including whether or not chiropractic services would be included in the host medical ser-

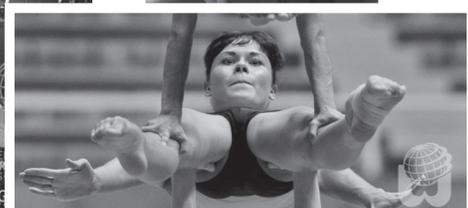
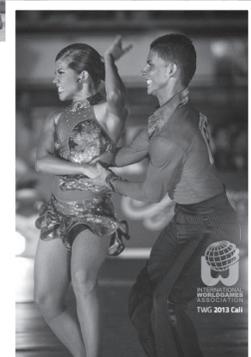
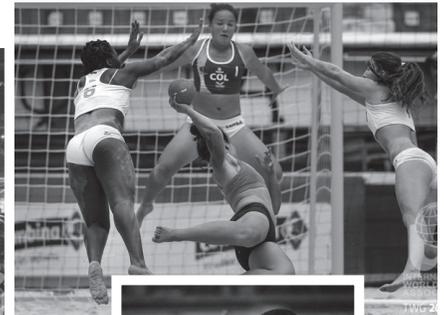
VICES in the games polyclinics for all athletes, to the local UK organizing committee LOCOG. The inclusion of chiropractors was a matter negotiated at a national level between the British Chiropractic Sports Council, led in this by Dr Tom Greenway who became the Lead for chiropractic services, and LOCOG. (Separate from the chiropractic services in the host medical team were the services of sports chiropractors affiliated with many national teams. These chiropractors were credentialed to provide services for athletes on their national teams, and those services were arranged with the national Olympic committees (NOCs) in their respective countries, not LOCOG.)

b) 2013 World Games – Colombia. Prior to 2009 the LOC in the host country made decisions on all medical team services for the World Games. However from that time the IWGA, impressed with the services provided by the FICS team in Duisberg, Germany in 2005, has made the inclusion of FICS chiropractic services one of the mandatory conditions of a host city and country being awarded the World Games. This was important in Colombia where there are only five chiropractors, where chiropractic is little-known and unrecognized by law, and where it would likely not have been approved by the LOC.

c) 2011 Pan-American Games – Mexico. These presented a hybrid situation which demonstrated the importance of current professional structures in sports chiropractic. A decision on inclusion of chiropractic services was left to COPAG, the local organizing committee in Mexico, but the chiropractic profession in Mexico, with relatively few sports chiropractors and little relationship with COPAG medical directors, needed international support. Accordingly FICS assisted its Mexican member sports council by negotiating the COPAG contract

continued on page 6

World Games – Cali, Colombia



The Chiropractic World

Chiropractic for Hip OA Pain

continued from page 1

Osteoarthritis Research Society International, osteoarthritis (OA) is a common joint disease with a considerable impact on activities of daily living. As only 20% of patients with radiographic hip OA have had surgery up to 28 years after initial diagnosis “non-surgical interventions with documented effectiveness become essential for patients who do not need, or choose not to have, surgery.”

In some countries PE programs have been developed for patients to improve self-management and change health behavior but “systematic reviews are contradictory in conclusions regarding their effectiveness on pain and function.”

MT has been proposed as a helpful additional treatment in Europe, Australia, and North America, but there has been very limited research evidence in support. This is a first trial involving chiropractic management. Summary points are:

- a) Subjects were 118 patients with clinical and radiographic unilateral hip OA who had experienced hip pain of at least moderate severity for a minimum of three months.
 - b) They were randomly allocated to one of three groups for a six-week treatment period:
 - PE – patients received Hip School education in two individual and three group sessions, taught by an experienced orthopedic hospital-based physiotherapist.
 - PE and MT – patients in this group also received twice weekly manual treatments from an experienced chiropractor with treatment individualized depending upon examination findings. However it comprised three components on each visit – trigger point release therapy to obtain desensitization and muscular relaxation of trigger points through digital mechanical pressure; muscle energy techniques to obtain muscle relaxation and improve range of motion through stretching; and HVLA joint manipulation “to affect hip musculature and joint capsules through forceful distraction.”
 - MCI or minimal control intervention – this comprised instructions for a home stretching program given by a project nurse with ten years’ experience of orthopedic patients.
- All three management protocols are described more fully in an appendix to the paper.
- c) The primary method of measuring results was self-rated pain severity on an 11-box numerical rating scale (NRS) proven reliable, valid and responsive in chronic pain patients. Secondary outcome measures included the Hip disability and Osteoarthritis Outcome Score (HOOS), patient perceived global effect of interventions; passive hip range of motion; use of pain medication at 12 months and hip replacement surgery within the 12-month follow-up period. Outcome measurements were taken prior to and after the 6-week treatment period, and at 3-months and 12-months follow-up.
 - d) Results included:
 - On the NRS or primary outcome measure at six weeks, the

combined PE and MT group experienced clinically relevant greater pain reduction than the PE alone group and the MCI control group. The number of patients reporting at least 25% reduced pain at six weeks in the PE group were 8 of 35, in the PE and MT group 21 of 34, and the MCI group 7 of 32.

- At six weeks “the same pattern was demonstrated for all HOOS subscales” (eg. pain, function in sport and recreation, hip-related quality of life), with clinically relevant greater improvement in the PE and MT group.
- With respect to patient assessment of improvement (“patient perceived global effect of intervention”) 76.5% in the PE + MT group classified themselves as improved compared to 22.2% in the PE group and 12.5% in the MCI group.
- At 12 months, excluding patients who had received hip surgery, “the statistically significant difference favoring PE and MT was maintained.”

A noteworthy observation by Poulsen et al. on their review of previous trials of manual therapy in patients with Hip OA is that there appear to be different results with joint manipulation (thrust techniques) and joint mobilization (non-thrust). Manipulation trials have reported effectiveness whereas “studies... using standard mobilization techniques have not demonstrated effectiveness.” Their trial supports that trend.

In summary, here is a promising result from a well-designed first trial of chiropractic manual therapy for these Hip OA patients. Poulsen et al. acknowledge the need for further and larger studies, which should consider these points:

- Comparison of MT alone and PE alone.
- The optimal frequency and dose of MT.
- Inclusion of patients with co-morbidities and multiple sites of symptomatic OA.
- Use of more than one clinician to deliver the MT and PE.

(Poulsen E, Hartvigsen J et al. (2013) *Patient Education with or without Manual Therapy Compared to a Control Group in Patients with Osteoarthritis of the Hip. A Proof-of-Principle Three-Arm Parallel Group Randomized Clinical Trial* Osteoarthritis and Cartilage, <http://dx.doi.org/10.1016/j.joca.2013.06.009>)

Other Research

Denmark – Disc Infection and Low-Back Pain. Another new trial from the University of Southern Denmark, from medical researchers Albert, Sorensen et al. and published in the European Spine Journal in April, has attracted wide attention in suggesting that disc infection is the cause of chronic back pain in many patients with disc herniation – and that pain may be relieved with a 100-day course of antibiotic therapy.

As Albert et al. note bone edema in the vertebrae, seen as Modic Type 1 changes on MRI, is strongly associated with low-back pain (LBP), being present in 35-40% of LBP patients but only 6% of the general population. Infection is thought to be a cause. Their earlier work found bacteria present in disc material from 37% of patients with disc herniation but not in such material from patients without herniation. Therefore their new trial.

News and Views

- 162 patients with a history of disc herniation, currently experiencing chronic LBP (greater than 6 months), and with bone edema/Modic Type 1 changes in the vertebrae adjacent to a previous herniation, were assigned to two groups – one receiving 100 days of antibiotic treatment (Bioclavid), the other 100 days of placebo tablets.

- Primary outcome measures were for disability (Roland Morris) and back pain (LBP Rating Scale). Secondary measures included leg pain, hours with LBP during the last 4 weeks, days with sick leave, and constant pain.

- At the end of the 100-day treatment period and at 12 months follow-up “the antibiotic group improved highly statistically significantly on all outcome measures” in comparison with the placebo group.

As with the Poulsen et al. trial first discussed above, this is a small trial which needs to be confirmed by others. However it identifies a likely new cause of chronic back pain and effective treatment in a specific subgroup of patients.

(Albert HB, Sorensen JS et al. (2013) *Antibiotic treatment in patients with chronic low back pain and vertebral bone edema (Modic type 1 changes): a double-blind randomized clinical controlled trial of efficacy* Eur Spine J 22(4):697-707)

See further commentary on this trial and its implications by Dr Daniel Redwood of Cleveland Chiropractic College, just published: *Redwood D (September 2013) Chronic Low-Back Pain: Is Infection a Common Cause? ACA News, 15-18*. As this article indicates, approximately two thirds of the patients in the LBP sub-group given antibiotic group did not improve. At what point do the benefits of the treatment protocol tested outweigh the concerns – the cost and risks of MRI and prolonged use of antibiotics?

WFC Announces New Research Council Members

The World Federation of Chiropractic (WFC) has announced the four new members of its Research Council for a six-year term beginning September 1, 2013. They are Pierre Côté DC, PhD of Canada, Mitch Haas DC, MA of the United States, Jan Hartvigsen DC, PhD of Denmark, and Carolina Kolberg MSc(Chiro), PhD(C) of Brazil.

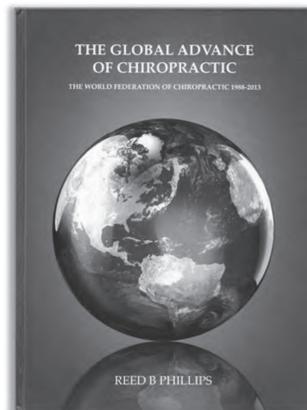
They join continuing members Greg Kawchuk DC, PhD, Canada, Chair of the Research Council, Christine Goertz DC, PhD, USA, who serves as Vice-Chair, Heidi Haavik DC, PhD, New Zealand, Charlotte Leboeuf-Yde DC, MPH, PhD, Denmark and Emeritus Chair Scott Haldeman DC, MD, PhD, USA. For bios and photos for each of these distinguished researchers, positions held, and main areas of research interest, visit About WFC at www.wfc.org.

Those leaving the Council at the end of their terms of service are Philip Bolton DC, PhD, Australia, Eduardo Bracher DC, MD, PhD, Brazil, and John Triano DC, PhD, Canada. Continuing to support the new Research Council is Executive Secretary Claire Johnson DC, PhD of the USA, who also serves as editor of the profession's leading peer-reviewed journal the Journal of Manipulative and Physiological Therapeutics (JMPT).

The WFC, which includes voting members from national chiropractic associations in 90 countries, represents the chiropractic profession in the international community and is a non-governmental organization (NGO) in official relations with the World Health Organization. Its Research Council manages the WFC's research activities, which include administering the profession's foremost original research competition and conference every two years at the WFC Biennial Congress. The next such Congress is to be held in Athens, Greece in May 13-16, 2015.

THE GLOBAL ADVANCE OF CHIROPRACTIC THE WORLD FEDERATION OF CHIROPRACTIC 1988-2013

A new illustrated history of the chiropractic profession
in its era of true international expansion



Includes:

- The developments leading to the formation of the WFC in 1988.
- The amazing international growth of chiropractic and the WFC in the 1990s and 2000s.
- Explanation of the important relationships with other international organizations including the World Health Organization – and why this is important.
- Current status, future directions and much more.

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- 260 PAGES, 11 x 8 IN, HARDCOVER, OVER 600 PICTURES
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WORLD FEDERATION
OF CHIROPRACTIC

under which FICS eventually supplied a team of 44 chiropractors from 8 countries. These naturally included Mexican chiropractors with Palmer West graduate Dr Saul Luengas serving as COPAG Chief of Chiropractic Services.

C. FICS (www.fics-sport.org)

8. The Fédération Internationale de Chiropratique du Sport (FICS), founded in 1987, has its headquarters at the House of Sport in Lausanne but its administrative offices in Toronto together with the World Federation of Chiropractic. Its voting members are national chiropractic sports councils, the largest being the American Chiropractic Association Sports Council, the Royal College of Chiropractic Sports Sciences (Canada) and Sports Chiropractic Australia.

The FICS Council is elected according to seven world regions – Africa, Asia, Eastern Mediterranean, Europe, Latin America, North America and the Pacific. President is Dr Sheila Wilson, Secretary-General is Dr Phil Santiago, both of the USA. Important committees - called commissions - include those on Education (Chairs, Dr Rikke Udby Craven and Dr René Fejer, Denmark), Games (Dr Tim Ray, USA), International Federations (Dr Brian Nook, Australia) and Research (Dr Stephen Perle, USA).

For more information on FICS visit www.fics-sport.org. This organization, which has grown in stature and effectiveness in recent years with broader membership and stronger staff support, is of central importance to the current development of the specialty of sports chiropractic – in education, research, professional organization, and creation of practice opportunities.

D. Education

9. All chiropractors, by virtue of their undergraduate education and core scope of practice using manual treatments to correct dysfunction in the neuromusculoskeletal system, are qualified to treat and help athletes, whether those seriously engaged in sports or simply weekend warriors, with improved performance and prevention and management of injuries.

However prominent sports chiropractors consistently advise new graduates to take two steps to gain additional skills and experience if they wish to specialize in the field of sports chiropractic. The first is to intern with a chiropractor who works with a sports/athletic team and to offer volunteer services to this or another local team. The second is to seek out post-graduate educational opportunities to enhance expertise and broaden skills. Levels of post-graduate education include:

- a) **Technique seminars and certifications.** These are numerous, with many featuring soft-tissue techniques, extremity techniques, taping and rehabilitation protocols for example.
- b) **Specialist sports chiropractic qualifications offered by professional organizations.** Prominent amongst these certifications, diplomates and fellowships are:
 - **CCSP.** The Certified Chiropractic Sports Provider/Physician, a 120-hour online and weekend seminar program offered in the US by the American Chiropractic Board of Sports Physicians in association with a number of chiropractic colleges.
 - **ICCSP.** The international equivalent of the CCSP, offered by FICS. This also involves a combined online and seminar program. Attractive features are that the weekend seminars

are offered in all world regions and are taught by instructors with extensive experience of major games up to and including the Olympics. Additionally the ICCSP (formerly the ICSSD) is a requirement for selection for FICS team for national and international games events.

Those holding a CCSP can currently qualify for an ICCSP by taking one further module. Details on this, and of other conversions to an ICCSP, may be found at the FICS website.

- **FRCCSS.** The most demanding course offered by a professional organization is the fellowship of the RCCSS in Canada which requires 3 years part-time study.
- c) **University-based Masters Degree Programs.** The programs already mentioned place an emphasis on advanced clinical, inter-professional and team skills. In recent years there has been an expanding growth of formal masters degree programs in sports sciences and rehabilitation at colleges and universities with chiropractic programs. These degree programs require broader academic grounding and achievement. For example in the US the Logan College of Chiropractic University Programs include MSc degrees in Sports Sciences and Rehabilitation, and in Nutrition and Human Performance. In the UK the Anglo-European College of Chiropractic offers an MSc in Sports and Rehabilitation, and in Australia Murdoch University offers a masters degree in Sports Sciences and Rehabilitation. These degree programs are open not only to chiropractors but also eligible graduates from various other health science programs.

Dr Mark Scappaticci of Canada, who first became prominent as sports chiropractor for the Canadian Men's Sprint Team at the 1996 Atlanta Olympics where Donovan Bailey broke the 100 meters world record and the team won the relay gold medal, provides a good example of the continuing education undertaken by many successful sports chiropractors. A 1992 graduate of the Canadian Memorial Chiropractic College, he completed his RCCSS fellowship in 1996. He gained certifications in acupuncture and active release therapy (ART) and has now been an instructor in those courses. After study of Graston-type soft tissue tools and techniques he has now developed a new treatment device called the Fascial Abrasion Technique Tool (AFT-Tool).

Dr Scappaticci's practice is based in Niagara Falls and Toronto where he is the consulting chiropractor for the Toronto Blue Jays baseball team and other major league sports teams. Additionally he works with elite track-and-field athletes from several countries. Currently he is one of the investigators in a research study into the effect of different levels of chiropractic treatment upon the performance of members of Britain's Olympic track-and-field team.

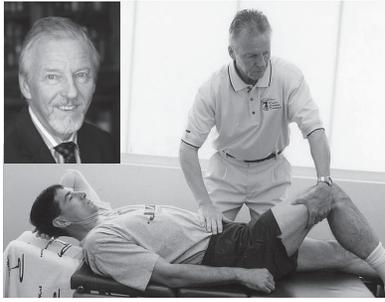
Tom Greenway, already mentioned as Lead of Chiropractic Services at the London Olympics, has the FICS ICCSP qualification as do many other leading sports chiropractors internationally such as Marcelo Botelho (judo, Brazil), Kazutoshi Isa (swimming and golf, Japan), Saul Luengas (taekwondo, Mexico), Bradley Sandler (rugby, South Africa), and Alex Steinbrenner (football, Germany).

E. Expert Advice – Buhler Interview

Dr Craig Buhler of Kaysville, Utah is a prominent American sports chiropractor recently interviewed in the March 2013 issue of the FICS News. He and some of his patients, includ-

ing Utah Jazz basketball star John Stockton, were featured in this year's new documentary film *Doc-tored*.

Dr Buhler (right) is a 1978 graduate of the Western States Chiropractic College in Portland, Oregon and from 1969 – 1972



attended the University of Utah on an athletic scholarship with honors in track-and-field specializing in the 400 meters and the mile relay. He has worked with athletes in the NBA, NFL, PGA, the Stanford swim team, and many world champions. He travelled with five of his patients to the 2010 Vancouver Winter Games where two won medals even though they had sustained serious injuries in prior months. As already mentioned the Utah Jazz had far fewer missed games due to injury than any other NBA team during this 26-year tenure as their team chiropractor. Here are excerpts from his FICS interview, which, as with most in depth interviews successful sports chiropractors, demonstrates:

- For all the other skills attained, skilled spinal adjustment remains the core service required by athletes from chiropractors.
- Building a sports chiropractic practice requires mentorship, patience, and an ability to learn from and work with coaches, trainers, and others in the sports medicine team.

What brought you to chiropractic care and why did you choose to be a chiropractor?

While running at the University of Utah I was constantly bothered with pain in my left foot but no one could seem to figure it out or help. I just trained through the pain until my third year when the pain became so severe I could no longer run and lost my scholarship.

Two years after leaving the University a friend referred me at a time when my old track injury to my left foot was so painful it was difficult to walk. My first treatment was dramatic because when I got off the treatment table the foot pain I had experienced for five years was gone. I realized there was more to chiropractic than I had heard from my medical doctor.

How did you help the Utah Jazz to such an impressive injury-free record? Explain your fundamental approach to practice.

In addition to standard chiropractic I used a system I call Advanced Muscle Integration Technique or AMIT. This technique involves range of motion analysis and the precision testing of 720 muscles for neuro-proprioceptive function. This allows for the determination of positions of instability and predisposition to injury. By predicting where an injury could occur and by reactivating the proprioceptive integrity of the muscle through a series of therapeutic reflex points, not only are injuries prevented, performance improves dramatically.

A basketball player whose ankle stabilizer muscles are proprioceptively inhibited is more likely to sprain that ankle. If the internal hip rotators are not performing properly the athlete is going to be more prone to problems with the knee caps and vulnerable to knee injuries. I don't treat symptoms, I find the cause and then it's a matter of applying the different therapies that I use to make the corrections.

The players came to trust that if they did get hurt they would be on the court within minutes or by the next day. The results are very fast. In the movie "Doctored" John Stockton is shown spraining his left ankle during a play-off game. He had to be helped off the court in severe pain. The medical staff evaluated him and ruled out fracture and then I went to work on him and he was back on the court in fifteen minutes and we won the game.

How did you develop your muscle testing system?

While attending chiropractic college I had the opportunity to work and study with the late Dr Alan Beardall during the development of what became known as Clinical Kinesiology. I expanded his muscle work by looking at the interrelationships between muscle function, range of motion, restrictions and the causes of pain. My further studies included a post-doctoral fellowship at the University of Utah, School of Medicine with a focus on motor physiology. I had the amazing opportunity to work with some of the best athletes and teams in the world which allowed me to test and challenge my ideas on bodies stressed at maximal levels. It allowed me to see what worked and what didn't. I continued to study many other bodies of work which gave me more tools to test. As I integrated these tools the result became the AMIT method.

How did you first start working for the Utah Jazz?

When the New Orleans Jazz franchise was moved to Salt Lake in 1979 head trainer Don Sparks was interviewing for a number of team physicians including a chiropractor. He came in to interview me and described the problem he had with his ankle for a number of years. I evaluated and treated the ankle and when he stood up on it the pain was gone. The next day he brought in the Jazz star forward Adrian Dantley, who had some problems since his college days that had never responded to the regular physical therapy modalities and medical approach. I was able to define and correct these problems. Sparks then began referring other players to my office.

Results were good and he next asked me to call Kirk Josefek, a chiropractor who had been working with the Boston Celtics, to find out the arrangement the team had made with him. Dr. Josefek was the first chiropractor to work with an NBA team. He was in the locker room before every home game, was given season tickets, and was paid for each game he worked. Don Sparks approached the Jazz management with the idea and I was in – but minus the pay.

For many years I had to maintain incredible diplomacy to keep myself out of trouble with the other physicians on staff. Few teams in the NBA had chiropractors on staff at that time.

I worked with the Jazz after clinic hours on a part time basis. The 1997-98 season was the first one that I worked exclusively for the Jazz fulltime. The season involved attendance before, during, and after all home games and meeting the team during long east coast road trips. During the playoffs I attended the team on all their road games. Most of my work involved maximizing function, although there was of course the treatment of injuries. Every player was evaluated before every game using motion palpation and muscle testing. If indicated they were adjusted. Spinal adjustments are the key and core of everything I do, but it is the combination with clinical kinesiology that brings best results.

Who is in your clinical team – in your office, and your established referral network?

In my office I have an associate doctor and a physical therapist. I am in the process of bringing in an ER physician to perform PRP and Prolozone injections to accelerate healing and regeneration of tissues following surgery. I work with a great team of orthopedic physicians who specialize in different parts of the body and have a high degree of technical skill for reconstructive surgery. Once they have performed their correction, we begin treatments to accelerate the rehabilitation process.

What advice do you have for a new graduate wanting to specialize in sports chiropractic?

Intern with a doctor who has a history of working with an athletic team, it is the best way to learn practical and effective ways of correcting common athletic injuries. Stay humble or the doors of opportunity that are opened to you will be slammed in your face. Learn as many techniques as you can because the more tools you have the better your results will be.

Any final comment or advice?

The field of sports chiropractic is rapidly opening up as a result of the efforts many of us have made through the years. Athletes are demanding their teams offer chiropractic because it works. If a chiropractor finds an opportunity to get involved with a team, approach the trainer or coach by asking if you can spend time learning more about what they do to treat and take care of players. Few trainers or coaches will refuse a person interested in learning from them. This allows you to establish a relationship. The relationship will lead to opportunities to talk about other options you have learned for the treatment of specific injuries. Eventually, you will get the opportunity to show what you can do and then the necessary level of trust will be created.

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F. Conclusion

10. The FICS website (www.fics-sport.org) is a useful place to start for those wanting to know more about opportunities in sports chiropractic. For students FICS offers scholarships that have been won during the past three years by students from Australia, Canada, France, the UK and the USA. For chiropractors there are:

- Details of FICS opportunities for further education – from individual weekend seminars to the full ICCSP qualification.
- Back issues of the quarterly FICS News with much information including interviews with prominent sports chiropractors.
- Postings of opportunities to serve on FICS teams at international games events.

The significance of sports chiropractic to the profession as a whole is illustrated at the website of the US Foundation for Chiropractic Progress www.f4cp.org. Principal spokesperson for the foundation, which is dedicated to generating positive press for the profession, is NFL football legend Jerry Rice and many others featured are from the world of sport.

Beyond the star power of elite athletes, sports chiropractic is particularly significant to the future growth of the profession as a whole because of its model of care, namely because it:

- Encourages interdisciplinary understanding and collaboration.
- Emphasizes the three roles of chiropractic care:
 - injury management;
 - prevention of injury/disability;
 - improvement of function, performance, health and well-being. **TCR**

Reference

1 Buhler Interview, FICS News, March 2013, available at www.fics-sport.org under Publications.

