

## New *JCCP* Focuses on Child Safety Issues, Guest Editor Dr. Cheryl Hawk Introduces Interesting Grand Rounds Feature

The latest issue of the *Journal of Clinical Chiropractic* (Vol 10, No.2, Dec 2009) includes several excellent articles on child safety and an interesting new feature on the discussion of cases by experts in different disciplines in a Grand Rounds format. Dr. Hawk, widely recognized as one of the leaders in chiropractic research, served as the Guest Editor for this special issue.

According to Dr. Hawk the Grand Rounds format, in keeping "with the journal's emphasis on the evidence informed practice, approach the cases from a perspective which "allows and promotes both 'art' and 'science' in this process. Comments from different perspectives on a case might enrich reader's knowledge and understanding of similar cases they might see in their practice while promoting the benefits of collaboration."

The important topic of child safety is addressed from many different perspectives in this issue. Papers include a detailed description on how to ensure safe chiropractic care for the newborn; a qualitative summary of the current evidence on the safety of chiropractic for children; the role of chiropractic in identifying and reporting intentional injuries; counseling on unintentional injuries and how to keep children safe; and imaging related to

common pediatric injuries. There is also a discussion of issues related to reimbursement for chiropractic care since these issues may sometimes prevent children from getting the care they need. The two cases in the Grand Rounds format are about a teen with back pain complicated by obesity and the other of a baby with infant colic.

The *JCCP* is published by the ICA Council on Chiropractic Pediatrics. Dr. Hawk, who had the opportunity to work with several members of the ICA Pediatrics Council while serving as the principal investigator for the FCER consensus study on best practices for chiropractic care for children, was invited to be the Guest Editor of this special issue of *JCCP* because of her research background and her interest in chiropractic pediatric care. "We are very grateful to Dr. Hawk for accepting our invitation," said ICA Pediatrics Council Chair Lora Tanis, DC, DICCP. "We know that with her busy schedule and many responsibilities this was a huge commitment, but Dr. Hawk accepted our invitation with enthusiasm. Her expertise as an author, researcher, principal investigator

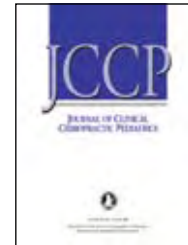


Dr. Cheryl Hawk

and reviewer were invaluable in covering this critical topic. She has been a joy to work with and we hope she will continue to assist us with her wisdom and expertise as we continue our efforts to make *JCCP* the best peer-reviewed resource on chiropractic pediatric care."

Dr. Hawk, in her editorial in *JCCP*, expressed that she was honored to have been asked to serve as Guest Editor. "As a chiropractor for 33 years," she wrote, "I remain convinced that our profession brings something unique, life-enhancing and in many cases, life-changing to our patients. Nowhere is this more evident than among children. I am humbled to witness the dedication and expertise of the chiropractors who have trained in pediatrics in order to help "our greatest natural resource" achieve optimal health and wellness. I hope that this issue of *JCCP* will make a contribution to the continued growth and success of its readers and their young patients."

*JCCP* is a bi-annual peer-reviewed journal. It is available in hard copy as well as online. From 2010 ICA Pediatric Council members will receive *JCCP* free of charge as part of their membership benefits. Subscriptions are available to non-members and institutions/organizations. See page 16 for subscription form. To become a member of the ICA Pediatrics Council see application form on page 17. Doctors joining the ICA Pediatrics Council now will receive a copy of the December 2009 issue.



## College Roundup

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(NZCC), won the major prize at the bi-annual Chiropractic Policy Forum and Scientific Symposium held in Melbourne, Australia in November 2009. Second and third prizes were won by Dr. Kelly Holt, lecturer and research associate also from NZCC. The symposium was co-hosted by the Australian Spinal Research Foundation, the Chiropractic Association of Australia, the New Zealand Chiropractor's Association and the Singapore Chiropractic Association.

The symposium focused on wellness and covered topics in radiology, sports performance, subluxation, pediatrics and neuroscience.

Of the 17 papers presented five were from the New Zealand College of Chiropractic. Dr. Haavik-Taylor's paper that won first prize was on "Exploring the neuromodulatory effects of the vertebral subluxation and chiropractic care." Dr. Holt's prize winning papers were "Falls risk profile of elderly chiropractic patients" and Reflex effects of a spinal adjustment on blood pressure."

The prizes cap off a very successful 2009 for NZCC researchers. Earlier in the year Dr. Holt was awarded a University of Auckland doctoral scholarship and Dr. Jenny Kruger, post doctoral research fellow at the College received a Rutherford Foundation fellowship from the Royal Society of New Zealand.



Dr. Heidi Haavik-Taylor

## Health Reform – Hendrickson

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executive branch, as well as legislators and their staff members, on the unique contribution chiropractic care can and should be making to the health care system and to the health and well-being of citizens of all ages.

If this is just the opening round in marathon national health care policy debate, what should the chiropractic profession be working towards on a longer-term basis in the coming months and years and how should we work to preserve our professional independence, chiropractic's place in the market and above all, the rights and prerogatives of chiropractic patients? The International Chiropractors Association understands that the profession's future depends on serious engagement with these issues, a massively broadened mobilization of DCs and patients, and an understanding of our responsibility, both as individual practitioners and as a profession, for defending and advocating for both the profession and the patient, against all negative and competing forces. This has been ICA's focus in the current debate, and that effort has yielded some important steps forward. In the months and years ahead, we believe the chiropractic profession must continue to focus on the following key initiatives and goals:

- Protecting patients' freedom to choose providers and care pathways.
- Educating the public on the vital Importance of chiropractic as a health care choice.
- Articulating chiropractic's unique approach

to health and healing.

- Defending chiropractic against a new wave of anti-competitive activities and forces.
- A research agenda that compares and contrasts chiropractic's clinical and cost effectiveness with the current failing status quo.

Whatever the outcome of the current health care reform debate, government will certainly continue to be the largest purchaser of health care services in the United States, and ICA will continue its efforts in the legislative and regulatory process to secure parity for the chiropractic patient and provider alike in all public health programs. The current political climate, where the federal as well as almost all state governments are dealing with massive deficits and considerable accumulated debt, means that opportunities for expanded chiropractic coverage are limited. ICA is, in this context, stressing the cost savings inherent in expanding chiropractic coverage, offering as it does a proven lower-cost care pathway for a wide range of patient needs.

Equally important as a point of major emphasis on chiropractic's behalf is the urgently needed paradigm shift in health care, away from the failing model of pharmaceutical and in-patient based "sick care" to a new vision, anchored in the conservative principles and approach that have historically characterized chiropractic's defining values. ICA heartily endorses the statement made by The Chiropractic Summit which reads as follows:

*The leadership of the chiropractic*

See **HEALTH REFORM**, page 29

## How the House and Senate Bills Differ

In addition to the differences in a public plan, the Senate says no on this issue and the House has a public plan included in its legislative language, the Senate and House bills differ significantly on how to pay for health care reform. The Senate bill, estimated to cost \$871 billion over 10 years, would finance its changes by raising the Medicare payroll tax for the wealthy, taxing high-cost health care plans offered by employers, taxing indoor tanning services, and reducing Medicare spending, in part by eliminating the controversial Medicare Advantage option. The House legislation, estimated to cost \$1 trillion over 10 years, would pay for reforms primarily by taxing the wealthy (individuals with incomes above \$500,000 and families with incomes above \$1 million) and also trimming nearly \$450 billion in Medicare spending.

Under the Senate bill, those who lack employer health insurance would be able to purchase coverage from an insurance company according to policies and at rates that would be negotiated by the federal Office of Personnel Management, which currently negotiates policies on behalf of federal government employees and members of Congress. The Senate bill does not require employers to offer coverage, which the House version does, but businesses with 50 or more employees would pay a penalty of \$750 for each employee who receives a government subsidy. The House bill requires larger employers to offer health insurance or face fines.

In addition to the differences over the employer mandate, the House and Senate disagree on how far to expand Medicaid and on language forbidding the use of public subsidies to purchase health care plans that cover abortion. (The House bill would not allow any plans to cover abortion if they enroll subsidized members, whereas the Senate would allow plans to cover abortion but states would be able to ban such plans.)

The Senate bill also includes a new and independent Medicare advisory panel, which would be able to implement spending cuts if costs outpace savings in 10 years. This extends the concept of investing such controversial decision-making authority in a non-Congressional body, in large part to deflect political pressure and the negative consequences of major cuts away from Members of Congress.