

**COMMENTARY – WELSH***continued from page 5*

making it more “user-friendly” (see CCGPP motions).

5. The CCGPP agreed to embrace the recommendations made by the state associations.

Most delegates left Baltimore cautiously optimistic. Some were elated that the 1<sup>st</sup> charged draft was essentially withdrawn. Some were elated that the Clinical Compass concept was essentially endorsed. All seemed to sense that significant progress was made. A large gathering of chiropractors with diverse viewpoints met to discuss clinical issues and found sufficient common ground to reach unanimous agreement. It was indeed a rarity. Congratulations to COCSA for a job well done. Thanks to CCGPP for listening, enduring and responding positively. Thanks to the delegates from the state associations for uniting and taking a stand. Hopefully this historic meeting marks the beginning of great things to come.

It never ceases to amaze me what can be accomplished when individuals with widely different viewpoints agree to meet, communicate and seek com-

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mon ground. Consensus in our profession is extremely difficult to obtain, but it can be done. Ask anyone who was in Baltimore. Let us all hope that the spirit of communication, compromise and consensus building can continue into the future. I too, remain cautiously optimistic.

**STEPHEN P. WELSH, D.C.** is a graduate of Life University with more than 14 years experience as a private practitioner. His first career was as a telecommunications engineer. He has more than 20 years experience in network design, marketing and strategic planning. Currently he is CFO of Care More Enterprises, Inc., in Roswell, Georgia. Dr. Welsh was elected to the ICA Board of Directors in May 2006.

**COLLEGE ROUND-UP***continued from page 21*

“The 3-day Walk is a life-changing experience for the participants as they can make a personal difference in the fight against breast cancer,” said Parker President Dr. Fabrizio Mancini. “As the chiropractic partner, we provided them with our expertise in chiropractic care through evaluations, treatment and management of injuries,” he said.

**NORTHWESTERN HEALTH SCIENCES UNIVERSITY****Two institutions received federal funding for joint research effort**

The United States Health Resources and Services Administration has granted \$2.4 million for an unprecedented study on back-related leg pain, to be conducted by Northwestern and Palmer College.

The Wolfe-Harris Center for Clinical Studies (WHCCS) at Northwestern Health Sciences University in Bloomington, Minn., and the Palmer Center for Chiropractic Research at Palmer Davenport will jointly conduct the first full-scale randomized clinical trial examining chiropractic treatment for chronic and sub-acute back-related leg pain. Back-related leg pain includes pain originating in the low back and traveling down one or both legs. The study builds upon two previous pilot studies conducted at Northwestern that have been published in *JMPT*.

Gert Bronfort, D.C., Ph.D., professor and associate vice president of research at NHSU is Northwestern’s principal investigator for the study. According to Dr. Bronfort, the collaboration will not only strengthen the research abilities at each institution, but the chiropractic profession as a whole.

Over the next three years, 192 patients with back-related leg pain will be recruited for the study; 122 will be recruited from the Twin Cities and treated at Northwestern. An additional 70 will be recruited from the Quad City area and treated at Palmer. Patients will be placed in two groups. One group will receive chiropractic care combined with exercise instructions. The other group will receive only exercise instructions.

“We hope the data we gather in this project will translate to improved methods of caring for patients with sciatica — people who endure a great deal of pain in their daily lives,” said Maria Honduras, D.C., M.P.H., principal investigator for this randomized trial from PCCR.

**sEMG – MARCARIAN***continued from page 15*

eter systems do not meet all AMA guide requirements that make it impossible to bill for in most cases. Sharp attorneys will utilize improper use of single inclinometers to damage your testimony and reputation in court.

2. Was the system optimized to perform the Static sEMG standing? From a biomechanical standpoint, standing sEMG is required for the same reason we do x-ray standing. By loading the patient through standing, the patient must maintain his or her own posture eliciting the abnormal muscle firing required to compensate for Subluxation. The latest research supports only standing tests.
3. Has any research published on the device been published by anyone with financial ties to the company, or in journals with any financial ties to the company? Biased research will prevent your use of the instrument in court or in workers compensation cases. There was only one well-known instrument with research considered admissible in the Florida Superior Court Case.
4. Does the company offer clinical support from those who have won major court cases? Their experience can prove very useful when you need it. It is just a matter of time before a patient in even a wellness practice experiences injury.
5. What are the yearly costs for support? They currently range from \$99.00 per year to \$495.00 per year. This can accumulate over time, and may be a reflection of the problems the company may be experiencing.

Instrumentation is not only valuable for proving injury but also helps with

patient retention. The eye catching and powerful color graphics keep patients focused on function instead of symptoms and prove the value of chiropractic. In addition, Dynamic sEMG can aid in justifying the need for continued care, proving symptom magnification and winning major PI cases. The bottom line is that “show” will always work better than “tell” and objective data will always win over opinion. With patients now expecting professional healthcare providers to utilize technology, perhaps it is time to embrace sEMG and reap the rewards, which come with the 20 years experience that has resulted in the current state-of-the-art, court-validated, research-validated technology.

**References:**

- Geisser, Ranavaya, Haig, Roth, Zucker, Ambroz and Caruso. A Meta-Analytic Review of Surface Electromyography Among Persons with Low Back Pain and Normal, Healthy Controls. *Journal of Pain*, November 2005; p 711-726.
- Gerhardt, J.J., Cocchiarella, L.L., Randal, D. The Practical Guide to Range Of Motion Assessments. The American Medical Association June, 2002.

**DAVID MARCARIAN, M.A.** is founder and president of Precision Biometrics, supplier of the MyoVision sEMG Thermoglide, Range of Motion and Muscle Testing systems. He has worked for NASA, and was awarded a prestigious grant of \$450,000 from the NIH when he was only 26 years old for the development of the MyoVision equipment. Mr. Macarian is credited with winning one of the largest PI awards in US history, and establishing the validity of sEMG in a major State Supreme Court Decision. He lectures for Life Chiropractic College and Palmer College of Chiropractic. All U.S. chiropractic associations that mandate sEMG training endorse his course. He has personally instructed more than 6,000 chiropractors on proper sEMG utilization. Mr. Macarian can be reached at 800-969-6961, or by email at [david@myovision.com](mailto:david@myovision.com). Further information may be also found by visiting [www.myovision.com](http://www.myovision.com) or emailing: [info@myovision.com](mailto:info@myovision.com).

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The *Matrix*, authored by Joan Fallon, D.C., F.I.C.C.P., is a supplement to the *Journal of Clinical Chiropractic Pediatrics*, Volume 6, No. 3 published by the ICA Council on Chiropractic Pediatrics. The document has received wide publicity and written up in several non-chiropractic publications including *Medical News Today*.

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