

# COUNCIL ON CHIROPRACTIC ORTHOPEDICS

OF THE

## AMERICAN CHIROPRACTIC ASSOCIATION

OFFICIAL NEWSLETTER

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**Harold B. Tondera, D.C., F.A.C.O.**  
**President COUNCIL ON CHIROPRACTIC ORTHOPEDICS**



Hello Fellow Orthopedists and Members of the C.C.O.:

I hope I got to meet some of you at the A.C.C.O. Convention in Arizona. It is always a premiere program and each of us walks away with something to use on the following Monday morning in our offices. If you did not make it this year, make plans now to attend next year. The meetings are usually held in different locations with ample time to see the sites or area that you are visiting. You are guaranteed enlightenment and an awesome program.

On March 21<sup>st</sup> through the 24<sup>th</sup>, I attended the 32<sup>nd</sup> Annual National Chiropractic Legislative Conference (N.C.L.C.) in Washington, D.C. This meeting is the most concentrated effort of D. C.'s and Chiropractic Students from all the colleges to present, in person, the various chiropractic issues to the residences on Capitol Hill.

The students, properly dressed to represent Chiropractic and their colleges, bright, and very attractive were knowledgeable about the facts of their visits and talking points with the Legislators. All of us are very proud of these young people and it gives assurances that the future of our profession is in good hands.

The Keynote Speaker for the N.C.L.C. was Mr. Tucker Carlson who wowed everyone within listening distance. Then came the various Congressional speakers: Representative Bob Filner, Democrat from California, Representative John Boehner, Republican from Ohio, Representative Lee Terry, Republican from Nebraska, Representative Frank Pallone, Democrat from New Jersey, Representative Jim Ramstad, Republican from Minnesota and Representative Nick Lampson Democrat from Texas.

Since I am from Texas, I want to elaborate on the Representative from Texas just a bit. Representative Lampson was raised in Beaumont, Texas and was friends as well as school-mates with our A.C.A. President, Dr. Richard Brassard. He had chiropractic care since childhood and has been a real asset to our profession.

I am sure you read in the papers about his run of bad luck with a health problem, but he had the indicated and needed surgery and he should be back at his desk very soon. Even as old as I am, it was so good to hear some of our congressmen and lawmakers, Republican and Democrat, speak so highly of Chiropractic and its efforts to make a difference in the healthcare of Americans.

Also, during this time, there were meetings of different groups at different times and locations. The one I was scheduled to attend was for the Council Presidents called the American Board of Specialty Councils. During this time, there were lively discussions about proper procedure that must be followed before any changes in the rules and regulations goes to the House of Delegates (H.O.D.). It also included items that affect the councils and those items originating from the councils.

The C.C.O. is honored to have our Past President, Dr. Leo Bronston as an H.O.D. member representing his home state of Wisconsin and our A.C.A. Liaison, Dr. David Madison who is an H.O.D. member as well and representing his home state of California.

Your District Governor or Delegate will probably be writing you more information that affects you and your location about the N.C.L.C. I would encourage you to try and attend the next N.C.L.C. and talk to your legislators face to face.

If you know of a D.C. friend who is a member of the A.C.A., convince him/her to join the C.C.O. Our strength is only in our members.

Thank you for allowing me to represent you and our Council.

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Goldthwaith's Sign/Test  
Differential Dx of Lumbar vs Sacroiliac Region  
(Short Synopsis)

Patient lies in a supine position

Examiner places his hand onto the patient's lumbar spinous region

Examiner other hand raises the patient lower extremity (SLR-Passive)

Examiner palpates for movement of the spinous processes, if pain is elicited prior to the movement of the spinous processes then it is more likely that the primary involved area is that of the sacroiliac region, but not exclusive of this area

This test may be performed bilaterally to better differentiate the analysis of the involved side.

Note: As with most tests, if clinically indicated this test should be incorporated with other related orthopedic exams.

**Dale G. Huntington, D.C., F.A.C.O**  
**Vice President of the COUNCIL ON CHIROPRACTIC ORTHOPEDICS**



“How Big Are We”

I believe that our profession is positioned as we have never been before to merge into mainstream health care if we are big enough to walk through the door. Let's think for a moment about that statement. Our fully accredited colleges and universities are in a position to move forward with advanced academic degrees that are and will be accepted through out the teaching and health care delivery system of the world. We have the opportunity to firm up our own as well as integrate into other multidisciplinary systems. You see, not so long ago no other health discipline was too much interested in us except the AMA who conspired to contain and eliminate us as a profession from the face of the earth. The past several years some recognized research studies have been done and published in recognized indexed medical journals which have gained some attention by allopathic and alternative medical providers who would be pleased to provide our services through developing courses of study in their institutions of higher learning through advanced degrees and certifications. Doctors the ball is in our court. We must be farsighted as those among us who are leading the way within “Vision 2010”. It began within our own specialty a little over 5 years ago when the CCO saw a need to update and revise our orthopedic syllabus that was approaching 25 years old. Our specialty was in a decline with fewer graduate students and colleges and universities teaching the course leading to diplomate status in orthopedics. When the CCO under the leadership of Roger Russell, D.C. FACO completed the course outline update and revision it was presented to some of the postgraduate divisions of the remaining few who still had a graduate program in orthopedics. . The presentation was met with rather cool reception as the colleges were asking themselves how this could stand alone to make a difference in what appeared to be a declining interest in the orthopedic specialty. It was after this that a few leaders in the specialty began to look more into modern academia and found that if connected with a Masters and PhD degree programs our orthopedic specialty had an opportunity for survival that would be recognized through out any accredited advanced degree granting institution in the country. This has become much larger than just our specialty but will encompass all of chiropractic education into the future graduating chiropractic physicians to take their rightful place within the health care delivery system into the 21<sup>st</sup> century if we are big enough to walk through the door.

I would like to commend a few of the visionary leaders that have brought the ideas to where we are today They are, Roger Russell, D.C. FACO, James Brandt, D.C., Ron Evans, D.C. FACO and the entire memberships of the coalition of chiropractic orthopedics. Let's all catch the wave and hold our heads high as we have a valuable health care to all of humanity.

On a more personal note, I had the honor and privilege of being nominated by my peers, Dr. Linda Zange and Dr. Gary Carver and presented with a beautiful plaque as a Fellow of the International College of Chiropractors (FICC) at the ACCO luncheon on Friday April 27,2007. My esteemed colleague Dr. Harold Tondera was also a recipient of the same award and it was an honor to be at his side while he was presented with his Fellow award.

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Disclaimer:

“The editorial contents of this publication are the opinions of the authors and do not necessarily represent or reflect the policies or thinking of the Council on Chiropractic Orthopedics (CCO) or the ACA. The CCO retains the right to edit letters and other materials submitted for publication. The CCO reserves the right to reject advertising determined to be not in keeping with the publication's standards. Acceptance of advertising by the CCO does not necessarily constitute endorsement of products or services advertised. The CCO does not make any effort to review or substantiate claims made by the advertisers.”

**Dale G. Huntington, D.C., F.A.C.O**  
**Secretary of the COUNCIL ON CHIROPRACTIC ORTHOPEDICS**  
**CCO Highlights Minute by Minute**



I would like to first call your attention to a new clinical discourse research article on “Headaches” authored by Linda Zange D.C. F.A.C.O that can be accessed currently on your cco web-site at “ccode.org”. This is an excellent discourse with much time and effort given to it that will refresh and expand your clinical knowledge on the subject of headaches. CCO president Dr. Harold Tondera attended the 32<sup>nd</sup> annual National Chiropractic Legislative Conference in Washington, DC on March 21st to 24<sup>th</sup> as well as representing the CCO at the ACA House of Delegates. CCO immediate past president Dr. Leo Bronston attended as delegate to ACA from his home state of Wisconsin, and CCO/ACA liaison Dr. David Madison as a Board of Governor of ACA. The Council was well represented through out the conference by our specialty. Dr. Tondera had the opportunity to visit with his congressional representative Nick Lampson (D) Texas regarding HR 1470 that would expand chiropractic treatment in our Veterans Administration health care facilities currently 30 to 75 over the next four years. Also HR 1540 that will expand chiropractic treatment benefits to military retirees, dependents and survivors. Dr. Tondera also attended an informational meeting of the American Board of Chiropractic Specialties (ABCS), that will function in an advisory capacity for all councils under ACA. Reportedly the ABCS will, assist council certification boards in their efforts to promote quality and efficiency in the process of evaluating and certifying doctors of chiropractic as may be appropriate, it may coordinate, lead, or participate in collective efforts with the Council Certification Boards. All Councils will be invited to become members with the president of each council serving as the council representative having one vote. The executive committee of (ABCS) will be comprised of a President, a Vice President, Secretary and a Treasurer. The officers shall serve for a term of two years with no officer eligible to serve more than two consecutive terms. This board (ABCS), received approval by the voting members at ACA/HOD in Scottsdale AZ. in 2006.

Your CCO board members attended the annual American College of Chiropractic Orthopedists, (ACCO) in Phoenix AZ. on April 27-29, 2007 and held the required annual general membership meeting under CCO/ACA bylaws. The ACCO conference venue has proven to provide our best attended membership meeting where we can speak directly with more members obtaining input to make your council stronger and more effective. Your council supports ACA’s effort with the National Committee on Quality Assurance (NCQA) that deals with performance and evidence based medicine that will effect every chiropractic physicians reimbursement.

Your council with the coalition of chiropractic orthopedists consisting of the ACCO and Academy of Chiropractic Orthopedists (ACO), embrace the “Vision 2010” proposed program of our specialty.

**The 2010 committee is comprised of the CCO, ACCO, and ACO along with the chiropractic colleges and universities offering programs in the orthopedic specialty. The program will offer for graduate chiropractic orthopedics education the Masters of Science degree in Physical Medicine and Rehabilitation, (MSc PM&R). This program is designed to replace existing programs moving the current graduate offerings into more modern academia. To obtain more information regarding this proposed program please visit your CCO web-site, (ccodc.org) go to links to access the Academy of Chiropractic Orthopedics.**

**Your council along with representatives of the coalition, (CCO,ACCO,ACO) held a special meeting regarding the implementation of the proposed MSc PM&R advanced degree within our colleges and universities. The coalition appointed Roger Russell DC.FACO, past president of CCO and author of the chiropractic orthopedic syllabus revised outline to chair a committee to help move the program into the academic arena. Ron Evans, D.C. FACO a leader of this program will also serve on the committee. Dr. Leo Bronston immediate past president of CCO presented a research paper during the Academy papers presentation at the ACCO conference on “Incidence of Lower Back Pain in Youth Hockey Players”. The research paper was submitted in partial fulfillment of the requirement of the degree of Master of Applied Science in Clinical Practice by Coursework in Musculoskeletal Management, RMIT. The CCO congratulates Dr. Bronston on a well done research paper.**

**Your CCO as you can tell represents the best interests of the orthopedic specialty as well as our profession. To enable the council to continue to be the national representative of the ACA on chiropractic orthopedics we need your memberships. Your CCO is membership driven and the membership fees we receive are our only source of revenue that enable us to attend the conferences, teleconferences and special meetings that are required to continue to conduct the business of chiropractic orthopedics.**

**Thank you for your continued support.**

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### **Vision 2010 Project Update**

The 2010 project is continuing in a positive direction and our own CCO syllabus chairperson Dr. Roger Russell has been selected as the chairperson of one of the Physical Medicine & Rehabilitation committees.

The committee is working on educational institution matters with approximately 10 categories and approximately six elective categories pertaining to the educational department; more details will be forth coming as time proceeds. We are fortunate to have such highly qualified individuals such as Dr. Roger Russell and others involved in the 2010 project. If you have an interest or suggestions of our specialty as it relates to the 2010 Project (Instructors/teacher, etc) please contact a CCO board member or go to The Academy Website for further details and assistances.

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Our sincere thanks to our supporting members:  
Mullell Sports Medicine

Gary L. Carver, D.C., F.A.C.O

Treasurer of the COUNCIL ON

CHIROPRACTIC ORTHOPEDICS



We the CCO board members wish to take this opportunity to sincerely express our appreciation and to thank each and every one of our members for your continued support, dedication and loyalty. Your membership, has sustained both our council and our orthopedic specialty. Because of your membership we now stand at the threshold of elevating our specialty to an even higher standard of education through the 2010 project mentioned previously in this newsletter. The 2010 project has the potential of not only raising the bar of our specialty but obviously that of our profession. It will give greater credence to our profession/specialty and this could not be accomplished without the continue support and loyalty of our members. Great strides in our profession via the orthopedic specialty can be accomplished with the wisdom and continued support of our current and new members. Allow us to realize the gravity of standing shoulder to shoulder for the greater good of our profession/specialty.

I am sure that you have memberships in many organizations/entities and that you are a member, if for no other reason, than you believe you are contributing to the welfare of that particular organization; nothing could be truer than your membership in the Council on Chiropractic Orthopedics. I would like to close with one of my favorite quotes.

“Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve conditions within his sphere.”

Theodore Roosevelt

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As a clarification to the different orthopedic organizations, the below summary is presented for your memberships assistance.

1. The CCO annual membership dues period is October 1 through the following September 30.
2. The Academy annual membership dues period is on the anniversary date that the member initially became a member.
3. The ACCO annual membership dues period is from November 1, through the following October 31.

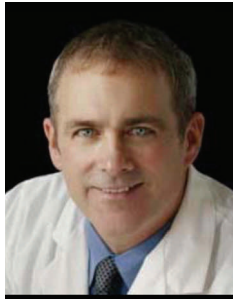
If you should have any suggestions, comments on how the CCO can better serve our membership please let us know.

Please keep us updated with changes to your address, email address and phone numbers.

We have a question that may help our CCO with time and expenses. For you doctors that have email addresses, would you like to have your due statement sent to you via the email? This would save us time, money and help the environment all at the same time. Please let us know your thoughts. Email us [gcdc7@att.net](mailto:gcdc7@att.net), thank you.

**Leo J. Bronston, D.C., F.A.C.O**

**Immediate Past President of the COUNCIL ON CHIROPRACTIC ORTHOPEDICS**



### NCQA Back Pain Recognition Program (BPRP)

The Executive Board of the Council on Chiropractic Orthopedics has been monitoring the quality assurance movement on a national level. In Washington, health policy circles right now are focusing on ‘quality’ in regards to evaluating an improvement plan of a patient. Initially, pay-for-performance plans were of high priority with CMS with many performance measurement work groups formulated as a result of earlier initiatives. The government is focusing more on actual quality measures and the continuing significant reimbursement reform challenges it faces in regards to public programs and specifically Medicare. The Tax Relief and Health Care Act of 2006 linked reimbursement to reporting on quality measures for the first time with the Physician Quality Reporting Initiative (PQRI) having been the program associated with this.

The movement towards reimbursement relative to quality measures will have a significant impact on the chiropractic and medical profession in terms of both practice and reimbursement. The American Chiropractic Association leadership, recognizing this issue, was proactive in an attempt to position the profession to prosper in the changing healthcare environment. As a result, the ACA House of Delegates approved \$150,000 from its emergency reserve fund at the NCLC in March 2007 to help the chiropractic profession represent and advance itself in this area. Thus, ACA is a member of a coalition of non-MD, DO providers that range from podiatrists and optometrists to physical and occupational therapists. ACA’s quick action in this area will enable the chiropractic profession to position itself as an important player in discussions how to best treat and measure the treatment of various health conditions.

In this respect, each one of us within our specialty is uniquely positioned with the tools to help in this endeavor. By participating in the NCQA Back Pain Recognition Program (BPRP), you will be on the front line to providing the needed documentation to demonstrate our efficacy in regards to outcome measurements. This is a voluntary program where physicians (chiropractic and medical) submit information on how they treat and manage their patients to identify providers who provide high-value, patient-centered care for back pain. There is a strong likelihood that one or more of these measures will be adapted through the quality measure process for back pain. The main players in this group are the AMA consortium, NQF, AQA, and CMS. Low back pain has been fast-tracked as a cost of care condition and thus participation in this program is essential. There is a strong likelihood that MCOs will eventually require participation in this program for treatment of certain diagnoses. The BPRP has 16 clinical measures and structural standards. Certain of these are specific to surgeons; it was estimated by one doctor of chiropractic who participated in the program that about 10 of the measures would apply to the average chiropractic practice. More details on this are available through [www.acatoday.org/quality](http://www.acatoday.org/quality).

Few bodies right now play a significant role in the development of the measures with their steering committees, performance measurement (condition-specific) work groups, and coordinate programs running on this issue

- **American Medical Association (AMA)**-led physician consortium for performance improvement (often referred to as “the consortium”): The consortium is viewed by the healthcare community (perhaps more critically by CMS) as the main entity through which measures should flow through. At current time, it is effectively the developer of measures. (ACA is a member of the consortium and has insured representation on certain condition work groups.)
- **National Quality Forum (NQF)**: NQF, whose membership is open to any government or body interested in quality issues, reviews measures and provides a recommendation on whether they should be adopted (ACA has applied for NQF membership and will know by May 2007 if the membership has been approved; in the meantime ACA is receiving all the messages from the organization)
- **AQA Alliance**: AQA, a consensus-model group which consists of physicians and consumer groups and insurers, reviews the measures and provides a recommendation on whether they should be adopted, relying heavily on the recommendations of PCPI and NQF (ACA is an active participant in the organization and its various committees)
- Other important organizations include
  - ◇ National Committee for Quality Assurance (NCQA): NCQA is an accrediting body of managed care organizations which has been involved in the quality movement from the start, and many of the other participants in the healthcare committee look to NCQA’s work for ideas. CMS has tasked NCQA in part with addressing the issue of groups that do not have quality measures. NCQA announced a Back Pain Recognition Program (BPRP) in January which deals with low-back pain
  - ◇ Quality Integrity Organizations (QIOs): These are different contractors all over the country that handle various areas related to quality improvement and monitoring. CMS has contracted with one QIO to help develop more quality measures. ACA has ensured chiropractic representation on the work group of this QIO

In summary, NCQA is an attempt to identify high-quality physicians and chiropractors who take a patient centered approach to evidence-based criteria. The chiropractic orthopedists possess the characteristics of quality-based clinical practice for patients with musculoskeletal conditions. The members of the chiropractic orthopedic community can have an incredible influence collaboratively and a profound effect on the health of humanity and our profession by participating in this study. If there is anyone that needs guidance in application and/or understanding the process, please do not hesitate to contact me for additional information and/or help on the matter.

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**David G. Madison, D.C., F.A.C.O     ACA Liaison Board of Governors  
of the  
COUNCIL ON CHIROPRACTIC ORTHOPEDICS**



**Unprecedented Opportunity to Assist Regulatory Authorities' Investigations: Your Assistance is Urgently Needed**

Now is the time for all good chiropractic orthopedists to come to the aid of the American Chiropractic Association.

ACA has been in communication with several state Departments of Insurance and Attorneys General regarding tactics by managed care networks that, in ACA's view, limit reasonable and necessary treatment, placing effective patient care at risk. Our preliminary evidence gathered was used to petition these state regulatory agencies to investigate these practices. Recent indications received by ACA lead us to believe that state agencies are prepared to take a closer look in connection with these managed care networks.

**WE MUST HAVE THIS INFORMATION BY JUNE 15<sup>TH</sup>.**

To do your part and assist ACA and regulatory authorities with this historic investigation, we request that you respond to the e-mail sent out by the ACA on May 18<sup>th</sup> or contact Ms. Laurie Douglas at the ACA office at 1-800-986-4636

**Together we can bring managed care abuses to light and with one voice share this information with those who have the power to bring change.**

In addition, please go to the ACA website, [acatoday.com](http://acatoday.com), click on the ADVOCACY button and read over the information on that page. Please pay special attention to the Chiropractic Network Action Center. There are several other ways that you can assist the ACA listed.

MEDICARE TO PROVIDE BENEFICIARIES WITH INFORMATION ON PHYSICIAN PERFORMANCE AS PART OF VALUE-DRIVEN HEALTH CARE INITIATIVE -  
(The process is beginning in the preparation of physician report cards that will be available to the public.)

The Centers for Medicare & Medicaid Services (CMS) today announced that the Delmarva Foundation for Medical Care (Delmarva), one of its quality improvement organizations, has entered into subcontracts with four regional collaboratives, as part of the Better Quality Information to Improve Care for Medicare Beneficiaries (BQI) Project.

The objective of the Initiative is to provide the public and providers with reliable and consistent measures of quality care.

The quality measures to be used in the BQI project are national consensus-based measures that have been adopted by AQA (an alliance of health care providers, health plans, senior groups, employers and unions that also played a role in the establishment of the subcontracting collaboratives).

These regional collaboratives will combine Medicare data with data from other insurers (Private Insurance companies) to produce information on the performance of health care providers for the benefit of Medicare beneficiaries.

The results of the BQI Project will be used for two primary purposes: first, to provide performance information to physicians that will assist them in improving the quality of care they are delivering to Medicare beneficiaries; and **second, to give physician performance information to Medicare beneficiaries in order to help them with physician selection.** The subcontracts announced today will allow the BQI project to apply these principles to the Medicare program

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Please check our website and its links for information regarding future orthopedic classes, review classes and approaching orthopedic examinations.

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**CCO Mission Statement:**  
*The Council on Chiropractic Orthopedics is dedicated to furthering the public's knowledge of the benefits of non-surgical treatment of neuromusculoskeletal conditions, advancing our physicians life long learning experience as well as promoting a multidisciplinary environment.*



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