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Council on Occupational Health

By Scott W. Donkin, DC, DACBOH
President

There has never been a more exciting time in history to be a chiropractor involved with occupational health. Research, news releases and other positive information regarding the effective chiropractic treatment of disorders such as lower back pain emerge with increasing regularity. Ergonomic disorders which affect the neuromusculoskeletal system are being exposed as conditions with which chiropractic is exceptionally successful. OSHA, with its upcoming ergonomic standards, will most probably be encouraging early detection and conservative management of occupational injuries and conditions and will recommend preventive measures. This combination of trends should excite almost every chiropractic practitioner, however, the ACA-COH is probably the smallest of all the ACA councils. Part of this is due to the fact that it is the newest council, thus, still the least recognized in the profession.

The goal of the ACA-COH for this year is to clearly define our mission and to publish quarterly 'Occupational Briefs' to serve as an ongoing meaningful stream of information which can be put into practical application by interested doctors of chiropractic.

Also, extremely high on the agenda is to conduct a chiropractic survey to determine what menu of services chiropractors currently provide to industry, what percentage of chiropractors actually works with industry, and what information, services and support chiropractors need and will use in their practices and with industry concerning occupational health issues.

Although I stated earlier that there has not been a more exciting

time to be a chiropractor involved with occupational health, I did not say that it would necessarily be easy. The ACA-COH and the entire occupational health movement is still in its infancy. There is much that must be done to organize the council, but I am confident that when we look back on this time, all of the individuals who participate in this movement will see the major impact they have had on the destiny of our great profession.

*Excerpt from "Occupational Briefs,"
February 1995.*

COH Announces Executive Committee

The ACA-COH announces its executive committee consisting of the following diplomates of the American Chiropractic Board of Occupational Health: Scott Donkin, DC, president; T. Randall Eldridge, DC, vice-president; David Gilkey, DC, immediate past president; Scott Bautch, DC, secretary; and Larry Rosenberg, DC, treasurer. Robert Lynch, DC, of Portland, Maine, has been appointed the official liaison between the ACA and its Council on Occupational Health.

The ACA-COH is a non-profit organization dedicated to supporting the doctor of chiropractic's fundamental contribution to their community in fostering public health and safety through education, ergonomics, optimal clinical management and other measures. This year is planned to be the council's year of largest growth, due to increasing awareness of chiropractic's important role in treating neuromusculoskeletal injuries and conditions, particularly in the workplace.

At its February 18, executive committee meeting, a committee was created to develop criteria for evaluating occupational health-related products, services and educational

programs used by doctors of chiropractic and other health-care specialists, as well as employers and employees. A presentation was also given by Brian Halliday, a representative of the World Safety Organization, to certify appropriately trained chiropractors as Certified Safety Specialists through the WSO. The ACA-COH is actively exploring this possibility.

Contact Beth Auppl at 507-455-2524 or Dr. Scott Donkin at 800-552-6347 for information regarding seminars and a special new member package which includes materials, press releases and discounts.

New Member Benefits Letter

Much information and many services are now available to you which were not before. We cordially invite you to take advantage of your new opportunity to join the ACA Council on Occupational Health.

Many of our members are integrating their chiropractic practices with industry and serve as valuable representatives for chiropractic. This is planned to be our largest growing year yet and we are offering a special new member package that has not been offered before. With your paid membership into the ACA-COH you will receive:

1. A 1-year subscription to "Occupational Briefs," the quarterly publication of the ACA-COH. This publication provides important and timely information regarding changing federal rules and regulations, occupational statistics and articles of chiropractors actively involved in occupational health.

2. A press release sent by the ACA-COH to your local newspaper stating the fact that you have joined this council with its aforementioned mission.

3. A certificate of membership suitable for framing.

4. Access to the International

Academy of Chiropractic Occupational Health Consultants Resource Center filled with educational materials for the discerning doctor of chiropractic, potential corporate clients and/or patients.

Contact Beth Auppl, Executive Director of the IACOH Resource Center at 507-455-2524 for more information.

International Activities

Robert E. Dubro, DC, DACBOH, CCSP, of Fremont, Calif., was invited to speak in The Netherlands on March 18. He addressed members of the Netherlands Chiropractic Association, who sponsored his presentation. Dr. Dubro spoke on "The Role of the Chiropractor in Occupational Health and Wellness." Recent changes in Dutch law have significantly increased the employers' responsibility in managing occupational illness and injury.

Council on Sports Injuries and Physical Fitness

By Ernest W. Ferrell, DC, CCSP
Second Vice President

The ACA Sports Council continues to prepare for its Ninth Annual Sports Symposium, to be held in beautiful Maui, Hawaii. This promises to be the biggest and best symposium to date. The chairperson, Margaret E. Karg, DC, has put in many long hours finding out what our members want. As such, we have decided to make this symposium an entirely hands-on format, entitling it "Hands-On III." There will be approximately 20 hours of continuing education available to each participant. Each topic will be rotated through in a manner that will allow doctors to attend each presentation, if desired.

There will be fantastic guest speakers such as the marvelous,

outgoing, captivating Lawrence Markson, DC, president of Markson Management, who will be giving two motivating sessions on "Marketing Your Sports Practice," and the wonderful, high-spirited Eduardo Henrique de Rose, MD, who will present the topics: "Chiropractic, Sports Medicine and Olympic Games" and "Doping Control in the Ancient and Modern Olympic Games."

A list of topics to be covered are: "Extremity and Spinal Manipulation," which will satisfy continuing education hours handled through Logan Chiropractic College Post-Graduate Division—they have applied for all fifty states. Topics include: "Standardized On-the-Field Evaluation and Data Collecting Procedures," featuring 10-minute comprehensive regional examination; "Standardized Spine Manipulation;" "Standardized Upper Extremity Manipulation;" "Standardized Lower Extremity Manipulation and Biomechanics;" "Management to the Shoulder Syndromes with ART;" "Development of Explosive Power and Speed through Plyometrics and Speed City Training;" "The Injury Specific In-Office Exercise Prescriptions for Acute/Subacute/Chronic" with forms to hand out; "In-Office Soft Bracing Techniques;" "The Dancer: The Ultimate or the Overlooked Athlete?;" and "Rodeo: Emergency Case Studies."

There will also be poster presentations set up throughout the weekend. Selected abstracts and poster presentations will be credited toward the written requirement for the diplomate.

Join your colleagues and bring your family along for your annual summer vacation and benefit from the "hands-on" theme. Enjoy the surroundings of beautiful Maui, feel the breeze while windsurfing, enjoy the golf and tennis tournaments and quiet moonlight walks

along white sandy beaches.

The New Olympic Training Center in San Diego is scheduled to open in April 1995. Vinny Comiskey will be the head athletic trainer at the facility. Physicians assisting at the San Diego Olympic Training Center are Orthopedic Surgeons Heinz Honecke and Jay Flood. Primary Care Physicians Patricia Avils and Lee Giddings will provide altruistic services on site.

On November 22, 1994, Mr. Bob Beeten, director of Sports Medicine for the USOTC in Colorado Springs, Colo., Ms. Gloria Chadwick, chief of operations for the San Diego Olympic Training Center, Ms. Ann Bolzoni, assistant fund raiser for the USOTC, Gary Wood, DC, local San Diego chiropractor, Jan Corwin, DC, president of the ACA Sports Council and Thomas Hyde, DC, executive director for the ACA Sports Council met in San Diego to discuss the involvement with the new San Diego ARCO Olympic Training Center. The new center is scheduled to open the first or second week of April 1995.

Dr. Gary Wood has been involved with the local organizing committee for several years and has attended local meetings, functions and has provided chiropractic care for several NGBs at the ARCO Olympic Training Center along with other local chiropractors. Through the continued efforts by Dr. Wood, a meeting with key personnel listed above was arranged. As a result of this meeting, the profession, in essence will be able to double the number of chiropractors who will have the opportunity to participate in the two-week sports medicine internship program. The program currently in effect at the U.S. Olympic Training Center in Colorado Springs will continue, with San Diego following the same criteria.

The executive board continues to work with the remaining states regarding their travel to treat poli-

cies—things look promising.

The Atlanta Sports Olympic Committee is taking applications for chiropractors for the Olympic Games. Please contact Dr. Richard Rosenkoentter at 404-233-2440 for an ap-

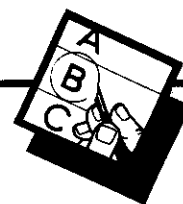
plication.

Drs. Jan Corwin and Thomas Hyde attended the Third Annual Commission of Sports Medicine and Science. Look for full report in

the upcoming issue of "Sports Talk."

Remember—to get involved with the Sports Council, all you have to do is contact the national office at 800-593-3232. ■

TEST YOURSELF



Behavioral Health Quiz

By Edward C. Sullivan, DC, PhD

1. Research has shown that exercise is most beneficial for certain types of anxiety.
 - a. true
 - b. false
2. Exercise does not improve serious cases of clinical depression.
 - a. true
 - b. false
3. Exercise research shows exercise to be effective in stress management.
 - a. true
 - b. false
4. Exercise does not enhance self-esteem.
 - a. true
 - b. false
5. Scientific findings do not totally support the runner's "high" (euphoria) to beta-endorphin production.
 - a. true
 - b. false

Nutrition Quiz

By Hal M. Miller, DC, DABCN

1. In the supermarket, cigarettes are the number 1 profit item; car-

bonated soft drinks are number 2 and coffee is number 3. In 1980, ___ billion dollars of soda was sold in America.

- a. 2
 - b. 4
 - c. 8
 - d. 10 or more
2. Clinical ecologist, Marshall Mandell calls carbonated soda "a disastrous mixture." In 1989 the average consumer drank ___ cans of soft drink a year.
 - a. 100
 - b. 200
 - c. 300
 - d. 400
 - e. 500 or more
 3. Nutritionist Dr. Jean Mayer warns, "the higher the sugar content, the more cariogenic the food is likely to be." ___ percent of our total sugar intake comes from soft drinks.
 - a. 5
 - b. 10
 - c. 15
 - d. 20
 - e. 25
 4. Hyperactivity authority Dr. Ben F. Feingold maintains one out of every four or five children under the age of 18 has a reaction to the chemicals and high sugar content in carbonated sodas. The government

permits ___ different artificial ingredients to be used in soft drinks.

- a. 100
 - b. 200
 - c. 300
 - d. 400
 - e. 500 or more
5. The National Cancer Institute in 1980 warned that heavy users of diet soda (2 or more 8 oz. drinks per day) and other sugar substitutes had a ___ percent increased risk of bladder cancer.
 - a. 10
 - b. 20
 - c. 30
 - d. 40
 - e. 50 or more

Occupational Health Quiz

By Robert E. Dubro, DC, DACBOH, CCSP

1. A viscoelastic tissue will deform with:
 - a. time but not load
 - b. load but not time
 - c. time and load
 - d. neither time nor load
2. The definition of biomechanical stress is:
 - a. the force per unit area of a structure

- b. a measurement of the intensity of a force
 - c. a load that is applied by a force couple about the long axis of a structure
 - d. a and b
3. An individual's height is less in the afternoon, after standing all day, than it was earlier that morning. The viscoelastic property best describing this change is:
- a. creep
 - b. crawl
 - c. shrink
 - d. relaxation
4. A stretched ligament under constant tension undergoes a decrease in stress. This best describes the viscoelastic property of:
- a. creep
 - b. crawl
 - c. shrink
 - d. relaxation
5. The viscoelastic properties of human tissue tend to:
- a. magnify the effect of direct, sudden trauma
 - b. dampen the effect of direct, sudden trauma
 - c. neither magnify nor dampen the effect of direct, sudden trauma
 - d. only affect the extent of cumulative trauma

Orthopedic Quiz

By Joseph G. Irwin, DC, FACO

1. What cranial nerve is related to the swallowing mechanism?
- a. trigeminal
 - b. facial
 - c. vagus
 - d. hypoglossus
2. When the patient cannot smile, what cranial nerve is affected?
- a. trigeminal
 - b. facial
 - c. vagus
 - d. spinal accessory
3. When the patient complains of a weakness chewing food, the doctor should think of what cranial nerve?
- a. trigeminal
 - b. facial
 - c. vagus
 - d. glossopharyngeal
4. Fasciculations of facial muscles with peripheral paralysis is related to what cranial nerve?
- a. trigeminal
 - b. facial
 - c. vagus
 - d. trochlear
5. What cranial nerve is related to medical deviation of the eye?
- a. optic
 - b. oculomotor
 - c. trochlear
 - d. abducens

Radiology Quiz

By Terry R. Yochum, DC, DACBR

1. A dashboard fracture is a fracture of the ____.
- a. glenoid fossa of the scapula
 - b. greater tuberosity of the humerus
 - c. tibial plateau
 - d. posterior acetabular rim of the ischium
2. A frequently seen complication of achondroplasia is ____.
- a. pathological fracture
 - b. dental caries
 - c. spinal stenosis
 - d. atlantoaxial instability
3. Which of the following bone neoplasm(s) characteristically extend(s) to the subchondral bone?
- a. lymphoma
 - b. chondroblastoma
 - c. giant cell tumor
 - d. enchondroma
 - e. b and c
4. Trauma spondylolisthesis most frequently involves which segment?
- a. C2
 - b. C6
 - c. L4
 - d. L5
5. Discrete calcifications in the abdomen which cross the midline

- most likely represent ____.
- a. cholelithiasis
 - b. renal calculi
 - c. splenic granulomata
 - d. pancreatic calculi

Sports Injury/ Physical Fitness Quiz

By Philip Santiago, DC, DACBSP

1. The neurotically conflicted athlete might engage in all of the following behaviors except:
- a. cooperation
 - b. withdrawal
 - c. egocentrism
 - d. depression
2. Athletes with a high degree of external motivation would most likely display their best performance for:
- a. the "love of the game"
 - b. sense of competence
 - c. money
 - d. thrill of cooperative involvement
3. Which of the following is one of the difficulties in sports personality research?
- a. resistant athletes
 - b. changes in results due to level of experience
 - c. similar gender results
 - d. few individual vs. group sport differences
4. As a group, athletes display ____ mental health than the non-athlete population.
- a. greater
 - b. lesser
 - c. no difference in
 - d. results are inconclusive
5. The two most important predictive factors in sports injury are:
- a. personality and drug uses
 - b. type of sport and performance athlete
 - c. life stress and social support
 - d. focus of control and level of motivation

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