

**Journal of the  
American College of Chiropractic Orthopedists**

**JACCO**



**Spring 2008  
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American College of Chiropractic Orthopedists**

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Dear ACCO Member:

As your newly elected president it is with great excitement and honor that I accept this prestigious position. Your newly elected Executive Board for 2008-2009 are young, sharp-minded colleagues that are eager to roll up their sleeves and get to work. This new generation of “bright lights in the forest” consists of President Dr. Vern Saboe, First Vice-President Dr. Tom Mack, Second Vice-President Dr. Joseph Ferstl, Secretary Dr. Boyd Peterson, Treasurer Dr. David Swensen, and Past-President Dr. Bill Fisher. Other appointments are Advisor Dr. Rome Hanning, Alternate Advisor Dr. Jess Rothenberger, Dr. Joseph Ferstl Convention Chair, Jim Vancho as Exhibits Chairperson, and Dr. Deanna O’Dwyer-Swensen as JACCO Editor.

Our 52<sup>nd</sup> Annual ACCO Clinical Symposium held this past April in Carlsbad, California, provided an extremely informative program and with the formulation of the “Carlsbad Initiative” it will become a historic meeting. Looking to the future, our 2009 Annual Symposium is returning to the beautiful city of San Antonio, Texas. The Texas Council of Chiropractic Orthopedists takes second to none when it comes to promoting our annual gathering. Our colleagues in Texas were simply wonderful in 2006 and a large part of why the 2006 ACCO convention was so exceptionally successful. President of the Texas Council Dr. Bill Kowalski is spearheading the Texan promotion of the 2009 convention and we thank him in advance for all the hard work and preparation. We will be staying at the Hyatt Regency San Antonio situated on the banks of the river walk and located directly across from the historic Alamo. Dates for this event are May 8<sup>th</sup> – May 10<sup>th</sup>.

Colleagues, I’ve been a member of the ACCO since 1985 at which I joined as an associate member as a student in the diplomate program. In my opinion this is the most exciting time for our specialty that I’ve witnessed in the last twenty-three years! With the formation of the coalition between the College, Academy, and

Council on Orthopedics, as well as the recent immergence of the “Master of Science in Musculoskeletal Medicine and Rehabilitation,” our specialty is riding the crest of a wave of positive forward thinking in post-graduate education, which will ensure a bright and exciting future.

In closing, as those famous words “Remember The Alamo” give us pause to recall and honor those patriots that gave their lives for this great country, so too will we recall one day the movers and shakers of the “Carlsbad Initiative.”

Cheers,

Vern Saboe, DC, FACO

From the Editor's Desk

Spring 2008

For every season there is a time...

Change is good. No one really likes it, it is comfy in our "zone", but change is still good.

The ACCO is going through some changes, we hope, for the better. I wouldn't call it "growing pains" rather "changing pains". One example of this is this e-journal. The ACCO is going green, we are trying to save a few trees along the way. At our recent conference, we voted to try a newer format which includes, but is not limited to electronic information. It promises to be more convenient, more earth friendly and more affordable. This past weekend, more than 75 doctors of chiropractic and medicine convened to test out the plasticity of the brain. We reviewed radiology physics, reading and indications. We were enlightened to know that orthopedic surgeons are not three headed dogs, rather doctors, just like ourselves, who are interested in the patient's needs first. We were confirmed what we always suspected, sometimes medications do cause problems in the musculoskeletal system.

With the end of another neuron mapping conference, the leadership helm has also changed. Dr. and Mrs. Valusek, who have been instrumental in so many years worth of proudly produced conferences have "retired". You may or may not have known that they were the blood and guts of the organization. The role of conference chair, which was single handedly performed by Rose Marie, is now divided between 3 people (all male, by the way...I guess it REALLY does take a few good men to replace one excellent woman!) Bill has stepped down as advisory board counsel, to enjoy the conferences along with his wife. Bill and Rose Marie have been debriefed and are sitting by the pool, enjoying a mimosa. Stop by and say "Hi" to them when you see them at the next conference.

The ACCO is currently, actively recruiting new members. We want to know what we are doing correctly and what we are not. If a tree falls in the woods, does anyone hear it? If there is a problem

or a concern regarding your membership and its' value, please let us know. We are re-booting the main frame and putting folders on the desk top. We promise to be bigger and better...but we are nothing without you. Submit articles for publication, submit ideas and arenas of interest that we can investigate for conferences, keep your questions and unquenchable thirst for knowledge coming. The sum is greater than its' parts.

Become the change you wish for the world.

Deanna L. O'Dwyer-Swensen, DC  
Editor

# For the good of the College:

## Comments:

It is certainly important that ACCO continue its dominance in chiropractic orthopedic specialty education. However, ACCO must continue to serve the Diplomate population first, since that population has great difficulty finding/attending suitable courses useful for their specialized interests. To remain relevant for the Diplomates, ACCO must:

- 1) Engage only recognized authorities for topics presented in a conference.
- 2) Speakers must present the material at an “honors” level, stimulating the educational process of advanced learners.
- 3) Speakers must allow ACCO to record the audio and video of presentations for post conference release of the material to both those in attendance, and those searching evidence based data/presentations for reference sourcing.
- 4) Speakers must disclose all conflicts of interest that can impact on the material presented; i.e., financial interest, support, sponsorship, vested developmental interests, and proprietary information.

- 5) Speakers must not be engaged in promoting proprietary, not-widely adopted information, methodology, other than for introductory or awareness purposes. The ACCO forum and class presentations cannot be used as promotion for the speaker's own more robust classes.
- 6) All information presented under the ACCO banner must be referenced with the latest citations available.
- 7) Information regarding procedures/methods for diagnosis and especially treatment must have met all standards for human uses (IRB reviews).

Overall, ACCO is the keeper of the educational flame for chiropractic orthopedics. These conclaves must be ACCO's best possible effort at advancing the specialty knowledge base.

**Ron Evans, DC, FACO**

## One Member's Story

The last ACCO conference I attended (prior to 2008) was in La Jolla, CA and it was great. The most recent has a special theme to it because I was trying to locate the ACCO membership and was not able to do so. In addition I contacted LACC but no one responded to my emails.

As far as the conference is concerned, it was nice to see my old classmates and those whom I interned with. Everyone was welcoming and it was nice to catch up on what everyone has done in the last ten years or so.

I came across the ACCO website as I was searching the Internet for the postgraduate chiropractic orthopedics. After surfing various chiropractic colleges and organization, somehow I got a link for upcoming ACCO convection in Carlsbad, CA. I was so excited exiting and sent my registration to the ACCO and Dr. Swanson responded saying I am registered for the convention. To be honest with you I didn't really pay any attention to the name. Saudi Arabia is not an easy task, all Americans are required to get an exit/re-entry visa is issued by the Department of Immigration. This took few days. Once I have my exist visa, I was ready to come to the USA. My intinary included Riyadh, Kuwait, Washington/Dallas and then San Diego.

When I arrived in Kuwait City, few hours after my arrival all passengers were notified of the delay of our flight going to the US because of the FAA grounding all Boeing 777. I had to stay over one night in Kuwait City and then catchup the next flight midnight. When I arrived in Washington, my the flight to San Diego was full, but I can get few hours later thru Chicago or miss Fridays meeting. I choose to go thru Chicago, Ohare and arrived in San Diego Midnight Pacific time.

Once I was at the conference with all the presenters and colleagues I almost forgot what I went thru. The rest was history.

I did enjoy the conference and learned few things and very much enjoyed my time in Carlsbad. All clinical cases were relevant with the exception of few. The atmosphere and location was excellent. and the ACCO officers were working delignedly to make sure everything was on schedule. I don't have to go thru this to get my diplomate in orthopedics, (just kidding).

I hope you will find my story interesting.

Mustafa Idiris, DC

Dermatological-Neurological Interactions  
Timothy Berger, MD

The term neurocutaneous dermatoses is defined as a dermatitis that arises secondary to pathology located at any point along the circuitry of the nervous system. They can be divided into 3 subgroups- anatomical, neurovascular and primary sudomotor, based on the underlying mechanism presumed to be responsible primarily for producing their clinical features.

Neuropathic pruritis: persistent picking and scratching at the skin is often very evident upon evaluation. This often suggests an underlying neurological etiology. Lichenification and prurigo, papules/nodules are often the most common manifestations of the unrelenting cycle of itching and scratching. These lesions are often accompanied by lichenification (hyperplasia in response to chronic itching).

Intractable localized or segmental pruritis without evidence of a primary dermatological process is named dependent on the body part affected. Brachioradial pruritis, nostalgia paresthetica and anogenital pruritis are three of the more common conditions. These are often manifestations of mechanical injuries affecting the vertebral column or nerve roots. The anatomical distribution of them corresponds to the respective level of injury: brachioradial pruritis to the cervical, nostalgia paraesthetica the thoracic and anogenital pruritis to the lumbosacral region.

Brachioradial pruritis is characterized by localized, severe, refractory, intractable itching and secondary skin changes such as lichenification. The skin over the proximal heads of the brachioradial muscles is affected, usually associated with clinical evidence of chronic sun damage. On occasion, the pruritis extends across the upper back. Heyt demonstrated radiographic evidence of osteoarthritis in four of five patients, and hypothesized that nerve injury, resulting from either lesions of the cervical spine or from mechanical compression by nearby structures. Goodkin et al., have provided further radiographic proof that cervical spine disease may

be an important contributing factor. In their research, they found that 50% of their patients had radiologically verified degenerative changes in the cervical spine relating to the level of pruritis presented. Cervical root compression as a cause, was further supported by a report of spinal cord tumor causing pruritis at the C5-6 dermatomes. Using this information, it is now thought that brachioradialus pruritis may represent a form of neuropathic pruritis. Sunlight, however, can also be an eliciting factor and compression of the cervical nerve root a predisposing factor in these patients. Wallengren and Sundler studied cutaneous biopsies from the affected skin of patients with brachioradialus pruritis to normal skin from age-matched controls. They visualized the cutaneous innervation by antibodies to protein gene 9.5, a general neuronal marker, calcitonin gene-related peptide, a marker for thin sensory nerve fibers, and the VR-1 receptor, a marker for capsaicin-sensitive nerve fibers. They found that pruritis was seasonal in most of their patients and histologically the biopsied specimens displayed changes similar to those seen in skin affected by ultraviolet light. The number of nerve fibers in the diseased skin, as detected by nerve markers was significantly reduced as compared to the controls. Of note, some patients' fiber counts were normalized as the symptoms abated. Wallengren and Sandler argue that spinal disease alone cannot explain symptoms of brachioradialus pruritis, based on their observations of symptom free periods interspersed with relapses. An affected family suggests the presence of hereditary brachioradialus pruritis, either with auto-somal dominant or x-linked inheritance.

Patients often apply ice packs to the affected arm. Sunscreen may also be of partial benefit. Topical analgesics are also helpful, as well as, some surgical and pharmaceutical interventions. Cervical physiotherapy, cervical manipulation and acupuncture have also been reported to be helpful in the treatment of this disorder. Tait and colleagues found that 71% of patients treated with conservative chiropractic care reported resolution of symptoms following manipulative treatment, including those who had documented cervical spine disease with or without cervical symptoms.

Notalgia paresthetica is usually a unilateral sensory neuropathy found mainly in the older patient characterized by infrascapular pruritis, burning pain, tenderness or hyperalgesia.

Occasionally, other neurological symptoms are present as well. These may include numbness, tingling and formication. Usually, the dermatomal distribution is T2-6 without evidence of primary dermatologic lesions. Pigmented patches and amyloidosis may occur from the rubbing of the skin. It is hypothesized that the course that the nerve root when taking the 90 degree course as they exit the spine may contribute to the increased susceptibility to mechanical injury.

Pathogenesis is possibly linked to musculoskeletal compression and resultant pinal nerve impingement of the posterior primary rami of the aforementioned spinal nerves. Raison-Peyron et al., have radiologically demonstrated evidence of spinal arthrosis in patients with NP. Savk has also demonstrated a correlation between patients with NP and spinal degenerative changes. In both cases, the patients demonstrated the same dermatomal distribution of pruritis as structural abnormalities.

Some hereditary cases have occurred, mainly in young patients associated with multiple endocrine neoplasia type 2A. The associated cutaneous lesions are hypothesized to be secondary to pathology in the neural crest-derived dorsal sensory nerves.

Treatments for this disorder have responded favorably to topical analgesics, OTC and pharmaceutical grade medications, paravertebral anaesthetic blocks, epidural steroid injections and physiotherapy. Most of these treatment modalities affect directly or indirectly on the nervous system, supporting the neurologic etiology theory.

Anogenital pruritis is a general term for itching which is almost always limited to the genital or perianal skin. There is usually little or no symptoms at other anatomical sites.

Cutaneous manifestations are identical to those of lichen simplex chronicus elsewhere on the body. Attacks are characterized with violent itching with nocturnal pruritis common.

Generally, the pruritis is restricted to one anatomical area and does not cross over to another. These conditions are very common and poorly managed. Anogenital itching may be a manifestation of pre-existing pathology or an idiopathic, primary condition, in which persistent itch may be present. A thorough history and evaluation will differentiate AP from hemorrhoids or anal/genital neoplasms. Recently, there have been studies which have found that there is a possible neuropathic origin for idiopathic anogenital pruritis. This mechanism is similar to that of NP and BP. Patients with AP have been observed to have lumbar radiculopathy, representing nerve or nerve root compression at the L4-S2 vertebral levels. These levels have demonstrated degenerative changes of lower spine on radiographs.

Treatment of AP usually involves eliminating exacerbating factors such as irritants and potential sensitizers, with modifications of hygiene habits. Short courses of anti-histamines and high-potency topical steroids.

## **IT DOESN'T HAPPEN VERY OFTEN**

**Dr. Harold B. Tondera, F.A.C.O.**

I experienced something that is worth telling you. The American College of Chiropractic Orthopedists had its annual convention in Carlsbad, California (close to San Diego) on April 10 through April 13, 2008. My past experience with the A.C.C.O. has been very good as they have a reputation of obtaining top notch speakers on subjects that are important and yet on the edge of health care for the chiropractic physician. The faculty was superior. This was expected. Topics of the lectures were “Sleep: A Clinical Management Factor”, “Documentation, Coding and Compliance”, “Evidence Based Practice and Patient Centered Chiropractic”, Current Research on the Effects of Leg Length Discrepancy on Lumbar and Pelvic Distortion”, “Trends in Spinal Treatment”, “Dermatological-Neurological Interactions”, “Assessing Chiropractic Practices in Med-Mal Cases”, and “Degenerative Diseases of the Spine, Imaging Update”.

The speakers did not hold back but pointed out some of the failings of our profession, some of our bad habits, problems in communication, and following the guidelines. Usually when speakers do this, the participants have a tendency to make disparaging remarks to each other about the subject, or complaints during the break allowing for negative comments.

Strangely, this did not occur. All participants were in accord of the positive suggestions made and what each

of us could do to prevent any miscommunication. There was a positive reaction to the speakers, each other and even during committee meetings. This attitude permeated the entire time of the convention and all other functions.

What a wonderful time. It was a real pleasure to see the confident attitude of a group of my peers willing to discuss and suggest changes that are necessary to conduct orthopedics in Chiropractic. There was laughter, there was cajoling and there was seriousness.

As President of the Council on Chiropractic Orthopedics, the A.C.C.O. allowed our organization to conduct our annual membership meeting. We gave two Presidential Awards this year. One award was given to Dr. James Brandt and the other to Dr. Stephen Capps. These were awarded to recognize their special efforts to the Chiropractic profession and especially the orthopedic specialty. During this meeting our newly elected executive committee, was introduced.

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Being that this was my last general membership meeting as President, I received an award with the gavel on it. I shall enjoy this plaque and have fond memories of the interactions of this organization and especially the members of the board. This usually is a sad occasion, but this time, it was very positive as a new board would be taking office soon and the new challenges that they will

face will be with honor, professionalism and ethical morals.

It was a productive time with the attitude of esprit de corp, positive feelings and friendships made and enhanced. It just doesn't happen very often.

Thanks A.C.C.O. for allowing me to take part.

**AMERICAN COLLEGE OF CHIROPRACTIC ORTHOPEDISTS**

***A.C.C.O***  
**SCHOLARSHIP PROGRAM**

**NAME:** F. Maynard Lipe Scholarship Award

**PURPOSE:**The purpose of the F. Maynard Lipe Scholarship Award will be to provide financial assistance to the candidate enrolled in a PG Orthopedic program leading to Diplomate status or Masters Degree

**BASIC REQUIREMENTS:** Honorable DC enrolled in a PG Orthopedics program leading to diplomate status or Masters degree

**AWARD AMOUNT:** The award will be given once yearly in the amount of \$500.00. If moneys are available, a larger amount may be granted or multiple winners may be chosen in any one year.

**SELECTION PROCESS:** By appointed panel consisting of 4 doctors who are Chiropractic Diplomates and members in good standing with the ACCO. One of the members shall be appointed by the executive board as the Scholarship Committee Chairman. He/She will oversee the activities of the committee and report directly to the Executive Board.

**NOTIFICATION:** The recipient of the award will be announced at the annual ACCO Convention with monies forwarded to the winner. The article will be published in the JACCO.

ADDITIONAL: When possible the winner shall be a guest of the ACCO Convention. His/Her convention fee is given gratis. The person should be physically present to accept the award in the presence of his/her peers. A plaque signifying him/her as the winner of the F. Maynard Lipe Scholarship Award for the current year would be presented to him/her at that time.

GENERAL GUIDELINES:

A) All CCE approved schools who present PG courses in Orthopedics will be eligible to participate.

ELIGIBILITY:

A) The candidate must be enrolled in a CCE approved College of Chiropractic Post-Graduate Orthopedics course leading to Diplomate or Masters program.

B) A career objective to specialize in Chiropractic Orthopedics.

CRITERIA:

A) Each candidate meeting the basic eligibility requirements must submit an Application of Intent to participate in the award selection process to the executive board of the ACCO no later than November 30 annually for final selection. With the application of intent, the candidate should include the following.

1) A letter of recommendation from the orthopedic course instructor.

B) Upon receipt of the above information, a file will be started.

C) Final submission of your article must be made no later than December 31 annually to the Scholarship Committee Chairman of the ACCO. Included with the copies of your article, must be a letter authorizing the ACCO to print or publish your article as submitted, all, or in part, in the JACCO or other publications, and authorizing the ACCO to alter, or edit, the article as size and space dictates.

D) The ACCO Scholarship Committee Chairman will distribute the “ clean” copies to the committee for evaluation. The “ identified” copy will remain in the candidates file, and the committee will have no knowledge of the candidate’s identity.

E) After review and committee concurrence, the chairman of the committee will meet with the ACCO Executive Board with the committee recommendations.

F) The Awards Committee Chairman (Immediate Past President) will notify the convention committee and coordinate the award ceremony with them, as well as prepare the plaque, contacting the winner, correlating activities such as whether the person can attend the convention, etc, and organizing the awards presentation.

G) In the case of a tie, the student's file will be opened to the Scholarship Award Chairman, and the material there in used by him / her and the executive committee to make the final selection on a just and responsible basis. If monies exist, a double scholarship may be given, one to each candidate.

H) Final selection of the committee, or in case of a tie, by the chairman and executive board, shall be based on excellence of the work as the primary criteria.

#### SUBMISSION CRITERIA:

A) The student shall submit an article on a subject current to Chiropractic Orthopedics as decided by the Scholarship Awards Committee and approved by the ACCO executive board. This article should focus on the complete chiropractic management of an orthopedically related clinical problem from initial diagnosis through treatment and long-term management, if applicable.

B) The article shall be 1,000 to 2,500 words in length.

C) It shall be doubled-spaced on white 8 -1/2 x 11 inch paper.

D) Six copies will be submitted to the Secretary of the Executive Board. Five will be "clean", i.e. ,having no identification as to the author or college. One will be submitted with full identification.

E) The articles shall be structured professionally.

1) Title page.

2) Abstract and Index Term page (125-150) summarizing the article and key words.

3) Text pages of "body" of article. The text pages should be footnoted by superior numbers. All illustrations should be identified and properly captioned and acknowledged.

4) Footnoted pages.

5) Reference pages.i.e., bibliography .All reference should support the author's contention and be listed correctly, i.c. Black, John L : The introduction to Sports Medicine/Team Physical, First Edition, Lombard, Illinois, National Lincoln College of Chiropractic, 1988, pp 44 to 48.

F) A letter of authorization allowing full use of the article submitted to the ACCO should the accompany the article/copies.

OF FURTHUR NOTE:

G) A winner of the F. Maynard Lipe Scholarship Award is not restricted from entering an appropriate article for future award selections as long as all criteria are met.

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### PLATINUM SPONSOR

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Product: Robotic Massage Chairs  
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**Select Comfort Corp.**  
Contact: Erik Foltz  
[erikfoltz@selectcomfot.com](mailto:erikfoltz@selectcomfot.com)

Product: Sleep Number bed  
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Minneapolis, MN 55442  
762-551-7868

**Straight Arrow Products**  
Contact: Devon Katzner  
[Dkatzner@straightarrowinc.com](mailto:Dkatzner@straightarrowinc.com)

Products: Medic Ice, Foot Miracle,  
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610-882-9606

**NCMIC**  
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[mgould@ncmic.com](mailto:mgould@ncmic.com)

Service: malpractice insurance  
14001 University Ave.  
Clive, IA  
515-313-4500

**Foot Levelers Inc.**  
rehab  
Contact: Rasne Maus  
[rmaus@footlevelers.com](mailto:rmaus@footlevelers.com)

Products: custom orthotics, pillows,  
518 Pocahontas Ave.  
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540-345-0008 ext. 3105

**Lloyd Table Co.**  
Contact: Michael Thornton

Product: Chiropractic Adjusting Tables  
102 W. Main St.

[mthornton@lloydtable.com](mailto:mthornton@lloydtable.com)

Lisbon IA  
319-455-2110

**Biogenesis Nutraceuticals**  
supplements  
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Product: Zone & Low Carb Bars,  
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Mill Creek, WA 98012  
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**BioPharma Scientific**  
Contact: Traci Kirksev  
support@BioPharmaSci.com

Product: NanoGreens, NanoPro  
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San Diego, CA 92121  
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**Calif. Prof. Ins. Services**  
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[calpro@sbcglobal.net](mailto:calpro@sbcglobal.net)

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**Gibraltar ElectroMed Services**  
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800-229-4367

**LiteCure, LLC**  
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[Darrell@litecure.com](mailto:Darrell@litecure.com)

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Neward,, DE 19713  
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Contact: Laura Lockhart  
[laura@certhealthsciences.com](mailto:laura@certhealthsciences.com)

Product: Spinal Decompression  
7036 Golden Ring Road  
Baltimore, MD 21237  
866-990-4444

Deanna L. O'Dwyer, DC  
[dosdc@aol.com](mailto:dosdc@aol.com)

My Dear Colleagues in Chiropractic,

From time to time, we all would like to be famous. The ACCO publishes a biannual journal which can contain articles, abstracts, research papers and clinical pearls. If you would like to submit something for consideration, please send it to me in a pdf or like file. After review and consideration, I will contact you as to the status of your paper.

With Kind Regards,

Deanna L. O'Dwyer-Swensen, DC

Editor, JACCO