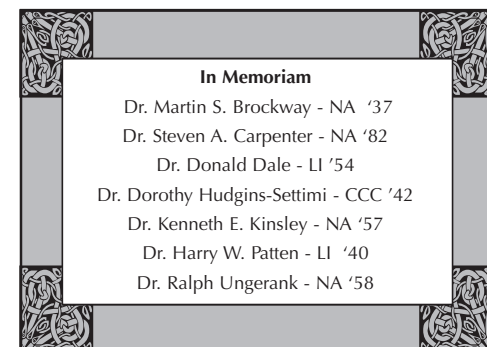


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 Address _____
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Postgraduate Courses for June - August**June 22 - 24: Homecoming '07**

"National - The Gold Standard of Patient Care"

HIV/AIDS: Update:
 Boundaries / Informed Consent

Understanding Key Mechanisms:
 Part I: Neurodegenerative Diseases
 Part II: Prostatic Disease
 Part III: Neuromuscular Facilitation
 Part IV: Neuromuscular Facilitation

Adjuncts to Rehabilitation:
 Kinesio-Taping of Select Conditions

Biomedical Acupuncture: Pain Control

Janda and Beyond:
 The Future of Rehabilitation

New Interventions in TX of Chronic Pain:
 Evidence Based Nutritional Interventions;
 Immune Dysfunctions
 & Chronic Infections;
 Clinical Integration, Patient
 Management, Case Reports

Pathologic Movement Patterns in Gait:
 Using Functional Chains to Diagnose
 and Treat

Research As It Applies to
 Chiropractic Practice

Integrative Approach to Clinical
 Problem Solving

Massage Therapy Program:
 Active Isolated Stretching

June 30 - July 1

CPR Certification / Recertification
 for Health Care Providers
 American Heart Association BLS
 NUHS Campus / Lombard, Ill.

Kinesio Taping® Certification: Session II
 Prerequisite: Session I
 NUHS Campus / Lombard, Ill.

Occupational Health Services I:
 • DOT Physical Examinations
 • Drug Specimen Collector Certification
 NUHS Campus / Lombard, Ill.

July 7-8

Acupuncture 200-3 (Condition Based):
 Women's Issues
 NUHS Campus / Lombard, Ill.

X-ray Tech: Session 5 of 6
 NUHS Campus / Lombard, Ill.

July 14-15

Acupuncture 300-7: Electrical,
 Magnetic & Electromagnetic Forces
 NUHS Campus / Lombard, Ill.

Clinical Orthopedics:
 Knee - Complex Clinical Conditions
 NUHS Campus / Lombard, Ill.

Current Advances in Extremity Technique
 NUHS Campus / Lombard, Ill.

Electrodiagnosis EDX-6:
 EMG Waveforms - Normal & Abnormal
 NUHS Campus / Lombard, Ill.

July 21-22

CPR Certification / Recertification
 for Health Care Providers
 American Heart Association BLS
 NUHS Campus / Lombard, Ill.

Rehabilitation 100-5: Clinical Integration
 NUHS Campus / Lombard, Ill.

July 28-29

Occupational Health Services II:
 • Breath Alcohol Technician Certification
 • Drug Specimen Collector
 Instructor Certification
 NUHS Campus / Lombard, Ill.

X-ray Tech: Session 6 of 6
 NUHS Campus / Lombard, Ill.

August 4-5

Acupuncture 200-4: Pediatric Conditions
 NUHS Campus / Lombard, Ill.

Clinical Orthopedics: Hip/Pelvis 1 -
 Common & Complex Conditions
 NUHS Campus / Lombard, Ill.

Electrodiagnosis EDX-7:
 EMG, NCV, Late Responses
 NUHS Campus / Lombard, Ill.

August 11-12

Acupuncture 300-8: Program
 Review & Final Exam
 NUHS Campus / Lombard, Ill.

Thursday, August 16

NUHS Graduations
 BSMT @ 10 a.m.
 First Professional @ 1 p.m.

August 25-26

X-ray & MRI Anatomy:
 A systematic approach to
 understanding a patient's studies
 NUHS Campus / Lombard, Ill.

**Note: Dates and times are subject to change;
 programs are cancelled periodically or
 rescheduled. Please refer to the NUHS website
 www.nuhs.edu under 'continuing education' for
 the most accurate information.**

For location and registration information, contact:

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Our ND Colleagues Teach Us A Lesson

James F. Winterstein, DC
 NUHS President



When I was in chiropractic college in the mid-'60s, there were about 25,000 practicing chiropractors. They were scattered throughout most of the states, but not practicing legally in Louisiana, Massachusetts and Mississippi. Also, no new DCs were allowed in New York because the New York Board of Regents recognized no chiropractic colleges.

Most insurance companies did not reimburse for chiropractic care. In fact, if one did, it was probably by accident rather than intent. There was no Medicare for chiropractic patients. The average office call was between \$4 and \$7, and that was, of course, a global fee. If patients could not pay, they were usually cared for anyway.

Lawyers did not know much about us and were not interested in finding out about us because no one sued chiropractors, and when it came to personal injury — what little there was — it was simply a matter of trying to get people well as quickly and completely as possible.

Chiropractic physicians of that time did not have nearly as much money and did not have as much in the way of material things, but there were some things they did seem to have in abundance, among which were determination, commitment to the profession, and willingness to serve the profession. I think we had a much greater percentage of chiropractic physicians who were willing to give up personal time for the sake of the profession. They also gave financial

...see **Our ND Colleagues** on page 2

Updated Study of DCs as PCPs Verifies Cost Savings, Satisfaction

Great press is being received on a follow-up study conducted by NUHS researchers on chiropractors serving as primary care providers in a managed care network.

In the June 2004 issue of the Journal of Manipulative and Physiological Therapeutics, Richard Sarnat, MD, founder and president of Alternative Medicine Integration (AMI), and James Winterstein, DC, NUHS president, published a study entitled "Clinical and Cost Outcomes of an Integrative Medicine IPA." The new 2007 study, "Clinical Utilization and Cost Outcomes from an Integrative Medicine Independent Physician Association: An Additional 3-Year Update," conducted by Drs. Sarnat and Winterstein and Jerrilyn A. Cambron, DC, MPH, PhD, NUHS associate professor of research, validates the original study to the extent that the authors believe the results warrant larger randomized and controlled trials.

The following review of the study was written by NUHS eighth trimester student Rachael Fabbri.

"In the May 2007 issue of the Journal of Manipulative and Physiological Therapeutics, you will easily recognize NUHS authors James Winterstein DC, DACBR, and Jerrilyn A. Cambron, DC, MPH, PhD, along with Richard Sarnat, MD. Their recently published article describes the utilization and cost effectiveness of complementary and alternative health care providers functioning as primary care physicians (PCPs) as compared to their allopathic counterparts.

The purpose of this study was to compare the findings from a similar four-year study to current results. The main difference between the studies was that the latter study, in addition to chiropractic physicians, also included allopathic and osteopathic doctors who practiced as "natural medicine doctors." The participating physicians were contracted by Alternative Medicine Integration's (AMI) integrated medicine Independent Physicians

Association (IPA) of metropolitan Chicago. Three areas of interest were explored in the current study:

(1) whether the observed correlation of decreased utilization remained consistent now that enrollment has more than doubled and the IPA's panel of PCPs includes nonchiropractic CAM-oriented medical doctors and osteopathic doctors (DOs);

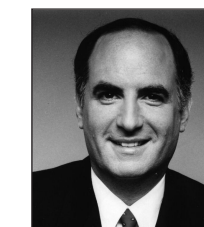
(2) how the addition of nonchiropractic PCPs affects the demographics of the enrolled population; and

(3) whether there are any obvious differences in the utilization patterns of enrolled members between the chiropractic PCPs and the nonchiropractic PCPs.

In the 2004 study, researchers found that chiropractic PCPs participating in the AMI's IPA managed care plan demonstrated lower cost and service utilization as compared to their nonchiropractic counterparts. This trend was confirmed in the 2007 study where researchers correlated lower service utilization by chiropractic PCP patients. Authors attribute this to the "underlying philosophy of medical management and not due to the differences in PCP education or licensure." Essentially, chiropractic PCPs are able to deliver these results due to how they approach the patient and the patient's current health status, as opposed to some shortcoming in their background.



Dr. Jerrilyn Cambron



Dr. Richard Sarnat

...see **Updated Study** on page 3

Updated Study ...from **page 1**

support, and I think on a percentage basis, probably in greater abundance than is experienced today.

The efforts of the chiropractic physicians of the time were fruitful, and before long, due to unceasing efforts of the likes of Drs. Hidde, Wolf, Janse, Haynes and Fay, CCE became recognized by the United States Office of Education. That was a watershed event!

But during the many long years, Dr. Hidde, for example enrolled in law school while maintaining a full time practice, just so he could better interact with the bureaucrats at USOE. He did not need a law degree for his personal success. His chiropractic practice was excellent, but he made the commitment for the profession.

There were others who made similar commitments. Who can forget the years of long hours spent by Drs. Janse and Fay in pursuit of accreditation and increased educational standards? I remember clearly the time when the New York Board of Regents visited National in 1970 and we failed their visit. Dr. Janse called us together and said, "Gentlemen (we had no female faculty at the time), I will close the doors of this institution before I allow us to fail again." In 1972, the New York Board of Regents returned and we passed, and for the first time in decades, chiropractic physicians who graduated from National could apply for licensure in New York.

It did not take long before Medicare, inadequate though it has been and continues to be, was a fact of life. Most insurance companies began to reimburse for chiropractic care. We even developed a small but valiant research cadre and began to obtain federal money for scientific research.

With all of these successes, it seems, came diminished determination, commitment and willingness to serve the profession. With some notable exceptions, such as the Wilk vs. AMA suit, our profession began to take the easy road. Schools began to grow significantly and graduates were turned out in abundance, especially by some schools. Some graduates at least, had a good education, but I think many did not have the "fire in the belly" of their professional ancestors. Money became a big driver and the profession languished.

Our naturopathic colleagues of today remind me of us in those mid-'60s days in our profession. Students who matriculate in National's Naturopathic Medicine program must come with a baccalaureate in hand. They must complete four years of naturopathic medical school with the total number of hours slightly exceeding those of the DC program. They are physicians in the true sense of the word.

They have licensure in 14 jurisdictions in this country and some in Canada. Their numbers are small with around 4,000 licensed naturopathic physicians, and they are afflicted with a significant number of people who have taken anything from a weekend course to a correspondence course who call themselves "naturopaths."

They have a "fire in their bellies," and it is for their profession. They have set aside their personal wants and wishes for the sake of furthering their profession, because they believe that what they have to offer is valid and valuable and necessary.

These naturopathic colleagues — the educated ones — have something else, too. They have determination, commitment to their profession and willingness to serve their profession.

Here in Illinois, there are about 40 naturopathic physicians who work in various situations. Some of them have received their DC degree from National and are in practice. Some work in integrated allopathic settings and some in multidisciplinary practices. Several work in the academic side of the profession and head our naturopathic medicine program or teach in it.

This little group of naturopathic physicians formed the Illinois Naturopathic Physician Association and has supported a lobbyist for the purpose of getting a naturopathic medical statute in this state. Each of these people commits money to the effort and each commits time — significant time. They have a "fire in their bellies," and it is for their

profession. They have set aside their personal wants and wishes for the sake of furthering their profession, because they believe that what they have to offer is valid and valuable and necessary.

We can learn from them. On the Internet, through the various lists with which I communicate, I know that the daily issue for many chiropractic physicians is third party reimbursement. There is a never ending stream of negative talk about how poorly chiropractic care is reimbursed and how much less is being made today than was being made some years ago, but in all of that, I see no consistent personal sacrifice toward the goal of change for the profession. People don't even belong to their associations. Back when we had 25,000 DCs, 18,000 of them were members of the ACA. See what I mean about percentages?

How does this change? It can only change one way. Every one of us must make a personal goal to re-commit to our profession. We must commit money to the effort. We must commit time to the effort. And like our current naturopathic colleagues, we must make a few sacrifices for our profession.

Being part of the chiropractic profession is a privilege granted by the public. Yes, we are educated, but that would be useless if we were not privileged to practice. If we want this privilege to continue, we must renew our commitments to the profession or just kiss it goodbye while we watch our determined, committed and willing naturopathic colleagues come into their own. They will make it and that is a good thing. The question is, will we?

We better! We have much more to offer the public than we are recognized for, but that is our own fault. We have taken the easy road too often, in my opinion. If you love helping people gain and maintain optimal health, then stop for a moment and simply decide to recommit yourself to the future of the chiropractic profession. Our patients need us, and our naturopathic and oriental medicine colleagues are looking toward us for the kind of professional leadership we provided in the '60s. Are we up to it?

Behold the turtle. He only makes progress when he sticks his neck out.

James Bryant Conant

National's April Commencement Ceremonies

Keith Charlton, DC., an outstanding leader of the chiropractic profession in Australia, addressed the April 2007 graduates of the College of Professional Studies on April 21.

A 1975 National graduate, Dr. Charlton, referred back to the education that "endowed me with a comprehensive knowledge of aspects of general medicine, which still serves me well today."



L to r, Dr. Daniel Driscoll, dean of students, presents Dr. Keith Charlton and his wife Vicky with a plaque naming him as a fellow of the International College of Chiropractors.

He compared his hobby of sailing with the profession of chiropractic. "You use your wit and natural environment to travel — silent, graceful, with natural efficiency and minimal intrusion — sailor and the elements working together, sort of like chiropractic care."

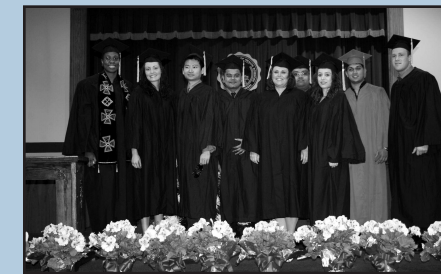
Dr. Charlton told the graduates, "It's the set of

your sail that determines how you go and where you arrive, and you particularly, depart this shore very well equipped."

Follow the motto of National, *Esse Quam Videri*, he added. "Become — be rather than seem to be. This might mean stepping out from the crowd, but you can be leaders."

After his address, Dr. Charlton was named a fellow of the International College of Chiropractors, in honor of the continuous high caliber of his body of work.

Valedictorian of the April 2007 class was Rebecca Malkowski. Salutatorian was Laura Barrows.



Bachelor of Science Graduates

Nine students earned their bachelor of science degree at National's second undergraduate baccalaureate ceremony on April 21.

Sharing the role of valedictorian were Ashley

Burkman and Anim Forjindam.

Ashley, who will be entering National's doctor of naturopathy program, credited the school with giving her a strong foundation to build upon and the confidence to move on to the next step in her life. Anim paid special tribute to the NUHS faculty for being not just teachers, but mentors and friends.



Massage Therapy Graduates

Nine NUHS students earned their certificate in massage therapy at the April 21 ceremony. Nicole Redemske served as valedictorian and Barbara Mitchell was salutatorian.

Nicole, who also completed the Chiropractic Assistant program, recalled the students sense of accomplishment and pride they felt when they walked into the clinic as interns for the first time — the same sense of accomplishment and pride they feel now as graduates.

Updated Study ...from **page 1**

Researchers found there to be a dramatic shift in demographics of the 2007 study when compared to the 2004 one. In the first report, children comprised only 12% of the patient population. This low percentage was attributed to the IPA's medical management policy of purposely excluding children from the HMO enrollment. This policy restriction was enacted because of the limitations in the scope of practice of chiropractic PCPs, for example, their inability to perform procedures such as vaccinations.

The current study showed a marked increase in childhood enrollment at 56%. This was accredited to the changes in PCP scope of practice via the inclusion of allopathic and osteopathic physicians. Furthermore, this increase in the childhood demographic was compounded by the latter's specialization

in home births, "natural medical" child care, and their ability to perform special procedures such as vaccinations.

There were several differences in service utilization between the two groups of PCPs reported. The chiropractic PCPs of the 2004 study and the PCPs of the follow-up study, which included allopathic and osteopathic physicians, demonstrated higher levels of "wellness care" as compared to their conventional medical management PCP counterparts. However, the former also showed a lower percentage of active disease patients, which is attributed to their greater overall percentage of "wellness patients" and their nonpharmacological scope of practice.

The main difference reported between the chiropractic and nonchiropractic "natural medicine" PCPs was the use of referral. The nonchiropractic "natural medicine" practitioners successfully managed 90%

of their patients without the use of referral. Conversely, the chiropractic PCPs managed 60% of their patients, again attributed to their nonpharmacological scope. However, CAM recipients of both types of practitioners reported higher degrees of satisfaction when weighed against conventional practitioners.

In conclusion, the lower clinical utilization and cost outcomes by CAM participants provides auxiliary validation to the efficacy of CAM as a form of health care. Furthermore, in this time of growing health disparity, the implications for the effectiveness of CAM health care are also encouraging. Although these findings may seem evident to those who currently embrace CAM, as this body of research expands, chiropractic PCPs will be further accepted in the eyes of conventional health care and mainstream medicine, which is thought to be good for the CAM professions as a whole.