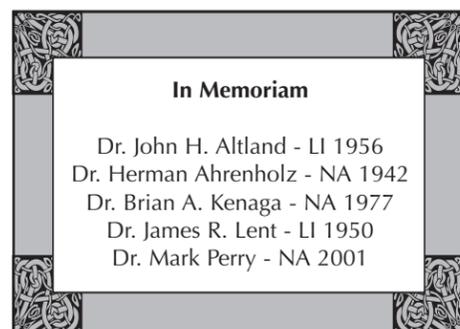


Help Us Keep Our Database Up-To-Date!
 Don't forget to let us know if your contact information changes. Phone your changes to Marie Olbrysh at 630-889-6723, e-mail molbrysh@nuhs.edu, or send them to Marie Olbrysh, Office of Communications, NUHS, 200 E. Roosevelt Road, Lombard, IL 60148.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 E-mail _____



Outreach is published by the Office of Communications of the National University of Health Sciences, 200 East Roosevelt Road, Lombard, IL 60148-4583. It is distributed free to faculty, staff, students, alumni, friends, and other associates of National University of Health Sciences.

Publisher
 James F. Winterstein, D.C.
 President

Editorial Staff
 Victoria Sweeney, Director of Communications
 Marie Olbrysh, Associate Editor
 Tracy Litsey, Public Relations Specialist
 Robert Hansen, Graphic Designer

Vol. XXII, No. 4 September/October 2006
 ©2006 National University of Health Sciences
 9M/1006

Non-Profit Org.
 U.S. Postage
 Paid
 Wheeling, IL
 Permit No. 268

Research, Evidence and Best Practice

James F. Winterstein, DC
 NUHS President



I try to be a regular listener and sometime responder on several e-mail lists. It's an experience to be sure. Unfortunately, what I read about most of the time are issues related to reimbursement, coding, the big bad third party payers, and perhaps even worse, the Council on Chiropractic Guidelines and Practice Parameters (CCGPP) — those dirty lousy Mercy Guidelines leftovers!

Where do we get our idea of practice guidelines in the first place? Why are they "necessary" and why should we be restricting ourselves? Why give the third party payers ammunition to use against us?

The reality we must all face is that the society in which we live is changing — rapidly. Examples are all around us. The computer world was mostly something that was part of large corporations just 20 years ago. Today, who doesn't have one? The telephone? Just a few years ago, we heard about "bag phones" and they were called "bag phones" because they were so large they came in a bag. Today I carry mine in a shirt pocket. Twenty years ago nurses were nurses and physical therapists were technicians; now we have nurse practitioners, an upcoming "doctorate of nursing," and we have "doctors of physical therapy." Change is here and it is not going away. It is that simple.

Twenty-two years ago, I had a cash practice and the most I ever charged for an office call was \$20, which included everything the patient needed for care.

National Family Mourns The Loss of Lloyd E. Howard, Founder's Son

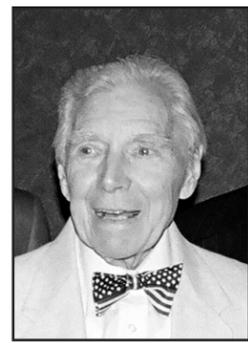
Lloyd E. Howard, the ninth and last child of Dr. John Fitz Alan Howard, was born Dec. 6, 1916, in Maywood, Ill.

He was devoted to his wife, Helen, who preceded him in death in 1994, his 10 children, 50 grandchildren, 74 great-grandchildren and one great-great-grandchild.

A craftsman in dental ceramics, he was one of the first pioneers of porcelain bonded to metal, inventing the pressure-vacuum porcelain baking oven in the 1930s, which revolutionized the field.

Much of his life was dedicated to his church, The Church of Jesus Christ of Latter Day Saints. He served in two Bishoprics, as Bishop, on the High Council, in two Stake Presidencies, as Area Welfare Coordinator, and as Stake Patriarch.

Lloyd E. Howard received an honorary doctor of laws degree from National after addressing the April 2001 graduating class.



Lloyd E. Howard

In 2005, Dr. Howard returned to National for the celebration of Founder's Day and delivered the dedicatory address for the campus clinic, the Howard-Schulze Building, named in honor of the institution's founding fathers.

Dr. Howard resided in LaVerkin, Utah, where funeral services were held on Friday, Sept. 29 at the LaVerkin Stake Center.

The President Remembers A Friend

Lloyd Howard, LLD (hon), son of the founder of National University of Health Sciences, passed away on Sunday, September 24, surrounded by many of his family members. Dr. Howard was a father of five sons and four daughters, a wonderful friend of mine, and a generous supporter of National, the institution founded by his father.

Dr. Howard was a speaker on Founder's Day here at National in 1995, a commencement speaker in 2001, and finally, the keynote speaker at our Centennial Homecoming banquet at Oak Brook Hills just this past June. During that speech, he repeated for the third time, a favorite and meaningful poem titled "In Flanders Fields," which reads:

*In Flanders fields the poppies blow
 Between the crosses, row on row,
 That mark our place; and in the sky
 The larks, still bravely singing fly*

*Scarce heard amid the guns below.
 We are the dead, Short days ago
 We lived, felt dawn, saw sunset glow,
 Loved and were loved, and now we lie
 In Flanders fields.*

*Take up our quarrel with the foe;
 To you from failing hands we throw
 The torch; be yours to hold it high
 If ye break faith with us who die
 We shall not sleep, though poppies grow
 In Flanders fields.*

Short months ago, our friend urged us to take up the torch and hold it high. Now he has gone, assured that we who follow will hold the National torch high and continue the legacy given to us by his father, Dr. John Fitz Alan Howard.

Godspeed, old and good friend!

Jim Winterstein, DC

Postgraduate Courses for October - December

<p>October 7-8</p> <p>Clinical Orthopedics: Forensic Sciences Lombard, Ill.</p> <p>Ultimate Sports Nutrition Update: Lombard, Ill.</p> <p>Limited Radiology Tech: LRT-3 Lombard, Ill.</p> <p>October 14-15</p> <p>Acupuncture 100-2: Meridians I Lombard, Ill.</p> <p>Acupuncture 200-6: Neurologic Conditions Lombard, Ill.</p> <p>Kinesio Taping Certification: Session 1 of 2 Orlando, FL</p>	<p>October 21-22</p> <p>Sports Physician: SP100-1 Lombard, Ill.</p> <p>Limited Radiology Tech: LRT-4 Lombard, Ill.</p> <p>Orthopedics: Foot-2 Trauma / Imaging Braintree Hospital, Boston, MA</p> <p>Kinesio Taping Certification: Session 1 of 2 Houston, TX</p> <p>October 28-29</p> <p>Hypnotherapy: Basic - Session 1 Lombard, Ill.</p> <p>Performance Enhancing Drugs of Abuse: Lombard, Ill.</p>	<p>November 4-5</p> <p>Clinical Orthopedics: Review - Lower Body Lombard, Ill.</p> <p>Orthopedics: Knee-1 Trauma & Imaging I Braintree Hospital, Boston, MA</p> <p>Kinesio Taping Certification: Session 2 of 2 Houston, TX</p> <p>Advances in Full-Spine Technique: Novi, MI</p> <p>November 11-12</p> <p>Sports Physician: SP100-3 Lombard, Ill.</p> <p>Limited Radiology Tech: LRT-5 Lombard, Ill.</p> <p>Kinesio Taping Certification: Session 2 of 2 Orlando, FL</p> <p>November 18-19</p> <p>Acupuncture 100-3: Meridians II Lombard, Ill.</p> <p>Acupuncture 200-7: Accessory Acu Techniques Lombard, Ill.</p> <p>Hypnotherapy: Basic - Session 2 Lombard, Ill.</p>	<p>For location and registration information, contact:</p> <p>Dr. Jonathan Soltys Postgraduate Dean 200 E. Roosevelt Road Lombard, IL 60148-4583 630-889-6622 or 630-889-6620 Fax: 630-889-6482 jsoltys@nuhs.edu</p>
---	--	--	--

Records, Evidence... ...from page 1

Today, most chiropractic physicians depend on third party payers for their income. Now in this society, let's just stop and think about it for a minute. If we were the ones having to pay the bills for our "clients," would we just pay for whatever the doctor ordered or would we be trying to find what "really was effective" for our clients? Would we simply take the word of the doctor to whom our clients went for care or would we look to some standard way of finding out what really works?

The answer is obvious, isn't it? Yes, I know the insurance executives are making vastly more money than they should make, but that is not the issue here. Third party payers are in a business to make money and they are going to do whatever they can to make as much as they can whether we like it or not. They will turn to their actuaries for statistics and they actually turn to the professions for "practice guidelines." In this we are not alone, of course. It is affecting all professions.

So, what about the best practices guidelines for the chiropractic profession? Where do they come from in the first place? Well, there is a process for developing these ideas that has been, and is being used, by other professions. The process is based in science because science and the scientific method are the accepted processes by which people in our society come to accept something as true and valid and reliable when it comes to healing, to astronomy, physics, architecture, construction, and a host of other happenings in our lives.

On a very simple level, one might consider the history of scurvy. Little was known about it except that sailors got it when they were gone for long periods of time without fresh vegetables and fruit. Finally someone figured out that if citrus was taken along on the voyage, sailors had less scurvy. Over the subsequent years, well-controlled studies revealed that the active substance in the prevention of this disease is vitamin C.

On a much more complex level, we now send people into outer space and even as I write this, the Shuttle just returned from its latest orbit of our planet. Science and the methods of science are primarily responsible for allowing the astronauts to believe they are safe in their travels and will be able to return to earth again.

Our society accepts science as a "way of knowing," whether what is being said or done is true, reliable and valid. This part of philosophy is known as epistemology," — the study of "how we know and how we fix our beliefs."

So when it comes to health care delivery, which in the past was a matter of a relationship between a patient and a doctor, there must be some way for the patient to know and believe that what the doctor is going to do will actually work and is both reliable and valid. Prior to any third party involvement, people garnered this knowledge from the doctor to whom they went for care. Bottom line, they chose to believe that what the doctor told them was true, and they paid for the service they received.

As things changed, doctors charged more, medicine in general became more sophisticated, and people began to think about how "insurance" against these costs would be beneficial. OK, but then came the insurer who said, in effect, "Wait a minute. If I am going to pay for this, I need to know that what I am paying for is going to do the job and is reliable and valid, so I need to see some evidence that this will work." Barring that, I will only pay for so much or for a limited period of time. I suspect that would be considered to be good business by most people — unless, of course the people involved were negatively affected — and many doctors are.

So here we are, 20+ years removed from the time when third party payers did not want anything to do with us and we pushed and pushed to change all that ... and we were successful. If we don't like the idea of best practices guidelines, whom do we have to blame but ourselves?

It seems reasonable then that third party payers might well say, "Show us how what you do can be relied upon to do the job as quickly and efficiently as possible. Tell you what, we will even allow your profession to bring the evidence to us so that we cannot be accused of just being arbitrary in our decisions."

Best practices guidelines are born, and a group of caring and committed people (who often use a tremendous amount of their personal time) set about undertaking this enormous task, only to be denigrated

daily by the rest of the profession which is sitting on the sidelines taking potshots at what is being done.

So, where does this group of people get the information necessary to develop best practices guides? Well, it comes first from available research and therein lies some difficulty. Our research, as a profession, has largely been in the arena of musculoskeletal care. The result is that there is not much to support chiropractic care beyond that circumscribed area of concern. The best practices guides do not stop there, however. They are developed to allow for physician experience and patient idiosyncrasies AND they allow for input from practicing physicians who are not on the committees that are working on the issues.

At present, the Low Back Guide has been published in its draft form and the Council on Chiropractic Guidelines and Practice Parameters (CCGPP) was seeking input from everyone. That time interval was extended and is, I believe, closed now, however other chapters are in the works and we should all be interested and willing to provide input. To do so, you may access the site at www.ccgpp.org.

The bottom line for those of us who are chiropractic physicians is that because we are part of the system of third party reimbursement, best practices guides are here to stay. It is better that we be part of the process than to stand on the sidelines and complain. Furthermore, would we not want our patients to benefit from the best practices knowledge that is developed from this process?

So here we are, 20+ years removed from the time when third party payers did not want anything to do with us and we pushed and pushed to change all that ... and we were successful. If we don't like the idea of best practices guidelines, whom do we have to blame but ourselves? Furthermore, if we truly do want to be part of the mainstream, we must function as the mainstream does. We can do this. We just need to buckle down and get it done.

Oh, and one other thing. We MUST support the research agenda by providing money to National, which continues to be one of the major research institutions in the profession. Your support is vital if we wish to continue to broaden our practice parameters. These are challenging times, but how exciting as well!

News Briefs from National

The **Department of Acupuncture and Oriental Medicine** is now accepting patients at the Lombard Health Center. For this first year, experienced faculty will perform treatments with students as observers. Acupuncture clinic hours are limited to Saturday mornings for the fall trimester. There is no charge for treatments to faculty, staff and students. The standard price for public clinic patients is \$25 per treatment/office visit.

Dr. Marc McRae, assistant professor of physiology and biochemistry, has had a manuscript accepted for publication in the Journal of Chiropractic Medicine. "Is vitamin C an effective antihypertensive supplement? A review and analysis of literature" is the topic of his paper.

Dr. Jerrilyn Cambron, associate professor in the research department, has been selected as the only chiropractor to participate in The Bone and Joint Decade's "Young Investigators Initiative," a program to train up-and-coming musculoskeletal investigators. The research decade (2000-2010) is a global effort to improve prevention of bone and joint disorders and degenerative musculoskeletal conditions.

The National Center for Complementary and Alternative Medicine of the National Institutes of Health (NIH), has granted continued approval to **Dr. Gregory Cramer**, dean of research, for his research project on "Z Joint Changes in Low Back Pain Following Adjusting." The NIH awarded the university a grant of \$327,405 in support of the research. **Dr. Behty Harrison**, chair of the Department of Acupuncture and Oriental Medicine, has been invited to serve as a member of

the editorial board of the American Association of Oriental Medicine publications.

Dr. Keith Smith, dean of the College of Professional Studies, and **Dr. Fraser Smith**, chair of the Department of Naturopathic Medicine attended the meeting of the Council on Naturopathic Medical Education (CNME) in Portland, Ore., in August. While in attendance, they received news that the CNME has accepted the university's Initial Application for Candidacy, and "the green light" to proceed with a self-study report for candidacy. In order to be eligible for candidacy, an ND program must enroll students on a full-time basis for at least one academic year. National accepted its first ND students in September.

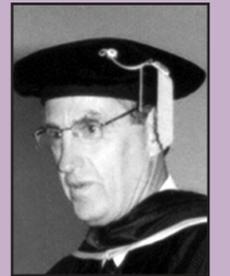
Dr. Daniel Richardson, chair of the Department of Nutrition and Biochemical Therapeutics, proudly announces that the Phantom Regiment Drum & Bugle Corps from Rosemont, Ill., took second place in this year's World Championships in Madison, Wis., in August. In addition, the corps won top honors in both the percussion and music categories. Dr. Richardson has been active with the group since his playing days and is currently serving as medical director and a member of the board of directors.

National's **commencement ceremony** on August 19 was a momentous event as 15 new chiropractic physicians received their degrees and two residents completed their three-year programs. **Evelyn E. Laptook, DC**, finished her residency in diagnostic imaging and **Yihyun Kwon, DC**, completed his residency in family practice. In addition, the valedictory address was given by **Dr. Yasunobu**

Takeyachi, son of Dr. Kazuyoshi Takeyachi (NA' 68), recent NUHS Hall of Honor recipient.

Commencement speaker **Clyde Jensen, PhD**, spoke to the graduates about personal and professional journeys. Dr. Jensen has served as a medical education executive in a variety of health care professions and institutions with a reputation for leading schools through difficult transitions.

Sometimes, in our personal journeys, he said, the journey is more important than the destination. "I suspect that each of you has had some wonderful adventures and some tremendous experiences on the way to becoming a chiropractor." Quoting a Greek poet, he said, "When you start on your journey to Ithaca, pray that the road is long, full of adventure, full of knowledge."



He also related his observations on the journey of a profession, like chiropractic, and its three overlapping phases: recognition, diversification and specialization. Chiropractic, he believes, has enjoyed enormous success in the recognition phase, is still debating the scope of practice that should be incorporated into its diversification process, and has made a good start in specialization.



Dormitory renovations taking shape

From now through 2008, NUHS is undergoing a multi-million dollar renovation program of its four campus residence halls. This past spring, reconstruction began on Lincoln Hall and is moving toward an anticipated move-in date for student residents in January 2007. Exterior stairs and walkways were removed from Lincoln to be replaced by enclosed hallways, stair towers and an elevator for increased convenience and handicapped-access. The complete interior renovation includes new heating, air conditioning and ventilation systems, electrical and communications wiring, including cable and high-speed Internet access, modern kitchens, bathrooms, windows, flooring, and carpeting.