

## Students' Attitudes Toward Health Care Professions Derived from Eastern and Western Medical Traditions

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**Introduction:** Integration of our Doctor of Chiropractic (DC) and Acupuncture and Oriental Medicine (AOM) programs is an institutional goal. Challenges to integration include the differences between Western and Eastern medical traditions, in treatment modalities and in scope of practice. We assessed integration by performing a qualitative study of each programs' students' understanding of the two professions.

**Methods:** We conducted an anonymous, voluntary opinion survey (with IRB approval) of 133 DC and 62 dual-enrolled (DUAL) students.

**Results:** DC students agreed that DC practitioners have the broader scope of practice, while DUAL students agreed that AOM practitioners have the broader scope. Most of the DC and DUAL students agreed that DC practitioners practice primary care. DC and DUAL students agreed that DC practitioners treat neuromusculoskeletal conditions and that

AOM practitioners treat pain and systemic conditions. All students learn more about the treatment modalities utilized by both programs' practitioners as they progress through their education.

**Discussion:** Students develop progressively more understanding of both professions during their education. The DUAL students develop different opinions regarding the scope of practice and the ability of practitioners to treat systemic conditions compared to DC-only students. These student opinions generally indicate that our integration efforts to date have been succeeding.

**Conclusions:** 1) As students progress through a professional degree program, they gain more knowledge about their own and other professions. 2) Integration of professional degree programs promotes more understanding of the professions.

## Chiropractic Care in a Case with Chronic Trigeminal Neuralgia: A Case Report

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**Introduction:** Trigeminal neuralgia (TN), a chronic pain condition, causes extreme, sporadic, sudden burning or shocklike face pain within the fifth cranial nerve. TN occurs most often in people over age 50. The purpose of the case report is to demonstrate a correlation between specific chiropractic cervical adjusting and the favorable outcomes in a patient with TN symptoms.

**Methods:** A literature search was conducted through PubMed utilizing the keywords trigeminal neuralgia, chiropractic care, and conservative management. The literature did not demonstrate cases in which chiropractic care was utilized with TN patients.

**Case Study:** The patient in this report is a 76-year-old male who presented to an outpatient chiropractic clinic with a

chief complaint of TN facial, gums, and teeth pain. The TN episode frequency at the time of the physical was 15–20 times per day with brief stabbing bursts. The patient was adjusted with specific cervical manual adjustments over a period of 6 months. The patient demonstrated favorable outcomes with the use of specific chiropractic adjustments in the upper cervical region. After 4 weeks of chiropractic care, he was pain free and remained so for 6 1/2 weeks of care.

**Discussion:** It is important for the chiropractor to be able to recognize the presentation of TN and that facial pain may be due to a neurological relationship that can benefit from specific chiropractic care. It is the authors' opinion that, based on this case, patients with TN would benefit from chiropractic care.

## Inter- and Intraoperator Patient Positioning Repeatability in Pre- and Postradiographic Studies Using a Novel Positioning Device and a Phantom Mannequin

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**Introduction:** The precision of patient positioning repeatability has been called into question by chiropractic radiologists. The objective of this study was to use a proprietary positioning device to obtain sets of pre/post lateral cervical and nasium films using a phantom mannequin as the subject. The purpose was to measure reproducibility in mannequin

positioning and to refine the protocol for application to human subjects.

**Methods:** The protocol for utilizing the device was followed by two operators to obtain sets of pre/post digital radiographs representing the following positioning methods: two operators, a single operator, and two exposures of a single

positioning instance. Six chiropractic radiologists were tested to ascertain the positioning method used in a given set. The difference in displacement and rotational deviation between films in a set was also determined from these data.

**Results:** Expert testing in both cases indicated that despite genuine attempts to identify the method of positioning, less than half (on average) of the examiners were able to do so correctly when given the same pair of films. Actual difference measurements regardless of positioning method indicated

that (on average) the coordinate displacement and rotational deviation in a given film pair was less than 5 mm and less than 4 mm, respectively.

**Discussion/Conclusion:** Initial testing of the positioning device for pre- and postradiography demonstrated that patient placement reproducibility may be possible within a reasonably narrow margin of error. Interoperator reliability studies are in design for the near future.

## Ischial Apophysis Avulsion Associated with Sciatic Symptoms

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**Introduction:** A 27-year-old male patient presented to the chiropractor with low back pain that extended in to the left buttock region. The pain had started during the rugby season and was gradually worsening. The pain traveled down his leg to his toes initially on occasion and now more constantly. The patient, a medical student, wished not to have surgery.

**Case Report:** Imaging performed demonstrated a focal region of abnormality noted about the left ischial tuberosity. The final diagnosis was given as a chronic avulsion injury to the left ischial tuberosity, with the possible development of a pseudo-articulation and compression of the sciatic nerve.

**Discussion:** Avulsion injuries occur either in the acute or, less commonly, in the chronic setting. The mechanism of injury is that of a forceful muscular contraction which may be associated with injury to the tendon of the muscle involved.

Following clinical examination, a variety of imaging tools are available to assist in confirming the diagnosis, including radiography, MRI, CT, and ultrasound. The management of ischial apophysis avulsion injuries depends on several factors, including the degree of displacement, injury to tendinous structures, or the presence of neural compromise. Chiropractic management literature is rather limited, but an article published illustrates a chiropractic management plan.

**Conclusions:** Ischial apophyseal injuries initially occur during adolescence, more commonly in male patients, but this depends on the sport activity that induces the injury. Imaging is useful to determine the injury and the potential associated injuries. Treatment may be conservative, using chiropractic manipulative therapy and soft tissue techniques.

## Efficacy of Hands-on Instructional Training for the Supine Leg Check: A Feasibility Study

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**Introduction:** The hypertension study utilizing the National Upper Cervical Chiropractic Association (NUCCA) procedure screened potential subjects for study inclusion using supine leg check (SLC). There is interest in using the SLC to determine prevalence of atlas misalignment in the US population with hypertension. This feasibility study examined a course of SLC instruction to determine if it effectively trained examiners to perform at a high level of agreement.

**Methods:** A cohort of four untrained examiners participated in training. Before training, examiners were tested in their ability to utilize the SLC to agree in identifying a perceived short leg. After the 7-hour training, the testing procedure was repeated to ascertain if the course increased examiner agreement in identification of the short leg.

**Results:** Increased examiner percentage agreements indicate improvement in the examiners' performance after being

trained. Before training, untrained examiners agreed with themselves an average of 66% of the time, increasing to 77% after instruction. Interexaminer agreement before training weighed in at 60%, increasing to 70% after training.

**Discussion:** Overall improvement of 10% intra- and interexaminer agreement is not adequate to use this course as developed for certification training of examiners using the SLC for screening. Results of course evaluations provided insight for course improvements to increase examiner agreement.

**Conclusion:** Experience from this study will assist protocol design of a pilot study with a larger subject pool to determine inter- and intraexaminer reliability of the SLC procedure after an improved instructional hands-on training.