

a wide spectrum of practitioners is challenging. Practitioners have different skills, knowledge, and clinical experience. Strategies to improve future sessions were discussed. **Conclusions:** A program on EBCP was developed for

field practitioners. The program was well received by most participants. (This is an abstract from a conference presentation and does not represent a full paper that has been peer reviewed and accepted for publication.)

Method for Evaluating the Precision of Patient Positioning in Pre- and Post-Nasium X-Ray Film Pairs

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Introduction: The potential for distortions occurring due to variability in patient positioning substantiates challenges against radiographic evidence of vertebral realignments following chiropractic corrections. This paper describes a method to quantify patient positioning repeatability in pre- and postradiography. **Methods:** The method generates three variables of skeletal-landmark positional differences occurring between pre- and postfilms: displacement, percent of rotational deviation, and percent of tube tilt deviation. A single analyst performed two separately blinded analysis rounds on 35 pairs of nasium films. **Results:** The mean differences, 95% confidence intervals, and standard deviations calculated for each variable from the two data sets were: for displacement, 0.24 mm \pm 0.82

mm (SD 2.49 mm); for percent of rotational deviation, 1.08% \pm 2.23% (SD 6.73%); and for percent of tube tilt deviation, 0.49% \pm 1.04% (SD 3.13%). **Discussion:** The low intrarater variability indicates that further development of the analytical method should produce a reliable, objective means to evaluate patient positioning repeatability in pre- and post-nasium X-rays. **Conclusion:** Evidence that variability in patient positioning is controlled and minimized will enable precise quantitative determinations of the magnitude of corrections received by patients of upper cervical chiropractic care. (This is an abstract from a conference presentation and does not represent a full paper that has been peer reviewed and accepted for publication.)

Reviewing the Literature and Creating an Evidence-Based Exam for the Pathoanatomic Diagnosis of Low Back Pain

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Background: The identification of homogeneous diagnostic groups of patients with low back pain (LBP) has been a long-standing goal for health care professionals in many disciplines. Several independent investigators have suggested improved clinical outcomes when nonspecific LBP populations are separated into subgroups. It is generally accepted that musculoskeletal LBP can arise from multiple tissues, yet it remains difficult to rule in or out specific pain sources. Pathoanatomically focused subgrouping tools for LBP have the potential to improve both research and clinical practice outcomes. **Methods:** With a goal of generating more reliable evidence-based pathoanatomic diagnoses, a narrative review of the literature was performed to (1) find evidence-based pathoanatomic diagnostic classification

systems for LBP and (2) find the best rated physical evaluation tools, findings, and condition characteristics that support this classification system. **Results:** A pathoanatomic classification system was identified and articles providing best available evidence for in-office evaluation were reviewed for developing a comprehensive LBP examination. Key elements of the exam are discussed. **Conclusion:** There are significant challenges when assessing performance statistics and creating an efficient, reliable, in-office examination procedure. This is a first step in creating an evidence-based exam for the pathoanatomic diagnosis of LBP. (This is an abstract from a conference presentation and does not represent a full paper that has been peer reviewed and accepted for publication.)

Report of Harassment of a Female Intern by a Patient Within a Chiropractic Teaching Clinic: A Case Report

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Objective: The purpose of this case report is to describe and discuss the harassment of a female intern by a patient within a chiropractic college teaching clinic. **Clinical Features:** A female intern was engaged in a text communication with suggestive comments by a patient to

whom she had been rendering care in an outpatient teaching clinic. The patient had been in clinic a total of five visits before the incident. Retrospectively, the intern stated there was no previous indication to suggest this behavior would take place. **Intervention and Outcome:** The female intern