

Chiropractic Care for the LPGA

Annette Stevko, DC, CCSP has been in practice in Portland Oregon for 32 years and has had a unique opportunity through the Tournament Golf Foundation, The LPGA, Pumpkin Ridge and Columbia Edgewater Golf Courses and golfers to provide onsite care to the LPGA for the past 24 years, while they are in Oregon. She was able to provide many their first experience with chiropractic care, including Michelle Wie when she was just 13 years old.

Although a physical therapy trailer is set up, many players like the benefit of getting chiropractic care either before, after, and sometimes during a round. For example at the US Open, a player she was treating was suffering form a headache, at one of the holes Dr. Stevko stepped under the ropes, borrowed a fans chair, and gave the player a cervical adjustment.

Along with a chiropractic adjusting, other care often includes assessing/advising on current injuries, helping them stretch, Kinesio taping, muscle work, and ergonomic suggestions to reduce problems while traveling. Many times taking a step outside of her clinical role, being a friend, and helping them while away from home has helped Dr. Stevko create a lasting relationship with the tours.



Left: Dr. Stevko with Michelle Wie

Right: Dr. Stevko with Spanish player Carlota Ciganda



LPGA GOLF



Ryann O'Toole



Se Ri Pak from South Korea



Natalie Gulbis

During the Safeway Classic at Columbia Edgewater she has an can volunteer your time to help adjusting table in the ladies locker room for easy access for the players. At Pumpkin Ridge it was in the Men's locker room where a team chiropractic coverage at these of other Chiropractor's including Drs. Rene St. Cyr and Mark Sepulveda, and sometimes a massage therapist, were able to be on site rotating the coverage.

next year, and contact her if you at these events.

Dr. Stevko continues to work with the LPGA to get tournaments but we still have some hurdles to overcome.

One of the players, Ryann O'Toole (pictured left) has a

Dr. Stevko would ask you to see if a Legends Tour event is near your home town next year, and contact her if you can volunteer your time to help at these events.

The players sign a release form and chart notes are kept. Several see their own chiropractors so they will bring in listing, x-rays, or imaging information. Many of the golfers have now moved into the current Legends Tour, which include the Hall of Fame Golfers. In addition to the players Dr. Stevko also provides care to the LPGA, Golf Network, and ESPN staff.

"We continue to build relationships and have now been asked to have our ACA Sports Council Chiropractors at all of TheLegendsTour.com events." Dr Stevko would ask you to see if a LegendsTour event is near your home town

father who is a DC in Calif, and they have been connected with the FCER to have their photo taken to represent Chiropractic Care for the LPGA and she is hopeful to make a quest apperance at a California State Convention next May.

We look forward to continuing to grow this aspect ACA Sports Council care for the LPGA.

Annette Stevko, DC, CCSP

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Titleist Performance Level one Golf Fitness and Level 3 Medical Professional

Presidents Message



Dear ACASC Members:

With only one week to go before our Symposium, your Executive Committee has been very busy with the last minute details. If you have not yet signed up for the Symposium, what are you waiting for?! It's not too late to register!! We also welcome everyone to join us for the Black Tie Hall of Fame dinner on Saturday night. Please join us for what will be a very memorable evening!! Be there to help us welcome our newest Hall of Fame recipient, the first in eight years!!!

For those who are attending the Symposium here are a few helpful notes:

1. Please review the minutes from the 2012 Annual General Meeting on our web site, <u>www.acasc.org</u>, as we will be voting to accept these minutes at the Saturday luncheon.

2. Please note that all of the speaker's notes can be found and down loaded from Drop Box. You will receive a link soon to access the notes. In an effort to "go green" we no longer print the notes, but have them available for you to review at your leisure.

3. You will also find each ACASC officer's annual report on our web site for your review.

4. Please be sure to sign in and out before and after every Symposium session. Sign in and out will occur at the ACASC booth in the Vendor area. We will make the announcements during the Symposium. To obtain all of the available credit hours and to be able to use the hours for the ICCSP certification, you will need documentation that you attended the entire 16 hours.

5. FICS will be available at a booth in the Vendor area to answer all your questions about the ICCSP certification.6. Be sure to watch for a "surprise" at the ACASC booth; there will be an opportunity for everyone to enter to win a cool piece of sports memorabilia.

I look forward to seeing you at the Symposium !!

Sincerely,

Sherri LaShomb, DC, ATC, ICCSP

Important CCSP Conversion Information

Note: No eLS online education required.

- 1. Complete one module (either lower or upper extremity hands-on module) THIS IS THE ACASC NJ COURSE
- Proof of professional experience: Demonstrate practical out-of-clinic experience by documenting at least 50 different athletic injuries and treatments outside your clinic. Or provide a letter in English from a team coach/administrator confirming that you are their team chiropractor for at least one full season. Or write minimum a case study with relevance to sports chiropractic published in a peer reviewed journal or a poster presentation either at one of FICS Symposia or at an international sports science conference (with a peer review process).
- 3. Verify current certification in CPR or equivalent credentials in emergency procedures not more than 2 years old.--COPY OF CERTIFICATE
- 4. Verify current chiropractic licence.--COPY OF CERTIFICATE
- 5. Verify CCSP qualifications.--COPY OF CERTIFICATE
- 6. Payment of final administration cost. ---\$199 US

IF YOU BRING THE REQUIREMENTS TO THE ACA SPORTS COUNCIL COURSE YOU CAN SUBMIT IT TO THE FICS ADMINISTRATOR AT THE FICS BOOTH AT THAT TIME OR YOU CAN SEND IN THE REQUIRED COMPONENTS AT A LATER DATE IN ORDER TO RECEIVE YOUR CERTIFICATE.

Positive Drug Test: You Can Be Implicated

By Ted Forcum, DC, DACBSP

In the current times of Lance Armstrong and major-league baseball reporting positive drug tests, sports chiropractors need to keep a cautious eye out to prevent being entangled in a drug testing scandal. It is important for sports chiropractors to be aware of the risk of been drawn into these scandals, as a positive drug test can get you on the wrong side of the news headlines. If you're working with elite level athletes it's important to know the limitations of what athletes can take under WADA (World Anti-Doping Association) and USADA (US Anti-Doping Association) requirements. These organizations govern what drug and non-drug items athletes can consume in an effort to create fair play. It's important to realize that many of these items are not prescription drugs and can easily be obtained over-the-counter and through nutritional supplements. In situations where these products are indicated for medical purposes a TUE (Therapeutic Use Exemption) is required. With a TUE athletes can receive necessary medical care without the worry of sanctions for a banned substance. However if TUEs are not in place, approval must be achieved to avoid sanctions.

For the most part, chiropractors feel like they're insulated from risk of involvement of positive drug testing. When you read the headlines it is usually a medical lab and medical physician link to the use. This does not mean that you're off the hook. A massage therapist was accused of rubbing a steroid cream into 100 m gold medalist Justin Gatlin as he tested positive and sustained a lengthy ban missing the Beijing Olympics. This effectively ended the career of the therapist. This is a classic example of one element where we face exposure through the products that we spray or rub on our patients. Just because the product states that is all natural does not mean that it does not have side effects. One such side effect can be a positive drug test.

Sports Illustrated Headline: Tue July 16, 2013 7:41PM U.S. sprinter **Tyson Gay linked to antiaging specialist.** *"SI has learned that Gay has been treated by Atlanta chiropractor and antiaging specialist Clayton Gibson. In the sports world, the term "anti-aging" has often come to*

signify therapy that uses hormones -- usually testosterone and HGH -- and testosterone precursors, like DHEA. DHEA can be obtained over the counter and is permitted in certain sports, including baseball, but not those contested in the Olympics. Gay, who has withdrawn from the world championships, did not respond to multiple requests for comment from SI, and one of his agents told SI that his client would have no further statements at this time.

Reached by phone, Gibson told SI that he began working with Gay before the Olympic trials last year, and that he had no information beyond that Gay had been informed of a positive test. "We had [Gay's] blood tested and everything before the trials just as an evaluation and taking a history to learn about the patient," said Gibson.

Asked whether he provided Gay with a product containing a substance -- such as DHEA or testosterone -- that is banned in track and field, Gibson declined to comment "until I talk with Tyson." Gibson did say that, "what I have is all food-based products and herbals as well as homeopathic products. That's the only thing we have in our office. We don't have anything synthetic." DHEA and testosterone often come in creams containing substances banned in track and field. Asked if he makes creams that might contain substances banned in track, Gibson said he was not sure and that, "I don't make creams," but added, "We have labs that make those."

Gibson said that he did not know exactly what Gay was taking. "Until I look at his files, I wouldn't be able to know exactly what he was given," he said. "And I have to have a release to give out his information."

With respect to the blood testing he conducted on Gay, Gibson said it was used to give a baseline so that he could "use herbs, vitamins, and minerals for balancing the overall body, where there are deficiencies based off of lab work."

By Tuesday, Gibson would no longer speak directly with SI and had retained attorney Mark Trigg because "of the comments that are being made publicly," Trigg said.

Gibson repeatedly emphasized that, "I don't carry anything that's not food-based." But when asked directly if he was saying that he does not refer patients to products containing testosterone, DHEA, or other products often used by anti-aging specialists and that are banned in track and field, he replied: "No, I'm not telling you that. It all depends."

Supplements can have anabolic agents and many do not go through stringent drug testing. As a result it can be difficult to ascertain what nutritional supplements can cause a positive drug test and what can't. Occasionally crosscontamination with in the supplement lab can be associated with a positive test. Because an athletes' career is significantly cut short by positive drug test, an individual or group of individuals blamed for the positive test will likely

sustain a stringent and costly legal battle, which is likely going to be the case in the above example.

As a healthcare practitioner is important to understand what resources are available for you and the athlete to protect yourselves from any accusation of wrong-doing. First is <u>USADA.org</u>. This website will give you the basic rundown on hundreds of substances and the test process for US athletes. <u>Supplement411.org</u>. will describe how nutritional supplements can be linked to positive drug test and give you an insight into what supplements are approved and what supplements are also likely to cause a positive drug test.

Supplement



You may only think drug testing only applies to your Olympic and professional athletes. It also applies for age group athletes. Just last week an80-year-old weightlifter was busted for steroid use at the Pan American Masters Weightlifting Championships.

FICS Treatment Form and Statistical Research

The new form was updated for the World Games 2013. FICS uses these forms to help standardize what information is collected during evaluation and treatment during events. The information on these forms is then collated for statistical purposes so we have data on what types of injuries are treated, what types of injuries are more common in a particular sport, what are the post treatment outcomes. Following the World Games this year, these results will be published as they were in 2009 by Dr. Deb Nook and her research team from Australia.

This form is being shared with members to give an evaluation/treatment form option as well as another way to obtain data in a standard format for those who wish to return those to FICS following an event. If this is to be the case then a notice must be posted that information on the form may be used for statistical/research purposes and participants have to sign a waiver. Prior to a large event if there is a desire to publish data this needs to be correlated through a college or the FICS Research Commission in order to obtain the necessary ethics protocols.

See the treatment form below Click here to download a PDF







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The World Games Cali 2013

DATE
July 26 27 28 29 30 31 Aug 1 2 3 4
PATIENT
Reference No. Sport/ Activity
Accreditation from
Athletes' Age Gender Male Female No. of treatments (at these Games) Did the injury prevent you from participating in your sport (competition/ practice)? Did the injury occur during the competition/ practice?
TYPE OF PATIENT
New patient Follow up patient Follow up patient new complaint
MECHANISM OF INJURY
During competition During warm up Collision Fall Slip Overuse Other
VAS
No pain Severe pain

TYPE OF INJURY	
Traumatic Non-traumatic	Sprain/Strain Tear Contusion Fracture (specify)
DDX	WITHOUT WITH radiation of pain to
	No pain F Severe pain TREATMENT PLAN
Adverse Reaction	RETURN TO PLAY PROGNOSIS Treatment Plan over next days Yes Graded (guestionable) NO Good Fair Poor
	: No. of treatments No. of days

CLINICAL DIAGNOSIS & TREATMENT

REGION	ADJUST	MOBILISE	MUSCLE	TAPING	
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Where do Sports Chiropractors Fit In?

by Matthew Brackney M.ed, ATC, LAT

Sports medicine is a constantly growing and evolving facet of medicine. Sports Medicine teams are assembled for high school, collegiate and professional level athletics and include a vast array of specialties for the purpose of injury care/management and performance enhancement (1). Some typical members of a sports medicine team include athletic trainers, orthopedics, internists, podiatrists, cardiologists, osteopaths, nutritionists, strength and conditioning coaches and even psychologists (1). All of these healthcare professionals unite and offer their expertise to support the health of the athletes they serve. With so many healthcare professionals, one must wonder where sports chiropractors fit in to the sports medicine team?

Sports chiropractors have a unique specialty to offer and most certainly belong on the sports medicine team. The key to the function of a healthy sports medicine team is utilization of the specific gifts that each member brings to the athletes. A team doesn't need all podiatrists or else who would help the athletes when they sustain a concussion? Likewise, chiropractors do not need to offer nutrition or rehabilitation services because sports medicine teams already have nutritionists and athletic trainers to fulfill those roles. What can chiropractors offer that no other healthcare profession is offering the sports medicine team? Sports chiropractors have the distinctive ability to treat and prevent chronic overuse sports injuries.

While repetitive overuse injuries account for 30% of collegiate athletic injuries (acute injuries account for 70%), they remain difficult to diagnose and difficult to treat (2). Though acute injuries cause more time lost from activity, they have detailed specific rehabilitation protocols that are very simple (not easy, but simple!) to follow and complete. Repetitive overuse injuries, on the other hand, require very specific treatment plans with alterations to practice, workouts, nutrition, preventative exercises, and evaluation for concealed imbalances (2). The uncertainty of the treatment plan can add psychological stress to the athlete's rehabilitation (2). The current author believes that sports chiropractors are in a position to help the sports medicine team in a way that other healthcare professionals have not been able to. Chiropractors, in my experience, are well equipped to assess and treat the underlying musculoskeletal imbalances that lead to chronic overuse sports injuries.

From 2009-2011, I worked with division I collegiate tennis and swimming teams for a university athletics department as an athletic trainer (ATC). Collegiate swimming and tennis teams incur large amounts of chronic repetitive sports injuries. I treated them with the latest and greatest treatments in the physical medicine world, but I often struggled to keep my athletes healthy. I was not the only healthcare professional to struggle with these tendinosus, epicondylitis, fasciitis, and friction syndrome injuries. Many other members of the sports medicine team instructed me to do the very treatments I had been attempting. I decided to try my last resort. I started having my athletes see the team chiropractors. Low and behold, the athletes began to get better. I was astounded and delighted. I began having many of my athletes see these chiropractors on a more regular basis, and I began to observe what types of treatments they were providing. These chiropractors were masters of their craft.

They were teaching me every time I brought them an athlete how chronic overuse injuries often have multiple culprits and the actual injury is just the victim. These culprits are sometimes far away from the source of the pain. Successful treatment of overuse injuries requires treatment of the culprits which would lead to resolution of the victim. Their success in treating my athletes did not come from a treatment that is better than every other treatment, but from their knowledge of when it is appropriate to use specific treatments. The chiropractors' ability to evaluate and treat myofascial dysfunction, imbalances, and joint dysfunction was unparalleled. I began to employ the lessons they taught me and saw improvements in my athletes. I decided that I needed to be doing what these chiropractors were doing. They were able to resolve these long standing, chronic, repetitive overuse injuries when no one else (including myself!) was able to successfully treat them.

If you plan on entering the world of sports medicine, then you have a bright future. Athletes are suffering with repetitive injuries that few practitioners have answers to. If you wish to find yourself on a sports medicine team, know that teams will be looking for someone to make a difference in this unexplored territory of overuse injuries. Chiropractors definitely fit into the sports medicine team and offer a service that is unrivaled.

Sources:

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 Jingzhen Yang, PhD, MPH, Abigail S. Tibbetts, MS, ATC, and Erin Heiden, MPH. *Epidemiology of* Overuse and Acute Injuries Among Competitive Collegiate Athletes. Journal of Athl Train. 2012 Mar-Apr; 47(2): 198–204.

Matt Brackney is a nationally certified, state licensed athletic trainer. He worked for 2 years with the Rice University Athletics Department, while simultaneously attaining his master's degree, in Houston, Texas before discovering his calling to be a chiropractor. Matt is now a trimester 7 student at Texas Chiropractic College.

Differential Diagnosis of Heel Pain

By Dr. Thomas Michaud, DC

Although heel pain occurs with a variety of injuries (e.g., calcaneal stress fractures and/or infracalcaneal bursitis), by far, the most common cause for heel pain is plantar fasciitis. The word fascia is Latin for "band," and the medial portion of the plantar fascia, which runs from the medial calcaneal condyle to the base of the hallux. represents the strongest and most frequently injured section of the band. Until recently, it was assumed that excessive lowering of the medial arch in flat-footed individuals increased tension in the plantar fascia and overloaded the proximal insertion of the plantar fascia on the medial calcaneus. In fact, this increased tensile strain at this site was believed to be so great that it was thought to be responsible for the formation of a calcaneal heel spur. Although logical, recent research proves that this is not the case, as a detailed histological study of 22 calcanei with heel spurs reveals the bony exostosis forms at the origin of abductor digiti minimi and flexor digitorum brevis, not the plantar fascia (1). This research emphasizes the important clinical interactions that occur between the plantar fascia and the intrinsic muscles of the arch: The plantar fascia functions passively to store and return energy while the intrinsic muscles play a more dynamic role in variable load sharing, working with the plantar fascia to prevent deflection of the arch during early stance and assisting with arch elevation during the latter portion of stance. This explains why the development of plantar fasciitis is not correlated with arch height and the best kinematic predictor of the development of plantar fasciitis is the speed in which the digits dorsiflex during the propulsive period (2).

When flexor digitorum brevis is strong, it effectively decelerates dorsiflexion of the toes during the

distributing pressure between the distal phalanxes and the metatarsal heads. Weakness of this small but important muscle allows the digits to dorsiflex rapidly through larger ranges of motion, increasing the tensile strains placed on the plantar fascia. As a result, successful treatment requires decelerating the speed of digital dorsiflexion by strengthening not just the flexor digitorum brevis muscle, but also flexor hallucis longus and flexor



Fig. 1. Flexor digitorum brevis home exercise. The seated patient places a Thera-Band® beneath the foot, traversing beneath the lesser toes up to the knee. Tension in the band is determined by the pulling force at the knee and the patient actively plantarflexesthe toes against resistance (arrow). To strengthen flexor hallucis longus, this exercise is repeated beneath the big toe. To improve endurance, 8 sets of 40 repetitions are usually performed daily.

hallucis brevis (Fig. 1). The speed in which the digits dorsiflex may also be lessened by shoe gear, such as Skechers or MBT, because the built-in rocker bottom present in these shoes limits the range and speed of digital dorsiflexion.

In addition to strengthening the digital flexors, chronic plantar fasciitis often responds well to low-dye taping and to custom and prefabricated orthotics

propulsive period while equally (which are equally effective for the shortterm treatment of plantar fasciitis [3]). As demonstrated by Kogler et al. (4,5), buttressing the medial longitudinal arch and incorporating rearfoot varus and/or forefoot valgus posts may significantly lessen tensile strains present in the plantar fascia. Other conservative treatment interventions include frequent stretching of the posterior calf musculature and the use of night braces. DiGiovanni et al. (6) demonstrate improved clinical outcomes occur with the simple addition of the home stretch illustrated in figure 2. This stretch is held for 10 seconds and repeated 30 times per day. Although deep tissue massage may be helpful because it improves resiliency of the plantar fascia and may stimulate repair, care must be taken to avoid irritating the medial and lateral plantar nerves, which may be contused by overly aggressive crossfriction massage. When performed properly, deep tissue massage coupled with stretches to restore first



Fig. 2. Plantar fascia home stretch. This stretch is held for 10 seconds and repeated 30 times per day. The plantar fascia should be lightly massaged while performing this stretch.

metatarsophalangeal joint dorsiflexion almost always results in a 10° increase in the range of hallux dorsiflexion. This is significant, since surgical release of the medial band of the plantar fascia has been shown to increase the range of first metatarsophalangeal joint dorsiflexion by 10° (7). Because of this, surgical release of the plantar fascia (which may result in a gradual destruction of the medial arch) should not be considered unless manual therapy fails to improve the range of first metatarsophalangeal joint dorsiflexion. The response to manual therapy can be evaluated with careful pre-and posttreatment measurements of hallux dorsiflexion. The efficacy of manual therapies for lessening plantar heel pain was proven in a randomized controlled trial in which the addition of trigger point massage to a conventional self-stretching protocol produced superior short-term outcomes compared to stretching alone (8).

Alternate causes of heel pain include enthesopathy from various autoimmune disorders, Baxter's neuropathy, calcaneal stress fracture, and/ or heel spur syndrome. The autoimmune disorders, such as rheumatoid and psoriatic arthritis, frequently produce pain and swelling at the plantar fascia origin, and are often misdiagnosed because the early signs are similar to those associated with mechanical plantar fasciitis. Clinical clues suggesting autoimmune causes for heel pain are that these disorders tend to produce discomfort bilaterally, and the swelling tends to be more extreme. If psoriatic arthritis is the cause, skin plaques can often be seen on the hands or behind the ears. Suspected cases should be referred to a rheumatologist.

Another cause of heel pain is Baxter's neuropathy. This condition represents a nerve entrapment syndrome in which the nerve to abductor digiti quinti (also known as Baxter's nerve) becomes inflamed beneath the proximal portion of the plantar fascia. Clinical signs of Baxter's neuropathy include the reproduction of pain by abducting and dorsiflexing the forefoot for 30-60 seconds, a positive tourniquet test (i.e., pain is reproduced by inflating a blood pressure cuff placed around the lower leg to slightly above systolic pressure for 30 seconds) and/or the patient is unable to actively abduct the fifth toe on the involved side (Fig. 3). In addition to standard therapies to lessen inflammation, an alternate technique for treating Baxter's



Fig. 3. Baxter's neuropathy test. When the nerve to abductor digiti quinti is compressed, the patient is unable to abduct the fifth toe (A). MPN=medial plantar nerve; LPN=lateral plantar nerve; BN=Baxter's nerve.

neuropathy is to perform nerve glides on the nerve to abductor digiti quinti. This is accomplished by heating the involved region, lightly massaging a 4-inch area directly over the site of entrapment (confirmed with Tinel's sign), and then performing a series of light stretches in which the nerve is "flossed" back and forth in its tunnel (Fig. 4). This technique has been proven to mobilize nerves in the

upper extremity (9), and is believed to loosen adhesions responsible for maintaining the nerve in a fixed position.

If Baxter's neuropathy is present, custom and prefabricated orthotics are often helpful since they may lessen the "scissoring" of the nerve between the long plantar ligaments and the plantar fascia. The exception to this is if an orthotic is made in which apex of the arch is placed beneath the sustentaculum tali. The

proximally positioned arch apex may damage not just Baxter's nerve, but also the medial and lateral plantar nerves. If an orthotic is to be used in the treatment of Baxter's neuropathy, the laboratory must be instructed to place the apex of the arch beneath the medial cuneiform.

It is also possible that chronic heel pain is the result of an undiagnosed

calcaneal stress fracture. A simple inoffice test to rule out calcaneal fracture is the medial/lateral squeeze test. Because cortical bone in the calcaneus is so thin, medial and lateral compression of the calcaneus between the thumb and index finger produces significant discomfort when a stress fracture is present. To ensure accuracy, sensitivity to pressure should be compared bilaterally. If a calcaneal stress fracture does occur, it is important to identify the cause, such as underlying osteopenia/osteoporosis.

The final factor to consider in the differential diagnosis of plantar fasciitis is the heel spur syndrome. The easiest way to differentially diagnose these two conditions is to ask the patient if they have increased pain while walking on the heel or the forefoot. Because plantar fasciitis is a propulsive period injury and heel spurs hurt during the contact period, patients with plantar fasciitis have more pain while standing on their toes, while patients with heel spur syndrome complain of pain when striking the ground on the involved heel. In fact, heel spur patients often make initial ground contact with the lateral forefoot in an attempt to lessen pressure beneath the heel during the contact period.



Fig. 4. Nerve glide technique. To mobilize Baxter's nerve, the patient places the heel on an elevated platform and then alternately extends the neck while dorsiflexing the ankle and toes (A), and then flexes the neck while plantarflexing the involved ankle and toes (B). Each cycle is performed for approximately 5 seconds and there should be minimal discomfort while performing this procedure.

Because the treatment protocols for plantar fasciitis and heel spur syndrome are different, it is important to diagnose these two conditions correctly: plantar fasciitis is treated with orthotics, stretches and exercises, while heel spur syndrome is treated with pocket accommodations, heel cups and well-fitting heel counters. Cortisone injections should be a last resort, especially in individuals with heel spur syndrome, because it may result in further degeneration of the calcaneal fat pad. As with the majority of mechanical musculoskeletal conditions, treatment interventions emphasizing manual therapy, orthotics, stretches, and rehabilitative exercises almost always outperform popular yet ineffective pharmacological interventions such as NSAIDs and corticosteroid injections.

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HS Football Notebook: Ambulances Return to Staten Island Grid Games

The committee of the Friends of Staten Island High School Football (FSIHSF) announced that ambulances with two-person paramedic teams will return to Island football games for the third straight season.

The committee, which consists of John Iasparro, Dr. Vic Dolan, EMT, DC; Bobby McGhie, Dr. Mark Sherman, MD; and Dr. John Reilly, MD; said an ambulance will be present at almost every high school football game played on the Island in 2013.

"The (paramedics) working are all volunteers. They don't get paid, which is nice thing to do on their part," said Iasparro. "There will be an ambulance on site at almost every Island game, which is a great thing because if there's a serious injury, they're already there. "In the past, if you called 911, it has taken up to 45 minutes for an ambulance to arrive."....When a kid is laid out on the ground- that is a VERY long wait.

Iasparro said the ambulances would have all the emergency equipment on hand and would transport an injured player to the hospital if necessary.

"I do not understand why NYC does not require ambulance coverage on site at varsity football games", said Dr. Dolan, sports injury chiropractor. Dolan continued, "...in just about every other county/ city/ municipality in the US; an ambulance on site is required."

According to Iasparro, four ambulance services participating include North Shore Rescue, Volunteer Heart Ambulance, FDNY EMS and Primary Care.

2013 ACA Sports Council Symposium

Event to be held in conjunction with FICS which will offer the opportunity for any CCSP to attain the internationally recognized and respected ICCSP (formerly ICSSD), the only certification allowing the holder to work international events through FICS.







Continuing Education credit (CE) is provided by:



PROGRAM HOURS

Friday, Sept. 27th: 12:00PM—6:30 PM Saturday, Sept. 28th: 8:00AM—6:00 PM Sunday, Sept. 29th: 8:00AM—12:00 PM

CONTINUING EDUCATION UNITS

Chiropractors:

16 Hours of CEUs will be available and based on proof of attendance. The following states are considered "Pre-approved" (no CE applications processed): CO, CT, DE, GA, ID, IL, IN, IA, MI, MS, MT, ND, NE, NM, OH, OR, RI, SC, UT, VT, VA, WA and Washington DC. Continuing education credit has also been applied for in select states including: CA, MD, MO, NC, NH, NJ, NY and PA.

Athletic Trainers:

New York Chiropractic College is recognized by the Board of Certification, Inc. to offer continuing education for Certified Athletic Trainers. This program has been approved for a max of 16 hours of Category A continuing education. Certified Athletic Trainers are responsible for claiming only those hours actually spent participating in the continuing education activity. BOATC Approved Provider #: P2441

License Renewal:

While applications relating to credit hours for license renewal in selected states have been executed for these programs, it remains attendees' responsibility to contact the state board(s) from whom they seek continuing education credits for purposes of ensuring said board(s) approve both venue and content as they relate to any seminar/course/lecture/webinar/online presentation (event). Neither a speaker's or exhibitor's presence at said event, nor product mention or display, shall in any way constitute NYCC endersement. NYCC's role is strictly limited to processing, submitting, and archiving program documents on behalf of course sponsors. For information regarding these applications, please contact New York Chiropractic College's Continuing Education Department: 1-800-434-3955. This year's symposium will offer 17 hours of lectures, hands-on and on the field learning while giving the opportunity to obtain the only internationally recognized sports chiropractic certification, the ICCSP, International Certified Chiropractic Sports Practitioner, (formerly the ICSSD) in conjunction with the International Federation of Sports Chiropractic (FICS).

Note-There are no fees or CEU requirements to maintain the ICCSP designation.

REGISTRATION	* RATES				
Council Member	\$375	 Early Bird rates end 8/16/13. After this date, add \$50. On-site 			
Non-Member	\$425				
Faculty (Full-Time)	\$275	registration, add \$100. Member Annual Genera			
CA/Staff	\$150	Meeting Luncheon cost			
Student Member	\$95	included in registration			
Stud. Non-Member	\$150	rate.			
Athletic Trainers	\$425				

CANCELLATION POLICY: Cancellations must be in writing and faxed to (541) 482-4203. A 550 cancellation for will apply for cancellations prior to August 1, 2013. Fifty percent of the registration will be refunded (after the fee is assessed) for cancellations between August 1st & September 1st. No refunds will be given after September 1, 2013. Every attempt is made to offer this program as announced. The ACASC reserves the right to adjust program faculty, location, dates, times and/ or fultion to accommodate ananticipated occurrences, to finit seating, or to cancel due to insufficient enrolment. The ACASC is not responsible for any expenses incurred by registrants due to program adjustments or cancellation. Only those who are per-registered can be notified in the event of changes.

SPORTS CHIROPRACTIC HALL OF FAME BANQUET: Saturday evening at our host hotel, the Sheraton Meadowlands Hotel. The cost will be \$100 in addition to your registration fee. Please join us for this exciting black tie optional event. There have only been eight inducted into the Hall of Fame since Earl Painter, the trainer/chiropractor for Babe Ruth and the Yankees. Further details TBA.

4th ANNUAL DR. TOM HYDE POSTER PRESENTATIONS: Contest is open to current chiropractic college student ACASC members attending United States or Canadian schools. Each Chiropractic college may select up to two representatives with one presentation each. Commemorative awards and scholarships will be given to the top 5 vote getters. For more details, contact Dr. Russ Ebbets: <a href="mailto:rebbets:

HOST HOTEL: Sheraton Meadowlands Hotel, Meadowlands Plaza • East Rutherford, NJ 07073 • (201)-896-0500 • www.sheraton.com/meadowlands. Group Rate: \$149/night (plus tax/fees) valid until 8/16/13. The Sheraton Meadowlands Hotel is 20 minutes from the Newark Liberty Airport & provides a fitness center, indoor pool, sauna, Jacuzzi, high speed internet access & a spectacular views of New York City. Please use the following website to book your hotel: https://www.starwoodmeeting.com/StarGroupsWeb/res7id=1303158131&key=7D355.

TRAVEL ARRANGEMENTS: For assistance with booking travel to East Rutherford, the ACASC is using Lancaster Travel. Please call Silvana at (716) 685-5752 or email lancastertravel@aol.com to her attention for all your travel needs.

SHUTTLE INFORMATION: The Sheraton Hotel offers easy and affordable access into Manhattan via train, bus, or car-and provides quick and free service to Secaucus Rail servicing Penn Station and Newark Liberty Airport. Round-trip train service into NYC is just \$8/guest and \$25/guest to Newark Liberty Airport.

ATTRACTIONS: During your stay, be sure to consider visiting New York City and all of its attractions: Time Square, the Statue of Liberty, the Empire State Building, Wall St., Broadway, Central Park, the 9/11 Memorial, Rockefeller Center, Yankee Stadium, restaurants and shops, all only 8 miles away. Other nearby attractions in New Jersey include MetLife Stadium, the IZOD Center, NJ Redbulls Soccer Team, the Meadowlands Race Track and Liberty State Park.

> For questions or more information, please contact: Dr. Bill Bonsall, 2nd Vice President: (908) 410-9228, Email: vicepres2@acasc.org

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