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THE BEACON

THE STUDENT NEWSPAPER OF PALMER COLLEGE OF CHIROPRACTIC

JUNE-JULY 2015 [Find Us on Facebook!] VOLUME 55 • ISSUE 6

VACCINES: DR. TOM BROZOVICH, DC

by **JEFF REDENIUS**
Assistant Editor

Recently in the news, there has been an increase in coverage over the debate on vaccines. As future medical professionals, this debate will undoubtedly affect Palmer College of Chiropractic students. Dr. Thomas Brozovich, D.C., BA, D.A.C.A.N., D.A.C.B.T., D.A.A.P.M. was kind enough to share his thoughts on the issue of vaccines with The Beacon. His insights on the matter are thought-provoking and relevant to the issue that is so heavily debated about in the media today.

Dr. Brozovich was born in Rock Island, Illinois. He received his undergraduate degree in Biology from St. Ambrose University. He then attended Palmer College of Chiropractic in Davenport, Iowa, where he graduated in 1982. He has had a private practice in Rock Island, Illinois since 1982, where he still practices. He has also worked as an Associate Professor at Palmer College of Chiropractic in Davenport, Iowa since 1995. In addition to his degree attained at Palmer, he has many additional certifications and diplomas. He was certified in Manipulation Under Anesthesia (MUA) in 2013. He became a member of the Board Qualified American Chiropractic Board of Orthopedics in 1998. He became a member of the Board Certified American Chiropractic Association Academy of Neurology (D.A.C.A.N) in 1993. He attained his Diplomate American Academy of Pain Management in 1992. He also attained his Diplomate



International Chiropractic Association (D.C.C.T.) in 1992. In 1989, he also attained his Diplomate American Chiropractic Board of Thermology. He became a member of the Board Certified American Chiropractic College of Thermology in 1989 and a member of the Certified Hypnotherapist National Guild of Hypnotists in 1987.

Dr. Brozovich presently teaches a variety of courses at Palmer College of Chiropractic that range from Neuromusculoskeletal Disorders (NMS) to Gross II Anatomy Lab. He is currently, or has been a member of nearly 15 different professional affiliations. In his free time, he contributes to

local Quad City organizations, volunteering his time as a coach, leader, or active club participant. Below is Dr. Brozovich's opinion regarding vaccinations:

My comments in this article are my opinion. My opinion is based on the scientific literature that I have reviewed and my belief that we should strive to protect the children and adults who can receive vaccinations, the immunosuppressed, and those who are unable to receive vaccinations.

The scientific principal behind vaccinations fit into my chiropractic philosophy. The body has the capability of

producing antibodies when exposed to antigens. Exposing the body through vaccinations to these antigens of communicable diseases better prepare the person to naturally fight off the disease when exposed to it. This philosophy is basically what chiropractic philosophy has been built upon.

The recent recommended immunization schedule is primarily designed to protect infants and children at a young age, when they are most vulnerable and before they are exposed to potentially life-threatening diseases. One must be concerned in this world of easy travel. As merely one example of the importance of immunization, one may be exposed to one of the world's diseases at any time because of the inter-continental travelers.

According to the research, the following is an accumulation of information relating to the disease, the method of how the disease spreads, the disease symptoms, and the disease complications:

Chickenpox: The Varicella vaccine protects against chickenpox. The disease is spread by air and direct contact. Symptoms include rash, tiredness, headache, fever, and infected blisters. Disease complications include: bleeding disorders, encephalitis (brain swelling), and pneumonia (infection in the lungs).

Diphtheria: The DTaP vaccine protects against diphtheria. The

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PURPOSE STATEMENT

The Beacon is an independent publication produced and managed by students currently attending Palmer College in Davenport, IA.

The Beacon provides students at Palmer College a resource for news and information related to the Palmer community, as well as an open forum to express their ideas and opinions.

Therefore, the views expressed in the columns herein are not necessarily the views of The Beacon or Palmer College of Chiropractic.

The Beacon is committed to publishing accurate information but, due to constraints of time and a limited staff, does not engage in any extensive fact verification and must rely on the accuracy of the authors. The Beacon strives for accuracy and regrets all errors. Any errors discovered, please report to:

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The Beacon welcomes reader responses to any content printed on its pages. However, The Beacon reserves the right to edit fallacious arguments (ad hominem attacks, etc.) and the use of expletives or otherwise demeaning, offensive language. Address all letters to the editor and send to palmerbeacon@gmail.com



CHIROPRACTIC IN A POSITIVE LIGHT

by JEFF REDENIUS
Assistant Editor

The public tends to make judgments based entirely off of how the media presents something to them. Unfortunately, what the media presents is not always positive publicity. This seems to be the case for chiropractors everywhere. Newsrooms are quick to present negativity about the practice of chiropractic. Rarely do they publish anything highlighting the benefits of the practice. In light of all of this, I believe that it has become necessary to remind Palmer students (and the general public) of some of the positive aspects to chiropractic. So much of what is happening in the field of chiropractic is good and deserves recognition that is not currently being given. One of the most obvious positives in regards to our practice is the sheer number of individuals seeking our care. The American Chiropractic Association (ACA) recently posted the statistic that it is estimated that Doctors of Chiropractic (DCs) treat over 27 million Americans (adults and children) annually. On top of that, the ACA reported that, "today, doctors of chiropractic comprise the third largest group of doctorate level, portal of entry primary care providers in the nation, next to medical doctors and dentists." Since there are more DCs graduating, more of

the general public is seeking out chiropractic care. In addition to more people seeking out Chiropractic care, there has been an increase in patient satisfaction, as well. The ACA reported that, "Injured workers with similar injuries are 28 times less likely to have spinal surgery if the first point of contact is a Doctor of Chiropractic (DC), rather than a surgeon." Also, because fewer patients needed surgery, their medical bills were lower. The ACA reported that treatment for low back pain that is initiated by a DC costs up to 20 percent less than when initiated by an MD. In overall patient satisfaction, DCs should feel good about the work they are doing. The ACA reported that DCs are, "...the highest rated healthcare practitioner for low back pain treatments above physical therapists (PTs), specialist physician/MD (i.e., neurosurgeons, neurologists, orthopedicsurgeons), and primary care physician/MD (i.e., family or internal medicine)." When it comes to treating low back pain, chiropractors are the top rated medical providers out there. In addition to providing treatments for pain, DCs are also doing so much to serve the broader public in injury and pain prevention. The National Football League (NFL), for example, has hired on at least one chiropractor for every team. All 32 NFL teams have a DC on

hand to provide pain prevention treatments and pain reduction treatments. According to www.profootballchiros.com, "The average pro football chiropractor renders 30 to 50 treatments per week during the season. With the in-season duration lasting 16 weeks (not including quarterback camp, mini-camp, and pre- and post-season), 32 chiropractors conservatively give 16,320 to 27,200 adjustments to America's superstars in just 120 days." Since the NFL took on chiropractors, the Professional Football Chiropractic Society (PFCS) was formed. The main goal of this group is to provide consistency among constituents, as we take the best practices from each alliance and create a template to apply to chiropractors who work with other pro sports. The popularity of combining chiropractic care with athletics has grown immensely in the past few years. Not only does the NFL keep DCs on hand, but other professionals do, as well. Lance Armstrong has been quoted saying that he keeps a DC on his "care team" in order to keep him going at peak performance. He stated that, "The team wasn't just riders. It was the mechanics, masseurs, chefs, soigneurs, and doctors. But the most important man on the team may have been the chiropractor." In addition to Lance Armstrong, Tiger Woods

Positive | Page 14

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SEPARATED AT BIRTH?

BY: JEFF REDENIUS

Mitch Quill is originally from Racine, Wisconsin. Mitch is a quality player and asset to the Palmer College Rugby Club. Not only is he very good at the sport athletically, but his Wolverine look tends to scare the competition.

Next trimester, Mitch will be working in a V.A. hospital in Texas!



Mitch Quill
Student

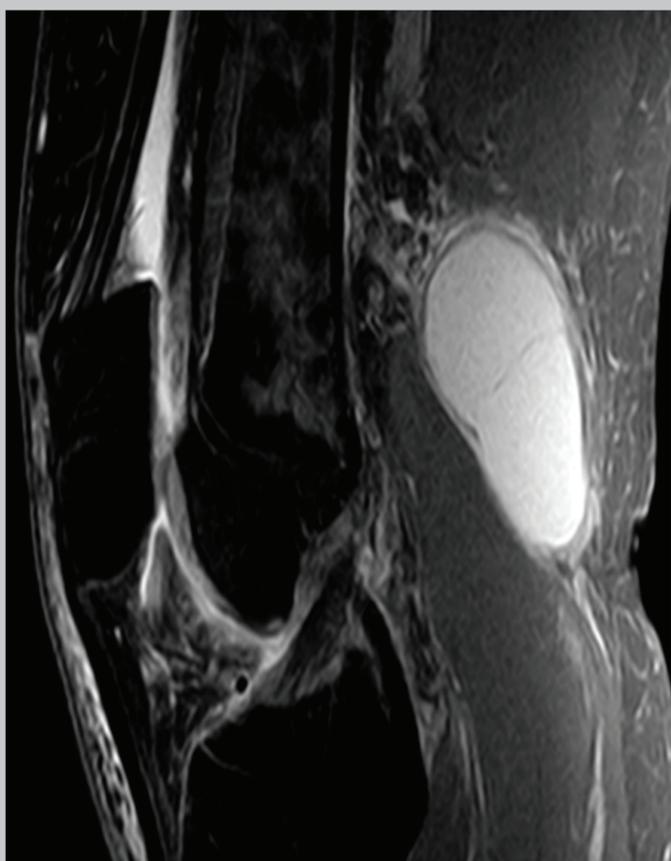


Hugh Jackman
"Wolverine"

Hugh Jackman, an actor, was born 10-12-1968 in the beautiful country of Australia. Hugh has become famous partially by his role in the X-Men film series as Wolverine. Hugh has also been in other movies, such as The Prestige, Les Misérables, and my personal favorite, Van Helsing. Hugh also is a supporter of "Microcredit" a small loan provider to starting businesses.

RAD QUIZ

BY: JEFF REDENIUS



Send an email with the correct answer and your phone number to beacon.assist.ed@gmail.com and be entered in a drawing to receive a \$25 gift card to the bookstore (drawing held every 3 months). Winner to be published in the August issue of the Beacon.

Name the finding!!

Answer for April Edition: La Forte Fracture

Congratulations to Leslie Mitzel for winning the Rad Quiz!



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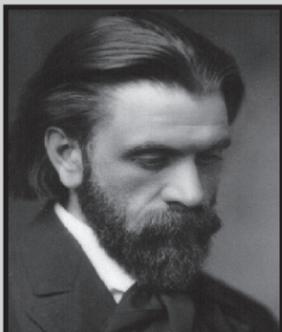
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"THINK STRAIGHT, TALK STRAIGHT,
AND YOU WILL BE THOUGHT STRAIGHT"

THE LIGAMENTO-MUSCULAR REFLEX: PART II, ACUTE & CHRONIC RESPONSES

by **DR. RICK SEROLA**
DC

There are two types of response to ligament injury. To help limit immediate harm, the reaction may occur through a fast acting monosynaptic reflex directly from the afferent nerve to the motor neuron [1-4]; or, in an attempt to restore and maintain stability, and prepare the joint for future destabilizing events, a relatively slow acting polysynaptic reflex that is guided by input from higher centers to provide a more measured outcome, will activate the gamma muscle spindle system to induce muscles to produce joint stiffness [3, 5-10], which may remain indefinitely [11] and play a role in altered firing patterns and coordination throughout the body [12].

Position and movement senses are modulated through the gamma muscle spindle system, which provides this information to higher centers, such as: the

brain stem, cerebellum, and cerebral cortex, where they are modified. Then, together with input from ipsilateral and contralateral peripheral joints and skin, the descending signals are integrated in fusimotor neurons and relayed back to the gamma spindle system within the muscle. The various inputs are finally integrated to control muscle stiffness and coordination, providing joint stability and preparing the joint for further damaging incidents [6, 9]. Because a number of synapses are involved, the response is relatively slow.

It was found that the response from an injured ligament varied markedly from that of a normal ligament, not in which muscles were affected, but in the degree of activation or inhibition. Neural responses from the ligaments lead to persistent muscle spasm and inhibition patterns, which may result in altered joint function. In

addition, metabolites from muscle contraction may be augmented by ischemia to activate group III and IV muscle afferents, which stimulate gamma motor neurons and increase spindle sensitivity to stretch. In turn, the spindles increase the activation level of alpha motor neurons, causing increased reflex mediated stiffness in the primary muscle in a cycle of "increased metabolites - muscle stiffness - increased metabolites". This vicious cycle may spread to surrounding muscles. "Such a distribution of the increased muscle stiffness to secondary muscles will further aggravate the vicious circle...[and] may constitute a mechanism or series of events by which several muscles, via positive feedback, will influence each other to increase the reflex mediated stiffness" [13].

At certain thresholds, secondary muscle spindle afferents may project back to the muscle spindle, creating another positive

feedback loop, "secondary spindle afferents - fusimotor neurons - muscle spindles." This independent positive cycle greatly amplifies the effects of the aberrant input and may create persistently abnormal muscle stiffness and inhibition patterns, which, in turn, may induce errors in muscular coordination and joint stability. Johansson [13] suggested that this "potentially vicious cycle" may be a significant part of chronic musculoskeletal pain syndromes and, in a chain reaction, spread to surrounding muscles, leading to increased joint stiffness. Importantly, the reflexes were significantly increased, generating a 79% larger muscle response when loading was done during movement, emphasizing the enhanced susceptibility of ligaments to damage during strenuous activity [10].

Injured ligaments have also led to significantly slower reaction times in their associated

Serola | Page 19



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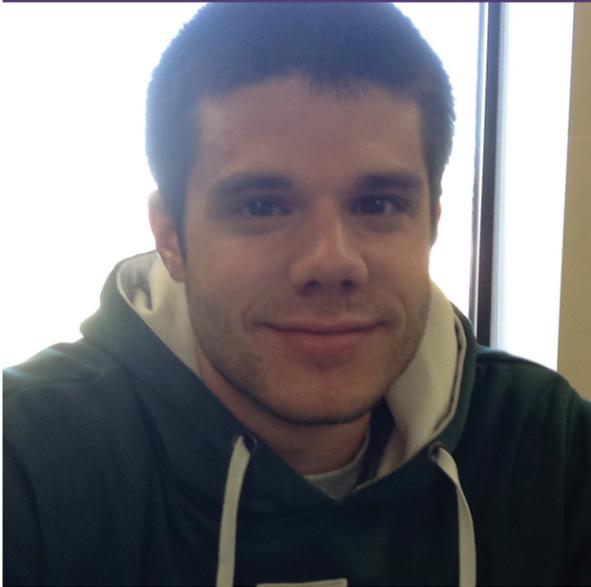
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THE BEACON'S QUESTION OF THE MONTH

BY: JEFF REDENIUS



"Snapchat"
-Zach Moro, 8th Tri



"Whats Ap"
-Dipti Solanki, 3rd Tri



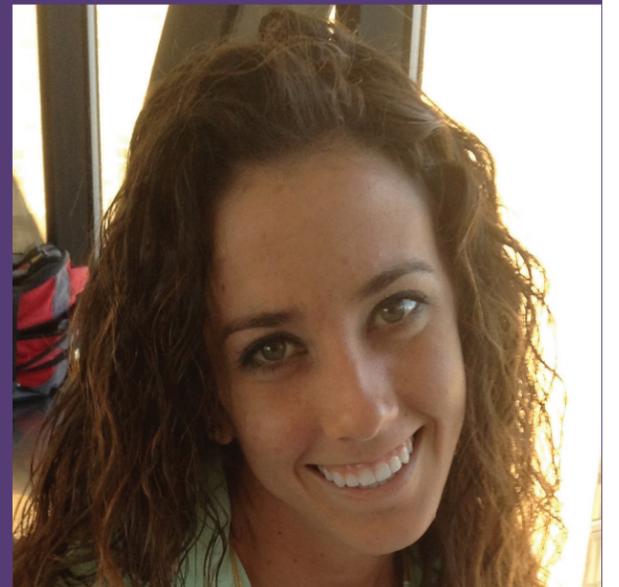
"Safari"
-Scott Rasmussen, 2nd Tri



"Spotify"
-Trevor McArthur, 3rd Tri



"Instagram"
-Hilary Murray, 6th Tri



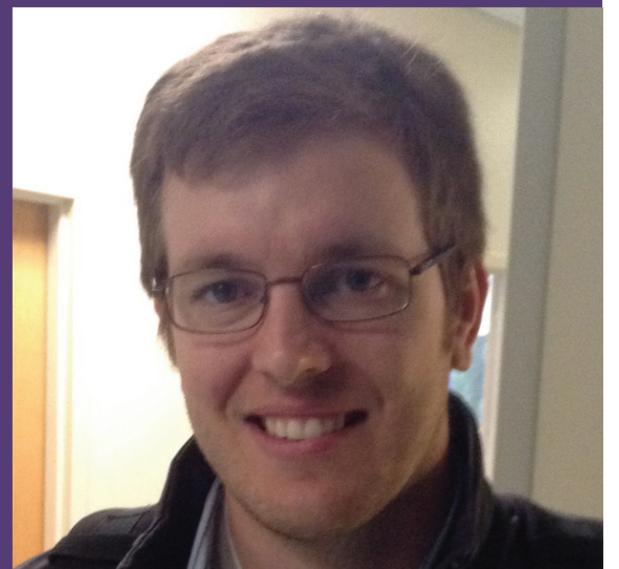
"Instagram"
-Abby Palmer, 8th Tri



"NBA Gametime"
-Gabe Gallagher, 2nd Tri



"Tumblr"
-Holland Englert, 2nd Tri



"Pandora"
-Phil Spradley

WHAT'S YOUR PHONE/TABLET APP?



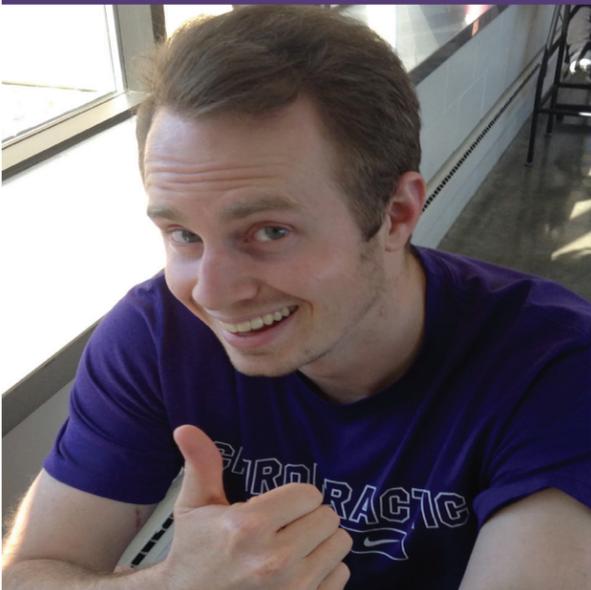
"Genius Scan"
-Brian Regan, 1st Tri



"NPR"
-Allysa Rimkus, 3rd Tri



"Pocketgur"
-James Leanard, 3rd Tri



"Pandora"
-Jeff Scott, 4th Tri



"Trivia Crack"
-Kaci Batzel, 6th Tri



"Spotify"
-Andy Armor, 5th Tri



"Audible"
-Jim Jeringan, 7th Tri



"Pandora"
-Palmer Casteel, 7th Tri



"Visible Bodies"
-Adam Alexander, 2nd Tri

"HEADS UP" CONCUSSION TRAINING PROGRAM

by **JEFF REDENIUS**
Assistant Editor

CDC provides HEADS UP Concussion Training Program. As future chiropractors, many Palmer students are interested in working with student athletes. Not only does working with student athletes bring a younger population into a chiropractic practice, but it offers the Doctor of Chiropractic a variety of patient needs, as well. When working with student athletes, it is important for chiropractors to not only know how to provide general wellness care, but care for common sports related injuries. One of the most common sports related injuries today is a head trauma injury known as a

concussion. This type of injury is becoming more and more prevalent; because of this, the CDC has developed a "HEADS UP" Concussion training program for all health care providers. According to the CDC's website, "a concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain." A concussion is a very serious injury that health care providers who work

with student athletes should not ignore. According to the University of Pittsburgh's Brain Trauma Research Center, "more than 300,000 sports related concussions occur annually in the U.S., and the likelihood of suffering a concussion while playing a contact sport is estimated to be as high as 19 percent per year of play." Along with that, more than 62,000 concussions are sustained each year in high school contact sports. This number has been constantly on the rise, and more and more high school athletes are suffering from this type of injury. Specifically, this applies to those of us in Iowa because the Iowa Legislature passed a law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. This information comes from Iowa Code Section 280.13C. The law states that, "A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity." The law also states that, "A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation." According to the state of Iowa, chiropractors fall under these licensed health care providers. Since chiropractors can give clearance for returning to activity, it is important that they have concussion training. The HEADS UP to Clinicians online training program is a free, online course that is available to health care providers. The training program features interviews with leading experts, dynamic graphics, and case studies and provides an overview of what health care professionals need to know about concussions. The course requires the participant to examine current research on what may be happening to

the brain after a concussion, understand why young people are at increased risk, and explore treatment options. The training program also goes over the "5-Step Return to Play" progression and helping athletes safely return to school and athletics. Along with this, the training program focuses on how to prevent concussions. There are also free CME, CNE and CEU credits available at the end of the online course. The course can be found at: <http://www.cdc.gov/headsup/providers/training/index.html>. In addition to the free online training course, this website provides links to downloadable apps, additional educational videos, and an ACE (Acute Concussion Evaluation) care plan print out that chiropractors can use to help guide a patient's recovery. When dealing with student athletes, it is critical that a health care provider be educated, trained, and certified to care for injuries. This online training program is just one of the many training options out there for future chiropractors who are looking to expand their practice by reaching out to student athletes.



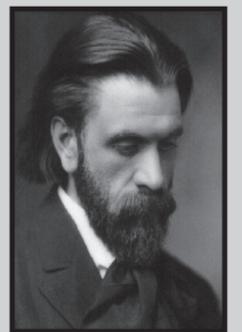
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B.J. PALMER QUOTE

**"WISE MEN MAKE
PROVERBS, BUT FOOLS
REPEAT THEM."**

ICA NEWS RELEASE

by ICA NEWS

The International Chiropractors Association (ICA) convened earlier this month in Marietta, Georgia with officers, board members and representatives from across North America and around the world gathering for three days of intensive, constructive, and creative strategic planning, decision-making and powerful educational sessions. Focused on ICA's mission of advancing principled chiropractic and addressing the critical challenges facing the profession and the membership worldwide, ICA's Board of Directors and Representative Assembly heard detailed reports on a wide range of issues, engaged in lively and creative discussions and planning sessions, and made key decisions on the association's business, political action, public education and professional development plans for the coming year.

New Officers Include Palmer Alumnus as ICA President

The ICA's 89th Annual Meeting also marked a significant governance transition with new leaders stepping into service in ICA's top offices. Dr. Michael S. McLean concluded his term as ICA's 17th President, passing

the gavel to ICA's incoming president, Dr. George B. Curry of Windsor, Connecticut. Both the outgoing and incoming ICA Presidents are alumni of the Palmer College of Chiropractic. Dr. Stephen P. Welsh of Roswell, Georgia took office as ICA Vice President and Dr. Selina Sigafosse-Jackson from York, Pennsylvania was re-elected as ICA's Secretary-Treasurer.

In his inaugural comments to the Annual Meeting, new ICA President Dr. Curry stated: "this continues to be a critical time for clarity and clear-cut communications for the profession, anchored in ICA's timeless and proven principles but applying cutting edge strategies and technologies. We are committed to building on the talent and energy of ICA's leadership corps and membership with innovative programs and benefits, focused on advancing principled chiropractic as the powerful force in health care it must be in order to meet the needs of patients of all ages in communities around the world".

Strategic Planning Includes Action Steps on The Drug-Inclusion Issues

Starting with an intensive

strategic planning session, the ICA leadership addressed an array of key issues confronting the profession during the two days of business meetings, from new developments in the federal Medicare program to the escalating debate over the inclusion of drugs, medical procedures and medical terminology in the scope of chiropractic practice. In this discussion, ICA leaders proceeded to build additional emphatic, clear language so as to make certain that there was no doubt where the Association stood on these unfortunate and divisive issues.

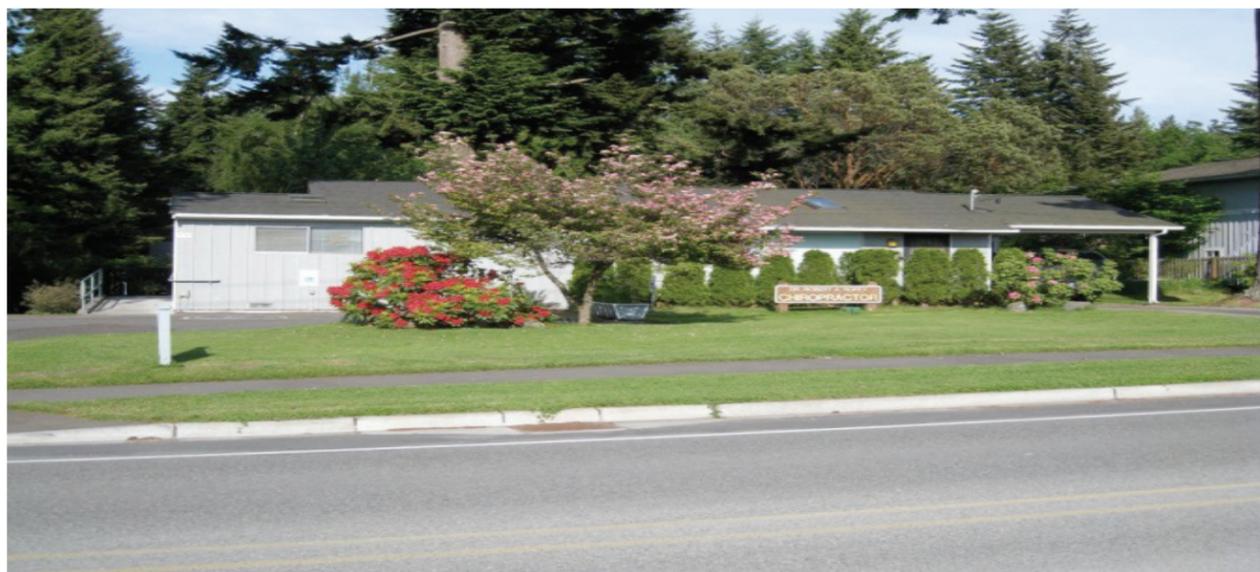
ICA members from around the world have been contacting the ICA in unprecedented numbers expressing concern and in many instances outright dismay and opposition to new efforts recently undertaken by the American Chiropractic Association (ACA), to establish a College of Chiropractic Pharmacology and Toxicology, and to promote the term "chiropractic medicine" and prescription drug rights for DCs in the regulatory process. These actions came in the form of official resolutions adopted through the ACA's governing structure. In response to the expressions of concern from the ICA membership and from other organizations and

allied educational institutions, ICA's leadership prepared powerful position statements showcasing ICA's historic and decisive stand on chiropractic as a drugless science -- and its support of the position statement that had been developed and adopted unanimously by the 40 organizations that comprise The Chiropractic Summit (which includes the ICA and the ACA) on November 7, 2013.

The official statement from the Chiropractic Summit reads:

The drug issue is a non-issue because no chiropractic organization in the Summit promotes the inclusion of prescription drug rights and all chiropractic organizations in the Summit support the drug-free approach to health care. ICA's leadership actions at the 2015 Annual meeting included a formal and official resolution by the ICA Representative Assembly stating:

...in order to fortify and maintain the unique identity of the chiropractic profession,



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ALFIE'S PALMER: MY OPINION ON THE TUITION INCREASE

by **ALFIE SUNDQVIST**
Palmer Student

Recently, our administration announced a tuition increase of 2.25%, which increased our tuition by \$244 per trimester. There has been a lot of chatter since then on social media and around campus regarding the increase in tuition. Some of the comments I have seen and heard include: "I don't need a new gym if tuition is going to go up," and "It looks like our tuition increase is going to pay for Administration's new offices." For some of us, tuition increases are just a part of life, like taxes. No one likes it, but for some students, they feel like they are being taken advantage of. As if Palmer is just trying to squeeze them for every penny they have. I am not a certified public accountant. I do not have an MBA, nor do I have any special higher education in institutional finance. In fact, my largest part of my life was in construction. A good portion of that time was in construction management, and near the end of my career I was working in the largest hospital in Maine. Being a part of the healthcare construction field actually gave me some pretty solid insight into institutional finance and the huge costs associated with running both a healthcare facility and a multi-facility organization, both to which Palmer falls into.

At the end of the article, I have included a sweet line

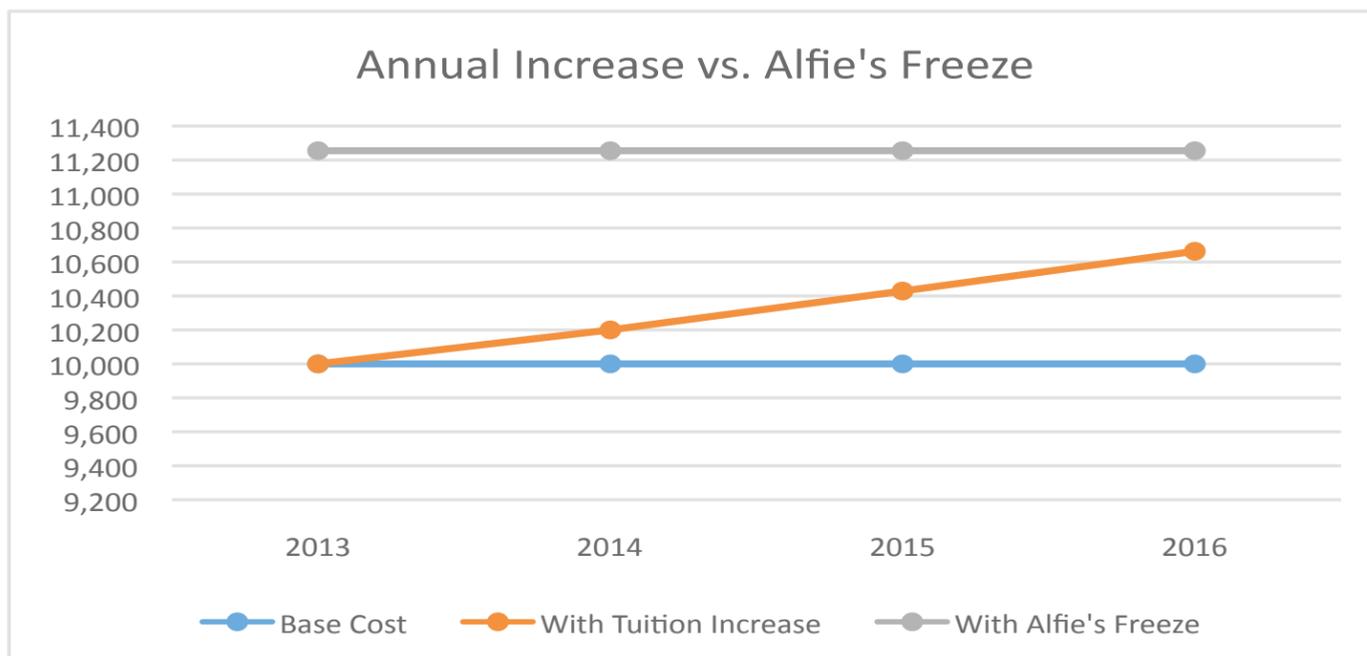
graph that compares a few different figures. I used the rate of inflation in America (blue line). No, I am not going to explain the intricacies of why inflation happens, but it does. As a result, what we could buy for \$100 last year costs \$101.60, as the inflation rate was 1.6%. If we deduct that number from the 2.25% that our tuition increased, I would say that our tuition went up 0.65%. I personally think that is awesome and applaud Palmer for keeping it that low. However, maybe you are still mad about that 0.65%. Let me tell you why I think it is fantastic. Palmer is a pretty big organization. As you know, we have three campuses: Davenport, Port Orange, and San Jose. Each of these campuses has outside vendors, people that don't work directly for Palmer, but provide goods and services on our campuses. Some of these vendors could include: food vendor, janitorial staff, security staff, the electricity supply to our buildings, Internet service, office supplies, medical supplies, and even the company that comes to empty our dumpsters. All of these outside vendors will typically be on a multi-year contract, and in that contract, it will include an allowance for an annual increase in the cost of the service. This increase is normal because everyone has to deal with inflation and variability in the price of gas, labor, supplies, and

whatever it is that actually make Internet costs go up (Mediacom was unavailable for comment the last time I tried asking them).

Because Palmer doesn't want to lose money, nor will our accrediting bodies allow us to look like we are not making financially sound decisions, Palmer would have to increase their tuition annually. They are clearly trying to make this as small as possible, hence the reason that letter read "one of the lowest increases in 45 years" this year and "the lowest increase in 45 years" last year. So why don't they freeze tuition? I suppose they could, but they would have to approach the whole scenario very differently. If I had to look forward and create Palmer's budget, I would have to allow for inflation and the increase of vendor contracts. I would also need to include a cushion for whatever else might happen between now and when that student graduated. So what would I do? I would go up 3% for each year; and since the program could span four years for each student if they don't finish on the normal schedule, I would go up 3% for four years. I wouldn't want to lose money.

So below is a chart of what tuition freeze would look like at Alfie's Palmer. Even if I was Nostradamus and I was incredibly accurate about my theoretical cost increases, and I locked in at the number you as a student would be at when

you graduated, then we have to consider "the area under the line," which would represent that number none of us want to talk about - total student debt. The bar graph below represents total student debt for ten trimesters using Alfie's made up numbers for tuition, actual inflation, actual Palmer tuition increases, and Alfie's totally accurate tuition freeze. It doesn't include interest because I'm not a CPA. In conclusion, I don't think Palmer is trying to wring us dry. I think they want our total student debt as low as possible to decrease default rates. I am glad they do it this way. If anyone were to ask me what I was getting in return for the tuition increase, I would answer that I am receiving a Doctorate in Chiropractic, just like everyone else.



PALMER SCORES PERFECT FOR LOAN REPAYMENT

In a new study by the Brookings Institution Palmer College of Chiropractic, Davenport, Iowa, earned a top score of 100 with regard to student-loan repayment rates (a common measurement of student financial success after graduation) and achieved a score of 99 for occupational earnings power (a measure that expresses the average market value of the career for which the college prepared its graduates).

According to MarketWatch.com, Palmer also

is ranked No. 4 in the nation as a college "with highest value added with respect to loan repayment." The Brookings' study, titled "Beyond College Rankings: A Value-Added Approach to Assessing Two- and Four-Year Schools," was authored by Jonathan Rothwell and Siddharth Kulkarni.

The Brookings' research goes beyond typical college rankings to look at factors like loan repayment and earning power. "We're very gratified by these top scores from an

organization as prestigious as the Brookings Institution," said Palmer College Chancellor Dennis Marchiori, D.C., Ph.D. "This third-party recognition of our graduates' ability to repay student loans and earn top salaries in the field is a result of our ongoing commitment to help ensure the success of our alumni in every aspect of practice."

According to the study, the "five key college quality factors strongly associated with more successful economic outcomes for alumni in terms of salary,

occupational earnings power and loan repayment" are: curriculum value, alumni skills, STEM orientation and completion rates.

Palmer College of Chiropractic is the founding college of the chiropractic profession, and is known as the trusted leader in chiropractic education. It was founded in 1897, in Davenport, Iowa, by D.D. Palmer, the discoverer of chiropractic. Palmer College of Chiropractic has nearly 2,100 students at its campuses in Davenport, Iowa; Port Orange, Fla.; and San Jose, Calif.

PALMER ANNOUNCES RUGBY PARTNERSHIP

The Palmer College of Chiropractic Rugby Football Club (including a men's and a women's team) and the Old Blue Women's Sevens Team in New York, N.Y., have teamed up to help develop "the best club women's sevens rugby programs in the country."

"We're partnering by offering player exchanges, coaching, better competition and higher-education opportunities to elite women rugby players," said Palmer Rugby Football Club Coach Joe Lippert. "We're also looking forward to developing our current players further in

partnership with Old Blue."

Palmer College of Chiropractic, founded in 1897 by D.D. Palmer, is the oldest and largest chiropractic college in the world. Dr. David D. Palmer, grandson of D.D. Palmer, started Palmer's rugby program in 1960, which has become progressively more competitive over the years. The Palmer Rugby Football Club dominated the college ranks for many years, winning national titles in 1971, 1973, 1978 and 1979.

Today, the men's and women's teams are both members of USA Rugby, with

the men playing in Division I and the women in Division II. The Palmer men's team has advanced to the USA Rugby Final Four championship three times in recent years, finishing fourth in 2010, third in 2011 and third in 2012.

Old Blue is a rugby club based in New York City. The club has been an East Coast powerhouse since its founding in 1963. Old Blue founded its women's sevens program in 2014 and placed second at the National Club Sevens.

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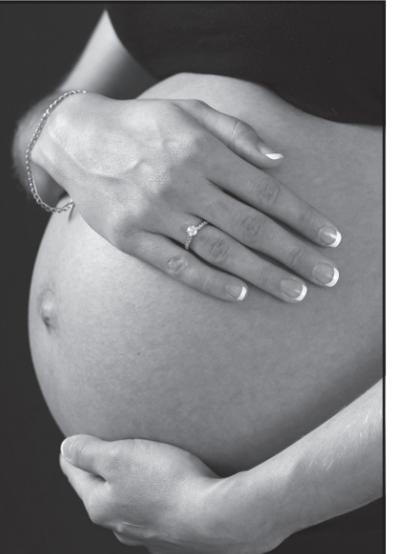


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ACHIEVING YOUR GOALS

by **ALLISON DISALVO**
Business Ambassador

Being at the end of my fifth trimester, the halfway point of my student career at Palmer, the prospect of being a chiropractor is becoming real. If you are anything like me, this realization comes with a great deal of excitement, but also with many worries and questions, such as: where am I going to practice; how am I going to practice; what are my options; what do I need to be doing right now; what do I need to be doing three months from now; who do I need to meet and talk to; etc? Fortunately, none of this has to be scary or overwhelming for any of us because the Palmer Center for Business Development (PCBD) is equipped to help each of us answer these questions and point us in the right directions.

To give you an idea of how the PCBD may be able to help you, I would like to share my personal experience thus far. Since I began utilizing the services of the PCBD I have refined my resume, created my own website showcasing my skills and achievements, used Locus to narrow down the areas where I would like to practice, and have practiced my interviewing skills using InterviewStream. Furthermore, my attendance of multiple business modules and “Brunch and Learns” has given me insight into how to set up my office and market my practice, people I need on my board of directors, and how to connect with my community. They have also highlighted areas for me that I may need to give a little more consideration to, such as how my personality type may interact with

the personality types of others.

It is never too late to start utilizing what the PCBD has to offer. You may expect the four-hour modules to be daunting, but in reality they fly by! The speakers are always very engaging, knowledgeable, and more than willing to share their resources with us. Also, the modules are often set up as workshops where you are brainstorming and bouncing ideas off of your peers to begin the process of developing your brand and the vision of your practice.

The “Brunch and Learn” sessions are a great way to take a break from your day to look at the big picture. Often times, I find that I am so immersed in the day to day that I lose sight of the big idea; but going to a “Brunch and Learn” always helps me refocus on my main goal of becoming a

chiropractor. I highly recommend going to the PCBD during club hour. It is a no-stress way to take a break, but also gain some incredibly valuable information.

If you have not yet come to any of the events at the PCBD or utilized any of the online resources, I urge you to check out the schedule and explore the Career Network and Optimal Resume. If you ever have any questions, feel free to approach any of the Business Ambassadors or head right to the Business Center to talk to any of the advisors. We are all here to help you! I feel strongly that the addition of real-life advice and knowledge from PCBD events will greatly add to your Palmer experience and will help to make our transitions from student to doctor/business owner that much smoother.

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Vaccines | from page 1

disease is spread by air, thus by direct contact. The symptoms include: sore throat, mild fever, weakness, and swollen glands in the neck. Disease complications include: swelling of the heart muscle, heart failure, coma, paralysis, and death

Hib: The Hib vaccine protects against *Haemophilus influenzae* Type B. The disease is spread by air and direct contact. There may be no symptoms unless bacteria enter the blood. Disease complications include: Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs) and death.

Hepatitis A: The HepA vaccine protects against Hepatitis A. The disease is spread by direct contact and contaminated food or water. There may be no symptoms at all, or symptoms may include: fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), and dark urine. Disease complications include: liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders.

Hepatitis B: The HepB vaccine protects against Hepatitis B. The disease is spread by contact with blood or body fluids. There may be no symptoms at all or symptoms may include: fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes) and joint pain. Disease complications include: chronic liver infection, liver failure, and liver cancer.

Flu: The Flu vaccine protects against influenza. The disease is spread by air and direct contact. Disease symptoms include: Fever, muscle pain, sore throat, cough, and extreme fatigue. Disease complications include: Pneumonia (infection in the lungs)

Measles: The MMR vaccine protects against measles. The disease is spread by air and direct contact. Disease symptoms may include: rash, fever, cough, runny nose, and pinkeye. Disease complications include: Encephalitis (brain swelling), Pneumonia (infection in the lungs) and death

Mumps: The MMR vaccine protects against mumps. The disease is spread by air and direct contact. Disease symptoms include: swollen salivary glands (under the jaw), fever, headache, tiredness, and muscle pain. Disease complications include: Meningitis (infection of the covering around the brain and spinal cord), Encephalitis (brain swelling), inflammation of testicles or ovaries, and deafness

Pertussis: The DTaP vaccine protects against pertussis (whooping cough). The disease is spread by air and direct contact. Disease symptoms include: severe cough, runny nose, and apnea (a pause in breathing in infants). Disease complications include: Pneumonia (infection in the lungs) and death

Polio: The IPV vaccine protects against Polio. The disease is spread by air and direct contact, through the mouth. There may be no symptoms at all, or symptoms may include: sore throat, fever, nausea, and headache. Disease complications include: paralysis and death.

Pneumococcal: The PCV vaccine protects against *Pneumococcus*. The disease is spread by air and direct contact. There may be no symptoms, but pneumonia (infection in the lungs) is a symptom that may occur. Complications of the disease include: bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), and death

Rotavirus: The RV vaccine protects against Rotavirus. The disease is spread through the mouth. Disease symptoms include: diarrhea, fever and vomiting. Disease complications include: severe diarrhea and dehydration

Rubella: The MMR vaccine protects against Rubella. The disease is spread through air and direct contact. Disease symptoms include: a rash, fever, and swollen lymph nodes. Complications of the disease are very serious in pregnant women and can lead to miscarriage, stillbirth, premature delivery, and birth defects

Tetanus: The DTaP vaccine protects against Tetanus. The disease is spread by exposure through cuts in the skin. Disease symptoms include:

stiffness in the neck and abdominal muscles, difficulty swallowing, muscle spasms, and fever. Complications of the disease include: broken bones, breathing difficulty, and death

There is no question that the topic of routine childhood vaccines has received a lot of media attention. Most people from this generation have never had to experience what life was like before vaccines. The literature gives credit to mass vaccination as the reason for the almost extinct existence of the communicable disease vaccines help to prevent. Someone then would have to wonder why the debate?

At this time, all major health organizations recommend that infants and children be vaccinated. This would include 14 communicable diseases. Children in high risk categories may receive up to 29 vaccines by the age of 6. Most children receive approximately 24 vaccines by the age 2.

Most states in the United States have enacted laws that require proof of certain inoculations before allowing a child to enter a daycare or school. Each state is different with laws regarding exemptions. Most exemptions are limited to medical, religious, or personal objections. Some states allow parents to give no reason at all. There is no argument that since mass inoculation regulations have been initiated, most, if not all of the communicable diseases children are vaccinated against are unheard of in the United States and many areas of the world. In countries where mass inoculations have not been utilized, these diseases are still a problem. Children and adults are dying every day from diseases that can be prevented from vaccines. The main problems these countries face are finances and access to medical care.

Some objections to routine childhood vaccinations could be blamed on Internet access. These websites induce fear and alarm within parents. Most parents have the basic parenting instinct to protect their child and fear vaccinations from what they've read on some of these Internet sites.

One undisputed fact regarding vaccines is that vaccines are drugs and no drug is considered 100% safe. The U.S. Food and

Drug Administration and The Center for Biologics Evaluation and Research (CBER) regulate vaccine products. All vaccines undergo testing for safety and effectiveness before distribution. To help monitor the safety of vaccines after distribution, the United States government relies on VAERS or Vaccine Adverse Event Reporting System.

Even though regulations are in place for routine childhood vaccines, most states do carry exemptions. Parents ultimately have the freedom of choice, in most cases, to decline vaccinations for their children. It is believed that mass vaccinations are the reason for the steep decline in these diseases. Since mass vaccinations, most developed countries experienced what is called "herd immunity." Those who are not, or cannot be vaccinated are offered protection based on the fact that so many are vaccinated. This lowers the threat of possible outbreak and/or exposure to communicable diseases to that group. In a sense, the vaccinated are protecting the unvaccinated. This, in principle, is a good reason to have the population vaccinated. The increased number of refusal to vaccinate can compromise the "herd immunity" and possibly cause outbreaks of vaccine preventable diseases.

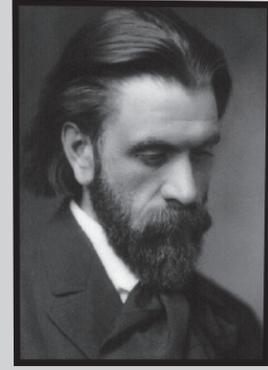
Many object to vaccines due to the ingredients used to create and preserve them. At this time the research indicates that the ingredients in vaccines are at low levels with no evidence of long-term ill effects. Some ingredients in question have been removed from most of the vaccines. Some object to vaccines because they believe so many vaccines to an immature immune system can be harmful to the child. The scientific literature does not support this fear.

Some parents are against the fact that vaccines are presented as being mandatory. This is not entirely true, as there are exemptions allowed in most states. However, on that subject, the mass vaccination method no doubt does offer protection for the unvaccinated person. I personally do not oppose this approach. Another example of protecting the few would be not allowing children to bring peanut butter sandwiches to school to protect the student who has a peanut allergy, or eliminating all latex from a school for the latex sensitive person. There

Positive | from page 2

has been quoted boasting the benefits of seeing a DC. He stated that, "...lifting weights and seeing a chiropractor on a regular basis has made me a better golfer. I've been going to chiropractors for as long as I can remember. It's as important to my training as practicing my swing." Professional athletes everywhere are taking notice of the benefits of seeking out the care of a DC. That is why the Olympics seek out Chiropractic care. Since the 1980 Winter Games when George Goodheart, DC was selected to be Team USA's chiropractor, DCs have been included on the United States combined medical team. In 2008, a record number of four DCs were taken to the Winter Games. The most recent move made by the US Olympic team in promoting chiropractic care was the decision to promote a DC as the Director of Sports Medicine Clinics for the U.S. Olympic Committee. Dr. Bill Moreau, DC, DACBSP, CSCS oversees

the clinics at the U.S. Olympic Training Centers in Colorado Springs, CO., Chula Vista, CA., and Lake Placid, NY. The team he oversees includes a wide-range of medical professionals, including: athletic trainers, physicians, chiropractors, and physical therapists.



B.J. PALMER QUOTE

"EDUCATION DOES NO HARM IF WHAT THERE IS OF IT IS NATURAL AND HAS TRUE RELATION WITH INNATE."

LIBRARY LEISURE READING: BOOK REVIEWS

by **OLIVIA HUSMAN**
Library Assistant

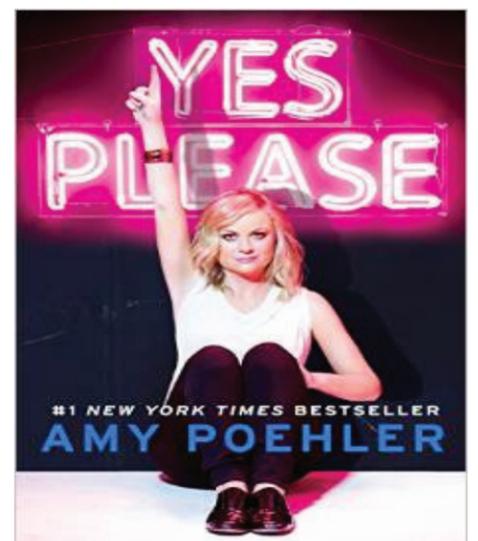
Did you know that the David D. Palmer Health Sciences Library offers a Leisure Reading section? Although, this is unusual for an academic library, we work hard to keep this small but growing collection current and interesting. The library has a diverse selection of bestselling fiction and non-fiction titles that will appeal to a variety of readers. There are also magazines that you can check out. This unique addition to our academic holdings offers an opportunity for entertainment and relaxation for students who need a study break. Come in and take a look!

"YesPlease" and "Not That Kind of Girl" – A Double Review
There have been a lot of mid-career memoirs by comedians and comedy writers over the last few years. I, for one, am

very happy about this. There is nothing better than watching a funny show and then getting to read an equally hilarious book about the personalities behind the show. Last fall, the library added two such books to their Leisure Reading Collection: "Yes Please" by Amy Poehler and "Not That Kind of Girl" by Lena Dunham. Both of these entertaining books is written by an intelligent, witty woman. While similar in this way, both books offer something completely different in the way of humor and insight. Poehler is best known for being a cast member on Saturday Night Live and the star of Parks and Recreation. "Yes Please" details her working-class upbringing, strong interest in acting at an early age, and then becoming a part of the Chicago improv scene before emerging as a successful and well-known comedic force.

Poehler offers advice, anecdotes, and other tidbits, while keeping the tone lighthearted. While not a "tell-all" by any means, she talks a lot about other important performers and writers that she has worked with and who have influenced her. Her delightful personality and genuine warmth really shine through. By reading her book, you can tell Poehler sincerely loves her job. For anyone who enjoyed her work on SNL or is sad Parks and Recreation recently ended, this book will be right up your alley. Lena Dunham, another noteworthy writer/actress, came out with a book of her own, "Not That Kind of Girl." Like Poehler, she is smart and funny, but in an utterly offbeat way. Dunham is the creator and star of the HBO series Girls, which is inspired, in part, by her own life experiences. Dunham's stories

are colored by her obsessive-compulsive disorder, anxiety, and seemingly bizarre behavior. While having many cringe-worthy social interactions, she is observant and relatable to a younger generation. Dunham is eccentric and amusing, but her provocative candor is what makes the book entirely readable.



CHANNELING

BJ PALMER

by DR. VICTOR STRANG
DC

A few words from BJ Palmer, as “channeled” through myself. This is actually adapted from a talk given by me at the 1995 Homecoming at Palmer, which marked the 100th anniversary of the founding of the profession. BJ now “speaks” through me: We prefer to be called Col. BJ Palmer, BJ of Davenport, or just BJ. We had the honor and responsibility of being the developer of this magnificent healing art founded by our father, DD Palmer. Our father was an uninhibited individualist. If he, 120 years ago, had listened to the smug, satisfied, complacent, conformist, opportunist, so-called educated people, there never would have been a chiropractic or chiropractors, and we would not be discussing these matters today. So-called educated people believe in disease being a thing, symptoms and pathologies to diagnose, something to treat and cure, something material to cut out. DD Palmer believed dis-ease was a condition in which matter found itself. Whether diagnosed or not, its cause was mechanical, and needed adjustment. DD Palmer was considered a peculiar individual in his day. He drove a pair of spotted Indian ponies. He and his wife rode a tandem bicycle over the streets of Davenport. He was a magnetic healer. He wore long hair down to his waist, black as coal. He wore a broad-brimmed Stetson hat. He gathered and collected the finest and largest collection of game heads and antlers in the world. He bought and sold goldfish as a hobby- thousands every day. We were their nursemaid. He thought differently, he lived differently, opposite to what inhibited individuals did. He was indifferent to what inhibited people might say about his “peculiarities.” Why he did these non-chiropractic things is beside the point. The fact is he gave vent to a pent-up desire to want to do them; and in giving vent he was

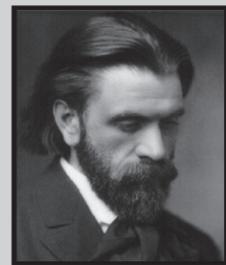
establishing a line of uninhibited thought which permitted him later to be free in giving full and untrammelled values to his chiropractic reasoning. Men who have these inner urges are much like volcanoes: suppress and choke them back, and someday there’ll be an explosion with consequent damage. All of these things DD did came from fires raging within him, including his chiropractic. Had DD Palmer been an inhibited person, thinking same thoughts as those around him; had he done same things as others of his day, he would have been one of the masses, coming and going as they, knowing no more, no less, and no different than they; and he would have left no imprint on history. What WE tried to do in OUR life was to remain true to this uninhibited way of living. As a consequence, we too were called peculiar, eccentric, strange, queer, unusual. The I/me/BJ became we/us/BJ when EDUCATED brain of BJ Palmer vowed never to become separate from INNATE brain of BJ Palmer; to allow EDUCATED to always listen in uninhibited fashion to INNATE; to be receptive to thot-flashes as messages from Innate. That is why we always kept paper and pencil by our bedside- so that we could express these ideas whenever they might come to us. Expression of these ideas was sometimes observed as eccentricity by inhibited individuals. Those with this opinion were usually hampered by their educated brains, though their innate brains were every bit as capable as ours. And so we bore this cross of peculiarity so that BJ might do his “Big Job.” And what did we accomplish with this peculiar, eccentric, uninhibited way of living? UNeducated in the traditional sense, we became a philosopher, scientist, artist, builder, hobbyist, musician, author, lecturer, publisher, radio broadcaster, art connoisseur, and chiropractor. We traveled the world. We developed the infant

chiropractic profession into a healing art for the masses, and we built the finest research clinic of its kind in the world. This clinic was the salvation of people with illness of the very most difficult kind. We recall very well when:

“A very eminent American surgeon brot his wife to our clinic for OUR service. She was sick- at least HE said she was, SHE said she was, and he ought to know because he was an eminent diagnostician. He, as well as all the other specialists he had taken her to, had failed to get her well. Obviously, this was a test between HIS principles and practice, and the Chiropractic principle and practice. He made a diagnosis, gave treatment, she was still sick. We made a spinal analysis, gave adjustment, she got well. He could not understand how we could do anything without doing all he did, as he did it. We could not understand how he could do anything without doing all that we did, as we did it. He could not understand how Innate within herself got her well, without us diagnosing and treating her condition. We could not understand how he could succeed without giving her an adjustment. He called us ignorant. He was right. We were ignorant of everything that he knew- which had failed. We called HIM ignorant. We were right. He was ignorant of everything WE knew- which succeeded getting her well. Everything HE thought necessary, WE considered unnecessary. HE failed. Everything WE thought necessary, HE considered unnecessary. We succeeded. All the education HE had wasn’t necessary; that’s why he brot his wife to us. When she was well, which both she and he admitted, he could not understand HOW she got well of things we were ignorant of. He admitted it was impossible for her to get well with what WE did; yet he also admitted SHE WAS well, even tho it was impossible.

Anything I do, you don’t do, is peculiar. Peculiar, isn’t it?”

And so, readers of these words, let me come back to the world of chiropractic in the 21st century. I hope you will forgive me for taking some liberties in trying to express what was important in BJ Palmer’s thoughts, words, and actions. BJ often spoke of himself as “we” and “us.” He wished his every living moment to demonstrate the connectedness he felt with the “fellow within.” He accepted no credit for what he accomplished in his life, instead acknowledging his innate intelligence as the source of everything. As you and I live, work, and learn here at the Fountainhead of chiropractic, it is almost impossible to not feel the almost palpable presence of BJ and all of the Palmers. That is what inspires me each and every day to help keep all of this alive through my teaching. I can’t claim to actually “channel” BJ’s spirit, but I hope what I say and do inspires others as I recount stories from his life and his writings. “Enuf said” for now. (Story of the physician’s wife is from “It Is As Simple as That,” 1944, by B.J Palmer. It was reprinted with permission in 1984.)



BJ PALMER QUOTE

“THE GLORY OF TOMORROW IS ROOTED IN THE DRUDGERY OF TODAY”

ICA | from page 9

1. The term “medicine” cannot and should not be used in conjunction with or to describe in any way, the practice of chiropractic.

2. Prescriptive rights for drugs and or injectables falls under the practice of medicine and have not and should not be included in the scope of chiropractic practice for the safeguarding of both the profession and of the practicing doctors, as well as for the safety of the public.

3. The ICA should create a statement to promote a drugless profession and should aggressively oppose the utilization of the term “chiropractic medicine” and “injectable” language in any future legislative and or regulatory efforts on a jurisdiction level.

This clear and emphatic resolution was later unanimously ratified by ICA’s Board of Directors.

Protecting and Advancing the Public’s Access to a Truly Drug-Free System of Health Care

Out of grave concern for the future of the chiropractic profession and the protection of the public, ICA’s leadership also spoke directly to the recent drug-inclusion related actions of the ACA’s governing structure, and in support of the position adopted by the Chiropractic Summit:

For nearly a century the ICA has advocated clear lines of

distinction between the health care professions. Chiropractic is a drugless health care discipline. Adding drugs to our profession would make it simply another branch of medicine, serves no demonstrable public health need and abandons more than a century of branding at a time when public interest in natural, non-pharmaceutical approaches to health and healing are in an historic ascendancy. Unique among chiropractic organizations, ICA has acted on a wide range of fronts, legislative, legal and in the media, maintaining a no-compromise policy on the issue of drugs in chiropractic, to preserve this unique and highly positive aspect of chiropractic. We will do the same here and, urge the ACA members to reconsider this action.

ICA holds that the public is entitled to one truly drug-free system of health care and doctors of chiropractic are fully trained and qualified to fill that role with proven clinical and cost effectiveness. For more than a century, the marketplace has sustained and supported chiropractic on the basis of its unique, drugless approach to health and healing. This is especially crucial at a time when our society at-large is recognizing the alarming complexities, costs and complications of a drug-based approach to treatment and the trend is strongly in

the direction of a minimalist approach regarding drugs, and with good reason. ICA’s actions at the 2015 Annual Meeting represent a continued commitment to the key principles on which the profession was established and which represent chiropractic’s most effective path to public service.

ICA’s activities serve its members worldwide and strive to have a positive impact for the chiropractic practitioner. ICA’s efforts are directed towards the strengthening and expanding of chiropractic practice privileges, public awareness and official recognition as a separate and distinct science, art, philosophy and practice in every nation in the world. You are invited to visit ICA’s website at www.chiropractic.org for regular and detailed updates on ICA’s activities.



“THE WORLD IS LARGE ENOUGH FOR MEN WITH DIFFERENCES OF OPINION BUT LIFE IS TOO SHORT TO BE ENEMIES BECAUSE THEREOF”



(L-R) Newly Elected ICA Executive Officers:



VETS CLUB: ALWAYS SERVING

by **MATT FILTZ**
Vet Club Treasurer

The Vets Club has put that coffee money to good use once again! The Vets Club is always looking for good charity candidates to donate to, and we found some highly qualified ones in our own backyard. We look for service organizations that are on a mission to help people who are looking for a hand up, not a hand out. The two organizations that we recently donated to are prime examples of service groups looking to not only help people in need, but to also help people reach their goals of employment or stability.

The club recently donated \$250 to the Humility of Mary Shelter. This shelter has been serving the Quad Cities since 2008. A Christian women's community of the same name started it. They started the shelter in response to the growing homeless population in the Quad Cities. This organization now houses more than eighty people at any given time and assists its residents with basic items, such as: food, clothes, and showering facilities. It is worth mentioning that their program goes much further by including aide with mental health management and gives classes on life skills. There are multiple programs provided to accommodate people from all types of backgrounds and circumstances. All residents have access to a service coordinator, whose job is to connect them with permanent housing, find employment or training, and

guide them on how to become self-sustaining. These programs range from transitional housing assistance for individuals looking to get back on their feet to 21 permanent housing units for mentally ill or chronically ill individuals. Lastly, they have a program specifically designed for homeless and low-income veterans. The cost of running an organization like this is very expensive. They are assisted by some federal funding, but a big part of what keeps them running is donations from our community. These donations are not just in monetary form. The shelter is always in need of more food, clothes, and hygiene products. The Vets Club is going to strive to give back to this great organization and appreciates your helping us do so.

The Vets Club also donated \$250 to "Café On Vine." This group provides meals to local individuals and families at no cost. It has been serving the Quad Cities area since 2007 by providing lunchtime meals every day of the year. Café On Vine has been the only Quad Cities meal site since it's beginning. It proudly serves 3000- 5000 meals a month. That is upwards of 50,000 meals per year! This is an incredible feat that takes a ton of planning and hard work to get done. The café runs almost entirely off of volunteer service and is always looking for people to help out. Some federal funding is used to help them stay operational, but most of what they have attained

as far as stoves, refrigerators, and anything else a kitchen needs to feed over one hundred people a day has come through donations. We saw a great opportunity for us to help out this well deserving organization and encourage fellow clubs and individuals to go donate some of their time down at the café!

On behalf of the Vets Club, we want to thank all of you who shop at our club store and support us in our mission to serve our community! We would also like to give a huge thank you to the Library Archives Department and encourage all of you to go visit them and find out more about our Palmer history. We asked them to do a little digging about our club history and were amazed by the detailed information they were able to provide. We were aware that the club's shop existed from the early seventies, but were not positive about the year the club was formed. Rosemary Riess and her staff helped us trace down the origins of the veterans organization on campus. The P.S.C Veterans Organization can be traced back to 1945 through previous yearbooks and journals. In 1945, Dr. Galen Price (A WWII veteran and future president of the college) was the Commander of the Club. By June 1945, there were 55 members, and it was officially called the Veterans Organization of the P.S.C. (V.O.P.S.C.), made up of veterans of World War II. It is also important to note that veterans were active on campus

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even before the 40's, as indicated in a section in the October 1922 yearbook called "The Glory of Carrying On," which was made up of students from Palmer who were members of the Disabled American Veterans of the World War. I would also like to mention that right after World War I in 1918, B.J. Palmer was offering special chiropractic services to veterans. From 1918 forward, B.J. Palmer was focused on veterans and how chiropractic can benefit them. We at the Vet's Club are really excited to find out all this rich history about the club and are happy to see that Palmer always put vets first!

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Vaccines | from page 1, 13

can be severe complications in a patient with these allergies when exposed to these items.

There is no question some people have adverse effects to many things they're exposed to. Vaccinations are no exception. At this time, I feel the literature strongly supports the use of mass vaccinations and shows evidence for the vast decline in many of our infectious and childhood illnesses and protects the immunocompromised and unvaccinated patient. My wife, my children, and myself have all been vaccinated, as are the majority reading this article. I strongly suggest we continue to protect our future generations.

Sincerely,

Tom Brozovich D.C.,
BA, D.A.C.A.N.,
D.A.C.B.T., D.A.A.P.M.

For additional reading, below is a list of additional publications and presentations Dr. Brozovich has been involved with.

Marchiori DM, Brozovich TA, Adams TL, Duffy PF. Reliability of Plain-Film Findings of Cervical Degeneration. Journal of the Neuromusculoskeletal System 1997 Summer; vol.5, No.2: 66-69

Bhatti J, VanNatta MJ, Frost ME, Wanlass P, Brozovich TA, Tunning M. Leadership in the Classroom: Reaching Students Through Web-Based Technology. Presented at the Association of Chiropractic Colleges Research Agenda Conference (ACC-RAC)2014

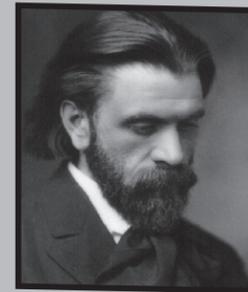
VanNatta MJ, Brozovich TA, Tunning M,. Enhancing Learning for Students with the Addition of Podcasts. Presented at the Association of Chiropractic Colleges Research Agenda Conference (ACC-RAC)2014

Tunning M, VanNatta MJ, Rowell R, Brozovich TA,. A Survey of Student Perceptions Following 2 different Formats in Neuromusculoskeletal Skills Assessment. Presented at the Association of Chiropractic Colleges Research Agenda Conference (ACC-RAC)2014

Tunning M, Rowell R, Brozovich TA, VanNatta MJ,. Student perceptions of test effectiveness following a simulated objective structured clinical exam (OSCE). Presented at the

Association of Chiropractic Colleges Research Agenda Conference (ACC-RAC)2015

Brozovich TA,. The Return of Color Vision Secondary to Macular Degeneration after Chiropractic Care. Presented at the Association of Chiropractic Colleges Research Agenda Conference (ACC-RAC)2015



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Serola | from page 5

muscles [10, 14, 15] and may be the cause of a joint suddenly giving out [16]. A delayed reaction time indicates altered proprioception. In sacroiliac joint injuries, increased activity, such as sports or work involving bending, lifting, or twisting, increases susceptibility to further damage since the stress may be transferred to ligaments in other joints that may be unprepared to handle the load.

The greater the number of ligaments involved, the greater the muscular response, even at lower forces [17]. Considering that the sacroiliac joint is supported by a vast network of ligaments, it is reasonable to assume that a sprain of these ligaments will cause considerable muscular reaction. Eventually, poor balance and postural control may develop into abnormal posture, altered gait, and disturbed joint motion patterns throughout the structure.

1. Palmer, I., Pathophysiology of the medial ligament of the knee joint. *Acta Chirurgica Scandinavica*, 1958. 115(4): p. 312-8.
2. Wyke, B., Receptor systems in lumbosacral tissues in relation

to the production of low back pain. *The Lumbar Spine and Back Pain*, 1980: p. 97-107.

3. Solomonow, M., et al., The synergistic action of the anterior cruciate ligament and thigh muscles in maintaining joint stability. *The American Journal of Sports Medicine*, 1987. 15(3): p. 207-13.
4. Phillips, D., et al., Ligamentomuscular protective reflex in the elbow. *The Journal of Hand Surgery. American volume.*, 1997. 22(3): p. 473-8.
5. Stener, B. and I. Petersen, Electromyographic Investigation of Reflex Effects Upon Stretching the Partially Ruptured Medial Collateral Ligament of the Knee Joint. *Acta Chirurgica Scandinavica*, 1962. 124.
6. Freeman, M.A. and B. Wyke, Articular reflexes at the ankle joint: an electromyographic study of normal and abnormal influences of ankle-joint mechanoreceptors upon reflex activity in the leg muscles. *The British Journal of Surgery*, 1967. 54(12): p. 990-1001.
7. Johansson, H., P. Sjolander, and P. Sojka, Actions on gamma-motoneurons elicited by electrical stimulation of joint afferent fibres in the hind limb of the cat. *The Journal of Phys-*

iology, 1986. 375: p. 137-52.

8. Sojka, P., et al., Influence from stretch-sensitive receptors in collateral ligaments of knee on gamma muscle-spindle systems of flex ext ms. *Neuroscience Research*, 1991. 11(1): p. 55-62.
9. Johansson, H., P. Sjolander, and P. Sojka, A sensory role for the cruciate ligaments. *Clinical Orthopaedics and Related Research*, 1991(268): p. 161-78.
10. Raunest, J., M. Sager, and E. Burgener, Proprioceptive mechanisms in the cruciate ligaments: an electromyographic study on reflex activity in the thigh muscles. *The Journal of Trauma*, 1996. 41(3): p. 488-93.
11. Kennedy, J.C., I.J. Alexander, and K.C. Hayes, Nerve supply of the human knee and its functional importance. *The American Journal of Sports Medicine*, 1982. 10(6): p. 329-35.
12. Holm, S., A. Indahl, and M. Solomonow, Sensorimotor control of the spine. *Journal of Electromyography Kinesiology*, 2002. 12(3): p. 219-34.
13. Johansson, H. and P. Sojka, Pathophysiological mechanisms involved in genesis and spread of muscular tension in occupational muscle pain and in chronic musculosk-

keletal pain syndromes: a hypothesis. *Medical Hypotheses*, 1991. 35(3): p. 196-203.

14. Friemert, B., et al., Intraoperative direct mechanical stimulation of the anterior cruciate ligament elicits short- and medium-latency hamstring reflexes. *Journal of Neurophysiology*, 2005. 94(6): p. 3996-4001.
15. Marshall, P. and B. Murphy, The effect of sacroiliac joint manipulation on feed-forward activation times of the deep abdominal musculature. *Journal of Manipulative and Physiological Therapeutics*, 2006. 29(3): p. 196-202.
16. Beard, D.J., et al., Proprioception after rupture of the anterior cruciate ligament. An objective indication of the need for surgery? *J Bone Joint Surg Br*, 1993. 75(2): p. 311-5.
17. Solomonow, M., et al., The ligamento-muscular stabilizing system of the spine. *Spine*, 1998. 23(23): p. 2552-62.



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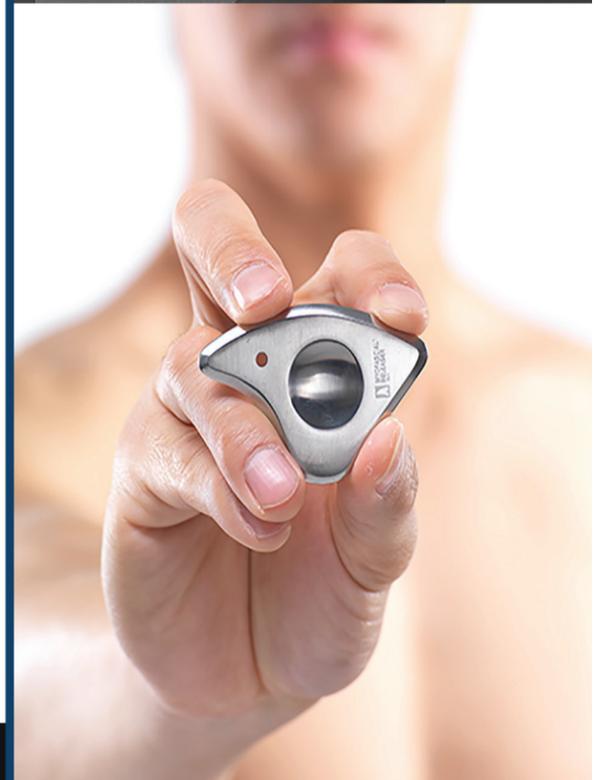
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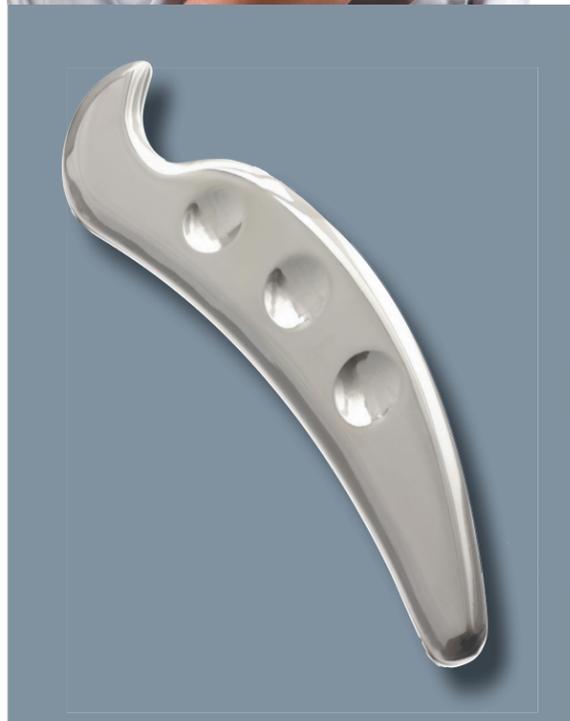


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