Spring 2011

Journal of the ACA Sports Council

Sports Talk

www.acasc.org

Contents

Legends of the round table

ACA Sports Council 2011 Sports Sciences Symposium

By: Tom Hyde, DC, DACBSP

The ACA Sports Council was founded in 1972 by a group of DCs who really felt that chiropractors who are out in the field covering events should be better trained in not only caring for the athlete but with emergency procedures and how to integrate care into a multidisciplinary setting. One of the original founders of the ACASC was Leonard Schroeder, DC, ATC. Lenny knew the value of education and along with Robert Reed and others, set about to create what is now the CCSP designation. Along the way, some key players emerged who helped the Sports Council to grow and become more and more accepted into the mainstream world of Sports Medicine. The list is too long to include everyone but two of those key figures were Bob Hazel and John Danchik. Other prominent members of the early group were: Sid Birdsley, Bill Litterer, Jim Rehberger, Tom Hyde, Phil Santiago, Mike Leahy, Marianne Gengenback, John Scaringe, John Hannon, Andy Klein, Peter Viteriti, Tim Ray, Jan Corwin, Bill Moreau, Mike Reed, John Nash, Robin Hunter, Rob Monokian, Maryanne Dragosh, Reeve Askew, Margaret Karg, Kathy Baumgartner, and others we may have neglected to mention.

Many of the people listed above continue to make daily contributions to the ACASC but, very few people have ever heard of them or know about the sacrifices they've made, working to create a very close playing field with all other professions who care for the injured athlete. In the past, we were told chiropractors would never treat Olympic athletes or be involved in the Olympic program. Proving chiropractic resilience we currently have two chiropractors working with a great program in a multidisciplinary environment at the USOC.

In Puerto Rico, many of these "old timers" have agreed to come out of the moth balls to share how they've achieved many successes along their way along with their failures. We at the ACASC invite you to come to the symposium this July and meet those who have helped create avenues for all of you to now be included in the care and treatment of athletes around the world at all levels. I look forward to seeing all of you there and spending time with these legends of the round table.

The ACA Sports Council annual sports symposium will be held in the beautiful San Juan, Puerto Rico July 29-31st, 2011. Please go to the ACASC website at www.acasc.org for more information and to register for the symposium.

President's Message

Dr. Guillermo Bermudez, D.C.,CCSP.

Hello members! In my last president's message I wrote about your Board's short and long term goals. I am very pleased to announce that our goal to increase our membership by 10% this year and next has been surpassed, indeed; in the last 6 months our membership has astonishingly increased by 50%. This feat has been possible by a combination of student turnover to professional membership, members recruiting members, and strategic positioning and marketing by your Board members. I strongly believe that the symposium experience and the opportunities and support that we provide to students and our members are the engine of this growth. Our new goal is to grow to 500 members within 3 years. However, I think we can achieve this goal with our current strategy and the help of every active member recruiting doctors to this wonderful association.

Our executive search committee (chaired by Ted Forcum and consisting of past presidents Tom Hyde, Bill Bonsall, Sheila Wilson, and John Danchick), who worked diligently in choosing the right person to be our first employed executive director, has made their final decision. On May 18th, Shane Espinoza, Ted Forcum and I will be putting the final brush strokes in hiring this individual. We hope to be able to announce this individual, if she accepts our offer, very soon.

We have also made great strides working with other councils. We have established a reciprocal relationship with the Council of Chiropractic Physiological Therapeutics and Rehabilitation. We are working with them to find opportunities to work together and grow our membership and member benefits. We have agreed for both councils to have representation at our respective symposiums. ACASC Treasurer Dr. Carlo Guadagno represented us at their symposium in Orlando this spring and reported a great experience and realized benefits for our members. I have also collaborated with Dr. George Petruska and Dr. Tom Fowler for advance standing to ACASC members who have achieved CCSP or DACBSP credentials towards the diplomate of rehabilitation. I encourage you to read Dr. Petruska's article in this issue of Sports Talk and to visit their booth in Puerto Rico for more information. In this spirit of cooperation, I have agreed to participate in the first annual ACA Council Seminar to be held in Washington, D.C at NCLC. This will be a trial and stepping stone to future smaller 1-2 day seminars where all councils will participate and educate chiropractors on our collective expertise. It is my hope that we can materialize and share each other's knowledge and create those bridges that will ultimately lead to a stronger profession, improved patient outcomes, and better communication amongst practitioners.

I would like to thank Dr. Kelly Lange, your new secretary, and Dr. Shane Espinosa who together have made exponential improvements in our web presence. Through their hard work and dedication I believe they have built and continue to improve our ability to communicate with you, our members. Dr. Lange along with Dr. Joe Kula has started a Social Network Committee to better reach potential patients, other professionals, and our members. Make sure you 'like' the ACA Sports Council on Facebook! Dr. Kula, with the help and support of our experienced membership, have made great strides in our preceptorship and mentoring programs. They are very close to implementing both programs.

Finally, I would like to personally invite doctors, members, students, faculty, and families to our Annual Symposium and General Membership Meeting to be held July 29th- 31st at the beautiful Caribe Hilton Hotel in San Juan, Puerto Rico. We have negotiated a special room rate to be effective 2 days before the symposium and 3 days after the symposium so that you can bring your families and make it a vacation. We will hold socials and activities for all of us to meet and get to know each other on a first name basis. This year's symposium's represents a stunning achievement of this Board. It will be the first time in the history of the ACA Sports Council that we will hold a symposium off the mainland. It is also a first, that every speaker is sponsored by business partners. Special thanks to Dr. Peter Gorman owner of Optojump who has agreed to sponsor our Annual Membership Meeting Luncheon (included in your registration). Optojump has also generously donated $5,000.00 dollars to our Poster Scholarship Fund. Dr. Gorman's envisions that we ACASC sports chiropractors become the leaders and master evaluators of human function and thus supports the ACASC mission to be the leader in sports chiropractic. I would also like to thank all our speaker sponsors Vitality Depot, Metagenics, Erchonia, National Health Sciences University, Optojump, and TRX for their support of our annual symposium and our membership. Please consider these business partners in making future decisions for your practices.

Interview with Dr. Mike Reed

June 28, 2010

By: Shah Soleimani, Student Liaison to the ACA Sports Council

During my recent trip to the Olympic Training Center in Colorado Springs, CO, I had the pleasure of interviewing the Head Medical Director of the U.S. Olympics, Dr. Mike Reed. This interview was in regards to his father Dr. Bob Reed. During the interview, Dr. Reed gave me some insight into his father's influence and contribution to Chiropractic Sports Medicine, for which he was inducted into the ACA Sports Council Hall of Fame in 1994. The interview was conducted in the overwhelmingly busy Olympic Training Center's Medical Clinic.

Dr. Bob Reed is a 1957 graduate of Southern California University of Health Sciences, which was then known as Hollywood Chiropractic College. He practiced in Southern California in areas such as Brea, Fullerton, and Pismo Beach. Dr. Mike Reed spoke of a sequence of events that led to his father's induction into the Hall of Fame, some of which were: key involvement in the creation of the CCSP and the Diplomat program, 15 years of work on the California State Board of Examiners, contribution to the ACBSP, as well as working with the L.A. Rams, L.A. Angels, and various other sports teams. Dr. Mike Reed also mentioned that his father had influence within the ACASC in the mid 1970's and was an officer from 1977 to 2004.

Dr. Mike Reed is also a graduate of Los Angeles Chiropractic College. He practiced near his father in middle coast California before later going on to work with the U.S. Olympics Weightlifting Team. He then went on to work in the 2008 and 2010 Olympics in Beijing and Vancouver, respectively. Dr. Reed has been an advisor for the ACASC and was also a liaison for the ACBSP.

The experience of conducting this interview was nothing short of completely inspirational and definitely not one I will soon forget. When I asked Dr. Reed for recommendations for future DCs wanting to practice sports medicine, he left me with these final words, "...learning to be able to communicate is key....we have to learn not to step on other physicians' toes...show that you speak the same language as they do in the field...find a good mentor, and learn from observing and shadowing them..." ST

CONCUSSION: Your right to practice

by Ted Forcum, DC, DACBSP

Your right to practice as a sports chiropractor is regularly attacked knowingly or unknowingly by various groups across the country. Typically on the ability to perform pre-participation physicals, assess concussions or act as a team physician. Recently Illinois, Kansas, Vermont and Colorado have been presented with challenges to these rights to practice. These challenges tend to spread like a virus to other states. This is, in fact, a Sports Council issue and that is why there is a Sports Council as a political organization to assist in protecting sports chiropractic. This is why the ACA Sports Council became a ground floor member of the Youth Sports Safety Alliance for the protection of youth in suffering from concussion related injuries. The National Federation of High School Athletic Associations recently issued new guidelines for the management of sports concussion, and now recommend that any athlete removed from play due to head injury must have medical clearance before returning to practice or play. **Continued on page 7**

Evaluation of Gait and Station – Assessing and Treating Asymmetry - Part 1

By: George K. Petruska DC, DACRB

Introduction

The evaluation of gait and station, which is a component of the musculo-skeletal exam, can reveal significant structural defects. This will help you correctly identify the etiology, or root cause of a patient's acute or chronic symptoms. Further, your ability to identify these defects through objective assessment will provide some of the information necessary to develop an appropriate rehabilitation prescription, and to justify the necessity of care. Your functional analysis, in both acute and chronic cases, should begin with a visual assessment of the lower quarter. One of the most important functional deficits to indentify is movement incompetency. One key component of movement incompetency is asymmetry. The importance of identifying asymmetry, and movement incompetency is to avoid building stability over poor mobility. Movement incompetency may demonstrate altered motor control, a neurodevelopmental component, or regional interdependence. Exercising a dysfunctional joint creates greater dysfunction resulting in a poor outcome to treatment. These are important concepts and considerations when designing a treatment plan.

Functional Movement Screen

Functional Movement Screen is a system of seven simple tests designed to evaluate movement patterns demonstrating asymmetry and deficits. The seven tests consist of the Deep Squat, Hurdle Step, In-line Lunge, Shoulder Mobility, Active Straight-Leg Raise, Trunk Stability Push-up, and Rotary Stability. The FMS screens are scored from three to zero. The patient or athlete has three attempts to successfully perform the screen. A score of three is given if the individual can perform the screen without compensation. A score of two is given if the individual can successfully perform the screen with compensation. A score of one is given if the individual is unable to perform the screen. A score of zero is given if pain is precipitate during performance of the screen. If a patient has a score of one or pain during the screen, this would indicate the SFMA or Selective Functional Movement Assessment, to be performed by isolating the functional movement deficit and regional interdependence. The Active Straight-Leg Raise demonstrates tight muscle imbalances of Hamstrings, Grastrocnemius, and Soleus. Positive findings indicate core and pelvic stability deficits. The Deep Squat demonstrates weak or inhibited pelvic, core, and postural stabilizers. Positive findings indicate core and postural stabilization deficits. The Hurdle Step demonstrates instability on the stance leg, side bending with the stick, internal or external rotation of the hip, knee, ankle or foot, or lumbar flexion of the spine. Positive findings would indicate asymmetrical or bilateral mobility. It would also indicate stability deficits of the torso, hip, knee ankle, or foot. This includes deficits in stride mechanics, proprioception, balance, or the patient's kinesthetic sense. The In-Line Lunge demonstrates deficits in split stance mechanics, asymmetry, muscle tightness, or weakness. Positive findings indicate deficits in torso, shoulder, hip and ankle mobility, stability, quadriceps flexibility, and knee stability. Rotary Stability demonstrates balance deficits, proprioception deficits, flexibility deficits, muscle tightness, muscle weakness, and pain. Positive findings indicate deficits in neuromuscular coordination, weak of inhibited core, pelvic and postural stabilizers, global muscle imbalances, and deficits in upper or lower extremity motion. Shoulder mobility demonstrates pain, compensation, and flexibility deficits in internal rotation. Including adduction and external rotation with abduction of the shoulder. Positive findings indicate shoulder impingement, glenohumoral mobility deficits, scapular thoracic mobility stability deficits, and thoracic extension deficits. Trunk Stability Push-Up demonstrates pain, global muscle weakness, hyperextension of the lumbar spine, and "winging of the scapula". Positive findings indicate weak or inhibited core pelvic, and postural stabilizers including a lack of symmetrical trunk stability.

Pelvis Assessment:

The first signs of most postural and muscular imbalance usually develop in the patient's static pelvic positioning. Anterior tilting of the pelvis suggests shortening of the hip flexors (iliopsoas, rectus femoris and tensor fascia lata) and/or the lumbar spinal extensors. Posterior tilting of the pelvis suggests tightness of the hamstrings. Lateral pelvic shifts suggests unilateral shortening of the hip adductors, but may also be associated with lumbar motion segment pathology. Thus including weakness of the lateral pelvic stabilizers or leg length inequality. Pelvic obliquity secondary to functional shortening of one leg is common. The muscles, which are most commonly related to leg shortening, are the hip adductors, the iliopsoas, and the quadratus lumborum. A shortened latissimus dorsi may also elevate the pelvis from the trunk and result in a short leg. The piriformis, when tight, lengthens the leg. Primary pelvic obliquity due to structural leg length inequality, is rarely observed in practice as the body usually shifts the pelvis laterally in order to level the sacrum and hips.

Buttocks Assessment
A generalized visual assessment of the glutei musculature should reveal muscles which are well rounded, symmetrical, and contain a horizontal gluteal line. Flattening of the upper, outer quadrant of the buttock, or a loosely hanging appearance of the muscle, suggests weakness of the gluteus maximus. This will suggest inhibition due to tightness of the hip flexors or sacroiliac joint dysfunction as well. In the case of sacroiliac joint dysfunction, a typical pattern of changes in muscle activation occurs. There is arthrogenic inhibition of the gluteus maximus on the side of the blocked joint, and on the contralateral side of the gluteus medius. In addition, painful spasms of the iliacus, piriformis, and rectos abdominis are common.

Lower Extremity
In assessing the hamstrings, focus on the area about two-thirds down the posterior thigh and compare the muscle bulk bilaterally as well as to the gluteal muscles. Increased bulk of the hamstrings suggests hyperactivity compensatory to a weak or inhibited gluteus maximus on the same side, as the muscles are synergists for hip hyperextension. The contour of the inner thigh normally forms a very shallow, S-shaped curve as you activate the hip adductors to tension. A distinct increase in muscle bulk in the upper one-third of the inner thigh suggests tightness of the short, or one joint, hip adductors. The inner thigh, where the fibers of the one and two joint hip adductors cross look for a visible depression. Where this abnormal finding is evident, this is known as an `adductor notch' and results from long standing tightness of the short hip adductors. A more distal position of an adductor notch suggests poorer function of that hip joint. Thigh adductor tightness may be associated with leg length deficiency, lateral shift of the pelvis or hip joint pathology such as arthrosis. Observe closely the size, shape and symmetry of the calf muscles and, for each leg, notice any difference in tone between the gastrocnemius and the soleus. Increased bulk in the inner, lower one-third of the calf suggests soleus hypertophy. This creates a cylindrical shape to the lower leg, which contrasts, with the normal inverted bottleneck shape. Soleus hypertrophy is of paramount importance as it may be the only, hidden cause of low back pain and is also suggestive of ankle or foot dysfunction that should be investigated further.

Lower Back Assessment:
Observing initially the general postural attitude, quality of the lumbar lordosis, symmetry of body landmarks and muscular contours. Compare the quality of the spinal extensors in the lumbar and thoracolumbar region bilaterally. Ideally the sides are symmetrical and the muscle is slightly thicker and broader in the lumbar region. Predominance of the thoracolumbar musculature suggests overactivation in gait, poor stabilization of the lumbar spine and is associated with a weak gluteus maximus. Hip hyperextension, the most important movement for a normal gait pattern, should range from five to fifteen degrees. Normal hip hyperextension takes place in relation to a pelvis stabilized by activity of the abdominal and lumbar extensors. When it is limited due to hip flexor tightness, the patient tilts the pelvis anteriorly, replaces extension of the hip with extension of the low back and activates the thoracolumbar extensors as a point of fixation. This impaired stabilization of the lumbar spine is a poor sign for the lower back. The next step is to perform a visual assessment of the anterior body.

Abdomen:
Postural analysis of the anterior body begins with evaluation of the abdominal wall, whose role in stabilization and protection of the spine is crucial. Compare the upper quadrants of the abdomen to the lower and the rectus abdominis to the obliques. Ideally the abdominal wall should be flat. Increased tonus of the upper quadrants relative to the lower may be associated with a faulty paradoxical respiratory pattern. A groove lateral to the rectus suggests predominance of the obliques over the recti with poor stabilization of the spine in the anteroposterior direction. A bulging, hypotonic waistline reflects poor function of the whole abdominal wall and poor protection of the low back during both normal, physiological and sudden, unexpected movements. PART 2 - NEXT SPORTS TALK

- News Flash -

Nevada Chiropractic Association President, Dr. James Overland announced: "After one and half years of continued efforts by the Nevada Chiropractic Association, Nevada Chiropractors can now perform pre-participation physicals for student athletes. We were prohibited for the previous 10 years." We will keep you posted as the ACASC continues to monitor and provide assistance with the issue of PPE eligibility for doctors of chiropractic in various states.

Tell us what you think! Are there topics or issues you'd like to see here in your ACA Sports Council publication? Email secretary@acasc.org with your suggestions.

Joint Commission on Sports Medicine

By:
Ted Forcum DC DACBSP
&
Bill Bonsall DC DACBSP

February 18-22, 2011 marked this year's annual Joint Commission on Sports Medicine (JCSM) meeting attended by past presidents Bill Bonsall (aka: Overkill Bill) and Ted Forcum. It was held in the "City of Brotherly Love," Philadelphia, Pennsylvania. This year's Joint Commission had more influence from the ACA Sports Council than in years previous, with past presidents Tom Hyde and Ted Forcum being a part of the program committee which helped lay out the educational portions at the Joint Commission meeting. This year's meeting focused on the policy's position on fitness activities with the goal of getting Americans off the couch and on their feet.

Bryce Taylor presented on technology and fitness by showcasing the *Wii* and *Kinect* video games and their applications to fitness and rehabilitation. Bryce was also a presenter at last year's ACA Sports Council symposium in Portland. As would be expected, the City of Philadelphia's tours were held at the Joe Hands boxing facility. The group even had enough time to follow the footsteps of Rocky Balboa at the famous steps to the Philadelphia Museum of Art.

It is well known that the Joint Commission is comprised of the leaders of all healthcare professions salient to the world of sports medicine in the United States and to some extent, Canada. The commission is currently made up of 42 organizations ranging from the American College of Sports Medicine, Center for Disease Control, National Athletic Trainers Association, National Strength and Conditioning Association, American Academy of Pediatrics and United States Olympic Committee. The USOC was represented by Dr. Mike Reed and Dr. Bill Moreau, two very active long-time sports chiropractors who have been instrumental in advancing sports chiropractic over the last 20 years.

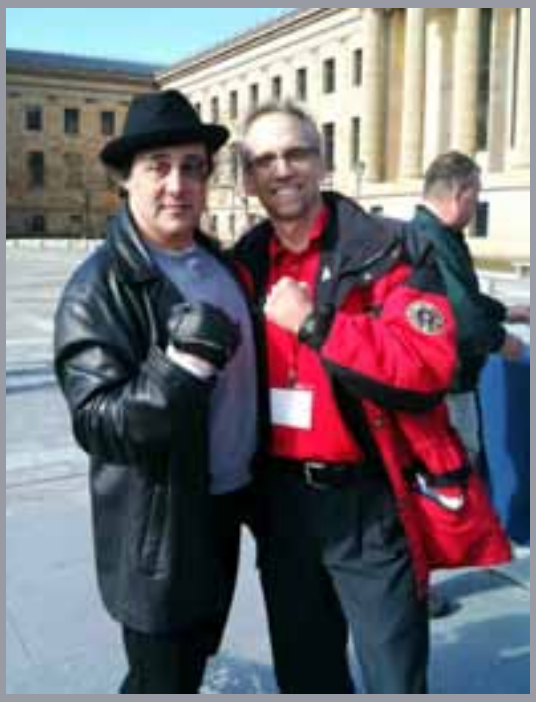
The next Joint Commission meeting will be held February 3-5, 2012 in Portland, Oregon. Dr. Forcum has been busy collaborating with the Oregon Sports Authority, Travel Portland and the Joint Commission developing next year's program.

The Joint Commission is an excellent opportunity for the ACA Sports Council to network with other healthcare professions, letting them know how chiropractic treatment is integral to the care of athletes and many other major healthcare issues in sports facing all organizations.

Last year's programs included the discussion on barefoot running through our network with the American Academy of Podiatric Sports Medicine. In years past we have used this to network with the USADA and other key lecturers, as is our aim with PPE which looks like it will be on the horizon for the next hot topic. Dr. Bonsall was one of the presenters on the topic of PPE when the Joint Commission held its meeting in Colorado Springs. He will be serving on the multidisciplinary committee to further develop the standards for performing a thorough pre-participation physical examination. With greater participation we hope to see the next edition of the PPE Monograph recognize sports chiropractors as fully qualified to give PPE exams in all 50 states.

This year's hot topic focused once again around concussion treatments with a keynote presentation by famed concussion specialist, Dr. Cantu. It is extremely helpful while developing policy positions to prevent political issues before they happen. An excellent example of this is the current issues on concussion, which has reached the media with a firestorm. The ACA Sports Council was able to get involved on the frontline through the Joint Commission on Sports Medicine by becoming involved with the Youth Sports Safety Commission and by focusing on concussion evaluation during our annual symposiums. Additionally, we have been able to network with Joint Commission members for key speakers to help keep our members educated on these and other current hot topics.

Ted L. Forcum, DC, DACBSP
ACA Sports Council, Past President



Call for

BOARD NOMINATIONS

to the

ACA Council on Sports Injuries and Physical Fitness

Board Positions

to be Elected in

Puerto Rico, July 2011

President

1st Vice President

Treasurer

For more information and the nomination application please visit our website

www.acasc.org

New Member List

We would like to welcome our newest members to the ACA Sports council.

If you are a new member and we missed you on this list, please email us a secretary@acasc.org so we can correct the mistake and acknowledge you in our next issue of Sports Talk.

Robert Ault, DC

Doug Bedichek, DC

Brock Bennett, DC

Scott Bentson, DC

Joel Carmichael, DC

Michael Church, DC

Leonard Ershow, DC

Aaron Gray, DC

Jennifer Illes, DC

Timothy Kronlage, DC

P Leahy, DC

Brant Pedersen, DC

Tony Rhodes, DC

Rick Rosa, DC

Andrew Scherer, DC

Peter Viteritti, DC

Philip Wagner, DC

Gary Wood, DC

New Student Members:

Michael Braccio

Raluca Duma

Scott Rosner

Matthew Smith

CONCUSSION: Your right to practice

by Ted Forcum, DC, DACBSP

Continued.....

However, many states and school districts are not recognizing chiropractors as qualified medical providers to authorize return to play, yet MD, DO, NP, and PA providers are recognized.

Concussions have been an immense topic, with major media coverage throughout the US. This has certainly been a big issue in California and Washington. Each year, an estimated 1.7 million TBI-related deaths, hospitalizations, and emergency department visits occur in the U.S. This data translates to 52,000 deaths and 275,000 hospitalizations. In addition, nearly 80%, 1.365 million people are treated and released from an emergency department. The ACA Sports Council has created an emphasis in training on concussions at its last several symposiums with the anticipation of issues like this coming up so that we can demonstrate as an association and membership within the profession that we are adequately trained to assess concussion on and off field, and develop return-to-play protocols.

At the Joint Commission on Sports Medicine, concussion was once again a topic as it was last year. This year Dr. Cantu, who developed the initial concussion guidelines in 1986, as well as others discussed concussion and the vagueness of the current evaluation process. Currently the most widely accepted concussion guidelines are the Zurich Consensus Statement on Concussion from Symposia on Concussion in Sport November, 2008. Many states, such as Texas and Michigan, have recently developed their own protocols for return to play, however the most widely used protocol is the SCAT2 Test. The SCAT2 represents a standardized method of evaluating injured athletes for concussion and can be used in athletes aged from 10 years and older. It supersedes the original SCAT published in 2005. If you are not familiar with the SCAT2, please click on the hyperlink to print a copy and become familiar with it both the SCAT2 and Pocket SCAT2.

Many teams may also utilize IMPACT, a computer base pre- and post-concussion evaluation tool to determine return to play status. This is a useful tool for teams however there are limitations when an on-field decision of return to play is considered.

Several things that we can do as a chiropractor is help insure your spot on the field of play include:

1. membership in our national, state and local organizations.
2. advance your training in concussion evaluation and protocol.
3. make sure your U.S. and state house and senate representatives know you and others like you are trained and know how to treat concussion victims.
4. make sure your local high school athletic trainer, coach and athletic director know that you are trained to co-treat their athletes with the athletic trainer and team staff.

Note that these signs and symptoms can appear immediately after an injury or may surface days or weeks after an injury. The cornerstone of proper concussion management is rest until all symptoms resolve and then a graded program of exertion before return to sport. *A player should never return to play while symptomatic. "When in doubt, sit them out!"*

The ACA Sports Council will continue to keep you updated on this important topic. You can go to our website www.acasc.org for more information and articles pertaining to this topic.

New Student Sports Council at UBCC

The Sports Council at the University of Bridgeport College of Chiropractic (UBCC) was founded in Spring of 2011. We have had 2 events: a lecture by Dr. Michelle Widmeier, an alumnus who is now the Tournament Chiropractic Physician for the New Haven Open at Yale Professional (WTA/ATP) Tennis Tournament; and a visit to Dr. Keith Overland's practice in Norwalk, Connecticut. For the next semester, we are planning taping seminars, and our very own Dr. Stephen Perle will be teaching SpiderTech to our community. Dr. Perle has also been inviting students to join him at local running events, and will be lecturing to our students in August on "Hitting a Grand Slam as a Sports Chiropractor".

What started out as an idea has become a reality after months of discussion with both students and faculty. With the enthusiastic support of our faculty advisor, Dr. Christopher Good, the Sports Council has become officially recognized by our Student Government Association, and is currently 23 members strong, 2 of which are members of the American Chiropractic Association Sports Council (ACASC). This summer we will be sending 5 students, including myself, to the ACASC Symposium in Puerto Rico, and will be submitting at least one entry in the poster contest.

I would like to thank Dr. Guillermo Bermudez, Dr. Christopher Good, Dr. Joe Kula, and Shahram Soleimani for all of their support in forming this Sports Council at UBCC. Without their assistance, this would not have been possible. I would also like to thank Dr. Keith Overland, Dr. Stephen Perle, and Dr. Michelle Widmeier, who have all eagerly contributed to our Sports Council with events and donations. Our Sports Council is off to a great start, and I am looking forward to helping the program continue to flourish. Any student interested in forming a Sports Council on your campus may contact me for guidance and advice. After having recently formed one, I am more than happy to help!

Mia Ortega, M.A.Ed.
President and Founder of the Sports Council at University of Bridgeport College of Chiropractic

ACBSP 2011 Sports Chiropractor of the Year helps U.S. to Olympic glory in Vancouver

By Eric C. Hammerstrom

On the final evening of the 2010 Winter Olympics in Vancouver, Dr. Blase Toto proudly donned red, white and blue and marched into the Olympic Stadium alongside the athletes and coaches from the United States Olympic Team. More successful than at any Winter Olympics in history, U.S. athletes won 37 medals (9 gold, 15 silver and 13 bronze). And over the course of 17 grueling days of competition, many of those medal winners became Toto's patients and friends.Toto, who has practiced Chiropractic medicine in East Brunswick, New Jersey, for the past 22 years, called the experience "the adventure of a lifetime."

"I feel very fortunate to have served my country," Toto said. "And no matter how small my contribution may have been, I know I made a difference. I was part of the biggest event in the world. The Olympics are a chance for the world to come together in peace and communicate and compete in the language of sport. The athletes and staff for the USA are the most dedicated group of people I have ever encountered. And for all these reasons and so much more, I know I am a better person for it."

To call his role in Vancouver a "small contribution" is modesty on Toto's part. Toto and other members of the U.S. medical staff worked on athletes from 8:30 a.m. until 11 p.m. While stationed in the Olympic Village, Toto cared for members of the U. S. men's and women's hockey teams, snowboarders, aerial skiers, ice dancers, long track speed skaters and curlers. "I worked all day, every day," Toto said. "Some nights, I didn't have dinner until midnight. That was the norm. At the Olympics, it's like you are in a bubble and that's all that exists. The whole environment is surreal. It is nonstop action with the athletes you work on competing every day." Toto finally saw an event on the second-to-last day of the games, when he watched the women's hockey team (who Toto called a "fun group of twenty-somethings") play for the gold medal against Canada. Toto said the highlight of the games was being visited by his wife, Betty, and children, Biagio, Cole and Giavanna, who spent eight days in Vancouver. **Continued on next page.**

Optogait system for better evaluation of your athletes

By: Peter Gorman, DC

ACA Sports Council doctors have been historically recognized as leaders in the field of sport evaluation, training and injury management. As doctors, we know that athletes may develop a strong side and in some specific sports this would be appropriate. However, recognizing and accurately recording power, symmetry/asymmetry and stability in our athletes is not possible with the naked eye. We should no longer only rely on visualization, pain, range of motion and macro-movement to ensure that a well-rounded athlete is able and agile in all directions.

With advances in technology, we can now look deeper into the movement of the body than ever before. No matter how small the micro trauma, asymmetrical differences can be identified and treated effectively. The critical components of athletic failure can be evaluated during our examinations and not left to chance on the playing field. When there is a favored side, it should be trained to be there, not just created through unnoticed asymmetries.

While attending the ACA symposium in San Juan Puerto Rico July 29-31, I highly encourage everyone to learn more about the Optogait and OptoJump systems. Stop by the Optogait booth for an evaluation and a look at the incredible number of possible ways to test your athletes' power, symmetry, stability and so much more. Portable, affordable and accurate, this state-of-the-art equipment allows the doctor to understand power, execution of power, stability, effects from fatigue, velocity and acceleration better than ever before in the private office. This incredible system should be part of every dynamic evaluation done worldwide. If we are going to remain the greatest sport evaluators in the world, then we must recognize and accept advancing technology to help meet our athlete's needs.

See you in Puerto Rico!

Peter Gorman, DC is the President of Microgate USA, manufacturer of the Optogait system. At this year's symposium we are proud to have Optogait as a luncheon sponsor, a speaker sponsor and a benefactor of the ACA Sports Council Hyde Awards.

MICROGATE TIMING AND SPORT U.S.A.

"I got to see them in the Olympic Village for one day and they met a bunch of the athletes. They saw Shawn White win a gold medal and they saw a medal ceremony," Toto said. "They had a blast and got to watch me work. Then, they went home and got to watch the same athletes they met compete on T.V. One of the short track speed skaters was really nice to them, so when the kids saw him win a medal it was really special."

Toto has done several presentations on his experience, with audiences including his son's class and the Chiropractic Association. He has kept in touch with many Olympians and members of the medical team through Facebook. He said Chiropractic has become an important treatment for Olympians and that the best athletes in the world are using Chiropractic. "The team doctor for the men's hockey team is an Orthopedist who works at the Mayo Clinic in Minnesota," Toto said. "I gave him his first Chiropractic adjustment. He has been asking me to evaluate the hockey players to see if Chiropractic care is appropriate for their injuries." Dr. Eric St. Pierre serves as the official Chiropractor for the U.S. Short Track Speed Skating Team, and for the first time ever there was a Chiropractor (a Canadian) working at the Poly Clinic in the Olympic Village.

Toto thanked chiropractors Dr. Michael Reed, who is the medical director of the USOC sports performance devision, and Dr. Bill Moreau, director of the USOC sports medicine clinics, for giving him the opportunity to serve his country. "I want to thank them for the appointment to serve these athletes and be a part of the Olympic movement," Toto said. "I couldn't think of a more rewarding opportunity for a Chiropractic sports physician." ST

Dr. Toto w/ Dr. Eric St. Pierre