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OCA NEWS
ONTARIO CHIROPRACTIC ASSOCIATION

OCA award winners a credit to the profession

On Dec. 4, 2010, the OCA hosted its annual Season’s Celebration and awards gala to recognize some of the chiropractors whose professional and personal achievements are a great credit to the profession.

The Awards Committee — chaired by Dr. Al Scales and comprising volunteers Dr. Heather Norman, Dr. David Orchard, Dr. Dennis Mizel, Dr. Scott Kay, Dr. Kelly Schoonderwoerd and Dr. Kristina Peterson — had the challenge of selecting the 2010 winners from among a host of worthy nominees. The Chiropractor of the Year Awards Committee comprised Dr. Dennis Mizel, Dr. Dean Wright, Dr. Reg Nicholson, Dr. Allan Gotlib, Dr. Vince Sinclair, Dr. Roberta Koch and OCA staff members Dr. Bob Haig, CEO, and Nathalie Plourde, Manager of Member Services.

Dr. Pierre Côté is awarded the OCA’s most prestigious award, Chiropractor of the Year. President Dr. David Brunarski presented the award on Dec. 4, at the OCA’s annual Season’s Celebration.

Congratulations to the following award winners:

The winner of the 2010 Chiropractor of the Year Award, the association’s highest individual honour is Dr. Pierre Côté of Toronto.

Dr. Côté, DC, PhD, is a Scientist in the Division of Health Care and Outcomes Research at the Toronto Western Research Institute and a Senior Scientist at the University Health Network Rehabilitation Solutions in the Toronto Western Hospital’s Musculoskeletal Health and Arthritis Program. He is also an Associate Professor of epidemiology at the Dalla Lana School of Public Health at the University of Toronto. Dr. Côté holds appointments in the Department of Health Policy Management and Evaluation at the University of Toronto and as an adjunct professor at Arizona State University and Lakehead University.

Dr. Côté is also the Principal Investigator of the University Health Network Whiplash Intervention Trial, a randomized clinical trial of the effectiveness of three programs of care for the treatment of whiplash injuries. He is a Co-principal Investigator of the Centre of Research Expertise in Improved Disability Outcomes (CREIDO).

Dr. Paul Bishop, DC, MD, PhD was awarded the OCA Presidential Citation. Dr. Bishop, received his DC from CMCC; MD from the University of Calgary with a specialty in image-guided spinal anaesthesia, and his PhD in disc pathology from the University of British Columbia (UBC). In 2009, Dr. Bishop, supported by the OCA, achieved a rare honour in academia, two simultaneous professorships: The

Continued on page 10

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The inclusion of classified ads or separate enclosures does not imply that the OCA or the chiropractic profession has reviewed or endorses the products, services or opportunities so advertised.
Putting knowledge into practice

Just over one year ago in this space, I wrote about evidence-based practice and what it means for chiropractors, for chiropractic patients, for our colleagues in other health care professions, for policy makers and for the future of our great profession. Put simply, the value and efficacy of the care we and all health care professionals provide is increasingly measured by the degree to which we adhere to evidence-based practice. This has become more and more apparent as the OCA works to identify opportunities for greater chiropractic integration and collaboration within Ontario’s health care system.

In an interview with OCA-supported researcher Dr. Paul Bishop (on page 7 in this issue of the OCA News), Dr. Bishop discusses his recent award-winning study, “A randomized controlled trial on the effectiveness of clinical practice guidelines in the medical and chiropractic management of patients with acute mechanical lower back pain,” which was published in the December issue of The Spine Journal. The study, which examined the usual care by primary care physicians, demonstrates that applying best evidence in clinical practice is not a challenge only for chiropractors, but for other health professions, too.

Ultimately, whatever the obstacles, patients deserve the best care, so what can an individual chiropractic practitioner do to ensure he or she provides care that is founded in clinical experience and expertise and informed by the best available evidence? And how is any health care professional to keep up with and assess all the available evidence while juggling a busy practice?

In keeping with our strategic goals of efficiently and effectively supporting our members, and building/expanding the profession’s standing and credibility, the OCA is introducing our newest member benefit: discounted access to the Research Review Service (RRS). Members can now subscribe online to the service, which provides weekly reviews of current research that has direct clinical relevance to chiropractors and other practitioners who provide manual therapy.

Now in its fifth year, RRS has amassed a database of nearly 400 reviews and aims to help busy clinicians integrate current scientific literature into their patient care. Each week, one or two reviews are posted that provide a summary, analysis and context to recent peer-reviewed articles.

Another valuable tool to help you stay informed about current evidence is the online Cochrane Library and, as an OCA and CCA member, you have free access through the CCA website (www.chiropracticcanada.ca) to this collection of six databases that contain high-quality, independent evidence to inform your health care decision-making.

As we provide care to our patients in clinics across the province, there is a significant and rapidly growing body of chiropractic research to draw from. The OCA encourages you to make use of these valuable tools and put this knowledge to work for your patients.

To provide your feedback

on any issue of importance to you, or to send your questions and comments to the President please email to:

president@chiropractic.on.ca,

fax to 416-860-0857, or mail to Ontario Chiropractic Association, 200 -20 Victoria St., Toronto ON M5C 2N8.
**Lift Light Shovel Right campaign**

Timed with the onset of winter and the first major snow fall, OCA re-launched its *Lift Light, Shovel Right* public education program in December 2010. Outreach efforts aimed to profile Ontario chiropractors as spinal health care experts and to provide Ontarians with important information on how to avoid injury when shovelling snow.

Chiropractors from different cities and towns across Ontario were identified to serve as spokespeople for the province-wide media campaign, and weather reports for each region were monitored in order to time outreach with any significant snowfall occurring in areas where we had spokespeople available. Campaign speaking points, media pitch e-mails/releases and brochures were distributed to spokespeople as a point of reference and to encourage consistency during interviews.

In early February, the OCA achieved a number of high-profile media hits in the wake of a snowstorm warning expected to be severe throughout Southern Ontario. Dr. Natalia Lishchyna was interviewed for a feature on the Toronto Star’s *Healthzone.com* website, and Dr. Moez Rajwani was interviewed live on the morning of the storm for CTV’s *Breakfast Television* in Toronto, and for *The Weather Network* (TWN). TWN also conducted a second taped interview for repeated airing throughout the snowy weather.

In all, OCA’s media relations activities garnered 6,813,417 impressions. The following OCA spokespeople participated in the campaign: Dr. Ken Brough, Dr. Bruce Fligg, Dr. Sasha Hamid, Dr. Natalia Lishchyna, Dr. Melanie Locke, Dr. Rod Overton, Dr. Moez Rajwani and Dr. Kelly Schoonderwoerd.

**Television highlights:**
- Interview on CFTO’s *Lifetime with Pauline Chan*, featuring Dr. Melanie Locke. This interview was aired three more times, including a broadcast clip on CTV’s Southwestern Ontario counterpart, CKCO
- *A-Morning* in Ottawa interview featuring Dr. Sasha Hamid.
- Rogers Television Ottawa interview featuring Dr. Ken Brough.
- The Weather Network (TWN) conducted a live interview on Feb. 2 (to coincide with a heavy snowstorm in Southern Ontario with Dr. Moez Rajwani, as well as a taped interview for wider use. In December, TWN also interviewed London spokesperson Dr. Rod Overton.
- *Breakfast Television* also featured a live interview with Dr. Moez Rajwani on the morning of Feb. 2.

**Radio highlights:**
- Dr. Natalia Lishchyna featured on Toronto’s 680 News CKDO-AM in Durham Region with Dr. Kelly Schoonderwoerd
- CKDO-AM in Durham Region with Dr. Kelly Schoonderwoerd
- CKGB-FM in Timmins
- CBC Radio 1 in Ottawa

**Print and Web highlights:**

Print highlights include coverage in the Mississauga News, as well as editorial coverage in the Stratford City Gazette. Online highlights include an interview with Dr. Natalia Lishchyna in the Toronto Star’s online publication *Healthzone.com*, Dr. Melanie Locke was featured on *Zoomermag.ca* (*Zoomer* magazine’s online counterpart) and the online counterparts of broadcast outlets, such as CTV.ca and 680news.ca, also carried the story.
IN MEMORIAM

Dr. Thomas Gaw

With sadness, the OCA announces the passing of Dr. Thomas E. A. Gaw in January. A member of CMCC’s class of 1978, Dr. Gaw first practiced in Orangeville before relocating his practice to Tobermory. He will be remembered by the many patients he cared for in his more than 30 years in practice. The OCA extends its deepest sympathies to the Gaw family at this difficult time.

Dr. Norman Grittani

A past President of the York-Peel Chiropractic Society and a member of CMCC’s Class of 1953, Dr. Norman Grittani passed away in December 2010, after more than 50 years of practice in Toronto’s Dufferin and St. Clair neighbourhood. Dr. Grittani was active in documenting the profession’s history, and will be remembered for his community spirit, as well as for his boundless energy and passion. The OCA offers condolences to the family of Dr. Norman Grittani.

Chatelaine and Chatelaine.com

The February print edition of Chatelaine, which hit newsstands in mid-January, contains a full-page, redesigned ad to kick off our 2011 campaign. Following a highly successful first year, OCA worked with CCA and Rogers to create print ads that would more closely align with the magazine’s style and design, and that would convey a more authoritative and professional tone, while strengthening the “Back Health” branding of the wrap page. The new design was launched in conjunction with Chatelaine’s February double-circulation issue. Content is now in development to populate the Back Health wrap page, and topics are being chosen that are seasonal, as well as aligned with Chatelaine’s editorial content whenever possible.

Help spread the word

To help you share this public education program with your patients, you can now order Back Health rack cards to display in your clinic or for networking in the community. From the campaign’s first year, there are nine topics in the Back Health rack card series: Gardening, Sleeping Well, Handbags, Snow Shovelling, Falls Prevention, Luggage, High Heels, Fit Tips and Backpacks. All of the rack cards can be previewed on the CCA website, www.chiropracticcanada.ca, in the Public Education section. These colourful rack cards can be purchased at $6.50 per package of 25 through the Canadian Memorial Chiropractic College Supply Centre and Bookstore. To order your rack cards, email bookstore@cmcc.ca. Please note each package contains only one topic.

If you haven’t visited the online public education program yet, go to www.chatelaine.com/backhealth to take a look at Canadian women’s newest source of back health information from Canada’s chiropractors. Remember to post a link to Back Health on your clinic website and keep the current issue of Chatelaine in your clinic waiting room.

Chatelaine and Chatelaine.com
Supporting evidence-informed practice

As part of the OCA’s ongoing efforts to support our members in their delivery of evidence-informed, high-quality care, the OCA is very pleased to announce its newest member benefit: a preferred member subscription rate to the Research Review Service (RRS).

RRS is an online, subscription-based service designed to help busy clinicians integrate current scientific literature into their patient care. With their team of clinician/scientist writers, RRS has so far amassed a database of almost 400 reviews that summarize, analyze and contextualize recent peer-reviewed articles in the areas of chiropractic and other manual therapies. Each week, RRS posts one or two new reviews.

Research doesn’t have to be intimidating

By Dr. Shawn Thistle

Excerpted and reprinted with permission from RRS

While developing and working on Research Review Service (RRS) for the last four years I have had the privilege of personally interacting with chiropractors, physiotherapists and other manual therapy providers from around the world. This is something I have truly enjoyed and learned a lot from — our profession certainly attracts caring, passionate and intelligent people.

Along the way, I have gained unique insight into the way we, as professionals, feel about research and think about how it applies to our practices and how we care for our patients.

It doesn’t surprise me that “research” is an intimidating concept to many people, including some of our colleagues (maybe even you?). Often inaccessible, aside from basic abstracts, the sheer volume, complexity and variety are staggering. So where do you begin?

I am just like you — directly involved in patient care, trying to build and maintain my practice, drive referrals, achieve optimal results for my patients, and enjoy

OCA’s newest member benefit

The OCA and RRS are pleased to announce that OCA members can now save 50% on a one-year Professional Subscription (applicable for new subscribers and as a renewal for existing subscribers).

To subscribe to the service for the OCA member price of $74.50 plus HST, use the member coupon code OCACHIRO and follow these instructions:

For new subscribers:
1. Go to www.researchreviewservice.com and click on the SUBSCRIBE NOW link in the menu on the right side of your screen.
2. On the subscription plans page, choose the Professional 1-Year plan (Note: your coupon code will not work if you select any other plan).
3. Fill in your registration information (name, email, username and password).
4. Click Send Registration.
5. Go all the way through to the checkout page, where you will have to click on the I agree to Terms button.
6. Enter the coupon code OCACHIRO (which is case sensitive) in the field below and click the Append button.
7. Click Checkout.
8. Your personal account will then be established. You will receive an email notification once registration is complete

Existing Subscribers:

The coupon code above can also be entered to renew your existing account. Simply log in using your username/password, go to the My Subscription link in the Subscriber Menu in the right side column and click Extend/Renew. Next, select the Professional 1-Year plan and enter the code when prompted.

If you experience difficulties during registration, email support@researchreviewservice.com for prompt assistance.

If you have questions about RRS, please email Dr. Shawn Thistle, at shawn@researchreviewservice.com.
Why Research?

By Dr. David Leprich

During your chiropractic education, you were provided with a variety of skills which you use in your clinic daily. Most of your patients get better, often after failure with traditional medical care. Some of them get a lot better and lead lives that are much healthier. There is no question that chiropractic care (and all that includes) can have a strong positive impact on the lives of our patients.

There are many other questions, however, that can only be answered through high quality research.

The purpose of chiropractic research is far more than validating the spinal adjustment, although this is very important. It can help increase our effectiveness. For example, a program of research now underway and led by Dr. Paul Bruno, the University of Regina’s Chiropractic Research Chair in Neuromusculoskeletal Health, is trying to match specific back problems with the exercises that will be most helpful. The goal is to make treatment plans more efficient and cost-effective.

Research projects such as this can help to establish a lead role for chiropractic in wellness care. As well, some of the research currently underway may provide valuable information about the somatovisceral connection or new techniques for the treatment and prevention of degenerative disc disease.

Regarding whiplash, a $2.7-million randomized controlled trial led by Dr. Pierre Côté, is looking at which intervention is most effective and cost-effective in improving the recovery of patients with recent whiplash-associated disorders.

We are now at a point where research is helping to establish our role in providing safe and effective treatment. Even more important, we are becoming established as leaders in wellness care. Your involvement in the CCRF is more important than ever.

The primary function of the CCRF is to increase the quantity and quality of chiropractic research in Canada and, with the success of our program to establish chiropractic research chair positions at Canadian universities, our present goal is to establish one university-based research chair in every Canadian province. I am very pleased to report that we are now one step closer to achieving this goal.

Dr. Mathieu Piché, DC, PhD, was recently awarded a five-year Research Chair in Pain Neurophysiology by the Université du Québec à Trois-Rivières (UQTR). His research interests focus on cerebrospinal mechanisms involved in pain modulation and the effect of spinal pain on autonomic functions. The details of this appointment and the other important research being done right now are included in the latest CCRF Research Bulletin.

Every new CCRF member gets us one step closer to our goal and takes the profession one step closer to assuming the leadership role our patients deserve. Please go to www.canadahelps.org today and join us.

Dr. David Leprich is a member of the CCRF’s Board of Directors, and has previously served as President of the Niagara Chiropractic Society, Director of the OCA and President and Chairman of the Board of the Canadian Chiropractic Association (CCA). He is the theatre chiropractor for the Shaw Festival Theatre in Niagara-on-the-Lake and is a chiropractic disability consultant to the St. Catharines General Hospital and the Niagara Health System.

Research doesn’t have to be intimidating

Continued from page 5

I am passionate about our success as a profession and the continued development of our cultural authority, and want what is best for us as a group. I want us to continue to evolve and integrate current knowledge into our patient interactions. Our patients rely on us to help them with pain, injuries and many aspects of their health and wellness. That is a big honour and a big responsibility. I hope you view it in the same way.
Award-winning study shows benefits of guidelines and chiropractic

Q&A with Paul Bishop, DC, MD, PhD

Interview by Daniel Redwood, DC

Excerpted and reprinted with permission from Health Insights Today, a publication of the Cleveland Chiropractic College

Paul Bishop, DC, MD, PhD, is a Clinical Associate Professor in the Department of Orthopaedics at the University of British Columbia (UBC). He has completed training as both a chiropractor and a physician and holds a PhD in pathology for which he studied the origins of human lumbar spine disc degeneration. His clinical practice is focused on the treatment of acute spinal pain. Dr. Bishop’s main research interests include the standardization of treatment for acute spinal pain, the value of spinal injections in the treatment of acute sciatica and the relationship between biochemical composition of extruded disc and severity of acute sciatica. He is the Director of the Outpatient Clinic in the Combined Neurosurgical and Orthopaedic Spine Program (CNOSP).

Dr. Bishop here discusses the research project — winner of the North American Spine Society’s 2010 Award for Outstanding Paper in Medical and Interventional Science — where his team compared guidelines-based care (including chiropractic spinal manipulation) for low back pain of less than 16 weeks, versus usual care administered by primary care physicians. The research was published in the December 2010 issue of The Spine Journal. Go to www.thespinejournalonline.com to view an abstract or the full text of the paper. Among the key findings were:

1. guidelines-based care including chiropractic spinal manipulation is significantly more effective than usual care; and
2. usual care by primary care MDs is highly guideline-discordant.

Dr. Bishop’s team at UBC is currently engaged in an ongoing series of studies to further illuminate these issues.

Q. Tell us about your background, as a chiropractor who became a medical physician, educator and researcher.

A. I went to Canadian Memorial Chiropractic College (CMCC), in Toronto, and graduated in 1981. CMCC offered a research fellowship to a graduate every year, which I was fortunate enough to receive. I then did a master’s degree in biochemistry and, with the assistance of a research fellowship from the Foundation for Chiropractic Education and Research, a doctorate in pathology, which studied the molecular biology of human intervertebral disc degeneration, both at the University of British Columbia.

I then did a medical degree at the University of Calgary. After that, an internship, and a year of further training in anesthesiology, learning how to become proficient in administering image-guided spine injections. In 1994, I joined the Combined Neurosurgical and Orthopaedic Spine Program (CNOSP) and as well, worked in private practice and as a spine consultant to the WCB [Workers’ Compensation Board].

Q. Was this private practice as a chiropractor or medical doctor?

A. My scope of practice has been focused on providing evidence-based non-operative spine care, including spinal manipulation, medications and administering image-guided spine injections (nerve root blocks, facet blocks, under image-guidance) to patients in the hospital spine program clinic and to hospital inpatients. In 1999, I joined the Hospital Spine Program and the Department of Orthopedic Surgery on a full-time basis. Since that time I have continued to teach orthopedic surgery, anesthesia, and physical medicine residents and family practice residents.

OCA supports the research of Dr. Paul Bishop

The work of chiropractic researchers is key to creating new opportunities for the profession because the value and efficacy of care is increasingly measured by the degree to which it adheres to scientific evidence. For this reason, supporting research is a fundamental strategic priority for the OCA.

The work of Dr. Paul Bishop, as Research Professor and Clinical Professor with the Combined Neurosurgical and Orthopaedic Spine Program, is among the projects the OCA is currently funding.

Continued on page 8
Award-winning study shows benefits of guidelines and chiropractic

Continued from page 7

In 2008, the ICORD (International Collaboration on Repair Discoveries) National Spine Institute was opened in Vancouver. It is both a research institute which is focused on acute spinal cord and nerve injury and a clinical institute that houses the entire combined orthopedics and neurosurgery program. I have my own research laboratory where I study the molecular biology of nerve root injury.

The clinical component of ICORD consists of six fellowship-trained spine surgeons — two neurosurgeons and four orthopedic surgeons, as well as a non-operative spine program of which I am the head. It is comprised of a physical medicine specialist who has completed a spine fellowship at the Mayo Clinic, an anesthesiologist whose expertise is in chronic pain, an orthopedic surgeon who now focuses on non-operative care, a neurologist and a urologist. ICORD has been able to bring a multi-disciplinary group of clinicians with a common interest in the spine together into the same facility, which is a great thing for patients and as well for research purposes.

Q. You are the lead author of an award-winning research paper published in The Spine Journal in December 2010, in which your team compared guidelines-based care for low back pain (including spinal manipulation administered by chiropractors) to usual care administered by primary care medical doctors. There have been some previous head-to-head studies comparing chiropractic care to other methods. How was this one different?

A. First of all, we have to be careful when we talk about clinical practice guidelines, since their validity is only as good as the process through which they were developed. There are all sorts of guidelines out there and one of the unique features of this study, which distinguishes it from other studies, is the strength of that process. For the acute lower back pain population of patients (i.e., with symptoms of up to 16 weeks duration and no evidence of radiculopathy or radiculitis), when you look at the clinical practice guidelines research literature, what you find is fairly striking.

In the last 10 or 15 years, 12 countries around the world have independently convened multi-disciplinary expert panels to review the scientific literature on the management of acute lower back pain. So this has been done on a huge scale and is unique in the world of clinical practice guidelines relating to spine care. This process is in a totally different class from any other guideline-based protocol that’s been developed.

Another remarkable feature of this process is that, even though these systematic reviews were all done independently, there was very high agreement on what the guidelines showed. One of the key features of the guidelines was that they all recognized the quality of the scientific research that has been done supporting the use of spinal manipulation for this patient population. Then, when you dig into the actual studies they reviewed, you find that the very large majority were done by chiropractors. Basically, the guidelines developed in each country consistently found that chiropractic spinal manipulation was useful for treating patients with acute lower back pain.

The second thing that was unique about our study was that it used a treatment protocol that incorporated all of the guideline recommendations, including reassurance of the favourable natural history of acute lower back pain, avoidance of passive treatments, acetaminophen or NSAID (if medications were requested by the patient), four weeks of lumbar chiropractic spinal manipulation, and beginning a return to normal activities (e.g., work) within eight weeks post onset.

Q. Was acetaminophen given to all patients?

A. If a patient asked, “What medications do you recommend?” then the guidelines clearly state that you should not prescribe narcotics or psychotropics. The guidelines support recommending acetaminophen more so than NSAIDs, and both much more so than muscle relaxants.

Q. What did you find regarding the amount of narcotic prescription in the group that was randomized to receive “usual care” from primary care medical physicians?

A. In general, the treatment that the “usual care” patients got was highly guideline-discordant. One of the particularly notable discordant aspects was the use of narcotic analgesics (e.g., Tylenol 3). About 78 per cent of patients who received family physician-directed usual care were guideline-discordantly prescribed narcotics.

Q. Practitioners of all disciplines seem to follow guidelines on a rather haphazard basis. This was clearly the case among the primary care physicians who took part in your study, despite the fact that they knew their records would be scrutinized afterward. In your view, why should health practitioners follow best practices guidelines?

A. This study is the third in a series of studies carried out by our group that has looked at the knowledge translation (KT) of clinical practice guidelines into primary care clinical practice for patients with acute lower back pain. Studies of spine-related KT problems in other countries have also appeared.

Our previous study (The Spine Journal, 2006) looked at the question “Is ignorance of the guidelines an issue?” We theorized that, perhaps, busy family physicians are just unaware of the guidelines. Our study very clearly showed that ignorance of guidelines was not the issue, since providing family physicians with a user-friendly summary of the guidelines on a patient-specific basis did not in any way alter family physician guideline concordance.

Q. So they were aware of the guidelines yet followed ingrained habits that were contrary to the guidelines?

A. Yes, and other researchers have also found that what family physicians believe is the most effective treatment for low back pain differs significantly from what is recommended by the best-available scientific evidence.

At least in the United States, guidelines are almost always voluntary. If we accept that following guidelines improves outcomes, are there methods that have been shown to move doctors — and whole professions — in this direction, of becoming guideline-concordant?

Continued on page 17
Northern Ontario DC takes community view on health care

Sudbury chiropractor Dr. Shawn Rossi juggles a variety of roles in his Northern Ontario community. In addition to caring for his patients at his multidisciplinary clinic, he is a faculty lecturer at the Northern Ontario School of Medicine (NOSM), a position he has held for two years.

Dr. Rossi realized the value of interprofessional collaboration soon after his graduation from CMCC in 2007, and it soon became a central part of his personal and professional philosophy on the importance of community.

“I was expected to navigate through the medicine world without an interprofessional infrastructure,” he recalls of his first years in practice. “That made treating patients to the best of my ability very difficult. I really enjoyed being in the clinic and interacting with patients, but I was frustrated with the fact that we spent so much time accessing diagnostics, lab tests and general patient information from other health professionals.”

The experience, he says, showed him how a community of collaborating health care providers could provide patient-centred care more effectively and efficiently than a system in which providers worked in silos.

Motivated by this and what he had observed in the research field during his time as a Masters student, Dr. Rossi decided to pursue his PhD at Laurentian University in interprofessional health care delivery. This education, paired with his experience as a health care practitioner, has shown him that understanding the scopes of other health professions helps to determine the most effective and efficient route to treatment.

“We all need to ask ourselves, what is the best treatment for the patient, and which health professional can provide the most effective treatment both in cost and patient benefit,” he says.

Now, Dr. Rossi divides his time between his practice, his extensive volunteer work (he was recently awarded the OCA Community Service Award) and teaching future physicians at NOSM.

“While my favourite part of my job is working with patients and treating them, the best thing that could happen to me is that I am able to work at the intersection of interprofessional education and collaboration in a practice setting,” he says, adding that he envisions a future in which more chiropractors will be working alongside other health professionals to deliver the best care for the patient.

Dr. Shawn Rossi (left) received the 2010 OCA Community Service Award presented on Dec. 4, 2010 by President Dr. David Brunarski at the OCA's Season's Celebration.

If you have a new address, or email address you can now log on to membership services on the members’ side of the website and update your information. By keeping your email address up to date you help us to keep you better informed on important issues facing the profession. If you are currently receiving OCA information by regular mail, updating your profile with an email address will ensure timely updates of the information you need.

Call us at 416-860-0070 or 1-877-327-2273, or email oca@chiropractic.on.ca.
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OCA NEWS & EVENTS

National Spine Centre Research Professorship in Non-operative Spine Care at ICORD (The International Collaboration on Repair Discoveries, located in Vancouver) and a Clinical Professorship, Division of Spine, Department of Orthopaedics at the University of British Columbia.

As an active member and contributor to the Canadian Spine Society, North American Spine Society, Cervical Spine Society and the International Society for the Study of the Lumbar Spine, Dr. Bishop has promoted chiropractic care in the peer reviewed literature and delivered over 40 podium presentations at national and international spine meetings. His CHIRO study won the 2010 The Spine Journal Outstanding Paper Award in non-operative spine care and informed the world’s top 5,000 spine surgeons of the value of chiropractic care. (See more information on Dr. Bishop page 7.)

The Community Service Award 2010 was presented to Dr. Shawn Rossi of Sudbury.

Among his achievements, Dr. Rossi recently completed his PhD in Inter-professional Health Care Delivery at Laurentian University. He is also an active member of the school’s alumni association, and of his local MS Society board, and he regularly participates in fundraising activities for MS. He recently was instrumental in establishing a non-profit gym dedicated to serving Sudbury’s seniors and people with disabilities.

The 2010 Professional Services Award for Research was presented to Dr. Bernadette Murphy of Hampton.

A tenured professor in the Faculty of Health Sciences at the University of Ontario Institute of Technology (UOIT), where she is head of the Kinesiology Specialization program, Dr. Murphy is a graduate of CMCC and went on to earn her PhD in physiology from the University of Auckland in 1998. She has since dedicated her energies to the study of human neurophysiology with a focus on understanding how the human central nervous system adapts in conditions such as chronic musculoskeletal pain and depression. Her work has earned her countless research and teaching awards and, to date, she has amassed 38 publications in such peer-reviewed journals as Spine and the Journal of Manipulative and Physiological Therapeutics.

The Dr. Lloyd W. Taylor Award for Political Action was awarded to two OCA members for 2010. Dr. Colleen Pattrick (left) and Dr. Roberta Koch (right).

The OCA’s Dr. Lloyd W. Taylor Award for Political Action recognizes members who have made a commitment through advocacy, lobbying or political activism that raises the profile and understanding of chiropractic in the political arena. The two honourees for 2010 are Dr. Colleen Pattrick of Burlington and Dr. Roberta Koch of Hamilton.

Dr. Pattrick, a member of CMCC’s Class of 1975 and a long-time OCA Riding Designate, works with politicians of all parties and helps to keep chiropractic on the minds of MPPs and their staff. She has made dozens of contacts on the OCA’s behalf.

Dr. Koch, a past President of the OCA and a past recipient of the Chiropractor of the Year Award, has been working to raise awareness of chiropractic among the politicians of Hamilton since long before the OCA’s Riding Designate program was created. She has often taken on the role of disseminating OCA messages to MPPs across all parties within multiple ridings and is active in mentoring her fellow chiropractors in the role of Riding Designates.

The winner of the 2010 Heart and Hands Award, which was established in memory of Dr. Michael Brickman, is OCA past President Dr. Bryan Wolfe.

Dr. Wolfe has spent many years in the service of the profession, beginning with his involvement with the alumni association of his alma mater, Palmer College of Chiropractic. From there, he took on the presidency of his local chiropractic society and went on to serve as a member of the OCA Board of Directors, eventually becom-
The 2010 honourees for the Years of Service Award as members of the OCA are:

25 years
Dr. David E. Abbott
Dr. Peter J. Amlinger
Dr. Jenny M. Bekeschus
Dr. Michel R.J. Brosseau
Dr. Eric O. Brubacher
Dr. Kwong Chiu
Dr. Nesta Chung
Dr. Richard Collis
Dr. Geron P. Cowherd
Dr. Alan G. Cranton
Dr. Parnell E. Crook
Dr. Vincent Del Monte
Dr. Laura Ellison
Dr. Allan S. Ettenson
Dr. Jane A. Fancy
Dr. Victor W. Fong
Dr. Jean-Francois Gauthier
Dr. Helen Goertzen
Dr. Ronald M. Goertzen
Dr. John R. Hayes
Dr. Patrick F. Hewitt
Dr. Harry Kaufman
Dr. Jeffrey E. Kinnersly
Dr. Robert J. Kniess
Dr. Dennis Kutsukake
Dr. Mark Mahonen
Dr. Scott W. Martin

Dr. Shahroze A. Merali
Dr. Mark W. Merritt
Dr. Ian M. Miller
Dr. Steven P. Murdoch
Dr. David J. Orchard
Dr. Mahavir Oza
Dr. Michael W. Pernfuss
Dr. Cecilia V. Poblete
Dr. Mark W. Poray
Dr. Ione G. Puchalski
Dr. Timothy D. Schneider

25 Years of Service award recipients at the Season’s Celebration on Dec. 4, 2010.

40 years
Dr. Ronald T. Burman
Dr. Norman J. Haigh
Dr. Jean A. Moss
Dr. W. Reginald Nicholson
Dr. R. Andrew Potter
Dr. Joseph E. Simunic
Dr. Peter J. Wysotski

Dr. Bryan Sher
Dr. Kenneth Shwery
Dr. Harald F. Simon
Dr. Matthew J. Somers
Dr. Marc R. St-Denis
Dr. Bohdan Szczurko
Dr. Stanley B. Tenenbaum
Dr. Cecile A. Thackeray
Dr. David P. Waalen
Dr. Bradley S. Wall
Dr. Catherine N. Wright

40 Years of Service award recipients. From left to right — Dr. Reginald Nicholson, Dr. Andrew Potter, Dr. Jean Moss, Dr. Joseph Simunic and President Dr. David Brunarski.
Save the date —
Pathways to Practice 2011

Pathways to Practice, the OCA’s professional development day, promises to provide the tools you need to help put you on the path to success.

The event will be held Oct. 1, 2011, with a program that will feature resources, information, products and services to help you enhance your practice and meet the needs of your patients.

Attendance at OCA educational courses, seminars, workshops and conferences can be counted toward the CCO’s Structured CE requirements.

Remember to mark your calendars for this exciting event. More details will be coming soon.

Welcome new members

The OCA is pleased to welcome our newest members:

Dr. David Ablack
Dr. Melissa Baird
Dr. Giuseppe Caruana
Dr. Matthew Corradetti
Dr. Shawna Dingman
Dr. Jennifer Fawcett
Dr. Jennifer Fergusson
Dr. Sally Fournetteau
Dr. Caroline Gross
Dr. Ian Kai
Dr. Gian Kaillon
Dr. Brittany Labatte
Dr. D. Timothy Labelle
Dr. Tyler Linn
Dr. David McDougall

Dr. Paul Meyer
Dr. Andrea Nalli
Dr. Antonio Ottaviano
Dr. Ryan Rullitis
Dr. Lawrence Smith
Dr. Carlan Stants
Dr. Paul Truelove

We look forward to serving you for many years to come.

OCA award winners a credit to the profession

Continued from page 11

50 years

Dr. John W. Hall
Dr. Robert J. Johnston
Dr. Ian Judge
Dr. Bruce W. Kleinknecht
Dr. Paul A. Kurbelas,
Dr. Cecil McQuoid

50 Years of Service award recipients. From left to right — Dr. Bruce Kleinknecht, Dr. Ian Judge and Dr. John Hall.

The OCA congratulates all of the 2010 winners.

60 years

Dr. Paul Holtom
Dr. Daniel Komesch
Dr. Lloyd E. MacDougall
Dr. Helen Peel
Dr. Donald Sutherland
Dr. Stephen West
Dr. William H. Currier
Dr. John H. Neale

Dr. Paul Holtom was present at the Season’s Celebration to accept his award for 60 years of continuous membership in the OCA.
In Profile

The OCA’s Community Outreach Program is an ongoing success because of the grassroots involvement of hundreds of OCA members across the province. These members are actively engaged and participating in tradeshows, employer talks and a variety of other public events in an effort to raise the profile of the profession and connect with their communities.

In Profile is a new feature that will appear regularly in the OCA News to showcase members who are actively and successfully engaged in their communities.

WHO: Dr. Alex Szecsodi
PRACTICE: Inner Balance Chiropractic Centre, London, ON
OCA Member: One year

Being exposed to chiropractic at a young age and having directly benefitted from treatments later in life, Dr. Szecsodi knew chiropractic was for him.

“I realized from my own sports injury experience in university that chiropractic was a great alternative. It was a practice that followed my own personal belief of having a well-rounded lifestyle in order to maintain overall health.”

Since he began practicing in Ontario in 2008, the Logan College of Chiropractic graduate has made it a priority to get out into his community.

Q. What types of outreach do you do?
A: I do lots of talks, from long-term care facilities to lunch ‘n’ learns at government agencies. I am also doing the London Health Fair, and next month I will be talking to the staff at the Children’s Aid Society.

Q. What types of materials or resources do you use?
A: I use the OCA’s public educational materials mostly. Depending on the nature of the talk, I use a variety of different materials, such as [Best Foot Forward] falls prevention, Pack it Light - On the Go!, Fit-in-15 and a few others. I also like using the basic materials such as “When Chiropractic is Covered Everyone Benefits” and “What is Chiropractic?” I find these two handouts to be really helpful, as many people aren’t aware of what chiropractic is and what the profession is about.

Q. What do you see as benefits to your outreach?
A: On a personal level, I really enjoying stepping in and getting people aware of what chiropractic is, and as much as I want to get chiropractic “out there,” I also like being available to answer questions that people may have about chiropractic. As for the profession, I think outreach is a good way to raise the profile of the profession, as long as it is done in an educational way.

Q. How do you find your outreach opportunities?
A: Being persistent. I will make call after call or visit place after place, contacting the HR departments of the organizations. It is as simple as that. There is no secret formula, I just take the time and contact different organizations. It’s not to say I don’t get turned away, that definitely happens, but when there is interest, I go, do a talk and from there focus on building those relationships as time goes on.

Q. What are some tips or advice you can offer to other chiropractors regarding participation in outreach events?
A: Think big. Don’t be taken aback if you find you are turned down — that is just a single situation and not the only opportunity. As I believe with chiropractic, there is always an alternative route or opportunity available. There is always another library, community centre, business or organization to talk to. It is important to keep going. the opportunities are out there, you just need to search them out and don’t give up.

Planning an outreach event and need material/support, or looking for tips on how to get more engaged in your community? Contact Krystyn Firka at 416-860-7182 or toll-free 1-877-327-2273 ext. 7182 or by email at kfirka@chiropractic.on.ca. ☉
**MEMBERSHIP RESOURCES**

**LCD touch screen monitors and PC hardware products discount program**

OCA members have access to special rates for LCD touch monitors and PC hardware products through Info-LaSalle Inc.

Members can purchase products separately or choose a complete package for their office computer solutions. ChiroWrite – OCA’s clinical notes software was designed for touch screen monitors and Tablet PCs. Please mention that you are an “OCA member” when contacting Info-LaSalle to obtain member pricing.

For more information, please contact Info-LaSalle at 1-877-964-3428. You may also visit Info-LaSalle on its website, www.infolasalle.com.

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<td>Wall mount brackets</td>
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<td>MiniBOX with Core2Duo processor, 1G, 80hdd and Windows XPPRO</td>
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*All pricing is subject to applicable taxes / Shipping cost not included*

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**Insurance as simple as 1-2-3**

As the leading provider of group home and auto insurance, TD Insurance Meloche Monnex makes purchasing insurance for your car, your home and your recreational vehicle as easy as 1, 2, 3. First, you can take advantage of preferred group rates. Second, you get great coverage. Third, you receive outstanding service.

It’s all about service and keeping it simple! Request a free, no-obligation online quote today and you could win one of two Honda Insight hybrids, plus $3,000 for gas (or $30,000 in cash).

For more details, visit: [www.melochemonnex.com/oca](http://www.melochemonnex.com/oca) or call (toll-free) 1-866-258-3036.
OCA online services update

OCA members are taking advantage of the enhanced Web-based services that include free microsites for members hosted on the OCA public website, as well as a dynamic new chiropractor locator. To date, 668 active member micro-sites have been launched. Online invoicing has been effective in reducing paper consumption and mailing costs. We’ve worked hard to ensure OCA’s new online services are secure and easy to use. Your ongoing support on this initiative is greatly appreciated.

Please contact us if you have any questions. Thank you for your patience and understanding as we work toward better serving you.

For more information please contact OCA at 416-860-0070 or 1-877-327-2273.

Golf Fore All 2011 now available

“Golf Fore All” 2011 is now available offering tremendous green fee discounts at many of Toronto and South Central Ontario’s finest public, semi-private & resort courses (visit www.golfforeall.ca for a complete listing of courses & offers).

Features:
- 1000 coupons at 184 courses
- Weekend play at 141 courses
- Over 500 Two for One Coupons
- Junior coupons
- A great gift item for any occasion

New additions for 2011 include Deerfield, Glenway, Horseshoe Resort, Lora Bay, Timberwolf, Tyandaga and more! Golf Fore All 2011 is the perfect gift for that special staff member, patient, friend, or family member.

The regular retail price of Golf Fore All 2011 is $59.99 + $6 shipping + $3.30 tax = total $69.29. OCA member pricing now $52 all in (includes tax and shipping).

Visit the members’ side of the OCA website under OCA Member Benefits to download an order form today.

Have you created your micro-site yet?

As an OCA member you can now create your own personal Web page on the OCA’s main site to profile your practice to potential patients. Micro-sites feature:

- A photo and biographical information (education, credentials)
- Clinic address and graphic (photo or logo), contact information, including website, hours of operation, map and directions (up to four clinics can be displayed)
- Services offered, practice focus, languages spoken
- Wheelchair accessibility and parking information
- An appointment request button (email)

Your micro-site is a great way to connect with prospective patients, who will be able to search for you by location or by name. Visit the OCA members’ website, at www.chiropractic.on.ca, and sign on to register for your micro-site.

OCA’s 2011 recommended fee schedule

The OCA Recommended Service Codes and Fee Schedule for 2011 is now available on the OCA website, at www.chiropractic.on.ca.

This schedule replaces the Jan. 1, 2009, schedule. While the fee categories and codes remain unchanged, the recommended 2011 fees reflect a 2.35% adjustment for annualized inflation according to Statistics Canada’s Consumer Price Index for Ontario, as reported for the month of October 2010.
Can your business withstand the loss of critical data?

What would happen if tomorrow you lost all the data on your servers, laptops and/or PCs, and you didn’t have an updated backup to get your business back up and running?

Remote backup hosting

Essential’s solution protects data from hardware failures, errors and unforeseen disasters by storing backup and archive copies in secure off-site electronic vaults. They protect thousands of computers — all connected together via the Internet. When you lose your data, you usually suffer one or more of the following: loss of patient information, loss of patient confidence, lost productivity and/or employee downtime. Essential will back up your data daily for $21.95 per month. There are no long-term contracts, and you may discontinue at any time*.

Essential Data Services Inc., a division of Infinity Network Solutions Inc., provides Internet-based off-site data storage, disaster recovery, and document management solutions to small and medium-sized businesses. Essential offers highly reliable, automated backup and recovery services, enabling customers to store and access critical information more easily, consistently and efficiently than ever before.

Security is a very vital aspect; data is available to the owner or an authorized party only. Partnered with TELUS Canada, Essential co-locates its backup systems on which your vital information is stored. The TELUS data centre is one of the most technologically advanced locations in North America; all external walls are reinforced with structural steel bracing and are bullet resistant. Video Surveillance — inside and outside — is monitored by on-site security 24/7, and Biometric Scanners are used in conjunction with ID card readers to guarantee enhanced, authenticated access to the co-location.

Key Benefits

- Automatic backup daily
- Encryption; access to data available to customer only
- Protected from disaster such as flood and theft
- Backups hosted at one of the most secure locations in North America
- Easy, fast restoration. Data is available 24/7

Support

- Backup client software license
- Monitoring of the backup
- Remote installation and configuration of software
- Daily email reports that detail and confirm last backup
- Telephone & remote support during business hours
- Emergency support after business hours

System Requirements

- Windows XP Professional (32 bit and 64 bit)
- Minimum 128MB Memory (Recommended 512MB)
- Minimum 100MB of available disk space (Recommended 250MB)
- Internet connection

Contact Nathalie Plourde at 416-860-0070 or 1-877-327-2273, ext. 7184 or email nplourde@chiropractic.on.ca for more information.

*30 day notice required.
Award-winning study shows benefits of guidelines and chiropractic

Continued from page 8

There have been what I would call “positive-influence” and “negative influence” guideline KT strategies. An example of a positive strategy is our paper, which has shown that if you use guidelines-based care, you see superior patient outcomes. An example of a negative-based Knowledge Translation intervention is a health care insurer declaring that they will no longer pay for guideline-discordant care. Unfortunately, the trend is definitely toward the negative. Instead of primary health care providers taking the lead in embracing the best available treatments, they have become part of the problem and a significant obstacle for patients to overcome when they seek the best care.

So it’s the carrot or the stick, or some combination of the two. And that happens at many levels in medicine. It happens with the national health care insurance plan. It happens in terms of hospital privileges. It happens in terms of the amount of operating room time that a surgeon is going to get if he doesn’t practice evidence-based care. In Canada, health care insurers are thinking less about “Well, that’s the way patients have always been treated,” and, instead, are demanding, “Where’s the evidence that what you are doing has any benefit to the patient?”

Q. In your study, the chiropractors applied manual manipulation only to the lumbar spine. This approach differs from “pragmatic” trials in which the treating practitioners are told to treat patients as they would in normal, day-to-day practice, which for chiropractors usually includes adjustments and other manual interventions (such as trigger point therapy) in additional areas that show, for example, biomechanical restriction or imbalance. What are the pluses and minuses of the approach you used in your study?

A. All of the health care practitioners who provided guideline-concordant “study care” in our study agreed to modify their patterns of practice (if necessary) to make their treatments guideline-concordant.

Q. So this gave you a much more controlled set of variables.

A. Yes, the treatment that the patients in the study care group received was standardized and guideline-concordant.

Q. What are the most important conclusions one can draw from your study?

A. The most important finding of our study is that guideline-concordant care produced superior clinical outcomes to guideline-discordant care. A corollary of that result is that the KT of clinical practice guidelines into current primary care patterns of practice should be a high priority for patients, for health care providers and for health care insurers.

Q. You’ve just described a series of studies that you’ve done, in which I hear a kind of narrative arc. But it doesn’t seem like the study you’ve just described is the final chapter in this developing story. What plans do you have for the future?

A. This was the first study that we know of that used the CHIRO (Chiropractic Hospital-based Interventions Research Outcomes) methodology, where chiropractors are given full hospital privileges and work in a hospital spine program. We were encouraged, to say the least, that our study received the 2010 The Spine Journal Outstanding Paper in Medical Intervention and Rehabilitation.

Since this first CHIRO study, there have been four more CHIRO methodology studies looking at clinical outcomes from other interventions administered by chiropractors in a hospital-based setting. The results of these studies have been presented at national and international spine meetings and we are in the process of writing the manuscripts.

In both North America and elsewhere, referral by physicians to chiropractors has increased over the decades, but it still remains far lower than might be expected when considering the inclusion of spinal manipulation (the vast majority of which is provided by chiropractors) in all national evidence-based guidelines.

Q. Why do you think this is still the case and what do you foresee in the coming years?

A. As a physician and a chiropractor, I understand the chiropractic perspective and I think chiropractic treatment and clinical skills are greatly underutilized. From the medical perspective, I see that the medical profession looks at the chiropractic profession with some concerns, one of which is that chiropractors are a very heterogeneous group.

One of the key components of our CHIRO study was that we used a standardized treatment approach. When you look at the results of this study, on the one hand, it certainly could be viewed as being supportive of chiropractic involvement in the mainstream of spine care services. However, I think it should also be viewed by the chiropractic profession as a challenge to become more homogeneous, so that all patients and referring physicians can be sure that all chiropractors meet a minimum standard of care.

As an example, when a patient with a complaint of acute lower back pain goes to see his or her family physician, the physician (in Canada) has very little reluctance in writing “Physio” on a prescription pad and giving it to the patient, with the implication being (rightly or wrongly) that it doesn’t matter which physiotherapist you go to, because you’re going to get pretty much the same thing no matter who you see.

On the other hand, what we see in Canada is that a family physician might write, “See Dr. Smith, chiropractor” on a prescription pad referral note. The difference is that, on the one hand, they are recommending treatment with an individual chiropractor (whom they know, or with whom they have had some kind of experience), but what they are not writing on the prescription pad is “See a chiropractor.” In my view, the responsibility for this difference lies squarely on the shoulders of the chiropractic profession.

Interviewer Daniel Redwood, DC, is a Professor at Cleveland Chiropractic College, in Kansas City, and Editor-in-Chief of the college’s publication Health Insights Today.

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The Ontario Chiropractic Association is pleased to offer the Patient Management Program and ChiroWrite software packages. When licensed together the two programs interface to provide all your clinic software requirements. PMP has been a trusted source of patient management for 18 years, meeting industry and practitioner needs. It was, and continues to be developed by chiropractors for chiropractors.

### PMP
**OCA’S PATIENT MANAGEMENT PROGRAM**
**PUTTING EXPERIENCE INTO PRACTICE**

Developed by chiropractors for chiropractors

- Interfaces with ChiroWrite, OCA’s Clinical Notes Software
- Maintain patient schedules and book appointments easily
- Variable time intervals and vertical & horizontal booking
- Patient billing and account management
- Customizable multiple practitioner platform
- Technical support provided by staff with chiropractic office experience

### ChiroWrite
**OCA’S CLINICAL NOTES SOFTWARE**
**DOCUMENTATION MADE FAST & EASY**

Experience the difference for yourself

- Interfaces with PMP, OCA’s Patient Management Software
- Comprehensive list of reports available
- Copy prior visit information
- Customize exam, SOAP & report templates
- Scan or save images and X-rays and include in patient files

For more information on OCA’s PMP and ChiroWrite programs contact Liz Pridham at 416-860-4163 or email lpridham@chiropractic.on.ca. You can also visit our website at www.chiropractic.on.ca.
GREAT OPPORTUNITY FOR NEW GRADUATE or doctor wishing to relocate. Doctor (31 years experience) requires enthusiastic, energetic “new blood” in busy clinic located in the expanding community of Val Caron, Ontario, (Greater City of Sudbury). Must have activator experience or be willing to learn. (Recently Sudbury was polled as Canada’s 7th happiest city) familywc@bellnet.ca.

ASSOCIATE NEEDED: Excellent opportunity for a motivated DC to join an established diversified, sports injury clinic in Markham. Acupuncture and ART an asset but not necessary. Email: pjmcc121@gmail.com.

PRACTICE OPPORTUNITY IN BURLINGTON: 24-year, subluxation-based family practice. Space available for new associate or relocate your existing practice. High-growth area. Contact jbi@bellnet.ca.

BYWARD CHIROPRACTIC CLINIC, a state-of-the-art clinic in the heart of the Byward Market in Ottawa, Ontario is seeking an energetic and motivated associate to join its team. This is an ideal position for someone who wants to practice and lay roots in Canada’s Capital. You will have access to a fully-trained staff and office management procedures allowing you the opportunity to grow while learning. Candidate should be motivated, willing to learn, reliable, professional and personable. Knowledge of Thompson Technique is required. Bilingualism in French and English would be considered an asset. The position is salary based with quarterly bonuses. Interested candidates should forward their résumé and cover letter to kbrough91@gmail.com. For further information about Byward Chiropractic Clinic, please visit www.bywardchiropractic.com.

TURN-KEY FRANCHISE REHABILITATION CLINICS FOR SALE: Less Work - Less Stress - Less Risk - Affordable investment and excellent profit margins. For more information, visit our web site: www.ProCareHealth.ca or call us at 416-953-9595.

MULTIDISCIPLINARY CLINIC LOCATED IN OTTAWA looking for an evidence-based chiropractic associate. For more information contact inbalancechiropractic@bellnet.ca.

IMMEDIATE REQUIREMENT FOR ASSOCIATE in well-established diversified practice in Sarnia, with option to purchase. Call 519-542-6851.

ASSOCIATE POSITION - RURAL SOUTH AUSTRALIA: An excellent opportunity exists in a rural river lifestyle location in Australia. Two busy practices in neighbouring towns. Assistance with immigration is available. Experienced chiropractors, new graduates and couples are encouraged to apply. Full advertisement and further information available from the Practice Manager on email judy.maier@vitalityhealthclub.com.au.

OTTAWA: Associate/Independent contractor opportunity in Stittsville, just west of Ottawa Ontario. Looking for a new graduate interested in building their own practice in a well known established clinic. I am looking for someone who is motivated to learn Upper cervical and Thompson techniques. This is a highly visible Wellness Centre in a fast growing, high income area. The office is in a renovated bungalow designed for two chiropractors on the main floor. In the finished basement are two R.M.T.’s and a nutritionist. X-ray is on-site. Please contact Dr. Jim Moore at 5912 Hazeldean Rd. Stittsville, Ont. K2S 1B9, 613-831-8374, fax 613-831-0812, email jandcmoore@rogers.com. Visit our Web site at moorechiropractic.ca.

ASSOCIATE WANTED for busy GTA clinic. Also looking for ND. Call 905-477-6578.

LONG-TERM ASSOCIATE OPPORTUNITY IN HAMILTON. A multi-disciplinary clinic is searching for an evidence based chiropractor to build and establish a long-term position within our practice. Visit www.harvardrehab.net or send email/résumé to info@harvardrehab.net.

INDEPENDENT CONTRACTOR POSITION available in trendy Ottawa neighbourhood. Email practiceopportunityottawa@gmail.com.

HOME/ PRACTICE FOR SALE: Mississauga, 30+ years, large 5 room clinic, attached 4 bedroom home, huge potential, great location on busy thoroughfare. www.3197DixieRoad.com.

ASSOCIATE / BUY OUT OPPORTUNITY IN LONDON. Please email dmb60@rogers.com.

WINDSOR PRACTICE FOR SALE, located in Medical Centre with MD and MT. Great Opportunity. Contact: Beatrice at 519-736-0690 email: bprocop@sympatico.ca.

MULTI-DISCIPLINARY PRACTICE FOR SALE in beautiful Oakville. Fantastic location with tremendous growth. Existing therapists to cover overhead expenses. Serious inquires only. Email oakvillepracticeforsale@gmail.com.
LOCUMS

EXPERIENCED CHIROPRACTOR AVAILABLE IMMEDIATELY for locum in S.W. Ontario. Currently completing a 3-month locum in Kitchener. Call 519-749-1110.

MATERNITY LOCUM REQUIRED

MATERNITY LOCUM REQUIRED: Mid-May - Aug 2011; Diversified, laser, acupuncture, orthotics; M/F p.m., T/F a.m., alternate Sat; Yonge/Summerhill, Toronto; contact dionnewatson@rogers.com; potential for mutually supportive long-term arrangement.

FEMALE CHIROPRACTOR NEEDED to cover six month locum at two multidisciplinary clinics in Toronto. July 2011 - January 2012. Diversified, Acupuncture and ART required. For more information, please contact Dr. Kelly Snowden at snowdenkelly@hotmail.com.

MATERNITY LOCUM NEEDED IN GUELPH: M/W; May - July 2011; Diversified, Acupuncture (ACO member), Orthotics; Contact dr.adalaw@gmail.com.

PERMANENT, PART-TIME AND LOCUM STAFFING SERVICE: Let MDSS help resolve your staffing needs. Our professional practitioners are available for chiropractic and physiotherapy locums and permanent placements. MDSS offers a three month guarantee on all permanent placements, pre-screening of all candidates and no retainer. Contact us at 905-428-6377 or 1-866-482-6377 or email mdss1@rogers.com or at www.mdss.ca.

PATHMARK LOCUM SERVICE the number one locum service in Ontario, solely dedicated to the chiropractic profession. We specialize in providing locums and associates, practice sales/purchases. We would love to assist you. 1-800-265-8043 or email pathmark@pathmarkinc.com. Check out our new DO IT YOURSELF website at www.locums4you.com... this site will save you time and money!

SPACE AVAILABLE

BROWNS LINE & EVANS AVE: 1,200 sq. ft. ground floor office space in a plaza close to Trillium Health Centre. Reception, 4 offices and large open area. $2,500 mo. Net. Call Anthony, 416-456-8680.

EQUIPMENT

FOR SALE: Two RayMax chiropractic tables (no drop) $250 each, four Obus Forme waiting room chairs $250 total, two pneumatic stools $50 each, two Reef waiting room chairs $70 each, Myovision 8000 wired version $1,800, atlaskinetic@hotmail.com.

PROFESSIONAL OFFICE CHAIRS and wobble chairs for sale. 905-477-6578.

OCA Classified ads — now online

Classified advertisements in the OCA News are accepted from OCA members on the basis of a charge of $1.45 per word or number or combination of letters. This amount includes HST. Payment must accompany submission of the ad.

Now — in addition to placing your classified ad in the OCA News you also have the option of placing your ad online. Visit the OCA website at www.chiropractic.on.ca under Home / News & Events / Classified ads.

The cost for online classified is the same as for the print version at $1.45 per word. Your ad will remain online for a period of 4 weeks.

If you are interested in placing an ad please visit the OCA website to fill out a classified ad submission form and send to Linda Baldasio at lbaldasio@chiropractic.on.ca. For more information contact 416-860-0070 or toll-free 1-877-327-2273.

The inclusion of classified ads does not imply that the OCA or the chiropractic profession has reviewed or endorses the products, services or opportunities so advertised.