



Transitions

Transitions



November/December 2006



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Looking Toward the Future in the New Year at NYCC

New Years are traditionally known to hold great promise for exciting things to come, and 2007 is likely to be yet another banner year having sprung from the great example set by 2006. This past fall's incoming class set a record for new student enrollment. We also kicked off a new master's level program in Clinical Nutrition. The coming year is sharing a glimpse of the great things in store for 2007 as it ushers in a new Master of Science in Clinical Anatomy (MSCA) program.

We've also kicked off an exciting new annual fund campaign pitting classes against one another in friendly giving competition. The idea sprung from the mind of Dr. Arthur Schoenfeld, NYCC '78, a former classmate of mine who was kind enough to share it with me. The new campaign asks alumni to make a gift equivalent to their class year. A 2007 alumnus, for example,

will send in \$20.07. Certainly, donations exceeding this amount are gratefully accepted by the College. Show everyone how special *your* class was through your participation! You can view the various class standings on NYCC's Web site as the campaign heats up.

In this issue of *Transitions* we feature health concerns unique to adolescents. It should prove helpful to those of our readers who are parents of adolescent children and to the doctors who treat young teens. The upcoming generation will benefit from recent healthcare techniques that will help them avoid the onset of serious health problems later on.

As we move into the future, my sincere wishes go out to all of you for happiness and good health throughout the New Year.

New York Chiropractic College
2360 State Route 89
Seneca Falls, NY 13148-0800



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Public Affairs Office
(315) 568-3146

e-mail: pvantyle@nycc.edu

Editor/Executive Director of Institutional Advancement

Peter Van Tyle

Advisor/Designer

Peggy Van Kirk

Editing Associate

Vicki Baroody

Cover/Illustrations

Dennis Homack, D.C., '97

Writers

Jessica Gregory

Kathryn Hadley

Photography

Bernie Cecchini

Morris Houghton

Research Assistant

Carol Simolo

Alumni Relations

Diane Zink

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Giving Back: Spotlight on Dr. Lillian Ford

For more than a decade, Dr. Lillian Ford has been giving back to New York Chiropractic College both as an associate professor in the Chiropractic Clinical Sciences Department and as a President's Council member. Ford feels it is important to give back to the College because, as she explains, "[The College] allowed me the opportunity to challenge myself and reach my goals." She continues, "Tuition-dependent chiropractic colleges need the support of alumni now more than ever. Giving back is the least I can do!"

Ford has long been passionate about chiropractic. Her childhood chiropractor, Dr. Kenneth Ahlgren, urged her to attend NYCC, teaching her that patients would trust doctors who respected them. While Ahlgren had a significant impact on her career, Ford credits her parents as well: "They were my anchor even when I had no clue I was out there in need of one. They taught that things could always be worse and that you have to work very hard to get what you need and desire." Most significantly, her parents gave her unconditional love.



Dr. Lillian Ford

Ford predicts that the chiropractic profession will likely shrink considerably before it returns stronger than ever. She commends the profession, noting, "We are taking ourselves, as a profession, more and more seriously – recognizing the many roles chiropractors can, and must, play. Our future will require hard work, but good work." Ford praises NYCC for its leadership in this effort.

Pleased with the many benefits attending a profession in chiropractic education, Ford says, "I have an absolutely wonderful life and I have been blessed with lifelong love and friendship." She continues, "I have been blessed with a wonderful home in the town of Canandaigua, which is always time-consuming." She takes pleasure in the company of her surrogate children – three Yorkies named Bows, Ali and Charley. On clear days, she enjoys riding her Harley Davidson ("v-rod"), gardening, and playing golf. During quieter times, she can be found catching up on national and world news, reading, or listening to music.

Ford concludes, "It is important for each of us to affirm our character, strength, self-worth, and sense of belonging. Only then will we be able to actualize our dreams and potentials. It is all up to us."

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Lorraine Kochanowski, DC, BS – Chief of Staff at NYCC’s Depew Health Center



Dr. Lorraine Kochanowski

A native of Cheektowaga, N.Y., Dr. Lorraine Kochanowski earned her bachelor’s degree in design in 1989 from Buffalo State College and worked in the health insurance industry as a customer service representative from 1992 until 1995. She discovered her passion for teaching and administration when she became the director of the New York Institute of Massage, where she worked closely with both students and faculty. Her decision to become a chiropractor came about through a sincere desire to help people within a natural healing art that aligned perfectly with her personal healthcare beliefs.

Upon graduating from NYCC in August of 1998, Dr. Kochanowski worked part time as an associate while she built a family practice. Her practice grew as she also worked at Sheehan Memorial Hospital in Buffalo. She maintained her private practice for six years, joining the faculty at NYCC in 2003 as an adjunct instructor and thereafter becoming a full-time faculty member. In 2005, certified in multiple techniques and holding special certification as an expert medical legal witness, she was appointed Chief of Staff at NYCC’s Depew Health Center.

As a student at NYCC, Dr. Kochanowski had worked in the Registrar’s Office and the Media Library - learning that everyone’s role at the College ultimately relates to providing students with an outstanding education. “NYCC not only taught me the art, science and philosophy of chiropractic,” she recalls, “but also taught me much about myself as a healthcare provider.” As a professional, she chose to leave private practice and pursue a career at NYCC because, as she commented, “It allows me to give back to the profession that I love so dearly. As a faculty member, you can influence your students’ perception of the profession as well as how they choose to practice – what a gift!!”

When asked what advice she would give to current NYCC students, Kochanowski said, “Your patients and the profession are best served if you know *who* you are as a practitioner, and work for the very best interests of your patients. You all have the ability to greatly influence this profession, so do it with good intent.” She believes hard work and tenacity are key to her success.

Dr. Kochanowski currently lives in East Amherst with her husband and numerous pets, and is a member of the Cheektowaga Chamber of Commerce and the Med Spa Association. Adept at baking and cake decorating, she has even tried her hand at a few wedding cakes.

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Recent Alumnus Dr. David Bennett: From Lawyer to Chiropractor

David Bennett was practicing as a trial attorney and teaching business law part-time at Northampton Community College when he decided to pursue a career in chiropractic, following in the footsteps of his father-in-law, the late Dr. Herbert S. Law. Bennett had earned a B.A. in Political Science at the University of Pittsburgh in 1991 and a J.D. at Widener University School of Law four years later. Now a doctor of chiropractic, this December 2004 NYCC graduate says, "I am able to help more people with chiropractic. Much like the law, you can never become complacent and stop learning or you will be left behind."

Why NYCC?

As far as Bennett was concerned, NYCC's location was prime: "It was close to my home, since I commuted to Allentown, Pa., on weekends." He was also lured by the College's solid board scores. As a student, he was inducted into the Phi Chi Omega Honor Society and served as the judicial representative for his class. He feels that NYCC prepared him well for the clinical aspect of practice.

Having assumed his father-in-law's practice in Willow Grove, Pa., Bennett says, "I am lucky to have taken over a cash practice, but that makes it very tough to build. People want to get better, but it had better not take too long!" His practice offers applied kinesiology and diversified adjusting, with quite a bit of nutrition. Bennett expanded his services this past summer, introducing a separate type of office visit that included a nutritional health-and-wellness consult. Diet, exercise, body purification and quality supplementation are emphasized, and his patients have responded enthusiastically.

Recommendations

Being fairly new to chiropractic, Bennett says the best advice he ever received was, "Always listen to the patient and never stop learning." When asked what recommendations he has for students and recent grads, he replied, "Go to as many



Dr. David Bennett

seminars as possible. Get exposure to as many techniques, theories and ideas as possible, because you never know when something you learn might be just the right approach for a patient." He also advised dressing like a professional: "You are a doctor, so look like a professional – whether that means wearing a white coat or a shirt and tie. Doing so will give the patient a sense of confidence and ease when dealing with you."

Personal

Bennett credits his family as his greatest influence, and expressed gratitude to his father and mother for always challenging him and encouraging further growth and education. He particularly appreciated his father-in-law for having introduced him to the world of chiropractic and natural health. He also praises his "wonderful wife, Kimberly," for having supported him throughout chiropractic school. As for hobbies, Bennett joked, "My hobby used to be golf, but with a 9-month-old son golf has taken a back seat."

Continued Support of NYCC and the Chiropractic Profession

As a third-generation chiropractor, Bennett follows in the footsteps of his wife's grandfather, Dr. Frank A. Lenhardt, and his father-in-law, Dr. Herbert Law. His mother-in-law, Mrs. Joan Law, was involved with all three practices, and she continues to help out with Bennett's office - organizing, decorating, and bookkeeping. To celebrate the family's rich chiropractic legacy and the many wonderful accomplishments of Dr. Law, the family generously created the "Dr. and Mrs. Herbert S. Law Memorial Scholarship" in 2006. The scholarship is awarded annually to a chiropractic student who demonstrates an interest in applied kinesiology. First trimester student Melissa Donias was honored with the scholarship in the fall of 2006.

NYCC extends its thanks to the Law family for its generous support for New York Chiropractic College!

~ Series Introduction ~

Acupuncture in the Treatment of Overweight Adolescents

by Marilee Murphy, L.Ac.

Dean, NYCC School of Acupuncture & Oriental Medicine

New York Chiropractic College and University of Rochester Medical School have teamed up to collaborate on research. This collaborative effort has resulted in a recent submission to the National Institutes of Health of a grant proposal to research auricular acupuncture in the management of overweight adolescents. NYCC will learn in 2007 if it is being funded for this project. The issue of overweight and obesity in the adolescent population is a growing concern, and effective interventions need to be identified to turn this trend around.

The prevalence of overweight/obesity now exceeds 60% among adults in the U.S., and the prevalence of overweight among children and adolescents continues to rise at an alarming rate. The impact of this issue not only touches the personal lives of teens and their families, but also creates a tremendous burden on the healthcare system. Many medical conditions – including cardiovascular disease, diabetes, and psychosocial concerns such as depression, anxiety, and a negative self-image – are linked to overweight adolescents.

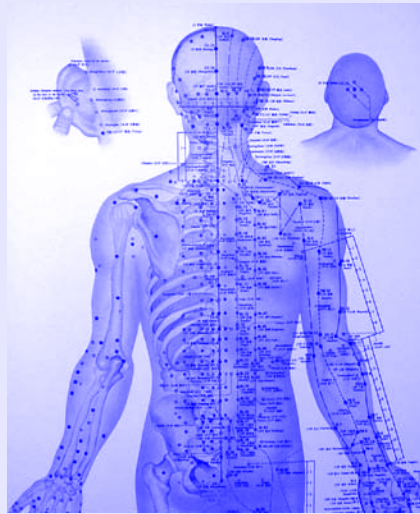
In the 2002 report by the World Health Organization

titled “Acupuncture: Review and analysis of controlled clinical trials,” obesity/overweight is categorized as one of the diseases or conditions for which the therapeutic effect of acupuncture has been shown but for which further evidence is needed. There are virtually no data regarding acupuncture

treatment for overweight adolescents, but data from adult studies indicate that acupuncture should be considered a potential treatment intervention for overweight adolescents.

Previously reported data indicate that acupuncture may be helpful to increase satiety, suppress appetite, and decrease stress. Of particular interest is the indication that acupuncture, when combined with standard care approaches of reduced energy intake and increased energy expenditure, results in greater reductions in weight when compared to standard care alone. In a controlled trial, Khoo found a statistically significant difference between

the intervention group, which consisted of acupuncture treatments and diet and exercise recommendations, and the control group, which consisted of diet and exercise recommendations alone. The group receiving acupuncture had a 5% weight loss compared to the control group, which had



Transitions surveys current literature and reports items bearing relevance to featured Transitions topics. Our staff makes every effort to relate the information in a relaxed and unencumbered style. We therefore, in many cases, dispense with citations that might otherwise detract from the magazine's overall readability. While we attempt to ensure that the information provided is accurate, timely and useful, we nevertheless acknowledge the possibility of human error and changes in medical sciences. The authors and New York Chiropractic College consequently cannot warrant that the information is in every respect accurate or complete, nor is the College responsible for any errors or omissions or for the results obtained from the use of such information. Rather, readers are encouraged to confirm the information with other sources. The information herein is for educational purposes only and is presented in summary form in order to impart general knowledge relating to certain clinical trials, diseases, ailments, physical conditions and their treatments. The data should not be used for diagnosing or treating a health problem or a disease, nor is it a substitute for sound medical advice. Content herein does not replace the advice and care of a qualified health-care provider. Note also that rapid advances in the medical field may cause this information to become outdated, incomplete, or subject to debate. New York Chiropractic College does not recommend or endorse any specific tests, products, procedures, opinions, or other information that may be mentioned herein. Reliance on any such information provided is solely at your own risk. Finally, practitioners are encouraged to acquaint themselves with their states' rules and regulations relating to professional practice.

a 2.5% weight loss.¹ Similar results were shown by Cabyoğlu and Ergene's study with obese women. The acupuncture group showed a 4.8% weight reduction, compared to a 2.5% weight reduction in the control group.²

There have been several studies conducted in which acupuncture treatment of overweight subjects showed no significant change in weight loss between the treatment groups and control groups; however, these studies measured the effects of acupuncture alone without dietary restrictions or other management plans (Khoo, 2006). Clinically, it would be expected that acupuncture would have its most significant impact on treating overweight when it is included as part of a comprehensive approach.

Acupuncture for the treatment of obesity can be viewed from both the lens of traditional Oriental medicine theory as well as understanding acupuncture's impact on various systems from a Western science perspective. The primary emphasis of acupuncture treatment is best explained as bringing the body back to homeostatic balance and promoting an enhanced sense of well-being through its physiological impact on multiple systems of the body, which in turn directly influences an individual's success in weight reduction.

In the typical acupuncture clinic, a practitioner of traditional Oriental medicine assesses an individual patient for the condition being treated based on the patient's unique, individual energetic imbalances according to the principles of Oriental medicine. Treatment intervention is then individualized based on the imbalances uniquely expressed by the patient and as assessed by the clinician. However, even though a patient is individually assessed, his or her disease condition can often be categorized into commonly identified "pattern discriminations" within the construct of Oriental medicine theory; the pattern discrimination that most appropriately fits the patient's disease condition is then considered as part of the diagnostic process.

Articles in the lay literature point out that obesity has not been a common disease category in Chinese medical texts with clearly identified and agreed-upon pattern discriminations; different approaches have been discussed.³ In the text *The Treatment of Disease in TCM, Volume 7: General Symptoms*, Sionneau and Gang present four patterns of obesity: a) phlegm dampness brewing internally; b) spleen qi vacuity; c) spleen vacuity and stomach heat; and d) spleen kidney yang vacuity. Bob Flaws, a leading author in Oriental medicine, discusses another theory in which three patterns are discriminated: a) phlegm obstruction and qi stagnation; b) liver depression, qi stagnation; and c) blood stasis and qi stagnation (Flaws, 2002). Jun Zhan wrote observations on the treatment of 393 cases of obesity based on differentiating the following patterns: a) retention of damp-

ness due to stomach-heat; b) retention of dampness due to hypofunction of the spleen; c) blood stasis due to stagnation of qi; d) asthenia of both spleen and kidney; and e) deficiency of kidney yin.⁴

While there are differences in these identified patterns, there are also broad approaches for treating obesity from an Oriental medicine perspective that may be summarized to treat adolescent obesity: namely, treatment to support the function of the spleen and stomach, clearing dampness, and addressing stagnation.

Acupuncture treatment approaches utilized in previous weight-management studies have consisted of several different treatment approaches, including a combination of auricular and body points. The most effective acupuncture approach for treatment of obesity/overweight has not been clearly established in the professional literature. However, in reading the published data on case studies and controlled trials, commonly utilized auricular points in treating weight issues appear to be shenmen, stomach, endocrine, mouth and hunger. A press pellet on the hunger point between treatments is a commonly utilized approach.

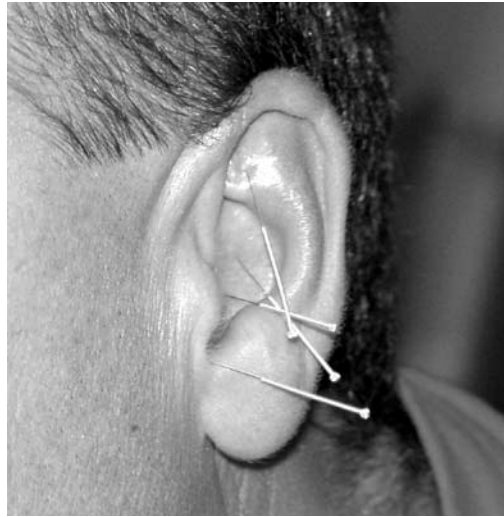
Body points most commonly found in the literature included the following: Stomach 25 and 36, Spleen 6, Large Intestine 4 and 11, Liver 3, Stomach 44, and Pericardium 6.

¹ Khoo K. 2006. Acupuncture treatment for obesity: a randomized controlled trial. *Medical Acupuncture* 17(2): 33.

² Cabyoğlu M., and N. Ergene. 2006. The treatment of obesity by acupuncture. *Intern. J. Neuroscience* 116: 165-175.

³ Flaws B. 2002. New approaches to the Chinese medical treatment of obesity. *Acupuncture Today* 3(10).

⁴ Zhan J. 1993. Observations on the treatment of 393 cases of obesity by shenmen pressure on auricular points. *Journal of Traditional Chinese Medicine*.13(1): 27-30.



Marilee Murphy, L.Ac., a licensed acupuncturist and registered nurse, graduated from the Florida Institute of Traditional Chinese Medicine in 1988. She earned a Bachelor of Science degree from Cornell University in 1983 and a B.S. in Nursing from Binghamton University in 1993.



Marilee Murphy, L.Ac.

Health & Adolescents

*by Steven Feldman, D.C., Senior Clinician
Campus Health Center*



When we were young, we thought we were indestructible. If we inherited good genes, our bodies were able to put up with many of the detrimental things we put them through. If not so lucky, we paid the consequences – and will continue to pay throughout life. Diabetes, Cardio Vascular Disease (CVD), and obesity, for example, are plaguing today's youth. Now is the time to make changes, both for a healthy retirement and to ensure we continue to lead a productive life! If we cannot undo our wrongs, at least we can prevent further damage.

Our society sets bad examples. The media constantly hypes body-image through commercials touting diets, exercise, and drugs that promote weight loss. We are barraged by ads featuring tasty snack foods. Putting soda in our schools was a great blunder, for the sugar it contains can lead to diabetes and

obesity, while the phosphoric acid content hastens the onset of osteoporosis.

Our mantra should be “prevention.” Pharmaceuticals and surgical procedures can only deal with the aftermath. For weight loss, the focus should be on proper nutritional guidance. (Personally, I hate the term diet.) Believe it or not, we can eat to lose! A few basic tips and strict compliance can give you the results you desire – and you won't even feel deprived:

- 1) No eating after 9 PM.
- 2) Don't take the whole bag of snacks, just dole out a measured amount. (“Miniatures” are a great selling ploy but are otherwise terrible; you never realize how much you're eating until your hand dips into

an empty bag.)

- 3) Never mix carbohydrates and fat.
- 4) Read labels! Low fat means high carbohydrates. ("Carbs" should never exceed 6 grams/serving.)
- 5) No desserts immediately after a meal; wait an hour or two.
- 6) Eat plenty of fruits and vegetables. When eating salad, watch the dressings! Vinegar and oil is preferable.
- 7) Exercise! (You do not need a gym membership. Simply, move around. You are made to be mobile – and immobility leads to joint problems.)

A ratio of protein to fat to carbohydrates per day is 40g:35g:25g for weight loss. Watch out for the empty calories (chips, french fries and the like).

Our youth faces challenges with drugs, alcohol and steroids. In fact, alcohol and steroid abuse is rising at an alarming rate.

Just watch the news! It is up to parents, educators, sports and movie stars, and the media to act as role models and to educate kids about the ruin that attends the misuse of drugs and alcohol. A few nutritional aids, such as a multivitamin, Brewer's yeast, herbs and teas, can go a long way to a happier and healthier life. Moderation is really the key; too much of anything can be bad.

Also, have you ever noticed how significantly book bags weigh students down? Our kids are not combat marines. What do they need for class? Working at a computer, playing video games, and sitting improperly in class can lead to poor posture and can result in a myriad of problems. Ergonomics must be stressed during all activities.

Exercises must be performed with proper form. The amount of weight used during weight training should be sufficient to yield strength and muscle mass, yet not so much that it leads to injury. If you abuse your body and wear it out, what else are you going to use?

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Orthotics For Kids? Perhaps.

by Brian Jensen, D.C.

Foot problems from childhood can interfere with adolescent spinal function, resulting in poor biomechanics and degenerative changes in the knees, hips, and spine. During growth, foot imbalance may negatively impact development of the pelvis and the spine. Screening younger patients may identify those in need of early intervention.

During early development, the lower extremity changes significantly as legs undergo rotation to allow the feet to align with both the knees and hips to provide for a smooth gait. Arches become more pronounced - increasing in height as gait improves. Most problems arise when the feet and legs do not align properly, or when the main longitudinal arch does not develop fully. The first recommendation for children is to wear good shoes and to focus on sports and activities that develop balanced leg muscles.

Screening Exam for Orthotics

1. A very quick method to check whether kids need orthotics is through lower extremity screening. The examination fits well into standard chiropractic procedures and can be easily performed. When several items listed below present themselves, you should discuss the findings and the likely need for orthotics with the child's parents [Table 1].

2. With young patients, the most common fault is in-toeing, followed closely by excessive toeing out. This can be identified by looking at the alignment of the foot with the lower leg as your patient walks.

3. Look at the lower legs of the child from the front. Mentally drop a straight line down from the mid-point of each kneecap to the foot. This imaginary plumb line should strike the foot over the first two metatarsals. It is significant if the knees either point out or in when the feet are straight ahead.

4. When you see a patient's heel cord bowing inward, there

is an indication of probable instability of the calcaneus. When the heel does not align with the Achilles tendon, the child may develop into an *overpronator* which will interfere with knee, hip, and spinal function.

5. If you cannot get your finger under the medial longitudinal arch, the child is not developing normal arches. While palpating the arch, take a moment to push upwards into the plantar fascia. If this is painful to the child, it is possibly the sign of early plantar fasciitis, which is likely to still be at a stage where conservative biomechanical treatment will be helpful.

6. If there is a lack of development of the medial arch, ask the child to do a toe raise. By standing up on the toes, the plantar fascia is put under tension, creating a temporary arch in patients with a flexible flat foot. If the foot remains flat in this position, it is likely that the child has a rigid flat foot.

7. Adjust any parts of the foot that are not functioning normally. Ask the child to walk around the room a few times and then re-check. If the extremity subluxations return it demonstrates an underlying biomechanical problem which will need external support.

8. Take a moment to inspect the wear pattern on the child's shoes and look to see if there are any excessive or abnormal wear patterns. Watch for any asymmetrical, excessive, or lateral wearing down of a heel, or a bulging or tearing of the shoe's upper material.

Orthotics for Kids

If a child is not developing a normal arch by the age of six, orthotics may be needed. This is particularly true for children involved in sports activities. Custom-made orthotic support for the arches can significantly improve gait and running performance. Parents should be informed about the need to regularly refit the orthotics as the child's foot grows.

Table 1

Screening Exam for Kids	
Observe the Child's Gait	Look for toe (toe-out), toe-in, or overpronation/abnormality
Check Knee-to-Foot Alignment	Medial (toe-in) or lateral (toe-out) deviation
Look at the Achilles Tendon	Medial bowing is associated with an overpronation
Palpate the Medial Arch	Check for loss of an arch and/or painful plantar fascia
Toe Raise Test for Flexibility	Rules out a rigid flat foot as a normal solution of overpronation
Check for Subluxations	Adjust, then check for movement and walking
Look at the Shoes	Check for excessive lateral wear or shoe breakdown

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Good Health Takes “Teen” Work

Conflicts often arise as adolescents’ relationships with their friends and families evolve. Parenting these “changelings” as they don a variety of styles, attitudes and personas can present its own set of challenges, however. Both parents and adolescents alike may look to others for support and guidance. Healthcare professionals particularly sensitive to the special needs of young adults fill an important role as they monitor changes in adolescents’ physical, mental and social development - encouraging their young patients to eschew unhealthy behaviors such as smoking, drinking and promiscuous and unsafe sex, and instead practice good nutrition and exercise.

Adolescents are known to test boundaries and to engage in risky behavior. Practitioners should be ever on the lookout for emotional, physical and sexual abuse, and should encourage their patients to resolve conflicts without resorting to violence. Finally, practitioners should try to learn of any lingering learning problems or difficulties at school, and assist patients in managing this particularly stressful time of their lives. It may be wise for the practitioner to be certain that the parents of their young patients are sending the same message, and that they also understand the importance of reinforcing these recommendations.

Nutrition

As adolescents go through puberty, their peak growth usually occurs between the ages of 12 and 16 for boys, and 11 and 13 for girls. Coupled with erratic eating habits, they are subject to nutritional deficiencies, particularly calcium and iron. Emotional upsets often manifest through changes in food consumption, leaving them vulnerable for eating disorders such as anorexia nervosa and bulimia.

Amazingly, approximately 45 percent of skeletal mass of adolescents is formed during this time period. Sufficient quantities of calcium must be acquired from the diet to build dense bones – essential for reducing the risk of osteoporosis later in life. In addition, vitamin D and phosphorous, as well as weight-bearing exercise encourage the growth of strong bones. As adolescents develop and increase their blood volume and muscle mass – and as young women commence their menses – they also become susceptible to iron-deficiency anemia, one of the most common diet-related deficiency diseases in adolescents.

Another major nutritional problem in adolescents is obesity, a condition that often persists into adulthood. Lack of exercise not only contributes to obesity, but also plays a role in the de-

velopment of chronic diseases such as heart disease, diabetes and hypertension, in adults.

Healthcare practitioners may provide nutritional counseling to help adolescents avoid dietary deficiencies while maintaining an adequate weight. The effective healthcare professional may encourage adolescents to eat breakfast every day, enjoy a variety of foods, drink sufficient water, and exercise.

Sports Injuries

According to a spokesperson at the Mayo Clinic, approximately 30 million kids in the United States participate in athletics: “Teens play sports to have fun, learn new skills and spend time with their friends. Nevertheless, they aren’t small adults. You’ll



need to help them get the right balance of academics, sports and rest, and teach them to make healthy choices.”

One of many common injuries plaguing young athletes is Osgood-Schlatter disease – a condition in which the quadriceps pull on the insertion point of the patellar tendon on the tibial tuberosity. This knee pain is more noticeable when actively running, jumping or sprinting up or down stairs, and is common to most popular school sports, including soccer, lacrosse, track, gymnastics, and even ballet dancing. It may also occur in preteen or teenage growth spurts and is considered one example of “growing pains.” Because of these and other musculoskeletal-developmental issues, healthcare practitioners should be familiar with and promote the use of protective gear and perform appropriate warm-ups before exercise. Ensuring that physical activity is a regular part of a person’s daily regimen helps to avoid injury as well. Strengthening exercises are recommended, as is the icing of affected areas to prevent pain and swelling. In addition, acupuncture may be used to relieve the pain in the area.

Sleep

Despite what they say, adolescents need more sleep than they think. Convincing them to get to bed at a reasonable hour may

present challenges, however. Teenagers require a minimum of nine hours of sleep a night. Sufficient rest boosts performance in school and in athletics. A 2005 pilot study demonstrated that acupuncture is useful for the management of chronic fatigue syndrome in adolescents by improving energy levels and the duration and quality of sleep. Chiropractic care helps with spasms, pain, and joint dysfunction of the neck, back and extremities – another cause for lost sleep.

Obesity

Noting the escalating rate of obesity in children and adolescents in the United States, Marilee Murphy, dean of NYCC’s School of Acupuncture and Oriental Medicine, explains, “The impact of this issue not only touches the personal lives of teens and their families, but creates a tremendous burden on the healthcare system.” Although there is little published data regarding acupuncture’s efficacy in treating overweight adolescents, Murphy alludes to “data from adult studies [that] indicates that acupuncture should be considered a potential treatment intervention for overweight adolescents.” She also refers to adult studies that demonstrated how “acupuncture, when combined with standard care approaches of reduced energy intake and increased energy expenditure, results in greater reductions in weight when compared to standard care alone.”

Common Ailments

Teens suffer from many common ailments, including acne, asthma, back and knee pain, and headaches. Many of these maladies may be resolved through chiropractic, acupuncture, or nutritional counseling:

- Chiropractic treatment of adolescents with mild scoliosis may reduce their spinal curvature.
- Chiropractors can assess, diagnose, and treat spinal-nerve problems and biomechanical issues that contribute to adolescent sports-related injuries.
- Facial acne may be improved with acupuncture and Oriental medicine.
- For adolescents who have chosen to become vegetarians, nutritionists can help to plan a vegetarian diet that provides the necessary nutrients. They can also assist adolescents in general with eating disorders such as anorexia nervosa and bulimia.

“Growing up” is a unique challenge. Healthcare professionals who attempt to distinguish between adolescent syndromes and adult ones can run into complications. Youthful people appearing to be healthy may nonetheless suffer life-threatening diseases. Managing chronic illness in adolescents is essential, though it can be particularly difficult as they grow through all of the normal physical, social and emotional changes.



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But, that’s not all. I now suffer degenerating arthritis in 3 neck disks. Not so bad by itself, but my husband and I ride Harley-Davidson motorcycles. It’s a new adventure for me and I hate to miss a day on my Sportster. However, at the end of a 500 mile trip, I hit the bed with all of the above pains and worry over how I’ll make it home the next day. On my last ride through the Blue Ridge Mountains, I carried my Biofreeze. The next morning, I used it before “suiting” up. And even though the day was a miserable arthritic’s hell (wet, cold), I felt fine. Just wanted to share with you the reason I can’t live without Biofreeze.

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Dr. Joseph Mannella



Practice Profile

Doctor: Dr. Joseph Mannella

Practice: Family Chiropractic

Location: Richmond, MI

Education: Logan Chiropractic College, St. Louis, MO

Practice type: Family wellness subluxation based, life-time care

Number of practices opened: seven

Practices currently being run: Two

Drawn to chiropractic: With chronic back pain as a child, sought chiropractor at the age of 11 after mainstream medicine had not helped his condition.

For fun: Snow boarding, water sports (Motor sail, Wakeboard boat), cycling, training.

Workout regime: High intensity weight training and cardio (running, biking), advanced work on exercise ball and core training.

Favorite team: Detroit Red Wings

Practice Philosophies:

Dr. Mannella believes in helping the patient discover the truth about their wellness. "I try to help the patient self determine their truth. In the report of findings make sure you report true findings of their conditions." Mannella also feels you don't need to stress on those relationships that don't work. "You can't be perfect for all patients. There will always be some patients that it won't work out for. Do your best, but some will appreciate you and some won't. Just keep putting out who you are, just have good intentions and trust yourself."



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Scholarships

Fall 2006 Scholarship Winners



David S. Perbam, 1st tri D.C. student, received the Michael Hoyt Scholarship.



Marla R. Doerflein, 1st tri D.C. student, is the recipient of the George Koenig Scholarship.



Melissa A. Donais, 1st tri D.C. student, received the Herbert Law Scholarship.



Charles N. Sham, 1st tri D.C. student, is the winner of the Jack DiBenedetto Memorial Scholarship.

Scholarship winners not pictured: Alicia Savino, 1st trimester D.C. student is the recipient of the William and Florence Crowtber Scholarship Award. Thomas Quigley, 1st trimester D.C. student is the recipient of the Walter Vaughn Scholarship Award.



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honoree, Dr. Barnathan serves as Chiropractor and Sports Performance consultant to some of the world's top Pro and Olympic champions and was awarded the United States Presidential Certificate of Merit for his work on behalf of the President's Council on Physical Fitness & Sports.

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Dr. Dunn Speaks on VA Program

by *Andrea DelMonte, Student Writer*

Dr. Andrew Dunn ('99) recently spoke to students at the Seneca Falls campus about the Veterans Administration (VA) program offered through NYCC's Depew Health Center. When Dunn's association at the VA Hospital began, he was treating patients two days each week. Demand increased, he changed office hours for the veterans to five days each week, and now he has new patients booking as far as 90 days in advance.

Eight student interns in eighth trimester are selected for eight-week rotations to assist Dunn at the VA, ensuring that interns can treat patients throughout the entire trimester and still spend about 40 hours doing research. Several students have already published their research papers.

Dunn mentioned that students who treat military veterans get to see patients with co-morbidities, multiple active prescriptions, and usually more than one chief complaint. Students also hone their adjusting skills and are able to accelerate adjustments where required to accommodate patients suffering from extreme pain. Veterans who have served in Vietnam, Korea, or Iraq may present post-traumatic stress disorder. These patients require students to develop healthcare skills that may differ from those routinely applied in a traditional office practice. Nor is it uncommon for military police personnel to be present during a patient's treatment.

Depew interns Andrew Hancock and Raul Tello, served in the VA Hospital program and accompanied Dunn to Seneca Falls, fielded questions from the student audience. Both felt that their VA experience was helping to prepare them for future practice.



NYCC 9th trimester Depew interns Andrew Hancock and Raul Tello, and Dr. Andrew Dunn

Dr. Barody Presents "Changing Circumstances"

by *Stephanie Brown, Student Writer*

In October, Dr. Steve Barody ('04) returned to NYCC to present a lecture titled "Changing Circumstances." After graduating from NYCC, Barody and his wife moved to Manchester, N.H. Though he intended to work with an area chiropractor as an associate, circumstances required that he change plans and start his own practice.

With the help of SCORE volunteers (Service Core of Retired Executives), Barody wrote a business plan and obtained a bank loan. He made it a point to keep his rent and office expenses low as he began practice. He had one treatment room and a small reception area that was modestly furnished, and ran a cash practice. A decision to see patients until 7:00 p.m. helped his business pick up.

Advertising is also very important, though he warned against expensive newspaper ads and has, instead, found success with



Dr. Steve Barody

Internet marketing. Since he is certified with Active Release Technique (ART), his name and phone number are listed on the ART Web site for patients who are looking for ART providers. Barody built his own Web site very easily through Yahoo. He estimates about 80 percent of all his patients have found him this way. He also displays magnetic signs on his car and has found people are more than willing to read his car.

Barody accepts all major credit cards and is very up front about his fees. He will gladly write reports for his patients who choose to submit them to their insurance companies for

reimbursement.

You may visit Dr. Barody's Web site at www.ARTfulChiropractic.com and may contact SCORE for help with your business at www.score.org.

President's Forum 2006

Fall 2006 saw a record number of new students enroll at NYCC. This was but one of the items NYCC President Dr. Frank J. Nicchi touched on during the President's Forum, held Thursday, November 2. The annual gathering is designed to encourage the free exchange of ideas and feedback among the various campus constituencies. Stating that "great partnerships share common goals," Nicchi addressed a number of topics relating to students, staff, faculty, alumni and programs. Senior staff members Sean Anglim, Diane Dixon, Dr. J. Clay McDonald, Peter VanTyle, and Richard Worden were all on hand to answer questions.

Alumni Survey Results

During the forum, Nicchi presented results of alumni surveys – in which three other chiropractic colleges also participated – that reveal a steady increase in the number of NYCC alumni who are highly satisfied with both their level of preparedness and their educational experience at the College. Business management was one area in which students from all of the participating colleges expressed a need for improvement. Preparing students to manage their practices remains a top priority with the College's Career Development Center (CDC). While NYCC offers more hours of practice management than the other chiropractic colleges surveyed, a possible consortium with other colleges and the use of online resources are being considered. Nicchi noted that the CDC and the Practice Management Club regularly invite guest speakers to campus to address business management topics. "Often, however, busy students tend to recognize the importance of practice management skills just as they are preparing to graduate."



Dr. Nicchi discusses the issues with chiropractic students after the President's Forum. (L to R) Kate Kelly, Lance Formolo, Stephanie Brown, NYCC President Dr. Frank J. Nicchi, Aaron Coopersmith, and Erika Hackett.

Demographics

Student demographics were presented, showing that enrollment in the Doctor of Chiropractic and Master of Science in Applied Clinical Nutrition programs is evenly divided between male and female, while the Acupuncture and Oriental Medicine program enrollment is predominantly female. Twenty states and three countries are now represented at NYCC. Nicchi noted that the College will seek to maintain the low student-to-faculty ratio by hiring new faculty as enrollment requires.

As the forum came to a close, Nicchi thanked all who had taken time to attend, adding that he plans to continue the forums and hopes that they grow in the future.

NYCC Welcomes LSI International as a Gold Sponsor and Long-Time Friend to Chiropractic

New York Chiropractic College is pleased to recognize LSI as a new gold corporate sponsor and applaud its efforts on behalf of the chiropractic profession, generally. LSI International has donated nearly 18,000 dollars worth of equipment to NYCC for student and clinical use including four LSI System II Interferential Units, two US 410 Ultrasound Units. One Chattanooga Four Channel Combo Unit has been provided for student use as well as four LSI System II Interferential Units and two US 410 Ultrasound Units for clinical use. LSI personnel conduct



training seminars that educate students about the proper use of the sophisticated products and the company anticipates a continued "instructional" relationship with NYCC. LSI International is known to offer discounts to graduating students for up to a year following graduation. The company's line of products is extensive, consisting of electrotherapy devices, treatment and adjusting tables, newly added x-ray equipment, self-adhesive electrodes, pillows, orthopedic supports, hot and cold products and much more.

Thank you, LSI.

Renowned Australian Radiologist Visits NYCC

Dr. Lindsay J. Rowe, associate professor of radiology at the University of Newcastle School of Medicine, in Australia, recently visited the Seneca Falls campus of NYCC while in town to see his longtime friend Dr. John Taylor, director of the College's Master of Science in Diagnostic Imaging (MSDI) program. While on campus, Rowe delivered lectures to students and faculty on the topics of "Spine Imaging—What Can We See?" and "Imaging of the Vertebral and Carotid Arteries." In addition, he conducted approximately six hours of tutorial sessions for the two MSDI residents, Drs. Anna Lee and Matthew Richardson.

Rowe is best known in chiropractic for his publication of *Essentials of Skeletal Radiology*, now in its third edition. He has earned doctoral degrees in both chiropractic and medicine, and is board-certified in both chiropractic and medical radiology. He also has earned a master's degree and completed a six-month research fellowship in musculoskeletal radiology at the University of California, San Diego. In addition to his academic appointment, Rowe is a senior clinical specialist in the Department of Medical Imaging at John Hunter Hospital, also in Newcastle. Prior to completing his medical degree, he served as associate professor and chairman of the radiology departments of both Northwestern Chiropractic College and Canadian Memorial Chiropractic College.

Rowe shared his experiences working in the Australian



NYCC President Frank J. Nicchi greeted Drs. Lindsay J. Rowe (c) and John Taylor in his office.

hospital system and demonstrated his extensive knowledge and expertise in musculoskeletal imaging. He brought a unique perspective from his experiences in both chiropractic and medical radiology and education. According to Taylor, "Dr. Rowe's visit was an invaluable experience for students, faculty, and residents alike. We are very fortunate to benefit from the expertise of doctors of Lindsay's caliber."

Coburn Offers Massage at SF Health Center

Sybil Coburn, a licensed massage therapist and ninth-trimester D.C. student, recently joined the Seneca Falls Health Center, where she provides massage therapy 16 hours a week. A 2002 graduate of the Onondaga School of Therapeutic Massage, Coburn earned an A.S. degree in Dental Hygiene from the University of Vermont in 1995 and a BPS with a major in Life Sciences at NYCC in 2004.

Ms. Coburn lives in Seneca Falls with her husband, Jason, who is in his third trimester of the D.C. program.



Ethics, Pre- and Post-Licensing

On November 9, Dr. Benjamin Bartolotto and NYCC alumnus Dr. Stephen Eble ('81) addressed an NYCC audience on Ethics, Pre- and Post-licensing. Bartolotto serves as chair of the New York State Board of Chiropractors (NYSBOC), and Eble chairs the board's Disciplinary Committee.

Bartolotto opened the program, making mention of the many ethical considerations current chiropractic students should bear in mind in their quest for licensure. Eble explained how NYSBOC monitors the chiropractic profession and protects the public interest. It is currently composed of chiropractors, osteopaths, an anatomist and a Ph.D. A particular division even assists professionals with drug and alcohol problems post-licensing.

The presenters discussed the far-reaching ramifications of student actions that result in legal or disciplinary action. For example, the effects of a student being charged with driving while intoxicated can be personally and professionally devastating. Word travels fast in a small community, and both the student and the school suffer as word gets out that "one of those chiropractic students" was picked up for DWI. What's more, legal offenses are entered into the SINBAD database – a countrywide system accessed by all state licensing boards during the review process – and raise a red flag regardless of a student's grade point average or licensing examination results. Eble gave the example of a graduate who had moved to Virginia to practice and failed to mention that he had been arrested while a student. SINBAD, however, red-flagged him and caused him not to receive a license there. He returned to New York, where, despite already having been licensed, SINBAD automatically notified chiropractic authorities in that state and his license was revoked. His denial of any previous disciplinary action was the aggravating factor. Thus the original offense, though settled and dealt with, resurfaced only to be compounded by a blatant falsehood.

The ultimate message for students was to "walk the talk" – become a professional now. The majority of chiropractors brought before NYSBOC – whether for seemingly innocent comments that result in charges of sexual discrimination or for practicing insurance fraud – are those who had ethical issues in school ranging anywhere from telling off-color jokes to cheating on exams. Though mistakes are sometimes made, maintaining ethical standards and admitting lapses in judgment can lead to appropriate assistance.

Bartolotto pointed out that a large percentage of current ethical issues within the profession in New York state arise from advertising. In New York, as in most states, advertising must be



(L-r) Drs. Frank J. Nicchi, Stephen Eble and Benjamin Bartolotto

truthful, make no false claims or offer hope of miracle cures, and contain either the word "chiropractor" or the tag "D.C." Failure to comply with these rules is a breach of ethical conduct and is considered professional misconduct. Another form of misconduct NYSBOC often sees involves billing. Chiropractors must keep accurate records for both personal files and insurance claims, and must be fully aware of their listing in both. Even an unintentional code mix-up on an insurance form (for example, stating that the doctor preformed three adjustments instead of two) may be caught by the insurance company and lead to a professional misconduct claim against the doctor.

Bartolotto assured students that the boards are not "out to get" them. In fact, quite the contrary! Boards must abide by the laws, however, and the rules and regulations between states vary considerably – especially in cutting-edge areas such as multidisciplinary practice. Since the state boards regulating chiropractic are not the regulatory boards for Oriental medicine or nutrition, a multidisciplinary practitioner must register with the state board for each discipline. This may very well mean keeping two separate sets of records.

In closing, Bartolotto brought up one of the most important aspects for students to begin practicing now and that doctors should never forget: informed consent. Patients must always be aware of what the practitioner is going to do as well as why it should be done, and know that they have the right to refuse treatment.

The presentation was followed by a question-and-answer session.

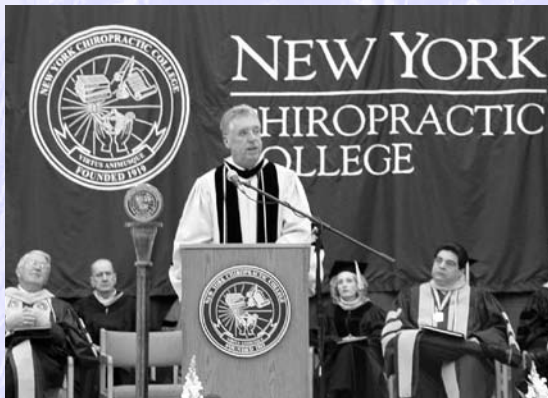
Commencement - December 2006



Co-valedictorians Jennifer Marie Conway and Patricia Marie West address their classmates.



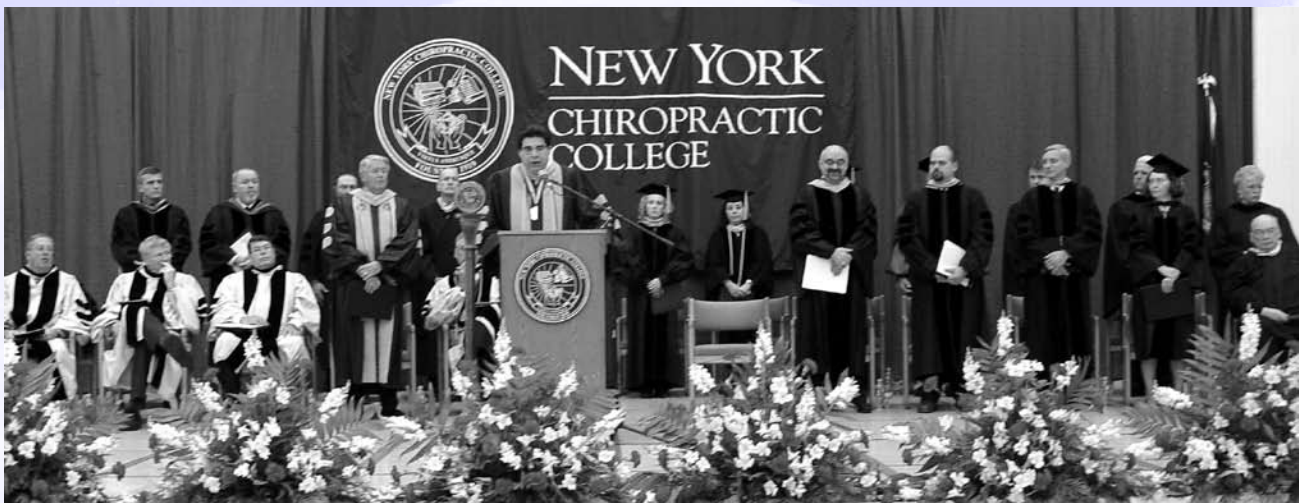
NYCC President Dr. Frank J. Nicchi congratulates salutatorian Tiffany Anne Grace.



Dr. Peter D. Ferguson, former chair and current member of NYCC's Board of Trustees, delivers the commencement address.



NYCC's graduates enjoy commencement exercises.



NYCC President Dr. Frank J. Nicchi introduces trustees, officers and dignitaries.

In Memoriam

Dr. Sheldon A. Sinett Remembered

by Dr. Jay Okin

Former Chair, NYCC Board of Directors

On August 26, 2006, the chiropractic profession lost one of its most passionate and devoted champions...Dr. Sheldon A. Sinett (CIC class of 1959).

I had the good fortune to have known Shelly since high school in Brooklyn, N.Y. It was due to his love of chiropractic that I followed in his foot steps and became a chiropractor. Throughout a period of forty years, Shelly acted as a role model and mentor to many young chiropractors including myself. He was a friend, teacher, lecturer, and an authority in Applied Kinesiology.

Shelly's patient list in his private practice in New York City read like an international Who's Who in sports and entertainment. His compassion and enthusiasm were contagious to all who knew him. His accomplishments both in and out of our profession were inspiring. He was a Fellow of the American College of Chiropractic and the International College of Chiropractic, a professor of Applied Kinesiology, a member of the board of trustees of Bridgeport College of Chiropractic, a frequent supporter of the Sid Jacobsen JCC, and an avid contributor both in time and financially to the Make a Wish Foundation.



Shelly is survived by his loving wife of 41 years Annette, his son Dr. Todd, daughter-in-law Wendy, daughter Tracy, son-in-law David, and his four grandchildren, Ethan, Ben, Taylor and Kyle.

In all the years that I had the privilege of knowing Shelly, I never knew him to speak ill of anyone or not to be the first one to offer help to a friend or colleague in a time of need. His love, understanding and guidance will be missed.

To honor the memory of Sheldon A. Sinett, the Levy and Sinett families have renamed the B.A.S.I.C.S. (Build And Support Initial Community Social Services) fund at the Sid Jacobson JCC the Sheldon A. Sinett B.A.S.I.C.S. fund. The fund, established two years ago, has provided services to families of children undergoing cancer treatment, adults diagnosed with Alzheimers, young adults and children with special needs, high school students involved in rebuilding projects in New Orleans, and women recovering from breast cancer.

Donations can be made tot he Sid Jacobson JCC, Sheldon A. Sinett B.A.S.I.C.S. Fund, 300 Forest Drive, East Hills, NY 11548.

“NYCC’s Fellowship program exceeded all of my expectations and provided extraordinary opportunities for personal and professional development.”



“I earned a Master of Science degree, was employed to teach at the nation’s premier chiropractic college, and now enjoy a one-of-its kind career within the Veterans Health Administration, all of which was made possible through the NYCC Fellowship program.”

“Thanks NYCC!”

Andy Dunn, D.C., M.Ed., M.S.



An Example of Excellence

We would like to recognize the following individuals for their dedication to excellence in chiropractic education through their encouragement of qualified students to pursue a Doctor of Chiropractic degree.

New York Chiropractic College Alumni

Dr. Matthew Alexander, '99 <i>Williamson, NY</i>	Dr. Timothy DelMedico, '01 <i>Utica, NY</i>	Dr. Kerstin Medwin, '04 <i>Loudonville, NY</i>	Dr. David Quinn, '00 <i>Auburn, NY</i>
Dr. Vincent Argenio, '96 <i>Pittston, PA</i>	Dr. Kyle Doan, '87 <i>Manius, NY</i>	Dr. Mark Morris, '04 <i>Dallas, PA</i>	Dr. Gregory Richardson, '04 <i>Rochester, NY</i>
Dr. Laurie Arizzi, '00 <i>Middleton, MA</i>	Dr. Thomas Dow, '83 <i>Melville, NY</i>	Dr. Keith Nussbaum, '89 <i>Loudonville, NY</i>	Dr. Vincent Scicutellia, '91 <i>Queenbury, NY</i>
Dr. Philip Barron, '85 <i>Jamaica Plains, MA</i>	Dr. Bruce Friedman, '82 <i>Jericho, NY</i>	Dr. Thomas O'Malley, '00 <i>Grafton, MA</i>	Dr. Irma Sierra, '84 <i>San Juan, PR</i>
Dr. Lawence Bellows, '97 <i>Mansfield, PA</i>	Dr. Christopher Fronczak, '99 <i>Victor, NY</i>	Dr. James Pascual, '98 <i>Markham, ON</i>	Dr. Michael Smatt, '80 <i>New York, NY</i>
Dr. Jeffrey Buesing, '95 <i>West Babylon, NY</i>	Dr. Timothy Gallagher, '96 <i>Leominster, MA</i>	Dr. Keith Pastuch, '79 <i>Merrick, NY</i>	Dr. Patrick Szurek, '02 <i>Buffalo, NY</i>
Dr. Philip Cameron, '05 <i>North Canton, OH</i>	Dr. Tom Goliebewski, '99 <i>Vestal, NY</i>	Dr. Eric Perlman, '97 <i>Rochester, NY</i>	Dr. Peter Tavarone, '01 <i>Saratoga Springs, NY</i>
Dr. Marisa Carey, '93 <i>Fruitland, MD</i>	Dr. Michael Hoyt, '78 <i>Winthrop, ME</i>	Dr. Robert Plunkett, '96 <i>Rochester, NY</i>	Dr. Andrew Wheelock, '04 <i>Worcester, MA</i>
Dr. William Chromey, '98 <i>Exeter, PA</i>	Dr. Walter Kimball, '03 <i>Pennellville, NY</i>	Dr. Dawn Pompey-Strickland, '93 <i>Dalton, PA</i>	Dr. Wayne Winnick, '81 <i>New York, NY</i>
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Friends of New York Chiropractic College

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Drs. Carolyn & Joe Clauss <i>Plattsburgh, NY</i>	Dr. Matthew Germond <i>Bainbridge, NY</i>	Dr. William McClune <i>Milton, MA</i>	Dr. Jeffrey Warner <i>Export, PA</i>
Dr. Katey Cofrancesco <i>Woodbridge, CT</i>	Dr. Sebastian Bonin Girod <i>Guaynabo, PR</i>	Dr. Stacy Olsen <i>Phoenix, AZ</i>	Drs. Adam & Janette Wilburn <i>Amherst, MA</i>
Dr. Jean Cohen <i>Syracuse, NY</i>	Dr. Allan Golanski <i>London, ON</i>	Dr. Karl Petrie <i>Alexandria, VA</i>	Dr. Donald Wilcox <i>Dansville, NY</i>
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Dr. James Daniel <i>Salisbury, MD</i>	Dr. Cruse Howe <i>Syracuse, NY</i>	Dr. Donna Rodriguez <i>Elmira, NY</i>	Dr. Mark Woodbury <i>Center Rutland, VT</i>

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Stanley Kaplan, D.C.
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- Be aware of current developments and issues in chiropractic education
- Present credentials commensurate with those required for senior faculty rank at NYCC.
- Possess strong organizational, leadership, interpersonal, and communications skills.
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Applicants should include cover letter highlighting interest and qualifications; vision for the future of chiropractic education and practice; resume; and at least three references. Applications will be treated with the utmost confidence. Additional details available by contacting NYCC HR

Office by phone (315-568-3109), email cmdermott@nycc.edu or mail (2360 State Route 89, Seneca Falls, NY 13148) or visit www.nycc.edu for complete position description; click on "About NYCC," then click on "Employment Opportunities."



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ALUMNI UPDATE

Class of 1990

Richard A. Izzo, D.C., completed his eighth Ironman race in Panama City, Fla. in a personal best time of 10 hours 16 min, finishing 151 overall out of 2400 participants. This capped Dr. Izzo's 17th year doing triathlons with over 120 races completed and was highlighted by four age group wins in the 40-44 age group this season. Other highlights include a 4 hour 34 minute 1/2 IM race, finishing 9th overall out of 900; a 1 hour 26 minute 1/2 marathon, finishing 18th overall out of 900 at the Westchester 1/2 marathon; and completing the 4.5m Leukemia Society Cross the Sound Swim. Additionally he has started a health consultant company that does speaking engagements to the Fortune 500 companies, and has been writing

a monthly health column in the Westmore Ryebrook News for the last year. Dr. Izzo is in private practice at his new facility in Rye Brook, N.Y., and can be reached at R.Izzo@worldnet.att.net.

Class of 1999

Nichole Ferentino, D.C., and her husband Jarrett, had a son, Dominick, on 10/4/06. He weighed 7 lbs. 10 oz. and was 20 inches long. Dr. Ferentino has been in practice for six years and recently expanded and relocated her office to 3002 N. Township Blvd., Pittston Township, PA 18640. Her e-mail address is Dr.NicoleLinskey@netscape.com and her phone number is 570-602-1590. Her husband is a District Attorney in Luzerne County and is in private practice.

Leslee (Messier) Quick, D.C.

(99), and **Marc Quick, D.C. (01)**, announce the birth of their daughter, Alexandra Frances, born 10/20/06. She joins her older sister, Jordan, who is 4. Drs. Quick are owners of Quick Chiropractic Associates, 230 Lowell Street, Wilmington, MA. Their e-mail address is quickchiro@yahoo.com.

Class of 2001

Leslie Crook, D.C., and Robert Woytowych welcomed their first child, Eamon, on 9/12/06. He weighed 6 lbs. 15 oz. and has been growing like a weed ever since. Dr. Crook's e-mail address is l_crook@hotmail.com.

Class of 2002

Stan Velkovich, D.C., in addition to being in private practice, has been named the new team chiropractor of the New York

Jets and the New York Islanders. His e-mail address is islandwide@verizon.net and his phone number is 516-248-2870.

Class of 2005

Dr. Nindhiya Ramcharan and **Dr. Kavita Ramcharan**, are pleased to announce the opening of their new practice in Queens at 131-14 101 Avenue, Richmond Hill, NY. Their phone number is 718-441-6646.

Brent (Max) Maxwell, D.C., and **Daphne Maxwell, D.C.**, had a baby girl, Layla Beyrl, (at home with a midwife) on November 29, 2006. Both are NYCC alums and University of Western Ontario (Canada) alums. Their e-mail address is huggamuggamax@gmail.com and their phone number is 704-947-2902.



What's News?

Your fellow alumni want to know! Share your personal and professional successes with us – marriages, births, awards, achievements and professional advancement. Mail the form below to: Executive Director of Institutional Advancement, NYCC, P.O. Box 800, Seneca Falls, NY 13148-0800; fax: 315-568-3153; call: 315-568-3146; or e-mail: pvantyle@nycc.edu.

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My News _____

The China Experience

Exhausted and inspired! That's how eight NYCC acupuncture students, a recent graduate, and Assistant Professor Darlene Easton felt after 24 days of travel and study in China over the August break.

Packed Itinerary

Bags were not the only things packed; so was the itinerary. The trek included almost a week in Beijing, two weeks in Hangzhou, and weekend visits to Huang Shan and Shanghai. Chinese phrases enabling the travelers to count from one to ten, find the closest bathrooms and, of course, ask 'How much does it cost?' eased the group's way throughout Beijing as they climbed the Great Wall and explored the Forbidden City.

Next stop: Hangzhou, home of Zhe Jiang Provincial Hospital of Traditional Chinese Medicine, where the students had many opportunities to observe. This health facility is recognized as one of the leading hospitals in the country for Acupuncture and Traditional Chinese Medicine (TCM), where Chinese practitioners and students from around the world receive excellent healthcare instruction. Easton was familiar with hospital's staff, and departments having previously studied there herself and leading various student groups

Traditional Chinese Medicine

At Zhe Jiang Hospital, students watched as Chinese doctors administered acupuncture (both inpatient and outpatient), applied electric stimulation and moxibustion; performed *tui na*, a Chinese form of body work; and prescribed Chinese herbal formulas. Things at the hospital were still being done the way



Streets of Beijing

they were described in ancient and highly revered Chinese texts. Four lectures presented by experienced clinical professionals revealed a depth of knowledge regarding diseases and advanced needling techniques.

Most of the Chinese doctors spoke English; nonetheless, translators - often TCM students - were provided. Student Jane Dorsey remarked, "The doctors and TCM doctors-in-training were helpful, interesting and a joy to converse with. I enjoyed learning how they developed into astute TCM doctors, as well as hearing their perceptions of Americans, the Western ways, and their comments about the TCM lessons we studied in our country."

China's Medical System

The medical system in China is truly distinct, with Western medicine and TCM rubbing elbows. Curiously, patients see their doctors in hospitals rather than at off-site offices. Most doctors don't hold appointments; instead, their patients line up and await their turn. Patients toting bags full of X-rays and charts was a common sight, since the hospital doesn't maintain medical records. They simply hand their records to the doctor upon arrival for treatment. Also, unlike the practice of health-care in the United States, there is no great effort extended to preserve patients' privacy. They are often treated in crowded, noisy rooms - some sitting in chairs as others receive therapy on tables three feet apart.

At the conclusion of the trip, student Rob Wasson reflected, "Oriental medicine is not simply some esoteric, alternative medicine that relies on a placebo effect. It clearly deserves a significant place in our medical system."



Left to right: Rob Wasson, Jane Dorsey, Jonathan McDonell, Marcia Najjar, Jessica Gregory, Judith Fox-Fair, Kimberly Verstringhe, Carol Connors, Darlene Easton and Ralph Wuertele.

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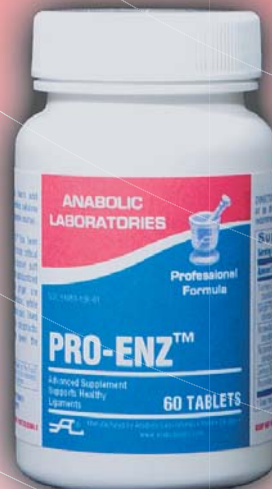
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