



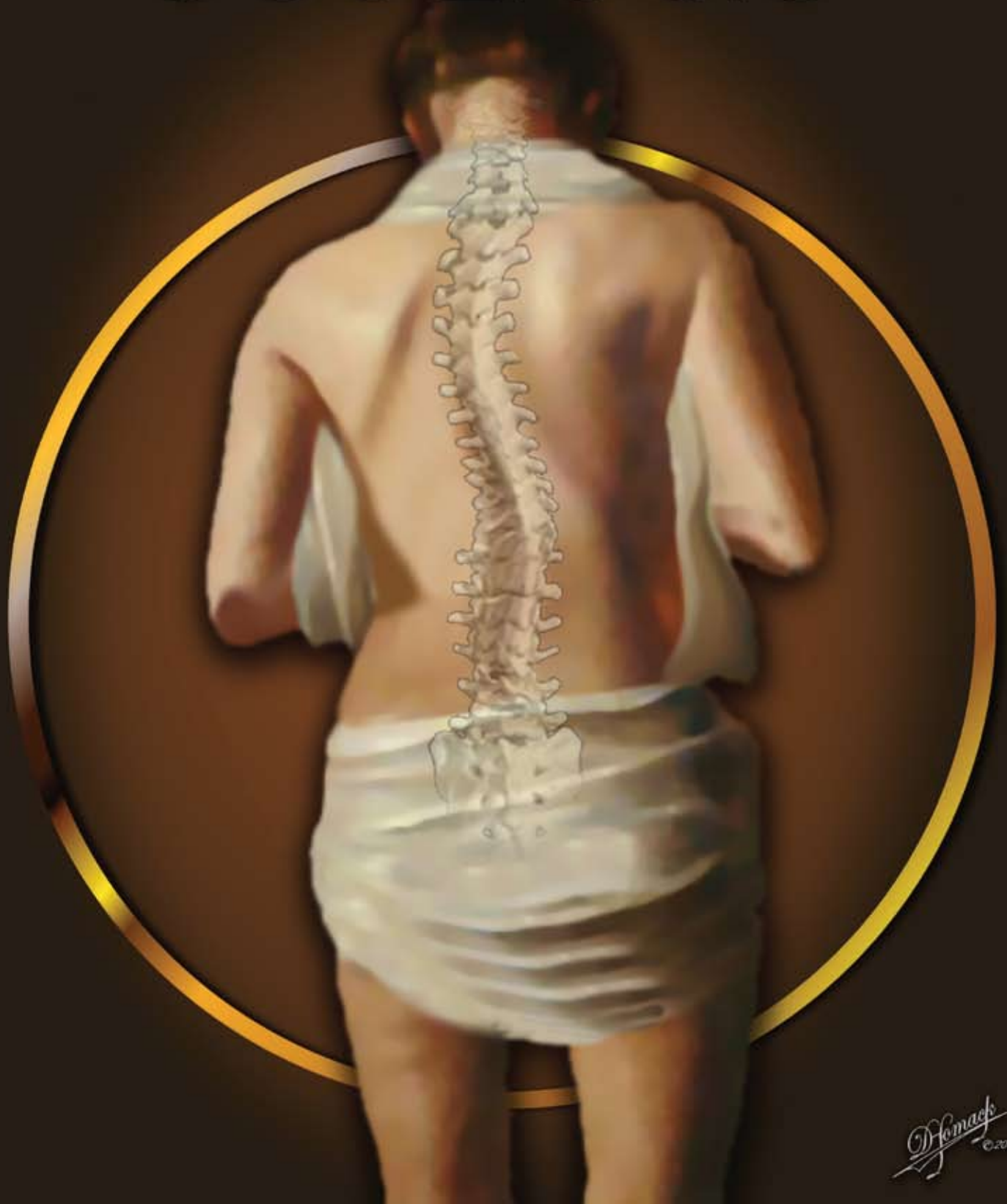
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A publication of New York Chiropractic College

July/August 2008



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President's Message

Unity Day and Homecoming 2008: The Best Attended Yet!

This year's Unity Day and Homecoming Weekend was a rousing success as well over 350 alumni, friends and members of the campus community gathered to enjoy festivities, post graduate educational opportunities, and a chance to connect with new colleagues and reconnect with old.

Many people commented favorably on this year's fine postgraduate program that included instruction in chiropractic synergy, nutrition, wellness, abdominal acupuncture, yoga, Tai ji, and posture exercises.

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Kudos to our sponsors and vendors! Exhibitors included renowned healthcare businesses such as Foot Levelers, Inc., Standard Process, Future Health, Inc., Erchonia, NCMIC, Power Plate, OUM Chiropractic Program, HCMI, Inc., Brican Systems Corporation, Performance Health, Take Shape for Life, Meyer Distributing, Nutri West Alumni Connection, Innovative Technology, Graston Technique, Body Zone, Doctor Promo Promotions, and PMR Chiropractic Supplies. We greatly appreciate the support shown by our valued

corporate sponsors and will remain selective in our choice of business partners and the quality of their products and services.

Those visiting the campus marveled at our new Chinese Medicinal Herb Garden that now boasts a lovely pergola, and a brass plaque that identifies the garden and credits its generous benefactors. Homecoming attendees were also pleased to stroll NYCC's new Walkway of Honor, a meandering stone path whose bricks bear the names of your fellow classmates along with inscribed sentiments.

If you were unable to attend our homecoming events, I encourage you to visit the campus soon, and while you are here be sure to stop by and say hello.



Dr. Frank J. Nicchi
President

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Giving Something Back

Drs. Dina (NYCC 1997) and Rick Rosa (NYCC 1996)

Dr. Dina (Tagliareni) Rosa became acquainted with NYCC when a nutrition professor at Nassau Community College, an NYCC graduate, helped her through a dance injury. Her husband, Rick Rosa, DC, learned of NYCC through his brother, John Rosa, DC (NYCC 1992), who is now a member of the College's Board of Trustees. The two met while enrolled at the College and became President's Council members when Dr. Frank J. Nicchi assumed presidency of the College in 2001.

Both Dina and Rick recall their days as students studying hard to learn all the material coming their way. Only after they began practice did they fully appreciate the valuable tools they acquired at NYCC that enabled them to be excellent diagnosticians and confident clinicians. Consequently, they both felt it was important to give back to their *alma mater*.

Background

Rick Rosa holds a bachelor's degree from William Patterson University. While at NYCC, he served as vice president of his class and a legislative representative for SACA. Following graduation, he accepted a position on the faculty at the College and thereafter spent two years practicing as an associate before becoming a partner in a multidisciplinary clinic. In 2001 he opened Rosa Rehab. He also earned his Diplomate from the American Academy of Pain Management. Over the past 12 years he has worked with a number of amateur, professional, and even Olympic-level boxers, body builders, martial artists and cyclists. He has been published in *Velo News*, and is a writer for *Pez Cycling News* and Active.com. He began his own consulting company for endurance athletes, focusing on the science of recovery.

After years as a professional dancer, Dina Rosa received her bachelor's degree from Excelsior College and then graduated from NYCC with a distinguished service award. After four years as the director of physical medicine at a multidisciplinary center, she opened Rosa Family chiropractic in Fairfax, Va. She is a member of the International Association of Dance Medicine and Science, and serves on March of Dimes' Prematurity Physicians Council. She also sits on NYCC's Alumni Relations Council, and recently represented the chiropractic profession at the National Youth Leadership Forum in Washington, DC.

Both Rick and Dina Rosa are postgraduate faculty members at NYCC and instruct for the Maryland Chiropractic Assistant training program. They have whiplash certification from Spine Research Institute in San Diego, and give consultations at Northern Virginia Medical Surgical Group.



Dr. Dina Rosa



Dr. Rick Rosa

Family Life

Rick Rosa grew up in Hackensack, N.J., and Dina Rosa on Long Island, N.Y. They have lived in northern Virginia, just outside of Washington, DC for ten years, have two boys, ages 7 and 3, and are in the final stages of adopting a daughter from Korea. Raising children while operating their practices can be hectic, but they say they wouldn't change a thing. Rick enjoys cycling and completed a race in France last year where he covered over 700 miles in four days! Dina still enjoys dance and yoga classes, and has a great interest in photography. They enjoy family travel and do so as often as possible.

Words of Advice

The greatest advice the couple has received? Never settle for "average" and eliminate mediocrity. "Wherever life takes you and whatever your job may be, perform it with effort and enthusiasm so that your positive energy becomes contagious!" The Rosas strive to bring this kind of energy into their offices.

They credit their parents for their success and feel incredibly fortunate for their support over the years. Children have been a great influence in the Rosas's lives - more than they could have imagined. Their kids have taught them compassion, patience, and something of the fragility of life. "They make us strive to be the best doctors we can be."

How do they feel about working together? Being a couple in the same profession can present challenges, they say; and feel it is important to always respect one another and to leave work at work, allowing for a separation between practice and family life. Their chiropractic careers do not completely define who they

(Continued on page 35)

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August 2008 Commencements

NYCC Graduates Ninety-seven in Four Programs!

On August 2 and 3, New York Chiropractic College held commencement exercises conferring degrees upon candidates in all four of its graduate level programs: Doctor of Chiropractic, Master of Science in Applied Clinical Nutrition, Master of Science in Diagnostic Imaging, Master of Science in Acupuncture and Master of Science in Acupuncture and Oriental Medicine.

Thirty-six graduates received their Doctor of Chiropractic degrees. The NYCC School of Acupuncture and Oriental Medicine (AOM) graduated 36 master's candidates. The School of Applied Clinical Nutrition graduated its first master's class of 24 graduates, and the Science in Diagnostic Imaging program issued a master's degree to its first graduate.



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First graduating class of the Master of Science in Applied Clinical Nutrition program

Scoliosis

Research, Treatments and Untreated Expectations

By Marissa Sangiacomo

Marissa, a sophomore journalism major at St. Bonaventure University spent the summer as an intern with NYCC's Institutional Advancement Department.

Parents and children may begin to worry when it comes time for that dreaded annual scoliosis exam. They fear a possible positive diagnosis, but what most don't realize, and what new research is beginning to show, is that many cases of idiopathic scoliosis don't need to be treated. A child may have slight body asymmetry which probably won't progress any further. That's not to say that

the problem shouldn't be further examined. Researchers are discovering that people with untreated scoliosis are living healthy, productive lives, with only moderate back pain and cosmetic concerns.

Research

Between 1932 and 1948, 444 patients were diagnosed with late-onset idiopathic scoliosis (LIS) at the University of Iowa. Recently, the *Journal of the American Medical Association* published an article about a 50-year follow-up study of these patients that began in 1992. The study compared 117 of the original patients who were not treated to 62 age- and gender-matched volunteers without LIS. The study measured its outcome in mortality, back pain, pulmonary symptoms, general function, depression and body image. Researchers found that the probability of survival for patients with LIS was .55, compared to .57 for the general population. Previous long-term studies have had higher mortality rates because they included patients with congenital, neuromuscular or early-onset idiopathic scoliosis, and they failed to evaluate



outcomes in terms of curvature location.

Of 98 patients, 22 complained of shortness of breath during daily activities compared with only eight of the 53 controls. A Cobb angle greater than 80 degrees and a thoracic apex were associated with a higher risk of shortness of breath. Although the patients did experience occasional back

pain, 68 percent of the patients and 12 percent of the controls reported little to moderate pain. On the Self-Rating Depression Scale of 0-100, the mean score for the scoliosis group was 47.53, which was less than the 48.17 mean for the control group.

Researchers asked subjects to rate their satisfaction with 16 parts of their bodies as well as their appearance from the front, side, and rear, and appearance in clothes as well as a swimsuit. Overall, the patients with LIS were slightly dissatisfied to slightly satisfied, while their control counterparts were slightly to moderately satisfied. Both groups were also asked, "Do you feel your back has limited your life, or in any way affected you, other than discussed as above?" The majority of patients said they dealt with issues such as difficulty purchasing clothes, decreased physical capacity, and self-consciousness. In the 30-year follow up, 33 percent of 63 respondents felt limited, compared to 25 percent in 1978 and 32 percent in 1992.

For the most part, the researchers, led by Stuart L. Weinstein, MD, Department of Orthopedic Surgery, found that the patients "are productive and functional at a high level...with little physical impairment other than back pain and cosmetic concerns." The impact on work and other daily activities was not any greater than for the people without LIS. The research contradicted earlier studies which showed that people with scoliosis faced limitations with everyday activities and that they believed themselves to be less healthy.

A similar study also compared patients who were treated surgically with those who were not. There was no significant difference between the two, even in patients with curves up to 114 degrees. NYCC's Senior Research Clinician and

Associate Professor Paul Dougherty, DC, says that in his own research and treatment of older patients he has not found those with curves greater than 20-25 degrees to be any different. "We treat many of these patients with flexion distraction and mobilization or manipulation, just as we would treat other patients," he said. "Some respond very well to the treatment and others do not." Dougherty added that he doesn't think scoliosis can be "treated" in older adults, and that it's not important to attempt to reduce the curve if it's been left untreated that long.

Surgical and Non-surgical Treatment of Adult Scoliosis

Patients with adult scoliosis generally fit into three categories: those who were diagnosed and treated surgically during adolescence; those who were diagnosed but did not undergo treatment; and those with degenerative scoliosis, which can be related to osteoporosis of the spine. Patients with adult scoliosis face different goals and treatments than do their younger counterparts. For example, braces are not affective for adults because the spine is already mature. Generally, non-surgical treatments are recommended for adults with scoliosis as the risks often outweigh the benefits. Surgery may be necessary for some patients, especially if they are experiencing persistent pain or have a curvature of over 60 degrees. Over 100 degrees is considered life-threatening due to reduced heart and lung function. Many surgeons won't operate on patients with severely impaired heart and lung function when doing so can worsen their condition. Patients with severe deformities may opt for surgery, though traces of the curvature in adults are likely to remain since adult spines are not as flexible as those

of children. Additionally, there is a high risk of nerve damage where the spine is over-corrected.

Adults who have already undergone surgery may suffer disk degeneration and spinal-fusion failure. Women experiencing lower back pain who have undergone fusion surgery may find relief through exercises such as Pilates. An alternative to surgery includes epidural steroid injections for patients with degenerative lumbar scoliosis. One case study reveals how a patient with severe scoliosis used comprehensive manipulative medicine (CMM) with daily traction and massage for significant chest expansion and a reduction of respiratory infections. Additional research is warranted.

Scoliosis Left Untreated

As the University of Iowa study showed, adult-onset or untreated scoliosis often results in pain. Associated posture problems cause stress on the back, hips, shoulders, necks and legs. Almost all patients with untreated scoliosis develop spondylosis, an arthritic condition in the spine that can result in inflamed joints, thinning of cartilage between disks, and bone spurs. Spondylosis is sometimes another reason patients may need surgery, especially where the disks degenerate so much that the vertebrae press on nerves.

Scoliosis may impact pregnancies and reproduction. Though a history of scoliosis won't necessarily endanger the child nor increase the risk of curve progression, women with scoliosis so severe that it restricts the lungs should be monitored closely.

Acupuncture and the Treatment of Scoliosis

By Anthony Fazio, L.Ac., C.A., AOM Adjunct Instructor, NYCC

Scoliosis is defined as a lateral curvature of the spine, consisting of two curves: the original abnormality and a compensatory curve in the opposite direction. Conventional treatment is comprised of casts, braces, traction, electrical stimulation, exercises, skin care, prevention of complications, breathing exercises, and the provision of support for the patient and family with regard to psychosocial needs.

Acupuncture and scoliosis

Acupuncture is an ancient system of healthcare that originated in China over 4,000 years ago. Although it has only been generally accepted in the West for less than a generation, many biomedicine-designed studies have been conducted to determine its efficacy and range of applicability. One study showed scoliotic curvatures (of less than 35 degrees) to respond favorably to acupuncture.

Acupuncture can provide relief from the pain and discomfort of scoliosis through several mechanisms. It can increase the circulation of blood and *qi* (energy) to the affected areas, facilitating the removal of cellular debris from constant muscular spasms; increase local temperature, providing relief from pain; and directly relax the muscles that are distorted by the spinal deformity. It has been demonstrated that acupuncture can actually correct the pathological curvature of scoliosis patients.

Meridians Associated With the Spinal Column

Problems with the spinal column (*ji zhu* in Chinese) can be addressed through several acupuncture meridians. Meridians, also known as channels, are the lines through which *qi* flows, and are associated with internal organs; acupuncture points

are contained in these meridians. One of the extraordinary meridians (those not directly associated with organs) is the *Du* meridian, also known as the Governing Vessel. This meridian runs directly upward through the spinal column, from below the tailbone, through the back of the head to the front of the face, ending inside the upper lip. Many points on the *Du* meridian can directly affect the spinal column, especially in instances of deformities.

Other channels involved in the treatment of spinal abnormalities include the gall bladder (GB), small intestine (SI), and urinary bladder (UB) meridians. In Chinese physiology, these channels can help reduce pain, move *qi* and blood through energetic and circulatory blockage areas, and treat the spine directly, due to their close proximity.

Treatment methods

In addition, there are several methods of augmenting the effect of acupuncture needles. Some of these are moxibustion, far infrared heat, cupping, and *tui na*. Moxibustion involves the burning of an herb (Artemisia or wormwood; in Chinese *ai ye*), on or near an inserted needle. This focuses a mild heat directly into the needled point, enhancing its actions. Far infrared heat is applied generally to a larger area than moxibustion, using TDP (*Teding Diancibo Pu*) lamps, which also incorporate a therapeutic mineral plate. Both of these procedures assist in increasing local circulation. Cupping (*ba guan fa*) is a technique in which bamboo, glass, or plastic cups are applied to the skin. The pressure within the cups is lowered by heating them or by suctioning out some air, resulting in the skin and superficial muscle layer being drawn upward into the cups. Cups may be moved back and



forth with the use of a lubricant (sliding or gliding cups) to address larger areas. This helps to break up the energetic and circulatory stagnation associated with chronic pain conditions. *Tui na* is one of the oldest of the ancient therapies. This is China's complex system of medical massage. These techniques deal directly with painful and stagnant areas.

One of acupuncture's great strengths is its ability to view and treat each client and acupuncture session as unique and singular. Similar complaints are presented differently in different individuals. Acupuncture protocols are virtually unlimited in their ability to harmonize with every situation. Scoliosis is just one of the numerous disorders that respond favorably to acupuncture therapy.

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Conservative Care for Idiopathic Scoliosis

By Brian D. Jensen, DC

Scoliosis is a lateral curvature of the spine of 10 degrees or more. An idiopathic scoliosis is accompanied by vertebral rotation and rib cage deformity, and usually becomes progressively apparent as the spine grows during childhood. There is currently no known cause for idiopathic scoliosis. Recent scientific research has focused on hormonal and neurological causes, with some promising early results that suggest recommendations for conservative management.

Hormonal Influence

The pineal gland produces melatonin, a hormone that appears to influence the development of a balanced spine. Surgical removal of the pineal gland in young chickens and in bipedal rats has produced spinal curvatures very similar to human idiopathic scoliosis, including vertebral rotation and rib humps. In the rat study, the investigators found that providing a source of melatonin prevented the development of scoliosis in pinealectomized rats. They theorized that “melatonin may facilitate the fine neuromuscular coordination needed to maintain the 24 stacked vertebrae in balance.” While some studies have found that human patients with progressive scoliosis may have lower levels of melatonin, other investigations have not been able to establish a direct correlation. More recently, a study of 41 patients with adolescent idiopathic scoliosis found defects in the melatonin signaling pathways in their osteoblasts.

Gait Observations

Numerous studies have shown that humans with scoliosis have various deficiencies in muscle coordination and standing balance, but the source of these difficulties with fine motor control is still unknown. The gait of children with



scoliosis has been found to be somewhat abnormal, but there is controversy about whether this causes a curvature to develop or is simply a result of walking with a curved spine.

A study that used sophisticated measuring devices and advanced computer analysis has provided some initial answers. The investigators found several significant differences in gait between normal children and those with scoliosis, and they found that children with scoliosis had substantially higher inter- and intra-subject variability. There was also substantial bilateral asymmetry in their lower limbs when walking. This was most noticeable in the medial-lateral component of gait, indicating problems with pronation and supination control. They observed that “These findings indicate a different functional role for the left and right limbs during gait,” and that the “... differences between the scoliosis and the control group, together with previously reported abnormalities of torsion in the tibia and femur and the hypothesis of

pelvic rotation, suggests these are primary mechanisms of the cause of idiopathic scoliosis.”

These researchers conclude that patients with scoliosis “exhibit balance problems during the stance phase of gait and have significant asymmetry in the frequency characteristics. These findings could be a primary effect that contributes to the medial-lateral deformity of the spine and its initiation and progression.”

Chiropractic’s Role

These studies are exciting, as they open up the very real possibility of preventing or at least significantly slowing the progression of idiopathic scoliosis with conservative methods. While much more study needs to be done, it is quite possible that chiropractic care will be the accepted scoliosis treatment of the future. This will include careful spinal adjustments, custom-made orthotics for better foot

(Continued on page 35)

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Scoliosis and Nutrition

By Marissa Sangiacomo

Maintaining a healthy diet and exercising regularly can play an important part in reducing the symptoms of scoliosis. Though poor nutrition has not been shown to be a direct cause of scoliosis, researchers have found that nutritional imbalances and exposure to herbicides and pesticides may be contributing factors.

Nutritional Imbalances

Current literature reveals that scoliosis has been linked to imbalances in manganese, vitamin B6 and copper. Perhaps not so coincidentally, these deficits are also factors in osteoporosis. Researchers have found that by giving chickens increased doses of dietary copper, the severity and incidence of scoliosis decreased. In another study on chickens, vitamin B6, manganese and copper deficiencies were determined to cause an increase in the condition. Interestingly, trout that were deficient in tryptophan and ascorbic acid, and salmon with a deficiency in vitamin C also developed scoliosis. Kyphoscoliosis – a combination of scoliosis and kyphosis, an outward curve of the spine that causes a humped back – developed in rats with a deficiency in vitamin E.

As for humans, researchers found that calcium levels were higher in idiopathic scoliosis muscles than in other forms of scoliosis or in normal muscles. A calcium-related neuromuscular defect could be a factor in the genesis of idiopathic scoliosis. In another study, high levels of copper were found in the hair of teenage girls with scoliosis.

Herbicides & Pesticides

Because of the recent findings in animal studies, exposure to toxins such



as pesticides is being considered as another possible cause of scoliosis. One study showed that high doses of ibutilide fumarate, a class III antiarrhythmic, caused scoliosis in rats. The pesticide Kepone was found to cause the malady in minnows. Scoliosis was present in mallard embryos exposed to Diquat, an aquatic herbicide; and pesticide exposure also caused spinal curvature in tadpoles.

Diet & Exercise

In order to reduce the symptoms of scoliosis, a healthy diet is necessary. Since osteoporosis can cause progression of scoliosis, it's important for women to get the recommended amounts of vitamin D and sunshine prior to the onset of menopause: 200 International Units daily for those aged 19-50, 400 IU daily for those 51-70, and 600 IU daily for those 71 and older. To prevent osteoporosis later in life, adolescents may want to take 1200-

1500 mg of calcium per day. Maintaining a healthy weight can also ease back pain and discomfort, as the discs in the spine may be unable to handle excess weight and pressure.

Generally, exercises that strengthen the back and abdominal muscles can help reduce scoliosis symptoms. An exercise ball is a versatile tool for developing core body muscles that help stabilize the spine. Yoga and Pilates also gently exercise the body while strengthening it. Some patients who performed yoga reported experiencing a reduction in the curve of their spines. Rolfing, or the manipulation of the myofascial system, focuses on body symmetry and alignment - improving posture, creating a more efficient use of the muscles, and conserving energy in the body. Other exercises, such as Aston Patterning, Hellerwork and Feldenkrais, are educational methods that focus on improving movement.



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NYCC Assists With Area School Scoliosis Screenings - Creates Treatment Protocol

When Dr. Wendy Maneri, DC, Chief of Staff for the Seneca Falls Health Center Systems learned that Auburn School District nurses sought assistance with their annual scoliosis screenings, she made contact with district head nurse Caren Radell and arranged for NYCC's participation in the process. Radell conferred with nurses from the nine individual schools and planned the screenings around the various schools' individual spring schedules. Since then, and over the past two years, NYCC has conducted scoliosis screenings for the district's approximately 2500 students in Kindergarten through eighth grade.

Community Benefits

Dr. Maneri feels this as an excellent experience – one that encourages interns to give back to the community. It also enables NYCC to show its support for the community and to involve itself in local and national health issues.

Consent forms are sent to each parent prior to the screenings. Parents may opt out if they wish. The clinicians and interns bring model spines with them and educate the children about their spines and what to expect during the screening. During the screening, the student extends arms forward and places hands together with palms flat against each other - bending forward slowly and stopping when the shoulders are level with the hips. The intern looks for any rib elevation and asymmetry in the lower back area. A scoliometer may be used to measure the size of any deformities of the spine.

Scoliosis Identified

If scoliosis is identified during the screening, a follow up with their family physician is recommended to parents. Although more research about chiropractic treatment and scoliosis is warranted, Maneri feels that chiropractic plays an important roll in treating the condition, or co-treating it with medical physicians. Depending on the degree of curvature, chiropractic can monitor progressions and adjust areas of the spine that may be stressed above and below the curvature. Sometimes what appears to be a structural problem may actually be a soft tissue issue and with soft tissue work and adjustment may be correctable. For

this reason, it can be beneficial for patients to be assessed by a chiropractor for a second opinion, as they are musculoskeletal specialists and look at the spine all the time.

NYCC currently works only with Auburn schools, and has been approached concerning a possible outreach to areas from Rochester to the Depew clinic. The college's Levittown clinic has also performed screenings for school districts for more than a decade. Maneri says NYCC would welcome the opportunity to assist other local districts such as Waterloo and Seneca Falls with screening.



Jeff Hoelscher
University of Missouri Health Care

Establishing Treatment Protocols

In 2006 Drs. John DeCicco and John Taylor began working on a protocol for the chiropractic treatment of scoliosis as there were no clearly defined protocols for clinicians and interns to follow at the health centers. The doctors focused on idiopathic scoliosis, diagnosis and management. After numerous discussions with other faculty and clinicians from the health centers, Taylor and DeCicco adopted and slightly modified the diagnostic algorithm from Dr. Thomas Souza's "Differential Diagnosis and Management for the Chiropractor." The goal of the protocol was to maintain the spinal function of the patient and to monitor any abnormal curves for progression. Not all curves identified during adolescence will get worse. Nevertheless, clinicians must monitor curvature progression. Conservative management is administered to slow or prevent progression while the patient completes his/her skeletal

and nervous system growth and development. In females this process occurs by about 17 years of age; whereas males usually take longer to mature. Advocates of chiropractic management encourage intervention is most appropriate after there has been some slight progression, but not too much.

Veronica Wicks, DC, of NYCC's the Levittown Health Center is researching the role of exercise in scoliosis management. Results of this investigation will likely be incorporated into the protocol.

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By Dr. Steven Kraus

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Graduate Panel: Chiropractic Synergy

By Gabrielle Shaughness



Graduate panel (l-r): Drs. Ian Paskowski, Jason Napuli, Emily Swonguer, Andrea Williamson, Andrew Williamson, Yusef Barnes, and Vincent Justino

Kicking off this year's Unity Day was the NYCC Graduate Panel featuring alumni from across the nation. Vincent Justino, DC ('98), moderated the discussion while students sought advice on a variety of topics ranging from how to maintain focus as a student to business management and networking once in practice.

Of popular interest was the question of associating upon graduation versus immediately opening one's own office. Yusef Barnes, DC ('97), replied, "Do your homework," visit different chiropractors, in different states. "Find out what kind of chiropractor you want to be." Emily Swonguer, DC ('05) added, "Talk to the staff. Research practices already in town; if you associate, read the fine print in your contract so you don't get taken advantage of."

When considering employment options, ask yourself, "What value do you want to get from an associateship?" Jason Napuli, DC ('03) mentioned. "Is it treatment experience, a certain style of practice or business management skills? If you are looking for the business end, you might be disappointed because yes, you will get the treatment experience, but you might not see the billing side." You might consider additionally contracting outside of town to balance developing your business skills.

Regarding how to open one's first clinic, Ian Paskowski, DC ('02) stressed, "The key is to start basic. All you need is your hands, skills, and a table.... You expand based on need," but don't spend money on extra amenities in the beginning. Andrea and Andrew Williamson, DC ('00), who opened their

own practice upon graduation, recalled that they began in an office space that was less than 1,000 square feet and that they painted it themselves. "People will see if you put your heart in it," Dr. Andrea

Williamson said. "Don't buy all the things you think a doctor should have. Those will come to you as you give to your patients. Live beneath your means." Dr. Andrew Williamson added, "Patients don't buy your office; they buy your passion."

Maintaining one's passion was a common theme each of the graduates emphasized. Dr. Andrew Williamson offered that the process of going through school may be tiring at times, but that this hard work is necessary in order to develop one's full potential. "Realize that when you graduate, people will depend on you." Keeping one's goals in mind can help to fuel one's passion. "Write your purpose and look at it every day," Dr. Andrea Williamson agreed. "Know why you want to be a chiropractor." Goals can be long-term and also more immediate; "make goals for each trimester," Dr. Napuli added.

Bringing the panel to a close, Dr. Justino observed that whether students are looking for advice on practice building to self-development, the key is to "talk to people already doing" those things. The NYCC alumni network is fertile in experience and resources. Graduates are often more than willing to open their offices to students and share advice they have gathered along the way. The key to success, as Dr. Paskowski summarized, "comes down to having a vision, working hard, and staying focused."

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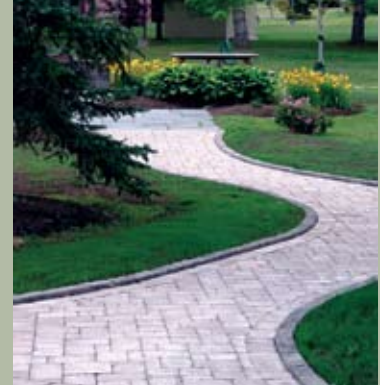
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Faculty Spotlight

Paul Dougherty, DC Senior Research Clinician/Associate Professor

Why Chiropractic and Why NYCC?

From the time he was in junior high school, Paul Dougherty knew that he wanted to be a chiropractor. He earned a Bachelor of Arts in Biology from Northwestern College in Orange City, Iowa, in 1987 and his Doctor of Chiropractic from Logan College of Chiropractic in Chesterfield, Mo., in 1992. He began his work with New York Chiropractic College as a research associate in 1996, when he contacted the school about conducting research on vertebral arteries. That, he says, started a “long and happy relationship” with the school. “Working with Don Dishman, DC, and Ronnie Sciotti-Dishman, PhD, (both of whom taught at the College and performed research) was a great experience,” says Dougherty, adding that it influenced his decision to continue his affiliation with NYCC.

Over the years, Dougherty has served the college as an adjunct assistant professor, full-time assistant professor, and currently as an associate professor. Among his numerous accomplishments and affiliations, Dougherty earned a Diplomate of the American Board of Chiropractic Orthopedists. He is affiliate faculty for the Geriatric Medicine Program at the University of Rochester and an adjunct assistant professor at the University of Rochester School of Medicine in the Department of Orthopedics. He also is affiliated with the Canandaigua Veterans Affairs Medical Center in Canandaigua, N.Y. where he performs research and directs teaching clinics. He has been a member of the Academy of Chiropractic Orthopedists. His memberships also include the American Chiropractic Association, the American Public Health Association, the American Geriatric Society, the North American Spine Society and the Foundation for Chiropractic



Education and Research.

Dougherty remains highly involved with NYCC’s research efforts and has been very successful in securing grant funding for such research projects as the randomized clinical trial of chiropractic management versus active exercise therapy in subgroups of chronic lower back pain patients, as well as studies involving the conservative management of carpal tunnel syndrome with the Graston technique.

Sage Advice

A neurosurgeon once told him, “Anyone that tells you they get everyone better is either lying or selling something.” Dougherty claims

these words have encouraged him to ask for advice whenever he is unsure what to do for a patient who is not responding favorably.

To the students at NYCC, he wishes to pass along these words of advice: “You are paying a tremendous amount of money for an education. Take advantage of every opportunity you are given.” He urges students to think critically and not to take what everyone says at face value. “If I just give students facts, they will forget those within a week. But if I can teach a student to think critically, then I have given them a lifelong skill,” he explains.

Family Life

Dougherty and his wife, April, have four children: Meagan, 16; Sean, 14; Eric, 13; and Ryan, 11. Paul is very active in his church and enjoys working on his small farm, where he raises fruits and vegetables. He also grows the hay used to feed the horses they use on the farm.

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Alumni Spotlight

Alumni Spotlight: Brandon T. Chorney, DC, CCSP

A 2002 graduate of Quinnipiac University in Hamden, Conn., with a Bachelor of Science in Biology and a minor in marketing, Brandon T. Chorney decided as an undergraduate to pursue a career in chiropractic after a weight-lifting injury sent him to a chiropractor in Rhode Island. He said it's a way for him to help people without the use of drugs.

Choosing NYCC

Dr. Chorney chose New York Chiropractic College largely because the program is grounded in sciences and research, with a good balance of philosophical ideals. He was also attracted by the high percentage of students who passed the board exams and went on to become successful chiropractors. However, a visit during the spring was the clincher for him: The school's beauty was overwhelming. He graduated from NYCC in November 2006 and went on to complete the Certified Chiropractic Sports Physician program, passing his board exam in 2007.

Intern to Associate to Intuition

An internship in New Fairfield, Conn., with Jason M. Lord, DC, turned out to be a good match, and Chorney was asked to stay on as an associate. The busy office needed a more personal touch for its patients' recommended home healthcare than scratching notes on a piece of paper. Chorney's remedy was *Housecall*—a customized, Web-based home healthcare plan with video demonstrations. The portal helps doctors communicate personalized advice directly to their patients in the privacy of their own homes by using image enhancements to help them remember what they were shown in the office.

The success of *Housecall* made it too valuable not to share, and Chorney has been teaching other doctors about it at trade shows from coast to coast. Recently, while in Las Vegas, he met NYCC President Frank J. Nicchi at a Parker Seminar and talked with him about implementing *Housecall* at NYCC. "Dr. Nicchi has been instrumental in helping the school lead the way and use technology to enhance and elevate the standard of care in the chiropractic world. I am excited to see my alma mater raising the bar and practicing what they preach," Chorney said. NYCC has always instilled in its graduates the idea of looking for ways to improve the care provided



Dr. Brandon T. Chorney

to patients and to communicate more effectively. And that was what spurred the need for *Housecall*. Chorney explains, "Treating everyone from high school athletes to families, we use diversified adjusting techniques such as myofascial release and core stabilization to treat common injuries. The patient can then, in the privacy of their own home, review the steps for improved health."

Alumni Advice

Chorney advises those getting ready for graduation not to believe all the horror stories of associateships gone bad, as that is not always the case. It is important for a chiropractic job applicant to look for an employer who has years of experience and shares similar ideals regarding patient care and professional life. He also wishes to share something he learned from Frank Lizzio, DC, a mentor from the Levittown NYCC clinic: "Pursue your dreams, work hard, and you will achieve your goals."

Giving Credit to His Family

With his work keeping him extremely busy, Chorney has put his hobbies on the back burner for now. He credits his family as his greatest source of encouragement and support and for believing in whatever he does, instilling the belief in himself that he needed for success. His parents still live in Rhode Island. He also has two brothers: One is in college and the other owns a restaurant in Connecticut. Chorney recalls the great friendships he made while at NYCC and what an asset they were personally and professionally during the development of *Housecall*.

For more information on *Housecall*, visit http://www.housecallrehab.com/about_us.php.

News Briefs

New York Chiropractic College Partners with U.S. Military U.S. Navy SEALs come to NYCC Athletic Center

Finger Lakes residents may be surprised to learn that one of the country's most elite military forces, Navy SEALs, do their training right in their own back yard – or local swimming pool, for that matter. Over the course of the past year, New York Chiropractic College has provided free training and testing space at its Athletic Center. Training mentor and motivator Daniel Toth, a retired Navy SEAL, operates the Delayed Early Entry Program once a month, as recruits come to NYCC to test their mettle before entering SEAL basic training or air rescue program.

Toth, a resident of Pittsburgh, Pa., joined the Navy in 1974, became a SEAL in 1977 and retired in 1999, after 25 years of service, at the rank of 1st Class Boatswains Mate. During his career he served aboard the USS Yosemite and the USS Point Defiance; held seven SEAL commands, serving as physical training coordinator in three; and experienced nine “real world” deployments as a SEAL in various roles that included sniper, intelligence gatherer, and advanced combat swimmer. He became an NSO Mentor in 2006.



Why NYCC?

Beginning his volunteer service with the training program about two years ago, Toth was looking for a facility that would offer year-round testing opportunities. NYCC fit the bill with its indoor swimming pool, indoor track, and state-of-the-art workout facilities. He approached NYCC Recreational Services Director Tony Petroccia and got a “thumbs up.”

Informed of the Navy's request, NYCC President Dr. Frank J. Nicchi responded, “We'd be honored.” “It is a small token of appreciation ... a chance to give something back for all the military does for us,” said Petroccia.

The Testing

Area Navy recruits enroll in some of the most hazardous duty in the military. To prepare, they undergo intensive endurance training under Toth's guidance. Once a month the recruits test their progress and, as they put it, “take their 14 day” just prior to shipping out to boot camp.

Toth explains what will be expected. Each program has unique time requirements and specifications for the performance of each task. Simply put, the recruits must swim 500 yards, perform 42 push-ups, 6 pull-ups and 50 sit-ups, and then run 1.5 miles – all within an allotted time. The physical tests must be met in order for the applicant to gain admission to their program of choice.

Determination and Dedication

One female recruit had been ill for several days. She nonetheless forged ahead and completed each phase without complaint.

Toth spoke to the recruits of the long hours of training that lie ahead for them: strenuous endurance exercises, sniper training, and night swim exercises that include such things as learning to identify sharks as you swim past them in the dark. He shared his personal experiences as a SEAL at boot camp and in actual operations.



NYCC Recreational Services Director Tony Petroccia and Navy SEAL Mentor Daniel Toth

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News Briefs

NYCC Alumna Acts as Delegate at DNCC in Denver Dr. Huma Pierce Attends Democratic National Convention in August

On August 25, one of NYCC's own, Huma Pierce, DC (NYCC 2001) represented Oregon as a delegate for Senator Barack Obama at the Democratic National Convention in Denver, Colo.

After ending her career as a Canadian Surface Naval Warfare Officer and Naval Attaché and Translator in 1997, Pierce – hoping to find a career in which she could apply her BS in Biology with a double minor in Far East religion and Islamic Architecture – discovered the NYCC Web site. She credits Peter Van Tyle, executive director of institutional advancement at NYCC, with presenting information that sparked her interest in chiropractic and NYCC's superior facilities for her decision to attend the College.

Upon moving to Oregon, Pierce became interested in politics and the electoral process. "People here have a vested interest in local politics and in the grander political landscape," she says. In 2004 she held a number of house parties for Senator John Kerry, even though she couldn't vote. Today she is helping the Obama campaign as an Oregon community organizer and canvasser while simultaneously running her two practices in Beaverton and Portland as well as a separate massage clinic. At the May 18, 2008, Obama rally, she spoke to the crowd of approximately 75,000 people about how the community can come together to make change. Pierce is also involved with the Oregon Democrats, which entails marching in parades, telephone calling, canvassing and going through the delegate process.

Becoming a Delegate

Field organizers of the Oregon Obama Campaign suggested that Pierce apply to be a delegate for the Democratic National Convention Committee. One must be elected from his or her congressional district to the state convention and then from the



Dr. Huma Pierce (NYCC 2001)

state to the DNC, so Pierce campaigned the old-fashioned way and beat out many people, some of whom had been working in politics for over 20 years. A few politicians even suggested she run for office, which she says is "an interesting idea for the future."

As a delegate, Pierce voted for her pledged candidate, participated in delegate-only events, took part in Delegate Service Day on August 27, played a part in several committees, and added to the Democratic Party platform. She feels her education at NYCC and background in chiropractic aided her at the DNC because it has instilled in her the ability to think on one's

feet, take in information and perform critical evaluations.

The International Chiropractic Association (ICA) contacted Pierce to pass on its legislative agenda. Her goal as a delegate was to help achieve equality for chiropractic in the American healthcare system. "If everyone had some chiropractic healthcare insurance, then everyone could structurally rehabilitate the spine," says Pierce. "Certainly, Senator Obama understands the value of structure determining function; he has excellent posture."

Pierce hopes to lead by example and feels that a change in leadership in our country and the new healthcare system on the horizon will help unite the chiropractic profession. She mentions that she believes her personal strength in chiropractic philosophy and conviction in well researched chiropractic techniques will be instrumental in aiding change to the typical medical model. "Some call it courage to try to elevate chiropractic in the minds eye of America," says Pierce. "I think it is simply about time. Our time is now!" Pierce wants her participation at the convention to help people outside the chiropractic profession as well. "Anytime someone makes a genuine heartfelt commitment to something bigger than themselves, that benefits everyone," she says.

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News Briefs

Alternative Practice Options CDC Speaker Scott Coon, DC (NYCC 1994)

On Thursday, May 29, NYCC's Career Development Center hosted a discussion by chiropractor, Scott Coon, who provided his audience of NYCC students with valuable information about running a successful practice. Coon is a 1994 New York Chiropractic College graduate and assistant professor in the Basic Sciences department.

He began his career in typical fashion: graduated, opened an office, and began treating patients. After 14 years of practice, his daily routine changed. Having managed two offices as well as treating 600 patients a month in a public hospital, he saw that his hospital experience was more profitable than his office practice. Wheels began to turn and he recalled what he knew about "micromanaged practice." Simply put, it means all office responsibilities fall to the practitioner. There is one doctor, no receptionist, no insurance employee, and no staff. In order to reach his goal of \$100,000 annually, within this type of practice he would only need to see approximately 12 patients daily.

While not too excited at the prospect of working by himself all day, Coon did like the idea of increasing profits at no extra cost to his patients. There was an alternative to lonely labor: He



Dr. Scott Coon

aligned himself with healthcare providers with whom he could work synergistically; sharing office space and keeping their individual rents to a minimum. Inside of two months he saw an estimated annual profit growth of over \$50,000 - certainly worth making changes for.

Aligning with Hospitals and Health Clinics

Hospitals and clinics, when stripped to the bone, are businesses, and are never happy to hear that you are taking business away from them. "Businesses want to hear how you are going to make them money," he said. He discussed how having a chiropractor on staff would have a trickle-down effect on profits, explaining that many chiropractic patients need to be co-managed. For example, some may need imaging or physical therapy and would be referred to a staff radiologist or therapist.

"No service goes unnoticed," Coon added, "and sometimes the simplest things will bring great success." For example, there was the time when Dr. Coon provided a report for parents on backpack safety. He soon found himself flooded with interview requests and patient referrals. The students enjoyed the talk and are anxious to put Dr. Coon's fiscal strategies to work.

A New Role for Lee Van Dusen, DC

The Council on Chiropractic Education (CCE – the accrediting agency for all U.S. chiropractic college programs) announced that it has selected Lee Van Dusen, DC, Assistant Vice President of Institutional Quality and Assessment at NYCC, as its new Executive Director.

Dr. Van Dusen enjoyed great success at NYCC, beginning his career as assistant professor, and subsequently serving as associate professor, Dean of Chiropractic Education, Dean of Academic Quality Assurance and Support, and currently as Assistant Vice President for Institutional Quality and Assessment. His extensive knowledge and experience



NYCC President Dr. Frank J. Nicchi and Dr. Lee Van Dusen

with state, regional and professional accreditation, and training as a site visitor for the New York State Education Department helped prepare him for this new position. During Van Dusen's time as Dean and Assistant Vice President, NYCC received a Gold-level award from the Empire State Advantage Excellence at Work Program. Van Dusen has also been a frequent presenter at national educational conferences, speaking on quality initiatives in the educational process.

Thank you, Dr. Van Dusen, for all you have done for NYCC. We all wish you well in your new position. You will be greatly missed.

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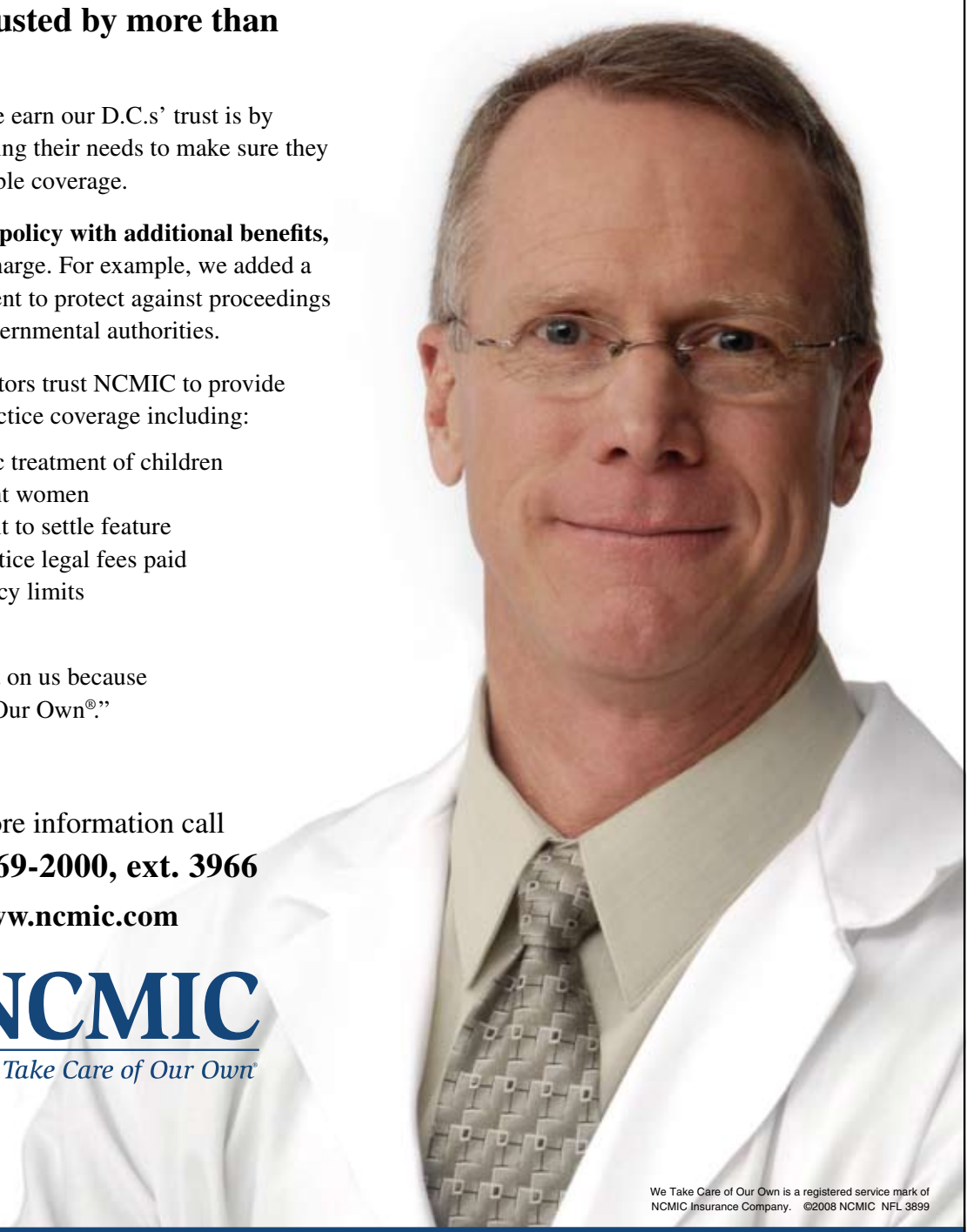
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News Briefs

New York State Board Presentation: “Chiropractic Law, Rule, Regulation and Ethics: A New York Perspective”

By: Gabrielle Shaughness

As part of this year’s Homecoming weekend activities, students and faculty were invited to attend a presentation by the New York State Board on “Chiropractic Law, Rule, Regulation and Ethics: A New York Perspective.” Stephen Eble, DC, chair, and Douglas Lentivech, Esq., executive secretary, discussed how the board can help chiropractors with legal and ethical concerns not only after a conflict has arisen, but more importantly, beforehand as a preventative measure.

“All the rules aren’t always written out for you,” Lentivech noted. Sometimes doctors are faced with uncomfortable situations or “traps for the unwary.” Granted, there are statutes and regulations that clearly state minimal competency standards and punishable violations such as fraud, but there is also a second category of good practice guidelines that falls into a more gray area.

Failure to maintain a standard of “good practice won’t



Douglas Lentivech, Esq.

necessarily cause you to lose your license,” Lentivech explained, “but that’s not what you want to strive for. You want to be an ‘A’ practitioner, not the minimal passing grade doctor.”

A doctor can have one bad day without the board interfering or threatening to revoke a license. However, the issue, says Lentivech, is not the board so much as it is the risk of a malpractice suit.

Lentivech continued that in cases of misconduct, either a practitioner blatantly cuts corners, thinking he/she will not be caught, or the doctor honestly does not know the rules. This latter case is preventable, and thus board discussions focus on addressing common questions specifically for these hazy areas.

Because each state has different regulations and scopes of practice, Lentivech recommended consulting the Federation of Chiropractic Licensing Boards’ Web site, which lists the boards for all jurisdictions in the U.S. and Canada, at: <http://fclb.org>.

The New York State Board for Chiropractic Pays a Visit to NYCC

In July, NYCC played host to the New York State Board for Chiropractic’s quarterly board meeting. The Chiropractic Board is appointed by the state’s Board of Regents for the purpose of assisting New York’s Board of Regents and the Department of Education on matters of professional licensing and professional conduct. (Back row - L to R) Douglas Lentivech, JD, Executive Secretary; Vincent F. Loia, DC, extended member (NYCC 1981); President Frank Nicchi; Scott E. Kilmer, DC; Stephen T. Eble, DC, Chair (NYCC 1981); Benjamin M. Bartolotto, DC, extended member. (Front row) Michelle J. Lester, DC, Vice-Chair (NYCC 1991); Ellen M. Coyne, DC (NYCC 1984)



CDC Guest Speaker Lisa Bloom, DC (NYCC 1990)

Lisa Bloom, DC (NYCC 1990) gave current students some insight regarding the world of chiropractic. An associate professor in the Chiropractic Clinical Sciences department at NYCC, Bloom is a diplomate in both applied kinesiology and neurology. During her lecture, the expression “world of chiropractic” took on literal meaning. Her expertise has taken her to 34 states, Canada, England, and the Netherlands.

“Even the flight was enjoyable,” Bloom said of her trip over the Atlantic to the Netherlands. Approximately 16 million people call the Netherlands home, yet only 200 Dutch call themselves chiropractors. When that ratio of 80 thousand patients to one doctor is compared to a town like Merrick (Long Island), N.Y., with its 27 practicing chiropractors and approximately 18 thousand inhabitants, the situation in the Netherlands looks rather favorable for an aspiring doctor. According to Bloom, not only is it favorable, it is exceptional. Some chiropractors in the Netherlands report having waiting lists as long as three to six months for initial patient visits.


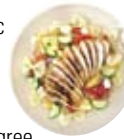



In the U.S., it is not uncommon to be asked: “Do you see a chiropractor?” In the Netherlands, however, the question may sound more like, “Which chiropractor do you see?” It is ex-




Dr. Lisa Bloom

pected. Bloom attributes the regularity with which chiropractors and medical doctors coexist in the Netherlands to their structure of healthcare. Since healthcare is a system that is driven by results rather than profit, it behooves medical doctors and chiropractors to include complementary care in their cases when advisable.

The catch? English is not the first language in the Netherlands. Chiropractic is highly communication-based, thus language may present a major hurdle for aspiring export chiropractors. Consequently, any American-born chiropractor wishing to practice there would need to learn Dutch. If learning a new language, traveling to a new world, and working synergistically with medical doctors on a regular basis sounds good to you, maybe the Netherlands should be included in your itinerary.

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NYCC Welcomes New Director of CELT

Kara Kreinheder joined NYCC August 4 as the new director of the Center for Excellence in Learning and Teaching (CELT). Most recently she was an elementary school counselor for the Greece Central School District. Kara says that some students may need to “learn how to learn” and she wants students to know that she is available for help with learning styles, study and test-taking skills, as well as stress and time management. She looks forward to collaborating with faculty and staff in any way that will benefit students.

Kreinheder says, “Students may feel isolated from family and friends.” She feels confident that she can provide help with these and other issues they may encounter. In addition she will determine ideal learning environments tailored to students’ individual needs and will develop individualized programs designed to focus on the many demands they face.

Kreinheder was raised in the Syracuse area and graduated from the University of Buffalo in 2004 with a Master of Education degree. It wasn’t until after graduation that she began dating her husband, Matthew Kreinheder, even though they were classmates all through middle school, high school, and college. Matt is starting his fifth trimester in the Doctor of Chiropractic



Ms. Kara Kreinheder

program here at NYCC and is also enrolled in the Master of Acupuncture program.

Outside of work, Kara enjoys photography, specializing in “artsy” landscapes – she even aspires to becoming a professional photographer someday – as well as yoga, reading, playing the flute and piano, and dancing. She and Matt have two cats: Topaz and Jag. Her parents still live in the Syracuse area, and she has two older brothers – one

in Lewiston, N.Y., and the other in Charlotte, N.C.

Kara’s office is located on the lower level of the Library/Anatomy Building. She can be reached by phone at extension 3123 or by e-mail at kkreinheder@nycc.edu. She encourages everyone to visit the department’s Web page, www.nycc.edu/why_celt.htm, and continue to check for updates.

Giving Something Back - Drs. Dina (NYCC 1997) and Rick Rosa (NYCC 1996)

(Continued from page 5)

are and they believe that a balance with good friends, great family and their outside interests helps keep them healthy and happy individuals.

Looking to the Future

Both Rick and Dina Rosa practice the philosophy that there is a time and place for everything. Their experience working in integrative settings has allowed them to see how well chiropractic works in conjunction with other medical specialties. They recall a time when patients came to them as a last resort, but now they are enjoying direct referrals from primary care physicians, orthopedic surgeons, neurosurgeons, rheumatologists and Ob/Gyn practitioners. Integration, they feel, has played a tremendous role in the future of chiropractic.

Rick and Dina see a bright future ahead for NYCC: “Dr. Nicchi has done an excellent job of taking NYCC to the next level.” The master’s programs in acupuncture and Oriental medicine, applied clinical nutrition and diagnostic imaging were not yet in place while they were students at NYCC. Classes in multidisciplinary settings, a strong emphasis on diagnostic skills, and the latest technology and research, all contribute to that rosy future.

Conservative Care for Idiopathic Scoliosis

(Continued from page 14)

function and gait symmetry, and nutritional supplementation of melatonin levels, along with exercise recommendations to improve body balance and neuromuscular coordination.

The Conservative Approach to Care

Each young patient with a scoliosis must be evaluated to determine the classification of the spinal curvature and its potential for progression. When conservative treatment is indicated, nutritional support for the pineal gland should be considered. Perhaps most importantly, the neurological and musculoskeletal systems need to be checked thoroughly. Exercises to develop fine control of balance and posture, as well as gait training may be helpful. Custom-made orthotics should be considered early in the treatment of all patients with scoliosis, to help improve bilateral balance and gait symmetry.

Dr. Brian Jensen, an '87 Palmer graduate, speaks on a wide variety of topics, including orthotic therapy, posture, structural preservation, breaking free of the medical model of health care, and innovations in nutrition and is currently Associate Director of Professional Education at Foot Levelers, Inc. Transitions' articles contain sourced material and the author is happy to provide attribution upon contacting him at: bjensen@footlevelers.com.

What's News?

Alumni Update ~ Alumni Update ~ Alumni Update

Class of 1976

Richard Weinstein, DC, has been in private practice for 30 years in Capitola, Calif. He is the author of *The Stress Effect: Discover the Connection Between Stress and Disease and Reclaim Your Health*, published in 2004 by Avery/Penguin Putman. He recently completed a program for public television based on his book called Craving Health with Dr. Richard Weinstein which is now broadcasted nationally. The program has thus far been aired in Maryland, Washington, DC, Pennsylvania, Colorado, Washington, and Oklahoma. It is soon to air in California, Louisiana, and on September 13 and 17th in New York/New Jersey on public television stations NJN and NJNDT1. A seven minute trailer of the Craving Health television program can be seen by going to the cravinghealthonline.com Web site.

Class of 1981

Andrew Cort, DC, has two new books published this past April. The books are entitled: *Return to Meaning: The American Psyche in Search of its Soul*, and *From Joshua to Jesus: A Brief Chronicle of the Kings, Empires, Legends and Ideas, that Paved the Way to Bethlehem*. They are available at Amazon.com.

Class of 1982

Alan Hecht, DC, has completed the second editions of three books entitled "Polio", "Anthrax" and "Mononucleosis" each of which is part of the series *Deadly Diseases and Epidemics* published by Infobase Publishers in NY. The books will be out in late August. He is also writing a laboratory manual in Medical Microbiology for Bent Tree Press in Reno, NV. Besides his practice, he is teaching Anatomy & Physiology as an adjunct at Farmingdale State College, Nassau Community College, C.W. Post College and Hofstra University where he is a course coordinator and a contributing author to Starr & McMillan's *Human Biology*, 7th edition. His office phone is 516-731-7081.

Class of 1992

Thomas Perkins, DC, is the owner of Lake Erie Spine & Injury Center at 1005 Peninsula Drive, Erie, PA 16505. He recently welcomed **Stephanie Shaw, DC, Class of 2003**, and **Daniel Hensler, Class of 2004**, to his practice. Dr. Perkins has also begun seeing patients at Hamot Hospital's Occupational Health Center two days per week.

"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.



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What's News?

Alumni Update ~ Alumni Update ~ Alumni Update

Class of 1998

Sherry Anne Lints, DC, acquired a Tennessee license and has been privileged to work on many great southern and country artists including legends! Her recently released debut solo album "Thank You" can be purchased for \$15.00 by calling or e-mailing her. Additionally, she appeared in an upcoming family values film, "Clancy," to be released this fall. Her Web site address is www.betterhealthchiro.topchiro.com and her phone number is 315-735-1947. Her e-mail address is drsaline@juno.com.

Michael Trayford, DC, DACNB (98) and Denise (Roth) Trayford, DC (99) announce the birth of their second daughter Kelsey Marie Trayford on June 1, 2008. The family, including big sister Sara and Rottweiler Miles, relocated to the mountains of western North Carolina in Asheville three years ago to open a home based practice in a separate building on their property, allowing for more time with the family. Dr. Michael Trayford continues to run a referral based neurological consultation practice specializing primarily in disorders of balance and movement, brain injury and seizure disorders. He has integrated into their clinic cutting edge technology

for diagnosis and management of vestibular disorders and those at risk of falling. Dr. Denise Trayford currently works part time concentrating on family care and electrodiagnostic studies for the neurology practice. Their phone number is 828-681-0350 and the Web site is www.hamptonwellness.com.

Class of 2002

Scott W. Harris, DC, and his wife, Christina, announce the birth of their son, Andrew Paul Harris, on October 28, 2007. He was born 12 weeks early, weighed 3 lb. 6 oz., and was 15" long.

Class of 2004

Tricia J. Nolan, DC, is proud to announce the birth of her first child, a son, Peter Caden, in an all natural/drug free birth on February 9, 2008. On October 4, 2008 she will marry Anthony Pasos in Albany, N.Y. Dr. Nolan has a family wellness practice in East Greenbush, N.Y., and is certified in pediatrics through the ICPA. You may contact Dr. Nolan at drnolan@egchiro.com/
www.egchiro.com.

Transitions

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; or e-mail: pvantyle@nycc.edu.

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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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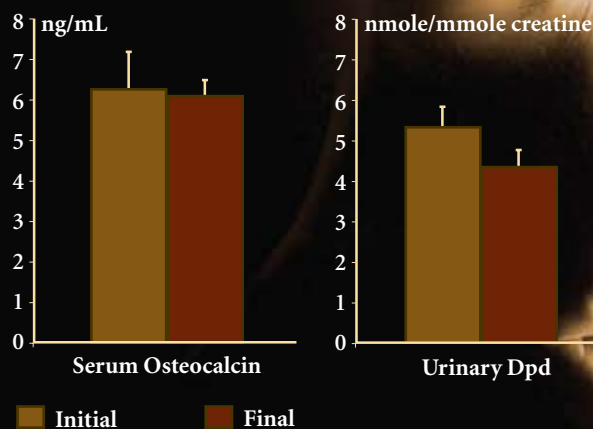
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