

Transitions

A publication of New York Chiropractic College

January/February 2011



Alzheimer's & Memory Loss



Hemack's
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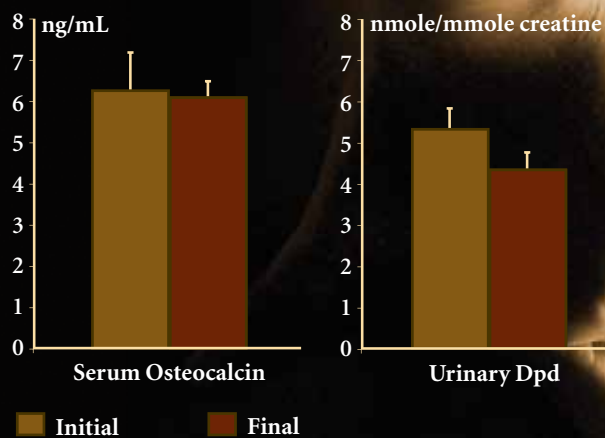
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Transitions

January/February 2011

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TRANSITIONS is published six times a year.

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President's Message

Embracing the New Year and Taking Stock of 2010

While much remains to be learned about Alzheimer's, there is consensus that the progressive neurodegenerative disease is ravaging the country's most vulnerable and rapidly growing population - the elderly. As many as 5 million Americans currently suffer its scourge with a new case diagnosed every 72 seconds. Estimates put the number of Alzheimer victims at 16 million by 2050. Its cause remains a mystery as scientists strive to learn all they can about the disease.

As 2011 begins, we take stock of the past year's blessings, including *The Chronicle of Higher Education's* listing

NYCC in its 2010 "Great Colleges to Work For Honor Roll," the opening of NYCC's new Rochester Outpatient Clinic in Henrietta, N.Y., and continuing to develop vital clinical relationships at highly esteemed healthcare facilities and universities. Entering the new year, NYCC has every reason to anticipate good things ahead. In January the College launched its new Master of Science online program in Human Anatomy and Physiology Instruction.

So here's wishing every one of you a happy, healthy new year and may 2011 bring you and yours much happiness and good fortune!



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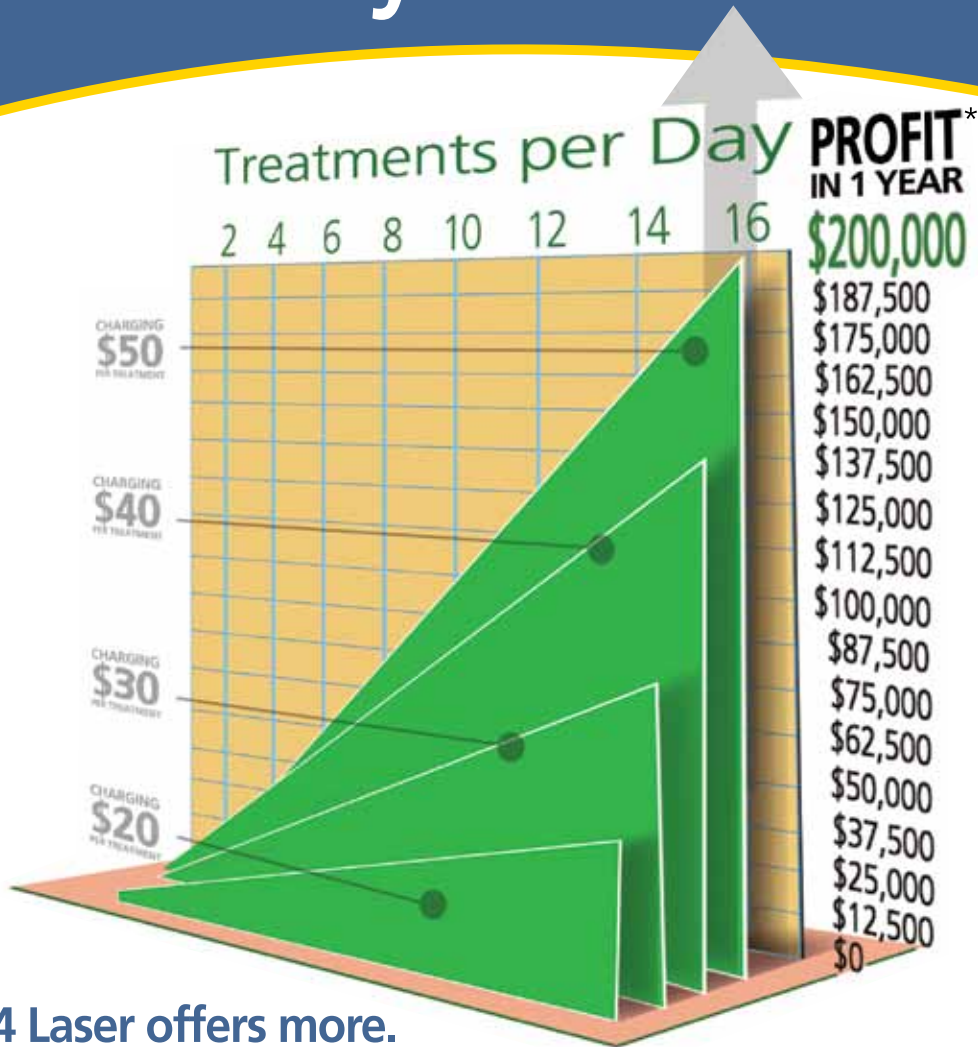
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ACC-RAC 2011 is the combination of the Association of Chiropractic Colleges (ACC) meeting and scientific/educational conference. It emphasizes educational structure, administration, teaching, and peer reviewed presentations, and the Research Agenda Conference (RAC), which focuses on the development of scientific knowledge, skills, and attitudes through workshop sessions. The combination of the two programs continues to enhance and nurture the natural relationship between chiropractic scholarship and education.

Through various styles of presentation, including plenary sessions, platform presentations, workshops, and poster sessions, the 2011 conference will focus on clinical, basic science, educational research, and the topic of Integration. Program information will be updated on the schedule page as it develops.

This is one of the highest quality and most productive annual scientific and educational conferences in the chiropractic profession. Make plans to attend this conference now!

For more information and a complete schedule, please visit the ACC website at www.chirocolleges.org



Special Guest Ret. U.S. Army Brigadier General Rebecca S. Halstead

ACC-RAC 2011 is proud to welcome Ret. U.S. Army Brigadier General Rebecca S. Halstead with her presentation on "Working as a team – The importance of the integration of chiropractic services into VA and DoD healthcare facilities."

This conference will feature exciting presentations, workshops, discussions, poster sessions, and more, including:

Integration of Chiropractic Medicine in the Workers' Compensation Industry

This workshop will present the roles and responsibilities of all stakeholders in the workers' compensation industry to help the practicing chiropractic physician and chiropractic research better integrate with mainstream industrial medicine.

Successful Integration of Chiropractic Services: Examples from the Field

This session will focus on successful integration of chiropractic services into longstanding institutional entities: Veterans Administration, Department of Defense, hospital, and corporate facilities.

The Future of Integrative Healthcare: Benefits and Obstacles of Integration

This presentation will discuss the benefits and obstacles of integration in the domains of education, research, and clinical practice. Considerations for the future of the chiropractic profession will be proposed based upon current practices trends.



The
Association of
Chiropractic
Colleges

President's Forum

2010 - Another Good Year for NYCC!

The annual President's Forum presented a favorable review for 2010. College President Frank Nicchi, DC, MS, displayed the institution's most recent Annual Report as he addressed topics that included enrollment, financial data, the status of new programs, clinical internship opportunities and the many accomplishments and financial successes NYCC experienced during 2010.

Dr. Nicchi discussed the economic impact study assembled by the Commission on Independent Colleges and Universities that disclosed NYCC's significant economic impact on New York State. "Locally and statewide, the many benefits NYCC brings to the community is quite impressive!" he said.

Turning to the topic of enrollment, Dr. Nicchi noted NYCC's expanding geographic breadth. "The College now reflects a very geographically diverse student body," Nicchi said. Previously, enrollment consisted largely of students from the Northeast. Now, 34 states are represented in student enrollment at NYCC.

New Programs

Nicchi then spoke of the College's new academic initiatives. With the approval of the New York State Education Department, NYCC launched its new online Master of Science in Human Anatomy and Physiology Instruction in January 2011, designed to build on existing anatomy and physiology competencies and geared to provide the credentials for graduates to teach anatomy and physiol-



ogy in a college setting. NYCC continues to advance in the digital world, offering yet another of its graduate-level programs through online education.

Clinical Opportunities

The Forum also revealed how clinical internship opportunities have expanded for NYCC students over the past year, including the opening of a new outpatient health center in Henrietta, N.Y. "It's a very impressive site and it's doing quite well in terms of seeing patients and serving the community, while also providing an excellent educational experience for our interns," said President Nicchi. The College has added affiliate venues enabling interns to receive hands-on clinical experience that include Veterans Affairs settings and other remote internships. In addition, NYCC has collaborated with Georgetown Medical School to enable Georgetown students easier access and exposure to

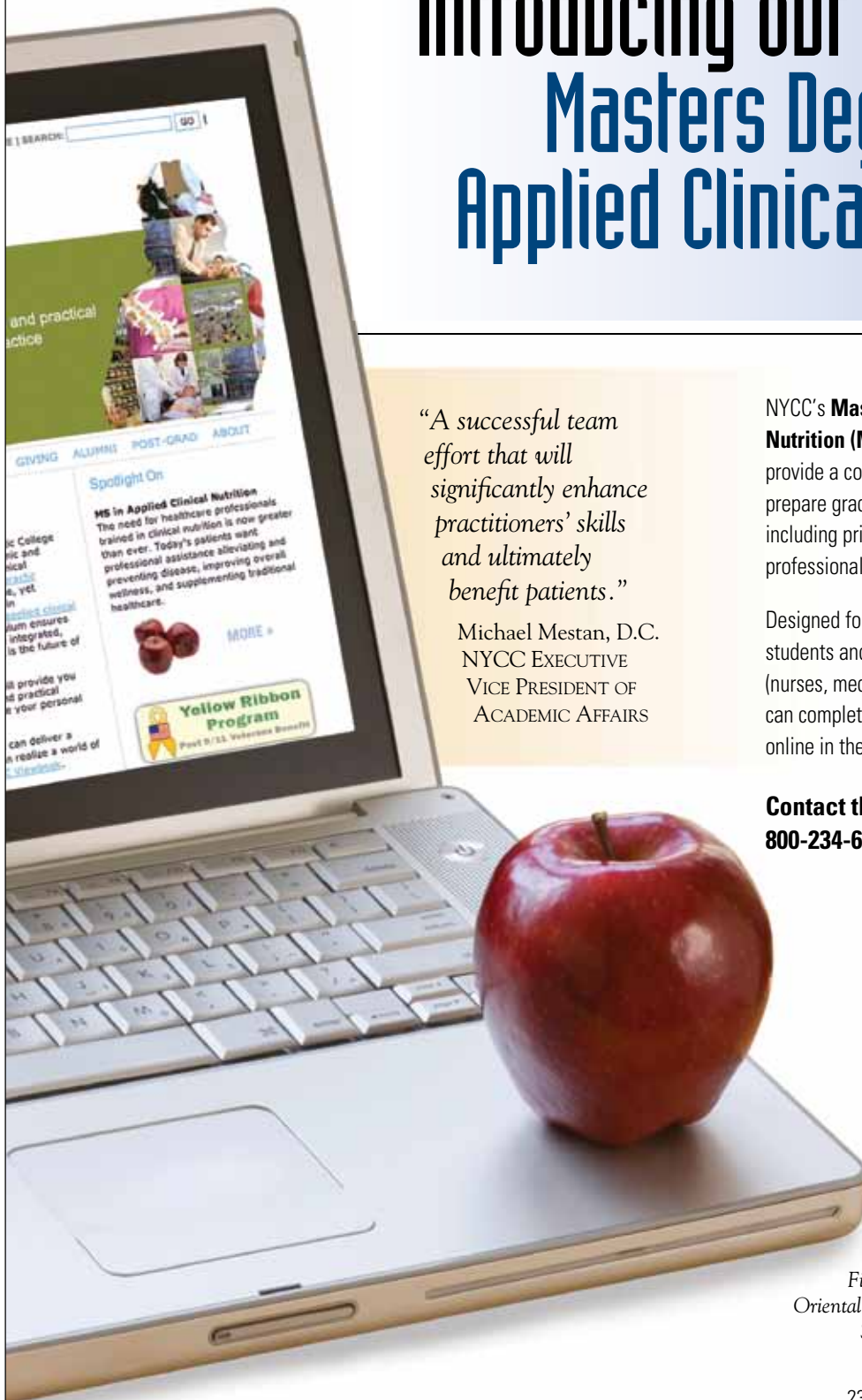
the CAM disciplines.

Kudos!

Dr. Nicchi commended the faculty and staff for another successful year. This was the second year in a row that the College was recognized as "A Great College to Work For" by the Chronicle of Higher Education. The President lauded his administrative staff and faculty members for their high levels of participation in national associations and other professional endeavors. "We (the NYCC college community) involve ourselves with the issues and we make an impact on the professions that we serve," Nicchi said.

Information relating to the College's achievements, new initiatives and supporting data is accessible in NYCC's latest *Annual Report* as displayed in the "News and Events" section of www.nycc.edu.

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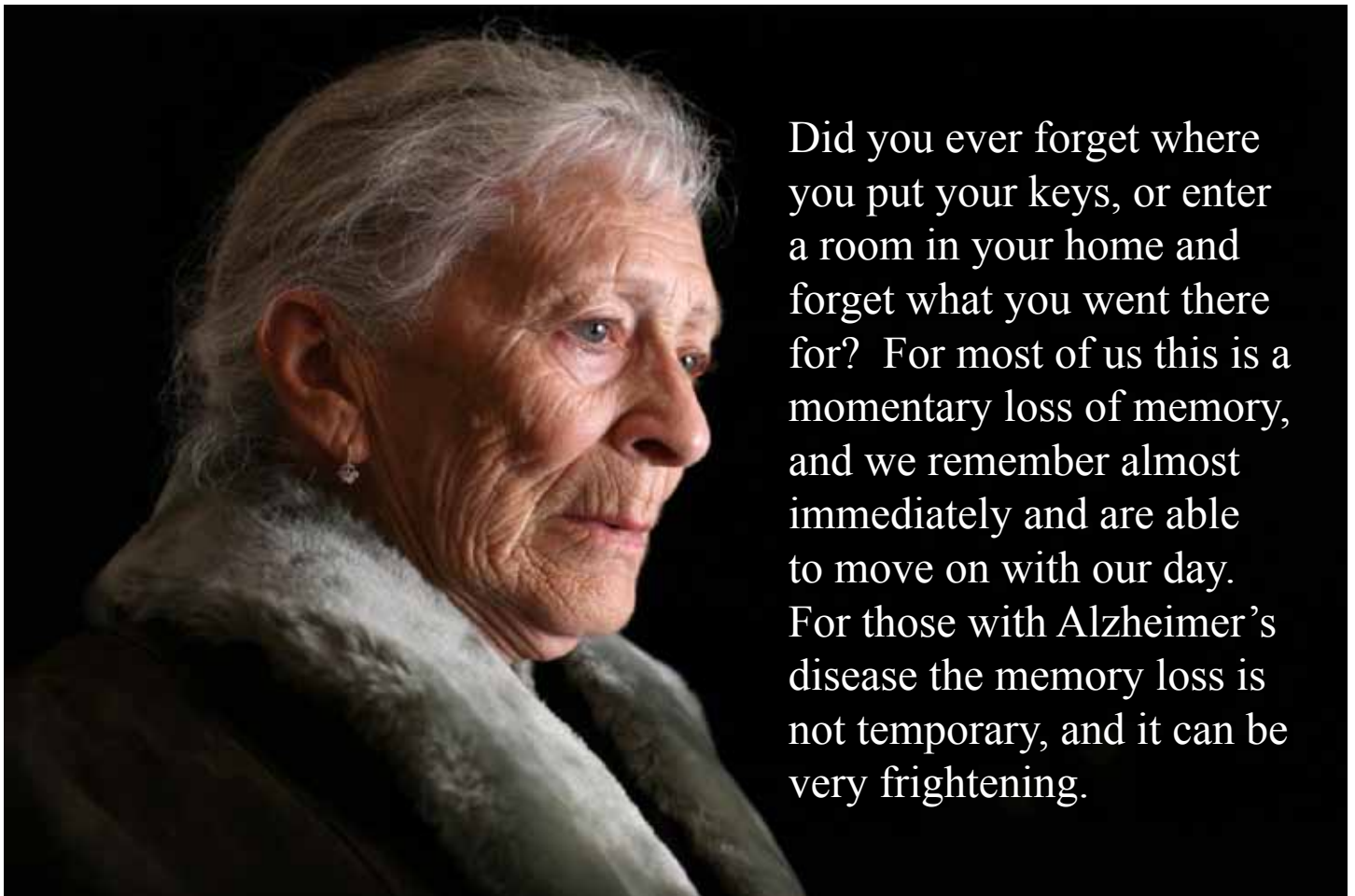


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Alzheimer's Disease



Did you ever forget where you put your keys, or enter a room in your home and forget what you went there for? For most of us this is a momentary loss of memory, and we remember almost immediately and are able to move on with our day. For those with Alzheimer's disease the memory loss is not temporary, and it can be very frightening.

Alzheimer's was first described in Germany in 1906 by Alois Alzheimer, MD, as a progressive, degenerative disease that results in the loss of cognition, changes in behavior and personality, and the inability to perform everyday activities. Today it is the most prevalent form of dementia. It is estimated that as many as 5.1 million Americans are suffering from the disease with between 50 and 70 percent of all dementia cases classified as Alzheimer's. Although it is not a curable condition, there are many ways to slow its progression. New connections between chiropractic treatments and Alzheimer's are being researched.

Discovery of Alzheimer's Disease

In 1901, a 51 year old woman was brought to Dr. Alzheimer because of her

family's concerns about her decreasing ability to function in normal, daily life. He observed and recorded her outward appearance as well as her behavior, and his observations ultimately became the clinical symptoms of Alzheimer's disease.

After the woman's death in 1906, Alzheimer performed her autopsy and made note of the strange anatomy of her brain in which he noticed neurons that appeared to be in tangled masses. He made note of unusual plaque buildups in between the neurons. These two anatomical distinctions were later found to be present in all patients that suffer from Alzheimer's disease.

Anatomical Anomalies and Clinical Presentation

The tangles observed by Alzheimer are now known to be the result of a buildup of

the protein *tau* within the neurons themselves. The plaques observed are deposits of the protein *beta-amyloid*. People normally develop plaques and tangles as they age, but those with Alzheimer's develop far more, making this anatomical anomaly one of the defining characteristics of the disease.

When first diagnosed, a patient may not present with any symptoms other than mild forgetfulness. Through much research, experts and physicians have developed seven stages, as a blueprint, to describe the progression of the diseases' symptoms. These stages aid in understanding how the disease progresses, but not every individual will advance through them at the same rate.

Stage 1: normal function with no evident impairment. The patient does not experience any memory problems and is able to function and think clearly.

Stage 2: very mild cognitive decline

that is often misinterpreted as cognitive impairment associated with age. The patient may have memory lapses or forget everyday familiar entities.

Stage 3: mild cognitive decline. The patient demonstrates recognizable cognitive impairment that is evident to people who have frequent contact with the individual.

Stage 4: moderate cognitive decline. The patient exhibits impaired ability to perform challenging mental arithmetic, the inability to perform complex tasks, and forgetfulness about personal history.

Stage 5: moderately severe cognitive decline. The patient will often need assistance, is unable to perform all daily activities, and suffers from the inability to remember a sizeable amount of information.

Stage 6: severe cognitive decline. The patient tends to lose awareness of their surroundings and experiences major changes in sleep patterns.

Stage 7: very severe cognitive decline. There is often a personality shift associated with late-stages Alzheimer's. Patients will eventually lose the ability to function on their own and will no longer be able to use the restroom, walk or eat on their own. Death occurs as a direct result of the neurological impairment associated with Alzheimer's disease.

Risk Factors and Preventive Measures

There are many risk factors that may leave an individual more prone to develop Alzheimer's disease. The greatest of these is advancing age. Most individuals with the disease are 65 or older. Genetic predisposition may also factor in. For patients with immediate family members who have been diagnosed with Alzheimer's, the likelihood of developing the disease increases. The risk increases with the number relatives who have been diagnosed with the disease. In addition, lifestyle choices, such as tobacco use and excessive alcohol consumption, have also been shown to be contributing factors.

The exact role that the plaques and tangles play is unknown, but it is thought they decrease the neuron's ability to relay signals by physically blocking the path, leading to a decrease in cognition and mental performance. The plaques are

thought to be the result of decreased blood flow to the brain. Robert Vassar, PhD, from Northwestern University, found that a decrease in blood flow limits the amount of glucose available to the brain, which, in turn, leads to the formation of the sticky beta-amyloid plaques.

There are many steps that can be taken to prevent or delay the onset of Alzheimer's. First and foremost, is exercise!

Maintain a diet low in fat, salt and sugar...a factor in plaque buildup.

Daily physical activity is important for brain and body health. Proper diet and alleviating persistent everyday stress have also been shown to decrease the risk of Alzheimer's. Maintaining a diet low in fat, salt, and sugar helps reduce the risk of developing high blood pressure, which



leads to a decrease in blood flow – thought to be one of the factors causing plaque buildup. Getting enough restful sleep aids the brain in processing and remembering information. Mental stimulating is also essential for brain health. Puzzles such as Sudoku, crosswords and memory games that require a large amount of cognition help maintain cognitive abilities.

The Chiropractic Approach

Blood rich in oxygen and nutrients is provided to the brain by a pair of large

blood vessels branching from the aorta and passing through the neck into the brain. When the first cervical vertebrae become misaligned, they can put pressure on these vessels. When patients undergo routine chiropractic sessions, there is no longer a period of prolonged cervical pressure on the blood supply, ultimately leading to increased blood flow to the brain and possibly resulting in a decreased risk of developing Alzheimer's disease.

Because there is no single clinical cause of Alzheimer's disease, there cannot be any one single clinical treatment. Treatments need to be used in conjunction with one another. By taking the recommended preventative measures it is possible to reduce the number of diagnosed cases each year and chiropractic care can play a key role.

AOM Approach

Some Oriental herbs have proven helpful as an alternative to the standard treatment methods for those with Alzheimer

symptoms. They may help eliminate some of the causes and help control the symptoms in patients who have already been diagnosed with the disease. This could lead to a decrease in the number of cases diagnosed and an increase in the life expectancy of Alzheimer's patients.

Ginkgo biloba has been shown to have a positive influence on memory retention when given to patients. Gotu kola has been linked with increased blood

Continued on page 18

Alzheimer's disease... Parkinson's disease... Lewy body dementia... Is it Really Alzheimer's?

Although Alzheimer's disease (AD) is the most commonly diagnosed form of dementia, there are other forms that are either overlooked or clustered into one category. Dementia is classified as a decline in cognitive function severely impacting everyday life. It can be caused by numerous diseases, infections, or trauma. Diagnosing its cause is absolutely imperative as it will determine the appropriate course of action and treatment.



Lewy Body Dementia

Fast Fact

It is estimated that Lewy body dementia affects 1.3 million individuals in the United States.

What is it?

Lewy body dementia causes a gradual decline in cognitive ability. A Lewy body is a clump of the protein *alpha-synuclein* associated with three other types of proteins. The protein associations form aggregates in the neurons of the midbrain. It is often hard to distinguish this type of dementia unless one is familiar with its onset. There are several defining features which allow the distinction to be made.

Symptoms

- Visual hallucinations: seeing people, colors, shapes or animals that aren't currently present;
- Fluctuating cognition: noticeable variation in attention span and alertness;
- Movement issues: slowed movements, tremors, or stiff muscles;
- Sleep difficulties: physically acting out dreams and making sharp, involuntary movements.

Vascular Dementia

Fast Fact

It is estimated between 1 and 4 percent of people over the age of 65 have vascular dementia, and the risk of developing it increases dramatically with age.

What is it?

Vascular dementia (VD), a progressive decline in memory and cognition, is the second leading cause of dementia in the United States. It is the result of impeded blood flow to the brain, depriving cells of nutrients and oxygen. There are a number of causes, including vascular blockages in the arteries or capillaries, or unrecognized "mini-strokes," which damage the cortex of the brain. As areas of the brain become damaged, symptoms begin to appear.

Symptoms

- Behavioral: slurred speech, getting lost in familiar surroundings, decreased ability to perform daily activities;
- Changes in cognition: memory problems, mood swings, confusion, delusions;
- Physical impairments: balance problems, dizziness, loss of bladder or bowel control, weakness.

Parkinson's Disease With Dementia

Fast Fact

It is estimated that 20-30 percent of patients with Parkinson's disease will develop dementia, generally after age 70.

What is it?

Parkinson's disease (PD) is a progressive degenerative disease that affects the central nervous system and an area of the brain involved in producing dopamine, resulting in nerve degradation and shaky, uncoordinated movements. In some cases of the illness, cognitive impairment that affects daily activities can occur. This is then classified as Parkinson's with dementia. In this case the dementia is caused by complications of a pre-existing condition.

Symptoms

- Tremors: can occur in the arms, hands, forearms, legs, and feet;
- Rigid muscles: Stiffness in muscles can occur in any part of the body and sometimes causes limited movement or pain and decreased ability to initiate voluntary movements;
- Poor posture and balance: A decline in reflexes that aid posture sometimes causes a stooped appearance and unsteady balance.

Huntington's Disease with Dementia

Fast Fact

Huntington's disease typically begins midlife, between the ages of 30 and 50, though onset may occur as early as the age of 2.

What is it?

Huntington's disease (HD) is a degenerative disease that affects the neurons of the brain. This disease is genetic, unlike PD or AD. Unlike AD, the development of HD is programmed into your DNA via mutation, although the risk of developing either disease increases if someone in your immediate family develops the disease. As the disease progresses, noticeable changes in memory, mood, and personality present. When cognitive impairment becomes significantly worse and reaches the point of interfering with daily life, the patient develops dementia. As seen with PD, the dementia is the direct result of a different condition.

Symptoms

- Changes in cognition: depression, forgetfulness, mood swings, trouble learning new information, and impaired judgment;
- Impaired motor skills: an increase in involuntary movements, poor balance and difficulty with speech and swallowing.

Infections Causing Dementia

Human Immunodeficiency Virus (HIV)

Fast Fact

It is estimated that more than one million individuals are affected by HIV in the United States.

What is it?

HIV is the result of the bodily infection of the retrovirus human immunodeficiency virus, which infects host cells and uses an enzyme called RNA reverse transcriptase to generate its genetic material once inside the host. The infection is transmitted through contact with bodily fluids such as blood

or semen. Common transmissions include illicit drug use and unprotected sexual activity. As the duration of infection progresses, the infection will often, but not always, develop into AIDS, autoimmune deficiency syndrome.

How can it cause dementia?

The mechanism by which the virus causes damage to the nerves in the brain is not exactly known; however, the degradation can lead to an impact of the cognitive ability of the patient, decreasing his or her ability to function normally in daily life.

Syphilis

Fast Fact

There are over 36,000 cases of syphilis in the United States.

What is it?

Syphilis is a sexually transmitted disease that is transmitted through unprotected sexual activity and easily gotten rid of with penicillin. The disease is caused by a bacterium that is shaped like a helix and often referred to as a spirochete. If a person is not diagnosed for a number of years, the bacteria can potentially spread to other organs of the body including hand, heart and brain. When the organism enters the brain, it is called neurosyphilis.

How can it cause dementia?

The bacteria feed on and destroy the nerves in the brain. The longer this persists, the more damage is done to the nerve cells. This can result in cognitive impairment to the point of dementia. Nerves try to repair the damage done; but this produces scar tissue, resulting in decreased signal transmission.

Creutzfeldt-Jakob

Fast Fact

There are approximately 200 cases of Creutzfeldt-Jakob disease diagnosed in the United States each year.

What is it?

Creutzfeldt-Jakob disease (CJD) is a degenerative spongiform encephalopathy.

Encephalopathy refers to a disease of the brain and spongiform refers to the appearance of the brain using microscopy, spongy. It is believed by some that a parasitic organism – or a “slow virus” – is the cause of the disease, but no single organism or virus has ever been isolated from a patient with CJD. Other diseases belonging to the same class as CJD (transmissible spongiform encephalopathies or TSEs) can affect different types of animals. It is similar to mad cow disease in cows, scrapie in sheep and goats, and other forms in exotic animals including elk, deer, and felines.

How can it cause dementia?

The disease, while its cause is unknown, slowly eats away at the brain matter of the affected individual, eventually causing holes to form and leaving the brain to resemble a sponge. As the nerves are being degraded, the patient begins to lose mental cognition and can sometime experience pain. There is no cure for CJD, only medications to keep the patient comfortable. After a period of time the patient will develop dementia that ultimately leads to death. The only ways to

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Alzheimer's Disease

Continued from page 15

flow to the brain as well as oxidizing nitric acid buildup in the brain. Increased blood flow would help limit the amount of the protein beta amyloid that builds up in the brain. *Rhodiola rosea* promotes the body's natural defense against oxidation and promotes neurotransmitter secretion by the neurons of the body.

Acupuncture has also been shown as an effective treatment of the symptoms of Alzheimer's. Nancy Emerson Lombardo, PhD, of Wellesley College, found that Alzheimer's patients receiving acupuncture treatments showed a statistically significant decrease in their levels of anxiety and depression – two factors that play a role in the advancement of the disease. In another study performed at the University of

Hong Kong by Haito Kao, PhD, patients were given acupuncture treatments and were then evaluated using the traditional Chinese medicine (TCM) symptoms checklist and the mini-mental state examination (MMSE) - a questionnaire used to gauge a person's cognitive impairment. Kao noted an overall increase in MMSE scores in addition to improvement of verbal orientation and motor coordination.

This research suggests that with the use of Oriental herbs and acupuncture, patients could show an improvement in their symptoms and may be able to delay the progression of the disease.

The Nutrition Approach

“You are what you eat” rings true

for overall health, well-being and aging. Nutrition is vital for brain health as it needs proper fuel to function efficiently. A healthy diet is not only good for the body, but it also helps enhance brain function and memory.

The recommended diet includes good fats, lean proteins, whole grains, and a variety of deep colored fruits and vegetables. Ideally, it is best to avoid trans-fats, saturated fats, processed foods, red meats, and full-fat dairy. It is important to eat foods rich in antioxidants as they help protect the brain from free radicals, a normal by-product of your metabolism, that, in excess, can potentially damage or kill brain cells. Vitamin C and Folic Acid, in addition to a healthy diet, can also be beneficial in supporting and enhancing the memory.

Is It Really Alzheimer's?

Continued from page 17

decisively diagnose a patient with CJD is through a brain biopsy or an autopsy. The presentation is similar to other forms of dementia, and there is no set clinical evaluation for its diagnosis.

Is Prevention Possible?

Although there is no cure for dementia, there are many ways an individual can help prevent or delay the onset of the disease. Practicing good healthcare through a healthy diet, exercise, and lifestyle choices can strongly influence the development of dementia. Age is a major risk factor that cannot be altered, but quality of life can be maintained through good choices. The following strategies are:

Exercise

Maintaining an active lifestyle is a key component to body and brain health. An exercise regimen combining regular aerobic activity and strength training is recom-

mended to enhance overall health. Simple activities such as walking, jogging, lifting weights, gardening, or cleaning the house can help increase muscle mass and maintain cognitive health.

Eat a Brain-Healthy Diet

The recommended diet includes good fats, lean proteins, whole grains, and a variety of deep-colored fruits and vegetables. It is best to eat foods rich in antioxidants and avoid trans-fats, saturated fats, processed foods, red meats, and full-fat dairy. Vitamin C and folic acid, in addition to a healthy diet, can also be beneficial in supporting and enhancing the memory.

Stimulate your Brain

Challenge and exercise your brain! Strive to learn something new each day and engage your brain in mental exercises such as brain teasers, crossword puzzles, strategy games, or reading. Such activities are a great way to

help improve brain function and memory.

Alleviate Stress

Persistent, everyday stress can weigh heavily on an individual's overall health and, over time, can negatively impact the body. In response to stress, the body releases hormones such as cortisol or adrenaline, causing an increase in heart rate and a stimulated feeling. There are a variety of stress-management techniques an individual can practice to not only help alleviate stress, but improve attention and enhance mental performance as well. Common techniques include deep breathing exercises, meditation, and yoga.

Following these recommended strategies can greatly impact brain function, memory, and overall health. Just remember, what you do now can greatly affect the way you feel now and in the near future.

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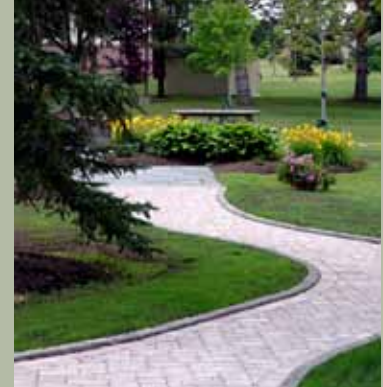
The President's Council plays a vital role in the life and well-being of New York Chiropractic College. Valued President's Council members fundamentally support the mission of the College and make significant contributions to the College that help enhance education, research and the advancement of healthcare. The Council consists of individuals and couples who contribute \$1,000 or more during the calendar year. Installments may be paid monthly, quarterly, semi-annually, or annually. President's Council gifts are publicly recognized on NYCC's Wellikoff Wall of Appreciation, proudly displayed on the NYCC campus.

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Alumni Spotlight

Alexander Rinehart, MSACN, DC, (NYCC '09,'10)

Transitions' Alumni Spotlight turns its focus on someone who graduated from NYCC, not once, but twice! Yes, Dr. Alexander Rinehart graduated from NYCC twice – first earning a Master's Degree in Applied Clinical Nutrition (MSACN) in August 2009, and subsequently in March 2010 with a Doctor of Chiropractic degree.

Rinehart was drawn to chiropractic after successful treatment for sports related pain by a doctor who administered drug-free, hands-on therapy. Once investigating New York Chiropractic College's chiropractic program, he was pleased to see that the College also offered a Master of Science in Applied Clinical Nutrition (MSACN) and knew it was the place for him. Prior to that, Rinehart had earned his undergraduate degree in Social Issues and Health at Juniata College in Pennsylvania and participated in both the Americorps program and in a Nutrition Action Group where he organized rural school-lunch programs.

In Practice

Rinehart developed a business plan for a practice named *CoActive Health* which incorporated chiropractic, nutrition, and equal and active responsibility of doctor and patient in achieving health goals. He



Dr. Alexander Rinehart

currently practices in Short Hills, N.J., seeing patients suffering from a wide variety of nutritional concerns. Careful to screen his patients for possible drug-supplement interaction, he treats fibromyalgia, stress, ADHD, eating disorders, headaches, skin problems, chronic fatigue and food allergies/sensitivities.

Business is picking up as Rinehart sees the demand for wellness care and health promotion escalating. Rinehart was confident that his master's degree in nutrition would make him a more effective healer and equip him with methods that go beyond musculoskeletal treatments for patients who would otherwise be referred to other professionals for surgery

or pain management. "Clinical nutrition is unique because it goes beyond weight loss, calorie counting, and diet programs. Knowledge of nutrition expands the types of patients you can see beyond just general recommendations for weight loss, multivitamins and fish oil," he says. With his MSACN, Rinehart sets himself apart from other chiropractors in his locally saturated chiropractic market.

Advice

Shadowing successful chiropractic offices is a great way to apply information learned in the classroom and develop one's own practice philosophy. Doing so also provides a valuable opportunity to meet great mentors. Urging new doctors to remain open to new techniques, Rinehart explains, "There are diverse people out there, so we need to be diverse in our techniques, too."

Dr. Rinehart values seminars and workshops and encourages students to participate in them and in the externship and internship opportunities that NYCC provides. He concludes by cautioning students to be selective regarding possible employers after graduating. He feels associateships can be incredible learning experiences: "Always remember that the job is not the asset, you are."

"Clinical nutrition is unique because it goes beyond weight loss, calorie counting, and diet programs."

Faculty Spotlight

Julie Plezbert, DC

In keeping with the theme of this issue of *Transitions*, we spotlight Dr. Plezbert, who is experienced in geriatric care and who provides insight into the care of patients afflicted with Alzheimer's. Unfortunately, there is no known cure for Alzheimer's, and while it's not reversible, progression of the disease may be slowed. "Some of the symptoms in early- to middle-stage Alzheimer's can be improved or lessened; thus an accurate diagnosis is the most important factor," said Plezbert.

Julie Plezbert, DC, who teaches chiropractic clinical sciences at NYCC, earned both her doctor of chiropractic and bachelor's degree in human biology from National College of Chiropractic (now National University of Health Sciences), as well as bachelor's degree in social work from George Williams College. Her interest in homeopathy led to a certification in homeopathy through a program sponsored by Texas Chiropractic College. Other certifications include acupuncture, geriatrics for physicians, and life care planning.

Treatment

Successful treatment means improving and maintaining patient function for as long as possible and delaying the progression of later stages of dementia. "A group of medications known as cholinesterase inhibitors are used as treatment to maintain and support acetylcholine in the brain," Plezbert explains. Some preventive measures may also be useful in reducing the inflammatory response, including diet, supplements, exercise, preventing head trauma, and staying mentally active.

While alternative therapies may play a role for treatment, typically they are not as commonly utilized during the later

stages of the disease since few alternative practitioners practice in nursing homes on a regular basis. "A care manager is ideal in order to coordinate physician, nursing, mental health and other social services," she said.

Family

An Alzheimer's diagnosis is difficult not only for the patient, but for the family as well. Dr. Plezbert urges families to educate themselves about the disease. "Learn how best to respond to confusion and emotional or behavioral instability with those who suffer from Alzheimer's," she advises. She also recommends learning how to go with the flow of the disease, rather than trying to reorient the Alzheimer's patient to our reality. "It is also important to get hooked into community and social-service support systems because caregivers can rarely go into the situation alone when successfully caring for an Alzheimer's patient," she said. Programs such as respite care allow caregivers to "get a break" from daily obligations.

It is also critical for caregivers to

"The important thing is to be involved in something of professional and personal interest as well as supporting the community."

maintain their own health while caring for an Alzheimer's patient. "I would recommend some degree of selfishness. Eat well, sleep, take supplements, find time to be alone, be in nature, meditate when



Dr. Julie Plezbert

possible, and exercise," urges Plezbert.

More about Plezbert

Currently a member of the American Chiropractic Association (ACA) and the National Center for Homeopathy (NCH), Plezbert chooses to personally support other reputable organizations, including the Society for the Prevention of Cruelty to Animals (SPCA), Salvation Army, Cancer Resource Center, and Hospice Care in Ithaca. "The important thing is to be involved in something of professional and personal interest as well as supporting the community," she said.

Personal Life

Born in Chicago, Ill., and residing in Romulus, N.Y., for the past 15 years, Plezbert recently moved to Ithaca, N.Y. She lives in the outskirts of town, at a higher elevation, where there is much more sunshine and snow. She has many interests. "I love hiking, walking, kayaking,

Continued on page 33

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In Memoriam

Theodore W. Bouchard, DC (1931-2011)

On January 5, 2011, Theodore W. Bouchard, DC, age 79, passed away after a prolonged illness.

Born on February 26, 1931 in North Adams, Mass. and raised in Queens, N.Y., Dr. Bouchard graduated from Logan College of Chiropractic in 1957 after having served the United States Army in Korea suffering injuries ultimately relieved by his family chiropractor.

Dr. Bouchard practiced in Flushing, N.Y. for nearly 50 years and helped care for the 1969 World Champion Mets. "He was doing what he was born to do," said daughter, Teresa Bouchard, DC (NYCC 1981). "He loved people

and loved chiropractic. He took care of poor folks who couldn't pay, saying 'don't worry about it', and treated everyone the same whether they were a big shot or just the average person."

Dr. Bouchard married Phyllis Heaton in 1957, and leaves four children, Teresa (the only one to become a chiropractor), Jeannette, Theodore, and Gregory, and seven grandchildren. Dr. Teresa Bouchard said her father "helped thousands of patients and inspired others to follow in his footsteps," and can recall her father visiting the clinic at NYCC during her final trimester to speak to her class.

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News Briefs

DC Orientation

Assistant Professor Christopher A. Marchese, DC (NYCC '93), welcomed NYCC's entering winter-trimester chiropractic students to New York Chiropractic College.

Dr. Marchese said that at age 19, his nagging headaches and neck pain were successfully treated by a chiropractor and he was relieved to have dodged a lifetime of painkillers. What's more, his chiropractor explained how Marchese's problem was one of biomechanics that required a mechanical solution. This explanation resonated with Marchese who earned his Bachelor of Science in Chemical Engineering from the New Jersey Institute of Technology.

Employed by a Fortune 300 chemical company, Marchese said he felt like a



Dr. Christopher A. Marchese, (NYCC '93) and NYCC President Dr. Frank J. Nicchi

“worker bee,” daily performing functions he didn't enjoy. “I was 20 and felt like I was 100 years old,” he said, and thereafter made the decision to help others, quit his

job and became a chiropractor.

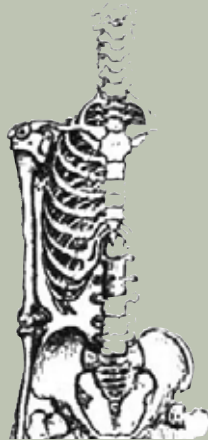
He was keenly focused and threw himself into becoming a chiropractor. In fact, that is his advice to others: “Keep focused on your goal. Work hard and study,” he told them. “It's hard, but you wouldn't be here if we didn't think you could do it.” He also recommended physical activity and allotting time for fun to reduce stress.

Dr. Marchese clearly loves what he does and often reflects on the many people's lives he has favorably impacted. A teacher in the Chiropractic Clinical Sciences Department, he eagerly looks forward to helping the new class of students achieve their goal of becoming chiropractors as well.



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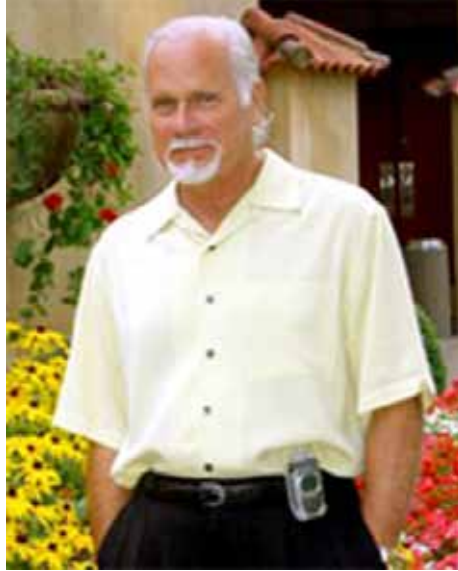
For more information please contact The Office of Human Resources by E-mail at cmcdermott@nycc.edu or by phone at 1-800-234-6922

News Briefs

James Winters, DC (NYCC '69), Appointed to the New Jersey Board of Chiropractic Examiners

James Winters, DC, was nominated to the New Jersey Board of Chiropractic Examiners in late 2010 by New Jersey Governor Chris Christie and was officially appointed by the state senate in January as a diplomat on the Board.

A 1969 graduate of New York Chiropractic College, Dr. Winters has practiced for 41 years and owns Bound Brook Chiropractic, in Bound Brook, N.J. "Throughout my tenure in the Bound Brook community, I have helped thousands of people realize an effective alternative to medications and surgery and live a healthy lifestyle through chiropractic care," he said.



Dr. James Winters

A member of the Association of New Jersey Chiropractors and Central Jersey Chiropractic Society, Winters makes every effort to stay abreast of developments within the profession by examining new and effective ways to relieve people plagued with pain. He completed a postgraduate course at NYCC relating to Professional Sports Care, earning his PSC/PGA certification enabling him to treat professional golfers as well as local club pros and their members. "This was exciting for me, melding my practice and favorite pastime activity," he said.

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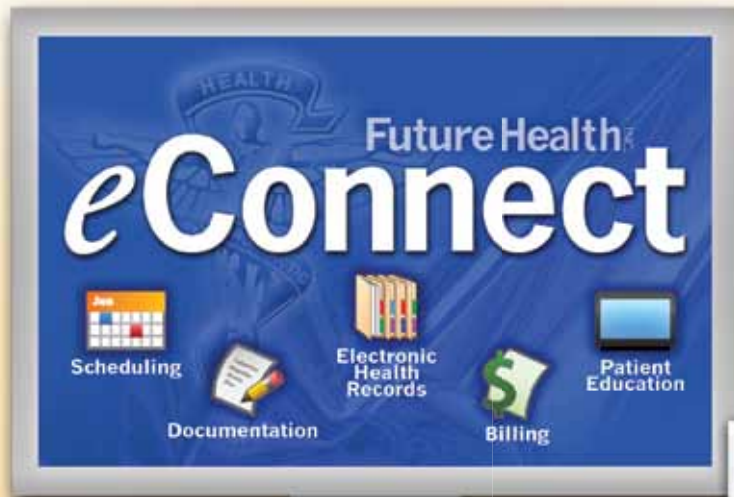


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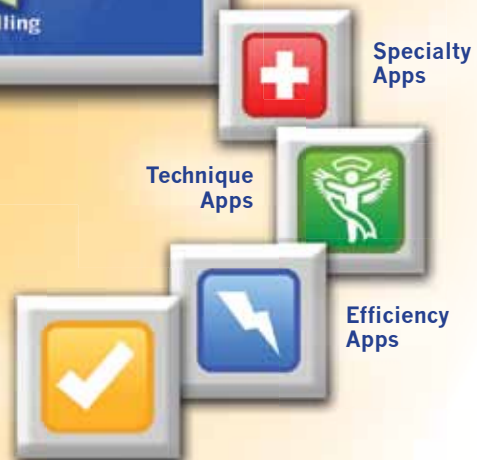
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honoree, Dr. Barnathan serves as Chiropractor and Sports Performance consultant to some of the world's top Pro and Olympic champions and was awarded the United States Presidential Certificate of Merit for his work on behalf of the President's Council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

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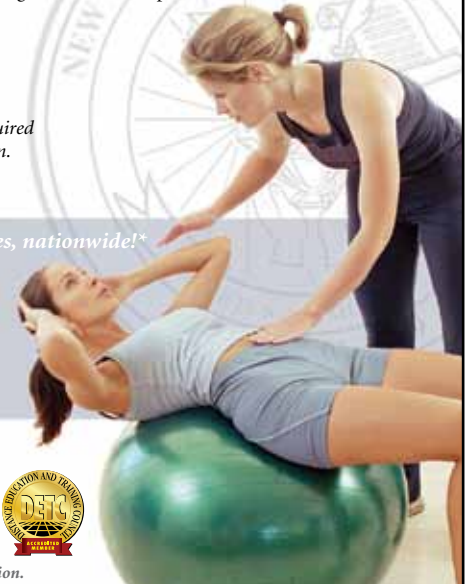
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News Briefs

NYCC Welcomes New Dean

Executive Vice President and Provost Michael A. Mestan, DC, announced after a nationwide search, that Rose Reinhart, EdD, was selected as the College's new Dean of Academic Affairs, effective January 1.

Experience

Originally from South Dakota, Dr. Reinhart completed her Bachelor of Science in Speech Communication at South Dakota State University, and her Master of Science in Administrative Studies as well as her doctorate in Educational Administration, Adult and Higher Education at the University of South Dakota. With more than 20 years of experience in higher education, she brings to NYCC a strong knowledge of the intricacies of academic affairs,

institutional research and its role within an institution, and online education. She has taught at the college level and held positions as registrar, director of institutional research, and associate provost at colleges and universities in South Dakota, Iowa, Pennsylvania, and North Carolina.

What the Job Entails

Under Mestan's direction, Reinhart will oversee the day-to-day operations of the Nutrition, Human Anatomy and Physiology Instruction, and Bachelor of Professional Studies programs; Library; Academy for Professional Success; Academy for Teaching Excellence; and Academic Affairs support staff. Other duties will include providing support and general oversight toward the integrity and quality of delivery of the aca-



Rose Reinhart, EdD

demographic programs and ensuring that graduating students meet the requirements of appropriate accrediting programs. Her office is located in Academic I, Room 111.

Family and "Favorites"

Reinhart and her husband,

Corrie, are the parents of son Greg (29) and daughter Meghan (25). When asked what she likes to do in her spare time, she replied, "I live, breathe and die Pittsburgh Penguins hockey!" On the tamer side, she also likes to knit and spend time with her two dogs—Jake, a 12-year-old Lab/retriever mix; and Jordie, a 3-year-old basset/beagle mix.

As she's coming from western North Carolina, Reinhart noted that she looked forward to "getting out of mountain snow and getting into New York's lake-effect snow." She anticipates the chiropractic adjustments and acupuncture therapy at the health center, but especially "working with the faculty, administration, staff, and students in order to continue the excellent educational experience that NYCC provides."

Acupuncture Professor, Marnae Ergil, LAc, Participates in Tokyo Conference

Marnae Ergil, LAc, an NYCC Finger Lakes School of Acupuncture and Oriental Medicine faculty member, recently returned from Tokyo having participated with the World Health Organization (WHO) in meetings to begin drafting an International Classification of Traditional Medicine.

Goals

The project seeks to produce an international standard for information on traditional medicine (TM) amenable for electronic health records and that would serve as a standard for scientific comparability and communication - allowing users



Marnae Ergil, LAc

from all countries to document the many terms and concepts used in traditional medicine.

Focus

The current project focuses on the traditional medicine of China, Japan and the Republic of Korea. Each of these countries have created national standards for classification, however, the profession lacks an international platform enabling the harmonization of data for clinical, epidemiological and statistical use. The project will eventually expand globally and permit clinicians, researchers, and policy makers to comprehensively monitor safety, efficacy, use, expenditures, and trends in healthcare, according to Dr. Marie-Paule Kieny, Assistant Director-General of Innova-

tion, Information, Evidence and Research at WHO.

Utilization Spreading

Use of herbal medicines, acupuncture and other TM are the primary sources for healthcare in the Western Pacific, South-East Asia and Africa and their use is increasing throughout North America and Europe.

Michael Mestan, Executive Vice President and Provost of New York Chiropractic College, praised Ergil's participation: "NYCC is fortunate to employ such talented faculty members as Marnae Ergil, whose efforts will ultimately enhance healthcare on a global scale."

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Faculty Spotlight: Julie Plezbert, DC

Continued from page 22

working outside, and fixing things in a MacGyver way – duct tape, bungee cords, super glue are a few of my favorites! My 19V DeWalt drill/driver is also a comfort for fixing things in a more permanent way,” she said. Her family is scattered throughout different cities, including Seattle, Chicago, and Houston.

Why Chiropractic?

Plezbert has always been drawn to human service work – her first occupation was in social work. “I transitioned into chiropractic in the early 1980s because it was holistic medicine and I was looking for a profession that encompassed those principles,” she said.

She taught full and part time at National College of Chiropractic.

“My best practice experience was when I was senior clinician at NCC’s Chicago inner-city clinic demonstrating all that chiropractic can do,” said Plezbert. She also had a practice in northern Illinois, just five miles from the Wisconsin border, and another practice in rural western Illinois.

NYCC

Dr. Plezbert joined the NYCC faculty in 1994. She co-leads Patient Assessment Methods II and teaches Clinical Psychology, Human Developmental Diagnosis, and Survey of Complementary and Alternative Medicine. In 2006, she was awarded the Faculty Excellence Award in Teaching.

“I LOVE learning, so any instructor who required me to read a book, solve a clinical case, read articles or do my own

research gave me the tools for my careers.” Her teachers/mentors told her not to be afraid to use all of her skills and to fully apply them in practice. Her advice to current students: “Do the same – get back to reading textbooks, research articles, appreciate the non-musculoskeletal case, appreciate the energy of illness and that of wellness.”

Healthcare for Elders

“We really have to embrace where we stand in terms of valuing the older person in our society. We do not shine in our cultural stance on this issue compared to other societies and cultures,” she said. Some cultures hold aging as something to be respected and it trickles down into their healthcare systems.

News Briefs

NYCC Anatomy Faculty Cited In 150th Anniversary 40th Edition of Gray's Anatomy

It all began in 2003 as a side conversation among teaching faculty. New York Chiropractic College Associate Professor Michael Zumpano, PhD, DC (NYCC 06), Assistant Professor Sandra J. Hartwell, DC (NYCC '96), and Anatomy Manager Carl Jagos were discussing (what else?) a small suboccipital triangle muscle, *rectus capitis posterior minor* (RCPMi), and its attachment to the posterior atlanto-occipital membrane (PAO). They postulated that since the PAO attaches to the upper cervical spinal *dura mater*, a spasm in RCPMi could be a pain generator for cervicogenic headache and, thus, prove significant to chiropractic care. The only peer-reviewed paper noting the possible connection was a small 10-cadaver study published by a dentist (Hack et al., 1995) and referenced as evidence in *Gray's Anatomy*.

Zumpano, Hartwell and Jagos initiated a three-year, systematic study in which they extended the survey to almost 100 cadavers and developed a classification system to characterize the anatomical nature of the attachment. Their work was published in the internationally acclaimed journal *Clinical Anatomy* in 2006. While thumbing through the newest British Edition of *Gray's Anatomy*, Zumpano saw that their study replaced Hack et. al. as a primary source reference to the muscle attachment. He also noted that there is now strong language *affirming* its attachment and that references Zumpano et al., 2006.

"To be referenced in the British Edition of *Gray's Anatomy* is a crowning achievement in an anatomist's career," said Zumpano. Not only is this international publication highly regarded



Carl Jagos, Sandra J. Hartwell, DC and Michael Zumpano, PhD, DC

by the anatomy profession, *Gray's* is also a key source cited by chiropractic and medical licensing boards. "If you want to be recognized as an expert in a field, you need to provide peer-reviewed research," says Zumpano.

The achievement bodes well for NYCC and its personnel, highlighting noteworthy scholarly effort and high-level expertise among chiropractic professionals regarding gross anatomy of the upper cervical spine.

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News Briefs

Napuli Tapped to Serve American Public Health Association

NYCC Assistant Professor Jason Napuli, DC, MBA (NYCC '03) was recently elected to a three-year term on Chiropractic Health Care (CHC) Section Council of the American Public Health Association (APHA). Dr. Napuli, whose service began in November 2010 feels the opportunity is significant.

The Section Council of the CHC is considered the governing board of the section and makes recommendations on section policies as well as the review and recommendation of resolutions from the APHA governing council. The council also advises on section publications and nominations to the Action and Program Development Board APHA task forces, and standing committees of the APHA.

As a member of the section council Dr. Napuli will have firsthand knowledge of national public health initiatives and participate in the creation of policies and endorsements that will impact both the chiropractic profession and private practitioners who promote public health. His recent appointment shores up the College's leadership role with the

organization. "NYCC has a strong presence within the APHA, with four faculty members (Drs Paul Dougherty, Jonathon Egan, and Gerald Stevens) serving in leadership positions," explained Napuli. Every NYCC chiropractic student is also enrolled in the APHA and thereby enjoys membership participation.

Recipient of the APHA-CHC Rising Star award, Dr. Napuli was recognized as an up-and-coming member who demonstrated leadership in promoting the CHC Section and public health generally. Dr. Napuli was cited for providing leadership to the CHC Communications Committee and coordinating the APHA CHC booth at the APHA annual convention and at ACC/RAC.

A member of the CHC for four years, Dr. Napuli feels the organization's mission fits well with the patient population in the Department of Veterans Affairs where he works. "It's important for chiropractic students to observe the public health initiatives within the VA and to learn how they can promote these ideas in private practice," he said.



Dr. Jason Napuli

Founded in 1995, the Chiropractic Health Care Section of the APHA works to increase chiropractic involvement in multidisciplinary public health team endeavors and educating chiropractors about public health programs and practices such as medical care, health administration and promotion, general well-being and nutrition, and public health education.

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What's News?

Class of 1986

Robert G. Lamounette, DC, of Jacksonville, Fla., was pleased to receive notice that the executive board of the Florida Chiropractic Association unanimously voted for him to be the honoree at the state convention this spring in Jacksonville. His phone number is 904-783-3700 and his e-mail address is hpmedical@bellsouth.net.

Class of 1995

Jennifer Kissane, DC, and her husband, Stefan Hake, announce the birth of their daughter, Ella Alexandra, born January 7, 2011. She joins big brother Matthew (7) and Christopher (2 1/2). Her e-mail address is drjkissane@yahoo.com and her phone number is 203-661-6629.

Class of 1996

Jamie Skaggs, DC, and his wife Kristina, celebrated the birth of their first son, Jamie, April 8, 2010. They would love to hear from old friends on Facebook.

Class of 2002

Peter Emary, DC, and his wife, Colleen, had a second daughter on January 8, 2011. Anna Elizabeth Emary weighed 7 lb., 14

oz., and was 20 inches in length. Her sister, Maggie, who is 2 1/2 years old, is thrilled to have a baby sister.

Class of 2005

Thomas J. Vicentini, DC, and his wife Silvia are proud to announce the birth of their second son, Tobias Aurelio, who joined his brother Rafael (2) on November 24, 2010. Dr. Vicentini opened up a practice for Chiropractic and Physiotherapy in his hometown Brig in Switzerland in February 2010. He practices along with his wife, who is a Physiotherapist, and 2 other PTs. He can be contacted at thomas.vicentini@chirobrig.ch. His Web site is located at www.chirobrig.ch and his phone number is 011-41-27-923-6223.

Class of 2006/2007

Kathryn Bukuts, DC ('06) and **Nathan Buckets, DC ('07)**, started a practice in Massillon, Ohio in January 2007. Dr. Katie has worked to build a successful practice and Dr. Nathan joined the practice in April 2010 to relieve Katie while she gave birth to twin girls, Violet and Gracie Bukuts, on June 27, 2010. Their office phone number is 330-834-2537 and their e-mail address is bukutschiro@sssnet.com.

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: Vice President 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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News Briefs

NYCC's 14th Annual Research Symposium: A Hit!

This year's Research Symposium included a panel that spoke about chiropractic care and visceral conditions, focusing specifically on gastrointestinal disorders. Moderator, Vincent Loia, DC, directed the panel discussion amongst panelists Erica Callahan, DC, MSACN, representing the integrative health centers; Lisa Bloom, DC, clinical sciences; and Seva Philomin, MBBS, the basic sciences. Nearly 40 faculty members and 50 students daily attended the two-day event beginning January 25.



John Mayer, DC, PhD, and Simon Dagenais, DC, PhD

The event's keynote speakers were John Mayer, DC, PhD, and Simon Dagenais, DC, PhD, who discussed evidence-based management of low back pain and how the research findings relate to doctors of chiropractic in clinical, research, and academic settings, and may impact the patients they serve and guide clinical decision-making. A perfect springboard to help identify future research topics, information surfacing in these

kinds of symposia may help to inform patients during the consent process and to learn how various interventions fit within the broader world of spine care and research. Dr. Mayer is an adjunct associate professor at NYCC, and the University of South Florida's Lincoln College Endowed Chair in Biomechanical Research in its College of Medicine, and an associate professor in the School of Physical Therapy and Rehabilitation Sciences at the university. Dr. Dagenais is Chief Scientific Officer at Palladian Health (the first New York State-based chiropractic IPA) and Associate Editor for the *Spine Journal*. An assistant professor in the Division of Orthopedic Surgery as well as the Department of Epidemiology and Community Medicine at the University of Ottawa, Dr. Dagenais is also an assistant professor in the Department of Social and Preventative Medicine at the University of Buffalo.

Presentations were provided by:

- Owen Papuga, PhD; Paul Dougherty, DC – TNF is required for the induction but not the maintenance of compression-induced BME signals in murine tail vertebrae: limitations of anti-TNF therapy for degenerative disc disease
- Robert A. Walker, PhD – Intraindividual histomorphological and geometric variation in the human femur: A pilot study
- Lisa Bloom, DC – Nociception vs. Pain: why chiropractic spinal subluxations may be asymptomatic
- Lisa Bloom, DC – The Link Between the Musculoskeletal System and Non-musculoskeletal Tissues: a proposed mechanism
- David Aberant, MS; Veronica Mittak, DHEd, MPH – Student Carriage Rates of Methicillin-Resistant Staphylococcus Aureus in a Chiropractic College Setting
- Jean-Nicolas Poirier, DC; Jeffrey Cooley, DC, Murdoch University; Michelle Wessely, DC, DipMed, Institut Franco-Europeen de Chiropratique (IFEC); Gary Guebert, DC, Logan College of Chiropractic; Kristina Petrocco-Napuli, DC, MS – Evaluation of Three Different Methods of Distance Learning for Postgraduate Radiology Education: A Pilot Study
- Mary Balliett, DC, MSACN; Erica Callahan, DC, MSACN – Collaborative Teaching to Improve Clinical Skills in Students Beginning Their Clinical Practice
- Jenette Ball, MS, DC; Kristina L. Petrocco-Napuli, DC, MS; Michael P. Zumpano, PhD, DC – An International Cross-Sectional Study of Current Instructional Methodologies in Gross Anatomy Curricula in Chiropractic Colleges
- Aizhong Li, PhD, LAc - Treatment for Chronic Pain After Surgery in Acupuncture Clinic
- Quince Zhang, MS, LAc - WenDan Tang with Emotional & Mental Disorders
- John Mayer, DC, PhD, NYCC and University of South Florida; Simon Dagenais, DC, PhD, SUNY Buffalo and Palladian Health – Evidence-based management of low back pain
- Paul Dougherty, DC; Owen Papuga, PhD; Jeanmarie Burke, PhD – Pain pressure threshold in asymptomatic subjects
- Denise Holtzman, MSCAN, DC; Jeb Albro, DC; Jeanmarie Burke, PhD; Mary Balliett, DC, MSACN – The Effects of Glucosamin on Weight Loss
- Julie Plezbert, DC; Katherine Taromina, LAc – Case report: Yunnan Baiyao and open wound care from seroma complications post-lumpectomy for breast cancer
- Terry K. Koo, PhD; Jeffrey H. Cohen, DC, Nimmo® Educational Foundation; Lisa Papenbrock, DC Nimmo® Educational Foundation; Yong-Ping Zheng, PhD, Hong Kong Polytechnic University – A Mechano-Acoustic Indenter System for In-vivo Measurement of Non-linear Elasticity of Soft Tissues: its Development, Reliability and Application
- Jeffrey H. Cohen, DC – A Manual Approach to Treatment of Embouchure Problems in a French Horn Player

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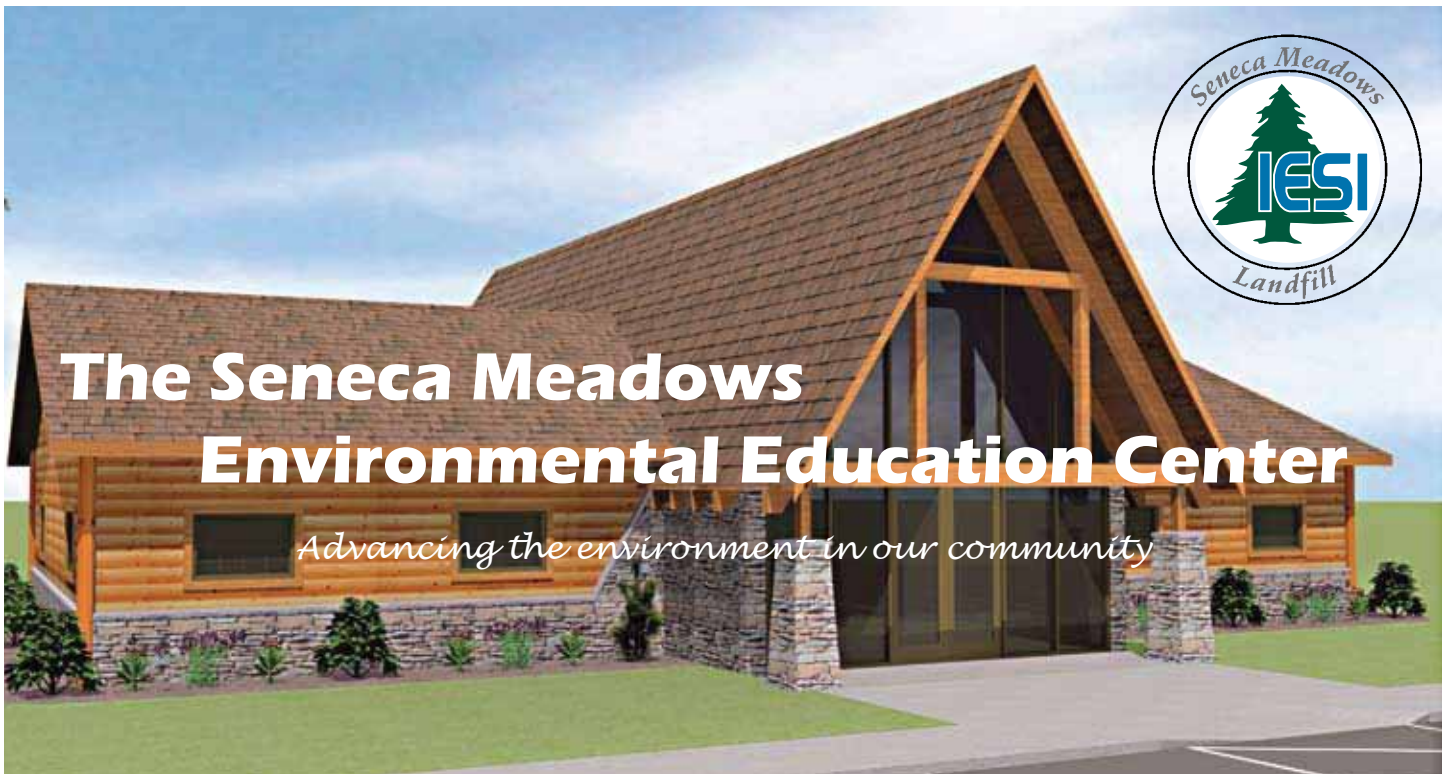


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