



The Disability Analyst

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Official Newsletter of the American Board and College of Disability Analysts and Affiliated Organizations

EXECUTIVE OFFICER EMERITUS

Dennis K. Chong, M.D., ABDA
ABDA Central Office
1483 N. Mt. Juliet Road #175
Mt. Juliet, TN 37122

ADMINISTRATIVE OFFICE/EDITOR

Kenneth N. Anchor, Ph. D., ABDA
Center of Disability Studies
Nashville, TN

CONTINUING EDUCATION COORDINATOR

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Smith College

Max Fishel, BS
Miami of Ohio

BUSINESS MANAGERS

Amy Breedlove
Marla Cochran
ABDA Central Office
1483 N. Mt. Juliet Road #175
Mt. Juliet, TN 37122

EDITORIAL CONSULTANTS

Ellyn Arwood, Ed.D., ABDA,
University of Portland

Christopher R. Brown, D.D.S.,
M.P.S., ABDA, Versalies, IN

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Dayton, OH

UPGRADING YOUR REGISTERED BOARD CERTIFICATION CREDENTIAL

Those practitioners currently board certified by ABDA as Disability Analyst and Fellow who have now completed at least nine years of professional experience in rehabilitation or healthcare are eligible to apply for Senior Diplomate status. If you wish to receive information on how to apply, please fax: 615- 296-9980 expression of interest. For current ABDA members in good standing, no examination will be required at this time.

We are pleased to announce that qualified members with 20 years or more of professional experience as a **Senior Disability Analyst and Diplomate** and who have been board certified for no less than eight years are eligible to apply to upgrade their credential to Emeritus status. This designation may be used on all correspondence, business cards, letterhead, etc., as appropriate. If interested, please forward a request in writing, current vita and \$284 US processing fee issued to ABDA. Please send items to: ABDA, Credentialing Committee, 1483 N. Mt. Juliet Road, #175, Mt. Juliet, TN 37122, Tel: 629-255-870, Fax: 615 -296-9980 or Email: office@eventsm3.com.

NEW INITIATIVES

We are so pleased to have had so many members use this newsletter as a launching pad for achieving a publication. We enthusiastically invite any current member to submit a brief article to Central Office for inclusion in a future newsletter.

Please submit a brief article of up to 1200 words on disk and hard copy to: The American Board, 1483 N. Mt. Juliet Road #175, Mt. Juliet, TN 37122, TEL: 629-255-870, Fax: 615 -296-9980 Email: office@eventsm3.com. Decisions by reviewers are made promptly within three to four weeks of receipt. We are especially interested in first time authors, and it will afford an opportunity to enhance credentials by showing that you have published. Of course, experienced writers are also welcomed to contribute.



Newest ABDA Members

Ashmon, Crystal	Ducula, GA
Bender, Jessica	Bethal, CT
Patel, Bhartiben	Daytona Beach, FL
Polanco, Lisbette	El Paso, TX
Rabayeva, Irina	Suwanee, GA
Slaughter, Melony	Hampton, GA
Williamson, Rebecca	Orlando, FL

*** PASSAGES AND MILESTONES ***

New Contact Information

Please note for your records, we have moved:
The American Board
1483 N. Mt. Juliet Road #175
Mt. Juliet, TN 37122
Tel: 629 255-0870, Fax: 615: 296-9980
Email: Office@eventsm3.com.



Our website has been overhauled and upgraded such that renewal fees can be paid online. We urge you to visit the website at <https://www.americandisability.org>

At the annual meeting in Tampa, Florida in 2022, The American Board of Vocational Experts (ABVE) presented its President's Award to **Kenneth Anchor, Ph.D.**, as Founder of the organization 40 years

ago.

The volume of phone calls to Central Office has doubled in the past year and the number of e-mails has tripled during the same time. Faxes remain about the same.

The organization continues to send publications to medical schools and graduate schools in other countries with limited resources. During the past 18 months, over 11,000 publications have been distributed.

A special note of appreciation is due to all Lifetime Members, who participated in the recent Safeguarding the Future Assessment. This revenue helps to keep our organization fiscally solvent and resilient during the pandemic.

We are always looking for more Membership Coordinators for cities, states, or provinces. Please email Central Office if you may have an interest in volunteering for that assignment. The fastest growing category of membership continues to be Lifetime. If interested, please contact Central Office.

We are pleased to announce the following member who have attained **Emeritus Status**:

John C. Hui Ontario, Canada

At Microsoft, **Saqib Shaikh** leads teams of engineers to blend emerging technologies with natural user experiences to empower people with disabilities to achieve more and thus to create a more inclusive world for all. Shaikh is the founder of Seeing AI, an app which enables someone who is visually impaired to hold up their phone and hear more about the text, people, and objects in their surrounding. It has won multiple awards and been called “life changing” by users.

Congratulations to our newest **Lifetime members**:

Jessica Bender
Rene González García
Bhartiben Patel
Evelyn L. Lewis

Bethal, CT
Henderson, NV
Daytona Beach, FL
Newnan, GA



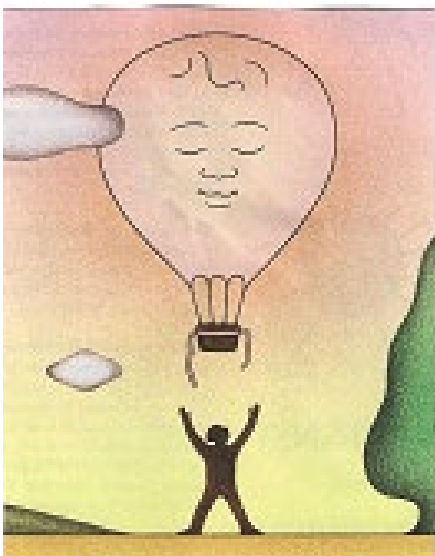
Back issues of The Disability Analyst e-Newsletter are always available at no cost online at our website: www.americandisability.org.

The 2023 edition of **The ABDA National Directory** will be available (on disk) Feb 1, 2023. Cost to members is \$236 (includes S&H) issued to The American Board (1483 N. Mt. Juliet Rd, #175, Mt. Juliet, TN 37122). The Directory is widely distributed to state and federal agencies, insurance carriers, hospital and healthcare systems, libraries, courts, law firms, rehabilitation facilities, clinics, and professionals. It is revised annually.

Attention: Help us to recognize more “unsung heroes” worthy of praise and recognition in future issues by forwarding your nominations to Central Office at email: office@eventsm3.com.

CHANGE OF ADDRESS

Please keep the ABDA Central Office advised of any change in your postal address and email address so there will be no interruption in your receiving important and timely items from Central Office. All Special correspondence will be by email unless you notify us otherwise. Feel free to fax 615-296-9980 or email office@eventsm3.com to update your information.



Remember! This is your newsletter please feel free to submit items regarding your career and any research, case study, book or media reviews, polemical or other articles that may be of interest to our multidisciplinary readership. You may submit by email to Central Office at: office@eventsm3.com.

ABDA is seeking donors to help establish **The National Registry for Professional Continuing Education Units**. We are eager to embark on a significant new undertaking to catalog all appropriate CEU's/CME experiences completed by our members. The major donors will have their names attached to this vital component to our Central Office. Suggested amount is \$314 issued to The American Board (1483 N. Mt. Juliet Road #175, Mt. Juliet, TN 37122). Persons

Interested should contact Central Office at email: office@eventsm3.com. Donor names will appear in future newsletters and on our website.

ABDA continues to contribute books and journals to disadvantaged countries and their professional library systems. We have sent since inception of our organization many thousands of volumes, which are used for training purposes in underfunded countries needing such materials. We want to extend a special thank you and recognition for these individuals for supporting such worthwhile programs on behalf of our member driven organization. Others interested in establishing such programs, please contact Central Office at email: office@events3.com.

2023 ABDA Board Certification Renewal Notice

Optional Gold seal can be obtained by sending in a self-addressed stamped envelope. Please respond immediately to help us avoid the unnecessary time and expense of reminder mailings.

Your listing (alphabetical and geographical) in **The ABDA Directory**.....No Cost

Newsletter, **The Disability Analyst**.....No Cost

Renewal Fee (one year).....\$115 (US Funds)
(\$130 after January 10, 2023)

Renewal Fee (three years).....\$300 (US Funds)
(\$320 after January 10, 2023)

Renewal Fee (five years).....\$450 (US Funds)
(\$475 after January 10, 2023)

Lifetime Fee..... \$1400 (US Funds)
(Lifetime members receive a discount to all ABDA and ABMPP events)

Please issue payment to ABDA by no later than **January 10, 2023**, to avoid a late charge. The national examination is required of those who allow their certification to lap. By maintaining your current status, you are exempt from the written examination.

Please remit your 2023 renewal fee and information below. Remittance by Visa, MasterCard or Discover is acceptable. Please type or legibly print information below as you wish it to appear in the next Directory. If renewing with a credit card, please provide all necessary information.

Post Office Box addresses are not acceptable.

Check box if information has changed.

Name: _____ Phone: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____

*E-mail (required) _____

Check One: Visa: _____ MasterCard: _____ Check: _____

Credit Card # _____

Exp. date _____ 3 digit V-code _____

Signature: _____ Amount: _____

Check One: 1 year 3 years 5 years Lifetime

For 2023 due to Coronavirus, it is optional to list continuing education experiences (from workshops, conferences, etc.) and/or self-study you have completed since January 1, 2022 (minimum 8 hours to fulfill annual requirement) but only if you wish to do so.

Optional: Have you performed 8 hours pro bono work (charitable professional efforts not compensated) during the past year? Yes ____ No ____

***Extremely important for future timely communication**

Return to: The American Board, 1483 N. Mt. Juliet Road, #175, Mt. Juliet, TN 37122

Tel: 629-255-0870, Fax: 615-296-9980

Email: office@eventsm3.com.

Website: www.americandisability.org

*****DISABILITY HEADLINES*****

As many countries attempt to come to grips with the modern context for understanding disability, India has listed the following 21 “types of disability.”

blindness
low vision
leprosy
hearing impairment
local motor disability
dwarfism
intellectual disability
mental illness
autism spectrum disorder

cerebral palsy
muscular disability
speech and language disability
Thalassemia
hemophilia
sickle cell disease
multiple disabilities
acid attack victim
Parkinson’s disease

Conspicuous by its absence is Alzheimer’s

(Source: Government of India Ministry of Social Justice and Empowerment)



Recognition of the movie “Coda” brought elation to the deaf community. It became the first film with a largely deaf cast to win Best Picture. Three of the movie actors have ties to Gallaudet University, which serves students who are deaf or hard of hearing. There was a palpable sense of excitement at its campus in Washington. There are not enough roles in front of or behind the camera yet for those with hearing challenges.

(Source: New York Times)

The Invisible Disability Project identifies actions for constructively dealing with persons with disabilities. 1) don't stare but don't ignore either, 2) acknowledge and engage with people with disabilities 3) know Covid-19 complicates everything 4) center people with disabilities 5) don't assume ability 6) don't forget people with disabilities

The National Football League is mostly turning away from using the Wonderlic Test as a **screening device for new players**. Some individual teams have indicated they plan to continue using it to evaluate intelligence.

(Source: Washington Post)

A record 4.5 million **American workers quit their jobs** in March 2021, a sign of confidence and more evidence that the US job market is bouncing back strongly from the previous years Corona virus recession. The unemployment rate currently is about four percent.

(Source: Associated Press)

The US job market is on a hot streak. Employers have added an average or more than 540,000 jobs a month for the past year. Surprisingly, there is an unprecedented two job openings for every person that is unemployed now. The biggest gains in household incomes were primarily on the coast as well as Colorado, California, Massachusetts, and Washington. Smallest gains were in Alaska, Louisiana, and Puerto Rico.

Almost a third of the population over age 25 has a bachelor's degree or higher.

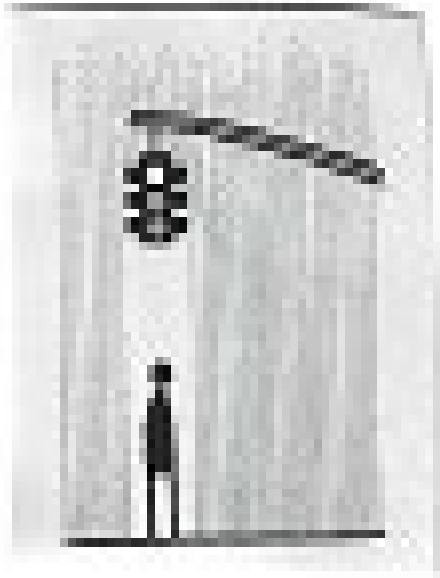
Over the past two decades **the length of the average American workday** has increased by 1.4 hours. Sixteen percent of US workers said they put in more than 60 hours a week, up from 56 in 2011.

Polling show **stress and anxiety levels** increased during the pandemic. Kick-starter plans to launch a four-day workweek pilot program beginning next year.

(Source: Gallup Poll)

Advancing technology in transportation is not accommodating the needs of those who are already **transportation disadvantaged**. There is an absence of advocates for providing affordable and functional transportation for persons with disabilities. Newer technology –driven vehicles have not been designed so that they have the space and power to accommodate persons with disabilities. They simply do not have the space or power to accommodate power wheelchairs, scooters or other mobility devices. The battery systems interfere with lifts and other controlled devices.

(Source: Washington Post)



The Americans with Disabilities Act was designed to protect individuals with various disabilities against discrimination in various public situations including, specifically, the professional office of the healthcare professional. When the disability is **impaired hearing** the law requires physicians to provide any auxiliary aides and services that might be necessary to ensure clear communication between doctor and patient. Generally, a pad and pencil will satisfy that requirement. But occasionally it does not, particularly when complex medical concepts are involved. Professionals in litigation are balking at providing an American Sign Language interpreter due to its untenable cost.

(Source: *Internal Medicine News*)

The New York Mayor wants to raise hundreds of crosswalks across New York amid a surge in **traffic violence** during the pandemic, in part, because of an epidemic of speeding and reckless driving. City wide, a total of 273 people including 125 pedestrians were killed in crashes last year, the highest number of traffic deaths since 2013.

(Source: *New York Times*)

Twenty-three percent of US employers have **phased-retirement programs** in 2021. Plenty of older workers have wished for something between full bore work and retirement. Now, more companies seem to be giving them what they want. Retiring in phases can be a win-win both for employee and employer. The employer is able to retain skilled workers who neither want nor to seek full retirement.

(Source: *Wall Street Journal*)

Ninety-five percent of people surveyed want flexible hours, compared with 78% of workers who want **location flexibility**. (Source: *Future Forum*)



Boomerang workers are people returning to old employers. Boomerangs accounted for about 4.5 percent of all new hires among companies on the professional networking website linkedin in 2021 up from 3.9% over the same period in 2019.

(Source: *New York Times*)

Wheelchair users claim that airlines are ill equipped for millions of people with disabilities, particularly wheelchair users. It is argued that there are practically no accessibility features on airlines, nor are they required for passengers with spinal cord injuries. Of the top eight US airlines only a tiny percentage of their single aisle aircraft had accessible restrooms. Four airlines didn't have any at all. In 2019 and 2020 roughly 14,000 wheelchairs were damaged, delayed or lost. Proponents for change urged Congress to pass the Air Carrier Access Amendments Act to improve the civil rights of passengers with disabilities by increasing enforcement of the law and requiring new and existing aircraft to meet accessibility standards.

(Source: *The Economist*)

Researchers have found that the larger the **pool of available workers**, the more education and experience the employer requires for an open position, a phenomenon they called "up-skilling." Today, the pool comprises millions of workers so employers can be expected selective. The employed are job hunting security- their current job- so they can demand higher pay. Retirement rates pandemic trend, an estimated extra what we would expect from past trends.



(Source: *Human Resources*)

A poll asking **at what age do you plan to retire** found the following results. I don't know 13%; 50 or younger - 5%; 50-54 - 10%; 55-59 - 25%; 60-64 - 27%; 65-69- 16%; 70 or older 4%.

(Source: *Medical Economics*)

The American public is notorious for not making **saving for retirement** a high priority. A recent survey asked approximately what percentage of your gross income do you save each year for retirement. Responses were as follows: less than 5%: 8%, 5-9%: 12%, 10-14%: 18%, 15-19%: 12%, 20-24%: 18%, 25-29%: 7%, 30-39%: 8%, 40% or higher: 7%, I don't know: 10%.

(Source: *Medical Economics*)

The Bureau of Labor Statistics has touted the **number of job resignations** as at an all time high in November 2021. There are others who argue that this finding is misleading. They contend that quitting during World War II appears to dwarf the current spike. Analyzing data for the past century suggests that the quit or resignation rate is not at a record setting pace.

(Source: *Business Week*)

Many workers are facing **pandemic fatigue**. Twenty-four percent of Americans say they were not too happy with life in 2021. That figure has very serious implications for health and financial stability. Resilience fatigue, which is exhausting comes after a prolonged period of having to stay motivated or positive, has people feeling more depleted and less able to complete daily routines.

(Source: *American Psychological Association*)

The Gerber Food Company has selected disabled infants as their Gerber baby in recent years, which is a departure from their customary choice.

(Source: *Washington Post*)



Equal Pay for Unequal Work: A Complex Issue

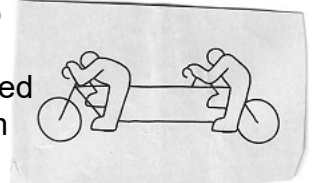
There are several factors that determine pay. They include the number of hours worked, occupations and industries, education, career interruptions, unique personal attributes, and tenure. One recent study showed the pay gap declined from 19% to 2% after controlling for various choices men and women make about their careers. Differences in compensation are not the result of workplace discrimination, which is illegal and has been for a long time. The Equal Pay Act of 1963 and Title VII of the Civil Rights Act of 1964 made acts of discrimination in pay illegal. Plus, the free market penalizes employers that discriminate against women. Women just like men can leave an employer for another employer. **Claudia Golden**, renowned for her research on gender differences in the labor market and author of How to Achieve Gender Equality in Pay says that while analysis of differences can “tell us what might level the playing field in the labor market, it doesn’t follow that the solution can be achieved through regulations. It suggests the opposite.”

All workers want and deserve equal pay for equal work but having the government determine worker’s value and pay will result in equal pay for unequal work. “It’s a terrible idea.” Golden

remarked. In the end, pay is not the only measure of women's or men's work. They also value the freedom to pursue their careers, families, hobbies, and other interests. Let the free market continue to work.

Excess sitting linked with increased risk in those under 60

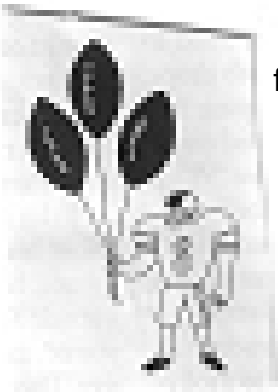
Spending more free time seated, combined with engaging in low physical activity, is associated with an increased risk of stroke in adults aged between 40 and 60 years according to the new analysis. While the risk of stroke increased more than fourfold among sedentary people under the age of 60, no significant increase in risk was observed among older individuals, according to the study based on self-reported data from more than 140,000 people. This highlights the need for relevant public health messaging directed at younger people, reported lead author, Raed A. Joundi, MD, DPhil, a stroke fellow at the University of Calgary (Alta.), and colleagues, in the paper published in *Stroke* (2021 Aug 19, doi:10.1161/STROKEAHA.121.034985). "Sedentary time has increased over the past 2 decades in the United States and Canada particularly in the young, raising the importance of characterizing its effect on long-term health," the investigators wrote. "A better understanding of the risk of sedentary time specific to stroke may be important for public health campaigns to research sedentary behavior." (Source: *Internal Medicine News*)



LEGACY GIFTS

In recent years there have been an increasing number of inquiries regarding the establishment of funding various programs to honor members including some who have passed away. Several have already been established and the organization stands ready to establish more for interested persons. Proceeds may be designated for training programs, research, conferences, organizational needs, technology, traineeships, etc. Please direct inquiries to Central Office at office@eventsm3.com.

INVITATION TO HOST CONFERENCE



As a membership driven association, interested members are invited to host a future conference. Proposals approved will be able to offer CEU certificates to attendees. Central Office will help provide publicity to members. Proposals should be e-mailed to The American Board, 1483 N. Mt. Juliet Road, #175, Mt. Juliet, TN 37122, Fax: 615 296-9980 at least 8 months prior to proposed conference date.

Proposals should include:

1. Date and Location
2. Meeting host (s) and sponsor (s) if any
3. Speakers and biographical sketch, titles, and length of presentations
4. Projected attendance approximation
5. Optional: Theme of Conference (e.g., Forensic Practice Issues; Life Care Planning; Disability Evaluations)

Contact Central Office for further information at: office@eventsm3.com

LAUNCHING ACCREDITED TRAINEESHIPS

We invite interested members to submit a brief proposal to sponsor a paid traineeship in Disability Analysis at their facility or practice. We are ready to break new ground in search of innovative leaders. Each traineeship should be for 10-20 hours weekly for a period of no less than eight months. This traineeship could be incorporated into an already existing residency, internship or traineeship and would need to address Disability Analysis issues for mental and/or physical disabilities or rehabilitation.

Central Office would help publicize the position(s) nationwide. The sponsoring agency would have the final say in selection. The training supervisor would be appointed to the National Disability Analysis Training Consortium (NDATC). Persons completing the traineeship would receive a certificate from ABDA Central Office. Appropriate funding must be fully provided for each trainee. If interested, please submit a brief outline or proposal to Central Office (e-mail: office@eventsm3.com or fax: 615- 296-9980. Decisions will customarily be made within 15 days. There is no set calendar, and the traineeship may begin whenever convenient to all parties. We are very enthusiastic about this new ABDA program which should contribute significantly to the creation of thoroughgoing, carefully researched, and professionally monitored programs to train future generations of Disability Analysts.

E-MAIL ADDRESS

So far, we have received e-mail addresses from most of the membership. The sooner we receive the remaining e-mail addresses, the more efficient we will be in alerting members to information they need to have before the publication of forthcoming issues of the newsletter and other information. E-mail addresses may be sent to our e-mail address at: office@eventsm3.com or faxed to (615) 296-9980.

URGENT!

If you received this issue of **The Disability Analyst e-newsletter** in hard copy, it is because we do not yet have your e-mail address. As our organization strives to become increasingly green, we have sent out the great majority of this volume via e-mail. In the future we hope to closely approach 100% of our mailings using e-mails. Your help is greatly needed. If you have not yet provided your e-mail to Central Office, please do so at your earliest convenience by contacting us at: office@eventsm3.com or by fax 615-296-9980. Recent issues of our newsletter and other valuable information and research links can always be accessed at no cost by members at our website: www.americandisability.org.

Neil Marcus Sheds a Light on Disability

Neil Marcus, 67, a Playwright and Actor Whose Works Shed a Light on Disability. At each performance of his play "Storm Reading," the writer and actor Neil Marcus offered his audience a reminder: "Disability is not a brave struggle or courage in the face of adversity. Disability is an art. It 's an ingenious way to live." Mr. Marcus, who had dystonia, a neurological disorder that causes involuntary muscle contractions and affects speech, starred in the play, which comically illuminated how he passed through the world in a typical week, through vignettes of him conversing with grocery shoppers, doctors, and passers-by. In 1988, when the show had its premiere at the Lobero Theater in Santa Barbara, Calif., people more often than not looked away from those with disabilities. "We've always been taught, as kids we don't point, don't laugh, just basically ignore them," Rod Lathim, the director of "Storm Reading," said in an interview.

In Contrast, “Storm Reading” encouraged audiences to laugh with Mr. Marcus about his experiences.



“Neil invited and welcomed, and in some cases demanded that people look,” Mr. Lathim said.” And so, he brought them into his reality, which was not a reality of disability; it was a reality of his definition of life.”

The success and longevity of the play, which toured throughout the country until 1996, turned Mr. Marcus into a pioneer of the disability culture movement. He called his work a reclamation of personhood in a world determined to deny people with disabilities their autonomy.

Mr. Marcus died on Nov. 17 at his home in Berkeley, Calif. He was 67.

In 1987, Mr. Marcus and his brother Roger contacted Mr. Lathim, the director of Access Theater, a Santa Barbara company that regularly mounted plays featuring disabled artists. Neil Marcus sent over samples of his writing and asked Mr. Lathim if the theater would be interested in adapting them.

Their conversation led to the genesis of “Storm Reading,” Mr. Marcus, his brother and Mr. Lathim worked together to draft the play, whose cast of three originally also included Roger as “The Voice,” who portrayed Neil’s thoughts during his interactions (the role was later played by Matthew Ingersoll), as well as a sign language interpreter.

The show was physically taxing for Mr. Marcus. But it also invigorated him.

“There’s no drug, there’s no treatment, that is, in my opinion, as powerful as the interactions between a live audience and an artist on the stage,” Mr. Lathim said. “And watching Neil transform from that was astounding.”

Scenes from “Storm Reading” were filmed for NBC as part of a 1989 television special about disability, “From the heart,” Hosted by the actor Michael Douglas. The cast reunited in 2018 for a performance at the John F. Kennedy Center for the Performing Arts in Washington.

Neil Marcus was born on Jan 3, 1954, in Scarsdale, NY, the youngest of five children of Will Marcus,

who worked in public relations, and Lydia (Perera) Marcus, an actor. When Neil was 6, the family moved to Ojai, Calif.

Neil was 8 when he learned he had **dystonia**, and he attempted suicide at 14 after a taxing series of surgeries, he said in a 2006 oral history interview for the Bancroft Library at the University of California, Berkeley.

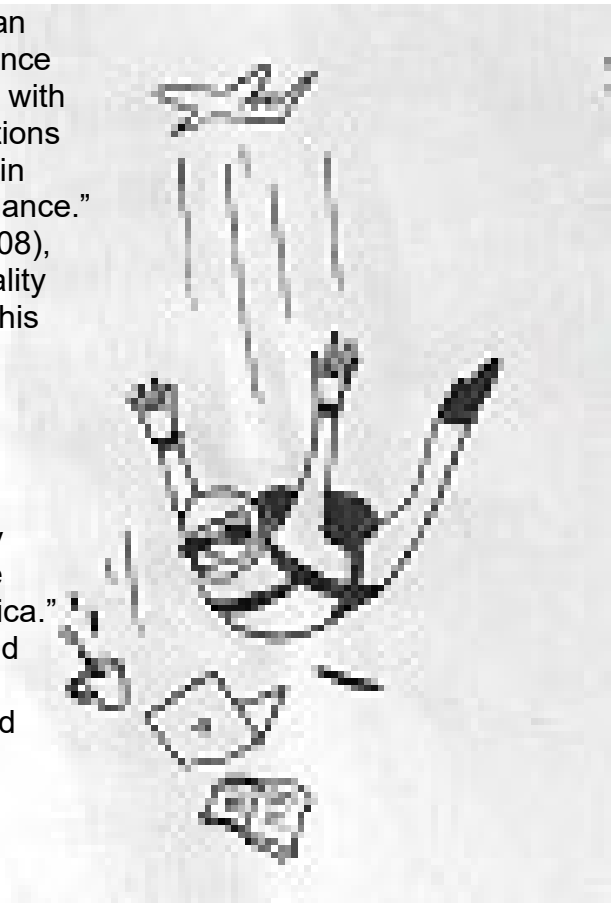
But counseling gave him confidence. He attended Ojai Valley School, where he was often spotted zooming around in a golf cart. After graduating from high school as valedictorian in 1971, he traveled to Laos; when he returned, he hitchhiked around the West Coast and eventually took classes at Fairhaven College, part of Western Washington University and elsewhere. He moved to Berkeley in 1980 and became active in the disability activist community there.

He explored art through various partnerships. With professional dancers, he participated in “contact improvisation” performances, which eschewed formal choreography and instead followed the seemingly frenetic movements of Mr. Marcus’s dystonia.

He also wrote widely. He worked with the University of Michigan professor and activist Petra Kuppens on the Olimpias Performance Research Project, an artist collective that spotlights performers with disabilities in performance and documentaries. Their conversations on disability as art were published in a 2009 essay. “Research in Drama Education: The Journal of Applied Theatre and Performance.” The two also wrote a book, “Cripple Poetics: A Love Story” (2008), which features poetry and photography highlighting the physicality and sensuality of disability. The Neil Marcus Papers, including his essays, poems and correspondence, are held at the Bancroft Library in Berkley, CA.

In 2014 the Smithsonian National Museum of American History commissioned Mr. Marcus to write a poem dedicating its online exhibition “Every Body: An Artifact History of Disability in America.” His poem began: “If there was a country called disabled, I would be from there/ I live disabled culture, eat disabled food, make disabled love, /cry disabled tears, climb disabled mountains and tell disabled stories.”

(Source: [WSJ](#))

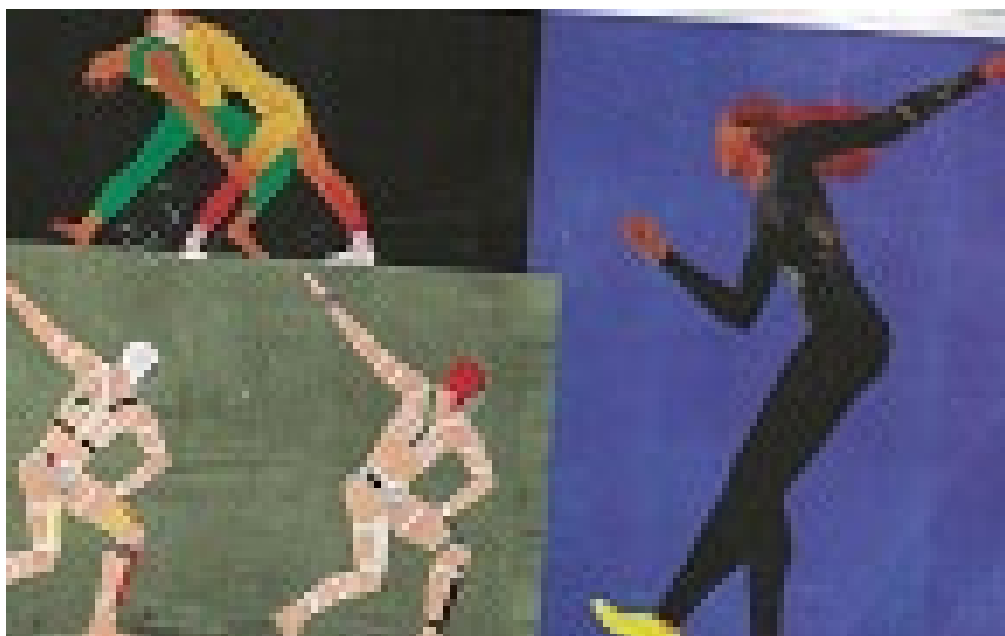


Innovative Wheelchair Program

There is an amazingly creative teen activist, **Alex Johnson**, who developed the Spend a Day in My Wheels Program. The goal is for participants to experience the same challenges that people in wheelchairs have navigating offices, venues, and public spaces. Alex has used a wheelchair since second grade. During fourth grade, Alex, who has a genetic skeletal condition, noticed he had problems navigating his wheelchair outside his house. He had a tough time using some public restrooms, doing some activities at a summer camp, and opening doors at some stores

and other buildings. He said, "I wanted to make some changes. I thought people really need to know what it's like." With his father's help, Alex partnered with a local outlet for a wheelchair manufacturer to put people in wheelchairs for a few hours. Soon, he had his teachers and some students using wheelchairs for a day at his school. One teacher apologized repeatedly for a throw rug in her classroom that she couldn't roll over in a wheelchair. Students told Alex they didn't know how he did it every year. The experience left Johnson emotional. He said, "there's a difference between sympathy and empathy. I didn't want people to feel sorry for me. I wanted them to really understand."

About 2.7 million Americans, a little less than 1% of the population use wheelchairs. The ADA mandates wheelchair access, ramps, wider hallways, and restroom accommodations for restaurants, retail stores, hotels, banks and most other public buildings. The Johnsons want to expand on that and show that there are difficulties for people in wheelchairs even in buildings that are ADA compliant. Since 2018, the Johnsons have conducted 18 such programs and look forward to expanding it to other states.



IMPAIRMENT/DISABILITY AND SPINAL RANGE OF MOTION

From: Geoffrey Gerow DC, DABDA, DIANM

Hello ABDA members and interested parties, I bring you a published article, commentary, and greetings from:

Our Team

- ❖ **James Cox DC, DACBR** – Graduated from the University of Health Sciences, Doctor of Chiropractic, Board Certified Chiropractic Radiologist, Inventor of the Cox line of flexion-distraction tables, Practices in Fort Wayne, Indiana. <https://www.coxtechnic.com/>
- ❖ **Frank Mascaro MD** – Medical Radiologist at WNY MRI
- ❖ **Randall Loftus MD** - Medical Radiologist at WNY MRI
- ❖ **Joanna Garvey DC** – Palmer College of Chiropractic graduate, Doctor of Chiropractic and Board Eligible Chiropractic Neurologist.
- ❖ **Carol Jackson-Gibson MD** - Medical Radiologist at WNY MRI
- ❖ **Samantha Wilfong DC** - Doctor of Chiropractic, Graduate of D’Youville Chiropractic Program, Assistant Professor University of Buffalo Jacob’s School of Medicine.
- ❖ **David Marcarian MA** – Master degree from NASA University Program / San Jose State University. BA from Potsdam College of Arts & Sciences, Potsdam, NY. Former NASA researcher, Instructor University of Buffalo Jacob’s School of Medicine, inventor of the DynaROM and owner of MYOVISION. <https://www.myovision.com/>
- ❖ **Gary Smith DC** – Graduate of Northeast College of Health Sciences, Doctor of Chiropractic and Board Certified by the International Board of Electrodiagnosis. Assistant Professor University of Buffalo Jacob’s School of Medicine
- ❖ **John Strom DC** – Doctor of Chiropractic, Graduate of Palmer College of Chiropractic, Assistant Professor University of Buffalo Jacob’s School of Medicine.
- ❖ **Mark Studin DC, FASBE(C), DAAPM**, Doctor of Chiropractic, Graduate of New York Chiropractic College, Adjunct Assistant Professor, University of Bridgeport, School of Chiropractic, Adjunct Professor of Clinical Sciences, Cleveland University Kansas City College of Chiropractic, Graduate Medical Educational Provider, State University of New York at Buffalo, Jacobs School of Medicine and Biomedical Sciences, Post-Doctoral Education Department. <https://www.academyofchiropractic.com/> , <https://university.teachdoctors.com/index.php?>
- ❖ **Joseph Serghany MD** - Medical Radiologist at WNY MRI
- ❖ **Jennifer Sperrazza DC** – Doctor of Chiropractic, Graduate D’Youville Chiropractic Program, Assistant Professor University of Buffalo Jacob’s School of Medicine.
- ❖ **Geoffrey Gerow DC, DABDA, DIANM, CHCQM**: Graduate and former teacher at the National University of Health Sciences, Doctor of Chiropractic, Diplomate of the American Board of Disability Analysts, Board Certified by the International Academy of Neuromusculoskeletal Medicine, First Director and former Assistant Professor of the D’Youville Chiropractic Program. Assistant Professor State University of New York at Buffalo, Jacobs School of Medicine and Biomedical Sciences. Board Certified Impairment Rating by NAAIRP, Board Certified ABQAURP, Editor for MedPix®. <https://www.chirobuffalo.com/why-choose-us/>

It has been 27 years since I became a “Senior Disability Analyst and Diplomate” of the American Board of Disability Analysts. It seems like yesterday. Today I would like to introduce the readers to two exciting possibilities: The first is a location to publish cases with interesting imaging – MedPix® (Website: <https://medpix.nlm.nih.gov/home>).

The Chief Editor is none other than Dr. James Smirniotopoulos, an ASNR 2021 Gold Medalist, a Professorial Lecturer at George Washington University, and a retired Professor and Chair of Radiology at Uniformed Services University of the Health Sciences. Dr. Smirniotopoulos personally invites those interested in publishing to do so on MedPix®. A description of the site is as follows: “MedPix® is a free open-access online database of medical images, teaching cases, and clinical

topics, integrating images and textual metadata including over 12,000 patient case scenarios, 9,000 topics, and nearly 59,000 images. Our primary target audience includes physicians and nurses, allied health professionals, medical students, nursing students and others interested in medical knowledge. The content material is organized by disease location (organ system); pathology category; patient profiles; and, by image classification and image captions. The collection is searchable by patient symptoms and signs, diagnosis, organ system, image modality and image description, keywords, contributing authors, and many other search options. In addition to searching and browsing images and cases, the MedPix® website provides free AMA Category 1 CME credits online. Earn up to 30 minutes of CME with each completed case. We are actively seeking new case contributions - which become your digital publication on MedPix® at the National Library of Medicine. Case description, images, and captions can be uploaded using any browser. Please join us in supporting one of the world's largest Open-Access Healthcare Teaching Files."

As part of MedPix®, I am an editor of publications completed by 3rd and 4th year medical students attending the State University of New York, Jacob's School of Medicine. Currently, we have well over 100 such publications.

The second exciting point I would like to discuss surrounds the application of Range of Motion Evaluation. As evaluators of Disability, we find when deriving the level of impairment, such involves multiple complexities that fit into a composite whole. These pieces are independent but also supporting of one another. In NYS the concept of Range of Motion assessment is of medicolegal importance in post-vehicular collision evaluation and relative to worker's compensation patients. Such is clear when using The AMA Guides to the Evaluation of Permanent Impairment 5th Edition. [1]

On page 558 of the AMA Guides to the Evaluation of Impairment 6th Edition 2008 [2] (current update is digital 2022) we read "Range of motion is no longer used as a basis of defining impairment, since current evidence does not support this as a reliable indicator of specific pathology or permanent functional status." The value of range of motion alone, which was considered important in the 5th edition and with which some states still adhere, is minimized in the 6th edition. In the next sentence on the same page, we read "However, range of motion may be used to monitor clinical progress in individuals".

John J. Gerhardt, MD; Clinical Associate Professor in Orthopedics and Rehabilitation Emeritus sensed this quandary concerning the application of range of motion when he wrote "The Practical Guide to Range of Motion Assessment" (originally published by the American Medical Association in 2002 and re-printed with repagination in 2009) [3]. On page 45 figure 2-27, he demonstrates the use of monitoring physiological function during range of motion. This is a relatively new concept to some. In a letter dated 05/30/2009, Dr. Gerhardt identifies the concept of ROM and Dynamic sEMG simultaneous evaluation as being a superior means of evaluating ROM. Such information was published after publication of the 6th edition (Copy of figure and letter available upon request gjgerow@buffalo.edu).

The only direct reference to spine motion relative to impairment classification occurs on pages 578-579 in the 6th edition of the guides. Here the Alteration of Motion Segment Integrity is addressed relative to flexion-extension studies of the spine. To qualify for that categorization in the Diagnosis-Based Impairment Class Assignment, Regional Grids: A translational movement of 20% of the anterior to posterior distance, of the vertebral body in either the cervical or lumbar spine is needed of a suprajacent segment to a subjacent segment. These assessments would be made from plain film stress radiography. Croft has clarified this movement as being either anterior or posterior but not the addition of both. [4]. Although some have indicated that the distance can be the sum of anterior and posterior motion, he indicates that White [5] seemingly settled this issue. Although the authors of the

6th guides utilize the 20% ratio under a section entitled Cervical Spine AOMSI, they also note that an AP translation >2.5 mm for the thoracic spine, >4.5 mm for the lumbar spine, and >3.5 mm for cervical spine all indicate segmental instability or AOMSI. Croft concludes that some ambiguity may remain but is adamant that either anterior or posterior translation is measured. Krause [6] appears to agree with Croft as he writes, “In the 6th edition, the AOMSI measurement for the cervical spine is described as the translation measurement being greater than 20 percent anterior or greater than 20 percent posterior to the relative translation of one vertebra on another. This is not felt to be an additive value of each anterior or posterior, but rather the value associated with the greatest or either”.

In the AMA Guides 5th edition, there was a correlation between degree of motion to degree of whole person impairment (WPI) as it would apply to the spine. The 6th edition essentially, although it recognizes value of global regional range of motion, the direct correlation to WPI is removed. Some States, such as NY, do not ascribe to any edition of the AMA Guide, but rather use their own methods particularly in worker’s compensation cases. [7]

Various States have codified editions of the guides for medicolegal purposes. Currently, there are 19 states that ascribe to the 6th edition, 12 States that use the 5th edition, and two States that use the 4th edition of the Guides. [8]

In NYS, although range of motion is highly touted in medicolegal circles for the importance at understanding the disability of the patient, a direct correlate to degree of impairment does not exist. A range of motion correlate to impairment level in Worker’s Compensation contributes to tables 11.1 Soft tissue spine conditions – Non-Surgically Treated and table 11.2 Surgically Treated Spine Conditions ONLY as the continuation of symptoms. [7]

Range of motion of the spine is a useful parameter. In the setting of impairment/disability relative to the cervical spine, Kraus found the single greatest predictor for long term disability was cervical range of motion. [9]. In the literature review done by Colloca and Hinrichs [10], we find a direct correlation between range of motion and spinal muscular motricity of the lumbar spine during flexion. Essentially, “In normal trunk flexion with the knees straight, the 5 lumbar vertebral segments flex forward during the first 50° to 60°, followed by the pelvis rotating between the hips”. It is understood that at 75% to 85% of trunk flexion, the lumbar spine reaches its maximum range of motion, and the pelvis contributes the remainder of trunk flexion. [13]. When Floyd and Silver published their ground-breaking article [11] they evaluated paraspinal muscle activity during ranges of motion of the spine and defined the term Flexion-Relaxation of the lumbar spine. [11, 12]. The flexion-relaxation phenomenon is where an asymptomatic individual with sufficient forward flexion of the lumbar spine, should experience relative relaxation of the erector spinae, but in a symptomatic lower back pain patient there would be continuation of muscle tonus. [14-22].

The sixth edition is not saying that range of motion is not an important parameter to be assessed regarding care. Rather, it is just saying that specific range of motion will not be used to calculate the percentage of impairment.

In light of the 6th edition minimizing specific range of motion values, and if you are using the 5th edition to calculate impairment percentage, you would need to demonstrate that the values achieved are valid. Simply using the three repetitive values within 5 degrees or 10 percent of one another will not alone be sufficient on impairment assessment. You will need to demonstrate value of the measurements by other means. If you are using the sixth edition but want to comment in your writeup upon the values of range of motion and not use them to calculate percentage impairment, then you would also need to substantiate that the range of motion values achieved has legitimacy.

When performing our disability/impairment evaluations, beyond the patient's subjective statements and the testing performed, is there a physiological voice that supports our findings? Yes, and we can correlate such with other studies. Marcarian, who expanded on the work of Floyd and Silver's concept of evaluating paraspinal activity during range of motion, developed and invented DynaROM technology [23]. Areas of the cervical [24, 25] as well as the lumbar spines could be evaluated for the 6 cardinal ranges of motion that each possesses.

The reason John Gerhardt added the DynaROM to the AMA's Range of Motion Text is that he felt range of motion needed an additional measure to validate the findings. As suggested by Geiser and others, by simultaneously measuring muscle activity with range of motion, many issues with range of motion were resolved. Firstly, the difficulty in separating symptom magnifiers from those with truly limited range of motion. During motion, muscles are naturally and involuntarily recruited to respond to joint limitation and/or pain in motion. They do so by firing in a compensatory fashion to splint and brace as a protective mechanism to prevent further injury. By combining these measures, as suggested by Floyd and Silver [12], and Geisser [26], sensitivity, and specificity were improved significantly. Secondly, there are many patients who display an excellent range of motion (e.g. yoga instructor) where range of motion is not reduced significantly even in the presence of muscle guarding and pain. (I know there is some stuff in the AMA guides perhaps even the 6th edition on spasm).

The simultaneous graphing of motor recruitment along with graphed range of motion allows the clinician to determine if what appears to be a normal range of motion, is simply a false negative finding. John Gerhardt tested the DynaROM on over 500 patients (private communication Marcarian) and concluded that range of motion itself was not sensitive enough to differentiate actual pain from soft tissue injury, ultimately allowing symptom magnifiers to present as abnormal. The DynaROM provided a more accurate view into the patient's pain as well as motion difficulties, and in turn helped in formulating clinical hypotheses and appropriate treatment.

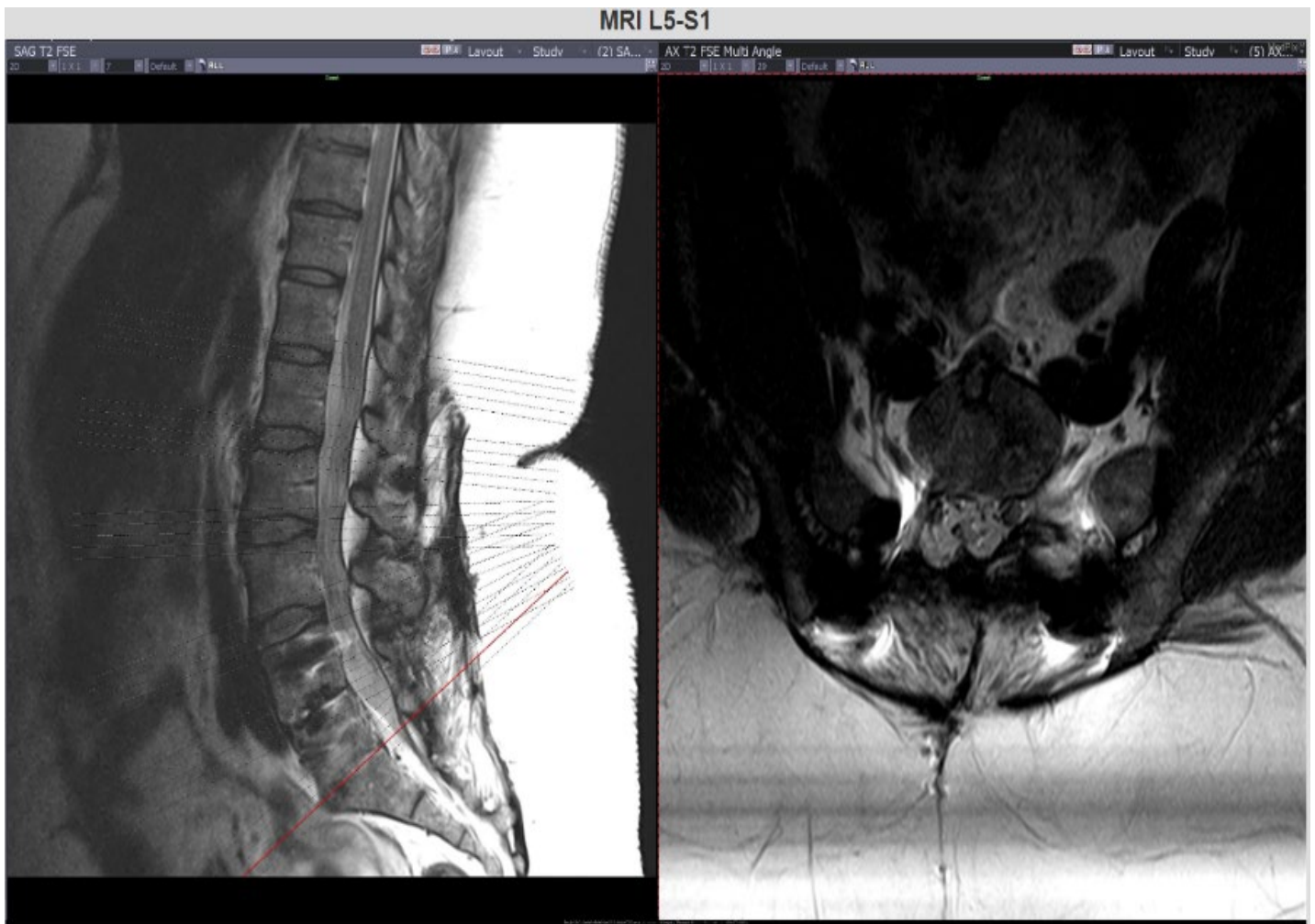
The final advantage of the DynaROM principle was the graphing of the patient's range of motion. The graphs helped show "quality of motion" as a patient "ratcheting" while moving indicates difficulty in performing motion. End point range of motion simply lacked the data to provide an objective view of this and was only observed by the practitioner.

What I would like to share with you is a case published through NIH and where you can simply click the link:

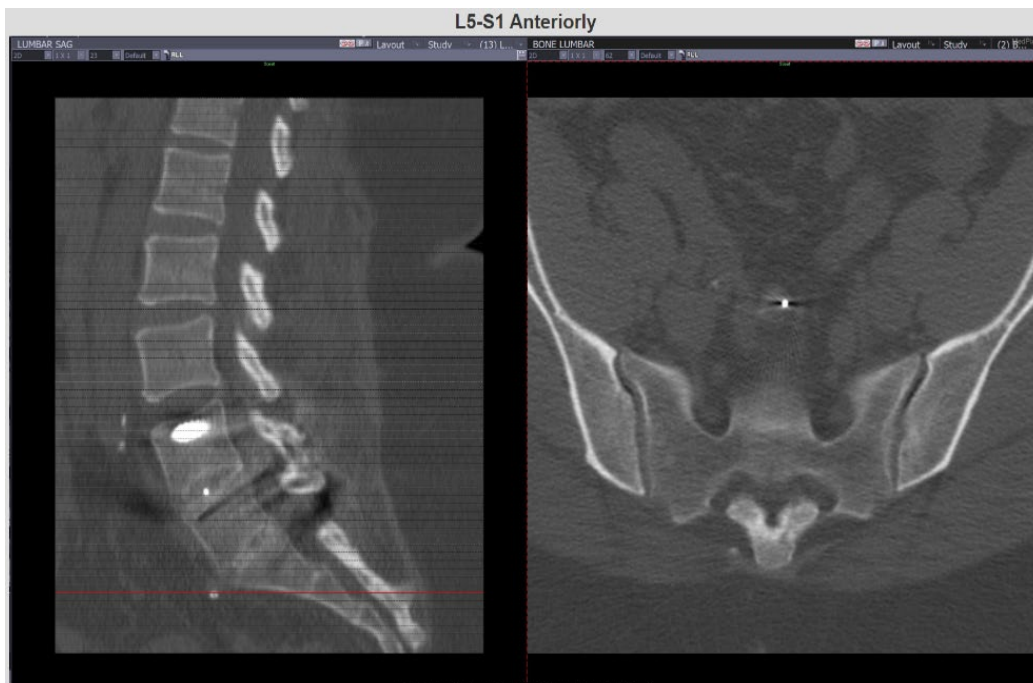
Greg Brown MS III, James Cox DC, Frank Mascaro MD, Randall Loftus MD, Joanna Garvey DC, Carol Jackson-Gibson MD, Samantha Wilfong DC, Gary Smith DC, David Marcarian MA, John Strom DC, Mark Studin DC, Joseph Serghany MD, Jennifer Sperrazza DC, Geoffrey Gerow DC. "Post-Laminectomy Syndrome, Failed Back Surgery Syndrome; Chronic L5-S1 Radiculopathy". Medpix: National Institute of Health/National Library of Medicine. Published March 27, 2022.

<https://medpix.nlm.nih.gov/case?id=a5a819de-ae98-40d8-acb2-f3d091632f91>
https://www.researchgate.net/publication/361776693_Post-Laminectomy_Syndrome_Failed_Back_Surgery_Syndrome_Chronic_L5-S1_Radiculopathy

Here we see is a post-surgical lumbar spine on MRI:



Here we see is a post-surgical lumbar spine on CT:



We have findings of Right Chronic L5-S1 Radiculopathy:

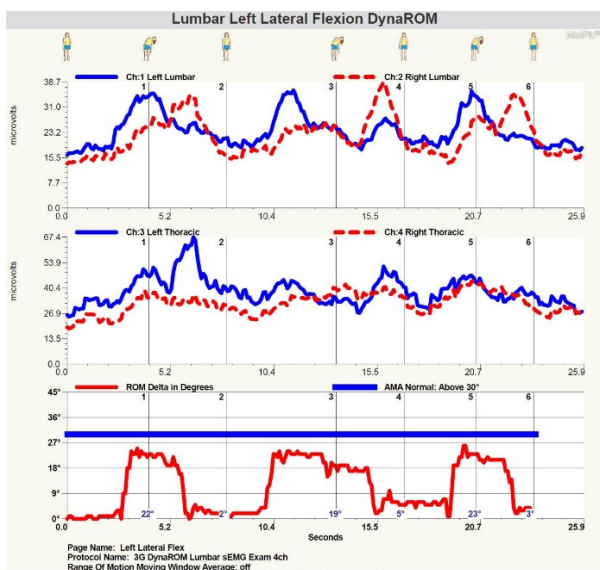
Monopolar Needle EMG												
EMG												
Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Right	VastusMed	Femoral	L2-4	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	AntTibialis	Dp Br Peron	L4-5	Nml	Nml	Nml	Incr	>12ms	2+	Reduced	Nml	
Right	Peroneus Long	Sup Br Peron	L5-S1	Nml	Nml	Nml	Incr	>12ms	2+	Reduced	Nml	
Right	Gastroc	Tibial	S1-2	Nml	Nml	Nml	Incr	>12ms	2+	Reduced	Nml	
Right	Ext Dig Brev	Dp Br Peron	L5, S1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Lumbar Parasp	Ram	L1-S1	Nml	Nml	Nml						

On lateral bending evaluation we have a loss of disc narrowing at L3/L4 on the right compared to the motion noted on the left.

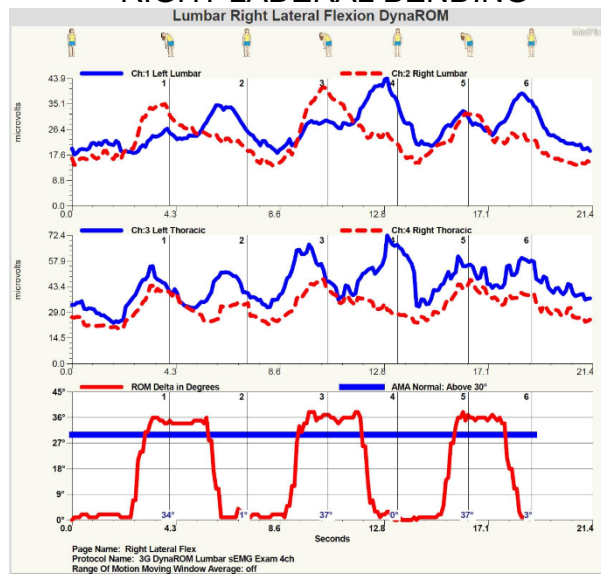


We can use ROM-sEMG evaluation (Myovision.com) to understand and support the physiological dynamics with graphical understanding over time of the range of motion obtained. See below:

LEFT LATERAL BENDING



RIGHT LATERAL BENDING



To understand this case, we correlate the findings of various testing and account for the positioning and resultant effect of the findings on imaging. In this case, there is a lack of lateral bending to the side of radiculopathy which is not all that surprising.

ROM-sEMG (DynaROM) permits us the ability to explain and document the loss of function noted. [26-32]. It allows us the ability to understand Range of Motion of the spine as being a **reliable indicator**, useful in defining impairment as Dr. Gerhardt intended.

The actual calculations are performed in the publication [33] and can be perused.

The patient received Cox table/technique [34] for the cervical and lumbar spine regions. This a gentle decompressive mobilization/adjustment for relieving biomechanical and subsequently neuromusculoskeletal symptoms. The patient tolerated the treatment well and such has contributed to patient's recovery.

If you would like to learn more about this type of approach to spinal disability/impairment pathology, I would encourage you to send me your email address and just say "interested" at gggerow@buffalo.edu. We, David Marcarian and I, may be able to run a CME session with credits provided by the University of Buffalo Medical School through Zoom presentation. Let me know the interest level and I will put together a presentation and invite those interested. Additionally, when we have a date, I will ask Dr. Anchor to put the offer out via ABDA email.

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**The American Board
1483 N. Mt. Juliet Road #175
Mt. Juliet, TN 37122
Tel: 629-255-0870
Fax: 615-296-9980
Email: office@eventsm3.com**

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2023 ANNUAL RENEWAL

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