

Infrared Imaging Symposium Sparks Interest

The annual symposium of the American Chiropractic College of Infrared Imaging, July 14-15, 2001, provided an exciting overview of recent developments, drawing attendees from all over the nation. The symposium was held on campus at the National University of Health Sciences (formerly National College of Chiropractic) in Lombard, Illinois.

The guest speaker was Philip Hoekstra III, PhD, a medical physiologist with 29 years of experience in the application of medical infrared imaging. He utilized his substantial background and experience in the use of infrared imaging in cerebral and peripheral vascular disease; thyroid disease; latent dental abscesses; musculoskeletal disorders; neurology; and breast evaluation, to provide an excellent update on contemporary infrared imaging, with specifications for infrared cameras, software, and methods of analysis. Image resolution provided by the newest fourth-generation infrared scanners is superlative, and calibration and internal controls provide accuracy that avoids potential errors in documenting heat emanation from the body. New developments in software allow highly accurate measurement of real temperature; temperature differentials; isolation of regions of interest; and a myriad of display, reporting, storage, and printing options.

The American Chiropractic College of Infrared Imaging (ACCII) is a subdivision of the Council on Diagnostic Imaging of the American Chiropractic Association. The ACA established the ACCII in 1987 to recommend criteria for certification, ethics, and professional competency; to promote, assist and publish research in infrared imaging by members; and to advance the specialty of infrared imaging in the chiropractic profession.

The ACCII holds an annual symposium to update its members on developments in the field of infrared imaging. Symposium registrants gather to hear about research and utilization of high-resolution infrared imaging. Results of a literature search are also presented to the attendees each year, with the intent of keeping members up to date with research data on efficacy, areas of utilization, and technological advances.

After a period of active utilization during the late 1970s and throughout the 1980s, infrared imaging (then known as *thermography*) underwent a downturn in the 1990s. Thermal imaging suffered for a variety of reasons: enthusiasm that exceeded science, insufficient documentation of medical necessity, and inadequate technical protocols. A refined and accurate understanding of the unique value of infrared imaging in studying the autonomic nervous system has been sparking a resurgence of this valuable diagnostic method over the past several years.

Infrared imaging has the advantage of providing *physiological* information that may be of assistance in addition to, or instead of, the *anatomic* information provided by other imaging tests. It is particularly useful for evaluation of suspected autonomic disorders, such as complex regional pain syndromes (CRPS), formerly known as *reflex sympathetic dystrophy* and *causalgia*. Other common uses germane to chiropractic practice include specific analysis of chronic myofascial pain syndromes and small caliber peripheral neuropathies. Infrared imaging is the only method of its kind that passes no energy *into or through* the body. As a thermal photograph, it is risk-free and completely painless. Like all imaging tests, the need for infrared imaging must be based on historical and physical indicators, and its results must be correlated with those findings.

High-resolution infrared imaging lends itself to strict control and reproducibility and is thus the only method considered acceptable by the American Chiropractic College of Infrared Imaging, a policy shared by the two major medical infrared imaging associations (the American Academy of Thermology and the American Academy of Medical Infrared Imaging), and the major EuroAsian association, the International College of Thermology.

As a separate issue from the neuromuscular conditions in which most chiropractors specialize, there is also a resurgence of interest in infrared imaging as a noninvasive screening tool for breast cancer, supplementing conventional mammography. Not at all like the poorly controlled methods that lost credibility a couple decades ago, the new equipment and software utilize tightly controlled protocols to identify the angiogenesis that heralds early tumor formation and growth. While currently still undergoing clinical trials, early results are promising. Clinical trials, utilizing specialized dedicated equipment, are currently underway at five prestigious sites: USC/Norris Cancer Center, Los Angeles; Mt. Sinai Medical Center, Miami Beach, FL; Providence Hospital, Washington, D.C.; St. Agnes Hospital, Baltimore; and the Lahey Clinic, Boston. If research validates this utilization of infrared imaging, doctors of chiropractic will want to know their options regarding ordering these studies, recognizing the wide variance of scope of chiropractic practice from state to state.

Doctors of chiropractic have always had a natural interest in heat detection because of its historical background, and because of the obvious correlation the method has with physiology. Due to the increasing interest in infrared imaging, the National University of Health Sciences, in cooperation with the ACCII, recently offered a 100-hour post-doctoral course in infrared imaging. Ten doctors who recently completed the program were introduced to attendees at the annual ACCII symposium, receiving, along with their certificates of completion from National, congratulations from ACCII officers and symposium attendees.

The ACCII also maintains a board of examiners in infrared imaging, known as the American Chiropractic Board of Infrared Imaging (ACBII). It is responsible for examining candidates who have completed a 100-hour certification program in infrared imaging produced by an accredited chiropractic college. Doctors of chiropractic who complete this type of 100-hour postdoctoral training in infrared imaging are eligible to take parts I and II of the certification examination offered by the ACBII. When successful in this two-stage process, they are then eligible to become members of the ACCII.

Susan Vlasuk,DC,DACBR
Bellevue, Washington
Phone: (425) 451-1199
Fax: (425) 454-3953
slvlasuk@email.msn.com

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