

Patient Care

Marcarian, MyoVision Influence ASHN to Include sEMG Owners in Network

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For years, ASHN (American Specialty Health Network) has excluded healthcare providers from joining their network for owning a Surface EMG. With ASHN growing like wildfire—increasing from 14,000 members in 2001 to over 12.4 million members in 2005—literally thousands of chiropractors were affected. Various leaders in the profession asked me if I would try to convince ASHN to alter their policy.

I contacted ASHN immediately after winning one of the most crucial court victories for chiropractic, where the validity of MyoVision sEMG technology was established without question at the Superior Court level (see www.myovision.com for court documents and details). After a presentation to their Technology Review Committee, ASHN now allows Surface EMG users into their network, effective as of the beginning of May 2006.

My approach? As Thomas Dolby sang in his big 80's hit, I "blinded them with science." In addition to the Florida court win and a major review of the literature, two major studies which utilized the MyoVision were helpful in convincing them of the value of Surface EMG.

I also give tremendous credit to ASHN's Technology Review Committee. It was comprised of some of the most educated, knowledgeable and scientific healthcare providers I have met, and their only interest was the science behind it.

The following is a list of "pearls of wisdom" derived from the meeting:

1. Always perform standing Static sEMG's. Question the credibility of anyone claiming validity of seated tests. Select machines optimized for standing tests.
2. Confirm that the system you are using does not rely upon research published by the owners of the company, or published in journals with direct financial ties to the company. sEMG evidence can be found not admissible because the research on the machine was published in the *JVSR*, which has direct financial ties to a major trade journal (the address of the *JVSR* is the same address as the chiropractic trade Journal).
3. If possible, utilize machines which are research-validated and court-validated, as you do not have to establish their credibility with agencies or insurers questioning the validity of the testing. MyoVision is one such product.
4. Never perform Static sEMG testing alone where the goal is to prove injury (for PI or Worker's Compensation). Static sEMG is great for marketing, tracking progress and does provide valuable information for scoliosis detection and heel lift height determination, but is not sufficient on its own for proving injury.
5. To prove injury, perform at minimum dynamic sEMG, dual inclinometer

Range of Motion (two sensors placed on the body simultaneously) and Muscle Testing. When performing cervical Dynamic sEMG, always perform 4 channel tests of all ranges of motion (except extension) where cervical paraspinals and SCM's are measured and at least a 2 channel measure of the lumbar spine where all ranges of motion are measured except extension.

6. Proper Range of Motion measures require the use of two separate electronic inclinometers which are placed on the body simultaneously, providing accurate readings and meeting AMA requirements. Single inclinometer systems are outdated and not acceptable.
7. When using Static sEMG, be careful to avoid getting "too creative" with your explanation of the results. "We are simply measuring muscle activity, looking for any excess or low muscle activity, or major imbalances in activity which suggest an underlying spinal problem." That is all you need to say.
8. Always follow proper protocol when testing: Wipe the skin with alcohol, and dry the skin by dabbing with a paper towel to ensure that the skin is dry prior to testing.
9. Always put in your notes how the results affected your care plan for the patient. Without doing so, it is obvious that the test results are not being used in a diagnostic manner.

The "real" truth is that the misuse and abuse of the tool as a "marketing" tool only, as presented by specific companies selling Surface EMG, was directly responsible for their previous policy.

Presenting the data in an objective manner will result in an increase in your personal credibility, reduced issues with insurers' acceptance of Surface EMG, better patient care, and solid, "objective documentation-based" personal injury cases. The goal is to ensure that those injured are cared for, and symptom magnifiers are properly managed.

For those of you who received letters excluding you from the ASHN network, you can reapply immediately and cannot be excluded solely based upon your use of Surface EMG.

—David Marcarian, MA, is founder and president of Precision Biometrics, supplier of the only court-validated, research-validated system on the market, the MyoVision s-EMG and Thermoglide systems. He has worked for NASA, and was awarded a \$450,000 grant from the NIH for developing the MyoVision. He lectures for Palmer College of Chiropractic and his course is endorsed by all U.S. chiropractic associations that mandate s-EMG training. He has personally instructed more than 6,000 chiropractors on proper s-EMG use. David Marcarian can be reached at (800) 969-6961, by email at david@myovision.com, or visit www.myovision.com.