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**HAAVIK RESEARCH** Key References for today's talk **NEW ZEALAND COLLEGE OF CHIROPRACTIC**

Heidi Haavik, Nilika Kumari, Kelly Holt, Imran Khan Niazi, Imran Amjad, Amin N. Pujari, Kemal Sali Turker, Bernadette Murphy (2023a) The contemporary model of vertebral column joint dysfunction and impact of high-velocity, low-amplitude controlled vertebral thrusts on neuromuscular function. Invited Review. *European Journal of Applied Physiology*. <https://doi.org/10.1007/s00421-023-05437-z>

Heidi Haavik, Imran Khan Niazi, Nilika Kumari, Imran Amjad, Jenna Dueth, Kelly Holt. (2023b) The potential mechanisms of High-Velocity Low-Amplitude Controlled Vertebral Thrusts on Neuroimmune Function: A narrative review. *Medicina* 2023, 57, 536. <https://doi.org/10.3390/med5770536>

Imran Khan Niazi, Muhammad Samran Navid, Christopher Merkle, Imran Amjad, Nilika Kumari, Robert J. Trager, Kelly Holt, Heidi Haavik. 2024. A randomised controlled trial comparing different sites of high-velocity low amplitude thrust on sensorimotor integration parameters. *Scientific Report*. 14(1), p.1159. <https://www.nature.com/articles/s41598-024-53331-0>

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**NEW ZEALAND COLLEGE OF CHIROPRACTIC**

1999 NZCC Graduate

2008 PhD **THE UNIVERSITY OF AUCKLAND**

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**Somatosensory Evoked Potentials**

Sensory cortex

Cervical spine

Peripheral nerve

Number of pulses = 1000  
Frequency = 2.3 Hz  
Length = 0.2 ms  
Intensity = 1 mA above the stimulation intensity that elicited clear twitch of the thumb.

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### Transcranial Magnetic Brain Stimulation

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### Electroencephalography (EEG)

- SEPs
- Resting State
- Source localization analysis
- Connectivity analysis

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### Our Intramuscular EMG studies

we were able to record 85 single motor units (using the needle-based technique) across 19 participants

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Hoavik H, Niazji IK, Jochumsen M, et al. Chiropractic spinal manipulation alters TMS induced I wave excitability and shortens the cortical silent period. *J Electromyogr Kinesiol* 2018;42:24-35. doi: 10.1016/j.jelekin.2018.06.010

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### High Density Surface Electromyography (HDsEMG)

**HDsEMG electrodes** | **Activation MAP** | **EMG Decomposition**

64 channels

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*Robinson, Holzer, Coomes, Burtel, Niaz, Hill, Lusher & Hamrick. The Effects of Spinal Manipulation on Motor Unit Behavior. Brain Sciences. Special Issue: Mechanisms and Applications of Clinical Neurophysiology. State of the Art (SOTA). 2023. <https://doi.org/10.3390/brainsci13111899>*

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### 500 channel HDsEMG and 3D motion capture

- Biomechanics by using 3D motion analysis system
- 500 High Density EMG over erector spinae muscles

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NCMIC

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*Robinson, Niaz, Kumar, Singh, Menard, Hamrick. Non-Specific Low Back Pain: An Inductive Exploratory Analysis Through Factor Analysis and Deep Learning for Better Characterization. Brain Sciences. 2023 Jun 13; 13(6):966.*

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CENTRE FOR CHIROPRACTIC RESEARCH  
New Zealand College of Chiropractic

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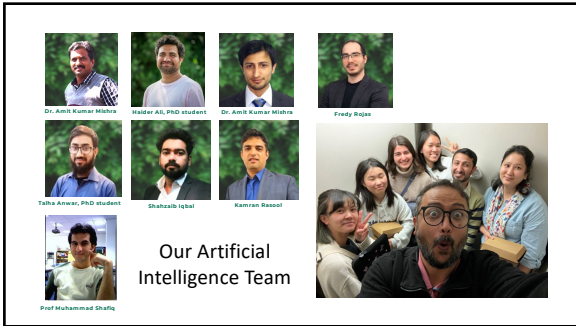
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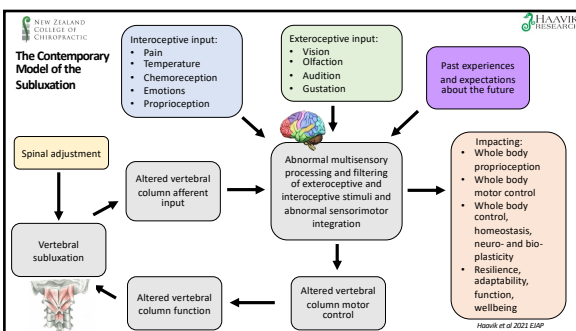
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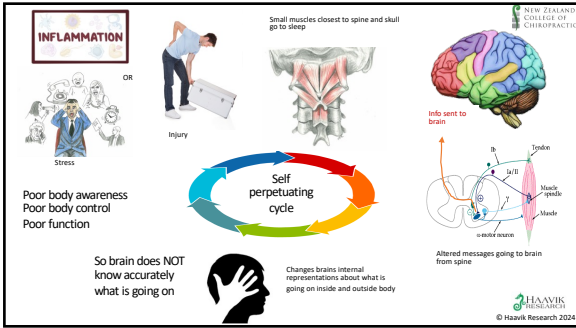
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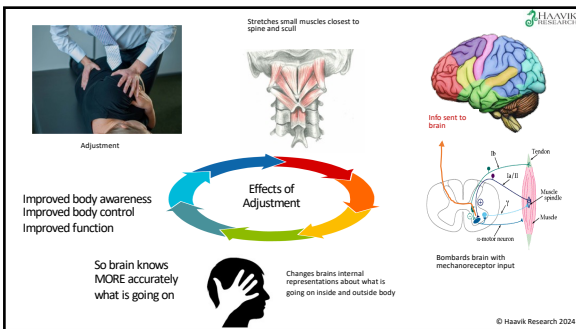
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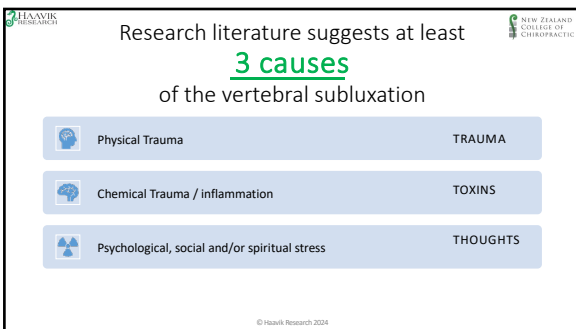
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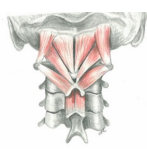
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### What happens when the spine dysfunctions?

Deep paraspinal muscles around a **healthy segment** are:


- Plump
- Larger in size
- Slow-twitch fibre type
- No fatty infiltration
- Healthy muscle spindles
- Move freely




**Subluxated** segment deep paraspinal muscles over time become:

- Fibrotic
- Atrophied
- Fatty infiltration
- Change fibre type (slow to fast)
- Muscle spindles dysfunction
- DJD around joint

HEALTHY



RADIOLUCENT



RADIOPAQUE

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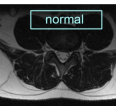
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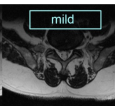
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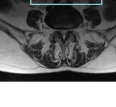
**normal**




**mild**

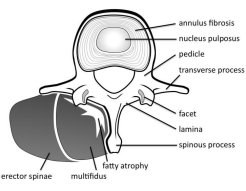


**moderate**



**severe**





Paul, C., Patrino, J.M., Wang, W. and Argüelles, B., 2020. Correlation between multifidus fatty atrophy and lumbar disc degeneration in low back pain. BMC musculoskeletal disorders, 20(1), pp 1-4.  
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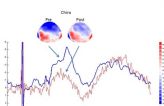
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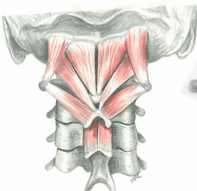
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### Does specificity matter?







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Imran Khan Niaz, Muhammad Samran Naved, Christopher Merkle, Imran Ahmad, Wasim Kamari, Robert J. Trigg, Kelly Hall, Heidi Hovell, 2024. A randomized controlled trial comparing different sites of high-velocity low-amplitude thrust on sensorimotor integration parameters. Scientific Report, 14(1), p. 1159

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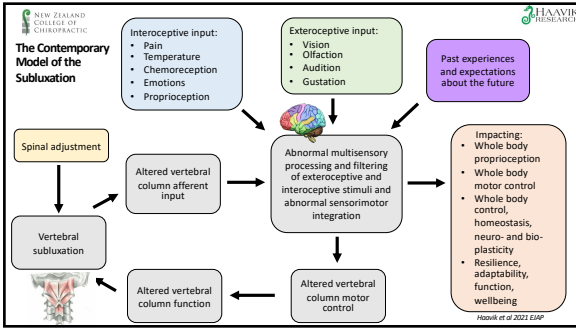
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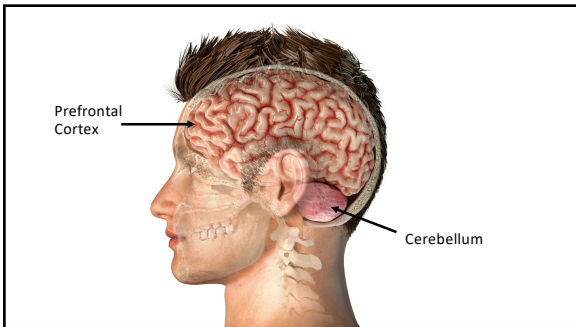
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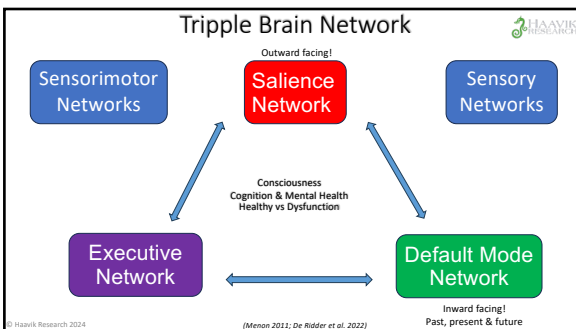
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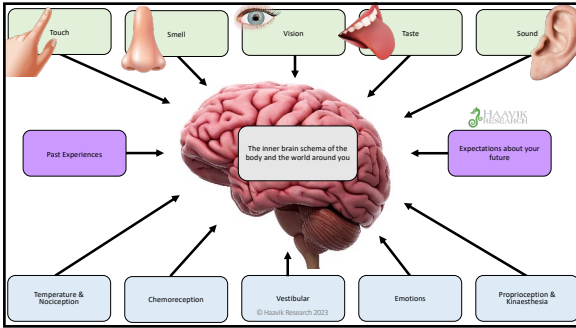
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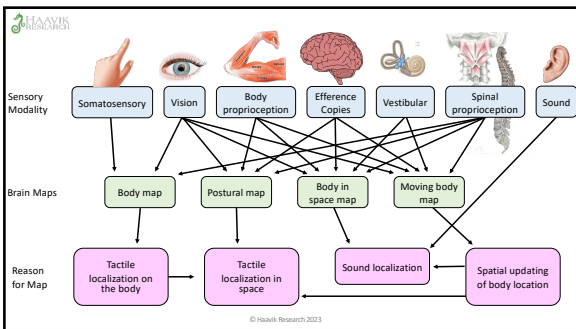
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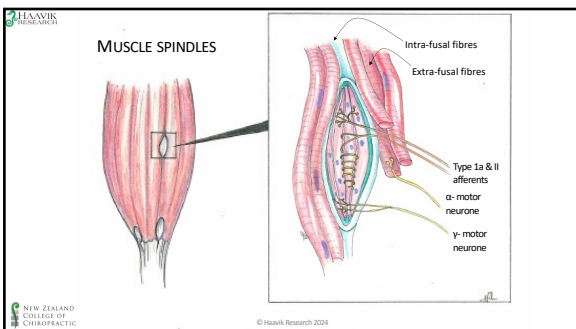
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**Why is all this important to understand?**

**Abstract**  
 Motor control, which relies on constant communication between motor and sensory systems, is crucial for spine posture, stability and movement. Adaptions of motor control occur in low back pain (LBP) while different motor adaption strategies exist across individuals, probably to reduce LBP and risk of injury. However, in some individuals with LBP, adapted motor control strategies might have long-term consequences, such as increased spinal loading, that has been linked with degeneration of intervertebral discs and other tissues, potentially maintaining recurrent or chronic LBP. Factors contributing to motor control adaptations in LBP have been extensively studied on the motor output side, but less attention has been paid to changes in sensory input, specifically proprioception. Furthermore, motor cortex reorganization has been linked with chronic and recurrent LBP, but underlying factors are poorly understood. Here, we review current research on behavioral and neural effects of motor control adaption in LBP. We conclude that back pain-induced disrupted or reduced proprioceptive signaling likely plays a pivotal role in driving long-term changes in the top-down control of the motor system via motor and sensory cortical reorganization. In the outlook of this review, we explore whether motor control adaptations are also important for other (musculoskeletal) pain conditions.

Meixner, M. L., Wrona, A., & Schweinhart, P. (2018). Low Back Pain: The Potential Contribution of Supraspinal Motor Control and Proprioception. *The Neuroscientist*, 17(2), 83-94. DOI:10.1007/s12250-017-9090-7

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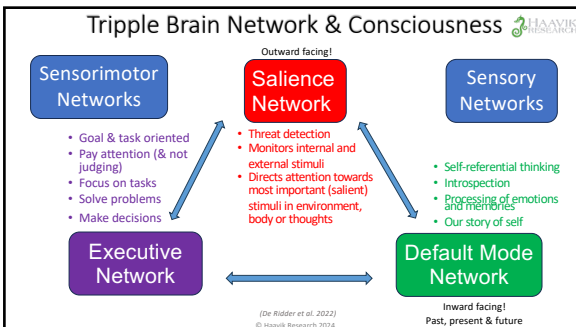
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**Triple Brain Network and Psychopathology**

The science of large-scale brain networks offers a powerful paradigm for investigating cognitive and affective dysfunction in psychiatric and neurological disorders. This review examines recent conceptual and methodological developments which are contributing to a paradigm shift in the study of psychopathology. I summarize methods for characterizing aberrant brain networks and demonstrate how network analysis provides novel insights into dysfunctional brain architecture. Deficits in access, engagement and disengagement of large-scale neurocognitive networks are shown to play a prominent role in several disorders including schizophrenia, depression, anxiety, dementia and autism. Synthesizing recent research, I propose a triple network model of aberrant saliency mapping and cognitive dysfunction in psychopathology, emphasizing the surprising parallels that are beginning to emerge across psychiatric and neurological disorders.

(Memon 2011)  
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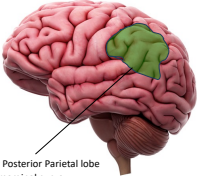
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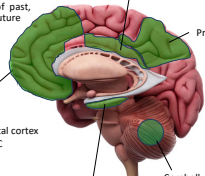
### Default Mode Network

Understanding thoughts, intentions and feelings of others, and predicting behavior



Inferior Posterior Parietal lobe  
- Supramarginal gyrus  
- Angular Gyrus

Emotional understanding & regulation of past, present and future



Medial PFC  
- vm PFC  
- Orbitofrontal cortex  
- Ventral ACC


Hippocampus and parahippocampal cortex

Constructing sense of self

PCC

Precuneus

Cerebellum


 (Dumas et al 2024)  
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### Default Mode Network

- Emotional understanding & regulation of past, present and future
- Understanding self and others' perspectives, actions and behaviours
- Internal world and awareness of self and your environment
- All about self-referential auto-pilot
- Construction of the narrative sense of self, including autobiographical memories
- Learning and consolidating everyday experiences
- Vital for consciousness



- People with Depression have Increased functional connectivity within DMN (ruminations)
- Abnormal connectivity between Salience Network and DMN in
  - Chronic Pain
  - Depression
  - Anxiety

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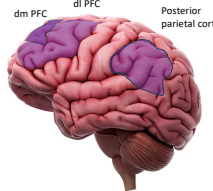
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### Fronto-parietal (Executive Control) Network

- It is Goal and Task oriented
- When you are actively engaged in a task
- Actively paying attention (and ~~not~~ judging)
- Capable of recruiting a wide variety of brain systems
- Multiple FP / EC networks
- Regions
  - Dorsolateral PFC
  - Dorsomedial PFC
  - Posterior parietal cortex
  - Anterior Cingulate Cortex
  - Subcortical regions



dm PFC      dl PFC      Posterior parietal cortex

(Witt et al. 2021; Menon and D'Esposito 2022)

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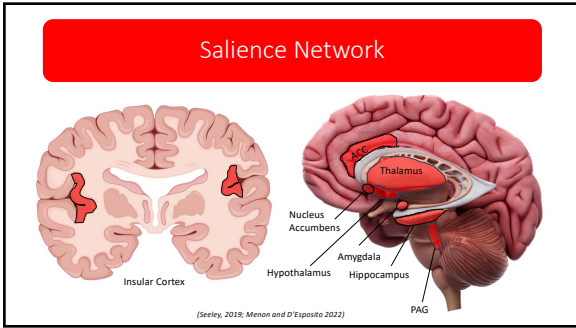
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Characterising brain and muscle activation and metabolic activity changes following chiropractic care provided by a master chiropractor using whole head electroencephalography (EEG), somatosensory evoked potentials (SEPs), source localisation and near infrared spectroscopy (NIRS)-drafting manuscript

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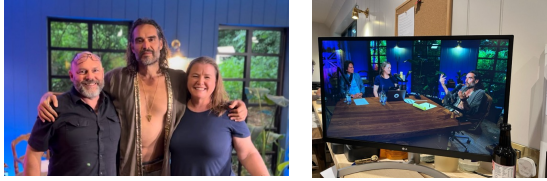
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As seen on YouTube in Russell Brand Interview



<https://www.youtube.com/watch?v=tgwXAzTqJVU>

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**Questionnaire Study Results**

**Control Group**  
NO significant changes at all

**Chiropractic Group**

- Improved QOL overall
- Improved Physical function
- Less Depression
- Less anxiety
- Less Fatigue
- Less pain interference
- Less pain intensity



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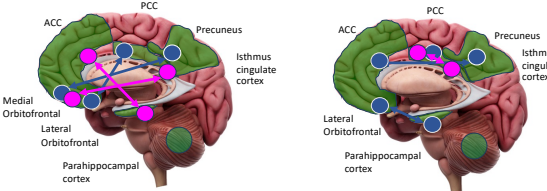
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**SEPs DMN changes**

**Pre and Post Chiro**      **Pre and Post 4 weeks Chiro**



(Haavik et al 2024 submitted)

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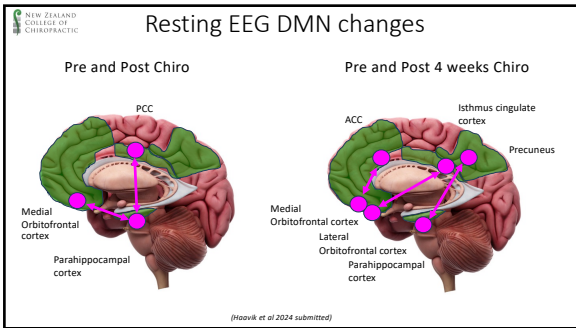
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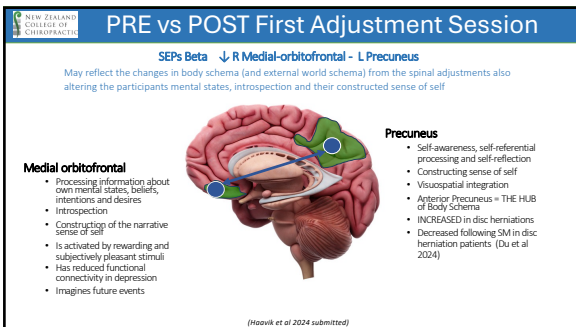
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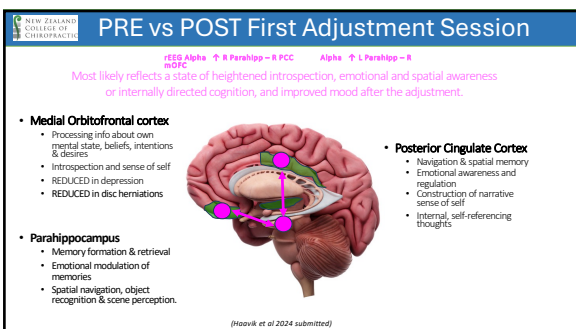
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**PRE vs POST 4 weeks of chiropractic care**

SEPs Alpha  $\uparrow$  L isthmus-cingulate- R PCC    SEPs Alpha  $\downarrow$  L PCC – R PCC

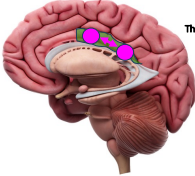
Thus, may reflect altered narrative sense of self in a manner that is reducing symptoms of depression and improvements in fatigue

**The Posterior Cingulate Cortex**

- internally focused, self-referential processing
- implicated in depression

In depression there is asymmetry in the thickness of PCC (cortical thickness in left vs right)

Depressed individuals with higher somatic symptoms (e.g. sleep disturbance, appetite disturbance, and fatigue or loss of energy) have greater asymmetry in PCC thickness



**The Isthmus Cingulate**

- self-referential and self-referential processing
- construction of the narrative sense of self, including autobiographical memories

(Haavik et al 2024 submitted)

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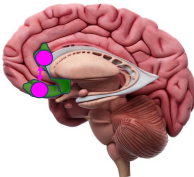
**PRE vs POST 4 weeks of Chiropractic care**

rEEG Alpha  $\uparrow$  L rostral ACC – R Medial-orbitofrontal    Alpha  $\uparrow$  L rostral ACC - L Medial-orbitofrontal

Most likely reflects the reduction in pain and improved cognition about their own mental states and improved mood.

**Medial orbitofrontal cortex**

- Processing information about own mental states, beliefs, intentions and desires
- introspection
- Construction of the narrative sense of self
- is activated by rewarding and subjectively pleasant stimuli
- Has reduced functional connectivity in depression
- Imagines future events
- REDUCED in depression
- REDUCED in disc herniations



**Rostral Anterior Cingulate Cortex**

- Recognizing, understanding and regulating own emotions
- Appraising interoceptive signals (visceral, emotions, pain sensations)
- Driving physical arousal
- Descending pain inhibitory pathway

ACC involved in both the Saliency and DMN and they have abnormal functional connectivity in people with chronic pain, depression and anxiety.

(Haavik et al 2024 submitted)

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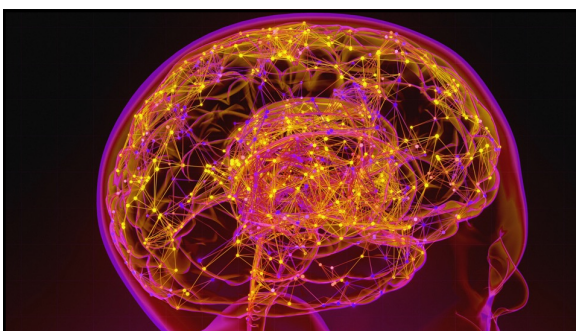
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How do you incorporate this new science into practice?

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HAAVIK RESEARCH

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**Spine Talk Prone**



- When checking the spine prone, talk spine, discuss paraspinal deep muscles and what occurs over time
- Do some 'did you know questions'

**Brain talk supine/sitting**



- When checking their neck either sitting or supine, talk brain, talk how the muscles from the spine impact the brain and that adjustments change the way the brain perceives what is going on inside them and even around them.
- Do some 'did you know questions'

NEW ZEALAND COLLEGE OF CHIROPRACTIC

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Did you know.....

The latest science is showing us that more frequent adjustments early on when you start care leads to better outcomes up to a year later for people like you with these kinds of headaches that come from your neck

Science is showing us that regular adjustments means less days in pain for you, as opposed to letting it build back up and you only come back in when it hurts

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PA28: How Often should I see my chiropractor

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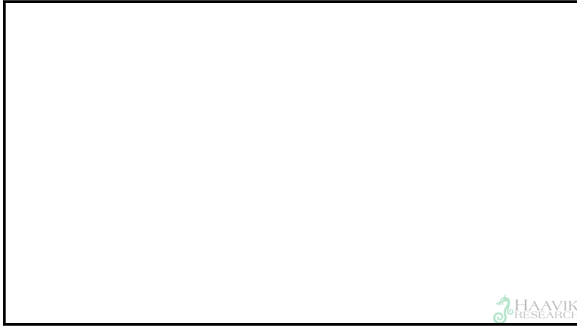
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*Thank you!*



Enlightening the world about the science of chiropractic

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