

# Allan C. Gotlib, DC, CM: A worthy Member of the Order of Canada

Douglas M. Brown, DC<sup>1</sup>

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*On June 29, 2012, His Excellency the Right Honourable David Johnston, Governor General of Canada, announced 70 new appointments to the Order of Canada. Among them was Dr. Allan Gotlib, who was subsequently installed as a Member of the Order of Canada, in recognition of his contributions to advancing research in the chiropractic profession and its inter-professional integration. This paper attempts an objective view of his career, to substantiate the accomplishments that led to Dr. Gotlib receiving Canada's highest civilian honour.*

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KEY WORDS : chiropractic, history, Allan Gotlib

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## Scholastics

Allan Gotlib was born October 5, 1949, in Toronto, ON. He attended Wilmington Avenue Public School, Dufferin Heights Junior High School and obtained a Senior Matriculation diploma from William Lyon MacKenzie Collegiate Institute, before entering the University of Toronto (U of T) Scarborough Campus and earning an Honours

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*Le 29 juin 2012, Son Excellence le très honorable David Johnston, gouverneur général du Canada, a annoncé 70 nouvelles nominations à l'Ordre du Canada. Parmi eux, le Dr Allan Gotlib qui a ensuite été nommé membre de l'Ordre du Canada en reconnaissance de sa contribution au développement des recherches dans la profession chiropratique et de sa grande collaboration interprofessionnelle. Cet article essaie de présenter une vue objective de sa carrière et d'étayer les réalisations qui ont permis à Dr Gotlib de mériter la plus haute distinction honorifique civile du Canada.*

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Bachelor of Science degree (BSc) in 1972. Allan's family wanted him to be a dentist or medical doctor. Allan desired neither so approached Queens University's Faculty of Medicine, knowing it only accepted 35 students and as a B+ applicant he would not be chosen. Then he applied to the U of T Faculty of Dentistry where one of the admission tests was to carve a piece of chalk to certain

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specifications. Allan deliberately broke his chalk in half, ensuring he would fail to qualify.

Gotlib's parents had close friends whose son, Marshall Ross, was in his senior year at the Canadian Memorial Chiropractic College (CMCC). Marshall gave Allan a tour of CMCC and he was accepted for the September 1972 class without being interviewed. On opening day, Allan was pleased to see Irving Pisarek and Charles Goldman, two friends from his studies at high school, in the freshman class. Allan had a number of university credits and a lot of spare periods. He sat at the back of the room and dozed, but maintained a B+ average. By his junior year, he and Rena, nee Eisenberg, whom he had married in August that first year, began raising their family in a small, one bedroom apartment on Bathurst Street, where the parents slept on the floor. In due course, Rena and Allan produced three bright, well-educated offspring: two daughters and a son; Erin, Lesley and Stephen.

#### Professional Practice and Pedagogy

Graduating in May 1976, Dr. Gotlib attempted twice to join with other chiropractors before opening his own of-



Figure 1.  
*Allan and Rena Gotlib*



Figure 2.  
*Dr. Allan Gotlib, C.M., DC*

office in 1980, on Mount Pleasant Road at Eglinton Avenue. Here he stayed until 1985 when he joined a busy, multi-disciplinary clinic in Thornhill. This 8,000 sq ft facility accommodated six partners, 10 associates and 30,000 patient files. In 1997 Gotlib left this location and retired from private practise. [Interview, Gotlib by the author, Feb 21, 2012]

In 1977, Terry Watkins (CMCC 1969) hired Allan as a College tutor in technique. Two years later he was a clinical supervisor, spending a lot of hours with Zoltan Szaraz (CMCC 1974). Over the next decade he rose to the level of Associate Clinical Professor and his duties were limited to clinical research. By 1997, Dr. Gotlib was list-

ed as a full Professor, Division of Graduate Studies and Research but left CMCC, to return in 2010 as an Adjunct Professor, lecturing the student body on scholarly matters at the direction of the Academic Dean.<sup>1</sup>

### Journal of the Canadian Chiropractic Association (JCCA)

No Canadian chiropractic journals seemed to exist prior to the short-lived, “un-official” version penned by Walter Sturdy (PSC 1919) in 1934. The “official” Journal, edited by Donald Sutherland (CMCC 1950), commenced in 1957. It was a vehicle for transmitting current events throughout the land along with voluminous documentation regarding the “Decade of Royal Commissions,” which occurred in the 1960s and 70s.<sup>2</sup>

In 1980 the CCA formed a Publications Committee headed by Dr. Watkins to revamp the JCCA. Its primary goal was to have the Journal accepted as part of the international indexing system. With that in mind, Allan Gotlib was picked as Associate Editor, Scientific Affairs.<sup>3</sup> Dr. Gotlib had been connected to the JCCA since 1979. By 1981 it had started to mature into the “peer reviewed, quarterly research publication of the CCA,” although when Gotlib became Chief Editor in 1984, in some respects it could be described as a professional trade magazine. Allan was innovative. Choosing the five leading medical journals (British Medical Journal, The Lancet, Journal of the American Medical Association, New England Journal of Medicine and Canadian Medical Association Journal) as templates, he raised the JCCA’s standards to a higher level. As well, he used the Editor’s Page as a pulpit to discuss issues such as: The importance of gaining acceptance for our Journal within a database system such as Index Medicus;<sup>4</sup> accessing biomedical literature;<sup>5</sup> the economics of a scientific journal;<sup>6</sup> the manuscript review process;<sup>7</sup> and Guidelines for referees.<sup>8</sup> It took several years for the Journal to evolve into a publication whose purposes are: To publish scientific articles and papers...To cultivate professional dialogue and awareness...To enhance the continuing education of the practising chiropractor.” By 2007, its 50<sup>th</sup> anniversary, the Journal was finally part of the PubMed database system, digitally archived in the United States National Institutes of Health (NIH) and available in the libraries of 120 leading health sciences universities. “This brought tremendous credibility to our profession.

The Journal had become the vehicle to document the clinical evidence we as clinicians experience everyday in our practice, facilitating a true research culture in the profession.”<sup>9</sup>

Granted its core is research, but the JCCA’s editorials, commentaries, correspondence and obituaries make it a rich source of anecdotal lore, while “Historical Reviews” help preserve and disseminate our chiropractic heritage. As of the March 2012 issue, the JCCA has gone online and no longer produces hard copies, making it affordable and universally accessible.<sup>10</sup>

### Chiropractic Research Journal Editors Council (CRJEC)

The idea of a number of editors in similar disciplines meeting to discuss issues and set policy came from the International Committee of Medical Journal Editors who met in Vancouver, BC, in January 1978 and formatted “Uniform Requirements for Manuscripts Submitted to Biomedical Journals.”<sup>11</sup> In May 1989, the Foundation for Chiropractic Education and Research (FCER) organized a roundtable discussion by a group of chiropractic journal editors, subsequently approved its concept and offered financial support. In May 1990, Silvano Mior (CMCC 1980) represented the JCCA when the CRJEC convened its first annual meeting. The itinerary included: Consideration of uniform requirements for manuscripts; standards for peer review; standardized chiropractic indexing terms; responsibilities of a chiropractic journal editor; and applying for indexing status.

In May 1992, Dr. Mior chaired the third meeting where the Council began wrestling with the ethics of fraudulent advertising in the journals, versus the urgent need for money to keep them afloat. By September 1997 Dr. Gotlib was attending on behalf of the JCCA and was named Chair for 1998-99. In July 1999, at the 10<sup>th</sup> Annual Meeting, Gotlib was happy to report that Dr. Paul Carey (CMCC 1967) had arranged for the Canadian Chiropractic Protective Association (CCPA) to supply a \$10,000 grant for travel expenses so the members could continue to meet annually and administrate the CRJEC’s mandate. “The CCPA has taken a leadership role in supporting the chiropractic *milieu*, by promoting the awareness of scholarship, as well as safe, effective, competent practice through responsible journalism. This cannot be accomplished any other way than through peer reviewed

publications”<sup>12</sup> Though commendable, the CCPA’s generosity did not revive the Editors Council.

In 1991, membership in the Council was limited to editors from “primary source, peer-reviewed journals, publishing scientific information that contributes new knowledge” and there were 14 periodicals that met those standards. No CRJEC minutes are available after 2001 and by then just eight of those journals were still in print, reinforcing Gotlib’s contention that “Science literature is very fragile and along with clinical and historical literature it must be documented before it disappears.”

### College of Chiropractors of Ontario (CCO)

Prior to 1925, no effective regulation of chiropractic existed in Ontario. That year umbrella legislation was passed under the Drugless Practitioners Act (DPA) and a Board of Regents chosen, with jurisdiction over chiropractors, osteopaths, drugless therapists, masseurs and chiropodists.<sup>13</sup> In 1952, chiropractors got new legislation when the Ontario Government replaced the Board of Regents with separate boards for the various drugless disciplines. This provided chiropractors with an independent regulatory board but the five members of the Board of Directors of Chiropractic (BDC) remained political designates, the DPA regulations were unchanged and the profession resented having little control over its destiny.<sup>14</sup>

In 1966 the Committee on the Healing Arts (CHA) to study all Ontario health care was formed and in 1974, the first six parts of the Health Disciplines Act (HDA) covering dentistry, medicine, nursing, optometry and pharmacy, were passed into law. The Ministry of Health (MOH) then struck a committee to make recommendations for professions not yet included: chiropractors, optometrists, chiropodists and osteopaths. In 1975 a chiropractic liaison committee, consisting of BDC, Ontario Chiropractic Association (OCA), and CMCC representatives, worked long and hard with senior MOH authorities to discuss the chiropractic portion of the HDA. Negotiations were difficult, because the chiropractors were determined that their scope of practice would embrace diagnosis, the right to use x-ray and treatment of the nervous system. They were complex because in 1982 the MOH had established the Health Professions Legislative Review (HPLR) to examine all 21 of the health professions not within the HDA legislation of 1974, rather than the original four. And they were protracted. By 1988, Stephen E. West (CMCC 1950),

who was a major force within the BDC for two decades “believed passage of the Regulated Health Professions Act (RHPA) was imminent.”<sup>15</sup> However, it was not until November 25, 1991, that the portion of the RHPA containing the new Chiropractic Act gained Royal Assent and 1994 became the inaugural year of the CCO. At its initial meeting on March 24, the BDC as it existed was replaced by the CCO.

1988 was the year of Allan Gotlib’s first assignment to the BDC. By 1994 he had been elected as a CCO Council Member and moved on to positions as Secretary-Treasurer and Chair of the Discipline Committee. In 1999 he assumed the role of President for two years, followed by Vice-Chair for one year and in 2002 he took on a second two year term as President, before retiring from the CCO in 2005.

The CCO is more complicated, pervasive and demanding than the BDC. As the body established by the provincial government to regulate chiropractors in Ontario, its statutory mandate is to protect the public interest.<sup>16</sup> This privilege of self-governance, as determined by the RHPA, 1991, allows for the enforcement of various statutory duties by the CCO.<sup>17</sup> Its main responsibilities are: Developing standards of admission; establishing rules for members’ conduct; developing means of improving members’ skills and knowledge; examining complaints; and disciplining members whose behaviour is deemed below acceptable standards. The CCO’s policy-making Council consists of nine chiropractors elected by their peers and seven public members chosen by the government, who serve on seven statutory and one non-statutory committee. The largest of these is the Discipline Committee, comprising seven individuals and for which all Council members are potential members of a Discipline panel.

Unfortunate members who find themselves embroiled in disciplinary matters soon discover dispute resolution is expensive. Should allegations of professional misconduct or incompetence come before a panel of the Discipline Committee and the panel finds for the prosecution, it may direct the Registrar to impose sanctions, fine the miscreant up to \$35,000 and pay part or all of the College’s legal expenses. In addition, the price of defending oneself is huge. Costs at the investigative and complaints levels can be \$10,000; lengthy hearings can exceed \$50,000 for each party involved.<sup>18</sup>

The time to disposition of a disciplinary matter before the CCO can be onerous. The review referred to here was conducted by Gotlib. It consists of a retrospective analysis of 27 case files that met the criteria of being referred by the Complaints or Executive Committee and disposed of by the Discipline Committee from 1994 through 2001, excluding time related to the penalty phase or appeals process of any proceeding. The starting point for most of these files was defined as the date of approval of the inquiry, whereas the end point was the day the defendant was informed of the Discipline Committee's decision. Over the eight years since the RHPA was proclaimed, the average period for a case to complete the disciplinary process and be disposed, was 19.5 months, with a range of 6 to 45 months.

*This study sought to quantify the time it took for a discipline matter to be disposed. In exercising statutory authority, administrative tribunals must clearly understand due process and procedural fairness. Parties to discipline proceedings have their respective rights including the right to natural justice and these rights must be weighed fairly, and balanced with respect to societal rights. Delayed proceedings may challenge an individual's Charter rights and may also offend the administrative legal duties imposed by statute.<sup>19</sup>*

#### Judicially Related Activities

##### *Member, Deputy Judges Council of Ontario*

From 2002 to 2003 Dr. Gotlib was appointed by the Lieutenant Governor in Council on the Attorney General's recommendation, as one of three lay persons, to serve along with the Chief Justice of the Ontario Superior Court, the Honourable Heather Forster Smith, and other justices, on the Ontario Deputy Judges Council. Its mandate is to review and approve plans for the continuing education of deputy judges.<sup>20</sup> Four hundred of these part-time magistrates ease congestion in Ontario courts by handling things such as bail hearings. To obtain such a post you must apply, and meet eligibility requirements.

##### *Benchers, Law Society of Upper Canada*

Benchers are governors of the Law Society of Upper Canada, the members of its board of directors. There are

two main categories; elected and appointed. At the time, there were 40 benchers elected by the Society's members, every four years. Appointed benchers are also known as "lay" members because they are not lawyers. Eight in number, they are chosen "by the Lieutenant Governor in Council of the Ontario Government, to represent the public interest."<sup>21</sup> Gotlib was an appointed bencher from 2003 to 2007. He got this job because his 18 years on the BDC and CCO had given him the skills needed to conduct discipline inquiries. Gotlib sat on a very large number of hearings regarding lawyer disciplinary proceedings.

##### *Transitional Council College of Naturopaths of Ontario*

In September, 2009, Ontario spawned a transitional council of Ontario naturopaths to establish rules governing the registration of qualified practitioners. All 17 members were appointed by the Lieutenant Governor In Council, charged with the specific duty of protecting the public interest and made responsible to the Minister of Health and Long-Term Care.<sup>22</sup> This marked a major step toward the regulation of naturopathy within the RHPA, 1991 and the Naturopathic Act, 2007. As the sole chiropractor, Dr. Gotlib was chosen for a two year term, primarily for his background in professional regulation and experience with the DPA, the HPLR and the RHPA.

##### *Canadian Chiropractic Research Foundation (CCRF)*

The CCRF, Canada's oldest and most established chiropractic funding body, was initiated in 1976. Its founders were Drs. Ron Collett (CMCC 1958), Al Hawkins (CMCC 1965), Terry Watkins, John Bloomer (PSC 1957) and Walter Savickey (PSC 1959). Terry Watkins chaired the CCRF Organizing Committee in Winnipeg, MB, before moving to Toronto, to become CMCC's Academic Dean in 1978.<sup>23</sup> Dr. Watkins left the College, returning to Winnipeg in 1980. This was the year Dr. Collett succeeded in obtaining letters patent from the Federal Department of Consumer and Corporate Affairs, and a charitable registration number for the Foundation, from Revenue Canada. Now the CCRF was able to issue tax-deductible receipts which helped in raising money to bolster a variety of projects. Watkins resumed his role as chair until 1990, when he and Collette resigned. Soon "the CCRF became too difficult to manage and control

for those who were left in charge.” [Email, Watkins to the author, Oct 20, 2013] Gotlib remembers it as enduring a long struggle. “In its best year it was worth about \$30,000 before moving its head office from Winnipeg to Toronto in 1998. It now has \$1.3 million in assets and recently received an anonymous donation of \$500,000. This is all restricted money which must be used for specific purposes.” [Interview, Gotlib by the author, Feb 21, 2012]

## CCRF Allies

### *Canadian Institutes of Health Research (CIHR)*

In 1997 Dr. Gotlib became the CCA’s Director of Research Programs and in 1999 was named Executive Vice-President, Research and University Affairs of the CCRF.

Once more he was self-reliant, teaching himself the university system, developing relationships with university officials and affiliations with the Canadian Institutes of Health Research (CIHR). Announced by the Government in 1998, the CIHR became operational in April 2000, giving Gotlib an early start within Canada’s independent health research agency. Its mission is to contrive new scientific knowledge which is translated into a strengthened Canadian health care system. Its research is integrated through 13 “virtual” institutes, bringing networks of researchers together to focus on important health problems. Some of these are: Aging, genetics, health services, musculoskeletal (MSK) health, addiction and nutrition.<sup>24</sup> Gotlib has found the CIHR Small Health Organizations Partnership Program (SHOPP) tremendously successful in providing extraordinary opportunities to small, historically under-represented professions such as chiropractic to foster true research cultures and furnishes a mechanism for new knowledge to be integrated into the health research and health care systems.

In 2003, Alan Bernstein, PhD, President of the CIHR, invited Gotlib to sit on his President’s Voluntary Health Sector Committee until 2007. The Committee’s first meeting was in Ottawa, November 3, 2004. Members included the Canadian Cancer Society, Heart and Stroke, Health Charities Council of Canada, Cystic Fibrosis Foundation, the CIHR Vice-President and four Scientific Directors.<sup>25</sup>

Allan recognized that the Voluntary Sector Committee was “an important venue to strengthen and build relationships between the CIHR and voluntary sector partner-

ships, including the Health Charities Coalition of Canada (HCCC) to address issues of common interest.” In 2009-2010 the CIHR’s budget was slightly over \$1 billion and it was supporting more than 11,000 researchers and researchers in training.

### *Cochrane Collaboration*

Established in the United Kingdom in 1993, “The Cochrane Collaboration is an international network of more than 28,000 individuals from over 100 countries that aim to help people make well-informed decisions about health care by preparing, maintaining and promoting the accessibility of systematic reviews of the effects of healthcare interventions.<sup>26</sup> The CCA is an affiliate member of Cochrane Canada and from 2001 to 2010 Dr. Gotlib was on its Executive Committee, encouraging the formation of strong ties between Cochrane and the chiropractic profession. Gotlib explains that among this global sphere are 10,000 to 12,000 researchers who extract, coordinate and synthesize investigative studies into systemized reviews. There are 5,000 reviews in their library that Cochrane is constantly updating. If a politician wants information on a condition such as back pain, he can get evidence about the best care from the scanning of thousands of journals, creating reliability for us.

Fifty groups of researchers exist around the world. Six of these are in Canada; the two most important for chiropractors are in Ontario. The group for back pain is located at the U of T; the one for MSK problems is at the University of Ottawa. The Federal Government relies heavily on these databases for making health care policy decisions. All trials are subject to bio-statistical analysis and research protocols. This requires knowledge of research and trial methodology, biostatistics and epidemiology. Allan has organized a lot of workshops to train chiropractors how to extract fair, valid and unbiased conclusions and he has a good relationship with the Director of Cochrane Canada. In fact, we are the only health profession that supports Cochrane in this country.

### *Canadian Memorial Chiropractic College*

CMCC is a fully accredited, degree granting institution, recognized as one of the most rigorous and innovative chiropractic programs in North America. The College’s focus is on education, research and patient satisfaction related to neuromusculoskeletal (NMSK) interactions and

the study of chiropractic's role in an integrated system. Its research agenda includes three on-site centres. First is the Centre for the Study of Mechanobiology, Injury and Health, exploring the mechanics of treatment and their end results. Second is our Centre for Interprofessional Health Dynamics, regarding the profession's role in integrated care and its promotion. Third is the University of Ontario Institute of Technology (UOIT) - CMCC Centre for the Study of Disability Prevention and Rehabilitation. Opened in July 2012, the latest acquisition has enhanced scientific exchange between our institutions and brought physical therapists, psychologists, orthopaedic surgeons and general practitioners along with chiropractors, into the mix. Resources for the centre include a \$2.8 million grant from the Ontario Ministry of Finance, Financial Services Commission, to develop a Minor Injury Treatment Protocol.<sup>27</sup>

CMCC's research agenda is geared toward contributing to the body of chiropractic knowledge, thereby elevating the quality of education and improving patient outcomes. A variety of campus laboratories support this research culture exploring: Biomechanics and elastography; materials fabrication; neurophysiology; cellular and molecular biology; and histology. In 2010, CMCC established the McMorland Family Research Chair in Mechanobiology, a first for any chiropractic institution and in 2013 the promise of more groundbreaking research was made possible by successfully applying for a grant through the United States National Institutes of Health (NIH), to support a study of spinal manipulation. This endowment, which is slightly less than \$1 million, is the highest level of award made by the NIH.

### Developing a Research Agenda for Chiropractic in Canada

In 1995 the CCA framed a *Task Force* on Chiropractic Research in Canada<sup>28</sup> and in March 1997, the CCA commissioned the construction of a *Consortium of Canadian Chiropractic Research Centres (CCCRC)*.<sup>29</sup> Its purpose is to develop new chiropractic knowledge through multidisciplinary collaboration and integrate that knowledge into the Canadian health care system.

The original consortium consisted of CMCC, the CIHR, L'Université du Québec à Trois Rivières (UQTR), and the Universities of Calgary, Saskatchewan and Waterloo. The first CCA/CCRF supported *Canadian Chiro-*

*practic Scientific Symposium (CCSS)* was formed in Calgary, November 14-15, 1998. Over 150 registrants heard presentations by member institutions and Heritage Lectures from leading chiropractic researchers of the 1980s. October 21-22, 2000, 200 people attended the second CCSS in Toronto. During this symposium *Workshop I* was conducted. Its purpose was for chiropractic and biomedical researchers to integrate their individual agendas into a comprehensive framework related to spinal pain and disability.

*Workshop II* was convened in October 2002, immediately prior to the third CCSS in Montréal, PQ. Sponsored by the CIHR, it was designed to assist chiropractors set an agenda congruent with CIHR goals. Gotlib was present at both meetings to help identify and prioritize questions to be addressed by CCCRC members. Although symposia have been held biannually since their inception, it was not until 2009 that *Workshop III* occurred in Montréal. In 2008, Drs. Gotlib, André Bussièrès and Kent Stuber, won a non-renewable grant of \$25,000 from the CIHR. This was first prize in the MSK Health and Arthritis Competition and was delivered in Montréal, during the CIHR/CCRF Research Consortium Workshop III to advance the Chiropractic Research Agenda.<sup>30</sup> This year, 23 members representing CMCC and universities across Canada, met with five invited Topic Speakers, to identify priority areas and gaps for future research activities.

### CCRF Goals

Allan Gotlib was added to the CCA Task Force in 1996 and impacted the CCRF's strategy of "investing in people" and fashioning its goals.

### *CCRF Goal 1: To establish and fund university-based Chiropractic Research Chairs for each province in Canada*

Dr. Gotlib envisioned these chairs as portals of entry into the university system and saw them coalescing into a network of chiropractic research activity across the country. The reality of spawning them was another matter. Allan quickly learned the procedure was "burdened with satisfying committee after committee, by-law approvals, faculty union collective agreements, senate and board of governors acceptance, and on and on. The process easily stretches beyond four years; the avalanche of expectations and crushing disappointments can be overwhelm-

ing.” After due diligence, the final decision was made by a university search committee that chose the best candidate for both the university and faculty.<sup>31</sup>

Gotlib began his bold journey into this vast, unknown territory in the mid 1990s. As of December 31, 2013, Allan and the CCRF had sparked 15 Chiropractic Research Chair/Professorships and another was in the works for Memorial University of Newfoundland/Labrador. The remaining provincial jurisdictions were the University of New Brunswick (Canada’s oldest English speaking University) and the University of Prince Edward Island.

### *CCRF Goal 2: To increase the profession’s research capacity*

Although by 2008 the CCRF strategy of “investing in people” had produced some trans Canada momentum, Dr. Gotlib sensed we lacked enough researchers to meet the profession’s needs and set out with Drs. Kent Stuber and André Bussièrès to answer two key questions: What percentage of the chiropractic profession is engaged in full-time research; and what strategies should be employed to increase the profession’s capacity to undertake research in Canada?<sup>32</sup>

This investigation was divided into three phases. Phase I involved mailing a twelve question survey to all provincial associations, regulatory colleges and the CCA, for distribution to their membership. Of the over 6,000 chiropractors who were invited to complete the analysis, little more than ten percent responded. Of these, 94 had or were in the process of obtaining master’s degrees while 30 possessed or were completing PhDs. The majority were located in Ontario and Québec. Phase II comprised mailing a 19 question survey to 198 individuals, made up of those with post graduate training who answered the first questionnaire, or who indicated they were currently conducting research. One hundred and twenty-three (62%) completed the second survey. Forty-eight said they did no research, 20 were full-time and 55 part-time.

The “key message” is that 0.3% of the profession has been conducting most of the research to substantiate what the rest of us do clinically. “To achieve a level of 1% of the profession doing research on a full-time basis would require an additional 40 chiropractors.”<sup>33</sup> Three major approaches for consideration are: Supporting and expanding the University Based Research Chair /Professorship program; increasing opportunities for our part-time research-

ers; and augmenting inter-disciplinary research through alternative disciplines.

### *CCRF Goal 3: To access the millions of federal and provincial Canadian dollars available for health research*

Goal 3 ties into Phase III of the Stuber, Bussièrès, Gotlib surveys.<sup>34</sup>

Their final assessment focussed on “financial aspects,” to determine the amount of funding which supports chiropractic research in Canada. The Phase III sample population consisted of Phase II respondents plus known researchers and graduate students who had not replied to Phases I and II. Professors and chiropractors in research training positions were asked to name all external sources of income. Ninety individuals received this survey and 88 (98%) replied. Of these, 32 were not involved with research in 2008, 18 researchers including 12 of the 35 graduate students had no external funding, while 38 had some funding.<sup>35</sup>

In 2008 it was reported that Canadian chiropractic research activity was supported by approximately \$4 million in competitive funding. While this sounds promising, 75% of those grants were controlled by just four researchers. Canadian researchers as a whole are poorly paid and many are self-funded. “Finding new ways to secure funding for chiropractic researchers is imperative and an urgent need to continue to build chiropractic research capacity.”

In 2008, Stuber, Bussièrès and Gotlib determined that CMCC and UQTR were producing capable researchers and quality research. A majority of the faculty members who responded to their surveys were alumni of those two institutions and most were engaged in part-time research.<sup>36</sup> CMCC still qualifies. January 20, 2014, College faculty and clinicians, including adjunct faculty and excluding graduate students, totalled 154 employees. Of these 130 had DC degrees, 22 Masters and 17 PhDs. Just three of the DCs came from schools other than CMCC. Out of the 24 who were not chiropractors, 20 had Masters, Medical and/or PhD diplomas.<sup>37</sup> During the two year period, 2012-13, CMCC’s three research centres presented and published over 100 articles in an array of journals. “The global community has recognized these efforts and in the past 24 months alone, 14 awards and honours were presented to CMCC researchers, students and graduates.”<sup>38</sup>



## Progress

### *CCRF Research Consortia*

As noted earlier, in 1998 the first Consortium of Chiropractic Research Centres consisted of six institutions. September 27-28, 2013, the CCA hosted its biennial Research Consortium in Toronto. This gathering attracted 50 world-class chiropractic researchers from 16 Canadian universities and was funded by 15 sponsors, including every provincial CCA division. Its aim was to “facilitate trans-disciplinary chiropractic research,” and its participants agreed that, “This research is essential to leading our profession to the next chapter of its evolution as an integrated member of the health care team, caring for all Canadians.”<sup>39</sup> Allan Gotlib promises that, “Plans are already underway for the next Research Symposium in 2015 and it will be riveting!”

### *Research Capacity*

Although by the end of 2013 there were approximately 50 active full-time chiropractic researchers, this was merely 0.7% of our professional population because now there were 7,000 chiropractors serving 35 million Canadians. Don't despair; help is on the way. By February 2014, there were 30 Masters and 20 PhD candidates in the system. Within a couple of years we should be up to 1.4% and on our way to a respectable 2%.

### *CCRF Research Chair/ Professorships*

In December 1999, Greg Kawchuk (CMCC 1990) received his PhD from the University of Calgary and September 1, 2001, Dr. Gotlib facilitated Dr. Kawchuk's installation as Canada's first Chiropractic Research Chair, in Spinal Function, within the university's Faculty of Civil Engineering. It was for a three year period with capital of \$430,000 to start. In 2004 this became a 10 year Canada Research Chair and Kawchuk received competitive funding of several million dollars from the Canada Foundation for Innovation (CFI), University of Alberta, CIHR, Natural Sciences and Engineering Research Council of Canada (NSERC), College of Chiropractors of Alberta, OCA and CCRF. In 2009 the Canadian Government renewed Kawchuk's Chair for \$500,000 at the University of Alberta and in June 2012, he initiated the International Chiropractic Research Network (ICRN). Hosted by LinkedIn, it aims to develop a global resource for those interested

in research related to our profession. In September 2013, Greg was one of three Principal Investigators (PIs) on a team that won \$750,000 in a Partnership for Research and Innovation in the Health Care System (PRIHS) competition, in the Bone & Joint category.

When Mark Erwin (CMCC 1984), PhD, assumed the second Research Chair in June 2005, his co-funding by the OCA, CIHR and CCRF, amounted to \$300,000. In 2007 his designation became CCRF/University of Toronto, Scientist in Disc Biology and monies from the profession, the University Health Network and corporations totalled \$510,000. March 2012 he was supplied with an independent laboratory by the Toronto General Hospital, to support his quest to unravel a leading cause of spine-related neurological disability and in December, the CCRF entered into a direct agreement with the U of T to conceive and fund the position of CCRF Professorship in Disc Biology. Dr. Erwin is the recipient of this new, three year appointment, supported by the CCRF, U of T, OCA and University Health Network, in Toronto. This arrangement provides another \$300,000 investment in the plausibility of our profession and follows earlier transactions with the Universities of BC and Alberta. At the CCA Chair Affair, November 29, 2013, Mark received the Medal of Merit, the CCA's highest honour, for outstanding, long-term service to the Association.

April 1, 2006, Jean-Sébastien Blouin's (UQTR 1999), PhD, five year CCRF/University of BC Professorship in Spine Mechanics and Human Neurophysiology began with an investment of \$500,000 from the CCRF, UBC, BC Chiropractic Association (BCCA) and BC College of Chiropractors (BCCC). The following year he won an operating grant of \$320,000. Paid by the Canada Foundation for Innovation (CFI), UBC and BC Knowledge and Development Fund, the project is titled: Neurophysiology of the Cervical Spine: Application of Robotics and Electroencephalography to Injury Prevention, Assessment and Rehabilitation. By 2011, Dr. Blouin had been promoted to Associated Professor and was tenured at the UBC School of Kinesiology.

Martin Descarreaux's (UQTR 1998), PhD, August 2006 Chair at the UQTR came with a \$250,000 operating grant and \$230,000 for equipment. In 2007 the FCER and National Board of Chiropractic Examiners (NBCE) granted him \$33,000 for a comparative study of spinal manipulation and his research team at UQTR achieved

“Groupe de Recherche” status, ensuring recurrent internal funding of \$17,000 to \$25,000 per year. In 2010, the Fonds de la Recherche en Santé du Québec (FRSQ) presented Dr. Descarreaux a Research Scholar Award, providing \$60,000 a year for the 2010-2014 period. In 2011 Martin’s \$150,000 stipend was renewed for a three year term by the Fondation de Recherche Chiropratique du Québec (FRCQ) and in 2013 he obtained \$175,000 from the Research Institute of Robert Sauvé, for his efforts in workplace health and safety. Now his team collaborates with other disciplines and universities in Québec as well as chiropractic colleges in Canada, the United States and Europe.

In 2007, Jill Hayden (CMCC 1996), successfully defended her PhD in Clinical Epidemiology at the U of T and July 1, she became the CCRF/CIHR Chair at the Toronto Western Research Institute, received the New Investigator five year Award of \$525,000 and worked on a pair of ventures funded with \$130,000. 2010 was the year Dr. Hayden relocated to Canada’s east coast where she and her colleagues established the Nova Scotia Cochrane Resource Centre and acquired two new research grants totalling \$207,000. On July 1, 2011, Dalhousie University, NS, declared that the CCRF Professorship in Epidemiology had been presented to Hayden and in 2012 the Nova Scotia Health Research Foundation (NCHRF) donated an Establishment Grant of \$150,000 to assist in building its research capacity. Jill has also earned several training and achievement awards and in 2013 the CIHR contributed \$94,000 to explore the relationship between individual recovery expectations and outcomes, in adults experiencing low back pain.

September 1, 2008, it was declared that John Srbely (CMCC 1992), PhD, had been handed a five year CCRF/University of Guelph Professorship in Spine Mechanics and Human Neurophysiology. Financed by the OCA, University of Guelph and the CCRF, the professorship is housed in the College of Biological Sciences, with access to modern lab facilities in neurophysiology and spine biomechanics. Dr. Srbely is the only chiropractic researcher holding the distinction of “Canadian Arthritis Network Investigator.” Supported by the OCA, CCRF and University of Guelph, he was given \$48,000 to investigate mechanisms of pain in osteoarthritis.

Jason Busse (CMCC 1999), PhD, became the CCRF/CIHR McMaster University Research Chair for five years

on March 1, 2009. He is involved with projects through the CCRF, CIHR, McMaster University and the Institute for Work and Health, worth approximately \$5 million and in March 2012, the CIHR handed Dr. Busse two additional operating grants totalling \$193,000. Jason has authored over 80 peer-reviewed articles focusing on medically unexplained syndromes, orthopaedic trauma and the integration of chiropractic into mainstream health care.

July 1, 2010, the University of Manitoba granted Steven Passmore (NYCC 2006), PhD, the CCRF Professorship in Spine Biomechanics and Neurophysiology for five years. This demonstrated the Manitoba Government’s commitment to supporting chiropractic research within its system of higher education. In 2012 the Manitoba Medical Service Foundation rewarded Dr. Passmore with a \$20,000 bursary. The same year, he and Bernadette Murphy (CMCC 1989), PhD, received a \$199,000 grant from the Manitoba Workers Compensation Board. Steven is also an Adjunct Professor in the research department at the New York Chiropractic College.

From 2004 to 2010, Paul Bruno (CMCC 2004), PhD, was a research fellow and lecturer at the Anglo-European College of Chiropractic in the UK, earning his PhD from the University of Portsmouth (2008) and winning post graduate research prizes. July 1, 2010, Dr. Bruno acquired a five year term as CCRF Research Chair in NMSK Health in the Faculty of Health Studies at the University of Regina, SK. He was awarded an Establishment Grant of \$95,000 from the Saskatchewan Health Research Foundation (SHRF), which is funded 50:50 by the SHRF and CCRF. Paul’s research concentrates on rehab exercise to target the specific needs of individual patients with low back pain. In 2012 he obtained an operating grant to purchase a “Vicon Motion Capture System” to calculate the relative motion of multiple spine segments.

Mathieu Piché (UQTR 2002), secured his PhD in Neurological Sciences from L’ Université de Montréal in 2009. January 1, 2011, Dr. Piché was named to a five year position as Research Chair in Pain Neurophysiology at the UQTR and is a co-researcher for the FRCQ Research Chair held by Dr. Descarreaux. He also collaborates with the Tokyo Metropolitan Institute of Gerontology and the Université de Montréal. Dr. Piché’s interests include the physiology and pathology of endogenous pain modulation and the impact of pain on the autonomic nervous system.

Sam Howarth, PhD, was named holder of the McMorland Family Research Chair in Mechanobiology at CMCC, June 20, 2011. A graduate of the University of Waterloo, ON, the hub of his former research was identifying mechanisms of injury within the vertebral joint. At the College, Dr. Howarth has been exploring methods of controlling spinal movements and low back rehabilitation programs to improve motion patterns. His perspective on stability stems from his expertise in biomechanics, which he applies to mechanobiology. This is a field at the intersection of biology and engineering which looks at the mechanism through which cells communicate, thereby enabling a useful paradigm for the study of chiropractic.

Endowed with a partnered investment of \$500,000 between the U of T and CCRF, on July 1, 2012, the U of T bestowed the Professorship in Spine upon Carlo Ammendolia (CMCC 1982), PhD. Although occupied within the Faculty of Medicine at the U of T, Dr. Ammendolia also directs the Spinal Stenosis Program at the Toronto Mount Sinai Hospital. For 2013-2016, Ammendolia was awarded a \$1.7 million grant from the Patient-Centred Outcomes Research Institute and \$23,000, by the National Chiropractic Insurance Mutual Company (NCIMC) Foundation, Supporting Research and Education for 2013-2014. For the same period, he was named PI of a \$360,000 award from the Arthritis Society, in the Strategic Operating Grant Competition. Carlo has incorporated clinical practice with research in applying non-operative treatments for mechanical, degenerative and inflammatory spinal disorders.

In July 2012, Pierre Côté (CMCC 1989), PhD, reaped the benefits of the previously mentioned \$2.8 million grant issued by the Ontario Ministry of Finance, to develop treatment protocol for minor injuries based on best scientific and medical practices. Dr. Côté also received the new Tier 2 Canada Research Chair (CRC) in Disability Prevention and Rehabilitation at the UOIT. The CRC is valued at \$500,000 over five years. Dr. Côté says its "primary objective is to develop and test interventions aimed at reducing MSK pain in Canadians...MSK conditions are responsible for nearly half of all disabilities in Canada and related health-care costs continue to skyrocket."<sup>40</sup> He also holds appointments at the Dalla Lana School of Public Health and at the Institute of Health Policy Management and Evaluation, at the U of T.

On September 26, 2012, André Bussièrès (CMCC

1991), PhD, earned the CCRF Professorship in Rehabilitation Epidemiology, at McGill University, Montréal, PQ. Capitalized by a joint \$500,000 investment between the CCRF and McGill, this established a university-based research position that converged on a scientifically sound approach to the development of Clinical Practice Guidelines. Dr. Bussièrès serves on the JCCA editorial board and has written over 20 scientific and clinical articles and three book chapters.

2013 was another year of firsts for the CCRF. September 12, there was a Recognition Event at Queen's University, Kingston, ON, to declare that it had assigned Simon French, BAppSc (Chiropractic), PhD, to the CCRF Professorship in Rehabilitation Therapy. Dr. French hails from the University of Melbourne, Australia, where he was a Senior Research Fellow in the School of Health Sciences. At Queen's he concentrates on knowledge translation in primary care with an emphasis on MSK conditions. He also conducts randomized trials of interventions relevant to primary care settings and is an Associate Editor of the Journal, "Chiropractic & Manual Therapies."

Drew Potter (CMCC 1970), CCRF President, was present on this occasion and was "struck by the manner in which we were received at the University. Their Dean and Vice-Dean welcomed us as colleagues, expressing their genuine respect for Dr. French and our profession."<sup>41</sup> This reception was in stark contrast to some Allan Gotlib endured back in the 1990s, when cap in hand, he pioneered knocking on doors of academia.

### Continuing Education and Publications

Dr. Gotlib is a proponent of life-long learning. The period of 2000 through 2011 was one of intense activity for Allan, yet he was an energetic participant in 32 separate events, lasting two to three days and was a prime mover in fathering at least 20 of these conferences. Besides stimulating (and occasionally exhausting) our leader, these conventions, symposia, workshops, colloquia, training sessions and congresses broadened the perspectives of thousands of our peers concerning the advantages of systematized research and inter-professional collegiality.

During his career, Dr. Gotlib has authored or co-authored 27 scholarly papers in peer-reviewed journals. Eleven of them have been referenced in this paper. Many of the others address controversial issues facing our vocation. For instance: In 1984 Gotlib wrote about the neces-

sity for chiropractors to obtain informed consent<sup>42</sup> and third party access to confidential patient records;<sup>43</sup> in 1985 Gotlib and Haymo Thiel (CMCC 1985), selected an annotated bibliography of core medical literature pertaining to stroke and cervical spine manipulation;<sup>44</sup> in 1997 Gotlib, Stephen Injeyan (CMCC 1984) and John Crawford (CMCC 1975), recorded the need for reform relative to the use of lab diagnosis by chiropractors in Ontario;<sup>45</sup> and in 2005, Gotlib and Ronald Rupert (Research Director, Parker University), assessed the evidence for chiropractic manipulation in pediatric health conditions.<sup>46</sup>

Between March 1998 and December 2013, the CCA distributed 38 Research Bulletins to its members, running from 12 to 20 pages. Ninety percent of the information they contain was collected and collated by Dr. Gotlib.

#### Accolades

The CMCC “Cornerstone” yearbooks, 1973-76, offer no clues as to the heights Dr. Gotlib would reach, however shortly after graduation, his talents began to emerge.

Dr. Terry Watkins’ interaction with our champion stretches back 37 years.

*From my experience dealing with Dr. Gotlib, it is amazing how much one dedicated individual can contribute to the development of our profession in ways most others could not envision. From my time spent discussing our profession at our CMCC Friday afternoon faculty sessions, to the development of the JCCA and the extraordinary vision to provide an opportunity for suitable chiropractic research candidates to occupy funded research chairs at major universities. What a remarkable and determined colleague Dr. Allan Gotlib has been. I have great respect for him and am privileged to have watched his growth. [Email, T. Watkins to the author, Oct 1, 2013]*

Dr. Igor Steiman (CMCC 1981), was accepted into the College in 1977, right after completing his MSc program at the U of T. His first encounter with Dr. Gotlib was as a second year technique instructor in 1978. He gave them an assignment to photograph vertebrae placed on grid paper to measure anatomical irregularities. “The objective was to have us realize that just because we might palpate or observe segmental asymmetries in a patient’s spine, it didn’t

necessarily mean we had detected a subluxation.” Dr. Steiman’s second encounter was in a third year technique lab, where he describes himself as “quite incompetent and lacking confidence.” Allan observed Igor’s “hesitant, half-hearted attempt” to adjust a classmate’s C2 subluxation and told him to repeat the move “with more speed and force.” This produced a “loud crack” that startled Igor but pleased both Allan and the classmate. Steiman credits Gotlib with sparking his evolution into a competent adjuster and says, “Allan always struck me as being calm, reasonable, but perseverant in driving towards his goals.” [Email, I. Steiman to the author, Oct 15, 2013].

Dr. Keith Thomson (CMCC 1978), served on the CCO in a variety of capacities from 1994 to 2007 and still acts as a Peer Assessor.

*One of the first things I noticed about Allan was his encyclopaedic knowledge of the CCO Regulations and Standards, which he could recite at will. When Allan felt strongly about an issue, he was forceful, eloquent and did not back down. What impressed me most were the two years (1994-96) we spent together on the Discipline Committee. No matter the subject before us, Allan was the fairest, most compassionate person on the panel. I never saw him want a ‘pound of flesh’ from members who made poor professional choices. A humorous bit of advice Allan gave me was to take a brief case into discipline hearings. He said, ‘There may be times you need it to open up and laugh behind – on other occasions to cry behind.’ Allan was a great mentor to me. I will always appreciate his thoughtfulness and kindness. [Email, K. Thomson to the author, Oct 15, 2013]*

Dr. Brian Budgell (CMCC 1986), PhD, has been Director of the Neurophysiology Laboratory at the College since 2009.

*Among Dr. Gotlib’s feats, the one that impressed me most was the erection and fortification of our research chairs. This strategy benefits the individual and provides the entire profession with a research base which illuminates the discipline of chiropractic. In the past, chiropractic was essentially a ‘folk practice,’ meaning techniques were passed down*

*from one generation to the next, but there was scant understanding of how they worked and no thoughtful strategy for improvement. Current research vindicates certain practices, allowing us to dissect what we do, so as to identify those components of total care which are either more or less effective. This way, we can discard the ineffective and build on our strengths. Beyond research findings from specific projects, the presence of chiropractors in the university system enables us to interact with the 'thought leaders' of other health professions. Our researchers are wonderful ambassadors for chiropractic and will open doors for us in other arenas. [Email, B. Budgell to the author, Feb 12, 2014]*

Dr. Chris Martin (CMCC 1978), worked in several executive capacities for the CCA and CCRF between 1998 and 2013.

*When I began my relationship with the CCRF many years ago, we were on the doorstep, entering into our first Chiropractic Research Chair at the University of Calgary. Today, we have chairs in almost every province. Our researchers are world class, building strong, collaborative relations with leading scientists throughout Canada and around the world. We are fortunate to have been lead by dedicated boards but more importantly, we have benefited from the skill, expertise and devotion of Dr. Allan Gotlib. Our achievements lie squarely with this individual's never-say-quit approach and for that we are most grateful.<sup>47</sup>*

### Trophies

Between 1984 and 2013, Dr. Gotlib has received 18 laurels. Several of them: The *OCA Chiropractor of the Year*; *CCA Medal of Merit*; and *CMCC Homewood Professorships*, are the highest awards given by these chiropractic institutions. Among his highly-prized citations is one he received from the Government of Canada in 2012, when it was announced that Allan Gotlib had been appointed to the Order of Canada. Prior to that, Gotlib's name was familiar to members of the Canadian chiropractic community in general and its scientists in particular. After the notice appeared in the newspapers, Gotlib became an overnight research celebrity.



Figure 3.  
*Dr. Gotlib receiving the  
OCA Chiropractor of the Year Award*

*CMCC's President, Dr. Jean Moss, was tremendously proud to see one of her graduates recognized for such a prestigious honour as the Order of Canada.*

*Dr. Gotlib has created a heightened interest in research which plays a pivotal role in the development of the chiropractic profession. This is an inspiration to our students and assists in fostering an interest in scientific inquiry among them. In fact, Dr. Gotlib's work stimulated CMCC to create its own Research Chair in Mechanobiology...The research being conducted in Canada is the envy of the world and has the potential to create advances in the care and quality of life for patients everywhere. Dr. Gotlib is fundamental to this success and is to be congratulated.<sup>48</sup>*

Drs. Jill Hayden and Greg Kawchuk agree they owe their status within the university health care system to Dr. Gotlib's diligence and devotion. By identifying areas where one could "do a lot with a little" and applying effort and intellect, Allan brought these opportunities to fruition. "His idea of constructing a critical mass of chiropractic



Figure 4.

*Dr. Allan Gotlib was invested Member of the Order of Canada by His Excellency the Right Honourable David Johnston, Governor General of Canada, at a ceremony at Rideau Hall on May 3, 2013.*

scientists touched the careers of almost every Canadian chiropractic investigator.”<sup>49</sup>

Allan M. Freedman, LLB, first met Allan Gotlib in 1963, while attending junior high school. “ In the early years, Allan appeared polite, studious and reserved to the outside world, although he had a mischievous streak that fell short of getting him into real trouble.” One of Got-

lib’s harmless pranks was skipping class with a group of his chums to have their photo taken with Santa Claus, at Yorkdale Plaza. After their senior matriculations, Gotlib and Freedman’s academic paths parted with Gotlib ending up at CMCC and Freedman studying law at the University of Western Ontario, in London.

In 1975-76, Gotlib was in his clinical year at the Col-



Figure 5.  
Dr. Allan Gotlib, C.M.,  
DC

lege and Freedman was articling in Toronto. Because he was taking Valium for “neck pain which medical doctors had diagnosed as tension,” Freedman consulted Gotlib at the CMCC clinic who told him he had a subluxation that “could be managed by spinal manipulation and would take nine treatments.” Freedman asked if he “could get all nine treatments at once, to which the reply was a brusque no.”

Almost four decades later, Freedman still requires maintenance care and the two remain close companions as they deal with the vicissitudes of life. “Allan Gotlib is an unique human being with an unusual amount of common sense and quiet determination. His level of patience when dealing with issues is remarkable. Above all, his commitment to the validity of the chiropractic profession is above repute and ultimately led to his being rewarded with the Order of Canada.” [Email, Freedman to the author, March 24, 2014]

Naturally, Dr. Gotlib has expressed his own viewpoint. June 29, 2012, Toronto Star columnist Jim Coyle wrote: “Along with the identification, this week’s recipients had to deal with the trying circumstances of being thrilled with the news from Rideau Hall but sworn to secrecy until after the announcement.” When Gotlib, who is known for a “quiet and diligent manner,” was invited to a Star photo shoot, “there was pride and playfulness in him” when he replied he would be there. “I’ll be the old guy with a gorgeous lady on my arm. It will be my bride of 40 years.”

Allan is both gracious and grateful in expressing his “heartfelt thanks to Canada,” for giving “its citizens one of the world’s most precious gifts, freedom.” Allan finds this freedom inspirational and “fires” his passion. “To be recognized in this special way for contributions made not only to my profession but to Canadian society, is beyond belief.”

It also puts chiropractors in the spotlight and affords them “a wonderful opportunity to grow arm in arm with Canada and to engage all Canadians in the future.”

May 3, 2013, Allan Gotlib was among 44 worthy civilians who gathered in the Ballroom of Rideau Hall for their Investiture by the Right Honourable David Johnston, Governor General of Canada.

*I am so pleased to invest you into the Order of Canada, the centerpiece of our country’s honours system. DESIDERANTES MELIOREM PATRIAM. They desire a better country. That is why you are here today, and why I am so grateful for your contributions that shape our ongoing experiment called Canada. Congratulations on your achievements and on behalf of all Canadians, thank you.*

On October 1, 2013, Dr. Gotlib had to be surprised, if not shocked to receive another letter, from our Governor General of Canada.

*On behalf of Her Majesty Queen Elizabeth II, I am pleased to award you the Queen Elizabeth II Diamond Jubilee Medal, created to mark the 60<sup>th</sup> anniversary of Her Majesty’s accession to the Throne. In granting you this honour, I thank you for your dedicated service to your peers, to your community and to Canada. The contributions you have made to our nation are most commendable and deserve our praise and admiration.*

#### Allan Gotlib’s Dreams

When asked by the press in 2012, what piece of advice he had for young Canadians, Dr. Gotlib’s response was, “Don’t let anyone tell you it can’t be done. Dream to succeed – then work hard!” Dr. Gotlib is still dreaming and says he cannot visualize where we would be today without the Research Chair/Professorship program.

*This program has been a catalyst for our profession and brought believability and trust but it is limited by the funding available, which is small compared to other professions. The current Chairs and Professorships give our researchers and clinicians access to millions and millions of dollars in infrastructure which the profession could never afford. Creating the evidence our profession needs to satisfy the public and policy makers requires highly sophisticated technologies and equipment. In order for our profession to grow, this program must grow. [Email, A. Gotlib to the author, Mar 19, 2014]*

Lately Dr. Gotlib's dreams have become even more vivid and expansive.

*The future is evidence-based! We have a growing research culture and collective intellectual capacity. Our foot is in the door and we are courting university integration, but most important to our continued success is the current strength of our momentum. There are unprecedented pressures now, but building on the critical relationships established with university officials will bring tremendous credibility and expertise to our profession... Canada has 100 world-class universities. Imagine a chiropractic research chair in each one of those universities. Just imagine!!!<sup>50</sup>*

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