Hello there, Palmer! Welcome to the 2017 Spring and Summer edition of The Bartlett! After a short hiatus due to some technical difficulties these past couple quarters, The Bartlett is now back. To make up for a bit of lost time we are going to present this as a spring and summer edition, to catch people up on what they may have missed these past few quarters!

To start off this edition, as always, we would like to congratulate the Q2 class on surviving their first quarter, and welcome the new Q1 class! You have fit in well since day one, and we look forward to watching you ladies and gentleman grow into great doctors.

This spring and summer quarters we were lucky to have some great article submissions. Within this issue, you’ll find a wide variety of material! To name a few, there is an article about the accuracy and precision of using the iliac crest to find L4, there is an awesome Q&A with Michelle Snow about her time at the VA, and there is a recap of Palmer West providing services at the Valor Games! Hopefully there is something within that will stimulate you!

A few things to keep your eyes open for: Sports Council Event Sign Ups will now be on Wednesdays at 9:30am, and Selective Functional Movement Assessment (SFMA) is on Dec 8-9.

A special thanks to Chuck Bustillos, West campus communications specialist and member of the Palmer Marketing department, for being a key part of The Bartlett over the past few years, and really capturing the essence of the West campus community.

Keep your head up and hope you enjoy the read!

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The Bartlett welcomes your comments, articles, etc. Please send to: pccw.thebartlett.ca@palmer.edu
Welcome Spring 2017
1st Quarter Class!

(Currently 3rd Quarters)

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<tr>
<td>Samparan Buchalter</td>
<td>Pensacola Beach, FL</td>
<td>Yoga; surfing; tree-climbing</td>
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<td>Sarah Davidson</td>
<td>San Diego, CA</td>
<td>Riding motorcycle; exploring new areas.</td>
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<td>James Edward</td>
<td>San Jose, CA</td>
<td>Motor-sports; fitness; traveling</td>
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<tr>
<td>Yelizaveta Gyeryen</td>
<td>Modesto, CA</td>
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<td>Matthew Hoang</td>
<td>Calgary, AB</td>
<td>Hockey; snowboarding; volleyball; basketball; my dog!</td>
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<tr>
<td>Rhean Heather Mendoza</td>
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<td>Cooking; outdoor activities; traveling</td>
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<td>Robert Molato</td>
<td>Seattle, WA</td>
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<td>Juliet Murray</td>
<td>Thousands Oaks, CA</td>
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Josefina Smith  
*Seattle, WA*

Hobbies/Interests:  
Volleyball; fitness; family.

Travis Robinson  
*Salt Lake, UT*

Hobbies/Interests:  
Hiking with dogs; sports; any other exercise.

David Yamamoto  
*Fresno, CA*

Hobbies/Interests:  
Running; volleyball; biking

Alyssa Romero  
*Palm Springs, CA*

Hobbies/Interests:  
Dancing; cooking; biking

Andrew Salaz  
*Salinas, CA*

Hobbies/Interests:  
Drums/music; beekeeper.

Brent Young  
*South Windsor, CT*

Hobbies/Interests:  
Fitness; rock-climbing;

“Avery to bed, Early to rise  
Makes a [person], Healthy, Wealthy, And Wise”

- Benjamin Franklin
Welcome Summer 2017
1st Quarter Class!
(Currently 2nd Quarters)

Emelia Bracken
Canton, OH
Hobbies/Interests:
Traveling, Sporting events

Nicholas Brown
Los Angeles, CA
Hobbies/Interests:
Tennis, Running

Seth Bugg
Yucaipa, CA
Hobbies/Interests:
Swimming, Motocross

Kristy Carranza
San Francisco, CA
Hobbies/Interests:
Board games, Piano

Patrick Chu
Fremont, CA
Hobbies/Interests:
Various activities

Eric Danielson
Alpine, UT
Hobbies/Interests:
Playing guitar, Competing in various sports

Anu Dillon
Clovis, CA
Hobbies/Interests:
Reading, Traveling, Netflix

Daniel Elnatan
Foaster City, CA
Hobbies/Interests:
Swimming, Paddleboarding
Justin Huang
Millbrae, CA
Hobbies/Interests:
Fishing, Basketball

Takahashi Huynh
San Jose, CA
Hobbies/Interests:
Basketball, Gym

Javier Munoz Laguna
Sevilla, Spain
Hobbies/Interests:
Running, Tennis

Hung Le
San Jose, CA
Hobbies/Interests:

Dennis Matos
Coral Springs, FL
Hobbies/Interests:
Football, exercising, dogs

Cody Miller
San Francisco, CA
Hobbies/Interests:
Reading, Yoga

Andrew Moore
St. Albert, Alberta
Hobbies/Interests:
Soccer, Golf

Max Moore
Portola Valley, CA
Hobbies/Interests:
Skiing, Lightshow glaving

Andrew Nuno
San Jose, CA
Hobbies/Interests:
Golf, Baseball, Music

Nick Saviano
Los Altos Hills, CA
Hobbies/Interests:
Tennis, Wrestling, Cars

Kevin Taft
Rochester, NY
Hobbies/Interests:
Fitness snowboarding

Mandy Wong
San Jose, CA
Hobbies/Interests:
Cooking, Photography
Functional Range Conditioning: Why You Should or Shouldn’t Go

Alexandra Andersson
Bartlett Writer
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“I don’t treat pain. I make [stuff] work better. When the body is able to move the way it is supposed to do the pain tends to go away.” - Dr. Spina.

Dr. Andreo Spina is a highly distinguished sports specialist chiropractor out of Toronto who is on the early rise of revolutionizing the way manual therapists and athletic trainers treat, train and co-manage patients. He has packaged highly effective treatment and mobility development systems that include Functional Range Release, Functional Range Conditioning, Functional Range Assessment, and Kinstretch. His methods are utilized world-wide by top tier therapists and trainers as well as professional sports organizations, athletes and performers. So what is Dr. Spina (who prefers to go by Dre) on to that is taking the world of elite performance by storm? Some of us Rehab 2 Performance junkies had to find out.

About 10 palmer students from varying quarters logged on to the Functional Anatomy Seminars website, found a course on the West Coast and signed up three months in advance. Waiting was not easy but finally, on June 2nd, the day came to fly up to Seattle and attend the highly anticipated two day weekend course with big dogs Dr. Andreo Spina, Dewey Nielsen and Hunter Cook.

We were SUPER EXCITED about the applications of FRC before the course even began, so you can only image how we felt when we had our expectations BLOWN AWAY!

Functional Range Conditioning is defined as a system of training based on scientific research and principles that teaches individuals how to acquire and maintain three main things: functional mobility, articular resilience, and articular health and longevity. To understand the importance of these specifically chosen parameters, let’s break them down a bit further.

Let’s begin with the first parameter, functional mobility. Functional mobility is not the same as flexibility or mobilization. Flexibility is the ability to move freely and easily. Mobilization is the process of “warming up” your tissues to be more flexible. Functional mobility is a higher order function and implies neurological control over your flexibility. The next parameter, articular resilience, refers to how much load (whether it be internal or external) your tissues can handle before injury. The last parameter, articular health and longevity, is perhaps the most important and often the most overlooked parameter in training. Healthy joints make difficult movements easier. Healthy joints contain active mechanoreceptors. Mechanoreceptors tell you where you are in space. If your body understands where you are in space, your brain can figure out how to move you. Ergo, healthy joints not only last longer but they also allow you to move better. If you move better, you can move more and those that move more tend to be healthier individuals with a higher quality of life and longer life expectancies.

Traditionally, training has almost always focused on efferent information (the information your nervous system sends out to the rest of your body and the environment). We hear a lot of emphasis on: can you control your movement patterns? Your recruitment patterns? and can you consistently get those to “fire in order” every time? Studies show absolutely not. In fact, the best movers in the world actually show the most variability in their movement patterns and muscle sequencing. It is their superior ability to interpret (and as a result superior ability to react) to the incoming information that makes them better than everyone else. They have amazing afferent abilities.

Contrary to what we often hear, a wide degree of motor variability is a sign of skilled performance. Motor variability is how the nervous system expresses the movement desires and intent of your brain. The problem is that there are millions of variables when you are moving, such as pain, uneven ground, the sound of a barking dog, the breeze on your face, the cushion of your shoes, the distracting thoughts in your head, the weight of your backpack, and the list goes on. With millions of variables affecting every movement we make, it simply is not possible to program ourselves to have perfectly repeatable movement patterns. Thus, in order to create quality efferent outputs that minimize and mitigate potential for injury, we must train our nervous system how to better interpret incoming information. This will help us better own and be stronger in a wide range of motion at each and every joint.

Continued on page 5
In order to be functionally mobile and have articular resilience, health and longevity, we must be able to control internal load before we attempt to control external loads. Seems pretty obvious but most people never train or develop the pre-requisites necessary to control internal forces; most people jump right into lifting the heaviest weights they can find before they can even hold the weight their own leg in a standing, maximally flexed position or the weight of their own arm in a prone, maximally extended position.

The question then is, how do we get people the pre-requisites not just for lifting heavy weights at the gym but for everyday life? Here is where the strategy of FRC proves invaluable. FRC provides a beautiful outline that flows from step to step and gets people to move better with extreme efficacy and efficiency. It includes the application of Controlled Articular Rotations (CARs), Progressive and Regressive Articular Isometric Loading (PAILs and RAILs), Progressive and Regressive Articular Loading (PALs and RALs) and Eccentric Neural Grooving (ENG).

CARs are aimed at activating mechanoreceptors of the joint being worked, including those that often go ignored at the outer limits. PAILs and RAILs are isometric exercises combined with stretching that promote an increase in the range of motion at the specific joint as well as strength and stability at the end ranges of those joints. PALs and RALs are the dynamic version of PAILs and RAILs that teach us how to use the newly acquired range, safely and in everyday life. Once you have established a healthy range of motion through out all the joints of the body and control over those ranges, now ENG is used to further bullet proof your tissues and joints increasing their capacity to withstand load. The ability to demonstrate ownership over all of these components are, in essence, the pre-requisites for optimal human movement.

But where does FRC fit into a treatment session? As chiropractors we are always striving to increase joint motion and decrease pain. However, in order to create a lasting increase in joint motion, the nervous system has to be ACTIVELY INVOLVED. This means, as chiropractors we should be looking at AROM and PROM and making up the difference between these two, if any exist. If the patient has both terrible AROM and PROM, more than likely we’re going to need to put our manual therapists hats on and provide hands-on soft tissue work and CMT (not forgetting to then reinforce our passive care with active care). If PROM is good but AROM is terrible, it’s time to play our role as trainer and get the patient’s nervous system actively involved utilizing things like CARs, PAILs/RAILs, PALs/RALs and ENG. Actively training the nervous system is the only way to create lasting change. When in doubt, just remember, train from the inside out; treat from the outside in.

To learn more about FRC, come to Rehab 2 Performance held on campus every Wednesday morning at activities break from 9:30-10:30. Or better yet, go to https://www.functionalanatomyseminars.com/become-a-provider/ and register for an FRC course today; you’ll be glad you did!
The Predicament of Spinal Palpation Accuracy: Does the Palpated Iliac Crest Really Line Up with the L4 Spinal Level?

Felisha Truong
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As students, it is all too easy to accept without hesitation the various conventional wisdoms that are presented to us: the spinal column is made up of 24 moveable vertebrae, the “audible” heard in adjustments is from the release of negative pressure in the joint capsule, and that Googling symptoms on the internet does not make you a real doctor! However, it should be noted that one of the most important fundamentals we have learned from our very first quarter here as chiropractic students would be regarding a basic anatomical landmark that is used by chiropractors all over the world: “A line drawn across the patient’s iliac crests will intersect with the L4 or L4-L5 spinal level.”

The scientific method has taught us that we should question everything. We should be challenging ideas introduced to us by professors and we should be reaching out to our research communities to investigate further what we have learned. But as students, we have been raised in an academic community that has conditioned us to repeatedly study the academic content, to digest it, and to regurgitate the information when necessary… exams and boards. So, it was fascinating to realize the amount of research that has been floating around for the last 10-15 years regarding the inaccuracy of spinal palpation for specific anatomical landmarks, in particular with the L4 spinal level, and worse yet… that we have never heard about it. Reaching out to our research communities and discussing current research as students is something we should all work on to improve ourselves as upcoming healthcare providers.

The following study “Systematic review and meta-analyses of the difference between the spinal level of the palpated and imaged iliac crests” by Cooperstein and Truong was recently published in ‘The Journal of the Canadian Chiropractic Association’, and will be presented at the 2018 Association of Chiropractic Colleges Educational Conference and Research Agenda Conference (ACCRAC) in Dallas, Texas.

This review analyzed 29 articles that studied the accuracy of spinal palpation, in particular using the iliac crest anatomical landmark to localize the L4 vertebral level. Numerous studies have revealed the discrepancy between the radiographed iliac crest (the “true” iliac crest) relative to the palpated iliac crest by having a doctor palpate a patient using the iliac crest as an anatomical landmark for the L4 or L4-L5 spinal level, and mark the assumed L4 spinous process with a radiopaque marker (which will show up as a black dot on an X-ray radiograph). Once the patient is X-rayed, it has been demonstrated again and again that the L3 or L3-L4 spinal level was almost always marked, and not the presumed vertebral level.

These results are due to the fact that when these examiners are placing their hands on the patient’s iliac crest, they are actually compressing soft tissue between the examiner’s fingers and the patient’s iliac crest, thus resulting in almost always cephalad measurement errors. Women patients tend to have more cephalad measurement errors in L4 localization during palpation than men. This phenomenon is well-explained by Chakraverty and Gallagher, who state that adult females have overall greater percentage of body fat compared to males, and this subcutaneous fat tends to be deposited near the hip and stomach region, thus resulting in more soft tissue to be compressed when localizing the iliac crest to find L4. According to the study, the resulting palpated “L4” spinal levels tend to be 1.0 levels cephalad in females and only 0.7 levels cephalad in males, both compared to their respective imaged iliac crests.

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Accurate anatomical landmarks are crucial to performing diagnostic procedures across numerous professions. Although it is very important for manual therapists to correctly identify the spinal level they are adjusting, it is if anything more important among anesthetists, where poor accuracy in spinal palpation can lead to severe risks for the patient. Common procedures conducted by these doctors are cerebrospinal fluid punctures or epidural blocks, which requires a thin needle to be precisely injected between vertebral spinous processes to reach the epidural space in the spine, where specific medications may be administered or cerebrospinal fluid may be extracted to test for pathogenic infection. These procedures are considered high-risk, as errors associated with accurate localization of spinal level for anaesthetic injections could result in debilitating consequences for the patient, in particular if it were to puncture the conus medullaris which is usually located at L1 but has also been located as high as L3.

Given the consistency of the results, an updated method of locating the L4 spinal level should be recommended not only for manual therapists, but for other professionals who use this anatomical landmark for diagnostic procedures. A suggested technique is to use the posterior superior iliac spine to first locate the S2 tubercle (which is a much more accurate landmark), then to count up the spinous processes to L4. Perhaps another method for more accurate spinal localization is to simply correct the statement that iliac crests line up with L3 instead of L4? Regardless, it is evident that more research is needed on methods to localize the L4 spinal level more accurately through palpation, as most professionals do not have resources such as ultrasounds or video fluoroscopy to accurately locate L4 every time they see a patient.

A similar and equally important body of work conducted at Palmer has revised our understanding of the best way to localize thoracic vertebral levels. We now know that the inferior angle of the scapula, which has been used for years as the anatomic landmark for the T7 vertebral level, is in fact inaccurate and that it lies more closely at the T8 level. Perhaps more importantly, it lies in a range between T6-T10, suggesting that even knowing its mean level may not be very useful in identifying thoracic vertebral levels.

It is significant to realize that even one of the most universally recognized anatomical landmarks- the iliac crest leveling with L4 spinal level- is documented to be an incorrect means of localization. This observation highlights the significance of on-going research in the healthcare field, since even universal beliefs and procedures can be challenged. My question is, how much research is required before it begins to be incorporated into higher educational systems and programs… such as teaching curriculums in healthcare schools? Time will tell…

C-Spine Remixed

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The motivation to seek better information about the cervical spine is simple: neck pain/injury accounts for more visits than upper & lower extremity pain/injury combined; and once we add headache/facial pain, neck-related conditions comprise nearly one-third of chiropractic visits.

The practitioner that seeks to become knowledgeable about treatment of the cervical spine must question early hypotheses that relied on less rigorous research. In your mind, consider how the c-spine executes flexion and allow the sequence to play in your head (ignore extension for now). Van Mameren and colleagues used high speed cineradiography to study cervical kinematics in normal volunteers, yielding up to 25 exposures for each excursion from full flexion to extension and vise versa. They found that flexion starts with C6-7 segment making its maximum contribution, before C5-6 and followed by C4-5.

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The next phase occurs at C0-C2 followed by C2-3 and C3-4; and, during mid-phase, the order of contribution of C2-3 and C3-4 is variable. Simultaneously, mild extension occurs at C6-7 (C5-6 in some individuals occurs). The research team found a similar cadence for extension, with all outcomes being repeated at two weeks and 10 weeks. How does this compare to the images stored in your mind? Now imagine how neurologists felt, in the early 90’s, when neuroplasticity was discovered. In order to continue evolving, the profession had to let go of some central tenets.

The aforementioned study is one of many examples to choose from but it forces the reader to question their basic understanding of c-spine movement. By letting go of stale ideas, practitioners enhance their assessment of cervical kinematics leading to potential breakthroughs in treatment outcomes.

**Consider atlanto-axial joint structure so you aren’t fooled by rotary audibles**

In assessing the upper c-spine, it helps to realize the central function of rotation by revisiting the atlanto-axial junction. In lateral radiographs, the facet joints appear flat inferring that rotation occurs across a flat surface like all other cervical joints. Yet radiographs ignore cartilage. Wilhelm Henke described a “double threaded screw” joint as early as 1858 after observing the biconvexity of the C1-2 articulations. The fact that 50 percent of axial rotation occurs at this singular location is based solely on these biconvex surfaces; and this design supports the reasoning by some that atlanto-axial rotation may exceed 50 percent. When it comes to treating upper cervical joint dysfunction, C1-2 structure introduces a key variable in aiming for specificity in rotary adjustments. The more rotation introduced in setting up an adjustment in the upper cervicals, the more we bias involvement of C1-2 by default. Hence, practitioners need to exercise caution when relying on the likely audible at C1-2 as the marker for a successful adjustment because it’s biconvexity responds so well to axial rotation. The audible created at the atlanto-axial junction may not have the intended effect on focal joint dysfunction above or below.

**The c-spine is uniquely designed for coupled motion, making uncoupled motion (and open wedges) improbable.**

Most chiropractic protocols for the cervical spine rely heavily on the idea that rotation and lateral flexion occur together. In fact, the structural design of the c-spine supports this motion. Bogduk describes the intervertebral joints of the c-spine as saddle joints “with two concavities facing one another at right angles”. He offers this as evidence that “horizontal rotation is inexorably coupled with lateral flexion and vice versa”. In an effort to simplify biomechanics, educators commonly draw an “open wedge” between adjacent vertebrae to describe motion in the cervical spine. This depiction facilitates a discussion about patient profiles that include coupled and uncoupled motion (e.g., C4 spinous process rotates to the right as it laterally flexes to the same side). While the effort is well-intentioned, it’s incongruent with contemporary observations: the opposing concavities, perpendicular to each other, prevent the loss of contact needed to create an open wedge between vertebral bodies. The cervical spine is uniquely designed for coupled motion to an extent that uncoupled motion is improbable in the absence of trauma; and, thus, these profiles are likely not chiropractic patients because they’re clinically unstable by definition. In short, evidence for coupled motion is so strong in the c-spine that we gain more by staying closely aligned with this fact than considering alternate patterns that amount to diversions. Coni
C-Spine Remixed

Clinically insignificant means it’s likely insignificant.

One of the most important standards for cervical instability is the atlantodental interval, which states that sagittal translation of the atlas from dens must exceed 1-3 mm for adults and 1-5 mm for children; otherwise, the finding is clinically insignificant. In other words, practitioners and clinicians needn’t worry unless their findings extend beyond these ranges.

Now turning to the occipital-atlantal joint. One side lateral bending and axial rotation amount to 5 degrees, respectively, at C0-1. To fully appreciate this, grab a goniometer and you’ll find that 5 degrees is so small that it’s more cumbersome to move the arms than it is to read the dial. We can simplify our assessment of the c-spine by opting for consistency: if we opt to follow standards to establish minimums for clinical significance, than we should opt for consistency in applying this broadly. In assessing range of motion between occiput and atlas, flexion-extension far surpasses rotation and lateral flexion. Thus, we can assess multiple planes but focusing our attention on flex-ion-extension of the occiput on atlas may lead to more impactful treatment options.

References:

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References:

“What happened to the books?! ...”

A look at the updated West Campus Library

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Libraries have always been about ACCESS to information but the format of the materials has changed over time. Fortunately, students and alumni at any of the three Palmer College of Chiropractic campuses will always have direct access to the largest repository of chiropractic information in the world via the Special Collections & Archives located in Davenport, IA.

So, rest easy – we have books!

Like other academic libraries across the country, the library experience at the David D. Palmer Health Sciences Library is evolving. Libraries are able to offer more types of “resources” in terms of physical library space and ACCESS - to things like WIFI, databases, and information professionals who want to connect students to ALL the resources libraries have to offer.

For example, check out the new Library Resource Room located in Room 344. With ten new computers, students can access all the databases and software programs the library has to offer plus the recently updated printer/scanner/copier technology. The librarian’s “office” is conveniently located here as well, so we can connect students with those resources and assist with research questions.

Besides having “chiropractic-specific” circulating and reference books, the latest print journals, databases, anatomical models, DVD’s and other study aids ranging from flashcards to iPads, the library has also increased the variety of study spaces. Standard table and chair configurations are interspersed with communal types of furniture, stand up desks and comfortable solo seating options.

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Quiet space is always at a premium, so we responded by repurposing the former Librarian Office for use as a Silent Study Area.

What makes the library space at Palmer West even more dynamic is the wide variety of functions that take place all in the same footprint. One day the Library Commons area is full of students studying for exams. The next day the table and chairs are gone and a podium and theater style seating appears to create an event space.

There are also classrooms housed inside the library doors, ensuring a steady flow of students each day. We can even boast of having showers located in our men’s and women’s bathrooms and a “Meditation Room” where you can catch a quick power nap.

Since we also allow food and drink, a student can plan to spend a good amount of time in the Library in relative quiet and comfort with academic resources and facilities that allow them to focus on the reason they came to Palmer – TO LEARN!

Fewer books has also changed the daily functions of the Library staff.

Most of the tasks of modern librarian-ship are now automated. This allows our staff to focus on helping students, staff and alumni with research – which is our favorite thing to do! This also led to updating the design of the Circulation and References Services Desk. The new configuration has opened up the library entryway and contributed to the clean and spacious feeling of our current environment. With the addition of plants and signage, the Library remodel is nearly complete.

So what are the Library staff really doing when you see them sitting there in front of their computers? If you could see the screen, you might see the staff submitting an interlibrary loan request -- or the librarian writing this article for The Bartlett! :)

Maybe they are cleaning up the database to update student records? Or maybe the librarian is emailing the IT department about upgrading our apps? But the real reason we are sitting there and why we chose this profession is - we love to find information - so please “interrupt” us!!

There are no stupid questions. We also encourage your feedback so that we can continue to evolve to meet your needs. Change takes time, but we ARE listening - and are excited to be part of the hub of your academic experience at Palmer West!
West alumna Dr. Karla Solum’s CrossFit skills earn “World’s Fittest” Ranking

Chuck Bustillos
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Karla Solum, D.C., CCSP®, West ’10, has made a career of helping her patients “Elevate Human Potential” – which also is the name of her Minnesota-based practice.

And when it comes to leading by example, few can match Dr. Solum’s commitment to achieving optimal health, wellness and fitness potential.

In fact, Dr. Solum has earned the title of “fittest female doctor in the world,” following her recent performance in the CrossFit Open, which earned her a ranking of 164th worldwide, 17th in the north central division, and third in her home state of Minnesota.

The CrossFit Open, which takes place during February and March, is the first stage of the CrossFit Games season, and the sport’s largest “community” event of the year. Hundreds of thousands of athletes compete in the worldwide, online competition, where they complete the multi-exercise workout at any CrossFit-affiliated gym, and submit video of their performance, if they place in the top 20 within each region.

As a result of her impressive accomplishment in the CrossFit Open, Dr. Solum qualified for the CrossFit Central Regionals (May 26-28 in Nashville, Tenn.) for the second year in a row (and her third trip to the Regionals) – the first step in achieving her ultimate goal of qualifying for the 2017 CrossFit Games, which will take place Aug. 3-6 in Madison, Wis.

“I have truly had to overcome a lot of physical adversity this year, but my mind and spirit are fueling me through this,” said Dr. Solum, who in addition to the patients she treats at her Moorhead, Minn. practice, also provides care at events sponsored by the Association of Volleyball Professionals (AVP), USA Beach Volleyball, and USA Weightlifting.

“This is only an athletic accomplishment – but, I would not be the athlete I am today if it weren’t for all the knowledge between my ears,” said Dr. Solum, who served as a Sports Council officer while attending Palmer’s West campus, and graduated with academic honors.

“It was a surprise to also learn my ranking placed me as ‘the fittest female doctor in the world’ – and, as a chiropractor, I’m proud to represent my profession at the top.”

A three-sport athlete at Concordia College, Dr. Solum has also competed in triathlons, but, entering her 30s, she was looking for ways to broaden her athletic potential (as well as satisfy her competitive spirit).

In late 2012, she was introduced to the sport of CrossFit, a competitive fitness sport that incorporates elements from high-intensity interval training, Olympic weightlifting, plyometrics (power jumping), powerlifting, gymnastics, kettlebell lifting, calisthenics, strongman, and other exercises.

After just one week, she was hooked, and started going to the gym at 6 a.m., four to five days a week. Dr. Solum earned her Level 1 Certificate in 2013 – and a year and half later, she qualified for her first CrossFit Regionals.
Dr. Solum's ascent in the sport of CrossFit is all the more impressive given a snowboarding injury that she suffered in 2007, when she broke her low back, and ruptured a disc in her spine.

“As I laid on the slope for about 35 minutes, unable to feel or move my legs, I promised myself that I would never take another day in life for granted,” said Dr. Solum, who has been competing this season on a torn ACL and a severely sprained ankle. “I am always striving to be “Better than Yesterday” and I encourage others to do the same,” said Dr. Solum, a certified strength and conditioning coach, who now trains three to four hours a day, five to six times per week.

“Teaching people how to move properly is one of the best gifts a doctor can give their patients, and that’s one of the reasons I enjoy being a chiropractor: I get to help people move better while reducing the risk of injury, and improving their overall performance, whether in sports or daily life,” said Dr. Solum, who is now a Level 2 Sports Performance Coach through USA Weightlifting.

### BENCHMARK STATS

| Back Squat | 275 lb | Deadlift | 335 lb | Fran | 4:15 |
| Clean and Jerk | 215 lb | Fight Gone Bad | 402 | Grace | 1:28 |
| Snatch | 175 lb | Max Pull-ups | -- | Helen | 9:48 |
| Filthy 50 | -- | Sprint 400m | 1:12 | Run 5k | -- |

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Benchmark Stats: Dr. Karla Solum
Reflections on Participating in the Palmer VA/DoD Internship Program

Q&A with Michelle Snow, D.C. (West alumna, ’17)

Chuck Bustillos
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Michelle Snow, D.C., graduated with Magna Cum Laude (3.70 – 3.89 GPA) academic honors at the West campus’ Winter ’17 commencement. Prior to graduating, Dr. Snow completed a rotation in Palmer College’s VA/DoD Internship program at the VA facility in Des Moines, IA.

In this Q&A interview, the Tucson, Ariz., native reflects on her VA internship, highlights of her West campus student-experience – and the excitement of starting the next chapter of her chiropractic career.

Let’s start with your “chiropractic story.” What inspired you to pursue a career in the chiropractic profession?)

I have always had an interest in the sciences, and love to help others, which led me to look into various medical fields. I was attracted to either chiropractic or physical therapy, because I relate to the concept of preventative medicine and optimizing the body’s ability to heal naturally. Throughout my undergraduate career, I was able to “shadow,” and work for, a few chiropractors. Through this experience, I witnessed how chiropractic improved health and touched many lives, which made me fall in love with the profession.

Once you made the decision to enter the chiropractic profession, what led you to attend Palmer West?

After growing up in Arizona, I wanted to remain close to home in a temperate-climate throughout my chiropractic schooling. This led me to prioritize the schools on the west coast. From there, Palmer West was the natural final-choice. The campus and community felt like home to me, and I knew I would get an amazing education from the highly qualified professors.

When did you become interested in the Palmer VA/DoD Internship Program, and what, in particular, appealed to you about the opportunity?

Through conversations with interns who had completed a VA/DoD rotation, I realized this was an invaluable learning opportunity. Also, while I don’t come from a military-family, I have many close family friends who are in the military. Their service for our country further inspired me to apply for a rotation at the VA, so I could “give back” to the military population.

I’m sure your VA internship provided many memorable moments. Can you share some of the top highlights?

If I had to rank the top three, I’d include: the vast amount of hands-on evaluation and treatment of veterans with complicated cases; creating relationships with my patients, as well as the team of providers involved in the patients’ collective care; and the overall mentorship with Dr. (Nate) Hinkeldey (the staff-chiropractor at the VA facility in Des Moines).

Based on your experience, what are some of the factors that you think have led to greater need/demand for chiropractic care by VA patients?

Veterans have many conditions and strains that have been placed on their bodies and minds. Through my VA experience, I learned that most of these patients need tangible treatments and overall care that they can actively engage in order to effect a sustainable difference in reducing their level of pain, instead of only offering “passive care.”

Do you think the availability of chiropractic services are even more vital today, given the current opioid epidemic that is plaguing the country? (Did you encounter many patients suffering from similar additions – who were seeking chiropractic care to help ease their “pain pill” dependency?)

Definitely. Sadly, there is a large epidemic of opioid-addiction among the Veteran population. At the Central Iowa VA, I was able to work within the Pain Clinic, which included a chiropractor, acupuncturist, physician assistant, nurse, medical doctor, pain pharmacist and pain psychologist. This team of providers worked together to manage patients’ pain in conservative manners, which helps to decrease the amount of opioids taken/prescribed. Overall, this team is part of the Opioid Safety Initiative that is striving to decrease opioid use within the VA system.
Reflections on Participating in the Palmer VA/DoD Internship Program

Q&A with Michelle Snow, D.C. (West alumna, ’17)

How does your VA Internship rank among your collective Palmer experience?

My VA experience was the highest-point in my collective Palmer experience. My time and coursework at Palmer West gave me the tools I needed to obtain and competently complete my VA internship; however, being at the VA gave me the opportunity to apply my skills and knowledge in a fast-paced and complicated setting on a daily basis. This was an invaluable experience, which helped me become an exponentially more-skilled clinician.

Based on your experience, what are the three key-attributes for any student considering a rotation in the Palmer VA/DoD Internship program?

Competent adjusting and clinical skills (evidenced through school club and seminar involvement); independent critical-thinking skills; and the ability to perform open-minded hard work.

What were your expectations going into the internship (in terms of interacting with other members of the health care team) – and how did that compare with your actual experience?

I knew going into this internship that I would have the opportunity to treat some patients and shadow various medical providers; however, my actual experience greatly exceeded my expectations. I was able to treat an average of 45 patients per week; to learn how to effectively deliver patient education; to interact with many other providers; to gain knowledge from these providers about their specialties; to participate in writing case-studies; and be mentored clinically by Dr. Hinkeldey. As a result, upon completion of my rotation, I’d become a stronger, more well-rounded chiropractic clinician.

What does it say about Palmer to develop a program that provides interns from each campus with this unique educational opportunity to expand their clinical-skills in a multi-disciplinary setting?

Providing this experience speaks highly of Palmer, because multidisciplinary care is the wave of the future in healthcare. The students selected for this experience are also “the best of the best” in the nation, which adds to the great name of “Palmer” within healthcare. Congratulations to you and fellow members of the Winter ’17 graduating class! Can you sum up your feelings about completing your Palmer West experience – and the excitement of entering the next chapter of your chiropractic career?

Much of my time and effort during the past three-and-a-half years has been directed toward completing my education at Palmer West, so it seems surreal that my studies have reached “the finish line.” I am extremely excited and proud of myself for my accomplishment of becoming a Doctor of Chiropractic. I feel so blessed now, to be able to return to Arizona, to be close to my family, and to begin to build my career in my home state.

Do you have a vision of the type of practice you’d like to develop – and in any particular location? And, looking ahead, what are your postgraduate goals?

My experience at the VA made me realize the importance of multidisciplinary management of patient care, in order to provide the best care possible for my patients, which inspired me to seek similar job opportunities within the private sector. For the next few years, I do not plan to pursue any postgraduate studies, as I decompress from this phase of my schooling, and get on my feet with setting up my practice. However, I am a “lifelong learner”, so I will definitely pursue further certifications in the future!

To learn more about Palmer’s VA/DoD Internship Program:
http://www.palmer.edu/academics/clinical-experience/dod-va-internship-program/
Sports Council cares for disabled veterans in West Coast Valor Games

Backrow (left to right): Marc Gusse, Corey Diamond, Haley Lound, Mike Klein
Front row (left to right): Jessica Parham, Bryanna Esquivel, Iannick Remillard, Anne-Marie Vicencio, Kyle Siskar, Molly Sparks, Dr. Rhiannon Dickison, D.C., CCSP®, Trevor Wendel

The gold, silver, and bronze medals handed out to the athletes at the Valor Games Far West 2017.

Palmer College of Chiropractic’s West campus had a prominent presence at the fifth annual Valor Games Far West, a multi-sport Paralympic competition for disabled U.S. veterans and wounded, ill or injured service-members, held June 2-5 on Coast Guard Island in Alameda, Calif.

Funded through a grant sponsored by the U.S. Veterans Administration, the Valor Games were introduced in 2011 with the goal of introducing adapted-sports to disabled U.S. veterans throughout the country, and to promote ongoing adapted-sport-participation in their communities. Regional events are now held annually in four parts of the country.

More than 500 veterans have participated in the Valor Games Far West since the inaugural event in 2013, with athletes competing in a wide variety of adapted-sports, including archery, biathlon, cycling, field events, powerlifting, and swimming.

The Far West event is presented in partnership with the U.S. Coast Guard, the Northern California Regional Paralympic Sport Program, and the Far West Wheelchair Athletic Association from San Jose, an organization that has provided sports opportunities for individuals with disabilities since 1968.

Interns from the Palmer Chiropractic Clinics in San Jose, under the direction of clinicians Rhiannon Dickison, D.C., CCSP® (West, ’13) and Tony Kearns, D.C. (West, ’07), provided care for nearly half of the more than 100 athletes who competed in Valor Games Far West 2017.

Palmer’s participation in the West Coast Valor Games was the culmination of a year-long effort, which began when West student (and Veterans Club president) Trevor Wendel learned about the event, and subsequently met with West Campus Dean of Clinics Greg Snow, D.C., to discuss the feasibility of Palmer providing chiropractic care.

Valor Games Far West organizers were receptive to the Palmer proposal.

In addition to enhancing the athletes’ experience through on-site services that helped them achieve optimal performance in their events, Palmer’s participation also supports the Valor Games’ mission of promoting healthy, active lifestyles for disabled veterans to achieve successful community reintegration.

“Participating in an event that takes place on a U.S. military base added other dimensions to the planning process that we don’t typically deal with when preparing for our standard Sports Council events, such as securing security clearance for each of the Sports Council team-members,” said Dr. Snow.

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Sports Council cares for disabled veterans in West Coast Valor Games

“The net outcome of the effort resulted in a unique experience on a variety of levels for Sports Council participants, including the educational aspects of providing care for wheel-chair-bound patients, as well as the honor of serving these brave men and women whose athletic skills and achievements are equally impressive and inspiring.”

“One of the goals of the Veterans Club is to explore ways to reach out to the veterans in our community, and, in particular, the brave men and women whose service resulted in a disability that presents challenges in their post-military lives,” said Wendel, who hosted an information table at the event with West student (and Sports Council officer) Bryanna Esquivel, who also provided care for participants.

“One of the goals of the Veterans Club is to explore ways to reach out to the veterans in our community, and, in particular, the brave men and women whose service resulted in a disability that presents challenges in their post-military lives,” said Wendel, who hosted an information table at the event with West student (and Sports Council officer) Bryanna Esquivel, who also provided care for participants.

“Once we heard about the West Coast Valor Games, and learned they did not have an organization providing on-site sports care during the event, we approached Dr. Snow with the proposal of the Sports Council possibly getting involved. The Veterans Club is thankful to everyone involved who helped make it happen!”

Valor Games participants were equally effusive in expressing their appreciation for the service provided by the Palmer Chiropractic Clinics. Comments included: “This was a lifesaver, and they were very good at their practice” … “They saved me big time! Extra awesome!” … “Great addition to the event, helped us perform better in our events” … “They were very professional, very informative, and very helpful to parts of my body making me feel very, very good.”

“We saw a number of patients with severe disabilities, which challenged the interns involved with the delivery of care, and offered valuable learning experiences for all the students who worked the event,” said Mary Kathryn Brazil, West Campus Sports Council executive officer.

“The staff and athletes were extremely supportive and appreciative of the care provided at the event. The camaraderie among the participants is unmatched, and we are grateful they want us to continue being involved with the Veterans community.”
Sports Council cares for disabled veterans in West Coast Valor Games

“The team from Palmer College did a terrific job of engaging the veterans with disabilities at our event,” said Pamela Redding, event director, Valor Games Far West.

“They explained the treatment options clearly, and were committed to providing top quality care to our nation’s heroes. I am very pleased with this first year of our partnership, and I look forward to continuing in 2018.”

Valor Games 2017 Sports Council participants

Clinicians
• Rhiannon Dickison, D.C., CCSP®
• Tony Kearns, D.C.

Executive officers:
• Michael Klein (President)
• Anne Marie Vicencio (VP)
• Marc Gusse, Molly Sparks (Event Coordinators)
• Vivian Ly (Treasurer)
• Corey Diamond (Ass’t. Event Coordinator)

Interns
• Jason Boyce, Nikita Cheema, Bryanna Esquivel, Jackson Humphrey, Haley Luond, Jessika Parham, Trevor Wendel, Michael Klein, Anne Marie Vicencio, Vivian Ly

Observers
• Myra-Ashley Amparo, Anna Wentzel, Marc Gusse, Molly Sparks, Corey Dimond

Tent Assistants
• Iannick Remillard, Kyle Siskar, Tim

Meet the new Palmer West Associated Student Government officers

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Palmer’s West campus conducted elections during the Spring ’17 quarter to select the Associated Student Government (ASG) officers for the 2017-2018 term.

The new ASG executive council taking office effective Summer Quarter ’17 will include:

• President: Sarah D’Atri (Hamilton, Ont., Canada)
• Vice President: Kara Lizak (Winnipeg, Manitoba, Canada)
• Secretary: Maggie Juarez (Toronto, Ont., Canada)
• Treasurer: Ilan Green (Mill Valley, Calif.)

• Athletic Director: Mary-Kathryn Brazil (Salinas, Calif.)
• Social Director: Nicholas Westfall (Kalamazoo, Mich.)
• Community Service Director: Felisha Truong (Vancouver, B.C., Canada)

“I knew I wanted to get involved as much as possible while attending Palmer, and running for ASG President provided the opportunity to participate with many aspects of the Palmer West program in one position,” said D’Atri, a 2013 graduate of the Univ. of Waterloo in Ontario, Can., where in addition to earning her B.S. degree (kinesiology), she also participated in several intramural sports.

New student body president Sarah D’Atri posing outside of the Palmer-West campus shortly after being elected to the new position.

Continued on page 19
Meet the new Palmer West Associated Student Government officers

including hockey and ultimate Frisbee, and served as a student representative on various academic committees in her degree-program. active with the Women of Chiropractic, Philosophy, and Pediatrics Clubs; and is a member of the West campus ice-hockey team.

“We have an amazing group of determined and energetic students stepping up to serve on the ASG executive council, and we’re all excited about starting our term. One of our primary goals is to encourage more participation and excitement around campus, and create an even stronger sense of community.”

About the other new West campus ASG officers:

•Kara Lizak (vice president) is a 2013 graduate of the Univ. of Manitoba, where she earned her Bachelor of Commerce (honors) in Entrepreneurship and Marketing. In addition to her ASG-officer position, Lizak also is president of the West campus “Chiropractic on Purpose Club,” and she is a student-tutor.

•Maggie Juarez (secretary) is a 2007 graduate of Brock Univ. in St. Catharines, Ont., where she earned her Bachelor Honors of Kinesiology degree. One year later, Juarez completed the Advanced Athletic Therapy certification program at Mount Royal Univ. (Calgary, Alb., Canada). In addition to her ASG-officer position, Juarez also is a member of the “Adjusting Ninjas” (technique club).

•Ilan Green (treasurer) is a 2015 graduate of California State University-Northridge, where he earned his B.S. in kinesiology/exercise. Green, whose mother is a chiropractor, also serves as a member of the Campus Guides (a volunteer group of students who assist at major College events, and conduct campus tours for prospective students), and has participated in various intramural sports, including flag-football.

Continued on page 20
Meet the new Palmer West Associated Student Government officers

• **Mary-Kathryn Brazil (athletic director)** is a 2016 graduate of California State University-Stanislaus, where she earned her B.A in kinesiology. Prior to her ASG officer-position, she served as her class’ ASG representative. Additionally, Brazil is president of the West campus Volleyball Club, and also serves as a Sports Council executive officer.

• **Nicholas Westfall (social director)** is a 2014 graduate of Western Michigan Univ., where he earned his B.S. in interdisciplinary health services. In 2011, Westfall earned his Associate of Applied Science degree in medical assisting. In addition to his ASG officer position, Westfall also is vice-president of the West campus Volleyball Club.

• **Felisha Truong (community service director)** is a 2016 graduate of the Univ. of British Columbia Okanagan, where she earned her B.S. in medical biochemistry (as class valedictorian with academic honors). In addition to her ASG officer position, Truong is: a member of the West campus Sports Council; a contributing-writer for the West campus student-publication, The Bartlett; and peer-tutor for the 2Q biochemistry course. She also has participated in several research projects, and has a research-paper scheduled for publication in the Aug. 2017 issue of the Journal of the Canadian Chiropractic Association.

Your new West campus ASG officers! From left: Ilan Green, treasurer; Maggie Juarez, secretary; Sarah D’Atri, president; Kara Lizak, vice president; Mary-Kathryn Brazil, athletic director; Felisha Truong, community service director; and Nicholas Westfall, social director.
In a few moments, you will walk across this stage and receive your degree. You are on your way to a very amazing career in a wonderful profession. I encourage you to continue to learn and grow.

I have learned many great lessons while in practice from my patients, peers and coaches. At this time, I would like to share a few of these significant lessons with you. I have divided these lessons into three sets of three.

First ..

What patients want to know: Can you be trusted? Are you the best? Do you care about me?

1. Do the right thing. Have discipline. Consistently make good choices – these choices (and habits) will define you.

Palmer has been such a vital part of my life. It provided me with this incredible gift of chiropractic. I met my beautiful wife, Lori, here -- and in 10 days we will have been married 30 years. Much of our family chiropractic tree of 74 chiropractors learned their skill just like you have at Palmer.
Winter ’17 Commencement Address: 
Changing Lives

2. Be committed to excellence. Strive for excellence in all you do. Make excellence a habit, and you will have a substantial impact on the world in which you live. Continue to learn.

3. Be in the Love mode (referring to poem by John Wooden).

Next …

I want to share three important lessons that I learned while competing or coaching on the Olympic level.

1. 1984 (anecdote about Moroccan Tea Bag). You can’t help every patient -- don’t get discouraged by those whom you can help. Focus on those that you can help. In baseball, if you are batting .300, you are a superstar. In water polo, if you score 50-percent of the shots you take, you could be an Olympian. Lori and I have treated over 20,000 patients in the past 30 years. Perhaps 200 of those have not responded well to our care.

2. 1988 (anecdote about former U.S. volleyball player Karch Kiraly). Stay in the moment – be 100-percent present with your patients. If you want to be a healer you must be present with your patients. Life is made up of moments – let each moment be an opportunity to heal and change a life.

3. Navy Seals (training in 2008). Importance of attention to detail, and sticking together

Finally …

What makes us so unique and special?

1. Ability to connect: Smile, eye-contact, listen, caring-attitude, healing touch (HANDS ON) - every day is an opportunity to make a positive impression on your patients.

2. Gift of Hope. Life sometimes beats the hope out of us. We can give it back to our patients -- most of our patients don’t understand just how amazing their bodies are. How powerful innate is. How our bodies can heal, if we give them a little help. Many patients will come to you as their last hope -- they have tried everything else – you cannot have healing without HOPE.

3. Life Long Health – Educate and Treat the cause. No other profession trusts in the power of the human body to heal itself like Chiropractic. We reveal the truth -- it is awesome!

Appreciate what you do every day. Let “love” be at the center of your practice, and your life.

Ultimately, the secret to happiness is service. What we do as chiropractors is to serve mankind -- to help others.

Perhaps you could make more money in some other professions, but I can guarantee you this – chiropractic will make you the richest man or woman in your community.

You see wealth is really measured by health, happiness, fulfillment and purpose -- and nothing will come close to what chiropractic can give you in these areas.

Today, you become a doctor of chiropractic. The future of our great profession is literally in your hands – your responsibility is to protect and grow this profession.

There are still so many people that have never experienced what chiropractic can do for them.

You should be very proud of what you have accomplished. Now go out there and have some fun with this amazing gift of chiropractic and change people’s lives for the better!
Congratulations!
Spring 2017 Newest Interns!
Currently in 11th Quarter

Summer 2017 Newest Interns!
Currently in 10th Quarter
Congratulations!

Spring 2017 Graduates!

Summer 2017 Graduates!
Help carry The Spine at SVTT 2017 on Nov. 23!

If you’d like to help carry The Spine at the Silicon Valley Turkey Trot on Nov. 23, sign up with Denise Miller in the President’s Office. SVTT registration fees covered for everyone who helps carry The Spine – plus, you’ll also receive a souvenir SVTT shirt!

The Palmer Spine: Providing “the backbone” of the Silicon Valley Turkey Trot since 2009!

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