BACK SLAPS ADVISED Red Cross revises tips on helping the choking Heimlich among those who still call for his maneuver first Sunday, November 05, 2006 Misti Crane THE COLUMBUS DISPATCH

For decades, a hunk of pork chop stuck in your throat meant one thing: the Heimlich maneuver, a technique made famous in posters and first-aid classes.

It calls for a rescuer to wrap arms around the victim's waist, make a fist below the rib cage and above the navel, grab the fist with the other hand and press the abdomen with quick upward thrusts until whatever is obstructing the airway is expelled.

But the American Red Cross now calls first for back slaps, a method the Heimlich maneuver's namesake rejects as dangerous and deadly.

Dr. Henry Heimlich, 86, lives in Cincinnati.

Rescuers should start with five back blows and follow with five abdominal thrusts (the Heimlich maneuver), repeating the sequence, advises the Red Cross, which no longer uses the name Heimlich.

The Red Cross switched this year after a firstof-its-kind scientific review and report from a team of experts called the International Liaison Committee on Resuscitation. The report was published last year in Circulation, the journal of the American Heart Association.

The experts found that slaps on the back, abdominal thrusts and chest thrusts (like the Heimlich, only higher) all have proved to help choking victims, but not in any specific order.

Abdominal thrusts can result in injury, the report says.

The report says the techniques should be used in rapid sequence until the obstruction is gone and that more than one technique might be needed. Despite those findings, the Heart Association continues to teach and recommend the Heimlich exclusively, said Brianne Harman, a spokeswoman for the Columbus office. "It's easier to teach and easier to remember," she said. The organization favored staying with the Heimlich "in the absence of data that another procedure is superior," said Mary Fran Hazinski, a nurse and senior science editor for emergency cardiovascular-care programs with the American Heart Association.

"There really was very little new evidence to review," she said, emphasizing the importance of keeping guidelines simple, particularly when CPR recommendations were undergoing an overhaul.

Reached at his home last week, Heimlich referred questions to his spokesman, Robert Kraft.

Kraft said Heimlich has not changed his mind on back blows, and referred to a 1982 study that showed they were harmful because they can push food deeper down the windpipe.

The study, which played a role in the dismissal of back blows as a rescue tool, was funded in part by the Dysphagia Foundation, later known as the Heimlich Institute.

More than three decades of success have proved the maneuver's worth, Kraft said.

Dr. Charles Guildner, a retired emergency-medicine expert from Washington, was on the American Heart Association's Emergency Cardiac Care Committee when Heimlich came on the scene with his maneuver in the 1970s.

He welcomed the Heimlich maneuver at the time but decided to study the difference between abdominal thrusts and chest thrusts. Guildner said that he found chest thrusts superior because they more effectively expelled air from the lungs rather than forcing it up from the belly.

But his research never prompted adoption of chest thrusts for conscious choking victims.

Heimlich fought against other treatments, attacked Guildner's work and tried to tarnish his reputation, Guildner said.

"He bullied the Red Cross and the Heart Association," Guildner said, adding that there never was sound science behind the elimination of back blows.

Dr. Robert Baratz, a Massachusetts physician and president of the National Council Against Health Fraud, agreed, saying he's repeatedly asked for data from Heimlich.

"The icon of lifesaving has clay feet," he said.

He predicted that the Heimlich maneuver will fade into the background as more evidence in support of other methods becomes available.

Making the change slowly makes sense, he said.

"To make a change across the world in a method that has been going on for 30-plus years that does work some of the time does not make sense. People get confused; people could die," Baratz said.

"If he had taken his pulpit and used it to advance lifesaving, we'd all be better off. We're now spending probably the next decade undoing what Heimlich has done."

Red Cross instructors have been teaching back blows since April and the agency is working to disseminate updated publiceducation materials, including posters in schools and restaurants, said Scott Gerding, senior instructor trainer for the Columbus chapter.

Back blows should be between the shoulder blades.

"Use the same force as you would on a glass ketchup bottle to get the ketchup out and get progressively stronger," he said. For his part, Heimlich continues to push for his maneuver. The

Web site www.heimlichinstitute.org warns against back slaps, cautioning, "This could make matters worse." It also advises using the Heimlich maneuver for people who are drowning or suffering asthma attacks. Baratz said that message could kill people. "This is health fraud, not emergency medicine."

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