



CHIROPRACTIC

Chiropractic 2024: Tackling an Industry Identity Crisis - Case Study

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Tackling chiropractic's identity crisis begins in everyone's office. It starts with embracing the uniqueness of your office while celebrating our commonalities. It reflects back to our humble beginnings, when philosophy had to define our success; and challenges us to use research to comprehend the complexity of the human body.

Let's look at the challenges and potential solutions to address chiropractic's identity crisis and apply them in a case study involving a low back pain patient. This case study will demonstrate a blending of current evidence, novel technology and tradition as a model to address our identity crisis.

Embrace Chiropractic Tradition

Reflecting back, chiropractic was based on the inherent ability of the body to heal itself. Lay lectures would use the definition of health as a vehicle to open the discussion. Quoting a lay definition of *health* from *Webster's Dictionary* as "100 percent functioning, 100% of the time" was contrasted with *Dorland's Medical Dictionary* definition of *health* as "optimal physical, mental and emotional wellbeing, not merely the absence of infirmity or disease." Both still hold true today.

Practice Tip: Embrace chiropractic's tradition that the body does the healing: not the CMT, modality, medication, vitamin, exercise, diet or surgical procedure. Yes, they all have a place, but at the end of the day, it is the body that heals. We need to continue to tell our patients about this miraculous ability of the body and that the services provided are a vehicle to get there. Chiropractic is the only profession that embraces a natural, whole-body approach.

Chiropractic survived the attack by the medical establishment to discredit, disprove and restrict our profession. Look up the *Wilk vs. AMA* decision from 1990. The profession survived simply

because patients overwhelmingly improved with a natural chiropractic approach of lifestyle changes that included CMT, diet, rest, exercise and a healthy mental outlook.

Brand Your Practice Style

A generation ago, research had nothing to do with getting DCs out of jail for practicing medicine without a license, but their empirical results of care did.

Successful clinical outcomes are even more important today due to competition for the health care dollar. Read the expanding chiropractic research to justify our claims and stay current with techniques and technology that reflect your practice style.

Broadly, most chiropractic doctors self-identify as spine / neuromusculoskeletal, primary care, or vertebral subluxation providers, but as an individual practitioner, you must make your practice style clear to your patients and consistent throughout your office and internet presence. Establishing your identity as a practitioner is beyond wearing the same color outfit for personal branding; it needs to be backed by superior outcomes.

Practice Tip: Practice styles include subluxation-based, return to function, pain relief, primary spine pain, postural correction, functional medicine, and interdisciplinary, to name a few. All are excellent, all are successful, but you need to choose *one* to be your in-office ideology. Make it clear and consistent in your office procedures, office décor, equipment and internet presence. This builds your identity as a doctor of chiropractic.

Patients embrace technology. Utilization of new, exciting and novel technologies is great from a practice management perspective, and it also builds the image of our profession. *Be sure to master the technologies you use (from online scheduling to a therapeutic modality) to ensure they enhance patient care. Technology must be used to drive better outcomes; using technology to upsell patients on care will leave your office always looking for the next "new patient."*

Rosner has identified traits common to the profession; consider it the uniformity within our profession while we exhibit our personal individuality. We share a holistic and wellness approach to care, examine and diagnose, and are recognized as first-contact providers. Although our primary site of care is the spine, it's not the exclusive area we treat. Finally, we have traditionally embraced lifestyle as part of our multimodal approach. Data even supports the safety of chiropractic adjustments, especially when compared to other professions that use HVLA.

Don't Ignore This Powerful Tool

Social media is a powerful tool that we underutilize as a profession to promote these concepts. Current studies abound on the benefits of chiropractic, but the public - and many DCs - are completely unaware.

If we all post, repost and share the pro-chiropractic studies that show up on our feeds, consider the impact it would have globally. *Wow. Yes, knowing it is your birthday and that your dog went to the groomer today creates relationships, but sharing, resharing, and commenting on pro-chiropractic research on all of our platforms would be a game changer for our profession.*

Practice Tip: Once a week, search PubMed (or any database search engine), pick a favorable research article on chiropractic and read it. Summarize it in 1-2 sentences and post the link on

your social media, or even send it as an e-blast to patients. Be sure to share chiropractic posts from your colleagues and organizations like the F4CP, too.

Bridging Tradition & Technology: A Case Study

Ann, a 66-year-old female, is a lifetime chiropractic patient – her father was a 1948 Lincoln (NHS) graduate. One afternoon, she missed the chair when sitting and landed “right on her coccyx” and then on the floor. After a few minutes on the floor, and with assistance, she was able to get up and move around without significant difficulty.

That evening, she awoke in the middle of the night with severe (8/10) pain in her sacrum, left buttock, groin and pubis symphysis. Secondary complaints were low back pain, headache, lightheadedness, and heaviness in her legs. She was driven to the office the morning after the fall and was able to ambulate with assistance.

Examination revealed DTRs and sensation to be WNL; however, the left ankle dorsiflexors and extensor hallucis longus were graded at 4/5. There were no changes in bowel or bladder habits, and plantar reflexes were flexor.

At this time, radiographs were taken in the office to rule out a fracture in the lumbar spine, pelvis or hips. While no distinct fracture line was visualized, without advanced imaging it could not be completely ruled out. Further examination found left hip internal rotation and flexion painful in the low back and sacrum. Moderate to severe myospasm was noted in the iliopsoas, gluteal and lumbar paraspinal muscles.

Practice Tip: A CAT scan is the test of choice to rule out an occult compression fracture of the lumbar spine or sacrum, which was discussed with Ann. She decided to wait for a few days. Regardless, she was given instructions to follow a strict anti-inflammatory diet and nutraceuticals for inflammation (systemic enzymes, standardized turmeric, and omega-3 fatty acids).

On day one, we did adjust Ann, SOT category 2, no HVLA, and she received TECAR for pain control because our office embraces modern technologies for pain control and recovery. Ice, rest, and a lumbar rigid orthosis were prescribed for home, just as I would have 35 years ago.

After two visits Ann’s legs were feeling normal and motor strength had returned, but her atlas was locked, so we added an upper cervical specific adjustment. As she improved her treatment progressed to HVLA CMT, myofascial release, and active care exercises, including low-intensity vibration, to encourage sagittal plane alignment.

Practice Tip: Assess, treat and reassess on every visit with a measurable outcome such as ROM, flexibility, strength, endurance, joint play, etc. This improves outcomes because you know if you’ve achieved your desired clinical goal for the day or if a change in plan is needed. It improves chiropractic’s identity because the patient knows the difference, too. Serving the patient better also improves your income in the long run.

Current research shows that rigid orthoses do not lead to atrophy when combined with activity and exercise. In fact, complete bed rest does lead to rapid deterioration of muscle strength and tone,

which is the rationale for postsurgical patients to be ambulatory ASAP.

Our manipulative skills go far beyond HVLA and chiropractic needs to be defined by how we approach the patient and our outcomes, not by one facet of our care (Ann is a good example of using different techniques on the same patient at different times); all driven by what is best for the patient on any given visit.

Tell Your Chiropractic Story

Establishing a concise identity for chiropractic is a step toward securing our place in the health care delivery system and within the public. We cannot rely on other professions for defining our unique role. We need to own the natural, whole-body, nervous system-based, primary portal of entry, integrated lifestyle provider of choice. Our individual practice styles need to achieve outcomes so as we tell our chiropractic story, it will identify chiropractic as the multimodal natural health care system of choice.

Resources

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