Dynamic Chiropractic

CHIROPRACTIC

Chiropractic Has Gone From Defense to Offense

INCREASED CHIROPRACTIC UTILIZATION VALIDATES EVIDENCED-BASED PRACTICES

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When I graduated from chiropractic college in 1981 and started practice, I heard it all, and very little was positive. “You are a quack; you do not know what a subluxation is; you couldn’t get into a real health care program, so you chose the one that is slightly above a mail-order degree; you have no proof that chiropractic works; Are you really licensed?”, and so much more.

My best was in front of an entire medical school general assembly with an audience of about 1,000 people. I was invited to present alongside a panel of spine specialists. I was introduced as Mark Studin from Stony Brook, “a chiropractor, also known as a voodoo-quack-charlatan.”

Having a successful practice, armed with the *Green Books* (B.J. and D.D.’s research volumes) and an article from the University of Colorado on the effect of the weight of a dime on a nerve root, I gave a rousing rendition of chiropractic. I used that information (much of which has since been disproved) because, as recently as the early 1980s, it was all we had.

The single staple of chiropractic since its inception and the sole reason for our success as a profession, despite the historic “tremendous pressure” to prevent us from existing, is that chiropractic works, and our patients are passionate about getting out of pain, getting well, and staying well.

The generation immediately before me was jailed for practicing chiropractic in New York, which didn’t stop them. One doctor I had a relationship with told me they would handcuff themselves to their adjusting table, which went to jail with them where their patients would show up to get adjusted.

Their sacrifice was a criminal record so we could practice today; mine was just public ridicule (in too many forums) in an attempt to destroy our reputation. What kept us all going were the consistent results based on patient feedback.

Based on my observation, in the early 2000s, pro-chiropractic evidence in the literature started explaining what we treat and what we do more regularly, with greater specificity. Based on the work, in part from Evans, et al.,[1] and Farrel, et al.,[2] we now understand there is no bone on the nerve root; it is at the facet level where an osseous component affects a nerve, with afferent input from the joint capsule contributing significantly, predominantly as mechanoreceptors. Based on the work from Haavik (2007, 2017, 2021),[3-5] we know that the deep paraspinal muscle involvement as sequella to the above input offers primarily proprioceptive input centrally, causing a compensatory and often negative neurological cascade.

According to Blanchette, et al.,[6] chiropractic realizes 313% better outcomes in secondary disability than physical therapy if the first provider for care and 239% better outcomes for primary disability.

Ndetan, et al.,[7] reported that over 96% of survey respondents with spine-related problems who said the use of chiropractic manipulation stated that the therapy helped them with their condition, with approximately 46% increased odds that it helped when compared to osteopathic manipulation.

Compare these statistics to medicine, which persists in diagnosing 90-95% as non-specific low back and significant evidence of a perpetual failed care path.[9]

Whedon, et al.,[8] reported the average annual charges per person for filling opioid prescriptions were 74% lower among chiropractic recipients than other therapies. They also reported the adjusted likelihood of filling a prescription opioid analgesic was 55% lower for recipients of chiropractic services provided by a doctor of chiropractic compared with other therapies.

Since 2012, I have been tracking referrals from doctors I work with who manage evidence-based practices. Understanding the evidence in the literature and leveraging that information has “opened doors” and garnered increased access to various referral sources in the medical and legal communities.

It has fostered relationships with the brightest minds in medical academia to form collaborative relationships in teaching courses like early detection of stroke victims, taught in conjunction with a double-boarded vascular neurologist; MRI spine interpretation, taught in conjunction with a Harvard-trained neuroradiologist; etc.

We become better chiropractors with a complete, more accurate diagnosis and have elevated our reputation as a profession with advanced knowledge. We have collaborated in a joint partnership between chiropractic and medical academia in post-doctoral, graduate medical education, whose credentials have opened even more doors.

To date, our organization over the past 11 years can confidently account for 1,858,062 additional referrals to the chiropractic profession because of using the evidence in the literature and all the opportunities it creates. Although the above statistic is robust, I believe it falls far short of the actual number and coincides with the National Institutes of Health survey, as first reported in *Dynamic Chiropractic* in February 2024, of chiropractic utilization increasing from 7.5% in 2002 to 11% in 2022.[10]

Going from a national statistic of growth to your office is easy. Unlike the “underside” of our profession, where nepotism and cronyism within certain political entities have led to inclusion in many insurance plans or referral schemes. Now, “any willing provider” can choose to elevate their knowledge base and credentials to realize increased utilization. However, you must be very selective in your academics based on your practice goals and willing to invest time.

We no longer have to defend our results. The evidence in the literature gives us the tools to aggressively position ourselves as the first option for referrals or primary spine care providers. All that stands in the way are the credentials and knowledge that come with the courses of study.

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