Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

We Get Letters & E-Mail

(*Editor's note:* "Food for Thought 2002: How to Choose a Chiropractor," by Dr. G. Douglas Andersen in the January 28 issue had our phones ringing more than usual. Many DCs were upset by his comments; some thought we should not have printed it. Others felt Dr. Andersen's comments needed to be said. Here are some of your thoughts.)"Dropped Ball"

Dear Editor:

Luckily, I had been warned about this article prior to reading it. Some of this appears to be similar to websites such as the Quackwatch, NAHCF or the NACM websites. I've seen them all too often. But at least I know how to respond to those statements, so I'll take them one-by-one.

1. His comments on wellness or maintenance care are very common with anti-chiropratic enthusiasts. While there may be no "scientific" evidence at this time that this is warranted, let's get serious! Do I feel well or in peak shape when I neglect to get adjusted for months or even years? Of course not. I prefer to be adjusted either monthly or twice per month (if symptom-free). It would be hypocritical if I tell my patients to rely on overt symptoms before being adjusted if I don't. It's also common sense to get adjusted without symptoms and on a regular basis (would I neglect taking basic vitamins if I feel good?). This point should be tossed out.

2. The only test he talks about is muscle testing. This could be a good point with a few other tests, but the muscle testing is almost a non-point, except for deducing supplementation through them (in my opinion). I don't use many outside of basic muscle strength testing, so I can't comment further.

3. If chiropractic had the status of medical doctors, we wouldn't have to do any of these things, but we do and should not be ashamed to do so (health fairs, etc). Again, he misses an opportunity to go after truly ridiculous marketing schemes and blows it with "postural analysis" and thinks we should rely on exercise to correct this, as if every scoliosis patient just needs to be exercised to be perfect (where could that have come from?). Terrible point. Degenerative changes take a long time to become symptomatic, so why wait? Should we eat junk food until we have heart attacks to eat right? I guess he missed that along the way.

4. The human body never stays the same. You get better or worse. While I don't treat areas outside of symptoms unless requested (which happens more often than not), I would hardly condemn anyone who does. As far as the neck not affecting the lower back, the Pierce; Pettibon; upper-cervical-specific; golf certification program; etc. may have something to say about that. It's not wholly true.

5. Finally, a good point made well. (Big applause.)

6. Yes, taking a minimum amount of x-rays is good. Guess how osteoarthritis occurs? It is caused by subluxation over time with reactive bone remodeling. If suspected, definitely take an x-ray. Most horror stories I hear are from a DC not taking an x-ray and adjusting into a spondylolysis. How easy that could have been avoided with a lateral lumbar!

7. Yes, true, unless they are going through corrective care via spinal biophysics or Pettibon, and they know they are not just going through a program to get out of pain (which they will be - long before correction).

8. Yes.

All in all, I really expected a lot more from a DACBSP. I used to look up to them. This article I would consider to be a "dropped ball." He misses a chance to give a good evaluation of how to look for a good chiropractor, and doesn't deliver.

Glen Peterson,DC,CCSP
La Salle, Illinois

(*Editor's note:* Here is a sampling of three emails sent to Dr. Andersen):

"Needed to be said"

Great article, but you are going to take a bit of *!$# for it. I applaud your stance, although it probably would have been best to say the good stuff first. Nice job; needed to be said.

I come from a different position then most chiropractors. I am a staff physician in a large (90) multispecialty practice of doctors in NJ. I believe that if more DCs were to follow your advice, they also could be doing what I am doing.

James McDaid,DC
Summit, New Jersey

"Refreshing"

What a refreshing article. I think I will distribute copies to all my patients!

Tom Yankush,DC,FACO
Boardman, Ohio

"Would you mind my reproducing it?"

Good article, doc. Would you mind my reproducing it (crediting your authorship and DC) for my patients and referring primary care medical/osteopathic physicians in the hospital here at Scott Air Force Base?

David Ward,DC,DACBSP
375th Medical Group-SGCPC
Scott Air Force Base, Illinois

"The old chiropractic principle ... still works"

Dear Editor:

The article suggests that a "bad" chiropractor will continue to treat a patient when symptoms are relieved. The author does not recognize the fact that symptoms are the last thing to appear and the first to go away. The asymptomatic patient can have underlying conditions, which is why the medical profession suggests examinations and tests on people who "feel good" in order to detect conditions they are unaware of. Relieving symptoms is a small part of correcting the conditions that bring them to the office.

A "bad" chiropractor performs postural studies on people with no pain. I guess it's OK for school nurses to check children for curvatures in the absence of pain, but not chiropractors.

Practically every chiropractic patient is a medical failure, in that he or she has to have been to the family physician, orthopedist, neurologist, etc., who has said that because x-rays did not show fractures, bone disease or dislocations, there is nothing wrong, or if there is a thinning disc, the doctors recommend surgery or expensive prescriptions to kill the pain, while the conditions get worse. And we are told to send these people back to the same doctors who didn't help them in the first place!

The author left out the true test of a "bad" chiropractor: He's the one who uses words like "subluxation," "adjustment," and speaks of interference in nerve supply, or may even mention "life-force." He may talk of correcting the basic underlying cause of the condition that may be remote from the spine. Yes, the "bad" chiropractor may even have the audacity to treat conditions other than back pain.

The old chiropractic principle of correcting subluxations to allow the body to restore itself to health has worked for over 100 years, and guess what? It still works!

Arthur Kreiger,DC
Greenport, New York

"How to Pick a Chiropractor with a Weak Belief System"

Dear Editor:

Obviously, Dr. Douglas Andersen suffers from excessive letters following his DC degree.

I thank God that I didn't listen to a chiropractor using his guidelines when I ruptured two discs in my neck. Two chiropractors that worked on me said I probably needed surgery and suggested I see a neurosurgeon.

Fortunately, I found an elderly semi-retired chiropractor working out of his home who believed he could help me, and adjusted me as much as three times a day initially. (That's right - per day. There goes that treatment theory!) It took almost a month before I could sleep lying down. It was almost four months before I was anywhere near feeling normal. During that four months I went three times a week.

I was lucky to find a chiropractor that believed in the capabilities of his profession.

Since that time I have been more apt to treat patients for much longer periods of time; especially those who have been to all the other "specialists." I have discovered absolute reversals in declining

health in patients, and believe strongly in the power of what we are doing as chiropractors.

Dr. Andersen bases much of his treatment protocol in pain. I guess a patient whose leg collapses while walking but doesn't after a spinal adjustment does not warrant care because the person is not in pain. Poor muscle performance leads to injuries, bursitis, tendinitis, and degeneration of joint space.

I guess if Dr. Andersen becomes a cardiologist, he'll tell his patients, "Since those chest pains are gone, you're probably OK."

The title of his editorial should have been: "How to Pick a Chiropractor with a Weak Belief System," or "How to Choose an Inept MD Wanna-Be."

J. Randall Short,DC
Newport News, Virginia

Food for Thought on Food for Thought

Dear Editor:

I would like to echo the sentiments of Dr. Andersen. It is refreshing to read a voice of professionalism and reason. His stance, although regrettably contested by many in our field, represents that component of our profession for which I am proud to call colleagues. Frankly, I am embarrassed by the large number of patients I have seen that seek second opinions after experiencing outrageous sales tactics, or have been given exceedingly bleak prognoses by chiropractors (unless they sign up for expensive prepaid treatment plans). A health care provider of any discipline should serve his or her patients by encouraging and empowering them to practice a healthy lifestyle, and not become dependant on any crutch, be it protracted maintenance care or the overutilization of medication.

Scott Gilford,DC,CCSP
Poway, California

On Regulating Growth of Chiropractic

I want to thank you for bringing up the plight of new doctors (See article, "Regulated Growth? Hard Questions that Need to be Faced," in *DC,* December 15, 2001, volume 19, number 26). I graduated, at nearly 48 years old, in December of '98. I had dreamed of being a chiropractor for 25 years. Before enrolling in some "pre-rec" courses in '93 at Life U., I interviewed four doctors who'd been in practice at least 10 years, and all encouraged me to proceed. I spent the next five years, all my savings, and went over $100K in debt becoming a chiropractor. Now, at 50, I am barely eking out a living.

I worked two years illegally in my apartment, but I have a beautiful office now. My aged aunt gave me a 1987 Sunbird when I graduated, and I sold my old Grand Prix to buy my table. All my other equipment has been acquired a little at a time, and I own it, such as it is.

Of those four doctors who encouraged me to follow my dream, two sold out. One other is planning to do so next year. They are all, incidentally, terrific doctors. (The oldest is 51.) They don't like the

competition, or the hassles with insurance companies. And they especially don't like the drop in income they've had pursuant to negotiated rate structures.

Since I had several other college degrees, I realized quickly that chiropractic school is not like other professional schools. It's basically a trade school run by profit-motivated administrators. Each school is a discreet entity eyeing the others suspiciously as competition. The common good of the profession isn't an issue.

You are quite right about medical schools limiting their enrollment based on the number of MDs expected to leave the profession through retirement, death, or attrition each year. Did you know that this is done in every profession I can think of except chiropractic? As long as chiropractic schools operate from the mindset of proprietary trade schools, that will never change.

The trade-school mentality grew naturally out of our exclusion (some of it self-imposed) from traditional university settings. (We used the academic title "doctor" long before we were really academics.) Many of our predecessors had very limited education, but a strong entrepreneurial spirit. That can-do, make-a-buck way of looking at the world, coupled with rejection of and by the academic establishment, made for training arenas that looked more like beauty colleges than institutes of higher learning. The federal student loan programs made money available, and the exemplars cashing in on the high-dollar days of insurance parity brought in students in droves.

The balloon is deflating now, of course. The growth of the profession is being regulated - by harsh reality! Hundreds of new grads are waiting tables and tending bar, and mountainous student loans in deferment and on the Ford plan grow unrecognized as the bad debts that they really are. I could weep when I run into my classmates with sad eyes and strained smiles and none of the *joie de vivre* that used to characterize them.

I read in your publication that the year I started at Life, only a small percentage of people had PPO/HMO plans, but now it's the majority, by far. What a rude awakening it is to find out that no new doctors are being admitted to such plans except in remote areas. Thus, when a prospective patient looks in his plan coverage books for a chiropractor that takes his insurance, the only names to be found are doctors who've been in practice for years. Since this creates a protected market for established doctors, the powers in the profession are not about to do anything to push any willing provider legislation. And the new guys don't have the money, time, or experience to do it.

What's working for my classmates? The only classmates I know of who are doing well after these three years since graduation are those who had resources. One guy had lots of credit cards; one gal had a wealthy granny backing and a mom willing to work for free; another had a big lump of cash from a 401K and a wife with a good job; and several had long established family practices to join. I only know of one person who was able to secure a bank loan for start-up money.

As in every aspect of life, money means choices when you become a DC. My classmates who had money were able to identify good places to practice and move there, buy screening equipment, market heavily, and hire consultants, in some cases. They had money to live on while they were getting off the ground.

All new DCs have the insurance problem and have to come up with creative approaches to handling the money issues, once they've finally gone out and lassoed some patients who haven't been choosing from a preferred provider list. Unfortunately, every creative approach I hear of seems to violate some law. For example: Monthly family plans constitute the practice of insurance without a license; pre-pay programs imply the promise of a cure. You can't charge a cash patient less than a PI or indemnity patient, because it constitutes a dual fee structure.

The solution? I don't think there is a fix for our new graduate troubles except for natural attrition and declining enrollment. The market always adjusts itself over time, even if the schools won't do their part. The hellishness of it is that so many promising careers are never going to happen, and so many lives have been ruined by the broken dream and crushing debt, and so many years of earning power have been lost while people went to school instead. I wonder how many suicides there have been (and will) be as a result. Lots, I expect.

A.M. Kosa,BA,MA,DC
Alpharetta, Georgia

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