

## We Get Letters & E-Mail

"recipe for failure"

Dear Editor,

Thank you for your thoughtful words in your article, "Regulated Growth? Hard Questions that Need to be Faced" (*DC*, December 15, 2001, volume 19, number 26).

I am a 1987 Palmer West graduate and valedictorian. I saw the "handwriting on the wall" some time ago. I was even more concerned when I went back to my alma mater about five years ago to guest lecture for the 4th quarter philosophy class. Two points hit me really hard that day: Not one person in the class chose to be a chiropractor because they felt a deep affinity with the underlying philosophy of D.D. Palmer; and many students said they would be coming out of school with well over \$100,000 in student loans.

This is a recipe for failure. I do not think the solution is regulated growth. I believe the free market will work things out, if left to do its work. What is needed is the affordable development of quality chiropractors, along with an effective way to give the public a chance to find out what we can do for them.

I came from a holistic personal and professional frame of reference when I entered chiropractic college. I was acutely aware (in the mid-1980s) of the tension between our school's desire to gain credibility within scientific, political and educational circles (on one hand), and the need to honor the spirit of our profession's vitalistic traditions. Science - our society's main gatekeeper of reality - had not developed the ability to adequately measure and validate the subtle energies we as chiropractors work with on a daily basis. This tension led to quite a schizophrenic education, and I feel some of this has gone on to infect the entire profession, which is in real danger of losing its core identity.

I think that the healing of our profession must include the following aspects:

1. recognition that chiropractic is an art based on a particular philosophical point of view, and is in the process of seeking scientific validation that will likely come from breakthroughs in science's ability to measure subtle energy and subtle energy fields;
2. recognition that very often the vertebral subluxation is an effect, and that we need to address the causes of the subluxation in order to promote true healing;
3. recognition that the key elements of a deeply healing doctor/patient relationship develop best within office visits of at least 15-20 minutes in length - sometimes longer;
4. recognition that the odds of helping patients increase dramatically when all of the following elements are open to being addressed: joint health; soft tissue health; proper breathing; correct posture and efficient movement strategies; healthy food and drink; lifestyle; stress management; proper rest and exercise; mental and emotional well-being; and environmental issues such as air, soil, and water quality. (Chiropractors need to be willing to help in these

areas and/or set up professional relationships with experts.)

5. a free-market chiropractic education environment so that students can get a better education for less money;
6. establishment of "para-professional" training programs so that chiropractors can responsibly delegate appropriate tasks, in order to reduce the cost of doing business, so that fees may be kept affordable;
7. continued development of win-win relationships with medical doctors not just for financial gain (We have much to offer open-minded physicians, and vice-versa. The establishment of trust and proper boundaries is key here); and
8. a well-thought-out PR and advertising campaign that focuses on our strengths, from a consumer benefit point of view.

I hope these thoughts are helpful in promoting a fruitful dialogue among the dedicated doctors in our profession.

*David Kamnitzer, DC*  
*San Diego, California*

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*(Editor's note: The following letters are directed at Dr. G. Douglas Andersen's "Food for Thought 2002: How to Choose a Chiropractor" in the January 28 issue. This is the second issue we've included letters on this subject. Space does not permit us to print all the letters on Dr. Andersen's article, but these are representative.)*

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"I'm surprised *DC* printed it!"

Dear Editor,

Excellent article by Dr. Andersen, although I'm surprised *DC* printed it! I wish more chiropractors took this viewpoint. After over two decades of practice, I couldn't agree more!

*Gary Polizzotto, DC*  
*Atlanta, Georgia*

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"strongly personal opinionated mess"

Dear Editor,

That strongly personal opinionated mess should not have been approved for national publication. Saying things like, "...there is no scientific evidence..." for this and for that just opens the author up for "eating his words" when someone confronts him with this or that study, which will eventually happen. Many DCs now do in-house rehabilitation effectively and do not need to send patients with muscle weakness due to disuse atrophy "out to a therapist or a gym." Motor paresis and/or sensory paresthesia may be one of the few clinical signs in some neurological conditions. With only a small

percentage of the total nervous system capable of transmitting primarily pain, yes, there can be cases where the area of pain is not the primary area that requires conservative treatment. Most other points in his article sounded reasonable. Please, editors, try to temper some of your "on-the-fringe"-type articles, as some patients may end up reading these things and believing them as gospel!

*S.W. Engen,DC*  
*Kearney, Nebraska*

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Oppressed by the Mantra

Dear Editor,

It was right on and I am most thankful that others feel the same way I do. If I hear one more DE guru chanting the mantra of what they like to call "principle-based" or "subluxation-based" practice, I'll scream!

The trend in the profession for some is to try and convince us that symptoms mean nothing, and that care must be based on when the doctor determines you're healthy. Of course, this criterion is totally subjective and a mystery, usually based more on the limits of insurance, rather than on true clinical presentation.

I decry the rationalization of "eternal" 3-2-1 plans, prepaid yearlong programs, and so-called "subluxation-based" care that has become the cancer within our profession. The article sets the record straight, and is very honest and forthright. I am pretty sure (Dr. Andersen) will get some flack about it from the extreme left of our profession, if they take the time to respond. Luckily for you, they will quickly figure out that their abused and brainwashed patients are not likely to see DC, so they're safe!

I would like your permission to download your article (unchanged) to my website, which is under construction. I would like to provide a link where patients could read this well-phrased advice.

*Garth Aamodt,DC*  
*Grand Rapids, Michigan*

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"Keep on swinging, Dr. Anderson"

Dear Editor,

Bravo to Dr. Andersen for stepping up to the plate and taking a swing at bad chiropractic! Some of the pitches thrown by our colleagues should be "out of the park." His "Eight Warning Signs that You May Need a New Chiropractor" were all solid hits. My favorites were numbers one (wellness care), six (excessive x-rays) and seven (excessive visits). We are now in an era requiring standards of care. Each of his eight points highlights an area in which we have no backing, yet continue to practice. I may have added more substance to point two (questionable diagnostics). Certainly muscle testing falls into this category, but so does static surface EMG, thermography, Activator and other "challenge" methods.

Keep on swinging, Dr. Andersen. You are a high-profile, well-respected chiropractor who clearly

values proof above superstition, belief systems, dogma and smoke and mirrors. We need more of your kind on our team.

*John McDaniel,DC  
Mountain View, California*

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"...intra-professionally polarizing tripe..."

Dear Editor,

As a subluxation/posturally-based family chiropractor, I disagree with most of what Dr. Andersen wrote. It is certainly Dr. Andersen's right to dispense pseudointellectual bad advice to his own patients. However, I wonder why the editors at *DC* chose to publish such intra-professionally polarizing tripe as a featured column, especially in the absence of a juxtaposed "counterpoint" column.

Dissension has long existed in the chiropractic profession regarding the philosophy and application of our discipline. I do not intend to waste time or space in an attempt to change the views of Dr. Andersen or others of his ilk. However, a compelling case can be made for posturally-based and radiographically-monitored chiropractic intervention as a means to prevent degenerative processes and promote health beyond pain relief. (Consider "Structural rehabilitation of the spine and posture: rationale for treatment beyond the resolution of symptoms" by Troyanovich, et al., January 1998 *JMPT*). Strong and well-referenced arguments can be made in opposition to Dr. Andersen's limited vision of our profession. It is pompous and intellectually dishonest for him to pretend otherwise.

Although Dr. Andersen's practice emphasis is obviously different from mine, I do not assume him to be a bad doctor. And I do not begrudge Dr. Andersen his personal opinions, despite how foolish they seem to me. Considering the *DC* audience, though, his presentation of those opinions was arrogant and divisive. Apparently, according to the column, chiropractors who differ with Dr. Andersen's views are bad doctors with impure motives who brainwash their patients.

*DC* editorials have frequently (and rightly) pleaded for peaceful coexistence, cooperation, and unity among the various factions within the chiropractic profession. Dr. Andersen's egotistical column does not serve that goal. I urge you to exercise better editorial discretion in the future.

*R. Todd Shaver,DC,DICCP  
Wilmington, North Carolina*

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"Well said, brother!"

Dear Editor,

"Well said, brother!" I only hope that more would sing the same tune. Get ready for some less-than-favorable feedback! You left off the sham technologies so currently popular. You might have to concede a little bit on number four, i.e., an upper cervical adjust has been proven to relax specific muscles in all four limbs, and restoration of joint play should in most cases be beneficial. Yet the message is still brave and more accurate than most. Nice - very nice.

*Mack King,DC*  
*Cornelius, North Carolina*

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"...I feel sorry for this individual..."

Dear Editor:

I understand that there are differing opinions on chiropractic, its scope, and its philosophy. Rather than get into a debate about these issues, I would like to make one comment. Frankly, I was extremely disappointed and truly concerned. Basically, his mantra was, "If a patient doesn't hurt, he or she has no need for a chiropractor." I can't believe that he doesn't check his children for subluxation (assuming he has children)! I can't fathom that all chiropractors aren't checking their spouses and offspring, at least periodically, for subluxation, whether they hurt or not! I can't believe that a competent chiropractor wouldn't check the entire spine for subluxation, even if the patient's chief complaint is low back pain. Isn't that just "chiropractic 101?"

On a personal note, I really feel sorry for this individual and his understanding of chiropractic and subluxation. Whatever else he wants to add to chiropractic is up to him and his state laws, but to take away the very core of what chiropractic stands for seems unconscionable.

*George Auger,DC*  
*Greenville, South Carolina*

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"...one of the best ever read!"

Dear Editor,

"Food for Thought 2002" was one of the best I've ever read! You've captured everything I believe in and value about our profession. I'm glad to see that I'm not the only one out there that promotes your eight warning signs.

I would like your permission and doctor Andersen's permission to use the article for promotion in the Phoenix, Arizona area. No part of the article would be altered in any way. I'd like to get the word out there!

*David Shipitofsky,DC*  
*Scottsdale, Arizona*

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"Someone pinch me"

Dear Editor,

I simply cannot believe that someone as esteemed as Dr. Andersen would write an article as thoughtless and full of holes. I'm still re-reading it to ascertain an "April Fools' Day" statement hidden somewhere. Someone pinch me, unless I missed a few core chiropractic ideas.

1. Wellness or maintenance treatment.

What about the five phases of subluxation, or treating the cause, not the symptoms? Or are we to judge our treatment protocol based solely upon the "S" in SOAP and ignore the motor nerve impingement scenario entirely? I'm speechless!

2. Questionable diagnostics.

How would the patient "diagnose" weak muscles due to a serious disease? Are we not neuromusculoskeletal specialists? As Dr. Andersen states, if the patient has a nerve problem (such as carpal tunnel, lumbar nerve impingement or radiculitis), don't trust the expert in front of you if he doesn't refer you out. And how does the untrained patient determine that the DC is not utilizing motion palpation, Derifield leg checks, orthopedic/neurologic tests, or just plain intelligence to ascertain the problem in addition to the infamous "muscle testing"?

3. Silly marketing gimmicks.

Are you really falling for this? Oh, and by the way, if the tooth doesn't hurt, there's no reason to see the dentist; he just needs his next Lexus payment.

4. Treating areas that don't hurt.

Do the "Lovett Brothers" ring a bell? How about the various conditions caused by an atlas subluxation? Or are we to ignore 100-plus years of clinical research and refer only to double blind studies? Are we to completely ignore a preteen with obvious scoliosis, "waiting in the wings," until the patient admits he or she hurts?

5. Excessive visits.

Dr. Andersen, you've never had an arthritic exacerbation then, have you? There are four components of acute inflammation: pain, swelling, redness and heat. If you have an acutely inflamed joint (your only criteria for seeing a chiropractor), when you direct a high-velocity, low-force thrust into a zygapophyseal joint (that's called "giving an adjustment") you run a considerable risk of exacerbating inflamed tissue. How can you possibly stand behind your statement, "It is not normal to feel worse after treatment"? Oh wait - you don't. Please refer to item # 4: "When you receive treatment, three things happen: You get better, you get worse, or you stay the same."

It appears Dr. Andersen didn't think through his article for this edition, however, it obviously wasn't proofread by any other practicing chiropractor either. He revisits the valid point about working with other physician specialists frequently, but bombs on the rest.

I am embarrassed by this article, and sincerely hope that my patients don't read it. I look forward to a rewritten article that patients can use.

*Bryan Born,BS,DC  
Southfield, Michigan*

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Beware!

Dear Editor,

Your article is refreshing and accurate. Thanks for providing a voice of reason that our profession desperately needs. Only when our profession eliminates these questionable practices will we earn the respect that we deserve from the public and the medical community.

I would like to add warning sign number nine: Beware of chiropractors who want you to pay large sums of money up front, give you discounts if you do pay up front, and aggressively encourage you to charge up your credit cards or borrow from relatives to pay for the treatment plans they have recommended.

Well done.

*Jeffrey Schneider,DC*  
*Camp Pendleton Naval Hospital*  
*Oceanside, California*

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