

Subluxation - Before and Now

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No chiropractic concept has been greeted with more contention than the subluxation. From the turn of the century, the medical establishment has enjoyed demeaning the idea that "a bone out of alignment" can cause any health problem. Within the profession we had a faction that claimed the subluxation is the cause of all disease; another faction suggested that until we can scientifically prove the subluxation we should drop the model.

Some years ago it got so crazy that a chiropractic group boldly declared that finding and fixing the subluxation was all a DC had to do. Because of this, a movement began to change the "doctor of chiropractic" designation. This latter monocausal group wanted to distinguish itself from the "subluxation only" mentality. It denied the need for clinical examination and diagnosis. To them, spinal alignment was the sole mission of a chiropractor.

As you read this in 2002, you might find these extreme positions incredible. With the accumulation of more scientific data, we realize that although the subluxation is a great theoretical model for our researchers and clinicians, it is not the only cause of ill health. Further, the mandated training of a doctor of chiropractic as a primary care provider demands knowledge and skill to perform clinical evaluations of patients, render diagnoses and care, and refer to other professionals in the patient's best interest.

Where does this leave the subluxation? The subluxation model is more important than ever. It has great value in the clinical arena, as the neuroscience data reveal the highly complex neural circuits linking the central, peripheral and autonomic systems within the body. It has the potential for enhancing health not achievable by drugs and surgery. Research of the subluxation is central to our contribution to tomorrow's health care.

On the public front, subluxation is extremely critical. The public must be exposed to the significance of the chiropractic subluxation, and the fact that only a DC can detect and correct the chiropractic subluxation. Unlike a simple vertebral subluxation, the chiropractic subluxation is much more complex. As we define the chiropractic subluxation, it is not a simple spinal joint misalignment; it incorporates joint dysfunction with associated neurophysiological systemic effects. Thus, this theoretical model allows for chiropractic researchers and clinicians to look beyond the vertebral column.

Initially, other professions laughed at the subluxation hypothesis. In 1973, when chiropractic services for the correction of the subluxation were included in Medicare, neither MDs, DOs nor PTs wanted to use manipulation for the correction of the subluxation. As the years passed, however, our profession garnered public acceptance and increased in popularity - before complementary and alternative health care seemed to explode onto the scene. Before long, MDs with reduced income, thanks to managed care, reached out and attempted to usurp alternative care with "holistic" and "natural" medicine. Shortly thereafter, self-described medical experts were publicly marketing themselves as the gurus of alternative health care, including claimed expertise in spinal manipulation.

In spite of the fact that a study¹ revealed that DCs performed over 90 percent of spinal manipulations in the U.S., the investigator refused to use the nomenclature, "chiropractic adjustment" or "chiropractic manipulation." Instead, he equated all types of thrust manipulation to be one and the same. This appeared to be the stimulus for other professionals to say they performed spinal manipulation, which eventually led to managed care companies advertising to the public that they offered chiropractic services to the Medicare population. It also prompted the former secretary of Health and Human Services, Donna Shalala, to rule that chiropractic services could be performed by non-DCs. Thanks to the ACA, however, a lawsuit was filed against Dr. Shalala and HHS. The current HHS secretary, Tommy Thompson, recently reversed this misdeed concerning PTs.

Any attempt to reduce the chiropractic profession to a therapeutic modality (that can be used by any health care provider from MDs to massage therapists) must be halted. Several states have limited manipulation to DCs, MDs and DOs. Some other states have limited manipulation to DCs. I believe we must adopt another strategy. I suggest we limit the correction of the chiropractic subluxation to the techniques used exclusively by DCs, and no other professionals. Hence, the chiropractic subluxation can only be reduced by a chiropractic adjustment/manipulation. No other profession is trained to detect and correct the chiropractic subluxation, or vertebral subluxation complex (VSC).

Hence, the chiropractic subluxation involves joint dysfunction, along with muscle, nerve, fascia, vascular and histologic components. The chiropractic subluxation is for more than a joint misalignment or motion alteration. No other profession teaches the chiropractic subluxation or the chiropractic technique to correct it. Osteopaths use osteopathic manipulation to address what they refer to as the somatic dysfunction. MDs use medical manipulation for stiff joints, tight muscles, etc., but not for the chiropractic subluxation. Likewise, PTs use manual therapy to relax tight muscles, but not to correct the chiropractic subluxation.

In summary, we should identify the chiropractic subluxation as the theoretical model by which we approach our patients. We must educate the public that only a DC can correct the chiropractic subluxation. We must teach the public of the potential effects of the chiropractic subluxation within the limits of ethical communications.

One caveat must be observed: No patient receives chiropractic adjustments/manipulation for the correction of the chiropractic subluxation without a thorough clinical examination to determine the appropriateness of chiropractic care. At no time should the need for diagnosis be dismissed, while pretending that chiropractic detection is all we need to do. As research into the chiropractic subluxation continues, we will be able to present responsible data that it is in the patient's best interest to include chiropractic care, along with other health services. No one but a DC can address the chiropractic subluxation, in spite of the ability to perform manipulation. The disciplines of medicine, osteopathy and physical therapy do not teach the theory of the chiropractic subluxation, nor its correction.

The ACA should be commended for its campaign to "save our subluxation." My hope is that we ethically and vigorously brand the chiropractic subluxation with our profession as widely as the "golden arches" are branded to McDonald's. When this is achieved, we will have reached our rightful place within the health care delivery system of this country.

Reference

1. Shekelle PG, Adams, AH, Cassin MR, Hurwitz EL, Brook RH. Spinal manipulation for low-back pain. *Ann Intern Med* 1992;117(7):590-8.

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