

Exam Procedures Should Not Be Limited to Tests Related Solely to Chiropractic Technique(s)

K. Jeffrey Miller, DC, MBA

Chiropractic colleges teach a variety of chiropractic techniques. Each of these techniques usually has two components: a system of analysis, and a system for delivering the adjustment. Most of us begin gravitating toward one or more of these techniques while still in chiropractic college. Our preferences were influenced by field practitioners; personal results; teachers; other students; literature; comfort; and many other factors. Some became purists focusing on a single technique, while others (myself included) decided to use a combination of two or more techniques. Chiropractors are usually very proud of their technique choices and will often identify themselves by their technique. For example, "I'm a Gonstead practitioner."

Being proud of our techniques is important. They are our heritage and our future. Our methods of identifying and correcting the subluxation complex are what distinguished us from other health care practitioners and are what will continue to distinguish us as health care evolves. It is safe to say that our success over the past 100-plus years has been because of these unique techniques. Thus, our most important tools are our technique systems, right? Right!

Despite our emphasis on the subluxation complex over the course of our existence, chiropractors and chiropractic colleges have adapted several evaluation procedures from our allopathic counterparts. Histories, physical examination procedures, orthopedic and neurological tests, and lab and imaging studies are utilized daily in modern chiropractic. Most practitioners mix and match chiropractic technique analysis and medical examination procedures. However some choose to utilize technique-based analytical procedures exclusively.

Exclusive use of technique analysis is often based on philosophical reasoning. This direction may also be taken after coming to the realization that many of the medically based procedures are often unfruitful with the average chiropractic patient. It is not unusual to examine the patient with considerable health complaints and not encounter a single positive orthopedic or neurological test. Yet, several technique-related findings would be evident. Over time the doctor may begin to think technique analysis is all that is necessary. Despite the reason(s) listed, exclusive use of technique-based analytical procedures is risky. It must be remembered that it is often the absence of certain positive findings that helps confirm a patient has a chiropractic case.

I firmly believe that 99 percent of the patients who enter a chiropractic office are subluxated. I also believe that while almost everyone is subluxated, not everyone needs an adjustment. Patients with primary cancers; secondary cancers; carotid artery blockage; aortic aneurysms; vertebral artery compromise; cauda equina syndrome; meningitis; upper motor neuron lesions; and other ominous conditions may be subluxated, but they are better off in the care of our allopathic colleagues. Identifying these ominous conditions and making proper referral is often dependent upon use of the procedures we have adapted from the medical world, not on technique analysis.

While our emphasis is primarily on the subluxation complex, doctors of chiropractic are not

excused from the responsibility of ruling out other disease processes or contraindications to adjusting. Nor are we excused from abandoning skills learned in school or failing to stay abreast of professional advancements. While I admire the purist's philosophical stance and understand wanting to skip over the medical-based procedures to get to the chiropractic analysis, I doubt that an admiring, understanding chiropractor will ever be allowed to sit on a malpractice jury when another doctor's methods of evaluation and diagnosis (or lack thereof) are challenged.

K. Jeffrey Miller,DC,DABCO
Shelbyville, Kentucky

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