

Prevention in Chiropractic Practice: The Public Health Effort

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If there is one aspect of patient care of which a chiropractor should become an advocate, an expert or a champion, it is *health promotion and prevention*. Whereas our health care system often focuses on providing outstanding crisis intervention, health promotion and prevention (HPP) are areas of increasing interest.^{1,2} More people are willing to take on active roles in staying healthy, as evidenced by the billions spent each year on exercise equipment, herbal and nutritional supplements, etc. Doctors of chiropractic can play an important role in counseling patients on appropriate prevention and health promotion activities, thereby assisting their patients in the pursuit of health excellence.

Prevention and Chiropractic

The U.S. Department of Health and Human Services' *Healthy People 2010* document states that the goals of health professionals must be to promote wellness, and to recommend preventive practices for their patients. The overall goal expressed in *Healthy People 2010* is to add *quality* to years of life for all persons.³ Chiropractic has, since its inception, been a profession with the goal of improving quality of life and helping patients to achieve optimal wellness. Recently, a "wellness" movement has been gaining momentum in all health professions; a trend reflected in chiropractic literature and in the lifestyles of our patients. There have been several recent articles published on the topics of wellness, health promotion, and prevention as they relate to chiropractic practice.⁴⁻⁹ In this column, I will offer a brief overview of prevention in chiropractic practice, with an eye on how our respective chiropractic philosophies flavor our practice choices.

Prevention Defined

Traditionally, preventive practices are divided, for the sake of discussion, into three categories:^{10,11}

- primary prevention
- secondary prevention
- tertiary prevention

Primary prevention essentially means those activities or practices that help the patient to avoid developing a disease state altogether.¹¹ Of course, primary prevention is essential, and includes the best strategies to maintain wellness in our patients. A chiropractor interested and engaged in primary preventive practices will naturally strive for a positive impact on the wellness and health of patients over their lifetimes. Although there have not yet been scientific studies documenting the effects of long-term regular chiropractic care on overall health status, the lack of proof does not disprove the theory that regular chiropractic care is a type of preventive health practice.

(Note: I have four children who have essentially never taken any medication or drugs of any kind. The only "health care" they have received in the past 17 years is regular chiropractic adjustments. They have been extremely healthy, and if any of them ever gets the sniffles, they ask to be adjusted, and almost instinctively force fluids and rest more. This speaks for those raised in an environment of health promotion and prevention, rather than symptom management, as is common in mainstream medicine. We may have just been very fortunate, but it seems that chiropractic management has served us well. There are also thousands of similar families where chiropractic care is as the primary, in-house prevention strategy.)

Secondary prevention includes any activities or practices that help to identify conditions early so that the negative impact on the patient's health status will be minimal.¹¹ Many conditions (with early detection) are completely reversible for US chiropractic patients aged 65 and older, Part II. J Manipul and Physiol. Identifying disease states early could mean the difference between a simple outpatient procedure (such as a biopsy or removal of a pre-cancerous skin lesion), and death (should the cancerous lesion go undetected and metastasize).

In a chiropractic practice, secondary prevention could include early scoliosis screenings to determine imbalances that could result in potentially devastating pain and disfigurement without proper management. Another example would be regular chiropractic examinations to determine the presence of chiropractic spinal misalignments. Chiropractors may also choose to recommend a range of evidence-based health screenings, such as regular breast self-exam, prostate exams, blood pressure screenings, etc.

Tertiary prevention essentially means preventing or lessening the impact of the disease or condition, once it becomes clinically apparent.¹¹ It focuses more on the maintenance of functional status and independence in a diseased state, or to delay progression of the condition's progression.

*"Tertiary prevention services to retard the progression of established disease and disability are a major health promotion challenge...."*¹²

An example of tertiary prevention would be to counsel the chiropractic patient on appropriate diet and exercise to minimize the negative impact of diabetes on the previously diagnosed patient in your practice. Another example might be to use chiropractic care to decrease the musculoskeletal pain and increase joint motion in a patient with an extremely compromised health status due to arthritis, AIDS, or other disease states.

Summary of Prevention Terminology

- primary prevention: prevents disease
- secondary prevention: early detection of disease
- tertiary prevention: lessening disease impact, once detected

As you can see, in the preceding paragraphs, most chiropractors are engaged in some level of preventive practices. However, prevention is only one part of the whole health picture.

In a future column, we will explore the role of *health promotion* in chiropractic practice, and discuss ways in which chiropractors can impact their patients' health status over the course of a lifetime.

How Can I Become More Involved?

Do you feel that chiropractic and the promotion of good health go hand in hand? Would you like to

be more actively engaged in the chiropractic public health effort? Consider becoming involved as a member of the Chiropractic Health Care section of the American Public Health Association (APHA-CHC). I have been a member of this powerful patient advocacy group for over six years. I feel it offers a level playing field in which chiropractic can (along with other health professions) make a difference in the health of our nation, and in our communities.

Check it out at: www.apha.org. For membership information, please contact APHA-CHC membership chairperson Dr. Cheryl Hawk at Hawk_C@Palmer.edu.

References

1. Talarico LD. Preventive gerontology: strategies for optimal aging. *Patient Care*. May 15, 1995;195-211.
2. Jamison J. Exploring the behavior of chiropractic patients. *Chiropractic J Australia* Sept. 2000;30(3):96-101.
3. US Dept of Health and Human Services: *Healthy People 2010*. DHHS. 2000.
4. Hawk CK. Should chiropractic be a wellness profession? *Top Clin Chiro* 2000;7(1):23-26.
5. Hawk CK, et. al. Chiropractic care for patients aged 55 years and older: Report from a practice-based research program. *JAGS*. 2000;48(5):534-545.
6. Rupert R, et al. A survey of practice patterns and the health promotion and prevention attitudes of U.S. chiropractors. maintenance care: part I. *J Manipul and Physiol Ther*. 2000;23(1):1-9.
7. Rupert R, et al. Maintenance care: health promotion services administered to U.S. chiropractic patients aged 65 and older, Part II. *J Manipul and Physiol Ther*. 2000;23(1):10-19.
8. Hawk CK, Dusio ME. A survey of 492 chiropractors on primary care and prevention related issues. *J Manipulative Physiol Ther* 1995;18:57-64.
9. Sawyer CE. The role of the chiropractic doctor in health promotion. *proceedings of the 1992 International Conference on Spinal Manipulation*. 1992; May 15-17: 216-217.
10. Kane RL. The public health paradigm. In: *Public Health and Aging*. T. Hickey, M. Speers, T. Prohaska editors. Johns Hopkins University Press. Baltimore, MD. 1997. ISBN 0-8018-5558-6.
11. U.S. Dept of Health and Human Services. Office of Disease Prevention and Health Promotion. *Clinician's Handbook on Preventive Services*. 2nd Edition. U.S. Government Printing Office. 1998. ISBN 0-16-049227-0.
12. Hickey T, Speers MA, Prohaska TR. *Public Health and Aging*. Johns Hopkins Press. Baltimore, MD. 1997. pp 93-94.

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