

Q & A on the ICA

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Editor's note: We asked Dr. Klapp to write an article to answer some frequently asked questions about the ICA. "I happily accepted this challenge," Dr. Klapp commented. Here are the results.

Q: Why is there an ICA?

A: The answer begins in 1926, when B.J. Palmer started the International Chiropractors Association to defend chiropractors who had been accused of practicing medicine without a license. Another mission of the association in those early days was to get licensing laws passed in the states where none existed.

Here is an excerpt of the first constitution of the organization that came to be known as the ICA:

"The organization shall aim by research, publicity, combative and defensive legislation, lawful legal protection, cooperation, and in every legitimate and ethical way, to promote and advance the philosophy, science and art of chiropractic and the professional welfare of its members to the end that every locality shall have knowledge of chiropractic and have the unhampered right and opportunity of obtaining the services of chiropractors of unquestionable standing and ability; this organization without reservation affirming its belief in the justice of the principle of allowing the sick to seek and obtain the services of practitioners of their own choice, of whatever calling, or school; and this (organization) to undertake to attempt everything that it can legally and lawfully do in the defense of this principle."

In other words, the ICA was founded on the principle that everyone deserved to have the right to choose a chiropractor if they wanted to. Remarkably, the association's mission today is virtually the same as in 1926. Below is the current mission statement of the ICA:

"The mission of the ICA is to advance chiropractic throughout the world as a distinct health profession predicated upon its unique philosophy, science and art, to improve access to chiropractic services and to promote the professional excellence of its members."

The ICA has historically existed and exists today to represent, promote and protect its members and its view of chiropractic, and to advocate for its concerns and issues.

Q: What views, concerns and issues of chiropractic are so important to ICA members that they would maintain another national association to represent them?

A: Let's make something clear. We are not just "another" national association. We were the first national association. The ICA is over 30 years older than the modern-day ACA!

The ICA exists to represent, protect and promote the profound and timeless principles of chiropractic. We believe chiropractic is and should remain a nonduplicating, separate, distinct practice and profession.

Q: What are the "profound and timeless principles of chiropractic?"

A: Here are the most important principles:

- There is a relationship between the articulations of the skeleton and the nervous system. That relationship plays a vital role in the restoration and maintenance of health.
- Abnormalities of structure or function in the vertebral column are known as the vertebral subluxation complex.
- Vertebral subluxation complex includes any alteration of the biomechanical and physiological dynamics of contiguous spinal structures that can cause neuronal disturbances.
- The body is a self-healing organism. A major determining factor in the development of disease or dysfunction is the body's inability to comprehend its environment either internally and/or externally. Directly or indirectly, all bodily function is controlled by the nervous system. Consequently, a central theme of chiropractic theory on health is the premise that abnormal bodily function may be caused by interference with nerve transmission and expression due to pressure, strain or tension upon the spinal cord, spinal nerves, or peripheral nerves as a result of a displacement of spinal segments or other skeletal structures (subluxation).
- The practice of chiropractic consists of the analysis of interference with normal nerve transmission and expression produced by abnormalities of one or more vertebral motor units or other skeletal structures and the correction thereof by adjustment of these structures for the restoration and maintenance of health, without the use of drugs or surgery. (The ICA considers the therapeutic use of drugs and surgery to be the practice of medicine.)
- Chiropractic care utilizes the inherent recuperative powers of the body for the restoration and maintenance of health through the normalization of the relationship between the spinal musculoskeletal structures and the nervous system.
- Chiropractic science recognizes that essentially only the body heals and, therefore, holds forth no cure for disease.

These are the principles upon which our profession and practice were founded. They are the truths that form the foundation of our present - and we believe, future - success in the health care marketplace.

Q: What does the ICA do to represent, protect and promote these principles?

A: We continue to represent the concerns and issues of our membership in all of the various chiropractic political arenas: the Council on Chiropractic Education (CCE), the World Federation of Chiropractic (WFC), the Council on Chiropractic Guidelines and Practice Parameters (CCGPP), the Congress of Chiropractic State Associations (COCSA), etc.

We advocate for our principles in various national and state legal and legislative activities. We present many seminars and continuing education programs throughout the year which are designed to teach doctors of chiropractic these principles and subjects that are related to the practical application of these principles. We are committed to our members' success, both personally and professionally.

We have four "councils" (the ICA currently maintains councils on imaging, pediatrics, health and

fitness, and applied chiropractic sciences) designed to promote these principles within the context of specialized practices.

Q: Isn't the ICA just a "horse-and-buggy" organization whose members are mostly elderly DCs?

A: The ICA is made up of a cross-section of chiropractors across the demographic spectrum. We are united by our view that chiropractic is a unique, nonduplicating, separate and distinct form of health care. We are united by our belief that the practice of chiropractic should, by its history, tradition, science, art and philosophy, be centered on the detection, management and/or correction of the vertebral subluxation complex.

This view represents a relevant and effective model of health care that is growing in cultural acceptance and popularity.

The ICA is an up-to-date, technologically savvy organization that represents a view of health and wellness that we believe is at the cutting edge of cultural and societal transformation.

Q: Does the ICA oppose the use of "ancillary procedures" in chiropractic practice?

A: No. If you use "ancillary procedures," you are welcome to join the ICA. We care more about whether you are primarily concerned with the correction and management of the vertebral subluxation complex than about the procedures you use in your office.

The ICA's *Handbook of Policy Statements* on "The Practice of Chiropractic" states: "The doctor of chiropractic may elect to use appropriate ancillary and rehabilitative procedures appropriate to the area of subluxation dysfunction in support of the chiropractic adjustment, nutritional advice for the overall enhancement of the health of the patient, and counsel for the restoration and maintenance of health." [The ICA's *Handbook of Policy Statements* is available on our web site (www.chiropractic.org) or by calling the ICA at (800) 423-4690 and requesting a printed copy.]

Q: Does the ICA oppose diagnosis in chiropractic?

A: Of course not. The ICA's policy on diagnosis is that it is the responsibility of the doctor of chiropractic to employ those diagnostic procedures necessary to:

1. determine the appropriate case management;
2. monitor the effectiveness of chiropractic care;
3. provide the patient counseling and a prognosis for the future;
4. differentiate a chiropractic case from a non-chiropractic case; and
5. determine the need for referral to another health care provider.

Q: Doesn't the ICA oppose referral to other health care providers?

A: Absolutely not! When the chiropractor diagnoses a condition that exceeds the education and legal authority of the doctor to care for, it is the moral and ethical duty and responsibility of the doctor to refer that patient to practitioners in other fields of healing. These fields include, but are not limited to, other doctors of chiropractic, medical doctors and doctors of osteopathy.

Q: Doesn't the ICA espouse a view of chiropractic that some might consider "religious?"

A: I challenge anyone to find anything remotely "religious" in our *Handbook of Policy Statements*.

The propagation of this myth is a tactic used by our detractors (inside and outside the profession) to characterize us as unscientific and outside the mainstream of social acceptance. In the ICA's

Handbook of Policy Statements, there is no reference whatsoever to any deity, no unscientific claims, and no wild theories.

Q: Isn't the ICA used by certain individuals for their own purposes, disregarding the needs and wishes of the membership?

A: The ICA has had its share of strong, iconoclastic leaders. So has the ACA. These leaders have had a tremendous influence in shaping the profession and the associations as they exist today.

More to the point, the ICA is a democratic organization whose membership votes in well-controlled and audited elections. No individual or group of individuals "uses" the ICA. The ICA belongs to its members and exists to bring together doctors of chiropractic with common goals and views.

If ICA members are unhappy, they have every right, opportunity and obligation to make changes in their leadership.

Q: There is a perception in the profession that the ICA, due to its rejection(s) of merger with the ACA in the 1980s, has been (and remains) the main impediment to professional "unity." How would you respond to that perception?

A: In my opinion, lack of "unity" in chiropractic has absolutely nothing to do with the relationship between the ICA and ACA.

Consider this: if the ICA and the ACA merged, the resulting organization would represent less than 30% of the profession in the United States. Would that be "unity"?

What about the 70% (or so) of doctors of chiropractic who remain members of nothing? What effect on "unity" are they having? The doctors who take no stand whatsoever on where they would like to see the profession go in the future are arguably the primary cause of "disunity" in the profession.

What about the colleges? They teach widely divergent views of what a doctor of chiropractic is supposed to be. What effect are they having on "unity"?

What about the National Board of Chiropractic Examiners and their effect on "unity"? They test students based upon a medical, allopathic model of practice. They certainly aren't testing the competency of a student on the profound and timeless principles of chiropractic.

In my opinion, unity cannot exist as long as there are two schools of thought about what chiropractic is and what chiropractic should be in the future.

On one side of the issue are the doctors, who strongly believe chiropractic should remain a nonduplicating, separate and distinct healing art, centered on the detection, correction and/or management of the vertebral subluxation complex. This is the viewpoint held by the membership of the ICA.

The promoters of the oxymoronic "doctor of chiropractic medicine (DCM)" hold the other viewpoint. These promoters consist of leaders of certain colleges, organizations, institutions, councils, state boards, etc. who wish to convert chiropractic into a redundant, allopathic, medically oriented profession and practice. They persist in trying to change 100 more than years of successful, generally subluxation-centered practice to something else.

The very idea that the word "medicine" is being used as an adjective to the word chiropractic is extremely offensive to ICA doctors. Imagine our dismay when the Florida legislature changed the

name of the Florida Chiropractic Board to the "Board of Chiropractic Medicine"!

The term "chiropractic medicine" is fraudulent and misleading to the public. There is not a single state, province or nation in which a doctor of chiropractic is authorized to legally prescribe or dispense "medicine" of any kind. The state of Florida should be taken to task for misleading the public with the deceitful act of implying that chiropractic has anything whatsoever to do with "medicine."

ICA doctors (and many non-ICA DCs, for that matter) have a difficult time "unifying" with the DCM promoters who apparently believe vaccinating children on their chiropractic college campuses is a good idea. ICA doctors think medical vaccinations are dangerous and unnecessary. The latest research is confirming what we've believed about medical vaccinations all along.

The DCM promoters apparently believe chiropractic practices should be based upon treatment of symptoms with drugs and surgery, with "chiropractic manipulation" an optional "therapy." ICA doctors focus on the structural and neurological causes and corrections of disease. We believe that the correction and management of vertebral subluxation complex and removal of nerve interference is a workable model of health and wellness. We recognize the body as a self-healing organism. We practice a science, art - and yes, philosophy - that we believe optimizes human health and potential.

While society begins to embrace our philosophies and principles, the DCM promoters, in their craving for social and cultural acceptance, or for acceptance by the medical community, are abandoning them. I consider this abandonment akin to selling the rights to the lightbulb just as everyone is getting electricity.

Until these two visions of the future of chiropractic can be reconciled, or until some agreement can be reached regarding the future of the profession, unity is not likely in chiropractic.

Q: Is the ICA against "unity"?

A: No. In July 1996, we thought there was a breakthrough in chiropractic "unity" when the presidents of all 15 North American chiropractic colleges signed the Association of Chiropractic Colleges' position papers #1 and #2.

These position papers outlined a unified position on the definition of chiropractic scope and practice. These papers were (and are) consistent with chiropractic principles as viewed by the ICA. The ICA Board of Directors - along with many other chiropractic organizations - voted to endorse the document.

Unfortunately, these position papers have been virtually ignored since. Some college presidents have apparently forgotten the fact that they signed these documents, considering some of the "chiropractic medicine" promotional activities of their colleges.

In this era of the movement toward "chiropractic medicine," and a chiropractic education-accrediting agency that is moving ever closer to approving a medical, allopathic curriculum, is it any wonder that ICA members are concerned about the status of the profound and timeless principles of chiropractic?

When the subject of "unity" is discussed, it is often in reference to the ICA's relationship with the ACA. Historically, the differences between the ICA and ACA have centered on the disagreement over the allopathic/medical movement in chiropractic.

Q: Some people have suggested that the ICA is too small to be relevant. How would you respond?

A: If by "small," one means over 7,000 members, then I guess we would be considered small. However, we certainly are relevant!

The ICA, by virtue of its 73-year history and its presence in (and influence on) nearly every political forum within the chiropractic profession both nationally and internationally, is very relevant.

I believe the ICA's most significant weakness has been our failure to get our message out to the profession. If every doctor of chiropractic were to read and grasp the significance and meaning of our Handbook of Policy Statements, he or she would likely be shocked at what the ICA really stands for, and how much he/she agrees with it! I believe most DCs are philosophically aligned with the ICA, but for reasons of misinformation, historical biases, and our failure to communicate our message, they simply aren't members yet.

Nearly all of the most popular, successful and influential chiropractic consultants and seminar presenters in our profession are ICA members and supporters of the ICA view of chiropractic. Perhaps one of the most significant yet little-known facts about the ICA is the sheer number of member doctors who have highly successful practices and support the ICA because of their personal commitment to its principles of chiropractic and practice. The ICA is in fact a worldwide community of the most successful chiropractors on earth!

Q: What is the ICA's vision of the future of chiropractic?

A: In the 1950s the dental profession changed their image from being brutal, tooth-pulling hacks (remember the dentist in "Little Shoppe of Horrors"!) to being concerned with the long-term dental wellness of their patients through promotion of dental hygiene.

Of course, they still had all of the dental "relief-care" patients they wanted, but their focus - and image - changed. Currently, dentists in many cities enjoy higher average incomes than MDs and DCs!

At the turn of the 21st century, chiropractic has an unparalleled opportunity to do the same. There is the unfortunate perception in our culture that doctors of chiropractic are low back and musculoskeletal pain doctors. This is the way many of us have portrayed ourselves. Just as the dentists continue to pull teeth, we can still take care of all of the low back cases, but with a different focus - wellness.

We have an opportunity to change the public perception of chiropractors and chiropractic by focusing on long-term spinal health and the wellness that inevitably results. We at the ICA firmly believe that there has never been a better time to be a doctor of chiropractic! This is the vision the ICA has of what chiropractic is and how it should be practiced. We have a big idea whose time has finally come.

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