

Chiropractors and Chiropractic Physicians

James Winterstein, DC, President, National University of Health Sciences

I have interacted with literally thousands of chiropractic doctors during the past 35 years. I have heard many opinions regarding what we as healing arts practitioners should be, what we should do, what we should have done, etc. I do not think, however, that the majority of those people have spent much time learning about the history of the profession of chiropractic and its origins.

When one studies the developmental years of this profession, before D.D. Palmer made his announcement regarding the discovery of chiropractic and began to lay down his concepts, it is clear that as a practitioner, Palmer treated a wide variety of human conditions, both as a "magnetic healer" and chiropractor.

The narrowing of the professional concepts was primarily a product of the thinking of B.J. Palmer, who moved away from the idea of treatment of various diseases as he described what his father had done as follows:

"The first accidental crude chiropractic adjustment of a vertebra was given in September 1895 by D.D. Palmer. Neither the art nor the science was formed at this time. Its growth remained practically dormant till 1903. Since which time his son, B.J. Palmer, DC, PhC, has developed it into a well-defined, nontherapeutical method ..."

That B.J. Palmer had an egocentric view of chiropractic is further illustrated by this quote: "The sympathetic nervous system is based upon superstition and while in vogue now, will not be in 40 years. It is unknown to the PSC and is replaced with a direct brain cell to cell nerve connection ... When I saw there was no use for a sympathetic nervous system, I threw it out; and then just had to put something better in its place, so I discovered direct mental impulse ..."

The point I wish to make is that chiropractic education and practice have evolved and changed dramatically, long before any of us were on the scene. That evolution continues to this very day. It is a natural process and in fact must occur as new knowledge provides new insights. Just as B.J. believed there was no such thing as a "sympathetic nervous system," those of Columbus' day believed there was no such thing as a round planet, so they made up what they wanted to believe.

Neither of those erroneous beliefs stood the test of time as new knowledge was developed and clearly demonstrated, through valid epistemological methods. As the world continues to change, so must our profession change, if we are to remain viable.

It is evident even within the pages of this publication that some of us wish to remain limited in education, and practice the "correction of spinal subluxations for the purpose of allowing the free flow of innate intelligence." Others want to practice "broad scope drugless healing in which articular manipulation forms a centerpiece of therapeutic endeavor directed at optimizing human health." Can we live together under the banner of a chiropractic profession and still fulfill our purposes?

Whenever and wherever I raise this question, those who support the "subluxation-based" concept of chiropractic education and practice object immediately - and often vehemently. They state that

what I propose as a viable concept of chiropractic education and practice is not chiropractic. The follow-up question then must be, "not chiropractic based upon what doctrine, rule, dogma, science or law?"

The reality is that the view that chiropractic education and practice can only be one thing is patently flawed from the start. Even the founder and his son could not agree upon exactly "what chiropractic is, or should be." In 1906, when B.J. Palmer had 24 students in his institution (hardly a well-established profession with rigid principles of philosophy or science), John Fitz Alan Howard, DC, opened the National School of Chiropractic and proceeded to teach a broad scope concept of chiropractic education and practice. It seems to me he had as much claim to "what chiropractic is, or should be," as anyone else. This is especially true, since the founder and his son were continuing their arguments even as Howard moved to Chicago in 1908.

This is the point: Our profession has been split from the beginning between the narrow scope of practice and the broad scope of practice, but all are part and parcel of the chiropractic trade. Anyone who denies this simply does not know the history of the profession.

It is time for us to capitalize on this concept. As you might have heard, about a year ago, a group of us formed a new academy called the American Academy of Chiropractic Physicians (AACP). The purpose of this organization was to promote to the profession, its patients, the public in general and the government, the concept that chiropractic doctors are physicians who practice broad scope primary care. We clearly recognize those who wish to specialize in specific areas of chiropractic practice such as radiology, orthopedics, neurology, acupuncture and others. We also recognize there are those who wish to limit their practices to the detection and correction of spinal subluxations.

What of the public, however? How do they know with which kind of chiropractic doctor they are consulting? If they consult with a broad scope primary care provider, they can expect to be examined fully. They can expect the DC to look in their eyes and ears; to palpate the abdomen; to listen to the heart and lungs; to provide breast examinations; and to perform prostate examinations or gynecologic exams based upon clinical indications. They can expect this practitioner to provide spinal manipulation (if indicated), and to provide nutritional advice, perhaps nutritional supplementation, acupuncture and various other therapies designed to optimize their health. These DCs, I would suggest, are the chiropractic physicians.

On the other hand, the public might consult with DCs who wish only to detect and correct spinal subluxations for the purpose of optimizing human health. These, I would suggest, are the chiropractors - people who will waste no time telling me and everyone else that they are such.

Since it is clear that there is a difference, and since it is also clear that members of both groups want and expect to be differentiated by these separate terms, I have a question: What is stopping us, as a profession, from making the distinction, without all the rancor, debate, back-stabbing and nitpicking?

Inasmuch as the ICA has recently stated regarding the NBCE issues - that some of the standards to which the Part IV examination are directed are beyond the scope of the profession and or its education - it again seems clear that a division of thinking is desirable. Let's stop berating the NBCE and ask them to develop a dual-level Part IV exam. Level one would be designed for chiropractors. The second level would contain everything in the first part, and add issues and questions that all chiropractic physicians would be expected to know.

The time is ripe for this discussion and decision. With the great interest in complementary

medicine, and the certain knowledge that many within our profession are engaged in broad scope practice that can expand much further, let's have a little vision and make the decision clear for everyone to see, and from which we can all benefit - especially our patients.

Reference:

Gaucher-Peslherbe PL. *Chiropractic: Early Concepts in Their Historical Setting*. NCC, 1993.

James Winterstein,DC,DACBR
President, National College of Chiropractic
Lombard, Illinois

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