

## Taking Back Chiropractic

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Recently, a communique came across my desk (a copy of the *Journal of the National Board of Chiropractic Examiners*), which I found to be of great interest. Within its illustrated reports, one in particular, the "Overview of Job Analysis," caught my attention.

This particular report shares with the world through an official publication (*Job Analysis of Chiropractic 2000*) exactly what chiropractors do and what we treat. I don't know why this report bothered me as severely as it did; probably because I didn't really want to believe it.

The official report states that in a typical week, chiropractors treat spinal subluxations and joint dysfunctions; headaches; neuralgia; joint problems; extremity subluxations; sprains; osteoarthritis; and intervertebral disc syndromes, along with myofascitis, tendinitis, and strained and torn muscles. Less frequently treated conditions include gout, carpal tunnel syndrome and fibromyalgia.

What bothered me most is that of the items listed, DCs treat exactly what athletic trainers treat. Perhaps this report would not have bothered me as much, except that in the same week, I received a popular chiropractic publication, the contents of which were totally geared toward athletic training and rehabilitation. This was not a special edition, it was the regular monthly magazine. I couldn't help but think how much the chiropractic profession has changed. It barely holds a resemblance to what it was just 25 years ago, let alone 50.

The National Board's report did point out that in a typical month a chiropractor "may" treat viral infections; asthma; emphysema; high blood pressure; diabetes; and allergies, among other conditions. However, to those reading this report, it is clear that chiropractors primarily focus on musculoskeletal complaints and are considered musculoskeletal practitioners.

Thankfully, I graduated when chiropractic was as or more involved in the treatment of somatovisceral problems than in simple musculoskeletal complaints. I feel a sense of remorse for those practitioners of chiropractic who limit their patient base to musculoskeletal complaints. However, I feel more remorse for the patient who experiences a visceral problem whose DC is limited to a musculoskeletal practice. To deny chiropractic for a somatovisceral condition because the practitioner has only been taught and discouraged from treating anything other than musculoskeletal is criminal.

The transgression from DCs being fully trained primary care practitioners to the practices we see today was a slow, steady insidious decline from a complete system of health care to a very limited scope in which we compete with massage therapists, athletic trainers, and physical therapists. Even the NBCE report states that "over 80 percent of chiropractors use ice packs, trigger point therapy, electrical muscle stimulation, hot packs, massage therapy, nutritional counseling, mobilization therapy, ultrasound, bracing and sometimes acupuncture."

Don't get me wrong. I'm not suggesting for a moment we eliminate these things from our practice. We are very successful at treating musculoskeletal problems, and these are some of the tools to use. It's just that chiropractic is so much more! I despise seeing it isolated to one system.

Having practiced for close to 30 years, I have seen chiropractic appear to work miracles in a host of somatovisceral problems. I recall what I call the "glory" years of chiropractic (at least in my lifespan): the early 1970s, when practically every DC with whom I was acquainted had lucrative practices and treated virtually scores, if not hundreds, of conditions other than musculoskeletal.

These practitioners did not file insurance claims, as insurance did not cover any chiropractic services at that time. Yet their practices flourished as patients paid cash and were in and out of their offices in a minimal number of treatments. Referrals were extremely high and doctors of chiropractic were happy, successful and content.

When acupuncture was introduced to the chiropractic and medical profession in 1972, thousands of DCs added the principles of meridian-style Japanese and Asian acupuncture to their practices. This would be a good 13-14 years before traditional Chinese medicine (TCM) as sanctioned by Chairman *Mao Tse Tung* would come to America.

Those early practitioners of chiropractic and acupuncture saw their practices grow to enormous proportions. If they did not, it was clearly the fault of the practitioner as the demand for this work was overwhelming. In the early '70s' there was no outside competition, it was only among us, and that was never a threat. Again, practices escalated.

At about this same time, the profession was taken in by Medicare and private insurance carriers. Life as we knew it was about to change. Suddenly, written diagnosis was the general order of conducting business with insurance carriers. Medicare would only cover subluxation as proven by x-ray. It was mandatory in Medicare diagnosis to show the vertebral subluxation level as the diagnosis. Insurance companies would not accept a somatovisceral diagnosis. They wanted musculoskeletal diagnosis.

Now the profession changed both mentally and physically to meet the needs and wants of the insurance industry, to which we would be totally attached for the next 25 years. The National Board of Chiropractic Examiners report shows that 70 percent of practitioners are aligned with managed care programs as their direct source of income, with others involved with private insurance companies and some receiving cash for their services.

I would love to see the chiropractic profession get back to the mission of what chiropractic is by changing its awareness to include somatovisceral treatment as one of its main focal points of importance. Of course, we will always be involved in musculoskeletal conditions. We are too good not to be involved. Unfortunately, patients with the hundreds of conditions chiropractors used to treat now seek other providers, as the profession as a whole has gotten away from treating visceral conditions.

I find it interesting that as I watch nondoctor acupuncture practices develop around the nation, most of them are involved in the treatment of all of the conditions chiropractic used to treat before our transgression. Their primary focus is on a myriad of complaints, with most of them being somatovisceral. Of course, acupuncture also lays claim to being extremely effective in musculoskeletal conditions, which has shown to be quite true.

While we have stuck our heads in the sand with our behinds totally exposed, an entire new profession which rivals chiropractic has developed (and in fact, in more cases than I like to admit, has brought us to our knees legislatively).

It's a shame that the state boards of chiropractic examiners who do not allow for the practice of acupuncture by DCs cannot wake up to this fact: chiropractic is going to be eliminated by its own

ineptness, unless something dramatic changes. While acupuncture practices are growing at an unprecedented rate, and medical doctors are adding it to their practices (with an alarming rate of interest), numerous states are literally sitting by, watching the chiropractic profession wither on the vine. Wake up, state boards! Don't you see what is happening?

Recently, it was announced that Los Angeles College of Chiropractic was going to add an acupuncture school to its curriculum; National College of Chiropractic has announced the same. The University of Bridgeport College of Chiropractic already has an acupuncture school. You can expect more chiropractic colleges to add acupuncture schools to their curriculum in the near future. Why? Simple survival!

Chiropractic college enrollment is down significantly, whereas acupuncture colleges are thriving. Fifteen years ago I observed that there were more acupuncture colleges in just three states than there were chiropractic colleges in the world.

Ultimately, the chiropractic profession will be replaced by acupuncture as chiropractic colleges are absorbed into the acupuncture educational system. *There will be no need for chiropractic.* Why become a chiropractor when you can become an acupuncturist and treat everything? Besides, acupuncture is more accepted by both the general public and the scientific community. The handwriting is on the wall. The business and survival of chiropractic colleges is happening in front of our eyes. What I predicted would happen 20 years ago has already happened or is happening now.

What are my predictions now? Straight chiropractors will survive and thrive because they are focused on a belief system. They will attract certain types of patients and will be effective in their very limited role.

DCs practicing in states that allow the practice of acupuncture and who are adept at acupuncture as a part of their scope of practice will thrive. They will be the most popular and successful practitioners in the healing arts. Patients will gravitate to their practices, as they are truly the most well-rounded practitioners in the health profession.

Two different and distinct chiropractic professions will exist, and they will be more antagonistic toward each other than ever before. Chiropractic colleges will focus on the practice of unadulterated straight chiropractic, while so-called mixer colleges will become acupuncture schools, with chiropractic offered as a sideline or redescribed as *tui na*.

DCs practicing in states which do not allow acupuncture will ultimately be forced to go back to their alma maters (now acupuncture schools) relicensed as acupuncturists to stay in practice. This will create major disharmony in the profession, as those DCs who are now forced to go to a three-year acupuncture school (which used to be a chiropractic college) will be jealous of those DCs who practice in states that allow acupuncture as a part of their practice.

The medical profession will totally and unconditionally embrace acupuncture, with as much as 75 percent of medical practitioners performing some form of acupuncture. Acupuncture as a profession will wither on the vine, as John Q. Public will prefer to go to a medical or chiropractic doctor for acupuncture than an acupuncturist. DCs who go back to school to trade their profession to practice as acupuncturists will have a rude awakening.

Acupuncturists will continue to attack the medical profession, as well as DCs who practice in states that allow acupuncture. They will continue to proclaim that doctors are untrained to practice because they are practicing forms of acupuncture other than traditional Chinese medicine as

sanctioned by Chairman Mao. John Q. Public will continue to see doctors for acupuncture. In the meantime, only those doctors of chiropractic practicing acupuncture in states that sanction its practice will thrive.

Even though the last several paragraphs sound foreboding, and although every bit of it may soon come to pass, there is a cure for this situation. The cure is to simply "retake" the chiropractic profession. Insist that the colleges teach the significance of chiropractic. Let the students understand that chiropractic is for more than sore backs. Launch an effort for states to bring the scope of practice of doctors of chiropractic up to an acceptable level. DCs in many states cannot by law perform some of the most elementary procedures involving simple needle piercing, yet we have the audacity to refer to ourselves as "doctor." Who are we kidding?

Take a hint from the acupuncture profession, which clearly states in many instances that it is a separate, distinct form of healing with its own philosophy and procedures. This is not the practice of medicine. It is the practice of acupuncture. It is distinct and unique.

Perhaps the best cure is to realize the science of chiropractic is as powerful a healing modality as anything on the planet today. It has been responsible for helping millions of people with thousands of conditions. It is just as powerful today as it was in the 1920s. When we speak of the clinical response of acupuncture, rest assured that chiropractic has a similar response. When you add the two, the response is mind-boggling.

I highly recommend that all DCs have a working knowledge of acupuncture - a principle, not a technique. Understand that even if you reside in a state that does not allow for the practice of acupuncture with a needle. It is not against the law to learn the concepts; it is only against the law to use needle penetration. There are numerous ways to apply these principles which may be used through physiotherapy modalities: the same modalities the National Board report states over 80 percent of the profession uses.

It is high time to "retake" the chiropractic profession. Rededicate yourself to what chiropractic really does. Let the public become aware of who we are and what we do. The colleges are doing their best to survive with the only way they know how. If we could only rediscover chiropractic for ourselves and share it with our patients. The "foot on the garden hose" concept worked very well for generations of DCs who explained what we do with ease. The chiropractic profession could be so much more well-accepted if all we simply did was just "take it back."

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