

Twice Upon a Time, in St. Louis . . .

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A few weeks ago, I attended a meeting at Logan College of the technique committee, an intercollegiate group that functions under the auspices of the Association of Chiropractic Colleges. Having flown into Moline the day before to spend some time with a few expert "culture vultures" and other colleagues at Palmer Davenport (Iowa), I slept a couple of hours and then set out at 3:00 a.m. for St. Louis in a rental car. I arrived at the hotel at 7:30 a.m., right on time, but discovered much to my horror that Canadian Memorial Chiropractic College's Brian Gleberzon, in whose room I was to freshen up, had not yet arrived. And so it was for the second time in my chiropractic career that I found myself changing clothes in a hotel men's room in the greater St. Louis metropolitan area. This article is not about *déjàvu*, but about the first time....

In the summer of '84, I was near the end of my chiropractic undergraduate studies at Life West, and already a technique/research junkie. My favorite professor was John Stiga, who always found a way, no matter the name of the course, to divert discussion to the "basic distortion." He took the term from the work of Hugh Logan, who had described a series of full-body postural distortions associated with sacral unleveling. The "basic" of basic distortion supposedly referred to the base of the sacrum, but I never believed that. Stiga embellished, if not transmuted, much of Logan's work. (I will have to provide a detailed description of *The World According to Stiga* some other time.) A sentence that began "The most common complaints arising from the intestines . . ." would wind up covering the blackboard with a maze of chiropractic technique relationships and affiliations. You see, Stiga was using us as a practice audience to prepare himself to moderate the "Leading Edge Research Symposium," then scheduled to take place in St. Louis, fall of '84.

That year, I hung out with Stiga after class as much as I could. Everything he said was "technique candy" for me, no matter whether it seemed right or wrong, then or now. The stultified world of stand-alone listings and mutually exclusive technique systems transformed into a veritable yin and yang of universal "chirotechnique" as only Stiga could render it: "ASRA relates to SOT category II; which relates to Derefield positive; which relates to Gonstead's PRI-m; which relates to Logan's left basic distortion; as corrected by Pettibon's #4 move; plus Pierce's C5 drop; plus an SOT visceral manipulation if the patient is actually sick."

Infected with enthusiasm for the upcoming chiropractic research symposium, I just had to attend, despite having run out of money. (I had house-painted my way through chiropractic college to that point.) So Stiga, the then-research director, and the president of the college agreed to partially subsidize my trip to St. Louis under the condition that I produce an account of the conference to be published in the student newspaper, of which I had been one of the founding editors. To make ends meet, I flew into Kansas City (a very cheap city to fly into at the time), rented a car, and drove the rest of the way to St. Louis. But I had no place to stay upon arriving, and had to change my clothes at the convention center bathroom-which brings me back to the top of this column.

That conference was something else, both for me personally, as a very impressionable chiropractic student (who became irreversibly impressed, both negatively and positively, with a number of things, techniques, and people that were there), and for the chiropractic profession, in a general sense. This may have been the first major chiropractic symposium, explicitly designed to achieve

scientifically informed consensus on the definition and appropriate use of the term and concept of subluxation. Although in the late '60s I had seen Jimi Hendrix, the Who, the Soft White Underbelly (later the Blue Oyster Cult), etc., they were nothing compared with seeing chiropractic superstars like Drs. Thompson; Gillet; Barge; Toftness; Sweat; Stillwagon; Pettibon; Pierce; Morter; Ward; and the list goes on.

I have already made reference to that conference in a previous *Dynamic Chiropractic* article; here is the part of that article that is about the conference:

Dr. Stiga, chairman of the research committee of the Academy for Research in the Chiropractic Sciences (ARCS) and symposium moderator, instructed the distinguished advisory council as the meeting began on September 13, 1984 to focus on the biomechanical components of subluxation, technique, and research directions. He admonished them in advance not to "turn out a transcript that is filled with smokescreens, impressive complexity that is filled with a lot of pseudo-scientific detail that . . . really reaches no conclusions."

Unfortunately, the council members spent the next two days doing just that, presenting stock advertisements for their own techniques, one after the other, entirely oblivious to the other presentations. In spite of everything, there was excitement in the air as Saturday night's panel discussion got under way. The future of the profession, or at least of its philosophical tenets, had been hotly debated all day in the proverbial "smoke-filled rooms." Stiga had mandated some type of agreement on the word "subluxation," and various drafts of definitions had been floating around. One individual in the audience, in apparent dread of what was about happen, asked the distinguished advisory council why they even felt the need to define "subluxation." The assistant research director of ARCS answered that this would be "an attempt to stake out something we can throw rocks at, or alter. We have to start somewhere."

Dr. Stillwagon, chairman of the council, was slated to announce the result. He described the need to arrive at a central core definition of "subluxation," one that could serve as a standard for the profession. He said it was important to clearly separate what the condition is from what it is that chiropractors do. Through much hard work, many concessions, and long hours, the distinguished advisory council had indeed adopted a definition. It would be presented to the ICA and ACA for response within 60 days, and later taken to the media and the public.

Here is the statement read by Dr. Stillwagon:

"In the past, the definition of subluxation by the chiropractic profession has been more a definition of the subluxation's effects and consequences. We, the distinguished advisory council of ARCS, representing many techniques and philosophies, assembled this day of the 15th of September, 1984, to consider a definition of 'subluxation.' The definition follows: A subluxation is any relative malposition of a joint that produces consistent misalignment of its articular surfaces. A subluxation's physical definition: The physical subluxation is the distance a vertebral unit or units are displaced from their zero or optimum position or origin, multiplied by the amount of resistance that holds it displaced, the formula being $DxR=S$ (distance times resistance equals subluxation)."

Following remarks by Drs. Pettibon and Morter in apparent support of the definition, cancer researcher and chiropractic advocate Dr. Ronald Pero, sitting in the audience and possibly reflecting the sentiments of other non-chiropractic professionals, remarked "Yeah, well, uh, not really feeling this passion over the definition of 'subluxation,' maybe that gives me a little more

freedom to just ask a simple question. Maybe some value would be taken in not only defining what a subluxation is but really defining what 'normal' is. I mean, when you say that it's a matter of when you don't have any misalignment, what is 'normal'? I mean, that's a very important philosophical point here. . How do you do that?" The audience laughed. [TEO still asks, why are these people laughing?]

I published my account of the symposium in the December, 1984, issue of the student newspaper, as promised. In it I wrote (slightly edited):

"I leave it to you to decide how well the council's definition of 'subluxation,' the most concrete outcome of the Leading Edge Research Symposium, measured up against moderator Stiga's mandate to seek a 'universal language,' free of pseudo-science, to share with other scientists. I also leave it up to you to decide how well it even conforms to the stated views of the individual Council members. As for me, early in the morning following the night the definition was read, having been urged by one of the Council members during a rather steamy conversation in the hotel bar to get out of chiropractic 'for my own good and for the good of the profession,' I instead crossed the Mississippi River into East St. Louis, Illinois-where the discos never close."

It would be wrong to reduce the import of the symposium to one statement that came out of it. Again, this was "an attempt to stake out something we can throw rocks at, alter. We have to start somewhere."

Now that we have something to throw rocks at, maybe future symposia will be able to tell us where the target is."

Well, here I am, many symposia later, still a chiropractor, still thinking about the subluxation, and still enjoying St. Louis.

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