

We Get Letters & E-Mail

"I Have Had Enough"

Dear Editor:

I have had enough testing. Why do we put up with all this bologna created by our own profession? When I finished Palmer College of Chiropractic in 1985, I had taken over 200 exams, Part I and Part II of the national board and physiotherapy. Upon returning to Ohio, I had to take a state board (a two-day test). Now that's enough. Since then, the National Board of Chiropractic Examiners has added Part II and Part IV. What's next, V,VI,VII?

This is all a bunch of crap. Did not the college we attended do an adequate job? I think we should just read the book, not go to school and take the national board. We would damn sure save money on tuition, since it does not matter how one performs in school, but whether or not one passes the national boards.

What is the scam between money paid to the National Board of Chiropractic Examiners, and the colleges and the instructors who write the questions? There just has to be a payoff. Why are we adding more stress to the program?

There is talk going around that one will need a BA to become a doctor of chiropractic. Maybe in 10 years we'll need a masters or PhD. Why does Part IV of the national board cost \$800? Does it take an extra long time for grading, or is this just another scam? Who is doing the grading, anyway? Who writes the questions? Who writes the answers that all have to fit the mold?

Finally, what difference does it really make if we have this information? Do the questions directly pertain to chiropractic adjusting and subluxation/distortion, or do they just teach what we need to know so that we can refer to the MDs?

Look at the medical model. The MDs will assure you that they are a mess even after all their testing.

I've had enough. If the profession continues to chase the pseudo standards on the belief that we will be better doctors of chiropractic, then I will look for a message therapy school for myself and the next students I meet.

Mark Dumas,DC

Toledo, Ohio

View from New Jersey

Dear Editor:

The anonymous author of this article ("New Jersey Modifies Onerous Auto Insurance Law," Feb. 22

issue) made it appear as though Dr. Haldeman's testimony touted the Mercy Guidelines as a practical answer to auto insurance reform in New Jersey with respect to the chiropractic profession. This was not the case.

While he was eloquent in his testimony dismantling and condemning the New Jersey reforms set up for all professions, Mercy cannot be considered as even a partial solution to the care paths set up by an accounting/consulting firm for auto accident victims.

In my testimony at the same hearing, by its own admission, Mercy is designed for uncomplicated cases of lower back pain. These are cases in which the patients' symptoms would resolve without any care in a short time. Accident victims, and the overwhelming majority of chiropractic patients, usually have a multitude of complicating factors. The Mercy guidelines cannot be applied except by those people with hidden (or not-so-hidden) agendas.

It should also be remembered that the chiropractic board in New Jersey has voted on several occasions to reject the Mercy guidelines.

Arnold Taub,DC
Nutley, New Jersey

"Blue Light Special"

Dear Editor:

Regarding Dr. Sportelli's article in the February 22, 1999 issue of *Dynamic Chiropractic*, he is concerned about the ethical behavior and give-away programs of chiropractors to recruit patients. I have always said that the problems of our profession begin with our schools and end with our schools. Chiropractic colleges continue to insist easy in and easy out.

Rigor, discipline, self-respect and achievement come with great effort. The hard core sciences leading to a baccalaureate degree in one of the biological or physical sciences guarantee elimination of the students who are not academically inclined or serious about the responsibilities of being a member of a profession. There is a lot of difference between getting hours and getting a degree. Unfortunately some of the presidents of our chiropractic colleges and members of CCE don't recognize this difference.

Role modeling has to begin with the schools, and doctors with professional and academic qualifications must be in charge of them. This does not mean people running our profession with a two-year degree from a junior college followed by a DC degree in three or four years.

Many people have written about this issue in chiropractic.

It is time for our educational leaders to seek brain power, not numbers.

John O'Neal,MS,DC
Terre Haute, Indiana

"ER" TV Star Self-Adjusts on Show

Dear Editor:

I couldn't help notice the top doc on "ER" (George Clooney) giving himself a cervical adjustment on several episodes on the hit TV show.

Perhaps he was asked to leave the program for practicing chiropractic without a license.

*B. Wm. Overn,DC
Orange, California*

Let's Not Forget the Subluxation

Dear Editor:

Dr. Dubin's "Demystifying the Treatment of Strain/Sprain Injuries of the Lower Back, Part I" (1-26-99) listed four conditions which can lead to low back pain. They were: a) normal stress on an unprepared normal low back; b) normal stress on a deconditioned normal low back; c) sudden excessive stress on a normal low back; and d) normal stress on an abnormal low back. (Under this heading he lists "several tumor and tumor-like processes which decrease the strength of the functional unit and predispose these individuals to low back pain under normal conditions.")

Unfortunately, the most common cause of back pain was noticeably absent ... the subluxation complex, which is often caused by undetected/untreated traumas during the first two decades of life.

Until the age of 19, the human body is developing rapidly and, together with increased flexibility, often hides both pain and dysfunction. These subluxated regions of the spine become further distorted with subsequent traumas, strains, poor posture and other factors. The effect on the surrounding soft tissues is certainly a factor, but let's not forget the importance that gravity and trauma play in creating the subluxation complex.

*Gerald Zelm,DC
Oconomowoc, Wisconsin*

Misleading

Dear Editor:

As a chiropractor, an osteopath and neurologist, I was quite surprised with Dr. Brian Sutton's synopsis on the influenza vaccine in Guillain Barre syndrome (Feb. 8, 1999 issue). Fortunately, I had read the article published by Lasky et al. from the Dec. 17, 1998 *New England Journal*: "The Guillain Barre Syndrome and the 1992-93 and 1993-94 Influenza Vaccine." There was no suggestion that there was a marked increase in GBS-related to the influenza vaccine. I re-read the article and the author's conclusions were:

"... there was no increase in the risk of vaccine associating Guillain Barre from the 1992-93 and 1993-94 (influenza vaccines). For the two seasons combined, the adjusted relative risk of 1.7 suggests slightly more than one additional case of Guillain Barre syndrome per million persons vaccinated against influenza."

I believe that Dr. Sutton's brief column is at best misleading. I'm sure I don't have to review the controversies of immunizations among chiropractors, however, many of my chiropractic colleagues rely on Dr. Sutton's interpretations and may be disseminating information that is erroneous and misleading to their patients.

Today throughout this country, there are hospitals filled with patients suffering from the flu, many of them critically ill. Most of the patients who are the sickest from the flu are the very young and the very old, or patients who are immuno-compromised. I would hate for people in our profession to disseminate this information to patients that may negatively impact on them without appropriate review of the risks/benefits.

I would recommend a review of the article by your staff and appropriate clarification published by the editors and Dr. Sutton.

I also recommend that when Dr. Sutton references his articles, that he place the article name and author(s).

*John Tauro,DC,DO
Norwich, Connecticut*

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