

Patient-Based Practice

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We are hearing a lot of talk today within the chiropractic profession about the subluxation-based practice. Those who promote this concept believe that the ultimate and only purpose of the chiropractor is the location and correction of the subluxation for the purpose of restoring the free flow of innate intelligence from brain cell to tissue cell. This process, they teach, will improve the health of the human race and should be the only area of responsibility for the chiropractor. Thus, according to these individuals, chiropractic education and chiropractic practice should both be subluxation-based. What exactly does this mean? If I understand it correctly, I think it means that the entirety of education and practice should focus upon how to locate and correct subluxations.

I agree that there is much yet to be learned about the significance of spinal mechanics and its effects upon neural integration of other systems, but in the meantime there are many people in this world who need help. There is much that is known about human health and disease that can be addressed by those who are committed to a broader approach to chiropractic practice. I think all of us could agree that the spinal subluxation component of human health and disease is but one in a host of factors, many of which are yet to be discovered. Some things we do not know, however.

We know that the human organism requires a healthy diet if it is to function at its optimum. For most of our lifetimes, organized health care members and the media have preached to the American public that nutrition wasn't an issue as long as people eat from the basic food groups and get the micronutrients recommended by the Food and Drug Administration. Over and over, we were told that the American diet is just fine, and any suggestion to the contrary was just a passing fad. Well, Americans and certainly others before us have broken out of those artificial restrictions, and people all over this country are jumping on the nutritional bandwagon. What many Americans do not have, however, is a professional at the physician level who can provide them with strong, legitimate advice on foods, diet and appropriate dietary supplementation. Chiropractic physicians who are broadly educated can and should do this. Please understand that I am not suggesting that this process can be equated with stocking and selling vitamin and mineral supplements. I am referring to good, solid advice based upon a strong educational background in clinical nutrition. The use of supplementation is part of this, but not the whole.

We know that certain physical agents such as water, light, heat, cold and electricity have specific physiological effects upon the human organism. Based on that knowledge, the chiropractic physician can utilize such agents in the process of alleviating human suffering and promoting health.

We know that humans need physical exercise to gain and maintain good health. Today, with the intense interest in physical conditioning, many people are causing themselves more harm than good. The broadly educated chiropractic physician should be in a position to advise people about conditioning exercises, whether for muscle strength, cardiovascular benefits or specific therapeutic purposes. Furthermore, rehabilitation exercises should be a part of every chiropractic physician's practice.

We now know that the relationship between the mind and body and vice-versa is very significant.

While many of us have understood that for a long time, today there is a wealth of information available to those who wish to study about these effects. Chiropractic physicians are the perfect doctors to understand these relationships and help their patients learn to combat the effects of daily stress by employing relaxation techniques. This process can be significantly enhanced through the hands-on benefits of chiropractic care. Furthermore, the doctor/patient relationship is a bond that can be significantly strengthened when the patient knows that the physician is broadly knowledgeable about alternatives to general medicine of the allopathic variety. It is within this context that the patient begins to truly see the chiropractic physician as one who practices primary care -- one who provides choices in addressing the patient's complaints without the overlying concerns about adverse effects of legend drugs. At the same time, the patient has the confidence in such a physician that when the time comes, the normal self-regulatory and self-healing capacity of the body is overwhelmed, the patient will be referred to another physician who can offer treatment of a more heroic nature.

These are all measures available to the broadly educated chiropractic physician. In addition, much new knowledge has been gained about the proper use of botanicals and nutraceuticals, and these should be arrows in the chiropractic physician's quiver. A simple review of the profession's history will reveal that these elements of natural healing have been a part of our educational and practice processes for more than 80 years. More recently (since the early 1970s), the application of the various principles of acupuncture have been taught and practiced by chiropractic physicians; these, too, add considerably to the armamentarium of chiropractic practice.

What is this leading up to? It leads to the patient-based practice. If a segment of the chiropractic profession wishes to confine its concerns to the detection and correction of vertebral subluxation, then that is their privilege. If that segment wishes to engage in subluxation-based practices, and that is within the statutory privilege, then so be it. If that segment of the profession wishes, however, to define chiropractic as the location and correction of vertebral subluxations, then there is a problem. Clearly, no one can make the argument that our profession has developed only along that pathway. It has not, and I am confident that it will not in the future. I think it is time for us to tell the world that there is a difference within the profession of chiropractic. Some chiropractors locate and adjust subluxations. Others, who are chiropractic physicians, diagnose the patient, treat the patient with specific named disease processes and use a wide variety of treatment forms to do so, including the detection and treatment of articular subluxations wherever they occur.

I think all of us, whether limited in our educational and practice outlooks or not, should stop and consider our purpose once again. We are here to optimize human health. Our purpose is not to iconize the subluxation, or for that matter, to spend our resources arguing about how one or the other practices chiropractic. Our purpose is to help our patients and all of those who would be patients. To that end, I suggest we all concentrate on patient-based education and on patient-based practices. If this is to become a reality, the regular application of the scientific method must be used as the foundation for both the education and the practice. Our patients will be the beneficiaries, and secondarily, so will our profession.

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