

Why Pediatrics?

Joan Fallon

Editor's note: A 1983 graduate of Palmer College, Dr. Fallon has a B.S. in biology and obtained her diplomate international council of chiropractic pediatrics (DICCP) through the ICA's program at Palmer. She is an assistant professor in the natural sciences and mathematics department of Yeshiva University in New York, is on the postgraduate faculty at Palmer West, and is vice chair of the ICA Council on Pediatrics. Among the many publications she has authored is *The Textbook of Chiropractic and Pregnancy*.

Happy New Year and welcome to 1996 chiropractic's 101st year! As you can readily see, I am not Dr. Fysh. Peter is taking a well-deserved sabbatical from this column to finish the book he and I are writing on pediatrics. In addition, he and his wife, Maggie, will have the opportunity to enjoy some time in their new home. Best of luck to you, Peter and Maggie, in 1996. We look forward to your return to the column in 1997.

This year is going to be a terrific year for chiropractic, and I believe, chiropractic pediatrics in particular. I think it is important to talk a little about the state of chiropractic pediatrics. We've arrived at a significant milestone: the first diplomates in chiropractic pediatrics will graduate this year. The leadership of the International Chiropractors Association took the bold step over seven years ago to draw up the plans for the diplomate in pediatrics. Together with Palmer College, the first diplomates will be in practice, setting aside the critics who feel that we are not sufficiently educated or capable of taking care of children. The truth of the matter is that chiropractors have been taking care of children for 101 years: it's a part of our heritage, our training and a large part of our future. FCER too has taken a bold step in funding some of the most aggressive research projects with respect to pediatrics in the history of the profession. Some of the preliminary work is outstanding. With such topics as otitis media, asthma, headaches and the like, I have no doubt that their research will redefine and edify what we already know about chiropractic: that it has tremendous breadth, scope and efficacy.

As we look at pediatrics one might say, "This is all well and good, but where does chiropractic pediatrics fit in with managed care? How are we ever going to be paid to take care of children when we have a hard time getting 'back care' covered in a managed care world?" The truth of this is that in a managed care world, the bottom line is dollars. Dollars dictate what happens and what does not.

For the first time in its history, the allopathic medical model is being examined, not from the viewpoint of science, not from the viewpoint of clinical practice, nor from the viewpoint of hard evidence of efficacy, but from the perspective of dollars and cents. So now dollars and cents equals SENSE. The allopathic model of care has flaws: it always has. If it were the perfect system, there would be no other system. For that matter if chiropractic were perfect, it too would be the only system. However, each system needs the other. In Don Peterson's editorial, "The Farmer and the Cowman Should be Friends" (January 1, 1996 "DC") he spoke about our getting along with the allopaths. We do need to get along, and we need each other. Unfortunately, many of us believe that to get along means to become alike and that is the furthest thing from the truth. Chiropractors are educated to a great degree in referring to other practitioners when necessary. It's part of our

training, and it's stressed and emphasized again and again. The medical model for the most part almost precludes by its very nature referral outside of its system. The medics have been educated to believe that their system is the only system, hence the use of the word "alternative." While indeed we are an alternative system, our system stands side by side, not behind, not incorporated, but together.

Now because of managed care the medics will be forced to look at what works and what doesn't. When their strategies fail, or when they have no strategy, or their strategies are not cost effective, the "money people" will most likely force the allopaths to put their patients into the care of other practitioners including chiropractors, where a treatment is more clinically efficacious, more cost effective, and produces greater patient satisfaction. This was supposed to happen after the Wilk et al., trial. It happened some, but not enough. Now I believe that it will happen and it will be as true for the care of low back pain, as it will be ultimately for otitis media and a myriad of other conditions.

Most recently I have been appointed to the chiropractic board of the Oxford Health Plan Insurance Co. That board will begin this week to set parameters for the inclusion of chiropractic into their system of reimbursement. Oxford has been labeled the #1 insurance company in patient satisfaction by two reliable independent surveys. Does it make sense that they would look to chiropractic? Of course it does. And does it make sense that they would ask a "pediatric chiropractor" to be part of a four-member board? I believe that it does. They are looking into the future, so should we!

We have some wonderful areas of chiropractic pediatric research coming to the forefront of the profession. In addition, with the publication this month of the ICA Pediatric Council's Journal of Clinical Chiropractic Pediatrics, the first peer reviewed journal in the profession devoted strictly to pediatrics, a body of information will be gathered that will be invaluable to the profession. This information will no doubt be the foundation for future research as chiropractic pediatrics becomes part of every chiropractors office, just as orthopedics and neurology are today. Despite the doomsday pundits, and despite all the scrambling for the managed care market, chiropractic will no doubt find its place. It may even find itself in places it never thought it could be. Chiropractic pediatrics is an exciting and wonderful place for the profession to look to the future.

Joan Fallon, DC
New Rochelle, New York

FEBRUARY 1996