

## We Get Letters & E-Mail

"... teaching chiropractic to lay people ... unethical ... unhealthy ..."

Dear Editor:

Although my input was not sought regarding the "Ugly American Chiropractors?" (April 22, 1996 issue of Dynamic Chiropractic), I and the technique I teach were implicated in it as teaching and/or being taught to lay persons in other countries. I wish to make a statement regarding this situation. I teach Cox distraction manipulation only as a member of the postgraduate faculty of the National College of Chiropractic; I and all postgraduate instructors of Cox distraction manipulation are certified practitioners of Cox distraction manipulation with and through the National College of Chiropractic; I have not taught lay persons how to manipulate to my knowledge; I have never taught in Germany; I have not been approached to teach in Germany or to grant anyone approval to teach my technique in Germany. I do not advocate teaching Cox distraction manipulation to unlicensed lay people. I view such actions of teaching chiropractic to lay people as unethical and unhealthy for the chiropractic profession.

*James Cox, DC, DACBR  
Fort Wayne, Indiana*

---

"Lighten up"

Dear Editor:

Lighten up already. Let's not overreact here. Licensed DCs teaching chiropractic techniques to non-chiropractors overseas ("Ugly American Chiropractors?": "DC" 4/22/96) do not pose an international threat to chiropractic. Nor should a recent widely publicized demonstration/lecture on spinal manipulation presented to a group of physical therapists by R.L. Slaughter, DC, or NACM fame be labeled treasonous. Remember the DC in Washington state who published the Home Chiropractic Handbook in 1985 and was blasted by the profession? He continues to market his book and a video every month in Mother Earth News -- and chiropractic as we know it still survives.

Let's keep things in perspective. "Manipulation," in crude or refined forms, has been applied since antiquity for the relief of human pain and suffering, more often than not by those you deride as merely "lay people." The concept of licensing has become malignant in our modern culture, all under the guise of consumer protection. Ask yourself: Where there are licensed teachers does it follow that there is "education?" Where there are licensed doctors can we be sure there is "health care?" Do licensed ministers lead to "spirituality?" Licensed lawyers to "justice?" Licensed social workers to "quality?" Licensed counselors to "mental health?" I could go on. Instead of imposing strict licensing requirements and scope of practice boundaries, all willing providers should simply be held equally accountable for the quality of their outcomes.

It's reasonable to assume that many of the unlicensed spinal manipulators have not been exposed

to the various theoretical models taught in chiropractic colleges, but how great a disadvantage is that in most situations? Ours is not an exact science. The fact is, spinal manipulation is relatively non-invasive and low risk (unlike neurosurgery, dentistry, and pharmacology, for example), and really requires no special equipment. Chiropractic, while it has a grand heritage, is simply the most successful of several brand names to package and organize around the technique of spinal manipulation.

If one were to dissect out the basic science, philosophy, PT, ob/gyn, pediatrics, general diagnosis, radiology, nutrition, etc., from the chiropractic educational curriculum, the remaining essence of hands-on technique and practice could be taught to an eager, aware, and intelligent health practitioner such as an American massage therapist or a German Heilpraktiker with relative ease. I, for one, am secure enough in my skills and my value to be unafraid of the competition. Rest assured that in our license-obsessed nation, the third-party buyers of health care (insurance companies, employers, and government bodies) will continue to allow reimbursement only to properly credentialed providers. But when it comes to cash patients, let's allow the free market to work. In Southern California we already have some massage therapists and what are called "holistic health practitioners" quietly performing skilled spinal manipulation on consenting clients. What a person knows should be more important than where they learned it. Competency, fair dealing and hard work will keep the chiropractic profession at the forefront of spinal manipulation not legislation, coercion and censorship.

*Bill Wruck, DC*  
*7234 Agate Street*  
*Alta Loma, CA 91701-5606*  
*Home # (909) 945-3335*  
*Work # (619) 242-8000*

---

"... avoid full rotational tension with extension."

Dear Editor:

The two-part article "The Etiology of Vertebrobasilar Stroke Temporally Related to Cervical Manipulation" by Charles Crom, DC was very illuminating and dispassionately even-handed. I sincerely appreciate Dr. Crom's work on this important topic. However, I wish to point out an important mechanical aspect of chiropractic upper cervical adjusting that surprisingly was not addressed.

The proposed etiology of the vertebrobasilar stroke episodes he referenced was based upon the premise that chiropractic upper cervical adjustments are performed in the extremes of extension and rotation. Anyone who proposes, promulgates, or otherwise supports such a premise must be unaware of the mechanics involved in appropriately performed chiropractic upper cervical adjustment technique.

One of the basic axioms taught in chiropractic colleges concerning upper cervical adjusting is to avoid full rotational tension with extension. When correcting a rotational restriction, for example, the cervical spine is first laterally flexed before inducing rotation, (and usually with some degree of forward flexion). This coupled motion causes the joints to lock up early, and actually prevents the position of extreme rotation before the application of the adjustive thrust. This fact alone debunks such politically proposed theories that suggest chiropractic adjustments cause vertebrobasilar stroke.

I congratulate Dr. Crom for his exceptional article, and "DC" for its fine publication.

*Glenn Gumaer, DC  
Jacksonville, Oregon*

---

#### Developing a Formal Diagnostic Ultrasound Policy

Dear Editor:

The bottom line of Dr. Arthur Croft's letter in "We Get Letters" is that premature and uncritical acceptance of spinal diagnostic ultrasound, as was the case with thermography and surface EMG, may result in widespread misuse and irreparably damage our profession's credibility. This is certainly a very serious concern to me.

The BWC (Bureau of Workers' Compensation), state of Ohio, has recently written a request to answer a questionnaire consisting of nine questions to "develop a formal diagnostic ultrasound policy."

A postgraduate seminar accredited through University of Bridgeport Chiropractic College has been scheduled once a month in 10 major cities across the nation. The program is designed to meet the needs of the novice professional cross-training into diagnostic ultrasound. The physician interpretation portion enables greater focus on recognizing pathology and understanding the specific interpretation criteria for accurate diagnosis. Several major brands of equipment may be utilized during the course to allow student familiarization with "knobology." Both introductory and postgraduate classes are offered, the latter extending over four days and consisting of 40 hours of didactic and practicum. This presents basic training to the credential process.

A task force of sixteen prominent DCs are contributing to an article on the "Facts and Fallacies of Spinal Diagnostic Ultrasound." I am sure many opinions will be expressed and Dynamic Chiropractic is the forum in which to present these thoughts. My present article on the subject should blend in rather well.

All of the above actions are indications of the potential importance of this new evaluation. As a profession, what we do with this technology will be closely watched by the world of health care providers.

*Robert Dishman, DC, MA  
Thousand Palms, California*

---

"... power of attorney should not be a deciding factor..."

Dear Editor:

In his column in the April 8, 1996 issue, Dr. Talcott warns chiropractors to beware of IPAs that require power of attorney as a condition of membership. I agree that all chiropractors joining any managed care company should do so very carefully. However, power of attorney should not be a deciding factor in choosing a managed care company (PPO, IPA, etc.)

Power of attorney is necessary to give the IPA the flexibility to negotiate contracts without having

to obtain permission from their providers (sometimes thousands of providers) before or during every negotiation. Without power of attorney, an IPA would not be able to move quickly enough to win contracts.

Any reputable managed care company should inform their providers fully of the terms of new contracts. Providers should join managed care plans based on the plan's ability and willingness to protect the interests of the patients and providers while offering affordable care.

*Ron Cataldo Jr., DC*  
*Vice President, Chiropractic*  
*Health Plan of California*  
*ChiroHealth America*

MAY 1996