

Regional Letters

Good Vibes at the Maine Chiropractic Convention

Dear Editor:

Dr. Cianciulli's article of 4-22-96 prompts this response from one old-timer to another. I met Arnold in 1971 when we first formed the Congress of Chiropractic States (or something like that). This movement started in the Northeast in an attempt to unify and strengthen our profession.

I'm semi-retired and glad that I won't be practicing much longer. I much preferred chiropractic when it was not attempting to become part of the mainstream (and thus losing its soul) and was, without a doubt, separated and distinct. People came to us because they chose to and paid for it themselves, giving the chiropractor the opportunity to explain chiropractic to its full extent: maintenance, prevention, subluxation, adjustment, innate intelligence, retracing, etc. It worked so well that our practices thrived without HMOs, PPOs, managed care, or even Blue Cross, workmens' comp., Medicare, or Medicaid.

Now I imagine most chiropractors discuss the following with their patients: sprains, strains, manipulation (yuk!), referrals, number of visits allowed, begging their MD's permission for three or four chiropractic visits, ad nauseam. Some advocate that this is the new world and we have to accept it. I say it's the new world because we have let it become that in our attempt to conform and gain acceptance. We have lost our identity and become manipulators (yuk!). And what does the AMA say about manipulators? Anyone can manipulate: MDs, PTs, housewives, janitors. We have fallen into the trap and are helping dig deeper and deeper. And don't forget, it's only good for acute low back with no leg pain. And only for 6 to 12 visits in 4 to 6 weeks. And aspirin is just as good and the results are just as good and take the same amount of time no matter what you do -- see the MD, the surgeon, the PT, the chiropractor, or just stay home. Oh yes, and the chiropractor charges more. And our best patients, the children, but no one under 18 needs a chiropractor. How much deeper can we help to dig this hole before it caves in on us?

The Maine Chiropractic Association convention was held last weekend. At 58 I was the third oldest DC present. At the end of our three hour business meeting our president opened up a discussion "for the good of the profession," and asked each of us to speak our mind. I was very pleased and amazed as the 100 or so DCs who remained in the room expressed their ideas, hopes, and dreams for our profession. The consensus was that we have to get back to our identity: who we are and what we do. Very few like the word "manipulation," and think we're using it just to be accepted by the insurance industry (a lot of good that has done!), and certainly don't want to be known as manipulators. Our very limited chiropractic vocabulary was heard throughout the hour that followed: subluxation, adjustment, and even innate intelligence (all terms that are increasingly being heard and read in the medical world).

After the session, some described this hour as having had good vibes, or a certain spirituality. It was great for an old timer like me to hear my chiropractic language once again.

Are our schools still teaching it? One encouraging note is that our chiropractors are very young. In

Maine, the average age is under 30. This probably applies nationwide. Any group this young should be full of life and hope for the future. Can we become chiropractors again or are we destined to just be assimilated into the mainstream and just fade away? My three sons have followed me in my profession and I hope for them and my profession that we will take the right road that leads us to unlimited potential.

*Marc Chasse, DC
Fort Kent, Maine*

Door to Door Survey in Jersey

Dear Editor:

I am writing this letter not only to you, but to most of the other major publications in our professions. I am a newly graduated, newly licensed, practicing DC. As a marketing and outreach project, I am engaged in a residential survey. This, as you know, is not an original idea. I am going "door to door" as an abundantly proud young chiropractor looking for advice from my community concerning topics such as hours, advertising, practice identification, etc. I am also asking the participants if they wouldn't mind receiving from me a thank you note as a permanent display of my gratitude. It is proving to be a wonderful experience.

The responses I have received have run the spectrum from an invitation to stay for dinner, to an energetic door slam. By the way, the statistics we've all heard about chiropractors seeing 10 percent of the population is right on, almost to the exact number.

The moral of this story is ... I've got good news, and I've got bad news.

All the people I've met (over 300, I'll meet 500 before I go on to survey 500 businesses) now have a more positive opinion of our profession. There were those who were, and continue to be, strong supporters and participants in our version of health care. There were those who responded to my introduction with, "I don't believe in chiropracting, chiropractics, chiropractoids." After my brief, logical and honest explanation of our clinical science, they all got it. Some got it and may choose to never utilize our services. That's okay. They now understand what we do: locate and remove vertebral subluxations, allowing their nervous systems to function at 100 percent, and never will again in their relationship to chiropractic use the word "believe." After all, like gravity, chiropractic exists, and works, using universal laws, whether one chooses to "believe in it" or not.

Now for the bad news. The one, single, solitary complaint I was confronted with, by a huge number of participants was: "The public hates telemarketing! The public hates telemarketing by chiropractors! Telemarketing cheapens this profession! Please stop telemarketing!"

I must echo their feelings. After all, the patient is always right. It is my opinion that if we all made a commitment to invest the time to explain to our current patients what chiropractic really is, invest some of the wonderful patient education materials out there, and invest in ourselves, and learn the tools of effective communication, we would not have to throw our money out the window in the desperate search for new patients. To pour salt in the wounds of the obnoxious, intrusive phone calls, the "one time offer" that is explained is a "free," "no cost," "give away." We must stop undervaluing our service. If you're prepared to break down a major barrier to patients coming in (and I am) do it in person, face-to-face in a honorable way. There's nothing wrong with making it affordable, but if it costs nothing, what is it worth?

Thank you, I will continue to read your publication, as I have since my first trimester. Please pass on this message. These negative feelings are harbored by people who desperately need our unique services.

Eric Stofman, DC
Cherry Hill, New Jersey

Rural Chiropractic in New York

Dear Editor,

Having read and observed in "DC" the various philosophy controversies surrounding our wonderful profession, I write this letter not as a point of contention, but simply to tell my practice story to those field doctors, and especially current chiropractic students who may not believe such a practice is possible.

I'm a hands-on subluxation-based chiropractor. The quality of my own life was and continue to be greatly enhanced by this type of chiropractic. My clinical service is based on the premise that the natural state of all human beings is ease, and that nerve interference stemming from vertebral subluxation is a major impediment to the expression of that ease. All of my patient communication, both verbal and written, explicitly state this intent, and all my office procedures serve to support this purpose.

If a new patient comes in with a specific symptom complaint (and this is by no means the norm), they are made aware that although I certainly hope that they become more comfortable in the future, my procedures are based on finding and removing nerve interference and restoring the natural fluidity and ease to their spine. I also let them know that I excel at doing this. All patients are shown their postural photos and given a written report of their chiropractic findings. Together we go over my clinical goals for them, and give them guidelines for their progress. I do not hesitate to tell someone if my goals are not being met.

Who would believe all this poppycock? Is it the gullible masses as chiropractic opponents would have us believe? I practice in Ithaca, NY, home of Cornell University and Ithaca College, arguably the most educated small town in America (18,000 plus students). Ninety percent of my cash and referral only practice are college graduates. At least half have advance degrees; many are professors and professional artists. On the front page of my history form I ask: "What do you hope to receive from chiropractic care?" Common responses include: greater well being; higher level of health; fewer colds; less stress; greater ease while playing the violin, etc.

Within the past four years, I have faced many of the issues confronting the field doctor: the number of DCs in this rural county went from 10 to 32; both colleges went to managed care for their employees and eliminated chiropractic from their student health plans; and the general public misperception and even hostility towards chiropractic. I've also made my share of business mistakes, but have countered all the negatives with better patient communications and service by increasing my clinical excellence. Results are what sells chiropractic, not rhetoric.

I love what I do and believe all chiropractors should be able to practice as they want. I regularly refer unresolved soft tissue and extremity problems to other wonderful practitioners. I do know that if you have an effective system of spinal analysis and adjusting tools, and can "deliver the goods," people are clamoring for and will pay for what chiropractic can offer.

Pierre Gremaud
Ithaca, New York

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