

## We Get Letters & E-Mail

Appreciation of Dr. Harrison's Efforts

Dear Editor,

I usually do not take the time to write editors of journals or newspapers regarding articles they publish, however I was compelled to respond to the article authored by Robert Cooperstein, MA, DC, "Spinal Graffiti: The Rise And Fall Of The Harrison Spinal Model," (DC, October 21, 1996).

Back in 1982, while preparing for graduation from Palmer College of Chiropractic, I was investigating various techniques that could scientifically explain the spinal model and teach the most effective methods at locating, detecting, and correcting the spinal subluxation. I studied several techniques teaching spinal biomechanics before reading Dr. Don Harrison's early works in 1982. After graduation I immediately went into practice utilizing a combination of several techniques, continually searching for one that would produce predictable results. Since I have always been one to question authority, I became disillusioned with many technique peddlers and was seeking a technique that had its foundation in physics applied to human spinal anatomy.

I believe we are at a turning point in the health care delivery system where there have been more alternative health care visits than traditional medicine in recent years. To improve chiropractic's position in the health care delivery system, the methods of diagnosing and correcting the spinal subluxation process must be definable using standard scientific terminology. This will enable the chiropractor to effectively communicate with allied health care professionals, especially when describing abnormal biomechanics as defined by Dr. Harrison by the various postural permutations. My efforts are coming to fruition in the local medical community by increased referrals from both hospitals and medical health care providers.

I am dismayed by Dr. Cooperstein's pride as being a "pain reduction business," as a measurement of the success of a chiropractor. Imagine valuing dental care as an absence of toothaches as opposed to valuing quality dental care such that one would retain dentition throughout life. I would measure success in a chiropractic patient by maintaining spinal integrity and increasing longevity through proper lifestyle and long-term maintenance chiropractic care.

Moving into the next millennia I applaud colleges and institutions that provide quality education and research for the chiropractic profession. Dr. Don Harrison has boldly written and rewritten several texts since I first read his works in 1982. In one respect your article gives tribute to Dr. Harrison's work, i.e., being able to more accurately define the sagittal spinal curves. I appreciate Dr. Harrison's efforts and dedication to the chiropractic profession, whether proving or disproving prior spinal models. It is this type of research that will improve the scientific validation of the chiropractic procedure and ultimately propel chiropractic to the level and prestige it deserves in the health care delivery system. On the other hand, it is chiropractic dissidents like Dr. Cooperstein that will set chiropractic back to traditional medicine where relieving pain is the primary goal, rather than establishing optimum function through optimum structure.

*Gene Kemper, DC, DABCO*

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Editor's note: Steve Troyanovich, DC, has a rebuttal to Dr. Cooperstein's article on Dr. Harrison's spinal model in this issue.

See "The Harrison Spinal Model: A Chiropractic 'Lightning Rod' for Criticism," beginning on page xx.

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"Dr. Cox has instructed at least one MD in his flexion-distraction manipulation technique."

Dear Editor:

The September 23, 1996 issue of DC featured a front-page article, "Dr. Cox Stands Against Teaching MDs to Adjust." In that article, Dr. Cox states: "I know of no MD who has attended my lecture and gone on to practice manipulation." He also states, "I have never taught an MD in my clinic or lecture to adjust the spine."

I attended Dr. Cox's course and visited his clinic. His technique is extremely valuable to many patients and I applaud his vast contributions to chiropractic knowledge.

However, Dr. Cox has instructed at least one MD in his flexion-distraction manipulation technique. The physician is Clifford J. Ameduri, MD, who is a board certified physiatrist with additional specialty status in electrodiagnostic testing and disability evaluation. Dr. Ameduri was also "Best Man" in my wedding over 20 years ago.

A physician of the specialty and caliber of Dr. Ameduri is eminently qualified to study manipulative technique and use that knowledge judiciously. Frankly, I would trust Dr. Ameduri's expertise in certain types of conservative musculoskeletal therapy as much as or more than some DCs that I have observed over the decades.

Incidentally, Dr. Ameduri gave a presentation in New Orleans several years ago on the use of flexion-distraction. To the best of my recollection, the presentation was for the American Back Society.

In summary, Dr. Cox may have forgotten Dr. Ameduri's attendance at his course approximately six or seven years ago. However, Dr. Cox should be proud to include Dr. Ameduri as a student who uses manipulation to the benefit of many patients who would otherwise be considering the surgical option.

*Robert Bryla, DC, PT, DAAPM*  
*Utica, New York*

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Foot Review

Dear Editor,

Dr. Kim Christensen's wrote the article, "Orthotic Casting Methods: a Weighty Discussion" in his "Adjunctive Therapies to the Adjustment" column, September 23, 1996. For the doctors who read his article or use weightbearing polystyrene molds, I would encourage you to review the text, Foot Orthosis and Other Forms of Conservative Foot Care by Thomas C. Michaud, DC. Particularly

relevant to Dr. Christensen's article are pages 193 and 194.

*Mark A. King, DC*  
*Cincinnati, Ohio*

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"Being anti-vaccination is not politically correct"

Dear Editor:

A few observations regarding the letter by C. Ray Ratliff, PhD, "Vaccines Can Save Lives" (November 4 issue):

1. Being anti-vaccination is not politically correct. The easier road is to be for vaccination. Therefore, one is likely to have some strong convictions to take an anti-vaccination stand. One who has not thought much about the issue is likely to be "pro" vaccination.
2. Most people have not studied, in depth, one side of the vaccination "coin." Backing the pro-vaccination side is a lot of money going to drug companies with a lot of political clout in this country. If one wishes to look at the other side of the story with an open mind, I recommend the book *Vaccinations* by Viera Schreibner, PhD of Australia. Her life is currently dedicated to researching literature which few if any other people are taking the time to do.
3. I have two patients in Wisconsin who have grandkids on the two opposite coasts of the US suffering from permanent brain damage from the pertussis vaccine. In neither case, has a doctor yet been willing to document the injury as vaccine reaction. Both infants had seizures within hours of the vaccine. The logical conclusion is that one does not know, since these cases are not going into national statistics, how common this is. And it is hard to say that possible risks do not outweigh possible benefit. It is a debatable issue, and such issues should not be in the realm of compulsory law.

*David Holtrop, DC*  
*Sheboygan, Wisconsin*

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Chiropractic Needs Increased Credibility

Dear Editor:

If like myself, you are witnessing a significant "shrinkage" of insurance coverage for past and present patients, welcome to the world of managed care.

And let's face it, chiropractic health care and you and I have a credibility and image problem. Sure, we have made some gains in recent years, but the majority of people continue to distrust us, don't understand what we do, or are actually afraid of our work: this during the very time of increased interest in alternative methods of healing.

Perhaps the single most important solution begins with recognizing that without increased credibility none of our other efforts, legislative, political, or marketing, will ever bear fruit of any

significance. In other words, without greater understanding and respect for our work by the consuming public, no matter how much time and money we spend on other projects, we will continue to lose ground in the health care marketplace.

The relationship of spinal structural integrity, neurological balance and proper visceral function is at the heart of our work, not to mention the many national and even worldwide studies now supporting spinal manipulation for back and neck pain. How many in your community know these things?

Individual efforts at education through the media are perceived as self-serving. Yet our state and national organizations have been unable to deliver an educational public relations effort of substance.

Colleagues, if we don't do something to improve the image and credibility of our work, holding as we do the "pearl of great value," then we will perhaps not be the ones passing it to future generations.

A well-directed and funded television advertising campaign has the greatest potential to open and change the minds of Americans concerning chiropractic health care. Our image and the image of our work begs for improvement. It is time to prioritize our collective effort. If you agree, I urge you to contact your chiropractic organization leaders. The time to act is now. My vote is for public education to the premise and value of our work. What do you say comes before this?

*John Bomar, DC*  
*Arkadelphia, Arkansas*

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Compliments to Dr. Croft

Dear Editor:

In your November 4, 1996 edition I would like to compliment Dr. Croft on his article, "A Nurse in Expert's Clothing."

IMEs are most often hiring themselves out to reduce care given to an insured rather than combating fraud. This is not only contrary to the insurance companies' obligation it is contrary to the professional oaths these health professionals have sworn. There is no reason to treat them gently or genteelly.

In the case given, the reviewer quoted specific references which when checked were seen to have been quoted so incompletely and so out of context as to twist the writer's words to mean exactly the opposite of what is apparent if the entire reference is read. This should be pointed out in a letter of rebuttal.

Discussing Dr. Croft's article with other doctors I noted that not one of them knew the meaning of Dr. Croft's statement that there is not a more stultifying way to rebut reviewers than by using their own writings and references. To stultify means to make someone look foolish and of no account. That is exactly what must be done to these IME doctors and reviewers who perform the foolish act of lying or twisting things that harm others.

Getting copies of all IME reports and writing rebuttal letters that question the competence of doctors and reviewers who have rendered incompetent reports is the essential step in maintaining

honesty in the world; that has lately been missing from the health care professions and many other professions. Part of the definition of a professional once included that a professional was a man or a woman who was dedicated to truth and honesty, rather than just the pursuit of physical rewards.

The price of freedom has been said to be eternal vigilance. Vigilance means watchfulness. That statement leaves out the action to be taken. We have stood by and watched the professions of health care get ravaged by greed of insurers long enough. We and our patients must respond if we are to be able to live with ourselves.

My compliments to Dr. Croft on his continuing actions to bring honesty to the field.

*Jesse Jutkowitz, DC*  
*Milford, Connecticut*

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