

## We Get Letters

The Culmination of Years of Effort

Dear Editor:

Thank you for announcing the research grant on the biomechanics of flexion distraction manipulation in the December 16, 1994 issue of your journal. That announcement is a culmination of years of my effort to attain federal funding, or any funding for that matter, to discover the neuroanatomical changes that occur under manipulation with distraction.

You might be interested to not the 424 case study that will be published in the December issue of the Journal of Neuromusculoskeletal System, as this paper was a part of some of the primary research that we did in order to document and show validity of further funded research effort. Dr. Ram Gudavalli, myself, Loyola University STRITCH School of Medicine will be working hard over the next three years to hopefully establish the mechanisms under which manipulation under distraction relieves back pain.

Again, thank you for publishing the research grant announcement.

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

---

"... digging the trench and holding one's ground as a private practitioner works!"

Dear Editor:

I appreciated your editorial reviewing the sweeping changes occurring in medicine (Dec. 16, 1994). My chiropractic practice is located in a metropolitan area where there are 375 medical doctors within a 12 block area, so we are very aware of the "flying feathers" currently mushrooming out of the chicken coup.

For historical reasons, I would add, it was five years ago here in Oregon that chiropractors were the first to have their heads on the block. At the onset of insurance reform, we were the forerunners to the pounding that the MDs currently endure. Interestingly, it was in 1990 that Oregon MDs took a removed and impartial stance when we were getting ours; and in retrospect, I believe that they thought we were getting the worst of it, that is, that we were sacrificial and perhaps would be the only ones to "go down."

It is true that the MCO concept had been circulating in our state capitol for months prior to the reform. But there was so much attention and fury surrounding the assassination of chiropractic that many believed the death of chiropractic in Oregon might very well equate to the end of serious insurance reform in Oregon.

This turned out to be far from the case. So much insurance success and savings were credited from

banishing chiropractic, that why end there? Especially when the real pork and inflation was to be found in mainstream medicine.

Although chiropractic proved to be the guinea pig early on, as it has turned out, we are getting along much better than the MDs and it is now speculated that we will be far better off in the long run.

I'm not clear on the point of your editorial, and specifically, how your MCO coverage relates to the profession of chiropractic. Perhaps it may be due to the fact that MCO news is only now "breaking" nationally. Here in Oregon, MCO news is old news, as we've been hearing the panderings of MCO delegates since 1988. As a result, many of us have become deaf to their claims and attempts to intimidate. The notion of MCO domination in chiropractic has also lost steam with the fortunate collapse in November of the Clinton's National Health Security Act (NHSA).

Five years ago, I had a chiropractic leader in the Oregon MCO movement threaten me at a summit meeting, where he looked directly at me and said, "Five years from now 95 percent of the dollars coming into your clinic will MCO dollars!" Of course, variations on this caveat are now being hailed nationwide, sounding something like this: "Face the changes my son, and give in."

My concern about your editorial is that you, as the publisher of one of chiropractic's most widely read journals, may be capitulating this insurance spawned tenet, and perhaps, that you don't fully understand the implications and complexities of supporting the MCO position.

As the story goes, my practice five years later has transformed from 20 to 55 percent cash, has grown at an annual of 25 percent (with no MCO involvement), and only five percent of my new patients in the last 12 months have been lost to MCO attrition (robbery-socialism-communism).

Granted, what is going on in medicine right now is petrifying. There is no question that the size and enormity of the changes they face are far beyond what anyone would have imagined 20 years ago. In fact, we have friends that are MDs that in the past six months have suffered greatly. They have lost basic liberties which many Americans strive a lifetime to experience, and then without fear of repossession.

Notwithstanding, what every chiropractor in this country should realize is that this current crisis involves medicine, not chiropractic! Nor should chiropractors be overly concerned about how these sweeping changes will affect us, because we have a unique opportunity to remain essentially unaffected.

It is my contention that MDs are scampering and are making the rash decisions they are (mergers, buy-outs, contracts) because at root, the services they provide are "big ticket" items and they, due to the course of history, have had little autonomy as private practitioners both politically and financially. It is common knowledge that they have always been heavily interdependent on third-party pay.

The insurance exclusion that chiropractors now face is analogous to that faced by dentists 30 years ago. Dentistry successfully made the transition by going cash and financing care directly with their patients. This was made possible dentistry had a defined boundary of autonomy and the services they provided were "small ticket."

If chiropractors, out of fear and lack of confidence of what they can do within their private practices, resign to MCO threats and "join-up," they will be faced with gatekeepers, price fixing, capitations, discrimination and further exclusion. Within such a system, if not for lack of philosophy alone, the practitioners will fail.

Most importantly, because of the lack of an MCO administration's understanding of spinal corrective care, participant providers will be relegated to rendering symptomatic or pain relief care that will ultimately strangle them, not only philosophically but financially. Wellness care, which has uniquely been a part of chiropractic since its inception, will be quietly cast as senseless drivel.

I would ask that you, Mr. Petersen, as editor in chief of one of the leading publications in our profession, avoid being tempted or swayed as a procurer of rhetoric from the chiropractic insurance envoy. We say this type of media involvement here in Oregon at the height of the workers' compensation reform. Yet, even with this dominant coverage and media support, less than 10 percent of Oregon's DCs were MCO participants.

Likewise, the largest fraction of your readership are chiropractors that are willing to take the stand dentistry did 30 years ago. As Oregon is the testing ground for health reform, I can attest that digging the trench and holding one's ground as a private practitioner works!

Additionally, the MCO movement could prove to be another facet in the complex attempt to undermine chiropractic as an institution, a process in recent times that has been referred to as the osteopathic crossroad. The responsibility of your paper to inform judiciously and represent both sides is imperative to avoid a similar widespread and unnecessary unraveling as is now being witnessed in medicine.

*Scott Shephard, DC  
Portland, Oregon*

---

O is for ...

Dear Editor:

I love and appreciate what you and Dynamic Chiropractic are doing and have done for our profession. Your editorials have especially been right on target.

But, I do have a criticism. For the second time in my reading your column you refer to a patient seeing an "orthopedist" (meaning a medical orthopedist). In an age where our profession is struggling to establish its own specialties, every time you write "orthopedist" (meaning medical orthopedist) you give a put down dig to the chiropractic orthopedist. Have you something against we chiropractic orthopedists? I don't really feel you do.

However, I thought it only right to bring this possible oversight slight to your attention. As you know, we also have chiropractic diplomates in nutrition, neurology, and sports injuries.

Please let me know any way I can help your excellent and much needed publication.

*John Palo, DC, DABCO  
New York, New York*

---

A Predicament

Dear Editor:

Thank you for your concern regarding my predicament (and many others') in regards to United Consumer Marketing and RW Professional Leasing. Here is a summary of the situation:

An advertising company named United Consumer Marketing (260 S. Los Robles Ave., Pasadena, CA 91101) contracted with me to provide TV advertising for my chiropractic office. There was a necessary piece of equipment (Compu-Tell) to be placed in our office to answer calls from the TV ad with an in-depth recorded message. The equipment was delivered and installed, and soon afterward I received the lease contract from the leasing company, RW Professional Leasing, which I signed. Within three months I received a letter from United Consumer Marketing informing me they were going bankrupt. Therefore, the TV advertising was not going to happen and they could no longer pay the \$300/month to cover the equipment expenses. RW Professional Leasing is saying, "Too bad!" and since I discontinued paying the lease has served me with a summons for full payment of about \$18,000. I had the machine appraised at \$1,000.

Presently, the machine sits boxed up in storage, having never been utilized for its intended use, and being summoned for \$18,000 for a \$1,000 machine.

I'm seeking the names of other chiropractors affected by this situation so that we can work together to resolve the problem. My particular court date is Jan. 20, 1995 in New York.

There is a chiropractor in Pleasanton, Calif., Dr. Lynn Sullivan, who has compiled a list of seven chiropractors in the same situation. The name of her attorney is Mike Lobe (510) 466-6728. The name of the attorney assisting me is Charles Flood (619) 758-3500. What seems most important is to form a class-action against this judgment.

Some other numbers that might be of assistance:

RW Professional Leasing -- Wendy Cutillo: 1-800-343-4353 United Consumer Marketing, their attorney: 1-818-995-4540

Thank you for your concern.

*Patrick McClure, DC*  
*(619) 726-8101*  
*Vista, California*

---

Difference of Opinion

Dear Editor:

Referring to Dr. Hammer's article December 16, 1994 (page 13), I must say this. While "congenital muscular torticollis" may at times exist, I contend it is rare. Most cases of torticollis in the infant are sublaxations caused by birth trauma. In these cases putting a child through "stretching procedures" certainly would be painful and actually contraindicated. The sublaxation in the infant is readily identifiable through palpation and the position of the child assumes also indicates the directional misalignment of the sublaxation.

Muscle spasm is not the cause of this problem, it is the sublaxation, "painful reflex muscle tensions follow" as stated by Schmorl and Junghanns. Anyone who has had torticollis recalls the pain, and if anybody would try to stretch their muscles and re-position their head they most certainly would object. This archaic approach should be the last resort, the baby most commonly simply needs an

adjustment -- nothing else, just an adjustment.

"Enuf" said,

*Fred H. Barge, DC, PhC (hons), FICA, FPAC, SCS*

---

"...move the bone correctly and let God do the healing"

Dear Editor:

... As a protest to the direction chiropractic is going. As a National graduate I am thankful for my education and all that I was taught: orthopedics, neurology, and radiology with Dr. Sipe and others.

I found the principle of chiropractic in 1968 and have been learning about it since. As I get more seasoned, I am more sure that chiropractic is not what is being presented. We are accepting that chiropractic is the use of drugs, manipulation therapy, diagnosis, pediatrics, geriatrics, treatment of this and that, and it is none of that unless we redefine chiropractic and its purpose. Within all living matter there is an innate, an intelligent factor that tends to survival, organization of matter, replication, and reproduction. For organized matter to survive there must be a creative intelligence within to coordinate and control each particle of matter and its organic function. If life begins as energy and is transmitted as motion with the end product information, then the importance of chiropractic is evident and simple. Correct interference to motion allowing maximum information and self-preservation is possible, or move the bone correctly and let God do the healing.

Keep those cards and letter coming.

*James Sigafoose, DC*  
*Englewood, Florida*

JANUARY 1995