

Dean of the MPI Faculty

The Future of Chiropractic

Chiropractic! The adjustment! The chiropractic philosophy, the chiropractic way of life and good health -- are these part of the chiropractic college curricula today?

Let me give you an example of what I mean by the above question. During the last few weeks at one of our chiropractic colleges, a senior class of students (about to begin the intern/extern aspect of their education) were exposed to a disease process that is potentially far more destructive than the combined efforts of the AMA, the insurance companies, the orthoprotectors, Dr. Katz, and the misguided undereducated, non-believing DCs that have joined them, and even the federal governments of our respective countries. Before I reveal this insidious disease process to you I think it is vital to everyone's complete comprehension, future decision making and subsequent action that we, "the profession," take a very hard and callous look at two other disciplines within our health care system and relate the events, as they unfold, to the chiropractic profession of the future.

The Podiatrists

Once if you were wearing an arch support, lift, or some type of orthotic device you most likely had been seen by a podiatrist. The podiatrist was knowledgeable about the structure and function of the entire human frame and totally understood the concepts of compensation as it related to foot biomechanical alterations. Podiatric texts, journals and literature of 50 years ago were about biomechanics, manipulation, taping, corrective exercises, and only as a last resort -- surgery. Drs. Hiss, Root, Inman, Loche, and others are extremely well published on these matters; their texts date back into the 1930s.

Today few texts are written, and the journals are either gone or reduced to mere shadows of their once proud size. The most significant remaining journal, *The Foot and Ankle*, is not even published by them nor does it contain many articles written by the podiatric profession. When the research and publication of data for a particular profession is being done by another it should come as no surprise to anyone that destruction and total annihilation will be the end result. You might want to stop and ponder this thought -- I wonder who is doing all the research relative to the future of chiropractic? Who is publishing the subsequent research data? One of our journals recently had the following breakdown of contributors: seven DCs; one physical therapist; three MDs; and 12 others, mostly PhDs from medical institutions. What is wrong with this picture? Darryl Curl, DC, DDS, in his writings has constantly pleaded with the chiropractic profession to publish, publish, publish, because he who owns the data is in charge. I would like to invite those of you who subscribe to journals to keep a running account of just who it is who is doing the research, and please do not be shocked! The Manga report is a good place to start. Podiatry is in huge trouble, a statement made to me by a number of practicing podiatrists: Orthotics are made by everyone including shoe and drug stores and almost every profession is treating the foot. What happened? Why did it happen? According to a number of sources, this is what happened: The podiatric educators reduced the scope of podiatry to include everything below the talocrural joint. They became specialists, if you will. How stupid this was! Now, even though they know, for example, the TCN articulation can

impact on the function of the knee, hip, symphysis, sacroiliacs, all spinal joints, and vice versa, they are stuck in a narrow model and scope designed and executed by nonpracticing and nonbelieving podiatric educators. The podiatrists have two enemies: (a) their own politicians and educators; (b) the chiropodists, a very fast growing, lateral thinking and aggressive group that have gone back to what podiatry was 100 years ago (and that was doctors caring about all aspects of the patients health that was impacted upon by biomechanical foot dysfunction and the resultant disharmonious relationship between mechano and nociceptive input at the dorsal horn, -- all of which can cause or contribute to a sick patient). The why is this: The podiatric profession have allowed their educators to drift away from the very beliefs upon which the profession was founded. They are by their own admission in trouble of survival.

The Osteopaths

Oh how I wish the chiropractic profession would listen to this tale of self-inflicted holocaust. Osteopathy allowed their educators to accept students who had never been treated for the osteopathic lesion and therefore never understood Dr. A. Still's basic philosophies and concepts. The result of this is easy to understand -- if you graduate enough doctors who are non-believing, very insecure, and confused about their role in the health care system, you will get doctors that will want to change the direction of the profession to satisfy their own insecurities and failures. Is this not exactly what happened? The osteopathic profession was directed towards conventional medicine and today is once again by their own admission in significant trouble. Student enrollment is decreasing, so they accept lesser quality or those not familiar with the profession. Sound familiar? Their educational facilities are not as they once were. Sound familiar? And there is a major rift within the profession with regards to their heritage, roots and future. The osteopathic journals of the '70s and '80s were "fat" compared to the journals of today and their quality is not what it once was. The result is obvious. In due time this once proud, directed profession will become extinct or will be gobbled up by the competition. A fight that is just beginning. The real enemy is within!

The insidious disease within chiropractic is as follows:

1. As many as two-thirds of some classes in our chiropractic colleges have never been adjusted and what is equally as disgusting is that some who have attended chiropractic offices also have yet to experience the chiropractic adjustment. How do the selection committees of our colleges accept a student who had no prior knowledge or basic belief in the chiropractic way of life? Perhaps chiropractic is beginning on the pathway of destruction as in the previous paragraph. Money has been postulated as the reason, so as to fund the institution that will employ the future policy makers and directors of the profession.
2. The philosophy, power, and understanding of the chiropractic adjustment is almost a lost topic in some of our chiropractic colleges. If you are having a problem with this statement then I invite you to travel with any MPI instructor and listen to what the students are saying. Two of the colleges that were polled taught less than 30 adjustments to their students. The students, upon graduation were adequate at most of them but really only good at a few, and used less than six. This is a surprising revelation when you consider that in the USA alone there are courses being given to the physical therapists where the curriculum contains over 80 adjustments. If you are good at only a few and use even less, then is it any wonder that complacency and mediocrity are running wild throughout the profession when it comes to updating your adjustive procedures. In talking to a member of a state association one of the topics that concerned them most was the inability of the new graduate to be confident and knowledgeable about the chiropractic adjustment. In fact, a recent new graduate was not adjusting any of his patients for the first three to six weeks and then he never gave what is

known to some of us as the chiropractic adjustment.

3. The example I mentioned in paragraph (1) should be enough to make those of us who still adjust our patients scream that it is about time to make those responsible accountable. Dr. Z, a teacher of neurodiagnostics and treatment, with only limited actual clinical experience, brought into his class a "real neurologist," an MD named Dr. X. Dr. X was to teach the chiropractic students all about how to diagnose disc herniations and how to treat them. Dr. X brought with him and demonstrated a new and most exciting device, "the reflect hammer." This strange device, according to Drs. Z and X could show the awestruck chiropractic students reflex differences and that this would pinpoint the actual location of the disc herniation. Strange isn't it that this new information is not yet in print. Oh well. Sensory and pain patterns, he said, were of no use what-so-ever as motor discrepancies were the only sign of any value to the clinician. Both Drs. (I use this term only because they graduated) stated that palpation and other diagnostic tests were of no value and should not be interpreted as anything meaningful. Treatment was absolutely mind boggling, when you keep in mind that this was in a chiropractic college setting. It consisted of 2-3 weeks bed rest, physiotherapy, and physiatry. Notice something missing? Obviously if this did not work then surgery was the only alternative.

Perhaps the most important aspect of this all too familiar tale is that only one of in excess of 150 about-to-graduate students asked about the adjustment. Dr. Z, the chiropractic educator and future designer of our profession, immediately came to the rescue of, no, not the student, but of the "knowledgeable" Dr. X by stating that the adjustment was contraindicated in these disc cases. (I've talked to thousands of doctors of chiropractic who treat disc herniations each and every day of their practicing lives and will most assuredly continue to do so in spite of the inadequacies of Dr. Z). Imagine 150 about-to-graduate students will not get sick people better and will fall prey to trickery, gadgetry, and movements like orthopractic thanks to educators like Dr. Z.

Dr. Z will not stop his drive to fulfill his wish of a chiropractic void, nor will he allow himself to change. After all, he is faculty, an elite position that exemplifies the "Peter Principle" (the name of a text that should be read by all of us who are concerned) to its fullest extent. He most assuredly will because the chairperson and hire more non-believing clones of chiropractic mediocrity to perpetuate his ultimate vision, a vision of himself as president, CEO, and chancellor of the First World College of Chiropractic Non-Adjusting Referral Medicine, a subspeciality of the orthopractors. On the other hand, he will be accepted at the local country club.

Dr. Z is not a singular force. There are those who would reduce the chiropractic profession to a role of musculoskeletal technician who must never treat a patient for more than 3-5 weeks. There are those in our colleges that deny the very existence of somatovisceral (and vice versa) components of chiropractic care. There are those in our colleges who state daily that there is no such thing as a sacroiliac subluxation. There are students graduating who, as of today, have absolutely no ideas as to why chiropractors do what they do, nor how the adjustment really works. There are new graduates that have no real chiropractic belief or understanding of the chiropractic way of life nor do they understand what it means to be subluxation free. There are those in charge of the destiny of chiropractic that, if not made accountable soon, will alter radically what the last 100 years was all about.

Chiropractic is an art. Chiropractic is a belief. Chiropractic is a way of life. Chiropractic doctors treat the entire human body and will not stand by and watch the weak and confused lead the profession along the same road as podiatry and osteopathy. Doctors, please do not let our scope of practice shrink!

This point of view was written not to be taken personally by anyone, although I know it will be, but to point out to those in charge that there is a problem. Sometimes when you are so close to a situation, the obvious is obscured from rationale thought. The events that were discussed actually are happening today and have been brewing for quite some time, just ask some of the students or faculty who have been forced to resign their positions. The students will be told it was some mystical, magical disease. Mystical? Magical? No! Rot from within is the disease in question. By this time there will be some limbic systems on significant overdrive, I can only suggest that you consider the future of the profession and not self-gratification as the motivating factor of how our future doctors of chiropractic are educated.

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Editor's Note: Dr. Innes will be conducting his next Extremities 1 (E1) seminar March 18-19 in Chicago, Illinois and his next Spine 1 (S1) seminar March 25-26 in St. Louis, Missouri. You may register by calling 1-800-359-2289.

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