Dynamic Chiropractic

PHILOSOPHY

Time Marches on ...

Terry Elder, DC

On a recent return trip home from Atlanta, I was reminiscing about my first trip to Chicago (I have recently relocated from private practice in the great state of Kansas to teaching at the National College of Chiropractic in Chicago). My first trip to Chicago was an very exciting adventure for a 12-year-old Kansas kid who had never seen a real city. During that trip, we visited all of Chicago's various attractions. By far, the most interesting attraction was Chicago's Institute of Science and Technology. One of the exhibits was a "then" futuristic technology called fiber optic telephone systems. We tend to forget how far technology has advanced in the last 20 years. Fiber optic telephone systems are now yesterday's news and cellular gadgetry, pagers, and hi-tech notebook computers are the latest rage. Scientific achievement continues to alter our daily lives.

The chiropractic profession must endeavor to join the technological age. Twenty-two years ago fiber optic telephone systems were a dream. Chiropractic was a profession still largely based on outdated belief systems and very little scientific data. Less than 20 years ago, Drs. Don Petersen Sr., and L. John Faye founded the Motion Palpation Institute (MPI). From its inception, MPI has endeavored to advance the chiropractic profession. However, changes within our profession are often met with resistance, as is customary with any change. Occasionally it has been necessary to abandon or alter strongly held beliefs such as the BOOP model of chiropractic in the face of a more logical and scientific model of chiropractic. The abandonment of outdated models is always performed with reluctance, but in the end the old eight-track tapes, rotary phones, and black and white televisions cannot match the more technologically advanced models of the present.

The recent AHCPR guidelines have again brought chiropractic to media attention, and it is time for chiropractors to embrace the abundance of scientific information available on the subluxation complex. Our profession must continue to evolve in our thought processes as more is known about the subluxation complex. Recent postgraduate seminars, such as those presented by Dr. David Seaman on "The Dorsal Horn and the Neurological Considerations of the Subluxation Complex," have broadened our chiropractic horizons. The chiropractic adjustment is a mighty tool when wielded by knowledgeable doctors of chiropractic. Unfortunately the chiropractic "subluxation" model (bone out of place or misalignment) cannot adequately explain the incredible results we witness on a daily basis. The BOOP model of chiropractic does not even adequately explain the adjustment that chiropractic was founded upon, the adjustment that restored Harvey Lillard's hearing.

Harvey Lillard's miracle was not an accident. Brodal in his text, Neurological Anatomy in Relation to Clinical Medicine (when discussing the sympathetic innervations of the ear) states: "The vessel-dependent system originates in the stellate ganglion. These fibers course along the vertebral labyinthine arteries and seem to terminate in relation to the cochlear vessels." Cervical and upper thoracic segments have access to the vessel-dependent and independent systems of the internal ear. Clearly this is one mechanism by which joint afferent stimulation, via the chiropractic adjustment, may affect hearing. D.D. Palmer's adjustment of Harvey Lillard and the almost miraculous cure has not been duplicated, but the neurological pathways for such an occurrence exist in every patient we treat.

Recently I ran across D.D. Palmer's recollection of the adjustment on Harvey Lillard. He describes a procedure where he contacted the spinous process of the T4 vertebrae and "racked" it back into position. This adjustment, semantics aside, sounds amazingly like an adjustment taught by the Motion Palpation Institute for the hyperextension of T4-T5. Many practitioners no longer utilize spinous contacts and therefore the art of adjusting for hyperextension has been lost. Hyperextension is a very important movement and the inability to perform hyperextension on the thoracic spine often leaves the patient with anterior head carriage, scalenes that function as extensors instead of flexors (contributory to all types of thoracic outlet syndromes), and a host of symptoms we typically treat. Most practitioners realize that when patients need that "deep" adjustment it might not be particularly comfortable, but it is essential in returning that patient to normal health.

Understanding the broad scope of the subluxation complex and its eight components enables us to be more effective because it embraces the complexity of the human body, allowing us to treat the whole person. Treatment of the subluxation complex and its various components have kept us busy and made chiropractic unique over the last 100 years. MPI continues to strive for a more scientific model of chiropractic. A better understanding of what we do can only enhance our uniqueness without compromising the strong foundation that our chiropractic forefathers provided. The Palmers, Gonstead, Logan, DeJarnette, Illi, Janse, et al., were willing to abandon the belief systems of their day and instigate a search for a more current approach to the subluxation complex. We must continue to follow the example set before us. The BOOP model has a fond place in our history, much like eight-track tapes, but we must realize that the BOOP model is in fact history. To maintain and insure our position in the health care field, we must replace obsolete historical concepts and continue to strive toward a more scientific model of chiropractic: the subluxation complex.

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Editor's Note: Dr. Elder is taking a sabbatical from his MPI teaching duties to document all aspects of the subluxation complex related to the chiropractic adjustment and rationale literature of the 1990s. Please consult pages 6-7 in this issue for the dates and locations of upcoming MPI seminars.