

Critical Thinking in the Second Century

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Now that the chiropractic profession has reached its 100th anniversary, it is time to start looking ahead. We have done more than survive, this profession has grown and prospered. Our determination combined with patient support has taken us out of the jails and into the health care arena spotlight.

Much of this maturing process has occurred in just the last ten years. The chiropractic profession has moved from a loosely knit, disrespected group to a well recognized profession. No longer is chiropractic a place for people to get a license and "do their own thing." Things have changed. Not only do we have our own clinical practice guidelines, but now the federal government has issued national guidelines affecting much of what we do.

How do we deal with the changes?

How is a DC supposed to stay in step with the AHCPR Guidelines and still hope to practice?

What about the internal practice philosophies that are so often supported by certain techniques or technologies?

There will always be those who stand by a particular technology or procedure regardless of what scientific examination has concluded. Their cry will be: "We just need more research to prove it works." But in the mean time, the practicing chiropractor has to deal with today's reality. The doctor must use those therapies which are efficacious and reimbursable. This is not meant to be a value judgment, it is simply reality.

What do you do when your favorite diagnostic equipment is "not recommended for assessing patients"?

Or a particular means of treatment is "not recommended in the treatment of patients"?

Obviously, not every piece of equipment will be found to be efficacious. Unless you are extremely fortunate, at least some of what you do will be considered "non-reimbursable" in response to the federal guidelines. What now?

At times like these, we need to go back to the foundation of chiropractic clinical practice: the adjustment.

Yes, the research community is not yet able to determine the difference between an "adjustment" and "manipulation," so let's just accept what they are trying to tell us: the chiropractic adjustment (manipulation) works. It IS recommended by the AHCPR guidelines, the British guidelines and the Swedish guidelines.

Whatever you are doing in addition to the adjustment may not have the same efficacy. You will probably be encouraged to drop those diagnostic and treatment procedures that haven't been found to be effective. You may even discover that some of the equipment you invested in is not

considered viable.

What you are (a chiropractor) and what you do (chiropractic) have been declared by federal panels in three countries to be effective for (low) back pain. The additional aspects of your practice may need some re-evaluation. All health care providers are having to re-examine what they do and why they do it. Chiropractic manipulation has been re-affirmed, but not everything every that DCs do.

Rather than fighting to still use a specific piece of equipment, it may better serve your patients (and your bottom line) to become more familiar with the federal guidelines for acute low back pain. They will not only provide you with a clear reflection of the scientific literature, but give you a good idea of what will be reimbursable.

Clinical guidelines are being instituted in an effort to move patients towards the appropriate care, thus saving money spent on what doesn't work. Chiropractic IS appropriate care for low back pain and more. It is very likely that patients will be moved from many less effective medical procedures to conservative chiropractic care.

To obtain your free copy of the AHCPR (U.S.) guidelines, call 1-800-358-9295, and if you would like to order a copy of the British guidelines call 011 44 71 873 9090.

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