

We Get Letters & E-Mail

Objectivity ... Depends on Your Objectives

Dear Editor,

Your "Report of My Findings" (5-8-95 issue) is an excellent example of chiropractic misrepresentation. You make the following statement: "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." I cannot find anywhere in the AHCPR guidelines an endorsement for chiropractic. The recommendations are for the use of spinal manipulative therapy in the treatment of acute low back pain. Spinal manipulative therapy and chiropractic are not synonymous. Quality journalism should portray the facts. However, you have apparently lost your objectivity and ability to think critically.

C. Michael DuPriest, DC, RPT
Little Rock, Arkansas

Editor's note: Surely Dr. DuPriest recognizes "spinal manipulation" as the term scientists (non-chiropractic) use for the chiropractic adjustment. Even the AHCPR guidelines define spinal manipulation as "using the hands to apply force to the back to 'adjust' the spine." Noted RAND researcher, Paul Shekelle, MD, MPH, published a paper¹ which stated:

"In the last 50 years, the use of spinal manipulation has been equated with the practice of chiropractic, and, in part because of this, the use of spinal manipulation has been labeled an unorthodox treatment by the medical profession."

Shekelle et al., note: "In the United States, chiropractors provide most of the manipulative therapy for which reimbursement is sought. In our analysis of data from the RAND Health Insurance Experiment, chiropractors delivered 94% of the manipulative therapy."

Why is Dr. DuPriest working so hard to separate the AHCPR's positive recommendations of spinal manipulation from the chiropractic profession? Some light is shed on the mystery with the knowledge that Dr. DuPriest is a state manager for the NACM/Orthopractic Manipulation Society. Objectivity seems to depend on what your objectives are.

Reference

1. Shekelle PG, Adams AH, Chassin MR, Hurwitz EL, Brook RH. Spinal manipulation for low-back pain. *Ann Intern Med* 1992;117:590-598.

DD or Bust

Dear Editor,

The Durham Region Chiropractic Society has recently been given the task of refurbishing the

statue of D.D. Palmer located in Palmer Park in Port Perry, Ontario.

The bronze bust needs to be cleaned, the walkway up to the statue must be fixed, as does the surrounding landscaping (flowers, shrubs, flower pots, etc.).

Current quotes estimate the cost at approximately \$10,000. We are asking for contributions to aid in this restoration.

This being the centennial of chiropractic, the site will see lots of traffic this year. Indeed the town of Port Perry will be hosting a ceremony and reception in honour of Dr. Palmer and chiropractic on Sunday September 17, 1995. I would assume a significant number of our profession will be visiting the site in conjunction with our centennial convention in June of this year. In fact, a visit to Port Perry will be organized for June 4th.

In any event, our statue is in disrepair (bordering on danger), and we need to restore it as soon as possible.

We are asking for donations to help us restore the monument. Any help you can extend would be greatly appreciated. If you have any questions or concerns, please give me a call at (905) 697-0355, or Dr. Phil Smith at (905) 436-6666.

In this centennial year, please help us refurbish D.D. Palmer's birthplace monument to reflect our respect for the father of chiropractic.

Checks made be payable to: Durham Region Chiropractic Society c/o Dr. Tony Lysyk Treasurer, D.R.C.S. 1-848 Simcoe St. S. Oshawa, Ontario L1H 4K8

*Dianne Lott, DC
President, D.R.C.S.
Port Hope, Ontario*

"It Looks Like Child Abuse, but ..."

Dear Editor,

Dr. Brian Sutton's "DC On Line" column in your April 10, 1995 issue contained an "info-bite" concerning sexual child abuse headed, "It Looks Like Child Abuse, but ..." The item argues that according to the physicians at a New Orleans based childrens' hospital, that approximately five percent of these abusive cases are found to be due to other factors the consequences of which cause signs and symptoms that closely resemble those of sexual abuse. It goes on to relate that this problem is extrapolated all around the country and has caused people to be removed from their families be incarcerated or as it was in one example that a father committed suicide while in jail for an alleged episode of child sexual abuse that was later proven to be unfounded. Surely it is regrettable when these injustices occur, but in the greater view of the situation there will always be some level of failure in these cases.

I'm sure that most of us would like to see zero tolerance in false accusations in sexual child abuse cases and that no parent, guardian or other care giver would be falsely accused and prosecuted. But as long as humans and their emotions are involved, mistakes of this ilk will be made. What we have to keep in mind here is rather obvious. In cases of suspected child sexual abuse, we must do everything we can to ensure the safety of the child and prevent continued or future harm. If this

means that five percent of the involved adults will be falsely prosecuted and convicted, so be it. Eventually the vast majority of the mistakes will be corrected.

If Dr. Sutton's five percent figure is correct, then we should rejoice, because that means that 95 percent of all child abuse cases are handled to an accurate conclusion. I do not remember ever hearing of any category of crime that has such a high accuracy rate. Some DPW forecasts I have seen predicted that there are two to three additional cases like this above the number of reported cases, which makes child sexual abuse incidence of epidemic status. Chiropractic physicians are in a position to intervene in many of these abhorrent cases and we should do so willingly, for the protection of the child, and ignore the slight risk of a parent being wrongly accused. If we err, we must err on the child's side.

As we examine our juvenile patients, anytime we have evidence that the child was physically and or sexually abused, we have an obligation to the patient, not the parent, to assure that intervention takes place; that the child is given necessary treatment; that the child is protected until the rightful authorities can figure out who hurt the child. In my state it is mandatory that we report any kind of child abuse. If it is determined that we ignored evident signs of abuse and did not report the incidence, we can be prosecuted. In my 24 years of practice, I have been given the pleasure of helping to separate 22 severely physically and or sexually abused from the adult(s) that had tortured them. There are absolutely no words to adequately explain to you the atrocities done to these children, so I will not try.

It's amazing to see what happens when the police and the case workers converge in your office. I was surprised to see the professionalism and efficiency of these people and the deference they showed the children. The exams were thorough yet the child was comforted as much as possible. I was always required to give written and oral reports, and was advised on the disposition of each case.

Luckily and happily all of the cases in which I intervened were concluded successfully and there were no false prosecutions. Even if one or two cases had caused an innocent adult to be punished, I would not change what I do: saving of 20 or 21 children is far more important. For me, what it all boils down to is adjusting a normal 12-year-old that nine years before had to have a series of reconstructive surgeries because her father raped and sodomized her with the large end of a softball bat, completely tearing the rectal/vaginal wall. I know that my intervention gave her a chance at life that many other will not have. Do not fear these interventions. Remember, you will save a child's life.

S. J. Kelman, DC
Fort Wayne, Indiana

Fax, Fax, Who's Got a Fax

Dear noble, intelligent, and thoughtful colleagues,

Like you, I am frustrated. I am a communicator. Without reaching out and communicating with each other we confine ourselves to the basement of the mansion of chiropractic. I personally telephoned every DC in Grand Rapids, MI. I asked for their fax number to send a professional announcement. Can you believe this? The percentage of doctors who owned fax machines was only 18 percent. That leaves 82 percent (of Grand Rapids DCs) without even the most basic and primitive of communicating tools: a fax machine.

I encouraged each doctor to go out and buy a fax, tomorrow if possible. Why? It speeds payment, speeds documentation, and gives DCs an internal communication system.

Responses: "It's not very high on my priority list." "It's too expensive." "I doubt I'd use it all that much."

Dear doctors, all too soon our success will rise or fall on our ability to communicate and mobilize quickly. This is the 90s not the 70s or 80s. It's a different ball game today. We need basic tools like fax machines to win.

I appeal to those of my colleagues, the ones that are a little brighter and a little quicker. To encourage all of our doctors to come up to speed in the 90s, ask them to buy a fax machine. To those of you who have input to state newsletters, how about a "let's get a fax" blurb next month.

I realize I may be fighting a losing battle, but I don't intend to give up. While some of us are temporarily unfaxable, we need not be unfixable. I would love your help to help us all.

Paul Tuthill, DC
Lowell, Missouri

The Greg Louganis Factor

The recent publicity about Greg Louganis and his dilemma of (not) relating his HIV status to the 1988 Olympic medical staff, has many implications. I want to share with the chiropractic community that we need to become more aware of this modern concern. The significance of blood borne pathogens is a real and unfortunately potentially life threatening concern for all health care providers. Any clinician who is involved in a situation where a bodily fluid (i.e., blood) that has the potential to become shared with someone other than its owner in an unchecked circumstance, needs to be responsibly aware of its consequences. It is the duty of any chiropractor involved to be knowledgeable about the prevention and management of blood borne pathogens.

While most chiropractors are not involved with clinical situations involving open wounds, chiropractors who act as team physicians or are involved in emergency situations are extremely susceptible to blood borne pathogens. Every chiropractor who aspires to act as a team chiropractor needs to be aware of blood borne pathogens for themselves and for the athletes for which they are responsible.

As part of its responsibility to the chiropractic community, the ACA Council on Sports Injuries is currently preparing a position paper on blood borne pathogens for chiropractors. Mike Reed, DC, CCSP, DACBSP, will be presenting this paper at our annual convention in July 1995.

Editor's note: Dr. Corwin served as the chiropractor for the 1988 US Olympic medical staff in Seoul, South Korea. Dr. Jan Corwin was responsible for treating Greg Louganis' injuries after the diver struck his head on the diving board. Greg won the gold medal two days later.

Dr. Corwin is in his second term as president of the ACA Council on Sports Injuries.

Jan Corwin, DC, CCSP
San Diego, California

