Dynamic Chiropractic

PHILOSOPHY

We Get Letters

Slippin' and Sliddin'

Dear Editor:

Though I agree that Dr. Hammer's comments concerning sprained ankles are beyond reproach, he should have done a bit of homework before using Dan Jansen's slip as an illustrative example. First, let's look at some simple physical concepts. Ice hardness changes more than we think. The athletes competing in these games are very strong, but can only go as fast as their weight and blades will allow. If they apply more force centrifugally than the ice can resist centripetally, they will slip, no matter how strong they are. Dan Jansen slipped simply because he was pushing the limits of the physics involved, not because he has a proprioceptive loss from a sprain. Second, his brother-in-law, Dr. Eric Cerwin, one of the most competent chiropractors I know, is not prone to missing this type of problem.

Geoffrey Bove, DC
Chapel Hill, North Carolina

"Ludicrous"

Dear Editor:

I cannot help but respond to a reprisal that was written to you regarding strokes from Paul Stefanelli, DC. In Dr. Stefanelli's letter he states that the tearing of an artery from a chiropractic procedure is ludicrous.

Even though the incidence is rare, the risk is very real. Does Dr. Stefanelli also suggest that we as chiropractors disregard any cerebral vascular maneuvers to screen patients at potential risk?

While working in an emergency room during my medical training, I admitted a patient that had a stroke from a chiropractic procedure. Maybe Dr. Stefanelli would have liked to explain this ludicrous idea to her and her family.

Brian Anseeuw, MS, DC, MD
New Windsor, Illinois

Establishing Chiropractic in Pediatrics

Dear Editor:

I enjoyed the article in the March 11, 1994 issue of "DC" regarding the story of young Michael who suffered from multiple developmental problems which were apparently helped with treatment

provided by the Kentuckiana Children's Center. I also enjoyed the articles by Drs. Fysh, Wilk, and Keating regarding the "20/20" program on chiropractic pediatrics. I enjoyed the Kentuckiana article not only because of the heartwarming story about Michael (though anecdotes such as this are not uncommon in chiropractic lore) but also because it is gratifying to see that the Kentuckiana Children's Center was presented this case as a paper at two symposia, and that they have taken on a research associate at the center.

It appears that all the letters to ABC, full page ads in national newspapers and appearances on the radio (the effectiveness of all of which is undermined by the paucity of significant data regarding the chiropractic treatment of pediatric disorders) cannot hold a candle to the publishing of case reports and observational and controlled trials which address the question of whether chiropractic care can play a role in the management of childhood illnesses. This, coupled with the establishment of standards of care for the chiropractic treatment of children and a firm position on the question of whether chiropractic physicians who do not have adequate experience in the diagnostic workup of pediatric disorders (which would require years of residency-based training) should attempt to treat children as primary contact providers or if they should only do so after the patient has seen their pediatrician, will go far toward establishing the chiropractic profession in the field of pediatrics. What better source of the information necessary to achieve these ends but the Kentuckiana Children's Center, a clinic that has specialized in chiropractic care for children for many years.

It is my sincere hope that the Kentuckiana Children's Center will continue moving in the direction of scientific and clinical investigation into the potential role that chiropractic treatment can play in caring for health problems in children. I also hope that this Center and perhaps others like it that specialize in treating children will take a leadership role in the establishment of guidelines and clinical protocols for the chiropractic approach to children. Significant damage has already been done to the cause of chiropractic's role in pediatric care. Let us not exacerbate the problem by ranting and raving in the national media about the wonders of chiropractic care for children until we have enough data to back up our assertions so as not to look like the unscientific buffoons we were depicted as in the Wall Street Journal article and the "20/20" program.

Donald Murphy, DC, DACAN
Westerly, Rhode Island

Co-Author Reviews Review

Dear Editor:

I just received your latest copy of "DC" and immediately turned to the book review section and noted that the text, Orthopaedic Testing: A Rational Approach to Diagnosis was reviewed. I should inform you that I am one of the two authors of the book and was interested in reading your comments.

As I started reading the article, I notice that your reviewer Dr. Innes seemed to overstep the bounds of constructive reviewing. Dr. Innes' review reminded me more of an attack than a review. I was totally taken aback by the comments made and I felt that it was important to set the record straight.

Dr. Innes noted that this text has erroneous information and cited the Macintosh test as an example of an error. Please note, my co-author and I spent many years reviewing our sources for

every test that was included in our text. We used Turek's Orthopaedics; McGee's Orthopaedic Physical Assessment; Skogsburg The Knee, to name a few. The Macintosh test is for anterolateral rotary instability. A component in anterolateral instability is anterior translation, however this test in not specific for anterior cruciate ligament (ACL). A more specific test for ACL is Lachman's test. Dr. Innes also stated that he contacted a chiropractic college to see how the test was taught and noted that it was taught as an ACL test. Both Dr. Gerard and I have been involved with teaching chiropractic students and interns for the past 10 years. It has been our experience that some items that are taught are not correct. Please note that many chiropractic colleges hire newly licensed DCs to become part of the faculty and that they usually lack outside practical experience. These new faculty members rely on what they were taught when preparing what they should teach. This is called the game telephone and usually results in a watering down of the original knowledge.

Orthopaedic Testing: A Rational Approach to Diagnosis is being used at most of the chiropractic colleges across the U.S. and Europe. All of the state boards have received the text and some, like New York, have started using it as a source for orthopaedic testing. This text has received accolades from many of the course instructors in orthopaedics at numerous chiropractic colleges: National, Parker, NYCC, Northwestern, and U. of Bridgeport, to name a few. If you were to see the foreword to the book, you will see that Dr. Kirkaldy-Willis reviewed the text and not only felt it was important to write the foreword but even stated: "I believe that it will be the classic text on the subject." I should remind you that Dr. Kirkaly-Willis is a world respected MD and his books are read worldwide.

Let me tell you the purpose of Orthopaedic Testing. Both Dr. Gerard and I have had the pleasure to work with hundreds of interns and students. One of the common problems that we kept seeing was that often interns received information from their patients that was not consistent with the classical mold of what they learned. This information was often pushed aside, since it didn't fit the mold and the patient didn't get the complete care necessary. Unfortunately up until the time we wrote our text, an orthopaedic test was either positive or negative. We wanted to present the classical finding and correlate it to a positive finding. We also listed clinical findings that we felt were important and described where that information may lead.

Our text was written in an atlas format as an orthopaedic testing text. Orthopaedic testing is just one part of the diagnostic procedure, but an important part. We also made up flow charts under most of the chapter heading, which intern or doctor could use to help arrive at a working diagnosis. The photographs in the text are all first rate.

Both my co-author and I do take offense at the statement that the book was rushed. We were under no timetable and only had one thing in mind: to produce a first rate orthopaedic testing text.

It is a shame that Dr. Innes couldn't review the text for what it was designed for. We feel that he erred in that he might have been looking at the book as a biomechanical text. Our book was designed for the student and practitioner in mind as an aide to their diagnosing a patient's complaint. We find it amazing that those who are experts in the field love the text and that your review was the sole negative one. It does make one think about a hidden agenda.

Dr. Steven Kleinfield, DABCO
Huntington Station, New York

On the Superhighway

Dear Editor:

I was pleased to see the column, "Developing Professional Skills for On-Line Searching" (2-25 issue), and would like to add my voice to those who are advocating its use by practitioners. I have had an account with the National Library of Medicine (Medlars) for about one year and it has proved to be a wonderful resource in a number of ways. I would like to inform your readers about the method I use to access Medline, because it involves the Internet, the so-called information superhighway.

Our local university runs a computer workstation which acts as a gateway to the Internet. Using a modem, my computer dials a local number which connects me with that workstation. Once connected, my PC begins acting like a dumb terminal, essentially using my own keyboard to transmit commands to remote computers as if I was sitting next to them. The National Library of Medicine has an address on the Internet and a simple command, in this cases "telnet," allows me to access Medlars and use Medline. All of this with no long distance charges and in a matter of seconds. The charges for using the commercial Internet service is a $30 one time signup fee and $1 per hour of connect time. My typical search charges are anywhere from $2-6.

There are many other services available on the Internet but two that may be of interest to DCs are Usenet and electronic mail (e-mail). Usenet is a worldwide (virtually every university in the world is connected) system of news groups or conferences where anyone with access can post and read messages. One of the groups I frequent is called sci.med, a discussion forum on medical science. I have been involved in many lively debates with participants around the world regarding chiropractic. Unfortunately, I have yet to see another post by a chiropractor in any of these groups. Often these public debates become private discussions which occur via electronic mail. The beauty of e-mail is its immediateness. It only takes a matter of moments for e-mail to reach the other party so virtual conversations may take place.

Regarding Internet access, many major cities in North America have Freenets which are systems whereby users can read the news groups and send e-mail. Many bulletin board systems (BBSs) have gateways to the Internet with the same services.

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"A hack is a hack"

Dear Editor:

For some reason I thought the March 11th issue was your best ever. As I read the Interesting Quotes the paragraph on chiropractic was good. I'd like to paraphrase one sentence. I will add several words that may be used in substitution. Let's see if the sentence maintains its value.

"The chiropractors (MDs, internists, surgeons, DOs, podiatrists etc.,) however labor under a burden. If one trains in chiropractic (any health profession) and a satisfactory level is simply not attainable by that particular individual, he has no alternative in the profession but to manipulate, (prescribe, cut, drill, fill, pull) however poorly, unless he is going to abandon the time and effort he has invested in qualifying."

The implication is that in medicine if one is not good enough in one specialty, one can succeed in

another, when in reality it appears that a hack is a hack wherever you find him, no matter how many changes he makes. A competent practitioner will always be competent. As I have told patients who question techniques, "The practitioner always makes the technique; the technique never makes the practitioner."

John Watson, DC
Hendersonville, North Carolina

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