

Orthopractor vs. Chiropractor -- Is There a Difference?

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Definition

1. Orthopractors (OPs) are self-limited practitioners.
2. Chiropractors (DCs) are primary providers who limit their practice based upon clinical judgment and state statutes.

It will appear from these definitions that there are no differences. Or are there?

Access

Orthopractors -- Receive patients after an MD's approval. This approval may be direct or inferred from an agreement by the OP and MD in which the OP agrees not to accept patient without MD oversight.

Doctors of chiropractic -- the public may go to a DC anywhere in the USA without prior MD permission.

Practice

OP -- Limits scope to some NMS problems. The OP manipulation has a single purpose: joint fixation. At no time do OPs profess any systemic effect by the manipulation.

DC -- Utilizes spinal adjustment/manipulation after first performing a differential diagnosis and identifying the patient's clinical problem. This problem may reside in nonsomatic areas. The purpose of the adjustment is to re-establish homeostasis between the effected organ system and the body. Referral is utilized when the patient's condition is beyond the doctor's expertise.

Consent

OP -- Consent results from the MD's approval.

DC -- Consent results from the patient, i.e., the DC is empowered by the patient.

Public Role

OP -- Informs the public that he/she will only accept certain NMS problems and only after they have a family physician's understanding of what the OP expects to achieve. The OP is subordinate to the MD. They want to use limited drugs.

DC -- Wants the public to realize that chiropractic is a nondrug, nonsurgical choice of treatment for dysfunctions affecting all body systems. The DC competes with the MD, but also cooperates with

medical providers when in the patient's best interest.

Philosophy

OP -- Rejects the subluxation theory, the treatment of children, and nutritional care.

DC -- Recognizes that the subluxation is a hypothetical paradigm which lacks the scientific data at this time to be considered an uncontested reality. However, the DC appreciates the importance of structure and function and attempts to influence the nervous system through manipulation of the body's structure. Patient care includes guidance on nutrition, lifestyle modification, and exercise, in addition to manipulation/adjustment. Chiropractic care is patient focused, not exclusively a localized mechanistic process.

The DC is a holistic, independent, full-body provider who is vertically integrated within the health system. By law, DCs are independent doctors offering patient-centered natural health services.

The DC Functioning in a Managed Care Organization

Let's look at the role of the DC functioning in a managed care organization with the MD as a gatekeeper. Does the patient have chiropractic access? No. Does the DC establish the treatment plan? Yes, but it must be approved by the MD gatekeeper. Can patients see DCs with nonsomatic complaints? No, unless the MD says yes. But will the gatekeeper be competent to judge what cases to refer if he/she really wanted to?

Question: Is there any difference between a DC and OP? Yes, if we restrict our comparison to fee-for-service settings. No, if we compare the roles within a managed care organization.

Question: Why would any independent, intelligent DC want to become a prescribed, subordinate therapist; give up all his/her cognitive clinical skills; and give up decision-making authority? Why? It is a form of idiocy or masochism.

Solution

Orthopractic does not statutorily exist. If individuals portray themselves to the public as OPs, they should be called before the chiropractic board of examiners and given due process. In all states the only legally permissible manner of communicating to the public requires the licensee's name, followed by chiropractor, doctor of chiropractic, or in some states, chiropractic physician. It is illegal for a licensee to use doctor by itself and it is equally impermissible to use orthopractor when such an entity does not exist.

It is in the public's best interest for the profession of chiropractic to develop ethical practice guidelines and continue to provide superior health care which allows all citizens a choice. OP is merely an old-fashioned medical monopoly under another scenario.

The ultimate response by the chiropractic profession is to achieve legislative success by passing equal access laws and guaranteeing chiropractic services at the same level of reimbursement as that offered for allopathic care.

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