Dynamic Chiropractic

DIAGNOSIS & DIAGNOSTIC EQUIP

Osteoporosis -- The Competition

Alan Cook, DC

We're competing. Yes, competing in the health care marketplace. The public shops at the offices of MDs, DCs, massage therapists, acupuncturists, clerks at health food store, health magazines, and anyone who once read an Adelle Davis book. They shop for information, products and services.

We have an edge on part of the competition by virtue of being professionals and the consequent perceived authority and knowledge associated with licensure. The MDs and LAcs also share this advantage over the average Adelle Davis fan.

The marketplace is huge but DCs only account for one to two percent of the annual health care budget. Part of the reason we're so small is that we compete in only minimal segments of the health services available. We don't act as obstetricians, ophthalmologists, or proctologists. Most DCs narrow their service to musculoskeletal conditions with an infrequent patient presenting with a metabolic condition.

Just as the chiropractic profession has made large strides in servicing the low back pain market, we must pursue other areas where we will excel. A natural for us is the management of osteoporosis. This condition affects approximately half the US female population and is a concern for all women. Osteoporosis is in the musculoskeletal domain (therefore not controversial as to scope of practice), and the public perceives the musculoskeletal as the chiropractic concern (we do something with bones), which is not handled well by the medical profession.

So we compete with the MDs, LAcs, and Adelle Davis in the osteoporosis market. But we have our present patient populations, and the people they know, looking for answers.

Osteoporosis can be difficult to detect because there are no symptoms until a fracture occurs. Fracture represents a late stage in this disease. The early stage is often missed, not due to incompetence or a misreading of radiographs, but due to a lack of ordering the proper tests.

The only reliable diagnostic tests are those that directly measure bone mass or bone density. These include: single photon absorptiometry; dual photon absorptiometry; dual x-ray absorptiometry; and quantitative computed tomography. In 1994, dual x-ray absorptiometry (DEXA) should be considered the diagnostic tool of choice, as it combines the benefits of low radiation dosage, short scan times, and a high level of accuracy. DEXA reports yield a bone density quantity expressed in grams/cm2. This quantity can be compared to age-matched peers and/or percentage of peak bone mass.

The DEXA testing should be repeated over years to track a patient's skeletal health, the need for treatment, or the response to treatment. The process of testing and retesting gives both the patient and doctor the best of decision making information.

Patients look forward to the next test to see how well treatment is working. An osteoporotic patient's knowledge of their present bone inventory coupled with a future retest date adds to excellent patient compliance. The compliant patient typically achieves a good result and this is corroborated by the retesting.

We compete. In the competitive osteoporosis market we have the advantage of our license that allows us to order a diagnostic test (e.g., DEXA). There is a perception by the public that osteoporosis is within a DCs expertise. Chiropractors have historically advocated the preventative care model and use only natural occurring compounds. This is being demanded by the public.

Chiropractors have an opportunity in the present health care marketplace. The management of osteoporosis represents an expansion of our practices. Our profession, by not pursuing this, will give to our competitors and give away this opportunity. This would be tragic.

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