

Food for Thought, 1993

G. Douglas Andersen, DC, DACBSP, CCN

This is my second annual "Food for Thought" article. It may make some of you mad, and others glad. Hopefully, it will make everyone think.

1. I would like to see more chiropractors utilize nutrition in their practice in 1993. MDs and RPTs still do not want nutrition. Now is the time to put ourselves on the map as the health care professionals that the general public has access to for nutritional guidance, information, and programs. Someday, others will want nutrition, and when this happens, hopefully we will have the market locked up. As an example, a lot of other professionals are jumping on the manipulation bandwagon, but the man on the street knows who the experts are. I hope the same will be true of nutrition.
2. More research not only means more good chiropractic, but more much-needed unity in our profession. I feel many of the problems that separate chiropractors could be solved within good double-blind, placebo-controlled studies. Here are some ideas this author has:

A. Prove or disprove that adjusting a totally asymptomatic cervical spine will help alleviate low back pain.

B. Prove or disprove that getting 50 or 25 or even 12 adjustments per year on a patient with no subjective complaints and objective findings will result in (1) a measurable improvement in the patient's overall health, and (2) a long-term savings to our overburdened health care delivery system.

C. Prove or disprove that when a patient in pain receives x-rays that are negative for fracture, dislocation, and osseous pathology, and the chiropractic treatment alleviates the pain, that post x-rays will benefit the patient's health or result in savings on overall health care costs.

D. Prove or disprove that muscle testing can diagnose nutritional deficiencies or internal disorders. For example, I would like to see 10 doctors well-regarded as experts in muscle testing, and who claim they can diagnose nutritional deficiencies, examine 40 patients. Let's say 10 of the 40 could have, unknown to the doctors, a zinc deficiency. After each doctor has examined each patient, one could then ask if they found any patients with zinc deficiency and publish the results.

More research means more unity and a stronger profession. Let's find out the truth instead of arguing. These are but a few of the multitude of interesting controversies that we could solve with inexpensive studies. Let's go, schools.

3. Speaking of schools, I think it's time for the nation's chiropractic schools to be frank with prospective students about the economic realities of today's health care delivery system. They could start by informing prospective students (a) how much the majority of new graduates are really paid by established doctors; (b) how much money it costs to start a practice ethically (not just equipment costs, but survival in that first hard year or two); (c) how much school really costs;

(d) that the days of \$100 deductible and 40 visits, no questions asked, from the insurance industry are becoming history, and that many PPOs will not let new graduates join until they have been in practice for two or three years, and (e) how "full of it" some of the marketing people are.

What would happen if the above occurred? School enrollment would definitely decrease because the kind of people we don't want -- those after a quick buck -- would not enter the profession.

4. Somehow, have a unified effort to educate medical students and medical doctors on when to refer to a chiropractor. Many Americans go to medical doctors for "chiropractic" conditions, but many MDs are simply not educated as to what the clinical indications are for chiropractic consultation. Notice the word, "consultation." This is important because, sadly, many MDs' opinion of chiropractic is still one of mindless and endless manipulation. We need to make a concerted effort to (a) encourage their referrals; (b) evaluate the patient to see if a trial of conservative care would be right for their particular problem; and (c) come back to the three Rs of results, release, or refer. If the medical community knew that we would either (a) honestly evaluate the patient for need of manipulation; (b) help the patient in a reasonable amount of time; or (c) refer the patient back, the nation's chiropractors would be so busy we would not have the time or the need to listen to the folks in number five below.

5. Let's stop giving money to crooks who teach and preach how to treat a patient more times. Let's support those who train us how to get results in fewer office visits. Really, isn't that what it's all about?

G. Douglas Andersen, D.C.
Brea, California

JANUARY 1993