

Semiofficial Chiropractic Research Glossary

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The research community within the chiropractic profession clearly has evolved and matured: witness the quality of papers that regularly appear in chiropractic scientific journals. These papers are becoming every bit as incomprehensible as those from other more mature professions. The jargon is, to put it charitably, a bit thick. Indeed, it sometimes seems that words and phrases are chosen for their capacity to obfuscate rather than their capacity to communicate.

As an aid to deciphering this jargon, a glossary has been prepared. The column on the left contains words and phrases that frequently occur in chiropractic literature. The column on the right contains the English translation of those words and phrases. Feel free to clip this glossary and carry it with you for easy reference.

RESEARCH JARGON

ENGLISH TRANSLATION

The patient experienced a spontaneous, nonspecific, transspinal mobilization.

The patient fell off the table.

The treatment was successfully administered.

The patient did not fall off the table.

The kinetic, multifocal x-rays were unremarkable.

The patient moved and the x-rays were unreadable.

Patient compliance was suboptimal.

The patient never returned.

A public health problem of enormous importance.

I want to get paid for treating this condition.

I favor a holistic approach to this problem.

I sell vitamins.

A summary of the raw data is shown in table 1.

The raw data are gibberish but by showing you only the good parts, we create the illusion of having done something useful.

While it was not possible to measure any quantitative differences, the qualitative changes were extremely gratifying.

Get off my back! Chiropractic works!

We decided to limit our sample size to a manageable number.

We didn't get funded.

Inclusion criteria: multiple levels of facilitated synovial joint nociceptors.

Inclusion criteria: backpain.

Palpatory findings confirmed the presence of aberrant spinal biomechanics.

I poked; the patient yelled.

Posttreatment outcome measures did not degrade significantly below baseline levels.

The treatments didn't hurt anyone.

The results of the interexaminer reliability tests are promising.

Interexaminer reliability is nonexistent.

These data points, plotted logarithmically, demonstrate approximate linearity.

The data points are scattered randomly.

Cranial nerves (heart sounds, blood pressure, etc.) were within normal limits.

I didn't bother checking.

This measurement is generally considered to be reliable.

The reliability has not been tested.

This represents a paradigmatic shift from previous conceptual models.

This is different.

While no statistically significant correlation is shown, we remain hopeful that ...

We will abandon our hypothesis when hell freezes over.

The treating physicians administered short lever arm, high velocity, specific adjustments.

They pounded down some high spots.

I would like to acknowledge the ground-breaking work of Dr. Smith and Dr. Jones in this area.

I believe Dr. Smith and Dr. Jones will be reviewing my next grant application.

While the sample size for this study is somewhat small, the results are encouraging.

A couple of patients got better.

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