Dynamic Chiropractic

We Get Letters

Chiropractic -- Still Locked out of the Military

Editor's note: This is a letter to the president of the Air Force Reserves Selection Board from R. Jay Wipf, RN, DC. Dr. Wipf has testified before congressional subcommittees concerning commissioning of DCs in the military and most recently at the CHAMPUS hearing (see front page of this issue). Dr. Wipf's letter attests to chiropractic's nonstatus in the military.

Dear President:

I have 18.5 good years toward retirement. It is my wish to complete my career for retirement eligibility. The present system does not allow me to do this.

After eight years of faithful service on active duty, I transferred to the reserves to complete a five year academic program to attain the degree of chiropractic physician. After my attempts to enter this accredited and recognized degree into my personal record, I am still unsuccessful in doing so as the Air Force does not recognize chiropractic and has no cases to document my accomplishments in attaining a physician level education. Having been selected as Troop Commander for the 32nd AEG, Kelly Air Force Base, San Antonio, Texas, I performed the duties as commander of a Mobile Air Staging Facility through the end of March 1991, in Saudia Arabia. Upon returning from Desert Storm, I attempted to transfer to Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas, and was accepted by the Orthopedic Division, Nursing Department. My application for transfer was denied by Lt. Colo. Boyle, Reserve Headquarters, on the grounds that I was not a practicing RN in civilian life.

I presently own and manage three chiropractic clinics in South Texas which employ eight chiropractic physicians and treat over 2,500 patients visits a month, with a payroll of 33 employees. I was selected by the American Chiropractic Association and the International Chiropractic Association to represent the 45,000 licensed chiropractors in the United States to testify before Congress regarding chiropractic inclusion into the military. I testified before Congress on two occasions in April and May of 1992, as one of the chiropractic profession's representatives.

I am no longer a nurse. I am a chiropractic physician. My skills and management ability best prepares me to perform as a chiropractic physician within the military to provide much needed biomechanical, musculoskeletal care for my fellow military personnel. I cannot, in good conscience, or professional philosophy continue to practice part-time as a registered nurse in my civilian life in order to maintain minimum nursing qualifications to meet Air Force standards as a nurse. I have excelled in the profession of chiropractic and I'm recognized within the state of Texas and nationally as a leader and an authority in practice management. I offer my energies, experience, dedication, loyalty, and considerable motivation to integrate into the military health care system the many benefits that chiropractic offers our military population, which were so thoroughly outlined and presented during congressional testimony by myself and others to the point of congressional acceptance, which culminated in the passing of a amendment rider to the Department of Defense 1933 Reauthorization Act which was signed by President Bush in October

1992.

When the day comes that chiropractors are included as contributing members of the health care team within our Armed Forces, as has happened with podiatrists and osteopaths in recent times, I will again offer my services to my country, and I hope that I will be able, at this time, to continue providing my country, my unit, and my fellow servicemen with the same dedicated service and care that I have as a Nurse Corps Officer these past 8.5 years.

Thank you for this opportunity to be heard. I appreciate your consideration and request that this letter remain a permanent attachment to my record.

Reginald J. Wipf, RN, BS, DC
Major, USAFR, NC

Ideas on Augmenting Research

Dear Editor:

For so many years chiropractic has had a shortage of research documentation of the variety of conditions that chiropractic can help. It is very disheartening for me to prove and show this information to people, legislators, etc., based only on anecdotal evidence. Why this problem has not been addressed more effectively before, one can only wonder. The reasons, I guess, vary from "I'm busy treating patients," on the part of the doctors of this profession, to complacency on the part of our national organizations to gather the results.

It only hit home with me after attending the pediatric conference in Colorado in 1992, that the lack of research needs to be addressed aggressively by our profession. There are less than 50 papers on what chiropractic can do for children on the research databases. And we wonder why the Redbook article in April 1993, page 170, quotes Michael Lasser, MD, as saying "I've seen many kids with ear infections get better, but there's no way to know whether the massage and manipulation techniques actually helped or that they would have cleared up on their own."

We need to aim our research at the needs of the nation's people and prove chiropractic is better. We need to stop wasting funds on research that is irrelevant to proving chiropractic effectiveness. Where is the research for chiropractic and SIDS, AIDS, muscular dystrophy, and leukemia? If the major manufacturers of the profession would fund chiropractic research through the agencies we already have, to the level they are currently supporting the Chiropractic Centennial Celebration, and do it yearly, FCER and the other agencies would have better than their $300,000 research budget every year.

In the 1990s while we celebrate our 100 years, may I suggest we start to solve our current lack of research in all areas of chiropractic? In an effort to not only talk about it, I will offer the following suggestions:

1. Have states and colleges give continuing education credits for research projects done in clinical practice. (This would be more useful than just getting several license reading books about condition you encounter in renewal credits practice.)

2. Have all states approve a $50 additional research fee to our license renewals.

3. Have our nation's chiropractic associations and groups change bylaws so that 10 percent of dues goes to fund chiropractic research.

4. Chiropractic suppliers and manufacturers need to increase their support for chiropractic research and public education by five percent or more of sales. It is reasonable to assume that the more the public is aware of chiropractic, the greater the demand for their products.

By doing these things alone could more than triple the amount of research funding this year, and by the end of 1994 we could have large databases starting to fill up with more evidence to prove chiropractic benefits in areas other than back sprains. It is time to gather the scientific evidence available and use it to our benefit. You can bet that since the AMA found out the use of "alternative" health care is up, they will do something to change the trend. What are we going to do?

Once we get a good system of research functioning, we have to make sure that the research is effectively disseminated to all media. The national associations should already have a media mailing list of all TV, radio, newspaper, and magazines nationwide to distribute this type of news. They should also have the state associations on line for direct communications when new research is completed. This should be followed by the state associations doing a mailing to their local media. It seems to me, a good public relations campaign could be greatly accentuated by educating the mass media and the insurance industries of the effectiveness of chiropractic care. If we want to impress upon people the benefits of chiropractic care, then they stand a better chance of listening to good research, especially if every media office is flooded with chiropractic research.

Let's not fall further behind the rest of the health care world. Let's strive for more until everyone in the USA can go to their chiropractic physician as often as they need, to keep healthy and to get health care costs down.

Michael J. Miller, DC
Hill City, Kansas

Editor's note: In this issue we've listed all the DCs who have contributed to our call for contributions to research beginning in the April 23 issue. The money is going to the Consortium for Chiropractic Research for somatovisceral studies.

Thoughts on Thermography

Dear Editor:

I have read Dr. Croft's critical review ("Thermography in Soft Tissue Trauma: Does It Have a Place?" in the 5-7-93 issue) which debases thermography on all levels, even though Dr. Croft stated that the article was "not meant as a review of thermography." If this was not a review of thermography, then Siskel and Ebert review opera.

Several areas of the article made reference to and compared thermography with such diagnostic tests as CT, MRI, and myelography. This is like comparing a sphygmomanometer to a chest x-ray, and apples to oranges. It seems to me that to evaluate the usefulness of a tool or instrument (sensitivity vs. specificity) it is critical to compare tools of similar function. A hockey stick enables

one to play hockey very effectively, but it would not provide a high batting average if used by batters in baseball. How can a measurement of physiology be compared to an image of anatomy?

There are many variables when dealing with the function of the human body, especially the nerve system. MRI studies are finding disc herniations at different levels or the opposite side of patients' symptoms or complaints. So even these tests cannot stand up to blind studies (anatomical realities vs. false positives).

As far as ordering a thermogram to diagnose a disc lesion, I feel this is improper decision making. To see if a disc is herniated, one must use a tool that is able to image the disc. Now, if one wants to see how the physiology is being affected by a disc herniation, then a thermogram can demonstrate this.

As far as where does thermography fit in, Dr. Croft, how about the "vertebral subluxation complex," or is this a figment of the chiropractor's imagination? If you would like to learn how vertebral subluxations affect skin temperature (that's what thermography displays), I suggest that you contact the Chiropractic Institute of Thermography, 601 N. Mountain Road, Harrisburg, PA 17112-2384.

You won't get a satisfactory answer concerning your medical soft tissue diagnosis question, but you will learn how neuropathophysiology (VSC) affects a thermogram.

By the way, the AMA has not taken a position that thermography is not useful as a diagnostic test. The reference made by Dr. Croft is a quote from a resolution (#506) from the Texas and California delegations asking for the Scientific Affairs Committee (a 15 member panel) to review the favorable report of 1989 on thermography. The report of the Scientific Affairs Committee is to be delivered to the AMA House of Delegates in June 1993.

Richard J. Story, DC
South Sterling, Pennsylvania

What Good is Thermography?

Dear Editor:

Concerning Dr. Croft's questions about thermography's value, perhaps a review of neurophysiology might shed some visible light on the subject.

Overlap of preganglionic sympathetic fibers explains why, in a group of subjects with the same level of nerve impairment, various dermatome levels will be demonstrated thermographically. The sinuvertebral nerve explains why sometimes the expected thermal discrepancy shows up on the opposite side of the injury. Transition from the hyperthermic antidromic effect to the hypothermic effect of sympathetic overstimulation explains why a thermogram can vary from hot, to normal, to cold on different days. In other words, thermography will never be able to pass a medical blinded study, nor will a thermometer determine the weight of a patient.

So, what good is thermography? Where does it fit in? If you are trying to diagnose and treat symptoms, thermography has little value. If you are trying to document evidence of neurophysiological breakdown (regardless of symptoms -- there may be none) and monitor the patient's neurophysiological reactions (good, bad or none) to conservative treatment, thermography fits right in. Thermography has more value in disease prevention than the medically,

diagnostically-oriented mind could ever comprehend.

Kevin L. Stillwagon, DC, DCCT
St. Cloud, Florida

"Love Affair with Bones"

Dear Editor:

I just finished reading the article, "Another Paradigm Shift," by Warren Hammer, DC, in the May 7 issue of Dynamic Chiropractic. I completely agree with all of the points that Dr. Hammer covers in this timely article.

It is very exciting for me as Nimmo practitioner and instructor to see an MPI instructor so enthusiastic about the muscular component of the subluxation complex. Dr. Ray Nimmo wrote about the fact that "muscles move bones" as early as 1957. Dr. Nimmo tried in vain for his entire lifetime to educate the chiropractic profession about the role of the muscular system in the development and perpetuation of bony misalignment and fixation.

Unfortunately, the chiropractic profession has had a love affair with bones and has neglected the muscular system for almost 100 years. It is about time that the profession listens to the words of people like Drs. Nimmo, Travell, Jandra, Lewitt, and others who have known for years that both muscle and joint dysfunction play a role in the symptom complex of musculoskeletal patients. I agree wholeheartedly with Dr. Hammer's conclusion that our profession needs to make the paradigm shift from "misalignment" to "fixation" to "muscular dysfunction." I congratulate him for bringing this point to the awareness of the profession at large by publishing this article.

Michael J. Schneider, DC
Pittsburgh, Pennsylvania

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