Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

We Get Letters

Interested in Lecturing in Israel?

Dear Editor:

The Israeli Chiropractic Association is a small organization comprised of 21 doctors of chiropractic. Due to our situation of being distant from chiropractic schools and postgraduate seminars, we are searching for interested lecturers to visit Israel. All of the doctors here would greatly appreciate the opportunity of having a chiropractor from abroad, who is an educator in technique and/or diagnostic skills, come to Israel.

We are looking for a hands-on seminar of any of the well-known techniques taught at chiropractic seminars, and/or diagnostic evaluation procedures available to DCs in the United States and Europe.

If you are interested, we would be happy to hear from you to discuss further details.

Rachel Ganik, DC
Tel-Aviv, Israel

An Open Letter of Apology to Richard Spears, DC

In the May 7, 1993 issue of Dynamic Chiropractic, I wrote that Kentuckiana Children's Center was first in the chiropractic profession to obtain 501 (c) (3) status.

Thank you, Dr. Spears, for so graciously correcting us, and for informing us that Spears Hospital in Denver, Colorado received its 501 (c) (3) status in 1943, retroactive back to 1941, and that Spears Chiropractic Clinic still maintains its nonprofit status today. You had us beat by 16 years.

We apologize for this error, and commend you on your stated philosophy that, "We treat anybody and everybody regardless of their ability to pay." It would be such a blessing if all health providers would serve the sick for the sake of love, and not just for the money. The money will come, and we will be genuinely making a contribution to ease the suffering of mankind.

Thanks again, Dr. Spears. Best wishes to you and your family.

Lorraine M. Golden, DC
Kentuckiana Children's Center
Louisville, Kentucky

U. of Bridgeport Chiro College

Dear Editor:

Every time I read an up-date on Bridgeport (UBCC), I say the same thing I said when I read the first announcement. "Why couldn't that have been my state?" Maybe later.

John G. Watson, DC
Hendersonville, North Carolina

And the Survey Says...

Dear Editor:

I am writing this letter for several reasons. First of all, I would like to thank you for your journal. I find it very intellectually stimulating and fun to read. Although, I do not agree with everything, I still read it and it bolsters my own opinion.

Secondly, I think it may be necessary to develop a survey to send to all DCs. I think an opinion poll of 30 or 40 questions on practice style, technique, management consultants, therapy, philosophy, concerns, and other issues could be addressed to find out what everyones' ideas are.

This I feel will let everyone know what the majority feels and favors. I hope you will consider this idea. I would be more than happy to help with submission of questions on major issues that affect our profession.

Timothy A. Mirtz, DC
Lawrence, Kansas

Give a Little Back

Dear Editor:

At the ICSM in Montreal, many doctors approached me concerning the article that Dr. Curtis and I co-authored (see "DC," cover, March 26, 1993). Most of these doctors have distributed copies to the local medical community, and many told me that it had opened up referrals for them. A number of chiropractic associations have reprinted the article in their journals and have ordered reprints by the thousands. This is great, and was the effort's intention. In this letter, I would like to propose a return favor from the various benefactors.

The buzz-word for our profession these days is "research." We can all agree that research is getting our profession exposure that is long overdue. Research will be what keeps us on the map in the future. The problem that we face is that there are not many of us interested in, willing to, or capable of carrying out the research that needs to be performed; research is certainly not lucrative, and it is very demanding. There are ways to stimulate involvement. First, there must be ideas, then there must be money, and lots of it.

Okay, you figured it out, I want some of your money put into research. Think about this: Each new patient means $100 + net income, and much more with the referrals that it should hopefully generate. If you get a patient through efforts related to research, such as the publication of our article, don't you think that giving a little back is in order? I propose that for each patient received in this fashion, $10 be donated to a chiropractic research foundation. Since I receive financial support from FCER, I am biased towards them, but there are many other deserving organizations.

This money will go towards putting more chiropractors into the research community where they can confidently compete for federal funding.

Think about it. You pay to have your office cleaned and your insurance filed because you don't want to do it yourself. Chiropractic research is at least as important as these, is something that you probably do not want to do, and it too needs money to get done. Your financial involvement will assure that chiropractic remains a profession through which you can make a living.

Dr. Geoffrey Bove, DC
Chapel Hill, North Carolina

Editor's Note: See "Have you Hugged Your Chiropractor Today" in this issue.

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

Related Problems of the Foot and Ankle

Dear Editor:

I appreciate the article on foot and ankle problems by Dr. James Brantingham et al., that appeared in the February 12th issue of Dynamic Chiropractic. It confirmed and amplified for me many aspects of my clinical experience.

In addition to the examples cited in the article, there are two other related problems I'm familiar with in my practice.

In one variation, there seems to be a palpable motion limitation of dorsiflexion of the talocrural joint, often as the chronic result of an ankle inversion sprain. A few patients have reported that the feeling of restriction began during the period of recovery from the acute phase of such an injury.

I see a large number of dancers in my practice and this condition seems to be common in this group. Perhaps the increased use of the extremes of dorsi- and plantarflexion in dance creates a problem. Radiologically evident spurring of the anterior superior margin of the talus is fairly common among dancers. The orthopedic opinion is always that the impingement is secondary to the spurring, but of course I see it the other way around. To what degree is functional improvement of joint mechanics nevertheless achievable despite this radiological finding?

Often I relieve this fixation with a high velocity adjustment that combines long axis extension of the ankle with posterior thrust on the talus. Unfortunately, I often see only temporary improvement utilizing this manipulation and have searched for additional supportive measures that would lead to longer lasting benefit. Perhaps someone among your readership may have some thoughts on this matter.

In my experience, this type of altered mechanics of ankle dorsiflexion is often linked to chronic quadriceps tendinitis. My view of the connection between the two is that the altered ankle mechanics lead to a distortion of combined knee and hip flexion in the weightbearing position (a dancer performing a plie). Because of the limited hinge action at the ankle, a compensatory motion is substituted that includes forward translation of the center of weight, with weightbearing shifted toward the forefoot. This position requires increased static contraction of the quadriceps, disposing to chronic tendinitis.

A second situation I've encountered involves limited motion of the first metatarsophalangeal and/or

interphalangeal joints. This predisposes to tendinitis of the flexor hallucis longus and can create a site of pain inferior to the medial malleolus. I had a recent clinical success with a patient with a two-year history of medial ankle pain, who had a painful palpable nodule in the flexor hallucis longus tendon about one-half inch inferior to the medial malleolus. Previous doctors had only tried symptomatic therapy of the nodular area (electrical stimulation, injection, anti-inflammatories), and provided foot orthotics to control pronation. I was proud to have achieved more substantial and lasting improvement by providing a pad under the first metatarsal head (discarding the whole foot orthotic), mobilizing the metatarsophalangeal and interphalangeal joints, and using connective tissue massage (Bindegewebsmassage) along the entire course of the flexor hallucis longus muscle and tendon.

I appreciate the valuable contribution you are making to keeping the flow of ideas going in the chiropractic profession.

Ronald Lavine, DC
New York, New York

Alleged ACCO Treatment Guidelines for Strain/Sprain

Dear Editor:

As president of the American College of Chiropractic Orthopedists (ACCO), my executive board and I wish to ask for your assistance regarding the above matter.

As you know, there are many doctors of chiropractic who perform defense paper evaluation, file reviews, and IMEs. Some of these defense doctors decrease patient care and chiropractic utilization based upon alleged "published guidelines" of the ACCO. These alleged guidelines are continually appearing throughout the country, all without merit. Because of this, I have personally sent letters to numerous state boards and chiropractic associations regarding this false document asking for their assistance in publishing a denial of such a document.

We, therefore, request that Dynamic Chiropractic put a warning into its biweekly publication stating that these guidelines were never published or endorsed by the ACCO. Anybody using these guidelines should cease and desist at once.

On behalf of the ACCO, I wish to express my gratitude for your assistance in this matter.

If you should have any questions regarding this matter, please feel free to phone my office.

Philip D. Rake, DC, FACO
President, ACCO
La Crescenta, California