

CHIROPRACTIC (GENERAL)

Chiropractic in a Prison Setting

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Unlike some of my predecessors who were sent to jail for practicing chiropractic, I go to jail to practice chiropractic.

Several years ago, I was talking with the contracted provider of medical services at the Stark County Correction Facility in Ohio. I discovered that inmates in the facility, many of which are awaiting trial, are provided with medical and dental care. Our discussion centered on the types of treatment offered the inmates. The medical staff consisted of MDs, a dentist, and several nurses. One problem in this setting is that a large number of inmates have a history of drug use and continue to seek drugs while incarcerated. Many times they fake back pain or other musculoskeletal conditions to obtain medication. I suggested that chiropractic could be a great benefit because of its nondrug, nonsurgical nature. I explained that my treatment is cost effective, portable, and very effective for pain relief. The logic was undeniable and he agreed to give it a try.

I met with the prison's Director of Nursing, Jonathan Stump, RN, and worked out the hours. I recall that the medical director, an MD board certified in internal medicine, had some questions about the workability of our plan at first, but he also agreed to give chiropractic a try.

From the beginning, the program was a success. The jail's director was concerned that every inmate in the 270-inmate facility would want chiropractic care, but it turned out not to be overrequested or abused by anyone. Inmates were referred by the nursing staff and MDs. In addition to the medical director, there are several other MDs, all working part time. Eventually, the director decided that inmates should be referred by only the MDs, because of legal issues.

Prison medicine is a specialty in itself, as you are often dealing with patients who were injured just prior to incarceration: automobile accidents; fights with police officers; domestic violence, or in some other way. Aside from the recent injuries, many of the inmates have not had adequate medical care for many years prior to imprisonment. Federal law dictates that the inmates are entitled to health care for injuries incurred while incarcerated or for current illness. Many times inmates do not seek care "on the outside," and would like "everything fixed" while in jail. To say the least, you cannot believe everything you are told by a prison inmate.

On the average visit to the facility, I treat 10 to 12 inmates in a 90-minute to two-hour period. In addition to treatment with manipulation, I have the option of ordering extra comfort items such as an additional mattress or pillow. The attractiveness of these items to an inmate brings some malingerers to request care. One good rule that the institution has: with few exceptions, inmates who are given extra comfort items are restricted from going to recreation. The theory is that if pain is severe enough, hard physical exercise should be avoided. This rule helps separate the malingerers from the sincere patients. Inmates who are in a greater degree of pain are at times transported to my office where more advanced treatments can be given. This is rarely needed as I can treat the inmates and ask for co-treatment with analgesic by the medical staff.

The viability of using chiropractic in this setting is the help it provides not only for the inmates, but the help it gives the MDs. While writing this article, I consulted Jonathan Stump, RN, the director

of nursing to get his opinion on the cost of adding chiropractic to the prison's medical program. He informed me that the program has been cost effective in many ways: savings on the expense for medication; savings from not having to segregate the inmates to the medical section where more intense observation is given to each inmate; savings from not having to transport the inmates to the outside for chiropractic, including cost for treatment, transportation, and man hours for providing a guard. Expensive diagnostic tests are often avoided due to my hands-on evaluation of the inmates. Finally, the director of nursing noted, that chronic low-back patients are able to perform inside trustee duties that would have been disallowed before. These duties are given to well-behaved inmates who are serving time for lesser crimes. They wash laundry, mop the halls, and do many in-house jobs that save money for the facility.

The usefulness of chiropractic could easily be carried over to any emergency room where, I am told, many drug-seekers go when desperate for drugs. Seeing medical doctors on the staff of factories, nursing homes, correctional facilities, sports teams, and virtually everywhere else, I envision a time when chiropractic is solidly alongside and utilized for its cost effectiveness and natural healing benefits (which, of course, do not interfere with but augment other medical goals). No, I don't get asked my opinion of how to manage the internal and metabolic problems of the inmates, and although there are times when I know I could help, in this instance I am content to concentrate my efforts on pain reduction. Better to be there contributing and a part of the team. It's a strong beginning.

If you decide to pursue a position in an outside facility, keep in mind it may not be as comfortable as your office, and the equipment may be limited to your hands only, but isn't that the basis of chiropractic, hands on treatment? Myself, a portable table, and a patient -- in most instances it's enough. I hope that others who read this will make inroads into these facilities for the benefit of everyone.

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