

The New Battleground

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If the only health care publications you read concern the chiropractic profession, you are at a great disadvantage. The rest of the health care world is reacting to what chiropractic is accomplishing and is reshaping its battle plans accordingly.

Having lost in the courtrooms (and still paying the price), the attacks come on two fronts. This isn't new, but consider the consequences if these attacks go unnoticed and unanswered:

Published Research

In the July 1993 issue of Neurosurgery, the paper, "A Risk/Benefit Analysis of Spinal Manipulation Therapy for Relief of Lumbar or Cervical Pain," was presented.

The abstract says it all:

"Approximately 12 million Americans undergo spinal manipulation therapy (SMT) every year. Renewed interest in this method requires an analysis of its reported risks and possible benefits. This review describes two patients with spinal cord injuries associated with SMT and establishes the risk/benefit ratios for patients with lumbar or cervical pain. The first case is a man who underwent SMT for recurrent sciatica 4 years after chemonucleolysis. During therapy, he developed bilateral sciatica with urinary hesitancy. After self-referral, myelography demonstrated a total block; he underwent urgent discectomy with excellent result 3 months after surgery. The second patient with an indwelling Broviac catheter and a history of lumbar osteomyelitis underwent SMT for neck pain. Therapy continued for 3 weeks despite the development of severe quadriparesis. After self-referral, he underwent urgent anterior cervical decompression and removal of necrotic bone and an epidural abscess with partial neurological recovery. An analysis of these cases and 138 cases reported in the literature demonstrates six risk factors associated with complications of SMT. These include misdiagnosis, failure to recognize the onset or progression of neurological signs or symptoms, improper technique, SMT performed in the presence of a coagulation disorder or herniated nucleus pulposus, and manipulation of the cervical spine. Clinical trials of SMT have been summarized in several recent articles. Although these reviews agreed that most trials exhibited serious flaws, the data suggest that SMT demonstrates consistent effectiveness as an alternate treatment for adults with acute low back pain. SMT has not been shown to be superior to other conservative methods, nor to offer long-term benefits. It is concluded that the risk/benefit ratio is acceptably low for SMT as therapy for adults with midline low back pain of less than 1 week in duration. The ratio was unacceptably high for patients with radicular symptoms or signs associated with prolapsed discs and neck pain. Potential complications and unknown benefits indicate that SMT should not be used in the pediatric population." (Neurosurgery 33:73-79, 1993)

Orthopaedic Manipulative Therapy (OMT)

You should be aware of a new publication that began this year, the Journal of Manual &

Manipulative Therapy. This is not a chiropractic nor an osteopathic publication. The entire editorial board consists of physical therapists from around the world.

What is OMT? Page 73 of the journal explains:

"Orthopaedic manipulative therapy (OMT) is a specialization within physical therapy and provides comprehensive conservative management for pain and other symptoms of neuromusculoarticular dysfunction in the spine and extremities.

"Orthopaedic manipulative therapists work within the orthodox medical system in close liaison with medical practitioners. They are responsible for making a clinical physical diagnosis and for deciding on the suitability of a patient by observing precautions and recognizing contraindications.

"In more specific terms, OMT means the use of passive movement applied manually or mechanically to help restore normal neuromusculoarticular function.

"Application of passive movement can involve manipulation -- passive movement with thrust (high velocity low amplitude) and mobilization -- passive movement which is graded the force, speed and amplitude being directed by the pain/range/spasm relationship in the joint (end feel)."

There is a PT postgraduate organization offering three courses on "spinal evaluation and manipulation" of the spine (S-1, S-2, S-3), one on the extremities (E-1), and one on "myofascial manipulation" (MF-1). The costs for the courses vary from \$385 to \$685 for the S-1 course (makes \$295 for MPI's S-1 course look like a bargain).

The Ola Grimsby Institute, Inc., in San Diego, California even offers a "master's degree in orthopedic manual therapy." Students must "pass a national exam that tests written, oral and practical skills."

The Correct Response

Before you give up and call Truckmasters, there are two very effective things you CAN do.

This profession has a pretty impressive squad of researchers that work together as the Consortium for Chiropractic Research. Either call them at (408) 944-6066 or send \$25 to MPI for chiropractic research. We'll pass it along.

The other action you can take is join a state and a national association. No, I don't care which one you join, you make that decision, but please don't offer any lame excuses. This is war and we need to fight unsubstantiated research and scope of practice encroachment, not each other.

It's time to get back on the offensive.

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