

## So What's the Problem?

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As I read or hear some of the "differences" which seem to keep our profession conveniently divided for all the other professions to step in and take over spinal adjusting/manipulation, I started to itemize "by the number" where most chiropractors stand on primary issues.

An overwhelmingly large number of chiropractors agree:

1. That we must remain a drug free profession.
2. That our profession must always remain separate and distinct and not be absorbed by any other profession.
3. That maximum organized leadership strength can only come from having one state and one national organization.
4. That multiple organizations on either a state or national level weaken our bargaining power with legislators since it confuses issues.
5. That multiple organizations are less cost effective and draining upon our profession's economic resources forcing duplication of officers, staffs, publications, etc.
6. That chiropractic is primarily a spinal adjustive approach to health care and that it does not treat ailments per se, but the patient for the ailments, by correcting spinal subluxations.
7. That chiropractic is therefore by nature a biomechanical approach to health care.
8. That spinal adjustment must always remain the primary mode of therapy in chiropractic, and this principle must be preserved at all costs, lest we lose our identity.
9. That if some chiropractors wish to supplement their spinal adjusting with nutritional supplementation or physical therapeutic modalities, that it would be acceptable just as long as the adjustment always remains the primary basis of therapy of these chiropractors.
10. That the term "spinal adjustment" is more specific to the kind of special manipulations that are done by chiropractors.

11. That chiropractic should not limit itself to just musculoskeletal ailments but that the impact of spinal adjusting can be far more reaching in many instances, and must, therefore, be left open for patient utilization.
12. That we need more research money to help us prove scientifically what we already know clinically, that spinal adjusting is an extremely safe, effective, and often superior mode of therapy, and that chiropractors are by far the best qualified in this area, and that we need to preserve this identity.
13. That chiropractic is a natural approach to health care which stresses the importance of the structural biomechanical aspect of the body, particularly the spine, in the treatment and prevention of ailments, and that spinal adjustments represent the primary approach to healing.
14. That there are a few extremists in chiropractic, to both the right and left, but that they represent only a few percentage points of the whole, and that we should not allow these few to intimidate and divide this entire profession.
15. That if turn of events marked the sudden demise of all chiropractic leadership in Washington, D.C., that it would put chiropractic into an extremely precarious position which could have catastrophic consequences and drive panic into the hearts of all chiropractors -- including non-members. And if that is the case then why don't the non-members support our national leadership?

When we consider just how much we have in common we might ask ourselves, "So, what's the problem?" If we have so much in common why can't we get together?"

One of the "issues" seems to be whether chiropractors "adjust" or manipulate the spine. I believe a clear majority of all chiropractors will agree that the word "adjust" more exactly describes our treatment since it is more a specific term as to what we do. Besides, the term "adjust" semantically implies the following: to arrange, align, convert, correct, fix, harmonize, improve, position, regulate, remedy, restore, straighten -- all positive words. The term "manipulate" does not have the positive connotations. In fact, Funk and Wagnell state, "To manage persons shrewdly and deviously for one's own profit." Webster's New World Dictionary states, "To manage or control artfully or by the shrewd use of influence, especially in an unfair or fraudulent way." I can't imagine any chiropractor wanting to be identified as being spinal "manipulators," but then to each his own. In any event, it shouldn't be an issue that divides a profession.

An issue which has been receiving considerable chiropractic attention is whether the Council on Chiropractic Education (CCE) should lower its standards to meet with that of SCASA. We live in a highly competitive society and the modern trend is toward elevating the quality of professions, certainly not lowering them. Most of us agree that by keeping standards high we prevent the floodgates from opening up to inferiorly-trained individuals from all kinds of schools, including non-chiropractic schools. Since the majority of the chiropractors in America unquestionably support a high quality of education, this is not an issue that can be compromised. We must hold steadfast. It would not be fair to our quality schools, the profession at large, and the patients it serves.

Another issue seems to be whether we "diagnose" or "analyze" patients. If we gather a bunch of information on patients, including all of their symptoms, and conclude what their problem is and what we must do chiropractically to correct it, we have by legal definition made a diagnosis and are applying a treatment. It's an indisputable fact. While a few will insist they only "analyze," most will concede that they "diagnose," and virtually all will agree that they are removing nerve interference. And so again I ask, "So what's the problem?" It's a pity that we allow a few percent of the extremists from the right and left to undermine the overwhelming majority of all chiropractors.

Whether we advocate mixing or straight, diagnosis or analyze, adjust or manipulate the spine, the only way we can create a nationally representative organization is by getting under one roof and thrashing it out, and then have our leaders represent us as a composite of all the input from its members.

No one would like to see dichotomy ended and the two national organizations merge more than myself. But the truth is that even if they did merge they would still not represent half of the chiropractors in America. A popular excuse I hear from non-members is that until our national leadership can get together and perform some spectacular feat for chiropractic that they will not support any. I don't see this as a valid excuse but as a facade. In fact, great things have been accomplished. This excuse makes about as much sense as telling a fireplace, "Give me heat and I'll throw you a log."

We are living in an era where the stakes are high and the complexion of the entire profession is at stake. We can quibble over silliness while this profession faces its own form of self-destruction. Or we can take some action steps. Here is a suggestion:

Every member should mobilize on a grassroots level and contact non-members and urge them to join. Start a grassroots membership drive like this profession has never seen before. Call non-members; take them out to lunch. Show them how they are hurting themselves by not being a member. Twist their arms; do whatever it takes. Here is a real problem, and this is the real solution.

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