

We Get Letters

HIV Protocol

Dear Editor: I was shocked, then intensely irritated to read the article written by Robert Pokras, Ph.D., Kathleen Wells, D.C., and Courtney Cooke, D.C., and several of their associates at CCCLA. The article about ... HIV-1 virus is archaic, misleading, and inaccurate from its very first sentence. Had this article been written ten years ago, it may have been considered acceptable because we expect more than we got in this article!

Since HIV-1 virus can infect anyone ... from infancy to "old age," chiropractic has been "absorbing" patients with HIV since the virus first presented in the late 1970s. People with Aids ... are all around us; they most certainly suffer from the same illnesses and injuries that the rest of our patients do, therefore it's inane to state that only now are we seeing "them" in our offices.

Practical parameters have been in place for several years that have served to educate members of the health care community on preventing the spread of HIV. However, recommendations such as using a separate room for "these patients," scrubbing the floors with 10% bleach solution daily, disposable paper "scuffs" on patients' feet and "routinely, thoroughly, and carefully" cleaning equipment, including "the stethoscope and blood pressure cuff" with a 1:10 dilution of sodium hypochlorite solution have seemingly crossed over the edge of common sense to hysteria.

The sad fact that an article of this caliber has been distributed worldwide is disturbing.

Please have the common sense and decency to print a rebuttal, a retraction, or an article with real, up-to-date information relative to the HIV virus and its spread. Please take the time to tell your readers that HIV is spread through the transmission of body fluid consisting of blood, semen, and vaginal secretions. The virus has been isolated in sweat, saliva, and tears but not in concentrations high enough to cause transmission of the virus. There are no known cases that have been spread via sweat, saliva, or tears. Universally accepted means of protection include masks, gloves, and in some cases protective eye wear.

In closing, I would ask that you recognize the degree of alienation you have potentially caused between chiropractors/HIV+ patients when those same doctors that have read this disinformation (and have accepted it at face value) start to utilize the suggestions made in the article. Please take some corrective action on this issue at once!

David J. Kohman, D.C.
St. Paul, Minnesota

Member in Good Standing

Dear Editor:

The article written by Fred Barge, D.C., "Why I Write," which appeared in the January 17, 1992

issue of Dynamic Chiropractic was read with interest.

After being associated with the chiropractic profession for about 12 years in teaching and practice, certain aspects of the chiropractic profession have become appreciated.

When Fred Barge stated in his article that "... an osteopath cannot be a member of the AMA," he was and is in error.

Currently, I attend the University of New England, College of Osteopathic Medicine, and I am president of the medical school student body. I am a student member of both the American Osteopathic Association and the American Medical Association.

I am planning to attend the American Medical Student Association convention this spring. The AMA is celebrating and recognizing the 100-year anniversary of osteopathic medicine at this convention. There is an apparent appreciation and growing understanding of physical medicine among members of the medical profession.

John R. Carbon, M.S., D.C.
Biddeford, Maine

Jumping into Each Other's Breeches

Dear Editor:

Just a note to Dr. William Culbert Jr., "Chiropractic Physiotherapy vs. Physical Therapy," Dynamic Chiropractic, January 17, 1992, concerning his portrayal of Registered Physical Therapists as the super beings of physical health care.

Dr. Culbert makes some valid points about the incorrect use of the phrase, "Board Certified in Physical Therapy" by chiropractors, but to compare chiropractors to physical therapists is like comparing apples to oranges; doctors of chiropractic are not physical therapists and physical therapists are not doctors.

Since I have had previous articles published contrasting the education of chiropractors vs. that of the physical therapist, I suggest that Dr. Culbert look through his old issues of "DC," or better yet, get a school catalogue from a recognized school of physical therapy and a catalogue from a CCE accredited chiropractic college. You will find, as I did, that physical therapists do not have "more detailed gross anatomy study and vastly more extensive neurophysiology than most chiropractors will ever see." In point of fact, physical therapists have one combined course in anatomy and physiology and one semester in muscle/exercise physiology. Chiropractors have four to five semesters of anatomy and three to four semesters of physiology. To say, as does Dr. Culbert, that physical therapists study more rehab, work hardening, and occupational therapy is like saying that chiropractors study more chiropractic philosophy. To follow Dr. Culbert's example and emphasize the limited training chiropractors have to treat things we don't deal with ("...quadriplegia, spinal cord injuries, head injuries or stroke") is like emphasizing the non-existent training physical therapists have in radiology, nutrition, lab diagnosis, biochemistry, and physical diagnosis. These things are all irrelevant. Doctors of chiropractic have their role as primary care doctors whose emphasis is the musculoskeletal system, and physical therapists have their role as rehabilitation technicians.

Yes, it is improper for a chiropractor to use the phrase "Board Certified Physical Therapist" unless

the chiropractor is also a registered physical therapist. There is, however, some overlap in the role of chiropractor and registered physical therapist. The registered physical therapist will use some of the tools of chiropractors to help them do their job, and they will call it manipulative therapy; none of their colleagues will criticize them for this. Chiropractors will likewise use some of the tools of the physical therapist (much of it developed and refined by chiropractors -- read Richard Tyler) and they will call it physical therapy; it would be illogical for their colleagues to criticize them for this. Plumbers don't know much about electricity and electricians don't sweat pipes, but they both know how to dig a trench, perform simple carpentry, read a blueprint, and interpret a code book. Plumbers rarely make themselves out to be electricians and electricians rarely imitate plumbers. Why registered physical therapists and chiropractors are constantly trying to jump into each other's breeches is beyond me.

Dennis M. Diggett, D.C.
Mt. Sinai, New York

Crossing the Street with Eyes Shut

Dear Editor:

I was most interested to read your article, "MDs Cervical Manipulation Causes Woman's Stroke," on page 33 of your December 20, 1991 issue of Dynamic Chiropractic. Exactly the same situation exists in Great Britain, where medical practitioners can manipulate without any regulation, even after only a short course and no experience.

I was interested to see your reference taken from James Cyriax's textbook of Orthopedic Medicine, Volume I, "Diagnosis of Soft Tissue Lesions," because on reading this book many years ago, I noticed he made a very interesting comment about manipulating the neck under general anesthesia. On page 150 he says, "Manipulating the cervical joints under anesthesia is equivalent to crossing the street with your eyes shut: no argument at all against crossing the street."

Let us hope that one day soon all practitioners, regardless whether they are medical, chiropractic, or otherwise, will have to pass the same high standards of training and experience before being allowed to manipulate the spine.

M.S. Davidson, D.C.
Wincanton, Somerset, England

Cross Pollenation

Dear Editor:

It's kind of interesting how sometimes things work out far better than anyone concerned could foresee at the time many of the individual steps were made. In this case, Dr. Darrell Jepsen walked into the engineering building at Michigan Technological University (MTU) some years ago looking for whoever worked with biomechanics. Dr. Jepsen is a chiropractor with a practice in a neighboring community. He is not a scientist, but could see a need for chiropractic-related research and wanted to get involved. Dr. Jepsen was directed to Dr. Javaraman, a Ph.D. in mechanical engineering who specializes in biomechanics. The relationship that developed from that initial meeting eventually led to designing a project that was funded by the FCER.

This continuing effort was noted in the June 15, 1988 issue of *Dynamic Chiropractic*, by Richard C. Schafer, D.C., FICC, in an article, "On Words and Research." As a result of that article, I phoned Dr. Jayaraman and Dr. Jepsen to inquire about the feasibility of becoming involved with his chiropractic-related research. Dr. Jayaraman was interested in having a graduate student to do work in that area, but had no funding available at that time. However, I could think of at least one other possible source of funding. While I was attending Palmer College of Chiropractic (1980-1983), John Carbon knew that I liked to work with computers so he introduced me to Dr. Ken DeBoer, who needed to have some experimental data analyzed.

A long relationship began as a result of that introduction. I ended up working as a research assistant for Dr. DeBoer the rest of the time I was at Palmer, mostly developing computer programs to analyze his experimental data. After graduation, I would still give him a call or visit him every once in a while just to keep in touch. Through these occasional contacts I knew that Palmer had granted a fellowship to a DC to get his Ph.D. with the agreement that he would return to Palmer and work in the newly-organized Palmer Institute for Graduate Studies and Research. I called Dr. DeBoer to inquire about such a fellowship and was referred to Dr. Bob Wagnon, the director of the Institute. The details were worked out and now I am at MTU getting close to finishing my MS in mechanical engineering with emphasis in biomechanics. I had always assumed that I would go on for my Ph.D. at MTU, but the story doesn't end here.

Last April I attended the FCER's International Conference on Spinal Manipulation to present a paper about the work I was doing for my MS thesis (using computer modeling to analyze the stresses within the intervertebral disc). While there, I was approached by Dr. Alan Fuhr to see about doing some work with the anthropomorphic man that had been developed primarily by joint efforts of the National Institute for Chiropractic Research (NICR), Activator methods, Inc., and Arizona State University. This could be done by finishing my M.S. at MTU and then going down to Arizona State to do my Ph.D. A visit was arranged for me but during that visit it was determined that the project he had in mind was really not very feasible, at least not for me. It seemed to have been a wasted trip, but it wasn't.

While in Arizona, I could see the close working relationship that Dr. Fuhr had with Arizona State, as well as with the Harrington Arthritis Research Center which is also nearby. He was able to get some amazing things done pertaining to the Activator Method that would have been virtually impossible to do within his own organization. I could also see that these kinds of relationships would be extremely valuable to Palmer College once I return there and begin doing independent research.

This new insight caused me to look into the University of Iowa, which is only 50 miles away from Palmer. Not only is it close to Palmer, but I found that they have a well-developed department of Biomedical Engineering with over 50 graduate students. The chairman of the department, Vijay Goel, Ph.D., and another professor there, James Weinstein, D.O., have written a book, *Biomechanics of the Spine*, which is certainly within my area of interest. Recently, Dr. Wagnon, a couple others from Palmer, and I toured that department and visited Dr. Goel. We were very warmly received, and I am now making arrangements to go there to get my Ph.D. Hopefully, this will be the beginning of a long and mutually beneficial relationship between Palmer College and the University of Iowa. Had it not been for Dr. Fuhr, who unknowingly gave me a whole new perspective, I would have stayed at MTU to get my Ph.D. and would have missed out on a far better arrangement.

Dr. Fuhr certainly had no way of knowing what sort of incredibly good things could develop as a direct result of arranging a trip for me to Arizona. Dr. Jepsen had no long-range vision of the future when he first stepped on the MTU campus and met Dr. Jayaraman, nor did John Carbon when he

introduced me to Dr. Boer. It seems that when people have the desire to simply help out a little where they can, there is often a sort of cross pollination that occurs. It is this sort of cooperative spirit that needs to be even further developed and nurtured within chiropractic for the benefit of the profession as a whole.

James W. DeVocht, D.C.
Houghton, Michigan

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