

## We Get Letters

Assembly-line Chiropractic?

Dear Editor:

Now that I have read Dr. Mager's account of the "20/20" filming, I would like to see another letter from her explaining how she saw 165 patients that day. I feel like I have busted my chops if I saw that many in one week. Some simple arithmetic reveals that she would have to see a patient every 4.55 minutes in the 12 and one half hour period she worked. Of course there would be no time for breaks or lunch. How she had time to see a new patient is quite remarkable. It would be interesting to see her chart notes and day sheets to verify her claim.

That sounds like another Wilt Chamberlain fantasy story to me.

*Steven J. Forsberg, D.C.*  
*Richland, Washington*

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Not to Be Confused: "Scanning" and Flexion/Relaxation

Dear Editor:

In the February 28, 1992 issue of Dynamic Chiropractic, an article was authored by Robert Leach, D.C., and Robert Beck, Ph.D. On close scrutiny of the article, it is evident that the authors offer a moderate position with respect to the clinical applications of these procedures. However, they tend to confuse matters by a loose utilization of terminology.

The history of the development of these procedures may help explain. Two of the first reports written in the chiropractic profession that examined the differences in paraspinal activity were made in the 11th and 12th Annual Biomechanics Conference on the Spine Proceedings from the University of Colorado for 1980 and 1981. The titles of those presentations under my authorship included "An electromyographic investigation of asymmetric postural loads as reflected in the erector spinae of low back pain subjects," and "electromyography postural load testing in recurrent, chronic low back cases." More prestigious publication of the results from these efforts were not attempted because of the difficulty in obtaining information showing clinical discriminability and utility.

With this initial interest and subsequent publications in both the JMPT, Myoelectric paraspinal response to spinal loads: potential for monitoring low back pain, Vol 8, #3, Sept. 85; and Spine, Correlation of objective measures of trunk muscle function with low back disability ratings, Vol 12, #6, 1987 journals that were more significant. I have followed the progress and development of surface EMG application in the chiropractic community with keen interest. Scanning EMG was introduced as a procedure by Jeffrey Cram, Ph.D., subsequent to these early investigations and has been promoted as a clinical application by a number of individuals. However, there continues to be considerable controversy over the validity, discriminability, and clinical utility of these procedures.

Other surface EMG procedures with stronger foundation for clinical application are flexion/relaxation and mean frequency shifting from fatigue studies. Even these latter methods are of limited application.

In the article, Drs. Leach and Beck discuss several aspects of the clinical applications for surface EMG. To their credit, they recognize and openly acknowledge the existing ethical problem with abuse and fee inflation which currently add to the profession's difficulties in advancing its status, privilege, and influence in our social structure.

As one reads through their article, it becomes evident that Drs. Leach and Beck are confusing the procedures by using "scanning" terminology to include other applications such as flexion/relaxation. Flexion/relaxation as a clinical tool was first reported to have a relationship with low back disability by Triano and Schultz in 1987. As Drs. Leach and Beck note, other authors have similarly identified the phenomenon and several have confirmed its clinical validity. This procedure, while able to be recorded with surface electrodes, is not the same as scanning. While Dr. Leach has suggested that flexion/relaxation events can be determined using post-style surface electrodes, as are used in scanning, that application of the instrumentation does not justify the merging of procedure under the rubric of surface scanning.

The error of confusing terms in the field of electrodiagnosis and electrophysiology is not new. For example, our laboratory is equipped with a Tracor-Northern, two-channel, computerized EMG system. With this equipment, we are able to conduct somatosensory- evoked potential, nerve conduction velocity, H-reflex, F-wave, and traditional needle-insertion EMG procedures. Less familiar individuals will occasionally lump all of these procedures under the general term of "EMG." This is an incorrect representation and prevents the accurate assessment and application of each individual or combined procedure's clinical benefit to the patient. This similar lumping of different surface procedures is likely to perpetuate confusion and controversy rather than help clarify as, I perceive, was the intent.

*John J. Triano, M.A., D.C.  
Lombard, Illinois*

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Search for the "Chiropractic Edison Quote"

Dear Editor:

As I love our profession and its principles, I write this letter with the intention of preserving our credibility, and I hope I will not upset or offend anyone.

I'm sure everyone knows the famous quote credited to Thomas Alva Edison about "The Doctor of the Future." it has been well used by our profession for many years, but my research cannot verify its authenticity. I believe that our profession should verify an historically-used endorsement such as this one. It would be a national embarrassment to our profession if any other organization or profession were to expose the fact that nowhere in Mr. Edison's papers, writing, or personal effects can archive researchers find this quote. As I live and practice just a few miles away from the Edison National Historic site, which includes his laboratories and his personal home, I became interested in Edison and his accomplishments several years ago. I have visited his home and laboratories many times. On the laboratory grounds there is a cement underground bunker that contains the Edison archives, including all of his papers and writings, both business and private. This bunker, by the way, was built during World War II by the US government because they didn't

want Edison's effects destroyed in case of enemy bombing. Consequently, all of his papers were removed to this bunker and have remained there since.

It was with great diligence that I prevailed upon the archives personnel to search for the "Chiropractic Edison Quote."

The results of this quest are reported in their final letter of August 19, 1991, and I have enclosed a copy for you to read. In summary, it denies Edison ever making this statement. I have included copies of the only health-related statements known to be authentically credited to Edison.

I would welcome evidence to the contrary from anyone who possesses it. If, however, we cannot prove this quote, we should stop using it before we are accused of attempting to fabricate credibility, or some such accusation. Although Edison was apparently against conventional medicine, my research does not show that he was aware of chiropractic.

Our science is true and credible, and my only wish is to prevent its embarrassment.

*Thomas S. Posio, D.C., Ph.D.*  
*Livingston, New Jersey*

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What about the Preventative Aspects?

Dear Editor:

I read the article, "Osteo Media -- The Miracle Cure," in the January 31, 1992 issue of Dynamic Chiropractic, with mixed feelings. First, I was again reminded of the power of chiropractic, used with properly trained hands, in successful management of many so-called "medical" problems. Unfortunately, the author, Dr. Fysh, did not address the more likely causes of eustachian tube lymphatic obstructions, especially in young children. Therefore, he did not address the preventative aspects of the problem by finding and treating the real cause. I suggest that he remove the child from likely mucus-forming allergens such as pasteurized, homogenized cow's milk or single-grain baby formulas, establish high vitamin A and C intake (and perhaps zinc), and if his properly directed chiropractic protocol fails, use penetrating oil such as Systemic Formula's Yin Chi which has worked effectively for eustachian blockage and bacterial ear infections on many of my patients. I'm sure Lendon Smith, M.D., and RHT may have other useful adjuncts including homeopathic remedies.

I have treated over 100 young children with otitis media during my 16 years of practice and have found very few recurrences of the problem when eliminating the allergic mucus-forming stimuli from the diet of these preschool children. The efficacy of chiropractic protocol, with or without removal of mucus-forming allergens from the diet, would make a dynamic research project for FCER or any pediatrically-involved chiropractic college regarding this relatively easy to diagnose syndrome. The frequent disastrous effects of standard medical treatment (antibiotics, myringotomy, ad nauseam) for otitis media should be a further enhancement to generate a comparative research project. After all, children do make up 100 percent of our future.

*Allen J. McClintick, D.C.*  
*Victor, Montana*

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## A New Challenge for Chiropractic Research

Dear Editor:

It appears that the chiropractic research community is ready for the challenge of helping define chiropractic in the 1990s. I practice in Washington state and would like to comment on research in chiropractic.

Dr. Meeker's article on February 14, 1992 lists research that the CCR is involved with and there appears to be a trend in the research toward spinal-related conditions and symptoms, especially low back pain. This may be due to the positive results of recent studies by very reputable sources such as RAND. Of the studies listed in the article, I counted approximately 15 on low back pain and a similar number on back pain, sitting, and motion. There were a few studies on standards of care. There were between five and ten community-based research studies on the use of chiropractic and approximately the same number dealing with procedure, technology, and technique. To answer Dr. Meeker's rhetorical question, all of the studies are worth the effort. The CCR should be commended also for organization, distribution, and compilation of research for the profession.

My concern, however, is with the scientific and philosophical trend in the research. It seems that the basic science and clinical research of the profession, as described by Dr. Meeker, deals mainly with back pain, especially low back pain, and biomechanical factors in the spine. This research helps build a database for future reference and study and provides clinical evidence for chiropractic care. However, I think there are other areas of basic science, clinical and outcomes research which are viable and no less important, even at this early stage in the development of research in chiropractic.

One such area of research would be effects of chiropractic care (adjustment and/or manipulation) on the integrity of the immune system. My collection of the basics of biochemistry, microbiology, physiology, and genetics lead me to believe that research in this area is possible. Another type of study which might be statistically more challenging would be epidemiology for chronic and/or life threatening, and/or debilitating diseases in the population under chiropractic care. Some factors that need to be evaluated are frequency and duration of care, chiropractic care versus no care, versus other forms of care, types of diseases, and other influencing factors (nutrition, exercise, smoking, etc.) I realize this is no small task, but I think the importance and the value of the results rises proportionately to the complexity and difficulty of the research.

As a practicing chiropractor, I receive feedback from patients which leads me to believe that chiropractic care improves long-term health and functional capacity and decreases the possibility for serious health problems. I do not wish to presume to know very much about research, but I would like to see the research community address these observations so that my recommendations to patients have a more solid foundation. If there are studies dealing with what I have written about, I would welcome the information. If the politics and philosophy of those involved with the current, legitimate research are limiting the type of research, that would be unfortunate for the profession and society. I suspect the main limitation is resources -- human and monetary.

*Mike Clusserath, D.C.*  
*Kent, Washington*

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