Dynamic Chiropractic

PHILOSOPHY

We Get Letters

One Profession: Two Levels of Patient Care

Dear Editor:

I feel that I must respond to Dr. Gelardi's comments about the chiropractic profession ("DC" May 22, 1922, p. 25 et al.).

Every time he lectures or writes about the profession, he further obfuscates the obvious and serves to confuse the real issues.

He says that there are, in effect, two chiropractic professions: one that only corrects subluxations and one that "alleviates self-limiting conditions such as musculoskeletal problems." This is simply not true. All chiropractors correct subluxations. Some may use certain modalities ancillary to the adjustment, and some may not; but all chiropractors remove vertebral subluxations (or else they cannot pass the state licensing examinations).

There is only one chiropractic profession. There are, however, two levels of patient care.

The so-called 'straight' practitioners have a very low level of patient care. They are only concerned with the subluxation entity. Each patient is, in effect, a walking subluxation, no more or less. There is no compassion for pain, anxiety, spasm, etc. Only the subluxation matters; therefore, its removal, not the patient, is paramount.

The rest of the profession practices in such a way as to have true concern for the patient, not merely subluxation. That is, we understand that when a patient is in pain or discomfort (or only subclinically subluxated), there is:

- muscle spasm which prevents proper adjustments due to the short, tight muscle fibers causing fixation of the vertebrae,
- anxiety over their condition which prevents the patient from relaxing,
- stress from the pain or discomfort which further causes muscle tightness.

As a result, we recognize that adjunctive procedures which may relax musculature, reduce spasm, calm a patient's anxieties, and reduce stress will make it easier to deliver the chiropractic adjustment. In addition, since less force will be exerted, the patient is more comfortable and the chiropractor is less fatigued.

Moreover, the patient may actually be propagating the subluxations or, what is worse, may fail to heal properly due to improper daily activities or poor nutritional intake. By spending a few extra minutes with each patient to recommend proper nutrition and demonstrate correct lifting techniques, we are helping to prevent additional subluxations.

This level of patient care is much more caring and humanitarian than the other. It is the level of care that shows genuine concern for the patient. Yes, we may actually have to spend a few extra minutes with our patients and get to know them and their lifestyles. As a result, we may not be able to treat 200 to 400 spines a day. But the result is a much more rewarding experience for both the chiropractor and the patient.

Please note that nowhere in this treatment protocol is there any mention of "the medical model of disease entity" that he is so quick to ascribe to all practitioners who do not agree with his theory of practice. The truth is that no chiropractor treats disease (it is forbidden in the state laws). What the overwhelming majority of the profession does is to provide compassionate care, show concern for the patient, and adjust the subluxations. This is how a true chiropractic professional practices.

All the rest is a wall of imagined symptomatology and terminology that Dr. Gelardi has placed between himself and the rest of the profession.

Barry Freedman, M.S., D.C. Quincy, Massachusetts

TMJ: Head and Neck Pain

Dear Editor:

Your notice of a seminar on temporomandibular joint system's effect on head and neck pain is most timely, and I want to congratulate you on bringing this connection to the attention of the profession. For many years, I have been treating TMJ with success, but find that in many dentists, this information is unacceptable, nor do many chiropractors make the connection.

Further, I would like to congratulate you on your stress of palpation, as I assume that from the title of your organization.

J. K. Woodlee, D.C. Artesia, New Mexico

The Cold War: It's Over, but Not in Chiropractic

Dear Editor:

I'd like to take this opportunity to comment on the cold war that exists between "straight" chiropractors and "mixers."

My introduction to chiropractic was as a patient and then an employee of a straight chiropractor in Brooklyn, New York. Throughout our 10 years of working together, I never heard my "straight" chiropractor belittle or malign one other doctor. As his CA, each day was a learning experience in which I was taught not only about chiropractic but about ethics, and most of all about caring for the whole human race.

Our working relationship ended when I moved to East Stroudsburg, Pa. where I began a job for a young, married chiropractic couple just starting out. Boy, was I excited. What an opportunity to share all the wonderful things I had learned in my 10 years as a CA. Most importantly, what a great

way to learn some new and exciting things.

What I did learn was humility. The two chiropractors, and I use the title lightly, were condescending to all others who practiced differently than they. They did not hesitate to belittle and malign those who chose to practice as straight chiropractors. Therefore, I was humbled. After all, could I presume to teach someone who knew everything. And yet, the coincidence of these two was much more in words than in action. They constantly sought the opinions of their peers for every little thing. After 10 years in this field I finally saw what the AMA would consider threatening. These two were mini-neurologists, mini-orthopedists, and mini-gynecologists. I suppose there lurked some chiropractic somewhere within. I saw very little of it during my two years.

In my ten years with the "straight" chiropractor, I never realized a cold war existed. But in two years with the "mixers" I learned prejudice, mean-spiritedness, arrogance, disharmony, and all the negative things I arrogantly assumed had no place in a profession such as chiropractic.

Josephine M. Ferro E. Stroudsburg, Pennsylvania

A Boondoggle by Any Other Name is Still a Mess

Dear Editor:

The last thing the American public needs is government-run national health insurance. Chiropractors should especially be against such a system which will probably adopt the "Medicare model" for chiropractic reimbursement.

The government should get out of the health care business and leave it to the private sector. Let's jump off the national health insurance bandwagon, as it will certainly be a health care boondoggle for the American public taxpayers.

Lets say no to national health insurance and avoid paying the taxes for a system which will be doomed for failure.

Frank P. Lanzisera, D.C. Brandenton, Florida

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