Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

Fighter Pilots and Chiropractic -- Chiropractors in the Military?

Richard Beacham, DC (CAPT, USNR-Ret)

After an intense 1-1/2-hour air combat maneuvering training flight (1V2), you and your radar intercept officer man an F-14 Tomcat for a combat sortie. You score a double kill but only after three long engagements where the Gs are kept so high you feel like your head weighs 400 pounds and is balanced on a watch spring.

Your return to base and head towards the debriefing area but decide to pay a visit to the "flight chiro" to get the old neck unlocked. Your back seater spent more time looking over his shoulder than at the guages so he's complaining of a kink in his neck. Fifteen minutes later, after your neck tune-up, you show up for your debrief -- ready to talk about the mission (necks functioning at full ROM). [Colorful jargon, fictional jargon, and slight exaggeration is indigenous to flying.]

There is currently a bill in the Senate sponsored by Senator Strom Thurmond (S.68) that addresses a very conspicuous and long-standing discriminatory process. After six years of college a chiropractor is not entitled to a commission upon joining the military. Questions I have asked myself for the past 15 years are: Where does or where could a chiropractor fit in the military's medical scheme? The process has been discriminatory but has it been justified? What is the role of health care in the military?

The best place to start is probably the last question: What is the role of health care in the military? It is very simple. First and foremost it is to save the lives of the men and women that have been injured as a result of armed conflict. I have heard numerous anecdotal stories of a chiropractor saving someone's life by adjusting them, but I personally would prefer to have an MD there if my fighter had taken a hit and I sustained a broken arm during ejection.

The primary function of military medicine is best illustrated by considering the term triage. One examines the incoming wounded and places them into three broad categories: patients that will only survive with immediate medical attention; patients without immediate life threatening injuries; and patients that are so severely injured that survival is unlikely regardless of care.

Objectivity is the pivotal criterion in triage. Only lately has objectivity become pivotal in chiropractic. Is there anywhere in these three categories that a chiropractor could function to either expedite of facilitate the allopath's services?

In ten years of private practice I have saved several lives by recognizing a life threatening situation and referring the patient immediately for care. Papilledema, aortic aneurism, lymphosarcoma, and acute renal shut down (glomerulonephritis) are not conditions that respond in a timely fashion to chiropractic spinal manipulation.

What is our position in the health care continuum? We are a portal of entry. Often we see these life threatening cases before any other health care provider and are trained to recognize them and refer them to the appropriate specialist. We could perform this service in the military with little change in the present allopathic structure. Excluding the battlefield, our roles take on a similar

appearance.

The military exclusion of commissioning DCs has been discriminatory, but can it be justified? I earned my chiropractic degree in 1979. Years ago a monocausal theory of "dis-ease" was taught. Was there a place for this in military health care? Certainly not. Although, and thankfully, we were taught diagnostic skills, the emphasis was not then what it is now. Today, studies are being done to objectively identify what entities we are most efficacious in treating1 and corresponding optimal treatment protocols. This is not to say that we don't optimize the natural healing process (which I do believe by experience and intuition); it simply states objectively what we know now as a matter of fact.

Where could a chiropractor fit into the military's medical scheme? There are a multitude of jobs in the military that, by the military's own statements, are not to be done while under the influence of medications. (This includes over-the-counter drugs.) Could you imagine the pilot of an F-14 taking too many ibuprofen for his stiff and aching neck? The military requires pilots to report if they take medication, which may result in being taken off flight status. If that stiff and kinked neck is the result of high G loading during an air combat training mission, an adjustment may be the treatment of choice.

An overburdening role of the military has been that of providing health services to military dependents. It has reached such a crises state that the military is relying more and more on the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). CHAMPUS serves as a form of health insurance for the military dependents, allowing them to obtain civilian medical attention.

The cost of CHAMPUS has reached alarming proportions, so much so that the services are desperately seeking ways to cut costs. This may be achieved by either cutting dependent health services or sharing of costs via copayment.2 Part of the problem is the lack of allopaths volunteering for military service. Financial rewards in the military are clearly not what they are in the private sector. Newly graduating DCs could however enhance their experience base and help fill this need.

A short familiarization course at the military medical college could add hospital and medical clinic protocols to the chiropractors already acquired clinical diagnostic skills. When referral to a specialist is indicated, the chiropractor is the single best choice of physician to make that referral. Why? By our very nature we are conservative. It is intrinsic to our basic beliefs of health care to choose the least invasive process first, from manipulative treatment for those conditions that respond best to chiropractic care, to those conditions requiring pharmaceuticals, surgery, or other forms of treatment.

In truth, we ausculate, examine, and diagnose in the same manner as the allopath. We palpate, x-ray (including x-ray diagnosis) better than most general practicing allopaths. Our differences, immediately upon completion of our education, lie in the primary means of treatment, pharmaceutical usage, and routine surgical procedures.

And what happened to the osteopathic physician who joined the military? He has lost his identity. After 24 years of association with the military, I cannot recall one incident where a military physician suggested, or made available, manipulative treatment. It was recently written by a prominent osteopathic physician, "It is possible that osteopathic manipulative therapy (OMT) will be regulated, controlled, or even eliminated in military and civilian medicine, and no longer will be available as a viable alternative."3 No such loss of identity could occur with chiropractic. We have retained our identity, yet acquired those diagnostic skills so necessary in the health care field. We

do not medicate or dull the senses but facilitate healing.

Consider the specialty areas of military medicine such as aerospace medicine. Is it conceivable that a chiropractor, intensely trained in biomechanics and ergonomics, could best understand the effects of zero gravity on the spine and its biomechanical support systems? Or what about the combat fighter pilot that experiences vertical accelerations in excess of six times the normal effects of gravity? Could his normally weighing six pound head, now weighing 36 pounds and balanced on top of a delicate column of seven cervical vertebrae, experience joint fixations (subluxations) resulting in early degenerative processes, headaches or transient radiculopathies? Can we treat those maladies without dulling the senses so necessary to flying those sophisticated aircraft? It is well known that military personnel must function at optimal levels, without being under the influence of sensory dulling medications. Could we fill a void here? Could this possibly be a place for the aerospace chiropractic physician of the future?

References

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Richard F. Beacham, D.C.
Carmel, California

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