

What If ...

The Flying Seven Died! You say that you are not familiar with the flying seven. Well, allow me to outline this most popular chiropractic "concept" to you.

Not so long ago a group of chiropractic students picked for their research project a topic which led to the discovery of the "concept." Their topic was to visit the best doctors of chiropractic in the area and watch and record what was being done to each patient. The college picked the "elite" of the profession.

The students went, watched, and wrote down what they saw. These are the sad but true facts:

A. With few exceptions, the patients were lying face down when the treating doctor entered the room.

B. An attempt at static palpation mixed with some small talk and the occasional leg length check was all the examination consisted of. However, great and significant diagnostic decisions as to where and what to adjust were made from this 10-second procedure.

C. The Flying Seven:

1. Some type of nonspecific general P A thoracic adjustments with no thought as to the location or direction of the spinal subluxation.

2. & 3 Right and left combination or straight arm adjustments to the upper thoracic spine.

4 & 5 Next was either a right and left SI adjustment or lumbar adjustment or combination thereof.

6 & 7 Supine rotary cervicals were done; however, no attempt was made to screen for vertebral basilar insufficiency.

D. All patients were treated with the same adjustments with very few exceptions -- is chiropractic just seven adjustments?

Now that the random beating was over and the patient pronounced "well," the sales pitch began -- maintenance. This pitch took longer than the examination and the so-called treatment.

The students, not impressed, wrote the paper and completed the degree and graduated, each making a promise to the other to never put money in front of quality care and never to do the flying seven.

Over the last few years I have told this story at many MPI seminars and guess what? -- Yes, the flying seven is still alive and living in North America.

The obvious questions are these:

1. When and where did this insanity start?

2. Is maintenance ... ?

A. Maintenance of the patients health and, if so, what is/was the diagnostic criteria for the random beating given by the "elite." Surely no rational being would give any adjustment based on the aforementioned exam.

B. Or is maintenance just maintenance of the doctor's bank account.

3. If chiropractic is just a few pushes here and there, a useless leg length check leading to a treatment diagnosis, followed by the flying seven, then why did we all waste four years going to school? I think we could all learn the flying seven in just a few days.

4. The "elite" did not look at the body as an entire functional unit. This asks the following question: Do not the extremities have an effect on the axial skeleton and its biomechanics? Then why not examine them?

5. How do we (the profession) stop this madness that is at some point in time going to cause us serious problems, and get back to real rational chiropractic health care?

6. Doctors, if you are doing the flying seven -- then stop -- take some courses, upgrade yourself and become the doctor you always wanted to be. Let go of old doctrines and techniques with obsolete or monetary rationales and welcome to 1993.

Doctors, chiropractic health care is a viable alternative, but it must be based on chiropractic diagnostic criteria of the 1990s, which will lead to removal of all components of the spinal or extremity subluxation complex without the mindless flying seven.

I await your comments.

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Editor's Note:

Dr. Innes will be conducting his next Somatic Components of the Subluxation Complex seminar on September 19-20, 1992 in Chicago, Illinois. You may register by dialing 1-800-359-2289.

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