

We Get Letters

Case History

Dear Editor:

I read with great interest the excellent article by Dr. McKechnie in your September 25, 1992 issue of Dynamic Chiropractic regarding Lyme disease. As you may know, Lyme disease was first reported and later named after the small town of Old Lyme in Connecticut. It is nearly epidemic in many Connecticut communities during the seasons when the tick is active.

With regard to Dr. McKechnie's discussion of Lyme disease, I present the following clinical brief:

A 40-year-old woman came to my office complaining of diffuse thoracic pain effecting both shoulders with radiation into the left upper extremity. By history, she had suffered an episode of "summer flu" approximately six weeks prior to consulting me. Her symptoms at that time included fever, malaise, and headache. She noticed no occurrence of skin rash. These symptoms resolved within a period of seven to 14 days. The specific injury precipitating her visit to my office was an increase in shoulder pain following heavy work in her garden, pulling out unwanted shrubs. The most striking finding at examination was severe pain at the origin, belly, and insertion of her left deltoid muscle and inability to actively elevate her left arm. Involvement of the left third rib, the third and fourth thoracic vertebra, and the fourth cervical vertebra were also noted.

The patient was treated twice with adjustments to the spine and physical therapy to the deltoid muscle and reported substantial improvement in symptoms.

On the third day following examination, the patient reported to the office with unilateral left-sided facial paralysis involving the mouth, cheek, and upper eyelid in a typical Bell's palsy presentation. Laboratory analysis for Lyme disease was positive.

The presentation of this case illustrates that the facial nerve paralysis of Lyme disease may initially present unilaterally in the manner of Bell's palsy. In speaking with several local physicians, they indicated that they regard the unilateral facial paralysis of the Bell's variety, in association with arthralgia and a history of the flu, as strongly presumptive of Lyme disease. Although laboratory exam is not highly reliable in stage-one of Lyme disease, it becomes increasingly more reliable by stage-two.

Again, thank you for the excellent article on the "great imitator."

*Jonathan Kantor, D.C.
Westport, Connecticut*

Reporting, Not Personal Rivalry

Dear Editor:

On May 16, 1990, I wrote you a letter in regards to your ongoing war of words with Terry Rondberg, D.C. It apparently shook you up some as you called me personally to discuss it.

I have followed the issues closely in all of the publications I get, and I must now admit that I have come full circle on this matter and owe you a personal apology and debt of gratitude for pursuing the truth and using your publication so wisely. What I saw at that time as a personal rivalry was in actuality a reporting of the news. The facts have come out through your persistence and dedication.

Please accept my apology and keep up the great work.

David A. Merrill, D.C.
Michigan City, Indiana

"The Brave in Our Profession"

Dear Editor:

As I was lighting a fire with my WCA Journal (the best use that I have for it since I don't have a bird) I noticed an article by a lawyer. This person was insinuating that chiropractors who follow the Mercy Guidelines may be guilty of fraud when seeking reimbursement from Medicare, if they do not have a recent x-ray. From what I know of the guidelines, they are pretty conservative and allow a lot of practice leeway and suggest that the usage of x-ray should follow that outlined by Phillips and others. This does not routinely include the use of x-ray to detect vertebral malposition.

The man has a point, but it is warped. Remember the old story about the cat whose tail is stuck under the car tire? This lawyer's solution to the proposed problem would be to cut off the cat's tail. Being a cat lover, I'd rather see the car moved.

First and foremost, the Medicare rules concerning the documentation of subluxation via x-rays are blatantly outdated. Most people know this. To suggest that we follow them, resulting in the continued use of routine films on each patient, is ludicrous. We should get in the negotiating rink again and get the rule changed. Then this lawyer's point will be moot.

It is sorely evident that our chiropractic family is not homogeneously educated in the basic issues within which our practices live. We need to get back to some of these basic issues without clouding our minds with financial gain and malpractice potential. I appreciate the efforts being taken by some of the brave in our profession, and await the delivery of the Mercy Guidelines.

Geoffrey Bove, D.C.
Chapel Hill, North Carolina

NOVEMBER 1992