

We Get Letter

A Chiropractic Market in Talk-Show Land

Dear Editor:

I was reading an article in the *Los Angeles Times* the other day that I found very interesting. It had to do with the recent increase in the number of talk shows on television and the decrease in the number of interesting topics that haven't been "talked to death" already. In other words, there are a lot of TV talk show hosts out there running out of things to talk about. Let's face it, there are only so many times you can do shows featuring alien transsexual former lovers of Elvis.

The obvious question struck me: "Why don't we ever see anything about chiropractic on these shows?" The topic is controversial, interesting and, since back pain is the most common health problem next to the common cold, it's a subject that's relevant to millions of people -- especially to women, who represent both a major segment of the afternoon TV audience and of our own patient population. A credible, intelligent representative of our profession such as Dr. Scott Haldeman or Dr. Leonard John Faye in a debate format could do wonders for the public image and public awareness of chiropractic.

The idea for the *Reader's Digest* insert was interesting and well-thought out, I'm sure, but not one of my patients or acquaintances is familiar with it. They all, however, watch Oprah, Geraldo, and Donahue. If the producers of these and similar shows were approached in the right manner there's a good chance that several would be responsive -- willing, basically, to air a one to one-hour commercial for chiropractic on national television to millions of people. For free.

Somebody must have thought of this already so I can't understand why we haven't seen more about chiropractic on TV. I can't believe that the "anti-chiropractic" forces are so monolithic that they've managed to completely exclude us from the airwaves. That's paranoid and ridiculous. More likely, none of the major chiropractic organizations have ever gotten off their butts to develop an effective national, public-awareness campaign for the profession.

The whole rationale behind chiropractic is logical and scientific. Patients have an overwhelmingly positive response to it once those ideas are clearly explained to them. But the biggest problem we have as a profession is that the general public still doesn't know who we are or how much we can do for them. A professor of mine in chiropractic college once said that if the public knew as much as he did about chiropractic, there would be so many people trying to get into his office every day that he'd have to nail the front door shut at 9 a.m. No truer words were ever spoken. Every field doctor knows it.

The potential market for our services is vast. It's pathetic that after nearly 100 years the public awareness of our profession is still virtually zero and that millions of our potential patients are subjected to tenth-rate care at the hands of the medical profession because they don't know there's an alternative. Well, maybe this is one way to begin to change that.

John F. Carlucci, D.C.

Straights and Mixers: What Do We Have in Common?

Dear Editor:

I have followed with interest the different ways and reasons Drs. Gelardi and Winterstein have put forward for why there should be a difference between "straights and mixers" (both terms belong to the history of our profession and are outdated.) It is an extension of the clashing of personalities that has kept the ICA and ACA apart for so many years. In doing so, it has greatly affected progress and research in our profession. Imagine if all this money could have been put to use for the unified advancement of chiropractic!

We broke down barriers in South Africa 18 years ago. We had to, or else we were faced with extinction as a profession. Only then did we realize how much we chiropractors had in common. Today we stand as a strong unified profession and we are very proud of it!

So, what do we have in common?

1. We are different enough to believe that there is an alternate approach to health, that is why we did not become MDs.
2. We all believe that the integrity of the nervous system is of utmost importance in obtaining optimum health. Our avenue of approach is the spine. Every chiropractic college teaches that!
3. We all believe in doing what is best for the patient within the parameters of the profession of chiropractic.
4. We all understand the simple, logical approach upon which the profession was founded, just as we realize that modern technology has advanced and in many cases to our benefit -- also to be used by us to the advantage of the patient.
5. We also realize that you don't practice chiropractic to re-invent it every day. It is a young and dynamic profession and one cannot afford to be dogmatic and hold back its growth. The principle will grow with or without chiropractors.
6. Just as we don't become paramedics, so we also don't want to be technologists. To try to define the profession in order to accommodate the exception is shortsighted.
7. Whereas we realize that in order to practice chiropractic we need to perfect the art of adjusting vertebrae, we also realize the persons will pursue the profession in order to investigate and research it. They too must be given elbow room to prove or disprove.
8. We can, with pride, look back on the beginnings and growth of our profession. We have had great leaders who, at all odds, stood by their guns to establish an alternative approach in health. Chiropractic today -- straight or mixer -- is very different to what it was in 1895. We have all changed and we have all benefitted from it.
9. We are really only different because it pleases some individuals to be defined that way. In time, we will be one profession. It is just a pity that some still choose to want it their way.
10. If you can love your fellow-man, surely you can love a fellow- chiropractor.

Come on America, is it really so difficult? Do you have to put soiled linen on the line every day? I believe you can come around and for once put your money where it is really needed.

Willem Boshoff, D.C.

*Chairman Transvaal Branch Chiropractic Assoc. of South Africa
Greenside, South Africa*

Purely Objective Paper Reviews -- a happy medium

Dear Editor:

With regard to the exchange of letters between Allan Dineheart, Jr., D.C., of Los Angeles, California; and Walter R. Rhodes, D.C., of Fort Worth, Texas, in the November 1, 1989 issue of *Dynamic Chiropractic*, I have been moved to make a few comments. As a diplomate of the American Board of Chiropractic Orthopedists, I have followed this controversy in *Dynamic Chiropractic*, but have also noted remarks in other chiropractic publications, as well as events in my home state of Washington.

The actions that I have encountered in the more recent years, the past two or three in particular, have caused me to wonder how the educational program in postgraduate orthopedics is being presented. I am an "old timer" and took the postgraduate orthopedics classes originally under Dr. Maynard F. Lipe who, at the time, was the acknowledged "grandfather" of postgraduate chiropractic orthopedics education. Since there was no certification board in those earlier days and it was a number of years before a board was constituted, I once again took the entire postgraduate orthopedics class under the tutelage of Dr. Henry West, Jr. Both of these able gentlemen produced the educational material needed so that I did pass the very first constituted examining board for diplomate status and hold a certificate in the first group so certified.

My distinct and lasting impression is that we were, in fact, given the orthopedic, neurologic and other material pertinent; however, throughout the extent of both courses the chiropractic viewpoint was accentuated. I have attended only occasional modules of courses being taught by more current instructors so that I can make no direct statement, only that I am wondering whether the basics of chiropractic are not as well brought forth in these more current classes.

I understand the necessity to have independent examination studies performed and I, myself, do some of these things. I also understand the reasoning behind "paper reviews" from the standpoint of the insurance company with regard to over-utilization. I believe that every state in the union has its share of over-utilizers; however, I strongly believe that the majority of the people in our profession do not fall within that over-utilization category. There must be a happy medium so that the interests of both insurance coverage, as well as protection of the patient from insurance harassment, can occur. I am not the individual to make that determination but feel that something must happen amongst the leaders of our profession, on a national scale, to resolve this issue which currently is quite inflamed in the state of Washington. There appear to be certain factions in our profession that, in this state at least, have "knuckled under" to the insurance companies' demands, and of course there is a vociferous group who have been strongly opposing this stand.

I, myself, have done some of these paper reviews in the past years, and when it has come to the attention of the insurance company involved that I am not a "claims closer," the request for these reviews has dwindled to the point of nothing for approximately the past year.

In past years, as I had begun to act in performance of IME work, I had a number of insurance

companies approach me for examination procedures which I proceeded to do, and which I felt were done on an objective basis. Apparently, the insurance companies did not feel this way since they have been drifting away and not employing me as an IME in this area. However, strangely within the past three months, one of the major nationwide insurance companies has begun to employ me once again. The interesting thing is that they do this with the full knowledge that I am not a "closer" and that I attempt to be fairly objective. When one of their individuals who sets up for these examinations called my office about three months ago and requested an examination, one of my secretaries immediately informed this person that I am not a "claim closer," and the retort by this individual was that "we have read a number of this doctor's examinations and feel that he is really objective, and we will live with whatever his recommendations are." I should state that I have since performed a few more examinations for this same company on an objective basis and to this point, (perhaps this is an isolated instance) they have unquestioningly accepted my recommendations. I do not claim to be able to explain this latter phenomenon but would like to hope that the objectivity factor in my reports has influenced them somewhat and that perhaps someone in the hierarchy of that company has come to the realization that there are, in fact, some valid claims. Perhaps I am a dreamer along these lines, but this has been my most recent experience.

The sum and substance of my letter is that the position taken by both Dr. Rhodes and Dr. Dineheart are perhaps the two extremes and that there must be something in the median.

Norman H. Singer, D.C., N.D., F.A.C.O.
Seahurst, Washington

Applause for Drs. Bertrand and DeRoeck

Dear Editor:

I would like to take a moment to thank you for two of the best articles to appear in your publication. I'm speaking specifically of the December 15 issue and the articles by Drs. Willard Bertrand and Richard Deroeck.

These articles go far beyond the usual debate regarding unity, philosophy, and practice building. I would like to see more articles from similar doctors urging the best in patient care and relaying to us interesting solutions to a variety of cases. With a true commitment to our patients and a simple enjoyment of the day-to-day experience of helping others, I believe that there is room for all of us in chiropractic. As a matter of fact, our world needs a lot more human beings with a greater commitment to others.

Thanks again for publishing these articles.

Richard C. Doede, D.C.
Spokane, Washington

Pharmaceutical Compounds for Diagnostic and Limited Therapeutic Procedures in Chiropractic Practice

Dear Editor:

Rarely do I write comments on articles, but the December 1, 1989 article, "The Use of Pharmaceutical Compounds for Diagnostic and Limited Therapeutic Procedures in Chiropractic

Practice," written by three students and a Ph.D., really got my dander up.

If Steven Aitken, Bruce Davies, and James Bell are interns at Cleveland Chiropractic Clinic, that means they must have sat through a philosophy course on chiropractic, or did they? A busy chiropractor has no time and no business dabbling in the medical realm. If a patient needs further diagnostic tests -- please refer them out to the proper medical specialists. Chiropractors find subluxations, remove them, and allow the body to function normally without the use of drugs or surgery.

If these students need medication for diagnostic or therapeutic procedures, then please graduate from an accepted medical institution. Don't try changing a profession that has been around for 95 years, to conform to your philosophy -- simply get out of it.

Charles Price, D.C.
Brookville, Florida

Dear Editor:

I am writing in response to Dr. Ratliffe at CCKC and his students regarding their article in the December 1, 1989 issue of Dynamic Chiropractic.

"Well done!" Finally, a chiropractic educator who is leading his students out of the Dark Ages, into the 20th century. Chiropractic is not a philosophy; it is an art and science. Entry into the "science community" mainstream requires professional capacity in all sciences -- physical and clinical -- including pharmacopoeia/materia medica.

R. Vincent Davis, D.C., R.P.T.
Independence, Missouri

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