

## We Get Letters & E-Mail

A Little "Food for Thought" in Return

This letter is in response to Dr. Douglas Andersen's "Food for Thought 2004: Improving Our Public Relations" in the Jan. 29 issue [[www.chiroweb.com/archives/22/03/02.html](http://www.chiroweb.com/archives/22/03/02.html)].

I typically enjoy Dr. Andersen's articles when he sticks to talking about nutrition, but in "Food for Thought," he calls wellness-oriented chiropractic "wellness/maintenance B.S." and further states that the chiropractic profession should "ostracize those chiropractors and marketers who propagate such fraud." Ironically, this is written in an article about how to improve public relations. I have a feeling a national PR campaign will be difficult to achieve when, in this day and age, we still have chiropractors with attitudes similar to Dr. Andersen's, willing to ostracize colleagues over the simple matter of differences in philosophy and intent.

Dr. Andersen implies that chiropractic's merits should lie only in the peer-reviewed research and the ability of a chiropractor to quickly reduce pain using "manipulation" and a variety of other modalities. He also states that the "number-one reason" he hears that patients don't want to go to a chiropractor is that they've heard if they go once, they'll have to keep going back. Something along the lines of "I've heard if you have to take a multivitamin once, you have to keep taking one for life" or "Watch out for those dentists - they see you once, then they expect you to come in twice a year forever!"

Clearly, there is ample research opportunity in the field of preventative health care related to chiropractic. I feel Dr. Andersen's criticism of wellness-oriented care is shortsighted and unfair, not to mention ironic. I see substantial differences in my patients who get adjusted regularly, compared to the ones I see a couple of times a year. I see huge differences in patients who have been getting care regularly for a year or more, compared to when they first walked into my office. Many of my patients manage their symptoms/conditions with chiropractic care effectively. What would Dr. Andersen say to the guy who gets relief from constipation after lumbopelvic adjustments? "Sorry, sir, but there is no peer-reviewed evidence convincing enough to me to suggest that chiropractic care can affect constipation, so I must release you from care." I certainly hope he wouldn't say that.

Dr. Andersen lists 10 factors that need to be addressed in a research setting before he'll ever be convinced that wellness care is worthwhile. Nowhere does he mention the patient's quality of life. He opens up a good opportunity for researchers, but is it fair that Dr. Andersen has made up his mind about wellness care without any evidence? Dr. Andersen mocks chiropractors who give wellness and preventative chiropractic care as an option to patients, because "there is no evidence" supporting it. But isn't he just as wrong to have already made up his mind about it, lacking the same evidence?

Finally, it is clear when you look around that the paradigm of waiting for problems to happen or symptoms to show up before you do anything to promote health has gotten us nowhere. While it may not yet be a proven fact that chiropractic has merit as a preventative health care solution, I think it is clear to anyone whose practice has both the sick and injured, as well as generally well

people as patients, that chiropractic care can be used for wellness quite effectively. Just because Dr. Andersen dislikes the idea of adjusting someone without frank symptoms doesn't mean that there is no merit to wellness care, and our profession will never get anywhere with people in it who criticize their colleagues for practicing the way they see fit, and for providing a service that patients are more than happy to pay for. I believe there is ample opportunity in chiropractic for wellness-oriented practitioners as well as though who only treat symptoms. Both benefit the patient. Dr. Andersen may worry that people don't want to come to us because they only want one adjustment for life, but when I ask patients what they like most about being a chiropractic patient, most say something like, "I can't really put my finger on it, but I just feel good when I get adjusted regularly." Uh-oh! Sounds like wellness to me!

*Steve Agocs, DC  
Holland, Michigan*

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DCs and NDs Can Work Together, If ...

Dear Editor:

Regarding your latest poll question ["Do you believe that doctors of chiropractic and doctors of naturopathy can work together?" Jan. 15 issue] - great topic, but to ask such a question with no discussion assumes a great deal. I practice in Oregon; Western States Chiropractic College and National College of Naturopathic Medicine are both near my practice. I have practiced with two NDs over the years, and had a DC, ND uncle who inspired me to study chiropractic. Asking such a question assumes that the one answering has preconceptions of what the respective professions do. I find that DCs have surrendered a great deal of their education and skills en masse, accepting a technical role in practice, rather than the physician role most were trained to take.

Unfortunately, the payor system and the extremists have worked well together to create this anemic expression of our profession. I have found that NDs, by and large, have a strong conviction about their identity; they are physicians practicing natural medicine. NDs are trained to manipulate, use therapeutic modalities of many types, perform health care assessments, and treat many conditions with many approaches. The ND is much more likely to take on the responsibility of the physician role, as he or she is given this mantle by basis of education. If the DC cares for the spine only, the two will generally work well together, but the DC loses in the technical role he or she too often embraces. If the DC maintains physician status, the two will compete and may not work well together. Public perception generally understands that NDs are "natural physicians" and DCs "crack backs only." This is a sad state (largely promoted by ourselves), and now the chickens are coming home to roost. So, to answer your question: Yes, they can work together - if the DC treats the back and the ND is the physician.

P.S. Separating ND programs from the chiropractic schools in the '50s was not a good thing.

*Steven G. Lumsden, DC  
Gresham, Oregon*

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Capping Chiropractic Care in California

Dear Editor:

I have been practicing for seven years in California and have built a very busy clinic with over 15 employees. I practice in the central part of the state. I have a statement and a question:

1. The new workers' compensation laws that cap visits at 24 are only the beginning. In my opinion, the cap will eventually be 9-12 treatments. The reason I believe the cap will be that low is that is what the OCOEM guidelines state the treatment for low back pain should be. Worse than that, they say manipulation is not indicated at all for other spinal conditions, including neck pain. It is also not indicated at all for low back pain if there are radicular symptoms.

Remember, these are the adopted guidelines that all doctors will have to follow or the insurance companies can and will deny care and reimbursement.

2. Can the OCOEM orthopedic group be sued under the same premise the American Medical Association was in *Wilk vs. the AMA*?

This is the most serious threat chiropractic has seen in 15 years. Chiropractic is now going to be under the control of the medical profession (orthopedic surgeons). I believe when the medical director starts working on his or her own guidelines, if there is a pending lawsuit against the OCOEM, he or she may reconsider the new guidelines for 2005.

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