

## Tunnel Vision Still Exists

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Several months ago, I lectured on soft tissue to an audience of about 150 chiropractors; before the lecture, I asked for a show of hands as to how many use soft-tissue evaluation, diagnosis and treatment in their practices. Surprisingly, only five practitioners raised their hands. Most of the doctors in the audience were graduates of the same college, at which little or no importance was placed on the myofascial system. Although I have been aware of this situation, I was somewhat depressed and that evening, I had a long discussion with a mentor of mine, Dr. Richard Vincent, who has been in practice over 50 years, is a past president of the National Board of Chiropractic Examiners, and has long been active in chiropractic affairs. Many of the ideas in this article are based on his vast experience in our profession.

The truth of the matter is that soft-tissue education, throughout the spectrum of American chiropractic colleges, ranges from none to moderate. Clinicians who want to learn about the myofascial system must do so via postgraduate courses. Muscle and connective tissue define the shape of the human body and respond to the internal and external stresses to which our body is subjected. This may sound radical, but the spine is not the *sine qua non* of musculoskeletal structure and function. It has never been proved that the "correction of subluxations will normalize the nervous system" and release "the body's optimal potential." Oh how I wish this were true. I have been in practice for 45 years. Because once in a while, a possible visceral complaint responds after an adjustment, as of today, it still must be considered a "series of one."

The chiropractic profession is more than 100 years old, yet we don't see ulcer cases flocking to chiropractic offices. Most chiropractors get excellent results on back pain, headaches and many varieties of musculoskeletal conditions. I know that all of the above conditions will respond with even better results if the connections (i.e., soft-tissue, both proximal and distal) are also evaluated and treated.

"Just adjusting" is no longer acceptable. To only adjust neither serves the best interest of the patient, nor does it equate with quality chiropractic delivery. There is no doubt that some conditions are primarily articular in nature, but the greater percentage of patients have accompanying soft-tissue involvement that is nonarticular. It disheartens me to write this type of article in the year 2004, but if our profession stays rooted in the past and fails to embrace new thinking based on scientific fact, our future existence will be questionable.

Our profession has passed the century mark, yet market share is relatively unchanged. Could it be because our "believability index" is so low? We are generally perceived as the "go to" profession for spinal musculoskeletal care. Yet we continue to confuse the public by stating that our purpose is to correct subluxations of the spine for the express purpose of preventing disease and maintaining health. Why, then, has the public not flocked to our offices?

In simplistic terms, the spine is a passive structure. It is unable to move itself. It is moved and supported by soft-tissue elements. The adjustment, in reality, is a soft-tissue treatment, too. But it is only "part of the puzzle." As thinking, dedicated doctors of chiropractic, it's time to recognize science and research and work within this paradigm.

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