

# Chiropractic and Dental Floss

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The dental profession has done a tremendous job of educating the public and marketing its maintenance program. Anyone who has ever been exposed to the civilized world knows that you have to brush after every meal, floss at least once a day, and get your six-month checkup to avoid the decay of your teeth. Why is avoiding the decay of your spine any less important? To my knowledge, there has not been a spinal "denture" developed yet that can replace the original equipment like dentistry has for teeth.

The chiropractic oath states, *"I will provide regimen for the good of my patient according to my ability and judgment."* If prevention is the long-term goal of our protocol, there are some ideas that can help us develop a regimen that will be as obvious to the public as the brush and floss protocol of the dental profession. If the public were as aware of their ability to prevent degenerative arthritis as they are about the ability to prevent tooth decay, it would take weeks to get an appointment at the chiropractor's office. Many people accept arthritis as a fact of aging. So, here is one of the \$64 questions that must be asked.

When does spinal decay start? Let's start with the basics and as close to the beginning of the process as possible. Shortly after birth, we develop the ability to crawl. This is followed closely by walking. This process represents the beginning of our structural framework being exposed to the full effects of gravity; the kinetic chain operating as a unit instead of individual parts.

But it does not end with the structure. As with any architectural arrangement, structure dictates function. Thus, as the foot, knee, hip, pelvis and spine feed proprioceptive information into the cerebellum, the body reacts accordingly. Will we see any degenerative joint disease in the first five years of life? Not likely. Ten to 20 years? Not common. Not until the fourth decade of life do we typically see full-blown degenerative arthritis. There are exceptions, but if we don't acknowledge degeneration until it's here, it can't be prevented.

Degenerative joint disease often starts from the ground up, beginning with the feet. The nature of foot structure, such as its supportive three-arch configuration, is essentially developed by age 6. If someone exhibits excessive pronation (their feet flare out), they are likely to develop degenerative changes in the knees, hips, low back, or other parts of the spine over time, due to increased stress placed on soft tissue and osseous structures farther up. By age 12 or so, there are certain characteristics of the spine that are measurable: Ferguson's gravity line, the sacral base angle, and C2 rotation. Wolfe's Law states that when bone is held in an abnormal state of alignment over time, it begins to attract calcium salts to the surrounding soft tissues. You can't develop degenerative arthritis without invoking Wolfe's Law. You can't prevent degenerative changes if structural misalignments are present. Patients can't choose appropriate treatment and maintenance protocols if they don't know they exist.

We have to start telling our patients about their structural status when they are young and have the ability to do something about it, before it becomes a permanent problem with no "dentures" to fall back on. I believe that ultimately, people will choose long-term prevention over short-term relief, but they have to know there is another option to the assumption that aging will guarantee

structural breakdown. What will become the chiropractic equivalent of brushing and flossing? What will our patients do on a daily basis to maintain their spines?

Again, to answer these questions, we should follow the lead of the dental profession. Dentistry has taught the world the importance of a daily, home-based maintenance routine, and so should we. What will we base it on? Biomechanical structure.

Starting at the foundation of the body's architectural structure, let's look at the feet. Pronating or supinating feet need flexible, custom-made orthotics to provide the kinetic chain with proprioceptive integrity, shock absorption and support for the three arches of the foot. The knees enjoy the result of the reduction of internal or external rotation, and the external hip rotators can relax, allowing the pelvis to become a more balanced foundation for the spine.

Orthotics are the foot "floss," and the myriad chiropractic techniques and exercise and muscle management techniques are equivalent to all the varieties of toothpaste and toothbrush designs. The flavor of toothpaste and style of toothbrush do not determine the results. It's the development of the habit that brings success. Ask any 1<sup>st</sup> grader how to prevent tooth decay and they can give you the routine. I have a dream that someday, you will be able to ask a 1<sup>st</sup> grader how to prevent spinal decay and they will say, "Adjust, Support and Rehab!"

To help America develop the spinal decay prevention habit, we have to evaluate where gravity is putting the greatest stress. X-ray analysis by way of Ferguson's gravity line in the cervical and lumbar spine gives objective evidence of degenerative changes and/or future potential of such changes. Pain cannot be the basis of prevention. Anterior or posterior weight bearing and sacral base angle will determine which rehabilitative exercises to focus on. Exercise for the sake of exercise, if it ignores the biomechanical details of structure, is not necessarily beneficial to the long-term health of the spine and extremities, and may actually accelerate the rate at which those structures degenerate. I won't get into the philosophical minefield of the subluxation, but I have seen regularly adjusted subluxated spines develop degenerative arthritis over years because structural biomechanics were not addressed.

That point hit home when I looked at my X-rays a couple of weeks ago (my 21-year follow-up exam to the films taken in chiropractic college). The processes I had overlooked in myself are happening in many of our patients, and the result is spinal decay. It's time to raise the bar on our recommendations and protocol, and provide a regimen according to an improved ability and judgment. We can create a prevention model equivalent to that which the dental profession enjoys.

Muscle flexibility, joint mobility, and structural balance epitomize optimal structural function. That is our brushing and flossing. The elderly of tomorrow are waiting for you to tell them about it today.

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