

## We Get Letters & E-Mail

We Must Form Our Own Alliance First

*Note:* The following letter is in response to the publisher's Jan. 1, 2006 Report of Findings, "Is It Time to Join Forces?" ([www.chiroweb.com/archives/24/01/16.html](http://www.chiroweb.com/archives/24/01/16.html)).

Dear Editor:

Yes, we should be the driving force in forming an alternate health care coalition. Will it happen? Probably not. Two hundred naturopaths in the state of California managed to get a broad-scope license to practice naturopathy. I presented a thought to several individuals who have a major influence on the future of chiropractic - I suggested we should have an alliance with the naturopathic profession. I was told the naturopaths want to be MDs, and that we won't have a problem with them for 10 years.

Perhaps the shoe is on the other foot: The chiropractic profession has carried so much baggage and is being weighted down by its internal struggle, preventing continued progress. Maybe nobody would want to be allied with us. Until we form our own alliance within our profession and decide how we fit in the mainstream of health care, we will go one step forward and two steps back.

I hope your thoughts stimulate some progressive thinking.

*Raymond F. Spierto, DC*  
*Folsom, Calif.*

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"An Embarrassment to the Profession"

Dear Editor:

I recently received a phone call from my sister-in-law in Minnesota; the phone call I had been dreading since seeing the "ugly side" of the chiropractic profession. She was disturbed by the fact that she had been receiving dozens of solicitations from chiropractors since her SUV had been hit. She was wondering what they teach at the nearby Northwestern College of Chiropractic in Bloomington. Maybe Northwestern should be disturbed by this if it is a reflection on the school itself.

Oh, by the way: To all those DCs in Minnesota who sent certificates for "free" (yeah, right!) exams, treatment and massage gift certificates, you should know that no one was in the car at the time of impact! Now we, and specifically, those of you who sent these offers, really look foolish.

It is such an embarrassment to the profession that we continue to allow ambulance-chasing DCs to do this form of advertising. Was it not enough, a few years back, when we saw essentially a month-long exposé on PI and chiropractic all over the Minnesota media? For some, money is all that matters. Let me tell you, it feels really nice to explain this to friends and family. I wonder what it's going to be like in a few years when we increase the number of DCs in the profession to more than

100,000. Then again, maybe I am the only one who is apprehensive about this.

*Bernard J. Krenner, DC  
Decatur, Ala.*

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*Editor's note:* The following two letters to the editor are in response to our recent interview with Dr. Patrick Delamere. For more information, please read "DC Interviews Dr. Patrick Delamere of the N.Y. Guard" in the March 12, 2006 issue or online at [www.chiroweb.com/archives/24/06/09.html](http://www.chiroweb.com/archives/24/06/09.html).

What About Full Inclusion in the U.S. Military?

Dear Editor:

Dr. Patrick Delamere's contributions and dedication to the N.Y. Guard on behalf of the chiropractic profession are commendable, and the entire chiropractic profession should be grateful to Dr. Delamere for his ongoing efforts to promote chiropractic to the U.S. military.

However, we must confront the reality that since President Clinton's endorsement of the inclusion of chiropractors in the U.S. Armed Forces as officers in the medical corps, not one chiropractor has been so inducted. And little has transpired since President Bush endorsed the inclusion of chiropractic in the Veteran's Administration.

As Dr. Delamere explained in the interview, the N.Y. Guard is a state defense force comprised of unpaid volunteers. While Dr. Delamere's service in the N.Y. Guard, and his efforts on behalf of the chiropractic profession, are in no way to be diminished, chiropractors can hardly puff their chests and proclaim that we have finally found cultural authority and professional acceptance by full inclusion in the U.S. military branches. We have not.

Every member of the chiropractic profession should act immediately on Dr. Delamere's plea for chiropractors and their patients (veterans of the armed services, in particular) to urge their senators and congressional representatives to fight for the full commissioning of doctors of chiropractic as officers in the medical corps of all military branches. We cannot idly wait for the Department of Defense to support us in gaining full military inclusion, while members of the armed services are deprived of meaningful access to chiropractic care.

*Gerald A. Anzalone, DC  
Peekskill, N.Y.*

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Kudos to the New York Guard for Recognizing Dr. Delamere

Dear Editor:

Nice article regarding Dr. Delamere and the New York Guard. I would like to point out that the New York Guard is not in any way affiliated with the Department of Defense or any component of the Army or Air Force National Guard. While there are a few states that have a non-DoD "Guard," please do not allow confusion with Army and Air Force Guard components. Obviously, we do have a mutual mission, i.e., direct commissioning of DCs into the medical departments of the Navy, Air Force and Army. I served in all three Army components; active, reserve and guard, having just retired after 24 years. It would have been nice to have the DoD recognize me as the New York Guard recognizes Dr. Delamere.

*Frederic J. Miscoe II, DC  
MAJ, MSC, U.S. Army (ret.)  
Central City, Pa.*

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## Why Aren't Chiropractors Supporting the APHA?

Dear Editor:

I recently presented at and attended the American Public Health Association (APHA) annual conference in Philadelphia. The evening I arrived, a business meeting for the Chiropractic Health Care Section was about to start. Since this was my first year at the APHA conference, I thought I'd attend the section meeting. To my surprise, the number of members in this section totaled 206. I was shocked at the small number.

It is estimated that there are approximately 75,000 chiropractors in the United States. Some quick math reveals that .28 percent (yes, that's less than 1 percent) of our profession has membership with the APHA. I cannot understand how so few in our profession are willing to support the efforts of public health. All chiropractors practice public health.

To join the APHA costs only \$160 a year and includes a subscription to the prestigious APHA journal. It is my plea that more in our great profession step forward and support the efforts of public health by joining the Chiropractic Health Care Section of the APHA.

*Rick Branson, DC  
Eagan, Minn.*

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## "A Friendly Subluxation in a Lawyer"

Dear Editor:

I recently finished reading the Nov. 20, 2005 article by Dr. Robert Cooperstein ["Normal, Ideal and Optimal Spines," [www.chiroweb.com/archives/23/24/05.html](http://www.chiroweb.com/archives/23/24/05.html)] regarding "a friendly subluxation in a lawyer." Dr. Cooperstein discusses a patient with an uncompensated cervicodorsal angle that would not respond to treatment until he addressed the patient's thoracic subluxation. It turns out that the patient had an extraocular palsy that his ophthalmologist friend said was normal; his abnormal head tilt was a natural compensation.

As a chiropractic neurologist, I have encountered cases such as this hundreds of times. It is not too uncommon for patient to enter a chiropractic office with some form of head tilt or abnormal rotation. Many times these individuals have been to other chiropractors and other providers who only address their abnormal spinal functions. A very quick and easy evaluation of the cranial nerves typically uncovers the abnormal ocular function.

Abnormalities of head posture and gaze are commonly caused by disturbance of the vestibular system. Ipsilateral loss of otolithic input can result in an ipsilateral head tilt; a skew deviation and cyclotorsion of the eyes may occur. Lesions affecting the central otolithic pathways in the vestibular nuclei, medial longitudinal fasciculus, or interstitial nucleus of Cajal, may cause an ocular tilt reaction.

Head tilts (ear to shoulder) are more common with paresis of the oblique extraocular muscles, but can occur with restrictive ophthalmopathy. With a superior oblique palsy, the head is typically turned and tilted away from the side of weakness and the chin may be depressed. The tilted head posture with this palsy is usually adopted to lessen a diplopia. However, some patients adopt abnormal head postures that keep the eye out of the field of action of the paretic muscle. Compensatory ocular head tilt should be differentiated from the ocular tilt reaction and spasmodic torticollis as potential causes.

There are a variety of quick and simple tests that can be performed at the initial evaluation to localize the lesion or abnormality. The easiest can include the cardinal fields of gaze, ophthalmologic evaluation, and cover-uncover tests. More elaborate tests such as saccades, optokinetic, caloric or electronystagmography may be needed to diagnose central or peripheral vestibular disorders, cerebellar, brainstem, cortical dysfunction or their involved relay pathways.

It is unfortunate that the lawyer was treated by three different chiropractors and still did not have this major problem corrected. Treatment of his spine dysfunction is important, but addressing the neurological imbalance is a bigger problem, in my opinion. Failure to address the ocular palsy, the most likely cause of his head tilt, will result in chronic spinal pain, joint degeneration and a host of other potential problems. There is also the potential for a dissatisfied patient who, at the advice of the ophthalmologist, will "learn to live with it" and possibly never use chiropractors again because "it didn't work." Typically with these problems, brain-based exercises can be introduced to help develop the plasticity of the nerve pathways involved, and certainly, spinal adjustments would be included. This can be something as simple as following an outstretched thumb with the eyes along a certain direction.

It would be helpful for Dr. Cooperstein to share his examination findings in this case, so that we might further understand this individual's problem. Many chiropractors choose not to do full evaluations, or eliminate the cranial nerve portions of their exams.'

In these cases, I would suggest a referral to another colleague familiar with these procedures, or to a local board-certified chiropractic neurologist, for assistance.

*Edward D. Jennings, DC, DABCN, DAAPM, QME  
San Francisco, Calif.*

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Are Physical Therapists Beating Us to the Punch?

Dear Editor:

As a practicing chiropractor of 16 years, I can really appreciate the goals of the Foundation for Chiropractic Progress (F4CP). Unfortunately, I have to admit that I have been one of those doctors sitting on the sidelines, waiting to see what would come out of these efforts before I got involved. So, what is happening? I just heard a piece on National Public Radio today about PTs and back pain. It was incredible to hear how PTs are packaging themselves as the back pain providers and experts. Basically, the story was about intractable low back pain, many years of treatment, even failed previous PT intervention (no mention of chiropractic trials) and how the strengthening of the transverse abdominis muscle is the newest, most effective thing. Oh, by the way, this technique apparently was discovered by PTs, and has been verified and validated through years of clinical observation.

Please listen to the piece. It is very slick and well-produced. I think it is instructive on how the

Foundation might want to proceed. I must confess that I do not know the agenda of the F4CP. If I did, I may be more willing to get off of the sidelines.

By the way, I really do not care to be the profession that owns "subluxation," while the PTs own back pain.

*Tom Eliopoulos, DC  
Cincinnati, Ohio*

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"What Am I Doing Wrong?"

Dear Editor:

I am a Palmer graduate and for 21 years, I have lived and practiced by chiropractic principles based on innate intelligence, because it made common sense. The reality of homeostasis in conflict with the vertebral subluxation complex is clear in physiology as well as in our philosophy.

With that said, here is my question: What am I doing wrong in the way I practice chiropractic? Most of what I read from our chiropractic leaders, educators and advisors concerning the proper administration and care of a chiropractic practice leaves me far removed from the mixer or straight mainstream of care. I am fearful that in the near future, I could fail some kind of peer "standard of care" test. Has a misunderstanding of chiropractic philosophy blinded me to the real meaning of being a mainstream DC?

It seems odd to me that a human body capable of healing a bullet hole through a lung is so dependent on a chiropractic adjustment after every slip, sneeze or two-hour car ride. Can't innate ever achieve 100 percent on its own without an adjustment? How odd that innate intelligence appears so powerful in life-threatening trauma, yet so inept in daily life without a chiropractic guardian coaxing it along.

Is it not contrary to associate the power of chiropractic with such broad healing powers, while minimizing it so profoundly by all the practice-building chatter about "wellness care," "corrective care" and "lifetime care"? It is as if innate is fully incapable of health without constant chiropractic meddling. All these forms of extended care boil down to more services and more frequency: Ten visits are always twice as good as five visits! Does anyone in our profession, mixer or straight, ever deny that? It appears only DCs who work for insurance companies are up to making that call.

There are 15,000 people in my county in Iowa. I see about 8,000 of these people. Not for a regular prescheduled appointment, but mostly when they call in or walk in on the same day. At 8:00 a.m. on Monday, my appointment book is nearly blank for the week, yet it fills up each day. I treat many acute problems and many chronic flare-ups. Many doctors would say I do these patients a disservice; I'm neglecting their wellness, lifetime or corrective care. Perhaps, but would I be a better doctor if I saw just 2,000 of the same people over and over and over in some wellness care dream world? How about the thousands of patients I scared off because of my persistent badgering to keep them coming back?

My 8,000 patients refer new patients to me and seem to have a quality in living equal to the other folks blessed enough to be under wellness corrective care. If 50 percent of the population of the United States came to see chiropractors as unscheduled same-day call-ins, would that be viewed as professionally irresponsible? Is my sworn allegiance to the tenants of the chiropractic oath still intact, even though my initial exams, X-rays, report of findings, and re-exams are not used as a

smoke screen to concentrate patient compliance?

In my naive world, I cannot believe only 20 percent of the U.S. population sees chiropractors. I don't want to wring 40 visits out of each new patient. Most of my patients have already been through the wringer and don't need me adding to it. Tricks and strategies to promote intense and prolonged care drives all customers permanently away; 80 percent of the U.S. population proves that.

*L. D. Koenig, DC*  
*Oakland, California*

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