



NEWS / PROFESSION

Chiropractic Makes a "House Call"

PRESIDENT OF GEORGIA CHIROPRACTIC ASSOCIATION INTERVIEWED BY CNN

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"House Call With Dr. Sanjay Gupta" is one of the most popular programs on the CNN news channel. Airing each Saturday and Sunday morning, the half-hour program looks at the latest developments in health and medicine, providing information to millions of viewers.

The April 8, 2006 episode of "House Call" examined the role of alternative medicine in today's health care system, with individual segments highlighting chiropractic, acupuncture and massage therapy. Featured on the chiropractic segment was Robert Hayden, DC, PhD, president of the Georgia Chiropractic Association.



The program opened with a brief discussion between fill-in host Elizabeth Cohen and Mark Hyman, MD, an integrated medicine specialist from Albany, N.Y., on the licensing requirements for chiropractors and other alternative health practitioners, before segueing almost immediately into the chiropractic segment, which begins with the story of Pat Phillips, a 68-year-old grandmother

from Georgia who suffered from a pair of herniated discs in her lower back, and turned to Dr. Hayden after months of physical therapy and medical treatments were unable to relieve the pain.



"It was excruciating pain," Phillips said. "And I just couldn't get over it." Enter Dr. Hayden. Within a few months under Dr. Hayden's care, Phillips' pain had dissipated to the point that she could resume almost all of her daily activities.

Dr. Hayden demonstrated some of the techniques he used to treat Phillips' back. "I can put my hand over the bone, directly above that herniation," he said. "And in flexing the table downward, I can open that joint just like that. I relieve the leg pain [and] I relieve the back pain."

For Phillips, chiropractic care was nothing short of a godsend. "I am able to get up and walk and go and do whatever I want to do without just having to think, 'will my back let me get home?'" she said.

After the taped footage involving Dr. Hayden concluded, the integrated medicine specialist, Dr. Hyman, then answered several questions about chiropractic submitted by viewers. The first question asked about the safety of chiropractic adjustments of the neck. Dr. Hyman told viewers that his wife, an orthopedic surgeon, has expressed concern about adjustments to the neck, but that manipulation appears quite safe.

"However, when you look at the data, only one in 400,000 people suffer complications such as a stroke from chiropractic adjustments, which is very low considering how much chiropractic care is going on out there. So, looking at the safety data, it's a very safe, overall manipulation therapy that can be used for treatment of chronic pain."

Dr. Hyman then responded to a question as to whether too many chiropractic adjustments can be detrimental to the body. "Well, I've looked at the literature," he said. "And I think that, particularly in the *Annals of Internal Medicine* research review, there was really no evidence of significant damage or harm from chiropractic adjustments. And I think there's no evidence that frequent adjustments are harmful."

At the end of the chiropractic segment, Dr. Hyman was asked whether he would be suspicious of claims made by chiropractors that they can cure "everything from fibromyalgia to depression

through spinal manipulation." How would he react to such a claim?

"Well, if my chiropractor told me that, I would find another chiropractor, because we have to realize that we need to find the right treatment for the right problem."

The important factor in ridding the body of a particular condition, according to Dr. Hyman, is to find the cause behind the condition and to treat it accordingly: "You want to find the underlying issue. You can't just treat everything with the same modality, whether it's chiropractic or anything else."

A complete transcript of the April 8 episode that aired on "House Call" is [available online](#).

The CNN Interview - What Didn't Get Aired

While Dr. Robert Hayden's appearance on the April 8/April 9 episode of "House Call With Dr. Sanjay Gupta" lasted only a few minutes, he was actually interviewed by CNN for more than two hours. During that time, he answered several questions posed by Betsy Anderson, who is a producer for the program as well as a chiropractic patient.

Shortly after being interviewed, Dr. Hayden detailed his experience in a memo sent to the American Chiropractic Association, which helped to arrange the interview with CNN. An excerpted version of Dr. Hayden's post-interview memo to the ACA appears below.

I want to thank you for the opportunity to do this interview. It was fun and exciting to have an international news agency in my distraction room. There was a resultant flurry of interest in our small town when it got out that we would have CNN for a guest, which was fortuitous in a number of ways. The timing is good because the Atlanta Chamber of Commerce just weighed in against us at the behest of the medical and orthopedic associations.

The producer, Betsy Anderson, is a friendly, engaging young lady who is an athlete and a chiropractic patient I have thought about the questions I was asked in the two hours that she was in the clinic. More of the questions have come back to me with some reflection, and I want to tell you what she asked and how I answered to the best of my recollection [The] following is a summary of the experience.

We started with a tour of my modest little clinic. I showed her our three treatment rooms, exam room, and lab area. I explained that we also did many DOT physicals and perform pre-employment, random and post-accident drug and alcohol testing for local employers, as well as the chiropractic care we deliver ...

Ms. Anderson interviewed a patient who had two disc bulges and was unable to walk, sit or rest due to pain five weeks ago. Her injuries were documented by MRI, which she brought. I was not able to hear all she said, as the room is not large enough to accommodate all that had to go in there, but I do know she shared with them that she went to Emory University Medical Center for help with her back pain and was told there was nothing they could do for her. She is pain-free now and ambulatory ...

Ms. Anderson asked me about our procedure with a new patient. I explained that we start with a thorough history that included information about the chief complaint as well as the general health status of the patient and the patient's family members. After a good history, the chiropractor should have a good idea [of] what the problem is, and the exam and imaging should be confirmatory.

I told her that after I review the history with the patient, I perform a physical that includes a detailed orthopedic, neurological and visceral exam. Following that, I obtain X-rays when indicated. Using the data from the history, physical and imaging, I am able to determine the cause of the chief complaint. I then report my findings to the patient and discuss treatment options with the patient at that point.

I told [Ms. Anderson] that other imaging was rarely used, but was important when it was needed. Specifically, I told her that the rule of thumb was that we refer for MRI when four weeks of conservative care had failed to produce at least 50 percent subjective and objective improvement, but that was rarely needed, as more than 90 percent of our patients get well before then. Of course, we would refer for MRI for those patients with muscle weakness, history of trauma, etc., but that was also a rare occurrence.

Ms. Anderson wanted to know about the types of patients we typically see. I told her that lumbar pain was the number-one cause of trips to a doctor for people under the age of 50, when cardiovascular disease replaced back pain in the top position. I stated that we also see many people with neck pain and headaches from trauma, stress, and occupational-related issues.

Ms. Anderson was interested in age-related conditions, and asked me if I saw particular conditions associated with certain age groups. I told her that this was definitely true. For example, when I see a teenager with lumbar pain, I have a high index of suspicion that a skeletal anomaly is present, such as a congenital fusion, and I assess for that with imaging. When I see women over the age of 45 with back pain with or without trauma, I typically screen for osteoporosis risk factors and acquire a bone-density study ... Men over the age of 50 with acute lumbar pain are all screened here for the presence of abdominal aneurysms ...

From this, Ms. Anderson wanted to know about non-chiropractic conditions that might be discovered on our exams. I told her that we sometimes find evidence of systemic disease processes that manifest themselves with musculoskeletal complaints, such as metastatic lesions in the skeleton, the aforementioned aneurysm, undiagnosed diabetes, hypertension, vision deficits, etc. I added that I have a referral network, like other chiropractors, of medical and surgical providers that I use for follow-up with these conditions, either with co-management or just outright referral to the other provider for care.

I told her that I often take new medical and surgical practitioners out to lunch when they move to my town so I can get to know them. This lets me get a feeling of whether I would be comfortable referring patients to them. I have acquired a network of colleagues in this manner to whom I can refer non-chiropractic conditions for care. I also have eight of the local MDs as patients now.

I expanded on this a bit. I told her that ideally, the patient should be the central focus of the skill sets brought by health care providers. Those providers should collaborate, communicate, and cooperate with the skills they bring to bear with the patient at the center of our concern. Thus, with the patient's authorization, I share findings with primary care and referring doctors so that care can be coordinated ...

Ms. Anderson asked about our education. Her photographer had already panned the wall in my hallway where my diplomas hang, and she noted my PhD and my University of Alabama and Millsaps College roots - where she also had connections.

I told her that we have approximately 4,900 classroom hours in an undergraduate professional doctoral program, like the degree granted to medical doctors, dentists, veterinarians, etc.

I explained that we have more orthopedics, neurology, radiology, anatomy, basic sciences, and diagnostic courses than our medical counterparts in their basic education. From my own survey studies of GCA members, I told her that the vast majority of us hold other undergraduate degrees, and that about one-third of us have graduate degrees in other fields.

This led to a short discussion on the topic of specialization. I pointed out that medical doctors specialize by "body parts"; you see a different medical specialist for each physiological system. Chiropractors are educated as generalists, but are actually neuromusculoskeletal specialists, and they differentiate by technique. There are over 150 chiropractic techniques in the literature.

I, for example, use flexion-distraction (Cox) technique as a primary, which influences the kind of patients I see.

There was some discussion of the holistic nature of chiropractic. I told Ms. Anderson that the musculoskeletal complaints with which people present are not necessarily the primary problem. Sometimes people have issues in the social, psychological, spiritual or relational realms that manifest themselves as back pain, headaches, or muscle spasms related to stress. I do not hesitate, I said, to refer patients to medical or non-medical providers such as psychologists, pastors, support groups, etc., to address the primary cause of the pain. This is not solely humanitarian; it enhances my outcomes with treating the physical problem by removing a cause or contributory factor. I said that chiropractors often assess patients this way, and that to ignore such contributory factors in someone's case may make the doctor miss the main issue ...

The thrust of this program is to be a discussion of three "alternative" or "complementary" health care providers. She asked me where I saw myself as a chiropractor in that spectrum of skills. I emphatically stated that I am (ergo, chiropractic is) not alternative or complementary - I am mainstream. Chiropractic, I said, has come of age with advancing research data, knowledge base, and proven results. We utilize the same knowledge, diagnostic acumen and clinical skills common to all other mainstream providers ...

Ms. Anderson asked me how I would "sell" chiropractic to someone who did not use the service. I told her I often hear people say they do not "believe" in chiropractic. For them, I said, I have another question: "Do you 'believe' in ophthalmology?" It is the same question, however silly it sounds. If you have an eye problem, you would logically seek diagnosis and care from the person you recognize has the best education and skill set for your problem. If you have a musculoskeletal problem, you should consult a chiropractor first, because we can help you with those problems better than any other provider, as study after study will attest.

I was asked if I had anything else I wanted to say that she did not ask. I gave a sound bite: "Chiropractic care is safe, effective, and cost-efficient."

Lastly, Ms. Anderson asked me if I had any "miracle stories" to share. I replied that I understood she was really asking for a specific story, but the fact is that miracles happen every day in a chiropractic clinic. That, I said, is one of the most important reasons I love what I do, as there is not a higher calling than the alleviation of human suffering. Chiropractic gets results, or "miracles," every day.

These are the major points of discussion during the two-plus hours that we talked. It was a very enjoyable experience for me. My staff member who was at the front desk hid from the camera, but she approved of the proceedings.

I want to thank you again for this opportunity to speak for the profession in this way. It is not every day that such opportunities present themselves.

MAY 2006

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