Dynamic Chiropractic

MUSCULOSKELETAL PAIN

We Get Letters & E-Mail

Editor's note: The first three letters to the editor are in response to the publisher's report of findings in the March 12, 2006 issue. For more information, please see "Does Osteopathic Manipulation Still Exist? And If So, Should It?" by Donald Petersen Jr. (www.chiroweb.com/archives/24/06/15.html).

"Osteopathetic Manipulation"?

Your editorial on osteopathic manipulation was very interesting. The fact that only 2 percent of California osteopaths list manipulation as a primary treatment is amazing. In Simi Valley, we have a few DOs who practice family medicine. I have often wondered why these physicians go to osteopathy school when they end up becoming family practitioners. Is school easier, cheaper? Every once in a while, I will have a patient who has been manipulated by an osteopath, but my treatment has never been compared.

Thank you for the information. Maybe they should call it "osteopathetic manipulation"?

David A. Sommer, DC, CSCS, RSMT, CSMT
Simi Valley, California

Let's Do What We Do With Honor and Skill

I read your article on osteopathic manipulation in *DC* and was bemused by your take on it. I cannot imagine such an uninformed piece! Obviously, you have never had a good osteopathic treatment.

I received my first "adjustment" by an osteopathic physician in 1973 or so. I became a chiropractor in my late 40s, so I had lots of time to experience treatment from a number of practitioners. Several of the chiropractors and each of the osteopaths I visited gave excellent adjustments. A number of the chiropractors were embarrassingly ineffective. My sample size is just 14, but I can comfortably say that I've been impressed with the osteopaths whose work I have seen or experienced.

When I was in chiropractic school in the mid 1990s, we taught each other a lot of moves. Some of those moves were osteopathic in origin and they worked like a charm. I'm talking about high velocity thrusts, here. (I've been wracking my brain for years to remember one in particular for the shoulder.)

Osteopathic students take manipulation as a regular part of their curriculum every quarter these days, at the two schools I'm familiar with. The one here in Atlanta has far better teaching facilities for instruction at manipulation than we had at our local bastion of chiropractic! Whereas we had to crowd around one table, trying desperately to see one instructor, and then go try to do what we'd seen, the osteopathic students here have a closed-circuit TV above every practice table. They might not get that much public clinic work; I don't know. But they surely have good training in class.

You'd be hard pressed to see much difference between a lot of what osteopaths do and what chiropractors do. In fact, your list of osteopathic behaviors contains nothing we don't do in our offices every day! The important point - the thing you missed the significance of - is that most osteopaths don't use much manipulation. For whatever reason, they just don't choose to. That is the thing that saves us as their competitors.

As for telling a patient his recent osteopathic manipulation is nothing like a chiropractic adjustment well, thanks, but I prefer not to look like an egocentric ignoramus who thinks he's got the bigger tool without knowing what he's talking about. How about a little professionalism here? Perhaps one day chiropractors will "stop the pretense" that what we do is so all-fired different than what's been done by lots of different disciplines for centuries. Let's just concentrate on doing it really well and really honorably. You know, D.D. Palmer started out as an osteopathic student.

Ann Kosa, DC
Alpharetta, Georgia

"Adjustment" Instead of "Manipulation"

I read your "Report of Findings" with much interest. What really resonated with me was something that would really separate the confusion about an osteopathic manipulation and a chiropractic adjustment. Let us, as a profession, agree to use the chiropractic term "adjustment" instead of "manipulation." I have long believed that if we are to define ourselves in the public's mind, we must stick to our unique terminology. This will lessen confusion and allow us to separate ourselves from other health care professionals, such as osteopaths and physical therapists. I realize that defining ourselves goes deeper than our lexicon, but it certainly can start there.

George A. Auger, DC
Chairman, Palmetto State
Chiropractic Association
Board of Directors, Federation of Straight Chiropractors and Organizations
Greenville, South Carolina

Staying True to a Musculoskeletal-Focused Practice

This letter is in response to Arlan Fuhr's "Where Do We Fit?" article [April 10 *DC*; www.chiroweb.com/archives/24/08/10.html]. Dr. Fuhr, I understand the reason that you, and so many others in our profession, feel the musculoskeletal niche is the best fit for the chiropractic profession. Few would argue that it is the path of least resistance. I also respect your acknowledgment that this may not be the only viable niche for chiropractic. Personally, I believe that the wholesale adoption of this niche would be doing a disservice to the public, since we can do so much more for them than simply relieve their aches and pains.

My purpose for this letter, however, is to specifically address how the analysis system that you developed is congruent with a musculoskeletal-focused practice. I am by no means an expert in Activator Methods, but I have had some introductory courses. I don't recall the Activator Methods leg-check analysis being used specifically to diagnose or treat musculoskeletal pain conditions. As I recall, the condition of the patient is irrelevant. The checks are performed, the adjustments are administered and the job is done when the legs are no longer out of balance.

Sure, you could choose to only accept patients with musculoskeletal conditions, but I know your

analysis can find imbalance in patients regardless of their conditions. Are these findings only valid if the patient has a musculoskeletal condition? If they are valid in other patients as well, would it not be to the patient's benefit to have balance restored? I think the answer is obvious. Activator Methods as I learned it, is not a condition treatment procedure. It is a method of analysis of spinal/neurological dysfunction (dare we say subluxation) and a method of correcting that dysfunction.

While your response to your medical colleagues regarding the flu patient was humorous, it was perhaps a response that was not in the patient's best interest.

A response that would be true to the technique you developed and in the best interest of the patient would have been to let your medical colleagues treat the patient's flu, while you checked the spine/neurological balance of the patient to ensure optimal function.

Greg Baker, DC
Chatsworth, Georgia

A True Health Care Provider Has the Patients' Best Interests at Heart

I just read a letter written by Lyle Zurflu from Bend, Ore., in the We Get Letters & E-Mail section ["The Reason for Inadequate Public Acceptance," Feb. 27 issue. www.chiroweb.com/archives/24/05/18.html]. It appears that some chiropractors want to dispense medications so they will be liked. It appears that some want to do surgery so they will be liked. It appears that some chiropractors have a professional self-esteem issue.

The public doesn't trust a "doctor" unless he or she can provide meds? After all the literature regarding overprescribing, the harmful effects of medication, and the insufficient testing of most medications, tell me why anyone would reach for a pill first? Because that is how people were trained. Because no one told them there might be a better way.

Tell me something: Do we still crawl and wear diapers? Once upon a time, we all did, but we learned a better way and changed our lives to integrate new information. I noticed that Dr. Zurflu's letter to the editor was not in crayon - did he use a computer or a typewriter? He wasn't born with this knowledge; someone taught him a better way. Now it is time to show others a better way, too.

Lyle gets it right in the sense that sometimes, drugs are necessary, as is surgery. Sometimes, our family needs this type of care. So, Lyle, why not leave these areas to people who know them best? When we focus on the greatest part of chiropractic, healing from within, naturally, why would we want to do anything else? When you focus on principles and dedicate yourself to the "power that made the body heals the body," your practice will naturally grow larger and larger.

Why shouldn't chiropractors partner with specialists in other fields - pharmacists, surgeons, pediatricians, therapists, etc.? That way, you know your patients will receive great care. This is the best way to "align ourselves with organized medicine." We cannot do the whole job ourselves.

For those who feel we need to dispense medications and do surgery because eventually, our family will need it, perhaps it would be better to begin training in other fields and stop using the title of Chiropractor. After all, your family needs to eat - are you a professional chef? Do you have a look to make your family the clothes they wear? Do you own a refinery for the gas to put into your car? No, these are jobs for specialists.

Dr. Zurflu says that patients prefer drugs and surgery - which patients? Well-educated patients

understand chiropractic first, drugs second, surgery third. Many patients know the benefits of each and prefer to live life to the fullest, naturally. Additionally, they know that a real health care provider will refer when needed, because a true health care provider has the patients' best interests at heart. Perhaps Dr. Zurflu has not been honest with himself or his patients, and needs to make education and important aspect of his care. Or perhaps he wants to offer other services to make more money.

Adjust the spine, allow the body to heal, do the best for the patient. The rewards will come.

Daniel B. Rodis, DC
Fair Lawn, New Jersey

"Balloon Fix" Not New

Dear Editor:

As I read a recent Associated Press article titled "Doctors Try Balloon Fix on Sinusitis," I had to smile. My smile broadened as I read, "It's really the most exciting thing that's happened in our specialty in probably 15 years" - a comment from the otolaryngologist discussing the technique. The reason for my smirk? This technique has been taught by my alma mater, Western States Chiropractic College (WSCC), for decades! My fellow students and I were all required to learn the technique as part of our standard training. A colleague of mine who graduated in the 1970s continues to use the technique as she learned it at WSCC three decades ago! The earliest reference to the technique is 1947 (Janse - National College of Chiropractic). The technique has been taught at WSCC since the 1950s!

While I am glad to see that the treatment will undergo a large study, I am disappointed that credit is not being given to those who have been practicing and developing the technique for at least 30 years - chiropractors and naturopaths. This is not a new technique; chiropractors routinely employ the treatment, called "nasal specifics." ENT doctors are calling the technique "balloon sinuplasty" and are sedating patients on whom the technique is performed.

My experience with the nasal specifics technique has been very positive. Most patients respond with improvements after the first treatment; occasionally repeat treatments are necessary. I've never had a patient suffer a negative side effect from treatment. It is not infrequent that a patient has tried everything - antibiotics, nasal sprays, allergy' shots - before obtaining relief from nasal specifics.

I have several concerns about ENT doctors employing this treatment. First is patient safety: Is it really necessary for patients to undergo general anesthesia for this technique? Chiropractors have never done this, as patient discomfort is minimal. Second, will patients pay outrageous prices for this technique to cover the procedure plus the anesthesia, and remain ignorant that chiropractors have been providing this service for over 50 years? Lastly, with the FDA approving this technique for ENT docs, will the medical field try to eliminate nasal specifics as provided by chiropractors?

If you practice or even know of this technique, I urge you to take it out, dust it off, and educate your patients as to its benefit. As we raise awareness of the availability and effectiveness of the technique, we assure its survival within our profession.

Craig Roberts, DC, QME
Grass Valley, California