Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

We Get Letters & E-Mail

The Inherent Complications of DC/MD Relationships

Dear Editor:

I would like to comment on the recent article, "The Medical View of Chiropractic," in the May 8 issue of *DC* . While the study authors cite several possible reasons for reluctance on the part of medical practitioners to refer patients to chiropractors, I believe they overlooked one reasonable possibility: uncertainty by the medical doctor as to the treatments offered by the chiropractor.

Unless the medical doctor is fairly familiar with a particular chiropractor and has cultivated some degree of a professional relationship, the medical doctor has no way of knowing whether the chiropractor's approach will dovetail and correspond to the MD's approach and/or "philosophy." There is such a degree of latitude in what is allowed to be practiced under the banner of chiropractic for that MD to feel comfortable with a blind referral to"go see your chiropractor." Will the DC put some drops under the patient's tongue and start pressing on their arm? Will the DC recommend some supplement the MD has never heard of, made by a company the MD similarly has never heard of? Will the DC lambast the medical profession as drug pushers and butchers to this referral patient? Will the DC tell the patient their diabetes can be managed without insulin, but through regular adjustments to correct subluxations? The list goes on and on because the variability of practice within the chiropractic profession is nearly as vast as the number of chiropractors.

The medical doctor, in a referral within the medical profession, at least has some baseline recognition; for example, when recommending that the patient "see a dermatologist," the medical doctor knows that the dermatologist will offer treatment within the paradigm understood by the referring physician. Similarly, a referral to a gastroenterologist will not leave the referring medical physician wondering if the specialist's evaluation will utilize muscle testing or a nervoscope to detect subluxations blocking the flow of innate intelligence to the lower colon.

The chiropractic profession may bemoan this lack of a professional relationship and recognition with the medical profession, but the causes and faults are not with the medical profession. Rather, in the chiropractic profession's neglect at imposing any sort of continuity and uniformity, it has succeeded in shooting off its own foot. Chiropractors can perform any myriad of tests and recommend just as diverse a course of treatment. Some are valid and legitimate, while others are of dubious and unsubstantiated value. Regardless, it seems that anything the chiropractor does can easily be labeled "chiropractic." As such, it should come as no surprise that professionals outside chiropractic may be reluctant to offer blind and blanket referrals to see a chiropractor, especially when such a referral may result in a course of treatment contrary to the paradigms of the referring professional.

Chiropractic likely cannot have it both ways. If the profession wants a two-way street with medical doctors, there needs to be some greater control over what is and is not considered and defined as "chiropractic." Conversely, if the profession wants to maintain wide latitude of what may be considered chiropractic, chiropractors need to recognize that they may not always be embraced as

a viable source for referrals by the medical profession.

Clinton Eliason, DC
Marietta, Georgia

A Cooperative Approach to Patient Care

Dear Editor:

Thank you for your article ["What Can Forrest Gump Teach Us?"] in the May 22, 2006 publication of *Dynamic Chiropractic*. Dr. Sportelli obviously has great vision for our profession. The article was particularly insightful as I have five sons, the oldest having recently decided to pursue a chiropractic career.

I have practiced in Cambridge, Minnesota for 24 years. I have one associate and five full-time employees. My practice consists of treating primarily neuromusculoskeletal disorders. We are members of most, if not all of the preferred provider organizations/HMOs in Minnesota. Most of our business is third-party payors, self-pay, with a little bit of workers' compensation and personal injury as well. We have a close affiliation with a local medical center. Much of our business is referrals from the local family physicians, emergency department physicians, neurologists, and orthopedists. I also work closely with the medical center's radiology department, including ordering of advanced imaging and spinal injections. I am often there discussing and reviewing films with the local radiologist. Despite minimal advertising, we average more than 25 new patients a week and our appointment schedule is nearly always full.

The community has great respect for what we do as chiropractors. The medical center often includes us in decisions concerning public health. Next week, I will be one of the interviewers for the new athletic trainer at the local high school. This position will now be a paid position by the local medical center. The past five years, the athletic training services were provided by a doctor of chiropractic from our office who is no longer with us.

Dr. Sportelli's concerns about what the focus of future practitioners will be (patient centered or profit centered) are shared by me. Hardly a day goes by without a new patient in our office sharing a bad experience they had in another office. I am often amazed that they are willing to try'"chiropractic" again. The problems are usually not incompetence, but the deception in getting the patient to obligate themselves for multiple visits. It really bothers me when religion and spirituality are added as part of the"sell."

I do struggle somewhat knowing that our profession was founded on a nonsurgical, drugless approach to making patients better. I certainly approach patients' conditions with natural, nonsurgical, drugless procedures. But, obviously, sometimes drugs and surgery are necessary for patients' problems to be made better. I have had great success in co-treating many conditions with medications, injections, and surgery. These decisions are always made with the patient's best interest in mind.

I feel obligated to stay current with adjusting and treatment procedures. I also feel the need to stay networked with other health care providers, whom I refer to for the betterment of my patients. The patients always seem to love the cooperative approach at managing their maladies. I hope this continues to be what drives our profession. I think my son's future in chiropractic and the future of the profession rely on this.

Art Volker, DC

Cambridge, Minnesota

Trusting in the Body's Recuperative Powers

Dear Editor:

I would like to commend L.D. Koenig, DC, for his honest and thoughtful comments on innate intelligence. [See "What Am I Doing Wrong?" in the May 8, 2006 issue, We Get Letters & E-Mail.] In my 30 years of practicing chiropractic, I also have questioned why, if innate intelligence is all so powerful, one constantly needs adjustments of the spine to maintain homeostasis.

Of course, there are many patients who may need extended care for a period of time due to trauma. Additionally, there are chronic subluxated patients who are under much physical and emotional stress, which is compounded by the lack of exercise. However, I have always believed that a fit and well-conditioned person is less likely to need chiropractic adjustments. Even if these individuals are subluxated from time to time, I believe that their subluxations are often resolved on their own because the person's innate intelligence easily expressed. Most people would be better off spending their money on a health club than sign up for a chiropractic family plan under the illusion that adjustments will take care of most of their health needs.

I feel that my subluxation-based colleagues who profess wellness and lifetime care have little respect for the human body and its recuperative powers. I believe this is a reality that these practitioners do not want to face or admit.

Daniel V. Mariano, DC
Rutherford, New Jersey

JULY 2006