

## We Get Letters & E-Mail

### Financial Accountability at the NBCE

I would like to express my appreciation to you for publishing a positive article on the National Board of Chiropractic Examiners. [See "[NBCE Meeting Results in Reform](#)".] This prestigious organization was built on some very fine leaders. The new leadership at the board of directors can continue the fine groundwork laid by the likes of Dr. Ken Padgett from New York Chiropractic College, Dr. Peter Ferguson, and Dr. Rick Murphree, all of whom, although no longer on the board, sacrificed much time and energy for the sake of the chiropractic profession and the NBCE.

We are all pleased that the National Board has become increasingly more lucid with its documentation, as this helps everyone understand the depth of knowledge and work that has been put forth by all of the board of directors. The premier disclosures that began at the annual business meeting in Portland demonstrated the desire of the board to acknowledge the requests of the delegates for more transparency. It illuminated all of the necessary financial figures, eliminating any concerns about the fiduciary nature of the NBCE. Everyone appears to be comfortable with the stability of the National Board and feels that it has been appropriately financially administered. The level of communication established in Portland has been warmly accepted by the delegates and I am confident that it will continue with the newly elected board.

I am enclosing a copy of Form 990, which was distributed at the FCLB meeting. You also may have received a copy. Your articles made misstatements about the earnings of the members of the National Board of Directors. In all fairness, I think it would be justifiable for you to publish an article with the correct information. [Copies of the NBCE 2004 and 2005 IRS Form 990s are available online at [www.chiroweb.com/NBCEreform/990\\_2004.pdf](http://www.chiroweb.com/NBCEreform/990_2004.pdf) and [www.chiroweb.com/NBCEreform/990\\_2005.pdf](http://www.chiroweb.com/NBCEreform/990_2005.pdf), respectively. Copies of the 11-page 2005 filing were provided to all attendees at the 2006 NBCE meeting with a breakdown of per-diem and expense account figures.]

Thank you for your continuing interests in the chiropractic profession.

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### Avoiding Unsubstantiated Chiropractic Claims

Mark Charrette's column on "Orthotics and DJD Prevention" [[www.chiroweb.com/archives/24/09/03.html](http://www.chiroweb.com/archives/24/09/03.html)] compelled me to write. Although many of his points are well-taken, he commits a classic chiropractic mistake: He makes claims which lack proof.

For the first several paragraphs, he does a fine job of describing the condition of DJD. He is careful to frequently describe the onset and treatment of this enigmatic subject with words such as "may" and "possibly," as in, "All of these conditions *may* cause DJD of the knee later in life." The use of these words adequately notes our lack of understanding of this condition.

However, once he turns to the use of therapies to prevent this condition, his wording changes. He becomes much more certain. Under the "Prevention" heading, he states, "Three methods are key in preventing DJD chiropractic adjustments, exercise/stretching, and the use of supportive, custom-made orthotics." This seems to abandon his previously cautious manner to add a conviction that is not supported by the literature. He goes on to say, "Adjustments aimed at relieving restricted motion in either the knee or hip can be beneficial in the prevention of DJD. Chiropractic adjustments also can help maintain the body's proper alignment."

Having followed this topic for many years, I am not aware of any studies that support these statements. We have no evidence that adjusting of knees and hips has any effect on preventing DJD. We have no evidence that chiropractic restrictions cause DJD. We have no evidence that adjustments maintain a proper alignment of these joints. Dr. Charrette provides a couple of references, but a review of these articles reveals that they provide no support for these statements. It is all hypothetical.

He further states, "Flexible, custom-made orthotics are essential in preventing DJD." Again, there is a surety here that is not supported by current knowledge. Even one of his references only "hypothesized" that greater hip pressures lead to DJD. That article also hypothesized that a simple shoe lift alleviated the symptoms. The second article did not address DJD at all. It only claimed that, yes, orthotics alter foot alignment.

Using such secure language when describing hypothetically valuable treatments is highly inappropriate. Should such secure language for hypothetical care make its way into a clinical setting or a ROF, it becomes completely inappropriate. We live in an era when a mouthwash manufacturer is required to change its labels because it cannot prove the labels claim that the mouthwash is better than flossing. Similarly, we cannot prove that adjusting is "key" to preventing DJD and should not label it so.

I'd like to suggest different words for either a future column on this subject or for use when discussing this issue with paying patients. Instead of "key" or "can," I would suggest words such as "hypothetically valuable" or "we have no clear idea if." I believe these adequately convey the current status of our knowledge. These terms of insecurity will avoid any issue of unsubstantiated chiropractic claims.

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