

A Cure for the Curse of Chiropractic, Part Two

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Editor's note: Part one of this article appeared in the Jan. 29, 2007 issue. A printable version is available online at www.chiroweb.com/archives/25/03/16.html. The two-part "Cure for the curse of chiropractic" was preceded in print by a three-part series on the "Curse of chiropractic" itself, as outlined by Dr. Seaman.

Understanding Key Historical Events in the Context of Modern Practice

A popular notion is that lifetime chiropractic wellness care is appropriate, historically based and founded on chiropractic philosophy. In fact, this seems not to be even remotely the case, despite what so-called "chiropractic philosophers" might claim.

In the 1902 issue of the *Davenport Times*, B.J. Palmer stated that most patients needed only two weeks of care to resolve most problems that presented to the Palmer Clinic. Ironically, a mere two weeks of care actually is more conservative than what was suggested in the *Mercy Guidelines* and in the recent Haas, et al., studies,^{1,2} which suggested that most low back pain and cervicogenic headache patients derive significant improvements within 12 visits.

Palmer characterized treatment dosing in the following fashion, which actually criticized the long-term care advocated by the osteopaths of his day, and certainly is contrary to the modern promotion of continuous spinal wellness care in asymptomatic subjects. B.J. Palmer stated as much in that 1902 issue of the *Davenport Times*:

"The osteopaths charge by the month. Why do I charge by the week? Because the Chiropractic cures many in one or two weeks. It would not be justice to charge such for a full month. Our patients average about two weeks of treatment."

It is unethical to charge for more than a week, according to B.J. Palmer. This certainly puts a damper on many of the modern practice-management, lifetime-care schemes that claim to be based on principled chiropractic.

How ironic that those of us who often are accused of being unprincipled, anti-chiropractic medipractors actually are more in line with B.J. Palmer's view of care than those who are subluxation-based. And even B.J. Palmer knew the chiropractic adjustment was not the answer to all of man's ills. Over the door of the rehabilitation center in the B.J. Palmer Clinic, it stated:

"Founded for the restoration of Health to those for whom medical treatment or ordinary chiropractic adjustment and care have proved insufficient."

In summary, unlike what many might believe, B.J. Palmer found that most patients needed about two weeks of care. Indeed, there is no historical precedent or current evidence that lifetime

preventive-care adjusting programs are appropriate. B.J. Palmer also was a promoter of rehabilitation, so he likely would be a great fan of the fine texts by Liebenson, Murphy and Morris (listed in the next section of this article).

Scientific Advancements: Transforming the Chiropractic Profession Into a Mainstream Profession With Cultural Authority

Unfortunately, the chiropractic profession still has a bad reputation. We are not viewed with the respect enjoyed by nurses, medical doctors and dentists. For example, a 2003 Gallup Poll measured the public's perception of levels of ethics and honesty for various professions. Consider that 83 percent of Americans said that nurses have "very high" or "high" honesty and ethical standards; nurses topped the list, being viewed as the most ethical and honest of all professions. After nurses, then medical doctors (68 percent), veterinarians (68 percent), pharmacists (67 percent), and dentists (61 percent) received the greatest approval. In contrast with the other health care professionals, only 31 percent of Americans viewed chiropractors as having high honesty and ethical standards. Why did we fare so poorly?

- Is it because the public would view us with more respect if we came out with a united advertising campaign that describes subluxation as the silent killer?
- Would the public view us better if we did a better job of educating the world that all disease is caused by spinal subluxation?
- Would the public view us better if we advocated the notion that IVF encroachment is a significant health risk, one that should be monitored on a weekly/monthly basis in all individuals?
- Does the public look down on us because many chiropractors promote themselves as conservative spine care specialists who try to keep office visits to a minimum?
- Do you think the public looks down on us because a modest portion of the profession reads the spine care literature and endeavors to drive their practices with the scientific evidence?

Clearly, the answer to all of these questions is no. It's likely that we continue to suffer because far too many DCs embrace the "curse of chiropractic" along with its related irrational beliefs and activities.³

Editor's note: Results of the 2006 version of this poll were released recently, with remarkably similar results. For more information, read "Gallup Poll: Americans Have Low Opinion of Chiropractors' Honesty and Ethics" in the Jan. 29, 2007 issue of *DC*.

In my experience, those who embrace the curse of chiropractic are woefully unaware of the advancements in spinal research and related clinical practice. Keating, et al.,⁴ concisely outlined how this situation creates a state that will forever interfere with our professional quest for cultural authority. What a tragedy for a potentially great profession.

What adds even more weight to the tragedy is the fact that we are no longer lacking credible scientific evidence to guide our practices and professional discourse. Indeed, compared to 80 years ago, we have many excellent science-based clinical texts written by chiropractors and that are published by major science publishers. It's my experience that those possessed by the curse of chiropractic are largely unaware that such texts exist and are equally unaware of their value.

If you do not know about many of these books, you can assume that you have been living in darkness for quite some time and should be concerned. In my opinion, the texts to focus on are

those by Murphy, Morris, Liebenson, and Souza. If we all knew the contents of these fine texts, the curse of chiropractic would be a thing of the past.

Key Texts Covering Chiropractic Principles, History and Philosophy

- Gatterman MI, Ed. *Foundations of Chiropractic: Subluxation*, 2nd edition. New York: Elsevier, 2005.
- Leach RA, Ed. *The Chiropractic Theories*. 4th ed. Baltimore: Lippincott Williams & Wilkins, 2004.
- Haneline MT. *Evidence-Based Chiropractic Practice*. Boston: Jones & Bartlett; 2006.
- Wardwell WI. *Chiropractic: History and Evolution of a New Profession*. St. Louis: Mosby Year Book, 1992.
- Goucher-Peslherbe PL. *Chiropractic: Early Concepts in Their Historical Setting*. Lombard, IL.: National College of Chiropractic, 1993 (out of print).
- Coulter ID. *Chiropractic: A Philosophy for Alternative Health Care*. Boston: Butterworth Heinemann, 1999.
- Keating JC. *B.J. of Davenport: The Early Years of Chiropractic*. Davenport, Ia.: Association for the History of Chiropractic, 1997.
- Keating JC. *Toward a Philosophy of the Science of Chiropractic: A Primer for Clinicians*. Stockton, Calif.: Stockton Foundation for Chiropractic Research, 1992.

Key Clinical Texts

- Murphy DR, Ed. *Conservative Management of Cervical Spine Syndromes*. Stamford, Conn.: Appleton & Lange, 2000.
- Morris CE, Ed. *Low Back Syndromes: Integrated Clinical Management*. New York: McGraw Hill, 2006.
- Liebenson CL, Ed. *Rehabilitation of the Spine: A Practitioner's Manual*. Baltimore: Williams & Wilkins, 2006.
- Souza TA. *Differential Diagnosis and Management for the Chiropractor*. 3rd ed. Boston: Jones & Bartlett, 2005.
- Giles LGF. *50 Challenging Spinal Pain Syndrome Cases*. New York: Butterworth Heinemann, 2003.
- Hammer WI, Ed. *Functional Soft Tissue Examination and Treatment by Manual Methods*. 3rd ed. Boston: Jones & Bartlett, in press.
- Hyde TE, Gengenbach MS. Editors. *Conservative management of sports injuries*. 2nd ed. Boston: Jones & Bartlett, in press.
- Haldeman S, Ed. *Principles and Practice of Chiropractic*. 3rd edition. New York: McGraw-Hill, 2005.
- Cooperstein R, Gleberzon B.J.. *Technique Systems in Chiropractic*. New York: Churchill Livingstone, 2004.
- Defranca GD, Levine LJ. *Pelvic Locomotor Dysfunction: A Clinical Approach*. Gaithersburg, Md.: Aspen, 1996 (out of print).
- Yeomans SG. *The Clinical Application of Outcomes Assessment*. Stamford, Conn.: Appleton & Lange, 2000
- Wyatt LH. *Handbook of Clinical Chiropractic Care*. 2nd ed. Boston: Jones and Bartlett, 2005.

Immediate action is required if we are to advance the chiropractic profession and begin to cure ourselves from the curse of chiropractic. Never before have we been in a better position to move the profession forward. Consider that our main intervention – spinal adjusting/manipulation – is no longer viewed as an unscientific procedure for treating spinal pain and headaches, which are conditions from which nearly everyone suffers. In fact, physical therapists want to procure high-velocity adjustments as one of their treatment options.

Unfortunately, and unlike the physical therapy profession, we remain encumbered by the curse of chiropractic and its many permutations, which serve as the great impediment to our professional advancement. To move away from the curse, we need to embrace the nature of real philosophy,

place chiropractic history into proper perspective, and update our knowledge base regarding spinal dysfunction and related clinical applications.

One final thought. Those who are possessed by the curse are not the only ones who advance the curse. If you believe it's appropriate to tolerate the curse as a valid point of view that should be considered, this is a grave mistake and serves to perpetuate the curse.

We should be willing to consider any and all views that are based in reality, and we should actively oppose the curse of chiropractic and related permutations that are known to have no basis in reality. A lack of active opposition to the curse represents a passive approval of its perpetuation. We need to unite and oppose the advancement of the curse of chiropractic in our schools, publications and postgraduate environment. If we do not stop the advancement of the curse, we can expect more of the same: a marginal profession, utilized by a small percentage of the population; and we will continue to maintain a reputation that is the lowest compared to other health care providers.

References

1. Haas M, Group E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. *Spine J* 2004;4:574-83.
2. Haas M, Group E, Aickin M, et al. Dose response for chiropractic care of chronic cervicogenic headache and associated neck pain: a randomized pilot study. *J Manipulative Physiol Ther* 2004;27:547-53.
3. Homola S. Chiropractic: history and overview of theories and methods. *Clin Ortho Rel Res* 2006; 444:236-42.
4. Keating JC, Hyde TE, Menke JM, Seaman D, Vincent RE, Wyatt LH. "In the Quest for Cultural Authority." *Dynamic Chiropractic*, Dec. 16, 2004.
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