

Looking Forward to the Future of Chiropractic

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Over the past 25 years, the profession has enjoyed a series of accomplishments that I will consider as one large category - The Obvious. This category includes enhanced student loan availability, third-party pay, NBCE growth and expansion, the WFC, improved academic facilities, research, the Office of Alternative Medicine, the NCCAM, improved educational standards, new publications, enhanced practice technologies, the *Wilk* decision, the *Manga Report*, the report by the Task Force on Neck Pain and Its Associated Disorders, the CCE (U.S., Canada, Europe, Australia, Asia) and CCE International, new academic programs, chiropractic involvement with the DoD and the VA, and so on.

An argument can be made that each of these activities and accomplishments has added a critical piece to the continuing evolution of the profession. That being said, I think the most significant accomplishment of the profession in the past quarter-century is far more mercurial and somewhat esoteric.

In 1983, very few people gave a damn about what we did. There were loyal patients, but there was little to no interest from the academic world, research community or health policy infrastructure. There were pockets of interest within physical therapy, and a sense of loss and longing in corners of osteopathy for spinal care they perceived as having become "ours." For the most part, interest in our key clinical contribution - the spinal adjustment - was not readily apparent. In 2008, the situation has changed dramatically, with all forms of health care providers and even non-health-care providers asserting an interest in what we do. Even more striking is their self-perceived understanding, appreciation and ability to do what we do.

The most important development over the past 25 years is the awakening of interest and respect for the spine, the ability to influence the spine to a state of greater functional capacity, and the role this plays in health and well-being.

In 1995, the centennial anniversary of the first chiropractic adjustment, Hufford detailed the impact of "prevalence and distribution" on the fate and fortunes of an idea or practice in health care. Pure and simple, through the phenomena of prevalence and distribution, we helped change the significance and role of the spine in health and well-being. We popularized care of the spine through an increase in practitioners in the U.S. alone from approximately 15,000 to 65,000. We saw the utilization of what we do move from a conventional wisdom that "blue-collar" folks of lesser educational backgrounds were the people who populated our offices, to the data-driven perspective of Eisenberg and Astin that said better educated, more affluent members of society filled our offices.

As we worked to make it commonplace to seek the care of a chiropractor, others sought to infiltrate the market and capitalize on the inroads we had made. This infiltration was, in fact, more like an invasion procedure, as those who entered the arena viewed us as marginally qualified. Imagine the importance of DOs, NDs, PTs, occupational therapists, massage practitioners and even athletic trainers asserting or seeking a right to provide care similar to ours. As mind-bending as it is, somewhere along the way, the physical therapy community argued to provide chiropractic

services under Medicare, as they corrected vertebral subluxations as well.

In the past 25 years, people from many areas looked at what we did and assumed its relative simplicity. Therefore, we can assume that in the next 25 years, we will see a refinement and specialization of what we do that will cause the uninitiated to look at chiropractic the way a novice golfer looks at what Tiger Woods does - simple enough until you try and replicate it.

Throughout our history, we have argued within our ranks for "sameness." Each camp contended the only way to advance would be if education, clinical application, etc., were done as they perceived to be appropriate. We epitomized the perspective of Gertrude Stein as expressed in the poem "Sacred Emily": "a chiropractor is a chiropractor is a chiropractor." We all wanted to be equal and homogenous, and we wanted an egalitarian discipline. Certainly we have our "specialists": radiologists, orthopedists and pediatricians. While each of these subsets helps to inform our world, they deal with elements tangential to the practice of chiropractic rather than the "signature chiropractic gesture" - the adjustment. In this area, we have resisted specialization in its true sense. If we were surgeons, we would all be general surgeons, not neuros, orthos, etc.

If the rule is it is unwise to discuss religion and politics in social settings, the chiropractic corollary is to not discuss technique in general professional conversation and, above all, not to discuss the technical capacity of another chiropractor (remember the egalitarian expectation)!

Twenty-five years ago, we were staking our claim relative to back pain. Today, we find ourselves with emerging evidence to support our involvement in hypertension, asthma and the functional syndromes that helped to carve out our role in the days before data and literature. The fullness of time has brought light to the claims of our forbearers, as it will continue to bring honor to the master clinician's skill when we are willing to acknowledge levels of technical sophistication in delivering an adjustment.

The Next Stage

We will focus on what we do: We will see a return to an appreciation of the power of the adjustment. There will be a realization that there are varying levels of skill and capacity in the delivery of an adjustment. There will be the acknowledgement that not everyone has the same physical attributes and therefore, not everyone has the ability to deliver an adjustment in the same fashion. And our tradition of clinical fratricide will be replaced with a broader awareness and appreciation for various technique approaches, particularly in different clinical settings.

The elements needed: a respect for the skill of the adjusting clinician and the systems they apply; a willingness to accept the implications of specialization and develop the mechanisms that will allow it to be achieved, promoted and promulgated; a realization that we won't progress until we specialize; a focus on scientific and clinical research to support and investigate the time-tested chiropractic hypothesis that must now be tested and validated for others; a respect for the past; and a willingness to advance the profession by investigation rather than by proclamation.

We have accomplished a great deal in the past 25 years. We did so in a changing climate under unusual circumstances. The needs of the populace and the resources available to address those needs will support the greater consideration of low-tech, lower-cost interventions with a minimum of secondary effects. As such, chiropractic care in general and the adjustment in particular will be seen as a heretofore-underused resource and strategy.

