## Dynamic Chiropractic

PHILOSOPHY

## We Get Letters & E-Mail

Congratulations to DC's 2008 Person of the Year

Dear Editor:

Congratulations to Dr. Tom Hyde for winning the 2008 Person of the Year award [reported in the Dec. 16 issue] and to the DC staff for making a great choice. In the article, Dr. Hyde said that "the DC who helped me with the Dolphins is still there today." Spencer Baron, DC DACBSP, has not only continued to serve as the Miami Dolphins' team chiropractor, but is also the president and founder of (arguably) the most elite organization a sports chiropractor can join. Membership in the Professional Football Chiropractic Society (PFCS) is automatic once an NFL team names you as its DC. Thanks to Dr. Hyde and other pioneers like him, Dr. Baron reports that 31/32 NFL teams are now represented in the PFCS.

Douglas Andersen, DC, DACBSP, CCN Brea, Calif.

Let the MDs Treat Athletes

Dear Editor:

Most people probably read the Dec. 16 issue and said, "Wow, Dr. Hyde did a lot for the profession!" But I say, did he really? Did he give them what B.J. and D.D. taught was chiropractic? Or did he compromise our chiropractic philosophy and distinct and unique approach to mankind?

I believe he did this by not calling it something else other than a subluxation. He did this by putting chiropractic in the same arena as sports medicine. He did this by "treating" the athlete rather than giving them "care." So, did he really show these athletes what chiropractic was or did he show them how it could be used as a modality that is a subset of medicine?

I may not see the world-class athletes that Dr. Hyde does, but the young athletes I see only get chiropractic as it has been for over a hundred years - as the tool it was designed to be: a way of helping a human being be a better person today than they were yesterday because my specific adjustment allowed their nerve system and body to communicate more effectively.

Let the medical profession and its team render treatment to athletes. And let us deliver chiropractic care.

Tracy Gabbert, DC Glendive, Mont.

Prescription Rights

Dear Editor:

We found the recent article on nurse practitioner degrees for chiropractors interesting [Dec. 2 issue: "Advanced Nursing Degrees for DCs"]. The article stated that one advantage of obtaining this new degree is the acquisition of pharmaceutical rights. These rights actually could be used to help patients get *off* medications.

Our question is: Why should we have to obtain an entire new degree to obtain these rights? As the "dentists or podiatrists of the spine,"1 the chiropractor is a primary-contact physician focused on NMS conditions, mainly of the spine. As a nonsurgical spine specialist, one of our first goals for our patients is pain control. We have many tools in our toolbox: SMT, flexion/distraction, neural mobilization, rehabilitative exercise, etc. Each of these tools helps us to manage spinal pain syndromes and improve spinal function.

Just one tool is missing from this toolbox: limited prescription rights. Adding a nurse practitioner degree to a DC degree is not really a step toward *limited* prescription rights, but a step toward *broad* prescription rights. We strongly believe that broad prescription rights are incompatible with the chiropractic identity (i.e., dentist/podiatrist of the spine).

Chiropractors do not need to obtain a new degree in order to have limited prescription rights. Education in the use of this tool should be included in the CCE college curriculum (as it is for the dentist or podiatrist). Alternatively, it can be provided as a chiropractic specialty, much like the chiropractic orthopedic or chiropractic neurology specialty, or as a postgraduate certificate. Regardless of how it is obtained, limited prescription rights should be available to chiropractic physicians without having to return to school to obtain an entire new degree.

## Reference

• Murphy DR, Schneider MJ, Seaman DR. Perle SM, Nelson CF. How can chiropractic become a respected mainstream profession? The example of podiatry. *Chiropr Osteop* 2008;16:10.

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