

We Get Letters & E-Mail

Fighting to Preserve the Vision of the Palmers

Dear Editor:

I am responding to my fellow chiropractors who believe there is a place for a doctor who realigns bones (for whatever intent) and wishes to provide their patients with pharmaceuticals. [For background on this issue, which continues to elicit considerable feedback, read "[Drugs, Chiropractic and Boiled Frogs](#)" in the Feb. 12, 2010 issue; "[A Broad-Based Approach to Health Care](#)" in the March 26 issue (We Get Letters section); and "[ACA Reaffirms Drug-Free Position](#)" and "[ICA Weighs in on Scope Expansion in New Mexico](#)," both in the May 6 issue.] There is a separate professional degree for that called the Doctor of Osteopathy. If I wanted to be a doctor who prescribed pharmaceuticals to my patients, I would have become a DO instead of a DC.

I am going to pose questions that will, without doubt, irritate the chiropractors in favor of these new [scope] changes. If you really want to provide this service to your patients, why don't you go to school to become a DO? Or is it that you want the privileges of that degree without the work of going back to school? There have been chiropractors who have decided they wanted to provide additional services and have gone back to school to become MDs or DOs. What makes you so special that you don't have to do the same?

The argument that we need to provide these additional services in order to stay competitive in the health care market doesn't wash with me. I practice in an area of approximately 100,000 people that has a significant number of DOs because we have one of their teaching hospitals here (and at which chiropractors have lab and radiology privileges). We also have the largest allopathic hospital between Denver and Salt Lake City. There are referrals of patients back and forth among the separate professions.

I have an all-cash, subluxation-based practice and am as busy as I want to be because I work hard at being the very best at what I do. My patients come from western Utah and all over the western slope of Colorado, and have no problem driving up to two-and-a-half hours for my treatments.

If our state decides to follow in the footsteps of New Mexico, you will find me on the front lines fighting to preserve the vision of the Palmers. Thank you for allowing me the opportunity to express my views.

*Sharon Anable, DC
Grand Junction, Colo.*

We Can Become More Effective Doctors Without Resorting to Drugs

Dear Editor:

The recent article, "Drugs, Chiropractic and Boiled Frogs," scored a direct hit on the fringe of our profession where it was sorely needed. Dr. Christopher Kent has done chiropractic a valuable

service by bringing to light the "insidious movement within our profession to incorporate the use of prescription drugs, including injectables, in patient care."

Dr. Kent exposed a group of wannabe MDs who feel inadequate in their chosen profession and must resort to health measures other than chiropractic protocols to meet the health needs of their patients. One must ask the question, what conditions are you treating that have failed to respond to chiropractic and now forces you to use non-chiropractic methods?" (Regardless of your state's definition.)

We as a profession must condemn these practices since they violate the definition of chiropractic as understood by the major political and educational organizations within our profession. Like their medical counterparts, they are now treating symptoms with drug therapy, a role more in keeping with the medical profession than chiropractic.

Have these "medipractors" failed to understand the myriad of ways in which they can improve their own knowledge of becoming a more effective doctor without having to resort to drugs? There is no reason why every chiropractor cannot get excellent results in just about every condition that presents itself for our care. It is exciting to grow in our profession. To learn new technics, the art of observation, differential diagnosis, posture examination, listening, touching, measuring often provides the formation of a diagnosis and the beginning protocol for treatment. In all of my 57 years in practice, this has not failed to give me direction as to whether to proceed or even refer. I would assume that the above is being taught in our chiropractic colleges.

The end result, of course, is competence in knowing what the patient needs and the wherewithal to do something about it. Instead of going off on some exotic tangent with questionable results, I would urge those DCs who are so enamored with medical protocol to "learn your art and be a chiropractor." If you are not getting the results you'd like, learn another approach. Go perhaps to a more seasoned chiropractor for help. Add to your tool kits new approaches in nutrition, technic for every joint in the body, a better understanding of how the body works, self-help measures, tailor-made exercises, red flags in posture, gait - the list goes on.

You can never learn enough. One fault I've found with new graduates is that they stop learning the minute after graduation, feeling they know more than anyone else and that with their vast knowledge, they have enough to be successful. What a wrong concept. As a young practitioner, my failure with a simple condition and another more experienced chiropractor's success with the same patient led me to be mentored by him for six months. What a difference it made in my outlook. It uncovered a potential, a whole new world I never knew existed, and it made me hungry to know more. The more you know, the better results you'll achieve and the more complete you'll be as a health professional. I do not need to spend time thrusting a hypodermic needle into an orange in order to be a better doctor; all I need are my hands and a willingness to learn what I don't know.

I support my profession's efforts to improve the scope of chiropractic. We can do far more than the law allows and we should expand our inroads into natural healing as far as we can. If we don't develop these areas, someone will, and we will feel the restrictions even more keenly than now. We are feeling it in New York.

However, the recent success in New Jersey is an example of how chiropractors with diverse philosophies and practice have put the profession first and come up with a joint effort to improve their lot. [The new scope is reasonable, true to our principles and acceptable to all.](#) It is a win-win situation for the people of New Jersey as well as the practitioners, who deserve our congratulations. Sad to say, my neighboring state of New York is still floundering under archaic prejudices within the profession and a knowledge that power will have to be relinquished by some.

It is no longer straights versus mixers that has caused this stagnation.

Our diversity can be our strength, but unfortunately some in our country have taken this liberty too far and are representing themselves as something they are not. All too often it is the tail that is wagging the head, and we let it happen.

My name is Richard H. Craft, I'm a chiropractor from New York State, I drive an SUV and I adjust.

*Richard Craft, DC
Ellenville, N.Y.*

Chiropractic Treatment of the Coccyx "Like No Other"

Dear Editor:

I recently read Dr. Marc Heller's article, "[The Coccyx Revisited: External and Internal Exam Correction Procedures](#)" [Feb. 26 issue]. As an associate professor at Logan College and a 34-year veteran of chiropractic practice, I am glad he wrote this article. Coccyx pain due to subluxation/injury to the coccyx is much more prevalent than many of our younger practitioners are aware. I teach this exam and corrective procedures associated with coccydynia. I include an AP and Lat coccyx X-ray in the workup if palpation findings warrant it.

The relief offered by the chiropractic adjustment of the coccyx is like no other treatment for this condition. In my practice, I have seen conditions both acute and chronic respond very well. This procedure is documented in Dr. Meridel Gatterman's classic textbook *Foundations of Chiropractic: Subluxation, 2nd Edition*, and in Drs. David Peterson and Thomas Bergmann's *Chiropractic Technique: Principles and Procedures, 2nd Edition*.

I know that not all chiropractic educational institutions teach these procedures, but, for those DCs who have been taught how to diagnose and treat this condition, they offer a service and results that others in our profession and outside our profession cannot match.

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