

## Prescribing Privileges: ChiroPoll Feedback

*Editor's note:* The following are selected comments submitted by ChiroPoll voters who voiced their opinions regarding this question: "Should limited drug prescription rights be included in chiropractic scope of practice? ([Click here to see poll results for this question.](#))"

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If the chiropractic profession is truly patient-centered, it will realize the need to develop laws that provide chiropractic physicians opportunities to be trained and credentialed to use prescription medications.

If the chiropractic profession intends future success, it must ask chiropractic patients what they want from their chiropractors. Researchers must investigate chiropractic patient perceptions and opinions. A comprehensive strategy that enables chiropractic physicians to integrate the health care system must be developed in the near future. A contemporary strategic plan based upon scientific evidence and marketing science is long overdue.

If the chiropractic profession is concerned with the future of the profession, it will eliminate antiquated statutes based upon subluxation and create new laws with broad-scope practice parameters that enable chiropractic physicians to better serve patients and integrate the health care system as musculoskeletal providers and primary care providers with limited prescriptive authority.

Yes, it is time for the chiropractic profession to realize that chiropractic patients want to receive spinal manipulation and pharmaceuticals from their chiropractors for the treatment of painful musculoskeletal conditions. Properly trained chiropractors would be capable of judicious prescription of medications to complement the care of their patients. - *James Lehman, Connecticut*

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As a registered pharmacist and a practicing chiropractor, anything to advance our profession would be a positive. I am shocked that the ACA and ICA would campaign to limit the scope of chiropractic practice. With the history of opposition to chiropractic, what kind of lunacy is it to oppose yourself? I would support a limited formulary of NSAIDs and non-narcotic pain relievers to help patients with acute pain settle into conservative care. The only other option is to send them to their MD, who will refer them to physical therapy. It's a simple matter of training here. If you don't want to do it, then don't, but stop derailing the profession! - *Robert Haddad, Washington*

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The various homeopathic/botanical/drug injection cocktails are superior for allowing difficult subluxations to release. They are superior as well for stabilizing corrected chronic subluxation complexes. This is not about playing MD. This is about improved methods for correcting chiropractic-type problems. - *William Moser, California*

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Drugs should be limited to the practice of medicine. Medical doctors, PAs, and nurse practitioners have to undergo years of training on proper management of drugs; what makes a chiropractor

think they can do it with a two-year master's program? Practice chiropractic and help your patients be free from drugs. - *Jonathan Chung, Florida*

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What bothers me more is to see that almost 40% of DCs feel that chiropractic and drugs are incompatible. Not that we should only use them when necessary, or only use a select few, but *incompatible*. It seems many of us have forgotten what B.J. Palmer tried to teach: "The mind is like a parachute - it works only when it is open." This kind of close-minded thinking is exactly what has been slowly killing our profession. - *Benjamin Holt, California*

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If you think the patient would benefit from the use of drugs, why wouldn't you just refer them to their MD? Developing a relationship with their MD could even spark a new referral relationship. We don't have to be all things to all people. - *Peter Andersen, Michigan*

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I stand amazed at the reaction to the new law in New Mexico. I have practiced in Oregon for nearly 30 years, and our ongoing scope of practice allows for 97% of what New Mexico has just added and more than they have in others. We can draw blood, use anesthetics in association with minor surgical procedures, prescribe nutritionals, herbals and homeopathics, as well as OTC meds. We can't currently do I.V. therapies or injectable vitamins or prescription drugs. Interestingly, only about 1% of the licentiates choose to do minor surgery and an estimated 50-60% utilize vitamins/minerals, herbals or homeopathy. There is, nor has there ever been, an outcry to stop or eliminate these from our scope of practice; in fact, just the opposite occurs when the scope is threatened.

If I recall correctly, the move by New Mexico was to ensure that if prescribing nutritionals, herbals and homeopathics ever were to require a DEA number, they would be able to continue giving their patients what they had already been receiving. For years the big pharmaceutical(CODEX) companies have been trying to make these items prescription only and thereby limit our and public access to them.

The scope of practice for chiropractic varies from state to state. Some states like Oregon, Oklahoma, Wyoming and others have a broad scope of practice. After nearly 30 years of being in practice, I can't say that chiropractic as a profession has come crashing down as a result of these broad scopes.

I have heard the rhetoric since I was in school in the early 1980s. The only thing that appears to have happened is that our profession continues to be more marginalized in health care and it is more difficult for new graduates to succeed. There should be room for everyone in this profession and if you are trained or certified to do additional treatments, you should be able to do so. That makes the provider different, not the profession.

I believe that bringing chiropractic out of each chiropractor's office and into mainstream health care would blow the doors off of the regular medical model the majority of the public lives with currently. Unfortunately, chiropractic is still a best-kept secret that the majority of the public does not understand or accept. By becoming more mainstream when and where we can, we can gain access to more patients for the benefit of their health. If the goal is to introduce more people to chiropractic as a health care approach rather than how many people can we treat individually in our offices, we need to rethink how things are being done.

We do not have to lose our ability to adjust or give up our overall philosophy to accommodate other

approaches to helping our patients. I realize that this topic is as polarized as it gets and with the extreme opinions on this subject, I am not certain it will ever be resolved, certainly not in my lifetime. I do think it is to the detriment of the public that we as a profession continue in this vein. - *Gregg Helms, Oregon*

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