

CHIROPRACTIC (GENERAL)

## **Dedicated to Chiropractic and Country**

AN INTERVIEW WITH LT. COL. MICHAEL D. GIRONE, DC.

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Michael Girone, DC, is a doctor of chiropractic and a lieutenant colonel in the U.S. Army, which gives him a unique perspective on the rigors of military life and the specific health care needs of our nation's armed forces. And he has plenty of experience with regard to combat theater and the toll such service can take on the body; in the past five years alone, he has been mobilized twice - to Kuwait in 2005-2006 and to Iraq in 2008-2010, serving 26 months away from his family and chiropractic practice. In this interview with *DC*, Dr. Girone talks about his unique dual career and shares his thoughts on what the profession needs to do to care for more people, be they active-duty personnel, veterans or civilians.

Q: Can your give our readers some background on how and why you got involved in chiropractic and the military, respectively?

A: I enlisted in the U.S. Army back in April 1981. I had my Baccalaureate of Science degree from North Carolina State University (Agronomy) and went off to Officer Candidate School to earn my commission as an active-duty 2nd lieutenant in the U.S. Army. I served 51 months on active duty and planned to get out of active duty after my three-year commitment. During my last year of duty in Augsburg, Germany (March 1983 - July 1985), where I was assigned as a Nuclear, Biological, Chemical officer in the 17th Field Artillery Brigade, I applied for and got accepted to the University of Florida to work on my Master in Food Science/Nutrition. I was finishing up my three-year active duty requirement in 1985 and thought I wanted to work in the nutrition field when I got back home to Florida.



Lt. Col. Michael D. Girone, DC.

Once I got home, I spoke to my dad and he told me to talk with my youngest sister's chiropractor in Dunedin, Fla. I did and the rest is history. I guess it was meant to be because as an active teenage growing up in Livingston, N.J., I spent a lot of time on the golf course caddying, playing football, and lifting weights. I would see my dad's chiropractor occasionally for adjustments on my lower lumbar spine.

My civilian career has opened the door for me in the military. Many uniformed people are interested to know that there's a chiropractor in their unit when I'm performing my weekend battle training assemblies and/or during deployments with the active military. I am amazed how many folks use or have used chiropractic to correct their individual spinal issues.

Q: What health conditions have you seen most frequently in U.S. soldiers during your tours of duty (that can be treated with chiropractic care)?

A: Since I've never been mobilized to perform my civilian occupation, I have not treated my fellow service members and Department of Defense civilian work force. [However,]a lot of soldiers that I've met complain of upper back tightness and irritation of the soft tissue due to the design of the ballistic body armor used by the DoD. The ceramic plates are hard and not flexible to conform to

the human body, for good reason. They are designed to prevent serious injury and/death from small-arms fire and fragments from explosive devices. In my opinion, service members could benefit greatly from chiropractic manipulation to ease the discomfort of this common health complaint.

Q: In your experience/opinion, how does the medical establishment in the military feel about chiropractic?

A: I have spoken to medical doctors on occasion when they have asked me my civilian occupation, and so many of them have said they have gone to a chiropractor and/or have recommended one. The Army medical community, in my opinion, looks favorably at our profession. I had a few of the doctors in the local Combat Support Hospital (CSH)in Baghdad, Iraq, ask if I could assist them, but I was not able to get credentialed due to the fact that I was not mobilized as a chiropractor. I just want to clarify this point that I was not mobilized to work or perform my civilian job. I could not just put a portable table up and start practicing. I'm sure the medical doctors would not have minded, but all practitioners must go through their respective credentialing office.

Q: What can the profession do to ensure increasing numbers of military personnel (active-duty and VA) have access to chiropractic care?

A: Continue to be strong advocates for the profession and continue to lobby the lawmakers to include chiropractors in all future Veteran Affairs bills regarding health care providers. Small steps are better than none at this time. The profession must continue to work with the medical community, in my opinion, to make us relevant to Department of Defense service members and the civilian work force. The chiropractic political action committees (PACs) also must continue to work for the profession to convince the lawmakers on Capitol Hill that we are a relevant profession that will provide a valuable service to the DoD.

Q: Overall, what can the profession and individual DCs do to increase the percentage of people (estimated at 8-11% of the population currently) who visit a chiropractor?

A: Working in a rural community with my wife (Beth Ann McKee, DC), we have found that word of mouth seems to be the most effective way we see new patients in our area. Someone in the area knows someone who refers them to us on a regular basis. Technology is an enabler (a tool), but it won't bring patients into our office. The human factor (voice communication) is the key for us.

Q: What is the profession currently doing right and what is it doing wrong in this regard?

A: Over the past 20 years, the chiropractic profession has made great strides to be part of the mainstream health care system providing quality care to patients. Aggressive marketing and use of the Internet have helped get the word out. Solid research and studies have been extremely valuable tools to [support] the validity of the profession in today's complex and dynamic health care system. Chiropractors need to know their limitation on treating their patients and when in doubt, refer out to the medical doctors. This may truly break down the barriers between the medical doctors on one side and the chiropractors on the other. Remember, we are here to assist the healing process and we must never forget that we are dealing with humans, not mechanical machines. The art of listening is also very important and not really taught in chiropractic school. I would ask that all practitioners, both chiropractic and medical, do a better job in this area.

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