

## We Get Letters & E-Mail

Michael Pedigo: A Chiropractic Profile in Courage

Dear Editor

As you may remember, I was the assistant executive vice president and then executive vice president of the ICA when the ICA worked to support the *Wilk v AMA* plaintiffs, and Mike led the effort to try and merge the ACA and ICA. The ICA required a vote of its membership, and 56 percent voted in favor of the merger. Unfortunately, we needed a two-thirds majority in favor to dissolve the organization in order to merge. As you know, after the failure of that merger attempt, Mike, Jerry McAndrews, Joe Mazzerelli and many other ICA members (including myself) left the ICA and joined the ACA.

In my opinion, [Mike was one of the true profiles in courage](#) in the chiropractic profession. His efforts to move the profession forward are well-documented. What many are *not* aware of are the many things he had to endure. Regarding the *Wilk* suit, George McAndrews can tell you much better than myself about the stress of preparing and eventually testifying at the trial. But what the AMA did to Mike was incredible. They put his life under a microscope, looking for anything they could use to discredit him; an extended effort that few of us would enjoy, if just for the sheer volume of work entailed.

I was and will always be proud to have had the opportunity to work with Mike, and believe he should be recognized as one of the true profiles in courage within our profession.

*Bruce Nordstrom, DC  
Springfield, Va.*

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Eventually There Will Be No Adjusters Left

Dear Editor:

The recent proliferation of articles on the [CCE's proposal to eliminate the words \*drugless\* and \*subluxation\*](#) prompted me to write this letter. I thought I'd throw my 2 cents in. I'm not a chiropractic intellectual like Dr. Christopher Kent (great article in the Nov. 18 issue). I'm just a guy who has gotten up every day for the last 27-plus years and adjusted people. I take a couple of weeks off a year, and I haven't missed a day of work due to illness in my entire chiropractic career.

I've been in practice continuously in the same town since 1983. The first three years, I refused to use or even say the word *subluxation*. It was unscientific, even bordering on quackery.

By the end of my third year, I hated going to work so badly that I desperately wanted to quit; but I had too much time and money invested to do that. So, I made a decision to re-invent myself. I chose to do two things. First, I chose to have a subluxation-based practice, because I felt that the subluxation was the foundation of the practice of chiropractic, even though at the time I really didn't believe in it. Second, I chose to go back and study upper-cervical chiropractic, because from

what I had been taught, that was where the most critical subluxations existed. (Many believe this is the *only* area where a subluxation exists.)

For the next 10 years, I traveled the country, studying with everyone and anyone who would teach me upper-cervical chiropractic. At one point, I counted 15 different upper-cervical techniques that I had studied.

During this time, I had to resolve in my head the concept of subluxation. This is my conclusion, which has been the cornerstone of my practice ever since: Subluxation is simply (1) abnormal biomechanics of a spinal motor unit, that may or may not include misalignment of adjacent vertebrae; and (2) abnormal neural function as a result of the abnormal biomechanics or misalignment.

Please note that both (1) and (2) have to be present to fit my definition of subluxation. A spinal motor unit may have abnormal biomechanics or be misaligned, but if there is no resultant neural dysfunction, then by definition there is no subluxation. Yes, it still needs to be adjusted. That's why I still do full-spine adjusting. The C1/C2 area is so critical because in my opinion, it's the only area of the spine (except perhaps the sacrum) where a subluxation will affect the central nervous system.

Since neurology affects biology and biology affects health, simple deduction concludes that subluxation adversely affects health, and correcting subluxation positively affects health. To me, that's chiropractic in a nutshell.

For those members of the CCE who don't believe that the subluxation exists, I would ask that they please, please explain to me what happened in the following case histories, if in fact I did not correct a subluxation as I have defined it:

- A very sharp attorney came to my office an hour after he was in a minor fender bender, in a panic because he couldn't think straight. His words were coming out garbled and backwards. I adjusted his atlas, and his first words were, "Thanks for clearing my brain." He left the office thinking and talking normally.
- A 34-year-old ex-Marine came to my office after an auto accident, severely stuttering for the first time in his life. I adjusted his atlas, and the stuttering disappeared before he left the office.
- A mom and a dad brought me their 1-day-old son, born a blue baby at home. I told them, "Take this child to the hospital, but before you go, let me check him". I adjusted his atlas and watched his body turn bright pink before our eyes. (That's one I will never, ever forget.)
- A good friend (68 years old) came to my office with double vision because his left eye was pegged laterally. He told me medical testing had no answer. I adjusted his atlas and told him that it would probably take about 72 hours to see any results. Exactly 72 hours later (Sunday morning at 10 a.m.), he called me at home and told me this eye was back to normal. (That one was fun.)
- I adjusted a 66-year-old man's atlas one time. I didn't see him for a year. When he returned, he told me a story. He said that for the past 40 years, he had vomited back about 50 percent of the food he ate. He said that since I adjusted his atlas a year ago, the vomiting had stopped.
- A 27-year-old woman came to me after falling. Her right leg was dead numb from the hip

down to the toes. You could stab her anywhere in her leg and she couldn't feel a thing. It had stumped two orthopedists. I adjusted her atlas, and within minutes she could sense feeling coming back. It was entirely back the next day.

- A 30-year-old man came to me complaining of weakness in his left arm and hand. Grip-strength testing showed 20 pounds in his left hand, 110 in the right. Within minutes after I adjusted his atlas, he stated, "I can feel strength coming back into my hand." Another grip test 15 minutes after the adjustment measured 60 pounds in the left hand. Two days later it measured 110 pounds.

Again, would someone please tell me what happened with these people if an adjustment to the spine did not affect their neurology? I have thousands of case histories in which an adjustment to the spine, usually the atlas, had a positive, if not dramatic, effect on neurology.

In 1987 I threw out all modalities from my office. Since then I have done nothing but adjust spines. As noted, I still adjust the entire spine, but my speciality is C1 and C2. I adjust C1 with an instrument and C2 any number of different ways. And where has this gotten me? Am I looked down at or laughed at because I actually believe in the subluxation and I "only" adjust the spine?

I live in an area of about 50,000 people. There are 10 DCs practicing in the area. The local newspaper has a annual voting for the "best" of about a hundred different categories. Readers submit ballots published in the newspaper. The readers have voted me "Best Chiropractor" every year the voting has taken place, which now is 10 years in a row. And the best thing is that I live my life with a huge amount of self-respect, both for the way I live my life and the way I practice.

So, what is my stance on the CCE's proposals? I believe we need to put an increased emphasis on the subluxation. We need to focus our research efforts on (1) defining exactly what the subluxation is, including exactly what the mechanism is that causes neural dysfunction; (2) determine the best clinical way to diagnose when (and when not) the subluxation exists; and (3) determine the best way to correct the subluxation at every level of the spine. We need to define and prove the subluxation, then find the best way to correct it.

I would like to propose to the members of the CCE who want to eliminate subluxation from the chiropractic vocabulary that they do what I did. Spend 10 years learning to adjust the atlas and axis. Spend 23 years adjusting them. If they would do so, I absolutely, positively guarantee that they would not for a second think about eliminating subluxation from chiropractic.

I do believe, however, that there is a problem with the word *subluxation*. The word as used by chiropractors is different than the word as used by medical doctors. Perhaps the chiropractic profession needs to change the name to *chiropractic subluxation* to differentiate it from the medical definition of subluxation.

My opinion on eliminating *drugless* in our profession is simple. The day we begin prescribing drugs is the day the profession will begin an evolution that will lead us to exactly to the point at which the osteopathic profession is today. We will be medical doctors with different initials after our name. It may take 50 to 100 years or more, but that is what will happen.

If the CCE succeeds in its proposals, the losers will be the millions of people, living and not even born yet, who desperately need a chiropractic adjustment. Eventually there will be no one to adjust them. All the chiropractors will be too busy prescribing drugs.

Stuart Pardee DC

## Remedying a Bad Decision

Dear Editor

I would like to share my resignation letter submitted to American Specialty Health Chiropractic Network. I must admit it was a bad decision on my part to join its network to begin with, but it did teach me a lesson about such anti-chiropractic organizations and their obvious objective to reap huge profits (some 145 million in revenues in 2009) by pigeonholing chiropractic and limiting patient access to care. I hope your readers who do participate in the ASH Network will also make the decision to resign from participation. If all chiropractors would boycott such organizations as ASH, [as the Connecticut DCs did](#), the organization would be put out of business, as it should be. [Editor's note: While we cannot reprint the letter in its entirety, here are Dr. Story's stated reasons for resignation, as listed in his letter to ASH.]

- The ASH Clinical Guidelines oppose or appear to discredit almost every chiropractic technique and evaluation method standard to the profession.
- The visit number restrictions and approval process for additional treatments requested are so limited, most patients are not able to receive any type of spinal corrective care other than minimal symptomatic relief.
- Reimbursement for services rendered are so low and documentation requirements so extensive, it actually costs my office to take care of ASH patients.
- The ASH procedures discourage patients from seeking chiropractic care.
- Participating in the ASH Network is opposite to my chiropractic philosophy and practice methods.
- The overall goals of the ASH Chiropractic Network appear to be anti-chiropractic while amassing huge profits for its shareholders by containing chiropractic services and access to chiropractic by patients covered under the network.

*Richard Story, DC*  
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