

## We Get Letters & E-Mail

### Chiropractic Boards Should Determine Scope of Practice

Dear Editor:

I find it very troubling that the ICA president would feel that the general chiropractic education is "a pale shadow of the standard medical education." [Read excerpts from the International Chiropractic Association's statement on New Mexico's latest scope legislation in "[New Mexico Keeps Making Headlines](#)" in the March 12 issue.] I believe that all chiropractic physicians who have graduated from CCE-accredited schools are well-educated and clinically fit to function as primary care providers. The chiropractic physicians who have been registered as advanced-practice chiropractic physicians in New Mexico have expanded their education to competently and safely include scheduled and non-scheduled substances into their practice procedures.

Just as chiropractic physicians had to expand their education when physiotherapy modalities and non-food dietary supplementation began to be widely used within the profession, so do today's chiropractic physicians need to expand their education and clinical experience. Clinical rotations in facilities that are integrated with allopathic physician, chiropractic physician, nurse practitioner and physician assistant provider types are more common now and will become the standard as our educational institutions continue to provide the level of education that the contemporary chiropractic physician needs to have in order to fully address the health care needs of their patients.

Those advanced-practice chiropractic physicians who continue to expand their education do so at the side of DOs and MDs who are also learning new techniques and procedures. If an allopathic physician can take hands-on courses in regenerative therapy (prolotherapy) or periarticular injection techniques that are considered adequate for them to perform the procedures in their offices, why isn't the same level of education considered sufficient for chiropractic physicians to perform the procedures? Does the ICA really feel that the education chiropractic physicians receive at the CCE-accredited schools is that inferior to the general allopathic education?

One reality that I became acutely aware of during the two years that New Mexico has had this legislation is that the medical board is completely unaware of the general chiropractic education and, at least the members I had meetings with, know little to nothing about vitamin therapy, homeopathic medicine or herbal medicine. This gave them no ability to approve or understand the non-pharmacological substances that chiropractic advanced-practice physicians were requesting approval of.

Having the chiropractic board responsible for approval of courses beyond the general advanced-practice curriculum and individualized formularies based on education and clinical experience is the best way to proceed and advance these chiropractic physicians into full primary care roles. Doing so will help reduce the work-force shortage much more rapidly than waiting the 10 years for a new batch of allopathic general practitioners to complete their training.

The chiropractic profession may be at a crossroads whereby practicing using scopes of practice

valid in the 1900s needs to be replaced by 21st century scope, methods and protocols. In any event, the chiropractic licensing boards should be the sole determiners of what licensees may and may not do in their states. As the profession emerges in other countries, those boards should seriously consider enacting laws that allow for the broadest possible practice parameters so that all chiropractic physicians may practice to whatever scope they feel is best for themselves and their patients.

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*Chair, New Mexico Board of*  
*Chiropractic Examiners*

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## What the Recent Noridian Policy *Really* Illustrates

Dear Editor:

I write to address the opinions shared by Ronald Short, DC, in his article, "Noridian Policy Illustrates Ongoing Medicare Challenges for Chiropractic," that appeared in the [Jan. 29, 2011 issue](#). The article stemmed from a Medicare Part B bulletin, "Chiropractic Services Using Computer Analysis and Piezoelectric Sensors" (Issue 267), that has clarified the carrier's policy on coverage for chiropractic devices that use a piezoelectric sensor to perform chiropractic analysis, such as the PulstarFRAS, ProAdjuster, or Generic Sigma Instrument device. In short, these devices do not meet chiropractic benefit criteria under the Medicare carrier's policies.

Dr. Short believes that Noridian's policy "restricts chiropractors in their ability to use their clinical judgment to apply the diagnostic tools they find most beneficial and accurate." I disagree. It's not the responsibility of the chiropractor (the customer) to determine the benefit or accuracy of diagnostic tools. This is the job of the U.S. Food and Drug Administration.

The likely reason that Noridian has outlawed the use of Pro-Adjuster and Pulstar devices for this use is because of the claims that they have received from DCs whose medical records demonstrate usage of said devices for chiropractic analysis. After all, this is exactly how these customers have been trained to use them - for pre/post analysis of the spine. Have there been any published studies on the validation of the piezoelectric sensors that are used inside these devices to identify the presence of subluxation (or even spinal stiffness or joint dysfunction)?

Dr. Short is further concerned that the individual carrier's (Noridian) decision is a problem in interpreting a national Medicare problem. I agree. One must understand that the reason the local carrier was forced to issue this policy is due to chiropractors who use piezoelectric sensors submitting claims without the proper supporting Medicare-required documentation - i.e., using a piezoelectric sensor to perform a chiropractic analysis in place of the required PART evaluation.

Not only are the chiropractors who practice this way to blame for this ruling, but so are the companies manufacturing and distributing this equipment; the ones advising and training chiropractors that they can identify subluxation with this type of "technology." You can expect to see a national CMS ruling on this issue regarding the pre/post analysis of piezoelectric sensors in chiropractic on a national scale forthcoming. The lesson learned here is buyer beware.

On Feb. 11, 2011, Noridian issued a follow-up ruling in Issue 268 of *Medicare B News* that reiterated its position that using computerized analysis and piezoelectric sensors for examination in chiropractic practice does not meet chiropractic benefit criteria. However, using a hand-held device whose force is manually controlled meets the standard for chiropractic therapeutic

coverage. The most recent Noridian bulletin can be found online at [www.noridianmedicare.com](http://www.noridianmedicare.com).

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