

## We Get Letters & E-Mail

Our Worst Enemy Comes From Within

Dear Editor:

I don't know much about Dr. Gary Walsemann, president of the ICA, but you can bet he is a "principled" chiropractor. [His recent quote](#) concerning New Mexico's scope-of-practice changes makes my heart go out to him. He says, "One can only imagine the consequences of the application of such substances by individuals with only a pale shadow of the standard medical education." He is referring to chiropractors.

I feel for him because I too have known DCs who are incompetent, those who may have attended schools where the focus was not on science, but on philosophy. I have known DCs who in many years of practice never once saw cancer on an X-ray they took, even though it was surely there. I have known chiropractors who will treat heart disease with a crisp realignment of the atlas. Yet most of us attended rigorous programs that taught us to be primary care providers.

Yes, we have a societal problem with overmedicating our nation. Yes, we are vastly overprescribing based on, at best, seriously flawed studies; and at worst, total manipulation of data. President Eisenhower should have been worrying more about the health insurance / pharmacological complex instead of the military / industrial one. But for a doctor of chiropractic to speak so lowly of our profession's education is inexcusable. I cannot fathom where or when he attended chiro school or how he could feel so wholeheartedly unprepared to deal with anything other than a subluxation.

We continue to do the same thing for well over 100 years and expect different results. If you haven't noticed, it is not working. If the education is as severely inadequate as Dr. Walsemann contends, then maybe it should be a six-month program right out of high school; something like reflexology. But the 5,000 hours of instruction after my undergraduate degree cost me close to \$150,000 and I was ready to heal the world. I just wasn't getting paid for it.

If chiropractic is going to survive, let alone thrive, we need an audience that is growing, not one that is turning out the lights on the way out. We need to treat people for a wider array of illness. The number-two reason to see an MD is back pain. Number one is the common cold. Should we not be the number-one provider for both?

Go to Google and type in "Is chiro" and before you can finish typing, the suggested query comes up as, "Is chiropractic a scam?" It is, to say the least, disheartening. [If what is happening in New Mexico](#) frightens you, then are you happy with Texas limiting our scope and tampering with our right to diagnose?

I am asking each and every doctor of chiropractic, every last one who has earned the right to put DC after their name, to write a letter or send an e-mail to *Dynamic Chiropractic* with your view of our future and where we should be going. I ask *DC*, as the world's most-read chiropractic journal, to collect these and write an honest assessment of what the practitioners of the profession really want.

*Robert Merrihew, DC  
Southampton, N.Y.*

*Editor's note:* While we may not be able to publish an article presenting every DC's view on the future of the profession, we will do our best to publish as many perspectives as possible as letters to the editor throughout the year.

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#### Advanced Practice: Breaking Ground or Building a Ditch?

Dear Editor:

It has been noted that the changes in New Mexico are groundbreaking. I have three sons who are in construction. They do a lot of ground breaking. Sometimes there is a great structure that comes from the ground that was broken. But sometimes it is just a ditch that drains water and leaves mud and muck in the ditch. Let's hope that the New Mexico situation is not just a ditch with a quagmire that the chiropractic profession will fall into.

*Frederick Vlietstra, DC  
Middletown, N.Y.*

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#### Inspiring the Future

Dear Editor:

I would like to comment on the article by fellow student Mark Wade, "[Inspiring the Future of the Profession](#)," in your Jan. 1, 2011 issue. Wade did a terrific job outlining the top 10 reasons to support the Foundation for Chiropractic Progress and also in discussing past achievements of the FCP such as how in 2009, the foundation distributed over 500 million positive chiropractic messages. With growing support, and yet still only 3 percent of the profession contributing, FCP surpassed 1 billion positive messages in 2010.

Never in our profession's 116-year history has anything like this been done! The foundation is raising the profile of the profession and there are many patients who deserve to know more about the benefits of chiropractic care. Wade concluded his article by inquiring why 97 percent of the profession is still not behind the positive press campaign. As a student, this high percentage of noncontributors is difficult to comprehend when the decision to support the foundation and thus the profession seems so sensible and valuable to our progress.

At the 2011 Parker Seminars Las Vegas, the foundation reached a new milestone. With the help of 35 student volunteers, representing 12 of the chiropractic colleges, the FCP went over 2,000 contributors. Having Jerry Rice, General Becky Halstead and the Washington Redskins cheerleaders with us at the seminar helped to raise enthusiasm for what the foundation has been able to accomplish since its inception in 2003. The successes at Parker Las Vegas add to the momentum of the foundation, and it is difficult to ignore the influence the FCP is building as we ratchet our goals up several more notches.

Students understand the importance of the FCP and are willing to contribute their money to support the mission of generating positive press about chiropractic. Foundation marketing tools are available to them as they make the transition from students to doctors. These marketing tools are available to any FCP contributor, and directions on how to use these tools are available on the foundation's Web page. Students are excited about having a professional public-relations program

working for us under the direction of a board that has three college presidents and several successful doctors and corporate CEOs. We appreciate what those billions of positive messages each and every year will mean to our future in the profession.

This is a call to action to make more doctors of chiropractic aware of the mission of the foundation and have them become contributors at whatever amount they are comfortable giving. As Wade said in his article, "giving nothing should not be an option." Please join the students, your future colleagues, in supporting positive press for chiropractic.

The success of the foundation is truly our success as a profession. We should all want the FCP to be successful. [Kent Greenawalt](#), the foundation executive board and a professional marketing team have built a vehicle for us to travel toward the future in; we just have to provide the fuel!

All it requires are more doctors and chiropractic students saying, "I'm in" to continue and expand the success of the foundation. Through the generosity of Kent Greenawalt, who pays all the overhead, the foundation is able to use every dollar contributed for the single mission of positive press for chiropractic. So, to borrow from Wade again, "What are you waiting for?"

*Elizabeth Wisniewski, National Vice Chair,  
Foundation for Chiropractic Progress  
Student, Palmer West, Quarter 6*

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Steroids and Crohn's Disease?

Dear Editor:

I would like to add to [Dr. Meschino's articles about Crohn's disease](#). I have been a doctor of chiropractic for more than 15 years and was diagnosed with Crohn's disease about 26 years ago.

At the age of 13, I was taken to a dermatologist who gave me three injections of steroids in my cheek to treat cystic acne caused by an allergic reaction to milk chocolate. A year later, I started exhibiting symptoms of Crohn's disease: severe diarrhea, pain, bloating, and gas. I was diagnosed as having a spastic colon.

Some 10 years later, I began to experience extreme fatigue as well as diarrhea and pain. A physician confirmed Crohn's disease with an X-ray that revealed skip lesions moderate to severe in intensity. About five years later, I developed psoriasis that lasted one year. Years after that, I developed severe food allergies.

I feel certain that all of these symptoms are directly related to the steroid injection, which triggered an overgrowth of *Candida albicans* and caused an imbalance of the bacterial organisms in the gut. Thanks to an early treatment with probiotics, later coupled with acupuncture and Chinese herbal teas, my symptoms have abated for years and I am able to consume small amounts of dairy products.

I am a 50-year-old Jewish female, which means I may have a genetic predisposition for developing Crohn's. I am a light smoker (two organic cig/daily), and no consumption of ETOH, prescribed drugs or over-the-counter medications.

*June leslie Wieder, DC  
Ridgecrest, Ca.*

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## More on Medicare Billing

Dear Editor:

I am writing to address the opinions shared by Mr. Sam Collins [in his Feb. 12, 2011 article](#), "Billing Medicare for Instrument-Assisted Chiropractic Manipulation." Indeed, the Centers for Medicare and Medicaid Services (CMS) states that chiropractic services for manual manipulation of the spine can be performed manually by hand or by means of a hand-held device with the thrust of the device being controlled manually.

This, however, does not mean that devices such as the PulstarFRAS are covered devices under Medicare, as stated by Mr. Collins. As recently as Feb. 11, 2011, Noridian, the administrative contractor for Medicare in nine Western states, issued the following policy statement: "Using computerized analysis and piezoelectric sensors for examination in chiropractic practice does not meet chiropractic benefit criteria." The PulstarFRAS, Pro-Adjuster, and Sigma Instrument (generic Pro-Adjuster) devices all contain piezoelectric sensors. These "computerized adjusting" devices have been marketed in the chiropractic and physical therapy markets promoting their pre/post analysis examination modes as the clinical rationale for treatment.

While Mr. Collins may interpret a scenario whereby a chiropractor did not use the pre/post analysis "technology" of these devices, but only used the hand-held device for the "treatment" as being a feasible way to "work around" the Noridian Medicare policy, it is shortsighted to think that someone would pay \$25,000 to \$40,000 for a hand-held instrument to serve this purpose. Moreover, this is not the way that chiropractors use these computerized devices or how they were sold on them .

Likewise, while Mr. Collins believes that the Activator meets the treatment coverage criteria under Medicare, it is important to point out that the Activator Method (performing isolation tests, pressure tests or challenges) also wouldn't meet the examination criteria for Medicare. Simply stated, well-documented PART analyses are the accepted standard for daily-visit chiropractic examinations.

As refinements in the regulatory requirements for chiropractors continue to follow an evidence-based model for reimbursement, it's time for our profession to hold technique gurus accountable for the methods they teach, and the manufacturers and distributors of purported new technology accountable for their claims.

In God we trust. All others, bring data.

*Christopher Colloca, DC*  
*Phoenix, Ariz.*

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