

## Paging Dr. Frankenstein

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"Upper Cervical Techniques are considered Experimental or Investigational because current scientific evidence has not shown it to be safe, scientifically plausible, or effective. Specifically:

- The clinical benefits of using x-rays to identify subluxation or determine line of adjustment do not outweigh the known health risks of ionizing radiation and is, therefore, unsafe.
- Adjusting upper cervical vertebrae to treat chief complaints unrelated to the cervical spine (e.g., lumbar pain) has not been shown to be either effective or scientifically plausible.
- Leg length checks or thermography used to confirm the subluxation removal or to assess outcomes of care have not been shown to be either effective or scientifically plausible.

NOTE: "The use of a high velocity, low amplitude (HVLA) thrust adjusting technique by itself, which may be taught as part of an upper cervical protocol, is *acceptable* if the choice of that technique does not require x-rays to identify subluxation/misalignment or to determine line of adjustment/correction; the upper cervical adjustment is not for the purpose of treating complaints unrelated to the cervical spine; and unacceptable, non-evidence based methods (e.g., leg length checks or thermography) are not used to confirm the subluxation's removal or assess outcomes."<sup>1</sup>

Is this an attempt at levity? A tasteless parody? No such luck. This is for real. These outrageous conclusions, based upon 15 cited references, are part of the "Clinical Quality/Guidelines" produced by [American Specialty Health](#) (ASH). These folks may have more chiropractors as providers than the combined memberships of all our national associations; the ASH Web site boasts that it has 28,000 providers. It is the proverbial 800-lb. gorilla.

The individuals responsible for this determination must have missed the more than 1,200 research papers, books, and presentations compiled by Kirk Eriksen in his text, *Upper Cervical Subluxation Complex: A Review of the Chiropractic and Medical Literature*.<sup>2</sup> They must also have missed the *Practicing Chiropractors' Committee on Radiology Protocols*, with hundreds of references supporting the use of radiographic imaging for biomechanical assessment.<sup>3</sup> And of course, they must have missed the Council on Chiropractic Practice (CCP) guideline as well.<sup>4</sup>

"But I'm not an upper cervical doctor," you say. "Why should I care?" You should care if you practice any technique designed to correct vertebral subluxations, employ objective assessments such as X-ray and instrumentation, or even leg checks. Leg checks? Yep. They're on the fecal roster. "There is the potential risk of substitution harm if LLI (Leg Length Inequality) tests are used in place of conventional physical/neurological examination techniques."<sup>5</sup>

Substitution harm? Give me a break. Sadly, such draconian and anti-scientific policies aren't confined to ASH. Do you use an adjusting instrument? "Aetna considers spinal adjusting instruments (e.g., ProAdjuster, PulStarFRAS) experimental and investigational because of a lack of adequate evidence that these devices are effective in improving clinical outcomes."<sup>6</sup>

Has a patient of yours ever received an EOB or letter from a third-party payer stating that you used

techniques that are "experimental and investigational?" I have heard of cases in which parents were enraged when told by an insurer that a DC was "experimenting" on their children. Such terminology conjures up images of Dr. Frankenstein in the lab with his assistant, Igor.

OK, I know what you're thinking. "I don't participate in these plans. I have a cash practice. These policies won't affect me." Think again. How long do you think it will be before state boards adopt similar policies? It has already started. Colorado dismisses as unproven "any practice system, analysis, method, or protocol which is represented as a means of attaining spiritual growth, comfort, or well-being."<sup>7</sup> Spiritual growth, comfort and well-being? They can't have DCs promoting things like spiritual well-being, at least not without informed consent! No, I'm not kidding. Read this stuff for yourself. It's all available online.

What's really going on? There is a well-choreographed plan to sculpt the future of the profession. It casts chiropractic as a profession that uses crude manipulation for the short-term symptomatic treatment of a narrow range of spinal pain syndromes. It involves either denying the very existence of vertebral subluxation or at best downgrading it to a local mechanical lesion. The use of objective assessments is dismissed. Instead, care is based primarily on symptomatic response, without regard for X-ray or neurofunctional changes. Of course, lifetime wellness care is unthinkable in this model.

Consider this excerpt from [a letter to the editor](#) of *Dynamic Chiropractic* (May 7, 2007 issue; third letter on page): "Chiropractors who try to sell the public on lifetime adjustments to improve health - in the absence of any evidence that this is beneficial for anything (other than the chiropractor) - are rampant in our profession. This behavior needs to be exposed and condemned ... It is time for our profession to stop tolerating such irresponsible and self-serving behaviors in our colleagues. Our profession's public image has suffered enough from this kind of thing. It is time we put a stop to it."<sup>8</sup>

If you think this is just one person's opinion, think again. Read the words of the secretary-general of the World Federation of Chiropractic a few years back:

"There is a public and medical perception that chiropractic treatment is endless ... [T]he perception is fueled by and is consistent with some practices and practice management schemes that boast lifetime care, promote unreasonable frequency of care, and press patients for large advance payments for future treatments. As has been the case in Australia recently, licensing boards need to deal aggressively with unprofessional behavior in these areas."<sup>9</sup>

Is there hope? Absolutely. But the outcome rests in *your* hands. You can deny that there is a problem and do nothing. If you elect to engage in watchful waiting, make sure that you set aside time to practice saying, "Would you like fries with that?" in preparation for your new professional future. Or you can make a fierce declaration of independence and purpose, and take decisive action. Show up at state board meetings. Better yet, get appointed to your state board. Support associations that support your values, and stop supporting those which do not. Get involved in chiropractic research, and contribute generously to those organizations that are congruent with your vision of chiropractic.

## References

1. American Specialty Health Clinical Quality/Guidelines: Upper Cervical Techniques. [www.ashcompanies.com/WCNGenerated/CPG\\_97\\_Revision\\_6\\_tcm19-41730.pdf](http://www.ashcompanies.com/WCNGenerated/CPG_97_Revision_6_tcm19-41730.pdf)
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3. Practicing Chiropractors' Committee on Radiology Protocols: [www.pccrp.org](http://www.pccrp.org)
4. Council on Chiropractic Practice: [www.ccp-guidelines.org](http://www.ccp-guidelines.org)
5. American Specialty Health Clinical Quality/Guidelines: Leg-Length Inequality. [www.ashcompanies.com/WCNGenerated/Functional\\_Leg\\_Length\\_Inequality\\_tcm19-41721.pdf](http://www.ashcompanies.com/WCNGenerated/Functional_Leg_Length_Inequality_tcm19-41721.pdf)
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7. Colorado Department of Regulatory Agencies, Board of Chiropractic Examiners. Statutes, Rules and Policies.
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