

We Get Letters & E-Mail

Evaluating Concussions: Stay Current of the Latest Research and Protocols

Dear Editor:

I thought Dr. Robert George's article "Brain Impact: Concussions, Chiropractic and New Laws" [[Jan. 15 DC](#)] was very informative. One of the intents of the concussion law in South Dakota was to further educate coaches, parents and athletes about the dangers of concussions and to remove athletes from play who exhibit signs, symptoms or behaviors of a possible concussion. The other intent of our law was to protect athletes from further injury by keeping the athlete out of play until they are fully recovered from their injury and are cleared to return to play by a licensed health care provider trained and experienced in the evaluation and management of concussions.

The new law does not specify what type of educational degree is required to qualify a provider to evaluate and manage concussions, or who can sign the return-to-play form. It states that they need to be licensed and have education and experience in the management of concussions. In other words, it leaves it up to the providers themselves to determine if it is within their scope of practice and their education.

Even though neurology and brain trauma are taught in our chiropractic institutions, many DCs may not be qualified due to the fact they may rarely see or treat this type of condition; they also may not have kept up with the recent research and protocol for head traumas. These providers themselves must make a personal decision whether they are qualified to evaluate and manage athletes who suffer brain trauma. This goes for all providers, no matter what educational degree they may hold. It is each and every licensed health care provider's responsibility to stay abreast of the newest research and evidence of the conditions they prefer to treat.

I strongly recommend all providers who treat athletes with concussions read the *Zurich Consensus Statement on Concussion in Sport*. This is a consensus-based paper gathering all the new evidence and protocols concerning concussion in sports.

*John Carr, DC, CCSP
Miller, S.D.*

How to Solve Buyer's Remorse in Chiropractic

Dear Editor:

Buyer's remorse in chiropractic as a career choice: what can we do? Christopher Kent, DC, asked this question in the [Jan. 15, 2012](#) issue. Dr. Kent highlighted two current problems in chiropractic education: #1 - the current fringe effort to transform chiropractic into medicine by the "Doctor of Chiropractic Medicine" movement; #2 - the problem of the DC graduating with a debt burden in the \$200,000 range.

Dr. Kent provides two answers. For the Doctor of Chiropractic Medicine movement, he suggests

the establishment of MD, DO or NP programs for DCs. These are already available. This publication has carried adds for a naturopathic medicine diplomate, MD degrees, even RN degrees. The difficulty with these "add-on" degrees is that they aggravate the second problem Dr. Kent highlights: student debt.

He quotes studies suggesting additional pre-professional education does not produce better MDs, which extrapolates that the pre-professional education does not produce better DCs. However some states have increased pre-professional requirements from two to four years simply as a way to prevent overpopulation of DCs in their state because of good climate, etc.

Dr. Kent approaches the buyer's remorse problem from the top: add on another degree or try to reverse the trend already written into law by decreasing pre-professional education. I propose we attack the problem from the *bottom* - at the beginning of the DC's education, rather than at the end. When a prospective student approaches me about a career in chiropractic, I suggest that the student use their two- or four-year pre-chiropractic education to first secure the RN degree. Then they can fill the remaining hours with the pre-chiropractic requirements.

As an RN, the chiropractic student first of all has an introduction to the healing arts. Second, they have a way to work their way through chiropractic school and reduce their student debt. Third, the student has a better way to network their new practice with MD professionals upon graduation to secure professional success. Fourth, the student has a way to work weekends as an RN while their DC practice gets started. And fifth, the student has a "fail-safe" method of professional success. If the DC practice isn't successful (horror the thought), the RN practice will be because there is always work for RNs.

This is the way it should be: the medical training first; the DC training and degree the apex. If enough DCs in the field start counseling prospective students to obtain the RN degree, we will solve the buyer's remorse problem in chiropractic education by obtaining the medical training first instead of as another expensive "add-on" degree. We will also solve the problem of chiropractic education debt by giving the student a secondary / supplemental line of work (as an RN) at excellent pay. And all while spreading the "chiropractic message."

Hal Miller, DC
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We Need to Raise Educational Standards, Not Lower Them

Dear Editor:

I read with great dismay the commentary by Christopher Kent in the Jan. 15, 2012 issue. What manner of foolishness is this to be arguing for a lowering of the standards to becoming a doctor of chiropractic, all under the guise of "saving money" for the chiropractic student? Dr. Kent ought to ask himself why almost none of the medical/osteopathic colleges in the United States have lowered entrance requirements save for the most exceptional undergraduate student.

Dr. Kent needs to pay attention to three glaring facts about the chiropractic profession: we score the lowest on survey scales of public trust among all health professions; our students have the highest default rate on student loans of all health professions; and our overall utilization has not varied much above 8 percent since this has been tracked.

He also ought to read the wonderful book *Surviving in Healthcare* by Dr. Dieter Enzman. Dr. Enzman outlines the steps a health profession takes toward achieving cultural authority - and none

of these recommendations includes lowering of educational standards; in fact, quite the opposite. To establish professional competency and legitimacy, our colleges need to *raise* entrance requirements and establish a postgraduate residency program. Were we to follow the advice of Dr. Enzman, our new graduates would still leave school with very large student loans, but would be positioned to readily pay off the loans, given their professional and financial success would all but be guaranteed.

Dr. Kent seems content to place chiropractors as second-class citizens with substandard entrance requirements and a vitalistic curriculum. I almost laughed when I read his statement that "some have suggested that a significant amount of coursework may not be relevant to developing the knowledge and skills necessary to practice chiropractic safely and effectively." Perhaps Dr. Kent and his cohorts ought to follow the lead of Gold and establish a new profession - the spinologist. He could have a six-month correspondence course full of religion, vitalism and very little academic standards. Everyone would benefit.

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Dynamic Chiropractic encourages letters to the editor to discuss issues relevant to the profession and/or to respond to a previously published article. Submission is acknowledgement that your letter may be published in print and/or online. Please submit your letter to editorial@mpamedia.com; include your full name, degree(s), as well as the city and state in which you practice.

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