

We Get Letters & E-Mail

Achilles Injuries: A Side Effect of Cholesterol-Lowering Medication?

Dear Editor:

Your article about Achilles injuries [Thomas Michaud's "Achilles Injuries"; [Part 1](#): Feb. 26, 2012, [Part 2](#): March 26, 2012] was interesting. I would like to share something which was not addressed in the article, but which every doctor should be aware of. It has to do with cholesterol-reducing medications.

A couple of years ago, an MD whom I occasionally take care of called for care. His office is nearby and he is usually here within five minutes. However, this time it was more than half an hour before a car pulled up and he climbed out of the passenger's seat. I watched as he took baby steps up the ramp to my office. I was somewhat puzzled; he was not bent over and did not appear to be in great pain.

When he came through the door, I asked, "What happened?" He pointed to his heels and said, "Oh, this is not from pain in my back. I blew out both my Achilles."

Bewildered, I said, "Both of them? I've never heard of that. What in the world were you doing."

He replied, "Neither had I. A few months ago, a few friends and I were going golfing. We were just standing there doing absolutely nothing, waiting for the last man, when suddenly both my Achilles blew out. Since I had never heard of this, I really began researching what might have caused it. I found out that there had been more than 200 cases of people having one or both Achilles go out while taking a popular medication for reducing cholesterol.

"I was mad. If it hadn't happened to me, I wouldn't have believed it. Here I am, an MD prescribing it and taking it, and the drug company never warned us that this was a possibility."

So, doctors, put this in your computer of knowledge for future reference: If anyone complains about their Achilles, ask whether they are taking cholesterol-lowering medication.

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

Let's Avoid the ADHD Label

Dear Editor:

Recently there was an article written on ADHD, "Unwrapping the Hidden Gifts of the ADHD Patient" [[March 26, 2012](#)]. I protest this kind of coverage. I think ADHD is a bogus label which is being used to lump together a whole lot of life problems and characteristics into one label so it can be billed to insurance companies.

As the author of the article pointed out, many of the people who are labeled "ADHD" are very creative and very intelligent, but they may have social skills that are not on par with their peers. But to give them a mental disorder label that will stay with them for life is doing them a huge disservice, in my opinion. Do the chiropractic program without the label.

Jennifer Jensen, DC
Los Angeles, Ca.

Time to Clean Up Our Profession

Dear Editor:

My fellow chiropractors, I am willing to bet by now that most of us will finally agree on one issue: our general dislike for the direction chiropractic is going. For the past year, my practice has been overwhelmed with Medicare and other insurance reviews. Basically, every time my treatment is denied, it's labeled "maintenance therapy." My problem with this is, my office doesn't perform maintenance therapy.

I'm not trying to start any debate on maintenance therapy, but to those individuals and practice-management companies that do promote maintenance therapy and long-term treatment plans, I say you are costing the rest of us thousands of dollars and hours of our time, painstakingly copying records and writing appeals to justify legitimate treatment that is not maintenance. You individuals using high-pressured sales to sell your expensive, long-term treatment plans and billing insurance for it are destroying our great profession.

In the past year, I have lost respect for many of my fellow chiropractors. I'm still proud to be a chiropractor; I just wish now I could have practiced 30 years ago when our profession was filled with strong people willing to stand up and defend what was right. Some of these men went to jail to defend our future.

We now have a profession of people with no backbone, many of whom have sold themselves out for any easy way to make a quick buck. Our members even continue to participate and support provider networks that blatantly are doing everything possible to reduce our reimbursement and limit treatment. I'm talking about third-party provider networks that have told me chiropractic is dangerous for children, X-rays are no longer necessary, and disc lesion injuries should only require 6-8 visits and then should be referred to an orthopedist.

Why do you people continually support these leaches with your continued participation? I don't blame the insurance industry or anyone else outside the chiropractic profession. We created this ourselves and have allowed it to happen. Now my practice, which I've built on honesty and integrity, is being punished due to others' misdoings.

Practice-management companies that teach and encourage unethical practices must not be allowed to stay in business. Our colleagues need to feel the encouragement from the rest of us to clean up their practice methods. Our profession needs to be respected and trusted by the public if we are to survive and prosper into the future; otherwise we are doomed to continue down this road of increased scrutiny and dwindling incomes.

Is this the profession that our founding fathers were willing to go to jail to defend?

Steven Livingston, DC

Recognizing the Power of the Placebo Effect

Dear Editor:

In reading your article, "[Different Strokes](#)," in the latest *Dynamic Chiropractic* ["Understanding the Placebo Effect: Different Strokes for Different Folks, March 26, 2012], I was reminded of chiropractic's own sage regarding the topic, Dr. Thurman Fleet. His observations of the placebo effect in the 1930s led him to a most complete study of the phenomenon, particularly as it related to chiropractic. He offered his findings to fellow professionals, only to experience what all pioneers have faced when introducing ideas that seem to contradict conventional wisdom.

His passion for the study was undaunted and he opened his classes to the public. Even in my own chiropractic college experience, it was often stated that whatever technique one adopted, one could be assured of some degree of success.

Early chiropractic education included an emphasis on philosophy, which was a way of understanding and using the placebo effect. With accusations of the profession's lack of "scientific" standing, colleges began to eliminate this area of study in favor of a more empirical explanation of our craft.

Little did they understand the sound fundamentals Dr. Fleet presented in his comprehensive courses. Incidentally, the classes that are offered today haven't changed at all since the 1930s, and are as topical and up-to-date as they were then.

Visionaries are seldom recognized in their lifetime, and Fleet was no exception. Those of us who have studied and utilized his work don't appear to be different from practitioners everywhere, but I feel that the advantage of knowing about and exercising these principles has made my life and my practice much more complete.

John Fausett, DC
Monahans, Texas

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