

The Parity Paradox

Marco Lopez, DC, CCEP

Over the past few years, I have had several discussions with chiropractors and medical doctors concerning the academic nature of information sharing and the spirit of learning in the medical community. We have debated the entrepreneurial spirit, survival strategies and prevalence of monetary gain within the chiropractic profession. We have also questioned the lack of formal postgraduate training and mentoring within a profession that "eats its young." Are these pathognomonic symptoms of parity in terms of professional acceptance and third-party reimbursements?

Like an exercise in Darwinism, chiropractic entrepreneurship evolved out of necessity. Creative thinking and treatment strategies for patient benefit are great. Embellished or repackaged ideas glamorized for resale - not so much. It seems like every day and in every chiropractic publication, someone is selling a new protocol, device or practice-management strategy. Multidisciplinary practices, niche clinics, cash detox programs, and creative acronymed protocols flood the market. They may be valid and beneficial, but it all paints a picture harkening back to the traveling physician announcing their entrance into town.

Should the chiropractic marketplace not elicit a visceral response, intraprofessional designations may do the trick: *straight*, *mixer*, *medipractor*, *pharmapractor*, *nutripractor*, *whackadoodle*, *chiroshmackter* - or is it *chiroquackter*? What about *nonsurgical spine specialist*? Now, there is a mouthful. Holy identity crisis, batman! Am I "straight" because I do not utilize passive modalities? Perhaps I have sold out because manual therapy likens to a physical therapy wannabe. It could be that I am a medipractor who performs ancillary testing for medical providers.

I certainly do not want the responsibilities of managing meds for patients. Still, should chiros play a role in adjunctive care? [Evidence-based care](#) has been so misconstrued that you can find literature in support of anything. Ads searching for "principled" doctors read like code for Green Book groupies. Am I less "principled" because I am open-minded? In the new reality of Twitterverse, a more schizophrenic individual may declare, in utter desperation, WTF#confusion#allovertheplace#getittogether.

Where We Stand

Is a lack of parity to blame? While it is true that the medical community gets reimbursed at higher rates in what seems like *carte blanche*, it has had its own issues with reimbursements, border crossings and infighting. Some argue that the fall of the gatekeeper has led doctors away from primary care and into an uncontrolled array of specialists vying for market share.

I know decent docs struggling to stay in private practice. Other specialists cross boundaries to capture income. Physiatrists perform pain management. Anesthesiologists conduct EMGs. Orthopedists carry out spine surgeries. Internists use Botox, EKG, stress tests, in-house lab testing or any other diagnostic procedure at their disposal to compensate for lost revenue.

Segmentalization of medical care and the blurring professional boundaries has led to the

multiplication of services and confusion of the patient without better results. For back pain, should a patient seek out an orthopedist, neurologist, physiatrist, DPT, doctor of nursing practice, chiropractor, or for that matter, a buddy, neighbor or family member?

Anecdotal benefits of chiropractic care outweigh the detriment. Even though public perception may not completely jive with this statement, many people have a positive history of treatment despite negative responses to salesmanship, never-ending care plans and dubious billing. Regarding these latter details, some practitioners have blazed a trail down the road to the dark side, gorged themselves and seduced the masses with promises of green pastures in order to profit from practice-management ploys.

On a brighter note, research for treating spine-related syndromes and other common musculoskeletal conditions is on our side. Research also supports the safety of the almighty adjustment when used judiciously. Academics reveal burgeoning evidence supporting the anecdotal benefit of manipulation for conditions such as hypertension, pain control and mobility in cancer patients and [moderate COPD](#). I'm sure that if I look hard enough, there may be new avenues of investigational progress. That is all well and good, but working docs still have bills to pay.

On the streets, I'm a chiropractor. End of story. I love patient care. I read the research, perform due diligence in practice, integrate with the medical community and believe in our place in the health care model as the first line of treatment for neck, back pain, headaches and a whole host of other common conditions. Chiropractic also has a definitive place in the wellness model, but salesmanship should be laid to rest.

Moving Forward

I see light at the end of the tunnel and I am pretty sure I am not dying. There is a blossoming paradigm. We have a definitive place in the health care marketplace, be it a pain-centered practice, a rehabilitative center or a holistic wellness practice encompassing nutrition and exercise. Cost-effectiveness will be the key to the future. In a struggling world economy, saving health care dollars makes sense. As for anecdotal benefits relative to chiropractic manipulation, healthy skepticism breeds investigation and ultimately increases the knowledge base and validity of our reach.

After the rant, a question remains: Is what we see today in our profession a consequence of parity or have we perpetuated disparity in a self-fulfilling prophecy? You decide. [Kudos to ANCJ](#) for fighting the good fight and pushing forward outstanding initiatives to advance the chiropractic profession here in the Garden State.

Support state organizations and associations pushing for parity and addressing the causes of disparity. My 2 cents may not be worth "\$37 and change," but a new world order is coming and we need to get in where we fit in. We cannot afford to lose more ground.

Author's note: No chiropractors, chiropractic companies or treatment protocols were hurt in the writing of this article.

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