

However, negative publicity regarding chiropractic cervical adjusting and possible stroke mandated a response. The response was not evidence-based or proven, but at the time, it was the best response available. [Dr. George](#) stepped up to help his profession.

Unfortunately, our reaction, initiating routine vertebral artery screening, did not work. In some ways, it did not make sense. Routine screening for vertebral artery pathology implied the pathology and/or the adverse reaction is as common as heart disease or diabetes. We were sending conflicting messages – a behavior our accusers were quick to point out.

The evidence-based movement played an important part in de-emphasizing the role of vertebral artery tests. There is minimal evidence of their effectiveness. Litigation defense also played a role. Our conflicting stance on the morbidity of vertebral artery pathology and stroke following cervical adjustment had to be countered in a logical manner. The pathology and adverse event aren't common, so we should not emphasize their detection, especially through the use of deficient tests.

Hopefully, efforts similar to those above will be repeated along our path to realistic evidence-based instruction and practice.

"Significant" Physical Signs?

This topic is a serious one, but I would like to end on a note of levity. Believe it or not, the following signs actually appear in the literature, but they definitely may need to be evaluated for their clinical value through evidence-based studies. Common sense also may need to be applied in their evaluation.

The examples are from the world of medicine, not chiropractic. But other than tests associated with chiropractic adjusting techniques, the majority of examination procedures we use originated in medicine.

Alien's Sign: A belief held in rural areas of North Carolina, Tennessee, Virginia and West Virginia that malignancies are obtained as a result of alien visitation. Patients reporting this etiology may avoid reporting sightings or abductions, but will confirm their cancer is of alien origin. The areas of the involved states where morbidity is highest are said to have high concentrations of military and secret government facilities. (*Note:* Residents near Area 51 and Roswell, N.M., must have their own signs.)

Barking Madness Sign: An uncontrollable desire to bark like a dog, usually while dancing wildly in the absence of music. The sign is usually the result of ergot poisoning. A need to hide from demons is also associated with this sign. (*Note:* Not to be confused with Hair of the Dog Sign.)

Boo-Hoo Sign: The development of malaise and fever while visiting the Hawaiian Islands. (*Note:* Another thing that makes tourists even more obvious.)

Dooley's Sign: Crepitus from surgical emphysema that is similar to the feel of palpating a horsehair mattress. (*Note:* This sign would probably be observed with a higher rate of accuracy if horsehair mattresses were more readily available for comparison.)

Kuru Sign: Kuru is a fatal brain disease identified in patients who display trembling in conjunction with loss of ability to eat, talk or walk. The disease is a result of cannibalism. (*Note:* It could be said that presence of the sign will confirm at least two deaths.)

Stendhal Sign: An acute condition of altered mental status as a result of visiting museums and an overwhelming exposure to art in a short period of time. The sign is characterized by dizziness,

tachycardia and hallucinations. (*Note: This sign may have a high rate of occurrence among art history majors.*)

I'm not kidding; they're in the literature...

Resource

- White FA. *Physical Signs in Medicine and Surgery: An Atlas of Rare, Lost and Forgotten Physical Signs*. Philadelphia, PA: Museum Press Books, 2009.

SEPTEMBER 2016