

MUSCULOSKELETAL PAIN

We Get Letters & E-Mail

"Shark Attack" Spawns Feeding Frenzy

Dear Editor:

As a chiropractor who actually took and passed the NCCAOM examination, I am not at all surprised by the response of the acupuncture community Dr. John Amaro cites in his July article, "Shark Attack" [July 14]. Dr. Amaro's students take a series of weekend seminars, and at the end receive FIAMA certification. I graduated from the San Francisco College of Acupuncture and Oriental Medicine in 1985. It was a full-time program; it took years to complete. When I graduated, I was told my training was only considered "entry level." After all that - we were subject to rigorous examinations, NCCAOM national examination, and in my case - the California state exams. What standards are required of FIAMA-certified students? And who sets the standards? If my training was entry-level, what should the training of someone who took a series of weekend seminars be considered?

The training offered to Dr. Amaro's students could never be accepted as adequate by anyone who graduated from any school of acupuncture. No matter what school you practice at or where you graduated from, the inescapable conclusion can only be there just is not enough time to produce a qualified practitioner. As chiropractors, what do you think of MDs and PTs who take a few weekend courses in manipulation?

It is not difficult to understand why Dr. Amaro would lash out in anger. He does not want to change; he refuses to grow with the profession. In the past there were no standards, and very little training was available. But things have changed, unfortunately for Dr. Amaro. Chiropractors are not being attacked; substandard training is.

Eric Lisbin, DC, Dipl. Ac. Reading, Pennsylvania

Dr. Amaro's Response

Dear Editor:

In reviewing Dr. Lisbin's "letter to the editor" regarding my article, "Shark Attack," it is apparent no further commentary is necessary. Every point I had mentioned concerning the "I am better than you" mentality has been confirmed. I will admit, however, to feeling total disgust over the comments expressed, as this individual represents the stereotypical minor segment of the population that has an opinion on something it apparently has absolutely no knowledge of.

Acupuncturists continually attack "weekend programs" as being less than adequate. Try taking a look at the class schedules of numerous acupuncture schools around the country. They are less than admirable when compared to professional colleges in the healing arts, not to mention any chiropractic college in the nation.

Practicing doctors are unavailable to take postgraduate and continuing education programs during the week when they are seeing patients. Therefore, educational programs are generally provided on "weekends." This is absolutely no different than a college program that meets two times a week. The fact is, however, that I have never seen a specific college class that met twice a week for eight hours a day.

Also, the chiropractic profession certifies professional competence through examinations offered through the National Board of Chiropractic Examiners. The NBCE also includes examination in "acupuncture," which, like the National Commission for the Certification of Acupuncture (NCCAOM), is a 200-question competence examination.

Currently, nine CCE-approved colleges teach programs in acupuncture. This is not to create a legion of acupuncturists, but to create the necessary knowledge for the doctor to adequately and safely add the principles and techniques of acupuncture into his or her possible treatment program. And many of these procedures are utilized with noninvasive physiotherapy meridian-style electronic or laser stimulation devices.

The International Academy of Medical Acupuncture offers the "FIAMA" certification in acupuncture. This only happens after successful completion of the final examination, which currently consists of over 600 questions. A separate "blood-borne pathogen" (clean-needle) examination also is required.

The writer asks the question "Who sets the standards"? They are set by government agencies that have been established to protect the public and to ensure competence. These are in the forms of state boards of examiners in the various fields. We in chiropractic look to our state chiropractic boards of examiners to set the standards for our profession. They have done so in over 37 states where acupuncture is a part of the practice of chiropractic.

In addition, some states specifically have written into their state law that in order to practice acupuncture as "certified," the applicant must have either completed the requirements of the International Academy of Medical Acupuncture (FIAMA) or the American Academy of Medical Acupuncture (MD, DO).

I have personally been accused by this reader of "lash(ing) out in anger" in the article; I fail to find the anger in my tone. This is, however, exactly the mentality I was describing in "Shark Attack."

The writer states in closing, "Chiropractors are not being attacked - substandard training is." The only thing I see "substandard" is the understanding of this individual and people who think like him. The Chinese say it best: "The frog in the well knows not of the great ocean."

It appears that in this part of the ocean, this shark just bit itself!

John A. Amaro, DC, FIAMA, Dipl.Ac, LAc Carefree, Arizona

"I understand much of the frustration that comes from being an acupuncturist and a chiropractor"

Dear Dr. Amaro:

I was sorry to hear about your recent incident. You may not know me. I am Christopher Alan Beardall, DC, LAc. My father was Alan Gary Beardall, DC, the founder of Clinical Kinesiology (CK).

You were gracious in allowing acupuncture diagrams to be printed in a book called, "Your Body Can Talk," based on my father's work. I graduated from Western States Chiropractic College in 1993 and from Oregon College of Oriental Medicine in 1999, and did a residency program in Nanjing, China.

Anyway, I understand much of the frustration that comes from being an acupuncturist and a chiropractor. I've practiced in Woodburn, Ore., for the last four years. I understand many of the underlying problems.

I wanted to quote a sentence from your last article in *Dynamic Chiropractic* ("Shark Attack"): "As I walked toward the room in which my presentation was scheduled. I have to admit, it was quite a low point in my career...."

I have not attended any of your seminars and do not know you personally, but I have enjoyed your many articles on acupuncture in *Dynamic Chiropractic*, and your words have helped me in my own personal and professional struggles. I also know that your time and effort have made acupuncture knowledge available to hundreds of doctors around the world. My father struggled to learn acupuncture for many years after graduating from LACC in 1968, when the only acupuncture textbooks were [by Dr. Felix] Mann and badly written Chinese textbooks.

So, keep up the great work!

Christopher Beardall, DC, LAc Woodburn, Oregon

Keeping Musculoskeletal Patients Where They Belong

Dear Editor:

I would like to add some additional information to your editorial, "AMA Resolves to Ensure Musculoskeletal Training for Med Students" (Aug. 16 *DC*). I am the only chiropractic representative on the United States Bone and Joint Decade (USBJD). I was appointed by the American Chiropractic Association to replace Dr. Ed Maurer after his untimely death. The USBJD will last until 2010; its mission is to improve patient care, promote research, and advance understanding and treatment of musculoskeletal conditions. Because there is an estimated \$254 billion annual cost for musculoskeletal conditions in the U.S., the goal of the USBJD is 1) to raise awareness of American citizens to the growing burden of musculoskeletal disorders in society; 2) to promote prevention of musculoskeletal disorders and empower patients through educational programs; 3) to advance research and prevention; and 4) to improve diagnosis and treatment of musculoskeletal disorders. Oddly enough, the goals of the USBJD have been the goals of chiropractic care for the past 108 years.

Dr. Bernstein and others started the USBJD from an effort through the American Academy of Orthopedic Surgeons. That is the reason why the American Academy of Orthopedic Surgeons introduced Resolution 310, Musculoskeletal Care in Graduate Medical Education. Dr. Bernstein felt their agenda would have better support and chance of success if they included a diverse group of participants other than orthopedic surgeons. One of their major projects is called Project 100, with

the goal being to have 100 percent of the allopathic medical schools improving their musculoskeletal education by the end of the decade. This will be a difficult task, inasmuch as they will have to convince the Objectives Project Committee of the American Academy of Medical Colleges to change curriculum. The USBJD intends to make a presentation to the American Academy of Medical Colleges (AAMC) on Oct. 10 and 11, 2003, to initiate changes in musculoskeletal education.

Apparently, the AAMC is the only group that can establish the process to develop a course curriculum for acceptance to all medical schools. I find this task difficult, because they would then have to argue on either extending medical education to include musculoskeletal education, or have to eliminate other potentially important classes to make room for musculoskeletal education classes. By now, our profession knows that there have been four professional articles in peerreview journals about the poor results among medical school practitioners to questions about musculoskeletal care. The spokesperson for the National Board of Medical Examiners will be at the October meeting relative to Project 100, to review the USMLE questions medical practitioners are failing. It is my intention to be at that meeting to gain more knowledge to share with the chiropractic profession. I will keep *Dynamic Chiropractic* informed on these issues so together, our profession can determine strategies to improve our access and treatment of musculoskeletal patients - to keep them with us, where they belong.

Ken Spresser, DC ACA Representative to USBJD Arvada, Colorado

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