

The Technique Committee of the ACC

Robert Cooperstein, MA, DC

Under the auspices of the Association of the Chiropractic Colleges (ACC) the technique committee has met twice a year since 1998. The committee descends from the panel of advisors to the ACA Council on Technique, which met twice a year from date of inception in 1983 until 1997, by which time its function was subsumed by the technique committee.² Many of the same people who had been core members of the panel of advisors are now core members of the technique committee.

The panel on technique, although composed mostly of chiropractic college representatives (from both ICA and ACA-oriented colleges), maintained active relations with field doctors, some of whom attended meetings and/or served as consultants. The panel on technique was also led to focus on field doctor issues through its advisory relation to the ACA Council on Technique, a body of a national trade organization. In short, the panel on technique was concerned not only with the teaching of chiropractic technique, but with its practice of technique in the profession at large.

Since the technique committee functions under the umbrella of the ACC, an intercollegiate organization, it is much more centered on teaching of chiropractic technique than was the panel of advisors, and less involved with the practice of chiropractic *per se*. However (and this is a big "however"), there is no way to discuss *how* technique should be taught without taking up the question of *what* technique should be taught. This means that the technique committee, despite its explicit pedagogy, is prone to revert at any moment to discussions eerily reminiscent of the impassioned discussions of the panel on technique: scope of chiropractic practice, usage of terms, biomechanics of the adjustment, and especially evaluation of chiropractic techniques.

This San Antonio meeting of the technique committee, no matter the point of departure, seemed to return to one central issue: specificity in chiropractic examination and adjustive procedures. This happened when Brian Cunningham (NYCC) showed us how his college distinguishes resisted from assisted maneuvers,³ and again, during a discussion of potential NBCE test items. Again, it was back to the question of specificity when Kim Ross (CMCC) presented his work on the frictionless skin-vertebral interface, which erupted into a lively debate on the relative merits of short lever and longer lever contacts during adjustive (some would say manipulative) procedures.

No matter how reminiscent of the panel of advisors, the technique committee's discussion differs in tone and direction in a number of ways worth noting:

- Tolerance for opposing views and clinical practices, no matter how innovative it was for the technique panel in the historical context of the 1980s and 1990s, has evolved into a year 2000 interest in *synthesizing* opposing views and practices.
- The technique panel's commitment to short-term harmony, an obvious improvement over the professional bickering it opposed in its time, has yielded to a long-term commitment to *evidence-based chiropractic*.

- Preference for particular chiropractic procedures, formerly based on the intentions of the practitioner and adherence to certain principles, has finally become a matter of *science*.

In short, the college technique department chairpersons and representatives have (in different ways, and to differing extents) committed themselves to an evidentiary foundation for the practice of chiropractic. Such shifts in orientation, far from threatening traditional chiropractic principles, treat them with more respect than ever before by regarding them as living principles, i.e., "working documents." Principles, if they are to liberate rather than fossilize the chiropractic profession, must evolve as new and improved data become available. The reason why these developments are so important is that the chiropractic profession, under the auspices of their technique departments, is finally poised to synthesize practice with research.

The signs are everywhere. An individual who once eschewed interest in symptoms as a "medical orientation" is now using the SF-36 (health status profile) as an outcome measure to validate the benefits of subluxation correction. Someone who once viewed segmental specificity as the essence of chiropractic technique now sees its purported value as a testable hypothesis. A researcher who once said it made no difference where and how an adjustment was delivered, now sees the experience of the master clinician as practice-based research, worthy of consideration as laboratory data. Individuals who once needed research to "prove chiropractic" about as much as a minister would need a space program to prove the existence of God, are now doing some of the best research.

The technique committee "blooms" twice a year, hardly existing between meetings. As such, it is unlikely to actually perform technique-related research, although some of its members are already collaborating on intercollegiate projects. The technique committee has no subcommittees and precious little homework to be done between meetings. It meets too infrequently to devote even one minute to apologies for the unaccomplished.

During our meeting, some of us could feel and hear Ted Shrader, founder of the panel of advisors, reminding us, "we need to evaluate how chiropractic technique procedures work." (I never knew exactly what he meant by that, even whether my own articles characterizing chiropractic techniques would count in his book.) At any rate, it seems to me that the primary obstacle to evaluating chiropractic techniques has finally been overcome. It was never really the proverbial lack of funding or trained researchers, just a severe case of petrified ideology standing in the way of open inquiry. That's all.

References

1. Cooperstein R. Council on Technique. *Journal of the American Chiropractic Association* 1996(July):37-38, 61.
2. Cooperstein R. Announcing the ACC Technique Consortium. *Dynamic Chiropractic* 1997;15(24):6, 36.
3. Good CJ. An analysis of diversified (lege artis) type adjustments based upon the assisted-resisted model of intervertebral motion unit pre-stress. *Chiropractic Technique* 1992;4(4):117-123.

Dr. Robert Cooperstein
Professor, Palmer College of Chiropractic West
San Jose, California
www.chiroaccess.com
drcoop@aol.com

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