

## We Get Letters & E-Mail

VF Works Story "Taints" the Profession

Dear Editor:

I was disappointed by the news of VF Works coming under investigation on franchise practices (see "Big Problems for VF Works/Nu-Best Franchising," *DC*, March 8, 1999). Even more disheartening is the distribution of equipment systems with questionable safety practices on radiation protection. If these charges are found to be true, it is a sad day for those of us that have worked so hard to put a value on the use of motion x-ray as a diagnostic tool. This type of publicity "taints" the entire profession and more specifically the use of video fluoroscopy (VF) by chiropractors.

My interest in this form of motion analysis of the joints of the body was inspired by working with Dr. Vern Pierce, who pioneered the importance of video fluoroscopy in the chiropractic profession. I have been utilizing VF for the past five years and follow guidelines originally established by the ICA and ACA. In 1998, the Council on Chiropractic Practice published the clinical practice guidelines. These guidelines cover the use of radiographic and other imaging with 222 references that include research supporting the use of motion x-ray.

It is my desire to suggest to you that you can also print a positive story or two about video motion x-ray. I have recently started on a series of video training tapes and am working on a course syllabus to assist in the education of doctors of chiropractic on how to interpret a VF study. The pilot video is being reviewed by members of the chiropractic profession at this time. As the series progresses, copies will be made available to our colleges and the profession.

I appreciate your newspaper and the service you provide to the profession. The e-mail version is a great idea. That's how I found out about the VF story.

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Norwegian Government Funds Pediatric Study

Dear Editor:

I'm engaged in a research project that might interest your readers. In Scandinavia since the early '80s, it has become commonplace to bring babies with infantile colic to chiropractors. In Norway there are about 200 chiropractors. It is estimated that about 90 percent of them treat colicky babies.

Through a research grant from the Norwegian government, we are conducting a randomized

controlled study at the Pediatric Institute at Haukeland Hospital in Bergen to investigate the possible effectiveness of chiropractic intervention. The group consist of Professor Trond Markestad,MD, Edda Olafsdottir, MD, and myself.

Besides conducting the RCT, we are looking into possible causes for infantile colic. Ultrasound of the gut during feeding, electrogastrography, measurements of autonomic nervous system activity, and stool analyses are all part of the project. We plan to include 100 babies. So far, we have included about 30.

*Steinar Forshei,DC  
Radal, Norway*

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To Flex or Not to Flex

Dear Editor:

Although Dr. Christiansen's article was very informative with reference to foot biomechanics ("Foot Biomechanics during Weightbearing" *DC*, Feb. 22), I think it missed the boat to imply that flexible orthotics are superior to semi-rigid orthotics. Simply stated, flexible orthotics cannot control rear-foot pronator velocity as well as firmer semi-rigid orthotics, period. The majority of the literature supports this. Flexible orthotics have a place perhaps for the geriatric or diabetic foot, but should not be touted as the end-all for the over-pronater.

I don't believe research "proves" an overwhelming consensus of the superiority of flexible orthotics as implied by this article. I also feel that it is misleading citing references from a manufacturer who makes mostly, if not all, flexible orthotics. I don't view this as an unbiased perspective. In another instance, Dr. Christiansen used a reference that was a retrospective mail survey of runners who self-diagnosed their foot problems, were not evaluated during the study, self-rated their improvement and self-assessed whether or not their orthotics were of the flexible type. This surely was not a randomized controlled trial. It suffers design flaws and raises more questions that it answers.

In my opinion, and that of many others, semi-rigid materials still are considered the standard for most orthotic applications to control biomechanical deficiencies

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