

We Get Letters & E-Mail

Is the Rose Garden Turning to Compost?

Dear Editor:

By encouraging and endorsing things such as the Mercy Guidelines, and the New British Low Back Guidelines, etc., you and the supporting DCs are helping paint the chiropractic profession into a hole.

We are becoming 4-6 week acute low back pain technicians. The entire chiropractic premise is to treat the body as a whole, removing nerve interference so the body can function normally. Yet we as a profession are getting our scope limited more and more every day. We blame it on the insurance companies, but many of my so-called colleagues are the ones giving the insurance companies their guidelines.

The ACA doesn't even talk about subluxation. The new CMT codes don't use that word either. My alma mater is more of pseudo-medical school now than a true chiropractic college. Also, we adjust, we don't manipulate. Manipulate is what one does to their income taxes and financial statements. Unscrupulous people manipulate their victims. Why do we want to use that word?

I have been in practice for 17 years now and have seen countless cases of asthma, respiratory, sinus, abdominal, female, prostrate, and ear problems, etc., that have mysteriously disappeared with chiropractic adjustments.

If we continue to back and encourage very limiting musculoskeletal conditions that greatly limit our scope, then don't cry in your beer because you're not "manipulating" as many people as before. Blame the person in the mirror.

Wake up and smell the roses before they turn into compost. The stench is getting strong here.

Sincerely,

Gregory D. Peter, DC
Huntsville, Texas

You Be the Judge

Dear Editor:

I have noticed that within the past two to three months your publication has changed dramatically with regards to the contributing writers whose articles you are publishing. Although I full agree with your magazines philosophy of "unity without uniformity," I find the publication of articles by David Singer

and Peter Fernandez to be extremely distasteful and detrimental to the chiropractic profession. It has been my experience that these people have had no positive impact on the image of chiropractic as represented to the general public. They are money-hungry individuals whose only purpose in life is to prey on the fears of the chiropractic profession and at the same time line their pockets with money. It has been my experience that they preach practice building techniques that border on being highly unethical, and in some states illegal. Why would you publish articles from such individuals? Do you not want to protect your readers from being taken by these unscrupulous individuals and their organizations? I do not think that your publication is like Chiropractic Products or Chiropractic Economics where many published articles are also by advertisers in the same publication. Please clarify if that is the case.

Myron Krawchuk, DC
Huntsville, Alabama
<http://www.posture.com>

Editor's note: As you remember, *Dynamic Chiropractic* was the only publication in the chiropractic profession to present the issues surrounding Dr. Singer and Scientology, and Dr. Fernandez and the PMA lawsuits. Both Drs. Singer and Fernandez were given ample opportunity to respond to those issues. Dr. Fernandez was in fact interviewed extensively.

Articles by Drs. Singer and Fernandez in DC are in no way any kind of an endorsement. By definition, our open forum allows their voices to be heard. It may surprise you that some doctors have expressed strong support for them in the past, just as others have been strong detractors.

There is no need to stifle viewpoints not in line with ours. This publication strives to present the broadest spectrum of chiropractic thought possible. As the news source for the chiropractic profession, our goal is to present the most complete and accurate information. We leave the judgments to the readers.

Some of My Best Friends Are Dropouts

Dear Editor

Jeffrey Cates, DC, FACO, DABCC, gave us one very dubious reason why Rush Limbaugh would not be a good pitchman for chiropractic: "Rush is a college dropout." True, but so is Bill Gates, the founder of Microsoft, and America's richest person. Harry Truman, out 33rd. president, was not a college graduate. I wonder what our college presidents would think of DD Palmer's formal college training? The list of college dropouts and high school dropouts who later achieved mighty things is endless. It would seem appropriate to judge people by ideas and achievements, rather than by credentials.

However, I do agree that Rush Limbaugh would not be a proper spokesman for our great profession. He is a controversial and polarizing figure and could damage the public image of chiropractic. Perhaps Dr. Cates could be chiropractic's spokesman. However, his baccalaureate degree is nowhere to be seen in the alphabet soup listing of his credentials. Perhaps he didn't complete college before attending chiropractic school. Dr. Cates, I blush to ask the question, but are you a college dropout?

Gerhardt Seegers, DC

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The Good Ol' Days at Columbia College

Dear Editor,

In the Jan. 1, 1997 issue of *Dynamic Chiropractic*, under "News in Brief" (p.28), you have an article, "NYCC Recognizes Columbia College Grads on 50th Anniversary."

I attended CCC from 1952-54 and was unfortunately involved in the closure of the college, and completed my chiropractic education at National. I wrote a long opus regarding my attendance at Columbia that included the four doctors you mentioned in the article.

Dr. Egon Leffman instructed me in neurology. He could speak and write backwards, and always addressed me in his manner. In turn, I would always address him as Noge (Egon).

Dr. Arthus Kretzschmar was my x-ray instructor. He was an intelligent, empirical, pragmatic x-ray technician, and could produce the finest x-rays on the most vintage equipment. In the '50s, a lateral lumbar could take as long as 10 seconds, and all development processing was done visually.

Dr. William Adolph was the most brilliant college teacher that I ever have had, that included the seven colleges that I attended. With his education and college notes, I was able to pass seven basic sciences, 10 medical boards, 13 chiropractic boards, and the National Board. I have always been grateful for his supervision and tutelage.

My family was medically-oriented, as my father was an employed pharmacist. Our family doctor since the '20s, Irvin Mayer, MD, now deceased, diagnosed me as having typhus. Dr. Adolph came to my home, provided me with chiropractic care, and within three days I recovered. Unfortunately, my mother contracted the black German measles, a form characterized by dermal hemorrhages and usually fatal. Dr. Mayer treated my mother, but it took her six months to recover.

For three years I was Dr. Frank Dean's shadow whenever the opportunity presented itself. He addressed me and everyone, including patients, as "child." When the school closed, Dr. Dean thought that I would complete my chiropractic education in New York. Because New York was not a chiropractic licensed state at that time, I elected to complete my education at National. When I told Dr. Dean my intentions, his eyes watered, and for the first time, he addressed me as Charles. I wrote a paper regarding my final parting with Dr. Dean titled, "Tears Bid Me Farewell." Those were Dr. Dean's tears.

I practiced in a chiropractic era of \$1-3 visits, treating hundreds of patients weekly, keeping all the patient records on 3x5 cards. Those simplified days are gone and never will return. I have been "retiring" since 1985, and now am engaged in my 12th year of working retirement.

I am soon to become part of my adage: "Old chiropractors never die, they just become part of chiropractic history."

Charles Cooper, DC

Sounding Off on Ultrasound

Dear Editors,

I would like to comment on the article, "Diagnostic Ultrasound: PLL and ALL Fibrosis," by James White, DC, and Kendra Kaesberg-White, DC (Jan. 27, 1997 issue).

The authors are correct in their statement that for the musculoskeletal system, the ultrasound is best used to diagnose soft tissue injuries. The injuries that have been most successful at ultrasonic diagnosis are complete tendon ruptures, especially at the Achilles' and quadriceps tendons. There has been some success with diagnosing dysplastic hips in the pediatric population and abdominal aortic aneurysms. The ultrasound has been less successful at diagnosis of incomplete injuries: e.g., partial rotator cuff tears, as evidenced by the significant use of MRI instead of ultrasound to diagnose this problem. The reason for this is that the tissue density contrast is significant in ruptured ligaments (from dense collagen to hematoma) vs. inflammatory or intrasubstance injury (density changes within the tendon itself). Ultrasound has limited ability to pick out small variations in density or thickness.

The statement that diagnostic ultrasound (DUS) can be used to identify inflammatory changes in injury is not supported by any good controlled studies at this point. In addition, the sensitivity of the image comes into question. For example, the PLL must be scanned through the subcutaneous fat, which can vary in thickness from 1-15cm, then through paravertebral muscle or ligament; then through the interlaminar bony window, which limits exposure; and finally through the cord or cauda equina. The PLL is a structure which is only 1-2mm thick, so the image degradation for such required accuracy leads me to believe that the ultrasound would not be the best tool for diagnosing inflammatory changes in the PLL.

Anatomically, I must disagree with the statement that the ALL lies 7-8mm deep to the spinolaminar line. The PLL typically lies greater than 13mm deep to this line, as the canal is at least 13mm in depth. The ALL lies anywhere between 25mm to 50cm deep to the PLL, depending upon the depth of the body.

Diagnostic ultrasound is a research tool only at this time, and should not be utilized for diagnosis of spinal soft tissue injuries. It may have a future if randomized controlled prospective studies prove its validity.

Donald Corenman, MD, DC
Asst. Professor
Dept. of Orthopaedics
Division of Spinal Disorders
Denver, Colorado

Dear Editor,

The use of diagnostic ultrasound for the evaluation of structures of the adult spine, particularly the spinal canal is not supported in the medical literature. The American Chiropractic College of Radiology, and the American College of Radiology have both printed position statements against the use of DUS in the evaluation of the adult spine. There have been a few studies that attempted to demonstrate intervertebral disc herniation/bulging, however, they have found that DUS is not as sensitive when compared to MR and CT.

The article by Dr. White perpetuates the misinformation that has been circulated in the past couple of years. Simple physiology and pathophysiology are presented incorrectly in this article.

A sentence reads: "Soft tissue inflammation (fibrosis) appears hyperechoic (white) relative to the surrounding tissues." Inflammation is not fibrosis; second, an increase in the fluid component of tissue on ultrasound makes the tissue hypoechoic (dark). Water, simple fluid, is anechoic (black) on ultrasound. The only example of a hyperechoic fluid accumulation that I have studied about is in the case of compartment syndromes, e.g., anterior tibialis. Altered echogenicity can appear with degrading hematoma. Dr. White's article talks of the evaluation of the PLL and ALL. I have not visualized either of these structures, nor found them in literature on DUS. Are the findings attributed to PLL or ALL fibrosis artifacts, or are they visualizing true structures and structural changes? I believe the burden of proof lies in the laps of those who propose the theories. Before we accept these imaging findings as truth, more study must be undertaken.

The use of DUS for musculoskeletal applications have been abundantly studied and documented in the extraspinal skeleton. This is the area which I have focused attention in my practice. Pending further study via credible scientific method, I would not be comfortable diagnosing a patient's intraspinal or juxtaspinal conditions with ultrasound. I will admit limited experience in spinal ultrasound, compared to some of the references Dr. White cited. However, in keeping with the sentiments of the position papers of the chiropractic and medical colleges of radiology, we must see appropriate scientific study of adult spinal ultrasound before more unverified material is printed and disseminated to the masses.

Steven Gould, DC, DACBR
Wichita, Kansas

Editor's note: See also Dr. Futoran's article, "Diagnostic Ultrasound and More Unproven Spinal Imaging Data," on p. 25 of this issue.

"Sidelines Are Slidelines"

Dear Editor,

It's almost a daily occurrence in our clinic to receive a call from some excited person trying to convince us that we should join their pyramid marketing group. They always promise instant success and millions of dollars in commissions made from sharing their product and scheme with our patients. Many times they drive into our parking lot with a car that looks like it has cancer of the fenders (the bumper is tied on with bailing wire), and then promise to fulfill all of our fiduciary dreams.

During the '80s when I taught practice administration and personal injury seminars, I stressed the fact

that "a dog that chases two rabbits catches neither."

Andrew Carnegie sagaciously said: "Put all your eggs in one basket, guard the basket, and don't go into taverns."

Tremendous Jones was the first one to tell me that "sidelines were slidelines."

I find that every concept that I get excited about takes my head and pocketbook out of my office. Perhaps no one has violated the concepts mentioned above more than I have. I've egregiously neglected my practice to pursue golf in the summer, real estate investments, tennis, farms, raising cattle and horses, etc. I also advise seminar clients to purchase a home if at all possible. I found that every doctor/client that built a new home neglected their practice during the construction of the house. They were more interested in running out to their new home than taking care of their patients.

If you have a hot investment scheme, please don't contact me. I'm having enough trouble on my own.

Bruce Hagen Sr., DC
Sioux Falls, South Dakota

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