

## We Get Letters & E-Mail

Chiropractic and Rush Limbaugh?

Dear Editor:

I have been watching the "Rush Limbaugh" program on TV for some time now.

It is my belief that he has more influence on the general population in the U.S. than any other talk show host who has been on TV.

I would like to see the chiropractic profession with an educational type announcement very often (daily if possible) on his show.

Would you be willing to poll the profession and see how many would be willing to contribute to such a spot on Rush's show? I am willing to contribute to such a fund myself.

I think it would have more influence and effect on the American people than any other form of advertisement we could do. It is just what we need at this time, with all the changes that are anticipated in health care (managed care, etc.)

Please advise.

*Ed Paul Booth, DC  
Stanford, Kentucky*

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Physiotherapy's Encroachment on Chiropractic Practice

Dear Editor:

Are chiropractors getting the blame perhaps for problems caused by three day trained physiotherapists?

One wonders if anyone is concerned with the attempt by physiotherapy to encroach on the chiropractic practice, should not the powers that be, be looking to protect that which is the specialty developed by the founders of our profession.

As a 30-year practitioner, I wonder if chiropractic will be available to our grandchildren as we know it and practice. Sure seems like we are willing to give it up for something else, will it be a step up or a step down for mankind?

*Henry Spenceley, DC*

" ... chiropractors have been adjusting patients in military hospitals at least since the First World War ... "

Dear Editor:

It was good to learn more about the congressionally mandated demonstration project involving chiropractic services to be offered at military hospitals around the nation ("DOD Wants You," *Dynamic Chiropractic*, May 22, 1995, pp.1,38). However, it is far too late for any DC to become "one of the first chiropractors to adjust patients in a military hospital," as your article suggests. It is well documented (Keating, 1994) that chiropractors have been adjusting patients in military hospitals at least since the First World War, and often, although not always, with the approval of their superior officers, who have usually been medical doctors.

As many chiropractor-veterans of World War II can readily verify, adjustive care, and allied physiological therapeutics were frequently available in military hospitals, sometimes clandestinely, but not infrequently with the explicit approval of commissioned medical officers. Chiropractors usually provided this care while serving as enlisted men in the medical corps of the various services. For example, Robert W. Dishman, DC, ND, MA, a 1942 graduate of the Southern California College of Chiropractic (today's LACC), reports his enlistment in the Navy and his service at an amputation/rehabilitation center of the Naval hospital in Vallejo, California. There he was in charge of the physical therapy department, and under the command of a medical doctor who held a commission as lieutenant commander. Dr. Dishman has noted that although required to get an MD's prescription to provide chiropractic care, he quickly became "fully occupied giving adjustments" to servicemen (Dishman, 1991). This scenario was repeated throughout the 1942-1945 era at many other military hospitals.

Although I am delighted to see the birth of federally mandated chiropractic care in military hospitals, it does seem a pity that the rich tradition of chiropractic services in these facilities seems to have been ignored or forgotten.

#### *References*

Dishman RW. Letter to J. Keating, July 29, 1991.

Keating JC. The influence of World War I upon the chiropractic profession. *Journal of Chiropractic Humanities* 1994;4: 36-55.

*Joseph Keating Jr., PhD*  
*Whittier, California*

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AHCPR Guidelines and Chiropractic's Use of X-rays in Treatment

Dear Editor:

I read with interest the recent article published in the April 10, 1995 issue of Dynamic Chiropractic entitled, "AHCPR Guidelines: Implications for Chiropractic Use of Plain X-rays." This article by Mark Lopes, DC was well written and I am in agreement with many of his statements.

I would, however, like to discuss a very significant topic that I feel Dr. Lopes did not adequately address in his article. The AHCPR guidelines have failed to compare the utilization of plain film x-rays without the obvious "red flags" such as fracture, tumor, infection, or malignancy. Applying these guidelines to the chiropractic profession without any reservation or special consideration for the modes of practice between the general practitioner of medicine and the general practitioner of chiropractic is inappropriate.

It is one thing to prescribe medication for a patient with low back pain that may or may not respond to that treatment in a six week period of time, and quite another to perform high velocity spinal manipulation over areas that may be congenitally malformed or altered by underlying bone or soft tissue disease. It is not reasonable to assume that the manner in which a general practitioner of medicine would approach acute or chronic low back pain is similar to the approach of a chiropractic practitioner. Since our treatment requires the utilization of mechanical force, special consideration should be given to the chiropractic practitioner for the utilization of x-rays early in the treatment and management of back pain patients.

I realize that these are nothing more than guidelines; however, these guidelines have not comparatively evaluated like treatment protocols from different practitioners in the allopathic, osteopathic or chiropractic profession.

It is important that this information be brought to the attention of those who are enforcing these kind of guidelines within the insurance industry since they are restrictive to the chiropractor and could impose regulations that would result in suboptimal patient care.

If a chiropractor fails to take x-rays early in the treatment of a patient with lower back pain that is produced from clinically occult bone or soft tissue disease and the patient is manipulated, I can assure you that from a medicolegal point of view that chiropractor will be held liable for any complications related to the applied manipulative procedure. I do not see where these AHCPR guidelines have dealt with this very real concern faced by all of us in general practice.

I would appreciate you publishing this material to the profession and all who read your worldwide publication.

With greatest professional regard and personal respect, I remain most sincerely,

*Terry Yochum, DC, DACBR*  
*Denver, Colorado*

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Maintenance Care Is Crucial

Dear Editor:

I have been reading articles in various chiropractic journals and magazines for nine years since my

chiropractic graduation, and never have I felt the need to stop whatever I was doing and respond to a single one, that is until I read "Another Look at Preventative Maintenance" by Dr. Michael Schneider ("DC" April 10, 1995).

I am appalled by this attempt to make ongoing chiropractic care to correct the vertebral subluxation complex (maintenance care) seem like a travesty to humanity. He cites two examples to back his viewpoint that maintenance care is not preventative at best, and often detrimental at worst. First he speaks of a woman who needed spinal surgery for a herniated disc after 25 years of maintenance chiropractic care. I'm surprised it didn't occur to Dr. Schneider that had the woman not had the benefit of years of chiropractic care, the spinal damage would have happened sooner and may have been considerably more extensive.

He cites an example of another woman seeking maintenance chiropractic care who developed neck pain and spasm following a cervical adjustment. After "nursing herself back to health" her chiropractor performed the same cervical adjustment, against her wishes, and re-exacerbated the problem. Perhaps the cervical adjustments delivered by the doctor were sloppy and non-specific, or rushed and forceful. Most certainly the doctor should not have been doing anything to the patient against her wishes. In other words, it seems logical and fair to state that the individual doctor may have been at fault. And for this we should stop correcting vertebral subluxation complex on an ongoing basis?

Dr. Schneider repeatedly refers to a lack of scientific evidence to support maintenance chiropractic care. I personally possess a stack of well-referenced scientific research that supports ongoing chiropractic care to slow, stop or reverse the progression of subluxation degeneration (depending upon the level or phase of degeneration). Instead of saying that the research does not exist, why doesn't Dr. Schneider just admit that he hasn't taken the time or made the effort to seek it out or delve into it. I would be happy to send an abundance of documented research directly to Dr. Schneider or refer him to Quest Seminars International for more information. Is Dr. Schneider as willing or able to send me scientific support for his claim?

Since Dr. Schneider cites examples in his article, I shall include two. A 90-year-old woman has been under my care for the last five years. I am just one link in a chain of chiropractors who have provided ongoing care for the last 60 years. Although there are some mild degenerative changes in her spine, attributable to the normal "wear and tear" of living, she stands proudly upright, suffers few aches and pains, walks unaided and enjoys a quality of life few people 20 years younger will ever know.

I myself have been fortunate enough to receive ongoing chiropractic care for the last 22 years. Prior to that, I suffered with partial paralysis of the cervical spine, chronic throat and ear infections, debilitating allergies, and a dependence on a host of prescription and over-the-counter drugs. That was at the ripe old age of 12. Since I have been under maintenance care, I can count on one hand how many days in 22 years I've lost time from school or work due to sickness. I am proud to say I haven't taken any medication whatsoever in 22 years and I'm thrilled to say that my spinal range of motion rivals a teenager's. I'm smart enough to know, as so many of my colleagues undoubtedly do, that to allow subluxation to exist in anyone's spine for any length of time is to set the degenerative process mercilessly into motion. Getting adjusted on an ongoing basis can help ensure optimal spinal structure and function that allows us to live up to our full potential as human beings.

Dr. Schneider, all you have to do is take off your blinders, drop your deranged dogma, and study the scientific literature. Then go out there and use your God-given hands to help heal this planet. Either

that, or please choose a new profession.

*Alisa Cooper, DC*  
*Tuckerton, New Jersey*

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