

Our Profession Needs More Critical Studies

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Within our profession current studies are underway to prove the effectiveness of chiropractic in regard to treating headaches, migraines, lower back pain, neck dysfunction, etc. While this is all necessary, the current and past research tends to be one dimensional. As a practicing chiropractor, I see some very important research absent concerning chiropractic care.

Proving the Effectiveness of Soft Tissue Therapies Used by Our Profession

The first thing that needs to be proven is how manual treatment modalities affect clinical case outcomes. I am referring to trigger point therapy, deep friction massage with active examination (which I believe every chiropractor should become proficient with), and myofascial release techniques. Since I have been using manual soft tissue techniques, my results with chronic soft tissue cases have increased dramatically. While I know that many chiropractors still do not use many of these techniques, their use is essential if we are going to become unapproachable as the experts of musculoskeletal conditions in both the spine and extremities. We need to do double blind studies that show this and challenge some of the techniques we now use for efficacy. Being self-critical can only help our credibility in the health care arena.

Proving Pain Medications Increase Health Care Costs

I am as tired as all of you must be of seeing chronic cases that have become acute and having to clean up the mess after their medical doctors filled them with pharmaceuticals. The patient is fooled into thinking they have really improved, when in fact it was only their symptoms that have gone away. Unfortunately the problem then resurfaces years later and doesn't go away. I then have to explain that the medications only relieved the symptoms, as their spine degenerated from years of dysfunction and neglect. I believe it is time our profession finally proves those pain medications, anti-inflammatory medications, and muscle relaxants actually increase the chronicity of musculoskeletal conditions, resulting in predictable outcomes years later as surgery and more drug intervention, just as we see in our elderly population today. I do not believe that medical physicians mean to do any harm to the patient, however their overall ignorance and lack of training in the treatment and diagnosis of musculoskeletal conditions have harmed millions of people in this country without them even knowing it. Studies are needed that can prove this to be true. We need to also show how chronicity of an injury, using a high quality study able to survive medical scrutiny, increases the cost of treatment and degrades the health of the patient. We also must prove that medication is, without a doubt, inappropriate for therapy of a musculoskeletal injury. The public must know that medication is for short-term pain relief only.

Our Studies Must Describe Chiropractic Procedures

Chiropractic studies need to set up a specific protocol followed by every chiropractor within the confines of the study. We must describe the manipulative technique and the soft tissue manipulation in

detail. This would allow us to evaluate the effectiveness of a particular chiropractic procedure. For example, all studies should describe chiropractic as follows: "The adjustive and soft tissue manipulative techniques used by chiropractors in this study included either sitting Gonstead or supine cervical break technique, manual trigger point therapy deep to the occipital musculature, and friction therapy to the levator scapula bilaterally," instead of: "186 patients received chiropractic care to the cervical spine." I think you can see my point. This is very specific and takes away the mystery of what chiropractic is with regard to the therapy performed.

Proving a Chiropractic Lifestyle Has a Predictable Outcome

We need to be able to show predictable outcomes that occur when a patient receives chiropractic care instead of visiting their medicine chest when something is sore or hurts. Most of the patients that come to our office have long standing problems that have become acute. The pain didn't go away by itself or with the use of drugs. AII/CompCare has shown that many patients who had injuries that were uncomplicated and acute, cleared up within six visits if seen soon after the accident. Waiting two weeks to a month increased the care necessary to 12 visits or more; waiting three months or greater required over 20 office visits, because of the problem's chronicity and the increased difficulty in treating chronic cases.

Is it any wonder many of our cases sometimes require 30 visits or more to correct a chronic condition? This is not overtreating the patient, despite what any insurance company says, because the system as it exists does not have any way for us to report a case's chronicity. It appears by their past actions that they really do not care about the chronicity of the case. If patients started to approach us first, providing there were no underlying conditions, couldn't we get them better in six visits or less? I certainly think so.

Patients generally first approach chiropractic with a particular health problem and want that condition corrected. They are not coming to us initially to be subluxation free as some of our super straight friends continue to preach. Staying subluxation free is a poor excuse for treating a patient's problem (super straight chiropractors do not treat conditions, they only remove subluxations, so I've been told) unless they come in for maintenance care. I have never seen anyone totally subluxation free and perhaps never will. I have seen patients who have been through spinal correction for a chronic condition and discharged to maintenance care after maximum possible correction has been reached.

The legendary annual physical traditionally preached by the medical community has come under fire due to errors in the tests leading to unnecessary treatment. Let's for once prove via study that chiropractic maintenance is an effective way to stay healthy, or prevent further degeneration of a person's condition.

Pediatric Chiropractic Should Become the Norm

I am sure many of you have treated children for various problems such as colic, asthma, etc. If children were checked by a chiropractor on a regular basis, we have been saying they would be healthier, have fewer allergies, and other childhood conditions. I can see the difference in my own child, who never has had an eating disorder or an ear infection. Unfortunately we have yet to prove our worth; pediatricians will be the only ones really in the game until we can prove that musculoskeletal problems in children can lead to organic conditions in children as they get older. How many times have you heard a friend say that the baby fell off the changing table and the pediatrician said the baby was fine? If you fell off the ceiling face first onto the floor, would you be fine?

We need to design a study showing health costs and interventions of chiropractic and typical non-chiropractic children from birth. We need to show that chiropractic children are healthier, and have fewer health problems. We need to put our studies where our mouths are. Only then can we be taken seriously by the so-called scientific community. After we prove this, we can convince people that well care makes sense. After all, isn't chiropractic about staying healthy? Isn't it supposed to be a pure type of health care based on prevention? The world is ready for well care. After all, haven't they had enough of sick care already?

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