

Chiropractors and Hospitals -- Part II

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Editor's Note: Part I of Dr. Austin's two-part article appeared in the October 7 issue.

The Doctor of Chiropractic

In the past few decades it has appeared to several individuals that the doctor of chiropractic was pushing and/or elbowing his way into the hospital scene. Why? The Wilk et al., v. AMA et al., suit for one thing.⁴ Many chiropractors felt as though they were left out in the cold. Perhaps that was true.⁵

Today, however, the doors of various hospitals are opening and with arms outstretched the administration has been soliciting DCs to come join their happy family. For some chiropractors, this seemed like a dream come true, for others it was a nightmare in the making. Rationale? Numerous critics believe that chiropractic will lose its identity as it is wedged into the medical genre. Additionally, many are asking, what can the doctor of chiropractic do in the hospital that cannot be done in the office? Believe it or not, the medical counterpart has little or no understanding of what chiropractic can and cannot do. If anything, they believe it can contribute nothing of true or lasting value. They, in general, need to see a place in the health care system for the doctor of chiropractic. Many DCs cry out that they can treat various conditions but the MDs only hear about the failures.

All professions have successes and failures. Our successes, however, are underplayed but our failures, whether fact or fiction, are shouted by the opposition from the rooftops. What is the reason? Only a few in the medical world really know what DCs can do. If the medical model had the successes that happen daily in the chiropractors' offices, they would call them miracles and laud them from the tallest structures in the world. What am I saying? We need to bridge the chiro/medical communication gap. Explain what we do and why it works. The sad thing is -- it's easier said than done. So, by using the avenue of the hospitals we can show what we do and why. We don't need to fear losing our identity unless we individually have little or no identity to lose.

Ronald Caplan, PhD,⁶ a health economist and consultant specializing in holistic care said the following in the January ACA Journal, " ... the chiropractic profession should significantly strengthen its ties to community hospitals ..., occupancy in our nation's hospitals dropped to 66 percent by 1991 from 76 percent a decade earlier. Since 1980, about 1,000 hospitals have closed or merged as a result." Dr. Caplan goes on to say, " ... hospital administrators may increasingly decide to provide chiropractic services in their institutions for purely economic reasons. I strongly suggest that chiropractors take advantage of this opportunity. They would gain important access to hospital-based technologies, such as magnetic resonance imaging. They would gain important allies at a time when allies are particularly important. They would gain credibility, visibility and stature in the community; ..."

Manipulation under Anesthesia (MUA)

MUAs appear to be one unique way to enter the hospital environment. Why? It utilizes the numerous departments of the health care center (out patient room, PT, dietary, surgery, anesthesia, lab, x-ray, and nursing), thus helping to defray cost and generate business and revenue. It's a sad fact but true: "Ready money is Aladdin's lamp"⁷ and it may be that the MUA is the genie of that very same lamp.

Chiropractors Join Hands with MDs in Surgical Manipulation Program

The picture of chiropractors working side by side with medical doctors in a surgical suite would have been unimaginable a number of years ago, but today it's becoming commonplace.

Chiropractors have joined forces with mainstream physicians and anesthesiologists in offering manipulation under anesthesia (MUA) Designed to rid or ease the pain of chronic back pain sufferers, the treatment combines the best of chiropractic and surgical care in one simple procedure.

Using the manipulation expertise of the chiropractor, the MDs knowledge of the operative setting, and the anesthesiologist's ability to anesthetize and monitor the patient's vital signs, MUA has opened a niche for those patients beyond the help of traditional chiropractic or allopathic medicine.

The treatment helps those patients with chronic lumbar or cervical pain who have not responded to conservative care and who have little or no pathology. Each patient must meet the necessary MUA criteria (see attached) to benefit from the procedure.

In the procedure, the patient is anesthetized (totally unconscious) making it easy for the chiropractor to perform the necessary stretching and manipulations needed to restore function. The procedure lasts about 15 minutes or less. Many medical practitioners, who might have once been wary about working with chiropractors, are now comfortable with both the procedure and their new colleagues. Many have developed a new respect for the chiropractors after collaborating on some difficult cases.

Listen to the comment from Khalid Ahmed, MD, who has assisted in several MUA cases and is the heads of the orthopedic department at Coast Plaza Doctors Hospital, "As a physician trained in the conservative arena of orthopedic medicine, I was somewhat skeptical in the usefulness of such a program. However, after performing the treatment and seeing such a positive response rate, I truly believe this procedure can help people who would otherwise have no alternative for relief."

The number of patients who respond favorably to MUA is high. Institutions which pioneered the technique report that 90 percent of the patients who have undergone the procedure report an improvement -- some of major significance -- in their conditions.

The MUA program at Coast Plaza Doctors Hospital includes highly trained chiropractors who have undergone rigorous instruction in the technique. MUA is one of the most exciting developments ever to occur in the treatment of chronic back pain. Patients who suffered for years from debilitating pain and who tried all the standard techniques at last have a chance to rid or reduce the level of their pain.

The MUA program fits in nicely with the other programs at Coast Plaza. Those patients who require in-patient hospitalization services can now be seen by both their regular medical doctor and their chiropractor. In cases involving some type of body pain, the patient receives the double benefits of standard medical and chiropractic attention.

MUA Monitoring Criteria

Serial MUA Procedure (3-5 days)

Operative Procedure:

Criteria -- Limited to patients who have specific acute or chronic musculoskeletal disorders (see indications) where spinal manipulation/adjustment is the treatment of choice and optimal results can only be obtained when the patient has been anesthetized.

Preoperative Indications -- may involve one or more of the following:

1. acute or chronic cervical/thoracic/lumbar pain with no response to treatment
2. limited ROM in cervical/thoracic/lumbar spine
3. when there is presence of aberrant cervical or lumbar lordosis due to soft tissue contracture
4. patient does not respond to conservative office based or hospital care
5. intervertebral disc disease accompanied by disabling spinal pain (with or without radicular symptoms), and the patient does not desire surgery or surgery is contraindicated
6. chronic recurrent spinal pain with persistent symptoms where narcotic analgesics are of little benefit
7. failed back surgery
8. no contraindicated pathology

Contraindications:

1. acute sprains where passive motion results in severe pain
2. presence of primary or metastatic carcinoma of area of concern
3. possibility of existing fracture
4. local bone infection

5. acute joint inflammation
6. uncontrolled diabetic neuropathy
7. foot drop
8. tuberculosis of bone
9. syphilitic articular and periarticular lesions
10. spinal osteoporosis
11. acute disc rupture and/or extruded disc
12. spinal tumors
13. acute gout
14. vertebrobasilar circulation compromise
15. blood thinning medication

Technique:

1. passive muscle stretching of affected areas
2. low velocity, high amplitude diversified spinal manipulation/adjustment technique, favoring distraction and axial extension vectors.

References

Footnotes

4. The American Medical Association recognized chiropractic in 1980, after years of questioning the validity of spinal manipulation for treating disease. Although the AMA used to charge that chiropractic was ineffective, it now permits medical doctors to recommend patients to chiropractors. Physicians

most often refer patients with back problems to chiropractors.

5. The AMA attacked chiropractic for years because of "substandard and unscientific education" and "rigid adherence to an irrational, unscientific approach to disease." Chiropractic responded by upgrading education requirements and launching a political campaign to convince the AMA and others that the profession offered legitimate therapy. In the 1970s chiropractic began to be recognized as a respectable profession.

In 1972, the U.S. Congress amended the Medicare Act to include benefits for chiropractic services. In 1974 the U.S. Depart. of Education acknowledged the Council on Chiropractic Education as the national accrediting authority for chiropractic colleges. Finally, in 1978 the AMA removed its blanket criticism of chiropractic.

6. Ronald Caplan, PhD. National health care reform and chiropractic: at a critical crossroads, Part III. ACA Journal, January 1994, Vol. 31, No. 1, p. 58, par. 4,5.

7. Don Juan. canto XII [1823] st. 12.

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