

## We Get Letters

Decade for Resolution --SCASA/CCE

Dear Editor:

I write in response to your editorial, "Will SCASA and CCE Ever Merge," in the September 27, 1991 issue of Dynamic Chiropractic. Do you really want them to? Interesting and provocative questions. This is a difficult and complex issue to deal with in an editorial, and I congratulate you on your effort to do so. However, there are some further points of clarification that need to be made.

It is often assumed that the reason SCASA colleges do not apply for CCE accreditation is one of inferior educational standards. This is untrue. The major issue between SCASA and CCE has never been one of educational standards -- though CCE claims otherwise.

Educational standards for admission to SCASA and CCE colleges are fundamentally the same. Basic sciences in SCASA schools are taught by Ph.Ds in their specialty. MDs teach many of the diagnosis courses in SCASA schools. Graduates of SCASA colleges pass national board and also state board examinations, not only in the United States but also in other countries. The issue is one of the concept of a chiropractor, particularly how that concept is expressed in the goals and missions of the colleges.

SCASA has battled long and hard to get CCE to modify their standards from prescriptive or quantitative, to being more qualitative in keeping with the majority of accrediting standards.

The likely reason CCE has now made their standards less prescriptive is because the Department of Education have pressured them to do so, or risk losing federal approval at the time of their next review. CCE has always claimed they can provide for all the accreditation needs of the profession and, therefore, SCASA is unnecessary.

In fact, the Department of Education recognized there are two valid viewpoints of chiropractic and these are represented by CCE and SCASA. Though both are federally recognized, the Department of Education now wants only one accrediting agency. Effectively, the Department of Education has been accommodating the philosophical differences of our profession, but now say we should demonstrate our maturity by making our own accommodations.

As a member of the examining panel of the Chiropractic Board of New Zealand since 1983, I have examined the clinical competency of graduates from Sherman, Palmer, Life, Palmer West, Life West, LACC, National, Western States, Canadian Memorial, Anglo European, and PIT School of Chiropractic in Melbourne, Australia. I have found graduates of Sherman College, the one SCASA school in that group, to be clinically competent and in no way inferior to the other colleges. In the area of x-ray diagnosis, the most competent graduates are from PIT and Sherman.

There are 25 Sherman graduates practicing in New Zealand, representing about one-fifth of the total

practicing chiropractors. These graduates have proven to be responsible and safe members of this profession. One is president of the NZCA in his second term of office, another is second vice president, and a third is a member of the executive council.

The people who have the power to make the accommodations needed to resolve this challenge must show maturity and the desire to bring this profession together, and bring about a solution that is beneficial to the profession as a whole. An answer can and must be found that accommodates both schools of thought so that graduates of all schools can be licensed in all 50 states and can practice wherever they want to in the world.

We all know that chiropractic is a wonderful profession and our centenary should be celebrated as a united profession with freedom of choice guaranteed to chiropractic students and patients the world over. Let's put old prejudices and outdated politics behind us and show the U.S. Department of Education that we can solve our own accreditation differences. The 90s is a decade for resolution, unification, and consolidation, and a time when our profession comes of age.

*Graham J. Dobson, D.C.  
Orewa Beach, New Zealand*

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Response to "Dumb Marketing"

Dear Editor:

I felt a need to respond after reading James C. Smith, D.C.'s article, "Dumb Marketing" in the October 10, 1991 issue of Dynamic Chiropractic. Dr. Smith believes the second worst thing that has happened to chiropractic is the advent of free spinal exams.

I happen to be one of those doctors that offer free spinal exams. I practice in a very competitive town and a free spinal exam is one of the ways I developed a nice practice. Most of the chiropractors in this town have at one time or another offered similar enticements. Dr. Smith claims to know what kind of practice comes from this approach to new patient acquisition. He says it creates a "high-volume, high-turnover, high-stress practice where patients are leaving out the back door as fast as they are coming in the front door. The staff becomes exhausted and burned out, while the doctor loses good health in the pursuit of wealth." He also says, "free spinal exam ads generally attract poor patients, literally and figuratively."

Dr. Smith couldn't be more wrong. I enjoy a very relaxed practice. Many patients that came for these free exams eight years ago continue to seek chiropractic care when needed. Most are not poor but are middle class and a few are multimillionaires. Some are poor, so what! Many poor people that came to me for a free exam hoping that their problem might be of a chiropractic nature expressed great thanks when I did not charge them for referring them to the proper specialist.

All patients seek good doctors. Dr. Smith implies that doctors who advertise these free spinal exams are not good doctors. Don't be so quick to put yourself on a pedestal. Some of the best and most intelligent doctors I know have offered free spinal exams.

I imagine most chiropractors would rather not have to market their practices. Wouldn't it be nice if we

could just hang a shingle and then handle the never ending flow of patients. The fact is, chiropractors are in a competitive business and free spinal exams is just good old-fashioned marketing.

Dr. Smith is correct when he says, "for the moment, our public image is poor." I have seen free examinations and consultations offered by all health professions. Their image has not suffered because of these offerings. The image of the chiropractic profession has suffered for many reasons other than free spinal exams.

The following are my thoughts as to why we have a poor image: (1) Doctors that attempt to keep all patients coming forever and expect the insurance companies to pick up the tab. (2) Fees which common sense tells you are much too high. (3) Chiropractic colleges that are graduating far too many doctors; if schools were truly concerned about field doctors, the graduation rate would be cut in half. (4) Chiropractic techniques that do nothing to change the dynamics of the spine, leaving patients wondering why they came to a chiropractor. (5) Chiropractors that refuse to use physiotherapy.

Dr. Smith, maybe you'd like to reconsider the reasons you think chiropractors have a poor image.

Lastly, and this is in response to your quote from the Bible, I don't think Jesus would have had a problem with chiropractors offering free spinal exams.

*Jerry Marshall, D.C.*  
*Glen Cove, New York*

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Appeal to All State Board of Chiropractic Examiners by the World Congress of Chiropractic Students (WCCS)

Editor's Note:

This letter was sent to all State Board of Chiropractic Examiners and the Federation of Chiropractic Licensing Boards, as a result of the recently held World Congress of Chiropractic Students 1991 at Cleveland Chiropractic College in Kansas City, Missouri. The chiropractic students in the United States would like the profession to know how we feel about the issue of timely state board examinations.

The World Congress of Chiropractic Students (WCCS) is an international forum open to students of all official colleges. Presently, active members include 19 colleges, representing over 11,000 future doctors of chiropractic worldwide. As a result of our 1991 conference held at Cleveland Chiropractic College, in Kansas City, Missouri, we strongly urge that the following changes be made regarding the administration of state board examinations:

(1) State board examinations be given three times per year. (2) Students in their last trimester or quarter be allowed to sit for the examinations. (3) Students receive their results within 45 days of taking the examination.

We feel that these changes in the administration of state board examinations will help our profession in many ways. Primarily, these changes will correct a deplorable situation now faced by many newly graduated chiropractors.

Some of us will be required to wait up to six months from our graduation dates before we can sit board exams, thus facing loan repayment burdens before we might be licensed to practice chiropractic. Having state board exams three times per year would greatly enhance the ability of new doctors to fulfill their considerable financial obligations regarding loan repayment. This is particularly urgent in light of recent government attempts to remove or exclude chiropractic from various loan programs citing the professions high default rate in the HEAL program.

By decreasing the waiting period for licensure, we can provide a continuum between college internship and practice, thus allowing new chiropractors to maintain optimum skill levels.

We urge your immediate consideration of these requests, and await your reply.

*David M. Brady, Head Delegate  
WCCS, Texas Chiropractic College  
Pasadena, Texas*

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#### Points of Clarification

Dear Editor:

Permit me to make two small clarifications regarding the otherwise fine article by Dr. Keith Jeffers in the October 11, 1991 issue of Dynamic Chiropractic. While it is true that patellar tracking syndrome is commonly known as either "runner's knee" or chondromalacia patellae, there is a movement afoot to note that these are not the same entity, though they may be related.<sup>1</sup> The iliotibial friction syndrome is not as common an injury to the knee as Dr. Jeffers indicates, comprising less than five percent of knee problems in athletes with lower extremity complaints.<sup>2-4</sup> Outside of these two points, Dr. Jeffers is to be congratulated for writing a balanced and fair article that discusses the advantages of using both weightbearing and non-weightbearing orthotics.

#### References

1. Pickett JC, Radin EL: Chondromalacia of the Patella. Baltimore, Williams and Wilkins Company, 1983.
2. Clement DB, Taunton JE, Smart GW, McNichol KL: A survey of overuse running injuries. Physician and Sports Medicine, 9:47-58, 1981.
3. Olson DW: Iliotibial band friction syndrome. Athletic Training, 21:32-36, 1986.
4. Sutker AN, Barber FA, Jackson DW, Pagliano JW: Iliotibial band syndrome in distance runners. Sports Medicine, 2:447-451.

*Dana J. Lawrence, D.C., Professor*

A Matter of Degrees

Dear Editor

We applaud Dynamic Chiropractic's description and discussion of thermography as presented by the International Thermographic Society. Our 250-member multidisciplinary group is intimately involved in the clinical use of thermography on a daily basis. We are the largest thermographic organization to date.

Unfortunately, much of the prior confusion about thermography resulted from studies that were performed without proper stimulation of the autonomic system which is, in fact, what thermography tests.<sup>1</sup> The American Herschel Society strongly recommends stimulation at 20 degrees centigrade (68 degrees fahrenheit) for 20 minutes as a minimal standard.<sup>2</sup> This protocol was established by Dr. Francis Ring and widely accepted in Europe in the last eight to ten years.

All these published studies performed at 70-74 degrees centigrade have routinely yielded less than adequate results because these submaximal temperatures failed to adequately stimulate the autonomic nervous system. It is a principle in any nerve conduction test that unless you use supramaximal stimuli, you will get less than ideal results.

The American Herschel Society would like to go on record as urging all of our colleagues to utilize the 20 degree centigrade, 20 minute minimum standard for all clinical thermography.

*References*

1. Ochoa J: Contemporary techniques in assessing peripheral nervous system function. American Journal of EEG Technology, 30:29-44, 1990.
2. Ring EFJ: Standardization of Thermal Imaging in Medicine: Physical and Environmental Factors, pp 30. Proceedings of an International Conference: Thermal assessment of breast health. Edited by Gautherie, Michael; Albert, Ernest; Keith, Louis, MTP Press Limited, Lancaster.

*William Hobbins, M.D.  
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NOVEMBER 1991