

Doctors, Are We Complete?

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The idea for this particular article hit me when I was teaching an S2 MPI Seminar in Kansas City, Missouri. One slide deals with our chiropractic therapeutic approach. In order to fully appreciate this article I would like to summarize a very small but important part of our lecture material.

The subluxation complex deals with five distinct components: neuropathophysiologic, kinesio-pathologic, myopathological, biochemical, and histologic components. As chiropractors, we must be able to deal with all five components of the subluxation complex regardless of our philosophical stance. Our chiropractic therapeutic approach is, therefore:

Adjustive procedure

Reflex techniques

Exercise

Diet, supplements

Postural advice

Modalities

Socio-occupational advice

Etc.

thrust, recoil, toggle, etc., produces a specific movement affects the kinesio component of a subluxation complex directly and the other components indirectly.

Each of these affects a specific component of the subluxation complex and should be employed rationally.

The preceding is an exact rendition of a slide we use in our seminars on motion palpation.

After reading Dr. Winterstein's response to Dr. Barge's open letter, I feel compelled to write this article with the utmost intellectual honesty. As noted by the chiropractic therapeutic approach, the adjustment affects all components of the subluxation complex. The important question arises -- is it enough? I think not.

In defense of my last statement, I would like to list my primary responsibility in providing chiropractic care and this will be my defense. My only concern is the patient's health. Philosophic principles do not negate my primary responsibility. I undertook the task of mastering motion palpation and the dynamic concept to facilitate getting my patients well.

What I do with and to my patients should always be considered as tools to get the job done and, in themselves, are incomplete. Example: I mastered several upper cervical adjustments as part of my training. However, if employed upon patients that do not need this adjustment, the affects are harmful, although usually to only a small degree. I'm amazed at our lack of reality when dealing with the

adjustment. It is not innate's responsibility to deliver a good adjustment -- it is ours.

Patient suffering and/or wellness is not a philosophical issue. I have often stated at seminars that the doctor in DC is supposed to identify our ability to think. Diagnosis, modalities, and reflex techniques all have a place within our practice as tools to facilitate getting the patient well. Yes, I am proud to be a mixer, but I am a thinking mixer and, therefore, unhindered by philosophical constructs which declare certain treatment approaches invalid because they are unchiropractic. If your patients need a therapeutic modality because they are suffering from excruciating pain then they deserve to get that treatment. No exceptions to this rule should be allowed.

I started this article asking the question, are we complete? I would have to answer that question, for myself only, no. Diagnosing the patient's condition, x-rays, palpation, and employing rational adjustments at the levels most needed in the spine or extremities is fairly routine. How many of us have a thorough understanding and an ability to perform TFM diagnosis and procedures, myofascial diagnosis and treatment, dietary analysis and supplementation, reflex techniques to enhance patient relaxation and healing, therapeutic muscle stretching techniques, all current and affordable therapeutic modalities, etc.

Obviously this is a very long list of skills that we need to master in order to more completely treat our patients. Many of these are addressed in our schools but their value as tools in our practices are de-emphasized due to philosophical constraints within the schools.

In closing this article I would ask doctors to evaluate their practices. Are your patients getting what they deserve. Our primary goal as chiropractors is patient health and well-being. Anything that detracts from our ability to treat patients effectively should be discarded. Any rational mode of treatment is acceptable if it gets the patient well, due to its direct or indirect affect in the subluxation complex.

D.D. Palmer once wrote that chiropractic is a science and adjusting is an art. I truly love the art of adjusting in all its forms. The doctor in me will continue to perfect the art of adjusting while maintaining a balanced concern for those other skills which are needed to properly get the patients more completely well.

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