

We Get Letters

PMA Ethics Controversy

Dear Editor:

It is always amazing to me that we attack the people and institutions that try to make a difference, that try to lead us or guide us in a positive direction. As human beings we look for their faults, we amplify and give credence to the complaints of their critics.

I attended PMA in my second year in practice in a seminar status (no percentage). It provided sound, ethical practice procedures to help make me a better doctor and more importantly, to help make my patients healthier. It gave me a true sense of professionalism in a field where some strive to denigrate their experience and knowledge.

Training doctors and their staff in terms of patient education, consultation, report of findings, reexaminations, proper x-ray procedures, proper physiotherapy techniques, collections and scheduling procedures, personal injury education, treatment, and court testimony, are just a few of the sound ways in which we all should and need to be trained.

PMA is not the only management group that I would recommend. From my experience and those of my colleagues, it appears that our leading management groups all attempt to upgrade the profession.

The legal issues of contract obligation not met and counter-suits are, of course, much more difficult to evaluate. Perhaps it is right that this be placed in the legal realm. What is the value of good training (10% of gross? 25% of your gross?) With such great costs involved, this issue will, by its very nature, cause legal suits. I have seen doctors get training successfully with these fees, and I have seen others fumble and struggle and feel taken. While I lean towards the philosophy of "let the buyer beware," I ultimately think this type of strife needs to be sorted out legally, not criticized interprofessionally.

Mark H. Feldman, DC
Vienna, Virginia

Dear Editor:

When the Chiropractic Journal printed a big article about PMA that was full of hype, inconsistencies, and propaganda, I wrote a letter in response but did not mail it. Since PMA is a big advertiser I expected my letter to be lost. The doctor who did respond was from California and the letter seemed to have a big chunk omitted. It was followed by a full-page ad by PMA offering a super deal for doctors in practice. Besides our personal complaints I figured PMA didn't want publicized the stories about the woman chiropractor that prostitutes herself at every Atlanta PMA seminar and other such sordid details.

First responses to the answers given by Dr. Pete in "DC." Lazy: PMA tactic -- label and name-call any doctor who their tactics don't work for, using guilt and judgments. Debts and Credit: Dr. Pete himself told us to apply for credit cards and charge on them and make payments when still in school in order to establish credit. He never offered any advice as to how to make the payment -- just charge, charge, charge, and establish credit.

Overhead: Dr. Pete sent us to MECO who sold us a bunch of expensive and unnecessary equipment costing us \$1,000 a month. PMA and MECO parted ways. We were stuck with equipment we couldn't afford and PMA takes no responsibility. Yet, if we hadn't contracted with MECO, they would have used that against us when things didn't go according to their hype. They did this on other issues.

Lies?: People with their hands in other's pockets also conjure up lies to support their stance.

Lawsuits?: PMA sues first -- the client counter-sues. Dr. Pete keeps saying in all these articles with his power trip and self-righteousness, "I am suing them." Attorneys will advise clients to wait and counter-sue; it is cheaper (unless the client has some money and can file in their own court first to force PMA out of St. Petersburg).

Overutilization: PMA clients are repeatedly taught multiple bookings, to sign every new patient up for ten appointments and then another ten when they have come in eight times. The consultant told us not to release patients too soon. He told us our numbers weren't the problem -- we just weren't making enough money off every patient. And the recommended charges by PMA were far in excess to our own area, in comparison.

Our Individual Experiences:

We attended one Sunday session with Dr. Pete and were then pressured to sign a contract right then and there because we weren't going to make it if we didn't get their help. Dr. Toucci signed us up. Dr. Toucci isn't there anymore. We were verbally told they would help us to start a practice the way we wanted to practice. We did not want high volume. We wanted time with our patients. But when their advice -- the same plan for everyone -- was against our beliefs and needs, they put us down. They said we were going toward bankruptcy, used guilt, judgments, and peer pressure. If there were problems, the answer every time was the doctor did not follow PMA advice. The rule written in blood was PMA worked for everyone regardless of the individual.

PMA promised availability of a consultant. That is in their contract. Our consultant was fired the week before we opened. The first two months no one called us and there was no one to call who knew anything about us who we could talk to. The first two months! We worked for over five years to get to that point and joined PMA for support and help. We had none.

When we heard from Dr. Carboneau, he used the above-mentioned tactics. His pat answers didn't work. He didn't get to know us. He was critical. And when we messed up his numbers, he didn't have time to talk. One time, after waiting one and one-half hours he made up for lost time by giving us only five minutes and brushed us off. Another time he called and said, "I don't have time for you at the seminar, what do you want?"

What we wanted was individual help. What we got was high overhead, double talk, the same information at every seminar, (After about four seminars the so-called new stuff isn't new.) put downs, guilt trips, name calling, judgments, manipulations, and of course money demanded with threats.

Dr. Pete says cheaters should have to pay. PMA cheated us. When is he going to pay?

PMA has made changes since we started. They have filed suit against us. We currently are in critical financial distress because of the mistakes we made including PMA and MECO. We have no money to feed the kids, much less sue PMA. We are being held accountable for our mistakes. Dr. Pete promotes PMA today, taking no responsibility for his personal errors or those of his staff, particularly his former staff and business associates (i.e., MECO).

I hope to see someone with money and power force him to accountability. Right now I just want to feed my kids and keep from losing my house and office building.

Name withheld by request

Dear Editor:

I have always been a very skeptical person. When I first attended a PMA seminar I had built up a wall of preconceptions against PMA that would prevent me from ever joining such a group. I felt they were a group of unethical, money-hungry "sharpies" that bound you up for two years. As the weekend passed I found the truth melt down those walls and I discovered PMA was just the opposite. To my surprise, I found a program of caring doctors, led by Dr. Peter Fernandez, who were concerned about helping people get well. I carefully scrutinized every class and found they taught only highly ethical principles.

After completing my two year contract under their Practice Starter program last year, I can honestly say they never advocated charging more than usual and customary fees, or overtreating. In fact, I have heard several other consultants speak, and PMA recommends less care than other firms! Their approach is to reach a large number of new patients, get them well, and educate them on chiropractic so they can refer others to you.

As a new practitioner, they show you ways to get known in your community (I personally met over 1,000 people prior to opening my office), how to find a suitable location, and quality (not expensive) equipment, and how to run the business of a chiropractic office.

PMA encourages advertising as one means of obtaining new patients. I received flack from a few DCs in my town because of it. I found that 75% of my new patients, from advertising, had never been to a DC before. PMA doesn't teach you to steal patients from other DCs, but how to reach out to the 95% of the public who don't use chiropractic care and get them in your door.

PMA lays out the necessary steps of how to establish a successful practice from scratch. Like a "recipe," I've found that if you follow the steps strictly you will have a successful practice. I'll admit I tried "substituting" a few "ingredients" and had to eat a few "bad cakes." The people I know of who failed as PMA clients selected a few ingredients from PMA's recipe and added several of their own. You can't expect good results by doing that, and it certainly isn't Dr. Pete's fault. Those who have followed his principles to the letter have achieved whatever level of success they desired.

Chiropractic college taught us about being a doctor, but not how to run a business. I am a doctor. I wasn't a businessman. I knew that chiropractic was a business, so I looked for a "coach" who knew the business of chiropractic. PMA is a coaching staff who knows success principles. A wise client follows

the coach's advice, applies the principles, and enjoys the result. In my case, those results are helping many people get well with chiropractic care at reasonable fees, while promoting chiropractic.

If you're asking the profession to choose what we want, count me as a vote for Dr. Fernandez!

Rick A. Calcara, DC
Olympia, Washington

Dear Editor:

I want to thank you for exposing PMA and attempting to get the true facts behind PMA. I appreciate your integrity.

I was once a PMA client who was very dissatisfied with their program. It was the biggest mistake I ever made and one which I am still paying for.

Future practitioners, please beware of PMA and their program.

Patrick T. Knoll, DC
Vista, California

Dear Editor:

Thank you for your comprehensive article on PMA. This is the only information I have seen addressing the problem.

I have been in active practice for almost five years. Under a certain amount of pressure, at my first free PMA seminar, I signed on as a client. My problems with them began shortly thereafter. PMA did not deliver what they promised. They claimed that action would begin immediately. The reality was that if I wanted to find out what to do, I had to initiate contact. A representative was assigned to my case who was more trouble than help. I found this individual to be totally unqualified -- phone calls were not returned; documents submitted were not reviewed; questions were left unanswered, with the promise to call back after consulting with others for the answers. At one point I decided to take these matters to the supervisor of this PMA Department. His review of the matter ended with the statement that there was definitely a problem and this was not normal PMA procedure. He promised to contact me later that week. This was the last contact I ever had with him. I had decided that I would no longer call PMA requesting their assistance for anything and would begin to try and get out of my contract. I have written Dr. Fernandez twice explaining in detail my experience. He has yet to contact me. No representative of PMA ever inquired as to what they could do to rectify these events or improve our business relationship. However, PMA has contacted me by phone to request referrals and inform me that I owe them money. There are two other doctors in my city who have described similar experiences as PMA clients.

Regarding the statement made by Dr. Fernandez about why he is suing his clients: I feel that he would find less of a need for this if the clients received more of what his company promises to deliver. I do not intend to pay the large fees he charges if I must constantly force their hand to provide service!

Name withheld by request

Dear Editor:

Public relations, organization, and procedure are the heart and soul of any business. PMA showed us how to open our office. This allowed me more time to concentrate on the reduction of the subluxation and the welfare of the people that honored us with their health needs.

When money and opinions meet, differences can and do occur. The real issue is paying bills.

Chiropractors are an eclectic group. Maybe we should ask Pete how he satisfies 95% of his clients.

John Dunn, DC, PA
Tallahassee, Florida

Dear Editor:

Thank you for the chiropractic professionalism you are constantly striving for.

Even though retired now for two years, I peruse each copy of "DC" thoroughly.

Many times while reading your paper over the past years, I have noted how many times you, your dad, and others have stressed topics that I too worked for over the years. This month I couldn't resist the temptation to say, "Good luck, keep working on it, keep the faith, but be patient."

Your page 20 hits on two subjects, ethics and government intervention. So I am sending a couple of my articles on the same subject. Hope you enjoy them.

Richard J Hogan, DC
Saginaw, Minnesota

Dear Editor

Regarding "The AMA Already Knows," Dynamic Chiropractic, January 3, 1990, page 3:

I find it very difficult to concern myself with how the AMA/MDs perceive "practice building" in our profession.

The primary concern of all providers supposedly is the patient's well-being. A logical extension of this would be to (ethically) recommend whatever course of treatment would benefit the patient the most. This may be a new concept to some providers who appear to be more concerned with the welfare of their country club pals or their other handmaidens.

To date, the vast majority of the 600,000 plus MDs and the AMA seemingly continue to overtly and covertly boycott our profession. As demonstrated by the Wilk trial, potential patients have been steered away from our profession. For the most part, these practices continue. For the most part, this is not done through any informed consciousness, but simply ignorance or professional prejudice.

The justification for said action that is usually invoked is "protection of the public." This crusader-like fervor continues to deny the "atrocities" of our profession (adjustments/chiropractic care) from a significant amount of the populace.

"Scientific" justification of this black-listed just doesn't exist. Most of the current research continues to support the efficaciousness and superiority of chiropractic care in the appropriate clinical application.

Meanwhile, patients are bandied about from GP to specialist, to PT, to the hospital and back. Along the way, they are subjected to drugs, debilitating side effects, invasive testing, surgeries and worse! Yet, little mention or remorse is expressed for the legion of failures, greed, or ineptitude suffered courtesy of the "real doctors."

I find it incredulous that our learned, esteemed fellow health care providers do what they do, on a regular basis, to a (largely) unsuspecting populace and get away with it!

Therefore, they should remove the Gibraltar from their eyes before worrying about the grain of sand in our DCs eye.

It seems that their memory is very convenient. I would suggest, that unethical practice building partially is an outgrowth of their continued boycott, and obviously has some economic overtones. Yet, they are very quick to accuse someone else for a problem that they contribute to in a large part.

When they add professionalism to their credo and practices, then they can criticize DCs.

At the point of their maturity, when they begin to refer large numbers of patients to our offices, everyone will be too busy to engage in the unscrupulous activities referred to, Then, the argument will be moot, won't it?

Dynamic Chiropractic can lead the way by refusing to endorse or accept advertising from groups that endorse/promote questionable practices.

John D. Wagner, DC
Marietta, Georgia

A Bone (Out of Place) to Pick on Superbowl Eve

Dear Editor:

I get excited when a chiropractor appears on a television segment because he's treating famous football players who are headed to the superbowl, and he's helping them feel better and play better. This type of exposure is tremendously positive for chiropractic. But when the chiropractor says on television that the sounds (clicks) heard during adjustments are the sounds of the bones moving back into place, it bothers me. It also reminds me that many in the chiropractic profession (perhaps the majority) still use the "bone out of pace" model when describing what chiropractors deal with.

Granted, the bone out of place description is very graphic, simple, easy to explain, and easy to understand, but we can no longer substitute an out-dated concept for accuracy. With our newer and growing understanding of the subluxation complex, the profession is beginning to realize that a motor unit subluxation is somewhat complex. It is usually not primarily a "bone out of place." It usually has

more to do with joint dysfunction, with some element of misalignment (sometimes micro) possibly also present.

As we know, the audible click during an adjustment evidently represents a gas release which accompanies joint movement of a certain degree. It is not necessarily the sound of a bone moving back into place. As we also know, a bone click can be emitted from a perfectly functioning (and aligned) joint.

When we tell a patient that they have a bone out of place, they often get the impression that the bone is way out there. Then they have the impression that we click it back into place with an adjustment. This all tends to give the impression that the bone would be visibly and dramatically out of place on an x-ray before the adjustment, and visibly changed in position on an x-ray if one were taken after that one adjustment (we know in practice that this is not often the scenario). These patients tend to think the louder the click during adjustment, the more out of place the bone was. If their pain improves and the returns again, they tend to think the vertebra "has fallen back out of place again."

Chiropractic literature also often uses the bone out of place model when describing a subluxation. One popular graphic shows a vertebra in extreme retrolisthesis subluxation severely compressing the nerve root. How often do you really see something like that?

I think that we need to take the extra effort to more accurately describe to our patients the subluxation and the effects of adjustment. Rather than always talking about bones out of place, we need to talk more about joint and soft issue dysfunction, imbalance, and yes, sometimes misalignment. We need to talk about adjustments helping to improve function, balance, and alignment.

Accuracy in our concepts, literature, and language is essential for meaningful communication intraprofessionally, interprofessionally, and with the lay public. Accuracy is perhaps even essential to the survival of chiropractic.

Steven P. Young, DC
Ben Lomond, California

Physical Therapists are "Manipulating" their way into Position.

Dear Editor:

You've done it again. My panic button has been pushed one more time. John R. Carbon's article in Dynamic Chiropractic, January 31, 1990, "Where Do We Go From Here?" addresses some important facts.

Physical therapists are learning manipulation and will become proficient in its use as quickly as time allows. Chiropractors who don't believe this should ask themselves how long it took to learn (from practice) to effectively administer the chiropractic adjustment. The PTs down the street are on your trail, and with the MD's and insurance companys' backing, they are catching up.

Call it what you will, when PTs are able to manipulate proficiently, we chiropractors will hear a lot less PT failure stories in our offices. When direct access to the public is established, a full-fledged competitor is born.

One good point Dr. Carbon failed to mention -- there is a "shortage" of physical therapists---

John M. Donovan, DC
The Dalles, Oregon

More Patients need Extremity Adjusting

Dear Editor:

The state of Washington currently allows chiropractic doctors to adjust the spine only. Doctors in that state are seeking to change their scope of practice to include extremity evaluation and treatment in conjunction with spinal care. This change of scope is necessary to give quality care to the people of Washington. Here in California our scope of practice includes extremity evaluation and treatment, as do most states.

I would not want to deny my patients the right to have extremity adjustments if necessary. Daily in my practice, patients need extremity adjustments. Acromioclavicular, sternoclavicular, hip, knee, foot, etc., are treated, thus helping stabilize compensatory/hypermobility spinal segments. It is a dis-service to not evaluate and treat extremity joint dysfunction.

I was surprised recently to realize how few doctors and students are treating extremity problems. While speaking with one of the student representatives recently about this, it became clear that chiropractic students (probably chiropractic doctors also) do not realize the importance of extremity joint dysfunction. Twice as many students and doctors are coming to spine seminars versus extremity seminars.

I remember that when I was a student at Los Angeles College Of Chiropractic (LACC), the training given for extremity joints was simply how to adjust. We were not trained on evaluating joint dysfunction of extremities because it was not known by our profession. Because of the work of Dr. Gillette, Dr. Mennell and Dr. Faye, the knowledge of extremity joint dysfunction evaluation and treatment is growing in our profession. The understanding of extremity joint dysfunction affecting the vertebral subluxation complex is becoming more apparent.

Recently, I had a patient with carpal tunnel syndrome who had surgery about one year earlier. The wrist was now getting worse. Her doctor had her scheduled for surgery on her other wrist which he also diagnosed as having carpal tunnel syndrome. I examined the wrist scheduled for surgery and found an extension restriction (backward tilt) of the capitate. Through adjustments on the wrist and physical therapy, the pain reduced greatly and the surgery was cancelled.

Another patient sprained her ankle going up some stairs. Within days she developed leg and pelvic pain as a result of compensatory femoroacetabular joint dysfunction from the ankle problem. On the initial examination of her ankle there was minimal swelling, with no joint restriction. Days later, as the sprain started healing, joint dysfunction of the long axis extension of the ankle mortise surfaced and was adjusted. This treatment reduced the leg and pelvic pain immediately. In the two weeks of treatment the ankle had greatly improved as well as the leg and pelvic pain.

As chiropractors, our major concern is the vertebral subluxation complex. We must be keenly aware of the relationship between the extremities and their effect on the spine. Chiropractic doctors would get

better results with their patients if they evaluated and treated extremity joints. Daily in my practice I am treating extremity joints to help stabilize the spine. Many spinal joint dysfunction complexes won't respond well, or at all, until an extremity joint problem is corrected.

Even though most states allow extremity adjusting, few doctors are doing it. There is no profession better qualified to treat joint dysfunction of the spine and extremities than chiropractic.

Good luck, Washington!

Rodney N. Alward, DC
Sacramento, California

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