

## Profession Within a Profession

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Doctor, you have a new patient in your consultation room and you have just completed a case history. The presenting chief complaint is right knee pain over the medial aspect. What is your examination procedure? You obviously will visually inspect the knee. Yes, but will you inspect the foot? Will you watch the foot while the patient is walking and standing? Will you inspect the shoe for fit, shape, wear pattern? Will you correlate your expertise in body mechanics with your knowledge of pediatric mechanics? Do you know or has it slipped your memory that the knee and entire lower extremity cannot be stabilized unless the foot is dynamically balanced during stance as well as gait? Many chiropractors do not really look at feet. In fact, the patients never take off their shoes and socks, as if the feet are not attached to the skeleton. Imagine what this would look like -- a skeleton with no feet? How could it stand up on two pegs without toppling over? How could it run, jump, twist, turn, cut; wouldn't it be severely handicapped? Since you never look below the ankles at your patient's feet, how would you know anything at all about this skeleton's foundation? Let's assume that you are one of those elite chiropractors who is very thorough and detailed in examining a patient and you do look at your patient in bare feet, and you do see something or feel something which does not seem normal. Now, what do you do? What professional knowledge or skills do you have to offer? I repeat the word "professional."

Doctors have the reputation of having 20/20 vision -- right down a tunnel. They see only what they want to focus on. Some technic, a pet modality, a routine procedure (a Hole-in-One, Activator, Gonstead, SOT, etc.). They do this all day, every day, to everyone. They rely on a "no brainer" formula for success such as "10-10 and 80 percent." If 80 percent will recover no matter what you do, then why bother to see a little further or wider? If I could persuade chiropractors to just look at their patients barefooted, I guarantee the doctor would see a whole new picture of his patients. The DC would find patients who would greatly benefit from a properly fabricated foot orthotic, or the DC would find a patient who should see the neighborhood podiatrist. Soon the DC and the DPM would become professionally related and respect each other. The DC could manage most of the orthotic fabrications in his office and refer the foot pathology to the DPM or orthopedic specialist. Chiropractors could all integrate foot orthotic fabrication into their specialty of biomechanical disorders including the feet. This would become a "profession within a profession" and a stand-alone business within any chiropractic practice. There are very few ethical and legal ways to increase our scope of practice. Podiatric foot orthotics is rather unique in this respect.

I can recall all the many years of practice where I have seen hundreds and thousands of cases where foot orthotics have been an essential part of the treatment program. The following are clinical conditions which I have personally helped or "cured" with the aid of orthotic shoe inlays:

Foot and Ankle

Foot pain, tenderness, swelling, paresthesia, burning, dysesthesia, foot pronation, supination, limited

motion, flare (pigeon-toe), hypermobility, dyskinesia, foot sprain, corns, calluses, bunions, hammer toes, arthritis, heel spurs, bursitis, tendinitis, subluxation (joint dysfunction and/or deformity), metatarsalgia, weak ankle, calcaneal tendinitis/bursitis.

## Knee

Tendinitis, bursitis, chondritis, syndesmitis, myositis, fascitis, excess Q angle, patella tracking disorder, internal derangement, instability, meniscus damage/degeneration, osteo-arthritis, chondromalacia.

## Hip (Femoro-Acetabular)

Coxa arthritis, capsulitis, interarticular joint dysfunction, fibrosis, femoral torsion stress syndrome, trochanteric bursitis/tendinitis, gluteal-piriformis-psoas-TLF-trigger points, arthrogenic leg pain.

## Lower Back/Sacro-Iliac

Spondylolisthesis, spondylosis, leg length inequality with pelvic obliquity, postural backache, facet syndrome, disc protrusion, sciatica, dyskinesia, muscle asymmetry, post-laminectomy, chronic sacro-iliac subluxation, osteo-arthritis.

## Miscellaneous

Shin splints, intermembrane compartment syndrome, meralgia, paresthetica, sheer stress and overuse syndrome, flat feet, shoe-wear distortion.

Chiropractors have a unique opportunity to become recognized as professionals whose service includes the utilization of foot orthotics. As chiropractic assumes its place among orthopedic foot care specialists, we must become qualified experts in this field.

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