

## Let's Not Prevent Chiropractic's Progress

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There are chiropractors who choose to practice chiropractic as a therapeutic art based on the medical objective of treating sickness and disease and relying on medical diagnostic and combative treatment procedures, possibly including spinal manipulative therapy which can look quite similar to an adjustment. This combination, the mixing of the medical objective with techniques which appear to be chiropractic, caused early observers of the phenomenon to coin the term "mixing" to distinguish it from chiropractic in its original form and intent, contrasted by the term "straight" (unmixed). Straight chiropractors choose to practice chiropractic as an art based on the objective of contributing to a person's health through the correction of vertebral subluxation and relying on chiropractic analytical and corrective adjustment procedures.

The number of successful members of each of these approaches to chiropractic is testimony to their acceptance by the public, an acceptance which, one must assume, results from each of the approaches "working" in some way that interests the consumer ("working" for this discussion means that it is getting the/a desired result). The result may include anything from better health, to reduced pain, to simply a satisfied patient who pays his bill, depending on the nature of the practice and the practitioner and/or the criteria used to measure the outcomes.

I don't propose to offer a critique of the claimed results here, whether they're valid, verifiable, logical, probable or even possible. The point is that both approaches seem to be in some level of demand for what they provide. Regrettably, not all chiropractors see it that way. Eliminating one another is a mission for some.

I have to agree with those who feel that the profession doesn't need anyone working to "hold it back" or prevent its progress. Let's clarify this, however. Some mixers say straights prevent progress by not agreeing to use or endorse mixer methods, such as physiotherapy, vitamins, urinalyses, etc. Some straights say mixers prevent progress by not agreeing to use or endorse straight practices, such as adjustments for asymptomatic patients, subluxation as a sole criterion for care, care programs for newborns, etc. On these arguments I disagree. Mixers don't need straights to endorse them or employ their principles, nor do straights need mixers to do so. Each approach, as we noted earlier, seems to do fine on its own.

The only situation in which either could prevent the progress of the other is one of intolerance in which the idea of one or both is to eliminate the other. For chiropractic, this is the fool's game because both sides lose -- the attacking intolerant is distracted from progress by the cost of the offense, the attacked by the cost of the defense. No progress is possible for either. Unfortunately, though, this is what our profession has been doing.

If the profession would adopt an attitude of tolerance, not endorsement, we could accomplish much more than we do now. I personally feel that straights have been quite willing to tolerate mixers, whether we agree or not, and I know that straights could live with letting mixers do whatever they

wanted in their colleges and practices, including medical procedures, physiatry, or whatever, so long as they (straights) were not required to teach and practice the same, and were left to choose to teach and practice straight chiropractic without prejudice.

It seems as if many mixers don't feel this way, however. It's tragic that many mixers view it as one of their causes to keep straights out of Ohio, to require all chiropractors to perform medical diagnoses and diagnose any and all medical conditions in California, to arbitrarily recognize CCE but not SCASA in Kentucky, for a few examples. There are many more examples of intolerance, but you get the idea. You can be sure that these efforts come only at an expense -- perhaps an extraordinary expense.

Instead, we should look at those states where tolerance has resulted in non-interference and, naturally, progress for both straights and mixers alike. For example, when Arizona mixers wanted to add to their scope of practice, the straights did not interfere as long as they were not required to add the same things to their scope. In New Jersey, subluxation alone is now a valid criterion for care, yet mixers can still treat backaches if they wish and straights did not interfere or oppose it.

I believe we are at a crucial point in our profession where we may be able to preserve both our progress and our straight and mixer identities, that is, if tolerance and non-interference can dominate our thoughts and, more importantly, our actions. It is a time to call for all of this profession's organizations and leaders to stop preventing its progress. I know SCASA supports this, and I challenge the other organizations to do so as well.

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