

Research, Reliability and Results

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Some 70 percent or more of chiropractors still maintain solo practices. When I started practice 42 years ago, it was nearly 100 percent. Over time, there has been change in this landscape, and it's evolving ever more quickly as time goes by.

The big question for chiropractors today is: Why haven't we better integrated with the wider health care community? Unfortunately, we've often been our own worst enemy. With our outlandish advertising, wild, unsubstantiated claims, and lack of professionalism, we often disqualify ourselves (along with our fellow chiropractors). I suspect that were it not for the genuine clinical value of what we do, we would have long ago succeeded in the American Medical Association's former (and apparently ongoing) goal to contain and eliminate us.

It doesn't have to be this way. During the past five years, I've had opportunities to participate in two different scenarios in which the integration of chiropractic succeeded with careful planning and faithful execution. As far as I can tell, these opportunities came primarily because chiropractic research was available to demonstrate the value of our work in the care of musculoskeletal problems. Once this research had opened the door, our willingness to behave in a dependable and professional manner paved the way for chiropractic care to shine.

If you are a regular reader, you will remember my first indoctrination to practice within a health care team at the Neighborhood Christian Clinic (NCC). This facility provides health care services for the poorest of the poor in South Phoenix, and is supported by many Christian organizations throughout the greater Phoenix area. I learned about the NCC one morning in church when an MD, also an acquaintance of mine from a Bible study class, gave a presentation about the NCC. Intrigued, I asked him who was running the chiropractic service. No one, he explained, because no one had approached them about having one. He invited me to meet with the medical director, which I did the following week. I was approved based on that interview, but that was only the beginning of the process.

Several weeks after my arrival, my presence was questioned by one of the medical specialists; he wanted me and chiropractic out of the NCC. His anti-chiropractic bias was palpable. The clinic director sat me down and asked how I thought we could handle this problem. I suggested that my critic and I should each submit our curriculum vitae (CV) and we could go from there. The objecting MD saw my CV and never submitted his. It was the research papers on my CV that provided validation and saved the day.

After that initial challenge, I moved from being the sole DC at the clinic to the director of conservative care, a position they created for me; and to having four additional chiropractors at the clinic. I now also serve on the board of directors of the NCC. All of this was accomplished because I was able to make a research-based case that chiropractors are qualified to be part of the collective medical team. We have continued in volunteer service to the NCC because we have been found reliable, have performed in a professional manner, and have let the results of chiropractic service speak for

themselves. It's a simple recipe - research, dependability, professionalism and results - and it seems to work well.

My next opportunity for integrative care came in 2005 when the federal government mandated a pilot program for the Carl T. Hayden Veterans Affairs Medical Center (VAMC) in Phoenix. I went for the first professional job interview of my life, which turned into a real learning experience. As a former Navy man, I made sure my suit was impeccable and my shoes gleamed with a military shine. One of the first comments from the acting chief of staff, an MD internist, was, "I am glad someone knows how to dress for an interview." Then he went into a tirade about how he had received more than 200 applications from chiropractors, but was only able to interview 15 because of the poor quality of the majority of résumés received. One of the 15 DCs he interviewed had demanded 4,000 square feet of work space, two chiropractic assistants and an associate. When I told the internist that one room with a scheduling nurse would do just fine to start, I could see I had made a friend. He said my résumé was the best he had seen, and then he asked why I wanted this job. My answer was that I applied because I loved the military and didn't want to see this opportunity to help so many veterans fouled up. A week later, I began the process called credentialing and subsequently was admitted to practice at the VAMC.

Note: I'd like to give a warning to students and new practitioners who might be interested in practicing at the VAMC or at some other government facility. The one-too-many beers at a college party that might result in a DUI or any drug-related offense will disqualify you from these positions.

Since chiropractic service at the VAMC was somewhat novel, and they had little idea what a chiropractor was, I was asked by the chief of staff to come to the monthly physicians' meeting to give a presentation on my specialty. To give you an idea about the VA Medical Center, there are over 200 physicians, with an active patient base of more than 80,000. I have spoken in public for many years, but I must admit this made me a bit nervous. I decided to take some handouts, which consisted of a paper I co-authored, recently published in *Journal of Manipulative Physiological Therapeutics*.¹ I was prepared with 100 copies; if this had been a chiropractic meeting, I would have had 90 left by the time I finished.

The meeting turned into a question-and-answer session, and I never did do a formal presentation. They asked questions such as: What kind of conditions does a chiropractor treat? I told them we would make it very simple at first - low back and neck problems. Next question: Are chiropractors able to treat an acute patient? Answer: Yes, if you can find one. This brought about much laughter, since the VAMC population tends to be rather chronic. Then, some smart aleck, young, primary-care-type asked, "What can you do for the flu?" I thought a moment and replied, "Send them back to you so that I don't get the flu!" This was apparently the right answer, because it brought the house down. The next week we had more than 50 new patients on the consult list. By the way, all 100 papers were passed out and I had to run off more copies.

By showing common sense, presenting meaningful research data, staying within our scope of practice and becoming part of the health care team, we now have three fully credentialed "chiropractic physicians" who spread the benefit of chiropractic care to numerous veterans.

At the end of one year, I did an in-depth interview, during which I learned that the administration at

the VAMC was very impressed with the dependability of the chiropractors who had served that first year. They couldn't believe we did not even ask for one sick day off. Again, it was the reliability of our chiropractic team that impressed the administration. Also, the VAMC staff has commented over and over about how glad they are to see the results obtained by chiropractic care and the satisfaction of our veteran patients.

It's not a complicated formula: promise little, deliver much, lead with hard data, communicate clearly, know your limitations and be up-front about them. This is well within the capabilities of any chiropractor. Now, what are we waiting for?

Reference

1. Fuhr AW, Menke JM. Status of Activator Methods chiropractic technique, theory and practice. *Journal of Manipulative & Physiological Therapeutics* 2005 (Feb);28(2):135.e1-135.e20 [doi:10.1016/j.jmpt.2005.01.001].

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