

We Get Letters & E-Mail

Debunking Some of the Key Myths in Chiropractic

Dear Editor:

Myth #1: We cannot detect a [subluxation](#) by hand. *Fact:* I have read in disbelief that it is impossible to detect a subluxation manually. These ideas are promoted and foisted upon the profession by our own educators and leaders. To say this with a straight face to a group whose primary activity is to detect and correct the subluxation is beyond belief.

It takes practice, but after awhile, using motion and static palpation, you can learn to detect a subluxation and confirm its presence with muscle testing, the leg-length check and other methods. I have been doing so for 35 years, and to hear it said that I can't do this is flabbergasting.

Apparently, we need better college adjusting technique instruction. True, it is difficult to find a truly good structural correction in the profession at large. One must be trained by an expert or have innate ability for this work. Also, it is difficult to do a proper analysis through clothing.

Myth #2: The concept of subluxation is outmoded. *Fact:* This idea is also promoted by our educators and leaders. These myths basically spring from a sense of fear. In this case, it is feared that we will lose scientific acceptance. Sure, it's great to have scientific studies to back up what you do. But all the studies I have read already do so. If you think the concept of the subluxation runs counter to scientific acceptance, what about your gut feeling about chiropractic? We who know that chiropractic works, know it with certainty because of experience and repeated success with our patients.

The new concept of embracing a neuromusculoskeletal model and other things while abandoning the subluxation correction, along with a deficiency of talented adjusting skills, has occasioned a decrease in the popularity of chiropractic. We used to read that 10-15 percent of the public were chiropractic patients. Now it is about 7 percent. Does that not tell you something about what we are doing?

Myth #3: We must sacrifice our souls for the insurance companies and the government. *Fact:* With due respect to those who have done so much to see that we satisfy insurance and Medicare requirements, it is not necessary to go all out and spend more time on documentation and paperwork. First, in the case of electronic billing, the result of not going electronic is merely that you receive slightly lower insurance reimbursement. This doesn't matter if we collect from the patient to begin with.

Second, [Medicare](#) is not doing as much auditing of chiropractors now. They are gearing up for issues with electronic billing. In my office, we use a system of Medicare billing over the phone, but not electronic records. The system is available from Medicare and works very well.

Audits are generally not done on conscientious chiropractors; i.e., those who do the job right the first time and therefore do not have to see the patient three times or more a week. By the way, how can you

see these people over and over, doing the same adjustment all the time? If I had to go to work every day knowing I had to do that, I would get bored quickly and feel highly inadequate. In fact, I would promulgate the myths of this article myself.

Myth #4: We need to do all we can to market our practices. Fact: Do a good job and word of mouth will be your best advertisement. Stand firmly on what you believe and act accordingly, not out of fear, greed or a sense of inferiority. There are good techniques out there. Learn to use them properly and thoroughly, and they will serve you well. Personally, I use the technique my father developed and that was the foundation for a great career. Regardless, be not afraid. There is a relieving answer to every problem.

*William Kotheimer, DC
Milford, Ohio*

We Will Not Become a Bunch of Drug-Prescribing Crazies

Dear Editor:

I very much enjoyed the letter to the editor in your Jan. 15, 2013 issue by [Thomas Albert](#), MD, DC. I think he hit it on the head. I know a few MD-DC doctors and not a single one has abandoned chiropractic or its principles by choosing to only use drugs and surgery in their practice.

Adopting prescription rights will not be the end of this profession. How can we act in the role of true primary care without the ability to modify or adjust a patient's medications? The ICA membership and its leaders need to rethink their positions and recognize that this profession is not going disappear or change into a bunch of drug-prescribing crazies if we have access to prescriptive drugs. Dr. Albert and others with the same training as his are proof of this.

The ultraconservative in our profession seem to believe it's smart to bring a knife to a gun fight. Hopefully our profession will be smarter than this before it's too late and not insist on learning the hard way.

*Vernon Redd, DC, APC
Albuquerque, N.M.*

Dynamic Chiropractic encourages letters to the editor to discuss issues relevant to the profession and/or to respond to a previously published article. Submission is acknowledgment that your letter may be published. Submit your letter to editorial@mpamedia.com; include your full name, degree(s), as well as the city and state in which you practice.

MARCH 2013