

## We Get Letters & E-Mail

Get Real About Our Profession

Dear Editor:

I just read a [letter](#) to the editor [Feb. 1, 2013 issue] from Dr. Ruth Sandefur, an ex-chiropractic educator, and I appreciate her honesty about our profession. It all begins with our chiropractic colleges when it comes to our students' success in practice. Letting the practice-management firms into our colleges to brainwash our students is at best unethical. Getting accepted to matriculate into chiropractic college is minimal, often requiring only community college at best, not a real university education. This only further defines the quality of students they are graduating. If you have met the minimum academic standards, have a pulse, and qualify for student loans, you will be accepted! How about an interview and entrance exam, etc.?

What this leads to is too many chiropractic students, too many field doctors looking for work, a saturation of our profession, failure in practice, and the last-ditch effort of joining a practice-management program to help dig you out at any cost - to the doctor *and* the patient. How many times do I have to hear a new patient say to me, "Do I have to sign a contract for 36 visits"? It makes me sick to my stomach when I hear docs say they are the best at what they do because they have 1,000 patient visits a week. Common sense tells me the doctor who got you better in the shortest period of time with the least amount of care is the "best" doctor.

Lets get real about our profession and use the evidence we have from our research; form one organization to battle in Washington, D.C.; and last, but not least, have some higher standards in our chiropractic education. I agree with Dr. Sandefur that we need to truly understand that we are a limited profession in what we treat, but if we just accepted that fact instead of keeping our heads in the sand with our outdated dogma, we as a profession could thrive into the future.

Gone are the days of teaching our students outdated and unresearched philosophy by staff doctors with PhCs. Here are the days of PhDs, ethical treatment of our patients, evidence-based care, and cooperation not only with the medical profession, but also university systems in general.

A large part of our problem with our young students today is that are they are graduating with anywhere from \$175,000-\$200,000 in student loan debt and then trying to work as an associate for \$35,000 per year with unreachable bonuses. Not only do they have huge financial obligations just in student loans, but what about their financial obligations for a house, a car, kids' college, even living expenses? What about the same student who walks into the bank and asks for a business loan and gets turned down due to large [student loan debt](#)? They will never be able to get ahead starting out with \$400,000 in debt.

With the average chiropractic student graduating with \$150,000 in loans and the average associate making \$35,000 plus unreachable bonuses, how do we expect these young practitioners to thrive? I

don't know too many people who go to school for eight years to earn \$35,000 a year.

It's time to limit class sizes, raise standards at our colleges, rid our profession of unethical practice-management firms on campus, and unite as one profession politically, economically and ethically. Otherwise, we truly will be extinct, not distinct.

*John Klinginsmith, DC*  
*Kearney, Neb.*

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We Need to Stand Our Ground and Continue to Advance

Dear Editor:

It was with great interest I read [the letter](#) to the editor submitted by Dr. Ruth Sandefur. While I agree and am empathetic with some of her "reflections," it is obvious that said reflections are made as an chiropractic educator and administrator, not a practicing chiropractor. I hold nothing but the highest admiration and respect for educators / administrators; however; the views expressed by Dr. Sandefur exemplify how "we see things as we are, not as they are."

I have been in chiropractic all my life. I, as well as my father, grandfather and two uncles before me, graduated from the Palmer College of Chiropractic. My two younger brothers and a nephew are graduates of Texas Chiropractic College. After 40 years of practice, I retired in 2006.

In her letter, Dr. Sandefur reflects on a profession divided, practice-management organizations, "technique wars," research, and the position chiropractic maintains, could and possibly should have in the health care delivery system. As one who was "in the trenches" of private practice, I am taking this opportunity to present a different slant to the reflections of this fine doctor, educator and administrator.

No question much more could have been / could be accomplished if there were only one national organization. It is unlikely we will see unification in the foreseeable future. Even so, this separation of ideals and practice philosophies is not the sticking point it once was among practitioners, professional leaders and politicians. Most chiropractors have adopted the philosophy of "Live and let live; I'll practice my beliefs and principles, you do the same." They then do whatever they can to support the national organization to which they belong. They do so for what they believe is in the best interest of the profession as a whole.

Regarding practice-management organizations, I must take exception to the reflections of Dr. Sandefur. In her letter she stated, "this profession should be able to offer graduates a successful practice simply based on their education and the fact that they are duly licensed." The operative word is *should*. Unfortunately, being educated in the structure, function and abnormalities of the human body, the chiropractic approach to the treatment of disease, and the successful passage of a licensing examination *does not* prepare one for the rigors associated with operating a successful health care business.

Practice-management programs / organizations are not exclusive to the chiropractic profession. Why is it some in our profession view these groups, organizations and consultants in such a negative light? If what Dr. Sandefur intimates in her letter - that the education and licensing of doctors of chiropractic

will in and of itself produce a successful practice - then that to which she alludes would have already happened and "practice management groups would be obsolete and unnecessary." But according to her, practice-management groups are increasing. Is this not evidence such groups are deemed necessary in very trying times?

Dr. Sandefur also reflects on "technique wars." Until reading her letter I had never heard the term. What are/were technique wars? Who is waging them? Since shortly after that first spinal adjustment rendered to Harvey Lillard, there have been varying opinions on how chiropractic should be administered. Amazingly, regardless of whether one subscribes to the strict upper-cervical specific atlas-axis toggle recoil adjustment, or traverses to the opposite end of the spine, incorporating Logan Basic technique with one's thumb positioned quite closely to the distal end of the alimentary canal, the technique works; oftentimes when treating the very same clinical symptoms!

Yes, a number of different techniques for practicing chiropractic exist. There is Palmer specific, Gonstead, Grostic, [SOT](#), AK, Activator, Van Rump; just to mention a few. The proponents and teachers of each go to great lengths to explain how their technique works and why it is better than all others.

I must agree with Dr. Sandefur in her analysis in the sense that as far as I know, there exists no research or scientific study to substantiate or validate how these different techniques effect the results claimed. Is it possible Dr. James W. Parker was really on the right track when he proclaimed the effectiveness of any given technique lies more in the practitioner than the technique itself? I fear we, as a profession, must spend much more money, do much more research and be willing to subject ourselves to intense scientific protocols to arrive at the efficacy of the "what and how" of what we do.

She and I also agree on the semantics and arguments surrounding terms that seem to stir so much emotion and waste so much energy. In reality, what difference does it really make if one uses the term *adjustment* vs. *manipulation* or calls oneself a *chiropractic physician* vs. a *doctor of chiropractic*?

As an educator, Dr. Sandefur addresses the subject of chiropractors as PCPs, the opportunities the profession has missed and how we might treat and affect the lives of more people. I agree with some points, but see others quite differently. For as long as I can remember, chiropractors have desired to be on the same acceptance level as the medical doctor. Chiropractors have always wanted to be primary portals of entry for patients. Many chiropractors argue they should be primary care providers.

Truth is often painful. The truth is chiropractors are not and never have been accepted by the majority of the public or health care / scientific community on equal footing with the MD. In my humble opinion, DCs lack the necessary training to function as PCPs. Aside from training, much needs to be done to enhance a cooperative effort between the DC, MD and DO before the chiropractor can assume the role and multitude of tasks associated with being a PCP. There are the issues of hospital admission, documentation, and accepted protocols to be learned and followed. No doubt we, as a collective group, can be qualified to act as PCPs, but not now or in the foreseeable future.

That said, through the hard work, dedication and determination of some DCs (Stephen Capps, Robert Francis and Patrick Casey, to mention a few), chiropractors are on the staff of hospitals. [MUA](#) is a common and accepted procedure performed by chiropractors in medical facilities. Chiropractic departments are in some military and VA hospitals. A colleague of mine and I were invited to be on the staff of a hospital in Kansas. Yes, we *are* moving forward.

Dr. Sandefur states that during the late '80s or early '90s in some areas of the country, the profession

had an opportunity to be included in medical circles, within hospitals and additional third-party-pay provider groups as musculoskeletal specialists. It is obvious she felt we made a very big mistake by not taking advantage of that opportunity. To support her position, Dr. Sandefur references the decline of enrollment at chiropractic institutions while more than 400 applicants are being turned away from physical therapy programs in just one enrollment period. Comparing DCs to PTs is like comparing apples to oranges: they aren't and never have been in the same league.

She goes on to support her contention of how we made a mistake with a little guilt trip about how many more patients could benefit from chiropractic treatment, how many more chiropractic schools would be needed to meet the demand, how many more lives would be improved, etc. Is her analysis correct? I fear it is. There is, however, another question. Are we prepared to, and more importantly, do we wish to, pay the price of such acceptance and success?

The health care delivery system is in turmoil. It is becoming more and more difficult for doctors of all disciplines to practice and profit. The practice of chiropractic is more demanding than it has ever been. The cost of a chiropractic education, coupled with entering solo practice, is almost prohibitive. The prospect for it getting better anytime soon is quite dim. Chiropractors are having to be more creative to show the value and necessity of their services. Yes, it's tough out there in the real world.

While succumbing to organized medicine for the sake of acceptance, simplifying practice and greater profit may be very enticing, I do not feel it is the best action for the chiropractic profession. Our focus should be in the area of proving what D.D. Palmer presented as theory is indeed fact. We should do more to validate the premise upon which the chiropractic profession was founded.

Finally, in her letter Dr. Sandefur mocks a directive attributed to B.J. Palmer to be "separate and distinct" as "separate and extinct." As difficult as the task may be, I feel the rightful position for chiropractic is parallel, not subservient to the medical profession. We should stand our ground, continue to advance, and yes, practice as a separate and distinct science, philosophy and art.

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MARCH 2013