

Collaborative Education: A Solution for Chiropractic Utilization Woes?

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A primary spine care symposium attended by DCs from 35 states Sept. 9-10, 2017 on Long Island included an intriguing multidisciplinary panel discussion with doctors representing chiropractic, neurosurgery, neuroradiology and vascular neurology. The program, which I co-hosted and moderated with William Owens, DC, featured the following distinguished panelists:

- Robert Peyster MD, CAQ, neuroradiology (Columbia, N.Y. Downstate, Harvard, Stony Brook)
- Magdy Shady, MD, neurosurgery, neurotrauma (Stony Brook, New York University; neurotrauma fellow at University of Maryland with a master's in lumbar spine mechanics)
- Candice Perkins MD, neurology, vascular neurology (Cornell, Albert Einstein, Stony Brook)
- Ray Wiegand, DC (extensively published and well-qualified in spinal biomechanical engineering per part of the conversation with the neurosurgeon)

During the panel conversation, Dr. Perkins conclusively confirmed that chiropractic is *not* a cause of dissecting aneurysm or other types of strokes; however, chiropractors are part of the health care community that should have advanced training in [vascular insufficiencies](#) to screen for potential future stroke possibilities based upon the population of patients in our offices.

Dr. Perkins explained that the purpose of the screening is no different than any other medical providers, where early detection saves lives. She also discussed the risk factors, signs and symptoms for early detection, and the triage for a positive sign of potential stroke.

Drs. Shady and Peyster discussed the role of the neurosurgeon and neuroradiologist as part of the chiropractor's team in both diagnosing and managing disc patients. They agreed that chiropractors must be educated and proficient in interpreting spinal MRIs in contemporary chiropractic practice, as too many images are misread by general radiologists – something they have personally observed and is confirmed in the literature.

Dr. Shady also was very clear that most disc patients are not surgical candidates and that chiropractors must focus on diagnosing and treating spinal biomechanical abnormalities to avoid future spinal pathology.

There was an agreement that the new relationship between chiropractors and spinal surgical specialists has shifted from postsurgical care to presurgical care, and that the key is normalizing spinal biomechanics. In addition, they underscored that the medical profession will limit interaction, as a rule, to the "well-credentialed" doctors of chiropractic and avoid those who don't fully understand the spine and discs, as evidenced in their CVs.

Dr. Wiegand discussed how by correcting the primary lesion (subluxation) diagnosed and confirmed via X-ray as the spinal biomechanical analytical tool, chiropractors can help the spine organize and

prevent degeneration ([Wolff's Law](#)), while offering stability and preventing future surgical necessity. Dr. Peyster discussed the various advanced imaging modalities utilized for disc, stroke and infection, and how to best triage according to clinical and imaging presentation.

Each panelist has been extensively published and is well-recognized as an expert in their respective field. This forum will be a future model for chiropractic postgraduate education, as this program was deemed critical by those present to help in their everyday practices.

Although chiropractic has typically relied on experts in our own discipline academically, this collaborative event verifies that working and learning from each other will ultimately result in better patient outcomes and busier chiropractic offices.

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