

We Need a Name Change: It's Time for Chiropractic Medicine

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Historically, the chiropractic profession has been forced to fight for its existence because of the American Medical Association's efforts to eliminate "unscientific cultists."¹ D.D. Palmer was the original chiropractor incarcerated for practicing medicine in 1906.² Hence, many chiropractors cringe upon reading the term *chiropractic medicine*. I comprehend this reaction, but I suggest the following...

It Is Time to Get Over It

It is time for the chiropractic profession to accept its ethical responsibility to make chiropractic services available to all in need. It is no longer acceptable to remain separate and distinct. Now is the time to embrace *chiropractic medicine*.

The American Chiropractic Association (ACA) realizes the need to improve Medicare coverage for chiropractic services because millions of seniors and disabled Americans would benefit from the full scope of chiropractic medicine. Chiropractic physicians are required by Medicare to provide high-quality care, yet the scope of reimbursement is limited. The ACA comprehends the rationale for expansion of Medicare scope of practice and scope of reimbursement, and has sought [legislative relief](#):

The Chiropractic Medicare Coverage Modernization Act of 2019 (H.R. 3654) would allow Medicare beneficiaries access to the chiropractic profession's broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging and utilization of other non-drug approaches that have become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.³

More than 100 million Americans suffer with chronic pain at a cost of approximately \$635 billion per year. It is my opinion, based upon 10 years of clinical experience treating chronic pain patients within Federally Qualified Health Centers, that chiropractic services must become more available within our health care systems, including community health centers, Rural Health Centers, hospitals and medical schools. Even the Joint Commission, an organization that accredits and certifies more than 22,000 health care organizations and programs in the U.S., now requires hospitals to offer nonpharmacological modalities for patients in pain, including chiropractic medicine and acupuncture.⁴

Health economists have reported the annual cost of chronic pain in the United States is as high as \$635 billion a year, which is more than the yearly costs for cancer, heart disease and diabetes.⁵

Now is the time for chiropractic physicians to accept the ethical responsibility to promulgate an evidence-based, patient-centered chiropractic medicine profession. This responsibility necessitates

modernization of a profession often espousing early 20th century ideologies that prevent the health care system from accepting chiropractic medicine as a science-based system of health care. Chiropractic schools, associations and providers must change chiropractic terminology, education and training if chiropractic medicine is to be accepted as a valid and valuable health care profession.

Today, use of the term *chiropractic medicine* is appropriate and reasonable. Chiropractic providers do practice chiropractic medicine as represented by several governmental agencies which regulate chiropractic medicine practitioners. Both Kansas⁶ and Florida⁷ license chiropractic medicine providers. The National University of Health Sciences offers a Doctor of Chiropractic Medicine diploma.⁸ It is time for a national practice act that licenses the practice of chiropractic medicine.

Definition: *Chiropractic Medicine*

I continue to suggest the following definition of chiropractic medicine:

The evidence-based practice of differential diagnosis, patient-centered treatment, and prevention of pain and human disease as taught by CCE-approved chiropractic colleges/institutions/schools.

While I was practicing in New Mexico, the Lovelace Medical Center / Lovelace Healthcare System invited me to create a panel of chiropractors to participate in a one-year pilot study. The study demonstrated a high level of patient satisfaction. Consequently, chiropractic services were covered by its health maintenance organization. Subsequently, the organization permitted me to found its first chiropractic service with the Department of Occupational Medicine.

Interestingly, to be credentialed as a member of the medical staff, chiropractic providers were required to be board-certified chiropractic orthopedists. My pursuit of the post-doctoral certification as a chiropractic specialist enabled me to receive training from outstanding chiropractic educators including Drs. Richard Ackerman, David Wickes, James Cox, John Mazion, Ronald Evans, Russel G. Haas, Al States, Henry G. West, and many more, which prepared me to enhance my differential diagnostic skills for patients suffering with neuromusculoskeletal conditions.

Taking the Lead: A New Name for the Academy of Chiropractic Orthopedists

I am pleased to mention that the Academy of Chiropractic Orthopedists recognized the necessity to modernize the name of the specialty. Recently, the president of the academy, Dr. Kim Skibsted, announced a name change, which better describes the specialty and the academy. The Academy of Chiropractic Orthopedists is now the [International Academy of Neuromusculoskeletal Medicine](#) and the specialty is coined as a Diplomate [of the] International Academy [of] Neuromusculoskeletal Medicine (DIANM). This is a very reasonable effort to modernize the academy and better describe the chiropractic specialist.

Our Schools Hold the Key

The most significant modernization effort is dependent upon the schools that train future chiropractic medicine physicians. Now is the time to realize that chiropractic education and training must prepare chiropractic students and graduates to integrate into health care systems as members of their medical staffs.

Chiropractic physicians are the most logical providers to evaluate and manage patients suffering with

neuromusculoskeletal conditions, but the schools do not properly prepare them to integrate into health care systems. No longer is it ethical to provide graduates with a diploma and a best wishes for a successful private practice. Advising chiropractic students they will be successful if they merely hang their shingle and provide high-quality care is no longer true.

The Reality - and the Opportunity

Chiropractic students graduate with significant debt, and inadequate business education⁹ and clinical training. In addition, it is my opinion that chiropractic students are unaware of the trend toward a tremendous decrease in the number of primary care providers in private practice.¹⁰ It is also my opinion that the trend will reduce the number of *chiropractic physicians* in private practice. This trend indicates that the future of primary care, which should include chiropractic specialists, will be offered within community and rural health centers.

I am pleased to report that Dr. Michael Ciolfi, associate dean of the College of Health Sciences and director of the School of Chiropractic at the University of Bridgeport, supports a career pathway for chiropractic graduates, which includes integration of chiropractic providers into health care systems, full-time postgraduate residency training, and board certification as chiropractic specialists. It is time for all schools of *chiropractic medicine* to recognize the need to develop chiropractic residency programs that prepare our graduates to integrate into Federally Qualified Health Centers, rural health centers and hospitals as neuromusculoskeletal medicine specialists.

References

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DECEMBER 2019