Dear Mr. Proffitt:

We wish to protest the reappointment of the Council on Chiropractic Education (CCE) as the official accrediting agency for chiropractic schools.

Page 21 of CCE's June 1978 Educational Standards for Chiropractic lists three objectives for chiropractic schools: (1) preparation of primary care providers, (2) postgraduate education, and (3) research. We do not believe that preparation of primary care practitioners is a realistic goal for chiropractic schools. We also doubt that CCE has the expertise to evaluate whether its objectives are actually being met by chiropractic schools.

A primary care provider must be able to tell which people who consult him are appropriate for his care and which are not. There are three reasons why chiropractors cannot do this:

1) Chiropractors are confused about the nature of the disease process [See Attachment One].
2) Chiropractic has not defined its scope [See Attachment Two].
3) Chiropractic training in the diagnosis of disease is inadequate [See Attachment Three].

We also believe that CCE is not capable of evaluating research conducted at the schools [see Attachment Four].

I regret that I am unable to travel to Washington this week to attend the hearings on this matter. However, I would be pleased to come at a later date if that would be of help to you.

Thank you for your kind attention to this matter.

Sincerely,

Stephen Barrett, M.D.
Chairman, Board of Directors
ISSUE #1: CAN CHIROPRACTORS FUNCTION AS PRIMARY CARE PROVIDERS?

A primary provider must be able to tell which patients he sees are appropriate for his care and which should be referred to other practitioners. There is serious question about whether chiropractors can do this. The following questions should be asked:

1. Do chiropractors diagnose?
2. What do they diagnose?
3. Do they make diagnoses in medical terms?
4. Can they make the same diagnoses that medical doctors make?
5. What is the evidence that they make medical diagnoses? How are they taught to do this? How are they tested? By the schools? By the state and national chiropractic board examinations?
6. Do chiropractors treat diseases?
7. What diseases do they treat?
8. Which diseases do they refer?
9. What are the criteria for separating those cases which a chiropractor can treat from those which should be referred to medical doctors?
10. Where are these criteria published?
11. How are chiropractors tested in their grasp of these criteria?
12. Are these criteria the same in the various schools?
13. Does CCE use any such criteria in assessing the quality of training at the various chiropractic schools?
14. Do schools keep statistics about what ailments are treated and which patients are referred? Where is this published?
15. Are chiropractors trained in differential diagnosis? How is this training accomplished and how is their competence tested?
16. In 1975, William D. Harper, president of Texas Chiropractic College, wrote that diagnosis is "a trap for the unwary" in his profession. He also said, "We waste too much time in our curriculum on medical diagnosis." Does he still believe these ideas? Is there any evidence that prior to his school's accreditation by CCE, its curriculum was altered to increase student respect for differential diagnosis?

Suggestions for Study

1. Ask for published criteria for distinguishing chiropractic from non-chiropractic cases.
2. Cross-check by asking for all student final examinations and all examinations given by state and national chiropractic examining boards.
3. Examine school outpatient clinic records to see if differential diagnosis is reflected in the records.
4. Ask for statistics about which ailments are being treated and which are being referred.
5. Ask if CCE have any criteria which state that a broad range of ailments must be seen at the outpatient clinics to insure that students are adequately trained in diagnosing medical problems.
ISSUE #2: HAS CHIROPRACTIC DEFINED ITS SCOPE OF PRACTICE?

Chiropractors claim that ailments cause by "nerve interference" or "vertebral misalignments" are within the scope of its practice. The following questions should be asked:

1. Do chiropractors treat diseases?
2. Are diseases caused by pinched nerves or vertebral misalignments (or any other chiropractic term used to describe how many or most ailments are caused by problems of the spine or nervous system)?
3. Which diseases are caused by pinched nerves are vertebral misalignments?
4. In each ailment, which nerves have been interfered with? Or can interference with any nerve cause any problem in the entire body?
5. Where is the tabulation of data which shows which nerve problems are associated with which ailments? How was this data compiled?
6. Are there published guidelines which help students learn which ailments are supposedly caused by which spinal problems? Are the guidelines uniform from school to school?
7. Which textbooks of chiropractic (not medicine) are considered authoritative by the schools?
8. Do these textbooks address the question of which nerve problems cause which ailments?
9. The Texas Chiropractic College bookstore now sells a review book of questions asked on chiropractic licensing examinations. The booklet was compiled by the International Chiropractors Association. One question asks which vertebral problem is responsible for tuberculosis. What does it signify that this erroneous information is being distributed by the school?

Suggestions for Study

1. Examine textbooks for statements about which diseases are caused by which pinched nerves.
2. See if examinations cover this topic.
3. See if clinic outpatient charts reflect any attempts by students or instructors to relate ailments to specific nerve impairments.
ISSUE #3: CAN CHIROPRACTORS DIAGNOSE NERVE INTERFERENCE?

Chiropractors claim that they can diagnose "nerve interference" (or other similar entities). The following questions should be asked:

1. Where are the published guidelines for the diagnosis or other determination of nerve interference?
2. Are the guidelines similar from school to school?
3. What criteria does CCE use to determine whether rational guidelines are being used in the teaching of this subject?
4. Does CCE have any published guidelines for determining whether this subject is being taught properly?
5. Are chiropractors taught how often to examine spines?
6. How often should asymptomatic individuals have their spines examined?
7. Do any textbooks examine the question of how often spines should be examined? If not, why not?
8. How are students tested in their ability to diagnose nerve interference?

Suggestions for Study
1. Examine textbooks.
2. Examine examinations given by schools and state and national chiropractic examining boards.

ISSUE #4: CAN CHIROPRACTORS RENDER APPROPRIATE TREATMENT FOR NERVE INTERFERENCE OR OTHER AILMENTS?

The primary chiropractic treatment modality is the spinal manipulation or "adjustment." The following questions should be asked:

1. What are the criteria for using manipulation?
2. What are the contraindications?
3. Where are these criteria published?
4. How are students taught contraindications for manipulation and how is their knowledge tested?
5. How many manipulations are needed for treatment of the various conditions that chiropractors treat?
6. How are students taught and tested on this subject?
7. Where are data on needed number of manipulations published?
8. Is manipulation used to treat diseases? Which ones? Where is this topic published?
ISSUE #5: DOES CHIROPRACTIC TREATMENT RELIEVE NERVE INTERFERENCE?

Assuming that chiropractors make some sort of determination that something is wrong with a patient, what criteria do they use to determine whether they have helped the patient? The following questions should be asked:

1. Do subluxations show on x-rays?
2. If not, what does show that indicates a need for treatment of a particular portion of the spine?
3. If abnormalities do show, do they lessen or disappear when the patient improves?
4. Precisely how do chiropractors read x-rays?
5. Do they read them the same at all schools?
6. Where are the published criteria for reading x-rays?
7. How are students tested in the reading of x-rays?
8. What authoritative textbooks or chiropractic x-ray diagnosis are used by the schools?
9. Do chiropractors claim that all, most, or some patients have concomitant x-ray improvement as they improve clinically?
10. Do the different schools agree on this point?
11. Where are the data to support any such claims?
12. Are x-rays used for screening purposes?
13. What are the criteria for deciding whether or not to x-ray a patient initially? When should patients be re-x-rayed?
14. Where are they published?
15. What are the criteria for frequency of x-ray examination?
16. Where are they published?
17. Does CCE attempt to determine whether the schools are using any criteria in their teaching?

Suggestions for Study

1. If chiropractors claim that x-rays show abnormalities which are corrected by treatment, ask for 10 sets of x-rays from each school on patients under 40 which demonstrate problems before treatment which have disappeared after treatment. Each set of x-rays should be accompanied by a case history and report of x-ray findings.
2. Ask a few chiropractors to read the x-rays and see if there is any correspondence between their readings and the data from the schools' teaching file x-rays.

ISSUE #6: ARE CHIROPRACTORS DOING MEANINGFUL RESEARCH?

Although chiropractic claims it is interested in research, it is questionable whether any research will actually be applied to clinical practice. The following questions should be asked:

1. What research is being done?
2. How is it reviewed?
3. Precisely how does it apply to clinical practice?
4. Has CCE any written reports which indicate it has actually looked at research at the schools?
5. Has any determination been made about what research is needed?
6. Have research grant applications been submitted to government agencies for funding? How many have been accepted or rejected?
7. Where is research published?
8. How are future research priorities being determined?
ATTACHMENT ONE: CHIROPRACTORS ARE CONFUSED ABOUT THE NATURE OF THE DISEASE PROCESS.

Chiropractic is built upon the theory that spinal problems are a basic or highly significant factor in the cause of disease. This theory is false. One cannot build a sturdy house without a strong foundation. Because chiropractors are confused about the basis of disease, they cannot make judgments about what cases are appropriate for their care.

Exhibit 1-A is a chart commonly used by chiropractors which suggests that spinal misalignments are a major cause of almost every type of ailment. This chart is utter nonsense. The fact is that very few of the listed conditions are in any way related to spinal misalignments.

The District Attorney of Northampton, Pa., is currently seeking a court order to ban this type of chiropractic claim in advertising, so the accuracy of these claims will ultimately be subjected to a trial under courtroom conditions.

Meanwhile we suggest you ask both yourselves and the chiropractors who testify for CCE whether spinal misalignments really can cause deafness, acne, quinsy (abscess of the tonsil), whooping cough, kidney troubles, dysentery (infectious diarrhea) and the 100-or-so other ailments listed in the chart. CCE will probably respond by denying that the spinal chart is in common use.
The nervous system controls and coordinates all organs and structures of the human body. (Gray's Anatomy, 29th Ed., page 4) Misalignments of spinal vertebrae and discs may cause irritation to the nervous system and affect the structures, organs, and functions which may result in the conditions shown below.

### Chart of Effects of Spinal Misalignments

#### Atlas

- **Axis**

#### Cervical Spine

1. **1st Thoracic**

#### Thoracic Spine

1. **1st Lumbar**

#### Lumbar Spine

1. **Sacrum**

#### Coccyx

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<tr>
<th>Vertebrae</th>
<th>Areas</th>
<th>Effects</th>
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<tr>
<td>Cervical</td>
<td>Blood supply to the head, pituitary gland, scalp, bones of the face, brain, inner and middle ear, sympathetic nervous system.</td>
<td>Headaches, nervousness, insomnia, head colds, high blood pressure, migraine headaches, nervous breakdowns, amnesia, chronic tiredness, disinterest.</td>
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<td></td>
<td>Eyes, optic nerves, auditory nerves, sinuses, mastoid bones, tongue, forehead.</td>
<td>Sinus trouble, allergies, crossed eyes, deafness, eye trouble, earache, fainting spells, certain cases of blindness.</td>
</tr>
<tr>
<td>1st Lumbar</td>
<td>Checks, outer ear, face bones, teeth, trimalar nerve.</td>
<td>Neuralgia, neuritis, acne or pimples, eczema</td>
</tr>
<tr>
<td>1st Thoracic</td>
<td>Nose, lips, mouth, eustachian tube.</td>
<td>Hay fever, catarrh, hearing loss, adenoids.</td>
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<td></td>
<td>Vocal cords, neck glands, pharynx.</td>
<td>Laryngitis, hoarseness, throat conditions such as sore throat or quinsy.</td>
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<td></td>
<td>Neck muscles, shoulders, tonsils.</td>
<td>Stiff neck, pain in upper arm, tonsilitis, whooping cough, chock.</td>
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<td>Thyroid gland, bursae in the shoulders, elbows.</td>
<td>Bursitis, colds, thyroid conditions.</td>
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<td>Arms from the elbows down, including hands, wrists, and fingers; esophagus and trachea.</td>
<td>Asthma, cough, difficult breathing, shortness of breath, pain in lower arms and hands.</td>
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<tr>
<td></td>
<td>Heart, including its valves and covering coronary arteries.</td>
<td>Functional heart conditions and certain chest conditions.</td>
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<tr>
<td></td>
<td>Lung, bronchial tubes, pleura, chest, breast.</td>
<td>Bronchitis, pleurisy, pneumonia, congestion, influenza.</td>
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<td></td>
<td>Gall bladder, common duct.</td>
<td>Gall bladder conditions, jaundice, shingles.</td>
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<td>Liver, solar plexus, blood.</td>
<td>Liver conditions, fever, low blood pressure, anemia, poor circulation, arthritis.</td>
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<td>Stomach.</td>
<td>Stomach troubles, including nervous stomach indigestion, heartburn, dyspepsia.</td>
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<td>Pancreas, duodenum.</td>
<td>Ulcers, gastritis.</td>
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<td>Spleen, diaphragm.</td>
<td>Hiccoughs, lowered resistance.</td>
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<td>Adrenal and suprarenal glands.</td>
<td>Allergies, hives.</td>
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<td>Kidneys</td>
<td>Kidney troubles, hardening of the arteries, chronic tiredness, nephritis, pyelitis.</td>
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<td>Kidneys, ureters.</td>
<td>Skin conditions such as acne, pimples, eczema, or boils.</td>
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<td>Small intestines, lymph circulation.</td>
<td>Rheumatism, gas pains, certain types of sterility.</td>
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<td>Large intestines, inguinal rings.</td>
<td>Constipation, colitis, dysentery, diarrhea, some ruptures or hernias.</td>
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<td>Appendix, abdomen, upper leg.</td>
<td>Cramps, difficult breathing, acidosis, varicose veins.</td>
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<td></td>
<td>Sex organs, uterus, bladder, knees.</td>
<td>Bladder troubles, menstrual troubles such as painful or irregular periods, miscarriages, bed wetting, impotency, change of life symptoms, many knee pains.</td>
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<td></td>
<td>Prostate gland, muscles of the lower back, sciatic nerve.</td>
<td>Sciatica, lumbago; difficult, painful, or too frequent urination, backache.</td>
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<td></td>
<td>Lower legs, ankles, feet.</td>
<td>Poor circulation in the legs, swollen ankles, weak ankles and arches, cold feet, weakness in the legs, leg cramps.</td>
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<td></td>
<td>Hip bones, buttocks.</td>
<td>Sacroiliac conditions, spinal curvatures.</td>
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<td>Rectum, anus.</td>
<td>Hemorrhoids (piles), pruritis (itching), pain at end of spine on sitting.</td>
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For further explanation of the conditions shown above, and information about those not shown, ask your Doctor of Chiropractic.
ATTACHMENT TWO: CHIROPRACTIC HAS NOT DEFINED ITS SCOPE

Chiropractors cannot agree among themselves what they should be treating or even what they are treating. Moreover, when asked about these subjects, they do not give consistent replies.

In 1971, a prominent chiropractic official testified at a Senate hearing that certain diseases were outside the scope of chiropractic. When we polled the membership of his organization, however, we obtained quite a different picture. Exhibit 2-A describes this study plus a variety of other observations we have made about the scope of chiropractic.

Chiropractors are really put on the spot when you read off a list of diseases and ask whether they are caused by spinal problems. Once they allow themselves to be pinned down about this, they can be subject to a terribly embarrassing cross-examination. (In addition, they can be held in court to a medical standard of care.) So what they do is try to double-talk their way out of giving a straight answer to questions about their scope.

Exhibit 2-B is an official example in which R. C. Schafer, D.C., Director of Public Affairs of the American Chiropractic Association, states:

"It would be a pernicious act to attempt to delineate what has been termed the chiropractic domain." [Italics added]

Yet the Palmer College of Chiropractic does a land-office business selling pamphlets which tell how chiropractors treat appendicitis, diabetes, bronchitis, gall stones, kidney trouble, tonsillitis, etc., etc., etc. (See Exhibit 2-C.)
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(inside back cover)
reduced work-time losses, and reduced workman disability and suffering can be demonstrated. Comparative studies of workmen's compensation records have demonstrated dramatically the efficacy of chiropractic care.

No book of this size can attempt to present the "chiropractic story". What has been ventured is to offer the reader an overview which highlights the features of the profession which may invite further inquiry of this unique healing art.

What is the chiropractic domain? No attempt had been made to list the many disorders and diseases of man in which chiropractic therapy has proven to be a more effective alternative, nor those in which this approach has made a valuable contribution in conjunction with orthodox medical care. Suffice it is to say that (1) there are disorders of a neuro-musculo-skeletal nature in which chiropractic care has shown outstanding results; (2) there are those functional disorders such as certain types of headaches, asthma, allergies, neuralgias, digestive disturbances, and other dysfunctions where clinical results are most encouraging, but further research is needed to define more accurately the scientific principles involved; and (3) there are those pathological states for which chiropractic therapy has been rarely involved, yet must remain open to research and clinical study by all the healing arts until an adequate solution is found.

It would be a pernicious act if one would attempt to delineate what has been termed "the chiropractic domain". Chiropractic is a science. As a science, it must be left open-ended with discretion. As any science, chiropractic can only say in relation to the above three categories of clinical concern that (1) we know to be fact, (2) we believe and must prove to be fact, and (3) this is the unknown which must be made known.

While growth cannot be considered rapid, it can be stated with confidence that chiropractic's development during this century on this and foreign soils is becoming increasing recognition and acceptance as a primary portal-of-entry into the national health care systems. Today, it is an accepted member of the healing arts. Yet, adequate understanding of the profession is not enjoyed and misunderstanding is not uncommon.

Any health science is difficult to discuss in simple terms as each has its own terminology, thus leading to errors in comprehension and interpretation outside the discipline. Even the various medical specialists have difficulty in communicating with one another. Chiropractic is no exception to this rule.

The assistance offered from so many agencies involved in supplying current data for the development of this book has made a listing of all contributors impractical. However, without their support, such an undertaking would have been impossible. Noteworthy among these have been the American Chiropractic Association and its sundry Councils, Committees, and Commissions.

The purpose of this book is to present an overview of chiropractic philosophy, clinical disciplines, professional profile, educational requirements, contributions to national health care, and other major factors of general interest in hope that many misconceptions of the profession may be corrected. Thus, readers should not view this work as a scientific treatise, but rather as a compendium of the profession's history, theory, practice, and contribution.

~RCS
Your patients and friends should have attractive and easily read chiropractic information available. Display these health tracts and provide an educational service to your patients and civic groups so they may know the freedom of choice of health care. These health tracts are continually being updated by the Palmer College of Chiropractic Faculty.

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1000 Brady Street  Davenport, Iowa 52803
ATTACHMENT THREE: CHIROPRACTIC TRAINING IN DIAGNOSIS IS NOT ADEQUATE TO PREPARE ITS PRACTITIONERS TO FUNCTION AS PORTAL OF ENTRY HEALTH CARE PROVIDERS.

It is one thing to create a curriculum which looks good on paper. It is quite another to train a student to be a thinking diagnostician. A good example of the inadequacy of chiropractic training can be seen in the fact that obstetrics is taught in chiropractic school. Do you really think that chiropractors can learn this subject without ever participating in the delivery of babies? In a recent court case, a chiropractor held forth about the number of hours he had spent at school learning the subject of gynecology. Yet he was unable to pronounce the word gynecology!

Chiropractic training in the matter of diagnosis is quite superficial. Chiropractors lack hospital work, a necessary part of diagnostic training for anyone who wishes to be a primary provider. In addition, chiropractors are forbidden by law to perform many of the diagnostic tests necessary for the diagnosis of many diseases. A simple way to demonstrate this would be to ask CCE officials whether they can diagnose all of the diseases that are listed in the spinal chart (Exhibit 1-A). Then invite a medical school professor to test their skill. I once had the opportunity to do this at a government hearing and made a monkey out of the chiropractor. Chiropractors also lack the background to evaluate many of the diagnostic tests performed by medical doctors.

Exhibit 3-A expresses the views of an intelligent chiropractor about the inability of chiropractors to make adequate diagnoses. Exhibit 3-B contains a warning by the leading chiropractic malpractice insurance company that chiropractors should undress their patients in order to examine them. I guess it hasn't been stressed enough in school!
Malpractice Is 
An Inevitable Result 
Of Chiropractic Philosophy 
And Training

A chiropractor charges: Chiropractic is based on a false theory and its practitioners are inadequately trained in diagnosis

PETER J. MODDE, D.C.

TWO YEARS AGO, a 47-year-old man consulted a chiropractor for severe leg pain of three days' duration. The chiropractor did not remove the patient's trousers, shoes, or socks. Instead, he examined only his back, diagnosed "lumbalgia," and manipulated the man's spine. Three days later, when the patient's pain persisted, he consulted a medical doctor who realized that the problem was a blocked artery that had been cutting down the circulation of blood to the leg. Had the problem been diagnosed earlier, surgery could have removed the block. By this time, however, amputation of the leg was necessary.

At first glance, this might appear to be an extreme or isolated case of malpractice. But my experience as a chiropractor and as an independent consultant in malpractice cases has convinced me it is not. The chiropractor was merely following what he had learned in school. Chiropractic is based on a false theory. Its practitioners are inadequately trained in diagnosis, and most do not know their limitations. Malpractice is an inevitable result of these circumstances.

Chiropractic Philosophy

Chiropractic was founded in 1895 by Daniel David Palmer, a grocer and "magnetic healer" who believed that almost all diseases are the result of misplaced spinal bones. According to his theory, "subluxations" of spinal vertebrae cause disease by interfering with the flow of "nerve energy" from the brain to the body's tissue cells. Spinal "adjustments," by restoring vertebrae to "proper places," allow brain energy to heal the diseased condition.

It should be obvious that anyone wishing to treat a disease would first have to accurately diagnose what needs treatment. But followers of D.D. Palmer's philosophy see things differently: Their obligation is merely to examine the spine, find the subluxations, and correct them. A "medical diagnosis" is unnecessary.

Not all chiropractors espouse this "straight" Palmer philosophy. The more modern chiropractors, known as "mixers," do talk about diagnosis. Antagonism exists between the two groups.

An interesting debate recently appeared in the student newspaper of the Palmer School of Chiropractic. Speaking from the mixer viewpoint was Louis Sportelli, D.C., past president of the Pennsylvania Chiropractic Society. He said: "Literature from 'straight colleges' ... and self deceiving newspaper columns professing the Chiropractic 'truth' has reached an all-time high.... Wouldn't it be wonderful if the cause of HEALTH and DISEASE were as simplistic as finding the ever elusive 'subluxation' and then correcting it."

Thomas A. Gelardi, D.C., president of the Sherman School of Straight Chiropractic, replied: "It is obvious that [Sportelli's editorial] was written by someone ignorant of chiropractic principles as expounded by D.D. Palmer. ... Chiropractic will assume its rightful role in society when those who claim to be chiroprac-
PETER J. MODDE, D.C., is a chiropractor in private practice in Renton, Wash. A graduate of the Palmer College of Chiropractic in Davenport, Iowa, he has completed additional study at the Cleveland Chiropractic College in Los Angeles and the University of Washington in Seattle. "My involvement in malpractice testimony came about," he says, "because of disgust with hypocritical chiropractic bureaucrats and their 'two-faced' attitude regarding our actual ethical and moral responsibilities to our patients."

For about a year and a half, he lobbied for a change in state law to require additional hours in diagnosis in the education of chiropractors. This effort was unsuccessful. "My efforts now," he says, "will be directed toward defeating chiropractic legislation that would broaden coverage of our services and in acting as a consultant on alleged negligence cases. Our 'leaders' do understand economics and do understand the power of the courts."

Chiropractors stop wandering all over the medical therapeutic world and use their full potential in further developing the art and science of locating and correcting subluxations.

Sportelli then responded in a letter: "The vast majority of chiropractors I are tired of this fanatical concept and definition of what chiropractic is and is not. . . . Then to add a note of tarnish to the silver tongued spokesmen for super 'straight' chiropractic is the question: Are the straights really straight, or do they gather at meetings and conventions to convince their friends that they practice only that which is pure and principled straight Chiropractic? Only to return to the sanctuary of their offices to utilize blood tests, nutrition, physiotherapy, vitamins, and yes, even diagnose. . . . They advertise cures for every condition in the materia medica, yet do not treat conditions. . . ."

As far as the obligation to diagnose is concerned, the courts clearly side with the mixers. A lengthy legal memorandum published in the journal of the American Chiropractic Association concluded: "The legal duty of the chiropractor, as with any other doctor, is to: first, diagnose the patient's problem; second, if the problem can be treated by spinal manipulation, then he may proceed; third, if he determines that the form of treatment required is outside the scope of his practice, then he must refer the patient to another doctor."

**Chiropractic Training**

Are chiropractors trained to accurately diagnose and refer? In my opinion, the answer is no. The "straight" schools are dominated by D. D. Palmer's philosophy and the "mixer" schools are certainly not free of it. Dr. Sportelli is probably correct that some straight practitioners are trying to diagnose, but it is also clear that most mixers believe that spinal problems are the basic cause of disease. To illustrate the scope of their work, almost all chiropractors use charts that supposedly show how nerves supply the body's vital organs.

Chiropractic students, past and present, have not been taught by skilled medical diagnosticians. They are legally barred from using many diagnostic tests that could be crucial to proper medical investigation. Nor are they able to study the care of patients in hospitals. Independent studies have concluded that chiropractic schools do not adequately prepare their students to function as primary physicians.

**Patient Risk**

Since chiropractors are licensed as "doctors," most people who consult them expect to be "properly medically diagnosed." Patients also assume that if their problem is beyond the scope of chiropractic, they will be referred to an appropriate practitioner. Since these assumptions are usually incorrect, the more the patient relies on the chiropractor for diagnosis of his case, the more vulnerable he will be. Patients who use chiropractors as primary physicians, either because they don't know any better or because they have been turned off by orthodox medical care, run the greatest risk.

There are two main types of chiropractic malpractice:

1. Failure to diagnose conditions that require timely medical attention.
2. Damage from manipulation of body parts that have been weakened by disease or previous trauma.

Here are some cases I recently reviewed:

A 58-year-old woman consulted a chiropractor for low back and left hip pain. The chiropractor performed a cursory physical exam and x-rayed only her lumbar spine. Diagnosing "lumbar nerve pressure syndrome," he manipulated her low back area with her left leg flexed. The patient's problem was actually a fractured hip. Manipulation disturbed the fracture and made normal healing impossible. As a result, the patient required surgical implantation of an artificial joint.
Effects of Spinal Misalignments Claimed by Chiropractors

6C AREAS: Neck muscles, shoulders, tonsils.
EFFECTS: Tonsillitis, whooping cough, croup.

2T AREAS: Heart including its valves and covering, also coronary arteries.
EFFECTS: Functional heart conditions and certain chest pains.

7T AREAS: Pancreas, islands of Langerhans, duodenum.
EFFECTS: Diabetes, ulcers, gastritis.

9T AREAS: Adrenals or supra-renals.
EFFECTS: Allergies, hives.

11T AREAS: Kidneys, ureters.
EFFECTS: Skin conditions like acne, pimples, eczema, or boils.

2L AREAS: Appendix, abdomen, upper leg, cecum.
EFFECTS: Appendicitis, cramps, difficult breathing, acidosis, varicose veins.

COCCYX AREAS: Rectum, anus.
EFFECTS: Hemorrhoids or piles, pruritus or itching, pain at end of spine on sitting.

For every vertebra, there is a reason for manipulation according to chiropractic philosophy. Shown here are a sampling of claimed effects.
A 38-year-old man who consulted a chiropractor for low back pain was x-rayed, examined briefly, and treated with spinal manipulation. Despite three months of treatment, his pain persisted and he consulted a second chiropractor who treated him in a similar fashion. When his pain persisted, he went to a medical doctor who ordered tests that led to a diagnosis of Hodgkin's disease. The patient's pain had been caused by swollen lymph glands. It disappeared with treatment of his underlying disease.

A 58-year-old man with back pain became paralyzed from the waist down after spinal manipulation by a chiropractor. Unknown to the chiropractor, the patient's spine had been weakened by metastatic bladder cancer. The chiropractor's evaluation did not include a medical history, an orthopedic evaluation, or a urinalysis. An x-ray film was taken but was of such poor quality that it was diagnostically useless.

A 50-year-old man required surgery for a prolapsed lumbar disc that was ruptured by chiropractic treatment. Careful orthopedic evaluation would have indicated that what the patient needed at the time of his chiropractic visit was not manipulation but bed rest and traction.

A 63-year-old woman who relied on a chiropractor to treat her for neck pain, headaches, nausea, and dizziness died as a result of a brain hemorrhage. Unsuspected by the chiropractor, her symptoms were caused by high blood pressure in urgent need of medical management.

A 55-year-old man who consulted a chiropractor for pain in his midback, chest, and left shoulder was told that his pain was "nerve pressure" from a spinal subluxation. His problem was actually a heart attack requiring immediate hospitalization.

This last case is of particular significance because few conditions are less appropriate for chiropractic care than an acute heart attack!

Case Involving Claims

A Pennsylvania chiropractor is now facing prosecution for advertising that "intense, fearful constricting chest pain" is a reason to see a chiropractor. Other ads figuring in the case claim that blurred vision is a reason to see a chiropractor and that "pinched nerves" can cause abnormal blood pressure, hay fever, sinus trouble, arthritis, pleurisy, glandular trouble, goiter, bronchitis, colds as well as stomach, liver, kidney, and gallbladder problems.

At the preliminary hearing, a medical cardiologist testified that severe chest pain could represent a heart attack requiring emergency care and that delay in getting such care could be fatal. Seven chiropractors testified in support of the advertising claims. Here is the testimony of one of them:

Q. Sir, if somebody came to you complaining of blurred vision, would you examine the eye?
A. I would examine the spine. I examine everyone's spine.

Q. If someone came to you complaining of goiter, would you examine the goiter?
A. I would examine their spine again.

Q. If someone came to you complaining of intense pain in the chest radiating down the left arm, would you examine, or would you attempt to examine the heart by using an electrocardiogram machine?
A. I only check the spine for vertebral subluxations.

Q. Would you use a stethoscope to check the heart pain at that point if somebody came to you with their complaint?
A. We don't use a stethoscope in checking the spine. We only check the spine for subluxations.

At a subsequent hearing, the chairman of the Pennsylvania State Board of Chiropractic Examiners and faculty members from three of the nations' 13 chiropractic colleges endorsed the ads as accurate and representative of what is taught in chiropractic schools.

What's Ahead?

Although chiropractors enjoy undeserved status as primary care providers, they have become politically powerful. For this reason, it is unrealistic to expect state legislators to curtail their abuses or restrict their practices. Nor is it likely that chiropractic can build a safe and rational health care system on a foundation that is delusional. Malpractice litigation therefore may be the most effective way to alert the public to chiropractic's dangers.

REFERENCES

8. COMMONWEALTH v. LaBarre, Crim. No. 409 (Northampton Cty., Pa.: C.P. October 1975.)
Statement of Policy

Recently, a Statement of Policy was mailed to all NCMIC policyholders as follows:

It has come to the attention of the NCMIC Board of Directors that there are several areas of confusion that exist regarding our requirements for issuing and maintaining malpractice insurance coverage.

We strongly recommend that you read the following very carefully and be notified that violation of the following requirements will serve as just cause to terminate the policy of the offender.

Advertising

There has been a great deal of discussion regarding advertising and recently established guidelines by various professions. There are many doctors of chiropractic who are now involved in some form of regular advertising, either in yellow pages of the phone book, the electronic media or direct mail.

NCMIC has long had standards concerning ethics in advertising, has long recognized that some forms of advertising increase the likelihood of a malpractice suit and make the claims difficult, if not impossible, to defend successfully. This results in vastly increasing our premium costs.

Although we recognize the right to practice and the right to advertise, we also must recognize the resulting increase in risk. This necessitates the establishing of rules relative to advertising.

We are taking this opportunity to itemize our guidelines for allowable advertising as a policyholder with this company. Any departure or excess of these requirements will result in prompt termination of insurance coverage.

The presence of one or more of the following in advertising shall be grounds to refuse or terminate coverage:

1. Flamboyant statements or illustrations.

Payment of Patient Fees

There have been reports that some doctors are utilizing a contract form of payment in their practice. There have also been instances of individuals submitting written reports to patients concerning the diagnosis and length of treatment including a specific number of calls or a specific time period which would be required to treat the listed condition. Since either form could be considered an implied promise to cure, the company will not provide coverage for those dealing on a contract basis and will seriously scrutinize anyone using the above described written report of condition and recommended treatment.
Diagnosis and Treatment through Clothing

It has been mentioned in various locations of the country that some chiropractors diagnose and treat patients through their clothing.

Following discussion with legal counsel concerning the above situation, it was determined by the NCMIC Board of Directors that legal defense of this kind of case was more difficult and consequently more costly to our company. A frequent basis for claims against our insureds is failure to properly diagnose the patient's condition. A diagnosis or treatment should not be made through the patient's clothing if this will interfere in any way with giving proper care. We recommend that careful discretion concerning this procedure be exercised by all.

Excess Supply

There were 189 doctors for every 100,000 Americans in 1976, according to an article in the Wall Street Journal. That was a new high, up from 149 doctors per 100,000 persons a decade earlier. Over the next 11 years, the ratio will climb to 242, a federal study predicts. This means that by 1990, there will be 594,000 physicians in the US, or 25,000 to 50,000 more than are expected to be needed.

Despite the excess supply, which by most rules of economics would dictate a decline in price, doctors' fees are likely to rise. This is because doctors will attempt to maintain a "target income" by pegging rising fees to fewer patients, says New Physician, a magazine for doctors-in-training. Doctors also will see more patients by lengthening office hours and by making house calls, the magazine suggests.

San Francisco already has 525 doctors per 100,000 population, highest ratio in the nation.

Three Rs

Doctors can do a number of things on their own to help ease and curb malpractice problems.

There are the "Three Rs" that are critical in keeping claims down:

RAPPORT — The absence of good rapport with a patient can create the climate for a malpractice claim.

REASON — Patients want to know why something is or is not being done, and the doctor should do his best to inform.

RECORDS — If something is not in the records it is considered not done. Be as complete and thorough as possible.

Move to Streamline Procedures

The Justice Department will send the new Congress a proposal to improve the process for resolving medical malpractice claims. Attorney General Griffin B. Bell disclosed in a recent speech describing his proposed "justice improvements program."

Speaking at the Texas Tech Law School in Lubbock, the US Attorney General said that "medical malpractice problems are high on our agenda."

He noted that "these problems have reached troubling proportions in several ways: the cost of health care is substantially increased, inflation is fueled and expense and delay in litigation are exacerbated.

"The cost of malpractice insurance adds considerably to the cost of health care services to the people of the country," he said. "Last year the nation's hospitals alone spent approximately $1.2 billion for malpractice insurance. This represents a six-fold increase over the past five years.

"Moreover, existing litigation procedures do not always assure that meritorious claims are compensated or that physicians and hospitals are adequately protected against unmeritorious claims," he said.

In an effort to "get at this problem," Mr Bell said the Justice Department will send Congress proposed legislation to aid in resolving medical malpractice claims.

He noted that "the experience of several states shows that patients, doctors, and hospitals all benefit from a system that provides screening of malpractice claims and which is tied to improved professional discipline procedures.

"The use of screening panels provides a means of weeding out unfounded claims and encouraging prompt and fair settlement of those which are meritorious," according to the Attorney General.

He said the department will propose national minimum standards for procedures to resolve malpractice claims. Within those national standards, the states would be free to shape individual systems to fit local needs and conditions.

Doctors at Kaiser-Permanente Medical Center, Oakland, California, are offered courses on how to improve their handwriting, notoriously bad among physicians. The course handbook warns that malpractice risks may increase with poor penmanship, which the handbook says "may be dangerous to your wealth."
ATTACHMENT FOUR: WHY CCE IS NOT CAPABLE OF EVALUATING RESEARCH AT THE SCHOOLS.

The best measurement of the state of chiropractic research is an article by Scott Haldeman, D.C., Ph.D., M.D., the most educated and most prominent research consultant within the chiropractic profession. (See Exhibit 4-A.) Haldeman correctly points out:

1. The scope of practice has not yet been defined.
2. There is no agreement as to frequency of adjustment, what area of the spine should be adjusted for what conditions, or whether the various techniques used by chiropractors actually work.

Haldeman states in the clearest terms that chiropractic research is virtually non-existent. He also correctly perceives that the majority of chiropractors have not been interested in research to assist their practice. In an apparent attempt to sell his colleagues on the idea of supporting research, he stresses that research is politically necessary.

It has been my observation that what chiropractors now call research has virtually no practical application for the practitioner. Chiropractic is in an awkward position because there is no way research can prove a false theory. Thus the profession can only lose ground by testing its so-called scientific foundations. Moreover, the type of person who believes in chiropractic theory is unlikely to possess the logical mental capacity necessary to think in research terms.

CCE is ultimately controlled by the same educational leaders who avoided meaningful chiropractic research at their respective schools. Do you think that these leaders can magically become judges of the quality of research design at the various schools? Do you think that most of them really want research done at their schools or have the statistical ability to tell a good research design from a bad one?
The importance of research in the principles and practice of chiropractic

by

Scott Haldeman, D.C., M.Sc., Ph.D., M.D.

Chiropractic is entering a new era in its history. The past few years have seen a rapidly increasing interest in things scientific. A large number of chiropractic organizations have set up research committees and, in the United States and Canada non-profit foundations have been formed to collect funds for research and continuing education. There is a demand for higher educational standards by students of chiropractic who are looking for research which harkens the theory and practice of chiropractic. Similarly practitioners are beginning to expect postgraduate conventions and seminar speakers to present original research in place of the more familiar practice management and technique courses.

Questions remain in the minds of a few, however, concerning the necessity for research since it is often felt that the results of chiropractic care are obvious. Questions still arise concerning the reason chiropractors should give money to do research which might question current theories and why they should attend seminars on topics which do not appear to have immediate clinical application. The purpose of this paper is to serve as an introduction to the more technical papers to be presented at this convention in order to point out some of the advantages of research to the chiropractic profession.

Research, knowledge and privilege

Ulf von Euler, the 1970 Nobel Laureate in medicine and physiology, in a discussion on the importance of research stated that "Knowers, scientific and others, are valued as well as revered by their society. Their knowledge confers power and the vast potential that is latent in scientific knowledge is the justification for the status and role of science and the scientists." (von Euler, 1976)

People and organizations which have knowledge based on documented research have always been given prestige, privilege and power by the society in which they function. This prestige and privilege has usually been greater than that given to people who have offered a service based solely on skill. The greatest privilege has been given to those groups which offer a much needed service and at the same time conduct research into the therapy and practice of this skill so that they have greater knowledge than anyone else in their particular field. These groups have been elevated to the level of a profession and in most instances have been given the exclusive power to control, regulate and deliver the service they offer.

Practitioners of spinal adjusting or manipulation, and especially chiropractors, have been trying to gain the status and recognition of a profession for centuries with only limited success. It is not as if the practice of spinal manipulation is new. The service has been offered to the public by one group or another since the time of Hippocrates. It has been described in the folk medicines of Mexico, Sweden, Denmark, England, Germany, New Zealand, China, Japan, and Tahiti. In the past century it has been offered by organized groups in medicine, physiotherapy, osteopathy and chiropractic (Schioz, 1958).

Despite the wide use over a long period of time by a variety of clinicians the practice of spinal adjusting remains a source of controversy and is not generally accepted as a well tested therapeutic procedure. The reason for this lack of status becomes obvious when one reads the journals and texts of practitioners of the art. Despite over 2400 years of practice no group of health professionals has yet evolved which was willing to research the usefulness of this therapeutic procedure or to study the theories on which it is based.

This lack of research is becoming a serious threat to practitioners of spinal manipulation, especially chiropractors. Research is now being conducted into the theory and practice of chiropractic by basic scientists, epidemiologists, statisticians and members of the medical profession. The power to control chiropractic and perhaps even to practice the art will eventually go to the "knowers" who, in the absence of research by chiropractors, may be those individuals who traditionally have opposed the practice of chiropractic. The only way this trend can be reversed is for chiropractic to put sufficient emphasis on research and education so that, as a profession, they have considerably more expertise and skill than any other health profession.

The consequences of a lack of research

An outsider who is unbiased and ignorant of what spinal manipulation and chiropractic is usually asks very basic questions in his attempt to form an opinion on this topic. These outsiders include politicians who are required to pass legislation controlling health care, government officials who must regulate medicare, workmen's compensation boards and other government health programs and patients who wish to seek the services of a chiropractor.

The first question which is commonly asked is: "What is a chiropractor and what does he do." Despite the numerous attempts to define chiropractic and the scope of practice there is as yet no international definition which is ascribed to by all chiropractors. More importantly, however, there is no established standard of care in the profession. This has created a situation whereby a patient transferring from one chiropractor to another cannot be assured of a similar type of treatment. There is very little agreement as to when and how often a chiropractic adjustment should be given, which area of the spine constitutes the most important primary source of spinal dysfunction and whether the adjustment should be given by itself or in conjunction with some other therapeutic modality.

<table>
<thead>
<tr>
<th>TABLE 1</th>
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<tbody>
<tr>
<td>A few of the numerous techniques being promoted as the most effective method of adjusting the spine</td>
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<table>
<thead>
<tr>
<th>Technique</th>
<th>Description</th>
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<tbody>
<tr>
<td>Gonstead</td>
<td>full spine</td>
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<tr>
<td>DeJarnette</td>
<td>sacro-occipital</td>
</tr>
<tr>
<td>Palmer</td>
<td>hole-in-one</td>
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<tr>
<td>Grostiek</td>
<td>upper cervical</td>
</tr>
<tr>
<td>Pettibon</td>
<td>full spine</td>
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<tr>
<td>Thompson</td>
<td>drop table</td>
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<tr>
<td>Logan</td>
<td>basic sacral</td>
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<tr>
<td>Gillet</td>
<td>fixation mobilization</td>
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<tr>
<td>Tofness</td>
<td>full-spine</td>
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<tr>
<td>Meric</td>
<td>vertebral level</td>
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<tr>
<td>Goodheart</td>
<td>kinesiologic biofeedback</td>
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<tr>
<td>Mears</td>
<td>upper cervical</td>
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THE JOURNAL OF THE CCA — OCTOBER, 1976
Table 1 constitutes a very short list of spinal adjutive technique systems currently being promoted as the most effective from chiropractic care. It is extremely difficult for students of chiropractic to decide which technique is the most effective in the absence of any research comparing one technique to another. This results in some erosion of confidence of students in the practice of chiropractic and creates a situation whereby new graduates attend numerous technique courses without being able to critically evaluate what is being presented. More often than not a newly graduated chiropractor eventually settles for a technique with which they feel the most comfortable rather than the one which has been demonstrated by research to be the most effective.

The second question most commonly asked of chiropractic is: “What is the effectiveness of the spinal adjustment as compared with conventional medical, physiotherapeutic or surgical procedures?” Again, there has not been adequate research done. Here the fault lies not only with chiropractors but must be extended to all health professions. The medical profession have been especially negligent in not permitting sufficient cooperation between chiropractors and physicians to allow comparative studies to take place within the large government financed hospitals and universities. The one comparative trial which has been carried out by the medical profession (Kane et al. 1974) was not well controlled and the qualifications of the practitioners of spinal manipulation not adequately described. It is promising to note this prejudice is subsiding and that co-operative research projects are currently taking place in Canada.

The most controversial question, however, remains the theory behind spinal adjusting. If one assumes that spinal adjusting is a valid therapeutic procedure, then it is impossible to obtain any concensus from chiropractors or practitioners of spinal manipulation as to why it works. Table 2 lists a few of the many theories currently being discussed in chiropractic literature as a basis for the practice of chiropractic.

<table>
<thead>
<tr>
<th>Theory</th>
<th>Author</th>
</tr>
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<tbody>
<tr>
<td>Galen</td>
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<td>Pare</td>
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<tr>
<td>Still</td>
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<td>Palmer</td>
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<td>Kuncn</td>
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<tr>
<td>Gillet</td>
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<tr>
<td>Cylax</td>
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<tr>
<td>Menkel</td>
<td></td>
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<tr>
<td>De Jarnette</td>
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<tr>
<td>Perl</td>
<td></td>
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<tr>
<td>Schwarz</td>
<td></td>
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<tr>
<td>Homewood</td>
<td></td>
</tr>
<tr>
<td>Chrisman et al.</td>
<td></td>
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<tr>
<td>Farfan</td>
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</table>

The fourth question commonly asked is: “What is the value of current chiropractic analytical and diagnostic techniques?” There are a large number of instruments and physical examination techniques (Table 4) used by chiropractors in day to day practice which have not been adequately researched. Fortunately there appears to be an increasing interest in doing research in this field and a number of chiropractic colleges have set up research departments which appear to be concentrating on diagnostic techniques. Here, however, there are some difficulties. For example, there are at least two major research projects underway which are attempting to find more accurate ways of measuring a subluxation in the absence of any solid data that the subluxation is worth measuring (Suh. 1975; Howe. 1975).

### Table 4

<table>
<thead>
<tr>
<th>Diagnostic/procedure</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinal X-rays — static or dynamic</td>
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<tr>
<td>Vertebral Palpation — static or dynamic</td>
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<tr>
<td>Palpation for tenderness or muscle spasm</td>
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<tr>
<td>Posture measurement</td>
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<tr>
<td>Leg length measurement (anatomic and functional)</td>
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<tr>
<td>Skin temperature measurement</td>
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<td>Skin electrical conductance measurement</td>
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<tr>
<td>Subjective muscle testing</td>
<td></td>
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<tr>
<td>Psychological testing</td>
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<tr>
<td>Spinal range of motion testing</td>
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</table>

The inability of chiropractors to come to a consensus regarding their theory and practice, to establish a standard of practice in which patient care given by one chiropractor approximates that given by his colleague, and to justify their claims of improved patient care pose a serious threat to chiropractic in this era of medicare, scienctism and increased consumer control of services.

Chiropractic is not the only professional group which wishes to practice the art of spinal adjusting. Many other health professions (Table 2) are becoming interested in this form of patient care and are trying to do the necessary research and set standards. Orthopedic surgeons, neurosurgeons, rheumatologists and physiatrists are all claiming to have the greatest level of knowledge of the spine and are doing the research necessary to press their point. Physiotherapists, osteopaths and general practitioners of medicine are becoming increasingly interested in the practice of spinal manipulation and are beginning to publish textbooks, do research and set standards in this field.

### Table 1

<table>
<thead>
<tr>
<th>Theory</th>
<th>Effects</th>
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</thead>
<tbody>
<tr>
<td>Nerve interference</td>
<td>1. Restore vertebra to normal position</td>
</tr>
<tr>
<td>Structure governs function</td>
<td>2. Straighten the spine</td>
</tr>
<tr>
<td>Hole-in-one theory</td>
<td>3. Relieve interference of blood supply</td>
</tr>
<tr>
<td>Cerebro-spinal fluid interference theory</td>
<td>4. Relieve nerve compression</td>
</tr>
<tr>
<td>Vascular interference theory</td>
<td>5. Relieve irritation of sympathetic chain</td>
</tr>
<tr>
<td>Sympathetic chain interference theory</td>
<td>6. Mobilize fixation vertebral units</td>
</tr>
<tr>
<td>Disc disease theory</td>
<td>7. Shift of a fragment of intervertebral disc</td>
</tr>
<tr>
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<td>8. Mobilize posterior joints</td>
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<td>Subluxation theory</td>
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<td>10. Stretch contracted muscles causing relaxation</td>
</tr>
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<td>Vertebral Hypermobility theory</td>
<td>11. Psychological effect of laying on of hands</td>
</tr>
<tr>
<td>Postural dysfunction theories</td>
<td>12. Correct abnormal somatomotorical reflexes</td>
</tr>
<tr>
<td></td>
<td>13. Stretching or tearing of adhesions around the nerve root</td>
</tr>
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<td></td>
<td>14. Reduce distortion of the annulus</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Theory</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nerve interference</td>
<td>1. Restore vertebra to normal position</td>
</tr>
<tr>
<td>Structure governs function</td>
<td>2. Straighten the spine</td>
</tr>
<tr>
<td>Hole-in-one theory</td>
<td>3. Relieve interference of blood supply</td>
</tr>
<tr>
<td>Cerebro-spinal fluid interference theory</td>
<td>4. Relieve nerve compression</td>
</tr>
<tr>
<td>Vascular interference theory</td>
<td>5. Relieve irritation of sympathetic chain</td>
</tr>
<tr>
<td>Sympathetic chain interference theory</td>
<td>6. Mobilize fixation vertebral units</td>
</tr>
<tr>
<td>Disc disease theory</td>
<td>7. Shift of a fragment of intervertebral disc</td>
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Chiropractic has been broken into a number of splinter groups who vehemently defend their concept of why they get results. Often these practitioners haphazardly quote medical and basic science references to justify their stand. The sad point in this debate is that no one in the profession is presently undertaking the necessary clinical or experimental research to prove their point. There is also very little debate between individuals who hold strong views on the various theories of chiropractic so that a consensus could be reached concerning the current status of each theory and the research which must be done to sort out the relative value of each theory.

It is even more embarrassing to realize that practitioners of spinal adjusting cannot even agree to what the immediate effect of an adjustment might be. Table 3 lists a few proposals which have been made to explain the acute effects of a spinal adjustment. It is possible that a number of these processes takes place but which ones and the importance of these effects has not been established.
Chiropractic is now in the dangerous position that, despite having the greatest dedication to spinal adjusting and the greatest number of qualified practitioners, it could, by default, the right to control the practice of chiropractic to the "knowers" who are conducting the research.

**TABLE 5**

**Professions either practicing or attempting to set standards and to control the practice of spinal adjusting (manipulation)**

1. Chiropractic
2. Osteopathy
3. Physiotherapy
4. Physiatry
5. Orthopedic surgery
6. General practitioners of medicine
7. Naturopathy
8. Bone setters

The advantages of research

It is impossible to list or even to determine all the advantages of research and knowledge to society since many of these advantages only become visible in retrospect when the research is completed and its value is being assessed. There are, however, a number of general points which can be discussed and which appear on the surface at least to be obvious reasons to justify an emphasis on research in the field of chiropractic. These points can be divided into three groups depending on who will benefit from the increased knowledge.

**TABLE 6**

**The importance of chiropractic research to the patient and referring physician**

1. Improved standard of care
2. More consistency in type of care
3. More accurate diagnosis
4. Accurate discussion of problems and prognosis

The most important benefit is to the patient and referring physician. Research and increased knowledge would result in a higher standard of care by practicing chiropractors. Many of the conflicting points of view and methods of treatment would be assessed and a consensus reached as to the most effective approach to chiropractic care. This, in turn, if taught in the colleges and postgraduate seminars would result in a more consistent type of care. A patient could then transfer from one chiropractor to the next and a medical doctor or other physician could refer a patient to a chiropractor knowing that the patient is likely to receive at least the minimum standard of care established by the profession and backed up by research data.

**TABLE 7**

**The importance of research to the chiropractor**

1. Increased confidence
2. Increased knowledge of what he is doing
3. Increased standard of education
4. Accurate evaluation of new diagnostic or adjusting techniques
5. Increased referrals from other health professionals
6. Increased access to non-chiropractic facilities and expertise

In the same vein, a proper assessment of the various diagnostic procedures and techniques would help to increase the skill of the practicing chiropractors by pointing out those procedures which are valueless and yet in common practice. Finally, the assessment of the efficiency of chiropractic care and the theory of its mode of action would allow chiropractors to discuss problems with patients in a more informed manner and give a more accurate prognosis thereby preventing prolonged application of chiropractic adjustments in conditions where a referral to other practitioners may be of more value. At the same time the medical physician would be made aware of the value of chiropractic care and be able to refer patients who would most benefit from this form of care to chiropractors.

The chiropractor is the individual who has the most to gain from research in his field. Research expands the knowledge on which he bases his practice. The greater this knowledge the greater his confidence in what he does and his ability to give effective care to his patients. The chiropractic student could expect a higher standard of education at his colleges since researchers who are active are also very knowledgeable in their field and are able to discuss problems of theory and practice more accurately. The practicing chiropractor could expect adjusting techniques and analytical equipment to be adequately assessed before they are presented at conferences. This would prevent the current process whereby a technique is presented solely on the experience of the instructor and must be accepted in trust as it is usually not accompanied by any research to back its claims of success.

In the long run, research must result in increased referrals from other physicians. Provided of course that research shows a need for such referrals. Similarly the greater prestige which research gives to practitioners of the art would serve to break down the barriers which at present prevent chiropractic access to hospitals, laboratories and universities and would give chiropractors access to the expertise which has been developed in the various medical and paramedical specialties.

The major thing which is at stake, however, is the existence of chiropractic as a primary contact profession with control over its form of therapy. Research and increased educational standards are the only way in which the profession will be able to gain sufficient prestige to achieve these goals. Research is the only process whereby the profession can remain the leaders in this field and outdistance its competitors.

**TABLE 8**

**The importance of research to the chiropractic profession**

1. A unified profession
2. Increased professional prestige
3. The highest trained people in the field
4. The exclusive right to govern the practice of chiropractic

Chiropractic researchers, by opening new areas of knowledge and being totally aware of the latest advances in their field would become the leaders, educators and advisors in the field of spinal adjusting. They would help set a uniform standard of care based on that knowledge and would thereby help to unify what is at present a very divided chiropractic profession. They would have the opportunity to offer the highest level of education and thereby produce the highest qualified people in the field of spinal adjusting. This in turn would give chiropractic the right to govern their form of health care.

**TABLE 9**

**The role of the practicing chiropractor in encouraging research**

1. Understanding the need for research
2. Critical evaluation of personal theories and techniques
3. Differentiation between dogma and fact
4. The insistence that old and new ideas be researched before they are presented
5. Increased attendance and debate at conferences
6. Increased peer discussion and peer review
7. Financial and moral support for academic institutions
8. Active participation in organizations supporting research

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The role of the practicing chiropractor in research

If one agrees with at least a few of the arguments set out in this paper and accepts the necessity of research, the question which might be asked is: "What can I as a practicing chiropractor do about it?" There is no pat answer to this question. It is a matter of attitude. The success of chiropractic to move into the scientific world depends almost exclusively on the attitude of the practicing chiropractor. It is essential that the practitioner understand the need for research and its possible consequences. At the same time it means a personal re-evaluation of all the theories and techniques used by each practitioner to differentiate the areas of fact or, at least, logic from areas of "belief" and dogma. It requires an insistence on behalf of the practitioners that old and new ideas, techniques and gadgets be adequately researched before they are presented to the profession.

This in turn entails increased attendance at conventions and the reading of journals with continual critical evaluation and debate of concepts being promoted by academics and researchers. It means increased peer discussion and peer review of the care and ability of the chiropractor down the road and an acceptance of peer criticism from fellow chiropractors. Finally it means financial and moral support for academic institutions and active participation in organizations supporting research.

With this type of support chiropractic will be able to gain the necessary prestige and power to reach that level of acceptance which most chiropractors consider their due. To quote Sir Francis Baker "the roads to human power and to human knowledge lie close together and are nearly the same". This is the answer to the question "Why Research?"

Bibliography