Subluxation – the silent killer

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Introduction

Chiropractors in Canada are facing a crisis and responding to it. With any crisis come opportunities. These crises are challenging our core issues collectively as a profession. It will require the utmost effort and commitment to honesty and integrity to maximize these opportunities. It appears that a small segment of our profession, with some elected leaders, appear intent on answering this crisis with only the 1910 chiropractic subluxation model. Their approach is not only wrong, but it prevents what is right from being done. Dr. Darrel Ladell stated it so well in his report on the Radiology Issue: **Beware of the enemy for he is us**.

Subluxation, though a vital part of our history has been described as the Achilles Heel of our profession. When you review the available literature and combine it with knowledge of our history, it quickly shows where the subluxation model has failed. This model has cost us years of positive growth.

This paper proposes that there is no need to beat our profession up again, punishing us with a misdirected allegiance to our dysfunctional history. There is a positive path to follow that will assure the acceptance of the patients we treat, increase the public enhancement we seek and provide a greater acceptance into the scientific health care delivery system.

Working together in partnerships and further developing our expertise as the leaders in the area of manipulation will assure our future. As leaders in the complementary health care system, our profession will see greater numbers of the public and provide us greater opportunity to serve. The demands for success are not beyond what we can achieve collectively. Those who are sincere and choose a future of service and security will be anxious to read this document. Those who refuse this information may well become the true victims of the silent killer.

"You did what you knew how to do, and when you knew better, you did better"[1]

The task of preparing this paper came only after considerable reflection, contemplation and a substantial investment in research time. Despite the temptation to remain mute and allow apathy to overcome good conscience, there was a vigor and persistence to present an alternative

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position to the too often proposed dogmatic subluxation model.

Practicing chiropractic has provided me a multitude of special opportunities to serve the profession at every governing level. I am most grateful for these opportunities and to have been a small part of this dynamic family. It is now my time to pay some of my dues for those privileges and become vocal, to share what wisdom has been given to me in the past and to provide an additional window from which to view ourselves today.

Many believe our professional future, in many ways, is nearing a crisis. There can be a very positive benefit to crisis: *"Unless a crisis actually kills us, (often it just feels like it will), it is an opportunity for us to change. It's a chance for us to choose a new path. There are two kinds of people – those who are changing and those who are setting themselves up to be victims of change."*[2]

Our collective choices, more than chance, determines our circumstances and future. Today, the molding of the future of chiropractic in parts of Canada is being shaped by some elected members and volunteers who appear to have an obsession with only the subluxation model of chiropractic while being blinded to the many other very positive options. To challenge this philosophical position one should review the wealth of evidence from our past that indicates this model is not only ineffective but, at times, has been extremely damaging to the profession. Subluxation, unfortunately with a great deal of truth, has been referred to as the "Achilles Heel" of chiropractic.

This chiropractor believes by integrating ourselves within the system rather than out of it and by placing the patients' interests first the profession will mature positively. *"The future is not some place we are going, but one we are creating. The paths to it are not found but made, and the activity of making them changes both the maker and the destination."*[3]

Who does chiropractic belong to? To chiropractors? To the professional associations (ACA, ICA, FSCO, etc.)? What about D.D. Palmer and his descendants; does the Palmer family own chiropractic? Do state licensing boards own chiropractic? What about colleges and their leaders ... does the science and art exist for their benefit? I think not. Chiropractic belongs first and foremost, to patients. The science and art belongs to all people, but most importantly to the sick and ailing who may benefit from it. This is why societies, by way of their legislatures, grant to doctors of chiropractic the privilege of clinical practice. Society grants this privilege to doctors in the interest of the public's and patients' welfare.[4]

Dr. Joseph Janse was one of our profession's greatest leaders and left us with a legacy of wisdom. His words will hopefully be an example to all of us in how we should conduct our affairs on this occasion. Frequently I am humbled by the great work and duty that confronts us, and in this attitude of humility I find myself compelled to ask the question: Isn't the promise of our future worth every endeavor and sacrifice that we may be called on to make; isn't it our duty to set aside all differences of the past and to de-emphasize all misunderstanding and in broad minded tolerance work together?

We are all concerned as to the future of chiropractic. We all wish the very best for our profession. In this respect, I am no different than you. Certainly you are no less sincere than I in the desire to affect our professional security and certainly I am no more qualified to speak and act on this subject than you. Hence, an exchange of ideas should be a matter of mutual benefit. In this spirit of mutual respect, may I humbly set forth a number of ideas that I sustain in relationship to the future of our profession.[5]

Dr. Janse continued this address with ten necessities for professional maturity. I suggest the tenth necessity is most fitting in this discussion. *"I recommend that we daily re-emphasize the great privilege that is ours. It is a privilege to be a doctor; it likewise entails great responsibilities. The greatest adventuring in doctoring is one of the most laudable of all human endeavors, and we should be grateful for our opportunities. Let us be people who possess a high threshold of moral and emotional competence. Let us grace society with an influence of gentility that will command their respect and admiration. We are doctors of chiropractic; men and women dedicated to the privilege, the responsibility and the task of being wardens of a profession. Within our reach is the immortality of greatness; within our power is the destiny of great principle. This is a realization that should be ours."*[6]

If we do not own chiropractic and are entrusted to be wardens then we are required to become leaders in chiropractic. "What we have discovered and rediscovered is that leadership isn't the private reserve of a few charismatic men and women. It's a process ordinary people use when they're bringing forth the best from themselves and others. Liberate the leader in everyone and extraordinary

things happen."[7]

If you truly want change and you truly acknowledge that you create your own experience, then you must analyze what you've done or haven't done to create the undesirable results. If you don't accept accountability, you will misdiagnose every problem you have. If you misdiagnose, you mistreat. If you mistreat, things won't get better, plain and simple.[8] Accountable chiropractors diagnose contrary to those who profess to be "straight chiropractors". We should become experts at diagnosing the health of our profession. There are chiropractors that find diagnosis and being a doctor stressful. To them these issues gives rise to uncertainty as to their role and responsibilities. It becomes a confusing issue for them. Jesus, who for many is considered the greatest healer said: *"It is not the healthy who need a doctor, but the sick".*[9] D.D. Palmer's intention for chiropractic was to treat the sick. Certainly a worthy endeavor for him as well as us. *"We don't see the world as it is, we see it as we are."*[10]

How did chiropractors create some of the undesirable situations that we find ourselves dealing with today? A few simple words can summarize this point. Dr. D.K. Ladell used these words in closure of the recent Alberta x-ray challenge that revealed to all of us how one individual challenged our professional privileges. Ladell quotes Pogo: *"Beware of the enemy for he is us."*

Since our very beginnings, our rigidness and uncontrolled egos have provided a rich medium for our dysfunctional future. We embarrassed ourselves because of our blind discipleship, we isolated ourselves by choosing to speak a different language and we failed to grow because of our refusal to be accountable in our clinical reporting.

"John F. A Howard, D.C, the 1906 Palmer alumnus who founded the National School of Chiropractic in the same year he graduated from the Palmer School similarly mentions the new lexicon, but dismissed it as semantic maneuvering: It has always been a sore in my eye to see how some who profess to be disciples of D.D. Palmer have tried and still insist on narrowing the science down to a simple technique. In the early days it was necessary to protect the "child" (as D.D. was wont to refer to his chiropractic) by evasive terminology in order to avoid the chill and ice of the law and "analysis" was used for diagnosis, "adjustment" was employed for treatment, "pressure on nerves" was used for a reflex stimulation or inhibition, etc. These terms were garments to protect the child until legal clothing could be secured."[11]

"In the long run, it makes little sense to us that a profession, especially one that promotes itself as "scientific," would continue to devote so much of its mental energy and resources aggressively involved in concocting theories to explain how a given therapy might have been responsible for any of a whole host of seemingly "miraculous" clinical outcomes without first adequately demonstrating whether its' therapies had anything whatsoever to do with them!"[12]

"The fact that such treatment claims are all too often based on clinical observations involving conditions already known to exhibit extremely high rates of natural remission merely adds insults to injury. At least, both ethical as well as intellectual balance would be required that an equivalent amount of mental energy be devoted to the generation of theories that, for instance, might explain how a given cervical adjustment might have caused the asthma attack that occurred a few minutes later, the heart attack that occurred later that morning, the bacterial pneumonia that developed that evening, the appendicitis that flared up the following week or the gastric tumor discovered a month later. After all, are not such occurrences also part of the chiropractic clinical experience."[13]

Ironically since 1895 the only concept that all chiropractors agree on is the need to adjust the spine. Our battles continue both internally as well as with our rivals, the allopaths. While we face professional crisis our energies and dollars are invested in marketing programs depicting subluxation. There is great wisdom in Costa Papadopoulos's recent advice to us as to how to carry the message. *"Data has clearly shown that when an audience does not receive the information they were expecting, it is left with a negative impression of the speaker and even his and her profession. Translation: it is important to talk about the chiropractor's role in treating back pain when the topic at hand is back pain. Or to talk about ergonomics in the work place when the topic is preventing workplace injuries. If the speakers sees an engagement as an opportunity to 'sell a chiropractic philosophy' rather than provide any educational benefit the response will probably be negative."*[14]

Our CCA executive director, Edward Barisa, also shares his wisdom: *I would urge us all to listen to what the people are saying. If chiropractic does not recognize society, then society will not embrace chiropractic. Attitudes*

and beliefs change very slowly. To quote French philosopher Alexandre Leduc Rollin, 'There go my people. I must find out where they are going so that I can lead them.'"[15]

This observer sees chiropractic as the provider of adjustments, the profession that establishes the Gold Standard of manual manipulation, the leaders in the alternative and complementary health care area, and an integrated team member in the ultimate health care team. Packaging what we do into one term or simply a word is wrong. There is so much more to practice that finding the foot on the garden hose, cracking the sticky joint, or expecting results because you have faith, confidence and belief in your products, services and ideas. The answer for professional security lies in premises based on science and reason, accountability, authority and accepting the consequences for our actions. The practice of chiropractic is providing care to the patient, not just a treatment. This service is delivered with integrity and ethics. Ethics is simply how we behave and how we treat people.

Who in the future will be providing the service of adjusting/manipulation? Will it be chiropractors, physiotherapists, physicians or massage therapists? There are three examples for this potential reality.

In a letter to the CCA, the College of Physical Therapists of Alberta sent a notice outlining their intentions: The College of Physical Therapists of Alberta, with assistance from Assessment Strategies Inc. of Ottawa is launching a project to identify the competencies (knowledge, skills, abilities, attitudes and judgement) required to safely perform spinal manipulation as a physical therapy intervention. The project will begin immediately and be completed by October 1999.

Guidelines of the College of Physicians of Manitoba for "Manual Therapy" and the "Spinal Release Seminars" by physiotherapists. *Manual movement of the joint of the human body is practiced by some family physicians, physiotherapists, chiropractors, athletic therapists, orthopedic specialists and physical medicine specialists.*

Subluxation:
refers to partial dislocation of two joint surfaces.

The use of spinal manipulation "adjustments" in health promotion are not necessary, nor are they useful in disease prevention.

"Blue Cross of California Drops Chiropractic from Medicare HMO." This article underscores the devastating impact the new Medicare could have on the profession; The Department of Health and Human Services' policy is that all Medicare plans are required to provide manual manipulation of the spine to correct a subluxation because it is Medicare -covered service. The law does not require that this service be provided by a particular practitioner such as chiropractors [sic] ... In short, Medicare requires the services to be provided, but we do not require it be provided by chiropractors.

Mr. George McAndrews, of the famous Wilks Case, explains that the attacks of medicine have moved from physical abuse of chiropractic as in the Wilks case to economic blocking of chiropractic in the Blue Cross battle. The issue is not "subluxation" but challenges the very basic structure of what we do, and the only thing we agree on, the adjustment/manipulation. The victims are us in small numbers, but in mass it is the seniors who can not afford health services outside their plans that will be most traumatized. His words ring true, *"Protect our seed corn. Many can be fed by the bi-products. Our seed is the adjustment."*

When the public totally recognizes the value of the adjustment and accepts adjustments as exclusive to chiropractic and when we demonstrate our expertise on adjusting to the scientific community and they accept our constructs then we will become full contributing members to the health care system. Any attempt to focus beyond the "adjustment" and introduce a "subluxation" will create chaos. *"Seeing only what is – instead of what could be – can get us stuck in our own reality rut. Who's living in the real world?"*[16]

In the past Canadian Chiropractic has paralleled what is happening in the United States. A word of caution. Be on guard and question what you think you may be hearing. Some of their data may have a bias and be self-serving. It is so easy to suspend disbelief because we want to believe so much what is being said. In **The Path to Mastery in Chiropractic**. The author provides us a warning: *"Perhaps the largest myth of all is the mistaken belief that a practice management firm will be the Great Rescuer and save your business. While some firms are ethical and effective, others only add to the problem by teaching many myths as the key to success. Some practice advisors have never practiced, while others are badly out-dated. Some are outright cultists and charlatans. Select your advisors*

carefully, and realize that ultimately you are the only one who will be the true rescuer of your business."[17]

There are good examples of data. The IRS (US) reports in the **Millionaire Next Door**, ranked chiropractic incomes at 10th (1984) and 49th (1992)"[18] Costa Papadopoulos presents excellent data for the CCA. *"The Alberta Chiropractor /Population ratio in 1992 was 6675, and in 1996 was 5640. Number of licensed Alberta chiropractors in 1992 was 400 and today we have in excess 600. Utilization rates in a ten-year period increased 2% from 10.5 in 87/88 to 12.5 in 96/97."*[19] Our membership is increasing considerably faster than the utilization.

Again, we need to accept the responsibility of being wardens of this profession, which demands accountability to the patients we treat. A suggested plan that has worked for untold others is from a current best selling text. **Life Strategies** – Doing What Works – Doing What Matters. This text provides us with the "Laws of Life" and instructs us with a plan that is appropriate for our present situation. To encourage you to read this text may I share the Life Laws and Strategy for numbers one, two, three and ten.

(1) You either get it, or you don't. Become one of those who gets it.
(2) You create your own experience. Acknowledge and accept accountability for your life.
(3) People do what works. Identify the pay offs that drive your behavior and that of others.
(10) You have to name it before you can claim it. Get clear about what you want and take your turn.[20]

We are always given a choice. The first choice is to do it right. The other option is to market aggressively as a business, use fire-sale tactics for our own personal gain and overlook our fiduciary responsibility, accept we are businessmen not professionals and 'if its good for business its good for chiropractic'.

It would be my challenge to look beyond a quick fix advertisement – a jingle that will hook the public and make them life long patients. The big issue now is: Who will be providing chiropractic services in the future. It requires looking beyond the marketing of "subluxation" as the answer that will resolve our crisis.

Know your enemy

The direction of this paper will now examine and discuss the chaos "subluxation" has created in different contingencies of the chiropractic profession. It may well be the silent killer of the chiropractic profession. Understanding this threat will enable you to know our enemy. *(Beware of the enemy for he is us.)*

Do you find yourself asking: Why is there so much division in our profession? We all share the desire to be successful, to help people, to have the respect of our peers, to have the love of our families etc. Certainly how we define one word, subluxation, should not create these emotions which divide the profession. Its more than a word, it represents belief systems, different philosophies, it challenges our ethics, it provides the different factions an issue to fight about. Our own justification of this word allows us to keep, and observe our peers breaking, the Eleventh Commandment: Thou shalt not take advantage of the sick.

Dr. John L. Faye recommends that we should all read extensively on the subject of "subluxation" for a half hour a day for six months. At that time you will have a different understanding of this term.

"Origin of the word subluxation: The root words for the terms subluxation come from a combination of the Greek sub and lux meaning 'less than a dislocation.' In 1746 Hieronymus describes subluxation, identifying the following characteristics: ... subluxation of the joint is recognized by lessened motion of the joint, by slight changes in position of the articulating bones and pain ... This does not differ significantly from the consensus definition agreed on by the nominal and Delphi panels of the Consortium for Chiropractic Research, which defined subluxation as follows: Subluxation a motion segment in which the alignment, movement integrity, and/or physiological function are altered although contact between the joint surfaces remain intact."[21] There is truth in the old adage: The more we try to change something the more it remains the same.

Meridel I. Gatterman, D.C., educator and writer observed: *"The word subluxation has been ... embodied with a multitude of meaning by chiropractors during the past one hundred years. To some it has become the holy word; to others, an albatross to be discarded ... to add to the confusion, more than 100 synonyms for subluxation have been used. Why then do we persist in using the term ... when it has become so overburdened with clinical, political, and philosophical ... significance ... that the concept that once helped to hold a young profession together now divides it and keeps it quarrelling over basic semantics? The obvious answer is: The concept of subluxation is*

central to chiropractic.[22] Gatterman lists 106 subluxation synonyms in **Foundations of Chiropractic Subluxation**.

"'Super-straight' chiropractors maintain that chiropractic's sole purpose is locating and correcting subluxation and that chiropractors neither diagnose nor treat disease."[23] *"In 1980, a prominent chiropractic educator asked one thousand chiropractors on the ACA's (American Chiropractic Association) mailing list whether they agreed with various statements related to such beliefs. Of 268 respondents, only twelve (4 percent) agreed that 'the chiropractic subluxation' is 'the cause of all disease' but 188 (70 percent) agreed that 'the chiropractic subluxation may be related to the cause of most disease.' When asked whether 'the chiropractic monocausal theory is scientifically supported,' twelve out of 260 (5 percent) said 'completely', 195 (75 percent) said 'partially,' and 53(20 percent) said 'not at all.'*[24]

James Joyce in Ulysses has a character that does not like the language of the day and so he developed his own lexicon. He had coined new words in place of those used in everyday language. People found him amusing until the day his house started on fire and he called the fire department and no one understood him. Similarity we have coined as many definitions of "subluxation" in our chiropractic lexicon. Unfortunately those who deal with us, insurance companies, other heath providers and even the public aren't left as amused as Joyce's character but were often left frustrated.

Should you accept John L. Fayes' challenge to research this elusive term you find a wide variance of opinion. The following are some examples of this. *The identifiable points of disagreement between B.J. and his father were several, including what D.D. considered the unauthorized use of the term 'Fountain Head' and 'Developer', competition for student and disciples, ownership of professional literature, theories of subluxation*[25] ... . The disagreements between father and son were extensive and possibly exaggerated by the dysfunction in which they lived.

In Canada a historic event for chiropractic was the trial of 1915 which was reported by Dr. Donald Sutherland. This paper is a must for you to read if you wish to be knowledgeable about chiropractic in Canada.

The struggle to legitimize chiropractic was set back for years as a result of the appearance of B.J. Palmer and Ernst DuVal of the Hamilton Chiropractic College. The honorable Mr. Justice Hodgins was appointed by the Royal Commission on Medical Education of Ontario in 1915. DuVal testified that chiropractors do not claim to treat, cure or heal anything or anybody of aliments or disease. Chiropractors have no earthly use for diagnosis, as such. Palmer compounded the felony and Justice Hodgins interpreted his testimony in the following statement: *"The judge could not condone unscientific health care providers. He said: The chiropractor did (sic) not believe in bacteria, and that bacteriology stated that it was the greatest of all gigantic farces ever invented for ignorance and incompetency, and as of analysis of blood and urine it had no value."*[26]

In 1984, hoping to steer chiropractic towards a sound scientific and ethical basis, the DuVals worked with Ronald L. Slaughter, D.C. of Houston, Texas to form the National Association of Chiropractic Medicine (NACM), which soon affiliated with the National Association Against Health Fraud. To gain admission to NACM, applicants must sign a written pledge to *"openly renounce the historical chiropractic philosophical concepts that subluxation is the cause of disease," and to restrict their scope of practice to neuro-muscular-skeletal conditions of a nonsurgical nature.*[27]

Reformist Samuel Homola, D.C. has noted that the orthopaedic subluxation is an obvious and detectable entity (presenting obvious local symptoms), while the chiropractic subluxation is theoretical, elusive, and primarily an imaginary process to which the chiropractor has attached the primary cause of disease.[28]

Reformist Peter Modde, D.C., has pointed out that if chiropractic subluxation theory were correct, people with scoliosis would have every disease mentioned in chiropractic "nerve charts" and quadraplegics could not live. Joseph Keating, Jr., Ph.D., an out spoken chiropractic educator, considers the philosophy subluxation a "holy word" that has outlived its usefulness and "will become an increasing embarrassment." But Craig F. Nelson, D.C. another outspoken educator recently lamented that "the number of chiropractors who are animated by 19th century pseudoscience seems to be growing rather than shrinking, and these chiropractors will abandon their philosophy when hell freezes over".[29]

"When chiropractors concentrate their attention and energies on the measurable correction of V.S.C. they are usually so focussed that there is no time for anything but finding and correcting V.S.C. This is classical chiroprac-

tic. Chiropractors do not treat any disease or condition. Chiropractors correct spinal subluxation."[30] The Guidelines: Vertebral Subluxation in Chiropractic Practice continues with validation of this statement. *"The correction of the vertebral subluxation is not considered a specific cure or treatment for any specific medical disease or symptom.*"[31]

Many chiropractors unfortunately attempt to escape their responsibility and accountability with claims of only treating subluxation but also claim for their services under workers compensation, provincial health, insurance companies and MVA – all of which require a diagnosis. Dr. Don Pedersen says most of our issues in chiropractic are either one of economics or ethics. Claiming for a service under a diagnostic code may be one area where one puts aside ethics and their beliefs for an economic consideration – the fee.

"Don't refer ... Every case is your case if there is a subluxation. In twenty years I never saw my father refuse a case. He'd say: 'We'll do everything possible to help you ...' The difference between doctors with high-maintenance and low-maintenance practices is the doctor's belief system.[32]

"The whole concept of Innate of course rests on accepting on faith the basic premises without hope of any concrete proof. From a strictly scientific viewpoint, Innate must be rejected out of hand because it fails the most fundamental requirement of science, namely testability. From the standpoint of logic, the whole concept of Innate depends on the logical fallacy called word magic. Giving names and definitions to unprovable spiritual entities like Innate and soul cannot guarantee their existence."[33]

"D.D. Palmer's first writings refer to nerve pressure caused by contracted muscles. That concept was lost in Palmer's text, yet perhaps was more correct than his 'bone out of place concept', in light of today's understanding of neurophysiology."[34]

Scott Haldeman, D.C, M.D., Ph.D., a neurologist who is also a third generation chiropractor, affirms that "*there are no long-term outcome trials on the value of preventive chiropractic care.*"[35] Haldeman also states that minor misalignments of vertebra *"are normal and not necessarily a sign of trouble"*.[36]

Both users and non users of chiropractic tend to be concurrent users of various health care modalities including conventional care, alternative health care and non-prescription medicines.

... The alternative health care system of which the chiropractor is most commonly utilized, and non-prescription medicines whether self-prescribed or taken "on the advice" of a doctor, a pharmacist or an alternative healer. Usage of these alternatives to the conventional health care system is widespread and increasing. This increasing utilization reflects a growing interest in holistic health care, health promotion, disease prevention, and self care. While these tend to be identified more with alternative approaches to health care, nevertheless, the hypothesis of noncurrent usage is not supported. Instead, these various health care "alternatives" tend to be used concurrently with the conventional health care system.[37]

"There is a picture developing. Those who would choose success will see the picture early and understand it. Remember the laws mentioned earlier which govern our lives. You either get it, or you don't was the first law with a strategy of becoming one of those who get it."[38] In the last 100 years we have being telling about the big picture, the subluxation. The public hasn't got it, the scientific community hasn't got it, many chiropractors haven't got it, and the government and health care planner haven't got it. Who has got it are the 15% of those who profess to be straight or principal based chiropractors.

"You create your own experiences and once you acknowledge and accept accountability for your life you have mastered the second law of life. You stop being a victim. It's like sitting alone in a moving car; you can't not drive and expect anything besides a crash. Take the wheel. Begin to consciously, purposefully, and actively create experiences that you want, instead of suffering through experiences that you don't want."[39]

There are many chiropractors who have stopped driving the car – some suffer from apathy, others are frustrated with the direction things are going and quit providing input, others feel intimidated by members while there are others who will go along with nearly anything just to be part of a group and receive their acknowledgement

The final report of the Canadian Health Forum was released in February of 1997. The conclusion provided a positive hope for the future for both health care and chiropractic. Two statements preceded this final conclusion: *"We look to health professions to fundamentally change their approaches to education, research and care. We call upon professional associations, licensing bodies and*

educational institutions to work with government, their members and the public to facilitate progress in the direction we recommend. Health and democracy are interdependent. One cannot be improved at the expense of the other."[40]

In our programs the subluxation message is not carved in stone. We can change direction. Caplan found that chiropractic patients are no more knowledgeable about chiropractic than the public who has never visited a chiropractic office. They do understand the words manipulation and adjustment and that is what makes us unique. It is what we do rather than what we believe we do that is important.

Since the beginning ... chiropractors have tried to sell "The Subluxation" as "The Problem" and sell themselves and their adjustments as "The Solution".

"The wide spectrum of chiropractic techniques all have their own methods for detecting Spinal Demons and unique methodology for Exorcising them. Each technique – AMAZINGLY – will show the potential 'patient' to suffer from Vertebral Subluxation ... The Silent Killer!"[41]

"We must now look at this condition of 'disease', Vertebral Subluxation Complex, which is so disturbing to the flow of life force and innate expression in your body that it causes pain and the progressive breakdown of the body tissue known as pathology. The V.S.C. is the silent killer, one of the most serious health threats known to man."[42]

The title of this paper Subluxation – The Silent Killer takes on a different meaning than the marketing approach. The marketing definition is misunderstood, misrepresented and detracts from what we do. To establish a program today, one based on dogma (subluxation) has historically failed numerous times. It's a model that has yet to have its first peer reviewed article published in a quality journal. Repeating old mistakes is insanity. Insanity is appropriately described as repeatedly doing the same thing and expecting a different outcome. Even the extreme elements of the profession when speaking of subluxation in their guidelines admit: *"Since this component has yet to be identified in a quantitative sense"* ...[43] To date, science denies subluxation and its' existence as the cause of disease. Quantitatively it is yet to be isolated or measured. Its' existence is adherence based on dogma and tradition. What we do have is strong support for adjusting.

"There is a very, very important difference between feeling strongly, even passionately, about something because we have thought about and examined the evidence for it on the one hand, and feeling strongly about something because it has been internally revealed to us, or internally revealed to somebody else in history and subsequently hallowed by tradition. There's all the difference in the world between a belief that one is prepared to defend by quoting evidence and logic and a belief that is supported by nothing more than tradition, authority, or revelation."[44]

"If we were building a health care system today from scratch, it would be structured much differently from the one we now have and might be less expensive. The system would rely less on hospitals and doctors and would provide a broader range of community-based services, delivered by multidiscipline teams, with a much stronger emphasis on health."[45]

"During our public consultations, we heard support for alternative and complementary therapies provided that their effectiveness is demonstrated. We believe that these therapies should be assessed using appropriate methods, which are intended to reduce bias, to determine the effectiveness on health status outcomes. This need of assessment also applies to a wide array of therapies that are currently used in conventional clinical practice."[46]

Many health planners, a large percentage of the public, and thousands of chiropractic patients believe Chiropractic should take its' rightful place in the next millenium, as an integrated member of the health care system, not as a stand-alone cult. This position can be supported with reason and evidence. Our founders purpose was to treat the sick and suffering.

To develop a cohesive membership and lead us into the future, three questions need to be clearly addressed. (1) Where are we going? (2) What do we believe? (3) Why do we exist?

Many of my colleagues and myself are not ardent supporters of the marketing program. We believe that chiropractic is a science not just a belief system. We get excited about getting people healthy. We believe as Ron Gitelman stated during his address at the science conference in Calgary:

"Chiropractic is a holistic system of analysis, diagnosis, therapeusis, prophylaxis and rehabilitation. Our emphasis is on the whole patient, the individual and his or her environs. In the end, we believe that the body is self-healing, self-repairing and self maintaining if the prerequisites for health are present. The environs of this patient includes the family, the community and indeed the envi-

ronment of our planet."[47]

Gitelman also points out to me that " ... *So much of the research was on a clinical symptom using one modality called manipulation, not chiropractic care. Otherwise, this progressive science seems to want to return us to the utopian position of 1910 – one disease (low back pain) one cause (subluxation) one cure (manipulation). – The Myth of Progress."*[48] We have all been disappointed with the repeated failure or small significance chiropractic care has had on numerous studies: asthma, chronic pain, and otitis media. ... Our research focus has been too narrow. We have been researching a small component of our overall treatment. The removal of subluxation in isolation is important to us only and we are failing to research chiropractic care. Care is multifaceted whereas the adjustment is only one part of the treatment protocol. An example of this same thinking would be taking a very effective compound and then breaking it into its component parts and test the effect of each element comprising the compound. Results, not surprisingly, would be very weak compared to testing the compound itself. So it is with some of our past research. We know without question that chiropractic care works but our research has failed to validate it effectively because of our obsession with subluxation rather than chiropractic care.

The evidence for subluxation is almost non-existent in peer reviewed data, however, "... *manipulation/adjusting is well established in more than 30 randomized clinical trials studying the effectiveness of spinal manipulation. There are eleven studies on the effectiveness of manipulation on chronic low back pain. There are seventeen studies looking at the relative costs of chiropractic. There are numerous studies that show an overall reduction in costs in work time lost. All studies have looked at the degree of patient satisfaction in patients seeking manipulation or chiropractic care have demonstrated much higher patient satisfaction scores compared to other forms of treatment and other professions."*[49]

David A. Chapman-Smith reports his observations. "I have just returned from the 4th Annual Research Conference (RAC IV) funded by the U.S. National Institute of Health and administered by the Palmer Center for Chiropractic with co-chairs Cheryl Hawk, D.C., Ph.D. and William Meeker, D.C., M.P.H. Invited speakers and a panel discussion covered the full range of chiropractic opinion – from subluxation-based researchers to those performing the most reduction research. Views were expressed and then votes taken indicated an extremely strong consensus as follows: There are major problems with the medical reductionist approach to research. These have recently been illustrated, for example, in the asthma trial published in the New England Journal of Medicine. At the other extreme, however, the chiropractic profession will be unwise to place its prime emphasis on subluxation-based research. Such an emphasis would have a number of scientific and political problems, and has the major problem that it is of little perceived interest or significance to anyone outside the chiropractic profession. The correct new main path for chiropractic research, which was then well articulated in a closing address by Dr. Cheryl Hawk, represents the middle of the road. Rather than concentrating on subluxation or a reductionist model (researching just specific conditions and specific aspects of chiropractic management such as the adjustment for pain reduction and increased range of motion) chiropractors should research the chiropractic clinical encounter."[50]

Conclusion

Chiropractors must become active members in the emerging health care system if the chiropractic profession is to survive and enjoy a healthy future. Membership for all care providers will be determined upon evidence-based care and the cost effectiveness of the services they provide. Our abilities, professionalism and willingness to change will be challenged. Those attempting to push the subluxation model while believing in professional isolation can no longer be tolerated.

It is now time for the silent majority to make their voices heard. Remaining silent increases the division, dulls our focus and weakens the science of chiropractic to a point of potential collapse. The subluxation story regardless of how it is packaged is not the answer.

The majority of health care planners accept those two forces; the scientific community and the demand of the public for quality care drive the system. These decision-makers will not accept marginal theory or philosophical rhetoric but will form the future with rational and reasonable science.

Canadian chiropractors must come together to present a rational and defensible model of chiropractic so that we are not just included in the health care system, but we become essential members of the team.

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