

Synergy Health and Wellbeing Centre

A brief buyer's guide to Chiropractic:

What it is, what to look for and what to look out for!

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Scary! Unknown! Dangerous!

These three words sum up what many people envisage when they hear the word "chiropractic". While Chiropractors have struggled for the better part of 150 years to dispel these concerns as myths, some sections of the public remain cautious at best and suspicious in general about the safety, efficacy and role that chiropractic plays in the wider health community. Before addressing these concerns, it might help to get a brief background and history on chiropractic itself, in order to better understand the overall profession.

Chiropractic-

- (technical definition): A paramedical science which concerns itself with identifying and removing functional abnormalities (called subluxations) of the spine and extremities, through the use of specific and unique manipulative techniques called adjustments.
- (simplified definition): The science of finding and removing nerve interference and joint restrictions using special manipulations called ADJUSTMENTS



In a nutshell, Chiropractic adjustments are thought to:

- re-align joints
- remove pressure on nerves
- reduce swelling
- release spasms
- prevent arthritis

Chiropractic derives its name from the Greek roots meaning, “to use the hands”. It was founded in the USA over 150 years ago by DD Palmer, a “folk healer” who, like many others was appalled at the poor state of health and medical conditions in America during the 1800’s. Many had witnessed the tragic loss of life and limb that had occurred during the civil war, and the various outbreaks of disease that seemed to ravage communities across the country, against which doctors often struggled in vain, using leeches, bleeding, and regular amputation. He began investigating the proliferation of many new therapies and the resurgence of old ones (such as magnetic healing, herbal therapy etc.) that had gained popularity in opposition to the growing influence of modern medicine. He was a contemporary of AT Still, the founder of Osteopathy, with whom it has been said chiropractic has a strong affinity.

This was also a time of “snake-oil” merchants and other medical-charlatans, who’s fleecing of the public served to strengthen and unify the medical profession into opposition and political activism. The result was a powerful medical lobby, whose influence and control over health care has only continued to grow.

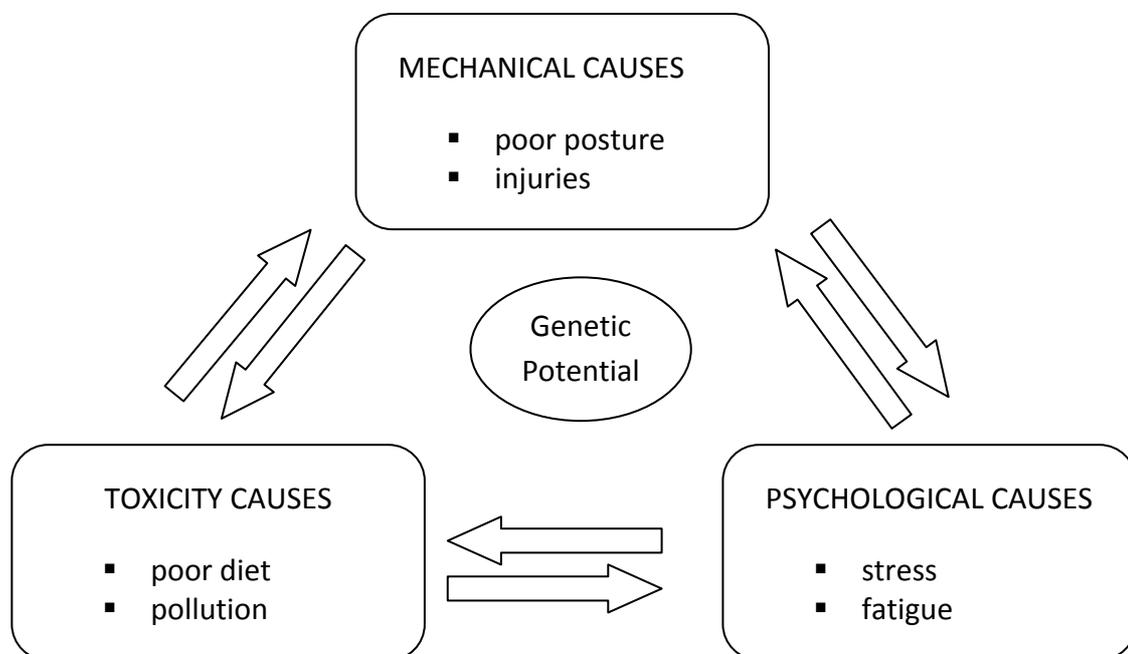
The story goes that during a conversation, the janitor who cleaned Palmer’s office told him that while cleaning hunched under a desk one day, he heard his neck crack, after which he progressively became deaf. Palmer persuaded him to let him examine his neck, and having found what he believed to be a vertebra “out of alignment”, manipulated it “back into place”, with the seemingly miraculous return of the janitor’s hearing.

This was the beginning of Palmer’s fascination with the spine, after which he made an incredible self-taught investigation into the neurology of disease and the effects of nerve pressure on general health. Soon after, the profession of chiropractic was born, along with various colleges that enrolled and qualified future practitioners in the manipulation of vertebrae to restore them and their nerves to normal position and function. Chiropractic very quickly became synonymous with “manipulation” or “back-cracking”. Something that continues to this day.



It should be mentioned that Palmer apparently never again cured a case of deafness, though he advertised widely that this and other health benefits were possible through chiropractic manipulation of the spine (which he named *adjustments*). Most people seeking care nevertheless consult chiropractors for back pain and related joint and muscle disorders such as headaches, pins and needles and muscle spasms, even though historically, chiropractors always considered that manipulation of the spine was a way to remove pressure on nerves that caused organs to malfunction and cause disease. Treating back pain was almost of secondary importance to these early chiropractors, who believed (much as acupuncture practitioners do) that they were removing interference to the flow of “life force” through the body thus allowing it to heal. This meant that chiropractic could be applied to any type of illness, not just “back pain”.

HOW CHIROPRACTORS TRADITIONALLY VIEW THE CAUSE OF ILLNESS



The diagram above illustrates the traditional model of disease and illness. It is believed by many natural health care practitioners that structural faults, toxicity, and psycho-emotional factors all combine to influence the ability of an organism to function normally. Some individuals have a stronger constitution (genetic potential) to resist or tolerate the effects of these three elements, but eventually excessive exposure to any one or all of them can lead to a breakdown in health and the manifestation of a disease process.

Given the wider health focus of chiropractors, it was not long before the medical authorities began to prosecute chiropractors in the U.S. for “practicing medicine without a license”. Chiropractors maintained that their profession did not constitute the practice of medicine,

since they neither prescribed drugs nor performed surgery. Nevertheless, thousands of chiropractors preferred to go to prison or pay fines rather than give up chiropractic.

In spite of persecution, chiropractic continued to thrive and with public support began to be recognised and licensed by several state governments- particularly after it was noted that chiropractors treating patients suffering from the Spanish Influenza outbreak post-world war I had a higher patient survival rate than medical doctors (remember this was before the onset of antibiotics and modern sanitation).

Eventually chiropractic spread overseas and was introduced to Australia after World War II. In Australia chiropractic was largely ignored or viewed as quackery until a movement began in the 1970's to have it recognised and licensed, to prevent unqualified people from calling themselves chiropractors and causing injury to the public through dangerous practices. Eventually, chiropractic not only became licensed but also had its curriculum adopted into the university system, where bachelors, masters and now even PhD degrees can be awarded to chiropractors. Indeed, chiropractors are now fully entitled to use the prefix "Dr" in New South Wales, where previously this was prohibited, and they are more or less integrated into the wider health system, with provision for their services made under the Medicare EPC scheme, Veterans Affairs, Third Party Insurance and Workcover Insurance schemes.

Clearly this represents an official recognition of the value of chiropractic to the community, so let's look again at those three words mentioned at the outset of this guide to see what we can understand about this discrepancy in the perception of chiropractic:

Scary!

The crack sound that you often hear when a chiropractor manipulates a joint reminds many people of war or martial arts films where someone gets their neck twisted by an attacker and the sound of a large crack signifies the death of the victim. It is hard to combat the effects of movie magic, but the sound you hear when you crack your knuckles is the same sound you hear when you have your spine adjusted. In effect, by gapping or separating the joint surfaces, there is a pressure change within the joint that allows gases to move from their dissolved state in joint fluid into a gas state. Much the same as the formation of gas bubbles when you change the pressure in a soft drink bottle by unscrewing the cap. The difference is that the soft drink gas gives a gradual fizz, while the joint is more instantaneous, giving a pop sound instead. The crack does not actually involve any tearing,



Eager to pull a prank on his chiropractor, Dennis taped a bag of potato chips to the small of his back.

snapping or bone cracking. It simply represents the movement of gasses. Not as scary an experience as you might think, but the type and quality of sound can be a very useful indicator of the state of health of the joint to a chiropractor.

Unknown!

Many people still don't know much about chiropractic, in spite of the phenomenal growth and official acceptance of the profession. There was a time when chiropractic in this country was an unregulated profession, which resulted in poor standards of care and professionalism and a tendency to view it as an alternative medicine modality. Many of the maverick chiropractors practicing at the time made all sorts of outrageous claims as to the miraculous benefits of chiropractic, more to build their own businesses than to promote the profession. They also espoused a philosophy of life-force healing energy and often other unorthodox terminology that made it hard to communicate their findings to other health professionals. This not surprisingly led to an aversion by the wider medical community to engage and integrate chiropractic into their referral and co-management strategies- indeed it was even a strong policy for some time to actively discourage medical doctors to liaise with chiropractors. This lack of dialogue between the two professions resulted in a widening gap that left patients with nobody reasonably neutral to ask when they wanted advice on chiropractic. Hence patients were left in an information vacuum that largely persists even to this day, as many medical doctors still maintain their distance in spite of the aforementioned regulatory and education changes.

Dangerous!

The most significant cause for concern among the medical community is the risk of a neck manipulation causing damage to blood vessels or nerves, leading to disc bulges, numbness or even stroke and death. It should be noted that while chiropractic is the profession most often associated with manipulation, the practice is actually quite widespread, with many physiotherapists performing manipulation on a regular basis, some medical doctors dabbling in it with little or no training, and even surgeons putting people under anaesthetic and manipulating the necks of unconscious patients. Manipulating an unconscious patient is a scenario that horrifies many chiropractors and they find it hard to understand how manipulating an unconscious patient is acceptable, but a conscious one not. Nevertheless, much research has been done on the possible dangers of neck manipulation, and while cases of these injuries have occurred and have been reported in the literature, the incidence is extremely small, with several major international reports supporting the safety record of manipulation. The public trusts their medical doctor to provide sound advice, but all too often their perception of chiropractic has been influenced by the enormous communication

gap mentioned above. The truth is that chiropractic is much statistically safer than many over-the-counter medications, but this information is not filtering into the wider community. If chiropractic were indeed as dangerous as some people claim it is, it would no doubt have been banned a long time ago. As it has stood the test of time, this seems highly unlikely to happen, with an increasing number of countries integrating chiropractors into their hospital systems, and engaging in excellent clinical research, but this still appears to be a long way off in Australia.

Types of Chiropractic examinations

One of the criticisms made about chiropractors by patients who have been to several of them is that they often seem to do different things from one another both in their examination as well as their treatment. For example, one might X-Ray you and draw lines all over the film and use this as the rationale for treating you. Another might use weird looking muscle tests (kinesiology) where they press points on your body while pushing down on your arm to see if it goes weak. Others might check your leg lengths and press and prod to see if this changes. Others may ask you to twist and turn, checking to see if there are restrictions in your movements. Some use a combination of techniques. For patients who are used to seeing medical doctors who more or less all do the same thing- like checking your eyes, ears, nose, throat, feeling for tenderness, tapping the abdomen, taking blood pressure and listening to the heart with a stethoscope; such a diverse and inconsistent method of examination by chiropractors can be unsettling.

The reality is that at the university level (in Australia at least), there is a real consistency in the way student chiropractors are taught to examine a patient. There is a structural exam, where they check your posture and a how you stand; there is the range of motion exam, where they observe your movement and look for restrictions; and there is the palpation exam- where they feel for muscle knots, joint stiffness, inflammation etc, and there are orthopaedic and neurological exams. Much of this is similar to the way a physiotherapist might examine you. Most of the “weird stuff” is learned outside the standard clinical procedures, or in external or optional seminars that does not constitute the curriculum in NSW.

There are government guidelines for X-Raying a patient that have been put in place that prohibit doing an X-Ray without good reason (checking to see how the bones are lining up are not considered valid reasons, unless there is a justifiable accompanying pain syndrome). Unfortunately, many chiropractors X-Ray every patient that they see, often using their own equipment, and charging a large sum of money for the service, while not informing the patient that X-Rays should be free under Medicare if they are reported on by a radiologist. This poses ethical questions of unnecessary exposure to radiation as well as financial gain.

Quite a few chiropractors also use various diagnostic machines such as scanners to detect heat patterns, which they use to print out colourful looking charts and give impressive sales pitches, as well as justification for continued, often indefinite treatment plans. It is often observed that very little of the “standard” examination techniques listed above are used to support or reinforce the findings of these scans, which have been banned in Victoria as spurious and of no clinical value.

So it can be concluded that while innovation may be a good thing, every chiropractor ought to still primarily use the standard forms of examination as the basis upon which to make their clinical decisions, while using some of these less accepted analyses as secondary or supportive at best.

Types of Chiropractic techniques

It might seem strange to discuss the fact that chiropractors use different treatments, but just like some surgeons may choose to fuse a bulging disc, while others might inject enzymes, perform laminectomies or insert titanium springs; there is a degree of freedom allowed to chiropractors in practice, so long as they maintain ethical and professional standards. Just as with the diagnostic procedures outlined above, there are a diverse range of treatment techniques that have evolved over the last 150 years. Some of them have endeavoured to produce research that supports their use, while others have developed around the personality cult of its originators. Again, the lack of consistency can be both annoying and confusing to patients, who often have clear expectations, having seen one chiropractor and then gone to another one and not received the kind of treatment they may have been expecting. Some chiropractors treat the patient on their first visit if they are satisfied it is safe to do so, while others never treat on the first visit- a point of frustration for many new patients who are not aware of what to expect. Some of the more common chiropractic techniques are outlined below:

Diversified Technique:

This could be described as the classic manipulative technique for which chiropractors are famous. They involve the use of the hands to manipulate a joint to produce the familiar “crack” sound that most people associate with chiropractors. The regions treated involve the neck, mid-back and low-back and pelvis, as well as the peripheral joints such as shoulders, hips, knees, wrists, ankles etc. Patients often lie on their back, stomach, on their side or sit when

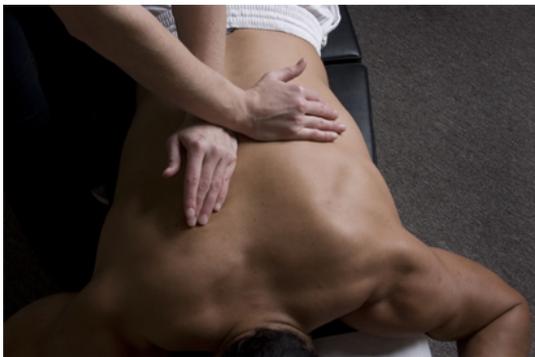


being adjusted. In Australia this is the primary technique taught at university, and all registered chiropractors must pass proficiency exams in this technique to gain their licence.

Gonstead Technique:

This is another popular and classic manipulative technique, developed by a chiropractor named Clarence Gonstead, which in some respects is similar to the technique above, but relies heavily on X-Ray analysis and heat sensor instruments to decide which joints to adjust, and so tends to use less of the “see-move-feel” and orthopaedic testing that is part of the main curriculum. It is taught at the university level, though with somewhat less emphasis than the Diversified technique. There is decidedly less evidence for the rationales used in the manipulation protocols and objectives of chiropractors in this technique, though many Diversified technique practitioners adopt some of its adjustments into their repertoire.

Thompson, TPT or Drop Piece Technique:



This is another popular technique, some of which is taught at the university level, which involves a drop-away plate mechanism upon which the patient lies. Typically, the patient lies on their stomach, and the practitioner pushes into their back, which causes the cocked, spring loaded plate mechanism to fall away beneath. The theory is that the “drop piece” absorbs the force of the thrust, minimising recoil and thus being a

gentle way of being adjusted. Most of the time there will not be a “crack sound”, and this technique is often recommended for more sensitive and delicate types of needs, though some chiropractors use this table exclusively.

Activator Technique:

This is a technique developed by a chiropractor named Arlan Fuhr, and it involves the use of



a small, handheld, spring loaded instrument known as an “activator”. There is a whole examination and adjustment protocol that has been developed around its use, with some chiropractors using this instrument and its examination process exclusively. It is very gentle in its application, there is little likelihood of a “crack” sound, and many chiropractors adopt the instrument in their practice, using it as an adjunct to their other techniques, or when they want to adjust a very tender area without using a lot of force.

Sacro-Occipital Technic (SOT):

SOT is another proprietary technique developed by American Chiropractor and Osteopath M.B. De Jarnette. It also has its own entire system of analysis, diagnosis and treatment, which revolves primarily around the use of wooden “blocks” or triangular wedges that are placed under the pelvis of the lying patient. Advanced techniques can involve organ and even cranial manipulation and in that sense it has an affinity with osteopathy. Like activator technique, it is considered very gentle, though sometimes strange to a patient who may be used to more vigorous manipulative techniques such as Diversified. As with Activator, many chiropractors incorporate elements of SOT into their clinical treatments when they feel a more gentle approach might be necessary, though others will run their whole practice based on the SOT program.



Applied Kinesiology (AK):

AK is another proprietary technique that was developed by George Goodheart, and is based on energetic, acupuncture and muscle testing principles. Adjustments may involve a whole host of techniques from manipulation, to drop piece, to the activator, even acupuncture and diet. It is considered by some to be a real fringe technique, with a poor evidence base that makes it hard for those practitioners to co-manage patients with other more mainstream health professionals.

Neuro-Emotional Technique (NET):

Like AK, NET is an integrated holistic system of diagnosis and treatment that borrows from psychology, traditional Chinese medicine (acupuncture), homoeopathy and muscle testing. While there are a growing number of research papers in support of its use, many traditional “manipulative” chiropractors find it hard to accept, while patients who are used to traditional chiropractic techniques can be quite surprised by what doesn’t seem to resemble their expectation of a chiropractic treatment.

There are a significant further number of techniques being practiced by lesser numbers of chiropractors, but the ones listed above could be said to represent the majority. Even without adding the less common ones, it can be seen that the diversity of treatment types can leave the public wondering which is “the best” technique, which of them constitutes “real” chiropractic as opposed to bogus or quack chiropractic. This is a conundrum is being faced by the chiropractic leadership in this country (as in others), which does not unfortunately look like it is going to be resolved any time soon. The reality is that in spite of a fairly uniform educational system, many chiropractors will, upon graduation explore a wide range of techniques and adopt those that they are comfortable with. Some will turn their whole practice into one of the proprietary types (Gonstead, Activator, SOT, AK, NET),

while most of the others will maintain their Diversified foundation and adopt elements of those others that they are comfortable with.

Key Suggestion:

When considering a new chiropractor, ask what type of technique they practice, what you can expect during your first visit, and will this involve X-Rays, Scanners, and a treatment

Treatment Protocols

An old joke about chiropractic treatment goes something like this:

“How many chiropractors does it take to change a light bulb?”

-Only one, but three times a week for ever

Chiropractic is form of physical therapy. In that sense, it inevitably involves some form of rehabilitation, not just to stabilise an irritable, defensive and sensitive structure, but further to build on that stability through strengthening support structures, re-training and reinforcing new reflex and behaviour patterns to replace the problematic ones.

Some interventions require the skills of a practitioner- whether it be a chiropractor, osteopath, physiotherapist, etc. Other interventions can be performed by the patient (such as exercises & stretches; being conscious of improving one’s posture; relaxation and breathing techniques; dietary changes etc.) On balance, most forms of therapy involve a relatively short initial phase of practitioner based treatment, followed by the gradual implementation of self care strategies. This is not only to minimise dependency on treatment, but more importantly to empower patients to take ownership and responsibility for their health.

At the risk of politicising this document, it could be fair to say that in our society, so dependent have we become on medical care and intervention, that many people visit their doctor for the slightest cold or flu, often demanding medication, when simply taking time off to rest, sleep and modify their diet would suffice for them to get well. The price that is paid for this is the risk of exploitation by unscrupulous health professionals who take advantage of this growing dependence on drugs and intervention. Because all physical therapies in particular depend somewhat on the factors of time and repetition to effect

changes in their patients, the temptation exists to stretch out treatments beyond their necessity and use dubious justifications for doing so.

Chiropractors and physiotherapists are notorious for “over-servicing” their clients- that is, treating them beyond any reasonable need to do so, or making mountains out of molehills. It is not uncommon to hear stories of someone who, as a casual passer-by, gets offered a “free spinal examination” at a shopping centre or mind-body-spirit festival. Inevitably, when some “discrepancies” are pointed out regarding the person’s posture, they get offered some kind of cheap deal to attend the respective practitioner’s clinic for a more thorough examination. The practitioner runs a barrage of X-rays, scans and other impressive investigations and laments to the prospective patient that the findings are not good, that they have a scoliosis, and this will no doubt cause serious and debilitating health concerns as time goes on if not addressed immediately. They are given a morbid clinical outlook and then the ray of sunshine: We can fix you! All of sudden, this casual passer-by, who probably only stopped out of curiosity, finds themselves cajoled into a treatment program lasting up to a year, with 50, 60 or more visits, pre-booked and often offered discounts to be prepaid (or offered finance!). If that wasn’t bad enough, the treatments usually last for barely 60 seconds, few or no self-care activities are given, all in a clinic that more resembles a production line than a health centre.

So how much treatment does someone need?

Assuming you have a chronic uncomplicated back ache, some research suggests that 12-15 treatments over the course of 6-8 weeks should give you a 30-40% reduction in symptoms as a minimum. Most commonly this is conducted in a 3-2-1 approach, for example, 3 treatments per week for 2 weeks, followed by 2 treatments per week for 2 weeks, followed by 1 treatment per week for 2 weeks; or some other similar variation.

Daily treatment should be considered suspicious except in cases of very severe symptoms, but even then, only for a week or so at most.

Following this initial “stabilisation care” as it is often called, some occasional “top-up” or “maintenance” treatment may be useful, but it should be based on a solid self care regime as outlined above.

For more complicated conditions, a 3 month plan is not unusual, however, this should certainly involve significant self care activities, and a regular review of your progress to make sure the treatment is on track.

Most chiropractors recommend an occasional check up and adjustment every month or so to help you feel your best. It is important to distinguish this from what is provided on a treatment plan, since this type of wellness care should constitute a preventative model of

healthcare that is wanted by the patient, not hustled by the chiropractor. This is particularly relevant if your initial exposure to chiropractic was based on a “free check up” where you didn’t have any symptoms to start with.

Key Suggestion:

If you find yourself at a chiropractor who is making your condition out to be horrifyingly morbid without their help; recommends more than 10-12 visits at a time; does not give you any exercises; or their sessions last less than 10 minutes- be very suspicious of their motives.

Always look for flexibility in the chiropractor you are dealing with. Are they pushy, or do they offer you several treatment options? Obviously, some types of problems may require more treatments to stabilise, while others may only need a session or two. Sometimes an ice pack or a hot bath might suffice. If they maintain that a treatment program is what they recommend, be satisfied that they justify it without excessive fear tactics, otherwise get a second opinion.

When they treat you, do they examine and re-test the areas they have previously diagnosed? Do they greet you and enquire as to your progress? Does it feel like they just do the same thing without ever checking for changes? Do they have poor bedside manner? Are you being treated in a room with other patients without privacy?

Chiropractic is a profession that has helped millions of people around the globe to ease their pain, improve their health, and perform at their best. However, as in all professions, there are predators who are simply out to make money. Consumers need to be informed in order make better decisions regarding their health care needs.

It is hoped that this guide has gone some small way to help in your decision-making process. For any further information or suggestions please visit our website at www.synergyclinic.net, or phone the clinic on (02) 9822 0588

Best Regards,

Dr. Allan Kalamir

