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## **Consumers Digest: Sorting Out the Question of Back Care Providers**

By Editorial Staff

"... researchers have concluded that who the consumer chooses to see has more impact on the treatment prescribed than do the particular signs and symptoms of his or her back pain."

This in essence is the theme the of August Consumers Digest article, "Where to Find Real Back Care Relief," written by Sherry Helms, an independent business and medical writer based in Houston, Texas.

That theme is underscored by well-known researcher Dr. Daniel Cherkin: "If you don't like the 'muscle spasm' diagnosis from your family-practice doctor, go to a chiropractor or physical therapist, and you'll get a different explanation of the cause and different treatment." He adds: "But the vast majority of back-pain cases are believed to arise from problems with muscles and ligaments supporting the spine."

The counterpoint to the theme is the underlying problem of diagnosing back pain. This, the author sees, is "a huge dilemma with back pain." She cites a study that indicates that "one in three people walking around with no back pain will show damaged disks on imaging studies." And that an "orthopedist at the Mayo Clinic estimates that he is unable to identify the structures involved in 85 to 90 percent of cases of acute low-back pain."

So, asks Consumers Digest, how does the consumer chose a provider? The author notes that the family practice physician or internist are not rated very highly by "backache veterans" for handling musculoskeletal complaints, and that an increasing number of MDs are "suggesting that certain lowback-pain sufferers give spinal manipulation a try." Good advice. The author points to "respectable studies that indicate that it may really work to relieve acute attacks of uncomplicated low-back-pain -- at least in the short term."

Author Helms builds the case for chiropractic with a patient testimonial: "He (the chiropractor) does for me what the medical doctors cannot." The author points to the growing numbers of Americans turning to chiropractic: "... chiropractic may get twice the number of visits for back pain as physicians." And, "... the Journal of Family Practice in 1992 found greater satisfaction with chiropractors over family physician care for low-back pain."

Readers of Consumer Digest are told that "chiropractors were judged more understanding and confident in diagnosis and patient management. The same study of patients in an HMO found days of disability were substantially higher when patients were managed by family physicians rather than chiropractors."

We even get a recommendation from spine surgeon Stanley Gertzbein: "There are specific instances where I believe strongly that a particular problem can be treated quickly by a chiropractor."

Interdisciplinary referral and team approaches are noted, citing the Texas Back Institute's decision to add a chiropractic researcher (John Triano) to its orthopedic surgeons.

With a nod to conservative care, a retired surgeon candidly admits: "You'd have to drag me at the point of an Uzi to the operating table to have a back operation."

But neurosurgeon H. Martin Blacker sees a problem with manipulating the neck. "I wouldn't let anyone manipulate my neck. Not anyone," he says.

The author's premise is however that the greater danger lies in a missed diagnosis, and quotes an orthopedic surgeon: "... chiropractors are often criticized for not seeing enough sick people in their training to be good diagnosticians." The orthopedic surgeon gets confirmation on this point from one of chiropractic's own: "'There is a danger to the public to accept chiropractors as medical doctors,' says Dr. Terry Rondberg, a straight chiropractor and self-proclaimed consumer advocate. He feels chiropractors aren't sufficiently trained in diagnosis of diseases, and, given that chiropractors are still denied privileges in most hospitals, he doubts that it's possible for them to obtain that training."

The author contends out that chiropractors themselves can't agree on what chiropractic is and how it works: nerve interference, subluxations, joint range of motion, ah ... gem stones on the spine.

No, subluxations haven't been proven, the article asserts, but there remain many holdouts to the old way of thinking. "The range of belief and style of practice within the profession today is frighteningly vast, making

it tough for consumers ...," the author correctly surmises.

While the article is quite well balanced, the author unfortunately troops out several characters and organizations that somehow always manage to get space in any article on chiropractic:

- "Many chiropractors continue a practice based on 100-year-old ideology, not science," says Dr. William Jarvis, president of the National Council Against Health Fraud.
- Dr. Ron Slaughter, director of the National Association for Chiropractic Medicine, sees "fraud, quackery, and scare tactics" coming from chiropractors, although he suggests: "... three to six manipulations are worth a try if you have a practitioner you can trust."
- Dan Futch, vice president of the National Association for Chiropractic Medicine, wonders: "If you claim you can make somebody well with vertebral alignment, why can't you purposely cause a misalignment and make them sick?"

Dr. Erin Jameson of Texas Chiropractic College: ... "They (straights) don't bother to diagnose because, regardless of what's wrong, spinal manipulation will fix it."

Some (mixers) "downplay the supposed mysterious disease-healing powers of manipulation; some denounce it outright," thought the mixers "admit they've noticed concurrent improvement in certain other conditions, namely headaches and menstrual cramps."

The article's conclusion: "Back pain is not a simple problem with simple answers." Given the divergent opinions expressed by chiropractors in the article, she's got that right.



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