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New Study Finds Unity in Chiropractic

Surprising Agreement Among DCs on Issues of Philosophy, Practice

By Editorial Staff

ADA, Ohio - Despite a century of debate by chiropractic leaders, a new university-based survey of North America's practicing doctors of chiropractic reveals a surprising degree of unity on most issues.

Published by the Institute for Social Research at Ohio Northern University, the probability survey discloses overwhelming agreement on key issues such as the vertebral subluxation, the adjustment and the appropriateness of a broad array of clinical services.

How Chiropractors Think and Practice: The Survey of North American Chiropractors contradicts the long-standing stereotype that doctors of chiropractic are divided into rival camps. The hardcover report is based on responses from 687 DCs. The randomized survey netted a robust response rate of 63.3%, giving the results an estimated maximum sampling error of plus or minus 4%.

The findings will likely challenge several previous assumptions:

- Regardless of how they label themselves philosophically, chiropractors tend to practice in similar ways: 98% recommend exercise to their patients; 94% offer periodic maintenance or wellness care; 93% make a differential diagnosis; 93% offer ergonomic recommendations; 88% provide general nutrition advice; 86% give stress-reduction recommendations; and 77% teach a relationship between spinal subluxations and internal health.
- The overwhelming majority of the 687 respondents (88.1%) said they want to retain the term "vertebral subluxation complex." They oppose having the adjustment "limited to musculoskeletal conditions" (89.8%). When asked to estimate the percent of visceral ailments in which the subluxation is a "significant contributing factor," the mean response was 62.1%. When questioned about the percent of pharmaceutical prescriptions that are "clinically beneficial," the mean response was 39.8%.
- From a list of 24 clinical services and privileges, a majority of respondents deemed 21 of the items

"appropriate for the chiropractic profession's scope of practice," while three of the procedures (colonics, obstetrics and minor surgery) were rejected by the majority. Results were as follows: home-based exercise (98.6% responding "yes"); orthotics/pillows (97.7%); clinic-based exercise (96.9%); vitamins and minerals (96.7%); collars, supports and braces (96.6%); acupressure (94.0%); modalities (electrical muscle stimulation, etc.) (93.5%); massage (93.1%); herbs (91.1%); TENS (90.6%); thermography (88.6%); surface EMG (86.9%); homeopathic medicines (82.1%); acupuncture (76.8%); hospital admitting privileges (74.2%); in-house labs (68.2%); manipulation under anesthesia (67.2%); casting (62.0%); venipuncture (60.6%); ECG (EKG) (59.4%); needle EMG (56.7%); colonics (39.6%); obstetrics (31.1%); and minor surgery (23.5%).

- Asked if adjustments usually improve four select internal conditions, a majority of the chiropractors answered "yes" for: migraine (89.3%); dysmenorrhea (84.2%); otitis media (77.0%); and asthma (allergic type) (75.5%).

Data analysis reveals that differences in attitudes among chiropractors were associated with four independent variables:

1. the specific chiropractic college attended;
2. whether the practitioner was treated by a chiropractor before deciding to attend chiropractic school;
3. the number of patients the chiropractor personally treats each week; and
4. the chiropractor's self-rated philosophy: "broad scope" (mixer), "middle scope" or "focused scope" (straight).

The following are examples of how differing opinions were associated with, but not necessarily caused by, these four variables:

- While Life graduates tended to label themselves focused scope and middle scope, National graduates tended to declare themselves broad scope and middle scope.
- Compared to others, practitioners who were treated by a DC prior to attending chiropractic school were statistically more likely to hold traditional views regarding issues of practice and philosophy.
- Chiropractors who had larger volumes of patients were more inclined than others to have traditional

chiropractic views.

- Those who labeled themselves "focused scope" took more traditional stands on the issues than do others.

The only issue in which chiropractors were closely divided involved limited prescription rights. A slight majority (54.3%) favored allowing DCs to write prescriptions for over-the-counter medicines. A slight majority (51.2%) opposed writing prescriptions for musculoskeletal medicines (muscle relaxants, corticosteroids, etc.). However, the respondents were overwhelmingly opposed (88.6%) to the idea of writing prescriptions for all medicines, including controlled substances.

Asked to individually rate themselves on a nine-point philosophy scale, ranging from "broad scope" to "focused scope," approximately one-half of the respondents chose the middle-scope label. "Much like other professions, chiropractors tend to cluster in the middle of the continuum," noted William McDonald, MS Ed, DC, lead investigator and principal author of the report. "Because of our history of leadership squabbles, we are not accustomed to thinking of ourselves as having any common middle ground."

While 46% of the respondents designated themselves as middle scope, 34% selected the broad-scope label and 19% preferred the focused-scope identification.

The stereotypes surrounding focused-scope and broad-scope chiropractors are refuted by much of the new research:

- For example, a majority of focused-scope practitioners make a differential diagnosis instead of the traditional chiropractic "analysis."
- Also, instead of restricting patient care to the spinal adjustment, most contemporary focused-scope chiropractors reported that vitamins, orthotics, electrical modalities and exercise are appropriate treatments.
- Broad-scope chiropractors, despite being tagged by their detractors as "medically" oriented, believe the subluxation is a "significant contributing factor" in a majority of visceral ailments.
- Furthermore, 89% of broad-scope practitioners are opposed to having the adjustment limited to musculoskeletal conditions.

"The labels we traditionally use are not always helpful. Most self-reported broad-scope practitioners are 'straight' on the issues of subluxation and adjustment, and most focused-scope chiropractors 'mix' the

adjustment with other regimens and therapies," McDonald observed.

In contrast to the stereotype that chiropractors are divided into rival camps that think and practice in divergent ways, the report concludes with evidence of broad unity among practitioners. Majorities from each of the broad-scope, middle-scope and focused-scope groups were in agreement on the following eight concepts:

1. the appropriateness of a wide spectrum of conservative clinical services;
2. the term "vertebral subluxation complex";
3. the subluxation as a significant contributing factor in a majority of visceral ailments;
4. the adjustment as a treatment procedure for musculoskeletal and selected visceral conditions;
5. the differential diagnosis;
6. the notion of maintenance/wellness care;
7. the practice of teaching patients a relationship between spinal subluxation and visceral health; and
8. the counseling of patients in stress reduction and ergonomics.

McDonald explained, "Chiropractors, as a whole, strongly endorse two things: the subluxation and its somatovisceral implications, and the use of numerous conservative treatments. While the subluxation is championed by the focused-scope camp and the spectrum of services is championed by the broad-scope practitioners, the typical chiropractor is eclectic. This type of contemporary practitioner values the adjustment, yet sees no contradiction in working to gain hospital privileges."

"While the ACC's position papers on chiropractic paradigm and scope of practice gave the profession a much-needed theoretical unity," added McDonald, "this new study gives strong evidence of a ground-level unity among practicing chiropractors. This knowledge should have a major impact both internally and externally for our profession."

This groundbreaking survey was underwritten in part by *Dynamic Chiropractic*; the graphics and typography for the report were underwritten in part by Foot Levelers, Inc.; and the printing of the report was underwritten in part by the Palmer Colleges and the Palmer Center for Chiropractic Research. It will likely impact the direction of the profession for at least the next decade, and should be required reading for every chiropractic leader in the country.



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