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Progress in Chiropractic Research

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Financed by the Bureau of Health Professions of the U.S. Health Resources and Services Administration, the second National Conference to Establish the Chiropractic Research Agenda was held in June in Alexandria, Virginia. This time, 70 participants from over 15 disciplines worked to create "concept proposals," which are essentially the blueprints for specific research projects. Readers may recall that the first chiropractic research agenda conference was held in 1996, and resulted in the position papers published in the March/April 1997 issue of the *Journal of Manipulative and Physiological Therapeutics*. In my opinion, this second conference highlights three major historical themes worthy of a column to point them out.

First, collaboration with the established scientific community is absolutely essential. Second, there needs to be agreement between what researchers want to accomplish and what public and private funding agencies want to support. Third, the training of chiropractic scientists must become a priority if the chiropractic profession is to fulfill its destiny as a separate and important health care discipline. Let us take them one at a time.

Collaboration with the established scientific community should be the holy grail of the chiropractic research community. There are few scientists who would dispute that statement, but there are many within the chiropractic profession who may find this statement disturbing. This is understandable if one equates science with the medical profession, but it is becoming increasingly clear that science is a tool for everyone. It is a gross misperception to think that chiropractic researchers are moving the chiropractic profession into the arms of the medical profession. To the contrary, chiropractic research is carving out a respected and separate niche, and it is essential that we continue to do that.

Why is collaboration important? The answer is simple. We chiropractors do not have enough expertise, in terms of both quantity and quality, to design and conduct the kind of chiropractic research that we need. We

do not have the laboratories, the clinical facilities, nor enough money. We need to increase the quality and quantity of chiropractic researchers. We need sophisticated laboratories. We need clinical facilities that have appropriate patient populations to study, and we need the money to pay for these things.

Collaboration helps with all of these and more. Just one example should suffice. Have you every wondered why the subluxation is still a scientific and clinical controversy? The answer is that it is a basic science challenge. In other words, it is going to take sophisticated, painstaking molecular and cellular-level research to unravel. It is not an exaggeration to say that there is not one single chiropractic laboratory that can do this at this time. But, there are many laboratories that can. They exist in mid-size and large university settings, and they have scientists there who can do it, if they are interested. One of the outcomes of this year's research agenda conference is that we have been able to intrigue some of those scientists.

There needs to be agreement between what researchers want to accomplish and what public and private funding agencies want to support. Let's face it. The amount of money available from within the chiropractic profession is extremely important, but it will never be enough. We absolutely need to obtain additional funding from non-chiropractic related sources, both public and private. The very existence of this conference would not have been possible except that it was funded by a federal agency with taxpayer dollars. Many have bemoaned the discrimination suffered by chiropractic at the hands of the government, and there is little doubt that discrimination has been a fact. But again, let us face reality. Governmental funding agencies are political entities that respond to taxpayer and congressional pressure. National research funding priorities are set by people that think they are responding to the needs of the nation. While we may debate the rightness of those decisions, chiropractic researchers must find agreement between national objectives and chiropractic objectives in order to obtain the money needed to pursue chiropractic research.

Here is an example. As we all know, low back pain is a major public health issue, one that has the attention of government research agencies. In fact, the Chiropractic Demonstration Grant Program at the Health Resources and Services Administration is focused on low back pain. It is significant funding for us. Also, patients with low back pain comprise over 50% of chiropractic practice. Obviously, here is an area of agreement on research objectives. Why, then, are chiropractic researchers criticized for pragmatically pursuing grants to conduct low back pain research, when it is a wonderful opportunity to increase our research capacity, and demonstrate to the world that we have an important role to play in at least one area of public health? If we want to expand the area of agreement to obtain more financial support for chiropractic research, we must convince our public and private agencies that chiropractic research has value for them,

not us.

Finally, the training of chiropractic scientists must become a priority if the chiropractic profession is to fulfill its goals as a separate and important health care discipline. A survey in 1995 reveals that less than 80 faculty members in North American chiropractic institutions were engaged in productive chiropractic research. That number has not increased appreciably in the last two years, even with the beginnings of federal support, and even though our institutions graduate over 2000 new chiropractors annually. Shouldn't at least some of these talented students apprentice themselves to learning the craft of chiropractic research? How will they be mentored? How will they be educated? And what kind of professional life can be promised to those who may finally have the chance to unravel the subluxation, improve chiropractic technique, demonstrate that chiropractic management is more than back pain, and make original and unique contributions to the science of health care?

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