



Dynamic Chiropractic – April 21, 1997, Vol. 15, Issue 09

We Get Letters & E-Mail

In Need of Clarification

Dear Editor:

I found myself nodding my head through much of James Healy's letter (3-10 issue) until he made the analogy between the "lifesaver" and the straight chiropractor. I don't think many lifesavers pull people out of the water merely because they understand that "people function better with their heads above water, breathing air..." I believe most lifesavers, along with most (?) of us would agree that breathing air is a prerequisite for life, and that failure to breathe leads to imminent and unavoidable death.

I would appreciate it if Dr. Healy could clarify several points for me. I understand his desire to divest himself from "taking responsibility for alleviating their sickness." No one can accurately state that we believe a subluxation is the cause of the otitis media in a 4-year-old, or that adjusting that child's atlas can guarantee that it will resolve.

Dr. Healy has stated his case so clearly, however, that I wonder if he also refuses to contend that the subluxation could contribute to prolonging the "dis-ease" or disease process.

What's the point of adjusting a subluxation once you have divested it of any real relationship to the life process immuno/homeostatic mechanism? Perhaps I don't understand what he thinks a subluxation is and why we'd be better off without it? I cannot separate my understanding of what a subluxation is from its impact on my patient. It appears he has. I need clarification on that point.

I have heard Reggie Gold lecture many times, and always come away with the same question in my mind. Is it that he just wants to refuse to say he can offer a guarantee of results, or does he actually mean that you deny that the subluxation is (or may be) a contributor to your patient's dis-ease state? I don't see that you can have it both ways. Either a subluxation is a "nuisance" which can be lived with, or it is an "anathema" which can foreshorten the life expectancy. If there is a "middle ground" third explanation, please share it

with me.

I appreciate Dr. Healy's letter regarding Dr Curl's article. He has raised what I consider to be the most important issue facing chiropractic today. The profession must clearly communicate what the subluxation is, and preferably through research in peer reviewed journals. We must describe what affects the subluxation may have on the person's mind, body and spirit, or accept the responsibility to keep looking for that answer.

Finally, we must be able to describe how we located, corrected and verified the removal of the subluxation. Otherwise, I believe we will always smack of the "snake oil salesman" who has a great line of patter with nothing to back it up.

Frank M. Painter, DC

frank-meister@msn.com

Alternative Care Chiropractic Center

1515 N. Harlem Avenue

Suite 110

Oak Park, IL 60302-1205

(708) 848-2476 Voice

(708) 848-9908 Fax

"B.S. Should be Called B.S."

Dear Editor:

B.S. should be called B.S., and the article from Dr. K.S.J. Murkowski (3/24/97, "CPT Confusion, Part I") is just that. It is misleading and just plain in error with regard to using CPT codes. Chiropractors absolutely may not use OMT codes, as doing so raises the scope of practice issues. Dr. Murkowski's view of procedure codes will lead to delays of payment and possible disciplinary action by state boards. This article reflects poorly on Dynamic Chiropractic's editorial board and its lack of oversight as to the quality of the articles in this otherwise fine publication.

Dennis Teal, DC
Livingston, Texas

"Someone" Offended by Chiropractic

Dear Editor:

A few months ago, I noticed a commercial on TV which caught my eye. It was a commercial for e.Schwab. Several professions were mentioned, such as e.lawyer; after e.lawyer came e.chiropractor. I was excited to see the word chiropractor entered into their commercial.

Recently, I saw the commercial again, and e.chiropractor had been eliminated from the commercial. I decided to call the Charles Schwab company and ask about it. On March 25, 1997, I spoke with a representative named Erin and related my concern about the commercial. Erin relayed the reason: "Someone" had been offended by e.chiropractor.

I strongly suggest that if there are any chiropractors who hold accounts with Charles Schwab, you should correspond with them about this discrimination. I personally would never do business with a company that would let someone influence them to that extent.

Clients may write to:

Charles Schwab Company
ATTN: Marketing
101 Montgomery Street
San Francisco, CA 94104

Imogene Protz, DC
Crossville, Alabama

The Magic of Education

Dear Editor:

I would like to thank Dr. Michael Carstensen for adding to the discussion on chiropractic education and admissions standards (letter to the editor, 3/24/97, Dynamic Chiropractic).

To clarify one issue: I support teaching towards understanding, not rote regurgitation of disconnected facts. In May of 1994, I presented to my planning team at Logan a list of "needs assessment areas," including: "Teach towards understanding, avoid didactic (pedantic) method." My position continues to be that a sound classroom education, complemented by outstanding clinical experience, provides fertile soil in which a fine doctor can grow. I cherish those professors, clinicians, and fellow students who invested their time and energy in me; though none of them could magically turn a student into a fine doctor, they were available for anyone who took the time to ask a question.

Chiropractic education, indeed all quality education, is about precisely that: asking questions, and seeking answers. Students learn the facts as they are known, then apply those facts to the real world and find out what really works. In time, students become the next generation's mentors, and with them many of the old "facts" fall by the wayside. If we are wise, we remain students for the rest of our lives, always learning and growing.

I particularly support the concept of leading by example. "(Students) need professional instructors experienced and up-to-date with their knowledge to teach them how to integrate academic knowledge and apply it to patient care." I could not have stated it better myself. Perhaps Dr. Carstensen, myself, and others will continue to be a part of improvement, and challenge college administrators and educators to work towards this goal.

Daniel A. Shaye-Pickell, DC, CCRD

Williamsburg, Virginia

E-mail: docdaniel@mem.po.com

Kirlian Emanations

Dear Editor:

My article on Kirlian photography (Jan. 27) did not endorse the use of Kirlian photography in routine chiropractic practice. It basically stated that it is interesting conceptually and that it may be of use in the future. The conclusion of the article was that further study was necessary to determine what use it could possibly serve.

Dr. Perrin's response to the article (March 24) is such that he thinks he knows all there is on this subject, based on his own limited investigation in 1973. It is my opinion that Kirlian photography is not a closed issue, and that there has been renewed interest in this subject internationally. An example of this fact was the recent Workshop for European Researchers in Bio-electrography held in Aarhus, Denmark March 15-16, 1997. The purpose of this meeting was to discuss the possibilities and means of standardization and coordination of European research in bio-electrography.

Kirlian photography in 1973 was in its infancy; it is still growing and may be of use to humanity in the future. It is important to keep an open mind and not reject something due to past cognitive commitments. Dynamic Chiropractic should be commended for publishing the article, as it has always been a publication which serves as a forum for doctors of chiropractic.

Michael Courtney, DC
Pine Bluff, Arkansas
drmdc64423@aol.com

Another Type of Cash Patient

Dear Editor:

I have been following the debate in Dynamic Chiropractic in regard to prepay and case fee plans with great interest. Obviously many of us see the need to cultivate the case-pay portions of our practices without creating legal or administrative difficulties.

I am interested in obtaining further opinion on another type of arrangement for the cash-pay patient, something we call an individual consideration contract (ICC). Briefly, this would be a contractual agreement arranged individually with patients for whom cash payment of a full fee schedule would be a barrier to

treatment. A reduced fee structure would be arranged, and would be in effect by execution of an individual contract with that patient/family unit. We have had our proposed contract form reviewed and blessed by an attorney, however we have not yet implemented this arrangement in our office. Obviously we see certain advantages to this program, but are concerned that we behave responsibly.

It would seem that an ICC would be no different than negotiated/dictated fees in regard to HMO/PPO contracts which may vary from our usual fee structure. It also appears we are avoiding the legal ramifications of the pre-pay and case fee plans. I suspect this question is of broad enough interest that your readership may be curious as to the opinion of one of your knowledgeable columnists, or that of the readership.

[IMAGE]

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