

## **We Get Letters & E-Mail**

### **The Advantage of Offering a Widening Scope of Services**

Dear Editor:

As the debate over advanced practice continues, I have not yet heard anyone weigh in on the advantages that widening our scope would have for patients in need of more than an adjustment. Currently, a patient in moderate to severe pain must be referred out for medication during their acute phase, resulting in not only duplication of services, but also considerable inconvenience, not to mention possible loss of that patient. In a time of exploding health care costs, the advantages of offering a widening scope of services under one roof are sensible and multifold.

*Tim Levin, DC*

*Shreveport, La.*

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### **Thanks to the ICA**

Dear Editor:

A big "thank you" goes out to the ICA for showing its true colors and for reaffirming why thousands of chiropractors refrain from being part of that association. Rather than allowing competent, intelligent doctors of chiropractic to practice the way they see fit, the ICA thought it would be intelligent to smear the entire profession and argue that even specially trained DCs are basically too dumb to prescribe medications when necessary or warranted. [ICA President Gary Walsemann, DC, commented on New Mexico's latest scope legislation - prior to its defeat - in our March 12 issue. Read "[New Mexico Keeps Making Headlines](#)" for specifics.]

Our profession has worked very hard to establish an education that is on par with other medical health care disciplines. We constantly compare hours of education and feel that we must demonstrate our credentials. With a possible inferiority complex, we attempt to go above and beyond, which is commendable and makes

us all better doctors, educators and communicators.

Then the ICA, an organization that should represent us, be proud of us and stand behind us, tells the public and goes on record to law-makers to beware of us and that we are a grave "danger to the public." Thanks for the vote of confidence, ICA. With friends like you ... we know the rest.

*Jason Hanson, DC*

*Longmont, Colo.*

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### **Sorry to See CCC-LA Go**

Dear Editor:

It was with a disappointed and sad heart that I read about my *alma mater*, CCC-LA, closing its doors at the end of the summer [["Cleveland LA Campus to Close," April 9 DC](#)]. The school has a long history of producing many excellent chiropractors.

However, as I read Dr. Cleveland's comments regarding a "challenging economic condition and continued declining enrollment trend" as reasons for the necessity of closure, I was taken aback. I realize that I am not credentialed in economics and world markets. For certain we are in a "depression era," whereby everyone is feeling the economic pinch. But I have to ask, why is it that every nursing, physical therapy, physician assistant and medical program has more applicants for each position than can be filled?

The economy has not closed these programs down; why not? Perhaps it is not really a declining economy, so much as it has everything to do with the scope of practice and the perceived inability to be gainfully employed upon graduation. Continuing to do things as they did in 1895 and into the 20th century is not conducive to survival in the 21st century.

I believe that we are seeing the fruit of an unwillingness to make necessary adaptation to the current world and circumstances. That "fruit" is the closure of CCC-LA. I predict more of this in the future.

It would be very easy for the schools to implement an undergraduate program in an allied health field in conjunction with the DC degree. The profession would be able to enter into and affect areas of health care as never before. The schools would be packed and prospering. Regardless, I am sorry to see CCC-LA go.

Michael Lynn, DC

Exeter, Calif.

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## "Aligning and Realigning"

Dear Editor:

I have been a board-certified medical radiologist for 30-plus years and have been an avid reader of *Dynamic Chiropractic* since its inception. I took a special interest in the March 12 *DC* article by Dr. Jasper Sidhu, "Why Does Back Pain Recur?" In my opinion, this is an important link to aligning all of the professions' understanding of the spine so patients can achieve better care, regardless of the care path.

While your profession is in many ways ahead of others in the field of the spine, it also appears from the outside that at times it is not as "aligned with agreement" among chiropractors, and other professions, as it might be. Dr. Palmer defined a spinal subluxation and it appears to be relatively the same as Stills the osteopath. In last year's March 12 issue, "Subluxation Reviewed, Revisited, Revitalized" by Malik Slosberg, DC, MS, eloquently pointed out that Monohar Panjabi's model of spinal instability is essentially identical to both Palmer's and Stills' model of a spinal subluxation. This, of course, is a huge link to interprofessional understanding, as Dr. Panjabi's texts are used in most medical subspecialty training. In other words, medical providers understand this language.

I also read Dr. Slosberg's July 29, 2010 article, "How Spinal Manipulation Activates Segmental Stabilization of the Spine." In this article, Dr. Slosberg eloquently describes how spinal adjusting may improve the multifidus muscles that may be inherently reduced due to the reflex inhibition associated in traumatically induced spinal subluxations clinically active from the trauma (i.e., spinal instability). In his 2011 article, Dr. Sidhu also addresses the importance of the spinal adjustment for this condition.

As a medical radiologist, I am taught from books such as *Spinal Imaging: Diagnostic Imaging of the Spine and Spinal Cord*, that this spinal instability can seriously reduce the spine's loading capability. "Where a normal spine can resist up to 12000N of compressive load, the unstable spine can only bear 100N (Granata & Marras 2000)." This has huge ramifications in such things as work-related trauma, as it explains why a person can seriously injure their spine in what seems like a routine task. It also explains why a patient's back can "go out" while just bending over to pick up the evening paper. It also nicely complements our understanding of spinal loading, produced by such research labs as the world-renowned Ohio State

University biodynamics lab.

Overall, these articles appear to be helping to "align" and "realign" the chiropractic model and reduce the internal discourses that have been associated with your profession. Dr. Sarnat is a medical doctor who has taken the chiropractic model and integrated it in the primary care setting for incredible patient results. Your profession should be immensely proud of those results.

In "Chiropractors as Primary Care Providers; Interview With CEO James Zechman, Part II" [Feb. 26, 2011 DC], it states: "Our greater fear is that the chiropractic profession will continue to be so mired in its historical internal discordances that it will miss this golden opportunity to assume world leadership." Articles such as these mentioned give those of us who support chiropractic some signs that your internal discourses are reducing.

As a medical radiologist, I feel things like ligamentous instability (laxity), correlated spinal instabilities and "alteration of motion segment integrity" all require imaging studies to determine. In the articles above, your profession appears to be aligning in its approach to the treatment of these conditions, and for that I applaud you and the authors, who seem to be serving you well. This drives many care paths, from the conservative care path of the doctor of chiropractic to the most invasive care path of the spinal surgeon. Understanding this is of utmost importance in today's spinal trauma field.

*Steven Brownstein, MD*

*Union, N.J.*

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## **A Leap in Logic**

Dear Editor:

Who says "white men can't jump"? I do not believe I have ever witnessed a leap so high as the leap in logic taken by Dr. Christopher Kent in his article, "Giving Birth to Health," in the March 26, 2011 issue. In the first few paragraphs, he does an excellent job of describing the psychosocial aspects of Antonovsky's definition of salutogenesis, a model for describing health and wellness. Then the magical leap occurs and somehow, subluxation removal either proves or is proven by (you decide which case he is trying to make) the key attributes of salutogenesis. I'm quite certain Antonovsky wasn't remotely considering subluxations in his seminal discussion of wellness.

As chiropractors, we are given the opportunity to serve as physicians and assist our patients with the psychosocial aspects of wellness, a role no less compelling or admirable than detecting and correcting subluxations. My concern is that Dr. Kent's leap in logic encourages chiropractors to function as "subluxation technicians" and neglect addressing the psychosocial and socioeconomic aspects of wellness. The high-volume practitioners want you to believe that detecting and removing subluxations is sufficient for health and wellness; however, not everything in health and wellness has to do with subluxations, Dr. Kent.

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