

Spokes of Chiropractic Progress

FACTS:

- 1** 50 percent of working-age people have back symptoms each year.
- 2** Back symptoms are the most common cause of disability for persons under 45.
- 3** On any given day, 2,800,000 Americans are chronically disabled and a similar number are temporarily disabled due to back problems.
- 4** Total societal costs of back problems in the United States are estimated in the \$20-\$50 BILLION range.
- 5** Low back problems are the second most common symptomatic reason for office visits to physicians.
- 6** 26,000,000 Americans go to Doctors of Chiropractic each year. **WHY?**

1967

Doctor Wilson, Chairman of the American Medical Association's Section on Orthopedic Surgery

"The teaching in our medical schools of the etiology, natural history, and treatment of low back pain is inconsistent and less than minimal. The student may or may not have heard a lecture on the subject, he may have been instructed solely by a neurosurgeon, or the curriculum committee may have decided that clinical lectures are 'out' and more basic sciences 'in.' The orthopedic surgeon, to his distress, often sees his hours in the curriculum pared to the barest minimum.

At the postgraduate level, symposia and courses concerning the cause and treatment of low back and sciatic pain are often ineffective because of prejudices and controversy.

These inconsistencies spawn disastrous sequelae: (1) patients operated upon after inadequate evaluation, (2) reliance by physicians on poor quality x-ray films, (3) surgery done only because of an abnormality in a myelogram without reference to plain films of the lower spine, (4) exploratory surgery upon the lower back done without sufficient clinical basis, (5) extensive surgery done for solely subjective complaints, (6) repeated attempts at spinal fusion—sometimes six or eight—by surgeons of limited experience, (7) surgery authorized by industrial accident commissions comprised exclusively of laymen, and (8) extensive removal of posterior vertebral elements by neurosurgeons, making stabilization of the lower portion of the spine technically difficult if not impossible.

Even the abundant and significant advances resulting from the medical profession's emphasis upon research have failed dismally to relieve modern man of one of his most common and bothersome afflictions—low back pain."

—Journal of the American Medical Association, Vol. 200, Issue 8, pp. 129-136 May 22, 1967

1972

Rolland A. Martin, M.D., Director of Oregon's Workmen's Compensation Program, "A retrospective study of comparable workmen's industrial injuries in Oregon," 1972

"Examining the forms of conservative therapy the majority received, it is interesting to note the results of those treated by chiropractic physicians.

A total of twenty-nine claimants were treated by no other physician than a chiropractor. 82% of these workmen resumed work after one week of time loss. Their claims were closed without a disability award.

Examining claims treated by the M.D., in which the diagnosis seems comparable to the type of injury suffered by the workmen treated by the chiropractor, 41% of these workmen resumed work after one week of time loss."

1975

Richard C. Wolf, M.D., "A retrospective study of 629 workmen's compensation cases in California," 1975

"The significant differences between the two groups appear to be as follows:

Average lost time per employee -- 32 days in the M.D.-treated group, 15.6 days in the chiropractor-treated group.

Employees reporting no lost time -- 21% in the M.D.-treated group, 47.9% in the chiropractor-treated group.

Employees reporting lost time in excess of 60 days -- 13.2% in the M.D.-treated group, 6.7% in the chiropractor-treated group.

Employees reporting complete recovery -- 34.8% in the M.D.-treated group, 51% in the chiropractor-treated group."

1979

Royal Commission of Inquiry on Chiropractic in New Zealand, 1979

"The Commission has found it established beyond any reasonable degree of doubt that chiropractors have a more thorough training in spinal mechanics and spinal manual therapy than any other health professional. It would therefore be astonishing to contemplate that a chiropractor, in those areas of expertise, should be subject to the directions of a medical practitioner who is largely ignorant of those matters simply because he has had no training in them."

1979

Scott Haldeman, D.C., M.D., Ph.D., Royal Commission of Inquiry on Chiropractic in New Zealand, 1979

"The Commission accepts the evidence of Dr. Haldeman, and holds, that in order to acquire a degree of diagnostic and manual skill sufficient to match chiropractic standards, a medical graduate would require up to 12 months' full-time training, while a physiotherapist would require longer than that."

1980

John McMillan Mennell, M.D., prominent medical educator and author, 1980

"Q: The musculoskeletal system comprises what portion of the body?

A: As a system, about 60% of the body.

A: I think my testimony was that if you ask a bunch of new residents who come into a hospital for the first time how long they spent in studying the problems of the musculoskeletal system, they would, for the most part reply, 'Zero to about four hours.' I think that was my testimony."

1987

Susan Getzendanner, United States District Court Judge

"Even the defendants' [the AMA's] economic witness, Mr. Lynk [a Ph.D. economist], assumed that chiropractors outperformed medical physicians in the treatment of certain conditions and he believed that was a reasonable assumption."

1991

Shekelle, The Appropriateness of Spinal Manipulation for Low-Back Pain, RAND, 1991

"In one study, chiropractors delivered upwards of 90% of the manipulative therapy for which reimbursement was sought."

1994

Chicago Tribune, December 9, 1994

"Chiropractors get a boost and surgeons a setback in new government-backed guidelines on how to treat low back pain."

Chicago Sun-Times, December 8, 1994

"When it comes to lower back pain, think twice before resorting to the usual remedies -- bed rest, prescription drugs and surgery. Try a chiropractor instead."

Washington Post, December 9, 1994

"Toppling medical tradition, a panel of medical experts yesterday threw out bed rest and endorsed exercise and spinal manipulation as treatments with proven effectiveness for episodes of acute lower back pain ... it found that spinal manipulation -- a treatment often performed by chiropractors and osteopaths -- was safe and effective ... Many doctors have long discouraged their patients from trying such treatments."

1998

Annals of Internal Medicine, July 1998, published jointly by the American College of Physicians and the American Society of Internal Medicine:

"The Agency for Health Care Policy and Research (AHCPR) recently made history when it concluded that spinal manipulative therapy is the most effective and cost-effective treatment for acute low back pain ... Perhaps most significantly, the guidelines state that unlike nonsurgical interventions, spinal manipulation offers both pain relief and functional improvement."

Nevertheless, seventy (82 percent) of eighty-five medical school graduates from thirty-seven different schools failed to demonstrate such competency on a validated examination of fundamental concepts."

1998

Journal of Bone and Joint Surgery, 1998

"Second only to upper respiratory illness, musculoskeletal symptoms are the most common reason that patients seek medical attention, accounting for approximately 20 percent of both primary-care and emergency-room visits. Musculoskeletal problems were reported as the reason for 525 (23 percent) of 2285 visits by patients to a family physician, and musculoskeletal injuries accounted for 1539 (20 percent) of 7840 visits to the emergency room. The delivery of musculoskeletal care is spread across a spectrum of practitioners, including not only orthopaedic surgeons but also internists, family physicians, and pediatricians, among others. Moreover, under the so-called gatekeeper model that is prevalent in managed-care systems, physicians other than orthopaedic surgeons will provide an expanding share of this musculoskeletal care. Mastery of the basic issues in musculoskeletal medicine is therefore essential for all medical school graduates.

2002

Journal of Bone and Joint Surgery, 2002

"Conclusions: According to the standard suggested by the program directors of internal medicine residency departments, a large majority of the examinees once again failed to demonstrate basic competency in musculo-skeletal medicine on the examination. It is therefore reasonable to conclude that medical school preparation in musculo-skeletal medicine is inadequate."

2001

Duke University, Evidence Report: Behavioral and Physical Treatments for Tension-type and Cervicogenic Headache, 2001

"Cervical spinal manipulation effectively relieved headaches compared with control treatments in two studies of patients with headache and neck pain and/or neck dysfunction, but its effectiveness in patients with tension-type headache is less clear, since no placebo or no-treatment control studies of manipulation have been performed in this population."