Chiropractic Identity: A Neurological, Professional, and Political Assessment

Anthony L. Rosner, PhD, LLD (Hon)

Abstract

Objective: The purpose of this article is to propose a focused assessment of the identity of chiropractic and its profession, triangulating multiple viewpoints converging upon various aspects and definitions of neurology, manual medicine, and alternative or mainstream medicine.

Discussion: Over 120 years since its inception, chiropractic has struggled to achieve an identity for which its foundations could provide optimal health care. Despite recognition of the benefits of spinal manipulation in various government guidelines, advances in US military and Veterans Administration, and persistently high levels of patient satisfaction, the chiropractic profession remains underrepresented in most discussions of health care delivery. Distinguishing characteristics of doctors of chiropractic include the following: (1) they embrace a model of holistic, preventive medicine (wellness); (2) they embrace a concept of neurological imbalance in which form follows function, disease follows disturbed biochemistry, and phenomenology follows physiology; (3) they diagnose, and their institutions of training are accredited by a body recognized by the US Department of Education; (4) they manage patients on a first-contact basis, often as primary care providers in geographical areas that are underserved; (5) the spine is their primary—but not exclusive—area of interaction; (6) they deliver high-velocity, low-amplitude adjustments with a superior safety record compared with other professions; and (7) they use a network of institutions worldwide that have shown increasing commitments to research.

Conclusion: This article provides an overview of chiropractic identity from 6 points of view: (1) concepts of manual medicine; (2) areas of interest beyond the spine; (3) concepts of the chiropractic subluxation; (4) concepts of neurology; (5) concepts of mainstream or alternative health care; and (6) concepts of primary care, first-contact provider, or specialist. (J Chiropr Humanit 2016;xx:1-11)

Key indexing terms: *Manipulation, Spinal; Neurology; Chiropractic; Complementary Therapies; History, 20th Century*

Introduction

From its origins in 1895 with DD Palmer's original focus on magnetic healing,[1] chiropractic identity has been beset with the challenging task of keeping up not only with clinical and scientific observation but with political trade winds involving public perception and the marketplace of health care. Originally, DD Palmer viewed the body from a more mechanical viewpoint, like a machine, for at the turn of the 20th century he indicated that:

> "A human being is a human machine and, like a machine, would run smoothly, without any friction, if every part was in its proper place. If every bone, nerve, and all blood vessels, muscles, etc., were just right, there would be nothing wrong. A Chiropractic looks the human machine over, and finds what parts are out of place, why the blood does not circulate freely to all parts, why the nerves cry out with pain. Disease is the effect or result of some part of the body being disarranged. To put them in their proper place, would give the diseased person ease, and allow Nature to rebuild without being obstructed".[1]

With that in mind, DD Palmer paid particular attention to the nerves:

> "The human body is a bundle of fine sensitive nerves, passing over, under, and between the two hundred bones and many muscles and ligaments. These nerves are liable to be pinched, strained, stretched, or pulled out of place by the displacement of any one of the bones, muscles or ligaments, causing any of the many nerve diseases."[1]

It was from this origin that the popular but often misinterpreted concept grew that doctors of chiropractic dealt with "bones out of place," the locus of such derangements being the spine. Wrestling with what would become a perennial question of chiropractic identity nearly a century later, the World Federation of Chiropractic (WFC) organized 2 years of workshops, driven in part by a survey conducted by Manifest Communications that emphasized what had become

Private Practice, Watertown, MA.
156 School St, Watertown, MA 02472-4149. Tel.: +1 617 794 1372 (e-mail: *arosner66@aol.com*).

Paper submitted April 15, 2016; in revised form May 8, 2016; accepted May 17, 2016.
1556-3499/$36.00

http://dx.doi.org/10.1016/j.echu.2016.05.001

a disparity between what the public and doctors of chiropractic commonly perceived as chiropractic treatment. By a wide margin, the survey and various studies suggested that doctors of chiropractic were managing primarily musculoskeletal problems with emphasis upon back pain.[2–5]

Taking these findings to the WFC Congress in Sydney, Australia, in June of 2005, the Identity Consultation Task Force concluded the following: (1) It is important for the profession to have an identity; (2) most agree that the chiropractic profession suffers from an unclear identity and position within today's health care plans; and (3) it is important to understand how doctors of chiropractic think that the profession *should* be viewed and how they believe that *it is actually viewed*. Here one finds substantial discrepancies: (1) whether the profession offers primary or specialist health care; (2) whether the profession is mainstream (ie, core to the health care delivery system) or if it is an alternative; and (3) whether the profession offers wellness and nonsurgical, nondrug health care or simply manages back, neck, and spinal problems.

The final Identity Consultation Task Force Final Report that emerged from the 2005 WFC Conference[2] concluded that a leading statement of identity was mandatory to be:

> "…established and maintained through the use of the following three linked concepts:
>
> 1. A leading statement on identity, which must be clear, concise, and immediately relevant to both the public and the profession—the 'pole' (brand platform).
> 2. Several important qualifying statements, which provide the necessary context and foundation for the pole—the 'ground' (brand pillars).
> 3. A description of the qualities or essential personality of chiropractors—the 'personality' (tone)."

The "pole" was that doctors of chiropractic should be regarded as "the spinal health care experts in the health care system." The ground statements emphasized (*a*) a patient-centered approach to health care; (*b*) wellness; (*c*) the self-healing powers of the individual; (*d*) avoidance of the use of drugs and surgery wherever possible; (*e*) examination, diagnosis, and treatment based upon available research; and perhaps the most critical element of all, (*f*) the relationship between the spine and the nervous system.[3]

In adopting these identity statements by consensus, the WFC Conference clearly identified the spine as an element, without which most perceptions of chiropractic were assumed to wither away, wiping out chiropractic's identity in the process. This raised the question of whether the public would now regard the profession as a specialist form of health care delivery and fail to perceive the spine as a dynamic entity that is hard-wired into the nervous system, such that the latter network and actual scope of practice of the profession would be overlooked. In other words, there would be a repudiation of the framework with which chiropractic needed to be regarded as expressed by none other than DD Palmer:

> "Life is the expression of tone. In that sentence is the basic principle of chiropractic. Tone is the normal degree of nerve tension. Tone is the expression in function by normal elasticity, activity, strength and excitability of the various organs as observed in a state of health."[6]

As Joseph Brimhall, President of the Council of Chiropractic Education and Director of the Council of Chiropractic Education International, explained, there was no wording in the accreditation standards of the Council of Chiropractic Education (US), the Model Standards of Council of Chiropractic Education International, or other jurisdictions that restricted the chiropractic profession to the spine.[7]

Adding fuel to these fires of unrest are 2 major questions, 1 philosophical and 1 as to whether the chiropractic profession is based upon the chiropractic subluxation (including a meaningful definition of the latter) and should offer limited prescriptions, given that the medical profession has shown in several instances to be deficient in understanding and especially diagnosing a variety of musculoskeletal conditions.[8–11]

Chiropractic's identity thus remains, at best, a work in progress and, at worst, a matter of considerable controversy. Therefore, the purpose of this article is to address this dilemma through discussion of the following 6 topics: (1) concepts of manual medicine; (2) areas of interest beyond the spine; (3) concepts of neurology; (4) concepts of the chiropractic subluxation; (5) mainstream or alternative; and (6) primary care, first-contact provider, or specialist.

Concepts of Manual Medicine

Chiropractic occupies 1 niche in the broad field of physical or manual medicine that spans soft tissue, mobilization, and manipulation techniques.[12–16] Included in the manual medicine portfolio are such interventions as osteopathic manipulative medicine, massage, physical therapy, McKenzie method, craniosacral therapy, myofascial release, Rolfing structural integration, Qigong, Shiatsu, and even acupressure.[17] Although chiropractic has attempted to define its niche in spinal manipulation using short-lever, high-velocity, low-amplitude (HVLA) techniques,[18] those approaches are not fully circumscribed by doctors of chiropractic alone. The challenge becomes even greater when one attempts to reconcile the nearly 100 named chiropractic techniques that have been identified by Bergmann.[19] From such an expanded catalog, it is apparent that a vast array of low-velocity, soft-tissue, and even instrumental techniques are included, which speak to an extensive overlap with other branches of manual medicine. Craniosacral therapy and myofascial release, for example, are commonly practiced by osteopathic manipulative therapists.[20] And HVLA manipulations, which traditionally have been associated with doctors of chiropractic, have also been applied