

President's Corner

Gary L. Walsemann, D.C., F.I.C.A., ICA President



To Those Who Do the Work of Chiropractic, Thank You!

What a special holiday season we have enjoyed these past weeks; the opportunity to celebrate Christmas and Hanukkah with our families and friends. That wonderful holiday season of loving, giving and sharing now rolls into the celebration of the New Year. We relive the past year with all of its memories and hard work and look to this great New Year of 2010 with a vision and goal to serve humanity through our wonderful chiropractic profession. Chiropractic has a strong philosophy, science and art that recognizes the body's inherent recuperative ability — the capacity to heal itself without the use of drugs or surgery. Our unique health care profession, with its greatness needs to reach humanity throughout the world, one patient at a time with its specific scientific chiropractic adjustment. To correct and reduce the vertebral subluxation complex is a major event in the health and wellness needs of our world.

The New Year, 2010, will certainly be a time of great excitement for the chiropractic profession as we deal with both historic challenges and important and positive op-

portunities. While the reform debate continues, it will be a time of uncertainty for all of health care. I am confident, however, that the future of chiropractic will remain secure, firmly anchored in the validity of our unique approach to health and healing. That approach continues to be validated through the clinical research record, our uniquely positive record of safety and, above all, the faith and confidence patients continue to place in our profession.

As my late friend and colleague Dr. Fred Barge used to say, "No matter how great an idea may be or how innovative the concept, somebody still has to do the work." The work that must be done for the chiropractic profession has been undertaken by an exceptional legion of workers, thinkers and leaders. Those efforts through ICA include defending chiropractic's independence, DCs' practice rights and above all, patient safety in the states, provinces and nations worldwide against the aggressive efforts of physical therapists to expand their scope to include spinal "manipulation" with no additional education or testing and against a growing anti-chiropractic, anti-

competitive wave that includes the fear-based "stroke risk" campaign. To those key individuals whose efforts are so vital to our welfare, I want to say a hearty and profoundly sincere THANK YOU!

Just a brief glance at ICA's growth and progress shows how much has been accomplished. ICA now has members in 45 nations and I am gratified that ICA membership has grown over the past 12 months. Chiropractic is rapidly expanding globally thanks to the pioneering spirit of individuals and organizations who share a global vision for our profession.

With our growing membership as a firm foundation, ICA continues its global outreach. ICA's pediatrics programs in England and in Switzerland in 2009 are indications of our growing global sense of community, as does our upcoming International Symposium in Geneva, Switzerland June 11-12, 2010. All are welcome as we expand our communications and sharing of ideas around the world. To the faculty of those programs who take time away from busy practices and travel great distances, to national organizations and individual doctors who cooperate so graciously, and to the key ICA staff members who put all of the complicated pieces together, THANK YOU!

Chiropractic's political, legislative and other public policy challenges and opportunities remain a top priority for the ICA. In this current wave of health care reform ICA has sought to not only contribute in every possible manner, but to do so in the spirit of collective problem-solving that

continues to characterize The Chiropractic Summit. The Summit, a historic cooperative effort between more than 40 chiropractic organizations has fought with great determination, dignity and effectiveness for the interests of chiropractors and chiropractic patients in national health care reform. ICA is proud to be an active partner in this great endeavor, but despite some considerable and perhaps even unanticipated success, this legislative battle is not yet over. We must maintain a strong, unwavering effort to communicate with our Members of Congress on behalf of chiropractic and our patients.

We have accomplished the inclusion of key legislative provisions in the various versions of federal reform legislation, surpassing the expectations of even the most optimistic among us. In those bills, which must now be reconciled by a House-Senate conference process, chiropractic has secured direct access, major anti-discrimination language, opt-out provisions and other key inclusions. They must still survive the conference process, which means we need to continue our grass-roots efforts.

ICA brings chiropractic's message to national policy makers in the US in an ongoing, aggressive face-to-face campaign through ICA's Washington, DC public policy staff and the members of its dedicated and experienced Legislative Committee and Political Action Committee, ICA-PAC. To those who have given so much energy, creativity, passion and above all intelligence to this legislative battle,

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pursued this recognition. New Mexico is the first and currently only state that has adopted the program.

The National Board, while we are working or speaking with other specialty councils or boards of the ACA, we do not become involved in any state statutes or rules and regulations relative to legislated changes in chiropractic practice acts.

The ACA's initial announcement on the Advanced Chiropractic program was in error as it left the impression that the National Board was somehow involved in promoting this for an examination program. Dr. Vernon Temple did speak up during the House of Delegates meeting to make it clear that the resolution they passed had no effect on the National Board as we respond to state boards as our stakeholders versus the associations.

Now, as a chiropractic testing agency, it is natural that the Advanced Chiropractic Practice Council wishes to have the National Board develop a reliable and defensible exam to certify the doctors who have completed the required coursework to meet New Mexico's expanded practice act; however, the NBCE Board of Directors would first need to act on any request of this nature."

Initial inquiries into the rationale behind the development and passage of the legisla-

tion in New Mexico have been addressed by many DCs from New Mexico yielding the following observations and questions:

"There is a looming health care crisis that is not being sufficiently talked about in this current healthcare debate and that is a crisis of access to quality primary care services. We believe that here in NM we DCs can provide those primary care services in a way that will bring more sanity to the healthcare delivery system. Our focus has always been conservative hands on care with diet, lifestyle, nutrition, exercise etc as part of the package. This is what is needed, is in demand but is not being delivered in the current healthcare system."

"How can a DC truly be a Primary Care Provider in an underserved area if the DC cannot address the full range of health problems and issues that the population may have? In New Mexico we have a huge area of the state that is under served and a great shortage of providers that can be PCP's when they are sometime more than 150 miles away from the nearest hospital or clinic or even a pharmacy."

"We have opened to our colleagues avenues of treatment that utilize state of the art techniques to help our patients. These techniques could not be utilized by our profession with our original laws that were not progressing with the times and advancement in science. Techniques like PRP, prolotherapy and other natural ligament, tendon and muscle regenerative

approaches only augment our treatment. The use of bioidentical hormones to treat a multitude of neuro-musculoskeletal conditions is not only appropriate for our us but I feel is neglect on our part if we do not offer them after being taught and examined on them in our colleges."

Based upon a number of letters and e-mails received from concerned chiropractors in New Mexico it seems that the driving force behind the new legislation appears to be:

- 1) A desire to better serve the patients in rural, underserved areas by assuming greater responsibilities and seeking recognition as legitimate "Primary Care Physicians"
- 2) A desire to preserve the right to use/recommend natural substances when counseling on nutrition
- 3) A desire to "expand" the scope of chiropractic to include developments in technology that are a natural fit with the practice of chiropractic.

Many chiropractors from New Mexico were focused on these three issues. Others, however, seemed to be using New Mexico in order to advance an aggressively expansive national agenda. Some of those responses stated:

"I feel we have an opportunity here in NM but also across the country to step up and take a greater role in healthcare. We must be able to offer primary care services and integrate into medical settings in which we are not found. If this requires

tiering of the profession, so be it."

"Our inability to prescribe is seen as a lack of training, medical knowledge and trustworthiness. We continually fight with the public perception that if someone has neck or back pain they should consult their primary care provider first before seeing a chiropractor or other 'alternative care provider'."

"It is true that the Doctor of Chiropractic Medicine was previously proposed within ACA but not supported, however, there was no reason to propose tiering at that time as it made no difference, all DCs could do anything their state scope allowed. We have changed that here by legislation and have created tiering. Advanced Practice doctors can practice in ways that other DCs cannot. We have about 70 DCs out of 400 in NM who have begun this track to advanced practice. If other states follow this example with legislation a tiered profession will be inevitable."

There are those who obviously understand that the legislation recently passed has implications that extend far beyond the borders of New Mexico. Letters and e-mails from many practitioners in other states expressed concern regarding the issue of prescription drugs:

"Prescribing drugs is not chiropractic, and represents the antithesis to chiropractic. I have done both clinical and educational trips to several 3rd world

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