

THE CHIROPRACTIC MODEL – BURNS

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adverse drug events. Medication errors were common in nearly one out of every five doses in typical hospital and nursing care settings. [Barker et al. 2002]

There is an excess of 54,000 prescription drugs and 300,000 OTC drugs on the market. Americans consume over half of all drugs in the world today and we are only 5% of the world's population. [CNN 1995] The Food and Drug Administration has removed the requirements from drug companies regarding advertising on television. They find now, that 3 of 10 patients will request the prescription they have seen advertised. More than \$11 billion is spent each year by pharmaceutical companies on promotional marketing, \$5 billion of which goes to sales representatives. [Smart 1999]

The drug industry is now the most profitable business in the country and today more than 50% of the world's drugs are consumed by the U.S. Research has revealed that preventable prescription drug related diseases and deaths cost Americans \$77 billion a year. People over 60 make up only one sixth of the U.S. population, but they now take 40% of all prescription drugs. The average elderly patient takes 13 prescriptions per year which cause 10% of the adverse reactions. [Pizzano 1996]

Many times the medical profession chastises the chiropractic profession, stating that we are an unscientific cult. Only about 15% of medical interventions are supported by scientific evidence. [Smith 1991] Judging by the statistics above it would seem that medicine is the unscientific and dangerous profession. Why would we want to duplicate that model? All we would do is increase our extremely low malpractice insurance premiums and duplicate a very high failure rate.

B.J. Palmer related a case he took care of regarding the wife of a physician of well-known reputation. It has been noted that this was the wife of one of the Mayo brothers.

In getting her well, we did not go to periphery of nerves and look at effects, with a microscope; test them with tubes; count corpuscles; study blood pressure or count heart beats. Neither did we soak effects with goose grease on a red flannel rag; inject vaccines or serums; prescribe any one of endless multitude of complex prescriptions of drugs; soak her external tissues in hot or cold water; shake them with vibrator; count radionic vibrations; or look at any excrescence from her body. ...As a Chiropractor, we knew she had certain subluxation in her spine which was producing pressure, which was interfering with normal QUANTITY flow between brain and body. It was our Chiropractic duty to definitely locate that place and adjust it, releasing pressure upon nerves, making it possible for restoration of NORMAL QUANTITY of mental impulses to flow into her body, after which she would get well of whatever she had, no matter how many diagnosticians had differed in their opinions of what they thought she had. ...This case went home WELL — and to this hour we still do not know WHAT her ailments were, WHERE they were, or HOW.

It was not necessary for us to know that to locate interference and adjust it, and restore transmission between her brain and body, thus doing thing no physician had thought or done.

[Palmer 1950, 179]

Dr. Clarence Gonstead from Mt. Horeb, Wisconsin, probably described the difference between the two professions best:

- Medicine: The study of disease and what causes man to die.
- Chiropractic: The study of health and what causes man to live.

[Gonstead 1974]

As chiropractors, we are interested in the man that has the disease as opposed to the disease that has the man. If we care for people and correct their subluxations, we will take care of more symptoms than if we ever set out to treat symptoms.

We have also tried to duplicate medicine by performing orthopedic tests. The literature is full of articles describing how nonspecific these tests are. It should also be noted that we probably have

more people with doctor of chiropractic degrees performing orthopedic tests than orthopedists. Many orthopedists have long since abandoned these tests due to their inaccuracies.

The use of orthopedic tests has been an integral part of the physical examination for a long time. They have remained a part of the examination more by virtue of common use than on the basis of any scientific demonstration of their validity and clinical significance. To make a judgment on the clinical worth of a test, its validity, reliability, sensitivity and specificity should ideally be known. Unfortunately, for most, if not all, orthopedic tests, these measures have not been determined.

[Walsh 1998]

Van den Hoogen et al. [1995] concluded, after a comprehensive literature review, that "Not one single test appeared to have high sensitivity and high specificity in radiculopathy." For nonspecific low back pain, things are just as bad. Walsh [1998] states, "The use of orthopedic

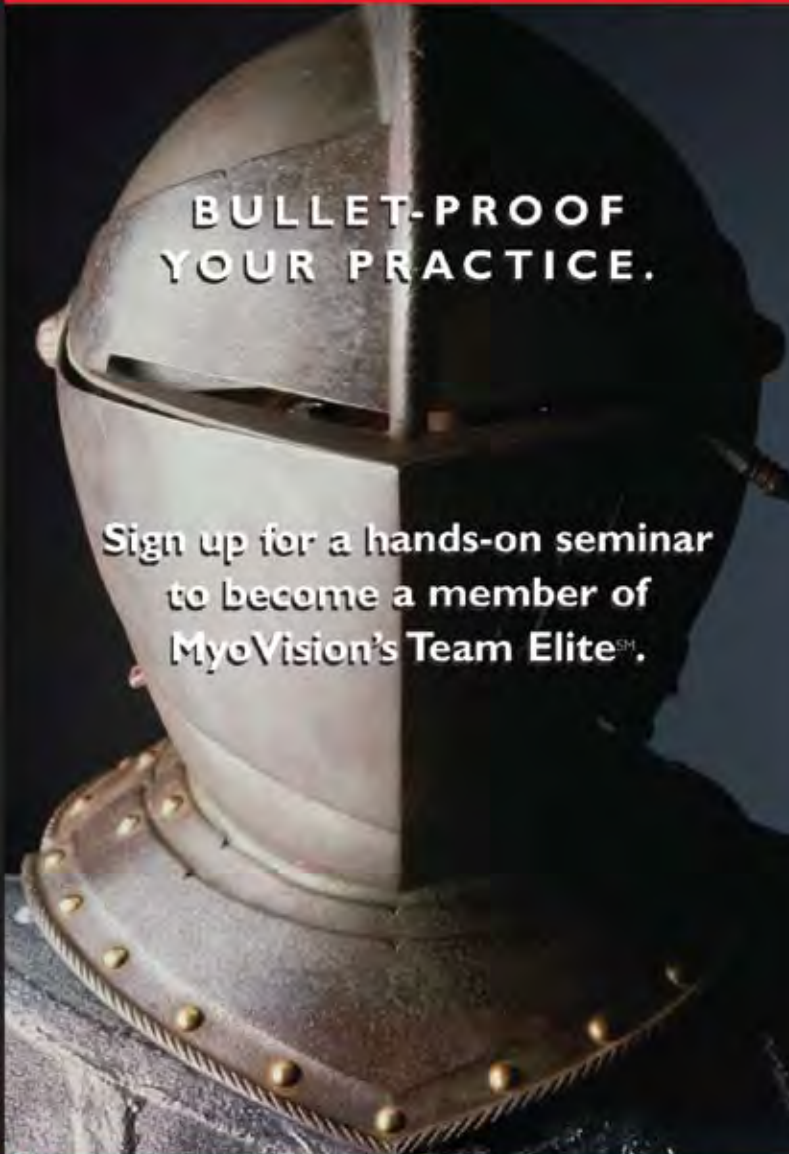
tests in the valuation of non-specific LBP seems to be limited because of a generally low frequency of positive results and a lack of test validity."

In sacroiliac joint dysfunction tests, Potter and Rothstein [1985] found that "...reliability was poor." Maigne et al. [1996] studied sacroiliac tests and concluded that "No pain provocation test reached statistical significance."

The lack of evidence for the stated purposes of these tests is bad enough. A more important question to ask is, "Do orthopedic tests reliably demonstrate the presence of vertebral subluxations?" I was unable to find any evidence to support the claim that they do. One is compelled to ask, "If there is little to no evidence that these tests do what they were designed to do, and they do not provide useful information regarding vertebral subluxation, why do we embrace them?" [Kent 1998] Colleges might reply, "Because they are asked on board exams." Examiners might reply, "Because they are part of the core curriculum of all chiropractic colleges." It is time to


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